



ACUPUNCTURE & ACUPRESSURE

Acupuncture for "Long Everything"

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WHAT YOU NEED TO KNOW

- I make the treatment of blood stasis an important consideration in almost *every* condition I treat, particularly with post-viral symptomology.
- The most common pattern presentations I have seen for long COVID fatigue are liver / spleen disharmony with blood stasis and liver / spleen disharmony with kidney *yin* deficiency / blood stasis.
- The most common pattern I have encountered with long COVID brain fog is spleen *qi* deficiency / heart blood deficiency with blood stasis.

During the past year, I was frequently asked if I was using or knew of any “special point combinations” or “special formulas” for treating post-COVID symptoms such as brain fog and fatigue, referred to as “long COVID.”

I would reply that no, I was using very standard acupuncture protocols and standard herbal formulas, at least as how I define “standard” in my clinical perception: examining each patient as a unique individual with a unique presentation of “dis-ease.” (This is not downplaying paying attention to potential novel, contemporary disease presentations or revelatory new research in the allopathic medical setting.)

The majority of my daily (and nightly) life is spent reading allopathic medical journals and reflecting on how I can view this research in my practice of acupuncture and East Asian medicine. I am always open to innovation, but not at the expense of abandoning the foundations of Chinese medicine: treat the patient, not the disease.

When reflecting on the question of if I could treat “long COVID,” my initial thoughts were that absolutely, because in Chinese medicine we treat “long everything.” Many assumed I was being

glib; I was not.

I often have to remind practitioners of the rich history of nuanced diagnostics found in such classic texts such as *Shang Han Lun*, *Jingui Yaolue*, and *Wen Bing Xue*. All of these important classic texts of East Asian medicine reflect the importance of adaptability when treated infectious diseases and pandemic-like situations.

If I am doing anything novel or unique when treating “long COVID” fatigue and brain fog, it is that I make the treatment of blood stasis an important consideration in almost *every* condition I treat, particularly with post-viral symptomology.

Even this subtle shade in my clinical lens is in reality not that novel; in most hospitals in China, treatment of blood stasis occurs in concurrence with the unique presenting patterns as well. This is one of the reasons I was not surprised to see the recent *JAMA* study showing the effectiveness of the injection of the five-herb formula *Xuebijing* for the treatment of sepsis, as this formula primarily targets blood stasis and blood heat. [Read Craig’s [August article](#) for more information.]

With my statement, “I treat ‘long everything’” in mind, I was ecstatic to see a new editorial authored by Dr. F. Perry Wilson of the Yale School of Medicine titled, “Is Long Covid Really ‘Long Everything’?” The following quote stood out:

“These days, when a patient presents with symptoms of a viral respiratory infection, we can usually determine which virus is to blame within hours, thanks to lab testing that has become fairly routine. But it doesn’t stop us, nor should it, from guessing beforehand. We’ve all learned that viruses have tells, after all. Flu announces its presence with deep muscle aches. RSV, with wheezing. But COVID, to me at least, always felt a bit apart from these other pathogens. The sometimes permanent loss of sense of smell is such a specific and bizarre finding. And then, of course, there is long COVID, a syndrome that has been devilishly difficult to define clearly but seems to crystallize our modern, post-vaccine-era concerns about the virus.

But is this postillness syndrome unique to COVID infection? Or have we simply failed to understand that in reality, there is long everything?”

This quote expresses almost word-for-word what I have been telling practitioners and patients over the past year. I was also very interested to see the editorial mention the pro-thrombotic tendencies of COVID, as this highlights the importance of considering and treating the pattern of blood stasis in long COVID scenarios.

As this editorial highlights the symptoms of fatigue and brain fog, let’s examine potential acupuncture prescriptions for such post-viral sequelae. It is important to consider that fatigue and brain fog often clearly overlap and cross-pollinate, and therefore are not always distinctly separate. If a patient is exhausted, they often will not think clearly and vice versa.

Long Covid Fatigue

The most common pattern presentations I have seen for long COVID fatigue are liver / spleen disharmony with blood stasis and liver / spleen disharmony with kidney *yin* deficiency / blood stasis. Point combinations I have used include the following:

Liver / spleen disharmony with blood stasis: BL 17 + BL 18 + BL 20 for back treatment; LI 4 + Liv 3 + Sp 6 + Sp 10 for front treatment.

Combining this back and front treatment effectively targets all aspects of the presenting patterns

causing fatigue. The back *shu* points of the liver and spleen deeply nourish, while BL 17, the influential point for blood, targets blood stasis. The Four Gates combination harmonizes the liver and spleen when used in conjunction with SP 6, while Sp 10 works in harmony with BL 17 to move and nourish the blood.

Liver / spleen disharmony with kidney deficiency / blood stasis: BL 17 + BL 18 + BL 20 + BL 23 for back treatment; LI 4 + Liv 3 + Sp 6 + Kid 3 + Kid 7 for front treatment.

Combining the back and front treatment effectively targets all aspects of this complicated pattern that is commonly seen in individuals who may be constitutionally deficient when contracting a viral infection. The back *shu* point of the kidney in conjunction with Kid 3 / Kid 7 deeply nourishes, while the other points harmonize the liver / spleen and move and nourish the blood.

Long COVID Brain Fog

The most common pattern I have encountered in this presentation is spleen *qi* deficiency / heart blood deficiency with blood stasis. The following point prescriptions can be considered:

Spleen *qi* deficiency / heart blood deficiency with blood stasis: BL 15 + BL 17 + BL 20 for back treatment, and Ht 7 + Sp 3 + Sp 6 + Du 20 for front treatment - or BL 15 + BL 17 + BL 20 for back treatment, and HT 7 + Sp 3 + St 36 + Du 24 + *Sishentong* for front treatment.

Both of these point prescriptions can be extremely effective when deficiency patterns are particularly expressing as cognitive impairment with concomitant fatigue.

Clinical Takeaway

I hope you are inspired to read Dr. Wilson's editorial and begin thinking creatively on options for treating the unique symptoms of long COVID. As practitioners of East Asian medicine, we always treat patients' unique disease expressions and never have to feel lost as to how to proceed. We always have and always will treat "long everything."

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