COVID and Long COVID (Also Known as NeuroCOVID):

Primary treatment:

- **88.17-88.19** Four Horses, **A.04** San Cha Three, bilaterally needled.

  Choose from the following additional points:

  - **DT.01-DT.02** Toxin Areas, upper back and neck, cupped.
  - **LU11** and **LI1**, bled, and/or **VT.01** Nine Moths, bled.
  - **LI20** Welcome Fragrance (1010.15), bilaterally needled.
  - **1010.19-1010.20** Water Gold/Water Through, bilaterally needled.
  - **33.16** Curve Mound (LU5), needled or bled bilaterally.

Post-Covid intermittent fatigue (with fever):

- **DU14** Da Zhui, bled.
- **88.17-88.19** Four Horses, **A.04** San Cha Three, bilaterally needled.

Post-Covid intermittent fatigue (without fever):

- **1010.22** Nose Wing, needled on the left side.
- **88.17-88.19** Four Horses, **A.04** San Cha Three, bilaterally needled.
- **Dr. Miriam Lee's Ten Great Needles Treatment** (ST36, SP6, LI11, LI4, LU7, bilaterally needled).
- **77.18-77.21** Three Emperors, bilaterally needled.

Post-Covid anosmia:

- **66.11** Fire Chrysanthemum (Tung's SP4), unilaterally or bilaterally needled, **88.17-88.19** Four Horses, **LI20** Welcome Fragrance (1010.15), bilaterally needled.

Post-Covid dry cough:

- **1010.19-1010.20** Water Gold/Water Through, with **77.18-77.21** Three Emperors, bilaterally needled.

Post-Covid insomnia:

- **DT.01-DT.02** Toxin Areas, cupped.
- **88.12-88.14** Three Yellows, bilaterally needled.
- **Prefrontal Scalp Points**, needled.
- **22.04** Da Bai/**66.03** Fire Hardness (Anxiety Four Gates - Fire)*, bilaterally needled.

- **88.25** Center Nine Miles (GB31), bilaterally needled.
- **1010.22** Nose Wing, needled on the left side to treat severe exhaustion due to insomnia.
- **1010.08** Tranquility (Yin Tang), auricular ear seeds (**Shen Men/Sympathetic**).
- **Jian Gu (Extra Point)** with **66.03** Fire Hardness (modified Anxiety Four Gates - Fire), **88.25** Center Nine Miles (GB31), all needled bilaterally (Dr. Young, 2008).
    - Jian Gu (Extra Point) is located by palpating the second metacarpal bone between 22.04 Da Bai (Great White) and 22.05 Ling Gu (Spirit Bone) to find the most sensitive point. I use a 0.15 x 16mm needle or a Koryo Hand Therapy needle pellet aligned with the metacarpal bone. If it does not get wet, a needle pellet can be retained overnight and removed by the patient the following day.

Comments: The primary treatment above is my best recommendation for treating active Coronavirus infection. I have been using this needle combination for COVID since early 2020 and am seeing incredible results in most cases. I also always cup the Toxin Areas and the upper back to pull out any toxins that can be removed. Bleeding LU5 is also a good idea, especially if the virus has invaded the lungs. One variant causes a severe sore throat and entirely congested sinus. For the throat, I bleed LU11/LI1 or VT.01 Nine Moths. For the sinuses, I needle LI20 Welcome Fragrance (1010.15) in the modified way from the laugh line (just outside of the nasal ala) toward Yin Tang. This threaded approach opens the sinuses much more powerfully than a standard LI20 (please see *Needling Notes* for *1010.15 Welcome Fragrance*.)

COVID case history: In many cases, my primary treatment is a reliable choice because Four Horses is great for treating exhaustion and a compromised immune system. It is an excellent plan to fall back on. However, do not rely on routine ways of thinking when it comes to individualized treatment, because people not only respond to COVID differently, but also recover differently due to varying weaknesses in their overall constitution. I prescribe every patient a strong herbal formula for the current prevalent variant of COVID.

I recently treated an elderly diabetic patient for severe onset of COVID. He was very sick and unable to stand or walk. Although I needed to treat the COVID, I had to first clear his lower back and legs. Whatever a patient's weak link is it will be impacted by an immune system hit. I have had elderly patients whose first sign of an external pathogen was the collapse of the legs, commonly their weakest link.

The primary treatment is usually adequate to treat acute COVID, but if the patient has diabetes, I consider a combination that includes 77.18 Shen Guan or 77.18-77.21 Two Emperors. In the case of this gentleman, because he had diabetes and was unable to walk, initially I cupped his lumbar and sacral areas and needled Three Emperors. After the treatment, he walked to the bathroom and to the living room recliner without assistance. Had I chosen the primary treatment over Three Emperors, he may have required hospitalization because he was not ambulatory, and his elderly wife would not have been able to care for him.

This patient requested cupping every day until I had cupped his entire back, neck, and shoulders. Because he was weak and sick, I was careful not to place too many cups at one time. I normally would not have cupped his entire back, but as each progressive day passed, he recognized toxin buildup and pain in areas that had not yet been cupped. He was taking a COVID formula that had high doses of immune support along with anti-virals, and it was managing the disease. On the second day of his treatment, though his lower back and legs were mostly better, I cupped his mid-back area and needled Three Emperors again, because COVID and diabetes complicate each other. On the third day, he was dressed and out of bed, his appetite had returned, and he requested that I cup his neck and shoulders. Following that cupping, I again needled Three Emperors, deeming that strengthening his lower back and legs while treating his diabetes was still our best option. For his fourth treatment (on the fifth day of COVID), he again asked for cupping of the lower back, sacral area, and buttocks, again followed by Three Emperors. By day seven, much to my chagrin, he returned to his solo work as an accountant. He continued to take his COVID formula for a total of ten days.

Vaccine reactions: I am constantly asked to respond to emails from practitioners dealing with heartbreaking vaccine reactions. One of my students asked for my advice regarding a teenager he was treating for heart problems and crippling knee pain, neither of which were present before he was vaccinated. Because the patient was having blood clots and knee pain (remember, Heart and knees are intimately connected in Tung's acupuncture), I recommended that my student target heart and blood diseases.

This seventeen-year-old soccer player's liver enzymes were slightly elevated (AST was 42), but his alkaline phosphatase (ALP) was 266, without a known liver disease. Elevated ALP is usually related to liver and/or bone disease. With numbers like these, and a "sticky blood vaccine reaction," the obvious choice for this patient was 88.12-88.14 Three Yellows (for blood diseases and liver toxicity). I suggested beginning treatment by cupping DT.01-DT.02 Toxin Areas and then bleeding DT.07 Three Gold, which this practitioner bravely did for his first time. He got only one tablespoon of blood and thought that was sufficient. My student also told me that multiple points of DT.07 were sensitive to the touch, so I recommended that he bleed all of them, puncturing more deeply and looking for a solid two tablespoons or more of blood. I suggested that he needle 11.20 Wood Inflammation and Three Yellows with a needle retention of one to two hours. Due to the patient's knee pain, he may not have been able to tolerate the position required to retain Three Yellows for two hours. Since he was young and athletic, and because his heart and knee cartilage were being damaged by the vaccine toxicity, I recommended treating him as frequently as possible. I also recommended 11.09 Heart Knee, needled bilaterally, with a one- or two-hour needle retention, during which the patient should gently stroll for ten minutes every half hour. When treating pharmaceutical side effects or long COVID symptoms, it is important to carefully follow the signs. Always know which organ system(s) are being affected and address them directly.

Long COVID: Over the next five to ten years, all of us will be treating long COVID with variations we cannot now imagine. Most important will be carefully monitoring pulse and tongue and responding to what may be a domino effect of complications if the

patients' constitutional deficiencies are not addressed from the start. Take a careful look into family history to determine if there are hidden weaknesses such as heart disease, hypertension, diabetes, immune suppression, and even cancers. Follow the signs as closely as you can and try to preempt any potential weaknesses. Even joint pains from previous injuries are more likely to flare up, as are childhood asthma, allergies, cardiovascular weakness, or any chronic pathogens such as Lyme disease, hepatitis-C, and Epstein Barr. All of these are potential problems looking for an opportunity to happen. Shingles or herpes simplex I/II are likely to outbreak more frequently, and when they do, act immediately. For example, preemptively bleed 77.15-77.16 Two Lips in the hope of preventing recurring herpes outbreaks.

Boost the immune system with our primary treatment. Forewarn patients to clean up their diet and drop their caffeine and alcohol consumption. Get them off wheat, sugar and other inflammatory foods. Make sure they take regular precautions with wind and cold and get extra sleep. You must remind patients of these things even if you think they know them. Patients who are tired and sore have a tendency to live on the couch, mindlessly watching TV, or stay in bed, depressed and fearful. They must be encouraged to keep their body moving, their blood circulating, and their mind occupied with higher, more inspiring thoughts. If your family members, friends, or patients fall into depression, do not take it lightly. At the very least, set up a phone tree that includes their closest people to check on them regularly and bring them joy in whatever form possible.

I am sorry that I cannot guide you more specifically. However, I am quite certain that you will be choosing from points such as Four Horses with San Cha Three, Water Gold/ Water Through, the Heart Passing Points, Three Yellows, Shen Guan or Three Emperors, Dr. Lee's Ten Great Needles Treatment, etc. Be careful not to overtreat patients who are very weak. Moxa will be very helpful if heat pathogens are not present. Keep DT.01-DT.02 Toxin Areas perfectly cleaned out. Watch for diagnostic signs of stagnation on the tongue, inflammatory joints, chronic neck pain and headaches, food allergies and environmental illness. See these patients in your office more frequently and offer

reduced costs for those with long COVID needs. Good health should be made available to everyone. People who cannot function normally are going to need a lot of support in multiple ways. Try to remember when you may have needed the help of strangers, and never forget that what comes around goes around.

Long COVID and post-viral syndrome and biofilms: Increasing numbers of long COVID case studies show that chronic conditions of SIBO and SIFO can appear for the first time or suddenly worsen. Current microbiome research, conducted by gastroenterologists, shows that COVID causes the microbiome to shift (the viral particles can even live in the gut for over a year), forming biofilms to protect themselves. Thus, biofilms are now being recognized as a major contributor in the process of long COVID. Yet an average doctor will focus on other presenting aspects, such extreme fatigue, and will altogether miss the biofilm component.

A holistic assessment of the patient is necessary, but unfortunately that concept is not taking off in the world of gastrointestinal medicine. Instead, treatment is focused on the immediate symptoms without deeper investigation into the upstream problem. In all chronically ill patients, there is always a gut component, but COVID triggers huge overgrowth of everything terrible, such as parasites, fungus, bacteria, SIBO, SIFO, and candida subspecies that are totally drug resistant. All of these point to a major biofilm component. Please see *Persistent infections, biofilms* for more extensive information about biofilms.

Functional medicine and long COVID: As we are completing this section on immune and autoimmune diseases, the World Health Organization (WHO) has declared that COVID-19 is no longer a global health emergency. While it may be true that active COVID-19 infection has peaked, I fear that the autoimmune repercussions from the SARS-CoV-2 virus may be just beginning.

My recent studies in the field of functional medicine include the work of Dr. Aristo Vojdani, who proposes that long COVID results from the persistence of viral RNA that

has survived the defensive response of the immune system. After a COVID infection or vaccination against SARS-CoV-2, many people may find themselves on a path toward multiple and overlapping autoimmune disorders. This is because after exposure to the SARS-CoV-2 virus, RNA hides in various tissues, including the G.I. tract and brain, though it may no longer be detectable via blood tests. This hidden viral pathogen reemerges, resulting in persistent and recurring disease. This is similar to the way spirochetes of Lyme disease escape detection and wait for an opportune time to reemerge, then reignite an active disease process.

Potentially more troubling is Dr. Vojdani's contention that SARS-CoV-2 reactivates other latent viruses, specifically Epstein-Barr virus (EPV) and human herpesvirus 6 (HHV-6). When each of these viruses is reactivated, it triggers its own autoimmune response, while simultaneously allowing the SARS-CoV-2 virus to enter previously uninfected cells. Thus, the viral load is enhanced, and the severity of all symptoms increases.

Immunosciences Laboratory offers a Long COVID Panel that looks specifically for markers of SARS-CoV-2, EPV, and HHV-6, and includes a general, comprehensive autoimmune profile. This is the first test I recommend for patients who are facing persistent long COVID symptoms. Because there is likely to be G.I. tract autoimmune dysbiosis (as is the case for almost all autoimmune diseases), it is equally important to perform a comprehensive stool analysis to determine which pathological bacteria and/or fungal overgrowth might require treatment interventions, including detox protocols or supplements.

Nicotine patch: Just before going to print I was made aware of some very compelling research related to nicotine receptors and the COVID virus. This information is especially important for people who have had COVID or who have been vaccinated, as some people become spike factories after vaccination. Nicotine receptors are integral to taste, smell, diaphragm contraction, hearing and brain function, all connected to both COVID and long COVID symptoms. The presence of COVID spike proteins block these nicotinic receptors, and thus interfere with the autonomic and central nervous system.

Research has found that nicotine patches (or smaller portions of them) can bring the autonomic nervous system back online by supplying nicotine to reoccupy these receptors, while kicking the spike proteins off. Unfortunately, this information has been suppressed, at least at this point, but there are researchers like Dr. Bryan Ardis. MD, Jill Crista, ND, and others who are trying to get it out (there are also white papers on the topic, but your general Google search, as of today, will not lead you to them). We highly recommend that you listen to Dr. Ardis' podcast, *Nicotine! Understanding the Weapons and the Target!!!* (Episode 04.10.2024) to explore this incredibly valuable information. Additionally, Dr. Crista has written an amazing COVID newsletter series available on her website, *drcrista.com*.

There is one important precaution related to using nicotine patches that all practitioners must pay careful attention to, as introducing nicotine throws the spike proteins off of the nicotinic receptors, resulting in higher levels of circulating spike proteins with the potential for clotting issues. Dr. Crista recommends that before applying a nicotine patch, we should proactively prescribe tocotrienols (vitamin E), vitamin C, enzymes, fish oil, and BioFilm Plus (Alight Health Formulas) or a similar biofilm breaker to mitigate these freed COVID spike proteins.

Summation: While long COVID is the most recent autoimmune disease process we are encountering, it surely will not be the last. Unfortunately, it is far outside the scope of this book to provide all the tools you may need in addition to acupuncture, cupping, and herbs. If you have even a fledgling understanding of functional medical tools, including the Long COVID Panel and comprehensive stool analysis, these may help you to determine the best combination of detox and supplements necessary to handle this specific and persistent autoimmune disease.

The implication of Dr. Vojdani's work is that multiple overlapping and persistent autoimmune disorders may very soon become the primary reason patients come to our clinics.

I will remind you of Dr. Miriam Lee's quote from the introduction of our point book: "Many people have been sick for a long time. They have been to many doctors, chiropractors, or other acupuncturists, and I am their last resort. They may have come from far away. I come far to meet them" *(1992).* Dr. Lee was obviously not talking about her personal commute, but about the extensive hours she spent after closing her busy clinic every day, scouring the classics of Chinese medicine for additional tools to treat her most complicated and nonresponding cases. As evidenced by her many case histories preserved in our work, Dr. Lee's Ten Great Needles Treatment was only one of many protocols she employed. She was constantly studying to improve and expand her clinical toolbox.

I asked Dr. John Chen for his opinion about the implications discussed above. He agreed with my belief that autoimmune diseases will continue to worsen into the future. He wrote, "In short, as the world is contaminated with ever more chemicals, toxins and allergens, these problems will only continue to get worse. Eventually, the world will (hopefully) realize how bad the problem is and begin to change and clean up. Perhaps humans (some, but probably not all) will adapt to this new world with an immune system that is better able to regulate/adjust itself" (personal communication, 2023).

Personally, I fear that the long-term effects of COVID-19 are far from over, as the innate immune system can no longer control the situation. Vaccines and boosters have caused viral outbreaks to become much worse, leading to increasing cases of shingles, autoimmune diseases, even cancers. It is inevitable that we will see a ramping up of multiple and overlapping autoimmune disease processes showing up long into the future. Patients will be arriving who have exhausted all allopathic remedies and taken toxic pharmaceuticals, as well as those who have already worked closely with functional medicine providers. They will be coming to our clinics to try acupuncture as a last resort, after spending a great deal of money and still feeling worse every day. Please strive to adopt a spirit of compassion, adventure, and research, as I did as a

young practitioner in my HIV clinic and have done in my decade-long studies of autoimmunity and functional medicine. To the fullest extent possible, expand both your skills and your toolbox to address what is likely to be a never-ending autoimmune landslide.

Trust our medicine – it is ancient for a reason. Also discover the amazing specialty laboratories that are doing cutting-edge research and testing. Learn how the test diagnostics can direct not only your TCM treatments and herbal prescriptions, but also a wide variety of targeted supplements based on the labs' extraordinary research and product development. Remember, in this realm you will get what you pay for; do not shortchange your patients using generic online versions that do not have proven efficacy. All the high-quality laboratories and suppliers offer support in the form of research papers, webinars, and expert personal consultations, for free. There is so much to know, and it is easy to inform yourself if you are interested and willing to work. We have never lived in a more exciting time in the world of modern medicine and East meeting West.