

# Integrative treatment of 34 COVID-19 patients: Traditional Chinese and Conventional Medicine

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In another study that aimed to look at the effects of integrative treatment combining Traditional Chinese Medicine (TCM) herbal prescriptions with conventional medical treatment of COVID-19 patients, researchers retrospectively examined 34 patients at a COVID-19 treatment center in Heilongjiang Province from January 22, 2021 to February 17, 2021. The outcome indicators were defined by improvements indicated by lung CT scans, TCM syndrome scales, and laboratory indexes (white blood cell count, neutrophils, lymphocyte count, and liver ALT and AST tests).

For conventional medical treatment, patients were given antipyretic and cough relieving medications. SpO<sub>2</sub> oxygen inhalation was administered during rest, and prone ventilation was used during CT scans. Thymosin was also administered for absolute lymphocyte counts  $< 0.6 \times 10^9 / L$ .

For TCM herbal prescriptions, treatments were separated according to the severity of the patient's condition: mild, common, and severe types.

Mild cases were defined as follows: cold damp accumulation in the lung syndrome (cold aversion, fever, little phlegm in coughs, white phlegm, headache and/or muscle soreness, loss of appetite, loose stools, thick white mucosa and toothmarks on the tongue, and a slippery or floating pulse). The other type of mild type was defined as hot pathogenic invasion of the lung syndrome: low or no fever, mild cold aversion, coughing with yellow phlegm, dry and painful throat, thirst, headache and/or muscle soreness, red and yellow greasy mucosa of the tongue, and a slippery or floating pulse.

Medium cases were separated into two types. The first type was damp toxin accumulation in the lungs: fever with sweating that won't remit, coughing up of yellow odorous phlegm, out of breath, abdominal distension, small yellow stools or diarrhea, red mucosa with yellowness, and a slipper or floating pulse. The other type is dampness obstructing flow in the stomach of lung syndrome: damp accumulation in the spleen and stomach, high body heat without rest, dry cough, chest tightness, heavy limbs, weakness, diarrhea, thick light whiteness on the tongue, and a floating pulse.

Severe cases were defined with two types. The first type is defined as Dual Qi and Blood burning syndrome: high fever, unquenchable thirst, delirium, hives, muscle twitching, convulsions, scarlet tongue with diminished mucosa and dry yellowness, and a rapid pulse. The other type included a pestilent toxin closing the lung syndrome: fever, face redness, coughing, high blood viscosity impeding circulation, out of breath, short and numerous stools or large and dry stools, purple tongue with yellow mucosa, and a rapid and slippery pulse.

Light types were treated with Lonicera and Forsythia Powder (银翘散合达原饮), which they would drink 400mL daily: one packet in the morning. Common types were prescribed Xuanfei Baidu Recipe (宣肺败毒方).

The results showed that patients overall average length of stay was 12.68 days. During which, the total efficacy rate of symptomatic reduction was 82.35% (fever, cough, wheezing, chest tightness, loss of appetite, etc.). Using conventional medicine laboratory examinations, the procalcitonin recovery rate was 90.91%, and CT lung images showed recognizable improvements in an average of 12.12 days. These results evidence a

potential for TCM treatments to expedite recovery from COVID-19 infections while contributing to standardized treatment of COVID-19 using TCM herbal prescriptions.

Source:

Wei Lai, Mao Qichao, Yang Jianfei. Retrospective study of 34 cases of New Coronavirus pneumonia treated by Integrated Traditional Chinese and Western medicine [J]. Chinese medical emergency, 2021,30 (11): 1947-1949 + 1965

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