


# Guest Editorial

Peter Deadman

*It doesn't matter if the cat is black or white as long as it catches the mouse.*

-Sichuanese proverb

 Like many of us, the arrival of the first lockdown meant I had more time on my hands, and one consequence of this was that I spent some of it on Facebook. I soon became aware of a rash of COVID/lockdown/vaccination/mask scepticism that included a small minority of acupuncturists - alongside a mixed bag of alternative therapists, yogis, new-agers and of course diehard conspiracy theorists, including the libertarian far right.

I'm not referring here to informed, measured discussions of the pros and cons of lockdown or a risk-benefit analysis of vaccination. Rather this was along the lines that the pandemic was fake - an insidious plot to disempower us - or all down to 5G or Big Pharma, that Bill Gates wanted to control the world via the vaccination programme, that all you needed to resist the virus (if indeed 'viruses' actually exist) was vitamin D and organic food, or some cheaply available miracle drugs - the value of which was being hidden from the public, and of course you couldn't believe a single word in the 'mainstream media'.

I started to feel ashamed that our profession included people like this. I argued back and unfriended a few. But when, a few weeks ago, I came across a video posted on Facebook by a fellow acupuncturist it felt like the last straw. The video claimed there was no pandemic, that the vaccination programme was nothing less than global genocide, and that the nurses and doctors who administered it should be tried like Nuremberg war criminals. I decided to make a formal complaint to their professional association, who eventually decided to take no action. I said I felt the video was dangerous as it could lead to avoidable deaths if vulnerable people were discouraged from getting vaccinated, could result in threats - or worse - against medical workers, and trod close to the line in equating the Nazi slaughter of millions of Jews, gypsies, gays and communists with the medics and volunteers giving the vaccine. It seemed to me to encapsulate a real failure of critical thinking, as well as ignorance of both modern and traditional Chinese medicine.

As far as the 'reality' of the epidemic is concerned, the challenge of infectious diseases, including epidemics, was one of the great drivers of the early development

of Chinese medicine, external herbs and prescriptions coming first in the materia medica and formula books. After all, these diseases have historically been the number one killer. Over 800 epidemics are recorded in Chinese history, and the need for quarantines and lockdowns dates back as far as the Jin dynasty (3rd to 5th centuries). During the Ming Dynasty outbreak in Beijing, 'a great pestilence descended on the capital, with tens of thousands dying each day', while a 13th century outbreak claimed 900,000 lives. That inspired Li Gao (Li Dongyuan, 1180-1251) to establish the Spleen-Stomach Theory, which proposed that strengthening the Spleen and Stomach would help people resist pathogens, especially those who were malnourished as a result of the chaotic wartime environment. Early yangsheng (nourishment of life) texts suggest that one of the primary aims of self-cultivation was to protect the body from infectious disease.

It's certainly true that lifestyle factors today play a part in susceptibility to severe COVID (notably obesity) and it makes obvious sense to do everything we can to increase our resistance, but COVID or long COVID have injured many young, healthy people. And it's worth remembering that for centuries, epidemics annihilated populations who mostly ate unadulterated organic food, drank clean water, breathed clean air, took plenty of exercise and were rarely obese.

The beauty and subtlety of the many herbal prescriptions devised over the centuries to save lives and usher patients through the worst stages and sequelae of these diseases are a marvel. But epidemics are an implacable enemy and despite having access to Chinese medicine, plagues still scythed their way through the Chinese population - just as they did in every other part of the world. Seeing the terrible fate of those who contracted smallpox (i.e. death or lifelong disfigurement), and largely impotent to treat it, Chinese doctors came up with one of the world's first examples of smallpox inoculation as early as the 10th century. Looking back at the history of Chinese medicine, therefore, we can see that despite its wise understanding of how to strengthen anti-pathogenic qi and its sophisticated medicines for all stages of epidemic disease, hundreds of thousands still died.

When I was an acupuncture student, my wife and I - committed to a macrobiotic diet, regular yoga and taichi - were mild vaccination sceptics. Our children only received what we thought were the essentials - tetanus, rubella, tuberculosis and polio vaccines. But we had to

nurse them both through frighteningly high fevers when they contracted measles. We sponged them throughout the night and I gave acupuncture every hour or two – aware afterwards that while they survived undamaged, many weaker, malnourished children in less prosperous parts of the world did not fare so well (although despite this, I suspect that the measles vaccine may suppress the discharge of uterine heat and contribute to the rise of atopic disease). Then one day I was talking to an older brother-in-law, a cigar-chomping journalist on a New York daily paper. He told me that when the successful polio vaccine was announced in 1953, people danced in the streets, so great was the terror of that awful disease.

That caused me to reconsider. It's not that I think vaccinations (like most powerful medical procedures) don't come with risks, but it became much clearer that a risk-benefit analysis would often come down on the side of vaccination. The calculation will depend on several factors including the health and nutritional status of the child or adult and the prevalence of disease where they live. It seems to me that the most virulent anti-vaxxers live in parts of the world where their children are well nourished, where high levels of medical care are available, and where the risk of infectious disease is low. And since we also know that in developed countries, infectious diseases such as COVID disproportionately affect minorities and the poor, a rigid anti-vaccination stance starts to appear a luxury of privilege.

As I write, global COVID deaths (probably significantly under-estimated) are over three million. India, Thailand and Nepal are suffering daily horrors. It seems clear now that for most of the world's population, certainly those over the age of forty, the minimal risks of side-effects are vastly outweighed by the benefits of the COVID vaccine. And while passionate anti-vaxxers will claim a worldwide conspiracy to hide these side-effects, the measured way that the statistically minute incidence of blood clots has been publicised and dealt with surely belies this.

But, the sceptics then say, the real harms may not show for years. That's obviously true, but personally I am happy to take a different approach. Every society in the world with the necessary scientific infrastructure has worked on COVID vaccines. It's been the most concentrated effort by the greatest number of brilliant epidemiologists, infectious disease and vaccine experts ever assembled in the history of medicine. That they could all be wrong is possible – just as all the climate scientists warning of approaching catastrophe could also be wrong – but I know which side I'm on.

I think it is important to understand that – significantly effective as they seem to be – vaccinations do not confer one hundred per cent immunity. Yet to overcome the pandemic, the number of vulnerable people has to reduce to a level

where the virus has insufficient hosts and cannot survive. This is herd immunity. And while the virus still spreads – including among those who have refused the vaccine – it has the opportunity to mutate into more infectious and more deadly forms, for which current vaccines may be less effective. The argument for global vaccination therefore seems strong.

So what of Chinese medicine and COVID? In China especially, herbal medicine has been integrated into the treatment of acute COVID – always alongside orthodox medicine. More widely, herbalists and acupuncturists have studied reports from China, shared clinical experience and developed protocols to help prevent and treat COVID and its awful tsunami of long COVID. The Jade Screen Project is an inspiring example of this work ([jadescreen.co.uk](http://jadescreen.co.uk)).

However, I doubt that even the most enthusiastic practitioner would claim that COVID can always be prevented, that all acute sufferers can be saved, or that treating long COVID is not a long and demoralising slog. And of course the proportion of the world's population with access to high quality Chinese medicine is fairly low. By my observation it is only a minority of practitioners who have allied themselves with the dark side, but I still question what this says about the quality of our educational standards, especially a failure to teach Chinese medicine history.

Over the past year, we have been witness to the most extraordinary global demonstration of medical care. Doctors and nurses have exhausted themselves and suffered terrible emotional trauma in the frontline of treating COVID, and many have died. Many of the greatest science brains of our generation have worked night and day to develop vaccines in record time. Yet some in our profession, safely distant from the battle, seem happy to disparage their work, claiming that they are all blind agents of a terrifying global conspiracy.

I am curious whether our professional organisations have added their voices to the gratitude felt by the majority. Have we stood up and praised this incredible effort on behalf of human health and wellbeing? In showing respect and gratitude in this way we would demonstrate that we too are honourable and worthy of respect. We would be acknowledging the great strengths of orthodox medicine (while fully aware of its weaknesses) as we are proud of the strengths of our own medicine and equally honest about its weaknesses. We would be taking a step closer to a vision of standing alongside modern medicine, each complementing the other in the great project of protecting human health. Crisis is opportunity and we have the opportunity – in the way we conduct ourselves now – to make an evolutionary leap as a profession, especially as our medicine offers probably the best available clinical and theoretical model to treat long COVID. ☯