

Guidelines for Patient-Practitioner Contact and TCM Management in Post-COVID Syndromes

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Abstract

COVID-19 is an infectious disease that has been spreading throughout the world since the beginning of 2020, becoming a pandemic. As reported by the World Health Organisation (WHO), by 10th January 2021 the disease had spread to more than 200 countries, infecting more than 88 million people and claiming nearly two million lives. These figures are increasing daily. In the UK at the time of going to print, there have been more than three million cases, more than 80 thousand confirmed deaths and more than 50 thousand people are infected daily. With such a large number of cases, post-COVID syndromes are also emerging, where patients who recover from the disease - with or without undergoing medical treatment - still suffer symptoms, some of which are serious and could affect them for the rest of their lives. Traditional Chinese medicine can offer significant help. In this article I discuss some of the presentations of post-COVID syndrome that I have treated: reduced lung function, gastrointestinal tract dysfunction, psychiatric disorders, post-viral chronic fatigue syndrome and chronic inflammation of the sexual organs; I describe how they were managed with Chinese herbal medicine alone, as the cases were seen during the first UK lockdown when clinics had to close to face-to-face consultations. Traditional Chinese medicine, whenever possible with the full spectrum of its treating modalities, can play an important role in the treatment of post-COVID syndromes.

Keywords

COVID-19, post-COVID syndrome, TCM, Chinese herbal medicine

Introduction

 COVID-19 is an infectious disease that has been spreading throughout the world since the beginning of 2020, becoming a pandemic. As reported by the World Health Organisation (WHO), by 10th January 2021 the disease has spread to more than 200 countries, infecting more than 88 million people and claiming nearly two

million lives, and these figures are increasing daily.¹ At the time of going to print, in the UK there have been more than three million cases, more than 80 thousand confirmed deaths and more than 50 thousand people infected daily.² This could evolve into a disaster for humanity.

China, the country in which the outbreak first started,

was able to rapidly and efficiently control its spread in less than two months, with Chinese herbal medicine playing an important role in this process. Traditional Chinese medicine (TCM) being part of the Chinese mainstream medical system, doctors were able to prescribe herbal medicine to COVID-19 patients with mild or moderate symptoms as soon as they were admitted to hospital.³ In regular hospitals, TCM and biomedical doctors could consult with each other to decide how to treat COVID-19 patients in serious and critical states and increase recovery rates.⁴ Therefore when the Chinese authorities issued national guidelines for the treatment of COVID-19, they recommended the use of Chinese herbal medicine and for it to be applied as early as possible in the treatment process.⁵

In the UK, as in most Western countries, TCM is considered a form of medicine that is complementary and alternative (CAM) to the mainstream medicine practised in the National Health Service (NHS). Due to lack of sufficient protective equipment and facilities during lockdown, TCM clinics, which are private businesses, were required to close down. At the beginning of the pandemic, the international Wechat group *Overseas Chinese TCM Forum*⁶ appointed TCM consultants in each country who would offer consultations on a voluntary basis, and introduced them to the overseas Chinese community. As one of these consultants, I was in the privileged position of being contacted by numerous Chinese – some students, some UK residents - and being able to offer them remote consultations. These, in addition to my existing patients and family relations, offered me the opportunity to conduct a large number of remote consultations using a variety of platforms. After collecting clinical information and interpreting it using the TCM diagnostic model to reach a diagnosis, I arranged for the required herbal formulas to be posted to the patient. Since March 2020, I have received more than 200 hundred enquiries, with most patients manifesting the clinical symptoms of COVID-19.^{7,8}

Only a small number of COVID-19 patients receive adequate medical care – the majority stay in isolation at home and some are left without any treatment at all. Following the gradual lifting of lockdown restrictions in the UK,⁹ CAM clinics are likely to see large numbers of patients who are suffering from post-COVID syndromes. Although such patients are no longer infectious, they have not recovered completely and still suffer from symptoms that could affect them for the rest of their lives. As Chinese

medicine practitioners, we should engage to help them as we are able to offer them significant support.

In this article I will first discuss how to decide whether it is safe to see a patient in person; I will then present some of the common manifestations of post-COVID syndrome and how to manage them with TCM.

Safe consultations

Initial remote communication

In order to protect both practitioners and other staff from infection and prevent contamination of the clinic, practitioners should contact all patients prior to their visit to the clinic through channels such as WhatsApp, WeChat, phone or email to enquire about their general condition, evaluate the risk that they might have come in contact with the virus and ask about their medical history and current symptoms; only then we can decide whether or not it is safe to make an appointment in person and for them to come to the clinic.

We can make an in-person appointment with existing patients who confirm they have no COVID-19 symptoms and have had no contact with COVID-19 patients; when the patient cannot guarantee this, we need guidelines to establish whether or not it is safe to see them in person.

All patients – both new and existing ones - should fill in the form ‘Health information: COVID-19 consent form’ issued by the British Acupuncture Council¹⁰ before they are booked in for a treatment at the clinic.

Identify whether the patient has contracted COVID-19

We can use the following five questions to help us identify whether a patient has or could have contracted COVID-19: Have they exposed themselves or had contact with COVID-19 patients? For example, one of their family members, colleagues, close friends, or neighbours who have been diagnosed with COVID-19; or the patient takes public transport to commute to and from work or in their daily life; or the patient visited public places such as supermarkets where they might have come in contact with or been close to individuals who are infected with the virus. If there is a positive contact history, we can suspect that the patient themselves might have contracted COVID-19. Have they been diagnosed with COVID-19? If so, what kind of treatment did they receive? Were they admitted to hospital? If the patient was diagnosed with and treated for

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COVID-19, we have the certainty that they have (or have had) the disease. How severely are/were they affected? Have they done a PCR (polymerase chain reaction) test? If so, was it positive or negative? If the patient was tested more than once, was the last PCR test positive or negative? If they first had a positive PCR test and later a negative result, they have had the disease and are no longer contagious; but if they still have a positive PCR result, they are actively infected with the virus. Is the patient still symptomatic, even though they have a negative PCR test result? In this case we need to establish whether they are suffering from a post-COVID syndrome. Is their tongue coating thick and greasy? In the context of COVID-19, this is a sign of contagious dampness (传染湿邪). During the present pandemic, such a tongue presentation suggests an active infection with the virus and can orient the practitioner to the suitable TCM treatment.

Where should the consultation take place?

The five questions listed above allow us to determine whether the patient might have come in contact with COVID-19, whether they have had the disease, whether they are currently infected, whether they still display symptoms and whether they qualify for TCM treatment. How should we choose where to conduct the consultation?

If we suspect that the patient might be infected, or if they are currently suffering from COVID-19, we should not allow them into the clinic; instead we can arrange a consultation through virtual communication channels.

If the patient is unsure of whether they currently have COVID-19 or they are unclear about their contact history, we should evaluate their situation using the questions above before we decide whether to arrange an appointment at the clinic.

All patients who have overcome an active infection, do not have a confirmed or suspected infection can be allowed to visit the clinic in person and be treated on the premises.

If there is no sign of active COVID-19 infection, we should determine whether the patient is suffering from post-COVID syndrome.

Identify whether a patient is suffering from post-COVID syndrome

In a post-COVID syndrome the patient still has clinical manifestations that affect their quality of life, which persist after their PCR test has become negative and other parameters of viral infection have normalised. This can happen even if the initial disease was light. A post-COVID syndrome is characterised by:

1. A negative PCR test;
2. Clinical symptoms that are directly caused by COVID-19, such as breathlessness, chest pain, tiredness, fatigue

- or difficulties walking, arterial oxygen saturation (SaO₂) of less than 95 per cent, which is a consequence of weaker or limited function of the lungs or other organs;
3. Clinical symptoms that are COVID-19 complications, although they are not directly caused by the virus, such as anxiety, depression and other symptoms that persist after the patient has healed from the viral infection;
4. Clinical presentations such as fatigue, exhaustion, restlessness or nervousness occurring in a person who is a friend, family member or carer of a COVID-19 patient, even when the person displayed no typical COVID-19 symptoms, never tested positive and has no tongue signs of contagious dampness from a TCM point of view.
5. Other clinical symptom which may be related to COVID-19.¹¹

Post-COVID syndrome case examples

During the first UK lockdown, I was contacted by many patients suffering from post-COVID syndrome; their number will probably continue to rise. Here I will share some of the cases treated, which display typical features of the condition. I will highlight how to effectively manage such patients with TCM to help them towards full recovery.

Case 1: Critical depletion of the Lung and Heart

Mr W, a 71 year old retired engineer, was diagnosed with COVID-19 after experiencing fever, cough, breathless and chest pain when he and his wife visited their daughter's family in London in March 2020; he was admitted into the hospital's intensive care unit (ICU) since he manifested difficulty breathing, wheezing to the point of dyspnoea and his SaO₂ (oxygen saturation) dropped to 83 per cent. He was discharged from hospital after a week of intensive care with oxygen delivered through CPAP (continuous positive airway pressure), antibiotics and other relevant treatments. However, he was still having troubles breathing, was wheezing, coughing and experienced tenderness of chest even with light exertion; he slept with his mouth open and had difficulties breathing in his sleep, and had bad dreams. All symptoms worsened after being physically active and he found he lacked the strength to walk for even 10 metres. His SaO₂ lingered at around 89 to 91 per cent, and was always worse at the left wrist than at the right one. His tongue was red and plump, with teeth-marks and a greasy, dry and thick coating (see Photo 1).

Diagnosis

Post-COVID syndrome with critical depletion of the Lung and Heart

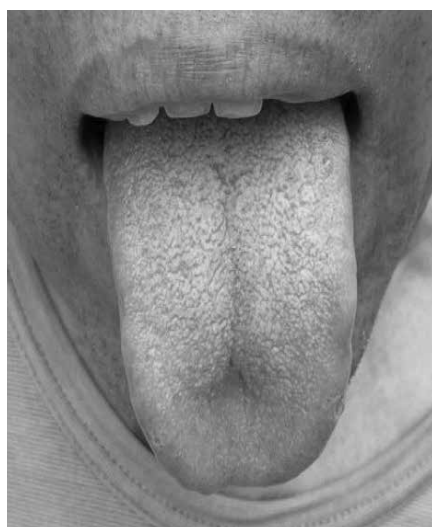


Photo 1



Photo 2



Photo 3

Syndrome differentiation

Qi and yin deficiency with exuberant heat and accumulation of dampness.

Treatment principle

Supplement qi and nourish yin of the Lung and Heart; clear heat and dispel dampness.

Herbal prescription¹²

Jiang Ban Xia (Pinelliae Rhizoma preparatum) 15

Chen Pi (Citri reticulatae Pericarpium) 10

Fu Ling (Poria) 10

Huang Qin (Scutellariae Radix) 10

Da Qing Ye (Isatidis Folium) 10

Xuan Shen (Scrophulariae Radix) 10

Bei Sha Shen (Glehniae Radix) 10

Mai Men Dong (Ophiopogonis Radix) 10

Chuan Lian Zi (Toosendan Fructus) 10

Gua Lou Ren (Trichosanthis Semen) 10

Bai He (Lilii Bulbus) 10

Tai Zi Shen (Pseudostellariae Radix) 30

Gan Cao (Glycyrrhizae Radix) 5

The above herbs were decocted in water and taken daily in two doses.

Result and analysis

The patient was treated for a month with the above herbal prescription and modifications thereof. During this time, he reported progressive improvements week after week. At the time of writing he could walk well indoors, take daily walks outdoors and was able to take the steps up to the fourth-floor flat where he lives; his SaO₂ has increased to 95 per cent. He has now recovered.

This is a case of post-COVID syndrome with severe

depletion of the Lung and Heart in the aftermath of severe to critical COVID-induced pneumonia. After life-saving intensive treatment in the ICU for a week, the patient had not fully recovered but was nevertheless discharged from hospital. His SaO₂ was still too low, which indicates that his lung function was impaired and gas exchange in the lungs was limited; the fact that the SaO₂ in his left wrist was lower than in the right suggests an insufficient oxygen supply to the cardiac muscle. The treatment used herbs to clear excess heat and dispel the remaining dampness from the lungs; these were combined with herbs that supplement qi and nourish yin to promote healing of the Lungs and Heart and prevent the development of fibrosis in these organs.

Case 2: Reduced gastrointestinal function

Ms L, a 42 year old of housewife living in London, requested a TCM consultation the day after her husband was admitted to ICU having contracted COVID-19. She was suffering from fever, cough and breathless. She presented with a temperature of 38.3 degrees Celsius, cough and tenderness of the chest; she complained of nausea, distension of the stomach and abdomen and lack of appetite; she also appeared nervous and restless, and had insomnia. The tongue was pale with teeth-marks and a greasy white coating (see Photo 2). I diagnosed contagious dampness in the form of cold-damp and prescribed *Huo Xiang Zheng Qi San* (Patchouli/Agastache Powder to Rectify the Qi) modified with the addition of *Wen Dan Tang* (Warm Gallbladder Decoction) in the form of a decoction. Initially her bowels became a little loose as a result of the herbs, but after two weeks she felt gradually better; her tongue showed a clear and less greasy coating. A blood test confirmed a negative PCR, positive antibodies and elevated immunoglobulin E.

At this point, the patient still had discomfort in the



Photo 4

stomach, nausea and acid reflux, and was easily upset. She also experienced grief, sorrow, anxiety, nervousness and restlessness following her husband's death in hospital; her tongue was pale with teeth-marks and a scanty thin coating (see Photo 3).

Diagnosis

Post-COVID syndrome, IBS (irritable bowel syndrome)

Syndrome differentiation

Spleen qi deficiency and Liver qi stagnation; disharmony of the Stomach and Spleen

Treatment principle

Strengthen the Spleen and harmonise the middle burner; dredge the Liver and promote circulation of qi

Herbal prescription

Bu Zhong Yi Qi Tang (Tonify the Middle to Augment the Qi Decoction) modified with *Xiao Yao San* (Rambling Powder).

Huang Qi (Astragali Radix) 15

Dang Shen (Codonopsis Radix) 10

Bai Zhu (Atractylodis macrocephalae Rhizoma) 10

Chen Pi (Citri reticulatae Pericarpium) 10

Fu Ling (Poria) 10

Sheng Ma (Cimicifugae Rhizoma) 6

Chai Hu (Bupleuri Radix) 10

Xiang Fu (Cyperi Rhizoma) 10

Sha Ren (Amomi Fructus) 10

Gan Jiang (Zingiberis Rhizoma) 10

Dang Gui (Angelicae sinensis Radix) 10

Yan Hu Suo (Corydalis Rhizoma) 10

Zhi Gan Cao (Glycyrrhizae Radix preparata) 5



Photo 5

The above herbs were decocted and taken daily in two portions, six days a week.¹³ Later she carried on taking the same formulas in pill form.¹⁴

Result and Analysis

Patients with a history of gastro-intestinal problems generally have Spleen deficiency, which makes them prone to developing further gastro-intestinal issues following COVID-19 infection. After contracting coronavirus, this patient rapidly developed signs and symptoms of a contagious cold and damp pattern. At the follow-up appointment two weeks after she was given the first herbal prescription, many of her symptoms were still unresolved; the death of her husband due to COVID-19 made her recovery even harder. However, she did make a full recovery through a treatment that harmonised the Spleen and Stomach and strengthened their qi.

Case 3: Mental health problems

The uncertainty, stress and losses that come with living through a pandemic mean that more sensitive people with more fragile mental health can develop psychiatric disorders, and past mental health issues can be triggered and recur. Examples are anxiety, phobias, depression or grief, which can emerge in people who contract COVID-19 as well as in those who witness - or even just imagine and fear - other people becoming sick with the disease. These are the most common clinical conditions in the enquiries I have been receiving.

Mrs L was a 42 year old clerk who had been suffering from anxiety, restlessness, nervousness and heart palpitations since it was suspected that her husband had COVID-19, of which he was displaying light symptoms. Mrs L experienced panic attacks, was irritable, weepy and worried that her

husband could develop severe symptoms and die; she worried about herself and her children being infected. She was nervous on a daily basis, and developed insomnia and tiredness. When she called to make an appointment for her husband, seeking treatment for his COVID-19, he commented that her case was more serious than his, and she was the one who needed treatment.

Mrs L's tongue body was pale red with a thin white coating (see Photo 4). Because of her tongue's appearance, I believed she did not have contagious dampness and had not contracted COVID-19, and that her main issue was one of mental health.

Diagnosis

Anxiety attacks

Syndrome differentiation

Liver qi stagnation; dampness accumulation in the Spleen and Heart

Herbal prescription

Chai Hu Shu Gan San (Bupleurum Powder to Dredge the Liver) as decoction, with modifications

Chai Hu (Bupleuri Radix) 10

Jiang Ban Xia (Pinelliae Rhizoma preparatum) 15

Chen Pi (Citri reticulatae Pericarpium) 10

Fu ling (Poria) 10

Xiang Fu (Cyperus Rhizoma) 10

Zhi Qiao (Aurantii Fructus) 10

Huang Qin (Scutellariae Radix) 10

Chi Shao (Paeoniae Radix rubra) 10

Shi Chang Pu (Acori tatarinowii Rhizoma) 10

Yu Jin (Curcumae Radix) 10

Cang Zhu (Atractylodis Rhizoma) 10

Yi Yi Ren (Coicis Semen) 30

Chuan Lian Zi (Toosendan Fructus) 10

Gan Cao (Glycyrrhizae Radix) 5

The above herbs were decocted together and taken twice daily, one bag per day for a week, after which her prescription was changed to the patent remedies *Chai Hu Shu Gan Wan* (Bupleurum Pills to Dredge the Liver) and *Ren Shen Gui Pi Pills* (Restore the Spleen Pills with Ginseng) until she recovered.

Result and Analysis

Mrs L had probably not contracted COVID-19; her husband probably had, although his symptoms were mild. As we are

the death of her husband due to COVID-19 made her recovery even harder.

experiencing a pandemic, people have fears for the health and life of their family members, as well as their own. For some, as for this patient, the uncertainty and the fear caused her to deteriorate and she started manifesting mental health problems. Cases like hers can be helped by TCM. When practitioners are allowed to see patients in person, their pulses

can be taken, which results in more accurate diagnoses; moreover, patients can also be treated with acupuncture, which is of great help for patients suffering from these disorders.

Case 4: Post-viral and chronic fatigue syndrome / myalgic encephalomyelitis¹⁵

Post-viral and chronic fatigue syndromes are conditions that can arise after a person has fought off a viral infection, particularly if they were run down at its onset. These syndromes intersect with the present pandemic in two possible ways:

- Post-viral and chronic fatigue syndrome sufferers can contract COVID-19;
- COVID-19 patients can develop chronic fatigue syndrome.

Those who have overcome the active phase of the infection (negative PCR) can be helped by TCM.

Miss S was a 32 year old of manager who had been suffering from fatigue, headaches and general body aches for three months. In February 2020, two colleagues of hers who worked in the same office reported that they had contracted COVID-19. Although Miss S self-isolated during the first lockdown, she felt constantly tired, experienced headache, and aches and discomfort in the whole body, particularly the limbs, the back and head; as she had no fever, she believed it was not necessary for her to contact her GP (general practitioner) or seek hospital treatment. However, her symptoms increased in severity day after day, until she felt too sick to go to the shops and resorted to using a scooter to help her walk. When she heard how a friend of hers had benefited from TCM treatment, she contacted me through the internet for an appointment. Her tongue was pale with cracks in the middle and a thin white coating (see Photo 5).

Diagnosis

Chronic fatigue syndrome after a viral infection that might have been COVID-19.

Syndrome differentiation

Dampness accumulated in all three burners; dual deficiency of qi and yin

Herbal prescription

Xiao Chai Hu Tang (Minor Bupleurum Decoction) plus *San Ren Tang* (Three-Seed Decoction) with modifications

Jiang Ban Xia (Pinelliae Rhizoma preparatum) 15

Chai Hu (Bupleuri Radix) 10

Huang Qin (Scutellariae Radix) 10

Gan Jiang (Zingiberis Rhizoma) 10

Xing Ren (Armeniacae Semen) 10

Huo Xiang (Pogostemonis Herba) 10

Sha Ren (Amomi Fructus) 10

Bai Dou Kou (Amomi Fructus rotundus) 10

Hua Shi (Talcum) 15

Tong Cao (Tetrapanacis Medulla) 10

Fu ling (Poria) 10

Gan Cao (Glycyrrhizae Radix) 5

The above formula was to be taken in powder form twice daily, 6g each time.

Result and analysis

After the patient had taken the prescribed herbal powders for two weeks, her headache and general body aches improved significantly; as a result she was given the patent remedies *Xiao Chai Hu Wan* (Minor Bupleurum Pills) and *Bu Zhong Yi Qi Wan* (Tonify the Middle to Augment the Qi Pills) with the instruction to carry on taking them until her energy had increased to the point that she could see to her daily tasks with ease.

Case 5: Infection of the male reproductive organs

Mr H, a 28 year old PhD student, came to me complaining of fever and a dull ache in the lower abdomen and groins, which had started a week before; he presented with a temperature of 37.4 degrees Celsius, dull pain in the lower abdomen and distension and pain in the groin and testicles. He said he had been particularly careful to shield himself from COVID-19 since some classmates had contracted the disease; he was unclear whether or not his symptoms could indicate he had been infected and did not know whether he needed treatment.

In answer to my questions, he confirmed that the abdominal discomfort worsened when he ran and that he had soreness and pain on pressure on the left side of his scrotum. His tongue was red with a white and greasy coating, which was thick at the rear of the tongue (see Photo 6). Due to fear that he might expose himself to the virus, he was reluctant to go to the hospital for a PCR test.

Diagnosis

1. Suspected COVID-19; 2 Seminal vasculitis

Syndrome differentiation

Heat and dampness accumulated in the interior and spread throughout the three burners

Herbal prescription

Hou Po Xia Ling Tang (Patchouli/Agastache, Magnolia Bark, Pinellia, and Poria Decoction) modified by the addition of *Si Miao Wan* (Four-Marvel Pill)

Huang Lian (Coptidis Rhizoma) 10

Hou Po (Magnoliae officinalis Cortex) 10

Huang Bai (Phellodroni Cortex) 10

Cang Zhu (Atractylodis Rhizoma) 10

Chuan Niu Xi (Cyathulae Radix) 15

Yi Yi Ren (Coicis Semen) 30

Ze Xie (Alismatis Rhizoma) 10

Chi Shao (Paeoniae Radix rubra) 10

Dan Shen (Salviae Miltiorrhizae Radix) 10

Jiang Ban Xia (Pinelliae Rhizoma preparatum) 15

Fu Ling (Poria) 10

Gan Cao (Glycyrrhizae Radix) 5.

The above herbs were decocted and taken as an herbal juice, twice daily, one packet a day.

Result and analysis

The patient took the herbal decoction for a week, after which the pain in the lower abdomen, groin and scrotum decreased, his temperature normalised and the thick and greasy coating on his tongue reduced. He was then given the patent remedies *Si Miao Wan* (Four-Marvel Pills) and *Chai Hu Shu Gan Wan* (Bupleurum Pills to Dredge the Liver) with the instruction to take them until all the symptoms resolved completely (see Photo 7).

According to reports from China, it is not uncommon for young male patients to develop inflammation of the reproductive organs as a complication of viral infections;¹⁶ this can progress into a post-COVID syndrome if the inflammation persists after the virus has left their body and the infection in their lungs has resolved. The inflammation of the reproductive organs can gradually heal on its own, but may also leave scars and adhesions in one or both testicles or the prostate. This in turn could affect the quality of the sperm stored in these organs, resulting in sperm malformation and abnormal viscosity, which could lead to infertility. If this happens, the consequences of the disease can manifest later in life when the man tries to conceive. The addition of Dan Shen and Chi Shao to the main prescription, and the use of *Si Miao Wan* alongside *Chai Hu Shu Gan Wan* were aimed at treating inflammation and preventing adhesions in the reproductive organs,



Photo 6



Photo 7

after the first prescription helped completely eliminating coronavirus from the whole body.

Discussion

These are some of the cases of post-COVID syndromes that I have diagnosed and treated in spring 2020. As COVID-19 has spread throughout world and affected us for almost a year, the post-COVID syndromes caused by the virus and syndromes indirectly related to the virus are already numerous and varied in presentation. International media reports have recognised the following forms: decreased lung function or fibrosis of the lungs, liver or kidney; damage to the central or peripheral nervous system; and damage to the cardiovascular system.¹⁷ With time, more and more post-COVID syndromes will no doubt be identified, as the number of cases is constantly increasing. These represent both a challenge and an opportunity for TCM. I summarise the reasons for this below:

1. TCM excels at treating viral infections. A well designed Chinese medicine formula can effectively control viral infection, restrain inflammatory reaction, regulate immune function and promote self-healing so it can offer a comprehensive treatment for COVID-19.^{18,19}
2. TCM is effective in the treatment of many kinds of post-viral syndrome; therefore we can expect it to be an excellent choice in the treatment of post-COVID syndromes.
3. Psychiatric disorders and mental health problems are the most frequent secondary diseases accompanying a pandemic and are the most common post-COVID syndromes.²⁰

Particularly for those patients who have not completely healed after intensive treatment in hospital, TCM treatment should be started as soon as possible in order to support recovery, improve their constitution and prevent the occurrence of serious complications.

When clinics are allowed to open to the public and we are able to treat patients with all the modalities available to TCM, our treatment will be more effective and our success rate higher.

Conclusion

A well designed TCM prescription is a suitable treatment for post-COVID syndromes. 📖

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2. World Health Organisation, available at <<https://covid19.who.int/region/euro/country/gb>>. The data in the article was displayed on this website on 10th January 2021
3. Buildings such as arenas and exhibitions centres were converted into temporary hospitals where cases that were not serious could be isolated from the rest of the population and treated. Treatment continued till the patient tested negative. Only cases that progressed to become severe were admitted into a regular hospital for treatment. Unlike other countries, including the UK, China was therefore able to keep even mild cases under observation and medical treatment.
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6. The Overseas Chinese TCM Forum is a worldwide forum organised by the European branch of the World Federation of Chinese Medicine Societies.
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11. For example those caused by sclerosis of the liver, lungs, heart or lung failure. The treatment of such conditions goes beyond the scope of this article.
12. All weights are in grams.
13. I instruct post-COVID patients to take herbs five, six or seven days a week, depending on the severity of their symptoms.
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