Acupuncture and Viral Infections

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Treating viral manifestations in the body is a problem each physician must face. Particularly the general practitioner, who is usually the first physician the patient encounters in his quest for health. I am speaking not only of influenza but of all types of viruses. While research continues its search for medicines and other means of attacking viruses that cause discomfort to patients, there is something that we as physicians might do in the interim that we have found in our clinic to be most helpful.

I direct these remarks to those of you who are interested in the science and art of acupuncture. I feel that modern electric acupuncture is the most efficient utilization of this ancient Oriental therapy. It requires fewer and shorter treatment sessions than are required with hand twirling to achieve therapeutic results. Western medicine hasn't a great deal to offer a person who is suffering from a viral infection or a mixed infection other than antibiotics for secondary invasions and as protection in whatever manner that particular spectrum of antibiotic may best apply.

We have had occasion over the past two years to use acupuncture in the treatment of viral disease. Our study of this use of acupuncture is continuing, and this is only a preliminary report based upon clinical observations. For future reports I would like to hear from others who may have used acupuncture similarly. It is only because of this thought that I even attempt to write this article at this time.

In some of my previous articles, I have indicated that acupuncture is adjunctive to medicine. It will enhance many of the modalities and medicines. My associates and I have observed what may be another effect of acupuncture in connection with viral disease, and perhaps we have a beginning in the direction of proof.

In our first case a 40-year-old man was acutely ill with influenza. He had not responded well to therapy and had been ill for two weeks when we first saw him. We discontinued the use of all drugs and initiated a program that included the use of fluids and full osteopathic manipulative treatment, followed by electric acupuncture. He was requested to return the next day, which he did, and we found him to be much improved. He was given another osteopathic manipulative treatment followed by electric acupuncture. He was asked to return the following day, but phoned to say that he felt much better and wished to return to work. After some insistence on our part, he agreed to come in two days. At that interview he appeared to be fully recovered.

During the time this patient was being treated, a 30-year-old woman came to our clinic in an acute stage of viral infection. She was treated in the same manner, with full osteopathic manipulative treatment and electric acupuncture. She returned, greatly improved, after 48 hours. Other cases have responded as soon as 24 hours; rarely did it take more than two treatments, and very few went much beyond 48 hours. Most cases

responded in 24 to 36 hours with one or two treatments. There were a few cases that took a little longer to respond (up to four days), but they continued to improve during treatment. Four treatments were the most that ever had to be given.

These findings in our clinic led us to believe that something was happening rather rapidly if a viral infection might be improved or even aborted in 24 to 48 hours. None of these patients had the so-called 24-hour flu, so their rapid improvement could not be attributed to the self-limiting nature of the infection. We found, too, that the more acute the case, the more rapidly the response seemed to be.

We then selected 20 patients for laboratory study. They were between the ages of 24 and 66, and all had acute viral infections. We began some blood studies and found that, with acupuncture and manipulation, the leukocyte count increased. We found that sedimentation rate also was affected. The patients generally felt better in a matter of a few minutes to a few hours following treatment.

We then instituted a study of the gamma globulin ratio. We found that the gamma globulin increased within two hours after treatment and remained elevated 24 hours later. Its drop was directly related to recovery and the feeling of well-being the patient expressed. Those patients who had the quickest rise in leukocyte count and gamma globulin improved more rapidly than those who were a little slower in gamma globulin response.

During one of our trips to the Orient, we had the opportunity to visit Drs. Nakatani and Oiso. Dr. Nakatani has been a great leader in developing and encouraging the use of electric acupuncture in the Ryodoraku

approach to the patient's problems. During our visit we discussed with Dr. Nakatani the few cases in which we had documented the increase in gamma globulin. He pointed out that he, too, had done a great deal of work in this area over a decade ago and that he had been able to demonstrate the quick rise in gamma globulin, which aided in the patient's recovery.

Over the past two years we have treated several hundred cases of viral infections, as well as other entities, and have found that patients respond quite well to the regimen of osteopathic manipulative therapy and electric acupuncture. Being Western-trained, we also used antibiotics in about half these cases. But in those patients for whom we feel it may be indicated, we use only the treatment outlined in this article.

Electric needle acupuncture is given at 200 microamperes for seven to 12 seconds or in an accumulation of seven to 12 seconds if the patient is unable to tolerate the continuous flow of current. The points that are used most commonly (listed according to the International Code) are: lung 7, pericardium 6, governing vessel 20, large intestine 20, stomach 16, large intestine 4, bladder 11, bladder 12, bladder 13, and the associated kidney point on the median aspect of the bladder meridian. These points are to be treated bilaterally except GV 20. For best results, treatment should be given on the exact points. If the patient is quite lethargic or weakened, GV 26 is also treated, but not bilaterally. These points are indicated on the manikin diagrams. Our statistics indicate that by following this regimen in our clinic, we can abort an incipient influenza attack in 24 to 48 hours, or we can treat a full-blown case and see it improve substantially in three to four treatments.