

Channel Qi Changes in Response to COVID-19

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Abstract

This article documents the author's findings that COVID-19 and post-COVID patients all manifest three specific channel qi blockages: one along the Large Intestine channel and two more along the pathway of the Du Mai (Governing Vessel). The connections between these blockage locations and common COVID-19/post-COVID symptoms are discussed, along with a treatment method that can help patients struggling at any stage of COVID-19 to regain their health. The results of anecdotal research into this treatment method conducted in the US, UK, South Africa and Australia are also shared.

Keywords

Acupuncture, COVID-19, coronavirus, channel qi, acupressure, acupuncture, Chinese medicine, TCM, long COVID, post-COVID

Introduction

 In early January 2020, before the COVID-19 virus had been formally identified and named, I observed highly unusual channel qi alterations in my patients who were coming in with 'worse than usual flu' (the San Francisco area where I live was one of the first places in the US where COVID-19 appeared). Instead of the one-location channel qi disruption that is typical with winter flu, all my patients - who we can now assume had been infected by SARS-CoV-2 - had three disruptions: the same three. This seemed ominous enough, but I was even more concerned that two of them were along the Du Mai (Governing Vessel).

I identify channel qi blockages directly by holding the centre of my hand (Laogong P-8) about half an inch over the patient's clothed or unclothed skin and following the sensations given off by their channel qi. If a channel is blocked, the qi sensations can be felt to stop or diverge from their correct path. Tongue and pulse diagnosis are not helpful in diagnosing exactly where channel qi flow has become disrupted.

Within twenty-four hours of getting the channel qi of

these COVID patients moving past these three blocked points, their intense, lingering flu-like symptoms of fatigue, brain fog, upper respiratory congestion, lack of sense of taste and smell, and more, all cleared up. After seeing this quick response in many patients, and after the disease had been identified as COVID-19, I shared this information with acupuncturists overseas, who have confirmed the same rapid improvements in their COVID patients after treatment.

Treatment of the three blockages

The three channel blockages seen in people with COVID and post-COVID are at:

1. Quchi LI-11
2. A point along the Du Mai at the mid-brain (striatum)
3. Zhiyang DU-9

The following three sections describe treatment of the channel qi blockages caused by COVID-19 using both acupuncture and non-acupuncture treatment.

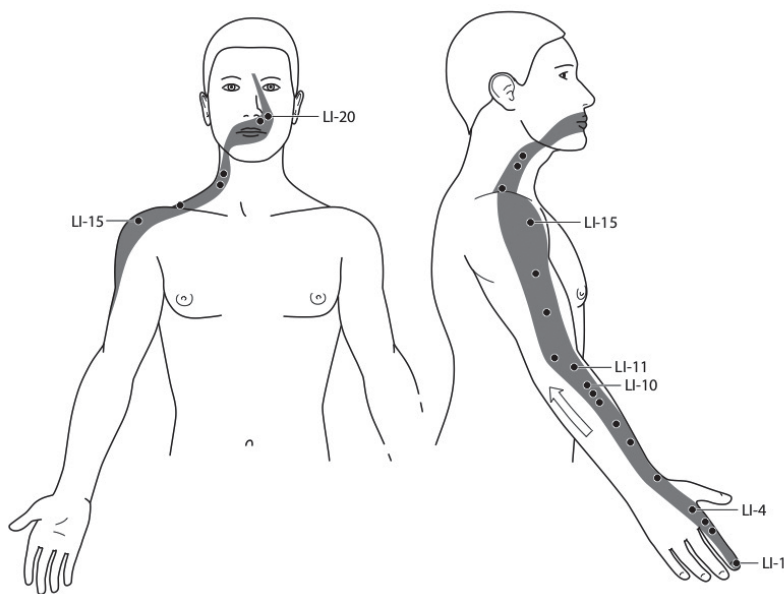


Figure 1: Large Intestine channel point locations

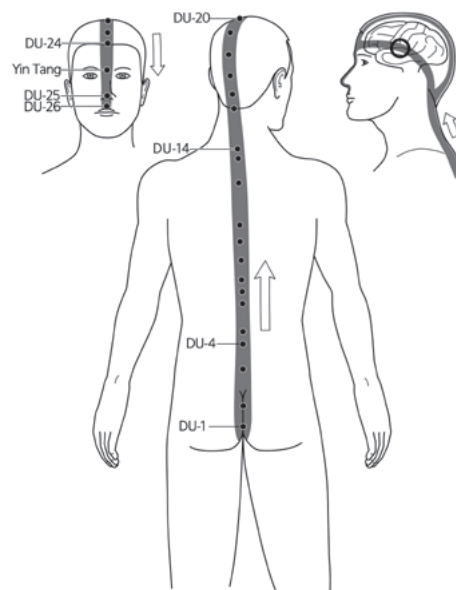


Figure 2: Mid-brain Du Mai blockage (note that the main pathway of the Du Mai goes through the head; the over-the-head branch is primarily used when sleeping, which allows the frontal lobe to shut down)

Quchi LI-11 blockage

Stroke the arm from approximately Shousanli LI-10 through Quchi LI-11 to just above (proximal to) Zhouliao LI-12 (see Figure 1). The direction of the stroking is from the hand towards the shoulder. Do not go back and forth. Stroke uni-directionally. Do both sides: left and right. Spend at least a full minute on each arm, or if possible several minutes.

The stroking is best done directly on the skin: not through clothing. Strong pressure is not helpful - you are not trying to physically move blood or something tangible. You are trying to encourage or restart the flow of electric current that runs just under the skin in the sub-dermal fascia. Do slow, steady, gentle stroking with a finger or two, or the palm of your hand. Your fingers can generate enough static to encourage this current to start moving past the point where it became blocked due to the virus. To observe the moderate tempo of the stroking, see the video at www.JaniceHadlock.com (scroll down to the bottom of the home page and click on the 'Covid Class Cape Town' video link). Treatment of this point usually takes a minute or two, however if the Large Intestine channel qi has been diverted into ('attacking') the San Jiao channel or is looping into the Lung channel, or if you are not sure, several more minutes of stroking along the channel all the way to Jianyu LI-15, or acupressure at Jianyu LI-15 for half a minute, might be needed. Ten minutes is the maximum amount of time spend at this point.

A person licensed to practise acupuncture could use

needles instead of stroking by hand, or might do both: stroking followed by acupuncture. If you are using acupuncture needles, needle Yintang M-HN-3, Yingxiang LI-20, Jianyu LI-15, Zhouliao LI-12, Quchi LI-11 and Shousanli LI-10, in that order. Leave the needles in until you can feel the channel qi flowing correctly along the Large Intestine channel. If you cannot feel channel qi, leave the needles in until the patient says they can feel a change, or else leave them for whatever is the typical time frame for your treatments.

Mid-brain Du Mai blockage

In people with COVID-19 and post-COVID, the channel qi that is supposed to run through the centre of the head from the brain stem to the frontal lobe becomes blocked just posterior to the striatum (see Figure 2).

Treatment of this blockage requires the patient to visualise a current flowing through the brain. The patient should study Figure 2, showing the midbrain path of the Du Mai. The location of the midbrain blockage is along the Du Mai in the middle of the head at its intersection with an imaginary line from the top of one earlobe to the top of the other earlobe. The patient must mentally force the current to go straight through the midbrain from Yamen DU-15 to Yintang M-HN-3, ensuring that it does not stop or meander to the left and/or right sides of the brain. A helper can assist by holding one finger at Yamen DU-15 and another at Yintang M-HN-3 until the patient feels the channel flowing

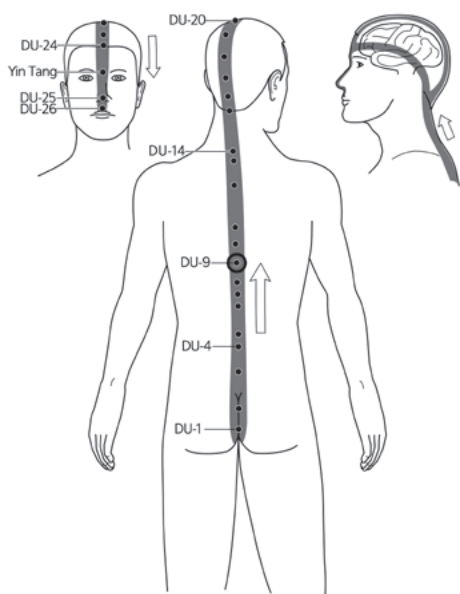


Figure 3: Blockage at Zhiyang DU-9

correctly. The patient will know that this blockage has gone when they suddenly feel current flowing easily straight through the brain to Yintang M-HN-3, or feel their mental fog lifting and a return of mental clarity. Colours might seem brighter, the muscles of the face may feel more responsive, or the patient might feel back inside their body rather than observing it from the outside.

A licensed acupuncturist can assist by needling Yintang M-HN-3 and Yamen DU-15. In a few cases, acupuncturists have cleared this blockage via needles, without the patient visualisation. Research is ongoing to determine if visualisation by the patient, or needles, or both, is most effective. In my experience, patient visualisation has removed the blockage more quickly than needles alone. With needles alone, results were slower, and sometimes it took more than half an hour before the patients began to feel the return of mental clarity and other signs of healing.

Zhiyang DU-9 blockage

In people with COVID-19 or post-COVID, the Du Mai is likely to be blocked mid-spine, in the area of Zhiyang DU-9. A blockage in this location can cause disruption to the function of the lungs, diaphragm and heart, as well as an overall sense of weakness and mid-back pain. Mid-back pain centred at Zhiyang DU-9, sometimes spreading to the neck, shoulders and/or flanks, is a very common symptom of post-COVID. It is usually considered not to be part of COVID by biomedical physicians and COVID researchers,

but it is common following infection and it resolves quickly in response to the Zhiyang DU-9 part of this protocol.

Stroke the skin over the spine from the lower back towards the neck, paying particular attention to the section between Jinsuo DU-8 and Lingtai DU-10. Do not go back and forth. Stroke the skin uni-directionally, from the lower spine towards the neck. Stroke slowly and steadily for one to three minutes. The goal is to generate a small electric current in the tissues just under the skin. A licensed acupuncturist can insert needles at Dazhui DU-14, Lingtai DU-10, Zhiyang DU-9, Jinsuo DU-8 and Zhongshu DU-7 - in that order – in addition to or instead of stroking by hand.

Patients who have nobody available to treat them by hand or with needles can imagine a powerful current running just under the skin that lies over the spine, starting from the lower back and travelling up to the neck. They should do this over and over until they start to feel a sensation flowing in a continuous straight line all the way up to the base of the neck. Within a few minutes, the patient might feel their lungs opening and their back pain subsiding. People with COVID or post-COVID who feel contracted or oppressed in the chest area and experience a ‘fluttery’ heart may feel immediate improvement in these sensations after being treated at this location. Many post-COVID patients have severe back pain in the vicinity of Zhiyang DU-9 that goes away completely after treatment.

It might be best, but is certainly not crucial, to unblock the mid-brain Du Mai obstruction before treating the Du Mai at Zhiyang DU-9. If the mid-brain blockage is cleared first, then when Zhiyang DU-9 starts to flow, the qi can surge all the way up and through the head to Yintang M-HN-3.

Further notes regarding treatment

Once the channel qi flow has been restored, it will usually remain in the correct configuration. However, a second treatment might be needed for any or all of the three locations. Treating the above three treatment locations is usually enough to greatly reduce the symptoms of COVID or post-COVID. However, practitioners should be aware of other factors that may prevent the restoration of healthy channel qi flow at these COVID-disrupted locations.

Secondary channel qi blockages

The three primary blockages seen in COVID can lead to other, secondary, blockages. For example, the blockage in the vicinity of Zhiyang DU-9 can cause the upward-flowing qi in the Du Mai to be shunted into (‘attack’) the nearby downward-flowing Bladder channel, creating whorls and mini-blockages in the qi flow of the Bladder channel; and/or deficiency in the Large Intestine channel combined with diminished power in the Du Mai at Yintang M-HN-3 can cause

Stomach channel qi to be greatly reduced. This can in turn lead to the Gall Bladder channel flowing into (attacking) the now-deficient Stomach channel. However, do not concern yourself with or be distracted by these secondary blockages. They are not the source of the problem. They are temporary side-effects. In my experience, when the three blockages described in this article are cleared up, the many types of secondary blockages that derive from them quickly disappear on their own.

Co-morbid blockages

If a person has pre-existing health issues, these are likely to involve channel aberrations and blockages. In fact, pre-existing co-morbid channel problems might be what determine whether a person has mild or strong symptoms of COVID-19, or becomes stuck in post-COVID patterns. These pre-existing channel problems may need to be treated in order to get lasting results from the COVID treatment described above.

For example, a history of broken bones in the hand, arm or shoulder might prevent easy restoration of channel qi flow in the Large Intestine channel. A history of head injury or stroke can prevent easy restoration of a COVID-induced Du Mai qi blockage in the head. Bladder channel irregularities seen in people with intrinsic asthma can affect the nearby portions of the Du Mai, making it harder for the Du Mai to recover from a bout of COVID. In addition, people with depression and/or high stress levels tend to have diminished levels of qi travelling through the Du Mai in the mid-brain, as well as a corresponding increase in channel qi in the sides of the brain regulated by the head portions of the Bladder and Gall Bladder channels. These people tend to be more susceptible to both COVID and post-COVID symptoms, which is likely to be connected to the decreased amount of qi flowing through the midbrain part of the Du Mai prior to infection.

In these cases of comorbidity, craniosacral or yin tui na treatment, or appropriate channel-based acupuncture needling are recommended to treat the pre-existing channel qi disruption(s). For information on treating unhealed traumatic injuries and the frequently accompanying dissociation, please see the book *Yin Tui Na*, available for free download at www.pdRecovery.org (click on Publications, then click on 'Yin Tui Na'). As an aside about yin tui na: injuries that have not completely healed due to the patient's dissociation from the trauma are unlikely to respond lastingly to acupuncture. Yin tui na often helps the patient re-associate with the injured part of the body and start healing. Once a part of the body has been re-associated, it can respond to acupuncture and other therapies.

Treatment during active COVID-19

If a person is actively fighting the live virus, treatment can decrease the severity of symptoms and quicken the elimination of the infection. In cases of active COVID, the patient should do the treatment once or twice every day until symptoms are gone. If there is ongoing fever, the patient should repeat the treatment every few hours until the sense of being 'foggy' or 'scattered' in the brain ceases.

Prevention for practitioners

Since discovering this COVID treatment, I mentally move energy past these points in myself every day, preventively. Ensuring that the channel qi is flowing freely at these three locations may be preventive against infection. I tested positive for COVID in summer of 2022. I was asymptomatic, and only learned that I was positive when I was required to test for a programme I was attending. I was quite surprised, because I felt fine, although a housemate pointed out that I had coughed twice five days earlier.

Research

Since January 2020, every patient I have seen with COVID-19 or post-COVID had blockages at these three locations. I have personally treated more than a hundred such patients. In the earliest days, all the patients I treated responded quickly to treatment. In order to further test my observations, I asked an acupuncturist colleague in the UK to share the information with her two acupuncturist colleagues who worked as nurses in the COVID ward of the local hospital. They secretly did acupressure treatment on patients with severe COVID, including some who were waiting to be put on respirators. Every hospitalised patient that received the secret acupressure treatments showed great improvement within twenty-four hours. None of the treated patients needed to be put on respirators. The treatments were done secretly because they had not been approved by the UK government's health system.

After Australia opened its borders in February 2022 and COVID surged quickly through, an acupuncturist colleague in Australia also tested these findings. Dr. Kevin Ryan, osteopath and acupuncturist, observed such quick and lasting results in so many patients that he produced a free video lecture on treating COVID for his acupuncture association. At the association's request, he will be doing a video lecture with a question and answer session in autumn 2022 for Australian acupuncturists. According to Dr. Ryan, who has served on or for several professional boards, there are no prohibitions in Australia for promoting a Chinese medicine-based treatment for COVID-19.

In the United States, where I practise, it is illegal to promote any treatment for COVID that has not been approved by the

National Institutes of Health (NIH). Therefore, after getting anecdotal confirmation of my results from the UK, I wrote up the treatment protocol and the theory behind it in a short, four-page document with diagrams and submitted it to the NIH in June 2020. I soon received an email acknowledging receipt of my write-up. I was informed that my information would be transferred to the Department of Complementary and Alternative Medicine. More than two years later, as I am writing up this article (September 2022), I have not heard from them. Also in June 2020 I posted the four-page write-up on my personal website, and referred as many people as possible to the posting. Aside from that, I did nothing to 'promote' my findings, as that would have been illegal.

In spring of 2022, two years after my submission to NIH, I was increasingly dismayed by the number of people that were still dying of COVID-19, and the millions of people who were struggling with post-COVID symptoms. I was still unable to legally promote my findings in the US or in my continuing-education videos that are distributed by a Canadian group. I therefore held classes and workshops to share these treatment techniques in Cape Town, South Africa and Melbourne, Australia. The workshops went very well. The attending patients all had post-COVID syndrome. For safety purposes, no attendees had active COVID infection. At these classes and workshops I purposely did not use acupuncture needles in order to emphasise that a person does not need to work with an acupuncturist in order to restore the flow of channel qi. In fact, to drive this point home the Cape Town class was offered via Zoom through the South African Craniosacral Society rather than the local acupuncture school. This was an online-only class with no practicum for the students. The Melbourne two-day workshop was offered to acupuncturists, although the techniques were applied using acupressure rather than needles. Although acupuncturists are more likely than other health practitioners to understand the underlying theory behind channel blockages, when it comes to treatment, needling is not required. The first day of this class was spent learning to feel channel qi. The morning of the second day, each pair of practitioners had a patient with post-COVID to work on for one hour. All patients responded quickly to treatment, with their symptoms usually beginning to clear up within minutes, and significantly improved within an hour.

Research data

The three sources of data below are important for different reasons. Without them, this paper merely gives my reported observations, with no objective verification. From a research perspective, the last source is more important than the first two. At the Cape Town and Melbourne workshops, I was personally treating the patients, or was

at least in the room directing the treatments. Therefore, the results might knowingly or unknowingly be skewed in favour of my preferred results. The third data set below is from two individuals who, after taking the Melbourne class, worked with patients who had never met me or heard of my hypotheses. Their results replicated the stunning outcomes that I have seen in my own office for more than two years.

Cape Town class

At the class in Cape Town I personally treated all the patients. To view a video of this class in which you can see the patients' responses to treatment, go to www.JaniceHadlock.com and scroll down to the bottom of the home page. Of twelve patients, ten reported feeling better, sometimes surprisingly better, within fifteen minutes of treatment. The most common improvements were the sinuses clearing and mental clarity returning. No follow up interviews were conducted.

Two of the patients had experienced strokes that affected their arms following their COVID experience. They both hoped to see the lingering lack of strength in their arms cleared up by treatment. It did not. A stroke involves blood stasis. The treatment described in this article is designed for post-COVID symptoms caused by qi stagnation. Channel qi can quickly be restored to its correct path, and the associated symptoms often start to clear within minutes and are usually completely clear within twenty-four hours. However, the blood stasis in the brain involved in a stroke involves damage to the tissues, including dead neurons and internal bleeding or clotting, and might take weeks, or even years, to completely heal. Aside from the two stroke patients, all other patients noticed rapid improvement.

Melbourne workshop

At the workshop in Melbourne the students treated most of the post-COVID patients while I demonstrated from the front of the classroom. All seven patients noted improvement immediately following the treatment. Five patients replied to a follow-up email three months later; all reported that the benefits of the treatment had lasted, and many had continued to improve over the days following treatment. The complete details of the patients' gender, age, symptoms and responses are available at www.JaniceHadlock.com, at the bottom of the home page.

The following reports from the patients were either recorded in the treatment notes immediately after treatment, or reported at follow-up:

- 'I feel different; I have more energy ... I feel more alert.' The practitioner noted: 'Improved colour in face. Eyes became sparkly. More talkative.' Reply to follow-up: 'I continue to feel better. I am intrigued. I should have seen my acupuncturist months ago!'

- ‘My back feels less tight. My cough is better, less phlegmy - feels like it’s going away. Less fatigue, less anxiety.’ At follow-up: ‘I am doing really well. Immediately after treatment I felt different. Later that afternoon I had no coughing at all, though I had been coughing non-stop for months ... Most of my symptoms disappeared that day or the next.’
- ‘My thoughts are more clear ... I’m more awake, more relaxed. I can feel beautiful warmth going up my back and over my head; the blocked shoulder blade sensation is gone and my upper arm has relaxed ... I’m breathing deeper.’
- ‘I feel lighter in my neck and shoulder region, my range of movement has increased side-to-side, it is easier to lie down ... No pain!’ Follow-up: ‘The pain in lower back is much better, and was immediately following the treatment. I can lie on a flat surface; I couldn’t do that before the treatment.’
- ‘I feel warmer in my whole body ... tingling ... as if things are moving ... my sinuses feel more open ... less tired and cold.’
- ‘I felt something clearing in my back.’

The patient on whom I demonstrated in the class was a nine year-old boy who since having COVID had been suffering from fatigue, back pain, stomach pain, blocked sinuses, runny nose, nocturia and headache. His mother said he was moody, sad and sensitive. He would not look at me or talk to me, but sat in his mother’s lap nearly motionless, with his face pressed into her chest. Five minutes after finishing the treatment, he told his mother his sinuses were no longer blocked. After another five minutes, he started looking out at the class and smiling, while still seated on his mother’s lap. He then started pulling funny faces at the class and declared in a loud voice to his mother, ‘I’m alive!’ Fifteen minutes after the treatment, while I was still lecturing to the class and answering questions, he jumped off his mother’s lap and sprinted around the perimeter of the classroom five times, giggling. The follow-up from his mother was: ‘His thinking is clearer. He has a lot more focus and energy ... His sinuses cleared that day. His energy hasn’t diminished since the treatment. He’s more wakeful ... He felt a physical change during the actual treatment. His energy has lifted in leaps and bounds. His posture is improved.’


‘Immediately after treatment I felt different. Later that afternoon I had no coughing at all, though I had been coughing non-stop for months.’

Post-Melbourne workshop

Two acupuncturists from my Melbourne class treated fourteen post-COVID patients in their private practices. One reported that every patient experienced complete resolution of COVID-related symptoms within forty-eight hours of treatment. The other wrote that his patients’ COVID-related symptoms had all cleared up by the time of their second visit (and many of their pre-existing conditions also showed significant improvement). Their detailed reports including age, gender, presenting symptoms, duration since contracting COVID as well as the results of follow-up inquiries are available at www.JaniceHadlock.com.

Final thoughts

Although anecdotal, the results of treatment from my private patients, from classes and workshops, along with reports from many acupuncturists, are very encouraging. Going forward, thousands more cases will need to be treated in order to validate these treatment protocols. Considering there are millions of people suffering from post-COVID, health professionals of all types and not just acupuncturists should be able to test this treatment on enough patients to quickly fulfill this goal. If you are a health professional working with post-COVID patients and find these protocols effective, please send your results to: Helene Langevin,

National Institutes of Health, Alternative and Complementary division, 9000 Rockville Pike, Bethesda, MD 20892, USA. Please title your submission ‘Case study data based on COVID-19 channel qi changes’. 

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