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A Guide for Acupuncturists in Managing Patients' Immune Response to Vaccines

This discussion arose out of my concern for patients in order to help them feel confident that they had support from integrative medicine and that they could lay any concerns aside about receiving the vaccinations that are a vital part of public health. In addition, I wanted to share classical Chinese medical theory and treatment to aid and to encourage my colleagues in Chinese medicine. In this guide, I'll present two classical acupuncture treatments to help patients receiving vaccination, one acutely after vaccination, the other for those concerned about or for those experiencing chronic inflammatory issues they attribute to vaccinations. For each treatment, I'll start by discussing the Chinese medical theory behind the treatment before explaining the treatment protocol.

Vaccinations: The body perceives a vaccine as a pathogenic factor (even though in the case of many modern vaccines, there is no possibility for the disease one is vaccinating against to arise from the treatment). Regardless of the type of vaccine, including the newer mRNA vaccines such as for zika and COVID-19, these vaccines all provoke an immune response and cause B-cells to produce antibodies and display an antigen specific to the pathogen on their exterior that other immune cells can act on. In Chinese medicine, this can be viewed as wei qi activity. As a reminder, wei qi circulates along both the exterior of the body and in the interior as well (smooth muscle gut sphincter activity is an example of the latter). Further, there is a relationship between wei qi externally and jin-fluid in terms of exocrine activity such as sweat and wei qi internally in terms of the lymphatic system's association with the immune system. These concepts will aid in understanding classical Chinese medical clinical responses to vaccinations.

In comparison with the inoculations used in the history of Chinese medicine (such as during the Qing dynasty), modern vaccines are much less likely to cause side-effects or illness themselves. From the point of view of Chinese medicine, there is a difference of clinical importance is the way these therapies enter the body. Early inoculations and some vaccinations have been insufflated (via

the nose), while many vaccinations are injected. This leads to a difference in the introduction of the pathogenic factor into the level of jin-fluid via mucous membranes or into xue-blood.

Clinical concerns and interventions involve acute and chronic presentations: Acutely, the issue is overactivity of wei qi as a heat/inflammatory response. Concerns of chronic inflammatory symptoms arising from the idea of wei qi trapped or sequestered as fu-latency. Latency is one of the most important concepts in classical Chinese medicine for understanding chronic disease. The key to the idea is that when we have a pathogenic factor (and, vitally, the wei qi response to it) which cannot be resolved, the body will use some aspect of yin, whether as jin/ye fluids, xue-blood, or jing-essence, to hold onto and render the pathogen and wei qi in a festering quiescent state. As the yin resource used to hold that latency is lost due to deficiency (such as with aging) or a more temporary insufficiency (due to stress), the body may lose latency and the pathogen and wei qi's conflict flares up and may progress as in the chronic, episodic, and progressive presentation typical of auto-immune diseases.

Acute treatment: Primary channels: As a patient receives a vaccination which provokes a response from their immune system/wei qi, the acute concerns to consider involve an exuberance of heat as wei qi overactivity. Of course, in the case of anaphylaxis due to an allergy to an ingredient in the vaccine, then the patient should be referred to an ER. Otherwise, or afterwards, there are some beneficial treatments from classical Chinese medicine.

The patient has chosen to be vaccinated for their own health and for society, so we don't want to invalidate that therapy. Therefore, we won't address the jing-essence level as this is the level at which the chapter 27 of the Nan Jing identifies as the level which deals with responses to pandemics and other threats to humanity as a species (but we will look at that level a little later). The Nan Jing states that the primary channels do not reach to the that level of essence. We can then intervene on the level of these primary channels, as they are the main roads we walk in daily post-natal existence in terms of conduits of wei and ying qi, our capabilities and resources. This will allow us to clear excess heat and symptoms acutely without affecting the process of immunity which the vaccine provides.

Now we can see how the method and locus of introduction of the vaccine will make a difference in our approach. Vaccines or inoculations which were insufflated or introduced nasally enter the level of jin-fluids. One way to understand how Chinese physicians worked to help patients manage inoculations is by looking at wei qi. The zang organs that deal with wei qi are the lungs and liver (consider how conventional medicine views the Kupfer cells in the liver for the production of immune antibodies). The paired yang channels to the lung and liver are the large intestine and gall bladder. These yang channels are where we will look to intercede for patients concerned about acute vaccination symptoms. The primary point which will orient our treatment is going to be the one on the

primary channel which can deal with excesses as well as leakage/loss, the xi-cleft point. According to Jeffrey Yuen, Li7 is a major point used during inoculations in Chinese history and it makes perfect sense that this point has the therapeutic action of treating fire toxins—where toxic heat excess is damaging tissue. Now that vaccines are mainly injected, we will also use the gall bladder channel's xi-cleft point, as the yang channel paired with the liver and its association with blood and with wei qi's internal activity as discussed. Again, it's no coincidence that Gb36 also has the therapeutic function of treating fire toxins.

Li7 and Gb36 form the key points of our treatment to benefit patients concerned about acute symptoms of vaccinations. We know that the source points are discrete points on the yang primary channels (whereas the shu-stream and source are the same point in yin primary channels). This is so these little reservoirs of yuan qi on the yang primary channel can be used to hold excess pathology. Therefore, Gb40 and Li4 can be added to the treatment. The luo source points classically are the beginning of luo channels, a secondary channel system of acupuncture described in the Ling Shu which use blood and fluids to hold excess pathology latent (you see the theme here). Again, not coincidentally, the Li luo channel treats pathology going into the teeth as extension of the bones and jing-essence for latency and the Gb luo channel moves distally to dredge latent pathology going into the sea of blood, chong mai. Plum blossoming these points will help relieve any toxicity as it goes deeply into the jing level for chronic degenerative disease. Again, we are not invalidating the immunity produced by the vaccine, but we are dealing with any toxic heat that the body perceives as too much to handle. We are not directly tapping into the jing, but we are taking stress off of it.

Acute Treatment Summary: We are needling Li7, Gb36, plum blossoming LI6 and also Gb37, and then needling Li4 and Gb40. There are specific classical needle techniques which can be applied, but the usual dispersing rotational needle technique is appropriate for wei qi in this case for the xi cleft and yuan source points. Needles can be retained for 25 minutes. This can be done after the vaccination, even soon after, but certainly within the same week. It can be repeated once or twice a week for the month afterwards. Many vaccines require two or more doses, and this treatment should be repeated after each dose.

Chronic treatment: Divergent channels: Whereas with the acute treatment we were trying to keep an immediate excess from taxing the jing-essence, with a chronic issue we need to consider how to address the jing itself and an issue directly affecting it. The reason we are looking at the jing is both due to the chronicity itself as the unfolding of the jing is in the longer term (the cycles of 7 and 8 years in the Su Wen, and cycles of 10 years are noted in the Ling Shu), and also due to what we expect to see in this presentation. The sort of issue we expect to see is one of chronic inflammation affecting

curious organs, which represent the jing level, or the zang fu. That is to say, we expect the pathogenic factor and wei qi's festering struggle to be manifest at the level of joint inflammation (bone and marrow as curious organs, brain or reproductive issues (curious organs), or inflammation affecting the function of a zang or fu. The jing of these organs and curious organs, as well as all yin factors of fluid, blood, and jing, attempt to hold the condition in a state of fu-latency. The loss of this latency as jing and other yin factors are consumed or depleted leads to the flare up and spread of symptoms. This can be auto immune activity from a western medical point of view.

Remembering that chapter 27 of the Nan Jing tells us that the primary channels do not reach to the jing level, we need to use another channel system. We need one that reaches to the jing and preferably also can deal with wei qi as it goes to that level so we can draw it back out again, along with any pathological factor it is fighting. Doing this will resolve the root cause of the chronic inflammation. The system that does exactly this is the divergent channel system. Divergent channels are therefore excellent for treating auto-immune conditions and any chronic degenerative disease where the issue is mediated by inflammation. They are very useful! They travel to the zang and fu organs and they also travel to the chest and to the head and sensory orifices. Because they reach to the jing level, they can treat issues of the curious organs. And they won't affect the immunity caused by the vaccine in the first place.

Divergent channels are organized into 6 confluences of zang/fu pairs. In this case, we going to look at the divergent confluence of the Gb/Lr because it's a good place to address issues the flare up of chronic inflammatory or auto-immune issues. Further, the Gb/Lr divergent channels deal with blood's attempt to hold an unresolved chronic condition latent and they address the fact that most vaccines were injected directly into the blood. For an insufflated inoculation potentially leading to a chronic condition, we might look at different confluence, but the Gb/Lr divergent channels are still a good starting point.

So, we're going to use the Gb/Lr divergent channel to pull that festering wei qi and any pathogenic factor with it out of hiding and into a superficial level for resolution. We should let our patients know that they may very well have a healing crisis as that issue comes out. They should not think of symptoms alone as a sign of disease, but here understand that this is part of the resolution so they should not try to suppress a few days of prodromal symptoms (typical symptoms of a cold). Rather, both patient and clinician should help the routes of elimination to be open—sweat, urination, and bowel movements. If the person has chronic constipation or another blockage, then gently help this to open as the divergent channels are treated.

The divergent channels are treated with a special needle technique and treatment schedule. As they represent wei and yuan qi, each point is needled superficially to receive de qi, then deep relative to the point with de qi at that level, then the needle is brought to a very superficial level and left like that for the rest of the retention time, 25 minutes. The points begin with the he-sea points Lr8 and Gb34 as lower confluent points, then we go to Cv2 (which is an alternate lower confluent point and is on the trajectory), Cv4, Cv12, Gb24, Lv14, Cv17, Cv22, Si17, St5, and Gb1 as the upper confluent point (there are certainly variations in trajectory points, but in my clinical experience this is a good treatment). The jing well points should be added to release pathology, Lr1, Gb44. The treatment is ideally done three days in the row each week for 3 weeks as a course of treatment and re-evaluated at that time, repeating necessary. If that is not possible, then do at least once a week for 6 weeks and re-evaluate.

Chronic Treatment Summary: Needle technique is: superficial level, then deep relative to the point, then superficial for all points (except the jing wells, which are treated in the usual fashion), in this order: Lr8*, Gb34*, Cv2, Cv4, Cv12, Gb24, Lr14, Cv17*, Cv22, Si17*, St5, Gb1*; Lr1, Gb44* Retention is 25 minutes total.

The points marked with an asterisk *must* be included in the treatment, while the others are encouraged but may be reduced for patients concerned about the number of needles. Cv2 should be included, but for patients concerned about a point in a more private area, then this may be omitted until a better rapport and a safe space is established. Ideally, treat three days in a row, for 3 weeks or if not, then once a week for 6 weeks, then re-evaluate and repeat as needed.

Remember to consider the need to open the routes of elimination and the likelihood for a prodromal response as a possible sign that the issue is being resolved. Talk with the patient ahead of time so they come to you for help with this rather than suppressing the condition back internally with herbs or medications for the symptoms.

I hope this is useful. For questions about these treatments, please feel free to contact me.