

Channel Qi Changes in Response to COVID-19

By Janice Hadlock

This free PDF is a copy of an article in the Fall, 2022 issue of the top-ranked English-language journal of Chinese medicine in the world, the *Journal of Chinese Medicine*. The *Journal of Chinese medicine* has generously made this article publicly available at their website, as a public service, and is allowing me to share it on this website, as well. Prior to this article's publication, a much shorter version of this article, four pages showing only the treatment procedures for COVID and not the history of its discovery, was presented as a PDF on this website. That was the version that was also sent to the National Institutes of Health in June of 2022. I am grateful to the *Journal of Chinese Medicine* for allowing me to reproduce the article in full on my website.

Introduction

In early January 2020, before the COVID-19 virus had been 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 infected by SARS-CoV-2 had three disruptions: the same three. This seemed ominous enough but, in addition, two of them were on 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. The qi sensations stop or diverge from their correct path where the channel is blocked. Tongue and pulse diagnosis are not helpful in diagnosing exactly where channel qi flow has become disrupted.

Within twenty-four hours of getting their channel qi moving past these three blocked points, thus restoring healthy flow in the Du Mai and Large Intestine channels, my COVID patients' 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 new flu had been identified as COVID-19, I shared this information with acupuncturists overseas, who confirmed the same rapid improvements in their COVID patients. I then submitted these findings to the United States National Institutes of Health in June of 2022.

Do-it-yourself acupressure treatments

The following treatments can be done by the patient or with the assistance of a friend of the patient. There is absolutely no need for professional help with this simple, highly effective treatment for the three blockages that are seen in COVID and post-COVID (also known as Long-COVID) patients.

The three blockages

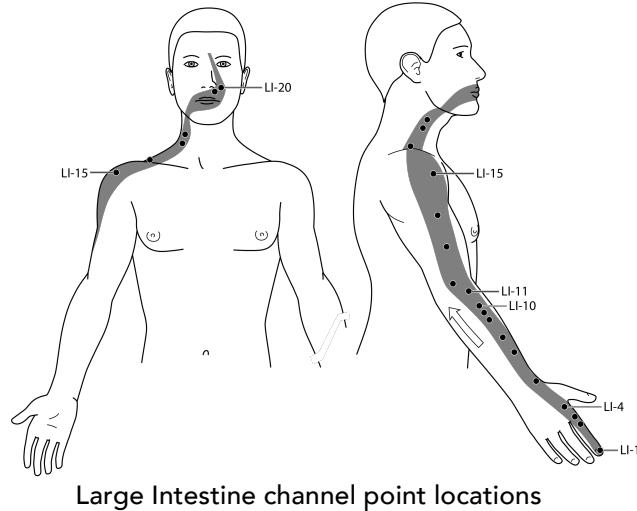
The three channel blockages seen in people with COVID and post-COVID are at: 1) LI-11 (Quchi); 2) the mid-brain Du channel at the striatum; and 3) Du-9 (Zhiyang). The following three sections describe treatment of the channel qi

blockages caused by COVID-19 for both acupuncture and non-acupuncture treatment.

1) Treatment technique for LI-11 (Quchi)

Stroke the arm from approximately Shousanli LI-10 through Quchi LI-11 to just above (proximal to) Zhouliao LI-12. The direction of the stroke 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 fingers, 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 video).



Large Intestine channel point locations

Treatment of this point might take a minute or two. But if the Large Intestine channel qi is going into (attacking) the San Jiao channel or looping into the Lung channel, several more minutes of stroking along the channel all the way to LI-15 might be needed. Ten minutes would probably be the maximum amount of time needed. If a person is not able to feel the channel movement and cannot determine if the channel has resumed its correct flow or not, assume that it has *not*. Rub LI-15, at the shoulder, for about a minute, on both left and right, to ensure that the current is not just moving past LI-12, but is also moving in the correct route up to LI-15 instead of staying diverted into other nearby channels.

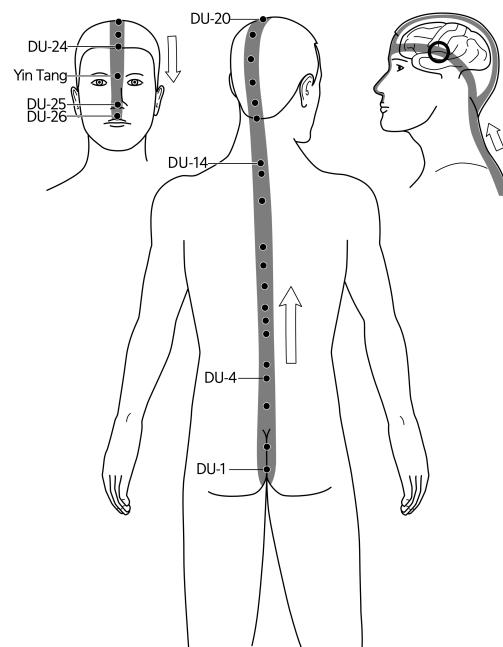
A person licensed to practice acupuncture could use needles instead of doing the stroking, or might do both: stroking followed by acupuncture. If you are using acupuncture needles, needle Yintang M-HN-3, Yingxiang LI-20, Jianyu LI-15, Zhouliao LI-12, Quchi LI-11 and Shousanli LI-10, in that order, to treat the Large Intestine channel blockage. 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 are feeling a change, or else use whatever is the typical time frame for your treatments.

2) Treatment technique for 2) Mid-brain Du channel

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.

Treatment of this blockage requires the patient to visualise a current inside the brain. The patient should study the drawing above, 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 the intersection of an imaginary line from the top of one earlobe to the top of the other earlobe.



The main path of the Du channel goes through the head, when awake

The circle shows the blocked area.

(Reminder to acupuncturists: the over-the-head branch is primarily used when sleeping. The shunting of the through-the-head current towards the back and top of the head when falling asleep allows the frontal lobe to shut down. Consciousness drops away. Sleep ensues.)

The patient must mentally force the current to go straight through the mid brain to YinTang instead of stopping or meandering to the left and/or right sides of the brain. A helper can assist by holding one finger at Du-15 and one at YinTang until the patient feels the channel flowing correctly.

The patient will know that this current has been restored when they suddenly feel current flowing easily straight through the brain to YinTang, or feel the mental fog lifting and a return of mental clarity. Colours might seem brighter,

the muscles of the face might feel more responsive, or the patient might feel back inside their body rather than observing their body from outside of it.

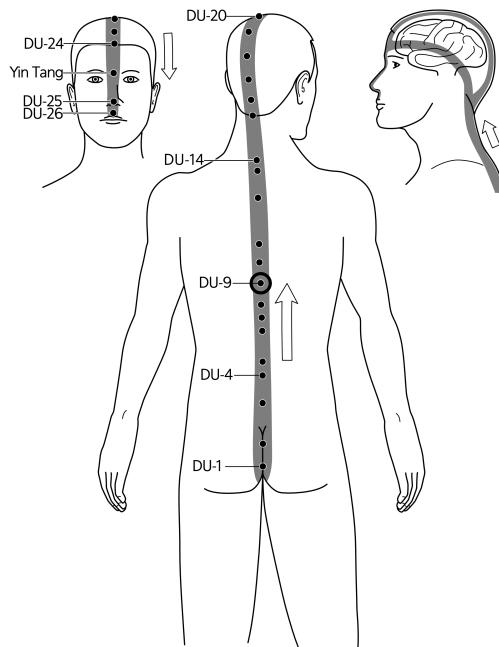
A licensed acupuncturist can assist by needling Yintang (M-HN-3) and DU-15 (Yamen). In a few cases, acupuncturists have cleared this blockage via needles, *without* the patients' visualisations. Research is ongoing to determine if the visualisation by the patient, or needles, or both, is most effective.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

3) Treatment technique Du-9 (Zhiyang)

In people with COVID-19 or post COVID, the Du Mai is likely to be blocked mid-spine, in the area of DU-9 (Zhiyang). A blockage in this location can cause disruption to the lungs, diaphragm and heart, as well as an overall sense of weakness and mid-back pain. Mid-back pain centered at DU-9, sometimes spreading over to the neck, shoulders, and/or flank, is a very common and disruptive symptom of post-COVID. It is usually considered to *not* be part of the COVID pattern by MDs and COVID researchers, but it is in fact common following a COVID infection *and* it resolves quickly in response to the Du-9 part of the COVID treatment.

Treatment technique

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.



The Du channel blockage at Du-9

A licensed acupuncturist can insert needles at DU-14 (Dazhui), DU-10 (Lingtai), DU-9 (Zhiyang), DU-8 (Jinsuo) and DU-7 (Zhongshu) - 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 at the low back and travelling up to the neck. They can do this over and over until they start to feel some form of imagined energy 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 often feel contracted or oppressed in the chest area with a 'fluttery' heart and feel improvement in these sensations after being treated at this location. Many post-COVID patients also have severe back pain at DU-9 and vicinity that goes away completely after treatment.

It might be best, but is certainly not crucial, to unblock the mid-brain Du channel before treating the Du channel blockage at Du-9. If the mid-brain blockage is cleared first, then when Du-9 starts to flow, it can surge all the way up to and through the head to Yintang (also known as M-HN-3).

Further notes regarding treatment

Once the 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 these locations. Treating the above three treatment locations is usually enough to greatly reduce the symptoms of COVID or post-COVID. However, if the patient has complications such as intrinsic asthma from a channel blockage in the Bladder channel, a pre-existing back or neck injury that is impeding the flow of the Du Mai, or an arm/ shoulder /neck injury impeding the flow of the Large Intestine channel, these other conditions might also need to be treated because they can prevent the restoration of healthy channel qi flow at the COVID disruption 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 qi, creating whorls and mini-blockages in the Bladder channel. 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 lead, in turn, to the Gall Bladder channels flowing into (attacking) the now-deficient Stomach channels.

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 the three main blockages quickly clear up on their own.

Co-morbid blockages

If a person has pre-existing health issues, these often will involve channel aberrations and blockages. In fact, pre-existing co-morbid channel problems might be what determines whether a person has mild or strong symptoms of COVID, or becomes stuck in the post-COVID patterns. These pre-existing channel problems might 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 COVID-influenced Du Mai qi flow through the head. Bladder channel irregularities seen in people with intrinsic asthma can affect the nearby portions of the Du Mai, possibly making it harder for the Du channel to recover from a bout of COVID. In addition, people with depression or high stress levels tend to have diminished levels of Du Mai qi traveling through the mid-brain, as well as a corresponding increase in channel qi on the sides of the brain, in the areas regulated by the head portions of the Bladder and Gall Bladder channels. They are also more susceptible to both COVID and post-COVID symptoms. This correlation might be connected to the decreased amount of Du Mai qi flowing through the midbrain *prior* to infection.

In these cases of comorbidity, craniosacral or yin tui na treatment, or *appropriate, channel-based* needling is 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. The book *Yin Tui Na* teaches how to use hands-on therapy to help a 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.

If the person has active COVID

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, they can mentally repeat the treatment every few hours until the sense of being 'foggy' or 'scattered' in the brain ceases.

Research

Since January 2020, every patient I have seen with COVID-19 and post-COVID has had blockages at these three locations. I have treated more than a hundred people with COVID or Long-COVID. I am semi-retired, and no longer take on new patients. My office hours are very limited. Even so, I have seen many, many cases of COVID and Long-COVID.

Since discovering this COVID treatment, I mentally move energy past these points in myself every day, preventively. 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. Aside from those two coughs, my time with COVID was asymptomatic.

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 my information with her two acupuncturist colleagues who worked as nurses in the local hospital. They got the same quick results on their hospitalised patients that I had seen in my office. The acupuncturists who were also hospital nurses secretly did acupressure treatments at these three locations 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 of 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 practice, 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 of 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 of 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, and the millions of people who were struggling with post-COVID. I was still unable legally to promote my findings in the U.S. or in my continuing-education videos that are distributed by a Canadian group. I therefore held workshops to share these simple, effective COVID 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 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, the Cape Town class was offered via Zoom through the South African Craniosacral Society, rather than the local acupuncture school, to drive this point home. This was a zoom class, only, with no practicum for the students. To view a video of this class, in which I treat twelve post-COVID patients in just over an hour, and in which you can see their responses to treatment, go to www.JaniceHadlock.com and scroll down to the bottom of the home page. Click on the link that says Video.

The Melbourne two-day workshop was offered to acupuncturists, but the techniques were applied to post-COVID patients 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 gone within an hour.

Case study data

The following data is derived from the following:

- 1) A class in Cape Town in which I personally treated all the patients.
- 2) A class in Melbourne in which students treated the post-COVID patients while I demonstrated from the front of the classroom.
- 3) Two attendees of the Melbourne class who used the techniques learned in the class on fourteen private-practice patients with post-COVID.

These three sources of data are important for different reasons. Without them, this paper merely gives my reported observations, with no outside, objective observer.

- 1) The Cape Town class was videotaped. Any viewer can see the patients being surprised as their bodies respond to treatment.
- 2) The Melbourne class results, from treatments given in a group setting in one large room, were witnessed by the patients and by the students. This class was not video recorded.
- 3) From a “controlled” 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 favor of my preferred results. In the third data set below, two individuals, after taking the Melbourne class, worked with their private-practice 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.

Group 1: Cape Town Class

Of twelve patients, ten reported feeling better, sometimes surprisingly better, within fifteen minutes of the treatment. Most common improvements were in sinuses clearing and in mental clarity. Observe their responses in the video at www.JaniceHadlock.com, at the bottom of the home page. No follow up interviews were conducted.

Two of the patients had strokes, affecting their arms, following their COVID experience. They both hoped to see the lingering lack of strength in their arms cleared up by this post-COVID treatment. It did not. A stroke is a Blood Stagnation situation, and a possible *sequela* of COVID-19 or post-COVID. It is not a part of the ongoing post-COVID symptomology. Ongoing, post-COVID symptoms are coming from a Qi Stagnation problem: the channel qi has become stuck in the patterns induced by COVID. Because the actual problem in post-COVID is only qi stagnation, the channel qi can quickly be restored to its correct path, and the associated symptoms, even if they have made changes at the cellular level, might quickly dissipate, often starting to clear within a few minutes following the treatment, and usually completely clear within twenty-four hours.

Oppositely, a Blood Stagnation problem in the brain (stroke) involves damage in 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.

The Youtube video of this one-hour treatment session can be viewed at the website: www.JaniceHadlock.com. Scroll to the bottom of the homepage with the COVID symbols and click on the red bar that says "Video."

Group 2: Melbourne class

The seven patients all noted improvement immediately following the treatment. Five patients replied to a follow-up email three months later. Of those responding, all reported that the benefits of the treatment had lasted, and many had continued to improve over the next few days following the treatment. The complete details of the patients' gender, age, symptoms, and responses is available at www.JaniceHadlock.com, at the bottom of the home page.

Quotes from the patients were included in the treatment notes written up by their student-practitioners and include:

1) "I feel different: more energy, tingling in R leg, more alert." The practitioner noted: "Improved color in face. Eyes became sparkly. More talkative." Reply to follow-up: "Felt more alert after treatment. Continue to feel better. I am intrigued. I should have seen my acupuncturist months ago!"

2) "Back feels less tight! Cough is better, less phlegmy, feels like it's going away. Less fatigue, less anxiety." In follow-up: "Doing really well. Immediately after treatment felt different. Later that afternoon, no coughing at all, though had been coughing non-stop for months. Most of my symptoms disappeared that day or the next."

3) "Thoughts are more clear! I'm more awake. More relaxed. Beautiful warmth going up my back and over my head; the blocked shoulder blade sensation is gone, upper arm has relaxed! I'm breathing deeper." In follow-up: "The nose stuff

has come to fruition. The weird ache in my right arm and spasms in my lower back are still gone. My hair is falling out less."

4) "I feel lighter in neck and shoulder region, range of movement increased side-to-side, easier to lie down. I feel free! I feel calmer. Speed of movement has improved. NO pain!" Follow-up: "Feeling alright. 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."

5) "Warmer in my whole body, tingling in whole body, sensations as if 'things are moving.' Sinuses feel more open. Feel less tired and cold." The student notes: "At end of the class, patient said "I'm feeling really good!" No reply to follow-up query.

6) "Felt dizzy when arm (LI-11) was being treated. Then, while treating back, felt movement of something clearing in my back. Couldn't move energy through the head at first, but eventually light went through." No reply to follow-up query.

7) The patient I treated, on whom I demonstrated for the class, was a nine year-old boy. He wouldn't look at me or talk to me, but sat in his mother's lap nearly motionless, with his face pressed into her chest. She reported that he had fatigue, back pain, stomach pain, blocked sinuses, runny nose, nocturia, head-ache (not normal for him), and was moody, sad, and sensitive.

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 showed blatant improvement in facial expression and overall energy. He started pulling funny faces at the class. Declared in 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. He lapped the room five times, while giggling and frequently arching his back, and then ambled off to explore the premises. Follow-up reply from his mother: "His thinking is clearer. He has a lot more focus and energy. He said his brain had been scrambled. The day of the treatment, after the treatment, he was more focused during conversation. Looked me in the eye while talking, 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 lifted in leaps and bounds. His posture is improved. He still coughs sometimes." – As an aside, the boy's mother is an acupuncturist. She said that, as I treated him with acupressure, she felt in her own body the channel qi changes that were occurring in her son.

Group 3: Two acupuncturists from the class

These reports were sent to me in response to an email query I sent out to my Melbourne students asking if anyone had treated any COVID patients following the class. Only two students responded. Between them, they had treated fourteen post-COVID patients. Their detailed reports included age, gender, presenting symptoms, duration since contracting COVID, and the results of follow-up inquiries. The full details available at www.JaniceHadlock.com, at the bottom of the homepage.

Results: One of the acupuncturists did follow-up inquiries two days after the treatments. His notes show, for every patient: "all COVID-related symptoms resolved within forty-eight hours." The other practitioner wrote that his patients' COVID-related symptoms had all cleared up by the time of their second visit, and many of their pre-existing, pre-COVID conditions had shown significant improvement.

If you want to contribute

Going forward, thousands of more cases will need to be tested in order to make the treatment protocols in this article an acupuncture 'standard of care'.

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 and work with post-COVID patients, please send your results after applying the treatment protocol in this article to: Helene Langevin, National Institutes of Health, Alternative and Complementary division, 9000 Rockville Pike, Bethesda, MD, USA, 20892. Please title your submission 'Case study data based on COVID-19 channel qi changes'. I think writing up your results on a piece of paper and mailing it in might be more likely to get through the administration's system than a mere email.

In conclusion: the results from my private patients and the classes, along with the results I have learned of via emails from many acupuncturists, although anecdotal, are encouraging, and suggest that this might be a fruitful avenue for further research.