



American Society[™] of Acupuncturists

www.ASAcu.org

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Dear Colleagues:

COVID-19 clearly presents challenges to our entire medical, business, and personal ecosystems in ways that we have never before seen. Information and recommendations are changing hourly, and vary vastly still from state to state and city to city. In light of this, we look for common, practical steps we can all take to mitigate the damage to our population. Here are our current recommendations for Licensed Acupuncturists, knowing some of these may change in the days to come.

TO STAY OPEN OR TO CLOSE:

Please follow the advice of your state and local health authorities in this regard.

See the ASA COVID-19 fact sheet for useful links

<https://www.asacu.org/wp-content/uploads/ASA-COVID-19-Info-Sheet.pdf>

Also, the CDC has a fact page

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Directory of Local Health Departments

<https://www.naccho.org/membership/lhd-directory>

CDC Health Department Directory

<https://www.cdc.gov/publichealthgateway/healthdirectories/index.html>

Generally speaking, if you do not close:

1. Non-essential visits from patients should very clearly be postponed, and group visits are ill-advised. The primary means of transmission of the coronaviruses is through close personal contact, especially among groups and in spaces that cannot be adequately cleaned and monitored. The more people that pass through your offices, the greater the chances that one will have coronavirus.

2. ALL patients should be prescreened by phone, before they come to their appointments, for any signs of illness, and for travel or exposure risks as outlined by public health authorities. No patient should arrive at your clinic ill. If a patient is ill on prescreening, they should remain home or be sent to the hospital if illness is severe. Patients arriving at the office with acute illness should be sent home and not treated by the acupuncturist.
 3. Counsel patients by phone regarding health maintenance, sick care, and use of herbal medicine, if you use herbs.
 4. Avoid having patients congregate in the waiting areas. Patients should be taken directly from the entryway to their treatment rooms if at all possible.
 5. Stagger booking so that patients do not overlap, and wipe down any surfaces that may have been contacted during the visit with appropriate cleaning products. High volume clinics need to decrease their volume if they cannot assure patient separation.
 6. Remove non-essential items that could be vectors for virus transmission from the waiting room, treatment rooms, and other common areas. Decreasing the number of points of contact for contaminants will decrease the risk of transmission and make cleaning procedures more effective.
- Detailed guidance on workplace preparedness can also be found from OSHA:
<https://www.osha.gov/Publications/OSHA3990.pdf>

IN ALL CIRCUMSTANCES, OBSERVE THE BASICS!

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains 60%-90% alcohol if soap and water are not available. COVID-19 can transmit through both respiratory droplets and via stool, so careful handwashing is critical.
- Cover coughs and sneezes with a tissue, then throw it in the trash can. Cough or sneeze into your elbow and not your hand if you do not have a tissue available. If you contaminate your hand and then touch other objects, you will spread the virus.

INFORMATION ON INCUBATION FROM PUBMED*

“The median incubation period was estimated to be 5.1 days, and 97.5% of those who develop symptoms will do so within 11.5 days (CI, 8.2 to 15.6 days) of infection. These estimates imply that, under conservative assumptions, 101 out of every 10 000 cases (99th percentile, 482) will develop symptoms after 14 days of active monitoring or quarantine.” Read more on this [here](#).

*Thanks to our colleagues from the Maine Association for Acupuncture and Oriental Medicine for supplying this information.

PREVENTION OF VIRAL ILLNESSES AND SELF-CARE ADVICE

From the International College of Integrative Medicine

<https://icimed.com/icim-position-statement-on-2020-coronavirus-covid-19-outbreak/>

- Eat clean food (fresh, local, mostly produce, free of preservatives, dyes, additives and pesticides) – lots of fruits and vegetables, and also nuts and seeds.
- Drink clean water (filtered, not from a plastic bottle).
- Exercise most days of the week. (30 min to target heart rate 5 days per week)
- Sleep soundly 7-8 hours per night.
- Spend time daily in gratitude, prayer, and meditation.
- Consider daily saline lavage of mucus membranes (neti pot).
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick. (14 days quarantine after known COVID-19 infection)
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe. Pay attention to instructions. Some cleaners require 10 MINUTES of contact time for disinfection to occur.
- Follow CDC's recommendations for using a facemask. CDC does not recommend that people who are well wear a face mask to protect themselves from respiratory diseases, including COVID-19. Face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a healthcare facility).

The physicians of the Orthomolecular Medicine News Service and the International Society for Orthomolecular Medicine urge a nutrient-based method to prevent or minimize symptoms for future viral infection. The following inexpensive supplemental levels are recommended for adults; for children reduce these in proportion to body weight:

1. Vitamin C: 3,000 milligrams (or more) daily, in divided doses.
2. Vitamin D3: 2,000 International Units daily. (Start with 5,000 IU/day for two weeks, then reduce to 2,000)
3. Magnesium: 400 mg daily (in citrate, malate, chelate, or chloride form)
4. Zinc: 20 mg daily
5. Selenium: 100 mcg (micrograms) daily

TREATMENT OF VIRAL ILLNESS SUCH AS COVID-19

CONVENTIONAL TREATMENT: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

No specific treatment for COVID-19 is currently available. If you are taking the blood pressures medicines ACE-inhibitors or ARBs (common names include ramipril, lisinopril or losartan) DO NOT discontinue them without consulting your physician. Traditional antivirals used for influenza ARE NOT effective for SARS-CoV2 virus infection.

ADVICE FROM NCCIH

<https://nccih.nih.gov/health/providers/digest/cold-science>

FROM OUR COLLEAGUES AT THE AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS

<https://naturopathic.org/general/custom.asp?page=Covid19Resources>

HERBAL MEDICINE – BE CAUTIOUSLY OPTIMISTIC

This is absolutely an opportunity to learn about and utilize how Chinese medicine can be of help in this crisis, but please be very cautious to not overstate the evidence base for this. Physicians in China are still working to learn more about the best approaches, so it is far too early to make strong assertions of efficacy. Be aware as well:

1. The data we have on herbal efficacy is preliminary, and not up to the standards of evidence-based medicine. Herbs may certainly be helpful, but exactly which ones and how much and for what presentations/pattern permutations is not well defined. Based on the available data, making health claims for herbal treatments at this time would violate FDA rules, and would be viewed negatively by health authorities.
2. There is an inadequate herbal supply in the U.S. to support a large public demand. We must be cautious and responsible to not drive massive consumer demand with low supply, as this will lead to public exploitation. Fear could drive consumers to pay outrageous prices for herbs that may or may not be helpful. It is our responsibility to use the tools we have with appropriate disclosures and protect the public from unethical suppliers. We also do not want to drive the public to choose substandard products that may be inadequately tested and dangerous, or encourage herbal hoarding.

3. There is an inadequate supply of providers who know how to use the herbs appropriately. Chinese herbal medicine is not a one-size-fits-all practice, and seldom is a single formula used to “cure” a single presentation. Formulas modulate through the course of an illness, and are matched to the patient’s presentation and constitution. It is virtually never a “silver bullet” approach.

For the most up-to-date information we have on what’s being done in China, consider studying the information provided by our colleague John Chen, PhD, LAc.

John Chen’s [How COVID-19 \(2019-nCoV\) is Currently Treated in China with TCM](#)

Many agencies and organizations are providing regular updates on the coronavirus pandemic, so be sure you are connected to reliable news sources.

PLEASE SEE THE VALUABLE RESOURCES FROM OUR PARTNERS AS WELL

ACAOM: <http://acaom.org/official-statement-aom-education-and-covid-19-200317/>

CCAOM: <https://www.ccaom.org/News/28233/Coronavirus-Disease-2019-COVID-19>

NCCAOM: <https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM-Notice-on-the-Coronavirus-March-11-2020.pdf>

In Health,

The Board of the American Society of Acupuncturists