



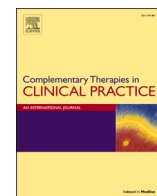
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New thinking in the treatment of 2019 novel coronavirus pneumonia

The 2019 novel coronavirus (2019-nCoV) first presented as an unexplained viral pneumonia case in Wuhan, China in December 2019 [1] and was recognised by the World Health Organization (WHO) on 31 December [2]. 2019-nCoV sparked numerous chains of transmission that rapidly multiplied in the days that followed. 2019-nCoV has spread quickly across China and into other countries from its roots in Wuhan, causing tens of thousands of 2019-nCoV infections and also causing a degree of panic [3].

As of 9 February 2020 there were 40,235 confirmed cases and 23,589 suspected cases in China (including Hong Kong, Macao, and Taiwan). In Hubei Province alone there were 29,631 confirmed cases, including 16,902 cases in Wuhan, accounting for 681 deaths. There were 1151 confirmed cases in Guangdong, 1092 in Zhejiang, 1073 in Henan, and 7288 in other provinces.

The main method of transmission of 2019-nCoV was via large droplets when people coughed or sneezed [4], a pattern that could be mistaken for a typical flu epidemic at first. The virus also spread through contact with contaminated equipment and materials. When people congregate in settings other than work, they will continue to spread the virus, so the benefits of workplace closure may be greatly reduced or eliminated. Of the emerging pathogens capable of infecting humans that could be called exopathogens, about 75% originated as diseases of animals [14]. Knowing that the spread of pneumonia depends on person-to-person transmission could help researchers predict and prevent the spread of the new virus. The WHO has been helping countries prepare to contain the virus as much as possible [5].

Health monitoring of contacts should continue until the maximum incubation period has ended. Detailed epidemiological investigation and contact follow-up have shown that the incubation period of the virus is typically between 3 and 7 days and no more than 14 days. During the incubation period, patients appear normal, with no symptoms, but can still spread the disease [6].

Most deaths and illnesses have occurred in older adults and those with underlying medical conditions; children and infants are also vulnerable to the disease. The majority of patients have had a favorable prognosis, with mild and atypical symptoms in children and a small proportion of critically ill patients. Deaths are much more common in older adults and those with underlying medical conditions [7–12].

2019-nCoV pneumonia were also infectious to human beings and follow with extensive interest as zoonoses [13]. However, even in such a present information, increasingly wealthy and technologically adept times, there was still a high mortality rates and its therapeutic efficacy was not ideal. Therefore, the intervention of traditional Chinese medicine (TCM) and ethnic minority medicine would provide a new and actual treatment to fit the current situation or need in times of crisis. We will give full play to TCM and folk medicines of ethnic minorities in disease prevention and control.

TCM has a unique approach to disease. Inspection, auscultation and olfaction, inquiry, and pulse taking and palpation are the four diagnostic methods used to investigate pathological conditions. Clinicians choose therapeutic principles and methods to comprehensively analyze clinical symptoms and etiology. TCM has played an important role not only for treating many common diseases but also for preventing and controlling major diseases and emerging infectious diseases. By studying internal and external pathogenic factors, TCM has provides a materialistic explanation of the intrinsic relationship between life, disease, and health. Cold damage school learning interest in Treaties of Febrile Diseases discusses the etiological factors and pathogenesis, diagnosis, differentiation of symptoms and signs, and treatment of the infectious epidemic disease from different points of view. Exopathogens are exogenous pathogenic factors of six climatic conditions in excess and epidemic pathogenic factors but not all pathogenic factors in general. Diseases that are highly contagious have been called plague or typhoid. There are detailed record in methods to prevent and treat typhoid in Treaties of Febrile Diseases. Because Treaties of Febrile Diseases covers the theory, therapeutic principles, and prescriptions for the treatment of exogenous diseases, it is of great importance in medicine. So most clinicians of TCM seek treatment for epidemic disease in Treaties of Febrile Diseases.

The State Administration of Traditional Chinese Medicine recently recommended combining Chinese and Western treatments of 2019-nCoV pneumonia in clinical practice. They devised an herbal medication to combat viral infections, called the Qingfei Paidu Decoction.

By selecting herbal combinations and screening formulas, doctors of the State Administration of Traditional Chinese Medicine developed the best prescription. TCM treatment after diagnosis to take measures, in 214 cases the symptoms disappear quickly, disease rapid recovery, for a total effective rate of up to 90%. Officials in the department of medical administration of the National Administration of Traditional Chinese Medicine provided the following TCM recipe.

Based on recent clinical treatment and efficacy observations of TCM, authorities recommended using the Qingfei Paidu Decoction for patients in different areas. The Qingfei Detox Decoction is based on the Treatise of Febrile Diseases including the Mxing Shigan Decoction, Shegan Mahuang Decoction, Xiao Chaihu Decoction, and Wuling San. This prescription has a mild effect and few side effects. The prescription is listed in Box 1.

The usage and dosage of the prescription are as follows: traditional Chinese medicine slices, decoction, one dose per day, One dose is taken in the morning and evening, taking medicine while medicine warm 40 minutes after each meal. Three doses is one course of treatment.

This prescription is suitable for patients who is diagnosed with 2019-nCoV with mild symptoms, ordinary patients and severely ill patients. Critically ill patients can be used reasonable combination with clinical manifestations and CT manifestations.

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Box 1**Qingfei Detox Decoction**

Ephedra 9 g
 Licorice 6 g
 Almond 9 g
 Gypsum 15–30 g (decocted first)
 Cassia twig 9 g
Alisma orientale 9 g
Polyporus umbellatus 9 g
Atractylodes 9 g
Poria 15 g
Bupleurum 16 g
Scutellaria 6 g
 Ginger *Pinellia* 9 g
 Ginger 9 g
 Aster 9 g
 Common coltsfoot flower 9 g
 Blackberrykiky rhizome 9 g
Asarum 6 g
 Yam 12 g
 Amaranth 6 g
Pericarpium citri reticulatae 6 g
Ageratum 9 g

For 2019-nCoV pneumonia prevention and treatment we provide a new security effective thinking, this is the original intention for writing this article.

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