

Myeong Soo Lee, Ph.D. Republic of Korea

Professor Myeong Soo Lee is a principal researcher at the Korea Institute of Oriental Medicine, South Korea. He studied evidence-based medicine for complementary medicine at Complementary Medicine, Peninsula Medical School, University of Exeter and Plymouth, UK. He was adjunct professors of London South Bank University, UK, Tianjin University of Traditional Chinese Medicine, Lanzhou University, and Beijing University of Chinese Medicine. He is also a professor of University of Science & Technology, Daejeon, Korea. He was a board member of the International Society of Complementary Medicine Research (2011-2021). He serves as a member of the RIGHT group and is the chair of Guideline International Network Asia. He is co-chair of the Clinical Studies interest groups in the Good Practice in Traditional Chinese Medicine Research Association. He is responsible for the Cochrane Complementary Medicine Korea. He is involved in many major CAM journals as associate editor or editorial board member. He has published over 600 articles in SCIE journals.

COVID-19 was identified as a pandemic in early 2020 and South Korea reported its first confirmed COVID-19 case on January 20, 2020. Despite the high demand and strain on healthcare systems, the Korean Medicine (KM) community was entirely shut out of all stages of COVID-19 responses, including diagnosis, treatment, quarantine, and prevention), due to the national healthcare policy. Therefore, the Association of Korean Medicine established a KM teleconsultation center for COVID-19, which is run by Korean Medicine Doctors (KMDs) volunteers and donations. Approximately 20% of COVID-19 patients who were home-quarantined because they could not be admitted to a hospital or quarantine facility had received KM treatment from the KM teleconsultation center by April 22, 2020. According to a 2021 nationwide survey of 2177 participants, the most frequently used KM approaches for the management of COVID-19-related symptoms were herbal preparations (79.3%), followed by acupuncture (17.2%), and moxibustion (3.4%). More than half of the survey participants preferred complementary and alternative medicine (CAM) approaches as means of preventive measures. Exercises or physical activities (50.32 %) were the most commonly used measures, followed by food supplements (47.65%) and herbal medicine (29.61%). Based on another 2022 nationwide survey of 1424 community-dwelling adults, it is found that only 17.4% of the participants experienced long Covid symptoms. Of the 17.4%, 23.8% of them used KM approaches such as herbal preparation (16.5%), acupuncture (8.5%), pharm acupuncture (3.2%), moxibustion (1.6%), cupping (1.6%), and chuna (2.0%). For CAM-related approaches, 29.8% of participants with long Covidrelated symptoms used approaches including food supplements, dietary interventions, and herbal teas, followed by mind-body medicine or physical activities (13.3%) and manipulative and body-based practices (5.6%). More than half of the participants with long Covid had the willingness to recommend the CAM treatment they used. In conclusion, integrative medicine is not highly supported by the national health policy, but the public was inclined toward integrating KM in their daily management of COVID-19. Therefore, in the future, the national policy should support integrative medicine in complementing the conventional treatment of COVID-19.