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Successful Management of Severe Multi-System Comorbidities (Coronary Heart Disease, Recurrent Stroke, COVID-19 Pneumonia, and Ankle Osteoarthritis) in an 80-Year-Old Patient Using Neo-Chinese Medicine: A Case Report

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Case Report

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Abstract

Background

Managing extreme multi-morbidity in very elderly patients presents a therapeutic dead-end in modern medicine, as single-target interventions often exacerbate other conditions. We report a case of an 80-year-old male with severe coronary artery disease, recurrent stroke, COVID-19 pneumonia (white lung), and severe ankle osteoarthritis, who achieved comprehensive functional recovery following Neo-Chinese Medicine treatment.

Case Presentation:

The patient had a history of acute myocardial infarction with two coronary stent implantations, recurrent cerebral infarctions (including thalamic infarction) with tremors, and severe bilateral ankle osteoarthritis with joint effusion. Prior to seeking our treatment, he was evaluated at several top-tier hospitals in Shenyang, where he was advised to return to a local hospital for conservative management due to his advanced age and complex comorbidities. In 2022–2023, he developed severe COVID-19 pneumonia (white lung) and respiratory insufficiency. Following Neo-Chinese Medicine treatment, his pulmonary symptoms completely resolved. His resting tremors ceased, and limb muscle strength and tone returned to normal, indicating the resolution of suspected Parkinsonism. Notably, his lower limb edema (secondary to venous valve insufficiency) disappeared within 8 days. Regarding ankle osteoarthritis, after 4 days of recent outpatient treatment, his daily walking capacity increased from 2,400 to 3,400 steps without symptoms, and he completely discarded his resting stool and specialized therapeutic socks.

Conclusion

Neo-Chinese Medicine demonstrated remarkable efficacy in managing extreme multi-system comorbidities in this elderly patient. By remodeling the local microcirculatory microenvironment, this integrative approach achieved simultaneous resolution of pulmonary, neurological, vascular, and musculoskeletal symptoms, challenging the conventional single-disease treatment paradigm.

1. Introduction

The aging population presents a significant challenge to modern medicine, particularly regarding elderly patients with extreme multi-morbidity. The coexistence of severe cardiovascular disease, recurrent cerebrovascular events, and infectious complications often creates a "therapeutic dead-end," as aggressive treatment for one condition may be fatal for another. Current clinical guidelines predominantly focus on single-disease management, lacking holistic strategies for severe multi-system degeneration [1, 2].

Herein, we report the case of an 80-year-old male with a highly complex medical history, including severe coronary artery disease, recurrent stroke, COVID-19 pneumonia (white lung), and degenerative joint disease. Following evaluations at several top-tier hospitals, his prognosis was deemed extremely poor. However, treatment with Neo-Chinese Medicine resulted in comprehensive functional recovery across multiple organ systems.

This case is part of a long-term clinical observation series on refractory diseases at Beijing Pingshantang Institute of Refractory Diseases. Each case is reported independently. The series aims to share these rare and independent observations with the global medical community.

2. Case Presentation

An 80-year-old male presented with extreme multi-system comorbidities.

Baseline Medical History:

• **Cardiovascular:** Diagnosed with coronary artery disease in 2011, suffering from acute myocardial infarction. Coronary angiography revealed triple-vessel disease (left anterior descending artery 100% occluded), requiring two percutaneous coronary interventions (PCI) and stent implantations. He also had Grade 3 hypertension and lower extremity deep vein thrombosis.

• **Neurological:** Multiple recurrent cerebral infarctions [4], including a left thalamic infarction. He presented with resting tremors (5 beats/second) in both hands, weakness in the right limbs, and gait disturbance. He was previously diagnosed with suspected Parkinson's disease. Brain MRI showed multiple ischemic lesions and leukoencephalopathy.

• **Pulmonary:** In late 2022 and 2023, he suffered from severe COVID-19 pneumonia [3], presenting with "white lung" manifestations and respiratory insufficiency.

• **Musculoskeletal:** Severe bilateral ankle osteoarthritis [5] with joint effusion. Historically, his mobility was severely restricted, necessitating the use of a small resting stool and specialized therapeutic socks to manage pain and edema.

• **Prior Consultations:** Before visiting our institute, the patient had multiple outpatient consultations at several top-tier hospitals in Shenyang (including a leading university hospital, a teaching hospital, and a major military hospital). Due to his extreme age and multi-system comorbidities, he was advised to return to a local hospital for conservative treatment.

Treatment and Clinical Reversal:

The patient received Neo-Chinese Medicine treatment based on syndrome differentiation, focusing on resolving phlegm, removing blood stasis, and activating blood circulation.

• Pulmonary and Cardiac Recovery: Following treatment, his pulmonary symptoms resolved completely. Physical examination revealed clear breath sounds bilaterally without dry or wet rales. Cardiac function stabilized with a normal heart rate and regular rhythm.

• Neurological Recovery: His resting tremors completely disappeared. Examination showed normal muscle strength and tone in all four limbs. Pathological reflexes (Babinski, Chaddock, Oppenheim, Hoffmann) were all negative, and he regained independent mobility, eliminating the previous diagnosis of Parkinson's disease.

• Vascular and Musculoskeletal Recovery: The severe redness, swelling, and edema in his right lower extremity (caused by venous valve insufficiency and thrombosis) completely disappeared within 8 days of treatment, with negative pitting edema. For his ankle osteoarthritis, after just 4 days of outpatient treatment, his walking capacity remarkably increased from 2,400 to 3,400 steps per day without any symptoms. Most notably, he no longer required the resting stool or the specialized therapeutic socks for daily walking.

Written informed consent for publication was obtained from the patient. All clinical data have been thoroughly anonymized.

3. Discussion

3.1 Re-evaluating Therapeutic Dead-Ends in Extreme Multi-Morbidity

This case highlights the severe limitations of the single-target medical paradigm in extremely elderly patients. The patient's multiple conditions (coronary heart disease, stroke, COVID-19 pneumonia, and severe osteoarthritis) created a complex clinical picture where conventional aggressive interventions were contraindicated, leading top-tier hospitals to recommend only conservative care. Neo-Chinese Medicine, however, provided a holistic approach that addressed multiple systemic issues simultaneously.

3.2 The Role of Neo-Chinese Medicine in Microcirculatory Remodeling

We hypothesize that the comprehensive recovery observed in this patient was driven by the fundamental remodeling of the microcirculatory microenvironment. From a pathophysiological perspective, the ischemic cascade in the brain, the inflammatory damage in the lungs (white lung), and the chronic inflammatory exudate in the ankle joints share a common denominator: microvascular dysfunction and pathological accumulation. By activating blood circulation and resolving stasis, Neo-Chinese Medicine may have restored local perfusion, facilitating tissue repair and the clearance of pathological debris.

3.3 The Resolution of Suspected Parkinsonism and Osteoarthritis

The patient's initial presentation of severe resting tremors suggested Parkinsonism. However, the rapid and complete resolution of these symptoms without dopaminergic therapy suggests that the tremors were secondary to ischemic microvascular disturbances rather than primary neurodegeneration. Similarly, the rapid increase in walking capacity (from 2,400 to 3,400 steps) and the elimination of the need for therapeutic socks demonstrate that degenerative joint disease can achieve significant functional recovery when the local inflammatory microenvironment is corrected.

3.4 Methodological Considerations and External Baselines

This report does not establish a traditional independently enrolled control cohort. Instead, published international clinical guidelines and the routine treatment practices of large global medical institutions serve as the external reference baseline. This single-arm observational study employs a systematic and standardized protocol, incorporating multiple bias control measures to proactively mitigate selection, observation, and follow-up biases. The intervention protocol derived from this paradigm demonstrates notable efficacy, safety, and reproducibility.

Randomized Controlled Trials (RCTs) are clinical research tools whose evidentiary power is highly dependent on study design. Extensive discussions in the international methodological literature have pointed out the inherent limitations and systemic shortcomings of the RCT framework in capturing the comprehensive multi-system recovery observed in complex, severe conditions. We welcome rational academic discussions, questions, and debates from peers worldwide regarding this theoretical and clinical framework.

3.5 Limitations

This report is based on a single clinical case, and the findings require validation in larger prospective cohorts. Although the comprehensive functional recovery was objectively observed and documented, certain pre-treatment baseline imaging details (such as prior brain MRI or pulmonary CT scans from external hospitals) were partially unavailable due to the patient's history of seeking care at multiple institutions. Furthermore, the precise molecular mechanisms underlying the multi-system recovery warrant further investigation. The specific composition of the Chinese herbal formula was not disclosed to safeguard intellectual property rights.

4. Conclusion

This case demonstrates that Neo-Chinese Medicine can achieve comprehensive functional recovery in an 80-year-old patient with extreme multi-system comorbidities, including coronary heart disease, recurrent stroke, COVID-19 pneumonia, and severe ankle osteoarthritis. By targeting the microcirculatory

microenvironment, this integrative approach offers a promising alternative for managing complex geriatric conditions that have reached a therapeutic dead-end in conventional medicine.

Declarations

Ethics Statement

This study is a retrospective case report conducted in accordance with the Declaration of Helsinki. Written informed consent for publication was obtained from the patient. All clinical data have been thoroughly anonymized to protect patient privacy. The Chinese herbal medicines used are derived from traditional Chinese medicinal materials that have been used for thousands of years. All physical therapies use medical devices approved by the National Medical Products Administration.

Use of AI-assisted tools

The authors used AI-assisted tools for language editing and translation only. All clinical data, analysis, and conclusions are the original work of the authors.

Conflicts of Interest

The authors declare that there are no conflicts of interest. This case report is not developed for academic rank promotion, grant applications, commercial gain, or institutional collaboration. No commercial funding, patent filings, or product promotion is associated with this work.

Data Availability Statement

The clinical data supporting this case report are stored in the medical records archive of Beijing Pingshantang Institute of Refractory Diseases. Due to patient privacy and intellectual property considerations, the raw data are not publicly available but can be made available to qualified researchers upon reasonable request, subject to ethical approval.

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