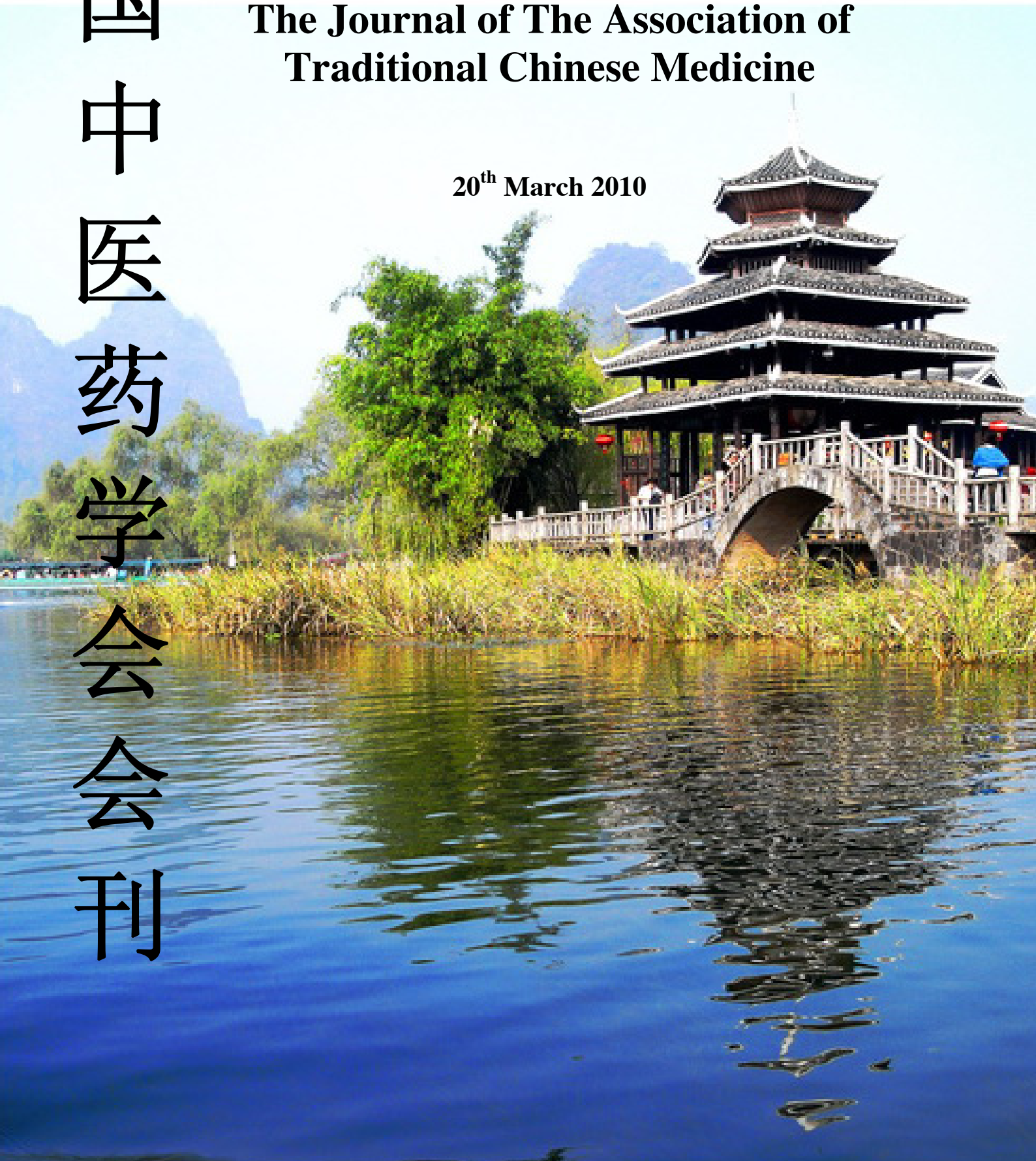
英国中医药学会会刊

ISSN: 1745-6843
Volume 17 Issue 1
第 17 卷 第 1 期

# The Journal of The Association of Traditional Chinese Medicine

20th March 2010



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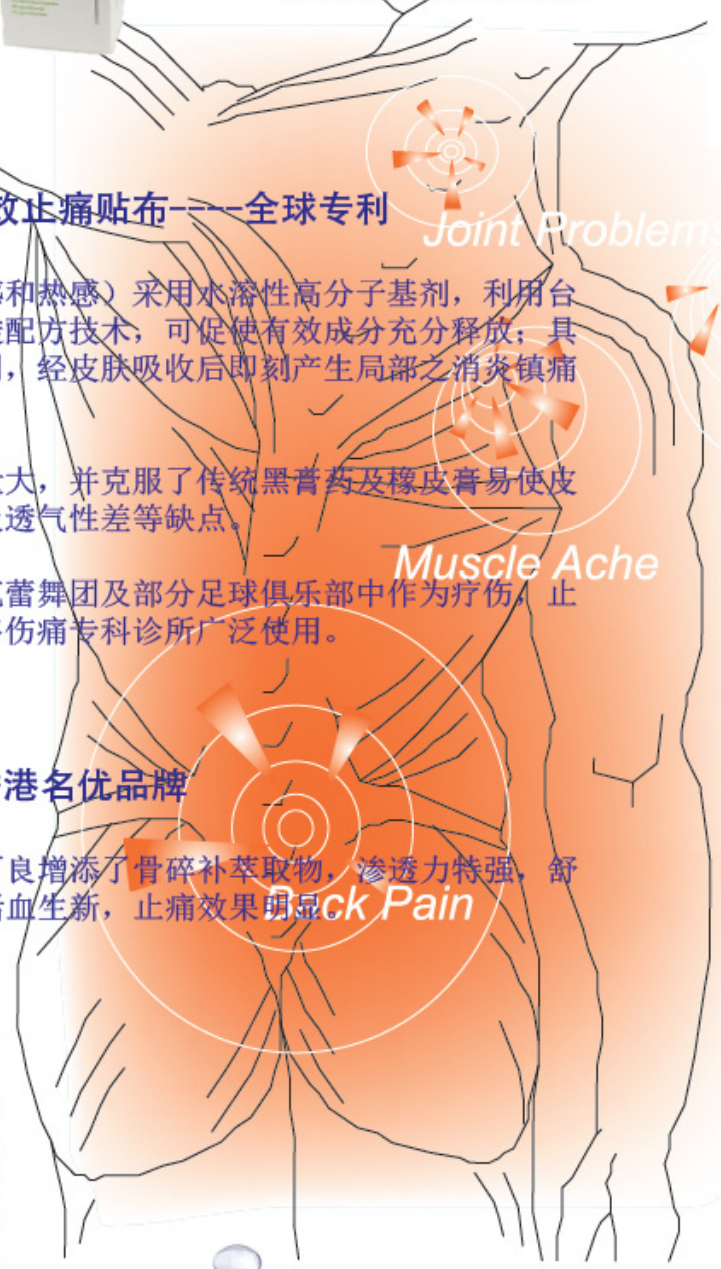


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# Discussion on Phlegm, Damp and Water Retentions

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Phlegm (痰, Tan ), damp (湿, Shi) and water (水, Shui) retentions are three syndrome patterns of body fluids retention in TCM. The occurrence of these body fluids retentions is due to the abnormality of body fluid metabolism and distribution, mainly involves the dysfunction of three Zang Organs in the human body: Lung, Spleen and Kidney (Maciocia G, 2005). These retentions syndromes can be caused by various deficient or excessive pathogenic factors. However, once they are formed, phlegm, damp and water themselves belong to excess patterns.

**1. Ancient Literature Review on Body Fluid Metabolism:**

Huang Di Nei Jing, or *Yellow Emperor's Classic of Internal Medicine,* records the very first discussions about body fluid metabolism and distribution. It states in Chapter 21: "Food and drinks are taken into Stomach, and then their essence will be transported into Spleen. Spleen transforms and scatters the (food) essence, and ascends the essence to Lung. Lung disperses and descends water through its pathways and surplus body fluid is descended to urinary bladder for excretion." In Chapter 1, the predominant role of Kidney in body fluid metabolism is emphasised: Kidney dominates water (metabolism). (Huang Di, 200BC?)

Therefore, the cooperative functions of three Zang organs, Lung Spleen and Kidney, are the key mechanism for body fluid metabolism and distribution. The dysfunction of any of these three organs could give rise to body fluid retention- phlegm, damp or water.

Jin Gui Yao Lue (*Golden Chamber of Synopsis*) by Zhang Zhong Jing in East Han Dynasty (approx 200-219 DC) is the first book to discuss the clinical manifestations, differentiation and treatment of these three retentions. The discussions are scattered in three separate chapters, named Shui Qi (water Qi, or edema), Shi (damp) and Tan Yin (phlegm-fluids). Dr Zhang did not give much detail discussion on Shui Qi, and he only discussed damp from exogenous source invading meridians. However, he did discuss Tan Yin in great depth and divided Tan Yin into four types (Zhang Zhong Jing, 200-219DC?). In the long history of TCM, the later generations further developed Dr Zhang's theory on these three retentions and established new concept of body fluid retention which is still used in nowadays clinical practice.

**2. Body Fluid Retention: Aetiology and Pathogenesis**

**Phlegm**

Phlegm is an endogenous pathogenic product, formed interiorly due to dysfunction of zang-fu organs or meridians, although such dysfunction can be triggered by exogenous wind invasion. Once phlegm is formed, it can in turn cause further pathological damage and give rise to various symptoms and/or illnesses (Liu Y, 1998). In this sense, phlegm is mutually pathological consequence as well as etiological cause.

Ancient TCM literature classify phlegm syndrome into substantial phlegm and non-substantial phlegm (Liu Y, 1998). Most cases of phlegm syndrome are of substantial phlegm in respiratory patients with lung dysfunction in dispersing and descending (D&D) body fluids as a key etiological and pathogenic role, and the location of phlegm retention is mainly in Upper Jiao. However, phlegm retention can be located in other body parts such as in heart, head, meridians, joint and under the skin, giving rise to some very different illnesses. In such cases there is no actual phlegm liquid (sputum) that can be seen so this is called "non-substantial phlegm". This classification does not make good sense as some "non-substantial phlegm" actually does have a visible form such as cysts and subcutaneous nodules. Therefore a better classification should be "respiratory phlegm" and "non-respiratory phlegm". Respiratory phlegm is the phlegm as excretion of the lungs and bronchial tubes, ie sputum. This phlegm is the same concept as the phlegm or sputum in western medicine. Non-respiratory phlegm is the phlegm located in elsewhere of the body rather than respiratory system. This is a unique form of phlegm only recognised in TCM. See details in Table 1.

In terms of the formation phlegm, there is a TCM saying as "Spleen is the source of phlegm, whilst Lung is the storage of phlegm" (Liu Y, 1998). While this saying is right to emphasise the importance of Spleen in the formation of phlegm, it has also misled TCM professionals for many centuries to the ignorance on the important role of Lung in the phlegm formation, especially for the respiratory phlegm. Lung has dispersing and descending (D&D) function to work not only on the distribution of Qi, but also on the distribution of body fluids (Maciocia G, 2005). Any reasons causing Lung dysfunction in D&D can affect the normal distribution of body fluids to the body surface and descend of body fluids to Kidney/Bladder. With the dysfunction of Lung in D&D on Qi distribution and breathing, the body fluids will inevitably accumulate in Lung itself and cause further respiratory symptoms. Therefore, Lung dysfunction in D&D is as important as Spleen dysfunction in T&T (transformation and transportation) in the formation of phlegm, and even more important in case of respiratory phlegm. For other factors that cause phlegm, see Table 1.

**Damp**

Damp is also an abnormal retention of body fluids, which affects the physical functions of organs (most commonly spleen) and tissues (muscles etc), leading to dysfunction of body's metabolism that can further cause other symptoms or illnesses (Liu Y, 1998). Therefore, similar with phlegm, damp also has a dual role in TCM etiology and pathogenesis.

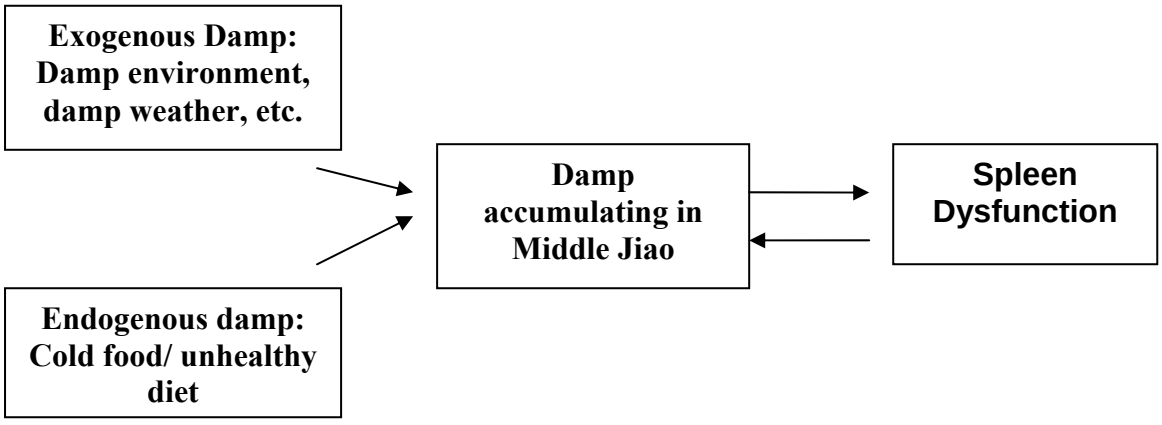
Damp can accumulates in our body via both exogenous and endogenous pathways. Exogenous damp can invade the body due to damp climate/weather and living in a damp environment etc. Endogenous damp is often caused by dietary or emotional and other factors impairing the transformation and transportation (T&T) functions of Spleen. The concept of exogenous damp and

Table 1: Outline of Phlegm Syndrome

| **Outline of Phlegm Syndrome** | |
|---|---|
| **Phlegm: its dual roles in TCM etiology and pathology** | ● Both a pathological condition and an aetiological factor.<br>● Dysfunctions of body fluids metabolism/ distribution create phlegm as a pathological product,<br>● And then phlegm goes on as a pathogenic factor to create other illnesses. |
| **Formation of phlegm** | 1. Spleen deficiency: failing in T&T of body fluids, damp retention transforming into phlegm;<br>2. Lung dysfunction: failing in D&D of body fluids, body fluids retention in lung itself. (Shen, 2009)<br>3. Obstruction of meridians: body fluids failing to circulate but accumulating in certain location<br>4. Heat: boiling body fluids to form phlegm<br>5. Cold: condensing body fluids into phlegm |
| **Classification of phlegm** | 1. Substantial phlegm – phlegm having a "form": phlegm in Lung (sputum): cough with profuse sputum.<br>2. Non-substantial phlegm – phlegm without a "form": phlegm in channels, under skin, in heart, in joints, etc.<br>● in Middle Jiao- abdominal distension, nausea<br>● misting heart- coma, loss of consciousness, delirium, mania<br>● under skin- cysts, lumps of non-blood stasis type<br>● in channels/joints- numbness in limbs, swelling and deformation of joints<br>● misting orifice of brain- epilepsy, wind-stroke.<br><br>A better classification:<br>● Respiratory Phlegm<br>● Non-Respiratory Phlegm |
| **Clinic syndrome patterns** | 1. (Damp) Phlegm: respiratory or non-respiratory<br>2. Cold Phlegm: respiratory or non-respiratory<br>3. Heat Phlegm: respiratory or non-respiratory<br>4. Dry Phlegm: respiratory phlegm only<br>5. Wind Phlegm: non-respiratory phlegm only<br>● in channels- tremor<br>● misting orifice of brain- epilepsy, wind-stroke |

endogenous damp is commonly used in understanding of damp etiology. When coming to treatment, same or similar herbal medicines or acupuncture points are used to drain damp from the body, no matter exogenous or endogenous.

Spleen dysfunction (mostly Spleen deficiency) in T&T for body fluids gives rise to damp retention. Once damp is accumulated in the body interior for any reasons, Spleen is the most susceptible organ to be impaired by damp. The location of damp retention is mainly in Middle Jiao, but can be in joints/meridians, etc (Maciocia G, 2005).




The clinical classification, or further differentiation, of damp retention syndrome is largely based on damp being associated

with other pathogenic factors and the location of damp retention. By looking at other pathogenic factors accompanying with damp, there are damp (alone), wind damp, cold damp, damp heat and damp phlegm syndromes. By location, wind damp often invades or accumulates in exterior or meridians causing headache /migraine or Bi syndrome of wind damp pattern; cold damp can invade or accumulate in both meridians or internal Zang-Fu organs; damp heat tends to invade or accumulate in Zang-Fu organs much more often; Damp phlegm can be in Upper Jiao (respiratory phlegm), Middle Jiao or in meirdians. Dam heat syndrome can be further classified by the location as damp heat in Middle Jiao (Spleen & Stomach), damp heat in intestines, damp heat in Liver/Gallbladder, damp heat in bladder, and damp heat in Lower Jiao. See details in Table 2.

Table 2: Classification of damp retention

| Etiology | Location | Associating with other pathogenic factors | Clinical patterns |
|---|---|---|---|
| Exogenous | In exterior | Wind damp | Wind damp exterior syndrome |
| | In meridians | Wind damp | Headache/migraine, Bi syndrome |
| | | Cold damp | Bi syndrome |
| | | Damp phlegm | Local retention causing swelling, heaviness, etc |
| Endogenous | In internal zang-fu organs* | Damp phlegm | In upper Jiao (respiratory phlegm), in middle Jiao |
| | | Cold damp | Cold damp in middle Jiao, in intestines, in lower Jiao |
| | | Damp heat | In middle Jiao, in Liver/gallbladder, in interstines, in bladder, in lower Jiao, in blood (systemic damp heat) |

*: internal damp can be caused through either exogenous or endogenous route.

**Water**
Water retention causes edema. This is also due to the abnormality of body fluids metabolism and distribution in our body, which is primarily dominated by Kidney. Water retention is purely due to endogenous pathogenic reasons, although in some cases, such interior pathogenic changes can be triggered out by exogenous wind invasion. As a pathogenic consequence, water retention is the outcome of zang-fu dysfunctions and predominantly due to Kidney deficiency, although dysfunction of Spleen in T&T and Lung in D&D also can cause water retention. Once formed, it does not cause any further impairment to the zang-fu organs and meridians, etc. So in this sense edema or water retention is not an etiological factor. The principal location for water retention is Lower Jiao.

**3. Biomedical Understanding on Three Retentions:**

Body fluid retention also exists in western medicine. Although western medicine and TCM are so different in term of understanding the physiological functions and pathological changes of the body, the subject they look into is actually the same: abnormality of body fluid metabolism.

While most of the time it is almost impossible to use biomedical knowledge to explain the theory of TCM, a very unique and exclusive similarity between the two medical systems can be disclosed in the understanding of body fluid retention.

**Water retention (oedema):** this is basically the same concept in the two medical systems. The body fluid accumulates in the space outside of body cells or between body cells; therefore we can give it a name as **inter-cellular retention**. In western medicine it is called extra-cellular edema. The functions of body cells are not directly affected; therefore edema usually does not cause other symptoms or other disorders.

**Damp retention:** not recognised in western medicine. However, this is immensely likely as **intre-cellular retention**, the fuild retention inside the body cells. As the result, the interior environment and functions of body cells are affected, causing dysfunction in cellular metabolism, especially the energy metabolism of cells, giving rise to various symptoms, mostly as Qi deficiency like symptoms. Many studies show that in damp syndrome patients, certain cellular metabolic enzymes become abnormal in quantity or activity (祈建生, et al. 2001). This also gives evidence that damp syndrome is more related to cellular metabolism. Further researches should be performed to further explore this hypothesis.

**Phlegm retention:** Both medical systems share the same concept on respiratory phlegm, or sputum, which is a sticky mucus fluid produced in the respiratory tract. However, phlegm has a wider meaning in TCM, which include various localised fluid rention in other parts of the body, or non-respiratory phlegm as discussed above. In terms of western medicine, both respiratory and non-respiratory phlegms are localised fluid retnetion in so called “third space”. Third space is a biomedical term which means all body cavities, including pathological cysts. Bronchial tubes and pulmonary alveoli are classified into “third space”, so the respiratory phlegm conforms to the definition of third space retention.

Non-respiratory phlegm syndrome is also the phlegm retention in the third space. Hydrothorax (fluid retention in pleural cavity) and ascites (fluid retention in peritoneal cavity) were classified into phlegm syndrome as early as in Golden Chamber of Synopsis (Zhang Zhong Jing, 200-219DC?). Other two good examples of non-respiratory phlegm are Meniere’s disease and polycystic ovary syndrome (PCOS). Meniere’s disease is due to the accumulation of lymphatic fluid in the inner ear tube causing pressure to the vestibulocochlear nerve and disturbing its function of maintaining body balance. PCOS is pathological fluid accumulation and formation of multiple cysts in the ovary which as an occupant disorder affects the normal structure and therefore the function of the ovary itself. These two conditions

are totally irrelevant in western medicine. However, they have a same nature as fluid retention in a third space. In TCM, we believe they are both phlegm (non-respiratory phlegm) retention and we treat these conditions by using phlegm resolving herbs.

**4. Summery of three retentions (Table 3)**

| | **Phlegm Retention** | **Damp Retention** | **Water Retention** |
|---|---|---|---|
| **What in common** | ● Retention of body fluids<br>● Due to abnormality of body fluids metabolism/distribution<br>● Mainly involve dysfunction of Lung, Spleen and Kidney<br>● Excess syndrome. | | |
| **Aetiology** | Endogenous | Endogenous<br>Exogenous | Endogenous |
| **Main organ involved** | Lung | Spleen | Kidney |
| **Main location** | Upper Jiao | Middle Jiao | Lower Jiao |
| **Pathological role** | Both pathological product & aetiological factor | Both pathological product & aetiological factor | Purely pathological product |
| **Biomedical understanding** | "Third Space" Retention | Intre-cellular retention | Inter-cellular retention |

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# Sweating Method in *Shang Han Lun*


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**Introduction**

Sweating method（汗法）is the first therapeutic methods described in *Shang Han Lun*（伤寒论Treatise on Cold Damage Disease）by Zhang Zhongjing in the East Han Dynasty (3rd century AD, about 200-219 AD).

This method is mainly used for treating exterior syndrome of Taiyang Disease (Greater Yang) Disease. Its first representative formula is Mahuang Tang (麻黄汤 Ephedra Decoction).

Additionally, there are many other formulas that can also be classified in the category of sweating method to treat associated or deteriorated syndromes mainly in Taiyang Disease. These formulae are:

Gegen Tang (葛根汤 Pueraria Decoction)
Da Qinglong Tang（大青龙汤 Major Blue Dragon Decoction）
Xiao Qinglong Tang (小青龙汤 Minor Blue Dragon Decoction)
Mahuang Xingren Gancao Shigao Tang（麻黄杏仁甘草石膏汤 Ephedra, Bitter Apricot Seed, Licorice and Gypsum Decoction）
Guizhi Mahuang Ge Ban Tang (桂枝麻黄各半汤 Half Cinnamon Half Ephedra Decoction),
Guizhi Er Mahuang Yi Tang (桂枝二麻黄一汤 Two Cinnamon One Ephedra Decoction）
Mahuang Xixin Fuzi Tang（麻黄细辛附子汤 Ephedra, Asarum and Aconite Decoction）
Mahuang Fuzi Gancao Tang (麻黄附子甘草汤 Ephedra，Aconite and Licorice Decoction)

**The formulae and Their Clinical Use**

In this article, we will discuss the above formulae one by one.

**1. Mahuang Tang（麻黄汤 Ephedra Decoction）**

Mahuang Tang consists of following ingredients:

Mahuang/Herba Ephedrae (with joints removed) 3 *Liang*/9g *(Notes: in the UK, you may choose Xiangru/ Herba Moslae 9g instead of Mahuang/Ephedra)*
Guizhi/Ramulus Cinnamomi 2 *Liang* /6g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 1 *Liang*/3g
Xingren/Semen Armeniacae Amarum (with its skin removed) 70 pcs / 9g

Traditionally, boil Mahuang in water (9 *Sheng*= 198.1mlx9) first until 2 *Sheng* (198.1mlx2) of the water has been reduced, then remove the froth (which contains more ephedrine). Add all other herbs and boil until the decoction is reduced to 2.5 *Sheng*=198.1mlx2.5.

Then remove all the herbs, drink 8 *Ge* (19.81mlx8) of the decoction when it is warm, if necessary 2-3 times a day. After drinking the decoction, ask the patient to stay in a warm bed to induce slight perspiration.

The main function of Mahuang Tang inducing sweat to relieve the exterior excess syndrome, and smoothing the lung's descending function to relieve cough and asthma.

Among the ingredients, Mahuang dispels pathogenic wind-cold from the exterior by inducing sweat, and also relieves asthma, acting as the principal herb in the formula. In the UK, we may choose Xiangru/Herba Moslae instead of Mahuang/Ephedra, as the use of Mahuang is prohibited. Guizhi, as an assistant, can dispel pathogenic wind-cold. The combination of Mahuang or Xiangru and Guizhi has a strong diaphoretic function. Xingren brings down the abnormal ascending of the lung-*qi*, and helps Mahuang to ease cough and asthma as an adjuvant herb. Zhi Gancao can reinforce the middles-*jiao,* replenish *qi* as well as harmonize all ingredients in the recipe as a guiding herb.

We can find 7 clauses (35, 36, 37, 46, 51, 52, 55，232 and 235) on indications of Mahuang Tang in *Shang Han Lun*.

Clause 35 of *Shang Han Lun* states that "Taiyang disease with headache, fever, body aches, back pain, joints pain, aversion to wind, dyspnea without perspiration, use Mahuang Tang". In this clause, Zhang Zhongjing listed most of the essential symptoms and signs of Mahuang Tang syndrome. When we look at Clause 3, we know that the pulse in Mahuang Tang syndrome is floating and tight.

However, on some occasions, Zhang Zhongjing did not list all the symptoms, but only mentioned one or two signs, or just saying an exterior syndrome which should be treated by Mahuang Tang. For instance, in Clause 51 it states that "a floating pulse signifies an exterior syndrome, sweating method should be used. Use Mahuang Tang"; and in Clause 52, "a floating and rapid pulse requires sweating method, use Mahuang Tang".

Zhang Zhongjing also used Mahuang Tang for treating nose-bleed caused cold damage to blood vessels. This is stated in Clause 55, "In cases of cold damage syndrome, epistaxis occurs due to failure in the use of diaphoretics, with floating and tense pulse, Mahuang Tang is right choice."

Additionally, Zhang Zhonjing also used Mahuang Tang for treatment of asthma and fullness in the chest, which can be seen in Clause 36, "A syndrome involving taiyang and yangming simultaneously, the patient suffers from asthma and fullness in chest, never use a purgative. Mahuang Tang should be used." However, in Clause 232 and 235, sweating method was also used to treat the exterior syndrome of taiyang with yangming disease, manifesting as floating pulse, asthma and no perspiration for taiyang and fullness of the stomach for yangming.

Clinically, Mahuang Tang can be used years to treat common cold, influenza, and upper respiratory tract infection that manifested as fever, aversion to cold, no sweating, body aches, cough or asthma, floating and tense pulse. It can also be used for treating asthma and cough of wind-cold excess syndrome caused by upper respiratory tract infection, pneumonia, bronchitis and asthma and for arthralgia caused cold-wind.

Researches have found that Mahuang and Guizhi can excite sweat glands in the thenar of hamsters. Volatile oil of Mahuang can inhibit activities of influenza virus (AR8) that may be a base to treat influenza. A Japanese Dr Xi Ze Fang Nan (*Nishi Zawa Yoshi O*) found Mahuang Tang can inhibit histamine released by basophilic cell and mast cell during allergic reaction.

### 2. Gegen Tang (葛根汤 Pueraria Decoction )

There are 2 clauses (Clause 31and 32) on Gegen Tang in *Shang Han Lun*; and also 1 clause in Chapter 7 of *Jin Kui Yao Lue.*

Clause 31 states that "taiyang disease, marked by stiffness in the neck and back, aversion to wind without perspiration, use Gegen Tang". Here we can understand the indication of Gegen Tang is the symptoms and signs of Mahuang Tang syndrome plus stiffness in neck and back; while in Clause 32, it sates that "syndrome of taiyang with yangming, the patient has diarrhea, use Gegen Tang", indicating that Gegen Tang is used to treat the syndrome involving taiyang and yangming with diarrhea.

Gegen Tang consists of following ingredients:

Gegen/Radix Puerariae 4 *Liang*/12g
Mahuang/Herba Ephedrae (with joints removed) 3 *Liang*/9g (Notes: in the UK, you may choose Xiangru/Herba Moslae 9g instead of Mahuang)
Guizhi/Ramulus Cinnamomi 2 *Liang* /6g
Shengjiang/Rhizoma Zingiberis 3 *liang*/9g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 2 *Liang*/6 g
Shaoyao/Radix Paeoniae 2 *Liang*/6g
Dazao/Fructus Jujubae 12 pcs

The administration for Gegen Tang is very similar to Mahuang Tang. Boil Gegen and Mahuang first in water (1 *dou* = 198.1mlx10) until 2 *Sheng* (198.1mlx2) of the water is reduced. Then remove the froth.

Add all other herbs and boil until the decoction is reduced to 3 *sheng*=198.1mlx3.

Drink 1 *Sheng* (198ml) of the decoction when it is warm. After drinking the decoction, ask the patients to stay in a warm bed to induce slight perspiration.

The main function of Gengen is to relieve tension in the neck and shoulders, and also stop diarrhoea. Today we often use modified Gegen Tang for treating common cold, acute enteritis and cervical spondylopathy, particularly in cold or flu when the patient has Mahuang Tang symptoms and at the same time, has neck and shoulder strain, ache and pain.

It has been reported that Gegen tang can be used to treat chronic rhinitis and acne. In dog and cat, Gegen Tang can dilate blood vessels and promote blood circulation in the neck and the brain, thus relieving the state of insufficiency of blood supply to the brain. This finding could be the underlining support for using Gegen Tang to treat stiff neck and shoulder strains.

### 3. Da Qinglong Tang（大青龙汤 Major Blue Dragon Decoction）

In *Shang Han Lun*, Da Qinglong Tang appears in Clause 38 and 39; and also there is one clause on this formula in Chapter12 of *Jin Kui Yao Lue*.

In Clause 38, Zhang Zhongjing uses Da Qinglong Tang to treat shanghan syndrome with complication of interior heat, stating that "taiyang zhongfeng syndrome, characterized by floating and tense pulse, fever and chills, body aches and pains, restlessness and no perspiration, use Da Qinglong Tang" and in Clause 39, it states that "shanghan syndrome with floating and moderate pulse, no aching but feeling heavy of the body, no shaoyin syndromes, use Da Qinglong Tang."

Da Qinglong Tang consists of the following ingredients:

Mahuang/Herba Ephedrae (with joints removed) 6 *Liang*/18*g (Notes: in the UK, you may choose Xiangru/ Herba Moslae 9g instead of Mahuang/Ephedra)*
Guizhi/Ramulus Cinnamomi 2 *Liang* /6g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 2 *Liang*/6g
Xingren/Semen Armeniacae Amarum (with its skin removed) 40 pcs / 4g
Shigao/ Gypsum Fibrosum a piece as the size of an egg / 30 g
Shengjiang/Rhizoma Zingiberis 3 *Liang* /9g
Dazao/ Fructus Ziziphi Jujubae 10 pcs

Da Qinglong Tang relieves the exterior cold-wind and at the same time it also clears heat away from the interior. It has all the ingredients of Mahuang Tang, although the dosages are different, particularly the dosage of Mahuang is doubled. In addition, Shigao is a main ingredient to clear away interior heat; Shengjiang is added to strengthen the sweating effect of Mahuang; Dazao is added for regulating spleen and stomach, nourishing ying and wei when it combines with Gancao and Shengjiang. All ingredients working together, Da Qinglong Tang functions in dispelling the exterior cold by inducing sweating, and at the same time clearing away interior heat to relieve restlessness.

The formula is named "Da Qinglong Tang/Major Dragon Decoction because it is said that the sweat that flows after taking Da Qinglong Tang is just like a heavy rain created by a Dragon. Today we usually use Da Qinglong Tang for treatments of common cold, influenza, acute rheumatism and bronchitis caused by acute attack from external pathogens, which are marked by a syndrome of exterior cold with interior heat.

### 4. Xiao Qinglong Tang（小青龙汤 Minor Blue Dragon Decoction）

Xiao Qinglong Tang can be found in Clause 40 and 41；and also there are two clauses on this formula in Chapter 12 and one clause in Chapter 20 of *Jin Kui Yao Lue.*

In *Shang Han Lun*, Zhang Zhongjing used Xiao Qinglong Tang to treat shanghan syndrome complicated with retention of Tanyin/Rheum, a type of water retention in the chest and lung in Traditional Chinese Medicine.

In Clause 40, Zhang Zhongjing states that "Shanghan exterior syndrome does not clear, complicated with water retention below the heart, manifesting as retching, fever, and cough; or there might also be other symptoms such as thirst, diarrhea, hiccupping, dysuria, or lower abdominal distention, or dyspnea, use Xiao Qinglong Tang". In Clause 41, it says that "Shanghan syndrome complicated with water retention below the heart, manifests as cough, with slight dyspnea, fever without thirst. But when the patient feels thirsty after taking the decoction, it signifies that the external cold is going to clear. Use Xiao Qinglong Tang."

Xiao Qinglong Tang consists of the following:

Mahuang/Herba Ephedrae (with joints removed) 3 *Liang*/9g
Shaoyao/Radix Paeoniae 3 *Liang*/9g
Xixin/Herba Asari3 *Liang*/3g
Ganjiang/Rhizoma Zingiberis 3 *Liang*/9g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 3Liang/9g
Guizhi/Ramulus Pinelliae 3 *Liang*/9g
Wuweizi/Fructus Schisandra Chinensis half *Sheng*/9g
Banxia/Rhizoma Pinelliae half *Sheng*/9g

In this formula, Mahuang and Guizhi are the principal herbs. They act in combination to induce sweat and relieve the exterior by dispelling pathogenic cold, and facilitating the flow of lung-qi to relieve dyspnea. Ganjiang and Xixin warm the lung and remove phlegm and water from the lung system to relieve cough and dyspnea. Shaoyao has the effects of nourishing ying and astringing yin, when used in combination with Guizhi, can regulate ying-wei, and prevent Mahuang and Guizhi from inducing too much perspiration. Wuweizi has the abilities to astringe the lung to relieve cough and prevent exhausting the lung-qi caused by Mahuang and Guizhi. Banxia is resolves phlegm and the retained water and regulates the stomach to relieve vomit and dysphagia. In this formula, Mahuang, Guizhi, Shaoyao and Zhi Gancao are used to expel external pathogen and water, while Ganjiang, Xixin, Wuweizhi and Banxia are specifically for resolving the retained water.

Research has shown that Xiao Qinglong Tang has the effects of inducing sweating, reducing fever, relieving dyspnea and cough, removing phlegm and promoting diuresis. It also relieves allergic reaction and promotes blood circulation. Clinically we can apply Xiao Qinglong Tang to patients with asthma and bronchitis marked by cold-phlegm syndrome. It is one of the most effective formulae in *Shang Han Lun*.

**5. Mahuang Xingren Gancao Shigao Tang（麻黄杏仁甘草石膏汤 Ephedra, Bitter Apricot Seed, Licorice and Gypsum Decoction）**

This formula is in Clauses 63 and 162. Both clauses discuss the syndrome of heat affecting the lung, manifesting as asthma (cough), perspiration and fever. In Clause 63, it states that "After the use of sweating methods, Guizhi Tang must not be used again. If the patient manifests as perspiration with dyspnea while the fever is not high, he should be treated with Mahuang, Xingren ,Gancao and Shigao Tang." In Clause 162, it states that "Affter the use of purgative method, Guizhi Tang must not be used again. If the patient manifests as perspiration with dyspnea while the fever is not high, he should be treated with Mahuang, Xingren ,Gancao and Shigao Tang."

In both situations, the patient was not treated properly. The former is the improper use of sweating method, and the latter is the improper use of purgative method. Both situations are about heat congests in the lung, causing severe lung heat. Therefore, when it says the fever is not high, it does not mean lung heat is not severe. In some clinical cases, the fever can be very high.

Mahuang Xingren Gancao Shigao Tang consists of the following ingredients:

Mahuang/ Herba Ephedrae 4 *Liang*/6g
Xingren/ Semen Armeniaecae Amarum 50 pcs/9g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 2 *Liang*/6g
Shigao/ Gypsum Fibrosum half *Jin*/30g

In this formula, Mahuang acts as the principal herb, facilitating the flow of lung-qi to relieve dyspnea. We can use Baiguo /Ginkgo seed/Semen Ginkgo 9g instead of Mahuang as it is not allowed to use in the UK. Shigao with its dosage five times of Mahuang, plays the role of an assistant herb with the effect of both purging lung-heat and containing the warm property of Mahuang. Again we can use Huangqin to replace it as Shigao is a mineral and its used may not be allowed. Xingren is bitter taste and warm. It is used as an asistant herb to reinforce the effects of Mahuang and Shigao to facilitate the flow of lung-qi and relieve dyspnea and cough. Gancao is used as a guiding herb to tonify qi and regulate the middle-jiao, and coordinate the effect of all ingredients to prevent the cold and heavy property of Shigao impairing the stomach.

Modern research indicates that this formula has the effect of subduing inflammation, removing phlegm, relieve dyspnea and cough, and also antivirus. Clinically we often apply Mahuang Xingren Gancao Shigao Tang to treat acute bronchitis, bronchial pneumonia or asthma marked by the syndrome of heat congesting the lung system.

**6. Guizhi Mahuang Ge Ban Tang (桂枝麻黄各半汤 Half Cinnamon Half Ephedra Decoction); Guizhi Er Mahuang Yi Tang（桂枝二麻黄一汤 Two Cinnamon One Ephedra Decoction）**

Guizhi Mahuang Ge Ban Tang and Guizhi Er Mahuang Yi Tang are for mild Taiyang syndromes.

Guizhi Mahuang Ge Ban Tang is found in Clause 23 of *Shang Han Lun*. It states that "8 to 9 days after Taiyang Disease, the patients has fever and chills like malaria, fever appearing more often than chill. The symptoms occurs 2 or 3 times a day, if the patient has normal urination and stool, and no nausea, and if the patient has a flushed face and itchy skin that signifies the exterior syndrome has not been cleared. To this case, only mild sweating method is needed. Guizhi Mahuang Ge Ban Tang would be most appropriate."

We can see from this clause, Zhang Zhongjing used this formula for treating a mild exterior syndrome manifested as mild fever and chills, a flushed face and itchy skin without perspiration. In this situation, using Guizhi Tang is too weak, but using Mahuang Tang is too strong. If using half of the former and half of the latter, it would be perfect.

Guizhi Mahuang Ge Ban Tang consists of the following:

Guizhi/Ramulus Cinnamomi 1 *Liang* and 16 *Zhu/4g*
Shaoyao/Radix Paeoniae 1 *Liang/3g*
Shengjiang/ Rhizoma Zingiberis 1 *Liang/3g*
Zhi Gancao/Radix Glycyrrhizae Praeparatae 1 *Liang/3g*
Mahuang/ Herba Ephedrae 1 *Liang/3g*
Dazao/ Fructus Ziziphi Jujubae 4 pcs/3g
Xingren/ Semen Armeniaecae Amarum 24pcs/3g

In fact this formula is a combination of Guizhi Tang (which we have discussed in our article *Harmonizing Method in Shang Han Lun*) plus Mahuang Tang in a ratio of 1:1. Or mix 1/3 of the decoction of Guizhi Tang with 1/3 the decoction of Mahuang Tang, as stated in the original clause.

As the ingredients are in small dosage, it is mildly diaphoretic for treating mild syndrome of the exterior syndrome. Clinically this formula can also be used for odorous sweating and urticaria, a common allergic skin condition.

Guizhi Er Mahuang Yi Tang appears in Clause 25. It states that that" After taking Guizhi Tang, if the patient perspires heavily and the pulse is full and huge, Guizhi Tang can still be used. If the patient has fever and chills twice a day like malaria, then a mild sweating method is required. Using Guizhi Er Mahuang Yi Tang would be appropriate".

This formula is a combination of the decoctions consisting of 2/3 of Guizhi Tang and 1/3 of Mahuang Tang. For the exact dosages, please refer to the original clause. Its sweating effect is milder than Guizhi Mahuang Ge Ban Tang.

Clinically we can use this formula for treatments of common cold, Raynaud's disease, asthma and urticaria.

**7. Mahuang Xixin Fuzi Tang（麻黄细辛附子汤 Ephedra, Asarum and Aconite Decoction）and Mahuang Fuzi Gancao Tang (麻黄附子甘草汤 Ephedra,Aconite and Licorice Decoction)**

Mahuang Xixin Fuzi Tang is described in Clause 301, stating that "at an early stage of Shaoyin Disease, the patient has fever and deep pulse, use Mahuang Xixin Fuzi Tang".

This clause indicates that Mahuang Xixin Fuzi Tang is used for the early period of Shaoyin Disease, with a complication of exterior syndrome. The situation is the the patient has kidney yang deficiency, but has caught wind-cold in Taiyang. Therefore, although he has fever, the pulse is deep instead of floating. In treatment, it should be expelling wind-cold from the exterior and boosting yang qi in the interior.

Mahuang Xixin Fuzi consists of the following:

Mahuang/Herba Ephedrae 2 *Liang*/6g
Xixin/Herba Asari 2 *Liang*/3g
Fuzi/Radix Aconiti Praeparata 1pcs/6g

Clinically in China, apart from using this formula for treating cold with yang deficiency, this formula were used for facial paralysis, migraine and trigeminal neuralgia. It is almost impossible now to use this formula in the UK due to restrictions on the ingredients of this formula.

Mahuang Fuzi Gancao Tang is found in Clause 302, saying that "when a patient has Shaoyin Disease for two to three days, Mahuang Fuzi Gancao Tang can be used as a diaphoresis to induce a mild perspiration. The reason for this is that there is no interior syndrome on the second and third days, therefore, a mild sweating method can be used."

This clause indicates that Mahuang Fuzi Gancao Tang is used for a slightly later stage of Shaoyin Disease with a complication of exterior syndrome than that of Mahuang Xixin Fuzi Tang.

Mahuang Fuzi Gancao Tang consists of following:

Mahuang/Herba Ephedrae 2 *Liang* /6g
Fuzi/Radix Aconiti Praeparata 1pcs/6g
Zhi Gancao/Radix Glycyrrhizae Praeparatae 2 *Liang*/6g

In this formula, Zhi Gancao replaces Xixin. Compared with Mahuang Xixin Fuzi, its effect on expelling wind-cold is reduced, but it is better (and milder) in warming the interior.

Clinically in China, apart from using this formula for treating cold with yang deficiency, this formula were also used for treatment of rheumatic arthritis of wind-cold type. Due to restrictions on the ingredients of this formula in the UK, again it is almost impossible to use it now.

In *Shang Han Lun*, both formulas were used for treating shaoyin Disease complicated with exterior syndrome manifested as a deep pulse, fever, and no interior syndrome. Some scholars believe that the fever reflects exterior syndrome of taiyang Disease, and a deep pulse suggests deficiency of shaoyin-yang. Therefore, this condition should be termed "both syndromes of taiyang and shaoyin diseases".

**Main Contraindications of Sweating Methods**

The contraindication for sweating method is described in detail in *Shang Han Lun* and can be found in Clause 49, 50, 83, 84, 85, 86, 87, 88 and 89.

Generally speaking, if a patient has such conditions as debilitation of body fluid and deficiency of blood, or insufficiency of body fluid and heat in the lower-jiao, or debilitation of qi and blood, or yang deficiency or yin deficiency, sweating method is contraindicated.

The following are some examples:

Clause 83: "When a patient has a dry throat, do not use the sweating method".

Clause 84: "For patients suffering stranguria, do not use the sweating method. If it is used, he will develop bloody urine or stool".

Clause 85: "For patients suffering sores, though the patient has pain of body, do not use the sweating method. If it is used, the patients will develop convulsion".

Clause 86: "For patients suffering nose-bleed, do not use the sweating method. If it is used, the patient's pulse in the depression of forehead will be tense; his eyes will be staring straight and fixed and can not close."

Clause 87: "For patients suffering bleeding, do not use the sweating method. If it is used, the patients will develop shuddering and quivering".

Clause 88: "For patients suffering frequently sweating problems, do not use the sweating methods. If it is used heavily, the patients will develop trance and panic and pain in the urethra after urination".

Clause 89: "For patients with cold in the stomach, do not use the sweating method. If it is used, the patient will vomit roundworm".

Clause 49: "When the pulse is floating and rapid, as a rule using the sweating method should cure the condition. However, if the purgative method is used, a heavy feeling of the body and palpitation will occur. For this condition, the patient should sweat spontaneously, and then the illness is relieved. This is because the pulse at chi is weak, which indicates interior deficiency".

Clause 50: "When the pulse is floating and tight, usually there should be body pain. This can be treated with sweating method. However, if the pulse at chi is slow, do not use the sweating method. Why? This is because the patient must have deficiencies in the Rong qi (nourishing qi) and blood".

**Summary**

The sweating method is one of the 8 methods described in Shang Gan Lun. It is mainly used for treatment of exterior syndrome of taiyang disease. In this article, nine representative formulae in this category have been discussed. We have detailed the original clauses that first described these formulae. We have given explanations to these formulae, their compositions, indications, and usage and counter indications. These formulae should form part of the curriculum of traditional Chinese herbal medicine courses. Their modern use should also be explored further.

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# The Artistry of Yin Yang in Classical Chinese Thought – Reading from the Classics

**Lianne Aquilina**

The Chinese characters for yin yang are dynamic representing the arising moment or period something takes place. Yang is to open out, the sun above the horizon (Wilder 1965) whereas yin represents a shadowy moment or the sky over cast now it is cloudy (Wilder 1965). Yang denotes the sunny side, the male or positive principle, light and life while opposite yin denotes the female principle, dark, secret, death (Weiger 1965). The translation of the Taoist Classic book of Laozi displays similar disposition to dualism, transformation and mutual consumption;

*'When all people in the world know beautiful as beauty, there appears ugliness; when they know goodness as good, there appears evil. Therefore by opposing each other existence and non existence come into being. Difficult and easy form themselves, long and short are distinct high and low contrast, sound and voice harmonise front and back emerge.'*

Yin is feminine yang masculine; passive and active, negative and positive, flesh and bone, soft and hard. yin is cold yang is hot, yin inside outside is yang.

Yin yang philosophy has integral social and political concepts;

*'Heaven is yang earth is yin, spring is yang autumn is yin, summer yang and winter is yin. The day is yang the night is yin. Large states are yang, small states are yin. Important states are yang, unimportant states are yin (Mawangdui).'*

The yin yang perspective of the natural world is a guiding ideology applied as a basic law of the universe imparting awareness and communicating the dao 'yin yang form the way of the skies and earth. They make up the rules and patterns for the myriad creatures; they are the father and mother of change and all transformation, the root origin of living and killing and the treasury of clarity in mind (Suwen).'

In medicine yin yang is a guiding principle for health enabling the application of treatment and the prevention of disease. The synergistic nature of yin yang philosophy resonates to the body:

*'Huang Di said 'I hear heaven is yang and earth is yin. The moon is yin. How are these joined in man (Ling Shu)?' and physiology 'The clear yang forms the skies; the turbid yin the earth. The earthly energies rise above to form clouds; the energy of the skies descends as rain. Therefore yang comes from the upper openings; while turbid yin comes out from the lower openings. The clear yang develops into the texture of the skin and the turbid yin runs back into the five zang (Suwen).'*

Health preservation and treatment is aimed at establishing harmony with the universe.

In clinical practice yin yang is relative 'the back is yang and yang within yang is the heart, the back is yang and yin within yang is the lung (Ling shu).'

The Huang Di Nei Jing reveals its understanding of the framework yin yang and the importance of living with nature 'there are the wise ones, their model lies in the skies and earth as images they have the sun and moon, their discernment akin to the full array of stars which reveal the time. They act in accordance with yin and yang and separate out and recognise the distinction of between the seasons' yin yang logic guides traditional Chinese medicine laying down the foundations for medical practice.

In pathology and diagnosis the sixth difficult issue explains interdependence and mutual consuming of yin yang the meaning of repletion and depletion according to its kind 'the movement in the vessels may display yin abundance yang depletion or yang abundance yin depletion. A diminished and minor movement at the surface together with a replete and strong movement in the

depth indicates of course yin abundance yang depletion. A diminished and minor movement in the depth together with a replete and strong movement at the surface indicate of course yang abundance yin depletion. The meaning referred to by these terms is that of a repletion or depletion of yin and yang influences (Nan-ching).

Contemporary terminology expresses yin yang in terms of its relationship and disorder; excess yang inhibits yin a heat/fire syndrome, excess yin is a disorder of yang a cold syndrome. Deficient yang to restrain yin, yin excess a cold deficient syndrome, deficient yin to restrain yang, yang excess a heat deficiency syndrome. Insufficient yin yang below normal levels causes hyperactivity of the other deficient yin yang qi.

*Contemporary case history*

Patient utilisation ankylosing spondylitis

Diagnosis Kidney yang xu, diagnostic criteria: Male age 36. Family history of back problems, father had Ankylosing Spondylitis. He has lower back pain and stiffness, he can't bend, the pain is localised, he has leg pain, hip pain, the pain is dull, he has low libido, no desire for things, very tired, stressed, right wrist is painful and swollen from picking up baby boy. Generally feels better for warmth and the condition feels worse in the cold weather. Urination is colourless. A busy lifestyle long hours working as a barrister, feels over exhausted. On observation he appears pale, overweight, non-toned. On palpation, his pulses rear positions were deep and weak. Diagnosis: Yang Xu. Cause constitutional and lifestyle exacerbating factors. Treatment warm and tonify Kidney yang Du4 MINGMEN BL23 SHENSHU Li 5 YANGXI BL11 DAZHU BL60 KUNLUN with moxa, according lifestyle advice.

Presentations of yin yang in principle demonstrate how specific classical Chinese texts inform our understanding of contemporary practice and permeate it. The cultural context demonstrates how ancient Chinese thought shaped the art of living and how yin yang approach and spirit determines the nature and interplay of disease both in past and present. The yin yang principle aids the categorisation of clinical data and detail while the artistry of yin yang better informs our understanding and enriches the transmission of ancient thought to contemporary practice.

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## 征稿启事

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# TCM treatment of Polycystic Ovary and PCOS

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Polycystic Ovary is a gynecological condition which is characterized with many small cysts formed from immature follicles on the ovaries. Polycystic Ovary may cause delayed menstruation, or occasional occurrence of amenorrhea. It is also possible to cause no symptoms at all but only be found in a routine examination for infertility. The incidence of polycystic ovary is rather high, with approximately one in five women having this condition as reports suggested (1, 2).

Polycystic Ovary Syndrome (PCOS) is a disease further developed from polycystic ovary, characterized with hormone dysfunction. It manifests with amenorrhea, infertility, miscarriage, obesity, hirsutism (unwanted hair) and virilism (some male sexual signs) as its main symptoms. It is caused by oligo-ovulation which means the ovaries can't produce sufficient amount of mature eggs, even fail to ovulate.

I believe that Polycystic Ovary is the early stage of PCOS and is one of sub-health conditions. TCM can be rather effective in treating it, even to cure it. But PCOS is a structural disease, a long-term comprehensive treatment is very often needed.

**The cause of Polycystic Ovary and PCOS:**

**1 Normal Ovulation:**
The sexual hormonal axis in female comprises hypothalamus, pituitary and ovaries. In a normal cycle, the hypothalamus gland at the base of brain produces a hormone called gonadotropin release hormone (GnRH) which stimulates the pituitary to release two hormones: follicle stimulating hormone (FSH) and luteinising hormone (LH); both of these hormones have a direct effect on the ovaries during menstrual cycle.

FSH stimulates the growth of small follicle sacs in the ovaries to a mature follicle which contains an egg and produces additional hormones. LH supports FSH to stimulate the growth of the follicle which it enables the egg to become mature, spurts out (ovulation) and ready for fertilization. A small egg cell gradually grows in the ovary to a mature follicle, which becomes into the ovulation around the 14th days of menstrual circle. This mature egg swims to the uterus through a fallopian tube. If it meets a sperm then fertilization takes place and it develops into a pregnancy procedure; if the egg is not fertilized, the uterine endometrium will shed as a menstrual period 14 days after ovulation. So a normal menstrual circle is 28 days.

**2 Polycystic Ovary and PCOS:**

In polycystic ovary and PCOS patients many small cysts can be found in the ovaries by ultrasound. Blood tests show an increase of LH and the abnormal ratio of LH / FHS. The slow growth and mature of the follicle may be the reason for the increase of LH; or it may be due to low activity of LH that causes the follicle growing and being mature slow. So the patients usually have a prolonged menstrual cycle. Whilst normally ovulation happens around 14$^{th}$ day of the cycle; those females with polycystic ovary or PCOS will need 18-20 days even more to ovulate. If LH increase is extremely high, or the activity of LH is very low, then the patient will manifest oligo-ovulation, or even amenorrhea. Some patients may still have the period, but no ovulation in the middle of the cycle. Polycystic Ovary can occur in women of any pregnancy age and it may develop to PCOS in any time.

**3 the cause of slow ovulation and oligomenorrhoea:**

- Heredity: some girls suffer from irregular menstruation from the time when they start their period. Their menstrual cycles tend to be longer than 35 days, or even with amenorrhea. This is likely related to congenital reasons.
- Long-term use of oral contraceptive pills (Estrogens type) may cause hormonal disorder, or decrease the activity of LH.
- An enduring stress or depressions cause the dysfunction of endocrinal sexual axis.
- Living environment or climate changes can also affect the hormonal system.
- Some endocrinal diseases, such as Hyperthyroidism, or Hypothyroidism, can trigger out a sexual hormonal disorder.

**Clinical symptoms of Polycystic Ovary and PCOS:**

In western medicine, diagnosis of PCOS is made only if the patient with polycystic ovary manifests obvious symptoms of hormonal disorder. For those with regular prolonged menstrual cycle, even occasional amenorrhea, doctors usually would not make diagnosis as PCOS. It is my belief that the differentiation between polycystic ovary and PCOS is important for TCM treatment as early as possible.

**1. Clinical features of Polycystic Ovary:**

- Irregular or regular prolonged menstrual cycle, or occasional amenorrhea but no longer than 2-3 months, followed by normal or light menstruation with or without dysmenorrheal for 4-6 days.
- Possibly infertility.
- Many small cysts (immature follicles) are found in the ovaries by ultrasound scan.
- Normal or minor increase of LH level in blood.

**2. Clinical features of Polycystic Ovary syndrome:**

- Irregular menstruation: a prolonged menstrual cycle, amenorrhea for longer than 3 months, heavy menstruation. The longer amenorrhea is, the more severe of the condition.
- Infertility.
- Miscarriage.
- Hirsutism (heavy hair growth), acne on face, chest, arms and legs.
- Obesity, the BMI (Body Bass Index) is over than 25
- Ultrasound scan showing enlarged ovaries with more than 10 cysts (immature follicle).
- Blood test: elevation of LH, abnormal LH / FSH ratio, elevation of testosterone. (2,6 )

Western medicine treatment to the women who have not wish to become pregnant is mainly the contraceptive pills; to the women who expect pregnancy is ovulation-promoting drug Clomifene Citrate 50-100 mg, together with some relevant hormone modifying treatment or symptomatic treatment. For PCOS patients, western medicine does not recommend IVF as it may increase the risk of the ovarian hypersensitivity. For polycystic ovary patients, Chinese herbal medicine and acupuncture can be more effective in promoting ovulation, assisting IVF and preventing miscarriage.

**TCM's perspective to Polycystic Ovary and PCOS:**

By taking into account of the prolonged menstrual cycle and amenorrhea as the main complaints, TCM differentiates Polycystic Ovary and PCOS as the patterns of Qi and Yang deficiencies, accumulation of phlegm-damp and blood stasis. The common patterns are as below:

**1. Qi deficiency of Spleen and Kidney, accumulation of damp and stasis of blood:**
Commonly seen in early stage and mild cases with no clinical manifestations or only having a longer menstrual cycle, fatigue, pale tongue with teeth marks and white-slippery coating, and rolling-fine pulse.

Analysis: due to an excessive physic work, or a big change of life and/or environment, or a weak constitution after a long term of illness or a miscarriage, patients present a weak condition in general. The spleen and kidney Qi become deficient and fail to transport fluid therefore transform into damp. Accumulated damp obstructs the Qi and blood flow in the uterus to cause the delay of menstruation. When the damp and blood stasis are severe, this will cause amenorrhea.

**2. Kidney Yang deficiency and accumulation of damp and phlegm:**

A typical and the commonest pattern with prolonged menstrual cycle, amenorrhea, cold limbs, aversion to cold, darkened complexion, acnes on the face, chest and back, even obesity, swelling in lower legs, heavy hair growth, heavy feeling all over the body. Pale tongue with white-slippery coating, deep-rolling pulse.

Analysis: This pattern is often seen in patients with a congenital weekness, or a long term use of oral contraceptive pills which restrains the Kidney Qi. As Kidney Qi fails to dominate the body fluid, in a long run it will damage the kidney Yang, which in turn fails to warm the uterus. Cold in uterus congeals blood and causes blood stasis. Cold and stasis in the uterus bring out a prolonged menstrual cycle or even amenorrhea and infertility. The body fluid accumulates for long term will become damp and phlegm which cause obesity. Damp phlegm also obstructs Yang Qi to cause aversion to cold, heavy sensation and cold limbs.

**3. Liver Qi Stagnation and Blood stasis:**

Stress, nervousness, depression, restlessness, grievance, tearfulness, breast distention and dysmenorrheal. Acne on cheeks, headache, prolonged menstrual cycle or even amenorrhea, infertility; light red tongue with thin white coating, wiry, or wiry-fine pulses.

Analysis:
This pattern is often seen in women with a stressful or unhappy life, which affects Liver Qi movement and causes Qi stagnation. Or after a miscarriage the body's endocrinal activity for a normal pregnancy procedure is suddenly broken down, therefore Liver and Kidney Qi can not cope and recover. Or the hormonal treatment before IVF makes the body's own hormonal system disturbed, furthermore with the frustration over the failed IVF treatment. All of above reasons can cause the liver Qi stagnation and blood stasis in the uterus to make menstruation scanty, or even amenorrhea, together with many emotional symptoms.

**Treatment of TCM:**

Based on both western medicine diagnosis and TCM syndrome differentiation, we should be able to make a TCM treatment plan specifically focus on the individuals, and to achieve good treatment result confidently as we expect.

**Acupuncture:**
**Main points:** Baihui (Du20), Zhongji (Ren3) or Guanyuan (Ren4), Qihai (Ren6), Moxi on Shenque (Ren8)
**Other commonly chosen points:**
1 Strengthen the spleen and remove damp: Xuehai (Sp10), Yinlingquan (Sp9), Sanyinjiao (Sp6), Taibai (Sp3)
2 Replenish Kidney and warm Yang: Yingu (Ki10), Zusanli(St36), Fuliu (Ki7), Zhaohai (Ki6), Taixi (Ki3)
3 Move the Liver Qi and resolve the blood stasis: Waiguan (Sj5), Zulinqi (Gb41), Hegu (Li4), Taichong (Liv3)

**Herbal Medicine:**

| Patterns | Single Herbs | Patent herbs |
|---|---|---|
| Qi deficiency of Spleen and Kidney, with damp accumulation and blood stasis | Shenqi Wan plus Cangfudaotantang: Shedi, Shanzhuyu, Shanyao, Duzhgong, Tusizi, Mudanpi, Zexie, Fuling, Xiangfu, Canzhu, Banxia. | Jinquishenqi Wan, Renshenguipi Wan, Banxiatianmabaizhu Wan, Erchen wan. |
| Kidney Yang deficiency and accumulation of damp and phlegm: | ErxianTang plus guizhifuling Wan: Xianmao, Yinyanghuo, Gouqizi, Bajitian, Aiye, Banxia, Taoren, Honghgua, Guizhi, Fuling, Chuanxiong. | Yougui Yin, Baifeng Wan, Nuangongyunzi Wan, Guizhifuling Wan |
| Liver Qi Stagnation and blood stasis: | Chaihu Ji plus Taohongsiwu Wan: Chaihu, Baishao, Danggui, Zhiqiao, Chishao, Shengdi, Chuanxiong, Yimucao, Mudanpi. | Chaihushugan Wan, Xiaoyao /Jiaweixiaoyao wan, Xuefuzhuyu Wan, Taohongsiwu Wan. |

For complicated cases with multiple patterns, an artificial menstrual regulatory treatment with herbal medicine and acupuncture can be applied. (4)

**Case Reports:**

**Case 1: Polycystic Ovary and pregnancy with warning signs of miscarriage:**

M.M-B who is an IT technician, 29 years old, has been trying pregnancy for 3 years without success. She had a prolonged menstrual cycle and occasional amenorrhea. Other symptoms were fatigue, insomnia, anxiety and constipation. Gynecologist suspected Polycystic Ovary but blood tests were normal .

Regular acupuncture and patent herbal medicines were given in order to strengthen Spleen and Kidney, warm uterus and resolve blood stasis. Her cycle gradually became 27-28 days, and she was pregnant in the 5th month. Due to deficiency of Kidney and Spleen, she continued with irregular vaginal bleeding and low abdominal spasm during her pregnancy, so she had to take regular acupuncture and herbal medicine for protecting fetus until a full term. She had a health boy.

**Case 2: Polycystic Ovary syndrome**

R.H is a clerk, 23 years old. Because she just graduated from university, she felt very stressed with her new job. She also suffered from hyperthyroidism which was under control by western medicine treatment. Her TSH level was normal. After a year, her period started to delay and even it developed into amenorrhea. She also gained body weight. When she visited me, she had not had her periods for more than 6 months. She had a increased LH level and enlarged ovaries; so an early stage of PCOS was confirmed and a course of contraceptive was given.

She had had TCM treatment for hyperthyroidism, which worked well and she reduced her anti-thyroid treatment. Therefore she chose TCM as her first option for her PCOS this time and she decided to stop contraceptive pills. After two months of regular acupuncture and patent herbs, she had still no period. Then a stronger dry herbal prescription was prescribed to her. After another 2 months of treatment, she started her period regularly and the treatment continued for 3 more months. Her LH and ultrasound scan were back to normal. She is still taking regular acupuncture and patent herbs at present.

**Case 3: Polycystic Ovary Syndrome and husband with low sperm vitality**
A C was a 32 year old nutritionist and had been trying a baby for 3 years without success. She started her period at age of 14 and her cycle had always been between 32 to 56 days. She took contraceptive pills when she was 18 years old and stopped them 3 years ago. Then she had irregular period again with frequent amenorrhea. Gynecological diagnosis was PCOS and she was given Clomifene Citrate for 10 months, which made her period regular again but with prolonged cycle of 5-6 weeks and heavy bleeding. Her husband was found with low sperm count and poor mobility. The couple were refereed to me by their Gynecological consultant.

A regular acupuncture and patent herbal medicines were given to the wife under the principle of replenishing kidney and warming uterus, removing dampness and dissolving blood stasis, and patent herbs for promoting Liver Qi, replenishing kidney essence were given to husband.

After one month, the wife had her period in 28 day cycle and another month after she was successfully conceived. The couple were happy and the baby is due now. The gynecological consultant also sent a letter to compliment that TCM made this success in such short time.

**Case 4: Polycystic Ovary syndrome and husband with low sperm vitality**:
M B was a housewife, 29 years old, a British Pakistani. She had infertility for 8 years. She started her period when she was 16 years old; and it had never been a proper period, usually every 2-3 months with frequent amenorrhea for 6months to 2 years. She was also obese with heavy body hair growth. She was diagnosed with polycystic ovary syndrome and as the result, her doctors refused to give her IVF treatment. Her husband was also found with low sperm count and poor mobility. Because of their infertility, the couple felt more depressed among their society, so they decided to take TCM treatment.

I gave the wife a regular acupuncture and herbal concentrated powder under the treatment principle of strengthening spleen and kidney, and dissolving blood stasis from the uterus. The husband was given patent herbs to promote liver Qi movement, replenish kidney and strengthen essences. After 5 months of treatment, they were accepted for IVF treatment by the reproductive medical doctors. Then I stopped herbal medicine, but kept regular acupuncture with her while she was received IVF treatment. Due to the defect of her ovaries, only one egg was successfully taken from her ovaries after a course of ovulation-promoting drug. Luckily this egg was successfully fertilized with the sperm from her husband. She gave birth to a health beautiful girl after the full term of pregnancy. This couple are very pleased.

**Conclusion:**

Polycystic Ovary is getting more common in women nowadays. It may be due to improved diagnostic techniques in western medicine. Polycystic ovary syndrome is a structural disease with a complex hormonal disorder. Except infertility, other symptoms such as obesity, acne, hirsutism and virlism cause women patients misery both physically and emotionally. My experience in treating PCO and PCOS can be highlighted as below:

1 Polycystic Ovary is a mild condition or early stage of PCOS. TCM practitioner should be aware of the possibility of polycystic ovary in women suffering from irregular or delayed period and amenorrhea. TCM treatment should be given as early as possible in order to achieve good result and stop it from developing into PCOS.

2 The key treatment principle for POC and PCOS is strengthening Qi and warming Yang, removing damp/phlegm and dissolving blood stasis. Regulating the menstrual cycle is the core of the treatment. It is crucial to shorten the prolonged cycle.

3 Women with polycystic ovary may not experience infertility. If her partner has a sperm problem, then they may have difficulty to conceive and therefore look for treatment. So it is necessary to check the husband side although the woman usually seeks help for infertility.

4 Although doctors do not suggest IVF treatment to women with PCO or PCOS, they may be greatly improved by TCM in terms of menstrual cycle, ovary state and hormone levels, so they can become suitable to IVF and they shall have higher chance of success with IVF result.

5 Some patients may become pregnant rather early after they start TCM treatment. In this case, a close observation on their state of Qi and blood should be operated. If there are signs of Qi/blood deficiency, then caution on miscarriage should be taken and possibly TCM treatment is needed during pregnancy to protect the fetus and prevent miscarriage.

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# 多囊卵巢及其综合症的辩证与治疗

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多囊卵巢是指女性卵巢上分布由许多未成熟的小卵泡所形成的小囊肿, 一般通过 B 超检查可以发现确诊。多囊卵巢的临床表现主要月经不调, 主要以月经后期或偶尔闭经, 也可能没有明显临床表现, 而以不孕为原因, 检测而被发现。 其发生率较高， 据报道：有 1/5 的女性有这样的征象。（1）**多囊卵巢综合症** Polycystic Ovary Syndrome (PCOS) 则是由多囊卵巢引起的内分泌紊 乱失调的病症，因卵巢不能孕育成熟的卵子，不能成功排卵并导致卵巢激素内分泌异常而发病，表现为闭经，不孕，妊后易流产，过度肥胖，多毛等男性化体征为主症。多囊卵巢及 PCOS 占不孕症的 20%-25%（2）。一般认为多囊卵巢是 PCOS 的轻型阶段，尚居于亚健康状态。中医针灸是可能，甚至比较容易治愈的；而多囊卵巢综合症（PCOS）则是一种器质性病变。需要认真辩证，以及长时间综合治疗方可取效。

**多囊卵巢及综合症的病因病理：**

1. 正常排卵的功能：

人体下丘脑，脑垂体与卵巢有一个性腺轴；下丘脑的下丘腺分泌促性腺释放素（GnRH)。 在促性腺释放素的作用下，脑垂体分泌卵泡刺激素（FHS）与黄体生成素（LH）；卵泡刺激素作用于卵巢使微小的卵细胞生长发育成卵泡；黄体生成素则辅助卵泡刺激素而促使卵细胞成熟，迸出，以及易于受精。 一个卵细胞在这些性激素的作用下，在卵巢内逐渐生长. 发育.成熟，至月经中期，约 14 天形成排卵。即成熟卵细胞迸出卵巢，经由输卵管，游入子宫；当遇到精子则成为受精卵，置入子宫内膜进入妊辰过程；如未遇到精子，卵子则随子宫内膜脱落形成月经。当排卵之后，应当 14 天来月经。因此，28 天应当是最为完美的月经周期。

2. 多囊卵巢及其综合症：

对多囊卵巢患者进行 B-超检查，在卵巢上常可以看到较多的小卵泡，这些卵泡常常小于 8mm。 而正常成熟的卵泡则应大于 20mm。 血检测发现：这些患者的黄体生成素（LH）增高。黄体生成素(LH), 卵泡刺激素(FHS)的比例失常。由于卵泡生长成熟缓慢, 故黄体生成素分泌增高；或也可以说，是由于黄体生成素活力不足，而产生了卵泡生成的缓慢。因而患者早期则表现月经周期延长，月经后期。正常 14 天可以成熟而排卵，这些女性则要 18 天到 20 天，甚至更多。因而出现月经后期；而如果 LH 过高，或其活力过差，则卵泡不够成熟而至独立迸出，该月则无排卵，甚至无月经。有些患者虽有月经，但月中并无排卵。多囊卵巢可发生于妊龄任何阶段，且可在任何阶段转为多囊卵巢综合症。

3. 排卵的迟缓以至不排卵的原因

1). 遗传因素：有些女孩，甚至某些家族里大多数女孩，自月经初期就有月经不调，月经周期经常延长，甚至闭经。可能与基因的缺陷，与病变有关。

2). 长期服用避孕药（雌激素类）造成内分泌失调， LH 活力不足。

3). 长期心理压力，紧张，造成性腺轴机能紊乱。

4). 生活环境与气候骤然变化，内分泌系统被影响。

5). 其患内分泌紊乱的疾病，如甲亢/甲低 等等，诱发性激素功能紊乱。

**多囊卵巢及综合症的临床症状及其规律：**

现代西医在理论上将检出卵巢上有较多的不成熟卵泡，而无临床症状者限定为多囊卵巢；而将已有闭经，不孕，肥胖，男性化症状表现者定为 PCOS。可在实际临床中，对 PCOS 诊断的确定还是比较严格的。有一些中，青年女性规律性月经后期，甚至偶尔出现 2-3 个月闭经，都不被诊为 PCOS。因而认识多囊卵巢与 PCOS 的界限，对应用中医尽早进入治疗是很有必要的。

多囊卵巢的临床症状：

1. 月经后期，偶尔闭经，一般停经不超过 2-3 月。月经来时，则持续 4-6 日，正常月经，无痛经.或月经量少。
2. 可能不孕.
3. B 超可见卵巢上较多不成熟卵泡.
4. 血检正常， 或.LH 稍高.

PCOS 的临床症状：

1. 月经不调，月经延长，闭经，月经较多，一般来说闭经时期越长，病症越重。
2. 不孕.
3. 妊后流产.
4. 多毛，痤疮. 面色黧黑.
5. 肥胖，体重指数（Body Mass Index-BMI ) 超过 25 .
6. B 超：卵巢增大，卵巢上有多于 10 个不成熟卵泡。
7. 血检：内分泌异常， LH 上升，LH/FSH 比例失调，睾酮上升。

西医治疗一般应用避孕药于不欲受孕的患者， 而用促排卵剂 Clomifene Citrate 50-100mg 于希望受孕之患者，以及激素调整治疗及相应的对症治疗。由于有易造成卵巢超敏感的风险，对于 PCOS，西医不主张应用试管婴儿促孕技术。但

对于多囊卵巢阶段的女士，经中医针药促排卵治疗之后，IVF 的成功率, 及安全性均可大大增加。

**中医对多囊卵巢及综合症的认识与辩证论治：**

由于多囊卵巢及其综合症以月经后期，以至闭经为主症，. 故对其病因病机，当从气阳不足，痰湿血瘀入手. 常见的辩证证型有：

**1.脾肾气虚，水湿停聚**：常见于病症较轻，尚无临床症状者，或见月经后期，易于疲劳，舌淡胖有齿痕，苔白滑，脉滑细。
病机分析：疲劳，劳累过度，生活与环境改变，或久病之后，流产之后，体质尚不够强壮，脾气不足，肾气不足，气不运湿，水湿停聚，湿阻气滞，而血运不畅，湿浊气血，淤于宫中，使宫内失和，月经迟至，淤久而经闭。

**2.肾阳不足，湿聚痰凝：**
此症为最典型而常见的证型：月经后期，闭经，四肢不温，或面色黧黑，畏寒，痤疮，甚至肥胖，下肢水肿，多毛，周身困重，舌淡白或水滑，脉细滑，或沉滑。
病机分析：此证常可能为先天禀赋不足，或久服避孕药，抑制肾气，气化不足，肾不运水，久而伤阳气；肾阳不足以温宫。宫寒血淤，而至经迟而闭，经闭而不孕；肾阳不足，湿阻痰凝而肥胖，湿阻血淤而至畏寒肢冷，水肿多毛，周身困重等症。

**3.肝气郁结，淤血停滞:**
焦虑，紧张，情绪低落，委屈，善哭，乳胀，或痛经；. 痤疮常发于颊侧，头痛，月经迟滞，甚至闭经，不孕；.舌淡红， 苔薄白，. 脉弦，或弦细。
病机分析：此证常见于精神紧张，工作压力大，生活不愉快， 使肝经气血不畅；或流产之后，体内适应妊辰的内分泌环境被动中止或破坏，肝肾经气尚未复原；或 IVF 治疗前激素预备治疗对体内正常内分泌系统的影响；加上如果 IVF 未成功而带来的心理挫折，都使患者的心理，身体双重紊乱不能迅速恢复。肝郁气滞，血瘀宫内，月经则迟至，甚至闭经；肝气不疏，则较多的情绪异常的症状。

**中医治疗**

在西医的明确诊断之下，进行中医的辩证治疗，可使治疗的针对性更强，也可使我们对治疗力度的把握更加准确，对治疗结果的判断更有信心。

**针灸：**

主穴：百会(Du 20), 中极( Ren 3), 或关元( Ren 4 ), 气海 (Ren 6), 归来( St29) , 或 子宫(Ext), 并灸神厥 (Ren 8),
辅穴：
1.健脾祛湿：血海 (Sp 10 ) , 阴陵泉 (Sp 9) , 三阴交 (Sp 6), 太白 (Sp 3);
2.补肾温阳：阴谷 (K10); 足三里(Sf 36), 复溜 (K 7), 照海(K 6), 太溪 (K 3)
3.疏肝理气：外关 ( Sj 5 ), 足临泣( G 41), 百会 ( Du 20 ) , 太冲( Liv 3)

**中药：**

| 证型 | 中草药 | 中成药 |
|---|---|---|
| 脾肾气虚，水湿停聚 | 肾气丸合苓附导痰丸：熟地. 山茱萸. 山药. 杜仲. 菟丝子. 牡丹皮. 泽泻. 茯苓. 香附. 苍术. 半夏. | 金匮肾气丸，人参归脾丸，. 半夏白术天麻丸， 二陈丸。 |
| 肾阳不足，痰凝湿聚 | 二仙汤合桂枝茯苓丸.仙茅. 淫羊藿. 枸杞子. 巴戟天. 艾叶，半夏. 桃仁. 红花. 桂枝. 茯苓. 川芎 | 右归饮， 白凤丸， 暖宫孕子丸.，桂枝茯苓丸。 |
| 肝气郁结，淤血阻滞 | 柴胡剂合桃红四物丸.:柴胡. 白芍. 当归. 枳壳. 赤芍. 生地. 川芎. 益母草. 牡丹皮. | 柴胡疏肝丸. 逍遥/加味逍遥丸. 与 血瘀逐淤. 桃红四物丸. |

病状较多，证型夹杂者也可以用中药针灸周期调理法.（3）

**典型病例：**

**例 1: 多囊卵巢，妊后先兆流产：**
M . M-B. 32 岁. IT 技术员.
婚后三年试孕不效， 月经后期偶尔闭经，容易疲劳，睡眠差，易惆怅，便秘。
西医怀疑：多囊卵巢，无血检异常.
经健脾益肾，暖宫散瘀的治疗，月经渐规律，周期至 27-28 天.，无痛经， 其后受孕。
因脾肾气虚已久，故妊后仍然下腹疼痛，不规则阴道出血. 在规律的针灸治疗之外，被给予健脾益肾，暖宫保胎治疗。由于在妊辰期间脾，肾气虚症仍比较明显，故稍试停药，或减少治疗频率，就会出现下腹绞痛及不规律阴道出血，故其服中成药及规律针灸直至妊产，足月顺产一子，健康活泼。

**例 2：多囊卵巢综合征：**
R H 23 办公室工作人员。
青年女性， 大学刚刚毕业，工作紧张，患甲状腺机能亢进. 经西医常规治疗后，TSH 正常，甲亢症状消失。一年之后，渐渐发生月经迟至，以至闭经；并渐渐开始肥胖。就诊时，已闭经半年余。 西医常规检查：LH 稍高；B-超提示：早期多囊卵巢综合征，并给予雌激素类避孕药。由于在其患甲亢阶段，就接受中医针灸的系统治疗，使其服西药的时间大大减少，临床症状控制理想，故此次其仍然首选中医治疗，决定暂时放弃避孕药的治疗。经规律针灸，与中成药治疗两个月，月经仍未至；故与其商量，须加强治疗力度。在应用温宫散寒，驱湿化淤的汤药治疗又两个月后，月经来；汤药巩固治疗三个月，月经规律，复查 LH， B-超都已在正常范围，而改用中成药维持巩固疗效。

**例 3． 多囊卵巢综合征，丈夫精子活力不足：**
A C .32 岁 营养师。试孕不效三年。其初潮 14 岁，月经周期一般都在 32-56 天.。18 岁始服避孕药，三年前停用希孕未果，曾有三个月闭经史。妇产专科做 B-超， 诊为多囊卵巢综合征.，并给 10 个月的克罗米芬治疗。经治疗后， 月经每月可至，但周期仍要 5-6 周，量多，无痛.。
其丈夫 27 岁，精子数量与活动力均较差.。其夫妇由妇产专家转治于余。

接诊后，妻子按肾阳不足，水湿停聚给予每周一次的规律针灸；及中成药温肾散寒，通经化瘀； 丈夫被给予中成药疏肝化瘀，补肾益精.。次月，妻子的月经周期减至 28 天，再次月自然受孕.，近期临产。西医专家，发信表示祝贺并赞1. 叹:“ 你们的针灸，中药可以在这么短的时间内奏效”。

**例 4．多囊卵巢综合征，丈夫精子活力不足：**

M B 29 岁，英籍巴基斯坦裔，家庭妇女。婚后 8 年不孕。月经不调，16 岁初潮，月经从未正常，一般 2-3 月一至，时2. 常半年，甚至一年无月经。已有肥胖，多毛等症。因婚后，一直希受孕，而未接受避孕药治疗，短时接受 Clomifene Citrite 治疗，无大改善。西医因考虑多囊卵巢综合征，故拒3. 绝 IVF 治疗。其丈夫也被发现精子活力低下。因未孕，其夫妇在族内倍感压力，故求取中医治疗。

我给予妻子规律针灸，及温补脾肾，祛瘀通经的中药浓缩粉，月经逐渐可以规律而至。给其丈夫疏肝化瘀，补肾益精4. 的中成药治疗。经过中医针药五个月的治疗，当其再次去西医不孕症诊所，被准予治疗。

在 IVF 前的激素准备治疗期间，我停止中药，只保留规律针灸治疗。由于其卵巢功能仍然不够完好，故在西药促排卵5. 剂的作用下，其只被取出一个成熟的卵子。但只这一个成熟的卵子，竟也与其丈夫的精子成功受孕，其足月顺产一女，健康漂亮，其夫妇欢欣无比。

**总结：**

多囊卵巢在现代女性中颇为高发，也许与当前西医诊断技术的提高有关，使这种病状的诊出率大大提高；而多囊卵巢综合征则是一种较为严重的内分泌失调的病症。除不孕外，肥胖，男性化等症，都将给患病女士带来极大的痛苦。我对此病症的诊治体会如下：

多囊卵巢即西医明确诊断 PCOS 之前的轻型病状，尚属于亚健康状态。中医师在诊治闭经，及月经规律后期的女士，应该对有多囊卵巢可能者予以高度重视；积极的有的放矢的治疗，使有多囊卵巢征象的女士尽早，尽好地控制，防止其转变为 PCOS。

中医对多囊卵巢，以及综合征的治疗，重在补气温阳，化痰祛瘀，应尽快将过长的月经周期调短，达到完美的月经周期，应当是明确，简便的治疗目的。

对仅有轻型多囊卵巢的女士，如果其丈夫具有完全正常的精子，多数并不影响受孕。而以不孕症就诊的夫妇，往往其丈夫的精子也有一些问题。故即使女方已明确诊断为多囊卵巢，对男方的状况予以重视也是必要的。

虽然西医不主张多囊卵巢，及其综合征患者接受 IVF 治疗，但在经中医针药调治之后的患者，激素水平与卵巢状态都会明显改善，使之符合 IVF 的治疗标准，也将大大提高其治疗的有效性与安全性。

对经治后较快怀孕者，要观察其气血的恢复状况。如气血虚尚未补足，要注意预防先兆流产，中医的补肾安胎疗法在妊辰期的服用是安全的。

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(见英文稿)

# 自拟液化汤辨证分型治疗精液不液化症经验

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**[概念]**

精液不液化症是指射入女方阴道内的精液迟迟不会液化，始终成胶冻状或团块状。在实验室中，精液排出到体外后立即放入 37 度的温箱中，如果 60 分钟内不液化或 60 分钟仍含有不液化的凝块，即被认为是精液不液化症。人类精液具有凝固并在短时间内液化的特征。其中凝固在射精前或在射出尿道之前很短时间内发生，而液化则从前列腺分泌液与精囊液接触时就开始发生并且常在 5 至 20 分钟内完全液化。这两个过程，有精囊分泌的凝固因子和前列腺产生的蛋白分解酶、溶纤蛋白酶等精液液化的因子等参与。由于液化因子来源于前列腺而凝固因子来源于精囊，慢性前列腺炎时前列腺分泌活动减低，就会使这些酶类、因子及精液的其他生化成分失去平衡，特别是分解凝固因子的酶类减少，就可致使精液不液化，影响精子的活动，进而引起不育。

**[中医病因病机]**

中医认为：精液的液化，有赖于阳气的气化，又依赖于阴阳的协调，阳气不足或过盛，均不能保持正常的液化功能。若先天肾阳不足或久病大病后，损伤肾阳，寒邪凝滞，或后天失养，脾失健运，温浊不化，导致气机不利，精液不化；若素体阴虚或房劳过度，肾精过耗，或劳心太甚，或五志化火，耗损精液，或过服燥温助阳之药，热盛伤津，阴虚火旺，精液受灼，粘稠难化；或湿热、湿毒下注膀胱，清浊不分而不液化；或湿痰阻滞阴道，精窍淤阻而不液化。又素有痰湿，排精时强忍不泄，离位败精、浊淤阻窍，气滞血淤，致射精不畅，精液粘稠不化者亦可见之。

**[自拟液化汤处方]**

（一）液化汤基础处方：

忍冬藤 30 克，丹参 30 克，双花 20 克，公英 20 克，黄精 20 克，生地 15 克，冬瓜仁 15 克，何首乌 15 克，枸杞子 12 克，天花粉 12 克，土茯苓 12 克，知母 6 克，丹皮 6 克，五味子 6 克。

用法：加水泡 60 分钟后水煎 30 分钟倒出滤液，再加水煎 30 分钟后倒出滤液，把上两次前的药液混均匀分成 2 份，早晚饭前各服一份，服药期间禁忌生冷、辛辣食物及茶水。

（二）加减

（1）肾气不足：加洋火叶 10 克、肉丛蓉 15 克、菟丝子 15 克

（2）肾阳虚：加菟丝子 15 克、杜仲 15 克、肉苁蓉 10 克、仙茅 10 克、蛇床子 15 克。

（3）肾阴虚火旺：加山芋肉 15 克、麦冬 10 克、地骨皮 10 克、龟板 10 克（先煎）

（4）脾气虚：加山药 20 克、白术 10 克、茯苓 10 克

（5）体胖痰盛：加全瓜蒌 15 克、浙贝母 10 克（冲服）、莪蒁 10 克、淡竹叶 6 克。

（6）湿热盛，精液中有脓细胞：加败酱草 15 克、车前草 15 克、白花蛇舌草 10 克。

（7）淤血者：加王不留行 15 克、泽兰 10 克、三七粉 1.5 克（冲服）

（8）血精者：加生滑石 10 克（包煎）、蒲黄 10 克（包煎）、白茅根 20 克、三七粉 1.5 克（冲服）

（9）精液中有絮状团块：加生牡蛎 20 克、夏枯草 10 克、玄参 15 克。

（10）射精痛者：加石菖蒲 10 克、琥珀粉 1.5 克（冲服）、炮山甲粉 3 克（冲服）。

**[中医辨证分型施治]**

（一）肾阳不足型：

<1>适应证：精液清冷不液化，伴腰膝酸痛，四肢欠温，下肢及腰骶部有冷凉感，阴囊发凉，舌质淡苔薄白，脉沉细弱。

<2>功用：温肾散寒，填精补血。

<3>方药：液化汤基础方加减。

<4>用法：水煎服。每日一剂，早晚分次口服。

<5>病案举例：

李某，28 岁，建筑工程师，初诊 1998 年 3 月 12 日。诉婚后 3 年，夫妻生活正常，未避孕未育。其妻多次到医院检查均正常。因不相信不孕与男方有关系故从未做过检查。

男科检查：双侧睾丸大小，质地均正常，无红肿，无触痛。

精液分析：灰白色，量 2.8ml，粘稠度高，PH 值 7.6，精子计数 3600 万/ml，活动率 45%，慢速直线运动 20%，无活动力占 70%，精液 60 分钟后开始液化，90 分钟后仍有团块。病人自感腰酸乏力、腰以下冷凉，阴囊冷凉，夜尿清长，舌质淡苔白，脉沉弱。随投液化汤加温肾散寒，填精补肾中药汤剂 20 剂后，于 4 月 15 日化验精液分析：乳白色，量 4ml，不粘稠，30 分钟液化，45 分钟时完全液化，PH 值 7.4，精子计数 6000 万/ml,活动率 75%，A 级 20%，B 级 35%，C 级 40%，又尊前法，投汤剂 20 剂，于 5 月 10 日来电话报喜，其妻尿妊娠（++）

（二）阴虚火旺型：

<1>适应证：见精液粘稠，色泽微黄，多伴精液量少，精不液化，或兼见早泄，失眠梦遗，口干舌燥，潮热盗汗，五心烦热，舌红少苔，脉沉细数。

<2>功用：滋阴降火，清热化浊以助液化。

<3>方药：液化汤基础方加龟板 10 克（先煎），地骨皮 15 克，山芋肉 15 克，麦冬 10 克，炒枣仁 20 克（先煎）

<4>用法：水煎服，分早晚分服，每日一剂。

<5>病案举例：

王某，38 岁，纺织厂工人，2000 年 9 月 8 日初诊。诉结婚 10 年，婚后第二年生育一子，但在 4 岁时因车祸不幸夭折。近两年欲再生育，但未育，其妻一直服中西药调经，促排卵治疗。半年前化验精液发现不液化，多方治疗未效。自诉心烦失眠、夜间盗汗，腰膝发软，易无名火，查舌质鲜红，光苔，脉沉细数。

精液分析：精色黄，粘稠，160 分钟液化，故无法计数、查活动率。PH 值 7.8，精液量 2.6ml。投以液化汤加滋肾阳、降虚火，清热化浊汤剂服 35 剂，复诊诉无心烦失眠盗汗，无名火等症状均已消失。化验精液量 4.5ml，色淡白不粘稠，60 分钟内完全液化，但因病人家庭困难间断治疗 4 个月，2001 年 2 月份又来求诊，精液 100 分钟内仍未液化，伴随轻度心烦失眠、腰痛、盗汗等症状，又投以液化汤加阴降火中药，连续服用的 50 多天，还未化验，其妻已怀孕，随访 9 个月后足月顺产一男孩，活泼健康。

（三）湿热蕴结型：

<1>适应证：证见精液粘稠，迟迟不液化，精色微黄或深黄且腥臭，病人多见口苦口臭，小腹少腹坠胀痛、大便粘腻，小便短黄，阴囊潮湿等症状，舌苔黄腻，脉滑数或濡数。

<2>功用：清热利湿，祛瘀化浊

<3>方药：液化汤基础方加败酱草 20 克，车前草 10 克，白花蛇舌草 10 克，赤芍 10 克、生意米 20 克。

<4>用法：水煎服，一日一剂，早晚分服。也可以加水煎 10 分钟，外洗会阴部或可以坐浴 15—20 分钟，每日一次。

<5>病案举例：

金某，32 岁，朝鲜族，2003 年 5 月 10 日初诊。诉结婚 6 年，未避孕未育。其妻经多家医院诊查均无异常。3 年前已化验过精液发现精液不液化，虽经多次治疗但未果。原因一是不能坚持服药，时服时断，二是因为某公司经理，应酬繁多，几乎天天喝酒，有时一天喝 3 顿酒，且饮酒量大，又喜好饮酒和辛辣刺激性食物，所以未见有疗效。近期因其父母盼孙子心切，迫于压力前来求诊。身强体壮，形体肥胖，面红气粗，口臭味大，伴有尿频、尿黄、大便粘腻，双少腹坠胀痛，阴囊潮湿多汗。精液分析：精色深黄，粘稠腥臭，150 分钟不液化，故无法计数。病人表示坚决戒酒，少食辛辣刺激性食物，减少应酬，不洗桑拿浴，安心服药治疗。投以液化汤基础方加清热利湿解毒，祛瘀化浊类中药连续口服 62 剂后复诊，诉口臭消失，无尿频、无尿黄，大便通畅不粘，双少腹无坠痛症状，化验精液分析：精液色淡白，不粘稠，40 分钟内完全液化，PH 值:7.6，精液量 3.5ml，精子计数 3900 万/ml，存活率 75%，A 级精子 25%，B 级 34%，C 级 31%，白细胞 0—2 个/高倍视野。嘱病人继续服药治疗，带其妻查卵泡发育，B 超监测卵泡发育情况。又服汤剂 20 剂时来门诊报喜。其妻已孕。随足月顺产一女婴。

（四）痰湿阻滞型：

<1>适应证：证见精液久不液化，有的长达 72 小时仍不液化，且多有团块状。精色多深黄，且腥味明显，多伴有胸胁胀闷，口粘无味，少腹胀坠痛，舌质紫暗，瘀斑瘀点，苔黄腻，脉沉涩或弦滑。

<2>功用：清热解毒，化痰祛瘀，祛湿化浊。

<3>方药：液化汤基础方加苍术 15 克，生薏仁 20 克，陈皮 6 克，赤芍 10 克，白花蛇舌草 10 克，红藤 20 克，川楝子 15 克，炮山甲 3 克（冲服）

<4>用法：水煎服。每日一剂，早晚分服。也可水煎中药，10 分钟后凉后外洗会阴部，坐浴 10—20 分钟，每日一次。

<5>病案举例：

耿某，28 岁，农民，牧民，2000 年 11 月 10 日初诊。自诉婚后 3 年未育。婚后一年时曾让其妻在当地服过中药约 2 个月未效。此后曾先后在个体诊所、乡卫生院门诊服过多剂中药，从未做过妇科检查，也未化验过精液。经朋友介绍来诊，其妻妇科检查正常，化验精子抗体（一），性激素六项均正常。精液 60 分钟未液化，查体健壮，双睾丸大小，发育均正常，但睾丸发凉、潮湿，附睾头触痛（++）舌质暗红，舌有瘀斑点，苔面腻，脉沉涩。投以液化汤基础方加清热解毒，利湿化瘀化浊中药服用 50 多剂来院复诊，诉睾丸无冷凉，无潮湿，查双侧睾丸头无明显触痛，舌质淡红，苔白，脉沉弦滑。精液分析：色淡黄，量 3.2ml，35 分钟开始液化，60 分钟完全液化，精子计数 4100 万/ml。存活率 80%，快速直线运动精子占 38%，PH 值 7.8，病人非常满意。随又投液化汤加减 30 剂；嘱回家口服，过完春节后再复诊。正月十七日上午复诊，告知其妻有恶心、呕吐、吐酸等早孕反应，到妇科查尿妊娠（++），9 个月后顺产一女婴。

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# 头面痛症三案

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**摘要**: 自《伤寒杂病论》以降, 辨病结合辨证以论治, 强调理法方药/穴的一致性, 就成为中医临床的一个主要指导思想和重要特色。辨病是静止的, 而辨证则是在辨病基础上进一步、更有个体针对性和灵活性的整体动态治疗。本文以三叉神经痛、疱疹后遗头痛、偏头痛三则医案为例, 说明在新病旧病, 多病同存等复杂情况下, 如何结合先病后病、体质禀赋、舌脉及其变化深入辨证, 确立治疗原则和方法, 针灸药物推拿结合。

**关键词**：三叉神经痛, 疱疹后遗头痛, 偏头痛, 辨证论治,

## 1， 三叉神经痛

Mrs. K, 38 岁, 2008 年 1 月 19 日诊。右侧面部疼痛 7 年,上颌及颊部痛剧难忍,常在咀嚼、说话或其他因素刺激面部时加重,多次看牙医未见异常,诊为三叉神经痛。伴眠差多梦;手足常不温;纳差,常觉呕恶;有鼻炎,常鼻塞,额部亦痛;另有背胛痛 20 年。舌质淡有齿痕,苔白,左脉沉细,右弦缓。脾肾两虚,痰湿内生,复兼风寒湿热之邪,犯于头面部经络,内外因素相互影响,导致时常作痛;当活血通络止痛以治其标,健脾益肾、和胃化痰、解郁除湿,以治其本。取手足阳明、少阳、厥阴经穴为主,针：曲池、足三里，合谷、太冲（双），风池、医风，上星、四白、太阳、下关、颊车、地仓（右）,轻刺法,留针 30 分钟。

中药：葛根 15 克,赤芍 20 克,钩藤 20 克,川芎 8 克,黄柏 10 克,砂仁 10 克,法半夏 15 克,天门冬 10 克,白芍药 20 克,炙甘草 6 克,桑寄生 20 克,党参 15 克,延胡索 6 克,水煎 2 次,分 3-4 次服,一日一剂。

2 月 2 日, 二诊。面痛显著好转,额痛亦大好。1 周前因感冒服西药过敏,今始复原来治前症。并诉颈枕背痛强,右侧尤甚。查颈 5、6，胸 5、6、7 椎棘突压痛。乃辨证选取颈背部近痛处足太阳少阳经穴为主,结合远道循经选穴,颈肩背痛与面痛并治。取风池、天柱、大椎、身柱，肩井、风门、厥阴俞、光明、合谷（双）。

2 月 8 日,三诊。背痛显减,面痛进一步好转。治如前法.17 日,四诊:近日受凉感冒,鼻塞;面痛已不显。疏风解表与通络止痛兼施，取手足三阳及手太阴、督脉。针：曲池、足三里、列缺、合谷、外关、通天、风池、印堂、迎香，轻刺法。

2 月 24 日，五诊：面未再作痛，背痛轻微。偶觉头额痛，余无不适。舌淡红，苔薄白，双脉沉。上星、风池、通天，百会、内关、太冲、三阴交、合谷、阳陵泉、足三里、攒竹、太阳，以巩固治疗前各症。

**体会**：此例面痛 7 年,背痛亦多年,后又患感冒。似此新病旧病同时存在的情况,临床较为常见。宜分主次先后予以治疗,或酌其病因病机之异同及临床病症表现,彼此兼顾而予调治。其关键在立法、选用方药穴时,尽可能针对其机体整体、以及各病症共有、根本的病因病机, 局部与远道取穴，辨证与辨病选穴，针灸与药物，局部治疗与整体治疗，凡所用之法，所施之方药穴，皆相互配合补充，而成为一个整体以发挥最佳治疗作用。

如此案初诊以针灸为主，活血通络止痛以治其标，健脾益肾、和胃化痰，佐解郁除湿，以治其本，而方药应之，以葛根赤芍钩藤川芎元胡索以活血通络止痛治标，党参桑寄生则健脾益肾以扶其正，砂仁黄柏半夏则和胃化痰除湿，天冬白芍药甘草则疏肝缓急止痛，方药穴并行不悖而共同发挥作用，所以获效。后伏取背侧穴治背痛而不离面痛之治，治感冒及面痛仰取腹面穴亦不忘乎治背痛，即是其例，实践证明是提高临床疗效的重要途径。

## 2， 带状疱疹后遗疼痛

Mrs. E，85 岁。2008 年 11 月 25 日诊。6 月前发生左头颞枕部带状疱疹，经治疗好转，但后遗原患部剧烈疼痛， 2 月前又因发生阑尾炎手术治疗。现患部皮肤灼痛甚剧，夜不成寐；昼则疲乏，稍劳则气紧。双脉弦大，有结代；舌暗红，

有裂纹，舌面光红无苔。肾虚肝旺，复因头部少阳经络感受风火热毒，损伤经络，邪毒羁留不解，后遗疼痛。治以祛风解毒，活血通络止痛，兼疏肝滋肾为治。取手足少阳厥阴为主，辅以少阴阳明及督脉，近部与远道、辨证与循经取穴相结合。

针：曲池（双）、阳陵泉（双），百会、安眠，率谷、天冲、风池，中渚、侠溪（以上取左侧）、合谷（双）、太冲（双），足三里、复溜，轻刺法，留针 30 分钟。推拿：头颈背部少阳太阳及督脉经脉，前臂少阳阳明厥阴经脉，以一指禅手法为主，10-12 分钟。内服：安神宁夜片、桃红四物汤丸。

11 月 28 日，疼痛已减，睡眠改善。脉转沉弦缓，继上法针刺，一指禅法推拿加左耳后及颈胸段夹脊穴。

12 月 1 日，患者来诊时非常高兴，诉经上次针后疼痛即觉显著减轻，睡眠亦大为好转。继以前法治疗。

12 月 3 日，疼痛已很轻微，眠佳，纳增，精神好；脉沉弦缓、舌暗红、无苔。继前法巩固治疗。

**体会：**带状疱疹后遗疼痛，非常痛苦，严重影响生活质量，且较难以治疗。此例患者，已服用止痛等药物半年多，仍然疼痛难忍，舌脉亦显示全身情况不佳。久病舌光红无苔，为气阴严重损耗之象。高龄脉弦大，多乃肾虚、肝阳暴张或肝胆邪火或虚火亢旺，下虚上盛之征，本非佳兆，且兼结代，是心之气阴亦不足也。

治疗一则急需缓解其疼痛，以缓减对体力精神之消耗，故活血通络止痛以治其标症，近取手足少阳辅以手阳明足太阳及督脉经穴为主，辅以远道循经之穴增强止痛作用；二则兼取足阳明少阴及督脉, 补益先天后天并调理气血阴阳，防治因下虚上盛肝阳暴张而动风或发生其他变症。内服药物，安神宁夜片方中以古甘麦大枣汤方为主干，取其甘缓柔润，和其阴阳，且宁心疏肝改善睡眠而使阴阳气血不因疼痛失眠而过度消耗，则脏腑经络得养而易于恢复；桃红四物汤丸能活血通络，方中四物汤兼具养血益阴清热之功，络脉通而邪易去，新陈代谢恢复而组织之损伤可愈。

### 3， 头痛

Tom，男，14 岁，2009 年 11 月 21 日诊。不明原因头痛 2 年余，加重、持续无缓解 2 周。曾经ＣＴ头部扫描，脑电图等检查未见异常，但头痛难忍。初服止痛药可以缓解，现服止痛药亦不能减轻疼痛，严重影响学习生活，其医生推荐来我处针灸治疗。现以右侧颞额部钝痛为主，掣耳前及眼眶，昼夜持续无缓解，难以入睡；严重时伴恶心感,痛苦面容，神色疲惫。既往有肠易激综合症（IBS）病史，大便一日２－３次；（系其母年龄较大时在针灸中药帮助下做ＩＶＦ而孕）舌暗红，苔白，左脉沉弱，右寸关弦大。脾肾两虚、肝郁夹瘀，风寒湿邪犯于头部经络，羁留不去。治宜健脾肾而疏肝活血通络标本兼治，而先以治标为主，兼顾其本。待疼痛缓减，则以培本为主，兼顾其标。取：上星，通天，头维，攒竹，风池，合谷，太冲，丰隆，三阴交，光明，轻刺法。因其医生仅让其做针灸，不愿服用任何中药及其他治疗。

１１月２５日，二诊。头痛明显减轻。虽仍觉痛，但已可忍受，遵医嘱痛甚时服止痛药、，现服药次数明显减少，睡眠改善。嘱痛甚时可前来以针灸缓解其痛，减少服止痛药次数，更有助于治疗。针：曲池、，复溜，列缺，悬钟，风池，上星，阳白，通天，攒竹，丝竹空，合谷，太冲，足三里。

11 月 28 日上午 11 时来诊，诉近日头痛大好，而今晨左额太阳部复作痛，未服止痛药物而来针灸。先取解溪，足三里，再针支沟，悬钟，询其痛，已觉减轻。继针风池、，上星、，头维，攒竹，太阳，肓俞，气海，留针 30 分钟。起针后，仅觉额部尚有沉重钝痛感，再予点刺神庭，眉冲，阳白，印堂，其痛顿失。

12 月 1 日，近日针灸以来，头痛显著好转，眠纳俱佳，大便亦得以改善，每日 1-2 次，成型，精神情绪也好多了。舌淡红偏暗，苔白，左脉沉细，右沉略弦，但已不似前日之弦大。曲池，足三里，合谷，光明，三阴交，内关，通天，头维，攒竹，悬颅，气海，天枢。

12 月 5 日，头痛不显，已完全停服止痛药。舌淡红，苔薄白，脉双沉。曲池，复溜，足三里，合谷；风池，百会，头维，攒竹，丝竹空，率谷；气海，行间，中渚。

12 月 12 日、23 日，头未再痛，生活学习如常，继前法巩固治疗 2 次后。一月后随访，头痛未复发。

**体会：**此例头痛，病程长久，久用止痛药以致无效，疼痛甚剧，持续不解。其母赖 IVF 及中药针灸之助始得孕;14 岁而久病 IBS，大便一日数次;脉沉、舌暗、苔白，脾肾之亏显然无疑。目属肝经所系，额为胃经分野，且痛甚时伴呕恶感；右侧头痛，左脉沉而右脉独弦大；弦是肝病之脉，肝脉见于脾部，肝旺脾虚，木克土也；似此子之体质，左脉之沉应为其常，右脉之弦大当属病脉无疑。经治疗头痛显减，弦大之右脉即复归于沉可证。《病机十九条》曰：“诸痛、痒、疮，皆属于心”，总以手足厥阴（内关、太冲、行间）、少阳（风池、阳白、丝竹空、光明、悬钟、中渚、侠溪）、太阴（列缺、三阴交）、阳明（曲池、合谷、头维、解溪、足三里、丰隆）诸经穴为主，兼取任（气海）督脉（上星、百会）、足少阴（复溜、肓俞）而远近取穴相结合，标本同治；初以疏通少阳阳明之络，舒肝理气活血止痛治头痛之标为主；其痛缓减后，则于调理气血的同时，辅以健脾益肾，培补先后天气血阴阳以固根本，而防其复发。

# Three cases of head and face pains

**BingSheng Yuan (Doncaster)**

**1, Trigeminal Neuralgia**

Mrs. K, 38, started treatment on 19-01-2008. She suffered from pain on the right side of her face for 7 years, extremely painful on upper jaw and cheek, sharpened when chewing, talking or with other face stimulation. She was diagnosed with trigeminal neuralgia after no abnormality being found during several dental treatments. She also had insomnia with dreams, cold hands and feet, poor appetite and nausea. She suffered from nasal congestion with forehead pain due to rhinitis, and back pain for 10 years. She had pale-red tongue with teeth mark and white coating. Her left pulse was deep-thin and right pulse was wiry-moderate. Deficient spleen and kidney was diagnosed, along with internal phlegm and wind-cold-damp invading meridians. The pain was caused by both external and internal elements. Treatment was designed to activate blood, unblock collaterals and stop the pain for the incidental aspect and invigorate spleen and tonify kidney, harmonize stomach as well as resolve phlegm and remove dampness for the fundamental aspect. Therefore I chose to give acupuncture on Quchi (LI11), Zusanli (ST36), Hegu (LI4), Taichong (LR3), Fengchi (GB20), Yifeng (SJ17), Shangxing (DU23), Taiyang (EX-HN5), Xiaguan (ST7), Xiache (ST6), Dicang (ST4) , needled with light force.

Chinese herbal medicine: kudzu vine root 15g, red peony 20g, gambir plant 20g, Szechwan lovage rhizome 8g, amur cork-tree 10g, villous amomum e 20g, fruit 10g, pinellia tuber 15g, cochin Chinese asparagus root 10g, white peony root 20g, liquor rice root 6g, mulberry mistletoe 20g, dangshen 15g, yanhusuo 6g, boil 2 times, distributing into 3-4 servings, one bag a day.

2nd Feb, second visit. Her facial and forehead pain was better. Her previous nasal allergy was controlled by west medicine, but she complained about severe back and neck pain, especially on the right side. Therefore I chose to acupuncture on Fengchi (GB20), Tianzhu (BL10), Dazhui (DU14), Shenzhu (DU12), Jianjing (GB21), Fengmen (BL12), Jueyinshu (BL14), Guangming (GB37), Hegu (LI 4, both side).

8th Feb, third visit. Her facial pain continued to reducing while her back pain was also released. Same treatment was given.

17th Feb, fourth visit. Expelling wind, relieving exterior syndrome, dredging meridian and stopping pain were applied synchronously. Acupuncture point used were Quchi (LI11), Zusanli (ST36), Lieque (LU7), Hegu (LI 4), Waiguan (SJ 5), Tongtian (BL7), Fengchi GB20), Yintang (EX-HN3), Yingxiang (LI 20).

24th Feb, fifth visit. Her facial pain was completely gone, with slight back pain and occasional pain in her forehead. She has no other discomfort. Her tongue was pink-red with slightly white coating, both pulses were deep. I chose acupuncture points as Shangxing (DU23), Fengchi (GB20), Tongtian (BL7), Baihui (DU20), Neiguan ((PC 6), Taichong (LR3), Sanyinjiao (SP6), Hegu (LI 4), Yanglingquan (GB34), Zusanli (ST36), Cuanzhu (BL2), Taiyang (EX-HN5) to maintain the curative effect.

**Discussion**: The patient had suffered from 7 years of facial pain and a long-term back pain, and cold during the treatment which make the case complicated and difficult to treat. The treatment shall be given in consideration of both primary and secondary patterns, the cause and mechanism differrences as well as the clinical symptoms. The key of treatment is to aim the whole constitutional condition and the multiple causes of the symptoms, try to achieve the maximum effect from every acupuncture point and every herbal medicine. Accurate disease identification and syndrome differentiation are crucial, so as expertise on formulas, medicines and acupuncture points. This is a combination of selection of adjacent points and distant points, a combination of acupuncture and medicines, and a combination of symptomatic and systematic treatment. Every point and herb medicine contributes to others so that they can achieve maximum effect.

As in this case, acupuncture works on one hand for blood activating, collateral unblocking and pain killing for the incidental aspect, together with strengthening the spleen, tonifying the kidney, and draining the damp for the fundamental aspect, assisted by herbal medicines with same principle. The back points were needled along with the facial points, and facial treatment can also be done with acupuncture on the distal points.

**2, Shingles squeal pains**

Mrs. E, 85, first visit on 25th Nov. 2008. She had shingles in her left temple and occipital, the skin leision was cured by western medicine treatment, but she was left with severe squeal pains. She had a surgery for appendicitis two months ago. The patient also suffered from insomnia. As a result, she felt tired during the day and became breathless after minor physical work. Her pulse was wiry, knotted and intermittent. Her tongue was cracked, dark and red with no coating. She was diagnosed with kidney deficiency, liver yang hyperactivity. Her squeal pain was due to these abnormalities, along with wind-heat invasion, which brought the pathogenic toxin in her shaoyang meridian The treatment principle was to eliminate wind and detoxify, activate blood and unblock the collateral, supported by soothing the liver and nourish the kidney. The main acupuncture points were chosen from shaoyang and jueyin meridians in head and feet, supported by acupuncture on yangming and Du meridians. Selection of local point and adjacent points, based on syndrome patterns and along the relevant meridians were combined.

Acupuncture: Quchi (LI 11, bilateral), Yanglingquan (GB34, bilateral), Baihui (DU20), Anmian, Shuaigu (GB8), Tianchong (GB9), Fengchi (GB20), Zhongzhu (SJ3), Xiaxi (GB2), the 7 points above are all in the left side), Hegu (LI 4，bilateral), Taichong (LR 3，bilateral), Zusanli（ST36）, Fuliu（KI7）, using light needling, needles remained for 30 minutes. Medicine: Anshen-Ningye tablets and Taohong-siwu wan.

28th Nov. Her pain was diminished, and her sleep was improved. The pulse was deep-wiry-relaxed. The treatment remained as previously, with massagein in the back of the left ear and on jiaji (EX-B 2) points in the neck and upper back.

1st Dec. The patient was very pleased with the treatment as the pain was significantly relieved since last acupuncture. Her sleep was further improved. The treatment remained as previously.

3rd Dec. The pain was almost gone. Her sleep was good, so as her appetite. Her tongue was dark red without coating. She was full of vitality. Same treatment remained.

**Discussion:** The squeal pain of shingles can be very sharp, which affects the living quality, and is difficult to cure. This patient was on pain-killer for more than six months but still suffering from the pain. Her tongue also showed unhealthiness. The smooth and red tongue without coating is a symbol of severe impairment of qi-yin. Her pulse was wiry for her age, which reflects kidney deficiency, liver yang hyperactivity or liver-gallbladder fire, or yin deficiency with empty fire, so the case is deficiency in lower jiao and excess in upper jiao, which is often seen in high blood pressure, arteriosclerosis or liver-gallbladder disease and pain

related conditions. Moreover, the knotted-intermittent of the pulse was a reflection of heart qi-yin deficiency.

The priority of treatment is to relieve her pain to diminish the disturbance on the physical and psychological health, by activating blood and releaving the pain to treat the incidental symptoms. Acupuncture was used on points of hands and feet shaoyang meridian, hands yangming meridian, feet taiyang meridian and du meridian, supported by selection of distant points along the meridians to enhance the effect. Then the points on feet yangming and shaoyin meridian and du meridian were needled to tonify and replenish the innate qi in kidney and acquired qi in spleen, as well as regulating the qi-blood-yin-yang, preventing the possible stirring-wind due to the lower deficiency and upper excess and the liver yang hyperactivity. The herbal medicines Anshen Ningye tablets and Taohong Siwu Wan were chosen because the first formulae is based on ancient Ganmai Dazao decoction and it works on regulating yin-yang, nourishing heart and tranquilizing mind, and soothing liver. It can therefore improve sleep, prevent the over consumption of yin-yang, qi and blood due to insomnia. The organs and meridians can be nourished and recovered. Taohong Siwu Wan can activate the blood and unlock the collaterals. Siwu decoction has the function of both nourishing yin-blood and clearing heat. The pain can be removed once the collaterals are unlocked.

**3, Headache**

Tom, male, 14, first treated on 21/11/2009. He had suffered from headache for two years with unknown reason. The symptom had become worse and continuous for two weeks. He had had CT scan and EEG but these tests failed to discover the cause of his disease. However his severe headache continued as painkillers were no longer helpful to release his pain which affected his study and daily life severely, so his doctor recommended acupuncture at my clinic. The pain occurred on his temple and forehead on the right side as a dull pain which lasts continuously through day and night and affected his sleep. Previously he had IBS which resulted to his frequent defecation (2-3 times a day). He had occasional neck pain but it was severe. He felt sick while his headaches became worse. He looked tired and he was qiete and in agony. His mother had infertility and he was born after his mother had IVF along with the acupuncture and Chinese medicine). His tongue was dark red with white coat. His left pulse was deep and weak. The pattern diagnosis was deficiency of both heart and kidney, liver qi stagnation with blood stasis, and wind-cold and dampness invading meridians. The treatments included invigorating spleen and tonifying kidney, smoothening liver and activating blood and unblocking the meridians, treating both primary and secondary patterns, with the priority being given to secondary patterns in the early stage. The acupuncture points used were Shangxing (DU23), Tongtian (BL7), Touwei (ST8), Cuanzhu (BL2), Fengchi (GB20), Hegu (LI 4), Taichong (LR3), Fenglong (ST40), Sanyinjiao (SP6) and Guangming (GB37), using light needling. He refused to take Chinese medicine and other treatments except acupuncture.

25th Nov, second treatment. His headache was relieved significantly. The pain remained but tolerable. He reduced the frequency of taking painkillers by taking his doctor's advice. His sleep was also improved. Acupuncture was given on Quchi (LI11), Fuliu (KI7), Lieque (LU7), Xuanzhong (GB39), Fengchi (GB20), Shangxing (DU23), Yangbai (GB14), Tongtian (BL7), Cuanzhu (BL2), Sizhukong (SJ23), Hegu (LI 4), Taichong (LR3) and Zusanli (ST36).

The third treatment was on 28th Nov. The patient expressed that his headache had significantly relieved, but he felt pain in his left temple this morning. He came to acupuncture instead of taking painkillers. The points chosen first were Jiexi (ST41), Zusanli (ST36), followed by Zhigou (SJ6), Xuanzhong (GB39). The pain was reduced after needling. Then acupuncture continued on Shangxing (DU23), Touwei (ST8), Cuanzhu (BL2), Taiyang (EX-HN5), Huangshu (KI 16) and Qihai (RN6), needles remained for 30 minutes. After needles were taken out, he complained a dull pain on his forehead. I gave fast insertion on Shenting (DU24), Meichong (BL3), Yangbai (GB14) and Yintang (EX-HN3), the pain then diminished.

1st Dec. His headache had significantly improved since the acupuncture. His sleep and appetite were back to normal, and bowel movement was also improved to 1-2 times a day, formed in shape. Improvement can be seen with his emotion as well. His tongue was pale-red, and a bit dark, with white coating, his left pulse was deep and thin, right pulse was a bit wiry, but not as severe as previous days. Acupuncture was given on Quchi (LI 11), Zusanli (ST36), Hegu (LI 4), Guangming (ST37), Sanyinjiao(SP6), Neiguan(PC6), Tongtian(BL7), Touwei(ST8), Cuanzhu (BL2), Xuanlu (GB5), Qihai (RN6) and Tianshu (ST25).

5th Dec, the headache was almost gone and he stopped the painkiller completely. His tongue was pale-red with white-thin coating, both pulses were deep. Acupuncture was given on Quchi (LI 11), Fuliu (KI7), Zusanl i(ST36), Hegu (LI 4), Fengchi (Gb20), Baihui (DU20), Touwei (ST8), Cuanzhu (BL2), Sizhukong (SJ23), Shuaigu (GB8), Qihai (RN6), Xingjian (LR2) and Zhongzhu (SJ3).

12th and 23rd Dec. He had no more headaches, and his life was back to normal. The treatment remained as previous and paused after 2 treatments. I interviewed him one month later, he was having good health and remained headache free.

**Discussion:** The headache in this case has a long history. The patient developed a drug resistence resulted from long-term taking of painkillers. The pain was severe and continuous. His birth was attributed to IVF along with the acupuncture and Chinese medicine. He also suffered from chronic IBS and loose bowel movement. His pulse was deep and his tongue was dark with white coating. There was no doubt that he has spleen-kidney deficiency. Since eyes were linked with liver meridian and forehead were linked with stomach meridian, he felt nauseous during the pain. I initially focused on Liver meridian, gallblader meridian, Sanjiao meridian, supported by Ren meridian, Du meridian, kidney meridian. It is a combination of local and distant point selection, and a combination of treating both incidental and fundamental aspects. Primarily I focused on unblocking meridians, soothening liver and regulating qi, activating blood to treat the secondary. After his headache wa much released, I focused on regulating qi-blood along with invigorating spleen and replenishing kidney. This helps to reinforce his innate and acquired qi-blood-yin-yang to stabilize his foundation, prevent the pain from recurrence

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# 疼痛的辨证论治

袁立人

疼痛是一个常见的症状，身体各个部位、不同器官都可以出现疼痛。中医对疼痛的认识有自己独特的见解，并早已为历代临床所验证。至今仍有其使用及研究价值。兹不赘浅薄，将有关疼痛的辨证论治简述如下。

## 一．病机

“不通则痛”是中医对于疼痛有其独特的认识，正常情况下，人体内的气血在经脉中环周不休，一旦气血受阻经脉运行不通，就会发生疼痛。简而言之：不通则痛。《素问-举痛论》指出：“经脉流行不止，环周不休，寒气入经而稽迟，泣而不行，客于脉外则血少，客于脉中则气不通，故卒然而痛”。

经脉不通有几种情况：一是经络阻塞不通，不通者，为气血壅塞，滞而不能流通；一是经络运行不畅，不畅者，气血虚衰，运行无力。

1．阻塞：

1）气机阻滞 ：情志不疏，寒温失调，饮食失节、劳倦太过致使升降失常，气机受阻致痛。

2）瘀血阻络 ：气滞血瘀，寒凝血瘀，湿阻血瘀，热壅血瘀，痰瘀互结或瘀蓄内停离经妄行，均可致瘀血阻络，另外，久痛者，因气血久阻，气血瘀，血亦痛谓“痛则不通也”。

血行不畅，发生各种疼痛，湿蒙空窍，清阳不展则头痛。湿遏脉络，关节留而不去，成痹疼痛，粘重甚则周身走痛，或关节闷痛，湿困中阳。阻遏中焦气机，可致脘腹痞满疼痛。
如寒湿困阻中阳，脾胃升降找常，脾气被遏运化失司则脘腹痞闷或痛。寒湿困阻中阳，肝胆疏泄失职可致胁痛。

2. 不畅：气虚、阳虚、血虚、阴虚等可导致气血运行不畅，发生疼痛。

## 二. 病因

寒凝、热壅、气滞、血瘀、湿阻、等均可导致气血运行受阻，虚损劳伤可使气血不畅，从而发生疼痛。

1）寒邪凝滞 ：《素问·举痛论》说“寒气入经而稽迟，泣而不行，客于脉外则血少，客于脉中则气不通，故卒然而痛”，“寒气客于脉外则脉寒，脉寒则缩，缩则脉绌急，绌急则引小络故卒然而痛”，《素问·痹论》说“痛者寒气多也，有寒故痛也”。

2）热邪壅遏 ：邪热壅盛，正邪相搏，以致气血壅滞，发为痛症。《素问·至真要大论》亦云:“诸痛跗肿，疼酸惊骇，皆属于火”。热壅肺络，热郁肝胆，热犯心经，热扰清空，热客肌肤时均可引起疼痛。

3）湿邪阻遏： 湿为阴邪，粘腻重浊，最易阻遏气机。导致气机升除出入运动失常， 寒湿阻滞 寒湿为阴邪，最易伤阳气，阻气机致气机血运行不畅发生疼痛。

4）跌伤损伤： 外伤跌仆，络脉受损，血行脉外，积存体内，阻滞脏腑经络，使之血行不畅而形成各种疼痛证。

5）气血亏虚，阴阳虚衰；大病、久病，阴阳虚损；崩漏、外伤失血过多，先、后天失养，致使气血阴阳亏虚，经脉失养，气血无力运行而发疼痛。

## 三. 辨疼痛：疼痛的辩证主要辨别：

一）疼痛的**性质**

二）疼痛的**部位**

三）疼痛的**时间**

四）疼痛的**虚实寒热**

五）疼痛的**兼证**

六）**舌、苔、脉**

**一）疼痛的性质：** 据临床症状，大致有：胀痛、绞痛、冷痛、灼痛、钝痛、酸痛、刺痛、抽痛；隐痛、空痛等。

胀痛(Distending pain,or Fullness pain): 疼痛而且发胀，或者说发胀而痛。是气滞作痛的特点。如：胸、胁、脘、腹等处胀痛，多数气滞之证。气滞而胀是正中疼痛的特点，时发时止。也有的症状如;头目胀痛，这种胀痛，除了发胀而痛之外，还有跳痛，即随着脉搏的波动一条一条地痛，这种情况属于气血壅滞。

绞痛:（Colic pain ）之疼痛有如刀绞，疼痛较为剧烈。同时患者常常伴有出冷汗，面色青紫，多属于气血痹阻或寒凝所致。如：心绞痛、胆绞痛、肾绞痛、肠痉挛等。

冷痛（Cold pain ）疼痛而发冷，喜暖，得暖痛减。

灼痛（Scorching pain or burning pain ）：疼痛而有烧灼感，俗称：火辣辣地痛，痛势较剧而且拒按。多属实证热症。

钝痛（dull pain or Heavy pain）:沉重而疼痛，或者说闷呼呼地痛，沉呼呼地痛。常见于头部、四肢、腰部疼痛。

酸痛（Aching pain ):疼痛而发酸，多发于四肢、肌肉、腰部等处，多属于气血运行不畅所致。

刺痛（Stabbing pain ): 疼痛如针刺，是血瘀疼痛的特点之一，刺痛常见于胸、胁、脘腹、等处。

抽痛（Dragging pain ):又称掣痛是抽掣牵扯而痛。有一处而牵及他处的疼痛。多因血脉失养或组织不同所致。

隐痛（Slightly pain or dull pain ):疼痛不甚剧烈，尚可忍耐，但绵绵不休，多有经穴亏损或阳气不足，阴寒内盛所致。

空痛（Vacuous pain ):指疼痛而有发空的感觉，多见于头痛、少腹痛。多由气血精髓亏虚，脏腑、经络失调所致。

**二）疼痛的部位：**

痛无定处：疼痛部位游走不定，或走窜攻痛，忽此忽彼。肢体关节疼痛而游走不定，多见于风湿痹症；胸、胁、腹、脘部走窜攻痛，多因气滞所致。

痛有定处：痛剧而坚，疼痛部位固定不移，病多属实。

头：后头痛连及颈项者，属太阳；前额痛属阳明；两侧痛者，属少阳；

头痛如裹者，属太阴；头痛掣脑者，属少阴；颠顶痛者，属厥阴。

内伤头痛，每带眩晕，同有间歇；外感头痛，痛无休止，必兼寒热；

身：身痛不休，寒邪居多；痛而走窜，是兼风邪；肢体痹痛不移，乃寒湿留滞，气血受阻；若关节重痛，即命湿痹；

身痛而兼头痛，多由表邪引起；身痛而兼肌肤灼热，或红肿不消，或内热烦渴，则为阳明胃火太盛；

久病羸瘦，而觉身痛，是气血衰少不能濡养所致；若申重而痛，举动不便，为湿邪阻于肌肉经络。

胸腹疼痛：

胸：痛在上焦多为肺、胸膈间病

胁：胸胁胀痛，多属气滞，肝气不舒；胁肋刺痛，多属血瘀。

腰：腰膝酸痛，多属肾虚；腰背疼痛，不能转侧俯仰，多属外伤。

腹：

痛在中焦，多为脾胃间病；

痛在下焦，多为肝胆、肾、小肠、大肠、膀胱等病变；

**三）疼痛的时间：** 分：久、暂、有无缓解、持续疼痛、阵发疼痛、

久：久痛多属虚证

暂：暴病多属实证

有无缓解：排气则舒者，多数气滞；得暖则减者，多属寒凝；得冷则缓者，多属热壅；得按则舒者，属气虚。

持续疼痛：痛无休止，持续不减者属实证；痛势缓和，持续时间较久，多属虚证。

阵发疼痛：忽痛忽止，发作无常，多见于胆道、胃肠等疾病。

**四）虚实寒热辨：**

张景岳在他的《诸痛治法》中说：“痛证亦有虚实，治法亦有补泻，其辨之之法，不可不详。凡痛而胀闭者多实，不胀不闭者多虚。痛而拒按者多实，可按者为虚。喜寒者多实，爱热者多虚。饱而甚者多实，饥而甚者多虚。脉实气粗者多实，脉虚气少者多虚。新病壮年者多实，愈攻愈剧者多虚。痛在经者脉多弦大，痛在脏者脉多沉微。必兼脉证而察之，则虚实自有明辨”。归纳如下：

痛而拒按者多属实证； 痛而喜按者多属虚证。

痛而喜冷多为实证、 痛而喜热者多为虚证。

暴痛多属实证； 久痛多属虚证；

食后胀满为实证； 得食痛缓为虚；

痛剧而坚，固定不移，多属实； 痛徐而缓，痛无定处，多属虚症。

寒热辨；

寒痛：痛有定处，酸痛而不热，得热则痛缓。

热痛：灼热疼痛，皮色燉赤，遇凉则痛减。

辨湿；

湿痛：沉重而痛，兼有肿胀，麻木。

**五）疼痛的兼症：**

脘痛急暴，兼见恶寒厥冷，口吐冷沫，得冷愈甚者为胃寒；

脘痛痞硬拒按，吞酸嗳腐，得食更甚者为食积；

脘痛时作，胀闷嗳气者为肝胃不和；

腹痛肠鸣，身热心烦，呕吐泄泻者，为湿热实证；

腹痛绵绵，肢冷恶寒，大便泄泻者，畏寒湿虚证；

腹痛硬满，身热口渴，心烦不寐者，为实热燥结；

腹痛有块，痛处不移，入夜尤甚者，为瘀血凝聚；

饥则痛甚，时吐清水，腹大胀急，或吐下蛔虫者，为虫积腹痛；

痛而欲呕：肠胃间厥气上逆，为胃肠有寒；胸胁满痛欲呕，为肝胃不和。

痛而欲泻：肠鸣腹痛，痛而即泻，为肝木乘脾，脾虚肝实；里急后重，下痢赤白者，为痢疾。

痛而欲尿：尿急而频，而灼痛者，属膀胱湿热；

六）舌、苔、脉

1 辨舌：

舌质淡者属血虚；质淡而舌体胖嫩、有齿痕者属气虚；

舌质红者属热；质红而少苔、舌体瘦者属阴虚内热；

舌质暗，有瘀斑者属血瘀；

舌质暗而舌体胖嫩者属痰湿内蕴。

2辨苔：

无苔者属伤阴；

苔白者属气虚或有寒；白腻者属湿或寒湿太盛；

黄苔者属热；黄腻苔属湿热；苔干燥者属热盛伤津；

腐苔者属重病、久病；

3辨脉：

脉实气粗者多实，脉虚气少者多虚。

新病壮年者多实，愈攻愈剧者多虚。

痛在经者脉多弦大，痛在脏者脉多沉数。

必兼脉证而察之，则虚实自有明辨。

**四．治则：**

基本法则是：疏通经络气血，通则不痛。

实者泻之：

痛在表者，实也；痛在里者，实也；痛在气血者，亦实也。

故在表者，汗之则愈；在里者，下之则愈；在血气者，散之行之则愈。已得治实之法矣；

虚者补之

故凡治表虚而痛者，阳不足也，非温经不可；补中益气汤、

里虚而痛者，阴不足也，非养营不可。四物汤、八珍汤、六味地黄汤等

上虚而痛者，心脾受伤也，非补中不可；归脾汤、八珍汤等

下虚而痛者，脱泄亡阴也，非速救脾肾，温补命门不可。金匮肾气丸、右归饮、阳和汤、十全大补丸等

夫以温补而治痛者，古人非不多也，惟近代薛立斋、汪石山备有得之。

如何疏通？

寒者温之；理中汤、小建中汤、阳和汤、温经汤、

热者寒之；小陷胸汤、麻杏石甘、龙胆泻肝汤、清胃散、

湿者利之、化之;羌活胜湿、三痹汤、苓桂术甘、等。

滞者理之：瓜蒌薤白、逍遥丸、香砂养胃、元胡止痛、沉香疏气、木香顺气，九气拈痛、十香定痛、痛泻药方、暖肝煎、桔核丸等

瘀者化之：王清任的六个逐瘀汤（身痛、血府、少府、膈下、通窍活血、补阳还五），桃红四物、复方丹参等。

**小结**

“不通则痛”是疼痛的病机，关键在于气血在经脉中运行不通，其中，寒邪凝滞、邪热壅阻、痰湿瘀阻、饮食积滞以及跌仆损伤均可导致气机阻滞、血瘀阻络、脏腑经络不通；而气血阴阳的亏虚也可影响经脉的运行不通畅，从而发生疼痛。

“通”是治疗一切疼痛的不二法则。以通为原则，虚则补之，实则泻之。针对不同病因而用相对治法：寒凝者，温而通；热壅者，清而通；食积者，消而通；痰湿者，化而通；气滞者，疏而通；血瘀者，活而通；气虚者，补而通；血虚者，养而通；阴虚者，滋而通；阳虚者，温而通。一旦经脉得通，疼痛随即消除。此即“通则不痛”也。

附：张景岳：诸痛治法。见《类经》十七卷 疾病类第六十六 诸卒痛 素问-举痛论 附：诸痛治法 （上册 第555页）

后世治痛之法，有曰痛无补法者，有曰通则不痛，痛则不通者，有曰痛随利减者，人相传诵，皆以此为不易之法，凡是痛证无不执而用之。不知痛而闭者，故可通之，如本节云热解小肠，闭而不通之类是也。痛而泄者，不可通也，如上节云寒客小肠，后泄腹痛之类是也。观王荆公解痛利二字曰：治法云：诸痛为实，痛随利减。世俗以利为下也。假令痛在表者，实也；痛在里者，实也；痛在气血者，亦实也。故在表者，汗之则愈；在里者，下之则愈；在血气者，散之行之则愈。岂可以利为下乎？ 宜作通字训则可，此说甚善，已得治实之法矣；然痛证亦有虚实，治法亦有补泻，其辨之之法，不可不详。凡痛而胀闭者多实，不胀不闭者多虚。痛而拒按者多实，可按者为虚。喜寒者多实，爱热者多虚。饱而甚者多实，饥而甚者多虚。脉实气粗者多实，脉虚气少者多虚。新病壮年者多实，愈攻愈剧者多虚。痛在经者脉多弦大，痛在脏者脉多沉数。必兼脉证而察之，则虚实自有明辨。实者可利，虚者亦可利乎？不当利而利之，则为害不浅。故凡治表虚而痛者，阳不足也，非温经不可；里虚而痛者，阴不足也，非养营不可；上虚而痛者，新辟受伤也，非补中不可；下虚而痛者，脱泄亡阴也，非速救脾肾，温补命门不可。夫以温补而治者，古人不多也，惟近代薛立斋、汪石山备有得之。奈何明似丹溪，而亦曰诸痛不可以补气，局人意见，岂良法哉？

参考资料：

1.《素问-举痛论》
2.《类经-诸卒痛》
3.《谦斋医学讲稿》：痛症的治疗
4.《中医学概论》

# 梨状肌综合症的针灸及推拿疗法

周时伟

梨状肌综合症,是指梨状肌损伤引起臀上神经,阴神经,股后皮神经,坐骨神经,臀下神经以及臀上,下动脉和静脉受压的一系列症状.

梨状肌起于第二,三,四骶椎的前面,穿过坐骨大孔,同时把穿过盆腔的臀上动脉,静脉,臀上神经和阴神经,股后皮神经,坐骨神经,臀下神经及臀下动,静脉分隔成上下两部分.止于股骨大转子的顶部,其作用是使大腿外旋.

梨状肌综合征病因尚不清楚.目前基本有两点:

1. 梨状肌的变异:正常情况坐骨神经从梨状肌下方穿过,,但有些变异梨状肌则是坐骨神经从中穿过,故一旦大腿用力外旋或局部受寒,梨状肌收缩或增粗时,这种变异结构很容易导致坐骨神经受压.
2. 梨状肌的损伤:下肢用力外旋或蹲位站立以及负重内旋,以致梨状肌过度收缩及牵拉,导致肌腱破裂,肌肉痉挛,从而压迫周围神经和血管.

临床表现:

1. 患者多有扛抬重物及蹲,站时下肢的闪,扭等外伤史,部分患者有感受风寒史.

2. 臀部疼痛,并向下肢沿坐骨神经走行方向放射.腹压增高时疼痛加重.但疼痛很少放射致膝关节以下.
3. 行走跛行或基本不能行走.

诊断:

梨状肌投影区压痛明显:从髂后上棘至尾骨尖作一连线,在距离髂后上棘 2 厘米处的连线上作一标点,该点至股骨大转子的连线,即为梨状肌在体表的投影.

直腿抬高 60 度以前,臀部及下肢疼痛明显,超过 60 度时疼痛反而减轻.

治疗:

1. 针灸疗法: 针灸主要以局取穴为主,患者采用俯卧位,首先针刺患侧大肠俞,进针 2-3 寸,委中,飞扬穴.进针 1- 1.5 寸.采用提插平补平泻法,然后在梨状肌投影区采用围刺法,进针 2-3 ,初诊患者得气即止,长期患者则必须有强烈酸胀感.配合特定电磁波治疗仪 25 分钟即可.
2. 推拿疗法:患者俯卧位,医者以掌根揉法或滚法沿脊柱两侧至臀部施术约 2-3 分钟.然后在梨状肌投影区采用弹拨法约 4-5 分钟,之后沿梨状肌投影区至患侧下肢采用掌擦法 5-6 分钟.对急性期患者到此为止结束治疗.而且手法不宜过重,以免加重梨状肌痉挛.长期患者在掌擦法结束后,还可以让患者仰卧医者一手拿患者膝关节,一手握踝关节,使患肢外展,屈髋,屈膝,内收,伸直,反复 5 次结束治疗.

注意事项:

梨状肌部位较深,治疗十不可因其深而滥用针刺强刺激法或滥施手法及粗暴用力.

# 中医治疗一例系统性硬皮病报告

向阳 白俊昆

### 1. 病例简介

患者，男，77 岁白人。因全身皮肤僵硬发紧，约两周前皮科专家诊断为全身性硬皮病。专家未给予治疗。现病史：六个月前，患者开始自觉前臂发紧，随后逐渐波及手指和掌背。一个月前开始前臂发酸，其腕关节，指掌关节和肩关节明显受限。这些皮肤的改变，基本上是无痛也不痒，除了近一个月以来前臂发酸以外。在过去六个月中，患者也注意到，皮肤发紧的过程逐渐扩大到背部，胸腹部，大腿。从手指脚趾开始，有轻微发冷的感觉，并伴皮肤颜色发白，麻木。患者近期有脱发，少汗以及抑郁症状。否认胸痛，心悸或食管烧灼感。否认近期咳喘史。体检：看上去比实际年龄轻，皮肤僵硬，双臂不能上举至水平位，大约有百分之七十五的皮肤受累。肌力正常，心肺听诊无异常发现。吸烟（每日约七支）。既往史：四十六前有皮肤爆晒脱皮史。

舌干红，苔黄厚腻。脉浮数。

**中医诊断: 皮痹。 西医诊断：系统性硬皮病。**

### 2. 病机与分析

《素问-痹论篇》:‘“已秋遇此者，为皮痹。”中医认为：肺主皮毛，故从脏腑辨证，肺气失于布散气津为本病之主要病变机制。肺气不达于于皮肤，气不行，津液不运，故出现全身之皮肤发紧，僵硬；无痛乃因血瘀阻络尚不严重；但近一月双手臂始痛，因为血瘀阻络有加重之势；且手指冷，甲少华，略麻木均为气滞血虚血瘀之征；少汗及脱发均为肺主皮毛之功能受阻之故。有轻度抑郁症，乃因肺气失宣，累及肝之疏泄功能所致。舌干红，苔黄厚腻，示血热之象；苔后腻特别提示热邪深蕴之征。脉浮为邪盛，滑脉为湿阻之征。结论为：肺气失于濡润皮毛，致津亏血热气滞血瘀络阻之证。

### 3. 治法与分析

养阴清热，活血通络，兼理肺气。第一，阴津不足，无以润养皮毛，故养阴为治本之法；阴虚以致血热，故清热之法以治其标；气滞血瘀络阻，故活血化瘀通络理肺之法；总之，应标本兼顾，方为上策。

### 4. 处方与分析

四妙永安汤为基础方加味，处方如下：

生地黄 10 克，元参 10 克，当归 10 克，生甘草 3 克，
忍冬藤 10 克，青蒿 10 克，连翘 10 克，桂枝 10 克，
红丹参 10 克，川芎 5 克，红花 5 克。

（处方为白俊昆医生提供，其原方有檀香因缺货而未用）

常规中药煎服法。生地黄，元参养阴润肤为全方之主药；辅以当归养血生津，又辅以忍冬藤，青蒿，连翘，清热解毒；佐以桂枝温通经络兼理肺气；又佐以丹参，川芎，红花活血化瘀；生甘草为使药，解毒又调和诸药。全方合用有养阴清热，活血化瘀，兼理肺气之功。

这里把生地，丹参和青蒿拿出来单独说说。生地为凉血要药，药理研究有抗炎，抑制免疫反应作用，是炎性病变，自身免疫性疾病，湿疹，牛皮癣之良药；第一它疗效好，第二它很安全。我本人见到的副作用就是：可能导致脾胃虚弱病人腹痛腹泻，即使出现副作用，停药后很快即停止。其剂量从婴幼儿每日 5 克，成人常用量 10 至 30 克，最高量可以达到每日 60 克，依病情轻重而定。丹参一味功同四物，为心血管疾病之要药，对改善微循环有着不可替代的作用。再说说青蒿，青蒿传统为抗疟药，青蒿素是广为人知抗疟药；但它用于热证，无论虚实，均有很好的疗效。

从现代药理学讲，这个处方应有以下作用：第一，抗炎；第二，抗毒抗菌；第三，改善微循环；第四，抗纤维化。

### 5. 治疗过程

以上处方服用四周（其间第三周和第四周加威灵仙，赤芍）。服本方第四天，病人自觉开始有效，第八天复诊时，自己能解衣扣，肩关节，肘关节，腕关节活动较前好转。以上基本方共服七周，改为凉血清热类中成药，其间可能因为凉血药生地，导致腹痛腹泄，改为胃苓汤保和丸之类，偶用桂枝加红花汤治疗。以上诸方，经过一年左右之调治，皮肤僵硬发紧面积由百分之七十五左右降至百分之十五左右。以前臂手背以及后背肩胛部较为明显。
其间从第十二周，因为服中药出现腹痛腹泄症状，改为每周一次局部针刺治疗，待好转之后改为为两周至四周一次针刺治疗。患者生活完全能够自理。

**6.病例讨论**

关于病因：这个病人发病可能与阳光暴晒后的皮炎有关。推测：阳光暴晒导致某些基因突变，随年龄老化而逐渐诱发本例系统性硬皮病。

关于舌象观察： 这是一个非常有意思的病例，因为我用划示意图的方式记录了前十个星期舌苔变化，其厚腻苔每周消退一层，犹如抽丝剥茧，而且病人的症状也是一点点向好的方面改变。整个记录观察和病人好转的过程，真是一种享受。

关于腹痛腹泄：腹痛腹泻很有可能是由于中药养阴类药物（如生地，元参还有白芍）造成的。在过去十年中，我本人有四例类似病例，均为以养阴中药治疗湿疹为主。依据：第一，患者服用养阴类中药；第二，停止服药，腹痛腹泻于二十四小时内停止；第三，同一患者再服同类中药，类似症状再发生，停药即止。中医认为是寒凉药伤及脾胃所致。

关于整个治疗过程的反思：这个病例应该算是很成功的。我个人认为值得反思之处在于：第一，在病人出现腹痛腹泻时，是不是应用参苓白术汤或加上温补肾阳的药物，作用会不会更好；第二，针灸选穴只是局部取穴，如果当初以局部取穴加全身取穴调理整体功能，或以全身取穴为主配合局部取穴，疗效是不是会更上一层楼。这是我们在今后遇到类似病例时，在治疗过程中应该考虑的。

中医分型与选方：我个人观点，系统性硬皮病应分三型，第一型是肺脾肾阳虚型；第二型是阴虚血热型；第三型是气滞血瘀久病入络型。第一型可选用方剂应包括，玉屏风散，黄芪桂枝五物汤，温脾汤，真武汤；第二型可以考虑，四妙散，清营汤，六味地黄汤，地黄饮子；第三型应当想到，补阳还五汤，血府逐瘀汤，大黄蛰虫丸，通心络《中国药典》2005 年版。因为作者只见过这一个病例，就不能写出各型之临床表现。事实上，中医分型只是授人以规矩，实践中往往是虚实夹杂，寒温互见，所以随证论治治病求本，方能提高疗效。

**7. 并发症之中医治疗建议**

根据西医研究，本病可累及心肺肾及食管，建议：有心脏症状时，参阅心痹胸痹治疗；病及肺时，参阅肺痿咳喘等；病及肾时，参阅水肿（西医肾病综合症）；病及食管时参阅胃脘病的治疗。总之，要以中医方法，参考西医病理生理，做出相应判断和治疗。

# 妙用拔罐一例

医者

医者来英悬壶十余载, 近遇一事足可称奇。某日清晨一女士如约前来就诊， 医者照例望闻问切一番，然后嘱病家入得治疗室，宽衣解带，就位治疗床，只等医者行针灸治疗。待医者进屋尚未行针之际，忽闻室内有一马蜂飞来飞去，嗡嗡作响.。英伦三月，气候尚寒，未知这马蜂何已复眠，又如何得以侵入吾室。诧异之余，只想消灭入侵者，以免干扰医者操业。于是随手拿起一条毛巾，向那马蜂扑打过去。

凭着医者好眼力，好功底，仅一回合，即将马蜂击落。可谁曾想到，那身受重伤的马蜂，竟不偏不倚，正巧落入女士松开的领口之内。那女士自然是尖叫一声，并纵身跃起，抖擞衣裤。而那垂死的马蜂，弥留之际，仍不忘求生抗敌之本能，将它那尾部的毒刺，狠狠向女士蛰去。女士大呼一声：“I got stung!”刹那间，天昏地暗，医者如大祸临头一般。只见那女士，一脸痛苦不悦状。医者道歉安慰之余，倒不忘行医天赋使命，遂检查何处中刺。果不其然，只见其背部正中有一刺孔，周围已然红肿渐起，女士谓疼痛难忍。

回想小时候淘气，被马蜂蛰过几回，痛苦难当，且红肿竟有碗口之大，数日不消。医者心中明白，这篓子捅大了。然当下之际，如何处置是好，竟然手足无措了。待稍事镇静，遂想起马蜂毒刺携带毒汁，毒汁为中毒红肿疼痛之源。若能设法吸出毒汁，料中毒反应当不会太重。 一个“吸”字，使医者想到了拔火罐。于是拿出诊室配置的负压式拔罐器，开始实施“负压吸毒”治疗。小试片刻，即显初效。肉眼可见刺孔处有汁液被吸出， 初为血色，渐呈黄色。以棉球擦拭后示于女士，其面色已显和缓。反复几次，历时 20 分钟有余，直至无更多汁液再被吸出为止。此时疼痛大减。

本次针灸治疗自然无法进行。医者主动提及有保险 Cover, 此类事件， 当属 Public Liability 涵盖之范畴，女士若要 claim, 敬请自便。并告知医者幼时被马蜂蛰后肿着半边脸去上学的狼狈境地，女士竟开口大笑。女士一向针灸痛感彰显，笑称这次 sting 之后，定能忍受任何针灸针。当日下午，女士即回来接受例行针灸治疗，检查所见背部刺孔仍依稀可辨，然其周毫无红肿之迹，疼痛亦十去其七。遂给予免费针灸一次，赠清凉油一盒，女士竟连声称谢。美中不足者， 其针灸痛感仍一如既往。出于自我保护意识，医者去信 Balens 保险公司，通报此事。无论女士日后索赔与否，医者自可无忧无虑也。

拔罐负压吸毒之体会：

1. 罐不应太大，以直径 3 厘米为宜，以使负压集中，且罐后瘀痕小；

2. 每隔两三分钟要起罐擦拭汁液，以免其凝固堵塞刺孔使负压吸力失效。

# A Study on the Tongue Diagnosis of 303 Adults with Internal Heat Syndrome

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【***Abstract***】 ***Objective*** *To explore the character of tongue demonstration of the body-check people who had suffered from excessive internal heat.* ***Methods*** *The tongue demonstration of 303 cases who had suffered from excessive internal heat was observed with naked eye by doctor and recorded in observation table, At the same time, 145 cases who had not suffer from excessive internal heat was used as control group, after the analysis and comparison, than got the character of tongue demonstration of Suffering from excessive internal heat.* ***Results*** *The chi-square test and partial correlation analysis shows that the character of tongue in internal heat sundrome manifestes as red tongue, increased prickles on tongue tip, thick fur, light yellow fur and dry fur.* ***Conclusions*** *the study confirmed the traditional tongue diagnosis in internal heat syndrome, showing that TCM tongue diagnosis of internal heat.*

Interior heat syndrome (IHS) is a common syndrome pattern in Chinese medicine. When the body suffers from internal heat there will appear symptoms such as sore and swollen gum, sore or ulcer in the mouth or on the tongue, constipation, etc. This general idea came from the basic view about the human body and disease in TCM. Effective treatment (Qing Huo, cleaning fire) for IHS has been well developed in the past. However in modern medicine there is lack of clinical or laboratory methods to assess the "heat" in the body, with very few studies on HIS being done. Along with the development of prophylactic medicine, the research of sub-health is gradually getting more attention. The traditional knowledge and understanding on such sub-health issues starts to attract more researchers.

When IHS occurs, except for the rational symptoms, tongue manifestation also contributes to the diagnosis of TCM. Chinese Medicine believes that the tongue picture can be examined in order to determine whether the human body's organs and systems are working properly. Through observing the changes of the tongue body and tongue coating, a physician can make a judgment about the functional status of Zang-Fu organs, QI and blood, body fluid and their metabolism, the nature, location and severity of a diseas. Based on the retrospective study of IHS, this study further observes and analyses of the tongue diagnosis in adults with IHS and its clinical significance.

## 1 Subjects and Methods

### 1.1 Study Subject

Subjects included were adults attending routine health check-up in the Medical Examination Centre of Beijing Tongren Hospital, during the period of June 2007 to January 2008. In total 448 people were randomly chosen. Among them 303 participants appeared the symptoms of IHS, with other 145 didn't. In IHS Group of 303, 134 were male and 169 female, and average age was 34.43±13 years old. In Non-IHS Group, there were 78 male and 67 female, with average age of 29.89±9.81 years old. Gender comparison of the two groups has no statistically significant difference（$P>0.05$）, but age comparison of the two groups shows statistically significant difference（$P<0.01$）.

### 1.2 Diagnostic criteria of IHS

According to the frequency of symptom appearance in the retrospective study, the rudimentary criteria for IHS diagnosis were established. [1].

**Male**

**Main symptoms:** dry mouth, thirst, desire for drinking water, yellowish or reddish urine, bitter taste in the mouth, sore throat, dryness in nose, feeling irritable, halitosis, mouth ulcer, acne, constipation, yellowish sputum, dreamy sleep, dry eyes, poor appetite, perleche, gingivalgia, agitation, insomnia.

**Secondary symptoms:** heavy smell of urine, tinnitus, stomach burning, increase of eye discharge, red complexion, reduced frequency of bowel movements, thirst but no desire for drinking water, dizziness, boils, irritability, headache, nose bleeding, eye irritation, nose redness, polyphagia, scanty urine, hemorrhoids.

**Female**

**Main symptoms:** thirst with desire for drinking water, dry mouth, sore throat, bitter taste of mouth, acne, yellowish or reddish urine, upset, agitation, dreamy sleep, dry stools, dryness in nose, mouth ulcer, reduced frequency of bowel movement, perleche, polyphagia, yellowish sputum, dry eyes, gingivalgia, halitosis, poor appetite, insomnia, gastric distention, thirst but no desire for drinking water, tinnitus, stomach burning.

**Secondary symptoms:** heavy smell of urine, increase of eye discharge, red complexion, dizziness, boils, irritability, headache, nose bleeding, eye irritation, nose redness, scanty urine, hemorrhoids .

Subjects with three main symptoms or the two main symptoms and two secondary symptoms, are diagnosed with internal heat syndrome.

### 1.3 Exclusion criteria

(1) Participants presenting HIS symptoms but due to suffering from influenza, herpes zoster, dental caries or other illness which were diagnosed by doctors.

(2) Participants who suffer from systemic diseases, including cardiovascular and cerebrovascular diseases, tumour, hepatic cirrhosis, diabetes, hepatitis, and nephritis.

### 1.4 Methods of Tongue Observation

A tongue observation table was designed that includes: ①The tongue body color is divided into six categories: pale tongue, light red tongue, red tongue, dark red tongue, crimson tongue, and bluish-purple tongue; ②the tongue body shape is divided into nine categories: normal tongue-shaped, tough tongue, tender-soft tongue, big/swollen tongue, teeth-marked tongue, small/thin tongue, tongue with ecchymosis, spotted/thorny tongue, cracked tongue; ③the color of tongue coating is divided into four categories: white coating, pale yellow coating, yellow coating, burnt yellow coating; ④the thickness of tongue coating is divided into four categories: no tongue coating, little tongue coating, thin coating and thick coating; ⑤the moist of tongue coating is divided into four categories: moist coating, partial dry or dry coating, wet coating, and slippery coating. The data on

the above 5 aspects were record for the front part, side part, middle and back part of the tongue respectively.

**1.5 Statistical methods**

The statistical software SPSS13.0 was used to analyze the data. $P$ <0.05 indicates statistically significant. Descriptive statistics was used to illustrate the constituent ratio. $X^2$-test was used to compare the abnormal rate of target. Odds ratio and calculated 95% confidence interval had been calculated. To avoid the interfere of the age and sex factors, the partial correlation analysis was used to analyze the statistically significant data.

**2 Conclusions**

**2.1 Tongue color**

**2.1.1 Tongue color comparison between IHS group and the control group**

Comparison of tongue color constituent ratio between the two groups shows that ratio of light red tongue and dark red tongue appears statistically significant, $p<0.05$. The constituent ratio of different tongue color indicates that the light red tongue frequency in control group is higher than the IHS group ratio; and the dark red tongue frequency in IHS group is higher than the control group ratio. The red tongue constituent ratio in the IHS group is 47.19%, which is higher than control groups but not showing statistically significant. (Table 1)

**2.1.2 The partial correlation analysis of the pale red tongue and dark red tongue**

Table 1 Comparison of tongue color constituent ratio between two groups

| Groups | Pale tongue | | Light red tongue | | Red tongue | | Dark red tongue | | Crimson tongue | | Bluish-purple tongue | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % |
| **IHS group** | 7 | 2.31 | 96 | 31.68 | 143 | 47.19 | 48 | 15.84 | 7 | 2.31 | 2 | 0.66 |
| **Control group** | 3 | 2.07 | 67 | 45.52 | 59 | 41.38 | 13 | 8.97 | 1 | 0.69 | 2 | 1.38 |
| **$\chi^2$ value** | 0.000 | | 8.130 | | 1.338 | | 3.942 | | 0.690 | | 0.049 | |
| ***P value*** | 1.0 | | 0.004 | | 0.247 | | 0.047 | | 0.406 | | 0.826 | |

Table 2 After modifying sex and age factors, the partial correlation analysis of the pale red tongue data

| Control variable | | | Pale red tongue | Dark red tongue | Excessive internal heat |
|---|---|---|---|---|---|
| Sex & age | Pale red tongue | Correlation | 1.000 | . | -.170 |
| | | Significance (2-tailed) | . | . | .000 |
| | | df | 0 | . | 448 |
| | Dark red tongue | Correlation | . | 1.000 | 0.090 |
| | | Significance (2-tailed) | . | . | 0.061 |
| | | df | . | 0 | 448 |
| | internal heat | Correlation | -.170 | 0.090 | 1.000 |
| | | Significance (2-tailed) | .000 | 0.061 | . |
| | | df | 448 | 448 | 0 |

The average age of IHS group is older than control group. Furthermore in IHS group the number of female is larger than that of male. After modifying the sex and age factors, partial correlation coefficient of light red tongue and internal heat syndrome is -0.170, $p<0.01$, showing statistically significant difference. Partial correlation coefficient of dark red tongue and internal heat syndrome is 0.090, $p>0.05$, showing no statistically significant difference. (Table 2)

**2.1.3 Comparison of tongue color in different tongue areas between IHS group and the control group**

Traditional Chinese medicine thinks the tongue areas have mapping relation with the five Zang organs. This study observed the tongue based on different areas. Because the rear part of the tongue was mostly covered with thick coating, we only chose the front, middle and both sides of the tongue to watch the tongue color. Comparing two groups, the study found there is a stastically significant difference between two groups in terms of the whole tongue light red, whole tongue dark red, tongue side red, tongue middle red ($p<0.05$). In IHS, the OR (Odds ratio) of the tongue side red and tongue middle red is greater than in control group, while the OR of whole tongue light red is less than in control group. These findings show that when the body suffers internal heat, the tongue color more likely appear whole tongue dark red, tongue side red, tongue middle red than in the control group. In the control group whole tongue light red is more common. (Table 3, 4)

Table 3: The case group and control group different part tongue color constituent

| Tongue color | Case group （303） | | | Control group （145） | | |
|---|---|---|---|---|---|---|
| | Tongue tip n (%) | Tongue side n (%) | Tongue middle n (%) | Tongue tip n (%) | Tongue side n (%) | Tongue middle n (%) |
| **Pale** | 2(0.7) | 6(2.0) | 5(1.6) | 2(1.4) | 2(1.4) | 2(1.4) |
| **Pale red** | 90(30 | 99(33) | 120(40) | 58(40) | 70(48) | 85(59) |
| **Red** | 157(52) | 147(48) | 125(41) | 69(48) | 57(39) | 44(30) |
| **Deep-red** | 7(2.31 | 7(2.3) | 5(1.6) | 2(1.4) | 1(0.7) | 1(0.7) |
| **Dark red** | 46(15) | 43(14) | 44(15) | 12(8) | 11(8) | 11(8) |
| **Bluish-purple** | 2(0.7) | 2(0.7) | 2(0.7) | 2(1.4) | 2(1.4) | 2(1.4) |

Table 4: The case group and control group different part tongue color comparison

| Tongue color | $\chi^2$ value | *P* value | *OR* value | 95%*CI* | |
|---|---|---|---|---|---|
| | | | | Lower | upper |
| **Tongue tip pale red** | 4.70 | 0.030 | 0.634 | 0.419～0.959 | |
| **Tongue side pale red** | 10.162 | 0.001 | 0.520 | 0.347～0.779 | |
| **Tongue middle pale red** | 15.391 | 0.000 | 0.447 | 0.298～0.671 | |
| **Tongue side red** | 4.965 | 0.026 | 1.571 | 1.055～2.339 | |
| **Tongue middle red** | 4.968 | 0.026 | 1.612 | 1.058～2.457 | |
| **Tongue tip dark red** | 4.150 | 0.042 | 1.984 | 1.016～3.873 | |
| **Tongue side dark red** | 4.036 | 0.045 | 2.015 | 1.0064～4.034 | |
| **Tongue middle dark red** | 4.380 | 0.036 | 2.069 | 1.035～4.138 | |

**2.2 Tongue shape**

**2.2.1 The tongue shape comparison between the IHS group and the control group**

In IHS group the normal tongue shape constituent ratio is the highest: 53%, the next two are teeth-marked tongue and spotted tongue, each 18%. The spotted tongue constituent ratio in case group is higher than control groups with statistically significant, $p<0.01$. (Table 5)

Table 5 **The tongue shape comparison between the IHS group and the control group**

| Groups | Tongue form | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Normal | Tough | tender-soft | enlarged | thin | fissured | teeth-marked | ecchymosis | spotted |
| | n(%) | n(%) | n(%) | n(%) | n(%) | n(%) | n(%) | n(%) | n(%) |
| **IHS group** | 159(53) | 42(14) | 16(5) | 23(7) | 44(14) | 30(10) | 54(18) | 20(6) | 56(18)* |
| **Control group** | 79(54) | 19(13) | 13(9) | 10(7) | 14(10) | 15(10) | 24(16) | 10(7) | 11(7) |
| **$\chi^2$ value** | 0.159 | 0.048 | 2.2 | 0.069 | 2.061 | 0.021 | 0.110 | 0.014 | 9.154 |
| ***P* value** | 0.690 | 0.827 | 0.138 | 0.792 | 0.151 | 0.882 | 0.140 | 0.907 | 0.002 |

Note：* P<0.05.

**2.2.2 Comparison of different tongues areas of spots between IHS group and control group**

The spotted tongue constituent ratio of the tongue tip in IHS group is higher than the control group showing statistically significant, p<0.01. (Table 6, 7)

Table 6: Case group and control group different partition spotted tongue comparison

| Groups | Spotted tongue | | | |
|---|---|---|---|---|
| | Tongue tip | Tongue side | Tongue middle | Tongue back |
| Case group | 56 | 22 | 2 | 3 |
| Control group | 11 | 7 | 0 | 0 |
| $\chi^2$ value | 5.154 | 0.959 | --- | --- |
| P value | 0.002 | 0.327 | 1.0 | 1.0 |

Table 7 *OR* and 95%*CI: D*ifferent partition spots in different tongue areas in IHS group

| Partition | *OR* value | 95%*CI* | |
|---|---|---|---|
| | | Lower | upper |
| Spots on tongue tip | 2.726 | 1.400 | 5.450 |
| Spots on tongue side | 1.543 | 0.644 | 3.701 |

**2.3 Comparison of thickness of tongue coating**

**2.3.1 Comparison of thickness of tongue coating between IHS group and control group**

The comparison of tongue coating thickness between IHS group and control group does not show statistically significant difference, $p>0.05$ (tables 8, 9).

Table 8: Comparison of the thickness of tongue coating

| Groups | n | Little coating | Thin coating | Thick coating |
|---|---|---|---|---|
| Case group | 303 | 20 | 228 | 55 |
| Control group | 145 | 5 | 113 | 27 |
| $\chi^2$ value | | 1.850 | 0.388 | 0.014 |
| P value | | 0.174 | 0.533 | 0.904 |

Table 9 *OR* and 95%*CI:* Thickness of the tongue in IHS group

| Tongue coating property | *OR* value | 95%CI | |
|---|---|---|---|
| | | Lower | Upper |
| Little tongue coating | 1.979 | 0.727 | 5.383 |
| Thin coating | 0.861 | 0.537 | 1.379 |
| Thick coating | 0.969 | 0.582 | 1.614 |

**2.3.2 Comparison of tongue coating thickness in different tongue areas between two groups**

Just like the process of observing the tongue color, Chinese medicine doctors may omit some information when observing the tongue coating thickness in different tongue areas. This study's result shows that the coating thickness of different tongue part appear difference, (Table 10). In comparison between two groups, little coating in the middle and thick coating in the rear show statistically significant, $p<0.05$. According to the OR value, in IHS group little coating in the middle ratio is higher than in the control group, the thick coating in the rear ratio is lower than the in control group, (Table 11).

Table 10 Comparison of tongue coating thickness constituent ratio in different areas between two groups (Note: * $P<0.05$. )

| **Tongue Areas** | **IHS group (coating)** | | | | **Control group(coating)** | | | |
|---|---|---|---|---|---|---|---|---|
| | **No** n(%) | **Little** n(%) | **Thin** n(%) | **Thick** n(%) | **No** n(%) | **Little** n(%) | **Thin** n(%) | **Thick** n(%) |
| **Tongue tip** | 9(3) | 71(23) | 200(66) | 21(7) | 2(1) | 30(21) | 107(74) | 6(4) |
| **Tongue side** | 2(0.7) | 49(16) | 216(71) | 34(11) | 0(0) | 25(17) | 108(74) | 12(8) |
| **Tongue middle** | 1(0.3) | 8(3) * | 192(63) | 100(33) | 0(0) | 10(7) | 96(66) | 39(27) |
| **Tongue root** | 1(0.3) | 9(3) | 172(57) | 119(39) * | 0(0) | 10(7) | 92(63) | 43(30) |

Table 11 Comparison of tongue coating thickness in different areas between two groups

| Partition | $\chi^2$ value | *P* value | *OR* value | 95%*CI* |
|---|---|---|---|---|
| | | | | Lower ~ Upper |
| Little coating appeared at the middle part | 4.607 | 0.032 | 0.366 | 0.141 ~ 0.948 |
| Thick coating covered the root of the tongue | 3.930 | 0.047 | 1.534 | 1.004 ~ 2.345 |

**2.4 The moist of tongue coating**

**2.4.1 The comparison of the moist of tongue coating between two groups**

The constituent ratio of the moist of tongue coating between the IHS group and the control group are different, and the difference showed statistically significant $p<0.01$. (Tables 12, 13)

Table 12 Comparison of moistening and dryness tongue coating between two groups

| **Groups** | **Moist** | **Partial dry / dry** | **Partial moist** | **Slippery** |
|---|---|---|---|---|
| **IHS group** | 119 | 169 | 12 | 4 |
| **Control group** | 94 | 50 | 5 | 1 |
| **$\chi^2$ value** | 25.677 | 17.794 | 0.070 | 0.016 |
| **P value** | 0.000 | 0.000 | 1.000 | 0.901 |

Table 13 *OR* and 95%*CI:* moistening and dryness of the tongue with excessive internal heat

| Tongue coating | *OR* value | 95%*CI* | |
|---|---|---|---|
| | | Lower | Upper |
| Moist tongue coating | 0.518 | 0.347 | 0.773 |
| Partial dry / dry | 2.895 | 1.774 | 4.724 |

**2.4.2 The partial correlation analysis of the moist of tongue coating with interior heat**

Controlled the age and sex factors, the moist of tongue coating and internal heat have a negative correlation, partial correlation coefficient is -0.224, $p=0.000 < 0.01$, showing statistically significant. Dry tongue coating and excessive internal heat have a correlation, partial correlation coefficient is 0.216, $p=0.000 < 0.01$, showing statistically significant. (Table 14)

Table 14 The partial correlation analysis of the moist tongue, dry tongue with IHS

| Control variable | | | Moist tongue coating | Dry tongue coating | excessive internal heat |
|---|---|---|---|---|---|
| Sex & age | Moist tongue coating | Correlation | 1.000 | . | -0.224 |
| | | Significance (2-tailed) | . | . | 0.000 |
| | | df | 0 | . | 448 |
| | Dry tongue coating | Correlation | . | 1.000 | 0.216 |
| | | Significance (2-tailed) | . | . | 0.000 |
| | | df | . | 0 | 448 |
| | Excessive internal heat | Correlation | -0.224 | 0.216 | 1.000 |
| | | Significance (2-tailed) | 0.000 | 0.000 | . |
| | | df | 448 | 448 | 0 |

**2.5 The tongue coating colour**

**2.5.1 Comparison of tongue coating color between IHS group and the control group**

By comparison, we found the constituent ratio of white and light yellow coating showing statistically significant difference. In IHS group white coating $p<0.01$, $OR=0.509$, light yellow coating $p<0.01$, $OR=3.264$. In IHS group white coating appears less frequent than in the control group, while the light yellow coating appears more frequent than in the control group. (Table 15, 16)

Table 15 Comparison of tongue coating color

| Groups | n | White coating | Light yellow coating | Yellow coating | Dark yellow coating |
|---|---|---|---|---|---|
| **IHS group** | 291 | 156 | 59 | 63 | 13 |
| **Control group** | 134 | 98 | 10 | 25 | 1 |
| **χ2 value** | | 14.547 | 11.075 | 0.501 | 3.988 |
| **P value** | | 0.000 | 0.001 | 0.479 | 0.074 |

Table 16 *OR* and 95%*CI*: tongue coating color and excessive internal heat

| Tongue coating color | OR value | 95%CI | |
|---|---|---|---|
| | | Lower | Upper |
| White tongue color | 0.509 | 0.336 | 0.770 |
| Pale yellow tongue color | 3.264 | 1.517 | 6.590 |

**2.5.2 The partial correlation analysis of the white tongue coating, light yellow tongue coating with internal heat**

Controlled the age and sex factors, the white tongue coating and internal heat have a negative correlation, partial correlation coefficient is -0.163, $p=0.001 < 0.01$, showing statistically significant. Light yellow tongue coating and internal heat have a positive correlation, partial correlation coefficient is 0.148, $p=0.001< 0.01$, also showing statistically significant. (Table 17)

Table 17 The partial correlation analysis of the white tongue coating, pale yellow tongue coating with internal heat

| Control variable | | | White tongue coating | Pale yellow tongue coating | Excessive internal heat |
|---|---|---|---|---|---|
| Sex & age | White tongue coating | Correlation | 1.000 | . | -0.163 |
| | | Significance (2-tailed) | . | . | 0.001 |
| | | df | 0 | . | 419 |
| | Pale yellow tongue coating | Correlation | . | 1.000 | 0.148 |
| | | Significance (2-tailed) | . | . | 0.002 |
| | | df | . | 0 | 419 |
| | Excessive internal heat | Correlation | -0.163 | 0.148 | 1.000 |
| | | Significance (2-tailed) | 0.001 | 0.002 | . |
| | | df | 419 | 419 | 0 |

**2.5.3 Comparison of tongue coating color in different tongue areas between the two groups**

In Comparison of the two groups, we found that the appearance frequency of white coating and light yellow coating located at different tongue areas shows statistically significant. The appearance frequency of the light yellow tongue coating located at all areas is higher in IHS group, *OR* value >1. In control group, the appearance frequency of the white tongue coating in all areas is higher than in IHS group, *OR* value <1. (Table 18, 19)

Table 18 Comparison of tongue coating color constituent in different areas between two groups

| Partition of tongue surface | Case group | | | | Control group | | | |
|---|---|---|---|---|---|---|---|---|
| | White | Pale yellow | Dark yellow | Burnt yellow | White | Pale yellow | Dark yellow | Burnt yellow |
| | N (%) | N (%) | N (%) | N (%) | N (%) | N (%) | N (%) | N (%) |
| **Tongue tip** | 194(64) | 90(30)* | 5(2) | 2(1) | 116(80) | 24(16) | 2(1) | 1(1) |
| **Tongue side** | 192(63) | 96(32)* | 8(3) | 2(1) | 118(81) | 24(16) | 2(1) | 0 |
| **Tongue middle** | 155(51) | 118(39)* | 16(5) | 9(3) | 102(70) | 36(25) | 6(4) | 0 |
| **Tongue root** | 154(51) | 119(39)* | 16(5) | 10(3) | 97(67) | 40(27) | 7(5) | 0 |

Note: * $P<0.05$.

**3. Discussion**

The tongue diagnosis in TCM is rather sensitive, intuitive, and convenient. This study showed those adults who suffered from internal heat syndrome when manifesting heat symptoms their tongue picture can change accordingly. After excluding the interfere of sex and age factors, the interior heat sufferers present tongue manifestations with such characteristics: tongue side red, or tongue red, spotted tongue tip, dry tongue coating, light yellow tongue coating, and thick coating in the root of the

tongue. These characteristics indicate the body suffered from internal heat, which belongs the heat syndrome in TCM.

Table 19 Comparison of coating colour in different tonger areas betweee ntwo groups

| Partition of tongue surface | $\chi^2$ | P value | OR value | 95%CI upper lower |
|---|---|---|---|---|
| **White tongue color** | | | | |
| Tongue tip | 11.740 | 0.001 | 0.445 | 0.278 ~ 0.712 |
| Tongue side | 14.929 | 0.000 | 0.396 | 0.245 ~ 0.639 |
| Tongue middle | 14.766 | 0.000 | 0.442 | 0.290 ~ 0.673 |
| Tongue root | 10.282 | 0.001 | 0.511 | 0.338 ~ 0.773 |
| **Light yellow coating** | | | | |
| Tongue tip | 8.941 | 0.003 | 2.130 | 1.289 ~ 3.521 |
| Tongue side | 11.450 | 0.001 | 2.338 | 1.418 ~ 3.856 |
| Tongue middle | 8.663 | 0.003 | 1.931 | 1.241 ~ 3.004 |
| Tongue root | 5.851 | 0.016 | 1.698 | 1.103 ~ 2.612 |

To some extent, heat syndrome could be related with abnormally increased metabolism of the body in western medicine. Based on the syndrome differentiation, TCM subdivides the heat syndrome into heart heat, liver heat and stomach heat etc. In TCM each organ's heat syndrome can manifest at specific part of the tongue body. For example, the spotted tongue tip indicates heart heat, and usually mental stress is the main cause. Redness in tongue sides represents the liver heat, often due to the strong emotions. The dryness of tongue coating indicates the loss of the body fluid and it may be the early sign of internal heat. Such tongue manifestations are worth further study.

The internal heat in early stage may a minor heat ailment, but in certain circumstances, it can change into serious heat syndrome such as acute and chronic infections, high blood pressure, and stroke that present as interior heat symptoms [2]. Therefore it is a main subject in the preventative medicine in TCM.

This study will continue and focus on the observation of the tongue characteristics in different stages of interior heat syndrome, as well as the correlation between the physical and biochemical examinations and the interior heat syndrome. Through the healthcare education, it helps let the general public be aware of the tongue manifestation of interior heat syndrome and self-observation skills, therefore be able to detect the heat syndrome in the early stage and mange it accordingly.

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# 从化学治疗的盲点论中医药治疗乳腺癌的切入点及优势

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摘要：化学治疗乳腺癌的盲点是部分病人对化疗不敏感或耐药，部分病人难于接受化学治疗，年老体弱者难于耐受化学治疗，乳腺癌术后腋下淋巴结阴性和激素受体阳性的患者的辅助化学治疗有不同意见。乳腺癌术后腋下淋巴结阴性和激素受体阳性的患者的辅助治疗（中医药加内分泌治疗），应成为中医药治疗乳腺癌的切入点和主攻方向。

中医药治疗乳腺癌的优势在于众多的中医肿瘤专家对乳腺癌围手术期，围化疗期，围放疗期和巩固期有丰富的临床经验；中医药分期辩证规范化的研究已成为中医药辩证治疗各期乳腺癌的指南，成熟的学术网络为乳腺癌分期辩证规范化的研究构建了良好的平台。宜开展乳腺癌术后腋下淋巴结阴性和激素受体阳性的患者巩固期的前瞻性大样本的中医药治疗研究。

# The Application and Advantages of Traditional Chinese Medicine in the Treatment of Breast Cancer where Chemoherapy Fails

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*Abstract* Treatment of breast cancer with Traditional Chinese Medicine applies to patients who do not respond well or are not tolerant to chemotherapy, who are unable to receive chemotherapy, who are too old or too weak to tolerate chemotherapy, and those who have negative axillary lymph nodes after breast cancer surgery, or those with positive hormone receptors (together with hormone therapy). The advantages of TCM in the treatment of breast cancer are: rich clinical experiences from many Chinese Medicine oncologists have shown its efficacy in treating breast cancer before and during surgery, chemotherapy, and radiotherapy, and during the consolidation period; treatment according to syndrome differentiation of TCM for different stages of breast cancer has been gradually standardized; a well developed network of academic information provides a good platform for establishing the unified treatment protocols with TCM for different stages of breast cancer. It is indicated that large scale prospective TCM clinical trials one treating post-surgery breast cancer patients who have negative auxillary lymph notes and positive hormone receptors should be carried out.

化学治疗是恶性肿瘤的治疗方法之一，其和手术治疗、放射治疗并列为恶性肿瘤的三大治疗方法之一。化学治疗的基本理念是 Skipper 等根据实验白血病模型提出的 total cell kill 学说，即用抗癌药将恶性肿瘤细胞全部杀死。20 世纪 80 年代 Hriniuk 等提出了化疗的剂量强度概念，根据“完全杀灭”的概念提出根治性化疗，成为现代化学治疗的理论基础之一。但是化疗对肿瘤细胞的杀伤实际上呈对数关系，即不管肿瘤细胞的绝对数是多少，抗癌药均以一定的比例杀伤肿瘤细胞。因此，为了完全根除肿瘤细胞，需要反复化疗（1）。同时由于化疗药物不是靶向治疗，临床使用中难于到达明确的靶点，治疗时不仅杀伤肿瘤细胞，同时也杀伤正常的细胞，反复化疗，仍不能彻底杀灭肿瘤细胞。同时目前 WHO 制定的瘤体评定标准已不适应对恶性肿瘤患者作出客观的评价。由于缺乏准确的疗效预测及评价体系，造成部分病人治疗不足，而更多的（目前的趋势）是过度治疗。这就造成化疗治疗中的许多误区或盲点。西医治疗乳腺癌存在盲区为中医药治疗乳腺癌提供了契机。

1. 部分病人对化疗不敏感或耐药

乳腺癌的治疗是以手术为主的综合治疗，化疗对乳腺癌还是中度敏感的。迄今为止世界 100 多项大规模前瞻性随机对照研究证明，术后辅助化疗可提高乳腺癌的生存率，降低复发率。对于淋巴结阳性患者，辅助化疗可提高无复发生存率。然而在临床研究中发现化疗对很大一部分病人无效,即使使用昂贵的二线药仍然无效。越来越多的研究表明，同一肿瘤的不同患者对化疗的敏感性不同，同一病理类型、同一分型、身体机能状态不同的病人，对化疗的反应也不同。这种结果导致了化疗对部分患者有效，对部分患者无效。这是由于肿瘤的异质性、个体肿瘤的遗传差异、肿瘤基因表达谱的不同造成对化疗药不敏感或耐药性所致。这是化学治疗研究中的盲点之一

对淋巴结阴性者，激素受体阳性的患者，是否进行辅助化疗仍有争议（2）。对于Ⅰ、Ⅱ期的乳腺癌患者腋淋巴结阳性者多主张化疗。而对腋淋巴结阴性的患者，是否化疗也有不同意见（3）。对这些病人约有 1/4—1/3 的患者有可能远处转移，如果全部给以化疗，就有 2/3—3/4 的病人是给予不必要的过度治疗。乳腺癌的化疗（含蒽环类）可产生急性或迟发性心肌损害，具有剂量依耐性，严重的可产生致死性心肌病。乳腺癌术后给予蒽环类的方案化疗所引起的心肌损伤反应已引起关注，这种心脏损伤已成为早期乳腺癌患者死亡的原因之一（4）。中医药对围化疗期的优势在于可减少和预防化疗对心脏（5,6）、肾功能（7）、骨髓和消化道的毒副作用（8）,保证化疗的顺利完成。对于这些腋窝淋巴结阴性，激素受体阳性的乳腺癌患者，特别是老年患者，化疗是一个盲点，判断是必要化疗还是过度治疗，须开展前瞻性研究。这就是中医药治疗乳腺癌的切入点和优势。对于这些乳腺癌患者，特别是老年患者下一步研究以中药加内分泌治疗，术后不作化疗，既可避免化疗的毒副作用，又可长期生存，取得很好效果。如开展前瞻性研究，更具有临床意义和价值。另外对于双阴的病人，术后化疗是必要的，但缺乏长期的内分泌治疗，长期的服中药治疗有防止复发和转移的作用，我们临床共研究了 100 多例，有效证明了这点。

2. 部分病人难于接受或耐受化学治疗

国外众多研究表明，对身体机能状态差（PS>2）的患者，化疗是不能获益的，在各种肿瘤的NCCN指南里，推荐予以支持疗法，必要是予以对症处理，并支持做临床试验，以探索最优的疗法。乳腺癌也是如此.身体机能状态差（PS>2）的患者不能接受或耐受化学治疗，这也是中医药治疗的切入点和优势。中医药治疗肿瘤，强调扶正祛邪，强调整体观念、辨证论治，强调保护先天之本和后天之本，中医药治疗的结果达到人瘤共存，生活质量提高和生存时间延长。

化疗作为中晚期肿瘤的主要治疗手段，基本上都是姑息性的（9）。目前的现状是：恶性肿瘤都要进行化疗，化疗已经被普遍滥用。生命不息，化疗不止。化疗在其“完全杀灭”理论的指导下，得了癌症，一定斩要草除根，即使赔上老本，也在所不惜。由于化疗的普遍滥用，过渡治疗，造成弊大于利，产生的结果使很多人恐惧化疗，拒绝化疗。这种现状已从老年人群、体弱人群逐渐向中年人群扩散。

3. 拒绝接受化学治疗的人群

对于拒绝化疗的人群，成为化疗的第三大盲点。WHO提出，个体化治疗是医学治疗的最高境界。目前化学治疗过分强调规范化治疗，诊断明确后按一线、二线化疗方案进行化疗。随循证医学发展，个体化、人性化的治疗是循证医学的要求和发展。循证医学是个体化治疗的基础，循证医学要求个体化治疗，实际上个体化和规范化治疗是对立统一的。治疗的目的正如孙燕院士所讲：改善病人生存时间、提高生活质量、明确治疗靶点和可能的目标，治疗要个体化、人性化。化学治疗的麻烦问题就是副作用太大。有时癌细胞确实消灭了很多，可病人也奄奄一息了。因此肿瘤的治疗应根据个体差异辨证施治。

化疗专家对化疗的个体化原则，仅限于化疗方案和化疗剂量的个体化。我们认为从化疗、放疗、手术、中医药中选择最恰当，最有利于病人的治疗方案，这才是我们肿瘤工作者的态度。因此，对于拒绝化疗的病人，我们应当根据肿瘤的分型、类型及身体状况，或先攻后补，或先补后攻，或以调理为主。我们已系统阐述了乳腺癌围手术期中医药治疗的理论,提出了围手术期、围化疗期、围放疗期、巩固期的中医药治疗原则、方法和方药（10）。对于拒绝化疗的病人正好可发挥中医药的优势,也是中医药治疗乳腺癌的契机。

4. “人瘤共存”，将癌症当慢性病的新理念

随着人口老龄化、饮食习惯西化、以及环境变化，乳腺癌在全球范围内都呈上升趋势。在美国，预测显示：今天活着的人们当中，将有40%在生命的某一时刻会诊断为患有某种癌症。到2010年，这一数字将上升到50%。

人的一生都是与疾病共存的。对于癌症，短期不会出现人们所期望的治愈方法，但是把癌症的危害缩减到人们能容忍的一种慢性病状态，可能更有现实意义。因为，治疗的目的是控制和减少癌症对生命危害，而非不顾人的身体安全消灭癌症，事实上癌细胞也是不可能完全杀灭的。我们只是需要将癌细胞控制在可调控的状态即可。2000年，美国和加拿大两国肿瘤学会联合制订的肿瘤治疗标准《RECIST》(《实体肿瘤疗效标准》)，提出对几十种癌症的治疗规范，并提出癌症是“慢性病”的新观点，认为“根治”不再是治疗的最终目标，癌症病人应当终生接受治疗。越来越多的研究表明，利用各种现代医学科技，使癌症病情不再发展，保持稳定水平，并减少其对机体的破坏，可能将是最可行的治疗方法。把癌症当作一种慢性病、让患者与之长期安全地共存，最大限度地提高生命质量，这种观念正在被国际医学界所普遍接受

在过去20年是抗癌治疗手段不断修正，西医对“癌症”的认识从“绝症”到“可根治”、到“完全杀灭”、到“慢

性病”的新观点，与“人瘤共存”的观念不谋而合，殊途同归。

5. 中医抗癌治疗的前景

中医治疗肿瘤，人瘤共存的界限,为何使瘤体稳定，对何种部位、何种发展阶段肿瘤稳定有效，都要认真探索。我们认为对早中期乳腺癌患者可以切除的病灶必须切除,对年老体弱不能手术的患者必须用中医药对直接构成生命危险的因素进行治疗并力争取得缓解。对暂不构成生命危险的病灶采取“ 顺其性”的方针。这些中医药扶正培本治疗有明显的优势。把这些化疗的盲点作为中医治疗的切入点，依据我们多年的实践经验，一定能开出一片新天地。

中医药治疗乳腺癌的研究采用多方法及综合性应用的大样本研究及前瞻性研究较少，国外(11)对前列腺癌的替代疗法的研究较国内更规范，中药方药理研究更深入和广泛，要在这一领域有所突破，要拓宽思路，抓住中医辩证施治特色，使治疗及研究更科学化，规范化。

中医药治疗是肿瘤内科治疗的一部分，是化疗的补充和延伸，我们的观点是对现代医学治疗中的盲点，即中药治疗的热点病症，必须能中不西；对疑难病症要衷中参西；对危重病症，要中西结合。“癌症病人需终生治疗” 、“人瘤共存”，这些观念都已为中医药治疗肿瘤提供了理论依据，30多年的中医药抗癌的实践，也说明中西医的殊途同归。中医药治疗乳腺癌的优势在于乳腺癌分期辨证规范化的研究取得了显著的成绩,成为中医药辨证治疗各期乳腺癌的指南。成熟的学术网络为乳腺癌的分期辨证规范化研究构建良好的平台。加上众多中医药肿瘤专家治疗乳腺癌的丰富临床经验（12）。这些均为我们提供了契机。现在关键的问题是中医肿瘤工作者如何确确切切的全程中药治疗乳腺癌、踏踏实实在疗效上下功夫，宜开展乳腺癌术后腋下淋巴结阴性和激素受体阳性的患者巩固期的前瞻性大样本的中医药治疗研究。做出像样的研究来说明问题。只有这样才能在乳腺癌“多种兵力作战中”占有一席之地。要在中医辨证施治的整体观念的指导下，按照现代医学的科学研究方法，谨慎准确和明智地应用当前所能获取的最好的研究证据，结合临床及个人专业技能和多年的临床实验，考虑到病人的经济承受能力和意愿，将这三者完美的结合起来，才能真正造福于广大乳腺癌患者。

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# Answers to Herbal Garden

**1. Bai Ji Li 白蒺藜**
**Latin name**: Fructus Tribuli
**Common name**: Tribulus fruit
**Source**: Fruit of Tribulus terrestris L., family Zygophyllaceae.

**2. Ba Ji Tian 巴戟天**
**Latin name**: Radix Morindae Officinalis
**Common name**: Morinda Root
**Source**: The fleshy root of Morinda officinalis How, family Rubiaceae.

**3. He Shou Wu 何首乌**
**Latin name**: Radix Polygoni Multiflori
**Common name**: Fleece flower Root
**Source**: Root tuber of Polygonum multiflorum Thunb., family Polygonaceae.

**4. Mai Men Dong (Mai Dong) 麦门冬**
**Latin name**: Radix Ophiopogonis
**Common name**: Ophiopogon Root
**Source**: The root tuber of Ophiopogon japonicus (Thunb.) Ker-Gawl., family Liliaceae.

# 英国禁用和慎用中药品种介绍

**ATCM 理事会**

**编者按：***ATCM 理事会在过去几年内，曾数次向会员们公布禁用和慎用中药品种名单，并多次及时向会员通报药检部门MHRA 处置中药毒副反应，或查处违禁中药销售的事例。这为保障会员们遵法守纪，杜绝学会内出现违法行医售药现象，起到了积极的作用。然而，仍然有极个别会员，由于不了解相关法规，导致无意中触犯法规的事件偶有发生。近年ATCM 有不少新会员入会，有些刚刚来到英国行医只有短短 1-2 年时间，当然对相关法规了解不够，因而仍存在不知情而违法的潜在危险。为此，ATCM 理事会委托吴继东医师为主要执笔人，基于我们以前公布的禁用慎用中药品种名单，结合近几年新的情况，重新整理公布这份最新的英国禁用和慎用中药品种名单。希望会员们妥善保存这份文件，在行医中参照实行。*

英国是一个法制国家，做每件事都讲究一个章法，法律越定越多，也越来越完善。有了法，大家就必须执行。 我们从中国来的医生，也必须入乡随俗，知法遵法守纪。那种所谓“不知者不为罪”在英国是行不通的。在有关药品法规方面，政府的执法机构是“医药品管理局”Medicines and Healthcare Products Regulatory Agency (MHRA) 。

多亏了英国 1968 年的《药品法》在第 12 条款中对草药网开一面，我们可以合法地自由自在地使用中草药。但同时也必须受到以下几个方面的限制：

* 濒临危绝动物物种
* 含有毒性的植物药和矿物药
* 动物和矿物药
* 任何含有西药、化学药的中成药 （因为西药必须领牌照方可销售）

本文列出在英国禁止使用的传统药物，近年来出问题的中草药、中成药品种，以及数个中国药典标明有毒而在英国仍可合法使用的草药品种分类列出，以供大家参考。

**一．根据《濒危物种国际贸易公约》规定禁用名单**

根据《濒危物种国际贸易公约》规定，共有两类物种属禁用范围，其中涉及中药品种的有：

第一类，除了少量作为科学研究以外，禁止一切商业目的（包括供医药产品）的使用。

虎骨 HU GU ( Os tigris)

麝香 SHE XIANG (Secreto Moschus)

犀角 XI JIAO (Comu Rhinoceri)

熊胆 XIONG DAN (Vesica Fellea Ursi)

豹骨 BAO GU (Os Leopardis)

玳瑁 DAI MAO (Carapax Ertmochelydis)

云木香 MU XIANG (Saussurea lappa)

注：川木香不属禁止之列

第二类，以下物种如属于野生的则禁止使用，人工栽培的可以用。如何区别，就看供应商的进货证书。没有人工培植的证书，药是不让入关的。

穿山甲 CHUAN SHAN JIA (Squama Mantis Pentadactylae)

猴枣 HOU ZAO (Calculus Macacae)

羚羊角 LING YANG JIAO (Cornu Antelopis)

龟板 GUI BAN (Chinemys reevesii)

石斛 SHI HU (Dendrobium species)

白芨 BAI JI (Bletilla striata)

天麻 TIAN MA (Gastrodia elata)

狗脊 GOU JI (Cibotium barometz)

芦荟 LU HUI (Aloe ferox)

小叶莲 XIAO YE LIAN (Podophyllum emodii)

肉苁蓉 ROU CONG RONG (Cistanches deserticola)

西洋参 XI YANG SHEN (Panax quinquefolius)

胡黄莲 HU HUANG LIAN (Picrorrhiza kurroa)

**二．根据英国 1997 年法定文件第 2130 号禁令，以下植物药禁用或限制使用：**

附子/草乌 FU ZI/CAO WU (Aconitum species) 禁止内服；外用不得高于 1.3% 剂量。

石榴皮 SHI LIU PI (Punica granitum) 禁内服

槟榔 BING LANG (Areca catechu) 禁内服

麻黄 MA HUANG (Ephedra sinica) 每次用量不超过 0.6 克；每天用量不超过 1.8 克

洋金花 YANG JIN HUA (Datura stramonium) 每次用量不超过 0.05 克；每天用量不超过 0.15 克

颠茄草 DIAN QIE CAO (Atropa belladona) 每次用量不超过 0.05 克；每天用量不超过 0.15 克

天仙子 TIAN XIAN ZI (Hyocyamus niger) 每次用量不超过 0.1 克；每天用量不超过 0.3 克

### 三．根据英国 2002 年法定文件第 1841 号禁令

该禁令包括禁止买卖、进出口、和提供马兜铃科马兜铃属植物，以及与马兜铃属植物/药名容易混淆的植物与药物。

关木通 MU TONG (Aristolochia manshuriensis)，并包括所有木通品种：

木通 Akebia quinata

白木通 Akebia trifoliate

川木通 Clematis montana

小木通 Clematis armandii.

广防己 FANG JI (Aristolochia fangji)， 并包括所有防己品种：

汉防己 Stephania tetrandra

木防己 Cocculus laurifolius

木防己 Cocculus orbiculatus

木防己 Cocculus Trilobus

马兜铃 MA DOU LING (Aristolochia contorta, Aristolochia debilis)

天仙藤 TIAN XIAN TENG (Aristolochia contorta, Aristolochia debilis)

青木香 QING MU XIANG (Aristolochia debilis)

### 四．根据 1968 年《药品法》规定

根据《药品法》第 12 款第 1 条规定，在“一对一”的诊治过程中，草药制品无需申领牌照。然而，这一法案主要是针对当时英国的草药师的用药范围制定的，即是在中医药尚未流行到英国之前制定的。因此，草药就是指植物药。英国药管局制定的《药品指南》中讲明，除已经领有牌照之外，**草药制品中不能含有非草药以外的矿物和动物，否则，其制品属非法。**

目前有关机构在对《药品法》第 12 款第 1 条进行重新审核与修订的工作，希望能将草药的定义扩大到那些被中医师们长期使用，安全可靠的矿物、动物药中去。我们学会几年来一直在同有关部门交涉，希望能达到将〈药品法〉重新定义的目的。能否达到此目的的一大先决条件就是草药，中医药专业能否被法定认可。然而，无论药品法如何修改，以下有毒矿物药一律禁用：

朱砂 ZHU SHA (Mercuric sulphur) Cinnabar。主要成分为硫化汞，可导致汞中毒，损害中枢神经、肾脏、消化道。

青粉 QING FEN (Mercuric chloride) Calomel

红粉 HONG FEN (Mercuric oxide) Realgar

白矾 BAI FAN (Aluminium silicon oxide) Alum

黑锡 HEI XI Lead

### 五．凭西医处方用药

以下药物除非是注册的西医师可以使用，其他人员一律不得使用：

罂粟壳 YING SU KE (Papaver somnifera)

马钱子 MA QIAN ZI (Strychnos nux vomica)

附子(内服) FU ZI

### 六． 中成药

MCA (现MHRA) 于 2001 年曾公布一份违禁中成药清单（见 http://www.mhra.gov.uk/Howweregulate/Medicines/Herbalmedicines/Herbalsafetyadvice/TraditionalChinesemedicines/index.htm，包含了从“中国药典”中摘录的含有在英国属于违禁品种的六十余种中成药品种，绝大多数在英国并不常用。英国中医药市场上可以见到的主要有以下两类：

1，中成药含有违禁有毒成分，禁止使用。例如：

牛黄解毒片 MU HUANG JIE DU PIAN

其中含有雄黄。雄黄的主要成分为硫化砷，可导致砷中毒，损伤神经、血管，并可引起肝、肾、脾及心肌等实质器官的脂肪变性和坏死和致癌。

安宫牛黄丸 AN GONG NIU HUANG WAN （含数种违禁成分）

天王补心丹 TIAN WANG BU XIN DAN 含有朱砂（硫化汞）

龙胆泻肝丸 LONG DAN XIE DAN WAN 有可能含有马兜铃酸

2，中成药含有违禁动物药成分，禁止使用。例如：

男宝 NAN BAO

女宝 NU BAN

龟龄集 GUI LING JI

海马补肾丸 HAIMABUSHENWAN

虎骨膏，麝香虎骨膏

### 七． 近年以来出问题的中药

上世纪 90 年代起，中医药在英国迅速发展，大量中医药产品涌入英国市场。然而，由于中国和英国两国对中药的管理制度和管理方法不同，对中药的质量要求也有差异，中药出问题的负面报导时有出现。

#### 1. 中草药

出问题的中草药比较少，但是一经确认，后果就是很严重的。因为草药是组成成药的基本单位，如果单味草药被禁，

尤其是常用的草药，将会涉及到许多中成药的。比如木通和龙胆泻肝丸的关系。

**千里光 Senecio**

从 2002 年起，药管局就注意到含有千里光的成药千柏鼻炎片有引起肝损伤的报道。千里光含有不饱和吡咯烷生物碱：千里光宁和千里光非灵。该生物碱对肝脏具有毒性。动物实验发现此生物碱可导致动物细胞的癌变和诱导有机体发生突变。经过 3 年的咨询和论证，决定禁止销售使用千里光，此禁令于 2008 年 4 月 1 日生效。含有千里光的中成药有：千柏鼻炎片、感冒消炎片、千喜片。

**细辛 Asarum**

细辛是马兜铃科细辛属植物，分华细辛 *Asarum sieboldii* 和辽细辛 *Asarum heterotropoides*。尽管这两种细辛目前尚未发现含有马兜铃酸，但有日本学者发现有一种细辛的确含有马兜铃酸(参见 Hashimoto K, et al., *Quantitative analysis of aristolochic acids, toxic compounds, contained in some medicinal plants*, Journal of Ethnopharmacology 1999; 64(2): 185-189) 。因此细辛距离禁止使用的日子也为期不远了。事实上英国其他的中医药学会团体，比如中草药注册学会 RCHM，几年前就在学会内宣布自动禁止使用了。

**补骨脂 Psoralea corylifolia**

补骨脂含有光敏性化学成分 furanocoumarin psoralen，内服或外用可增强皮肤对阳光的敏感性，可能导致日光性灼伤。自 2001 年始，MHRA 和药品安全委员会（Committee on Safety of Medicines）数次发布通报，就数例外用补骨脂制剂造成皮肤灼伤，提出警告不要应用补骨脂，尤其不要外用。

**2. 中成药制品**

近几年中成药出问题主要表现在以下三方面：

**1） 中成药内含有违禁药**

**复方芦荟胶囊**：含有朱砂（硫化汞），药管局认为其中汞的含量超出欧共体规定的食物所允许的 11 万 7 千倍。

**解结丸**：广州白云山制药厂生产，其中含有马兜铃酸.

**千柏鼻炎片**：含有千里光（ 解释见上）。

**2） 中成药内混有西药成分**

**蜀宝**：减肥药，其中添加了化学药芬氟拉明。芬氟拉明属于食欲抑制剂，对肝脏有毒性，在中国也属于禁用品。

**丽达代代花**：减肥药，其中含有化学药西布曲明（Sibutramine），西布曲明是一种作用于中枢神经系统的食欲抑制剂。

**美姿堂**：减肥药，其中含有化学药西布曲明（Sibutramine）。

**加伊健**：湖南爱民制药厂生产，属壮阳药，自称“草药伟哥”，其中含有化学药它达拉夫尔和西布曲明。

**消渴丸**：含有西药优降糖。

**3） 引起黄疸等不良反应的药物**

**首乌片，首乌丸，神民**：2006 年初，连续有 7 例服用了首乌片，首乌丸，神民（含有何首乌的生发药）后引起了黄疸，肝功能损伤的报告。幸运的是停止服用后，黄疸便自动消失，肝功能也恢复正常。

**八. “中国药典”标明有毒的中草药**

以下几种中草药在英国比较常用，他们都是合法的中药品种。然而，在“中国药典”中这些品种被标明有毒或有小毒。尽管在英国尚未有此类中药引起毒性反应的事例发生，但为安全起见，应该谨慎使用，避免大剂量长时间应用。一般认为，这些中药的剂量限定在成人每日汤剂剂量 10 克以内（吴茱萸不超过每日 3 克），连续使用不超过 3-4 周，一般不会引起毒性反应。

| | | |
|---|---|---|
| 半 夏 | Ban Xia | Rhizoma Pinelliae |
| 苍 耳 子 | Cang Er Zi | Fructus Xanthii |
| 重 楼 | Chong Lou | Rhizoma Paridis |
| 川 楝 子 | Chuan Lian Zi | Fructus Meliae toosendan |
| 苦 杏 仁 | Ku Xing Ren | Semen Armemiacae Amarum |
| 山 豆 根 | Shan Dou Gen | Radix Sophorae tonkinensis |
| 蛇 床 子 | She Chuang Zi | Fructus Cnidii |
| 吴 茱 萸 | Wu Zhu Yu | Fructus Evodiae |
| 仙 茅 | Xian Mao | Rhizoma Curculiginis |

**结语**

必须指出，出问题的单味中药和中成药名单将会不断地增加。本文中所列的（除第八类）仅为已经有定论的。就目前所知，几乎每月都会有新的有问题的草药或中成药出现。英国药管局对出问题的药都会进行严格的调查和审核评估，一经发现的药物如果的确存有安全隐患，对人体健康构成威胁， 或属于违法使用，或混入了没有申领牌照的西药，他们将立即进行立案审查的。有鉴于此，理事会要求会员们尽量从英国境内的享有良好信誉的批发公司进药，尤其应该只从学会推荐认可的批发商进药。由于中国和英国对中药的管理制度和方法有差异，会员最好不要自己带药入境，免得以后惹麻烦。最后，对那些能立杆见影的中成药，比如“草药伟哥”，一定要留心，最好保留好进货收据，说不定有朝一日“药管局”找上门，届时进货单就有用场了。

以上所列的药名单不一定完全，仅供参考。

（执笔人：吴继东，沈惠军）

# Updated List of Prohibited and Restricted Chinese Herbal Medicines

**By ATCM Council**

**Editorial:** *ATCM Council has on a few occasions in the past years published the list of prohibited and restricted herbal medicines and products. We have also reported to members about the incidences of adverse effects or toxicity of some Chinese herbal medicines, and informed our members with the warnings on certain prohibited or restricted herbal medicines and products from MHRA. As we have many new members who joined ATCM in recent 1-2 years, and they may not be well aware about the legal and regulatory situation around Chinese herbal medicines, together with the new situation around the safety issue of Chinese medicine practice, the council entrusted Dr Ji Dong Wu to update this list and we herewith publish this list once again, in order to guide the safe and legal practice for our members, and to prevent any adverse incidences from happening. You are advised to keep this list for future reference.*

Traditional Chinese medicine (TCM) has been popular in the United Kingdom for the last few decades. This is because under Section 12 of the Medicines Act 1968, Herbal medicines are exempt from medicinal products licensing, which enable us to use dried herbal medicines and patent herbal products. However, under current legal statutes, our profession does not have statutory recognition, i.e. we are not an authorised healthcare profession; hence some various restrictions apply to our practice. The restrictions are mainly in the following areas:

- The Convention on International Trade in Endangered Species (CITES)
- Under Statutory Instruments
- Under the 1968 MEDICINES ACT
- Prescription Only Medicines (POM)

**A: Restricted Under the Convention on International Trade in Endangered Species (CITES)**

Herbs which are endangered in the wild are restricted but may be traded with the appropriate CITES certification. In the case of Appendix I this is normally only permitted for scientific purposes if at all. Suppliers can trade in Appendix II herbs but only from authenticated cultivated supply. An example of this is XI YANG SHEN which is available from farmed sources.

APPENDIX I

虎骨 HU GU ( Os tigris)

麝香 SHE XIANG (Secreto Moschus)

犀角 XI JIAO (Comu Rhinoceri)

熊胆 XIONG DAN (Vesica Fellea Ursi)

豹骨 BAO GU (Os Leopardis)

玳瑁 DAI MAO (Carapax Ertmochelydis)

云木香 MU XIANG (Saussurea lappa) NOTE: Vladimira species (Chuan Mu Xiang) are permitted as a substitute herb.

APPENDIX II

穿山甲 CHUAN SHAN JIA (Squama Mantis Pentadactylae)

猴枣 HOU ZAO (Calculus Macacae)

羚羊角 LING YANG JIAO (Cornu Antelopis)

龟板 GUI BAN (Chinemys reevesii)

石斛 SHI HU (Dendrobium species)

白芨 BAI JI (Bletilla striata)

天麻 TIAN MA (Gastrodia elata)

狗脊 GOU JI (Cibotium barometz)

芦荟 LU HUI (Aloe ferox)

小叶莲 XIAO YE LIAN (Podophyllum emodii)

肉苁蓉 ROU CONG RONG (Cistanches deserticola)

西洋参 XI YANG SHEN (Panax quinquefolius)

NOTE: Only applies to the whole and sliced root.

胡黄莲 HU HUANG LIAN (Picrorrhiza kurroa)

**B: Restrictions under Order 1997 SI 2130**

These herbs were listed as an addition to the 1968 Medicines Act as being potent and hence in need of dosage regulation. In some cases they are forbidden at any internal dosage.

MD= Maximum single dose MDD=Maximum Daily Dose

附子/草乌 FU ZI/CAO WU (Aconitum species) NOTE: Permitted to use externally at a dose of 1.3% or below. Internal use prohibited.

石榴皮 SHI LIU PI (Punica granitum) Internal use prohibited.

槟榔 BING LANG (Areca catechu) Internal use prohibited.

麻黄 MA HUANG (Ephedra sinica) MDD 1800 mg. MD: 600 mg.

洋金花 YANG JIN HUA (Datura stramonium) MDD 150 mg. MD: 50 mg.

颠茄草 DIAN QIE CAO (Atropa belladona) MDD 150 mg. MD; 50 mg.

天仙子 TIAN XIAN ZI (Hyocyamus niger) MDD 300 mg. MD; 100 mg.

**C: Restrictions under Order 2002 SI 1841**

This ban relates to all Aristolochia species but also includes herbs which have been confused with aristolochic species due to poor quality assurance. The sale, supply and importation of the following are banned:

木通 MU TONG (Aristolochia manshuriensis) NOTE: this ban also applies to
Akebia quinata, Akebia trifoliata, Clematis montana and Clematis armandii.
防己 FANG JI (Aristolochia fangji) NOTE: this ban also applies to Stephania
tetrandra, Cocculus laurifolius, Cocculus orbiculatus and Cocculus Trilobus
马兜令 MA DOU LING (Aristolochia contorta, Aristolochia debilis)
天仙藤 TIAN XIAN TENG (Aristolochia contorta, Aristolochia debilis)
青木香 QING MU XIANG (Aristolochia debilis)

**D: Restrictions under the 1968 MEDICINES ACT**

Under Section 12(1) of the 1968 Medicines Act, 'herbal remedies' which are administered after a one-to-one consultation with a practitioner do not require a medicines licence (marketing authorisation). This legislation was enacted before traditional medicines from non-European cultures, which use non-plant substances, had any significant presence in the UK. Since the term 'herbal remedies' refers to plant materials, the MHRA has stated in its guidance on medicines law that the use of mineral and animal substances which do not have a marketing authorisation is illegal. Section 12(1) is currently under review, which in addition to recommending options for the statutory regulation of herbal medicine, has been asked to advise on changes to section 12 (1). In the course of this review the ATCM is arguing strongly that non-plant materials used in traditional medicines, as long as they are non-toxic and not of endangered species, should be sanctioned on the same basis as plant materials, i.e. so long as they can meet the necessary safety and quality criteria. It is expected that this redefinition of what constitutes a 'herb' will be clarified in European and UK legislation in the near future to include non plant medicines, provide that our profession is statutorily regulated and we are recognised as an Authorised Healthcare Profession. However, no matter what outcome of medicines act reform, the following must never be used in any form:

朱砂 ZHU SHA (Mercuric sulphur) Cinnabar
青粉 QING FEN (Mercuric chloride) Calomel
红粉 HONG FEN (Mercuric oxide) Realgar
白矾 BAI FAN (Aluminium silicon oxide) Alum
黑锡 HEI XI Lead

**E: Prescription Only Medicines (POM)**

It is strictly prohibited for herbalists/TCM practitioners to include in the order dispensed any drug which is made available only through prescription by a registered medical doctor. This includes the following:

罂粟壳 YTNG SU KE (Papaver somnifera)
马钱子 MA QIAN ZI (Strychnos nux vomica)
附子(内服) FU ZI Internal use

**F: Patent Herbal Formulae**

It should be noted that several patent herbal formulae traditionally contain some of the above restricted herbs-notably mu tong and toxic minerals. These include the following which may present a health risk if used as a patent.

1 Formulae containing toxic ingredients:

牛黄解毒片 MU HUANG JIE DU PIAN (May contain arsenic)
天王补心丹 TIAN WANG BU XIN DAN (May contain mercuric salts)
龙胆泻肝丸 LONG DAN XIE DAN WAN (May contain Aristolochic Acid)
安宫牛黄丸 AN GONG NIU HUANG WAN （contains several prohiobited ingedients）

2，Formulae containing ingredients of animal source:

男宝 NAN BAO
女宝 NU BAN
龟龄集 GUI LING JI
海马补肾丸 HAIMABUSHENWAN
虎骨膏 HU GU GAO, Tiger Bone Plaster
麝香虎骨膏 SHE XIANG HU GU GAO, Musk and Tiger Bone Plaster

**G. Herbal Medicines and Prodicts under Alarming Spotlight in Recent Years**

From 1990s, TCM has been developed dramatically in the United Kingdom. It was estimated that there were over 3000 TCM clinics across the UK in 2007[1]. As we know that almost all the TCM products are imported into UK, hence, due to different regulatory policy and quality standards, it has been noticed that some TCM products are legally acceptable in China, but being illegal in the UK. Furthermore, driven by the commercial interests, some business and manufacturers behaviour totally against the law & professional standard both in China and the UK. For instance, adultery - illegal ingredients which are banned in both the UK and China being added to herbal patent medicine; falsely claiming that a 100% natural remedy actually contains chemical or pharmaceutical ingredients. Single herbs, or material medica, are relatively less problematic with a few names coming under spotlight.

**1. Materia Medica**

**Senecio 千里光 Qian Li Guang**

It came to MHRA's attention in 2002 that a TCM product known as Qian Bai Bi Yan Pian had been supplied in the UK. The products contain a plant Qian Li Guang (Senecio), which is known to cause liver damage in humans. Senecio scandens is reported to contain the unsaturated pyrrolizidine alkaloids, senecionine and seneciphylline. These alkaloids are known to

give rise to serious liver damage (hepatic veno-occlusive disease). They have also shown to be carcinogenic and mutagenic in animals. After 3 years consultation, from 1 April 2008, sale, supply or importation of unlicensed medicinal products for internal use which contain Senecio was banned.

**Asarum 细辛 Xi Xin**

Asarum belongs to the Aristolochiaceae family, and this already raises a red flag for those investigating the safety of the herb. The Chinese herb xixin, commonly known as asarum, is mainly derived from Asarum sieboldii, Asarum heterotropoides. There have been no reports of aristolochic acid in these plants. However, aristolochic acid has been found in some other species of Asarum (Asiasarum) by Japanese researchers[2].
Although there is no order to ban Asarum xixin by MHRA yet, they have been discussing about this and very soon a ban will be in effect. Besides, other TCM professional organisations, such as the Register of Chinese Herbal Medicine (RCHM) have voluntarily banned this ingredient within their organisation.

**Psoralea corylifolia 补骨脂 Buguzhi**

The fruit contains furanocoumarin psoralen which is known to cause phototoxicity and can sensitise the skin to ultra-violet (UV) light. This can result in burning of the skin, even in weak winter sunlight. Reports of severe burning have been received in connection with TCM preparations containing Psoralea fruit, used both internally and externally. Psoralea preparations should not be used in conjunction with sun bathing or sun beds.

## 2. Patent Herbal Products

There have been incidents related to patent herbal products. Mainly in the following three areas:

**1) Containing prohibited substances**

Fu Fang Lu Hui Jiao Nang 复方芦荟胶囊
Containing high levels of mercury (between 11% and 13%). The level of mercury was found to be 117,000 times more than is allowable in food substances in the UK. [3]

Jie Jie Wan 解结丸
The product was manufactured by Guangzhou Bai Yun Shan pharmaceutical manufactory which contains Aristolochic Acids.

Qian bai Bi Yan Pian 千柏鼻炎片 c
Containing Senecio 千里光 qi li guang. See above for details.

**2) Containing pharmaceutical substances**

Shu Bao 蜀宝
Slimming pills. The products were found to contain a highly toxic derivative of the substance called fenfluramine - banned both in UK and China.

Li Da Dai Dai Hua 丽达代代花
Slimming Aids, contains sibutramine, a prescription only medicine..

Mei Zi Tang 美姿堂
Slimming Aids, contains sibutramine.

Jia Yi Jian 加伊健
The product was manufactured by HUNAN AIMIN Pharmaceutical Ltd, contains dangerously high levels of Tadalafil and Sibutramine.

**3) Adverse-effects**

Shou Wu Pian 首乌片, Shou Wu Wan 首乌丸, Shen Min 神民
Up to 30 March 2006, seven reports of suspected adverse reactions associated with He Shou Wu, Polygonum multiflorum have been reported to the MHRA through the Yellow Card Scheme. All seven reports are of liver reactions and comprise one report of abnormal liver function, seven reports of jaundice, two reports hepatitis and one report of jaundice and hepatitis. The patients were taking He Shou Wu Polygonum multiflorum for hair loss. All the patients had recovered or were recovering after stopping He shou Wu Polygonum multiflorum.

H. Toxic herbs according to Chinese Pharmocopeaia

The herbs listed below are commonly used in the UK. They are legally available from the wholesale market and in TCM clinics. However, the Chinese pharmacopeaia states that they are “toxic” or “slightly toxic”. Although there have not been any reports of incidences caused by the toxicity or side-effects of these herbs, caution should be given when using them in our practice. Generally speaking, a dose of these herbs within 10 grams (within 3 grams for Wu Zhu Yu) per day in decoction for adults, with no longer than 3-4 weeks of administration, should be safe.

| | | |
|---|---|---|
| 半 夏 | Ban Xia | Rhizoma Pinelliae |
| 苍 耳 子 | Cang Er Zi | Fructus Xanthii |
| 重 楼 | Chong Lou | Rhizoma Paridis |
| 川 楝 子 | Chuan Lian Zi | Fructus Meliae toosendan |
| 苦 杏 仁 | Ku Xing Ren | Semen Armemiacae Amarum |
| 山 豆 根 | Shan Dou Gen | Radix Sophorae tonkinensis |
| 蛇 床 子 | She Chuang Zi | Fructus Cnidii |
| 吴 茱 萸 | Wu Zhu Yu | Fructus Evodiae |
| 仙 茅 | Xian Mao | Rhizoma Curculiginis |

**Conclusion**

Of course, as long as the current lack of statutory regulation and recognition for herbal medicine and TCM practice exists, the list of restricted and troublesome or controversial TCM products will keep growing. In fact, the MHRA receives complaints against TCM products from healthcare professionals and the general public every month. It is quite likely the officers from the MHRA come to inspect your clinic or practice at any time. To avoid unwanted uncertainity and

concerns over safety, it is advisable that practitioner members should obtain herbal medicines and products from reputable suppliers. Simply because those suppliers may already have a normal communication channel with MHRA and comply with the legal requirements when they import their products. ATCM has jointed RCHM's scheme of herbal medicine suppliers approval and the list of approved suppliers is already published to the members of both organisations. For those herbal products claiming to have an almost instant effect such as "Herbal Viagra", or "100% Natural Slimming Tea", you must be aware that these may contain some undeclared or illegal ingredients. Besides, it is also adviceable for member to keep orders, receipts and invoices of your herbal medicines as the proof id source, because this may be useful for any future inspection.

(written by Ji Dong Wu and Hui Jun Shen)

Reference:
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Student Forum

# Migraine: TCM Understanding and Acupuncture Management

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Migraine is the most common form of disabling headache presenting to doctors (Goadsby, 2006). It affects around 12% of the general population and accounts for 15% of primary headaches (Arulmozhi et al. 2005; Warren, 2009). It is a chronic recurrent disorder with intense, episodic, unilateral throbbing headache affecting the temple, forehead, or eye, and may spread to the whole head. It is worsened by movements and daily activities, lasts from 4 to 72 hours and is associated with nausea, vomiting, photosensitivity and phonosensitivity (Arulmozhi et al. 2005; Galletti et al, 2009). Epidemiological studies have documented the high prevalence, socio-economic, and personal impact of migraine which is now ranked as number 19 among all diseases world-wide causing disability according to the World Health Organization (IHS, 2004).

**Brief Review of Western Medicine on Migraine**

Migraine pathophysiology: The pathogenesis of pain in migraine is not completely understood although three major theories are postulated;

1. 'The Vascular theory' – vasodilatation of the extracranial (temporal) arteries.
2. 'The Neurological theory' – abnormal neural firing and neurotransmitter release in the brain.
3. The current 'Neurogenic theory' regards the release of inflammatory neuropeptides from the trigeminal sensory fibres with consequent inflammation of meningeal vessels surrounding the brain, to be a major pathogenic step of migraine pain (Arulmozhi et al. 2005; Galletti et al. 2009).

Diagnosis of migraine : 'The International Classification of Headache Disorders' (ICHD-II) set out by the International Headache Society divides the diagnosis into two major sub-types; Migraine without aura (common migraine) and Migraine with aura (classic migraine). Migraine without aura is the most common subtype with a higher average attack frequency that is usually more disabling and often with a menstrual relationship (IHS, 2004).

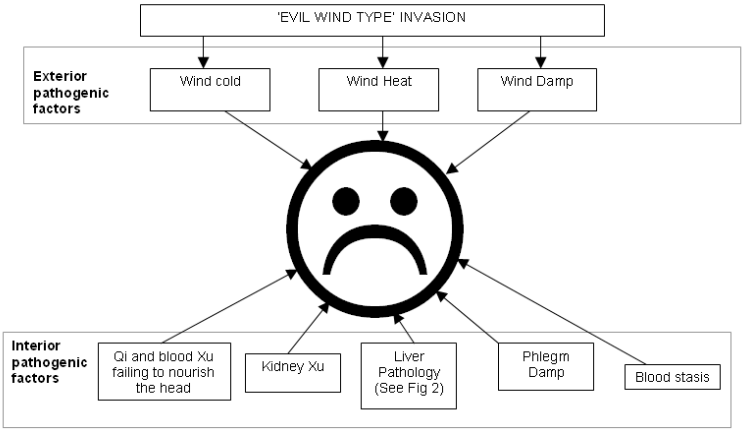
Conventional treatment of migraine: Migraine can often be well managed by a combination of acute (abortive) and preventative (prophylactic) pharmacological treatment (Goadsby, 2006). Acute treatment focuses on stopping the attack from progressing and limiting pain and impairment using non-specific analgesics or, serotonin receptor agonists; ergots and triptans, which are the 'anti-migraine gold standard' (Arulmozhi et al. 2005). The goals of prophylactic treatment are to reduce the severity, frequency or duration of attacks and prevent the development of chronic daily headache (Lewis Brandes et al. 2004). Currently, the major classes of preventative drugs include: the antidepressant amitritpyline; the β-adrenoceptor blocker propranolol (Abel, 2009; Galletti et al. 2009).

**TCM Differentiation of Migraine Patterns**

In Traditional Chinese Medicine (TCM), migraine is categorized as head-wind (*Tou Feng*) and headache (*Tou Tong*) and occurs due to failure of the free flow of Qi and Blood in the channels and collaterals of the head. According to TCM, the main disease mechanisms of migraine headaches involve Liver pathology with upward intrusion of Liver-Yang, Liver-Fire or Wind along

the Liver or Gall Bladder meridians, resulting in episodic, sudden, violent pain of the temple and eye, often with visual disturbance such as photophobia. However other patterns are also involved such as: Phlegm-Damp accumulation; Qi stagnation; Blood-Stasis; exogenous pathogenic Wind invasion; or underlying Yin, Qi and Blood deficiency (Blackwell, 1991; Flaws and Sionneau, 2001; Jiang, 2004). The common categories and pathogenesis of migraine are listed below and exemplified in figure 1.

Figure 1: TCM Pathogenesis of Migraine headaches




References: Blackwell,1991; Gao et al., 1999; Shi, 2004; Jiang et al., 2000; Jiang, 2004.

*Exogenous syndrome*

'Pathogenic- External Wind' may combine with Cold, Heat or Damp to invade the channels and collaterals of the head. The onset is relatively acute and related to exposure of extreme weather conditions, temperature changes, or an attack of influenza or common cold. Pain is intense and more likely in the neck or occipital region related to the Taiyang channel. Chronic cases occur in which the pathogenic factor is retained in the channels, resulting in a Bi syndrome affecting the head.

*Endogenous syndromes:*

*Shi- type migraine;*

Liver Qi stagnation migraine – is triggered by; stress, depression, repressed anger, frustration or over work and occurs unilaterally or bilaterally at the temple. It may be associated with premenstrual migraine. Stagnant Liver Qi can counter flow vertically and assail the Stomach resulting in nausea and vomiting, or the Spleen resulting in deficiency of Spleen Qi with subsequent failure to engender sufficient Blood and generation of Phlegm-Dampness.

Liver-Fire migraine – prolonged stagnation of Liver-Qi due to chronic anger, frustration or resentment, generates Liver-Fire which may flare upwards to harass the clear portals resulting in a severe splitting or throbbing unilateral pain of the temple or eye. Liver-Fire can be aggravated by energetically 'hot' foods, and can transmit to the Spleen resulting in abnormal food cravings. This pattern is more common in younger males and if it continues for many years the Fire may damage Yin evolving into Liver-Yang Rising and the generation of internal Liver Wind, which manifests as numbness of the tongue or head.

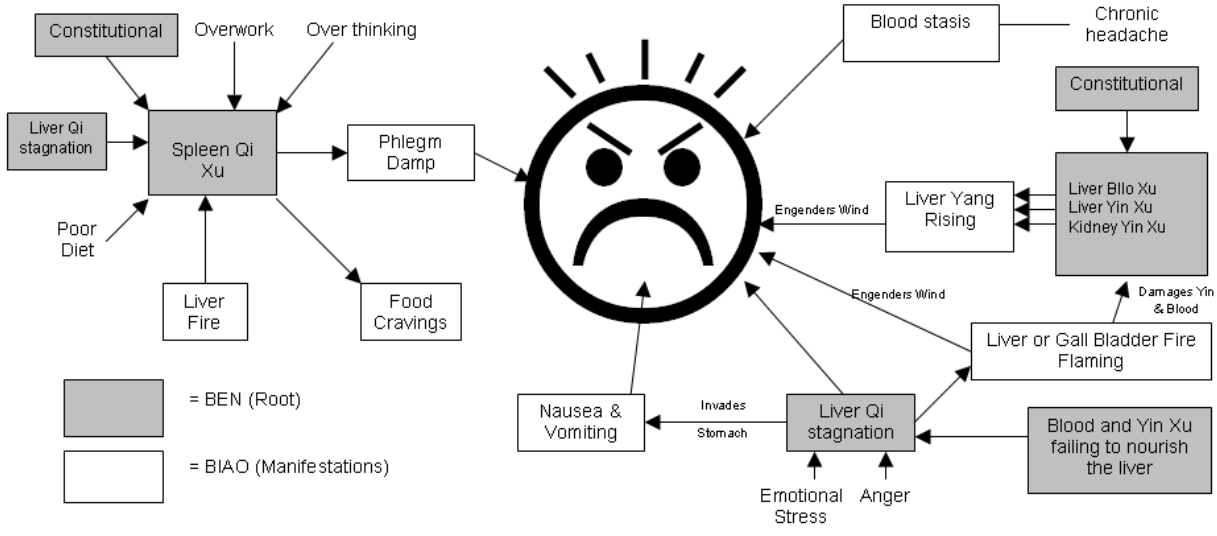
Liver Yang Rising migraine – arises from an underlying constitutional deficiency of Liver-Blood or Liver-Yin, often combined with Kidney-Yin Xu, which fails to anchor Yang Qi so that it counter flows upwards to disturb the brain causing migraine with dizziness or vertigo. Migraine occurring during menstruation is likely when Liver-Blood Xu predominates.

The aetiology and pathogenesis of Liver-type migraine patterns are exemplified in figure 2.

Phlegm-Damp accumulation - resulting from Spleen deficiency failing to transform and transport fluid, obstructs the middle jiao so that the clear yang can not ascend nor the turbid yin descend. Ascending Liver Yang, Fire or Wind may draft the Phlegm and Dampness upwards to obstruct the channels of the head, causing chronic periodic migraine.

Blood-Stasis migraine - if the flow of Qi and Blood is inhibited for a long time, as in the case of chronic migraine or physical

Figure 2 : Liver pathology type migraine




References: Flaws and Sionneau,2005;Blackwell,1991;Deng and Yang,2006;Jiang,2004;Gao et al.,1999.

trauma, Blood-Stasis may further complicate any of the above patterns, causing localized sharp or severe pain.

*Xu-type migraine;*
Qi and Blood Xu – fails to nourish the vessels of the brain and move the Qi in the channels resulting in prolonged, dull headaches made worse for over-exertion. Blood deficiency often underlies Liver-Qi stagnation migraines since insufficient Blood fails to nourish and soften the Liver which can not course properly, thereby exacerbating Qi stagnation and the propensity for counter-flow Yang Qi or Fire to flare upwards, resulting in periodic violent unilateral migraine.

Kidney-Xu migraine – constitutional insufficiency or long standing depletion of Jing fails to nourish the brain and marrow, generating an empty headache with dizziness. Kidney deficiency may underlie Liver pathology migraines, for instance chronic, recurrent migraine attacks appearing at or aggravated by the menopause occur due to exhaustion of the Liver-Blood and Liver- and Kidney-Yin so that Liver-Qi stagnation, Liver-Yang rising, Liver Fire and Wind are more likely. (Blackwell, 1991; Jiang, 2004; Jiang, 2000, Flaws and Sionneau, 2001).

**TCM Treatment Principles and Acupuncture Points**

Treatment of acute migraine-headache should concentrate on moving Qi in the affected channels of the head, thereby stopping pain. Local points according to the location of the pain should be needled along with distal points to open the affected meridian, promote Qi circulation, descend and clear excess Qi, Yang, Wind and Heat, and hence relieve pain. Between headaches, acupuncture treatment should concentrate on the 'Ben' of the headaches i.e. correcting the underlying Zangfu disharmony to prevent attacks, although the affected channels can be treated to maintain the flow of Qi and Blood (Blackwell, 1991; Jiang, 2004). Table 1 gives the local and distal acupuncture points that can be used to treat migraine.

Table 1. Local and distal acupuncture points to treat migraine.

| **Location** | **Acupuncture points** |
|---|---|
| **Local points** | |
| Main points to treat any migraine pattern | Fengchi (GB-20), Taiyang (M-HN-9), Baihui (GV-20). |
| Temporal pain | Jiaosun (SJ-20), Shuaigu (GB-8), Benshen (GB-13). |
| Forehead pain | Touwei (ST-8), Yangbai (GB-14), Yintang (M-HN-3), Shenting (GV-24). |
| Vertex pain | Baihui (GV-20). |
| **Distal points** | |
| Unilateral pain | Ynagfu (GB-38), Xiaxi (GB-43), Qixu (GB-40), Zulinqi (GB-41), Leique (LU-7). |
| Occipital pain | Kunlun (BL-60) + Houxi (SI-3). |
| Midline and lateral pain | Shenmai (BL-62) |
| Vertex pain | Taichong (LIV-3), Yongquan (KID-1). |

(Deadman and Al-Khafaji, 2007; Deng and Yang, 2006; Jiang, 2004).

SJ-5 is an empirical point to treat pain in any area of the head, as well as headaches due to Kidney deficiency. It is an important point to expel pathogenic factors hence treats Evil-Wind-type migraines. SJ-5 is especially important to treat headaches due to Liver disharmony, particularly unilateral temporal headache in the Shaoyang region. SJ-5 can be combined with GB-38 and GB-43 predominantly for one sided headaches due to Liver-Fire or Liver-Yang Rising, or with GB-41 for headaches due to Liver-Qi stagnation such as premenstrual migraine (Deadman and Al-khafaji, 2007, p 320, 397, 455, 460, 462).

Treatment of migraine due to Liver-disharmony should always focus on soothing the Liver along with: moving Qi; clearing Fire; Subduing Yang and tonifying Yin; or nourishing Qi and Blood, depending on the pattern involved. LIV-3 can be used to treat any pattern of Liver disharmony, and by clearing excess from the head and nourishing deficiency, can treat both the root and the manifestation (Jiang et al., 2000; Flaws and Sionneau, 2001, p366-371, Deadman and Al-Khafaji, 2007 p477).

**Research into the Acupuncture Treatment of Migraine**

Vickers et al., (2004) randomised 401 primary care patients with chronic headache, predominantly migraine, to receive either individualized acupuncture or usual care for 3 months. At the primary end point (12 months) headache scores were better in the patients randomised to acupuncture who used 15% less medication, made 25% fewer visits to general practitioners and took 15% fewer days off sick. However this study failed to include a sham acupuncture control. Several large, robust RCTs (Alcerim-Andrade et al., 2008; Diener, et al., 2006; and Linde et al., 2005) have shown that semi-standardized and individualised acupuncture according to TCM syndrome patterns plays a role in preventing the severity and frequency of attacks. However, they showed that sham acupuncture produced similar effects.

Nonetheless, a recent Cochrane review concluded that acupuncture is at least as effective, or possibly more effective, than drug treatment for migraine prophylaxis, and has fewer adverse effects, thus should be considered as a treatment option for patients willing to use it. However since sham acupuncture produces similar positive results, the correct placement of needles seems to be less relevant than thought of by acupuncturists (Linde et al., 2009). This may be explained via endorphin effects or a 'limbic-touch response' of both sham and true acupuncture (Birch, 2003; Lund et al., 2009).

Conclusion

Migraine is a disease with repeated attacks that is difficult to cure with routine pharmacological therapy. However, acupuncture individualised according to pattern differentiation works on the root and manifesting symptoms and thus has chance to at best cure, or at least provide long-lasting remission to migraine sufferers. Indeed Jiang (2004) states that migraine responds well to acupuncture and when diagnosed and treated correctly, it is possible to cure the patient. There is a strong evidence base for the use of acupuncture in the management of

migraine which should be considered as an alternative or adjunctive therapy to conventional pharmacotherapy without the side effects (Vickers et al., 2004; Linde et al., 2005).

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# 短诗与春联

**袁炳胜**

## 海地地震

犹痛川北震，忽闻海地悲。
万里同一哭，谁堪造化威！

## 雪夜偶成

万籁雪满天，四邻梦正酣。
谁燃帐前灯，尤著旧时案。

## 春联

1：能知人痛若己痛，且将他心比自心（万有同春）
2：知病便是药，著手即成春（回春有道）
3：医理即佛道，众生皆菩萨（勇猛精进）
4：岐黄传事业，菩萨付心肠（仁心妙术）

# Case Reports from Acupucnture Students

## Case One: Irritable bowel syndrome

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Louise, a 56 year old overweight female, who is a marketing consultant, has suffered from diarrhoea for five years, with extreme, uncontrollable urgency to open her bowels up to six times per day, and occasional faecal incontinence. Her stools tend to be unformed, orange/brown with undigested food. Warm drinks first thing in the morning and spicy food worsen her symptoms, as does stress. She was diagnosed with Irritable Bowel Syndrome (IBS). Her symptoms developed soon after the death of her daughter. Also, during this time of grief, she was diagnosed with a hiatus hernia and accompanying gastric reflux. She takes Nexium (40 mg/day) to control the gastric reflux along with Gaviscon as and when needed.
She complains of pain in her left knee and 'cracking' ankles for three years which is worse for climbing stairs or being immobile for prolonged periods. It feels better for being mobile. Louise had a cholecystectomy 20 years ago and appendectomy 40 years ago. She has a very stressful job which requires her to travel extensively each week. Her diet is varied and consists of plenty of fruit and vegetables. She enjoys a couple of glasses of wine three times per week. She sleeps well, falling asleep easily but waking a couple of times per night to drink water and go to the toilet. For six months she has felt stressed due to problems with her son and says she feels afraid of what the future holds, she is trying to hold the family together yet feels as though she may be losing her son.
Overall her pulse is forceless, thin and deep with the right cun and guan positions being choppy. Both rear positions are deficient. Her tongue is very small, has blue/pink body, thin white coat with a small central crack entering the heart area and a small blister and cracks in the lung and stomach/spleen area.

TCM pattern differentiation

- Liver Qi stagnation
- Spleen Xu
- Kidney Yin Xu

Emotional disturbance over a long period of time causes Liver Qi stagnation which creates heat, causing Liver fire to flare, leading to Liver yin Xu (five palm heat; thirst) and Kidney Yin Xu. Worry also causes Liver Blood Xu which in turn creates Liver Yin Xu and Kidney Yin Xu.
Liver Qi stagnation also attacks the Spleen causing damp heat in the Spleen and Stomach and in return, damp heat in the Liver and Gall Bladder. This is exacerbated by a fondness for sweet, fatty foods.

Treatment Principle

- Tonify Spleen
- Calm Liver
- Nourish Kidney

Treatment
Louise had not had acupuncture treatments before, so on her first visit points were kept to a minimum. Sanyinjiao (SP6) was chosen to nourish yin and Blood, regulate Qi and Blood and to calm the mind and resolve damp and heat in the middle and lower jiao. Yinlingquan (SP9) drains damp and regulates the lower jiao, benefitting the intestines. Taichong (LIV 3) smooths the Liver, moves Qi and Blood, calms Liver heat, dispels stasis and nourishes the yin and Blood. Zusanli (ST 36) tonifies Blood, yin and Qi, descends rebellious Stomach Qi, resolves damp and regulates the digestive system. Yintang was used to calm the mind.

On her second visit, Louise looked tired, pale and lacked vigour; she reported no improvement and on the day of treatment was experiencing very bad IBS symptoms of extreme urgency to open her bowels frequently. She reported very high stress levels both at work and home. She was feeling out of control regarding family issues and commented that she was "not functioning properly". She displayed frustration and grief when discussing her late daughter's illness and death and it became apparent that this is a subject not discussed openly at home, thereby her grief and frustration has been repressed for many years. Louise reported disturbed sleep, waking in the early hours and unable to go back to sleep. Her pulse was surging, indicating heat brewing internally. Her tongue was dry with the tip and sides being very red and a large crack in the heart area. An additional pattern diagnosis was made as Heart fire flaring up, due to emotional turmoil. Treatment continued with the point selection from her first visit plus: Taibai (SP3) to fortify the Spleen, regulate the middle jiao and benefit the digestive system. Daheng (SP15) is a point specific to treating treating disorders of the intestine and abdomen. Zhangmen (LIV 13) boosts spleen Qi and harmonises the Liver and spleen. Zhongwan (Ren 12) tonifies the middle jiao, descends rebellious Qi, nourishes yin and calms the heart, easing stress. Neigaun (PC6) regulates Qi and Blood circulation, calms the mind, descends rebellious Qi and harmonises the Stomach. Shenmen (HT7) calms mind, nourishes Heart Blood and clears heat. Yanglingquan (GB34) regulates Qi, smoothes Gall Bladder and liver and benefits the sinews and joints (for joint pain).

On her third visit, Louise reported some improvement in her symptoms, with her stools being more formed and less frequent opening of the bowels. She was still waking a couple of times during the night to drink water and then finding it difficult to fall asleep again. Her ankles and knees were cracking more, being worse in the morning and evening and she had been experiencing very hot, itchy feet at night time. Louise had decided to refrain from taking her Nexium medication (NOT my advice) to determine whether acupuncture was having any affect upon her hiatus hernia. She reported some improvement in her reflux symptoms. Treatment continued as before with the addition of Neiting (ST44) to clear Stomach heat

In the fourth week, treatment continued with the same prescription, plus the addition of: Taichong (LIV3) to smooth the Liver and improve Qi and blood circulation, to nourish Blood and yin and to clear Liver heat; Tianshu (ST25) to clear damp and heat within the lower jiao, to regulate the intestines and to promote the descending function of the Stomach. Moxibustion was used on the needle at Tianshu to resolve damp; Shangqiu (SP5) used as a local point for the ankle; Ququan (LIV8) as a local point for the knee, nourishes liver Blood and yin, clears liver heat and damp; Neiting (ST44) to clear Stomach heat.

Over the following seven weeks, Louise has had no recurrence of IBS symptoms and now has a more regular bowel habit with

formed stools. She has begun to address her emotional problems relating to her family issues. She looks brighter and has a spark in her eye that was missing during the first few weeks of treatment. It has been suggested that her treatments now become fortnightly and more attention can be paid to her joint problems, which also show some improvement. In her own words, Louise says "I never believed that acupuncture could be so effective in controlling my IBS and relieving the symptoms of my hiatus hernia/reflux problems. Deborah's treatments have been very caring, professional and focused on my needs. I recommend her highly and will continue to visit her for my general well-being".

# Case Two: Mouth Ulcers

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The patient, I will call Louise, is a 45 year old Senior Finance Assistant who is married with two children. She has been suffering with recurring mouth ulcers for a period of 4 years which have become progressively worse over the past few months with continual flare ups and intensified pain. The ulcers are located on the side of the tongue and on the gum inside the cheek. On observation the centre of the ulcers are a yellow/white colour encircled by a red ring which is inflamed. The flare ups are linked to her menstrual cycle; usually 2/3 days before her period starts. Her menstrual cycle is normally 28 days; however, they have become more irregular over the last 6 months, lasting only 3 days. Her periods have become heavier during this time and the blood is dark red and dull in colour with a number of small clots. She experiences breast distension, headaches and blurred vision. Louise was diagnosed with Endometriosis 15 years ago. Her sleep pattern is disturbed, frequently waking after 5 hours and experiencing vivid dreams. Her energy levels are low and she has started to feel depressed. Louise admits that she has enjoyed eating lot of spicy foods over the years but the pain of her ulcers has disallowed her to now do so. Her bowel movements are normal; however, she has a lot of intestinal gas. She has a thirst, but has an aversion to hot drinks due to the pain it causes. Her pulse was full and rapid with a wiry quality and her tongue presented a thick yellow coat and a red tip. The sides were wet and displayed teeth marks.

**Pattern diagnosis**

- Liver and heart fire
- Stomach fire
- Liver qi stagnation
- Blood stasis

**Aetiology and Pathogenisis**

Louise was diagnosed with Liver and Heart fire. Stomach heat is also present, typified by the reversal of stomach fluids and the nature of the ulcers. It is possible that Liver fire has attacked the Stomach creating fire; however her partialness to heat generating foods may also be apparent, causing injury to the spleen and its functions; as observed on the tongue which presents teeth marks and wet sides. Prolonged Liver qi stagnation is the origin of this pattern, with obstructed qi generating into heat and then fire. Furthermore Liver qi stagnation has led to Liver blood stasis, a primary cause of Endometriosis. Blood stasis can create further heat as congealed blood causes qi stagnation.

**Treatment and results**

- Clear heat and drain fire from Liver, Heart and Stomach
- Nourish qi and blood
- Move Qi and blood

Lifestyle advice was given as: Increase water intake to cool body and replenish fluids consumed by heat. Avoid consumption of spicy foods which create heat.

Louise's initial treatment involved clearing heat and draining fire from the affected internal organs to calm the ulcerations and reduce the acute flare ups. The following points were used;

- Reduce Xingjian (liv2) Drain Liver fire
- Reduce Shaohai (he3) Drain Heart fire
- Reduce Neiting (st44) Cool and drain Stomach heat
- Reduce Hegu (li4) Clear heat (specifically for ulcers)
- Reduce Waiguan (sj5) Clear heat (specifically for ulcers)

During her second visit Louise during spoke of her positive response to treatment saying "The ulcers felt a lot better and less painful after the treatment." On observation, her ulcers appeared less angry and the red colour which encircled the root appeared duller and less inflamed. Louise's said her sleep had also improved but she noticed she was belching excessively. The following points were added to the treatment.

- Reduce Tianshu (st25) Flatulence
- Tonify Neiguan (p6) Calm spirt

Her third visit showed further improvement, although she recognised when her fluid consumption was reduced the pain became more acute. She was advised to continue with the treatment including the lifestyle advice. Once heat has been cleared, the following points can be used to nourish then move qi and blood.Geshu (bl17), Ganshu (bl18), Ququan (liv8) and Zusanli (st36) can be used to nourish blood. Xuehai (sp10), Taichong (liv3), Yanglingquan (gb34) and Zhigou (sj6) can be used to break up blood stasis.

# Case Three: Deep Vein Thrombosis

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P.B is a 57 year old lady who came for treatment in June 2009, for a Deep Vein Thrombosis (DVT) in her right calf. It occurred after she had pneumonia in May 2008 and is the second DVT she has had. The pain is of a stabbing nature and radiates down to her ankle. It is constant and she puts the pain at 9/10 (1 being low, 10 being high). Along with the pain, her affected lower leg is very swollen with clear oedema (fluid retention) and she has pitting. The leg is also very red and hot compared to the left leg. A DVT is caused when a thrombus forms in the vein and causes inflammation. It can occur in any vein in the leg but, as in this case, usually happens in the calf. A thrombus is formed when the blood clots and there are several predisposing factors that may lead to this including reduced blood flow, post-operative states, age, bed rest, direct injury to the calf, clotting tendency (oral contraception, HRT, cancer, pregnancy etc). In this case, it was most likely caused by reduced blood flow from the first DVT which was exacerbated by the bed rest encountered during the pneumonia. As well as the DVT, this lady has an underactive thyroid which was diagnosed 10 years ago and is harder to treat as it is Hashimoto's form (auto-immune). Weight gain and fatigue are linked to this problem. Her sleep is very poor and she is only achieving 2 hours of sleep a night as a side-effect of the medication she is on. Her energy levels are also very low at around 2/10.

P.B had a previous DVT 2 years ago and suffered from pneumonia 14 months ago. She also suffers slight arthritis in her hands but this doesn't affect her much. She is currently taking thyroxin 150mg, and Sinthrone 3-4mg. Side-effects of these

include poor sleep, dizziness and poor memory and concentration. As she is currently studying Law at university, these side effects make life very hard for her. The patient's appetite is poor as she doesn't eat full meals and tends to skip breakfast. She also snacks a lot but on healthier foods. Her fluid intake consists of water and juice which she drinks plenty of, and she never feels thirsty or sweats. She suffers from occasional constipation due to her thyroid but urination is fine. She has had 3 children in the past and is no longer menstruating due to her age. Emotionally she described herself as happy but frustrated and she seems very down about her condition. Her body temperature is normal but she tends to feel the cold more. The patient has a very pale complexion and is overweight. Her pulse is weak and deep on all positions and is of a wiry quality. Her tongue has deep cracks in the centre where it is quite raised. It has a very red tip with papillae (heat spots) and a white/yellow tongue coating.

**Syndrome Pattern Differentiation**

Qi Deficiency is indicated by tiredness, fatigue, low energy, poor sleep, poor appetite, pale complexion and the weak pulse. This was caused by overwork and her poor diet. The DVT in the leg along with the sharp stabbing pain, suggests Blood Stasis. Deficiency of Qi fails to move Blood causing Blood stasis which in turn causes Qi deficiency. Together, this combination leads to water retention seen in her swollen leg with pitting.

**Diagnosis**

- Blood Stasis
- Water retention
- Qi deficiency

**Treatment Principles:**

- Unblock local
- Invigorate Blood
- Tonify Qi

5 weekly treatments of acupuncture were suggested and if there was not much improvement then another 5 treatments would be added. The treatments would last 20 minutes to allow the patient to relax and let the Qi flow smoothly around the body. The main complaint which was the pain in her calf was quite simple to treat and so the number of treatments needed should be quite small. It was explained that while the effects of acupuncture vary in person to person, the more simple cases should see fairly quick improvements. The patient was advised to eat 3 main meals a day consisting of breakfast, lunch and dinner, and try to avoid snacking. Foods that would benefit her condition would consist of soups and stews, fruit and vegetables (that are not over-cooked), aromatic herbs, sage, and spices. All of these will help nourish Qi as well as help to move stagnation. She was also advised to carry out gentle exercise and get plenty of fresh air as this also nourishes Qi and helps move stagnation.

**Treatment**

P.B had never had acupuncture before and was slightly nervous. Therefore, minimal needles were used and a lighter manipulation carried out so that she could get used to the feeling of deqi. On the first treatment, point selection included ST-36, ST-40, ST-41, SP-6, SP-9, REN-6 and DU-20. ST-36 (Zusanli) was used as it is the primary point to tonify Qi. It also nourishes Blood, resolves Dampness, and is an important point for painful obstruction of the whole lower leg. ST-40 (Fenglong ) was used to transform Dampness and activate the channel to alleviate the pain and ST-41 (Jiexi ) was added to benefit the swelling and pain of the ankle and lower leg. SP-6 (Sanyinjiao) was used as it invigorates Blood and resolves Dampness. SP-9 (Yinlingquan) is the He-Sea and Water point of the Spleen channel and so was added in the treatment as it resolves Dampness and helps with oedema and swelling of the lower limbs. REN-6 (Qihai) was used as it is the 'Sea of Qi' and its actions include tonifying and regulating Qi as well as harmonising Blood. The last point used in the treatment was DU-20 (Baihui) which regulates and raises Qi

**Follow-up Treatments**

The following week the patient did not notice any changes regarding the pain in her leg but she slept well after treatment. She is now achieving 4 hours of sleep a night instead of 2 hours. She is feeling a little more refreshed in the morning and her energy improved slightly. Also, the swelling in the leg has reduced slightly. The treatment plan was amended and numerous points were added. BL-40 (Weizhong), BL-56 (Chengjin) and BL-57 (Chengshan) were needled on the right calf only. These were used to activate the channel and alleviate pain. HT-7 (Shenmen), HT-5 (Tongli) were used to regulate and tonify the Heart to benefit sleep and Anmian, which is known as 'Peaceful Sleep' was added as it is an effective point in the treatment of insomnia.

After this treatment, P.B noticed significant improvements and within a few hours of having the acupuncture, the leg was a lot less painful. It was also less red and the swelling had gone down. Sleep was still poor but on the night of the treatments she is achieving 8 hours. By the fourth treatment, the patient's leg had no swelling and she was able to wear shoes that she hadn't worn in years. She had no pain at all since the previous treatment and her sleep had improved to 6 hours a night resulting in lots more energy. These improvements continued until the end of the block of 5 treatments and she became a more confident and happy woman.

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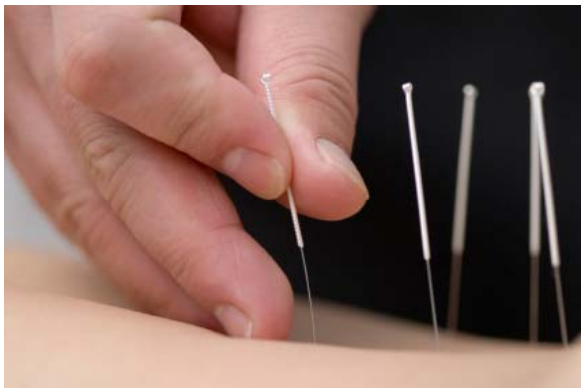

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# 动脉粥样硬化中医辩证论治研究进展

**http://www.govyi.com/lunwen/2008/200812/280467.shtml**

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动脉粥样硬化(Atherosclerosis，As )是心脑血管病的主要病理基础，目前关于As的病因较一致的看法是，由损伤、炎症、免疫功能障碍三者相结合作用的结果。西医对As的治疗手段虽有了长足发展，但一些副作用和复发率及致死率仍居高不下。中医对As进行辨证论治，可以发挥中医药复方全面调节机体机能和多途径、多环节、多靶点干预的优势,通过调血脂、抗氧化、保护EC功能、抗血小板粘附聚集、抗血栓及抗SMC增殖等,全面干预As的发生、发展，弥补了西医治疗的不足。近年来祖国医学治疗As取得了一定进展,本文就此做一综述。

## 1 中医对的 As 总体认识

As的 临床表现,可涉及祖国医学“眩晕”、“头痛”、“健忘”、“痴呆”、“中风”、“胸痹”、“真心痛”、“厥心痛”、“痰饮”、“水肿”等病症。其病理机制中,痰、瘀、毒是实体要素，而这些要素的产生是脏腑功能失调的结果，传统中医根据辩证经验认为As的产生与脾、肾、肝三脏关系最为密切。因此，祖国医学在重视As从痰、瘀、毒论治的同时，更注重把As放在脾、肾、肝等“脏腑失调”这个复杂的“关系网”中，从相互作用的矛盾关系上来认识As的发病机制和辨治规律，从而进行有效的辨证论治。

## 2 中医在 As 的辨证论治上的研究进展

### 2.1 补肾祛瘀化痰法

肾主津液，对津液的贮存、分布、利用及津、液、精、血之间的转化起主导作用。中年以后肾元亏虚，精气渐衰。若肾阳虚，则水不生土，衍生痰浊；肾阴虚，更可火化热生，炼液为痰，痰浊壅塞脉道，血滞成瘀。痰瘀互结，着于血脉，交结凝聚，即形成粥样斑块。针对于此，应从治肾入手，以调节阴阳平衡，稳定机体内环境；同时还需通过消痰化瘀，祛除病理产物，阻止或逆转其实质性病理改变。研究表明补肾祛瘀化痰法具有调脂、抗氧化、抗血栓、改善血液流变学、抑制平滑肌细胞增殖等综合的抗 As 的作用[1]。益寿调脂片是名中医朱秉臣经验方,经临床和实验观察发现,能显著降低高脂血症患者及实验性高脂血症大鼠和家兔血脂,提高 As 家兔 SOD 活性和 NO 水平,降低 MDA 水平,减少主动脉斑块,作用优于舒降之[2]。研究证实,补肾护脉方能降低实验性 As 家兔的血脂,降低主动脉内膜中斑块总面积、斑块最大厚度、内膜与中膜厚度比值,抑制肝细胞脂变程度和减轻心肌内小 As 的严重度；临床研究证实,补肾护脉胶囊改善 As 患者自觉症状有效率为 70%, 降低 TG 最为显著, 提高 HDL[3]。温肾回阳方四逆汤可明显缩小主动脉内膜脂质斑块面积,降低血清 TC、TG、LDL□C、apo□B 及 ET 和 MDA 浓度,提高血清 NO 水平、apo□A 含量与血浆 SOD 活性,从而起到抗 As 作用[4]。

### 2.2 健脾消痰化瘀法

As 多见于中老年人，这些人群脾的“内运化”功能减弱，散精不利，阴阳失衡，对原系水谷精微之血脂，易化生为痰浊，正如《证治汇补》所言：“脾虚不运清浊，停滞津液而为痰生”，痰流滞于血脉，则形成痰瘀交结证。故论治 As 要从健脾消痰、活血化瘀入手。研究证实健脾消痰化瘀方(人参 、茯苓 、酒大黄 、山楂 、水蛭)可降低血清 TC、TG。升高高密度脂蛋白(HDL□C)，减少血清 LPO 含量，增加血清超氧化物歧化酶(SOD)的活力,以达到降脂、保护动脉内膜免遭自由基损伤、抑制 As 斑块的作用[5]。赵学军等[6]证实理脾化痰方能阻抑早期 As 的形成,观察组主动脉内膜相对厚度小于模型组，VSMCski267 的表达率和凋亡的 VSMCs 阳性率均低于模型组。

### 2.3 疏肝理气泻浊法

肝主疏泄，气血津液的运行、脾精的运化等均依赖于肝气的畅达。若肝失疏泄，气机不畅，则津血输布代谢失常。可化生痰浊、瘀血。As是痰瘀同病，其病理过程与肝失疏泄密切相关。基于此，论治As，在强调痰瘀同治的同时，要重视疏肝调肝药物的配伍应用。疏肝调血方对实验性As病变模型具有调整血脂蛋白，减少动脉壁厚度及As面积；调节血清钙离子及环核苷酸的比值；显著降低血管平滑肌细胞内LPO含量。明显提高SOD的活性等作用，从而使As病变减轻或趋向静止[7～9]。另有学者认为，痰瘀阻滞、肝气虚衰是As的主要病机之一，有逐瘀化痰通络、暖元温肝作用的血脉舒，可有效地降低 TC、LDL□C及载脂蛋白B 提高血 SOD含量，降低LPO，调整血栓素与前列环素的平衡，减少主动脉内膜粥样斑块面积、内膜厚度及 组织学的异常改变[10]。王学岭等[11]应用调肝导浊汤观察体外培养肝细胞膜LDL受体mRNA 水平,发现肝细胞膜LDL受体水平增加不仅超过未用药的高脂血清培养组,而且高于正常组,中药的作用强于高脂负荷引起的负反馈调节。提示调肝导浊中药可能直接作用于肝细胞LDL受体基因,或影响基因表达某个环节而使转录增加,通过诱导肝细胞LDL受体基因表达而降血脂,从而发挥抗As作用。

2008 年 2 月张卫娜等：动脉粥样硬化中医辩证论治研究进展第 1 期 2008 年 2 月河北北方学院学报（医学版）第 1 期 2.4 祛痰化浊法

导致 As 的首要因素是血脂过高，脂质代谢失调，而高脂血症根据其临床表现，可归属于中医学痰浊、痰瘀之范畴。渊源于《黄帝内经》的膏脂学说是中医认识本病的重要理论依据 。《灵枢·卫气失常论》曰：“人有脂有膏，有肉”，而若脂膏过多则有形体变化，此《内经》称为“膏人”、“脂人”，少则“体无膏泽”。膏脂与津液同源，是津液之稠浊者，并能化入血中。若摄入过多，利用、排泄失常，均可使血液变稠而为痰浊。结合微观研究分析，低密度脂蛋白(LDL)升高是 As 最主要的致病因素之一。有报道提示：痰证病人的抗氧化能力显著降低，体内氧化修饰的 LDL 明显升高[12]。另有报道显示冠状动脉粥样硬化性心脏病痰浊型患者，血清总胆固醇(Tc)、三酰甘油 (TG)，以及 LDL 等含量均明显高于非痰浊型患者和正常人(P>0.01)而且 As 性指数与痰浊型呈显著正相关[13]。近数十年来临床广泛应用复方陈皮苷、泽泻降脂片、白金降脂丸治疗高脂血症、冠心病，以治痰的手段达到降脂祛浊的目的。药理研究亦表明，化痰方药在降低 TC、LDL 和对抗脂斑形成方面具有显著作用[14]；涤痰汤具有促进脂质排泄的作用[15]。

2.5 活血化瘀法

As的发生发展，以动脉壁内皮细胞 (EC)损伤为始动因素，血小板黏附聚集、释放 生物活性物质和平滑肌细胞(SMC)增殖为主要环节，脂质浸入，动脉壁弹性纤维破坏，引起动脉管腔狭窄为病理结局。这些病理改变属于中医学“瘀血”的范畴。有研究表明，以血瘀为主的冠心病患者，冠状动脉均有器质性病变，冠状动脉造影显示显著冠状动脉狭窄的比例高达 94%[16]。有人对 73 例冠心病患者进行辨证分型，并与冠状动脉造影所见进行对比分析后指出，73 例冠心病患者中均有不同程度的血瘀表现，冠状动脉血管病变支数越多，狭窄程度越重[17]。近年的研究也证实，活血化瘀方药防治As，有调脂、抑制SMC增殖、抑制血小板功能及调节前列腺素I/血栓素A平衡、保护EC、抑制脂质过氧化反应、抑制及消退粥样斑块等作用[18]。

2.6 清热解毒法

毒邪作为一种致病因素，有外来之毒、内生之毒之分。内生之毒常发生于内伤杂病的基础上，多由诸邪蓄积，交结凝滞而成。现代医家通过临床实践发现内毒与络脉病患密切相关，并认为毒邪瘀阻络脉正是此类病患病位深，病情重，病势缠绵难愈的机缘所在[19]。As 作为络脉病患与毒邪密切关联。研究表明，感染、炎症与 As 和冠心病的发生与发展具有一定的相关性，慢性潜在性的感染诱导多种细胞因子的产生、黏附因子的表达，可能是刺激 As 炎症反应的始动因子之一[20]。感染、炎症在一定程度上反映了毒邪的病理变化，也可以说此印证了毒邪与 As 的相关性。毒邪的现代医学观认为：各种致病微生物可认为是中医外毒的一部分。现代医学的毒性氧自由基、兴奋性神经毒、酸中毒、微生物毒、钙离子超载、凝血及纤溶产物、微小血栓、血脂、突变细胞、自身衰老及死亡细胞、致癌因子、炎性介质和血管活性物质的过度释放等 ，均可看成是中医的毒邪，这些疾病过程中形成的“内生毒邪”，直接影响着疾病的病理变化、预后和转归。有研究认为 As 属热毒内盛，痰瘀阻络，而选用复方莶草合剂以清热解毒、利湿通络，通过降脂，减轻脂质过氧化反应，抗炎、抑制免疫损伤等，而起到对抗 As 内皮细胞损伤的作用[1]。

2.7 活血解毒化痰法

痰浊、瘀血、毒邪三者并不是孤立存在的，而是具有密切关系。痰饮、瘀血作为津液代谢的病理产物，其本身皆能化毒为害，形成痰毒、瘀毒，且津血同源，痰瘀相关 ，毒 、痰 、瘀三者相互促生 ，形成恶性循环 ，以毒为引发关键，以痰、瘀为有形之病灶，从而形成痰瘀毒互结的局面[21]。正与现代医学因炎症而致 As 灶相合，中医对 As 的形成，概言之，正是“无邪不有毒，热从毒化，变从毒起，瘀从毒结”。对于 As 与痰瘀之间的关系， 1994 年被提出痰瘀同病这一学术观点后，现在越来越为大量的临床与实验研究证实。As 痰瘀互结证，其病理表现为高凝状态、氧自由基的损伤、高脂血症、微循环障碍及微量元素变化异常等，这些病理变化缠绵难愈就会蕴久成毒，形成痰瘀毒互结的状态。临床上依据此理论基础用滋阴清热解毒、活血化痰散结的方药组成解毒软脉方治疗 As，可显著降低血液黏滞性，调节血脂水平，减小 As 面积[22]。

**3 展望**

目前，As 斑块中的不稳定斑块及其引发的心脑血管事件，已引起医学界广大学者的高度重视。近年来的基础和临床研究取得了巨大成绩，但不稳定斑块的确切发病机制仍不十分清楚,临床治疗缺乏针对性、专一性。中医药治疗具有多靶点干预的优势,从中医辩证论治 As 有望在一定程度上稳定斑块，减少心脑血管事件的发生。但目前中医药对 As 病人的临床研究仍存在样本例数过少，缺乏严格随机对照，可重复性差等不足，多数临床研究缺乏与之密切相关的基础实验研究。进一步研究应按照临床药理实验管理规范和循证医学的要求，开展多中心临床研究，以便科学证明其防治 As 的疗效。同时应加强基础研究，从分子水平探讨中医药干预不稳定斑块的作用机制，为从中医辩证论治 As 确定新的治疗靶向提供理论与试验依据, 从而进一步有效防治 As。

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# 湿热证实验深入研究的方向

http://qkzz.net/article/c3453d50-a4b8-4b08-a846-fce807cf26ac.htm

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**【摘要】** 湿热既是中医特有的致病原因，又是具有广泛临床基础的中医病证，近年来，国内外学者运用现代研究方法，将中医经典理论与临床及实验研究紧密结合，对湿热的病因及客观物质基础进行了有益 探索，取得了可喜的进展。

## 1 湿热证的模型研究

湿热证的模型研究已经开展得较为深入，熊氏［1］自1983年开始首次报道运用大肠杆菌兔耳缘静脉注射建立温病卫气营血证候动物模型，结果在出现营血证时，常有稀便、溏泻等湿热下注的症状，据此将本组温病模型命名为湿热病或湿热类温病模型。继之郭氏［2］以湿热环境合过食肥甘法造模；李氏［3］等均宗段氏之法进行改进，造成湿热证动物模型。刘国强［4］等研究发现：单纯湿热气候、饮食不节均不能造成典型大鼠气分湿热证模型，单纯 化学因素或生物因素造模则证候齐同性差，而生物因素协同湿热环境和肥甘饮食则可使证候性质呈现较稳定的湿热证，齐同性增强。是理想的湿热气分证的造模方法。至此，使用环境、饮食、生物等多因素方法造成湿热证动物模型的方法已被温病学者公认接受。有人在综合前述造模方法的基础上，将模型进一步分型，认为关键在于中气虚实，因而对造模过程进行了调整，即破气攻下和饥饱失常，过食肥甘损伤脾胃形成中气虚，内湿停聚，继而利用环境、生物因素 成功地造成湿热病湿重于热的病理模型。其后郭氏［19］宗此理法亦复制出湿重于热的动物模型。

## 2 湿热证的组织病理学研究

陈泽霖［5］认为肝胆湿热与肝细胞变性、坏死以及炎性细胞浸润有关。白玉良［6］对病毒性肝炎作肝穿活检分析表明，肝胆湿热型的病理改变主要特点为肝细胞淤胆，肝细胞胆色素颗粒沉着以及小胆管扩张淤胆等。危北海提出胃病湿热中阻型主要是胃黏膜的充血、水肿、糜烂或伴出血点等急性炎症改变。余江毅［7］认为慢性肾炎肾小球系膜增生可作为湿热证的客观指标。张声生［8］等认为，脾胃湿热证患者炎症介质释放增加：肿瘤坏死因子-α（tnf-α），血和尿前列腺 e2(pge2)，前列腺 e2a（pge2a）升高。冯春霞［9］的研究显示湿热证患者的炎症因子水平升高，免疫功能亢进。李灿东［10］等研究发现脾胃湿热组胃黏膜细胞凋亡指数（ai）增加，认为其胃黏膜炎症反应明显，细胞凋亡增多。

## 3 湿热证与免疫调节

有人发现脾胃湿热证患者 t 淋巴细胞总数和辅助性 t 淋巴细胞下降，出现 t 淋巴细胞免疫低下， t 淋巴细胞网络紊乱现象。林群莲［11］等也发现脾胃湿热、脾气虚、肝胃

不和组患者均存在细胞免疫功能低下，表现为外周血白细胞分化抗原 cd4、cd8 下降，cd4/cd8 比值降低，但是与中医证型无必然联系。陈江华［12］等测定湿热证病人的体液免疫水平，结果显示病人血清中 igg、iga、igm、补体 c3 显著高于正常人，而补体 c4 则不明显。在细胞免疫方面可见 t 淋巴细胞亚群比例失调，尤其是 cd8 水平显著降低，cd4/cd8 比值增高。

**4 湿热证与代谢异常**

4.1 湿热证与胃肠激素代谢 李家邦［13］等研究发现肝火证组、肝胆湿热证组 p 物质（sp）升高。冯五金［14］等研究发现，大肠湿热证的胃泌素（gas）、sp、胃动素（mtl）3 种胃肠激素均增高，而以 sp 更明显。有人发现外湿组大鼠 gas 分泌减少，mtl 和醛固酮分泌增加。王丽华［15］等发现 gas、cgpr、egf3 种胃肠激素在脾虚、脾虚痰湿、脾胃湿热 3 种证型病理发展过程中表现为胃肠激素之间的相互调节，认为 gas、cgpr、egf 对消化功能紊乱状态的发展各有不同的调节模式，也是脾虚、脾虚痰湿、脾胃湿热发展过程中人体微观调节的机理之一。

4.2 湿热证与水液、脂质代谢 有人采用放免分析法检测了中焦湿阻证模型大鼠的血浆adh的浓度，结果显示，中焦湿阻证大鼠adh较正常组显著升高，表明中焦湿阻证大鼠远端肾小管与集合管水分重吸收加强，被保留在体内，有水、钠潴留现象。有人研究发现湿热证湿热挟瘀证甘油三酯（tg）、总 胆固醇（tc）、低密度脂蛋白-胆固醇（ldl□c）、载脂蛋白b(apo□b)均显著升高，高密度脂蛋白-胆固醇(hdl□c)则显著降低。孙洁民［16］发现肺病湿热证患者脂质过氧化物（lpo）显著高于非湿热证。张诗军［17］研究慢性乙肝湿热证患者，结果提示，脂质过氧化可能是自然杀伤细胞（nk）水平下降的原因之一。

4.3 湿热证与细胞能量代谢 祁建生［18□19］等研究发现，脾胃湿热证患者红细胞膜 na+-k+-atp 酶（na+-k+-atpase）活性，ca2+-mg2+-atpase 活性及红细胞三磷酸腺苷（atp）含量，基础代谢率均高于脾胃气虚证，多巴胺 β□羟化酶(dbhase)活力均增加，而 24h 尿 17□羟皮质醇含量正常，慢性胃炎脾胃湿热证患者存在从交感神经中枢-交感神经-组织细胞代谢呈代谢性亢进的病理生理学特征。表明湿热证存在组织细胞物质能量代谢的亢进状态，是机体对湿热致病因素作出的一种代谢性效应。刘冬梅［20］认为，脾胃湿热证大鼠胃粘膜的 c amp/c gmp（环磷酸腺苷/环磷酸鸟苷）、c amp 比正常组下降，胃黏膜呈炎症改变。

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# Recent Chinese Medicine Coverage in Times

***Editorial:*** *As a big debate on statutory regulation for complementary medicine professions continues and the government is going to announce its plan on this matter very soon, we abstract some articles from Times newspaper covering Chinese medicine in the recent 3 years, both positive and negative. No matter what outcome it will have on regulation, TCM has undoubtedly become more popular in the UK.*

## Has Chinese medicine lost its healing touch?

**Why is traditional medicine from the East is under threat both here and in China**

By John Naish 20th March 2010

Chinese medicine is threatened here and in its home country. When its record of selling potentially poisonous "cures" and making wild diagnoses is examined, this might not seem surprising. The dangers of dodgy Chinese medicine were highlighted in a trial at the Old Bailey last month. Patricia Booth, a civil servant, told how "safe and natural" pills she bought for a skin complaint from the Chinese Herbal Medical Centre in Chelmsford, Essex, destroyed her kidneys and caused her to develop cancer. The pills contained aristolochic acid, which is carcinogenic. Booth, 58, is now housebound. The practitioner, who admitted prescribing the pills, was given a conditional discharge.

Is aristolochic acid off our streets? Apparently not. The Government's drug-safety agency, the Medicines and Healthcare products Regulatory Agency (MHRA), is pursuing two cases involving the substance. The agency has investigated other cases in which patients have fallen ill or died after being sold Chinese concoctions containing illegal substances, such as powerful Western medicines, poisonous plants, heavy metals and asbestos.

The MHRA says that there is "no entirely reliable way of telling whether a traditional Chinese medicine is safe" because "standards of safety, quality and product information are so erratic". Chinese medicine also faces growing scepticism in its homeland. The *China Daily* reports that only one fifth of patients there now use it. China has 270,000 traditional doctors today compared with 800,000 in the early 20th century. In recent years the Government has invested heavily in Western medicine — often used in conjunction with traditional therapies — and this has brought improvements in life expectancy and childbirth mortality.

In 2006, Zhang Gongyao, a professor at Central South University, Hunan, launched an online campaign against traditional medicine, claiming that it lacked "a rational foundation" and used "poisons and waste" for cures. Such protests may grow as social change sweeps China. Today's traditional Chinese medicine was systematised in the 1950s under Mao Zedong to prove that China had no need to rely on Western technology. An army of herbalist "barefoot doctors" was more affordable, too. But Dr Li Zhisui Li, Mao's personal physician for 20 years, revealed in *The Private Life of Chairman Mao* that Mao extolled Chinese medicine only in public. Privately, he used Western cures. Chinese medicines can have powerful effects, though, and Western drug companies and academics are collaborating with herbalists to find the active chemicals involved. For example, Australian scientists are working with the Shanghai University of Traditional Chinese Medicine to use lupin extract to treat diabetes.

Meanwhile, the European Union is reining in Chinese herbs. Under EU rules that must be enforced in Britain by 2011, all herbs sold will be registered and inspected. The rules ban unregulated practitioners from commissioning or formulating their own medicines. This would effectively put thousands of Chinese herbalists out of business, says Emma Farrant, the secretary of the 450-member Register of Chinese Herbal Medicine.

Both Farrant's organisation and the Association of Traditional Chinese Medicine want the Government to regulate their members. The Department of Health is on its second consultation process on this issue — the results will be published "as soon as possible". But Sense About Science is lobbying against this, saying that herbalists should be regulated as health professionals only if they can prove that their therapies work in Western drug trials.

David Colquhoun, Professor of Pharmacology at University College London, who described Chinese medicine as "baloney" in the *British Medical Journal* last year, supports this: "You cannot start to think about a sensible form of regulation unless you first decide whether or not the thing you are trying to regulate is nonsense."

Such moves could effectively stamp out traditional Chinese medicine in Britain. That would be a pity for the thousands of patients who believe that it helps their conditions. It may also force therapists underground, where dodgy herbalism could run riot.

## Chinese herbalist's tablets caused 'terrible harm'

David Rose February 18, 2010

A Chinese herbalist was given a two-year conditional discharge yesterday after having admitted selling dangerous pills to a woman who then developed kidney failure and cancer.

Ying "Susan" Wu, of Holland-on-Sea, Essex, pleaded guilty to selling pills that contained a banned substance. She walked free after a judge at the Old Bailey called for greater regulation of traditional Chinese remedies in Britain.

Patricia Booth, 58, a civil servant who was sold the Xie Gan Wan pills by Ying at the Chinese Herbal Medical Centre in Chelmsford, Essex, took them three times a day for more than five years in the hope that they would resolve a skin complaint.

The tiny brown pills had been advertised as "safe and natural", but they contained aristolochic acid, a substance that should only have been given under prescription when she first bought them and which was later banned.

Mrs Booth became ill months after she stopped taking the pills, the court was told, and required an urgent blood transfusion. Kidney failure and later cancer of the urinary tract were diagnosed — both allegedly caused by the pills.

Judge Jeremy Roberts said that he had sympathy for the "terrible damage" that Mrs Booth had suffered by taking the pills. He ruled that, as the sale of traditional Chinese medicines was unregulated, there was no evidence that Ying knew of the potential harm caused by the tablets she sold.

He dismissed a charge of "administering a noxious substance" against Ying, 48, adding that the 1861 law had been designed for "the days of Victorian poisoners" and cases such as the "husband who slipped some poison into his wife's cocoa".

Giving his ruling, Judge Roberts said: "It is an unfortunate fact that there is no system in this country to regulate Chinese herbal medicine retailers like Ms Ying by requiring them to be registered with an appropriate professional body or trade association." He said that such a registration would mean that retailers would be alerted to regulations. "Somebody like Ms Ying is entitled to set up shop as a herbal medicine retailer and to operate entirely unsupervised. "There may be a gap in our law here which the Government might wish to address."

The Department of Health is currently considering recommendations for just such regulation, but it is unclear when a framework will come into force.

Michael McIntyre, chairman of the European Herbal and Traditional Medicine Practitioners Association, criticised the Government for its "abject failure" to provide regulation of herbal medicines sold in Britain. "They promised regulation nearly ten years ago. They even announced a timetable, which would have seen it happen in 2005. Instead, ministers set up another steering group and another consultation," he said. "It is time to stop talking and start acting."

## Regulating quack medicine makes me feel sick

David Colquhoun August 29, 2008

It is fashionable to think things are true for no better reason than you wish it were so. Anything goes, from fairies, crystals and Ayurvedic medicine (as advocated by Cherie Blair) to fooling yourself about WMD (as advocated by her husband).

The latest sign of this trend is a report to the Department of Health from Professor Michael Pittilo, Vice-Chancellor of the Robert Gordon University, Aberdeen. His May report - on acupuncture, herbal medicine, traditional Chinese medicine and the like - recommends that these therapies should have statutory regulation run by the Health Professions Council, and that entry for practitioners should "normally be through a bachelor degree with honours". Consultation is supposed to begin around now.

Both of the ideas in the report are disastrous. The first thing you wanted to know about any sort of medical treatment is: "Does it work?" One of the criteria that must be met by groups aspiring to regulation by the HPC is that they "practise based on evidence of efficacy". That evidence does not exist for herbal and Chinese medicine, which remain largely untested. For acupuncture the evidence does exist and it shows very clearly that acupuncture is no more than a theatrical placebo.

The problems that Professor Pittilo's recommendations pose for universities are even worse. You cannot have universities teaching, as science, early 19th-century vitalism, and how sticking needles into (imaginary) meridians rebalances the Qi so the body systems work harmoniously. To advocate that degrades the whole of science.

(David Colquhoun is Research Professor of Pharmacology at University College London.)

## Suckers: How Alternative Medicine Makes Fools of Us All by Rose Shapiro

**Why this unhealthy obsession with complementary medicine? Rose Shapiro's Suckers prescribes a dose of scepticism, Anjana Ahuja says**

Read an extract from Suckers February 23, 2008

Complementary and alternative medicine (CAM) is a vast industry that has, despite little or no evidence of effectiveness, ensnared one in three of us. In the UK we spend about £4.5 billion on, for example, homoeopathy, reflexology, herbal medicines, chiropractic and acupuncture.

In fact, so common are they that the label "alternative" has come to be seen as old-fashioned. They have been rebranded "complementary", as if conventional medicine cannot suffice to meet our medical needs. The rebranding is still under way: the Prince of Wales, among other luminaries, insists on calling it "integrated medicine", a holistic approach that treats as one the body, mind and soul.

When you buy a herbal medicine you don't know how much active ingredient is in it, nor whether it will interact harmfully with any other medicines you are on (which is why the European Union, sensibly, wants to regulate it). Many therapies — such as homoeopathy and distance healing — offer no viable scientific mechanism by which they can cure. For example, homoeopathy uses solutions so dilute that patients are, in effect, treated with water.

Worse, CAM endangers people by propagating the untruth that Western medicine is, at best, ineffective and, at worst, harmful, despite it having eradicated many killer diseases and resulted in longer life expectancies than ever.

Shapiro insists, with some justification, that CAM has earned a status far beyond its merits, and is now, owing to popular demand, leaching money from an already overstretched NHS. The bill for an estimated tenth of CAM spending — some £450 million — is picked up by the taxpayer, and the public is fooled into believing that CAM is more than snake oil simply because the NHS uses it.

Edzard Ernst, Britain's only professor of complementary medicine, at Exeter University, agrees that there may be something to acupuncture. Science, one of the world's top research journals, recently revealed how some scholars plan to study rolfing (soft-tissue massage).

# Chinese herbal medicine: how effective is it?

February 16, 2008

**Are Western scientists crazy to be dabbling in Chinese herbal medicine? Not if it holds the key to Alzheimer's disease, says Kate Wighton**

A jar of browny-green goo is all it took to end Dr Stephen Minger's doubts about whether traditional Chinese medicine could teach anything to Western science. When a colleague walked into the leading stem cell scientist's lab at King's College London with a Chinese remedy that he believed could boost brain cell growth, and asked if he could test his theory on some neurons that Dr Minger had grown in his lab, he wasn't keen.

"My first thought was 'you're not putting that on my cells'. But it turned out to be amazing stuff. It really stimulated the cells to grow; they grew like weeds," recalls Dr Minger, the ponytailed scientist who has has been in the spotlight since 2003, when his team created the UK's first lab-grown human embryonic stem cells. These are the "blank-slate" cells that have the power to turn into any cell of the body and may be key in producing more effective treatments for diseases such as diabetes and Parkinson's.
But for all of his scientific credentials, Dr Minger is about to step out of the conventional and into the alternative. At the time of the "green-goo" incident, neither he nor his colleague had the time or money to investigate further the ancient remedy that produced such an astonishing effect. But the experience stayed with Dr Minger and he began to view Chinese medicine in a different light. If its remedies could make brain cells grow, could they help to treat diseases that destroy the brain such as Alzheimer's?

Now the Government has asked him to head a two-year project aimed at strengthening links between UK and Chinese scientists. He immediately thought of using the project as a way of probing the ancient cures of traditional Chinese medicine, often referred to as TCM, to see if they can be converted into modern treatments.

**Searching for tangible effects**

The project starts this month. Dr Minger will fly to Shanghai to bring together Alzheimer's scientists in the UK with Chinese researchers in the hope of mining TCM for new medicines for the disease. He believes that the traditional system, based on energy flow in the body, yin and yang, anecdotal evidence and treatments made from ground-up plant and animal products, can help evidence-based Western medicine. So do many drug developers in the West who are turning their attention to TCM in the hope that the thousands of remedies in its armoury may have tangible biological and therapeutic effects.

Rebecca Wood, the chief executive of the Alzheimer's Research Trust, agrees that looking for potential cures in Chinese medicine could open up new avenues of treatment. "It's always worth looking at the unusual. We shouldn't assume we've got all the answers here. Just because something is traditional doesn't mean that it doesn't have active compounds in it."

In fact, experts estimate that one in four prescription medications used in the UK was originally developed from plants. Dr Paul Francis, a neuroscientist at King's College London and one of the Alzheimer's researchers who will join Dr Minger in China, points out that even some of the conventional Alzheimer's medications prescribed in the UK started off as shrubs.

**Barrage of safety tests are needed**

No two traditional remedies are the same, he says, unlike a pharmaceutical treatment where each pill has an identical composition. The remedies also need to undergo conventional scientific testing to make sure that they won't interact with other medication. This involves a barrage of safety tests, test-tube studies and, eventually, trials in patients. "Any chemical, even a natural chemical, can have side-effects," says Dr Francis.

Dr Minger, who believes that East-West scientific collaborations are the way forward for UK researchers, says that he may also use it to investigate whether TCM holds any potential treatments for cancer.

"China is going like gang-busters, particularly if you're thinking in terms of medicine and pharmaceuticals. In many cases their labs are as good, if not better, than labs here or in the US. A lot of Chinese scientists also are moving back. When you ask them why, they say it's too good a place not to be right now."

# In China, medicine debate rages

**While it is big in the West, TCM is being criticised in China**

Jane Macartney and Sophie Yu February 14, 2007

It's been one of those Beijing winters when flu is landing half the population in bed with a fever. But the talk is not of flu vaccinations. It is of how to find a pharmacy that hasn't sold out of woad root. Shelves have been emptied by Chinese returning to their traditional medicine roots, literally, for a cure.

For Zheng Jinsheng, a professor of the Academy of Chinese Medical Sciences, such actions are wholly sensible because they demonstrate that the Chinese recognise the value of the herbal remedies upon which they have relied for centuries.

But all this is anathema to Professor Zhang Gongyao, an outspoken critic of traditional Chinese medicine whose views have created a furore in Chinese medical circles.

The argument centres largely on whether consumption of usually vile-tasting concoctions of such exotic-sounding ingredients as powdered deer horn, simmered seahorse and boiled bat droppings, along with countless dried plants, offer an effective cure for ailments ranging from the common cold to rheumatism, gastritis and migraines.

Proponents recognise the limitations of TCM and the importance of proper practice. Most agree that poorly trained doctors who prescribe incorrectly mixed herbal medicines or patients who exceed proper consumption of these drugs are giving traditional medicine a bad name. Zheng says: "It is unreasonable to attack TCM because of the mistakes of a few doctors. There are toxins in both traditional Chinese medicines and in Western medicines and it all depends on how you take it." He argues that the same standards apply to Western medicine.

Fang Zhouzi, a biochemist, has won a reputation for rooting out academic fraud, and the risk of poisons in traditional remedies is one that he finds particularly worrying. Some treatments contain heavy metals, others traces of mercury or arsenic. Acupuncture, too, gives him concern. At what angle should the needles be inserted, and how deep? Fang and his fellow doubters worry that the lack of scientific research in the Western manner is letting traditional practitioners get away with murder.

There is little doubt that this 3,000-year-old system has come in for serious questioning in its homeland. But even those opposed do not believe that traditional medicine will disappear. It's too deeply ingrained in the Chinese system. Chinese will choose their foods, for example, depending on the season and without even knowing the medical reasoning that is the foundation for the choice of diet.

## Not feeling well? Then try some medicine tailored just for you

**Traditional Chinese medicine is now one of the UK's most popular alternative treatments. Our correspondent explains the philosophy behind it and how it can be practised safely**

Peta Bee February 14, 2007

It is a healing system that is reputed to be 3,000 years old but which holds undoubted appeal for modern living. With more than 1,000 clinics employing 3,000 practitioners, traditional Chinese medicine (TCM) is now one of the most popular alternative treatment approaches in the UK. Advocates claim that it works for a vast number of conditions including migraines, skin diseases, hormonal problems, sexual dysfunction and infertility, stress and depression. In fact, they say, virtually the only conditions it cannot treat are acute, life- threatening ones or something requiring surgery.

"TCM is an approach that is always tailored for the individual and combines several different elements in treatment," says Dr Jidong Wu, a spokesperson for the Association of Traditional Chinese Medicine (ATCM). "What works for one person's illness may not be right for another's."

There is certainly documented evidence that the ancient approach works well for many conditions. Last year, for instance, Professor David James of the Garran Institute in Sydney published findings in the journal *Diabetes* that showed how TCM is beneficial for people with type 2 diabetes. Using the bark and root of plants widely used in Eastern medicine, James was able to lower blood sugar levels in rats and suspects that the same could be true for humans.

Two years ago, a study outlined in *Allergy* magazine concluded that a combination of Chinese herbs and weekly acupuncture sessions was effective in relieving the symptoms of hay fever, while acupuncture used alone has been found to help the symptoms associated with everything from arthritis to childbirth.

Despite such emerging evidence and growing popularity in the US and the UK, TCM is not without its critics. While about 8,000 clinical studies have confirmed that the herbs used are safe and effective, some argue that many of these studies have not been carried out to rigorous Western standards. Some of the herbs used in hundreds of combinations are said to be toxic. Random tests carried out by the Committee on Safety of Medicines have picked out banned substances such as the herb aristolochia, used to treat rheumatism, which was found to have caused two cases of kidney failure in 1999. It has also been linked to cancer. Steroids have been found in many Chinese herbal preparations, as have arsenic and mercury.

According to the Government's medicines safety agency, the Medicines and Healthcare Regulatory Agency (MHRA), a court case in October found a Birmingham woman, Ming Xia Xie, guilty on six counts of supplying a slimming product made from Chinese herbs that contained a highly toxic derivative of a banned substance called fenfluramine, toxic to the liver and found to cause cardiac problems in some people.

The agency also issued warnings about a Chinese medicine called fufang luhui jiaonang after a wholesaler in Essex sold doses that contained levels of mercury 117,000 times higher than is legal in food in the UK.

Doctors writing in the *Lancet* medical journal last year also warned people against taking Chinese herbs from unregulated practitioners. They cited the case of a man who suffered kidney failure and is now on dialysis after taking the banned herb longdan xieganwan for at least five years. The team, led by Dr Chris Ling and Dr Sally Hamour, said that aristolochic acid was now recognised as a "potent urological carcinogen".

Dr Celia Bell, head of the human and healthcare sciences department at Middlesex University, one of the few establishments to offer degree-level courses in TCM, says that although "risks of side-effects with herbs remain low compared with Western drugs, tighter control of the industry is needed".

It is a view also held by Michael McIntyre, of the European Herbal Practitioners Association, who has been campaigning for 20 years for his industry to be regulated. "Most practitioners are well trained, reputable and hard-working, but there have been unpleasant and horrible stories about TCM being used badly," he says. "I unreservedly condemn the supply and use of herbs imported without knowledge of where they're getting them from. Until there is good quality control, there is a problem." Moves to regulate the industry are under way, but, says McIntyre, are not expected to be enforced until 2011.

"At the moment, although there are some regulations set by the MHRA governing what can and cannot be used in terms of Chinese herbs, anyone can still legally set themselves up as a TCM practitioner," says Cheng, a member of the DoH working party.

"Organisations such as the Register of Chinese Herbal Medicine (RCHM) and the ATCM are self-regulating and set rigorous standards of compliance for members, so the public know that their practitioner is qualified, but signing up is voluntary and many slip through the net."

McIntyre believes that making the industry accountable for itself will mean further huge strides forward. "TCM can offer many things to many people, but at present there are loopholes that allow for bad practice," he says. "When there is official regulation, the few bogus practitioners will be eliminated and the public will feel confident that a TCM practitioner is answerable to an official body."

# Herb Garden

**Do you know what they are?**

**1**

**2**

**3**

**4**

**See answers on page 34**

**英国中医药学会会刊编辑委员会 Editorial Committee of ATCM Journal**

主编：赵丽琴（中文），范安杰（英文）
编辑：江丹，向阳，尚华
本期编辑：沈惠军
版面设计：PCL Wollaston Print

Chief Editors: Liqin Zhao, Andreas Feyler
Editors: Dan Jiang, Yang Xiang, Hua Shang
Editor of this Issue: Hui Jun Shen
Graphics: PCL Wollaston Print

**英国中医药学会**
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