

英国中医针灸杂志



ISSN: 1745-6843
Volume 22 Issue 1
第22卷 第1期

The Journal of Chinese Medicine And Acupuncture

20th March 2015



PHOENIX[®]
MEDICAL DIRECT LTD.

Acupuncture Needles

Aluminium, Copper, Stainless Steel & Plastic Handles
Gauge from G44/0.12mm to G28/0.35mm, length from 4mm to 125mm
Triple polished tips, painless smooth insertion

Concentrated Herbal Granules

Spray-drying method, Higher concentration
GAP certified fields, GMP manufacturer
Batch to batch analysis
Perfect solubility in warm water
Wide Range of 'Pao Zhi' herbs

Daodi[®] Dry Herbs

Harvested in the right place at the right time
Authenticated
Unsulphured
Produced by renown GMP manufacturers

Dispensary Service

Operated by qualified practitioners
Same day dispatch, fully trackable service
Prescription grade professional labels clearly stating batch, expiry date, ingredients and dosage.
User friendly online ordering system, your personal dispensary database

Phoenix Education

Expand and deepen your understanding of Acupuncture & Chinese medicine to strengthen your practice and clinical skills
Explore and research historical and contemporary acupuncture & Chinese herbal medicine to resolve the challenges from your practice and studies
Continue your professional development
www.phoenixtcm.org.uk

Complete Alternative Solution for Patent Medicines

ATCM & RCHM Approved Supplier

Proudly supplied to the National Healthcare Service



Tel: 0044 1245 350 822 Fax: 0044 1245 267 001
Email: info@phoenixmd.co.uk Web: www.phoenixmd.co.uk
Add: 41 Beehive Lane, Chelmsford, Essex, CM2 9TQ UK

目录 Contents

理论与文献 Theory & Literature		
Disorders of the Spleen and Stomach By Prof. Dian Bang Shi	Eunkyung Kim and Attilio D'Alberto	1
《伤寒论》小柴胡汤的细辨今用	江丹	9
Is Acupuncture Effective for Interstitial Cystitis?	Jane Melling, Charmian Wylde, Tianjun Wang	12
An Overview on the Therapeutic Effects of Acupuncture in Managing Breast Cancer	Katharine Rhodes, Huijun Shen	17
What Part Does Acupuncture Play in IVF?	Maggie Ju	21
临床经验 Clinical Experience		
荨麻疹的中医治疗	朱毅	24
用经方治疗胃食管反流病体会	刘汝	25
脑瘤临证心悟	程剑华	27
毫火针治疗肩周炎的临床观察	张婉瑜 靳勇	31
Clinical trial on scapulohumeral periarthritis by red-hot needle therapy	ZHANG Wan-yu, JIN Yong	32
中医研究 TCM Research		
刍议光镜下观察活血化瘀方对人活红细胞缢钱的影响	黄 伟	34
英国中医微信群讲座汇编 From WeChat Group		
中医皮肤科分部位辨证用药心得	祝柏芳	36
董氏奇穴的临床应用	王迎	38
调周法在中医妇科的运用	汤淑兰	40
病案分析 Case Studies		
医案医话‘梅核气’	张恩勤	43
Chinese herbal decoction in treating acne and hair loss - A Case study	Moon-Yueh Fong, Tiejun Tang	44
Treating Morning Diarrhea with Modified Si Shen Wan – A Case Report	Kwong Fai Davy Leung, Tiejun Tang	46
Republication 信息再发布		
List of Prohibited and Restricted Chinese Herbal Medicines	ATCM Council	49
英国禁用和慎用中药品种介绍	ATCM 理事会	52
征稿启事		48
Call for Papers		55

英国中医针灸杂志编辑委员会 Editorial Committee of JCMA

主编：沈惠军

Chief Editor: Huijun Shen

编辑：赵丽琴，向阳，张超，George Cooper

Editors: Liqin Zhao, Yang Xiang, Chao Zhang, George Cooper

本期编辑：沈惠军

Editors of this Issue: Huijun Shen

版面设计：PCL Wollaston Print

Graphics: PCL Wollaston Print

英国中医药学会 The Association of Traditional Chinese Medicine And Acupuncture UK

地址 Address: ATCM, Suite 12 Brentano House, Unit 5, The Exchange, Brent Cross Gardens, London NW4 3RJ

电话 Tel: 0044 (0)20 8457 2560

电子邮件 Email: info@atcm.co.uk

传真 Fax: 0044 (0)20 8457 2560

网站 Website: www.atcm.co.uk

Disorders of the Spleen and Stomach

By Prof. Dian Bang Shi

From a lecture given by Dr Jin Zhang

Translated and edited by Eunkyung Kim and Attilio D'Alberto

Abstract: Ancient Chinese medical textbooks that discuss spleen and stomach disorders include the typical symptom manifestations of abdominal distention, abdominal pain, nausea, acid regurgitation, gastric discomfort and irregular bowel movements. Today, Chinese medicine's categorisation includes modern allopathic medical diseases such as chronic gastritis, peptic ulcer and several liver and gallbladder disorders. With any spleen and stomach disorder, the pattern differentiation and treatment strategy should be based upon the variations of yin and yang, qi and blood, excessive and deficiency as well as hot and cold patterns and zangfu theory. In this article, Prof. Shi outlines each pattern differentiation associated with the spleen and stomach. For each categorisation, a pattern analysis, treatment strategy, herbal formulae and individual herbal combinations are provided. This information is based upon a wide and deep knowledge of the classics, which are presented, along with his vast clinical experience. In certain instances, his classical and clinical knowledge is utilised to provide insights into treating the complex nature of spleen and stomach disorders.

Keywords: internal, medicine, spleen, stomach, pattern, differentiation

This article is set in two parts. Part one deals with disorders involving the spleen/stomach and in combination with other Zang or Fu organs; Part two deals with Spleen and Stomach disorders based on Yin and Yang, hot and cold, excess and deficiency patterns, and Qi and Blood differentiation.

PART ONE

Pattern differentiation

Pattern differentiation is based upon the patient's symptom manifestations, leading the practitioner to distinguish the main zangfu (viscera-bowel) organ disorder, whether it is the spleen or stomach or both. The origin of disease can be analysed using wu xing (five phase) theory and zangfu theory.

The spleen and stomach

The spleen, a yin zang, and the stomach, a yang fu, are a paired set of organs with very different characteristics and manifestations, as listed below.

The transformation and transportation functions of the spleen and stomach

The physician Wang Jie Zhai during the Ming dynasty stated that "the stomach receives and digests food whilst the spleen governs transportation and transformation, transforming the food into jing qi". Many physicians during the Qing dynasty stated that "the function of 'receiving and digesting' and 'transformation' is different and according to this it is necessary to differentiate between the stomach and spleen". For example, in the text Zheng Zhi Ji Yao (A Collection of Patterns and Treatments) it is stated that, "if digested food is unable to transform, there is a spleen disorder and treatment should tonify the spleen. However, if a patient is reluctant to eat but feels comfortable after eating, it is a stomach disorder".

The stomach's function of receiving food

The stomach is a fu organ and receives food and water. There are numerous factors that can affect the stomach: exogenous pathogens,

emotions and stomach qi weakness. For example, if the stomach is invaded by exogenous pathogens such as summer-heat, damp or phlegm-damp, they cause internal blockages. If the stomach qi is deficient the stomach will not be able to receive food. Stomach fluid is stomach yin and stomach qi is stomach yang. Clinically, a stomach fluid (yin) and stomach qi (yang) deficiency can cause a poor appetite with no desire to eat.

The spleen's function of governing transportation and transformation

The transformation of food into food essence depends upon the function of the spleen. Once transformed, food essence is then transported and dispersed to the zangfu, four extremities, bones and other parts of the body. If the spleen's transportation function is deficient, the food remains in the stomach and cannot be digested causing abdominal distention and indigestion. If the spleen is deficient and unable to transport and disperse food essence, yuan qi will be insufficient and the whole body will be lethargic.

Treatment strategy based on pattern differentiation

If the patient has a poor appetite, indigestion but no abdominal distention after eating, it indicates that the transportation and transformation function is normal, but that the receiving of food is abnormal. Harmonise the stomach with the formula Er Chen Tang (Two-Cured Decoction). Modify according to the pattern: hot, cold, deficiency, excess, yin and yang, i.e. add Bai Dou Kou (Amomi rotundus Fructus), Mai Ya (Hordei Fructus germinantus), Dao Ya (Oryzae Fructus germinantus), Sha Ren (Amomi Fructus), Shen Qu (Massa medicata fermentata) and Bian Dou (Lablab Semen album).

If the main complaint is food retention with indigestion, abdominal distention and an aversion to excessive eating, but there is a good appetite with no nausea after eating, then the stomach function is normal and the spleen is abnormal. Strengthen the spleen and assist the transformation and transportation function by using the formula Liu Jun Zi Tang (Six-Gentleman Decoction). Additional herbs that can be added include Sha Ren (Amomi Fructus), Gan Jiang (Zingiberis Rhizoma), Zhi Ke (Aurantii Fructus) and Yi Zhi Ren (Alpiniae oxyphyllae Fructus) etc. They are pungent, sweet and warm in nature and strengthen the spleen qi.

If the spleen and stomach function is abnormal, the practitioner must treat both but analyse which organ is weaker and which stronger. Some herbs can treat both the spleen and stomach at the same time. For example in the classical text *Bi Hua Yi Jing*, it was stated that “Bai Zhu (*Atractylodis macrocephalae* Rhizoma), Bian Dou (*Semen Dolichoris Lablab*), Shan Yao (*Dioscoreae* Rhizoma), Zhi Ke (*Aurantii Fructus*), Zhi Shi (*Aurantii Fructus Immaturus*), Shen Qu (*Massa medicata fermentata*), Sha Ren (*Amomi Fructus*), Gan Jiang (*Zingiberis Rhizoma*) and Gan Cao (*Glycyrrhizae Radix*) can treat both the spleen and stomach”.

The ascending and descending function of the spleen and stomach

The spleen is a yin zang which governs ascending. The stomach is a yang fu which governs descending.

The spleen's governing of ascending

The spleen carries the clear essence of food up. If this function is impaired and qi stagnates in the middle jiao, a person may experience indigestion, abdominal distention and chronic diarrhoea. In acute cases use Xiang Sha Liu Jun Zi Tang (Six-Gentleman Decoction with Aucklandia and Amomum) and Liu Jun Zi Tang (Six-Gentleman Decoction), with Bai Dou Kou (*Amomi Fructus rotundus*), Gan Jiang (*Zingiberis Rhizoma*), Huang Qi (*Astragali Radix*), Hou Po (*Magnoliae officinalis Cortex*), Zhi Shi (*Aurantii Fructus Immaturus*) and Zhi Ke (*Aurantii Fructus*), etc., all of which are pungent, sweet and warm in nature and help the spleen's ascending function.

If spleen qi fails to ascend upwards, the qi will descend causing chronic diarrhoea with prolapse of the rectum, uterus and lower abdomen with haemorrhoids. If the spleen qi descends use Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction) or Sheng Yang Yi Wei Tang (Raise the Yang and Benefit the Stomach Decoction) to raise the clear qi and stop diarrhoea.

The stomach's governing of descending

The stomach's function is to descend. Factors that inhibit this include exogenous pathogenic factors, diet, emotions, the liver overwhelming, phlegm, qi and blood disharmonies, etc. If stomach qi fails to descend three types of disorders can arise:

Stomach qi fails to descend

If stomach fluid is damaged it cannot moisten the stomach. This causes a failure of the descending function manifesting as a poor appetite, deficient glomus with inability to eat, constipation or dry stools and difficulty in defecating. Use sweet, cool and moist herbs to tonify the stomach yin and induce the stomach qi to descend. For example Mai Men Dong (*Ophiopogonis Radix*), Gua Lou Ren (*Trichosanthis Semen*), Sha Shen (*Glehniae Radix*), Yu Zhu (*Polygonati odorati Rhizoma*), Shi Hu (*Dendrobii Herba*), Huo Ma Ren (*Cannabis Semen*) and Tian Hua Fen (*Trichosanthis Radix*).

Stomach qi fails to descend with turbidity

If the stomach qi fails to descend and turbid qi cannot descend, the patient may complain of chest and stomach distention, inability to eat and nausea. If the stomach fluid is not damaged, harmonise the stomach and promote the yang qi by using the formula Er Chen Tang (Two-Cured Decoction), plus herbs such as Hou Po (*Magnoliae officinalis Cortex*), Zhi Shi (*Aurantii Fructus*

Immaturus), Gan Jiang (*Zingiberis Rhizoma*), Huo Xiang (*Pogostemonis/ Agastaches Herba*), Bai Dou Kou (*Amomi Fructus rotundus*), Su Geng (*Perillae Caulis*) etc. Or use the formula Ban Xia Xie Xin Tang (Pinellia Decoction to Drain the Epigastrium) which is pungent and bitter in nature and helps the qi to disperse and descend.

Stomach qi cannot descend with rebellious qi

The symptoms in this category include vomiting, belching, hiccups, nausea, etc. The treatment strategy is to harmonise the stomach and descend the rebellious qi. Formulas that can be prescribed include Wen Dang Tang (Warm the Gallbladder Decoction) or Ju Pi Zhu Ru Tang (Tangerine Peel and Bamboo Shaving Decoction from Formulas that Aid the Living) or Xuan Fu Dai Zhe Tang (*Inula* and *Haematite* Decoction). Modify according to hot or cold patterns with the main strategy being to descend the stomach qi.

The characteristics of dry and damp patterns of the spleen and stomach

According to wu xing theory, the spleen is damp earth and dislikes dampness, whilst the stomach is dry earth and dislikes dryness. During the Ming dynasty the physician Fang Guang stated that “the spleen dislikes dampness and prefers dryness”. Therefore many formulas use drying herbs to eliminate dampness in the spleen. However, when stomach fire flares upwards with symptoms of a dry mouth and throat, inability to eat and hiccups, use herbs to moisten the stomach.

Stomach dryness patterns

Stomach dryness can be caused by several factors:

- Febrile disease can damage the stomach fluid.
- Chronic disease can cause a yin deficiency.
- The use of strong diuretic herbs can injure the yin.
- The wrong use of herbs, i.e. hot or dry herbs can also injure the yin.

If the stomach fluid is damaged and cannot moisten, it is categorised as stomach dryness, with symptoms of a dry red tongue, thin pulse, dry mouth, dry or hard stools, thirst, fullness, poor appetite, no desire for food when hungry and stomach ache/pain. In these cases pungent, warm, dry, aromatic, qi regulating herbs will have no effect and may worsen the pain. The correct treatment strategy is to use sweet, cooling, moisturising herbs. Use the formula Yu Zhu Mai Men Dong Tang¹, first recorded in the classical text ‘Wen Bing Tiao Bian’ (Systematic Identification of Warm Diseases). In cases of stomach dryness with pain and dry stools use Yi Guan Jian (Linking Decoction). If the bowel movements become drier, harder and difficult to defecate then promote the fluids and moisten the bowels by adding Sheng Di Huang (*Rehmanniae Radix*), Mai Men Dong (*Ophiopogonis Radix*), Xuan Shen (*Scrophulariae Radix*), Huo Ma Ren (*Cannabis Semen*), Gua Lou Ren (*Trichosanthis Semen*), Xing Ren (*Armeniacae Semen*), Bai Zi Ren (*Platycladi Semen*), etc. If these are administered and the stools are still difficult to pass add Sheng Shou Wu (*Raw Polygoni multiflori Radix*).

Spleen dampness patterns

The main symptoms of spleen dampness patterns include diarrhoea, abdominal distention and fullness with a thick or watery, greasy tongue coating. In these patterns, use bitter, warm or pungent herbs to dry dampness and strengthen the spleen, for example Ping Wei

San (Calm the Stomach Powder). To promote diuresis and resolve dampness use mainly sweet and bland herbs such as Fu Ling (Poria), Hua Shi (Talcum), Che Qian Zi (Plantaginis Semen), Yi Yi Ren (Coicis Semen), and Tong Cao (Tetrapanacis Medulla). To transform dampness, use aromatic herbs such as Huo Xiang (Pogostemonis/Agastaches Herba) and Pei Lan (Eupatorii Herba). Wind expelling herbs can also be used to dry dampness such as Fang Feng (Saposhnikovia Radix), Qiang Huo (Notopterygii Rhizoma seu Radix) and Du Hou (Angelicae pubescentis Radix), etc. If there is damp heat, add bitter and cold herbs that can dry dampness and clear heat, such as Huang Lian (Coptidis Rhizoma), Xia Ku Cao (Prunellae Spica) and Huang Qin (Scutellariae Radix),

1) Liver fire exploits the stomach

When liver fire exploits the stomach, the main symptoms include acid regurgitation, nausea and epigastric pain. In such instances use a formula to disperse the liver and harmonise the stomach such as Er Chen Tang (Two-Cured Decoction) plus Jin Ling Zi Tang (Melia Toosendan Decoction) and *Zuo Jin Tang* (Left Metal Decoction) or use Er Chen Tang (Two-Cured Decoction) with Wu Mei (Mume Fructus), Huang Lian (Coptidis Rhizoma) and Chuan Jiao (Zanthoxyli Pericarpium), etc, which makes-up the formula Wu Mei An Wei Wan² (Harmonise the Stomach Pill with Mume). During the Qing dynasty, the physician Wang Xu Gao was recorded as stating that “the use of bitter, pungent and sour herbs can disperse liver fire and inhibit its invasion into the stomach”.

2) Liver qi stagnates then exploits the stomach

The main symptoms of this pattern include epigastric and hypochondriac pain and distention and belching. These symptoms are related to emotional upsets. The treatment strategy should soothe the liver and harmonise the stomach. Use the formula Si Ni Tang (Frigid Extremities Decoction). Additional herbs that can be added include Gui Zhi (Cinnamomi Ramulus), Qing Pi (Citri reticulatae viride Pericarpium), Chen Pi (Citri reticulatae Pericarpium), Xiang Fu (Cyperis Rhizoma), Ban Xia (Pinelliae Rhizoma preparatum) and Bai Dou Kou (Amomi Fructus rotundus), etc.

3) Stomach yin depletion allows the liver qi to exploit

In this category the main symptoms include prolonged epigastric pain, dry stools, dry mouth and a deep red tongue. The use of warm, pungent herbs to regulate qi will make the symptoms worse because the liver is a hard organ and needs herbs to soften and harmonise it. The treatment strategy should be directed towards softening the liver and nourishing the stomach yin. Use Yi Guan Jian (Linking Decoction) or Di Ding Tang³, which nourishes the stomach yin and stomach qi, controls the liver, stops pain and vomiting and regulates qi. These formulas are not too dry and nourish the yin without being too greasy. If there is constipation remove Wu Wei Zi (Schisandrae Fructus) and Wu Mei (Mume Fructus) as they astringe.

The Liver qi exploits the spleen's deficiency

In this category the spleen is primarily deficient and allows itself to be exploited by the liver qi. The main manifestations include diarrhoea, abdominal distention and pain:

1) Diarrhoea

etc. If there is cold damp add Wu Zhu Yu (Evodiae Fructus), Gan Jiang (Zingiberis Rhizoma), Cao Dou Kou (Alpiniae katsumadai Semen), Yi Zhi Ren (Alpiniae oxyphyllae Fructus), etc.

The spleen, stomach and liver relationship

The liver qi exploiting the stomach

Stomach is earth and the liver is wood. When the liver exploits the stomach it is like wood growing up into and through the earth, a form of counter-action.

There are three types of disharmony within this category.

When a deficient spleen allows itself to be invaded by the liver with symptoms of diarrhoea, it is by definition a chronic condition. Other symptoms will include abdominal pain, the need to defecate accompanied by pain which is relieved after defecating. During the Ming dynasty it was stated in the text ‘Yi Fang Kao’ (‘Medical Remedies Researched’) that “the pain is caused by the liver whilst the diarrhoea is caused by the spleen”. The liver disease is primarily characterised by excess and therefore exploits the deficient spleen. In such cases use Tong Xie Yao Fang (Important Formula for Painful Diarrhoea) to control wood and assist earth. Prof. Shi likes to use the physician Li Dong Yuan's formula Sheng Yang Yi Wei Tang (Raise the Yang to Benefit the Stomach Decoction) and add or remove herbs to tonify qi, ascend yang qi and strengthen the spleen to remove dampness. If the abdominal pain is severe add Rou Gui (Cinnamomi Cortex) and Wu Zhu Yu (Evodiae Fructus). For diarrhoea, it is also possible to use Pao Jiang (Zingiberis Rhizoma preparata) instead of Sheng Jiang (Zingiberis Rhizoma recens).

2) Abdominal distention and pain

There are many pathogenic factors that can cause abdominal distention and pain, the most common of which is liver qi invading the spleen. In the Qing dynasty, Hua Xiu Yun stated that “the liver exploits the spleen causing abdominal distention”. Sometimes the patient will have alternating constipation or loose stools. Abdominal distention is caused by a failure of the spleen's role in transformation and transportation. Deficient cold and qi dissipating also causes distention. The main treatment strategy is to strengthen the spleen to assist its transportation function. If this is not successful, add sour herbs to soothe the liver thus inhibiting its invasion into the spleen. Use the formulas Li Zhong Tang (Regulate the Middle Decoction) and Liu Jun Zi Tang (Six-Gentlemen Decoction). It is also possible to add Bai Shao (Paeoniae Radix Alba), Rou Gui (Cinnamomi Cortex), Mu Gua (Chaenomeles Fructus), Wu Mei (Mume Fructus) etc. For abdominal pain due to spleen and stomach deficient cold, warm the middle jiao and regulate qi. If this is not effective use Liu Jun Zi Tang (Six-Gentlemen Decoction) and Wu Zhu Yu (Evodiae Fructus), Rou Gui (Cinnamomi Cortex), Bai Shao (Paeoniae Radix Alba), Mu Xiang (Aucklandiae Radix) and Chuan Jiao (Zanthoxyli Pericarpium). If this is still not effective, then change the main formula to Huang Qi Jian Zhong Tang (Astragalus Decoction to Construct the Middle). If this again is not successful use Xiao Chai Hu Tang (Minor Bupleurum Decoction) and Xiao Jian Zhong Tang (Minor Construct the Middle Decoction) plus and minus various herbs. Clinically, Prof. Shi likes to use Xiao Jian Zhong Tang (Minor Construct the Middle Decoction) plus Xiao Chai Hu Tang (Minor Bupleurum Decoction), modified, for hunger pains relieved by eating, epigastric discomfort with excessive eating and an aversion to cold food.

The spleen, stomach and kidney relationship

According to wu xing theory, the spleen and stomach are earth. The kidney has two characteristics, fire (kidney yang, the gate of vitality, which warms) and water (kidney yin). In spleen and stomach disorders, some common patterns of the spleen, stomach and kidney's pathomechanisms are related.

The spleen, stomach and kidney yang deficiency

Fire generates earth because kidney yang can warm the spleen earth. When the stomach and spleen yang qi are deficient, the practitioner should tonify not only the spleen and stomach but also warm and nourish the kidney yang. This method is known as 'tonifying fire to generate earth'.

Chronic diarrhoea

When the spleen, stomach and kidney are deficient there will be symptoms of chronic diarrhoea and distention. The chronic diarrhoea presents as loose stools as well as undigested food. Symptoms will include four limbs that are cold and tire easy, pale tongue and face, a lack of shen, an aversion to cold and wind and a thin, small, deep pulse. During the consultation the physician should ask the patient if there is any undigested food present in the stools. This may indicate that the patient has a deficiency of kidney fire. The treatment strategy should warm and tonify kidney yang (fire). Use Fu Zi Li Zhong Wan (Prepared Aconite Pill to Regulate the Middle) plus Si Shen Wan (Four-Miracle Pill). If the tongue is tender (fresh), use Pi Shen Shuang Bu Wan⁴ to tonify the spleen and kidney. The practitioner can also use Wei Guan Jian⁵. Additionally add Rou Dou Kou (Myristicae Semen) and Bu Gu Zhi (Psoraleae Fructus) to tonify the kidney.

Abdominal distension

When the spleen and stomach yang are deficient, the main symptoms will include a poor appetite, epigastric distension which is worse after eating, an aversion to cold food, an aversion to cold, a white tongue coating and a deep, thin pulse. Use the formula Li Yin Jian⁶ plus Bai Zhu (Atractylodis macrocephalae Rhizoma), Dang Shen (Codonopsis Radix), Sha Ren (Amomi Fructus), Cao Dou Kou (Alpiniae katsumadai Semen) and Mu Xiang (Aucklandiae Radix) to warm and tonify the spleen and kidney.

The physician Yu Ting Hong stated in the text 'Zhen Yu Ji' (Medical Case Records of Yu Ting Hong), that "in deficient distention cases use herbs to warm and tonify the spleen and kidney", for example Huang Qi (Astragali Radix), Bai Zhu (Atractylodis macrocephalae Rhizoma), Ren Shen (Ginseng Radix), Fu Zi (Aconiti Radix lateralis preparata), Rou Gui (Cinnamomi Cortex), Ba Ji Tian (Morindae officinalis Radix), Tu Si Zi (Cuscutae Semen), Gou Qi Zi (Lycii Fructus), Shu Di Huang (Rehmanniae Radix preparata), Du Zhong (Eucommiae Cortex), Yi Zhi Ren (Alpiniae oxyphyllae Fructus) and Bu Gu Zhi (Psoraleae Fructus). Clinically therefore, for deficiency distension a practitioner should use tonifying herbs accompanied by symptoms of obstruction, a therapeutic method contrary to the usual strategy. Another physician Yan Yong He stated in the text 'Ji Sheng Fang' that "tonifying the spleen method is inferior to tonifying the kidney".

The spleen, stomach and kidney yin deficiency

Spleen and stomach disorders have four different patterns: yin, yang, heat and cold. If there is a spleen and stomach yin

deficiency, invigorate and nourish kidney yin. The physician Gao Gu Feng stated that "if the kidney is vigorous then the stomach yin will be abundant". Another physician Jiang Wen Zhai stated that "tonifying the kidney can help the appetite and the stomach function". If there is stomach pain due to stomach yin deficiency, nourish the liver and kidney yin. For example, in cases of dysphagia with a kidney yin deficiency leading to the spleen and stomach's fluid to dry out, it will be unable to moisten with food being difficult to pass down. The patient will usually be thin and the stools like pellets. Use the formula Liu Wei Di Huang Wan (Six-Ingredient Pill with Rehmannia). However, if there is a case where a patient has kidney yin deficiency which causes a deficiency of stomach yin and the treatment strategy used does not nourish the kidney yin, the treatment will not be successful. Use the formula Yi Guan Jian (Linking Decoction) or Shu Gan Yi Shen Tang [Liu Wei Di Huang Tang plus Chai Hu (Bupleuri Radix) and Bai Shao (Paeoniae Radix alba)].

The spleen, stomach and heart relationship

The heart is fire and in general fire generates earth. However, clinically if the spleen and stomach yang is deficient it is necessary to tonify fire to generate earth as mentioned in the category 'the spleen, stomach and kidney yang deficiency'. To generate spleen earth, one should tonify kidney fire. To generate stomach earth, one should tonify heart fire. If there is a stomach deficiency with prolonged epigastric pain, use Gui Pi Tang (Restore the Spleen Decoction) or Miao Xiang San (Marvellously Fragrant Powder) to warm and tonify the heart and spleen. If there is poor appetite, epigastric distention after eating and diarrhoea caused by spleen or stomach deficiency, Prof. Shi believes that tonifying the kidney fire is a better method. If there is heart blood deficiency, one can also warm and tonify heart fire. If there is excessive heart fire it can lead to a spleen and stomach disorder with symptoms such as irritability, palpitations, insomnia, mouth ulcers and a thin, rapid pulse. In such cases use Tian Wang Bu Xin Tang (Emperor of Heaven's Special Decoction to Tonify the Heart) to nourish heart yin.

PART TWO

Differentiating yin and yang patterns

In yin and yang theory, zang is yang and fu is yin; spleen is yang earth and stomach is yin earth, although the Spleen and Stomach both have yang and yin. This is very useful in clinical pattern differentiation and when devising a treatment strategy.

Stomach yang deficiency

A deficiency of stomach yang can be due to irregular eating; either too much or too little, internal injuries due to the consumption of cold food, emotional upsets or overwork, all of which result in the impairment of stomach yang, causing deficiency cold in the stomach. Symptoms will include an aversion to cold food, a poor appetite, stomach distention or pain, rebellious stomach qi such as nausea, vomiting, dyspepsia, pale tongue with a white coating and a deep, thin, small pulse. In such cases use Li Zhong Tang (Restore the Middle Decoction) and Liu Jun Zi Tang (Six-Gentlemen Decoction), plus Ding Xiang (Flos Caryophylli), Bai Dou Kou (Fructus Amomi Kravanh) and Sha Ren (Fructus Amomi). If there is severe cold add Bi Ba (Fructus Piperis Longi), Bi Cheng Qie (Fructus Cubebae), Gao Liang Jiang (Rhizoma Alpiniae Officinarum) and Rou Gui (Cortex Cassiae Cinnamomi).

Stomach yin deficiency

A deficiency of stomach yin is associated with a deficiency of fluids. Symptoms will include a poor appetite, no feeling of hunger or feels hunger but eats a little, burning stomach pain, a dry mouth, thirst, irritability, dry stools, dark red tongue and a thready, rapid pulse. In these cases, use sweet, cool herbs to generate fluids, whilst sweet and sour herbs can generate yin. Use Yu Zhu Mai Men Tang plus Sheng Di Huang (Radix Rehmanniae Glutinosae), Shi Hu (Herba Dendrobii), Mai Men Dong (Tuber Ophiopogonis Japonici), Bai Shao (Radix Paeoniae Lactiflorae), Wu Mei (Fructus Pruni Mume) and Bai Bian Dou (Semen Dolichoris Lablab). If there is stomach pain, use a modified version of Yi Guan Jian (Linking Decoction).

Spleen yang deficiency

Spleen yang means spleen yang qi which is vital for the functions of transportation and transformation. The stomach depends upon the spleen yang's warmth to function correctly; the stomach is then able to perform its function of rotting and ripening water and grain.

The main spleen yang deficient symptoms can be seen in the dysfunction of the transformation and transportation actions; severe abdominal distention after eating, qi stagnation in the middle Jiao, epigastric pain or distension, all indicate that the spleen is not able to ascend the clear qi. Instead it descends, with diarrhoea and smaller abdomen or rectal prolapse. The spleen controls the four extremities, if the spleen yang is deficient the symptoms will manifest as four cold extremities, a pale complexion, tiredness, moderate, weak or thin and deep pulse and a slightly white tongue coating. Sweet and warm herbs can tonify qi, whilst pungent and sweet herbs can regulate yang. Use the formula Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction), Li Zhong Tang (Restore the Middle Decoction), Xiang Sha Liu Jun Zi Tang (Six-Gentlemen Decoction with Aucklandia and Amomum), Huang Qi Jian Zhong Tang (Astragalus Decoction to Construct the Middle), Sheng Yang Yi Wei Tang (Raise the Yang and Benefit the Stomach Decoction), etc. For regulating qi add Mu Xiang (Radix Aucklandiae Lappae), Hou Po (Cortex Magnoliae Officinalis), Qing Pi (Pericarpium Citri Reticulatae Viride), Chen Pi (Pericarpium Citri Reticulatae), Zhi Ke (Fructus Citri Aurantii), Zhi Shi (Fructus Immaturus Citri Aurantii), etc. For warming the spleen add Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata), Yi Zhi Ren (Fructus Alpiniae Oxyphyllae), Cang Zhu (Rhizoma Atractylodis), Pao Jiang (Quick-fried Rhizoma Zingiberis Officinalis), etc.

In the late Qing dynasty the physician Tang Rong Chuan stated in the text 'Xue Zheng Lun - Nan Yu Yi Tong Lun' that "to harmonise and treat the spleen and stomach, the practitioner should differentiate between yin and yang". After the physician Li Dong Yuan's teachings, physicians were aware that they should tonify spleen yang in severe stomach and spleen disorders but were unaware they had to tonify spleen yin as well. When spleen yang is deficient, grain and water can absolutely not be transformed. When the spleen yin is deficient, grain and water can also not be transformed. For spleen deficient patterns use warm herbs to reduce the appetite and cold herbs to promote appetite. Tonifying yang herbs include Gan Jiang (Rhizoma Zingiberis Officinalis), Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata), etc, which act to generate fluids. Tonifying spleen yin herbs include Zhi Mu (Rhizoma Anemarrhenae Asphodeloidis) and Shi Gao (Gypsum), etc, which act to promote the level of appetite.

Generally, spleen yin deficient symptoms will manifest as dysphasia, constipation, abdominal distention, dry mouth, hot feeling in the hands and feet, irritability, dry skin, yellow complexion and a thin body. The tongue will be red or pale and young with a little or dry coating. The pulse will be soft and thin or thin and rapid. Prof. Shi often uses Zi Yin Jian Pi Wan⁷ and sometimes adds Shen Ling Bai Zhu San (Ginseng, Poria and Atractylodes Macrocephala Powder) to tonify the spleen yin. To treat spleen yin deficient symptoms such as diarrhoea, it is also possible to use Ba Zhen Tang (Eight-Treasure Decoction).

Differentiating hot and cold patterns

There are three types of hot and cold patterns.

Spleen and stomach deficient cold

Most symptoms in this category are associated with a spleen and stomach yang deficiency leading to internal cold. The symptoms include a reduced food intake, stomach and abdominal cold pain, a comfortable feeling after consuming a little amount of food and distention after consuming too much food, indigestion, diarrhoea, pale complexion, tiredness, an aversion to cold, pale tongue with a white coating and a soft, thin pulse. If the spleen and stomach deficient cold is mild use pungent, warm herbs to expel the cold and pungent, sweet herbs to rectify yang. The main formula for this pattern is Liu Jun Zi Tang (Six-Gentlemen Decoction). Additionally add Gan Jiang (Rhizoma Zingiberis Officinalis), Cao Dou Kou (Semen Alpiniae Katsumadai) and Yi Zhi Ren (Fructus Alpiniae Oxyphyllae) to warm the spleen and stomach. If this treatment strategy is not effective and the distension and pain become worse, in the Nei Jing (Plain Questions) is states, "when cold pathogen attacks internally use pungent and warm herbs and bitter and sweet herbs to assist". Prof. Shi often uses the formula Fu Yang Zhu Wei Tang⁸ in spleen and stomach deficient cold patterns with abdominal distending pain and loose stools. However, if someone has internal heat this formula can induce stomach fire rising upwards causing a dry mouth and throat, mouth and tongue ulcers and tooth ache. In such cases, replace the formula with Li Yin Jian⁶, which warms and moistens plus additional herbs to warm the spleen yang. If the main symptom is stomach pain due to spleen and stomach deficient cold and the pain is aggravated by hunger but is relieved by eating with an aversion to cold food, along with distension after excessive eating, use the formula Xiao Jian Zhong Tang (Minor Construct the Middle Decoction) plus Xiao Chai Hu Tang (Minor Bupleurum Decoction). If it is serious use Liang Fu Wan (Galangal and Cyperus Pill).

Spleen and stomach damp heat

This can be caused by a deficiency of spleen and stomach qi as well as internal injury caused by food intake causing damp heat. Other causes include external pathogenic factors such as damp heat. The patient will have an aversion to food, stuffiness of the epigastrium and abdominal regions, epigastric pain, a dry, bitter, sticky mouth, loose stools and ungratifying defecation. The tongue will have a thick, greasy, yellow coating. If damp heat injures yin the tongue will be red. In these cases use herbs to resolve dampness, clear heat and rectify the spleen and stomach dampness or regulate qi to remove stagnation and clear heat. Use the formula Yue Ju Tang (Escape Restraint Decoction), plus Huang Lian (Rhizoma Coptidis), Huang Qin (Radix Scutellariae Baicalensis), Qing Pi (Pericarpium Citri Reticulatae Viride) and Chen Pi (Pericarpium Citri Reticulatae). If there is severe heat add Sheng Shi Gao (Gypsum), Zhi Mu (Rhizoma Anemarrhenae Asphodeloidis) and Zhu Ru (Caulis Bambusae in Taeniis), etc.

Spleen and stomach hot and cold combinations

This pattern is commonly seen in clinical practice. It is caused by the spleen and stomach originally having a deficient cold pattern and if this stagnates for a long period of time it causes heat, therefore this disorder has hot and cold pattern combinations. Symptoms include epigastric distension, a reduced food intake, an aversion to cold food, with the distention and pain becoming worse after consuming cold food, with heart burn and a dry mouth with a bitter taste. Use pungent, warm and bitter cold formulas such as Ban Xia Xie Xin Tang (Pinellia Decoction to Drain the Epigastrium). For severe stomach distension add Zhi Ke (Fructus Citri Aurantii) and Cao Dou Kou (Semen Alpiniae Katsumadai). If there is stomach pain use Ban Xia Xie Xin Tang (Pinellia Decoction to Drain the Epigastrium) and Yue Tao San⁹, plus Jin Ling Zi San (Melia Toosendan Powder). If there is acid regurgitation use Zuo Jin Wan (Left Metal Pill) plus Duan Wa Leng Zi (Fried Concha Arcae) and Qing Pi (Pericarpium Citri Reticulatae Viride). The physician Zhu Dan Xi stated that “to treat stomach pain use pungent and warm herbs to rectify the stomach and spleen”. Add Shan Zhi Zi (Fructus Gardeniae Jasminoidis) and Huang Lian (Rhizoma Coptidis), etc, which are bitter and cold and clear heat.

Differentiating excess and deficiency patterns

Deficient patterns

These have already been discussed.

Excessive patterns

Excessive patterns can include a number of factors such as summer heat damp invading the body or an invasion by pathogenic cold. Symptoms will include a torpid intake, nausea, vomiting, or epigastric pain and loose stools.

Summer heat damp

When summer heat damp invades the body use Huo Xiang Zheng Qi Tang (Wrinkled Giant Hyssop Health-Restoring Decoction), plus Huang Lian (Rhizoma Coptidis) and Huang Qin (Radix Scutellariae Baicalensis) to clear heat and resolve dampness.

Exterior pathogenic cold

An invasion by exterior pathogenic cold will include symptoms such as vomiting clear fluids, epigastric pain, abdominal distension and diarrhoea. Use Li Zhong Tang (Regulate the Middle Pill). For severe cold pain add Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata). If there is diarrhoea use Wei Ling Tang (Calm the Stomach and Poria Decoction).

Retention of food

The retention of food can be caused by an improper diet or the existence of a previous spleen and stomach disorder. It can be associated with either an excess or deficiency, but this is mainly a branch, excess pattern. Symptoms will include distension, pain in the epigastrium, nausea, vomiting, foul breath, sour regurgitation or diarrhoea and indigestion. The retention of food can be broken down into a further three patterns:

1. Deficient cold

With spleen and stomach deficient cold and the impairment of the transformation and transportation function due to food intake, use Bao He Wan (Preserve Harmony Pill from the Precious Mirror). Do not use Lian Qiao (Fructus Forsythiae Suspensae) because it is pungent and cool, instead add Bai Zhu (Rhizoma Atractylodis Macrocephalae), Zhi Ke (Fructus Citri Aurantii) and Gan Jiang (Rhizoma Zingiberis Officinalis), etc. Or use Dou Kou Ju Hong San¹⁰ and modify it.

2. Internal heat

With internal heat caused by an improper diet, use Da An Tang (Great Tranquility Decoction), plus Huang Lian (Rhizoma Coptidis) with Huang Qin (Radix Scutellariae Baicalensis).

3. Phlegm damp

When phlegm damp stagnates in the spleen and stomach it causes chest and stomach excess and stuffiness, nausea and the vomiting of phlegm and sometimes stomach pain. Use Er Chen Tang (Two-Cured Decoction) or Fu Ling Yin¹¹, or use Xiao Ban Xia Jia Fu Ling Tang or He Wei Er Chen Jian (Er Chen Tang plus Gan Jiang (Rhizoma Zingiberis Officinalis) and Sha Ren (Fructus Amomi) to resolve phlegm and harmonise the stomach.

Root deficiency and branch excess

In these cases assist the digestion to reduce the branch (Xiao Bu Fa). The root pattern is a spleen and stomach deficiency. The patient will experience stomach and abdominal distention with reduced food intake or will complain of loose stools and tired extremities. Use a formula such as Zhi Shi Li Zhong Tang (Immature Bitter Orange Decoction to Regulate the Middle) or Jia Wei Zhi Zhu Tang (Modified Immature Bitter Orange and Atractylodes Macrocephala Decoction). If there is excessive distention due to damage caused by food, add Lai Fu Zi (Semen Raphani Sativi) and Ji Nei Jin (Endothelium Corneum Gigeriae Galli). If the cold is severe add Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata) and Gang Jiang (Rhizoma Zingiberis Officinalis). For heat add Huang Lian (Rhizoma Coptidis) and Huang Qin (Radix Scutellariae Baicalensis).

It is necessary to differentiate between excess and deficient patterns in cases of epigastric distension. In protracted diseases due to a spleen and stomach deficiency, if the treatment strategy of regulating qi to dissipate qi or dispersing formula still allows the disorder to be present, then consider that the distention is caused by a deficiency pattern. Excessive distention is caused by qi stagnation, in such cases use pungent and dissipating herbs. Deficiency distention is caused by qi dissipating. The treatment strategy should be to use sour herbs to astringe. If formulas which are sweet and warm are used to invigorate qi and tonify the spleen causing the distention to become severe, it should be considered that the distention is an excessive type. After treatment it is usually possible to differentiate if the pattern is either excessive or deficient after a reaction to the previously prescribed formula. For deficiency distention pattern, if Xiang Sha Liu Jun Zi Tang (Six Gentleman Decoction with Aucklandia and Amomum) or Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction) are not effective then not only can a practitioner use sour herbs to astringe, but also herbs to warm and nourish the kidney fire or warm and tonify the spleen and kidney. Therefore, it can be said, that tonifying the spleen is inferior to tonifying the kidney.

Differentiating Qi and Blood patterns

Spleen and stomach qi deficiency

When the spleen and stomach yang qi is deficient, the transformation and transportation will be dysfunctional with symptoms of abdominal distension, epigastric pain, reduced food intake, diarrhoea, loose stools, weak four extremities, pale complexion and a thin, soft pulse. Use Shen Ling Bai Zhu San (Ginseng, Poria and Atractylodes Macrocephala Powder from the Analytic Collection). If the spleen and stomach is deficient with a deficiency of Yuan Qi and lassitude, use Si Jun Zi Tang (Four Gentleman Decoction), plus Huang Qi (Radix Astragali Membranacei) and Shan Yao (Radix Dioscoreae Oppositae). If there is pain add Rou Gui (Cortex Cinnamomi Cassiae), Bai Shao (Radix Paeoniae Lactiflorae), Xiang Fu (Rhizoma Cyperi Rotundi), Gao Liang Jiang (Rhizoma Alpiniae Officinari) and Wu Yao (Radix Linderæ Strychnifoliae), etc. If tonifying the spleen and stomach formula is not effective use a tonifying kidney formula. Use herbs such as Tu Si Zi (Semen Cuscutae Chinensis), Shu Di Huang (Radix Rehmanniae Glutinosae Conquitate) and Bu Gu Zhi (Fructus Psoraleae Corylifoliae), etc to warm the lower jiao.

Spleen and stomach qi stagnation

The pathogenic factors that cause spleen and stomach qi stagnation include summer heat damp, wind-cold or internal injury due to the consumption of cold, greasy food along with emotional upset or anger. All these factors will damage the transportation and transformation function of the spleen and stomach, manifesting as abdominal distention, indigestion, foul breath, belching, sour regurgitation or abdominal pain with no desire for food. The bowel movements will be difficult to pass and the tongue will have a thick, greasy coating. Rectify qi and disperse stagnation. Use formulas such as Ping Wei San (Calm the Stomach Powder) and Shen Xiang San¹². If the stagnation transforms into heat with symptoms of a dry mouth, yellow tongue coating and hard stools use Huang Lian (Rhizoma Coptidis), Huang Qin (Radix Scutellariae Baicalensis) and Tian Hua Fen (Radix Trichosanthis Kirilowii). If severe add Da Huang (Radix et Rhizoma Rhei).

Spleen and heart blood deficiency

Spleen and heart blood deficiency is a combination of both a deficiency of qi and blood. The commonly seen symptoms include epigastric pain, distention, reduced food intake, tiredness, insomnia, palpitations and a delayed menstruation. When regulating and harmonising the spleen and stomach in blood deficiency patterns do not use pungent and warm herbs as they damage yin and blood causing exuberant stomach fire with depleted spleen yin. The stomach and intestines will become dry with dry and hard stools. The treatment strategy is to nourish and harmonise the heart and spleen. Formulas that can be prescribed include Gui Pi Tang (Restore the Spleen Decoction) or Gui Shao Liu Jun Zi Tang¹³, or use Ba Zhen Tang (Eight-Herb Powder for Rectification) or Shi Quan Da Bu Tang (All-Inclusive Great Tonifying Decoction).

Blood stasis causing epigastric pain

In the classics it states that “pain at the beginning is in the meridians, the meridians govern qi, chronic pain moves in the collaterals and the collaterals control blood”. When protracted epigastric pain does not improve, it moves into the blood level within the collaterals. The treatment strategy should use pungent and moist herbs to unblock the collaterals. Clinically, Prof. Shi’s experience is that when the use of qi regulating herbs does not

improve the condition, use herbs to quicken the blood and unblock the collaterals and stop the pain. The symptoms of chronic epigastric pain, hypochondriac and back pain tells the practitioner that the disease is in the collaterals. Use herbs such as Dang Gui (Radix Angelicae Sinensis), Tao Ren (Semen Persicae), Bai Zi Ren (Semen Biotae Orientalis), Dan Shen (Radix Salviae Miltiorrhizae), Yu Jin (Tuber Curcuma), Yan Hu Suo (Rhizoma Corydalis Yanhusuo), Wu Ling Zhi (Excrementum Troglodyter seu Pteromi), Hong Hua (Flos Carthami Tinctorii) and Ze Lan (Herba Lycopi Lucidi), etc. If it is a cold pattern add Gui Zhi (Ramulus Cinnamomi Cassiae) and Liang Jiang (Rhizoma Alpiniae Officinari). For heat patterns add Mu Dan Pi (Cortex Moutan Radicis) and Shan Zhi Zi (Fructus Gardeniae Jasminoidis).

For blood stasis patterns as well as using blood quickening herbs, also use qi regulating herbs as qi commands the blood. Include herbs such as Xiang Fu (Rhizoma Cyperi Rotundi), Jiang Xiang (Lignum Dalbergiae Odoriferae), Chen Pi (Pericarpium Citri Reticulatae) and Qing Pi (Pericarpium Citri Reticulatae Viride), etc. Examples of blood quickening formulas include Xue Fu Zhu Yu Tang (Drive Out Stasis in the Mansions of Blood Decoction) and Ge Xia Zhu Yu Tang (Drive Out Blood Stasis Below the Diaphragm Decoction). When the stools are black in blood stasis patterns use Da Huang (Radix et Rhizoma Rhei) to remove the blood stasis and produce new blood. When the stools colour turns from black to yellow the treatment has been successful. Clinically, Prof. Shi sometimes sees patients with chronic epigastric pain with unsuccessful treatment and uses Dan Shen Yin (Salvia Decoction) and Dan Shen (Radix Salviae Miltiorrhizae) at 30g each, which he finds very effective.

Conclusion

Clinically, zangfu theory, yin and yang, qi and blood, hot and cold, deficiency and excess have a very close relationship. It is not easy to differentiate and distinguish their mechanisms. A practitioner should understand pattern differentiation from a holistic perspective. Prof. Shi’s understanding is that treatment should have different strategies, for example when treating the stomach and the treatment strategy is not effective, a practitioner should consider that the liver is exploiting the stomach and so treat the liver. With disorders of the spleen, if the treatment strategy of treating the spleen is not responding then treat the kidney. For example, if spleen yang is deficient and warming the spleen yang is not effective then warm the kidney. If the treatment strategy directed at the qi level is not effective then redirect the strategy to the blood level. For blood stasis patterns differentiate between deficiency and excess. For excessive type blood stasis patterns, quicken the blood and dispel blood stasis. For deficient blood stasis patterns, regulate and nourish qi and blood to dispel blood stasis. If when treating an excessive pattern it is not effective consider that the pattern may be one of deficiency. In conclusion, Bian Zheng Lun Zhi should be used with basic Chinese medical theory to differentiate the pathogenic factors, characteristics, mechanisms and disease, disorder location. When using formulas a practitioner should have a set of strategies that are well thought out. With extensive clinical experience and Chinese medicine theory a practitioner can have good clinical results.

Notes

1. Yu Zhu Mai Men Dong Tang: Yu Zhu (Rhizoma Atractylodis Macrocephalae), Mai Men Dong (Tuber Ophiopogonis Japonici), Sha Shen (Radix Ginseng) and Gan Cao (Radix Glycyrrhizae Uralensis).

2. Wu Mei An Wei Wan: Wu Mei (Fructus Mume), Chuan Jiao (Pericarpium Zanthoxyli Bungeani), Fu Zi (Radix Aconiti Lateralis Praeparata), Gui Zhi (Ramulus Cinnamomi), Gan Jiang (Rhizoma Zingiberis), Huang Bai (Cortex Phellodendri), Huang Lian (Rhizoma Coptidis), Chen Pi (Pericarpium Citri Reticulatae), Qing Pi (Pericarpium Citri Reticulatae Viride), Bai Shao (Radix Paeoniae Lactiflorae), Ren Shen (Radix Ginseng), Chuan Lian Zi (Fructus Meliae Toosendan).
3. Di Ding Tang: Sheng Di Huang (Radix Rehmanniae Glutinosae), Ding Xiang (Flos Caryophylli), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Chen Pi (Pericarpium Citri Reticulatae), Hou Po Hua (Flos Magnoliae Officinalis), (milder than Hou Po (Cortex Magnoliae Officinalis), not too dry), Dang Shen (Radix Codonopsis Pilosulae), Mai Men Dong (Tuber Ophiopogonis Japonici), Wu Wei Zi (Fructus Schisandrae Chinensis), Wu Mei (Fructus Pruni Mume), Gan Cao (Radix Glycyrrhizae Uralensis) and Huang Lian (Rhizoma Coptidis).
4. Pi Shen Shuang Bu Wan: Ren Shen (Radix Ginseng-Dang Shen), Shan Yao (Radix Dioscoreae Oppositae), Lian Rou (Semen Nelumbinis Nuciferae), Sha Ren (Fructus Amomi), Ju Hong (Pars Rubra Epicarpium Citri Erythrocarpae), Shan Zhu Yu (Fructus Corni Officinalis), Ba Ji Tian (Radix Morindae Officinalis), Tu Si Zi (Semen Cuscutae Chinensis), Wu Wei Zi (Fructus Schisandrae Chinensis), Bu Gu Zhi (Fructus Psoraleae Corylifoliae), Rou Dou Kou (Semen Myristicae Fragrantis) and Che Qian Zi (Semen Plantaginis).
5. Wei Guan Jian: Shu Di Huang (Radix Rehmanniae Glutinosae Conquitate), Shan Yao (Radix Dioscoreae Oppositae), Bai Bian Dou (Semen Dolichoris Lablab), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Zhi Gan Cao (Processed Radix Glycyrrhizae Uralensis), Wu Zhu Yu (Fructus Evodiae Rutaecarpae) and Pao Jiang (Quick-fried Rhizoma Zingiberis Officinalis).
6. Li Yin Jian: Shu Di Huang (Radix Rehmanniae Glutinosae Conquitate), Dang Gui (Radix Angelicae Sinensis), Gan Jiang (Rhizoma Zingiberis Officinalis) and Zhi Gan Cao (Processed Radix Glycyrrhizae Uralensis).
7. Zi Yin Jian Pi Wan: Dang Shen (Radix Codonopsis), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Fu Ling (Sclerotium Poriae Cocos), Gan Cao (Radix Glycyrrhizae Uralensis), Mai Men Dong (Tuber Ophiopogonis Japonici), Wu Wei Zi (Fructus Schisandrae Chinensis), Shan Yao (Radix Dioscoreae Oppositae), Shi Hu (Herba Dendrobii), Chen Pi (Pericarpium Citri Reticulatae) and Shan Zha (Fructus Crataegi).
8. Fu Yang Zhu Wei Tang: Ren Shen (Radix Ginseng), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Gan Jiang (Rhizoma Zingiberis Officinalis), Zhi Gan Cao (Processed Radix Glycyrrhizae Uralensis), Shu Fu Zi (Radix Lateralis Aconiti Carmichaeli Praeparata), Rou Gui (Cortex Cinnamomi Cassiae), Bai Shao (Radix Paeoniae Lactiflorae), Chen Pi (Pericarpium Citri Reticulatae), Yi Zhi Ren (Fructus Alpiniae Oxyphyllae), Wu Zhu Yu (Fructus Evodiae Rutaecarpae) and Cao Dou Kou (Semen Alpiniae Katsumadai).
9. Yue Tao San: Shan Zhi Zi (Fructus Gardeniae Jasminoidis), (cold) and Gao Liang Jiang (Rhizoma Alpiniae Officinari) (hot),
10. Dou Kou Ju Hong San: Ding Xiang (Flos Caryophylli), Mu Xiang (Radix Aucklandiae Lappae), Bai Dou Kou (Fructus Amomi Kravanh), Ren Shen (Radix Ginseng), Hou Po (Cortex Magnoliae Officinalis), Shen Shu, Gan Jiang (Rhizoma Zingiberis Officinalis), Ban Xia (Rhizoma Pinelliae Ternatae), Ju Hong (Pars Rubra Epicarpium Citri Erythrocarpae), Gan Cao (Radix Glycyrrhizae Uralensis), Huo Xiang (Herba Agastaches seu Pogostemi) and Bai Zhu (Rhizoma Atractylodis Macrocephalae).
11. Fu Ling Yin: Ren Shen (Radix Ginseng), Fu Ling (Sclerotium Poriae Cocos), Bai Zhu (Rhizoma Atractylodis Macrocephalae), Zhi Shi (Fructus Immaturus Citri Aurantii), Ju Pi (Pericarpium Citri Reticulatae) and Sheng Jiang (Rhizoma Zingiberis Officinalis Recens).
12. Shen Xiang San: Ding Xiang (Flos Caryophylli), Sha Ren (Fructus Amomi) and Cao Dou Kou (Semen Alpiniae Katsumadai).
13. Gui Shao Liu Jun Zi Tang: Liu Jun Zi Tang (Six-Gentleman Decoction), plus Dang Gui (Radix Angelicae Sinensis) and Shan Yao (Radix Dioscoreae Oppositae)

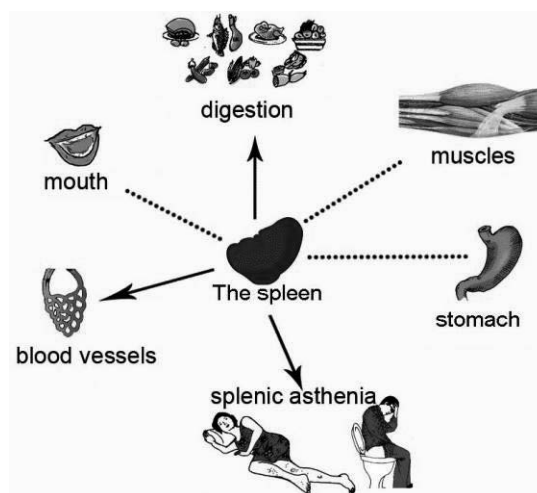
Biographies

Dian Bang Shi opened his own clinic in 1942 and graduated from Beijing University of TCM in 1957 and is the retired director of China Academy of TCM. He specialises in spleen and stomach disorders and still practices at the age of 83 in Xi Yuan hospital, Beijing, China.

Jin Zhang graduated from Beijing University of TCM in 1993. She is now a medical doctor practicing in the Foreign Department at Xi Yuan Hospital, Beijing, China.

Eunkyung Kim received a BA in Chinese Literature. Later she graduated from a jointly run program at Middlesex and Beijing Universities with an honours degree in Traditional Chinese Medicine (Middlesex University) and a Medical Degree (Beijing University). She currently practices in Reading. Correspondence: www.aprilkim.net

Attilio D'Alberto graduated from a jointly run program at Middlesex and Beijing Universities with a BSc (Hons) in Traditional Chinese Medicine (Middlesex University) and a MD (Beijing). He currently practices in Wokingham. Correspondence: www.attiliodalberto.com



《伤寒论》小柴胡汤的细辨今用

江丹

摘要:

小柴胡汤是中医经典《伤寒论》之名方，数千年，久用不衰。作者根据在西方执业中医的 20 余年的经验，详细分析了小柴胡汤为什么能够久用而不衰。她在应用小柴胡汤原方解表驱邪，抗病毒治疗各式外感证；以及应用小柴胡汤稍作加减，调畅气机，治疗各种内外科疑难杂症，利用在西方诊治的案例进行分析，论述；作者在阐述了小柴胡汤正确应用取效的机理之后，也谈到了其应用的局限性，使我们能够更加客观的对这个传统名方的现今应用，给予准确地评价。

关键词：小柴胡汤，伤寒论，外感证，疑难杂症

Exploration and Analysis on the Essence and Its Application of a Famous TCM Formula – Xiao Chai Hu Tang

Abstract: Xiaochaihu Tang (Minor Chaihu Decoction) is a famous TCM formula which was created in the classical book *Shang Han Lun* <The Study on the Febrile Diseases Caused by Cold>. Why has it been used for thousands of years in the TCM clinical practice and still popular nowadays? The author explains her own clinical experience with case studies that were treated by using Xiaochaihu Tang and its variations in UK for over 20 years, with the analysis on its effects in treating various types and stages of external diseases by releasing the external pathogenic factors and strengthening upright Qi as anti-viral effect; and also in treating many kinds of internal diseases by reregulating the stagnated Qi. The limitation in the application of Xiaochaihu Tang is also explained. The author believes that this traditional formula should be objectively evaluated and it's application can be still expedient in today's TCM clinical practice.

Key words: Xiaochaihu Tang, Shanghan Lun (the Study on the febrile disease caused by cold), External Diseases, Internal diseases

小柴胡汤是中医经典《伤寒论》之名方，数千年，久用不衰。在我来西方执业中医的 20 余年的实践中，它仍然是我最喜欢选用的经方之一。记得在北京中医药大学初学中医时，跟随著名伤寒专家刘渡舟老先生门诊，就发现老人酷爱应用小柴胡汤，尤其是约诊的病人过多时，或门诊时值午后，老人略感疲劳时，就常常固守小柴胡汤，对不同病症的患者，只略改几味，或 1-2 味而已；每日如诊治 70—80 病患，小柴胡汤的应用常在 60% 以上，病人却也多称奇效。为什么小柴胡汤能够如此奇效，对于诸多难症，杂症，奇症；新病，久病，急病都可选其以治？这是当年，我曾百思的问题。

如今，我在海外执业中医 20 余年，小柴胡汤也是我最常选用的经方之一。虽然不至于半数以上均以小柴胡为主方，但是对小柴胡可应用面之广，小柴胡方的调畅气机可解决难治症之奇也真有领教。下面，就我自己的，在英国的临床实践中应用小柴胡汤的体会，略述一二。

一， **和解少阳，顾扶正气，驱邪之用：**在《伤寒论》中，小柴胡汤是被用来治疗邪气重感之太阳证，与邪气完全入里之阳明证之间的少阳证病症的主方，也就是适用于邪气出入于表里之间。因而在其方中：柴胡为主散风解表，半夏，干姜气辛以温散在表之邪，黄芩苦寒以清解驱逐在里之邪；党参托正健脾，主扶正气；大枣，甘草和胃扶中，调诸药为一体。在实践中我发现，如果遇恰合此之证型者，原方不做加减，方虽小巧，效果确好；西方许多患者，从未用过中药，的确可达用之辄效之功；在小柴胡汤的应用中，以下为最佳的对应病症：

1， **小解轻感之邪：**小柴胡汤之汤方，成药可用于治疗外感之轻症，初症。

病例 1：A D，62 岁，前列腺癌术后，接受中医针灸规律性治疗，以稳定修复免疫系统，防治癌症的复发。某日就诊时，卡它，流涕，周身困痛，舌淡红薄白苔，脉浮弦。因为反复外感不利于免疫系统的稳定与恢复；同时容易外感也可能是免疫系统失于稳定的临床表

现,因而必须积极的治疗外感症的初轻阶段。该患者被给予小柴胡汤丸口服,同时,针灸以解表散寒,扶正调气。两周之后复诊告知,外感症已全消。

2, 尽解驱中之邪:患者就诊之日,已经接受过西医的常规治疗,或其他治疗但是病变尚未完全解除,求治于中医时邪去一半。

病例2: EK, 43岁,患者由于肺部感染已经西医给予一周的抗生素治疗,因而就诊

时,往来寒热,口苦,咽干,周身困重不适,舌淡红薄白苔,脉弦。虽西医诊断肺炎,但

是由舌脉而看,内热并不炽重,表邪并未尽解;如急用清解里热之法,恐并不速效。故用

小柴胡原方汤剂,同时温散清解表里之邪,一周之后痊愈。患者对中医的疗效,很是信

服,以后但凡感冒,就来服中药以治之。

3, 解除正虚之邪:在英国慢性病毒后衰竭综合征,(英国习称ME),是就诊中医的常见病症。这些病人是由于初感病毒,已经形成了慢性的病变。常年正虚,极易伴发外感;每次外感,又可进一步的伤害正气,形成了恶性循环,虚实夹杂,更加难以治愈。而中医对ME治疗的技术要领就是如何准确地把握驱邪与扶正的时机。小柴胡汤的在扶正同时以祛邪的治则,是对ME治疗常用的方法。

病例3, JK, 52岁, ME 诊出6余年,近期加重一年余;疲劳,周身肌痛,发作性头晕,压抑,焦虑;近两周卡它,流涕,鼻塞,头痛,眠差,近日往来寒热,舌淡红薄白苔,脉浮紧。故给予小柴胡汤原方汤剂内服,同时给予针灸疏风散寒,和解表里;一周之后,外感症有减,原方再服一周,表邪多除;而改补气健脾以治ME之主方治之。

4, 和解不明之邪:有些病患常年忧郁,压抑,气滞内热久郁;或手术,创伤之后,正气有损,虚实互结,在此时又现外感之症,就会使临床的新疾,旧症繁杂,寒热症型难辨,解表还是调里不易决断;此时可短时应用小柴胡汤,在不伤正气的情况下,辛温解表,疏散表邪,如有外感,就会使外邪很快解散,而本症显露。

病例4: VS, 49岁,就诊时焦虑,忧郁,压抑,善哭,适逢更年,月经2-3月一至,已一年余;潮热,眠差,被给抗抑郁药,感觉不好而停药;就诊时,同时有鼻塞,头痛,卡它,舌淡红薄白苔,脉弦涩。考虑其肝郁日久,肝火上延,木火刑金,可延热于肺;在肝郁内热的基础上复感风寒的可能性也是有的;郁甚于风,使脉不见浮。故取既可温散解表,又可疏肝理气,和胃调中之小柴胡汤。该方汤剂内服,两周而卡它,鼻

塞等表症除。舌色变红,少苔,而脉弦。故改柴胡疏肝丸,与知柏地黄丸服至心情平和,睡眠安稳,诸症平和,稳定度过更年期。

二, 调畅气机,主方加减,变通之用:小柴胡汤的原本组方,就含有调畅气机之功。柴胡疏肝解郁,散气升阳;半夏,干姜气辛以助升,功和以助降;黄芩苦寒属降气,而清里;党参,率大枣,甘草健脾顾里,和胃护中,整方和用可以脾胃为中心,调畅周身之郁气,因而可以治疗各种内外科杂症,对主方稍作调整,可以扩大其治疗的范围,增加其治疗的力度。

1, 小柴胡加桂枝厚朴杏子汤治效病毒性心包炎:

病例5: SH, 20岁大学生。低热,恶寒,胸闷,气短,周身疲乏倦怠,压抑,眠差,不能胜任学习,而休学一年余。西医怀疑ME,而给予抗抑郁药(Amitriptiline)治疗,无明显改善,而求治中医。就诊时,由于双下肢无力,拄双拐而行,生活不能自理。查体:面色淡白失荣,心音低钝,较多期前收缩,心界轻度扩大;既追问病史。一年前,曾因昏倒急诊,当时发热,胸闷,心悸气短;急诊给予退热止痛等对症处置。回家休息一段时日,至今一直未能完全恢复。因而我认为该患者初患应该是病毒性心包炎,遗留至今而成为慢性病毒后衰竭综合症。至今邪仍未尽退,舌淡红苔薄白,脉弦细,而结代;故给予小柴胡加桂枝厚朴杏子汤——小柴胡汤原方,疏风解表,行气化郁,和胃扶正;加厚朴,杏仁宽胸理气;桂枝辛温解表,且温通心阳,全方汤剂内服,加上针灸解表理气,疏解胸中之淤滞;一周之后就诊,已摈弃双拐,自述诸症大好;再行针灸,原方继服。两周之后,改为小柴胡汤丸,与补中益气丸中成药口服,每两周针灸一次,两个月痊愈返校。

2, 大柴胡汤治效胆囊术后并发症:

病例6, HN, 52岁,患者半年前,因上腹痛,恶心腹胀,被诊为胆囊炎,胆结石行腹腔镜胆囊切除术。手术顺利,一期愈合,但是术后上腹部疼痛仍在,为持续性钝痛,伴腹胀,食不消,嗝气;因适逢更年闭经,故潮热,盗汗,焦虑,压抑,眠差;就诊时,舌淡红薄白苔,脉弦细。以肝胃失合,腹气不利辨治,给予大柴胡汤汤剂内服。方中,小柴胡全方,去党参,因时值更年,当有阴虚之症,恐用党参有温补滋腻之嫌,故祛之;柴胡,半夏,疏郁散气止呕;黄芩清热降气解毒;干姜,大枣和胃调中;加小承气汤之枳实,厚朴,荡涤胃肠,通调腹气,甘草和胃,调和诸药。同时用针灸,针以同上意之群穴。一周之后,疼痛大减;两周之后,痛再减几消。改为两周一诊,大柴胡汤丸与知柏地黄丸口服,一月后疼痛全消,去大柴胡

汤丸，仅留知柏地黄丸以维持更年期症状的稳定控制。

3，柴胡加厚朴生姜半夏人参汤治效梅核气：常年压抑，忧郁可渐生梅核气。在《伤寒论》中对其病因，病机，治法都有过详细论述。可西方人缺此常识，许多患者被现代西医怀疑为消化道肿物，遍做各种检查，无异常发现，病人也常被此症搅得寝食不安。

病例 7，S H，34 岁，压抑，焦虑，自感喉中有物堵塞，吐之不出，吞之不下，难受异常；西医为其检查食道，胃肠，无肿物发现，但是检查，诊断过程使之焦虑，压抑更重；常自感已是临终之人，终日哭哭啼啼。因知针灸可治精神紊乱之症，故有其母陪诊至余。舌淡白薄白苔，脉弦紧。中医认为梅核气属肝气久郁，气郁痰结，壅而不化。因而，我给予疏肝理气，化痰通郁之法。针灸，以及柴胡加厚朴生姜半夏（人参）汤：柴胡，半夏，黄芩疏肝清热，散郁化痰；厚朴，加枳实通实倒滞，加瓜蒌仁，贝母化痰散结；继用干姜（换生姜），大枣，甘草以和胃护中，去人参，以恐其补之太过，反使气壅。以上药以汤药水煎服，两周之后，喉中异物感大减，情绪也渐渐平和。故在针灸的同时，改服柴胡疏肝丸，与半夏厚朴丸，三月之后彻底痊愈。

4，柴胡青龙汤治效慢性哮喘：哮喘是英国的常见，高发病；免疫系统紊乱的患者，可病发始于幼年，每逢外感，则可诱发哮喘；但每发之哮喘，又由于患者已服用激素，或止喘药喷，病症常不很剧烈。求治中医者，或希改善极易外感之病状，或希稳定其免疫系统而减用，以至停用药喷。

病例 8，O G，12 岁。自幼常年频发哮喘，每逢感冒，既诱发哮喘，激素药喷不断，时常还要加用止喘药喷。因其父母顾虑常用激素影响发育，且易形成依赖，故求治中医。初诊时，卡它，鼻塞，因一直应用激素药喷，故平时并哮喘，但是锻炼，踢球均可随时诱发。舌淡苔光莹，（因常用药喷，而无舌苔）脉弦细。故给予小柴胡汤，与小青龙汤丸同服。小青龙之麻黄与小柴胡之柴胡，辛温解表之力著；桂枝，细辛散风通郁，黄芩继清肺热，双方同具之半夏，干姜化痰和胃，党参健脾扶正，稳定免疫，大枣，甘草和胃合药。患儿两周一诊，服此二方两月，几不感冒；改为六味地黄，与小青龙汤丸同服至停药所有药喷，而不发作哮喘。该患儿经用中成药撤下药喷，止住哮喘之后数年，喜爱并常踢足球，其哮喘再未发作；其母将两个同患此疾的弟弟，都带来服中药而治愈。

小柴胡汤的应用体会：

1，尽量保持原方，不作加减：我认为小柴胡汤可以流传千年，必有其确效所在。其解表的抗病毒作用，

可能正是全方之七药所合，煎煮之后产生的有效成分所产生的。这千年的临床应用，好比是大样本的临床试验（Clinical Trail），而加减之后的方就已不是原方，因而就很可能不是原效了。

2，调畅气机为什么可以调治百病：刘渡（舟）老善用小柴胡汤治疗各科杂症，缘于其疏肝和胃，调畅气机之功效；王绵（之）老用香砂六君以调气，赵绍（琴）老用升降散以调气，诸老选方不同，却均可调治各科杂症。经过多年的实践，我体会：如果人体有个气循环的气场，当病变产生时，由于某个经脉的郁滞，导致了几个经脉，甚至整个经脉系统气血循环的郁滞。因而，诸老用不同的方药，就是从不同的经络，脏腑入口处进入，只要能够有效地推动紊乱的气场，就都会掀动人的自愈机制，导致气的循环向好的方向转化，而促进人体自愈病症。

不论在中国，还是在其他国家，目前，我们执业中医都是要在与现代西医及其它各种医疗方法共存的医疗环境之中，因而在辨证论治中，要考虑到病人曾经接受过的治疗方法对就诊时体征的影响。因而以小柴胡汤为代表的调畅气机以治杂症，顾扶正气以解表邪的方法当属中医最有特色的治疗法则。

小柴胡汤是个优秀的千年古方，但也不是全治百病，它治疗的局限性在于：

1 对轻症，初症的外感症最容易出效：外感风寒，正不足，邪也不甚者，用小柴胡方最为适当；对于邪气实盛，而正气不衰的重症，其驱邪之力度，还是不足的。

2 对慢症容易出效；慢症常是虚实互杂，适逢外感，用小柴胡可在保护正气的情况下驱邪；常在用后使本症显见，而使复杂之证变的明朗，从而找到最佳的治疗方法；而小柴胡汤对急症，重症还是缺乏足够的，独自治效的力度。

总之，小柴胡汤所具有的驱邪扶正兼顾而抗病毒的作用是独到的，其调畅气机以治各科杂症的功效益是具有中医特色的，应该重视发扬，及给予更深入的研究。



Is Acupuncture Effective for Interstitial Cystitis?

Jane Melling, Charmian Wylde, Tianjun Wang

Abstract

The aim of this paper is to evaluate whether acupuncture treatment is an effective therapy for IC based on the evidence of the clinical trials and questionnaire surveys.

Methods: The inclusion criteria were the symptoms of bladder pain, urinary urgency and frequency with absence of other identifiable pathologies in adult humans of any sample sizes; Treatment involved acupuncture, electronic-acupuncture, and moxibustion, controlled against Sham acupuncture, dry therapy, posterior tibial nerve stimulation (PTNS), or no treatment/baseline. 18 studies were found conducted between 1992 and 2013. However, 13 papers were selected and analysed: six RCTs, two questionnaire surveys and four clinical studies.

Results: Overall, acupuncture treatment group was significantly better than control groups or baselines. The most popular acupuncture point was SP6. 97% of the participants were female with a mean age of 55.27 year old and a median time of 8.43 weeks with a mean of 11 treatments.

Conclusion: The outcomes indicate acupuncture treatment is effective for treating IC symptoms and improving QOL of the patients with no significant side effects. However, more vigorous trials are needed to fortify the rationality and legitimacy of acupuncture in order to consolidate the effectiveness of acupuncture treatment for IC.

Key Words: Interstitial cystitis, acupuncture, clinical efficacy, electronic-acupuncture, Sham acupuncture

Background

There are numerous reasons for pain or hypersensitivity in and around the bladder, increased urinary frequency and urinary urgency. However, when there is no infection in the urine and thorough medical investigation reveals no identifiable diseases that could be responsible for those symptoms, it can be interstitial cystitis (IC) (Moutzouris and Flagas, 2009). Due to the complexity of those clinical presentations, there have been a number of terms to identify the symptoms including urethral syndrome, hypersensitive bladder, urologic chronic pelvic pain syndromes, and lower urinary tract syndrome (IPBF, 2013). However, this paper will define those symptoms as IC by which the symptoms are commonly known since 1887 when it was devised by American urologist Skene (Christmas, 1997).

IC diagnosis is challenging as there is no definitive laboratory urine or blood test to identify IC, furthermore, its patterns overlap with many other urological conditions. It largely relies on eliminating other resembling or similar conditions to IC (Clemens, 2009). It can be reinforced by using symptom evaluation measures such as O'Leary Sant symptom and problem index (ICSI), the Short Form-36 (SF-36), the pelvic pain and urgency/frequency symptom scale, Visual Analogue Scale (VAS), and voiding diary (Hanno *et al.*, 2010).

The impact of IC on quality of life (QOL) among suffers can be huge. Researches show that IC patients experience greater difficulties especially in vitality and mental health than patients with some other chronic conditions such as rheumatoid arthritis or hypertension (Khoudary *et al.*, 2009).

Although IC still remains without established and agreed aetiology it is understood to be caused by

multiple aetiology such as increase in mast cell activity, abnormality in the bladder lining, neurological, autoimmune, and genetic (Theoharides, 2007).

IC is not curable, it has no standard treatment. Hence its treatments largely focus on alleviating the symptoms and enhancing QOL (Onwude, 2009).

Methods

Searches were conducted in the following databases; PubMed/ MEDLINE, Amed, Journal of Chinese Medicine Archives, Google Scholar, Wiley Online, SpringerLink, Acupuncture in Medicine, Science Direct, the Journal of Urology, and Cochrane Central Register of Controlled Trials (CENTRAL).

The keywords used were;

Acupuncture, electro-acupuncture, *moxibustion*, percutaneous tibial nerve stimulation (PTNS) AND cystitis OR interstitial cystitis OR painful bladder syndrome (PBS)/ IC OR bladder pain syndrome (BPS) OR urethral syndrome OR hypersensitive bladder OR chronic pelvic pain OR lower urinary OR refractory overactive bladder. All searches were conducted between January and March 2014.

Inclusion of trials and questionnaire surveys were;

Adult, any size, acupuncture, electronic-acupuncture, *moxibustion*, sham-acupuncture, control group, controlled against drug therapy, PTNS, no treatment group, or baseline. Clearly stated IC symptoms including pain/ or distension of the lower abdomen, urinary frequency, urinary urgency, no obvious abnormality, no bacteria growth.

Exclusion Criteria were;

Studies that included other than IC or the terms that represent IC described as above and that were not in or translated into English.

Results

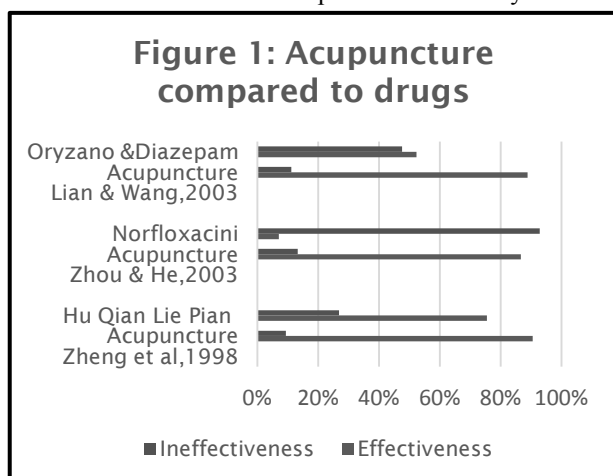
13 out of 18 papers were included as they met the inclusion criteria. They consisted of 10 clinical trials (seven acupuncture and three PTNS treatments) and three questionnaire surveys. There were six randomised controlled trials (RCTs): one double blinded and five single blinded, and four clinical studies. The range of sample size was from 5 to 180 patients.

The overall results of the seven acupuncture treatment trials showed a considerable positive outcome apart from one trial by Geirsson *et al.* (1992) which reported no difference in either treatment. The six papers: Alraek *et al.* (1999), Honjo *et al.* (2004), Inoue *et al.* (2013), Liu and Wang (2003), Zheng *et al.* (1998) and Zhou and He (2003), reported that the treatment groups were significantly better than the control group or baseline.

None of the three comparative clinical trials were against sham acupuncture but a drug. Zheng *et al.* (1998) looked at acupuncture treatment against Hu Qian Lie Pian (Chinese herbal medicine for urinary symptoms) while Liu and Wang (2003) put acupuncture treatment versus Oryzanol (rice bran oil based supplement) with Diazepam, and Zhou and He (2003) set acupuncture against Norfloxacin.

All of the three trials show that acupuncture treatment was significantly better than the drugs as is illustrated in figure 1.

The three PTNS trials reported two totally different



results. Govier *et al.* (2001) concluded a statistically significant improvement of 71 % success, whereas Zhao and Nordling (2004), and Zhao *et al.* (2008) found PTNS treatment is not statistically significant.

All three questionnaire surveys showed a general improvement of the symptoms. Reeves *et al.* (2009) reported that all patients responded and symptoms improved while Holford and Tucker (2010) resulted in 60 % of respondents rating 75% to 100% recovery of the symptoms. On the other hand, Alraek and Baerheim (2001) concluded that 39 out of 46 patients

experienced a change; which was not quantified or individualised as negative or positive.

IC is an incapacitating chronic disease that makes a huge impact on many aspects of patients' QOL. The most affected characteristics of QOL included emotions, attitude, leisure, work, and social function according to Reeves *et al.* (2009) and Holford and Tucker (2010).

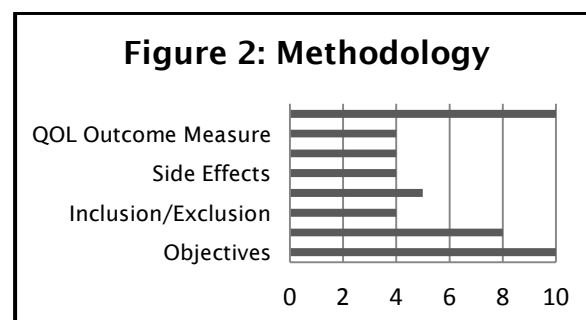
Alraek and Baerheim (2001) was more detailed and subjective as it was an open-ended free text questionnaire survey. The participants were asked to use their own words to describe any changes they had noticed after acupuncture treatment. The findings showed improved QOL in mental health, stress and energy level, and other painful disorders such as headache and back pain.

All of the three survey papers showed positive changes in QOL. Nevertheless, Reeves *et al.* (2009) was the only one that reported its findings in clear detail as 13 out of 15 patients scored an 86% improvement in QOL. Alraek and Baerheim (2001), and Holford and Tucker (2010) were lacking in evidence about how much improvement of QOL was made.

Furthermore, this study found a statistically significant poor observation of QOL in the seven acupuncture treatment. Apart from Honjo *et al.* (2004) who reported an overall improvement in QOL, the other 6 papers failed to exam QOL.

On the other hand, all of the papers of PTNS trials managed to evaluate QOL successfully. The most popular outcome measure was SF 36 health status survey which was used in all of the three trials. 33% showed significant improvement while no statically significant improvement was shown in 67%.

In terms of methodology employed in the 10 trials, figure 2 exhibits a clear picture. All trials defined the objective of the study and presented the statistical data visibly, although two trials failed to inform on outcome measures. 5 trials used a control group while less than half of the total trials managed to report on inclusion/exclusion, and 20% of the trials observed side effects.



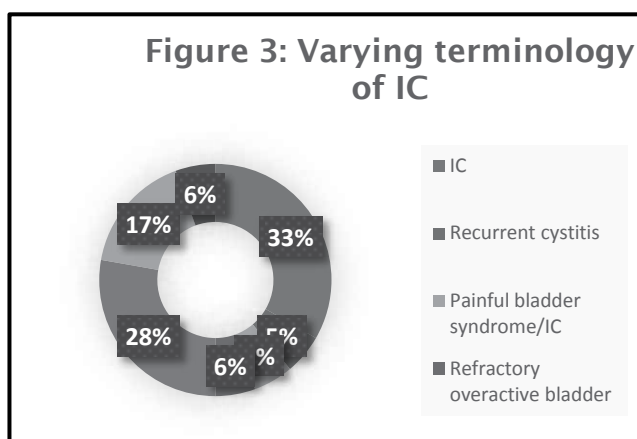
The total ranges of acupuncture points employed in the trials were 23 points from seven channels (see appendix five). The channel that had the highest number with ten points was Bladder followed by Kidney (four

points), *Conception Vessel* (three points), *Spleen* (two points), *Stomach* (two points), *Liver* (one points), and *Governing Vessel* (one points).

The number of acupuncture points employed at one treatment varied from one to seven points in the acupuncture trials. However, as Zheng *et al.* (1998) stated, there was a third group of acupuncture points which is individualised according to Chinese medicine (CM) diagnostic differentiation of each patient where the maximum number of acupuncture points employed at one treatment was more than seven points. Liu and Wang. (2003), Zheng *et al.* (1998) and Zhou and He (2003) used two groups of acupuncture points alternately.

On the other hand, Alraek *et al.* (1999) had a set of basic points and two sets of two points, where either one of the 2 points was practised in turn. The most commonly used acupuncture point was SP6 which was practiced by all trials apart from Honjo *et al.* (2004) and Inoue *et al.* (2013). This was the only point used in PTNS treatment. Then it was followed by BL23 and CV4 which were used in the four trials. The least used points were LV3, BL32, BL33, BL34, BL35, and BL39.

Zheng *et al.* (1998) was the only trial to accomplish CM differentiation in methods clearly. Although Alraek *et al.* (1999), Zhou and He (2003) and Liu and Wang managed to mention CM differentiation in acupuncture treatment under methods/ discussion, they all failed to clarify which acupuncture points were selected for each differentiation. Geirsson *et al.* (1992), Honjo *et al.* (2004) and Inoue *et al.* (2013) neglected to address CM differentiation entirely.



A number of medical terms were used to describe IC as seen in figure 3. At the selection phase one the most popular terminology was IC followed by urethral syndrome and low urinary tract.

Discussion

All in all, the findings of this study suggest that acupuncture can be an effective therapy for the symptoms of bladder pain, increased urinary frequency and urinary urgency with the absence of obvious pathology, which is commonly and historically known

as IC.

Six out of seven trials showed that acupuncture treatment group was significantly better than control group or baseline, although the effect of the PTNS method was debatable. The questionnaire surveys also showed a considerable improvement with acupuncture treatment. The four RCTs, Zheng *et al.* (1998), Liu and Wang (2003) Zhou and He (2003), and Govier *et al.* (2001) reported improvements of 90.6%, 86.5%, 85.89%, and 71% respectively. These results differ hugely not only against their control groups but also from biomedicine interventions such as oral medication and reconstructive surgeries.

This study found that although 40% of the trials managed to observe side effects and found that there was almost no adverse effects, 60% failed to exam it. Reporting adverse reactions to a treatment is of great importance to the medical establishment. There is also a moral and ethical duty to position the health and safety of patients at the heart of any medical intervention (Macpherson *et al.*, 2007). Therefore, it is essential that further acupuncture trials should place the issue of observing any adverse events at the core of their study. The median duration of the trials and total number of treatments suggest that acupuncture can be effective for IC when it is treated over an 8 week time span and 10 treatments. This may suggest the efficacy of acupuncture in cost-effectiveness as it took 32 weeks to achieve less than 50% improvement by PPS (Nickel *et al.*, 2005). The true costs of managing IC were substantially high, adding direct and indirect costs including medication, test procedures and lost wages as a result of the IC condition (Clemens *et al.*, 2009).

IC is known as a visceral pain syndrome with a profound impact on QOL. The disease is a debilitating condition that dominates many aspects of patients' QOL including social function, relationships, emotions, attitude, and work (Tucker, 2004). Some clinical studies examined these aspects of the disease including Yvonne *et al.* (2000) and Khoudary *et al.* (2009) whose studies showed that vitality and social function achieved a particularly low score between $p=0.01$ and $p=0.001$ with a p value of <0.05 significance.

QOL is particularly related to acupuncture as its foundation lies in embracing the underlying cause (本, *Ben*) and the clinical symptoms (标, *Biao*). This intrinsic method allows CM to understand each individual's unique gestalt and its influence on their QOL whereas conventional medicine is prone to separating clinical presentation from its fundamental roots.

All in all, this study found that acupuncture treatment improved QOL of IC patients. However, the number of the trials that managed to observe QOL were significantly poor in this study. They concentrated on reporting the changes in physical problems only, neglecting the manifestation of the disturbance in the

complexity of disease. This approach resembles the philosophies of conventional medicine (Gascoigne, 2001). This finding suggests that future acupuncture trials on IC should embrace the multifaceted complication of illness.

RCTs are seen as the gold standard of evidence-based medicine making comparisons between treatment and control group or sham acupuncture, where all participants from both sides start from the same beginning, minimising intervention of placebo effects in clinical trials (MacPherson *et al.*, 2007). Acupuncture clinical studies should be designed with a more rigorous method to allow sound quality research evaluating the efficacy and effectiveness of acupuncture with the remotest bias and placebo effect.

The total ranges of acupuncture points employed in the trials were 23 points from seven *meridians* including *Bladder*, *Kidney*, *Conception Vessel*, *Spleen*, *Liver*, and *Governing Vessel*. IC belongs to the urinary condition, known as *Lin* syndrome in CM (Maciocia, 2013). Not only is voiding of urine controlled by the *Bladder* but also it is closely related to the *Qi* transformation function of the *Kidney* and the *Spleen*'s role of transport and transformation (Clavey, 2008). Hence, the syndromes and *meridians* of the *Bladder* and the *Kidney* are most widely employed in treating *Lin* ailments.

However, the most popular point was SP6. In biomedicine the SP6 area is where the tibial nerve runs which contains mixed sensory motor nerve fibres to the bladder and pelvic floor. Stimulation of the tibial nerve produces a motor and sensory response to modify the nerve impulses to the bladder (Zhang, 2012).

On the other hand, in CM, the use of SP6 seems to be in its properties and the relationship with the *Kidney* as they mutually strengthen and support each other. In CM, IC is primarily due to *Dampness* and *Heat* pouring downwards to the *Bladder*, generally caused by the deficiency of the *Spleen Yang* and the *Kidney* or *Yin* in the *Kidney* which generates *Heat*, *Dampness* or the *stasis* of *Qi* and *Blood* (Flaw and Sionneau, 2005).

SP6 is largely used for urinary conditions to tonify the *Spleen* and nourish *Kidney Yin* which then, with more strength, can clear *Damp/Heat* and move the stagnation of *Qi* and *Blood* (Deadman *et al.*, 2009).

The effectiveness of SP6 for obstetric pain is well proven through a number of clinical trials such as Shi *et al.* (2011) and Huan *et al.* (2008). The frequent practice of SP6 and its positive results, in this study, also offer an evidence for the efficacy of SP6 for renal diseases and abdominal pain.

The terminology and definition of IC have been subject to regular debate and change. It is still an ongoing research area as biomedicine urologists have not agreed on a universal name or definition for the condition. This is reflected in acupuncture trials for IC as there are a number of different nomenclatures for the IC symptoms in the ten trials. However, since the most agreed terms are PBS/IC and BPS since 2002 (Hanno *et al.*, 2010) the acupuncture profession may need to find a

way to reflect the changes in terms and definitions of IC.

All in all, although, the overall results of the trials and surveys revealed a statistically positive outcome, these were not strong enough to make firm conclusions due to lack of sufficient power, control group, and the poor quality of methodology in a large number of the trials practised. The methodology could be enhanced by complying with the Jadad Scale, the standards for reporting interventions in clinical trials of acupuncture (STRICTA) and the CONSORT statement which provide detailed elements for clinical trials (MacPherson *et al.*, 2007).

Further and bigger sized studies are recommended to clarify the effectiveness (including issues such as clinical safety, cost-effectiveness, QOL as well as clinical competency) of acupuncture for IC treatments more confidently.

Acupuncture research should examine long term development in the condition. IC is known to be a long term condition with flares and remissions without a particular common trigger factor. It should also investigate not only sham- acupuncture but also other therapies including different biomedicine interventions, diet, pelvic floor muscle exercise, and drinking cranberry juice as these are commonly used methods.

The participation of men was only 3% of this study and the mean age was 55.27 years old. This age is over 10 years older than the generally known mean age of IC patients (Moutzouris and Falagas, 2009). However, as younger women and men do suffer from IC, further study should also include them.

There are two categories in IC: classic and non-ulcer type. This classification was not observed at all in the trials in this study. As these types often respond in a different way to conventional interventions, acupuncture trials also need to clarify this issue.

Conclusion

The analysis of the ten trials and three questionnaire surveys discloses highly positive results on acupuncture treatment for IC including QOL. It is always relevant and important to enquire on evidenced based safety for any remedial modalities. However, it is concerning to find that a very low number of trials in this study managed to acknowledge this issue. There are notable questions in the methodology of many trials. There is also a significant concern at the absence of double-blind or sham acupuncture in the trials. Nevertheless, despite all the challenges raised in this study, the methodical results of acupuncture treatment for IC is evidently clinically relevant with statistical significance. Therefore, it is possible to conclude that the effectiveness and efficacy of acupuncture for IC treatment is positive.

References:

- Alraek, T. and Baerheim, A. (2001) 'An empty and happy feeling in the bladder...': health changes experience by women after acupuncture for recurrent cystitis', *Complementary therapies in Medicine*, 9, 219-213.
- Alraek, T., Fagerheim, S., U., Digraanes, A., and A. 'Baerheim (1999) Acupuncture Treatment in the Prevention of Uncomplicated Recurrent Lower Urinary Tract Infections in Adult Women', *American Journal of Public Health*, 10.2002, 92, No10.
- Christmas, T. J. (1997) 'Historical Aspects of Interstitial Cystitis', in Sant, R. (ed) *Interstitial Cystitis*. Lippincott-Raven Publisher, Philadelphia.
- Clavey, S. (2008) *Fluid Physiology and Pathology in Traditional Chinese Medicine*. London: Churchill Livingstone.
- Clemens, J. Q., Markossian, T. and Calhoun, E. A. (2009) 'Comparison of economic impact of chronic prostatitis/chronic pelvic pain syndrome and interstitial cystitis/painful bladder syndrome', *Female Urology*, 73 (4).
- Deadman, P., Al-Khafaji, M. and K. Baker (2009) *A Manual of Acupuncture*. 2nd edn. England: Journal of Chinese Medicine Publications
- Flaws, B. and Sionneau, P. (2005) *The Treatment of Modern Western Medical Diseases with Chinese Medicine*, 2nd edn, Boulder: Blue Poppy Press.
- Gascoigne, S. (2001) *The Clinical Medicine Guide: A Holistic Perspective*, Reprint, UK: Jigme Press, 2010.
- Geirsson, G., Wang, Y. H., Lindstrom, S. And Fall, M. (1992) 'Traditional Acupuncture and Electrical Stimulation of the Posterior Tibial Nerve: A Trial in Chronic Interstitial Cystitis', *Scandinavian Journal of Urology and Nephrology*, 27: 67-70, 1993.
- Govier, F. E., Litwiller, S., Nitti, V. and Kreder, K. J. (2001) 'Percutaneous Afferent Neuromodulation for the Refractory Overactive Bladder: Results of Multicenter Study', *Journal of Urology*, 165, 1193-1198.
- Hanno, P. M., Lin, A., Nordling, J., Nyberg, L., Ophoven, V. and Ueda, T. (2010), *Committee 19: Bladder Pain Syndrome International Consultation on Incontinence*. Available at: http://www.ics.org/Publications/ICI_4/files-book/comite-19.pdf (accessed 15/02/2014)
- Holford, E. and Tucker, T. (2010) 'An investigation into the Treatment of Interstitial Cystitis with Acupuncture', *Journal of Chinese Medicine*, 94. October.
- Honjo, H., Ukimura, O., Ushijima, S., Suzuki, K., Hirahara, N., Kawauchi, A., Kitakoji, H., Nakao, M., and Miki, T. (2004) 'Acupuncture for the Treatment of Bladder Pain, Urinary Frequency and Urgency Caused by Interstitial Cystitis', *European Urology*, 25:70-76.
- Huan, Y., Liu, C., Chen, X., Ma, L., Xie, J., Guo, N., Ma, Z., Zheng, Y., Zhu, J. and Liu, J. (2008) 'systematic review of clinical trials of acupuncture-related therapies for primary dysmenorrhea', *Acta Obstetrica et Gynecologica Scandinavica*, 87, 11, 1114-1122.
- Inoue, K., Katayama, Y., Shitamura, T., Nose, K., Kamoto, T. (2013) 'Effectiveness of Acupuncture and Moxibustion Therapy for the Treatment of Refractory Interstitial Cystitis', *Miyazaki University Faculty of Medicine*, 59 (5): 265-269.
- IPBF (2013) *Interstitial Cystitis/ Bladder Pain Syndrome: Painful Bladder Syndrome, Hypersensitive Bladder Syndrome, Chronic Pelvic Pain*. Available at: <http://www.painful-bladder.org/pdf/IPBF%20Publ%2004%20UK.pdf> (accessed 20/02/2014)
- Khoudary, S. R., Talbott, E. O., Bromberger, J. T., Chang, C., Songer, T. J. and Davis, E. L. (2009) 'Severity of Interstitial Cystitis Symptoms and Quality of Life in Female Patients', *Journal of Women's Health*, 18, No 9.
- Liu, L. and Wang, X. (2003) Electric Acupuncture in the treatment of 36 Cases of Female Urethral Syndrome, *Journal of Traditional Chinese Medicine*, 23 (4): 284-285.
- Maciocia, M. (2013) *The Practice of Chinese Medicine: The Treatment of Diseases with Acupuncture and Chinese Herbs*. 2nd edn. London: Elsevier Churchill Livingstone.
- Macpherson, H., Hammerschlag, R., Lewith, G. and Schnyer, R. (2007) *Acupuncture Research: Strategies for Establishing an Evidence Base*, London: Churchill Livingstone Elsevier.
- Moutzouris, D. A. and Falagas, M. E. (2009) 'Interstitial Cystitis: An Unsolved Enigma', *American Society of Nephrology*, 4: 1844-1857.
- Nicker, J. C., Barkin, J., Forrest, J., Mosbaugh, P. G., Hernandez-Graulau, J., Kaufman, D., Lloyd, K., Evans, R. J., Parsons, C. L. and Atkinson, L. E. (2005) 'Randomized, double-blind, dose-ranging study of pentosan polysulfate sodium for interstitial cystitis', *The Journal of Urology*, 65 (4), 654-658.
- Onwude, J. (2009) 'What is the most effective treatment of interstitial cystitis?' *British Medical Journal*, 337, 338-351.
- Reeves, F. A., Chapple, C. R., Pullman, M. (2009) 'Success of Acupuncture in the Treatment of Painful Bladder Syndrome (Interstitial Cystitis)', *The Journal of Urology*, 181, 4, Supplement Saturday, April 25 2009.
- Shi, G., Liu, C., Zhu, J., Guan, L., Wang, D., Wu, M. (2011) 'effects of acupuncture at Sanyinjiao (SP6) on prostaglandin levels in primary dysmenorrhea patients', *Clinical Journal of Pain*, 27, 3, 258-261.
- Theoharides, C. (2007) *Treatment Approaches for Painful Bladder Syndrome/Interstitial Cystitis*. Available at: <http://link.springer.com/article/10.2165/00003495-200767020-00004#page-1> (accessed 02/02/2014)
- Tucker, T. (2004) 'The Treatment of Interstitial Cystitis by Acupuncture', *Journal of Chinese Medicine*, 75.
- Yvonne, L. M., Kawachi, I., Stampfer, M. J., Colditz, G. A. and Curhan, G. C. (2000) 'Quality of life among women with interstitial cystitis', *The Journal of Urology*, 164, 423-427.
- Zhang, Z., Wang, X. and McAlonan, G. M. (2012) 'neural acupuncture unit: a new concept for interpreting effects and mechanisms of acupuncture', *Evidence-Based Complementary and Alternative Medicine*, Article ID 429412.
- Zhao, J. and Nordling, J. (2004) 'Posterior Tibial Nerve Stimulation in Patients with Intractable Interstitial Cystitis', *British Journal of Urology International*, 94, 101-104.
- Zhao, J., Bai, J., Zhou, Y., Qi, G. and Du, L. (2008) 'Posterior Tibial Nerve Stimulation Twice a Week in Patients with Interstitial Cystitis', *Female Urology*, 71, 1080-1084.
- Zheng, H., Wang, S., Shang, J., Chen, G., Hung, C. and Hong, H. (1998) 'Study on Acupuncture and Moxibustion Therapy for Female Urethral Syndrome', *Journal of Traditional Chinese Medicine*, 18, 122-127.
- Zhou, Y. And He, J. Y (2003) 'Acupuncture Treatment of Female Urethral Syndrome', *Journal of Acupuncture and Tuina Science*, 1,

Jane Melling

janemelling@ymail.com

An Overview on the Therapeutic Effects of Acupuncture in Managing Breast Cancer

Katharine Rhodes, Acupuncture Student, Lincoln College
Huijun Shen, Acupuncture Supervisor, Lincoln College

The Centers for Disease Control and Prevention (CDC) statistics for 2013 reveal breast cancer second only to lung cancer, as the leading cause of mortality from cancer in women (Crawford et al, 2014). UK women are estimated to have a 1 in 8 chance of developing the condition. Around 50,000 women are diagnosed with breast cancer in the UK annually compared to 350 men. (Cancer Research U.K. 2014).

TCM recognises western medical interventions such as radiotherapy, chemotherapy and surgery as more effective in restricting the growth of cancers and reducing the risk of metastasis, but they are frequently toxic and carry their own undesirable side-effects. They significantly damage Qi, blood and essence. TCM considers three main principles in treating cancer - focusing on and 'attacking' the cancer itself alongside western treatments, reducing the side-effects of western medical treatment and focusing on the etiology and prevention of the disease. (Li, 2003). Cancer is considered to be the result of chronic blood and Qi stagnation. Treatment aims to strengthen the immune system and optimize the healthy flow of Qi.

Acupuncture is not sufficient to treat cancer alone (Mc.Grath, 2009, 113), but by treating the root and the branch, the underlying pattern and disease manifestation, acupuncture treats the whole person, and it can be effective in the following aspects.

Improving General Wellbeing and Quality of Life

Whole system research (WSR) investigates the effectiveness of acupuncture in treating the whole system of a person. The bedside manner of the therapist is taken into consideration in how this may affect the outcome of the treatment. Ongoing research in to this principle was investigated by assessing the effectiveness of acupuncture of 45 breast cancer patients receiving chemotherapy. Patients were monitored over 14 weeks and a range of outcome measures analysed. These included a fatigue and quality of life index, and an anxiety and depression scale. Semi-structured interviews were also used. This study may offer a methodology in measuring the effectiveness of acupuncture. (Price, et al, 2006, cited in Mc.Grath, 2009, 57).

During the early stages, treatment principles involve eliminating the pathogen, tonifying Qi and removing stasis. Moxa may be used to open the meridians and reduce stiffness, thereby stimulating the circulation and eliminating toxins. ST36 and GB39 are particularly effective. (Li, 2003, cited in Stabler, 2011).

Strengthening Qi, yin and yang, and the immune system, are strategies generally applied when the tumour metastases, and in treating the side effects of medical interventions. (Staebler, 2011).

Recommended points for mobilising Qi, invigorating the blood and disseminating stasis include: ST36, ST44, SP6, SP10, LR3, LR14, GB34, DU14, and BL17, 18, 20 and 22. Invigorating the flow of lymph helps dissolve and soften any lump. Points are selected for their ability in reducing phlegm stasis, such as: ST40, SP4 and 9, LIV2, PC6, SJ5 and 10, LI11, and BL20 and 21. The elimination of heat and toxins may be achieved by using points such as LI4 and 11, ST44, ST36, SP6 and 10, LU5, DU14, GB34 and BL40. In addition ashi, cleft and shi xuan points may be selected. (Staebler, 2011).

The use of SP6 and ST36 are also recommended in supporting healthy Qi, with the addition of KI3, 6 and 7, REN4, 6, 8 and 12, DU4 and 14, to enhance the immune function and prevent the tumour from growing. These points are also used for their ability in promoting body fluids, and reducing heat. Strengthening the immune system by supplementing the spleen, stomach and kidney may be achieved through points such as: DU4, REN 4, 6 and 12, ST36, SP4 and 6, LIV13, PC6, and BL20, 21 and 23. Nourishing the blood, increasing white blood cell (WBC) count and generating bone marrow is particularly beneficial during chemotherapy. Point selection include: DU4, DU14, BL11, 17, 18, 20, 21 and 23, ST36, SP6, KI3, LIV3, PC6, GB39, REN4 and 6. (Staebler, 2011).

Lymphoedema

Treatments for lymphoedema following breast cancer treatment require ongoing intervention and are expensive. Acupuncture is a safe and useful addition in managing this complaint. In a pilot study of thirty three women with breast cancer related lymphoedema, the effectiveness of acupuncture in reducing arm swelling was studied. The women each had an affected arm circumference of more than 2 cm larger than their unaffected arm. They received acupuncture treatment twice a week for four weeks. After six months, eleven patients showed a reduction of more than 30% following the treatment. Fourteen reported mild bruising, with pain or tingling, but there were no severe exacerbations or infections. (Cassileth, et al, 2013).

The Lymphoedema Framework Guidelines, state best practice for the management of lymphoedema, is to avoid puncturing the skin. This reduces the risk of infection, and prevents exacerbating or triggering

lymphoedema. Although best practice guidelines do not contraindicate acupuncture, National Guidelines for the Use of Complimentary Therapies in Supportive Care, and Safety Aspects of Acupunctutre in Palliative Care Healthcare, advise against needling the affected area. Safety need not be compromised, as acupuncturists can focus on the root cause of the lymphoedma. Points may also be selected with consideration to 'The Neijing.' 'When disease affects the upper body, treat the lower, and when it is on the left, treat the right'. (De Valois, 2012).

Staebler (2011), however, finds that needling on the affected is beneficial 6-12 months post-surgery, specifically PC6 and SP4 on the opposite side to which the surgery has been performed. Combined with LIV3, he recommends this in all cases of breast cancer, as it mobilizes the chong, blood and liver stasis.

Pain Reduction

Western medicine considers that the growing or metastasizing cancer invades or compresses against nerves, vessels, and adjacent tissues, causing pain. Contributing factors include a restriction in blood supply, necrosis or infection. TCM views cancer pain as the result of an invasion of the channels or from tissue damage which blocks the circulation of qi and blood. (Sun, 2004, 73).

Approximately 25-60% of women experience persistent pain after breast cancer treatment. Continuous pain and sensory disturbances remain problematic 5-7 years after breast cancer treatment. Associated risk factors are young age and axillary dissection. Many are of mixed aetiology and 50% of cancer pain has a neuropathic element. Most types of pain respond to morphine, although neuropathic and ischaemic pain generally does not. Relief from opioid-unresponsive pain is through the use of NSAIDs, often in conjunction with high dose opioids. This level of pain management causes unpleasant side effects such as constipation, dry mouth, nausea and vomiting. (Walker, et al, 2014, 286-287)

Many acupoints are near peripheral nerve beds, and considered to mediate in analgesic effect. The systemic effect of acupuncture is produced through opioids, specifically beta endorphin and enkephalin. Studies have shown elevated levels in these chemicals following acupuncture. (Cohen, et al, 2005, cited in Mc.Grath, 2009,114). Unlike chemical analgesics, acupuncture helps in removing pain at its source, rather than simply blocking the pain signal, and without the undesirable side-effects.

The production of opiates, via acupuncture, also aid relaxation. A diagnosis of cancer will surely bring with it feelings of fear, an emotion associated with the kidneys. Points on the kidney meridian, especially KI3, help manage the shock of diagnosis. (Mc.Grath, 2009, 126). HT7, is especially beneficial in reducing anxiety and panic, which left untreated, may lead to depression and

insomnia. SP6 helps treat emotional imbalances, particularly allaying worry, which is frequently linked to digestive disturbances. As the stomach meridian runs through the breast, digestive deficiencies associated with the stomach can lead to stagnation and phlegm in this area. Additionally, Qi becomes depleted, causing tiredness. (Mc.Grath, 2009, 159-160).

One of the main contributory factors of breast cancer is liver qi stagnation. High stress levels, feelings of anger and frustration may cause qi to stagnate. As the liver channel runs through the breast, liver Qi stagnation can result in blood, phlegm, heat and toxins stagnating in this area, all adding to the pain. (Mc.Grath, 2009, 159). Needling LIV3 helps promotes the flow of Qi, reducing these symptoms. (Mc.Grath, 2009, 126).

Relieving Hot Flashes

Antiestrogen therapy can cause vasomotor symptoms similar to those during the menopause, including hot flashes, in patients with breast cancer receiving Tamoxifen. Tamoxifen reduces the amount of phlegm in the breast but also blocks yin, leaving the patient prone to yin deficiency. The treatment principle in this instance is to nourish yin. (Mc.Grath, 2009, 160).

A small study on ten Korean women showed a 70-95% reduction in such symptoms with acupuncture treatment. Treatment was administered three times a week for four weeks. Each session lasted for at least twenty minutes, and the effectiveness continued for one month after the treatment had terminated. The points selected were DU20, HT8, KI10, LIV2 and Yintang. (Jeong, et al, 2013). Frisk, et al. (2014) reviewed six studies on the effectiveness of acupuncture for hot flashes in women with breast cancer. They were shown to reduce symptoms by as much as 43.2%, which followed the ongoing effectiveness for up to three months.

Guo, et al. (2013) found that acupuncture can reduce hot flashes by up to 60% in women treated with tamoxifen for breast cancer, with improved libido, increased energy, and an improved sense of well-being. Additionally, no adverse side effects were reported. SP6 appeared to be the primary point for the long-term treatment of hot flashes, with the observed effects of the initial course of treatment maintained for up to 6 years by weekly self-needling at SP6.

Enhancing the Immune System

The TH1 pathway of the immune system usually recognises breast cancer cells. When the latter proliferate and mutate to a rate that they surpasses the immune system's capacity to identify and destroy them, cancer develops. TCM identifies the mechanisms of breast cancer by excess, as in toxicity, and fire poison, Qi and blood stasis, phlegm damp stasis, and deficiency of blood, Qi, yin, yang and jing.

Research on the therapeutic effects of acupuncture in enhancing anticancer immune functions, are discussed by (Johnston et al, 2011). Acupuncture is attributed to stimulating the body's natural killer (NK) cells. Evidence suggests that acupuncture induces NK cell activity in animals and humans. Researchers studying rats have shown that performing acupuncture on ST36 daily for 2-3 days enhances the spleen's NK cytotoxicity. (Kasahara, et al, 1997, cited in Johnston, et al, 2011).

The mechanisms by which acupuncture enhances anticancer immune function and its implications for the prevention and management of cancer, are studied by (Johnston, et al, 2011). Acupuncture may be used to increase the cytotoxic activity of natural killer (NK) cells. This is achieved by promoting the interaction between the neurotransmitter network and immune system - the "acupuncture immuno-enhancement hypothesis". (Richardson, et al, 2006, cited in Johnston, et al, 2011). ST36 was the point most widely for its immune enhancing qualities. (Yim et al (2007) cited in Johnston et al, 2011).

Managing the Side-effects of Chemotherapy

Within the first week of chemotherapy, nausea/vomiting, loss of taste/appetite and bleeding gums are common side-effects. TCM regards this as toxic heat consuming yin (mainly of the heart, stomach, lung and kidney). The maximum toxic effect of chemotherapy is generally ten days after the initial injection. This leads to the dramatic decline in the levels of red and white blood cells and depression in bone marrow. Symptoms include severe fatigue, insomnia, a dry cough, and cognitive disruption such as memory lapses and confusion. TCM classifies these as deficiency of Qi, blood, yin and yang, all caused through toxic heat. Heart yin xu may be manifested through palpitations and insomnia. A dry cough signifies lung yin xu, whilst a depression in bone marrow signifies of Qi and blood deficiency and/or Yin deficiency of kidney, liver and spleen.

Daily moxibustion on BL17, BL18, BL20, ST36 and DU14 are reported by Staebler (2011) in preventing WBC counts from falling below critical levels, reinforcing the positive effect of moxibustion on modulating immune response. Specifically interleukin 2 (IL-2), natural killer cells and T lymphocytes CD3, CD4 and CD8. (Li, et al, 2003, and Zhao, et al, 2008,

cited in Johnston et al 2011).

Constipation: Constipation in breast cancer patients can be multi-factoral. Treatment depends on whether it originates from an excess or deficiency pattern. (Li, 2003, 326-327). In cases of heat ST25, SJ6, ST37, ST29, ST40, LI11 and LI4 are recommended, along with LIV3 and Ren12. BL43 may be considered in cases of Qi deficiency. In cases of blood stagnation SP3 and SP6 are advised. (Li, 2003, 325-331).

A dry mouth: this can result from yin and yang deficiency. The tongue body is tender and pale with a scant coating. The pulse is thready, weak and deep. Acupuncture principles include: enriching yin and clearing heat by needling KI3 and HT7, warming and supplementing the kidneys to support yang: BL23, BL20, REN4 and ST36, and alleviating thirst by regulating the function of Qi, with SJ17 and DU14. (Li, 2003, 195).

Nausea and vomiting: these are most common side effects of chemotherapy, which can lead to dehydration, electrolyte dysfunction and weight loss. Chemotherapy or radiotherapy damages the spleen and stomach. Spleen deficiency impedes the spleen's absorbing ability, and the downward-bearing function of the stomach. Auricular points such as shen men, the apex of the lower tragus, brain, middle ear and stomach can be used during chemotherapy to reduce vomiting. Electro-acupuncture has also been shown to be effective. Commonly used points include: ST36, BL21, BL20, PC6 and REN12. (Li, 2003, 159-161).

Discussion

Recent analysis into clinical research on acupuncture indicates that it provides clinical benefits in symptom control and supportive care for breast oncology patients.

Although no evidence can be identified that it promotes the longevity of patients, its role in reducing the side

Symptoms	Acupoints	References
Nausea and vomiting	ST36, PC6, LI4	(Choo, et al, 2006), (Nystrom, et al, 2008).
Hot flashes	LR3, LU7, KI3, SP6, REN4, PC7, LR8, DU14, BL13, HT6, KI7, ST36, BL23, BL32, HT7, SP9, PC6, DU20, KI6, GB35, HT5, BL62, LR14, LI11, LI4	(Bokmand and Flyger, 2013), (Porzio, et al 2002).
Post mastectomy pain	LI4, SP6, GB6, SJ6, PC2, PC3, BL17, LU2, REN6, REN17, SJ5, GB41, GB34, ST41, KI3, LI15, SJ14	(Mehling, et al, 2007), (He et al 1999).
Lympho-edema	LI15, LU5, LI4, ST36, ST6, SP9, SJ5, SJ14, REN2, REN3, REN12	(Alem and Gurgel, 2008), (Sun, et al, 2007).
Leukopenia	ST36	(Sun et al, 2007), (Chang and Lian, 2002).
Arthralgia	SI10, SJ4, LI5, SI5, SI3, LI3, DU3, DU8, BL23, GB30, GB39, SP9, SP10, ST34	(Bao, et al 2013), (Mao, et al, 2009).

Available from: Evidence-Based Complementary and Alternative Medicine (2013). Article ID 437948. <http://dx.doi.org/10.1155/2013/437948>

effects of conventional treatment contribute towards the improvement of overall quality of life.

Outlined in the table above is a summary of the acupuncture points used in breast cancer patients for cancer-related syndromes or side effects caused by conventional treatments.

In this instance, acupuncture may be useful as an alternative for patients unable to tolerate prescribed analgesics. Additional research is required to gather sufficient evidence, but complex ethical issues surround the recruitment of terminally ill patients. Quality of life outcomes may be problematic to evaluate. Inconsistencies in the duration of treatment add to difficulties in comparing and contrasting results. Barriers such as what constitutes an appropriate sham control and the difficulties of maintaining blinding during studies also make this problematic.

Conclusion

Based on TCM principles and the preliminary findings of some clinical studies, acupuncture may be used as an option in managing breast cancer. Inconclusive findings suggest that acupuncture has some therapeutic effect as symptomatic treatment for pain, hot flushes, lymphoedema, in preventing and treating the side-effects of chemotherapy, improving general wellbeing and quality of life, and enhancing immune system. However, these clinical studies tend to be of low quality with small sample sizes; the evidence base from these results therefore is not solid. Well designed large scale RCTs should be encouraged in the future.

References

- Alem, M and Gurgel, M,S,C. (2008) Acupuncture in the rehabilitation of women after breast cancer surgery - a case series. *Acupuncture in Medicine*, 26, (2) 86–93.
- Bao, T., Cai, L., Giles, J.T. (2013) A dual-center randomized controlled double blind trial assessing the effect of acupuncture in reducing musculoskeletal symptoms in breast cancer patients taking aromatase inhibitors. *Breast Cancer Research and Treatment*, 138, (1) 167–174.
- Bokmand, S and Flyger, S. (2013) Acupuncture relieves menopausal discomfort in breast cancer patients: a prospective, double blinded, randomized study. *Breast*, 22, (3) 320–323.
- Cancer Research U.K (2014). Available from <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/breast/survival/breast-cancer-survival-statistics> [Accessed 7 December 2014]
- Cassileth, B., Van Zee, K., Yeung, S., Coletton, M., Cohen, S., Chan, H., Vickers, A., Sjoberg, D., Hudis C. (2013) Acupuncture in the treatment of upper-limb lymphedema: Results of a pilot study. *Cancer (0008543X)* [serial online] 119(13)2455-2461. Available from: [Academic Search Elite, Ipswich, MA](#). [Accessed 11 November 2014].
- Chang, B.Y and Lian, B.H (2002) Observation on injection in acupuncture point for the treatment of leukopenia after chemical treatment to 45 patients with cancer. *Journal of Practical and Traditional Chinese Medicine*, 18, (2) 30.
- Choo, S., Kong, K., Lim, W., Gao, F., Chua, K., Leong, S. (2006) Electroacupuncture for refractory acute emesis caused by chemotherapy. *Journal of Alternative and Complementary Medicine*, 12 (10) 963–969.
- Crawford, S., Alder, R, (2014) *Breast cancer* Magill's Medical Guide (Online Edition). [Accessed 8 November 2014].
- De Valois, B. (2012) *Acupuncture and lymphoedema: the evidence base, best practice, and what we can do*. British Acupuncture Council.
- Frisk J, Hammar M, Ingvar M, Spetz, Holm A. (2014) How long do the effects of acupuncture on hot flashes persist in cancer patients? *Supportive Care In Cancer* 22 (5):1409-1415. Available from: [Academic Search Elite, Ipswich, MA](#). [Accessed November 11 2014].
- Guo, S.L., Apaya, M.K., Lie, F.S. (2013) Herbal Medicine and Acupuncture for Breast Cancer Palliative Care and Adjuvant Therapy. *Evidence-Based Complementary and Alternative Medicine*. Available from: <http://dx.doi.org/10.1155/2013/437948> [Accessed March 8 2015].
- He, J.P., Friedrich, M., Ertan, A.K., Müller, K., Schmidt, W. (1999) Pain-relief and movement improvement by acupuncture after ablation and axillary lymphadenectomy in patients with mammary cancer. *Clinical and Experimental Obstetrics and Gynecology*, 26 (2) 81–84.
- Jeong Y, Park Y, Kwon H, Shin I, Bong J, Park S. (2013) Acupuncture for the treatment of hot flashes in patients with breast cancer receiving antiestrogen therapy: a pilot study in Korean women. *Journal Of Alternative And Complementary Medicine (New York, N.Y.)* 19(8)690-696. Available from: [MEDLINE, Ipswich, MA](#). [Accessed 11 November 2014].
- Johnston, M., Sanchez, E., Vujanovik, N., Wenhui, L. (2011) Acupuncture May Stimulate Anticancer Immunity via Activation of Natural Killer Cells. *Evidence Based Complementary and Alternative Medicine*. Available from: <http://www.hindawi.com/journals/ecam/2011/481625/> [Accessed 11 November 2014].
- Li, P. (2003) *Management of Cancer with Chinese Medicine*. Hertfordshire: Donica Publishing.
- Mao,J.J., Bruner, D.W, Stricker, C. (2009) Feasibility trial of electroacupuncture for aromatase inhibitor-related arthralgia in breast cancer survivors. *Integrative Cancer Therapies*, 8, (2)123–129.
- McGrath, H.(2009) *Traditional Chinese Medicine Approaches to Cancer*. Philadelphia: Singing Dragon.
- Mehling, W.E., Jacobs, B., Acree, M. (2007) Symptom

management with massage and acupuncture in postoperative Cancer patients: a randomized controlled trial. *Journal of Pain and Symptom Management*, 33 (3) 258–266.

Nystrom, E., Ridderstrom, G., Leffler, A. (2008) Manual acupuncture as an adjunctive treatment of nausea in patients with cancer in palliative care - a prospective, observational pilot study. *Acupuncture in Medicine*, 26 (1) 27–32.

Porzio, G., Trapasso, T., S. Martelli, S. (2002) Acupuncture in the treatment of menopause-related symptoms in women taking Tamoxifen. *Tumori*, 88 (2) 128–130.

Price, et al, (2006) *Integrative Cancer Therapies*. 5 (4) 308–14.

Staebler, F. (2011) The Role of Acupuncture in the Treatment of Breast Cancer, *The European Journal of Chinese Medicine*, 6 (6) 6–21.

Sun, P. (2004) The Treatment of Pain with Chinese Herbs and Acupuncture. Eastbourne: Churchill Livingstone.

Sun, S. T., Nan, G. Y., Lee, Y. L., (2007) Observation on injection g-csf in acupuncture point for the treatment of leukopenia after chemical treatment to 102 patients with mammary cancer. *World Health Digest Journal of New Medicine*, 4 (6) 50.

Walker, B., Colledge, N., Ralston, S., Penman, I. (2014) *Davidson's Principles & Practice of Medicine*. 22nd edition. Edinburgh, London, New York, Oxford, Philadelphia, St. Louis, Sydney, Toronto: Churchill Livingstone Elsevier.

What Part Does Acupuncture Play in IVF?

Maggie Ju (PhD)

London

Email: maggie12201@hotmail.com

Abstract

IVF is a common technique to treat infertility, but success rate is not satisfactory. Acupuncture was used to treat infertility in Traditional Chinese Medicine. Acupuncture is now broadly used as an adjunct treatment during IVF procedure. There were some research data from clinical trials showing application of acupuncture before and after embryo transfer could increase success rates of IVF. The possible mechanisms for this were that acupuncture may decrease stress and increase uterine receptivity in women undergoing IVF. There is still debate in the design of clinical trials, the use of sham acupuncture control and the effectiveness of application of acupuncture during IVF.

Key words

Acupuncture, Infertility, In vitro fertilization, IVF, Pregnancy rate, Embryo transfer,

In vitro fertilization (IVF) is a procedure which is commonly used to treat infertility. Entire IVF process is involved in ovarian stimulation, oocyte aspiration, in vitro fertilisation and embryo transfer. The first IVF baby was born three decades ago [1]. Now IVF is widely accessed and IVF process becomes a common treatment option for women with infertility. Over 600,000 procedures were performed and about 200,000 babies were born through IVF worldwide in 2002 [2]. IVF technique was improved so much, however the IVF success rate is still not satisfactory compared to its high cost. Great efforts focus on improving IVF success rate.

Acupuncture has been used to regulate female reproductive function in China for centuries [3] and it becomes a good candidate to assist IVF to achieve higher pregnancy rate. Acupuncture is now broadly accepted by women undergoing IVF. Domar et al [4] from USA

conducted a survey which was involved in 118 women undergoing IVF. 47% of the women had acupuncture treatment during the IVF cycle.

Researchers conducted many clinical trials to provide evidence for the use of acupuncture during IVF. Some existing data have suggested that acupuncture given before and after embryo transfer may increase pregnancy rates.

In 1999, Stener-Victorin et al [5] studied acupuncture as an alternative anaesthetic method during oocyte aspiration in IVF procedure. Acupuncture was offered at least 30 min before oocyte aspiration. Surprisingly acupuncture group had a significantly higher implantation rate, pregnancy rate, and take home baby rate per embryo transfer compared with control group. This was the first report suggesting that acupuncture can increase the clinical pregnancy rate of IVF and this attracted great interests from researchers all over the world. Subsequently acupuncture as an

adjunct treatment in IVF was then extensively investigated during last decade. There were various acupuncture treatment protocols used for research in IVF which present different acupuncture points selected, timing of the treatments, mode of stimulation, and depth of needle insertion etc.

Despite the fact that the effect of acupuncture in IVF is still in debate, there were many positive opinions from researchers in applying acupuncture as an adjunct treatment in IVF especially around the time of embryo transfer. For example, in 2002 Paulus et al [6] applied acupuncture 25 minutes before and after embryo transfer in IVF and acupuncture points selected were to relax the uterus according to the principles of TCM. As a result they achieved clinical pregnancy rate 42.5% in acupuncture group which was significantly higher than that in control group (26.3%). Further to this study, many clinical trials emerged. In 2008, Manheimer et al [7] did a systematic review to study effects of acupuncture on pregnancy rates and live birth rates among women undergoing IVF and received acupuncture around time of embryo transfer. In this review there were seven randomised controlled trials conducted in Germany, Denmark, Australia, and USA with total of 1366 participants involved. All trials were published in English since 2002. The purpose of these trials was to improve pregnancy rates by adding acupuncture as an adjunct treatment. In these trials acupuncture was all applied before and after embryo transfer though some of the trials added one extra acupuncture session after two days of embryo transfer and acupuncture points selected for these sessions were similar to the trial in Paulus et al [6]. After efficacy analysis this review [7] suggests that acupuncture performed with embryo transfer improves rates of pregnancy and live birth among women undergoing IVF and there were no significant adverse effects found in these trials. In 2010 Balk et al [8] from University of Pittsburgh USA studied the effect of acupuncture on perceived stress levels in women on the day of embryo transfer and pregnancy rates using the protocol described by Paulus. Their result has shown that women who received acupuncture treatment before and after embryo transfer achieved pregnancy 64.7%, while those without acupuncture at that time only achieved pregnancy 42.5%. This study confirmed the previous positive results.

What are the potential mechanisms of acupuncture given before and after embryo transfer on supporting IVF?

Women undergoing IVF have high level of stress and

anxiety [9]. Balk et al [8] measured stress levels at the time of embryo transfer and studied if acupuncture affects the stress levels and if it affects pregnancy rates. The finding was that women with acupuncture treatment around the time of embryo transfer had lower stress scores than those without the treatment. Women who had reduced stress scores after embryo transfer had higher pregnancy rates. As it can be seen, one possible mechanism was that acupuncture given around time of embryo transfer increases pregnancy rate by decreasing stress level in women undergoing IVF.

Uterine receptivity may be assessed by measuring uterine blood flow impedance. Lower uterine vascular impedance and increased uterine blood flow result in higher uterine receptivity and consequent high pregnancy rate [10]. Acupuncture was suggested reducing sympathetic nerve activity and increasing uterine blood flow. Decreasing uterine blood flow impedance and increasing uterine receptivity could be another mechanism that acupuncture performed around time of embryo transfer increases pregnancy rate.

Why there were so many controversial results on the effect of acupuncture on IVF?

There were many controversial results if acupuncture increases pregnancy rate in IVF. Why is that? The most important explanation was that sham acupuncture control complicated the results [12]. Indeed it is not entirely clear if or how acupuncture affects IVF results and it is not clear either if different types of sham acupuncture affect IVF results. There was no consent how to choose sham acupuncture or how to assess the effects of different types of sham acupuncture on IVF. Sham acupuncture could have positive effects and be a form of active control. If this was the case, the control could be invalid and made the results hard to interpret. There were three types of sham acupuncture used in the trials: First, the needles were placed at true acupuncture points not to be inserted but produce pricking or penetrating sensation on their skin which was impossible to differentiate from that of a true acupuncture needle throughout the duration of the acupuncture session. We know that nerves end at skins or meridians according to TCM theory spread to the skin and this makes skins very sensitive to stimulation. If the skin at acupuncture points were stimulated, signals could be transmitted to the brain like true acupuncture does and this sham control will not be an inactive control. Second, the needles for sham acupuncture were inserted to different true acupuncture points, instead of acupuncture points

selected for fertility treatments. According to TCM theory, any illness on almost any organs or meridians can affect fertility eventually; from the acupuncture treatment point of view, any points on the same meridian could potentially have the similar effects. Therefore these acupuncture points though not traditionally used to treat infertility may also be beneficial in IVF treatment. Third, needles were not inserted directly into the true acupuncture points, but closed to the acupuncture points selected for the true acupuncture treatments. Needles inserted into the skin may produce non specific analgesic effect. This is because the needles may stimulate endorphins and other neurotransmitters production like true acupuncture does. Again this could be an active control and affect IVF result.

Recently Zheng et al [13] did a systematic review and meta-analysis to study the effects of acupuncture on pregnancy rates and live birth rates in women with IVF. In this review there were 24 trials with 5807 participants involved. They found that clinical pregnancy rate and live birth rates were significantly different between acupuncture groups and the control groups if studies using sham Streitberger control (non penetrating needles control) were ignored. They suggested that Streitberger control could be active control and more appropriate control should be used in the future studies.

References

- [1] Wang J and Sauer MV (2006) In vitro fertilization (IVF): a review of 3 decades of clinical innovation and technological advancement. *Ther Clin Risk Manag* 2:355-64
- [2] Mouzon JD, Lancaster P, Nygren KG, Sullivan E, Zegers-Hochschild F, Mansour R, Ishihara O, Adamson D (2009) World collaborative report on in assisted reproductive technology, 2002. *Hum. Reprod.* 24:2310-2320.
- [3] Maciocia G. *Obstetrics and gynecology in Chinese medicine* (1997). New York: Churchill Livingstone.
- [4] Domar AD, Conboy L, Denardo-Roney J, Rooney KL (2012) Lifestyle behaviors in women undergoing in vitro fertilization: a prospective study. *Fertil Steril* 97:697-701
- [5] Stener-Victorin E, Waldenström U, Nilsson L, Wikland M, Janson PO (1999) A prospective randomized study of electro-acupuncture versus alfentanil as anaesthesia during oocyte aspiration in in-vitro fertilization. *Human Reproduction* 14:2480-2484.
- [6] Paulus W, Zhang M, Strehler E, El-Danasouri I, Sterzik K (2002) Influence of acupuncture on the pregnancy rate in patients who undergo assisted reproduction therapy. *Fertil Steril* 77:721-4
- [7] Manheimer E, Zhang G, Udoff L, Haramati A, Langenberg P, Berman BM, Bouter LM (2008) Effects of acupuncture on rates of pregnancy and live birth among women undergoing in vitro fertilisation: systematic review and meta-analysis. *BMJ* 336:545-9
- [8] Balk J, Catov J, Horn B, Gecsi K, Wakim A (2010) The relationship between perceived stress, acupuncture, and pregnancy rates among IVF patients: a pilot study. *Complement Ther Clin Pract* 16:154-7
- [9] Salvatore P, Gariboldi S, Offidani A, Coppola F, Amore M, Maggini C (2001) Psychopathology, personality, and marital relationship in patients undergoing in vitro fertilization procedures. *Fertil Steril* 75:1119-25.
- [10] Ivanovski M, Damcevski N, Radevska B, Doicev G (2012) Assessment of uterine artery and arcuate artery blood flow by transvaginal color Doppler ultrasound on the day of human chorionic gonadotropin administration as predictors of pregnancy in an in vitro fertilization program. *Akush Ginekol (Sofila)* 51:55-60
- [11] Stener-Victorin E, Waldenström U, Andersson SA, Wikland M (1996) Reduction of blood flow impedance in the uterine arteries of infertile women with electro-acupuncture. *Hum Reprod* 11:1314-7.
- [12] Manheimer E (2011) Selecting a control for in vitro fertilization and acupuncture randomized controlled trials (RCTs): how sham controls may unnecessarily complicate the RCT evidence base. *Fertil Steril* 95:2456-61
- [13] Zheng CH, Huang GY, Zhang MM, Wang W (2012) Effects of acupuncture on pregnancy rates in women undergoing in vitro fertilization: a systematic review and meta-analysis. *Fertil Steril* 97:599-611



荨麻疹的中医治疗

朱毅

摘要：荨麻疹是相当常见的过敏性疾患，特点为突然出现的风团，伴有剧烈瘙痒，数小时可自行消退，风团反复发作，持续不断，严重时可出现支气管受累，导致喉头水肿，甚至窒息。临床有急性、慢性之分，有些病例迁延数十年不愈。本文就中医对荨麻疹的认识和辩证治疗，结合临床体会，做一简单介绍。

关键词：荨麻疹，中医。

中医古籍对荨麻疹的记载很多，如隋《诸病源候论》：“人皮肤虚，为风邪所折，则起隐疹”，“邪气客于皮肤，复逢风寒相折，则起风瘙瘾疹”，“阳气外虚则多汗，汗出当风，风气搏于肌肉，与热气并，则生痞瘤”。明《景岳全书》：“脾肺气虚，腠理不密，风热相搏，或寒闭腠理，内热怫郁，或因虚火内动，外邪所乘，或肝火血热风热所致”。明《证治要诀》：“皆因血热肌虚风邪所搏而发”。清《外科真诠》：“由脾肺燥热风热壅滞而成。滞于血分者则发赤色，滞于气分者则发白色，故名赤白游风也”。清《医宗金鉴·外科心法》：“由脾肺燥热，而兼表虚，腠理不密，风邪袭入，怫郁日久，与热相搏，则化热益盛而成”，“由汗出受风，或露卧乘凉，风邪多中表虚之人。初起皮肤作痒，次发扁疙瘩，形如豆瓣，堆垒成片”等。

荨麻疹发病与卫气不固，腠理不密，营卫不和，以致外来风、寒、湿邪趁虚而入，郁于肌肤之间，或内有饮食失节，脾胃不和，气机失调，内热积聚，血热生风等有关。临床常有风热、风寒、表虚、血热、脾胃不和、肝郁气滞、气血不足、气滞血瘀等不同，可分别采用疏风清热、祛风散寒、固卫御风、凉血消风、健脾祛风、疏肝理气、调补气血、活血祛风等方法治疗。

1、风热：多见于急性荨麻疹。风团迭起，颜色焮红，瘙痒不绝，甚或面唇俱肿。脉弦或弦数，舌红苔薄白或薄黄。为风热外袭，客于肌腠，治宜疏风清热，以疏风清热饮加减。拟用荆芥三钱、防风三钱、浮萍三钱、知母三钱、生石膏六钱、黄芩三钱、赤芍三钱、蝉衣一钱半、甘草五分。

2、风寒：多为冷激型荨麻疹。风团颜色淡红或苍白，受风着凉后加重。脉弦紧或弦缓，舌淡苔薄白。因寒邪束表，闭塞腠理，治宜祛风散寒，以荆防败毒散加减。拟用荆芥一钱、防风一钱、羌活一钱、独活一钱、前胡一钱、柴胡一钱、桔梗一钱、川芎一钱、枳壳一钱、茯苓一钱、人参五分、甘草五分、姜

三片、寒甚加葱白三寸（医宗金鉴）。

3、表虚：多为冷激型荨麻疹，或见于体虚之人。风团色白或淡黄红色，汗出遇冷即发。脉浮缓或弦缓，舌淡苔薄白。属卫气不固，营卫失和，治宜固卫御风，以玉屏风散合桂枝汤加减。拟用黄芪四钱、防风三钱、炒白术三钱、桂枝三钱、白芍三钱、生姜两钱、生甘草一钱、大枣三枚。

4、血热：见于急性或慢性荨麻疹。风团色红，反复发作，瘙痒无度，伴咽干、心烦等症。脉弦滑或弦数，舌红苔薄黄。多因内热积聚，血热生风而成。治宜凉血消风，用四物消风汤加减。拟用生地三钱、当归一钱、白芍一钱半、川芎一钱、荆芥一钱、防风一钱、白藓皮一钱、蝉蜕一钱、薄荷五分、甘草七分（外科真诠）。

5、脾胃不和：见于胃肠型荨麻疹。风团颜色淡红或黄白色，伴有胃纳呆滞，腹胀便溏，或腹泻，脉濡或弦滑，舌胖淡，苔白腻。脾胃素弱，复受外邪，治宜调和脾胃，健脾祛风，以胃苓汤加减。拟用苍术三钱、陈皮两钱、厚朴两钱、茯苓三钱、白术三钱、泽泻两钱、羌活三钱、荆芥两钱、防风两钱、甘草一钱、生姜三片、大枣两枚。

6、肝郁气滞：多见于慢性荨麻疹、月经疹。风团反复发作，色红或暗红，伴月经不调、心烦气躁、咽干等。脉弦细，舌红或淡暗，苔薄布。由于肝郁不调，气血失和，治宜疏理肝气，调和气血，以加味逍遥散加减。拟用柴胡三钱、当归三钱、白芍三钱、白术三钱、茯苓三钱、丹皮三钱、栀子一钱、枳壳三钱、薄荷一钱、防风三钱、甘草一钱、生姜三片。

7、气血不足：多见于慢性荨麻疹。时有风团发出，色白或淡红，伴疲乏无力等体虚症状。脉沉细，舌淡苔白。因中气不足，气血两虚，治宜补益气血，以补中益气汤加减。拟用人参一钱、当归一钱、生黄芪两钱、炒白术一钱、升麻三分、柴胡三分、炙甘草一钱、麦冬一钱、五味子五分、陈皮五分、姜三片、枣两枚（医宗金鉴）。

8、气滞血瘀：多见于慢性荨麻疹。风团暗红，反复不愈，面色晦暗，口唇色紫，口干不欲饮，肌肤粗糙，脉细，舌质紫暗。多因气血瘀滞，血瘀生风，治宜活血祛风，以通窍活血汤加减。拟用归尾三钱、赤芍三钱、桃仁三钱、红花三钱、荆芥两钱、白蒺藜三钱、甘草一钱、葱白三寸、生姜两钱、大枣两枚。

除以上所述，因外受风湿热邪所致荨麻疹，可考虑祛风除湿清热，以消风散加减；如见急性荨麻疹，内热积聚，外受风邪，可表里双解，采用防风通圣丸；若慢性荨麻疹，有寒凝气滞之证，宜温经散寒理气，可用天台乌药散加减等方法，均可获效。

《薛氏医按》论述“风热小柴胡汤，加防风连翘，血热四物汤加柴胡山梔丹皮，风热相搏，荆防败毒散，内热外寒，加味羌活散，胃气虚弱，补中益

气汤加羌活防风，及消风散，血虚加味道遥散、六味丸。若肝肾虚热，六味丸，则火自息，风自定，痒自止。若用祛风辛热之剂，则肝血愈燥，风火愈炽，元气愈虚，腠理不闭，风客内淫，肾气受伤，相火翕和，血随火耗，反为难治矣。”可做参考。如古人所云：“读书泥古非师古，因证施方不执方”，选方用药时，应依据临床症状，患者个体差异，结合病程长短，不同病因及发病季节等辨证施治，举一反三，灵活运用。

用经方治疗胃食管反流病体会

首都医科大学附属北京中医医院
刘汶

胃食管反流病乃临床常见疾病，西医无根治办法，需长期甚至终生用抑酸剂、胃黏膜保护剂或促动力剂治疗，且疗效并非十分满意。笔者用经方治疗胃食管反流病，疗效明显，特与大家分享如下。

1、小柴胡汤治疗胆汁反流性胃炎心得

少阳之为病，口苦，咽干，目眩也。

——《伤寒论·辨少阳病脉证并治法篇》

这条作为少阳病的提纲，说明少阳与肝胆的密切关系。手足三阳均起于目眦眦，肝开窍于目，如果邪入少阳，则循经达于肝胆，可导致肝气郁结，胆气壅滞不能外泄。相火郁滞，导致胆火上炎，胆汁被邪火熏蒸上泛于口故见口苦咽干。临床上可见于胆汁反流性胃炎，胆囊炎，胆结石，慢性肝炎，肝硬化，脂肪肝等疾病。

小柴胡汤为和解少阳之圣方，少阳证在半表半里，外感热病过程中，由表入里，由寒转热的中间过渡阶段，其病性转热，病经不在太阳之表，也不在阳明之里，而在半表半里之经。小柴胡汤为治疗少阳经病证——半表半里证而设。和解表里法常用方药：常用方剂有小柴胡汤、大柴胡汤等。小柴胡汤和解少阳，主治伤寒少阳证；小柴胡汤中柴胡苦平，入肝胆经，透泄少阳之邪，又能疏泄气机，解除郁滞，使少阳半表半里之邪得以疏散，为君药。黄芩苦寒，清泄少阳之郁热，而且降泄，制其柴胡之升散，为臣药。佐以半夏、生姜和胃降逆止呕，人参、大枣健脾补气，使中气健旺，抗邪内进。炙甘草补益中气，调和诸药，为使药。诸药共奏和解少阳、调和胃气之功。大柴胡汤和解少阳，内泻热结，主治少阳阳明合病。为小柴胡汤加上大黄、枳实以泻阳明热结，

配以芍药柔肝缓急止痛，去人参、炙甘草等健脾补气、滋腻碍胃之品而成，是小柴胡汤的变方，仍以和解少阳胆经为主。

小柴胡汤不仅和解表里，也能调和肝脾，疏利气机，通达上下。所以在临床上应用很广，如外感热邪，入侵半表半里。少阳枢机不利，证见往来寒热，口苦，咽干，默默不欲饮食，肝脾不和之胸胁胀痛。胃脘痞满，纳呆、口苦、善太息，大便不爽，脉弦等。在临床上可治疗感冒、便秘、腹泻、腹痛、焦虑症、抑郁症、功能性胃肠疾病、更年期综合征、失眠、慢性肝炎、脂肪肝、胆囊气、胆结石等等。可谓之临床圣方，功效的关键点就在于“和”字。

胆汁反流性胃炎的病因常见于幽门口松弛，或胆囊炎、胆结石、胆囊息肉等导致胆道压力过大，奥狄氏括约肌松弛，或由于胃大部切除术后，尤其是毕Ⅱ氏手术后易导致胆汁反流。出现烧心，口苦，咽干，胃痛，胃胀，早饱，纳差，呕吐等。《内经》曰“邪在胆，逆在胃”。中医辨证为肝胃不和，胃气上逆。治以疏肝利胆，和胃降逆，可用小柴胡汤加减，方药有柴胡，黄芩，半夏，生姜，大枣，党参，炙甘草等。在这里，柴胡、黄芩疏肝利胆，清解少阳胆经邪热；党参，大枣，炙甘草健脾补气，扶助中焦；半夏，生姜和胃降逆，燥湿化痰。如果胆汁反流过多，口苦较甚，可加龙胆草少许（3~5g），以清泄肝胆湿热，健胃消食，增加食欲。胆石以泥沙为主，可加金钱草、海金沙，以清泄胆汁，排石消滞。兼有反酸，可加黄连、吴茱萸，浙贝母、乌贼骨等对药。烧心较甚，伴烦渴，有阳明经热甚表现者，加生石膏、生知母，取其白虎汤之意，清解阳明、少阳之热，以治疗少阳、阳明合病。胃中胀满不适，以肝郁为主，加香

橡、佛手疏肝和胃。以食滞为主，加焦三仙、鸡内金，炒谷芽、炒麦芽等。以暖气为主，加旋覆花、代赭石，丁香、柿蒂等对药。

有心理障碍、人格障碍等疾病，表现为心情抑郁、表情沉默、不欲言语，对什么事情都失去兴趣者，中医常辨证为肝气郁结，痰湿蒙蔽清窍等。对肝气郁结的患者，可治以疏肝理气，用小柴胡汤加香附、郁金、白芍、玫瑰花、绿萼梅等治疗。如周身乏力、胸闷、气短，可加红景天、瓜蒌、薤白、半夏等。失眠多梦可加酸枣仁、合欢花、夜交藤。如心中烦热，加淡豆豉、炒栀子。如患更年期综合征妇女有心烦易怒，加浮小麦、大枣、炙甘草。高血压或精神分裂症患者，有痰湿蒙蔽心神，出现高血压危象或幻视、幻听、神志不清等，加石菖蒲、郁金、胆南星、天竺黄等，或合用至宝丹治疗。

2.半夏泻心汤治疗反流性食管炎病案

提要：本病例为一反流性食管炎而胃镜及病理又提示萎缩性胃炎病例，治疗时较为棘手。采取《伤寒论》辛开苦降、寒热并用方法治疗，取得较好疗效。

张某某，男，66岁。2009年11月19日就诊。

主诉：暖气伴反酸4个月。

患者4个月来暖气、反酸，偶有烧心，纳可，无口干、口苦，二便调。舌暗淡苔白，脉弦。2009年9月16日胃镜检查提示：食管炎，慢性萎缩性胃炎伴肠化。病理：（窦）轻度慢性胃炎，局灶腺体肠化，黏膜肌增生。

（贲门）轻度慢性胃炎，另见表浅鳞状上皮黏膜慢性炎症及糜烂，上皮单纯性增生。（食道）胃底腺黏膜呈轻度慢性炎。

辨证分析：《寿世保元·吞酸篇》云：“夫酸者肝木之味也，由火盛制金，不能平木，则肝木自甚，故为酸也”。患者脉弦，说明素有肝气郁结，肝气横逆犯胃，胃失和降，故出现暖气，反酸、烧心。舌暗淡，为肝郁脾虚之象。此为肝郁克脾，脾胃虚弱，脾阳不振，故脾胃有虚寒之象。但肝气郁结，郁久化热，故胃中又有郁热。所以，除了肝胃不和，还有寒热错杂。

治法：清肝泻火，温中健脾，和胃降逆。

方药：半夏泻心汤合左金丸：清半夏10g，黄芩10g，黄连6g，干姜3g，吴茱萸3g，浙贝母10g，海螵蛸30g，瓦楞子30g，青黛10g，百合20g，降香10g，三七面6g（冲服），旋覆花10g，代赭石30g，公丁香6g，柿蒂10g。

7剂。每日1剂，水煎服，每日两次。

辅助治疗：康复新液口服，每日3次，慢慢下咽。

外治：穴贴神阙穴-化瘀清胃膏药（院内制剂）。

二诊（2009年11月26日）：仍有暖气，偶有反酸

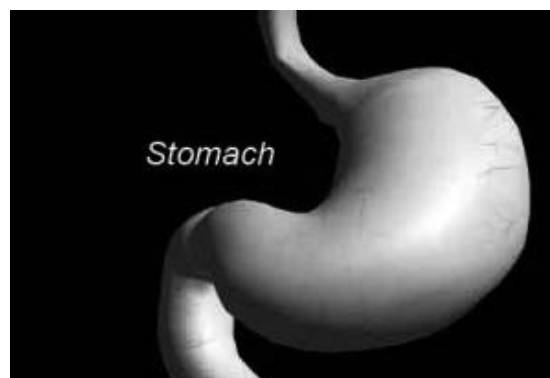
烧心，无口干、口苦，二便调，眠安。舌淡苔黄腻，脉沉弦。治疗有效，效不更方。处方：清半夏10g，黄芩10g，黄连6g，干姜3g，吴茱萸3g，浙贝母10g，海螵蛸30g，瓦楞子30g，代代花10g，八月札10g，降香10g，三七面6g（冲服），旋覆花10g，代赭石30g，公丁香6g，柿蒂10g。7剂。

三诊（2009年12月3日）：症状较前明显减轻，时有进食进水进食后出现暖气，无反酸烧心，二便调，纳眠安。舌暗苔薄白，脉弦滑。处方：清半夏10g，黄芩10g，黄连6g，干姜3g，吴茱萸3g，浙贝母10g，海螵蛸30g，瓦楞子30g，焦三仙30g，鸡内金30g，降香10g，莱菔子20g，旋覆花10g，代赭石30g，公丁香6g，柿蒂10g。7剂。

四诊（2009年12月10日）：诸症状均有减轻，无明显暖气，无反酸烧心，无胃胀不适，二便调，眠差，易醒，入睡困难。舌暗苔白，脉弦滑。处方：清半夏10g，黄芩10g，黄连6g，干姜3g，吴茱萸3g，浙贝母10g，海螵蛸30g，瓦楞子30g，焦三仙30g，鸡内金30g，降香10g，莱菔子20g，旋覆花10g，代赭石30g，公丁香6g，柿蒂10g。7剂。成药改为乌灵胶囊口服，每日3次。

五诊（2009年12月17日）：偶有饭后胃胀，偶暖气，晨起明显，余症状均消失，二便调，眠好转。舌暗淡苔薄白，脉弦滑。处方：清半夏10g，黄芩10g，黄连6g，干姜3g，吴茱萸3g，浙贝母10g，海螵蛸30g，瓦楞子30g，焦三仙30g，鸡内金30g，降香10g，枳壳15g，旋覆花10g，代赭石30g，公丁香6g，柿蒂10g。7剂。

按语：反流性食管炎是一难治性疾病，临床上容易反复发作。其病因复杂，多与情绪急躁、心情抑郁、饮食不节、嗜食生冷辛辣肥甘等不良生活方式有关。其病机多为肝胃不和、寒热错杂，虚实间杂。本病例从肝而治，又注意寒热并用、和胃降逆，故收到较好疗效。



腦瘤臨診心悟

香港中文大學香港中西醫結合醫學研究所
程劍華

一、腦瘤的病因病機

腦瘤的病因認為當責之於風、痰、瘀、毒，顱內腫瘤大多為髓海病變，與臟腑清陽之氣相關。腦瘤的發生與風邪關係密切，“巔頂之上，惟風能到。”蓋風為百病之長，挾諸邪（熱毒、痰瘀等）而上蒙清竅。痰性重着黏膩，所到之處，無不竅閉絡阻；火性炎上，灼津生痰聚瘀，也多致腦部病變。

肝腎虧虛、風痰瘀毒是腦瘤的基本病機。腦瘤的病位雖然在腦，但與肝、腎、脾等臟腑有關，三臟功能失調，可內生風、痰、瘀、毒諸邪。其中肝腎虧虛為本病的發病基礎，肝腎虧虛易於動風，水不涵木，陽亢化風，風生邪動，上入巔頂。

腦瘤的病機不外虛實兩類，或獨立致病，或合而為之，實者責之於風、痰、毒、瘀諸邪，如風陽內動、風火相煽、痰濕凝結、瘀毒內阻等邪氣積聚盤旋於腦海，日久而成積；虛者為平素體弱或久病耗傷，氣血不能上榮於腦，腦髓失養；或腎精不足，不能生髓上充於腦，髓海空虛，痰濁內生，導致腫瘤的形成。痰瘀毒邪不獨致腦瘤，但虛風一生，虛邪賊風入體或肝風內動，再與痰、瘀、毒諸邪膠結，即可循經上扰清竅，結聚腦腑。所以，內風與腦瘤的發病有其重要的關係。

二、中醫藥治療腦瘤的適用範圍

腦瘤最常見的有腦膜瘤、腦膠質瘤、顱咽管瘤、垂体瘤、轉移瘤等。中醫藥治療腦瘤的切入點：1.治療瘤前病變或良性腫瘤。瘤體微小，生長緩慢，症狀不明顯的良性腫瘤或低度惡性腫瘤，如垂体瘤等。2.瘤體部位險要或弥漫性腦部腫瘤，已經無法手術切除者，如腦干部位較大的腫瘤、或已經明顯浸潤腦干組織者，或弥漫性腦部腫瘤。3.配合手術治療，提高手術治療效果。在腦瘤早期應用中醫藥可增加手術療效，為手術創造條件，擴大手術適應證，減少手術併發症。術后用益氣活血、散結解毒中藥可清除殘余腫瘤細胞，促進康復，有利於提高遠期生存率。4.中藥配合放射治療無法手術切除或手術切除不徹底的患者，減輕放療的毒副作用，預防腦瘤的復發和轉移。5.因特殊原因不願做手術者，如年老體弱、經濟困難等患者。6.惡性腦瘤術後或放療後復發的患者，病人體質虛弱，不能承受再次手術者或晚期的腦瘤患者。

三、中醫藥治療腦瘤的治法

手術是治療顱內腫瘤最直接、最有效的方法。隨著現代科學的飛速發展及與醫學的有機結合，創立了腦立體

定向導航的微侵襲神經外科。手術的方式和入路越來越多，對機體的損傷也相對減少，手術不僅可以明確診斷，而且在去除病灶、減輕顱內壓、改善症狀、延長生命等起到了一定作用，一般情況下，在尽可能地保存重要神經功能的前提下，腫瘤切除比率越高，生存率越高。當顱內腫瘤不宜手術或手術難於切除干淨的患者，多採用放療來推遲腫瘤復發或抑制腫瘤生長，延長病人生命。

惡性腦瘤的手術禁忌症很多，腫瘤生長在重要部位或有心肺等並發症等都不能手術；而且腦瘤特別是膠質瘤手術切除很難根治，且易於復發；而轉移性腦瘤，多屬腫瘤晚期，預後更差。因此，致力於探索研究中醫藥治療腦瘤的有效方法是刻不容緩的。

1.祛風通絡、熄風散結

腦瘤屬髓海病變，《靈樞·百病始生》云：“壯人无积，虚则有之。”《靈樞·九针论》云：“四时八风之客于经络之中，为瘤病也。”其成因多由痰湿之邪结聚于脑，脑部气滞血瘀，痰瘀阻滞，毒邪凝滞所致，在其病变过程中，脑络痹阻日久，化热动风，风火相煽，耗伤阴液，可致肝腎不足，故臨床常用平肝熄風、祛風解癰、通絡散結等法治療。平肝熄風多選用鈎藤、夏枯草、地龍、天麻、磁石、生牡蠣、石決明、白芍藥、鱉甲、龜板、菊花或大定風珠或三甲復脈湯等，風邪較盛或以石決明、野菊花、天麻、鈎藤、沙苑子等育陰潛陽熄風，以蕪蛇、烏梢蛇、全蝎、僵蚕、地龍、蜈蚣等蟲類搜風走竅、息風止癰、通行經絡。

2.化痰散結、通絡開竅

《丹溪心法》謂：“痰之為物，隨氣升降，無處不在”，痰之為患，可以影響氣機升降和氣血運行，導致氣血凝滯與停聚，“諸般怪病多屬於痰”，“百病多因痰作祟”，痰之為病，可隨氣升降，流竄全身，無處不到。腦瘤的形成，或因寒氣客于經絡致氣血郁結；或因脾腎陽虛，清陽不升，痰濕內生，痰阻經絡；或因肝腎陰虛，肝郁化火，挾痰上扰清竅；或因邪毒入侵，阻遏氣機，痰濕內生，以致氣血痰毒瘀結而成肿块。其發病机理主要由於髓海受損，痰毒瘀結，閉阻脈絡而致腦瘤。許多學者從痰入手治療腦瘤取得療效。故化痰散結法是治療腦瘤的主要法則之一。常用的治法及藥物有：化痰軟堅散結用制天南星、魚腦石、白附子、夏枯草、法半夏、海藻、牡蠣、天竺黃、海浮石、白芥子、浙貝母等，或以玳瑁、琥珀、遠志、石菖蒲、礞石、豬牙皂、麝香、水牛角、牛黃、羚羊角等化痰開竅。

3.理氣活血、化痰散結

腦為元神之府，是精髓與神明匯集發出之處，依賴氣血運行才得以維持其主宰神明之功能，“怪病多痰”，“怪病

多瘀”。《灵枢·百病始生》云：“凝血蕴里而不散，津液涩渗，著而不去，而积皆成也。”临床观察表明，颅内肿瘤早期，血瘀指征明显，化瘀是许多学者常用治法之一。在脑瘤的整个治疗过程中，活血化瘀贯穿治疗始终，肿瘤多为病邪积聚而成有形之物，局部常会气血逆乱。瘀血不仅可以阻碍气机，加剧痰浊积聚，还可形成水肿。治疗脑瘤必须用活血化瘀法。活血化瘀常选用当归、川芎、赤芍药、三棱、莪朮、桃仁、红花、水蛭、三七、丹参等，瘀阻脑络常用药物有血竭、泽兰、土鳖虫、川芎、犀牛角、麝香、土鳖虫、炮穿山甲、失笑散、桃仁等。

4.益肾养阴、软坚散结□

张景岳曾指出：“脾肾不足及虚弱失调之人，多有积聚之病”。肾主水，主司和调节人体津液代谢，故痰之形成本于肾。病已日久，肾精亏耗，加之燥热之邪灼伤津液，痰浊易于形成，久苦肝郁脾虚，亦必涉及于肾，即之“肝肾同源”，因此补益肝肾法是治疗本病的重要治法。气阴不足加用太子参、黄芪、花旗参、党参、麦冬、天花粉、天冬、玄参、南沙参、北沙参等益气养阴；偏于肝肾虚损常以枸杞子、石斛、生地黄、熟地黄、知母、女贞子、墨旱莲等滋肾补肝，固充下元。用鳖甲、龟板、枸杞、山萸、麦冬、鹿角胶、菟丝子、青蒿、熟地等养阴软坚散结。□

四.臨証體會

中醫治療腦瘤要掌握三個原則：辨証與辨病相結合的原則，扶正與祛邪相結合的原則，個體化治療的原則。因為腦瘤的形成不外風、痰、瘀、毒諸邪單一或合而為病，所以要根治腦瘤，就必須清除以上諸邪。若邪居日久又致虛象形成，則祛實又應與補虛同用，且祛實重於補虛；若為因虛致實，則重在補虛，兼顧祛實。

1.辨証與辨病相結合的原則

臨証中以辨証為主，辨証施治是中醫學的精華，立足辨証，參合病症。在治療腦瘤時首先立足于辨証，証同治亦同，証變治亦變，這是治療本病的基本原則。

在臨床上通常將其分為5種基本類型：痰濕內阻型、氣滯血瘀型、熱毒蘊結型、肝風內動型、肝腎陰虛型。分別予以溫膽湯、導痰湯、指迷茯苓湯、龍胆瀉肝湯、杞菊地黃丸、一貫煎、血府逐瘀湯、補陽還五湯、鎮肝息風湯、羚角鉤藤湯、天麻鉤藤飲等加減而治之，以辨病作為有力的補充。中藥治療腦瘤，辨証是基礎，但在惡性腫瘤的治療上，僅有辨証是不夠的，抗癌抑瘤及緩解臨床症狀的作用均不足，必須將辨病治療作為補充。

辨証施治，審証求因，辨因用藥。腦瘤多為體虛，加上風、痰、毒、瘀諸邪所致，故治療用藥既祛風、化痰、消痰，又要勿忘解毒。中醫用藥应当在辨証運用息風、解毒、利水、滌痰、祛瘀和理氣的同时，加強補益肝腎、健脾和胃。

辨証施治，治病求本，辨病位用藥。中醫用藥应当在辨証運用祛風、解毒、利水、滌痰、祛瘀和理氣的同时，還

要配合風藥和通透藥，以適應腦的特定生理和病位。因腦瘤長在高巔之上，惟風可到，每以風藥治者。

臨証時常結合臨床病理資料，即參考疾病自身的特点進行化裁，加入一些經驗性的用藥，如屬膠質細胞瘤常配用胆南星、全蝎、制白附子、露蜂房、白花蛇舌草、半边莲等；對於腦膜瘤常選用炮穿山甲、莪朮、石見穿、白芷、山慈姑等；轉移性腫瘤源于肺者，配以蛇莓、山慈姑、貓爪草、金蕎麥、白英、卷柏、浙貝母、紅豆杉等；轉移瘤源于肝者，配以半枝蓮、茵陳、白花蛇舌草、腫節風、鉄樹葉、十大功勞、龍葵、水紅花子、獼猴桃根；轉移性腫瘤源于胃腸者，配以無花果、山慈姑、貓爪草、腫節風、土貝母、龍葵、獼猴桃根；轉移瘤源于乳腺者，配以枸橘李、漏芦、天冬、路路通、王不留行、八月札、炮穿山甲等。

□2. 個體化治療的原則

個體化治療就是因人因時因地而宜。腦瘤從發病來看，以老年為多，從年齡來分，可分為幼、中青、老三種不同狀況。兒童稚嫩之體，老年氣血漸衰，治之應以補為主，而不得忘其攻。或治之當以攻補兼施，補藥包涵補陰、補陽、補氣、補血之屬。中青年氣血方剛，體內合成代謝大於分解代謝，治之應以攻為主，適當兼顧正氣。個體化治療從病程之體現，用藥可分初、中、後三個不同時期，初期元氣未損，攻不宜緩，緩則養成其勢，反以難制；中期元氣日虛，緩攻兼顧養正；後期元氣已衰，養正重命，攻須顧及胃氣。個體化治療從用藥可分未治與手術、放疗、化疗後三個不同層面，未行西醫治療者，或是年老體弱、或是有慢性病、或是病變範圍大無法手術等，中藥治療須視年齡、體質、病程而施；手術後，重在補氣養血，稍佐通絡之品；放疗後宜益氣養陰、祛瘀散結為主；化疗後以益氣補血、健脾和胃為主。

由於腦瘤的病機特点為正虛邪實，且多以邪實為主，多有兼夾症，故治療大法當攻補兼施，或祛風通絡、熄風散結，或化痰散結、通絡開竅，或理氣活血、化痰散結，或益腎養陰、軟堅散結，或數法兼之。臨証亦應切記三點：其一，處方用藥於邪實者切忌苦寒之品過量，以免傷及正氣。其二，對正虛者所用藥物之性味薄厚應分清。一般而言，虛甚者宜味厚之品，虛不甚者宜味薄之類。其三，藥到病所，証候穩定要效不更方加以巩固。

辨証施治，治病求本，審慎用藥，共奏補益肝腎、化痰祛瘀、熄風止癢、通絡散結、解毒抗癌之效。

3.正確處理扶正與祛邪的關係□

腦瘤為整體本虛而表現於颅内標實。而具體到扶正與驅邪運用方式時，應根據腦瘤的生長部位、大小、惡性程度等，病人的體質、精神狀況、經濟狀況及其他而定，大致而言，腦瘤早期，病人體質尚好，並發症亦少，宜應用手術、放疗、化疗、有毒或大毒之品等“攻瘤”，而其為“大毒”，極易損傷人體正氣，如不培其正氣，病人最終不是死於腦瘤本身，而是正氣衰竭神失而亡。因此，宜以攻為主，或兼以扶正，或先攻後補。腦瘤中期，正氣已受損，但

尚能和邪气抗争,治宜攻补兼施。脑瘤晚期都正气虚弱,邪气亢盛,并发症亦相应较多。治宜健脾益肾、养阴清热,扶其正气为主,兼以驱邪,或先补后攻,使脑瘤生长缓慢甚至缩小,也使机体适应脑瘤新的环境,减少对机体身心带来的损伤。中医药治疗脑瘤从整体上入手,结合局部,处理好扶正与驱邪的关系,能够使病人自觉症状不明显,生存质量得到提高,起到带瘤生存的目的。

由于颅内肿瘤的病机特点为正虚邪实,且多以邪实为主,治疗大法当补益肝肾、化痰祛瘀,同时佐以熄风和络、解毒抗癌。扶正祛邪是治疗本病的根本方法,二者可相辅相成,起到提高免疫功能,遏制肿瘤的作用,但应权衡其主次配药。临证还应审度痰瘀互结的主次轻重及不同病理性质,选择相应的化痰祛瘀药。

4. 掌握脑瘤用药特点;重视引经药和虫类药物运用

(1) 在辨证基础上加用一些具有抗肿瘤作用的中药,增强软坚散结的效果,以提高疗效。常用穿山甲、半枝莲、猫爪草、白花蛇舌草、山慈菇、肿节风、莪术、乳香、没药、桃仁、丹参、半夏、南星、浙贝母、海藻、牡蛎、鳖甲、土贝母、土茯苓、冬葵子等。

(2) 引经入脑药:

因脑瘤为痰毒瘀诸邪聚于脑髓,病位在上、在头,故选药宜轻清上扬。风为百病之长,风性上浮,头为人身至高之处,故对本病头痛眩晕的治疗,常用质轻的祛风之药,达到清上蠲痛的目的处方中宜加用引经药物或药性属升的药物,如白芷、藁本、蔓荆子、升麻、柴胡等,引导诸药上行,直达病所。因脑瘤长在高巅之上,惟风可到,每以风药治者。风药用白芷、藁本、蔓荆子、菊花、威灵仙、蛇蜕之品,其中威灵仙既可祛风上行引经,又可化痰治积,于脑瘤用之最宜。

(3) 虫类药物:

脑瘤由于邪毒阻滞脑窍,清窍不利,临诊时强调虫类药的应用,虫类擅动,飞升走窜,虫能入窍络,搜剔逐瘀驱邪,性峻力猛而专,又多具有消肿散结、息风止痉、镇静止痛之功,可以增强疗效,如蕲蛇、乌梢蛇、地龙、全蝎、蜈蚣、僵蚕、土鳖虫、蜂房、水蛭等。

(4) 通透头目药物:

脑为清窍,痰毒瘀诸邪内阻,神明失主,清窍不利,诸症丛生,故方中多加入清窍之品如蔓荆子、菊花、郁金、菖蒲等,还包括一些重镇安神药,如石决明、青礞石、珍珠母、羚羊角等。脑瘤所处乃僻,非平常药性所能渗透,应适当配伍升发通透之药用。药可用石菖蒲、远志,芳香化湿并开窍宁神;也可用蜈蚣通络、解痉止痛。用穿山甲以通络达病所,全蝎、地龙通络熄风止痛,也可用冰片加外敷药敷头以增强通络止痛之效。

(5) 恶性脑瘤患者的症状多而复杂强调随证加减,以减轻症状,提高患者生活质量。在脑瘤中常见的症状包括头痛、恶心呕吐、乏力、半身不遂、行走不稳、便秘等等。

行走不稳、手脚抽筋等加用蕲蛇、乌梢蛇、全蝎、僵蚕、地龙、蜈蚣等息风止痉、通行经络;头痛明显者加用蜈蚣、全蝎、蔓荆子、川芎、藁本、羌活、姜黄、络石藤等;若头痛因脑水肿引起者,或头痛虽不明显,但脑水肿严重者,加用茯苓、猪苓、生薏苡仁、车前子、葶藶子、泽泻等淡渗利水药;恶心呕吐剧烈者加用姜半夏、砂仁、竹茹、代赭石、陈皮等;高热神昏者加用水牛角、羚羊角、黄芩、石膏、知母、郁金、菖蒲,或灌服安宫牛黄丸等药物;下肢无力者加用牛膝、木瓜、龟板、杜仲、宽筋藤等;失眠烦躁者加用酸枣仁、柏子仁、珍珠母、合欢皮、龙骨、牡蛎等;半身不遂者加黄芪、川芎、桃仁、红花、牛膝、当归等;便秘加用大黄、肉苁蓉、郁李仁、番泻叶、麻仁等等。

4. 加强心理生活精神调护

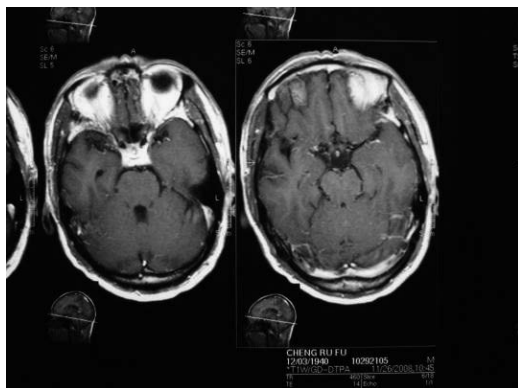
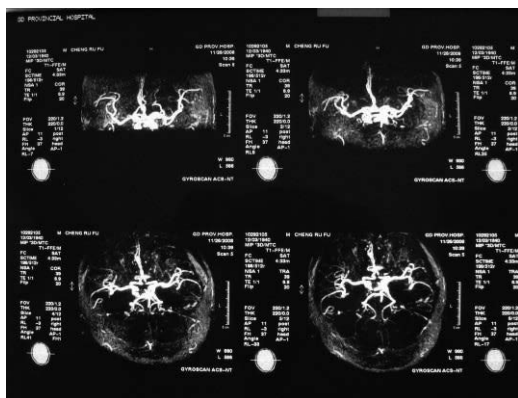
本病调养十分重要,要保持良好的心态。脑瘤患者精神负担很重,甚者悲观失望,这种不良的情绪对疾病的恢复不利。所以应首先使患者树立起战胜疾病的信心和勇气,避免情绪过度激动。二勿过劳,特别是脑力劳动,要保证充足的睡眠。肾主骨生髓,脑为髓海,脑瘤患者多肝肾不足,若用脑过度,暗耗肾阴。三要忌食辛辣温燥之品,忌食烧鹅、无鳞鱼、猪头肉等,多食新鲜蔬菜水果。戒除烟酒,烟酒易助火酿毒,百害而无一利。适当运动,如散步、慢跑、打太极、气功等。

脑瘤的治疗目前仍以综合治疗为主,中医药既要着眼于有效方药的研究和应用,又要突出中医药在治疗本病中的特点与优势,发挥在提高生存质量、减轻放化疗反应中的作用。治疗时要注意攻补分寸,不犯虚虚实实之戒,特别对于一些晚期癌症患者,全身机能衰弱,甚至出现恶病质,此时虽然肿瘤负荷很大,但治疗的主要侧重点已不是消瘤抗癌,而应注重整体功能的维护,尽可能地提高患者的生活质量,延长其生存时间。近年来,从临床报道情况来看,运用中医药防治脑瘤对脑膜瘤、胶质瘤、颅咽管瘤、垂体瘤等的治疗较满意,并取得一定的进展。不足的是,所报道的多是个案,还没有掌握其共性规律,这是今后值得认真研究的问题。把握中医治疗脑瘤的切入点和优势,开展中西医结合治疗脑瘤的更深层次的研究,是一个很有价值的课题。

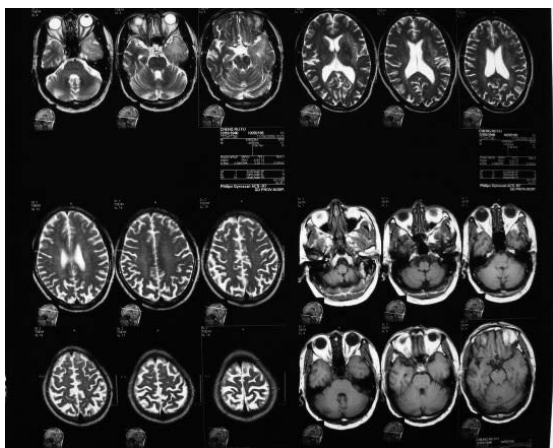
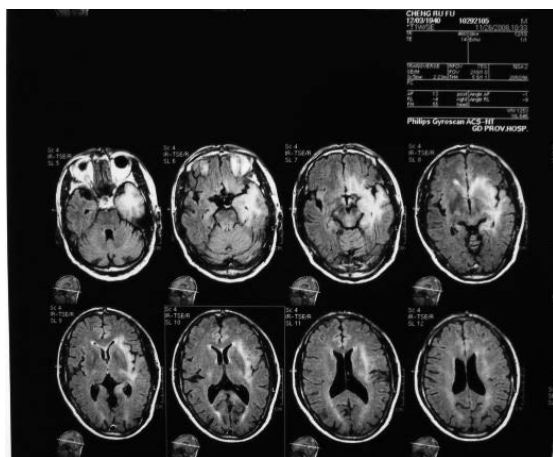
五. 医案 中药治疗脑弥漫性星形细胞瘤

陳某某,男,68歲。廣州人。

2008年11月26日腦動脈造影示:左側顳葉、島葉、額葉、左側外囊彌散性腫瘤。



2008年11月26日腦MR掃描示：左側顳葉、島葉、額葉、左側外囊彌散性星性細胞瘤。



2008年12月16日初診：患者因頭痛伴左面麻木1月餘，在外院MR檢查示：左側顳葉、島葉、額葉、左側外囊彌散性星性細胞瘤。該院根據患者病情不考慮手術治療，建議服中藥治療。現患者頭稍痛，不嘔吐，左面目麻木，無耳鳴，耳時有回音，食納好，兩便正常，舌淡紅苔薄，脈滑。証屬痰瘀互結，治宜化痰理氣、祛瘀散結。方藥：薤白10，白芷10，半夏15，生地30，龜板10（先煎），烏梢蛇10，麥冬15，黨參10，炙甘草10，黃芪30，寬筋藤30，瓜蒌皮15，天麻15，田七2克。共7劑。同服西黃膠囊、血府逐瘀口服液等。隨診加減，治療2月。

2009年2月10日 葯后好轉，頭不痛，耳鳴減輕，食納正常，行走無礙，打鼾減少，夜寐改善，兩便正常，舌淡紅苔薄，脈滑。上方加制馬錢子0.3克。隨診加減，治療4月。

2009年6月12日 患者病情穩定，食納正常，頭不痛，時有頭暈，耳鳴顯減，行走無礙，舌淡紅苔薄，脈滑。守方再進，同服西黃膠囊、血府逐瘀口服液等。隨診加減，治療4月。

2009年10月29日 葯后好轉，頭不痛，偶有頭暈，耳鳴減輕，耳中回音減，左耳稍養，食納正常，行走無礙，兩便正常，舌淡紅苔薄，脈滑。上方減制馬錢子，加田七5克。隨診加減，治療4月。

2010年3月29日 葯后好轉，頭不痛不暈，食納正常，行走無礙，兩便正常，舌淡紅苔薄，脈滑。治療基本不變，偶有不適，隨診加減，患者每1-2月就診1次，生活工作正常，沒有住院治療，至2011年5月，無明顯不適，患者也沒有復查腦部MR，健康如常人。

按：腦膠質瘤是起源于神经胶质细胞的常见颅内肿瘤，恶性程度大多较高，现代医学多采用手术切除、放疗、化疗等综合治疗，5年生存期不足5%，且具有较高的复发率。患者確診為腦膠質瘤，病變範圍廣泛，手術難切除乾淨。選擇中藥治療，患者以標實為主，正氣未衰，故治療以祛邪為主，予以化痰解毒、祛瘀散結之法治療。方中重用半夏、瓜蒌皮、浙貝母、天麻、薤白化痰散結祛濁為君；龜板、烏梢蛇、寬筋藤等軟堅散結為臣；三七、制馬錢子消腫解毒、化痰散結作用較強為佐藥，交替使用；麥冬、生地、炙甘草、黃芪、黨參、薏苡仁益氣健脾養陰為輔藥；白芷引諸藥上行頭目，達到通絡止痛之功效為使藥。配合西黃膠囊重在軟堅消瘤，血府逐瘀口服液重在活血化滯散結。辨證精當，立方嚴謹，收到滿意的療效。患者生活自理，工作正常，健康如常人。2014年10月7日電話隨訪患者無明顯不適，生活工作正常，帶瘤生存6年多。

毫火针治疗肩周炎的临床观察

张婉瑜 靳勇

深圳平乐骨伤科医院, 深圳 518010

摘要: 目的: 观察毫火针治疗肩周炎的疗效。方法: 56 例肩关节周围炎随机选择毫火针与电针灸治疗, 比较两组疗效。结果: 毫火针治疗组临床治愈率明显优于电针灸组($p < 0.05$)。结论: 毫火针治疗肩关节周围炎疗效确切, 值得临床推广应用。

关键词: 肩关节周围炎; 毫火针疗法; 电针灸疗法

肩关节周围炎俗称肩周炎, 是中老年人的慢性关节肌肉疾病之一。该病病程长, 一般都在半年以上, 表现为肩部隐痛或刺痛, 疼痛可放射到颈部或上臂, 夜间疼痛加剧甚至夜不能眠, 严重影响中老年人的日常生活。2011 年以来, 笔者根据火针温透达力强、祛瘀散结、直达病所的治疗机理, 采用毫火针疗法治疗肩关节周围炎, 取得满意疗效, 介绍如下。

1 临床资料

56 例均为我院门诊就诊患者, 按就诊挂号费收据编号以奇数为毫火针治疗组, 偶数为电针灸对照组, 随机分治疗组 30 例, 对照组 26 例。

1.1 诊断标准

按照国家中医药管理局颁布的《中医病证诊断疗效标准》: (1) 好发年龄在 50 岁左右, 女多于男, 右肩多于左肩, 多为慢性发病。(2) 肩周疼痛, 以夜间为甚, 常被痛醒, 但较少肿胀; 肩关节活动明显受限, 甚则肩臂肌肉萎缩。查体: 肩峰下广泛压痛, 肩关节外展上举、外旋、后伸、后背上抬动作受限, 不能做脱衣、梳头、洗脸等动作。(3) 有慢性劳损、感受风寒或外伤史。(4) X 线摄片多为阴性, 病程久者可见骨质疏松。

1.2 治疗组

男 7 例, 女 23 例, 共 30 例。年龄最大 68 岁, 最小 43 岁, 平均 49 岁; 左肩 17 例, 右肩 13 例; 病程最长 3 年, 最短 1 个月。

1.3 对照组

男 6 例, 女 20 例, 共 26 例。年龄最大 64 岁, 最小 45 岁, 平均 48 岁; 左肩 12 例, 右肩 14 例; 病程最长 2 年, 最短 3 个月。

2 治疗方法

2.1 治疗组

取患侧阿是穴、肩井、肩髃、肩贞、天宗穴。毫火针针具: “华成牌”1 寸(针身长 25mm, 直径 0.34mm) 不锈钢针灸针。操作方法: 碘伏常规皮肤消毒后, 左手持止血钳挟 95% 酒精棉球(捏干, 防酒精溢出) 并点燃, 靠近要刺之部位, 右手持直径 0.34mm, 1 寸(长 25mm) 毫针 1 支~ 3 支, 放在火焰烧至通红, 迅速刺入阿是穴, 进针深度约 1cm~ 2cm, 并迅速拔出, 再在其周围连续进针 3~ 5 下, 隔 3 天治疗 1 次。

2.2 对照组

选取患侧阿是穴、肩髃、肩贞、臂臑、曲池、外关、合谷为主穴。患者端坐位, 在选穴部位用碘伏常规消毒, 选用 1~2 寸的毫针常规针刺, 得气后主穴接 G6805 型电针仪, 电量以患者耐受为度, 留针 25 min。日 1 次, 10 次为 1 疗程, 共治疗 2 个疗程, 疗程间休 3d。2 个疗程后评价疗效。

3 疗效观察

3.1 疗效标准

参考国家中医药管理局 1994 年颁发的《中医病证诊断疗效标准》, 以肩部疼痛及活动功能程度两项为指标。治愈: 肩部疼痛消失, 肩关节活动功能基本恢复正常, 与健侧相同或基本相同; 好转: 肩部疼痛减轻, 肩关节活动功能改善, 但与健侧有差距; 无效: 临床症状无改善。

4 治疗结果

两组临床疗效比较 见表 1。

组别	例数	治愈	有效	无效
毫火针组	30	25	4	1
电针灸组	26	8	13	5

毫火针治疗组 30 例, 治愈 25 例(83.4%), 有效 4 例(13.3%), 无效 1 例(3.3%); 电针灸对照组 26 例, 治愈 8 例(30.8%), 有效 13 例(50.0%), 无效 5 例(19.2%), 经统计学处理, 两组临床治愈率对比: 卡方检验(Pearson Chi-square) 的值, $\chi^2 = 15.985$, $p < 0.01$, 有统计学意义。似然比检验(Likelihood Ratio) 的值 = 16.835, $p < 0.01$, 结论与 χ^2 检验一致。两组临床总有效率对比: $\chi^2 = 3.680$, $p > 0.05$ (=0.055), 无统计学意义。

5 讨论

肩关节周围炎是关节囊和周围软组织的一种退行性、炎症性疾病。女多于男, 以 50 岁左右多见, 故有五十肩之称, 多单侧发病。本病属中医痹证、肩凝症、漏肩风、冻结肩等范畴。本病的发生多由于外邪入侵, 内伤劳损, 加之人过中年, 血气阴阳渐衰, 致不通则痛或不荣则痛是导致本病的主要病因病机。治疗以局部穴位为主, 采用毫火针疗法。穴位选用根据《灵

枢·筋脉》：“在燔针劫刺，以知为数，以痛为腧”的原则，取阿是穴为主，另取肩髃、肩贞、肩井、天宗穴为局部取穴，具有疏通局部经气的作用；所选用的毫火针，古称“燔针”，针刺法称为“焮刺”。本法具有温经逐瘀散寒。通经活络的作用；正如《举痛论》云：“寒气客于脉外则脉寒，脉寒则缩蜷，缩蜷则脉绌急，绌急则外引

小络，故卒然而痛，得热则痛立止”。经统计学处理，毫火针疗法明显优于电针灸疗法($p < 0.05$)，但总有效率对比没有统计学意义($p > 0.05$)。毫火针是一种有形无迹的热力，能温通经脉，鼓动人体阳气，驱散寒邪，使脉络气血通畅，达到祛风逐寒、通经活络的目的，故能取得较好的临床疗效。

Clinical Observation on Scapulohumeral Periarthritis Treated by Red-hot Needle Therapy

ZHANG Wan-yu, JIN Yong

Shenzhen Pingle Orthopedic Hospital, Shenzhen 518010, China

Abstract: Purpose: To assess the effect of red-hot needle on scapulohumeral periarthritis. Method: 56 cases of scapulohumeral periarthritis were distributed into red-hot needle group and electroacupuncture group randomly, and the effects of both groups were compared. Result: The effect of red-hot needle was significantly better than that of electroacupuncture ($P < 0.05$). Conclusion: red-hot needle has good effect on scapulohumeral periarthritis, and is recommended to clinical doctors.

Keywords: scapulohumeral periarthritis, red-hot needle therapy, electroacupuncture therapy

Scapulohumeral periarthritis (SP), which is commonly known as frozen shoulder, is one of the joint and muscle chronic diseases most commonly seen in the elderly. The disease has long duration which is usually more than six months, with symptom of shoulder pain with restricted movement. The pain may radiate to the neck or upper arm and can get worse at night. The red-hot needle has strong penetrating effect to the sick site, helping on blood stasis and congestion relieve thanks to its direct therapeutic effect. The author has used red-hot needle therapy to treat scapulohumeral periarthritis since 2011 and achieved satisfactory results.

1 Clinical Data

56 patients from out-patient department were randomly divided into two groups. Those with odd number of registration were grouped into red-hot therapy group, while patients with even numbered registration being grouped into electroacupuncture control group. There were 30 cases in treatment group, and 26 cases in control group.

1.1 Diagnostic criteria

According to "Traditional Chinese Medicine (TCM) Standards for Syndrome Diagnosis and Efficacy" launched by the State Administration of

TCM, SP was diagnosed based on (1) commonly occurs around 50 years old, more female than male patients and more on the right shoulder than left shoulder, and mostly shown as chronic disease. (2) the shoulder pain is staggering at night, and often making the patients wake up at night, but less swelling; the mobility of shoulder is limited, and the muscles around shoulder and arm can even be atrophic. Examination: tenderness can be palpated around shoulder joint; shoulder movements in lifting, external rotation, extension, backwards elevation are limited; the patient having difficulty with getting dressed and even other activities. (3) There is a history of chronic shoulder strain, cold invasion or trauma. (4) X-ray is normally negative, although osteoporosis can be present in chronic cases.

1.2 treatment group

There are 30 cases, 7 males and 23 females. The oldest is 68 and the youngest is 43 years old with an average age of 49 years old. There are 17 cases of left shoulder pain, and 13 of right shoulder pain. The longest duration is three years, while the shortest duration is one month.

1.3 control group

There are six males and 20 females with a total of 26 cases. The oldest is 64 and the youngest is 45

years old, and 48 being average. There are 12 cases of left shoulder pain and 14 cases of right shoulder pain. The longest duration is two years, and the shortest duration is three months.

2 Treatment

2.1 treatment group

Acu-points AShi, JianJing, JianYu, JianZhen, and Tianzhong on the affected side were used. Use one inch stainless steel red-hot acupuncture needle of Hua Cheng brand (needle length 25mm, diameter 0.34mm). Operation: After the routine skin sterilization, hold a hemostat on left hand with a alcohol (95%) swab. A gentle squeeze to get rid of surplus alcohol in the swab before igniting the swab, then get close to the site mentioned above and get ready for needle insertion. Then hold 1~3 needle(s) on the flame till red-hot appears, and then quickly insert into Ashi point with depth of about 1cm ~ 2cm, after that quickly pull the needle out and then insert into the several points nearby for about 3 to 5 times. The treatment is given once in every three days.

2.2 Control group

On the affected side, take the Ashi, JianYu, Jianzhen, BiNao, QuChi, WaiGuan, HeGu as main points that are routinely sterilized. Use conventional acupuncture needles with length of 1~2 inches to insert into the points, then the needles are connected to G6805 electro-acupuncture device for 25 minutes, tune the power according to patients' tolerance. The treatment is given once every day for 10 times as a course of treatment. In total 2 courses of treatment are needed, with an interval of 3 days. After two courses the results are evaluated.

3 Efficacy Evaluation

3.1 Efficacy Standard

By following the 'TCM Standards for Diagnosis and Efficacy' by State Administration of TCM in 1994, the pain severity and mobility level are both used as indicators. Cure: shoulder pain disappears, and shoulder joint function recovers to totally or mostly normal. Improved: shoulder pain relieves, shoulder joint function improved, but not reach to normal. Ineffective: no improvement in clinical symptoms.

4 Treatment results

Comparison of clinical efficacy of the two groups is shown in Table 1.

30 cases of Red-hot needle therapy treatment group, with 25 were cured (83.4%), four were improved (13.3%), and one was ineffective (3.3%). 26 cases of electro-acupuncture control group, with 8 were cured (30.8%), 13 cases were improved (50.0%), and 5 were ineffective (19.2%). The statistical analysis shows that the Pearson Chi-square value $\chi^2=15.985$ ($p<0.01$), which is statistically significant. The Likelihood ratio test

Group	CaseNo	Cured	Improved	Ineffective
Red-Hot needle	30	25	4	1
Electro acupuncture	26	8	13	5

shows the Likelihood Ratio value=16.835 ($p<0.01$), which is consistent with the conclusion in χ^2 test. The total efficiency comparison of the two groups has $\chi^2 = 3.680$ with $p>0.05$ ($=0.055$), which has no statistical significance.

5. Discussion

SP is a degenerative and inflammatory disease of shoulder joint capsule and surrounding soft tissue, which usually occurs in the elderly around 50 years old. The internal pathogenesis of this disease is liver and kidney deficiency; on the other hand, the external pathogenesis is due to exogenous evil qi such as wind, cold and dampness. Treating this disease with red-hot needle therapy, we mainly choose local points. The idea is from Ling Shu: "Burn the needle to make it red and hot, and prick the most painful places with it." We take Ashi points as the key acupoints. In addition, the local points such as Jianyu, Jianzhen, Jianjing, Tianzhong are also used to dredge the channels and collaterals. The biggest feature of red-hot needle therapy is relieving rheumatism and cold, invigorating blood circulation and stopping pains. <Jutong Theory> says: 'When the cold qi remains in the channels, the channels will curl up, which causes blood stagnation and pain. The best way to kill pain is pricking red-hot needle into the channels to clear away the cold.' In this study, the red-hot needle therapy is significantly better than electric acupuncture therapy ($p<0.05$), which is worth promoting.

刍议光镜下观察活血化癥方对人活血红细胞缗钱的影响

黄 伟

摘要: 红细胞沉降率是临床检验中最简单、应用广的一项血液学指标。常作为疾病是否活动的监测指标。红细胞沉降率的生物力学基础是红细胞缗钱形成。红细胞缗钱形成极大地影响着血液的流变性质、血液循环尤其是微循环的通畅以及血液对氧的运输[1]。这使得光镜下观察活血(Alive blood)红细胞缗钱(Erythrocyte rouleaux)具有了特殊意义。光镜下观察活血红细胞缗钱变化,方法简单,成本低廉,能较敏感地反映中药活血化癥方剂对人红细胞聚集状态的影响,且重复性好。

关键词: 光镜观察;活血;红细胞沉降率;红细胞缗钱形成;活血化癥方剂;中西医结合

红细胞沉降率(Erythrocyte sedimentation rate,ESR),俗称血沉。是临床实验室检验中最简单、应用最广的一项血液学指标。常作为疾病是否活动的监测指标。

一般认为,ESR减慢临床意义较小,主要见于真性或相对性红细胞增多症、DIC消耗性低凝血期和继发性纤溶期等。生理性ESR增快见于女性月经期或妊娠3个月以上者,70岁以上高龄者,女性比男性多见。病理性ESR增快见于各种急慢性炎症,如结核、风湿热等;组织损伤及坏死,如大手术、心肌梗死;恶性肿瘤;高球蛋白血症,如系统性红斑狼疮、肝硬化、恶性淋巴瘤等;贫血以及高胆固醇血症,如动脉粥样硬化、糖尿病、肾病综合征、粘液性水肿等。ESR的生物力学基础是红细胞聚集,也就是红细胞缗钱形成(Rouleaux formation of red blood cells)即(Erythrocyte Rouleaux Formation,ERF)。ERF是红细胞的重要生理特性,是血细胞分子间的相互作用结果。是一种在人或其他哺乳动物血液中存在的基本现象[1][2]。红细胞缗钱形成极大地影响着血液的流变性质、血液循环尤其是微循环的通畅以及血液对氧的运输[1]。这就使得光镜下观察活血(Alive blood)红细胞缗钱形成具有了特殊意义。光镜下观察活血红细胞缗钱状态变化,方法简单,成本低廉,能比较敏感地反映中药活血化癥方剂对人体红细胞聚集状态的影响,而且重复性好。所以,本文选用了光镜下观察活血红细胞缗钱形成的方法来了解中药活血化癥方剂对人体影响的微观表现。

1. 对象、仪器、材料与方法

1.1 对象: 本文根据中医诊断学血瘀证的临床表现:其疼痛如刺,固定不移,痛处拒按,入夜加重,面色黧黑,唇甲青紫,皮下紫斑,肌肤甲错,腹露青筋、丝状红缕;舌质紫暗,瘀斑瘀点,舌下络脉曲张;脉细涩或结代等选择病例。

1.2 仪器、材料与方法: 美国精密世界公司产40X-200X LED 3D载物台数码复合双目显微镜;USB成像仪;美国精密世界公司产复合显微镜用油镜暗视野聚光器;Baffcat公司产0.13-0.17mm厚18mm或24mm方形显微镜用盖玻片;Richmil有限公司产1.0-1.2mm厚25.4mm×76.2mm显微镜用载玻片;哈尔滨康邦黑背景光学仪器有限公司产唐作活血玻片标准压制器;血糖仪采血笔;笔记本电脑;活血化癥方剂:根据气滞血瘀、气虚血瘀、寒凝血瘀、热郁血瘀、热毒血瘀、痰浊血瘀等不同病情,分别采用血府逐瘀汤加减、补阳还五汤加减、当归四逆汤,阳和汤和右归饮合桃红四物汤、桃核承气汤加减、五味消毒饮合清营汤加减,四妙勇安汤加减、温胆汤加减。中药活血化癥方剂采取中药煎剂或中药浓缩粉按5:1比例照方调配。患者服药前和服药后分别采血,直接涂片,盖玻片压片后一分钟内置于数码复合双目显微镜下观察活血片中心的红细胞,并摄像保存照片。

注意事项:

a.仪器准备:在电脑上安装USB成像软件,用USB成像仪连接显微镜和开机状态的电脑,打开成像软件,启动显微镜,调节显微镜光栅到最佳。

b.采血准备:采血前患者须用杀菌洗手液洗净双手,电吹风或干手机吹干,75%的消毒酒精棉球擦拭待采血的手指,等其自然干燥后用血糖仪采血笔采血。

c.活血片制作:用血糖仪采血笔刺破手指,采取芝麻粒大血滴,直接涂于载玻片,迅速盖片后用活血玻片标准压制器制片。

2. 结果

典型案例 1: 患者,女,39岁。因持续盆腔疼痛随月经周期加剧,进行性加重;多次自然

流产伴疲乏。于2013年12月4日就诊。患者2008年4月自然受孕于预产期11天后产一健康女婴。2009年11月再次自然受孕16周后,不幸于2010年2月自然流产。2013年4月第三次自然受孕,但12周后医院检超声波查发现胎儿死亡,遂接受人工流产术。实验室检验发现患者蛋白S(PS)降低为52(该实验室正常值为65-137),疑胎儿死因为胎盘血栓。自2010年2月流产后每次月经前10天左右开始出现盆腔疼痛,疼痛会且持续到行经。经后疼痛好转。周而复始,逐渐加重。现每月仅几天无盆腔疼痛。未服用任何西医药。大便每周2次左右,不结燥。每晚1次以上夜尿。刻诊:耻骨上少腹扪痛明显,脉沉稍湿稍细左寸尺无根,舌略红苔薄白。

西医诊断:1.盆腔疼痛原因待查;2.子宫内膜异位症?3.不孕症。

中医诊断:1.气虚血瘀兼脾肾不足;2.痛经。予针灸和中药补气活血健脾补肾治疗17天后盆腔疼痛明显好转。疲乏减轻,精力增加。

图1.为就诊两日后(2013年12月6日)显微镜下观察活血时的照片。我们可以看到,此活血片中红细胞呈缗钱状拥挤排列,红细胞聚集状态比较严重。

图2.为上次摄像十六天后(2013年12月22日)显微镜下观察活血时的照片。我们可以看到,此活血片中红细胞缗钱状拥挤排列,红细胞聚集状态比较严重的情况已经得到明显改善。红细胞缗钱状态消失,红细胞不再处于聚集状态。患者临床症状的改善与其活血片中红细胞缗钱的改善高度一致。该患者治疗三个月后,医院复查PS为6.4(比治疗前的5.2增加1.2)。

典型案例 2: 患者,女,73岁。因右腿原因不明地肿胀疼痛一周,加重2天。于2014年6月11日就诊。患者一周多前原因不明地出现右足、右踝肿和小腿下部肿胀疼痛,无运动功能障碍。X线检查,未见异常改变。情绪佳,纳眠可,大便稍结燥,小便黄。未服用西药。

刻诊:脉稍涩细,苔薄黄。右足背至右踝和小腿中下1/3凹陷性

水肿明显。手脚欠温，右腿静脉曲张明显。足底到小腿至右膝关节，沿小隐静脉、大隐静脉及其属枝分布区多处扪痛，可扪及多处结节样物。右腿皮肤无充血潮红。右腿皮肤温度高于左腿皮温。西医诊断：右腿深静脉血栓

中医诊断：热郁血瘀 予针灸、推拿和中药四妙勇安汤 3 剂，清热解毒，活血化瘀。治疗后疼痛减轻，凹陷性水肿减少 70%。三天后（6 月 14 日）复诊，右小腿中下 1/3 凹陷性水肿减退，但右足背至右踝复肿如初。脉稍细弱，舌黯苔薄白。修正中医诊断为：气虚血瘀。予针灸、推拿和中药补阳还五汤加减 3 剂。6 月 17 日复诊，右足肿胀减轻，双脚皮温基本相同。查活血并拍照(见图 3)。可见虽经 6 天治疗，患者活血片中红细胞仍然呈缗钱状排列。继续守方循补气活血，除湿健脾，温阳进退。7 月 2 日复诊，右脚肿胀明显减轻，右足背还轻微浮肿。疼痛基本消失。仅弯腰时有一过性右外踝和近外踝处足背痛(考虑此痛与腰骶关节有关，而与原发病无关)脉稍滑，左尺无根，舌红稍黯，苔薄黄稍干。距上次摄像十五天后（7 月 2 日）复查活血并拍照（见图 4）。可见 6 月 17 日活血片中的红细胞缗钱状态已经消失。红细胞呈接近完全分散状态的松散分布。

图 1.

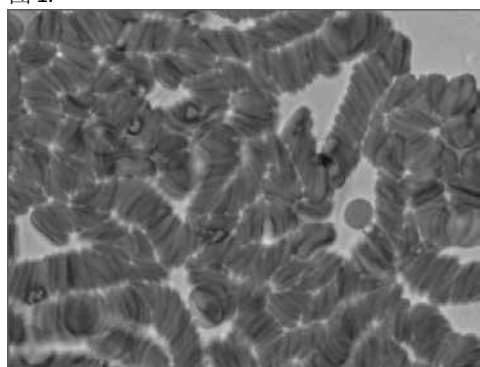


图 2.

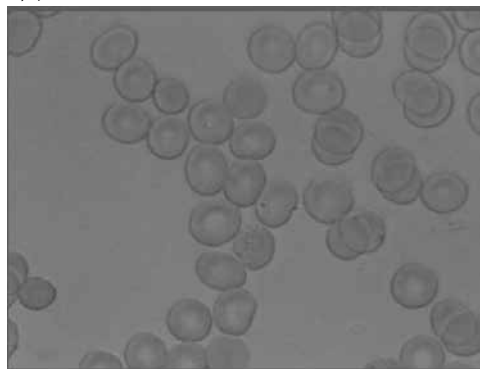


图 3

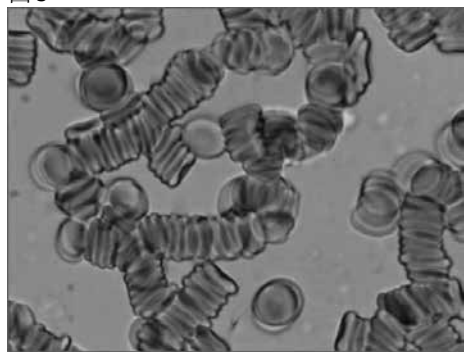
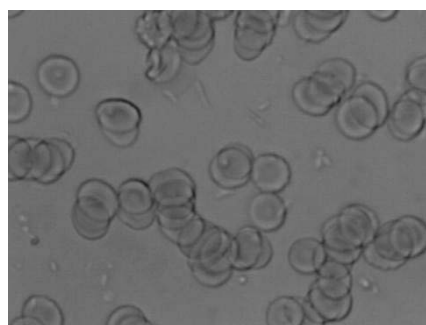


图 4



3. 讨论

随着对活血化瘀中药的深入研究，其改善血流动力学异常、改善血液流变学异常、改善微循环障碍、抗血栓形成、抗动脉粥样硬化及心肌缺血、抑制组织异常增生等药理作用，被广泛应用于临床各科，涉及心脑血管疾病、糖尿病、肝硬化等数十种疾病，临床疗效显著，展现出良好的应用前景[3]。而红细胞缗钱形成、消散等变化是上述诸多生理、病理变化的生物力学基础，是上述病理改变的重要成因之一。显然，红细胞缗钱形成一旦达到某一定程度，就可以认定为是中医的血瘀证。这就使光镜下观察中药活血化瘀方剂对活血片中红细胞缗钱的影响具有了重要的基础和临床研究意义。

本文注意到案例 1 经过活血化瘀中药方剂的治疗，不但症状和红细胞缗钱状况明显改善，而且 PS 亦有显著增高。而迄今未见有西医药治疗可以提高 PS 的报道。此案例提示活血化瘀中药方剂有可能成为治疗 PS 降低的有效方法。值得进一步研究。

而案例 2 经过活血化瘀中药方剂的治疗，不但症状和红细胞缗钱状况明显改善，而且血压和心率略有下降。这就提示活血化瘀中药方剂在治疗与血瘀证相关的高血压病和心脏疾病时，也许可以将光镜下观察活血片中红细胞缗钱的变化作为评价标准之一。

光镜下观察病人服用活血化瘀中药后活血红细胞缗钱的变化，直观性好，方法简单，成本低廉，能比较敏感地反映中药活血化瘀方剂对血红细胞聚集状态的影响，而且重复性好。显微摄像资料可以永久保存，故无论对基础研究或临床研究都具有重要价值。另外，光镜下观察活细胞血片能较早发现红细胞的异常变化。

就光镜下观察活细胞血片这一血液方法学的建立而言，本文还只是万里长征迈出的第一小步，也就更谈不上将光镜下观察中药活血化瘀方剂对活血片中红细胞缗钱的影响作为评价中药活血化瘀方剂疗效的指标。况且，与此方法相近的活血分析（Live blood analysis, LBA），曾经被人滥用而备受诟病。可以预见，建立光镜下观察活细胞血片这一血液方法的前途将相当坎坷。不过，本文觉得这一切不应该妨碍对光镜下观察中药活血化瘀方剂对活血片中红细胞缗钱的影响这一课题探索。因为，本文讨论案例的良好临床疗效和活血片中红细胞缗钱的明显变化就是对此课题的有力支持。

参考文献：

1. 盛佳，曾衍钧，庄逢源：红细胞聚集的生物力学基础。力学进展.1999.29（1）：105-111
2. H. Bäuml, B. Neu, E. Donath, H. Kiesewetter : Basic phenomena of red blood cell Rouleaux Formation. Biorehology. 1999.36:439 -442 IOS Press
3. 高冲，刘璐等：活血化瘀中药的药理作用研究进展.药物评价研究.2013.36（1）：64 - 68

英国中医微信群讲座汇编

编者按：英国中医微信群于2014年10月建立，在短短5个月时间内，已经有近两百人入群，群内绝大多数是来自中国大陆在英从业的中医师，也有少数热爱和关注英国中医事业的华裔人士。本群虽然没有明文规定的群规，但在初期运作的几个月内，明显起到了促进英国华人中医界的交流和沟通，互通信息，联络感情，调剂生活和休闲娱乐的作用。尤其是群内学术气氛隆重，许多中医师在此交流中医中药和针灸推拿等的经验咨询，认知探讨，以及病例讨论等，已然使本群成为英国中医界的一个重要学术交流平台。在创始群主王天俊博士和随后的轮值群主叶静医师和沈必清医师的精心组织 and 安排下，本群在过去的一个月内，已经实时开播了三场学术讲座，由三位主讲人介绍了各自擅长的中医专科临床经验和特殊技能。中医师们普遍感到受益匪浅，从中学到许多东西。本刊在此发表三个讲座的文稿，并向三位主讲人表以感谢和敬意。“英国中医”微信群面向广大在英从事中医针灸以及相关行业的朋友们，欢迎大家加入。您可以直接联系王天俊医生（微信号drtijwang）或者您的已经入群的中医师朋友。

讲座一：中医皮肤科分部位辨证用药心得

主讲人：祝柏芳医师

祝柏芳，男，51岁，湖南中医药大学医疗系79级本科，84级皮肤科硕士。1987-1994年：湖南中医药大学附属二医院、湖南省中医院皮肤科副主任，主治医师，中医外科教研室副主任，讲师。1994年-现在：Herbs Plus Ltd (UK), Director.

Dr Bai Fang Zhu, MB & MSc of TCM, MBAC, FATCM
Herbs Plus Ltd (UK)
www.herbsplus.co.uk
Info@herbsplus.co.uk

大家晚上好。我们知道，皮肤科的种类有很多，有上千种，常见的也有几百种。西医虽然在皮肤病的诊断，鉴别诊断，皮肤病理，皮肤免疫学，以及急诊急救和预后判断诸方面有明显的优势，但我个人觉得，就大多数急性慢性常见皮肤病的治疗，中医中药和中西医结合的治疗效果，有着明显的优势。

今天主要想结合自己的临床心得，和大家一起分享根据皮肤病好发部位和皮疹的主要分布范围来进行辨证和治疗用药的体会和思路。

和其他科病变一样，皮肤病的中医治疗，想要取得比较好的疗效的话，一定也要遵循辨证论治的原则，而且最好是，内治和外治相结合，灵活变通，毫无疑问，这个当然是大前提。不过皮肤病也有它特殊性和复杂性，比如说不同的皮肤病可能在临床症状和体征上面，表现得非常相似，皮疹也雷同，不容易进行鉴别诊断：例如头面部的风疹，麻疹，药疹，丘疹性荨麻疹，都有头面部的丘疹，红斑，瘙痒等临床表现；而发生在会阴部的生殖器疱疹，软下疳，急性女阴溃疡，白塞氏病等等，都有水泡，溃烂，流水和红肿热痛等相似的表现。

很显然，在西医那里，这些都是不同的疾病，病因病理

是不同的，治疗方法和预后，也往往不同。所以必须要区别对待！老实说，即使你是长期在皮肤科工作，见得多，或者有过专门的进修，要做到不误诊误治，恐怕也是不容易的事情！

然而在咱们中医里面，这些病因和预后不尽相同的皮肤病，根据其发病或分布部位和临床表现来看，我们发现，大致发生在同一部位和区域的皮损，在病因和发病机理和辨证上面，往往有着极其相似的地方，通常都可以按照中医的异病同治的思路和方法来进行处理和治疗的。

即使有些皮肤病是全身性的，或者泛发性的，通常也会在其病程的不同的阶段，有着不同的皮疹分布和偏重部位，不会是永远全身泛发或者发无定处的。比如说疥疮早期多表现为躯干胸胁手指缝的丘疹或小疱疹，那是身体中上部；而晚期或者治疗不及时彻底的话，躯干皮疹也许已经大部分或者完全消退，往往表现为阴囊和会阴部位的慢性疥疮结节和增生，瘙痒剧烈，那就变成了身体下部的毛病了。因此，同样适用于我们这个分部位来辩证处方用药的原则。

大体上来说，从原发皮疹的发病部位，或者全身性皮肤病的主要分布区域来看，很多都可以归属为身体上、中、下三个不同的大体部位，如果能够认真辨清三大部位皮肤病的临床表现，症状体征和病因病理，就可以为辩证用药提供基本原则和思路，即使在西医诊断也没有完全弄清的情况下，治疗上也可以得心应手，减少盲目性，特别对于年轻医生来说，这样的思路，在临床上应该会有一些帮助的。毕竟我们中间的大多数大夫，都是干着全科医生的工作，什么病都会遇到，病人来了就要处理。我们大多不是皮肤专科医生，初诊时搞不清楚诊断是很正常的，有些皮肤病的诊断是需要时间的。像结缔组织病，红斑狼疮，皮炎，硬皮病之类的，没有个把

星期 下来是确不了诊的。事实上好多皮肤病的西医诊断, 对于我们的治疗来说, 不一定那么重要。

给大家举个例子吧: 不久前治疗了一个病人, Leeds大学19女孩, 主诉: 全身关节肌肉肿痛, 发热, 无力3周, 伴有皮肤风团瘙痒, 复视, 头痛, 呕吐, 尿少, 便秘, 胸痛, 厌食。脉数无力, 舌红胎黄腻而厚。已经在Lewisham Hospital 留观9天。除了吃去痛片和输液补充营养和服用泻药外, 没有做任何治疗, 医院怀疑为: 急性多发性脊神经根炎或Guillain-Barre综合征, 类风湿, SLE, 各种理化检查都做了, 活检, MRI, 做遍了, 互相矛盾, 就是确不了诊! 医生考虑上激素, 遭到病人的妈妈拒绝。我当时也没有办法, 死马当活马医得了! 就抓住三大主要症状: 极度无力, 风团样皮疹, 关节肌肉肿痛, 而且都以下肢为重, 加上舌和脉, 辩证为: 气虚湿热内蕴, 处方: 升阳益胃汤加大黄。共治疗三周, 前天回来复诊, 除了有些咽喉不适, 口干以外、所有症状和体征, 全部消失, back to uni! 我也特别高兴, 以为她基本痊愈了! 不幸的是, 医生的初步诊断也出来了: Sjögren's syndrome (又称干燥综合症), 干燥综合症是一种以全身性的腺体遭到破坏, 特别是泪腺, 汗腺, 唾液腺遭到破坏为特点的一种自身免疫性疾病, 以女性为多, 主要的临床表现是全身干燥, 口眼咽喉干燥为特点, 严重的时候会损坏肾脏和吞咽困难, 甚至后期可以并发肿瘤, 特别是非和接近是淋巴瘤, 这个病本身是无法治愈的, 很遗憾, 但是无论如何, 我们中医在发病的第一时间里, 在治疗期间是起着比较好的作用的, 有效的缓解了病情, 这是不争的事实。

我现在就具体的分部辩证归纳如下:

1, 人体上部: 如头面部, 颈部和上肢皮肤病

比如日光性皮炎, 神经性皮炎, 痤疮, 脂溢性皮炎, 酒渣鼻, 急性腮腺炎, 风疹, 急性寻麻疹等。临床上多表现为: 头面部, 颈部红斑, 水肿, 丘疹, 脱屑, 或痒或痛, 游走不定。

辩证: 风温风热为主。

治疗: 就要侧重祛风, 清热, 解毒。

处方: 有消风散, 银翘散, 清温败毒饮, 荆防散, 普济消毒饮等。

我个人如果是病毒性的皮肤病, 像单纯疱疹我会加一些有抗病毒作用的一些中药, 比如露蜂房, 马齿苋和大青叶。如果是过敏性的皮肤病, 像血管神经性水肿的话, 我会加一些牛蒡子, 白芷和黄芩以加强抗过敏的作用。如果是神经性皮炎与神经精神有关系的皮肤病, 我就会适当加些酸枣仁, 五味子, 龙骨和牡蛎来达到安神的作用。

2, 人体中部: 如胸胁, 肩背, 和腰腹部的皮肤病

如带状疱疹, 玫瑰糠疹, 乳房湿疹, 白癜风, 花斑癣, 疥疮, 色素性寻麻疹等。临床主要表现: 为胸胁腹部的

斑疹, 疱疹, 脓疱, 结节, 脱屑, 以及色素脱失或色素沉着, 情绪波动时明显加重。

辩证: 气郁火郁, 即肺胃积热, 肝郁气滞, 化热化火居多。

治疗: 疏肝泻火, 清泻肺胃为主

处方: 龙胆泻肝汤, 清胃散, 泻青丸。

临床上我个人的喜欢, 如果有脱屑的皮肤病, 鳞屑比较多, 比如牛皮癣和玫瑰糠疹我会适当加些凉血祛风的药物比如鸡冠花, 玫瑰花和凌霄花。效果比较好一些, 如果是真菌感染的一些皮肤病, 像体癣。我会适当加一些苍耳子, 蛇床子和白癣皮这些解毒止痒杀虫的药物内服。

3, 人体下部: 如下肢, 臀部, 前后二阴皮肤病

如瘀积型湿疹(廉疮), 足癣感染, 丹毒, 生殖器疱疹, 痛风, 结节性皮炎, 下肢静脉炎, 周围血管病如脉管炎, 雷诺氏病, 冻疮等等。临床表现为: 局部的疱疹, 水泡, 糜烂, 渗出, 水肿, 溃疡, 多数伴有剧烈瘙痒或疼痛, 反复发作, 经久不愈。

辩证: 湿热寒湿。即湿热下注, 或寒湿凝聚为主要原因。

治疗: 以清热利湿或温经化湿为主

处方: 清热利湿常用当归拈痛汤, 二妙散, 萆薢渗湿汤; 温经祛寒化湿则可选用桂枝加当归汤, 阳和汤等等。

个人在临床上, 如果有湿热比较严重的话我会加土茯苓, 薏米和赤小豆。如果是皮肤血管的炎症, 比如说结节性红斑或者是脉管炎或者是变异性的血管炎, 我会适当加些虫类的药物, 如地龙, 炮甲, 还有大量的红藤以增强活血化淤通络的作用, 往往效果都比较好。

归纳起来: 皮肤病在身体上部的多由风温风热所致, 治疗以祛风清热解毒为主; 身体中部皮肤病多由气郁火郁所致, 治疗以疏肝理气, 泄火解毒为主; 而身体下部的皮肤病则多由湿热或寒湿所致, 治疗则以清热利湿或者温化寒湿为主。

当然由于皮肤病种类实在太多太杂, 症状体征不尽相同, 往往是皮肤发无定处, 所以这就需要在分部位具体辩证的时候, 需要灵活变通, 那么才能制定您自己认为的最佳治疗方案, 一定不要拘泥于一方一法。



讲座二：董氏奇穴的临床应用

主讲人：王迎医师

王迎，毕业于山东中医药大学（针灸系 87 级）。2001 年来英国，现为 ATCM 会员。在英国最东部小镇 Lowestoft 工作。擅长董氏针灸，易理针灸，经络平衡针灸，脐针及传统古典针灸。

各位老师、朋友们、大家好！很高兴能有这样一个机会和大家共同交流学习董氏奇穴。大家都知道董氏奇穴起源于我们山东，但是在历史的长河里，它一直都是口口相传，默默无闻。直到董景昌老先生把它带到了台湾，并在台湾公开行医授徒，才使这一功效显著的针灸方法流传于世。我是于 2002 年起开始学习和应用董氏奇穴的，至今已有十多年了。在临床中我特别喜爱使用董氏奇穴，为什么我会特别喜爱使用董氏奇穴呢？用过的人都知道，那就是奇穴有奇效！许多按常规取穴治疗而疗效不显著的病人，在应用董氏奇穴后，往往会立竿见影，一针见效。下面我就谈一谈董氏奇穴的几个临床特点：

第一 不针患处。在《内经》中早就有巨刺 缪刺的理论。在《标幽赋》里也提到“交经缪刺，左有病而右畔取，刺络远针，头病而脚上针。”所以董氏在。治疗时特别善用上病下治，下病上治，左病右治，右病左治，绝不在患处局部针灸。

第二 动气针法。即在下针后让患者活动患处，患肢，或在患处按摩以促进经气运行，容易气至病所而迅速起效。

第三 倒马针法，就是在主穴的旁边再加一以加强疗效。

第四 牵引针法，就是在健侧针灸以后，又在患侧的远端再加一针进行牵引以加强疗效。一般取经输。

第五，针刺不讲求特别手法。你只要取穴准确，下针后即可取效，而不需要特殊手法，只要得气就好。

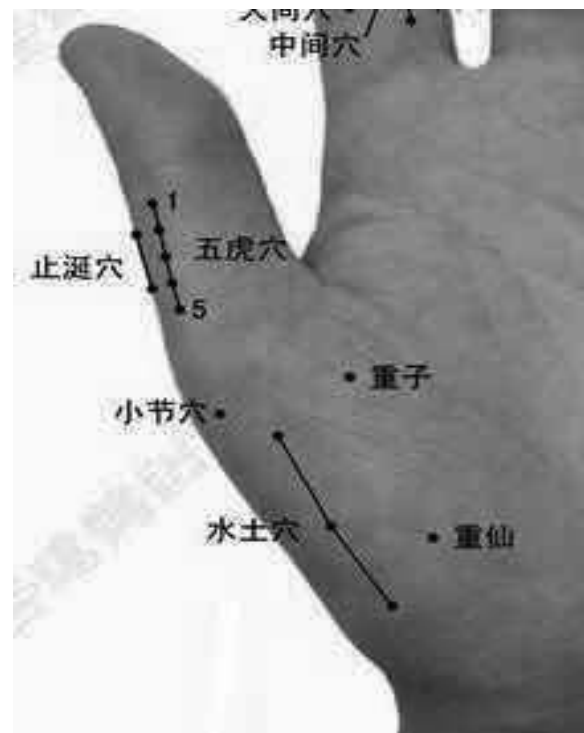
接下来我就结合我的临床经验，谈一谈手上几个特效穴的应用。董氏奇穴全身有七百多个穴位，手上也有九十多个之多，所以我今天只是选几个常用的穴位。

第一组穴位：五虎穴

它的位置是位于手大指第一节手太阴肺经的赤白肉之上，自第一掌指关节至指间横纹共有五个穴位。它的取穴采用六分点法，即每六分之一取一穴，自

指尖至手掌依次为五虎一 五虎二 五虎三 五虎四 五虎五。五虎一常用于治疗手指痛、手掌痛及腱鞘炎。五虎三用于脚趾痛。五虎二则用于加强五虎一或五虎三之用。五虎四用于脚背痛。五虎五用于脚跟痛。五穴共用则可治疗全身的骨节疼痛。

例 1：曾经有群友问，足痛风的病人应该怎么治疗？回答--**针五虎穴**。现在我讲了五虎穴之后，大家就应该非常明白了。用五虎三治疗脚趾痛。所以治疗时我们就可以取对侧的五虎三治疗，另外再加五虎二，形成倒马针法以加强疗效。下针后让患者活动一下患侧的脚趾，会立刻感到疼痛减轻。



例 2：足跟痛。足跟痛也是我们临床常见的疾病，特别是跟腱炎，你可以取五虎五来治疗。疼痛在脾经 膀胱经线上的足跟痛，如果是在这两条经线上的足跟痛取五虎五一定会立竿见影。当然立竿见影不是一次就能完全治愈，最好是一周治疗两到三次，随着病情的好转可以减少为一周一次。

第二个穴位：小节穴

这是治疗踝关节痛的主要穴位。位置在第一掌指关节旁手太阴肺经循行线上，赤白肉际处。握拳取穴。

也就是在五虎五的后边，五虎五在掌指关节前而小节是在掌指关节后。治疗时针尖要向重仙的方向进针 1.5 寸取健侧。即左病针右，右病针左。进针得气后一面捻针，一面让患者活动病侧的脚踝，可立刻减轻疼痛。视病情可留针 30-60 分钟。我曾经用此穴治疗过一个踝关节扭伤的病人，疗效显著。患者男 30 岁，歌手。因右侧踝关节扭伤三天来就诊。当时患者是拄着双拐而来，他曾去医院行 X-Ray 检查没有骨折。医生只是建议他卧床休息 4-6 周。他当时是周一来就诊的，因为他就在当时的一个周六有预约去婚礼唱歌，为了不取消演唱而来求助于针灸治疗。他当时对我说，当他告诉他的医生要来针灸时，医生不认为针灸会起作用。但他还是来了。当时我见他脚不敢着地，脚踝肿痛，就取了左侧的小节穴加五虎三四五，一共扎了四针。下针后患者立刻感到疼痛减轻。留针 45 分钟，治疗完之后，我让他隔天再来针灸一次。第三次周五来针灸的时候，他就只用一支拐了。针完后他的整个脚可以完全着地行走，而且行走时只是略感脚踝微微疼痛。于是我告诉他周六可以去唱歌了，但是不要跳舞。下个周一病人打电话回来非常高兴告诉我演唱非常成功，走路时仅有小痛。从这个病例我们可以看出针灸对于急性踝关节扭伤非常有效！

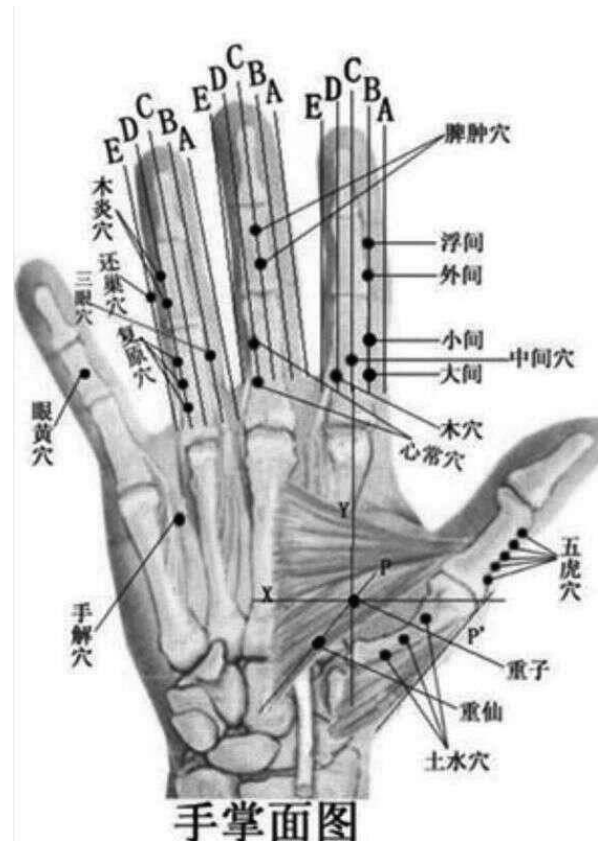
第三组穴位：重子、重仙穴（两个穴位）

重子穴位于手掌虎口下一寸，在大拇指和食指之间取穴。重仙穴位于重子穴下一寸，可针零点五到一寸。可直刺。这两个穴位都入肺经，所以说可以治疗与肺有关的疾病，比如感冒、咳嗽、肺炎、气喘、胸痛、背痛等等。另外，二者合用，还可以治疗背部肩胛骨间的疼痛。这个体现了肺与膀胱通的脏腑别通的理论。如果大家仔细看看董穴的取穴规律，就可以发现许多都是按照脏腑别通而来的。所以对于背部肩胛骨间的疼痛，我们可以取重子重仙穴进行治疗。下针后，让患者活动患侧的肩胛部位，就会感到疼痛立马减轻。

第四组穴位：治污穴

治污穴的位置是在大拇指第一骨的中央线上，一共有三个穴位。取穴以四分点法为主。治污穴可以治疗一切刀伤、疮伤、烫伤、或者手术后刀口溃疡出水久不收口。治疗是以点刺出血为主，极有效验。我举一个例子：患者女 35 岁，因带脐环而至针孔破溃红肿，不收口，延绵有数月。曾到医院治疗，给予抗菌素等药物，但疗效不理想。我当时就在她的大拇指治污穴附近，找到了一条发紫的小静脉，然后用针点刺，挤出几滴血，嘱咐其下周再来。第二次患者复诊时说，治疗后的两天伤口就开始好转了，

但因又戴脐环伤口又开始裂开出血。于是我又用相同的方法，在治污穴附近找发紫的血管，点刺放血。第三次回来，患者就告诉我伤口完全收口，告痊愈。



第五组穴位：水土穴

水土穴一共有三个穴位。首先看它的位置，它位于拇指第一掌骨的内侧，据掌骨小头一寸处是一穴，后五分是二穴，再后五分是三穴。它主治急慢性胃炎，久年胃病。针刺沿骨向下直刺 0.5-1.0 寸。左病右取，右病左取。本穴除了可以治疗胃病，还可以治疗手指痛，手掌痛。水土一穴还可以治疗心绞痛。下面就谈一谈我对这个穴位的体会。第一，因水土穴位于肺经的循行路线上，特别是水土二就在肺经鱼际穴的位置，所以说水土穴可以治疗与肺有关的疾病。比如咳嗽、气喘、扁桃体炎等等。第二根据全息对应的理论，第一掌骨侧也有同样具有与第二掌骨侧相同的功能，即全息对应。所以说因水土一穴对应心脏的位置，所以说水土一穴可以治疗心绞痛。水土二穴对应胃，故可以治疗胃病，胃酸过多。第三，根据经络循行，肺经起于中焦，下落大肠，环循胃口。所以说肺与肠胃有着直接的关系。故此处可以用来诊断和治疗胃肠疾病。经云：鱼青则胃寒，鱼赤则胃热。就是这个道理。第四，水土三对应腰下腹的位置，故按手足同名经相对应的理论，它可以治疗足太阴脾经循行部位的疾病，特别是两腿内侧的肌肉痛。另外，肺与膀胱相通。根据脏腑别

通的理论，它也可以治疗坐骨神经痛。此外，水土一穴的位置，还相当于高伟忠老师所著的《一针疗法》中的鱼肩穴的位置，所以说它又可以治疗肩痛，肩周炎。



第六组穴位：妇科穴

关于妇科穴有的书讲有五个穴位，太复杂。我们今天按杨维杰老师的两个穴来定位。首先，我们看它的位置。它位于大拇指背侧，第一节中央线上外开三分。按三分点取穴法。距前横纹三分之一处是一穴，距该横纹三分之二处是另一穴，共两穴。治疗时可贴于骨旁侧下针，针深0.2-0.3寸。一次两针齐下，成为倒马针法。妇科穴可以主治一切妇科之证。它是临床常用的妇科要穴。杨维杰老师曾报道用妇科穴配合内庭穴治疗痛经，非常有效。另外，他还用妇科穴配合还巢穴治疗不孕症，也疗效极佳。

第七组穴位：止涎穴

止涎穴也有两个穴位。它的位置在大拇指背侧第一节之内侧，中央线内开两分，距前横纹三分之一处是一穴，距该横纹三分之二处又是一穴，共两穴。也是采用三分点取穴法，针刺也是贴于骨旁下针，针0.1-0.2寸。它主治小儿流口水。

以上就是我讲的董氏奇穴手大拇指旁的七组穴位。今天就介绍到这儿，希望对大家有所帮助，能够提高大家对学习董氏奇穴的兴趣。

讲座三：调周法在中医妇科的运用

主讲人：汤淑兰教授

汤淑兰 1979-84 年在南京中医药大学中医系学习，获学士学位。1984-87 年北京中医药大学方剂学专业研究生，获硕士学位。1988-91 年任南京东南大学医院主治医师。1991 年至今成立英国曼城淑兰中医诊所并从事中医临床工作，同时成立英国淑兰中医学院，在英国和欧洲从事中医教学工作。2002 年成为南京中医药大学客座教授，2012 年成为安徽亳州药学院客座教授，2013 年获世中联授予的中医主任医师职称。出版主编《中成药手册》，是《新编实用中医文库》14 集的英汉对照外籍顾问，在英国专业杂志发表中医论文近百篇。现任世界中医药联合会妇科专家委员会副主席，世中联翻译委员会常务理事，世界中医专业核心课程教材《中医妇科学》副主编，全欧洲中医专家委员会副会长，英国中医药学会公关理事，曾于 1996-2014 年期间，先后担任英国中医学会财务理事，学术理事及会刊主编

记录者：叶静， Approved by 汤淑兰教授

创建时间：2015-3-14 15:21

我说明一下，这个版本是完全听写的版本，除了去掉一些汤老师的语气词，我没做任何整理，是非常 original 的，只有一个地方我根据汤老师的手稿做了修改。希望可以帮助大家整理自己的思路。有不周全的地方请见谅。

调周法 视频一

大家好！现在让我们一起来分享下调周法在中医妇科中的运用。

调周法理论体系的形成，渊源于国医大师，南京中医药大学夏桂成教授。夏老根据月经周期中阴阳消长转化的规律，从临床 60 多年的实践中，摸索总结

出来的妇科调理月经周期治疗不孕症，月经不调诸证的一种治疗方法和原则。

夏老认为，在肾(包括天癸)、心(包括脑)、子宫(包括冲任)，这样的一个生殖轴的有力调控下，阴阳消长转化所形成的月经周期的节律，生殖节律与天地人之间的阴阳消长转化规律，有着密切的关系。所以，女性从她们的生理特点上来看，具有共同的共性，但是，每个女性由于遗传，生活，地区，气候，工作环境和居住国家的不同，通过微观的内在的观察，可以了解到其各个不相同的变化规律，所以她们各自又具有她们的特殊性。所以其共性与个性，宏观与微观，整体与局部，外部与内部等组成了月经周期中的复杂变化，因而将月经周期分为四个时相：即行经期，经后期，经间排卵期，经前期。(这儿我根据您的手稿修改了一下)

下面我们来看一下月经周期中的四个时相以及各个时相之间的区别。

在“经前期”，就是阳达到最高点，阴为最低点的时候，这个时候我们称为“重阳阶段”，重阳必阴，所以这个经前期，从阳转化为阴，由阳转化为阴，这样子呢，就是一个阳转阴的过程，这就开始了下一个月经周期的开始，这个时期呢，我们就称其为“行经期”，行经期呢，一般它是会持续 5-7 天，这个过程就是一个阳转阴的过程，在行经期开始呢，就开始了阴长阳消的过程，行经期在 5-7 天以后就，阴开始长，阳开始消，阴长阳消的这样一个变化规律。这个时候，一般会持续 7-9 天，在这个时相的末期，阴会达到最高点，而阳会达到最低点，所以就达到一个重阴的阶段，重阴必阳，所以，在这个经间期就是一个从阴转化为阳的过程，所以就出现了“经间期”，所谓的排卵期，这个时期一般会持续 5-7 天，在经间期以后，接下来是阳长阴消的过程，但当阳长到最高点，阴为最低点的时候呢，这又到了一个重阳的阶段，这样子就到了一个“经前期”阶段，这个阶段一般持续 7-9 天，重阳又要必阴，又转成阳转化为阴，阳转阴，这样子就又开始下一个“行经期”。

这样子呢，循环往复地，从以上可以看到，就是月经周期当中，不同时相的阴阳消长转化的情况，是不一样的，所以，我们了解了这样的变化以后就可以在临床上，更加准确地掌握调节月经过程中不同时间段的治疗原则。

那么整个月经周期中，可以分为，两个阴阳消长的

期，消长期就是“经后期”和“经前期”是阴阳消长的时相。这两个时相相对来说，是比较长一些，同时，又包含着两个阴阳转化的转化期，这两个转化期，相对来说比较短，就是比消长期要短一些。这两个转化期是“行经期”和“经间期”。

那么我们了解了月经周期的这样四个时相以后，我们就可以根据这个阴阳的消长转化变化呢，确立一个相应的治疗原则。

在月经周期中阴阳转化两个时期的治疗，我们可以从，在阴阳转化的角度调整，第一个呢在行经期，行经期是由于重阳必阴而造成的，在这个阶段，就是阴就要从零开始，所以呢，治疗原则呢，我们是调理气血，补血调经，养阴去瘀。处方呢可以有八珍益母丸和归芍地黄丸。八珍益母丸是一个经典，现在中医，妇科临床最常用的一个方子之一，也是我本人最常用的一个治疗妇科不孕症和月经不调妇科病方面的最喜欢用的一个方子。那么归芍地黄丸呢，是夏桂成教授的方子，是由六味地黄丸加上当归和白芍而组成。这是夏老的最喜爱的方子之一。那么针灸取穴，可以取：气海，关元，太溪，气穴，石门等。在这个基础方的基础上，我们可以根据各人的病情不同加减，如果有气滞血瘀，月经量少的情况下，我们就应该着重调理心肝气血，可以加上泽兰，茺蔚子，丹参，香附，陈皮，王不留行等，针灸穴位可以加上太冲，神门以调理心肝之气血。如果瘀血比较重的情况下，比如痛经，血块比较多的情况下，可以加上桃仁，红花，川牛膝，针灸穴位可以加上，血海，地机，三阴交等。如果是由于冲任气血不足，而导致的气滞血瘀呢，这需要补益冲任气血而调经，可以加上鸡血藤，红枣，香附和续断，穴位可以加上行间，期门，气海配膻中，足三里和太白等，这是一个阳转阴以后行经期的治疗原则和处方用药。

那么，第二个阴阳转化期是经间期。经间期实际上是排卵期，排卵实际上只有一天的时间，但是这个时候是从阴转阳的时期，这个时期一般会维持三到五天，在明代的一个名医王肯堂《女科准绳》中曾经指出来，“期间必有一天”是排卵的，这个就是说，在月经周期的整个过程当中，肯定是一天是有从阴转阳的一个过程，那么就是说排卵的这一天，那我们可以观察到，就是可以出现金丝带，金丝带就是，可以出现那个鸡蛋清一样透明的可以有弹性的这样的一个带下，这个就是很明显的一个症状就是表示已经是排卵期，同时呢，有的女性可以感到有腰痛，少腹胀痛，这样的症状，这样的过程，

一般会持续三到五天，当然现在在临床上我们可以结合尿检和测量基础体温，这样子就可以确认是否已经排卵。

调周法 视频二

那么经间期的治疗原则是养阴助阳，兼调理气血，补血调冲，兼补肾气，阴阳兼补，阳重于阴，这是经间期的治疗。主要处方有以下三个：

第一个是补肾调血汤。主要成分是，当归，赤芍，白芍，山药，生地，牡丹皮，茯苓，续断和菟丝子；

第二个方是排卵汤，它主要的成分是，当归，赤芍，丹参，泽兰，续断，红花和茺蔚子；

第三个是促黄体汤，主要成分是山萸肉，丹参，枸杞子，女贞子，山药，续断，菟丝子，肉苁蓉和仙灵脾，如果是阴转阳不畅导致阴盛或者是阴阳同时在一个比较低的水平，那么治疗时，我们则需要注意活血调经，加上川芎，益母草，王不留行，香附，针灸穴位可以加血海和太冲。

这是两个关于月经周期当中两个阴阳转化期的一个治疗。行经期，就是由阳转阴的阶段，那么经间期就是从阴转阳的一个阶段。

下面我们来看一下月经周期中阴阳消长期的治疗。

当行经期结束，即为经后期的开始，此时相为阴长阳消，这个阴长阳消是为经后期的时相，就是说到**了当基础体温达到最高点时，又变成阴转阳后，阴转阳，然后又开始阳长阴消的阶段，这个阳长阴消的阶段，称为“经前期”，这两个阴阳消长期，一般来讲要较前面的两个阴阳转化期要长一点，所以我们在治疗当中，应该注意到这一点，阴或者阳，它的消长的过程要达到阴到极至，阳也到极至，即达到重阴或者重阳的状态，我们了解了这个以后，我们在辨证施治，立法处方的同时，就可以注意到这个生理特点。**

经后期的治疗，就是阴长期，经后期就是阴长阳消期，这个时期的阴长，就为月经周期提供了非常重要的物质基础，所以经后期，一般呢它会持续 7-10 天，有时也有持续到 12-14 天的，所以阴长在这个时期呢，会从低到中又到高的这样一个阶段。一般在低和中的阶段呢，相对于高的阶段，最高的阶段就是重阴期，**前面的两个阶段要长一些。**在低和中期的那个阴长的阶段呢，我们常常会见到阴不足的现象，所以这个治疗原则就是，在经后期要，养阴和血，补阴理血兼补阳，最后达到阴阳双补。处方主要是以归芍地黄汤加减，主要成分是，当归，白芍，山药，生地，牡丹皮，茯苓，泽泻，怀牛膝，旱莲

草，续断，菟丝子，巴戟天，或者也可以用二至地黄汤和五子补肾丸加减，主要成分有，女贞子，旱莲草，续断，山药，菟丝子，**生地和覆盆子**，针灸取穴呢，主要可以取，太溪，血海，天枢，足三里，气海，关元，气穴，石门，阴都，四满等。如果是阴盛湿阻，就是湿甚，湿比较盛的状态下，痰湿比较盛的状态下，我们可以加二陈汤，针灸的穴位可以加上丰隆以健脾化湿。**如果是脾肾阳虚，**可以加上仙茅，仙灵脾，针灸穴位可以加上：**命门**，腰阳关，肾腧，气海腧等等。如果湿热偏盛的，可以用加味逍遥丸和湿热宁加减。有些病人可能阴长阳消会在比较低的一个水平，就是维持在经后期的初级阶段，这样就容易造成月经推迟，或者闭经，所以这时候的治疗，需要在经后期的 5-7 天的时间里。经后期 5-7 天的时间，要以补阴为主，然后再加些温阳的药，同时佐以活血调经，从而帮助阴阳转化，主要的方子可以用归芍地黄丸，暖宫孕子丸，金匱肾气丸，针灸取穴可以取：**太溪，气穴，四满**，石关，气海，关元，血海，足三里，命门，肾腧，气海腧，等，**那么**这个是经后期的治疗。

那么经前期的治疗呢，是一个阳长的过程，经前期为阳长阴消阶段。所以一般会持续 7-10 天，这阳也是从低到中到高的阶段，直到重阳，初中阶段也要比重阳的阶段长一些，所以临床上显示有时候阳长达不到一定的高度，这时候要以补肾阳为主，以促进月经周期的转化。这个时候的治疗原则，是补血温阳，养血舒肝，补阳调肝，理气调经，主要以毓麟珠加减，可以用当归，菟丝子，丹参，白芍，肉苁蓉，山药，巴戟天，牡丹皮，香附，茯苓，郁金，续断，陈皮等；**如果是阳盛偏热，肝郁化火症呢，**可以用加味逍遥丸和金菊地丹汤，穴位可以加上列缺，曲池，太渊，太溪和太冲，这就是经前期的治疗。

刚刚讲的就是两个阴阳消长期的治疗原则，就是说经后期是阴长阳消，达到重阴，然后是阴转阳；**那么**经前期呢，是阳长阴消，达到重阳，然后从阳转阴，开始下个月经周期的开始。

所以，今天我们主要就是了解了月经周期它有四个时相，两个阴阳消长期，两个阴阳转化期，如果按照顺序来说，如果比如说从月经的第一天开始算，就是行经期，是阳转阴的阶段，那么经后期呢，就是阴长阳消的阶段，那么经间期呢，就到了从阴转阳的阶段；经前期是阳长阴消的阶段，然后再阳到重阳的时候，从阳转阴，又是下一个月经周期的开始。

由于时间关系，我们今天先把这个阴阳消长转化的理论了解一下，其中的要点，我想总结几点：

第一个，在整个的月经周期当中，它养阴补血，是经后期的物质基础，因为女子“以血为用”，“经水出自于肾”，所以肾之阴精通过经络输注于子宫，成为月经周期的物质基础，所以归芍地黄汤是养阴补血，增加阴精奠基的物质基础，穴位可以用：气海，关元，气穴，四满，血海等，这是第一点；

那第二点，在经后期，在补阴的同时，需要加上补阳的药，这样子，阴阳并补，以助阴阳消长的转化，可以帮助阴转阳，所以方子主要以归芍地黄汤加仙茅，仙灵脾，针灸取穴可以加上命门，肾腧，气海腧；

第三点，就是促进从阴转阳，这个是经间期的关键时候，这个经间期就是排卵期，所以古人称之为“的候”和“真机”，从这两个词汇来看，可以看出来这两个时期是整个月经周期的非常重要的时相，所以在

临床上我们必须注重补肾，调和气血，以帮助阴转阳。那处方是以排卵汤为主，当归，赤芍，丹参，泽兰，续断，红花，茺蔚子，针灸取穴可以用：命门，肾腧，气海腧，气海，关元，和太溪等。在这个排卵期，如果针灸加上艾灸这些穴位，可以达到温肾补阳，暖宫祛寒，从而可以促进受孕和调理月经的目的，在临床上可以用于治疗不孕症，痛经，月经不调诸证。

我相信已经到半个小时了，关于具体的这个方法怎么来运用于妇科的各个病症，怎么来详细地辨证论治，希望以后有机会再讨论，谢谢大家！

Youtube Links:

Part 1: <https://www.youtube.com/watch?v=ihZ0ElWrBP4>

Part 2:

<https://www.youtube.com/watch?v=OSyWL0TOWs0>

医案医话 ‘梅核气’

张恩勤

患者为沙特阿拉伯贵族，中年男性，于2008年8月31日经一位皇家亲戚介绍而前来就医的。

自觉近三年来，精神抑郁，胸咽部有堵塞感。曾服多种西医抗抑郁药，但无效。1个月前曾来我诊所针灸戒烟，服解郁安神颗粒、补心安神片等，症稍减。但昨天又感到抑郁，烦躁易怒，周身痛不适，胸咽阻塞，有异物感，吐之不出，咽之不下。父母无类似病史。

检查：舌质淡，苔白腻，脉弦滑。

诊断：瘿病（郁症，梅核气）。

证型：痰气郁结。

治法：理气化痰解郁。

方剂：1. 半夏厚朴汤加味。用中药浓缩粉剂。

成分：半夏1克，厚朴1克，茯苓1克，干姜0.3克，枳实1克，山豆根1克，射干1克，苏更1克，柴胡1克，天冬1克，瓜蒌皮1克，黄芩1克，郁金1克，酸枣仁1克，合欢皮1克。

2. 针灸：合谷，外关，丰隆，阳陵泉，照海，太冲，均取双侧，留针30分钟。每周2次，连续10次。

复诊：2008年11月16日，抑郁、易怒减轻，

胸咽阻塞、有异物感也明显好转。查：舌质淡，苔白稍腻，脉滑。效不更方，继续服前中药方。因回国，针灸停。

2009年7月13日来电说：所有症状明显减轻，要求邮购原方药粉30天量。

2010年1月27日来电说，原来的症状基本消失，为避免复发，再购药粉45天量。

2010年7月31日来电云，已完全恢复，表示感谢。

讨论

【金匱要略/妇人杂病脉证并治第二十二】云：‘妇人咽中如有炙肉，半夏厚朴汤主之’。本例患者虽为男性，但以抑郁、烦躁易怒、胸咽阻塞，有异物感为主症，中医诊断为‘郁症、梅核气’。这说明，此症虽多见于女性，如男子患此病，亦可同方治疗。先是针药合用，后来因患者回国，仅用张仲景之半夏厚朴汤加味继续治疗。由于药证相符，故终获痊愈。

Chinese Herbal Decoction in Treating Acne and Hair Loss

- A Case Study

Moon-Yueh Fong, Supervised by Tiejun Tang
Middlesex University

General introduction

Miss X.Y, 24 years old, Waitress. Born in the UK and currently living in London. First consultation: 1-9-2013

Chief complaint

Facial acne 7 years

History and symptoms

The patient suffers from facial acne at the age of 17. There are many red spots on her forehead and cheeks. She doesn't experience any itchiness on her face. Her appetite is good. Spicy food aggravates her acne. Her bowel movement is regular but gets easily loose, especially when she has eaten cold or raw food. Recently she has frequent loose stools due to the hot and damp weather in the summer. She went to see a western medicine dermatology. Her blood test showed a raised level testosterone and she was prescribed the contraception pill to balance her hormones with ethinylestradiol (oestrogen) and anti-androgenic progestogen. After taking the pill her acne gradually disappeared however the acne would reappear again whenever she stopped the pill. Therefore she became dependent on the pill to treat her acne from the age of 17 till 24.

She has in general dry skin on other parts of her body. She used to have eczema during childhood.

Her menstruation has always been delayed since menarche at 14 years old and it came about every three months. She often did not experience any pain, the blood colour was bright red and the flow lasted about for one week. She often suffered from dizziness and lack of energy during exercise and her blood pressure tends to be on the low side. At the age of 24 she decided to stop the pill due to its side effects. Her menstruation eventually came every 2-3 months. In the meantime she was also dealing with a stressful environment. She has been given herbs and acupuncture by a TCM practitioner to tonify Kidney and Blood and regulate Chong and Ren meridians to regulate her periods. Her cycle at the moment still varies from 30-40 days. Her blood flow lasts around 5 days, no pain, and colour is usually bright to deep red. However her facial acne did not experience much improvement.

Observation

Her cheeks are red and there are many white heads and red pimples around the cheek and forehead area. Her hair looks frail and dry.

Inspection

Pulse: deep, thready and slippery; Tongue: swollen with teeth marks and yellow coating

TCM diagnosis

Acne due to Kidney Yin deficiency and Damp Heat in the Intestines

Treatment principle Nourish Kidney Yin and expel Damp Heat in the Intestines

Herbal prescription:

Sangbaipi 15g, Huangqin 10g, Dangshen 15g, Xiakucao 15g, Chenpi 10g, Zhebeimu 20g, Danshen 15g, Nuzhenzi 15g, Pipaye 15g, Shanyao 15g, Yiiren 30g, Gancao 5g. The patient was given one week supply.

Second treatment one week later

She experienced improvement in her facial acne and her stools became more solid and less frequent. Her face looks less red and there were no new formations of pimples. Her pulse and tongue are less slippery and swollen and there is less yellow coating.

She was also given dried Yimucao powder for external use on the acne.

Besides acne, this time she would also like to emphasise more on hair growth as well. Treatment plan is slightly changed to adding more herbs to tonify Kidney Yin and Liver Blood deficiency for healthy hair growth.

Herbal prescription:

Shengdihuang 25g, Heshouwu 30g, Baizhu 15g, Dangshen 15g, Nuzhenzi 15g, Hanliancao 15g, Cebaiye 15g, Huangqin 15g

Xiakucao 15g, Zhisangshen 15g, Chaobaibiandou 15g, Gancao 5g. The patient was given one week supply.

Third consultation – one week later

Acne has significantly improved. Her tongue and pulse are the same as previous consultation. She is very happy with the result and wishes to continue with the herbal treatment.

Discussion

It has been proven by modern clinical research that acne is closely related to imbalance of secretion of sexual hormones (Wang, Xu and Zhou, 2006). An increased level of androgenic hormone is one of the main causes of acne. Western medication treating acne only works on the branch instead on the root of the disease, and they do not go without side effects. Prolonged use will eventually bring great damage to her Kidney and give problems to the reproduction system in later life.

Chinese medicine is able to treat skin disorders by its root. In this case the acne is caused by numerous factors. By taking her history of delayed menstruation, eczema and dry skin we can conclude that she has a congenital deficiency of the Kidney, Yin and Blood. Dryness often indicates a chronic case (Liang, 1993) and she has struggled with acne from puberty. These factors indicate deficiency. From an early age she has Kidney and Liver Yin deficiency causing her dry skin. Her eczema was also likely to be caused by Blood and Yin deficiency evolving into Wind and Dryness.

Besides her menstruation and skin, she also shows other signs of Blood deficiency, such as dizziness, low blood pressure and dry, lustreless hair. The hair represents the Kidney and Blood. When they are deficient, hair problems occur.

Dryness and Yin deficiency eventually leads to empty Heat causing Blood Heat (Liang, 1993). Blood Heat causing acne is often caused by emotional disturbance resulting in Qi stagnation (Shen, Wang and Wu, 1995). Secretion of sexual hormones can be in certain degree affected by excessive emotional changes (Wang, Xu and Zhou, 2006). When unresolved, it accumulates and transforms into Heat entering the Blood level, lodges in the skin and tissues, causing skin disorders.

Acne is caused by accumulation of Heat in Lung, Spleen and Stomach (Liang, 1993). The Orthodox Lineage of External Medicine 81 stated: "Lung Wind, acne and rosacea are different names for the same disease. Acne belongs to the Lung and rosacea belongs to the Spleen. Both are caused by the stagnation of Heat in Blood." (Fan and Xuan, 2008).

'Lung Wind acne' is caused by congenital deficiency of Kidney Yin and hyperactivity of ministerial fire and *Tian Gui* (Fan and Xuan, 2008). Constitutional Kidney Yin deficiency leads to Kidney Yin and Yang disharmony. The Kidney dominates growth during puberty, if it is in disharmony, acne occurs.

The Kidney and Lung are related as in Water generates Metal (Fan and Xuan, 2008). Therefore Kidney Yin deficiency also leads to Lung Yin deficiency, therefore dryness of skin occurs. The Lung and Large Intestine are interior-exterior related Organs, thus when rich foods that are too difficult to digest, the Large Intestine will accumulate Heat that steams the Lung and Stomach. Both scenarios will lead to Blood Heat in the Lung and Stomach meridians creating facial acne. Therefore the face is primarily governed by the Lung and Stomach channels.

The Su Wen stated: "The Lung is connected with the skin and hair is its mirror."

Kidney Yin deficiency leads to Liver Blood deficiency failing to circulate the Blood and disharmonize Chong and Ren meridians (Fan and Xuan, 2008). The Chong meridian is the Sea of Blood and the Ren meridian governs the uterus and pregnancy. When in disharmony the Sea of Blood cannot be nourished in time and menstruation will be irregular, and facial acne will worsen before or after menstruation. Only when the Kidney stores abundant Essence and the Liver promotes free flow of Qi, will the Chong and Ren meridians be in balance (Wang, Xu and Zhou, 2006). Therefore, for acne patients with disturbance of Chong and Ren meridians, based on eliminating Heat and toxins, herbs for regulating Chong and Ren meridians should be added. As acne is mainly manifested by Heat signs, the method for regulating the Chong and Ren meridians and nourishing Yin should be adopted.

A weak constitution and Phlegm often belong to Yin deficiency and Dryness Heat patterns (Fan and Xuan, 2008). This is evident in this patient's case.

Treating acne from the Kidney and Liver

Many TCM doctors think that to treat acne is to clear Lung Heat and Blood Heat and resolve toxins. However through years of clinical experience, it has been discovered that the main cause of acne is due to Kidney Yin deficiency, imbalance of Kidney Yin and Yang and the hyperactivity of *Tian Gui* and ministerial fire (Fan and Xuan, 2008). Kidney Yin deficiency leads to hyperactive ministerial fire, creating Heat in Lung, Stomach and Blood. Heat ascends and scorches the face causing acne. By nourishing Yin primarily, drain fire, clear the Lung and resolve toxins, it will have a more efficient effect to resolve the skin disorder. Another theory is to treat the Liver. Kidney Yin deficiency leads to Liver Yin deficiency (Water failing to nourish the Wood) which leads to Liver Fire rising creating acne or aggravating current skin condition. Therefore it is important to regulate the Liver and the Kidney, enrich the Kidney and purge the Liver.

Heat in the Blood transforms into Dryness. Yin and Blood become exhausted and fail to rise upward to nourish the hair, manifested in dry hair, hair loss and thin yellow hair (compared to the Chinese dark hair). Hair loss is treated by tonifying the Liver, Kidney, Spleen and general Qi. Kidney essence (Water) also nourishes Liver (Wood), strengthens Spleen Qi which will produce Blood. The treatment is to tonify deficiency and clear Heat.

Treatments of acne and hair loss are very similar in this case, as they both derive from Yin deficiency leading to Dryness, empty Heat and Blood disorders.

Actions

The acne is caused by Kidney Yin deficiency leading to empty Heat and Dampness in the Large Intestine. We nourish the Kidney Yin primarily, clear Empty Heat and cool Blood. It is important not to mistake with solely

clearing Full Lung Heat and Blood Heat which will only further damage Kidney Yin. When Yin is nourished, it is able to clear the Empty Heat more efficiently accompanied with Heat clearing herbs.

The first formula consists mainly of herbs that treat the branches of the disease which is Heat and Dampness: Sangbaipi, Huangqin, Xiakucao, Chenpi, Zhebeimu, Danshen, Pipaye and Yiyiren (Bensky, 2004). Danshen is bitter and slightly cold, expels Blood Stasis, invigorate the Blood and clear the Heart. Using Danshen in large dosages can effectively treat recurrent acne, especially in female patients with delayed menstruation caused by Qi stagnation and Blood Stasis combined with Heat (Liang, 1993). Danshen is important herb for hair loss as well as it improves poor blood circulation (which most patients with hair loss have). Microcirculation is improved and more nutrients are able to reach the hair follicles (Fan and Xuan, 2008). Tanshinone, a component found in Dan Shen, is a mild estrin-like drug that has the effects of anti-androgenic hormones, anti-bacteria, anti-inflammation, and regulating the immunologic function (Wang, Xu and Zhou, 2006).

Yin-nourishing herbs Nuzhenzi and Shanyao balance the drying herbs in the formula. Dangshen tonifies Qi and promotes Body Fluids as well. When Qi is tonified, Blood will follow. Gancao clears the Heat, removes toxins and harmonises the herbs.

The second formula consists of herbs that clear Blood Heat and nourish Blood and Yin. Shengdihuang clears Heat and grow hair. Heshouwu tonifies the Liver and Kidney, benefits Essence and Blood darkens the hair colour. Nuzhenzi and Hanliancao as paired herbs, effectively tonify the Liver and Kidney, cool the Blood and blacken the hair (Sionneau, 1997). Hanliancao has been reported to have oestrogenic effects (cited in Wang, Xu and Zhou, 2006, p. 206).

Baizhu, Dangshen and Chaobaibian dou strengthen the Spleen Qi to get rid of Dampness. Zhisangshen nourishes Yin, clears Heat and expel Fire (Fan and Xuan, 2008).

Dampness and Heat is treated by Cebaiye, Huangqin and Xiakucao. Cebaiye expels Wind and nourishes Dryness (Fan and Xuan, 2008). Huang Qin strengthens phagocytosis of the white blood cells (Wang, Xu and Zhou, 2006). Gancao harmonises the formula.

It shows that the Chinese herbs used to eliminate Heat and Toxins is both due to antibiotic effects and to regulating the body resistance, and strengthening phagocytosis of the white blood cells to eliminate bacteria and pathogenic factors.

Numerous studies have shown the effectiveness of TCM in treating skin conditions; therefore it is worthwhile for western medicine dermatologists to gain some familiarity with this method (Desai and Koo, 2003).

Reference

- Bensky, D. (2004) Chinese herbal medicine: materia medica. (3rd ed). Seattle: Eastland Press.
- Desai, R., Koo, J. (2003) 'Traditional Chinese medicine in dermatology'. Dermatologic Therapy. 16, p. 98–105.
- Fan, R.Q., Xuan, G.W. (2008) Acne and Alopecia. Beijing: People's medical publishing house.
- Liang, J.H. (1993) A handbook of Traditional Chinese dermatology. (2nd ed). Boulder: Blue Poppy.
- Shen, D., Wang, N., Wu, X. (1995) Manual of dermatology in Chinese medicine. Seattle: Eastland Press.
- Sionneau, P. (1997) Dui Yao: the art of combining Chinese medicinals. Boulder: Blue Poppy Press.
- Wang, Y., Xu Z., Zhou, S. (2006) 'Dr. Sun Shidao's Experience in TCM Treatment of Acne'. Journal of Traditional Chinese Medicine. 26 (3), p. 203-206.

Treating Morning Diarrhea with Modified Si Shen Wan – A Case Report

Kwong Fai Davy Leung
Supervised by Dr. Tiejun Tang
Middlesex University

Morning diarrhoea is a common symptom in many diseases. In traditional Chinese medicine this condition is mostly due to Spleen and Kidney yang deficiency. A modified Si Shen Wan (SSW) has been used to treat a morning diarrhoea patient which shows a significant improvement. The report is as below.

Case introduction

Mr. A.B., Male, 61 years old; Driver; British; currently

residing in London.

First consultation: 5th July 2014

Chief complaint(s): Chronic diarrhoea 20 years, getting worse and morning diarrhoea for one year.

History of current illness:

This patient complains about loose and watery defecation for more than 20 years which can be defecated 2-3 times during a day sometimes. This situation has gradually worsened for the last 12 months. It is always the first

thing needed to be done at early morning with urgency. He has irregular meals everyday due to his shift work. He likes salad with his meals; sometimes with ice-cream for dessert; and consumes cold fruit juice regularly. His appetite was poor and feels abdominal bloating generally after every meal and has loud bowel sound most of the time for 10 years. His urination was clear. He feels tiredness and low energy which has gradually been getting worse for the last three years. He generally has a feeling of coldness in his body whilst he prefers warmth. Libido is getting slightly low for a couple of years. His left ear has hearing problem since his youth. He has insomnia for three years. His memory and concentration are poor. Strong palpitation occurs sometimes. He gets angry and irritated easily.

Observation

Patient has slim body with slightly pale complexion. During the consultation, he has low voice with slow response.

Tongue: Slightly short and pale tongue body, wet thin white coating with slightly grey coating at the root of the tongue.

Pulse: Deep and weak, slightly wiry on the left.

TCM diagnosis

Morning diarrhoea due to Spleen Kidney Yang deficiency, along with Heart Spleen deficiency and Liver Qi Stagnation.

Treatment principle

To warm the Kidney and strengthen the Spleen, resolve dampness, consolidate the intestine and stop diarrhoea. Tonify the Heart and Spleen, nourish blood and calm the Shen to resolve insomnia. Soothe the Liver and remove Qi stagnation.

Prescribed Formula

Buguzhi 10g; Roudoukou 10g; Wuweizi 10g; Wuzhuyu 10g; Baizhu 10g; Fushen 10g; Qingpi 10g; Yuanzhi 10g; Baishao 10g; Gancao 6g.

The formula was supplied in raw herbs, to be taken for 7 days.

He is advised to maintain regular meals; avoid raw and cold diet such as salad, ice-cream and cold fruit juice; and do regular exercise.

Flower up visits:

2nd consultation (12/07/2014)

Patient's morning diarrhoea has dramatically improved after the second dose of decoction. His defecation is less loose and watery; better formed without urgency. His bowel movement is less frequent; abdominal distension and bowel sound have been alleviated significantly after the seventh dose of decoction. There is no significant improvement for symptoms such as cold feeling, tiredness, poor appetite, poor memory, poor concentration, palpitation, insomnia, and stress.

Tongue: Pale with thin white coating.

Pulse: Deep, weak and slightly wiry on the left.

3rd consultation (19/07/2014)

Patient has maintained the improvement of morning diarrhoea, no urgency and defecation is generally once a day in better form. Abdominal distension, bowel sound and palpitation do not occur anymore. Cold feeling, tiredness and poor appetite have significantly improved. There is no prominent improvement in symptoms such as poor memory, poor concentration, insomnia, and stress. Tongue: Pale with thin white coating.

Pulse: Thready and slightly wiry on the left.

Discussion:

Intermittent chronic diarrhoea occurring in early morning is usually due to Kidney Spleen Yang deficiency. Yang starts to arise while Yin is predominant before dawn; the Fire of Life Gate (Ming Men) fails to warm the Spleen Yang which leads to dysfunction of Spleen and results in diarrhoea.

The Kidney is the original fire of the body (Ming Men), which is known as the root of Yang. The deficiency of Yang/Kidney Yang is manifested in patient's cold feeling. Hearing problem and low libido indicates Kidney deficiency. Insufficient Kidney essence leads to decrease of sex drive. As Kidney governs the bone, patient's untreated lower back pain for 20 years can lead to chronic damage to the Kidney. The urgency of defecation indicates the Kidney dysfunction in controlling anus, one of the two lower orifices. The deficient Kidney Yang leads to the Fire of Ming Men failing to provide heat to warm the Spleen; which can impair the Spleen function in transportation and transformation and lead to diarrhoea.

Since diet plays an important role in Spleen deficiency. Raw and cold diet such as salad, ice-cream and cold fruit juice can damage the Spleen which is due to the Spleen's characteristic in preference of dryness and warmth. The disorder of Spleen function is also manifested in the accumulation of dampness causing loose and watery stools; the ascending flow of Spleen Qi becomes descending; hence the Spleen fails to transport and transform the water and food. As the Spleen controls muscles and four limbs; patient's poor diet and sedentary life style cause insufficient of Nutrient Qi (Gu Qi) and blood being transformed and transported to nourish the muscles; leading to tiredness, low energy and getting slim body.

The lack of blood supply from the Spleen can lead to Heart blood deficiency. This is manifested in patient's symptoms such as palpitation, insomnia and sleep with disturbed dreams. Patient's pale complexion and tongue body indicate the prolonged inadequate blood supplied; as Heart manifests in the complexion, and tongue is considered as the offshoot of the Heart. Slightly wiry pulse, easy irritation and anger in the mood indicates Liver qi stagnation. This deeply influences the smooth flow of Qi; causes the disharmony of Spleen Qi in ascending and Stomach Qi in descending and leads to abdominal distension, poor appetite and diarrhoea.

Analysis of the ingredients and the formula

Si Shen Wan is a classic formula from Nei Ke Zai Yao, a classic text of Ming Dynasty (1368-1644 AD). It is a first choice for treating morning diarrhoea caused by Spleen Kidney Yang deficiency; which warms the Kidney and strengthens the Spleen; resolves dampness, consolidates the intestine and stops diarrhoea.

Bu Gu Zhi strengthens the Spleen by warming and tonifying the Kidney Yang. Traditionally this is called "reinforce the fire to generate the earth". It helps to improve patient's low libido, lower back pain and stop diarrhoea. Rou Dou Kou supports Bu Gu Zhi in warming the Kidney and strengthening the Spleen. It also warms the middle jiao and consolidates the intestine which would result in stopping diarrhoea directly. Wu Zhu Yu warms the Spleen and Stomach; expels the cold pathogen in order to relieve patient's cold feeling. Together with Rou Dou Kou, it helps to remove the cold in the stomach so the appetite, bowel sound and abdominal distension can be improved. Wu Wei Zi reinforces the Kidney and tonifies the qi; and helps to consolidate the intestine to stop diarrhoea. It also enhances the function of Wu Zhu Yu.

Bai Shao helps to nourish Yin and blood; pacify the Liver and generate blood. It helps to alleviate blood deficiency symptoms and soothe the Liver; relieve abdominal pain and distension. Yu Jin helps to regulate blood and promote qi circulation. Together with Qing Pi, they help to soothe the Liver to remove qi stagnation and resolve abdominal distension.

He Huan Pi helps to calm the Mind (Shen) and alleviate depression; promote blood circulation. It helps Wu Wei Zi to replenish the Heart and astringes the Heart qi to calm the Shen and helps Fu Shen to calm the Heart and sedate the Shen. These three herbs focus on treating symptoms such as palpitation, insomnia, disturbed dreams and poor memory. He Huan Pi together with Yu Jin and Qing Pi can enhance the function of removing

Liver Qi stagnation to ease the anger and irritated mood. Fu Shen can also strengthen the Spleen; remove dampness and cause the defecation to become better formed.

A number of modern researches demonstrate the efficacy of SSW in treating inflammatory bowel disease (IBD). Liu *et al.* (2012) shows SSW having remarkable result to decrease concentrations of myeloperoxidase and malondialdehyde in the inflamed colonic tissues; decrease colon wet weight, colon organ coefficient, and colonic damage score. Another study Zhao *et al.* (2013) shows SSW significantly inhibits apoptosis of colonic epithelial cells in trinitrobenzene sulfonic acid (TNBS)-induced colonic mucosal injury. A randomized controlled trial Su *et al.* (2013) shows modified SSW is successful in treating diarrhoea predominant irritable bowel syndrome (IBS-D) and has better control of its recurrence.

References

Liu, D.Y., Guan, Y.M., Zhao, H.M., Yan, D.M., Tong, W.T., Wan, P.T., Zhu, W.F., Liu, H.N., Liang, X.L. (2012) The protective and healing effects of Si Shen Wan in trinitrobenzene sulphonic acid-induced colitis. *Journal of Ethnopharmacology* 143 (2): 435–440.

Su, X., Tang, Y., Zhang, J., Dong, Y., Wei, W., Bai, Y., Liu, Y. (2013) Curative effect of warming kidney and fortifying spleen recipe on diarrhea-predominant irritable bowel syndrome. *Journal of Traditional Chinese Medicine* 33 (5): 615-619.

Zhao, H.M., Huang, X.Y., Zhou, F., Tong, W.T., Wan, P.T., Huang, M.F., Ye, Q., Liu, D.Y. (2013) Si Shen Wan Inhibits mRNA Expression of Apoptosis-Related Molecules in p38 MAPK Signal Pathway in Mice with Colitis. *Evidence-Based Complementary and Alternative Medicine* 2013: 1-8.

征稿启事

《英国中医针灸杂志》为中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。本刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展，文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文 5000 字以内，英文 4000 字以内，并附 200 字以内摘要。文章必须符合以下格式：标题，作者，摘要，关键词，概要，文章内容，综述/讨论或结论，以及参考文献。每篇文章也可附带一份单独的作者简介。

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk。请注明“杂志投稿”字样。

下期来稿截至日期为 2015 年 8 月 20 日。若来稿于此日期之后收到，我们会考虑在以后之期刊发表。

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 years, and they may not be well aware about the legal and regulatory situation around Chinese herbal medicines, the council would like to 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.

We should draw your particular attention to the new regulation by MHRA based on EU Directive of Traditional Medicinal Herbal Products, that since April 2014, all manufactured herbal products would need license or THR registration for entering the UK market. It is illegal to sell any unlicensed/unregistered manufactured TCM products in the UK.

Republication: List of Prohibited and Restricted Chinese Herbal Medicines

By ATCM Council

March 2010

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.
胡黄连 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 granatum*) 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 belladonna*) 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*)

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 nontoxic 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 prohibited ingredients)

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 Products 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. 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 researchers². 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

Containing Senecio 千里光 qian 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 Pharmacopoeia

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 pharmacopoeia 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 Armemiaceae 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 uncertainty 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 joined 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 advisable 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.

References:

- (1) B. Calman. Inside the Chinese medicine minefield <http://www.dailymail.co.uk/health/article-453398/Inside-chinese-medicine-minefield.html>
- (2) Hashimoto K, et al., Quantitative analysis of aristolochic acids, toxic compounds, contained in some medicinal plants, Journal of Ethnopharmacology 1999; 64(2): 185-189.
- (3) Traditional Chinese medicine containing mercury: Fufang Lu Hui Jiaonang www.mhra.gov.uk/publication

(Written by Ji Dong Wu and Hui Jun Shen)

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处置中药毒副作用, 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。

我们要提醒你特别注意 MHRA 新规定, 根据《欧盟传统草药产品指令》, 自 2014 年 4 月, 所有工业化生产的草药产品需要执照或 THR 注册才可进入英国市场。因此, 在英国出售任何无执照/未注册的工业化生产的中成药产品都是非法的。

英国禁用和慎用中药品种介绍

ATCM 理事会
March 2010

英国是一个法制国家, 做每件事都讲究一个章法, 法律越多, 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*)
胡黄连 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 belladonna*) 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 trifoliata
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. 凭西医生处方用药

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 Armemiaceae 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。

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)

Call for Papers

The Journal of Chinese Medicine and Acupuncture (JCMA) is a bilingual TCM academic magazine, which is published twice annually in March and September. It is intended as a platform and a forum, where the journal concerning the profession can be developed, debated and enhanced from the greatest variety of perspectives. All of ATCM members, other TCM professionals and members of public are welcomed and invited to contribute papers for publication. The journal may feature articles on various topics, which including clinical experience, case studies, theory and literature, education and development, book reviews and research reports etc.

Papers should be in Chinese or English, but preferably bilingual, with up to 5000 words in Chinese or 4000 words in English. An abstract of 150-200 words should also be attached. The article must comply with the following format: Title, Author, Abstract, Key Words, Introduction, Text, Summary/Discussion or Conclusion and References. Each article may also be accompanied by a short biography on a separate page.

All the submitted articles or papers must not be simultaneously submitted to other journals, and also have not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. JCMA maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

All the papers should be sent to the Editorial Committee via email info@atcm.co.uk. Please indicate "Paper for JCMA".

Deadline of submission for next Issue (Volume 22 Issue 2) is **20th August 2015**.

Papers received after the deadline may still be considered for publication in the later issue.

Guideline of English standard for authors

- (1) Please run a spell check on your computer before submitting.
- (2) Only use sentences (NOT fragments) containing a subject, verb and object.
- (3) Avoid long and confusing sentences with commas and semicolons.
- (4) Double check that you use the proper tense. We would recommend to write case histories in past tense. eg, the patient had... (NOT has...)
- (5) Use appropriate punctuation, there should be a space following a comma or full stop.
- (6) Avoid phrases that are difficult to express or translate in another language, or explain them properly.
- (7) Use standard and unified measures, eg, minutes (NOT mins), hours (NOT hrs) etc.
- (8) All herbal names should have their proper Pin Yin and Latin name, and the measures of dosage must be followed, eg, Shan Yao 10g (NOT 10).
- (9) All acupuncture points need to be named according to convention (Ki 7, Taixi).
- (10) Illustrations/references from other sources should be numbered with a bracket, eg, ^{[1][2][3]}.
- (11) Referencing should be Harvard. Please ensure all dates and publishers' details are correct.

It should comply with the format as following:

Books: Author (year), Title. City: Publisher. Eg, Lewis R. (2004), *The Infertility Cure*. London: Little, Brown and Company.

Articles: Author (year), Title. Journal, Volume (Issue), pages. eg, Lei Chen (2003). Prevalence of metabolic syndrome among Shanghai adults in China. *Chinese Journal of Cardiology*, 31 (12), 909-912.



AN-MO clinic Switzerland – Traditional Chinese medicine (TCM)-specialist wanted

Requirements: first class completed TCM studies in special branch of study AN-MO/TUI-NA or acupuncture. 10 years practical experience required.

Workload: 100%.

Places of work: AN-MO Zentrum Grosshöchstetten AG or Zentrum für Chinesische Medizin Härkingen,

www.an-mo.ch

Phone 0041 (0)31 712 22 22 or 0041 (0)62 398 17 27

TCMswiss – Centre for Traditional
Chinese Medicine (TCM)
in Switzerland is looking for

TCM Therapists

健康

Do you have a solid TCM training/
university degree (acupuncture, tuina,
phytotherapy, cupping) and several years
of experience? Are you a citizen of EU or
Switzerland? If the answers are yes, you
may be the person we are looking for.
Please do not hesitate to contact us for
more details. Basic Salary CHF 78'000.-

Please send your application/CV to:
isabelle.leidi@tcmswiss.ch

TCMswiss AG
Winterthurerstrasse 46
8180 Bülach, Switzerland
+41 44 861 18 18
www.tcmswiss.ch



TCMswiss – 瑞士中医中心, 诚聘

中医师

健康

您享有深厚的中医教育/大学文凭 (针灸, 推拿, 开中药处方, 拔罐) 和多年的临床经验, 并且拥有欧洲共同体或瑞士国籍。详情请联系我们。基本年薪 78'000 瑞士法郎。

请将您的履历附照片通过电子邮件寄给:
isabelle.leidi@tcmswiss.ch

TCMswiss AG
Winterthurerstrasse 46
8180 Bülach, Switzerland
+41 44 861 18 18
www.tcmswiss.ch



TCM kangtai, a centre for traditional chinese medicine in
Switzerland is looking for



瑞士中医- TCM kangtai 招聘

TCM therapists

For this challenging position you should meet the following requirements: TCM degree in studies (acupuncture, tuina massage, cupping, phytotherapy) and several years of professional experience in TCM, friendly, competent behavior, conscientious and EU, EFTA or Swiss citizens.

Please send your complete application documents by email to: didi.knall@kangtai.ch

TCM kangtai GmbH
Mrs. Didi Knall
Bahnhofplatz 4
8400 Winterthur, Switzerland
www.kangtai.ch / +41 79 158 68 68

中医大夫

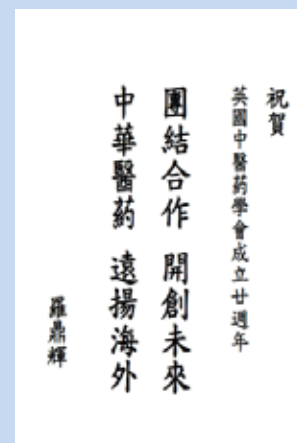
具有中医文凭, 具有多年临床经验, 通过四诊, 灵活运用针, 推, 罐, 中药, 灸。 具有欧盟或欧洲联盟, 详情请联系我们

请您将履历通过电子邮件寄给:
didi.knall@kangtai.ch

TCM kangtai GmbH
Mrs. Didi Knall
Bahnhofplatz 4
8400 Winterthur, Switzerland
www.kangtai.ch / +41 79 158 68 68

The Association of Traditional Chinese Medicine and Acupuncture UK

20th Anniversary Celebration (Oct 1994 – Oct 2014)



Above: Congratulations from China

1. Inscription by Prof. She Jin, Chairman of the World Federation of Chinese Medicine Societies
2. Inscription by Prof. Li Zhen Ji, Vice Chairman of the World Federation of Chinese Medicine Societies
3. Congratulation letter from Prof Wang Sheng Liang, the President of Guangzhou University of Chinese Medicine
4. Congratulation message from Prof. Luo Ding Hui (in Hong Kong), the Honorary president of ATCM



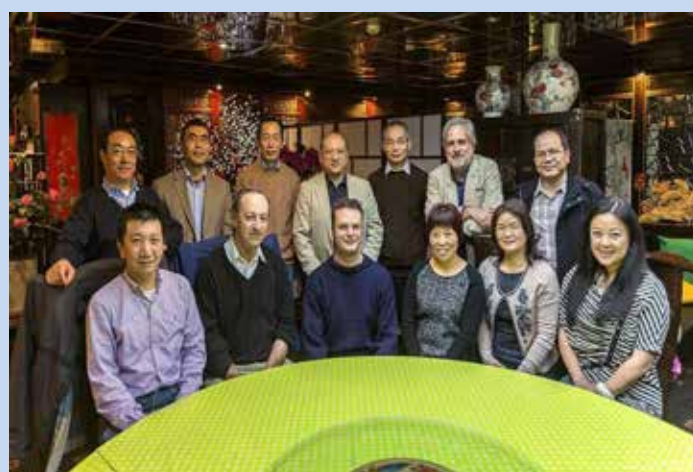
20th Anniversary Reception London 27 Nov 2014



North England Regional Celebration 15 Feb 2015



North England Regional Celebration 15 Feb 2015



Southwest England Regional Celebration 22 Mar 2015