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# Differentiation and Treatment of Hysteria in *Jin Kui Yao Lue*

Engin CAN (Enqin Zhang) 张恩勤 and Ming Zhao Cheng 程铭钊

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The term "hysteria" was first used in Greece in the 5th century BC by Hippocratic doctors. They were trying to explain an illness whose main symptom was a sense of gas running from the lower abdomen to the chest and throat or suffocation in the throat, or breathing difficulties and emotional conditions. As most of the patients were seen chiefly to be recently bereaved widows, so they thought the symptoms were caused by a wandering womb putting pressure on other organs. In TCM the symptoms of "hysteria" are mostly termed "***Bentun***", ***Meihe qi***" and ***Zang zao***" and others according to different clinical conditions. Especially in ***Jin Kui Yao Lue*** 金匮要略There are many clauses discussing about hysteria's aetiology, pathology and manifestation as well as herbal formulae with detailed preparation and explanation. Clinical practices have proved that most of the recipes in ***Jin Kui Yao Lue*** are really effective and still widely used by TCM doctors in the world today.

The ***Jin Kui Yao Lue***, often translated into "**Synopsis of Prescriptions of the Golden Chamber**" in English, or "**Synopsis of the Golden Chamber**" for short, is a part of ***Shanghan Zabing Lun*** 伤寒杂病论 mostly translated "Treatise on Febrile and Miscellaneous Diseases", written by the outstanding physician Zhang Zhongjing (Zhang Ji) in the East Han Dynasty. Unfortunately, shortly after being published, the ***Shanghan Zabing Lun*** was lost due to war. It was collected by later generations, and re-arranged by Dr. Wang Shuhe in the Jin Dynasty and then re-published by the Bureau for Collation of Medical Books of the Song Dynasty (1065). As a result, the ***Shanghan Zabing Lun*** was divided form one book into two books, one titled as ***Shanghan Lun*** / "Treatise on Febrile Diseases Caused by Cold" 伤寒论; the other, ***Jin Kui Yao Lue***/ Synopsis of Prescriptions of the Golden Chamber"金匮要略。

In ***Jin Kui Yao Lue***, the aetiology, manifestations and treatments of ***Bentun***, ***Meiheqi*** and ***Zangzao*** were mostly described in Chapter 8 on Pulse, Symptoms and Treatments of ***Bentun*** Syndrome, and also seen in Chapter 22 on Pulse, Syndrome and Treatment of Miscellaneous Gynaecological Diseases. Now we discuss them one by one as follows:

**1. *Bentun* 奔豚,** or called ***Bentunqi* 奔豚气**: In Chinese, "*Ben* 奔" means running; "*tun* 豚 means pig; "*qi* 气" here means gas. The *Bentun* is the syndrome characterized by a feeling of gas rushing up through the thorax to the throat from the lower abdomen. At the onset, pain may be also felt in the lower abdomen suggesting the presence of compressed gas. The patient then feels the gas ascending to the chest and finally to the throat. Some patient may experience great pain. The symptoms often resolve in between two minutes and two hours and occasionally longer. However, the syndrome diminishes and finally subsides. However it may reoccur again in future.

The first text of Chapter 8 is to explain the cause of ***Bentun*** syndrome: **The master said**, "**There are four kinds of diseases, namely *Bentun*, Vomiting of pus, Panic, and Fire-pathogen syndrome, all of the above are caused by fright**/ 师曰：病 有奔豚，有 吐 脓，有惊 怖，有火邪，皆 从惊发 得之。

The above t**ext of *Jin Kui Yao Lue*** says that ***Bentun*** is caused by **fright**. According to TCM theory, this is because the kidney is hurt mostly by fright 恐伤肾. If ***Bentun*** originates from a kidney disorder, when the vital energy of the kidney is disturbed, it ascends to the thorax and throat, like a pig running within the body. Additionally, liver disorders can also cause ***Bentun*.** Since both the kidney and liver are located in the lower portion of the body cavity, when their vital energy is disturbed, it may tend to rush upward.

The following text describes the manifestations and prescription of ***Bentun*** due to stagnation of the liver-qi: **The *Bentun* syndrome, manifests as a feeling of *qi* – rushing toward to the chest, abdominal pain, alternating chills and fever, and should be chiefly treated by *Bentun Tang*/ Decoction for *Bentun* syndrome**/奔豚气上冲胸，腹痛，往来寒热，奔豚汤主之。

Recipe***: Bentun Tang*/Decoction for *Bentun*/**奔豚汤方：

**Ingredients:**

***Gancao*** 甘草 Radix Glycyrrhizae 2 *Liang*/6 g

***Xiongqiong****/Chuangxiong* / 川 芎 Rhizoma Ligustici Chuangxiong2 *Liang*/9g

***Danggui*** 当 归 Radix Angelicae Sinensis 2 *Liang*/9g

***Banxia*** 半夏 Rhizoma Pinelliae 4 *Liang*/12g

***Huangqin*** 黄芩 Radix Scutellariae 2 *Liang*/9g

***Shengge*** 葛根 Radix Puerariae 5 *Liang*/15g
***Shaoyao*** 芍药 Radix Paeoniae 2 *Liang*/ 9g
***Shengjiang*** 生姜 Rhizoma Zingiberis Recent 4 *Liang*/12g
***Ganligenbaipi*** 甘李根白皮 Cortex Prunus Armeniacae 1 *Sheng*/9g

Notes: Today's dosages "g" following "***Liang***" in the recipes of this article are mostly according to the **Converting the Dosage in the East Han Dynasty into Today's Dosage** (see the table in the appendix attached) as well as our own experience.

**Administration**: All the 9 herbs should be decocted in water about 2 *Dou* (4,000ml) in the pot, until reduced to 5 *Sheng* (1,000ml). Filter the decoction for oral use, drink 1 *Sheng* (200ml) each time, 3 times a day, and also drink once at night/上九味，以水两斗，煮取五升，温服一 升，日三服，夜一服.

**Explanation**: The above recipe is mostly effective for the ***Bentun*** syndrome caused by pathogenic fire with ascending-*qi* which originates with an abnormal accumulation of the liver-*qi*. In the recipe , *Ganligenbaipi* 甘李 根白, another name "*Ligenbaipi* 李根白皮 Cortex Prunus Armeniacae **is a special herb for treating *Bentun* syndrome**. Other herbs, ***Gegen*** 葛根 Radix Puerariae and ***Huangqin*** 黄芩 Radix Scutellariae can clear away fire and calm the liver; ***Shaoyao*** 芍药 Radix Paeoniae and ***Gancao*** 甘草 Radix Glycyrrhizae can relieve pain and other symptoms of *Bentun* syndrome; ***Shengjiang*** 生姜 Rhizoma Zingiberis Recens, ***Banxia*** 半夏 Rhizoma Pinelliae as well as ***Ganligenbaipi*** 甘李根白皮 Cortex Prunus Armeniacae can regulate the stomach and reverse the abnormal ascending *qi*. ***Danggui*** 当归 Radix Angelicae Sinensis and ***Chuanxiong*** 川芎 Rhizoma Ligustici Chuanxiong can nourish blood and regulate the liver-*qi*. All the above herbs work together to form a compound recipe for treating the *Bentun* syndrome due to stagnation of the liver-*qi*.

However, if ***Bentun*** syndrome is caused by the cold adverse ascent-*qi* *due to* wrong treatment or other reasons, its symptom and treatment are quite different in ***Jin Kui Yao Lue***, for example:

**After adopting a diaphoretic, warming needle was used for further perspiration. If locus of puncture hole is left unprotected and comes into contact with cold, it will turn red and swell. An impulsive feeling will rise from the lower abdomen to the chest resulting in a *Bentun* syndrome. The treatment of this condition should be to apply a moxibustion cone on each locus and *Guizhi Plus Guizhi Tang*/Decoction of Cinnamon Twig Plus Cinnamon Twig will be given/** 发汗后，烧针令其汗，针处 被寒， 核起 而赤者，必发奔豚，气 从少腹上至 心，灸 其 核上 各一 壮，与桂枝加桂枝汤主之。

Recipe: ***Guizhi*** Plus ***Guizhi Tang*/Decoction of Cinnamon Twig Plus Cinnamon Twig** 桂枝加桂枝汤方.

Ingredients:
***Guizhi*** 桂枝 Ramulus Cinnamomi 5 *Liang*/15g
***Shaoyao*** 芍药 Radix Paeoniae 3 *Liang*/9g
***Zhigancao*** 甘草 Radix Glycyrrhizae Praeparatae 2 *Liang*/6g
***Shengjiang*** 生姜 Rhizoma Zingiberis Recens 3 *Liang* /9g
***Dazao*** 大枣 Fructus Ziziphi Jujubae 12 Pcs

**Administration**: Decoct the above 5 herbs in 7 *Sheng* (1,400ml) of water on a slow fire until 3 *Sheng* (600 ml) remains; discard the dregs. One *Sheng* (200 ml) is taken orally when it is warm/上五 味， 以 水 7 升，微火煮 取 3 升， 去渣， 温服一升。

**Explanation**: ***Guizhi*** 桂枝 Ramulus Cinnamomi has the function of dispersing the cold and reversing the adverse ascent gas. ***Baishao*** 白芍 Radix Paeoniae can ease abdominal pain. ***Shengjiang*** 生姜 Rhizoma Zingiberis Recens and ***Dazao*** 大枣 Fructus Ziziphi Jujubae can regulate the stomach and reverse the adverse ascending *qi*. ***Zhigancao*** 炙甘草 Radix Glycyrrhizae Praeparatae can coordinate all the ingredients in the recipe. This recipe can be used for treatment of ***Bentun*** syndrome of cold type today, whether or not it is induced by use of warming the needle.

Additionally, there is a coming ***Bentun*** syndrome due to water-retention described in ***Jin Kui Yao Lue*****,** the original text is as following**:**

**After adopting a diaphoretic, a jumping feeling or palpitation, resembling a baby pig running, is sensed below the umbilicus. This can be diagnosed as the coming *Bentun* syndrome. The *Fuling, Guizhi, Gancao, and Dazao Tang* / Decoction of Poria, Cinnamon Twig, Licorice and Chinese Dates can be chosen/**发汗后，脐下 悸 者, 欲作奔豚，茯 苓桂枝甘草大枣汤主之 。

Recipe: ***Fuling Guizhi Gancao*** *and* ***Dazao Tang*/ Decoction of Poria, Cinnamon Twig, Licorice and Chinese Dates**/茯苓桂枝甘草大枣汤方.

**Ingredients**:
***Fuling*** 茯苓 Poria , half *Jin*/15g
***Gancao*** 甘草 Radix Glycyrrhizae Praeparatae 2 *Liang*/6g
***Dazao*** 大枣 Fructus Ziziphi Jujubae 15 Pcs
***Guizhi*** 桂枝 Ramulus Cinnamomi 4 *Liang* /12g

**Administration**: Decoct ***Fuling*** /Poria in 10 *Sheng* (2,000ml) of ***Ganlanshui***/aerated water until the

volume is reduced by 2 *Sheng (*400ml) ; and then add the other ingredients and decoct them together until 3 *Sheng*(600ml) remains. Discard the dregs, one *Sheng* (200ml) warmed is taken orally each time, 3 times a day/ 上四味，以甘兰水一斗，先煮茯苓，减二升，纳诸药，煮取三升，去渣，温服一升， 日三服。

Note: ***Ganlanshui***/ aerated water: Place 2 *Dou* (2,000ml) of water in a basin. With a spoon, drip the water repeatedly into the basin until it appears that 5,000-6,000 drops of dew are moving on the surface, this is the ***Ganlanshui/*** aerated water.

**Explanation**: This recipe is for the coming ***Bentun*** syndrome due to water-retention. The mechanism of the syndrome is as follow: When a diaphoretic is adopted for a patient with water-retention at the lower portion of the body cavity, the heart-*yang* is damaged and becomes too deficient to control the water circulation. As result, the retention water starts to move in the interior, which can be felt a jumping or palpitation taking place below the umbilicus which is likely to ascend. The above decoction is adopted to tonify the *yang* and promote water circulation. Thus the ascending tendency is eliminated.

However, some local patients might not accept better taste of herbal medicine, we can also treat them with suggestion therapy plus acupuncture, for example, we once met a patient Mrs. Koo with ***Bentun*** syndrome for 2 years. She often experienced typical symptoms: feeling a gas rushing from her lower abdomen to the chest and throat, she felt she might die. But she doesn't like the bitter taste of herbal medicine, so we had to give her the suggestion/hint therapy plus acupuncture. The points are Taichong (Liv 3), Fenglong (S 40), Guilai (St 29), Zhongwan (Ren12), Baihui (Du 20), Waiguan (SJ 5), etc, 3 times a week. 2 week later she got well. From this case we can say that ***Bentun*** can also be treated by suggestion/hint therapy and acupuncture.

2. ***Meiheqi***: "***Mei"*** in Chinese means a plum ***"he"*** means pit**;** ***"qi***" here means gas. "***Meiheqi***" in TCM is the syndrome with a subjective sensation as if a plum pit is stuck in the throat; or as if the throat is compressed. The symptom and recipe was detailed in the Chapter 22 of ***Jin Kui Yao Lue***.

**For a woman who feels as if a piece of broiled meat stuck in her throat, *Banxia Houpu Tang* /Decoction of Pinnellia Tube and Magnolia Bark can be used** /妇人咽中 如有炙肉，半夏厚朴汤主之.

Recipe: ***Banxia Houpu Tang*/Decoction of Pinnellia Tube and Magnolia Bark**/半夏厚朴汤.

Ingredients:

***Banxia*** 半夏 Rhizoma Pinelliae 1 *Sheng*/ 9g

***Houpu*** 厚朴 Cortex Magnoliae Officinalis 3 *Liang*9g

***Fuling*** 茯苓 Poria 4 *Liang*12g

***Shengjiang*** 生 姜 Rhizoma Zingiberis Recens 5 Liang/9g

***Gansuye*** 甘 苏叶 Folium Perillae 2 *Liang*/6g

**Administration**: Decoct the above 5 herbs in 7 *Sheng* (1,400ml) of water until 4 *Sheng* (800ml) remains. Then divide the decoction into 4 portions. Drink warmed. Drink one portion each time, 3 times during the day; and also once at night/ 上 五 味 ， 以水 7 升， 煮取四升， 分温 四服， 日三， 夜一服。

A case study was introduced in the book **"**Synopsis of Prescriptions of the Golden Chamber With 300 Cases / 金匮要略方论" . A 52 year-old of female patient felt something stuck in her throat which was diagnosed as ***Meihe Qi***/globus hystericus. She suffered from abdominal distension and had a feeling of gas rushing to the throat. Constipation was also one of her symptoms and passing flatus made the patient feel better. The tongue was covered with thin and greasy fur and the Pulse was deep and tight. The prescription, ***Banxia*** 半夏 Rhizoma Pinelliae (prepared with ginger) 9 g, ***Chenpi*** 陈 皮 Fructus Aurantii Immaturus Praeparatae 9g, ***Chaolaifuzi*** 炒莱服子 Semen Raphani Praeparatae 9g, ***Gualou*** 瓜篓 Fructus Trichosanthis 12g, ***Suzi*** 苏子 Fructus Perillae 4.5g , ***Fuling*** 茯苓 Poria 9g, ***Houpu*** 厚朴 Cortex Magnoliae Officinalis 3g, ***Gancao*** 甘草 Radix Glycyrrhizae 1.5g.2 doses of the above decoction were served at first . After 2 more doses, the patient had a complete recovery.

3. ***Zang Zao*** syndrome: It was also described in the Chapter 22 of ***Jin Kui Yao Lue***。 It said that **a woman with *Zang Zao* tends to grieve and cry as if she were haunted. She frequently stretches and yawns repeatedly. *Gan Mai Da Zao Tang* / Decoction of Licorice, Wheat and Chinese Dates can be used for this case/** 妇人 脏躁， 喜悲伤 欲哭， 象如神灵所做，数欠伸， 甘麦大 枣汤主之。

Recipe: ***Gan Mai Dazao Tang*/Decoction of Licorice, Wheat and Chinese Dates 甘麦大枣汤方.**

Ingredients:

***Gancao*** 甘草 Radix Glycyrrhizae 3 *Liang*/9g

***Fuxiaomai*** 浮 小 麦 Fructus Tritici Levis 1 *Sheng*/30g

***Dazao*** 大枣 Fructus Ziziphi Jujubae 10 Pcs

**Administration**: Decoct the above 3 herbs in 6 *Sheng* (1200ml) of water until 3 *Sheng* (600ml) remains. Then divide the decoction into 3 portions; one portion is taken orally when it is warm, 3 times a day. It can also tonify the spleen-*qi*/上三味，以水 6 升， 煮取三升，温分 3 服。 亦补脾气。

According to our experiences, the above recipe is effective in treating ***Zangzao*** syndrome which usually results from emotional depression and excessive worry. Clinically, its symptoms and signs often include restless, irritability, insomnia and constipation. To

strengthen the action of the recipe, we may add more herbs, such as ***Danggui*** 当归 Radix Angelicae Sinensis 12g, ***Baishao*** 白芍 Radix Paeoniae Alba 15g, ***Fuling*** 茯苓 Poria 9g, ***Suanzaoren***/酸枣仁 Semen Ziziphi Spinosae 15g; We can also give the patients herbal pills such as ***Tian Wang Bu Xin Dan*** **天王补心丹， or Suanzaoren Wan 酸枣仁丸，** 8 pills in morning and 12 pills in evening plus acupuncture which are more effective than using single therapy. In recent years, there are more and more modern pharmaceutical researches in classical formulae of ***Shanghan Lun*** and ***Jin Kui Yao Lue*** in China and other countries. For example, a Japanese Dr 保田和美 (Yasuda Kazumi) has proved that the decoction of ***Gan Mai Da Zao Tang*** 甘麦大枣汤 has the function to extend the mouse's sleeping time and also reduce its activities after feeding the decoction for 3-4 days. See the book, Research in Classical Prescriptions of TCM 经方研究.

**Appendix:**

**Converting the Dosage in the Eastern Han Dynasty into Today's Dosage**

| **The Eastern Han Dynasty (25-220 AD)** | **The Present Day:** |
|---|---|
| 1 *Zhu* | 0.58g |
| 1 *Liang (=24 Zhu)* | 13.29g |
| 1 *Jin (=16 Liang)* | 222.72g |
| 1 *Fangcunbi* | 3.125g for herbs, 6.2g for minerals |
| 1 *Qianbi* (a heaped coin's worth) | 2.0g for herbs, 4.0g for minerals |
| 1 *Ge (Ten spoons' worth)* | 19.81ml |
| 1 *Sheng (=10 Ge)* | 198.1ml |
| 1 *Dou (=10 Sheng)* | 1981ml |
| *1 Chi* | 23.04cm |

Notes:

1. The above converting table is the book "Research in Classical Prescriptions of TCM " 经方研究.

2. In the East Han Dynasty, the weights and measures for herbal medicine in the terms of "***zhu***", "***liang***" and "***jin***" are accounted as half of the official measurements at the time.

3. **Commonly used and Simplified Convertion**:

1 *Liang* in the Han Dynasty=1 *Qian*/ 3g Today

4. **About Authors**: Prof Enqin Zhang (Engin CAN) graduated from Shandong TCM University in 1982 under his tutor the late Prof Li Keshao specializing in ***Shanghan Lun*** and then followed his second tutor the late Prof Liu Tongjie specializing in miscellaneous diseases & ***Jin Kui Yao Lue***. At the same time he lectured & acted as director of Advanced Studies in his Alma Mater as well as chief editor & author of the first English-Chinese TCM textbooks in the world **"A Practical English-Chinese Library of TCM"**, composed of 14 books, published by Shanghai TCM University Press in 1990. Today he is a full member of ATCM ,UK, practising and lecturing at Asante Academy of Chinese Medicine for Middlesex University and also acting as professors of 4 Chinese (including Taiwan) & International Universities and Institutes. For more information please check Google, key word-Dr Enqin Zhang (Engin CAN).

Dr Ming Zhao Cheng is Postgraduate Programme Leader in Chinese Medicine in Middlesex University and deputy president of ATCM, UK. He started his training in TCM in 1975 in his local Chinese hospital in Guangdong, China. He entered Guangzhou University of Chinese Medicine in 1978 and graduated in 1983. After working in their affiliated hospital, he came to the UK in 1987 to study for his MSc in Oxford University with a UK government scholarship, and then in 1995 he obtained his PhD from University of London. He is leading TCM educationist and practitioner in the UK.

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# The Changing Portrayal of Acupuncture in the Media

## A study examining the portrayal of acupuncture in the written media of Australia, Canada and the United Kingdom over a ten year period

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This study examined the portrayal of acupuncture in the written media of Australia, Canada and Britain using articles containing the word 'acupuncture' from across a ten year time span (from 01/07/1996 to 31/06/2006) from three newspapers; The Australian from Australia, The Globe and Mail from Canada and The Times from Britain. These publications were chosen because of the similarity of their readership demographics and availability of articles. The aims of the study were to ascertain how acupuncture is portrayed in each publication, whether this portrayal changes over the ten year period, and if the portrayal differs between publications.

Articles within the set ten year period were searched on the Factiva database for those that contain the word 'acupuncture'. Any articles pertaining to the Acupuncture footwear company, or in any other instance where the word 'acupuncture' was used as a noun, were excluded, as were any articles that were duplicates. 599 articles were taken from The Times, 4 were excluded; 249 from The Globe and Mail, 6 were excluded; and 204 from The Australian, 11 were excluded. Therefore 595 articles from The Times, 243 from The Globe and Mail and 193 from The Australian were used.

A brief description of some of the findings is given below.

**Contexts of articles**

The biggest number of articles in all publications relates acupuncture to the treatment of an illness or injury, suggesting (as would be expected) acupuncture is seen first and foremost as a medical intervention. All three publications have between 35.2% and 39.1% of all articles mentioning acupuncture relating it to an illness or injury.

The second largest context in all three publications in which acupuncture is mentioned is issues of integration, legislation and registration (these three issues were placed together as they were often discussed together in the newspaper articles). The Times has around 13.6% of all articles in this category, The Globe and Mail 14.8% and The Australian around 15.5%. There is some variation across the ten year period: The Times has its highest percentages of articles on this subject in years 2, 3, 4 and 5. The Globe and Mail peaks in this category in year 2, and has higher than average percentages in years 3, 4, 5 and 6. In The Australian the highest percentages are in years 3, 4 and 8. These peaks probably represent the times at which the countries were discussing these issues at a national level. In the UK there were proposals about the integration of complementary medicines put forward in November 2000 (year 5). In Australia Victoria became the first state to regulate acupuncturists in 2000 (year 4) and in Canada acupuncture was regulated in British Colombia in 1999 (year 3).

The publications also have a similar proportion of articles detailing acupuncture as a way of maintaining health or as a prophylactic treatment, although this is a relatively small percentage of the articles (between 3.2 and 5.8%) suggesting that acupuncture is seen as a treatment useful for specific diseases, rather than part of a healthy lifestyle.

In the other categories there is more variation between publications. The Times, for example, mentions studies looking at the efficacy of acupuncture in 68 articles (over 11% of total articles) while The Australian has 12 articles (around 6.2%) and The Globe and Mail only 7 articles (just under 2.9%). All three publications have the most articles on studies in the final years, probably due to the fact that more studies are carried out on acupuncture in recent years, and may also reflect the general public's desire for more information regarding its efficacy. The higher number of articles on this subject in The Times may suggest that the British public are more sceptical. The Australians may be less concerned with the results of studies as acupuncture has been used there for much longer than the other countries, and it has a larger Chinese immigrant community; therefore the efficiency of acupuncture may not be as much in doubt.

It is interesting to note that in The Times, more so than the other publications, acupuncture is often referred to when describing another therapy. This suggests that acupuncture is considered to be a more well known therapy and that people will know what it is. The word 'acupuncture' is also often used as a simile or metaphor,

especially in The Globe and Mail (about 3.7%) and The Times (around 2.4%) again suggesting that the concept of acupuncture is well known enough to be used to help describe something else.

**Illnesses**

In The Globe and Mail and Australian, the most common illnesses or injuries that acupuncture is being used to treat are sports injuries. This suggests that, in Australia and Canada at least, the sporting community is convinced of the efficacy of acupuncture, and this also portrays acupuncture as being useful for treating acute injuries, showing that it can be used to speed up recovery. The second most popular use of acupuncture as portrayed in The Globe and Mail and Australian, and the most popular in The Times, is musculoskeletal problems. In The Times the most articles mentioning acupuncture treating musculoskeletal problems are in the last four years. In the other two publications there is little variation in the number of articles across the ten year period for the articles mentioning sports injuries or those pertaining to musculoskeletal problems. However, it should be pointed out that the vast majority of the sports injuries were also musculoskeletal problems, therefore it can be said that musculoskeletal problems are the ailments that acupuncture is most often depicted as being able to treat. In The Australian almost 16.8% of all articles containing the word 'acupuncture' relate acupuncture to the treatment of musculoskeletal or sports injuries, in The Times this is just under 19.5% and The Globe and Mail has the most at just less than 28%.

In The Globe and Mail and Times the next most popular illness acupuncture is linked to is addictions, with The Times having just over 6% of total articles counted on this subject. The Times has more articles on this subject in the final three years, and also in year 4. The Globe and Mail has the most number of articles in year 5, but all articles on addiction are mostly evenly spread across the ten year period. The Australian has far fewer articles mentioning acupuncture treating addiction, and only mentions this in years 3 and 10. Addictions are an area where people are always looking for more ways to help them, which may explain its popularity.

Mental and/or emotional problems is the third most popular category in The Australian, and the fourth in The Times. This is an area where complementary therapies are thought to have the edge over conventional therapies as practitioners are generally able to spend more time with the patient. Complementary therapies may also be perceived as being more sympathetic to problems such as stress, which may explain their popularity in this area.
Pain was also mentioned fairly frequently in all three publications as a distinct area of treatment, although many of the other conditions mentioned may also cause pain. Pain management is thought to be acupunctures forte, it is mentioned with some consistency across the ten year period in both The Globe and Mail and Times. In The Australian however it is mentioned only in years 2 and 9.

Pregnancy and childbirth, headache, skin conditions and fatigue are all conditions mentioned in conjunction with acupuncture treatment with some consistency across the ten year period in The Times, while respiratory conditions, digestive problems and women's conditions have become more popular in recent years, perhaps as acupuncture becomes more known and is used for a wider range of conditions. In The Globe and Mail headache is the only other condition to be mentioned consistently across the ten year period with pregnancy and childbirth being mentioned twice in year 10. The Australian does not mention any other conditions consistently across the ten years, although has more articles on digestive disorders than pain management.

It is interesting to note that most of the conditions that acupuncture is often portrayed as being used to treat in these newspapers can become chronic and hard to treat. This could show that acupuncture is being used as a last resort, or where conventional medicine has failed to provide.

**Portrayal**

The way in which acupuncture is described varies between publications. The articles in The Times are more likely than in the other newspapers to describe the mechanisms of acupuncture in terms of Western science, referring to endorphins, hormones and the pain gate theory, and where the Eastern 'traditional' view of how acupuncture works is given there almost always follows an explanation in 'scientific' terms. In The Australian, by contrast, where there is any explanation given as to how acupuncture works this is far more likely to be given in terms of 'Qi' or 'energy' and involve descriptions of meridians. Only in years 9 and 10 are scientific descriptions given. The Globe and Mail contains a more even number of Eastern and Western explanations but is more likely than The Times to have articles containing only the Chinese medical theories. This suggests that in Australia, the public are more receptive to the Eastern model of health; however the change in emphasis to explanations in the Western scientific tradition in the latter years suggests a move towards evidence based thinking even as complementary medicines become ever more popular.

All three publications use a large array of phrases to define acupuncture ranging from 'complementary' or 'alternative' medicine, to 'new-age', 'natural' and 'traditional Chinese medicine', and even as a 'craft' or 'ancient ritual'. Confusingly all publications at some stage refer to acupuncture as 'traditional' while The Globe and Mail in particular also often describes it as 'non-traditional'. This suggests that across the Western world there is confusion about the image of acupuncture, and about what kind of medicine it actually is. The Australian is most likely to refer to acupuncture as 'natural' medicine, while The Globe

and Mail favours 'alternative'. The Times is more eclectic in its choice of words but relies mostly on 'alternative' and 'complementary'.

Overall, The Australian is the most positive in its portrayal of acupuncture. Two articles warn people of adverse events that could be caused by needling, but only one article mentions the placebo effect and the overall message comes across that acupuncture is natural, safe, effective, and one article, in year 7, even describes it as 'mainstream medicine'.

The Globe and Mail is less universally positive in its portrayal, and in particular often presents the idea of having needles inserted in a slightly negative way. The overall message from this publication appears to be, especially in the later years, that acupuncture can be effective, but it is still considered alternative.
The Times presents a less conclusive portrayal, with some articles insisting that acupuncture is 'exceedingly effective' while others state that it is 'quackery'. The general message appears to be that the British have no time for the unfamiliar Eastern health model, rubbishing the idea of meridians and Qi, and the placebo effect is mentioned most often in this publication, especially in years 9 and 10. However, the majority of articles suggest that acupuncture does work, with many studies backing it up, and that it will continue to become more mainstream with many articles putting forward the idea of 'integrated medicine'.

The popularity of acupuncture has been on the increase in the Western world for decades, its image changing from that of an outlandish fringe procedure to being used as part of mainstream medical care across the globe. In all three of the countries studied the use of acupuncture is increasing, with it being offered more often by conventional doctors and health establishments, treatments covered by increasing numbers of health insurers, and an ever expanding array of studies into its efficacy.

In their portrayal of acupuncture the three newspapers used in this study can offer us a snapshot of the changing face of acupuncture across the last decade and give an insight into the perceptions of the general populous in each of these three countries.
The change in the overall portrayal of acupuncture has been subtle in both The Australian and The Globe and Mail; while The Times obviously felt there was scope for the health based section of the newspaper in year 8. Despite, or perhaps because of, the more recent trend for evidence based complementary therapies and the spate of clinical trials, all three newspapers have generally depicted acupuncture in a positive light, showing it to be effective for a range of conditions and that it is used by, and has helped, many people.

# HOW TO SECURE THE SAFETY OF CHINESE MATERIA MEDICA (2)

By Hui Jun Shen
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## Toxic Ten---- Ten Toxic CMMS Used in Europe

There are ten commonly used herbs that are legally available from the suppliers in the UK although they are recorded in Chinese Pharmacopeia as toxic. They are:

**半夏 Ban Xia**
**Rhizoma Pinelliae**

Rhizome of *Pinellia ternate*, family *Araceae*. Functions: Deprive dampness and Eliminate phlegm; Lower the adverse-rising Qi to stop vomiting; Disperse stagnation and lumps.

Raw Ban Xia is very toxic therefore not for internal use. Only prepared Ban Xia (repeated soaking with ginger and alum) is allowed for internal use, with the dosage range 5-10 grams per day.

Eating a small amount of raw Ban Xia can cause numb and/or stinging sensation on mouth and tongue, higher dose will cause strong stinging, burning irritating feeling and swelling in tongue and throat, salivating, nausea/vomiting, difficult in speech and opening mouth, even limb convulsion, suffocation, difficulty with breath and death.

**Attached:** Tian Nan Xing: Rhizome of *Arisaematis erubescens*, also family *Araceae*. Having the similar functions/indications as Ban Xia. Raw form is more toxic than Ban Xia, so not for internal use. The dosage range of prepared Tian Nan Xing is 5- 10 grams/day for internal use.

**苍耳子 Cang Er Zi**
**Fructus Xanthii**

The fruit of *Xanthium sibiricum*, family *Compositae*. Functions: Expel cold and wind to clear the nasal passage; expel wind-dampness to alleviate pain. Dosage 3-10 grams/day. The whole plant of xanthium is toxic with its fruit is worse; the known toxic components are rhamnose and other alkaloids. The LD50 in mice is 0.93g/kg. The toxicity causes liver and kidney damage, in severe cases, coma and convulsion, repertory and circulative failure and kidney failure to death.

**重楼 Chong Lou**
**Rhizoma Paridis**

Rhizome of *Paridis polyphylla*, family *Liliaceae*. The other name is Zao Xiu. Functions: clear away heat and toxic material; expel wind to relieve spasm. Dosage: 6-10 g/day.

Traditionally it is considered as a slightly toxic CMM but no research report on its toxicity is available.

**川楝子 Chuan Lian Zi**
**Fructus Meliae toosendan**

Fruit of *Melia toosendan*, family *Meliaceae*. Functions: activate Qi to relieve pain; parasiticidal and fungicidal. Dosage: 5-10 g/day.

It is recorded as slightly toxic in traditional literature but no modern scientific evidence on its toxicity is available.

**Attached**: Ku Lian Zi, the fruit of *Melia azedarach* from the same botanic family, is sometimes used in replacement of Chuan Lian Zi in certain part of China. Ku Lian Zi is more toxic. In a report it says that in 4-8 hours after eating 10-70 fruits of Ku Lian Zi, the poisonous reaction emerges as nausea/vomiting, diarrhea, difficulty with breath, limb numbness and convulsion or even death.

**苦杏仁 Ku Xing Ren**
**Semen Armemiacae Amarum**

Ripe seed kernel of *Prunus Armemniaca* and some other closely relative species, family *Rosaceae*. Functions: relieve cough and dyspnoea; relaxative.

The ripe seed kernel is slightly toxic, but the unripe is more toxic. Adults eating 40-60 unripe kernels or children eating 10-20 can get poisoned, causing headache, dizziness, abdominal pain, diarrhoea, stomach burning sensation, short of breath, even respiratory failure, blood pressure dropping and death.

Ku Xing Ren contains Amygdalin, a kind of bio-glucoside, and Amygdase, a kind of enzyme. The enzyme can decompose the glucoside to produce hydrocyanic acid which is very toxic. The lethal dose of hydrocyanic acid in adults in 60mg.

To ensure the safe use of Ku Xing Ren, we always use ripe kernel which is usually pre-prepared with heat (soaking in the boiling water or frying). The heat can destroy Amygdase so reduce the decomposition of Amygdalin into hydrocyanic acid, so the toxicity can be reduced at the minimum level.

**山豆根 Shan Dou Gen**
**Radix Sophorae tonkinensis**

The root and rhizome of *Sophora tonkinensis*, family *Leguminosae*. Functions: Clear away heat and toxic material; soothe the throat. Dosage: 5-10g/day.

In 1970s, two incidents of collective poisoning of Shan Dou Gen were reported in China. In one incident, 81 people took the decoction of Shan Dou Gen (10g) with Ban Lan Gen (10g) and Jin Yin Hua (10g) with 66 being poisoned. In the other, 73 people took herbal decoction containing Shan Dou Gen with 50 being poisoned. The symptoms were: headache, dizziness, nausea, vomiting, week limbs. A few people had abdominal pain, diarrhea, trembling, convulsion, and rapid heart beat.

**Attached:** Bei Dou Gen: The rhizome of *Menispermum dahuricum*, family *Menispermaceae*. Bei Dou Gen is sometimes used as Shan Dou Gen in north China (Bei means north). It is less toxic than Shan Dou Gen.

**蛇床子 She Chuang Zi**
**Fructus Cnidii**

Fruit of *Cnidium monnieri*, family *Umbelliferae*. Functions; Warm the kidney and strengthen Yang; deprive dampness and relieve itching (external use). Dosage for internal use: 3-10 g/day.
Traditionally it is considered as slightly toxic in some literature while it is recorded as non-toxic in other literature. No toxicity case reports or research reports are available.

**土槿皮 Tu Jin Pi**
**Cortex Pseudoliarix kaempferi**

The other name is 土荆皮 Tu Jing Pi. The stem bark or root bark of *Pseudoliarix kaempferi*, family *Pinaceae*. Functions: deprive dampness and relieve itching; fungicidal.

Due to its toxicity, Tu Jin Pi is only used externally for skin conditions. Internal use is prohibited.

**吴茱萸 Wu Zhu Yu**
**Fructus Evodiae**

Nearly matured fruit of *Evodia rutaecarpa*, family *Rutaceae*. Functions: warm the interior and expel cold;

deprive dampness; activate Qi to relieve pain. Dosage: 1.5-5g/day.

Wu Zhu Yu has a very hot and dry nature and tends to over-activate Qi and blood circulation. Overdose or prolonged use, which should be avoided, can make body overheated causing bloating stomach, irritable eyes, sore throat, hair loss, anxiety, mental restlessness, and skin infection. No toxicological research report is available.

**仙茅 Xian Mao**
**Rhizoma Curculiginis**

The rhizome of *Curculigo orchioides*, family *Amaryllidaceae*. Functions: invigorate the kidney and strengthen Yang; warm and strengthen spleen-Yang; expel cold and dampness. Dosage: 3-10g/day.

Traditionally in the literature it is rather hot in nature and slightly toxic, so overdose or prolonged use should be avoided. Again, no toxicological research is reported to give evidence.

Apart from the above Toxic Ten, a few other CMMs are reported to be toxic or with potential toxicity in the animal experiment or clinical study.

## Most CMMS Are Non-toxic, Many Are as Safe as Food

Having discussed about the toxicity of CMM, let us look at the relaxing and joyful side. Many CMMs have been traditionally used in the Chinese diet for many centuries. They are still often seen on the dining table in Chinese families nowadays. A great deal of scientific research work has been done in China on these CMMs and no toxicity is detected.

In early 1990s, The Chinese authority issued a list with 86 CMMS which could be also taken as food, so called "CMMs for medicinal and dietary use". Here I give some examples:

Shan Yao, Gan Cao, Sheng Jiang (fresh ginger), Gan Jiang (dried ginger), Bo He (Mint), Sang Ye, Ju Hua, Ge Gen, Lu Gen, Fu Ling, Sha Ren, Yi Yi Ren, Dong Gua Pi, Rou Gui, Hua Jiao, Chen Pi, Shan Zha, Shen Qu, Ji Nei Jin, Mai Ya, Gu Ya, Lai Fu Zi, Nan Gua Zi, Huai Hua, Ou Jie, Hai Zao, Pang Da Hai, Sang Zhen Zi, Bai He, Gou Qi Zi, Long Yan Rou, Da Zao, etc.

## Conclusion:

- Comparing with western medicine, Chinese medicine is much safer although some CMMS can be toxic.
- Over the long history of Chinese medicine, the toxicity of some CMMs has never been ignored.
- The Chinese pharmacopoeia gathers 69 toxic CMMs, with over half are very rarely used nowadays.
- Among 250 commonly used CMMs in Europe, 10 are in certain extent toxic, which account for only 4%.
- Most CMMs are safe, many of them can be taken as food as well.
- Two golden rules to secure the safety of CMM:
  - Always avoid using toxic CMMs where possible
  - Never use overdose or prolonged course unnecessarily.
- No medicine is non-toxic if abused or misused. Evenly cooking salt can be toxic when wrongly used. Sufficient knowledge and specific caution are always required in the clinical application of Chinese *materia medica,* especially those practically or potentially toxic.

# 从中风诊治的历史和现状谈中医发展

戚 丽 宜

西方医学之父希波克拉底于2400年前把突然昏迷摔倒的病症统称为卒中。在东方，中医称卒中为中风。顾名思义，中如石矢之中人，形容发病骤然；风具有善行而数变的特征，形容此病复杂，变证多端。历代中医将此病列为诸病之首，属四大疑难病症之一。早在220-300BC，《黄帝内经》已对中风病的病因、病机、症状和体质有了丰富的描述和记载。如风论篇“五脏六?之俞，亦为脏腑之风，各入其门户所中，则为偏风”指外因。调经论“血之与气并走于上则为大厥，厥则暴死，气复返则生，不返则死”强调内在因素。生气通天论“阳气者，大?则形气绝而血菀于上，使人薄厥”、通评虚实论“凡治消瘅、仆击、偏枯、痿厥、气满发逆，肥贵之人则膏梁之疾也”指体质等。(1)以后历代医家对中风的论述颇多，但见解各有侧重，并有二本专著《中风论》、《中风斟诠》。

本病以突然昏仆，不省人事，半身不遂，口歪，舌强，音语蹇涩为主症，有时具有头晕、肢麻、抽引和烦燥等先兆。因此中风实质上相当於现代医学的急性脑血管循环障碍，它包括：高血压脑病、一过性脑缺血(TIA, RIND,RIA, SFR等)以及脑梗塞(包括脑血栓、脑栓塞)、脑出血、蜘网膜下腔出血等。但引起以上出血、缺血的原因是众多和复杂的，自古至今此病是常见危害人类生命的多发病。

根据统计资料在英国此病发病率为80-150人/10万，每5分钟出现一个中风病人，致残率500-800/10万。死亡率为12%相当每年死亡64000人，仅次于心脏病和肿瘤为第三大死亡杀手(1993)。中国、日本、南朝鲜等地调查，则为三大死因之首位。近年来由于高血压被控制，脑出血的发病率有所下降，但脑梗塞则因高血脂、高血糖、生活紧张、烟酒等因素仍居高不下。随着时代的前进，中医对中风的认识逐渐深入和发展，下面就从病因、病机、诊断、鉴别，治疗，预防等进行介绍。

## 一、病因

1.外风学说：唐宋以前医家多以“风从外中”、“正虚邪入“而致病。《灵枢·刺节真邪篇》“虚邪偏客于身半，其入深，内居营卫；营卫稍衰，则正气去，邪气独留，发为偏枯。”东汉张仲景在《金匮要略》中根据胳脉空虚，风邪乘虚侵入，并以病情轻重，病邪深浅，分别开辟了中络、中经、中腑、中脏等证候分类。唐，孙思邈认为中风分类有四：偏枯、风痱(四肢不收，身无痛处)、风懿(失语)、风痹(痛瘫)说明外邪乘真气、脉胳、脾胃、气血之虚，从外侵入而致病。

2.内风学说：金元时代(1156-1228)，以刘河洞、李东垣、朱丹溪为代表，认为“风从外中“的论述不够充分，提出“风自内生”的理论。如河间主张“心火暴盛”。东垣认为“正气自虚”。丹溪主“湿痰生热”。虽主火、主气主痰各有己见，但都认为是因肝、肾、脾虚而导致风、火、、痰，主因是风自内生。这与病人体质条件紧密结合，在认识上是个大进步。

3.内外风学说：元末明初医学家王履认为中风既有外中，又有内生，并称外中者为真中，内生者为类中。真中是外感中风伴有六淫形证。类中为无六淫形证。其《医经溯洄集·中风辨》记述：因于风者真中风也；因于火，因于气，因于湿者，类中风，而非中风也。此实为中风时伴合并症，如中枢出血引起高热、肺部感染等症。

4.非风学说：明张景岳(介宾)否定因风致病说，提出“内伤积损”、“阴阳亏损”非风学说，认为“凡此病者，多以素不能慎，或七情内伤，或酒色过度，先伤五脏之真阴”，所以“阴亏于前，而阳损于后，阴陷于下，而阳泛于上”等理论。后人对此非风论分析，认为仍属“风自内生”范围。

5。清代叶天士提出，水不涵木，木旺生风，肝阳偏亢而使气升、火升、痰升所致。张山雷“上盛下虚”，张锡纯“肝木失和”，尤其是王清任，经过初步尸解，在《医林改错》一书中特别提出“气虚血瘀“以采用补阳还五汤治疗血痹。以上均指出了病变部位在“穷”，在“巅顶”，即在脑，进一步完善了对中风病的认识，与1620年瑞士科学家Johann Jacob Wepfer病理解剖第一次提出卒中病因是脑部出血和血瘀等现代医学观点趋向一致。

## 二、病机

1. 肝肾阴虚，精血亏损，导致肝阳偏亢，肝风内动，引起气血逆乱、挟痰、挟火、走窜?络，发生半身不遂、口眼歪斜。此型多见于高血压三期，动脉硬化.
2. 正气素虚，气虚无力或气滞而导致血阻?络，半身不遂，遍身麻木，多见于心源性心气不足、节律不齐、房颤、低血压。
3. 肝阳上亢导致肝阳暴张，进而大行风动，气血逆乱上扰清窍，突然昏仆，不省人事。多见于高血压脑病,脑出血。

4. 素体肥胖，痰湿壅盛，湿聚于痰，痰郁化热，热盛生风，肝风挟痰上拢，亦可蒙蔽清窍，流窜经络而猝然发病。多见于糖尿病肥胖症伴高血压等病人。

以上四点是形成血涩、血滞、血瘀，风火相煽，挟痰上拢，闭阻经络，蒙蔽心窍的主因。外风，无论外感六淫、内伤七情或烦劳过度、起居不慎，只是诱因。

综上，风(肝风为主)、火(心火、肝火)、痰(风痰、湿痰)、气(气虚、气逆)、血(血瘀、血菀)为中风常见的发病因素，并且在一定条件下可互相影响。从病位讲，与肝、心、脾、肾、脑密切相关并与其相关?络有关。从症候属性论,本虚标实，虚中挟实为主。标表现在风火痰湿壅盛；本，表现在肝肾亏损、气血衰少。总之，本病是因机体阴阳平衡失调,阴虚导致肝阳上亢，火盛化风，气血上逆，痰阻窍络而成。

## 三、诊断

**1.中风先兆：**中医也称小中风。在“上工治未病”汉医学思维指导下，历代医家从不同角度观察记载了中风先兆种种表现，归纳起来大致如下：

- 一侧手脚突觉麻木、软弱无力，口歪、流涎水。
- 一侧视力减退、模糊，看不清东西。
- 突然眩晕，摇晃不稳，甚至晕倒，耳鸣眼花，头重足轻。
- 无?因的嗜睡，整日昏沉，唤醒后对答慢。
- 突然出现暂时性说话困难，或听不懂别人说活的意思。
- 智力突然改变，丧失了正确的理解和判断力,个性改变,如孤僻,沉默寡言,健忘,失眠。
- 出现难忍的头痛，由间断变为持续，伴呕吐、抽搐。

要及时掌握以上体征,结合现代医学检测手段，测定危险因子,生化和理化指标,作出及时准确的中风预报，使更有利于预防和治疗。

**2.中风诊断：**凡猝然昏倒不省人事，口角歪斜，半身不遂，舌强音蹇，吞??困难,半身麻木等主症中,具有二项以上即可诊断。目前不管是出血或是缺血梗塞，均可通过CT等科学手段得到证实.

明代,戴思恭《证治要诀》中记载:“中风证卒晕倒，昏不知人，或痰延壅盛，咽喉作声，或口眼歪斜,手足瘫疾，或半身不遂，或舌诿不语。”可见当时已有了比较详细描述。

**3.中风《证治要诀》中的命名：**

- 病因分：真中、类中。
- 病机分：煎厥、薄厥、大厥。
- 病证分：喑痱(语音不利),偏枯(邪入?),风痱(邪入里，中脏),风懿(舌强音涩)中?中络,中脏,中?。
- 发病部位分：巅疾。
- 发病状态命名：卒中，击仆，厥证。
- 近人分：缺血性中风，出血性中风。

应当指出，自《黄帝内经》之后两千多年里，由于历代医家的实践和观察角度不同，以致出现众多命名极不统一。因此，对中风分类、命名的统一及客观指标的确定是非常必要的。

**4.中风辨证** 在疾病发展的不同阶段有着不同的证型，目前有以下分法：

按病证分型：痰热里实，痰蒙心窍，内痰上拢，风痰阻络等型。

按病机分型：肝阳暴张，肝阳上亢，气虚血瘀，阴虚风动等型。

中经络分虚实证，中脏腑分闭脱证。

(1) 中络，病情轻缓，单肢瘫，口歪，言语不利，手足麻。多见皮层支。

(2) 中经，感觉麻木，半身瘫痪，舌强语涩，多愁善感，舌苔黄腻，脉缺劲或缓滑。多见大脑中动脉及内囊出血。

(3) 中腑，嗜睡,轻昏迷,神态迷糊,半身不遂,口渴流涎,舌强失语,大便秘结,口臭。

(4) 中脏,深度昏迷,痰声漉漉。可分:

**A.闭证**:

***阳闭***:神昏不语,牙关紧闭,痰声如锯,两手握固,面赤气粗,大便秘结,小便短赤,舌红苔黄腻,脉滑弦数,身热烽动不安,为阳闭。多见于脑室出血,桥脑出血,内囊出血,蜘网膜下腔出血。

***阴闭***::面白唇暗,静卧不烦,四肢不温,痰证壅盛,为阴闭。为风阳上拢，气血上逆，挟痰火壅盛，蒙蔽清窍所致。多见于颈内动脉、大脑中脉梗塞。

**B.脱证**:神昏,意识全丧,五绝(目合,口张,手撒,遗尿,呼吸微弱)四肢厥冷,汗出,舌卷囊缩 脉细弱微,此证乃因其气衰微,元阳暴脱所致。或面赤带妆,脉浮大无根,冷汗如油，此乃为真阳外越危象。相当延髓生命中

枢、脑干严重出血，小脑出血，基底动脉主干梗塞等症。

按证候演变期分：急性期,10-30天；恢复期,1-6月；后遗证期,6月以上.

**5。鉴别诊断**:

《伤寒论》中"发热恶风汗出，脉缓为主证的中风是由风邪袭表，此中风非彼中风也。

- 面风，又称口癖、面痹：明代楼英《医学纲目》中提到"凡半身不遂必口眼歪斜，亦有半身不遂而歪斜者"提出偏瘫伴面瘫与单纯面瘫的鉴别，相当现代中枢性面瘫、、周围性面瘫的不同。
- 痫症：突然倒卧，手足抽搐，背脊强直，口吐涎?，顷刻可醒。
- 厥证：突然昏倒.不省人事,伴四肢厥冷,短时可苏醒,无后遗证(休克，虚脱，心源性)。
- 痿躄：发病缓慢，弛缓无力，日久不能活动，双下肢对称。(周围性瘫痪)
- 痹证：人体肌表、?络受风寒邪之侵袭，使气血运行不畅引起关节处疼痛、麻木、关节肿胀、屈伸不利等症。(各类关节病)

## 四、治疗

古今医家治疗中风大体有怯风熄风，醒脑，开窍，涤痰,固脱，活血化瘀,通经活络等治法。常用方选有：小续命汤，大秦艽汤，三化汤，镇肝熄风汤，天麻勾屯饮，再造丸，安宫牛黄丸大,小活络丹，至保丹，至雪丹，苏合香丸，独参汤，补阳还五汤，人参再造丸 解语丹,地黄饮子，涤痰汤，导痰汤等以及复方丹参片，活血通脉片，维脑络通片,三七片，心脑通络片,升脉饮，血府逐瘀汤 等进行辨证选方用药。

**1.中经络：**

半身不遂：疏通经络，调和气血。以取手足阳明经穴为主，辅以太阳、少阳经穴。阳明经为多气多血之经，气血和畅，肢体易恢复。四肢为诸阳之末,肢体阳气恢复必取阳经之穴。初病可单刺患侧 宜泻,宜取阳经。患侧疏通局部气血。久病刺灸双侧(先刺健,后刺患),宜补,宜取阴经,健侧调节阴阳平衡,和气血,利关节。

穴位：

上肢：肩于 曲池 外关 合谷 中堵 (屈曲性瘫疾)

下肢：环跳 阳陵泉 足三里 悬钟 解续 邱墟 (伸直性瘫疾)

口眼歪斜：地仓 颊卒 四白 (中枢性面瘫)

语言不利：上廉泉 哑门 通里 照海 金津玉液 (点刺出血)

吞咽困难：同上 (假性球麻痹)

流涎：承浆 廉泉

口禁、牙关不开：人中 颊车

便秘：支沟 照海 天枢 上巨虚 归来 水道 旁归来 旁水道 丰隆

尿失禁：肾俞 关元 气海 三阳交 百会

嗜睡、意识不清：百会 内关 丰隆

烦燥不安：内关 间使 太冲

感觉障碍：梅花针局刺 头皮针感觉区

血压偏高：风池 曲池 太阳 足三里 太冲 合谷

**2.中脏腑**

急性期：中西医结合，一切从病情出发，进行抢救。

**闭证：**熄风开窍，清热豁痰，取督脉，12井穴，辅以手足厥阴、足阳明经。

阳闭：安宫牛黄丸，至宝丹。

阴闭：苏合香丸。

脑出血,蛛网膜下腔出血：禁针灸。

穴位：

人中,12井(中冲,少冲,关冲)。主督一身阳气,开闭接通三阴三阳之气,?调平衡。

劳宫,降心火安神,厥阴之荥穴。丰隆,降脾胃之气,蠲浊化痰

涌泉：肾水穴,有引火归元,下引上取,使气血??行。

风池,太冲。神志清时,表里二经之气有熄风平肝之效。

**脱证：**

益气回阳固脱(忌针)。中药：独参汤,升脉散。

关元(灸)任足三阴之会,三焦元气会聚之处,联系命门真阳,阴中有阳的穴位 。

神阙(灸)生命之根蒂,为真气所系,灸此穴及足三里,挽回将绝之阳气,救虚脱。

足三里(灸)。补后天之气。多汗：阴?。尿失禁：水道,三阴交。虚阳浮越灸命门。

**3.中风先兆：**平肝熄风,降逆通络。

穴位：百会,风池(熄风,清肝胆热),曲池(清热,降压) 足三里(灸) 预防

**五、其他疗法** 头针,耳针,电针(略)。

**六、注意事项**

1。瘫疾肢体,被动运动,防止肩关节脱臼,被动运动2次/日。

2。血压高于220/120 Hg,针忌强刺,电针灸法均不宜。3。脑出血急性期不针灸,超过2-3周后瘫疾肢体可针灸。蜘网膜出血不能针灸。

**七、疗效观察:**

仅就本人在(中国中医研究院广安门医院)1983年4月到1986年8月收治住院脑梗塞病人322例观察(4)根据自制百分评定疗效标准,总基愈率48.14%,有效率94.3%。其疗效与病情轻重及中医所取病位深浅有明显的区别和差异,p<0.001。病程一月内的有效率达95.26%,一年内的达 89.86%。可见中医治疗对急、慢性均有一定疗效。从分组观察:单纯针刺组,20%当归点滴双穴位注射组,针和中药组和综合组,其中以当归组疗效最好,基愈率70%,有效率96.9%。并初步用血液流变学指标对比梗塞患者与正常人的差异及针刺前后血脂胆固醇的变化。 当时国内对中医针药治疗中风的报导颇多,但疗效差异较大,这与缺乏统一的评定标准有关。总的来看,恢复期中医药、针的疗效均高於单纯西药组。由於当时条件的关系本文只是回顾性研究的结论。详见参考。(2)(3)

**八、讨论:**

**1.本文**作为一个实例介绍中医对中风的病因、病机、体质及症状 等方面,在2300年前的黄帝内?及以后的著作中已有记载,以后又有了不断发展。在公元三世纪,金匮要略一书就描述了中络、中经、中腑、中脏的病情轻重、病位深浅的证候群及其客观的转化规律。1830年,在王清任的"医林改错"一书中的补阳还五汤,血府逐淤汤成为近代治疗闭塞性脑血管病的主要经典方。在中国,此类病人除在急性期采取中西医综合抢救外慢性期几乎大多是以中药、针灸进行治疗。患者的趋向,肯定的疗效,以及现代神?科学的知识和CT,MRI等的检测证实,结合本人在临床实践中的体验,,证明中医对中脏闭,脱证的描述 ,完全符合中枢不同部位的出血或梗塞所出现的严重体征。中医对病症的描述不是臆想的而是从几千年医疗实践中不断总结、积累发展起来的,它的科学性体现在对人的健康和疾病的客观反映,其真理性受到长期的、反复的实践检验,这就是中医的精华,它为中华民族繁荣健康作出过贡献,也越来越受到世界人民的欢迎。

任何知识有其条件性,显示其相对性;任何科学也都具有一定的相对性,相对真理是长期存在的.中医的存在和发展受到历史条件和 科学水平的限制,其中难免有糟粕。人们应以历史、辨证的态度,去粗取精,去伪存真的去认识和评价中医。

**2.随**着现代物理、生物、化学等学科的发展,促进了现代医学的发展从以实物为中心、以分析为手段的组织、细胞水平的研究走向分子、亚分子水平的研究。上世纪五十年代后,现代中医研究工作者对中医理论和实践中诸如针灸、经络、阴虚、阳虚、痰、火、气、血、风 等的本质进行了实验探讨,做了许多有益的研究。如对中风症的粘、聚、凝、扩等方面从血液流变学(血粘度、流速、红细胞电泳、压迹等)及血小板血细胞的形态、变形能力、凝聚能力去解释;从纤容系统观察其降解产物及纤溶酶的变化。从甲皱,、球结膜微循环状态及血脂HDL-LDL比值了解血管硬化情况。近年又有 fMRI、PET,对脑的血流量的测定及从神经介质、神经调节物、如儿茶酚胺、5-HT、PGF2和TxB2、血管紧张素等一系列指标寻找中医理论的客观依据。应该于以肯定,加以发扬这有利于发展,深化中医理论,用现代科学的语言未揭示中医的 内涵和科学性,发掘中医的精华。

**3.新的**世纪是信息的时代,它的特征体现在创新与共融相互影响和促进。就医学而言,研究对象是人体与疾病。东西方医学在各自哲学体系及科学观指导下,对人体及疾病作出各自的观察,解释,都是为了达到治愈的目的。西医的发展进入了在分子论的分析时代,它认为事物的一切变化都由构成它的组成部分--实物引起的。用还原分析的方法寻找"最终的"有决定性意义的实物粒子,成为被普遍]应用的思考方式。它认为生命和疾病现象可以从物理、化学规律来解释,从整体,细胞一直深入到分子,使医学不断地向微观方向深入,形成现代的分析、实验和定量的研究。在治疗方法上寻找"魔弹",以进行特异性的治疗。

中医受古代哲学思想,尤其是元气学说的影响,用阴和阳相辅相成来表达对立面的统一,把它看作是所有自然现象和人类社会的本质。重点在整体。中医把人的生理活动描绘如精气神、藏象、?络、证等系统质的整体活动,并注重各自的联系,如阴阳、五行、正邪、运气等的相互关系和作用。而这种关系又用阴平阳秘来表达有序的稳定,这种稳定又处于动态的过程中。生命科学证实,生命是自我更新,自我克服,自我调节的。

中医把这种规律运用在养生知本,治病求本,注意遵?机体的"阴阳自和"的规律,运用各种手段,调其阴阳之所自,推动达到自我调节的治疗目的。(5)

作为20世纪伟大发明,具有高度复杂程序的计算机,却由高度简单的符号0和1构成;伟大发现基因密码揭示,100多万种生命形态是由4个苷核酸通过不同的组合而演变成的。其中关键在于他们的组合关系。还有,物理学的量子力学,波粒学说,宇宙大爆炸理论,使现代科学由分析时代跨向了系统时代。这些成就也赋予中医的朴素的系统论一个新的起点。中医基础理论的核心是整体观,这已逐渐被世界所接受;系统科学的兴起,也为中西医融合提供了时代的基础与条件。

**九、结语:** 以中风为例,说明中西医结合诊断和治疗实际的必要。美国对针灸治疗addiction的(戒断)效果,认为是针刺引起关键部位的脑血流量改变导致中枢dopamine的变化激发了神经介质间的cascade现象释放endorphins,可见这种类似模糊数学中的蝴蝶效应,广泛存在于中药、针灸治疗的许多实例中。通过中西医的相互印证,相互沟通和相互补充,用循证医学的方法或者更合乎中医系统科学研究的方法,定能促进中医学向更高层次发展,中医现代化不等於中医西医化。作为中医学者,在21世纪创新与共融的时代更应与时俱进,自强不息,发扬精益求精,悬壶济世的精神,为中医的发展和现代化与世界医学共创共融作出贡献。为世界人民的保健事业服务。

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# Effective Use of Mild Acting Herbs II. Hoelen (Poria)

by Subhuti Dharmananda

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## Identity of the material

Hoelen (Poria; Chinese: Fu Ling) refers to a mushroom cultivated in China on the roots of Chinese red pine trees (e.g., *Pinus massoniana* and *Pinus tabuliformis*); it also grows wild on these pines and other conifers, as well as on several hardwoods (Bau Yunshen, accessed August 2006). The common name hoelen comes from the original botanical name - *Pachyma hoelen* - given by the Dutch botanist Georg Eberhard Rumphius in 1741; it is a term that has been used by the Japanese (their medicine influenced by the Dutch) and followed up by the Taiwanese (adopting the Kampo Medicine system of Japan). In 1922, the American mycologist Frederick Adolph Wolf identified the mushroom renamed it *Poria cocos*, which is the name used in most Chinese texts; the Chinese work expanded greatly in the 1950s and afterward, and they usually relied on names available in 1950. This same mushroom was named *Wolfiporia cocos* in 1984, and this is its current botanical designation.

In books of Chinese medicine, the description of the material part of this fungus to be used is the "sclerotium." Sclerotium (plural: sclerotia) is a term that (in modern usage) refers to a dense mass of branched hyphae, which is what makes up hoelen. The Chinese name for the mushroom is Fu Ling; the characters are just phonetics applied to the spoken name of the herb, an ancient term.

The name may be modified to indicate the locale from which the material was collected; for example, from hoelen from Anwei may be called An Ling, and that from Yunnan may be called Yun Ling. The outer skin of hoelen is called Fu Ling Pi (*pi*=skin), which is separated off and provided as a separate medicinal item, with reputation of being a good diuretic.

### Constituents of hoelen and Possible Effects

The primary constituent of hoelen is fibre; it is in the form of β-glucan (chains of sugar, mostly glucose; a polysaccharide), called pachyman. This component makes up 91–98% of the dried fungal mass, most of it being an insoluble fibre; there is virtually no lipid (less than 0.15%) and little protein (Wong and Cheung 2005). To make decoctions, the mushroom mass is sliced very thin. When cooked in water to make an herbal tea, most of the insoluble fibre is left behind (though some of it becomes suspended by the boiling process), and virtually all the soluble fibre enters the water, forming a somewhat cloudy material.

There is conflicting information about the possible immunological effect of the β-glucan from hoelen; most of the information suggests that it is of relatively low activity. Some other mushrooms of the same family, the Polyporaceae, such as the *Grifola* species (the Chinese medicinal material zhuling and the mushroom popularized in Japan: maitake), contain immunologically active β-glucans that have been developed into medicinal products by extracting and concentrating the high-molecular weight components (Dharmananda 1999). But with hoelen, there has been little work done on isolating an active polysaccharide fraction for medicinal use. In fact, most efforts with the material are towards developing potentially useful dietary fibres that may promote, rather than impair, mineral absorption (Wong *et. al*., 2006).

The mushroom also contains several triterpene acids, including pachymic acid, tumulosic acid, eburicoic acid (a component of many mushrooms), and poricoic acid. Some of these are actively being researched for potential medicinal uses, including anticancer effects seen in laboratory studies (for this effect, these components are used in amounts far higher than one would usually get from the crude herb). The triterpenes may have some immunological effects as well (Yu 1996); though far more research into such effects has been done on similar compounds from other mushrooms, especially *Ganoderma lucidum*, which has a higher concentration of triterpenes (called ganoderic acids). To study these compounds, alcoholic extracts are made, which leave behind the polysaccharides. Hoelen is very popular in China for making formulas that tonify the spleen and kidney, and in prescriptions that are used to remove excess dampness. In recent years, China reportedly collected 10,000 to 13,000 tons of *Poria cocos* annually. The main producing area was Anwei Province.

### Traditional formulas with Hoelen

While hoelen is an ingredient of many formulas, it is a major ingredient in only a few traditional formulas that are widely used today. The following table summarizes most of these, with the % hoelen in formula taken from Thousand Formulas and Thousand Herbs of Traditional Chinese Medicine (Huang and Wang 1993):

| **Formula Common Name** | **(pinyin)** | **Other ingredients % of formula** | **(traditional form)** |
|---|---|---|---|
| Hoelen Five Formula | (Wuling San) | alisma, atractylodes, polyporus, cinnamon twig 19% | (powder decoction) |
| Four Major Herbs Combination | (*Si Junzi Tang*) | atractylodes, licorice, ginseng 26% | (decoction) |
| Cinnamon and Hoelen Formula | (*Guizhi Fuling Wan*) | moutan, persica, red peony, cinnamon twig 20% | (pill) |
| Vitality Combination | (*Zhenwu Tang*) | atractylodes, peony, fresh ginger, aconite 21% | (decoction) |
| Zizyphus Combination | (*Suanzaoren Tang*) | zizyphus, licorice, anemarrhena, cnidium 22% | (decoction) |
| Citrus and Pinellia Combination | (*Erchen Tang*) | pinellia, citrus, licorice, fresh ginger, mume 18% | (decoction) |

## Typical indications

reduced urinary output, with edema and thirst.
spleen qi deficiency, tendency to loose stool
abdominal pain and masses associated with blood stasis
fluid accumulation due to yang deficiency
insomnia, palpitations, sweating due to heat
phlegm accumulation with cough and loose stools

### Dosage and effect

The dosage of hoelen used in decoctions as indicated in most Chinese herb texts varies from 9–15 grams for

spleen/stomach disorders to 30-45 grams for oedema (Hsu 1986). Even higher doses have been recommended in some instances. For example, in a treatment for schizophrenia, 60 grams of the herb was decocted for the daily dose given for 1 - 3 months (Zhu 1998). The herb has very low toxicity. In the traditional categorization of the herb, it is considered without taste (bland or slightly sweet) and neutral in nature (that is, relative to warming or cooling properties). In the formulas listed in the table above where the decoction form is used, 9 grams was indicated in each case for the quantity of hoelen, and this is the lowest recommended dose in the Materia Medica. Generally, reports from modern Chinese clinical work indicate use of somewhat larger amounts than that (typically 10–30 grams for a one day dose). By contrast, hoelen is sometimes incorporated into pills, either as a powder or extract, and its daily dosage in that case is quite low.

The glucans may have a soothing effect on the stomach and intestines, which can explain the role of hoelen in formulas that treat nausea, vomiting, diarrhoea, loss of appetite, stomach ache, and stomach ulcer, as well as cases of excess phlegm production that may result from stomach irritation (Tai 1995). This effect will be stronger from decoctions than with the ingestion of pills because of the higher dosage involved, but even the lower dosages in pills may have an effect due to direct contact of the herb with the stomach and upper portion of the intestines.
The triterpenes may be responsible for other claimed effects, such as diuretic action; hoelen is often combined with alisma (Ze Xie), which also has triterpenes and is considered a diuretic (Tang and Eisenbrand 1992). In addition, these compounds can have a benefit for the digestive system. The amount of the triterpenes in hoelen is small, so in order to get an effect of them outside of the stomach and upper intestine, it is important to use decoctions or dried decoctions (e.g. for treating oedema and insomnia).

The attribution of a sedative effect to hoelen (and especially to Fu Shen, which is now defined as the smaller hoelen fungus with the pine root embedded in it) is largely the result of the imagination of the ancient alchemists (Sivan 1980) and there is currently little supporting evidence for it. Hoelen was originally thought to arise via the transformation of pine resin. It was said that after a thousand years residing in the ground, the resin became hoelen; after another thousand years, it became Fu Shen, after another thousand years, it become amber (*hopu,* which is, in fact, derived from pine resin), and after yet another thousand years, it became crystal quartz (the term "thousand years" means a long time, and not the specific duration). The pine tree is itself a symbol of calmness, and the four derivatives of pine resin described here are all considered sedatives of increasing potency attributed to aging in the ground under the influences of earthly and heavenly qi. While this story in interesting, it raises the question whether the fungus truly has significant sedative properties, since its constituents are entirely different from pine roots, amber, and quartz. Other Chinese herbs appear to have more significant sedative effects, demonstrated in pharmacology studies as well as with clinical use (Zhu 1998).

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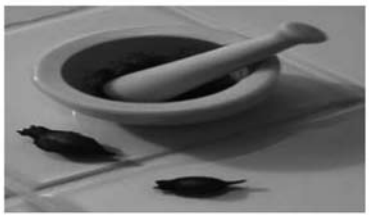

# Proof or Faith?

by Stephen Gascoigne

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During my medical training in Liverpool, we attended a debating competition in a prestigious centre of learning and culture - Oxford University. We were seen as being the poor relations from the North of England. Liverpool had, and still has, a reputation for humour and certain irreverence. The debating team from Liverpool proceeded to bring the house down with their storytelling and debating skills. At the end of the competition, a formal and rather stuffy professor began by saying, ' Of course, anyone can be funny....' to be met with a rapid riposte from the back, 'Well, go on then!'.
I was reminded of this when I saw a recent programme on television about acupuncture. The programme began with a scene of open heart surgery performed under acupuncture anaesthesia. The patient was fully conscious and was able to talk to the surgical team throughout the procedure. She made a full recovery and left hospital much quicker than if she were to have conventional anaesthesia. The presenter then asked whether acupuncture actually works or not. This invites the comment, 'Go on then, you do it!'.

I saw similar things in China when I trained in acupuncture. A man had a brain tumour removed under acupuncture anaesthesia and was conscious throughout. At the end of the operation, his head was bandaged, he sat up, waved to us all and walked out of the operating theatre. Whatever we may think personally about such events, and our reactions are always based upon what our previous experience tells us, there is no escaping the fact that something quite unusual was happening.

In today's world, 'scientific proof' is the buzz word to see if any treatment is effective or not. The word 'science' is often used in quite a narrow way and can be intended to disprove effective treatments rather than as a genuine attempt to be open-minded. I had a conversation with a statistician once about medical research. She said that there was a great difference between those who undertake pure research and those who undertake medical research. Pure scientific researchers ask the question, 'How can I find out what happens when I do A?'. A medical researcher tends to ask, 'How can I show that when I do A, B happens?'.

The gold standard of conventional medical research is the 'controlled clinical trial' (CCT) or 'randomised clinical trial (RCT) which has been in increasingly common use only since the 1960's. Prior to that time, the effectiveness of treatments was mainly determined by recommendations from a small number of doctors. Harris Coulter, who has studied CCT's and how they are used, wrote *The Controlled Clinical Trial: An Analysis* by Harris L Coulter (Batus 1991), which I would recommend to anyone interested into how these developed to their current pre-eminent position in conventional medicine.
In controlled clinical trials neither the person nor the doctor knows whether a 'real' or a 'sham' treatment is being applied. For example, if a drug is being studied, some people will be given the drug and others will be given tablets containing no active substance. In this way, differences in the outcome of the two groups can be attributed to the effects of the drug - all subjective elements are accounted for and negated.

The basic problem begins with trying to define a particular illness. There are so many variations within 'normal' and these variations become more numerous when people start to develop symptoms. It is notoriously difficult for doctors to agree on definitions of disease let alone agreeing on what is an effective treatment. This is a natural function of the complexity of human beings and their individuality. It is nigh impossible to categorise people into rational and easily definable groups and any 'generalisation' must ignore significant aspects of the rich variety of human experience.

If it is difficult to define a disease clearly, how much more difficult is it to state whether a particular treatment is effective or not? It is impossible to gather together a sufficiently homogenous group to enable such trials to be meaningful. One key example is the previous medical history. One would think that this would be of over-riding importance when considering individual variation. However, no clinical trial has ever considered the importance of prior medical history!
Is it possible for the subjective element to be removed completely? A consultant rheumatologist I know was always being asked to perform clinical trials for new anti-arthritis medication but became interested in acupuncture for the treatment of arthritis. His senior registrar was in charge of the day-to-day conduct of the drug trials and many pieces of research were done. As the consultant became more and more involved in acupuncture, he became more and more disillusioned with the efficacy of the conventional medication.

The results of the trials became less and less favourable for the drugs until eventually the pharmaceutical companies stopped using his unit for research. It was as if his mental attitude were affecting the trials even though he was not personally involved in them.

We hear phrases such as 'evidence-based medicine'. In reality, such requests for scientific evidence are frequently used as a stick to beat up treatments or practitioners where trials are inappropriate. Any other 'evidence' is seen as being less worthy, less scientific, of less value. Indeed, individual stories and case histories are actively dismissed and called 'anecdotal', a term used pejoratively by the conventional medical profession.

In his book, Coulter points out that what we think is a logical, scientific method of analysis is nothing of the sort. People are pre-selected to exclude those people who may 'interfere' with the final conclusion which is desired. This is why drug trials consistently have very significant degrees of claimed success in treating a particular condition. When the drug enters the 'real world', the success rate is much less. This is the story with statins. Initial drug trials were amazing in the percentage rates of claimed improvement. Real patients rarely behave as people do in drug trials and so success is less dramatic and adverse effects become more obvious.

I would encourage us all to consider anew the question of case histories and their value to us as practitioners. Whenever I read a text about Chinese medicine, I always look at the case histories. This is the way in which academic theory becomes real and practical. We can only be sure that our work is of benefit by putting theory into practice in this way . Do we need research trials for this? Do we need placebo groups where we withhold treatment? Do we need large groups of people to be analysed and studied by statisticians before we can decide whether a treatment is 'proven'? Certainly, we need to consider what we do and the effectiveness of our treatments but we already know that Chinese medicine is effective. Surely the challenge for us is how to translate those ancient wisdoms into practical and effective applications for the 21st century.

We should never underestimate the power of hearing people's stories and the positive effect this can have upon our patients and ourselves. Listening to someone's account of overcoming adversity and suffering is very inspiring. It gives people hope. It gives us hope that perhaps we can do something to benefit others!

In this column, I intend to bring you case histories from my own practice. These will be used to illustrate how the practice of Chinese medicine can achieve benefits for others and ourselves. We all know the awesome power of Chinese medicine, yet I am continually inspired by people and the stories they bring to me. I hope that I can share some of this with you in forthcoming issues.

# The Development of Wind Aetiology in Chinese Medicine. Part One - Historical Theory

by Attilio D'Alberto

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*For a free subscription to Chinese Medicine Times, click on the link: www.chinesemedicinetimes.com*

## Introduction

Wind's historical background in ancient China dates back to the beginning of the written word, yet its historical development within the *textus receptus* of the Huang Di Nei Jing Suwen has not been so linear. The differences between the writings of the Mawangdui manuscripts to its later cousin the Suwen may shed light on the evolution of wind aetiology in Chinese medicine and the development of that most elusive of forms, qi itself. Qi is defined as 'air, gas, vapour, flatus', whilst wind is defined as 'any natural movement of air' (Wiseman and Ye 1998, Harper 1998). Wind is air in motion, yang in nature, a yang evil and lies at the root of all illness. It is a natural element, like a wild horse, it cannot be readily tamed; only shamans were thought to be able to control its

actual movement. Qi theory however, is a more complex force that encapsulates both negative and positive aspects. It can be controlled by Humankind within the body by the direction of thought, exercise and the administration of traditional folk medicine.

The development of wind aetiology in Chinese medicine with that of qi created the dualistic concept of good qi versus evil qi, with wind at the root of all illness. Wind aetiology allowed for the expansion and creation of a much more complex and elusive theory, qi itself.

## Historical development of Wind

The concept of wind dates back to the early civilisations in ancient China, known as the Zhou era (Unschuld 2003). At the beginning of the written word when Chinese characters were etched onto animal bones, there is clear evidence the Shang believed in the existence of wind-spirits. According to the oracle bone inscriptions, wu-shamans controlled the forces of wind; they "either preformed the rites of [the divine ancestor] Ti to cause a good wind to blow, or they preformed the rites of pacification in order to prevent or stop an evil wind". Evil wind, as an illness-causing spirit, may have acted in its own right, or it may have been a tool of Ti (Unschuld 1985). The apparent inability of Humankind to escape an attack by wind is the fundamental concept of demonology, with the feeling of being completely at wind's mercy and those that control it (Unschuld 1985).

In comparison to wind, the Shang inscriptions also traced bugs as both natural and demonic agents of destruction. By the Warring States period, bug aetiology was applied to ailments involving infestations in the body (Harper 1998). The evolvement of bug aetiology developed from the words "gu" (蠱, bugs in a vessel) and "chong" (蟲, bugs). It is not clear which character originated first and which came later (Harper 2005a). In the Han dynasty references to "chong" meaning "creatures" had five categories: chong with feathers, with fur, with a shell, with scales, and naked; humans belonging to the naked category (Harper 2005b). In the first century A.D., the writer Wang Chong wrote an essay on chong "bugs" in his Lun Heng (Assayal of Arguments), in which he states: "The naked bugs number three hundred and humans are their leader. From this it can be argued that humans are also bugs" (Harper 2005b). The traditional character for wind is 風 (feng). The etymology of all three characters; 'gu', 'chong' and 'feng' contain the same radical 虫 (hui). This radical is associated with anything that crawls or flies, is hairy or naked, or has shell-like plates or scales (Harper 1998). This reflects wind's nature to that of a bug with its quick speed, multi-changing directional variations and lifespan (Wenlin 2002, Scott 2003, Harper 1998, Unschuld 2003). The use of the same radical within all three characters may hint at a close relationship and some possible development between them. To reiterate the importance of the radical 虫 (hui) and wind, it is interesting to note that snake bites are categorised under the heading of wind as well (wind toxin, fire toxin). Wind toxin is seen in bites from silver-ringed snakes (Bungaro), gold-ringed snakes (Bungarus fasciatus) and sea snakes. Wind and fire toxin bites are seen in cobra or great cobra bites (Deng 1999). Snake bites are quick in effect and mimic wind's action in nature. Many medicinal ingredients derived from insects, such as Lu Feng Fang (*Nidus Vespae*), Chan Tui (*Periostracum Cicadae*), Can Sha (*Bombycidae*), Jiang Can (*Bombyx Batryticatus*), etc. are used to track and eradicate wind (Bensky and Gamble 1986).The modern Chinese character for wind is feng (风) (Wiseman and Ye 1998).

There is ample testimony of the widespread fear of bugs and their association with demonic activity and illness in Warring States, Qin and Han times (cited in Harper 1998). However, demons and bugs were not accepted by the new medicine of the Confucians (Suwen), as it was inconceivable that bugs and demons could follow man-made law. The six environmental elements including wind, could be kept away from the human body by following the law of systematic correspondence. Humankind is given a choice whether they wish to escape or embrace wind and whether they choose to follow or violate the rules of systematic correspondence, as the Suwen points out "If one follows yin and yang, then life results, if one opposes them, then death results". Demons and bugs cannot be controlled by whatever law or correct behaviour rule you might want to apply. This is why bugs and demons could not be accepted in the new ontic medicine of the Suwen, but were allowed to continue to play a significant role in materia medica literature, reflecting Daoist ideology (Unschuld 2006).

Spread through Yang Shangshan's Taisu, Lingshu and Suwen, various discourses were preserved that enable a reconstruction of some of the early phases in the development of wind aetiology. They are closely tied to the development of wind and rain oracles beginning at the latest at the end of the third century B.C. (Unschuld 2003). Around the time the Mawangdui manuscripts (138 B.C.) and the later Suwen texts (ca. first century B.C.) were complied, a major shift took place in Chinese medicine theology from demonist notions of disease to an ontic medicine based on a systematic correspondence framework. Wind had long been seen as a demon, but this new naturalistic phenomenon slowly pushed aside this ancient notion (Unschuld 2003). This is evident within the Mawangdui texts, where the concept of qi as a vapour is well established, along with the dominance of bug aetiology, while wind aetiology is present only marginally. In contrast, the Suwen records only distant whispers of bug aetiology but it is widely marked by wind and qi aetiology

(Unschuld 2003).
Unschuld (2003) states wind aetiology may have been a precursor to or a parallel development of qi aetiology. Unschuld (2003) goes on to state that several treatises in the Lingshu suggest the concept of qi resulted from an attempt at broadening an older concept of wind. By extensively characterising the nature of wind, the more elaborate concept of qi could be further developed and expanded. As qi theory grew it capsulated the concept of wind, just as wind theory previously encapsulated bug aetiology. However, it was not only necessary to allow the existence of wind to explain the cause of all illness but it also provided a menacing counter-force to qi, thereby fitting with the deep rooted ideology of dualism. Dualism lies at the heart of Chinese medicine, with the most well known dualist theory being yin and yang. It is necessary to carry this concept through to all aspects of Chinese medicine from theory to clinical practice, where a condition is treated by its dualistic opposite, i.e. warm herbs are given for a cold pattern or tonifying herbs are given for a deficiency. The notion of pairs of opposites became an explanation of the workings of the entire universe, as the Yi Jing states "It is because hard and soft push each other that changes and transformations occur". This hard and soft pushing metaphor can be applied in disease; wind pushes and pulls against qi, which may indicate wind is qi's dualistic opposite. Between both of them all illness and wellness are created. However, as both are yang in nature, when in battle they generate great force or heat, a yang pattern. As we shall see, when wind is coupled with another element, i.e. cold, that element dominates over wind. In these instances, wind becomes a commander and vehicle for other pathogens to attack the body.

By the time parts of the Suwen were written, the characteristics of wind were well established. As this new naturalistic theology laid all diseases at the foot of wind, it was necessary to understand this phenomenon in greater detail; hence an entire treatise, chapter 42 of the Suwen is dedicated to the sole discussion of wind. In the text Zhu Feng Za Lun (Discourse on Various Issues Concerning All Winds) it clearly points the origin of all illness at wind and rejects the idea that demons were involved; "The wind is the origin of the one hundred diseases. The wind is the master of the one hundred diseases. The wind is the chief of the one hundred diseases. The wind is the origin of the one hundred diseases. I know that the hundred diseases are generated by qi". Zhu Feng Shu Leu and Zhu Feng Zhuang Lun, two consecutive texts (parts 1 and 2 of "Discourse on Wind") in chapter 42 of the Suwen, attempt to integrate wind aetiology fully into the teachings of systematic correspondence (Unschuld 2003). The passage above is not alone in stating wind as the origin of all illness with a number of other passages in the Suwen attributing wind to the root of all disease. Chapter 42 of the Suwen, titled the 'Discourse on Wind', reviews wind pathology comprehensively: "When wind harms a person, it may cause cold and heat, or it may cause a heated centre, or it may cause a cold centre, or it may cause li-wind [leprosy], or it may cause unilateral withering, or it may cause wind". An example of wind's broad scope transcending all disease phenomena is used to explain diseases such as malaria. "*Mala aria"* means 'bad air', whilst ancient literature also recorded the disease as 'bad wind' or 'evil wind'. Chapter 35 of the Suwen states "All [cases of] malaria are generated by wind" and "Malaria is an irregular [presence] of the qi of wind and cold". "When the location of the protective qi falls together with the [location of the] evil qi, then the disease is active". The idea of wind perpetrating disease differs from that seen in the Mawangdui manuscripts, for example; scabies was associated explicitly with bugs that were expelled after it was covered with a recipe (Harper 1998). Today, scabies is associated with mites, but is further complicated by wind (Liang 1993). It is not clear whether the ancient Chinese associated scabies with mite bugs. What is clear is that any notion of this concept did not survive later medical development.
Like qi, wind cannot be directly seen - one knows of its presence only by virtue of its effect on that which can be seen. Wind is a force that acts on/with/between things and is commonly 'seen' when it blows through trees. Often, when five phase theory is discussed in the Suwen, the word 'wind' replaces that of 'wood'; "Subsequent to the position of soil, the wind qi succeeds it", and again later "Subsequent to the wind qi, the metal qi succeeds it". This reiterates the inseparable relationship of wood and wind. When we talk about wood, we commonly think of the literal image, a block of wood, or a tree trunk, but it's better to think of wood like the branches of a tree, that span in all eight directions of the compass, in all directions a wind may blow. The legendary "Emperor" of pre-historic China, Fu Xi was said to have "listened to the eight winds", "and, thus inspired, he set down the eight basic signs" (Zhang and Rose 1995). This is one reason why wood is associated with wind and why the liver commands the movement of qi, as they both move in all eight directions of the compass.

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# 桂枝汤医案三则

袁炳胜

**关键词**：桂枝汤；外感病证：汗症；咳嗽。

**1. 脑出血后发热汗出咳嗽痰多**

王某，男，59 岁。2001 年 8 月 1 日初诊。2 月前突发右半身无力，大汗淋漓，呕吐，昏迷，入住某医院经 CT 检查发现右侧基底节及内囊区出血 20×20×20mm，经抢救 2 天后清醒，但遗留舌强、语言不利、发热、多汗、咳嗽痰多、右侧肢体瘫痪。经内科治疗 20 多天，病情稳定，但上述症状无明显改善，自动离开医院。求治于中医。

检查发现：身体强壮，呼吸喘促、喉中痰鸣、语言不利、频频咯吐大量稀白痰涎，阵作发热，活动时发热更热（体温：37.1-37.8℃）。并伴头昏晕、疲乏、纳差、眠差多梦。舌暗、苔白厚、脉弦滑。右侧肢体瘫痪，拘挛。血压：170/95mmHg。诊断：中风。脾虚肝旺、肝风挟痰浊上壅，脑络瘀滞。用温胆汤合桃红四物汤加减并配合针灸治疗 1 月左右，9 月 16 日诊，精神、睡眠、饮食、语言和肢体功能均显著改善，已可借助拐杖行走 30 余米，但仍常常发热、虽天气凉爽，也频呼身热，且常随发热而汗出如雨，汗后热退，随之出现清涕、喷嚏，咳嗽痰多、呼吸困难。舌质暗，苔薄白，脉浮缓；血压：145/85mmHg。认为是表虚，营卫不和肺卫不固无疑；当用桂枝加厚朴杏仁汤治疗。药用：桂枝 12 克，厚朴 12 克，白芍各 12 克，甘草 6 克，生姜 3 片，白术 15 克，丹参 15 克，大枣 15 克，杏仁 10 克，牡蛎 20 克，水煎服，每日 1 剂。9 月 27 日复诊，发热、汗出、咳嗽痰多均显著好转，继服 2 剂，上证均消失。后以中药配合针灸治疗 1 月肢体功能也基本恢复。

按：曹颖甫曾说：夏天汗出过多，毛孔大开，凉风侵犯人体，发生伤风，出现发热自汗，桂枝汤非常适合。本例中风发病时，因为肝阳化风，风痰上犯于脑，瘀阻脑络，致气机逆乱、阴阳失调，出现昏迷、呕吐、大汗，大汗则表虚，风邪乘袭，所以又出现了发热汗出、清涕，是“内风”、“外风”同时存在。虽经 2 月治疗，内风得以改善，而外风（表虚）仍然存在，所以仍当用桂枝汤和营卫，加杏仁、厚朴以宣肺平喘化痰；再加白术以助建脾除湿化痰；牡蛎助桂枝汤敛汗，助白术化痰除湿，还可以治疗肝阳上亢。药物适合病、证，所以获得了很好的效果。

2 颅脑外伤后发热汗出案

白，男，28 岁，2003 年 4 月 26 日诊。2003 年 12 月 8 日因交通事故致“急性失血性休克、脑挫裂伤、颅底骨折、面部骨折、头皮撕脱伤”住院救治 7 天后舒醒，但 3 日后出现头痛、高热（T：40℃），伴神昏、谵语，并有癫痫发作。用退热药后体温可降低，但反复发作；2003 年 2 月 13 日转某医大附属医院脑外科，经磁共振（MRI）检查发现：脑膜炎、交通性脑积水、脑白质间质水肿，左侧乳突炎等。住院治疗近 2 月，神清，语言恢复，肢体功能基本恢复但乏力，上肢肌力 II-III级，下肢III-IV级，癫痫未发作，病情稳定，但仍发热，头痛，汗出，自动出院，求治于中医。

来诊时诉：发热（一般体温不升高）、头痛，热甚时汗出，有时大汗淋漓，衣被皆湿，汗出后发热减，头痛，恶风寒。疲乏嗜睡，视物欠清，有重影（病前视力正常），右耳听力减退，有时感觉恶心。并有肩臂酸痛、四肢无力（左侧为甚）；面色苍白、形瘦。舌淡、苔薄、脉沉细。诊断：1、脑外伤后综合症；2、中风表虚，营卫不和，气阴两虚挟瘀。治疗：调和营卫、佐以益气养阴、活血、固表，以桂枝汤合生脉散、玉屏风散治疗。处方：桂枝、白芍、五味子各 12 克，炙甘草、党参、丹参、麦冬、大枣、神曲各 20 克，黄芪、白术各 15 克，牡蛎 30 克，生姜 6 克，水煎 3 次，分 6 服，2 日一剂；二诊，服药 1 剂，发热、汗出已止，恶风寒、头痛均消失，但食欲差，去牡蛎，加法半夏 15 克，生姜加至 10 克，再服 1 剂，前诉症状消失，继以补阳还五汤与地黄饮子结合针灸治疗月余，肢体功能恢复，其他症状也消失，视听也正常而恢复工作。

按：本病例是因为头部外伤，出血过多，气随血脱（休克），复感风邪，营卫不和，卫表不固，而出现发热、汗出、头痛、恶风；汗出日久不愈而出现气阴虚，所以脉沉细，而没有出现浮脉。另外，舌淡、苔薄、大肉脱陷、虽自觉发热，伴汗出而体温不高，也是由于阴阳气血之不足，正气虚不，能祛邪外出。且汗出后热退则出现恶风头痛、也是典型的桂枝汤证，用之果效。

3 咳嗽案

蒋，女，52 岁，2003 年 12 月 17 日会诊。3 月前因子宫肌瘤手术过失致膀胱阴道瘘，拟于 2 日后手术修补，但近 1 周因感冒咳嗽数日，咳则小腹及阴中剧痛，苦不堪言。经用抗菌消炎药及止咳药无效，请我会诊。诊得：咳嗽、气紧，夜间加重，有少量白色痰，伴恶风寒，脘腹不舒，神疲。舌质淡、苔白薄、脉浮缓。这是营卫不和，肺气不宣之故；治以调和营卫、宣肺止咳，用桂枝加厚朴杏仁汤治疗。处方：桂枝、白芍、射干各 12 克，黄芩、厚朴、艾叶各 15 克，丹参 20 克，甘草、杏仁各 6 克，生姜 10 克，大枣 30 克，1 剂，水煎二次，分 3 次服。服完 1 剂，咳嗽停止，呼吸顺畅，恶风寒等症状也消失，如期顺利手术。

按：本例患子宫肌瘤，长期出血，体质虚弱又因手术失误致膀胱阴道瘘，虚瘀等问题同时存在，所以加丹参、艾叶以温经活血；重用大枣至 30 克以补虚；加射干助杏仁厚朴以止咳，加黄芩反佐以防药物温燥，药与病、证相适应，所以效佳。

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# Case Report: Three Cases Treated with Guizhi Decoction

**Bingsheng Yuan**

**Keywords:**
Guizhi Decoction, Exterior Syndrome, Profuse Perspiration, Cough

**Case 1: Post stroke, with fever, excessive sweating, coughing and profuse phlegm**

Wang, male, 59, first consultation on 1 Aug 2001. The patient suddenly fell into coma two months ago and was sent to hospital. The CT scanning showed a 20x20x20 mm bleeding clot in his right basal nuclei and capsuloghonic. He woke up from coma 2 days later in hospital but was left with paralysis in his right arm and leg, sluggish tongue and dysphasia. He also had profuse dripping perspiration, with vomiting, fever, cough and a lot of phlegm. After 20 days in hospital, all his symptoms were stabilized but not much improved. He then sought help from traditional Chinese medicine.
At the consultation, his respiration presented as short with dyspnea. He also had dysphasia. He had constant coughing with thin and white phlegm. He also had a low fever and tended to feel hot, with body temperature between 37.1c--37.8℃. He was constantly dizzy and lack of strength. His appetite is poor and he had dream-disturbed sleep. The color of his tongue was dark with thick and white coating. His pulse was wiry and slippery. His right limbs was paralyzed with spasm. His BP was 170/95mmhg. The diagnosis was: stroke, spleen insufficiency, and liver yang rising, liver wind with phlegm, invasion of heart, blood stasis in brain collateral.

He was firstly treated with Wendan Decoction and Taohongsiwu Decoction with acupuncture for over a 1 month. At the consultation on 16 September, his energy level, sleeping and eating were all improved. The movement his affected limbs was much improved. He could walk with crutch for 30 meters. He was still with low fever and felt very hot all the time. His profuse dripping perspiration was still as severe from time to time. When the sweating was gone, his fever would go with sweating. He then started to have nasal mucus and sneezed a lot with phlegm, and even with breathing difficulty. His tongue colour was still dark with thin and white coating. His pulse was floating and relaxed. His BP was tested as 145/85mmhg. His symptoms were because of exterior deficiency, disharmony between nutrient and defensive Qi. Therefore his treatment was changed to Guizhijia Houpuxingzi Decoction. The ingredients were: Cassia Twig 12g, Magnolia Bark 12g, White Peony Root 12g, Liquorice Root 6g, Ginger 3 pieces, white Atractylodes Tuber 15g, Salvia Root 15g, Chinese Dates 15g, Apricot Seed 10g, Oyster Shell 20g. Boil in water and drink once a day.

This patient was checked again on 27 September. All his symptoms such as fever, sweating, coughing , and phlegm were much improved. He continued treatment for 2 more days and all the symptoms were gone. He then carried on with the same decoction together with acupuncture for another 1 month for further recovery.
Discussion: Cao Yinfu said before that 'if people sweat too much in summer time, their pores will be wide open and cold wind will invade into body, therefore wind ailment occurs, so that fever, spontaneous sweating will follow, so that Guizhi Decoction is very suitable.' The patient in this case has got liver yang transformed into wind, wind and phlegm invasion to head, with blood stasis in brain collateral, all these cause disorder of qi movement and yin-yang disharmony, leading to big sweating, vomiting, and even coma. After the sweating, he then had exterior deficiency, so that wind assaults on superficies causing fever, more sweating, and nasal mucus. This showed the existence of both exterior wind and interior wind. Although he was treated in first 2 months for his interior wind, exterior wind was still left untreated. Using Guizhi Decoction to regulate nutrient and defense Qi plus apricot seed, magnolia bark to ventilate lung and relieve dyspnea to resolve phlegm,

together with white atracylodes tuber to invigorate spleen and help to drain phlegm, and oyster shell to arrest sweating and subdue liver yang. As the herb formula was very suitable for this case, a successful treatment was achieved.

**Case 2: Post Cerebral Trauma, fever with sweating**

Bai, Male, 28. First consultation was on 26 April 2003. He was injuried in a car accident on 8 December 2002. He was in an acute hemorrhgic shock, cerebral contusion, cranial and facial fracture, with avulsion of scalp. He woke up in hospital after 7 days of intensive treatment. 3 days later, he was suffering with headache and high fever (40℃). He then developed coma, delirium and epileptic attack. After the treatment with antipyretic, his body temperature dropped but other symptoms remained. On 13 February 2003, he was sent to the brain surgery department of another hospital. MRI examination found out that he had got meningitis, hypercephalous, 脑水肿 and mastbiditis, etc. After further 2 month treatment, his body movement and speech were improved greatly. But he was still lack of strength with muscle strength levels were II-III in arms and III-IV in legs. He also constantly felt hot but no fever. He still had headaches and sweated lots, even his clothes and bed covers were all soaking wet. After sweating, he felt cooler, followed by headaches and aversion to wind and cold. He sometimes felt nausea with somnolence. He also got blurred vision with diploidia. His hearing was impaired too. He was skinny and had a pale tongue with thin coating. His pulse was deep and thin. The diagnosis was: post-traumatic brain syndrome, exterior excess of wind invasion, disharmony between nutrient and defense Qi, Qi and yin deficiency and blood stasis.

The treatment is to regulate nutrient and defense Qi, tonify Qi and nourish yin, activate blood, and strengthen exterior. The combination of Guizhi Decoction, Shengmai Powder and Yupingfeng Powder was applied. The prescription was as: Cassia Twig12g, White Peony Root,12g Chinese magnoliavine Fruit 12g, Liquorice Root 20g, Codonopsis Root 20g, Salvia Root 20g, Dwarflily turf Tuber 20g, Chinese date 20g, Medicated Leaven 20g, Milkvetch Root 15g, White Atractylodes Tuber 15g, Oyster Shell 30g, Ginger 6g. All ingredients were boiled altogether 3 times and drunk 6 times a day for 2 days.

At the 2nd consultation, his fever and sweating were all stopped, aversion to wind cold, and headache also disappeared. But his appetite was still poor. Therefore oyster shell was removed from the prescription and 15g of processed pinellia tuber with 10g of ginger were added. After one more day of treatment, all his symptoms were gone. The patient was then treated with Buyanghuanwu Decoction and Dihuang Decoction together with acupunctures for over a month, his body movement was totally recovered, and so did his eyesight. He then led a normal daily life and went back to work.

Discussion: This case was caused by head injury with excessive bleeding, hemorrhagic collapse with wind ailment, disharmony between nutrient and defense, defensive Qi deficiency. Therefore the patient suffered from fever, sweating, headache. With heavy sweating, he then got qi-yin deficiency, which was also indicated by deep and thin rather than floating pulse and pale tongue with thin coating. Although he was constantly feeling hot with sweating but body temperature was not too high. These all were due to yin-yang and qi-blood deficiency. With such severe deficiency his body was too weak to fight against exterior pathogenic wind and cold.

**Case 3: Cough**

Jiang, Female, 52. First consultation was on 17 December 2003. She had uterine fibroids operation 3 months ago, which was the cause of her vesicovaginal fistula. A follow-up operation was planned for her in 2 days time. However, she caught a cold and was having cough quite badly. Her coughing gave her a severe pain in her abdomen and vagina, which she couldn't tolerate with and antibiotics she was taking did not help. She also had breathless, a few phlegm, aversion to cold and wind, uncomfortable feeling around belly, listlessness, pale tongue, thin and white coating on top of tongue, floating and relaxed pulse. This is typical disharmony between nutrient and defense Qi, with obstruction of lung qi. The treatment method was: Regulate nutrient and defense Qi, ventilate lung to stop coughing. Guizhi Houpu Xingren Decoction with: Cassia Twig 12g, White Peony Root 12g, Blackberry-lily Rhizome 12g, Baical Skullcap Root15g, Magnolia Bark15g, Argyworm Wood leaf 15g, Liquorice Root 30g, Apricot Seed 30g, Chinese Date 30g, Ginger 10g. All ingredients were boiled twice 2 times and drunk 3 times a day. After the first drinking, her coughing stopped and she could breathe smoothly. Aversion to cold and wind disappeared too. She then was able to carry on with her follow-up operation.

Discussion: Uterine fibroids caused long term bleeding which leads her to having a very weak body with qi and blood deficiency. The operation also caused blood stasis. Both deficiency and stagnant blood problems co-existed, so in the prescription Salvia Root and Argyworm wood leaves were added to warm meridian and activate blood. Blackberry-lily Rhizome was also added to help Apricot Seed, Magnolia Bark to stop cough. Baical Skullcap Root to clear heat.

# 阳陵泉在内脏急性痛症中的新用

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阳陵泉，穴出《灵枢经》，为足少阳胆经（下）合穴，也是筋之会穴。位于膝关节外下方、腓骨小头前下方凹陷中。笔者在针灸临床中，突破阳陵泉传统治疗肝胆疾病和下肢萎痹的局限，广泛用于治疗内脏急性痛症，大大提高了针灸镇痛的治疗效果。

## 一、阳陵泉治疗范围古今文献复习

关于阳陵泉的主治，古今文献均只记载了肝胆病和下肢萎痹方面的系列证候，完全没有涉及到其它内脏急性痛症。

《灵枢·邪气脏腑病形》篇："胆合入于阳陵泉，胆病者，善太息，口苦，呕宿汁，心下憺憺，恐人将捕之，喉中吩吩然，数唾，在足少阳之本末，亦视其脉之陷下者灸之，其寒热者取阳陵泉。"

《针灸甲乙经》："胆胀者，阳陵泉主之……胁下稽满，呕吐逆，阳陵泉主之……髀痹引膝，股外廉痛，不仁，筋急，阳陵泉主之。"

《铜人俞穴针灸图经》："阳陵泉治膝伸不得屈，冷痹脚不仁，偏风，半身不遂。"

《马丹阳天星十二穴治杂病歌》："阳陵泉居膝下，外廉一寸中，膝肿并麻木，冷痹及偏风，起坐腰背重，面肿满胸中，举足不能起，坐卧似衰翁。"

《玉龙歌》："膝盖红肿鹤膝风，阳陵二穴堪可攻。"

《针灸大成》："主膝伸不得屈，髀樞膝股冷痛，脚气，膝股内外廉不仁，偏风，半身不遂，脚冷无血色，苦嗌中吩然，头面肿，足痉挛。"

《医宗金鉴·刺灸心法要诀》："阳陵泉治痹偏，兼治霍乱转筋痛。"

《针灸学》（全国高等医药院校四版教材）："下肢萎痹，脚气，口苦，呕吐，胁痛。"

《针灸学》（全国高等医药院校五版教材）："胁痛，口苦，呕吐，下肢萎痹，脚气，黄疸，小儿惊风。"

《腧穴学》（全国高等医药院校一版教材）："半身不遂，下肢萎痹、麻木，膝肿痛，脚气，胁肋痛，口苦，呕吐，黄疸，小儿惊风，破伤风。"

## 二、对筋会阳陵和经筋入内脏的初步认识

"筋会阳陵"之说，首见于《难经·四十五难》，但未详其因。笔者认为，筋会阳陵，其由有三：一因阳陵泉是足少阳经腧穴，又为胆腑的（下）合穴，主治腑病，而胆与肝相表里，肝主筋，故阳陵泉与筋有密切关系。二是阳陵泉位于膝部，是足三阳经筋、足三阴经筋结聚之处。三是阳陵泉主治经筋病，诸如下肢萎痹、半身不遂、腰痛、筋脉拘急、抽搐、腓肠肌痉挛以及各种扭伤等有着独特的疗效。

由于《灵枢·经筋》篇记载各经脉之经筋均聚结于体表，故隋朝·杨上善《黄帝内经太素》中说："十二经筋内行胸腹廓中，不入五脏六腑。"此后历代针灸文献（包括现代的《针灸学》教材）都把十二经筋不入内脏作为其主要特点之一。笔者认为，十二经筋的主体结构是机体外周的筋肉系统，在循行过程中只是与脏腑没有属络关系而已，但并非完全不入内脏。部分经筋除在体表聚结外，也进入体内散落，形成有关脏腑的组织结构（如内脏系膜、平滑肌等）。据《灵枢·经筋》篇的记载："手太阴之筋，下结胸里，散贯贲……手心主之筋，散胸中，结于贲……手少阴之筋，结于胸中，循贲……下系于脐。"这里的"贲"，当指膈肌而言。而手太阴、手厥阴经筋病候中的"息贲"，就类似中医临床上的肺积、肺痈等病症。手少阴经筋病候中也有"其病内急，心承伏梁"，"伏梁"相当于中医临床上的胃痛、痞块等病症。既然如此，怎么能说经筋就不入内脏呢？此外，笔者还认为，胃、胆、膀胱、大肠、小肠这些实质性组织结构，也应属于相关经筋的范畴。

## 三、阳陵泉缓解内脏痉挛性疼痛的具体应用

1．胆绞痛 胆绞痛是急性胆囊炎、胆石症、胆道蛔虫病的主要证候。阳陵泉属足少阳胆经（下）合穴，"合治内

腑”，当为疏肝利胆、行气镇痛之第一要穴。现代研究表明，针刺阳陵泉可以加强胆囊的收缩频率和力度，促进胆汁分泌，有利于结石的顺利排出，对奥狄氏括约肌有明显的解痉作用。操作时直刺 2 寸左右，行提插、捻转泻法，动留针 30—60 分钟，或以连续波、快频率电针强刺 20—30 分钟。

2．心绞痛 心绞痛是冠心病的主要症状。急性发作时，若在内关、郄门、阴郄、巨阙、膻中等常规处方基础上加用阳陵泉，直刺 1—2 寸，行提插、捻转泻法，对心脏平滑肌绞痛有明显的舒缓作用，能较好的协助常规腧穴行气通阳、化瘀止痛。对因心绞痛引起的胁肋放射痛更能发挥舒经活络作用。

3．胃肠痉挛 胃肠痉挛是由于胃肠平滑肌突发性痉挛而产生的胃脘部或腹部剧烈疼痛。除脘腹部疼如刀绞外，腹直肌多呈挛急状态。在这种情况下，可取中脘、梁丘强刺泻法，阳陵泉宜大幅度提插、捻转，或加用电针强刺激，以助中脘、梁丘通调腑气、止痉镇痛。

附：膈肌痉挛

膈肌痉挛中医称“呃逆”，是膈肌不自主的间歇收缩运动，以气逆上冲、喉间呃呃有声、音短而频、令人不能自控为主要特征。针刺止呃的穴位很多，但直接与膈肌密切相连的却只有膈俞（膈之背俞）、阳陵泉（筋会，膈肌古称“膏”，乃诸多经筋所结之处）。故针刺阳陵泉缓解膈肌痉挛，可收立竿见影之效。

4．泌尿系绞痛 泌尿系绞痛是泌尿系结石的主要症状。病位在肾和膀胱，涉及肝脾。绞痛发作时，阳陵泉宜急刺 2 寸左右，行大幅度、快频率提插、捻转泻法，或接电针以连续波、快频率强刺激，或以 5—10%葡萄糖液 4—6 毫升穴位注射，对泌尿系平滑肌以及膀胱括约肌有良好的抗痉挛作用。

# Application of Yanglingquan (GB 34) in Acute Visceral Analgesia

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Yanglingquan (GB 34), an acupoint originally recorded in Ling Shu Jing (Miraculous Pivot), is a lower He-Sea point of the Gall Bladder Meridian of Foot Shaoyang and an influential point of tendons as well. It is located in the depression anterior and inferior to the head of fibula and lateral and inferior to the knee joint. According to classical literatures of traditional Chinese medicine, it is indicated in diseases involving the liver and gall bladder and flaccidity and painful syndrome of lower limbs. The writer however applied it in relieving acute visceral pain and obtained satisfied result. The indication of Yanglingquan (GB 34) is thereby broadened.

**I. Description of Indications of Yanglingquan (GB 34) in classical and modern literatures**

Ling Shu. Die Qi Zang Fu Bing Xing (Chapter VI of Miraculous Pivot): Yanglingquan (GB 34) is a lower He-Sea point of the gall bladder. Clinically, diseases of the gall bladder are often revealed by preference for sighing, bitter taste in the mouth, acid regurgitation, fear, obstructed sensation in the throat and profuse saliva, which can be treated with moxibustion along the points of gall bladder meridian located below the knee joint if the vessels there are also found sinking into the muscles, i.e. no visible veins. If the patient also suffers chills and fever, Yanglingquan (GB 34) is employed for treatment.

Zhen Jiu Jia Yi Jing (A-B Classic of Acupuncture and Moxibustion): Yanglingquan (GB 34) is indicated in distension of the gall bladder; fullness of the hypochondrium, vomiting and hiccup; pain and numbness of the lateral side of the hip and thigh radiating to the knee joint and muscular spasm.

Tong Ren Shu Xue Zhen Jiu Tu Jing (Illustrated Manual of Acupoints of the Bronze Figure): Yanglingquan (GB 34) is indicated in impaired movement of the knee joint

with difficulty of flexing, cold pain, numbness and hemiplegia.

Ma Danyang Tian Xing Shi Er Xue Zhi Za Bing Ge (Verse of Ma Danyang's Twelve Points in Miscellaneous Diseases):Yanglingquan (GB 34), located inferior to the knee joint and one Cun later to the anterior crest of the tibia, is indicated in swelling, cold pain and numbness of the knee joint, hemiplegia, heavy sensation of the upper and lower back while standing up from sitting position, facial puffiness, fullness of the chest, weakness of the legs, sitting or lying in the manner of an old man.

Yu Long Ge (Lyrics of Jade Dragon): Yanglingquan (GB 34) can be employed to treat redness and swelling of the knee joint.

Zhen Jiu Da Cheng (Great Compendium of Acupuncture and Moxibustion): Yanglingquan (GB 34) is indicated in failure of the knee joint in flexing, cold pain of the hip, thigh and knee, beriberi, numbness of the medial and lateral sides of the thigh and knee joint, hemiplegia, pale and cold sensation of the feet, choked sensation of the throat, facial puffiness and spasm of foot.

Yi Zong Jin Jian (The Golden Mirror of Medicine): Yanglingquan (GB 34) is mainly indicated in painful syndrome and hemiplegia, and also in sunstroke with vomiting and diarrhea and gastrocnemius spasm.

Zhen Jiu Xue (Acupuncture and Moxibustion) (the fourth edition of the textbook for medical colleges of China): Yanglingquan (GB 34) is used to treat flaccidity and pain of the lower limbs, beriberi, bitter taste in the mouth, vomiting and hypochondriac pain.

Zhen Jiu Xue (Acupuncture and Moxibustion) (the fifth edition of the textbook for medical colleges of China):Yanglingquan (GB 34) is employed to treat hypochondriac pain, bitter taste in the mouth, vomiting, flaccidity and pain of the lower limbs, beriberi, jaundice and infantile convulsion.

Shu Xue Xue (Science of Acupoints) (the first edition of the textbook for medical colleges of China): Yanglingquan (GB 34) is indicated in hemiplegia, flaccidity, pain and numbness of the lower limbs, swollen and painful knee joint, beriberi, hypochondriac pain, bitter taste in the mouth, vomiting, jaundice, infantile convulsion and tetanus.

The above review finds no indications of acute visceral analgesia except diseases involving the liver and gall bladder and flaccidity and painful syndrome of lower limbs.

**II. New understanding of Yanglingquan (GB 34) as an influential point of tendons and involvement of its muscular region in the internal organs**

Yanglingquan (GB 34) was firstly said to be an influential point of tendons in Nan Jing . Si Shi Wu Nan (Forty-Five Question of Difficult Classic), but it didn't offer the reasons. According the writer's understanding, this is based on three factors: the first is that Yanglingquan (GB 34) is a point of the foot Shaoyang meridian and the lower He-Sea point of the gall bladder, so it is indicated in diseases of Fu organs. As the gall bladder is related to the liver internally and externally and the liver dominates the tendons, Yanglingquan (GB 34) is closely associated with tendons and taken as an influential point of tendons. The second is the location of Yanglingquan (GB 34) in the knee region, where muscular regions of the three foot Yang and three foot Yin meridians assemble. And the third is unique effect of Yanglingquan (GB 34) in the treatment of diseases involving tendons, e.g. flaccidity and pain of the lower limbs, hemiplegia, lumbago, muscular contracture and spasm, gastrocnemius spasm and various sprains.

Lin Shu. Jing Jin (Miraculous Pivot 13 ) records that muscular regions of all the meridians mainly collect in the superficial portion of the body, so Huang Di Nei Jing Tai Su (Comprehensive Notes to the Yellow Emperor's Internal Classic) written by Yang Shangshan in Sui Dynasty wrote that the muscular regions of the twelve meridians travel inside the thoracic and abdominal cavities, but they don't go into Zangfu organs. The later literatures of acupuncture and moxibustion including modern textbook Zhen Jiu Xue (Acupuncture and Moxibustion) all take it as one of the main features of Yanglingquan (GB 34) that all the twelve muscular regions don't enter the internal organs. However the writer considers some of the muscular regions scatter inside the cavities, forming constitutional framework of Zangfu organs, e.g. mesentery, smooth muscle, etc. though they don't enter Zangfu organs in their main

course, forming special relationship with these Zangfu organs like the twelve regular meridians. Lin Shu Jing Jin (Miraculous Pivot 13 ) records the muscular region of hand Taiyin accumulates in the chest and spread over the diaphragm. The indications of muscular regions of hand Taiyin and hand Jueyin include pulmonary abscess. The indication of hand Shaoyin also include stomachache, masses in the epigastrium, etc. With such records one should have no doubt about the involvement of the muscular regions in the internal organs. Besides the writer also holds that these substantial structures like myocardium, smooth muscles of the stomach and intestines, sphincters of the gallbladder and urinary bladder, etc. should all be considered as the component part of the muscular regions of the corresponding meridians.

**III. Clinical application of Yanglingquan (GB 34) in relieving spasmodic pain of internal organs**

**(I). Colic of the gall bladder**

Colic of the gallbladder is the chief symptom of acute cholecystitis, gall stone and biliary ascariasis. Yanglingquan (GB 34) is a He-Sea point of the gall bladder meridian of foot Shaoyang. As He-Sea point is indicated in diseases of the Fu organs, Yanglingquan (GB 34) becomes the first choice in soothing the liver and gallbladder, promoting Qi flow and checking point. Modern research shows needling Yanglingquan (GB 34) can increase the frequency and force of the gallbladder in contraction and relieve the spasm of the Oddi's sphincter, leading to smooth bile secretion and stone excretion. During the treatment, the needle is inserted perpendicularly about two Cun deep and manipulated with reducing method of lifting, thrusting and rotation. The needle is retained for 30-60 minutes with hand manipulation at certain intervals. Otherwise it is connected with an electric apparatus with strong stimulation of fast frequency of continuous wave for 20-30 minutes.

**(II). Angina pectoris**

Angina pectoris is the chief complaint of coronary heart disease. During the acute attack, if Yanglingquan (GB 34) is inserted perpendicularly for two Cun deep and manipulated with reducing method of lifting, thrusting and rotating in combination of Neiguan (PC 6), Ximen (PC 4), Yinxi (HT 6), Juque (CV 14) and Tanzhong (CV 17), it will exert pronounced effect in relieving spasm of Oddi's sphincter, help these routine points promote Qi flow, unblock Yang, resolve stasis and check pain. The result will be even better if there is radiating pain due to angina pectoris because Yanglingquan (GB 34) is good at activating collaterals.

**(III) Gastrointestinal spasm**

Gastrointestinal spasm refers to sudden spasm of the gastrointestinal smooth muscle possibly accompanied by contracture of the rectus abdominis. Clinical manifestation is colic of the epigastrium or abdomen, which is often relieved by needling Zhongwan (CV 12) and Liangqiu (ST 21). These two points can arrest spasm and check pain by regulating the function of the Fu organs. Yanglingquan (GB 34), being an influential point of tendons associated with smooth muscles, can assist the above two if it is needled with reducing method, i.e. lifting, thrusting and rotating in a large amplitude, or connected with electric stimulation.

Appendix: Diaphragm spasm

A spasm of the diaphragm results in a rapid, involuntary inhalation that is stopped by the sudden closure of the glottis and accompanied by a sharp, distinctive sound. In TCM it is called hiccup and indicated by many points, among which, only Geshu (BL 17) and Yanglingquan (GB 34) are the points directly connected with the diaphragm. The former is the Back-Shu Point of diaphragm and the latter the influential point of tendons because the diaphragm is the place where many muscular regions assemble. Therefore there will be immediate result if Yanglingquan (GB 34) is included in the prescription.

**(IV) Colic of urinary system**

Colic of the urinary system is the main symptom of the urinary stone, which may be found in the kidney or urinary bladder, but the pathological changes also involve the liver and spleen. As Yanglingquan (GB 34) possesses good anti-spasm effect to smooth muscle of the urinary system and sphincter of the urinary bladder, it will alleviate the colic immediately if it is inserted perpendicularly for two Cun deep and manipulated with lifting, thrusting and rotating in a large amplitude and fast frequency, or connected with electric stimulation (fast frequency of continuous wave), or injected with 4-6 ml of 5-10% of glucose.

# 辨证论治的重要性

袁 立 人

辨证论治是中医理论的重要组成部分，也是临床上立法处方的基础。辩证清楚，立法自然正确，处方、用药则依法而立，如果处方得当，用药精良，必然可收到预期效果。此即中医：理、法、方、药密不可分之理。这就需要医生在临证时仔细观察病情，认真、全面地予以分析，使辩证能真实地反映病人的状况，不致偏颇，这样才能给病人以行之有效地治疗。反之，如果仅凭经验，先入为主，未及全面了解病情，便草率地予以辩证处方，往往贻误病机，甚至因为误治而危及病人生命。这种教训很多，应该引起医界同仁的广泛注意。

举例说明：

1.一老年过八旬。素有纤维肺，近因低烧（37.3-37.9 C)、咳嗽，到北京某中医医院检查治疗，医院从血、便常规到细菌培养、全血分析、生化检验、以至于结核、免疫、狼疮等，做了各种检查，没找出真正原因，患者欲请中医诊治，待转到中医医院特需病房后，病房主任以其低热不退辨为阴虚内热，认为仍有慢性炎症，予以滋阴清热法为治，同时，予以抗菌素治疗，几经更换强力抗菌素(林可霉素、克拉霉素等），发热不仅没有得到控制，反而上升（体温徘徊于：38.6-39.0 C ），每况愈下，入院前患者还能走动，一周后衰弱得不能起床了。出现呼吸困难，下肢浮肿，食欲下降，二便不调，时有心悸，情绪烦躁，精神萎靡不振。病房主任告知家属，拟用最强力的抗菌素：泰能，以求控制病情，如果病情仍然得不到控制，也就无能为力了。以至于向家属下了病危通知。住院医生悄悄告诉家属：“泰能”力量太强，病人这把年纪恐怕经受不住，告诫家属应慎重考虑。

病家无奈，急用电邮咨询于我，几经询问病情，方知，病人虽有低热，但畏寒恶风症状明显，经常自汗出，怕风，尤怕开门，易感冒，手足不温。面色晦暗。尿量少（900-1000ml/日），而且，经治疗后，患者的精神状态每况愈下，萎靡不振，常欲睡觉。因而思之：从低热、咳嗽等症来看，似像阴虚；若确属阴虚，阴虚则内热，必定具有阴虚内热的主要指征，如证见：午后潮热、五心烦热、颧红、盗汗；同时具有舌红少苔、脉象细数等证候。但患者无潮热，无盗汗，更无五心烦热。不仅如此，反而有畏寒、汗出、手足不温、精神萎靡等症，这些症状是明显的阳气虚弱之证，清。沈金鳌的《杂病源流犀烛》的虚损痨瘵一节中，有气虚热一说，泛指脾胃气虚或脾肺气虚而导致的虚热，多由饮食劳倦，内伤脾胃，以致气虚火旺，虚热内生。症见身热心烦，自汗恶寒，身通体倦，少气懒言，动则气喘，脉洪大而虚等。治宜甘温之剂以温补中气。甘温除热法首见金元四大家李东垣所著之《脾胃论》，他根据《内经》：″损者益之″，“劳者温之”的原则用甘温补气之药治疗气虚身热内伤之火，创造了“补中益气汤”这一名方，即后世所谓的“甘温除大热”。如果只因为低热不退就认定为阴虚内热，继续以滋阴清热法治疗，并每天大量输液，恐怕阳气愈虚而阴寒愈盛，患者生命会日趋垂危。宜速与甘温之法温补其阳气，停止输液，方可控制病情，挽救危亡。然医院不以为然，仍坚持以阴虚为治。并提出，若想停止输液，需家属签字，患者有何不测概不负责。

经商讨后，患者家属签字停止在医院的治疗病出院，急以甘温除热法，以补中益气汤合金匮肾气丸为治。三天后后体温降，情绪稳定，尿量增多，两周后，体温渐至正常，汗出亦减，惟精神仍感疲惫，两下肢无力，食欲不佳。此宜缓缓图功，不可求速效，守方再进。

四周后，慢慢地觉得身体略有力气，食欲增，想吃肉馅饺子。二便正常，惟两下肢仍无力，六周后，精神有所恢复，食欲已近正常人，可以拄拐杖走路。

由此可见，临床上，阴虚发热与气虚发热虽然都有发热一证，但二者有实质区别，需仔细辨别，否则辩证一错，治疗则南辕北辙，不仅无效，反而有害，甚至于会置病人于死地。需引以为戒。

2.坠积性胸膜炎

Mr.M.K.Lee 男性，55岁，住：MAASTREECT OF HOLAND

2003年7月6日始发发热，咳嗽，继而呼吸困难，胸痛不得喘息，因而送荷兰M城 AZ医院急诊治疗，X光胸片所示：两肺纹理增厚，清晰度明显减弱，下肋膈角消失，出现胸水。诊断为肺炎，胸膜积液。随即收入院治疗。医院予以抗菌、抽胸水治疗，两周后，虽炎症得到控制，体温、心率稍有下降，抽出胸水200-300ml，后又经插管引流，胸水有增无减，胸部涨得越发厉害，呼吸困难，心率130次/分，由于不能控制胸水的增长，病人呼吸越发困难，危及心脏功能因胸水蔓延至胸背部，难以再作引流，最后决定

用手术从后背开胸以排除胸水，但此手术危险性大，不能保证病人的安全。医院向家属报病危，并被告之，如果上述治疗仍然控制不了病情，病人活不过两周。家属拒绝了没有把握而危险的手术，抱一线希望请中医会诊。

2003年7月17日后请我赴荷兰M城AZ医院会诊，患者痛苦面容，呼吸浅而急促，听诊两膈下呼吸音明显减弱，两肺可闻干、湿性罗音。体温：38，8C,心率：110次/分，尿量：900ml/日，舌苔黄腻。脉滑数。虽为病危，但依然属于湿热证，因思之：肺主肃降，通调水道。今呼吸不畅属肺气不宣，肺气不能宣发，故不能行肃降之职，水道必然不通，而水道不畅，必然导致水液储留，炎症固然可导致胸水，但如果炎症已经得到控制，胸水理当不会继续增长，今患者每日尿量仅有900ml/日，加之整天输液，几千毫升液体输入体内，水量入多出少，胸水不断增长在所难免。这也是导致病危的根源。

从中医角度来分析，之所以出现胸水是因为胸阳不畅，胸阳不畅则肺、脾、肾三焦气化力弱，三焦失职则水液代谢不畅，在下则为尿量减少，在上则为呼吸困难，出现胸水。欲除胸水需疏畅三焦，欲疏三焦须先畅胸阳。欲畅胸阳则应按：“通阳不在温，在乎利小便”的医训，先利小便。这才是救病危，除胸水的关键。《金匮要略》云：“心下有痰饮，胸胁支满，目眩，苓桂术甘汤主之”，“夫短气有微饮，当从小便去之，苓桂术甘汤主之”。故用苓桂术甘汤为主方，加瓜蒌仁、柴胡以畅胸中阳气，方中茯苓改用茯苓皮，是为了加强利水的作用，之所以合冬瓜皮、西瓜皮是因为冬瓜皮以消痰利水（见《滇南本草》：“冬瓜皮入脾、肺二经，止渴、消痰、利小便”） 《扬氏家藏方》载：“冬瓜丸（冬瓜皮和）治水肿喘满”（颜振华主编《中药学》353页）；西瓜皮治痰壅气滞而利水（《玉楸药解：“西瓜皮入手太阴肺、足太阳膀胱、足阳明胃经”；《滇南本草》：“治一切热证，痰壅气滞”）。临证一般都以诸药之皮治肌肤浮肿，有“以皮达皮”之说，今以“皮毛属肺”之说而用之，即：用诸药之皮来去胸水，亦同样可以收到很好的效果。配双花、连翘清热解毒以治标。

方用：茯苓皮25克,桂枝10克,白术8克,炙甘草4克,柴胡10克,冬瓜皮10克,连翘10克,双花10克,瓜蒌仁10克,另：鲜西瓜皮煎水，频服．患者当天中午十二点服药，到下午五点左右，尿量已升至1300ml。嘱其继续服药。

2003年7月19日二诊：
体温：37.6 C, 患者呼吸渐趋平稳，脉搏介于80-100次/分之间，肺部听诊两肺仍可闻干性啰音，右下肺呼吸音很微弱，心脏听诊未见明显异常，尿量1600ml/日，舌苔黄腻，脉滑略数。病症已趋于和缓，效不更方，守方再进，鲜西瓜皮煎水继续服。

2003年7月21日，
医院为患者复查胸水及肺部炎症，结果显示：炎症已得到控制，胸部两肺清晰，胸水已消去大半，两胸膈角处仍有积液。体温：37.3C，脉搏：80-100次/分，尿量：1800ml/日，患者呼吸平稳，大便正常。

2003年7月30日，
患者病情稳定，咳已止，尿量：2100ml /日,病情稳定，医院医生开会讨论，并告诉病人家属，患者目前已无生命危险。医院对于服用中药后所获得的治疗效果十分惊奇，并对中药处方十分感兴趣，希望能得到这个处方。
病已去除大部，热已渐消，正气未充，余邪尚在，据此，上方加党参以健脾益肺，扶助正气，继服，停饮西瓜皮。
2003年8月7日，我被告知，患者恢复良好，已经出院，到疗养院进行疗养。

2003年8月30日，
回医院进行复查，结果显示，两肺清晰，炎症消除，除右胸膈角仍有少量胸水外大步胸水已经排出，病人体温、脉搏、呼吸均已恢复正常，饮食、二便正常。病已向愈，仍以扶正祛邪法，略减其量，化裁继服，以善其后。
茯苓皮、块各15克,桂枝8克,白术8克,炙甘草4克,柴胡10克,冬瓜皮10克,党参10克,芦根10克,双花10克,瓜蒌8克.

2003年9月20日，
患者诸症皆消，饮食、呼吸、睡眠、二便均安，病已告愈，拟停用上药。追访近两年半，未见复发。
体会：“通阳不在温，在乎利小便”，关键在于“利小便方可以通阳”。气滞则水停，气行则水散。水液的代谢运输全靠阳气的气化作用。气化的过程我们不可见，但水液的周流运化我们可以从饮水和排汗、排尿过程中看到出入是否平衡。出入均衡则气化得宜，出入失衡，则气化失常。今患者入多出少，胸水增长不已说明阳气不伸，欲伸阳气，必使水液出入均衡，一旦小便通利，说明三焦气化得以恢复，即阳气得复也。此即“利小便方可以通阳”之意也。

# 我们在海外实践着"纯中医"——给邓铁涛教授的一封信

唐铁军

**原编者按**：该文是全国著名老中医邓铁涛教授的博士毕业生唐铁军在英国给邓老的一封来信。由于中医师在英国没有西药的处方权，"迫使"他们摆脱了对西药的依赖以及临床分科的羁绊，针药并用，多管齐下，心中时刻牢记"整体观念"、"辨证论治"两大精髓，完全按照传统中医的思辨方式、固有规律来践行着中医。现经邓老推荐并核实，予以全文刊登，以使广大读者了解新一代的"纯中医"在海外传承发展的真实状况，希望能有所启示。

**尊敬的邓老师：**

您好！近来身体好吗？转眼来到英国已经有两年多了，这两年来我一直在英国大学里面从事中医临床和教学工作，感受颇多。联想到近来国内某些人对中医的种种非议，感觉有一些心里话想同您谈谈，并希望通过您告诉其他同道或非同道的人们，希望我的一些建议对中医事业的发展或许有所帮助。

在英国有许多中医同道，这里的中医与国内中医最大的不同就在于我们目前所做的一切，都是在实践并传承着纯粹的传统中医。依据如下：

**遣方用药，唯中不西**

目前国内大多数的中医，包括我出国以前很难做到完全不用西药。在国外治病，我们只能应用纯中药，汤剂或丸散剂居多，均为纯中药制剂。英国对中成药的进口限制非常严格，任何含有西药成分的中成药都无法进入英国。中医在这里没有西药的处方权，完全不可以使用西药治疗病人。因此，我们所用的药物只有纯中药。尽管这是被动的，但正是由于这种迫不得已，恰好使我们摆脱了对西药的依赖，充分体现纯中医治疗疾病的特色。事实证明，没有西药我们同样可以有很好的疗效，成功的病例不胜枚举。

**针药并行，多管齐下**

国内的中医医生通常针灸运用得并不多，针灸科的医生开中药也少，存在人为地把中药和针灸分割开的势态。然而在古代，中医几乎都是针药并用。纵观医学史，明清以前的中医各大名家大多数都擅长针药两手。我们要想中医有古人的疗效，首先要回归古人的行医方式，这样才能体现出中医的精髓。在国外我们就是这样做的，几乎每一个病人我们都采用针刺和中药同时应用，还依据病情选用其他的非药物疗法，包括艾灸、火罐、电针、耳穴、推拿、刮痧等等，可谓多管齐下，其结果是多法互补，疗效叠增。

**临证面广，不拘分科**

伦敦是国际大都市，汇集了不同种族不同肤色的人群，他们具有不同的生活方式、饮食习惯、体质禀赋，因而疾病谱也不同于国内。一些国内的罕见病在这里十分常见，我们诊治的病种十分广泛，涵盖了内、外、妇、儿、皮肤、五官多科疾病。在国外行医必须学会做好全科医生，无论遇到什么病症，我都会牢记两条中医的精髓———整体观念、辨证论治。我认为整体观念有助于在思维上突破西医临床分科的羁绊，辨证论治足以分析所有遇到的新问题。而国内多数大型中医院的临床科室设置，趋向于分科越来越细，每一科室仅研究五脏之一或六腑之一，详其一而必略其余。长此以往，是否会束缚一些医生的整体观念，有悖于传统中医的思辨方式？我们可否按照中医的固有规律来发展中医，不必遵循西医的学科划分方式？

**医教一体，传道解惑**

我所工作的大学自 1997 年起开设五年全日制中医本科，今年开始招收中医硕士研究生。学生来自全世界各地，以欧洲各国为主体。这里的中医教育受英国高等教育模式的影响较大，十分注重动手能力的培养，学生从入学的第一学期就有临床见习的安排，随着年级的增长，见习的天数越来越多，逐渐过渡到实习。入学 3~4 年以后大多数学生都能掌握相当熟练的针灸技术和一定的中药知识。在整个学习期间，学生临床见习实习的时间甚至多于理论授课时间。同国内的教学相比，学生的自由支配时间更多，论文、临床病例报告写作得更多，这些措施十分有利于学生临床能力的提高。

中医自古以来就是以师承制的教育方式代代传承，医疗教学本为一体。实践证明，高分的好学生未必将来就能成为好医生，临床基本功的训练尤为重要。我感觉在海外的中医教育模式与中国古代传统的中医教育更加接近，有很多做法也许是值得我们国内中医教育借鉴的。

以上几点是我在英国工作的体会。中医是我们的国粹，深受世界各民族的欢迎，我的很多学生对学习中医有着极大的难以想象的热情，他们勤奋的学习，一批批地毕业，从这里走向世界各地。两年多来，我运用您的临床经验治疗了许许多多的患者，收到了很多意想不到的效果，以后有机会再向您汇报。记得您曾经把中医比喻为和氏之璧，学生想告诉您：中医这一瑰宝在海外已经大放异彩。请您老放心，中医

永远都不会消亡，而且前景一定会越来越好！

祝老师身体健康！（学生：唐铁军 于伦敦中萨大学中医药中心 2007 年 9 月 6 日）

<转自中国中医药报>

# We Are Practicing Authentic Traditional Chinese Medicine outside of China

## ---- A letter to Professor Tietao Deng

From Dr. Tiejun Tang
Asante Academy of Chinese Medicine, London

6th September 2007

Dear Professor Deng

How are you? I can't imagine how fast time flies, as I've already been in England for more than two years now. During these two years, I've been working in a Chinese Medicine Clinic affiliated with a UK university both as a practitioner and a teacher. My working experience in the UK has brought me some thoughts on TCM. Thinking about the recent criticisms on the practice of Chinese Medicine in China, I feel that I need to tell you about my experience here and hope that you can spread the ideas to both the supporters and those who disagree. I hope my experience and impression can exert some influence on the development of Traditional Chinese Medicine in China.

In the UK, there are many Chinese medicine practitioners. The main difference between the practice here and that in China is that we practise the pure Traditional Chinese Medicine here. This is evidenced as follows:

**1. Only Chinese medicine can be prescribed, we are not allowed to use Western medicine by British law**

It is very difficult to absolutely avoid the use of Western medicine for most of TCM practitioners in China, me included before I came here. However in the UK, only pure Chinese herbs can be prescribed. Decoctions, pills and powders are commonly used forms. Everything we use has to be pure Chinese herbs. This country has a very strict legislation for the control of Chinese medicine imports. No patented pills containing any Western medicine are allowed to be imported. As a Chinese medicine practitioner here, we are not allowed to prescribe any Western medicine, or use any Western medicine to treat patients. In this sense, we are compelled to use only pure Chinese herbs. Although this leaves us with no choice but to practise in total independence of Western medicine, on the other hand the therapeutic characteristics of pure traditional Chinese medicine can be fully shown. In fact, we still can get very good effects for most diseases even without the use of any Western medicine. I personally have a lot of successful cases within my scope of practice.

**2. Combining Chinese herbs with acupuncture and other non-drug therapy**

In China, most TCM doctors seldom use acupuncture. The doctors of acupuncture department do not prescribe herbs very often. Chinese herbal medicine and acupuncture seem to be divided. However, in ancient time, nearly all the TCM practitioners used both therapies. In the history of Chinese medicine, before the Ming and Qing dynasty, every famous master was very good at both herbs and acupuncture. If we hope that our treatment could be as effective as our ancestors', maybe we need to follow their way of practice. Only in this way, the real spirit of TCM can be developed. That is the approach we adopt abroad. In the treatment of most of our patients, we combine herbs and acupuncture together. Some other non-drug therapy such as moxibustion, cupping, electric acupuncture, ear seed, tuina massage, coetaneous scraping (Gua Sha) etc. are also applied according to individual cases. With this multi-therapy interaction, the therapeutic effects can be seen much enhanced.

**3. Extensive clinical aspect**

London is a multi-cultural metropolis. People here are of different races and come from different parts of the world. Their life style, diet, and constitution are very different. The scope of disease is also various from that in China. Some diseases which are rarely seen in China could be very common here. The different conditions that we come across here are very wide, including internal disease, surgery, gynaecology, paediatrics, dermatology and ENT diseases. We must learn to be a good all-round general practitioner at all times. No matter what disease I encounter, I always remember two important essences of TCM ---- the holism conception and differentiation diagnosis. In my opinion, the holism conception is helpful in breaking through the demarcation of clinical classification; whilst the differentiation diagnosis is applied to analyse all the new problems. In most of the larger TCM hospitals in China, the division of clinical departments tend to be more and more refined. Each department only focuses on one of the zang-fu organs. Over-isolating a particular area may inevitably lead to overlooking of other related aspects. In the long run, the holism conception will be diminished; the traditional practice of TCM is also altered from its own features. At this stage, shouldn't we ask ourselves whether we should be developing TCM according to its original concept? Must we follow the Western clinical divisions?

**4. Combining teaching with clinical treatment**

The university which I'm now working for first started enrolling full time students for a 5 year TCM programme in 1997. Starting from this year, it also started enrolling for a TCM master degree programme. Our students come from all over the world, mainly from Europe. TCM education here has been greatly influenced by higher education of UK. Emphasis is being placed more on practical training. Clinic placement starts at the first term of the first year. As the term progresses, the students will have to take up more and more clinic placement, until they can treat patients independently. After 3-4 years of training, most students will be able to master quite skilful acupuncture techniques and will have acquired some knowledge about herbs. During the whole 5 years study, the students spend more time on clinic placement than classroom teaching. Compared to the education in China, UK students have more own time for self study. They have more paper work, case study and presentations to do. The emphasis is more on clinical practice.

Since ancient times, the Traditional Chinese medicine had been passed down from generation to generation by an individual teaching method. Teaching and treating are carried out at the same time. In fact, the students who get high marks in the exam may not necessarily turn out to be good doctors in the clinical environment. Clinic practical training is therefore very important. I feel that TCM education overseas resembles TCM teaching in ancient China more and I think that teachings in China should follow more closely with this trend.

All of the above are the impression I obtained with my work in UK. TCM is a quintessence of Chinese culture. It has been accepted by all races over the world. Many of my students have a great unbelievable enthusiasm to TCM. They are diligent and hard working. Every year, they graduate from here and go to different parts of the world. During these two years, I have treated many patients by applying the clinical experience that you taught me and many unbelievable good results have been achieved. I will report these cases to you in future.

I remember you used to take an undiscovered jade as the metaphor for TCM. I would like to tell you now that this precious gem is already glittering outside China. You can rest assured that TCM will live on forever and be even more and more widely accepted.

Best Wishes

Your student: Tiejun Tang

# 中医临诊问答专栏

主持人：向阳 中医师

编者按: 本刊从此期开始,将尝试每期开办<<中医临诊问答专栏>>, 内容将以临床实用为主,可以是同行切磋,也可以是专家答疑, 欢迎会员们积极参与投稿. 您在临诊中若有什么难题需要专家指点, 也可以向主持人提出,我们将尽最大努力帮您得到专家的建议.

**问：如何辩证治疗感冒？**

**答：**治感冒容易，但并非所有类型都好治。因为有过几次与朋友探讨感冒的话题，所以本主持人就想当然以为大家都有兴趣。于是乎就把与朋友聊天的话题当成第一个问题来讨论，姑且作为引玉之砖吧。

感冒分两种，即：普通感冒和流行性感冒。中医认为，普通感冒以伤风为主因；而流行性感冒以疫毒为致病原因。从西医角度而言，前者以鼻病毒感染为病因，后者以流行感冒病毒 A 或 B 为致病原因。一般来说，普通感冒较轻；流行感冒较重，危害较大。

我这里把两种感冒合并处理，分为以下几个类型：风寒，风热，风湿，暑湿，秋燥，疫毒（相当于流行性感冒）和虚症感冒。其中虚症感冒又有气虚，血虚，阴虚和阳虚四个亚型。各型的临床特征请参考一本教科书。风寒型治以疏风散寒，发汗解表；选方：麻黄汤，桂枝汤，麻桂各半汤，荆防败毒散，小青龙汤。风热型治以辛凉透表，清热解毒；选方：银翘散，桑菊饮。风湿型治以祛风除湿解表；选方：羌活胜湿汤，麻杏薏甘汤。暑湿型治以清暑化湿，选方：新加香薷饮，藿香正气饮。秋燥治以清燥辟肺；选方：清燥救肺汤，桑杏汤。疫毒型感冒治以清热解毒，凉血泻火；本人强力推荐处方：余师愚清温败毒饮，好处方！请记住！！其中犀牛角属于禁品，石膏也被禁止在英国使用，诸位想法从其他植物药弥补其疗效吧！！！（注：如果读者诸君有兴趣，将来可以把疫毒型感冒单独作为话题，咱们来个百家争鸣百花齐放.）

虚症感冒主要是素体虚弱又罹患感冒之病人。本主持人倾向于在以上分型施治的基础上，根据病人体质偏虚之特征，分别加上补益类药物就可以了。这样处理比较简单些。但为了防止遗漏，我还是把它作为一大类抽出来聊一聊。气虚型治以益气解表，调和营卫；选方：参苏饮，黄芪桂枝五物汤。血虚型治以养血解表，选方：葱白七味饮。阴虚型治以滋阴解表，选方：加减葳蕤汤。阳虚型治以温阳解表，选方：桂枝加附子汤（注：附子又属于禁品，您就凑合着加桂枝吧！可不幸的是：桂枝加桂汤是治疗奔豚气的处方，那本主持人可是一点折都没有！）。

本主持人在小小感冒上，一番小题大做之后，还是来点简单实用的。本人诊所只有两种感冒专用药：一种是感冒清热颗粒，另一种是板蓝根冲剂。两者都是北京同仁堂的产品。多数感冒我多用这一组合，不行我还有其他中成药以及将近三百种草药作为后备武器。

普通感冒西医并不主张治疗，即使治也是对症处理。但他们对流行型感冒要重视的多。对于易感人群，每年冬季家庭医生都要为他们注射流行性感冒疫苗，以防止感冒以及并发金黄色葡萄球菌肺炎以及气管炎等。有时对一些易感人群，这些并发症是致命的。从这个角度来看，我花这点篇幅来聊小小的感冒就不是小题大做了。您说呢？

本主持人欢迎读者来信提问，并将精选其中带有普遍性的问题，请学会内外的专家回答您，恕不单独回信答复。中文电邮：enshixiang@hotmail.com English Email: yang.x@ntlworld.com 来信：Dr Yang Xiang, 25 Birch Terrace, Stoke on Trent, ST1 3JN.

# TCM Clinial Forum

**Host: Dr Yang Xiang**

**Question: How to treat Ganmao (common cold and flu) in TCM?**

**Answer:** It should be an easy job, but it is not always easy to treat all types of Ganmao. My colleagues and I once discussed TCM treatment for Ganmao with great interest. So I take Ganmao as my first topic to cast away a brick in order to get a jadestone.

Ganmao is divided into two categories according to western medicine: i.e. common cold and influenza. In TCM, common cold is caused by wind-evil invasion and

influenza is caused by epidemic toxin. In conventional medicine, common cold (acute coryza) is due to infection by rhinovirus. Influenza is due to infection by influenza virus A or B. General speaking influenza is more severe than common cold.

Here, I will discuss common cold and influenza together but by dividing them into the following patterns: wind-cold type, wind-heat type, wind-dampness type, summer-heat type, autumn-dryness type, epidemic-toxin type (influenza) and deficiency types. The deficiency types can be further subdivided into four types as: deficiency of Qi, Blood, Yin and Yang.

One can refer to a good Chinese textbook for the symptoms of these patterns.

- Wind-cold type should be treated by dispersing wind and cold. The herbal prescriptions are as Mahuang Tang, Guizhi Tang, Mahuang Guizhi Geban Tang, Jinfang Baidu San, Xiao Qinglong Tang.
- Wind-heat type should be treated by acrid-cooling dispersing exterior, with cleaning heat and removing toxin. The herbal prescriptions are as Yin Qiao San and Sang Ju Yin.
- Wind-damp type should be treated by dispersing wind and draining dampness, herbal prescriptions are as Qianghuo Shenshi Tang, MaxingYigan Tang.
- Summer-heat type should be treated by cleaning summer-heat and dispersing dampness. The herbal prescriptions are as Xinjia Xiangru Yin, Huoxiang Zhenqi Yin.
- Autumn-dryness type should be treated by cleaning autumn-dryness and moistening lung. The herbal prescriptions Qing Zao Jiu Fei Tang, Sang Xing Tang can be used.
- Epidemic toxin type should be treated by cleaning heat and removing toxin, cooling blood and extinguishing fire; I am very strong recommending Dr Shiyu Yu's Qing Wen Bai Du Yin. This is a very good prescription indeed! However, two ingredients Xi Jiao (rhino horn) and Shi Gao (gypsum) are banned in the UK so we have to find alternatives from botanical source.

(Dr Xiang's note: if there is more interest in TCM treatment for flu among our readers, we can discuss epidemic toxin type (flu) as another topic in future. I wish more of our readers would join the discussion.) .

Ganmao of deficiency types occurs in vulnerable people with week constitution when they catch cold or flu. I usually add some tonic herbs in the prescriptions for the above types according to the patient's condition. This is a simple and easy way to deal with it.

- Qi deficiency type should be treated by tonic Qi and dispersing exterior, regulating defence and nutrition Qi. The herbal prescriptions Shen Su Yin, Huangqi Guizhi Wuwu Tang are designed for this type.
- Blood deficiency type should be treated by nourishing blood and dispersing exterior. The herbal prescription Congbai Qiwei Yin ca nbe used
- Yin deficiency type should be treated by nourishing yin and dispersing exterior. The herbal prescription is Jiajian Weirui Tang.
- Yang deficiency type should be treated by warming yang and dispersing exterior, herbal prescription: Guizhi Jia Fuzi Tang.

(Dr Xiang's note: Fuzhi is also banned in the UK. You may try to use Guizhi replace Fuzi, but Guizhi jia Guizhi Tang is for Bentunqi Syndrome. Please review Zhang Zhong Jing's *Shang Han Lun* and *Jin Kui Yao Lue*).

There are only two patent formulae for Ganmao in my clinic. One is Ganmao Qingre Keli and the other Banglangen Chongji. They are good medicines made by Beijing Tong Ren Tang. They can cover most of Ganmao. If not, I have some other patent remedies such as Xiao Qing Long Wan (or Chongji), Zhike Chuangbei Pipa Tanjiang and also nearly three hundred kinds of raw herbs.

GPs normally do not treat common cold. If they do, they usually prescribe symptom-relief medications. But they treat influenza more seriously. A flu jab is available for vulnerable people in winter. Sometimes flu can cause some serious or even fatal complications, especially for those who suffer from heart problem, diabetes etc. Therefore, it is definitely worth of my time to talk about common cold and flu. What do you think?

As the host for this clinical forum, I welcome readers to participate in the discussion. You can email your articles or questions to me in Chinese or in English. I will choose some of your topics and questions and invite specialists within and outside of ATCM to answer your questions in the forum.

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# 关于 MHRA 新近查处几个中成药品种的看法

## ----会员常珉给沈会长的一封信

编者按:
常珉中药师就 MHRA 新近查处 4 个中药品种之事发表了很好的见解，我们感谢他对英国中医药事业的关心和敬业精神．理事会将会把来信的主要内容翻译成英文，然后向有关部门进行交涉和反应．当然，在交涉结果出来之前，理事会仍然要求会员遵守禁令，不要经销仍被查禁的中药产品．

沈惠军会长:

据 ATCM 简讯第 35 期报道, 2007 年 11 月 29 日. 英国药管局 MHRA 宣布查出四种含有马兜铃酸成分的药品。被检样品为中成药小青龙丸，川芎茶调丸，白头翁丸和泻肝丸，并没收了上述成药 6500 瓶。而 ATCM 理事会也已认同上述产品为"违禁产品"，要求会员自查清理。对此本人持有以下不同意见。

一． 药管局 MHRA 的检查结果应该有误

1. 理论上的错误:

上述四种成药中,除白头翁丸外,其中三种处方中虽均含马兜铃科植物成分,其中前二种成药中含马兜铃科植物细辛，后一种含马兜铃科植物东北马兜铃的藤茎，即关木通。但马兜铃科植物不一定都含马兜铃酸，细辛就是明显的例子。据国内外所有文献的报道,该植物主要有效成分为挥发油甲基丁香酚(methy leugenol)，黄樟醚(safrole)等十几种成分, 无任何文献报道其中含有马兜铃酸;而现在英国市售的"泻肝丸"中,已不再含有"关木通"。至于"白头翁丸"处方的四味草药中均无马兜铃科植物, 所以 MHRA 称在上述四种中成药中检出马兜铃酸 Aristolochic acid，应无理论依据。

2. 实践中可能出现的错误:

众所周知, 单味中草药本身含有数种或十几种不同化学成份, 而对于由几种乃至几十种中草药组成的中成药更是构成了一个成分复杂的大复方。当检测时,各种成分必然会相互影响,对于经验不足或检验方法没计不妥的检验者来说.往往会出现"假阳性"的检验结果.

例如目前国内对中成药的定性检验最常用的方法薄层层析法 TCL（Thin Chromaltograph layer). 中国药典（CP) 马兜铃和青木香鉴别项下就是采用的这种方法。但是如果以同样方法用于含有上述成分的复方中成药中，则极有可能出现“假阳性”。这是由于复方中成药中其它成分很有可能在同样的条件下 （如不同波长或显色剂等）呈现相同的色谱斑点或荧光斑点(chromatograph spot or Fluorescent spot)。为了确保检验结果的正确和准确，我们在制定检验方法时，必须要做一系列的辅助实验. 如空白实验.阳性试验等. 只有在确保没有其它杂质或其它成分干扰的情况下所得到的检验结果, 才是真实可信的.

请看一个例证：

2001 年, 当时药管局 MCA 查处了上海某中药厂出品的“龙胆泻肝丸”, 尽管在组方成分中已经去除了木通, 但检测中仍然查出该产品含有马兜铃酸成分. 该中药厂厂长打电话到英国询问情况, 并陈述了厂长本人的困惑，因为该厂将处方中不含“木通”的其它药材做成了空白的“龙胆泻肝丸”后，却还是检出了“马兜铃酸”的成分，他请我分析原因。我在电话中对厂长简述了中成药检验中的空白试验的意义，指出中国药典中检测某一单味药材的检验方法并不适合用于含有该单味药材的所有复方中成药的检测，故出现假阳性。 这一例证充分说明那种用西药检测方法去套中成药的检测思维往往是错误的, 因而所得出的结论也是错误的。

当然, MHRA 也许采用了中国药典的常规检测方法之外的其它 “先进” 方法,如气相色谱-质谱联用检测法 (气质联用法). 然而由于其 “先进性”, 该方法并未广泛用来进行中成药的检测, 而只是用于研究领域. 若用气质联用法来检测这几个中成药的成分,则首先应该作方法学研究,证明该方法是适用于该药品的检测的, 具有专属性和可靠性, 其结果才是可信的. 否则, 因其先进性而忽略中成药复杂成分的相互干扰可能导致的假阳性, 必然产生错误的结论.

二． 为什么我认为 MHRA 的检验结果有误？

也许 MHRA 的官员会说，英国的检测仪器比中国先进，我们的业务水平比你们的高明, 所以我们可以检出你们所检测不出的东西。这其实是站不住脚的. 让我们先了解几个基本概念

1. 全世界目前对植物药质量检测的常规手段不外乎三大色谱, 即高效液相色谱(HPLC), 气相色谱(GC)和薄层色谱(TCL). 其中前二种常用于定量, 而后一种常用于定性和定量. 中国从 1985 年开始便开始将色谱技术应用于国家药典和报批新药中的中成药质量检测, 并逐年增加,检测仪器毫不比英国差，并已相当普及. 而上面提及的气质联用法,并非植物药检测的常规方法, 其检测结果用于研究报告是可以的,但因其不够普及不够成熟,不应作为药检当局的法律依据.

2. 用色谱法或气质联用法进行中成药的定性和定量, 比化学药品(西药)难得多, 其最大的难点在于如何排除其他成分的干扰和影响, 如果干扰没有排除, 在被检成分的色谱峰的位置上或保留时间上就会被其他成分的色谱峰重叠而出现误判. 所以提取有效成分, 除去干扰成分的样品预处理, 是检测成功的关键因素. 当干扰成分排除了, 样品在一定条件下相当于单一成分, 这样的检测就变得像化学药品的检测一样简单，一样可靠了. 否则, 即使使用分离效果比薄层色谱高很多的高效液相法(HPLC)也无济于事,因为那么一根小小的色谱柱的承载量毕竟十分有限。

3. 在中国，按照中国药典和国家药品标准的方法检测而得出的结果是可作为法律依据的。这是因为检验专家们在制定这些药品标准时，要对该方法进行大量的基础实验，如定量法中的空白试验，加样回收率试验，重现性试验，定性中的阴阳性平行试验等等，以确保该检验方法的可靠性。世界上许多国家由于没有本国的中药检测标准,都借用了中国药典的标准. 应该说,中国药典的中药检测标准具有相当的国际权威性,英国的药检部门是应该借鉴的,而不应用其它未被广泛认同的检测方法而下结论.

基于对以上几个基本概念的了解，我们不难得出以下结论：
如果经过一个没有以系列科学研究试验为基础的检验方法而得出的检验结果，应该是不具备法律物证的效力，这在任何国家都一样。MHRA 检测上述四种中成药时，几乎不可能同时对这些成药中其他药材进行平行的空白试验，所以这种结果是值得怀疑的。

三． 我们的目的和步骤

英国药管局尽管有先进仪器, 但他们在中药检验方面缺乏经验, 就难免要出错。今天说你四个品种中含 XX 成分，没收你几千瓶，明天就可能说你几十个品种含其他 XX 成分，再查封你几万瓶，报上一登，叫你中医如何生存？希望会长及理事会以此事件为契机，向药管局进行呈诉和反应。我建议学会要求药管局提供被检验的成药厂家、批号以及检验方法及依据的详细报告。若有可能，再拿到他们检验的记录及色图谱（此第二步若有困难可略去）。然后, 根据所提供的检验资料和数据，提出反对依据，争取使药管局最终撤消诸如此类的错误禁令, 或至少今后不再轻易地对安全无辜的中成药下错误结论。

附：作者简介:

常珉, 1979 年 12 月毕业于湖北中医学院，中药专业。1980-2000 年任职湖北省药品检验所中药室（历任中成药专业组长、中药室主任）, 1994 年获副主任药师高级职称。长期从事中成药药品质量标准的研究，参与制定从中国药典、卫生部药品标准到湖北省药品标准等各种中成药药品标准和新药质量检验标准。曾在国家一级杂志（如《药物分析杂志》《药事管理理》）发表多篇论文，并有多篇气相色谱法，薄层色谱法对复方中成药中有关有效成分进行含量控制的研究成果被发表和引用, 其中有首创成果被《中国药典》1990 年版作为法定标准收载, 并被美国化学文摘 CA 及英国 BA 等权威文摘收录（1991～1992）。2000 年赴英国工作，曾在 Tian Tian 公司任兼职药品质量监督主管。来英后，继续关注英国中药行业中的药品质量问题，并积累了一些伪品样品和资料。

# 浅谈中药配方颗粒应用

罗晓红

“现代型中药饮片”即“中药配方颗粒”以份量小、疗效高、方便携带、方便服用、药效等同于传统中药，近年来在社会上发展迅速，取得一定成绩。

**1 传统中药和中药配方颗粒的比较**

1.1 传统中药 中药传统汤剂的原料—“饮片”，无法进行质量控制；这是导致中药难快速发展的直接原因。中医药是我国传统文化的精华。五千多年来，为中华民族的健康和繁衍生息作出了巨大的贡献，但是中药的质量不可控的问题是制约中药发展的瓶颈，重要原因就是中药材质量不稳定、不可控和无法用现代化学术语进行科学表达。中草药煎煮不便、火候难以把握等缺陷，按传统的做法数十味中草药放在一起煎煮，十分麻烦，一旦煎煮工艺达不到医学标准，往往影响疗效，而且外出携带服用极不方便。自古以来，都是原药材经过炮制，制成中药饮片直接用药，由用药人煎煮。并且，传统中药汤剂的使用方式也使西方患者难以接受和掌握。严重制约了中医中药的发展，也阻碍了中医中药的科学化、国际化进程。

1.2 中药配方颗粒 中药配方颗粒不但可以省却煎煮过程，又可以保持中药饮片的药效、效能，同时在制取过程中采取现代指纹、图谱等先进技术，使中药真正做到安全、高效、方便、可控。在国际天然植物药市场，年交易额已近 200 亿美元，且以每年 10%以上速度增长，随着人类疾病和健康观念的变化，“绿色药品”、“天然保健”的概念逐渐深入人心，中医中药正在为越来越多的消费者认可和接受。剂量小、疗效高、起效快，服用、携带、储藏

方便有科学数据可查，迎合了外国人治病、保健的需要。潜在的国际市场相当广阔。

1.3 中药配方颗粒在我国的开展 “中药配方颗粒”原名“单味中药浓缩颗粒”是符合炮制规范的中药饮片为原料，经现代工艺提取、浓缩、干燥、制粒精制而成的纯中药产品系列。符合中药饮片炮制要求、不添加糖、防腐剂及其他赋形剂，保持原有中药原汁原味。

2001 年，国家食品药品监督管理局和国家中医药管理局联合组织专家就“中药配方颗粒”管理问题进行了多次研讨和论证，最终实现“中药配方颗粒”的法制管理，即按照《中华人民共和国药品管理法》的规定，中药配方颗粒将从 2001 年 12 月 1 日起纳入中药饮片管理范畴，实行批准文号管理。

## 2 中药配方颗粒研究

2.1 中药浓缩颗粒剂的制作工艺 选料→去杂→工业提取→浓缩→干燥→制粒。由于浓缩颗粒已经没有了原药材性状特征，难以从显微组织和细胞特征鉴别之，故而在选取药材方面是其关键所在，要严格按照药典标准确定药材品种。对有效成分或指标成分明确的药材均要进行专属性强的鉴别和含量测定，以便确保药材质量。另外一个关键就是提取浓缩的问题，提取要根据每类药材品种的性质选取不同的溶剂，保证有效成分的最高溶出率。浓缩干燥，传统的工艺干燥时间长，药材中遇热不稳定成分损失较多，而现在采用了动态提取，真空低温干燥或瞬间喷雾干燥，干法制粒等高新技术，使中药浓缩颗粒生产工艺不断改进，颗粒质量不断提高。

2.2 中药颗粒剂有效物质的研究 为了确定传统饮片与单味中药浓缩颗粒有效物质之间的关系，广东省中医研究所用“饮片标准煎剂”与单味中药浓缩颗粒进行化学对比，对 400 多味单味中药浓缩颗粒进行了定量研究。结果表明，单味中药浓缩颗粒与“饮片标准煎剂”以浸出物折算，其生药量是相当的，即 1g 标准煎剂浸出物相当于 10g 原中药饮片，1g 单味中药浓缩颗粒也相当于 10g 原中药饮片。并经薄层色谱、挥发油测定、高效液相色谱、气相色谱等法对中药饮片浸出物和浓缩颗粒进行有效成分或指标成分的含量分析对比实验折算，其测定折算实验的结果是相当的。

2.3 中药颗粒剂的药理及临床应用研究 广东省中医研究所通过对桑寄生传统饮片与单味中药浓缩颗粒的镇痛实验、小鼠实验性关节炎等项的药效学对比实验，二者无明显差异，在个别指标上浓缩颗粒剂优于中药饮片；将单味中药浓缩颗粒配伍成“小青龙汤”、“羌活胜湿汤”、“逍遥散”、“归脾汤”，与传统中药饮片配方组各每方观察 50 例，治疗慢性支气管炎急性发作、寒湿腰痛证、肝郁脾虚证和心脾两虚证，结果显示临床疗效相近，统计学处理差异无显著性；袁松涛等报道，用浸膏浓缩颗粒剂治疗内科常见病、血液病、肝病、心血管病和小儿科疾病，从 1000 多门诊、病房病例情况来看，各方面反应良好，没有发生不良反应，有效率达 85%以上。如对风寒挟湿之感冒、呕吐、泄泻病症，30 例病例选用藿香正气散单味浸膏浓缩颗粒剂治疗，30 例病例选用藿香正气散饮片煎成汤剂治疗，其结果显效率分别为 82.2%、81.3%；有效率分别为 95.2%、94.6%。潘敏求等用参苏复方浓缩颗粒剂与参苏丸治疗气虚型感冒患者，进行了 172 例的临床对比观察，并进行了解热、镇痛、止咳、祛痰等药效学实验研究，结果表明，总有效率分别为 74%、77%，二者均有解热、镇痛、止咳、祛痰，且二者作用强度相当。

2.4 浓缩颗粒剂 (1)在满足人们对药物的“三小”、“三效”、“五方便”(即用量小、毒性小、不良反应小；高效、速效、长效；服用、携带、贮藏、生产、运输方便)的基本要求方面，有明显的接近。(2)有效成分浓度高，溶解迅速，起效快，亦可使用于急诊患者。(3)免煎易服，有利于适应中医医疗市场的开拓。(4)生产自动化，条件恒定，有利于中药走向国际市场。

## 3 中药配方颗粒国外发展现状

日本自 20 世纪 80 年代以来汉方颗粒剂发展加快，首先将颗粒剂列为国民健康保险基金的使用范围，规定使用此类药品的患者，其费用可由国家健康保险基金支付，他们现在很少应用中药饮片，律村顺天堂、森下仁丹株式会社、内由和汉药株式会社等研制生产多种中药浓缩剂用以代替汤剂。多数汉方药厂的骨干剂型即为汉方颗粒剂。目前约有 2/3 的日本医生在临床中应用颗粒剂，很多日本人欢迎此类剂型。日本国在浓缩颗粒的开发研究领域取得了瞩目的成就，研究的复方中药浓缩颗粒剂有 200 余种，单味中药浓缩颗粒 200 余种，根据临床随证配方，产品并销往欧洲等地。

韩国的中药浓缩颗粒剂使用于 20 世纪 90 年代初，到 90 年代中期，已发展到 300 多个品种，并将其列入健康保险用药范围。

我国首家获得 BRC（British Retail Consortium）英国全球标准严格认证的广州康和药业有限公司于 2005 年 8 月正式运往英国，这是我国首批出口欧盟市场的中药颗粒，从而结束了中国作为传统中草药大国，没有中药颗粒出口欧盟的历史。从此，打破日本制药企业对国际市场的垄断。

## 4 小结

“传统中药饮片”已落后于时代，到了必须改革的时候了。“现代型中药饮片”即“中药配方颗粒”已经进入人们的视野。其良好的发展前景值得我们进行更深入的推广和研究。

# 中国中药资源面临生物多样性危机

http://www.100md.com 2004 年 11 月 10 日 中国医药网

**编者按：这是一篇三年多前网上的旧文章，但今天读来仍有实际意义．文章中揭示的问题是值得我们深思的．**

中药治疗慢性代谢性疾病的良好疗效，使得世界各国对天然植物药的需求每年呈两位数增长，预计未来 10 年的需求量将翻三番。世界制药企业近年竞相在我国设厂及大财团纷纷介入中药业，正是看好中药未来的广阔前景。但目前我国中药资源呈恶性循环趋势，给自然环境造成巨大压力。中药资源面临可持续发展危机，生物多样性受到严重的破坏。

中国医学科学院药用植物研究所常务副所长、国家中药材 GAP 促进会副会长陈士林博士日前在做大做强广西中医药产业高峰会上表示，药用是导致我国动植物濒危的主要原因。

陈士林说，随着我国中医药产业的不断发展壮大，中药材供求矛盾日益突出。我国每年生产的中成药产值达 727 亿元，保健品年产值 207 亿元，中药提取物年产值 7.4 亿元，中药饮片年产值 8.5 亿元，年消耗中药材 40 万吨，价值 200 多亿元人民币。药用日渐成为导致我国中药资源生物多样性危机的主要因素。我国目前共有 169 种药用植物被列入《野生药材资源保护条例》、《濒危动植物国际公约》和《国家野生植物保护条例》，在贸易和利用上受到相应的管制和限制。在我国处于濒危状态的近 3000 种植物中，用于中药或具有药用价值的约占 60%-70%。

**--中药资源面临生物多样性危机**

据陈士林介绍，近 10 年来我国天然植物药的需求翻了三番，致使大面积植被被毁，生态环境恶化，中药资源加速枯竭，野生资源逐年减少，给自然环境和资源造成巨大压力。据统计，我国传统中药资源总数多达 13000 种，包括动物、植物和矿物三大类，以植物类药物居多，约为 11146 种。其中商品中药材 1200 种，可栽培药用植物 400 种，栽培药材仅占常用中药材品种的 30%。随着对中药材需求的急剧增加，野生中药资源，尤其是道地药材资源受到严重破坏。在 1992 年公布的《中国植物红皮书》中，所收载的 398 种濒危植物中，药用植物达 168 种，占 42%强。

**--赛加羚羊、野马几近绝迹**

资料表明，我国赛加羚羊、野马、厦门文昌鱼等 4 种野生动物资源几近绝迹。药用动物林麝、黑熊、马鹿、大小灵猫、中国林蛙、蛤蚧等 40 个种类的资源显著减少，其中麝香资源比 20 世纪 50 年代减少 70%，虎骨、犀角等物种濒危，已影响了近 30 种动物药材的市场供应。

**--几十年找不到一株野生三七**

药用植物甘草、羌活、单叶蔓荆、肉苁蓉、三叶半夏、紫草等 100 多种资源量普遍下降，影响 60 多个药材品种的医疗用药。娥眉野莲、八角莲、凹叶厚朴、杜仲、野山参等 30 多种植物，因野生资源稀少而无法保证商品需求。冬虫夏草、川贝母、川黄连、麻黄等资源破坏严重，常用药材人参、三七的野生个体已很难发现，在三七主产地云南近几十年来竟然找不到一株野生的。

**--中药资源无序开发严重破坏生态**

陈士林说，长期以来，我国对中药资源可持续发展重视不够，中草药资源基础工作薄弱，投入严重不足，致使中药资源加速枯竭，野生资源逐年减少，一些物种濒危，中药资源生物多样性锐减。同时，中药资源的无序开发导致大面积植被被毁，生态环境日益恶化。内蒙古、新疆、宁夏的荒漠地区，盛产甘草、麻黄、防风等固沙中药，其中甘草的根茎深达 8-10 米，可覆盖 6 平方米土地，防风固沙作用极为显著。由于管理无序，乱挖滥采，导致甘草空前浩劫，在宁夏同心甘草收获季节，每天数千人上阵，每挖 1 公斤甘草就要破坏 60 平方米的植被，40 多天破坏了 800 万亩的草原，15000 亩草场千疮百孔，造成草原严重沙化，经济损失难以估量。

**--中药种质资源保护亟待加强**

随着生物经济时代的到来，对作为生物工程及生物制药的基础和治理生态灾难的关键性战略资源的中药种质资源的保护受到越来越多的关注。长期以来，我国中药资源基础工作投入严重不足，历史欠帐较多，中药种质资源保护工作几乎处于空白状态，面临的生态赤字比财政赤字更为可怕。

由于管理无序和过度开发，大自然的宝贵财富--基因、物种和生态系统近年来正以历史上前所未有的速度消失。我

国目前濒危动植物已达 1400 多种，其中列入中国珍稀濒危保护植物名录的药用植物 169 种，列入国家重点保护野生动物名录的药用动物 162 种。一个物种的消失会导致 15-30 个物种的危机，在近期如不紧急抢救保存，丢失的基因将一去不复返。

陈士林认为，随着生物经济时代的到来，中药种质资源作为生物工程及生物制药的基础和治理生态灾难的战略性资源，其战略地位愈加显要。一个新基因、新品种在农业、医药业的经济潜力可能高达数百亿甚至数千亿，足以带活一个行业、一个民族甚至一个国家的经济。如袁隆平的杂交水稻的培育成功，关键就在于他发现了野生水稻种质资源。

为此，我国必须站在国家战略的高度，尽快出台相关法律、法规，密切关注受威胁的物种，对过度利用的物种采取有力的保护措施。

**--建立中药资源可持续发展系统势在必行**

中国工程院院士肖培根说，中药业的发展首先有赖稳定、良好的中药药材资源，我国急需建立中药资源可持续发展系统，利用高技术手段对中药资源产量、蕴藏量、主产区分布及需求量进行数据库管理，形成中药材信息管理系统，中药材资源蕴藏-需求预测系统和决策系统，根据需要生产，并且规范中药材栽培种植，以保证中药安全，完善中药资源的保护与利用，防止药用资源面临灭绝的可能。

肖院士指出，中药资源可持续发展利用的重要意义在于：保证药源的可持续供应，保护中药的生物多样性，保持生态平衡和保护环境。事实上，传统中药的出路必须建立在保护野生药用动植物资源的基础上，确保野生资源不被毁灭。大力发展名贵药材的栽培、养殖，在资源的天然生长地，通过人工养育及科学管理，逐步形成半野生栽培状态的资源居群，以满足生产需要

**--加快中药现代化步伐 从容应对“洋中药”挑战.**

中药是我国的传统医学和传统文化的瑰宝，数千年来为中华民族及世界人民的健康做出了巨大贡献。据统计，我国超过 50%的人治病时服用中药；患病就医时，首选中药治疗者占 24%；几乎所有人在一生中都使用过中药。然而我国中药产品仅占全球植物药市场年销售额 160 亿美元的 3%～5%，有的年份进口的“洋中药”已超过出口额。据国家食品药品监督管理局巡视员骆诗文介绍，我国中药出口最高值曾达到年创汇 7 亿美元，但从 1996 年开始，总体上逐年下降趋势相当明显。2002 年，我国 6.2 亿美元中药出口中，中药中间体等提取物占 1.64 亿美元，并被境外用作生产洋中成药的原料，销回我国。

日本一家中药企业以我国中成药六神丸加工制成的救心丹，年销售额达 1 亿美元以上，其中很大一部分销售到我国。川贝枇杷膏、保心安油、驱风油、红花油等“洋中药”竟将我国同类产品打得无还手之力．“洋中药”的长驱直入，在业内引起强烈震动。骆诗文说，由于文化差异的原因，外国人不理解我国传统中医药理论，中药至今尚未被国外广泛接受，服用中药的外国人仍然是极少数。中药国内销售占总销售额的 95%，研究和发展中医药一定要立足国内。

据悉，我国中药出口中成药比例不足 30%，多以原料药材廉价卖出，年出口量高达 3000 万公斤，附加值及低；而占世界中草药市场份额 90%的日本和韩国，其所用的中药原材料 80%都是从我国进口的。有识之士认为，我国作为中药资源的主产地和主消费地，对中药的进出口应有长远目标和战略眼光，主管部门要增强科学管理能力，严格控制中药资源的开采量，限制原料药材廉价出口，防止中药出口转内销，从容应对“洋中药”的挑战。

中科院院士孙汉董说，现代化是中药与植物药发展的必由之路。中药现代化就是将传统中药的优势特色与现代科学技术相结合，按照国际认可的标准进行研究、开发、生产、管理和应用，生产出疗效确切、有效成分清楚、作用明确、毒副作用较小，“安全、有效、可控、稳定”，符合国际质量标准的中成药品。中药现代化要从国内和国外两个层面着手，中药现代化的过程就是中药被世人接受和走向世界的过程。--开展资源警示教育 树立科学资源观

我国是一个资源大国，也是一个人口大国。从资源总量上看，我国是资源富国，从人均占有量上看，我国是资源穷国。随着我国人口的不断膨胀，我国将全面进入资源匮乏时代。如果我们再不居安思危，继续以地大物博自居，对资源采取掠夺式开发，必将导致更多不可再生资源的枯竭，我们将不得不面对淡水资源短缺、土地资源退化、森林资源减少，全球性生态环境恶化的窘境。

有关人士认为，我国急需全面开展资源警示教育，树立科学资源观，用发展的眼光来看待资源，对资源的社会再生产要进行生态成本核算，确定资源的价值与价格，形成资源开发利用的补偿机制和良性循环，确保资源流转的动态平衡与可持续发展。

# 警惕何首乌的不良反应

http://www.100md.com 中国食品药品网

何首乌是较为常用的一味中药，随着其片剂、膏剂、汤剂的广泛应用，有关不良反应的报道也逐渐增多。

肝损害。曾有人报道，多位患者因脱发或白发服用何首乌膏剂或煎剂后，出现黄疸、肝功能异常、乏力、纳差、恶心等症状。其中有遗传性肝代谢酶缺陷的患者也有正常人。

皮肤过敏性病变。何首乌具有解疮毒功效，常用于治疗疮肿痒痛、疥癣等症。但有报道，有患者用何首乌粉外用治疗皮炎，次日出现发热、肿胀、瘙痒，4 天后轻度糜烂滴水，随后，颈、躯干及上肢皮肤出现密集粟粒大红色血疹，瘙痒剧烈。贴斑试验阳性，诊断为何首乌过敏性皮炎。还有患者服用何首乌药酒，10 天后全身奇痒，手抓处有红色斑块，并有色素沉着，诊断为何首乌过敏。

上消化道出血反应。曾有脑动脉硬化及慢性胃炎患者，食用何首乌所制药粥，出现黑色稀便。化验结果为潜血阳性，诊断为上消化道出血。

家族性过敏。何首乌家族性过敏在临床极为少见，但有报道某位患者服用何首乌处方后出现憋气、心慌、上腹隐痛、身有红疹等症状，在医生指导下，将处方中何首乌味药去后服用，未出现上述症状。后来，其女儿因贫血服用何首乌方剂，也出现肢软乏力，恶寒发热、烦躁不安等症状。另外，其外甥接触何首乌浆汁，也出现类似症状，经用抗过敏治疗后，症状消失。医生综合分析病情后诊断为家族性过敏。

眼部色素沉着。某患者服用何首乌后即出现双眼畏光，阅读不能持久，视觉疲劳，角膜内表面弥漫细小颗粒状物，晶体前囊有细小棕色颗粒状沉着，呈花瓣分布，诊断为双眼药物性眼部色素沉着，停服 1 个月后，眼内色素消失，症状缓解。本例为超常量服用何首乌导致的中毒表现。一般认为，服用何首乌量不宜超过 60 克。

其它不良反应。何首乌中的大黄酸、大黄素等蒽醌类衍生物，可刺激肠道引起肠道充血炎症、腹痛、腹泻，若服用过量，可促进神经兴奋，使肌肉麻痹，导致神经紧张、心动过快、呼吸困难、痉挛抽搐、循环衰竭等症状。

目前，何首乌除因含蒽醌类衍生物导致不良反应的机理较为清楚外，其它成分引起不良反应发生的机理仍有待研究。因此，为确保何首乌的安全用药，需加强对何首乌的研究，并严格控制用量。.

# Winning Answers to ATCM Case Study Competition (1)

**Gary Minns**
TCM student of Middlesex University

**From Editor: We published a Case Study Competition in last issue of ATCM Journal with an award of £50. Among several participants, Gary Minns won the prize. We hereby publish the case again as below followed by Gary's winning answers. We are launching more case studies in the future and the second one comes in this issue of journal. We hope more ATCM members participate in these serial competitions and please remember, £50 award waits you.**

**Case 1**: A 35 year old female patient consults you as she has suffered from depression for 10 years. She has had various emotional/spiritual symptoms such as feeling sad and anxious, being tearful, always worrying, and having poor memory. She finds it difficult to concentrate and feels more and more stressed from her secretarial job. Her sleep used to be normal but has been bad for the last 3 years after she had her third child.

She does not have the tendency of feeling hot or cold. Her menstruation used to be very heavy, but has in the past 3 years become lighter then normal, lasting for 2-3 days. She always feels tired with very low energy to cope with her everyday life. Her appetite is poor and sometimes she has palpitation as well. Her complexion is pale but blood test showing no sign of anaemia. Her tongue is pale and swollen with teeth marks on the edge. Tongue coating is thin and white. Her pulses are overall very thin and weak.

## Winner's Answers:

**Syndrome Differentiation**

| Pattern | Indication |
|---|---|
| Yuzheng (depression) | Liver deficiency |
| Emotional & spiritual problems | Heart deficiency |
| Poor memory | Heart blood deficiency & kidney yin deficiency |
| Poor concentration | Heart blood deficiency |
| Poor sleep | Heart blood deficiency |
| Light & short menstruation | Liver blood deficiency |
| Tiredness | Spleen qi deficiency |
| Low energy | Spleen qi deficiency |
| Poor appetite | Spleen qi deficiency |
| Occasional palpitations | Heart blood deficiency |
| Pale complexion | Blood deficiency |
| Pale tongue | Heart blood deficiency |
| Tongue swollen with teeth marks | Spleen qi deficiency |
| Thin (fine) & weak pulse | Heart blood deficiency |

**Traditional Chinese Medicine Diagnosis**
Yuzheng (depression) with heart blood deficiency and spleen qi deficiency. There are also some other, lesser aspects of deficiency, such as liver blood deficiency and kidney yin deficiency.

**Bianzheng lunzhi (Treatment Plan According to Syndrome Differentiation)**
- Nourish & invigorate heart blood
- Calm the shen (spirit)
- Tonify spleen qi

**Analysis of Treatment Plan**
The major complaint for this patient is yuzheng (depression). Although depression is invariably accredited to liver qi stagnation, this is not always the case and this patient shows no current symptoms to support such a diagnosis. Having suffered from depression for 10 years, it is quite feasible that the patient may have originally suffered from liver qi stagnation (her formerly heavy menstruation gives a clue that she may have previously suffered from liver qi stagnation), however, over time, this has developed into the deficient characteristics we see here.

The current root of this problem appears to be spleen qi deficiency, as evidenced by low energy, tiredness, poor appetite and the swollen & tooth marked tongue picture. If the transformation & transportation functions of the spleen are impaired then the other organs are not fully nourished with qi. Qi governs blood and, therefore, blood deficiency invariably follows qi deficiency.

If blood is generally deficient (as suggested by the patient's pale complexion) the liver will be short of blood and short, light menstruation will occur. Insufficient liver blood can also lead to insomnia and dream disturbed sleep. The heart will also not be fully nourished with blood, as evidenced by a weak & thin pulse, palpitations and a pale tongue. There will also be insufficient blood to nourish the marrow & brain leading to poor memory and concentration. If heart blood is deficient, the wushen (five spirits) will not be nourished and the shen (spirit) may wander at night causing insomnia and dream disturbed sleep.

The patient also mentions her sleep has been poor since the birth of her third child. Childbirth considerably depletes the kidney. The patient may have some general kidney deficiency, which can add to the symptoms of amnesia and lethargy.

**Chinese Herbal Medicine (CHM) Prescription**

Modified guipi tang

| | | |
|---|---|---|
| longyanrou (9g) | shudihuang (9g) | danggui (9g) |
| baishao (6g) | baizhu (6g) | suanzaoren (6g) |
| fuling (6g) | yuanzhi (6g) | renshen (6g) |
| huangqi (6g) | dazao (6 pieces) | zhigancao (3g) |

**Analysis of CHM Prescription**

• The jun (monarch) herbs I would use are longyanrou (to nourish heart & spleen and tonify blood), shudihuang (to nourish blood and support heart, liver & kidney) and danggui (to nourish & invigorate blood and support heart, spleen & liver).

• The chen (minister) herbs employed should be baishao (to balance the liver and nourish blood), baizhu (to tonify the middle jiao) and suanzaoren (to calm the heart).

• The zuo (assistant) herbs are fuling (to reinforce middle jiao and calm heart), yuanzhi (to calm the emotions), renshen & huangqi (both of which nourish qi of the spleen & stomach).

• The shi (envoy) herbs are dazao & zhigancao (both of which tonify the middle jiao and moderate the actions of the other herbs).

**Acupuncture Prescription**

| | | |
|---|---|---|
| baihui (du20) | shenting (du24) | yintang (ex) |
| qimen (liv14) □ | juque (ren14) □ | zhongwan (ren12) □ |
| jingmen (gb25) □ | zhangmen (liv13) □ | guanyuan (ren4) □ |
| neiguan (pc6) | shenmen (ht7) | xuehai (sp10) □ |
| zusanli (st36) □ | fenglong (st40) □ | ligou (liv5) □ |
| sanyinjiao (sp6) □ | taixi (kid3) □ | taichong (liv3) □ |
| fengchi (gb20) | pohu (ub42) □ | xinshu (ub15) □ |
| shentang (ub44) □ | geshu (ex) □ | ganshu (ub18) □ |
| pishu (ub20) □ | hunmen (ub47) □ | shenshu (ub23) □ |
| zhishi (ub52) □ | | |

□ reinforcing manipulation □ reducing manipulation

**Analysis of Acupoints Selected**

• Blood deficiency is treated by reinforcing xuehai (sp10) and geshu (ex).

• Baihui (du20), shenting (du24), yintang (ex), neiguan (pc6), shenmen (ht7), fengchi (gb20), pohu (ub42), shentang (ub44), hunmen (ub47) and zhishi (ub52) are employed to treat the wushen (five spirits). In order to calm the spirit, a reducing manipulation is employed on these points wherever feasible.

• Juque (ren14) and xinshu (ub15) are used to tonify the heart. A reinforcing manipulation should be used.

• Reinforcement of zhangmen (liv13), guanyuan (ren4), pishu (ub20), zhongwan (ren12) and zusanli (st36) helps support spleen & stomach function. Zhongwan (ren12) also treats feelings of worry and anxiety.

• With the transportation & transformation functions of the spleen impaired, dampness and phlegm easily form in the middle jiao. Reinforcement of fenglong (st40) is employed to counteract such an occurrence.

• The liver is supplemented by needling qimen (liv14), ligou (liv5), taichong (liv3) and ganshu (ub18). A reinforcing manipulation should be used wherever appropriate.

• Jingmen (gb25), taixi (kid3) and shenshu (ub23) support the kidney. A reinforcing manipulation should be used.

• Reinforcement of sanyinjiao (sp6) tonifies all three foot yin channels.

# Case Study Competition (2)

## £50 award awaits you

**Case 2:** A 26 year old male patient has a main complaint as cough with phlegm for 5 days. He started a cold with high fever, headache and sore throat a week ago, which lasted for 3 days. Now his temperature has been back to normal and sore throat has been much less severe, but he still has headache. He started coughs 5 days ago which has become worse to the extent that he can not get into asleep at night due to consistent coughing. He also coughs very badly day time with some thick yellowish phlegm coming out. His chest is slightly painful and feels full and tight.

He describes himself as a hot person and he feels very hot recently. He also has a dry month and drinks a lot. His bowel movement is usually normal but being recently constipated, once every two days. His tongue in overall is red with thin yellow coating on it. The pulses are rapid, full and slippery, more obvious in the left pulse.

**Questions:**

1. **Analyse the case history according to the principles of TCM, explain the pathogenic mechanism, and make your pattern diagnosis;**
2. **Determine your treatment principle(s);**
3. **Select a herbal formula for this patient and prescribe Chinese herbal medicines based on your pattern diagnosis, treatment principle(s) and your selection of herbal formula;**
4. **Select acupuncture points and their needling techniques, and explain your point selection.**

**Please send your answers to ATCM office via email by 30th April 2008 and you could be the winner!**
(Please write Case Study Competition on the top of your answer sheet and print out your name, address, Tel No, email and your ATCM Registration No)

# Answers to Herb Garden on Page 51

**1.**
Botanic Name: *Lycium barbarum* L.
Common: Wolfberry
Family *Solanaceae.*
The fruit is Gou Qi Zi (goji) and the root bark is Di Gu Pi.

**2.**
Botanic Name: *Schisandra chinensis* (Turcz.)Baill.
Common: Schisandra
Family *Magnoliaceae*
The fruit is Wu Wei Zi

**3.**
Botanic Name: *Codonopsis Pilosulae*
Common: Codonopsis
Family *Campanulaceae*
The root is Dang Shen

**4.**
Botanic Name: *Rehmannia glutinosa Libosch.*
Common: Rehmannia
Family *Scrophulariaceae.*
The root is Sheng Di Huang (raw) or Shu Di Huang (Prepared)

5.
Botanic Name: *Schizonepeta tenuifolia*
Common: Schizonepeta
Family *Labiatae.*
The aerial part (stem and leaf with inflorescence) is Jing Jie

6. Kuan Dong Hua 款冬花
Botanic Name: *Tussilago farfara* L.
Common: Coltsfoot Flower
Family *Compositae*
The flower bud of Tussilago farfara L. is Kuan Dong Hua

# Proposal on Chinese-English TCM Nomenclature （Part II）

**By World Federation of Chinese Medicine Societies**

## 【中药】CHINESE MATERIA MEDICA

中药 [zhong yao] Chinese materia medica; Chinese medicines
地道药材 [di dao yao cai] genuine regional materia medica
升降浮沉 [sheng jiang fu chen] ascending, descending, floating, sinking
归经 [gui jing] channel tropism
配伍 [pei wu] compatibility of medicines
四气 [si qi] four properties
道地药材 [dao di yao cai] genuine regional materia medica
炮制 [pao zhi] processing of material medica
四性 [si xing] four properties
毒性反应 [du xing fan xing] toxic reaction
副作用 [fu zuo yong] side effect
食忌 [shi ji] dietary contraindication
十九畏 [shi jiu wei] nineteen mutual inhibitions
十八反 [shi ba fan] eighteen antagonisms
配伍禁忌 [pei wu jin ji] prohibited combination
相反 [xiang fan] mutual antagonism
相恶 [xiang wu] mutual inhibition
相杀 [xiang sha] mutual suppression
相畏 [xiang wei] mutual restraint
相使 [xiang shi] mutual assistance
相须 [xiang xu] mutual reinforcement
解表药 [jie biao yao] exterior-releasing drug
发散风寒药 [fa san feng han yao] wind-cold-effusing drug
辛温解表药 [xin wen jie biao yao] pungent-warm exterior-releasing drug
防风 [fang feng] Radix Saposhnikoviae(拉); divaricate saposhnikovia root
羌活 [qiang huo]
Rhizoma et Radix Notopterygii (拉); incised notopterygium rhizome and root
荆芥 [jing jie] Herba Schizonepetae(拉); fineleaf schizonepeta herb
麻黄 [ma huang] Herba Ephedrae(拉); ephedra
桂枝 [gui zhi] Ramulus Cinnamomi(拉); cassia twig
发散风热药 [fa san feng re yao] wind-heat-effusing drug
辛凉解表药 [xin liang jie biao yao] pungent-cool exterior-releasing drug
薄荷 [bo he] Herba Menthae(拉); peppermint
柴胡 [chai hu] Radix Bupleuri(拉); Chinese thorowax root
菊花 [ju hua] Flos Chrysanthemi(拉); chrys-anthemum flower
清热药 [qing re yao] heat-clearing drug
石膏 [shi gao] Gypsum Fibrosum(拉); gypsum
清热泻火药 [qing re xie huo yao] heat-clearing and fire-purging drug
知母 [zhi mu] Rhizoma Anemarrhenae(拉); common anemarrhena rhizome
栀子 [zhi zi] Fructus Gardeniae(拉); cape jasmine fruit
清热燥湿药 [qing re zao shi yao] heatclearing and dampness-drying drug
黄芩 [huang qin] Radix Scutellariae(拉); baical skullcap root
苦参 [ku shen] Radix Sophorae Flavescentis (拉); lightyellow sophora root
清热解毒药 [qing re jie du yao] heat-clearing and toxin-removing drug
蒲公英 [pu gong ying] Herba Taraxaci(拉); dandelion
野菊花 [ye ju hua] Flos Chrysanthemi Indici (拉); wild chrysanthemum flower
连翘 [lian qiao] Fructus Forsythiae(拉); weeping forsythia capsule
生地黄 [sheng di huang] Radix Rehmanniae Recens (拉); unprocessed rehmannia root
清虚热药 [qing xu re yao] deficiency-heat-clearing drug
银柴胡 [yin chai hu] Radix Stellariae(拉); starwort root
青蒿 [qing hao] Herba Artemisiae Annuae(拉); sweet wormwood herb
地骨皮 [di gu pi] Cortex Lycii(拉); Chinese wolfberry root-bark
泻下药 [xie xia yao] purgative drug
温下药 [wen xia yao] warm purgative
攻下药 [gong xia yao] offensive purgative
芒硝 [mang xiao] Natrii Sulfas; sodium sulfate
大黄 [da huang] Radix et Rhizoma Rhei(拉); rhubarb root and rhizome
润下药 [run xia yao] laxative
郁李仁 [yu li ren] Semen Pruni(拉); Chinese dwarf cherry seed
峻下逐水药 [jun xia zhu shui yao] drastic hydragogue
牵牛子 [qian niu zi] Semen Pharbitidis(拉); pharbitis seed
祛风湿药 [qu feng shi yao] wind-damp-dispelling drug

祛风湿散寒药 [qu feng shi san han yao] wind-damp-dispelling and cold-dispersing drug
木瓜 [mu gua] Fructus Chaenomelis(拉); common floweringqince fruit
乌梢蛇 [wu shao she] Zaocys(拉); black-tail snake
独活 [du huo] Radix Angelicae Pubescentis (拉); doubleteeth pubescent angelica root
祛风湿清热药 [qu feng shi qing re yao] wind-damp-dispelling and heat-clearing drug
雷公藤 [lei gong teng]
Radix Folium seu Flos Tripterygii Wilfordii; root leaf or flower of common threewingnut
桑枝 [sang zhi] Ramulus Mori(拉); mulberry twig
祛风湿强筋骨药 [qu feng shi qiang jin gu yao]
wind-damp-dispelling and tendon-bone-strengthening drug
桑寄生 [sang ji sheng] Herba Taxilli(拉); Chinese taxillus herb
化湿药 [hua shi yao] damp-resolving drug
砂仁 [sha ren] Fructus Amomi Villosi(拉); villous amomum fruit
苍术 [cang zhu] Rhizoma Atractylodis(拉); atractylodes rhizome
藿香 [huo xiang] Herba Agastaches; wrinkled gianthyssop herb
利水渗湿药 [li shui shen shi yao] damp-draining diuretic
利湿药 [li shi yao] damp-excreting drug
利水消肿药 [li shui xiao zhong yao] edema-alleviating diuretic
泽泻 [ze xie] Rhizoma Alismatis(拉); oriental waterplantain rhizome
硝石 [xiao shi] Sal Nitri;niter
猪苓 [zhu ling] Polyporus Umbellatus(拉); umbellate pore fungus
茯苓 [fu ling] Poria(拉); Indian bread
利尿通淋药 [li niao tong lin yao] stranguria-relieving diuretic
通淋药 [tong lin yao] stranguria-relieving drug
车前子 [che qian zi] Semen Plantaginis(拉); plantain seed
车前草 [che qian cao] Herba Plantaginis(拉); plantain herb
滑石 [hua shi] Talcum(拉); talc
广金钱草 [guang jin qian cao] Herba Desmodii(拉); snowbellleaf tickclover herb
利湿退黄药 [li shi tui huang yao] damp-excreting anti-icteric drug
茵陈 [yin chen] Herba Artemisiae Scopariae (拉); virgate wormwood herb
金钱草 [jin qian cao] Herba Lysimachiae(拉); christina loosestrife
温里药 [wen li yao] interior-warming drug
八角茴香 [ba jiao hui xiang] Fructus Anisi Stellati (拉); Chinese star anise
附子 [fu zi] Radix Aconiti Lateralis Preparata (拉); prepared common monkshood lateral root
炮姜 [pao jiang] Rhizoma Zingiberis Preparata; blast-fried ginger
理气药 [li qi yao] qi-regulating drug
木香 [mu xiang] Radix Aucklandiae(拉); common aucklandia root
枳壳 [zhi qiao] Fructus Aurantii(拉); orange fruit
疏肝 [shu gan] soothe liver
郁金 [yu jin] Radix Curcumae(拉); turmeric root tuber
香附 [xiang fu] Rhizoma Cyperi(拉); nutgrass galingale rhizome
消食药 [xiao shi yao] digestant drug
麦芽 [mai ya] Fructus Hordei Germinatus (拉); germinated barley
鸡内金 [ji nei jin] Endothelium Corneum Gigeriae Galli(拉); inner membrane of chicken gizzard
驱虫药 [qu chong yao] vermifugal drug
槟榔 [bing lang] Semen Arecae(拉); areca seed
止血药 [zhi xue yao] hemostatic drug
凉血止血药 [liang xue zhi xue yao] blood-cooling hemostatic
槐角 [huai jiao] Fructus Sophorae(拉); Japanese pagodatree pod
茜草 [qian cao] Radix Rubiae(拉); India madder root
化瘀止血药 [hua yu zhi xue yao] stasis-resolving hemostatic
卷柏 [juan bai] Herba Selaginellae(拉); spikemoss
收敛止血药 [shou lian zhi xue yao] astringent hemostatic
血余炭 [xue yu tan] Crinis Carbonisatus(拉); carbonized hair
白及 [bai ji] Rhizoma Bletillae(拉); common bletilla rubber
温经止血药 [wen jing zhi xue yao] meridian-warming hemostatic
灶心土 [zao xin tu] Terra Flava Usta(拉); cooking stove earth
活血化瘀药 [huo xue hua yu yao] blood-activating and stasis-resolving drug
活血祛瘀药 [huo xue qu yu yao] blood-activating and stasis-dispelling drug
活血行气药 [huo xue xing qi yao] blood-activating and qi-moving drug
活血止痛药 [huo xue zhi tong yao] blood-activating analgesic
乳香 [ru xiang] Olibanum(拉); frankincense

没药 [mo yao] Myrrha(拉);myrrh
川芎 [chuan xiong] Rhizoma Ligustici Chuanxiong (拉); Sichuan lovage rhizome
活血调经药 [huo xue tiao jing yao] blood-activating and menstruation-regulating drug
益母草 [yi mu cao] Herba Leonuri(拉); mother-wort herb
红花 [hong hua] Flos Carthami(拉); safflower
丹参 [dan shen] Radix Salviae Miltiorrhizae (拉); danshen root
活血疗伤药 [huo xue liao shang yao] blood-activating and trauma-curing drug
血竭 [xue jie] Sanguis Draconis(拉); draconis resin
土鳖虫 [tu bie chong] Eupolyphaga Seu Steleophaga (拉); ground beetle
急性子 [ji xing zi] Semen Impatientis(拉); garden balsam seed
水蛭 [shui zhi] Hirudo(拉); leech
三棱 [san leng] Rhizoma Sparganii(拉); common buried rubber
三七 [san qi] Radix Notoginseng(拉); sanqi
化痰药 [hua tan yao] phlegm-resolving medicine
半夏 [ban xia] Rhizoma Pinelliae(拉); pinellia tuber
川贝母 [chuan bei mu] Bulbus Fritillariae Cirrhosae (拉); tendrilleaf fritillary bulb
胆南星 [dan nan xing] Rhizoma Arisaematis Cum Bile(拉); bile arisaema
白芥子 [bai jie zi] Semen Sinapis Albae; white mustard seed
乌蛇胆 [wu she dan] Fel Zaocydis(拉); gall of garter snake
浙贝母 [zhe bei mu] Bulbus Fritillariae Thunbergii (拉); thunberbg fritillary bulb
桔梗 [jie geng] Radix Platycodonis(拉); platycodon root
安神药 [an shen yao] tranquilizer;tranquilizing drug
镇惊安神药 [zhen jing an shen yao] drug for relieving convulsion and tranquilizing mind
琥珀 [hu po] Succinum; Amber
磁石 [ci shi] Magnetitum(拉); magnetite
养心安神药 [yang xin an shen yao] heart-nourishing tranquilizer
酸枣仁 [suan zao ren] Semen Ziziphi Spinosae (拉); spine date seed
柏子仁 [bai zi ren] Semen Platycladi(拉); Chinese arborvitae kernel
平肝熄风药 [ping gan xi feng yao] liver-calming wind-extinguishing drug
平肝药 [ping gan yao] liver-calming drug
白蒺藜 [bai ji li] Fructus Tribuli(拉); puncturevine caltrop fruit
龙骨 [long gu] Os Draconis(拉); bone fossil of big mammals
牡蛎 [mu li] Concha Ostreae(拉); oyster shell
熄风止痉 [xi feng zhi jing] extinguishing wind to stop convulsions
僵蚕 [jiang can] Bombyx Batryticatus(拉); stiff silkworm
钩藤 [gou teng] Ramulus Uncariae Cum Uncis (拉); gambir plant nod
地龙 [di long] Lumbricus(拉); earthworm
全蝎 [quan xie] Scorpio(拉); scorpion
天麻 [tian ma] Rhizoma Gastrodiae(拉); tall gastrodia tuber
牛黄 [niu huang] Calculus Bovis(拉); bezoar
开窍药 [kai qiao yao] resuscitative stimulant; resuscitative drug
麝香 [she xiang] Moschus(拉); musk
苏合香 [su he xiang] Styrax(拉); storax
石菖蒲 [shi chang pu] Rhizoma Acori Tatarinowii (拉); grassleaf sweetflag rhizome
补益药 [bu yi yao] tonic; tonifying drug
补气药 [bu qi yao] qi tonic; qi-tonifying drug
黄芪 [huang qi] Radix Astragali seu Hedysari (拉); milkvetch root
党参 [dang shen] Radix Codonopsis(拉); tangshen
白术 [bai zhu] Rhizoma Atractylodis Macrocephalae (拉); largehead atractylodes rhizome
甘草 [gan cao] Radix Glycyrrhizae(拉); liquorice root
人参 [ren shen] Radix Ginseng(拉); ginseng
补血药 [bu xue yao] blood tonic;blood-tonifying drug
鹿角胶 [lu jiao jiao] Colla Corni Cervi(拉); deer-horn glue
何首乌 [he shou wu] Radix Polygoni Multiflori (拉); fleeceflower root
当归 [dang gui] Radix Angelicae Sinensis(拉); Chinese angelica
熟地黄 [shu di huang] Radix Rehmanniae Preparata (拉); prepared rehmannia root
补阳药 [bu yang yao] yang tonic
补肾阳药 [bu shen yang yao] kidney-yang tonic
菟丝子 [tu si zi] Semen Cuscutae(拉); dodder seed
淫羊藿 [yin yang huo] Herba Epimedii(拉); epimedium herb
海马 [hai ma] Hippocampus(拉); sea horse
补阴药 [bu yin yao] yin tonic
枸杞子 [gou qi zi] Fructus Lycii(拉); barbary wolfberry fruit
西洋参 [xi yang shen] Radix Panacis Quinquefolii (拉); american ginseng

女贞子 [nü zhen zi] Fructus Ligustri Lucidi(拉); glossy privet fruit
龟甲 [gui jia] Carapax et Plastrum Testudinis (拉); tortoise carapace and plastron
鳖甲 [bie jia] Carapax Trionycis(拉); turtle carapace
固涩药 [gu se yao] astringentdrug
固表止汗药 [gu biao zhi han yao]
sweating-arresting and exterior-strengthening drug
麻黄根 [ma huang gen] Radix Ephedrae(拉); ephedra root
敛肺涩肠药 [lian fei se chang yao] lung-intestine astringent drug
诃子 [he zi] Fructus Chebulae(拉); medicine terminalia fruit
赤石脂 [chi shi zhi] Halloysitum Rubrum(拉); halloysite
石榴皮 [shi liu pi] Pericarpium Granati(拉); pomegranate rind
五味子 [wu wei zi] Fructus Schisandrae Chinensis (拉); Chinese magnoliavine fruit
固精缩尿止带药 [gu jing suo niao zhi dai yao]
drug for arresting nocturnal emission,raducing urination and stopping leukorrhagia
覆盆子 [fu pen zi] Fructus Rubi(拉); palmleaf raspberry fruit
桑螵蛸 [sang piao xiao] Ootheca Mantidis(拉); mantis egg-case
金樱子 [jin ying zi] Fructus Rosae Laevigatae (拉); cherokee rose fruit
山茱萸 [shan zhu yu] Fructus Corni(拉); asiatic cornelian cherry fruit
涌吐药 [yong tu yao] emetic drug
胆矾 [dan fan] Chalcanthitum; chalcanthite
解毒杀虫燥湿止痒药 [jie du sha chong zao shi zhi yang yao]
drug for detoxification, parasiticide, drying dampness and relieving itching
蜂房 [feng fang] Nidus Vespae(拉); honeycomb
雄黄 [xiong huang] Realgar(拉); realgar
硫黄 [liu huang] Sulfur(拉); sulfur
使君子 [shi jun zi] Fructus Quisqualis(拉); rangooncreeper fruit
苦楝皮 [ku lian pi] Cortex Meliae(拉); Sichuan chinaberry bark

注：中药译名首先为 拉丁药名，其后为英译名

# 《中医基本名词术语中英对照国际标准》出版

世界中医药学会联合会主席佘靖今天宣布：全球首部《中医名词术语中英对照国际标准》已由人民卫生出版社正式出版发行。

旨在为各国中医药从业人员、在校师生、医政管理者提供中医名词术语英译统一标准，促进中医药国际交流的该标准，由世界中医药学会联合会组织六十八个国家和地区的二百余位专家共同参与制定，覆盖包括中医理论、诊断、治疗、中药、方剂、针灸、临床各科等词条六千五百二十六个。其中中药、方剂、针灸穴名等三类一千五百多个词条采用拼音、英文、代码、拉丁名等四种翻译标准。

据介绍，目前中医名词术语的英译译法混乱，常给读者造成困惑、误解，给医药教育、医疗服务、科研和学术交流、信息传播、经贸等多方面带来困难和损害。

为此，世界中联决定制定《中医基本名词术语中英对照标准》并作为国际组织标准，推荐各国会员组织使用，同时计划每五年对其修订一次。

佘靖透露，标准制定工作得到了中国国家中医药管理局的经费支持和国家标准化委员会的技术指导。

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附后：本刊从上一期开始连载了该国际标准的征询意见稿，将分三期载完.

# Answers to Question on Page 50

**1. Bian Que 扁鹊(ca 500 BC)**

According to legend, Bian Que was the earliest known Chinese physician and acupuncturist. He was gifted with clairvoyance ability from a deity when he was working as a noble hostel staff. He thereby became an excellent diagnostician with his X-ray-like ability. He also excelled in pulse diagnosis. He is ascribed the authorship of Bian Que Neijing (Internal Classic of Bian Que). Han Dynasty physicians claimed to have studied his works, which have since been lost.

**2. Huangfu Mi 皇甫谧 （214-282 A.D）**

Huangfu lived to see the end of the latter Han Dynasty. He is famous for his skills in acupuncture therapy; he wrote the Zhenjiu Jiayi Jing (Systematic Classic of Acupuncture and Moxibustion) which was the earliest extant comprehensive book on the science of acupuncture and moxibustion. 349 acu-points were recorded in this book and they have been passed on to late generations until nowadays.

**3. Ge Hong 葛洪（281-341 AD）**

Ge Hong was the most famous alchemist of China. He strongly believed in the ability to transform anything and everything, given the proper procedure; that especially included transforming man from a mortal to an immortal being. He was a careful observer of nature; in relation to medicine he provided detailed descriptions of some serious diseases, such as smallpox and tuberculosis, and described formulas for treating serious medical situations in his Handbook of Prescriptions for Emergencies. Sun Si Miao was one of his admirers.

**4. Sun Si Miao 孙思邈 (581–682 AD)**

Sun was a most famous Chinese medicine doctor of the Sui and Tang dynasty. He was titled as China's King of Medicine for his significant contributions to Chinese medicine and tremendous care to his patients. He wrote two books - *Beiji Qian Jin Yao Fang* ("Essential Formulas for Emergencies of a Thousand Gold") and *Qian Jin Yi Fang* ("Supplement to the Formulas of a Thousand Gold") - were both milestones in the history of Chinese medicine. He is also known for the text "On the Absolute Sincerity of Great Physicians," often called "the Chinese Hippocratic Oath," which is still required reading for Chinese physicians.

## 征稿启事

本刊为中英文双语中医药学术期刊，每年发行两期。为了提高本刊的学术水平和质量，欢迎各位会员，中医同仁及各界读者慷慨赐稿。来稿中文或英文均可，中英双语更受欢迎。字数中文 3000 字以内，英文 2000 以内，并附 200 字以内摘要。投稿一律以电子邮件发往 info@atcm.co.uk. 请注明“杂志投稿”字样。

## Call for Papers

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Papers can be in Chinese or English, but preferably bilingual, with no more than 3000 words in Chinese or 2000 words in English. A 200 words abstract should be attached. All papers should be sent to the Editorial Committee via email info@atcm.co.uk. Please indicate “Paper for Journal of ATCM”

# Famous Chinese Medicine Doctors in History

## Do you know who they are?


1


2


3


4

**Answers on page 52**

# Herb Garden

## Do you know what they are?

**1**

**2**

**3**

**4**

**5**

**6**

**See answers on page 44**

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