

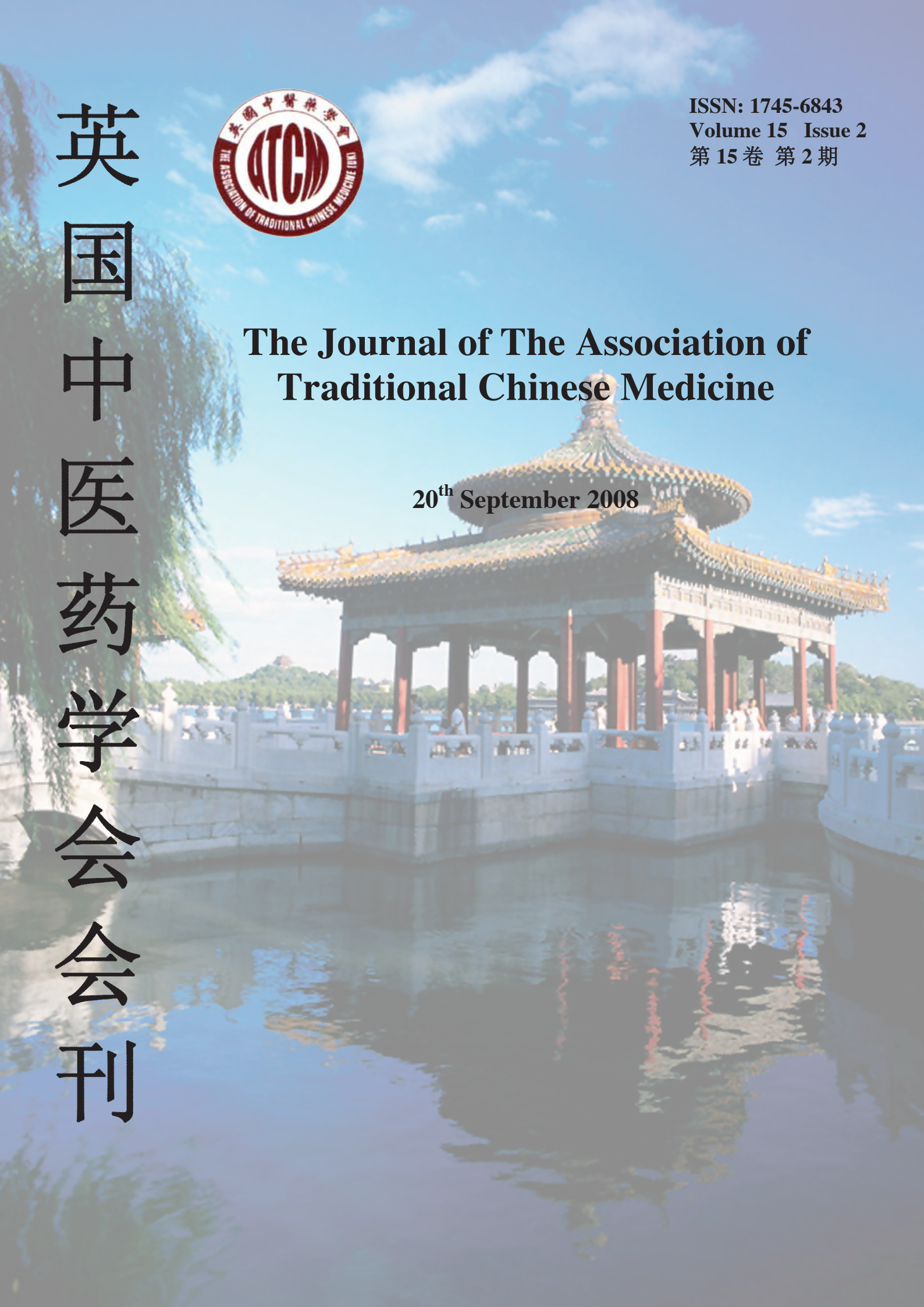
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Harmonizing Method in *Shanghan Lun*

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There are eight major therapeutic methods in traditional Chinese medicine (TCM), and the first man to systematically apply the principle “Treatment According to Syndrome Differentiation” was Zhang Zhongjing. The harmonizing method is one of most important therapeutic methods he created in his book <Shanghan Lun> “Treatise on Febrile Diseases Caused by Cold” in the Eastern Han Dynasty (3rd century AD, about 200-219 AD). This method was applied to treat a number of “disharmonies”. Here, we will describe them in details.

1. Harmonizing the Shaoyang

The harmonizing method in <Shanghan Lun> is mainly used to treat Shaoyang Disease that is due to pathogenic heat situating in the human body’s half exterior and half interior, manifested as alternate chills and fever, fullness in the chest, bitter taste in the mouth, dry throat, dizziness, and taut pulse. The therapeutic principle is to harmonize the Shaoyang and chief prescription for treating Shaoyang Disease is Xiao Chaihu Tang (Minor Decoction of Bupleurum). The essential of Shaoyang Disease and its treatment can be seen in Clause 96 of <Shanghan Lun>, saying that “5-6 days after starting febrile disease, the patient has alternating attacks of chills and fever, feels a distension and a sensation of oppression in the chest and costal region, reluctant to speak and eat, and nauseous. Additionally, the patient might be restless, but not nauseous, or thirst, or abdominal pain, or with mass below the costal margin, or with palpitation and dysuria; or no thirst, but with a slight fever, or with coughing. Xiao Chaihu Tang (Minor Decoction of Bupleurum) should be used.”

Xiao Chaihu Tang consists of 7 herbal ingredients including Chai Hu (Radix Bupleuri), Huang Qin (Radix Scutellariae), Ren Shen (Radix Ginseng), Ban Xia (Rhizoma Pinelliae Praeparata), Zhi Gan Cao (Radix Glycyrrhizae Praeparata), Sheng Jiang (Rhizoma Zingiberis Recens), Da Zao (Fructus Ziziphi Jujubae). Among them, Chai Hu has the functions of dispelling pathogenic heat from Shaoyang meridian, relieving the depressed liver, and regulating the circulation of qi; Huang Qin is used to clear away pathogenic heat from interior; Ban Xia and Sheng Jiang are used to harmonize the stomach; Ren Shen, Zhi Gan Cao and Da Zao are good at tonifying the spleen and regulating the stomach. All the ingredients work together and play a rule in harmonizing the Shaoyang.

Today we still use Xiao Chaihu Tang to treat many diseases such as common cold, influenza, malaria, hepatitis A-B-C, cholecystitis (gallbladder infection), pleurisy, chronic gastritis, indigestion, mastopathy (fibrocystic disease of the breast), intercostals neuralgia, neurosis, urinary infection, menoxenia (abnormality of menstruation), pelvic inflammation and other conditions which are manifested as symptoms of Shaoyang Disease. According to our own

experiences, the main indications of Xiao Chaihu Tang should be: alternating attacks of chills and fever; a distension and oppression in the chest and costal region; reluctant to speak and eat; restlessness and nausea. Clinically, we don’t need waiting for all the above symptoms appearing, if 1-2 of the above symptoms appear, that is enough for using Xiao Chaihu Tang. Modern researches have proved that Xiao Chaihu Tang has some effects of inhibiting bacteria, viruses and leptospira, relieving the reaction of the human body to the invaded pathogens, remarkably allaying fever and resisting inflammation.

2. Harmonizing the Ying-Wei

The harmonizing method in <Shanghan Lun> is also used to treat Zhongfeng Syndrome of Taiyang Disease which is caused by the disharmony between Ying and Wei due to invasion of pathogenic wind-cold, manifested as fever, aversion to wind, headache, perspiration, stuffy nose, nausea, floating-moderate pulse, thin-white fur of tongue. The therapeutic principle is to harmonize Ying and Wei, and chief prescription is Guizhi Tang (Cinnamon Twig Decoction). The description about that can be seen in Clause 12 in <Shanghan Lun>, it says that “Zhongfeng Syndrome of Taiyang Disease is characterized by floating pulse at Yang and weak pulse at Yin (here floating pulse signifies fever; and weak pulse signifies spontaneous perspiration), aversion to cold and wind, fever, stuffy nose and nausea. It could be effectively treated by Guizhi Tang”.

Guizhi Tang consists of 5 herbs, including Gui Zhi (Ramulus Cinnamomi), Bai Shao (Radix Paeoniae Alba), Zhi Gan Cao (Radix Glycyrrhizae Praeparata), Sheng Jiang (Rhizoma Zingiberis Recens), and Da Zao (Fructus Ziziphi Jujubae). Among them, Gui Zhi is of acrid flavour and warm nature which has the effect of expelling pathogenic wind-cold from the muscles and skin; Bai Shao that we often use today is a herb with bitter and sour taste, slight cold in nature which can nourish Ying-Wei in the interior. Both of them in combination serve to harmonize the Ying and Wei. Sheng Jiang aids Gui Zhi in relieving the exterior syndrome; Da Zao are used as tonic of the stomach and blood; Zhi Gan Cao is used to coordinate the effect of the above herbs in the recipe.

Today we often use Guizhi Tang to treat common cold, spontaneous perspiration due to vegetative neurosis, urticaria, cataneous pruritus, eczema, neuralgia and myalgia and other conditions which are marked by the syndrome of disharmony between Ying and Wei. Modern researches have proved that Guizhi Tang possesses the effects of inducing sweat, reducing fever,

removing phlegm, relieving convulsion and pain, promoting digestion and absorption, nourishing the body and consolidating the constitution as well as regulating the vegetative functions.

3. Harmonizing the Yang-qi or/and the Balance between the Liver and Spleen/Stomach

The harmonizing method in <Shanghan Lun> is sometimes applied to treat stagnation of the liver-qi or the disharmony between the liver and spleen/stomach., marked by coldness on the extremities, or/and cough, or palpitation, or gastric distension, distress, diarrhoea with tenesmus, or abdominal pain, etc. The therapeutic principle is to harmonize the depressed qi or/and the balance between the liver and spleen/stomach; and main recipe for the above in <Shanghan Lun> is Sini San (Powder for Treating Cold Limbs). The above is mainly recorded in Clause 318 of <Shanghan Lun>, it states that, “Shaoyin disease, the patient has the coldness on the extremities ,or cough, or palpitation, or dysuria, or abdominal pain, or diarrhoea with a descending feeling at anus, Sini San (Powder for Treating Cold Limbs) should be used.”

Sini San consists of 4 herbs only, including Chai Hu (Radix Bupleuri), Bai Shao (Radix Paeoniae Alba), Zhi Shi (Fructus Aurantii Immaturus) and Zhi Gan Cao (Radix Glycyrrhizae Praeparata). Among them, Chai Hu has the function of dispersing the stagnated liver-qi, harmonizing the functions of qi to render pathogenic heat out of the human body; Bai Shao nourishes the liver, relieves spasm, and replenishes yin, both herbs work together and form a harmonizing action, so that pathogenic heat is removed from the body without impairing yin. Fruit of immature citron purges stagnation from the spleen and stomach; Zhi Gan Cao can coordinate the effects of all herbs in the recipe and also regulates the spleen-stomach. All herbs work together and play a rule in harmonizing function to keep balance and wellness in the body.

Now we still use Sini San for treatments of chronic hepatitis B-C, cholecystitis, cholelithiasis (gall stone), pancreatitis, neuralgia, intercostals neuralgia and gastroneurosis and other conditions which are marked by stagnation of liver-qi or/and the disharmony between the liver and the spleen/stomach. Modern researches have proved that Sini San has the effects of tranquilizing the mind, relieving spasm and pain, allaying fever and resisting bacteria.

Additionally, the harmonizing method in <Shanghan Lun> is also used for other conditions, such as Banxia Xie Xin Tang (Pinellia Decoction for Harmonizing the Stomach and Intestine) for harmonizing the stomach and intestine, which is in Clause 149; Wumei Wan (Dark Plum Pill) for the syndrome of upper-heat with lower –cold as well as biliary ascariasis, which is in Clause 338.

Summary

The harmonizing method is one of 8 therapeutic methods (diaphoresis, emesis, purgation, harmonization, warming, heat-reducing, elimination and tonification) in <Shanghan

Lun> created by Dr Zhang Zhongjing in the Eastern Han Dynasty. It was mainly used for the treatments of Shaoyang Disease, Zhongfeng Syndrome of Taiyang Disease, coldness on the extremities due to stagnation of liver qi and/or the disharmony between the liver and spleen/stomach, etc. Today we still use the harmonizing method to treat many diseases which are marked by the syndrome due to disharmony between the exterior and interior, Ying and Wei, the liver and spleen/stomach, etc. Most of patients are satisfied with the harmonizing therapy. So we can say that the harmonizing method in <Shanghan Lun> is still an important therapy for “balance and wellness” today

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Acupuncture needle rotation and other basic techniques for Reinforcing and Reducing manipulations

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This article considers the use of needle rotation and other basic needle manipulation techniques, according to popular acupuncture literature. The concepts of reinforcing deficiency and reducing excess, and some of the key manipulation techniques used to achieve them, are discussed.

Excess and Deficiency

One of the major theories underpinning Traditional Chinese Medicine (TCM) is the unity, co-ordination and balance of the two opposing forces of yin and yang (Cheng 2002, Maciocia 1989 and 1994, Chen 1997). Disease can be attributed to an imbalance and, therefore, a state of relative excess or deficiency between yin and yang (Cheng 2002, Kaptchuk 2000, Chen 1997, Maciocia 1989 and 2004). It follows that a basic principle of treatment is to correct this imbalance by reducing the excess or reinforcing the deficiency and thereby reinstating balance between yin and yang (Cheng 2002). As Cheng explains:

In a broad sense, “relieving deficiency by the tonifying method, reducing excess, dispelling cold by the warming method, nutrient and defensive qi regulation, and qi and blood promotion” all fall into the aspect of regulation of yin and yang (2002; p.372).

Disharmony is also said to occur when there is an imbalance between the body’s resistance to disease (zheng-qi) and the causes of disease (xie-qi) (Cheng 2002, Kaptchuk 2000, Chen 1997, Maciocia 1989). In ‘The Yellow Emperor’s Classic of Medicine’ Qi Bo explains that:

When the pathogen is abundant, we call this an excess condition. When the antipathogenic qi is insufficient, we call this a deficient condition (Ni 1995; p.110).

Reinforcing manipulations can help by “restoring the vital qi”, while reducing will help by “clearing away the pathogenic factors”, and thereby restoring balance and harmony (Mi 2006; p.249).

Deqi, Reinforcing and Reducing

Consistent throughout classical and modern acupuncture literature is the emphasis on eliciting the needle sensation, ‘deqi’ (Deadman 1984a); as Chen (1998) makes clear, “First, I want to stress the importance of promoting the

arrival of Qi, without which no therapeutic effect can be expected” (p.51).

Stux (2003) agrees that “the effect of acupuncture treatment depends essentially on the manipulative stimulation of the needles and on whether a deqi sensation is experienced by the patient” (p.243). Needle rotation is described as one of three principle manipulation techniques (Stux 2003). The second involves lifting and thrusting the needle, and the third combines lifting-thrusting with needle rotation. Stux (2003) goes on to describe three major stimulations; reinforcing, reducing, and balanced methods. He emphasises the importance of ‘gentle’ stimulation with the emphasis on clockwise rotation for reinforcing and ‘intensive’ stimulation with the emphasis on anticlockwise rotation for reducing. The balanced technique is said to be mid-way between the two.

Jiang and Gong (2005a, 2005b) suggest ten simple techniques for reinforcing and reducing, one of which is “twirling and rotating” the needle (2005a; p.74). They explain that needle rotation has developed from a basic manipulation technique into “one of the most common reinforcing and reducing techniques in acupuncture theory and practice” (2005a; p.74). Manipulations are made once deqi has been elicited and, in the case of rotation, emphasis is placed on the direction of rotation and the strength of the manipulation. They point out that the ten techniques are not always performed separately, but are frequently combined with each other. For instance, a reinforcing method could include heavy thrusting and gentle lifting, combined with slow and gentle clockwise rotation, along the flow of the channel.

Jiang and Gong (2005b) also describe a mild, balanced rotating technique which uses moderate stimulation with even emphasis on clockwise and anticlockwise rotation, and which is appropriate for mixed deficiency/excess conditions or for conditions without clear patterns of deficiency or excess. Like Stux, they recommend the use of gentle, slow rotation with the emphasis on clockwise for reinforcing manipulations and heavy, rapid rotation with the emphasis on anticlockwise for reducing. In addition, reinforcing stimulation involves small amplitude rotation of less than 180°, whereas reducing stimulation involves large amplitude rotation of around 360°.

Cheng (2002) sets out techniques for performing reinforcing and reducing manipulations in the

contemporary TCM textbook ‘Chinese Acupuncture and Moxibustion’. In common with many theorists, he prescribes the use of a mild, moderate, balanced technique for cases that are neither clearly deficiency nor excess (2002). Cheng also describes the therapeutic use of “twisting” the needle in cases of Qi Stagnation, as well as part of reinforcing and reducing techniques (2002; p.353). Twisting the needle, he comments, has an effect of dispersing Wei Qi as well as promoting the smooth flow of Qi and Blood in the body.

Cheng (2002) provides a somewhat confusing description of leftward-rightward and clockwise-anticlockwise rotation. While Cheng describes “rotating the needle forward with the thumb” as reinforcing, he also says that “*left* rotation is the reinforcing method”. Similarly, “Rotating the needle backward with the thumb is reducing”, and yet “*right* rotation is the reducing method” (p.348). In other words, it appears that left and right do

not refer to the direction of the needle on manipulation, but to the movement of the practitioner’s fingers. Maciocia (1994) provides support for a leftward direction for reinforcing and a right for reducing when he explains the classical concept of left corresponding to yang and right to yin. This seems a trivial matter, but when focusing on rotation as a technique the direction of rotation becomes significant.

Chen (1997) describes needle rotation as one of, in this case, seven techniques that derive from the concept of imbalance within yin and yang. Like Maciocia, Chen explains that the “leftward rotation corresponds to yang while rightward rotation to yin” (p.346). If this is consistent with his ‘nine times’ and ‘slow insertion’ techniques for reinforcing yang then this seems to mean that reinforcing should use a leftward rotation, and reducing a rightward rotation

Features of some of the key needle manipulation techniques:

1. Intensity/strength of manipulation

| Reinforcing | Reducing | Source |
|-----------------------------|----------------------------------|---------------------------------|
| Weak manipulation | Vigorous, intensive manipulation | Stux (2003; p.244) |
| Thrust heavily, lift gently | Thrust gently, lift heavily | Jiang and Gong (2005a; p.73-6), |
| Rotation strength: gentle | Rotation strength: strong | Cheng (2002; p.347-349), |
| | | Deadman (1984b) |
| Mild rotation | Heavy rotation | Yan (2001; p.84) |

2. Speed of insertion, withdrawal and manipulation

| Reinforcing | Reducing | Source |
|---|--|------------------------|
| Rapid insertion, slow withdrawal | Slow insertion, rapid withdrawal | Stux (2003; p.244) |
| Insert slowly, withdraw rapidly | Insert rapidly, withdraw slowly | Jiang and Gong (2005a; |
| Thrust rapidly, lift slowly | Thrust gently, lift rapidly | p.73-6), Cheng (2002; |
| Slow rotation | Quick rotation | p.347-349) |
| Insert slowly to ‘push the yang in’, withdraw quickly | Quick insertion, slow withdrawal to ‘let the yin out’ | Chen (1997; p.345-349) |
| Slow insertion and quick withdrawal (also used with 3 stages of insertion to 1 withdrawal) | Quick insertion and slow withdrawal (also used with 1 stage of insertion and 3 withdrawals) | Yan (2001; p.60) |
| Slow ‘sparrow-pecking’ method (needle is repeatedly lifted and thrust when at the required depth) | Quick ‘sparrow-pecking’ method (needle is repeatedly lifted and thrust when at the required depth) | Yan (2001; p.84) |
| Insert slowly and gently, withdraw rapidly | Insert rapidly, withdraw slowly and gradually | Deadman (1984b) |
| Lift and thrust slowly (3 cycles in 10 seconds) for a short time | Lift and thrust rapidly (6 cycles in 10 seconds) for up to a minute | |
| 5 rotations in 10 seconds | 10 rotations in 10 seconds | |

Note: It is important to differentiate between ‘insertion/withdrawal’, which refers to the positioning of the needle to the appropriate depth and its removal at the end of treatment, and the ‘lifting/thrusting’ manipulation which may be carried out once the needle is in position.

3. Direction of rotation

| Reinforcing | Reducing | Source |
|--|--|--------------------------------|
| Emphasis on clockwise | Emphasis on anticlockwise | Stux (2003; p.244)), |
| | | Deadman (1984b) |
| Emphasis on clockwise (“use more strength when the thumb moves forward | Emphasis on anticlockwise (“use more strength when the thumb moves | Jiang and Gong (2005a; p.73-6) |

| | | |
|--|--|-------------------------|
| and turns to the right") Clockwise (leftward) | backwards and turns to the left") Anticlockwise (rightward) | Cheng (2002; p.347-349) |
| Leftward for yang | Rightward for yin | Chen (1997; p.345-349) |
| Rotate with the thumb pushing forward and the index finger backward (left rotation) | Rotate with the thumb pushing backward and the index finger forward (right rotation) | Yan (2001; p.60) |
| Clockwise for 3 hand yang channels (SI, SJ, LI) & 3 foot yin channels (Kid, Liv, SP) | Clockwise for 3 hand yin channels (He, PC, Lu) & 3 foot yang channels (Bl, GB, St) | Ellis et al (204; p.13) |
| Anticlockwise for 3 hand yin channels (He, PC, Lu) & 3 foot yang channels (Bl, GB, St) | Anticlockwise for 3 hand yang channels (SI, SJ, LI) & 3 foot yin channels (Kid, Liv, SP) | |

Note: in practice it is important not to rotate the needle excessively in one direction to prevent tissues fibres becoming wrapped around the needle and the needle becoming stuck (Cheng 2002, Deadman 1984a).

4. Amplitude of rotation

| Reinforcing | Reducing | Source |
|---|-------------------------------|--|
| Small amplitude (less than 180 degrees) | Large amplitude (360 degrees) | Jiang and Gong (2005a; p.73-6), Cheng (2002; p.347-349), Deadman (1984b) |

5. Depth of manipulation

| Reinforcing | Reducing | Source |
|---|---|--------------------------------|
| Push qi from shallow (defensive qi level) to deep (nutritive qi) level | Guide qi out from deep (nutritive qi) level to shallow (defensive qi) level | Jiang and Gong (2005a; p.73-6) |
| Insert to the superficial level then push to the deeper level | Insert to the deeper level then withdraw to the superficial | Chen (1997; p.345-349) |
| Manipulate repeatedly from shallow to deep level with emphasis on thrusting | Manipulate repeatedly from deep to shallow level with emphasis on lifting | Yan (2001; p.59) |

6. Against/along method

| Reinforcing | Reducing | Source |
|-----------------------|--------------------------|--|
| With the channel flow | Against the channel flow | Stux (2003; p.244), Jiang and Gong (2005a; p.73-6), Cheng (2002; p.347-349), Chen (1997; p.345-349), Yan (2001; p.61), Deadman (1984b) |

Note: in practice it is common for the needle to be directed towards the effected area, for example when using Sp6 to treat abdominal conditions the needle is directed proximally (Deadman 1984b).

7. Exhalation/inhalation method

| Reinforcing | Reducing | Source |
|--|--|--|
| Insert on patient's exhalation, withdraw on inhalation | Insert on patient's inhalation, withdraw on exhalation | Stux (2003; p.244), Jiang and Gong (2005a; p.73-6), Cheng (2002; p.347-349), Chen (1997; p.345-349), Yan (2001; p.62), Deadman (1984b) |

8. Open/closed method

| Reinforcing | Reducing | Source |
|-------------------------------------|---|--|
| Press the hole closed to keep qi in | Keep the hole open to let qi out | Cheng (2002; p.347-349), Chen (1997; p.345-349), Jiang and Gong (2005a; p.73-6), Deadman (1984b) |
| Press the needled point closed | Enlarge the needled point by swaying the needle | Yan (2001; p.63) |

9. Repetition/duration of manipulations

| Reinforcing | Reducing | Source |
|--|--|--------------------------------|
| Repeat an odd (yang) number of times | Repeat an even (yin) number of times | Jiang and Gong (2005a; p.73-6) |
| Repeat 9 times for yang | Repeat 6 times for yin | Chen (1997; p.345-349) |
| Rotate the needle nine times in the 3 layers | Rotate the needle 6 times in the 3 layers of | Yan (2001; p.62) |

| | | |
|---|---|--------------------------------|
| of Heaven, Earth and Man | Heaven, Earth and Man | |
| When lifting and thrusting advance the needle 3 times and withdraw once | When lifting and thrusting advance the needle once and pull 3 times | Jiang and Gong (2005a; p.73-6) |
| Short manipulation time | Long manipulation time | Jiang and Gong (2005a; p.73-6) |

10. Size of needles

| Reinforcing | Reducing | Source |
|-----------------------------|-----------------------------|--------------------|
| Thin needles (0.10 -0.30mm) | Thick needles (0.30-0.50mm) | Stux (2003; p.244) |

11. Retention of needles

| Reinforcing | Reducing | Source |
|--|---|--------------------|
| Protracted retention (15-30 mins) | Brief retention (10-15 mins) | Stux (2003; p.244) |
| Briefer retention – less stimulus (eg for Xu patients) | Longer retention – more reducing effect (eg for Shi conditions) | Deadman (1984b) |

12. Mother- Child approach

| Reinforcing | Reducing | Source |
|----------------------|------------------|--|
| Reinforce the Mother | Reduce the Child | Stux (2003; p.244), Chen (1997; p.345-349), Jiang and Gong (2005a; p.73-6) |

Rotation can also be combined with the other techniques to form more complex manipulations (Jiang & Gong 2005), such as ‘Red phoenix meeting the source’ (Jiang & Liu 2005). In this technique the needle is rotated clockwise while being rapidly thrust, and anticlockwise while being rapidly lifted for a multiple of nine times before being released by “spread[ing] the fingers like the feathers of a wing” (Ibid; p.32). This technique is used for prolonging the qi sensation and promoting the circulation of qi, and is specifically recommended for Bi and Wei syndrome and blockages of qi and blood. Versluys (2004) describes accounts of ‘wringing’, or twisting, the needle for draining qi, from Xu Feng’s classic texts such as the ‘Great Compendium on Acupuncture and Moxibustion’. In addition to reinforcing and reducing qi, Xu Feng explains that rotation can also be used to regulate and move qi. Rightwards rotation will send qi upwards and outwards, while leftwards rotation will direct qi inwards and down (Versluys 2004).

However, needle rotation is not always used in acupuncture needle manipulations. Many complex techniques do not depend upon rotation, such as; ‘setting the mountain on fire’ and ‘penetrating heaven coolness’ (Cheng 2002, Jiang & Liu 2006), ‘the green dragon waves its tail’ and other techniques described in the classic text ‘Ode of the Golden Needle’ (Versluys 2004).

Within acupuncture theory the emphasis is often placed on rotation in one direction for reinforcing and the opposite direction for reducing. A different perspective is offered by Johns (2005), where the direction of rotation is adjusted depending upon the time of day and gender of the patient; for instance, clockwise rotation as a reinforcing technique for men in the morning, but a reducing technique in the afternoon. This is related to the amounts of qi in lower and upper parts of the body at different times of the day and Johns, not surprisingly, points out that such methods “can create contradictions or confusion in the minds of practitioners [and] are seldom used” (p.161). Johns (2005) also makes the comment that needle rotation “is a technique that was used more in the past and is seldom used in modern times” (p.159); a view which does not seem supported by the accounts of needle rotation already considered.

Ellis et al (2004) state that another approach, based on the direction of the flow of qi can be found in the classic text, the ‘Inner Cannon’. They report that, according to ancient theory, clockwise rotation is reinforcing when used on the three hand yang (Small Intestine, San Jiao, Large Intestine) and three foot yin channels (Kidney, Liver, Spleen); but is reducing when used in the three hand yin (Heart, Pericardium and Lung) and three foot yang channels (Bladder, Gall Bladder, Stomach), vice versa for anticlockwise rotation. This is shown below.

13. Classic account of direction of needle rotation from Ellis et al (2004; p.13)

| | Clockwise | Anticlockwise |
|----------------------|--|--|
| Reinforcing rotation | 3 hand yang channels (SI, SJ, LI) & 3 foot yin channels (Kid, Liv, Sp) | 3 hand yin channels (He, PC, Lu) & 3 foot yang channels (Bl, GB, St) |
| Reducing rotation | 3 hand yin channels (He, PC, Lu) & 3 foot yang channels (Bl, GB, St) | 3 hand yang channels (SI, SJ, LI) & 3 foot yin channels (Kid, Liv, Sp) |

Conclusion

To summarise, needle rotation is one of many manipulation techniques described in TCM acupuncture theory. There is some confusion in the theory behind the clockwise-anticlockwise, leftward-rightward direction of needle rotation. However, when used for reinforcing the emphasis is generally on slow and gentle rotation, with small amplitude, slow insertion and rapid withdrawal. When used for reducing the emphasis is on fast and strong rotation, with large amplitude, rapid insertion and slow withdrawal.

Rotation can also be used in combination with other techniques to form more complex manipulations. Alternatively, balanced rotation with even emphasis on clockwise and anticlockwise rotation can be used for mixed or unclear deficiency/excess patterns. However, the effect of reinforcing or reducing can successfully be achieved through other techniques besides needle rotation.

It is important to remember that the use of needle manipulations in clinical practice is, in a large part, determined by the “functional status” of the patient and that a flexible approach to needle manipulation is needed (Yang 1992; p.3). For instance, depending upon the state of the patient, it is sometimes necessary to use relatively strong manipulations even when the underlying pattern is one of deficiency, and vice versa.

Finally, it can be argued that needle manipulation serves primarily as a means of achieving qi and that the energetic effect of manipulations is dependent upon the functional state of the patient and their response to needling as much as the technique used by the acupuncturist. When qi is attained in patients with deficiency syndrome, this may be considered as the effect of reinforcing acupuncture; when qi is attained in patients with excess syndrome, it is the effect of reducing acupuncture (Yan 1992; p.8)

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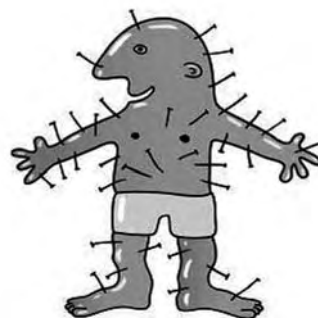
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My Clinical Experience in Treating Infertility with TCM

Liqin Zhao (Sheffield, UK)

Abstract:

Infertility is a common problem in this modern society in the western countries. I have treated hundreds of patients diagnosed with high FSH levels, luteal phase defect, polycystic ovarian syndrome, endometriosis, unexplained or male factor infertility, and so on, or having gone through years of trying to get pregnant using IVF, IUI etc. Most of them conceived either naturally after TCM treatment or with combination of ART. However, the majority patients have complicated conditions rather than the typical cases stated in text books. So the treatment protocols I designed are specifically for individual patients. I analysed 238 patients and summarised the results. This article is the report of some case studies of female infertility with different ages and medical histories, together with my analysis of the cases by TCM theory, as well as in the Western medicine principle.

Key words:

ART – Assisted Reproductive Technology
IVF – In-Vitro Fertilisation
IUI – Intrauterine Insemination
ICSI – Intracytoplasmic Sperm Injection
FET – Frozen Embryo Transfer
PMT- Premenstrual Tension
TCM – Traditional Chinese Medicine

Recent studies estimate that one in six couples has difficulty in conceiving a baby [1]. In the western countries, most infertile couples would seek treatment such as ovulation induction, IUI, IVF or ICSI before turning to TCM. However, the average success rate for IVF in the UK is only 29.6% for women aged under 35; 23.6% for aged 35 – 37; 18.2% for aged 38 – 39; 10% for aged 40- 42; 3.2% for aged 43 – 44, and only 0.8% for those aged over 44 [2]. TCM has been used to treat infertility for thousands of years. During my 23 years clinical practice, especially in the last ten years, I've been working closely with Fertility Clinics and Assisted Conception Units (ACU) within hospitals. It has been proved that by using combination of TCM and IVF or other forms of ART for infertility patients, the success rate has increased significantly. As a woman's best response to any IVF treatment depends on her overall endocrine status in a few months prior to the procedure when the follicles are developing within the ovaries [3], I advise my patients starting their TCM treatment three months before their IVF cycle, especially if there are hormonal, immunological, mechanical, age or implantation factors. This usually gives patient enough time to restore adequate balance to the

body's energies and organs, improving the quality of the eggs, and increasing their chance of conception. Therefore, the IVF treatment will produce the best possible result. In the 238 patients that I treated between January 2003 and December 2006, 62% of them achieved a pregnancy, and 75% of those pregnancies went on to have a live birth. 68 of those 238 patients achieved a pregnancy naturally. Here I report some case studies.

Case One: Endometriosis

Carol was 32 years old. She had tried to conceive unsuccessfully for 5 years. She always had painful, clotty and heavy periods ever since her first period at aged of 17, accompanied with painful intercourse, cold hands and feet. She had a 10-year history of taking contraceptive pills for helping her painful and heavy periods. Her periods became irregular since she came off the pill five years ago. She had laparoscopy in 2002 and was diagnosed with severe endometriosis, together with a blockage in her left fallopian tube, ovarian cysts and uterine fibroids. She was told that there would be no chance for her to conceive naturally. She had three operations in two years to remove the endometrium and ovarian cysts, but it kept recurring in a few months time after the operation. She had two cycles of IUI, two IVF attempts and one cycle of FET, but unfortunately none of them was successful. After her last IVF in 2005, she had another laparoscopy and found that the endometrium had adhered to her urine bladder and the colon, she had to be operated on again.

She was recommended to me for some TCM treatment whilst she was waiting for the next IVF. I treated her with a combination of acupuncture and Chinese herbal medicine, as well as giving her a special fertility diet. After 11 weeks of treatment, she found to her surprise that she was pregnant on the day that she was expected to start the IVF drugs. She eventually gave birth to a healthy boy in the summer of 2006, and she is now trying for her second child.

Analysis:

Carol had probably suffered from endometriosis since she was 17 years old, although it was not diagnosed at the time. But she didn't receive any treatment for the cause of the problem, and instead had taken contraceptive pill for 10 years. This covered up her symptoms, however the endometriosis worsening continually. Together with many cycles of IUI and IVF attempts, the strong hormonal drugs constantly stimulated her ovaries and uterus, causing the endometriosis to worsen even more. This

seriously affected the functional status of her organs. The major cause was blood stasis, together with Kidney Yang and Spleen Qi deficiency, as well as the Liver Qi stagnation which was caused by the long term stress. I used acupuncture to soothe the Liver Qi, improve blood circulation, and regulate her period cycle, and combined herbal medicine to remove the blood stasis, to warm up the Kidney Yang and tonify the Spleen Qi. It increased blood flow to her uterus and ovaries, rebalanced her hormone levels, therefore, a comfortable environment was created for the eggs to be fertilised in and then implanted, eventually achieved a natural pregnancy, and carried to term.

Case two: Polycystic ovarian syndrome (PCOS) and recurrent miscarriage

Lucy, aged 34, was diagnosed with PCOS and Multiple Sclerosis (MS) eight years ago. Her period was very irregular, with a cycle between 30 – 70 days, bad PMT, spotting for 10-14 days after menstruation. She always felt tired and sluggish, with tingling sensations on her legs and feet. Her husband John, being a business manager, was very busy and stressed, and extremely tired. He has been suffering from severe eczema ever since he was a baby. They had been trying to conceive for 7 years, had two IUI cycles and one IVF attempt, and achieved three pregnancies, two of which miscarried and one resulting in a child birth in 2004. They wished to have a second child but they gave up because being afraid of having IVF again. By chance, Lucy heard about me from a friend. After consultation I told them that they still had good chance to conceive naturally while they couldn't really believe. However, after she had two sessions of acupuncture and some herbal medicine, her first period cycle was 37 days. She still experienced PMT, and the bleeding was light, thin and watery. She carried on with the treatment, and then had two 28-day menstrual cycles, with no PMT, but increased vaginal fertile mucus around day 14 of her cycle, normal blood flow, spotting for 3 days instead of the usual 10-14 days after proper bleeding. On her fourth cycle, her period was one week overdue, but she wouldn't do a pregnancy test as she couldn't face any more disappointment. However, I detected her pregnancy by her changed pulse quality and asked her to test it for confirmation. She carried on with the treatment every week until she was 16 weeks pregnant, and then monthly until 38 weeks. She delivered a healthy baby boy naturally in November 2007.

Analysis:

Lucy had an eight-year history of PCOS and MS. Her condition was caused by Spleen Qi and blood deficiency with damp and phlegm obstruction. As follicular development within the ovary is a process that takes many months, and eggs are meant to develop in an oestrogen and progesterone-rich environment [3]. Therefore, even though Lucy had ovulation-stimulating drugs with IUI and IVF, which are designed to increase the quantity of eggs, but are not helping those eggs to be healthy, so the quality of her eggs were still poor, this being the cause of miscarriage. I used the energetic principles of each phase of her cycle, and also addressed the components of her specific diagnostic

pattern throughout. I also advised both partners to follow my special fertility diet as well. She had acupuncture weekly and Chinese herbal medicine every day for four months. It improved blood flow to her ovaries and uterus, normalised her hormonal environment, restored her entire sympathetic nervous system to health and balance, then the entire hormonal cascade allowed for a healthy egg to develop and be released, eventually fertilising and conceiving naturally, and carried the pregnancy to term.

Case three: Premature ovarian failure (POF)

Debbie was 35 years old, and had taken the contraceptive pill since age of 18. She came off the pill five years ago and planning for a family, however her period was absent ever since. She was diagnosed with POF, and had to take HRT tablets to keep her having regular menstrual cycles. She had two cycles of ovulation induction, and achieved one pregnancy with second cycle in 2005, but miscarried at 6 weeks. She came to me two weeks after the miscarriage, whereas her HCG was still high (300 IU). Her lower abdominal area was lumpy and painful to touch. She was very depressed and extremely anxious, having difficulty to sleep. She always has cold hands and feet, and they go blue or white and stiff in cold weather. She urinates frequently, especially at night. My TCM treatment was designed to remove the blood stasis and to detoxify her body first (clean up the old blood that stagnated in her uterus), and then worked on tonifying the Qi and blood, to warm up the Kidney Yang. During the TCM treatment, I advised her not to have any IUI or IVF for three months, allowing time for her body to be rebalanced. But she was really concerned about her age and wanted to carry on trying without a break. She had another IUI and IVF attempts within four months, but both failed. She came back to me three months later. In this time, she had eight eggs collected after acupuncture treatment, seven of them were fertilised, and two embryos of grade one were transferred and achieved a successful pregnancy. She continued the acupuncture until she was 18 weeks pregnant, and gave birth to a healthy girl in 2006. In September 2007, she went on to have another IVF attempt without acupuncture, but there were only 4 eggs being retrieved, and none of them fertilised, so the cycle had to be cancelled. She then took my advice and came back to me for some more acupuncture prior to IVF. On this occasion, there were 9 eggs collected, 5 of which were fertilized, and 2 grade one embryos were transferred. She achieved another pregnancy with twins, and they are now three months old.

Analysis

Debbie had taken the contraceptive pill for 12 years before trying for a family, this suppressed her Kidney Qi, her oestrogen production was reduced, and the uterine lining was too thin to shed regularly as a menstruation or for implantation. She had also been vegetarian for many years, along with excessive exercise, meant that she was always under-weight. She was very stressed and anxious, worrying that may never be able to have her own genetic

child, especially after several failed IUI and IVF treatments. Her condition was both Kidney Yin and Yang deficiencies, Liver Qi stagnation and deficiency of Heart blood. These caused the Penetrating and Conception meridians to become 'empty'. My TCM treatments were focused on two points: firstly, to harmonise the Liver Qi and blood, to tonify Heart blood and calm down her spirits, and to restore her general wellbeing and ovarian functions; and secondly, to nourish her Kidney Yin supporting her oestrogen, to restore normal level of FSH, and to warm up the Kidney Yang to improve blood flow to her uterus and ovaries. Once her body was recovered completely, she responded well to the IVF drugs, producing some good quality eggs, and achieved two pregnancies.

Case four: Ectopic pregnancy with tube removal

Sarah was 36 years old, and had been married for 16 years with 12 year history of infertility. Her husband was 39 years old, had low sperm count with high abnormality. They came to me when starting their first IVF. Sarah was over weight, with Heart condition -Supra Ventricular Tachycardia (SVT). She received acupuncture once or twice weekly, combined with herbs for both partners. Unfortunately she broke her hand and wrist by accident few days before her egg collection, and she also developed severe cystitis and water infection at the same time, had to take strong antibiotics for a week. Despite that, she had nine eggs retrieved, five of which were fertilized and divided. She had two embryos transferred and another two were frozen. But it did not work. However, she continued receiving TCM treatment to loose weight, to detoxify her body and to prepare herself physically and mentally for next IVF. As a result of the treatment she lost 1.5STs of weight within seven weeks and felt great. Afterward, the couple went abroad for a holiday before their second IVF attempt, however, sadly her husband had broken his arm, her mother was seriously ill in the hospital, and their dog (being treated as their baby) died as well. They were both very stressed and depressed, leading to the IVF treatment being failed again. They came back to me six weeks later. After 8 weeks of TCM treatment, they decided to have FET. In this time Sarah achieved a strong positive result with twins, although we didn't know this at the time. Sadly she miscarried one at 7 weeks, and another one was an ectopic pregnancy. She had experienced severe abdominal pain and collapsed on the floor. She had to have an emergency operation for a ruptured ectopic pregnancy, and had removed her right fallopian tube and lost four litres of blood, which required blood transfusions. They were devastated. Sarah was suffering from severe depression and anxiety and wouldn't even walk out their door. However, they strongly believe TCM would work for them, and came back two months later. She was still very tearful, extremely tired with no energy, loosing hair, short period cycles between 15 to 21 days, with very heavy bleeding. Her lower abdominal area was very tender and hard to touch. I altered her herbs and acupuncture points accordingly, focusing on treating her spleen Qi and blood deficiency, activating blood and resolving stasis, and soothing her liver Qi and relieving the depression. In just two weeks time, she was feeling much better, and

surprisingly, fell pregnant naturally within 6 weeks, and gave birth to a beautiful girl in January 2006. She came back to me in February 2008 for more acupuncture prior to her FET, and is now pregnant again at age of forty.

Analysis

This couple was originally diagnosed with male factor infertility, which was the reason for them to go for IVF. Sarah's general condition was reasonable good, apart from Spleen Qi and Heart blood deficiencies. Applying TCM treatment that rectified this imbalance, therefore she produced the best possible response to the IVF drugs. However, the enormous stress she experienced during the first two cycles of IVF that interrupted her hormonal harmony; together with water infection and cystitis, which affected the environment in her uterus. As the result, it stopped the embryos to be implanted. After Sarah's miscarriage and removal of her fallopian tube, her general health was in poor condition with Qi and blood deficiency, as well as stagnation. Through TCM treatment, focusing on restoring her general health, her Qi and blood was tonified and harmonised, and blood stasis was resolved and her hormonal imbalance was rectified. Finally, she achieved a natural pregnancy with one tube only and conceived again with no further effort.

Case five: Advanced maternal age

Jenny was 40 years old, and had taken contraceptive pill for 25 years before trying to conceive. She had two failed IVF attempts with only two eggs retrieved each time. She was told by her consultant that her eggs qualities were very poor due to her age. Subsequently, she had another IVF attempt with a donor's eggs, unfortunately this also failed. She then came to me as a last resort.

Jenny was an asthmatic and under weight, her period cycle was normal but accompanying very light bleeding and only last three days, headache most time. She coming to me four weeks after the last IVF treatment, and was also suffering from red, lumpy and painful breast, having antibiotics for it. After she had a scan and biopsy test, she was waiting for an appointment of operation to remove the tissue in her left breast. She started Chinese herbal medicine on a daily basis with acupuncture once a week, whilst her husband taking herbs only. Two months later, she found out that she was pregnant on the day before her operation. She subsequently delayed the operation and carried on TCM treatment for three more months, and had the tissue removed then. She recovered completely within a month, however continued TCM treatment monthly till she was 33 weeks pregnant. Her boy is now three years old.

Analysis:

The couple had been trying to conceive for four years without any success. Jenny had a long history of taking oral contraceptive pill, which may have suppressed the growth of Kidney Qi and caused insufficiency of Kidney essence, disturbed the balance of oestrogen and progesterone, and decreased her ovarian activity (Kidney

essence is responsible for underlying egg quality and uterine lining); together with long term stress, this caused Liver Qi stagnation and blood deficiency, affecting her ovarian functions. As a consequence, she had poor response to the hormonal stimulation drugs, and developed a thin endometrial lining, as well as painful and lumpy breast. My TCM treatment principle was to regenerate her reproductive system by strengthening the Kidney Qi and nourishing the Kidney essence, soothing the Liver Qi, as well as improving blood circulation. I also treated her husband, as he was 52 years old and had suffered from diabetes since the age of 17. It was important to make sure he produced the best quality sperm, as this would also contribute towards a successful pregnancy.

Case six: Male factor with nine failed IVF attempts

Fiona and Robert were both 40 years old. This couple was diagnosed with the male-factor infertility initially. Robert has poor sperm motility and morphology. They had been trying to conceive for eight years, and had undergone nine IVF attempts, including one cancelled cycle, achieved two pregnancies, but unfortunately both had miscarried at 8 to 10 weeks. They were referred to me by a consultant when they were undergoing their 10th IVF cycle. In this time, after she had six sessions of acupuncture and combined with Chinese herbal medicine, she had 7 eggs collected, with ICSI, 6 of them fertilised and divided. They were told that those were the best quality embryos they have ever produced, and also, for the first time, had three spare good embryos to be frozen. She had one session of acupuncture before and one straight after embryos transferred, and two more sessions within a week to help with the implantation. Fortunately, she achieved a pregnancy, but she started bleeding when she was seven weeks pregnant. I used Chinese herbal tea to replace the herbal pills, alongside the acupuncture. She continued taking the herbs for a month, although the bleeding had stopped in just two weeks. She was fine for the rest of the pregnancy, and finally gave birth to a healthy baby girl in January 2005.

Analysis

Because this couple was diagnosed with the male-factor infertility initially, it was essential that both partners be treated to give them a better chance. As a company manager, Robert was busy, stressed and always felt hot in most of the time. His Liver Qi and blood were stagnated, and Kidney Yin was deficient. The Chinese herbs nourished his Kidney Yin, soothed the Liver Qi and improved the blood flow, and then improved his sperm quality. However, Fiona has only one ovary in the left side, and had already gone through nine IVF attempts, which meant nine cycles of strong hormonal stimulation drugs. Her body was totally out of balance and this situation was never fully recovered. Her organs were not functioning optimally, her Kidney Qi was depleted, and her Qi and blood were stagnated. Therefore, the blood supply to her uterus was insufficient; the progesterone level was not good enough to allow the embryos to be implanted in the uterus, nor to maintain the pregnancy. By using TCM, I rectified this hormonal imbalance, improved the blood flow to her ovary and uterus, thickened the endometrial

lining, and harmonised the environment in her pelvic area. As a consequence, she achieved a pregnancy and carried to the term.

Case seven: High FSH

When she visited me in the first time, Julie was at age of 40 and had been trying to conceive unsuccessfully for five years. She had miscarried once when she was young, and had one failed IVF attempt in March 2004 and one cancelled IVF cycle in September 2004 due to poor response and converted to IUI instead. She was very stressed, depressed and anxious, extremely tired most time, suffering bad backache and shoulder pain. She always feels cold, especially cold hands and feet. Her period cycle was between 21 to 28 days, bad PMT, heavy blood flow with clots and painful. My diagnosis was the Spleen Qi and Kidney Yang deficiency together with the Liver Qi and Blood stagnation. After she had five months acupuncture and Chinese herbs, her period cycle became 28 days regularly, and she felt much better in general. However she stopped treatment completely as her sister was really ill, and she was in a very difficult situation. Sixteen months later in August 2006 when her FSH raised to 14.6 iu/l, she was told that it was unlikely that she could conceive with her own eggs. So she went on the waiting list for a donor's egg. Whilst she was waiting for a donor, she asked the consultant to give her a last chance of IVF with her own eggs. However, she wanted to combine it with acupuncture for the first time. On this occasion, she produced five big follicles and three smaller ones. Four eggs were collected, two of which were fertilised and divided, and she had two grade one embryos transferred. They both were shocked by the positive pregnancy result. Meanwhile, because she was very anxious and worrying that she may miscarry again, she felt negative, lethargic and insecure, had no appetite and poor sleep. Therefore the acupuncture was continued for a period till she was 12 weeks pregnant. Finally at the age of 42 (five months before her 43 birthday), she gave birth to a healthy baby girl.

Analysis

Julie was a medical professional with a very demanding and stressful job. She had also gone through a very difficult time within her family. Consequently her Liver Qi and blood were stagnated seriously, together with Kidney Yang and Spleen Qi deficiency. The principle of the TCM treatment was to de-stress her and rectify her hormonal imbalance-reduce the elevated FSH. I selected different acupuncture points to soothe her Liver Qi, to relax herself mentally and physically; to warm up the Kidney Yang and to tonify the Spleen Qi. These worked to improve her general well being, to increase the blood supply to her womb and ovaries and to harmonise her hormone levels. So after the acupuncture treatment, she felt much calmer and relaxed, more energetic, and responded incredibly well to the hormonal drugs. She produced much better quality eggs than she had ever done, and also created a welcoming environment in her uterus

for the embryos to be implanted. She eventually achieved a successful pregnancy and carried on to term.

Case eight: Luteal phase defect (LPD)

Katherine was 41 years old. She had given birth to a girl by caesarean section 12 years ago, and had been trying for a second child ever since her daughter turned 2 years old, but has never been successful. She has been living together with her new partner David for 5 years, but his semen test revealed low motility. They had one IVF attempt in January 2004, but unfortunately failed with implantation. They were frustrated and decided to try TCM treatment. Katherine had always felt cold, her hands and lips would turn blue when the weather is cold. Since she had her daughter, she also experienced shorter menstrual cycles, spotting or light bleeding after ovulation for two to three days, and sometimes it continued until her period had started. She visited many consultants and was told that this would not prevent her from conceiving. However, my diagnosis was LPD, which is caused by Kidney Yang and Spleen Qi deficiency in terms of TCM. After she had 8 weeks of acupuncture and Chinese herbal medicine, while David took herbal tablets, she fell pregnant naturally. She continued her treatment until she was 14 weeks pregnant, and gave birth to a beautiful girl in 2004. She recovered incredibly well from labour, and subsequently she went on to have another pregnancy at the age of 43, and now has three healthy children.

Analysis

This is a typical case of LPD. Katherine conceived her first child at the age of 28, but bled for the first three months during the pregnancy, which indicating some hormonal imbalance, specifically an insufficiency of progesterone production. After she gave birth to her daughter, her condition became worse and she started experiencing spotting or light bleeding after ovulation. Because of the insufficiency of Spleen Qi to support her Kidney Yang, leading to poor blood supply to her uterus, and caused this so-called “cold womb”. This meant that her uterus was not responding to the heating effect of progesterone. The warm Yang energy was not sufficient to prepare the endometrium to accept the fertilised eggs or embryos. This was recognised to be the reason of failures in implantation with her IVF and in natural conceiving. By having TCM treatment, her Kidney Yang was strengthened and her Spleen Qi was tonified, which improved her progesterone level, thickened her womb lining, and created a nice and cosy “incubator”. Consequently, she was able to conceive naturally.

Conclusion

One of the Chinese proverb says “when the soil is well prepared, the harvest will be bountiful.” The quality of the soil influences the productivity and health of the plant. For the seed to be implanted, the fields, as well as the seed, must possess the conditions of fertility. Therefore, sufficient blood flow to the ovaries and uterus, and a balanced hormonal environment are crucial in achieving a pregnancy.

Through TCM, we can help direct the body’s attention to the midbrain, pituitary, ovaries and uterus, as well as create the spiritual, mental and emotional health required to produce healthy eggs, provide appropriate conditions for their fertilisation and foster a welcoming environment in the uterus, so the embryos may be implanted, growing to a foetus and be carried to term. For those suffering severe long-term tube obstruction, endometriosis, fibroid etc, using only TCM is sometime unrealistic, IVF is probably the option for women who wish to have their own genetic children. However, applying TCM treatment can help those patients prepare their body for IVF, supporting them physically and mentally during and after the procedure, reducing some of the difficult side effects caused by the hormonal medications, improving the function of the ovaries to produce better quality eggs, increasing blood flow to the uterus to thicken the womb lining, and achieving good response to the hormonal stimulation. As a consequence, it creates better quality and quantity of embryos, increases the chance of conception, and also minimises the risk of miscarriage, maintaining the pregnancy to term.

* To protect confidentiality, all names have been changed.

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漫谈湿疹及皮炎类疾病

向阳与阎家庆二医生病案讨论实录

向阳： 阎大夫您好！如您不介意，跟您探讨一下郭伯德太太这个病例。从西医诊断，医院的皮肤科医生未作定论，病理学组织活检只是见炎性改变，IgE 升高可能是非典型性湿疹。但我考虑是不是 Darier's 病。

从中医治疗过程来讲：第一个月我用疏风清热解毒之剂，效果不好；第二个月改为凉血解毒为主的中药汤剂，略有好转，仍不很满意；第三个月（2002 年 5 月 3 日）开始改为活血解毒方，共服三十五剂，皮疹明显好转，但是痒的问题一直没得到解决。上次您看了一回，改从湿热治疗，我没改动您的处方。如利湿清热不应，又当从何入手？希望听听您的高见。

此外，这里我愿请教您两个问题：第一，从湿热论治的依据（向注：这个病人从皮疹看，没有渗出，只有皮肤干糙症状。）；第二，您这个处方需服多长时间？致 安 好！

向阳 敬上。2002 年 7 月 5 日

（补充一点：服用凉血解毒活血化瘀汤剂期间，有一个腹泻的问题。为什么会出现腹泻？我考虑为生地，熟地，桃仁，抑或是白芍所致。但是，该处方对消减皮疹作用这一点我是肯定是无疑的！）

阎家庆： 向大夫您好！上次未经您同意，就更改处方，有考虑不周之处，望您见谅。郭伯德太太这个病例不会是毛囊角化症。毛囊角化症是一种遗传性皮肤病，临床极为少见。患者临床表现为出汗不畅，全身体味较重，不痒。从皮肤病学分类，上千种皮肤病就归为两类：一是炎症，另一种是肿瘤。郭伯德太太病例我认为属于非炎（向注：“炎”可能是“菌”之笔误。）性炎症，诊断为：亚急性泛发性皮炎。

上次我所用方剂是我在国内临床工作基础上自己总结出一个治疗湿疹和皮炎较为有效的处方。从中医辨证角度：患者痒甚属风，皮疹全身泛发，凡炎症所处部位都有一定水肿，可认为是湿热毒火，所以治从疏风清热祛湿止痒。方中君药是苦参，三黄（向注：三黄即黄连，黄芩，黄柏。），从现代药理学，苦参有较强抗炎介质作用（向注：本人临出国前写的最后一篇综述论文就是“苦参的临床与实验研究”我复习了约四十篇论文，写出大约三千字。记住苦参是好药，内服外用都中。诸位不妨临证一试。），生甘草有类似激素抗炎作用。这个处方一般应服 4 周。如果两周中药不见效，应换药，去茵陈，猪苓，泽泻，加双花 30 克，连翘 15 克，苍耳子 7 克，皂刺 7 克，白癣皮 30 克，地肤子 10 克，生甘草 20 克。

患者腹泻我考虑也是由于生地，熟地，白芍等养阴养血药造成。

以上是我的拙见，愿与向大夫探讨。此致敬礼。

阎家庆 2002 年 7 月 7 日。

向： 阎大夫您好！非常高兴通过纸和笔与您交流中医方面的学术问题。对于郭伯德太太这个病例，看来我的毛囊角化症的假设是错的，第一她没有家族史（以前我也问过）；第二，今天又细问病史，她 2000 年发病时仅颈部有皮疹，而六月份时则是四肢皮肤水肿，曾服利尿药及激素；第三，她的宠物狗有跳蚤。所以我推测是对宠物皮毛或跳蚤叮咬后导致的过敏性皮炎（或湿疹）。我同意您的诊断。

西医诊断固然对判断预后，决定治疗有很大的作用；但在某些病因不明确的情况下（本病例临床

诊断和组织活检结论都不十分明确）还是要用中医辨证来解决。白医生认为绝大多数皮肤病都与热毒有关，临床也能证实这一论点，从您的经验似乎也支持皮肤病多热毒的观点。所以清热凉血应是治疗皮肤病的常法。

再回到郭伯德太太这个病人身上来，我们的处方基本以寒凉为主，还从未用过温药。所以，到下周五如仍无大的起色，我将用麻黄桂枝各半汤略加清热解毒（类似于抗炎药）治疗，处方已经开出来（见病历）。今天我又与白大夫讨论了这个病例的治疗，他同意用清热利湿三周后无大起色，可以改为麻桂各半汤。因白大夫没看病人，他不好反对我改处方，您看过病人，可否提些建议？（补充说明：这个病人皮肤灼热时有畏寒症状，右手皮肤皮疹紫暗，双足发僵发冷，所以从中医来讲，用温药的指标也是有的。邓大人讲：不管白猫黑猫，抓住老鼠就是好猫！说一千道一万，还得用疗效证明。）。)

我的处方谁都可以改，我决不会有什么想法，但我只希望第一是处方对病人有效；第二才是讲出道理论。我始终认为：疗效第一理论第二；处方有效，不讲理论也行。但我个人还是倾向于用中医或西医或中西医结合理论来指导临床用药，这是我个人的追求。

我是钟爱于用经方，喜用温药的，但对皮肤病还得是凉药冲锋陷阵，但在用寒凉类药物走投无路时改用温药，往往可以收功。我曾用真武汤加味善后治疗一例湿疹，收效不错（向注：今年是我旅英第九年，治疗湿疹皮炎类疾病数以百例计，用真武汤者仅此一例，也就是几百分之一吧！）；只恐怕是不好用科研的方法来重复。

灵胎先生谓：病有主方，方有主药。虽然一病有一病之主方，但有时还须根据辨证。顺致安好！

向阳 2002 年 7 月 12 日

补充一点：最近我治疗两例毛囊角化症（Darier's Disease），一例很好，另一例只服药三周，不好不坏尚未见分晓。这两例病人都是本市总医院皮肤科专家诊断的，并不是我本人臆断。

阎： 向大夫您好！由于我在国内从事临床工作一直独立工作，很少能与同事交流。能与您交流中医学术问题，我很高兴。

对于郭伯德太太这个病例。但我向患者询问病情时，也曾听说她有畏寒症状。由于我英语掌握欠熟练，未能深入了解。我在国内临床工作使用疏风散寒解表药治疗寒冷性荨麻疹，疗效是肯定的。经常使用桂枝汤基础上进行加减。其中桂枝和白芍调合营卫是方中主药。但是，如果只用桂枝汤或麻桂各半汤由于药性偏热。有时病人会出现症状加重的情况。这是因为凡是变态反应性疾病，其局部病理表现是毛细血管扩张，如药性偏热，会加重这一病理改变，所以我在临床上经常使用桂枝汤和荆防汤来治疗寒冷性荨麻疹。另外，寒冷性荨麻疹特点是皮疹遇冷加重，得温则减，冬春多发，季节性明显，所以郭伯德太太这一病例还不完全符合寒冷性荨麻疹的诊断。我想还有其它环境刺激因素存在。不过疏风散寒解表的治疗方法尝试一下完全可以，或许可收到良效。

您所治疗两例毛囊角化症，我考虑应为毛周角化症（向医生自辩：如果诊断有误，那也是本市总医院

皮科大夫出错在先，我老向出错在后。）。毛囊角化症与毛周角化症在病理改变和临床表现是有区别的，毛周角化症是毛囊周围皮肤角化过度，不堵塞毛囊，所以患者处在面部和肩背部有粟粒大小浅褐色丘疹外，无其他症状。毛周角化症亦是遗传所致，临床上除用水杨酸制剂来缓解症状，无其他良法。您提到有一例病人有效，我推测是不是此患者在毛周角化基础上合并有毛囊炎，毛囊炎控制后，症状出现减轻。因为中药对毛囊炎效果还不错。

我想向您请教一个问题，由于现在中药大多为种植，所以，我在国内临床上经常使用较大剂量，有时单味药就用到 50 克，而这里剂量偏小，您是怎样理解的。此致敬礼。

阎家庆 2002 年 7 月 14 日

（向注：这段讨论中药剂量的信不在我手头，可能是有那末点可读性，兴许在阎大夫那里。信我是无法重写出来，但是，我记得的是围绕我的用药三字原则“稳！准！狠！”也许有功夫时我另写一篇小文章来讨论中药剂量。）

阎：向大夫：您好！您对中药剂量在临床上使用的心得体会论述十分精彩，让我受益匪浅。我在临出国时，一位我很尊重的老中医告诉我“中医传之密，在量不在方。”（向注：岳美中先生曾说：“中医不传之密在量不在方”）这充分说明中药剂量对临床效果的作用。我在某医院（向注：略去院名）工作 3 年。这个医院是私营医院，医生没有任何保底工资，完全靠提成。这让我深刻体会到经济利益对医生的影响。对此，我深有切肤之痛，但又无可奈何。因为我一直认为优良的医德素质是成为一名好医生的最根本条件，对于那些能够抵住经济利益的驱使，安心做学问，安心医治患者疫苦的医生，我是由衷的敬佩。

我非常愿意与任何同事，朋友交流临床心得，在这一方面我完全会毫无保留。因为只有这样才能不断的提高我们的医学技术。更好为患者服务。中医秘方的时代早已过去。

我们再回到郭伯德太太这个病例。如果患者仍然无变化，可在方中重用生甘草，白癣皮，僵蚕（向注：英国禁品），以加强祛风除湿止痒作用。此致敬礼。

阎家庆 2002 年 7 月 21 日

按语：

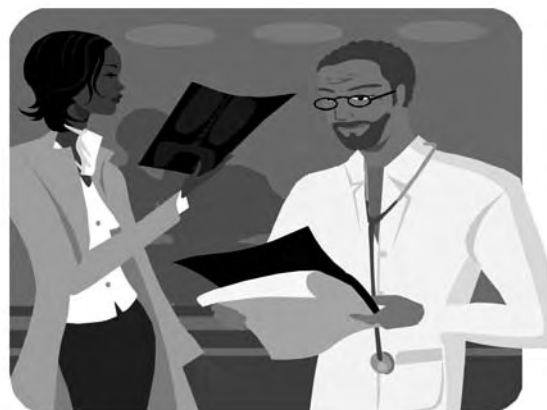
首先是探讨一下这个病例的诊断。英国皮肤科医生根据患者的临床皮疹特点及组织活检的炎性表现及 IgE 升高，疑诊为：非典型性湿疹。阎医生诊断：亚急性泛发性皮炎。我考虑毛囊角化病的可能是没有根据的，基本可以排除。两位皮科专家的诊断我们都同意。除临床皮疹的表现以外，毛囊角化病必须具备以下两个条件：一是家族病史，因为本病为常染色体的显性基因遗传；二是组织活检表现为表皮有角化不良的细胞及裂隙和真皮浅层血管附近有慢性炎症浸润。陈洪铎主编《皮肤病性病学》（第四版：128 和 129 页）分两节讲：毛发角化病（keratosis pilaris or lichen pilaris）和汗孔角化症（porokeratosis）。有兴趣的读者可以参阅。

其次，从中医治疗过程来讲：第一个月我用疏风清热解毒之剂，效果不好；第二个月改为凉血解毒为主的中药汤剂，以清营汤和犀角地黄汤之意（犀角水牛角都禁用）略有好转，仍不很满意；第三个月改为凉血活血解毒方剂（以桃红四物汤加味）共服三

十五剂，皮疹明显好转，但是痒的问题一直没得到解决。之后根据阎医生建议：改从湿热治疗三周，控制皮肤炎症还好，但痒仍然未解决。随后改为麻桂各半汤加白癣皮，苦参，连翘，大青叶之类，瘙痒减轻。这一病例只能算是临床有效，不算临床痊愈。（向注：本刊第 24 期，我报告过凉血解毒为主治疗三例湿疹，第一例女病人去年在超市巧遇已有七年多未复发，第三例那位三个月的男婴现已七岁，临床治愈七年未复发。第二例那位大学生联系不上，不知是否复发）。

其三，聊一聊皮炎和湿疹。皮炎是由外来致病因子引起的皮肤炎性疾病（与湿疹比较：湿疹是一种内因性疾病，外来致病因子不起主要作用。177 页）。常见的皮炎有：刺激性皮炎（primary irritant dermatitis），职业性皮炎（occupational dermatitis），过敏性接触性皮炎（allergic contact dermatitis），疱疹样皮炎（dermatitis herpetiformis）。湿疹是一种常见的瘙痒性皮肤病，以红斑和小水疱并导致渗出和结痂为特征。它是内因性或体质性的，即，外来致病因子不起主要作用（与皮炎比较而言）；但是，在一些情况下“皮炎”和“湿疹”这两个名词可以互换使用。主要有五种湿疹：（1）异位性（或特应性）湿疹（皮炎）（atopic eczema）；（2）脂溢性湿疹（或皮炎）（seborrhoeic eczema dermatitis）；（3）盘状或钱币状湿疹（discoid or nummular eczema）（4）汗疱疹（pompholyx）；（5）重力性或淤积性湿疹（gravitational or stasis eczema, known as varicose eczema），通称静脉曲张性湿疹。以上所述来源于《简明牛津医学词典 177 和 206 页 Oxford Concise Medical Dictionary》牛津大学出版社 1994 年版（Oxford University Press）。我翻译这段时尽可能忠于原文，有兴趣的读者可以参考英文原文，并阅读相关中英文皮科专著。后来我有幸与阎医生见面，并聊到湿疹皮炎分类，他就对把脂溢性湿疹或皮炎放在湿疹里面就很不以为然，还有汗疱疹。陈洪铎和吴志华二位先生的专著都把皮炎和湿疹放在一起处理，我认为这是临床家的明智之举，不拘泥于辨名。

附言：第二作者阎家庆医生与本文第一作者向阳医生暂时失去联络，故署名未经阎医生许可。阎医生如您看见此文，可千万别生气；更别上法院告我侵犯您的版权，所以先在这里借本刊一角对您说一声“向医生这厢有礼了！”



编者按: 窦占江医师 1982 年毕业于黑龙江中医药大学中医系,先后在黑龙江,天津和北京几家中医医院从事中医男科专业 20 余年,为中医男科专家,主任医师.曾在各级学术杂志和学术会议发表论文 20 余篇,兼任数家学术刊物的编委或副主编.并任中国中医药学会男科学会和世界中医药联合会中医男科委员会的委员.

本刊在此发表两篇窦占江医师的中医男科论文,相信对大家会有所启迪和帮助.

男性不育症中医辨证论治八法

窦占江

笔者从事中医男科疾病的诊疗研究近 20 年,勤求古训,博采众方,现就中医辨证内治男性不育症体会列举八法,愿与同道商榷.

一 肾阳不足型:

主证:精液清冷,精子稀少,活动率低,活动力弱,射精无力,性欲淡漠或阳痿早泄.常伴腰膝冷痛,精神萎靡,神疲乏力,面色恍白,动则气短,四末不温,阴部湿冷,小便清长,夜尿量多,舌质淡胖,苔薄白而润,脉沉细无力,尺部尤为明显.

治法:益肾温阳,佐以补精

方药:全匮肾气丸合五子衍宗丸加减

仙茅 10g 淫羊藿 10g 肉苁蓉 10g 熟附子 10g(先煎) 肉桂 10g 山茱萸 10g 山药 10g 五味子 10g 熟地黄 10g 菟丝子 10g 枸杞子 15g 水煎吸,每日一剂.

加减:若遗精早泄者,加莲须,龙骨,芡实加强固涩闭藏;若性欲淡漠,阳痿精薄者,加阳起石,韭菜子补肾壮阳;精子成活率在 50%以下,或死精不育者,加枸杞子,八戟天,熟附子,鹿鞭益肾生精;精液不液化者,加麦冬,玄参,丹皮,生黄芪助液化,若精液中有白细胞者,加李根皮,碧玉散以清其热;若五更泄泻者,加肉豆蔻,补骨脂,吴茱萸补肾止泄.

二 肾阴不足型:

主证:精液量少,精子数少,液化不良,精子畸形较多.伴腰膝酸软,眩晕耳鸣,遗精早泄,或阴茎异常勃起,或射精不能,失眠健忘,五心烦热,盗汗,口咽干燥,形体消瘦,足跟疼痛,大便干燥,舌质红,少苔或无苔,脉象细数,多见久婚不育,性欲过强,性交过频者.

治法:滋阴补肾,填精种子

方药:五子衍宗丸合左归饮加减

枸杞子 15g 菟丝子 15g,覆盆子 15g 熟地黄 15g 山茱萸 10g 五味子 10g 山药 10g 茯苓 10g 车前子 20g 生甘草 3g,每日一剂,水煎服

加减:若遗精早泄者,加龙骨,牡蛎,五味子,芡实以固涩精气;精子数量少,成活率低者,加党参,麦门冬,何首乌健脾补肾,生养精气;死精多不育,可加熟地黄,肉苁蓉,淫羊藿,仙茅,何首乌,枸杞子补肾填精;阴虚火旺者,加知母,黄柏,旱莲草,牡丹皮养阴清热;肾阴不足兼有里热者,用知柏地黄丸加苍术,车前子,萆薢,土茯苓以补肾益精,清热利湿;若阴虚火旺,热灼脉络,血随精出者,可用知柏地黄丸加白茅根,地榆炭等滋阴泄火,凉血止血.

三 气血两虚型:

主证:精液稀薄,精子量少,性欲减退,或阳痿早泄,面色不华,形体衰弱,精疲力乏,心悸怔忡,眠差多梦,健忘头晕,食少纳呆,疲劳气短,爪甲色淡,舌淡苔少,脉象沉细.

治法:益气健脾,养血生精

药方:八珍汤加减

党参 10g 茯苓 10g 白术 10g 白芍 10g 当归 10g 阿胶 10g 生黄芪 15g 熟地黄 15g 菟丝子 15g 枸杞子 15g 黄精 15g 紫河车 15g 生甘草 3g 每日一剂水煎吸.

加减:若精子活动率减少者加淫羊藿,巴戟天补肾阳,增活力;精液清稀者,重用生黄芪,白术,加红参益气生精;精液量少及精子数少者,加山药,何首乌,女贞子补肾生精;不射精加石菖蒲,远志,茯神,蜈蚣通精道,开下窍;精液不液化者加乌梅,诃子,甘草以酸甘化阴;若失眠多梦者,加炒枣仁,远志,合欢皮安神立志;心悸不安者,加柏子仁,丹参,茯苓养心安神.

四 脾肾两虚型:

主证:多见精液清稀,精子数少,性欲减退,或阳痿早泄.伴有腰酸腿软,肢体畏寒,面色恍白,全身无力,腹胀便糖,纳食不香,舌质淡,苔薄白,脉沉细.

治法:温补脾肾,益气生精

方药:十子汤合六君子汤加减

枸杞子 15g 女贞子 15g 菟丝子 15g 桑椹子 15g 补骨脂 15g 蛇床子 15g 覆盆子 10g 金樱子 10g 五味子 10g 茯苓 10g 白术 10g 党参 10g 陈皮 10g 法半夏 10g 车前子 20g 生甘草 3g 每日一剂,水煎服.

加减:若精子活动率低,加附子,肉桂壮元阳,补命火;精子数少,加鹿角胶,黄精益肾生精;滑精者加莲须,芡实涩精气;腰痛加川断,桑寄生壮筋骨;若脾阳肾阳俱虚者,加仙灵脾,仙茅以温补脾肾.

五 湿热下注型:

主证:精液中有较多白细胞及脓细胞,精子计数少,死亡精子比例高,精液不液化,阳强不射精.同房后睾丸及耻骨附近憋胀不适,尿短赤,灼热或茎中热痛,或阴肿阴痒,或白浊,腰酸重感,两腿沉重,身倦乏力,头重,心烦口干,喜凉饮,大便粘腻,舌红苔黄腻,脉弦滑数.

治法:清利湿热,消肿解毒

药方:龙胆泻肝汤合萆薢渗湿汤加减.

龙胆草 10g 黄柏 10g 通草 10g 黄芩 10g 牡丹皮 10g 泽泻 10g 茯苓 10g 当归 10g 萸藓 20g 车前子 20g 生地黄 20g 每日一剂，水煎服。

加减：若精液中有脓细胞者，加土茯苓，蒲公英，金银花清热解毒；精子成活率低，或活动力弱，加山楂，丹参，苍术利湿化浊；卵磷脂小体减少，加何首乌，枸杞子补肾生精；血精者加大小蓟，旱莲草，白茅根清热凉血止血；若兼肾气虚弱者加菟丝子，覆盆子补肾固涩；若大便不畅者，加枳壳，大黄通便导滞。

六 痰浊凝滞型：

主证：精液量少，无精子或精子数少，不射精，伴有睾丸肿痛，头晕目眩，胸闷泛恶，心悸不宁，体态肥胖，舌胖苔白腻，脉沉滑。

治法：化痰理气，散结通络

方药：苍附导痰汤加减

苍术 10g 法半夏 10g 陈皮 10g 胆南星 10g 枳实 10g 香附 10g 茯苓 10g 白术 10g 泽泻 10g 车前子 15g 路路通 15g 穿山甲 15g 每日一剂，水煎服。

加减：若精液不化者，加浙贝母，玄参，生牡蛎，杏仁，茯苓，路路通去痰浊，化精气；精子形态异常加枸杞子，菟丝子益肾补精；精子活动力弱者加薏苡仁，山楂化浊开窍；逆行射精加牛膝，王不留行利下窍，导下行；气虚明显加黄芪，党参补气；白浊者，加萹藓分清化浊；腰痛者加杜仲，牛膝强筋骨止痛；阴束湿冷，少腹抽筋者加乌药，荔枝核，延胡索暖下行气止痛。

七 瘀血阻滞型：

主证：阴束内有蚯蚓状的精索静脉曲张，射精时精道刺痛，无精子或少精子，精子活动率低，精液中可有较多红细胞。伴有睾丸坠痛或少腹作痛，疼痛固定，持续时间较长，入夜尤甚，病变反复发作，唇色晦暗，舌质紫暗，或有瘀点，脉沉涩或细涩。

治法：活血化瘀通经

方药：血府逐瘀汤加减

柴胡 10g 枳壳 10g 牛膝 10g 桃仁 10g 红花 10g 赤芍 10g 当归 10g 穿山甲 15g 路路通 15g 丹参 20g 王不留行 20g 每日一剂，水煎服。

加减：若瘀瘀互结者，加陈皮，法半夏，瓜蒌，薏苡仁祛痰化瘀；气滞血瘀者，加青皮，香附行气活血；寒凝血瘀者，加川楝子，乌药，小茴香散寒活血；热蕴血瘀者加栀子，牡丹皮清热化瘀；若血瘀精阻而无精子者，加三棱，莪术，红花，当归尾，没药，丹参活血化瘀生精；精道刺痛加琥珀，蒲黄，元胡索通利止痛；若血瘀内腐而成痛者，宜加五味消毒饮清热解毒，活血化瘀；若血瘀而小便淋浊者，用当归，牛膝，滑石，冬葵子，萹藓活血化瘀，分利清浊。

八 寒滞肝脉型

主证：精液清冷，阴肿胀而冷，少腹并睾丸坠胀痛，性交后加重，睾丸阴冷而且潮湿，遇寒则收缩引痛，有时全身倦怠，腰部酸软，面色苍白，形寒足冷，舌淡红边有齿痕，苔薄白，脉弦紧或弦缓。

治法：暖肝散寒，温经行气

方药：暖肝煎加减：

肉桂 10g 小茴香 10g 乌药 10g 当归 10g 茯苓 10g 生姜 4g 枸杞子 15g 每日一剂，水煎服。

加减：若少腹抽痛，阴冷湿者，加橘核，延胡索以暖肝止痛；肝气郁滞而胁痛者加川楝子，香附，绿萼梅疏肝解郁止痛；寒凝血瘀者加牛膝，五灵脂化瘀通络。

典型病例：精子活力低下，并生殖道感染
大卫（David）男 30 岁 病历号：D00088

一、初诊：2005 年 6 月 18 日

主诉：婚后 3 年余，未避孕未育。

病史：婚后 2 年余未育曾到当地医院检查，其妻无明显异常，但男性精子数量达标，精子活动力弱，被诊为“弱精症”，曾服西药治疗数月未果。

自诉尿频，尿道灼热，大便粘腻，腰痛乏力，时有早泄，阴囊及会阴部潮湿。

查体：舌质淡红，苔白润，脉沉缓。阴茎及双侧睾丸发育良好，睾丸、附睾无红肿，无压痛，阴囊及会阴部潮湿。双侧精索静脉无曲张。

化验：精液常规：精子数 6000 万个/ml；精子活动率：A 级 10.6%，B 级 23.5%，C 级 40.3%，D 级 35.6%；PH 值：7.0；白细胞：11 个/高倍视野；红细胞：4 个/高倍视野

印诊：弱精症，并生殖道感染

治疗：治以清热解毒，通淋泄浊之法。

处方：蒲公英 6g；地丁 6g；金钱草 6g；生甘草 4g；白茅根 10g，萹藓 10g，瞿麦 10g，生地 10g，车前草 10g，当归 10g，泽泻 8g，生薏米 20g，马鞭草 10g，土茯苓 20g。

水煎服 日二次。五子衍宗丸，泻肝丸，按说明口服。

二诊：2005 年 6 月 28 日

诉已无排尿灼热感，仍有尿频，大便日一次，不粘腻，早泄改善，腰痛乏力减轻，阴囊及会阴部潮湿明显减轻。查舌质淡红，苔白润，脉现弦滑。

处置：遵前方减地丁，泽泻，加山药 10g，苍术 10g，菟丝子 15g，水煎服，日二次。

中成药：五子衍宗丸，六味地黄丸

嘱病人多饮水，多食水果，少食辛辣食物，保温。到医院预约化验精液常规。

三诊：2005 年 7 月 20 日

诉无尿频，无排尿灼热感，腰痛乏力，早泄症状已消失，阴囊及会阴部潮湿基本消失，日大便一次不粘腻，饮食尚好，但眠差易醒。舌质淡红，苔白，脉沉缓。

化验结果：精液常规：精子数：8600 万个/ml；PH 值：7.5；白细胞：3 个/高倍视野；红细胞：1 个/高倍视野
精子活动率：A 级：45.7%，B 级：35.4%，C 级：12.6%，D 级：6.3%

处置：以上化验结果基本达标，病人提出中药汤剂难喝，欲服中成药，改投六味地黄丸，五子衍宗丸，人参归脾丸口服。嘱病人再服 8 周左右，化验精液再诊。

2005 年 8 月 15 日患者妻来诊所，告知两次晨尿化验，尿妊娠试验（+）随访 2006 年 4 月 26 日足月顺产一女孩，健康活泼。

讨论：中医治疗男性不育症，首先要弄清楚发病原因，详辨虚实寒热，气血阴阳，采用辨证论治与辨病论治相结合的方法，有机融合病证相参的治疗方法逐步摸索出本病的治疗规律。据多年临床经验体会，益肾补精是治疗本病的重要治疗原则。本病病变关键在肾，治疗当注重调理肾之病机，治本有益肾，补脾之分，而益肾又有补阴，填精，壮阳之别；治标又有活血，化痰，清热，利气，散寒，通精之异，临床需灵活运用，辨证施治准确才能取得理想之疗效。

Eight TCM Treatment Methods for Male Infertility Caused by Sperm Disorders

Zhanjiang Dou

Sperm disorders are common reasons causing male infertility. Thorough studying classical literature and comparing many traditional formulae, I have, in my practice for over 20 years specialised in andrology, increased my experience in treating sperm disorders using TCM approach.

These are the 8 patterns of sperm disorders according to TCM understanding, on which treatment must be based:

1. Kidney Yang Deficiency:

Symptoms:

Clear and cold sperms which are weak on motility; azoospermia; insufficiency of ejaculation; lack of sexual drive, or impotence; cold - achy waist and knees; feeling sluggish; fatigue, pale complexion. Breathlessness while moving; feeling cold at the end of limbs, damp and cold at perineum; prolonged and frequent urination at night. Slight plump tongue with less white and slippery coating, deep and fine pulse, which is especially weak at the rear position.

Treatment principle: Strengthen kidney, warm Yang and nourish Essence.

Herbal prescription:

Jinkuishenqi Wan and Wuziyanzong Wan plus: Xianmao 10, Yinyanghuo 10, Roucongrong 10, Fuzi 10, Rougui 10, Shanzhuyu 10, Shanyao 10, Wuweizi 10, Shudihuang 10, Tusizi 10, Gouqizi 15.

Modification:

If Spermatorrhea prospermia occur, Lianxu, Longgu, Qianshi should be added to strengthen kidney Qi and protect Essence. In case of sexual drive, even impotence, or lower sperm count, Yangqishi, Jiucaizi should be added to strengthen kidney Qi and warm Kidney Yang. If infertility is caused by less than 50% of vitality or excessive dead sperm, Gouqizi, Bajitian, Shufuzi, Lubian should be added to strengthen kidney Essence. If there is sperm agglutination, which means incomplete liquefaction of sperm fluid, Maimendong, Xuanshen, Mudanpi, Shenghuangqi should be added to promote the liquefaction of sperm. If there are some white blood cells found in the sperm, Jinggenpi, Biyusan should be added to clear excessive heat. If excessive emission and diarrhoea occur during the early morning, Roudoukou, Buguzhi and Wuzhuyu should be added to strengthen kidney and stop the emission and diarrhoea.

2. Kidney Yin deficiency:

Symptoms:

Low sperm count and volume, incomplete liquefaction of sperm, more abnormally formed sperm.

Aching and weakness at the waist and knees, dizziness and tinnitus, spermatorrhea, prospermia, or abnormal or inability of ejaculation; insomnia and amnesia, dysphoria and feverish at chest, palms and soles; night sweating, dry mouth and throat, thin figure, soreness or pain at the bottom of the feet; dry bowel movement, red tongue with little or no coating, fine and rapid pulse. This pattern is more common in chronic cases, especially in male with excessive sexual drive and activity.

Treatment principle: Nourish Kidney Yin, and strengthen essence and sperm.

Prescription of herbal medicine:

Wuziyanzong Wan and Zuogui Yin plus. Gouqizi 15, Tusizi 15, Fupenzi 15, Shudihuang 15, Shanzhuyu 10, Wuweizi 10, Shanyao 10, Fuling 10, Cheqianzi 20, Gancao 3.

Modification:

If spermatorrhea and prospermia occur, Longgu, Muli, Wuweizi, Qianshi should be added to help Qi holding onto the essence. If low sperm count and motility occur, Dangshen, Maimendong, Heshouwu should be added to tonify spleen, strengthen kidney, and nourish essence and Qi. If excessive dead sperm occur, Shudihuang, Roucongrong, Yinyanghuo, Xianmao, Heshouwu, Gouqizi should be added to strengthen kidney and nourish essence. If Yin deficiency causing heat flaring up, Zhimu, Huangbai, Hanliancao, Mudanpi should be added to nourish kidney Yin and clear empty heat. If Yin deficiency accompanied by damp and heat, Zhibaidihuang Wan should be used and Cangzhu, Cheqianzi, Bixie, Tufuling should be added to strengthen kidneys, nourish Essence, clear heat and remove dampness. If blood is found in the semen, it is due to blood vessels being burned by fire, causing blood overflow into semen. Zhibaidihuang Wan should be chosen, and Baimaogen, Diyutan should be added to clear excessive heat and cool blood to stop the bleeding.

3. Qi and blood deficiency:

Symptoms:

Less volume and low sperm count, low sexual drive or impotence and prospermia, pale complexion, fatigue and exhaustion, palpitation and anxiety, insomnia and dreaminess, amnesia and dizziness, lack of appetite, breathlessness, pale nails, pale tongue with less coating, deep fine pulse.

Treatment principle: Tonify spleen Qi, nourish blood and produce Essence.

Herbal prescription

Bazhen Tang modification: Dangshen 10, Fuling 10, Baizhu 10, Baishao 10, Danggui 10, Ejiao 10, Huangqi 15, Shudihuang 15, Tusizi 15, Gouqizi 15, Huangjing 15, Zihche 15, Gancao 3.

Modification:

If sperm motility is poor, Yinyanghuo, Bajitian should be added to strengthen kidney Yang and improve the vitality of sperm. If sperm fluid is clear and thin, the dose of Huangqi and Baizhu should be increased. Hongshen (Ginseng prepared with sugar) should be added to strengthen Qi and produce Essence. In case of low sperm count and volume, Shanyao, Heshouwu, Nuzhenzi should be used to tonify kidney and produce Essence. If inability of ejaculation occurs, Shichangpu, Yuanzhi, Fushen, Wugong should be used to facilitate the passage of sperm through the low burner. If there is sperm agglutination, Wumei, Kezi, Gancao should be used to transform and promote Yin. If insomnia and dreaminess occur, Suanzaoren, Yuanzhi and Hehuanpi should be used to calm the mind. If palpitation and anxiety occur, Baiziren, Danshen, Fuling should be used to nourish heart and calm the mind.

4. Deficiency of both spleen and kidney:

Symptoms:

Clear and scarce sperm fluid, low sperm count, low sexual drive, or impotence and prosermia. Accompanied with weakness of the waist and legs, aversion to cold especially of the limbs, pale complexion, exhaustion, distension and loose bowel movements, lack of appetite, pale tongue with less white coating, deep and fine pulse.

Treatment principle: Warm and strengthen spleen and kidney, tonify Qi and produce Essence.

Herbal prescription:

Shizi (10 seeds) Tang mixed with Liujunzi Tang: Gouqizi 15, Nuzhenzi 15, Tusizi 15, Sangshenzi 15, Buguzhi 15, Shechuangzi 15, Fupenzi 10, Jinyingzi 10, Wuweizi 10, Fuling 10, Baizhu 10, Dangshen 10, Chenpi 10, Fabanxia 10, Cheqianzi 20, Shenggancao 3.

Modification:

In case of low sperm motility, Fuzi, Rougui should be added to support original Yang and complement the vital fire. If low sperm count, Lujiaoiao, Huangjing should be added to strengthen kidney and produce Essence. If prosermia occurs, Lianxu, Qianshi should be added to hold onto Essence and Qi. If backache is present, Chuanduan, Sangjisheng should be added to strengthen bones and tendons. If both Yang of spleen and kidney are deficient, Xianlingpi, Xianmao should be added to warm and strengthen spleen and kidney.

5. Dampness and heat engaged at low burner:

Symptoms:

White blood cells in the semen, low sperm count, high rate of dead sperm, incomplete liquefaction of sperm, inability of ejaculation, aching and discomfort or distension in testicles and around the pubic symphysis after sexual activity; hot feelings or hot-pain in penis while passing water; white discharge, soreness and aching at the waist, heavy feeling of the head and legs, fatigue and exhaustion, dysphoria and dry mouth; desire for cold drinks, sluggish bowel movement with greasy stool; red tongue with yellow-greasy coating, wiry, slippery, and rapid pulse.

Treatment principle: Clear heat, remove dampness, decrease swelling and resolve toxicity.

Herbal prescription:

Longdanxiegan Tang and Bixieshenshi Tang mixed and plus: Longdancao 10, Huangbai 10, Tongcao 10, Huangqin 10, Mudanpi 10, Zexie 10, Fuling 10, Danggui 10, Bixie 20, Cheqianzi 20, Shengdihuang 20.

Modification:

If there are pus cells in the sperm fluid, Tufuling, Pugongying, Jinyinhua should be used to clear heat and expel toxicity. If low of sperm count and motility occur, Shanzha, Danshen, Cangzhu should be added to remove excessive dampness. If reduction of lecithin corpuscle occurs, Heshouwu, Gouqizi should be added to strengthen kidney and produce Essence. If there is blood in the sperm fluid, Daji and Xiaoji, Hanliancao, Baimaogen should be used to clear heat, cool blood and stop bleeding. If there is deficiency of kidney Qi, Tusizi and Fupenzi should be used to strengthen kidney and hold onto Essence. If unsmooth of bowel movement occurs, Zhiqiao and Dahuang should be used to purge the bowels and unblocked in the gastrointestinal system.

6. Phlegm and turbidity accumulated in lower burner:

Symptoms:

Less volume of semen with insufficiency of sperm, or without sperm, inability of ejaculation, accompanied with swelling and tightening of the testicles, dizziness and vertigo; chest suppression with nausea, palpitation and not feeling calm, obesity, plump tongue with white-greasy coating, deep and rolling pulse.

Treatment principle: Resolve the phlegm, remove turbidity, unblock Qi, and activate meridians.

Herbal prescription:

Cangfudaotan Tang and modifications: Changzhu 10, Fabanxia 10, Chenpi 10, Dannanxing 10, Zhishi 10, Xiangfu 10, Fuling 10, Baizhu 10, Zexie 10, Cheqianzi 15, Lulutong 15, Chuanshanjia 15

Modification:

If there is incomplete liquefaction of sperm fluid (sperm agglutination), Beimu, Xuanshen, Muli, Xingren, Fuling, Lulutong should be used to resolve the accumulated phlegm-fluid and promote the growth of Essence and Qi. If there are many sperm malformed, Gouqizi, Tusizi should be used to strengthen kidney and promote Essence. If sperm lack motility, Yiyiren and Shanzha should be used to remove dampness to clear obstruction. If there is reversed ejaculation, Chuaniuxi and Wangbuliuxin should be used to push the sperm through the passage of the low burner. If remarkable Qi deficiency occurs, Huangqi and Dangshen should be used to tonify the Qi. If there is white discharge, Bixie should be used to separate the clear from the unclear fluids. If there is aching at the waist, Duzhong and Niuxi should be used to enhance the tendons and ease the pain. If there is damp and cold feeling at the scrotum and sperm is found in the low abdomen, Wuyao, Lizhihe, Yanhusuo should be used to warm the lower burner, move the Qi, and ease the pain.

7. Blood stasis:

Symptoms:

Varicose veins in scrotum, shaped like earthworms; sharp pain in the urethra while ejaculating; little or no sperm, low sperm motility, possible many red blood cells in semen, accompanied with dropping pain in the testicles, spasmodic pain in the lower abdomen, which is fixed and persistent and can be aggravated at night. All symptoms tend to be recurrent and chronic. Dark lips of the mouth, purple tongue or purple spots on the tongue; deep, choppy pulse.

Treatment principle:

Invigorate blood circulation, expel stasis and push the sperm through the passage.

Herbal prescription:

Chaihu 10, Zhiqiao 10, Niuxi 10, Taoren 10, Honghua 10, Chishao 10, Danggui 10, Chuangshanja 15, Lulutong 15, Danshen 20, Wangbuliuxing 20

Modification:

If there is a mix of phlegm and stasis, Chenpi, Banxia, Gualou, Yiyiren should be used to resolve the phlegm and expel the stasis. If there is Qi stagnation with blood stasis, Qingpi and Xiangfu should be used to move Qi and invigorate blood. If there is cold accumulated causing blood stasis, Chuanlianzi, Wuyao, Xiaohuixiang should be used to scatter the accumulated cold and invigorate the blood. If there is heat stagnated causing blood stasis, Zhizi, Mudanpi should be used to clear the heat and animate the blood. If the stasis of blood obstructs the sperm passage to cause Aspermia (No sperm), Sanleng, Ezhu, Honghua, Dangguiwei, Moyao, Danshen should be added to invigorate blood circulation and distribute the stasis. If there is a sharp pain in the sperm passage, Hubo, Puhuang, Yanhusuo should be used to expel the stasis to ease the pain. If there is blood stagnation to produce toxic heat to cause pain, Wuweixiaoduyin should be used to clear the heat and expel the toxicity, invigorate the blood

circulation and distribute the blood stasis. If the blood stasis causes white discharge and frequent urination, Danggui, Niuxi, Huashi, Dongkuizi, Qumai should be used to invigorate the blood circulation and distribute the blood stasis, separating clear and unclear fluids.

8. Cold accumulating in liver meridian:

Symptoms:

Cold and clear semen, distension and pain in the lower abdomen and testicles, aggravated by sexual activity, coldness and dampness in testicles and scrotum, causing spasmodic pain and constriction, particularly in a cold environment; fatigue and exhaustion can occur sometimes, weak and sore lower back, pale complexion, cold feet and feeling cold in general; light red tongue with teeth marks and less white coating; wiry-tight, or wiry-slow pulses.

Treatment principle:

Warm the liver and expel the cold, warm the meridians and invigorate Qi.

Prescription of herbal medicine:

Nuangan Jian modification: Rougui 10, Xiaohuixiang 10, Wuyao 10, Danggui 10, Fuling 10, Shengjiang 4, Gouqizi 15

Modification:

If spasmodic pain in the lower abdomen and damp and cold feeling in the scrotum occur, Juhe and Yanhusuo should be added to warm the liver and ease the pain. If pain at the costal regions caused by liver Qi stagnation occurs, Chuanlianzi, Xiangfu, Lvmei should be used to remove stagnation of liver Qi and ease the costal pain. If cold accumulation and blood stasis occur, Niuxi and Wulingzhi should be used to expel the stasis and push Qi and blood through the meridians and collaterals.

Case File:

Mr. D., 30 years old, first consultation on 18th June 2005,

Infertility for three years. He had not used any contraceptive method. The couple had special examinations in a local hospital and his wife was found to be normal. A low level of sperm motility but a normal condition of sperm was found and he was diagnosed with hypospermia. He was on conventional treatment for a few months with no success. He also complained frequent urination, burning sensation in his urethra, greasy stool, sore and aching waist and fatigue. Prospermia occurred sometimes with a damp feeling in the scrotum and perineum. He had a light red tongue with white-slippery coating; his pulse was deep and slow.

Sperm test: Sperm density: 0.6 millions/ml; Motility: rapid progressive <A> 10.6%, slow progressive 23.5%, no- progressive <C> 40.3%, immotile <D> 35.6%; PH: 7.0. White blood cells: 11/per visual field; red blood cells: 4/ per visual field.

Diagnosis: 1. Hypospermia; 2. Inflammation in the genital duct

Differentiation of syndrome: Dampness and heat accumulated at the lower burner.

Treatment principle: clear the heat, expel the toxicity and remove the dampness

Treatment: The patient was afraid of needles and refused acupuncture, herbal decoction and patent forms were given.

Herbal prescription: Pugongying 6, Zihuadiding 6, Jinqiancao 6, Gancao 4, Baimaogen 10, Bianxu 10, Qumai 10, Shengdi 10, Cheqiancao 10, Danggui 10, Zexie 8, Yiyiren 20, Mabiancao 10, Tufuling 20.

The herbs were mixed and boiled in water to make herbal liquid for drinking twice daily.

Wuziyanzong Wan and Xiegan Wan were also prescribed.

The second visit 28th June 2005:

Complaints: Burning sensation in urethra was gone, better on prostermia, less aching and weakness at the waist, less damp feeling at the scrotum and perineum and bowel movement was less greasy; still frequent urination. Light red tongue with white –moist coating; wiry and rolling pulse.

Modification of last prescription: Zhihuadiing and Zexie were removed Shanyao 10, Cangzhu 10, Tusizi 15 were added. Patent herbs Wuziyanzhong Wan and Liuweidihuang Wan were prescribed.

Advice to patient: drink more water, eat more fruits but less pungent and spicy food..

The third visit 20th July 2005:

Complaints: no more frequent urination and burning sensation in urethra; feeling less weak and fatigued, prostermia and damp feeling of scrotum and perineum were gone; bowel movement became normal, good

appetite; but disturbed sleep, waking up at midnight; light red tongue with white coating. Deep and slow pulse,

Second sperm test: Sperm density: 0.8millions/ml; PH: 7.5; Sperm motility: rapid progressive <A> 45.7%, slow progressive 35.4%, no Progressive <C> 12.6%, immotile <D> 6.3%

The result was almost normal. Patient disliked the herbal taste so he was given patents herbs only: Liuweidihuang Wan, Wuziyanzong Wan, Renshengui Wan. A sperm test was booked again in 8 weeks.

His wife was pregnant after a month and she gave birth to a healthy baby girl in April 2006.

Discussion:

For treating male infertility with TCM, it is firstly necessary to identify the reason for it. We should differentiate the patterns: deficiency or excessive, cold or heat; and balance conditions of Qi and blood, Yin and Yang. We should connect the methods of differentiation of syndromes and identification of diseases to find a treatment routine.

Through my clinical experience of many years, I believe that it is an important principle to strengthen kidney and complement the Essence. The key point of the treatment should be focused on kidneys. To treat the primary, we need to tonify kidney or spleen; to tonify kidney, we need to nourish kidney Yin, Strengthen kidney essence or reinforce kidney Yang. To treat the secondary, we need activate blood circulation, resolve phlegm, clear heat, promote Qi circulation, or dispel cold, etc. All these treatment methods must be chosen according to pattern differentiation in order to achieve successful effects.

(Originally translated by Dan Jiang, revised by Andreas Feyler and Huijun Shen)

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中医辨病治疗阳痿

窦占江

十年前,美国辉瑞公司生产的伟哥上市,为男性勃起功能障碍的治疗可以说起到划时代的意义,按临床经验表明:伟哥只能解决部分勃起功能障碍患者的苦恼,而改善情况是临时性的,还有许多病人困患有心脏病或其他心血管疾病不便使用伟哥,往往求助于中医中药。现就本人临床中医辨病治疗阳痿的体会作简要介绍,希望对各位有所帮助。

一 糖尿病阳痿:

本病的发生机理其实并不在于糖尿病本身,而是糖尿病所致的神经,血管功能改变引起勃起功能障碍。血管以及支配血管的末梢神经的损害,导致阴茎勃起过程中血管不能充分舒张及充盈,而致阴茎勃起不全或完全不能勃起。糖尿病性阳痿的初起阶段虽已有实质性损害,但其损害程度毕竟不重,而且同时多半有功能性因素。因此,应抓紧病变初期的治疗,不可延误过久。一旦其神经,血管的损害逐渐加深,加重,则可能产生不可逆性的病理改变,其治疗难度则明显加大,难以治愈。

中医认为糖尿病的主要病机在于阴虚,而出现神经及血管病变导致阳痿的病理机制则多责之于在阴虚的基础上出现血瘀或气阴两虚的病理改变。故在滋阴清热治疗糖尿病的基础上,应加入益气活血通络等改善阴茎勃起功能的药物。

代表方剂:山药,人参,生地黄,熟地黄,麦冬,天花粉,葛根,石斛,覆盆子,黄精,川芎,当归,当归,丹参,红花,赤芍,川牛膝,生牡蛎等。

二 血管性阳痿:

血管性阳痿是器质性阳痿最常见的类型之一,临床多见,约占器质性阳痿的35%左右,临床通常分为动脉性阳痿和静脉性阳痿两种。中医认为阴器的经血充盈为肝脉所主。动脉性阳痿和静脉性阳痿都是肝经气血失调所致,立法用方当注意调和肝脉的气血。动脉性阳痿阴茎动脉血流减少是“瘀滞”所致。中医的治疗机理主要是运用活血化瘀的方药,改善阴茎动脉供血,促进阴茎动脉的血流增加;静脉性阳痿阴茎静脉血流增多是“气失固摄”或“气血失调”所致,中医的治疗机理主要是益气活血的方药,减少阴茎静脉的血流量,同时增加阴茎动脉的血流量。

代表方剂:血府逐瘀汤,柴胡疏肝散,当归补血汤,桃红四物汤

1. 柴胡疏肝散:治疗动,静脉性阳痿均可使用。其方中四逆散疏肝理气,加香附气中血药,加川芎血中气药,二药能畅达情志,条理肝脉气血,使阴茎动脉功能协调,阴茎勃起有力。
2. 血府逐瘀汤:治疗动脉性阳痿。方中用当归,熟地,川芎,赤芍,桃仁,红花活血养血,牛膝引药下行,柴胡引药入肝,柴胡枳壳疏肝理气以助血行,诸药合用,能通肝脉,改善阴器的供血。
3. 当归补血汤:治疗静脉性阳痿,动静脉混合性阳痿。方中重用黄芪,能大补肺脾之气,亦能补肝气,因而有防止血液在人体内无抵流失的作用,包

括控制血液在脉道中的正常循行,合活血养血之当归,能补肝气,调肝血,使阴茎动脉气壮血旺,阴茎静脉气固血摄。

4. 桃红四物汤:宜于治疗阴茎动脉硬化性阳痿病程长者。本方有养血活血,调理肝脉,增加阴茎血流量的作用。

三 高血脂性阳痿:

近年来,随着人们物质生活水平的不断提高,体力劳动和运动相对减少,膳食结构发生了很大变化,脂肪类食物,烟,酒大量的摄入,再加上社会步入老龄化阶段,高脂血症的病人有逐渐增高的趋势。高脂血症患者的血液流变学以及血管管径等的改变使得阴茎血流灌注显著下降而导致阳痿的发生;高脂血症的同时可能伴有肝病,肾病综合征,甲状腺功能减退,糖尿病等疾病。因此,高血脂性阳痿可能是单纯高脂血症所为,也可能是以高脂血症为主,同时合并有其它疾病协同作用所致。

对于高血脂性阳痿的治疗。一是针对高脂血症,从中医化痰泄浊的角度治基本;二是从血液流变学及血管因素着手治其标。标本兼治而在纠正高脂状况的同时,改善血液粘稠度及血管功能,从根本上解决阳痿问题。

代表方剂:二陈汤,复元活血汤加减。

常用药物:陈皮,半夏,茯苓,苍术,厚朴,白术,瓜蒌,丹参,当归,川芎,三棱等。

四 高血压性阳痿:

高血压所致阳痿实际上多为因高血压而服用一定的降压药物出现的阳痿。因此,严格地讲,应为抗高血压药物所导致的阳痿。从当前治疗高血压情况来看,几乎所有的抗高血压药物都可以并发勃起功能障碍。尤其是作用中枢的交感神经阻滞剂,可通过抑制中枢神经系统,提高泌乳素水平,降低性欲;交感神经抑制剂在引起勃起障碍的同时可以并发射精障碍;B-阻滞剂能引起睾酮水平降低,其中以心得安的作用最强;理论上利尿剂及扩血管类药可以影响勃起能力,应用利尿剂组比对照组勃起功能障碍的发生率要高2-4倍。严重动脉粥样硬化的患者,需要较高的血压才能有充分的血液流量抵达阴茎而产生勃起,而利尿剂和血管扩张剂能使血管扩张,血管压力下降,阴茎的血容量亦随之减少,血压下降,从而导致勃起功能不全,进而引发阳痿。

对于高血压性阳痿的治疗主要集中与两个方面:一是中药替代西药抗高血压治疗:但目前此法尚不成熟,片面地使中药抗高血压治疗而停用西药抗高血压药来缓解阳痿的发生,由于中药抗高血压的作用不确切,有可能发生其他严重的后果。正确的做法是在不同类型的西药抗高血压药中选择较为适合的抗高血压药,将对阴茎勃起影响的副作用降至最低才是最重要的。另一方面,中药单独抗高血压治疗虽未成熟,但在西药抗高血压药治疗的同时,配合中药治疗不仅可以减少西药的用量,而且可以消除或减少西药治疗中出现的副作用,降低阳痿的发生率。中医治疗高血压性阳痿,最主要的治则一是滋阴潜降,二是充润宗筋。

滋阴潜降代表方剂：以天麻钩藤饮合杞菊地黄汤加减为主。

常用药物：天麻，钩藤，生石决明，夏枯草，菊花，桑寄生，女贞子，枸杞子，石斛，地黄，泽泻等。

充润宗筋的代表方剂：以柴胡疏肝散和桃红四物汤加减为主。

常用药物：柴胡，郁金，川芎，葛根，川牛膝，枳壳，红花，蜈蚣等。

典型病例：高血压性阳痿

弗兰克(Frank) 男 52 岁 病历编号：F00215 号

一、初诊：2006 年 4 月 28 日

主诉：阴茎勃起不坚，或完全不能勃起，伴性欲减退，早泄 6 年余。

病史：10 年前患高血压病，当地医生给予西药降压治疗（具体用药名称及用量不详）一直至今。否认糖尿病史。

生活史：不吸烟，不酗酒，偶尔周末引少量红酒或啤酒。

查体：血压 150/95mmHg，面红气粗，体壮，舌尖红，舌体暗红，舌苔薄白腻，脉沉弦滑。

该患者喜食冷饮，性情急躁易怒，心烦眠差，大便粘腻。且对中国文化兴趣浓厚，喜食中餐，相信中医，接受中医，对其交待中医治疗方案，疗程及预后和有关注意事项后，随投中医处方治以滋阴潜阳，疏肝振痿之法。

处方：

天麻 10g，（先煎）钩藤 10g，草决明 15g，夏枯草 8g，菊花 8g，女贞子 10g，枸杞子 10g，菟丝子 10g，炒枣仁 15g（先煎），石斛 15g，当归 10g，川芎 15g，川牛膝 10g，郁金 10g，生地 15g

水煎服 日二次

二诊：上方口服 14 剂后复诊诉阴茎勃起硬度较前转好，与妻过一次性生活约持续 10 分钟左右，心情舒畅，睡眠改善，大便日一次，不粘腻。查舌质淡红，苔白润，脉沉弦细。

上述诸象为药法对症，遵上方减郁金，炒枣仁，加肉苁蓉 20g，僵蚕 10g（粉）水煎服，投 14 剂。

三诊：诉阴茎勃起硬度较前明显增强，性欲增强，约每 7 天左右过性生活一次，每次约持续 10-12 分钟，患者对疗效满意。

查体：舌质淡红，苔白，脉沉弦。血压：145/90mmHG

处置：嘱病人可以减西药降压药 1/3 用量，继续服以下处方汤剂：

钩藤 10g，草决明 15g，天麻 10g（先煎），川牛膝 10g，川芎 15g，枸杞子 10g，

生地 10g，首乌 15g，玄参 10g，赤芍 10g，当归 15g，肉苁蓉 15g，菟丝子 10g，麦冬 10g，白蒺藜 20g

水煎服 2 日一剂 早晚分服

遵上方再服药 40 天左右，来电话诉心情舒畅，无心烦易怒，饮食睡眠均好，嘱其把西药减 1/2 用量后继续口服。病人诉性欲好，阴茎勃起硬度满意，约 7-10 天与妻过一次性生活，双方对性生活质量满意。随访一年余，无阳痿复发。



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。

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The Development of Wind Aetiology in Chinese Medicine. Part Two - Clinical Application

by Attilio D'Alberto

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

Historically, the demon wind resided in caves, tunnels, or valleys created by Pan Gu as he emerged from the egg (ancient China's version of the big bang theory) (Zhang and Rose 1995). These caves, tunnels and valleys are also used in acupuncture literature to designate points in the skin through which qi is able to penetrate the body (as well as flow out) and at which it is appropriate to apply needles in order to influence the inner qi (Unschuld 1985). Certain acupuncture points are more appropriate than others when influencing wind type patterns, for example, in the Shang Han Lun it states "When in greater yang disease, [the patient] has initially taken Cinnamon Twig Decoction (Gui Zhi Tang), but is vexed and [the exterior] is unresolved, first needle Wind Pool (Feng Chi - GB 20) and Wind Mansion (Feng Fu - DU 16)". Again in the Essential Questions, the Yellow Emperor says "I have heard that wind is the beginning of the hundred diseases; what is the method of treating it by acupuncture"? His adviser Qi Bo replies "Wind enters from the exterior giving rise to shivering, sweating, headache, heaviness of the body and aversion to cold. Treat it by needling Feng Fu DU-16" (cited in Deadman and Al-Khafaji 1998).

Wind can be separated into two categories: external and internal. Symptoms vary, depending on whether wind has affected the zangfu, blood vessels, or channels. External wind is associated with Mankind's surrounding environment, whilst the concept of internal wind was born out of the need to treat one of the four major problems of internal medicine, wind stroke (zhong feng). Prior to the Tang dynasty (618-907AD), external wind was thought to be the principal factor in causing wind stroke. Centuries of clinical experience determined later that exogenous wind was not the causing factor. When physicians of the Song (960-1279AD) and Yuan (1279-1368AD) dynasties recognised that external wind treatment was insufficient, and indeed sometimes dangerous, they proposed the theory of internal wind (Maclean and Lyttleton 2000). This new concept of the body having and being able to produce its own internal wind fitted with the ancient Chinese theory of the human body representing a microcosmic replica of the whole universe with its own geological system. At this point, wind moved back from a macrocosmic, naturalistic perspective to a microcosmic level. This important development in Chinese medicine signalled the unification of wind as a dualistic pathogen and allowed it to open a new front of attack against its greatest adversary, qi.

It is possible for a person to suffer from both external and internal wind at the same time. External wind can lead to internal wind, however internal wind cannot directly

generate external wind, but can cause enough internal disruption to weaken the body's defences and allow external wind to invade.

There are six types of qi that manifest in the natural environment in six different forms; wind, damp, dryness, cold, heat and summer heat. The notion of wind being classified as a form of qi probably occurred as the concept of qi populated the Suwen. These six climatic factors were first recorded in the Suwen, but were segregated and never acted together in disease formation. During the Han dynasty the six pathogenic factors were then categorised together (Zheng 2005). Under normal conditions they do not produce pathological changes in the body (Cheng 1999). Many environmental variations can combine with wind. In the text 'Shen Nong Ben Cao Jing', the different types of wind and other pathogenic factors were united together and disorder category names used, i.e. wind-cold, wind-damp, wind-heat, etc (Zheng 2005). In the Shang Han Lun, the terms wind-cold, wind-damp, wind-heat, etc were also used. During the Sui and Tang dynasties the knowledge of wind disorders advanced rapidly, then during the Song and Yuan dynasties, wind disorders was one of thirteen specialist fields. The most comprehensive collection of writings on wind was written during the Song dynasty by Zhao Da Zhong, titled Feng Ke Ji Yan Ming Fang, a collection of twenty-eight volumes. In the Qing dynasty, wind patterns were further classified within Wen Bing theory in the classical text Wen Re Jing Wei (Zheng 2005). When the six types of qi are imbalanced they become the six exogenous pathogenic factors, all of which can damage yin, yang, qi and blood. This imbalance and change from the six types of qi to the six evil qi occurs when the climatic changes are either extreme or sudden, or when the body's resistance is low.

Wind is the most important class of exogenous pathogen and one that heads the six evil qi. The other five types are seasonal, whereas wind exists all year round and causes disease whenever the defensive ability of the body declines (Chen 1997). Wind acts as a vehicle for the other five pathogenic evils to enter the body. It then acts to command the movement of the accompanying exogenous evils' attack against the genuine qi, similar to qi commanding the movement of blood. Once inside, the exogenous pathogens form powerful destructive unions. In the process of causing disease, the six exogenous factors may influence each other and may, under certain conditions, transform into each other. For example, pathogenic cold can transform into heat and prolonged summer heat can result in dryness by consuming the body's yin (Cheng 1999).

Wind follows a set pattern of attack that's well

documented within the Suwen. It progresses through the body via the jingluo system, much like natural wind moving through caves and tunnels. The Huang Di Nei Jing Su Wen lists a system of categorisations with sub categorisations. The diaphragm divides the body into two distinctive halves, above the diaphragm is yang and below it is yin. The two organs above the diaphragm are the heart and lung. Within the fourfold sub categorisation of yin and yang dualism, the heart is labelled yin and the lung yang, as yang goes above yin (Unschuld 2003). This explains why wind, air in motion; a yang evil, attacks the lung first, as stated in chapter 29 of the Suwen; “When one is invaded by a robber wind or depletion evil, the yang [conduits] receive it...Hence the yang [conduits] receive the wind qi...Hence if one was harmed by wind, the upper [part of the body] receive it first”. However, if wind strikes in spring, it attacks the liver first. Once the lung has been attacked by wind, the pathogen can move to its dualistic opposite, again based upon the four fold sub categorisation of yin and yang, to the pericardium, as Ye Tian Shi states “When warm pathogens attack above, they first attack the lungs and then counter-transmit into the pericardium” (Jian and Seifert 2000).

The metaphorical value of wind as something that moves constantly was used to explain a moving block, known as a bi (obstruction) pattern. Allopathic syndromes, such as arthritis, correspond with bi patterns. The Suwen states “When the three qi; wind, cold and dampness arrive together, they merge and cause a block. In the case wind qi dominates, this causes ‘moving block’. In the case the cold qi dominated, this causes ‘painful block’. In the case the dampness qi dominates, this causes ‘attached block’”. “If one encounters these [qi] in winter, this leads to bone block. If one encounters these [qi] in spring, this leads to sinew block. If one encounters these [qi] in summer, this leads to vessel block. If one encounters these [qi] in [the period of] extreme yin, this leads to muscle block. If one encounters these [qi] in autumn, this leads to skin block”. Bi patterns are caused by an external wind which is often accompanied by another climatic evil, for example cold. Together they progress through the body, blocking the jingluo and inhibiting the movement of qi and blood. Bi patterns are not caused by an internally generated wind.

Diagnostics

The parameters listed by Qi Bo as decisive for determining the present location of wind diseases include the inspection of a patient’s complexion, as stated in the Suwen; “The appearance of lung wind [is such]: Their [facial] colour is a pale white. It is diagnosed above the eyebrows; the colour there is white. The appearance of heart wind [is such]: Their [facial] colour is red. It is diagnosed at the mouth; the colour there is red. The appearance of liver wind [is such]: Their [facial] colour is slightly greenish. It is diagnosed below the eyes; the colour there is green-blue. The appearance of spleen wind [is such]: Their [facial] colour is slightly yellow. It is diagnosed above the nose; the colour there is yellow. The appearance of kidney wind [is such]: Their [facial] colour is [that of] soot. It is diagnosed above the jaws; the colour there is black”. The previous passage reiterates wind’s

involvement in all diseases and is a further elaboration of the chapter titled ‘Discourse on Various Issues Concerning All Winds’. According to this chapter, wind lies at the root of all diseases and therefore wind can be observed on the patient’s face using facial diagnostic methods mentioned above.

Another indicator of wind’s presence is watering of the eyes, as chapter 42 of the Suwen states: “In case the [afflicted] person is fat, then the wind qi cannot flow away toward outside. This, then, causes a heated centre and yellow eyes. In case the [afflicted] person is lean, then [the wind qi] flows away toward outside, and [the patient feels] cold. This, then, causes a cold centre and tears to flow”. Yellowing of the sclera is a clear indicator of jaundice, a liver disorder. Watering of the eyes occurs when wind pushes water out of the eye like wind lapping up the sea onto the beach shore. The tears are associated with a loss of liver yin or liver blood.

A wind pulse will always mimic the characteristics of wind in nature. Wind is yang and floats; hence a floating pulse corresponds to a wind pattern. Zhang Ji’s analysis of the floating pulse is interesting: “In reverting yin wind strike, a pulse that is slightly floating indicates [the person is] about to recover. [If the pulse] is not floating, it means [the person will] not yet recover” (Shang Han Lun). When the pulse is floating, it can indicate an exterior pattern, but it can also be a sign the disease is moving outwards prior to recovery as the genuine qi fights with wind and forces it out from the body. During this phase it is important the patient remains covered and protected from climatic evils. As wei qi opens the pores of the skin to expel the defeated pathogen, a fresh wind can enter and launch a new vicious attack creating a renewed cycle of disharmony.

External wind

The clinical manifestations of external wind greatly reflect wind in nature; it affects the top half of the body (like a tree being blown by wind), has a rapid onset (intense action), the migration of signs and symptoms from one area of the body to another (swift movement and lightness) and it ascends, pervades with its upward, outward movement (Beijing University of TCM 1998, State Administration of TCM 1995, Wu and Zhu 2002). Wind can only gain entry into the body via the skin, mouth and nose if either; the wei qi is weak and the wind qi is stronger, the wind qi attacks the body where vital qi is deficient or if wind qi accumulates, making genuine qi deficient. The body may be ‘hit’ (chung) by outside agencies such as wind and therefore possesses ‘guards’ (wei) and ‘army camps’ (ying) to deal with intruders (Unschuld 1985).

Wind patterns

Wind attacking by itself is known as a greater yang-wind strike pattern (Mitchell, Ye and Wiseman 1999). The primary signs of wind attack are headache, fever, an aversion to wind and cold, spontaneous sweating and a pulse that is floating and moderate. Zhang Ji summed up the pathomechanism of these signs in the Shang Han Lun:

“weakness in the construction and strength in the defence”. The defence is yang and defends the exterior. The construction is yin and nourishes the exterior. When wind invades the exterior, the defence yang floats exuberantly to the exterior to resist the invasion, causing fever. Thus, here “strength in the defence” means that the defence has contracted the evil. It is not a statement of the physiological strength of the defensive yang. As wind invades, the defensive yang is less effective in performing its basic functions, is unable to secure the exterior; construction-yin is not contained and spontaneous sweating occurs. Sweating in the Shang Han Lun is termed “weakness in the construction”, referring to the deficiency of the defensive qi and its inability to contain yin-construction (Mitchell, Ye and Wiseman 1999).

When a wind pattern has lasted for five to six days and has moved from greater yang to lesser yang, half exterior-half interior, there are alternating signs of chills and fever as Zhang Ji writes: “When in wind damage [that has lasted for] five to six days, [there is] alternating [aversion to] cold and heat [fever]; [the person] suffers from fullness in the chest and rib-side, taciturnity with no desire for food or drink, heart vexation and frequent retching, or possibly [there is] vexation in the chest and no retching, or thirst or pain in the abdomen, or a hard glomus under the rib-side, or palpitations below the heart with inhibited urination, or absence of thirst with mild generalised heat, or cough; then Minor Bupleurum Decoction (xiao chai hu tang) governs”. Alternating fever and chills are unique to lesser yang diseases. In greater yang patterns, aversion to cold and fever appear simultaneously. In yang brightness patterns, fever occurs without an aversion to cold. In malaria or malaria-like patterns, alternating aversion to cold with fever can be seen, but generally it occurs at set times of the day every other day (Mitchell, Ye and Wiseman 1999).

Women are particularly vulnerable to wind attack, especially before the start of their menstrual cycle. During this time, wind is given an opportunity to enter the blood chamber, as the Shang Han Lun explains: “When a woman with wind strike has fever and aversion to cold, and the menstrual flow happens to arrive, [then] seven or eight days, [after] contracting [the illness] the heat is eliminated, the pulse is slow, and [there is] generalised coolness, fullness under the chest and rib-side, [and] signs like chest bind and delirious speech, this means that the heat has entered the blood chamber. One should needle Cycle Gate (Qimen LV14), choosing this point in the view of the repletion”. The menstruation empties the blood chamber of blood each month. This leaves an emptiness that wind exploits and enters to fill. After seven or eight days, wind transforms into heat and binds with the blood causing malaria-like symptoms; “When a woman with wind strike [that has lasted for] seven or eight days, has periodic heat [effusion] and [aversion to] cold and the menstrual flow happens to stop, this means that the heat has entered the blood chamber and the blood will bind, causing a malaria-like condition that occurs at [set] times; [therefore] Minor Bupleurum Decoction (xiao chai hu tang) governs” (Mitchell, Ye and Wiseman 1999). Wind can also strike after childbirth using the same

mechanism as above. Zhang Zhong Jing states in such circumstances to use the herb Bai Tou Weng (*Radix Pulsatillae Chinnensis*). The classical text Ben Cao Wen Da states this herb works well because in its natural environment, the plant doesn’t move when the wind blows. The colour of the plant is also white, the colour of metal and so controls wood. The taste is bitter and can clear wind and heat.

Wind-cold patterns

This pattern involves wind and cold, a yin pathogenic factor, which injures yang. Wind cold enters through the pores, tai yang channels and lung where it obstructs the circulation of yang qi and blood (table 1) (Maclean *et al.* 2000). Symptoms often manifest as pain and discomfort, such as painful obstruction syndrome (Maciocia 1989). Its main clinical features include acute simultaneous fever and chills as the wei qi fights against the pathogen. Aversion to wind is more predominant than fever, sweating is absent as cold contracts the skin’s pores. There will also be accompanying occipital headache, muscle aches and a stiff neck. Zhang Zhongjing states in the classical text ‘Synopsis of Prescriptions of the Golden Chamber’, that wind and cold affecting the lung will cause the symptoms of nasal obstruction or rhinorrhoea with a thin, watery mucus. This is caused by the impairment of the lung’s dispersing and descending function. There may also be sneezing, coughing or wheezing, a thin white tongue coating and a floating or tight pulse (constriction by the cold) (Flaws and Sionneau 2001).

Wind-heat patterns

Chen Ping Bo states in the classical text ‘Wen Bing Xue’, that wind-heat patterns occur in either spring or winter (Jian and Seifert 2000). This pattern is very similar to wind-cold as it interferes with the circulation of defensive wei qi in the skin and muscles. This leads to an aversion to cold since interference with wei qi inhibits its function in warming the skin and muscles (table 1). As both wind and heat are yang pathogens, the symptoms tend to focus in the upper part of the body. The main clinical features include fever with mild chills or no chills, sore, dry or itchy throat, mild sweating, headache (usually frontal), thirst, cough with thick or sticky yellow mucus, nasal obstruction, or nasal discharge that is thick and yellow or green with a red tipped tongue, a thin yellow coating and a floating, rapid pulse, all yang type symptoms. According to Wen Bing theory, treatment will depend upon wind-heat’s evolvment through the body, as Ye Tian Shi writes “For pathogens in the defence aspect, use sweat-inducing medicines”. For transmission of pathogens into the qi aspect, it is suggested to use acrid cold heat clearing medicines or bitter cold attacking below medicines. If the pathogen obstructs the pericardium, use heart, orifice opening medicines. During the final stages, when pathogenic heat is weakened and the lung and stomach yin are damaged, use sweet cold clearing and nourishing medicines to treat the lung and stomach yin (Jian and Seifert 2000). Fever in wind-heat patterns is more severe than in wind-cold patterns, where

the fever is slight but the aversion to wind is great.

Wind-damp patterns

This pattern is a yin pathogenic factor (table 1). As wind-damp invades the skin, it migrates around the body, causing qi stagnation, blood stasis and painful obstruction syndrome (Maciocia 1989). Symptoms are not confined to

the upper part of the body alone as dampness tends to sink, where it is whipped up by wind and propelled around the body. Symptoms will present as pain, discomfort, aversion to wind, lethargy, loose-sticky stools, abdominal distension, a thick white tongue coating and a floating, sluggish pulse; all damp type symptoms.

| Common Characteristics | Pattern | | Clinical Manifestations | |
|---|-----------------|--|---|--|
| <ul style="list-style-type: none">• Sudden onset• Rapid change in symptoms and signs• Migration of signs and symptoms• Causes tremors, stiffness, convulsion and paralysis• Affects the top half of the body• Affects the Lung first• Affects the skin• Causes itching | Exogenous wind | Wind | Fever, aversion to cold, sweating, cough, thin white tongue, floating pulse and nasal obstruction | |
| | | Wind-cold | No sweating, marked aversion to cold, light fever, deep headaches, joint ache, thin white coating on tongue, floating tight pulse, clear urine, painful obstruction syndrome | |
| | | Wind-heat | High fever, slight aversion to cold, headache, red eyes, sore throat, thirst, dark yellow urine, sides and tip of tongue red, floating rapid pulse and yellow nasal discharge | |
| | | Wind-dampness | Exterior | Fever, aversion to wind, sluggishness, soreness in the limbs and sweating |
| | | | Superficial area of the body | Itchy skin, skin rashes and eczema |
| | | | Interior | Swollen face, swollen neck, little urination, aversion to wind, fever, cough, little thirst, floating pulse and painful obstruction syndrome |
| | Wind-dryness | Dryness of throat, lips, tongue, mouth, skin and stools, with scanty urine | | |
| | Endogenous wind | Blood deficiency | Numbness, dizziness, blurred vision, slight tremors, tics, pale tongue, twitching and slow feeble pulse | |
| | | Liver-yang rising | Severe dizziness, vertigo, headaches, general irritability, tremors, numbness, coma and wind-stroke | |
| | | Extreme heat | High fever, delirium, coma, opisthotonos, convulsions, rigidity, deep red tongue, spasm and rapid forceful pulse | |

Table 1. Summary of exogenous and endogenous wind (adapted from Yanchi 1998).

Wind-dry patterns

This pattern involves a yang pathogenic factor that injures blood and yin. It can occur in dry climatic conditions or in artificial environments, such as in very dry, centrally-heated buildings. It may also follow a wind-heat attack that dries and damages body fluids. The lung is especially sensitive to dryness as it needs moisture to expand and contract freely. The clinical symptoms include dryness, particularly in the nose, lips, mouth and throat. This will be accompanied with cracked lips, mild fever, aversion to wind and cold, headache, slight sweating, dry cough with little or no mucus, dry tongue with a slightly red body and

a thin white coating, with a floating, wiry and possibly rapid pulse as the dryness turns to heat.

Wind-stroke patterns

Wind-stroke is primarily classified as an internal wind disorder. However, when external wind invades the body and enters the channels it mimics internal wind-stroke symptoms of facial paralysis or motor dysfunction (Maclean and Lyttleton 2000). Symptoms include numbness or motor dysfunction of the extremities, sudden facial paralysis, dysphasia, possible fever and chills, arthralgia, a thin, white tongue coating and a floating,

wiry, thready pulse.

Internal wind

Zhang Zhongjing describes in the classical text 'Synopsis of Prescriptions of the Golden Chamber' how external wind affects the liver; "When the liver is affected by pathogenic wind, the patient feels pain on both flanks and walks with his back bent. His head shakes and eyelids jump. He begins to show a preference for sweet food" (Luo 1995). It wasn't until later, during the Song and Yuan dynasties that internal wind was formulated and these preceding symptoms were categorised as being induced by an internal wind rather than an external pathogen.

The writings of Liu Wansu, Zhu Danxi, and Li Dongyuan all describe the existence of an internal wind, yet they focused on different internal mechanisms that may be responsible for its production (Fruehauf 1994). In general, internal wind is caused by a physiological dysfunction involving a blood or yin deficiency, or extreme heat. It was the physician Zhu Danxi who proposed the concept of wind-stroke and sought to control it by "treating the blood first before treating the wind" (Tian and Damone 1992). To understand this treatment strategy we need to look at how wind is created. In the external environment, wind is formed as a result of differentials in air pressure that exist between cells of air that form in the atmosphere. We often talk about wind "blowing" but actually wind is more a result of suction. Areas of relatively low pressure (yin) suck in air from areas of relatively high pressure (yang) and create movement, which we term wind. These areas of low pressure have within them an area of emptiness (vacuity/deficiency) that initiates the movement of air. This can be applied to internal wind, where an area of emptiness (vacuity/deficiency) is filled by wind. Wind follows the same principles of qi as it strives to find a balance within its surroundings, yet this 'balance' results in a negative effect upon the host. To eradicate internal wind, it is necessary to follow Zhu Danxi's strategy and tonify blood to obtain a therapeutic effect. By tonifying and regulating blood, the quantity of blood increases. Some commentators interpret Zhu Danxi statement of "activating the blood so that wind may automatically subside" to imply that blood simply replaces the internal wind. But where does the internal wind go? Is it forced out by the increased quantity of blood? Or using dualism theory, as the quantity of blood increases, is it the requirements of blood to be commanded by qi that forces wind to mutate into its dualistic opposite, qi? Within Chinese medicine theory, blood is the mother of qi; if a lack of blood is unable to restore qi (mother is unable to restrain the son), the son (qi), becomes reckless, ruins the mother and mutates into wind, which counteracts against blood.

The mechanisms of internal wind patterns have a clear scale of severity. Blood deficiency patterns cause a mild internal imbalance, yin deficiency with yang rising leads to a stronger imbalance and in cases of extreme heat, the greatest imbalance is seen. In blood deficiency patterns, a quantity of qi becomes unanchored and it floats about as

wind. In yin deficiency patterns, yang becomes involved, making the imbalance worse because the volume of qi has increased. In extreme heat patterns, the heat is strong enough to break the link between qi and blood, allowing an abundant amount of qi available to become wind (Scott 2003). The treatment methods used for extreme heat patterns illustrates this as they involve anchoring (settling) the qi down with heavy minerals, such as Dai Zhe Shi (*Haematitum*), Mu Li (*Concha Ostreae*) and Long Gu (*Os Draconis*), to reunite the connection with qi and blood and quell internal wind.

Blood deficiency patterns

Within this pattern there are two possible ways in which symptoms arise. As blood is deficient there is an excessive amount of qi willing to command it. This abundance of qi can develop into internal wind. In addition, as blood is deficient, it's unable to perform its function of nourishing the tendons and muscles. Both pathomechanisms cause the symptoms of twitching, uncontrolled muscle movements, limb numbness, muscular contracture, reddish tongue or red tongue with insufficient fluid and a thready pulse (as the blood is scanty and the vessels are empty) (Peng 2000). Liver blood relies on kidney jing to nourish it and only plentiful liver blood can be transformed into kidney jing. When kidney jing withers and dries up during mid-life, liver blood becomes insufficient, thereby increasing the chances of this pattern occurring (Li 1989). Allopathic medicine conditions associated with this pattern include Parkinson's disease.

Liver yang rising patterns

The liver is the 'resolute organ'; it must receive yin from the kidney and be moistened by it (water fails to nourish wood). Common symptoms of this pattern include trembling, stiffness and progressive impairment of movement. Allopathic medicine conditions associated with this pattern include Parkinson's disease. Parkinson's disease manifests with specific symptoms such as trembling, stiffening of the muscles, restriction of movement and the obstruction of certain reflexes of the body. The text Zhengzhi Zhunsheng (Criteria for the Treatment of Disease) states: "Trembling of both hands, often seen simultaneously with uncontrolled tremors of the head, is due to the inability of the tendons to restrain; that belongs to liver wind." It also states: "The neck is the meeting point of all the yang channels. When the liver qi rushes upwards, the head will start moving by itself; ... when it spreads into the four limbs, the hands and feet will move and the head will stay still." Other symptoms include phlegm, mental confusion, dizziness, a tendency to fall over, severe headaches, numbness and tremor or involuntary limb movement, difficulty in speaking, walking haltingly, a red tongue and a wiry, thready, rapid pulse or a wiry, tense pulse (Peng 2000). This develops when the rising, disruptive forces of yang are unleashed, creating internal wind. As wind is yang in nature, it floats upwards, forcing qi and blood up with it. When wind attacks the heart and the head (via the liver channel) it injures the spirit (shen), causes mental disorientation and

a loss of consciousness. Difficulty in speaking and aphasia are due to a heart disturbance. If phlegm is present, wind propels it to obstruct the heart orifices. This further contributes to mental disorientation. There are a number of important herbs that are used to eradicate internal wind, for example, in the classical text Ben Cao Wen Da, it states that Tian Ma (Rhizoma Gastrodiae Elatae) is especially good at combating internal wind. In its natural environment when wind blows Tian Ma (Rhizoma Gastrodiae Elatae) doesn't move, but when the weather is calm, it gently sways.

Extreme heat patterns

This pattern (table 1) occurs in the late stages of a febrile disease when wind-heat enters the blood level and generates internal wind (Maciocia 1989). Hyperactivity of pathogenic heat injures both qi and blood, causing their separation. Qi is light, mostly invisible; if let free, it rises, hence it is considered yang. Blood is a thick liquid; if let free, it flows downward, hence it is categorised yin (Unschuld 2003). This separation can allow qi to mutate into wind, as qi has lost its purpose of commanding blood. The internal wind then rises to harass the clear openings (heart orifices) resulting in dizziness and distending pain in the heart. When extreme heat wind attacks the pericardium, it injures the spirit (shen), disturbs the mind, and causes mental disorientation and coma (Brown 1984). Transverse penetration of the channel vessels causes vexation of the hands and feet and convulsions. Limb rigidity, tightly closed jaw, upward gazing eyes and arched back and rigidity are manifestations of stirred wind as it burns liver yin, with liver blood failing to nourish tendons and muscles, causing them to become hot, rigid and dry. The dorsally arched posture is partly due to the attack by extreme heat on the du channel, the sea of yang. Allopathic medicine conditions associated with this pattern include epilepsy.

Extreme heat generating internal wind occurs more commonly in children, i.e. fright wind, as a complication of febrile diseases like measles, encephalitis and meningitis. Other symptoms include pyrexia with polydipsia, opisthotonos, unconsciousness, crimson tongue, yellowish fur and a wiry, rapid pulse (Peng 2000).

Wind-stroke patterns

The classification of wind stroke patterns are divided into either jingluo stroke, zangfu stroke or both together at the same time. Allopathic medicine conditions associated with these patterns include transient ischaemic attacks (TIA) and cerebro-vascular accidents (CVA).

Jingluo stroke patterns

This pattern affects the channels only and does not cause a loss of consciousness. The main symptoms are facial paralysis, dysphasia and hemiplegia. There are usually predisposing factors such as a yin deficiency or phlegm heat, which are generally seen in older people.

Yin deficiency with liver yang rising patterns

The mechanisms of this pattern are the same as the liver yang rising pattern above. Clinical features include dizziness, vertigo, headache, tinnitus, blurred vision, pressure behind the eyes, sudden loss of vision in one eye, flushed face, irritability and restlessness, insomnia or restless dream disturbed sleep, lower back pain, hypertension, progressive unilateral motor dysfunction, weakness, paralysis or numbness of the extremities, facial paralysis and dysphasia (Maclean and Lyttleton 2000).

Phlegm heat patterns

Phlegm obstructs the movement of qi and blood. Clinical features include sudden heaviness, numbness or paralysis of the extremities on one side of the body, facial paralysis or dysphasia, disordered consciousness, dry stools or constipation, possible dizziness with copious sputum and drooling. The tongue will be stiff, quivering or deviated to one side, characteristic of a wind/liver pattern, with a greasy yellow coating and a wiry, slippery pulse.

Zangfu stroke patterns

This is a chronic disorder caused by serious damage to the zangfu. Symptoms include a loss of consciousness as well as hemiplegia, facial paralysis and dysphasia. This usually leads to permanent disability or even death (Maclean and Lyttleton 2000). Zangfu stroke patterns are further categorised according to flaccid or closed patterns. When the wind has passed, it leaves the channels either empty (flaccid-type wind-stroke) or closed (spastic-type wind-stroke). Symptoms are unilateral because pathogenic factors attacking at the channel level usually attack one side only (Brown 1984).

Flaccid patterns

This involves the sudden collapse of yang forming a state of unconsciousness caused by a severe deficiency of yin. Yin is unable to balance yang and at the point where they both separate, death occurs. This is different to the separation of qi and blood seen in extreme heat patterns, as qi and blood are merely classified as belonging to either yin or yang rather than being yin and yang themselves. The clinical features include a loss of consciousness or coma, cold limbs, incontinence of urine and stools, pale or swollen complexion, copious sweating, flaccid extremities, a flaccid and pale tongue and a minute pulse.

Closed patterns

This is an excess pattern unlike flaccid syndromes which are formed by a deficiency. The yang qi is imprisoned within the body, which leads to spasms. The excess may be either hot or cold.

- **Hot patterns:** this pattern is yang and usually follows the progression of phlegm-heat or wind-phlegm channel stroke into full unconsciousness. The clinical features include; loss of consciousness or coma, clenched jaw and fists, stiffness or spasm in the limbs, laboured breathing, red complexion, a greasy yellow tongue coating and a slippery, wiry, rapid pulse (Maclean and Lyttleton 2000).

• Cold patterns: this pattern is yin in nature and may follow a constitutionally yang deficient or cold person. Symptoms include loss of consciousness or coma, clenched jaw and fists, stiffness or spasm in the limbs, pale or swollen complexion, cold extremities, copious sputum, a greasy white tongue coating and a deep, slippery and moderate pulse (Maclean and Lyttleton 2000).

Combined jingluo and zangfu patterns

In this pattern, both the jingluo and the zangfu are affected. Symptoms include hemiplegia, facial paralysis, loss of vision and dysphasia. They are a result of a variety of patterns including; qi deficiency with blood stagnation, liver yang rising with blood stagnation, wind phlegm, as well as liver and kidney yin and yang deficiency (Maclean and Lyttleton 2000).

Case file

To explain how external and internal wind can disrupt the body, a case report is given below:

Male, 54. May 2004. Main complaint was paralysis on the left side of the face for 4 days. Symptoms included paralysis and discomfort that started suddenly in the morning at 6.30am, whilst driving with the car window down. At the time of the attack, the patient had a quick temper, bitter taste in his mouth and dizziness. He had a history of hypertension (180/120mmHg) and coronary heart disease. Before the attack he had an aversion to heat, but that had now changed to an aversion to cold. His energy levels were normal and he didn't sweat by day or at night. He complained of insomnia and defecated once a day in the morning. His appetite was normal. He suffered from frequent urination at night and was emotionally stressed with a headache that ran behind the ear. The tongue body was normal in colour but was dry, with a white coating. The pulse was wiry.

This case illustrates both aspects of wind, internal and external. Hypertension, aversion to heat, emotional stress, insomnia and coronary heart disease suggest a history of internal liver wind. Middle age and the withering of kidney yin exacerbated this problem. A recent attack of external wind in late spring caused by driving with the car window down triggered symptoms of facial paralysis, with a sudden onset, an aversion to cold, bitter taste in the mouth, dizziness and a headache that ran behind the ear.

Conclusions

In Chinese medicine, the evolved concept of wind documented by the Suwen signalled a move away from demonist influences such as bugs, towards ontic, naturalistic, environmental factors in disease. With the development of the internal wind concept during the Song and Yuan dynasties, wind as a macrocosmic environmental pathogen developed at a microcosmic level. Wind, the most important environmental factor, now had a dual external and internal characteristic. The representation of the body as a microcosmic replica of the

universe was now complete and Chinese medicine was able to treat one of the four major disorders of internal medicine.

If Chinese medicine had continued to focus its attention upon demonist influences and develop bug aetiology, it is likely they would have eventually discovered bacteria and demonist influences would have been abandoned in favour of microscopic bug influences. However, they did not. Instead, Chinese medicine chose to focus upon Humankind's place in the cosmos with its surrounding environment, behaviour, lifestyle, diet, exercise and variety of illnesses all of which form part of the systematic correspondence framework. What resulted was the broader, dualistic concept of wind; the root of all illness. Not only did this provide a framework to study, observe and treat an array of diseases from ancient times through to today, but it also provided a framework for the expansion and creation of a much more complex and elusive theory, qi itself.

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Effective Use of Mild Acting Herbs

III. Jujube

by Subhuti Dharmananda

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Jujube is known in China as Zao; it has a history of use there that can be traced back continuously to the Han Dynasty, about 2,000 years ago. The usual English term for the fruit is "Chinese date" and that is because it shares a similar size, stone, and sweetness with the date that we know of from the Date Palm, but it is entirely unrelated botanically. The fruit is also known as a "jujube" and the botanical name reflects this: *Zizyphus jujuba*. The plant belongs to the Rhamnaceae, the Buckthorn Family, so-named because of the prevalence of thorny species (*rhamnos* is the Latin for a thorny bush).

There are two types of the fruit commonly found on the Chinese market: red and black. The red one is called Hong Zao (hong = red); this one is used for food, and it is

collected in vast quantities. The dark brown or black one is Hei Zao (hei = black), more often called Da Zao (da=large), since this one is somewhat larger. These are not different species but different types, just as one can find, for example, a variety of small red apples and another of large green apples. The black date is steamed, dried, and then smoked; the last part of the processing gives it the characteristic smoky fragrance and flavour.

The fruit is incorporated into the medical tradition in two ways. As a nourishing food, it is thought to tonify qi and strengthen those who are weak and it is especially given to children who would not tolerate a bitter or acrid herb formula, but can consume these fruits. It is more frequently used in medicinal formulas

to moderate the taste and effect of potent herbs.

In the book *The Food of China* (Anderson 1988), this description of the fruits is given: ...the main fruit of China's core area is the jujube or Chinese date. A thorny bush or small tree of the dry parts of North China, this buckthorn takes over railroad embankments, city yards, factory dumps, loose cliff breaks - anywhere too poor and dry for anything else to grow. A favourite yard tree, it bears fruits that look and taste so much like dates that the Western term "Chinese dates" is matched by the Chinese term "foreign jujube" for the true date, known in China as an import since the early Middle Ages. Jujubes are brown or black. Believed to be so powerfully strengthening and health giving, these fruits are fed to infants and used as nutritional aids. Red ones are believed particularly good for the blood [because of their colour], black ones for the body in general. A delightful paste of walnuts and jujubes is often eaten for health - the brain-shaped walnut kernels strengthen the brain.

The Indian *Materia Medica* (Nadkarni 1976) says of it: "Fruits of the cultivated varieties resemble the crab-apple in flavour and appearance and the pulp is mealy and sweet; they are more palatable and less acid than the wild varieties. When ripe and dried, it is a mild laxative and expectorant. Fruit is often eaten with vegetables; it is also made into a preserve by removing the stone and adding chillies and salt, and the whole fruit is made into a cake." The desiccated fruit has been analyzed for nutritional qualities; per 100 grams, it has (Plants for a Future Database):

Calories: 350; from fat, protein, carbohydrate as follows:

Protein: 7.3 g

Fat: 1.2 g

Carbohydrate: 84 g

Fibre: 4g

Ash: 3.0 g; this is minerals, mainly the following of interest:

Potassium: 1,050 mg

Phosphorus: 168 mg

Calcium: 130 mg

Sodium: 12 mg

Iron: 3.5 mg

Vitamins: about 0.5 g, mainly the following

Vitamin C: 300 mg

Vitamin A: 125 mg

Niacin: 2.8 mg

Riboflavin: 0.2 mg

Thiamine: 0.1 mg

The fruit without water is 84% sugar, which explains its very sweet taste. In a "serving" of 10 grams of desiccated fruit pulp (derived from about one-half ounce of edible dried fruit with the pit removed), the only significant nutrients for a modern diet would be 3.6-3.7 grams of protein and 30 mg of vitamin C.

There may be very little of any "active constituents" in the fruit. Most of the reports of such active ingredients are actually due to errors of interpretation, in that data is mistakenly taken from the analysis of seeds of *Zizyphus Spinosa* (Suan Zao Ren) rather than the fruit pulp of *Zizyphus Jujuba*. *Zizyphus Spinosa*, known as spiny zizyphus, wild zizyphus, or sour jujube, yields glycosides that may have significant pharmacological action.

Jujube became a major component of herbal formulas largely from the influence of the Shanghan Lun (ca 200 A.D.). About one third of the Shanghan Lun formulas in decoction form utilize a group of three herbs in support of the main ingredients of the formula: fresh ginger (2-3 liang), seared liquorice (2-3 liang), and jujube (4-12 pieces, cut or shredded). The unit of liang at this time in China's history was around 15 grams; 12 of the jujube fruit (Da Zao) would be about 1 liang. According to the traditional view, jujube and liquorice aid in harmonizing the formula; jujube and ginger regulate the spleen and stomach and harmonize the ying and wei qi. Jujube, a moistening agent (this is mainly because of its sugar content), may cause some abdominal distension, which is prevented by ginger. Ginger, which is stimulating and drying, is toned down by jujube. From the modern view, ginger and liquorice would be the main active components of the trio, while jujube would add to the sweetness and, presumably, reduce the sharp spiciness of ginger, at least by taste.

The sweet taste of jujube (and liquorice) was thought to counteract toxicity of potent herbs. Jujube is described in the Annotation of Shen Nong's Herbal: "The herb, being sweet in taste, removes poison of any substance, and is used to harmonize drugs in a prescription (Chang 1992)." The book *Chinese-English Manual of Commonly Used Herbs in Traditional Chinese Medicine* (Ming 1989) lists this action of jujube: "to moderate the potency of drugs: for counteracting the toxicity or side effects of potent drugs, such as genkwa, euphorbia, lepidium, etc." In *Commonly Used Chinese Herb Formulas with Illustrations* (Hsu and Hsu 1980), the traditional formula Tingli Dazao Xiefei Tang (Lepidium and Jujube Combination) is listed, and this is mentioned: "To prevent its violent action from harming the lungs, lepidium is subordinated to jujube, which soothes the stomach and harmonizes the action of lepidium so that normal respiration is not harmed." Genkwa and euphorbia appear together in a single prescription of the Shanghan Lun called Shizao Tang, literally, Ten Jujubes Decoction. According to *Formulas and Strategies* (Bensky and Barolet 1990), "The name of this formula is a tribute to the importance of the ten jujubes which are taken to moderate the harsh, downward-draining action of the other herbs, and thereby protect the stomach qi." The hot, spicy herb evodia is a key ingredient of Wu Zhu Yu Tang (Evodia Combination); according to *Formulas and Strategies*: "The envoy, sweet jujube, moderates the acrid, drying properties of the chief and deputy ingredients [evodia and ginger]."

What is it about jujube that might have these functions? Based on our modern knowledge, there is probably no actual effect on toxicity of herbs, but only the action of making the decoction seem less drastic in taste, basically by adding sugar. Similarly, the "harmonizing effect" may actually refer to moderating the taste in decoctions, so that they could be better tolerated, rather than suggesting some other integration of the herbal actions. It is possible that the powerful taste of the

strong decoctions - when taken without jujube - overpowered some individuals, making them react promptly - not just to any toxicity (which was often there because of the ingredients used) but also because of the nauseating flavour.

Proper Use of Jujube Today

Jujube is still included in some traditional style formulas that are made in pill form, but it is probably not an essential ingredient in those cases: it is present in very small quantities and obviously is not a factor in the taste of the formula. However, for those prescribing decoctions, or dried decoctions (granules) taken in tea form, jujube may still serve the same purpose as in ancient times: for affecting the taste. Most of the toxic herbs are no longer used, so that we need not worry about counteracting their toxicity, but several herbs with very strong taste are still present, such as coptis, phellodendron, and evodia. The amount of jujube used must be adequate to the task: about 10 grams of the fruit or 2 grams of the granules for a one-day dose.

The ancient claims about its extraordinary nutritive qualities may reflect two aspects of jujube: first, persons who were especially weak and unable to eat ordinarily might find the mild and sweet taste of jujube acceptable and at least get some calories (e.g., about 40, still very little) and a small amount of protein, especially valuable if jujube was added to a nutritional dish to make it more palatable; second, persons who did not have a lot of fruits in their diet might have a low vitamin C level, which could be corrected with a relatively small quantity of jujube fruit or its extract.

There is some tendency to think of herbs that are listed in the Materia Medica as qi tonics to be rather potent in their effect on qi. However, this is not necessarily the case. If jujube was mainly used to ameliorate the taste of decoctions and to lower the toxicity of potent herbs, it would be relied upon heavily, but not necessarily because it would be a potent qi tonic. Its inclusion in that section of the Materia Medica in this particular category comes about mainly because of its sweet taste (and lack of other dominant tastes that might shift it to another category).

We may examine one of the more famous formulas with jujube, the combination of liquorice, wheat (floating wheat grains), and jujube (Gan Mai Dazao Tang), for treatment of emotional distress (8). Wheat (Fu Xiao Mai) 15 g, Jujube (Da Zao) 14 g, Liquorice (Gan Cao) 9 g. The main ingredient is the wheat, but we would be unlikely today to consider this food to be a useful sedative. In the same manner, considering the relatively innocuous nature of jujube, it would not be considered a strong sedative (but the seed of the “spiny zizyphus” would).

Unlike some of the other mild herbs of Chinese medicine, jujube would not be more potent by using a larger dose. At a certain point, the sweetness simply becomes overwhelming, but there is not a large amount of desired active component that comes along with it. Therefore, its usual dosage, which would correspond to about 6-15 grams of dried fruit, is adequate. A 15 gram portion would provide the equivalent of about 3 teaspoons of table sugar.

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From Web: News Headlines on Health

Tobacco use causes 2.4 m cancer cases in U.S. in 5 years

Study: exercise may delay dementia

Study: Loss of sleep increases inflammation in body

Lack of joy ups early death risk

Study: stressed mothers may raise fat children

Research: Severe life events raise breast cancer risk

Research: Male infertility related to gum infections

Smoking doubles stroke risk in younger women

Baby at more risk sleeping on tummy or back?

Body and Wisdom

by Lonny Jarrett

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

In my colleagues, students, and patients I often encounter the assumption that as we develop spiritually our health will improve and we will feel better. This is a type of spiritual materialism akin to the notion that if we are “spiritually aligned” we will experience financial abundance. Actually, I have found no support for either notion in my clinical experience or in life generally. Basically, this is an expression of the idea that, ‘If I do good, I’ll get good’ which is the lowest understanding of karma as discussed by Sri Aurobindu.(1952). As it turns out, the cultivation of virtue is for the sake of virtue alone. There is, literally, nothing in it for us.

There is no necessary relationship between physical health and spiritual health. Ramana Maharshi, undoubtedly a person who had attained profound enlightenment in the classical sense died of cancer. And it's clear that mean bastards can live a long, long time, sometimes fuelled by hate. From a spiritual standpoint, the awakening to consciousness itself means that personal identification shifts to an objective and absolute perspective that never changes, regardless of the weather, thoughts, or feelings. This stand is the source of our purest motivation and deepest conviction. Ramana in his enlightened state, having awakened to the unborn ground of being, had zero identification with his body as himself. He had discovered the absolute self that is not born and does not die. And, as far as this is, it is as far as the pre-modern enlightenment ever goes.

Enlightenment (we are talking about the spiritual practice of medicine right?) in an evolutionary context means that one awakens to the creative impulse itself, as self. In this context the body is recognized as a vehicle for the eternal evolution of consciousness (spirit in a CM sense). Traditional enlightenment, the discovery of the unborn ground as self, is not an end state but the entry way and starting ground of an endless new awakening and consciously directed development. There is care for the vessel because in a holistic/integral sense, being and non-being, consciousness and the body, are One. The body is cared for because it is recognized as the most advanced vehicle through which spirit can manifest.

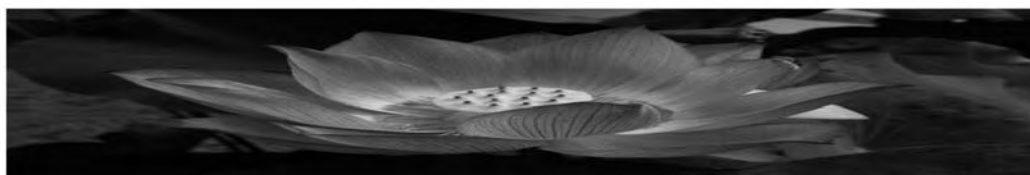
However there are many factors, some beyond our control, that impact the health of the body including genetics, the

environment, and fate (an “X” factor). Despite our best efforts the body will die so, ultimately, our allegiance as spirit coming through flesh must be to spirit itself. I have heard often the assertion that, “the body has wisdom.” What should a 23 year old mother of two learn from her body when she receives a diagnosis of inoperable ovarian cancer? Is her body really trying to tell her something? Consciousness recognizes only itself as that which was never born and never dies.

Wisdom is not a property of the body. Wisdom is a virtue cultivated as we move forward in the face of fear to embrace consciousness, eternally developing, as ourselves. Wisdom is generated by a human being who can objectively see his or her circumstances or “what is”, understand them in a developmental context, take 100% responsibility for them, and discover a moral obligation and care to act in a way that furthers the only goal of consciousness-to move ever onward through us toward increasing stages of wholeness and integration-as it awakens to itself in, and as, the manifest universe. This universe project seems to be an affair of consciousness pushing its way into matter, and it's a messy business. What, for example, is the meaning of a tsunami? We don't know. But perhaps humans now are causing global shifts in weather patterns. “Maybe” in this era, a tsunami is a result of human choices that have been made and thus can be seen as a result of consciousness. Matter, including the body, responds to consciousness, and to unconsciousness. As matter becomes increasingly complex it is imbued with higher (better, more integrated and whole) levels of consciousness. Still, in this dualistic world we must make distinctions. Wisdom is a property of consciousness and not the body. Is there any doubt that a dead body has no wisdom and a living body is only truly alive to the degree it is conscious?

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专题讨论

我对中医发展的思考

吴敦序

很长一段时间来，在中医界以及关心中医的人士当中都在热烈地讨论中医发展的路线。有人主张中西医结合，有人主张中医单独发展，有人主张用现代科学研究中医，还有人认为所有科学都可以研究中医……等等。我觉得这种百家争鸣的局面很好，有利于各抒己见，相互切磋，共同集思广益来发展中医。所以我也在这里谈一点自己的浅见，仅供各位参考。

纵观中医和其它各种医学的内容和发展历史，我们不难看出，在它们发展过程中都离不开四项必要条件：

一、医学自身经验的积累

包括在人类身上得到的经验和在动物身上得到的经验，当然前者尤其重要。从医学产生的第一天开始，这种经验就不断积累，直到今天。因为没有这种积累，就不可能形成医学。我相信在这一点上，大家是有共识的，所以不必再多讨论。要发展中医就必须不停地积累中医自身的经验。

二、当代哲学思想的影响

医学不只是实践操作，还有一个十分重要的组成部分，那就是医学理论。医学理论是人们经历大量医学实践，并观察了大量的客观存在之后，经过思考而升华出来的，所以它是人类思维的产物。医学理论指导着医学实践，二者共同组成医学。

在不同时代，总有不同的哲学思想影响着人们的思维。例如，古代的印度，地、水、风、火“四大”的哲学思想影响着人们的思维；文艺复兴和产业革命之后，“实证主义”在欧洲人的思维中占主要地位；而 1949 年以后的中国，“辩证唯物主义”被视为全国的指导思想。人们从小接受这些思想教育，在他们的头脑中根深蒂固，因而当他们进行任何思维，包括进行医学思维时，很自然地使用这种哲学思维方法。尤其是知识分子，当他们写文章时，当然以他们头脑中固有的思维方法来进行工作，那就不难理解，为什么在历代中医古籍里，几乎都以古代的“气论”、“阴阳学说”

和“五行学说”为指导，因为这些中医古籍作者生活的年代，正是这些哲学思想在中国占统治地位的时代。

自西学东进以来，尤其在中国改革开放以后，中国人的思维已经发生了翻天覆地的变化，为什么我们这些漂泊七洲四洋的中医还要死守阴阳五行的阵地呢？现在，已经到了我们汲取中医里面古典哲学精华，结合现代哲学，独立思考，改变中医“古朴”面目的时候了！责无旁贷，我们应该努力！

三、科学发展的推动

西方医学主动而积极地汲取并应用现代科学，不断改进他们的诊断方法和治疗手段，同时应用现代科学探索生命和疾

病的秘密，以及人类与环境的关系，使其得以长足进步，成为现代医学的主流。

中医学由于多种历史原因，汲取和应用现代科学较少。在中西医抗争的年代，中医医师们对现代科学有抵制心理；后来许多学中医的人对现代科学知之甚少，无法汲取和应用；还有些中医医师提倡“中医走自己的路，不要让别的学科干扰我”的思路等等，这些都阻碍着中医对现代科学的汲取和应用，妨碍中医的发展。

其实，历代中医都十分留意应用当代科技发展的成果。在《黄帝内经》里，就不只一处应用了天文学、地理学、气象学、数学和生物学等知识与中医相结合进行论述。又如针灸的发展，石器时代用砭石为工具，冶金术发展后改用金针，后来用不锈钢针，现代还发展了电针、激光针等等，这些都是中医应用当代科学取得成果的明证。

当然，研究中医古典文献和认真学习老一辈中医的经验是非常重要的，不这样做，就无法继承。本人曾经醉心于中医古典文献达二十余年，经金寿山和任应秋老师指点，有计划地读完了六十多部中医古籍，经过反复思考，做了笔记，举行了讲座，写了书和文章，还带了不少研究生，自己觉得颇有成就感。但是，仔细想想，我们绝不应该仅沉溺于中医的过去，而应当放眼于将来。古人说“不谋万世者，不可谋一时，”我们必须好好思考中医长远的将来，才能明确当前的措施。如果中医不能跟上每一个时代科学发展的步伐，而只停留于古典文献的研究，总有一天，会变成一种古典文物，进入历史博物馆，这当然不是我们所乐见的。

上世纪八十年代末，我对上海地区的中医做了一次小样本调查，结果发现在中医医师中，具有现代科研能力的实在太少。而正在研究中医的现代科研人员，许多还没有真正掌握中医。也就是说，在中医学和现代科学之间，缺乏畅通的沟通渠道。有鉴于此，我提出建议，首先在中医研究生教育当中，接下来再在本科教学中，开设用现代科学研究和发展中医的方法学课程——《实验中医学》。经过奔波努力，终于得到一笔钱，在上海中医学院建立了全国第一个中医基础学科中心实验室。接着我和该实验室的教师们一起编写了《实验中医学》讲义，并对该校的研究生、七年制学硕连读班和中医基础医学专业的学生开课，受到普遍欢迎，后来获得上海教学成果一等奖。现在该讲义已经被进一步充实提高，被定为全国面向 21 世纪课程教材，由国家教委和国家中医药管理局组织，上海中医药大学牵头，全国七所中医院校共同编写，作为本科教材向全国推广。

现在，我比较放心了。因为用现代科学推动中医发展的思想已经被不少中医学者和管理中医的领导所接受，而且已见诸行动，将来毕业的中医研究生和本科生都具备一定的现代科研能力，加快中医发展的日子，指日可待。

四、各种医学相互借鉴

《诗经·小雅》说“他山之石，可以攻玉”。可见中国人早在三千多年前，就已经认识到借鉴别人的长处，可以提高自己的道理。所以历代中医不断汲取外来的经验，使中医得以持续发展，在东方处于领先地位。现在我们还能看到的中药当中有许多进口药物，如安息香、苏合香、肉豆蔻、胡椒、胖大海.....等等，都来源于国外。

西方医学在其发展中汲取其他医学成果的例子更是不胜枚举，例如从中药麻黄中提取麻黄素，进而发展成一系列拟交感神经药；在南美洲草药可卡因树中提取可卡因，进而发展成一系列局部麻醉药；从印度尼西亚草药金鸡纳里提取奎宁，进而发展成一系列抗疟药；从印度草药蛇根草里提取的利血平，成了西药中重要的降血压药.....等等。可见西医的发展也与借鉴其他医学的经验密切相关。

由此可见，在任何医学发展过程中，借鉴其他医学的长处，都对自己十分有利。因此，要发展中医，除借鉴西医外，其他医学如印度医、欧洲草药医，以及其它各种传统医学也都是我们借鉴的对象。

如上所述，这四项条件是什么医学发展都不可缺少，中医也不例外。

我们应该努力研究中医文献，认真继承老中医的经验，广泛收集民间有效方药以继承中医过去的经验。同时要求中医师们留意总结自己的经验，并加以发表和交流。使中医自身的经验得以不停地积累，变得更加丰富。

在思考中医时，要跳出固有的思维模式，敢于运用现代思维去对固有的思维方法提出挑战。当然，要认真思考后才能提出“假说”，然后设计临床、实验室或其它试验进行论证。有了充分的论点和论据之后，您的新理论才能提出来公开讨论。

在用现代科学研究中医时，可千万不能走“废医存药”的道路，因为在中医的理论和诊疗方法中，确实有许多独特而宝贵的，现代医学所无法替代的内容。

在借鉴其它医学时，别忘了以中医为本，不能喧宾夺主。

中医的发展是一个长期，庞大而复杂的系统工程，需要许多学科参加，要用许多不同的方法，需要许多人才，我真希望天公现在能“不拘一格降人才”，来发展我们的中医！

Online Interview with The Times Journalist on TCM

Huijun Shen

Editor's Note: The Times journalist Flora Bagenal contacted ATCM president Dr Huijun Shen recently requesting an online interview over TCM issues. Flora is based in Beijing and has in recent years written dozens of articles over issues on China and Chinese culture for The Times and several other newspapers and magazines. We publish the contents of this interview as below:

Q: Has there been a revival of interest in TCM outside of China? If so why?

A: I think so. This is because people in Western world are more looking at the natural way of healthcare due to their fears of side-effects from some drugs of conventional medicine, lack of efficacy of conventional medicine in treating some common illnesses such as viral infection, lower back pain, depression, etc.

Q: What purposes does TCM serve in the UK and how does it fit in with regular health care?

A: For the purpose of providing an alternative option to the public for their healthcare, which in many cases can be rather effective, cost effective and convenient, although TCM can not replace conventional medicine in treating many diseases such as cancer, diabetes, heart conditions etc. For TCM practitioners, TCM provides a best opportunity for employment, and for paying tax to

government. We strongly believe that as in the private sector of healthcare, TCM plays a role to release the pressure from mainstream healthcare (NHS) by reducing the cost of medical treatment, shortening the waiting list of NHS, and cutting down the number of sick off days patients have to take.

A good example is chronic lumbago. Patient could cost a lot of NHS money for X-ray, MRI scan etc. All these are for diagnosis only and the patient still suffers from the pain. In the end, the diagnosis could be simply soft tissue strain (which counts for vast majority of chronic lumbago cases) and no specific treatment available apart from pain killers or physiotherapy (which does not always work). As the last resort, the patient chooses acupuncture or Chinese remedial massage or both together. Very often, patient can get a big improvement after only

a couple of sessions of treatment from TCM practitioners and they can go back to work in days!

Q: Where do most TCM practitioners in the UK obtain herbal remedies and medicines from?

A: Most of us obtain herbal medicines etc from wholesale businesses in the UK. There are dozens of such businesses in the UK doing import trade from China. ATCM and another professional organisation RCHM jointly approve some wholesale suppliers and the list of approved suppliers is recommended to our members.

However, as TCM and Herbal Medicine are not statutorily regulated in the UK yet, some people do TCM business in a way of backstreet manner. Some practitioners do their own import, so called "suitcase import", which inevitably can be harmful as the products they import without any verification can contain some ingredients illegal in the UK, or some toxic products.

Q: Are there ways a body like your organisation can regulate TCM practice in the UK? Is it important that practice is regulated?

A: ATCM, same as other organisations such as British Acupuncture Council and Register of Chinese Herbal Medicine, is only a voluntary self regulated body. TCM, acupuncture and herbal medicine are not statutorily regulated yet. Therefore, anybody can claim themselves as acupuncturists or TCM practitioners without breaking law. In order to practise acupuncture, you only need to obtain a licence from local authority, in the same way as licence for tattoo and body piercing, although acupuncture is used for medical or at least healthcare purpose but the other two are not. What is worse is that you do not need to get permission from anywhere to practise Chinese herbal medicine. This situation does not help with the safety of the public at all, and it is very damaging to the reputation of TCM as some cowboys / rogues can "practise" TCM legally without proper qualification. Therefore, a statutory regulation for TCM profession is urgently needed in order to protect the public, as well as our profession.

Q: What are the problems for TCM in a modern world? Are there issues with toxicity of drugs and unregulated manufacturing? Are there certain standards that have to be passed before TCM medication can be sold or prescribed in the UK?

A: Some people in the west are not open minded enough to something originated from different culture. In medical field, many doctors do not believe TCM and other CAM (Complementary and alternative medicine) as from biomedical point of view, they only believe "scientific", or so called Evidence Based. They tend to look thing by standards. In conventional medicine, diagnosis and treatment have to be very often standardised so the all doctors use the same methods to make diagnosis and to give treatment. Anything out of standard would be deemed as non-scientific. However, TCM is more based on experience, personal skills of observation and gathering information from patients for diagnosis, and the treatment can also be very much

individualised. Even for the same patient with same condition, but in the different phase of disease or in the different season of the year, very often treatment needs to be modified. Therefore it is hard to standardise TCM practice, this can be seen by biomedical people as not scientific and not evidence based.

Of course, there are issues of toxicity of Chinese herbal medicine (CHM), or to be more precisely, Chinese *materia medica*. In China's Pharmacopoeia, nearly 13% of CHMs are recorded as toxic. They were rather widely used in ancient time in treating some then difficult conditions such as cancer, TB, syphilis, etc. Many of them are not commonly used in TCM nowadays any more due to the development of effective treatment such as chemotherapy, antibiotics etc. If the practitioner is well trained with sufficient knowledge of CHM and its toxicity, one can ensure his/her practice to be safe. With lack of knowledge on this, no one can guarantee the safety. In fact, most adverse incidents related to CHM toxicity happened in the past were due to lack of regulation-no one had the power to stop those unqualified or under-qualified "practitioners" from practising.

As almost all the herbal medicines in raw form or in patent products form are imported from China, The quality largely relies on the standards in China before they are exported to the UK. China has in the recent 20 years developed very good GMP standard for CHM manufacturing, and GAP for CHM farming, etc. However, owe to the difference in the regulation and law, products that meet the Chinese standards do not always meet UK standards, some can be even illegal in the UK. For example, CHMs mixed with medical drug ingredients, CHMs contains animal or mineral ingredients are allowed in China, but illegal in the UK. Some importers may not know this or deliberately conceal the truth about the products they sell as driven by money making purpose, then they have broken UK law.

As mentioned above, literally there are no proper standards in the UK to control the TCM medications before they are put on the market. TCM medications are not considered as medicine therefore no any medical use can be indicated on the labels. The government seems to use different standards to deal with CHMs. The authority MHRA use Medicines Act 1968 to look at the ingredients of CHMs, Revenues & Customs use food standards to check the import of CHMs. The good news is that UK government is now doing work to regulate herbal medicine, by reforming Section 12(1) of Medicines Act 1968. Once CHM is legally considered as for medical purpose, then things will become much better.

Q: Do you think interest in TCM outside of China will have an impact on TCM in china? If so, what kind of impact will it have?

A: Certainly I think so. With TCM becoming more popular worldwide, the Chinese must think about the concept and opinion of value of outside world. For instance, they should, where possible, avoid using toxic ingredients in CHM products as many western costumers are willing to try TCM simply because they worry about the side-effect of conventional drugs. They take herbal medicine as it is safer. People would not take any herbal medicine with toxic ingredients to treat some minor conditions or for health maintaining purpose. Secondly, where possible, animal ingredients should be avoided. In the UK, TCM practitioners do not use insects in their remedies (although some insects are traditionally used in TCM and they can rather effective in treating certain conditions). You have to respect the culture of other people, especially when you deal with people's health.

Q: What do Chinese producers and manufacturers of TCM products have to do to get a license to sell abroad? Do they have rigorous safety tests in China? Do they have to get a certificate from a European or UK body? How does it work?

A: This is a difficult question for me to answer as I left China long time ago and this is not my field. As far as I know, A CHM manufacturer must meet the Chinese GMP state standards to be able to obtain a manufacturing permission from authority. Then depending on what products they want to manufacture, for traditional products that have been on the market for centuries, they need to follow the product standard (usually state level standard, for some products, can be provincial level standard) in manufacturing such product without product licence. For any new products, there is a very strict procedure of certification, including quality control, pharmacological data, toxicological test

results, clinical trails (first and second phases at least, for some products, third phase could be required), then a product licence can be issued and the manufacturer have to buy the licence to manufacture such products.

For any medicines/drugs, no matter TCM or western medicine, there is a standard (state level or province level) to guide the manufacture. New TCM medicines need to go through a similar procedure to get certification as for western medicine drugs, but as a different category.

Personally I believe the whole system has been well established in China. However, there are always some money driven rogues who do not obey the rules. This is the reason why some TCM products circulated in Chinese market are of poor quality, containing toxic ingredients or contaminated with heavy metals, or even are of adulteration or bogus. Some of such products have come to the UK market due to lack of regulation.

For detail information, you may contact the Chinese authority State Food and Drug Administration of P.R China, this is the website: www.soda.go.can (Chinese) or <http://eng.soda.go.can/eng/> (English).



Encyclopaedia: Andropause

Dr Rob Hicks (from BBC Website)

Andropause is the name for so called male menopause. In middle age many men seem to go through something that's been labelled the mid-life crisis. This cluster of distressing physical and emotional symptoms has been likened to the female menopause.

Does it exist?

Strictly speaking men can't have a menopause as such, since the definition of the menopause is the time at which periods cease. However, it's argued that they can go through a male equivalent, called the andropause, that's accompanied by symptoms similar to those experienced by women. It's claimed that the andropause is hormone-related, just like the female menopause. However, the female menopause is triggered by a dramatic fall in the levels of female hormones, whereas the levels of the male hormone testosterone fall far more gradually over many years. Many 70-year-old men have similar testosterone levels to those of a 20-year-old.

How are men affected?

Common symptoms of andropause are poor sex drive, tiredness and fatigue, hair loss, change in body shape with reduced muscle mass. Other symptoms include irritability, sweating, flushing, generalised aches and pains, and low mood, sometimes depression. Looking at these symptoms, it's easy to see why a comparison is made with the female menopause. However, many doctors believe such symptoms in middle aged men have a psychological basis rather than a hormonal change, and in many cases, they are caused by other illnesses or physical/emotional problems

Treatment

Any treatment should, of course, be appropriate to the underlying cause of the symptoms. If the cause is believed to be andropause, then it's still under discussion as to whether testosterone as hormone replacement therapy (HRT) should be offered. This is available in the form of skin patches, injections or tablets, and many men treated claim to notice an improvement in their symptoms. However, male HRT shouldn't be taken lightly as it's been linked with development of prostate cancer.

From TCM Week

Editor's Words:

TCM WEEK was held at Royal Society of Medicine in London from 27 July to 2 August 2008. It was organized by China State Administration of Traditional Chinese Medicine, Chinese Embassy to UK and the Prince Foundation (China). ATCM, as an active participant of the very first TCM event as such in the UK, hosted the TCM Symposium on the first day of the event. Here we publish some information from Chinese authority on TCM in today's China and international exchange and cooperation between China any foreign countries on TCM, in order to refresh the readers with the most up-to-date perception on TCM in China and wouldwise.

Traditional Chinese Medicine in Today's China

With its long history, TCM is still playing an important role in the mainstream healthcare in modern China. The commitment to develop both modern and traditional medicines is written into the Chinese constitution. In 2003 the Chinese State Council (the Central Government of China) issued the *Regulations of People's Republic of China on Traditional Chinese Medicine* in 2003, ensuring that the TCM sector is actively protected, supported and developed. National health policy gives equal weight to Western biomedicine and traditional Chinese medicines. The Chinese government promotes the comprehensive development of TCM including medical institutions, preventative medicine, education, science & technology, industry and medical culture. At the same time, it aims to raise the profile of TCM on an international scale.

TCM Regulation in China:

In today's China, the State Administration of Traditional Chinese Medicine (SATCM), People's Republic of China, takes the supervisory and regulatory role, with a strong focus on both safety and effectiveness of TCM. Local regulatory bodies have been set up in each province, municipal and autonomous region.

In line with established medical ethics and good practice, and national legislation, SATCM devises guidelines, policies and strategies for the development of TCM, integrated medicine combining TCM and Western biomedicine, and other traditional medicines practised in China. It is also responsible for formulating and implementing legal requirements and regulations.

Academic organizations include the China Association of Traditional Chinese Medicine, and the Chinese Association of Integrated TCM and Western Medicine.

Work is now well underway to standardise the basic theory, techniques and management practices of TCM, so as to facilitate the diffusion of Chinese medicine throughout the world. Standards for the location of acupoints and channels (meridians) and TCM diagnostic evaluation are already in place.

TCM healthcare in China

A comprehensive TCM healthcare system now exists in China. In 2006, there were 3072 TCM hospitals with 333,000 beds; more than 90% of general hospitals had TCM departments; and there were approximately 524,000 TCM doctors licensed to provide medical services. Community TCM clinics are dispersed through out China.

TCM Education

In 2007, there were 32 TCM universities & colleges in China, with 52 Non-specialist universities offering degrees in TCM. The number Students currently enrolled in TCM courses is 270,000, including Postdoctoral, PhD, Master and Bachelor degree courses.

Training for international students: most TCM universities offer training and degree courses to foreign students. Number of foreign students studying TCM in China in 2005 was as: 4089 Undergraduates, 1198 Post graduates, 2825 on professional training, and 5000 on short courses. In fact, 15% of foreign students in China are enrolled on TCM courses

Scientific and academic research

The rapidly developing field of TCM research draws on many sectors and disciplines to facilitate the establishment of a modern evidence-based proof of TCM efficacy. There are 180 TCM research centres, with 30,000 scholars researching TCM. 124 TCM Journals are published each year. TCM research work includes research on the literature of TCM, research on the TCM theories, Developing new TCM medicines, as well as clinical research

One of the best known success stories of modern TCM is artemisinin-based combination therapy (ACT), now championed by WHO as the treatment of choice for malaria. The third generation of ACTs (Artekin) are proven to be far more effective than conventional antimalarials. WHO recommends the 7-day ACT treatment plan devised by the Institute of Tropical Medicine Institute at Guangzhou University of TCM as

standard practice. Currently more than 1,900,000 patients have accessed treatment with Artekin.

Industrial and commercial production

In the 30 years since the implementation of reforms and open-door policies in China, the commercial TCM sector has grown rapidly. TCM pharmaceuticals are now cultivated and manufactured on an industrial scale, and marketed nationally and globally. There are more than 1,000 large and medium-sized TCM pharmaceutical enterprises in China today. China produces 350,000 tons of herbal medicines annually and annual trade of TCM products is worth 16 billion RMB (£1.2 billion).

Contemporary TCM Techniques

Clinical research helps ensure that TCM remains a living tradition, responsive to contemporary needs and technological advances. Today's clinical TCM techniques are a seamless fusion of old and new, including acupuncture & moxibustion (body acupuncture, moxibustion, electro-acupuncture, ocular acupuncture etc.), massage, cupping, blood letting, microwave radiation of acupoints, etc. These techniques are used to treat internal, surgical, gynecological, pediatric and orthopedic conditions.

Chinese medicines and the environment

It is vital to ensure that endangered or protected species, once widely used in Chinese medicine, are replaced by effective and appropriate substitutes, so as to benefit both the environment and medical care.

Preparation techniques

Advances have been made in the technology of Chinese pharmaceutical preparation. This includes further developments of traditional formats (decoctions, pills and plasters) and the introduction of modern formats (effervescent tablets, dispersible tablets, oral liquids, capsules, drops, injections, suppositories, aerosols, film agents and poultices). Modern techniques such as targeted drug delivery, slow controlled release, liposomes and microemulsions have also been applied to traditional Chinese preparation to improve effectiveness.

Ensuring the safety of Chinese medicines is a matter of paramount concern. The Chinese government prioritises research into the safety of Chinese herbs, and has established three assessment centres and four TCM clinical trial units for this purpose.

Quality control of Chinese patent medicine production

The certification of Good Manufacture Practice for Drugs, which is carried out by the State Food and Drug Administration, has speeded up the modernisation of the Chinese drug sector and led to improvements in methods, technology, equipment and quality control. It has laid a solid foundation for the transition from traditional to modern technology, and provided safeguards for the quality of Chinese patent medicine.

International Exchange and Cooperation Between China and Foreign Countries on TCM

There has been active medical exchange between China and the west for over a thousand years, bringing the classic literature and theories of traditional Chinese medicine to Europe. In the Song (960–1279) and Yuan (1271–1368) periods, with increasing communication between China and European countries, the two-way flow of ideas and pharmaceuticals intensified. Avicenna (Ibn Sīnā) described Chinese medical theories in his *Canon of Medicine*.

Over the past half-century, TCM has taken its place in the UK alongside conventional biomedicine. The last 20 years in particular have seen more and more cooperation in the practice, teaching and research of Chinese medicine.

At present, TCM is becoming recognized and accepted in more and more countries of the world, and being extended to a wider range of contexts. Many countries have revised their laws and regulations so as to incorporate TCM into their healthcare systems.

There are currently nearly 100 health cooperation protocols involving traditional medicine in place between China and other countries. Forty-six of them relate specifically to cooperation in traditional medicine. China is actively seeking to increase cooperation in this field.

The British Department of Health Minister, Ben Bradshaw MP, in a speech in April 2008 quantified the advance: "There is a huge and growing market in herbal medicines and nutritional supplements - if you walk through any shopping centre you will have noticed that the number of shops selling these products have mushroomed in the last few years."

Surveys in the UK estimate that somewhere between one in five and one in three people in the UK uses some form of complementary therapy or treatment, including acupuncture and Chinese herbal medicine.

There has also been a rapid growth in the opportunity for British young people to study TCM and other traditional therapies.

Undergraduate courses are offered at the University of Salford, University of Central Lancashire, Oxford Brookes University, University Campus Suffolk, University of East London, Leeds Metropolitan University, University of Lincoln, Napier University and The North East Wales Institute of Higher Education.

The universities of Westminster, Middlesex (in association with Beijing University of TCM), and London South Bank (in association with Heilongjiang University of Chinese Medicine) all run degree courses in TCM, and Westminster and Middlesex universities offer postgraduate qualifications.

The Wellcome Centre for the History of Medicine at University College London and the Needham Research Institute in Cambridge are leading international centres for research on the history and practice of Chinese medicine.

The key figure for the understanding of Chinese medicine in the west, was Dr Joseph Needham (1900-1995), writer and editor of the monumental *Science and Civilisation in China* which is published by The Cambridge University Press. From his base at the University of Cambridge, Dr. Needham became a great supporter and disseminator of Chinese medicine; he portrayed Chinese medicine as a unique and highly sophisticated scientific system, and showed how Chinese medical therapies set out to harness and enhancing the energies of the patient's own body, so as to resist disease and promote a long healthy life. He predicted that the medicine of the future would be a fusion of Chinese

medicine and Western medicine. Needham played a leading role both in world scientific history and cultural exchange between UK and China.

The international community has become aware of the possibility of a new kind of healthcare system combining conventional biomedicine and traditional medicines including TCM. The WHO promotes the development of traditional medicines and their integration into modern system of healthcare as a means of achieving the goal of 'Health for all'.

China welcomes the opportunity to extend collaboration and exchange with UK and other countries so as to share the cultural treasure-house of TCM, to promote the development of integrated medicine, and thereby to make a greater contribution to the health of people all over the world.



中医十大经典介绍

编者按：中医十大经典，是指中医发展早期的在中医理论，诊疗，方药，针灸诸领域具有奠基意义的 10 部重要文献。除了<内经素问>，<内经灵枢>，<伤寒论>和<金匱要略>这四部为国内中医院校必修课，因而大家都很熟悉的经典著作之外，本刊将分期介绍其它 6 部经典。



针灸甲乙经

《针灸甲乙经》是中国针灸学专著，原名《黄帝三部针灸甲乙经》，简称《甲乙经》，晋皇甫谧（215-282 年）编撰于魏甘露四年（259 年），共 10 卷，南北朝时期改为 12 卷本。该书集《素问》、《针经》（即《灵枢》古名）与《明堂孔穴针灸治

要》三书中之有关针灸学内容等分类合编而成。原书根据天干编次，内容主要论述医学之理论和针灸之方法技术，故命名为《针灸甲乙经》。皇甫谧本是一位史学家，年近 50 岁时，因患关节炎，加之耳聋，开始钻研针灸医术，学习上述三书，并将其中“事类相从，删其浮辞，除其重复，论其精要”而成书。人称其“习览经方，手不辍卷，遂尽其妙”，或誉之为“晋朝高秀，洞明医术”。可知其因病习医针灸而成功者。首先，《针灸甲乙经》在中国独具特色的针灸疗法的发展中，发挥了承先启后、继往开来的重大作用。众所周知，在此期间，中医学典籍《素问》、《灵枢》等虽有关于针灸学理论与技术的阐述，也有若干专门论述针灸经络的小册子，然而

或已散落残佚，或只散见而不成系统，《针灸甲乙经》正是在这样的历史背景下对针灸经络、腧穴、主治等从理论到临床进行了比较全面系统的整理研究而成书的。

该书在针灸理论上，除了强调：“上工治未病”之病，即要求一位高明的针灸医生要学会运用针灸来达到保健预防疾病之目的。他所指出的“中工刺未成”则是强调仅能做到疾病早期治疗者，也只能算作一位比较好的针灸医生——中工。这表现了该书对预防疾病和提倡早期治疗的重视。然后，他以“下工刺已衰，下工刺方衰”，将不能做到预见和早期诊断治疗的针灸医生则一概称之为下工、下下工，视之为不合格的针灸医生。这一先进思想促成了中国历代针灸医生的勤奋学习和为发展针灸作出了重要贡献。同时，该书还对针灸用针之形状制作、针灸之禁忌、针灸经络、孔穴部位之考订、针灸的临床适应症、针灸操作方法，以及临床经验的总结等进行了系统的论述。系统整理考订针灸穴位。该书对针灸穴位之名称、部位、取穴方法等，逐一进行考订，并重新厘定孔穴之位置，同时增补了典籍未能收入的新穴，使全书定位孔穴达到 349 个，其中双穴 300 个，单穴 49 个，比《内经》增加 189 个穴位，即全身共有针灸穴位 649 个。

在此之后穴位数虽每有增减，但该书为之奠定了可靠的基础。关于穴位的分布，该书采取了分区记述的方法，如头部分正中，两侧再分五条线与脑后各有穴若干；面部、耳部、颈部、肩部各有穴若干；胸、背、腰、腹部分之正中，两侧各线各有穴若干；四肢部分三阳、三阴各有穴若干。虽然未完全按经络叙述穴位，但部位明确，相互关系清楚，有利于学习和临床运用，该法为历代中外学者所沿用。系统论述经络学说。经络学说是一个至今尚未证实其客观存在的系统，但 2000 多年来其理论学说一直指导着中医学、针灸学之诊断和临床治疗，并每获佳效。这一系统的径路、走行方向、与穴位关系等在针灸学的发展上每有不同观点，《甲乙经》在晋以前医学文献的基础上，对其进行了比较全面的整理研究，对人体的十二经脉、奇经八脉、十五络脉以及十二经别、十二经筋等之内容、生理功能、循行路线、走行规律以及其发病特点等作了传统理论的概括和比较系统的论述，成为后世对此学说研究论述的依据。关于针灸疗法的适应症。哪些疾病适合运用针灸治疗，这是针灸临床的一个重要问题，对选择治疗方法是十分必要的。

《甲乙经》在前人经验的基础上，提出适合针灸治疗的疾病和症状等共计 800 多种。例如该书所分述的热病、头痛、瘥、疔、黄胆、寒热病、脾胃病、癰、狂、霍乱、喉痹、耳目口齿病、妇人病等等，也基本上达到了条分缕析，内容比较丰富，使学习者易于掌握的治疗学水平。阐明针灸方法和临床禁忌。该书强调：“用针之理，必知形气之所在、左右上下、阴阳表里、血气多少、行之逆顺、出入之合。”提示针灸医生为病人施治时，必须掌握时机，根据病人的不同

体质、不同病情，采用不同的针刺艾灸的手法和技术。要求选穴适宜，定穴准确，操作严谨，补泻手法适当等等。该书还在选穴治疗方面论述了后世始形成的子午流注针法的理论。《甲乙经》专篇阐述了每日时辰不同与选穴、针刺补泻方法的关系，这一时间医学问题至今在临床上还在应用，并为国际学者所注目和研究。

关于针刺操作手法，从理论到具体操作要领，均作了比较具体的叙述。例如，持针之姿势和方法，针灸施术必须全神贯注，审示病人接受治疗前后的神态反应，掌握针刺之浅深、方向、轻重以及事故之预防。对留针时间、艾灸壮数、某穴禁针、某穴不能深刺等等，均作了明确的规定。所有这一切，既具有对前代经验的总结性，又富有一定的创造性，无论从文献学价值和指导后世针灸发展都有着重大的意义。《针灸甲乙经》是一部影响中国针灸学发展的划时代著作。远在隋唐时期，就已作为医学教育的必学课本，并视之为经方。不但为唐代伟大医药学家孙思邈列为“凡欲为大医，必须读《素问》、《甲乙》……等诸部经方”，定为医学生必须学习熟读的基本功。而且在唐代、宋代官方的医学教育中，也明确规定其为医学学校学习必修课，并设针博士、针助教、针师等进行授课和据以指导临床实习。

在此之后，不论是宋王唯一创制针灸铜人、著书和刻石以广针灸之正确流传，或是明、清诸针灸学者编撰针灸书籍，几乎无不以之为主要依据。《针灸甲乙经》成书后，为历代医学家、针灸学家所重视，传抄者颇多，自北宋校正医书局校正后始成今之传本。在国内现仅存若干明刊本，日本珍藏有我国宋刊本。现国内所收藏者有明刊本之后历代刊刻出版者计约 20 种。《针灸甲乙经》对国外发展中国针灸也产生了极为广泛的影响。公元七八世纪，日本、朝鲜在引进中国医学的同时，均在其医学教育中明确规定以《针灸甲乙经》为教材，还明确规定了学习日数。日本的《大同类聚方》等也都较多地引用了《甲乙经》的内容。其后，日本不但收藏中国宋版之《黄帝针灸甲乙经》，并多有中国历代之版本，他们影印了宋版在日本和国际上流传。欧美学者学习中国针灸虽然并非始于《针灸甲乙经》，但该书在 19 世纪末、20 世纪初在欧美产生影响，为欧美一些大图书馆所收藏，特别在法国影响更大。

http://baike.baidu.com/view/136333.html?tp=0_11

脉经

《脉经》是中医脉学著作。西晋王叔和撰于公元三世纪，是我国现存最早的脉学专著，



全书共分十卷、九十八篇。

本书集汉以前脉学之大成，先取《内经》、《难经》以及张仲景、华佗等有关论述分门别类，在阐明脉理的基础上联系临床实际。全书共十卷。卷一论三部九候，寸口脉及二十四脉；卷二、三则以脉合脏腑经络，举其阴阳之虚实，形证之异同，作为治疗依据；卷四诀四时、百病死生之分，并论脉法；卷五述仲景、扁鹊脉法；卷六列述诸经病证；卷七-九讨论脉证治疗，其中卷七以伤寒、热病为主，卷八为杂病，卷九为妇产科、小儿病证；卷十论奇经八脉及右侧上下肢诸脉。原有“手检图三十一部”，今已亡佚。本书的最大贡献有二。其一：首次将脉象归纳为浮、芤、洪、滑、数、促、弦、紧、沉、伏、革、实、微、涩、细、软、弱、虚、散、缓、迟、结、代、动二十四种，并对每种脉象均作了具体描述。其二：本书将晋以前的诊脉方法、脉象所反映的病理变化以及脉诊的临床意义等许多重要文献资料均收集保存下来。

《脉经》的版本

《脉经》经宋林亿等校订后，卷数未变，而篇次和内容均有所更动。此书刻本颇多，现有几十种刊本。1949年以来，人民卫生出版社、上海卫生出版社先后有影印本刊行。

《隋书·经籍志》最早著录。刊行之后，自晋至唐历三百余年流传不绝。宋代校正医书局曾对此书进行校勘。

现存主要版本有：元天历三年（1330）广勤书堂刻本、明成化间据元泰定本翻刻本、明赵府居敬堂刻本、明万历三年（1577）福建刻本、清道光二十四年（1844）刊《守山阁丛书》本、清光绪十七年（1891）《周氏医学丛书》本、清光绪十九年（1893）杨守敬校勘本等。人民卫生出版、商务印书馆、上海科技出版社分别出版了影印本和排印本。

《脉经》的贡献

1.确立脉象指下标准

《脉经》第一次系统论述各种脉象，总结归纳脉象为浮、芤、洪、滑、数、促、弦、紧、沉、伏、革、实、微、涩、细、软、弱、虚、散、缓、迟、结、代、动24种，并准确描述了各种脉象的不同指下感觉。如谓：“浮脉：举之有余，按之不足”；“沉脉：举之不足，按之有余”。《脉经》后历代中医著述对脉象的描述，均未离开《脉经》的基本概念。

2.奠定脉名种类基础

《脉经》对古代医学文献散载的30余种脉名进行整理，归纳为24种脉象名称，从而奠定了脉名种类的基础，成为历代脉书中脉名及其分类的基本准则。

3.首开脉象鉴别先河

《脉经》在提出24脉象后，紧接着提出浮与芤、弦与紧、革与实、滑与数、沉与伏、微与涩、软与弱、迟与缓八组相类脉，提醒医生要注意脉象的区别对照，对后世医家对脉象的鉴别有很大的启示作用。

4.确立三部脉法和脏腑分候定位

《脉经》在《难经》基础上，将寸尺二部脉法发展为寸、关、尺三部脉法；把《内经》遍身诊脉法之三部加以发挥，解释为掌后脉口寸关尺三部，并以寸关尺三部各有天地人三候，合为九候。这是最早的寸口三部九候提法，并提出寸关尺三部左手依次候心小肠、肝胆、肾膀胱，右手依次候肺大肠、脾胃、肾膀胱的脏腑分配观点，从而使独取寸口脉法在理论与方法上趋于完善，推进了这种简便易行的诊脉法的临床普遍应用。《脉经》的脏腑定位，历代除大小肠、三焦脉位略有歧议外，一直沿用至今，成为中医脉学诊断学的重要组成部分之一。

5.总结脉象临床意义

《脉经》对不同脉象的临床意义也作了大量论述：一是对脉象主病进行原则概括，如“迟则为寒”，“洪则为热”；二是结合脉、证、病机、治疗进行综合总结，如“寸口脉芤吐血，微芤者衄血。空虚血去故也。宜服竹皮汤、黄芩汤，灸膻中”等等。这类论述对脉象临床意义作了较为系统的总结，反映出当时的脉象病理研究已达到较高水平，同时一直对临床有重要参考价值。

《脉经》的意义

《脉经》在我国医学发展史上，有着十分重要的位置，在国内外影响极大。如唐代太医署就把它做为必修课程，日本古代医学教育仿唐制，当然也不例外。该书著成后，传到我国西藏地区，对藏医学的相关学科起着重大的影响。通过西藏，中国脉学又传入印度，并辗转传入阿拉伯国家，对西欧脉学的发展也有所影响。如古波斯(伊朗)由拉·阿·阿尔哈姆丹(1247-1318)编写的一部波斯文的医学百科全书《伊儿汗的中国科学宝藏》(13世纪~14世纪初)一书中，就有王叔和的名学，其中脉学方面的内容也与《脉经》相似。中世纪阿拉伯医圣阿维森纳(980-1037)的《医典》中有关脉学的内容，也多大同小异，可见《脉经》在国内外医学发展史上影响之深远。

<http://baike.baidu.com/view/90437.htm>



小资料：宋代官药局——中国最早开办的国家药店

早在 1076 年，中国宋代京都汴梁（今河南开封）就创建了第一个国家药店——官药局，这是中国也是世界上最早开办的国家药局，当时叫做“熟药所”，也称“卖药所”。

当时，国家控制了盐、茶、酒等贸易，并将药物也列入国家专卖。设立熟药所，主要负责制造成药和出售中药。由于中成药具有服用方便、携带容易、易于保存等特点，深受广大医生和病人的欢迎。因此，这种“卖药所”发展很快。最初熟药所只有一处，至 1103 年扩展到 5 处，并将制造成药的业务从熟药所分离出来，建立了两所“修合药所”。1114 年，北宋朝廷将两个修合药所改为医药和剂局，5 处卖药所改为医药惠民局。《东京梦华录》所载，朱雀门外街巷有熟药惠民南局，大内西右掖门外街巷有熟药惠民西局。中国各地都设立有分局。今天开封宋都御街上的惠民和剂药局，就是继承宋时传统而创建的著名大药店。

医药惠民局以卖药为主。当时官府采取贱价低息办法，药价比市价低 1/3，希望发挥一定的“惠民”作用。到南宋时，官办惠民局在淮东、淮西、襄阳、四川、陕西等许多重要地方都有增设。医药惠民局数量达到 70 余个，初步形成了由国家控制的医药网络。这些官药局，主要是按方配置中草药和出售成药。其成药来源主要依靠医药和剂局制造供应。当时局里章法严明，规定遇急病而不能及时卖药的要“杖一百”。还规定陈旧不适用的药品要及时毁弃。除卖药外，惠民局还规定，遇到贫困之家及大水大旱及疫病，要免费施药救助灾民。遇到疫病流行时，由官府统一调拨，并承担临时性

免费医疗。据史料记载，都市发生疫病时，惠民局则派出大夫携带药品去“其家诊治，给散汤药”。

医药和剂局主要是制药。由药局编撰的《和剂局方》是世界上最早的官定药局方，对中外医药学产生了重大的影响。颁行于公元 1151 年，比其他国家最早的药局方早 600 余年。所收载的方子，不但广泛地被宋代以后各家方书所引用，而且其中有些方子是作为成方规范而流传下来。就以最通俗的中医方剂手册——《汤头歌诀》来说，其中有很多重要方子，如治中热疫毒、气绝昏厥的至宝丹，就是来源于此书。当时药局生产成药有严格的官颁标准方书，依此制成各种丸、散、膏、丹及饮片。生产过程中各类工艺流程皆十分严密。药局下设药材所，专门负责药材收购和检验。为保证质量和用药安全，专设了辨验药材及负责制药的官员，“以革药材伪滥之弊”。这可能是中国历史上最早的药品监督管理人员。药局除计划性常规生产成药外，还根据一些地区发病情况生产一些急需成药。如当时西南地区多瘴气，药局为之生产“瘴药”。南宋时为预防暑病，药局生产了大批“夏药”。

在中国历史上，宋代对医药事业为重视。宋代官药局的设立，对中国中成药的发展起到了很大的推动作用。它所创制的许多有名中成药，诸如苏合香丸、紫雪丹、至宝丹等，经过 800 多年的医疗实践检验，迄今仍具有良好的治疗效果。

【来源】 中国中医药报



Wining Answers to Case Study Competition (2)

Yingzi Yang

From Editor: We published a Case Study Competition (2) in last issue of ATCM Journal with an award of £50. Among several participants, Yingzi Yang won the prize. We hereby publish the case again as below followed by Yang's winning answers. Case study Competition (3) is also edited in this issue of journal. We hope more ATCM members participate in these serial competitions and please remember, £50 award waits 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 mouth 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.

Winner's Answers:

Syndrome differentiation of etiology and pattern diagnosis

According to eight-principle syndrome differentiation, this case fell into four categories: exterior, heat, excess and yang. The chief complaint of this patient was cough with phlegm. The clinical manifestations of this case were characterized by cough and wind-heat syndrome of exterior-excess type, which included high fever, headache, sore throat, frequent and severe cough with sticky yellow phlegm which was difficult to expectorate, hot sensations in the body, dry mouth and constipation, chest pain and full feeling, red tongue with yellow coating, rapid, full and slippery pulse (more obvious in the left side).

Traditional Chinese medicine diagnosis

Cough (wind-heat type)

Pathogenic Mechanism

The pathogenic mechanism for this case is invasion of lung by pathogenic wind and heat, causing impairment of the lung's function in dispersing and descending, disordered Wei system. Therefore, the patient had a lot of cough. Wei qi combats with invaded exogenous wind-heat result in

headache and high temperature. As lung is the upper source of water movement of the body, so the patient had dry mouth and felt thirsty due to lung's failure in dredging and regulating water passage. In addition, lung meridian of hand greater Yin (LU) has very close connection with large intestine meridian of hand yang brightness (LI) constipation was created due to heat accumulation of large intestine which came from lung. Wind-heat belonging to the category of yang which led to yellow sticky phlegm was due to excessive consumption of the body liquid.

Red tongue with yellow coating was a sign of heat syndrome, and rapid, full and slippery pulse showed us the evidence as excessive heat was the root for this case. That the patient described himself a hot person and his recently feeling of very hot supported the conclusion of excess yang syndrome.

Treatment Principles

To expel wind, clear heat, promote lung's function in descending and resolve phlegm by selecting medication relieving superficies with pungent-cool combined with herbs clearing heat and removing toxins.

Chinese Herbal Medicine (CHM) Prescription

Modified SangJu Decoction

Sangye (9g), Juhua(9g), Bohe(6g), Jigeng(9g), Xingren(9g), Zhebeimu(9g), Gualoupi(6g), Yuxingcao(10g), Lianqiao(9g), Shegan(6g), Niubangzi(10g), Lugen(10g), Shenggancao(3g)

Analysis of CHM prescription

The Jun (monarch) herbs I would choose to dispel wind and relieve superficies with pungent-cool in nature, are Sangye (to dispel pathogenic wind-heat from lung channel and nourish Yin), Juhua (to disperse wind-heat from lung channel and remove toxins), Bohe (to clear wind, reduce heat, ease sore throat).

The Chen (minister) herbs are used to disperse lung qi and resolve phlegm, Jigeng (to introduce drugs into lungs and thus improve the dispersing function of lung, to clear phlegm and relieve cough), Xingren (to send down rebellious qi to relieve cough, to lubricate the bowel to relieve constipation), Zhebeimu (to clear away lung heat, resolve phlegm as well as cough), Gualoupi (to resolve phlegm to reduce cough and soothe chest oppression, then to promote qi flow, relieve stasis and pain).

The Zuo (assistant) herbs are able to clear away heat, remove toxin, promote fluid production, Lianqiao and Yuxingcao (to clear up heat and dismiss toxin), Shegan (to expel phlegm and relieve sore throat), Niubangzi (to disperse wind-heat, relieve sore throat), Lugen (to clear

away the heat in lung, promote production of body fluid to quench thirst).

The Shi (guide) herb is Shenggancao (to moisten lung to arrest cough and moderate other herbs).

Acupuncture Prescription

Dazhui (Du.14), Fengmen (U.B.12), Feishu (U.B.13), Chize (Lu.5), Kongzui (Lu.6), Hegu (L.I.4), Neiguan (P.6), Shaoshang (Lu.11), Shanzhong (Ren.17), Tiantu (Ren.22)

Analysis of Acupoints Selected and their Needling Techniques

Points of Lung, Large intestine, Urinary bladder and Du channels are chosen as the main points. Reducing and bleeding methods are applied.

Dazhui (Du.14) to circulate yang, relieve exterior syndrome, eliminate wind and clear heat. It is needled obliquely upward 0.5-1.0 inch with the local sensation of soreness and distension is generally induced. Sometimes the needling sensation might spread to shoulders, back or chest.

Fengmen (U.B.12) and Feishu (U.B.13) to strengthen the effect of dispelling wind, promoting lung's function, dispersing and relieving exterior pattern. Both of them are needled with the same method as Dazhui (Du.14).

Chize (Lu.5), the He-Sea point and also the water point of lung channel, Kongzui (Lu.6), the Xi (cleft) point of Lung meridian, and Hegu (L.I.4), the Yuan (source) point of Large intestine meridian, are combined to clear up lung heat,

relieve swelling and ease throat. Both of Chize (Lu.5) and Kongzui (Lu.6) are needled perpendicularly 0.5-1.2 inches, and to Hegu (L.I.4), which is needled perpendicularly 1.0-1.5 inches. The needling sensation should be conducted upward from these points.

Neiguan (P.6), the confluent point communicating with Yinwei meridian, and also the Luo (connecting) point of Pericardium meridian, is used to relax chest and conduct perverse qi downward. It is needled perpendicularly 0.5-1.5 inches. A sensation of numbness and distension may spread to elbow, axilla and chest.

Shaoshang (Lu.11), the Jing-well point of lung channel, clear lung heat and ease throat. This point should be pricked to cause bleeding for sore throat.

Shanzhong (Ren.17), the influential point of qi, is combined to regulate lung qi, conduct perverse qi downward, relax chest and ease the diaphragm. It should be needled horizontally up 0.5-1.0 inch to produce a sensation of distension or soreness in the anterior chest wall.

Tiantu (Ren. 22) should be needled perpendicularly 0.2 inch, after which the needle is pushed down close to posterior surface 0.8 inch.

Needles should be retained for 15-20 minutes, and manipulated 2-3 times during treatment, which should be given every other day. Ten treatments comprise a course

Case Study Competition (3)

£50 award awaits you

Case 3: A female patient, 38, consults you as she has suffered from migraine for 15 years. Her migraine attack used to be once a month, usually in the week before her period. It has become more frequent over last 1.5 years and now it happens 2-3 times a month. The pain is always on the right hand side of her head and the worst area is around her right temple. The extent of the pain has gradually increased from 3/4 out of 10 on the scale 6 months ago up to 7/8. The attack usually lasts for 1-2 days and the patient has to stay in bed for a day or so. During the attack, she also feels dizzy and generally unwell, having nausea, sore and distended eyes with blurred vision.

She is usually rather anxious and short-tempered, sometimes more moody and irritable than the other. She often tends to feel hot. Staying in a hot environment can easily trigger out her migraine. Her blood pressure is slightly high-146/94 mmHg. Her sleep is often disturbed. She always feels tired and her appetite is poor, sometimes she has stomach distension. All such symptoms are usually much worse during migraine attack. Her tongue is slightly red in the middle and redness is more obvious on both edges. Tongue coating is thin and slightly yellow. Her left pulse in the middle position is wiring, and the right pulse is empty in the middle position.

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 October 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)

Proposed Chinese-English TCM Nomenclature (Part III)

By World Federation of Chinese Medicine Societies

【方剂】 FORMULAE

方剂 [fang ji] formula
经方 [jing fang] classical formulas
汤方 [tang fang] formula for decoction
方从法出 [fang cong fa chu] composing formula according to therapeutic method
理法方药 [li fa fang yao] principle-method-recipe-medicines
君药 [jun yao] sovereign drug
臣药 [chen yao] minister drug
佐药 [zuo yao] assistant drug
使药 [shi yao] guiding drug
反佐 [fan zuo] using corrigent

【剂型】

剂型 [ji xing] dosage form
煎剂 [jian ji] decoction; decoctum
膏剂 [gao ji] paste
散剂 [san ji] powder
丸剂 [wan ji] pill
颗粒剂 [ke li ji] granule
冲剂 [chong ji] infusion granule
茶剂 [cha ji] medicinal tea
丹剂 [dan ji] vermilion pill
酊剂 [ding ji] tincture
酒剂 [jiu ji] wine preparation
蜡丸 [la wan] wax pill
蜜丸 [mi wan] honeyed pill
滴丸 [di wan] drop pill
浓缩丸 [nong suo wan] concentrated pill
微丸 [wei wan] minute pellet

【煎服法】

煎药法 [jian yao fa] decocting method
水煎 [shui jian] decoct with water
先煎 [xian jian] to be decocted first
后下 [hou xia] to be decocted later
包煎 [bao jian] wrap-boiling
另煎 [ling jian] decocted separately
单煎 [dan jian] decocted alone
溶化 [rong hua] dissolve
冲服 [chong fu] take infused
烱化 [yang hua] melting
代茶饮 [dai cha yin] taking as tea
文火 [wen huo] mild fire
武火 [wu huo] strong fire

慢火 [man huo] mild fire
急火 [ji huo] strong fire

【方剂】 FORMULAE

解表剂 [jie biao ji] superficies-relieving formula
发表剂 [fa biao ji] exterior-relieving formula
麻黄汤 [ma huang tang] mahuang decoction; Ephedra Decoction
桂枝汤 [gui zhi tang] guizhi decoction; Cinnamon Twig Decoction
止嗽散 [zhi sou san] zhisou powder; Cough-Stopping Powder
银翘散 [yin qiao san] Yinqiao Powder; Lonicera and Forsythia Powder
桑菊饮 [sang ju yin] Sangju Decoction; Mulberry Leaf and Chrysanthemum Beverage
越婢汤 [yue bi tang] yuebi decoction; Spleen-Effusing Decoction
柴葛解肌汤 [chai ge jie ji tang] chaige jieji decoction; Bupleurum and Pueraria Flesh-Resolving Decoction
升麻葛根汤 [sheng ma ge gen tang] shengma gegen decoction; Cimicifuga and Pueraria Decoction
竹叶柳蒻汤 [zhu ye liu bang tang] zhuye liubang decoction; Bamboo Leaf, Tamarisk, and Arctium Decoction
大青龙汤 [da qing long tang] daqinglong decoction; Major Green-Blue Dragon Decoction
麻黄细辛附子汤 [ma huang xi xin fu zi tang] mahuang xixin fuzi decoction; Ephedra, Asarum, and Aconite Decoction
加減葳蕤汤 [jia jian wei rui tang] odified weirui decoction; Solomon's Seal Variant Decoction
清热剂 [qing re ji] heat-clearing formula
泻火剂 [xie huo ji] fire-purgings formula
白虎加桂枝汤 [bai hu jia gui zhi tang] baihu jia guizhi decoction; White Tiger Decoction Plus Cinnamon Twig
清营汤 [qing ying tang] qingying decoction; Construction-Clearing Decoction
黄连解毒汤 [huang lian jie du tang] huanglian jiedu decoction; Coptis Toxin-Resolving Decoction
凉膈散 [liang ge san] liangge powder; Diaphragm-Cooling Powder
四妙勇安汤 [si miao yong an tang] simiao yong'an decoction; Mysterious Four Resting Hero Decoction

五味消毒饮 [wu wei xiao du yin]
wuwei xiaodu drink ; Five-Ingredient Toxin-Dispersing Beverage
牛黄上清丸 [niu huang shang qing wan]
niuhuang shangqing pills ; ovine Bezoar Upper-Body-Clearing Pill
薏苡附子败酱散 [yi yi fu zi bai jiang san]
yiyi fuzi baijiang powder ; Coix,Aconite,and Patrinia Powder
犀黄丸 [xi huang wan] xihuang pills ; hinoceros Bezoar Pill
六神丸 [liu shen wan] liushen pills; Six Spirits Pill
葛根黄芩黄连汤 [ge gen huang qin huang lian tang]
gegen huangqin huanglian decoction ; Pueraria,Scutellaria,and Coptis Decoction
当归六黄汤 [dang gui liu huang tang]
danggui liuhuang decoction;Angelica Six Yellows Decoction
大承气汤 [da cheng qi tang] dachengqi decoction; Major Qi-Soothing Decoction
小柴胡汤 [xiao chai hu tang] xiaochaihu decoction;Minor Bupleurum Decoction
柴胡加龙骨牡蛎汤 [chai hu jia long gu mu li tang]
chaihu jia longgu muli decoction; Bupleurum Decoction Plus Dragon Bone and Oyster Shell
痛泻要方 [tong xie yao fang] tongxieyao formula; Pain and Diarrhea Formula
逍遥散 [xiao yao san] xiaoyao powder;Peripatetic Powder
防风通圣散 [fang feng tong sheng san]
fangfeng tongsheng powder; Ledebouriella Sage-Inspired Powder
四逆汤 [si ni tang] sini decoction;Cold-Extremities Decoction
回阳救急汤 [hui yang jiu ji tang]
huiyang jiuji decoction ; Yang Returning Emergency Decoction
黄芪桂枝五物汤 [huang qi gui zhi wu wu tang]
huangqi guizhi wuwu decoction; Astragalus and Cinnamon Twig Five Ingredients Decoction
四君子汤 [si jun zi tang] sijunzi decoction;Four Gentlemen Decoction
补中益气汤 [bu zhong yi qi tang]
buzhong yiqi decoction;Center-Tonifying Qi-Replenishing Decoction
参苓白术散 [shen ling bai zhu san]
shenling baizhu powder; Ginseng,Poria and Atractylodes Powder
生脉散 [sheng mai san] shengmai powder;Pulse-Reinforcing Activating Powder
六味地黄丸 [liu wei di huang wan]
liuwei dihuang pill;Six-Ingredient Rehmannia Pill
牛黄清心丸 [niu huang qing xin wan]
niuhuang qingxin pills; Bovine Bezoar Heart-Clearing Pill
栝楼薤白半夏汤 [gua lou xie bai ban xia tang]
gualou xiebai banxia decoction ; Trichosanthes,Chinese Chive,and Pinellia Decoction
膈下逐瘀汤 [ge xia zhu yu tang]

gexia zhuyu decoction ; Infradiaphragmatic Stasis-Expelling Decoction
少腹逐瘀汤 [shao fu zhu yu tang]
shaofu zhuyu decoction ; Lesser Abdomen Stasis-Expelling Decoction
补阳还五汤 [bu yang huan wu tang]
buyang huanwu decoction;Yang-Tonifying Five-Returning Decoction
失笑散 [shi xiao san] shixiao powder; Sudden Smile Powder
川芎茶调散 [chuan xiong cha tiao san]
chuanxiong chatiao powder; Tea-Blended Ligusticum Powder
独活寄生汤 [du huo ji sheng tang]
duhuo jisheng decoction ; Pubescent Angelica and Taxillus Decoction
大活络丹 [da huo luo dan] dahuoluo pills; Major Collaterals-Activating pill
牵正散 [qian zheng san] qianzheng powder; Pull Aright Powder
天麻钩藤饮 [tian ma gou teng yin]
tianma gouteng drink; Gastrodia and Uncaria Decoction
藿香正气散 [huo xiang zheng qi san]
huoxiang zhengqi powder ; Patchouli Qi-Righting Powder
五苓散 [wu ling san] wuling powder; Powder of Five Ingredients with Poria
茵陈五苓散 [yin chen wu ling san]
yinchen wuling powder ; Powder of Capillaris and Five Ingredients with Poria
二陈汤 [er chen tang] erchen decoction;Decoction of Two Old Ingredients
小陷胸汤 [xiao xian xiong tang]
xiaoxianxiong decoction ; Minor Chest Bind Decoction
三子养亲汤 [san zi yang qin tang]
sanzi yangqin decoction; Three-Seed Filial Devotion Decoction
半夏白术天麻汤 [ban xia bai zhu tian ma tang]
banxia baizhu tianma decoction;Pinellia,Orate Atractylodes,and Gastrodia Decoction

【疾病】 DISEASE

[内科病] INTERNAL DISEASE

感冒 [gan mao] common cold
时行感冒 [shi xing gan mao] influenza
外感发热 [wai gan fa re] external contraction fever
伤湿 [shang shi] dampness damage
痢疾 [li ji] dysentery
时疫痢 [shi yi li] epidemic dysentery
湿热痢 [shi re li] damp-heat dysentery
虚寒痢 [xu han li] deficiency-cold dysentery
噤口痢 [jin kou li] food-denying dysentery
休息痢 [xiu xi li] recurrent dysentery
疫毒痢 [yi du li] epidemic toxic dysentery

| | |
|---|--|
| 疟疾 [nüe ji] malaria | 肝郁泄泻 [gan yu xie xie] diarrhea due to liver-qi stagnation |
| 疟母 [nüe mu] malaria with splenomegaly | 五更泄 [wu geng xie] diarrhea before dawn |
| 间日疟 [jian ri nüe] tertian malaria | 实秘 [shi mi] excess constipation |
| 三日疟 [san ri nüe] quartan malaria | 热秘 [re bi] heat constipation |
| 瘴疟 [zhang nüe] ① miasmatic malaria; ② malignant malaria | 虚秘 [xu bi] constipation of deficiency type |
| 温病 [wen bing] warm disease | 黄疸 [huang dan] jaundice |
| 外感温病 [wai gan wen bing] external-contraction warm disease | 胎黄 [tai huang] fetal jaundice |
| 时疫 [shi yi] seasonal epidemic | 痿黄 [wei huang] sallow complexion |
| 瘟疫 [wen yi] pestilence | 急黄 [ji huang] acute jaundice |
| 瘟疫 [wen yi] pestilence | 黄胖 [huang pang] yellowish puffiness |
| 传染 [chuan ran] infection | 水气 [shui qi] ① edema ② fluid retention |
| 风温 [feng wen] wind-warm | 风水 [feng shui] wind edema |
| 春温 [chun wen] spring warm | 皮水 [pi shui] skin edema |
| 暑温 [shu wen] summer-heat warm | 里水 [li shui] internal edema |
| 冬温 [dong wen] winter warm syndrome | 正水 [zheng shui] typical edema |
| 哮 [xiao] wheezing | 肤胀 [fu zhang] anasarca |
| 哮喘 [xiao chuan] asthma | 阳水 [yang shui] yang edema |
| 喘证 [chuan zheng] dyspnea syndrome | 阴水 [yin shui] yin edema |
| 实喘 [shi chuan] Excess-type dyspnea | 淋证 [lin zheng] strangury patterns |
| 虚喘 [xu chuan] deficiency-type dyspnea | 血淋 [xue lin] blood stranguria |
| 肺胀 [fei zhang] lung distension | 石淋 [shi lin] urolithic stranguria |
| 肺痈 [fei yong] lung abscess | 膏淋 [gao lin] chylous stranguria |
| 肺癆 [fei lao] pulmonary tuberculosis | 癃闭 [long bi] dysuria and anuria |
| 癆瘵 [lao zhai] pulmonary tuberculosis | 关格 [guan ge] obstruction and rejection |
| 肺痿 [fei wei] withering of lung | 早泄 [zao xie] premature ejaculation |
| 肺癌 [fei ai] lung cancer | 遗精 [yi jing] spermatorrhea |
| 卒心痛 [cu xin tong] sudden precordial pain | 滑精 [hua jing] spontaneous seminal emission |
| 真心痛 [zhen xin tong] real heart pain | 梦遗 [meng yi] nocturnal emission |
| 眩晕 [xuan yun] ① vertigo; ② dizziness | 阳痿 [yang wei] impotence |
| 中风 [zhong feng] ① apoplexy; ② wind stroke | 寒湿腰痛 [han shi yao tong] cold-damp lumbago |
| 中经 [zhong jing] apoplexy involving collaterals | 肾虚腰痛 [shen xu yao tong] lumbago due to kidney deficiency |
| 中络 [zhong luo] apoplexy involving collaterals | 郁证 [yu zheng] stagnation syndrome; depression syndrome |
| 中脏 [zhong zang] apoplexy involving zang-organs | 六郁 [liu yu] six kinds of stagnation |
| 中腑 [zhong fu] apoplexy involving fu-organs | 血证 [xue zheng] hemorrhagic syndrome |
| 中风闭证 [zhong feng bi zheng] block pattern of apoplexy | 汗证 [han zheng] sweating syndrome |
| 中风脱证 [zhong feng tuo zheng] depletion pattern of apoplexy | 消渴 [xiao ke] consumptive thirst |
| 卒中 [cu zhong] ① apoplexy | 下消 [xia xiao] lower consumptive thirst |
| 类中风 [lei zhong feng] apoplectoid syndrome | 阴虚发热 [yin xu fa re] yin deficiency fever |
| 失眠 [shi mian] insomnia | 虚劳 [xu lao] consumptive disease |
| 健忘 [jian wang] amnesia | 积 [ji] accumulation |
| 痴呆 [chi dai] dementia | 聚 [ju] gathering |
| 痫病 [xian bing] epilepsy | 厥证 [jue zheng] ① syncope ② cold limbs |
| 癲病 [dian bing] depressive psychosis | 痰厥 [tan jue] phlegm syncope |
| 狂病 [kuang bing] mania | 血厥 [xue jue] blood syncope |
| 痞证 [pi zheng] fullness syndrome | 气厥 [qi jue] qi syncope |
| 虚痞 [xu pi] stuffiness syndrome of deficiency type | 肥胖 [fei pang] obesity |
| 实痞 [shi pi] fullness syndrome of excess type | 四饮 [si yin] four types of fluid retention |
| 寒疝 [han shan] ① cold colic ② testalgia due to cold | 痰饮 [tan yin] ① phlegm and fluid retention ② gastrointestinal fluid retention |
| 呃逆 [e ni] hiccup; hiccough | 悬饮 [xuan yin] suspended fluid retention (pleural effusion) |
| 噎膈 [ye ge] dysphagia | 溢饮 [yi yin] overflowing fluid retention (anasarca) |
| 翻胃 [fan wei] regurgitation | 支饮 [zhi yin] thoracic fluid retention |
| 泄泻 [xie xie] diarrhea | |
| 脾虚泄泻 [pi xu xie xie] diarrhea due to spleen deficiency | |

头痛 [tou tong] Headache
真头痛 [zhen tou tong] true headache
偏头风 [pian tou feng] hemilateral head wind (migraine)
偏头痛 [pian tou tong] migraine
痹病 [bi bing] ①impediment diseases ② arthralgia
痛痹 [tong bi] painful impediment; arthralgia aggravated by cold
行痹 [xing bi] migratory impediment; migratory arthralgia
热痹 [re bi] heat impediment; heat arthralgia
着痹 [zhuo bi] fixd impediment; fixd arthralgia
痛风 [tong feng] ①pain wind ②wind arthralgia ③gout
痉病 [jing bing] convulsive disease
痿病 [wei bing] flaccidity disease
口僻 [kou pi] deviation of mouth

[外科病] EXTERNAL DISEASE

疡 [yang] ①ulcer ② surgical conditions
疮 [chuang] sore
疔 [jie] furuncle;boil
疔病 [jie bing] furunculosis
颜面部疔疮 [yan mian bu ding chuang] facial furuncle
手部疔疮 [shou bu ding chuang] furuncle of hand
蛇腹疔 [she fu ding] snake-belly furuncle (thecal whitlow)
蛇眼疔 [she yan ding] snake-eye furuncle (paronychia)
蛇头疔 [she tou ding] snake-head furuncle (felon)
疫疔 [yi ding] pestilent furuncle (cutaneous anthrax)
红丝疔 [hong si ding] red-streaked furuncle (acute lymphangitis)
痈 [yong] carbuncle; abscess
囊痈 [nang yong] scrotal abscess
臀痈 [tun yong] buttock carbuncle (pyogenic infection of buttock)
腋痈 [ye yong] armpit carbuncle (acute pyogenic axillary lymphadenitis)
锁喉痈 [suo hou yong] throat-blocking carbuncle (cellulitis of floor of mouth)
发 [fa] cellulitis; phlegmon
足发背 [zu fa bei] carbuncle on foot dorsum (acute pyogenic infection of dorsum of foot)
手发背 [shou fa bei] carbuncle on dorsum of hand; carbuncle on hand dorsum,dorsal carbuncle
有头疽 [you tou ju] headed carbuncle (carbuncle)
无头疽 [wu tou ju] headless carbuncle (deep abscess; suppurative osteomyelitis)
附骨疽 [fu gu ju] bone-attaching abscess (suppurative osteomyelitis)
流注 [liu zhu] multiple abscess
发颐 [fa yi] acute suppurative parotitis
丹毒 [dan du] erysipelas
流火 [liu huo] fire flow (erysipelas of shank)
瘰癧 [luo li] scrofula
乳痈 [ru yong] mammary abscess (acute mastitis)
乳发 [ru fa] phlegmonous matitis
乳癆 [ru lao] tuberculosis of breast
乳核 [ru he] breast nodule

乳癖 [ru pi] breast nodule
乳癆 [ru li] hypertrophy of breast
乳岩 [ru yan] carcinoma of breast
瘰 [ying] goiter
气瘰 [qi ying] qi goiter
肉瘰 [rou ying] fleshy goiter
石瘰 [shi ying] stony goiter (thyroid carcinoma)
瘤 [liu] tumor
血瘤 [xue liu] angioma;hemangioma
筋瘤 [jin liu] tumorous vein (varix)
脂瘤 [zhi liu] sebaceous cyst
岩 [yan] cancer; carcinoma
舌菌 [she jun] carcinoma of tongue
痰核 [tan he] phlegm node
茧唇 [jian chun] lip cancer
失荣 [shi rong] ①malignant tumor of neck ②cachexia
肾岩 [shen yan] penial carcinoma
疱疹 [pao zhen] vesicle
蛇串疮 [she chuan chuang] snake-like sore (herpes zoster)
疣 [you] wart
癣 [xuan] tinea
鹅掌风 [e zhang feng] goose-foot wind (tinea manuum)
脚湿气 [jiao shi qi] foot damp qi (tinea pedis)
圆癣 [yuan xuan] coin tinea (tinea circinata)
麻风 [ma feng] leprosy
湿疮 [shi chuang] eczema
药毒 [yao du] ①drug rash ② medicinal toxin
瘾疹 [yin zhen] urticaria
牛皮癣 [niu pi xuan] oshide lichen (neurodermatitis)
风瘙痒 [feng sao yang] pruritus due to wind (cutaneous pruritus)
鳞屑 [lin xie] scale
粉刺 [fen ci] acne
酒齄鼻 [jiu zha bi] brandy nose;rosacea
油风 [you feng] alopecia areata
红蝴蝶疮 [hong hu die chuang] lupus erythematosus
内痔 [nei zhi] internal hemorrhoid
外痔 [wai zhi] external hemorrhoids; external hemorrhoid
混合痔 [hun he zhi] mixed hemorrhoid
肛裂 [gang lie] anal fissure
肛漏 [gang lou] anal fistula
脱肛 [tuo gang] prolapse of rectum
锁肛痔 [suo gang zhi] anorectal carcinoma
水疝 [shui shan] hydrocele testicle
破伤风 [po shang feng] tetanus
褥疮 [ru chuang] bedsore
脱疽 [tuo ju] gangrene of finger or toe
狐疝 [hu shan] inguinal hernia

[妇科病] GYNECOLOGICAL DISEASE

月经病 [yue jing bing] menopathy
倒经 [dao jing] vicarious menorrhea
不月 [bu yue] amenorrhea

月经不调 [yue jing bu tiao] menstrual irregularities
 月经先期 [yue jing xian qi] advanced menstruation
 月经后期 [yue jing hou qi] delayed menorrhea
 月经先后无定期 [yue jing xian hou wu ding qi] irregular menstrual cycle
 月经过多 [yue jing guo duo] menorrhagia; hypermenorrhea
 月经过少 [yue jing guo shao] hypomenorrhea; scanty menstruation
 崩漏 [beng lou] metrorrhagia and metrostaxis
 闭经 [bi jing] amenorrhea
 经闭 [jing bi] amenorrhea
 痛经 [tong jing] dysmenorrhea; painful menstruation
 经行发热 [jing xing fa re] menstrual fever
 经行头痛 [jing xing tou tong] menstrual headache
 经行眩晕 [jing xing xuan yun] menstrual vertigo
 经行身痛 [jing xing shen tong] menstrual body pain
 经行吐衄 [jing xing tu nu]
 Menstrual hematemeses and epistaxis (vicarious menstruation)
 经行泄泻 [jing xing xie xie] menstrual diarrhea
 经行浮肿 [jing xing fu zhong] menstrual edema
 经行口糜 [jing xing kou mi] menstrual oral ulcer
 绝经前后诸证 [jue jing qian hou zhu zheng] perimenopausal syndrome
 经断复来 [jing duan fu lai] postmenopausal hemorrhage
 带下病 [dai xia bing] leukorrheal diseases
 妊娠病 [ren shen bing] diseases of pregnancy
 妊娠恶阻 [ren shen e zu] morning sickness
 异位妊娠 [yi wei ren shen] ectopic pregnancy
 胎动不安 [tai dong bu an] threatened abortion
 滑胎 [hua tai] habitual abortion
 堕胎 [duo tai] ①abortion ② induced abortion
 小产 [xiao chan] late abortion
 胎死不下 [tai si bu xia] retention of dead fetus
 葡萄胎 [pu tao tai] hydatidiform mole
 子悬 [zi xuan] chest distention during pregnancy
 胎水肿满 [tai shui zhong man] polyhydramnios
 妊娠肿胀 [ren shen zhong zhang] edema in pregnant
 子痫 [zi xian] eclampsia
 试胎 [shi tai] false labor
 胞衣先破 [bao yi xian po] premature rupture of fetal membrane
 胞衣不下 [bao yi bu xia] retention of placenta
 产后病 [chan hou bing] postpartum disease
 产后血崩 [chan hou xue beng] postpartum metrorrhagia
 恶露不绝 [e lu bu jue] lochiorrhea
 乳汁不通 [ru zhi bu tong] agalactia
 乳汁自出 [ru zhi zi chu] galactorrhea
 败血冲肺 [bai xue chong fei] lochiostasis surging lung
 不孕 [bu yun] sterility;infertility
 子宫脱垂 [zi gong tuo chui] prolapse of uterus
 阴脱 [yin tuo] prolapse of uterus
 癥瘕 [zheng jia] abdominal mass
 癥 [zheng] fixed abdominal mass
 瘕 [jia] movable abdominal mass
 脏躁 [zang zao] visceral agitation (hysteria)

[儿科病] PEDIATRIC DISEASE

肺炎喘嗽 [fei yan chuan sou] pneumonia with dyspnea and cough
 食积 [shi ji] food accumulation
 疳病 [gan bing] infantile malnutrition
 厌食 [yan shi] anorexia
 鹅口疮 [e kou chuang] thrush
 雪口 [xue kou] thrush
 鹅口 [e kou] thrush
 口吻疮 [kou wen chuang] angular stomatitis; perleche
 燕口疮 [yan kou chuang] angular stomatitis; perleche
 惊风 [jing feng] infantile convulsion
 急惊风 [ji jing feng] acute infantile convulsion
 慢惊风 [man jing feng] chronic infantile convulsion
 慢脾风 [man pi feng] chronic spleen convulsion; chronic convulsion due to spleen disorder
 鸡胸 [ji xiong] chicken breast; pigeon breast
 解颅 [xie lu] non-closure of fontanels (hydrocephalus)
 五迟 [wu chi] five kinds of retardation
 五软 [wu ruan] five kinds of flaccidity
 遗尿 [yi niao] enuresis
 夏季热 [xia ji re] summer fever
 麻疹 [ma zhen] measles
 奶麻 [nai ma] roseola infantum
 风痧 [feng sha] rubella
 丹痧 [dan sha] scarlatina
 烂喉丹痧 [lan hou dan sha] scarlatina
 水痘 [shui dou] chickenpox
 炸腮 [zha sai] mumps
 滞颐 [zhi yi] infantile slobbering
 虾蟆温 [xia ma wen] mumps
 大头瘟 [da tou wen] swollen-head infection
 顿咳 [dun ke] whooping cough
 小儿暑温 [xiao er shu wen] infectious summer fever in children (epidemic encephalitis B in children)
 小儿麻痹证 [xiao er ma bi zheng] infantile paralysis
 胎黄 [tai huang] fetal jaundice
 赤游丹 [chi you dan] wandering erysipelas
 硬肿症 [ying zhong zheng] scleredema neonatorum
 脐风 [qi feng] neonatal tetanus
 脐湿 [qi shi] umbilical damp
 脐突 [qi tu] umbilical hernia
 脐疮 [qi chuang] umbilical sore
 脐血 [qi xue] umbilical bleeding

[眼科病] OPHTHALMIC DISEASE

针眼 [zhen yan] sty
 睑弦赤烂 [jian xian chi lan] red ulceration of palpebral margin (arginal blepharitis)
 上胞下垂 [shang bao xia chui] dropping of upper eyelid (blepharoptosis)
 漏睛 [lou jing] canthus pyorrhea (chronic dacryocystitis)

翳肉侵睛 [nu rou qin jing] pterygium
 翳肉扳睛 [nu rou ban jing] pterygium
 暴风客热 [bao feng ke re] sudden wind and invading fever; acute catarrhal or allergic conjunctivitis
 天行赤眼 [tian xing chi yan] epidemic red eye (acute contagious conjunctivitis)
 风轮赤豆 [feng lun chi dou] wind-orbicular red bean (fascicular keratitis)
 盲 [mang] blindness
 内障 [nei zhang] internal visual obstruction (cataract)
 雀盲 [que mang] sparrow blindness (night blindness)
 暴盲 [bao mang] sudden blindness
 高风雀目内障 [gao feng que mu nei zhang] high-wind sparrow-vision internal visual obstruction (pigmentary retinopathy)
 真睛伤损 [zhen jing sun shang] penetrating injury of eyeball
 目偏视 [mu pian shi] strabismus; squint
 近视 [jin shi] nearsightedness; myopia
 远视 [yuan shi] far sight, hyperopia, hypermetropia

[耳 鼻 喉 科 病] OTORHINOLARYNGOLOGIC DISEASE

耳疮 [er chuang] sore of external auditory meatus
 旋耳疮 [xuan er chuang] eczema of ear
 耳胀 [er zhang] ear distending pain (acute secretory otitis media; nonsuppurative otitis media)
 耳闭 [er bi] deafness
 脓耳 [nong er] suppurative otitis media
 暴聋 [bao long] sudden deafness
 渐聋 [jian long] progressive deafness
 耳眩晕 [er xuan yun] auditory vertigo
 鼻疮 [bi chuang] nasal vestibulitis
 鼻塞 [bi zhi] stuffy nose; nasal obstruction
 鼻槁 [bi gao] atrophic rhinitis
 鼻鼽 [bi qiu] allergic rhinitis
 鼻渊 [bi yuan] nasosinusitis
 鼻痔 [bi zhi] nasal polyp
 脑衄 [nao nu] severe epistaxis
 乳蛾 [ru e] tonsillitis
 风热乳蛾 [feng re ru e] wind-heat tonsillitis: tonsillitis due to wind-heat
 虚火乳蛾 [xu huo ru e] deficiency-fire tonsillitis
 石蛾 [shi e] stone moth; hypertrophy of tonsils
 喉痹 [hou bi] pharyngitis
 风热喉痹 [feng re hou bi] wind-heat pharyngitis (acute pharyngitis)
 虚火喉痹 [xu huo hou bi] deficiency-fire pharyngitis (chronic pharyngitis)
 喉痈 [hou yong] throat abscess
 喉暗 [hou yin] hoarseness
 慢喉暗 [man hou yin] chronic hoarseness
 梅核气 [mei he qi] plum-pit qi (globus hystericus)
 喉瘤 [hou liu] tumor of throat
 喉菌 [hou jun] carcinoma of throat

龋齿 [qu chi] tooth decay
 口疮 [kou chuang] aphtha
 舌疮 [she chuang] tongue sore
 口糜 [kou mi] aphtha
 骨槽风 [gu cao feng] maxillary osteomyelitis
 走马牙疳 [zou ma ya gan] acute gangrenous stomatitis
 齧齿 [xie chi] grinding of teeth

[骨 伤 科 病] ORTHOPEDIC AND TRAUMATIC DISEASE

骨折 [gu zhe] fracture
 损伤 [sun shang] injury
 折伤 [zhe shang] fracture
 折骨列肤 [zhe gu lie fu] open fracture
 折骨绝筋 [zhe gu jue jin] closed fracture
 折疡 [zhe yang] fracture; fracture complicated by infection
 骨骺分离 [gu hou fen li] epiphyseal dissociation
 脱位 [tuo wei] dislocation
 骨瘤 [gu liu] bone tumor
 筋伤 [jin shang] injury of tendons and muscles
 筋断 [jin duan] ruptured tendon
 急性腰扭伤 [ji xing yao niu shang] acute lumbar sprain
 挫伤 [cuo shang] contusion
 扭伤 [niu shang] sprain

【 养 生 康 复 】 HEALTH PRESERVATION AND REHABILITATION

养生 [yang sheng] health preservation
 导引 [dao yin] daoyin; conducting exercise
 吐纳 [tu na] exhalation and inhalation
 天年 [tian nian] natural life span

【 五 运 六 气 】 FIVE MOVEMENTS AND SIX QI

五运 [wu yun] five movements
 六气 [liu qi] ① six qi ② six climatic factors ③ six essential substances of body
 干支 [gan zhi] heavenly stems and earthly branches
 甲子 [jia zi] sixty-year cycle
 主运 [zhu yun] domination in circuit by element qi
 客运 [ke yun] guest circuit
 主气 [zhu qi] dominant qi
 客气 [ke qi] ① subordinate qi ② exogenous pathogenic qi
 司天 [si tian] celestial control
 在泉 [zai quan] terrestrial effect
 运气同化 [yun qi tong hua] assimilation of circuit and qi
 子午流注 [zi wu liu zhu] midnight-noon ebb-flow
 水土不服 [shui tu bu fu] non-acclimatization
 得气 [de qi] arrival of qi

Four Elite Chinese Medicine Doctors in Jin-Yuan Dynasties

1. Liu Wan Su: better known as Liu He Jian (1110-1200 A.D?), was the creator of "Cooling School" He observed the high frequency of serious febrile diseases and promoted the idea of using herbs of cooling nature to treat these conditions. This was a step in the opposite direction of many of his predecessors, who focused on using warming herbs. This work had much influence on the later concept of "Wen Bing" or epidemic febrile diseases, which corresponded to the modern concept of contagious disease.

2. Zhang Zi He: also known as Zhang Cong Zheng (1156-1228 A.D.), developed the "attacking (purging to expel) school" of Chinese medicine, emphasizing the use of diaphoretics, emetics, and purgatives to attack the pathogen and drive it out of the body. This was actually a revival of the Han Dynasty techniques that were focused on driving out demons.

3. Li Dong Yuan, also known as Li Gao (1180-1252 A.D.), the originator of "Tonifying Spleen-Stomach School" is best known for his thesis that most diseases were due to injury to the stomach/spleen system, which occurred as the result of overindulgence in eating and drinking, overwork, etc. His well-known book *Pi Wei Lun* (Treatise on the Stomach and Spleen) presented one of the most widely used traditional formulas: *Bu Zhong Yi Qi Tang*.

4. Zhu Dan Xi, with another name as Zhu Zhen Heng (1280-1358 A.D.), the ancestor of "nourishing Yin School", believed that in human body Yang is often excessive and Yin tends to be deficient, and people suffered from chronic disease mainly resulted from debility of the Yin essence.

He therefore emphasized Yin deficiency and use of tonic formulas, especially those that nourished the Yin essence of kidney and liver.

Answers to Herb Garden on Page 51

1. Huang Qin 黄芩

Latin name: *Radix Scutellariae*

Common name: Scutellaria root, Skullcap root

Source: The root of *Scutellaria baicalensis*, family *Labiatae*.

2. Ku Shen 苦参

Latin name: *Radix Sophorae flavescens*

Common name: Flavescent sophora root

Source: Root of *Sophora flavescens*, family *Leguminocae*.

3. Lian Qiao 连翘

Latin: *Fructus Forsythiae*

Common: Forsythia fruit

Source: Fruit of *Forsythia suspense*, family *Oleaceae*.

4. Huang Qi 黄芪

Latin name: *Radix Astragali seu Hedysari*

Common name: Astragalus Root

Source: Root of *Astragalus membranaceus* (Fisch.) Bunge and other species of the same genus, family *Leguminosae*.

5. Bai Zhu 白术

Latin name: *Rhizoma Atractylodis Macrocephalae*

Common name: White Atractylodes Tuber

Source: Rhizome of *Atractylodes Macrocephala* Koidz, family *Compositae*.

6. Dang Gui 当归

Latin name: *Radix Angelicae Sinensis*

Common name: Chinese Angelica Root

Source: Root of *Angelica sinensis* (Oliv.) Diels, family *Umbelliferae*



保险专业人士谈诊所保险

中国保险（英国）有限公司业务部

一、 您的诊所和药店需要买保险吗？

首先我们先了解一下，开诊所和药店有什么风险。和一般的商店生意一样，其主要风险是财产的风险和公众责任险及雇主责任险。财产风险包括，房产和商店内外的装修、橱窗、店铺标牌的店内的家具、商品等，还有现金。我们从国内出来不久的同仁，对于保险的概念，往往只限于财产而忽略了两种责任险：公众责任险和雇主责任险。它们是指由于店主和雇主的失职或失责而造成的公众或雇员的财产损失或人身伤害。举个常见的公众责任的赔偿案，由于商店门口或店内地板不平或湿滑，顾客摔倒受伤，顾客就会向店主要求赔偿，因为这是店主的失责。店主需要赔偿顾客的全部医疗费用和不能上班的收入损失。如果打官司败诉，还需要付对方的律师费。如果受伤的是雇员，雇员会向老板索赔，这在英国是常有的事。按英国有关部门规定，雇主责任险是必须要保的。近年来，保险公司处理的责任索赔案已逐年增多。

为了您诊所财产安全和避免被起诉而引起的金钱损失，花一点钱，买了平安和放心是完全值得的。

二、 中国保险(英国)有限公司(简称‘英中保’)的保险有什么特点？

英中保是中资国有的保险公司，在伦敦已有 20 多年的历史，英中保立足于为华人商企 和广大华人服务，在华人商界享有良好的信誉。

我们将推出的药店诊所一揽子保险，首先是，既考虑了诊所药店可能会遇到的风险，又充分考虑到中医店、所小本经营的特点，所以在保险项目上有针对性，突出重点风险，以保证尽可能降低保险费用。第二，中国保险的客户服务，从保险咨询、投保、收费到理赔都有普通话或广东话服务，对中国文化的理解和语言交流的便利条件是中国保险服务的一大特点。第三，英中保作为中国公司，我们支持中国医药在英国的发展，同时我们也相信 ATCM

会员的敬业精神。所以，我们为 英国中医学会的会员（ATCM）给予特别的保费优惠。

三、 中医药店诊所保险具体包括哪些内容？

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4. 由店外人的骚扰捣乱和攻击所造成的财物或身体伤害
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6. 当然，我们还提供房屋保险

上述保险不包括医生的治疗责任险和中医药品的责任险。因为该项保险应是由专业学会统一投保的。据了解，ATCM 为会员已投保了该项保险。

四、 一般规模的中医药店诊所，一年的保险费需多少钱？

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- * 骚扰攻击: 财物损失 5 0 0 镑以下
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Four Elite Chinese Medicine Doctors in Jin-Yuan Dynasties

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 52



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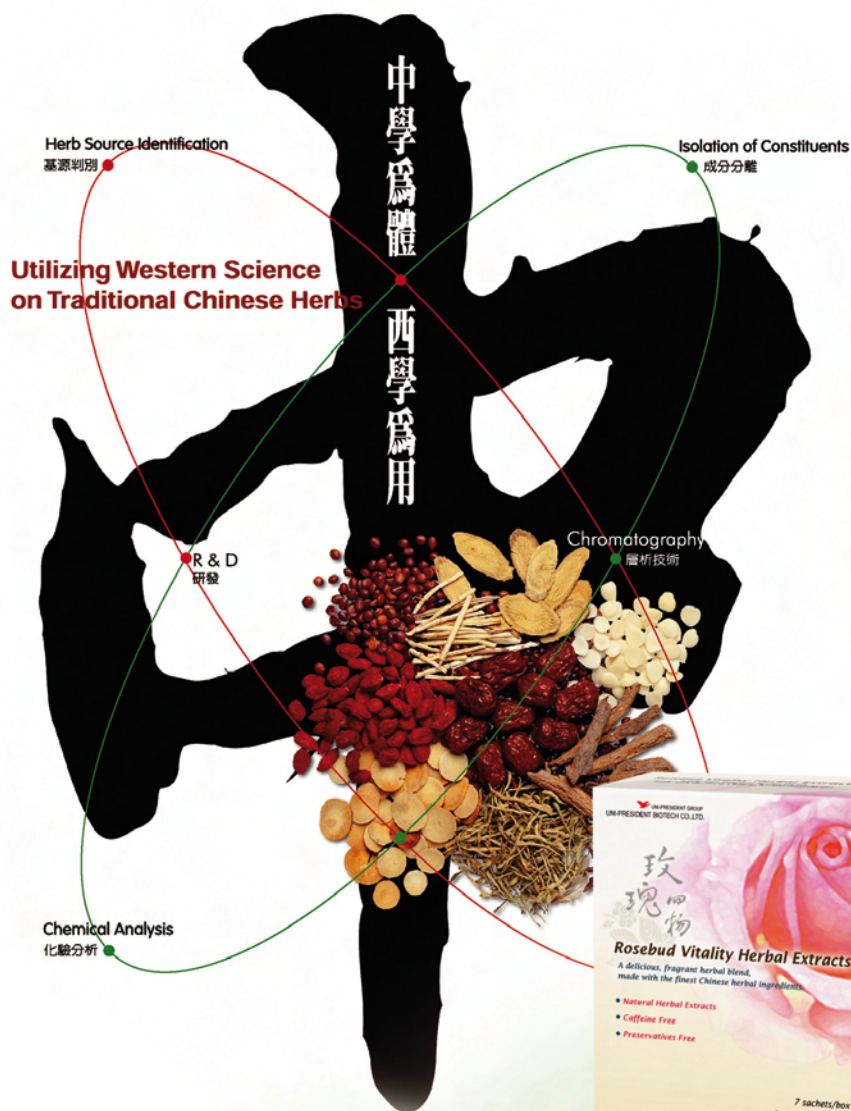
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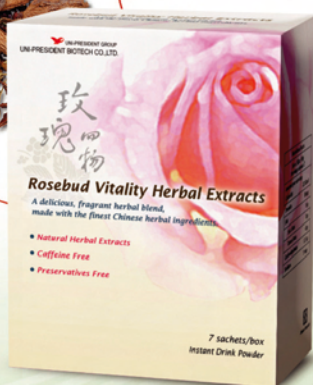
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