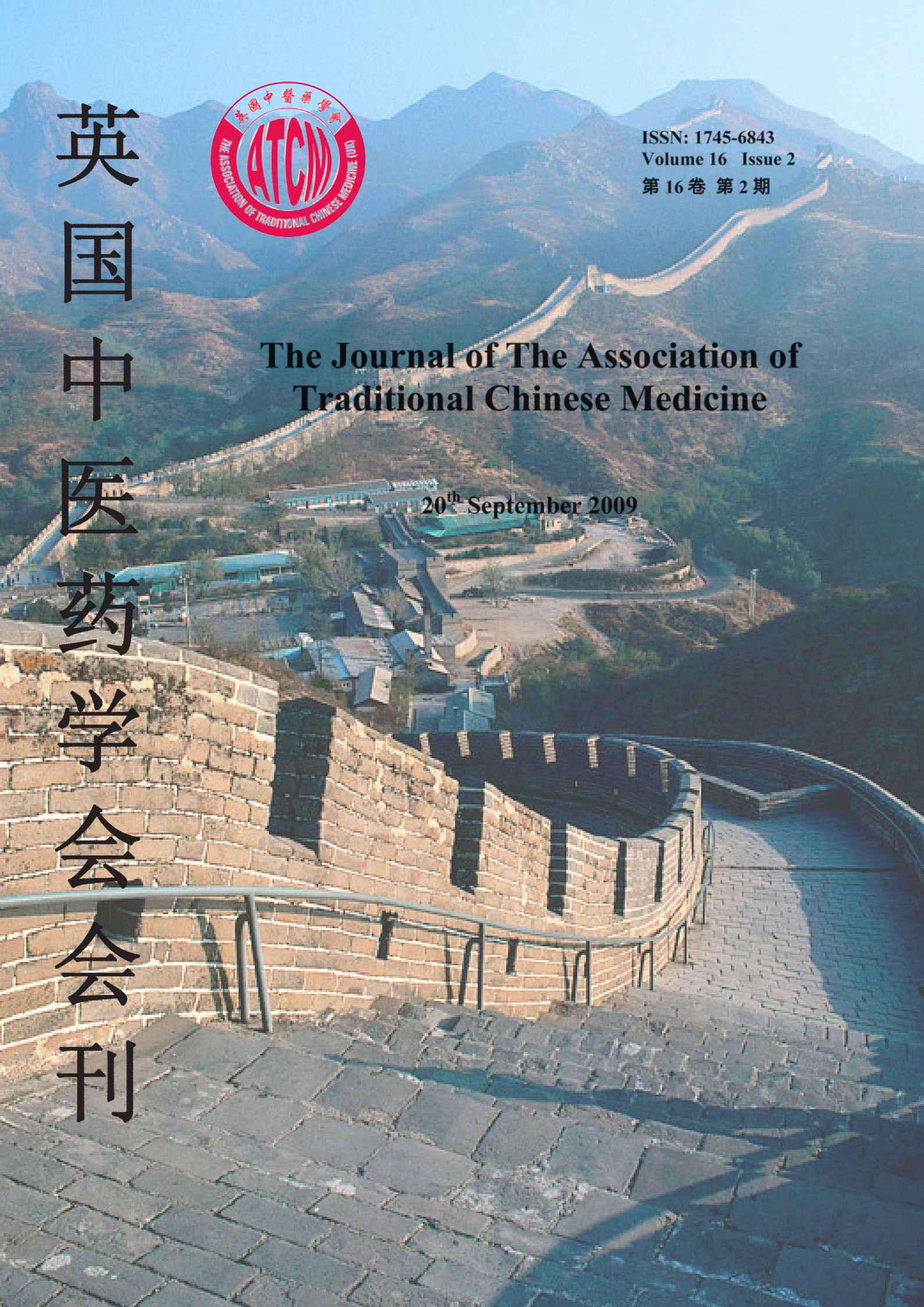

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地址 Address: 5A Grosvenor House, 1 High Street, Edgware, London, HA8 7TA, UK

电话　Tel: 0044 (0)20 8951 3030　　电子邮件 Email: info@atcm.co.uk
传真　Fax: 0044 (0)20 8951 3030　　网站　Website: www.atcm.co.uk

The Association of Traditional Chinese Medicine (UK) Prize for Excellence in TCM Study (PETS) Award, 2009

PETS 2009 winners Sarah Clark, Rob Gregory, Laura Hersch, Kirsty Jones and Sam Hamer with ATCM Honorary President Dr Ding Hui Luo

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Purgative Method in *Shang Han Lun*

Engin CAN[1], Ming Zhao Cheng[2]
[1]*Everwell Clinic, London.* [2]*Middlesex University*

1. Introduction

Purgative method (Xia Fa –下法) was one of eight methods （八法）in Shang Han Lun （伤寒论 Treatise on Cold Damage and Miscellaneous Disease）by Zhang Zhong-jing （张仲景） in the East Han Dynasty (3rd century AD).

This method functions in relieving constipation and eliminating indigested food-excessive heat from the gastrointestinal tract, and was mainly used for treatment of the yang ming fu zheng (the yang brightness fu-organ syndrome).

Under this method in Shang Han Lun, there are 5 main formulae for different indications in yang ming fu zheng (阳明腑证 yang brightness fu-organ syndrome) – they are Tiaowei Chengqi Tang (调胃承气汤 Stomach-Regulating Purgative Decoction), Xiao Chengqi Tang （小承气汤 Minor Purgative Decoction）, Da Chengqi Tang （大承气汤 Major Purgative Decoction）, Maziren Wan （麻子仁丸 Hemp Seed Pill） and Guan Chang Fa （灌肠法 Enema for Constipation）. There are also a number of formulae that combine purgative method with other methods. In this article, we will discuss the 5 formulae listed above, and then another 3 formulae that combine purgative with other methods.

2. Stomach-Regulating Purgative Decoction (调胃承气汤)

In Chinese, Tiaowei (调胃) here means regulating the stomach; Chengqi (承 气) means to continue the downward movement of the stomach qi, so that all blockages are smoothly open and stagnated qi and food in the stomach are moved down to the intestines then to be passed out – in effect meaning purgative. Tang means decoction.

This formula consists of Dahuang (大黄 Radix et Rhizoma Rhei) 4 Liang /12g, Mangxiao (芒硝 Natrii Sulphas) Half Sheng /9g and Zhi Gancao (炙甘草 Radix Glycyrrhizae Praeparata) 2 Liang /6g. As Mangxiao is a mineral and legally not allowed to be used by herbalists in the UK, we may use Yuliren（郁李仁 Semen Pruni) 9g as its replacement.

Among these herbs, Dahuang is king in the formula. It is the main herb for purging pathogenic factors from the stomach and intestine; Mangxiao/Yuliren acts as the minster of the formula. It clears away heat from yang ming and softening hard masses; Gancao buffers the harsh purging effects of Dahuang and Mangxiao, harmonizes and protects the stomach-qi and co-ordinate all the ingredients. These 3 ingredients work together to purge the heat accumulated in yang ming fu-organ and at the same time protects the stomach.

The main applications of this formula were described in Clauses 207,248 and 249 of Shang Han Lun. The main indications are Zao (Dryness 燥) and Shi（hardness 实） in yang ming fu-organ, as its main function is to purge pathogenic dryness-heat accumulated in the gastrointestinal tract by laxative action, treating fever with perspiration, constipation, abdominal distention and restlessness.

Today this formula can be used to treat constipation, abdominal fullness, or painful swelling of mouth, teeth and throat due to domination of heat –dryness in the stomach and intestine, particularly in people who have a habit of having too much spicy junk food.

3. Minor Purgative Decoction（小承气汤）

In Chinese, `Xiao’ 小 means Minor or Small; `Chengqi’ 承气 here means the same as in Tiaowei Chengqi Tang (调胃承气汤). This formula consists of Dahuang (大黄 Radix et Rhizoma Rhei) 4 Liang /12g, Houpo (厚朴 Cortex Magnoliar Officinalis) 2 Liang/6g and Zhishi (枳实 Fructus Aurantii Immaturus) 3 big pieces/9g.

Among them, Dahuang is used to purge and eliminate pathogenic factors from the gastrointestinal tract; Houpo functions in promoting qi flow and to relieve abdominal distension; and Zhishi is good at removing stagnation of qi. Working together, the 3 herbs of the formulae relieve accumulation of heat in the gastrointestinal tract in a not too harsh manner.

The main applications of this formula were described in Clauses 213,214 and 250 of Shang Han Lun. The main indications for it are Pi (stuffiness 痞) and Man（fullness 满）in yang ming fu-organ. It was used for treatment of the yang ming fu zheng due to damages to fluids (such as inappropriate treatments by sweating, vomiting and purging) leading to hard feces and pathogenic heat in the gastrointestinal tract, manifested as constipation, delirium, profuse perspiration and heat fecaloma etc. We often use this formula to treat constipation, indigestion and retention of food marked by abdominal distension or pain, anorexia, and simple or paralytic intestinal obstructions.

4. Major Purgative Decoction（大承气汤）

In Chinese `Da’ means Major or Big, here it means bigger dosage and more powerful. `Chengqi’ means as same as in the above 2 formulae. The formula consists of Dahuang (Radix et Rhizoma Rhei) 4 Liang/12g, Houpu (Cortex Magnoliar Officinalis) half Jin/24g. Zhishi (Fructus Aurantii Immaturus) 5 pieces/15g and Mangxiao (Natrii Sulphas)3g /Yuliren（郁李仁 Semen Pruni) 9g We can see that the ingredients of Da Chengqi Tang are effectively a combination of Tiaowei Chengqi Tang plus

Xiao Chengqi Tang, with increased dosages of Houpu and Zhishi, decrease dosage of Mangxiao and taking away Zhi Gancao

As a result of these modifications, the effect of Da Chengqi Tang is much stronger than both Tiaowei Chengqi Tang and Xiao Chengqi Tang. In Da Chengqi Tang, as in Xiao Cheng Qi Tang, Dahuang is used to purge and eliminate pathogenic factors from the gastrointestinal tract; Houpo functions in promoting qi flow and to relieve abdominal distension; and Zhishi is good at removing stagnation of qi. Mangxiao, or Yuliren, as in Tiaowei Chengqi Tang, is to clears away heat from yang ming and softening hard masses. The removing of Zhi Gancao means that its slowing and moderating effects are not needed, therefore the purging effect becomes more powerful. Working together, the 4 ingredients can effectively and quickly expel pathogenically accumulated heat from yang ming fu-organ, i.e. the gastrointestinal tract. It loosens the bowls and promotes the downward movement of stomach qi.

In Shang Han Lun, Da Chengqi Tang is used for treatment of serious cases of the yang ming fu syndrome manifested as serious constipation, even no stool for 5-6 days or 10 days; abdominal distension and pain, tidal fever in afternoon; delirium and coma, speaking to himself as if he sees a ghost, unconscious to people around him and subconsciously touches on his clothes and bed; starring eyesight, light reaction disappearance etc. These symptoms were described in Clauses 212,215, 217, 220, 238,239, 241, 242, 252, 253, 254, 255 and 256 of Shang Han Lun. The main indications for it are Pi (stuffiness 痞), Man（fullness 满）, Zao (Dryness 燥) and Shi（hardness 实）in yang ming fu – a combination of Tiaowei Chengqi Tang and Xiao Cheng Qi Tang. Today we often use this formula for treatments of infectious or non infectious febrile diseases in the climax stage marked by constipation due to accumulation of heat and paralytic or simple intestinal obstructions. Modern researches have found that this formula has the functions of relieving inflammation, anti-bacteria, promoting blood circulation of intestines, stimulating intestinal peristalsis, purging stool, tranquilizing the mind, bring down fever, etc. As this is a very powerful formula, it is not to be used in pregnant women or patients with general weakness. Once the condition is improved and the gastrointestinal tract is moving, then the use of Da Chengqi Tang should stop.

5. Hemp Seed Pill（麻子仁丸）

This formula consists of Maziren (Fructus Cannabis) 2 Sheng/12g, Baishao (Radix Paeoniae Alba) half Jin/24g, Zhishi (Fructus Aurantii Immaturus) half Jin/24g, and Dahuang (Radix et Rhizoma Rhei) 1 Jin/48g, Houpu (Cortex Magnoliar Officinalis) 1 Chi/30g, Xingren (Semen Armeniacae Amarum) 1 Sheng/18g. Grind all the above ingredients into powder and make pills (Wan 丸) with honey. 9 g of pills are to be taken each time, 1 – 2 times per day. Among the ingredients, Maziren, Baishao and honey have functions to lubricate and moisturize the intestine, promote bowel movement and nourish the spleen-yin. In TCM theory the lung and large intestine has an interior-exterior relationship, so here Xingren is used to regulate the lung qi indirectly to lubricate the large intestine and relieve constipation. Dahuang, Houpu and Zhishi, as in Xiao Cheng Qi Tang, promote bowels movement and remove pathogenic factors from the stomach and intestine. All herbs working together, this formula functions in moisturizing the intestines to relieve constipation. As the formula is made into pills with slowing and moisturizing ingredients, its purging effect is slower than any Chengqi Tang discussed above, but at the same time this formula protects the genuine qi of body. In Shang Han Lun, this formula is used to treat pi yue zheng (脾约证 spleen constrained syndrome), as described in Clause 247: “Fu yang mai (anterior tibial artery) pulse is floating and hesitant. A floating pulse indicates strong stomach qi, whereas a hesitant pulse indicates frequent urination (it is one of causes leading to constipation in TCM theory). This combination of floating and hesitation pulses indicates hard feces and it name pi yue zheng. Maziren Wan should be the chief formula.” Today we often use Maziren Wan for treatments of habitual constipation, or the constipation caused by intestinal dryness duo to over-sweating during febrile diseases marked by rabbit-stool like feces, or hemorrhoid with constipation, etc. This pill, as it is mild, can also be used in pregnant women as well the elderly and weak patients.

6. Enema for Constipation（灌肠法）

This is described in Clause 233 “in yang ming disease, the patient sweats. If using diaphoresis to treat it, the patient will has spontaneous perspiration. If at the same time, the patient’s urination is normal, then exhaustion of body fluid will occur. In this situation, although there are hard feces, no purgative method should be used. If the patient has an urge to defecate, an enema method should be used. Honey or root of cucumber, or pig bile can be used as medicine of enema.”

Now Guan Chang Fa is commonly used in constipations of elderly patients who are weak. It is also used in some people’s health maintenance - as in colon irrigation. There is a danger though that some people do not use it properly, even in situations where they have normal bowels movements.

The above 5 formulae are the common formulae in the application of purgative methods described in Shang Han Lun.

Using purgative method is appropriate for yang ming fu zheng, but in Shang Han Lun, purgative method is also used in non yang ming conditions, It also used in combination with other methods, as there are conditions in the course of a disease that appears that yang ming fu zheng is with other syndromes. In Shang Han Lun, some of these combinations were described. Due to limited space, we just discuss the following 3 examples.

7. Peach Seed Purgative Decoction (桃核承气汤)

This formula is used for tai yang xu xue zheng (太阳蓄血证 blood accumulation syndrome) in the bladder, one of the two tai yang fu zheng. This syndrome is described

in Clause 106, that ‘Before tai yang bing (the greater yang disease) is cleared, pathogenic heat congeals in the urinary bladder. The patient behaves in a manic way. If the patient urinate blood, then the condition will be cleared away with the blood. When the exterior is not clear, it is not appropriate to purge. Clearing the exterior should be the priority. When the exterior is cleared, but the patient still feels tight and spasm in the lower abdomen, then purgative method should be used and Taohe Chengqi Tang is appropriate.”

This formula consists of Taohe (Semen Persicae) 50 pieces /10g with tip and skin removed, Dahuang (Radix et Rhizoma Rhei) 4 Liang/12g, Guizhi (Ramulus Cinnamomi) 2 Liang/6g, Zhi Gancao (Radix Glycyrrhiae) 2 Liang/ 6g, Mangxiao (Natrii Sulfate) 2 Liang/6g. Modern researches have shown that the formula has the functions in promoting blood circulation of intestine, stimulating intestinal peristalsis, purging stool, tranquilizing the mind and bring down fever. We still use this formula today for treating infectious and non-infectious febrile diseases marked by blood accumulation syndrome, or simple intestinal obstruction, epilepsy and depression.

8. Major Chest Bind Decoction (大陷胸汤)

This formula is for re shi jie xiong zheng (热实结胸证 chest bind syndrome due to excessive heat). It is recorded in Clauses 132,133,134,135,136 and 137. In clause 135, it states that ‘Shang Han for 6 to 7 days, jie xiong caused by excessive heat with deep and tense pulse and epigastric pain, and abdominal wall is as hard as a stone on palpation. This should be treated with Da Xianxiong Tang’.

This formula is composed of Dahuang (Radix et Rhizoma Rhei) 6 Liang/10g, Mangxiao (Natrii Sulfate) 1 Sheng/10g, Gansui (Radix Euphorbiae Kansui) 1 Qianbi/1.5g. Modern researches have shown that this formula has efficacies of strong purgation and diuretic, anti-inflammation and anti-sepsis. We sometimes use it for treatments of inflammatory hydrothorax and ascites, but it is not advisable to use it in the UK as in this formulas there is a mineral (Mangxiao) and a very powerful herb (Gansui) in the formula.

9. Virgate Wormwood Decoction (茵陈蒿汤)

This formula is for shi re fa huang (湿热发黄 yang jaundice caused by damp heat). It was recorded in Clause 236,260 and 261.In Clause 236, it states that “Jaundice will not result in yang ming bing (the yang brightness disease) if there is fever and perspiration, as interior heat would leak out by sweat. If there is perspiration only on the head above the neck but not the body, with dysuria and thirst, it indicates concretion of the interior heat and the skin will be yellow. This should be treated with Yingchenhao Tang.”

The formula contains Yinchenghao (Herba Artemisiae Scopariae) 6 Liang/18g, Zhizi (Fructus Gardeniae) 14 pieces/10g, Dahuang (Radix et Rhizoma Rhei) 2Liang/6g. This formula is effective in normalizing the functions of the liver and gallbladder by cholagogic action. Today we often use it for treatments of hepatitis, cholecystitis and cholelithiasis.

There are other formulae in Shang Han Lun that are also purgative and have not been discussed in the paper, for example, Da Xianxiong Wan (大陷胸丸 which has different ingredients to Da Xianxiong Tang)in Clause 131, San Wu Bai San (三物白散)in Clause141, Dahuang Huanglian Xiexin Tang (大黄黄连泻心汤)in Clause 154 and 164, Di Dang Tang （抵当汤）in Clause 125 and Di Dang Wan （抵当丸 which has the same ingredients as Di Dang Tang）in Clause 126, Shi Zao Tang (十枣汤) in Clause 152, Da Chaihu Tang (大柴胡汤 which has different ingredients to Xiao Chaihu Tang)in Clause 103 and 165, Chaihu Jia Mangxiao Tang (柴胡加芒硝汤)in Clause 104, Chaihu Jia Longgu Muli Tang (柴胡加龙骨牡蛎汤) in Clause 107 and Guizhi Jia Dahuang Tang (桂枝加大黄汤) in Clause279. Practitioners who are interested in these formulae can refer to Shang Han Lun to learn more about them.

10. Summary

Purgative method was one of the eight methods in Shang Han Lun, mainly used for treatment of yang ming fu zheng (阳明腑证 yang brightness fu-organ syndrome). 5 formulae are discussed: Tiaowei Chengqi Tang (调胃承气汤 Stomach-Regulating Purgative Decoction), Xiao Chengqi Tang （小承气汤 Minor Purgative Decoction）, Da Chengqi Tang （大承气汤 Major Purgative Decoction）, Maziren Wan （麻子仁丸 Hemp Seed Pill） and Guan Chang Fa（灌肠法 Enema for Constipation. Additionally, in Shang Han Lun, purgative method was also used in non yang ming conditions, as well as in combination with other methods in many formulae to treat different conditions. Practitioners should learn the principles and use the formulae with flexibility and innovation in modern day practice.

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试论《傅青主女科-调经》的遣药组方特色

汤淑兰

摘要： 《傅青主女科》（下称《女科》）为明末清初医家傅山（公元 1607-1684 年，字青主，号公他，山西阳曲人）所著。《女科》是具有创新精神的一本妇科专著，辨证精当，置方简要，切合实用。傅氏治疗月经病以滋肾为主，兼治肝脾，学术自成风格。本文着重对《调经篇》中十四证、十五方进行系统研究，探讨傅氏调经方剂的立法组方特色，以为临床提供理论指导。

1. 滋肾益精

傅氏尊崇《内经》理论，认为肾在女子生理、病理中起着甚为重要的作用，肾与月经关系密切。他说：“经原非血也，乃天一之水，出自肾中。”明确肯定了肾中阴精对月经的作用；又说月经“是至阴之精而有至阳之气”生成，说明月经的物质基础虽在肾阴，然其化生必有肾阳的资助，其运行亦赖肾阳的推动。肾虚而肾阴肾阳失和，是导致月经病发生的主因，傅氏施治，偏重调补肾阴肾阳。

1.1 补肾培本　滋水为要

傅氏承赵献可“调经以滋水为主”的观点，认为女子月经本于肾水，调经当以滋补肾水为培本大法。

例如，对经水先期一证，傅氏围绕月经的多少与肾水的关系，辨证立法细微明了。他以“先期经来者，其经甚多”与“先期经来，只一、二点者”为区别虚实的辨证要点。前者病机为“肾中水火太旺”，属实证；后者病机为“肾中火旺而阴水亏”，属虚证。实证以清火为主，虚证以滋水为要；分别创立清经散与两地汤，二方俱治火甚血热而经先期，但一为水有余，一为水不足，因而其立法及遣药组方也不一样。

清经散主治水火俱盛所致的经来先期而量多之证，傅氏认为：“火不可任其有余，而水断不可使之不足，治之法但少清其热，不必泄火也。”故方中以丹皮、地骨皮等清火为主，而少佐生地，白芍以滋阴养血。过甚之火得清，则血热平，水自不泄，经期自正，所以说：“此方虽然是清火之品，然仍是滋水之味，火泄而水不与俱泄，损而益也。”

两地汤主治肾中火旺而阴水亏所致的先期经来只一、二点者。傅氏认为：“治之法不必泄火，只专补水，水既足而火自消。”故方中用生地、元参、白芍、麦冬等大剂滋阴养血之品，以达到“水盛火自平”、阴血生而经自调的目的。此方所用诸药，纯是补水之味。

从以上二方的分析可知，傅氏调经重视保护肾水，即使在肾中水火两旺的情况下，不但不泄其水，而且在清肾火的同时，配入少量滋补肾水之味，以培经水之本。

1.2 强壮肾阳　重在温润

调经虽以滋水为主，然阴不可无阳。傅氏重视强壮肾阳，同时他认为“火衰虽小剂而可助，热药多用，必有太燥之虞，不比温甘之品也”，所以他在调经方的用药中，多喜温润填精之品，如巴戟、菟丝子、肉苁蓉、续断、杜仲等。其中特别重用巴戟、菟丝子，调经篇共 15 方，有 9 方运用温补肾阳之品，其中用巴戟者占 4 方，为最多；菟丝子虽仅有 2 方运用，但用量独重，如定经汤中用至一两。

现代实验证明，巴戟、菟丝子并不直接刺激激素分泌或具有激素活性，却能提高下丘脑——垂体——卵巢的反应性，从而使其调节功能更趋完善，这一点对调节月经周期、维持月经周期的动态平衡是很有意义的。

2. 舒柔调肝

傅氏本“女子以血为本”、“冲为血海”之旨，认为女子月经为冲脉所主司。然肝为藏血之脏，并与冲脉相连，所以冲脉之充盛与否，除与先天肾、后天脾胃的化生有关外，更有赖于肝之藏血与疏泄功能。《女科》调经篇在舒肝、柔肝等治法方面的论述，均有独到之处。

2.1 疏肝解郁　独擅轻灵

肝藏血，主疏泄，喜条达，恶抑郁，其体为血，其用为气，而妇人血气为患尤甚。疏肝解郁，则肝气条达，疏泄有权，血行通畅，气血既通则经水安和，即有不调，亦易治疗。《女科》中舒肝法应用广泛，特点是药味精炼，每方中疏肝药一般仅用一味，多则两味，三味者已为少见；药用量轻，少则五分，多则一钱，意在取其气而轻投，欲其轻扬上达，体现了傅氏舒肝独擅轻灵的特点。

例如，对经水先后无定期一证，傅氏指出，不可误以为气血之虚，而是由于肝气郁结所致。“夫经水出诸肾，而肝为肾之子，肝郁则肾亦郁矣；肾郁而气必不宣，前后之或断或续，正肾之或通或闭耳。”盖肝司血海而主疏泄，肾主胞宫而藏精液，肝肾一体，精血同源。肾虚则肝木失养而可致肝气郁结；反之，肝郁又可损及于肾，此子母相关也。今肝郁及肾，肝气郁结则疏泄失司而血海失调，肾气郁则精血失化而胞宫失养，故经来断续、前后不定期。根据这样的病理机转，傅氏提出：“治法宜舒肝之郁，即开肾之郁也。肝肾之郁既开，而经水自有一定之期矣。”创立定经汤以舒肝开肾。但其组方，则首用菟丝子、熟地、当归、白芍以滋肾养肝。傅氏尊“若欲通之，必先充之”之理，在补益肝肾精血的基础上，配伍疏肝解郁之柴胡，仅用五分，取其轻清上升、宣透疏达之性，从而达到寓疏于补、开郁而不伤正的目的。正如傅氏方后注云：“不治之治，正妙于治也。”若方

中不用一味柴胡以疏理畅达，则肝肾之精血虽然充盛，而郁终不开，月经仍难按期而至。由此可见，傅氏用药之妙，在于以轻取胜。

2.2 养血柔肝 归芍为先

《女科》调经篇 15 方中，用白芍有 12 方，用当归有 9 方，归、芍并用有 8 方，可见归、芍在傅氏调经方中占有相当重要的位置，即使在有肝郁症状时，傅氏亦常以归、芍为主以先养肝体，使肝体柔和而遂其条达之性。

例如，在行经后少腹疼痛一证中，傅氏认为素体肾水不足者，行经后肾水更虚，水不涵木，肝气逆乘脾土，木土相争，则气逆而作痛。行经后少腹疼痛的病机实为肾虚肝木失养，肝气郁结所致，病之本在于肾水亏虚，其标乃是肝气郁结，傅氏据此提出治法“必须以舒肝气为主，而益之以补肾之味”，创立调肝汤，旨在益肾舒肝。方中除用山药、阿胶、山萸肉、巴戟天以滋补肾精而化生肝血、濡养肝体外，尤妙在用当归、白芍二药，直入肝经以养血柔肝，使肝血得养而肝气自舒，行经后少腹疼痛之证亦随肝气疏通而自然消除。

另外，傅氏所拟制的宣郁通经汤、顺经汤、加味四物汤、加减四物汤等，亦均用归、芍相配以养血柔肝，从而达到舒肝调经的目的。从傅氏这类组方规律中，可以看出，归、芍相配乃为养血柔肝法中 必用之品。当归辛、苦、甘、温，其气香馥，入肝、脾、心经，系血中气药，具有补血和血之功。张景岳云：“当归，其味甘而重，故专能补血，其气轻而辛，故又能行血，补中有动，行中有补，诚血中之气药，亦血中之圣药也。”对血气、肝郁之证，惟当归养肝之体，顺肝之性，气血同调，最为相宜。白芍酸、苦、微寒，亦入肝脾二经。其味酸以养血柔肝，乃崇《内经》“肝欲酸”、《金匮》“肝之病，补用酸”之旨。成无己曰：“芍药之酸，收敛津液而益荣。”其微寒之性，一则可兼清血虚肝郁所化之热，且能监制当归辛温芳香之性，而防其于血虚内热之时助热动血之弊。如此归芍相须，补中寓调，寒温适中，既照顾肝体，又照顾到肝用，不失为养血柔肝之最佳药对。

3. 暖土健脾

脾脏主运化、统血，二者功能的正常与否亦是决定女子生理病理状态的主要原因之一。傅氏特别强调补气温阳，健脾助运，以促使其统摄血行及运化水湿的重要性，这是《女科》调经的又一特色。

3.1 从肾治脾 以火暖土

脾之所以健运不衰，有赖于肾阳命火之温煦。傅氏指出：“补脾尤宜补肾中之火，盖肾火能生脾土也。……脾之虚寒责之肾也，不可不辨。”因而对脾阳虚弱，运化失常所致的月经不调证，他常从补肾阳以暖脾土之法治疗，从其立法组方上亦可以看出这一特点。

例如，傅氏在“经前泄水”条的论述中指出：“脾属湿土，脾虚则土不实，土不实则湿更甚”，所以“经水将动而脾先不固；脾经所统之血，欲流注于血海而湿气乘之”，故“先泄水而后行经也”。说明脾气虚弱，运化失常，湿犯血海是经前泄水证的主要病机。又肾主封藏，肾阳虚衰，则封藏失职；且肾为水火之宅，火潜水中，若真火不足，则上不能温煦脾阳，下不能摄精制水，亦可发为经前泄水之证。针对这样的病理机制，傅氏在论治中虽只云：“补脾气以固脾血，则血摄于气之中”，但从他所创健固汤全方来看，确实体现了其温肾暖脾的法则，方用人参、茯苓、白术、薏苡仁补气健脾、利水除湿的同时，佐以一味巴戟，且用量至五钱之上，温肾暖土，补先天以固后天，则脾气日渐旺盛，自能运化水湿；湿邪既化，则经水自然调和而经前泄水之证亦随之消除。由此可见，温肾暖脾是傅氏调经的又一大法门。

3.2 健脾宜补 必兼疏导

傅氏尝谓：“凡病起于气血之衰，脾胃之虚。”强调了脾胃调和则谷气充盛，血海清宁而经行不失其常的道理。因而傅氏又特别重视补气健脾。《女科》调经 15 方中，以补气药为君者就有 4 首，如助仙丹、安老汤、健固汤、温脐化湿汤等，均以补气健脾药为主，如人参、黄芪、白术、茯苓一类，且用量均为五钱至一两。虽同为补气药，但在不同方中，则选用药物及其配伍作用不一。

例如，助仙丹是用以治疗经水数月一行，气血虚弱而病情尚轻，故傅氏仅用白术、茯苓、甘草、山药调理脾胃，资生经血之源，配合菟丝、杜仲、白芍益肾养肝，全方系中和之品，平补不峻。安老汤是傅氏为“肝不藏、脾不统”之老年经水复行而设，其症状表现为“妇人有年五十外，或六七十岁，忽而行经者，或下紫血块，火如红血淋……谁知是血崩之渐乎！”治疗之法，非大补肝脾气血，则血不能骤止。故方中以参、芪、术、草补其健脾为主，使脾气足而复其统血之权；辅以熟地、当归、山萸肉、阿胶以补肝肾之精血，自然水壮火平；尤妙在以小量香附理气和血，黑芥穗、木耳炭凉血止血，如此则肝肾足、脾气健、郁火清而血无有不止。此时知用补药，若力不胜，则绝难奏效。

傅氏据病情之轻重而选用补气药，而补中寓运，更是傅氏匠心之所在。他在补气健脾的同时，往往秒用少量疏气开导之品，使补而不腻，脾运益健。如助仙丹在平补脾气的基础上，仅用辛、苦、温，芳香入脾之陈皮理气化痰，使全方“健脾益肾而不滞，解郁清痰而不泄”。而安老汤在大补肝脾肾的同时，配一味辛、微苦、甘，通行三焦气机的香附，既可疏肝解郁，又可苏醒脾气，还能入血行气，使补而不壅，滋而不腻，虽仅用五分，可使全方静中寓动，补中有行，更好地发挥补益作用。此乃傅氏组方遣药的又一特色.

Gan Mai Da Zao Tang: The Very First Placebo in the World?

Hui Jun Shen

Gan Mai Da Zao Tang (甘麦大枣汤), or Decoction of Licorice Wheat and Jujuba, is a herbal formula created by Dr Zhang Zhong Jing in his eminent book *Jin Gui Yao Lue* (Synopsis of the Golden Chamber). It is the only formula specifically designed for treating a condition called *Zangzao*. It i*s* recorded in Chapter 22: Pulse, Syndrome and Treatment of Women's Miscellaneous Conditions as: "a woman with *Zangzao* tends to grieve and cry as if she were haunted. She frequently stretches and yawns. *Gan Mai Da Zao Tang* can be used for this case." The components of the formula are as recorded in the book:

Gancao 甘草 Radix Glycyrrhizae 3 *Liang*/9g
Xiaomai 小麦 Fructus Tritici 1 *Sheng*/30g
Dazao 大枣 Fructus Ziziphi Jujubae 10 Pcs

Administration: Decoct the above 3 herbs in 6 *Sheng* (1200ml) of water until 3 *Sheng* (600ml) remains. Then divide the decoction into 3 portions; one portion is taken orally when it is warm, 3 times a day. It can also tonify the spleen-*qi*.

While many TCM learners are fascinating on how such a simple small formula can treat Zangzao effectively, I always think this is very likely an ancient herbal placebo. My thought can be supported by two basic factors, the nature of its clinical indication and its three innocuous or even inert components.

1. The nature of its clinical indication:

Gan Mai Da Zao Tang is the only formula in Jin Gui Yao Lue for treating Zangzao condition. Zangzao is widely believed to be one of Dr Zhang Zhong Jing's descriptions of a psychological disorder "hysteria". The other two descriptions are named as Bentun and Meiheqi. (Can et al, 2008).

Hysteria, in its colloquial use, describes a state of mind, one of unmanageable fear or emotional excesses. The fear is often caused by multiple events in one's past that involved some sort of severe conflict; the fear can be centered on a body part or most commonly on an imagined problem with that body part. People who are "hysterical" often lose self-control due to the overwhelming fear. (Wikipedia.org)

In 1980 the American Psychiatric Association formally abandoned the diagnosis of hysteria or hysterical neurosis. (Merskey, 1995) Current psychiatric terminology distinguishes two types of hysteria: somatoform and dissociative. Dissociative hysteria presents mental or emotional symptoms only, such as histrionic personality, hypochondriasis, excessive domination of particular emotions. On contrast, patients with somatoform disorders (including conversion disorder, somatization disorder, and body dysmorphic disorder) exhibits physical symptoms such as low back pain or limb paralysis without apparent physical cause.

Interestingly, in Jin Gui Yao Lue, Zhang Zhong Jing described Zangzao with only mental and emotional symptoms (women tending to grieve and cry as if being haunted), but Bentun and Meiheqi mostly with physical symptoms.

Many clinical trials have proved that nothing works better than placebo in treating hysteria, especially dissociative type. Placebo is Latin for "I will please". According to Evens (2003), an article in the Lancet in 1954 summed up the old fashioned view of the placebo as "a means of reinforcing a patient's confidences in his recovery, when the diagnosis is undoubted and no more effective treatment is possible". In the eighteenth century, placebo entered the medical lexicon as a term for fake remedies. When the physician thought nothing was wrong with a patient, he might give him a bread pill or some other innocuous substance just to keep him happy. Merskey (1995) also believes that a true placebo response would depend on the false belief that a particular substance or procedure was specifically efficacious. It may be promoted by emotional support which a physician gives through attention to the patient.

It is very likely that over 1800 years ago, Zhang Zhong Jing already knew nothing was physically wrong with a Zangzao patient and there was no effective remedy for this purely psychological disorder. He used this simple harmless herbal formula as a "bread pill" and pretended it was a very effective remedy. With his fame, it was not difficult to make patients falsely believe this herbal decoction to be a magic cure. Such false belief of the patients is exactly placebo effect which can lead to a true "cure" in hysterical patients.

Although some medical scientists may challenge the placebo effect on physical conditions, as they believe there is no evidence on its clinical important effects (Moerman et al, 2002), it is still widely accepted in neuropsychological field that placebo is the best effective "treatment" for hysteria.

2. The components of the formula:

Similarly with many formulae created by Zhang Zhong Jing, Gan Mai Da Cao Tang is a very simple formula with only three herbal components. However, what makes this one unique is that its three components are all very mild, risk-free and innocuous herbs. In fact, Gan Cao (Licorice) is used in nearly 50% of Zhang Zhong Jing's herbal formulae and is the most commonly used herb in TCM history and nowadays. It is used mostly as a "modifier" in many herbal formulae, as well as in food receipts. Xiao Mai (Wheat) and Da Zao (Jujuba, Chinese date) are used more as food than herbal medicine. None of these three herbs are used as main (monarch) components in TCM herbal formulae to treat physical illnesses. It is most likely that Zhang Zhong Jing tried to use such risk-free and inert substances to pretend to be very effective herbal remedy for Zangzao patients. If this is the case, then Gan Mai Da Zao Tang would surely be the ancient form of placebo.

3. First placebo in the world?

The word placebo dates back to a Latin translation of the Bible by Jerome ((Jacobs B, 2000). It was first used in a medicinal context in the 18th century (Shapiro AK, 1968). Shapiro may be wrong as he or she looked at the history of western medicine only. Gan Mai Da Cao Tang is more than 1800 years old, so if it is recognised as an ancient form of placebo, then it is surely the very first recorded in the world. The argument is: from medical point of view, can it be recognised as a form of placebo? Then it will be a matter for medical historicists to accept it as the first in the world. I would rather leave this argument to these people.

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补中益气汤该如何用

高建忠

http://www.tcm100.com/article

1.前言

补中益气汤，最早出自李东垣所著的《内外伤辨惑论》一书，被后世医家推崇至极。明代医家张景岳评价道，“补中益气汤，允为李东垣独得之心法。”而今日，善用补中益气汤的医者日少，初涉临床的医生使用补中益气汤每每会有“成事不足，败事有余”的感觉。为什么？重新认识补中益气汤，重新审视李东垣笔下的补中益气汤，也许有益于临床。

2．辨证：治内伤脾胃始得 量轻效宏

读《内外伤辨惑论》、《脾胃论》，可以看出，补中益气汤治疗内伤脾胃之证，是“始得之证”，临床表现可以和外感风寒之证相类同。其病因为“饮食失节，寒温不适”，“喜怒忧恐，劳役过度”。病机为“脾胃气虚，则下流于肾肝，阴火得以乘其土位。”治则为《内经》所说的“劳者温之，损者温之”，具体治法是“惟当以甘温之剂，补其中，升其阳，甘寒以泻其火则愈。”

方中“须用黄芪最多”，但仅用“五分”，“劳役病热甚者一钱”，他药各用“三分”。折合成现代用量，一剂药总剂量仅为 10 克左右。服用方法是“早饭后温服”。

方中黄芪、炙甘草配伍升麻、柴胡，重在“实其表”，“不令自汗，损其元气”；人参、炙甘草重在“补脾胃中元气”；白术除用其“甘温”之外，重在用其“苦”；橘皮“导气”，当归酒洗“和血脉”。

3．辨脉：右脉大于左脉 数中显缓

李东垣临证注重辨脉，对外感、内伤之别首列“辨脉”，并且认为辨脉已足够，“以此辨之，岂不明白易见乎。”之所以《内外伤辨惑沦》中又列辨症候，是“但恐山野间卒无医者，何以诊候，故复说病证以辨之。”

那么，补中益气汤所治证的脉象是什么呢？李东垣在“饮食劳倦论”中直接提到的是“脉洪大”。脉洪大提示阴火盛，如阴火不太盛时该是什么脉象呢？

李东垣在“辨脉”中提到“内伤饮食，则右寸气口脉大于人迎一倍，伤之重者，过在少阴则两倍，太阴则三倍，此内伤饮食之脉。”“若饮食不节，劳役过甚……气口脉急大而涩数”等，尽管这里对脉象的记述似有杂乱之嫌，但有一个明显的特点是，右脉大于左脉，或脾脉独大于其他部位脉，并且见数脉时可“数中显缓”。这一点对于使用补中益气汤是很有临床意义的。

还有，李东垣从反面论述了有一部分脉象是不可以使用补中益气汤的。方后“四时用药加减法”中，在治腹痛时提到：脉弦不可用，当用小建中汤；脉沉细不可用，当用理中汤；脉缓不可用，当用平胃散。从脉象鉴别方证，简单而实用。

从李东垣笔下可以看到，补中益气汤的适应病证是非常广的，既可治内伤病，也可以治外感病；方药加减（主要是加药）是极其灵活多变的，补药、泻药、寒药、热药都可以加用，不拘一格。但万变中有其不变的根本，也就是适应症只能是“内伤”（外感病也是在内伤基础上的外感），病脉主要出现在右关，病变的主要病位在脾胃。

4．加减：不解原意易坏事

张元素立方“非为治病而设，此乃教人比证立方之道，容易通晓也”，作为张元素的弟子，李东垣深受其影响，所有方剂皆为“从权而立”，也就是重在教人立方之法，而不是传授他人所谓效方、验方。补中益气汤方后有一系列加减法及较大篇幅的“四时用药加减法”，示人方不可执，灵活应用。

方书多说补中益气汤证应该口中和，不喜饮，也就是说口干、咽干是慎用、不用补中益气汤的。但李东垣在方后的第一个加减竟是“口干嗌干加干葛”。气虚当温补，实火当苦泻，虚火当清补，而李东垣的第二个加减法竟然是补中益气汤加苦寒泻火之黄柏和甘寒清补之生地黄。反思其治法，补中益气汤原方中只有“补其中，升其阳”之品，而缺少“泻其火”之药，加黄柏、生地黄似乎才成为完整的治疗脾胃内伤“始得之证”的补中益气汤。

后世医家在使用补中益气汤时也多加减及合方使用，但灵活性远不及李东垣。具有代表性的加减有补中益气汤加茯苓、半夏，和补中益气汤合六味地黄丸，读《薛氏医案》和《寿世保元》随处可见。

脾胃不足，痰湿易滞，理应加茯苓、半夏；补中益气汤治“元气脾胃之虚”，六味地黄丸治“肾水真阴之弱”，“二方兼而济之，乃王道平和之剂”，合用似极为高明。但从李东垣“立方本指”去认识，则茯苓、半夏沉降有余，六味地黄丸降入下焦，皆不利于“升其阳”。可见，不解东垣本意，随意加减极易“动手便错”。

误用极易坏事，于是后世医家提到了补中益气汤的禁忌症。如张景岳说：“元气虚极者，不可泄；阴阳下竭者，不可升。”柯琴说：“惟不宜于肾，阴虚于下者不宜升，阳虚于下者更不宜升也。”这些论述对后学者的临证是极其有用的。但从李东垣“立方本指”看来，这只是低层次的、形式上的认识。

实际上，内伤脾胃病证中，肾虚完全是可以用补中益气汤加减治疗的，只是用药时需斟酌升降浮沉。

A Literature Review on the Efficacy of Acu-Point PC6 for the Treatment of Nausea and Vomiting in Pregnancy

Hannah Gibson [1], Huijun Shen [2]

[1] BSc (Hons) Acupuncture graduate from University of Lincoln 2009

[2] senior lecturer and clinical supervisor of acupuncture programme, university of Lincoln

Abstract: *Nausea and Vomiting in Pregnancy (NVP) , or morning sickness is a common clinical condition affecting at least 50% of women in the first trimester of pregnancy. The acupuncture point Pericardium 6 (PC6) is located on the palmar side of the wrist and is one of the principle points in terms of Chinese medicine for treating all forms of vomiting and nausea. Six studies were thoroughly examined in the form of a systematic review to investigate the efficacy of PC6 by applying acupuncture and acupressure to treat NVP. Following the research, PC6 appears to be effective in reducing the symptoms of nausea and vomiting associated with pregnancy; which suggests that PC6 acupuncture would provide an excellent treatment for women suffering with NVP.*

NVP, or morning sickness as it is frequently called, is a common clinical condition affecting at least 50% of women in the first trimester of pregnancy (Pernoll, 2001, p.141). Despite the name 'morning sickness' the woman may only present with nausea, or may have both nausea and vomiting; symptoms may also occur at any time of the day or night and can vary in both duration and intensity (Betts, 2006, p.19). Hyperemesis gravidarum is an extreme form of NVP, which has been described as unrelenting nausea, and / or vomiting related to pregnancy, eventually preventing the woman from receiving an adequate diet or sufficient fluid (HER Foundation, 2006). This type of NVP occurs in roughly one out of 1000 pregnancies (Pernoll, 2001, p.142) and can be a highly debilitating condition with serious consequences for both mother and baby.

The aetiology of NVP is currently unknown, although there are "endocrinologic, mechanical, allergic, metabolic, genetic and psychosomatic" (Helmreich *et al,* 2006, p.412) causal theories being investigated. Typically, symptoms present between weeks six and sixteen of pregnancy and are normally at their worst between weeks eight and twelve. NVP is completely normal and may even be considered a sign of a healthy pregnancy (Kelly, 2000), despite the unpleasantness and inconvenience for the mother to be and should not cause any distress to the developing child as long as the mother ensures she remains well hydrated.

PC6 or Neiguan is an acupuncture point on the Pericardium meridian. It is found on the flexor aspect of the forearm, 2 cun proximal to P-7 at the wrist joint and is located between the tendons of Palmaris longus and flexor carpi radialis (Deadman *et al*., 1998, p.376). According to Deadman *et al*., (1998, p.378) PC6 is the "pre-eminent point to treat nausea and vomiting due to any aetiology, including vomiting of pregnancy".

PC6 has not always been used for treating NVP; classically in terms of Chinese medicine. In 1988, Kenyon recognized that PC6 was successful in relieving nausea and vomiting when combined with acupressure, which then led to further studies looking at different causes of nausea and vomiting such as chemotherapy or pregnancy. Prior to the development of PC6, NVP was addressed by the application of acupuncture points on the abdomen; however, points above the umbilicus should not be employed after the first trimester of pregnancy.

The main search for research articles was conducted through the EBSCO database provided by EBSCOhost, which gave access to Academic Search Elite, AMED, PubMed, MEDLINE, CINAHL, ScienceDirect and PsycINFO. A full list of related terminology was created and then shortlisted to provide a list of key phrases to make a basis for search terms and MeSH headings.

A total of six trials were accepted for review, one assessing acupuncture (Carlsson *et al*., 2000), four for acupressure (Bayruther *et al*., 1994, Özlem and Arslan, 2008, Shin *et al*., 2007 and Werntoft and Dykes, 2001) and one reviewing both acupuncture and acupressure (Habek *et al*., 2004). Each study selected had a different methodology, with different faults and merits.

The age of participants across all studies ranged from 18 to 40. Generally, the standard inclusion criteria for women, based on number of weeks of gestation were up to 16 weeks. This is to be expected, as this is the cut off point for the first trimester of pregnancy, when NVP tends to subside. However there was one exception, in the case of Shin *et al*.'s study (2007) allowing the range of gestation from 5 – 30 weeks. They rationalized this by explaining that hyperemesis gravidarum can occur throughout an entire pregnancy. It is important that they explained this to avoid skewed data in the analysis section. Size of treatments varied between 15 (Bayruther *et al*., 1994) and 75 participants (Özlem and Arslan, 2008). It is common in acupuncture trials that sample sizes are often very small; if the number of participant's is too low then there will not be wide enough range of people to answer the research question and make it applicable to the general population. For a study to be viable in its own right, and make effect as a piece of research ideally there needs to be at least 50 participants. (White *et al*., 2007, p.138)

Even down to the method of implicating the treatments there was a great variation; from acupuncture at PC6 being real or sham to the acupressure at PC6 and at a variety of placebo points on the arm. Acupressure was administered using bands in some cases and finger pressure in other, the pressure was administered by the women themselves, health practitioners in treatment settings or applied constantly by the bands.

Throughout the studies, a number of different methods to collect the results were used; several studies used a method

known as Visual Analogue Scoring (VAS). VAS is a linear scaled "*measurement instrument that tries to measure a characteristic or attitude that is believed to range across a continuum of values and cannot easily be directly measured*" (Critchton, 2001, p.706). Another method of scoring results was using the Rhodes Index of Nausea, Vomiting and Retching (INVR), scores as variables how frequently someone vomits on a daily basis. Whilst taking into consideration the volume of vomit and the length of nausea and retching (HER Foundation, Undated).

The only thing that was consistent throughout the research was the conclusion that could be drawn from each study. In each case, the outcome showed that either acupuncture or acupressure at PC6 was effective for treating NVP than placebo or control options. In the study that compared acupuncture against acupressure, acupuncture was more successful that acupressure at relieving NVP (Habek *et al*., 2004). Frequently though it was found that placebo, acupuncture and acupressure did have some effect on relieving NVP.

The Results

All of the studies proved their hypothesis' that the treatment methods using PC6 would be effective in treating NVP. Bayruther *et al*. (1994), found that from VAS analysis that PC6 acupressure improved nausea in pregnancy by 66%, and placebo acupressure improved nausea by 33%; although there was little relief from nausea. Gürkan and Arslan, (2008) found that acupressure at PC6 was beneficial for relieving NVP; however in this study there was no difference between the control and placebo groups. The most significant data came from Habek *et al*. (2004), which measured the use of anti-emetics in pregnant women. Women receiving real acupuncture at PC6 found that the need for medication was reduced by 90% and real acupressure at PC6 reduced the need medication at 63.6%. Placebo acupuncture reduced the need for anti-emetics by 12.5% and placebo acupressure had no effect. This is the most interesting result as it compares acupuncture against acupressure and involves the use of placebo too.

It is pleasing to see such results coming from the latest acupuncture and acupressure trials; hopefully proving to orthodox health professionals that TCM does have a place in current medical practice.

Conclusion

This has been a very interesting study to conduct with pleasing results in the early stages. However, these trials need to be repeated on a much larger scale. Studies should try to be a double-blinded RCT to have the most accurate methodology and could possibly be conducted over a longer period of time. Some of the studies were only conducted over three days, which is far too short; at least two weeks of treatment should be conducted to try to improve credibility of future studies.

The portrayal of TCM acupuncture in current literature is of an area of up and coming interest, which is finally starting to be verified up by positive research reports. Hopefully, with an ever increasing number of studies, a place for acupuncture in the treatment of NVP can be secured in orthodox medicine. As a very simple treatment and entirely natural with none of the side effects of pharmaceuticals, acupuncture and even more so acupressure is a very cost effective method of treatment in comparison to expensive anti-emetic medications that are currently the main source of treatment for NVP in the UK. Following the acceptance of PC6 as a treatment method, it is hoped that in the future further research will be done into the use of TCM as a whole to treat NVP to include a holistic diagnosis and a treatment.

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习惯性流产的中医药预防治疗

赵丽琴

Sheffield, UK

摘要：习惯性流产是临床上很常见且让病人非常痛心的一种现象，特别是近年来随着人们观念的改变，妇女开始要孩子的年龄越来越晚，服用避孕药很普遍，导致患不孕不育症的人逐年增加，接受人工授精治疗的人也越来越多，习惯性流产的发生率呈上升趋势。临床证实中医可以有效地，成功地预防治疗习惯性流产。本文作者根据临床经验分析讨论了习惯性流产的病因病理，辨证治疗，以及随症加减，将其分为六大类型：脾肾两虚，冲任不固；肾气虚弱，胞脉受阻；气血两虚，胎失所养；阴虚血热，胎元不固；湿热内蕴胞宫和外伤。并简单介绍了现代西医的最新诊断和治疗方法，特别是自身免疫反应方面， 同时分析总结了两个典型病例报告。

关键词：反复自然流产；习惯性流产；传统中医；人工授精；免疫反应

1. 前言

反复自然流产是指连续流产三次或三次以上，也称习惯性流产。据文献记载，大约有 25%的孕妇流产[1]， 有最少 15%的妊娠流产发生在前 12 周内[2]，21%采用IVF受孕的妇女自然流产[1]，而且如果 40 岁左右的妇女仅采用IVF治疗，怀孕后有将近 50%的流产率[3]。西医将自然流产分为三个阶段：先兆流产，不完全流产和完全流产，他们对预防和治疗流产没有太多办法。但中医已经有数千年治疗流产的历史，不仅可以预防，而且能有效地保持孕期健康，将妊娠维持到足月，提高胎儿生产率，给婴儿生活提供了一个最好的开始。本人临床实践证明确实如此，这里愿与诸位共同探讨。

2. 中医病因病理

根据我们传统中医的理论来讲，西医的诊断并不是十分重要，关键的是最初导致发病的原因，因此，我们要重点找出习惯性流产的病根病源。根据本人临床经验结合所读中医文献，总结出有以下六种情况：

脾肾两虚，冲任不固：

肾为先天之本，肾藏精，主生长发育和生殖机能；脾为后天之本，气血生化之源。冲为血海，任主胞胎，为阴脉之海，胞脉系于肾。若脾肾亏虚，则精血不足，冲任不固，胎失所养，致胎动不安或滑胎。

肾气虚弱，胞脉受阻：

先天肾气不足；或多次坠胎小产，损伤肾气；或屡做人工授精等疗法，多种大剂量性激素类药物之应用，致肾虚精亏，胞脉受阻，血不养胎，则胎儿发育迟缓或死胎小产。

气血两虚：

脾主运化，胃为水谷气血之海。脾胃将所受纳之水谷转化为精微气血，运行周身，故有脾胃为 “气血生化之源”之说。若脾胃虚弱，不能化水谷为精微，致气血亏虚，气虚不足以载胎，血虚不足以养胎，则出现坠胎，胎漏或滑胎。

阴虚血热：

素体阴虚，孕后阴血下聚血海以养胎；或长期精神紧张，焦虑不安，担惊害怕，或恼羞成怒，或忧郁伤悲，致肝气不舒，郁久化火生热，热邪内侵胞宫，下扰血海，致胎元不固，形成胎漏或滑胎。

湿热内蕴胞宫：

孕期感染病毒，或泌尿道感染，或真菌性阴道炎，或素有子宫内膜移位症，子宫肌瘤，孕期发炎加重，致湿热内蕴，瘀阻于胞宫，胎失血养，影响胎儿发育，甚至胎死腹中或滑胎。

外伤：

妊娠受伤，跌扑闪挫，或劳力过度，均可损伤气血，致冲任不固，不能养胎载胎，而出现胎动不安或滑胎。

3. 辩证论治

一般来讲，流产有四种类型，本人根据临床经验将其分为六大类型。

脾肾两虚，冲任不固：

此型多见于患有黄体功能不全者，不仅可导致不孕，一旦怀孕又可致早期流产。

症状和体征：腰疼，小腹下坠，阴道流血，头晕，小便频数，畏寒肢冷，舌淡苔薄，脉细弱。

治疗原则：健脾补肾，暖宫安胎。

针灸取穴：百会，膈俞，脾俞，肾俞，足三里，太溪，艾灸隐白穴。

中成药：寿胎丸合暖宫孕子丸，或泰山磐石散；若以前有流产史，用补肾固冲丸。

草药或浓缩粉：菟丝子，杜仲，续断，桑寄生，熟地黄，炒白术，党参，阿胶，艾叶，桂枝。

肾虚血瘀：

此型多发生于患有自身免疫紊乱，抗磷脂抗体阳性者。流产有可能发生在怀孕的任何阶段。

症状和体征：腰酸腰痛，疲倦乏力，阴道少量出血，色暗，胎儿发育迟缓。舌淡红有瘀点，脉沉细。

治疗原则：补肾养胎，活血祛瘀。

针灸取穴：百会，膈俞，肝俞，肾俞，血海，复溜。

中成药：寿胎丸配桂枝茯苓丸。

草药或浓缩粉：菟丝子，桑寄生，续断，杜仲，黄芪，丹参，川芎，鸡血藤，桂枝，牧丹皮，赤芍药。

气血虚弱：

此型常见于妊娠早期伴有甲状腺功能低下着，或黄体功能不全，或宫颈机能不全者。

症状和体征：妊娠初期，身体虚弱，气短乏力，小腹坠胀不适，阴道少量流血， 色淡红，面色苍白，舌淡，脉细滑。

治疗原则：补气养血，固肾安胎。

针灸取穴：百会，印堂，内关，足三里，加艾灸膈俞，肝俞，脾俞和隐白穴。

中成药：胎元饮或归脾丸或补中益气丸，或其中两个配服。

草药或浓缩粉：党参，炒白术，熟地黄，白芍药，黄芪，当归，杜仲，升麻，砂仁，炙甘草。

阴虚血热：

此型常见于患有抗精子抗体和抗透明带抗体阳性，巨噬细胞增高者。

症状和体征：妊娠初期阴道出血，色鲜红，腹痛，胎动不安，烦躁易怒，焦虑失眠，手心发热，潮热盗汗，大便秘结。舌红苔黄或少苔，脉弦滑数。

治疗原则：滋阴养血，清热安胎。

针灸取穴：印堂，曲池，内关，神门，太溪，太冲，血海，膈俞，肝俞。

中成药：保阴煎合养血安神丸。

草药或浓缩粉：生地黄，黄芩，白芍药，旱连草，麦冬，山药，续断，丹参，酸枣仁，茯苓，甘草。

湿热内蕴胞宫：

此型多见于妊娠第二或第三期合并感染者。

症状和体征：腹痛腹胀，发热，烦躁不安，皮肤瘙痒，便秘，胎儿发育迟缓。舌暗红，苔黄腻，脉滑数。

治疗原则：清热利湿，凉血活血安胎。

针灸取穴：印堂，内关，曲池，血海，阴陵泉，膈俞，脾俞，胃俞。

草药或浓缩粉：黄芩，黄柏，金银花，连翘，赤芍，生地，丹皮，丹参，柏子仁，茵陈，茯苓。

外伤：

症状和体征：小腹疼痛下坠，腰酸疼，胎动不安，严重者阴道出血，面色萎黄，疲倦乏力，脉细弱。

治疗原则：补气养血，固肾安胎，镇静安神。

针灸取穴：百会，四神聪，印堂，内关，神门，足三里。

中成药：归脾丸合寿胎丸加减。

草药或浓缩粉：人参，黄芪，白芍，甘草，熟地黄，阿胶，炒白术，龙眼肉，茯神，菟丝子，桑寄生，杜仲，续断。

4. 临床加减

为了正确有效地治疗病人，辩证施治固然重要，但临床上病人情况常常错综复杂，多症并见，所以在辩证基础上必须要据情调整药物，才可以明显地提高治疗效果。下面是本人根据临床经验探索总结出来的常用临床加减：

(1) 血虚加当归，熟地，枸杞子，何首乌，鸡血藤，熟地黄，当归；针灸加膈俞和肝俞。

(2) 气虚加黄芪，党参，升麻，柴胡；加针百会，足三里，艾灸气海，关元。

(3) 脾虚加茯苓，白术，山药；加针足三里，阴陵泉，艾灸脾俞和胃俞。

(4) 肾阳虚加杜仲，续断，菟丝子，桂枝，艾灸肾俞和命门。

(5) 肾阴虚加熟地，旱连草，山茱萸，桑寄生，黄精，麦冬；加针内关，神门，太溪，肾俞。

(6) 小腹疼痛加白芍，甘草；艾灸足三里，脾俞和肝俞。

(7) 小腹下坠加黄芪，升麻，柴胡；加艾灸足三里，百会，脾俞。

(8) 血热阴道出血加旱连草，黄芩，加针血海，大敦，曲池；血寒阴道出血加艾叶炭，阿胶，荆芥穗，加艾灸百会，隐白。

(9) 恶心纳差加砂仁，陈皮，白术，生姜；加针内关，足三里，中脘，神阙。

(10) 精神紧张，焦虑失眠加柴胡，白芍，酸枣仁，柏子仁，五味子，龙眼肉。加针百会，四神聪，印堂，内关，神门。

5. 西医诊断和治疗的探讨

5.1 免疫反应方面的因素：

近年来的研究证实，免疫功能异常可能会导致一些妊娠妇女流产[4]，据报导大约有 80%的流产因自身免疫反应引起[5]。不孕不育症专科医院CARE的Dr. George Ndukwe曾与美国芝加哥大学医学院免疫学实验室联合发明创造了治疗自身免疫反应引起习惯性流产的治疗方案，临床上有五种免疫异常现象可以导致流产 [6] 。

（1）自身免疫功能紊乱-封闭抗体缺乏

如果夫妇双方基因相似，妇女怀孕早期封闭抗体缺乏，使母胎免疫识别功能低下，其免疫保护作用减弱，使胚胎受损而导致流产。治疗用皮下注射其丈夫或第三者淋巴细胞。

（2）抗磷脂抗体阳性：

抗磷脂抗体可以引起全身和胎盘血管痉挛缺血，血栓形成，影响胎盘血供，胎儿缺血缺氧，胎盘胎儿功能减弱，生长发育迟缓，甚至导致死胎流产，被称作“抗磷脂综合症”，或叫“血栓病”，多发生于妊娠中晚期。有资料报导，在孕期服用小剂量阿司匹林和肝素可有效提高孕育率[7]，也可配用免疫抑制剂肾上腺皮质激素如强的松类治疗。

（3）抗精子抗体和抗核抗体阳性：

如果妇女宫颈粘液或血清中产生抗精子抗体，将会直接杀死进入阴道内的精子导致不孕，也可溶化巨噬细胞破坏受精卵或胚胎，影响着床致早期流产；而抗核抗体可结合于孕卵表面，阻碍精子穿透卵子成为受精卵，也可直接干扰孕卵着床或损伤已着床的胚胎，导致不孕或流产。治疗用皮质激素类药物，如强的松龙，地塞米松，自月经周期之第六天始服，直到怀孕 13 周。

（4）巨噬细胞升高：

若妇女体内巨噬细胞升高，将会损害胚胎，阻碍孕卵着床，导致不孕或早期流产。治疗方法有：皮下注射丈夫或第三者的淋巴细胞，静脉滴注免疫球蛋白，阿司匹林等。

（5）甲状腺机能低下和甲状腺功能亢进：

资料证明大约有 23-35%患有习惯性流产的妇女体内产生抗甲状腺抗体[8] ，这有可能是甲状腺机能紊乱的象征。治疗常用甲状腺素。

5.2 其他原因

(1) 有大约 70%的习惯性流产是由于染色体异常和遗传因素引起的[2] 。

(2) 内分泌失调：卵巢早衰，或黄体功能不全。

(3) 子宫病变：先天性子宫发育畸形，宫腔粘连，子宫内膜移位症，子宫肌瘤，或宫颈机能不全。

(4) 孕期感染：风疹病毒，弓形体，阑尾炎，肺炎，或尿道感染等均可通过胎盘感染胎儿，致流产，死胎或畸形儿。

6. 典型病例

病例一：脾肾两虚，伴外伤。

JANE，31 岁，律师。曾怀孕五次，其中一个孩子足月顺产，一个于 12 周流产，另外三个于 5-6 周时流产。她于最后一次流产五周后再次怀孕，并及时到医院看妇产科专家，但医生告诉她在怀孕期间无法做任何诊断性检查，也没有什么预防流产措施，建议她试试做中医治疗，她随即就诊于我。当时她刚刚怀孕近五周，畏寒肢冷，精神异常紧张，焦虑不安，小腹疼痛，腰酸痛，小便频数，面色晄白，舌淡，苔花剥，脉沉细。

治则：健脾补肾，暖宫安胎，养心安神。

针灸取穴：百会，印堂，内关，神门，足三里；艾灸关元，气海，肾俞，命门。每周一次，直到怀孕 14 周，然后每四周一次，直到怀孕 29 周。

中药：黄芪，党参，炒白术，当归，白芍，桑寄生，续断，杜仲，菟丝子，熟地黄，艾叶，阿胶，砂仁，炙甘草。每周六付，直到怀孕八周；然后每周四付，直到怀孕 12 周。同时嘱其做半职工作。

针灸中药治疗两周后，上症消失，唯觉稍恶心疲倦。为了医院做研究的需要，自孕 6 周始直到孕 17 周，每 2-3 周做一次血化验和 B 超检查，一切均正常，胎儿发育良好。但当她怀孕 29 周时遭到车祸，导致严重头痛，项背疼痛，肩痛，胸痛，腹痛，焦虑失眠。不过超声波检查胎儿正常。我将针灸穴位调理如下：百会，四神聪，印堂，内关，神门，足三里，太冲，膻中，颈百劳，肩中俞，天宗，阿是穴；中药：党参，黄芪，白芍，甘草，柴胡，酸枣仁，熟地黄，菟丝子，续断，桑寄生，杜仲。每日一付，连服十天。之后一切正常，足月顺产一健康男婴，现已近两岁。

病例二：阴虚血热，伴瘀阻胞宫

Natalie, 33 岁，公司经理。曾试孕四年，怀孕五次，其中一次为自然怀孕，另外四次通过人工授精怀孕，但遗憾的是一胎于孕九周时流产，四胎于孕近五周时流产。曾做血化验但并未查出有免疫反应和染色体异常。当其在 CARE 不孕

不育症专科医院做 IVF 治疗时被推荐到我诊所。主诉自初潮时就有痛经，且量多有瘀血，每次经行时需服止痛药止痛，试孕前曾服避孕药五年。素体尚健，但精神压力很大，工作繁忙，奔波于各地。每周到健身中心 3-4 次，运动量大，出汗多，且每天饮 5-6 杯茶和咖啡。查其舌红苔少，脉细数。治疗分三个阶段：

1．在服用IVF药物期间直到取出卵子前，治疗以补阴养血，活血化瘀为主，从而提高卵子质量，调整身体~~为主~~，为IVF做准备，针灸取穴：印堂，内关，合谷，天枢，关元，子宫，血海，三阴交，太溪，太冲，肾俞，膈俞。并嘱其停饮茶和咖啡，减少运动量，缩短工作时间。

2．当取出卵子并胚胎移植后，针灸以补气血，助孕卵着床为主，取穴：百会，内关，神门，足三里，血海，太溪，耳穴：双脑点，内分泌。并嘱其停止做任何运动，直到怀孕 12 周，尽量保持精神放松，充分休息，禁开长途车或飞机旅行。医院给肝素类抗凝剂肌肉注射和黄体酮栓剂。

3．当其成功怀孕后，治疗以补肾养血安胎为主，针灸取穴据情随时调理，主穴选用：百会，印堂，内关，太溪，膈俞，足三里。每周一次直到孕 12 周，然后每月一次直到孕 38 周。孕期基本健康，唯孕六周时阴道有点滴出血，色暗红，但无腹痛或腰痛，查 B 超可见胎儿心跳；孕 17 周时又有少量阴道出血，B 超检查系为子宫息肉所致，不过出血于 2-3 天内很快消失，观察息肉亦无增大，胎儿发育良好，足月顺产一健康女婴，现已十月大。

7. 讨论

(1) 自然流产实在让人心痛，特别是对于一个患有不孕症，经过多年治疗才怀孕的妇女来讲，更是痛心欲绝，最让人失望的是经历反复多次的自然流产。但不可思议的是在西方一些国家，医生不会对这些病人做任何检查和治疗，直到她们最少自然流产三次，她们唯一能做的只是“等等看会有什么发生”。所以，每次当她们有幸怀孕时，她们都不得不忧心忡忡，在紧张焦虑中等待和期盼，影响孕期健康，进一步加重了流产的危险性。因此，在治疗这些病人的整个过程中，在补肾养血的同时，一定要考虑疏肝理气，养心安神，使病人能够精神放松，降低流产危险性，达到足月妊娠。

(2) 如果临床上遇到孕妇在怀孕早期有小腹疼痛，或阴道流血症状，在给与治疗之前要建议她们先做检查排除宫外孕。

(3) 为了能够有效地治疗病人，我们一定要明确辨证。治疗流产最重要的原则是要记住不能理气活血太过，所有具有理气活血的草药和针灸穴位都要小心使用或不用，而且针灸手法一定要轻。

(4) 对于以前有流产史者，怀孕之前的预防治疗与孕期治疗同等重要。

(5) 临床上有时中西医结合能取得更好的治疗效果。但当我们治疗通过人工授精或胚胎移植而怀孕的孕妇时，我建议大家一定要格外谨慎小心中药的应用，特别是对患有自身免疫紊乱的病人，她们常常会服用前面所提到的那些西药。对于这些病人，我本人认为最好只做针灸治疗，除非病人对中药的作用绝对地坚信不移。

参考文献: 见英文稿.

TCM Preventative Treatment of Recurrent Spontaneous Miscarriage

Li Qin Zhao

Sheffield, UK

Abstract: Miscarriage is a rather common condition for pregnant women, especially in recent years where miscarriage rates have progressively increased since women trying to conceive late and more and more patients are seeking IVF treatment. Traditional Chinese Medicine (TCM) has demonstrated that it can prevent and treat recurrent spontaneous miscarriage (RSM) effectively and successfully. In this article, the author analyses the aetiology and pathology of RSM, discusses the differentiation and general modification according to her clinical experience. She divides RSM into six patterns: Deficiency of kidney yang and spleen qi; Kidney qi deficiency with blood stasis; Deficiency of qi and blood; Yin deficiency with blood heat; Damp and heat stagnated in the uterus and Traumatic injury. She also introduces the modern Western medicine approach on the diagnosis and treatment of RSM, particularly in the immunological reactions, and reports two case studies.

Key words: Recurrent Spontaneous Miscarriage (RSM); Habitual abortion; Traditional Chinese Medicine (TCM); In- Vitro Fertilisation (IVF); Intrauterine Insemination (IUI); Immunological reaction

1. Introduction

RSM is a term used when three or more consecutive miscarriages have occurred. It is also known as Habitual Abortion. Miscarriage affects around 25% of all pregnancies [1]. Recurrent miscarriage occurs in at least 15% of confirmed pregnancies during the first trimester (12 weeks) [2]. 21% of IVF pregnancies are miscarried spontaneously [1], and women around the age of 40 experience nearly 50% pregnancy loss with IVF alone [3]. In Western medicine, there are three stages to a miscarriage or spontaneous miscarriage: threatened miscarriage, incomplete miscarriage and complete miscarriage. However they can do little to prevent or treat recurrent miscarriage. On the contrary, TCM has been treating it for thousands of years, not only preventing miscarriage but also maintaining the pregnancy as healthily as it can be to full term, and therefore increase the live birth rate, giving the baby the best start to life. This theory is strongly supported empirically by my practice. Here I would like to discuss every aspect of RSM with all the colleagues.

2. TCM Aetiology and Pathology

According to TCM philosophy, it is not so important what the diagnosis is in Western medicine, what matters is the process initially causing all these disorders. Therefore we focus on determine the underlying causes of RSM. There are six main factors according to my clinical experience and the TCM literature that I have read.

(1) Deficiency of kidney and spleen, disharmony of chong and ren channels

The kidney is considered as 'the origin of congenital constitution', it stores essence, dominates growth, development and reproduction. The spleen is 'the material basis of the acquired constitution', and 'the source of qi and blood'. The chong channel is the sea of blood, and the ren channel is the sea of yin channels, arising from the uterus in women and is related to conception. Both of them are responsible for blood supply to foetus in the uterus. Kidney and spleen deficiency lead to inadequate essence and blood, a disharmony of chong and ren channels. As a consequence, the foetus cannot be nourished and miscarriage occurs.

(2) Deficiency of kidney qi with blood stagnation in the uterus

Women born with a constitution of kidney qi deficiency; or long term intake of oral contraceptive pills; or more than one consecutive miscarriage; or many IVF attempts, several strong hormonal drugs had been used. All of these could impair the kidney qi, causing kidney qi deficiency and inadequate essence, blood stagnation in the uterus, the foetus starves for blood supply and then stop growing, eventually miscarrying.

(3) Deficiency of qi and blood

The spleen and stomach transport and transform the food we eat into usable nutrients and energies, and are considered as "the source of qi and blood". Spleen or stomach deficiency could cause inadequate blood production and the sinking of qi, and consequently failing to nourish and hold the foetus. Miscarriage is the potential result.

(4) Yin deficiency and blood heat

A woman born with a constitution of yin deficiency, or long term emotional factors such as stress, worry, anxiety, fear, anger or grief, can cause liver qi stagnation, this eventually turns to liver fire and blood heat ; or suffers from heat syndromes such as infection during pregnancy. The heat will attack the foetus in the uterus and then cause miscarriage.

(5) Damp and heat stagnated in the uterus

Severe endometriosis or fibroids have been inflamed, or urinary tract infections (UTI) during pregnancy can produce excessive heat and damp in the body, stagnating in the uterus. This can affect the development of foetus. It may eventually lead to miscarriage if it has not been treated properly in time.

(6) External factors-Traumatic injury

Any falls, accidents, impacts, or physical heavy works may impair the chong and ren channels, causing disharmony of qi and blood. As a consequence, foetus growth and development may be affected and threaten the pregnancy.

3. Differentiation and Treatment

Traditionally there are four patterns of miscarriage. However, I modified them according to my experience and divided it into six patterns.

(1) Kidney yang and spleen qi deficiency

It is commonly seen in women with Luteal Phase Defect (LPD), which can cause infertility initially and miscarriage in the early stage if a pregnancy is achieved.

Signs and symptoms: Pain in the lower back; sinking sensation in the lower abdomen; vaginal bleeding during early pregnancy; dizziness; frequent urination and feeling cold; pale tongue and weak pulse

Treatment principle: Strengthen the kidney yang and spleen qi; warm up the uterus to calm and nourish the foetus.

Acupuncture points: Baihui (Du20), Geshu (UB17), Pishu (UB20), Shenshu (UB23), Zusanli (St36), Taixi (Ki3), and use moxa on Yinbai (Sp1).

Patent herbs: Shou Tai Wan, Nuan Gong Yun Zi Wan, or Tai Shan Pan Shi San; Bu Shen Gu Chong Wan if the woman has had previous miscarriages.

Dried herbs or concentrated powders: Tu Si Zi, Xu Duan, Sang Ji Sheng, Du Zhong, Shu Di Huang, Chao Bai Zhu, Dang Shen, E Jiao, Ai Ye and Gui Zhi.

(2) Kidney qi deficiency with blood stasis:

It is more likely to occur in women who have autoimmune disorders or anti-phospholipid syndrome (blood clotting disorders). Miscarriage could happen at any stage of the pregnancy.

Signs and symptoms:

Backache or sore back; fatigue; vaginal bleeding or spotting with dark brown blood; slow developing and growing foetus; pink tongue with black spots; deep and thready pulse

Treatment principle: Strengthen the kidney qi; invigorate the blood and dispel blood stasis; nourish the foetus.

Acupuncture points: Baihui (Du20), Geshu (UB17), Ganshu (UB18), Shenshu (UB23), Xiehai (Sp10), Fuliu (Ki4).

Patent herbs: Shou Tai Wan combine Gui Zhi Fu Ling Wan.

Dried herbs and concentrated powders: Tu Si Zi, Sang Ji Sheng, Xu Duan, Du Zhong, Ji Xie Teng, Dan Shen, Chuan Xiong, Huang Qi, Gui Zhi, Mu Dan Pi, Chi Shao Yao.

(3) Qi and blood deficiency:

It often occurs in early pregnancy for women with hypothyroidism, LPD, or incompetent cervix.

Signs and symptoms: Tired and weak; short of breath; sinking sensation in the lower abdominal area; bloated stomach; light bleeding with pink colour; pale complexion; pale tongue; fine and slippery pulse

Treatment principle: Tonify the Qi and blood, strengthen the kidney to boost the essence and nourish the foetus.

Acupuncture points: Baihui (Du20), Yintang (EX-HN3), Neiguan (Pc3), Zusanli (St36) and Moxa on Geshu (UB17), Ganshu (UB18), Pishu (UB20) and Yinbai (Sp1).

Patent herbs: Tai Yuan Yin, Gui Pi Wan, or Bu Zhong Yi Qi Wan, or the combination of two of them.

Dried herbs or concentrated powders: Dang Shen, Chao Bai Zhu, Shu Di Huang, Bai Shao, Huang Qi, Dang Gui, Du Zhong, Sheng Ma, Sha Ren, Zhi Gan Cao.

(4) Yin deficiency and blood heat:

It is likely to occur in women producing anti-sperm antibodies, natural killer cells or hyperthyroidism.

Signs and symptoms: Vaginal bleeding in the early pregnancy with bright red blood; restless foetus; abdominal pain; constipation; irritation and restlessness; anxiety; disturbed sleep; hot palms; hectic fevers; night sweats; red tongue with yellow coating or no coating at all; taut, slippery and rapid pulse

Treatment principle: Nourishes the yin and blood, clears the heat and calms the foetus.

Acupuncture points: Yintang (EX-HN3), Xiehai (Sp10), Quchi (LI11), Neiguan (PC6), Shenmen (Ht7), Tai Xi (Ki3); Taichong (Liv 3), Geshu (UB17), Ganshu (UB18).

Patent herbs: Bao Yin Jian and Yang Xie An Shen Wan.

Dried herbs or concentrated powders: Sheng Di Huang, Huang Qin, Bai Shao Yao, Han Lian Cao, Mai Men Dong, Shan Yao, Xu Duan, Dan Shen, E Jiao, Suan Zao Ren, Fu Ling, Gan Cao.

(5) Heat and damp stagnation in the uterus

This is likely to occur in the second or third trimester after having been infected.

Signs and symptoms:

Abdominal pain; bloated stomach; fevers; itchy skin; headaches; restlessness; slow developing foetus (or even stop growing); dark and red tongue with yellow greasy coating;

slippery and rapid pulse

Treatment principle:

Clears excess heat and removes the dampness, detoxifies the blood to nourish the foetus and maintain the pregnancy.

Acupuncture points: Yintang (EX-HN3), Neiguan (PC6), Quchi (LI 11), Xiehai (Sp10), Zusanli (St36), Yinlingquan (Sp9); Geshu (UB17), Ganshu (UB18), Pishi (UB20), Taichong (LIV3).

Dried herbs or concentrated powders: Huang Qin, Jin Yin Hua, Lian Qiao, Chi Shao Yao, Sheng Di Huang, Dan Shen, Mu Dan Pi, Huang Bai, Fu Ling, Yin Chen.

(6) Traumatic injuries

Signs and symptoms: Lower abdominal pains with sinking sensation; backaches; restless foetus; vaginal bleeding for the worst cases; pale complexion; lethargy and weak pulse

Treatment principle: Tonify the Qi and nourishes the blood; invigorate the kidney; calm the foetus; tranquilise the spirit; ease the mind.

Acupuncture points: Baihui (DU20), Si Shen Cong (EX-HN1), Yintang (EX-HN3), Neiguan (PC6), Zusanli (St36), Shenmen (Ht7).

Patent herbs: Gui Pi Wan combines Shou Yai Wan.

Dried herbs and concentrated powders: Ren Shen, Huang Qi, Bai Shao Yao, Gan Cao, Shu Di Huang, E Jiao, Tu Si Zi, Sang Ji Sheng, Xu Duan, Long Yan Rou, Chao Bai Zhu, Fu Shen, Du Zhong.

5. General Modifications

It is important to understand the differentiations so we could treat the patients precisely and effectively. However, it is often that patients have more complicated conditions clinically. Therefore, modifications are necessary and can make a significant impact on the outcome. Here I summarised the general modifications according to my clinical experience.

1) For blood deficiency, add Dang Gui, Shu Di Huang, Gou Qi Zi, He Shou Wu, Ji Xie Teng, and Geshu (UB17) and Ganshu (UB18) acupuncture points;
2) For Qi deficiency, add Huang Qi, Dang Shen, Sheng Ma, Chai Hu, and needling Zusanli (St36), Baihui (Du20), use moxa on Qihai(Ren6) and Guanyuan(Ren4) acupuncture points;
3) For spleen deficiency, add Fu Ling, Shan Yao, Bai Zhu, and Zusanli (St36), Yilinquan (Sp9) acupuncture points, use moxa on Pishu (UB20) and Weishu (UB21);
4) For kidney Yang deficiency, add Du Zhong, Xu Duan, Tu Si Zi, Gui Zhi, and use moxa on Shenshu (UB23) and Mingmen (DU4) acupuncture points;
5) For kidney Yin deficiency, add Shu Di Huang, Han Lian Cao, Shan Zhu Yu, Sang Shen Zi, Huang Jing, Mai Men Dong, and Tai Xi (Ki3), Shenmen (Ht7), Shenshu (UB23) and Neiguan (PC6) acupuncture points;
6) For abdominal pains, add Bai Shao Yao, Gan Cao, and use moxa on Zusanli (St36), Pishu (UB20) and Ganshu (UB18) acupuncture points;
7) For the sinking sensation in the lower abdomen, add Huang Qi, Sheng Ma, Chai Hu, and use moxa on Pishu (UB20), Baihui (DU20), Zu sanli (St36) acupuncture points.
8) For bleeding due to heat, add Han Lian Cao, Huang Qin, and Xiehai (Sp10), Dadun (Liv1) and Quchi (LI11) acupuncture points. For bleeding due to cold, add Ai Ye, E Jiao, Jing Jie Sui, and use moxa on Baihui (DU20), Yinbai (Sp1) acupuncture points;
9) For nausea and poor appetite, add Sha Ren, Chen Pi, Bai Zhu, Sheng Jiang, and Neiguan (Pc6), Zusanli (St36), Zhongwan (Ren 12) and Shenque (Ren8) acupuncture points;
10) For stress, anxiety and insomnia, add Chai Hu, Bai Shao Yao, Suan Zao Ren, Wu Wei Zi, Fu Shen, Long Yan Rou, Bai Zi Ren, and Baihui (DU20), Si Shen Cong (EX-HN1), Yintang (EX-HN3), Neiguan (Pc6) and Shenmen (Ht7) acupuncture points;

6. Western Medicine Approach on Diagnosis and Treatment

6.1 Immunological reactions:

Recent research has been suggested that some cases of human reproductive failure (RSM and infertility) may be the consequence of immunological abnormalities [4]. Approximately 80% of miscarriages are caused by immunologic reactions [5]. Dr. George Ndukwe has developed the reproductive immunology programme at CARE for RSM in collaboration with the immunology laboratory at the Chicago Medical School in the USA. There are five categories of immunologic problems that can cause pregnancy loss [6].

6.1.1 Autoimmune disorders - lack of the Blocking antibody to pregnancy

In couples that are a close genetic match, there is a lack of the Blocking antibody to pregnancy. The embryo or foetus is rejected and the pregnancy fails. The treatment for this is Lymphocyte immune therapy (LIT).

6.1.2 Development of antibodies to Phospholipids

Antiphospholipid antibodies can cause placental thrombosis (thrombophilias), starving the embryo or foetus and results in miscarriage. This is called Antiphospholipid Syndrome (APS) or Blood clotting disorder. The use of low doses of Aspirin and Heparin in the cycle and through pregnancy has been shown to improve pregnancy outcome [7].

6.1.3 Development of anti-sperm antibodies and anti-nuclear antibodies

The women develop anti-sperm antibodies which kill the sperm as it enters vagina, or kills the developing embryo preventing implantation. Anti-nuclear antibodies can directly attack the embryo or foetus and cause it to abort. The treatment for this is steroids such as Prednisolone or Dexamethasone,

started on day six of the menstrual cycle and continued until at least 13 weeks of pregnancy.

6.1.4 Elevated Natural Killer (NK) cells and elevated Cell Designation (CD) cells and Altered Th-1/Th-2 ratios:

All these factors can attack the fertilized eggs or embryos to prevent implantation, resulted to pregnancy loss.

Possible treatment for this may include LIT, Intravenous Immunoglobulins (IVIg), Humira, low dose Aspirin or Prozac.

6.1.5 Hypothyroidism and hyperthyroidism:

Approximately 23-35% of women with RSM have anti-thyroid antibodies [8], which may be indicative of these thyroid disorders. The medication for this is Thyroxine.

However, this research is still in the experimental stages and the therapeutic effect has not been clearly established. These drugs can be very expensive, and there are potentially serious adverse reactions.

6.2 Other possible causes of RSM

- 70% of defected conceptions are caused by Chromosomal abnormalities and genetic diseases [2].
- Endocrine disorders:
  - Premature ovarian failure (POF): high follicle stimulating hormone (FSH).
  - Luteal phase defect (LPD): inadequate progesterone production.
- Uterine problems:
  - Uterine abnormalities.
  - Uterine adhesion or cervical lesion.
  - Endometriosis or fibroids.
  - Incompetent cervix.
- Maternal infections: Rubella, toxoplasmosis, appendicitis, pneumonia, or urinary tract infection (UTI).

6. Typical Cases

Case one: Kidney yang and spleen qi deficiency, together with traumatic injury.

Jane, 31 years old, Solicitor.

She had achieved five pregnancies, one resulting in a child birth, one miscarried at 12 weeks, and another three miscarried at 5-6 weeks. She conceived again five months later after the last miscarriage, and went to see the consultant in the Early Pregnancy Assessment Unit (EPAU) in the hospital. She was told that they could neither conduct any investigation during pregnancy, nor offer preventative treatment. Instead, they advised her to try alternative medicine, so she came to me. She was five weeks pregnant and felt tired and cold, extremely stressed and anxious, experienced lower abdominal pain and backache, frequent urination, pale complexion. She also had a pale tongue with patched coating, deep and thin pulses.

Treatment principle: strengthen spleen and kidney, warm uterus and calm feotus, nourish heart and easy mind.

Acupuncture points: Baihui (Du20), Yintang (EX-HN3), Neiguan (Pc6), shenmen (Ht7), Zusanli (St36). Moxa on Guanyuan (Ren4), Qihai (Ren6), Shenshu (UB23) and Mingmen (Du4). This was taken weekly until 14 weeks pregnant, and then once every 4 weeks until 29 weeks pregnant.

Herbal prescription: Huang Qi, Dang shen, Chao Bai Zhu, Dang Gui, Bai Shao Yao, Sang Ji Sheng, Xu Duan, Du Zhong, Tu Si Zi, Shu Di Huang, Ai Ye, E Jiao, Sha Ren and Zhi Gan Cao. Six bags a week until 8 weeks pregnant, then four bags a week until 12 weeks pregnant. Meanwhile, I had also advised her to work part time only.

She had no complains at all after two weeks of treatment, apart from feeling a bit tired and nausea. For the purpose of research in the hospital, she had blood test and ultrasound scan regularly every 2-3 weeks until 17 weeks pregnant, and had found that the foetus was developing well all the way through. Unfortunately, she was involved in a car accident at 29 weeks, had suffered from severe pain on her neck, back, shoulder and chest, headache, stomach cramps, anxiety and difficulty sleep. However, ultrasound scan showed that the baby was fine.

I altered acupuncture points as following: Baihui (Du20), Sishencong (EX-HN1), Yintang (EX-HN3), Neiguan (Pc6), Shenmen (Ht7), Zusanli (St36), Taichong (Liv3), Tanzhong (Ren17), Jingbailao (EX-HN15), Jianzhongshu (SI15), Tianzong (SI11) and a few Ashi points.

The herbal prescription was: Dang Shen, Huang Qi, Bai Shao Yao, Gan Cao, Suan Zao Ren, Shu Di Huang, Tu Si Zi, Xu Duan, Sang Ji Sheng, and Du Zhong. One bag a day for 10 days. She had been fine ever since, and had delivered a healthy baby boy naturally in full term. He is now 2 years old.

Case two: Yin deficiency and blood heat, together with blood stagnation in the uterus.

Natalie, 33 years old, Company Manager.

She had been trying to conceive for four years, had achieved five pregnancies, including one natural pregnancy and four IUI pregnancies. Unfortunately, she miscarried one at 9 weeks, and the other four at 4-5 weeks. She had blood tests for immunological reactions and chromosomal defects, the results were normal. She was referred to me when she was undergoing IVF treatment from CARE Fertility hospital.

She always had painful and clotty periods ever since she was young and had to take painkillers for pain relief. She had taken contraceptive pill for five years before trying for a family. She was physically healthy, but mentally very stressed and busy with her business. She went to the gym 3-4 times weekly, the excessive exercise leading to profuse sweating. She drank 5-6 cups of tea and coffee each day. She had a red tongue with a thin coating, thread and rapid pulses.

Following treatments were prescribed:

Before eggs collection, acupuncture was focused on tonifying qi and nourishing blood, improving eggs quality, and preparing her body while she was on IVF drugs. The points I selected were: Yintang (EX-HN3), Neiguan (Pc6), Hegu (LI4), Tianshu (St25), Guanyun (Ren4), Zigong (EX-CA1), Xiehai

(Sp10), Sanyijiao (Sp6), Taixi (Ki3), Taichong (Liv3), Shenshu (UB23), Geshu (UB17). Meanwhile, I advised her stop drinking tea and coffee, to exercise in moderation, and work less hours.

After the embryos had been transferred, acupuncture points were altered to support implantation: Baihui (Du20), Neiguan (Pc6), Shenmen (Ht7), Zusanli (st36), Taixi (Ki3). Auricular points: Naodian(Brain), Neifenmi (Endocrine). She was prescribed Clexane injection and Progesterone pessaries from hospital. I advised her to stop exercising completely for 12 weeks and take it easy.

When she successfully conceived, treatment was focused on sthengthening kidney qi, nourishing blood and calming feotus to maintain pregnancy: she had a bit of brownish spotting at 6 weeks for one day, but with no abdominal pain or backache. She received ultrasound scan the next day and the foetus' heartbeat was detected. I modified the acupuncture points again accordingly during pregnancy. She was fine until 17 weeks when she experienced light bleeding, which was found to be caused by a polyp in her uterus. We monitored her closely, the polyp stopped growing and she had no more bleeding ever since. She eventually gave birth to a healthy baby daughter in full term, and the girl is now 10 months old.

7. Discussion

Spontaneous miscarriage can be very devastating and heart-breaking, especially after a woman has suffered from fertility difficulties in the past, and gone through years of treatment to achieve the pregnancy. The most overwhelming loss women can experience is the occurrence of consecutive miscarriages, they, in some countries would not be investigated until they have miscarried at least three times. All they could do is 'wait and see what happens'. So, whenever they managed to conceive, they would have to go through an emotional roller coaster and wait with tremendous stress and anxiety, worsening their condition even further and increasing the risk of miscarriage. Therefore when we treat these patients, it is crucial that we strengthening kidney and tonifying blood to encourage their body to be more conceptive and maintain the pregnancy to full term. Soothing liver qi and nourishing heart blood to ease their mind must also be considered at all time.

When a pregnant woman experiences lower abdominal pain or vaginal bleeding during the early stage of pregnancy, they should be checked to ensure that it is not ectopic pregnancy.

To be able to treat the patients effectively, we must understand their TCM diagnosis and differentiation. The most important rule to remember in treating miscarriage is not to move the qi too forcefully or quicken the blood. Any Chinese herbs or acupuncture points with those functions should be carefully used or completely avoided.

For those women who have had previous miscarriages, receiving TCM treatment to prepare their body before conception is just as important as the treatment during pregnancy.

It is necessary to sometimes combine Western medicine to achieve the best possible result. However, when we treat pregnant women who have conceived through IVF, ICSI or IUI, I would suggest that we must be extra cautious about prescribing Chinese herbs, especially if they have immunological disorders (which are often prescribed the aforementioned medication). In these cases, I strongly recommend applying acupuncture only, unless the patients are absolutely convinced about taking herbs

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原穴的临床应用

韩煜

【摘要】原穴是脏腑原气经过和留止的地方，与脏腑有密切的联系，用以诊治脏腑病变，既可以补虚，亦可以泻实。在临床应用时，在辩证论治原则指导下，结合其他配穴方法灵活运用，可以收到良好的疗效。本文从理论和临床两方面对原穴的应用进行了探讨。

“原” 有本源和原气•元气之意。 十二经脉各有一原穴， 分布于四肢末端。 原穴是脏腑原气经过和留止的部位， 是肾间的原气通过三焦之别使及五脏六腑，经过和留止于腕踝关节附近的十二个穴位。它们分别是肺经原穴太渊，大肠经原穴合谷，胃经原穴冲阳，脾经原穴太白，心经原穴神门，小肠经原穴腕骨，膀胱经和肾经原穴为京骨，太溪，心包经和三焦经原穴为大陵，阳池，胆经原穴丘墟，肝经原穴太冲。 正如 《难经 。六十六难》所言：“脐下肾间动气者，人之生命也，五脏六腑之本，十二经之根，故名曰原。三焦者，原气之别使也，主通行三气，经历于五脏六腑。原者，三焦之尊号也，故所止辄为原。五脏六腑之有病者，皆取其原也。”

《难经》阐述了原气的重要性，原穴具有调节脏腑功能的作用，可以用来诊断和治疗各种脏腑虚实病症。

在临床具体应用原穴时应在辩证论治原则的指导下，从而决定选取何经何穴。例如头痛的治疗，如头痛位于巅顶，为肝经所过之处，则应选肝经原穴太冲。如果头痛部位在颞部，此为胆经及三焦经所属，应取胆经原穴丘墟及三焦经原穴冲阳。临床上经常要通过辩证论治从错综复杂的病症中找出主要问题，从而选出相关原穴。一名好的中医师应该准确灵活的运用辩证论治理论，从而提高临床疗效。

原穴有近端治疗作用，远端治疗作用及特殊治疗作用，在临床上选用原穴的远端治疗作用较多。如合谷位于手部，为大肠经原穴，可以治疗头痛，面瘫，便秘，腹泻，痛经等。神门为心经原穴，位于腕部，可治疗心痛，心烦，失眠心悸等。太溪位于踝部，为肾经原穴可以治疗耳聋耳鸣，咽喉痛等。

经络及穴位现代研究中，对穴位的形态学研究显示，穴位所在的位置皮肤和皮下组织中分布有更多的神经末稍及不同的感应器，如肌梭，腱器官，游离神经末梢和关节感受器等。研究亦发现有些原穴与脏腑有紧密的联系，如在太冲针刺（肝经原穴）能使注射吗啡后胆道压力不仅停止上升，而且迅速下降[1]。对神门的研究发现针刺癫痫病人的神门（心经原穴），大陵（心包经原穴）及阴郄等穴，可以使部分病人的脑电图趋向规则[2]。

古人的论述阐明了原气及原穴的重要性，现代研究也证明了原穴对调节脏腑生理和病理功能有着重要的作用。故古人有“五脏有疾， 当取之十二原”之说， 临床上多用原穴常可收到良好的效果。 现举例如下。

典型病例

病例 1： 交通心肾治失眠

患者为一男性，34 岁，博士学位的最后阶段学者。 因赶写毕业论文而致精神紧张，作息时间不规律而渐致严重失眠已三个月。 来诊时主诉入睡困难，或只睡 2，3 小时后醒来难以再睡。且心烦口干， 体瘦纳呆， 头脑昏沉迟钝 伴有腰酸背痛，从而严重影响学习。四诊时见其体型瘦弱，目圈暗黑，疲惫面容，舌尖红，脉弦细。诊为心肾不交而失眠。治疗当取心经或心包经之原穴神门及大陵，针用泻法，配以肾经原穴太溪，补法， 肝经原穴太冲 ，平补平泻手法；再配四神聪穴，平补平泻手法，留针 30 分钟，。诸穴合用以补肾阴，降心火。且肝肾同源，取太冲以滋肝肾之阴，并疏肝理气以解患者的焦虑烦躁，使患者能放松精神。初诊时因患者腰背酸痛明显，曾配合腰背部拔罐治疗。

第一次治疗后 患者即感到身体放松腰背痛减，入睡较为容易， 但仍早醒。 继续治疗六次之后睡眠明显进步，而且头脑清醒，能顺利地完成论文写作。

病例 2： 利胆疏肝以治头痛

患者女，51 岁 。一日要求急予针刺，以止剧烈的头痛。 当其来诊时主诉为头顶及右侧头痛， 痛为抽掣样剧痛， 目中流泪， 面赤心烦， 发作已数小时，吃止痛药无效，不得不中断会议急来求诊。查其神志清醒，急性痛苦面容，血压正常，舌红，舌苔黄而干，脉弦紧有力。此患者已停经四个月，伴有情绪易波动，大便干燥，三日未行。 自诉痛于今日突发， 以前有偏头痛史， 但不甚剧烈。 仔细检查头痛以与肝经有关的巅顶部及右颞部和右耳附近为甚，此为少阳经所过之处。针刺泻法，取胆经的原穴丘墟，肝经的原穴太冲， 三焦经的原穴阳池及大肠原穴合谷，再配合电针局部阿是穴，留针 30 分钟。 针刺不久后患者即可平静入睡， 取针后疼痛感已去 90％以上，再给以泻肝丸及黄连上清片以清泻肝胆及大肠，即日大便泻后疼痛完全缓解。 此亦为急则治标的成功病例。

病例 3：补益肾气以治膀胱失约

患者为 69 岁白人老妇。主诉三十余年来，患膀胱失去制约之苦，致外出时需使用成人尿布，平日咳则尿出，居家入厕亦急，否则尿湿裤子。此老妇亦有子宫脱垂病史，伴有

腰酸腿痛多年。舌质偏淡，尺脉虚弱.此为肾气不足，下元亏虚之证。治疗取肾之原穴太溪，膀胱原穴京骨，配百会及关元，皆用补法。下腹部用艾灸温之。共治疗六次后，患者已不再罹患其苦，子宫脱垂亦有改善。

病例 4：疏肝理肺以助戒烟

某女 40 岁， 每日吸烟 20 支左右已十余年。 因最近失业， 且受家中唯一的成员， 残障而吸烟 20－30 支\每日的母亲之影响， 吸烟有增多趋势，故要求针刺以助戒烟。

此患者性格内向，且伴有明显的抑郁症状，心情郁闷，以致吸烟增多。 故对其治疗当疏肝与理肺同时进行，故取穴为肺经的原穴太渊，配合列缺或孔最以清理肺气，平补平泻手法，再取肝经原穴太冲，泻法，以疏泻肝郁。 亶中为上气之海，以针尖向下以 30 度角度沿胸骨柄斜刺， 得气后轻轻刮针柄，使患者有轻微得气并向下扩散之感， 针后有胸心敞亮轻松之感， 不再感到压抑沉重。 针后患者感到心情放松许多， 对家中老母亲吸烟的气味已不喜欢， 渐致自己不能忍受香烟的气味及而轻松的戒除了吸烟的习惯。此患者不仅自己戒除了吸烟，且影响致母亲吸烟也明显减少。

体会

原穴因为是脏腑原气经过和留止的穴位，具有能反映本脏气血盛衰的作用，针刺原穴补则能扶助正气，泻则能驱除邪气，所以原穴也有补虚泻实的双向调整作用。 穴位的这种双向性调整作用也可以随着疾病的变化而变化。 在临床上，只要审证选穴，补泻手法得当，加之合理配穴，原穴往往能发挥独特的作用起到良好的疗效。

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Answers to Herbal Garden

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

2. Xia Ku Cao 夏枯草
Latin: *Prunella vulgaris* Linn.
Common: Spica Prunellae Vulgaris, Selfheal Spike
Source: the spike or whole plant of *Prunella vulgaris* L., family *Labiaceae*

3. Wu Jia Pi 五加皮
Latin: Cortex Acanthopanacis Radicis
Common: Acanthopanax bark
Source: Root cortex of *Acanthopanax gracilistylus* or stem cortex of *A. giradii*, family *Araliaceae*.

4. Nu Zhen Zi 女贞子
Latin: Fructus Ligustri Lucidi
Common: Glossy Privet Fruit
Source: Fruit of *Ligustrum lucidum* Ait., family *Oleaceae*.

5. He Huan Pi 合欢皮
Latin: Cortex Albiziae
Common: Albizia Bark
Source: Bark of *Albizzia julibrissin* Durazz. Or A. kalkora (Roxb.) Prain, family *Leguminosae*.

6. Dang Gui 当归
Latin: Radix Angelicae Sinensis
Common: Chinese Angelica Root
Source: Root of *Angelica sinensis* (Oliv.) Diels, family *Umbelliferae*

Clinical Applications of Yuan points

Yu Han

Chinese healthcare Centre, London

Abstract： Yuan points are the locations where Yuan Qi stays rich and flow through. Closely related with Zang Fu. At clinic, uses of yuan points can help diagnosis and treatment for Zang Fu's disorders .using symptoms – differentiation, combining Yuan points and the use of other acupoints together could be very effective. This article discusses Yuan points and its use clinic and therapy.

"Yuan" means primordial and source, therefore Yuan points may be interpreted as "Yuan source points" or "Yuan primordial points". There are twelve Yuan points for each of the twelve meridians, located nearby wrists and ankles. Yuan points are the locations the Zhang Fu "Yuan Qi" stays rich and flow through. They are special acupoints ,because "Yuan Qi "from between two kidneys pass through "San Jiao" distribute to five Zang and six Fu, then pass through or stays rich in Yuan points where close to wrists and ankles.

They are:

1) Tai Yuan (Lung meridians)
2) He Cu (Large intestine meridians)
3) Chang Yang (Stomach meridians)
4) Tai Bai (Spleen meridians)
5) Shen Men (Heart meridians)
6) Wan Gu (Small intestine meridians)
7) Jing Gu (Urine Bladder meridians)
8) Tai Xi (Kidney meridians)
9) Da Ling (Pericardium meridians)
10) Yang Chi (San Jiao meridians)
11) Qu xiu (Gall bladder meridians)
12) Tai Chong (Liver meridians)

《Nan Jing · 66 Chapters》 （Difficult Questions · 66） described that the Yuan Qi originally came from below the umbilicus between the two kidneys. It is the root of the life, the origin of Zang Fu of twelve meridians. The Yuan Qi post kidney travels through "San Jiao" and the passes through five Zang and six Fu. So Zang Fu's diseases can be treated by Yuan Points"

According to 《Nan Jing》 we understand Yuan Qi are very important. Yuan points regulate the functions of Zang Fu, they can help the diagnosis and treatment of all kinds of problems which arise from the Zang Fu.

Clinically, when we use the Yuan points, we should also take into account to combine with a symptom - differentiation which can help decide to select the right Yuan points. For example to treat headaches if the top of the head have pain we should use Tai Chang, however if pain is at the temporal-lateral side of the head then Yang Chi(San Jiao Yuan point) and Qiu Xiu (Gallbladder Yuan point) should be selected for treatment.

Sometimes syndrome-differentiation is essential to finding out the principal symptoms and signs then to select the related Yuan points to treat. A good doctor should skilfully to use symptom–differentiation as it is the most efficient method to improve our quality of treatment.

The acupoints have both local and adjacent therapeutic properties and remote therapeutic properties. Some acupoints have special therapeutic properties. The use of Yuan points in clinic mostly is to treat disorders at remote areas. For example the He Gu acupoint (Large intestine Yuan points) located below the wrist can treat disorder in the face, head, chest, abdomen, toothaches, dysmenorrhoea etc. and Shen Men (Heart Yuan points) can be exploited in the treatment of palpitation, irritability and insomnia ,Tai Xin (kidney Yuan) may be used to treat ear problems or sore throat due to kidney deficiency.

According to modern studies of the meridian system and acupoints; histological examination shows that the area around acupoints has more nerve endings than other areas; it has also been shown display different receptors such as muscular spindle, corpuscular lamellose, free nerve endings and joint receptors.

The studies observed that some Yuan points has very close relationships to the related organs, for example Tai Chong (Yuan points of liver) after stimulated by acupuncture showed that injections with morphine caused pressure in the gallbladder tract to stopped increase but instead decreased rapidly.

Another study showed stimulation of Yuan points can help recovery of EEG in some epileptic patients by acupuncture of Shen Men (Heart Yuan point) together with Da ling (P.C. Yuan point) and Yin Xi acupoints.

As we see, both according the traditional theory of TCM and the modern studies of acupoints all show that Yuan points are central to the health system, correct manipulation of Yuan points can be very effective clinically.

Case Studies

Case One: Balance heart and kidney to treat insomnia

34 years old male PhD final year student, complains of difficulty going into sleep and/or waking up at early hours (2 or 3 am) every night and could not go back to sleep. He is in the process of writing his PhD final papers and is close to the deadline. The stress induced more anxious, causing the insomnia to increase in severity. The patient looks tired, he has darkened rings around the eyes with tongue red and has very thin pulse. He has lost weight and appetite, as well as complains of a sore back.

This is a typical insomnia caused by imbalance of heart

fire and kidney water. Treatment with cupping on the lower back followed by acupuncturing at Shen Men (heart Yuan point) Da Ling (pericardium Yuan). Firstly, the needle was manipulated with twist and rotating technique, let the "Qi" sensation arrive stronger.

Afterwards Tai Xi (kidney Yuan) point was manipulated with reinforcing technique. The Tai chong (liver Yuan) was also selected, as tonifying liver yin can help kidney water and by using reducing technique can result in soothing the stagnant Qi in the liver induced by stress. So Tai Chong manipulated with mild reinforcement and mild reducing technique. The extraordinary points si sheng cong just stimulated gently to calm and relax the spirit. All needles were retained in the acupoints for 30 minutes. The treatment showed effect at once, such the patient felt the tension on the body is much less and the sore back is much better. After treatment, patient is able to go to sleep much easier but still wakes up earlier than should be. Patient continued with the treatment, receiving six sessions of treatment in total. The treatments concluded with normalised sleep pattern, the patient felt refreshed and was able to complete the PhD papers successfully.

Case two: Dispersing the stagnant liver energy and clearing the gallbladder meridians to treat headache

A 51 years old female manager came for acupuncture with acute severe headache; the onset of headache happened suddenly, pain was mostly on top of the head and with a shooting and distending pain over the right ear. After taking pain killers the patient is still in severe pain so the patient had to leave a company meeting to attend for treatment.

The pain was continuous with acute painful complexions, the patient showed red tongue with yellow coating and uneven pulse, blood pressure was at 134/86 mmHg. Her period did not come for four months and had no bowel movement for three days previous. The patient was in an emotional mood, she has been suffering headaches for the last 2 year.

Headaches were mainly at the top of the head and around the right ear. Because of her age, her body is going through changes, meaning the liver function is not correct causing liver energy to easily stagnate.

Treatment therefore must disperse the stagnant liver energy through cleaning the gall bladder meridians. Treatment with acupuncture to relieve the acute headaches firstly, then treating the underlying primary symptoms chronically.

I selected Yuan points Tai Chong, Qiu xiu combined with Wai Guan and Guan Ming. After needling sensation appeared the needles were manipulated with reducing technique and was retained at the acupoint for 30 minutes in total. During the treatment the patient fell asleep, headaches were alleviated by 90 %. After further treatments by herbal remedy, Xie Gan Wan and Huang Lian Shang Qing tablets to clean the bowels the headaches stopped completely.

Case three: Tonify Kidney Qi to treat urinery incontientce

The patient is a 69 years old lady complaint for the past 30 years of leaking urinal bladder especially when she cough or sneeze, the trousers can get wet, so she often need to where urine pad when she goes out.

She had four children and suffered from prolapse of uterus nearly 15 years. Back and knee joint pains for over 10 years. Patient's tongue is pale and the pulse is very weak. Benefitting the bladder the kidney Qi is the principle of the treatment.

The kidney Yuan point Tai xi, Urine bladder Yuan point Jing Gu was selected with Bai Hui, Guan Yuan, all reinforce method combined with moxibustion located at course abdomen for 30 minutes after about 6 sessions of treatments her urine has no leaking and se do not need to wear urine pads any more even the uterus prolapse is improving too.

Case four: Regulate Liver Qi ad Lung Qi to help stop smoking

The patient is a 40 years old female, smoke 20 cigarettes daily for about ten years. Recently after becoming unemployed feels depressed and the only family member she is living with is also a heavy smoker that is influenced her to smoke more than previous.

The Lung is the respiratory organ, through its functions of inhale the pure Qi from nature and the environment to supply the body's functional activities. Cigarette smoking affects lung Qi, so the principle of the treatment is to regulate lungs Qi and by improving and strengthening Qi so when the patient smokes again they will feel very uncomfortable. He Gu (large interstine Yuan point), Kong Zui or Tai Yuan (Yuan point of Lung) and Pian Li (Lu point of Large intestine) are selected to regulate the Lung Qi to reinforce the energy of Lung. Because the patient also felt that depression has caused her to smoke more, so Tan Zhong and Tai Chong (Yuan point of Liver) has been selected and along with He Gu,Tai Chong are known as the "four gates" needing those points gently use the even method can regulate the Qi invigorate blood flow and calm the spirit.

Needling Tan Zhong downward and manipulated with twisting an trembling, effectively make the chest full, clear and untight which can help the lungs when the Lung Qi and Liver Qi functions better the patient 's depression also feels better, which gave the patient confidence to stop smoking.

Conclusion

Yuan points are known as Yuan Qi stays rich and passes though the points which can reflect the zang fu needing the Yuan points can regulate the zang fu functions directly and efficiently. Using symptom– differentiation can help selection of the acupoints and choose the right method to manipulate the needle, according to the theory of TCM, Zang Fu, meridians and surface is the network and the acupoints are the control keys of which Yuan points are the most crucial keys.

儿童支气管哮喘防治方略

向阳

摘要 作者认为小儿哮喘的发病机理与宿痰、气虚、血瘀有关。宿痰是儿童哮喘发作主因, 气虚为其主要病理基础, 血瘀为其急性发作时的重要病理过程。因此，本病的防治应从以上三方面着手。同时，西医认为本病最主要的原因是变态反应所致支气管平滑肌痉挛，故其防治也应考虑：第一，缓解支气管平滑肌的痉挛；第二，消除支气管粘膜的水肿以及由此导致的分泌物阻塞、组织增生和肥厚；第三，抗过敏。作者认为中医辨证和西医辨病相结合的综合防治方法是迄今为止的最佳方案之一。

关键词: 支气管哮喘 ; 儿童 辨证; 中医; 辨病; 西医; 治疗; 预防

支气管哮喘是儿科临床最常见的呼吸道疾病之一。它是由于气管和支气管对各种刺激和变应原的反应性增强，气道发生广泛狭窄为特征的疾病。 1980 年北京地区发病率约为 5.29%[1]流行病学调查表明：儿童哮喘大多数始于六岁以前，约 50%以上始于三岁以前。

本病属于中医“哮证”“哮喘”，其发病既有内因，又有外因。内因主要是素体肺脾肾三脏不足，外因主要是外感六淫、接触异物，过食生冷咸酸。 外因触动内因，宿痰、瘀血阻于气道，发为哮喘[2] 本文从病因、病机、辨证和辨病治疗、特效方药等方面探讨本病的预防和治疗。

1. 明辨虚实, 治分急缓

一般而言，儿童支气管哮喘急性发作期多属实证，而缓解期多属虚症，故其治疗无非虚实两端。正如古人所云：“实喘者有邪，邪气实也；虚喘者无邪，元气虚也.”“在肺为实，在肾为虚。” 姜先生[3]认为： 哮喘证有寒热虚实不同，治之先后方法各异，虚实中夹寒热、寒热中有虚实，治喘需分寒热虚实，辨证论治，治病求本，抓住主要矛盾，才能挫其势。急则治其标，缓则治其本。故急性发作期以祛邪治标，缓解期则以补虚治本防止复发。

2. 辨痰虚瘀, 随证治之

王先生[4]临床调查 1000 例小儿哮喘认为小儿哮喘的发病与气虚、血瘀、痰积有关。其结论是：气虚为哮喘之发病与哮喘之发作的病理基础。血瘀， 为哮喘发作的主要病理机制，气虚易罹外感，受邪后肺气失调，血行不畅而瘀

清代徐灵胎认为“欲治病者必先识病名…… 一病必有主方，一方必有主药。” 因此，中医也是十分强调辨病而给以特效方药治疗的重要性。本文介绍几首治疗儿童哮喘的特效方剂。

截喘汤（姜春华方）[7]: 佛耳草 15 克 碧桃干 15 克 老鹳草 15 克 旋复花 10 克 全瓜蒌 10 克 姜半夏 10 克 防风 10 克 五味子 6 克。功能： 降逆纳气，化痰截喘。主治：咳嗽痰多，气逆喘促（支气管哮喘等）。

小儿止哮汤（王烈方）[4]：地龙 15 克 露蜂房 10 克 川芎 15 克 侧柏叶 15 克 白鲜皮 15 克 僵蚕 10 克射干 10 克 黄于肺，导致痰积， 形成气血痰瘀塞肺机，肺主气，司呼吸， 故肺气不宣，肺失升降，哮喘遂成。作者的临床实践表明，辨痰、辨虚、辨瘀是本病辨治之关键所在。

【辨痰】本病发作之主因在于痼痰内伏[5]， 因此，其治疗首选祛痰治法。寒痰证要点为咳痰清稀色白，呈泡沫状，治当温肺化痰，选小青龙汤合三子养亲汤； 经过治疗后表解而喘平，可选用苏子降气汤加减以化痰顺气[5]。热痰证要点为痰稠色黄，发热面赤， 渴喜冷饮，声高息涌等热象，治当清热化痰，选用麻杏石甘汤加味。此外，若出现发热，头痛，咳痰黄稠等风寒外束、痰热内蕴证，应散寒化痰清热，选用定喘汤化裁。综上，辨痰论治是儿童哮喘急性发作期的关键。

【辨虚】王先生认为[4]，无哮补虚可防哮，哮后气虚治虚以防哮喘再发。肺气虚弱证以气短声微、自汗怕冷、四肢不温为要点，治当补肺固卫，选用玉屏风散加减。脾虚气弱证以咳嗽痰多、食少脘痞、面黄欠华、乏力为要点治当健脾化痰，选用六君子汤加减。肾虚不纳证以形寒怯冷、下肢不温、大便澄清、或遗尿，治当补肾固本，选用肾气丸加减。此外，肺阴虚者可选用百合固金汤，肾阴虚者可选用六味地黄丸。

【辨瘀】王先生 [4] 认为，哮喘之用药，应详辨活血化瘀药的功能、性味、特点，以及其兼有作用。如地龙活血化瘀、解痉；黄芩、白鲜皮活血化瘀、清热解毒等。发作时所用活血化瘀之剂应偏清，缓解之后的活血化瘀则应偏补，从而使哮喘的证治效果不断提高。

3. 特效方药, 辨病用之

芩 15 克 苏子 15 克 刘寄奴 10 克 功能：活血化瘀，理气除痰。主治：支气管哮喘、 哮喘性支气管炎、急性毛细支气管炎、喘息性肺炎。

哮喘 1 号 （发作时服，马莲湘方）[8]：炙麻黄 6 克 炒杏仁 6 克 炒莱菔子 3 克 炒葶苈子 6 克 五味子 3 克 瓜蒌皮 6 克 佛耳草 9 克 竹沥半夏 6 克 化橘红 5 克 苦参 6 克 地龙 6 克（3～5 岁量）。 功能：宣肺涤痰，降逆平喘。主治：支气管哮喘发作期。

哮喘 2 号 （缓解时服，马莲湘方）[8]：党参 6 克 炒白术 6 克 茯苓 9 克 陈皮 5 克 五味子 3 克 生黄芪 6 克 山

荚肉 6 克 姜半夏 6 克 佛耳草 9 克 防风 3 克。功能： 补肺益肾， 健脾化痰。 主治：支气管哮喘缓解期。

以上四方可根据儿童支气管哮喘的不同情况分别加以应用。

4. 辨证辨病, 和则兼美

姜先生[9]主张辨病与辨证相参，治本与治体兼顾，处方遣药在辨证的基础上与辨病用药，专方专药相结合。他说：“一病必定有一主方，一方必有一主药，临床治疗必须从众多方药中取其精华， 选用经得起重复的有效方药，尽早顿挫病患，扭转病机，慎防它变。有是证即用是药，故一证有一证之主方。” 笔者对这一学术观点非常推崇。实践证明这一学术思想是经得起考验的。

儿童支气管哮喘应从虚痰瘀三个方面辨证论治，已如上所述。至于辨病用药与辨证论治也应具有同等的重要性。

支气管哮喘的发作是一组综合性病理变化的结果。包括有小支气管平滑肌痉挛、小支气管粘膜的水肿、粘膜腺体的分泌功能亢进，造成分泌物阻塞，粘膜结缔组织、腺体及上皮细胞的增生与肥厚等。其中最主要的原因是变态反应。因此，其治疗应着眼于：第一，缓解支气管平滑肌的痉挛；第二，消除支气管粘膜的水肿以及由此导致的分泌物阻塞、组织增生和肥厚；第三，抗过敏。这三个方面是根据中草药药理选用中药即辨病用药的基本依据。

5. 君臣佐使, 病证兼顾

君臣佐使的配伍原则导源于 《素问• 至真要大论》：“主病之为君，佐君之为臣，应臣之为使”。 作者把君臣佐使用药系统分为两个系列，第一是辨证论治系列，第二是辨病论治系列。辨证论治系列完全按照中医理论，以支气管哮喘所表现出的不同证候遣方选药。辨病论治系列则以西医对本病的认识结合中药药理作用，有是病用是药。试举例说明。例如，支气管哮喘急性发作期，中医辨证为寒哮（内有宿痰，外因风寒，痰阻气滞血瘀）其处方为：

君药：麻黄, 苦参。生麻黄为辛温发汗、止咳平喘药，既针对风寒又有治喘之功，从其性味和药理均切中病机，故为君药。风寒证不明显时改炙麻黄。苦参为清热燥湿药物，但药理研究它有抗过敏及止喘的作用，因此它是辨病用药系列的主药。

臣药：桂枝、杏仁,地龙、鱼腥草。桂枝助麻黄发汗之力，为风寒而设；杏仁配麻黄以肃肺降气止喘。地龙具有通络止喘、清热息风之功，药理有缓解支气管平滑肌痉挛、抗过敏的作用；鱼腥草既清热解毒又抗炎、提高机体免疫力。辨证、辨病用药两个系列既有区别又有联系，协同以止喘。

佐药：白芍、苏子,白鲜皮、桃仁。 白芍苦酸性凉具缓急柔润之性，制麻桂之刚烈，且有解痉、抗炎、解热作用；苏子辛温降气化痰、润肺止喘。 白鲜皮具有抗过敏的药理作用，桃仁则以活血化瘀见长， 配以杏仁入气分，以肃肺降气止咳；桃仁入血分， 活血理气；根据“气虚（滞）则 血瘀”的理论，二药合用，一理气一活血，气血畅而咳喘自平。

使药：甘草, 防风。甘草调和诸药为使药。防风既具有祛风解痉作用，又有抗过敏的药理作用，可与甘草共为使药。

以上诸药从中医辨证和西医辨病两个方面配伍选药，具有疏风散寒、降气止喘之功，药理作用具有缓解支气管平滑肌痉挛、抗炎、抗过敏。全方既辨证又辨病, 既遵中医辨证理论，又合于西医对支气管哮喘的治疗的观点。

方有大小 因人而为

岳美中先生[10] 曾经说：“中医不传之秘在量” 这一观点是很有见地的。仲景之小承气汤、厚朴三物汤药物组成完全一样，但是因为剂量不同而功能主治各异。

那么，确定一张处方药味多寡、剂量大小的依据是什么？个人体会有四个方面：第一，病情轻重；第二，体质强弱； 第三，体重变化；第四，药物毒性。病情重、体质强、体重重、药物毒性小者用量要大；而病情轻、体质弱、体重轻、药物毒性大者用量须轻。

作者经验，每日用药总量：一岁以下婴儿在 30～60 克，1～3 岁幼儿 60～120 克，3～7 岁幼童 120～180 克；7～12 儿童约 200 克。对于急重症患儿首日量可加倍，即 24 小时内服两剂。 对于缓解期，每剂药可服 2～ 3 天，或配成蜜丸以巩固疗效，每日生药剂量 10～15 克。

6. 结语

中医药对儿童支气管哮喘的防治具有很好的疗效。作者综合前贤并结合个人经验，概述了儿童支气管哮喘的防治方法，愿与同道商榷。

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Strategies for Pediatric Asthma from Perspective of Traditional Chinese Medicine

Yang Xiang

Abstract: This paper is an analysis and summary of the mechanisms and therapies used for pediatric asthma from the perspective of Traditional Chinese Medicine (TCM). The author suggests that the main pathology of pediatric asthma is latent phlegm, Qi deficiency and blood stasis. Latent phlegm is the main cause of pediatric asthma. The deficiency of Qi is the basic pathological process, while blood stasis is the main pathological process during an attack of pediatric asthma. Therefore we should take consideration of these three aspects for the therapies of pediatric asthma. The treatment principle should be to resolve phlegm, tonify Qi and resolve blood stasis. However, the theoretical framework of TCM and its approach of treatment focus on syndrome ('Zheng' in TCM) rather than diseases ('Bing' in TCM). Western medicine, on the contrary, discusses only the treatment of recognized diseases such as asthma. The pathology of asthma is characterized by a partial obstruction of airflow in the airways. This results from a temporary narrowing by mucosal swelling. The bronchial narrowing interferes with ventilation and raises the resistance to airflow in the bronchi. This is more marked by exhalation and causes air to be trapped in the lungs. The narrowed bronchi can no longer be effectively cleared of mucus by coughing. In allergic asthma, the bronchospasm is caused by an allergic reaction due to immune hypersensitivity. This is also called araphylactic or Type-I reaction. Only IgE (reaginic) antibodies produce Type-I reactions. As these antibodies adhere strongly to tissues (and particularly to mast cells in the tissues), they are often called tissue-sensitizing antibodies. Therefore, the following aspects should be considered for the treatment: (1) herbs having effect of bronchodilation, (2) herbs having effect of coticosteroid, (3) anti-allergic herbs. The author believes that combination of TCM and western medicine is the best protocol for pediatric asthma.

Key words: pediatric asthma, differentiation of syndrome in TCM, diagnosis of asthma in western medicine, therapy, prophylaxis.

1. Introduction

Bronchial asthma is one of the most common respiratory diseases in pediatric clinic. It is caused by many factors which stimulate the respiratory tract, characterized by a narrowing tract.

In allergic asthma, the bronchospasm is caused by an allergic reaction due to immune hypersensetivity. This is also called anaphylactic or Type-1 reaction. The pathology of asthma is characterized by partial obstruction of airflows in the airways. This is caused by a temporary narrowing of the bronchi by muscle spasm followed by mucosal swelling. The bronchial narrowing interferes with ventilation and raises the resistance to airflow in the bronchi. This is more marked on exhalation and causes air to be trapped in the lungs. The narrowed bronchi can no longer be effectively cleared of mucus by coughing. The incidence rate of pediatric asthma in Beijing was 5.29% in 1980 [1]. Investigation of epidemiology shows that most cases of pediatric asthma occur before the age of six, 50% of them occurring before the age of three.

This disease falls into the categories of "xiao syndrome" and "chuan syndrome". It has external and internal causes. The internal cause is deficiency of lung, spleen and kidney, and the external cause is six evils and external agency. The internal cause is caused by Qi deficiency, latent phlegm and blood stasis blocking the airways, asthma then occurs [2].

In this paper the author analyzes the causes, pathology, differentiation of syndrome and disease, and special herbal prescription, discussing its therapy and prophylactic.

2. Differentiation of Deficiency and Excess

Generally speaking, most pediatric asthma falls into the category of excess syndrome in the acute stage, and deficiency syndrome in the chronic stage. Therefore herbal therapy for these should focus on tonifying the deficiency and removing the excess. It is said that there is evil Qi for excess syndrome, while essence deficiency for deficiency syndrome. According to the theory of TCM, asthma caused by the lungs is excess syndrome, and deficiency syndrome if caused by the kidney. Mr. Jiang Chunhua [3] said: "there are differentiation between cold, heat, deficiency, and excess for patients with asthma. Therefore, the therapy for individual patient is different at different stage. Only when we catch the main contradiction, through identification of zheng-syndrome and heal the root of the disease, we will be able to control the progress of syndrome and disease."

We treat the symptoms at the acute stage, while we treat the root causes at chronic stage. Therefore, we remove the evil Qi at the acute stage and tonify the deficiency to prevent a relapse at the chronic stage,

Mr. Wang Lie [4] made a series of clinical investigations of 1,000 children with asthma. The investigation showed that the pathology of pediatric asthma is related to the deficiency of Qi, blood stasis, and accumulation of phlegm. He concluded the following:

1.) Deficiency of Qi is the basic pathogenesis of a pediatric asthma attack;

2.) Blood stasis is one of main pathological factors in the attack of pediatric asthma;

3.) Deficiency of Qi is the cause of catching a cold easily.

The lung governs Qi circulation and respiration. When the evil Qi invades our body, causing the dysfunction of lung Qi, then the Qi, blood and phlegm accumulate inside the lungs. The dysfunction of lung Qi, rising and descending, will eventually result in asthma. The author's clinic experience shows that the formation and treatment from the perspective of deficiency, blood stasis and phlegm is the key.

Identifying phlegm:

1.) The main cause of pediatric asthma is latent phlegm [5]. Therefore the therapy for pediatric asthma is mainly to resolve phlegm. The main symptoms of cold-phlegm are cough with white, thin and foamy phlegm. The corresponding therapy is to warm the lungs and resolve the phlegm. The selected prescription is Xiao Qing Long Tang combing with San Zi Yang Qing Tang. When asthma is relieved, Su Zi Jiang Qi Tang is appropriate [6].

2.) The main symptoms of heat-phlegm are coughing with thick yellowish phlegm, fever with red face, thirst with a craving for cold drinks and rough breath. The corresponding therapy is to clear the heat-phlegm. The appropriate prescription is modified Ma Xing Shi Gan Tang. In addition, if there appears to be a fever, headache or coughing with yellowish thick phlegm, then this is the sign of an invasion of wind-cold into the exterior and accumulation of heat-phlegm internally. The corresponding therapy should be dispersing wind-cold and resolving heat-phlegm. The appropriate prescription is Ding Chuan Tang

In conclusion, therapies on the basis of identifying phlegm is the key at acute stage

Identifying deficiency:

Mr. Wang emphasises that nourishing the deficiency during the chronic stage may prevent an asthma attack:

1.) The main symptoms of a deficiency of lung Qi are shortness of breath, spontaneous perspiration and cold extremities. The corresponding therapy is to consolidate superficial resistance and lung Qi. The prescription is modified Yu Ping Feng San;

2.) The main symptoms of the deficiency of spleen and stomach are coughing with profuse phlegm, poor appetite, pale complexion and fatigue. The corresponding therapy is to strengthen spleen and stomach. The appropriate prescription is Liu Jun Zi Tang;

3.) The symptoms of kidney deficiency are an aversion to cold, cold legs and feet, watery stool, or enuresis. The corresponding therapy is to reinforce the kidney. Shen Qi Wan is appropriate for this condition. In addition, for the Yin deficiency of the lung, Bai He Gu Jin Tang is more suitable. For the deficiency of the kidney, Liu Wei Di Huang Wan should be chosen.

Identifying blood stasis:

Mr. Wang emphasises that, in order to choose herbs for asthma, we should identify the function, nature, taste and property of the herbs. For example, Di Long has functions of resolving blood stasis and relieving spasm; Huang Qin and Bai Zhu have functions of resolving blood stasis and clearing heat-toxin. At the acute stage, the herbs for resolving blood stasis should be cool in nature; at the chronic stage, the herbs for resolving blood stasis should be nourishing in nature. As a consequence, the effect may be increased.

3. Herbal prescriptions based on disease differentiation

Xu Ling-tai, a famous doctor in the Qing dynasty, said: "The most important thing for treating a patient is to make appropriate diagnoses. There should be one main prescription for one disease, and one main herb for one prescription." Hence, TCM also stresses the importance of special prescriptions for disease. The following are several prescriptions for asthma.

Jie Chuan Tang-truncating asthma decoction
(Jiang Chunhua's prescription) [7]:

Fo Er Cao 15g	Bi Cao Gan 15g
Lao Guan Cao 15g	Xuan Fu Hua 10g
Quan Gua Lou 10g	Jiang Ban Xia 10g
Fang Feng 10g	Wu Wei Zi 6g

Function: to descend the uprising Qi, resolve the phlegm and truncate the asthma
Indication: cough with profuse phlegm, bronchial asthma etc

Xiao Er Zhi Xiao Tang - anti-asthma decoction for pediatric asthma (Wang Lie's prescription):

Di Long 15g	Lu Feng Fang 10g
Chuan Xiong 15g	Ce Bai Ye 15g
Bai Xian Pi 15g	Jiang Can 10g
She Gan 10g	Huang Qin 15g
Su Zi 15g	Liu Ji Lu 10g

Function: to resolve the blood stasis, regulate Qi and resolve the phlegm.
Indication: bronchial asthma, asthmatic bronchitis, asthmatic pneumonia.

Asthma-I prescription
(for chronic stage, Ma Lianxiang's prescription) [8]:

Zhi Ma Huang 6g	Chao Xing Ren 6g
Chao Lai Fu Zi 3g	Chao Ting Li Zi 6g
Wu Wei Zi 3g	Gua Lou Pi 6g
Fo Er Cao 9g	Zhu Li Ban Xia 6g
Hua Ju Hong 5g	Ku Sheng 6g
Di Long 6g	(dosage for children of 3~5years of age)

Function: to disperse the lungs, remove phlegm, descend the uprising Qi and anti-asthma.
Indication: bronchial asthma at the acute stage.

Asthma Ⅱ Prescription

(for chronic stage, Ma Lianxiang's prescription) [8]:

Dang Sheng 6g	Chao Bai Zhu 6g
Fu Ling 9g	Chen Pi 5g
Wu Wei Zi 3g	Shen Huang Qi 6g
Chen Yu Rou 6g	Jiang Ban Xia 6g
Fo Er Cao 9g	Zi He Che Feng 3g (take orally twice),
Fang Feng 3g	

Function: to nourish the lungs and kidney, strengthen the spleen and resolve the phlegm.
Indication: bronchial asthma at the chronic stage.

The above four herbal prescriptions may be chosen for children with different cases of asthma.

4. Differentiation between Zheng (syndrome) and Bing (disease)

Jiang Chunhua advocated that when we treat a patient, we should combine the differentiation of Bing and Zheng, treating the symptoms as well as the causes. The herbal medicine should be prescribed on the basis of the differentiation of Bing and Zhen, and special prescriptions used for the disease. He once said: "one kind of disease should have one main prescription for the condition. One prescription should have a main herb in it. In practice, the most effective herbs should be chosen from many prescriptions. The chosen herbs for anti-asthma should be confirmed by many doctors in different fields. In this way, we are able to cure diseases to prevent them from worsening. The treatment by Chinese herbal prescription should be on the basis of Zheng-syndrome."

My clinical experience confirms that the method is one kind of best approach. Pediatric asthma should be treated from three aspects: deficiency of Qi; blood stasis; accumulation of phlegm. As for treatment from disease, diagnoses of asthma holds the same importance as the treatment from identifying Zheng-syndrome of TCM.

The attack of bronchial asthma is a syndrome of allergic response caused by inhaling antigens such as pollen. The pathological processes include small bronchial spasms, edemas at bronchial membrane, hyper-secretion of glands and causing secretion blockage. Among them, the most important factor is allergic response. Therefore the treatment for asthma should focus on the following aspects:

1) First, relieving bronchial muscle spasm
2) Second, relieving the blockage due to secretion and tissue proliferation
3) Third, anti-hypersensitivity
4) These three aspects are based on the herbal pharmaceutical theory

5. Combinations of herbal systems of emperor, minister, assistance, and guide, and on the basis of syndrome and disease

The principle of herbal prescription is on the basis of the theory of Neijing. It was stated in 《Su Wen Zhi Zhen Yao Da Lun》 that, "the main herb for a condition is the emperor herb. The secondary herb is the minister herb. Assisting the minister herb is a guiding herb." In this statement, the author divides this system into two groups. The first group is on the basis of Zheng-syndrome; the second is on the basis of disease. The first is based on TCM theory to give prescription; the second is based on disease of Western medicine to give prescription and combined with the theory of herbal pharmaceutical theory.

We shall give an example to explain the theory. A child with bronchial asthma at the acute stage is diagnosed as cold-asthma according to TCM (phlegm stagnated deep inside the body and cold-wind invades the exterior body, causing Qi stagnation and blood stasis).

The prescription is as follows:

Emperor herb: Ma Huang, Ku Sheng. Fresh Ma Huang, whose nature is pungent and warm, focuses on both wind-cold syndromes and anti-asthma. It is a nice herb from both sides, i.e. TCM and Western medicine. Therefore Ma Huang is the emperor herb in this TCM system. If the wind-cold syndrome is not so serious, the prepared Ma Huang should be chosen. Ku Sheng, whose nature and taste is bitter and cold with the function of clearing away heat-toxin, concentrates on anti-allergy and relieving asthma. It is the emperor herb in systems on basis on Western medicine

Minister herb: Gui Zhi, Xing Ren; Di Long, Yu Xing Cao. Gui Zhi aids the function of Ma Huang, inducing sweating; it is for wind-cold. Xing Ren aids Ma Huang to relieve asthma. Di Long has a function of circulating the small meridian and relieving asthma, clearing heat-toxin and calming cold. Modern studies show that Di Long can effectively relieve bronchial spasm, and is anti-allergy. Yu Xing Cao is for clearing heat-toxin and is anti-inflammatory and improves immune system functions

Adjunct herb: Bai Shao, Su,Zi, Bai Xian Pi and Tao Ren. Bai Shao has a sour taste and is cool and moist in nature. It could inhibit the strong nature of Ma Huang to relieve spasm, as well as being anti-inflammatory and anti-febrile. Su Zi has a warm nature and pungent taste and could descend the uprising Qi, moisten lung Qi and is anti-asthma. Bai Xian Pi has anti-allergy effects. Tao Ren has a function of resolving blood stasis, combining with Xing Ren, entering the Qi level to send down uprising Qi and relieving cough. Tao Ren also enters the blood level with the function of resolving blood stasis. According to the theory of blood stasis, due to Qi acuity and stagnation, Tao Ren combined with Xing Ren have the function of regulating Qi and blood, causing the balance of Qi and blood and asthma being relieved

Guiding herbs: Gan Cao, Fang Feng. Gan Cao is able to regulate the relationships of all herbs in this prescription. Fang Feng holds the function of removing wind and relieving spasms and is anti-allergy. Both herbs are taken as guiding herbs.

All the above herbs are chosen from two aspects: identifying zheng-syndrome and disease of Western medicine. The former herb group has the function of

removing wind-cold and sending down uprising Qi. The latter group of herbs has the function of relieving spasms of bronchial muscles, anti-inflammation and anti-allergy. The prescription corresponds with theories of both TCM and Western medicine.

6. Conclusion

The Chinese herbal prescriptions are effective in relieving allergic asthma in children. The author sums up the famous doctor's experience, combined with my own practice, to describe the methods of prevention and treatment of asthma in children. I am hoping this paper will benefit TCM practitioners who lack experience in pediatrics.

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联系人：申 鹏 戴建威 张 郁
电话：86-20-83543252，83543909，83543936，83563493
传真：86-20-83543936，83543936
电邮：fly5151@sohu.com； daijw0708@126.com ； ste2009@163.com
联系方式：请先登录大会网站(Http://www.ictm.org.cn)在线报名，同时请与注册的相应分会联系人确认。

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Contact Persons: Shen Peng, Dai Jianwei, Zhang Yu
Tel: 86-20-83543252, 83543909, 83563493
Fax: 86-20-83543936
Email: fly5151@sohu.com; daijw0708@126.com, ste2009@163.com

尿路结石验案

袁 立 人

1. 前言

中医认为, 结石多因湿郁生热，煎熬津液而成。故清热、利湿、化石为其正治。然湿热之由多因于湿，湿之成乃因水之不运，水不运因气不化。气行则水散，气滞则水停。故助气化，疏三焦乃利湿化水之关键。湿化而热消，结石不复成矣。三焦气化得通，水得以下输膀胱，结石可随尿排出。据此理而定法，开郁而调其气，或散于上以宣肺、或调于中以开郁、或通于下以畅达。以调气为下石之先导，辅以清热、利湿，则石可下矣。

多年来，余承祖训，按此法则辩证而治疗结石，每多奏效。现选三例病案，为八五年、九二年，零八年等三个不同时期的的案例，其症各有特色，辨证用药也各有不同，兹简述于下, 以就正于同道。

2．案例

【案例 1】患者苏珊，43 岁，女性，澳大利亚籍人。

1985 年 5 月 15 日初诊

患者为北京图书馆(现中国国家图书馆)外籍专家，1985 年 5 月 9 日突发腰部剧痛，疼痛难忍，急送协和医院急诊，经腹部平片检查，发现在输尿管下段结石 0.8x0.6cm，确诊为肾绞痛，输尿管结石。予以解痉止痛药（杜冷丁 50mg, 阿托品 0.5mg/肌肉注射，隔 4 小时再注射一次）。并告诉患者，如果再痛，则需要手术治疗。患者惧怕手术，提出请中医治疗。经其外事处邀请，余前往诊视。

现症：右侧少腹疼痛牵及后腰，舌红苔黄，脉滑略数。

此为湿热下注所致，宜以清热利湿导滞之法。

方用：杭白芍 15 克　金银花 15 克　六一散 10 克（包煎）, 台乌药 6 克　蒲公英 20 克　海金砂 10 克, 缩砂仁 3 克　白豆蔻 2 克　路路通 10 克, 水煎服，三剂。

病人连服三剂，痛大减，继服三剂后痛止。此后，患者又连服十五剂中药。

1985 年 6 月 25 日复诊

患者自述上周在一次排尿过程中，忽然觉得尿路堵塞，不适，遂加大腹压用力排尿时，自觉有物排出，尿也随之豁然通畅。后发现排出结石一粒，若黄豆大小（0.5x0.7x0.9cm），结石成椭圆形，乳黄色。患者欣喜异常，急欲告我。

现排尿已通畅，无痛感，尿为正常颜色，舌正苔薄略黄，脉弦两尺略弱。

宜继进前法，以利湿清热而善其后。

方用：蒲公英 20 克　杭白芍 15 克　六一散 10 克（包煎）, 台乌药 6 克　金钱草 10 克　炒知母、黄柏各 10 克, 扁蓄 10 克　赤茯苓 15 克, 水煎服，三剂。

此后追访二年，症无复发。

【按】此为结石急症案例，方以白蔻开理肺、胃之气而化湿、乌药、砂仁理肝肾之气而止痛。白芍伍甘草为芍药甘草汤（见《伤寒论》）可解挛急而止痛；蒲公英、金银花乃清热解毒、通淋之妙品。加路路通以通经络；用滑石、海金砂以化石。全方共十味药，共奏理气、清热、利湿、止痛、化石之功。凡两诊，疗程一月有余，而石下症除。也令这位外国专家体验了中医治疗的效果。

【案例 2】患者张 X 秀，女，60 岁。

92 年 3 月 27 日初诊

年初曾因突发肾绞痛而去医院急诊，西医诊断为“输尿管结石”，用“碎石法”治疗，据说结石已碎。手术后，曾排出碎石数粒，但与原结石大小相比，排出甚少，此后即不复见有石排出。一个多月之后，患者恐惧再发肾绞痛，又惧怕再做“碎石术”（上次作碎石术后，患者心中颤抖，难以忍受，产生恐惧），遂求治于中医，延诊于此。

查：患者面色无华，消瘦，口干口苦，不欲饮食，二便尚可。舌质淡，舌苔白，脉弦细。证属少阳，予小柴胡汤加减化裁为治。

处方：柴 胡 10 克　黄 芩 10 克　清半夏 4 克　太子参 10 克　生甘草 4 克，金银花 10 克　川贝母 4 克　金钱草 30 克　车前子 10 克，水煎服，四剂。

1992 年 4 月 4 日 复诊

患者自述，服上药第一剂后，于次日清晨有排尿感，先后排尿四次，连续排除结石二十余粒。患者将结石装在瓶中带给我看。结石为赭石色，大小不等有棱角，大的如黄豆，小的如小米粒大小，共计 23 粒。结石排出后，患者感觉身体清爽，排便正常，饮食、睡眠均安。

舌脉如前，于上方加减，以善其后。

处方：柴 胡 10 克　黄 芩 10 克　清半夏 4 克　太子参 10 克　生甘草 4 克，金银花 10 克　川贝母 3 克　金钱草 20 克　车前子 10 克　云茯苓 10 克，水煎服，四剂。

此后，随访半年，未见复发。

【按】此案是一例经碎石术后，结石依然不下的病案。欲使其结石得以排出，必先究其原因。今病人面无华而消瘦，口干口苦而不欲食，舌苔白而脉弦，证属少阳无疑。少阳升发之气弱，不仅会导致清阳之气不升，也影响浊阴之气不降，欲使结石排出，必先生其阳而降其阴，使体内升降和谐，则结石自然会排出。故用小柴胡汤以和解少阳，调其气机升降；合川贝母以开肺气、散结，以利肺气的宣发、肃降之功能；辅以金银花清热、通淋；茯苓健脾利湿；金钱草、车前子以清热、化石、利尿。共奏理气、清热、化石、排石之功。全方共十味药，凡两诊，疗程为八天，而在服用第一付汤药之后结石即已排出。也凸现出了治病要着眼于整体，不可一见结石就投以大量化石、下石药物，不仅无效，也是一种无谓的浪费。说明了中医辨证论治、整体观念的重要。

【案例 3】患者李 X 萍， 女，52 岁。

2008 年 9 月 20 日初诊

因突发腰痛于 2008 年 7 月 23 日去医院急诊。经检查是左侧输尿管上段结石（0.4x0.4cm），因结石堵塞尿道造成肾积水而住院，7 月 30 日报告是左侧输尿管上段结石伴左肾积水。曾做“气压弹道术”试图排石，但因尿道太细无法接触到结石，没有成功，先后做了三次碎石术，都没成功，术后未见石头下来。又恐肾积水，故于输尿管处放一个支架和一个管子。分流导尿。出院观察。

9 月 19 日报告是左侧输尿管内侧稍增宽，内未见明显异常回声，右侧输尿管未显示。双肾体积正常，轮廓规整，实质厚度正常，回声正常，皮质界限清晰，集合系统未见分离，散乱；左肾盂分离。

因碎石、分流导尿均未奏效，患者欲求中医治疗，延诊于余。通过网上视频予以诊治。

左侧腰痛，酸而微胀，略觉疲劳，饮食如常，大便可，小便因用管子导尿，尚觉顺利。舌质红，苔黄略腻。予以清热开郁通气利湿法。

处方：生、炙甘草各 6 克 白芍 15 克 川贝 6 克 枳实 8 克 乌药 8 克， 蒲公英 30 克 金钱草 30 克 海金砂 20 克 滑石 10 克 柴胡 5 克。 5 付， 水煎服，日服三次。

10 月 15 日 复诊

服上药后，自觉无明显变化，症状、舌象均如前，于前方将白芍、甘草量略增，加车前子 10 克，继服。

处方： 生、炙甘草各 6 克 白芍 20 克 川贝 6 克 枳实 8 克 乌药 8 克，蒲公英 30 克 金钱草 30 克 海金砂 20 克 滑石 10 克 柴胡 5 克， 车前子 10 克。5 付， 水煎服，日服三次。

10 月 20 日

今患者病已数月，结石迟迟未下，似以守方以待动静。证脉如前，守方再进。

处方：生、炙甘草各 6 克， 白芍 20 克，川贝 6 克，枳实 8 克，乌药 8 克， 蒲公英 30 克，金钱草 30 克， 海金砂 20 克，滑石 10 克，柴胡 5 克, 车前子 10 克。5 付， 水煎服，日服三次。

10 月 22 日医院复查

第四个报告是：左输尿管上结石伴肾盂输尿管轻度积水。据此，医院决定于一周内为患者做手术，取出结石。患者相告病情，嘱其继续服用中药。

10 月 26 日住院，准备翌日手术。然而在 10 月 27 日手术前，用 X 光复查时,却在输尿管中未找到结石。医院觉得奇怪：四天前检查结果依然可见结石，为何今日找不到了？于是，又做了 CT 和 B 超，CT 报告显示输尿管未发现结石,B 超检查也未发现结石,仅左肾有轻微积水。因而确认输尿管已经没有结石。不需要再做手术。随即让患者回家休养。10 月 30 日，患者高兴地将此消息告诉余，她已免受手术之苦。

然结石虽下，体内余热未尽。宜以清热疏通法以善其后。

处方：生、炙甘草各 6 克，白芍 20 克，川贝 6 克 枳实 8 克 乌药 8 克，蒲公英 30 克，金钱草 30 克，海金砂 20 克，滑石 10 克，柴胡 5 克，，车前子 10 克。5 付，水煎服，日服三次。

追访至今，已有十个月，患者感觉一切正常，未见复发。

【按】此案例凡三诊，疗程一月有余，虽经碎石，但此后结石仍未排出，医院说是因“尿道太细”。按中医理论，仍是升降失常所致。故方用：《伤寒论》之芍药甘草汤为主方，所不同者，是生、炙甘草同用，生甘草泻火而益脾，多用于偏热者；炙甘草补元气而止痛，多用于偏虚者。若证见虚而热者，则生、炙甘草同用。《皇汉医学》（日-汤本求真著）中说：芍药甘草汤可治疗“结石所致的肾绞痛”。辅以柴胡升其阳气（柴胡用量多少其功用也有所不同，3-5 克以升阳、6-9 克以疏肝理气、10 克以上以清热解毒），川贝母已开肺气而散结，助肺气宣发、肃降，以启水之上源，枳实、乌药利肾气而止痛，四药相合，有利于三焦运化而促进排石；蒲公英、金钱草、海金砂、滑石、车前子均为清热、利湿、化石之品。处方用药凡十二味，共奏理气、清热、化石、排石之功。或问：患者在服药期间无明显变化，为何嘱病人坚持服药，不可间断？概因此患者虽然是一个月前才发病，而实际上病在其身已有多时。7 月 30 日报告：“左侧输尿管上段结石伴左肾积水”即是明证。对于病程缓慢者，不求急功近利，在认定辨证无误的前提下，需要守定法则，不事更张，缓缓图功。前辈岳美中曾云：治“急性病要有胆有识，慢性病要有方有守”，正此意也。

功能性不射精症的中医治疗方法

窦占江 主任医师

356 Sharrow Vale Road, Sheffield, S11 8Z

不射精症（non-ejaculation）是指男子阴茎 在性交中不能维持坚硬勃起，并有正常的抽送动作，但是无性欲高潮，也不能在阴道内射精的一种性功能障碍，是男性不育的原因之一，属于中医学的“精不泄”或“精闭”的范畴。

1. 病因

射精是一个非常复杂的生理反射过程，是由中枢神经、交感或副交感神经、性腺内分泌和生殖器官等多个系统的协调动作构成。而不射精症的病因比较复杂，主要有器质性病因和功能性病因两大类：

（一）器质性病因

在临床上较少见。主要有：（1）生理管道解剖异常：如泌尿系生殖系先天缺损、外伤性后尿道闭锁引起精道阻塞、精囊纤维化、输精管缺如。（2）神经因素：如脊髓外伤、腰交感神经切除、盆腔根治术后、长期服用 a-受体阻滞剂及瓜乙啶、交感神经功能被抑制。

（二）功能性病因：

临床上较为多见。归纳起来主要有：（1）性知识缺乏：对性生理、生殖器官解剖、射精生理、性交姿势无知。女方害怕性交痛而拒绝性交，或害怕患膀胱炎限制阴茎在阴道内抽动，使男性性冲动受到抑制而不射精。（2）性冷淡:因宗教信仰影响道德观的偏见，认为性交为不洁，对性生活表现冷淡。（3）性抑制：对婚姻不满、或因事业心强不想生小孩子或未采取节育措施怕女方怀孕。（4）环境干扰：如居住房间狭小、性生活受到抑制；双方上下班时间不一样或两地分居造成性生活不协调。（5）生理解剖因素：如男性包皮过长、性交时包皮嵌顿、或阴茎头过敏不能耐受在内道内摩擦。（6）性交后排尿但不射精，这是一种少有的罕见现象。（7）性刺激不够；如有手淫习惯者，因长期受到手淫的强烈刺激，正常的性交刺激不能激发射精，或性交方法不当，不能达到足够的刺激强度。（8）其他因素:如性交过频、劳累、酗酒、忧郁等因素，也会引发偶尔出现不射精。

2. 临床表现

正常情况下，男性一次性交以射精为结束。这一过程大概经历兴奋期、持续期、性高潮期和消退期等四个阶段的性反应周期。而不射精者即在性交过程中阴茎能持续维持坚硬勃起但以未射精为结束，性交未进入高潮期就进入了消退期。在性高潮期男性生殖器官的反应为输精管、精囊腺、射精管、前列腺等副性器官与尿道阴茎部及肛门外扩约肌收缩，精液自尿道口喷射而出，让男人进入性高潮。不射精者在性交中后期没有副性器官与尿道阴茎部及肛门外扩约肌的阵发性收缩，也没有精液自尿道口喷射而出，故无法产生性欲高潮所应有的主要临床表现。但临床上可见到不射精者仍有梦遗和滑精现象存在。患者一般在结婚后持续一段时间不射精，因此影响生育才就诊。临床上分为原发性不射精（从来未能在配偶阴道内射精）和继发性不射精（曾有过正常的性交射精史或梦遗，后又丧失这一能力者）。

3. 诊断

根据病人病史、临床表现诊断不困难。为了确诊必要时可进行性交后尿液检查，如无白色絮状精液，尿液中不会有大量果糖，显微镜见不到精子即可确诊。

4. 治疗

（一） 一般性治疗：

因功能性病因引起的不射精症多因心里因素加强了中枢抑制，治疗的目的是消除神经中枢对射精的抑制。首先要详细了解病史，有针对性的治疗。对于因精神心理因素所致者，应对病人进行心理辅导，以减少患者的焦虑，增加安全感，促进性反应，解除夫妻双方不良的心理负担。同时向病人讲述射精产生的原因，调动患者的积极性，给于患者以安抚、帮助、支持和劝告，对病人进行性知识教育，促使夫妻双方充分了解性器官的解剖、生理和性反应过程，介绍和推介正确的性生活姿势和方法，排除不利于性生活因素的影响，增强病人治疗的信心，提高疗效。

（二） 局部刺激疗法：

对以往有手淫习惯的患者，因为阴茎长期受到手淫的刺激，正常的性交刺激不能激发射精，对这类病人可采用局部刺激法（包括性交体位的改变、双方配合协调、刺激阴茎等方法）诱发射精。也有人认为治疗功能性不射精症要让女方起主导作用，让夫妻共同参与治疗，训练妻子成为丈夫的有效性伙伴。一旦射精成功，即可永远改变病人不射精的状况，几次射精成功后，双方都会牢固树立起信心，建立良性循环，达到治愈的目的。

（三） 中医辩证论治：

（1） 阴虚火旺型：

多见于青壮年，性交不射精或仅有少量精液流出，阳强易举，夜寐遗精，伴心烦少寐，烦躁口干，溲黄便秘，舌红少苔，脉沉细数。治宜滋阴降火。处方：知母 20 克，黄柏 15 克，生地黄 30 克，泽泻 10 克，山药 15 克，山萸肉 20 克，丹皮 10 克，车前草 15 克，地龙 5 克。水煎服，每日一剂，早晚各服一次。

（2） 肝郁化火型：

证见性欲亢进，交不射精，性情急躁，头晕心烦，失眠多梦，口干口苦，口舌生疮，舌红苔黄，脉弦数。治宜疏肝泻火。处方：龙胆草 10 克， 柴胡 10 克， 黄芩 10 克， 栀子 10 克， 生地黄 15 克， 菖蒲 10 克， 淡竹叶 10 克，生甘草 6 克， 泽泻 10 克， 蒲公英 10 克， 通草 6 克 。水煎服，每日一剂，早晚各服一次。

（3） 肾阳不足型：

证见性交不射精，性欲减退，头晕乏力，精神不振，面色晦暗，腰膝酸软，腰以下冷凉，舌淡苔白，脉沉细或沉弱。治宜温肾助阳。处方：肉桂 6 克（后下）山药 15 克, 熟地黄 20 克, 山茱肉 10 克, 泽泻 6 克, 丹皮 10 克, 茯苓 10 克, 肉苁蓉 10 克, 巴戟天 10 克, 急性子 15 克, 仙茅 10 克。水煎服，每日一剂，早晚分次服。

（4） 心脾两虚型：

证见性交不射精,伴倦怠乏力, 心悸心慌, 失眠易醒, 食少纳呆,舌淡苔白, 脉沉细弱。治宜补气健脾。处方：党参 20 克, 白术 20 克 ,生黄芪 30 克, 当归 10 克, 炙甘草 10 克, 茯神 10 克, 远志 10 克, 木香 6 克, 补骨脂 15 克, 山萸肉 10 克, 炒枣仁 15 克（先煎）, 琥珀粉 3 克（冲服）。水煎服，每日一剂，早晚分次服。

（5） 瘀血阻滞型：

证见性交不射精, 阴部胀痛, 胸闷不舒,性情急躁, 舌紫暗或有淤斑, 苔薄白脉沉涩。治宜活血化瘀, 行气通络。处方：桃仁 15 克, 赤芍 15 克, 柴胡 10 克, 牛膝 10 克，王不留行 15 克，橘核 10 克，皂刺 6 克，川芎 10 克，当归 10 克，生黄芪 10 克， 麻黄 2 克 （后入），急性子 20 克。 水煎服，每日一剂，早晚分次 。

（6） 湿热阻塞型：

证见阳强不倒，交而不射精，心烦意乱，阴囊潮湿，面色淡黄，小便浑浊，午后身热，苔黄腻，脉濡数。治宜清热利湿，宣畅气机，通精开窍。处方：杏仁 20 克，白蔻仁 20 克，薏苡仁 30 克，滑石 25 克（包煎），通草 10 克， 淡竹叶 6 克， 半夏 10 克， 川朴 10 克，路路通 15 克，王不留行 15 克， 枳壳 10 克， 牛膝 6 克。 水煎服，每日一剂，早晚分次服。

（四） 针灸疗法：

取穴：三阴交，关元，中极，曲骨，会阴，八髎，肾俞，命门，太冲，气海，腰阳关，归来等经穴为主，采用平补平泻交替方法，留针 10-20 分钟，每周 1-2 次。虚证可加用艾灸法，取穴同针刺法。10-15 次为一疗程。

（五） 饮食疗法：

（1） 锁阳粥：锁阳 30 克，大米适量。煮粥服用。

（2） 通草猪蹄汤：通草 15 克（布包），猪蹄 3-4 只，加水文火炖至肉烂，去通草，加少量盐，饮汤食肉。

（3） 可根据病人口味爱好分别选用甲鱼，鳗鱼，蚕蛹，麻雀等煮汤或做菜肴，益精壮阳，辅助治疗。

5. 预防保健

1) 对阴茎包皮过长影响射精者，应尽早尽快地实行包皮手术。
2) 对缺乏性知识者要加强学习，阅读有关书籍，必要时请教专科医生指导。
3) 对因性刺激不够引发不射精者，应提前做性交前准备。如观看性教育录像，光盘，做足性交前戏。
4) 避免过频性生活，戒除手淫习惯，防止性交中断。
5) 平时多进行体育锻炼，有益自我身心调理，辅助治疗。
6) 如病人因服用某些药物（如镇定剂、安眠药类）而引起不射精者，应及时停服，或找医生指导。

6. 典型病例

马 XX， 30 岁，河北省高碑店个体商户。初诊于 2004 年 4 月 28 日。

主诉：婚后不射精 6 年，未育。病史：自述婚前曾有手淫射精和梦遗。但婚后即未有射精，其妻未孕。从 5 年前开始求治，曾到过多家医院经中西医方法治疗均未果，花费数万元。致使精神负担和经济负担均较重。自述性生活时阴茎勃起正常，交不射精，一般在 30-50 分钟后阴茎皮软。伴心烦失眠多梦，性情急躁，烦躁易怒，口干口苦，小便短黄，大便干结。查体壮，舌质红，苔黄腻，脉弦数。阴茎大小发育正常，无包皮过长。综合诸项，证属情志不随，肝郁化火症型功能性不射精症。给于安抚，鼓励，平衡心理辅导外，投以疏肝郁，泻肝火，通精道之汤剂 30 剂，叮嘱回家服用。25 天后来电话病人诸伴随症状均明显减轻，3 日后又来院复诊。查舌质淡红，苔薄白润，无口干口苦，大便一日一次通畅，

小便色淡，不烦躁。又投汤剂 20 剂，30 天后来电话告知已有 2 次性生活射精，高兴之情溢于言表，特送我锦旗一面，专程来感谢医护人员。随访 4 个月得知其妻已怀孕。

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【作者简介】

窦占江 ，男 ，1982 年 毕业于黑龙江中医药大学 中医专业，医学学士，主任医师。从事中医内科、中医男科、针灸专业临床工作 27 年。英国中医药学会会员、中国针灸学会会员、中国性学会会员、中国中医药学会男科学会委员、国际中医男科学会委员、世界中医药联合会中医男科学会理事。并担任《中华现代中西医结合》杂志副主编、《中国医药学刊》杂志编委。参编中医医学专著四部、发表各类论文 20 多篇。

医 案 三 则
— 临床辨病辨证体会

袁炳胜

Doncaster, UK

摘要： 本文以便血、痛经、尿路结石绞痛三个典型病例诊治为例，说明在临床中，应当根据病人、病证的实际情况，辨病与辨证，治标与治本，针灸与药物，药物与食疗在临床中有机结合，各施其用而解决临床问题，获得最佳的临床效果。

1. 便血

Mr.Hamill, 22 岁, 2009 年 5 月 3 日诊。大便时肛痛, 便后肛中有少量出血，色鲜红, 医诊为痔疮, 曾与外用药膏涂敷肛门,效果不佳。大便日三至六次, 不成形, 味臭秽, 伴腹痛。诸症已近半年,加重 2 周。其脉沉缓尺弱, 舌暗胖, 有齿痕, 伴瘀点, 苔白根腻微黄少津。脾肾不足, 肠腑湿热, 兼瘀夹滞。宜利湿行滞, 升清降浊, 活血止血, 兼益脾肾。针灸加中药治疗。

1.1 针灸

1) 俯卧位, 取曲池, 承山, 复溜（或肾俞）,长强（或会阳）, 合谷, 二白, 大肠俞, 次髎（轻刺法--快速无痛进针, 稍提插捻转得气, 静置留针 30 分钟启针。首诊一般不施手法, 二诊酌情提插捻转），一周 2 次。
2) 耳穴贴压：直肠, 大肠, 交感, 肾, 脾, 左右交替, 5 至 7 天一换, 嘱其每日早晚自行按压 5 至 10 分钟。

1.2 中药

藿香 12, 法半夏 10, 茯苓 10, 茵陈 10, 枳壳 6, 薏苡仁 15, 苍术 10, 黄柏 7, 桃仁 10, 红花 10, 地榆 15, 甘草 6（克）。一日一剂, 早晚各一次。但因煎药不便, 改用藿香正气丸合桃红四物汤丸, 一日三次。

5 月 5 日, 患者前来复诊，诉症状明显好转, 大便每日 1-2 次, 肛痛大减, 且无出血， 腹痛亦除, 精神也显著改善。仍继前法治疗，至 5 月 23 日, 经针灸 6 次，大便日 1-2 次, 溲畅成形，无血无痛, 纳佳, 腹痛也未再作, 半年之疾霍然而愈。因病程长久, 深受其苦, 愿根治之, 前针刺穴去二白, 一周一次；药改用补中益气丸合金匮肾气丸, 一日服二次以巩固善后, 治疗一月, 诸症尽除，因回家停止治疗。7 月 13 日偕家人前来致谢，知未复发。

1.3 体会

其一，临床应辨病辩证结合，但诊治思路却不可为病名诊断所束缚。辨病的同时，还当据临床四诊实际所得资料, 具体分析患者体质强弱及病位病性，兼夹病、证，标本先后，据此以确立治疗法则。

其二，针灸与药, 面对具体的病症，有时各有短长, 若能恰到好处予以配合使用, 可以互补。有时患者不便服中药煎剂，而可选成药，因作用有限，则可借助针灸以补其不足。对于一些慢性虚弱性疾病，在应用针灸以调节振奋生理机能的同时，亦可辅以中药补其脏腑阴阳气血而竟全功。此患者因不便煎药，若从“证”的方面入手治之，则可用藿香正气丸以化湿和里，升清降浊，桃红四物汤丸以活血化瘀，切合病机；但对“病”之治、因痔出血之标证针对性则显不足。而针灸方中二白承山, 善于疗治痔痛出血, 笔者多年屡试不爽。曲池合谷, 亦大肠本经原、合之穴；大肠俞, 是大肠之

背腧穴,共取以去湿清热而除肠腑之滞；次髎善清下焦湿热，长强会阳亦疗痔要穴, 故近取三穴以增效。复溜、肾俞补肾固本,兼助膀胱气化而实大便。

其三，本病脾肾不足为本, 是生酿湿热之源。但湿热内蕴、久郁,阻滞气机,局部气血失和,络脉瘀阻而出现的肛痛便血，兼大便次数多、溏软、腹痛为标症且影响生活质量,为就诊主要目的；若溏泄、血出等标症不治，久之则必更伤正气，本亦难复。故针刺法标本兼顾, 药则先治其标（清热除湿佐以活血通络）, 标症去后再以补中益气汤、金匮肾气丸健脾肾固根本，终获全功。

2. 痛经

修小姐, 23 岁, 2009 年 4 月 27 日诊。痛经六年。近日经将行, 觉腹痛乳胀。自 17 岁经行，常常迟至 2 周左右, 即 6 周行经一次；每行经前少腹即痛，持续至经尽，有时痛甚难耐；每伴腰痠, 乳房胀痛。经行淋漓不净每达 10 日左右。初三五日量多, 有瘀块, 后六七日则量少而淋漓不净。睡眠差, 经行前后尤难入睡, 且易醒多梦, 寐则梦见死人、见鬼等恐怖景象; 昼极疲乏。平时带下量多，纳可, 但经期纳差。舌质淡, 有瘀点, 苔白薄, 脉弦尺弱，面色暗滞。曾多方诊治,并长期服用中西药物, 疗效不理想, 其亲戚介绍, 特约月经前从伦敦前来诊治。1,痛经；2,月经衍期。脾肾两虚, 气血不足；冲任失调, 肝郁夹瘀。宜补脾肾, 益气血, 调冲任, 疏肝活血, 以调经止痛, 标本兼治。

2.1 针灸

1) 尺泽, 三阴交, 合谷, 太冲, 地机, 气海, 关元, 足三里, 轻刺法如前述（急重时加次髎）。
2) 耳穴贴压：内生殖（或内分泌），脾, 肾, 肝, 神门, 早晚自压 10-20 分钟, 或痛甚时自压之。

2.2 中药

1) 与痛经内异片合逍遥丸片（以前均曾用过）；
2) 以下药炖肉,食肉喝汤：当归 6-10，淮山药 15-30,陈皮 3-6,山楂 15-30,枸杞子 15-30（克）,一周 2-3 次。

4 月 30 日, 二诊。乳胀腹痛显著减轻。治如前法。5 月 3 日,三诊。昨日经行晨间小腹稍著（远逊于以前之痛）约半小时即缓解。仍如前法治疗。5 月 17 日,四诊。经前针灸、中成药及食疗,本次经行仅头二三天晨间腹部稍有不适感,以后未再觉不适。月经头 3 日量多, 但少有血块, 后几日量少, 7 日即净，近日带下亦减；纳佳, 睡眠改善, 但仍多梦, 精神觉大好。脉转沉弦,舌淡红,苔薄白。治如前法, 加针安眠穴。

5 月 23 日，无不适, 前法加阴陵泉、复溜、中封, 调经止带, 补肾健脾、疏肝活血, 调补冲任以巩固之。7 月中旬随访, 近 2 次月经仍延后 7 天, 但仅经前小腹有轻微不适感, 可以耐受, 半日即止, 余无不适, 仍嘱坚持前食疗方并服逍遥丸以调补其气血冲任。

2.3 体会

其一，此患者先天禀赋偏弱, 肝脾肾虚、气血不足, 故月经晚来。复因诸虚, 经每延期二周始至。又以气血瘀滞故,每经行腹痛, 且淋漓不净 10 日许, 则复耗损精神血气, 使虚者更虚, 虚实相因, 纯以通瘀止痛, 或纯以补虚益损, 皆难竟全功, 故虽久经治疗, 仍缠绵难愈。因此先后用痛经内异片、逍遥丸片, 加食疗法，通（瘀）、补、调三法并用, 并结合针刺法疏通经络, 调理脏腑功能, 活血和血以止痛；因其居住较远, 有时不便，恐痛作难解, 故又用耳穴贴用, 以应不时之需,并早晚按压, 以增疗效。此三法单用即足见显效, 合之则相辅相成, 标本缓急兼顾, 而获斯效。

其二，食疗方解。视此患者, 当于活血止痛同时, 补其气血之虚。补虚之法,莫如食也，食又莫如肉，猪肉尤宜。如《王孟英医案.临产》即云：“猪为水畜, 其肉最腴, 大补肾阴而生津液, 余尝用治肾水枯涸之消渴, 阴虚阳越之喘嗽, 并著奇效。仲圣治少阴咽痛用猪肤, 亦取其补阴虚而戢浮阳也。”故用之为主，并伍以益肾填精补血之枸杞, 补脾固精之淮山药（以脾胃为后天之本, 气血生化之源也）；及养血活血之当归, 理气和中之陈皮, 消食健胃之山楂, 使补而不腻。况山楂兼能活血消瘀, 可收缩子宫而治因瘀出血、月经量多之崩漏，但须大剂始能见功。楂陈归杞山药同用, 药味虽少,而消补同施 , 气血并调, 于此患之病情尤宜,可以久服。

3. 尿路结石绞痛

袁先生, 男, 36 岁, 09 年 6 月 2 日晨 8 时约诊（注：此例为今夏回国休假之际偕任晓华医师诊治）。昨夜饮酒较多, 今晨（2 小时前）突发右腰剧痛而醒。其痛持续, 阵作加剧, 汗出淋漓, 掣引少腹, 难以行走, 家人急以车载送来诊。其脉弦, 舌暗红, 苔白腻厚, 右肾区叩击痛, 腹部输尿管投影区压触痛。恐系湿热久稽, 酝酿成石, 压迫尿道, 阻滞气机, 不通则痛。治宜清热利尿, 活血行瘀, 解痉排石止痛。先针灸之以解其苦,次继以中药调治。

3.1 针灸

尺泽（双）, 三阴交（双）,阴陵泉, 气海, 大赫, 京门, 阴谷, 复溜, 太溪, 然谷, 合谷（右）,进针得气, 酌行提插平补平泻法, 每 10 分钟行针一次，腰痛渐减,腹痛亦缓减。留针 1 小时, 其痛已大为缓解, 而腰近骶部痛稍著。遂启针,饮温水一大杯后, 复俯卧, 更取肾俞, 志室, 气海俞, 次髎, 秩边, 腰痛点，而腰骶痛顿减。复留针 30 分钟。启针后, 其痛若失, 呼吸平稳, 行走自如, 仅深呼吸时右少腹尚有轻微痛感。旋做彩色多普勒检查, 肝胆脾胰膀胱肾均正常, 但发现右侧输尿管上段

内径 0.8cm, 于壁间段探及一 0.5 – 0.3 cm 大小强回声, 左侧正常。提示右输尿管结石伴扩张，右肾轻度积水。

3.2 中药

党参 30, 赤芍 30, 怀牛膝 30, 枳壳 15, 冬葵子 30, 金钱草 30，甘草 12（克），水煎服, 一日 1-2 剂, 作茶随饮, 以补气活血, 解痉排石止痛, 待腰骶腹完全无痛后改作 1 日或 2 日一剂,续服 10-20 剂为宜。

6 月 10 日电话诉, 经前针灸后, 腰腹已未作大痛, 经服药三日, 疼痛即完全消失。彩超复查, 未见结石影。但夜间睡卧时有背腰酸困感。此乃气虚, 湿未净, 膀胱经气尚不利,转以：党参 15, 白术 15, 茯苓 15, 羌活 12, 薏苡仁 30, 枳壳 10, 赤芍 15, 甘草 6(克), 10-15 剂, 益气除湿, 通络活血理气善后。一月后电话随访, 体健, 无不适。

3.3 体会

其一，肾结石之绞痛，常因结石梗阻于输尿管之入口、跨髂总动脉处，或进入膀胱处之狭窄不能通过，刺激输尿管内壁，导致输尿管平滑肌痉挛而绞痛。针灸选取合适的穴位针刺，可以解痉活血利尿，能有效缓解其平滑肌的痉挛，从而缓解疼痛，使管腔相应扩大，并因良好的利尿作用，而有助结石排出。

其二，针灸于临床, 不仅能活血通络, 治疗骨关节肌肉之痛证, 更有很好的调理内脏功能, 尤其如肠梗阻、胆蛔、肝胆结石、尿路结石绞痛等急腹症及哮喘等, 有很好的解痉、止痛、平喘、排石作用, 笔者近 20 年临床, 以针灸、或针灸与中药结合, 治疗此类病症不下百例, 疗效卓著, 皆此类也, 值得临床重视。

【作者信息】袁炳胜，笔名袁胜，师从国家著名中医药专家李孔定主任中医师及当代著名针灸学家杨介宾教授，在《英国中医药学会会刊》、《中国针灸》、《中国中医药报》、《新中医》、《中国中医急症》、《实用中医杂志》等发表学术论文 20 余篇。E-mail:yswcxl@126.com ； Tel: 07988266835。通讯地址：Dr. TCM, 51 Up South mall, Frenchgate, Interchange Shopping Centre, Doncaster, DN1 1TT。

征稿启事

英国中医药学会会刊为中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。为了提高本会刊学术水平和质量，同时使大家借此互相沟通学习，不断提高专业水平，欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，病例分析，行医心得，理论探讨或研究成果。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文 3000 字以内，英文 2000 字以内，并附 200 字以内摘要。所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时再投向其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk. 请注明“杂志投稿”字样。

下期来稿截至日期为 2010 年 2 月 20 日。

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The Journal of ATCM is a bilingual TCM academic magazine that is published twice annually in March and September. In order to hence and maintain the academic quality of the journal, the Editorial Committee welcome our members, other TCM professionals and members of public contributing papers on TCM clinical experience, case studies, theory and literature, or research reports etc.

Papers can be in Chinese or English, but preferably bilingual, with no more than 3000 words in Chinese or 2000 words in English. An abstract of 200 words should be attached. All the submitted articles or papers are not being simultaneously submitted to other journals, and also it has not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. The journal of ATCM maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

All the papers should be sent to the Editorial Committee via email info@atcm.co.uk. Please indicate "paper for Journal of ATCM".

Deadline of submission for next Issue (Volume 17 Issue 1) is **20th Febrary 2010**.

丘疹性荨麻疹的辩证施治

朱毅

丘疹性荨麻疹是常见皮肤疾病，发病与蚊虫叮咬，某些食物、药物过敏，或地域性水土不服有关。多见于儿童。临床表现为椭圆形小风团样皮疹，中心有针尖大小水疱或大疱，疱壁紧张，风团的长轴与皮肤纹理平行，有的出现伪足。皮疹数目不定，相互很少融合。瘙痒明显，搔抓后，导致表皮剥蚀，严重时出现局部感染。皮疹结痂消退后，留有轻度色素沉着，可逐渐自行消失。

西医以抗过敏治疗为主，外用药水涂搽局部，起到止痒消炎作用。中医采用疏风清热为主要治疗原则，能有效缩短疗程，避免使用抗过敏药物治疗时所产生的副作用。

根据临床工作体会，对该病的临床辩证施治简单介绍如下。

1. 风热盛

主症：皮疹初起，颜色红或淡红，伪足隐隐可见，表面无水疱，或隐约可见针尖大小水疱。舌质红或淡红，苔薄白。

治则：疏风清热。

处方：荆芥、防风、浮萍、蝉衣、牛蒡子、竹叶、银花、连翘。

2. 风热挟湿

主症：皮疹颜色潮红或淡红，水疱小如针尖，或有大疱，疱壁紧张，疱液清晰。舌质红或淡红，苔白微腻。

治则：疏风清热利湿。

处方：荆芥、防风、苍术、蝉衣、竹叶、六一散、茯苓。

3. 风热伤络

主症：发病数日，皮疹颜色鲜红或暗红，出现血疱，或赤或紫。舌质红，苔薄黄。

治则：疏风清热凉血。

处方：荆芥、防风、丹皮、生地、银花、连翘、竹叶、茅芦根。

4. 暑湿内热

主症：病在盛夏，皮疹颜色淡红，张力性大疱，疱液清澈。舌质淡红或胖淡，舌苔白腻。

治则：芳香化湿清暑

处方：藿香、佩兰、竹叶、黄芩、茯苓、银花、六一散。

5. 风热伤肺

主症：春秋多见，皮疹色红或淡红，小疱或丘疱疹，伴轻微咳嗽，咽痛。舌质淡红，苔薄布。

治则：疏风清肺。

处方：荆芥、防风、桑叶、杏仁、牛蒡子、桔梗、芦根、陈皮、甘草。

6. 风热挟食滞

主症：乳幼儿多见，皮疹色红，有小疱或丘疱疹，伴消化不良症状。

治则：疏风清热，调理脾胃。

处方：荆芥、防风、茯苓、陈皮、焦三仙、连翘、竹叶、生甘草。

7. 风热伤阴

主症：病程较久，或素体不足，皮肤较干燥，皮疹暗红或暗褐色，瘙痒较剧。舌红，少津。

治则：养血润肤止痒

处方：生地、麦冬、玄参、当归、麻仁、白蒺藜、防风、白藓皮。

8. 风邪久羁

主症：皮疹呈暗褐色，如结节状，新旧搔痕明显，结痂与血痕相间，病程反复。此类皮疹与“结节性痒疹”相似。舌质淡红，苔薄白，个别患儿可见舌红苔净。

治则：搜风清热。

处方：荆芥、防风、蝉衣、当归、元参、连翘、白藓皮、白蒺藜。

9. 风湿热毒

主症：皮疹色红，搔痕明显，脓水淋漓。舌质红，苔薄黄。

治则：疏风清热，解毒除湿

处方：荆芥、防风、浮萍、茯苓、野菊花、公英、地丁、竹叶。

综上所述，对丘疹性荨麻疹的治疗以疏风清热为主，兼顾季节因素影响，如暑湿、秋燥。统观全身情况，要顾及脾胃功能，健脾化湿消滞。发病日久，考虑养血润肤润燥。主病位在心、肺、脾，心主火，主血热，与暑热相通；脾主湿，易被暑湿之邪所困；肺主皮毛，统摄一身之气，为外卫之藩篱，可被秋燥之气所伤，故清心、助脾、益肺是临床辩证用药的要点，因人而异，灵活掌握。

开心胶囊实验及临床研究进展

唐铁军

伦敦中萨大学中医药中心

开心胶囊是用来治疗冠心病等缺血性心脏病的中成药，其处方由中国著名中西医结合心血管病专家陈镜合教授始创。处方包含以补虚为主的开心胶囊 1 号（西洋参，黄芪，麦门冬，五味子，桂枝， 丹参，益母草，香附，山楂），以及以泻实为主的开心胶囊 2 号（西洋参，香附，山楂 ，苍术，川芎，山栀，五灵脂 ，蒲黄，神曲）。自 1996 年以来在多项研究基金的支持下，关于本药的基础和临床的研究相继展开，经过十余年来的研究，对于开心胶囊的药理药效学，分子机制，制剂研究，毒理研究，临床研究等方面都取得了一系列的研究结果，现将相关的研究进展综述如下，并对其组方加以讨论，以期对冠心病的临床辩证治疗有所参考。

1．实验研究综述

1.1. 抗心肌缺血作用

心肌缺血是冠心病最基本的病理变化，心肌缺血时心肌酶的释放直接反映心肌损伤的程度。唐铁军等[1] 以高胆固醇饲喂加垂体后叶素注射造成实验性冠心病大鼠模型，以开心胶囊干预治疗，发现治疗组大鼠血清 5 项心肌酶 的释放均低于对照组，大鼠心电图改善也呈现显著差异。

一氧化氮（NO）是重要的舒张血管因子，内皮素（ET）是重要的收缩血管因子，两者都具有调节冠脉循环的作用。李松等[2] 研究提示本方能够显著提高实验性心肌缺血大鼠NO水平；薛军等 [3] 研究发现，本方对糖尿病大鼠垂体后叶素引起的心肌缺血模型，能够拮抗和阻断ET的释放，降低血浆ET水平。

在冠状动脉血栓形成中，6－酮－前列腺素F1α-（6-keto-PGF 1 α ）起到保护作用，赵静等[4, 5]研究发现本方可改善垂体后叶素引起的心肌缺血并提高大鼠 6-keto-PGF 1 α 的含量，其疗效显著优于阿司匹林对照组。同时还发现，对直接导致血栓形成的血栓素B2 （TXB2）也有显著抑制作用。

心血管系统应激反应中β-内啡肽在会显著升高。赵锋利等[6] 预先给与犬开心胶囊，观察本药对犬心跳骤停复苏后心肌损伤的防治作用，结果提示，用药组血清β-内啡肽在复苏后增幅明显低于对照组。

心肌的超微结构以及肌钙蛋白T(cTnT)，也能直接反映了心肌缺血损伤的程度。罗小星等[7] 观察本方对犬心跳骤停复苏后心肌损伤的作用，发现电镜下用药组细胞结构损伤程度较模型组轻，cTnT浓度值在复苏后 90min和 180min均低于模型组。

周迎春等[8, 9]采用结扎左冠状动脉主干造成大鼠心梗后心室重构模型，术后给予开心胶囊治疗，8 周后检测大鼠非梗塞区左室心肌胶原总量及循环和心肌局部血管紧张素Ⅱ、醛固酮含量。结果显示，本方可抑制胶原蛋白的合成，降低血管紧张素Ⅱ、醛固酮含量；采用全自动图像分析系统分析各组大鼠左心室构型改化，包括左室重量，室间隔面积、室间隔厚度。发现本方可以对抗心肌梗死后心室重构，并呈现出剂量依赖关系，其作用与开博通组相似。

赵静等[10]采用血清药理学的方法，用本方含药血清作用于体外培养的大鼠心肌细胞，并用加入血管紧张素Ⅱ，造成心肌细胞肥大模型，发现本方含药血清可有效地减少体外培养的心肌细胞蛋白质的合成。

1.2 调整血脂作用

高脂血症是冠心病的主要危险因子之一，唐铁军等[11]研究发现对高胆固醇饲喂实验性冠心病大鼠模型，开心胶囊Ⅰ号具有降低总胆固醇（TC），低密度脂蛋白胆固醇（LDL)作用。开心胶囊Ⅱ号具有降低TC，LDL和甘油三酯（TG）的作用。并具有升高高密度脂蛋白胆固醇（HDL)作用。薛军等[12] 观察了本方对糖尿病合并心肌缺血大鼠的血糖、血脂和血液流变学的影响。结果提示本药可以显著降低模型大鼠TG、TC水平、提高HDL水平。

1.3 改善血液流变性

薛军等[12]采用了实验性糖尿病合并心肌缺血的大鼠模型，检测到本方对大鼠全血粘度，血浆粘度等血液流变学的诸多项目有显著的改善作用。

1.4 毒理研究

王萧等[13]选择本方三个不同剂量组，用NIH小鼠，以及SD大鼠进行了急性毒性试验，以及为期半年的慢性毒性试验，结果证明本药的安全性是可靠的。

1.5. 制剂研究

唐铁军等[14]比较了本方三种不同的提取方法，从中筛选是最佳的制剂方案，结果显示根据不同药物的脂溶性而采取的水醇分别提取法能最大程度的减少心肌酶的释放，改善心电图，有较好的抗心肌缺血作用，为可供选择的最佳制剂方案。

1.6 分子机制研究

本方在分子水平上对心血管具有调节作用。血小板衍化生长因子（PDGF）可刺激动脉平滑肌细胞增生，因而使动脉硬化发生的关键环节，PDGF-B及其受体PDGF-R mRNA 的表达可以准确地在分子水平检测动脉硬化的进程 [15-16]。唐铁军等[17-18]用RT-PCR的方法 扩增大鼠主动脉壁PDGF-B及PDGF-R mRNA, 结果提示，本方对PDGF-B及其受体mRNA表达有显著抑制作用。

罗小星等[19]应用RT-PCR方法，检测复苏犬心肌细胞

Toll样受体 4(TLR4)和肿瘤坏死因子α(TNF-α)mRNA，结果显示，本方能明显抑制这两种因子的基因表达，可能通过阻断或减弱免疫炎症因子基因的诱导，从而减轻复苏引起的心肌细胞的损伤。罗氏等[20] 还观测了本方对糖尿病模型大鼠心肌细胞p53 基因mRNA表达的影响，发现本方亦可减轻p53mRNA异常表达，缓解糖尿病心肌损伤。

安海燕[21]用冠脉结扎造成大鼠心梗后心室重构模型。采用免疫组化SABC法检测心室重构早期大鼠心肌c-Fos、c-Jun、c-Myc表达，研究发现本方可显著降低大鼠左室心室c-Fos、c-Jun、c—Myc的表达，对重构过程中心肌细胞凋亡、肥厚，胶原增生可产生有益影响。

在细胞调亡及细胞信号传导方面有以下研究：赵锋利等[22]采用冠脉结扎法致大鼠心肌梗塞，测定梗死周围心肌细胞的凋亡指数和 bcl-2、p53 蛋白的表达，结果提示，本方用药组较心衰空白对照组的细胞调亡指数减少，bcl-2 蛋白表达增多。

罗小星等[23]在糖尿病性心肌病变大鼠模型中观察到，本方能抑制心肌细胞凋亡，在糖尿病性心脏病的发病中起重要作用。罗氏[24] 的研究还提示, 本方对于复苏犬心肌细胞丝裂素活化蛋白激酶 (MAPK) 信号通路具有调解作用，复苏模型组的MAPK活性显著高于假手术组，而中药组无明显变化；陶雪飞等 [25] 用ELISA方法检测不同血清中NF—κB含量，发现高血脂模型大鼠NF-κB含量明显升高，本方高剂量组明显下降，与模型组相比有显著差异。提示本药对血管内皮有保护作用。

2．临床研究综述

林启锐等[26]应用本方治疗 70 例冠心病患者。结果显示：临床症状总有效率为 88.75%，心绞痛有效率为 85.94%，心电图改善有效率为 74.28%。未发现明显毒副作用。孟繁甦等[27]将 80 例冠心病患者随机分为治疗组与对照组各 40 例，分别给予本方及鲁南欣康治疗；记录两组患者一般状况、临床表现、心电图变化及检测血清NO、ET-1 含量，结果显示本方在心电图方面与鲁南欣康无显著差异，但对失眠多梦及头晕头痛等部分症状改善优于鲁南欣康，对ET-1 改善优于鲁南欣康。赵锋利等 [28] 将 100 例冠心病患者随机分为治疗组和对照组各 50 例，在常规西药治疗的基础上，治疗组给予本方口服，对照组予复方丹参滴丸，疗程均为 4 周。观察治疗前后 2 组患者的心绞痛症状、心电图、运动平板试验的改善情况，以及血清NO、ET-1 含量的变化。结果心绞痛症状、心电图运动平板试验的改善治疗组明显优于对照组。治疗后 2 组患者NO值升高、ET-1 值降低，与治疗前比较差异均有显著性意义。赵静[29]用本方治疗无症状心肌缺血 2 7 例，并设臣功再佳及阿斯匹林对照组 1 5 例，经过临床观察，发现本方临床疗效优于对照组，其心电图疗效与对照组相同。结果经治疗 4 周后，心电图疗效，治疗组总有效率 81.48%。赵静等[30] 还观察本方对 50 例心肌梗死后患者心室重构的影响，在用药治疗前后检测血管紧张素Ⅱ、醛固酮、ET等神经内分泌因子的变化，并经超声心动图检测心脏左室舒张末期内径、左室舒张及收缩末期容积及和左室射血分数等指标的变化，结果显示，治疗后血管紧张素Ⅱ、醛固酮、ET较治疗前下降，多项超声心动指标改善明显。

除了用于冠心病的治疗外，本方还对充血性心力衰竭显示出较好的疗效。单继军等[31] 用本方治疗 46 例心衰患者，经 4 周治疗后，心功能左室射血分数、每次心搏量、每分钟心输出量等指标均有显著改善，总有效率达 89．13％。贺运河等[32]用本方配合西药用于急性心肌梗塞的治疗，在溶栓和常规的西药治疗的基础上，加用本方，发现治疗 5 天后，本方用药组的心律失常发生率明显低于单用西药组。

薛军等[33]用本方治疗 2 型糖尿病合并高脂血症患者，在 71 例住院患者中，经过治疗后患者的TC减低了14%，TG降低了 36%，HDL升高了 11%，LDL降低了24%，显现出本方良好的降脂效果。

3．讨论

中医认为冠心病的病机关键在于本虚标实，本虚责之于肾虚、脾虚、心虚；标实责之于气滞、寒凝、痰阻、血瘀。开心胶囊以邓铁涛教授关于冠心病痰瘀相关理论为依据而组方，治疗上体现了标本兼顾，标本同治的特点，Ⅰ号方以生脉散加以丹参、香附、益母草等活血、行气，黄芪以补气，桂枝以温通心阳，全方攻补兼施，以补虚为主；Ⅱ号方以越鞠丸合失笑散加减，加入西洋参以益气养阴，虽亦为攻补兼施，但以泄实为主。临床上可以根据辨证之虚实，随证加减。

冠心病被称为英国的第一杀手，据英国卫生部的统计[34]，英国每年有 140 万人患心绞痛，27 万 5 千人患心肌梗塞，11 万人死于冠心病。尽管有如此高的发病率，但绝大多数多数西方患者都只是寻求西医的治疗。西药的降压药物，降血脂药物，均能收到良好的效果，但长期服药导致一系列无法避免的副作用，冠脉溶栓疗法又受到治疗时间的限制，PTCA等介入治疗虽然可以迅速解除心绞痛，但是 35-50%的病例在 6 个月之内会有再狭窄发生[35]。冠状动脉搭桥手术具有高风险，高开支等不利因素。

中药治疗可以避免西药的副作用，在冠心病的治疗中发挥意想不到地作用。开心胶囊以其独特的组方和特有的提取制剂工艺，在临床和实验室均显现出多重的良好的效果，以此方为主，根据临床症状辩证论治的汤剂治疗同样也可以获得较好的疗效。

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Laboratory and clinical research on Kaixin capsules

Tiejun Tang
Asante Academy of Chinese Medicine, London

Abstract

Kaixin capsules are patent herbal medicines which are used to treat myocardial ischemia in coronary heart disease (CHD). Kaixin capsule Ⅰ more tends to invigorate deficiency, it contains *American ginseng , Huangqi, Maimengdong, Wuweizi, Guizhi, Danshen, Yimucao, Xiangfu, Shanzha*; Kaixin capsule Ⅱ more tends to reduce excess, it contains *American ginseng, Xiangfu, Shanzha, Cangzhu, Chuanxiong, Zhizi, Wulingzhi, Puhuang, Shenqu*.

Since 1996, a series of laboratory and clinical research on these medicines have been carried out. In this paper, we summarized these research reports and discussed its clinical applications.

Laboratory research

1. Effect on anti- myocardial ischemia

Myocardial enzyme, nitrogen oxide, endothelin, 6-keto-PGF1α, thromboxane B2, β –endorphin, troponin T, angiotensinⅡ were detected before and after Kaixin capsule administration on different experiment animal models of myocardial ischemia.

2. Effect on regulating blood lipid

Plasma total cholesterol, triglyceride, LDL, VLDL, HDL were detected on hyperlipoidemia animal model.

3. Effect on improving hemorheology

The viscosity of whole blood and plasma in different shear rates was detected.

4. Research on toxicology

Acute and chronic toxicity test were detected in NIH mice and SD rats, with optimistic results.

5. Research on pharmaceutics

Three different extract methods were compared. The compound extraction which is extract by water and ethanol individually showed better effect on pharmaceutics.

6. Research on molecular biology

The mRNA expression of PDGF and its receptor were detected by RT-PCR method. The gene expression of p53, bcl-2, c-Fos, c-Jun, c-Myc were detected. Some experiments on apoptosis and cellular signal transduction were also carried out.

Clinical research

Eight clinical reports showed that Kaixin capsule had a very good clinical effect in releasing angina, improving ECG, and regulating blood lipid, with significant difference comparing to the control groups.

Discussion

Kaixin capsules were herbal patents from Professor Deng Tietao's clinic experience in the treatment of CHD. The formulae were modified into two patent herbal medicines according to syndrome differentiation diagnosis.

CHD is the biggest killer in U.K. More than 1.4 million people suffer from angina, 275,000 people have a heart attack annually. CHD kills more than 110,000 people in England every year. Most of patients seek to modern medicine treatment after been diagnosed CHD though many side effect has been proved. As a matter of fact Chinese medicine can play an important role in the treatment of CHD.

The Management of Sprain, Strains and Trauma - Part One

Alon Marcus

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Sprain, strains, and other traumatic injuries should be treated as early as possible to prevent the development of complications. When treating sprains/strains and many other musculoskeletal disorders, attention to Blood and circulation is of utmost importance. This is true especially for extracellular bleeding and Blood-stasis. In chronic disorders, disturbed Blood/blood circulation, and inadequate nourishment from Blood are often underlying causes of tissue degeneration. Obstacles to circulation may arise from any of the Pathogenic Factors and dysfunction in any of the systems that affect the Blood (Lungs, Spleen, Liver, vessels, etc.). Table 10-1 through Table 10-6 summarize contemporary TCM classifications and treatment of sprains and strains.

1. Ligamentous Sprain

Sprains are injuries to ligaments. Sprains characteristically are due to some sort of extrinsic force placed on the joint that moves the joint beyond the limits of the physiologic barrier. They can also be due to fatigue failure and hysteresis. When a sprain occurs, some degree of "subluxation" can result. Overall failure of ligaments (and tendons) is usually sudden and is preceded by the micro failure of the attachments between collagen fibres within the tissue and loss of the ability of the ligament (and tendon) to recover its length. It is important to distinguish between an eventual failure due to a sustained load (creep failure, hysteresis) and sustained cyclic loading and unloading (fatigue failure), from acute overload in excess of physiological tolerances. Treatment of subluxations and ligamentous congruity and strength is necessary if the joint is to regain full function.

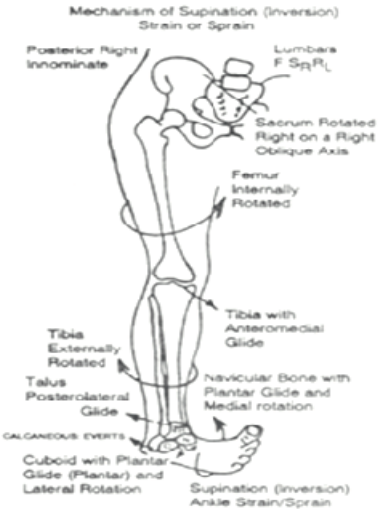

Figure 10-1 Far reaching effects of ankle sprain (From Kuchera WA and Kuchera ML, Osteopathic Principles in Practice, KCOM press 1993, with permission).

2. Grading of Sprains

Sprains, like strains, are graded from mild to severe.

- Mild or Grade I: Sprains result in no detectable lengthening of the ligament and therefore no obvious abnormal laxity of the joint. However, the joint is dysfunctional and joint play is often abnormal.
- Moderate or Grade II: Sprains are distinguished by lengthening or partial tearing of the ligaments, and almost always are associated with some degree of subluxation. The joint may be hypermobile, but joint stability is retained mostly.
- Severe or Grade III: Sprains result in a complete loss of joint stability. The distinguishing factor on examination is the end-feel, which lacks the normal capsular or leathery end-feel and increased range (unless limited by oedema). Usually there is no or only a little pain, and the patient has fears of "giving way."

It is also helpful to grade strains/sprains as: acute (first 48 hours), subacute (48 hours to 6 weeks) and chronic (more than six weeks), each of which grades is related to a different stage of the inflammatory cascade.

This classification is rather arbitrary, and the difference between grades I and II is always subjective. Evaluation of a patient should be done as soon as possible after the injury (especially in mild and moderate sprains), since swelling and pain may make accurate examination more difficult. Tenderness and localized oedema indicate the anatomical site of the tear in most instances (Ombregt et al ibid).

With sprains the patient is often aware of the injury as soon as it occurs. However, since symptoms are delayed often, the patient may continue with his activities and miss the opportunity to minimize bleeding and swelling. Pain (Garrick and Ebb ibid) from severe (grade III) sprains may disappear within minutes and be disproportionately mild. Mild sprains often remain painful for a long time, especially when left untreated.

3. Muscle Strain

The term muscle strain is used to describe injuries to the musculotendinous unit, also called the "contractile unit." Strains can occur anywhere within the contractile unit: In the tendon body, the tenoperiosteal junction, at the musculotendinous junction, or at the muscle belly. Strains can also initiate reflex contraction of the extrafusal fibres (spindles) with resulting viscous cycle of spasm, inhibition, and pain.

4. Causes of Muscle Strain

Strains usually occur due to intrinsic tension within the musculotendinous unit, most commonly when tension is suddenly and actively increased. This can occur with excessive muscle effort, such as in weight lifting. Strains may be due to overstretching, as well. Increase in tension can result from abrupt contraction of antagonistic (during eccentric contraction) muscles and tendons, causing muscle fibres to fail before the muscle lengthens. Tension in the contractile unit is greatest during deceleration (eccentric action), requiring the muscle to have some ability to lengthen at the same time as it maintains the contraction. Muscle stiffness, with decreased ability to lengthen during deceleration, is a common cause of strain. Another cause, which in part may also depend on muscle flexibility, is a sudden interruption of motion during activity. This occurs frequently during sport activities (Garric and Ebb ibid). Muscles that cross two joints, such as the hamstrings, biceps, and gastrocnemii are particularly at risk at their musculotendinous junction (Ombregt et al ibid).

The position of a muscle at a point of strain can change the way in which the afferent (sensory) nerves are changed. If the muscle is in a lengthened (eccentric) position, the afferent stimuli generated immediately after will be decreased, whereas if the muscle is in a shortened (concentric) position, the subsequent afferent will be increased (Donaldson et al 2001).

TENDON AVULSION is a strain-type fracture that results from a tendon and its bony attachment tearing loose from the surrounding bone. Such fractures vary in size from a small flake that is barely visible (as is occasionally seen with "tennis elbow") to the large avulsions (many centimetres in length) seen when the hamstring origin avulses a portion of the ischial tuberosity (Garric and Ebb ibid).

GRADING OF STRAINS Strains are graded in severity as mild, moderate, or severe.

- Mild / grade I strains are generally viewed as microscopic disruptions resulting in no defect in the unit on examination.
- Moderate / grade II strains involve significant but not complete disruptions of the musculotendinous unit.
- Severe / grade III strains are complete ruptures of the contractile unit.

It is also helpful to grade strains as: acute (first forty-eight hours), subacute (forty-eight hours to six weeks) and chronic (more than six weeks), each of which is related to a different phase in the inflammatory cascade.

MUSCLE CONTUSIONS Muscle contusions result from a direct impact to the muscle belly. This results in bleeding and swelling. Intramuscular bleeding (as opposed to intermuscular) can result in severe pain that may last for a long time, as it may be difficult for the body to disperse the blood. If possible, the blood should be aspirated within three days to minimize the chance of myositis ossificans development (Brown ibid).1 After the blood is aspirated, a pressure wrap should be applied. The next day, active contractions with the muscle in a fully shortened position are helpful to prevent the formation of adhesions (Ombregt et al ibid). Trauma may be followed by deformation of the sarcomeres in the longitudinal and, more rarely, transverse direction. This may impact the ability of the actine and myosin filaments to slide by each other and cause the muscle to shorten. This can lead to abnormal stimuli and abnormal muscle tension. Such deformations may slightly change the axis of muscular contraction and distort the mobility and motility of a part

of the body. Regions of hyperdensity may be formed at the beginning of trauma, oedema, and fluid stasis. Some scarring processes may begin, as well (Barral and Croibier 1999). For more information on treatment see chapter 6.

MYOSITIS OSSIFICANS Myositis ossificans is a benign condition that often results from trauma to muscle tissue. It can also be inherited. The condition is characterized by heterotopic bone formation, which occurs after injury to muscle fibres, connective tissue, blood vessels, and underlying periosteum (Gilmer and Anderson 1959). It occurs most often in males fifteen to thirty years old and the muscles at most risk are the brachialis and quadriceps. This condition is some-times found in the hip adductors and pectoralis major and the bony deposit (in the muscle) is often connected to the underlying bone. The patient usually suffers from pain at the affected muscle: The muscle is shortened and resists stretch¬ing and often a firm mass is palpable. Often the range of movement in the neighbouring joint becomes restricted. Radiographic changes are only evident two to four weeks following trauma. This condition does not respond to conservative treatment, although the administration of diphosphonates may prevent the deposits of bone. Traumatic myositis ossificans may resolve on its own in the course of one to two years (Ombregt et al ibid).

5. Treatment of Acute Sprain/Strain

Treatments of acute injuries follow four steps that address bodily responses to trauma (Kunnus ibid). Treating the area with PRICE: protection, rest, ice, compression, elevation, and support is recommended early on.

1) Immediately after injury ice and compression are used to minimize bleeding and swelling (mostly during first seventy-two hours).
2) During the first one to three weeks after injury (depending on severity), protection by immobilization or just rest of the injured tissue/area usually allows healing without extensive scarring. Elevation helps drain oedema and clear injured cells.
3) When soft-tissue regeneration begins, controlled mobilization and stretching of muscles and tendons stimulate healing.
4) Later at six to eight weeks post-injury, the rehabilitative goal is full return to pre-injury level of activity.

It must be stated, however, that, though the first step involves immobilization, most experimental and clinical studies demonstrate that early controlled mobilization is superior to immobilization for the primary treatment of acute soft-tissue injuries. Care should be taken not to bring the fibres under longitudinal stress in order not to disrupt the healing breach. Therapeutic movements are of short duration and amplitude, but repeated frequently (Ombregt et al ibid). PRICE is therefore used with flexibility.

6. Treatment Principles

The following treatment principles are the most important aspects in the treatment of sprains, strains, and contusions.

The treatment of acute injury should be directed toward minimizing bleeding, oedema, and protection from further injury.

MINIMIZE BLEEDING Most injuries involve the rupture of small blood vessels. Microscopic capillary bleeding in deep neck muscles, for instance, has been shown to persist for up to five days after motor vehicle collision injuries (Aidman 1987). At the beginning of treatment, preventing or arresting hemorrhaging is the primary concern. The extraversion of blood will produce far more disability than, say, the loss of a few fibres of muscle, tendon, or ligament (Garrick and Ebb ibid).

Most sprains and strains are mild or moderate (1st or 2ed degree). Therefore, by definition, the injured structure retains anatomic continuity and ability to function. The accompanying bleeding, however, may distort normal anatomical relationships, resulting in pain and loss of motion/function. Bleeding and inflammation are in fact essential for proper healing. However, it is best to prevent the blood from seeping into unaffected tissues that then suffer unnecessary inflammation and stasis which will further inhibit circulation and drainage of the affected tissues. Also, inflammatory responses are often excessive and may be out of proportion to the severity of the injury and may lead to excessive scarring.

COMPRESSION Compression is the most effective means of stopping bleeding, but to be effective, compression must be selective. Compression must be directed toward, and be in contact with, the bleeding site. For example, tissues injured around the ankle joint are deep to the bony surfaces. They lie in a depression under the malleoluses, where a pressure wrap or tape may be applied. Therefore, to effectively transfer compression to the tissues, a U-shaped pad should be used, or else compressive force will probably only redistribute the swelling to areas where it will do more harm (Figure 10-2).Manual pressure should be applied as soon as possible: within minutes of the injury.

Figure 10-2 An herbal plaster and the U-shape pad that serves to transfer the tapes or elastic wrap pressure to the ligaments.

CRYOTHERAPY, LOCAL ANAESTHESIA, AND ANTI-INFLAMMATORY MEDICATIONS Cold application is helpful, but not as important as immediate compression. The efficacy of cold therapy has been

studied on ankle sprains, showing an average of fifteen days reduction in the time of recovery (Knight et al 1980). Cryotherapy has several effects, including reduction of cell metabolism and oxygen consumption. These reductions can prevent secondary hypoxic injuries in uninjured tissues (Knight 1978). Cold also has an analgesic effect by acting as a counter irritant and decreasing inflammatory responses (Cailliet 1991). At the same time, cold/cryotherapy has been criticized, as it can cause oedema, especially in the acute phase of an injury and, therefore, may lead to the inhibition of the healing process (Leduc et al 1979). Many TCM physicians are biased against cold therapy and state that it leads to the development of arthritis and scarring. Others use cold therapy during the first twenty-four hours.

Cold packs or ice should be combined with compression early on. Crushed ice or frozen gel capable of contouring around the anatomy should be applied for a minimum of twenty minutes, repeating every two to four hours. Icing of the spine, however, to treat deep-seated lesions is ineffective, and in fact may be detrimental by causing muscle cooling and spasm. In sprains of the sacroiliac (SI) joint, ice is often helpful but should be applied over the SI only, avoiding the lumbar muscles. Icing is helpful for interspinous liga-mentous injuries, costotransverse and costosternal sprains, hyperextension/flexion injuries (whiplash) in the neck, tendinitis (acute and chronic), and in the early stage of muscular strain. Cryotherapy is especially helpful in peripheral joint sprains and musculotendinous injuries.

The application of heat in acute injuries has been shown to be detrimental in the early stages (Hohl 1975). Heat is helpful in the chronic stage. In TCM, however, heat is recommended by some physicians in the acute phase (also see page 369).

The immediate induction of local anaesthesia at the site of the lesion effectively blocks the nociceptive impulses which are responsible for muscle spasm. This may prevent changes within the nervous system that lead to sensitization. Cryotherapy may work in the same way, since it has local anaesthetic effects. The use of topical Toad venom (Can Su) is effective in some superficial lesions. Hua Tuo's Powder Containing Venenum Bufonis (Doing Su San) may be used as an anaesthetic (taken with a little wine) or used topically. Iontophoresis, ultrasound, or DMSO may be used to increase penetration. 2 Here is the formula for Hua Tuo's Powder:

Venenum Bufonis (Can Su) 3g
Rhizoma Pinelliae (Ban Xia) 2g
Radix Aconitii (Chuan Wu) 6g
Radix Rhododendri Mollis (Yang Zhi Zhu) 2g
Fructus Piperis Nigri (Hu Jiao) 6g
Fructus Piperis Longi (Bi Ba) 6g
Pericarpium Zanthoxyli (Chuan Jiao) 6g

In general, effective analgesia is said to be capable of preventing the onset of complex regional pain (or RSD), or other pathogenic changes in the nervous system. Thus the use of narcotic medications should always be considered if the patient is in severe pain.

Steroids injected within the first forty-eight hours of ligamentous sprains can reduce traumatic inflammation and prevent most structural and reflex changes. Pain also disappears, enabling the patient to move the joint in a normal way. Steroids injected during the granulation and repair stage, however, lead to fewer fibroblasts, diminished collagen fibre formation, and result in a weaker repair. Thus, in acute/early stages of ligamentous sprain, steroids have a beneficial influence, while they may have a harmful one in the later stage. Steroids seem to have larger negative effects on tendons. They are safe intra-articularly in most stages of traumatic arthritis (Ombregt et al ibid).

ELEVATION Elevation, or at least avoidance of weight bearing, is another element in the initial treatment of an acute injury. Painful movements should be avoided, but other movements should be encouraged in order to prevent the development of weakness and adhesions from disuse. If the injury is severe, however, a period of rest and immobilization may be needed.

THERAPEUTIC MOVEMENTS AND EXERCISE Immediately after the injury, one may need to protect and rest the injured area. Strapping the joint to protect it from unwanted movements may be needed. Premature and intensive mobilization leads to enhanced type-3 collagen production and weaker tissues than those produced during an optimal immobilization/rest period (Kanus ibid). Some acute inflammatory processes may last up to three weeks. Depending on severity, the patient may need to remain immobile or rest for that length of time. This is true especially if sprains are of the 2nd and 3nd degree (i.e., involve clearly torn tissues). However, some movement of tissues by cross-fibre massage and passive motions may be indicated to prevent adhesions and encourage collagen deposition to align in the direction of stress. Movement also stimulates proteoglycan synthesis and tissue repair (ibid).

Passive movements in the direct or indirect direction (limited/painful or non-limited/non-painful) should be within the allowable joint play and/or soft tissue range, and should be painless. They should start as soon as possible, especially in mild to moderate sprains/strains. After three weeks or so, a controlled mobilization in increasing magnitude should be started, even in severe sprains.

For muscle tears, mobilization should start after three to five days of immobility. This limits the size of the connective tissue area formed within the injury site, reducing scarring and inflammation (Kanus ibid). Stretching and resisted movements should be avoided. Ombregt et al (ibid), however, advocate light cross-fiber massage and active or electrically induced contractions, with the muscle in a fully shortened position to be started on the second day post- injury. They warn against using strong passive stretching or resisted movements. Return to sport activity can be allowed when the strength of the injured limb has been restored to within 10% of that of the unaffected limb (three to six weeks).

For tendinous lesions, a gentle passive tissue mobilization by cross-fibre massage together with passive movements are used to orient the randomly distributed collagen. They are performed for no more than a minute

or two, starting on the day after injury (Ombregt et al ibid).

For ligamentous lesions, a gentle passive mobilization in the non-painful range together with cross-fibre massage are used, as well. Active movements can be used as long as no pain is elicited. There should be no attempt to increase this range in the acute or subacute stage (Ombregt et al ibid).

For traumatic arthritis, it is essential to restore full range of movement as soon as possible. This is true especially in middle-aged and elderly people, as post-traumatic adhesions are apt to form. Movements should be performed to the point of discomfort, but not pain. All possible movements should be attempted, one by one, and a small but definite increase in range should be achieved each day. If this fails, intra-articu-lar steroid injections may be needed (Ombregt et al ibid). Other treatments such as functional techniques, muscle energy (MET), joint distraction, acupuncture, and herbs are useful as well, for both the acute and chronic stages.

MASSAGE Starting on the second day post injury, cross-fibre massage can be used, gently, for a minute or two, and may help prevent adhesions. Effleurage can diminish swelling and pain and encourage restoration of normal movement. Effleurage strokes should always be directed towards the heart.

BLOOD LETTING AND ACUPUNCTURE Bloodletting of visibly congested blood vessels (a TCM technique) in the area and Well/Jing/Ting points is helpful to reduce local pressure and encourage circulation, often leading to immediate reduction of pain and throbbing sensations (Figure 10-3). The Sinew channel(s) is activated by needling or bleeding one fen proximal to the Well/Jing/Ting point on the affected channel's side. The Well/Jing/Ting point on the other side is moxaed; then superficial local needles are inserted to surround the area that shows stasis and swelling. No strong or deep stimulation should be attempted at local areas, as this often only increases inflammation and pain. The appropriate Connecting channel is used often. This also helps in dispersing congestion and stasis.

LASER THERAPY Laser therapy has been reported to both prevent and treat oedema and to be generally useful when used early in the treatment of sprains and strains.

MEDICINAL HERBS Medicinal herbs are prescribed according to the stage of the injury (see part two).

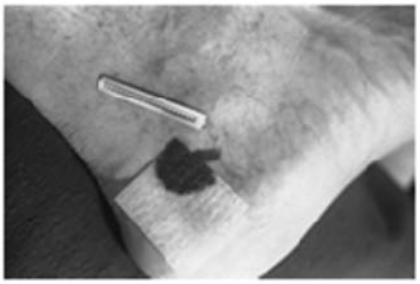

Figure 10-3: Bleeding congested vessels around the ankle.

SURGERY Although surgery may be necessary at times, several studies have shown that, for example, non-operative management and early mobilization of medial collateral ligament ruptures of the knee have as good an outcome as surgery. However, if the knee is very unstable and both the medial collateral and ACL are torn, exercise may have an adverse effect. Comparable outcomes have been shown for surgical and non-operative management of acromioclavicular (AC) joint separation, partial Achilles tendon tears, patellar dislocations and complete ruptures of ankle ligaments (Kunnus ibid).

7. Sub acute Stage

Treatment is again predicated on severity. The sub acute stage starts about thirty-six to seventy-two hours post-injury, approximately when oedema has stabilized. The practitioner is advised to treat swelling as quickly after the injury as possible, because, once established, oedema becomes harder to manage. When patients present at the office a day or two post-injury, the treatment principles remain the same, first arresting all swelling, then eliminating oedema, and then restoring function.

1) Electrogalvanic Stimulation. Once swelling is stabilized, the addition of high-intensity electrogalvanic or interferential stimulation with the muscle in the shortened position can help eliminate swelling and prevent adhesions from forming. This, however, should not be started too early. Active muscle contraction with the muscle in the shortened position may prevent adhesions as well.
2) Blood Letting and Acupuncture. Techniques as described for the acute stage are still used.
3) Topical Herbal Soaks. Topical herbal soaks and plasters with or without massage are helpful.
4) Contrast Therapy. Contrast therapy (alternating hot and cold baths) should start at this time, first soaking the affected area in warm water, or herbal decoction (at 100o F) for about four minutes, followed by one minute of cold icy water bath.

Heat can increase blood flow, reduce pain and muscle spasm, and relax joints. Encouraging active movement during the heat treatment is very important, as this will facilitate lymphatic and other fluid movements and drainage.

Thermotherapy. At one time, thermotherapy was seen mainly as a component of the post-cryotherapy rehabilitative process (contrast therapy). However, recently new information has emerged demonstrating that thermotherapy (heat) allows the patient to attain pain relief through the effects understood in the well-known gate-control theory, a concept now known as "thermal analgesia." When muscles and tissues are tight, circulation to the area is restricted, resulting in progressive ischemia and increasing pain. Properly applied heat allows muscular tissue to relax, facilitating increased circulation and relieving pain by allowing metabolic toxins to be removed from the area and increasing tissue oxygenation. While hot water bottles conform well to various body surfaces, they cannot be

easily secured to the body. Further, the water in them cools quickly, requiring the patient to continually refill them. Heating pads are usually a safe source of heat. However, the FDA and Consumer Product Safety Commission have logged many cases of injury and death with their use, estimating a total of 1,600 new burns and eight fatalities each year. A patient who wishes to work or carry out sports activities while receiving heat cannot use a heating pad, since it is dependent on an electrical source. Prism technologies manufacture a small plastic bag containing a solution of sodium acetate and a small metal disc. This "Heat Solution" (also known as Zap PacR) is activated by grasping the metal disc inside the bag and clicking it once (Figure 10-4). This action forms a nucleate crystal, which initiates a cascade of exothermic crystalline precipitation. The heat produced may last as long as one hour. The bag can be indefinitely recharged by placing it in boiling water or a microwave oven. Another alternative for heat therapy is the ThermaCareR which only begins to heat after the package is opened, and reaches its target temperature of 104°F in about thirty minutes. It provides a consistent heat over an eight-hour period. Two versions are available for musculoskeletal use: a back wrap for low back pain, and a neck-to-arm wrap that treats the neck, shoulders, arms, and wrists. These heat wraps conform to body contours and are fully portable, allowing the patient to carry out normal activities while wearing them.

Heat therapy is mostly suitable for late-stages and chronic disorders. A recent study has shown that heat is superior to icing (or other modalities) in the treatment of chronic low back pain (Mooney 2004).

Exercise and Mobilization Therapy. Mobilization therapy within the no painful range is for the most part passively started. Passive motion should be applied first in the indirect direction (toward the no restricted barrier) and initiated within the allowable and comfortable joint-play and soft-tissue range. These measures may prevent the formation of troublesome adhesions, establish appropriate proprioception, and reduce noxious nervous stimulation. Direct movement into the restricted barriers is carried out as tolerated and with care (i.e., without causing any pain or discomfort). Stretching and resisted movement should be avoided at this stage. It may be necessary to immobilize the affected tissues for up to three weeks in some severely injured patients.

Figure 10-4: Zap Pac.

Patients usually respond to pain with guarding and avoidance of painful movements. The resulting prolonged disuse leads to muscle weakness. Furthermore, because movements become uncomfortable, the muscles responsible for such movements become less active, and the joint loses the stability normally afforded by these muscles. This increases the likelihood of a recurrent injury. Strengthening exercises at the sub acute phase should not be started too soon (especially if a tendon/ligament is involved) before the tissue has had a chance to form a breaching scar. Active exercises are started about two to three weeks after the injury. Light isometric muscle contractions are usually safe. They will not aggravate the condition unless a tendon or fracture is involved, and they should be gauged appropriately. Recently, even fracture care has been changing, and early mobilization, which has been the practice in TCM for a long time, is increasingly being applied. The patient is taught particular exercises and instructed to perform about five repetitions hourly while awake. Vigorous activity should only be resumed after normal function has been restored. Otherwise, immature fibrous healing may rupture and maintain the disability. Also, the body will try to compensate for the dysfunction and establish abnormal patterns that may place unfamiliar stresses on numerous muscles and joints. This will cause a cascading increase in symptoms that may be much more difficult to deal with than those directly resulting from the original injury (Brown ibid).

8. Late and Chronic Stages

The same treatment approach can be used in the chronic stage, with more aggressive techniques. However, in tendinitis or muscular strains, excessive strain from exercise can be detrimental. Often muscle length must be restored first. With instability, strength and length are addressed at the same time. A Rupturing of the adhesion may be needed. For trau-matic arthritis in the late stage (Ombregt et al ibid), stretching out the capsule requires many repetitions of long steady pushes maintained for a minute or so, as long as the patient can bear it. No increase in range can be expected for several visits, and persistence is required. Heating the joint prior to treatment is helpful.

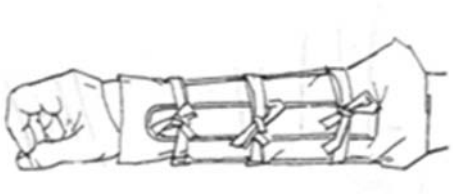

Figure 10-5: Fracture care using splints and herbal rap.

A recent multi-site, randomized, actively-controlled, investigator-blinded study compared heat wrap to oral ibuprofen (400 mg TID) and acetaminophen (1,000 mg QID) for lower back pain. Topical heat-wrap therapy was superior to acetaminophen and/or ibuprofen in pain relief, lateral trunk flexibility, decreased muscle stiffness, and disability reduction. Further, investigators discovered that the improvements persisted for over forty-eight hours after removal of the heat wrap, far longer than the duration experienced with non-prescription oral analgesics (Pray 2003).

Many TCM manual therapy techniques can be used in the management of sprain and strains.

Are you allowed to love your patients?

An exploration of the therapeutic relationship by **Andreas Feyler**,
based on the work of **Suzanne Keys**, July 2009

Preface The following is a personal meditation on the patient-practitioner relationship in a therapeutic setting. My thoughts were in the greatest part inspired by a CPD workshop I attended a few weeks ago. The workshop was held at Glyndwr University, presented by Suzanne Keys, and titled Love in person-centred psychotherapy. My thanks go to her for giving me a logical framework to make sense of this subject. I have reproduced some of Suzanne Keys' notes here and added my own reflection.

I have been working in private practice in this country for more than a decade now, and my evolution as an acupuncturist and TCM herbalist has greatly shifted from the traditional pain management to a much greater emotional support particularly relating to the field of fertility. The subject of 'love' in the therapeutic setting continuously provides me with inspiration and the potential for self-development.

The Codes of Ethics and Professional Practice of our professional body clearly indicate that practitioners are not to be personally involved with their patients, especially in a romantic or sexual way. But how far should my involvement with my patients go? What does it mean to 'love' what you do and 'love' giving the care to fellow human beings? How do you look after someone and nurture their body and soul without feeling 'love' for them?

The word Love has a lot of different meanings; I might argue even a different meaning for each of us. The word Love is probably overused in everyday language and therefore somewhat 'watered-down' in some of its traditional powerful connotations. Any meaningful exploration of this emotional charged (right-brain) subject in a written format such as this, likely warrants a structured (left-brain) approach using words and abstract logical models. If you were to ask me to sing and dance about Love, my approach might be different. I can neither sing nor dance, and therefore have chosen to write about it.

In the following, I want to explore different types of love in their context of spiritual, sexual, political, and ethical aspects. This framework was directly adopted from Suzanne Keys' lecture notes. The four types of love, I want to explore, are Agape (unconditional positive regard), Storge (contact and perception love), Philia (empathy), and Eros (congruence). As mentioned earlier, most of these terms come from the field of psychotherapy in general, but have been assimilated in this particular format by Suzanne Keys. They have given me valuable tools to express myself. I would further like to support my explorations with some specific examples of my practice.

Agape

Agape is a classical Greek word, often translated as divine, unconditional, self-sacrificing love. Personally, the closest I have come to feelings of agape, for example is when I sit in my car and listen to emotionally moving classical music, and then become overwhelmed by these all-encompassing feelings of awe for the universe telling me that the only purpose in life is to help others.

In a therapeutic setting, for example, I experience feelings of agape more and more, in situations when women approach me to help them in their desperate wish to have a baby and to try to address their infertility issues. There is nothing more awe-inspiring and eliciting feelings of thankfulness to the universe, if you see that sparkle in her eye upon the news that she is pregnant!

Suzanne Keys says that in the therapeutic relationship, agape is mostly translated as unconditional positive regard love that is generous, compassionate, and altruistically outpouring. It is this kind of love that has the greatest spiritual potentiality. It has a meditative, mindful, and prayerful quality and discipline, Suzanne Keys argues. For me personally, this comes closest to what the ancient Chinese called "to treat with your heart" or seeing with your "third eye". Other authors have referred to this as double vision (Thorn, 2006, source cited by Suzanne Keys). On the one hand, seeing the here and now, but on the other hand maintaining the potential for divinity or acting and seeing with your Buddha nature. This awe, reverence, and gratitude for the existence of the other strongly underpin the spiritual potentiality of this kind of love, Suzanne Keys further explains.

In terms of physical or sexual aspects of this kind of love, it embodies connecting according to Suzanne Keys. It warms the heart and irradiates my aspirations. It possesses a caressing tenderness that is way beyond the physical or emotional. For me, it truly transcends the everyday emotions, and is felt in moments of true awe such as sobbing to moving music or similar as described above.

This brings me to the political aspects of agape. One of my favourite pieces of music is Beethhoven's 9th Symphony, where the Ode to Joy has been adapted as the Anthem of the European Union. Many times have I cried to the words: "Alle Menschen werden Brueder" – German for "All humans become brothers." It is this feeling that we are all One that pervades every fibre of my being and give me great inspiration to be alive. A very famous man in history once said: "Agape is the concern for others, which discovers the neighbour in every man it meets. Agape is not a weak, passive love. It is love in action or nonviolent resistance. Agape is a willingness to go to any

length to restore community. Agape means recognition of the fact that all life is interrelated. All humanity is involved in a single process, and all men are brothers. To the degree that I harm my brother, no matter what he is doing to me, to that extent I am harming myself." (Martin Luther-King Jr., this quote is directly adopted from Suzanne Keys notes). It is this equality yet diversity property of agape that makes it so useful in a therapeutic setting.

The ethical qualities of agape are easily seen, particularly since many Christian qualities and values underpin the ethical framework of many Western societies. I feel that Jesus Christ embodied to the extreme this ethical humility associated with agape. Suzanne Keys explains that it is this non-abusive connecting and ethical loving through knowing and accepting strengths and weaknesses in our patients that makes agape a very powerful tool in the therapeutic relationship. Even further, a therapeutic relationship without agape might even be seen as unethical, cold, and lacking of love and good intentions.

Storge

Storge is a classical Greek word, often translated as natural affection, such as parental love and the attachment associated with it. (Gerhardt, 2004, source cited by Suzanne Keys) Personally, I come across these feelings numerous times throughout the day - not only with my own children, but also with a number of my patients. This contact and perception love could be seen as a struggle to perceive each other, says Suzanne Keys, such as the diagnostic struggle to interpret the conflicting symptoms and signs that patients present with. As a practitioner it takes some trained discipline of hanging in the therapeutic relationship in spite of "ambivalent, simultaneous feelings and contradictory needs" (Suzanne Keys). It is not easy to listen to some patients who have seen me for years, but each time complains that they are not really getting much better. But there is certainly that feeling of appreciation that I am not giving up on them and trying different treatment strategies.

Suzanne Keys further explains that in terms of spirituality, storge is closely linked to faith. This spiritual interdependence is essential to our existence (Totton, 2006, source cited by Suzanne Keys). In clinical practice, my patients depend on me showing up for their appointment time and vice versa. They depend on my commitment to the therapeutic relationship and that I am open to listen to them and interpret this information. My diagnostic interpretation and following treatment very much depend on the willingness of the patient to reveal innermost pains and imbalances. It takes a lot of faith on both sides that "the struggle for contact is worth it in spite of actual difficulties, conflicts and pain" (Suzanne Keys).

Being an acupuncturist and Chinese massage therapist, the physical and sensual aspects of this type of love are very important. It has an extremely nurturing quality that should not be underestimated to induce healing. The human body responds lovingly to another body without the involvement of the logical (neo-cortex) part of the brain, Suzanne Keys argues. Many times I observe myself instinctly holding my patients' hands or arms when they are in pain after inserting some acupuncture needles. It certainly adds an element of nurturing to our therapeutic relationship. Virginia Ironside said: "A few human touches can make all the difference" (Ironside, 2003, source cited by Suzanne Keys).

The political aspects of storge are characterized by the power dynamics of connecting, says Suzanne Keys. The relationship between a parent and a child are inherently asymmetrical because of inherent power imbalances. Similarly, the relationship between a therapist and the patient are unequal in terms of this power dynamic. I strongly discourage my patients to approach me with the attitude: "Here is my body, you know what is wrong with it, please fix it for me." I like to reply: "You must take responsibility for your life style. You know your body much better than I do, you are with it 24/7. I will attempt to "walk with you for a while" and will try to help." This mutuality in this kind of love relationship is paramount to the success of the therapeutic encounter.

In terms of ethics, storge demands a non-abusive connecting. "This type of loving needs a lot of courage to withstand the struggle of coming face to face, to take the risk of depending and being dependent upon, and to have resilience to live with the powerlessness and helplessness of the unknown outcome of the healing process" (Suzanne Keys). A number of my patients come to see me very regularly, usually once per month, for a number of years. I know that my appointment in their diary is underlined three times and I have known some that have organized their lives around these times. I feel that this consistency to care for them on a regular basis year in and year out is a form of love.

Philia

Philia is a classical Greek word, often translated as friendship or companionship love. The spiritual qualities of this kind of love are based on trust in what can be and has been created, something beyond two persons, explains Suzanne Keys. This empathetic type of love transcends the purely connecting because it brings to the fore what emerges in-between – the shared and common understanding and purpose of the co-creation of a unique relationship according to Suzanne Keys. I believe that Philia is one of the most valuable forms of love, e.g. true friendship is priceless.

The physical aspect of this type of love is characterized by 'dialogic resonance' (Mearns and Schmid, 2006, source cited by Suzanne Keys).This energy of what is co-created in-between this therapeutic relationship is certainly not new to ancient Chinese medicine. This concept of Qi between the therapist and the patient is fundamental to related therapies such as Reiki, reflexology, and massage, as well. The embodied connecting qualities of Philia possess an intimacy in shared vulnerability and the delight in the company of the other, Suzanne Keys describes.

The political dimension of Philia is characterized by the power dynamics of connecting. Suzanne Keys says that it is a form of solidarity knowing the world of the other and acting from that knowledge. For example, many of my referral letters to GPs and other healthcare providers contain the phrase "my patient …". By having

cared for that individual I automatically act as an advocate in front of someone else. By being alongside in this type of love, I create a form of active energy transformed into action to help them (Suzanne Keys).

Wisdom is the ethical quality associated with philia. Suzanne Keys further explains that there are different ways of knowing, such as rational thought, intuition, knowledge, experience, relationships, ethical frameworks, and institutional policies. According to her, the underpinning qualities and values in the non-abusive connecting associated with empathy love give us a strong sense of what is right and what is wrong in a particular situation. It is this kind of wisdom of where to draw the line in the therapeutic relationship that provides the ethical insurance policy for this type of friendship love.

Eros

Eros is a classical Greek word, often translated as desire, yearning, passion for 'divine', and intercourse. Probably of all the types of love, eros is the most taboo when discussed in a therapeutic relationship. It has attached to it the most stigmas, misconceptions, and societal censorship. I have yet to find a Code of Ethics and Professional Conduct of any therapeutic profession which does not expressively forbid sexual contact between practitioner and clients. Arguably, eros is absolutely fundamental to the propagation of the human species, but certainly should be viewed in terms of the boundaries of integrity of fellow human beings (Suzanne Keys).

Eros or congruence love has an ascending searching quality, Suzanne Keys explains. The inspiration that agape gives to me seems to originate from the heaven or universe above. The deep biological desire that eros seems to ignite in my body seems to originate from the earth (below) but searches for something higher. Maybe that is one of the reasons why lust in the literature is often viewed as coming from the devil (below) and love as coming from God (above). Eros contains a deep and existential search to live in 'right relationship' (Heyward, 1999, source cited by Suzanne Keys) with self, other, and the world. Suzanne Keys argues that, Eros is ideally only to be reached in moments of epiphany, orgasm, and flow (Grafanaki et al, 2007, source cited by Suzanne Keys)

Congruence love is not longing for merging or unity, but to come together, connect, and encounter, Suzanne Keys further explains. Eros is together, yet separate. It contains a transformative (Mann, 1997, source cited by Suzanne Keys), creative, playful energy with a lust for life. The spiritual dimension of eros is clearly hope. This is a hope of yearning for and going beyond the self and beyond pain of incongruence of life to reach the other and to connect and to be in congruence, argues Suzanne Keys.

Other therapeutic practitioners have addressed the journey of using eros in a therapeutic relationship some time ago. Carl Rogers writes: "these strange behaviors turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present.' (Carl Rogers, 1980, 129, source cited by Suzanne Keys).

The sexual or physical dimension of eros is clearly characterized by erotic desire.

Suzanne Keys articulates this as a desire to co-create, pro-create, re-produce, to penetrate and be penetrated, embrace and be embraced. It is often associated with a feeling of being turned on or attracted. Are therapists being allowed to be aware of erotic fantasies – if not why not? Are we not all sexual and embodied beings and for therapist to deny or suppress this aspect of relating, does this mean to practice unethically, Suzanne Keys questions? Abuse 'is not simply a matter of touching people wrongly. It is basically, a failure to make right-relation, a refusal to touch people rightly' (Carter Heyward, 1994: 10, source cited by Suzanne Keys).

During my explorations of this topic with the counsellors and psychotherapist at the workshop, it became quickly apparent to me that their profession has an important safety net in place to address problems arising with these feelings. Every counsellor has to undergo so many hours of supervision per hours of client-based work. I think that this is a wonderful idea, which is lacking in the acupuncture and TCM communities. Although we have a mentor or fellowship scheme in place, but I think that this is an important area of development to address potential risks associated with the dangers of an involved therapeutic relationship. I guess that by the stage of coming to a professional misconduct hearing, often things have gone too far and could have been avoided.

The political dimension of Eros is associated with justice. Suzanne Keys explains that the desire for just, right, and truthful relationships with the self, the other, and the world leads to a desire for social and environmental justice. Carter Heyward put it succinctly: "Justice-making is love-making." (Heyward, 1999, source cited by Suzanne Keys). Similar ideas originate from Ghandi: 'congruence is being and becoming the change you want to see in the world' (Cornelius-White 2007: 179 – based on Gandhi, source cited by Suzanne Keys)

The ethical aspects of eros are underpinned by the integrity of non-abusive connecting. Suzanne Keys explains that the practice of congruence leads to a sense of acceptance, understanding and integration from the internal to the relational and ecological. In this way congruence is the core condition of the person-centred approach, realized not only or most importantly in therapy, but in our every action (Cornelius-White, 2007: 178, source cited by Suzanne Keys). Suzanne Keys further explains that there should be an interplay of all aspects of loving so not only erotic and yearning but also wisdom of empathic loving, courage of struggle of contact, humility of non-exploitative, non-possessive, unconditional loving with the acknowledgement of tension of wanting and accepting (congruence and agape).

In summary, I have attempted to make sense of the various forms of love as they relate to the therapeutic encounter. I believe strongly that love has to have a role in healing in order for the therapy to be really successful. I am often overwhelmed by the awe of feelings of agape – the unconditional positive regard, which makes my life worth living. I can certainly relate to the faith aspect of storge, as so many treatment modalities in my field of work do not have sufficient research evidence. Without the faith of my patients that I can help them, it would not be possible to practice at all. The trust and empathy that is

associated with philia is a crucial ingredient to a successful therapeutic encounter and I think that the human touch element should not be ignored. Obviously, the most difficult aspect of love in a therapeutic relationship for me to come to terms with is the hope of eros or congruence love. Like most people, I am also conditioned to shy away from such taboo subjects, but believe that the potential of such a powerful force in the universe at least deserves further rational discussion and academic debate.

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【编者按】中医是我们祖国具有悠久历史的传统文化，它不仅有独特的理论体系和诊疗方法，而且十分注重医德修养，重视生命。在当今世界全球化的潮流中，中医针灸在逐步地走向世界，并受到各国人民及政府的关注，同时也出现褒贬不同的认识和态度。我们作为海外中医界人士，身处行医环境复杂多变，特别是我们目前面临着中医在英国立法的这个关键时刻，我们一定要更好地树立中医在世人心目中的形象，而不是自毁形象。为此我们有必要重温先贤们对医德的论述和典范。我们的中医老前辈马堪温教授特为本刊撰写的《醫德是中醫的人道特點和標志》和唐铁军博士的《重温大医精诚》，论述了医学的基本性质应是“仁德博”之术，对病人要怀有恻隐之心，视病人之苦为己之苦，急病人之所急，想病人之所想，切不可恃己之长，专心经略财务。希望我们能从中感悟到“杏林”的真正含义。

醫德是中醫的人道特點和標志

馬堪溫

擁有悠久歷史並浸浴着濃厚的中華文化色彩的中醫藥学, 不僅有其獨特的理論體系和診治疾病的 方法, 而且具有鮮明人文特點, 其突出表現 便是注重醫德. 這是和中國古代的文化背景有着 密切的關係. 在中国文化中很有影响的儒，道，佛，对中医的医德思想有不同程度的影响，而以儒家为最多。

重視道德

號稱禮儀之邦的中國,自古就注重道德。 在現知中國最早的歷史名著《尚書》 中記述有人們所期望擁有的“五福”: 1. 壽; 2. 富貴; 3. 康寧; 4. 攸好德; 5.考終命。這是说古人所常期求 的, 一 是長壽, 二 是既富又有地位, 三是健康平安且心靈安寧, 四是有道德, 五是善終,即正常死亡. 這裡, 五福的前後順序雖然如此排列,但按常理, 這五項應是缺一都不圓滿, 或者說只有擁有全部的五福才是圓滿的. 看來五福具備是古人的一般的願望,然而實際上一個人的一生是難以常常是五福俱全的。 那麼, 這五福中哪一種更為重要呢 ? 這從古代先賢 的論述中可以得到答案。

《左傳·襄公 24 年》記述人一生有“三不朽”: “太 上有立 德, 其次有立功, 其次有立言, 雖久不廢, 此之 謂不朽”。這裡的 “太上’’ 二字就是極大和至高的意思, 唐代的 經學家孔穎達 (574-648) 註解 “太上’’ 是 指 “人之最上者, 上聖之人也”。 這也 就是說立德是最高尚的人的意志，是三不朽的基本主體。“立功’’ 和 “立言’’ 應是建立在 “立德’’ 的範圍和基礎之上的。这样，“立德”也应是 “五福’’ 中的主體。《易經·乾·文言》說：“君子進德修業’’。 明確地把事業的增益與道德 密切聯繫起來。 《周礼·地官· 師氏》有 “敏德, 以為行本’’ 的論述。所謂 “敏德’’, 就是告訴我們要敏于立德，并把德作为行为的根本准则。東漢時期的經學家鄭玄(127-200) 對 “敏德’’ 二 字做了很好的解釋, 他指出 “敏” 與 “德” 是內外的關係, 即 “在心為德’’, “施之為行’’ ,明確地指出 “德’’ 是行为的基础，但是，人不应单把 “德” 在心中(思想意识)之中，還應當表現在行動上以構成。 “德行’’ 或 “品行’’。 《管子·心術上》說: “德者道之會’’, 這裡的 “道’’, 就是指 人的正常行為和作為, 從而進一步 指出思想意識上的 “德’’ 應與人的實際行動和作為相匯合,才構成為 “道德’’。

儒家的宗師孔子十分重視和推行道德, 其道德觀的基本思想是以人為本, 其理念的中心是 “仁’’。 正如《禮記·中庸》所 說 :“仁者, 人也, 親親為大’’. 東漢時期的文字學家許慎所編撰的中國最早的字典《說文解字》說:“仁, 親也’’。 南唐時期的文字學家徐鉉說 “仁” 是兼愛和博愛的意思,是指人與人要相互親愛幫助。 正如 《論語·學而》所說的 “泛愛眾而親仁’’。《孟子·尽心上》 有 “达则兼善天下” 之语，指出一个人应先建立自己的美德，然后将美德推行于天下和对天下有利。此外，孔子还进一步强调 “己所不欲，勿施于人”，认为不应损人利己。道家认为人因道而有德，万物 “莫不尊道而贵德” (《道德经》)，还说: “重积德，则无不克”, 意即有德，能战胜一切。佛家的道德观的 慈悲平等的思想在于给众生快乐和解除痛苦。以上的儒，道，佛三家的思想对于中医的医德均有其影响。

前面提到的唐代的經學家孔穎達， 對道德以及立德的意義有很好的注解。他認為立德, 就是“树立德业, 即創制垂法, 博施濟眾’’; 立功, 就是“拯危除難, 功濟一時”; 立言, 即 “言得其要, 理足可傳’’。看來這樣的道德和立德之道, 對於一個政體或個人，自然也包括医生，都是十分適合的。

重視生命

中國古代文化傳統的另一特點是尊生和重生。例如《易經·繫辭下》說: “天地之大德曰生”, 意思是說天地的大德在於能廣生萬物。尚書·大禹謨》有 “好生之德’’ 的論述, 即指愛好生靈的德行。《尚書·泰誓上》說：“惟天地萬物父母, 惟人之萬物之靈’’, 就是說万物皆天地所生，而以人为最贵。 道家的《道德经》第五章说：“道大，天大，地大，人亦大。域中有四大，人居其一焉”。这里，道家一方面强调万物是平等的，在天地之间， 人处于与天地同大的地位；同时也指出人的生命的重要和与自然的和谐。《太平经》说：“夫天道恶杀而好生”, 明确地表达了尊重生命的思想。佛家从天地同根，万物一体，众生平等的观念出发，主张善待万物和尊重生命，并集中地表现在 “普渡众生” 的慈悲情理之中。总之，儒，道，佛 都从不同的角度表达了重视生命的思想。

医德的基本内涵

医乃仁术： 与中国古代的重生，尊生，保生的理念密切联系的 是 中医自古就倡导的‘医乃仁术’的思想。这是深受儒家所倡导的以仁为中心的道德思想所熏陶的结果。《礼记·中庸》说: “人者，仁也，亲亲为仁”。意思是人要爱人如亲。《论语》说: “夫仁者，己欲立而立人，己欲达而达人”， 是说自己成立了，还要帮助别人成立。引申到医学，即医学是立人和达人的仁德之术。 魏晋时期的的哲学家杨泉著的《物理论》中说: “夫医者，非仁乃不可托也，非聪明理达不可在也，非廉洁纯良不可信也…” 以上这些论述足以说明医学的基本性质应是仁德博爱之术，它所要贯彻执行的是仁爱之德，济世活人。宋代出现了“不为良相，便为良医”之说。这一说法是源自宋代的名儒，后来当了大臣的范仲淹（989-1052）的故事。中国古代的读书人大多是想走上为朝廷当官的仕途的。范仲淹在未当官前，曾去庙中求签， 问以后能否当宰相，签语告以不可。于是他又抽二签，问是否可以当良医，签语表达也不可。有人问他，当不上高贵的宰相，为何要当地位卑微的医人。他回答说：“ 古人有云，常善救人, 故無棄人; 常善救物, 故無棄物。且大丈夫之于學也, 固欲遇神聖之君, 得行其道… 既不可得矣, 夫能行救人利物之心者, 莫如良醫…。’’ 意即古人说常善于救人的人，不会抛弃人； 常要救物的人，不抛弃物。丈夫致力于学，本是想遇上贤明的君主以行其道。如不能当宰相，要实行救人利物之心，没有比良医更合适的了。指出了 良相.行仁德之政，良医行仁德之术，把良医比作良相，表达了医生的应有的高尚气节（见吴曾《能改斋漫录》，卷 13）在这种思想影响下，许多读书人和隐士，以及在仕途处于不利地位的人转向了医学。明代曾先後任太醫, 御醫及太醫院院判的医家黃碥(15 世紀) 说得好： “医，仁术也，苟精之，亦足以济人，岂必官可行志乎？”意即医学是仁术， 如能精通，也足以济人，不是必须当官才能履行自己的济人之志。

对病人一视同仁，不刻意于名利：唐代名医孙思邈在所著《千金药方·大医精诚》有：“凡大医治病，必当安神定志，无欲无求，先发大慈恻隐之心，誓愿扑救舍灵之苦。若有疾厄来求救者，不得问其贵贱贫富，长幼妍媸，怨亲善友，华夷愚智，普同一等，皆如至亲之想”等论述。 中医药史上记述了许多医家主张对病人不分贵贱，一视同仁，甚至施医药帮助贫苦病人的事例。三国时期家居卢山的医家董奉行医不取分文，对重病患者治愈后要求在其住处种杏树五株，轻病人则种一株。数年后，其住处杏树郁然成林，果实累累。有人前去买杏，不收现金，只需用一斗器谷子放入他的谷仓中，便可自取一斗器可装的杏子而去。董奉便用换得的谷子去救济贫困的人和行旅的穷人，每年有两万余人之多(宋.釋惠遠《廬山記略》, 見清·《守山閣叢書》)。董奉对病人一视同仁和救助的事迹不仅是中医药史上的宝贵佳话，同时也是后世许多医家所遵循和倡导的。例如，明代医家龚廷贤（16-17 世纪）在所著《万病回春》中说：“医乃生死所寄，责任匪轻，岂可因其贫富而我为厚薄哉”。外科学家陈实功（1555-1636 ）在所著 《外科正宗》(1617) 中说：“凡病家大小贫富人等，请观者便可往之，勿得迟延厌弃”。还说: “游食僧，道，衙门差役等，凡来看病，不可要他药钱，只当奉药。再遇贫难者，当量力微增，方为仁术。不然有药而无火食，命亦难保矣”。可见他对贫苦病人不但施医奉药，不取分文，还照顾到病人的生活。

以上 舉出了先賢的一些治病救 人和周濟貧苦病人的事例, 意 在 表明先 賢致力於仁德之道的精神.筆者認為以醫為 生, 收取病人的適當報酬 是 正 當 的, 但 採取不正當手段, 去謀 不義之 財，則是不道德的。

认真负责 作风正派 ： 医生的行为和作风 直接关系到病人安危，要求医者首先要切实掌握医道，并有严肃和认真负责，一丝不苟的工作态度。在此方面 《内经》早有详细的论述。例如，《素问·疏五过论篇》指出医学的道理深奥， 医生临证必须掌握相应的法则和常规，全面细致的观察和了解病症，并分析了临证上的五种错误，提出 临证时的五个方面的过错，指出要掌握法则和常规，包括 病人的内外环境， 如必须结合天时地理，人事，年龄，体质，脏象，脉色，等等，才能得到好的疗效。《素问·征四失论》批评了看病草率，不认真负责的医生，认为是 “精神不专，志意不理，外内相失”，并分析了医生临证中的四种过失，并告戒医生应有踏实，刻苦学习钻研，不要自大骄傲。《内经》的这些论述，不仅提示了医生临证取得疗效的要领， 而且是避免医源性疾病的准则，为后世医家的医德和操守奠定了基础。例如，明代名医龚信在所撰的《明医箴》中，一方面表扬了当时的高尚的医生，同时写了《庸医箴》，对不良的庸医进行了指责， 如下：

《明医箴》：“今之‘明医’，心存仁义，博览群书，精通道艺。 洞晓阴阳，明知运气。辨药温凉，脉分表里。治用补泻，病审虚实。因病治方，对证投剂。妙法在心，或变不滞。不炫虚名，惟期博济。不计其功，不谋其利。不论贫富，施药一剂。起死回生，恩同天地。如此明医，芳垂万世。”

《庸医箴》：“今之庸医，喧喧炫奇立异。不学经叔书，不通字义。妄自衿夸，以欺当世。 与争趋人门，不速自至。时献苞苴， 问病为意。自逞己能，百般贡语。病家不审，模糊处治。不查病源，部分虚实。不畏生死，孟浪一时。忽然病变，急自散去。误人性命，希图微利，如此庸医，可耻可忌。”

热爱专业,不断钻研提高 ： 《论语·雍也》说: “ 知之者，不如 好知者；好知者，不如乐知者”。把这话引用到到医学上，即学医的，不如喜好医学的，而喜好医学的,又不如热爱医学的。《易经·乾·文言》有 “君子进德修业”之说，意思是君子人要不断地修养道德，所以作为施行仁术的医生，不仅要热爱自己的专业, 还要不断地钻研业务,精益求精,才能取得好业绩和发扬仁术。

《素问·五脏别论》把医学称为“至德、至巧’’之术； 《素问·灵兰秘典论》对于医学有“至道在微”的说法，意思是医学是深奥微妙之术，学医的人需要下功夫钻研。明代医家徐春甫（16 世纪）在所著《古今医统大全》（1556 年）中说: “医学贵精，不精则害人匪细”，明确指

出作为关系到人们的生老病死的医学的重要性，业医的人必须精通医术，否则不但无益,甚至会贻害于人。

中医药学史记载着许多热爱自己的医业,孜孜不倦钻研业务而取得丰富业绩的医家。例如汉代杰出医家张仲景(公元 2-3 世纪), 悯于当时疾病流行, 许多生灵死亡, 于是埋头汲汲苦学, 勤求古训, 博采众方, 并总结了自己的临床心得和经验, 写成《伤寒杂病论》一书, 奠定了中医临床辨证论治的基础。又如明代的杰出医家李时珍(约 1518-1503), 鉴于历代本草的注解多有疏漏和谬误, 遂穷搜博采历代有关本草的文献 800 余种,并实地调查,考古证今,历近 3 0 年, 三易其稿,著成 《本草纲目》(1578 年)52 卷, 集中国明代以前本草学之大成，图文并茂,成为中国和世界医药和博物学史上的不朽巨著。

谦虚谨慎, 善于学习,吸收他人之长，同道之间互敬互助： 医生需要有谦虚谨慎和实事求是的态度。作为医生，治病有效,本应是本分,不可自傲自夸。这本是中医自古就有的优良作风。最早被记载于中国第一部记传体的史籍《史记》中的名医扁鹊（秦越人）(约公元前 5 世纪), 在救治了虢太子之后,人们称赞他有起死回生之术,扁鹊回答说: “越人非能生死也,此自当生者,越人能使之起尔’’。汉代名医淳于意(公元前 3 世纪), 治病常有良效, 汉文帝问他 “诊病决死生, 能全无失乎?’’。他答道“时时失之，臣意不能全也”。淳于意还给后世留下了他的包括 25 个病例的 “诊籍’’，其中明言有 10 例的治疗结果是死亡。由此可见名医 如扁鹊和和淳于意的谦虚和实事求的美德。唐代孙思邈明言批评那些 “炫耀声名，訾毁诸医，自矜己德’’的医生是他們自己患上了 “膏盲之疾’’。上面提到的名 医龚廷贤 在所著 《万病回春》中指出: “吾道中有等无行之徒，专一 夸己之长，行人之短，每至病家，不问 疾疴，惟毁前医之过，以骇患者。设使前医用药尽是，何复他求？盖为一时或有所偏，未能奏效，岂可盖前药为庸耶？”这里，他一方面客观地指出由于一些原因，医生的治疗不可能每方均能奏效，同时对那些专门以挑剔别人而提高自己的医生进行了批评。著名外科专家陈实功在所著《外科正宗》中提出了醫生的‘五 戒 十 要’, 還说: “凡乡井同道之士，不可生轻侮傲慢之心，切要谦和谨慎。年尊者恭敬之，不及者荐拔之。如此自无谤怨, 信和为贵也。’’

结语

上面简述了中医药史上的医德的思想背景，以及先贤们关于医德的论述和典范，从中可知崇尚医德是中医的优良传统和人道主义的特点，这 在世界医学史上是突出的。在世界全球化的潮流中，中医药在逐步走向世界，已受到各界人民和有关当局的注意，并出现各种褒贬不同的认识和态度。笔者认为，在这种情况下，回顾和温习中医的医德传统和特点，对在海外从事中医药工作的人，当有特殊的意义。它提示我们应当把继承和发扬 中医的优良医德传统为己任，因为它不仅和个人的业务发展有直接的关系，更涉及整个中医界和中国文化的形象.

重温《大医精诚》

唐铁军

《大医精诚》是唐代著名医家孙思邈在其代表作《千金要方》的开篇论述，是国内中医院校教学必读之经典，然而在从业多年后，有多少人还曾记得这篇一千多年前的著名医德论著，又有多少人在临床工作中切实践行着大医精诚之精神？当前在经济利益驱使下，很多医者在临床实践中偏离了大医精诚的精神，重温孙思邈的《大医精诚》可以提醒我们每一个海外的中医时刻保持优良的职业道德。以下就是个人对《大医精诚》几点论述的解读和体会。

1.“先发大慈恻隐之心”

孙思邈在这里告诫医生在诊病之前对于患者要具有大慈大悲的恻隐之心，视病患之苦为己之苦，在此心态的基础上为患者诊病方为良医应有的素质。医者的心态十分重要，只有具备良好的正确的心态，在一系列的诊疗过程中才能够知道应该做什么，怎样去做。比如一个患者所病极苦，而你的治疗确实可以帮助解除所病之苦，但患者却负担不起治疗所需的全部费用，这种情况怎么办？想想孙思邈的医德精神我们就会有了正确的选择。这种大慈恻隐之心通常带来更好的社会效益，也会使医者在患者心中建立良好的口碑。

2.“不得恃己所长，专心经略财物”

这一句是大慈恻隐之心的具体延伸，同时具有更广泛的内涵，对于那些不存在经济负担问题的患者，医者是否就可以满天要价？如果是那样，医者得到的是财富，失去的则是比钱财更可贵的声誉。孙思邈对病人的送礼一律拒收，如患者执意要谢，就嘱其植杏树于后山，故有“杏林”之称的渊源。从古至今良医皆以诊病疗疾为己任，唯名利是物者难为苍生大医。

3.“长幼妍媸，华夷愚智，普同一等”

唐朝是一个对外交流较多的时代，由这一句可以看出当时已有来自异邦的就诊病人，孙思邈劝诫医生对待不同年龄、相貌、种族、教养的患者均应一视同仁。。当前我们工作在一个充满世界各个不同民族的环境，更应该摒弃一切种族的偏见，平等对待每一位不同肤色，不同年龄，不同性别的患者。

4.“不得起一念芥蒂之心”

“芥蒂”比喻心里的不满或不愉快。医生每天接诊各种各样的病人，患者禀性各异，举止言行各异。医生不应因为患者的不合适的言行而对患者心存芥蒂。因该想到患者毕竟是患者，躯体疾病会影响到他们的心理，或者本身

就患有心理疾病。医生要有更加开阔的胸襟，不要被患者的不良情绪所影响，而应该积极地帮助引导患者摆脱不良的情绪，同病人保持良好的健康的医患关系。

5.“博极医源，精勤不倦”

并非只要具有优良的医德就能治好病人，更要有精湛的医术。每人都会有看不好的病例，弄不明白的问题，关键在于要做到“精勤不倦”。遇到问题查阅书本，网上搜索，与同事讨论，参加各类继续教育项目的学习，都是好的方式。无论中医还是西医都需要不断更新自己的知识结构。“师古而不泥于古”是历代名医的共识，我等亦当共勉。

6. 切勿“訾毁诸医，自矜已德”

孙思邈指出，医生之间应互相尊重，不能贬低他人以抬高自己。当今时代确有不少人没有能够做到这一点。同行之间学术观点上的不同是可以当面讨论甚至争论的，但在患者面前切不能诋毁其他医生的诊治。事实上凡是“訾毁诸医，自矜已德”的人往往得到的是与其愿望相反的结果。在当前“诸医”的概念应该更加广泛，除了中医同行之外，还应包括西医以及其他替代医学的各个门类。我们不能只是强调西医的副作用等缺点，应该说中西医结合互补是更好的选择。对于其他门类的替代医学，比如印度医学，西方草药，正骨疗法，指压术等等，我们只能说所知甚少，不能予以评价，决不能予以诋毁，这是因该具有的医德休养。

作为海外中医我们身处的行医环境比当年孙思邈还要复杂多变，但是孙思邈的医德风范永远是值得我们敬仰的，重温《大医精诚》，追溯先贤的崇高品格，重塑中医在世人心目中的形象，而不是自毁形象，这是时代赋予我们每一个中医从业者的使命。

Wining Answers to Case Study Competition (4)

Yingzi Yang

From Editor: We published Case Study Competition (4) in last issue of ATCM Journal with an award of £50. As the only participant, Yingzi Yang won the prize again. We hereby publish the case again as below followed by Yang's winning answers.

Case 4 A female patient, 38, consults you as she has suffered from chronic diarrhoea for 7 years. She used to have bowel movements 2-3 times a day with loose stools but it has become worse over last 1.5 years. Now it is 5-7 times a day and can be urgent in the morning. Her stools can be very loose and even watery, with no mucus or blood. She also suffers from dull abdominal pain sometimes combined with distension. Her appetite is poor and greasy or dairy food can easily make her diarrhoea worse. She always feels tired with no energy even to do ordinary housework. Her facial complexion is pale and usually she tends to feel cold.
Her tongue is pale with teeth marks on the edge. The tongue coating is thin and white. Her pulses are overall weak and thin, slightly slow. The right pulse is deep and empty in the middle position.

Winner'sAnswers:

1. Differentiation of syndromes and pattern Diagnosis

According to the principles of TCM, this case fells into the catalogue of interior, cold and deficiency syndrome, mainly involving spleen, kidney, stomach and large & small intestine. The chief complaint of this female patient was having diarrhoea chronically for 7 years and clinical manifestations were characterized by increased frequency of bowel movements, loose or watery stool with no mucus or blood, abdominal pain and distension, poor appetite, triggered by greasy or dairy food, combined with pale facial complexion, lacking of energy, cold feelings, pale tongue with teeth- marks on the edge and thin & white coating, while her pulse is thin and weak, slightly slow, plus deep and empty pulse in the middle of right hand.

1.1 Traditional chinese medicine diagnosis

Diarrhoea (Spleen Qi and Kidney Yang deficiency)

1.2 Pathogenic mechanism

The pathogenic mechanism for this case is that the dysfunction of spleen's transportation and transformation due to the long-term illness, retention of cold-damp in the middle Jiao and disharmony of stomach and intestines.

As the main organ of digestive system, spleen controls transporting and transforming food and water, while stomach governs reception. Only in cooperation with the spleen's function of transportation-transformation can stomach's functions be performed properly.

When pathogenic damp attacked spleen, causing impairments of its functions, thus affected the reception and descending actions of stomach, gave rise to poor appetite, gastric distension. On the way around, improper diet or dyspeptic retention of stomach would exacerbate the dysfunction of sleep's transportation & transformation and of the descent of stomach Qi, bringing about abdominal distension and diarrhoea.

Being the foundation of postnatal life, spleen is the source of production and distribution of Qi and blood and controls the blood of whole body. In this case, her tiredness, pale facial complexion and feeling cold were symptoms of Yang-Qi insufficiency, caused by the impairment of warming action of Qi.

Her pale tongue with thin and white coating, combined with teeth marks of the edge, the overall weak and thin, slightly slow pulse, especially the deep & empty pulse in the middle position of her right wrist indicated inactivation of spleen Yang and Qi deficiency.

2. Treatment principles and prescriptions

- strength spleen and to warm middle Jiao.
- regulate the function of intestines and stomach.

2.1 Chinese herbal medicine (CHM) prescription

Modified Shenlingbaizhu Decoction:

renshen (10g)	fuling (12g)	caobaizhu (12g)
shanyao (15g)	lianzirou (12g)	baibiandou (12g)
yiyiren (15g)	sharen (3g)	jiegeng (3g)
rougui (3g)	ganjiang (6g)	zigancao (6g)

The Jun (Monarch) herbs, which have effect to invigorate Qi, reinforce Spleen, are renshen (sweet and slightly bitter in flavour, warm in nature, therefore can tonify the deficiency), fuling (sweet and tasteless in flavour, neutral in nature, can invigorate Spleen and induce diuresis) and caobaizhu (being sweet and warm for invigorating Qi, bitter and warm for removing dampenss and activating Spleen).

The chen (minister) herbs are used to strengthen Spleen and excrete dampness, so as to arrest diarrhoea. Shanyao (good at invigorating Qi and Yin of Spleen channel, promoting the function of transportation and transformation), lianzirou (to tonify Spleen, to check diarrhoea), baobiandou and yiyiren (to enhance the function of Spleen and remove dampness).

The zuo (assistant) herbs are able to enliven Spleen and promote Qi flow and to normalize the functions of Slpeen and Stomach. Sharen (pungent in flavour, warm in nature, it acts on the Spleen, Stomach and Kidney channels. Its fragrance can dispel dampness and pungent flavour is dispersing and promoting Qi flow), jiegeng (its lightness and floating-up characters enable it to introduce drugs into upper Jiao, help Spleen Qi move upward), rougui and ganjiang (having the effect of warming the middle-Jiao, dispersing cold to treat yang-deficiency of Spleen and Kidney and conducting the fire back to its origin).

The Shi (guide) herbs are zigancao (strengthening Spleen and moderating other herbs).

All the herbs should be brewed to drink, half in the morning and half in the evening, 1hour after meal. All in all, the prescription has the effect of tonifying Spleen Qi, excreting dampness and eliminating Qi stagnation, giving rise to promotion of function of Spleen's transportation and transformation and can descend the Stomach Qi as well.

2.2 Acupuncture prescription

zhongwan (Ren. 12)	shenque (Ren. 8)
tianshu (St. 25)	zusanli (St. 36)
pishu (U.B. 20)	zhangmen (Liv. 13)
shenshu (U.B. 23)	mingmen (Du. 4)
guanyuan (Ren. 4)	gongsun (Sp. 4)

Points of the Ren and Stomach channels and the Back-shu points are selected as main points. Reinforcing and even methods are applied, combined with moxibustion.

Zhongwan (Ren. 12), the Front-Mu point of Stomach and tianshu (St. 25) with zusanli (St. 36), will regulate the functions of stomach and intestines, therefore be able to check diarrhoea and eliminate distension. Zhongwan is needled perpendicularly 1.0-1.5 inches to cause a local sensation of heaviness and distension or a feeling of contraction in stomach. Tianshu is needled perpendicularly 1.0-1.5 inches and zusanli 1.0-2.0 inches to cause a local sensation of heaviness and distension.

Shenque (Ren. 8): moxibustion on this point can warm the lower Jiao to dispel cold. It is treated with direct moxibustion with a moxa stick for five to ten minutes each time or indirect moxibustion with ginger (7-10 moxa cones per time).

Pishu (U.B. 20) and zhangmen (Liv. 13), a combination of the Back-shu and Front-Mu points, strengthen Spleen and tonify Qi. The combination of acupuncture and moxibustion on both points may invigorate Spleen Yang and strengthen the function of transportation and transformation. It is needled obliquely toward spinal vertebra 0.5-1.0 inch to cause a sensation of soreness, numbness and distension in the local area which may also radiate to the lumbar region. Zhangmen(Liv. 13) is needled perpendicularly or obliquely 0.8-1.0 inch to cause a sensation of distension in the side of the abdomen.

Shenshu (U.B.23) and Mingmen (Du 4) have the ability to warm and tonify Kidney yang so as to assist the spleen in transportation and transformation. Shenshu (U.B. 23) is needled perpendicularly or obliquely 1.0-2.0 inches to cause a sensation of soreness and distension in the lumbar region which may radiate downward. Mingmen (Du 4) is needled perpendicularly 1.0-1.5 inches to cause a sensation of distension in the local area or an electric shock sensation to radiate downward.

Guanyuan(Ren 4) warms and tonifies the lower jiao.It is needled perpendicularly or obliquely downward 1.0-1.5 inches to get a sensation of soreness and distension in the local area which may radiate downward.

The reinforcing method is applied to above points.

Gongsun (Sp. 4) , the Luo (connecting) point of the Spleen channel, can strengthen the spleen and harmonize the stomach. It is needled perpendicularly 1.0-1.5 inches with the even method to cause a sensation of soreness and distension in the local area which may sometimes spread to the base of the foot.

3. Treatment

The treatment is given once daily or every other day. The points on the back are needled first; after withdrawing these needles, the points on abdomen and other areas are treated. 10 sessions make a course.

中医十大经典介绍 (3)

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<金匮要略>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, 本刊分期介绍其它 6 部经典.

黄帝内经太素

黄帝内经太素

医经著作。又称《太素》，是《黄帝内经》的一种早期传本。包括《素问》、《针经》（即《灵枢》）两部分的内容。原书在隋唐之际经杨上善重加编次和注释，扩为三十卷，今已残缺。国内刊本只有二十三卷。本书不仅保存了《黄帝内经》中一些原文的较早形态。全书在考校字义，诠释发挥和引录古医书佚文等方面，对研究《内经》有一定的参考价值。

本书是早期分类编纂、研究、注解《黄帝内经》的语译本。本书以与其成姊妹篇的《黄帝内经太素校注》中的《黄帝内经》条文为底本，保持了原书体例、分类，对缺佚之卷有所增补。原文部分尽量减少了通假字、古今字、异体字，只对原文中生僻古奥的字词和术语做了简要注释。语译部分以直译为主，参以意译。 全书 30 卷(缺卷第一、四、七、十八、二十)，仍保持《黄帝内经太素》的体例、分类。对全书每卷原文中的生僻古奥字词或中医术语，在自然段末予以注释。语译工作是本书重点，以直译为主，间或参以意译。全书译文深入浅出，晓畅通达，既反映了原书原意，又便于读者学习研究，是语译《黄帝内经太素》的上佳之作。 本书是早期分类编纂、研究、注解《黄帝内经》的《黄帝内经太素》的语译本。本书以与其成姊妹篇的《黄帝内经太素校注》中的《黄帝内经》条文为底本，保持了原书体例、分类，对缺佚之卷有所增补。原文部分尽量减少了通假字、古今字、异体字，只对原文中生僻古奥的字词和术语做了简要注释。语译部分以直译为主，参以意译。 全书 30 卷(缺卷第一、四、七、十八、二十)，仍保持《黄帝内经太素》的体例、分类。对全书每卷原文中的生僻古奥字词或中医术语，在自然段末予以注释。语译工作是本书重点，以直译为主，间或参以意译。全书译文深入浅出，晓畅通达，既反映了原书原意，又便于读者学习研究，是语译《黄帝内经太素》的上佳之作。

中藏经

《中藏经》

综合性临床医著。又名《华氏中藏经》，传说为华佗所作，有名邓处中者尝为该书作序，言此书系从华氏寝室遗藏中获得，然语多怪诞，颇不足信，且《隋书》及新旧《唐书》均未著录，疑为六朝人所作，特假托华佗之名而已。成书年代尚无定论。

书分 3 卷《宋书•艺文志》作“一卷”。另有 “二卷”本或“八卷”本，内容相同。而《中藏经》的书名首见于《宋志》。有人主张，医论与附方部分成书于不同年代。全书前半部属基础理论范畴，后半部为临床证治内容（以内科杂病为主）。医论部分共 49 篇，联系脏腑生成和病理以分析证候和脉象，并论各个脏腑的虚实寒热，生死逆顺之法。本书医论部分中对脏腑辨证的论述对后世易水学派有较大影响。 所述病证包括阴厥、 劳伤、中风偏枯、脚弱、水肿、痹证、痞证、瘕积聚等内容。兼论外科常见的疔疮、痈疽等病，书中对一度盛行之“服饵”有较为中肯之评析。临床部分则介绍各科治疗方药及主治病证。所列诸方大多配伍严密，服法交代清楚。不少方剂类似经方，方论亦有精义，为后世临床家所珍视。此书有多种刊本，现存最早为明《医统正脉》本，另有明清多种刊本及日刻本、现代排印本等。

The Association of Traditional Chinese Medicine (UK)
Annual General Meeting 2009, Westminster University, London

27th September 2009

Members at AGM

ATCM president Dr Huijun Shen

Special guest speaker Lord Clement-Jones

Members at AGM

TCM gynaecological seminar at AGM

Chinese Television (无线卫视) covers AGM

Herb Garden

Do you know what they are?

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