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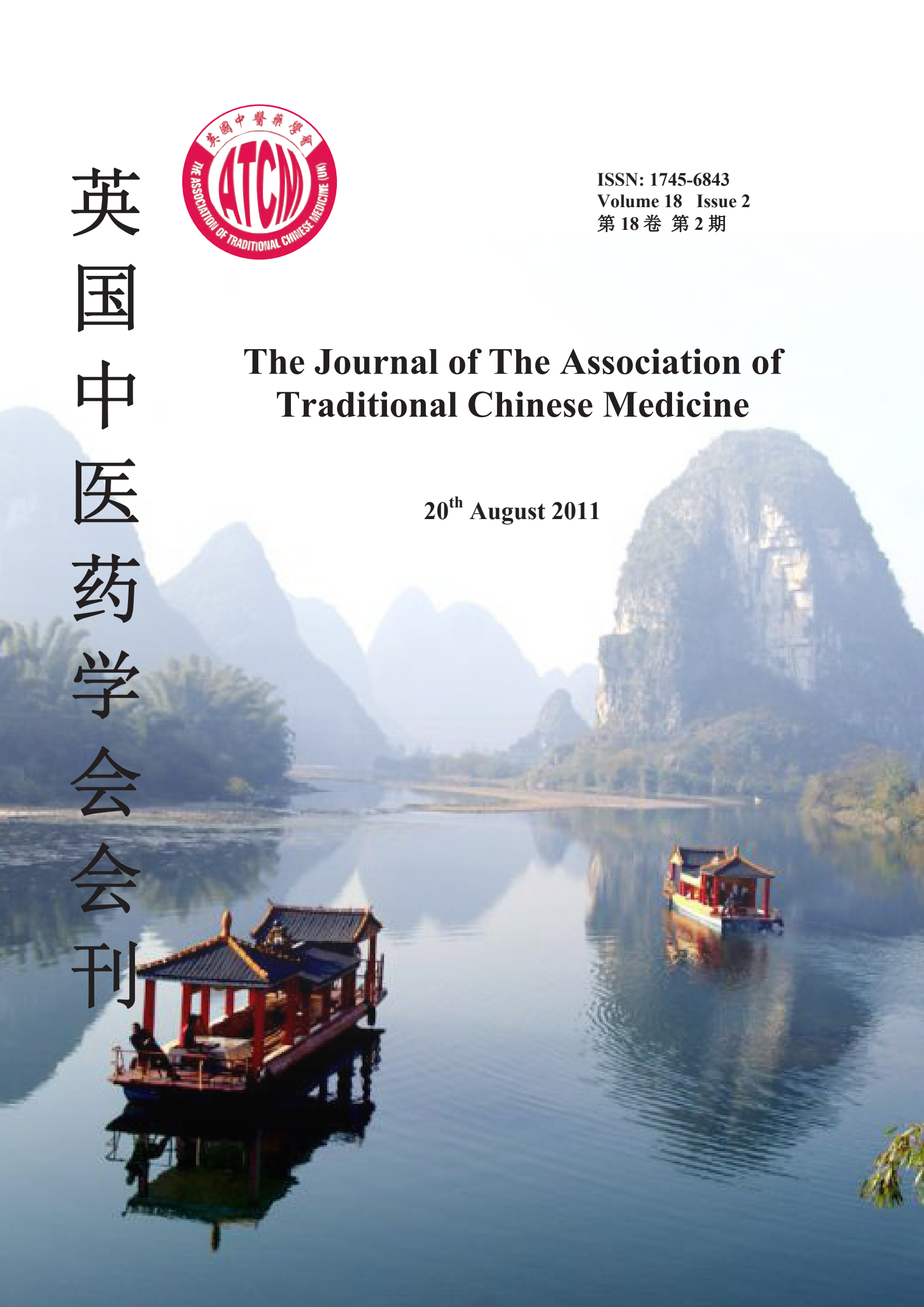

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Emetic Method in *Shang Han Lun*

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Introduction

Emetic method is one of the eight therapeutic methods in *Shang Han Lun* (Treatise on Cold Damager) written by Zhang Zhong-jing in the East Han Dynasty (3th century). It was the least used treatment method in *Shang Han Lun*, but it will not be complete if this method is not discussed in our series.

Emetics method makes the patient vomit so as to expel phlegm, undigested food, or toxic substances from the throat, the thoracic cavity or the stomach. The representative formula is Guadi San (Melon Stalk Powder).

Original Text

This formula was introduced in Clause 166 of *Shang Han Lun*. It states that "the patient's condition appears similar to those indicated of *Guizhi Tang* (Cinnamon Twig Decoction), but there is no headache and no stiff neck. The patient's pulse is slight floating at the *cun* position, feeling of fullness and hardness in the chest, and as if some air is rushing up to the throat causing breathing difficulties. This is due to some pathogenic factor obstructing the chest (and stomach). The emetic method is right choice and Guadi San (Melon Stalk Powder) should be recommended."

病如桂枝证，头不痛，项不强，寸脉微浮，胸中痞硬，气上冲喉咽不得息者， 此为胸有寒也。当吐之，宜瓜蒂散。（166）

Analysis

This text was talking about treatment of pathogenic factors such as phlegm in the chest or indigested food in the stomach, treated by an emetic method. In the original text, it states "this means there is cold in the chest 此为胸有寒也", but our understanding is that in the context of this clause, "cold" here should mean any pathogenic factors which can cause the symptoms.

When it talks about Gui Zhi Tang condition, it should have fever and aversion to wind. In the context of this clause, there is no headache and no stiff neck. Therefore it is not a *Guizhi Tang* syndrome. The feeling of fever and cold that the patient has is different to that in *Guizhi Tang* syndrome. It must be a feeling inside, not outside. Slight floating pulse at *cun* position and a full and hard sensation in the chest mean the pathogenic factors in the chest or in the upper part of the stomach.

A sensation resembles some air is rushing up to the throat causing breathing difficulties indicates that there is a tendency that the pathogenic factor is moving upwards. Hence the most suitable method should be the emetic method, as it can clear the pathogenic factor out of the body by inducing vomiting.

Formula

Guadi San (瓜蒂散 Melon Stalk Powder) is composed of the following ingredients:

- Guadi瓜蒂Melon Stalk / Pedicellus Melo or Cucumis Melo L (stew until it turns yellowish) 1 *Fen*/*0.75g*
- Chixiaodou 赤小豆 Rice Been / Semen Phaseoli 1 *Fen* /0.75g
- Xiangchi 香豉 Prepared Soybean/ Semen Sojae Praeparatae 1 *Ge* /1.8g

Its original preparation and administration: Pound and sieve the first 2 ingredients separately and mix them together to make powder. Boil 1 *Ge* (1.8g) of Xiangchi in 7 *Ge* (140 ml) of boiling water to make a thin porridge. Remove dregs, add the powder and mix well with the porridge. Drink it when it is warm in a single dosage. If the patient does not vomit, add a little more. As soon as the patient vomits, stop drinking it. Patients having conditions of bleeding and chronic deficiencies should not be given this formula.

The main action of this formula is inducing vomiting to eliminate pathogenic factors, such as phlegm, food and toxin from the body.

The main ingredient of the formula is Guadi (English name Muskmelon Base). It is extremely bitter in taste, but it can induce vomit to eliminate pathogenic factors such phlegm, toxic substance and undigested food from the chest or the upper part of stomach. Chixiaodou, which is bitter and sour in flavour, can protect the chest and the stomach so the induced vomiting will not damage them. It can also clear toxin from the body. Xiangchi can help dispersing pathogens outwards. Together, they induce vomiting to clear away pathogens, and at the same time protect the stomach and the chest.

Contemporary clinical application

This formula can be used for treatment of gastrectasia (an abnormal dilation of the stomach that may be accompanied by pain, vomiting, rapid pulse, and falling body temperature. Causes include overeating, obstruction of the pyloric valve, or a hernia) due to the stagnation of food in the epigastrium, ingesting toxic substances mistakenly and retained in the stomach, bronchial asthma, and schizophrenia caused by abundant phlegm obstructing the chest.

Additionally, Li (2005) modified this formula and applied it to patients with acute hepatitis marked by jaundice. Guadi 5g was decocted in 500 ml of water for 30 minutes. It will then be divided into 3 equal portions. Each portion is taken orally at 3 separated times within a day after meals. It was claimed that it was effective in clearing jaundice.

Pharmaco-dynamic research

Some experiments showed that Guadi San could increase the cerebral cortex's norepinephrine levels (He et al 2005).

The main component of Guadi is Melotoxin. Animal experiments have shown that it can stimulate the sensory nerve of the gastric mucosa, and excite the vomiting centre as a reflex action, causing vomiting (Lin 1977).

Summary

Emetic method is one of the eight therapeutic methods introduced in *Shang Han Lun*. It was mainly used to expel phlegm, undigested food, or toxic substances from the throat, the

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thoracic cavity or the stomach. Guadi San is the reprehensive formula. Clinically, it can be used for some conditions with caution.

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对先天精气和后天精气的研究

吴敦序 李 晓

摘要:

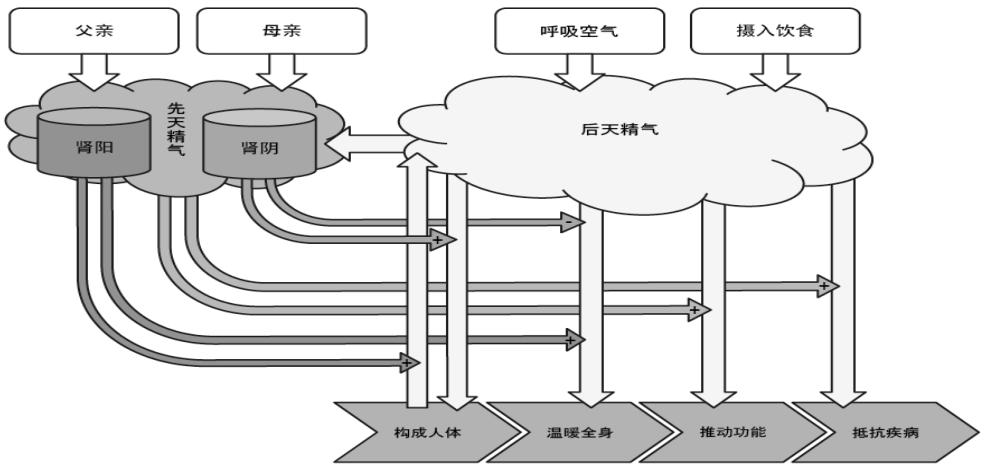
在中医走向世界的过程中，人们对中医理论中"气"的理解比较困难。本文重点论述了人体内气的分类，产生，代谢和功能，并绘制成〈气化图〉。这将使人们对气有一个全面的认识，容易理解究竟什么是气。

经过全面仔细查阅中医古典文献，进行认真反复思考后，作者发现：后天精气来源于肺呼吸空气和脾胃消化吸收饮食，是构成人体组织结构的原料和推动人体生命活动的能源；先天精气来源于父母，它推动，调节和控制后天精气的代谢和功能活动，促进人体的生长，发育和生殖。

Abstract:

As TCM develops globally, the understanding of the theory of 'Qi' has often been misinterpreted. This article focuses on the classification, generation, metabolism and function of the human Essential Qi, and maps out how Qi changes. It is the author's intention to enable the reader to have a more a comprehensive understanding of Essential Qi and how Qi functions in the human body.

After a thorough review and historical investigation of Chinese classical medical literature, the authors discovered that Acquired Essential Qi (AEQ) has its roots in the lungs during the gaseous exchange and process of breathing and in the spleen-stomach during the digestion and absorption of food. Thus Acquired essential Qi (AEQ) constitutes both the material for formulating the tissue of human body and the energy for promoting the activities of human life; Congenital Essential Qi (CEQ) on the other hand, is from your parents. The role of CEQ is to promote, regulate and control the metabolism and the function of AEQ, in order to promote human growth, development and reproduction.



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中医正在走向世界，在这个过程中，人们对中医理论中“气”的理解比较困难，因而出现许多误解。为此，作者在查阅大量中医古典文献的基础上，绘制成《人体气化图》。阅读此图，不但容易理解气在人体内的代谢过程，而且还容易理解“气”究竟为何物。

在研究文献时，我们发现先天精气和后天精气的关系是气化理论的要点和难点。这个理论在《素问》和《灵枢》中，基本上已经形成了框架；金元时代有不少发展；到明代则较为成熟，李中梓、赵献可和张介宾功不可没。可是，现在的中医专著和教科书里，对这个问题并没有谈清楚。所以作者试图对此作尽可能明白和透彻的阐述。

现就后天精气、先天精气和二者之间的关系论述如下。

1. 后天精气

后天精气源于肺呼吸空气和脾胃消化与吸收饮食物。《素问.六节脏象论》说：“天食人以五气，地食人以五味。五气入鼻，藏于心肺，上使五色修明，音声能彰；五味入口，藏于肠胃，味有所藏，以养五气，气和而生津液相成，神乃自生”。

后天精气是构成人体组织结构的原料。如《素问.阴阳应象大论》所说：“味归形…形食味…气生形”，皆为此意。当然，人体结构也会转化为气，以供新陈代谢之需，所以该论又说：“形归气”。

后天精气被消耗，产生能量，推动人体的新陈代谢，内脏活动，精神活动，躯体劳作，以及血液和津液的流动。所以《医心方.气门》说：“气化则物生，气变则物易，气盛则物壮，气弱则物弱，气正则物和，气乱则物病，气绝则物死”。《血证论.吐血》说：“气为血之帅，血随之而运行”。《素问.举痛论》还说：“劳则气耗”。

后天精气充足，则人的抵抗力旺盛。故《素问.刺热论》说：“正气存内，邪不可干”。《素问.评热病论》还说：“邪之所凑，其气必虚”。

后天精气被消耗，会产生热量，温暖人体。这是人类进行生命活动所必需的内在条件，所以《难经.二十二难》说：“气主煦之”。《素问.阴阳应象大论》也说：“少火之气壮，…少火生气”。但是，如果太热，势必要消耗人体大量的精气，导致虚弱。所以，李东垣在《脾胃论》里强调说：“火为元气之贼，…火与元气不两立，一胜则一负”。这与《素问.阴阳应象大论》所说：“壮火之气衰，…壮火食气”是一致的。

2. 先天精气

先天精气来源于父母，这种精气推动生命成长，也向下一代传递父母的特征。如《易传.系辞下》所说：“天地氤氲，万物化醇；男女媾精，万物化生”。《灵枢.决气》还说：“两神相搏，合而成形，常先身生。是谓精”。《灵枢.经脉》说：“人始生，先成精”。至于先天精气储存的处所，《灵枢.本神》说：“肾藏精”。

从《难经》开始，提出了命门藏精的说法。《难经.三十六难》说：“肾两者，非皆肾也。其左者为肾，右者为命门。命门者，诸神精之所舍，元气之所系也；男子以藏精，女子以系胞”。到明代，张介宾对这一学说作了较大的发挥，在《类经附翼.求正录.三焦包络命门辨》中，他说：“是命门总主乎两肾，而两肾皆属于命门。故命门者，为水火之府，为阴阳之宅，为精气之海，死生之窦。若命门亏损，则五脏六腑皆失所持，而阴阳病变无所不至”。他后来在《景岳全书.传忠录.命门余义》中又说：“命门为元气之根，水火之宅，五脏之阴气非此不能滋，五脏之阳气非此不能发”。同朝代的赵献可在《医贯.内经十二官论》里也强调：“名曰命门，是为真君主，…故曰五脏之真，惟肾为根”。张、赵二位均认为先天精气藏于命门，而肾与命门是同一个功能单位，不必区分。先天精气可分为阴气和阳气，即肾阴与肾阳，是五脏六腑阴阳的根本，所有脏腑乃至全身的阴阳皆发于此。肾阴、肾阳经三焦分布全身，到各部位则成为该部位的阴阳，推动，控制和调节该部位后天精气的代谢和功能。

《素问.阴阳应象大论》说：“阳化气，阴成形”，所以在后天精气构成人体组织结构的代谢过程中，阴将促进后天精气转化为人体的结构，而阳则促进组织结构转化成后天精气。根据不同的情况，通过阴阳消长使代谢处于相对的平衡。

又如在后天精气被消耗，产热以温暖身体的过程中，由于“阳胜则热，阴盛则寒”（《素问.阴阳应象大论》），所以阳将加快气的消耗，使产热增多；阴则抑制气的消耗，使产热减少。阴阳协调，保持相对平衡，则人的体温正常。

在调控后天精气推动人体内脏活动，躯体劳作，以及津液与血液的流动过程中，阳将使神志兴奋，津液和血液流动加速，内脏活动增加，躯体劳作加强…；而阴则促使精神安定，血液与津液流速和缓，内脏活动减少，躯体劳作放松…。这就是《素问.阴阳应象大论》所说：“阴静阳躁”的体现。

先天精气还有一个非常重要的功能，就是促进，调节和控制着人体的生长，发育，生殖和衰老的历程，这当然是与后天精气共同协调来完成的。先天精气决定着生长发育的时间与进程，而后天精气则提供了人体增高，长大所需的原料，以及生长发育和生殖活动所需的能量。当先天精气调控着人体逐渐走向衰老的时候，这时后天精气提供的资源和能量也会随之减少。这种协调是十分巧妙和准确的。

3. 先天精气和后天精气的关系

后体精气是构成人体组织结构的材料，推动人体生命活动的能源；先天精气促进，调节和控制着后天精气的代谢，活动与变化。

先天精气产生于父母交媾之后，身体形成之初。在母体中，受母亲血液滋养而逐渐成长。出生之后，在活动中不断消耗，同时得到后天精气的滋养，使之不断壮大。正如李东垣在《脾胃论》中所说：“真气又名元气，乃先身生之精气也，非胃气不能滋之”。

明代.李中梓在《医宗必读》中，专门提出了“肾为先天本，脾为后天本”的命题，并加以阐发，在研究先天精气和后天精气中，起了重要的作用。但是，在提及后天之本时，没有提到肺，有些不够全面。

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脏腑理论的科学依据之探讨

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脏腑理论是中医基本理论的重要部分，论及人体各个器官的生理功能以及疾病状态下的病理变化。 在脏腑学说中，各个脏腑的有些功能与西医理论是一致的，有一些功能则是截然不同的。由于存在这些差异，致使人们对中医产生了质疑。许多人认为有些中医基本理论完全不同于现代生理学的解释，因而是不科学的。有些人认为中医是具有科学内涵的传统哲学，还有些人甚至批评中医为伪科学。如何评价中医的科学性？我认为应该首先评价作为整个中医学基石的基本理论。中医学是有待揭秘的科学，以下科学例证是以为据。

1. 肺主通调水道，为水之上源

传统西医看来，肺就只是一个呼吸器官，通过一呼一吸完成人体的气体交换。很多人认为中医所说的肺主通调水道，为水之上源的理论纯属无稽之谈。直到 1981 加拿大科学家 de Bold 首次发现不同动物的心房都能产生一种调节细胞外液和电解质平衡的激素样物质，称之为心房利钠因子（Atrial Natriuretic Factor）简称心钠素（ANF）。随后发现该物质具有利尿，利钠和扩张血管作用(Brenner 1990)，在实验性心肌病模型中，发现肺是心钠素的重要来源(Gutkowska and Nemer, 1989)。除此之外，现代生理学研究发现，肺还能通过调节肾素-血管紧张素-醛固酮系统来调节人体的水液代谢，肺能产生血管紧张素转换酶，在这种酶的作用下，无活性的血管紧张素Ⅰ转换为有活性的血管紧张素Ⅱ，后者再进一步刺激醛固酮分泌，产生调节水钠平衡作用。由此可见，肺不仅仅是一个呼吸器官，它的确在调节人体水液代谢中扮演了重要的角色。肺通调水道理论的论述始见于黄帝内经，两千多年来一直在临床实践中得到广泛应用，临床上有些水肿病例单纯利尿效果欠佳，在处方中加一两味宣肺的药物，立即显效，古人称之为“提壶揭盖”法。

2. 肾主骨

西医认为肾是一个泌尿器官，中医说肾主水，西医没有异议，中医还认为肾主骨，“肾虚”则“骨枯”，而“补肾”即能“壮骨”。起初不为西医所接受，至今仍有人半信半疑。骨质的强弱取决于体内的钙磷代谢，维生素Ｄ是调节钙磷代谢的关键物质，然而无论是人体自身合成的还是外源性的维生素Ｄ，其本身并无活性，吸收后的维生素Ｄ经血液转送至肝脏，在肝脏羟化酶的作用下，转化生成钙二醇，然后在肾脏羟化酶的作用下，进一步羟化成为钙三醇。钙三醇对维生素 D 受体（VDR）的亲和力是钙二醇的 1000 倍，而该受体的基因表达受核转录因子 Yin-Yang1 的调控（P. Nezbedove 2004）。这个神奇的核转录因子对很多关键基因具有意义重大的双向调控作用，因而被发现者以阴阳来命名。我认为这有可能就是中医阴阳学说的物资基础 （Tiejun Tang 2004）。临床上亦可见到，慢性肾功能损害时，活性维生素Ｄ３生成减少，导致病人骨质疏松。随着西医对骨质代谢认识的深入，越来越多的人认为中医肾主骨的理论不无道理。

3. 肾开窍于耳

中医认为肾开窍于耳，很多耳的病症都从肾论治。西医对这一理论难以理解，两个相距甚远毫不相关的器官，为何会有如此密切的联系？美国的耳科专家发现，肾与耳在解剖学超微结构、水电解质平衡生理学机制及对某些药物的药理学反映上有极大的相似性。他们采用免疫组织化学和免疫荧光印迹的方法，对不同实验动物的肾和耳蜗侧壁进行了研究，实验证据表明，肾与耳具有抗原性相似的上皮成分（Cedric A 1973）。有人采用柱层析分离的方法，分别在肾与内耳分离出特异性的氨基糖苷受体,氨基糖苷类抗生素对肾和耳的毒性由此得到解释(Schacht.J 1979)。有来自英国医院的报导（Gatland D.1991），采用纯调听力测定法，检测慢性肾功能衰竭的病人 66 例，血液透析病人 31 例，发现 41%的病例有低频听力下降，53%的病例有高频听力下降。基础和临床的研究都表明，肾开窍于耳的理论是由其科学依据的。

4. 心主神明

中医认为人的精神意识活动主要有心所主，西医认为这完全是大脑的中枢神经系统的功能。我认为心主神明为本，脑主神明为标（Tiejun Tang 2004），这一观点受到多人赞同并引用。有人注意到心脏移植不仅是简单的置换掉失去功能的器官，为了调查心脏移植后患者的人格特性是否会因接受了供体的心脏而发生改变，有人在维也纳调查了 47 例心脏移植后 2 年内的患者，有 15%的人承认他们的性格在移植心脏后确实产生了改变，尽管他们不认为这种改变是由于心脏移植所引起的，但有 6%的患者承认他们的性格改变完全是由于接受了供体的心脏（Bunzel B 1992）。加州大学旧金山分校的一个研究组（Whooley M 2010）开展了一个叫“心与灵魂”的研究计划，他们从在 2000 年-2002 年两年的时间内调查采集了 1024 例冠心病的患者，并对这些患者进行了为期 8 年的随访，检测了患者 30 多项生物指标。到 2010 年为止这个研究组已经发表了 100 篇的学术论文，其中多数发表在著名的学术期刊上，研究表明，冠心病患者普遍存在精神抑郁，睡眠障碍等心理问题，与之相关的多项生物检测数据也有显著的改变。这个大样本的研究计划所得出的结论是中医心主神明理论的有力证据。

类似以上的例证有许多，不必逐一列举。要正确评价中医，首先要对中医有深入的理解，还需具备广泛科学视野。仅依靠肤浅的西医常识来衡量中医，对中医的科学性妄加否定，犹如一叶遮目，只见树木，不见森林。以上几个例证也许只是冰山的一角，随着科技的进步，将来会有越来越多的中医理论得到证实。人类健康完全依靠现代医学是不够的，也是不可能的，化学合成药物的副作用一直无法避免，病源微生物耐药性层出不穷，外科手术又只能解决部分疾病的问题。人类需健康要补充替代医学的参与，中医学是其中最重要的部分，放弃中医学就等于放弃了未来拯救人类健康的一

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参考文献：同英文稿

A discussion on scientific evidence of Zang-Fu theory

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Zang-Fu theory is a very important part in basic theories of traditional Chinese medicine (TCM). It illustrated physiological function of each organs and their pathological change while disease occurred. In Zhang-Fu theory some physiological functions of an individual organ are same with western medicine, but some functions are different from western medicine's theory. These differences caused a lot of doubts about TCM. Many people believed TCM is not a scientific medicine, because some of its basic theories are completely different from modern physiology. Some people considered TCM as a traditional philosophy with scientific connotation. Some people even criticized TCM is a fake science. How to evaluate the scientificity of TCM? I think we should focus on basic theory which is the bases of whole TCM. In my opinion TCM is an undiscovered science. The following example will show you scientific evidence.

1. Lung regulates the metabolism of body fluid, as the upper source of body fluid.

From the point of western medicine, lung is just an organ for respiration. It carries out the gas exchange function by breathing in and out. But TCM believes lung has a function of regulating the metabolism of body fluid, and it is a source of fluid from the upper. Some people believe that this is a silly nonsense. Until 1981, a Canadian scientist de Bold became the first person to report that atria of various animal species produce a hormone involved in the regulation of extracellular fluid volume and electrolyte balance. This atrial natriuretic factor (ANF) is capable of inducing diuresis, natriuresis and vasorelaxation (Brenner *et al.* 1990). Further studies on the experimental cardiomyopathy model shows that the lung is an important source of ANF (Gutkowska and Nemer, 1989). In addition, physiological research had found that the lung can regulate fluid metabolism by renin- angiotensin- aldosterone system. Lung can also produce angiotensin converting enzyme. This enzyme has a function of activating angiotensin to angiotensin. This activated angiotensin can stimulate the secretion of aldosterone, a key factor in regulate water and natriumv balance. Thus it can be seen that, lung is not only a respiration organ, but also plays a very important role in regulating the metabolism of body fluids. This TCM theory originated from the Yellow Emperor's Cannon of Medicine and has had been widely used in clinical practice for two thousand years. For example, when treating oedema patients, if diuretic doesn't works, the doctor will add one or two herbs which can disperse lung-qi in their prescriptions. It often shows significant effect. In ancient times, this method was called "Ti Hu Jie Gai", which means keep the pot cap opened a little while you pour out the water.

2. Kidney dominating the bone

Western medicine believes kidney is a urinary organ. When TCM mentioned kidney control the water metabolism, there is no disagreement from western medicine, but when TCM mentioned kidney dominating the bone, kidney deficiency will cause osteoporosis, tonifying kidney will strengthen the bone, western medicine did not agree with this theory at the beginning. Even until today, there are still many people feel confused. The density of bone depends on calcium and phosphate metabolism. Vitamin D is an important substance in regulating this metabolism. However, no matter whether the Vitamin D is synthetical or exogenous, it does not have any activities themselves. After absorption, it has to be transported to the liver. It'll then change into calcidiol (25-hydroxycholecalciferol) by the action of hydroxylase of the liver, then it'll change into calcitriol (1,25-dihydroxycholecalciferol) by the action of hydroxylase of the kidney. The Vitamin D receptor (VDR) binds several forms of cholecalciferol. Its affinity for calcitriol is roughly 1000 times that for calcidiol, which explains their relative biological potencies. The gene expression of VDR is controlled by nuclear factor Yin-Yang 1 [P. Nezbedove 2004].This magical nuclear factor has many important two way regulation functions on many key gene expressions. It had been named with Yin-Yang by its founder. I think it is the material base of Yin-Yang theory [T Tang 2004]. Many patients who suffer from chronic renal failure also have osteoporosis because of the decrease of activated Vitamin D. Since the new research progress about bone metabolism, more and more people believe that kidney dominating bone is a reasonable theory.

3. Kidney has its opening at the ears.

TCM believes kidney has its opening at ears and many ear problems can be solved by treating kidney. Western medicine feels confused again about this theory. How could there be such close relationship between these two distant and totally different organs? An American otologist had reported that kidney and ear have a great similarity in ultra-structural anatomy, physiological mechanisms of fluid and electrolyte balance and pharmacological actions of certain drugs. The researcher used immunohistochemistry and immunofluorescent

staining method to investigate kidney and the lateral cochlear wall. The results showed that kidney and cochlear have antigenically similar epithelial components. [Cedric A 1973]. An affinity column chromatography was used to isolate aminoglycoside receptors from inner ear tissues and kidney. The toxicity of aminoglycosides was explained on the basis of these receptors.(Schacht.J 1979). Another report is from a UK hospital. The prevalence of sensorineural hearing loss, measured by pure tone audiometry, was determined in 66 patients with chronic renal failure and threshold changes following haemodialysis were measured in 31 patients. The incidence of hearing loss was 41% in the low frequency, 15% in the middle frequency and 53% in the high frequency range respectively. [Gatland D.1991]. Both basic and clinical research showed the TCM theory about kidney-ear relation had its scientific evidence.

4. Heart dominating the mind

In TCM theory, the mind and intelligence are dominated by the heart. Western medicine believes this ability is due to the function of the brain. In my opinion heart dominates the mind is original and brain only dominates the mind as a phenomenon. [T Tang 2004]. This opinion had been supported and referred to by many readers. It had been noticed that heart transplant is not simply a question of replacing an organ that no longer functions. To gain insight into the problem of whether transplant patients themselves feel a change in personality after having received a donor heart, 47 patients who had transplants over a period of 2 years in Vienna, Austria, were called for an interview. Fifteen per cent stated that their personality had indeed changed, not because of the donors' organ, but due to the life-threatening event that they had to go through. Six per cent reported a distinct change of personality due to their new hearts.[Bunzel B 1992]. A '*heart and soul*' research project had been carried out by a research group at the University of California San Francisco. [Whooley 2010] .They investigated 1024 cases of coronary heart disease from 2000 to 2002. They then carried out follow up studies on these patients for 8 years. More than 30 biological indicators were detected. This group had published 100 papers up till 2010, most of the papers had been published in some famous academic journals. Their research showed many coronary heart disease patients have some psychological problems such as mental depression and sleeping problems. Many related biological indicators show significant changes in these patients. The results of this large sample research project give us a solid evidence of the TCM theory of heart dominating the mind.

The above only showed some of the evidence supported by research. To evaluate TCM properly, one should have a deep understanding about TCM and bear a broad sense of scientific view. If someone only uses general knowledge of western medicine to criticize the scientific basis of TCM, views will be very limited and one will not be able to see the whole picture. All the evidence mentioned above may still be just tip of the iceberg.

Along with the development of modern science and technology, more and more TCM theories will be seen to be approved in the future. Modern medicine could not solve all the problems of human health. It is not enough and impossible. The side effects of chemical drugs are always inevitable. The resistance of bacteria to antibiotic will emerge one after another. Surgical operations can only solve the problems of some disease. The human health needs the involvement of complementary and alternative medicine. TCM is the most important kind of complementary medicine. To quit TCM means giving up a powerful tool of saving human health. To study and develop TCM should be a wise decision for every government and individual.

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Treating Infertility by the Integration of Traditional Chinese Medicine and Assisted Conception Therapy

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Abstract: Infertility is a rather common gynaecological condition in this modern society. Cases of infertility have progressively increased, especially in recent years. Traditional Chinese Medicine (TCM) has been used to treat infertility for thousands of years, although nowadays assisted conception therapy (ACT) is also available. The author has demonstrated that TCM is not only the most effective treatment of infertility, but can also improve the success rate of ACT significantly. In this article, illustrated by case studies, she will discuss the aetiology and pathology from both a TCM perspective and Western medical understanding, introduce her positive unique treatment strategies, which include the use of TCM diagnostic differentiation, TCM cycle therapy, and integrated with the most advanced ACT technology such as IUI, IVF and ICSI.

Key words: Infertility; Traditional Chinese Medicine (TCM); Western Medicine (WM); Assisted Conception Therapy (ACT); TCM differentiation; TCM cycle therapy; In-Vitro Fertilisation (IVF); Intracytoplasmic Sperm Injection (ICSI); Intrauterine Insemination (IUI); Embryo transfer (ET); Frozen embryo transfer (FET) ; Premenstrual tension (PMT).

Introduction

Around one in six couples have problems conceiving naturally [1], and that this is predicted to rise to one in three in Europe over the next decade [2]. In the western countries, most infertile couples would seek treatment such as ovulation induction, IUI, IVF or ICSI before turning to TCM. However, TCM has been recognized and used popularly worldwide over the last 20 years, and many studies and research have proved that it is the most effective treatment of infertility. According to my 26 years clinical and research experience, applying the integration of TCM with ACT would speed up the progress of treatment and enhance a woman's chances of conception significantly.

Definition of Infertility

Infertility is the inability to conceive after regular unprotected sexual intercourse for two years in the absence of known reproductive pathology [3]. In some countries, reproductive endocrinologists may also consider a couple to be infertile if the couple has not conceived after 12 months of contraceptive-free intercourse if the female is under the age of 34, or the couple has not conceived after 6 months of contraceptive-free intercourse if the female is over the age of 35[4].

There are two types of Infertility: primary infertility and secondary infertility. Primary infertility means that the couple has never been able to conceive; secondary infertility is difficulty conceiving after already having conceived (either carried the pregnancy to term, or had a miscarriage).

TCM Perspective

TCM philosophy states that infertility is ultimately associated with three organs: kidney, spleen and liver. These internal organs are interconnected function units: if any of the organs dysfunction, fertility problems may appear.

The **Kidney,** 'the origin of congenital constitution', is considered as the origin of yin-yang and the source of life of the human body. It stores the essence, the major material foundation for our body's growth, development and reproduction. A weak constitution of kidney yin or yang, long term intake of oral contraceptive pills may suppress the kidney qi, or repeated use of IVF/ACT drugs interfere with kidney function, which may lead to delayed periods, scanty periods, anovulation or even amenorrhea and infertility.

The **Spleen,** 'the material basis of the acquired constitution', is known as 'the source of Qi and Blood'. It is the foundation of life after birth, governs most energetic processes in the body, transports body fluid and transforms the food into qi, blood and nutrients, and keeps blood flowing in the blood vessels. The spleen must be functioning optimally for a healthy menstrual cycle. Poor diet, over-consumption of cold food and dairy products, and extreme worry and stress may all impair spleen function. Dysfunction of the spleen may cause accumulation of dampness, qi and blood deficiency, leading to scanty or heavy periods, short menstrual cycles, spotting or bleeding after ovulation, short luteal phase and infertility.

The Liver governs the normal flow of qi, stores blood and regulates the volume of blood in circulation. It plays a major role in assisting ovulation, and has a great influence over the menstrual cycle. If the liver system is not functioning smoothly, neither is the hormonal system.

Dysfunction of liver qi may cause dispending pain of the chest, breasts and lower abdomen, irregular periods, mental depression, PMT and menopause. Repeated and persistent emotional abnormality may resulting in the stagnation of liver qi or hyperactivity of liver yang, causing oestrogen to build up, leading to heavy and painful periods, short menstrual cycles, or the uterus becoming a toxic environment, hostile to implantation and conception. If liver blood fails to replenish the uterus-the house of blood, scanty periods or amenorrhea may occur.

Beside all of these, over consumption of deep fried food, greasy food and hot spicy food, heavy drinking and smoking; or pathogenic heat and toxin invading the uterus after a prolonged illness, miscarriage, abortion or pelvic surgery, which may cause accumulation of damp, heat and blood stasis in the uterus and pelvic area. This may block the Ren channel, preventing menstruation, failure of harvesting sperm. Therefore, no conception can be achieved.

WM Understanding

There are many biological causes of infertility, which are often very complicated, some of the causes are still not clear or have not been found. Therefore, it may be difficult to determine the definite cause of infertility in some cases.

There are five major factors which may cause female infertility. Obstacle of ovulation and pelvic endometriosis are often the causes of primary infertility, while fallopian tube obstruction, uterine and cervix problems are often the causes of secondary infertility.

1. Ovarian factors

- Nervous and mental factors: a woman's dysfunction of endocrinal sexual axis can cause irregular periods, anovulation or even amenorrhea. Enduring stress, anxiety and worry can interfere with the sexual axis and restrain ovulation.
- Ovarian disorders: ovarian infection, ovarian cysts, or ovarian tumour, polycystic ovary or polycystic ovarian syndrome (PCOS). These can cause a decline in the ovarian function or endocrine disorder and, as a consequence, interfere with hormonal balance and cause ovulation problems.
- Long-term use of contraceptive pills, hyperthyroidism, hypothyroidism and severe diabetes may cause ovarian function disorder. Patients may manifest irregular periods or amenorrhea, high follicle stimulating hormone (FSH), low anti-mullerian hormone (AMH), premature ovarian failure (POF) or pre-menopause.

2. Uterine factors

Congenital malformation of uterus or cervix, endometritis, endometriosis or uterine fibroids; uterine infection after miscarriage, labour or abortion; incompetent cervix, narrow cervix, cervix infection or erosion, may interfere with the transportation of sperms and implantation of embryo, and consequently stops conceiving.

3. Fallopian tubes factors:

Recurrent vaginal infection, pelvic inflammatory disease (PID), chlamydia, endometriosis or ectopic pregnancy, may damage the fallopian tubes and cause blockage of fallopian tubes and adhesion of the pelvis, thereby preventing conception.

4. Unexplained infertility and immunological infertility:

It is common for a woman to be diagnosed with unexplained infertility, after having undergone an extensive array of tests, with none of the tests pinpointing her problem. Further investigation for some unexplained infertile women is sometimes necessary. Immunological tests have found that some women produce anti-sperm antibodies and/or natural killer cells, which may cause anti-sperm immunological reaction, sperm agglutinating to each other, losing the ability to penetrate and fertilize eggs or even die. Such factors will naturally lead to the woman not being able to conceive.

5. Other factors

Age, stress, living environment or climate changes, heavy smoking and drinking of alcohol, radiotherapy and chemotherapy may contribute to infertility.

Treatment Strategies

1. TCM Differentiation Integrated with WM Diagnosis

1.1 Deficiency of spleen Qi and kidney Yang, accumulation of cold and damp in the uterus

Clinical Manifestation:

Infertility, delayed periods with scanty bleeding for 2-3 days only, or spotting/bleeding around or after ovulation, sore back, stomach cramps, aversion to cold, frequent urination, loose bowels, profuse and watery vaginal discharge. Pale-swollen tongue with teeth marks, white and greasy coating, deep-fine-slow pulses.

This type is commonly seen in women with unexplained infertility, anovulation, luteal phase defect (LPD) (luteal phase is shorter than 14 days), hyperthyroidism or after repeated IVF or ICSI treatment. TCM is highly effective for this type of infertility.

Treatment Principle

Strengthening spleen qi and kidney yang, expelling cold and removing dampness, warming uterus and harmonising the chong and ren channels.

Herbs: Nuangong Yunzi Wan, Yougui Wan.

Acupoints: Pishu (UB20), Shenshu (UB23), Mingmen (Du4), Guanyuan (Ren4), Zusanli (St36), Fuliu (Ki7) and Taixi (Ki3).

Moxibustion: Pishu (UB20), Shenshu (UB23), Mingmen (Du4) and Shenque (Ren8).

1.2 Insufficient Kidney Yin(Jing) with Empty Fire, Liver Qi Stagnation with Blood Deficiency

Clinical Manifestation:

Infertility, irregular periods, heavy or scanty bleeding or even amenorrhea, vaginal dryness, painful sex, premenstrual breast tenderness and headaches, depression, high irritability, hectic heat, night sweats, insomnia and fatigue, red tongue with thin and less moisture coating, wiry-fine-rapid pulses or deep-fine-rapid pulses.

It is often seen in women with unexplained infertility, after discontinuing the use of contraceptive pills, POF with high FSH and low AMH, or immunological infertility. Ovulation induction therapy – Clomid is unlikely to work in these cases, but may cause strong side-effects. IVF with donor eggs is often advised by consultants.

Treatment Principle

Nourishing kidney yin and tonifying the blood, soothing liver qi and clearing heat.

Herbs: Zuogui Wan or Nuzhen Pian, combined with Jiawei Xiaoyao Wan.

Acupoints: Geshu(UB17, Ganshu (UB18), Sheshu (UB23), Guanyuan (Ren4), Zigong (EX-CA1), Neiguan (Pc6), Hegu (LI4), Xuehai (Sp10), Sanyijiao (Sp6), Taixi (Ki3), Taichong (Liv3).

1.3 Deficiency of Qi and Blood, Accumulation of Phlegm and Dampness

Clinical Manifestation:

Infertility, scanty or delayed periods or even amenorrhea, low sex drive, prone to vaginal thrush, obesity, fatigue and heavy limbs, pale tongue with white or white and greasy coating, fine and slippery pulses.

These women are often diagnosed with polycystic ovaries or PCOS, endocrine disorders and obesity.

Treatment Principle:

Tonifying qi and nourishing blood; removing dampness and resolving phlegm.

Herbs: Modified Cangfu Daotan Tang, or Buzhong Yiqi Wan and Tiaojing Buxue Wan.

Acupoints: Baihui (Du20), Tianshu (St25), Qihai (Ren6), Guilai (St29), Pishu (UB20), Shenshu (UB23), Zusanli (St36), Fenglong (St38), Sanyinjiao (Sp6).

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1.4 Damp and Heat together with Blood Stasis in the Uterus

Clinical Manifestation

Infertility, short menstrual cycles with heavy bleeding, or impeded menstrual flow, dark purplish blood mixed with blood clots, severe abdominal pain, lower backache, premenstrual breasts tenderness, dry and bitter taste in the mouth, dark-red tongue with black spots on the edge, white or yellow-greasy coating, wiry or slippery-rapid pulses.

It is commonly seen in women with PID, uterine fibroids, endometriosis, blocked fallopian tubes, after ectopic pregnancy, miscarriage or abortion, immunological infertility etc. IVF may be necessary for some of those cases.

Treatment Principle: Clearing heat and eliminating dampness, motivating blood and resolving blood stasis.

Herbs: Xuefu Zhuyu Wan and Qinqi Huatan Wan.

Acupoints: Quchi (LI11), Hegu (LI4), Xuehai (Sp10), Tianshu (St25), Yinlingquan (Sp9), Diji (Sp8), Guilai (St29), Taichong (Liv3), Sanyinjiao (Sp6).

2. TCM Cycle Therapy

TCM cycle therapy can be very useful in treating infertility, while regulating periods and preparing general well being with TCM differential treatment. For the women undergoing IUI or IVF/ICSI treatment, applying TCM cycle therapy based on their IUI or IVF/ICSI protocol would increase their chances of conceiving dramatically.

TCM draws its philosophy and treatment from the recognition of this connection between humanity and nature. It recognises that everything is considered to be created through the integration of yin and yang, qi and blood. Different energies dominate each phase of the menstrual cycle. Therefore, TCM treatment should be focused on those energies depending on the time of period. However, the primary pattern diagnosis should always be addressed no matter what phase of the cycle.

Phase I: Yin phase – Follicular phase

Kidney yin (or essence) and blood govern the Yin phase. Nourishing kidney yin, enriching qi and blood to support oestrogen, improve eggs quality, strengthen endometrial lining, and to prepare the basic condition for conception.

Phase II: Transformation phase – Ovulation phase

Liver qi and blood flow control ovulation. Liver qi is triggered to begin the transformation of yin energy (oestrogen) into yang energy (progesterone). Therefore, nourishing kidney yin and warming kidney yang to support the transformation, soothing liver qi and activating blood to promote ovulation.

Phase III: Yang phase – Luteal phase

Kidney yang and spleen qi dominate the Yang phase. It is therefore crucial to strengthen kidney yang and spleen qi, nourish blood to support progesterone and to increase the chances of successful implantation and conception.

Phase IV: The premenstrual phase

Liver Qi helps premenstrual transformation, converts yang energy into yin energy. Harmonising liver qi, improving blood circulation, to unblock the channels and regulate period.

Phase V: The blood phase- Menstrual phase

Blood is allowed to flow, menstruation is a time of rest for all the energies. Regulate qi and blood, nourish yin and move blood stasis, so the new and fresh blood can take its place in the uterus.

3. TCM and ACT

ACT is the most advanced medical technology which helps infertile couples achieving pregnancy. However, the average success rate of IVF in the UK is only 29.6% for women under the age of 35[5], and this figure reduces dramatically for women aged over 35. Many Researches have shown that acupuncture with IVF can increase success rates significantly. A recent study published by the British Medical Journal in February 2008 concluded that women undergoing IVF who also have acupuncture improved their rates of pregnancy by 65% and live birth, substantially higher than those who did not have acupuncture. This is strongly supported by my clinical pregnancy rate which is 68%.

3.1 TCM preparation before IVF/ACT

TCM can prepare a woman's body in the best way possible to support IVF and to enhance the chances of conceiving and carrying healthy babies to term. Since a woman's best response to any IVF/ACT depends on the overall endocrine status in the few months prior to the procedure, I usually suggest commencing TCM treatment three months before IVF. This allows sufficient time to restore adequate balance of energies and organs, reduce chromosome abnormality, and improve quality of eggs and sperms, thus consequently produce better response to IVF drugs.

3.2 Acupuncture during IVF/ACT

Applying acupuncture only may be recommended while a woman is undergoing IVF/ACT, since most consultants would not recommend patients taking any other medication besides IVF drugs. Drawing from my clinical experience and the TCM literatures I've read, applying acupuncture during IVF/ACT can:

- Support patients physically and mentally up to and after the IVF procedure;
- Alleviate the tension during this stressful process;
- Reduce some of the side effects caused by IVF drugs, and improve response to hormonal stimulation;
- Increase blood supply to the uterus and ovaries, strengthen endometrial lining, and improve egg quality;
- Balance hormone levels and create a more receptive environment in the womb for conception;
- Calm the uterus to prepare for implantation;
- Maintain a pregnancy if successful, minimizing the risk of miscarriage.

Case Studies

Case one: Premature ovarian failure (POF)

Medical history

Daisy, a 35 year old teacher, had taken contraceptive pills since the age of 18. She came off the pill in 2000 and planned to start a family, however her period was absent ever since. She was diagnosed with POF, and had to take HRT tablets to ensure that she had monthly menstrual bleeding. She had two cycles of IUI, and achieved one pregnancy in 2005, but miscarried at 6 weeks. She visited me two weeks after the miscarriage, where her HCG level was still high (300 IU), and lower abdominal area was lumpy and painful to touch. She was very depressed and extremely anxious, always had cold hands and feet which turned blue or white and stiff in cold weather, and suffered from insomnia, frequent urination. She has been a vegetarian for many years and undertook excessive exercise, she was always under-weight.

Treatment process

I had advised her not to have any IUI or IVF for three months while preparing her body with TCM, but she was really concerned that her age may impact on her fertility, and wanted to keep trying without a break. She had another IUI and IVF attempt within four months, both of which failed. She came back to me three months later and followed my treatment programme. She then had eight eggs collected, seven of which

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were fertilised, two grade one embryos were transferred and she achieved a successful pregnancy. She continued with acupuncture until 18 weeks pregnant, and gave birth to a healthy baby girl in 2006.

In September 2007, she went on to have another IVF attempt without acupuncture, but there were only four eggs being retrieved and none of them fertilized, so the cycle had to be cancelled. She then took my advice and received some more acupuncture prior to IVF. On this occasion, there were nine eggs collected, five of which were fertilized, and two grade one embryos were transferred. She had achieved another pregnancy with twins, and they are now two and half years old.

Analysis

Daisy had taken the contraceptive pill for 12 years before trying for a family, which suppressed kidney qi, and reduced oestrogen production. Her uterine lining was too thin to shed regularly as menstruation or for implantation. She was very stressed and anxious, worrying that she may never be able to have her own genetic children, especially after several failed IUI and IVF attempts. Her condition was the deficiency of kidney yin and yang, liver qi stagnation and insufficient heart blood. The TCM treatment was focused on two points: firstly to harmonise liver qi and blood, nourish heart blood and calm down spirits, restore ovarian function; secondly to nourish kidney yin in order to support oestrogen and reduce FSH levels, warm kidney yang to improve blood flow to the uterus and ovaries. Since her body had recovered completely with acupuncture, she consequently responded well to IVF drugs, produced some good quality eggs, and had achieved two pregnancies.

Case two: Ectopic pregnancy with fallopian tube removal

Medical history

Jenny, a 36 year old senior nurse, had been married for 16 years with a 12 year history of infertility. Her husband was 39 years old, had low sperm count with poor quality. They had visited me when undergoing their first IVF. Jenny was over-weight, with a heart condition-supra ventricular tachycardia (SVT).

Treatment process

Weekly acupuncture for Jenny combined with herbs for both partners. She responded really well to the IVF drugs, had nine eggs retrieved, five of which were fertilized and divided, two embryos were transferred and another two were frozen. She unfortunately had broken her hand and wrist accidentally a few days before egg collection, and also developed severe cystitis and water infection at the same time, which lead to the failure of implantation.

However, she had continued with TCM treatment to lose weight and prepare herself physically and mentally for next IVF. As a result of the treatment, she had lost 1.5 stones in weight within seven weeks and felt great. She then had FET and achieved a strong positive result with twins. Sadly she had miscarried one baby at 7 weeks, and another one was an ectopic pregnancy which required an emergency operation to remove her right fallopian tube. She had lost four litres of blood, and blood transfusion was needed.

They came back to me two months later, when Jenny was still suffering from severe depression and anxiety, was very tearful, extremely tired, suffered from hair loss, had short period cycles between 15 to 21 days with very heavy bleeding, and lower abdominal area was very tender and hard to touch. Acupuncture was used weekly with herbs taken daily. She had felt much better within just two weeks, and then surprisingly fell pregnant naturally within 6 weeks, and gave birth to a healthy baby girl in January 2006.

She had visited me again in February 2008 for more acupuncture prior to FET, and achieved another successful pregnancy at the age of forty. She is now a proud mum of two beautiful daughters.

Analysis

This couple was originally diagnosed with male factor infertility, which was the reason they tried for IVF. Jenny's general condition was reasonable good, although she had spleen qi and heart blood deficiencies. TCM had improved the function of the spleen and heart. She therefore produced the best possible response to the IVF drugs. However, the enormous stress that she had experienced during IVF treatment had interrupted hormonal balance, together with water infection and cystitis, which created a hostile uterine environment. As a consequence, it stopped embryos being implanted. After she miscarried and underwent fallopian tube removal, her general health was in poor condition with severe qi and blood deficiency, as well as liver qi stagnation and blood stasis. TCM treatment was focused on strengthening spleen qi and nourishing blood to improve general health, harmonizing liver qi and blood to relieve depression and rebalance hormone level and eradicating blood and resolving blood stasis to cleanse the uterus. She eventually achieved a natural pregnancy with one tube only and then conceived again with no further effort.

Case three: After repeated IVF treatments

Medical history

Joan and Jake were both 40 years old and were originally diagnosed with male-factor infertility - Jake had poor sperm motility and morphology. They had been trying to conceive for eight years, and had undergone nine IVF attempts, including one cancelled cycle. They achieved two pregnancies, but unfortunately both had miscarried at 8 weeks. They were referred to me while undergoing 10th IVF cycle.

Treatment process

Acupuncture was given to Joan once or twice weekly combined with patent herbs for both partners. On this occasion, after six sessions of acupuncture, she had produced 7 eggs with ICSI, 6 of them fertilised and divided. They were told that those were the best quality embryos they have ever produced, and also, for the first time, had three viable embryos to be frozen. She had also received one session of acupuncture for 30 minutes before ET and one straight after ET, and two more sessions within a week to help with embryo implantation. She had successfully achieved a pregnancy, but started bleeding at seven weeks pregnant. I therefore applied Chinese herbal tea to replace the herbal pills, alongside with acupuncture. She had continued taking the herbs for a month, although the bleeding had stopped in just two weeks. She was fine for the rest of pregnancy, and gave birth to a healthy baby girl in January 2005.

Analysis

Because this couple were diagnosed with male-factor infertility, it was essential that both partners receive treatment to enhance Joan's chances of conceiving. As a company manager, Jake was busy and stressed, and always felt hot. His liver qi and blood were stagnated, and kidney yin was deficient. Chinese herbs were used to nourish kidney yin, harmonise liver qi and blood, and hence improve his sperm quality. However, Joan has only one ovary in the left side, and had already gone through nine IVF attempts, which meant constantly taking strong hormonal stimulation drugs over the years. Her body was totally out of balance and had never able to fully recover. Her organs were not functioning optimally, which lead to the depletion of kidney qi and yin (jing), as well as stagnation of qi and blood. She therefore had poor blood supply to the ovary and uterus, and imbalanced hormone levels. TCM had rectified this hormonal imbalance, improved uterine and ovarian blood flow, thickened the endometrial lining, and harmonised the environment of the pelvic area. As a consequence, she had achieved pregnancy and carried to term.

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Case four: Secondary infertility with Luteal phase defect (LPD)

Medical History

Anna, a 41 year old officer, had given birth to a girl by caesarean section 13 years ago, and had been trying unsuccessfully for a second child ever since her daughter turned two years old. She had bled for three months during first pregnancy and also heavy bleeding after labour. Her menstrual cycle had shortened ever since, with mid-cycle bleeding or spotting, which sometimes continued until the next period started. She always felt cold, her hands and lips turn blue when the weather was cold. She was diagnosed with unexplained infertility after seeing several consultants and had everything investigated. She had then trying with her partner David for another 5 years after divorcing her husband. In 2003, David's semen test revealed low motility, which was believed to be the cause of infertility. Therefore, they went on one IVF attempt in 2004, but failed with implantation. They were frustrated and decided to try TCM treatment.

Treatment process

I had advised both partners to stop intensive exercise, and keep a restricted healthy diet. Chinese herbal tea was prescribed for Anna, together with weekly acupuncture, while David only took patent herbs. After 4 weeks of TCM treatment, her period cycle was regulated to 28 days and had no bleeding or spotting after ovulation. She then fell pregnant naturally after another month of treatment. She had continued treatment until 14 weeks pregnant and delivered a beautiful girl in 2004. She had recovered incredibly well from labour, and subsequently conceived again at the age of 43, and now has three healthy children.

Analysis

This is a typical case of LPD. Anna had conceived first child at the age of 28, but bled for three months during the pregnancy, which indicates insufficient progesterone production. After she gave birth to her daughter, her condition had worsened and she started experiencing spotting or bleeding after ovulation. This was because of the deficient spleen qi, which was unable to support kidney yang, leading to poor uterine blood supply, and caused what is known as 'cold womb', which meant that her uterus was not responding to the heating effect of progesterone. The warm yang energy was not sufficient to prepare the endometrium to accept the fertilised eggs or embryos. This was the reason of failure in implantation with IVF and in natural conception. The TCM treatment programme was designed to strengthen kidney yang and spleen qi, which improved the endometrial lining and progesterone level, and created a nice and cosy 'incubator'-the womb in which the embryos would be implanted. Consequently, she was able to conceive naturally and maintain the pregnancies to full term.

Conclusion

Infertility is not only getting more and more common nowadays, but is also much more complicated. Since women trying to conceive late, prolonged contraceptive pill intake, enduring working hours and stress, could cause infertility later on in life. They may also went through several unsuccessful attempts of IVF or IUI, then eventually turn to TCM as a last resort, which means that their condition may be rather complex and the patients are often extremely stressed with their situation. However, TCM has demonstrated that it can help these women conceive with or without ACT.

Here I summarized the most important points of infertility treatment:

1) There are numerous factors which may cause infertility. To be able to treat infertility effectively, it is crucial to determine its primary causes. The most common causes are: spleen qi and kidney yang deficiency; liver qi stagnation and blood deficiency; accumulation of phlegm and damp and blood stasis.
2) Western diagnosis may complement TCM treatment. We, however, should not be rigidly adhered to Western diagnosis. TCM differentiation integrated with cycle therapy can be the most effective treatment of infertility.
3) Most women with infertility are stressed and anxious due to frustration of failure of conception, therefore relaxation is essential for supporting patients, and acupuncture is often beneficial.
4) It is crucial to check the male partner's sperm count and quality while treating the female partner. TCM should be given to the men when necessary to increase the women's chances of conception.
5) IVF/ACT may be necessary for some couples. However, TCM preparation is demanding before the procedure, and timed acupuncture is crucial after transfer to support implantation.
6) As repeated IVF/ACT with strong hormonal drugs may impair kidney qi, TCM treatment must therefore be continued during early pregnancy to strengthen kidney qi and nourish blood, hence supporting progesterone production and minimising the risk of miscarriage.

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Post-surgical complications treated by traditional herbs and acupuncture

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Operative resection is an important method of treatment of diseases in current conventional Western medicine (CWM). Often if diagnosed correctly, the problem can be resolved by removing the focus. However, sometimes there is no complete

resolution of symptoms or post-operative surgical complications develop. Another operation is often inappropriate. In these cases, traditional Chinese medicine (TCM) may be a suitable treatment option. By assessing the individual needs of each patient, herbal medicine, acupuncture, or a combination of both, can reduce inflammation, relieve stasis, strengthen the patients' general constitution and promote self-healing to reduce the post-surgical complications and promote better recovery in the patient.

TCM has had success in treating complications following a variety of surgical procedures in the fields of General Surgery, Orthopedics, and Gynecology etc. Here we present four cases of post-surgical complications successfully treated with TCM in the UK, followed by discussion and analyses.

1) Constant effusion from drainage tubes and ascites caused by Portal hypertension and hypoproteinaemia after the tumors resection from Liver;
2) Upper abdominal pain caused by local remaining inflammation after laparoscopic cholescystectomy;
3) Lower abdominal pain caused by the extension of incision after a Caesarean section;
4) Low back pain, numbness and paralysis in both feet caused by motor and sensory dysfunction left after lumbar discectomy.

1. Constant effusion from drainage tube and ascites caused by Portal hypertension and hypoproteinaemia after the tumors resection from liver

JB, female, 47 years old, presents with abdominal pain, weight loss, amenorrhea and continuous discharge from chest and abdominal drains four months after a few of tumors resection from liver.

JB had been diagnosed three years previously with primary liver cancer which was proved by a biopsy from liver. There were multiple tumors (largest one measuring 6 x 7 cm; smallest one measuring 1 x 1 cm) concentrated around portal vessels, making resection difficult and dangerous. JB had suffered from breast cancer thirteen years ago, but the liver malignancy was thought to be an unrelated primary. As she had received some benefit from TCM during her treatment for breast cancer in the past, the patient returned for more TCM.

On presentation JB suffered from right upper quadrant pain, hepatomegaly, depression, anxiety and insomnia. She received acupuncture and herbal medicine to accelerate liver qi and relieve blood stasis. After two years of TCM treatment JB's general condition had improved who were good complexion and appetite, regular menstrual circle and bowel movement without any pain. But her tumors had not reduced, and slightly enlarged, so she was referred back to CWM for appropriate anti-cancer treatment.

JB's hepatobiliary surgeon decided to operate in September 2009; six tumors of various sizes were resected and shown to be neuroendocrine tumors by histology. Due to large amounts of fluid losses a right sided chest drain and a liver drain were inserted two months post-surgery, with over 100ml drained fluids per day. The patient began to lose weight and developed abdominal pain and distension, anorexia, amenorrhea and significant swelling of both legs. She re-presented for TCM four months after her operation.

JB reported breathlessness and dizziness on exertion, nausea, tiredness, anorexia, poor sleep, weight loss (>10kg since operation) and amenorrhoea. On examination JB had a low BMI and a passive posture. She always had to lean on her left side due to a chest drain on her right side and could not lie supine. She also moved slowly as movement exacerbated her abdominal and drain-site pain. There was generalized abdominal distension, tenderness on palpation with shifting dullness. There was a right sided chest drain in-situ draining pale yellow fluid (100ml per day), splenomegaly. A pale, plump tongue with a slippery white coat and a wiry, fine pulse were noticed.

CWM diagnosis:

1) Ascites and leg oedema secondary to portal hypertension;
2) Hypoproteinaemia.

TCM diagnosis:

1) Qi and yang deficiency of spleen and kidney; excessive dampness and internal fluid accumulation;
2) As JB could not lie supine in a relaxed manner due to the position of her drains, acupuncture could not be used. She therefore received only herbal medicine.

The regimen of TCM treatment was in three stages as follows:

The first stage

The treatment principle of CWM was to correct hypoproteinaemia and reduce portal hypertension; the treatment principle of TCM was to reinforce qi and nourish blood; to eliminate fluid and relieve stasis. The prescription was based on a mixture of Huangqibuxue Tang and Wuling San.

> Huangqi 30, Danggui 10, Yiyiren 30, Fuling 10, Guizhi 10, Tinglizi 10, Houpo 10, Zhishi 10, Shanzha 10, Sharen 10, Shenqu 10, Zhigancao 5. (Taken twice a day as a juice)
> Renshen extract juice was also prescribed twice daily.

After commencing the above treatment JB reported a gradual decline in abdominal pain and distension, return of appetite, and a reduction of drainage fluid at a rate of 8-10ml per day. After six weeks of treatment the fluid output had reduced enough for her chest drain to be removed.

The second stage

The treatment principle of CWM was to reduce local inflammation and strengthen the patient's constitution; the treatment principle of TCM was to strengthen the spleen and kidney, eliminate excess fluid and reduce blood stasis.

By this point, JB had put on weight, recommenced her menses, regained normal bladder and bowel habits, and had seen a significant reduction in the amount of fluid in her abdomen and legs. However she still suffered from pain and swelling around the drain site and was occasionally febrile. A light red tongue with white coat and wiry, fine pulse was noticed. A seven day course of antibiotics was commenced by JB's GP and a district nurse came to change her dressings every other day. At this stage TCM needed to assist in the treatment of inflammation, and so the prescription was based on a mixture of the traditional Xiaochaihu Tang and Wuweixiaodu Yin.

> Chaihu 10, Huangqin 10, Banxia 10, Jinyinhua 10, Pugongying 10, Chishao 10, Chuanlianzi 10, Huangqi 15, Zhuling 10, Sharen 10, Shanzha 10, Zhigancao 5.

The third stage

The treatment principle of CWM was to re-regulate gastrointestinal function and promote general recovery; the treatment principle of TCM was to strengthen the spleen and kidney, eliminate dampness and reduce blood stasis.

By this stage the wound around the drain site had completely healed and all excess fluid in JB's abdomen and legs had disappeared. However she had developed a cough and breathlessness and splenomegaly was noticed on ultrasound as a result of portal hypertension. The TCM prescription was based on a mixture of the traditional Xiangshaliujun and Wulingsan.

> Xiangfu 10, Sharen 10, Huangqi 30, Danggui 10, Chishao 10, Baizhu 10, Fuling 10, Shanzha 10,

Chaomaiya 10, Houpo 10, Yiyiren 30, Guizhi 8, Zhiqiao 10, Yuanhu 10, Zhicancao 5. (Taken twice a day as a juice)
Renshen extract juice was taken twice a day.

After receiving TCM treatment for six months JB has now completely recovered.

2. Upper abdominal pain caused by a local remaining inflammation after laparoscopic cholecystectomy

PN, female, 53 years old, presented with a three-month history of constant right upper quadrant (RUQ) pain after laparoscopic cholecystectomy. PN had suffered from recurrent RUQ pain, belching, nausea and abdominal distension, and had subsequently been diagnosed with gallstones which were confirmed by ultrasound. She underwent laparoscopic cholecystectomy in early 2009. The operation was successful and she recovered quickly. However post-operatively there was no relief from her constant RUQ pain.

As PN was premenopausal, she also suffered from hot flushes, fatigue, night sweats, insomnia, constipation, depression, anxiety and irritability. Analgesia in the form of co-codamol prescribed by her GP worsened her constipation. These symptoms exacerbated her RUQ pain, and so she sought TCM help.

On examination PN's abdomen was distended, soft and tender in the RUQ without rebound tenderness. Murphy's sign was positive and there was also mild general abdominal tenderness and quiet bowel sounds. There was no jaundice. Deep red tongue with less coating and wiry pulse were noted.

CWM diagnosis

1) Post-cholecystectomy syndrome leaving inflammation in the gallbladder fossa, possibly complicated by gastritis/duodenitis;
2) Menopause.

TCM diagnosis

1) Accumulation of Qi in the liver and spleen obstructing the passage of abdominal qi.

Treatment therefore must accelerate liver and spleen Qi, clear excessive heat and detoxify.

Acupuncture

Baihui (Du20), Jiuwei (Ren15), Tianshu (St25), Zusanli (St36), Neiting (St44), Yanglingquan (Gb34), Zulinqi (Gb41), Waiguan (Sj5), Yinlingquan (Sp9), Sanyinjiao (Sp6), Taixi (Ki3), Taichong (Liv3) Hegu (Li4)

Herbal medicine

Mixture of traditional formulae of Dachaihu Tang and Yinchenhao Tang:

Chaihu10, Yinchen10, Zhizi10, Dahuang10 (put into rest boiling herbs later), Zhiqiao10, Chuanlianzi10, Danggui10, Chishao10, Yuanhu10, Houpo10, Huashi15, Huangbai10, Zhimu10, Sharen10, Gancao5. (Taken twice daily as a juice)

After treatment for two weeks, there was significant reduction in PN's RUQ pain, return of regular bowel movements, disappearance of hot flushes and undisturbed sleep. Treatment was then adjusted to acupuncture once every two weeks and switching from herbal juice to patent herbal pills (Dachaihu Tang Wan 15 pills twice daily and Zhibaidihuang Wan one pill twice daily).

After four weeks the RUQ had completely disappeared and the menopause symptoms were well-controlled.

3. Lower abdominal pain caused by extension of wound after Caesarean section

HD, female, 29 years old, presented with a two month history of constant lower abdominal pain after Caesarean section. A Caesarean was performed due to failure of engagement of the fetal head and small maternal pelvic size. The operation was successful and mother and baby were discharged from hospital after five days.

HD breast-fed her baby and resumed her household chores too soon after discharge. A week post-discharge HD began to complain of right lower abdominal pain, which was dull and constant in nature. Her bowel movements remained regular but her appetite became poor. She was prescribed co-codamol by her GP which made her constipated. For this reason she sought TCM treatment.

On initial examination, the abdomen was soft with some distension and mild tenderness in the left lower quadrant. There was tenderness in the right lower abdomen around the wound site with no rebound or guarding. Bowel sounds were audible. A light red tongue with little white coating and a wiry pulse were noted.

CWM diagnosis

1) Extension of operative wound;
2) Mild local peritonitis.

TCM diagnosis

1) Accumulation of damp heat with blood stasis obstructing abdominal Qi.

The treatment principle was therefore to remove dampness, clear the heat, accelerate abdominal Qi and relieve stasis:

Acupuncture

Baihui (Du20), Tianshu (St25), Zusanli (St36), Neiting (St44), Yanglingquan (Gb34),
Zulinqi (Gb41), Waiguan (Sj5), Yinlingquan (Sp9), Sanyinjiao (Sp6)

Herbal medicine:

The prescription was based on Lanweiqinghua Tang with modifications:

Chaihu10, Yinchen10, Chuanlingzi10, Mudanpi10, Jinyinhua15, Pugongying10, Zhiqiao10, Houpo10, Yanhu10, Dahuang10 (later), Chishao10, Gancao5. (Taken as a juice twice daily)

After a week of treatment HD resumed her regular bowel and sleep patterns, and noticed a significant reduction in her right sided lower abdominal pain. She was given another course of acupuncture and herbal medicine before changing to patent herbs and acupuncture weekly:

Dachaihu Tang Wan 15pills twice daily;
Jiaweixiaoyao Wan 1pill twice daily.

After four weeks the patient had recovered completely. She was free of abdominal pain, had regular bowel movements, good sleep and felt full of energy. She continued to breast feed and was able to return to work.

4. Lower back pain, numbness and paralysis on feet caused by sensory and motor nerves dysfunction after lumbar discectomy

FJ, female, 26 years old, presented with a four-month history of constant low back pain, numbness and paralysis on both feet after lumbar discectomy. She was diagnosed with L4/5 disc prolapse after suffering recurrent back pain. Refractory pain

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and progressive compression symptoms in her legs and feet led to a lumbar discectomy in August 2009. Post-operatively the patient still complained of lumbosacral pain as well as numbness and coolness in both feet laterally and bilateral weakness of dorsiflexion. She also suffered from irregular menstruation without dysmenorrhoea (cycle length 5-15/30-90). When she began TCM treatment she had been amenorrhea for more than two months and had significant facial acne.

On examination, the patient walked with a limp with weakness of dorsiflexion and toe extension, worse in the little toes. Both feet were cold and numb. There was a 5cm scar in the lumbar region of her back which was well healed, as well as some lumbar spine tenderness. There were multiple papules consistent with acne on her face. A light red tongue with little white coating and a wiry fine pulse were noted.

CWM diagnosis

1) Nerve damage;
2) Polycystic ovaries or polycystic ovarian syndrome (PCOS).

TCM diagnosis

1) Kidney Qi and Yin deficiency, accumulation of dampness and stasis of blood.

The treatment principle was to expel dampness and relieve the stasis of blood, strengthen kidney Qi and nourish kidney Yin.

Acupuncture:

Body acupuncture: Baihui (Du20), Pishu (Bi20), Kidneyshu (Bi23), Baliao (Bi31-34), Zhibian (Bi54), Weizhong (Bi40), Chengshan (Bi57), Kunlun (Bi60), Shenmai (Bi62), Shugu (Bi65), Yingu (Ki10), Taixi (Ki3), Zhaohai (Ki6); Yinlingquan (Sp6), Sanyinjiao(Sp6) ; Zulinqi (Gb41), Jiaxi (Gb43).

Electrical stimulation and moxibustion at the lumbo-sacrum were added.

Herbal medicine:

The prescription was based on a mixture of Erxian Tang, Sanmiao Wan and Taohongsiwu Wan:

Yinyanghuo20, Xianmao10, Aiye10, Chuanxiong10, Shengdihuang15, Cangzhu10, Huangbai10, Yiyiren30, Danggui10, Chishao10, Taoren10, Honghua10, Guizhi3, Yimucao15, Mugua15, Jixueteng15, Zhigancao5. (Taken twice daily as a juice; 6 doses per week)

After acupuncture and herbal treatment for one month, the patient's feet began to feel warm and her lumbosacral pain disappeared. Her menses returned and her acne cleared up. However dorsiflexion was still weak, especially on the right side. When the patient was changed to patent herbs she had amenorrhea again and her acne reappeared. She was therefore returned to the original regimen. After three more months of regular acupuncture and herbal juice the patient showed signs of improvement.

Discussion

TCM in the form of acupuncture and herbal medicine appears to be an appropriate treatment in the management of post-surgical complications. Their mechanism of action can be explained as below:

1. Strengthening the constitution to promote self-healing

In case 1, portal hypertension led to ascites, oedema in both legs and splenomegaly. The loss of protein into third space fluids caused hypoproteinaemia, reduction in osmotic pressure and therefore further fluid losses. This loss of protein would have contributed to her general weakness and emaciation, and exacerbated her anorexia, fatigue, low mood, constipation and amenorrhoea. In TCM terms this showed an accumulation of Qi in liver and spleen which obstructed the passage of abdominal Qi. Natural recovery would have been limited and slow. By giving the patient herbal medicines with the ability to significantly strengthen Qi, such as Huangqi and Renshen as found in the prescription given, we were able to accelerate Qi, expel fluid and remove blood stasis.

By using TCM treatment the patient's constitution was strengthened, her appetite was improved and her metabolism sped up. This allowed her hypoproteinaemia to be corrected, which reduced the excess fluid and leg swelling.

2. Expulsion of remaining and accompanying inflammation

A common reason for residual pain post-operatively is the presence of local inflammation and concurrent inflammation in other tissues near to the operative site. Often the main focus of inflammation would have been resected in the operation, and TCM can be used to treat any residual and associated inflammation. In the second stage of case 1, Chinese herbal medicine was used to reduce wound inflammation around the drain site. In case 2, TCM was used to treat the residual gallbladder fossa inflammation and gastritis/duodenitis. Acupuncture can also be used to regulate organ function by reducing inflammation and promoting healing. Thus after operation when there is multi-organ or chronic inflammation TCM is a good choice.

3. Treatment of further traumatic damage after operation

In case 3 the patient suffered an extension of her surgical incision by too early movement post-operatively, leading to abdominal pain. Chinese herbal medicine is able to detoxify and relieve blood stasis, which produces an anti-inflammatory effect, whilst at the same time regulating gastrointestinal function and promoting healing. For cases where there is a small amount of inflammation and trauma, especially in those patients with organ dysfunction, the ability of herbal medicine to offer comprehensive adjustments of multiple disorders makes it an ideal therapy option.

4. Supporting healing and rehabilitation of tissues where damage was not resolved by operation

In case 4, although the protruding disc had been removed, the symptoms produced by nerve and vessel compression remained after the operation. In these cases it is important to introduce acupuncture as soon as possible. Regardless of whether the nerves are permanently damaged or not, acupuncture is able to promote the recovery and regeneration of nerves and blood vessels through its effect on stimulating damaged nerves and increasing microcirculation. Although acupuncture is the mainstay of treatment in these cases, herbal medicine can be added to increase the treatment level in severe cases.

In conclusion, in cases where post-surgical complications arise or where operation did not sufficiently relieve symptoms, TCM in the form of acupuncture and/or herbal medicine can be an appropriate treatment modality to improve patients' healing and recovery.

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中医针灸治疗手术后并发症

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手术切除病灶是当前现代西医治疗病症的重要方法。一般情况下，找准病灶，手术切除，应该是彻底的解决问题的方法。但是，手术之后，也有可能遗留一些并发症，病人的痛苦尚未能完全消除，可存在的病变也不适宜再次手术解决，中医是一个好的可选方案。可以根据病人的特殊情况，选择中药，针灸，或者两者同时应用，往往可以通过消除炎症，解散瘀滞；改善机体状况，促进病人的自我康复过程，而达到治愈手术后并发症的目的，给病患带来更高层面的恢复水平。

中医可以成功的解决的手术后的并发症，广见于普外，骨伤，妇科，肿瘤科等各种手术后并发症，现举几例在英诊治成功的案例，同时讨论由此产生的诊治中的
共性与中医治疗的特性。

诊治病例：

1. 肝肿瘤切除术后腹水，胸腹腔引流不止；
2. 腹腔镜胆囊切除术后，仍上腹痛；
3. 剖腹产术后切口延裂致下腹痛；
4. 腰椎间盘脱出术后，仍腰痛不止，双足感觉运动障碍。

1. 肝肿瘤切除术后腹水，胸腹腔引流不止

J B 女士, 47 岁， 以腹痛，腹水，消瘦，闭经， 及胸腹腔引流不止四个月就诊。

其三年前被诊断为原发性肝癌。尽管 13 年前，其患乳腺癌经西医手术，放，化疗常规治疗，以及中医药调理，康复治疗痊愈，而此次由于右上腹胀满不适，疲惫倦怠而就诊，被诊断为原发性肝癌，并经肝活检证实。但西医可能顾虑其肝内为多发性肿物，最大的 6x7cm, 最小的 1cm，且位于门脉附近，手术可能有较大风险，故未给予任何治疗。

因其对十余年前的中医药辅助治疗乳腺癌的效果很满意，故再次求诊于余。就诊时，神志清楚，痛苦面容，自动体位；无黄疸，右上腹压痛，肝区饱满，且压抑，焦虑，失眠。由于西医没有治疗，故给予规律性针灸，及中药疏肝理气，化瘀抗癌，经治两年余，患者全身状况明显改善，食纳正常，月经规律，面色红润，但是肿物仍在，且稍有增大，故建议再看西医，以求适当的驱瘤治疗。

西医肝胆外科专家决定手术，故于 2009 年九月初行肝内肿物切除术。术中切除大小不等六个肿物，活检证实为内分泌类瘤。手术之后两个月，因创面渗出物较多，肝内，肺下各置一引流管，每日引流百余毫升。患者日渐消瘦，纳差，闭经，腹痛，腹胀，双下肢水肿，故于术后四个月再次求诊于余。

体检所见：身体消瘦，被动体位（由于右背部被置引流管，故难以仰卧，右侧卧；行动缓慢，动辄腹部，引流处痛甚），痛苦面容；全腹胀满，压痛，移动性浊音；右上背，约肺底部区，一引流管，引出较多淡黄色液体（其告：约每日近百毫升），由于引流管置入使其右背部疼痛，而不能平卧；双下肢水肿，主要在膝以下。同时，自感疲乏倦怠，稍事活动就会头晕气喘；恶心纳差，眠不安；明显消瘦，自手术之后已减重十几公斤，并且闭经。
舌淡胖苔白滑，脉弦细。

诊断：

1) 肝胆手术后综合征：腹水，下肢水肿，门脉高压不除外？
2) 低蛋白血症

中医辨证：脾肾气虚，水湿停聚

由于肺底引流管，不能平卧，难以接受针灸，故只用中药治疗。治疗过程如下：

第一阶段：矫正低蛋白血症，减低门静脉压力

中医治则：益气养血，利水通瘀， 黄芪补血汤与五苓散加减， 处方如下：

黄芪 30g 当归 10g 薏苡仁 30g 茯苓 10g 桂枝 10g 葶苈子 10g 厚朴 10g 枳实 10g 山楂 10g 砂仁 10g 神曲 10g，炙甘草 5g

以上药水煎服，每日一剂，两次分服。

人参精口服液每服一管，每日两次。

服以上药之后，食欲大增，腹胀腹痛减轻，肺肝引流物以每日 8-10 毫升的速度骤减，六周之后，西医拔除引流管。

第二阶段：消除创面炎症，提高身体素质

中医继续给予健脾扶正，利水化瘀治疗。患者体重有增，腹水日减，月经复至，二便规律，轻微腹痛，引流管拔除部位少许渗出。因而，时而发作局部疼痛，发热。西医地区护士隔日更换敷料。中医在扶正健脾利湿的同时，加清热解毒，辅助抗感染。舌淡红薄白苔，脉弦细。以小柴胡汤与五味消毒饮加减。 处方如下：

柴胡 10g 黄芩 10g 半夏 10g 金银花 10g 蒲公英 10g 赤芍 10g 川楝子 10g 黄芪 15g 猪苓 15g 砂仁 10g 山楂 10g 炙甘草 5g

第三阶段：调整消化道功能，促进全面恢复

待引流口创口痊愈，无再发生感染，其腹水少遗，食纳尚好，排便规律，眠好经至，B-超显示脾大，故继续：健脾疏肝，利湿化瘀。拟香砂六君与五苓散加减，处方如下：

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香附 10g 砂仁 10g 黄芪 30g 当归 10g 赤芍 10g 白术 10g 茯苓 10g 山楂 10g 炒麦芽 10g 厚朴 10g 薏苡仁 30g 桂枝 8g 枳壳 10g 元胡 10g 炙甘草 5g

同时，人参精口服液一管，一日两次。

经治半年痊愈。

2. 腹腔镜胆囊切除术后，仍上腹痛

P N 女士 53 岁， 腹腔镜胆囊切除术后，右上腹持续性疼痛三个月。

该患者因反复发作的右上腹疼痛，伴恶心，嗳气，胃脘胀闷疼痛，经 B-超诊断为：胆囊结石，于 2009 年初行腹腔镜胆囊切除术。手术顺利，一期愈合，但是右上腹持续性疼痛仍在。

近年适逢闭经，因而常感潮热，盗汗，眠差，疲惫乏力，便秘，焦虑，压抑，情绪低落，因而使上腹疼痛更为突出。GP 给予 Co-codamol, 使便秘更甚。因被上腹痛所扰，止痛片久治不效，故求诊于余。

就诊所查`：右上腹压痛，质软，无反跳痛，无黄疸，莫非氏征阳性，腹部胀满，轻压痛，肠鸣音弱。舌红苔白，脉弦尺弱。

诊断：

1) 右上腹痛：胆囊窝残留炎症，胃及十二指肠炎
2) 更年期综合征

辩证：肝郁脾滞，腹气不通

治疗原则：疏肝通腹，清热解毒

治疗：

针灸：

百会，鸠尾，天枢，足三里，内庭，阳陵泉，足临泣，外关，阴陵泉，三阴交，太溪，太冲，中封。

中药：大柴胡汤与茵陈蒿汤加减，处方如下：

柴胡 10g 茵陈 10g 栀子 10g 大黄 10g（后下），枳壳 10g 川楝子 10g 当归 10g 赤芍 10g 元胡 10g 厚朴 10g 滑石 15g 黄柏 10g 知母 10g 砂仁 10g 甘草 5g

以上药水煎服，每日一剂，两次分服。

两周以后，腹痛大减，潮热消失，便排规律，睡眠好转，治疗调整如下：

针灸每周一次，治则与穴位同前；

中药改为中成药：

大柴胡汤丸 15 粒，每日两次

知柏地黄丸 3 粒，每日两次

再两周之后，腹痛全消，且睡眠好，情绪稳定，更年期症状也很好控制。

3. 剖腹产术后切口延裂致下腹痛

H D 女士，29 岁，剖腹产术后右下腹痛两个月。

初次妊辰，至足月，因胎儿过大，母亲过瘦，骨盆过窄，足月而胎头仍未完全入盆，而行剖腹产。手术顺利，胎儿健康，五日之后出院。

因自己喂养胎儿，又要操持家务，故术后过早活动。术后一周，渐觉右下腹疼痛，为持续性钝痛。纳差，便常。GP 给 Co-codamol，服后使便秘，故求诊于余。

就诊所查：腹部平软，右下腹明显压痛，部位固定于手术斑痕右侧下部；无反跳痛及肌紧张；左下腹少许不适，轻腹胀，肠鸣音存在。舌淡红苔薄白，脉弦。

诊断：

1) 剖腹产术后刀口延裂
2) 轻微局部腹膜炎

辩证：腹气不利，脾湿血瘀， 治以：祛湿清热，通腹化瘀

治疗：

针灸：

百会，天枢，足三里， 44, Gb34, 41, Sj5, 阴陵泉，三阴交

中药：阑尾清化汤加减

柴胡 10g 茵陈 10g 川楝子 10g 牡丹皮 10g 金银花 15g 蒲公英 10g 枳壳 10g 厚朴 10g 元胡 10g 大黄 10g（ 后下）赤芍 10g 甘草 5g

以上药水煎服，一日两次。

一周以后复诊，大便已通畅，右下腹疼痛明显减轻，眠稍安。以上穴位再针，以上方再服一周，改为中成药：

大柴胡汤丸 15 粒，一日两次

五味消毒饮 15 粒，一日两次。

经用针灸每周一扎，以及中成药再服四周，腹痛全消，二便通畅，眠好，气力有增。仍自己喂养幼儿，且返回工作岗位。

4. 腰椎间盘脱出术后，仍腰痛不止，双足感觉运动障碍

F, J 小姐， 26 岁。腰椎间盘突出手术摘除突出椎间盘后，腰痛仍在，且双足面感觉，运动障碍四个月。

根据反复发作的腰痛，被诊为第四，五腰椎间盘突出症，因为疼痛难以缓解，且表现出越来越明显的下肢压迫症，于 2009 年八月行突出椎间盘切除术。由于术后仍遗一些腰骶痛，且双足外侧缘麻木，冰冷，无力，使其跛行而就诊。同时，月经不规律，5-15 / 30-90 天，无痛经，就诊时已无月经两个月；颜面痤疮。

就诊所查：明显跛行，双足无力抬起，五趾不能向上背曲，外侧小趾尤甚；双足冰冷，触摸无知觉；腰部可见 5 公分的手术斑痕，手术部位无痛，压痛主要在手术创面以下的腰骶部；坐骨神经区及下肢无压痛，膝窝以下无痛，但麻木，不温；腹部不温，无明显压痛；颜面多处结节样痤疮；舌质淡红苔白，脉弦细。

诊断：

1) 腰椎间盘脱出手术后并发症：腰骶神经压迫尚未解除
2) 月经不调：多囊卵巢综合征不除外？

辩证: 肾虚血瘀，湿邪阻络

治疗：驱湿通络，补肾化瘀

针灸：

Du20, Bl18, 23, 31, 33, 35, 54, 40, 57, 60, 62, 65; Ki10, 3, 6; Sp9,6; Gb 41, 43

以上相应穴位给予电针；腰骶部艾灸，每周一次。

中药： 二仙，三妙与桃红四物汤加减

淫阳藿 20g 仙茅 10g 艾叶 10g 川芎 10g 生地黄 15g 苍术 10g 黄柏 10g 薏苡仁 30g 当归 10g 赤芍 10g 桃仁 10g 红花 10g 桂枝 3g 益母草 15g 木瓜 15g 鸡血藤 15g 炙甘草 5g

以上药，水煎服，每日一剂，两次分服，每周服六剂。

以上针药联合应用一个月，双下肢，双足渐温，腰骶痛去，月经复至，且颜面日渐清爽，痤疹减消 ；双下肢，

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与双足感觉大好，但双足，尤其右足趾仍然上举难，使其跛行。且稍停药，或改为中成药，则月经复闭，痤疮复生。故以上针药，持续应用三个月，诸症好转。

讨论：

对于手术之后的并发症，中医针灸，中药是好的选择。其改善病症的机理在于：

1. *扶助正气，促进自身的修复能力*

如病例 1，肝内切除六个肿物，切除了将近一半的肝组织。由于原有肿物的压迫，或是手术之中的碰触，以及手术创面形成的瘢痕，都可能使门脉系统仍然不能完全通畅，因而使肝肠循环尚未完全开通，下肢静脉受阻，而形成腹水，下肢水肿，与脾大；

由于肝肿物切除之后，肝组织内遗有较大的空腔，加上局部很可能有炎症，因而使肝内，肺下渗出物不断；

由于较大的创伤，局部的渗出，及腹水造成大量的蛋白质丢失，而形成了低蛋白血症。低蛋白血症使渗透压下降，腹水越发增加，如不及时纠正，可形成恶性循环；自身蛋白分解，而使体重减轻；体质全面下降，使食欲减退，疲乏无力，情绪低落，便滞失眠，以至闭经。在这种情况下，只等待病人自然的自身恢复，其恢复能力是有限的，恢复速度也是很慢的；不能恢复，从此进一步的恶化，而形成代谢性酸中毒的可能性是存在的。

此时应用中医药，给予超常剂量的扶助正气的中药，如黄芪，人参（口服液），同时给予行气祛湿，化瘀逐水的中药合方（见病例 1，第一阶段）。由于患者的体质迅速提高，食欲渐好，代谢增快，低蛋白血症得以纠正。 因而，引流的渗出，腹水，与下肢水肿开始明显减退。该患者是在益气健脾，利湿化瘀 （第三阶段）的治疗下，获得彻底痊愈的。

因而，手术后应用中药，可以通过增强体质，而促进病患的自身修复能力，而治愈由于体质下降，抗病能力减低而造成的并发症。

2. *消除残余炎症，及并发炎症*

手术切除之后的残余炎症，以及邻近器官，组织的炎症都是手术之后病痛仍然存在的常见原因。一般情况下，手术已经将主病灶切除，因而，应用中药可以继续消除剩余炎症，以及周围组织的炎症。如病例一的第二阶段，用中药消除引流创面，及肝内，肺下的炎症都是必要的。病例二，用中药消除胆囊窝的残余炎症，与可能的胃与十二指肠的慢性炎症也是成功的。如果同时应用针灸，通过调整脏腑的功能，也利于炎症的消除与机体的恢复。

因而，手术后应用中药，对残余炎症，慢性炎症，尤其是多器官并存的炎症，是较好的选择。

3. *治疗手术之后的意外再伤害：*

如病例三，由于剖腹产术后，创口尚未完全恢复，过早活动，造成手术的刀口延裂，渗出，形成局部的轻微炎症，而产生腹痛。用中药解毒化瘀，可以达到消炎抗菌，同时调整胃肠道的功能，促进自身的康复过程。

对手术之后的小的创伤，炎症，尤其是伴有脏器功能紊乱者，中药的全面，综合调理的功能，更为突出。

4. *促进手术尚未完全解除的病变的进一步康复：*

病例四，虽经手术切除了压迫神经的椎间盘，但是在手术之前，椎间盘对相应神经，血管，及组织的压迫，手术之后尚未能解除，或许神经已受到了一定程度的损害。手术之后尽早接受针灸治疗是必要的。不论神经是否真正坏死，用针灸都可以通过改善局部供氧，增加微循环，有效地促进神经，血管的康复，或再生，而消除，或改善局部的压迫症状。

总之，但凡手术之后尚未完全消除的病症，都可以通过中药，和针灸继续治疗，我们应该尽可能得让病人获得更高程度的康复水平。

参考文献：同英文稿

中医治疗抑郁症的临床体会

韩煜

1. 概述

世界卫生组织统计全球约有 3.4 亿抑郁症患者。近年来发病率有升高的趋势，几乎每七个成年人中就有一个抑郁症患者。世界卫生组织已将抑郁症列为二十一世纪重大疾病的预防重点之一。

抑郁症是一种常见的情绪性心理障碍，以患者情绪低落为主要特征,以情绪低落,思维迟缓,及运动抑制为三大主要症状。抑郁症患者不仅有身体不适，还涉及思维，感觉和行为等诸多不适，与一般疾病常影响一个器官或系统是不同的.而且长期的抑郁可致大脑萎缩，额页体积缩小，从而使认知功能出现问题.抑郁症患者严重者甚至有自杀倾向，对人类健康造成极大危害。

抑郁的心境常表现为情绪低落,苦恼忧伤,兴趣索然,高兴不起来(与不高兴不同)。思维迟缓,表现为反映迟钝,头脑空白,难以思考记忆等。意志活动减退，多以主动活动少为特征,不愿出门,不喜社交,没有自信心等。抑郁症常见的躯体症状多有心慌胸闷,失眠及胃肠不适,便秘或腹泻,食欲下降,自汗盗汗,关节疼痛,性欲低下,早泄等。

2.中医对抑郁症的认识

中医很早就有“郁症”的记述 ,虽不完全等同抑郁症,但有密切关系。亦有认为抑郁症与“脏躁”,“梅核气”有关。抑郁症与肝、心、脾、肾、脑等脏腑功能失调有关。

“郁”有淤滞不通之意,《 素问.六元正纪大论》记载有 木郁,火郁,土郁,金郁。水郁，后世合称 “五郁”；明《丹溪心法》载有六郁，即气郁、血郁、湿郁、热郁、痰郁及食郁； 明.《<景岳全书》提出了怒郁、思郁、忧郁、悲郁、惊郁、恐郁等情志之郁的病证； 后来的《赤水玄珠》又提

出了五脏本气郁结的心郁、肝郁、脾郁、肺郁、肾郁和胆郁的论述。

郁症多是各种原因所致的情志不舒,气机郁结而致血滞、痰结、气结。水、湿、食物等各种瘀结, 继之影响生理机能,又引发病理症状的复杂病变,它不仅影响某一器官和脏腑,而是全身范围的疾病，这点与抑郁症的复杂多样性相似。复杂的病因病机决定了在临床治疗时应当采用多种方法相配合以提高疗效，近年来中医在治疗抑郁症方面作为有效的疗法受到关注。

3. 辩证分型与治疗

中医认为五脏功能活动与神志活动密切相关，互相影响，脏腑和调则情志舒畅，反之则为病。因个性差异，应对社会压力及生活压力的承受能力不同，发病的表现不同，又因个人身体禀赋不一，所以气血淤滞的部位不同，虚实有异。临床常见以下证型.

1) 肝气郁结

表现为精神抑郁,胸闷叹气,不思饮食,两肋疼痛,脉弦细等,治疗可用逍遥散,柴胡疏肝散加减,针灸多取太冲、三阴交、合谷、膻中、肝俞及胆俞等穴，多用泻法或平补平泻法。

2) 气郁化火

常见头痛头晕，口苦心烦，焦虑 不安，入睡困难或睡眠轻浅，醒后难以再寐，舌红苔黄，脉弦。 治疗宜用加味逍遥散及泻肝汤加减,针灸多用肝俞,胆俞,心俞,阳陵泉,三阴交,太冲等穴,采用泻法或平补平泻法。

3) 痰湿阻滞

腹胀 矢气,胃脘痞满,纳呆食少,口气不爽,疲倦乏力,多睡但醒后仍困倦.舌苔厚腻.脉沉滑。治疗以二陈汤及半夏厚扑汤化裁,针灸可选中脘,天枢,阴陵泉,足三里,用平补平泻手法。

4) 气血两虚

抑郁日久,或脾湿运化不利 ,化源不足而致气虚血少。病人面色少华，动则气短心悸,懒言少语,失眠健忘，舌淡苔白，脉细弱。治疗用八珍汤及十全大补汤，归脾汤等化裁；针灸取关元，气海，足三里，合谷，三阴交,补法或灸法并用。

5) 气血瘀阻

患者多病久不愈,致因郁生滞,常见身体疼痛,拘紧不能放松.颈项痛或关节痛较多见，舌质发暗，脉紧。治疗多用桃红四物汤，身痛逐瘀汤加减；针刺选心俞，膈俞，肝俞及阿是穴为主，泻法或平补平泻。

4. 案例分析

1) 男，34 岁，建筑工人。

抑郁症已经十八年病史，服用抗抑郁药物已九年，最近两个月来病情加重，以周身拘禁,颈肩肌肉疼痛,上肢麻痛且颤抖为主诉,且不愿意出门, 不愿社交,对前途没有信心,不能也不愿学习,食欲尚可，二便调，在西药帮助下,睡眠尚可，舌暗红，脉弦紧。属肝气郁结，气滞血瘀型。給予拔罐治疗后，罐瘢颜色紫暗；针刺心俞，膈俞，肝俞，阿是穴，曲池和合谷，泻法与平补平泻法相结合。经 6 次治疗后，自觉心境平和，已能工作。经与患者交谈,得知他幼年在学校经常被欺负，致使渐变为性格内向孤僻,与家人比较疏远,加之因经济危机致经济拮据而发上述症状。

患者 年轻力壮，本应阳气充盛，活力十足，因抑郁伤肝，由气及血，病发气滞血瘀型抑郁症。治疗除针罐齐用，去瘀通经，缓解不适外，还应预防再加重,所以采取积极 方法 ,疏解心理压力非常重要。 此患者接受建议，参加了跆拳道运动，自觉可以释放身心压力，对身心平衡有帮助。

2) 女，36 岁，画家。

此患者抑郁症已诊出 2 年，发病前精神紧张，社交较多。一次在不知情时误饮用含有药物饮品(毒品?)，其后很快即出现汗出，剧烈心悸，有欲死之感，并入院急诊，有此经历后变得多疑。 病后怀孕,数月前产子,并母乳喂养。由于胎产消耗，患者数月来不能入睡。主诉为心悸疲乏，腰酸膝软，且经常独自流泪，恐惧感,担心自己马上要死去,幼子将无以抚养,愈加悲伤抑郁。以此恶性循环，不能自拔而求诊。此患者为心肾亏虚，肝血不足之证。治疗采用了针药及推拿结合的疗法，标本兼治，先镇静安神，助其睡眠及放松,并疏肝解郁。用安神补心及逍遥丸内服，针四神聪、心俞、神门、合谷，配合轻柔按摩。患者在治疗中即能入睡，待睡眠进步后，又重以补肾养肝，疏解肝郁，经两个月治疗后病情明显改善。此后经常接受治疗，以维持脏腑功能平调，预防复发。

5.体会

1) 抑郁症的治疗手法应多样性。抑郁症患者往往不及时就医,致经常有很多不适,病累多个脏腑器官，比较复杂。所以临床治疗亦经常采用综合疗法，如针药并用，针推并用，针罐并用等,要因势力导 ,因人而异,有地放矢,提高疗效。
2) 抑及郁皆为不通达，不舒展之意，治疗的关键是解郁。解郁的具体方法有很多,要因人而异，即疏肝解郁的大原则统领下,还要辩证施治。
3) 抑郁症的治疗应有阶段性，急则治标，先缓解最主要的不适；缓则治本，治疗引发及影响主要症状的有关脏腑；待病情稳定后仍应巩固疗效，定期复诊。
4) 除药物等治疗外，也应配合心理治疗，体育锻炼，太极，气功，音乐等多种形式的辅助，以提高疗效。

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中医治疗前列腺癌的体会

汤淑兰 （英国）

概述

据统计，50 岁以上的男性，约有 40% 的人前列腺中患有很小面积的癌症；8% 的男性出现值得注意的临床症状；3% 死于这种疾病。前列腺癌发展缓慢，有的潜在数年，十几年甚至二十年才表现出明显的症状。很多病例在转移到骨骼关节、肺等部位后才被发现，此时已属晚期。所以，了解前列腺癌的特征，做到早期诊断、及时治疗，很有必要。

前列腺癌的临床表现

尿频、尿急、尿潴留、血尿，排尿疼痛或有灼热感，难以形成尿流，及骨骼疼痛等。

实验检查

血检 PSA（Prostate-specific Antigen）水平是诊断和衡量前列腺癌好转与恶化的一个主要标志。

正常 PSA:			
40-49 岁：	2.5ng/ml;	50-59 岁: 3.5ng/ml;	
60-69 岁：	5.0ng/ml;	70-79 岁: 6.5ng/ml;	

当 PSA 值达到 10.0 毫微克/毫升的时候，有 50%的可能性是前列腺癌。

治疗

西医对前列腺癌的治疗主要是：手术、放疗、化疗。因前列腺癌患者年龄均较大，且这些疗法对身体自身免疫均有不同程度的伤害，笔者认为以中医中药结合西医治疗前列腺癌，可以起到缓解症状，减轻痛苦，延长生命，提高病人生活质量的目的。

典型病例

Mr. T. M 76 岁
初诊：1999 年 9 月 18 日
主诉：尿频、排尿不畅、颈项腰背痛。
现病史：患者素有尿频、尿后余沥不尽，排尿不畅、尿血史二十余年。近 6 个月来，常感颈项、腰骶、膝关节疼痛，活动受限，夜间尤甚，不能入睡，神疲乏力，畏寒，面色晦暗无华，胃纳一般，大便调、小便频数、舌质淡红、体胖嫩偏紫暗、边有齿痕、苔薄白，中部稍厚，脉沉迟细滑。
扫描查：全身骨显像示：全身多处放射异常浓聚，提示肿瘤骨转移。
血检：PSA 12.80 毫微克/毫升
西医诊断：前列腺癌晚期，骨转移。

由于七十六岁高龄，加之前列腺癌晚期，肿瘤专家认为：生命只有 2-3 个月，不超过 6 个月。于是求治于中医。

中医辨证：肾阳亏虚、水湿内聚、气滞血淤。
治则：温补肾阳、理气调血、化湿消肿。
处方：

1): 中药浓缩粉 132g/周		
狗脊 8g	骨碎补 8g	当归尾 8g
丹参 8g	桑寄生 8g	白术 8g
薏苡仁 8g	灵芝 10g	延胡索 8g
苍术 8g	荔枝核 8g	黄芪 8g
人参 8g	淫羊藿 10g	川牛膝 8g
姜黄 8g		

用法：每次两茶勺，一日三次

2）冬凌草片：每次 5 片，一日三次

2000 年 11 月 3 日: 服上药后，肩背腰脊疼痛减轻，病情基本稳定，精神好转，面色转红润有光泽，睡眠好转。坚持服用中药。
扫描查：全身多处放射性异常浓聚较上次检查略有好转。
血检：PSA 9.20 毫微克/毫升

2002 年 9 月 28 日: 4 周前，周身肩背及骨骼关节疼痛又发作。由于疼痛剧烈，中药及阿司匹林等一般镇痛药已不能止痛，开始服用美施康定（吗啡类剧毒麻醉镇痛药）。服用一周后，胃纳明显下降，大便秘结不通，精神状态不佳。鉴于此，肿瘤专家认为此时患者生命只能维持 2 周。
刻诊：低烧 38 摄氏度，面部潮红，干咳，大便秘结，一周未行，小便频数，饮食量少，神疲乏力，睡眠不实。舌质光红无苔，脉细数无力。
辨证：气阴亏虚、气滞血淤
治则：益气养阴、理气调血
处方：

西洋参 8g	麦冬 8g	五味子 8g
北沙参 8g	莱菔子 8g	薏苡仁 8g
丹参 10g	甘草 6g	白芍 8g
天花粉 8g	桑寄生 8g	威灵仙 8g
灵芝 8g		

服用上述中药后，低烧腿，干咳除，大便通，精神好转，病情基本稳定。此方以益气养阴，平调气血而起到退热缓痛的作用。随后的一周未服任何止痛片及吗啡镇痛剂，生命又延长了 5 个月，此乃罕见。

体会

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前列腺癌患者由于早期症状不明显，一般到晚期才表现出明显症状，所以从确诊起大多只能维持生命 3-6 个月，一般不超过 2 年。此例属晚期前列腺癌高龄患者，坚持了近 4 年，这不能否认是中医中药的作用。

病理机制:

前列腺炎多由于下焦湿热或热毒内盛而致，而当转变成前列腺癌的时候，临床多见肾阳亏虚，寒湿凝聚，气滞血淤，后期可致阳虚及阴，气阴两虚，亡阴亡阳。

前列腺癌与性生活的频度有关。中医认为过于频繁的性生活可导致肾精亏虚而致诸病，而绝对停止性生活，前列腺分泌功能减弱，易于引起前列腺增大和癌变。

治疗大法：标本兼治 — 综合疗法

温肾化痰，健脾燥湿，通经活络，疏散风寒，活血化淤，散寒止痛，后期则气阴双补，配合心理治疗。

用药特点

1）第一阶段：

当诊断为前列腺癌并骨转移时，以温肾壮骨为主。基本方为狗脊、骨碎补、桑寄生，补肝肾、强筋骨，治疗筋骨疼痛；人参，大补元气，增强机体抗病能力；灵芝，提高人体免疫力，对癌症病人放疗、化疗有支持作用；丹参，活血祛瘀，能缩小肿块，减轻疼痛；薏苡仁，健脾利水渗湿，除痹舒攣止痛；现代药理报道：薏苡仁酯能抑制癌细胞生长。荔枝核，入肝经行散气滞，用于前列腺癌肿及睾丸肿痛；淫羊藿，温补肾阳，散寒止痛。以上基本方配以当归尾、川牛膝以活血通络；苍术以燥湿消痰水，逐皮间风水结肿；姜黄，活血、行气、通经、止痛；脾气虚者加黄芪、白术，睡眠欠佳者加茯神、牡蛎等；兼湿热者，加车前子；尿血者，加白茅根等。

2）第二阶段：阳虚及阴，气阴两虚。

基本方以西洋参、麦冬、北沙参，气阴双补；五味子、天花粉有抗癌作用；灵芝与西洋参增加免疫力；薏苡仁、丹参，理血抗癌性凉不助热；甘草、白术，缓急止痛；莱菔子，下气除胀，利大小便；桑寄生、威灵仙，强筋骨，止痛不伤阴。

3）冬凌草片：

主要成分为冬凌草，具有清热解毒，抗癌及预防癌症之功效。用于各种癌症，尤其对于前列腺癌、乳腺癌、肺癌等。在辨证论治立法处方的基础上配合运用之，疗效明显。

预防

鉴于前列腺癌多见于中年以上男性，而早期又很难被确诊, 建议：

1) 男性 在40岁以后便要常注意观察，若有尿频、尿急、尿痛甚至血尿症状，要及时去医院检查。
2) 若有前列腺炎或前列腺增生者，可服前列康片。
3) 一般可常服丹参、薏苡仁，食疗预防癌变。
4) 多运动，以促进血液循环。有报道：“长跑可抗癌。”实际上，任何体育运动，只要坚持，均能起到防病抗病，增强体质的作用。

“生命在于运动!”

TCM treatment of Prostate cancer

Shulan Tang (Manchester)

Abstract: Prostate cancer (PC) is the most commonly diagnosed cancer in men and the second leading cause of male cancer deaths. According to reports, cancer of the prostate is found microscopically in about 40% of men over the age of 50; however only 8% of these men actually show clinical symptoms and 3% die as a result. The progress of prostate cancer is very slow, and can remain undetected in the body for many years. Most remain unaware of its presence until it has reached a late stage, by which time it may already have spread to the bones, joints and lungs. Therefore, early detection of prostate cancer is particularly important for its effective treatment.

Prostate cancer (PC) is the most commonly diagnosed cancer in men and the second leading cause of male cancer death. According to reports, PC is found microscopically in about 40% of men over the age of 50, however only 8% of them actually show clinical symptoms and 3% died as a result. The progress of PC is very slow, and can remain undetected in the body for many years. Most remain unaware of its presence until it has reached a late stage, by which time it may already have spread to the bones, joints and lungs. Therefore, early detection of prostate cancer is particularly important to enable obtaining effective treatment.

Clinical Symptoms: Frequency of urine, urgency of urine, difficult urination, blood in the urine, pain and burning sensation on passing urine, difficult flow of urine, sometimes pain in the bones.

Diagnostic tests: The PSA (prostate specific antigen), which is a protein found in the blood serum, can be screened via a blood test.

Normal PSA levels for men: 40-49 years of age

2.5ng/ml; 50-59 years of age 3.5ng/ml; 60-69 years of age 5.0ng/ml; 70-79 years of age 6.5ng/ml. When PSA levels approach 10.0ng/ml, this is a 50% chance of finding PC.

Treatment: Western medical treatment includes surgery, radiotherapy or hormone therapy. In addition to the side effects associated with many of the above treatments, the immune system is often weakened. This is particularly so for older man in whom PC is most common. I believe that Chinese Herbal medicine, when taken alongside Western medical treatment, helps to lessen the side-effects, strengthen the immune system and lessen the patient's distress by improving the overall quality of life and ultimately prolonging life.

Typical Case

Mr. T, 76 years old.
First visit: 18th September 1999.

Main Complaint: Frequency of urine and difficult urination for over 20 years, pain in the shoulder, scapular and lumbar region for 6 months.

Current symptoms: Frequency of urine, difficult urination, blood in the urine and the feeling of having not emptied the bladder completely, constant pain in the neck, scapular and lumbar regions, as well as joints (hips, elbows, knees). Pain worse at night affecting sleep. Generally very tired, dark complexion, appetite was fine, normal bowels movement, however urine was frequent.

Tongue: pale purple with teeth marks and thin white coating.

Pulse: deep, thready and slippery

Scan: shadows in the bones and joints

Blood test: PSA levels were 12.8ng/ml

Western diagnosis: PC in the late stage, transferred to bones.

Prognosis: as the cancer was already at an advanced stage, and the patient was 76 years; the oncologist gave him 2-3 months to live.

TCM differentiation: kidney Yang deficiency, accumulation of Dampness, Qi and Blood Stagnation.

Treatment Principle: Warm kidney yang, regulate Qi and Blood, and eliminate damp to resolve the lumps.

Prescription:

1) Powder (132g): 2 teaspoons, 3 times a day

Gou Qi Zi 8g	Gu Sui Bu 8g	Dang Gui Wei 8g
Dan Shen 8g	Huang Qi 8g	Yin Yang Huo 10g
Yi Yi Ren 8g	Ling Zhi 10g	Yan Huo Suo 8g
Cang Zhu 8g	Li Zhi He 8g	Sang Ji Sheng 8g
Ren Shen 8g	Bai Zhu 8g	Chuan Niu Xi 8g
Jiang Huang 8g		

2) Dong Ling Cao Pian: 5 tablets 3 times a day

3rd November 2000: After taking the powder, the pain lessened and the symptoms stabilized. The patient had more energy and was sleeping better and the appetite improved. Complexion became healthy pink; his tongue was now pinker with a thin white coating, and his pulse was deep and slow.

Scan: lumps were slightly smaller

Blood test: PSA was now 9.2ng/ml.

28th September 2002: The cancer had naturally progressed to a very late stage. He was now being given morphine for the pain, which was both heating and toxic to the body, causing severe symptoms of Yin deficiency. The cancer specialist gave him 2 weeks to live.

Current symptoms: constant low-grade fever, dry cough, constipation, no appetite, very tired, unable to sleep.

Tongue: red with no coating.

Pulse: deep rapid and empty.

TCM differentiation: Qi and Yin deficiency, Qi and Blood stasis,

Treatment Principle: tonify Qi and Yin, regulate Qi and Blood

Prescription: 7 bags of dried herbs to be taken as tea. One bag for each day, to be drank twice daily.

Mai Dong 8g	Wu Wei Zi 8g	Xi Yang Shen 8g
Dan Shen 10g	Bei Sha Shen 8g	Yi Yi Ren 8g
Gan Cao 6g	Lai Fu Zi 8g	Bai Shao Yao 8g
Ling Zhi 8g	Tian Hua Fen 8g	Sang Ji Sheng 8g
Wei Ling Xian 8g		

After taking herbs, the fever lessened and the dry cough improved. The pain reduced so much, so that he did not require any morphine or other painkillers for the first week of taking the herbs. He lived for another five months.

Discussion

1. There are very few signs and symptoms at the early stage of PC. These may only become apparent when the cancer has reached a late stage. Usually, the patient is given a very short time to live: between 3-6 months and normally not more than 2 years. In this case, the patient was elderly and the cancer had spread to the bones and lungs; however, he survived for a further four years. I think the Chinese herbal medicine played an important part in extending his life.

2. Clinically, prostatitis is caused by damp heat in the Lower Jiao. However from my experience when prostate cancer transfers to the bone it is mostly due to Kidney Yang deficiency, with gathering of Cold-Damp and Qi and Blood stasis. At the very late stage, Yang deficiency, followed by complete exhaustion of Yin and Yang.

3. I believe the incidence of PC is connected with the frequency of the sex life. Traditionally, TCM states that an excessive sex life may lead to depletion of Kidney essence. However, I feel that sex plays a vital role in the healthy functioning of the prostate by regulating its function and promoting secretions.

4. Treatment method: treat the cause and symptoms. The main principle is to warm Kidney Yang to expel the cold and dry the damp, resolve the phlegm, strengthen the Spleen, promote blood circulation, regulate the Qi and relieve the pain. At the very late stage, tonify the Qi and

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Yin. Accompany the treatment with psychological regulation by harmonizing and balancing the emotional well being of the patient.

5. Prescriptions:

1) First prescription: For Kidney Yang deficiency (Cancer spread to Bones).

Gou Ji, Gu Sui Bu, Sang Ji Sheng – tonify the Liver and Kidney, strengthen the tendons and bones to relieve the pain in the bones and tendons; Ren Shen – tonify the vital Qi, stengthen the body's immune system; Ling Zhi also strengthens the immune system, has the function of supporting cancer patients during chemo & radiotherapy; Dan Shen – promotes the blood circulation to remove the stasis, shrink and softens the lumps, relieves the pain; Yi Yi Ren – tonify the Spleen, eliminate the dampness, unblock channels and relax tendons to relieve the pain. Modern research shows Yi Yi Ren extract can suppress the production of cancer cells; Li Zhi He – acts on the Liver channels and moves/regulates the Qi, used in PC and pain in the testicles; Yin Yang Huo – warms the Kidney Yang and expels the cold and relieves the pain.

To the above prescription, you may add:

Dang Gui Wei, Chuan Niu Xi to clear the channels and promote blood circulation; Cang Zhu to dry the dampness and resolve the phlegm; Jiang Huang to move the Qi and Blood and relieve the pain; If Spleen Qu xu, add Huang Qi, Bai Zhu; If insomnia, add Fu Shen, Mu Li; If damp heat, add Che Qian Zi; If blood in the urine, add Bai Mao Gen.

2) Second prescription: For Qi & Yin deficiency, very late stage of cancer.

Ling Zhi, Xi Yang Shen – strengthen the immune system; Mai Dong, Bai Sha Shen – nourishes the Yin; Wu Wei Zi, Tian Hua Fen - have anti-cancer function; Yi Yi Ren, Dan Shen – anti-cancer, cool in nature, does not cause any heat; Gan Cao, Bai Shao – relieves the pain; Lai Fu Zi – resolves the damp phlegm and also helps constipation; Sang Ji Sheng, Wei Ling Xian – strengthens the tendons and bones, relieves the pain but does not harm the Yin.

3) Dong Ling Cao Pian with main ingredient of Dong Ling Cao, which detoxifies the heat and is anti-cancer. Used for all kinds of cancer, especially good for PC, breast cancer and lung cancer. Use it together with prescription by differentiation

6. Prevention: early diagnosis plays a large part in successful treatment of PC

1) Men over 40 years should pay attention to urinary function – is there any pain of urination, abnormal frequency of urine, blood in the urine? It is always wise to have it checked in the hospital

2) If men suffer from an enlarged prostate or prostitis, while this does not indicate the presence of cancer, it is advisable to take Qian Lie Kang Pian

3) I also recommend adding Dan Shen and Yi Yi Ren in the diet for prevention purpose

4) Lastly, exercise is excellent for promoting blood circulation and regulating Qi. Research shows that jogging has anti-cancer potential, although I feel that any exercise is beneficial.

After all, life is dependent on movement!

辨证施针为主结合中草药治疗皮肤病

袁炳胜（Doncaster, UK）

摘要：凡皮肤疾病，虽表现于外，然多内有所因：脏腑阴阳气血失调于内，风寒湿热感受于外；邪气郁滞于络脉，气血壅遏，出现皮肤病损；阴阳营卫不和，故时发瘙痒。所以治疗之策，一则应当酌辨脏腑经络阴阳气血之虚实，或针或药而调治之，可以改善全身情况，调整免疫机能； 二则必适当予以通络和血之药，调理局部气血，或进行局部和临近部位之针刺 （点刺-本《内经》 “浅刺而急发针，以去其邪” 之意，为增强其作用，常于针后加拔火罐），以直泻其邪，并借以通络活血，可以改善局部组织代谢，有助于清除排出致炎物质和代谢废物，改善组织营养状态，促进恢复。实践证明，辨证施针结合局部点刺治疗皮肤病，不仅可以迅速缓减瘙痒症状，还有利于促进皮损恢复。本文以作者近年运用该法治疗银屑病、湿疹、荨麻疹为例，对其理法及这三种皮肤病因理治则进行了探讨。

关键词：针灸，中草药/银屑病，湿疹，荨麻疹

1. 慢性荨麻疹

病史：Mrs. Tami, 38 岁，2010 年 6 月 4 日**初诊**。4 年来每于春夏发生全身性荨麻疹，持续不退，瘙痒甚剧，影响睡眠。近于 9 周前复发，其医生认为系花粉过敏所致，与多种抗组胺类药物等效果不好，现症：全身遍布大块丘疹样斑片状皮肤损害，尤以肘臂及腿、腘部为著。色泽暗红，粘连成片，痒甚夜剧，睡眠不得，严重影响生活工作。舌淡红，苔白腻，脉浮数。

针刺：曲池、百虫窝，手三里、风市，上星、风池，阳陵泉、行间，中脘、足三里、三阴交，迎香透四白（轻刺法）；阿是（病变皮损处点刺一至数针，不留针）。针后诸痒若失。

中药：祛湿龟苓茶（内含：金银花、连翘，紫草、茜草、生地黄、泽泻、茯苓皮等，功能疏风除湿，养阴清热，

凉血止痒），1 次 1 包（10 克），1 日 3 次，内服。Supper Skin Cream，早晚外用。并建议清淡饮食，戒烟酒及刺激性食物。

6 月 5 日**二诊**。瘙痒大减，夜来安卧达旦。全身皮肤丘疹普遍消退，仅散见于大腿，右胁，肘臂处数点，范围局限，最大直径仅在 1-2cm 以内。仍继前法治疗。

6 月 9 日**三诊**，现皮肤斑疹已消退 80%以上，仅部分最先发生皮损部有少许可见，已无痒感。舌淡红，苔白薄，脉沉缓。治仍依前法。

6 月 11 日**四诊**，仅右臂、大腿内侧可见三五枚淡红色斑丘疹，不痒。治如前法。

6 月 16 日**五诊**，斑疹尽褪。舌淡红，苔薄白，脉沉弦缓。再以前法巩固治疗 2-3 次。半年后携其他患者来访，知情况良好，未再复发。

体会：荨麻疹为过敏所致皮肤病。中医认为“天人相应”，人与自然密切相关，很多疾病有特定发病季节、易发年龄或其他个体因素。我们认为，本病或发于阴血不足、营分偏虚者，因血虚生风，肌腠失其濡润而发病；或发于肺卫阳气偏虚，皮腠失其温煦，卫外不固，因遇风冷或湿、热而发。总因正虚邪胜，营卫不能和调，机体对外界较为敏感所致。而人体与外界接触联系之道，无外乎皮腠、呼吸及饮食出入之道路。故过敏性疾病之发生，常发于皮肤、呼吸道及消化道之粘膜，变见皮疹、哮喘、腹痛腹泻等症。其治疗法则，亦当据病变部位及发病情况、舌脉征及其他兼证、机体体质特征，辨阴阳气血营卫偏盛偏虚，肝脾肺肾及胃肠强弱，风寒湿热燥火诸病邪性质，而补虚祛邪、调和营卫阴阳气血。其虚，多为肺脾气虚，卫气不固；肝肾阴虚，营血不足。其实，则多风寒湿热，郁于皮肤腠络，及肺与胃肠之分。常虚实互见，需细辨之而予以相应治疗。

本例反复发作，长达 4 年之久，以阴血偏虚，营分不足，风热夹湿，犯于肤腠之络，郁于肺卫之分，稽留不去，随气血之激荡而发为瘙痒。治疗以凉血清热(上星、曲池、血海/百虫窝)、疏风（风池、阳陵泉、风市、行间）除湿（手三里、足三里、中脘、三阴交），以祛其邪而营卫自安，兼健脾胃，和营益阴，迎香透四白，一针两穴，通调手足阳明之经气。阳明为多气多血之经，似此风湿热邪郁于血分，每因气血之激荡而发瘙痒，故调治于阳明以安其拂郁之气血，所以古人取之以为本病重要验穴，其意旨原在此耳。

2. 银屑病

病史：Mr. Michael, 41 岁。2007 年 6 月 20 日初诊。患银屑病 10 年，加重 5 年。全身泛发红色皮疹，尤以右臀部、双侧小腿外侧、双肘部近前臂后外侧为甚，各部皮损粘连成片，大若巴掌，色暗红，明显增厚（其最厚处约达 1-2mm），胸腹胁背等部亦有散见；皮损表面有薄片状银白色鱼鳞样皮屑脱落、个别皮疹上有白色脓点；昼夜发痒，影响睡眠。伴有头痛、紧张焦虑、花粉症（清涕、鼻塞或噫，耳心堵塞感），背痛、全身肌肉关节痛。舌暗红，苔白偏腻，脉弦缓。

针刺：1，极泉、少海（2 穴速刺不留针），曲池、血海，委中（委中点刺不留针），足三里、合谷、通天、印堂、迎香，太冲、孔最（诸穴轻刺法，留针 30 分钟）。2，取大椎、身柱、灵台、肺俞、厥阴俞、膈腧，及最严重之患部，各取“阿是穴”数点（疏密据病人对针刺的耐受情况决定），以毫针点刺后加罐（拔 30 秒至 1 分钟，不必留罐）。

中药：小柴胡汤合二妙散加减：南沙参 15 克，柴胡 15 克，黄芩 12 克，法半夏 15 克，紫草 20 克，连翘 7 克，苍耳子 10 克，苍术 12，黄柏 15 克，桔梗 10 克，生甘草 6 克，水煎服，一日 2-3 次。7 剂。并嘱忌烟酒，咖啡及刺激性食物，充足睡眠。

以上法，经 6 月 27 日、7 月 3 日、6 日共四次治疗，7 月 10 日**五诊**时，昼已不痒，夜痒大好，睡眠显著改善，焦虑紧张及身痛、花粉症也好多了。初抱着试一试的心理来诊，并不抱很大希望，1 周 1 次，经过 2-3 次治疗，即感觉大有好转，信心大增，要求 1 周 3 次治疗。仍继前法。

7 月 23 日第**九诊**时，诸症显著好转，仅夜间偶或作痒，因鼻症已愈，针刺减去通天、迎香、印堂；中药改用二妙散加活血解毒除湿之品：紫草 20 克，土茯苓 20 克，半枝莲 20 克，丹参 15 克，丹皮 10 克，桑叶 10 克，连翘 10 克，苍术 10 克，黄柏 10 克，生甘草 3 克。水煎 2 次，分三次口服。另再煎 1-2 次，外洗浴患处，日 1-2 次。

8 月 23 日第**十三诊**，未再觉发痒，昼夜安适，心情甚畅，觉从未有过的快乐。原来增厚、脱屑、红褐色之皮损，大都已经渐渐消褪，变浅、变淡、变平，而花粉症、身痛、头痛也久未发作。仍继前法针灸，1 周 1 次；停内服药，改用苦参 30 克，黄柏 20 克，紫花地丁 15 克，紫草 15 克，土茯苓 20 克，白藓皮 15 克，白芷 12 克，苍耳子 10 克水煎外浴，法同前。

9 月 14 日第**十六诊**，3 天前饮酒后，肘臂出现数枚痒诊，以前法治疗 2 周后新发痒诊消失。

12 月 11 日，第**二十七诊**。约 90-95%的病变部位皮肤颜色恢复到接近正常皮肤的色泽。取曲池、血海、百虫窝、三阴交、足三里、阴陵泉、阳陵泉、复溜、孔最为主，加阿是穴点刺加罐，巩固治疗之。

2008 年 1 月 4 日，第**三十诊**时，原所诉症状完全消除，仅原病变部位隐约可见色素脱失痕迹。随访半年无复发。

体会：银屑病是疑难皮肤病之一。笔者根据临床观察，认为本病病机是：肺脾两虚、卫外不固（遗传因素，免疫失调）；脾虚肝郁、气血失和（代谢障碍、精神情绪因素）；外感风、寒、湿、热或邪毒（上呼吸道及扁桃体链球菌感染等诱因），郁于卫分，阻滞气机，络脉不畅，伏结不解久而化热，走串经络，或发于局部皮肤部，或泛发全身，故于局部或全身出现特殊皮损伴搔痒，且病程绵长难于治疗，容易因气候寒冷、潮湿、遇热或因情绪、饮酒、过劳、或理化刺激而复发或加剧。可知，本病病本为虚，病标为实，虚实寒热错杂，局部与整体同病，故常常较难治疗。

本例因肺脾两虚、肝郁，湿热风寒之邪，羁留不去，痹阻流注于皮部筋肉官窍之间，故见本病，且兼花粉症、全身肌肉关节长期作痛，头痛抑郁。宜清热除湿、疏风散寒、活血通络，并健脾气、固肺卫以治本，佐疏肝宁心、和血气以止搔痒。取手太阴少阴，手足阳明，督脉及背腧穴为主。肺为五脏之华盖，通于天气，其主皮毛，今皮毛之部有病，当求治于肺，故取肺俞；土能生金，金水相生，土壅木滞，皆可影响肺金之功能；而“诸痛痒疮，皆属于心”，厥阴代心以用事，故取用脾、肝、厥阴俞及肾经水之经（金）穴复溜，平补平泻，调脏腑而治其内环境之失调（治本）；取大椎、曲池益气清热以调气，膈俞委中活血解毒，共调其营卫气血；加患部点刺以泻其伏邪，表里气血标本俱治而获佳效。

3. 面部湿疹

病史：Mr. Dennis, 44 岁。2010 年 2 月 27 日**初诊**。3 岁始患面部湿疹，迁延不愈，伴哮喘病史。现症：颜面遍布湿

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疹，而眼睑、鼻旁、颧、唇周、下颌尤著。皮疹粘连成片、有增厚，瘙痒灼热，夜间尤甚，搔破处有渗液，有时耳心亦痒。曾经多种方法治疗，效果不佳。舌淡红，有齿痕，苔白腻，脉沉。

针刺：1. 曲池、血海，百虫窝，三阴交，上星、风池，迎香透四白，中脘、天枢、气海、足三里，间使、行间（轻刺法）。面部诸穴出针后，于增厚之皮损部点刺 3-5 针。

2. 俯卧，取大椎、肺俞、膈俞、脾俞、委中点刺后加拔火罐（不留罐）。（经治疗后，即觉痒感显著缓解）

中药：防风通圣丸、参苓白术丸口服，外用湿疹膏。

3 月 6 日**二诊**。感觉大好，瘙痒灼热感已不明显，皮疹亦减退。

3 月 13 日**三诊**。瘙痒未作，皮损范围显著缩小，皮损颜色渐趋浅淡。

3 月 20 日，**四诊**。皮疹已消褪 50%左右，仅眼睑下方、鼻侧颧部原增厚之皮损未完全消褪。仍以前法治疗。

27 日，**五诊**。近日感冒，咽不舒，时欲咳。针尺泽，鱼际、曲池、百虫窝，中脘、天枢、气海、三阴交、足三里、迎香透四百、颧髎、承浆、医风。

4 月 3 日、10 日，**六、七诊**。面部皮疹基本褪尽，亦无有不适。舌淡红，苔薄白，脉沉弦。

针继前法，巩固治疗；药用：加味逍遥丸、参苓白术丸口服，湿疹膏外用。后再经巩固治疗数次而痊愈，随访半年无复发。

体会：1. 湿疹，多风湿热邪内蕴，随经络而发于皮部之分。然有湿偏胜、热偏胜、风偏胜者，故其见证，或偏于湿，患部渗出黄水，浸淫淋漓；偏于热，则遇燥热其痒尤甚；或偏风胜，发作无定，瘙痒时作。2. 经久不愈者，常因正气虚乏，以致邪气羁留。有偏气虚阳虚，有偏阴虚血燥、气阴两虚，或兼肝郁；年老、体弱、久病他疾如哮喘、经带失调等病者尤为常见，则需考虑整体情况，进行治疗。

本例为脾肾不足，中焦湿滞，蕴生湿热，循经上泛于面部足阳明之络脉及皮部，不得宣通；经久不愈，兼瘀夹滞。以益气除湿、疏风清热止痒、活血通络为治。针刺与药物治疗，本虚与标实兼顾，泻局部之邪气积聚之实与调治中焦脾肾、调和血气相结合，所以较快取得佳效。

TCM treatment of dermatosis by acupuncture and herbal medicine

Bing Sheng Yuan (Doncaster, UK)

Abstract: The skin diseases result largely from internal cause, although their symptoms are shown on the skin according to traditional Chinese medicine theory. That is to say, the disorder in “ZangFu, YinYang and Qi-Blood” function with an invasion of pathogenic factors such as “Wind, Cold, Dampness and Heat” result in the pathogen blockage in Meridian, Qi-Blood stasis and the imbalance of “YinYang, YingWei”, and then, the skin has the manifestation of itching because of factors mentioned above. Therefore, on the one hand, acupuncture or Chinese herbs are applied to improve the general condition of the patients and regulate the immune function according to “weak and strong” of “ZangFu, Meridian, YinYang and Qi-Blood”. On the other hand, herbal medicine with promoting blood circulation also are used for regulating “Qi-Blood”.

As alternative methods, acupuncture can be performed in lesions and their adjacent areas to release pathogens and promote blood circulation, which can contribute to excrete inflammatory substances and metabolic waste by improving local tissue metabolism, and then, improve the nutritional status of tissues and promote the recovery of the patients. Clinical practice has proved that acupuncture based on syndrome differentiation combining with local skin prick not only alleviate itching quickly, but also help to promote lesions’ recovery. In this paper, the author gives examples of using this method to treat psoriasis, eczema and urticaria in recent years, and moreover, the mechanisms of the method and the pathogenesis of the three skin diseases are also discussed.

Key Words: Acupuncture, Herbal Medicine/Dermatosis, Psoriasis, Eczema, Urticaria

1. Urticaria

Mrs. Tami, 38 years old, came on 4th June 2010 for the the first visit. She complained that she had suffered from urticaria accompanied by very bad itching all over her body for a long time. It relapses every spring and summer for 4 years, she can’t sleep well. Her doctor told her that it’s caused by allergy to pollen and gave her many drugs of antihistamine, but they didn’t work. Current symptoms: many large red or red-dark rashes were conglutinated formed big pieces over all her body and limbs, particularly her arms and legs. Her tongue is light-red with thin-white coating; her pulse is floating- bit fast.

Acupuncture: *QuChi, BaiChongWo, ShouSanLi, FengShi, ShangXing, FengChi, YangLingQuan, XingJian, ZhongWan, ZuSanLi, SanYinJiao, YingXiang pass through SiBai* (all of above points Light-needling, leave the needles in for 30 minutes), *A-Shi* (One or more points of the local diseased skin, prick quickly then take off the needles). After acupuncture, her itching had stopped.

Herbal medicine: *QuShiGuiLingCha* (Contain: *JinYinHua, LianQiao, ZiCao, QianCao, ShengDiHuang, ZeXie,* etc. They can be used for remove wind and dampness, nourishing Yin and remove heat-toxics, cool the blood to stop itching.)

We also asked her to stop the consumption of spicy

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food and alcohol, and not to drink too much coffee.

The second visit was 5th June. After the first treatment, her condition became much better. Most of the rashes had disappeared already. She got good sleep that last night. I gave the same treatment.

The third and fourth visit, 9th, 11th June, 80% rashes had been disappeared, no itching again.

The fifth visit, 16th June. All rashes had already disappeared, no itching, her tongue was light-red, coating was thin-white, pulse was wiry-relaxed. I gave the same treatment for a few sessions.

After half year, she brought somebody back for acupuncture and told us everything is ok.

Discussion: Urticaria is a kind of dermatosis caused by an allergy. TCM thinks that "correspondence between human and nature", they are interrelated very closely especially due to the changing season, old age, and the other individual causes of outbreak of many diseases. We think urticaria is caused by Yin-blood deficiency, nutrient-level deficiency, with generation of wind in the skin and flesh losing nutrition. Or it can be caused by Yang-Qi of lung and defense deficiency. Then the skin and interstice can't be warmed by Yang-Qi, which results in the insecurity of defensive superficies, and the outbreak of this disease after contact to cold wind or damp-heat. In a word, pathogenisis is excess with deficiency of health, disharmony between nutrient and defense levels, which makes the organism more sensitive to the outside environment.

This case had lasted a long time for 4 years. It was Yin-Blood deficiency and nutrient insufficiency, wind-heat accompanies damp violated skin and interstice, staying in between lungs and defense. Itching became worse when Qi-Blood became excited. It needed to be treated by cooling the blood with clearing heat (ShangXing, QuChi, XueHai), disperse wind (*FengChi, YangLingQuan, FengShi, XingJian*) with removal of dampness (*ShouSanLi, ZuSanLi, ZhongWan, SanYinJiao*). Nutrient-Defense levels would become regular after the pathogen had gone. We also gave treatment to regulate spleen and stomach, harmonize nutrient level and nourish Yin. We acupunctured *YingXiang* pass through *SiBai* to unblock the regular Meridian Qi-Blood with the YangMing in feet and hand, because the YangMing meridian is a special meridian of plant Qi and Blood. When pathogenic of damp-wind- and heat stay and block the nutrient-blood, Qi-blood is excited and irregular, causing itching. So we treated the YangMing meridian to quiet Qi-blood to stop itching.

2. Psoriasis

Mr. Michael, 41 years old. His first visit was 20th June 2007. He had suffered from a very extensive and severe psoriasis involving most of the body and limbs associated with marked pruritus for 10 years and became much worse within the last 5 years. Many large red rashes over all his body particularly his elbows, shanks, and right buttock, The rashes ware conglutinated that formed large pieces as big as the palm and appeared to be thick (over the skin 1-3mm). They were some silvery white scurf lamellar with a few small pustule on the rashes. He said they were very itchy all day and night, and he could not sleep well, accompanied by headache, stress, hay fever, bad back with painful all joints and muscle over body. His tongue was dark-red, coating was white-greasy, pulse wiry-relaxed.

Acupuncture:

1) *JiQuan, ShaoHao* (Both not retaining of needle), *QuChi, XueHai, WeiZhong*(Pricking), *ZuSanLi, HeGu, TongTian, YinTang, YingXiang, TaiChong, KongZui* (All of these light-needling, retaining of needle for 30 minutes).
2) *DaZhui, ShenZhu, LingTai, FeiYu, JueYinYu, GeShu, and AShi* (large rushes area), pricking by 13mm needle, then cupping only 20-30 seconds on these points.

Herbal medicine: *XiaoChaiHu* Decoction with *ErMiao* Powder: *ChaiHu15g* (gram), *NanShaShen15g*, *HuangQin12g*, *FaBanXia15g*, *ZiCao20g, LianQiao7g, CangErZi10g, CangZhu12g, HuangBai15g, JieGeng10g, ShengGanCao 6g*, 7 bags. Decoct twice then drink, 2-3 times a day, 1 bag 1day.

I also asked him to stop drinking alcohol and beer and to quit smoking, not too much coffee, no spicy food, and to get good sleep.

27th June, and 3rd, 6th, July, same method.10th July, it was his Fifth visit. No itches during daytime, and much better during the night. He now gets much better sleep and his symptoms of stress, pain of body, hay fever improved too. When he first visited Dr TCM, he thought he would only try a few sessions but after feeling much better after 2-3 sessions, he felt more confident and to come 3 times per week. Same method of treatment was administered.

23rd July, the ninth visit. All symptoms had improved. Although he occasionally felt a bit itchy at night, however his hay fever had gone. We stopped needling *TongTian, YingXiang, YinTang*; and herbal medicine: *ErMiao* powder add *some* herbal of activate Blood, remove toxin and dampness: *ZiCao 20g, TuFuLing20g, BanZhiLian20g, DanShen15g, DanPi10g, SangYe10g, LianQiao10g, CangZhu10g,HuangBai10g, ShengGanCao3g,* cook 2 sessions, drink 2-3 times every day. Then cook 2 times, washing the rashes with the decoction.

On 23rd Aug, the 13rd visit, no itching again, most Skin lesions were fading, and hay fever, headache, body pain, all of them didn't exist. Acupuncture once a week, and stop internal medicine, only external use herbal medicine: KuShen30g, HuangBai20g, ZiHuaDiDing15g, ZiCao15g, TuFuLing20g, BaiXianPi15g, BaiZhi12g, CangErZi10g, after cooking, washing the skin lesions by the decoction, 2times a day.

On 14th Sep, His 16th visit. There were a few fresh rushes on the arm after drank some alcohol 3 days ago, same method to treat.

11th Dec, the 27th visit, about 90-95% skin lesions returned back to normal. Acupuncture: QuChi, XueHai, BaiChongWo, SanYinJiao, ZuSanLi, YinLingQuan, YangLingQuan, FuLiu, KongZui, and pricking then cupping on AShi.

4th April 2008, the 30th visit. All symptoms

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disappeared, only the then colored skin lesions area now seem a bit pale.

Discussion: I think that the mechanism of psoriasis is insufficiency in both the spleen and lungs, with insecurity of defensive superficies (inheritance factor, immune imbalance); liver depression with spleen insufficiency, Qi-Blood imbalance (metabolism hindrance, spiritual factor); Wind, cold, damp, heat or toxin pathogen of external contraction (after upper respiratory tract and tonsil infection), stay in the defense phase, stagnate Qi movement, meridian and collaterals became blocked, pathogen stasis changed into heat, moving with meridian, so appeared the skin lesions over all the body accompanied with titillation. This problem is difficult to treat, and can always get worse or relapse from cold weather, moist, heat, sentiment, drink, over tired, or other rationalize factor. We now know, that Michael is always deficient and the Biao is always excess, cold-heat and deficiency-excess in complexity, local with whole body both be ill, so always difficult to cure.

In this case it's the insufficiency in both the spleen and lungs, liver depression, and pathogen of dampness, heat, wind, cold that stays and stagnates or moves to follow the meridian head for skin, muscle, the five sense organs of face, so appeared psoriasis, hay fever, muscle pain, stress, etc. It must be treated by the removal of dampness, clearing heat, disperse wind and dispel cold, activated the blood to unblock collateral. At the same time, invigorate the Qi of spleen, strengthen the lungs and the defense level to treat fundamental aspects; sooth liver and sedative heart, harmonize blood-Qi to stop titillation. The chosen points of meridians involve Hand-TaiYin, Hand-ShaoYin, Hand-YangMing, Feet-YangMing, Du meridian, and a few back transport points of lung (FeiYu), spleen (PiYU), liver(LiverYu), Kidney (ShenYu),and JueYinYU, regular internal organs function to improve internal environment to treat fundamental aspect., and DaZhui, QuChi to tonifying Qi and clear heat, GeYu with WeiZhong activate blood and remove toxins, they're working together for regular nutrient-defense and Qi-Blood. Pricking ASi of the local area for reducing the ambushed pathogen, recuperate under medical treatment internal-external, Qi-Blood, incidental-fundamental.

3. Facial Eczema

Mr. Dennis, 44 years old. His first visit was 27th Feb 2010. He has suffered from facial eczema since 3 years old, never with any cure, accompanied with asthma. Current symptoms: there was eczema all over his face, particularly on the eyelid, around nose, cheek, around lip, and mandible. These tatters conglutination each other to form into large pieces, and became thick, itching and burning that gets worse in the evening. There was a bit of a yellow substance that oozed out if skin breaks open via scratching. Sometimes he feels itching in his ears. He has tried many treatments but didn't work well. His tongue was pale-red; coating was white-greasy, deep pulse.

Acupuncture:

1) QuChi, XueHai, BaiChongWo, SanYinJiao, ShangXing, FengChi, YingXiang pass through SiBai, ZhongWan, TianShu, QiHai, ZuSanLi, JianShi, XingJian (Light needling), after needles off, pricking AShi on the worse rashes.
2) DaZhui, FeiYu, GeShu, PiYu, WeiZhong, after Pricking then cupping (didn't retained).

After treatment the itching had reduced.

6th March, the second visit. Itching had stopped, and the rashes already started to reduce.

13th and 20th March, the third & fourth visit: Skin rashes had reduced to about 50%, still can be seen under eyelids, around nose and check, the same method was used.

27th March, the fifth visit. He caught a cold recently, felt uncomfortable within the throat, and always coughed. I did acupuncture ChiZe, YuJi, QuChi, BaiChongWo, ZhongWan, TianShu, QiHai, SanYinJiao, ZuSanLi, YingXiang pass Through SiBai. QuanLiao, ChengJiang, YiFeng.

3rd,10th April, the sixth and seventh visit. The facial skin rashes had almost disappeared, everything felt better, his tongue was pale-red, coating was thin-white, deep-wiry pulse. Same acupuncture with herbal tablets: JiaWeiXiaoYaoPian with ShenLingBaiZhuPian, take orally, and ShiZhenGao, external Use. Kept going for a few sessions then stopped. He said anything was fine after half year.

Discussion

Most cases of eczema are caused by pathogens of wind, damp & heat staying internally, disappearing on the skin following meridian. But there are a few different situations, for example, some are caused by more dampness, but others had more heat or wind. However, for the symptoms of yellow oozing becoming more wet if more of damp type, or very itchy when met with dry-heat if more heat, or comes and goes from itching caused by more wind.

The eczema remained on his face for a long time because pathogen stayed because the Qi is deficient, or Qi or Yang deficiency, or Yin or blood deficiency, or Qi-Yin both deficiency, accompanied by liver depression. Example are old age, a weak body, accompanied with other chronic symptoms, women with irregular periods and hormone imbalances. For ost of them , we must think about the whole body condition when treating.

In this case the spleen-kidney is insufficient, dampness stayed in middle-energizer to develop damp-heat, which goes up to the skin and collateral of YangMing meridian of the face and attached itself there. A long time had passed never to be cured; both blood stasis with Qi stagnant. Only tonifying the Qi with the removal of dampness, dispersing wind with clearing heat to stop itching, activating blood and unblocking collateral can be helpful. I did the acupuncture with herbal medicine for treatment, gave attention to the fundamental aspect of deficiency with incidental aspect of excess, and purged excess of the local pathogen accumulation by regulating the middle-energizer, Pi-Shen, harmonize Blood-Qi, and this worked very well and very quickly.

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阳痿从心肝肾论治

窦占江 （英国)

摘要：笔者从事中医临床近三十年，所诊治男性性功能障碍的患者以阳痿最多见，中医辨证有以肝论治者，有以肾论治者，有以心脾论治者，可以讲均有疗效，而我的经验体会治疗阳痿从心肝肾综合论治疗效最佳。

关键词：阳痿 心肝肾论治

一．为什么说阳痿从心肝肾三脏论治疗效显著？

阳痿从中医学角度讲是男子阳气不足，不能鼓动血液充分运行，使气血不能充分灌注阴器，最终导致阴茎勃起障碍。而现代西医学研究证明 阳痿是阴茎动脉血流灌注不足，从而阴茎静脉血量也就不足，不足以使阴茎静脉窦嵌顿，使阴茎充血勃起。看来中西医理论是一致的。

中医从心论治阳痿，是因为心主血脉，主神，不仅认为心脏是调节血管及血液系统的主要脏器，而且临床流行病学调查显示，现在许多患者产生阳痿的原因，都与心脑血管疾病有关，如高血压，冠心病，动脉硬化等。阳痿还与心理因素引起的阳痿有关，所以，从心论治阳痿有其理论和实践基础。

从肝论治阳痿而言，是认为人的情态活动由“肝”所主，而肝的功能体现在肝气。若肝气顺，人的情绪舒畅，肝气不顺，人的情绪低下，忧愁，抑郁，善叹息，若肝气太旺，人的情绪容易激动，爱生气，发肝火，肝脏还有藏血的功能，人体各部位的血量由肝脏调节。肝的经脉过阴器，阴器的血液运行有赖于肝的调节，肝藏血，肾藏精，精血互生互养，若情志不和，血脉不调，可伤及肝肾功能。从阳痿发病的原因来看，临床上大多数青壮年阳痿主要是情志不舒和湿热因素引起，如忧思，恼怒，郁愤，思虑，猜疑，嫉妒等生活中的精神刺激是常见的情志因素，贪贪酒嗜烟，过食辛辣，油炸食物，肥甘厚味，酿生理湿热是主要的湿热因素。若情志不舒可影响肝气的顺畅，湿热流注肝经，均可导致肝经血脉不畅。阳痿从肝论治就是抓住肝经血液运行障碍，阴茎难以充盈而发为阳痿这一发病机理，用疏理肝气的中药舒畅肝气，用活血化瘀的中药通畅肝血，用肝肾的中药以调和肝肾，从而在整体上改善阴茎的血液充盈不足，达到治疗阳痿的目的。

阳痿从肾论治而言，是因为肾主藏精，主生殖，主前后二阴。中医认为，肾气盛，天葵至，阴阳和才能生育后代。肾藏精，肝藏血，肝肾同源，精血互生互养，故肾之虚实与人的性功能之强弱也存在着重要联系。从临床上看中老年性阳痿表现为腰酸膝软，神疲乏力，心烦失眠，耳鸣等肾虚症状较多一些，所以说阳痿从肾论治，改善人体的肾气，使肾精充，肾气旺，肾气推动血液运行的功能改善增强，从而改善阳痿病人阴茎供血量，达到治疗目的。

二．自拟振痿回阳汤加减治疗阳痿疗效显著

振痿回阳汤基础方组成：菟丝子，枸杞子，肉苁蓉，丹参，当归，白蒺藜，石菖蒲，远志，柴胡，白芍，枳壳，生甘草，龟板，玄驹粉。其中柴胡，白芍，枳壳，生甘草，白蒺藜合用有疏肝理气解郁之效；枸杞子，龟板，当归，丹参，玄驹粉有活血化瘀 补益肝肾，调理心血之功，菟丝子，肉苁蓉是起温肾阳通血脉振痿之功效，而石菖蒲，远志起协调心肝肾三藏功能之效，诸药配伍，临床疗效显著。

临症加减：体有脾胃虚弱者，可加用党参，山药等。如湿热较重者，体有生殖器或泌尿系类症者，可加入清热湿药如白花蛇舌草，蒲公英，败酱草，蛇床子等。如瘀血症状较重者，则可重用如王不留行，路路通，三棱，红藤，三七粉等。对于中老年人元阳虚损明星，肾虚者，可增加温阳药物。如巴戟天，仙灵脾，仙茅，小茴香等药物，但注意用量不能太大，疗程不宜过长，要见效即止，防温阳过重生燥火。

三．典型病例

赵先生，男，52 岁，英籍香港华人，2008 年 10 月 20 日初诊。诉从 10 个月前有尿痛，尿频，会阴部潮湿，大便粘腻，口苦咽干，心烦，无名火等症状，2 个月前阳痿，曾听朋友推荐自服六味地黄丸等中成药不效，今特来求诊。

查体：体胖，舌质胖大，齿龈，肱苔厚腻，舌尖红，脉弦滑。会阴部潮湿，前列腺触痛明显，肿大，稍硬，活动度尚好。诉职业为厨师，嗜好饮酒，喜食肥甘及辛辣食物，而且厨房地面潮湿，每周 1-5 每天工作 10 小时以上。综合上症，随投振痿回阳汤基础方减枸杞子，龟板，肉苁蓉，菟丝子等滋阴助阳之品，另加入龙胆草，公英，败酱草，生薏米，车前子。共计 28 剂，水煎服，日分 2 次，早晚口服。

二诊：诉现已无尿痛，尿频，会阴潮湿等症状，口苦症状，口苦消失，大便成型不粘，失眠，耳鸣症状改善。但仍腰酸，乏力，勃起不坚，查体：舌质淡红，苔薄白，脉沉缓。此为湿热已除，但肝肾功能不足，气血郁滞，阳气不振之象。改投振痿回阳汤原基础方加巴戟天，仙灵脾，仙茅，首乌等连续口服 30 剂，阳痿已除，阴茎勃起坚硬，回复正常性生活。后改服六味地黄丸 3 个月余，随访一年，无复发。

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Do the media portray acupuncture in a positive or negative way?

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Abstract: Do the media portray acupuncture in a positive or negative way? This question arose from western medical and nursing professionals and their negative assumptions and beliefs of the use of acupuncture. The researcher speculated as to the general public's perception of acupuncture, from a key media source. Preliminary database searches highlighted a significant gap in the knowledge base of this topic. He chose to specifically use 'The Mail Online' for data retrieval, and a timescale from 2008-2011, with the single word search 'Acupuncture'. The methodology approach for this report was a media analysis as defined by Gould (2004, 1).

The researcher's results identified a total of 554 articles, with the single search term 'Acupuncture'. In conclusion; this report highlights an overwhelming 69% of all articles reviewed, from 'The Mail Online' (media) portrays acupuncture in a positive way.

Keywords: Acupuncture – media – online – newspapers

Introduction

One only needs to examine western medicine's negative perception of acupuncture from their respected sources. For example, NHS Choices (2010) states: "*Unlike conventional treatments, the use of acupuncture is not always based on scientific evidence*". Furthermore, the Department of Health (2011, 5-6), who after analysis of reports of the regulation of acupuncture, state that: "...s*tatutory regulate may give the impression ...alternative treatments is on an equal footing with ...orthodox western medicine*". The researcher - a registered nurse has for many years being indoctrinated by western medicine theory; however, he has noticed a growing trend by his patients, who receive alternative treatments. Through discussions with other nurses, doctors and consultants, he became interested in the perception of acupuncture. The negative assumptions and portrayal of these treatments, in particular acupuncture, led him to address this imbalance, of these perceived beliefs. His patients would often comment that they first looked on the internet, for stories and articles about acupuncture, before finding a practitioner. This information led the researcher, to casually observe the public in a few social situations i.e. cafes etc, where he noticed a large percentage, were reading the 'Daily Mail' newspaper. He combined the information from his patients (the internet), with his observations (the Daily Mail) and used the single search term 'Acupuncture', on the Mail Online website. This resulted in 554 articles, related to acupuncture.

Therefore, as there was no other reports similar to this topic, the researcher undertook a search of which methodology, would best fit the purpose of this report, and deduced that Gould (2004, 1) advocated media analysis was the correct methodology for analysing any media research. Thus the researcher chose to use this approach - but with adaptations. Furthermore, Gould (2004, 1) states this approach was even suitable, for those without a prior media background, like that of the researcher of this project. The data collection and analysis would be sourced from the Mail Online, then each article reviewed, to assess if the article portrayed a positive or negative message, relating to acupuncture. A timescale from 2008-2011 was chosen by the researcher. Again, Gould (2004, 4) advocates a manageable sample for media analysis is between 100-200 stories. The researcher of this report reviewed 231, which conforms to the methodology approach. The articles were reduced in size, through editing by the researcher, who removed irrelevant information, such as adverts, links, and photographs etc.

The results were organised into one of three categories; positive, negative and both positive and negative articles, which related to acupuncture. These categories were reviewed by the researcher with a non biased approach, and then further reduced, to form the basis of his results and discussion section. The conclusion highlights, that the media significantly (69%) portrays acupuncture in a positive way.

Aims/Objectives:

The main aim of this report is to establish whether the media portrays acupuncture, in a positive or negative way, and thus fill a gap in the knowledge of this topic, as well as generating a broader outlook and understanding of the media's perception of acupuncture, enabling a better understanding of this topic, by fellow professionals.

Methodology

Gould (2004, 1) states; "*media analysis can offer in-depth analysis of news coverage on a particular issue*". As the focus of this research report appertains to "the media's portrayal of acupuncture", the researcher carefully concluded, that a media analysis was fit for purpose for this report. He used this methodology with adaptations.

Gould (2009, 3) advises using specific and careful search terms. The researcher chose 'Acupuncture' for the 'Mail online' website and 'Acupuncture and Media' for the searches on several databases. However, Gould discusses that various articles, may also be generated with certain search terms, that may in fact have no real correlation to the subject matter. He also highlights that journalists, may use certain search terms in different ways. Furthermore, Gould (2009, 4, 7) advocates examining articles from a set time frame, the researcher specifically chose 2008-2011. "*A manageable sample for typical media analysis is between 100 and 200 stories*" (Gould 2009, 4). He also advocates, narrowing the articles down for analysis, via a random selection The researcher also applied this method. "*Sometimes it can be very informative to compare media coverage from one year to the next*".

Gould (2009, 4-5) advocates including letters to the editor, which can add value to an article, as well as where the article is placed within the media outlet. Furthermore, if a reporter connects/disconnects with a topic, this may affect the readers' interpretation of an article. Gould (2009, 6) states; "*...associations that can be negative or positive, and their use tends to activate these associations in the minds of readers*".

Design

The researcher carried out a preliminary search, of several databases, however; of all articles found, none were relevant to this topic. The researcher identified the source, for data extraction. He observed the general public, in cafes etc, who either read newspapers, or utilised internet facilities at the establishments. He noticed that people were reading the Daily Mail. The researcher has established, through his nursing duties that 'professional patients' stated they used the internet, to search for information and treatment options for health conditions. Thus, a combination of the internet and the Daily Mail would be used as the device and source of data retrieval. The Office for National Statistics (2011) states; "*In 2010, 30.1 million adults in the UK (60 per cent) accessed the Internet every day or almost every day. This is nearly double the estimate in 2006 of 16.5 million*". With these statistics, it could be said, that the internet is one, if not the most popular source for information.

Following a pilot sample of Acupuncture articles, the researcher found the articles, reflected certain theories of TCM-Traditional Chinese Medicine. The researcher used the search term 'Acupuncture', as the public if interested in acupuncture as a treatment, may use a single search term first, this generated 554 articles. A timeline of three years was selected for the acupuncture articles. He then reduced the articles (231) down, by extracting advertising, pictures and non associated text, from the relevant stories. The next stage required classification into; positive, negative, or positive and negative categories. The final stage required a random sample from each of the categories, which would form the basis for the discussion section.

Results section

A preliminary search, of the following databases, concluded that; Cochrane – Acupuncture and the media (1) Cochrane – Acupuncture & online newspapers (0) Cinhal – Acupuncture and the media (18) Cinhal – Acupuncture & online newspapers (149) Amed – Acupuncture and the media (16) Amed – Acupuncture & online newspapers (1).

The Cinhal database at first glance appears promising, showing over 140 articles, however, reviewing all three databases, articles, allegedly relating to the media and acupuncture, resulted in little relevance to this research report. Therefore, preliminary searches of the databases were inconclusive, leaving the researcher with no comparison study to review/utilise.

Acupuncture articles reviewed from the mail online 2008-2011; positive 69%, negative 17%, positive and negative 14%

Discussion

"*Today, the digital revolution has paved the way for the media to dominate our lives.*", Monck (2008, 67) said. One of the most significant sources, where growth and development is increasing at a vast rate, is the internet. With the statistics previously discussed, from the national statistics office, the rise of internet usage is increasing daily. The researcher hypothesised, that the media would portray acupuncture in a negative way. This stemmed from his professional career within the medical/nursing field. His peers and senior professionals within this sphere were in the majority dismissive and negative towards the efficacy of acupuncture. It is clear that an overwhelming percentage (69%) of all reviewed acupuncture articles portrayed it in a positive manner. Negative articles reviewed, only accounted for 17% of the total number of articles reviewed, closely followed by combined articles, depicting both positive and negative media portrayal of acupuncture, which resulted in 14%. These statistics, therefore clearly depict that from 2008 to the present day, the media, namely the Mail online, reports acupuncture predominately in a positive manner.

Randomly selected articles were further reduced to highlight key words or sentences, relating to acupuncture, which depict either a positive or negative media influence.

Positive

In 2008, Rocke reported on "*How I discovered the finer points of acupuncture*". This article depicted his journey of discovery, leading to a qualification as an acupuncturist. One of the major features of this article clearly dispels any myths/concerns over the treatment of acupuncture. He advocates,that it does not hurt, that needles are modern and disposable, and that at most a patient receiving acupuncture may have one or both of the following minor side effects: a bruise or minor bleeding. He further advocates, patients can have acupuncture safely alongside conventional medicine. He also states, that treatments last for approximately an hour, with a review after five treatments. His final informative advice is that acupuncture can be used at any age, even on babies He also gives references for the readers, to search for further information about acupuncture, which will lead the reader to the BAcC (British Acupuncture Council) website. Any further questions they may have, can be addressed, as well as obtaining information of acupuncturists, located where the readers reside.

Another very positive article, randomly chosen, was by Stacey (2011). However, at first glance, this article did not appear to relate to acupuncture, and even the heading of "*A recipe for tea-time success*" was vague. A subheading of *"Breast-feeding made easier*", gave one of the most prominent and positive portrayals of acupuncture by the Mail Online. It clearly stated that acupuncture immediately cleared a woman's mastitis with one session. It further quoted liver and stomach meridians used within her treatment, as well as advocating readers to contact the BAcC, listing their website and contact telephone number. Although compared to other articles, this story may appear short, the messages it portrays to the readers, may have significant influences, to compel the public to consider acupuncture treatments, for their own health concerns. "*It could be that under certain conditions the persuasive effect of the source is enhanced by the message or that the persuasive effect of the message is enhanced by the credibility of the communicator*" Bradac (1989, 139-140).

A Daily Mail reporter (2009) stated that, Mr & Mrs Grainger-Mead scoured the internet for years, looking for alternative therapies, and that they considered acupuncture. What is evident from this article is that members of the public are active in searching the internet, for alternative healthcare treatments; thus another justification for this research report. "*Journalists now frequently access the Net to obtain information as quickly as possible, just like other members of the public*" Manning (2001, 77).

Bee (2009) reported on the guidelines published by NICE (National Institute for Clinical Excellence), that advocate acupuncture was to be given on the NHS (National Health Service) for lower back pain. One of the most poignant and positive statements was; "*These guidelines are a radical departure from current practice*". As MacPherson et al (2008, 241) states; "*Thirty years ago a practising doctor in the UK may have been struck off the medical register for referring patients for acupuncture*", they further state; this practice is now legitimate and acceptable.

An article abundant with positivity was by Macrae (2010) who reported of the research validating the physical mechanism by which acupuncture relieved pain. He further stated acupuncture has been used for 4000 years in the world. What is remarkable about this article is the numerous letters to the editor, in total praise and support for the use of acupuncture. One letter was from a lady called Jean, whom despite having pain control, to ease her tennis elbow, she was not happy to remain taking tablets all her life. She chose acupuncture, and as she bears

testament to its effectiveness. After five sessions her pain was resolved, never to return. Monck (2008, 209) sums up the effectiveness of articles, written by the media. He states; "*The brain has a rule, say psychologists: if it remembers something well, it is likely to be accepted as truth*". He further states; the frequency that the reader obtains positive or negative information, the likelihood of remembering these facts is extremely high.

Negative

Within this section, the researcher will refer to randomly selected negative articles. Watson (1998, 122) states; "*The only good news, it has often been said as far as news gatherers are concerned, is bad news*", he further advocates that bad news sells newspapers. Various front page news stories of the Mail Online depict negative associations with acupuncture. A Foreign Service journalist (2010) reported on an acupuncturist, who intentionally infected 15 of his patients in Switzerland. In 2009 Fernandez reported on Lyons, a 52 year old guru living in London, who would treat women with acupuncture, then rape them. Again in 2010, a daily mail reporter followed up the same story, with similar content to Fernandez, with the additional information, that Lyons denies all the charges against him. Incidental note is made, that for legal reasons readers online could not post any comments on these two stories. All these articles were headline news stories, and published on the front pages of the mail online. These factors combined with the type of topic of the articles, are an important factor in media analysis, according to Gould (2004, 1). Furthermore, photographs depicting Lyons, wearing a orange guru style attire, whilst laughing and smoking, can affect the response of the reader. Again, Gould (2004, 1) talks of the messages that are portrayed, where pictures could be perceived as powerful and emotive.

Positive and Negative

Within this final section, the researcher established that certain articles by the media have both a positive and negative portrayal of acupuncture. Berger (2003, 14) discusses that media not only serves to inform and educate us, but that it shapes our identity, and our attitudes. Berger (2003, 27) further advocates, that media has both a 'hot and cool' classification Hot topics tend to publish extensive information on a subject, whereas cool articles, consist of a concise story This cool form of media, requires the reader to study the article more and form their own ideas and opinions of a certain story. With the exception of a few articles, the media tends to publish cool articles, appertaining to acupuncture, and thus, the reader focuses more on the story, which can intensify the readers' view of an article.

Macrae (2010) reported that acupuncture does not relieve pain, according to scientists, and further pictured a woman receiving facial acupuncture, with the title 'Ouch, a woman undergoes acupuncture'. Gould (2004, 1) discuses what messages are reported, including metaphors, and other elements that frame public discussion. However, in response to this article, a woman from East Anglia, highlighted the ineffectiveness of western medical intervention for her health conditions, but praised acupuncture for resolving her symptoms. This positive statement from a member of the public thus encourages the reader to think twice about conventional treatments available, and pursue acupuncture for their health concerns.

Eccles (2010) reported on a nurse working in gynaecology, which after relying on western medicine for three years to conceive, eventually sought treatment by acupuncture and became pregnant. Again, Eccles referred to an academic, Mike Cummings from the British Medical Acupuncture Society, who states: acupuncture stimulates the nerves and increases blood flow to the ovaries. These western medical professionals are in favour of acupuncture, almost dismissing the foundations of their professions. However, in this article, a woman from the Isle of Man stated that; despite seeing a doctor who "*appeared to be very well qualified*" in acupuncture, wrote "*It didn't work*", thus emphasising that even academics in acupuncture are ineffective in providing treatment.

Conclusion

In conclusion, the researcher's premeditated hypothesis was that the media would portray acupuncture in a negative way. This assumption was incorrect and from the research and review of this report, the media significantly portrays acupuncture in a positive manner. An overwhelming 69% of all articles reviewed, portray acupuncture in a positive manner. This statistic could be further increased, if added to the combined positive findings, from the 14% of both positive and negative articles. This ultimately could equate to 76% of the overall reviewed articles, reflecting acupuncture is portrayed by the media in a positive way. However, this report has its limitations. This report only centres on the media's portrayal of acupuncture, from a fixed time frame of 2008-2011. Furthermore, only one major news source was reviewed (The Mail Online). Further expansion of this report could also include other countries worldwide and include television and radio sources. This would allow a much broader understanding, of the media's coverage of acupuncture.

The researcher has attempted to remain non-biased throughout this report, which also aims to fill a gap in the knowledge, where other studies of this nature, have at present not been found. Thus, this report can inform fellow professionals, that the media does portray acuuncture in a positive manner.

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Acupuncture for the symptom of Anxiety in Polycystic Ovarian Syndrome (Part one)

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Abstract: In the UK, anxiety is currently one of the most common mental health disorders. Polycystic Ovarian Syndrome (PCOS) is the most common endocrine disorder amongst women. Both conditions have a significant impact on an individual's health related quality of life (HRQoL). Recent research has begun to identify and explore anxiety as a symptom commonly associated with PCOS which has highlighted a need for further studies. According to Traditional Chinese Medicine, anxiety is associated with the Kidneys, Liver and Heart and can be due to a deficiency of Yin or Blood, full Heat or a combined full/empty condition such as Yin deficiency with empty Heat. PCOS is most commonly referred to as Kidney Yin/Yang deficiency with accompanying Phlegm-Damp and usually involves the Liver, Spleen and Penetrating and Conception vessels. Research and evidence implies that acupuncture can be beneficial in treating both conditions separately; however no research has been conducted on the use of acupuncture in treating anxiety as a symptom of PCOS. A research protocol is proposed to ascertain the use of acupuncture in treating anxiety in women with PCOS and whether there is an opportunity to increase the HRQoL in this population. There will also be a critical discussion in relation to the limitations of conducting this research.

Key words: Polycystic Ovarian Syndrome, Anxiety, Acupuncture

Western Medical perspective of Anxiety and PCOS Anxiety

According to a survey commissioned by the Mental Health Foundation in 2009 anxiety and anxiety related disorders are increasing. The survey found that in 2007 those who were suffering from an 'anxiety related common mental health disorder' in England were 15% compared to 13% in 1993 (Halliwell 2009). In the UK, women are more than twice as likely to be diagnosed with anxiety (NICE 2010:4) and up to 20% of women attending primary health care in developing countries suffer from anxiety (WHO 2009:1). While a certain amount of anxiety is required in order to respond effectively to stressful situations, excess anxiety and associated symptoms can be disabling (NIMH 2011:5).

The heading 'Anxiety Disorders' is used to describe five main conditions; panic disorder, social phobia disorder, obsessive compulsive disorder, post traumatic stress disorder and if the anxiety is persistent and does not have a specific cause the term generalised anxiety disorder is used (GAD) (WHO 2101:37). In 2009 critics of GAD definition claimed many patients with anxiety failed to meet the full criteria of the condition. Their research has identified another condition: anxiety disorder not otherwise specified (AnxNOS) (Lawrence et al.,2009).

The feeling of anxiety is triggered by the body's stress response and happens as a result of anything that disturbs homeostasis (Shelton 2004). This response can be triggered not only by a physical threat but also by a perceived threat to homeostasis such as in the case of anxiety (CKS 2011). The stress response triggers a release of hormones in the brain (corticotropin releasing factor (CRF), corticotropin, glucocorticoids and epinephrine) and also involves the amygdala which serves to moderate human's response to fear or anxiety inducing stimuli (Nemeroff 2003). When stimulated, the amygdala causes autonomic hyperactivity in the midbrain and brain stem which activates the hypothalamic-pituitary-adrenal (HPA) axis and in cases of anxiety this axis is hyperactive (Shelton 2004). Excess serotonin, CRF and underactive GABA (g-aminobutyric acid) are also thought to contribute to the state of anxiety (Arborelius et al., 1999, Kessler 2000, Nemeroff 2003).

A report by the National Institute of Clinical Excellence in 2010 found that diagnosis of anxiety is poor. In particular, it found that GP's often don't recognise many of the symptoms of mild cases of the condition in particular (NICE 2010:4). It is thought that another reason for under-diagnosis is the social stigma surrounding anxiety and pessimism about treatment prospects (NICE 2010:8). Treatment for anxiety related disorders is usually in the form of pharmacotherapy such as antidepressants, anxiolytics or other agents such as momoamine oxidiase inhibitors and venlafaxine plus psychotherapy, specifically cognitive behavioural therapy (CBT) and collaborative care are also used. It is common in the majority of anxiety disorders for treatment to combine psychotherapy with pharmacotherapy (Arranz et al., 2007).

PCOS

PCOS is a controversial condition in Western Medicine mainly because the definition of the disorder itself is greatly debated leading to difficulty in establishing an exact phenotype (Balen et al., 2009, Barth et al., 2005). It is a complex heterogeneous disorder where in some female patients the symptoms are mild whilst others have severe reproductive, endocrine and metabolic disturbances. The definition of PCOS currently used internationally is the Rotterdam Criteria established in 2003, which requires two of the following three criteria when diagnosing patients:

1) Oligo-ovulation or anovulation,
2) hyperandrogenism (clinical, biochemical or both),
3) polycystic ovaries with the exclusion of other disorders (Balen 2009).

In 2006 the Androgen Excess Society (AES) proposed that all three of the following criteria are needed for accurate diagnosis;

1) Hirsutism and/or hyperandrogenism,
2) oligo-anovulation and/or polycystic ovaries,
3) exclusion of androgen excess or related disorders (Barth 2007)

However, this definition is not widely accepted mainly because a tighter diagnosis could leave many women with milder symptoms undiagnosed and without the treatment they deserve or need (Balen, et al., 2009). Despite this debate all groups are clear in their end goal of establishing a phenotype and have little disagreement that PCOS is the most common cause of anovulatory infertility.

PCOS is thought to affect 20-33% of the UK female population and 5-10% of women across the world and is the most

common cause of anovulatory infertility (Balen 2007). Interestingly, recent research has shown a significant prevalence of the disorder among UK immigrants of South Asian origin with a reported 52% of this population suffering with PCO and 49% showing menstrual irregularities (Balen 2006).

The disorder is believed to originate in puberty with genetic disposition, disturbances of several endocrine and environmental factors also playing a part in the development of the disorder (Balen 2009, Hopkinson et al., 1998). Early research has shown that endocrine malfunction is evident in most (not all) patients in that there are abnormalities in the metabolism of androgens and oestrogens that control the production of androgens (Khan 2009). This includes raised concentrations of luteinising hormone (LH); androstenedione and testosterone, in conjunction with low or normal levels of follicle stimulation hormone (FSH). Recent research has also shown a link between PCOS and a malfunction in insulin metabolism and the central beta-endorphin system, which can cause a malfunction within the HPA axis resulting in abnormal levels of hormones being released (Franks et al 2001, Stener-Victorin 2008, Balen and Craggs-Hilton 2008). Due to the impaired metabolic and endocrine functions in the disorder 50-70% of women have insulin resistance, which further raises the risk of type 2 diabetes, metabolic disease, endometrial cancer and cardiovascular disease.

In Europe the Rotterdam criteria for diagnosing PCOS is still used but it is also diagnosis of exclusion whereby other causes of oligomennorhoea will be assessed (CKS 2011). This is assessed by blood tests to measure the levels of LH and FSH, total testosterone, blood sugar, sex hormone-binding globulin plus thyroid stimulating hormone and prolactin. Following this the free androgen index will be calculated and if necessary the patient will be given a pelvic ultrasound to observe whether the ovaries match the diagnostic criteria of 12 or more immature follicles (CKS 2011) see Appendix A.

Treatment and management of PCOS depends upon the presenting features and clinical diagnosis specific to the individual. Primarily, women are encouraged to adopt a healthy lifestyle and ensure that their body mass index (BMI) is in line with healthy guidelines both of which helps reduce symptoms and the possible long term risks of cancer, cardiovascular disease and complications with glucose metabolism (Balen 2009). Pharmacological treatment is in the form of metformin and contraceptives for irregular menses, hirstuitism, and infertility. Clomiphene citrate, thiazolidineiones and metformin may be used for insulin resistance as well as accompanying infertility (Moll et al., 2007). Surgery can be in the way of laparospic ovarian drilling but this is usually the last line of treatment if other avenues have proved unsuccessful (Hopkinson et al., 2007).

Anxiety and PCOS in Traditional Chinese Medicine Anxiety

Aetiology and Pathology

Figure 1 illustrates the internal organs that are primarily involved in a disharmony where there is anxiety. It is mainly the Heart and Kidneys that are involved but it is also common to see an involvement of the Spleen and Liver (Ross 1998). As the Heart is the said to store the *shen* any disorder involving anxiety implies a disturbance of the *shen* and will require treatment to harmonise and calm the *shen* (Zhang 2010). The Liver houses the *hun* which has an important relationship with the *shen* as it gives the *shen* dreams, visions, aims and projects and a disorder in the Liver could quite easily disrupt the *shen* (Maciocia 2005:124).

The excessive emotions of fear and worry in particular affect the proper circulation of Qi resulting in Qi stagnation, depletion or the improper ascending and descending motion (Maciocia 2005:246). Long term Qi stagnation can develop into Heat, Fire and Phlegm and result in severe emotional disturbances (Rossi 2002:23). A deficiency of Blood or Yin can result in the *shen* and *hun* losing their 'residence' in the Heart and Liver resulting in anxiety and poor sleep. Deficiency conditions can cause the shen and ethereal soul to become restless and pathogenic factors such as Heat, Phlegm, Blood and Qi stagnation can agitate the mind and cause anxiety (Maciocia 2004:384).

PCOS

TCM views PCOS as a relatively new disease that in the past would have presented as amenorrhoea or scanty periods, abdominal masses and/or infertility (Maciocia 1998:808). The organs most likely to be involved in this disharmony are Kidney, Spleen, and Liver with a subsequent disharmony in the Penetrating (Chong) and Directing (Ren) vessels. The most common pattern is Kidney Yin/Yang deficiency with accompanying Phlegm-Damp and or Blood stasis (Betts 2003:166).

Aetiology and Pathology

TCM believes that the ovarian cysts begin in puberty or childhood following an invasion of pathological factors either suffered after the child is born or during menstruation (Maciocia 1998:806). Overall it is believed that the disorder begins with a Kidney disharmony, plus Liver Qi stagnation or Spleen Qi Deficiency (Maciocia 1998:806, Ke 2008). Kidney Yin or/and Yang Xu can be constitutional, as well as being the result of pathogenic cold invasion, overwork, excessive sexual activity, chronic illness, a diet that is excessive in cold and raw foods, loss of body fluids, loss of blood, and excessive emotions such as fear or worry (Maciocia 2005:591, Lyttleton 2004:221). Pathogenic cold and excessive sexual activity can also have a negative affect on the function of the Directing and Penetrating vessels and a diet high in cold and raw foods impairs the functioning of the spleen adding to the formation of Phlegm-Damp (Maciocia 2005:593, Maciocia 2004:407).

When Kidney Yang and Spleen Qi are deficient this leads to the failure of the body's combined ability to transport, transform and excrete fluids thus eventually leading to Phlegm-Damp formation especially in the lower burner (Maciocia 2005:610). The cysts are viewed as a result of the accumulation of Phelgm-Damp and Blood Stasis with the amenorrhoea being a result of Kidney or Blood deficiency, stagnation of Liver or Heart Qi, Blood stasis or Phlegm-Damp accumulation (Lyttleton 2009:194-222). As a result of the above disharmony's three further patterns may develop.

Research Methodology

In order to ascertain the role of acupuncture in treating anxiety in relation to PCOS it is necessary to review clinical trials of the use acupuncture for anxiety and PCOS as separate conditions.

Searches were conducted using online databases available at the University of Lincoln library catalogue: AMED, Academic Search Elite, BioMed Central, MEDLINE, CINAHL, Cochrane Library, Cidhal and PubMed, from 1995 until November 2010. Boolean combinations of the keywords: acupuncture, auricular acupuncture, Traditional Chinese Medicine, anxiety, anxiety disorders, situational anxiety, generalised anxiety disorder, anxiety neurosis, PCOS, polycystic ovaries, polycystic ovarian syndrome and polycystic ovary syndrome were used. Restrictions implemented in the search were that the data must be in the English language and must relate directly to anxiety, PCOS or a combination of both. No restriction was placed on the country of origin or the sample size used.

A total of 43 studies were identified including clinical trials, literature reviews, and Randomised Controlled Clinical Trials

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(RCT's).

Trials that were included were non-controlled and RCT's assessing the effectiveness of acupuncture in the treatment of anxiety, PCOS and anxiety and PCOS combined. RCT's that compared acupuncture with sham acupuncture, and conventional pharmacological treatment were included. Trials were excluded if their primary research criteria were different to that of the specific subject. For example, studies on female infertility and depression, both of which have commonly been linked to PCOS and anxiety were excluded. In addition, trials which were conducted on animals, literature reviews and trials which used Chinese herbal medicine were excluded. For the purpose of the review anxiety trials that were included related to studies conducted on generalised anxiety disorder and situational anxiety. A total of 17 studies were identified; 13 of which investigated the effect of acupuncture on anxiety and 4 which assessed the use of acupuncture in PCOS.

Results

The findings of the literature review are divided into studies on acupuncture and anxiety and acupuncture and PCOS and are summarised in appendix D and E.

Acupuncture and Anxiety

Wu et al., 2011 performed an RCT whereby 35 patients who were about to undergo surgery were studied in terms of anxiety before and after surgery. The participant's anxiety was measured using the Zung Self-Rating Anxiety Scale and only those who scored over 50 were selected for the trial (<50 deemed normal state, >50 classed as suffering from symptoms of anxiety). The focus of the study was to compare body acupuncture with auricular acupuncture and subjects were randomly assigned to the two groups all receiving acupuncture (body and auricular) twice a week for four weeks. Although there was no control group Wu reported that both treatments significantly reduced pre-operative anxiety (P=0.00) but that there was not a significant difference between the effectiveness of the two treatments (P=0.24).

Liu et al., 1998 performed a RCT whereby patients with anxiety neurosis were assigned to the following treatment groups: acupuncture, behavioural desensitisation and the two treatments combined, with one to four courses of treatment with each course comprising 10 sessions. Patients were selected using the Zung scoring system and all had scores over 50. Following treatment Liu found that patients in the combined treatment group had the most significant reduction in anxiety (Zung score of <45).

Wu et al., 2008 conducted a RCT on 67 patients with post-stroke anxiety neurosis where acupuncture was compared to oral alprazolam. The scale used to assess anxiety in this case was the Hamilton Anxiety Scale (HAMA) and patients were randomly assigned to the two treatment groups. According to Wu symptoms were alleviated in 82.35% of the patients who received acupuncture with the alprazolam group reporting no difference.

Kober et al., 2003 conducted an RCT on 36 people who used the Visual Analogue Scale (VAS) to measure levels of anxiety in relation to hospital transfer. Patients were blinded and randomly split into two groups who received treatment consisting of a single auricular acupuncture point or sham needling as the control. Although the trial was small there was a significant difference (P=0.002) giving rise to the conclusion that the acupuncture group was less anxious on arrival to hospital.

In a similar study, Wang and Kain (2001) studied anxiety in operating room staff. Participants were blinded and randomly split into two treatment groups; 37 of which received treatment at two auricular points and 18 who received sham auricular acupuncture. Press needles were inserted for 48 hours and participant's anxiety was measured after 24 and 48 hours. This time the anxiety was measured using the State-Trait Anxiety Inventory (STAI) scale and the group who received acupuncture was found to be less anxious than those who received the sham control (P=0.042).

Wang et al conducted two further studies, one also in 2001 and the other in 2004. The study in 2001 examined pre-operative anxiety and used similar techniques to that of the one mentioned previously but added one extra auricular point. More people were recruited (n=91) and the study found that again acupuncture was more effective than the sham acupuncture (P=0.01). The study in 2004 was conducted on 67 mothers and their children with the children about to undergo surgery and used auricular acupuncture and sham as a control. The mothers' anxiety was measured using the STAI scale while the children were assessed using MYPAS. Like the other studies, the acupuncture group in both mother (P=0.014) and child (P=0.03) groups were reported as less anxious prior to surgery.

In 2007 Hollifield et al., performed an RCT on 73 people suffering from post traumatic stress syndrome. Participants were randomly assigned to 3 groups for treatment; acupuncture, cognitive behavioural therapy (CBT) and a waiting list control group (WLC) who received no treatment. Using self evaluation, acupuncture was found to be as beneficial as CBT and both groups improved significantly more than the WLC group (P=0.01).

Mora et al., 2007, Karst et al., 2007, and Wang et al., 2007 all conducted RCT's on patients using auricular acupuncture. Mora et al., and Wang et al both studied pre-operative anxiety and used true acupuncture compared to sham acupuncture and found that participants in the acupuncture group were less anxious than the sham group (P=0.001 and P=0.014 respectively). Karst et al., observed patients who were about to undergo dental extractions and compared acupuncture with intranasal midazolam with a control group receiving sham acupuncture. Karst et al., found that the acupuncture and midazolam group were significantly less anxious than the placebo group before, during and after treatment (P=0.012 and <0.001 respectively).

Another study to investigate the use of acupuncture in pre-operative anxiety was conducted by Gioia et al., 2006 whereby 25 people were randomly split into groups receiving true acupuncture, sham acupuncture or no acupuncture 20 minutes before surgery. Again, the acupuncture group reported lower levels of anxiety than with no acupuncture (P=0.001) or sham acupuncture (P=0.003).

Gibson et al., 2007 conducted an interesting study on 10 patients with hyperventilation syndrome. The study was single-blinded and randomised with two groups receiving either breathing re-training or acupuncture for 4 weeks. There was a 'washout period' of one week following which participant's anxiety was measured using the HAD measurement scale. Results showed that acupuncture reduced anxiety more than the breathing techniques (P=0.02).

Acupuncture and PCOS

In 2007 Chen et al., recruited 121 women with PCOS and randomly divided them into two groups; one that received clomiphene and intramuscular injection of chorionic gonadotropin (HCG) and one group that received acupuncture. Hormones and symptoms in the patients before treatment and after three and six cycles of treatment were investigated. After three cycles both groups showed an improvement (P=0.01) however, following the sixth cycle only the acupuncture group showed elevated levels of hormones (P=0.01) whereas the medication group's hormones had returned to baseline levels.

Stener-Victorin and colleagues have conducted a number of studies / reviews on the effect of acupuncture on PCOS. In 2009 an RCT was conducted investigating the effect of electro-acupuncture (EA) and physical exercise on women with PCOS. Twenty women were randomly split into three groups;

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EA, physical exercise and an untreated control group all with participants and assessors blinded. The study measured menstrual bleeding at 3 intervals beginning with baseline and ending at 16 weeks of treatment and found that EA (P = 0.036) and physical exercise (P = 0.030) reduced high sympathetic muscle nerve activity which is associated with women who have PCOS. In 2000 Stener-Victorin and colleagues again investigated the effects of EA on anovulation in women with PCOS. This time the trial was a non-randomised longitudinal study of 24 women and their menstrual patterns combined with basal body temperature (BBT) over a period of 9 months. The study found that 38% of women experienced regular menstruation thus prompting the conclusion that EA is an effective alternative to pharmacological treatment in women with PCOS.

In 2006 Qu et al., conducted a non-randomised clinical trial with twenty five patients, however there was no control group and the study utilised the AES definition of PCOS for recruitment purposes. Treatment consisted of acupuncture to various points in the body and was administered daily with one day's rest over four weeks. Patient's BBT, menstrual cycle and the maximum cross section size of the ovaries and number of follicles were measured. The study found that following acupuncture the size of the ovaries and the number of follicles reduced significantly (P = 0.05) and claimed that eight participants returned to a normal menstrual cycle of 30-32 days after 3 courses of treatment.

Discussion

A large body of encouraging evidence for the use of acupuncture in treating anxiety is available for analysis, however, many of the studies focus on generalised anxiety, situational anxiety or anxiety associated with diseases such as cancer or coronary heart disease. As a result, interpretation of the results is difficult due to the wide range of anxiety and also the treatments to which acupuncture is compared (Pilkington et al 2010). It is clear from the research however, that acupuncture does appear to have a positive effect on reducing symptoms associated with anxiety.

PCOS research, even from a western perspective, is still relatively new with the development of further research often jeopardised by the current debate surrounding the definition (Kelly et al., 2011 and Barth et al., 2007). As such, studies examining the role of acupuncture in treating PCOS are limited. The priority for studies in acupuncture and gynaecology tends to focus on infertility, anovulation or oligo-ovulation or problems related to menstruation e.g. dysmenorrhoea. While many of these studies usually include a reference to PCOS there is very little focus specifically on the disorder itself. Nonetheless the small amount of research conducted has shown that acupuncture can have a positive effect in treating PCOS even if the disorder was not the primary focus (Stener-Victorin et al., 2008).

To date, there have been no studies investigating the use of acupuncture in the treatment of anxiety associated with PCOS. This is because the emergence of the link between the two is still extremely recent as well as with the lack of a properly validated tool to assess the psychological impact of the disorder. Nonetheless, the link between the two conditions has been demonstrated with clear evidence, therefore a clinical trial to investigate the efficacy of acupuncture for the symptom of anxiety in PCOS is proposed. (Himelein and Thatcher 2006, Eggers and Kirchengast 2001, Elsenbruch et al., 2003, Coffey et al., 2006, Jones et al., 2008, Moran et al., 2010, Teede et al., 2010, Scott-Sills et al 2001, Bruce Jones et al., 1993, Benson et al., 2009).

Proposal of an acupuncture protocol for the treatment of anxiety in PCOS

The research protocol will be designed using the WHO Guidelines on Acupuncture research (WHO 1995) and will also utilise the 2010 CONSORT and STRICTA guidelines.

Objectives:

Through conducting a 'blind randomised controlled clinical trial to assess the effectiveness of acupuncture in the treatment of anxiety in PCOS' this proposal will examine:

- The viability of performing this treatment protocol
- Whether there is evidence to suggest that acupuncture may be effective in reducing anxiety in people with PCOS

The study design is outlined in Figure 3.

[To be continued in next issue]

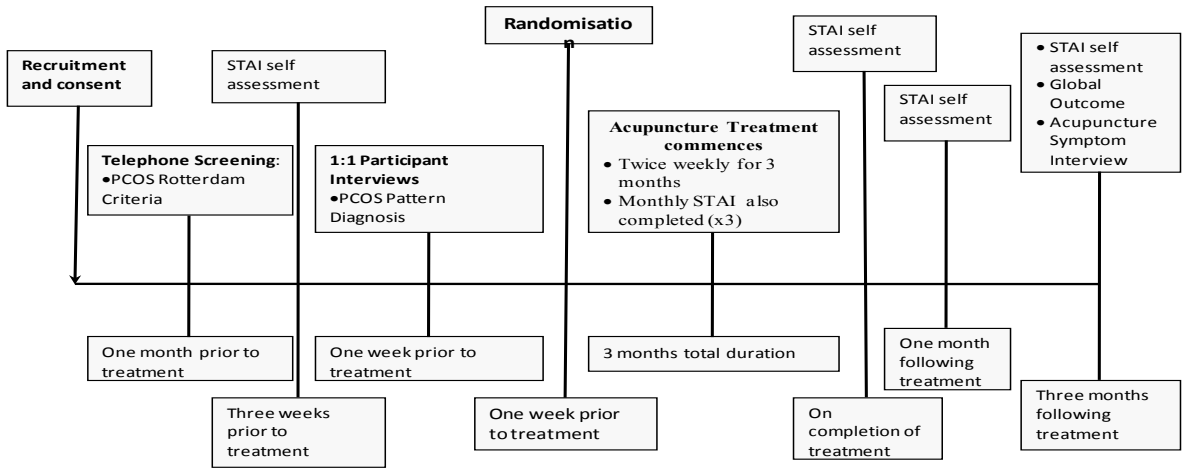

Figure 3. Protocol Timeline of a randomised controlled clinical trial to assess the efficacy of acupuncture in treating anxiety in women **with** PCOS

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A Survey on Management of Chronic Back Pain with Acupuncture in NHS Hospitals – The Patient Perception

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Abstract

Background and Objective: Lower back pain is one of the most common causes of long-term sickness in the UK. National Institute for Clinical Excellence (NICE) has recommended that patients with persistent lower back pain for more than six weeks should be offered acupuncture. However, there is controversy over the benefits of acupuncture treatment. This survey was to investigate the patients' views and perceptions of the effectiveness of acupuncture treatment in chronic lower back pain in Pain Clinics at NHS hospitals.

Methods: A self-completion questionnaires were handed out to patients with chronic lower back pain at three NHS Hospitals. Patients who took part must have had at least three acupuncture sessions. The questionnaire used in this study covered a range of areas for information collection including pain intensity on a numerical rating scale, number of treatment sessions and physical and mental health components of SF-36.

Results: 46 (f=38) patients took part in the survey. Patients suffered lower back pain ranged from 9 months to 46 years (11.9±9.01). Number of treatment sessions ranged from 3 to 25 sessions (8.91±5.46). The pain intensity after treatments significantly decreased by 3.20±2.4 with a 95% confidence interval of 2.51 to 3.89 ($P<0.0001$). Overall, roughly half of the participants showed an improvement in their physical (49.7%) and mental health (51.9%).

Conclusion: From the patients' perception, it has been clearly suggested that acupuncture may have significant clinical effect in reducing chronic lower back pain.

Keywords: Pain, Chronic low back pain, Acupuncture, Survey, Questionnaires, NHS hospitals

1. Introduction

Lower back pain can be divided into specific and non-specific pain. Most cases (85%) are identified as non-specific pain and only a few cases (less than 15%) are caused by a specific pathological condition (Weiner et al 2010), such as sciatica, disc problems, spondylolithesis, spinal stenosis, osteoporosis, osteoarthritis, ankylosing spondylitis, rheumatoid arthritis and fibromyalgia. In general, 90% of people with acute back pain will recover within four weeks (Tanner 1987). However, some develop to chronic pain which has lasted more than six months. Lower back pain is one of the most common causes of long-term sickness in the UK, with chronic lower back pain as the second most common cause of long-term disability after arthritis (Department of Health 2008; 2010). Over the past 40 years, the reported cases of lower back pain in England have doubled.. NHS rationing body National Institute for Clinical Excellence (NICE) stated that back pain is very common in working-age adults, particularly between the ages of 40 and 60, and it affected around one-third of adults each year in the UK. This resulted in costs for the NHS of at least £1,000 million. Furthermore, loss production due to back pain was estimated at least £3,500 million a year. (NICE 2007; 2009).

Chinese medicine believes the underlying mechanism of chronic lower back pain may be related to Qi/blood stagnation and kidney deficiency caused by excessive physical work, excessive sexual activity, overwork, inadequate exercise, old age, pregnancy and childbirth (Maciocia 2008). Acupuncture is widely used to relieve variety of pain conditions by tonifying deficiencies, unblocking Qi stagnation and promoting blood circulation. Seven randomized controlled trials with 2,488 patients demonstrated that acupuncture is more effective in reducing chronic lower back pain compared with usual care (Leibing et al 2002, Molsberger et al 2002, Meng et al 2003, Haake et al 2007; Cherkin et al 2009), or anaesthetic injection (Inoue et al 2009), or waiting list control (Brinkhaus et al 2006). Systematic reviews have suggested that acupuncture is more effective for pain relief in chronic lower back pain than no treatment and the effectiveness can be still seen in a short-term follow-up (Furlan et al 2005; Ammendolia et al 2008; Rubinstein et al 2010).

However, there is still controversy over the benefit of acupuncture in the treatment of chronic lower back pain (Thomas et al 2006). The specificity of of acupuncture actions is also questioned as some studies could not find significant difference between genuine acupuncture and placebo control (sham acupuncture) (Cherkin et al 2009; Leibing et al 2002). While it is recognised that more clinical trials are needed to get conclusive information, it is also very helpful to understand patients' perception about the effectiveness of acupuncture treatment they received. Our pain clinics at NHS hospitals are very busy clinics and a number of patients suffered from various pains are treated at the clinics. This paper reports the results of the survey that was conducted to investigate the patients' views and perceptions of the effectiveness of acupuncture treatment in chronic lower back pain in Pain Clinics at NHS hospitals.

2. Methodology

2.1 Sampling and clinical setting

The survey was carried out for three months between September 2010 and November 2010 at Whittington, North Middlesex and Kingston Hospitals. Since patients referred to pain clinics by their GPs had suffered pain for more than six months, any patients aged 18 years and above with back pain were invited to take part in the survey. Patients who took pain-killers or had acupuncture treatments in private clinics just before having treatments in NHS hospitals were also eligible. The exclusion criteria were pregnant women, patients with less than three acupuncture treatments in NHS hospitals and patients had taken different pain-killers during the course of the acupuncture treatments in NHS hospitals. All participants were provided informed consent forms and their personal data were kept confidentially by being only known to the researcher.

2.2 Treatment

Each patient received one session a week acupuncture treatment in the NHS hospitals for a total of 3 to 25 sessions dependent on which hospitals they were referred to. In average, each patient received 8.91±5.46 sessions of acupuncture treatment. The treatments were carried out by qualified TCM practitioners or TCM students from Middlesex University under the supervision of qualified practitioners. Acupuncture points were chosen by the practitioners according to each patient's condition. The most common used points were BL23 Shenshu, BL25 Dachangshu, BL26 Guanyuanshu, BL54 Zhibian, GB30 Huantiao, BL60 Kunlun, BL40 Weizhong and KI3 Taixi.

2.3 Questionnaire and data collection

Self-completion questionnaires were handed out to patients and collected by the researcher after patients had at least three acupuncture treatments. The patients' perception of pain intensity before and after treatments was measured with a numerical rating scale (0 for no pain to 10 for worst pain), which provided more precise estimation. A modified SF-36 (Health Related Quality of Life) was also used to evaluate patients' physical and mental health outcomes (Main & Spanswick 2000).

2.4 Statistical analysis

The data were reported as means and standard deviation (mean±SD). The pain intensity measured from patients' perception before and after treatment was compaired. The changes were was calculated and analysed using paired *t*-test. The 95% confidence interval and *p*-value were presented along with each other as this would give a better picture of the range of possible effect sizes and the significance level (Davies & Crombie 2009) Correlation analysis between the pain intensity and age, number of treatment sessions and pain duration was also conducted. Microsoft Excel 2007: data analysis program was used for all gthe calculationas.

Table 1 Background information of the participants

	Female	Male	Total
No. of Patients (%)	38 (82.6%)	8 (17.4%)	46 (100%)
Age (yrs) (mean ±SD)	54.6±13.98	57.3±13.59	55.0±13.8
Ethnicity No (%)			
British	9 (19.6%)	-	9 (19.6%)
European	9 (19.6%)	1 (2.2%)	10 (21.8%)
Asian	5 (10.9%)	2 (4.3%)	7 (15.2%)
Caribbean	2 (4.3%)	1 (2.2%)	3 (6.5%)
African	4 (8.7%)	2 (4.3%)	6 (13.0%)
Chinese	1 (2.2%)	-	1 (2.2%)
Middle-Eastern	4 (8.7%)	2 (4.3%)	6 (13.0%)
American	2 (4.3%)	-	2 (4.3%)
Others	2 (4.3%)	-	2 (4.3%)
Pain duration (yrs) (Mean ±SD)	12.8±9.4	8.7± 6.36	11.9±9.01
Causes of low back pain No (%)			
Non-specific pain	18 (39.1%):	3 (6.5%)	21 (45.6%)
Specific pain	20 (43.5%)	5 (10.9%)	25 (54.4%)
Trauma	7 (15.2%)	3 (6.5%)	10 (21.7%)
Disc Problems	4 (8.7%)	1 (2.2%)	5 (10.9%)
Osteoarthritis	5 (10.9%)	1 (2.2%)	6 (13.1%)
Spinal Stenosis	1 (2.2%)	-	1 (2.2%)
Rheumatoid Arthritis	1 (2.2%)	-	1 (2.2%)
Others	2 (4.3%)	-	2 (4.3%)

3. Results

3.1 Background information of the participants

Table 1 shows that 46 (f=38, m=8) patients from Whittington (n=27), North Middlesex (n=13) and Kingston Hospitals (n=6) took part in the survey between September 2010 and November 2010; age ranged from 30 to 79 yrs old (mean±SD, 55±13.8). Most patients were European (21.8%), followed by British (19.6%) and Asian (15.2%). Patients suffered lower back pain ranged between 9 months to 46 years. The average pain duration was 11.9 years. While 45.6% of patients had no specific cause of their lower back pain, the majority (54.4%) was caused by trauma (21.7%), disc problems (10.9%) and osteoarthritis (13.1%), spinal stenosis (2.2%), rheumatoid arthritis (2.2%), abdominal pain (2.2%) and urine injection during pregnancy (2.2%).

3.2 Acupuncture treatments

3.2.1 Changes in pain intensity

Pain intensity was measured using numerical rating scale (0 no pain to 10 worst pain). Table 2 shows the patients' perception of pain ntensity. Significant reduction in the pain intensity was observed with the average pain intensity decreased from 8.74±1.34 before acupuncture treatment to 5.54±2.30 after the treatment. The difference (pain reduction) was found to be 3.20 ± 2.40 with a 95% confidence interval of 2.51 to 3.89 ($p<0.0001$). In addition, there was no difference observed between the genders in response to the acupuncture treatment. As shown in Table 2, the pain intensity scores for both of female and male patients were significantly reduced after the acupuncture treatment.

Table 2 Pain intensity outcomes: comparisons before and after acupuncture treatments

	Pain Intensity (mean±SD) (0 = no pain, 10 = worst)		Reduction of Pain Intensity		
	Before Treatments	After Treatments	mean±SD	% Reduction	95% CI (%)
Female	8.74±1.41	5.74±2.19	3.0±2.38*	34.32±27.23	-
Male	8.75±1.04	4.63±2.72	4.13±2.42*	47.20±27.66	-
Total	8.74±1.34	5.54±2.30	3.20±2.40*	36.61±27.46	2.51 - 3.89

*$p<0.0001$

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Table 3 Correlation of the pain reduction with age, pain duration and number of treatment sessions

	Age	Pain Duration	No. of Treatments
Correlation Coefficient (r)	0.35	0.12	0.33
Coefficient of determination (r^2)	0.123	0.014	0.109

Table 4 Patients' physical health after treatments

Questions	Number of Patiente (%)				
	Much better	Somewhat better	Same	Somewhat worse	Much worse
Moderate activities, eg moving a table, pushing a vacuum cleaner	3 (6.5%)	17 (37%)	24 (52.2%)	2 (4.3%)	0 (0%)
Lifting or carrying groceries	1 (2.2%)	14 (30.4%)	30 (65.2%)	1 (2.2%)	0 (0 %)
Climbing stairs	3 (6.5%)	18 (39.1%)	24 (52.2 %)	1 (2.2%)	0 (0%)
Bending, kneeling or stooping	1 (2.2%)	18 (39.1%)	25 (54.3 %)	1 (2.2%)	1 (2.2%)
Walking	6 (13%)	28 (60.9%)	11 (23.9%)	1 (2.2%)	0 (0 %)
Bathing & dressing yourself	3 (6.5%)	25 (54.3%)	16 (34.8%)	1 (2.2%)	1 (2.2%)
Total	17 (6.2%)	120 (43.5%)	130 (47.1%)	7 (2.5%)	2 (0.7%)

3.2.2 Influence on the effectiveness of acupuncture by ages, causes of pain, pain duration and number of treatment sessions

Influence on the effectiveness of the acupuncture treatment by various factors, such as ages, causes of pain, pain duration and number of treatment sessions, were also studies by using a correlation analysis. Table 3 lists the correlation coefficients (r) and the coefficient of determination (r^2). There were no significant correlations found between the pain reduction and age, pain duration or number of treatment sessions, The r^2 values for age, pain duration and treatment sessions were obtained as 0.123, 0.014 and 0.109 respectively. This means that the pain reduction were associated only 12.3% with the age, 1.4% with the pain duration and 10.9% with the number of treatment sessions after the minimum of 3 sessions. There were no clearly different influences observed on the pain reduction by different causes of pain.

3.3 Quality of life (SF-36) after the acupuncture treatments

3.3.1 Physical health

There were overall about half (49.7%) of participants reporting on an improvement of their physical health conditions after the treatments. The most improved daily activities were walking and bathing & self dressing with 73.9% and 60.8% of the patients who felt much better or somewhat better after the acupuncture treatment on these daily activities respectively. However, 3% of participants felt worse after the treatment. (Table 4).

3.3.2 Mental health

Overall, just over half (51.9%) of participants agreed or strongly agreed that they felt better in their mental health conditions after the treatments. As shown in Table 5, the most significant improvements were related to question 2 and 3 with 67.3% of the participants gained improved calm and peaceful feeling and 67.4% reduced the feeling of depression respectively. However, there were 11% of participants who felt their mental state worse after the treatment.

4. Discussion

4.1 The efficacy of acupuncture

The result of this survey demonstrates that patients' perception of acupuncture treatment is in agreement with clinical trials (Leibing et al 2002, Molsberger et al 2002, Meng et al 2003, Brinkhaus et al 2006, Haake et al 2007, Cherkin et al 2009; Inoue et al 2009) and reviews (Furlan et al 2005, Ammendolia et al 2008; Rubinstein et al 2010) that acupuncture has a very significant effect on pain reduction in lower back pain ($P<0.0001$, 95% CI 2.51 to 3.89). In this survey, only 2 (4.3%) participants showed that acupuncture treatment gave negative result on non-specific low back pain (duration of pain lasted from two and half years to three years) after 5 to 6 treatments. It could be explained that the outcomes were influenced by factors such as different constitution of each participant (for some people taking certain drugs suffer side effects and some do not), emotional problems and stress. As patients with high stress level or emotional distress, their pain remains and usually worsens. (Martinez 2011).

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Table 5 Patients' mental health after treatments

Questions	Number of Patiente (%)				
	Strongly agree	Agree	Same	Disagree	Strongly disagree
1) Have you felt full of life	3 (6.5%)	22 (47.8%)	18 (39.1%)	2 (4.3%)	1 (2.2%)
2) Have you felt so down in the dumps that nothing could cheer you up	0 (0%)	1 (2.2%)	14 (30.4%)	20 (43.5%)	11 (23.9%)
3) Have you felt calm and peaceful	6 (13%)	25 (54.3%)	12 (26.1%)	2 (4.3%)	1 (2.2%)
4) Have you felt a lot of energy	5 (10.9%)	19 (41.3%)	18 (39.1%)	3 (6.5%)	1 (2.2%)
5) Have you felt downhearted and sad	1 (2.2%)	2 (4.3%)	13 (28.3%)	20 (43.5%)	10 (21.7%)
6) Have you felt tired	1 (2.2%)	13 (28.3%)	19 (41.3%)	10 (21.7%)	3 (6.5%)
7) Has your health limited your social activities (like visiting friends or close relatives	4 (8.7%)	4 (8.7%)	25 (54.3%)	9 (19.6%)	4 (8.7%)
Total (Positive Q1+3+4)	14 (10.1%)	66 (47.8%)	48 (34.8%)	7 (5.1%)	3 (2.2%)
Total (Negative Q2+5+6+7)	6 (3.3%)	20 (10.9%)	71 (38.6%)	59 (32 %)	28 (15.2%)

4.2 Number of treatments

The result in this survey shows that there is a poor correlation between pain reduction and the number of treatment sessions after the minimum of 3 sessions (r=0.33). This contradicts a study (Ceccherelli et al 2003) which suggested that participants receiving ten sessions of acupuncture seemed to gain a better therapeutic effect than five sessions in the treatment of lower back pain. A review (Ezzo et al 2000) also agreed that six or more acupuncture treatments were significantly associated with positive outcomes in the treatment of chronic pain. However, a pilot study (Yuan et al 2009) examined the optimal number of treatment sessions for lower back pain and concluded that there were no significant differences irrespective of receiving four or ten treatment sessions within two weeks. Both groups achieved same clinical improvement.

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The result in this survey shows that there is a poor correlation between pain reduction and the number of treatment sessions after the minimum of 3 sessions (r=0.33). This contradicts a study (Ceccherelli et al 2003) which suggested that participants receiving ten sessions of acupuncture seemed to gain a better therapeutic effect than five sessions in the treatment of lower back pain. A review (Ezzo et al 2000) also agreed that six or more acupuncture treatments were significantly associated with positive outcomes in the treatment of chronic pain. However, a pilot study (Yuan et al 2009) examined the optimal number of treatment sessions for lower back pain and concluded that there were no significant differences irrespective of receiving four or ten treatment sessions within two weeks. Both groups achieved same clinical improvement.

4.3 Age

Majority (72%) of the participants in this survey were under age of 65 and 15% of those were under 39 years old. This coincides with the study of Helme which reported that pain occurrence peaked at age of 65 and people aged from 75 years onwards experienced less pain (Helme 1998). The middle-aged (40-59 years old) is the high-risk group to suffer from chronic pain (Rustoen 2005) because they are more demanding in their physical and social life. With regards to pain, it is reported that there was no apparent age related difference in perception of the pain intensity, although there were some differences in coping style with age (Helme 1998). This survey appears to agree with Helme's finding. There was no clear correlation (r=0.35) observed between the pain reduction and age in acupuncture treatment of lower back pain.

4.4 Pain duration and causes of the pain

Several studies have tried to identify characteristics of participants who would benefit from acupuncture in the treatment of chronic lower back pain. Recent studies found little evidence to help identify subgroups of individuals who may respond best to acupuncture treatment of back pain (Underwood et al 2007; Sherman et al 2009). Finding from this survey is consistent with recent studies that no significant correlation exists between the pain reduction and pain duration (r=0.12). Nevertheless, early studies suggested that patients with more severe lower back pain at initial stage may get more rapid improvements (MacPherson and Fitter 1998). In addition, there was no difference observed in pain reduction irrespective of specific or non-specific causes..

4.5 Quality of life (SF-36)

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Apart from investigating the effectiveness of acupuncture treatment on pain relief for lower back pain, several clinical trials also examined the improvements of physical health and mental health conditions after acupuncture treatment and found that SF-36 or SF-12 scores were significantly improved in acupuncture treatment groups (Brinkhaus et al 2006, Cherkin et al 2009 & Haake et al 2007). Given 49.7% of participants reported their physical activities being improved and 51.9% reported to feel better after the acupuncture treatments, these findings are consistent with the previous studies and further confirm that acupuncture has a positive effect on physical and mental health.

5. Conclusion

Evidnec from this survey suggests that that acupuncture treatment may have significant beneficial effects on reducing low back pain and improving physical and mental health conditions. Furthermore, results from this survey also suggest that acupuncture treatment may work equally for pain reduction regardless of patients' age, duration of pain and specific or non-specific causes of pain.

There were some limitations in this survey studies. The sample size is small. Although some significant effects were achieved, further studies with larger sample size will be very useful. As this survey used a questionnaire to investigate participants' perception on the effectiveness of acupuncture treatment, self-report bias may arise. This may influence the accuracy of the data obtained. However, the views of participants can produce a valuable estimate on the effectiveness of acupuncture treatment of chronic lower back pain,

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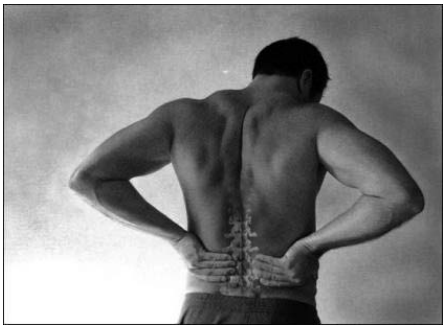

心肌活力颗粒治疗扩张型心肌病气虚血瘀证患者的临床研究

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目的：评价心肌活力颗粒治疗扩张型心肌病的临床疗效
方法：选择 2009 年 6 月至今石家庄长城中西医结合医院心内科住院病人 120 例，均符合扩张型心肌病、心衰的西医诊断，同时符合气虚血瘀证的中医诊断。在常规基础治疗的同时将采用心肌活力颗粒治疗的病例设为治疗组（n=60），常规基础治疗的病例设为对照组（n=60），疗程 1 个月。观察治疗前后左室舒张末内径、射血分数、心胸比例、肾功能（Scr）、肝功能（ALT）、电解质（K）等指标及中医症状、体征及证候积分的变化，分析治疗前后患者症状及生化指标变化，客观上评价心肌活力颗粒在扩张型心肌病治疗作用。
结果：治疗组在左室舒张末内径、射血分数、心胸比例改善程度上、以及中医症状、体征及证候积分上均优于对照组，其差别有统计学意义。
结论：长期应用心肌活力颗粒能明显改善患者的心功能，可缓解心悸、胸闷、气短、气喘、烦躁不安等临床症状。
关键词：心肌活力颗粒，扩张型心肌病，心衰，气虚血瘀

扩张型心肌病是一种以左室扩张并伴有收缩功能减退为特征的心肌病。其发病机制尚未完全明了，除特发性、家族遗传性外，近年来认为持续病毒感染是其重要的原因，持续病毒感染对心肌组织的损伤、自身免疫 包括细胞、自身抗体或细胞因子介导的心肌损伤等可导致或诱发扩张型心肌病。中医认为本病的发生与先天禀赋特异体质，后天调摄失当及反复温热毒邪侵袭等因素有关，正气不足，热毒侵心是本病发病的关键。本病病位在心，并可累及肺、脾、肾等脏器，以正气不足为本，热毒、瘀血，水湿、痰饮为标，病情严重则发展为心阳暴脱，阴阳离绝而猝死，属中医“心水”、“心悸”、“胸痹”等范畴。基于以上中西医对扩张型心肌病病因病机的认识，我们将“益气活血，解毒宁心”作为根本法则，研制了心肌活力颗粒，经临床验证疗效显著，且安全、费用低、无毒副作用。

对象与方法

1．病例来源

本组 120 例全部来自石家庄长城中西医结合医院心内科住院病人。

2．诊断标准

2.1 西医诊断标准：

参照陈灏珠主编《实用内科学》12 版中“扩张型心肌病的诊断参考标准”制定[1]

（1）临床表现:发病缓慢，阵发性夜间呼吸困难和（或）睡眠中憋醒，无上呼吸道感染的夜间咳嗽，劳力性呼吸困难，水肿，心律失常，血栓栓塞等。

（2）体征：颈静脉怒张或搏动增强，肺部罗音和（或）呼吸音减弱，尤其双肺底，心脏扩大，急性肺水肿，第三心音奔马律，非洋地黄所致交替脉，肝颈返流征阳性，踝部水肿和（或）尿量减少而体重增加，淤血性肝肿大，有时表现肝区疼痛或不适，胸腔积液。

（3）X 线胸片：中、上肺野纹理增粗，或见到 Kerley B 线，心胸比>0．5，有时可有胸腔积液。

（4）超声心动图：全心扩大，尤以左心室扩大为主，左心室舒张期末内径≥2.7cm/m^2，心脏可呈球型。心室收缩功能减低：超声心动图检测室壁运动弥漫性减弱，射血分数低于正常值。

（5）除外其他引起心脏扩大、心力衰竭的心脏疾病。如缺血性心肌病、围生期心肌病、酒精性心肌病、代谢性和内分泌性疾病(如甲状腺功能亢进、甲状腺功能减退、淀粉样变性、糖尿病等)所致的心肌病、遗传家族性神经肌肉障碍所致的心肌病、全身系统性疾病(如系统性红斑狼疮、类风湿关节炎等)所致的心肌病、中毒性心肌病、风湿性心脏病、先天性心脏病、高血压性心脏病、肺源性心脏病等。

2.2 中医证候诊断标准

参照 2002 年《中药新药临床研究指导原则》[2]

气虚血瘀、热毒扰心证

主证：胸闷气短，心悸水肿，烦热汗出，咳嗽气喘。

2.3 中医证候分级标准

参照 2002 年《中药新药临床研究指导原则》
中医证候分级：
1) 重度：”+++”表示，计3分；
2) 中度：”++”表示，计2分；
3) 轻度：”+”表示，计1分，详见附录表。

证候	轻度（1 分）	中度(2 分)	重度（3 分）
心悸	正常活动时稍感心悸，不影响日常生活工作	正常活动时明显心悸，休息后可缓解，可勉强坚持日常活动	休息时无症状，稍轻微活动即会引起心悸，不能进行日常活动

气短	一般活动后气短	稍活动后气短	平素不活动亦感气短喘促
胸闷（痛）	胸胁隐隐闷痛	胸胁闷痛时作时止	胸胁闷痛明显
自汗	活动后微汗出，略有湿衣	不活动皮肤微潮，稍动则更甚	平素即汗出，动则如水渍状
气喘	喘息偶发，程度轻，不影响休息或活动	喘息较频繁，但不影响睡眠	喘息明显，不能平卧，影响睡眠或活动
咳嗽	间断咳嗽，程度轻微	频繁咳嗽，但不影响睡眠	昼夜咳嗽频繁或阵咳，影响休息和睡眠
烦躁不安	心烦不宁，或夜寐欠安	烦躁不安，不能克制	烦躁谵语
浮肿	晨起晚间轻微浮肿	指掐性浮肿+～++	指掐性浮肿++以上

3．纳入标准

1) 以心功能Ⅱ～Ⅲ级（NYHA）[3] 的轻、中度慢性心衰患者为药物长期观察的主要研究对象。
2) 符合扩张型心肌病、心力衰竭诊断及中医辨证者，可纳入试验病例。
3) 年龄大于等于18岁，小于等于65岁。
4) 知情同意，愿意参加本次研究者。

4．排除标准

有下列条件之一者不能入选本研究：

1) 由于肾、肝等重要脏器功能衰竭导致心力衰竭者。
2) 妊娠或哺乳期妇女，过敏体质及对多种药物过敏者。
3) 重度心力衰竭、心功能属Ⅳ级者不宜纳入试验病例。
4) 合并有肝、肾及内分泌系统、造血系统等严重原发性疾病。
5) 有精神异常及不愿合作者。
6) 凡能增加死亡率的因素：如心源性休克、严重室性心律失常、完全性房室传导阻滞、梗阻型心肌病、未修补的瓣膜病、缩窄性心包炎，心包填塞，肺栓塞，有明显感染者，以及没有控制的高血压等，均不宜入选。

5．方法

5.1 试验方法

本研究采用随机对照方法进行观察。具体的随机化分组方法是由临床研究人员按照随机表编制随机分配卡，临床研究人员按合格受试者进行研究的先后顺序，按随机卡规定的分组执行。两组平行对照进行观察。

5.2 治疗方法

试验组：口服心肌活力颗粒（石家庄长城中西医结合医院研制，规格：每袋 15 克，含生药量 11.61g，批号：080809；090726。）早晚饭前各 1 袋。另给予常规吸氧，强心、利尿、扩血管等西药治疗。

对照组：给予常规吸氧，强心、利尿、扩血管等西药治疗（方法、药物均同试验组）。

治疗时间：治疗疗程为一个月。

6．观察指标及项目

6.1 疗效性指标

相关症状：心悸，气短，自汗，胸闷（痛），气喘，咳嗽，烦躁不安等，并判断心功能分级变化（NYHA 分级法）。

相关体征：心率、心律、水肿等情况。

相关的理化检查：（1）心电图检查；（2）胸部 X 线检查；（3）超声心动图检查。

6.2 疾病疗效判定标准：

参照 2002 年《中药新药临床研究指导原则》

（1）显效　心衰基本控制或心功能提高 2 级以上者。
（2）有效　心功能提高 1 级，但不足 2 级者。
（3）无效　心功能提高不足 1 级者。
（4）恶化　心功能恶化 1 级或 1 级以上。

6.3 中医证候疗效判定标准

参照 2002 年《中药新药临床研究指导原则》

1) 显效　主次症基本或完全消失，治疗后证候积分为0或减少≥70%。
2) 有效　治疗后证候积分减少≥30%。
3) 无效　治疗后证候积分减少不足30%。
4) 恶化　治疗后证候积分大于或等于治疗前积分。

注： 计算公式为（尼莫地平法）：

（治疗前积分－治疗后积分）÷治疗前积分×100%

6.4 安全性指标

1) 一般体检项目
2) 血、尿、便常规化验
3) 肝、肾功能检查
4) 电解质检查
5) 可能出现的不良反应，如血小板减少、胃肠道反应、心血管不良反应（心律失常、低血压）、肝脏毒性、过敏反应、一般不良反应等，包括不良反应的临床表现，检测指标异常、严重程度、消除方法，以客观评价其安全性。

7．统计处理与方法

数据处理在 SPSS17.0 统计软件上进行。

描述性统计分析，定性指标以百分率描述；定量指标以均数±标准差描述。两组对比分析，计数资料采用 X^2 检验，计量资料符合正态分布采用配对 t 检验（组间进行方差齐性检验，以 0.05 作为检验水准），不符合正态分布采用秩和检验，两组数据相关性分析采用双变量相关分析。假设检验统一使用双侧检验，以 P < 0.05 作为有统计学意义，以 P < 0.01 作为有高度统计学意义。

8．统计结果

8.1 入选病例两组基线比较

8.1.1 一般资料

本研究共纳入 120 例患者，其中治疗组 60 例，对照组 60 例。治疗组与对照组的性别、年龄比较，差别无统计学意义（P＞0.05），具有可比性，见表 8-1，表 8-2。

8.1.2 辅助检查

治疗组与对照组治疗前辅助检查指标比较差别无统计

学意义（P＞0.05），具有可比性，见表 8-3。

8.1.3 中医主要症状积分比较

治疗组与对照组治疗前主要中医症状积分比较差别无统计学意义（P＞0.05），具有可比性，见表 8-4。

8.1.4 结论

通过 T 检验、秩和检验、卡方检验等对两组病人治疗前的一般资料、辅助检查以及中医症状积分进行比较，均无统计学差异，两组资料均衡可比，具有可比性。

8.2 疗效指标观察

8.2.1 对左室舒张末内径（LVd）的影响

治疗组治疗后 LVd 与治疗前相比，呈缩小趋势，其差别有统计学意义（P<0.05）；对照组治疗后 LVd 与治疗前相比，亦呈缩小趋势，其差别亦有统计学意义（P<0.05）；两组疗效前后差值比较，差别有统计学意义（P<0.05），见表 8-5。

8.2.2 对左室射血分数（EF）的影响

治疗组治疗后 EF 值与治疗前相比，呈上升趋势，其差别有统计学意义（P<0.05）；对照组治疗后 EF 值与治疗前相比，亦呈上升趋势，其差别亦有统计学意义（P<0.05）；两组疗效前后差值比较，差别有统计学意义（P<0.05），见表 8-6。

8.2.3 对心胸比例的影响

治疗组治疗后心胸比与治疗前相比，呈缩小趋势，其差别有统计学意义（P<0.05）；对照组治疗后心胸比与治疗前相比，呈缩小趋势，其差别亦有统计学意义（P<0.05）；但两组疗效前后差值比较，差别有统计学意义（P<0.05），见表 8-7。

8.2.4 两组治疗后中医主要症状证候积分的变化

两组治疗后心悸、气短、气喘、胸闷、烦躁不安等主要症状、体征的证候积分与治疗前相比，均呈下降趋势，组内比较，差别均有统计学意义（P < 0.01），治疗组治疗后与对照组治疗后，两者组间比较心悸、气短、气喘、胸闷、烦躁的证候积分，其差别有统计学意义（P < 0.01），见表 8-8，表 8-9，表 8-10，表 8-11，表 8-12。

8.2.5 两组治疗症候总积分的比较

两组病人治疗后中医证候总积分均呈下降趋势，组内差别有统计学意义（P＜0.01）；两组疗效前后差值比较，差别有统计学意义（P＜0.01），见表 8-13。

8.2.6 两组治疗后综合疗效的比较

治疗组显效 2 例，有效 56 例，无效 2 例，总有效率 96.7%；对照组显效 0 例，有效 33 例，无效 27 例，总有效率 55%。两组疾病疗效比较经卡方检验后，有高度统计学意义（P＜0.01），见表 8-14。

8.2.7 疾病疗效评价（心功能提高）

治疗组显效 5 例，有效 37 例，无效 18 例，恶化 0 例，总有效率 70%；对照组显效 3 例，有效 27 例，无效 29 例，恶化 1 例，总有效率 50%。两组疾病疗效比较经卡方检验后，有统计学意义（P＜0.05），见表 8-15。

8.2.8 两组治疗后对肝功能（谷丙转氨酶 ALT）的影响

治疗组治疗前 ALT 异常的 10 例，治疗后为 3 例，对照组治疗前 ALT 异常的 14 例，治疗后为 3 例；其差别无统计学意义（P＞0.05），见表 8-16。

8.2.9 两组治疗后对肾功能 (肌酐 SCr) 的影响

治疗组治疗前 SCr 异常的 10 例，治疗后为 4 例，对照组治疗前 SCr 异常的 19 例，治疗后为 3 例；其差别无统计学意义（P＞0.05），见表 8-17。

8.3.0 两组治疗后对电解质（血钾 K）的影响

治疗组治疗前血钾异常的 4 例，治疗后为 0 例，对照组治疗前血钾异常的 6 例，治疗后为 3 例；其差别无统计学意义（P＞0.05），见表 8-18。

9 讨论

DCM 是一种难治性心肌病，病因不明，中外学者多数认为扩张型心肌病的发生发展与持续性的病毒感染及由此导致的心肌自身免疫损伤有关，在我国发病率为 13/10 万～84/10 万。随着生活水平提高，医学知识的普及，检查技术的发展，扩张型心肌病的检出率也在逐年增加。现代医学以血管紧张素转换酶抑制剂、β-受体阻滞剂、血管紧张素Ⅱ受体拮抗剂、利尿剂、强心剂等为基本的治疗方案，虽然远期生存率有所改善，但由于 DCM 病理生理复杂，临床表现不一，治疗方法效果欠佳。中医学认为，DCM 与先天禀赋、特异体质、后天调摄失当及反复感染温热毒邪等因素有关。温热毒邪自口鼻入侵，由卫气而入营血，毒邪内伏，营血失和，毒留经脉，久而不除，内舍于心，致心络痹阻不通而成。毒邪贯穿于 DCM 发生、发展和变化的整个病理过程，最终因毒致瘀，因毒伤正。毒、瘀、虚是主要病因病机，三者相互促进,形成恶性循环，毒邪深伏，病势缠绵，病重难愈。临床抓住这一病机，坚持审因论治，根据不同发病时期及表现，采用扶正解毒、化瘀解毒、利水解毒等方法，共同组成了“解毒宁心，益气活血”的基本方剂—心肌活力饮。心肌活力饮以黄芪、党参补心气，丹参、川芎、三七补血活血，桂枝温通心阳，茯苓健脾宁心，黄连、连翘清心解毒。方中以黄芪、黄连为主药，其药理作用为：①可能与调节免疫功能，提高机体抵抗力[4]；②改善心肌收缩功能；③清除氧自由基，改善心肌纤维化及心肌细胞损伤；④清除病毒持续感染有关[5]。在心肌活力饮的基础上我们又研制出了心肌活力颗粒。现代药理学研究证实，该药物有改善心肌收缩功能、调节免疫功能、提高机体抵抗力、清除氧自由基、改善心肌纤维化、保护缺血缺氧和病毒感染的心肌、清除病毒持续感染等作用。本临床研究证明，西医常规配合心肌活力颗粒对扩张型心肌病不同级别心功能患者均可取得良好的治疗效果，可明显改善 DCM 患者的临床症状、体征，且无明显毒副作用。心肌活力颗粒与西药联合用药，可作为治疗 DCM 的有效方法之一，有必要加大研究力度，但是这一治疗方法如何从既往传统辨证治疗中确认自己的理论优势和规律及科学总结出可重复性的治疗经验尚需进一步探索。

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表 8-1 两组病例性别比较

项目		治疗组（n＝60）	对照组（n＝60）	统计量	P
性别	男（例）	53	47	χ^2 ＝2.16	0.22
	女（例）	7	13		

表 8-2 两组病例年龄比较

项目	治疗组（n＝60）	对照组（n＝60）	统计量	P
年龄 $\overline{X}\pm$S（岁）	44.43 ± 12.61	44.08±14.49	t＝0.141	0.324

表 8-3 两组治疗前检查比较（ S）

项目	治疗组		对照组		统计量	P
	n	S	n	S		
心胸比	60	0.60±0.08	60	0.62±0.07	t＝-1.842	0.068
左室舒张末内径 （mm）	60	70.08±9.14	60	73.12±9.45	t＝-1.791	0.622
EF	60	25.79±10.32	60	23.04±10.49	t＝1.482	0.911

表 8-4 两组治疗前中医主要症状积分总积分比较（ S）

项目	治疗组（n=60）	对照组（n=60）	统计量（Z）	P
心悸	2.37±0.52	2.28±0.58	-0.697	0.486
气短	2.2±0.44	1.42±0.53	-1.359	0.164
气喘	1.98±0.47	2.13±0.47	-1.732	0.083
胸闷	1.62±0.9	1.87±0.43	-2.823	0.055
烦躁不安	1.63±0.58	1.70±0.59	-0.154	0.815
咳嗽	1.98±0.34	2.15±0.36	-2.509	0.052
自汗	1.90±0.75	1.90±0.30	-0.265	0.21
总积分	13.58±2.53	14.65±2.41	-2.210	0.054

表 8-5 两组治疗前后左室舒张末内径的变化 （ S）

项目	组别	n	治疗前	治疗后	P	治疗前后差值	P
LVd	治疗组	60	70.08 ±9.13	66.34 ±9.05	0.027	4.72±4.12	0.021
（mm）	对照组	60	73.11±9.45	69.23±10.14	0.032	3.25±2.47	

表 8-6 两组治疗左室射血分数的变化 （ S）

项目	组别	n	治疗前	治疗后	P	疗前后差值	P
EF	治疗组	60	25.79±10.32	34.69±10.39	0.000	9.19±5.82	0.027
（%）	对照组	60	23.04±10.49	31.12±10.70	0.000	6.67±6.28	

表 8-7 两组治疗前后心胸比的变化 （ S）

项目	组别	n	治疗前	治疗后	P	疗前后差值	P
心胸比	治疗组	60	0.60±0.072	0.55±0.060	0.000	0.049±0.005	0.021
	对照组	60	0.62±0.068	0.59±0.069	0.000	0.033±0.003	

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表 8-8 中医症状积分之心悸的变化（$\overline{X}\pm$S）

项目	组别	例数	治疗前	治疗后	Z	P
心悸	治疗组	60	2.37±0.52	1.27±0.45	-6.903	0.00
	对照组	60	2.28±0.58	1.42±0.53	-7.076	0.00
	Z		-0.697	-1.753		
	P		0.486	0.048		

表 8-9 中医症状积分之气短的变化（ S）

项目	组别	例数	治疗前	治疗后	Z	P
气短	治疗组	60	2.2±0.44	1.27±0.55	-6.621	0.00
	对照组	60	2.32±0.47	1.52±0.62	-6.651	0.00
	Z		-1.359	-2.272		
	P		0.164	0.021		

表 8-10 中医症状积分之气喘的变化（ S）

项目	组别	例数	治疗前	治疗后	Z	P
气喘	治疗组	60	1.98±0.47	0.85±0.36	-7.429	0.00
	对照组	60	2.13±0.47	1.37±0.49	-6.379	0.00
	Z		-1.732	-5.7		
	P		0.083	0.000		

表 8-11 中医症状积分之胸闷的变化（ S）

项目	组别	例数	治疗前	治疗后	Z	P
胸闷	治疗组	60	1.62±0.9	0.52±0.5	-5.885	0.000
	对照组	60	1.87±0.43	1.1±0.68	-5.729	0.014
	Z		-2.823	-4.670		
	P		0.055	0.000		

8 -12 中医症状积分之烦躁不安的变化（ S）

项目	组别	例数	治疗前	治疗后	Z	P
烦躁不安	治疗组	58	1.63±0.58	0.48±0.50	-6.818	0.00
	对照组	60	1.70±0.59	1.17±0.42	-5.657	0.00
	Z		-0.154	-6.571		
	P		0.815	0.000		

表 8-13 中医症状积分之自汗的变化

项目	组别	例数	治疗前	治疗后	Z	P
自汗	治疗组	60	1.90±0.75	0.72±0.45	-6.340	0.000
	对照组	60	1.90±0.30	1.45±0.50	-5.196	0.000
	Z		-0.265	-6.691		
	P		0.21	0.000		

表 8-14 中医症状积分之咳嗽的变化

项目	组别	例数	治疗前	治疗后	Z	P
咳嗽	治疗组	60	1.98±0.34	0.92±0.28	-7.077	0.000
	对照组	60	2.15±0.36	1.35±0.82	-5.355	0.009
	Z		-2.509	-4.099		

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P		0.052	0.000

表 8-15 两组治疗后中医证候积分的变化（$\overline{X}\pm S$）

组别	n	治疗前	治疗后	Z	P	疗前后差值	Z	P
治疗组	60	13.58±2.53	6.08±1.69	-6.764	0.00	7.50±1.96	-5.879	0.00
对照组	60	14.65±2.41	9.47±3.07	-6.776	0.00	5.18±1.73		

表 8-16 两组治疗后综合疗效分析（例，%）

组别	n	显效（%）	有效（%）	无效（%）	总有效率（%）
治疗组	60	2（3.3）	56（93.3）	2（3.3）	96.6
对照组	60	0（0）	33（55）	27（45）	55
两组疗效比较：χ^2=29.496 P=0.000					

表 8-17 两组治疗后疾病疗效分析（例，%）

组别	n	显效（%）	有效（%）	无效（%）	恶化（%）	总有效率（%）
治疗组	60	5（8.3）	37（61.7）	18（30）	0（0）	70
对照组	60	3（5）	27（45）	27（48.3）	3（1.7）	50
两组疗效比较：χ^2=4.959 P=0.026						

表 8-18 两组治疗前后 ALT 比较

组别	治疗前		治疗后		统计量	P
	总例数	异常数	总例数	异常数	χ^2=0.0085	0.93
治疗组	60	10	56	3		
对照组	60	14	55	3		

表 8-19 两组治疗前后 SCr 比较

组别	治疗前		治疗后		统计量	P
	总例数	异常数	总例数	异常数	χ^2=0.4514	0.50
治疗组	60	10	59	4		
对照组	60	19	59	3		

表 8-20 两组治疗前后 K 比较

组别	治疗前		治疗后		统计量	P
	总例数	异常数	总例数	异常数	χ^2=0.3641	0.55
治疗组	60	4	60	0		
对照组	60	6	60	3		

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中医治疗腰痛 27 例的疗效观察

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腰痛在英国十分常见，严重地影响病人的工作，西药治疗效果有限，许多病人不得不休息在家，给国家造成重大的经济损失，现在已经引起政府的重视。我诊所近两个月来，对 105 个腰痛病人进行了填表询问，其中 27 人接受了正规的中药，针灸和推拿的综合治疗。现在就这些病人的病情和治疗情况，综合分析如下。

【 一般情况】

27 人中男性 12 人，女性 15 人。其中 20—30 岁 3 人，31—40 岁 7 人，41—50 岁 9 人，51 岁—60 岁 5 人，60 岁以上 3 人。究其病因，有明显外伤史者 5 人，产后劳累者 1 人，原因不明者 21 人。病程在半年以内者 13 例，半年至一年者 7 例，一年至二年者 4 例，二年以上者 3 例，病程最长者达 20 年。

【症状和记录方法】

腰痛：将其疼痛程度分为 0—10 分， 计 11 等分。8—10 分为严重疼痛，使病人行动十分困难，影响睡眠和工作；5—7 分为中度疼痛，疼痛使行动困难，影响生活和工作；2—4 分为轻度疼痛，可以行动，但行动时感到疼痛；1 分为有时轻微不适，但无疼痛；0 分为不痛。每次门诊时，打分记录。在记录疼痛程度的同时，记录疼痛的部位，和体位与行动的关系，以及体格检查所得到的结果。

其它症状：最常见的其它症状有以下八种。

1) 体力减退：我们也将其分为1—10分，计10等分，其中8—10分为体力正常或基本正常；5—7分为体力较差；1—4分为体力低下，其中1—2分时，病人十分虚弱，难以起床行动。
2) 夜尿：我们根据病人睡眠到起床期间排尿的次数，加以记录。
3) 下肢沉重，酸软，或疼痛。
4) 膝关节或其它关节痛。
5) 记忆力减退。
6) 耳鸣或听力减退。
7) 性功能减退。
8) 脱发。

后面六个症状只按照病情的变化，进行文字描写。

【治疗方法】

所有病人都根据中医辨证论治的结果，用中药，针灸和推拿进行综合治疗，具体陈述如下。

中药治疗： 经过对 27 个病例处方的分析，所用处方中，用补肾，补气，养血活血，祛风寒湿等方法用得最多。具体用药如下：

补肾：如杜仲，续断，怀牛膝，熟地，狗脊，桑寄生，菟丝子等。

补气：如黄芪，党参等，体力减退明显的病人，用得比较多

养血活血：如当归，赤芍，白芍，川芎，三七，丹参；有外伤史者常加红花，桃仁，或乳香，没药等。

祛风寒湿：如独活，羌活，威灵仙，桂枝，秦艽，木瓜等。

针灸治疗：分析 27 病例的针灸处方，可以看出，主要用局部取穴和循经取穴，加调理全身的方法。

局部取穴：如阿是，华佗夹脊，肾俞，大肠俞，腰阳关，秩边等。

循经取穴：如委中，承山，昆仑，环跳，风市，阳陵泉，承扶等。

调理全身：如百会，太溪，足三里，关元，三阴交等。

推拿治疗: 对腰部推拿，除特殊病情，特殊手法外，并使肌肉放松，循环改善，疼痛缓解。同时，根据病情做全身推拿使全身的精神和形体都放松，常常对缓解疼痛，及时效果十分明显。

当然，对病人的其他个别病情，我们也采用相应的治疗。

【疗效观察】

对腰痛缓解效果的观察

现将疗效分为 4 等。

1) 腰痛消失（治疗结束时，疼痛评分 0—1）	16 例	59.25%
2) 腰痛明显减轻（治疗结束时，疼痛评分4以下）	6 例	22.23%
3) 腰痛减轻（经过治疗，疼痛评分下降，但仍在4以上者）	4 例	14.82%
4) 腰痛未减轻或加重（治疗结束时，疼痛评分无变化，或上升）	1 例	3.70%

对 27 例病人中，每个病人治疗前后的疼痛评分，分别进行对照，总体经过 T 测验，结果如下：

治疗前均值	7.407	治疗后均值	2.259
治疗前 SD	1.600	治疗后 SD	2.662
治疗前 SEM	0.308	治疗后 SEM	0.512
T 值	8.6147		
P 值	< 0.0001		

说明治疗前后的疼痛变化，经过统计学处理，证明有非常显着差异。

对治疗前后体力变化的观察

27 例病人中，26 例在治疗后体力得到不同程度的改善。将 27 例病人中，每个病人治疗前后的体力评分，分别进行对照，总体经过 T 检验，结果如下：

治疗前均值	3.364	治疗后均值	7.318
治疗前 SD	1.051	治疗后 SD	1.750
治疗前 SEM	0.317	治疗后 SEM	0.528
T 值	6.4242		
P 值	< 0.0001		

说明治疗前后病人体力的变化，经过统计学处理，证

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明有非常显着差异。

对治疗前后夜尿变化的观察

27 例病人中有 8 例的夜尿症状都有不同程度的改善。将所有夜尿病人，每人治疗前后每天的次数，分别进行对照，经过 T 测验，结果如下：

治疗前均值	2.625	治疗后均值	0.688
治疗前 SD	0.954	治疗后 SD	1.193
治疗前 SEM	0.337	治疗后 SEM	0.422
T 值	3.5864		
P 值	0.003		

说明治疗前后病人夜尿的变化，经过统计学处理，证明有非常显着差异。

对治疗前后其它症状的观察

治疗前后比较，病人的下肢力量，其它关节疼痛情况，记忆力，性功能等都有不同程度的改善，但是，脱发和听力减退，变化不明显。

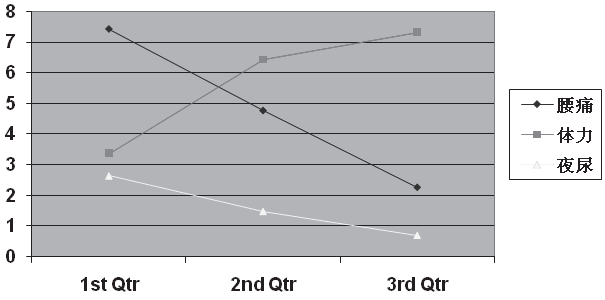
【讨论】

一、通过对 27 例腰痛病人进行平均 26.70 天的中医综合治疗，绝大多数病人的疼痛得到解除或明显减轻，多数病人感到满意。将病人治疗前后的疼痛评分进行对照，并作 T 测验，结果 P<0.0001。经过统计学处理，证明治疗前后病人的疼痛有显着差异，说明中医综合疗法对治疗腰痛有效。

我们仔细查阅了一例无效病人的病案，发现该病例是 61 岁的老妇人。开始治疗时疼痛评分为 “9”，经过治疗，疼痛逐渐好转，评分变为“1” 。病人高兴之余，到自家花园里劳动，锄地，搬物，并弯腰作业良久。当晚腰痛又发，次日到我诊所就诊，得到的疼痛评分为 “10” 。开始治疗前是 “9” 分，治疗到最后是 “10” ，当然被评为无效。

二、在病人疼痛缓解的同时，病人的体力得以增强，夜尿显着减少。经过统计学处理，对照治疗前后每个病人的体力评分，进行 T 测验，结果 P<0.001，说明治疗前后病人的体力确有显著差异，证明治疗有效。在对治疗前后每位病人夜尿次数对照处理后，进行 T 测验，结果 P=0.003，也说明治疗前后病人的夜尿次数确有显着差异，证明治疗有效。

一般认为，剧烈疼痛时，病人的体力会比较差，同时疼痛妨碍睡眠，晚上睡不好，起床小便的次数也会增加。经过治疗，疼痛缓解后，精力自然增强，夜尿次数也会自然减少。当然，不可否认，病人所服用的补气和补肾中药，以及针灸和推拿对全身的调理，也是导致病人体力增强，夜尿减少的原因。



Call for Papers

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 19 Issue 1) is **20th Febrary 2012**.

Guideline of English standard for authors

1. Please run a spell check on your computer before submitting.
2. Only use sentences (not fragments) containing a subject, verb and object.
3. Avoid long and confusing sentences with commas and semicolons.
4. Double check that you use the proper tense. We would recommend to write case histories in past tense, eg. the patient had... (not is...)
5. There should be a space following a comma or full stop.
6. All herbal names should have their proper Pin Yin and Latin name.
7. All acupuncture points need to be named according to convention (Ki 7 Taixi)
8. Referencing should be Harvard.
9. Avoid phrases that are difficult to express or translate in another language or explain them properly

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The Balance between Academic and Professional Requirements in Research Training

— A Reflection on the Provision of BSc Acupuncture at University of Lincoln

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Acupuncture education was introduced into UK universities at degree level 10 years ago. From the beginning of this provision, there were always debates about balancing the academic content with professional requirements. As most courses currently stand, they are defined as professional/vocational courses, in distinguishing with the pure academic courses, like math or history. There are clear divisions among some of the teaching content between academic and professional modules, for example, the clinical modules are clearly professional modules, while health psychology is, on the other hand, an academic driven module. It is very difficult to distinguish some aspects between the two, but the research modules are at the centre linking both. The reason is that evidence based practice is now a fundamental principle of acupuncture practice today. And this principle can only be powered by research. Therefore the provision of research training became a focus point for linking the academic sphere to the professional/practice sphere.

Research training is emphasised not only in the research modules, but also in all clinical modules. This is clearly different to what is provided in China, where the undergraduate students follow the National Teaching Curriculum and classics rather than open discussion with the most up-to-date development in the field.

To plan such a focused training one needs to consider the whole structure, and find a balancing point. The limited time span of three years, the limited resources of the research facility, and how to maximize the possibility of research training to help the students benefit the most in the future is the central point of this discussion. In this study, the provision of research training at an acupuncture programme is reviewed at programme level. The vocational feature of the course is addressed in the improvement of the provision of training in research ability.

The study questions are concerned with the following aspects: the overall target of the research training and its break-down into practical stage targets; facilitating the delivering of research modules with clear orientation towards evidence based practice, and setting up effective integration of research training into all modules in the second and third year.

Research training as a key development in undergraduate education

Research training at undergraduate level is to learn and to be familiar with the research methods used in the subject. By providing the training, the students at this level will be able to appreciate the research finding and read the research reports in the relevant field, and interpret the finding. Reaching this aim, the students will be able to find the information needed for future self learning and professional development, and not solely relying on the tutors.

In order to further develop their research ability, the students will get a project to test their ability of analysing and examining others' reports.

Providing training of research methods and exercises is one of the main content of a university degree course, especially in a science subject degree course. The students are expected not only to be able to manage the knowledge they have gained in the course, but also be able to gain new knowledge and making critical evaluation of others' research finding to enrich their knowledge, and keep updated. This will ensure the graduates to be self-aware of the limits of their knowledge and skill, and to access new knowledge and findings to be able to appreciate the newest development in the field.

The Government Agent QAA, which is directly responsible for the assurance of quality in higher education, has defined the requirement for honours degree level aim in research as: *critically evaluate arguments, assumptions, abstract concepts and data (that may be incomplete), to make judgements, and to frame appropriate questions to achieve a solution - or identify a range of solutions - to a problem.* (QAA, 2001) From this statement, the graduates are required to apply their research ability in the evaluation of research finding and to find solutions to problems. Unlike the educational provision of a master's level research degree, which is focused on extending the students' research ability in organising and planning research, and doctoral level research training, which is on independent research performance, the undergraduate students are not expected to stand at the front line of scientific exploration of adding new knowledge or findings to the subject.

Research training at undergraduate level in universities has two main purposes, to enable lifelong learning, and to prepare future research ability in post graduate study. The former, the evaluating and understanding research, is becoming the main task. While for those people whose aim is to become a scientist, master degree preparation and a PhD degree research project will be the most conventional life track to follow.

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Seldom has a graduate had the chance to progress into an up-front research project directly as a main researcher. According to BBC news, every year, there are 600,000 graduates from universities in UK, and only 14,000 initialise their PhD study (HEFCE, 2005). Most of the graduate will not get a chance to become scientists. The course should not be operated for that small percentage of this kind of student. The vast majority's need is the main concern. Therefore, preparing the students to be ready for being informed by new knowledge and appreciating the scientific advances are the main tasks in undergraduate research training.

Research training consists of three main parts: flexible training in practical information analysis skills, research methods modules, and research exercises (carrying out a research project before graduation). The informal training of research is the process throughout the whole course, library searches, research report reading, writing critical analysis in essays/assignments, and reading of relevant articles.

The formal research training is delivered in Research Methods unit/module. The two main categories of research methods are discussed in brief, namely the qualitative and quantitative researcher methodology. The Research Project or Independent Study, leading to a dissertation or project report is the application of the flexible training and methodological theory and skills in the real world. All three parts are considered to be essential to a BSc (Hons) degree education.

Being able to do research means independence in future practice, and provides huge advantages in continued personal and professional development, and is considered to be an advantage in the career. Every scientific subject is developing very fast nowadays. Knowledge is updated day to day, and there is no end of finding new knowledge. The knowledge body gained in the three year undergraduate course will soon be proved to be out of date. It is impractical to ask every body to come back to university for a total renewal of their knowledge. The only way to equip the professional is by consciously organising and updating knowledge. This needs the ability of evaluating, analysing, and making judgements on those reported findings. Contradictions of existing knowledge should be examined. New ideas need to be tested. Those are the main concerns of research training provision at undergraduate courses. The students are expected to become a research informed professional in the future career.

Research training in vocational courses

Research ability is necessary for all university courses. But there is difference between academic courses and vocational courses in terms of research ability requirements. The difference is due to the different natures of the courses.

In academic courses, there is no doubt about the significance of the research ability requirement and its heavy exposure in the structure of a course. The research modules/units, together, account for one third or more of the total course. But to vocational courses, the requirement of research competence is different to those of academic courses.

In a vocational course, the students are not expected to carry out primary research after graduation, without further training in MSc or PhD projects. Especially in a setting of health care or clinical subject, the chance of carrying out primary research is very remote. Most clinical tests or trails need a fund of hundreds of thousands of pounds with a strong team for support, including statisticians, clinical assistants for grouping and blinding, and administrators for quality controlling. In a team like this, a graduate will only play a role of an assistant. Planning and managing of the project will be in the hands of well established and well positioned researchers. The network requirement is high as well. Only well-positioned researchers will have the chance to start such a project. The time required is another major barrier. Most projects need approvals not only from university authorities, but also from NHS and local government. To have a project ready to start, it may take 5-6 month. It is not considered to be realistic for an undergraduate to finish a primary research project in their last academic year.

If primary research is not considered to be the appropriate form of a research project for the undergraduate students, then the only option is library based research, which could take the form of information extraction and analysis from publicly available information sources, systematic reviews on one active research area, critical review of a debatable topic and so on.

There are no separate guidelines in the vocational degree regulation in terms of provision of research training. All the courses leading to BSc (Hons) have the same requirement. This could be reflected in both the QAA policy and University of Lincoln's Academic Guidelines.

Should the vocational education be then down-graded to non-degree course? Obviously, the answer is no. Vocational courses have been successfully operating in universities in UK for decades. They range from law to medicine, and nursing. All have been highly valued. However, due to the nature of the vocational courses, many of them are classified into their own categories of degrees, i.e., law degree, medical degree, and BA degree. From the different names of the degrees, we know their requirements are slightly different in the way of research ability. Those courses are all focused on the entrance level of the professional practice and professionalism. Their graduates are not expected to be directed into scientific researches and to become scientists. As a matter of fact, their research training is controlled in a level very different to that expected in academic courses.

There is an unwritten convention of understanding that the BSc degree is a training for science subjects. If a course bears the name of BSc, then people expect the content of the course to be in line with the "scientific ground" - linked to atomic, molecular, cellular formulas or calculations. Everything in the subject should be scientifically proved, and all the changes should be explained and anything unknown or unclear should be solved by laboratory tests or designed experiments. So, doing research and reading others' research are essential

for training in those subjects. In some subjects, for example computer programming, the knowledge and skills are updated so quickly, that the people working in the field have to access new publications every month. Otherwise, they have to be retrained in 5 years. The way to sort this out is the ability of appreciating research findings.

Since this is an issue of planning all courses in the School of Health, the programme leaders have to face this challenge and after more than a year with 4 meetings, a consensus was reached in 2008. It was suggested that in all the health subject vocational courses, the undergraduate students will be required to do literature based research in their research project/Independent Study. The meeting minute here state: "*All students should be informed of this in the new year by the appropriate tutor. Literature reviews will therefore be routinely discussed with the student supervisor for their research project to ensure they comply with the programme/modules requirements and do not raise any generic ethical concerns".* (Serrant-Green, L, 2008) This decision was accepted by the Faculty of HLSS to be appropriate policy at school level.

Research training requirement in the acupuncture course

In acupuncture courses, the educational aims are defined by the combined influence of relevant parties. There are several stake holders with their own interest in acupuncture who would like to iron their marks on the designing of the course. They are:

- the public and the patients which are the users of acupuncture and are represented by the Government and patient societies;
- the profession of acupuncture which are established practitioners and related workforce and are represented by the professional bodies;
- the education providers which are the university and related course teams;
- the students which are the future practitioners and in the meantime the learner, or the subjective body of this educational activity.

(Parliament Committee of Public Accounts, 2002)

All stake holders have their own concerns in the course. The public is keen to see the graduates are safe and ethical practitioners and equipped with up to date practical knowledge and skill, and that they are trustworthy and reliable. From the University point of view, graduates should possess a high standard of educational achievement and personal goals, with clearly distinguishes them from high or middle level education. The students expect a career with a bright future with an established reputation and that their award or educational experience to be highly valued. Because their interest in acupuncture education varies, so their interest in research training in acupuncture courses is therefore not the same. The research training would not meet the interests of all the stakeholders, and compromised targets should be set and maintained.

As a compromised solution, the policy documents from the professional body, Guideline for Acupuncture Educational (BAcC, 2002), stated the professional requirements of the graduates as "Patient centred, safe, ethical, compassionate, holistic, therapeutic, effective and reflective, and accountable, practice-proficient practitioner. "(BAcC, 1999). And another document Standard of Practice for Acupuncture (BAcC 2006), has summarised their concern as

1) Chinese medicine knowledge and skill, clinical medicine;
2) Holistic attitude and approach;
3) Communication;
4) Safety;
5) Professionalism;
6) Management and continue development.

Research is included in the 1, 5, and 6, and is not listed as a major requirement. In total, it is one of the four parts of educational contents: subject specific knowledge and skill, clinical training, professionalism and research. So the research training is essential, but should be managed in a suitable range.

Summarising the documents about professional requirements on research training, the aim could be described as: appreciating the research, enable research minded practice, and facilitating lifelong learning and improving the level of research ability in the range of understanding and critical analysis.

Finding the balancing point between research and subject specific training — Planning research training in acupuncture courses:

In 2007, the University of Lincoln decided to restructure the university academic credit system, moving from a system based on 12 credits or its multiples for each unit to a new system based on 15 credits or its multiples for each module. This is obviously a decision to reach compatibility and mutual acceptance of the educational achievement the students attained, in term of academic credits, in line with most other universities in Europe. By switching to the new academic credit management system, students with some stage/level fulfilment, but not course level completion, at Universality of Lincoln could easily join other universities with their achievement being recognised and accepted through this comparable credit claim, and procedure of APL (Accreditation of Prior Learning), and vice versa.

Actually, the Acupuncture Course may be among the most beneficial programmes at the University of Lincoln, because more than half of its students enrolled are mature students and most of them have relevant training background. So, they could easily claim the academic credits of some modules, and therefore, their workload will be significantly reduced. This is obviously a better system for the acupuncture course.

The system switch at programme level requires course revalidation and module restructuring. This provides a good opportunity for the acupuncture team to

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review the course structure and making adjustment in favour of better education provision. As the programme leader, it is a time to revisit the whole structure of the course, and to establish a better way of research training.

Research into structures of other similar courses provided by UK universities will be of great help and will provide precious experience together with our own experience, especially for the research training provision. In the context of this study, the research provision and delivery is the focus point, although all other aspects were close examined as well.

Currently, there are 3 other university courses fully accredited by professional bodies in acupuncture along with University of Lincoln (data accurate at May 2010). They are at Middlesex University, University of Westminster, and University of Salford. Their course documents are openly available to general public on their website. Those course documents will be the material for the team to read and analyse. For further clarification, personal contacts have been established with course teams in those universities.

Structure and delivery of research training at Salford (BSc (Hons) Chinese Medicine (Acupuncture), 3 year FT):

- *University Study Skills* (double module)*:* General academic skill including research training begins in 1st year;
- *Research methods* (double module): Specified training in the 2nd year;
- *Study of Enquiry* (double module): The research project in 3rd year consists of a final report of 6,000 words, critical evaluation of debate in an area based on publications.
  (University of Salford, 2006)

Structure and delivery of research training at Middlesex University (BSc (Hons) Chinese Medicine-Acupuncture, 4 year FT):

- *Research method* (double module) Specified training in 3rd year
- *Proposition Module* (single module): A research project formulation exercise. A research plan, practical, researchable, with predictions of the outcome in the form of 4,000 words research plan.
  (Middlesex University, 2006)

Structure and delivery of research training at University of Westminster (BSc Honours Traditional Chinese Medicine: Acupuncture, 3year FT)

- *Research Methods* (double module) Specified training in 2nd year
- *Research in Practice* (single module) A research exercise on one topic to formulate a detailed research plan, or a critical review of a published research report, in the format of 5,000 words report.
  (University of Westminster, 2006)

The three university courses use a very similar way of stating out their *aim of training in research*: promote research-mindedness and a sense of responsibility for the evaluation of professional work from both practitioner and patient perspectives.

The common features among the three programmes are: providing research methodology modules to familiarise the students with commonly used research methods which is provided in the year before the last year, and the exercise in the final stage is a project based on either a detailed research plan, or a literature review, which is arranged in the last year.

Our previous experience in research training

In our own existing course, validated in 2004, the provision of research training is as following:

- *Core University Learning Skills* (double unit) provide basic training including research skills; this is delivered in 1st year;
- *Research methods* (double unit) research methodology training including qualitative and quantitative methods with requirement of a 3000 words research plan in 2nd year.
- *Dissertation* (double unit): a research project leading to submission of a dissertation of 10,000 words in 3rd year.

In previous years, more than half of the students chose primary research for their dissertation. However the feedback was not as promising as the students expected. There are several areas limited their performance:

a) there two many policy limitations on research on human subjects;
b) the recourse is limited and it is a student self-funded project;
c) the heavy work is not rewarded since it is impossible to produce research result of high standard.

It was also found that the name “Dissertation” is mostly used by master level research project and its completed report at current situation. That is reflected by the finding of other universities health subject courses, but also inside of University of Lincoln.

The team had reached the conclusion that our research training provision was well above all other similar courses, and the students were over stretched.

Another development was a departmental policy change which reflected the general agreement on how the research training at undergraduate level should be provided. This is reflected by the School of Health and Social Care Ethical Committee Agreement, which has been repeatedly agreed in 4 consecutive years.

The school level agreement was the result of analysis of the outcome, the research resource and the students’ and staff feedback, and also consulting the professional bodies related to those subjects. The general points are: qualitative researches are suggested on published research findings/reports; no primary research is suggested; no human tests are allowed.

This school level guideline effectively encompassed the range of research practice in two areas: systematic review and critical literature review.

Proposed research training scheme in BSc Acupuncture course under the new academic

credit system

The aim:

- Appreciation of the up-to-date research output in health and especially in the development of acupuncture;
- Research ability training or research minded fostering;
- Valuing and critical examination of research publications.

The preparation:

- Library workshops on information retrieval, using search engines, academic writing, and basic statistics

The Research Method Module:

- School level provision shared by all vocational courses in health;
- Covering wide range of topics from qualitative research to quantitative;
- Methods;
- Tutor-project oriented selection of lectures and seminars to cover areas of interest.

Professional research guidelines: STRCTA and BAcC research guidelines.

The research project—Independent Study:

- Literature based research exercise;
- Critical evaluation/evaluation on one topic/ hypothesis/ theory;
- Systematic review on one topic closely related to reflect the current development and clinical concern of practice. –Mega analysis is not required.

Literature based primary researches: extract data from public information source, rather than collecting from labs, clinical trials, questionnaires or interviews.

Pilot study is not required.

The Report: 6,000 words report.

The method of tutoring

Group tutoring: this is provided by the module leader to explain the policy of research, the general trends and hot points of debate or concerns in the subject, good examples of writing, and expectations from the educational provider.

According to a recent study, the students' perception to the small group tutoring is very positive, and is considered to be one of the most effective ways of teaching special skill in medical education. It was inspiring, encouraging and allows building up. (Steinert Y, 2004) According to personal teaching experience, in a small group tutoring, an idea could be easily formulated, and by critically challenging among the students and tutor, all directions of development could be explored, if not exhausted.

Peer reviewing: Peer reviewing is considered to be very effective when the students are doing their study or research at home or alone. Working alone has the advantage of constant thinking without interruption, and allows deep reflection. But there are problems for many of them for coming up with fresh ideas, falling behind schedule or developing into the wrong direction. According to Meyer and Land (2003) students find themselves "stuck" at some point and feel very difficult to get through. This is the concept of "threshold concept". We did find in previous teaching that many students and myself could easily get stuck in some independent projects. And this threshold is very frustrating, and need some external force to turn the direction or to be pushed into action. These extrinsic stimuli are necessary for this situation. Peer reviewing with a fixed schedule of every week will play the role of a reminder, a critic, and a source of extrinsic inspiration.

Sample analysis is another way of helping the students. The team's personal experience is to identify one of the best research reports, produced in previous years, and get permission of the author to be openly discussed in tutoring sessions. It is usually given to students and meanwhile the tutor asked them some comments on some interesting points. By doing this, the students then become confident that they can do it.

Periodic tutoring: This is about checking the progress and making sure the step-by-step progression, and the project staying on the right track.

Reflection on the new system of research training provision

In the academic year 2008-209, when the new course structure was in place for the first year, there was a cohort of first year students on the new course validated in 2008, and also two cohorts of students staying on the previously validated course with a dissertation of 10,000 words as the target of research project. The immediate response from the two cohorts of students on the old programme was that the new scheme is more realistic and practical. The students expressed their desire of adopting the new system into their training; this could be reflected in the minutes of Subject Board Meeting.

As the course leader and dissertation unit coordinator, the author has to do a new study on this request. There are several points to support the change: The Dissertation was a 24 credits unit validated in 2004. It does not reflect the current educational situation. Undergraduate courses rarely use dissertations as the final research exercise. The new Independent Study is integrated with the Research Method and inherits the research plan produced in the 2nd year. The strength of 6,000 words is reflected by the quality of the content, rather than the word account. The new scheme reflects the school level policy on undergraduate research training. So, a minor modification was submitted to the Quality Committee for adopting the new Independent Study for students on previous course structure. It was approved. The students and all tutors are now feeling the benefit of the change.

In the delivery of tutoring and monitoring the progress, the author found that it is easier to spot mistakes and identify good practice of the students. Since there is no pressure of producing 10,000 words, most students reported that they would have no problem of

compiling the report, and they do have more time on thinking and analysis.

Some of the interesting discussions found in tutoring suggested that the new scheme is more enjoyable now comparing to those years ago, because there are really valuable ideas among the students. Some questions previous students asked as "*Can I put both the chart/tables in the original reports into my dissertation along with my own explanation*?" (A question expecting a Yes answer to ease off the pressure on word count) has not being heard this year. So, we are more focused on quality rather than formality. That was what we had aimed for.

Summary

Times change and the educational environment and settings keep changing also. There is always the need of revision and modifying plans to reflect the change. This is particularly true in terms of research training.

When research has been done and all relevant factors are considered, it is not difficult to find a balancing and compromising scheme to meet the requirements from all stake holders. The gap between academic courses and vocational courses like acupuncture will be bridged appropriately. The refined teaching scheme of research in BSc Acupuncture course has proved to be popular with all concerning parties. The key to find the balancing points is to understand the policy and level of requirement of the profession. However, higher education has evolved enormously in the past two decades; this balancing point should be constantly monitored and revisited to meet the changes and demands of the times.

Note: The course structure and its design, and the deliver of the modules are the result of the effort of the whole teaching team, and the relevant supporting staffs. The author's study is based on the personal suggestions made to the development and the project study is a research exercise in conjunction with the revalidation process for supporting the proposal. The author hereby conveys his sincere gratefulness to all of the team members.

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关于经营中医诊所的几点认识

倪建平（君健公司董事）

在英国的中医诊所大约有 数千家，如何经营好它是每个业内人所关注的，特别在当前外部环境不利的形势 下。笔者就多年经营中医诊所的经验，思考和与业内人士探讨，得出以下几点认识，供各位评议，不足处请见谅，更希望能抛砖引玉。

一．要坚信中医能治病，治好病

中医能治病本是 一个不争的事实。但近些年对中医治病效果的质疑及西方主流医学对中医的不支持，使得部分中医师及医助丧失信心。特别是当有病人反映疗效不好时，不能满怀信心地向病人推介中医 的疗效。

事实上，有些病确实难治，西医治不了，中医治不好。但只要我们中医师仔细观察，反复思考，查对有关病例，可以说这些病都会在治疗后痊愈或减轻病症。中医师有信心，病人才会有信心，信心本就是战胜疾病的一个重要因素。

二．要坚信中医市场还有潜力可挖。

目前中医诊所总体效益不太好，几家大公司倒闭，很多人认为是诊所太多，市场饱和了。但据我的调查和分析，潜力 还很大 。

一方面，从现有的病人身上挖潜，病人可能因某一种病来看中医师，这时中医师就要善于发现他还有其他病，或他的家人可能有相似的病，并向他积极推介治疗方法。我认识的一位中医师就有一个很成功的样板。一日，他的老板让他到另一个诊所工作，他去后一看预约，病人很多但都交过费。他想不能忙了一天，却没有收入，对不起老板，也对不起自己。他就在做治疗时与病人交谈，发现了还可向病人推介其他方法，病人 还很高兴。一天下来，收入超500镑。老板听后 很高兴，当即就决定请他吃晚餐。这个老板也真会就激励员工。

另一方面，尽管中医在英国很多年了，仍有许多英国人不知道中医诊所，或不知道中医诊所能治他的病。我的一个英 国朋友告诉我，我诊所宣传页上列的病，她就有几种，她暂时还不来治。但这确实证明英国还有很大一个顾客群等待我们去挖掘。

一旦成为我们的顾客，就要让他们享受我们的服务，成为我们的老顾客。

三．顾客至上，灵活经营

在英国，中医诊所就是一服务场所。病人 就是顾客，也就是上帝。中医师就不能象在国内那样，高高在上，病人陪笑脸。刚好相反，中医师必须微笑服务。在病人表现不太正常时，要理解病人，因为他有病了。绝对不能与病人争吵。要让病人在诊所愉快，回家后还觉得愉快。这样下次他们才会来，也有可能告诉他们的亲人或朋友来。很多成功的中医师就是靠老病人口传带来新病人，保证了诊所生意。

灵活经营我是这样看，诊所各项收费 应明码标价，让顾客放心。但遇到经济困难的病人，我们应多一点仁爱之心，给予最大可能的优惠，帮他们把病治好。将来我们也会得到回报的。

四．守法经营，注意安全

在英国开诊所总体来讲，外部环境还算宽松。我知道的一个诊所 8 年多就从来没有被任何人来检查过。但即使如此，我们也必须守法经营。否则，一旦败露，前功尽弃。这样的例子各位应该听过。

注意安全，除了治疗用药的安全外，水、电、设备、防盗和防诈骗都要注意。另一点就是合伙开诊所或雇中医师一定要先讲清楚，写明白。遇到新问题双方要妥善处理，不要让一方无法接受，导致走极端，二败俱伤甚至俱亡的悲惨局面。

总之，在英国中医大形势不好的情况下，衷心希望广大的中医师 能坚定信念，鼓足干劲，做好诊所工作，让祖国医学在英国辅助疗法市场里稳稳占住较大的份额。

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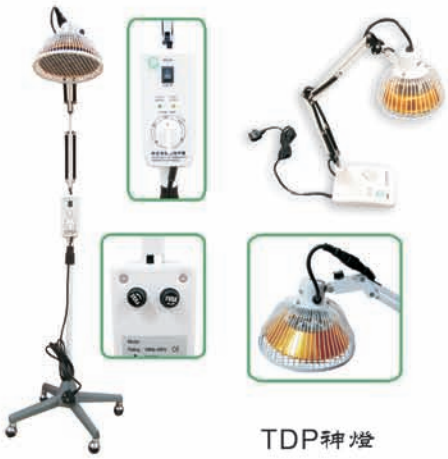

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