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# Tonifying Method in Shang Han Lun

Engin CAN (张恩勤) , Ming Zhao Cheng (程铭钊)

Tonifying method is one of the eight therapeutic methods introduced in Shang Han Lun (Treatise on Cold Damage 伤寒论) written by Zhang Ji (Zhang Zhongjing) in the Eastern Han Dynasty (the 3<sup>rd</sup> century). This method functions in invigorating qi, blood, yin and yang, and is used for various deficiency syndromes. In this article, two representative formulae will be introduced: Xiao Jian Zhong Tang (Minor Centre-Fortifying Decoction 小建中汤) and Zhigancao Tang (Prepared Licorice Decoction 炙甘草汤).

## 1. Xiao Jian Zhong Tang (小建中汤 Minor Centre - Fortifying Decoction)

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. In *Shang Han Lun*, there are 2 clauses (Clauses 100, 102) on Xiao Jian Zhong Tang.

Clause 100 states that “febrile disease caused by cold: if the yang pulse is hesitant and yin pulse is tight, this will indicate an acute pain in the abdomen. Use Xiao Jian Zhong Tang first”; Clause 102 states that “febrile disease caused by cold for 2 or 3 days, if the patient suffers agitation and palpitation, use Xiao Jian Zhong Tang”.

Additionally, there are other 2 clauses on this formula in Chapters 6 and 15 of Jin Kui Yao Lue (Synopsis of the Golden Chamber 金匱要略), which is the sister work of Shan Han Lun (Treatise on Cold Damage 伤寒论).

The formula consists of the following ingredients:

Shaoyao (Radix Paeoniae), i.e. should be Bai Shaoyao	6 Liang	18g
Guizhi (Ramulus Cinnamomi), without bark	3 Liang	9g
Zhigancao (Radix Glycyrrhizae Praeparatae)	2 Liang	6g
Shengjiang (Rhizoma Zingiberis Recens)	3 Liang	9 g
Dazao (Fructus Ziziphi Jujubae)	12 pcs	
Jiaoyi (Saccharum Granorum)	1 Sheng	30g

The original preparation and administration of this formula in *Shang Han Lun* is this: boil the above 5 herbs in 7 Sheng (140ml) of water till 3 Sheng (600ml) is left. Put Jiaoyi into the decoction and simmer it till it melts. Take 1 Sheng (200 ml) orally each time when it is warm, 3 times a day. The patients with nausea should not take this decoction because it is too sweet.

The action of this formula is to tonify and warm the middle-jiao (the spleen and stomach) and relieve spasm and pain.

Jiaoyi is the principal ingredient is this formula. The dosage of Jiaoyi is big. Its sweet taste and warm nature will facilitate its effect on the spleen, and help to replenish the spleen-qi and nourish the spleen-yin. It will not only warm the middle-jiao and restoring qi, but also regulate the internal organs to relieve spasm. Bai Shaoyao and

Guizhi are the assistants in this formula. Bai Shaoyao, sour in flavour and slightly cold in nature, has the function in replenishing yin and blood to relieve spasm and pain. Guizhi, pungent in flavour and warm in nature, is effective for supporting yang-qi. The combined administration of these 2 herbs – one warm in nature and beneficial to yang, and another cold and beneficial to yin – helps regulating the relationship between wei qi and ying qi (yin and yang). Shengjiang is used to replenish the wei qi (yang) while Dazao is used to tonify ying qi (yin) and strengthen the spleen and stomach. Zhigancao regulates the middle-jiao and tonifies qi.

In *Shan Han Lun* Clause 100, the indication of Xiao Jian Zhong Tang is for a patient who has middle qi deficiency, and then attacked by external cold. In this situation, the patient should have mild fever and aversion to cold, but the main symptom is acute abdominal pain which should be treated first. Therefore, Xiao Jian Zhong Tang is used first, as it can warm the middle, replete the deficiency, modify the acuteness and stop pain.

In *Shan Han Lun* Clause 102, the indication of Xiao Jian Zhong Tang is for a patient who has cold attack for 2 or 3 days. At that time, due to the deficiency of the middle qi, the cold pathogen has invaded inwards, causing middle yang qi and yin blood deficiencies. In this situation, the patient develops palpitation in the heart and agitation. The treatment should then be to tonify the middle qi and the spleen.

Clinically, Xiao Jian Zhong Tang can be used for treatment of deficiency-cold syndromes, such as chronic gastritis, duodenal ulcer, vomiting of pregnancy, migraine, and Meniere's disease.

Cai (1984) reported that using this formula for 11 cases of habitual constipation and claim that all the patients got satisfied results.

Studies in recent years (Zhang 1990) have indicated that this formula possesses the efficacies in relieving spasm, alleviating pain, promoting blood circulation, strengthening digestion and absorption, accelerating the healing of ulcers and nourishing the body.

Li (2005) use this formula for treatments of syringomyelia and aplastic anaemia, with good effects.

## 2. Zhigancao Tang (Prepared Licorice Decoction 炙甘草汤)

In *Shang Han Lun*, there is only 1 clause on this

formula, Clause 177. It states that “a patient with febrile disease caused by cold manifests as severe palpitation with irregular pulse, Zhigancao Tang should be used.”

The formula is composed of following ingredients:

Zhigancao (Radix Glycyrrhizae Praeparata )	4 Liang	12g
Shengjiang (Rhizoma Zingiberis Recens)	3 Liang	9g
Renshen (Radix Ginseng)	2 Liang	6g
Shengdihuang (Radix Rehmanniae)	1 Jin	30g
Guizhi (Ramulus Cinnamomi) i.e. without bark	3 Liang	9g
Ejiao (Colla Corri Asini)	2 Liang	6g
Maimendong (Radix Ophiopogonis)	0.5 Sheng	10g
Maren (Fructus Cannabis)	0.5 Sheng	10g
Dazao (Fructus Ziziphi Jujubae)	30 pieces	

The original preparation and administration of this formula in Shang Han Lun is this: boil the above herbs in 7 Sheng (1,400 ml) of rice wine and 8 Sheng (160 ml) of water till 3 Sheng (600 ml) is left. Filter the decoction and put Ejiao in it and continue stir till it melts. 1 Sheng (200 ml) each dose, 3 times a day, orally.

The function of this formula is replenishing qi, enriching blood and nourishing yin to restore normal pulse. This is why the formula has another name Fu Mai Tang “Pulse-restoring Decoction”.

Acting as a principle herb, Zhigancao has the effects of enriching qi and replenishing the stomach to restore the pulse. Renshen and Dazao nourish the heart and spleen by the way of replenishing qi. Shengdihuang, Maidong, Ejiao and Maren, all sweet in taste and moist in nature for nourishing yin and the heart, supplement the blood, moisten the lung and promote the production of body fluid. Shengjiang, Guizhi and rice wine, acrid in taste and warm in nature, are used for activating yang and restoring the pulse.

Clinically, this formula is often used for treatment of ventricular premature beat, primary stage of atrioventricular block, functional arrhythmia, auricular fibrillation and cardiovascular neurosis.

It is important to note that rice wine is used in the preparation of the decoction. Some active ingredients are soluble in alcohol but not in water. If wine is not used in the preparation, this formula may not give the desired effects.

Lin et al (1984) applied this formula to 40 cases of ventricular premature contraction. After taking 20 doses, 31 patients' pulse became normal, 7 patients' pulse improved and 2 patients had no effective.

Zhao (1982) used this formula to treat a 30 year old man with central choroido-retinitis. After taking it for 20 days, the patient's condition improved; continued to take it for a month, the patient was cured.

Recent studies (Zhang 1990) have indicated that this formula has the efficacies of increasing cerebral excitement, strengthening the function of the heart, and dilating the coronary artery.

## Summary

Tonifying method was one of the 8 therapeutic methods in Shang Han Lun. It was chiefly applied to deficiency syndromes during febrile disease. Two representative formulae of this category have been discussed in this paper, namely: Xiao Jian Zhong Tang (Minor Centre-Fortifying Decoction 小建中汤) and Zhigancao Tang (Prepared Licorice Decoction 炙甘草汤).

Tonics are a rich subject in Traditional Chinese Medicine (TCM). In the history of TCM development, many tonifying formulae were formulated after Zhang Zhongjing. There are four main categories: yin tonics, yang tonics, xue tonics and qi tonic. They then sub-divide into the tonics of all major organs, for example heart-yang tonic, heart-yin tonic, heart xue tonic and heart qi tonics. There are also tonics for more than one organ. All these were, however, derived from the same principle which was first applied by Zhang Zhongjing.

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# Yang Sheng Fa - The Art of Health Preservation

Robert Aspell

**Abstract:** Maintaining good health and well-being is almost uniquely characteristic to Chinese medicine and culture. TCM literature contains theories on both curative medicine, and preventative medicine - Yang sheng fa is based on the latter. This article discusses how and why a practitioner should go about self-cultivation, and how it can improve their practice by giving the principles of yang sheng application for daily life.

**Key words:** Traditional Chinese Medicine Health Preservation; Yang Sheng Fa

## Introduction

*"It is man himself, not Heaven, who governs his life, and he who abuses himself dies young, while he who takes good care of himself enjoys a long life".* Gao Lian, Ming dynasty <sup>[1]</sup>.

Translated roughly as 'life nourishing principles', yang sheng fa is the art of enabling self-cultivation by taking our health into our own hands, and acting to prevent illness and preserve optimum well-being. It is a lesser known, but highly important concept in Chinese medicine, and can be considered a philosophy of life, implemented by practitioner and patient alike. Yang sheng fa promotes methods of self-healing, health cultivation, and encourages a positive state of mind, ultimately leading to the preservation of one's health, well-being, and from a practitioner's perspective, greater focus and treatment outcomes.

The art of yang sheng fa is less about teachings, and more about principles. Little information about yang sheng appears to be available in the west, with even less actually referring to it as yang sheng. Small descriptions however are present in the Chinese medicine classics, such as the Huangdi Neijing (Yellow Emperor's Inner Classic), and authors such as Daniel Reid talk extensively about health preservation from a Chinese medicine perspective. There are many aspects of Chinese medicine, and yang sheng fa lends itself to the branches that can be used by yourself without having to visit fellow practitioner. These methods include the following:

- Food Therapy / Dietary Improvements
- Herbal Supplementation
- Mind Cultivation
- Acupressure / Self Massage (Tui Na)
- Energy / Breathing Exercises (Qi Gong)
- Physical Exercise (Daoyin or Taiji)

Yang sheng can be a way of taking advice and training on health and wellbeing, and tailor it to your own individual needs and preferences. It was believed in ancient times that a practitioner of Chinese medicine should adhere to what is known as yang sheng fa in order to cultivate themselves as therapists. However, it is understandable that not every practitioner can strictly follow each component of yang sheng, though adhering to certain aspects of it can unquestionably help.

Recently in my own practice, a growing number of patients have been requesting treatments simply for health preservation, and asking me to teach them about ways in

which they can 'self medicate' based on classical Chinese medicine. As a practitioner of the Chinese arts, this is exciting to me, as patients that adhere somewhat to the principles of yang sheng appear to react much more strongly to acupuncture and Chinese herbal medicine, much in the same way that acupuncture and Chinese herbal medicine can support each other. It is simply adding another tool to the collection. For instance, if I am treating a patient to clear heat and enrich their Yin, yet that patient's diet largely consists of foods with hot and drying properties (Yang in nature), I will be fighting an uphill battle. The choices that I make in regards to herbal formulae for example, need to be supplemented by Chinese food therapy. After all, both are being digested and transformed and transported in similar ways. Should I not offer advice on certain aspects of yang sheng, that patient will be undoing all the work for which they came to me in the first place. This is just one reason why it is important to give patients after care advice, and explain to them what they need to do in order for them to cooperate with the treatment plan.

Ultimately what is equally important, in my eyes, is how essential it is to understand the importance for a TCM practitioner to implement at least some aspects of yang sheng fa into their own daily life should they wish to offer optimum levels of treatment, and for themselves to remain in good health. From what I hear too few practitioners, especially in the West, are aware of, let alone practice, any part of yang sheng. This article will introduce you to the very basics of yang sheng, and explain how it can benefit the practitioner, in addition to the patient. The study of yang sheng can be complex and covers many, many aspects of life. However, I do believe that a difference can be made to one's health, and practice, just by starting out with the basic understandings outlined within this article, and should hopefully lead on to further study of the aspects that interest and best suit yourselves.

## Chinese Food Therapy

"Medicine is intention (yi). Those who are proficient at using intention (yi) are good doctors" Sun Simiao <sup>[2]</sup>.

Our yi is one of the five shen, and is the spirit that pertains to the Spleen; our yi gives us our intent, focus, and clarity of thought. Due to the fact that it is housed within the Spleen, the strength of our yi is directly influenced by the quality of our diet and condition of our ying qi. If our diet is to be poor, our Spleen would struggle to function at its optimum, and our yi can become unsettled - This is the point when our intent becomes



unclear and our mind struggles to focus.

In view of this, it could be argued that in order for a practitioner to become a great practitioner, they must to some extent follow the principles of yang sheng. In the Huangdi Neijing (Yellow Emperor's Inner Classic), Qi Bo states "The key to acupuncture is first of all to concentrate and focus". "When manipulating the needles with your fingertips... focus all of your attention."<sup>[3]</sup> On one hand, this suggests that one must concentrate on inserting and manipulating in order to perform the correct technique, requiring a clear mind and focused thought. On another hand, one could argue that Qi Bo is talking about focusing and transmitting one's intention, and therefore qi, into the needles. This is mentioned in other Chinese medicine texts and is also suggested in the previous quote above by the great daoist physician Sun Simiao. The ability to do this would be much stronger depending on the strength of the practitioner's yi, and shows that it is even more important for the practitioner to be healthy, as one should not transmit unhealthy qi into a patient. Either way, it explains the importance of the practitioner having a clear mind and strong, healthy intent. Only through this can one take that extra step towards being a better practitioner.

Food is fuel – Would you put low quality fuel, or even the wrong type of fuel, into your car and expect it to run smoothly? The food that we eat has a direct influence on our qi. Our Spleen is 'the sea of qi and blood', and is also the source of our acquired qi. It is what gives us our energy to function. Without proper nourishment through diet, our ying qi and wei qi levels would become low. This will lead to fatigue, dysfunction of the zang fu, and low immunity to disease. As practitioners, we need our qi to be strong and healthy, and our zang fu to be working in harmony in order to treat day by day.

"Food should not be eaten too hot, or too cold"<sup>[4]</sup>. This statement refers to both temperature and property of the food. Extreme temperatures, such as ones that burn the mouth or ones that are too cold for the teeth, cause the Spleen and Stomach qi to weaken. This is due to the fact that the Spleen and Stomach's function of transforming and transporting requires the food that you have ingested to be of body temperature, so that it can easily be absorbed and digested. Too cold and the Spleen's functions will have to work harder, thus damaging the yang qi of the spleen. Too hot, and the stomach (a naturally yang organ, which therefore likes colder substances) will become yin deficient, which may give rise to stomach fire and damage to the yin liquids. In modern medicine, it is said that for the alimentary canal to proficiently absorb nutrients, the food substances are required to be at body temperature<sup>[5]</sup>.

The nature of foods, which in Chinese food therapy (and herbal medicine) are Hot, Warm, Neutral, Cool, and Cold based on the yin and yang theory, can relate to the yin and yang of the organs. Therefore, the properties of food can alter the body's balance of yin and yang, depending on which channels and organs the foods enter from a TCM perspective. For instance, a patient suffering from heat in the lungs with dry cough should stay away from black pepper, as this enters the lungs, dries phlegm and warms the body<sup>[6]</sup>. Black pepper would thus be too warming and drying for that specific patient. By following food therapy from a TCM perspective, one can eat foods based on syndrome differentiation, and cook

meals accordingly. Should one follow these principles, food alone could arguably treat disease, or in the very least aid the function of Chinese herbal medicine by acting as an agonist, rather than an antagonist. Simply advising patients to eat or keep away from certain foods could vastly improve the efficacy of the treatment. There are many books now available that contain tables and lists of different foods and their properties, and reference to these can be invaluable in treating some stubborn diseases in addition to health management.

Having meat is important, as are vegetables. Some diets may suggest cutting out meat altogether, whereas other diets focus on meat as being the main substance. There is a large amount of disagreement in the West in regards to the inclusion of meat in one's diet and whether or not its positive effects outweigh the negative. Meat contains many nutrients that the human body needs, and in the autumn and winter seasons; <sup>certain</sup> meats can warm the body and prevent the intrusion of cold<sup>[7]</sup>. Too much meat however can cause a build up of phlegm and, depending on the meat, cause too much cold or heat within the body. This is reflected in modern research, which has found that a meat rich diet can indeed increase the risk of certain cancers<sup>[8,9]</sup>. In respect to the yi, meat can stiffen the mind, and cause difficulty focusing. To prevent this, the inclusion of vegetables alongside meat is a necessity. Vegetables promote digestion, and can clear the intestines and stomach of phlegm and stagnation<sup>[10]</sup>. However, although vegetables do contain many needed nutrients, vegetables alone do not provide the body with all that it needs, therefore a comfortable mix of both vegetables and meat (with vegetables being the main focus) is a must for a balanced diet. Daoist thought is that everything in life should be taken in moderation – even moderation!

In respects to moderate eating habits, too much food can damage the Stomach and Spleen due to overconsumption, where as too little food will cause the body to lack nutrients. Both will likely lead to ageing of the body. Bigger meals should be eaten in the morning, where the qi of the Stomach and Spleen is at its strongest, and little should be eaten in the evening in order to prevent a build up of food stagnation and damage to the Spleen qi whilst sleeping. This seems to go against what is the 'norm' in modern society, and may be difficult fitting around today's busier schedules.

Chinese food therapy is a vast subject in its own right, and justice cannot be given in just this short introduction. There are countless books on the subject, and you should look at the guidance they offer. A recommended reading list of various books and authors of yang sheng can be found at the end of this article.

## Mind Cultivation

*"Temperance in the emotions can prolong life"* Gong Tingxian, Ming Dynasty (Longevity and Life Preservation)<sup>[11]</sup>

Although mental nourishment is not as specific as the physical nourishment of food therapy, nor does it have a specific corporeal form, its importance to the preservation of one's overall health should not be overlooked, as it so often is. Over the centuries, many different cultures have come to the conclusion that spiritual cultivation plays a

large part in health preservation and longevity. Practices such as meditation, mindfulness, and even internal practices such as nei gong have been developed within various cultures to help cultivate the mind. In TCM literacy, cultivation of the mind is sometimes referred to as she shen (cultivation of mind), yang shen (conservation of mentality), or tiao shen (regulation of mind), and is thought to be a method of keeping healthy, both physically and mentally, by regulating the shen (spirit) and therefore the qi and the jing (essence) <sup>[12]</sup>.

Many TCM classics write about regulating the mind as a way to preserve health and prevent disease. To regulate the mind is to quieten the mind. This refers to a state of mind that is relaxed yet engaged, free from excessive desires, and is emotionally stable.

The regulation of one's consciousness and thoughts are imperative to the cultivation of mind and the ability to think clearly and reasonably. To help the mind to concentrate and focus, it is suggested that one must fix their attention to one thing at a time, which is not so easy within the engaging world that we live. By focusing on just one thing, it is said to prevent the mind from being diverted and divided, which can lead to impairment and overstrain <sup>[13]</sup>. To further regulate the mind, it is important for the mind to relax as much as it works – a healthy balance of yin and yang. Our shen leads our qi. When the mind is relaxed and clear, our qi will accumulate and be focused. If the shen is scattered, qi will dissipate. Hobbies and activities are an excellent way to engage the mind, yet let it relax and forget about the stresses of everyday life. From the viewpoint of mind cultivation and health, a constant need for desires and material wealth can lead to illness by agitating the heart, which will also upset the mind. A pursuit of fame and recognition also leads to illness, as failure to meet unreachable goals may lead to sadness, grief, and pensiveness.

In addition to the latter, emotional stability is equally important to health preservation. Chapter 5 of the Huangdi Neijing (Yellow Emperor's Inner Classic) states "Overindulgence in the five emotions can create imbalance. Emotions can injure the qi."<sup>[14]</sup> Emotions are a common, natural part of our daily lives, and to suppress them would be wrong. In order to keep our emotional states rational and in harmony, it is necessary to vent them properly as the specific situation calls for. This is known as regulating the emotions. For instance, for the majority of the time, anger is a 'normal' feeling that can be perfectly harmless in small quantities. However, if one fails to recognise and sufficiently deal with the anger at the time, it can become excessive or suppressed. It will then become an endogenous pathogenic factor and lead to an upward rush of qi <sup>[15]</sup>. In Western medicine this may manifest as hypertension, or even stroke in more severe cases. On the other hand, laughter and happiness have long said to be beneficial to our health. This is also a view within TCM and health preservation. In recent times, Ding Fulu, an expert in Chinese health preservation, proposed "long life can be expected with a delightful mind...Laugh, which outweighs medicine, can supplement the brains, activate the jing luo, regulate qi and blood, and eliminate irritability" <sup>[16]</sup>.

As practitioners of a health art, it is important for us to stay optimistic, with a positive look on life. The nature

of our profession tends to lean more towards the negative, with patients coming to us in despair, and us having to deal with negative symptoms on a daily basis. Negative emotions can have an effect on those around them, however so can positive. Positive outlooks on life can rub off onto other people. Not everyone can be positive all of the time, but I believe everyone can be positive most of the time.

## Daoyin Exercise

*"Ageing does not occur with bodily movement"* Lu Shi Chun Qiu (Lu's Spring and Autumn Annals) <sup>[17]</sup>.

Like other aspects of Chinese medicine, daoyin are based on the ancient theories of yin and yang, the wu xing (five phases), and the qi circulation throughout the jing luo. The body is again seen as a whole, thus the fundamental concept of holism in TCM also applies to daoyin.

Daoyin, literally meaning to guide and to stretch, are sets of exercises that are generally more yang in nature than qi gong (energy exercises), and were developed for the practitioner to stretch along the tendon collaterals, and to guide the qi and blood in order to prevent stagnation within the jing luo. They were designed to help the practitioner release tensions from within the muscles and tendons, and to promote the qi, blood, and body fluids to flow in and out of the joints and the qi men (qi gates), flushing out toxins along the way. They are said to be important in order to purge the negative pathogenic factors from within the body, and to extend the mind to allow them to exit the body <sup>[18]</sup>.

The importance of regular exercise and its beneficial effects on health and lifestyle is becoming increasingly apparent <sup>[19]</sup>. For this reason daoyin exercises are a particularly useful daily practice, for self-use as a practitioner, and for patient aftercare advice. Tuina for instance can be a rigorous workout for the practitioner. If one's body is not prepared, it can be a matter of just a few treatments before the practitioner's qi becomes deficient and stagnates within the muscles and joints. This can be quite detrimental over a long-term period – such as that of a TCM practitioner's career. Much like with the aims of a tuina treatment, there needs to be a fine balance between strength and relaxation of the muscles, tendons, and sinews for the body's physical structure to remain healthy. Physical exercises such as daoyin exercises can help prepare and stretch the practitioner's muscles and joints, and combined with qi gong (breathing and energy exercises) will help the practitioner to retain healthy, and free flowing qi. Further more, movements within daoyin exercises are smooth and low impact, and can be done by almost anybody in only a few minutes.

The specifics of daoyin exercises are too great to go into within this short article, though there are again some great books on the subject. Damo Mitchell is an excellent author and practitioner of the daoist health arts, and his books and DVDs can be easily bought from many bookstores. There are many types of daoyin exercises that have been developed over the past few thousand years, some of which were the basis of creation of the Wu Qin Xi (Five Animal Frolics) by esteemed daoist physician Hua Tuo, who adopted the principle "Ageing does not occur with bodily movement". Other famous daoyin exercises



are those of the Ba Duan Jin (Eight Pieces of Brocade) described by Sun Simiao in the book *She Yang Zheng Zhong Fang* (Handy Prescriptions for Health Preservation).

## Acupressure, Acupuncture, and Moxibustion

The treatment principles for health preservation are much the same as they would be with the treatment of disease, where as a full consultation should be taken, and points chosen to reflect the patient's constitution. The difference however between promoting health, and eliminating disease, is acupuncture in health preservation focuses on promoting the essential qi, invigorating and regulating the qi and blood of the zang fu organs, and building up the wei (protective) and ying (nutritive) qi levels<sup>[20]</sup>. Contrastingly, acupuncture in the treatment of disease focuses more on balancing the excess or deficiency of the qi, blood, yin, and yang, and eliminating the internal and external pathogenic. Therefore in practice, point selection and needle manipulation in acupuncture for health preservation will vary from those of an acupuncture treatment. The number of points selected may be fewer, and the manipulations may be more moderate as to let the body subtly do its job.

The contraindications of acupuncture for health preservation should be the same as those for acupuncture for the treatment of disease. Additionally, it is unsuitable for those who are pregnant, or extremely weak, and health should be restored through proper disease treatment before health maintenance is sought after. The following is a shortlist of acupuncture points of which are commonly used in health promotion and preservation:

Zusanli (ST-36) is one of the most important, and widely used points, and is a point preferred to promote health to the whole body. The great physicians of the past, Sun Simiao and Hua Tuo, recommend this point be regularly stimulated (through pressure, needling, or moxibustion) in order to maintain health and to prevent the body from becoming diseased and feeble. This is supported by its function to assist in the transformation and transportation functions of the Spleen (the sea of blood and qi), thus aiding the absorption of nutrients from the foods that we eat<sup>[21]</sup>. This consequently has a positive effect on our immune system, and benefits our qi and strength. Furthermore, Zusanli (ST-36) has a strong regulating function, enabling the body to tend towards the norm. For example, this point can be used clinically to treat both hypertension and hypotension by regulating qi and blood.

Hegu (LI-4) is an extremely popular point amongst acupuncturists, mainly for its function on alleviating pain. Due to the fact that the Yang Ming meridians are "abundant in qi and blood"<sup>[22]</sup>, and this point is the Yuan source point of the Hand Yang Ming Channel, Hegu (LI-4) has the ability to strongly move qi and blood throughout the channels, and encourage the movement of any stagnated qi, particularly in the upper body. As stagnation is commonly seen as one of the main courses of disease within TCM, it would make sense that this point would be used in health preservation prescriptions, in order to ensure the movement of qi throughout the patient's body.

Sanyinjiao (Sp-6) is the crossing point of the three Yin meridians of the foot (Kid, Lv, Sp), and can therefore be used to treat all three organs. Its main function does indeed pertain to the harmonization of the Spleen and its role in transportation and transformation, however it is also very effective in promoting the free flow of qi (by treating the Liver), and promoting longevity to the Kidneys by strengthening the Kidney qi. Again, with the Spleen being the origin of the acquired qi, by fortifying the Spleen the body's constitution will be consequently strengthened.

Yongquan (K-1) is the lowest point of all meridians, and is also the point that connects the body with the earth. Qi naturally rises, and as we become older, the body's function in regulating the qi and directing it downwards can become weaker. Clinically, this point is used to bring excessive qi downwards, thus grounding the qi and preventing disorders such as hypertension, dizziness, and blurred vision. This point also has a strong effect on calming the mind and the emotions due to the close relationship of the Kidneys with the Heart. Needling this point can be quite sensitive, therefore it is recommended to rub this point with enough force to create warmth, and this should be done daily for health preservation.

Guanyuan (R-4) tonifies the Kidney qi, yin, yang, and jing. For this reason alone, this point is ideal for health promotion and preservation. Furthermore, it fortifies the Spleen and thus strengthens the overall constitution by invigorating the acquired qi.

Qihai (R-6) primarily treats disorders of qi and Kidney yang. Sun Simiao once said that Qihai "rules the qi, enabling it to visit the five viscera"<sup>[23]</sup>. As with Guanyuan (R4), this point tonifies the original qi (pre-heaven qi), and therefore connects with the five (or six) zang organs and provides them with supplies of qi. Consequently, stimulating this point can promote health to the overall qi and thus the zang organs.

Note: indirect moxa can be applied to the lower dantien area (R4,5,6) for health preservation. A cone of loose moxa positioned on top of a slice of fresh ginger can be placed onto the lower dantien regularly to promote health, invigorate qi and blood, and to promote digestion. This same method is also very effective on Zusanli (ST-36) bilaterally. Moxibustion is said to have a significant function in regulating and strengthening the Spleen and Stomach (the origin of the acquired constitution and qi)<sup>[24]</sup>.

Neiguan (P-6) is a very useful point for calming, and harmonizing the spirit. In clinical practice it is often used for any spirit disorders such as insomnia, poor memory, and anxiety, and is for this reason useful for maintaining a clear and calm mind. It also has a strong effect on harmonizing the Stomach and Spleen due to its internal pathway descending through the three jiaos. P-6 therefore is an excellent point for use in a health preservation prescription, due to its effect on both mind cultivation and indirectly, the body's acquired qi.

Some texts also include QuChi (LI-11) in their lists of health preservation prescriptions. However, due to its strong function of clearing heat and fire within the body, this point can often be draining, and I do not believe it should be used on such a regular basis in case of causing deficiency. It is however a very effective point when

used to reduce excess syndromes, such as in patients prone to hypertension.

The choice of acupuncture points detailed above nicely reflect the other aspects of Yang Sheng in their functions: strengthen the acquired qi (food therapy), calm the mind (cultivating the mind), and promote movement of qi to prevent stagnation (daoyin exercises).

## Summary

This article has been only a very brief introduction to the TCM and Daoist concepts of yang sheng fa, and has hopefully generated interest for further reading on the subject. Although it seems almost impossible in this day and age to truly adhere to the ideals that the great physicians such as Sun Simiao wrote about, I strongly believe it is important for the practitioner to focus on their own health, as well as looking after their patient's. Yang Sheng Fa is a method to do this by incorporating many aspects of traditional, and classical Chinese medicine. One's practice can inevitably benefit from the outcomes of self-cultivation.

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# Syndrome Differentiation of Liver and Gallbladder Patterns

Huijun Shen

**Abstract:** *This article discusses the common Liver Gallbladder syndrome patterns, the comparison between Liver Yang rising and Liver fire patterns, different patterns of Liver wind. A diagram is created to elustrate the etiology, pathogenesis and clinical nature of Liver Gallbladder syndrome patterns*

In Zang Fu theory of TCM, the liver is situated in the right hypochondriac region and the gallbladder is attached to the liver. Their meridians connect to each other. The main functions of liver are as: 1. Maintaining and regulating Qi circulation which works on qi and blood circulation, emotional activity and digestion; 2. Storing blood. Liver also controls the tendons and manifests in the nails, and it has its opening into the eyes. The ancient TCM literature says that liver is very Yin in morphological structure but very Yang in physiological function. Pathologically, Liver Qi and Liver Yang can become stagnated or overactive, but Liver blood and Liver Yin are always susceptible to deficiency.

## I. Common Syndrome Patterns of Liver System

Different etiological/pathological factors can cause dysfunction of liver and/or gallbladder, therefore give rise to liver/gallbladder syndromes. These syndromes can be of deficiency or excess. Deficiency syndrome are due to weakness of liver yin or liver blood; Excess syndrome can be due to stagnation of liver Qi, hyper activity of liver yang or liver wind, accumulation of liver heat/fire, as well as pathogenic damp, heat or cold invading into liver/gallbladder or their meridians. Various liver/gallbladder system related diseases can commonly manifest with pain and/or distension in hypochondriac or abdominal region, abnormal emotions, headache, dizziness, limb spasm or convulsion, tremor, eye complaints, and jaundice etc. As liver stores blood and regulate menstruation dysfunction of liver can also cause menstrual disorders.

### 1. Liver Qi Stagnation

Most commonly caused by emotional factors or sudden mental irritability, or other pathogenic factors invading liver, affecting the function of liver and Qi flow.

**Symptoms:** Fullness of the chest, mental depression, sighing, distending pain of the chest and hypochondrium,

irascibility, irregular menstruation, dysmenorrhea, premenstrual distending pain of the breasts, thin and white tongue coating, and wiry pulse.

### 2. Liver Yang Rising

Due to Yin Deficiency of liver and kidney which fails to confine liver Yang and causing Liver Yang hyperactive, or enduring Liver Qi stagnation transforming to overactive liver Yang.

**Symptoms:** Headache, dizziness, tinnitus, distending pain and dryness in the eyes, irritability, red complexion, red eyes, palpitations, insomnia, nightmares, soreness and weakness in knees and lower back region; red tongue with little coating, wiry and rapid pulse.

### 3. Liver Fire Flaring Up

Due to enduring or severe liver Qi stagnation which transforming into heat/fire, or heat pathogen invading liver meridian and/or organ.

**Symptoms:** headache, dizziness, tinnitus, irritability/irascibility, insomnia and nightmares, red complexion, red eyes, dry mouth with bitter taste, burning pain in hypochondriac region, dark urine, constipation. Red tongue with yellow coating, wiry forceful and rapid pulse.

### 4. Liver Blood Deficiency

Due to weakness of Spleen or Kidney, source deficiency leading to poor production of blood, or enduring illness over-consuming blood.

**Symptoms:** Dizziness, tinnitus, pale complexion and pale brittle nails, dream-disturbed sleep, poor/blurred vision or night blindness; or numbness in the limbs, stiff tendons/joints, tremor in hands/feet; in women commonly scanty menstruation with light colour, or even amenorrhea. Pale tongue with white thin coating, wiry and thin weak pulse.

### 5. Liver Yin Deficiency

Due to constitutional/congenital weakness, or enduring illness/febrile diseases consuming Liver Yin, or emotional factor leading to Liver Qi transforming into heat which in turn consuming Liver Yin.

**Symptoms:** Dizziness, tinnitus, dry eyes, blurred vision, feeling hot with red cheeks, tidal fever and night sweat, "five palm heat", dry mouth and throat, burning pain in

hypochondriac region. Or tremor in some cases. Red tongue with little coating, wiry thin pulse.

## 6. Liver Wind

### 1). Liver Yang Transforming into Liver Wind

Liver Yang uprising excessively and losing constraint, causing liver wind being set in motion. Can be in background due to enduring Yin deficiency of kidney and liver, failing to constrain Liver Yang. Commonly seen in stroke patients.

**Symptoms:** Severe dizziness, headache, limb numbness or trembling. In serious cases, speech difficulty, abnormal gait, or sudden loss of consciousness (syncope), convulsions, deviated mouth and eyes and hemiplegia. Red tongue with a white greasy coating, and wiry pulse.

### 2). Extreme Heat Stirring up Liver Wind

Extreme heat pathogen burns liver meridian and stirs up liver wind, and at the same time heat blocks heart Shen. Only seen in patients with high fever mostly caused by infective diseases, more common in children.

**Symptoms:** High fever, stupor/coma, upward turning of the eyes, tightly closed jaw, a stiff back and neck, agitation or mania/vesania, limb spasm or convulsion, even Opisthotonos. The tongue is red or deep red and dry, with yellow or black and dry coating. The pulse is taut/wiry and rapid.

Liver wind can be of deficiency nature caused by Liver Yin deficiency and Liver blood deficiency. Clinically deficiency type of Liver wind can be seen in Parkinson's disease. See table 2 for details.

## 7. Damp Heat in Liver/Gallbladder

Due to damp heat pathogen invasion, or greasy diet causing damp heat retention, or dysfunction of spleen and stomach causing damp retention which transforming into heat.

**Symptoms:** Distension and pain in hypochondriac region or with mass, bitter taste in the mouth, abdominal distention, poor appetite, nausea, vomiting, abdominal distension, erratic bowel movement, scanty and yellow urine. In addition there may be yellow eyes and yellow discoloration of the skin, or alternating chills or fever. The occurrence of eczema in the scrotum, swelling and burning pain in the testes or yellow foul leucorrhoea. Red tongue with yellow sticky coating, wiry and rapid pulse.

## 8. Cold Congealing in Liver Meridian

Cold pathogen invading into liver meridian causes cold congealing in the meridian which leads to obstruction of meridian.

**Symptoms:** Retracting pain in the lower abdomen, cold pain or heavy sensation in the scrotum, aversion to cold temperatures and cold limbs. Symptoms typically are relieved by warmth, but worsened by coldness. The tongue is pale or purple with white and slimy coating, the pulse is deep and taut/tight/wiry.

## 9. Phlegm (Heat) Disturbing Gallbladder

Due to emotional factors, liver's function in promoting and maintaining Qi circulation is affected which also affect the function of gallbladder; phlegm is generated and transforming into heat

**Symptoms:** Dizziness, vertigo, ringing in the ears, bitter taste in the mouth, nausea, vomiting, irritability, insomnia, a tendency to be frightened, fullness in the chest and sighing. The tongue has a yellow and greasy coating; the pulse is wiry and slippery.

## II. Differentiation between Liver Yang Rising and Liver Fire (Table 1)

	What in common	Etiology	Clinical features
<b>Liver Fire Rising</b>	<ul style="list-style-type: none"> <li>Both can be caused by Liver Qi stagnation</li> <li>Both are heat syndrome</li> <li>Both are related to emotional change</li> </ul>	<ul style="list-style-type: none"> <li>Liver Qi stagnation</li> <li>Heat invading into Liver meridian</li> </ul>	Purely excess Rapid onset, tend to be acute Fierce emotional change More eye complaint
<b>Liver Yang Rising</b>	<ul style="list-style-type: none"> <li>Both can cause headache, dizziness, eye complaint, wiry pulse.</li> </ul>	<ul style="list-style-type: none"> <li>Liver Qi Stagnation</li> <li>Yin Deficiency (of kidney/liver)</li> <li>Liver blood deficiency</li> </ul>	Mostly excess, can have Yin Xu root Gradual onset, tend to be chronic Emotional change less fierce More headache /dizziness



### III. Differentiation of Liver Wind Syndromes (Table 2)

	Nature	Main systems	Other Systems	Tongue & Pulse Diagnosis
<b>Liver Yang Transferring into Wind</b>	Mainly excess, can be root deficiency and branch excess Overactive Liver yang loses control	Dizziness/vertigo, loss of body balance, tremor in head or limbs; or sudden coma/loss of consciousness, facial/ mouth deviation, hemiplegia	Headache, stiff neck, numbness in limbs, difficulty in speech,	Red tongue, or deviated tongue, with white coat; Wiry pulse
<b>Extrame Heat Stirring up Wind</b>	Excess Heat Heat developing to extreme stage	High fever, upward turning of the eyes, tightly closed jaw, a stiff back and neck, limb spasm or tremor/convulsion, even Opisthotonos.	Stupor/coma, agitation or mania/vesania,	Red or deep red tongue, yellow or black and dry coating. Wiry rapid pulse.
<b>Yin Deficiency Leading to Wind</b>	Deficiency Weak liver Yin fails to nourish Liver, Liver wind becomes restless	Tremor in limbs or head, Dizziness, tinnitus,	Feeling hot with red cheeks, tidal fever and night sweat, “five palm heat”, dry mouth	Red tongue with little coating, wiry thin pulse.
<b>Blood Deficiency Leading to Wind</b>	Deficiency Weak liver blood fails to nourish Liver, Liver wind becomes restless	Tremor in hands/feet; Dizziness, tinnitus, or numbness in the limbs, stiff tendons/joints,	Pale complexion and pale brittle nails, poor sleep, poor/blurred vision; scanty menstruation or even amenorrhea.	Pale tongue with white thin coating, wiry and thin weak pulse.

### IV. Etiology/Pathogenesis Diagram: Liver Syndromes

See Table 3 on page 11..

- Liver wind syndrome can be excess or deficiency. Liver Yang and extreme heat can cause Liver wind of excess type, while Liver blood and Yin being too weak to nourish will cause deficiency type of Liver wind.

### Conclusion:

Liver as a zang organ has a unique nature with its morphological structure being very Yin but its physiological function being very Yang, Liver syndrome patterns have the following characteristics:

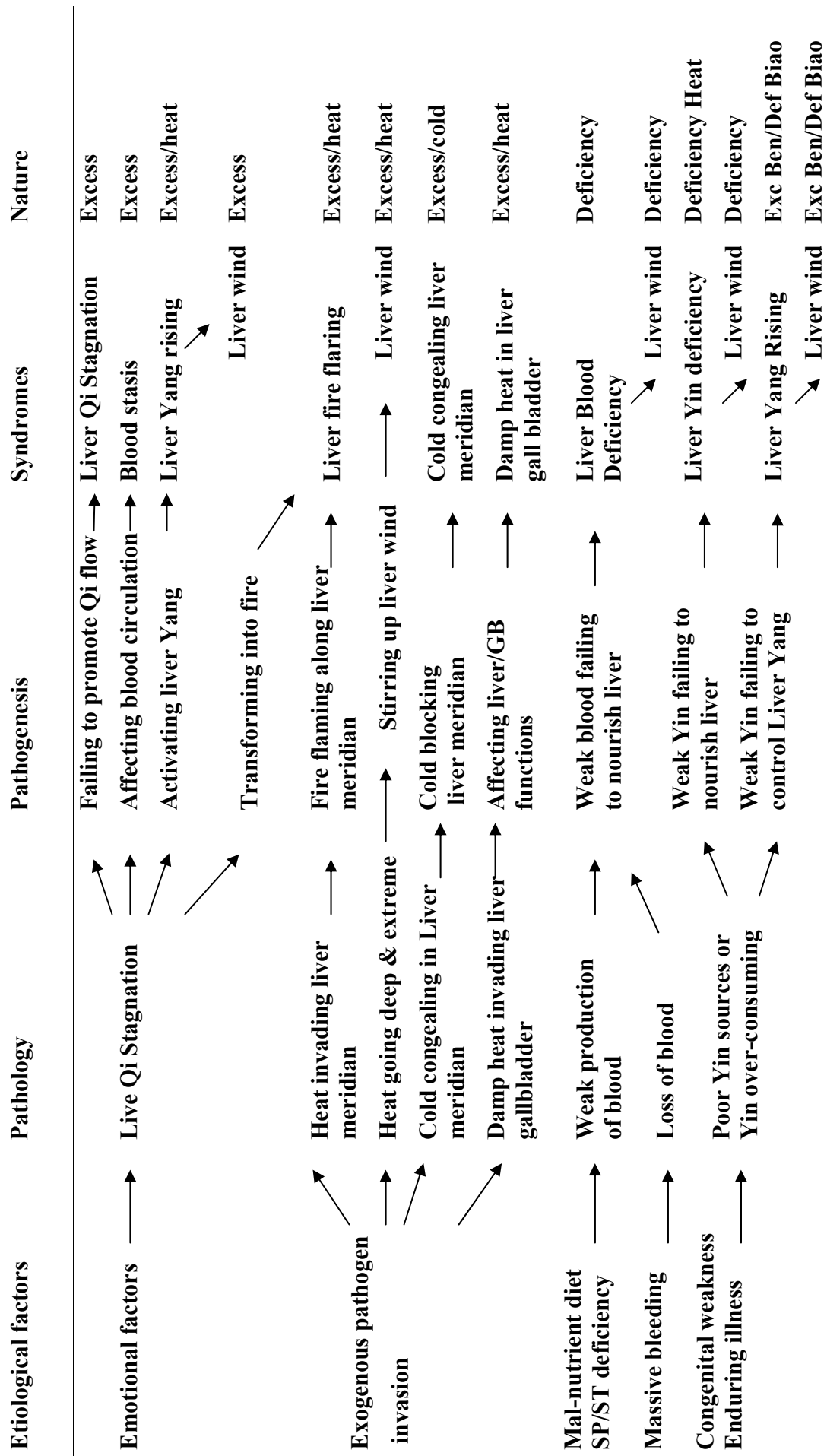
- Liver Qi and Liver Yang never become deficient; if anything goes wrong with Liver Qi or Yang, they will always become stagnated or overactive;
- Liver blood and Liver Yin are susceptible to deficiency;
- Liver Yang rising and Liver fire syndromes have their similarities and can be difficult to distinguish. Both are excess heat syndromes affecting the functions of Liver. They can be differentiated from disease onset, main symptoms, etc.

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## Liver Syndromes: Aetiology – Pathogenesis – Syndrome Patterns Diagram

By H. Shen



# Comprehensive Treatment of Polycystic Ovarian Syndrome and Related Infertility

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**Abstract:** Polycystic ovarian syndrome (PCOS) is one of the most common gynaecological and endocrinal disorder amongst women. It affects not only the women's menstrual cycle, but also with the subsequent problems of anovulation and infertility. To be able to treat PCOS and its related infertility effectively, precise early diagnosis is rather important. In the article, I will discuss every aspects of the comprehensive treatment of PCOS, which include conventional Western medicine perspective, traditional Chinese medicine (TCM) theory and dietary therapy. Illustrated by three case studies, I will also analyse the TCM aetiology and pathology, pattern differentiation and individualised treatment protocol.

**Key Words:** Polycystic Ovarian Syndrome (PCOS), Infertility, Traditional Chinese medicine (TCM), Acupuncture, Western medicine (WM), Dietary therapy.

## Introduction

The definition of PCOS in Western medicine has been much debated. However, it is generally defined as a disorder of ovulation, which the key features include menstrual cycle disturbance, hyperandrogenism and obesity. There are many extra-ovarian aspects to the pathophysiology of PCOS. It is recognised that affected 20-33% of the UK female population and 5-10% of women across the world, and is the most common cause of anovulatory infertility<sup>[1, 2]</sup>.

Due to the impaired metabolic and endocrine functions in PCOS, 90% of women with PCOS suffering from irregular menstrual cycles or absent periods<sup>[2]</sup>, and 50-70% of women have insulin resistance, which may further raises the risk of developing diabetes, endometrial cancer, high blood pressure, high cholesterol, and cardiovascular disease<sup>[3]</sup>. Getting symptoms controlled as soon as possible can decrease a woman's chance of developing any of these other conditions.

## Western Medicine View

### 1. Natural ovulation process

Ovaries are two organs on each side of the women's uterus which contain follicles. Each month approximately twenty follicles (eggs) start to mature, but usually only one egg fully matures, when the fully mature egg is ready, the follicle breaks open to release it. The egg then travels through fallopian tube to uterus for fertilization and implantation.

This natural ovulation process depends on optimal function of the sexual hormonal axis, which comprises the hypothalamus, pituitary and ovaries (HPO). The hypothalamus produces gonadotropin releasing hormone (GnRH), which stimulates the pituitary gland to release follicle stimulating hormone (FSH) and luteinising hormone (LH). FSH stimulates the growth of small follicle sacs in the ovaries, while LH supports FSH to ripen the eggs and release a mature egg eventually.

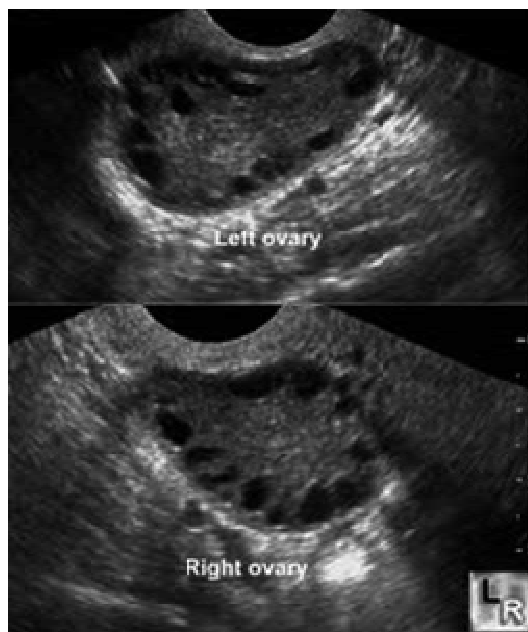


(Ultrasound image of normal ovary)

### 2. The causes of PCOS and infertility

PCOS is a controversial condition in WM. It is believed that in 25% of women with PCOS is an inherited disorder<sup>[4]</sup>, endocrine malfunction and environmental factors may also playing a part in the development of PCOS. The majority of women with PCOS have insulin resistance, and the elevated insulin levels contribute or cause the abnormalities seen in the HPO axis that lead to PCOS.

In women with PCOS, the ovaries are much larger than average with multiple rows of cysts, covered with a thick, slimy, waxy or hard outer coating. These small cysts produce male hormone called androgen. Androgens block follicular development and cause the follicles to degenerate, preventing the release of mature eggs. Androgens can also alter the feedback mechanism within the HPO axis. The overproduction of oestrogen can then cause decreased FSH level and increased production of LH (this is the reason that many women with PCOS still get LH surge when they use an ovulation predictor test) and testosterone. Because of this hormonal cascade, the state of the endometrium is affected and ovulation is prevented, therefore there is no egg released for fertilization and implantation in the uterus, of course no conception would be achieved.



(Ultrasound images of PCOS ovaries)

### 3. Clinical manifestations

PCOS is considered a syndrome because it has a number of unrelated symptoms, it often occurs with one or more of the following factor:

- Dysfunctional uterine bleeding: up to 90% of women with PCOS experiencing irregular menstruation [2]. It is possible to have either very long menstrual cycles with very heavy bleeding, or short menstrual cycles with light bleeding, or even amenorrhea. The menstrual blood contains stringy tissue or mucus, or even watery blood.
- Anovulatory infertility: approximately 74% of women with PCOS have anovulatory infertility [4], they may still have regular period, but no ovulation in the middle of the cycle, or if an egg is released, it is often later in a woman's cycle and it is of poorer quality.
- Recurrent miscarriage: due to poor quality of egg and over stimulation of endometrium, the fertilized egg (if any) is prevented to implanting in the uterus, and cause infertility and miscarriage.
- Hirsutism and/or acne: up to 83% of women with PCOS have heavy hair growth, cystic or pustular acne [5].
- Obesity: 50% of women with PCOS are over weight [5], their BMI (Body Mass Index) is over 25.
- Ultrasound-scan showing enlarged ovaries with multiple cysts (immature follicles).
- Blood tests: increased LH and testosterone levels, LH / FSH ratio > 3, elevated prolactin level, imbalances in sugar metabolism and insulin levels.

### 4. Western medicine treatment

- Birth control pills: can help regulate menstrual cycles,

lower level of androgen, reducing abnormal hair growth and improve acne. It is suitable for women who have irregular period with very heavy bleeding, but are not trying to conceive. However, symptoms can return if a woman stops taking the pills, and this should not be the option for women trying to conceive.

- Fertility medications: Clomiphene citrate (Clomid) to promote ovulation; FSH, such as Gonal-F, Manopur or Puregon to reduce LH level, decrease LH/FSH ratio, correct the biochemical imbalance, improve ovarian function.
- Human chorionic Gonadotropin (HCG) to help maturing eggs, and to induce ovulation (release the eggs).
- Diabetes medications: Metformin, Yasmin or Provera to control insulin and blood sugar level, regulate the production of male hormones, improve the regularity of menstrual cycles.
- Steroids: to balance the androgen hormonal effects, to treat excess or unwanted hair growth and acne. However, over the long term, it can cause liver damage and a reduction of bone density.
- Healthy weight: Maintaining a healthy weight is also a way to manage PCOS. A healthy diet and exercise can lose weight, help the body to use insulin more effectively, lower glucose levels, and help regulate menstruation.
- Surgically eliminate follicular cysts: A small portion of the ovary is destroyed by a laparoscopic procedure – laser ovarian drilling (in which a small electric current is applied to the ovary) may be considered, which can decrease the production of male hormones and increase ovulation. It will not help with excessive hair growth and also carries the risk of scar tissue forming on the ovaries. Normally, results only last a few months, and then the symptoms return.
- If all of these fail, IUI or IVF may be recommended. However, most women with PCOS don't respond well to any hormonal manipulation that does not address both the health of eggs and the state of ovarian endocrine balance, which may hyper-stimulate the ovaries and create a multitude of side effects, ovarian hyper-stimulation syndrome (OHSS) is one of the most common and severe condition we often seen clinically. Even if a woman's body forced to ovulate with these artificial follicle stimulating drugs, the quality of eggs may be poor. If this woman does become pregnant, consequently, she has a higher risk of miscarriage.

## TCM Perspective of PCOS

### 1. TCM Aetiology and Pathology

PCOS is classified as amenorrhoea or scanty periods, abdominal masses and/or infertility in terms of TCM. Clinically PCOS is seen as more of a combination of both an excess and deficient condition. The most involved organ systems include Spleen, Kidney and Liver with a



subsequent disharmony of Chong and Ren channels. PCOS generally derives from a deficiency of Kidney Yang and Spleen Qi, in its inability to transform, transport and evaporate fluids in the lower burner. The accumulation of water in the pelvic cavity enlarges the ovaries, leading to phlegm-damp and/or blood stagnation, which manifests as abdominal masses.

### *1.1 Kidney Deficiency, Disharmony of Chong and Ren Channels*

Due to constitutional kidney qi deficiency, or prolonged illness, or excessive sexual activity, or long term intake of oral contraceptive pills, all of these factors can affect the kidney function and result in the depletion of kidney yin or/and kidney yang, lead to failure of dominating body fluid and warming uterus, and poor nourishment of chong and ren channels. Therefore the uterus unable to get adequate blood flow, causing prolonged menstrual cycle with scanty bleeding or amenorrhea occurs.

### *1.2 Spleen Qi Deficiency, Accumulation of Phlegm and Damp in the Uterus*

Over consumption of greasy, fatty and sugary foods, dairy products and alcohol; or extreme worry and excessive physical work may impair the function of spleen, cause failure of transporting fluid and food into useable energy. Accumulated body fluid then transforms into damp and phlegm, obstructs the qi and blood flow in the uterus, and blocks the chong and ren channels. Consequently, uterus and ovaries are starved of blood supply, leading to irregular and scanty period, or even amenorrhea and infertility.

### *1.3 Liver Qi Stagnation and Blood stasis*

Enduring stress, depression or anxiety may lead to internal impairment of seven emotions, then cause liver qi stagnation and blood stasis; or invasion of pathogenic wind and cold, together with excessive consumption of cold foods and drinks, may congeal blood and cause blood stasis, obstructs the chong and ren channels, prevents menstruating and therefore amenorrhea. Nevertheless, long term liver qi stagnation could eventually transform into heat, or excessive pathogenic heat invasion exhausts the kidney yin and blood, and then causes irregular periods, or heavy and clotty bleeding.

## **2. Pattern Differentiations and Treatment**

TCM seeks to readdress the entire hormonal environment that produces the changes in a woman's ovaries seen in PCOS, promote ovulation, improve eggs quality and support conception, and prevent miscarriage if a pregnancy achieved.

### *2.1 Deficiency of Spleen Qi and Kidney Yang, Accumulation of Phlegm and Damp*

Clinical manifestations:

Prolonged menstrual cycle with scanty bleeding, which contains stringy tissue or mucus or even watery blood, or amenorrhea, or infertility, accompanying with lower back pain, bloated stomach, aversion of cold, fatigue, over weight, heavy facial and body hair, prone to vaginal thrush. Pale and swollen tongue with teeth marks, white and greasy coating, deep and fine pulses.

Treatment plan:

Warm up kidney yang and strengthen spleen qi, remove dampness and resolve phlegm.

Patent herbs:

Combine Yougui wan or Nuangong yuzi wan with Guizhi fuling wan or Renshen jianpi wan.

Herbal prescription:

Tusizi, Yinyanghuo, Shudihuang, Shanzhuyu, Guizhi, Fuling, Dangshen, Cangzhu, Banxia, Xiangfu, Zaojiaoci, Zhebeimu, Shanzha.

### *2.2 Deficiency of Kidney Yin and Blood, Liver Qi stagnation*

Clinical manifestations:

Irregular menstrual periods which can be prolonged cycle, or normal cycle with light bleeding, or even amenorrhea, severe PMT, depression, restlessness, headache or dizziness, disturbed sleep, night sweat, acne, and infertility. Red tongue with thin coating, wiry and fine pulses.

Treatment plan:

Nourish kidney yin and blood, soothe liver qi and unblock the chong and ren channels.

Patent herbs:

Combine Zuoguiwan or Fuke Yangrong wan, with Jiawei xiaoyao wan or Chaihu shugan wan.

Herbal prescription:

Shanyao, Shanzhuyu, Mudanpi, Nuzhenzi, Hanliancao, Gouqizi, Danggui, Baishaoyao, Chongweizi, Maidong, Shengdihuang, Xiangfu, Chaihu.

### *2.3 Blood Stasis, Phlegm and Heat, Blockage of Chong and Ren Channels*

Clinical manifestations:

Very irregular menstrual cycle with no pattern at all, scanty bleeding with clots, or amenorrhea, although may flooding sometimes, infertility, distension of chest and breasts, bloated stomach and cramp pain in the lower abdomen, severe acne, heavy body and facial hair, thirsty, constipation and over weight. Dark red or purple red tongue with black spots around the edge, white or yellow greasy coating; wiry, slippery and rapid pulses.

Treatment plan:

Clear heat and remove phlegm, motivate blood and resolve blood stasis.

Patent herbs:

Combine Xuefu zhuyu wan or Fuke tiaojing wan, with Chaihu shugan Wan or Qingqi Huatan Wan.

Herbal prescription:

Taoren, Danshen, Danggui, Chuanxiong, Fuling, Mudanpi, Chishaoyao, Xiangfu, Zhike, Chongweizi, Zaojiaoci, Xiakucao, Haizao, Zhebeimu.

## **3. Acupuncture**

For complicated cases with multiple patterns, an artificial menstrual regulatory treatment with herbal medicine and acupuncture may be applied.

Commonly used points:

Baihui (Du20), Tianshu (St25), Guilai (St29), Zhongji (Ren3);

Moxibustion on Guanyuan (Ren4), Qihai (Ren6) and Shenque (Ren8);

Electro-acupuncture: Shenshu (UB23), Ciliao (UB32), Zhishi (UB52).

Modification of points:

- 1) For strengthening spleen qi: Zusanli (St36), Xuehai (Sp10), Fenglong (St40), Yinlingquan (Sp9), Sanyinjiao (Sp6), Pishu (UB20).
- 2) For warming kidney yang: Shenshu (UB23), Dachangshu (UB 25), Mingmen (Du 4), Yaoyangguan (Du3), Fuli (Ki7), Zhaohai (Ki6).
- 3) For nourishing kidney yin: Shenshu (UB23), Taixi (Ki3), Sanyinjiao (Sp6), Neiguan (Pc6).
- 4) For soothing liver Qi and resolving blood stasis: Gesu (UB17), Ganshu (UB18), Waiguan (Sj5), Hegu (Li4), Sanyinjiao (Sp6), Taichong (Liv3), Zulinqi (GB41).

#### 4. Dietary Therapy

Most women with PCOS have endocrine abnormalities affected by diet, lose weight can help treat PCOS. Fat cells store estrogen, and usually there is relatively too much circulating estrogen and LH, Liver metabolizes these hormones, so a healthy functioning liver is also crucial for proper insulin balance.

- Cut out all forms of refined sugar and carbohydrates, which include white bread, paste, white rice, rice cakes, most breakfast cereals or any starchy, low fibre food.
- Avoid sweeteners, soda, fruit juice and any drinks that rapidly raise the blood sugar level.
- Consume adequate amount of protein, such as lean meat, and soybean products.
- Plenty vegetables, but preferably slightly cooked vegetables.
- Eat only complex whole grains like oatmeal, brown rice and whole wheat.
- Avoid cold food, ice cold drinks, milk and dairy products.
- Eliminate alcohol and caffeine.
- Exercise regularly.

### Case Studies

#### Case one: PCOS with Multiple Sclerosis (MS)

*Medical history:*

Kate, 34 years old, Company director.

She had always had irregular menstrual cycle, which was between 30 to 70 days, with scanty and mucus-like bleeding, spotting for 10-14 days after period, severe PMT, lower backache, numb and tingling sensation down to both legs and feet, very tired and sluggish. She had been trying to conceive for seven years, had gone through two cycles of IUI and one IVF attempt. She had achieved three pregnancies, including two of which miscarried at early stage, and one resulting in a child birth in 2004. She had wished to have a sibling for her daughter, but refused

to go through IVF again. She was stressed and anxious, pale tongue with white-greasy coating, fine-slippery pulses.

*Differentiation:*

Deficiency of spleen qi and kidney yang, together with accumulation of phlegm and damp, and stagnation of liver qi.

*Treatment Plan:*

Acupuncture weekly or every fortnight, together with patent herbs daily, modification applied accordingly.

*Treatment Progress:*

1st cycle: After two sessions of acupuncture and herbal medicine, had a 37 days cycle, but still experienced PMT, bleeding was light and watery.

2nd & 3rd cycles: ovulated on day 14 with increased vaginal fertile mucus. Had a 28 days cycle with normal blood flow, spotted for 3 days instead of 10-12 days after proper bleeding, no PMT, feeling good.

4th cycle: really stressed with moving house, very tired and emotional. Had a 34 days cycle, although ovulated on day 14, proper bleeding for 3 days, and spotted for 5 days afterwards.

5th cycle: ovulated on day 14 again, pregnancy test on day 35 was positive.

She had continued treatment until 16 weeks pregnant, had experienced a smooth and healthy pregnancy, and delivered a baby boy naturally in November 2007.

#### Case two: PCOS & Recurrent Miscarriages

*Medical history:*

Helen, aged 33, HR advisor.

She had had two miscarriages at age of 25, then conceived and delivered her daughter at age of 26. Her period was 28 days cycle until December 1997 when she started taking oral contraceptive pills. She had been trying for second child since January 2002 when she came off the pills, but had no menstruation for 6 months, and then suffered from very irregular periods ever since. She had only two menstrual periods between March 2005 and December 2005, and was then diagnosed with PCOS. She had been taking Clomid since April 2006 for 9 months, had achieved a pregnancy in November 2006, but miscarried again at 6 weeks. She had visited me after miscarriage, the main symptoms were: stress, depression, anxiety, fatigue, prolonged period with scanty bleeding. Her tongue was pale with thin coating and black spots on the edge, deep and fine pulses.

*Differentiation:* Spleen qi deficiency with blood stasis.

*Treatment plan and progress:*

Chinese herbal powders were given every day combined with acupuncture weekly.

1st visit (Day 7 of cycle): modified Bazhen yimu tang and Nuangong yunzi tang.

2nd visit (Day 14 of cycle): modified Zhuyun tang plus Taohong siwu tang.

3rd visit (Day 21 of cycle): had ovulation pain and

vaginal fertile mucus, test confirmed ovulation was on day 19 of cycle. Modified Tiaoqing cun tang plus Congru bushen tang.

4th visit (Day 28 of cycle): Modified Tiaoqing buxue tang.

5th visit (Day 35 of cycle): feeling tired and sick, pregnancy test was positive.

She had continued treatment weekly until 12 weeks of pregnant, had delivered a baby boy in October 2007.

### Case three: PCOS

#### Medical history:

Fiona, 37 years old, Singer and Musician.

She had been trying to conceive for 3 years, and was diagnosed with PCOS in 2006. Her menstrual cycle was between 35 to 55 days with scanty bleeding. She had never produced vaginal fertile mucus around mid-cycle, and blood tests and scan had shown anovulation. She had always been a vegetarian, exercise excessively which lead to under-weight. Her tongue was red with thin coating, wiry and rapid pulse. Her husband was 39 years old, an alcoholic. He had worked hard and was stressed, and his sperm motility was 8% only. They were referred to me when undergoing IVF/ICSI. I had suggested delaying IVF/ ICSI treatment while preparing her body with TCM, but they decided to go ahead with ICSI. She had experienced ovarian hyper-stimulation syndrome (OHSS), felt sick, very bloated and sore stomach. She had nine eggs retrieved, although had produced 25 follicles, then six of which were fertilized, two embryos of grade 2 and grade 3 were transferred. She had achieved a biochemical pregnancy, but started bleeding few days later.

She visited me again 2 weeks later, had decided following my advice, trying to conceive naturally with TCM treatment.

*Differentiation:* Kidney yin and blood deficiency with liver qi stagnation

*Treatment plan:* Chinese herbal tablets were given to both partners, and combined with acupuncture for Fiona.

#### Treatment progress:

1st cycle: ovulated on day 35, and a bit fertile mucus was seen around the same time, had a 51 days menstrual cycle.

2nd cycle: ovulation on day 25 with clear stretchy vaginal discharge, basal body temperature (BBT) chart showing a good pattern, had a 39 days cycle.

3rd cycle: ovulated on day 22. Slippery and rapid pulses were detected by day 34; by day 40, started feeling tired, tender breasts and dull stomach ache, pregnancy test was positive.

She had a healthy pregnancy all way through, delivered a baby boy in November 2009. She had then conceived naturally again without further afford, and she is now a proud mum of two children.

### Conclusion

PCOS is a rather common and complicated gynaecological condition. It is considered a syndrome

because it has a number of unrelated symptoms, and usually occurs with one or more of the symptoms, therefore it is often misdiagnosed at early stage, or may take a long process before making a diagnosis and left it untreated until start trying to conceive. In my clinical practice, many women turned up with infertility issues, they may have already gone through several failed IVF attempts, but the actual underline cause was PCOS. TCM combine with dietary therapy is the most optimum and effective treatment for PCOS and its related infertility. Here I summarise some key factors as below:

- 1) TCM believes PCOS is a combination of both excess and deficient condition, which usually the involved organs are kidney, spleen, liver and chong and ren vessels. The most commonly seen patterns are: deficiency of spleen Qi and kidney yang, accumulation of phlegm and damp; deficiency of kidney yin and blood, together with liver qi stagnation; blood stasis with phlegm and heat, blockage of chong and ren vessels.
- 2) TCM treatment should focus on strengthening spleen Qi and kidney yang to remove damp and phlegm, soothing liver qi to motivate blood and resolve blood stasis, unblock the chong and ren channels.
- 3) Maintaining a healthy weight by healthy diet and exercise is also crucial to manage PCOS. It helps regulating menstruation, hence improving fertility.
- 4) Laparoscopic surgery may be considered for severe cases of PCOS. However TCM should be applied after the procedure to prevent scar tissue forming on the ovaries.
- 5) IVF treatment may be necessary if other fertility issues involved, for example male factor infertility. However, women with PCOS often don't respond well to hormonal stimulation drugs used in the IVF treatment, either produce very few eggs with poor quality, and consequently poor fertilization; or suffer from OHSS, which can be life threatening. Therefore, TCM treatment is demanding before the procedure to prepare their body be the best possible condition, hence to produce best response to IVF, increase their chances of conceiving.
- 6) If pregnancy occurred, TCM treatment should be continued during early pregnancy to protect the fetus and prevent miscarriage.

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# Metabolic Syndrome and TCM Food Therapy

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Metabolic syndrome (MS) is a group of common diseases. It became more and more popular due to the life style of modern society. Chinese medicine herbs have a good effect in the treatment and prevention of MS. Patients often need a long term treatment. Most of patients don't like to take the herb decoction for too long time, many treatment have to be terminated for this reason. If we use herbs as a daily food therapy, that will be much more acceptable for most of the patients. In this paper I will introduce some TCM food therapy methods on the treatment of MS.

## The definition of MS

MS used to have a different definition, although the conception of metabolic syndrome originated in the late 1950s. When Reaven (G.M Reaven 1988) have noticed that hyperlipidaemia, hypertension and insulin resistance often cluster together, he put forward the conception of X-syndrome, nine years later Zimmet (P.Z. Zimmet 1997) suggested to use the conception of metabolic syndrome. In 1999 WHO gives the work definition of metabolic syndrome it refers to a clustering of cardiovascular disease risk factors, including type 2 diabetes, hyperlipidaemia, hypertension and obesity.

## The diagnostic criteria

The diagnostic criteria of MS are various in different countries. NCEP (National Cholesterol Education Program) criteria and IDF & AHA (International Diabetes Federation & America Heart Association) criteria are applied in America. EGIR (European Group for the study of Insulin Resistance) criteria are applied in most of the European countries. The WHO criteria (1999) is as following:

Require presence of one of:

- ✓ Diabetes mellitus
- ✓ Impaired glucose tolerance
- ✓ Impaired fasting glucose or
- ✓ Insulin resistance

AND two of the following:

- ✓ BP:  $\geq 140/90$  mmHg
- ✓ Dyslipidemia: TG:  $\geq 1.695$  mmol/L & HDL-C  $\leq 0.9$  mmol/L (male),  $\leq 1.0$  mmol/L (female)
- ✓ Central obesity: waist:hip ratio  $> 0.90$  (male);  $> 0.85$  (female), or body mass index  $> 30$  kg/m<sup>2</sup>
- ✓ Microalbuminuria: urinary albumin excretion ratio  $\geq 20$   $\mu$ g/min or albumin:creatinine ratio  $\geq 30$  mg/g

## The prevalence of MS

The prevalence of the MS varies with country, race and the definition used. One study in the USA found a prevalence of 44% in the over-60s. A study in the Shanghai found a prevalence of 17.14% (1/6) in the age of 20-74 (Lei Chen. 2003). A report showed that the prevalence of metabolic syndrome in western London is various in different races. South Asians have higher prevalence than African-Caribbeans and Europeans (T.Tillin.2005).

## Traditional Chinese medicine's philosophy about MS

According to the theory of Chinese medicine, MS falls within the category of Xiaoke (消渴) and Xuanyun (眩晕). The etiology of MS is: a) Due to improper diet causing by over eating fat and sweet food; b) Emotional disorder causing by stress work and depression; c) Spleen deficiency due to many chronic disease; d) Kidney and liver deficiency due to ageing; e) Yin-Yang loose balance and phlegm obstruction; f) Sluggish qi and blood circulation due to lack of exercise. Commonly used treatment principle should be: a) Expel dampness and phlegm; b) Remove the qi stagnation; c) Activate qi and blood circulation; d) Invigorating the spleen; e) Tonify kidney.

## Food therapy formulas:

### 1. Gouqi Juhua Tea

Ingredients: Gouqizi (Fructus Lycii) 10g add 500ml water, boil for 2 minutes, then add Juhua (Chrysanthemum) 10g and green tea 5g, Covered and soak for 30minutes. Drink once or twice daily.

Clinical application: hypertension, arteriosclerosis, coronary heart disease, diabetes, hyperlipemia, dry eyes and blurred vision.

### 2. Shanzha Jueming Tang

Ingredients: Shanzha (Hawthorn Fruit) 20g, Juemingzi (Semen Cassiae) 10.

Prepare method: add 500ml of water, boil for 30 minutes, drink once a day.

Clinical application: hyperlipemia, cholesterol or triglyceride, hypertension, arteriosclerosis, coronary heart disease, constipation, food retention.

### 3. Yumixu Tang

Ingredients: Yumixu (Corn Stigma) washed and soaked with boiled water for 5 minutes, or boil with water for 5 minute, drink once a day.



Clinical application: diabetes, hypertension, cholecystitis, hepatitis, nephritis.

#### 4. Sanqi Shanyao Zhou

Ingredients: Sanqi (*Radix Notoginseng*) 5g, Shanyao (*Rhizoma dioscoreae*) 60g, Jingmi (rice) 60g.

Prepare method: above ingredients add water 500 ml, boiled for 1 hour, drinking the porridge.

Clinical application: diabetes, hypertension, anaemia, irregular menstruation, scanty menstruation.

#### 5. Gegen Fen Zhou

Ingredients: Gegenfen (*Radix Puerariae*) 30g, Jingmi (rice) 50g. Prepare method : add water 500 ml, boiled for 1 hour, drinking the porridge.

Clinical application: diabetes, hypertension, coronary heart disease, hyperlipoidemia.

#### 6. Shanzha Shouwu Tang

Ingredients: Shanzha (*Hawthorn Fruit*) 30g, Heshouwu (*Radix polygoni multiflori*) 18g, Zexie (*Rhizome of Oriental Waterplantain*) 12g.

Prepare method: Above ingredients add water 600 ml, boiled for one hour. Drink the decoction twice a day.

Clinical application: hyperlipemia, Diabetes hypertension, coronary heart disease.

#### 7. Ju Huai Cha

Ingredients: Juhua (*Chrysanthemum*) 3g, Huaihua (Flower of Japanese Pagodatree) 3g, Green tea 3g.

Prepare method : Put above ingredients in a cup, add boiled water, soaked 5 minutes, drink the tea once daily.

Clinical application: Hypertension , Headache , Dizziness.

#### 8. Xiakucao Jiangya Cha

Ingredients: Xiakucao (*Spike Prunella*) 10g, Cheqiancao (*Herba plantaginis*) 12g;

Prepare method: above ingredients washed, and put them in a cup, add boiled water, covered and soaked for 5 minutes, drink the tea once a day.

Clinical application : Hypertension , Headache , Dizziness.

#### 9. Danshen lvcha Yin

Danshen (*Rdix salviae miltiorrhizae*) 9g, Green tea 3g;

Prepare method: Put Danshen powder and green tea in a cup, add boiled water, covered and soaked 5 minute, drink the tea once or twice daily.

Clinical application: Coronary heart disease, Angina, Hyperlipoidemia.

## Discussion

Western medicine is effective in treating MS but it has to use many tablets at the same time. Patient has to take one table for blood sugar, one for cholesterol, and one or two tablets for control blood pressure. Usually these medicines are quite effective to control sugar, cholesterol and blood pressure, but each medicine will cause some side effects if used long term. These side effects will lead to some new troubles, such as liver function damage, low libido, edema, dry cough, headache, and even heart failure. That is the biggest trouble of west medicine.

Pharmacological research shown Yumixu contains the ingredients of flavone, glycoside, trace element, organic acid, glucide, multi-vitamin. It showed a better effect than 2.5mg Glibenclamide in diabetic patients. There are many effective ingredients in these herbs like tanshinone in Danshen; flavone in Juhua; phytomelin in Huaihua; Notoginseng leaf saponins and flavone in Sanqi; lycium barbarum polysaccharide and Carotene in Gouqizi etc.

Shanzha, Juemingzi and Heshouwu can reduce blood lipid; Juhua, Xiakucao and Gouqizi are good for high blood pressure; Danshen, Sanqi and Gegen can improve coronary circulation and benefit heart. In clinical practice, according to patient's diagnosis we can select one or two from the nine formulas above. Patients can take the tea or porridge every day or every other day. MS can be get control by daily food therapy. Some MS cases didn't show a lot of symptoms, many patients didn't paid enough attention to this disease, but MS put the patients in a high risk of heart attack or stroke. Taking action to reduce the potential risk is better than to wait until the attack has occurred. This is a very important treatment principle of traditional Chinese medicine.

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# 代谢综合症的中医饮食疗法

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代谢综合症 (Metabolic syndrome) 是一组常见的疾病, 由于现代社会的生活方式的影响, 本病的发病逐渐增多。对于本病的治疗和预防中医有很好的疗效, 但由于治疗本病程较长, 通常病人无法坚持长期服用汤药, 很多治疗因此而终止。如果我们能把中药用于日常的饮食, 将会更加易于被病人所接受。 本文就将介绍几种治疗代谢综合症的中医食疗方法。

## 代谢综合症的定义

代谢综合症的概念始见于 1950 年代末期, 但当时并无规范的定义。直到上世纪 80 年代 Reaven (G. M Reaven 1988) 注意到高血脂, 高血压和胰岛素抵抗通常并发于同一患者, 他提出了 X 综合症的概念, 9 年以后 Zimmet (P. Z. Zimmet 1997) 建议采用代谢综合症的概念来命名本病。1999 年世界卫生组织正式给与代谢综合症的工作定义是, 病人同时患有 2 型糖尿病, 高血脂, 高血压以及肥胖等心血管疾病的高危因素即可称为代谢综合症。

## 诊断标准

世界各国对本病的诊断标准略有不同, 美国采用 NCEP (国家胆固醇教育计划) 标准和 IDF&AHA (国际糖尿病学会和美国心脏病协会) 标准。欧洲则采用 EGIR (欧洲胰岛素抵抗研究组) 标准。世界卫生组织的诊断标准如下:

符合以下情况之一:

- ✓ 2型糖尿病;
- ✓ 糖耐量异常;
- ✓ 空腹血糖异常或;
- ✓ 胰岛素抵抗。

同时符合以下情况之 2 条:

- ✓ BP:  $\geq 140/90$  mmHg;
- ✓ 血脂异常: 甘油三酯:  $\geq 1.695$  mmol/L & 高密度脂蛋白胆固醇  $\leq 0.9$  mmol/L (男性),  $\leq 1.0$  mmol/L (女性);
- ✓ 中心型肥胖: 腰/臀比例  $> 0.90$  (男);  $> 0.85$  (女), 或体重指数  $> 30$  kg/m<sup>2</sup>;
- ✓ 微量蛋白尿: 尿蛋白排泄率  $\geq 20$   $\mu$ g/min 或蛋白/肌酐率  $\geq 30$  mg/g。

## 发病率

本病的发病率在不同的国家, 不同种族以及采用的不

同的诊断标准而有所差异。有研究报告, 在美国 60 岁以上人群本病的发病率在 44%。在中国上海 20-74 岁年龄段的人群中, 本病发病率在 17.14 (1/6 (Lei Chen. 2003)。有研究显示, 在伦敦西部不同种族的人群中, 本病的发病率有显著差异, 南亚族裔人群高于高于非洲加勒比族裔, 而欧洲人的发病则低于前两者。(T. Tillin. 2005)

## 中医对代谢综合症的认识

本病在中医属于消渴和眩晕的范畴。常见的病因是 1) 饮食不节, 过食肥甘; 2) 情志不遂, 精神抑郁; 3) 久病劳伤, 脾虚不运; 4) 年老体衰, 肝肾不足; 5) 阴阳失衡, 痰浊内阻; 6) 久逸少动, 气血不畅。 常用的治疗原则是: 1) 祛痰除湿; 2) 行气导滞; 3) 活血化瘀; 4) 健脾和胃; 5) 补益肝肾。

## 食疗处方

### 1. 枸杞菊花茶:

组方与制法: 枸杞子 10g 加水 500ml, 煎煮 2 分钟, 加入菊花 10g, 绿茶 5g, 加盖浸泡 30 分钟。每日饮 1-2 次。

临床应用: 高血压, 动脉硬化, 冠心病, 糖尿病, 高血脂, 两目干涩, 视物不清。

### 2. 山楂决明汤:

组方与制法: 山楂 20g, 决明子 10g, 加水 500ml 煎煮 30 分钟, 日服 1 次。

临床应用: 高脂血症, 高胆固醇或甘油三酯, 高血压, 动脉硬化, 冠心病, 便秘, 食积。

### 3. 玉米须汤

组方与制法: 玉米须洗净, 以开水泡 5 分钟, 或以水煎煮 5 分钟, 日饮 1 次。

临床应用: 糖尿病, 高血压, 胆囊炎, 肝炎, 肾炎。

### 4. 三七山药粥

组方与制法: 三七 5g, 山药 60g, 粳米 60g。以上成份加水 500 ml, 煮 1 小时, 服粥, 每日 1 次。

临床应用: 糖尿病, 高血压, 贫血, 月经不调, 月经量少。

### 5. 葛根粉粥

组方与制法: 葛根粉 30g, 粳米 50g, 加水 500 ml, 煮 1 hour, 服粥, 每日 1 次。

临床应用: 糖尿病, 高血压, 冠心病, 高血脂。

#### 6. 山楂首乌汤

组方与制法：山楂 30g，何首乌 18g，泽泻 12g，加水 600 ml，煮 1 小时，一日 2 次口服。

临床应用：高血脂，糖尿病，高血压，冠心病。

#### 7. 菊槐茶

组方与制法：菊花 3g，槐花 3g，绿茶，以上 3 味放入杯中，加开水浸泡 5 分钟，饮茶，每日一次。

临床应用：高血压，头痛，眩晕。

#### 8. 夏枯草降压茶

组方与制法：夏枯草 10g，车前草 12g，洗净，放入杯中，加入开水，加盖浸泡 5 分钟，日服 1 次。

临床应用：高血压，头痛，眩晕。

#### 9. 丹参绿茶饮

组方与制法：丹参末 9g，绿茶 3g，将丹参末及绿茶放入杯中，加入开水，加盖浸泡 5 分钟，饮茶，每日 1-2 次。

临床应用：冠心病，心绞痛，高血脂。

### 讨论

西药治疗代谢综合症通常有效，但必须同时服用多种药物。病人需要同时服降糖药，降脂药，降压药，尽管这些药物通常可以使血糖，血脂及血压控制在正常范围，但如果

长期服用，每一种药物都会产生一些副作用，这些副作用导致一些新的病症，例如肝功能损害，性欲减低，下肢浮肿，干咳，头痛，甚至心力衰竭。这是西医治疗本病的最大弊端。

药理学研究显示，玉米须中含有黄酮，糖苷，有机酸，微量元素，多种维生素等。其降糖作用优于 2.5mg 的格列苯磺（优降糖）。以上食疗药物中有很多已知的有效成份，比如丹参中的丹参酮，菊花中的黄酮，槐花中的芸香甙（芦丁），三七中的三七皂甙及黄酮，枸杞子中的枸杞多糖，胡萝卜素等。

山楂，决明子，何首乌擅长降血脂，菊花，夏枯草，枸杞子长于降血压药，丹参，三七，葛根多用于改善冠脉循环，有益于冠心病的治疗。在临床实践中可根据病情及诊断选择 1-2 种食疗方法，患者可以通过日常饮茶或者喝粥的方法，每日一次或隔日一次，逐步使代谢综合症得到很好的控制。本病有些病例并无明显症状，有些病人未能引起足够的重视，但是病人具有潜在的心肌梗塞或脑中风的危险，及时采取措施降低风险，防患于未然十分重要，这也是中医传统的重要的治疗法则之一。

### 参考文献：

（见英文稿）

## The Use of Regulating Zang Fu in TCM Beauty Therapy

Yu Han

**Abstract:** Beauty therapy is a part of Traditional Chinese Medicine (TCM). It is based on the TCM theory which emphasizes the overall concepts, and the treatment based on syndrome differentiation. It is guided by the connection between the Zang-fu organs and meridians and the body surface, recuperating inside and outside of the body at the same time, with all kinds of methods. It is safe and effective, which brings better beauty results.

### 1. Introduction

More people are aware of healthcare and advocate natural therapy in this modern time. TCM beauty therapy as an ancient method became more popular, although there are many other kinds of beauty therapy. Because of the characteristic and benefit of TCM beauty therapy, it is regarded by more and more people nowadays, especially the middle and old aged women.

The concept of beauty therapy can be divided into narrow concept and general concept. The narrow concept of beauty is the beauty of face and head only, while the general concept of beauty is the beauty of whole body which includes face, hair, skin, track and four limbs etc. The general concept of beauty is the beauty based on the general health, so the general health of body is the foundation of external beauty.

Healthy body includes physically and mentally healthy. If people are healthy in body and mind, then people could achieve young and beautiful looking skin, hair, muscle, and this will be showing on healthy colour and shape. Both mind and body must be healthy, can then unify external beauty and internal beauty together.

### 2. The characteristics of TCM beauty therapy

*Integrated whole* is the most outstanding characteristic of TCM beauty therapy. TCM beauty therapy originated in ancient time. The theory of TCM guides the practice that is always used in TCM beauty therapy. TCM beauty therapy is attached to the TCM system.

#### 2.1 The concept of integrated whole

In TCM theory, integrated whole is the core theory, TCM beauty therapy also uses integrated whole as the fundamental theory. TCM beauty therapists believe that face, five senses, hair and nails are only a small part of the whole body, the big and most important part of the whole body are the Zang Fu organs. To achieve real external beauty, the whole body must be balanced, and also both physically and mentally must be healthy.

## 2.2 Differentiation method

Another characteristic of TCM beauty therapy is differentiation. It means that find out the cause of the problems from inside of the body first, then use Chinese medical science to overall analyse and give individual treatment, regulating the Zang Fu balance to achieve beauty. For example, if the reason of a dry skin problem is due to deficiency of blood and yin, the principle of treatment should be to nourish the blood and yin. If the dry skin is caused by internal heat consuming the body fluid, the principle of the treatment is to clear the heat and nourish body fluids.

Because of these TCM beauty therapy characteristics, which to treat the cause and to prevent the problems, so the beauty treatment results are enhanced.

## 2.3 Variety of method

The third characteristics of TCM beauty therapy are varied methods, safe and effective in clinical use. For example, herbal medicine beauty method can be used internally and externally. External use includes the external application to local area, or used as herbal bath. External application can also be used in many ways, such as application on local area, application on acupoints or application on navel etc. All these methods very rarely have side effects, which can prevent the damage from chemical based cosmetic products.

## 3. The relationship between the Zang Fu and TCM beauty therapy

There are two groups of people that we usually seen at clinic, one group of them do not have major symptoms, the main purpose of the treatment is anti-aging, maintaining their healthy looking; another group of people may have some symptoms which disfigure their beauty, such as swollen eye lids, dark eye circles, dermatocele and wrinkles, rough skin etc. Some of them even have dermatologic problems such as acne, eczema, herpes, rosacea etc. The treatment principle for those two groups of people should be the use of Integrated whole and differentiation.

### 3.1 Local beauty is the reflection of Zang Fu function

Because the different character of each individual organ related with different part of beauty. In TCM theory, the health of nails is a direct reflection of the condition of the Liver and blood. Liver Qi regulating the blood, liver open to the eyes, dominate tendons and related to the nails. So if we have healthy liver function and blood flow, the eyes and nails will be healthy and beautiful. Spleen qi and blood nourish the lips, eye lids and muscles, so strengthen spleen qi could help the beauty of the lips, eye

lids and muscles.

### 3.2 Take care of kidney

In TCM theory, Kidney is a very important organ. Kidney store the essence (Jing) of life, dominate reproduction and open to ears. TCM believes that the beautiful hair starts from inside of the body. Kidney essence are responsible for major ageing signs, when the kidney essence is abundant, our body will be strong and healthy, looks younger than the physical age, the hair is thick, glossy and healthy.

The pigmentation is also related with kidney essence. If kidney essence is deficient, may showing freckles, aging marks on the skin or vitiligo etc. The treatment for pigmentation problem should also be nourishing kidneys.

### 3.3 Beauty treatment based on tonifying kidney

According to 'Huang Di Nei Jing' (The Emperor's Inner Canno), hair would start grey and thinning from the late 30's to 40's for both female and male. In the natural ageing process, when woman is 49 years old, 'TianKui' becomes seriously deficient, which indicate kidney essence is very weak, Qi and blood are deficient, therefore it could not nourish the body, and then lead to menopause. So when women going through menopause, their skin normally become dry with wrinkles.

The treatment of menopause is nourishing kidney essence. Liu Wei Di Huang Wan, Kun Bao Wan and Qi Bao Mei Ran Wan are the formulas commonly used in the clinic. If Acupuncture has been used, Guang Yuan (Ren4), Qi Hai (Ren6), Tai Xi (Ki3), Shen Shu (UB23) will be manipulated beside the local acupoints, to tonify the kidney. In short, tonifying Kidney essence is the core of TCM beauty therapy.

### 3.4 Complicated problems

Because Kidney deficiency is the pathogenic characteristic of the middle and old age people, so their skin problems are more complicated. For example, if this age group of people suffering from acne, the spots are usually in dark red color, small and hard. This is because the heat from lungs and stomach are not too strong, but may combined with liver Qi stagnation, or spleen deficiency, or kidney deficiency. If those people suffering from herpes on their lips, it is believed that the spleen deficiency or kidney Qi weakness are the underline causes of dampness, although there are some damp-heat in the body. If deficiency and excess mixed together, the treatment should be focused on eliminating the heat and nourishing Zang Fu organs to enhance the result of beauty treatment.

## 4. Conclusion

TCM beauty therapy has the characteristics of integrated whole, differentiation and the treatment methods are varies. We treat the Zang Fu organs for internal health to improve the external beauty.

There are many methods in TCM beauty therapy, such as acupuncture, moxibustion, herbal medicine, massage, qi gong and food beauty therapy etc. They are all based on the use of Zang Fu and meridian theory. To be able to achieve external beauty and get the benefit of anti-aging,



we need to pay more attention to the internal Zang Fu balance.

## 5. Case Studies

### Case one

Female consultant, 48 years old, she first time visited our clinic in February 2003. The main symptoms were lower back pain, which was caused by carrying her disabled family member from wheel chair to bed. For maintaining the bone density and preventive of osteoporosis, she was given HRT by her GP before trying Chinese herbal medicine. But few months after using HRT, she had put so much weight on due to the side effect and felt very upset with tender breasts. Her period had stopped nearly two year ago.

At beginning of the treatment, her main complain were lower back pain, stress and depression, poor sleep, the tip of her tongue was red and the pulse was thin, tight and weak at "chi" position. The symptoms indicated that she had liver Qi stagnation, liver blood deficiency and kidney essence deficiency. At first of the treatment I used four sessions of acupuncture to relieve the lower back pain and relax the mind. The acupuncture points used were ShenShu (UB23), Ar Shi, XinShu (UB15), GanShu (UB18) and SanYinJiao (Sp6). She had then requested to have some treatment which could replace HRT for anti-ageing, skin beauty and preventing the back pain. So we had used herbal medicine to nourish kidney essence and blood, Liu Wei Di Huang Wan was given at summer time, while Tian Bao Gui Zhen Kou Fu Ye was given at winter time. She is nearly sixty years old now, but her skin, back and joint pain are even better than nine years ago after has been using these herbs for long time. ,

This lady did not believe Chinese medicine before, however, after she tried long term use of herbal medicine to nourishing the kidney and blood, which maintained her

back and joint in the good condition, in the same time she has also received a good result of beauty and anti-aging.

### Case two

A 47 years old house wife, has suffered from very red face with hot and itching feeling for three months, and was diagnosed with roseola by the GP, but she did not feel any better after GP's treatment.

She had divorced with her husband few months ago, was very stressed, depressed and very emotional, her period was still regular, combined with constipation and poor sleep, the tip and side of her tongue were red, her pulse were tight.

Her problem was caused by liver qi stagnation which affected her lungs, combined with the heat in her stomach, so her face and nose were all very red and felt hot. I had used Huang Lian Shang Qing Wan to eliminate the excessive heat, and Jia Wei Xiao Yao Wan to regulate the live qi first, combined with herbal cream (the mine ingredients are Huang Qin, Sheng Da Huang, Bai Xian Pi) to cool the external heat. Her skin had got much better after one month. We had reviewed two years later, her face looks normal.

This is a case with the combination of heat and emotional changes, so the internal treatment was the most important method, the internal Zang Fu balance is the core of the beauty.

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## 调理脏腑在中医美容中的应用

韩煜

### 一. 概述:

随着现代人们对自我保健意识的提升及对自然疗法崇尚, 在当今各种现代美容疗法存在的情况下, 中医美容这一古老而又年轻的新科学, 以其独特的特性和效果, 在中外流传更加广泛, 收到妇女尤其是中老年妇女的推崇。

美容有狭义和广义两个概念, 狭义的美容仅指颜面五官的美化修饰, 广义的美容包括颜面、须发、躯体和四肢等全身的美化。广义的美容等同于在健康基础上的美, 身体的健康是外形美的基础, 身体健康又指身心健康的统一。只有在躯体与精神健康和谐的情况下, 才能延缓衰老, 才能有光泽红润的肌肤, 健美的身躯和肌肉, 健康的须发 — 身心健康才能塑造出外在美与内在美的统一。

### 二. 中医美容的特点

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。

1. 整体观念: 整体观念是中医美容的突出特点。中医美容的起源可以追溯到远古至先秦时代, 中医美容自古即运用中医理论来指导其临床实践。中医美容附属于中医学, 故有坚实的理论基础。整体观念是中医理论的核心, 中医美容亦具有整体观念的特点。认为人是一个有机的整体, 颜面五官, 须发爪甲只是整体的一部分, 而且五脏六腑在整体中发挥主宰作用, 只有整体的平衡, 身心健康, 气血畅通, 才能达到局部的美丽。所以, 中医美容的效果更持久, 更稳

定。

2. 辨证论治：中医美容的另一个特点是辨证论治，对损美性疾病进行审查病因，从身体内部找到与体表颜面的联系，治疗多从调理脏腑入手，从而达到美容的目的。如皮肤干燥可缘于阴血不足，失去涵养，则治疗应滋补阴血。如皮肤干燥源于内热耗津，治疗则应清热润燥。正因为中医美容有整体观念和辨证论治的特点，所以才能有的放矢，从根本上治疗和预防，从而提高疗效。

3. 中医美容还有方法多样、安全有效的特点。比如中药美容，可内服、外用。外用又有贴敷及泡浴等。贴敷又可根据情况选择局部贴敷、脐敷、穴位敷等方法。这些方法都比较安全可靠，基本无毒副作用，避免了化学药物及化妆品对身体的损害。

### 三. 脏腑经络与美容的关系

中医临床接诊的求美者一类为健康良好，无明显不适症状，希望延缓衰老，抗皱，保持容颜和形体美；另一类为具有损美症状者，常见眼泡肿胀，黑眼圈，面部松弛，皱纹，皮肤暗褐色斑，皮肤粗糙，毛孔粗大，面色少华，缺少光泽，或白癜风，痤疮，玫瑰痤疮，酒渣鼻，软疣，疱疹等等。对这两类求美者常用的治疗原则仍然是整体治疗，辨证论治。

1. 局部美容是脏腑功能在外之反映：具体实施起来则要运用脏腑经络理论具体指导辨证与治疗。中医认为头面为“诸阳之会”，即人体十二经脉中的六条阳经均循行头面，阴经则通过经别或络脉与头面相连。人体的奇经八脉亦与头面密切联系，经络系统将全身气血，阳气输送到头面，经络都直接或间接循行经过五官，所以面部的容润与颜色，光泽，五官的功能，面部的肌肉，表情，神态等都是全身气血的反映。正常情况下，经络输送气血津液，保证五官功能正常及头发亮泽，皮肤光泽红润，健康而不易衰老。

五脏六腑各有特性，也与不同部位的美容有关。经络有内连脏腑外络肌肤的作用，五脏位于体内，其外候通过经络而形之于外，所以面部不同部位分属于不同的脏腑和经络。如鼻子与肺胃有关，肺开窍于鼻，《内经》记载：手太阳小肠经其支抵鼻，手阳明大肠经其支挟鼻孔，足阳明胃经其直下结于鼻。故鼻子的问题常需内治肺胃及大肠，小肠；心主血脉，其华在面，面色红润光泽是气血充盈的表现，反之面色少华应补益心血；脾之华在唇四白，脾主肌肉及运化水湿，脾脏运化失调则水湿滞于所属部位可出现眼胞肿胀，口唇肿胀裂口，身体多为肥胖，面色多为萎黄晦暗；故治疗眼胞，口唇之疾病关键在于调理脾脏功能，健脾利湿，而不是仅仅治疗局部，这即是整体治疗原则的具体运用；如肝主疏泄和藏血，其华在爪，其充在筋，肝开窍于目，故临床疏肝养血以治疗目疾及美目，治疗甲疾及美甲。

2. 重视补益肾脏：中医认为五脏六腑之中，肾脏在美容中尤为重要。肾主骨生精，主生殖发育，肾精与衰老至关重要，肾精足则身体强健，精力充沛，头发有华，面貌年轻。且肾其色为黑色，其华在发，若肾气充，则面色红润光泽，不生黑褐斑。据《黄帝内经》记载，男女脱发一般在30-40岁开始发生。妇女约49岁“天癸”竭，故面部褐色斑点，脱发，须发早白应从补肾入手，而白癜风的治疗亦应补肾以促进黑色素复元。临床以六味地黄丸，七宝美髯丹较为常用。

3. 美容要以补益肾之“天癸”为基础：很多中老年女性，在更年期阶段不仅因“天癸”竭，导致经水断，生育能力丧失，更重要的是“天癸”竭，标志着肾精虚少，肾气不足，人体的脏腑气血皆虚，功能下降，正所谓：“肾为后天之本”。在此年龄阶段皮肤很容易变得干燥多皱，所以美容的关键是护肾补肾。只有肾精充足，才能精力旺盛，容颜舒展，面色润泽，不生或少生老年斑及皱纹。

4. 损美疾病常较为复杂：因为人到中老年气血开始逐渐衰少，脏腑功能多有不足，所以其病情也有其特点。酒渣鼻，痤疮及玫瑰痤疮，口唇疱疹等病症在中老年(尤其中年)中亦很常见。但其病因病机一般较年轻患者更为复杂，如口唇疱疹虽为湿热之象，但多因为脾气虚弱，湿由内生，或肾气虚弱，元气不振，而易于被湿毒邪气侵袭而生疱疹；又如痤疮发于中老年人，疮痘常较硬小，色红且暗，而肺胃热像并不强势，或伴有肝郁化热等，常为虚实夹杂致病。所以临床治疗应标本兼治，在清理肺胃之热，治疗皮肤病损的同时，应兼以疏肝，健脾，补肾等以提高疗效及巩固疗效。

### 四. 结语：

中医美容疗法具有整体观念，辨证论治及方法多样，安全有效等特点。在临床应用时重视调理五脏六腑，使身心健康的内在之美引领出外在之美。

正因经络，脏腑与美容关系密切，所以诸多疗法可以调理脏腑经络已达到美容的效果。中医美容的方法可以多种多样，如针刺美容，艾灸美容，药物美容，按摩美容气功美容，药膳美容都基于经络，脏腑与五官头面的密切联系，通过内部补益气血，调理脏腑而达到真正的美容功效。

### 病案举例

#### 病案一

患者1948年生，职业妇女。2003年初诊，于十年前因预防骨质疏松而接受西医给与激素替代疗法。使用数月时间后，即出现体重增加，乳房胀满，心烦躁等不适应，故要求用中医治疗。患者就诊时主诉为腰痛，伴有睡眠欠佳，长期精神紧张，心情抑郁，已绝经两年余。舌尖红，脉玄细尺

弱。此证为肝郁血虚，肾精不足。治疗选用针刺疗法，取肾俞，肝俞，心俞及三阴交，针刺补法；阿是穴平补平泻手法。经过四次针刺治疗后，腰痛基本消失，因患者有一名残疾孩子需要照料，患者又提出希望能预防骨质疏松，及养颜防皱。故建议服用补肝肾之中成药，初以加味逍遥丸与六味地黄丸以疏肝补肾养阴血，后以天宝归真液（女用）每日一支，每三十天后休息一周，长期坚持的结果使其现已六十多岁，面色光泽红润，皱纹没有明显增加，而且体力良好，十年来腰痛只发作过两次，骨骼关节保持良好状态。

【按】患者年过半百，肾气渐渐衰弱，肾虚则骨松，肾衰则容颜衰老。治疗的关键是补肾益精，贵在坚持。此患者原来不相信中医，中医药的良好疗效改变了她的看法。很多患者经过补肾精补气血而受到了较好的美容及抗衰老的效果。

### 病例二

患者，女，47岁。主诉为面部皮肤红痒数月，西医诊断为玫瑰痤疮，经治疗不效而请求中医治疗。患者月经仍规律，二便通畅，发病前刚与丈夫离婚，致使精神紧张，心情抑

郁，伴有心烦，欲哭泣及长叹则舒等症状。舌边尖红，脉弦。治疗内以疏肝解郁，清肺凉血。服药加味逍遥丸，皮肤病血毒丸，外用以黄芩，生大黄，白鲜皮为主要成分的中药膏以凉血解毒，经治疗月余皮肤恢复正常，且心情舒畅，身心都较前健康。随访一年未见复发。

【按】此乃情志不舒而致肝郁，又因肝郁日久化火，致热发于头面部而生皮肤红斑点，且伴随欲哭长叹等肝郁症状。故治疗不仅要凉血清热更要驱除病源，疏肝解郁，既美容又健康身心，才能疗效持久。

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## 针灸中医药治疗不孕体会

袁炳胜（Doncaster）

**摘要：**不孕，有原发性者，亦有继发于小产、人工流产之后；但多因体质禀赋薄弱，人为终止妊娠、或因其他慢性疾病因素，导致肝脾肾不足、阴阳气血亏虚、失其和调，不能孕育成胎；或因瘀血、痰饮、湿热、或寒邪客阻胞宫，冲任失调，胞宫功能受到影响，经带失调，甚则闭经，以致难以孕育胎儿所致。其治疗之要，亦在祛邪补虚，调和阴阳血气，调经止带，恢复胞宫功能，则生成化育之机自复。笔者近年或以针刺为主，或以中药为主，或二者结合，治疗本病，获得了较满意疗效。兹举近期医案数则，简介中医药针灸治疗本病的思路及经验。

**关键词：**不孕/针刺疗法，中医药

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，

### 案一，月经稀发、不孕

病史：何某，女，26岁，2007年5月29日初诊。婚后不孕2年。经潮于14岁，多年来月经量少，1-3日即净；常愆期而至，近已超期3月未行，带下量多色黄。常觉疲乏纳差，腹胀便秘，大便3-4天1次。舌淡尖红，苔白，脉弦尺弱。

辨证：脾肾两虚，气血不足，湿滞于中下二焦，兼瘀夹滞，冲任失和。

治则：宜除湿理气，调和气血，健脾和胃，兼调冲任、补肝肾。

处方：桃红四物汤补血活血，枳术丸健脾除湿理气，加制首乌以补肝肾阴血，且能通便（便通，则气机升降自调）

中药：熟地黄15克，当归6克，白芍10克，川芎6克，川牛膝8克，桃仁6克，红花6克，制首乌12克，枳实10克，生白术15克，7剂，水煎2次，分3次温服，一日一剂。

6月4日二诊：便秘显著改善，饮食增加，腹不胀痛，黄带量多大为好转。宗前方意，益以补肝肾调冲任之品。

熟地20克，黄精20克，当归10克，川牛膝15克，桃仁10克，红花10克，赤芍15克，川芎12克，肉苁蓉12克，生白术20克，鸡血藤15克。7剂，煎服法如前。

8月13日三诊：服前方7剂后经行如期，5天而净，今求进一步调理。纳增，有时进食后仍有脘腹胀，大便1日1次，

带下已正常。此脾肾尚虚，瘀滞未尽，继前方加丹参15克、神曲20克，7剂。

12月10日四诊：近几月来经行较规律，1月1次，延后5-7天，每次行径5天。近因饮食欠佳，白带复偏多来诊。舌淡红，苔白，脉弦缓，尺沉。湿热去而经络通，气血渐充，冲任自调。唯脾肾不足，仍需补益。当寓补于通，调理中焦，以助气血化生。

熟地15克，当归12克，白芍15克，川芎8克，黄精30克，制首乌15克，肉苁蓉15克，生白术20克，枳实12克，法半夏15克，砂仁8克，菟丝子15克，枸杞子15克，陈皮6克，甘草6克，7剂。

2011年5月，其前来诊治咳嗽，方告知经前治疗后，月经规律，身体健康，不久得孕，成功产育一子，今已1岁余，能学步行走了。

### 案二，多囊卵巢综合症，月经先后无定期，不孕

病史：Mrs. Obasuui, 33岁，2009年8月24日初诊。婚后7年不孕。经检查发现多囊卵巢综合症合并贫血，既往有哮喘等病史。长期月经先后无定期，极不规律，任何时候皆可能行经，每次持续4-6天，量多，有血块，伴腹痛纳差，头痛疲乏。现经行第三天，前症明显。脉沉细，舌暗淡、有齿痕，苔白。

辨证：脾肾两虚、气血不足，兼夹瘀滞，冲任失调。

治则：宜健脾肾、益气血而调冲任，佐疏肝活血，调经止痛。

针灸：尺泽、三阴交，合谷、太冲，足三里、商丘，交信、复溜（诸穴轻刺进针，迎随补泻，留针30分钟）。

因经济原因，不愿服中药。嘱保暖、合理营养。忌生冷饮食、过劳、熬夜。

9月1日二诊：不适显减，纳可便调，唯觉疲乏。加针气海、关元，育俞、气穴。

9月9日三诊及9月21日四诊：食纳佳，精神好，近无自觉不适，舌暗淡有齿痕，苔白薄，脉沉细。继前法，加贴耳穴：脾、肾、内分泌、内生殖，每日早晚（7-9时）及临睡（9-11时）自我按压之，每10分钟，日3-4次，并结合缓慢深呼吸，留置5-7天，左右交替。

10月3日五诊：经行第5日，仅经行第1日有轻微腹痛，很快缓解，经量正常无血块；无其他不适。仍继前法。

10月15日六诊：近患感冒，头痛、鼻咽不适。前法加合谷、通天、风池，诸症即缓解。

11月8日七诊：月经超期5天未至，自觉经治以来显著好转，月经渐趋调畅，量亦正常，痛经消除，杂症亦去，治如前法巩固。

2010年6月16日来店，诉经前治疗后，月经正常，未有不适。6月前月经当至未至，查见已孕，现胎儿发育良好，特来相告。仍嘱保暖，饮食温暖，适当运动，不宜过劳及情志过激。

2010年11月6日，产后三月，特携其女（健康，酣睡中）来店相告，得为人母，喜悦不禁。

### 案三，头痛、外伤后遗颈肩臂痛，痛经、不孕

Mrs. Wallis, 35岁。2009年12月9日初诊。2年前因车祸受伤，颈痛转侧俯仰困难，掣头颞及肩臂、指节刺痛，甚则难以入睡。查颈4-6椎，胸3-6椎棘突压痛（++）拒按。舌暗红，苔白，脉沉。选取大椎、身柱，风池、天柱、肩井，秉风、天宗，肩贞、清冷渊针灸，共经四次诊治后，头颈肩臂等疼痛均已显著好转。

21日五诊，诉自17岁始即有头痛常发，2年前车祸以来几乎每日头痛，难以休止，虽经多方治疗，其效不佳。而经治以来大为好转，尤其近3日来无任何疼痛，夜间安寐，为数年来最轻松。遂再告婚后多年未孕，得子心切，希针灸帮助。询经期尚调，但每次经行小腹及腰骶疼痛难忍。遂予第五诊始取：第1组，俯卧，选大椎、身柱，风池、肩井，以疏通足太阳少阳经脉，治疗头颈肩臂痛；并选取肝俞、脾俞、肾俞、志室、气海俞、白环俞，三阴交调理肝脾肾，和气血而调理月经；第2组，仰卧，针曲池、复溜，合谷、三阴交、太冲，气海、关元、足三里，育俞、气穴，以补肾疏肝，和其气血，调理冲任，兼取上星、风池、率谷、肩髃、臂臑以治头颈肩臂痛诸痛。1、2两组穴位俯仰交替使用，每次酌情选取10-15个穴位，随病症及证候变化加减，每周1-2次治疗。并嘱每日或隔日自灸关元、足三里，各5-10分钟。

2010年5月28日第二十九诊，诸痛近2月多来完全消失，月经正常，未有疼痛，暂停治疗。2011年6月28日，停止治疗后年余，携一女婴来访。谓自去年治疗后，诸症痊愈，不久得孕，1月前产一健康女婴，现休假带小孩，特来相告，喜洋洋不禁也。

### 案4，痛经，不孕，IVF多次失败，针灸后IVF一次成功案例

Mrs. Taylor, 35岁，2010年6月14日初诊。婚后不孕5年，做IVF多次未成功。伴经前小腹痛著，经行3到5天，量少，但初日量稍多伴血块。常头痛头晕、手足发冷、眠差，便秘，抑郁紧张。激素水平：FSH：16.6，LH：5.5。舌暗红，苔白薄，脉沉弦。近曾服类固醇及布洛芬。属脾肾两虚，肝郁血瘀，冲任失调。宜补脾肾疏肝郁，调冲任而和气血。

针：尺泽、三阴交，合谷、地机、血海，关元、足三里，育俞、气穴、交信。（迎随补泻，轻刺进针。并嘱经行腹痛可即时前来针灸）

灸：关元、育俞（以无烟灸条自灸每穴5-10分钟左右）。

推拿：背夹脊、膝下足三阴经及足阳明为主，一指禅手法为主，10分钟。

中药：逍遥丸（疏肝郁健脾气而调气血）、调经促孕丸（同仁堂制，内含：淫羊藿、菟丝子、枸杞子、覆盆子、山药、黄芪、丹参等，功能健脾肾、补气活血而调冲任）。

6月18日二诊：治如前法。6月25日，三诊。近3日因受凉背腰痛，脘腹胀痛，大便日2-3次稀溏不畅。舌淡红偏暗，苔薄白偏腻，脉沉弦。脾肾本虚，外感风寒夹湿，里兼湿热郁滞。宜外疏风寒，里除湿热，兼调畅气机，固脾肾。

针：尺泽、合谷，手三里、足三里，曲池、阴陵泉（针前穴，嘱深呼吸，自觉脘腹腰背之不适显著好转），天枢、上巨虚，育俞、气海、三阴交。

药：停前药，与保济丸服数日，待脘腹诸症消除，再继续服前药。

7月2日四诊：头不痛不晕，眠佳纳健便调，脘腹中和。今晨经来量少，自2小时前小腹及腰痛增剧，依嘱来针灸。舌暗红，苔白薄，脉沉弦滑数。

针（申）：尺泽、三阴交，合谷、太冲（针时嘱深缓呼吸，觉痛渐减），育俞、关元，归来、血海、地机，足三里。（针上穴毕，疼痛已除）。

药：桃红四物片，1次1片，1日2次，痛止经畅停药，经净仍服前药。

7月10日五诊：痛经未复发。舌淡红，苔白薄，脉沉弦缓。针曲池、复溜，中脘、足三里，育俞、气穴、大赫、交信，关元、血海、三阴交。加贴耳穴：肾、肝、脾，内生殖、内分泌，每日早晚按压各10分钟左右（按压时深呼吸以增强效果）。

经17及24日（六、七诊）：依法施治，感觉良好。

7月31日八诊：昨日月经按时而至，无明显腹痛。睡眠亦大好。治如前法。

8月7、13及21日，八、九、十诊，继前法巩固治疗。预约9月初往医院复查，准备再做IVF。

9月4日，十一诊：舌淡红、苔白薄，脉沉偏弦细。三天前已作IVF，医院检查发现所获取之卵子质量较以前所得好，激素水平亦已正常，现自我感觉亦非常良好，对此次IVF充

满信心。针：足三里、复溜，关元、育俞，气穴、三阴交。补肝肾、益气血调冲任而助安胎。

再嘱：充足休息、充分放松，饮食温暖、合理营养。

2010年10月2日，其丈夫来店相告：做IVF已满一月，经医院复查情况良好，认为此次较为成功。再嘱告注意身心调护。10月30日其夫来告知IVF已2月，状况良好。

2011年6月16日，该患者和其丈夫，携带其女回来相告，于1月前生产此女，一切状况良好，一家三口，幸福融融。

## 体会

案一、二、三为不成孕，案四为不著胎。盖不孕之症，是一种疑难病症，大多是由于流产后失于调治，长时间使用注射或口服避孕药，或先天体质禀赋不足（如子宫卵巢发育不良），其他致病因素或疾病导致肝脾肾虚，阴阳气血亏虚或失和，冲任失调；瘀血、湿热、痰饮、或寒邪客阻胞宫，导致长期经带失常，内分泌紊乱，子宫功能失调，因而不孕。所以，临床应根据其经带情况、孕产史、舌脉征、体格体态、兼夹病症，眠纳便等情况，审其致病之因，结合个体实际情况，而酌以补肝肾、和阴阳，益气血、调冲任，或活血化瘀，理气除湿、化痰逐饮，散寒暖宫，调经止带以治之。

本病的病机关键，不离气血阴阳，冲任肝肾。治疗要则，亦在其间，唯轻重取舍之权衡。若确见寒热湿痰瘀水饮诸邪之征，务必酌用祛邪之法。必致病之邪尽去，而气血始得通调，脏腑始能和畅，阴阳始得安固平秘，自然能受孕、著胎，此数案所以同然者。其所宜知者，一则寒湿水饮痰生成之由，多因脾肾阳气之虚，失其运化；而其生成之后，必阻于一定之部位，而影响气血之流通，甚或气机之升降出入，或随经络流走，变生它症。所以详辨病证，根据病情需要，合理应用补虚与逐邪是很重要的。二则肝肾阴阳气血之虚及冲任的调治，当以后天为根本。盖脾胃为后天之本，气血之源，水谷精微化生气血之枢机。脾胃健则五脏六腑，皮肉筋骨脉，肢骸官窍俱得充养，生命于是能生生不息，免疫、内分泌、内外诸功能得以正常进行，生成化育之功亦因之自然恢复。

## 英国中医药学会会刊

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# Does fMRI present a more quantifiable way of measuring the effects of acupuncture on anxiety than the anxiety scales currently used?

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## Abstract

**Objectives** — To examine anxiety scales and evaluate why they present issues when used in randomised controlled trials (RCTs) and assess if functional magnetic resonance imaging (fMRI) offers a more objective, quantifiable way of measuring the effects of acupuncture on anxiety.

**Design** — Current methods of measuring anxiety in RCTs involve the use of anxiety scales. The extent to which these scales are quantifiable was assessed using academic peer reviewed sources. To evaluate the effect of acupuncture compared to non-acupuncture using fMRI a review of five trials was conducted using relevant criteria from STRICTA and CONSORT guidelines, in addition to other academic peer reviewed sources.

**Results** — Anxiety scales were found to be subjective and problematic when used in RCTs, predominantly due to their method of design and their questionnaire nature. Distinct differences were found in brain activity for acupuncture in contrast to non-acupuncture using fMRI, suggesting unique mechanisms in brain activity do occur during acupuncture intervention.

**Conclusion** — While fMRI does measure the effects of anxiety in a more quantifiable way than anxiety scales, it still does not provide clear evidence for the measurement of the efficacy of acupuncture. fMRI is potentially too easily influenced by other factors affecting brain activity to determine changes occurring solely attributable to acupuncture intervention. The practical method in which a participant's brain activity is measured is also problematic. The imposing nature of having a fMRI scan is unlikely to allow a therapeutic acupuncture treatment to occur. fMRI provides evidence showing the likelihood of acupuncture having a unique effect on the human body, though the exact scientific mechanisms of this still require further study.

**Key words:** Acupuncture, Anxiety, fMRI, Anxiety Scales

## 1. Introduction

The origins of Traditional Chinese Medicine (TCM) began in China over two thousand years ago, with one of the first key texts, Huang Di Nei Jing Su Wen, being compiled around the second century B.C.E. (Unschuld, 2003:ix). Xu and Yang (2009) explain TCM is used as a form of treatment for many different conditions and is based on ancient Chinese philosophical concepts of Yin and Yang, and the Five Elements (Wood, Fire, Earth, Metal, Water). The core of TCM theory involves the five Zang organs (Liver, Heart, Spleen, Lung, Kidney) and the six Fu organs (Gall Bladder, Small Intestine, Stomach, Large Intestine, Bladder, Sanjiao). Other vital components are Qi (energy), Blood and the energetic meridian network the Qi runs through. Health is balance of this system, disease is imbalance. TCM treatments strive to encourage the body towards balance.

Developing over the years, TCM continues to be a modality used today. Hesketh and Zhu (1997) explain TCM plays a significant role in China, where it is often practised alongside Western Medicine (WM). Approximately one third of healthcare in China is TCM (Xu and Yang, 2009). Investment has also been occurring;

in 2004 Chinese health authorities began a programme to enhance 161 TCM hospitals (Hepeng, 2004). In Taiwan it was estimated over six million people in 2001 were treated by TCM, approximately 28% of the nation's population (Chen et al, 2007). Eisenberg et al (1998) explain TCM is slowly gaining recognition outside China, becoming a growing alternative therapy. TCM products are exported to an approximated 163 countries around the world (Xu and Yang, 2009). Burke et al (2006), using data from the National Center for Health Statistics in the US, found 1.1% of the 31,044 people surveyed in 2002 had tried acupuncture. This was estimated to represent over two million Americans. In 2007 this percentage had increased to 1.4% (Barnes et al, 2008). Acupuncture has also been accepted as form of treatment for lower back pain by the NHS in the UK (NICE, 2009), with some NHS hospitals offering it for various kinds of pain relief (NHS, 2010).

While gaining recognition, there is a clear difference in popularity of TCM between the East and the rest of the world. For acupuncture to gain wider acceptance in WM and mainstream populations more quantifiable scientific evidence of its efficacy is likely needed (Ernst, 2006; MacPherson, 2001). Kaptchuk (2000:3-4) suggests the

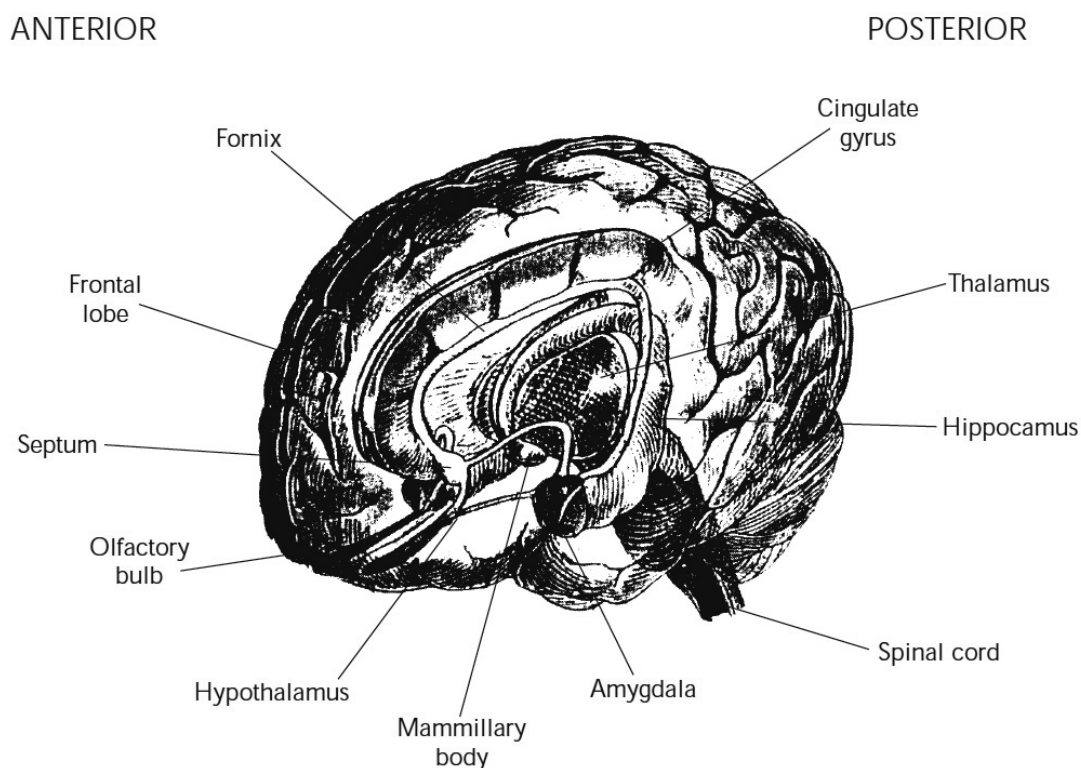


resistance encountered stems from WM focusing on cause of disease, an easily understandable idea, while TCM focuses on the somewhat abstract concepts of Qi and creating harmony within the body. Yan et al (2005) state identifiable patterns can be seen when acupuncture points are stimulated with the use of functional magnetic resonance imaging (fMRI) techniques. fMRI measures changes of blood flow in the brain using blood oxygenation level dependency (BOLD). Hui et al (2010) explain this form of investigation measuring haemodynamic response could allow for study of the core effect physiology of acupuncture treatment. As an emerging area of modern scientific evidence this may be a truly quantifiable, empirical way to document acupuncture's therapeutic effects and is the basis of this study.

### 1.1. Rationale

In a previous study by the author acupuncture was found to be potentially effective as a treatment for anxiety, with further research suggested using randomised controlled trials (RCTs) in adherence to STRICTA and CONSORT guidelines. In order for such a study to be carried out it was noted greater quantifiable evidence was needed from more objective and accurate methods of measurement than the variety of anxiety scales commonly used. fMRI techniques may be able to provide this evidence.

This study proposes to examine anxiety scales and explain why they present issues when used in RCTs and assess if fMRI offers a more objective, quantifiable way of measuring acupuncture's effects on anxiety.



**Figure 1** The Limbic System (Campbell, 1999).

### 1.2 Background

Around one in six couples have problems conceiving naturally <sup>[1]</sup>, and that this is predicted to rise to one in three in Europe over the next decade <sup>[2]</sup>. In the

#### 1.2.1 Anxiety

Anxiety is a condition defined by a wide range of signs and symptoms, including apprehensive anticipation, prolonged alertness, a mood similar to fear, insecurity, increased feelings of incompetence, constriction of respiration potentially leading to hyperventilation, thoughts dominated by disaster, muscular tension often causing pain, and a variety of other felt sensations causing discomfort (Keedwell and Snaith, 1996). Sensations of anxiety affect most people at different times throughout their life, in this sense it is a normal emotional

state. Prolonged feelings of anxiety become problematic and may be diagnosed clinically as generalised anxiety disorder (GAD), which is estimated to affect one in twenty people in the UK (NHS 2011). WM treatment is commonly in the form of medication or psychological therapy, often cognitive behavioural therapy (CBT). Maciocia (2008:387) explains, though anxiety as a term is relatively modern, equivalents are found in the ancient, classical literature of TCM. Terms such as 'fear and palpitations' and 'panic throbbing' are documented and have a variety of treatments, depending on the other signs and symptoms exhibited by the patient. Similarly to CBT, a significant advantage of acupuncture over medicinal intervention is a relative lack of significant side effects, which in medication for anxiety includes, lethargy, impaired co-ordination, dizziness, headaches, slowed

reaction time, dependency (Merck, 2007).

### *1.2.2. The Limbic System*

The limbic system (Figure 1) is involved with emotion and plays a major role in anxiety and stress. The pituitary gland and hypothalamus are principle structures. These are also influential parts of the endocrine system. The pituitary gland produces hormones, and also stores hormones from the hypothalamus. Key to the functions of the hypothalamus is homeostasis regulation and linking the nervous system to the endocrine system. It is also involved in multiple autonomic functions and secretes hormones (many of which influence the pituitary gland in reaction to a stimulus). In anxiety, the hypothalamus secretes corticotrophin-releasing factor (CRF) which influences the pituitary gland to secrete adrenocorticotrophic hormone (ACTH), which in turn stimulates the adrenal glands to produce cortisol, epinephrine, norepinephrine, initiating the fight or flight response. The hypothalamic-pituitary adrenocortical (HPA) axis plays a pivotal role in anxiety (Herman et al, 2005; Mitrovic, 2005).

Other limbic structures include the amygdala, hippocampus, septum, mammillary body, thalamus, ventral tegmental area, nucleus accumbens, cingulate gyrus, pre frontal cortex, fornix. These areas are involved in trying to influence hypothalamic function. They are receptive to stimuli affecting the human body, externally and internally, and attempt to be the first to affect the hypothalamus and ultimately influence hormonal response. For example, in the case of anxiety, the amygdala which is involved in registering threats and fear related stimuli and is shown to have increased volume in prolonged anxiety and GAD, influences the hypothalamus which in turn influences pituitary function. This can manifest as a feeling of impending doom for example, or one of anxiety's many other manifestations (De Bellis et al, 2000; Sapolsky, 2003; Sapolsky 2011).

## **1.3 Functional Magnetic Resonance Imaging (fMRI)**

fMRI is a method of measuring activity in the brain. It identifies changes in blood flow and oxygen levels related to neural activity. When haemoglobin is oxygenated it is repelled by a magnetic field, when it is deoxygenated it is attracted. This creates differences in the magnetic resonance of blood. If an area of the brain becomes more active it requires more oxygen, to accommodate this need there is an increase in blood flow to the area, the reverse is also true. This is called the haemodynamic response. Imaging using this method is defined as blood oxygenation level dependent (BOLD), and can be used to create maps of the brain showing mental processing. fMRI can be used to detect activity in the limbic system. The methods used by fMRI to assess changes in brain functioning allow for quantitative measurements to be documented (Devlin et al, 2011; Fang et al 2009; Hui et al, 2010).

## **2. Methodology**

### **2.1 Assessing anxiety scales and establishing the**

### ***need for more quantifiable methods of measurement in the treatment of anxiety with acupuncture***

Using academic, peer reviewed sources where possible the objectivity of anxiety scales was assessed, with reference to their use in RCTs. In question was the system of assessment, its questionnaire construct and the frequency of its use.

### ***2.2 Evaluating the quantifiable nature of fMRI and its use to differentiate between acupuncture and non-acupuncture***

The ability of fMRI to distinguish between acupuncture and non-acupuncture, and its ability to be quantified was evaluated using peer reviewed sources where possible, including a review of RCTs with attention to relevant STRICTA and CONSORT guidelines for clinical trials.

### **2.3 Searches**

Searches were undertaken for fMRI studies of acupuncture using the following electronic, internet based, databases: AMED, CINAHL, Cochrane Library, Medline, PsycINFO, PubMed, Science Direct, Wiley Online Library. These searches were conducted between October 2010 and March 2011. Selection of publication was decided to be between 1998 and 2011. Boolean search combinations used the following key words: acupuncture, Traditional Chinese Medicine, TCM, fMRI, limbic system, brain. Other criteria included articles from peer review sources and English language results.

### **2.4 Selection of Studies**

A total of fifteen studies were revealed to be potentially eligible. These were analysed for suitability to the topic, with additional criteria of studies using manual acupuncture only, studies with multiple participants, and disregarding those using electro-acupuncture. Several studies used only one participant for investigation which would have implications on bias and generalisability. This yielded five usable full text studies, Hui et al (2000), Hui et al (2005), Hui et al (2009), Wu et al (1999), Yan et al (2005).

### **2.5 Data Collection**

Data were extracted independently using criteria adapted from STRICTA and CONSORT guidelines for clinical trials to ensure comprehensive assessment and tailor the analysis to the needs of this study. In principle this was centred on determining if fMRI is able to differentiate between acupuncture and non-acupuncture, and did not focus on treatment related protocol. This was due to the general effects and system of acupuncture being investigated not its efficacy as a specific treatment.

To assess the validity of acupuncture's effects on brain activity a variety of participants was required. This aided quality of results and helped in determining the generalisability and any bias. Data extracted included sample size, health of participants, if the participants were acupuncture naïve, age range and mean, gender, ethical considerations of consent, acupuncture point

selection, needle insertion depth, method of control, psycho-physical responses studied such as deqi or pain, experiment protocol, blinding, and was there a measurably quantifiable difference in fMRI results between acupuncture and non-acupuncture.

## 2.6 Limitations

Foreign text articles were excluded due to budget restraints, as no academic translations were financially viable. As an undergraduate, research was carried out using secondary research sources. This study was also conducted by the author alone, which provided no control for interpretative bias.

## 3. Results

### 3.1 Anxiety Scales

Progress in modern science is determined by accurate measurement, with instruments being used needing to be reliable and clear in what they measure (Keedwell and Snaith, 1996). Studies on the effects of reducing anxiety in RCTs predominantly use a form of self-assessed or researcher rated anxiety scale as the instrument determining efficacy. They often attempt to assess two concepts of anxiety, state and trait, singularly or together. State refers to a temporary condition which may change, while trait is a disposition lasting an enduring time

(Kellner and Uhlenhuth, 1991).

Anxiety scales are designed from the intention of measuring, quantifying or describing pathology in an organised manner, with there being at least twenty eight anxiety scales in general use (Balon 2007). In a review of two hundred and twenty studies of anxiety, counting anxiety scales used three times or more, Keedwell and Snaith (1996) found eleven different scales. Manzoni et al (2008) conducted a review and meta-analysis of twenty seven trials finding five different scales used. A systematic review of the effects of acupuncture on anxiety looking at twelve trials, by Pilkington et al (2007), found six different scales. In a previous study conducted by the author looking at three trials on the efficacy of acupuncture on anxiety [Wang and Kain, 2001; Wang et al, 2001; Zhiling, 2006], two different anxiety scales were used. This highlights the wide variety of scales currently in use in clinical trials (Table 1).

Each scale is different in structure, asks different questions and assesses different aspects of anxiety (Balon, 2007). Keedwell and Snaith (1996) suggest progress of anxiety research is hindered by these scales due to the difference in their construct of anxiety assessment. Balon (2007) proposes no anxiety scale will be able to satisfy all needs. This stems from anxiety being such a broad term with a wide variety of signs and symptoms.

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**Table 1** Anxiety scales in common use

Study	Keedwell and Snaith (1996)	Pilkington et al (2007)	Manzoni et al (2008)	Conducted by the author*
<b>Amount of trials examined</b>	<b>220</b>	<b>12</b>	<b>27</b>	<b>3</b>
<b>Anxiety Scales Used</b>	(scales used 3 times or more) State-Trait Anxiety Inventory Scale Hamilton Anxiety Scale Beck Anxiety Scale Clinical Anxiety Scale Zung Anxiety Scale Taylor Manifest Anxiety Scale Brief Anxiety Scale Anxiety Subscales of the System Checklist Profile of Mood States Hospital Anxiety and Depression Scale Brief Psychiatric Rating Scale	Hamilton Anxiety Scale Modified Yale Pre-operative Anxiety Scale Zung Anxiety Scale Visual Analogue Scale for Anxiety State-Trait Anxiety Inventory Custom Made Anxiety Scales	State-Trait Anxiety Inventory Scale Hospital Anxiety and Depression Scale State Trait Personal Inventory Beck Anxiety Scale Anxiety Expectancy Scale	State-Trait Anxiety Inventory Scale Zung Anxiety Scale

\* Proposal in Appendix C using Wang and Kain, 2001; Wang et al, 2001; Zhiling, 2006

(Keedwell and Snaith, 1996; Manzoni et al, 2008; Pilkington et al, 2007; Wang and Kain, 2001; Wang et al, 2001; Zhiling, 2006)

Anxiety scales are also essentially forms of questionnaire (Snaith and Taylor, 1985). As such they are influenced by the subjective nature of this mode of research, which can be another factor affecting their use.

Common issues with questionnaires include (Charlton 2000; Evidence Base 2006; Milne 1999):

- Questions being open to interpretation – this is also dependent on the individual's knowledge base and life

experience. If they find ambiguity in the question it is unlikely to yield a usable answer. Language is also a factor. Questionnaires are recommended to be written in easily understandable, plain language. If this does not occur questions are more open to interpretive bias.

- Participants not being truthful or giving an answer they believe they should give – there is no quantifiable measure used to determine the truth of a person's answers. Peer pressure may also be a factor and can influence results, especially if the participant is in the presence of other people involved in experiment.
- Difficulty in understanding changes in emotions and behaviour – the subtlety of emotion and behaviour, and their changing states, can be difficult to explain in any context. This presents more difficulty in the quantifying of the results. The participant not only has to relate the question to their emotional state, they have to then find ways of explaining it.

- Participants having to rely on memory – a person's memory is subject to change, often dependent on their current circumstances. If the questionnaire is filled out sometime after the event accuracy often diminishes.
- A limited amount of information being asked – the questionnaire may not cover everything relevant to the participant.

These factors present further issues in obtaining objective, quantifiable information from this mode of assessment. Non-compliance may also happen. If the subject forgets, or does not want to complete a questionnaire, no usable results will be obtained.

**Table 2.** Summary of studies detailing the effects of fMRI on acupuncture

Trial	Hui et al, 2000	Hui et al, 2005	Hui et al, 2009	Wu et al, 1999	Yan et al, 2005
<b>Sample Size (N)</b>	13	15	51	18	37
<b>Health Status</b>	Healthy	Healthy	Healthy	Healthy	Healthy
<b>Blinding</b>	N/A	N/A	N/A	N/A	N/A
<b>Acupuncture Naïve</b>	4 naïve 6 partial 3 not naïve	Yes	Yes	N/A	N/A
<b>Age Range</b>	27 – 52	22-47	20 – 47	20 – 38	N/A
<b>(Mean Age)</b>	(N/A)	(29.8)	(28.6)	(N/A)	(26.8)
<b>Gender</b>	5M 8F	8M 7F	19M 29F	11M 7F	23M 14F
<b>Consent Given</b>	Yes	Yes	Yes	Yes	Yes
<b>Point Selection</b>	LI 4	ST 36	LIV 3	LI 4 ST 36	LIV 3 LI 4
<b>Needle Insertion Depth (approx)</b>	10 mm	20 – 30 mm	5 – 10 mm (LIV 3, LI 4) 20 – 30 mm (ST 36)	20 mm	15 mm
<b>Control</b>	Tapping on skin surface with a wire 120 times per minute	Tapping the acupuncture point	Tactile stimulation over the acupoint	Minimal acupuncture superficial pricking	Nearby sham point
<b>Deqi</b>	Yes	Yes	Yes	Yes	N/A
<b>Differing fMRI activity during acupuncture and non-acupuncture</b>	Yes	Yes	Yes	Yes	Yes

Healthy indicates no noted physical or mental issues present; Gender M = Male, F = Female; Differing fMRI activity measured in voxels (volumetric pixels); N/A indicates the trial did not comment on these factors.

### 3.2 fMRI to differentiate between acupuncture and non-acupuncture

Data from the five trials selected were extracted into Table 2.

#### 3.2.1. Outcome Assessment of fMRI Results

All studies produced different fMRI results during

acupuncture compared to non-acupuncture. Non-acupuncture was defined as control methods or intentional sensations of pain. These results were presented in the trials using Talairach co-ordinates for location, and voxels (volumetric pixels) as measurements of size. All studies also noted significant differences in activity in the limbic system area between acupuncture

and non-acupuncture. Multiple P values were noted for different scans. Maximum P value across all trials was  $P < 0.05$ .

## 4. Discussion

### 4.1 The use of anxiety scales in RCTs

While anxiety scales are potentially useful in discovering how effective a treatment has been in isolation, or evaluating the level of anxiety a person is experiencing at an individual level, issues surface when they are used in RCTs. This is due their design and implementation and the difficulty of comparing one person's subjective rating of an emotional state to that of someone else. The aim of an anxiety scale is to provide quantitative data from qualitative investigation. At their core anxiety scales are qualitative and subjective, which is something they will unlikely resolve.

The variation in anxiety scales used amongst different studies, in addition to the instrument's inherent issues relating to its questionnaire construct and the broad nature of anxiety, makes cross comparison of results problematic. This presents further issues as choice of therapy can be difficult to determine from the interventions used, as there is no true base line of comparison. When attempting to answer the question of how acupuncture affects anxiety this suggests RCTs used for such a review need more defined quantifiable measures to accurately distinguish relative efficacy of treatment intervention.

### 4.2 Evaluating fMRI trials of acupuncture

The sample size used in the trials examined was small. This could have implications on bias and generalisability. No trial stated cost as a factor though this may have influenced sample size due to the expense of fMRI imaging. The cost of an fMRI scanner is between \$1-\$3 million, with appropriate software approximately \$500,000. Hiring a laboratory to perform the fMRI scanning procedures varies from \$400 to \$3000 per hour (Loffe, 2010; UMICH, 2011).

Blinding may not be essential in the testing of the effects of acupuncture as it is the mechanism by which acupuncture works under investigation. If the participant knew when acupuncture and non-acupuncture was administered this would not influence what is being tested in the absolute sense. The uniqueness of acupuncture would still be measured. If acupuncture was being assessed as a treatment for a condition blinding would be more useful.

Choice of acupuncture point was not of paramount importance for this study. The main criterion was having an acupuncture point needed when assessing the acupuncture intervention. Although not stated in any trial, point selection was likely also influenced by the presence of a magnetic field in the fMRI scanner. This could potentially cause problems with points located on and near the head, and would likely be avoided.

Depth of needle insertion was different in all trials used. Deqi, classically thought of as something felt by the patient, practitioner or both, was a metric for all studies, except Yan et al (2005). Insertion depth inconsistency

would likely not affect results due to deqi potentially being obtained at varying depths on different people (Bovey, 2006).

For the purposes of identifying difference in measurement of acupuncture compared to non-acupuncture all studies used similar experiment design.

All trials used concluded distinct differences in haemodynamic response between acupuncture and non-acupuncture using fMRI. Distinct patterns were evident, with widespread differences in areas of activation and deactivation, measured using quantifiable, objective assessments in the form of Talairach co-ordinates and voxels.

### 4.3 Objective measurement in fMRI – Talairach co-ordinates and voxels

Mazoyer (2008) explains the Talairach co-ordinate system is used to determine the location and size of brain structures. Human brains present wide variation, the Talairach system reduces anatomical variability using spatial normalisation in studies of human brain mapping. This mapping system uses parameters of landmarks, size, position and orientation to compare the brain studied to a reference brain, to determine its internal structure (Talairach and Tournoux, 1988).

Voxels are volumetric pixels, which represent a value in three dimensional space. The amount of time it takes for atoms magnetised during fMRI to return back to equilibrium is noted as the 'spin-spin relaxation time', T2. The intensity of an fMRI signal is determined by the amount of magnetic resonance, determined by changes in blood flow (the BOLD effect) on T2. Voxels measure T2. A voxel corresponds to a pixel on an fMRI scan (CSU, 2011). Commonly, areas of activation are seen in red, while areas of deactivation are seen in blue (Figure 2).

In addition to graphical information voxel information is also provided as numeric data with each scan, in conjunction with Talairach co-ordinates (CSU, 2011). These are clearly defined methods of measurement. The quantifiable nature of fMRI results presents significant objectivity. Using Talairach co-ordinates and voxels as measurements allows for clear assessment for changes in brain activity

### 4.4 The viability of fMRI providing quantifiable measurement of acupuncture on the effects of anxiety

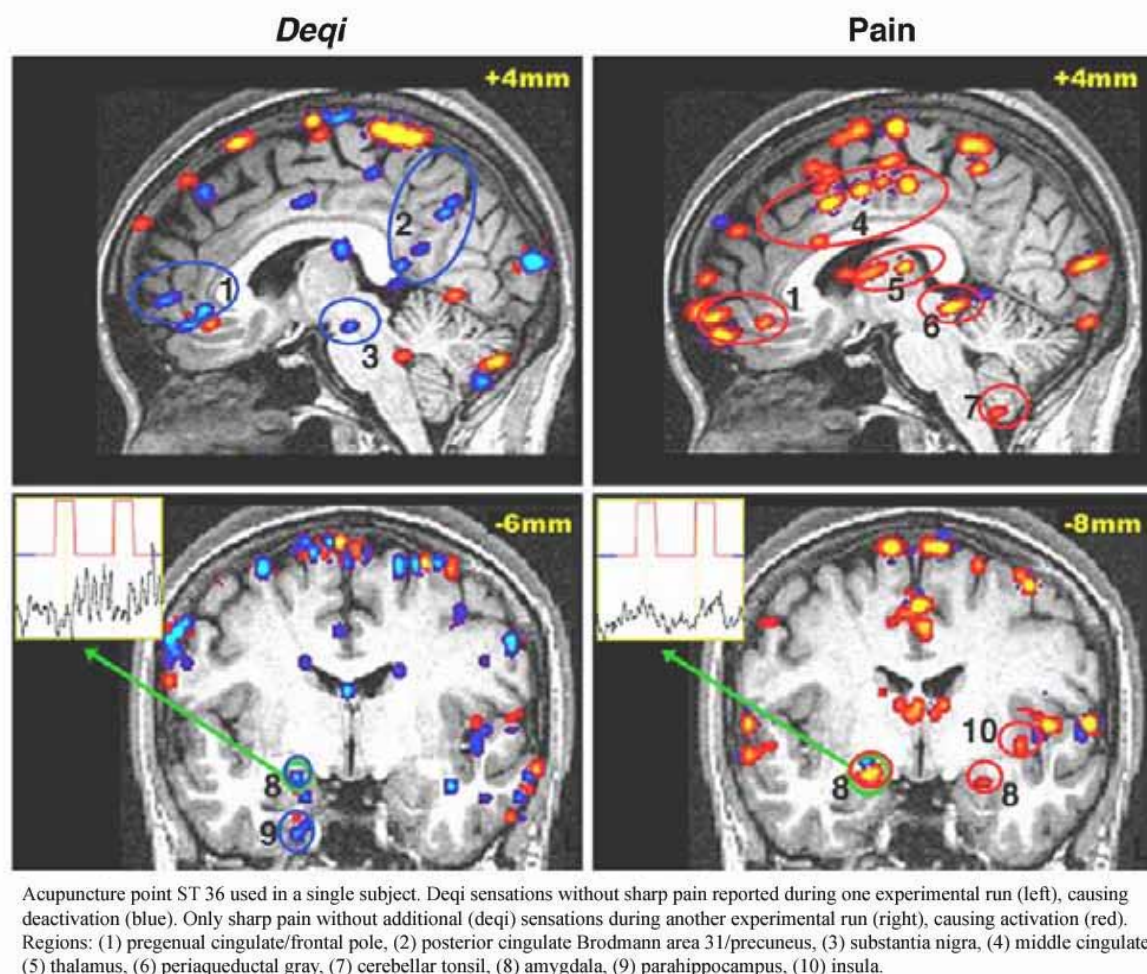
TCM proposes a variety of treatments for anxiety and its clinical manifestations from its system of medicine and thousands of years of practice (Maciocia, 2008:387; Unschuld, 2003:ix). RCTs using anxiety scales as instruments of measurement have also shown efficacy for acupuncture's anti-anxiety effects (Wang and Kain, 2001; Wang et al, 2001; Zhiling, 2006). WM provides scientific evidence suggesting limbic system involvement in anxiety, through a variety of methods including fMRI (Sapolsky, 2003; Sapolsky 2011). fMRI techniques also show significant activity in the limbic area during acupuncture compared to non-acupuncture (Yan et al, 2005; Hui et al 2000; Hui et al, 2005; Hui et al, 2009; Wu et al, 1999). This could suggest the effects of acupuncture on the treatment of anxiety may be measured using fMRI

from a WM scientific evidence base, however, potential issues still remain.

A significant stumbling block is presented by brain activity being influenced by a multitude of factors, which may occur with or without acupuncture stimulation (Beissner and Henke, 2009). A participant could reasonably be assumed to change their state of anxiety through no external influence, for example, any number of thoughts randomly affecting brain activity. Conscious and subconscious interactions create changes in brain activity and affect haemodynamic response, ultimately influencing fMRI scans (Sapolsky, 2011).

There is also no singular structure, or grouping of structures, solely responsible for anxiety. The multitude of areas in the brain involved in anxiety have multiple functions.

Anxiety is also a nebulous term (Keedwell and Snaith, 1996). It relates to many clinical manifestations, which may or may not be exhibited by an individual. This ultimately brings into question the ability to ever truly quantify 'anxiety', as it is related to many differing physiological reactions, which in turn questions the ability to measure its effects in a quantifiable manner using fMRI.



**Figure 2.** Brain activations and deactivations under acupuncture stimulation (Hui et al, 2010).

#### 4.5 Use of fMRI in acupuncture treatment of a condition

While acupuncture was administered in all trials assessed, no trial simulated an actual acupuncture treatment of a condition. Here lies a significant issue with using fMRI to measure the effects of acupuncture therapy and brings into question generalisability. In its current form of delivery, fMRI is unlikely to be able to be used effectively in a treatment setting. Its method of function creates obstacles in administering acupuncture as a modality of healthcare.

The procedure involved in receiving a fMRI scan places the participant in a potentially uncomfortable position. Imaging occurs with several restrictions. The

participant is in a relatively confined space, with only minimal movement allowed. Noise levels are also significant and continuous during the entirety of the scan (NHS, 2009).

When assessing the effect of acupuncture on a single point or the basic function of acupuncture outside a therapeutic setting fMRI could be reasonably used. In the assessment of acupuncture as a healthcare modality treating a condition, the process of fMRI has the potential of creating an inappropriate setting for therapeutic efficacy.

#### 5. Conclusion

This study suggests fMRI to be more quantifiable



than anxiety scales, with fMRI presenting other issues which need consideration. While the results obtained in fMRI studies of acupuncture are quantitative there is still no way of knowing how much metabolic activity in the brain is solely from acupuncture intervention. There are too many external influences potentially able to affect the areas measured. This study also suggests there are clear and quantifiable differences between acupuncture and non-acupuncture evidenced by fMRI, however this is all that can be reasonably determined. Both anxiety scales and fMRI present issues when trying to quantify the effects of acupuncture. The results from anxiety scales are subjective and rely too much on human intervention, while fMRI is clear in its system of measurement it is not clear in what is influencing this measurement.

The study of acupuncture is problematic due to its system of medicine using concepts different from those frequently investigated in modern science. Its methods of diagnosis and treatment are quite different from that of WM yet it still treats millions of people each year. For acupuncture's effect on the human body, as quantified by modern science and WM, to be understood it is the system of TCM which should reasonably be the focus. As previously stated, measurement of scientific data need to be clear in what they are measuring (Keedwell and Snaith, 1996). In the study of acupuncture the measurement is that of acupuncture and TCM's effects, where the core methodology shows significant difference from that of WM. If the core rationale of a medical system is not used when it is tested the investigation is unlikely to be a true representation of that medical system. Here lies a conflicting ideal. If modern science attempts to quantify the effects of acupuncture it does so by adapting acupuncture into a modern scientific setting. This is understandably necessary for modern scientific proof, however by doing so it could be reasonably argued it is no longer the effects of acupuncture or TCM being tested, rather the modern scientific view of this modality.

fMRI provides strong evidence showing the likelihood of acupuncture having a unique effect on brain activity, though the exact nature of this mechanism still requires further study.

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## 第八届世界中医药大会《八十八字铭》

袁炳胜 (Doncaster)

2011 年金秋，我学会成功主办第八届世界中医药（伦敦）大会，我有幸与会并睹其盛，特撰兹八十八字铭以为之纪，其辞曰：

中华医药，源远流长。承传千载，利益四方。历久弥新，道济华洋。

己卯之秋，日吉辰良。四海同道，济济一堂。同聚英伦，盛事共襄；

研几发微，志在发扬。学术之要，服务临床。扶危济困，寿世无疆。

斯时斯地，盛会躬逢。感佩乎衷，铭之永光！

# Acupuncture for the Symptom of Anxiety in Polycystic Ovarian Syndrome (Part two)

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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

## Methods

### Participants

UK women of reproductive age (18-44 years) who have been diagnosed with PCOS using the Rotterdam Criteria (2003) will be recruited from across the UK using advertisements in a range of community settings and PCOS specific websites. Prospective participants will be telephone screened with symptoms assessed according to the Rotterdam Criteria and if they are considered suitable, a State-Trait Anxiety Inventory (STAI) self assessment will be sent in the post for successful participants to complete (see Appendix F). The STAI is a validated 20 item self report assessment device which includes separate measures of state and trait anxiety. It is one of the most common tools used worldwide for research into anxiety (Sesti 2000). The PCOS specific HRQoL questionnaire will not be used in the protocol due to the lack of specific questioning on anxiety as an emotion, plus the fact that the questionnaire's effectiveness in clinical settings is not supported by enough positive research (Balen 2005).

Exclusion criteria will include people diagnosed with depression or an existing anxiety related disorder and those undergoing IVF. Questions will be answered and full written information regarding the trial will be issued in order that participants can make an informed consent. Approximately fifty applicants would be the desirable but by no means fixed outcome of the recruitment process. Many women who are diagnosed with PCOS are given pharmacological treatment and as such, women will not be excluded from the trial if they are taking medication for the disorder but will be excluded if this medication has been prescribed for anxiety/depression.

### Intervention

'True' acupuncture will be the only form of

intervention with the comparison being sham acupuncture (known as placebo acupuncture). True acupuncture will be conducted using TCM methods in which all acupuncturists will be trained to Degree level and have a minimum of 2 years experience.

### Randomisation

Using computer generated sample randomisation, participants will be assigned with equal allocation to either the acupuncture group or the sham acupuncture group. Participants and assessors will be blinded to group assignment. Following this the participants will be assessed by their acupuncturist and will be split into 3 further groups depending on their pattern diagnosis of an excess, deficient or mixed condition.

### Acupuncture Treatment

Intervention will be administered twice every week with the 'true' acupuncture treatment intent on reducing anxiety and not treating PCOS. AcuGlide needles would be used in the following sizes, 25mm x 15mm, 25mm x 30mm, 25mm x 40mm depending on the point location and will be left in place for 20 minutes once a feeling of deqi has been achieved. See appendix G for points, needle technique and depth. Sham acupuncture will be used at different and non acupuncture locations and will be administered using non-penetrating blunted needles which give the appearance of penetrating the skin but disappear into a telescopic tube (Streitberger 1998). This has been found to be an effective method of applying sham acupuncture (Tough et al., 2009). Follow up analysis will be conducted 1 and 3 months after the treatment.

### Outcome

The primary outcome is to observe a reduction in anxiety levels in the women with PCOS from baseline to 6 months of treatment as measured by the STAI.

Participants will be initially assessed using the STAI at the outset whereby patients subjectively score the severity of their symptoms. Following this, participants will complete monthly STAI questionnaires in conjunction with acupuncture treatment with the final questionnaires being issued at one and three month intervals following completion of the trial.

#### *Point Prescription and actions*

Table 1 illustrates the acupuncture points that have been chosen specifically for anxiety. The protocol will include:

- 2 fixed points;
- Plus 4 points in relation to the patient's excess, deficiency or mixed pattern.

**Table 1** Acupuncture Point Prescription

Pattern Diagnosis	Acupuncture Points
Fixed Points (all groups)	Yintang, Ren-14
Group 1 – Full Condition	HT-5*, Kid- 4*, PC-6*, SP-4*
Group 2 – Empty Condition	HT-7*, Kid-3*, ST-36*, Ren-4
Group 3 – Mixed Condition	HT7*, HT-6*, Ren-15, Kid-9*

(Rossi 2003:399-410, Deadman et al 2007, Ross et al 2009)

\*Points to be needled bilaterally

Participants will be assigned to one of the three groups above due to the wide range of anxiety symptoms that TCM recognises. It is important to differentiate between the conditions in order to aim to achieve the best possible results from the trial.

### ***Considerations and limitations of research proposal***

#### *Difficulties in performing this research proposal*

The RCT, which is considered the standard approach to conducting transparent research, is a difficult approach to apply to the field of acupuncture. The main reason for this is the standards outlined in CONSORT (2010) and STRICTA (2010) can be narrow and may restrict the level of interaction which is so crucial to the therapeutic relationship in normal practice. However, this protocol has attempted to address this issue with the inclusion of acupuncture treatment in relation to pattern diagnosis, as a rigid acupuncture treatment formula applied to the PCOS population may be inappropriate due to the heterogeneity of the condition (Barth et al., 2007). In order to reduce bias in the symptom pattern diagnosis only one acupuncturist is suggested to conduct the preliminary interviews. This however, may be difficult and costly to include in the program because of the time needed to conduct a full consultation and the accompanying paperwork.

#### *Recruitment of participants*

Potential participants in this study represent a population of women who may be more confident in

managing their disorder as they would need to be actively visiting specific support websites as well as regularly visiting a health provider to in order that

they are alerted to the study. Other women not in this environment may not be so sure about the PCOS future implications and may hesitate to apply. The age range of the participants excludes younger patients on the verge of diagnosis as well as an older age group who may not be internet literate (Avery and Braunack-Mayer 2007).

#### *Potential Analysis Problems*

Participants currently taking medication for PCOS as well as the stage in their condition may bias results e.g chronic condition or recently diagnosed. Excluding women in this group however would seriously limit the potential amount of participants. Also, the acupuncture points suggested for this protocol have many different actions and as such the trial may unintentionally affect the symptoms associated with PCOS.

#### *Is it possible to increase the HRQoL of this population?*

Measuring the outcome of the study into the treatment of acupuncture for anxiety and PCOS may be more difficult to establish as opposed to a trial investigating the treatment of pain symptoms – mainly because of the psychological aspect of the trial which is subjective by nature. As the link between the two conditions is still relatively recent in the Western Medicine, obtaining a viable link through the study may prove difficult but using the STAI will aim to make this possible.

#### *Funding*

Funding for the trial may not be granted if the costs of conducting the study are more than the current costs of treatment to the NHS. However, the heterogeneous nature of PCOS can require many different types of medical intervention and imply massive cost requirements.

### **Conclusion**

Undoubtedly, acupuncture has a positive effect on treating the conditions of anxiety and PCOS in isolation and there is an obvious unmet need for research into the treatment of anxiety in women with PCOS. Because of the scale of the problem, heterogeneity, diagnosis and management of PCOS, and the subjective psychological implications in relation to conducting the proposed trial, researchers may be deterred by the large amount of work involved in recruiting and maintaining this population.

It is known that the symptoms of PCOS as separate conditions alone are enough to cause considerable psychological distress to women (Balen et al. 2005). What is clear however is that until recently, women with PCOS have not been given the opportunity to have the commonly accompanying psychological symptoms such as anxiety acknowledged, let alone treated (Barnard et al. 2007). With such a large percentage of the World's female population known to suffer from the disorder this represents an area of huge opportunity for further research.

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## 澄清对太极拳的一些误解

罗若茵

**摘要:**本文从太极拳产生的历史和文化背景以及目前的发展状况,说明太极拳与宗教没有关系。同时论述太极的真正涵义,即充满生机的混沌状态。阐述了习练太极拳的具体身心要求,以及其对防治疾病防身自卫的作用。提出了太极拳已经成为中国传统医学中帮助患者康复的一部分的观点。

我是一名医务工作者。在英国(北爱)的几年行医过程中,因为我知道习练太极拳对人体机体和精神的调摄都有莫大的帮助,所以常常鼓励病人做些太极拳运动,但迎合者寥寥。原因当然是多方面的,如感觉太极拳很陌生,初期动作学习困难等等。但不能忽略的一个主要原因是,很多人把太极拳与宗教紧密联系在了一起,认为习练太极拳就是对原有信仰不够忠诚,甚至是否定。于是乎避而远之,偏激者甚至出言指责他人习练,结果很多人失去了提高健康水平及康复疾病的机会,同时也失去了提高自身防卫功能的机会,这就很可惜了。

每个人都有自己的信仰,这是人活着的一种精神支柱,于是我们必须赋予信仰以神圣和尊严。我信仰生命的神圣和尊严,同时我相信这与上帝的旨意不相冲突。我要告诉大家的是,太极拳的练习有益于健康长寿,太极拳与宗教无关。

太极拳本质上来讲是产生在东方的一门武术,它的起源和发展都根植于民间,与老百姓的求生存求发展联系在一起,这与其他成百上千流派的武术的产生与发展的原因没有区别。同样在数千年中华文化的哺育中,武术或多或少地跟文化相互交流成长,最后把自己变成了一种文化,所以有人把中华文化大致分成儒佛道医武五类。太极拳本质上又是一门民间文化,这种自卫保健的武术文化,大约两百年前是以家族性来流传的,且传男不传女,以保证不致外泄。这在很久之前的相对恶劣的生存环境中以保证家族竞争力是很有必要的。具有记载的资料来源,太极拳起源于约三百年前河南温县陈家沟,是由其他门类的武术经过提炼,并结合古典哲学与传统医学理论发展而来,它本是陈氏家族门内的自卫技术。

太极拳本不称太极拳,大约在一百六十年前称它为绵拳或十三势等。自太极名家杨露禅学拳于陈家沟,扬名于京城(打遍京城无敌手,故又称杨无敌),有人见他双手弧形运动,如手揽圆球,且其或快或慢或刚或柔或左或右,有如太极之阴阳变化,而太极图是一圆形,故私下认为是对太极的一种演示,渐渐地就被大家称之为太极拳。在之后的一百六十年内太极拳的传承与发展虽不象以前那样具有严密的家族性,但仍以陈,杨,吴,武,孙及赵堡几大家族派别为主。虽然它们各有特色,可都基本宗于陈氏拳架。近五十年来,中国政府为了淡化家族性,便于太极拳更普及于广大民众,促进健康保健事业的发展,利于提高竞赛水平,于是组织人员编写新的套路,如8, 16, 24, 42, 48式等套路,有人戏称为太极操,但其保健作用仍不可忽略。

太极一词,在古义中指,宇宙太虚中央,是一名词。而后又用来描述从无到有的混沌状态,如道德经中所述“道生一,一生二,二生三,三生万物。万物负阴而抱阳,冲气以为和。”其“一”即为太极,是以区别于无极,但又未分为阴阳之二的中间状态。但肯定的是其气为“和”,无和则无生机。现代人望字生义,经常把太极翻译成极致,极端,高级,顶端,最好的意思,实在是误解其本意,太极状态是阴阳未分之前的混沌状态,但又充满生机。那种状态充满了各种各样的可能性,但从外表又不能分别出端倪来,无法判断其变化趋势或方向。因为无法预测,也即无法左右其变化,也即无计可施,只能任其发展。但其他非太极状态是可察觉和预知其变化的。如果长期保持这种人不知我,我独知人的状态,从较技来讲你已经赢了。对身体本身而言,“冲气为和”的状态中,由于有机体的自组织性,必然引起机体的内部向有序化转变,更健康便随之而来。

这样来说,练习太极拳的基本要求就已经很明确了。你的架势必须不偏不倚,中正安舒。任何时候都要做到能开能合,能升能降,能左能右,能前能后,能快能慢,刚柔相济,呼吸和缓,意识的松紧要恰如其分,即如行云流水中八面支撑,意贯全神而气归丹田。换句话表达即身体虚领顶颈,含胸拔背,松胯圆裆,虚膝松踝,重心平均分布于脚掌,重心意识扎根地面;行拳走架,需伸筋拔背,随曲就伸,棚劲不丢,用意不用力;渐入佳境,则潮涨潮落,一片神行。坚持习练太极拳,初学者则能经络疏通,气血流畅,加强了韧带肌肉肌腱的柔韧性,还能不同程度地增强骨密度,从而预防与治疗腰腿关节疼痛。习练日久则内气充足,脏腑敦实,习练者自觉食欲改善,睡眠质量提高,成天精神抖擞,且诸多疾病不治而愈。臻化入境则自觉恬淡虚无,其乐融融,相应人生观更积极健康,变得更睿智聪慧。那才是真正的享受人生,如入仙境。当然此时用太极拳进行防护自卫则自是不在话下。

现代太极拳显然更偏重于健康保健防病治病。由于理论基础与操作方法均与中医中的气功与导引如出一辙,所以说太极拳与中医学已经密不可分,或者说它已成为中医学的一个部分。这就是为什么中医师常劝导病人习练太极拳,以增强机体自愈能力,提高康复速度。而传统太极拳相对偏重于防卫能力的提高。事实上,当习练太极拳到了一定水平,自卫与健康是密不可分的。



# Taijiquan: Clarifying the Misunderstandings

Ruo Yin Luo

**Abstract:** This article suggests that Taijiquan has nothing to do with religion. The aim in this paper is to dispel the myths surrounding the art by discussing the historical and cultural background and the current state of the development of Taijiquan. At the same time, it will discuss the true meaning of Tai Chi; a 'chaos' full of vitality. The paper will describe the physical and mental requirements of practicing Taijiquan. In addition, the role of Taijiquan in the prevention and treatment of disease and its capacity for self-defence will be reviewed. Finally, the paper will highlight the point of view that Taijiquan has already become part of Traditional Chinese Medicine to help patients in their rehabilitation.

## Introduction:

I am a medical practitioner. During my years of practicing Traditional Chinese medicine in UK and Northern Ireland I have been encouraging my patients to learn and do Taijiquan exercises. I do this because I know very well the great benefits of Taijiquan on both mental and physical health. However, the response to my advice has been varied with only a few patients accepting my proposal. Of course there are many reasons for this, such as feeling anxious or fearful about the challenge of taking on something new and unknown, the difficulties of learning specific moves, and so on. But one of these reasons which we cannot ignore is that some people link Taijiquan with religion. Therefore exercising Taijiquan has been regarded by people as being disloyal to their own religion. So they have been shunning it. Extreme cases may even verbally criticize others practitioners of Taijiquan. Therefore, lots of people have lost out on one of the opportunities to improve their health and to rehabilitate from disease. They have also lost a chance to improve their own defence capacity. This is a great pity.

Taijiquan has nothing to do with religion.

## Taijiquan – What is it?

In the essence, Taijiquan is a kind of martial art originated from China. It has been created and developed by normal people in the society. According to written record, Taijiquan has been created in Chenjiagou in the Henan province in China about 300 years ago. It has come to be a kind of modification based on other kinds of martial arts and been developed by the integration of the classic Chinese philosophy and traditional Chinese medicine theory. It was a self-defence fighting skill to be kept inside of the family.

Taijiquan reflects the desire of people for health and survival. In this respect, Taijiquan is no different from any other of the many types of martial art. Being cultivated in Chinese culture for thousands of years, martial art has been interwoven with culture and gradually turned out to become a certain kind of culture itself. Therefore there is recognition that Chinese culture

has comprised Confucian, Buddhism, Daoism, Medicine and Martial art.

Taijiquan belongs, in essence, to folk culture as well. About 200 years ago, it was handed down from father to son. The male inherited the knowledge only. This was to make sure that this art wouldn't be leaked out to other families. In my opinion, it was necessary for families to keep their competitiveness in the relatively disadvantageous circumstance of that time.

## The Gradual Development of Taijiquan

Taijiquan was not the original name. About 160 years ago, it was called "Soft Boxing" or "The Thirteen techniques". This was the time when Yang Luchan learned the art from Chen Jia Gou and won his fame in the capital. (He was undefeated and consequently became known as Unbeatable Yang). When he was exercising Taijiquan, his hands were moving in a circle like holding a ball, sometimes fast sometimes slow, sometimes strong sometimes gentle, sometimes left and sometimes right. Just like the Taiji diagram, the constant change of Yin and Yang. The Taiji diagram looks just like a circle comprised by two half-circles which stands for Yin and Yang respectively. Therefore, there is an unofficial saying that Taijiquan is a kind of variation of Taiji. Gradually the name of Taijiquan has been widely accepted as its formal name.

During the 160 years afterwards, the heritage and development of Taijiquan wasn't strictly within families as imagined, but more centered around a couple of important Taiji families such as Chen, Yang, Wu, WU, Sun and Zhaobao. Although each of them had their own features they all basically originated from Chen style. Within the last 50 years the Chinese government have organised relevant experts to compile some new sets of Taijiquan, such as 8 forms, 16 forms, 24 forms, 42 forms 48 forms etc. This was to popularise Taijiquan in society and to assist the health maintenance and improvement by diluting the familisation in the inheritance of Taijiquan. But those new official sets of style have not been acclaimed as expected and mocked as 'Taiji gymnastics'.

In my opinion, the benefits of the different forms in improving people's health are undeniable.

### **Taiji: The Centre of the Universe**

Taiji, in the ancient literature, means the centre of the universe (Taixu). It was a noun originally used to describe the status of universe—chaos, which is from emptiness to the existence. As the description in the ancient classic book Daodejing: The Tao produced One; One produced Two; Two produced Three; Three produced All things. This harmony is the very essence of the existence of everything. The One here stands for Taiji which is different from Wuji and the in-between status from Wuji to the presence of Yin and Yang. Therefore the harmony status is crucial for the cultivation of vitality. Modern people have often literally translated Taiji into The Ultimate, Extreme, Advanced, Top, Best. There is a misunderstanding of its true meaning. The status of Taiji is the state of chaos which is before the division of Yin and Yang and full of vitality. Because of the dynamic characteristics of Taiji, it is full of possibilities, changes and vitality. The intentions cannot be read from the surface. Therefore it is very difficult for the opponent to anticipate the next move, then hard to intercept the next move. The result is that the opponent has no choice but to let it be. If one is able to keep this status of 'being unknown but knowing' at a certain point the opponent is doomed to be beaten. The theory that harmony is the natural existence of the world is also true to the human body, and whilst it is in the status of being in harmony, it's very essential ability of self-organization will transform it to a more orderly degree. Therefore good health will follow accordingly.

### **The Practice of Taijiquan**

Based on the outline above, the basic requirements for practicing Taijiquan are very clear. The movements must not be tilted or contorted. It must be natural and comfortable. The exerciser must be ready at all times to make the next move, for example, stretching out or drawing back, up or down, left or right, forwards or backwards, fast or slow, strong or gentle, and keep the breath rhythmic and slow at the same time. The aim is to keep the mind clear and peaceful and the movements just like the flowing water or flying clouds, but full of strength in every direction. Allow your Qi to flow to every part of your body but eventually lead it back to the energy centre.

The specific movements in Taijiquan are as follows:

- relax the neck and stretch it up; loosen the shoulders, drop the elbows
- shrink the bosom and straighten the back, suspend and wrap the crotch

- relax the knees and ankles, distribute the weight evenly on the two feet and imagine your feet penetrating deep inside the ground like the root of a tree
- During the movements, extend the body as much as you can but not extreme to the degree of being stiff
- Always leave room for movement and be aware of warding off the outside
- *All this should be done by the mind instead of hard strength.* Eventually you will become attuned to the internal rhythms and will feel flow and ebb inside your body; you just need to follow it.

### **How does the practice of Taijiquan contribute to health and well-being?**

Regular practicing of Taijiquan can clear the meridians, activate blood circulation and facilitate Qi. For beginners, it improves the flexibility of muscles and tendons, increases bone density and prevents all sorts of pain problems. With time, the exercisers will have sufficient inner Qi and stronger organs. They would have a better appetite and improved quality of sleeping. Therefore they have higher energy all day long, be very healthy, active and full of confidence. When close to perfection, they would feel peaceful, tranquil, and enjoy life to its fullest extent. Their view of life becomes more healthy active and wiser. This really means they would be able to enjoy life to the perfect level whilst also benefitting from a greatly improved self-defence capability by practicing Taijiquan. Traditional Taijiquan had been more focused on the self-defence function but at a higher level the self-defence function and healthier status will definitely come together.

Everyone has their own beliefs, which is a spiritual pillar of human living. Therefore one must bestow the sanctity and dignity to one's belief. I believe that life itself has sanctity and dignity. I believe strongly that Taijiquan is very helpful in keeping healthy and increasing longevity.

### **The Art of Taijiquan – integrated in Traditional Chinese Medicine**

Nowadays, Taijiquan tends to be used as a tool to assist in keeping healthy and for the prevention of diseases. It's basic theory and practical skills are interwoven with Qigong and Daoyin and as a consequence Taijiquan has become integrated part of Traditional Chinese Medicine. That is why Traditional Chinese Medicine doctors tend to recommend Taijiquan to their patients as an aid for improving their self-healing ability.

## Traditional Chinese Medicine 'Makes Fertility Treatments More Effective'

By Claire Bates

<http://www.dailymail.co.uk/health/article>

Traditional Chinese medicine has long been used to ease pain and treat disease.

Now researchers have found it can also boost fertility if used in combination with fertility treatments.

A team led by Dr Shahar Levi-Ari from Tel Aviv University compared the success rates of couples using intrauterine insemination (IUI) both with and without Chinese herbal and acupuncture therapies.

IUI involves a laboratory procedure to separate fast moving sperm from more sluggish sperm.

The fast moving sperm are then placed into the woman's womb close to the time of ovulation when the egg is released from the ovary in the middle of the monthly cycle.

The results, which have been published in the Journal of Integrative Medicine, show a significant increase in fertility when the therapies are administered side-by-side.

When combining IUI with traditional treatments, 65.5 per cent of the test group were able to conceive, compared with 39.4 per cent of the control group, who received no herbal or acupuncture therapy.

The scientists said the method is as 'close to nature' as possible and can be used by women employing sperm donors, or after a partner's sperm is centrifuged to enhance its motility in the uterus.

Dr Lev-Ari said he had long been interested in how Chinese herbal and acupuncture therapies could work to boost Western-style fertility treatments, contributing to an increase in conception and take-home baby rates.

In a retrospective study, his team followed the progress of 29 women between the ages of 30 and 45 who were receiving IUI treatment combined with TCM therapy, and compared their results to a control group of 94 women between the ages of 28 and 46 who were undergoing IUI treatment alone.

In addition to their IUI treatments, the 29 women in the first group received weekly sessions of acupuncture and a regime of Chinese medicinals, which consisted of powdered or raw Chinese herbs such as PeoniaAlbae and Chuanxiong.

All herbal preparations were approved by the Israeli Health Ministry.

Out of the 29 women in the test group, 65.5 percent conceived, and 41.4 percent delivered healthy babies. In the control group, only 39.4 percent conceived and 26.9 percent delivered.

The vast difference in success rates is even more surprising when the age of the average participant was taken into account.

The scientists noted: 'The average age of the women in the study group was 39.4, while that of the control group was 37.1. Normally, the older the mother, the lower the pregnancy and delivery rates.'

There are several theories as to why Chinese medicine can be beneficial to fertility rates, including the possibility that herbal remedies and acupuncture can affect the ovulation and menstrual cycle, enhance blood flow to the uterus, enhance endorphin production and induce calm.

Now that the researchers have established that traditional remedies can have a major impact on the success of fertility treatments, they plan to design randomised clinical trials, including placebos, to further validate their initial findings.



## 影响针灸临床效能的四大因素

来源：互联网

<http://www.tcm100.com/Article>

阅读当代权威针灸杂志《中国针灸》今年一期论坛《针灸研究应依从于临床研究》，这篇论文深刻揭示了现代针灸界的现状，他说“针灸效果肯定，效能有限，效价优劣势”

“我们说效果肯定，但针灸效能确实有限的，其缘由是我们现在所处的世界，现代科技发展日新月异，现代医学高度发达，传统医学领域的中医药和针灸都无法与之全面抗衡，现代医学临床研究模式以对大部分疾病的成因，病理，治疗干预手段进行了全面深入研究，治疗手段和方法也被大多数人所接受，而针灸所涉及的病种，不论是 WHO 所推荐的治疗种，还是我国专家通过研究所了解的目前针灸适宜病种，都表明针灸治疗的病种是十分有限的。换言之，目前针灸能够单独治愈的病种是很有限的，。。。。。。在整个医疗市场份额中，针灸治疗的比重无疑是十分有限的，造成针灸治疗在社会上的影响力有限，因此，我们说针灸的效能有限。”这些论点确实反映了现代针灸的实际，然而却远远脱离了传统针灸的本质。

《灵枢》第一篇有这样一句话“夫善用针者，取其疾也，犹拔刺也，犹雪污也，犹解结也，犹决闭也，疾虽久犹可毕也，言不可治者，未得其术也。”那么古人说的话是不是欺骗后人，绝对不是，造成针灸现状的因素有以下几种，第一，针灸临床的指导思想不正确。第二，针灸教学脱离实际，拉花架摆样子。第三，玩弄针灸，或把针灸当幌子。第四，缺乏独立的适合针灸特点的思维判断，被表面的东西牵着鼻子。

第一，指导临床针灸的思想不正确，方向不明确。全国大学针灸教材对针灸概念是这样说的：“针法就是刺法，指采用针具，运用手法，刺激人体一定部位（一般是腧穴），以流通经络，调和气血，从而防治疾病的方法”。“灸法，是指点燃艾绒（或其他药物）制成的艾柱或艾条，熏灼、熨烫体表一定部位，以温通经络，调和气血，防治疾病的方法”。“针法灸法学是研究各种刺法和灸法的操作方法、临床应用及作用原理的一门科学。”运用这种思想去研究和指导针灸，处处格式化，模式化，死板硬套的教条方法又怎能使中国针灸走上正确轨道呢？

《针灸甲乙经》开篇“精神五脏第一”为针灸学习和研究奠定了基础，指明了方向，熟读本篇令人感叹，古圣先贤的天人合一理念是经得起沧桑变迁和时光验证的，这远远不是现代物质科学所能突破的，我们必须虚心向古圣先贤学

习，从中体味针灸的本质，用空间思维去领会人体病症的各种变化，从而掌握针灸技术的精华。放着先贤的完整理论不去学，单单从物质有与无，科学不科学去入手，处处格式化，模式化，把针灸研究进了令人苦笑不得的死胡同，返回头来便说：针灸效能有限，用处不大，这是一种对针灸发展极不负责任的说法，如果用这种思想去指导针灸，势必影响中国针灸未来的健康发展。这是一种非常可怕的错误观点。《甲乙经》开篇第一句明确指出“凡刺之法，必先本于神”法是什么？法是圆机活法，因时，因地，因人灵活掌握，合理运用，与用兵作战，必须细心观察，认真研究，运筹帷幄，从容镇定于心，灵活应对于外，这样才能以不变应万变，所以针灸本无定法。本是什么呢？本就是自己，要在日常生活中时时刻刻提高自己的涵养，修正自己的身心提高自己的技术。神是什么？就是把人体与天地，阴阳，五行融会贯通，出神于化的观察和治疗疾病，先求充实于本，而后施法于人，如果能够达到这种地步，古人所说“夫善用针者，取其疾也，犹拔刺也，犹雪污也，犹解结也，犹决闭也，疾虽久犹可毕也，”这是完全做得到的。现代的学者个个都比古人聪明，费尽心思的在病人身上找神，这不是令人可悲可叹的吗。

“凡刺之法，必先本于神”？神无定神，法无定法。“顺四时而适寒暑，和喜怒而安居处，节阴阳而调刚柔。”《针灸甲乙经》为我们展现非常广阔的思维空间，是指导针灸临床的唯一理论思想。我在民间针灸三十年，不用任何中西药物，不用任何医疗设备，诊断设备，一把艾叶一把针，年复一年老老实实用古人传统针灸思维方法，治愈了许多常见病和疑难病，到现在每天都有很多人来接受针灸治疗，对此深有体会。

第二，针灸的格式化和模式化教学，必将断送中国针灸的传统命脉，使中国针灸后继无人。针灸教学处处作秀，拉花架摆样子，而不是从自身实践中去体会针灸，把学生套死在经络和穴位里，套死在各种各样的方法里，使他们踏入社会无所适从，很难有所建树。使当前针灸队伍后继乏人，而许多格式化论文也都落在猫狗老鼠堆里，毫无学习利用价值，这难道还不能引起针灸学者们的深刻反思吗？

世间事物能够用文字表达的大多数都是糟粕，传统中国针灸精华多而糟粕少，其精华非耳提面命不能传授，用文字虽千言万语也很难完整表述。一个人接受一次针灸，你有一次的感受，接受你一百次针灸，你有一百次的感受，接受

三年或多年,则使自己感受更加深刻。现代针灸教学把古人精华删去,留其糟粕,又怎能培养和造就出肩负民族希望的针灸人才呢?《三字经》上说,“教之道,贵以专”一个人的精力毕竟有限,要想培养出象样的针灸人才,必须以古人的经典为主,一门深入,不夹杂教学,从中培养学生兴趣,使学生切实领会古人在研究人体脏腑空间信息领域业绩,完整继承,发扬光大。培养学生专心致志,宁静致远,勿急勿躁,功到自然成。如果这样中国针灸的未来必将在医疗领域大放异彩。孟子所谓大匠诲人,能教人规矩,不能教人巧。圣人著书立说也是与此,而经络和穴位在人体的标定,也是圣人为了教导后人传授治病方法而潜心设定的。为方便说。其在身体内部时出时没,时隐时现,初学时很难掌握。十二经表十二节,十二气,十二地支。。。。如手太阴肺经,太阴为月,自己本不发光而明亮,虽亮而寒冷,其节如立春寒气虽盛,已到尽头,温暖呼之欲来,时在凌晨三至五点,月挂西天金鸡初啼,如立春节至人气先入肺,雨水气至云门开而魄户动,吐故纳新,蠢蠢欲动之象,如手阳明大肠经,惊蛰节至,太阳初升,万物萌动而天地空阔,时在五至七点,惊蛰节至犹旭日东来,光明温暖无处不在,肠腹空而人气至,如春分气至,商阳来而沐浴使一体面目更新,天地光明处处生发之气,欲饮欲食使足阳明而春意盎然●●●●●包含无数空间信息。任督二脉表天地,昼夜,阴阳,●●●●●穴位是经络的标志,也同样包藏天地万事万物的无数空间信息。接触浅显时容易被其所困。所以教要活教,学要活学,针灸是没有秘方可教的,有人到我这里学扎针,处处记到本子里,结果回去不好用,我说,你这样往死里学永远学不会。从前民间有不少针灸高手,现很小了,大学生拿不动针的太多了。

针灸作为当今社会最安全的绿色疗法,它与现代中西药相比,不必口服,不必直接进入血液,而可以从体外直接对发病部位进行有效干预,从而取消了口服消化对身体原有本能带来的不良作用,它与手术相比,不用药物麻醉,不破坏身体任何器官,而完完全全调动人体自身机能将病灶一点一点从体内排除,使人体机能很快恢复和谐,本着这种观点去思考和指导教学。我们就会打破当前针灸面临的尴尬局面。

第三,玩弄针灸,或把针灸当幌子。在科技高度发展的今天,人们迷信西医,迷信科技仪器,迷信西药,因而西医大有一统天下之势,藐视中医玩弄针灸的现象在社会上处处可见,一些的医疗单位可供针灸用的房间和床位极少,西医治坏了,没办法了,就推给针灸科,针灸则成了为西医擦屁股的工具。试想较高毒副作用或经络气血严重损伤情况下,针灸又能出多大效果呢?即便有效也无功。这其实就是在玩弄针灸,而许多针灸师不从提高自身能力入手,为增加收入也学着卖检查,卖仪器,以针灸为幌子,破坏针灸形象,损害了针灸自身效果在人们心目中的地位。而个体医疗者挂

针灸牌子,但吊瓶挂西药开,推拿做,又针又灸,眉毛胡子一把抓,病好了不知如何好的,不好也不知什么原因,从另一方面讲,传统中医理论如果原封不动,死刻板板的搬到现代人面前,那肯定是不被人们接受的,在此情况下,针灸师必须大胆借鉴现代医学成果,和空间技术和生物技术成果,将其灵活生动的融汇到传统针灸理论中,创建具有特色的针灸思维方法,让广大患者易于接受,例如:《灵枢》“躁厥者,必为缪刺之”用这句话治疗脑血管意外引起的偏瘫,选定健侧穴位象用电脑一样,设想大脑内部一侧程序瘫痪,我们选定健侧上肢曲池,手三里,外关,合谷,下肢足三里,阳陵泉,三阴交,太冲。再辅助患者慢慢进行患侧肢体活动,将健侧运动程序重新拷贝到患侧大脑里,语言功能障碍者,采用手势语言诱导法,一个字一个字在大脑中重新复制,这样会使病人康复效果非常理想,用这种思维方法向病人解析,很易为大众理解接受。艾灸时我们设想艾所产生的光和热会像太阳一样,能够促进人体内部对钙和维生素的合成吸收,万物生长靠太阳,人体内部同样如此,当体内发生光不通,热不通,气不通,水不通,声不通,电不通等现象时,便会发生各种各样的病症,局部问题同样会造成整体问题,艾灸除能够为人体的加热,温通经络外,还能够清除和抑制体内垃圾,促进代谢,使体内正常细胞成长加快。现在电脑的安全运行,需要杀毒软件,毒是什么?不是细菌而是错误的程序,人体其实也是这样,众所周知,人体内部经络空间存在着比电脑不知多多少倍的信息量,一旦受到干扰就会出现错误,如类风湿,高血压,糖尿病,过敏性哮喘,等等都是身体内部信息长期受到干扰而引起的,当排除这些干扰后身体就会很快恢复健康。

如我用40毫米长直径04毫米针,沿鼻两侧梨状孔直刺深达中鼻甲底,耳下两侧当医风穴位处直刺透达扁桃体,头至上星透囟会,预防和治疗感冒我称其为“金山毒霸”其用意是,咽喉区域为人体第一门户,舌咽腭三大扁桃体,是人体的三大警卫团,所有进入人体的气体饮食都必须经过他的严格审查,刺激这些地方可以调整和激发这些部位潜在能力的发挥,上星透囟会,可使人体发挥以往抗病经验,再配合肢体一些穴位,如曲池,合谷,足三里,太冲,天突,中脘等,留针一小时,治疗三五次而痊愈,其后经年不犯。鼻部进针时嘱患者睁眼可有泪水涌出,取针时要坐起,可有部分血液流出,用卫生纸接住,切勿止血一会自停,耳下取针时可有奇痛,可用艾条悬灸此处,嘱患者张口闭口一会痛止。又我在患者身上常用艾灸或拔罐留下创伤面,有时在同一部位连拔或灸七八天,人见后很害怕,我说这是在做军事演习,有不小病症用此法很快治愈。皮肤在停此施术后三天脱痂,不留一点疤痕,时间长了大家也都愿接受了。所以针灸于用兵,用兵无定法,此时切莫手忙脚乱,大惊小怪,要仔细询问病人以往病史,让其耐心回忆最初有过这种现象的时间起

因，再重新对原有治疗方案稍加调整，很快恢复正常，一个较大的病症其成因往往与跨越几十年前的小小病因有关，由于重现象不中实质的治疗。为引起后来重大疾患留下了祸根，兹在此不予论述，既然找到了各案犯的藏匿窝点，就要下死把动真格的，在病灶周围投入几十针乃至上百针，火针和一些刺激量较大方法，非常适合营养超前过剩的现代人群，而过去那些陈规旧律很难在今天人们的身上奏效。

第四，针灸师缺乏自己对疾病的独立诊断和思考能力，要吗依赖片子化验数据，要吗依赖专家定论，要不就被患者的主诉牵着鼻子，在病人面前无所适从，毫无主见，被患者朝不起，其疗效可想而知。古人所谓“针家不诊”其实并不是不加思索人云亦云的诊法，而是打破其他医生的常规诊断，根据针灸的临床特点把存在于人体内部的所有疾病贯穿到一起，通过正侧仰卧暴露体表，耐心寻找病原，细心观察各种病症的相互关系。恰如其分的制定治疗方法，这是非常重要的。

如有人上患三叉神经痛，中患胃痛，下又腿痛，大便困难，心烦意乱，苦不堪言，西医诊为多种病症，这其实就是典型的阳明病，针灸治疗并不费力，一疗程可大有起色，两疗程可痊愈。现代由于受媒体影响，人人都自以为知道的很多，这种受媒体暗示而引起的过度医疗并发症是非常常见的，过度相信科技依赖药物是不小病人在谈及自身病症时发生偏执，对此不可不加注意，针灸诊断要重实质，不要形式化。

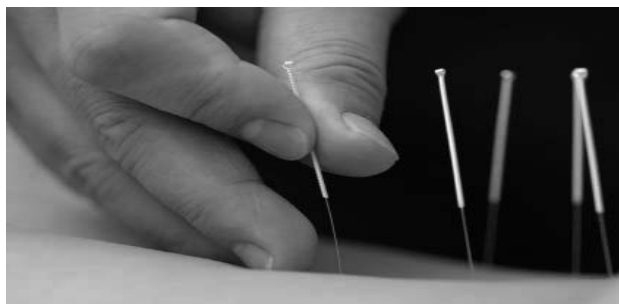
利用针灸临床特点，采用暴露性诊断比切脉和其他西医诊断方法更合理，治疗重任督。此二脉人身之天地，天之阴晴，地之旱涝，人身病症由来，针刺调督脉使人体神清气爽精力充沛，重任脉使四海坦坦荡荡血脉畅通。

而手法方面其实很简单，直刺斜刺平刺灵活掌握，大中小针或一二寸，或三五寸，或七八寸，随病选用，刺血拔罐加灸烤交相呼应，切莫装神弄鬼出怪样，在人身上又发气了又调气了，自以为神乎其神，到后来无大疗效，自招非议，我扎针没有手法，留针一小时以上，期间不行针，到时就，效果同样很好。而针灸的关键在于能分清正气与邪气，能理解人体阴阳，这两项好多人一辈子也糊里糊涂，天地的正气在于他的正直无私，在于他的和谐统一，在于他对善恶的明辩和赏罚。人体也是如此。在治疗过程中，要在各种各样的现象中找到本质，釜底抽薪，从根本上治疗，否则只重表面，

求一时之效，反反复复的治疗耗伤人体正气，这一点要切加注意。而阴阳好比一静一动，犹如水如冰，在身体中水动则为发散，冰静则为守护，相辅相乘非常重要，伤阴伤阳都为大忌。

以上四点是本人从事多年针灸的一点体会，由于本人读书不多学识浅显不妥之处万望见谅。要想培养一批技术过硬的针灸队伍，就必须有足够的相信针灸效能的患者来接受针灸治疗，而做到这点除教育宣传外，针灸师必须具备四种心理素质，第一，心要定的住。第二，理要讲得通，第三。病要拿的准。第四，手要下的去。具备良好的医德医风，是提高技术取得满意效果的关键，不被眼前的名利财色诱惑，从容镇定泰然自若的去应对临床出现的各种症状，在患者心目中留下好的形象非常重要，而耐心细致的与患者沟通，不厌其烦的解析各种病症的形成原因，解析自己采用方法之用意，对消除患者心里误会从而取得满意效果，止关重要，要带着感恩的心，去对待每一个患者，把他们当成教导我们提高技术的良师益友。虚心听取他们的意见，同情怜悯他们的病苦，根据病人描述，反反复复的去寻找琢磨引起疾病的蛛丝马迹，相警察破案从表面现象中深入到实际中，把身体内部堆积如山的案件逐一追查出了，而有趣的是临床针灸所表现出来的现象也恰恰正是这样，尤其是一些造成患者极大痛苦的疑难病，正是有十几个乃至几十个不同类型的病症组合而成的，当正确的针灸方法施于人体后，人体正气随之而来，而与之相应的各种乱象也会聚然而止，刚刚着手治疗的病症稍有起色，新的疾病又接踵而至，大有一波未平又起一波之叹，此时切莫手忙脚乱，大惊小怪，要仔细询问病人以往病史，让其耐心回忆最初有过这种现象的时间起因，再重新对原有治疗方案稍加调整，很快恢复正常，一个较大的病症其成因往往与跨越几十年前的小小病因有关，由于重现象不中实质的治疗。为引起后来重大疾患留下了祸根，兹在此不予论述，既然找到了各案犯的藏匿窝点，就要下死把动真格的，在病灶周围投入几十针乃至上百针，火针和一些刺激量较大方法，非常适合营养超前过剩的现代人群，而过去那些陈规旧律很难在今天人们的身上奏效。

总而言之大胆借鉴，大胆探索与创新。是提高当前针灸临床效能的关键。



## 针灸经典配穴

来源：伤寒网

<http://www.tcm100.com/Article>

### 1、大椎、曲池、合谷

功能：疏风解表，调和营卫。

主治：外感六淫邪气在表诸证、疟疾及一些热病。

方义：大椎属督脉，是手足三阳督脉之会，统全身阳气而主表，凡外感六淫之邪在表，皆能疏解。曲池、合谷乃手阳明原合之穴，主气化而能传导，助大椎而调和营卫，故清里达表。如果身热自汗，则泻大椎以解肌。无汗恶寒，则可补大椎以发表。对疟疾寒热，能调和营卫。于虚劳骨蒸、盗汗，有养阴清热的作用。

### 2、合谷、曲池、外关

功能：清热散风，宣通上焦

主治：头痛、腮肿、耳鸣、耳聋、吐血、鼻衄、手腕及指节疼痛，胸痛等。

方义：曲池性走而不守，合谷升散而上浮，外关为手少阳之络穴，八脉交会之一，又通阳维脉，故能清热散邪。三穴配合，为治头面、五官诸证属实者，确有效验。

### 3、合谷、复溜

功能：发汗、止汗

主治：用于表虚表实之汗证（自汗、无汗）

方义：复溜属肾经经穴，补之可温肾壮阳，卫外固表，泻合谷可清气分之热，热清表固而汗止；补合谷轻扬走表而托邪，泻复溜玄府不固，故而汗出。

### 4、百会、水沟、风府

功能：醒神开窍

主治：一切卒急昏厥

方义：百会为手、足三阳与督脉、厥阴肝脉之会，具有通阳安神，缓解厥阴筋急，清醒头脑之功。水沟为督脉和手足阳明经之交会穴，督为诸阳之海，阳明为多气多血之经，泻此穴具有通泄督脉，清理阳明，调整气机，开窍救急之功。风府为足太阳经、阳维脉和督脉之会穴，刺此穴，以搜脑府之

风邪。三穴相伍，能是关窍立开，随之苏醒，言语自如，转危为安。

### 5、肩髃、曲池（治上肢之主方）

功能：疏通气血，搜风除湿

主治：凡一切经络客邪，气血阻滞之证，如中风，偏枯，诸痹等上肢疾患。

方义：二穴俱属手阳明，肩髃卧针能疏通，曲池走而不守，故上肢一切经络客邪，气血阻滞之证皆可治之。

### 6、环跳、阳陵泉（治下肢之主方）

功能：疏筋利节，调和气血

主治：中风偏枯、诸痹不仁、痿废不用等下肢疾患。

方义：两穴均属足少阳经，能舒通宣散。阳陵泉又是筋会，具有舒筋利节之功，环跳搜经络之风，二穴相应，相得益彰。

### 7、曲池、阳陵泉

功能：舒筋利节，清利疏泄

主治：上下肢麻痹，胸胁疼痛，热结肠胃之腹胀便秘。

方义：曲池、阳陵泉居肘膝之处，皆属大关节，肘部曲池行气血通经络，清肺走表。阳陵泉又能舒筋利节，泄肝胆清里，是方功能宣通下降，又能分浊泻火，肝肺气郁胸胁作痛，或热结肠中及胃，腹胀便秘，借之清利疏泄。

### 8、曲池、三阴交

功能：清热凉血，祛瘀生新

主治：妇女经闭，崩漏带下，积聚毒疮，诸般肿痛，痈疽热厥。

方义：曲池性游走通导，善清热搜风，三阴交为三阴经之会，属肝脾肾之枢纽，为治疗血分要穴。两穴配伍，则血分之瘀滞、热毒自清。

### 9、足三里、三阴交

功能：益气养阴，健脾补虚



主治：脾胃虚寒、纳谷不香、饮食不化、食少纳呆、形瘦身弱、或呕或泻，腿脚麻木、疼痛。

方义：三里升阳益胃，三阴交滋阴健脾，乃虚损治疗不可缺少。胃强脾弱，阳亢阴亏，补三阴交而泻足三里，为补阴之中兼行清浊。又阳虚气乏，风湿客邪成痹，腿胫麻木疼痛时作，一以振阳，一以和阴，则有舒筋理痹之功。

#### 10、阳陵泉、足三里

功能：调和肝脾，舒肝健胃

主治：肝胃不和之症，如吞酸口苦，泄泻呕吐，下肢痿痹。

方义：阳陵泉为胆经合穴，泻之以肃清净之府，平肝火之上逆，胆府清疏，胆汁入胃，化食消滞；三里为胃府合穴，泻三里，以导胃中之浊气，使其浊阴得降，清阳自生，两穴配伍，对肝胃不和之症，用之有效。阳陵泉为全身之筋会，大有舒筋利节，搜风祛湿之力；足三里有通阳活血渗湿散寒之功，固又可治诸痹、膝关节痛、筋挛历节、痿痹脚气。

#### 11、合谷、太冲

功能：宣导气血，镇肝熄风

主治：癫痫狂邪各症，手足抽搐，小儿惊风，中风昏迷、口禁不开等。

方义：合谷属手阳明原穴，为阳主气；太冲属足厥阴原穴，为阴主血，两穴皆为气血通行之关，故为治气血失常疾病之主方。

#### 12、丰隆、阳陵泉

功能：降逆通便

主治：大便秘结

方义：丰隆为足阳明胃经之络穴，别走太阴，其性通降，阳陵泉为胆之合穴，亦有沉降之能，二穴同用有承气之功，而无承气之峻猛，治大便秘结，甚为稳妥。

#### 13、气海、天枢（主下腹部疾患）

功能：补肾壮阳，导滞清浊

主治：腹痛、腹胀、肠鸣、泄泻、奔豚、疝瘕、遗精阳痿、小便不利、妇女月经诸疾。

方义：气海为任脉之要穴，是本经脉气所发，生气之海，气血所会，呼吸之根本，藏精之府，故为下焦之要穴。针宜补法，犹如釜底添薪，蒸蒸日上。天枢以分利水谷，吸收精微，传话糟粕，清导浊气，为其所长。两穴配伍，具有振奋下焦阳气，清浊导滞，非常适应于下焦积寒与痼冷。

#### 14、中脘、足三里（主上腹部疾患）

功能：燥湿健脾，升阳益胃

主治：胃中虚寒，饮食不下，脘腹胀痛，积聚或停痰，停食，宿饮，痞块，霍乱等症。

方义：中脘为胃，统治六腑之疾。虚证，用补法者，以壮胃气，散其寒邪，调畅中气。泻中脘者，以疏其滞，胃气降，

脾气升，津液上潮，呕吐等证自除。取三里为臣，为其有升阳益胃之能，可助中脘安胃益脾。泻三里，为其能降浊导滞，而佐中脘以利运行，二穴相合为君臣之方，临床确有殊功。

#### 15、内关、三阴交

功能：养阴清热

主治：治阴虚劳损之症，如骨蒸盗汗、干咳、失血、梦遗、经闭等。

方义：内关清心胸，利达三焦，三阴交滋阴养血，交济心肾，此法确有交济坎离之功。

#### 16、鱼际、太溪

功能：滋肾清肺

主治：虚劳骨蒸、咳嗽、咯血。

方义：鱼际清肺火，太溪滋肾阴，上清下滋，使火不上炎，金不受克，虚劳诸症悉平。

#### 17、合谷、足三里

功能：调理中焦，宣通胃府

主治：清阳下陷，胃气虚弱，纳谷不香，湿热壅滞，秽浊滞于中焦，宿食停饮，腹胀噎秽。

方义：合谷为大肠原穴，能升降宣通。三里为胃经之合穴，补之益气升清，泻之通阳降浊。二穴皆属阳明，一手一足，上下相应，肠胃并调，若清阳下陷，胃气虚弱，纳谷不畅，则补三里，应合谷以升下陷之阳，俾胃气充足而饮食自进。若湿热壅塞，浊滞中焦，这样则蓄食停饮，腹胀噎秽，则泻三里，引大肠合谷下行，以导浊降逆，中气自然和畅。

#### 18、劳宫、足三里

功能：清泻心胃之火，开胸降逆

主治：伤寒结胸，痞闷胀满，噎气吞酸，呕吐干哕，烦倦嗜卧。

方义：劳宫属心包络，性清善降，能开七情郁结，尤能清胸膈上焦之热，导火下行；配足三里，从中焦迫降邪热，上清下降，确为神妙。

#### 19、大椎、内关

功能：调气行水，驱饮降逆

主治：胸膈满闷，喘咳气逆，痰多，胸膈积水等症。

方义：饮为水邪，停于胸膈之间，上逆则肺胀满，胸闷咳嗽喘气逆之症作，然停水总责乎三焦，因它是决渎之官，水道出焉，而三焦乃体腔油膜，运行水津道路，津液蒸发是由三焦下属膀胱，这样则决渎通畅，水无停留之患。大椎属督脉，手足三阳之会，调太阳之气，阳气通行则水自利，且性能宽胸降气。内关穴乃是手厥阴心主之络，别走手少阳，宣心阳而且退群阴，利油膜而通淤塞则决渎畅，饮邪也可自蠲。

#### 20、少商、商阳、合谷

功能：清热解毒，宣肺利咽

主治：太阴阳明热邪内蟠，上结咽喉，咽喉肿胀疼痛。儿科内热上攻烁肺，外感交攻，咳嗽喘逆发烧。

方义：少商为手太阴井穴，其性能宣泻肺热。商阳在指端，为手阳明井穴，能利气泄热。二穴点刺出血，有和里清荣之效。合谷为手阳明原穴，它可消散上焦客热，有釜底抽薪之功。（本方对小儿发热、咳嗽、乳蛾、疳腮等症，见效甚捷。）

## 21、隐白、中脘

功能：健脾补气，升阳举陷

主治：脾阳不振，肚腹胀满，泄泻，中气不足，倦怠乏力，食欲不振，妇女月经不调，经血崩漏，赤、白带下等症。

方义：隐白是足太阴脾经之井穴，此经脉根于隐白，上结于太仓（中脘），有补益脾胃，调理气血之宫。中脘为任脉经穴，胃之募穴，腑之所会。隐白与中脘相伍，既有经络联系，又有脏腑表里相合之关系。故有健脾益胃，补中益气，消食化饮，升清降浊之效能。

## 22、大敦、关元

功能：舒肝温经，调理下焦，驱寒湿，回厥逆

主治：各种疝气，妇人阴挺，腹痛下坠，癰病，遗尿，大便不通。

方义：大敦为足厥阴之井穴，属木。肝主筋，前阴为宗筋所聚。足厥阴肝经，环绕阴器上行抵少腹，挟胃，属肝而络于胆。故能舒肝，补肝，暖肝，疏理三焦气机。关元为任脉和三阴经之交会穴，又为小肠之募穴，为元气之关藏，补能填精益肾，温暖下元。二穴相伍，舒理厥阴之气机，暖肾温经，驱逐下焦寒湿，升阳益气。故疝气等症得愈。（此法治疝气，效果显著。）

## 23、三阴交、至阴

功能：宣通下焦，理气行瘀

主治：难产，死胎，胞衣不下，转胎位，经闭等。

方义：至阴乃足太阳膀胱经之井穴。井者，经气所出，如水之源头。膀胱与肾相表里，灸刺至阴，能理下焦气机，祛瘀生新。三阴交乃足之三阴交会穴，乃是三阴之枢纽，故二穴相合，能理气养血，宣通下焦，益阴而下行。傅青主说：“难产由于血虚”。“难产由于气逆”。气逆而得调理，血虚而得补益，胎儿安能不下。（临床配合补关元、泻足三里，下死胎及效。）

## 24、俞府、云门

功能：肃肺降逆、止咳定喘 本

主治：咳嗽、气喘、胸中闷热、呼吸急促、呕吐纳呆。

方义：云门属手太阴，俞府属足少阴，二穴虽皆居胸之高位，但其经脉行路不同，手太阴肺经从胸走手，足少阴肾经从足走胸。走手者，宣通于上，走足者，敛降于下。咳喘气促之证，其表在肺，其本在肾，肺肾同病。肺受邪则咳，肾虚不

纳，则气不归根而逆上为喘，故取云门，宣通肺气，畅胸降逆，取俞府补肾纳气，敛冲降逆。若加取乳根，以加强宣冲降逆之力，顺阳经气，助云门宣降，俞府敛纳。

## 25、气海、关元、中极、子宫

功能：养血调经，培补真元，补命门，暖子宫，调经带，育子嗣

主治：子宫虚寒，胞门闭塞，久不成孕，阴缩阳痿，腹痛胀满，转胞。

方义：四穴同属任脉，中极之下为胞宫，其任、冲、督脉，均起于胞宫，而出于会阴。任脉由会阴而行于腹，督脉由会阴而行于背，冲脉由会阴而行于肾经，故为一元三歧。气海者，生气之海，元气由存。关元者，男子藏精，女子蓄血。中极者，为足三阴经和任脉之会穴，为胞宫之门户。子宫者，即女子之血室也。故取气海，以益下元；关元，填充精血，中极，调经启闭；子宫，为直取治其标。协同上穴，共行养血调经，培元暖宫之效。

## 26、神阙、气海、天枢、水分

功能：暖脐散寒，回阳益气

主治：下元虚寒，脐腹冷痛，霍乱吐泻，中风，中痰，痰厥，小儿慢惊风。

方义：此五穴，又称肚脐梅花穴。神阙为任脉穴，能通脏回阳救急。天枢为足阳明胃经，大肠之募，化糟粕，分离清浊。气海为元气之海，补肾回阳。水分任脉之穴，健脾利湿，分利水谷。五穴相互佐使，有健脾止泻，温中救逆之功。加天突、中脘，以降气除痰而治呕。

## 27、尺泽、委中

功能：清血毒、散秽邪

主治：霍乱心烦昏乱，上吐下泻，腹痛，泻痢等。

方义：尺泽是手少阴肺经之合穴，五行属水，络通于心，有清血毒之功。委中是足太阳膀胱经合穴，五行属土。暑热之邪，首犯太阳，故刺出血，可治时疫邪毒。两穴位置，一肘一膝，乃大血脉所在处，故能刺出血。风、寒、暑、湿、燥、火六淫及山岚瘴气等疫疠之邪，首犯太阳，传之太阴，故刺两经之合穴，使毒血出。如加金津、玉液，生津止呕；少冲、中冲，宁心安神；如加百会，醒脑开窍；

## 28、十三鬼穴

组成：人中、少商、隐白、大陵、申脉、风府、颊车、承浆、劳宫、上星、会阴、曲池、舌下

功能：开窍化痰，醒脑清神，宁心益智

主治：癫狂

方义：“十三鬼穴”是主治癫、狂症的重要穴位，为春秋战国时期的扁鹊所创。迨至唐代孙思邈又在此穴的基础上，“更加间使、后溪尤妙”，共计十五穴。这些腧穴，已成为历代

医家主治癫、狂症的主要处方。其中取人中、风府、上星、后溪诸穴，以泻督脉之阳邪而醒脑清神；取手厥阴经之原穴大陵、经穴间使，以泻心包络之火邪而宁心益智；取手、足阳明经之曲池、颊车，以疏导阳明之经气而通腑泻热；取手、足太阴经之井穴少商、隐白，以清肺健脾而化痰浊；更取任脉之承浆、会阴，以宣通阴脉之海而滋阴降火。独取舌下中缝（舌者心之苗），以泻心经而开窍清神。如此诸穴合用，共奏开窍化痰，醒脑清神，宁心益智之效。故癫、狂之症，取用“十三鬼穴”，辄获良效。

### 29、大陵

功能：调气止痛

主治：足跟痛

方义：根据“下病上取”，“交经缪刺”，的原理，治疗足跟痛疗效甚佳。

### 30、合谷、中渚

功能：调气通经，舒筋活络

主治：手指屈曲不伸。

方义：合谷属手阳明之原穴，中渚属手少阳之输穴，两穴均位于手背部，所以能够治疗局部的病变。

### 31、足三里、承山

功能：通调肠胃，舒筋化痰

主治：血痔，赤痢，胸腹瘀滞疼痛，霍乱转筋等症。

方义：承山为足太阳膀胱经之穴，其经线由脊背而下行，膀胱和肾相表里，故能和调肠腹，理下焦之气。足三里为足阳明胃经之合穴，其经线由胸腹而下行，与脾相表里，故能疏胸腹之滞气。因此，二穴相伍，能通调肠胃。胃肠和，热毒清，其痢痔可愈。脾胃健，津液生，筋脉得养，转筋即复，瘀化滞消，气血调畅，其疼痛自止。

### 36、环跳、风市、阳陵泉

功能：疏通宣散、祛风除湿、蠲痹除痛、舒筋利节

主治：中风，偏枯，诸痹痛，麻木不仁，痿痹筋缩，痉挛，痿废等下肢疾患。

## 征稿启事

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

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

下期来稿截至日期为 2012 年 8 月 20 日。

## 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](mailto:info@atcm.co.uk). Please indicate "paper for Journal of ATCM".

Deadline of submission for next Issue (Volume 19 Issue 2) is **20th August 2012**.

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