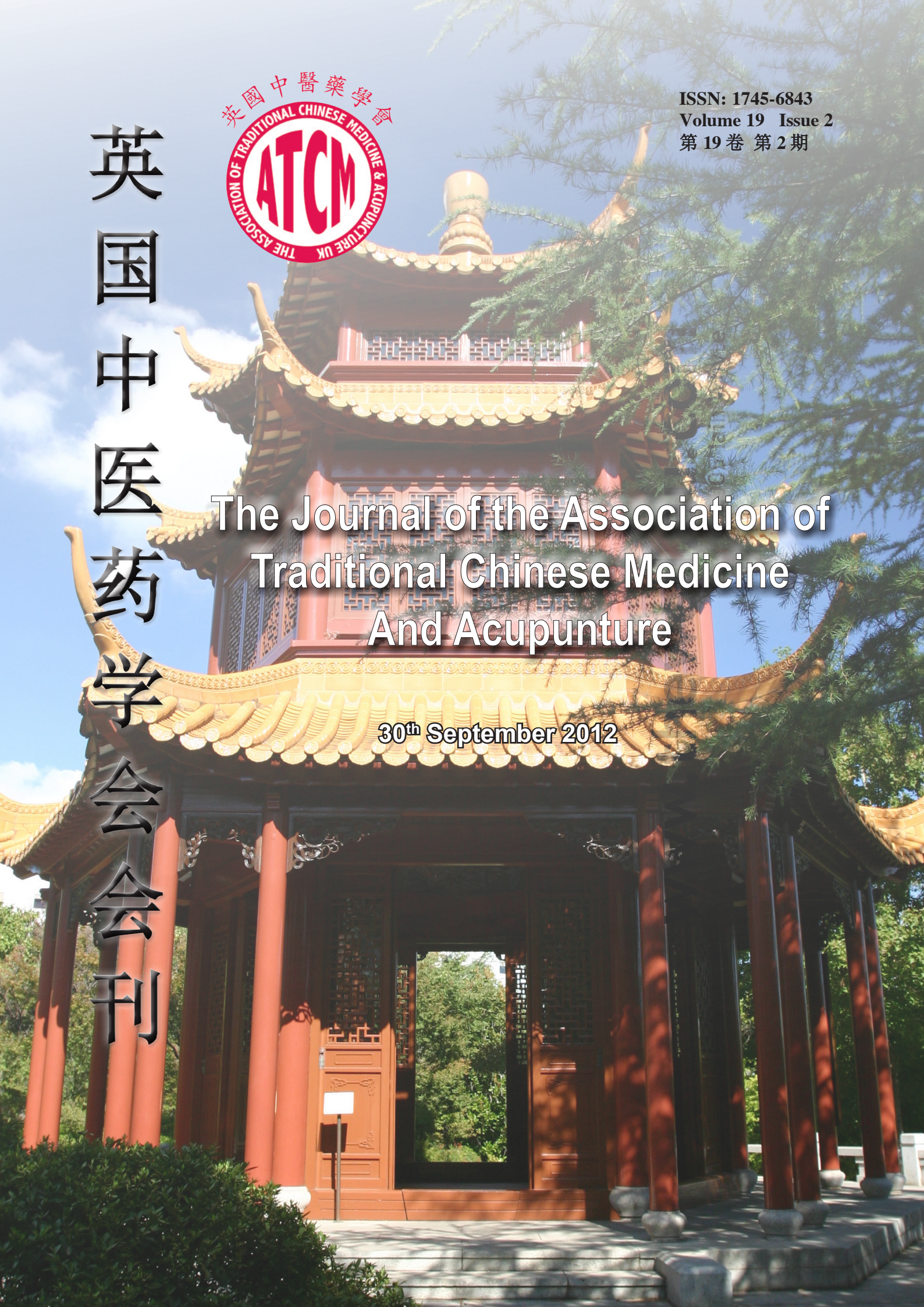

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目录 Contents

Status and potential of acupuncture in management of chemotherapy-induced peripheral neuropathy: a brief literature review

Yang Xiang (向阳)

Abstract: Chemotherapy-induced peripheral neuropathy is one of the most common neurological complications of cancer patient undergoing chemotherapy. Vinca alkaloids, platinum compounds, and taxanes are the most chemical agents caused CIPN in cancer patients. The most common-used methods to tackle the symptoms of CIPN are symptomatic and preventative management. Although different approaches and remedies have been tried, no pharmacological drug has yet been proven to be effective and helpful. As a result, many patients with CIPN are forced to reduce of dosage of chemotherapy or even discontinue potentially curative drugs for their conditions. A retrospective service evaluation of acupuncture in the management of chemotherapy-induced peripheral neuropathy suggested that acupuncture could be an option for these patients with CIPN and controlled trials using validated patient-reported outcome measures are justified. **The author has a hypothesis**: **the location of acupuncture point is essential to the success of acupuncture therapy, not only for CIPN but also for any other acupuncture treatable conditions. Every single point is located at its own specific position and every point has its own property and acts upon a specific tissue, or an organ, or a system or multiple-organ systems.** Therefore by needling different point (s), the imbalanced Qi/Energy would be restored and the Qi/Energy is able to circulate within the channels and organ system smoothly and healthily. The author believes that acupuncture has a great potential in management of CIPN and further studies are desperately needed.

Key words: Chemotherapy-induced peripheral neuropathy (CIPN), management of CIPN, acupuncture, hypothesis on the mechanism of acupuncture.

Introduction

Neuropathy is 'a nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body. It usually begins in the hands or feet and gets worse over time. Neuropathy may be caused by physical injury, infection, toxic substances, diseases (such as cancer, diabetes, kidney failure, or malnutrition), or drugs, including anticancer drugs. Also called peripheral neuropathy (Dictionary, National Cancer Institute. 2012.). Furthermore, chemotherapy-induced peripheral neuropathy (CIPN) describes damage to the peripheral nervous system, the system that transmits information between the central nervous system (e.g. the brain and spinal cord) and the rest of the body, caused by some chemotherapy agents. Commonly used chemotherapy agents associated with peripheral neuropathy include taxanes class (paclitaxel, docetaxel), vinca alkaloid class (vincristine and vinorelbine) platinum compounds (cisplatin, carboplatin and oxaliplatin) (Meredith, A., and et al. 2012).

CIPN is the most common neurological complication of cancer patient undergoing chemotherapy, which affects about a third of all cancer patients undergoing chemotherapy. CIPN not only impairs patient's functional capacity, but also compromises their quality of life. It leads to dose reduction or cessation of chemotherapy, representing a dose-limiting side effect of many anti-neoplastic drugs. Many agents have been claimed to be neuro-protectors but not showing any significant results in large randomised clinical trials. Therefore, the early recognition and subsequent dose reduction/discontinuation of the offending agent is the only way to decrease the development of this potentially debilitating complication. Because of lack in effective prophylactic or symptomatic therapy up to date, monitoring neurological symptoms would be required for patients who are treated by neurotoxic anti-neoplastic agents, mainly when they present baseline neuropathy (Velasco, R. and Bruna, J. 2010). Also painful CIPN is still under recognized and under treated. It is a most important cause of pain during chemotherapy and also a common pain in the cancer survivors. Difficulties in assessment and limitations in treatment lead to CIPN's management problems. It is required for improvements in education both patient and clinician. Assessment and treatment would potentially reduce the often debilitating effects of painful CIPN (Farquhar-Smith, P. 2011).

Both prophylactic and symptomatic treatments have not proven effective yet. Not sufficient evidence for treatment can be recommended to patients developing with CIPN. Chemotherapeutic drugs cause the direct injury to the peripheral nervous system. For most toxic neuropathies, the initial solution would be quite simple—remove the offending drug and the neuropathy should improve or even resolve. But this is not so easy in the cancer treatment, because the offending drug is very often a potentially life-saving therapy, but not an unwanted toxin. This has impact on both patients and physicians as well. In some case, patients may not report neuropathic symptoms for they are fearful of missing out on an effective cancer treatment (Kaley, TJ. and DeAngelis, LM. 2009).

Up to date, there has been very little progress in the prevention and treatment of CIPN (Velasco, R. and Bruna, J. 2010; Farquhar-Smith, P. 2011; and Kaley, TJ. and DeAngelis, LM. 2009). The need for relief of symptoms from CIPN has led to increasing interest in non-pharmacological adjunctive treatment and acupuncture and other form of treatment has gained

increasing popularity because of its effectiveness, safety and non-interaction with chemotherapies or drugs.

Symptoms, signs and diagnosis

Study suggested that patients with CIPN experience a combination of sensory and motor symptoms, which could be both painful and non-painful. CIPN has negative affects the well-being both physically and emotionally. Patients with CIPN can feel significant personal loss while symptoms from CIPN impair their capability to take part in usual activities. Patient perceptions associated with chemotherapy-induced peripheral neuropathy, Clinical Journal of Oncology Nursing, Vol.14, No.3, June, pp. E22-28.). In this study, the painful symptoms include cold sensitivity (50%) and pain (71%). Also painful symptoms include burning (43%), muscle aches (36%), pins and needles (29%), soreness (22%), tremors (22%), jaw pain (14%), joint pain (14%), sharp pain (14%), electric-like pain (7%), and pressure (7%). Whereas patients experienced different kind of non-painful symptoms, such as numbness (100%), tingling (50%), short-term memory loss (14%), trouble concentrating(14%), loss of balance (57%), muscle weakness (57%), loss of depth perception (7%), lack of coordination, dizziness, and generalized weakness (57%). All of the patients had numbness of the fingers and/or toe. Patients frequently reported pain and numbness simultaneously. Apart from the painful and non-painful symptoms, CIPN also has negative effects on patient's daily life. Patients in this study reported a variety of ways in which neuropathic symptoms interfered with manual dexterity (22%), general activities of daily living (57%), driving (22%), sleep (7%), walking (50%), hobbies (36%), household duties (22%) and exercises (7%). CIPN influences quality of life by producing unpleasant symptoms, limiting functional performance, and causing distress. The experience varies in patients, in which is on basis of individual characteristics, feeling, chemotherapy agent, and cumulative dose. It could be hard for patients to describe his/her experiences to healthcare providers; however his/her symptoms might put them at high risk of falls and other injuries. Participant usually has numbness in the upper and/or lower extremities and discomfort in the upper and lower extremities, even though patients' descriptions of their symptoms were quite varied and some even denied any type of pain (Tofthagen, C. 2010).

One of the major side effects from bortezomib is a peripheral length-dependent sensory axonal neuropathy; but a small fibre neuropathy is normally less frequently. Autonomic symptom such as postural dizziness, syncope, diarrhoea, ileus, impotence and urinary disturbances have also been found (Giannoccaro, MP.,et al. 2011).

The most reliable and sensitive approach for diagnosing CIPN is by history taking and physical examination, with a specific attention of questioning about the neuropathy symptoms like numbness, tingling, pain, distal weakness, the physical signs of reflexes (especially the ankle jerks), sensory and motor examinations. Other quantitative examinations that could be applied are nerve conduction studies (NCS) and electromyography (EMG) or quantitative sensory threshold testing. These tests may play a role in further evaluation and differentiating CIPN from other potential aetiologies, but they may not necessary for initial examination (Ocean, AJ. and Vahdat, LT., 2004). Of these detecting methods, NCS and EMG are perhaps the most effective. NCS is to measure the latency, velocity and amplitude of impulses travelling along a nerve. Different types of injuries cause different patterns of change on NCS. Axonal damage, for example CIPN from vincristin, show as decreased amplitude on NCS. If decreased conduction velocity or increased distal latency was tested, it would indicate that a demyelinating polyneuropathy related to multiple myeloma. In addition, NCS/EMG could help to test the degree of nerve damage caused by CIPN; and this may be used as a baseline. Then it can be followed if new symptoms develop (Kaley, TJ. and DeAngelis, LM. 2009).

Causes and mechanism

Chemotherapy agents that cause peripheral neuropathy include vinca alkaloids (vinblastine, vincristine and vindesine), platinum compounds (carboplatin, cisplatin and oxaliplatin), taxanes (paclitaxel and docetaxel), procarbazine, bortezomib, thalidomide, etoposide, cytarabine, suramin, 5-azacytidene, teniposide, mitotane, hexamethylmelamine, misonidazole and fludarabine. The mechanism of these agents causing CIPN is not fully understood. It was suggested that mechanisms of different drug producing CIPN are likely different. Drugs producing sensory neuropathy are thalidomide, platinum drugs, taxanes, misonidazole, bortezomib, procarbazien and etoposide. Drugs producing sensormotor neuropathy include suramin, vincristine, cytarabine, hexamethylmelamine, docetaxel. In addition, vincristine causes autonomic neuropathy; and vincritine cause cranial nerve damage. Oxaliplatin leads to acute neuropathy (Kaley, TJ. and DeAngelis, LM. 2009).

A research on peripheral sensory nerves in paclitaxel-induced peripheral neuropathy suggest that a paclitaxel-induced abnormality in axonal mitochondria of sensory nerves leads to paclitaxel-induced peripheral neuropathic pain and there are significant increases in the incidence of swollen and vacuolated mitochondria in both C-fibres and myelinated axons of paclitaxel-treated rat nerves at day 7 and 27 (Flatters, SJ. And Bennett, GJ., 2006). The electrophysiological studies found that all the drugs including cisplatin, paclitaxel, bortezomib and epothilones caused a significant decrease in the caudal nerve conduction velocities (NCV) while impairment of the digital NCV was less severe (Carozzi, VA., and et al.,2010).

The adenosine monophosphate-activated protein (AMP) activated protein kinase (AMPK) activators, metformin and A769662, inhibited translation regulation signalling pathways, elF4F complex formation, nascent protein synthesis in injured nerves and sodium channel-dependent excitability of sensory neurons resulting in a resolution of neuropathic pain and reveals AMPK as a novel therapeutic target for potential treatment of neuropathic pain (Melemedjian, OK., and et al. 2011).

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Therapy and prevention

The most common-used methods to tackle the symptoms of CIPN are symptomatic and preventative management. Although different approaches and remedies have been tried, no pharmacological drug has yet been proven to be effective and helpful. As a result, many patients with CIPN are forced to reduce of dosage of chemotherapy or even discontinue potentially curative drugs for their condition.

Symptomatic treatment

The aim of symptomatic management of CIPN is to relieve the symptoms of CIPN in patients who is developing or have already developed it after receiving neurotoxic agents. There are different therapies investigated, including drugs that attempt to modulate neurotransmitter systems, ion channels and final common pathways of pain. Some of these therapies that have action upon neurotransmitters (antidepressants) or ion channels (anticonvulsants), which may work peripherally or centrally. These therapies might also play a role in modulation of pain at the level of the central nervous system as well.

Tricyclic antidepressants (TCAs), such as amitriptyline and nortriptyline, have been using for the treatment of neuropahtic symptoms from a multitude of aetiologies for a long time. These drugs may have effect through their interaction with the serotonin and norepinephrine neurotransmitters system is unclear (Hammack, JE., et al.,2002). Another commonly used TCA agent for painful conditions is amitriptyline. It was reported on the use of amitriptyline in patients with CIPN from vinca alkaloids, taxanes or platin drugs. The study suggested that there was no effect on CIPN symptom from amitriptyline, but there was a trend of improvement in QOL in the amitriptyline group. The disadvantages in this study were that the sample of patients was small and also the varied aetiology of CIPN in the patients (Kautio, AL., and et al., 2008).

Anticonvulsants' mechanism in epilepsy is by reducing neuronal hyperexcitality. It seems that peripheral neuropathy share a similar mechanism; this is the reason why anticonvulsants have been applied to decrease peripheral neuronal hyperexcitability. Although it seems to be theoretically promising and showing benefit in neuropathy from other causes. However, these agents have not yet proven effective in patients with CIPN. The side effects, such as sedation or mental clouding, even are able to compromise oncological outcome in cancer patients (Kaley, TJ. and DeAngelis, LM. 2009).

Gabapentin may be the most widely studied drug for management of symptoms from CIPN. A randomized placebo-controlled trial using gabapentin in cancer pain found that it has a significant decrease effect in mean pain score, but CIPN was not studied in this trial (Caraceni, A., and et al., 2004). It was reported on a phase III randomized, double-blind, placebo-controlled trial of gabapentin in CIPN from all causes (including platinum drugs, taxanes and vinca alkaloids). Patients were treated by gabapentin to target a dosage of 2700mg/d for 6 weeks, followed by a 2-week washout, then a 6-week crossover. The study did not demonstrate a benefit from gabapentin in either the primary endpoint of mean daily pain, or the secondary outcome including QoL questionnaire (Rao, RD., and et al., 2007).

Lamotrigine as a sodium channel blocker can reduces neuronal hyperexcitability in epilepsy. Aberrant sodium channels may play a role in the pathophysiology of neuropathic pain. It was reported a phase III, randomized, double-blind, placebo-controlled trial of lamotrigine in the treatment for CIPN from taxanes, platinum drugs or vinco alkaloids that the trial failed to show a significant decrease in point score in lamotrigine group versus in placebo (Rao, RD., and et al., 2008).

Valprocacid acid (VPA) can inhibit histon deacetylase (HDAC), which modulates the interaction between histones and DNA. VPA has a potential anti-neoplastic role as an HDAC inhibitor and may also improve (ameliorate) neuropathic symptoms (Rodriguez-Menendes, V., and et al. (2008).

Preventative approaches

Preventive treatments aim at trying to reduce the incidence or severity of CIPN in patients actively undergoing neurotoxic treatment. To be beneficial, these remedies must not only reduce the neuropathic effects of chemotherapeutic drug, but also must maintain the anti-tumour effects of the chemotherapeutic drug. Many remedies have been tried, which included drugs, vitamins, minerals and acupuncture.

At the very beginning, magnesium and calcium infusion seemed promising in prevention of symptoms from CIPN related to oxaliplatin. There was a hypothesis that the metabolite of oxaliplatin, oxalte, is toxic to sodium channels; therefore, chlation of oxalate with calcium and magnesium may prevent the toxic neuropathy (Gamelin, C., and et al. (2004). They found a decreased incidence of CIPN in those treated with magnesium and calcium infusions, compared to those treated with oxaliplatin without the infusion (p=0.003). In addition, there were no patients in the calcium/magnesium group developing any acute neuropathic symptoms. Also reported similar tumour response rates in both groups were observed. However, these findings were not reproduced in a randomised controlled trial (Hochster, HS., and et al,2007).

Vitamin E as an antioxidant has been investigated for prevention of CIPN, particularly with platinum drugs where it is thought to protect against the microtubule dysfunction they cause. Cisplatin cause accumulation of platinum adducts in the dosal root ganglia, and vitamin E may reduce that neurotoxicity via its antioxidant properties (Pace, A., and et al, 2003). Another three studies have been shown that involved the use of vitamin E to prevent CIPN (Argyriou, AA., and et al.2005). At this first study, they investigated 31 patients treated with either cisplatin or paclitaxel reginens, among those patients 16 of whom received vitamin E 600mg/d. Using a combined neuropathy score including both clinical and neurophysiological data, they found a decreased incidence of CIPN in those patients treated with vitamin E (25% vs 73.3%, p=0.019). There were no severe CIPN occurred in the vitamin E group (Argyriou. AA., and et al.

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(2006a). The second stage study had similar results that showed vitamin E group in 32 patients treated with paclitaxel and randomised to receive their paclitaxel regime with or without vitamin E 600mg/d; and the incidence of CIPN was 18.7% in the vitamin E group versus 62.5% without vitamin E (p=0.03); and no severe CIPN could be seen in the vitamin E group. An additional study of 30 patients receiving cisplatin demonstrated a decreased incidence of CIPN in these receiving vitamin E (21.4% vs. 68.5%, p=0.026) (Argyriou, AA., and et al.(2006b).

Acupuncture, cancer and CIPN

Acupuncture is an integrate components of Chinese medicine, which is a holistic medical system, based on the <<Yellow Emperor's Classic of Medicine>> (Huang Di Nei Jing, about 500 BC to 100 AD). The idea--that the Qi flows through channels which can be blocked, and therefore causing imbalance of Qi/Energy in organs and organ systems—acupuncture is to balance the Qi/Energy by dissolving these blockages. There are twelve major channels linking the organ systems in Chinese medicine. Within these channels are points. The location of acupuncture point is essential to the success of acupuncture therapy. Every single point is located with its own specific position and every point has its own property and acts upon a specific tissue or organ system or multiple-organ systems. Therefore by needling different point (s) the imbalanced Qi/Energy would be restored and the Qi/Energy is able to circulate within the channels and organ system smoothly and healthily. Basically this is the rationale how acupuncture works based on the Qi/Energy and Channel theory in Chinese medicine.

Kim (2005:135) states that Eastern medicine is based on holistic patterns, empirical observation, and nonlinear logic. Western medicine is based on reductionistic theory, linear causality, and scientific theory. You can say that Eastern views represent processes, and Western views represent the steps within those processes. In that respect, Eastern and Western views are actually looking at the same things, but from different perspective, both inherently valuable in their own way and related to each other. When we look back at the therapy and prevention of CIPN, the patients are the same subject as the central and most important for any attempt to search for preventative or symptomatic therapy. The only difference is in different approach based on different hypothesis, philosophy and logic.

As for cancer and CIPN, the most common two symptoms are numbness and pain. First of all, numbness is the almost occurring in all patients undergoing neurotoxic drugs. Actually, I suppose that numbness is caused by dual deficiency of Qi/Energy and Blood, and Blood stasis as well. The reason is that when chemotherapeutic agent damage the Qi and blood, leading to the poor supply of Qi and Blood within the channels in the extremities. This is shown by cancer patients starting their CIPN symptoms from fingers or and toes. Another major symptom is pain in cancer patient with CIPN. Under any circumstance in Chinese medicine, pain is caused by blockage of Qi in the channels. Cancer itself can cause blockage of Qi as well as blood stasis; and blood stasis worsen the Qi blockage. Therefore, the selection of acupuncture point should be on basis of the above hypothesis and logic.

However, it seems that acupuncture has been separating from Chinese medical system when it was introduced to the west. Especially 'trigger point' acupuncture may dominate the western acupuncture system. In fact, the idea of 'trigger point' could find its root in Chinese medicine at the period of Tang Dynasty. It was the legend Chinese physician Simiao Sun who first discovered the so-called 'trigger point', which Sun referred it as A-shi point in Chinese medicine. A Shi in mandarin Chinese means Oh, Yes. When A-shi point is translated into English, I would name it as 'ouch point' instead of 'trigger point'. The trigger point technique is a very useful acupuncture technique indeed and more important thing is that it is not just easy understanding and easy using, but also it is very effective too. This technique has been practicing in Chinese medical acupuncture system for 1300 years. I suspect it should be useful for cancer patients with CIPN. A retrospective service evaluation of acupuncture in the management of chemotherapy-induced peripheral neuropathy suggested that acupuncture could be an option for these patients with CIPN and controlled trials using validated patient-reported outcome measures are justified (Donald, GK., Tobin, I,. and Stringer, J. 2011).

The theory of Qi and channel in Chinese medicine arises more controversial and are regarded as unfounded nonsense, because nobody is able to prove its physical existence. This is a fact that nobody can deny. But my argument is that Qi and channels theory is still a very important source of selection of acupuncture points. When needling the trigger point onto patient, no positive response from the trigger point acupuncture technique and then do we have alternative rationale to determine which point (s) would have potential benefit to this patient? For me, we have to look back at the theory of Qi/Energy and channel, look at the syndrome diagnosis in Chinese medicine. They are still practical, clinical and useful.

Most recently study has suggested that adenosine A1 receptors mediate the effects of acupuncture and that interfering with adenosine metabolism may improve the clinical benefit of acupuncture (Goldman, N. and et al. (2010). Adenosine plays a key role in energy transformation and if we look back at the theory of Qi/Energy and channels in Chinese medicine. Perhaps it may be able to convince some of those sceptics about the philosophy of Chinese medicine and one way or other Chinese medicine's theory does make sense. Both theoretically and practically, the theory of Qi and channels are good enough to instruct Chinese physician's clinical practice in acupuncture and Chinese herbal medicine; a set of scientific term and tangible evidence-based new theory are needed to replace these empirical observation, ancient theory, and invisible channel. This will broaden the horizon of acupuncture and Chinese medicine. The day will come only if scientists, practitioners and researchers contribute their

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energy, time and wisdom into the old but modern, silent but exciting, and theoretical but very practical useful research domain in acupuncture and Chinese medicine. The potential of acupuncture in the management of CIPN and beyond of it is incredibly huge. Acupuncture and Chinese medicine is a great treasure storehouse, and it need to be explored in width, dug in depth, and understood in multiple dimensions.

Conclusion

There is a gap between conventional and Chinese medical system, and it is very important to conduct clinical research to find solution for CIPN from this ancient healing technique because conventional medicine has not found an effective therapy for CIPN yet. By doing so, a bridge could be built between these two medical systems because we are facing the same challenge—finding a cure or effective therapy for patients with CIPN. Therefore, my conclusion for the article is: Does acupuncture have a therapeutic effect on patients with CIPN?

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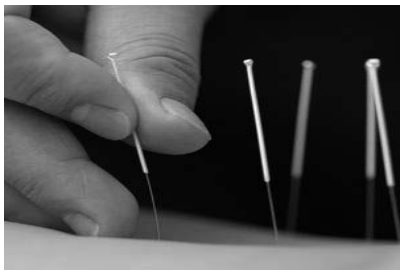

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Resolving Method in Shang Han Lun

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Resolving method (Xiao Fa 消法) is one of the eight therapeutic methods in Shang Han Lun (Treatise on Cold Damage) written by Zhang Zhong-jing in the East Han Dynasty (3th century, about 200-219 AD).
Resolving method (Xiao Fa 消法) is through the promotion of digestion and dispersion of accumulation or lumps to eliminate pathogens and the stagnation of qi (气), blood (血), phlegm（痰）, retained food (食), water (水), parasites(虫) and the like. It will gradually disperse them so that eventually all the accumulation and stagnation will disappear. The concept of Resolving method (Xiao Fa 消法) is quite wide ranging and the condition this method treats are quite diverse. For example, resolving phlegm, removing damp, expelling parasites, regulating qi and regulating blood are all within the wide concept of Resolving method (Xiao Fa 消法). In modern TCM practice, Resolving method (Xiao Fa 消法) is normally referring to clearing stagnated food and to disperse lumps, masses and accumulations.
In Shang Han Lun, though, Resolving method (Xiao Fa 消法), there are examples for regulating the flow of qi , such as Sini San (四逆散 Powder for Treating Cold Limbs); sending down abnormally ascending qi, such as Xuanfu Dezhe Tang (旋复代赭汤 Decoction of Inula and Red Ochre); clearing away phlegm and heat in the chest, such as Xiao Xianxiong Tang (小陷胸汤 Minor Chest Bind Decoction); promoting blood circulation,, such as Didang Tang (抵当汤 Resistant and Withstanding Decoction) and Didang Wan (抵当丸 Resistant and Withstanding Pill); removing dampness by dieresis, such as Zhuling Tang (猪苓汤 Polyporus Decoction); and eliminating parasites, such as Wumei Wan (乌梅丸 Mume Pill).

1. Sini San (四逆散Powder for Treating Cold Limbs)

Sini San, which means “four cold limbs powder”, consists of following ingredients:

Zhi Gancao (Radix Glycyrrhizae)
Zhishi (Fructus Aurantii Immaturus)
Chaihu (Radix Bupleuri)
Shaoyao (Radix Paeoniae); normally Bai Shaoyao

Original preparation and administration: Pound 10 fen (7.50g) each of the above herbs into powder. Take one fangcunbi (1 g) of mixed powder with rice soup, 3 doses a day.

Additionally, if accompanied with cough, add 5 fen (3.75g) of Wuweizi (Fructus Schisandrae) and 5 fen (3.75g) of Ganjiang (Rhizoma Zingiberis).

If accompanied with palpitation, add 5 fen (3.75g) of Guizhi (Ramulus Cinnamomi).

If accompanied with dysuria, add 5 fen (3.75g) of Fuling (Paria).

If accompanied with abdominal pain, add 1 piece (3g) of Fuzi (Radix Aconiti Praeparata).

If accompanied with diarrhoea and tenesmus, boil 3 sheng (30g) of Xiebai (Bulbus Allii Macrostemi) in 5 sheng (1000 ml) of water till 3 sheng (600 ml) is left. Filter the decoction and put 3 fangcunbi (3 g) of Sini San into the decoction and boil it till 1.5 sheng (300ml) is left. Take the decoction warm in 2 doses.

In Shang Han Lun, there is only 1 clause (Clause 318) that discusses this formula. This clause states that that “in shaoyin disease, Sini San is a curative for the syndrome manifested as coldness on the four extremities, accompanied by cough , palpitation, dysuria, abdominal pain and diarrhea with tenesmus”. The cause of cold limbs in this situation is due to liver qi stagnation, which leads to the blockage of yang qi distribution to the limbs. The cold limbs, though uncomfortable, normally is not too severe. There are no other deficient and cold symptoms. The cold limbs are not caused by yang deficiency. Therefore, the treatment should not be boosting the yang qi with yang tonics. It should be to removing qi blockage so that yang qi can flow freely and distribute to all limbs.

For the above stated reason, Sin San is the very original Chinese herbal medicine treatment for liver qi stagnation. Today, there are many Chinese herbal formulae that are based on Sini San, such as Xiao Yao San, Dan Zhi Xiao Yao San, Hei Xiao Yao San and Chai Hu Shu Gan San.

We often apply this formula and its derivatives to treat patients with chronic hepatitis A or B, cholecystitis, cholelithiasis, pancreatitis, intercostal neuralgia and IBS marked by symptoms of stagnation of qi. Modern studies have indicated that the formula may have effects of tranquilizing the mind, relieving spasm and pain, allaying fever and resisting bacteria. Additionally, it could also be effective in treating hepatic injury1.

2. Xuanfu Daizhe Tang (旋复代赭汤 Decoction of Inula and Red Ochre)

Xuanfu Daizhe Tang (旋复代赭汤) is composed of following ingredients:

Xuanfuhua (Flos Inulae) 3 liang/9g
Rensheg (Radix Ginsheng) 2 liang/6g
Shengjiang (Rhizoma Zingiberis Recens) 5 liang/15g
Daizheshi (Haematitum) 1 liang/3 g
Zhigancao (Radix Glycyrrhizae Praeparata) 3 liang/9g
Banxia (Rhizoma Pinelliae) 0.5 sheng (washed) 9g
Dazao (Fructus Ziziphi Jujubae) 12 pcs

Original preparation and administration: Boil the above ingredients in 1 dou (2000ml) of water till 6 sheng

(1200 ml) is left. Filter the decoction and stew it again till 3 sheng (600 ml) are left. Take 3 doses a day, each time 1 sheng (200 ml).

In Shang Han Lun, clause 161 states that "during febrile disease caused by cold, after the adoption of a diaphoretic, or emetic, or a purgative, if the patient has a hard and blocked sensation in the epigastrium and continuous belching when exterior syndrome has already gone, Xuanfu Dezhe Tang should be used". In this case, the patient has had treatment with diaphoretic, or emetic, or purgative methods, but developed hard and blocked sensation in the epigastrium and continuous belching. This is because the treatment has coursed middle qi deficiency, leading to liver qi invading the stomach and stomach qi rebellious. Therefore, the treatment is to strengthen the middle qi, calm the liver and lower the stomach qi. The composition of Xuanfu Daizhe Tang suits this situation.

This formula can be used to treat chronic gastritis, gastroptosis, gastric diatation, ulcerous pylorospasm or incomplete pylorochesis, neurogenic hiccup or vomiting, Meniere's disease and other conditions marked by reversed flow of qi caused by stagnation of phlegm and deficiency of stomach-qi. Studies have indicated that this formula may be able to tranquilize the mind, relieving cough, expelling phlegm, arresting vomiting, relieving spasm of the bronchial smooth muscles, protecting gastric mucosa and promoting the reproduction of the red blood cells and haemoglobin[2].

3. Xiao Xianxiong Tang (小陷胸汤 Minor Chest Bind Decoction)

Xiao Xianxiong Tang (小陷胸汤) consists of following ingredients:

Huanglian (Rhizoma Coptidis) 1 liang/3g
Banxia (Rhizoma Pinelliae) half sheng/9g
Gualoushi (Fructus Trichosanthis) 1 big piece/15g

Original preparation and administration: Boil Gualoushi in 6 sheng (1200 ml) of water till 3 sheng (600 ml) is left. Remove Gualoushi and put the other 2 ingredients into it; continue to boil till 2 sheng (400 ml) is left. Filter the decoction and take it warm in 3 even doses.

Clause 138 of Shang Han Lun states that "for minor block-up chest syndrome, if the disease is in the epigastrium manifested as tenderness when pressed, marked by a floating-slippery pulse, Xiao Xianxiong Tang should be used." The condition described here is the patient had a Taiyang syndrome. Due to improper treatment, phlegm and heat accumulated in the chest, causing hardness and pain in the chest and the epigastrium. Treatment should be to clear heat, resolve phlegm and disperse the hardness. The 3 ingredients can just do that. Gualoushi, being the main herb and aided by Banxia,, is to resolve the phlegm. The dosage of Huanglian is quite small, indicating that the heat is not too serious.

We can use this formula for treatments of coronary heart disease such as angina, pericarditis, pneumonia, pleurisy, bronchitis plus pneumonectasis, bronchiectasis, chronic pharyngitis, hyperplasi, pancreatitis, gastritis and other condition marked by stagnation of phlegm and heat in the chest3.

4. Didang Tang (抵当汤 Resistant and Withstanding Decoction) and Didang Wan (抵当丸 Resistant and Withstanding Pill)

Didang Tang consists of following ingredients:

Shuizhi (Hirudo) 30 pieces
Mangchong (Tabanus) 30 pieces
Taoren (Semen Persicae) 20 pieces
Dahuang (Radix et Rhizoma Rhei) 3 liang/9g

This formulae contains 4 ingredients, but 2 of them Shuizhi (Hirudo) and Mangchong (Tabanus) are not allowed to be use in the UK. The placements for them can be Sanleng (Rhizoma Sparganii) 9 g and Ezhu (Rhizoma Curcumae) 9 g.

Original preparation and administration: boil the above ingredients in 5 sheng (1000 ml) of water till 3 sheng (600 ml) is left. Filter the decoction and take 1 sheng (200 ml) as a dose. If stasis is not resolved, take a second dose.

In Shang Han Lun, a number of clauses describe the use of Didang Tang and Didang Wan. Clauses 123 and 124 give the idea about the condition they treat, which is accumulation of heat and blood in the lower jiao following Taiyang diseases. Clause 123 states that "Taiyang disease for 6 or 7 days, there ares till external symptoms, but the pulse is deep, no block-up chest but there is manic behaviour. This is because the heat is in the lower jiao. The lower abdomen is hard and full but urination is normal. The treatment should be to purge the blood in the lower jiao, as this is in the Taiyang channel with stagnated heat inside. In this situation, Didang Tang is best treatment". Clause 124 states that "if the patient shows yellowish skin, has a deep, slow and irregular pulse, hard lower abdomen and dysuria, these may not indicate blood stasis. However, if the patient has a normal urination and but behave in a manic manner, then it may indicate that there is definite blood stasis. Didang Tang should be used in this situation."

Didang Tang is the original formula for treatment of blood stasis in Chinese herbal medicine. It is a powerful formula to break up stagnated blood and purge excessive heat. Although originally it was designed for blood and heat in the lower jiao, Li4 has report to use it in cases of maniac with emotional excitement, endometriosis, chronic prostatitis and amenorrhea marked by blood stasis.

Didang Wan is the tablet for of Didang Tang, but the proportions of the original ingredients are different. For an example, in the tablet form, Shuizhi is 20 pieces (vesus 30 pieces in decoction), Mangchong 20 pieces (30 pieces in decoction) and Taoren 25 pieces (20 pieces in decoction). The amount of Dahuang is the same. These change of dosage and the change from decoction to tablets means that Didang Wan should be used in milder for of heat and blood stasis of the lower jiao.

5. Zhuling Tang (猪苓汤 Polyporus Decoction)

Zhuling Tang (猪苓汤) consists of the following herbs:

Zhuling (Polyporus Umbellatus) 1 liang/9g
Fuling (Poria) 1 liang/9g
Zexie (Rhizoma Alismatis) 1 liang/9g
Ejiao (Colla Corrii Asin) 1 liang/9g
Huashi (Talcum) 1 liang/9g

Original preparation and administration: Boil the above ingredients in 4 sheng (800 ml) of water till 2 sheng (400 ml) is left. Filter the decoction and put Ejiao into it till it melts. Take 3 doses a day of 7 ge (140 ml) each time.

Huashi and EJiao are not allowed to be use in the UK. We can replace them with Danzhuye (6g) and Shengdihuang 12g.

Zhuling Tang is a formula for water retention which was developed after improper treatment of Yangming disease. The pathology is that fluid is lacking after wrong treatment but at the same time there is a problem is urination. Clause 223 of Shang Han Lun states that "when the patient shows a floating pulse and fever, thirst and dysuria, Zhuling Tang should be used." This formula gives tonics to Yin and at the same time clears heat and help remove retention water.

Chen5 reported that applying this formula to 107 patients with acute cystitis, all patients were better after taking 1-6 doses. He6 reported a case by using this formula to treat a patient with chronic pyelonephritis. The patient was cured after taking 5 doses.

6. Wumei Wan (乌梅丸 Mume Pill)

The formula consists of following herbs:

Wumei (Fructus Mume) 300 pieces/15g
Xixin (Hera Asari) 6 liang/3g
Ganjiang (Rhizoma Zingiberis) 10 liang/9g
Huanglian (Rhizoma Coptidis) 16 liang/9g
Zhifuzi (Radix Aconiti Praeparata) 6 liang/3g
Danggui (Radix Angelicae Sinensis) 4 liang/9g
Huangbai (Cortex Phellodendri) 6 liang/9g
Guizhi (Ramulus Cinnamomi) 6 liang/6g
Reshen (Radix Ginseng) 6 liang/9g
Shujiao (Pericarpium Zanthoxyli) 4 liang/6g

Original preparation and administration: Pound the above herbs separately into powder and mix them up. Soak Wumei in vinegar overnight. Remove the stone of Wumei and steam them under 5 dou (500-600g) of rice. When the rice is well-cooked, pound Wumei until it becomes creamy. Mix it with all the powdered herbs, and pound 2000 times with small amount of honey. Make the pills as big as a Phoenix Tree Seed. Take 10 pills each time before meals, 3 times a day. Dosage can be increased to 20 pills. Caution: Cold dishes, food that is difficult to be digested, and food with strong odour should be avoided.

Xixin and Fuzi are not allowed to use. We can use Shijunzi 10g to replace them in this formula.

Orinially, Wumei Wan was designed to treat a parasite, ascaris, in the "internal organs". Clause 338 of Shang Han Lun recorded a case, that "during cold disease with cold extremities and feeble pulse, on the 7th or 8th day, if the patient suffers from continuous restlessness and irritation and feels cold on his skin, it is the syndrome caused by internal cold, not by ascariasis. If it is caused by ascarides, the patient should have a history of vomiting ascarides, when ascarides come above the diaphragm (biliary tract or gallbladder), restlessness (biliary colic) will occurs and then might stop after a time. The patient may also have nausea and vomit after eating. When ascarides sense the smell of food and crawl upwards, the patient might probably vomit ascarides. Wumei Wan should be used in this case. Wumen Wan is also a good formula for treating chronic diarrhoea."

The formula is quite complicated in its composition. Its original form has 10 ingredients, which include cold and bitter herbs such as Huangliang and Huangbai, spicy and hot herbs such as Shujiao, Fuzi, Ganjiang, Guizhi and Xixin, sour herb in Wumei, and sweet herbs in Danggui and Renshen. This mixture would tranquilise and then clear away the worms. At the same time, the patient's yang qi will recover and cold limbs become warm.

This formula can still be used for treatment of biliary ascariasis (although rarely seen), chronic enteritis or colitis and chronic diarrhoea in IBS. It is should be noted that Fuzi and Xixin are currently banned in the UK and should be removed from any prescription of Wumei Wan.

Summary

Resolving method (Xiao Fa 消法), as one of the 8 therapeutic therapies introduced in Shang Han Lun, is through the promotion of digestion and dispersion of accumulation or lumps to eliminate pathogens and the stagnation of qi （气）, blood （血）, phlegm （痰）, retained food （食）, water （水）, parasites （虫） and the like. It will gradually disperse them so that eventually all the accumulation and stagnation will disappear. 6 representative formulae have been discussed in this paper, namely Sini San (四逆散 Powder for Treating Cold Limbs) , Xuanfu Daizhe Tang (旋复代赭汤 Decoction of Inula and Red Ochre), Xiao Xianxiong Tang (小陷胸汤 Minor Chest Bind Decoction), Didang Tang (抵当汤 Resistant and Withstanding Decoction) and Didang Wan(抵当丸 Resistant and Withstanding Pill), Zhuling Tang (猪苓汤 Polyporus Decoction) and Wumei Wan (乌梅丸 Mume Pill). These classical formulae are representatives of the advancements of Chinese herbal medicine in the Han dynasty. It is important to recognise that some of these formulae are the original formulae from which many TCM formulae are derived and we are still using them today. Applying classical formulae in today's TCM practice may help resolve many clinical problems.

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“一分为三”方法论和中西医学

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摘要：不“一分为三看世界”是个哲学命题，是关于如何认识世界、面对宇宙万事万物时如何思维的方法论。不仅对于学好中医药学的人有用处，而且对于任何人都有用处。“矛盾论”、“阴阳学说”即“一分为二”方法论是大纲，一级提纲。 “一分为三看世界”的方法论是二纲，二级提纲。

关键词：“一分为三”方法论，中医学，西医学，思考，知识，资讯。

（一）时时处处存在“一分为三”

以胜学医从医45年之后，体悟到中医学理论和实践，时时处处体现了“一分为三看世界”的方法论。

“一分为三看世界”是个哲学命题，是关于如何认识世界、面对宇宙（上下四方为宇，古往今来为宙）万事万物时如何思维的方法论。不仅对于学好中医药学的人有用处，而且对于任何人都有用处和好处。

我们早已适应“矛盾论”、“阴阳学说”即“一分为二”看世界的方法论，这是大纲，一级提纲。以胜认为应当同时运用“一分为三看世界”的方法论来认识世界，这是二纲，二级提纲。

在“思维”世界，大凡涉及到具体事物，首先应当使用“一分为二”方法论，“先别阴阳”为大纲；而后应当用“一分为三”方法论作为“二纲”来思维，就更客观，更符合事物本来规律，更有可操作性。

其实人们经常运用“一分为三”方法论，只是“百姓日用而不知，故君子之道鲜矣”。

例如：“凡是有人群的地方，都有左、中、右”；物品分“上、中、下”三等；癌症分为“早、中、晚”三期；职称分“高级、中级、初级”三级；学位分“学士、硕士、博士”三等；学校和学生也分“小学、中学、大学”三层次；人称分为“你、我、他”三种人称；水分为“水、冰、汽”三态；中医脉诊三个手指定位“寸、关、尺”三部脉；中医理论的“三焦”也是“上焦、中焦、下焦”三部位；中医认为“病因”也是“外因、内因、不内外因”三因致病学说；人身三宝“精、气、神”；中医学对医生的要求是“大医医国、中医医人、小医医病”；人们对于时间的认识有“昨天、今天、明天”；“过去、现在、将来”；打麻将的牌也是“餅、条、万”三种牌；选举或投票表决有“同意、反对、弃权”三种情况；用药也是“无效、有效、有毒”三种情况；喝酒也有“滴酒不沾、适量饮酒、酩酊大醉”三种境界；古罗马数字也只有“ｉ、ｖ、ｘ”三个符号“左减右加”来表示，如此等等都是“一分为三”。可以认为，“一分为三”方法论，就如“一分为二”的“矛盾论”和“阴阳学说”一样，“无处不在，无时不有”，即“一生二，二生三，三生万物”。

（二）“一分为三”看中医诊病与知识积累

以胜认同：有幸从事科学研究的人，都应当把知识用于人类社会的进步事业，他/她所得到的将不仅仅是个人的欢乐和幸福，他/她的幸福属于亿万人民。.

中医学是超前的中国文化的重要组成部分。中医学植根于中国文化和中国民众之中。以胜相信，只要有中国文化和中国人存在，中医药学就永远存在，并且会发扬光大。读读世界发展历史和医学史，看看古代文明古国的医学，只有中医学完整系统地流传下来的历史事实就明白了，其关键就在于中国文化和汉字！在于中医学是“成熟的理论医学”，是中国哲学、人文科学、社会学、天文学、地理学、农学、化学等各学科集大成者，是在“天人相应”整体理论指导下的自然科学与文化的统一体，是中国第一大发明，其意义大于指南针、纸、印刷术、火药等四大发明。将来中医学可能成为全人类的共同财富，为全人类的健康长寿服务。

以胜认为，西医学是发源于西方的近代人类的一门“科学技术”，中医学是发源于东方的古代人类文明、而且一直延续下来并且不断发展丰富的养生艺术，是更高层次的哲学化的人类文明智慧的“综合艺术”。

在我们身边所有的事物和现象都分为“自然”与“人为”两种，这是“一分为二看世界”的方法论。如自然形成的山川河流景物为“自然”；而在山上植树、修河堤就是“人为”景物。山水画再逼真，也是人为产物。为了唤醒人类对美的感受而进行的活动就叫ART即艺术，我们可以把所有人为加工的事物称为art。“语言”是人类创造的产物，描述自然景物的话语、杂耍、话剧、戏剧、音乐、吹、拉、弹、唱、图画、书报等等，也是人为的产物，都是艺术。所以中医学是发源于东方的人类文明的综合艺术，是更高层次的“哲学化”的人类文明智慧“综合艺术”。

让我们按照“一分为三”方法论来看人们的思考和知识积累过程：直接呈现自然的描述，属于第一资讯；根据第一资讯进行更高一层的抽象性描述，就是“后设”资讯，即第二资讯；再展开更抽象的描述，即“后设-后设”资讯，即第三次资讯。

人为资讯可以不断抽象化，往更高层次升华。归纳整理，从客观进入主观。“思考”和“知识”也有“后设”过程。最具体、客观的“思考”和“知识”是第一次“知识”，就如中医“望、闻、问、切”收集到的第一手资料，又如写论文收集到的第一手资料。

集结、整理同类的“思考”和“知识”，并且连接它们之间的关系，发现和研究它们的“相关性”，就形成第二次“思考”和“知识”；就如中医进行“辨证”，又如写论文的提纲框架和提要。

以此为基础再集结、整理、类似的事物，再升华，又会产生第三次资讯，就如中医拿出治疗方案（即完整的理、法、方、药），又如完成论文。

要把“第一次资讯”转变为“第二次资讯”，可以用“摘要”方法，“省略细节，整理要点”。其产品是“第二次资讯”。每份论文的摘要，就是二次资讯。最后形成的论文应是“第三次资讯”。

一个个片断想法就是“第一次资讯”，归纳整理后就是“二次资讯”。“思考”的整理就是不断抽象，把低层次“思考”升华为“后设思考”。透过整理、抽象化，提高思考层次，这样的思考就会有深度、更具普遍性。人类智慧的发展与资讯的后设化同时并行。思考和知识的整理，即留下重要的、量化处理、是物理性的处理。思考的整理，质比量更重要。真正的思考和知识的整理，是让第一次思考和知识发生质的变化，提高到更高的抽象层次，量永远不能取代质。从第一次到第二次、第三次思考非常费时，需要沉淀、发酵，发生变化，化合出来的产物就是“后设思考”。登上抽象的阶梯，就是“哲学化”。思考的整理，并非平面的量化归纳，而是立体的质化整合。以胜认为，中医诊断治疗全过程和完成论文全过程就是如此“一分为三”进行的。

在以胜看来，“西医”注意的是局部的“点”，以“病”为中心，是“治疗疾病的科学技术”；“中西医结合医”注意的是“面”，是“辨病与辩证相结合”的“治病为主的科学技术”；中医注意的是“人”，是“立体”、“整体”，是“人类养生（含治病技术）健康长寿的综合艺术”。这就是“一分为三”方法论所要表达的主要思想之一。

《黄帝内经》、《伤寒杂病论》、《神农本草经》等中医药学经典著作就是千千万万的丰富多彩的“一、二、三次资讯”的经验总结和知识升华，是中国人民几千年、上万年适应内、外环境，尝试各种方法来养生和治疗疾病，达到“阴阳相对平衡状态”的智慧结晶，是古人“登上抽象的阶梯，达到哲学化程度，是立体的质化整合”后，流传下来的无价之宝。

（三）“一分为三”看“八纲辨证”

以胜经常想，为什么中医在诊治疾病时要用“八纲辨证”？这八纲就是阴、阳；表、里；虚、实；寒、热。这是中医认识疾病、诊断治疗疾病时，指导临床思维的八字提纲，所以叫做“八纲辨证”。

其中，“阴、阳”，是总纲，这是“一分为二”；其余三组六纲，是要求医生要清楚发病的病位有表（皮肤、肌肉、筋骨、血脉），有里（经络、脏腑）；病证的性质有寒有热；邪正的盛衰，有虚（正气虚弱）有实（邪气强盛）。这就是“一分为三”看世界的思维方法。

这三组六个方面或独立存在，或交叉同时存在。于是就会演变出不同的证型。就像“撒网”一样“纲举目张”，在这张“辨证论治”的网上，有许许多多的证型就好像那许许多多的“网眼”，清清楚楚地告诉中医同仁，不同的证型要用不同的治疗方法：或“正治”或“反治”，或“同病异治”或“异病同治”，总而言之，一定要“辨证论治”！

（四）“一分为三”看中医与西医

如果将中、西医对比，就会发现：在“基础理论”和“临床应用”之间，中医就靠医生“一个脑袋、三个手指”为“中介”，靠“望、闻、问、切”四诊合参，而后辨证论治，拿出切实可行的治疗方法，而且主张预防为主、治疗为辅；而“西医学”有庞大的“技术中介”支持（那么多现代化设备、医疗器械用于诊断、治疗）；导致“看病难看病贵”现象绝非偶然。这是个需要认真探讨的世界性难题。

在世界所有科学之中，医学是最具有和政治、经济、社会制度、国度、人种密切相关的科学，同时也是最应当超越政治、经济、社会制度、国度、人种而惠及全人类的科学。但是，西医学在许多政治的、经济的、社会的、集团的、个人的利益限制和驱动下，使医学不能真正大公无私地发展，导致“看病难、看病贵”成为世界性难题，这是人类的不幸和愚昧。

西医学源于西方的“竞争”文化，强调“利益和金钱”；以“还原论”看待人体和生命，把人当作“机器”来修理或更换零件；用“对抗手段”进行治疗，重视局部而忽视整体，以消灭病因病菌为目标。如果不学习和采纳中医学知识，西医学最终会导致西方的医疗保健模式因为经济崩溃而瓦解。

中医学是根据中国哲学“天人合一”、“五运六气”学说、按照“阴阳五行”理论、以经络脏腑学说为基础、通过“望闻问切”四诊合参、而后“辨证论治”，运用自然方法使机体恢复“阴阳气血”平衡的“综合艺术”。中医学源于中国“和”文化，主张“天人合一”整体论，以人为本，认为人是自然的一部分，人与自然是一个整体，受自然影响，诊断治疗时注意“因人、因地、因时”辨证论治，以恢复机体“阴阳气血”平衡为目标。中医学始终与人类和自然共生存。将来中医学可能成为全人类的共同财富，为全人类的健康长寿服务。

關於中醫學的性質及其科學內涵

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摘要：本文旨在更高更深的層次上闡述以下問題：①氣一元論；②形氣轉化論；③全息論；④陰陽矛盾論；⑤五行系統論；⑥控制調節論；⑦以外揣內論；⑧整體調節論；⑨天人相應論；⑩運動變化論十大科學觀點來探討中醫學的性質及其科學內涵。認為中醫以中華民族獨特的宏觀整體、協調、協同思維方式將研究對象“人”置於“天—地”這個大系統中以系統整體、全息統一、運動發展、普遍聯繫等觀點和方法全面認識。她最本質的特點是以特殊的民族形式構成了中醫學的表現形式，以科學的整體運動規律構成了中醫學的本質內容。形成了具有中華民族特點的一門關於人與宇宙時空統一整體運動規律的科學。

一、中醫學的性質

中醫學的最本質特點是：以特殊的民族形式構成了中醫學的表現形式，以整體運動規律的科學性構成了中醫學的本質內容，從而形成了具有中華民族特點的一門關於人與宇宙時空統一，整體運動規律的科學。她是自然科學、社會科學和哲學並數學科學的交叉產物，同時具有其基礎和應用學科的雙重特點。

在民族形式方面，中國自古迄今是以中國傳統文化為根本，形成了中國式的醫學概念和醫學理論。她首先把自然科學、社會科學、哲學的術語概念引入到中醫學理論體系中，充當了中醫學的術語和概念。如病因學中的風寒暑濕燥火、方劑配伍中的君臣佐使、中藥學中的四氣五味等。

其次憑藉了中國哲學的觀點和方法來歸納和總結醫學理論. 如以“氣一元論”的觀點認識人體的組成, 機能活動、生化代謝和宇宙物質的統一性；以邪正相搏的對立統一觀點說明疾病的發生和發展，以陰陽五行的對立統一，相生相剋說明生理、病理的運動變化、相互聯繫、相對“平衡”和“失衡”，以陰陽五行的失衡表現歸納診斷和辨證以糾正陰陽五行的失衡以確定治法；以藥物的四氣五味治療病證；以五行系統說明人體局部與整體、整體與環境的關係，以模糊數學理論來研究人體正常生理、病理的程度，疾病性質的程度，藥物的“量”等，把生命、健康和疾病、防治疾病放在自然科學、社會科學、哲學並數學科學之時空系統中進行研究，這在世界科學技術史上是絕無僅有的。

1、中醫學的自然科學屬性

自學科學是研究自然界物質（包括人體）運動、變化與發展的本質和規律的一門科學。中醫學具有自然科學的屬性。她以人做為研究中心，著重探討機體生、長、壯、老、死的基本規律，以及病理變化的機理、防治疾病的措施等。這樣就把人做宇宙的一個子系統放在宇宙這個時空統一的母系統（或稱人與宇宙為巨系統）中來研究，從而證明瞭人這個子系統的發生學狀態決定了母系統的時空場運動規律，同時還認為世界的本源是物質的，是充塞於整個宇宙的、運動不息的、肉眼看不見的精微物質 —“氣”。人也同樣是“氣”形成的。它在《黃帝內經》中就做了精僻的論述，如“人以天地之氣生，四時之法成”。“天地合氣，合之曰人”，肯定了人是氣所組成的物質世界的一部分（這裏的“氣”具有時空統一的均衡態之意，即物質存在的一種形式，包括“形而上者謂之道”）。在這一認識的前提下，中醫學展開了對生命、健康和疾病一系列問題的探討研究。她首先以氣的物質運動變化來闡述人的生命活動，認為是在氣的推動下，體內各種生理機能進行正常運行，此時人就處於機能健全的健康狀態；氣的日漸乏匱就意味著生命機能日益低下，即向衰老邁進；氣絕盡就宣告生命終止。正如《黃帝內經》中所言：“氣聚成形，氣散則分之。”

中醫學認為許多疾病的致病因素具有物質屬性，稱為“邪氣”或“病邪”。中醫病因學就是著重探討這些致病物質的性質特點、致病規律和所引起的疾病臨床表現以及預防措施的。中醫廣泛以自然現象類比人體生理、病現、診斷、治療。從一定程度上講，中醫學就是“自然醫學”，如以一年的四季（加長夏為五季）來類比人體五藏，肝春、心夏、脾長夏、肺秋、腎冬的生長化收藏的正常人體生化代謝。實踐證明這不單是牽強類比。五藏的生理功能確定具備五季的性質特點。《黃帝內經•素問•生氣通天論篇》中以樹木堅脆的不同則表示抗病能力不同、生病各異，還如運用地球上的河流來類比人體經脈和運轉作用；根據河流受自然氣候影響後具有不同的變化來類比人體氣血的變化，如“天地溫和則經水安靜，天寒地凍則經水凝泣，天暑地熱則經水沸溢，卒風暴起則經水波湧而隴起。”“邪之入脈也，寒則血凝泣，天暑氣淖澤，虛邪因而入客，亦入經水之得風也。經邪運，脈其至也，亦時隴起。”在病因歸類上把一年正常的風寒暑濕燥火六種正常氣候叫做“六氣”，六氣的太過和不及致病者叫“六淫”，又根據風性疏散動搖、火熱沸湧上炎、濕性重濁、燥性乾澀、寒性凝滯收引等自然界物理變化的性質直接歸納和認識原因、病證，以自然界五色等直接用於診斷。藥性的溫熱寒涼也出於對春夏秋冬溫熱寒涼的觀察和體驗，凡是發熱性疾病服了某些藥（如石膏、黃連）就感覺到清涼，熱病就得到解除，於是將這類藥物歸類於寒涼藥，同時總結出“熱者寒之”的治療原則；相反有寒涼表現的症、證，在服了某些藥（如幹薑、附子）就感覺到溫熱，寒病得到解除，於是把這些藥物歸類於溫熱藥，同時總結出“寒者熱之”的治療原則，（當然這只是粗淺程度上解說，更深層次上與方劑配伍的君臣佐使, 辨證中論治、遣方用藥等有密切的關係）等等。總之，通過直接的體驗和觀察許許多多的自然現象，都直接成為中醫學的用語和原理，這與近代西醫興起時直接從人體入手，並與當時的物理學、化學、生物學等科學技術用語, 從解剖、儀器觀察、實驗分析的命名與說理不盡相同。更為重要的是，中醫學還把對自然現象進行抽象、概括、總

結出來的理性認識——哲學原則，做為認識論中的理論工具來類比推理人體的生理、病理、診斷和防治。如以“氣化論”類比人體，說明“人以天地之氣生，四時之法成”，以形氣轉化類比人體合成和分解代謝，以陰陽的矛盾對立統一來說明人體和疾病的對立統一、消長轉化關係，以及用於指導診斷治療；以宇宙五行模型做為理論工具類比人體與自然界事物都是同一模型，並與自然界“同行”通應收受，“異行”相生相剋，相互聯結成一個有機的整體，以五行之間的生克制化、自控調節說明正常相對獨立、系統整體和相對平衡；以五行的乘侮、子母互犯說明病理以及診斷和治療的原理等。同時在更高的層次上說明人體是一個巨系統，人與自然宇宙是一個超巨系統，而且系統與子系統之間有著全方位的綜合性影響。

中醫學從人體構成到氣化代謝，從形成到精神、從局部到整體、從整體到環境，從病因的六淫到陰陽的屬性，從發病的邪與正、從病證的陰與陽、表與裏、寒與熱、正治與反治、異法方異、同病異治，異病同治，藥物的四氣五味，升降浮沉，方劑的陰陽表裏溫熱寒涼，補虛瀉實等都是運動、相互聯繫、相互轉化的辨證觀點，同時以“形而上者謂之道！”為最高哲學綱領，並貫穿於整個學科的至始至終。正由於這樣，中醫形成的生命觀、疾病觀、養生觀、治療觀等醫學基本觀點乃至她的醫學模式都帶有強烈的運動、整體和辨證的科學性和先進性。中醫學認為生命起源於自然界物質，人不單純是生物意義上的人，而是形神的統一體，並且和外界環境相聯繫，人體有合乎目的性的系統控制，勝複調節的穩定性。形氣轉化揭示了世界統一性的物質根源。疾病關乎邪正兩方面的對立統一，是陰陽矛盾失去動態平衡的表現；養生預防適應環境、勞逸調節、調神養形；治療上上工治未病，即防病防變，必求其本。要因時因地、因人制宜，要處理好“守恆”與“達變”的有機統一，要辨證論治。這些都比傳統的西方醫學要高明，她的醫學模式“自然——社會——生物——心理”比現代“生物——心理——社會”醫學模式更為合理。

2、中醫學的社會科學屬性

社會科學是研究人類社會運動變化和發展規律的科學。人是自然界物質發展深化演化的最高級產物，但不單純只有自然屬性同時還有社會屬性。人是社會的組成因子，人的存在給社會帶來一定的影響，同樣也帶來一定的醫學現象，社會環境也給人類一定的影響，中醫學注重從社會角度進行考察研究人，故她具有社會科學的特徵。

社會事件做為一種信息作用於人，就會引起人的情志變化，如喜怒憂思悲恐驚。喜怒哀樂雖為人之常情，但真正超越了一定的範圍介值，就會引起人體氣血紊亂，導致疾病的出現，如名醫朱丹溪曾指出：“憂怒鬱悶，昕夕積累……遂成隱核。……數十年後，方成瘡陷，乃成為癌（癌）。”（朱震亨《格致餘論》63頁，人民衛生出版社1956年版）。其意為人際關係緊張，日久可以導致乳腺癌的發生。前人在觀察中認為精神刺激因素作用於人，有一定的系統性，如《黃帝內經•素問•陰陽應象大論》中說：“人有五藏化五氣，以生悲怒喜憂恐”。心在志為喜，肝在志為怒，脾在志為思，肺在志為憂，腎在志為恐。不同的情志變化，首先傷及相應的髒，如怒傷肝，喜傷心，思傷脾，悲傷肺，恐傷腎，所傷的結果首先是氣亂，如怒則氣上，喜則氣緩，悲則氣消，恐則氣下，驚則氣亂，思則氣結。由於氣機的紊亂，必然影響到氣血精（津）液的變化，或為虛或為實，於是破壞了正常生理機能的進行，人體是一個有機的整體，心為五藏六腑之大主，精神之所舍。如《黃帝內經•素問•靈蘭秘典論》中所述：“心者，君主之官，神明出焉”、“神乎神，耳不聞，目明，心開而志先，慧然獨悟，口弗能言，具視獨見，適者昏昭然獨悟，若風吹雲，故曰神”（《黃帝內經•素問•八正神明篇》），神的活動是經“五神”和“五志”來表現的。所謂：“五神”即“神、魂、魄、意、志”分屬五臟（五臟所藏：“心藏神、肺藏魄、脾藏意、肝藏魂、腎藏志”（《素問•宣明五氣篇》）。並認為，心在志為喜、肝在志為怒、脾在志為思、肺在志為憂、腎在志為恐，又從五志發展成喜、怒、悲、思、憂、恐、驚七情之說。這些論述說明瞭人的心理活動和身體的生理活動密切相關。現代醫學也從邊緣科學入手，注重疾病的社會背景研究，相繼建立了醫學心理學諸多學科。而中醫早在二千多年前就非常注意疾病的社會根源，並有非常系統的理論。

3、中醫學與哲學

中國古代哲學思想為中醫學的形成和發展提供了堅實的哲學基礎。因為這些哲學思想本身就是人們力圖揭示世界本來面貌的理論思維產物，哲學思想融進中醫學，與豐富的醫學知識和醫療經驗相結合，就形成了中醫理論體系中眾多的科學內容，並指導臨床實踐。

哲學是建立在各門具體科學之上的，它的進步是以其他學科成就作為土壤，中醫和哲學的關係就體現在一方面是哲學的指導醫學，另一方面是中醫學豐富和發展了中國哲學思想。這表現在多方面，關於“道”、“形神學說”、“天人相應”關係學說；以及陰陽五行學說等方面。中醫學都有獨到的理論，《黃帝內經》構成了一個從先秦諸子到王充，範縝和張載之間的一個得要發展環節。關於陰陽之間的相互關係，關於五行之間的生克乘侮，也都是中醫學的典籍中最早提及或者充分展開討論的，許多哲學家又是借助中醫學的某些知識進行他們的哲學研究。大量事實說明：中醫學還豐富了中國哲學內容，促進了哲學的發展。

二、中醫學的科學內涵

中醫學是關於人體和疾病整體運動規律的科學。歷經幾千年而不衰的根本原因不在於她的特殊的民族表現形式，而在於她的客觀的科學內容——整體運動規律。醫學科學本質上應是非民族形式的，因此，歷史上形成的民族醫學必將在更高層次上走向統一，這是客觀規律。為此就中醫學的科學內涵做一深層次的探討是很有意義的。

1、氣一元論

氣一元論是中國古代人們關於宇宙起源論的認識。中國古人認為宇宙的本源物質是“氣”，無形的“太虛”（宇宙空間）是氣，有形的萬物也是氣聚合成形的，形散則為氣，形氣不斷轉化，物質不滅，連續永恆；氣不是僵死的，氣又推動和激發著萬物的生生化化，故氣化是指物質的一切形態運動變化。《周易•系辭》中即指出“天地氤氳，萬物化醇”。《黃帝內經•素問•六微旨大論》中也說：“夫物之生於（氣）化，物之極由乎變，變化之相搏，成敗之所由也，故氣有往復，時有遲速；四時之有，而化有變。”強調了萬物變化的成敗盛衰。皆源於氣的運動。“氣”是看不見的客觀存在。它在概念上的形成是緣于自然形象的，如天氣、地氣、風氣、寒氣、火氣；還如人體之氣，它是指食入的水穀之氣與天空

清氣結合而成。“真氣者，所受於天，與穀氣並充身者也。”（《黃帝內經•靈樞•刺節真邪篇》）；氣，充斥於茫茫宇空，不聚合成物體時就是氣，聚合成物體的就是形。正如《黃帝內經•素問•六節藏象論》中所述的那樣：“氣聚成形，氣散則分之”，所以宇宙的有形與無形之物都是源於氣，它深刻地反映了宇宙的本質。而人作為萬物之靈，也是氣構成的，“天地合氣，命之曰人”、人以“天地之氣生”，中醫學用以說明生命起源、正常生理、病理變化、臨床診斷、辨證治療，有效地指導著自己的理論體系的發展和臨床實踐。

氣一元論的科學意義首先是堅持了物質世界本身是研究“形而上”與“形而下”並存的哲學原則。刻畫了一幅活生生的物質運動變化圖。它是關於宇宙本原物質是連續性的間斷性的統一，是同一性和多樣性的統一，宇宙是一個不斷運動變化，相互聯繫的整體思想。其次是氣一元論的哲學思想比西方傳統的“原子論”更具科學性。

2、形氣轉化論

形氣轉化是指一切物質形態的運動變化，包括形化氣、形生形、氣生形等形式。無形之氣聚合為有形之物，這是氣化形成的過程，就人體而言，《醫門法律》便以“氣聚則成形，氣散則形亡”來表述。有形的物體產生以後，在氣的推動激發下，相互之間進行相互轉化，如人體內的津液通過氣的作用可轉化為血，或者變成尿液或者汗液。攝入水穀之氣後，可生成人體新陳代謝需要的成份和能量，因此，氣化過程（即形氣的轉化）實際上是物質和能量的轉化過程。就生命活動來說，它又概括各種新陳代謝活動。

形氣轉化，就是萬事萬物的生成—消滅—再生成過程，所以物質是不滅的，過程是連續的，生化是不停止的，如《黃帝內經•素問•六微旨大論》中所述：“不生不化，期之靜也。……在生化乎……故無不升降，無不出入。”這是古人對物質世界運動連續、永恆、絕對性的認識。形成轉化本身就是對新陳代謝這一宇宙不可抗拒規律的深刻表述。

中醫學認為：不僅形體是氣聚合成形的，而且各種生命活動也是由氣的運動所產生。如《黃帝內經•素問•陰陽應象大論》中說：“人有五臟化五氣，以生悲、怒、喜、憂、恐”。從中肯定了精神意識是物質運動的產物或者為存在的另一種形式。同時以形氣轉化的觀點來闡述人體正常生理、病理、診斷、治療等。在中醫學中貫穿了氣與形的相互轉化，包括有形的間斷性物質和無形的連續性物質是可以相互過渡的，萬物之間沒有不可逾越的界限，它與現代物理學中波粒二象性以及關於自然界物質形態相互轉化和物質不能創生也不能消滅的思想是相通的，它的科學意義在於斯。

3、全息論

全息論主要是指古人把陰陽五行做為宇宙全息元。因此，人與宇宙萬物都有全息的性質。

中醫學研究的對象是人，而人又是整個宇宙的縮影（即人是一個小宇宙），即人與宇宙全息統一，這個觀點貫穿於中醫學理論體系的至始至終。我們的祖先創造性的利用了宇宙全息觀點來研究人體生命科學，即從部分研究整體，從小系統來研究大系統，反過來從整體研究部分，從大系統中研究小系統，從而給中醫學的很多現象提供了宇宙理論的科學依據。例如，中醫學就認為血的生化涉及到五臟六腑各個組織器官，血液中凝聚著人的生命氣息，通過血的變化來認識和診斷全身疾病。中醫學的“藏象”理論更具有全息特色，她從外觀的生理、病理表現來測知藏於體內的臟腑系統變化（包括生理病理變化）。正如明代知學家張景嶽在《類經》中說：“象，形象也。藏居於內，形見於外，故曰藏象。”藏象學說的主要特點，是以五臟為中心的整體觀，這一整體觀主要體現在五臟與形體諸竅聯結成一個整體。五髒各有外候，與形體諸竅有特定的聯繫，按照藏象學說的理論，心，其華在面，其充在脈，開竅於舌。那麼，舌、面都有心的縮影，同時舌、面也有五臟乃至全身的縮影，中醫臨床上通過舌、面、眼睛等外在表現來測知內在臟腑的生理及病理，還以精神情志的變化來測知內在臟腑系統的生理和病理，因為五臟的情志變化各有所屬，如《黃帝內經•素問•宣明五氣篇》中說：“心藏神、肺藏魄、肝藏魂、脾藏意、腎藏志。”一方面構通五臟與情志之間的關係，從而保持著體內外之間的相對平衡。五臟是一個系統，人體是一個巨系統，人體與宇宙又是一個超巨系統，宇宙的時空統一變化時時刻刻影響著人體臟腑變化。在中醫藏象、經絡、診斷、辨證以及研究人與自然、人與社會等等方面無處不體現全息思想。全息論的科學意義在於說明中醫學是符合自然規律的科學，也是中醫學永立於不敗之地的原因。

4、陰陽矛盾論

陰陽論屬於中國古代哲學範疇。是在“氣一元論”的基礎上進一步說明宇宙事物的現象運動發展的原因和運動變化的學說，是當時人們認識自然和解釋自然的方法論。更確切的講即古代一種哲學意義上的矛盾論，即“對立統一論”。

陰陽學說認為：世界是物質的，物質世界是在陰陽二種物質的相互作用下孳生、發展和變化著的。因此，認識世界，關鍵在於分析即互相對立、又相互統一的二種性質（陰陽）之間的相互關係及其變化。這一基本認識深深地滲入到中醫學領域，指導著歷代醫家的認識和實踐活動。故《景嶽全書•病傳篇》也指出：“明於陰陽，如惑之解，如醉之醒。”這些論述突出了陰陽學說的方法論性質及其在中醫學中的地位。中醫學中的陰陽論不再是指專門某一個別的、具體的整體或現象的具體特性中抽象出來的某些相互參考的屬性。元代名醫朱丹溪在《局方發揮》中便說：“陰陽二字，固以對待而言，所指無定在、或言寒熱、或言血氣，或言臟腑、或言表裏、或言虛實、或言清濁、或言上下、或言邪正、或言生殺、或言左右……”， 上述論述明確陰陽所指的範圍。如在說明人的病理變化時，有兩類常用術語：“陰盛則陽病”和“陽損及陰”儘管他們都蘊含著陰陽的對立統一之意，但前一術語的陰和陽，分別就是陰邪和陽氣而言的，指的是致病因素和抗病能力之間相互關係，陰邪的過分亢盛可以導致人體陽氣的病變；而後一術語的陰和陽分別是指人體自身的機能活動或物質基礎而言，如陰血虧虛發展下去可以損傷陽氣。上述二者表達的都是常見病的病理機制，但各自的內涵卻有著質的不同。中醫學以陰陽矛盾論作為說理工具，在理法方藥各個方面主要用於說明人體結構、功能，人與外界的聯繫和正常人體陰陽矛盾的相對平衡；其次用於說明人體的病理變化；用於疾病的診斷治療；用於指導攝生預防。陰陽矛盾論的主要成就和科學意義是發現和應用了對立統一規律，並貫穿於中醫學，這在二千多年前是十分了不起的。中醫學的許多醫學原理之所以具有強大的生命力，原因就在於此。

5、五行系統論

五行論是在氣化論、陰陽論基礎上發展而來的，是氣化論，陰陽論的發展和具體解釋。是人們關於宇宙構成運動變化，相互聯繫的世界觀和方法論。

中醫學繼承和發揚了我國古代的五行論，建立了以五行五臟為中心的人體模型，用以說明人體的結構、功能、內外聯繫以及自控調節機制，還以五行生克乘侮說明生理、病理變化並用於診斷防治，使中醫學理論成為一個獨特的體系，含有系統論的特徵。

6、控制調節論

控制調節論突破了以分析為核心的研究方法，將事物（包括人體）進行整體綜合的動態研究，以“系統、信息、反饋”原理為其重要概念，這種理論與中醫學在研究人體在科學研究方法上有驚人的相似，可以說是在極早中醫就應用了控制調節論. 中醫學認為人體有規律不停地運動. 變化著，對外是一個開放系統，內部是一個自我調控的閉環系統，理論上以陰陽五行，天人相應等學說做為具體描述，實踐上採用四診手續以不打開“黑箱”的方法上收集輸入輸出信息，掌握人體的常態和病態。從而應用了反饋調節法，逐步完善了所用的方藥，這就是中醫學的科學內涵，也是中醫學的控制藝術。中醫學的五行類比方法極富控制調節思想，五行生克制化展示了人體自調系統模型的雛型。其自調系統的信息、程式、調節方式有如下特徵：五行生克是動態信息；相生是傳遞促靜信息過程，相克是傳遞促動的過程，是相互矛盾的兩種動態信息，是多路多極控制相生相剋信息都可在系統內傳遞，五個子系統各自都參加信息傳遞，任何一個子系統都對其他四個子系統接受或施以生、克兩方面的影響。其程式指令是相生始于水，而水由金生，相克始于金，而金由火克，五行都包括在這種迴圈之中；五行的狀態變換是閉合變化，無論是生還是克，都是因果迴圈；在連續狀態下呈週期性，表現為閉合變換，而閉合變換是穩定系統的條件之一，它的反饋原理是五行生克具有正負反饋調節，強調以負反饋為主，保持人體陰陽平衡，使系統穩定。這是機體內部自我調控系統，同時對外（自然、社會環境）又呈開放系統，把人放在“天—地”這個大系統中進行整體、綜合性的動態研究。

其次，中醫學的“辨證論治”程式也是一個完整的控制調節程式。

控制調節論的形成、發展成為一種方法論，並用之於中醫學並不是偶然的，而是與中華民族的思維方式是分不開的，是中華民族傳統文化的產物。

7、以外揣內論

以外揣內論就是通過外在表面現象，以揣測分析其內在變化的一種認識方法。

中醫學對人的生理、病理的許多認識都源於這一方法。如藏象理論的主要觀點大都是這樣形成的。所謂“藏象”，唐代醫家王冰在疏注《黃帝內經》時說：“象，謂所見於外，可閱者也”。明代醫家張景嶽說的更清楚“象，形象也。藏居於內，形見於外，故曰藏象”；（《類經》）。可見“藏象”就是由外在的信息推知的臟腑內在聯繫的圖像。

因為人體是內外統一的機體，內外之間陰陽相互影響，互為因果，可以從陰（內）見陽（外），也可以從陽（外）見陰（內）。根據望聞問切獲得的機體外在表徵，或以推知機體內在的運動變化，如果人的氣色聲音形態出現了異常，就說明臟腑有了變化；相反，如果瞭解了臟腑的病變，也可推知臟腑機體外部的症狀體征。這是以外揣內由表知裏的道理所在。實際運用中，主要是以外揣內，由表知裏之法的。《黃帝內經•素問•陰陽應象大論》中指出：“以我知彼，由表知裏，以觀過與不及之理，見微得過，用之不殆。”就肯定了這一方法的普遍意義。

以外揣內論是中國的控制論思想，並用之於中醫學，中醫學中雖沒有控制論這一提法，但其精神實質是相同的，尤其是“黑箱”方法，對於機體內部有著複雜聯繫而不變于打開逐項分析、而打開後有可能破壞干擾原有狀態的研究對象，特別是生命體活的過程和變化，以外揣內論主張用活的機體進行研究，即用“黑箱”方法進行探究，通過對“黑箱”輸入某些已知信息，獲得“黑箱”反饋的信息，再就對輸入和輸出的信息進行比較研究，就可測知“黑箱”內部的聯繫，並把握其運動變化的規律。由於這一規律沒有肢解對象，干擾和破壞對象本身固有的各種聯繫，被觀察認識的對象是固有的特性和變化。因此，這一方法對於許多複雜現象，特別是生命過程之研究，具有其他任何方法不可替代的優越性。

現代系統論認為，複雜事物中除有因果聯繫、結構聯繫外，還有諸如系統聯繫、功能聯繫、起源聯繫等多種聯繫。聯繫的多樣性決定了系統的多樣性。人的內部聯繫也具有多層次、多管道、多環節等多樣性特點。因此，借助以外揣內論測得的聯繫，就遠遠超過肢解方法一般所只能獲得的單純的直線因果鏈環。中醫藏象理論之所以能包括許多超結構的聯繫，如“腎主骨”、“腎開竅於耳”、“肺主皮毛”等，原由系於斯。中醫學的藏象理論是從一個特定的角度去認識人的系統聯繫的全部，所以它儘管于建立在解剖分析基礎上的生理系統差異較多，卻同樣自成一體。而且隨著認識的深化，“腎主骨”、“腎開竅於耳”、“肺主皮毛”等理論已經從鈣的代謝，內耳與單位的微觀同構和機体系統演化等角度，部分打開“黑箱”地予以闡明。故以外揣內論具有堅實地科學基礎，它在複雜的系統研究中具有非常廣闊的前景。

8、整體調節論

整體指的是統一性、完整性和聯繫性。整體調節論就是強調觀察和分析處理時，須注重事物本身所固有的統一性、完整性和聯繫性（包括事物內部、各局部、內部與外界的相互聯繫的調節平衡）。

中醫學非常重視機體本身的統一性、完整性和內在臟腑器官之間以及與外界環境之間的相互調節平衡關係。它認為人是一個有機的整體，構成人體的各個組織器官，在結構上是相互構成的，在病理上是相互影響的。首先人體是由若干臟腑器官組成的，在結構上是相互溝通的，任何局部都是整體的一個組成部分，與整體在形態結構上有密切的關係。就基本物質而言，組成各臟腑組織器官並維持其機能活動的物質是全息統一的（即精、氣、血、津、液），這些物質，分佈運行於全身，以完成統一的機能活動，組織結構的整體性和基本物質的同一性，決定了各種不同機能活動之間的密切聯繫，它們相互制約、存在、協調統一。心理和生理是人的兩大基本機能活動，心身之間就存在著相互依賴、相互促進，相互制約的協同關係。所以，醫界前賢強調：“形與神俱”、“形神合一”認為人的正常生理活動是生理和心理的有機融合。

人體各個臟腑、組織、器官都有各自不同的機能，這些不同的機能活動都是整體活動的一部分。它一方面受整體活

動的制約和影響；另一方面又影響其他機能活動，從而使機能活動表現出整體統一性。人體雖然以五臟為中心，形成了五個功能系統，然而五者並不是並列的，心在五者中間佔據主導地位，靠心的組合主宰，各個系統才能體現現協調的整體性，人才能生機不息。

中醫學各臟腑之間的關係極為複雜，中醫學借助陰陽五行學說，以“陰平陽秘”、“亢則害，承乃制，制則生化”等理論，從宏觀上來說明各臟腑機能之間相互制約、消長、轉化和相生相剋、生中有克、克中有生等錯綜機制。中醫學正是憑藉著這些調控機制，各個臟腑之間維持著協調平衡，從而使整體處於運動變化之中的穩定狀態。在這種整體觀念基礎上所體現的制約觀、穩態觀，對中醫生理學的發展有著重要意義。

中醫學不僅從整體探索生命活動的規律，而且在分析病證的病理變化機制時，著眼於分析病變所反映的整體病理狀態，以及局部病變對整體的影響，把局部病變與整體病變統一起來考慮。如舌通過經絡直接或間接的與五臟相聯繫。“查諸臟腑圖，脾、肝、肺、腎無不系根於心，核諸經絡，考手足陰陽，無脈不通於舌，則知經絡臟腑之病，不獨傷寒發熱有苔可驗，即凡內外雜證，也無一不成其形，著其色與舌。”（《臨證驗舌法》）。局部與整體是相互聯繫的，現代生物全息律研究結果也表明：生物體某些局部的變化，可在相當程度上一定的方式反映整體的，內在的情況。故古代中醫學家創造並發展完善的，通過舌、脈及體表一些部位的變化情況，以揣測和判斷內在臟腑及全身機能狀態的一系列方法、經驗和理論，是事體調節論指導下的天才創造和傑出貢獻。

整體調節論融貫在中醫學的各個方面，臨床治療用藥也強調整體調節論，，如“肝開竅於目”，肝和目的關係十分密切，故臨床治療眼科疾病，常常從調治肝入手，每可獲捷效，等等。

其次最重要的是人與外界環境、人與社會的整體調節性、限於篇幅，此處不贅。

9、天人相應論

天人論是我國古代人們關於天地自然界的起源、運動變化 、人的起源、人在自然界的位置、作用，以及人與自然的關係等形成的世界觀和方法論，屬於中國哲學範圍。

醫學研究的對象是人，然而人不是孤立存在的。《黃帝內經•靈樞•歲露篇》明確地說：“人與天地相參也，與日月相應也”。因此，詳盡考察人體時，就必然考察於天，考察天人關係，天人論的主要內容，也就在於天人關係。

首先天人論認為：“自然界的本源物質是“氣”，人體也是氣聚合成形的，並且是形氣轉化，氣是在升降出入中運動變化的。“氣”派生為陰陽二氣，陰陽是天地之道。人體也是以陰陽為根本的。《黃帝內經•素問•生氣通天論》中說：“夫自古通天者，生之本，本於陰陽。”肯定了凡有生命的東西，都與“天”相通，都以陰陽二氣為生存的根本，以陰陽的相互作用為運動變化的根據。自然界的陰陽與人體的陰陽是相互通應的。在時間規律上，天有日、月、季、年的不同節律變化，人的生物節律與自然界節律變化的同步相互通應。《黃帝內經•素問•生氣通天論》說：“故陰陽者，一日而主外。平旦人氣生，日中陽氣隆，日西而陽氣已虛，氣門乃閉。”《黃帝內經•素問•脈要精微論》論四時平脈春弦春夏洪秋毛冬石之不同。還如木火土金水為自然界的五大物質系統，人體亦然，並且與自然界五行系統是相互通應收受的。《傷寒雜病論》中說：“天布五行，以運萬類，人稟五常，以有五臟”。同時地理區域對人的體質、疾病、醫治同樣有影響。自然界的氣候如風寒暑濕燥火的太過與不及也會對人體起極為重要的作用。

總之，“天人相應”是一個最普遍，也是一個最根本的問題，其焦點在於說明天地自然同一法則，同一規律，具有相似性、自然性。這就是《黃帝內經•素問•至真要大論》說的“天地之大紀，人神之通也。”《黃帝內經•素問•舉痛論》上說：“善言天者，必有驗於人”，而且雙方都是相通的，天地的陰陽五行變化與人體的陰陽五行是相互通應收受的。因此，中醫學以“人以天地之氣生”、“天地合氣，命之曰人。”來說明生命來源於自然界物質肯定了生命的起源。同時認為“故生之來謂之精，兩精相搏謂之神”，論述了人的精神意識思維活動是由精化而來的，其中還有一個最核心的問題是天人共同在五行（本身含有陰陽）中相生相剋、對立統一的矛盾中按同一規律運動變化和發展，自然界中經歷著生長化收藏，人經歷著生長壯老死的過程——這就是“天人相應”。中醫以天人相應理論用以說明人體的生理、病理、診斷、治療、攝生預防等，已引起了全世界有識之士的極大關注，它必將對生命科學以積極的促進。

10、運動變化論

中醫學中包含著豐富的“形而上”和“形而下”的科學內容，因而它有很頑強的生命力。她的世界觀基本點是，世界是物質的，物質是運動變化的，物質的運動變化不是孤立的，而是聯繫的，同時認為對立統一法則是宇宙的根本法則，而中醫學理論中天才的貫穿了這些思想，如《黃帝內經》從“氣一元論”等觀點出發，論人體之組成的是“人以天地之氣生”，論人體之生理機能、抗病能力是“正氣”，致病因素是“邪氣”；疾病發生發展就是“邪正相搏”的作用表現；關於“神”的認識更具“道”的哲學觀點，所以中醫學就沒有陷入西方中世紀醫學的覆轍；“靈氣論”未滲透到醫學理論中來，醫學也未被僧侶階級所壟斷，這就是中醫學之所以能夠發展的根本原因。中醫學不但把自己的理論建立在哲學的基石上，而且她自發運用了許多辯證法的觀點，其中，以運動、發展變化的觀點認識生理、病理、診斷、治療，這種認識觀是很符合辯證法的。中醫學認為自然界的一切事物包括人體和疾病不是靜止的，而且是不斷運動變化的。如《黃帝內經•素問•六微旨大論》中說：“物之生，從乎化，物之極，由乎變。變化之相搏，成敗之所由也。”至於人體，每時每刻都在運動變化著，一生經歷著生長壯老死的過程。疾病也都是運動變化的，尤其是外感熱病尤為明顯，這種運動變化的根本原因，不在於事物外部，而在於事物內部的陰陽矛盾的對立統一、消長、轉化，陰陽矛盾是事物“變化之父母，生殺之本始。”它成功的把對立統一用於理法方藥的各個方面，眾所皆知，本文不再贅述。在世界科學史上，自古迄今，把運動變化貫穿於本學科的自始自終各個方面，除中醫學外，實屬罕見。這種運動變化觀與孤立靜止觀形成鮮明對比，是中國哲學與中醫學有機結合的優長，對於現代科學（包括生命科學）極富啟迪之作用。

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試對物理學—中醫—周易之比較與反思

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摘要：現代科學是以牛頓力學的宇宙模型而確立的從物質的有序性去認識世界的觀念，以及其還原論和實驗研究的方法，還有那描述自然的思想，統治了近現代自然科學達三百年之久，被認為是千古不變的科學準繩！相對論的出現，驅散了關於絕對空間和絕對時間的幻覺。量子論的創立，驚醒了對可控測量的迷夢，因而從根本上改變了人們對世界的看法，於是當代科學的先鋒主流學科——物理學便成為自然科學的基礎，其影響已還還超出技術領域。而擴展到思想和文化領域，導致了人們的宇宙觀及其有關觀念的重大變革，隨著相對論等現代自然科學理論的相繼出現，人們驚奇地發現，因這些成就而逐漸明朗化的科學背景與中國古代特別是中醫學、周易的科學哲學思想有著異乎尋常的相似之處，原來當現代物理學的基礎首先同經典的科學基礎分離時，它的前沿便向東方移動，與中國古代特別是中醫與周易的思維方式靠近，這一奇妙的歷史現象更是說明任何學科在高層次是互通的，是以鼓舞筆者對物理學——中醫——周易進行了比較和反思研究，況且現代科學研究原子、亞原子世界已超越了感覺世界，超越了形象和語言。隨著科學研究不斷深入到物質內容，因此必須放棄越多的日常語言和固有的習慣概念。可想而知，生命世界包括並遠遠超越了原子世界，對生命過程的描述，顯然不是有用一種現代醫學語言所能完成的，況且孰也不曾給科學以絕對的一次成形的永久不變的定論，中醫作為一門過程的科學，演化的科學，同時中醫文化提及了世界上任何文化無法企及的東西，本身就是一門獨物的科學，拙文之所以進行物理學——中醫——周易之比較與反思旨在於斯！

关键词：物理學, 中醫, 周易, 比較, 反思

《周易》是中國古代一部集政治、軍事、社會、自然於一體的百學科之大成，堪稱中國文化之源。它的主要內容是對宇宙萬事萬物共同遵從的基本過程的探討。這必然涉及宇宙的各個方面的層次，當然也就涉及到當代科學的先鋒主流學科——物理學。

中醫與周易同源，其以防治疾病為目的，然“死生反掌，千里毫釐”“人命至重，貴于千金”，要做到“察隱、回天、通便、萬全”就必須“窮理盡性，格物致知”“上極天文，下窮地理”方能“中悉人事”。故有“不知易，不足以言大醫”、“醫易相通，理無二致”之謂。中醫認為：人與自然息息相關，人包含於宇宙之中，她就必然遵從宇宙變化的根本規律，中醫合理地應用了周易理論，並為之提供了一個廣闊的實驗陣地，促進了周易學理論的發展。同時使中醫理論更富有全息統一，整體協同思想。其中在中醫學典籍、周易學典籍中不乏深刻地物理學見解：玻爾是在太極中發現了作為量子力學基礎的並協性原理，惠勒從薑子牙手中指揮一切的“無”字旗中看到他近來年致力宣導的質樸性原理，哈肯認為他所創立的協同學興中國古代思想在整體性觀念上很深的聯繫，並表示很想學習中醫，瞭解中醫是怎樣處理各個部分之間的相互聯繫的，霍恩與吳忠超完成了第一個“有生於無”的宇宙自足解，大衛發現當下降的階梯10-34cm時“整個世界是一個整體”。普利高津指出：“我們正站在新的起點上，我們不應忽視物理的、樂觀的科學思維與中國思維很相似”“……這一切表明，中醫、周易中的物理與近代物理學有極為相似之處，然而，又具有與現行物理學理論迥異的特徵。這是由其研究對象，產生背景、思維模式等因素決定的”。

《周易》是關於“道”的經典著作，“道”是指宇宙間萬物發展變化的過程。而《周易》中的“易”有三義：曰簡易、曰不易、曰變易。有人也認為《周易》中之易可以理解

為關於事物簡單的變化過程的理論。“易學”是關於萬事萬物簡單的本身因有的變化過程，它的研究對象是物質世界，課題是探討物質世界統一的最根本的變化過程：堅信宇宙（包括人體生命科學）來自同一根源，遵從著統一的過程並對之進行不懈的探討並用以認識世界。

中醫研究的對象是人，研究課題是防治疾病，強身健體，這似乎與物理學無關，但由於受易學的影響，使中醫從來都認為人既是大自然中的人，又是社會中的人，因此，中醫不是孤立地去研究人體，而是把人作為大自然及社會中的一個有機組成部分去考慮。

物理學的研究對象是物質世界，其課題是：關於物質世界最簡單、最普遍、最一般、最基本的固有變化過程的探求及其應用。雖然自牛頓以來，物理學採取一種分科式研究方法，形成了一個龐大的學科體系：經典力學、電學、磁學、光學、量子力學等，然而作為物理學家最根本的追求和目標，卻一直未變，那就是對自然過程的尋求。

雖然，易學和物理學都面對物質世界，都有著對宇宙統一性的追求和描述，都認為這統一性寓於簡單性之中。然而，兩者對“物質”“宇宙”的意義和範疇都有不同的理解。

從物理學對統一過程的研究的主線中不難看出這一點，這個統一中缺少了“人”！自牛頓以來直至於上世紀六十年代，物理學的研究對象從未跨過生命界限，因此，在物理學家看來，物質世界是一個非生命的物質範疇，自上世紀七十年代以來，隨著對複雜體的研究，普利高津、哈肯等打開了跨過生命與非生命的鴻溝，將生命體也納入了物理學研究的範疇。然而，目前物理學的主流派仍認為：物質世界是一個“獨立於人之外的物質世界”。物理學家也只尋求那個獨立於人之外的宇宙和諧而又統一的過程。在對宇宙統一性的尋求中將人斥之於外！牛頓孤立式的分析盤距著最後的一隅！當然也有為數不少的非主流派物理學家認識到物質的範疇應當包括人，大衛•玻姆指出：“有必要把世界看成未被分割的整體，宇宙的所有部分包括觀察者及其使用工具融合統一在一個整體中。”在西方科學界和哲學界物質觀正在發生著深刻的變化，對“生命是非物質的”及“心物二元論”的批判使現代哲學日臻完善……一種將生命神（神奇的變化），文化納入物質範圍的新物質觀正在全球範圍興起。並將形成一種科學的新生……

而易學產生於兩千多年前的中國，究其淵源，可以追溯到上古時代。當時社會分工尚未完全形成，人們對事物的認識主要是從整體著眼。以後逐步發展成為現在所說的“整體性思維”，其基本特徵是“認為萬事萬物來源於同一本源是一個相互聯繫的變化著的整體，遵從著統一的規律。它以簡單 、形象的符號和質樸的原理來描述自然界。因此其中所蘊含的物理學思想也就有一種質樸的“美”。在中醫理論中這種“整體觀”體現在（1）宇宙是一個整體，人是宇宙的一個有機的組成部分；（2）人是一個整體，組成人體的各部分要素是有機地聯繫的。（3）人與宇宙自然遵從著共同的基本規律。既不存在獨立於“宇宙”之外的人，也不存在獨立於人之外的“宇宙”，整個世界渾然一體，息息相關，運動變化不息，這就是中國的“整體恒動觀”的文化之源“易”學的寫照。

兩種不同的思維方式，一種著眼于分析，顧“小”而失其“大”，另一種縱觀整體，求“全”卻存其“粗”。

只有既是整體的恒動的，又分解分析地去觀察事物，才能對事物有更完整、更深入的認識，兩種方式互為補充，均不可偏廢。同時，應當看到：當我們用整體恒動的方法去考察事物時，就不能同時應用分解分析的方法；當我們對事物進行分解分析時又難以顧及到整體。我們認為這是一種廣義的測不准觀念，同時又是一種廣義的並協關係。

目前，西方科學思潮正向整體論回歸，而東方的整體性研究也正吸收著西方的科學技術，兩者的“交感”、“和合”必將導致新的思潮，也必然影響著未來的物理學，導致整個科學的革命。

在不同的思維模式下，東西方對事物的考察方法也有顯著的差異。

西方物理學家也承認“領悟”的作用。但必競是以觀察為主的。在經典物理實驗中，人是作為“觀察者”而獨立於實踐之外的。因此，可以建立於一系列獨立而實踐者的客觀“指標”。強調實際的可複性：採取先進的技術設備（放大感觀作用）使之精細化，使觀察“客觀化”，也很“科學”。但在量子力學實驗中，觀察者已不可避免地影響著“被觀察的對象”而成為“參預者”。於是，“科學”中出現了與“合理的實在論思想”相悖的問題。這引起愛因斯坦與坡爾長達二十八年之久的爭論……

如果承認宇宙是一個整體，承認宇宙萬事萬物是相互聯繫的，那為什麼從本質上來說就沒有絕對地獨立於實驗之外的觀察者，在某些實驗中觀察者對實驗對象很弱而忽略其影響，只是一種合理的近似處理和特例，但若“觀察者”對實驗的干預和影響確實不能忽略時，那麼，一定要強調和去設計排除這種影響的“客觀”指標是否“太主觀”了呢？

在這裏“客觀”中隱含著“主觀”的因素，而“主觀”中卻又有著“客觀”的背景。其實，既然是“觀”就必有“主”，而要“觀”成立就必須有“客”，兩者之間並沒有明顯的分界線。這也許又是一對測不准觀念吧！

“外求”和“內求”，過分地強調某一方面都是不對的，將兩者協調起來才更有利於對問題的探討。因此，利用現代科學技術手段，對“醫——易”中的科學思想進行探討是必要的；而嘗試參加一些東方科學實踐開拓西方物理學的考察之道也不是需要的嗎？

基於思維模式的不同，考察方法的差異，在建立理論“規範”和“基本”描述方法時，醫——易、物理就大相徑庭了。

三百年前，牛頓的經典力學就奠定了物理的基本研究模式和規範，這就是所謂的牛頓風格：“第一步對自然現象簡單化、理想化，建立一個與物理世界某些特點相一致的數學構築，利用數學技巧可推演出某些結論，然後把這些結論應用於到可觀察到的物理世界。在第二步中，是在經驗資料和根據經驗得到的定規、法則之間進行比較和對照原來的數學構築得到修正，或者說形成新的一步，並依次導致新的第二步……形成一種與自然界的複雜性非常接近的數學構築，第三步，是利用前兩步得到的結果，以數學的精確性來演示自然界的運行過程，構建牛頓“宇宙體系”。

三百年來，儘管牛頓所建立的經典力學的理論框架一次又一次的被突破，而這種基本研究模式和規範卻基本保留下來，並推廣應用於其他學科。因此，不少人認為違反了“科學”，就是“不科學，偽科學”或者“反科學”。然而，當我們為建立一些理想模型而削去一些“細節”和“枝葉”時，是否也削掉一些主要的甚至是基本的東西？西方科學家編織著精細的科學之網，但是只要是網，就有魚從網中漏掉。自然規律存在著互補性。因此也就存在著一種與牛頓規範互補的“科學規範”和“模式”。“陰陽、五行、八卦”就是整體性思維模式下的一種“科學規範”。

因此，孰也不曾給科學下一個絕對的、永久不變的、一次成形的定論！

基於整體性思維，中醫和周易不是認為去尋求描述各種不同事物、不同過程、不同層次、不同性質的各自的量集及其相互關係的根本的。而是認為：既然宇宙是一個整體，宇宙間的萬事萬物從同一本源化生而來，因此，它們就不可避免地挾帶著一些統一的也是根本的信息，遵從著統一的也是根本的過程。因此，它們沒有去尋求描述不同事物、不同過程的各自的特徵量集，及其作品自身的過程，而是尋求對宇宙（包括人身）萬事萬物及其各個層次、各種過程所遵從的共同過程，及描述這些不同事物，不同過程的統一的量及其變化過程。這對量就是“陰”、“陽”。“陰”、“陽”及其關係決定著事物的性狀，其變化過程（或規律）決定了萬物的變化過程。宇宙間所有事物的一切過程，都是“陰”“陽”變化的具體體現。

宇宙間的萬事萬物無一不是“陰”、“陽”、分、合、交感的的結果。因此事物“陰”、“陽”的運動、變化、轉換過程決定著事物的過程。因此，無論是宇宙各個層次，還是其他方方面面無一不可用陰陽運動的過程來描述。“智者察同，愚者察異”。這種用統一的量來對不同事物、不同過程進行統一描述的“規範”，也是整體性思維的必然結果。它以“太極、陰陽、五行、八卦……”的模式出現。

古老的陰陽學說給出陰陽變化的一般過程，而並未去尋求其在各個具體事物具體過程中體現出的具體量集的量化關係。因此揭示“陰”、“陽”的物理實質並尋求一些具體做法過程中的可測性，“陰”、“陽”標誌量是東西方科學結合的一種有效方法。既是說，我們“既要察同，也要勘異”。

實驗是物理學的基礎，目前出於物理學主流派的研究對象是以人為外物的物理世界，因此實驗基本屬於物——物（狹義的，以下同）相互作用的範疇，在實驗室中，簡化模擬自然界的某些過程，使用先進的儀器，進行量化分析是這類實驗的特點，這對深入認識事物某方面的性質無疑是有用的。目前這類實驗基本體系基本形成，隨著儀器精度的提高，日益精細化，並有很高的可複性。雖然在量子力學實驗中，人已不可避免地干預著實驗而成為“參預者”，但實驗對象和手段基本上仍屬於物——物相互作用範疇。

而周易的研究對象是包括人在內的物質世界，所以它的實驗類型就不僅有物——物相互作用的實驗。還有（1）人——物相互作用實驗；（2）人——人相互作用實驗；（3）相互作用實驗等。

這些都突破物——物相互作用範疇，打破了人是觀察者，最多只是“參預者”的規範，在這裏人本身就是實驗的參預者，甚至是主導者。而自相互作用則是集觀察者和實驗對象於一身的特有實驗。

近年來的生命科學為中醫學（中醫學的內涵已超出生命科學範圍）和周易學開闢了精細研究某些現象的領地。而生命科學實驗是一個古老而又嶄新的領域，其實驗對象又涉及人，特別是人的超常狀態，有些實驗信息現代科學儀器還不能反映，又受環境條件的影響。因此，這類實驗的可測性，條件和可複性條件較之物——物相互作用要苛刻得多，用後者的條件來要求前者是值得商磋的。

另外，值得指出的是：中國古代道、釋、儒、醫……各家重視對宇宙的觀察和觀察。在宇宙的這個天然的大實驗室中，一切過程自然地而不是模擬的出現，和諧而優美。而這些過程所蘊含的物理學內容遠非任何物理實驗室的類比實驗可比。因此，對真實過程的考察構成了東方物理學的重要“實驗”基礎。在這些真實過程中尋求宇宙和諧而統一的過程是中醫和易學的重要側面。

基本思維方式的不同，對基本概念和基本關係理解的差異，採取相異的考察方式、建立不同的規範和模式，也就形成了不同的科學體系，繁衍出不同的科學內容。這正是東、西方主客分野所在。

物理學從來都是以帶頭學科的面目出現的，而當物理學的基本研究對象發生變化時，物理學在觀念上就有一個突破。回想一下物理學由宏觀層次進入微觀層次，因觀察者隨著介入實驗而引起的軒然大波和觀念性變革，就不難理解當前生命科學實驗所引起的論戰。既然物理學的研究對象從非生命體走向生命體是歷史的必然，那麼，將“人作為被研究的客體”也是歷史的必然。既然，在物理學實驗中，人從孤立的“觀察者”走向“參預者”，那為什麼又不可以走向實驗的“參加者”，進一步走向“集觀察者和實驗者於一身的實驗合一者呢”？這樣物理學才能真正做到從“一無所有到應有盡有”。才可以建立真正的統一理論。這由東西方科學“交感”、“和合”而產生的前景不是很誘人嗎？何況這影響的遠遠不止於物理學……

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新书介绍 —《伤寒论研习指导》英文版

张恩勤

康泰伦敦七诊所

本人新编《伤寒论研习指导》英文版（以下简称“新书”），于今年 6 月由人民卫生出版社出版、发行，已与读者见面。最近，不少读者来函，询问“新书“的有关信息。故今特撰此文，一并回答诸位朋友。

1.《伤寒论》的历史沿革

《伤寒论》是由东汉医家张仲景所著，原名《伤寒杂病论》，其内容包括伤寒和杂病两部分，约成书于东汉末年（公元 200-210 年）。由于当时封建割据，战乱不休，致使该书散失不全。后经晋代王叔和等医家整理，把原书的伤寒热病部分，整理成《伤寒论》；而杂病部分，则整理为《金匮要略》。

2.《伤寒论》的学术价值

张仲景以《黄帝内经素问-热论》“六经分证”为基础，结合自己的临床经验，博采众方，把外感热病（相当于西医传染病类）错综复杂的临床症候和演变，加以归纳、总结和升华，创造性地提出了“六经辨证”理论，主要用来诊断和治疗伤寒热病；同时，该书还奠定了后世中医学“辨证施治”的理论基础，可谓我国第一部理法方药完备的临床医学专著。有的学者指出，《伤寒论》之于中医学，犹如牛顿定律之于物理学和欧几里德原理之于几何学一样重要。

3.我为何编写《伤寒论研习指导》？

《伤寒论》为一古典医籍，目前仍被列为中医院校课程之一。但因其文辞古奥，医理难深，对初学者，特别是对那些汉语基础差的国际学生，更是难上加难。本人总结多年来用英文教授《伤寒论》的经验，在原《伤寒讲稿》的基础上，加入近 10 年来国内外有关《伤寒论》理论、临床和药理研究的资料，编成《伤寒论研习指导》英文版。书中对原文的翻译和注解，力求做到既忠于仲景原文，又符合英文表达习惯。

4.突出近代临床应用

“新书”对每一方剂，均设“近代临床应用”项。在全面介绍《伤寒论》理法方药的同时，详细介绍了近代国内外专家和本人运用《伤寒论》方剂的临床经验，即所谓“古为今用”，颇具时代特色和实用性。有的学生说，读《新书》一本，胜读百份中医杂志，于此“可见一斑”。

5.提倡药理实验

走中西医结合和中西药结合的道路，是我一生坚持的学术原则。“新书”在方后特设“近代药理研究”项，收集了国内外医学刊物（主要是中国、日本、台湾和美国）有关《伤寒论》方剂药理研究的报告和文章，力求用现代药理学的理论，来解释《伤寒论》方剂的科学性，进一步扩大其临床应用范围。

6.古今药量换算法

东汉末年与近代的度量衡有很大差异。为保证用药安全，“新书”附录部分专列“东汉与近代剂量折算表”；同时还介绍了“古今剂量简易换算法”，以帮助学生和初学者掌握古今中药剂量换算。

7.新增当代有效验方

由于历史的原因，《伤寒论》所载的方剂并不能满足所有病症的治疗。为此，“新书”又新增许多当代有效验方，以满足今日临床的需要。如“颈椎病方”，“抗孝喘方”，“抗抑郁症方”，和“抗性病方”等。读者不妨一试。

8.英国禁用中草药

“新书”在附录部分，专列“英国禁用中草药”附录。且将所列药物，全部用汉字、拼音和拉丁语三种文字表述。如您在英国行医，这一部分将会对您很有用处，以避免“用药犯规”。

9.感谢同仁相助

该书由英国米德瑟斯大学中医专业负责人程銘钊博士作序；英国 ATCM 会长沈慧军和英国 FTCM 会长马伯英，对编写“英国禁忌药部分”予以指导，还提供部分资料。为此，本人特表示衷心感谢！

最后，请允许我强调一下有关购买该书的信息。书名：《伤寒论研习指导》英文版；书号：ISBN 978-7-117-15778-0/R.15779；人民卫生出版社，北京市朝阳区潘家园南里 19 号世界医药图书大厦 B 座；购书热线：86-10 5978 7399；发行：pmphsales@gmail.com 。

敬请诸位同仁和读者指正。

Introduction to a new TCM book 'Shang Han Lun Study Guide'

Engin CAN

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The book, entitled 'Shang Han Lun Study Guide' by me, has been published by People's Medical Publishing House (PMPH), in June 2012.

This new book is written with the aim of helping international TCM students and readers systemically to study methods of differentiation and treatment of the six-meridian diseases , the original preparation and administration, and current application and pharmaceutical research on formulae in the book 'The Treatise on Cold Damage' (Shang Han Lun) .

This book is mainly composed of three parts, including Introduction to 'The Treatise on Cold Damage', Chapter 1 to 8 and Appendixes.

In the part of introduction, the author and history of 'The Treatise on Cold Damage' as well as its great contributions to the development of clinical science of traditional Chinese medicine (TCM) have been stressed.

In parts of Chapter 1-6, I have systemically discussed the differentiation and treatment of the main syndromes and associated, aggravated and transmuted patterns of the six–meridian diseases. Particularly, all the formulae attached have been described in titles of Chinese and English names, ingredients, preparation and administration, action, explanation, current clinical applications, current pharmacologic research and caution. Readers can get new valuable information on researches of the formulas with modern technology and science in recent 10 years.

In Chapter 7, the differentiation and treatment of sudden turmoil disease have been discussed; While in Chapter 8, I also introduce the diagnosis and treatment of 'yin-yang transmission' and relapse diseases. Additionally, many new effective formulae for treating common sexual transmitted diseases have been listed.

In the appendix 1-2, two methods for the conversion of dosage to modern amounts can be found. If you work in the Great Britain, the appendix 3 will be useful for you, as it details all the official documents about the usage of certain herbs that are restricted in recent years in the U.K.

Index of formulae and reference end this book, you can find any formulae introduced in this book and main sources of information as easy to find as possible.

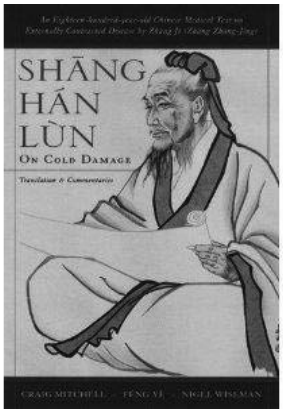
Dear readers, would you like to know about how to study 'Shang Han Lun (The Treatise on Cold Damage)'? According to my own experiences, we should try the following ways:

1. Master the original texts of the Treatise on Cold Damage: 'The Treatise on Cold Damage' is a very old classical book which was written in an archaic style of language in the Eastern Han Dynasty (25-220 CE). So, we should first learn classical Chinese and then study the original clauses of 'the Treatise on Cold Damage' in order to exactly understand the original texts.
2. Focus on the formulae: The formulae in 'The Treatise on Cold Damage' and the 'Synopsis of the Golden Cabinet' are the most valuable parts of the books. We exert ourselves to remember them and also do further research on them and all their elements – ingredients, dosages, original methods of preparation and administration, actions, indications, current clinical applications and pharmacologic studies, as well as special notes and cautions for some of the formulae.
3. Combination of TCM and Western medicine: 'The Treatise on Cold Damage' is an historical TCM book. If we employ both Chinese and Western knowledge and techniques to research it, it becomes more scientific and practical. We should not just repeatedly read all its clauses over and again without adding new developments and discoveries. Some of readers may have strong Western medicine backgrounds, which I believe should be seen as an advantage, not a weakness. We should work together, step by step, to develop and modernize TCM theory for the future.

Finally, I am grateful to Dr Ming Zhao Cheng, Leader of postgraduate program of Middlesex University for writing a foreword of the book; and to Dr Huijun Shen, President of ATCM and Professor Bo-ying Ma, Chairman of FTCM for supports in editing the part of 'Herbs that are restricted in The UK'; and I also feel indebted to Miss Xu Qian-qian, the responsible editor, for editing this book successfully.

May TCM spread all over the world and the theory and formulae of 'The Treatise on Cold Damage' benefit the health of mankind.

The author's notes: If you are interested in this book and wish to get more information on it, please try to ring the publisher on phone number 0086 10 5978 7399/5978 7338 ; or e-mail: pmph@pmph.com ; for sales, you are better to contact the PMPH at pmphsales@gmail.com; Or to me : prof.engincan@hotmail.co.uk



The treatment of ovarian cysts with Traditional Chinese Medicine

Trevor A. Wing

Abstract: Ovarian cysts are commonly seen in TCM gynaecology practice. In almost all cases, patients will present with a previous conventional medicine diagnosis usually made with either ultrasound or Magnetic Resonance Imaging (MRI) or Computed Tomography (CT) to differentiate between simple (functional) and complex (non-functional) cysts. Most simple cysts will resolve spontaneously and resolution can be speeded up with Chinese Herbal Medicine (CHM). Complex cysts include many different types and a small percentage will be malignant, leading to ovarian cancer. Treatment success of complex cysts using TCM is variable depending on the type of complex cyst and in all cases malignancy must be eliminated before commencing TCM treatment.

Key Words: Ovarian cysts, Concretions, Conglomerations, Pelvic masses, Stasis, Stagnation, Phlegm, Ovarian cancer.

Introduction

Ovarian cysts are a common condition presenting in any TCM gynaecology practice. They occur at any time in a woman's reproductive life and very occasionally pre-puberty and post menopause. Ovarian cysts will be present in about 7% of reproductive age women (Borgfeldt and Andolf 1999). In most cases a woman will never know she has ovarian cysts as 82% are simple physiological cysts and resolve spontaneously in the following one or two menstrual cycles (Borgfeldt and Andolf 1999). These are not considered pathological and unless they become very large and cause pain in conventional medicine they are seldom treated. The most common effect of ovarian cysts on women is irregular or delayed menstruation. In TCM this is considered pathological and should be treated, particularly when conception is desired. In a small number of cases ovarian cysts are complex in nature and are always considered pathological. There are many types of complex ovarian cysts and it is important for the TCM gynaecologist to be able to differentiate the various types of complex ovarian cysts in order to know which can be treated with Chinese Herbal Medicine (CHM) and which have a high risk of malignancy and need urgent referral for investigation and treatment by a conventional medicine gynaecologist.

Ovarian cyst development

Ovarian cysts are sacs containing fluid or semisolid material that develop in an ovary or on the surface of an ovary and always originate from antral follicles which contain eggs (oocytes). They normally either ovulate or collapse at the end of a menstrual cycle. If a woman fails to ovulate for whatever reason then the ovulatory (Graafian) follicle either collapses during the luteal phase of her menstrual cycle or increases in size under the stimulation of Follicle Stimulating Hormone (FSH) becoming a cyst. The term used to describe Graafian follicles which are not large enough to be classified as cysts (30mm in most experts definition) are referred to as Luteinized Un-ruptured Follicles (LUF) and although the cycle is an anovulatory cycle and therefore an infertile cycle, in most cases the LUF does collapse at the end of the menstrual cycle and the following cycle is a normal menstrual cycle (Qublan, Amarin et al. 2006). In the cases where the LUF does not collapse it becomes a simple (physiological) cyst which will still be present in the next menstrual cycle and can develop in size to become painful and also disturb subsequent menstrual cycles Ovarian cysts are common and the vast majority (90+%) are the harmless simple physiological type (also called functional cysts) and 65% will resolve spontaneously in 6-8 weeks (Christensen, Boldsen et al. 2002) and can develop at any time in a female's life from infancy to puberty to menopause, including during pregnancy. A small percentage (<10%) become complex non-functional cysts containing semisolid material and most are benign but a very small percentage (<1%) become malignant leading to ovarian cancer.

Ovarian cyst aetiology

The aetiology of ovarian cysts is largely unknown and they are a result of the normal physiological development of primordial follicles to antral follicles to a Graafian follicle and then ovulation not progressing normally. There are many hypotheses as to why this happens but as yet no scientific understanding of the cause. Abnormal gamete development is the most favoured aetiology at the moment for the development of complex cysts and carcinogenic factors almost certainly contribute to or trigger the change from benign to malignant complex cysts as there is a higher incidence of malignant ovarian cysts in industrialised countries compared to non-industrialised countries. There are risk factors which make a woman more likely to develop ovarian cysts. If she has a history of sex hormone abnormalities or has undergone repeated IVF cycles or has been taking synthetic hormones for a long period of time she has a higher probability of developing ovarian cysts and women who smoke cigarettes have a 2 fold increase risk of developing ovarian cysts.

Ovarian cyst classification

The two types of functional cysts are simple cysts which form after anovulation and corpus luteal cysts which form following a normal ovulation. Both are

harmless and as already discussed usually resolve spontaneously without intervention. Non-functional (pathological) cysts are classified by the type of solid or semi-solid material contained within the cyst. Tumours of low malignant potential make up approximately 20% of ovarian tumours, less than 5% are malignant germ cell tumours, and approximately 2% are Granulosa cell tumours (Sykes, Quinn et al. 1997). The most common are Epithelial tumours accounting for 40% of complex cysts. There are three types, Mucinous cystadenoma, Serous cystadenoma (both benign) and Cystadenocarcinoma of which 25% will be malignant. The next most common are Germ cell tumours accounting for 30% of complex cysts. There are two types, Dysgeminoma (benign) and Teratoma (also called Dermoid cysts), and between 1% -30% will be malignant with the lower percentage associated with later reproductive life and the higher percentage associated with early reproductive life. The next most common types are benign Endometriotic cysts (also called chocolate or Endometrioma cysts) accounting for 10% of complex cysts and Sex cord-stromal tumours which also account for 10% of complex cysts. There are two main types, Granulosa cell tumours and Sertoli-Leydig cell tumours of which 20-30% will be malignant. The least common complex cysts are benign Haemorrhagic cysts accounting for 5% and Kukenberg tumours also accounting for 5% but these are 100% malignant and always metastatic secondary tumours from a primary tumour elsewhere in the body. Ovarian cancer accounts for 50% of all deaths from gynaecological cancer and only 35% of women survive ovarian cancer for more than 5 years (Source: RCOG 2008).

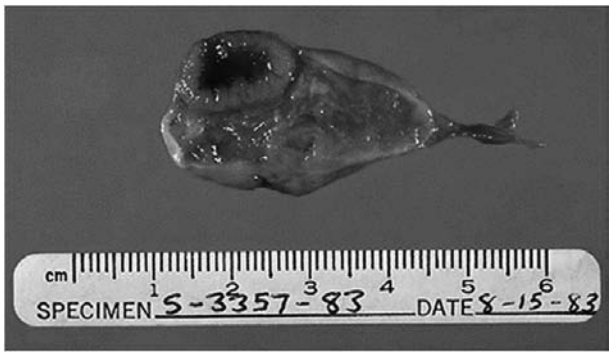


Fig 1 Functional Corpus luteum with smaller Corpus albicans visible

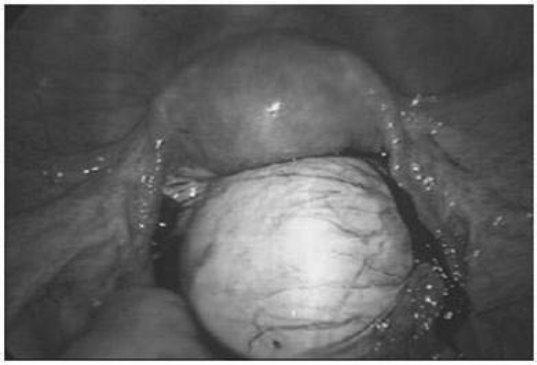


Fig 2 Large functional Simple ovarian cyst with uterus and tubes visible above

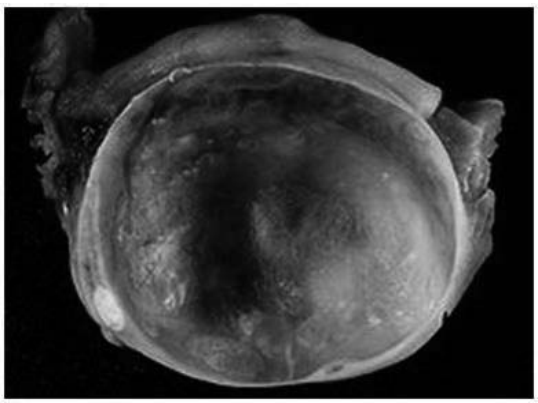


Fig 3 Simple ovarian cyst dissected to show thin wall membrane

Fig 4: Teratoma or Dermoid cyst

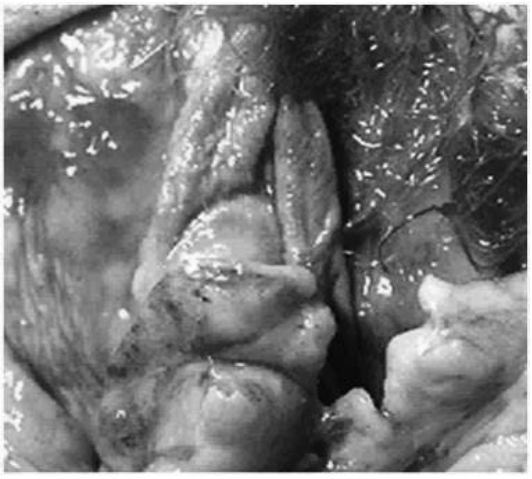


Fig 5: Teratoma contents showing combined embryonic tissue and teeth and hair

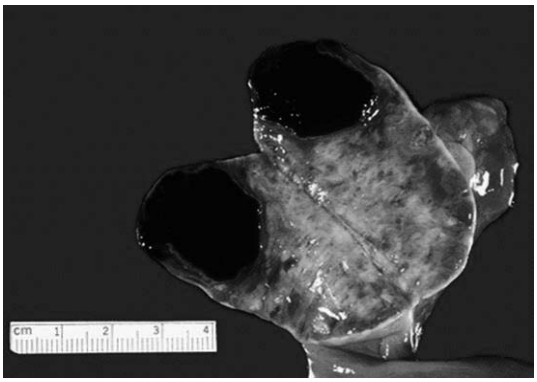


Fig 6: Small haemorrhagic cyst.

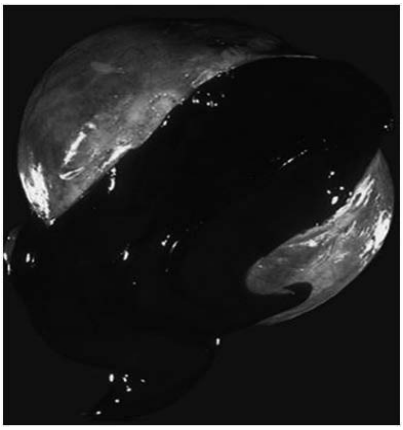


Fig 7: Endometrioticcyst showing chocolate like contents.

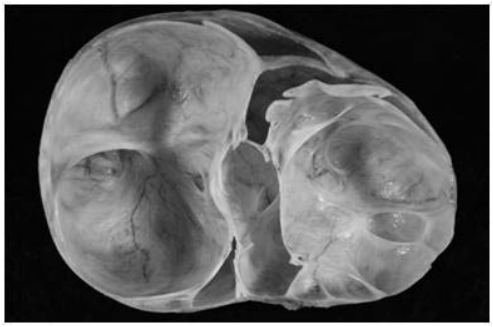


Fig 8: Mucinous cystadenoma.

Ovarian cyst diagnosis and treatment

Conventional medicine diagnosis of ovarian cysts consists initially of differential diagnosis. Women presenting with lower abdominal unilateral pain that ranges from insidious and low grade or severe will always be considered as possibly caused by an ovarian cyst. Attempts to differentiate this from the other possible causes of lower abdominal pain will be made at the primary care point using abdominal palpation for unilateral masses or tenderness. Usually a female of any age with lower abdominal pain will be further diagnosed with abdominal and/or vaginal ultrasound and possibly a serum CA125 tumour marker. With modern high resolution 3D ultrasound machines, a diagnosis of not only the presence of an ovarian cyst but the nature (functional or non-functional) of the ovarian cyst can be reliably made. Further differentiation for the type of complex cyst can be made with ultrasound ruling out malignancy. A small percentage of complex cysts will be classified as high risk of malignancy and will then be finally diagnosed by lab histology after removal during a laparoscopy. The treatment for ovarian cysts in conventional medicine consists of four different treatments depending on the nature of the cyst. Physiological simple cysts usually spontaneously rupture between at 30 and 35mm so the first treatment approach of choice is to follow-up with a repeat scan 6-8 weeks after diagnosis and around 60-70% will resolve without further treatment, occasionally large painful simple cysts are aspirated, although generally aspiration is rare as the recurrence rate is high. Synthetic hormone (GnRH antagonists) treatment is offered to patients with persistent unresolved simple cysts which down-regulate the pituitary gland production of FSH and LH, temporarily eliminating stimulation of the cyst, and many will collapse under this treatment. Cysts that are complex and suspicious of malignancy or are causing pain or cycle disturbance are treated surgically with cystectomy via laparoscopy or laparotomy for very large cysts. The treatment of choice for malignant cysts is Oophorectomy followed by chemotherapy and in some cases radiotherapy.

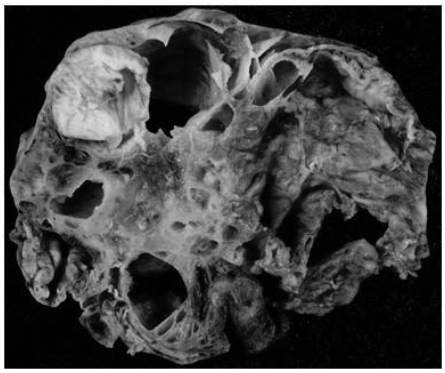


Fig 9: Cystadenocarcinoma.

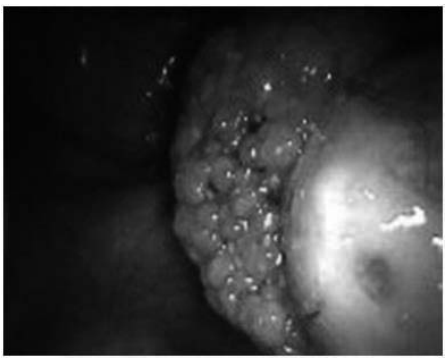


Fig 10 Epithelial ovarian cancer

Ovarian cyst TCM diagnosis and treatment

In TCM today, ovarian cysts are viewed in two different ways. Most contemporary TCM gynaecology texts written in the last 20 years, list ovarian cysts in the concretions and conglomerations section alongside fibroids and other pelvic masses. This of course must assume that one knows the cyst exists and as most are not palpable at the very least a conventional medicine pelvic ultrasound must have been carried out. There is no role in this approach for a TCM diagnosis and the most commonly suggested pattern is stasis and phlegm with the treatment principle being to break stasis and resolve phlegm. There are many variations in suggested formulas. One such formula that can be used if one favours this contemporary approach to treatment is given below and is often very effective.

Pericarpium citri reticulatae viride (qing pi)	10g
Pericarpium citri reticulatae (chen pi)	10g
Rhizoma cyperi rotundi (xiangfu)	15g
Rhizoma Chuanxiong (chuanxiong)	10g
Pericarpium arecae catechu (da fu pi)	10g
Rhizoma pinelliae ternatae (ban xia)	15g
Rhizoma atractylodis (cangzhu)	15g

Sclerotium poriae cocos (fu ling)	10g
Rhizoma curcumae ezhu (e zhu)	15g
Rhizoma sparganii stoloniferi (san leng)	15g
Spina gleditsiae sinensis (zaojiao ci)	15g
Radix angelicae sinensis (dang gui)	10g
Semen coicis lachryma-jobi (yiyiren)	15g
Radix glycyrrhizae uralensis (gancao	5g

The standardised conventional TCM teaching holds that TCM is a dual diagnosis system. The disease diagnosis first and then pattern discrimination second. Therefore one must first make a disease diagnosis which in the case of ovarian cysts can either be lower abdominal pain or irregular menstrual cycles (sometimes early sometimes late) or delayed menstrual cycles (late). Once the disease diagnosis has been made and the signs and symptoms reviewed together with tongue and pulse, then pattern discrimination can be made. In the case of lower abdominal pain the pattern discrimination will always include stagnation, but depending on the severity often can be secondarily stasis and occasionally phlegm. Cycles that are sometimes early sometimes late or always late are categories of pathological bleeding in TCM and there can only be four causes of any abnormal (pathological) menstrual bleeding. Heat (forcing blood to move recklessly outside its pathways). Stasis (forces the blood to move outside its channels). Vacuity - Spleen or Kidney Qi (not holding, containing, restraining and astringing blood in vessels) or Trauma (severs the vessels causing bleeding). In the case of ovarian cysts trauma can be eliminated as a cause so three remain, Heat, Stasis and Vacuity. There are five types of Heat and I have listed one guiding formula for each. Of course there are many appropriate formulas for each pattern and which to select is very much individual practitioner personal preference.

Replete heat	Wen Qing Yin
Vacuity heat	ZhiBai Di Huang Wan
Depressive heat	Dan Zhi Xiao San
Phlegm heat	Wen Dan Tang Wan
Damp heat	Wen Qing Yin

Stasis is always secondary and in combination with Heat or Vacuity, so one must add stasis breaking medicinals to the above and below formulas.

In patients with Vacuity, the two patterns are: Spleen–Gui Pi Tang and Kidney – Jin Gui Shen Qi Wan.

It cannot be stressed enough that very careful pattern discrimination based on the key signs and symptoms is essential to choose the correct treatment principle and obtain high success rates in treatment of ovarian cysts.

Summary

In summary, ovarian cysts are common and will be encountered by TCM Gynaecologists often. There are two types of ovarian cysts, simple benign cysts and complex cysts which are occasionally malignant. Care must be taken to ensure that the correct conventional medicine diagnostic tests have been carried out to eliminate malignancy before embarking on treatment with TCM. Once it has been established that the cyst is benign, simple cysts can be treated with CHM safely and with a high degree of success. Complex benign cysts are somewhat harder to treat and will require stronger formulas for longer and with stronger Medicinals. Some complex cysts are very hard if not impossible to resolve with TCM such as Teratomas and its advisable not to set patient expectations high. Two approaches can be taken to treatment, either the modern contemporary approach which defines all ovarian cysts are concretions and conglomerations and treats with stasis breaking and phlegm resolving Medicinals or the pure TCM approach which necessitates carrying out a disease diagnosis and pattern discrimination and treating according to the diagnosis. Both approaches in my experience give results, however a pure TCM approach in my experience gives better results.

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Biography

Dr. Trevor Wing, BSc (hons), MSc (dist), DMed, is a recognised specialist in the natural medicine treatment of female health conditions, with particular interest in applying scientific research to TCM and naturopathic medicine. Trevor runs a busy private clinic in London where he carries out evidence based research and treats a wide range of gynaecological and obstetric conditions including ovarian dysfunction, tuboperitoneal disease, uterine disease, gestational disorders, post partum disorders and menopausal syndrome. Trevor graduated with a first class honours degree from LCTA London. Trevor has also studied conventional reproductive medicine and holds an MSc in oriental herbal medicine, an MSc in obstetrics and gynaecology diagnostic ultrasound and a doctorate in medical imaging. Trevor has also practiced gynaecology at Nanjing First Medical University Hospital, China and regularly lectures at post graduate level on natural medicine gynaecology and obstetrics and medical imaging at several universities in Europe and the USA. Trevor regularly contributes to professional journals with papers on his own research and treatment approaches and is a peer reviewer for the journals "Human Fertility", "Complementary Therapies in Medicine" and "Reproductive Biomedicine Online". Trevor is also an associate lecturer at the University of Portsmouth and a faculty member at the University of Bournemouth in medical imaging and a fellow of the Royal Society of Medicine and Fellow of the Register of Chinese Herbal Medicine.

Treating endometriosis with the integration of Traditional Chinese medicine and Western medicine

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Abstract: Endometriosis has become an increasingly common health condition of women worldwide. It is not only the main cause of severe pelvic pain, but also one of the most common causes of infertility, which has a significant impact on women's quality of life. Traditional Chinese medicine (TCM) is a most effective and natural therapeutic treatment of endometriosis, while conventional Western medicine (WM) may remove the ectopic endometrial tissues surgically to achieve immediate relieve of pelvic pain. However, TCM integrated with WM can be greatly beneficial in treating endometriosis. In this article, illustrated by case studies, the authors will discuss the aetiology and pathology from both a TCM perspective and WM understanding, and introduce the unique comprehensive TCM treatment strategies and the most advanced WM treatment options.

Key Words: Endometriosis; Infertility; Traditional Chinese Medicine (TCM); Western Medicine (WM); TCM differentiation; Laparoscopy.

Introduction

Endometriosis is an oestrogen-depended inflammatory disease characterized by development of endometrial-like tissue outside the uterine cavity, most commonly in the pelvic peritoneum, ovaries, the uterosacral ligaments, and pouch of Douglas, and in rare cases on the abdominal wall, bladder, diaphragm, and pleura.

It is estimated that 15 percent of menstruating women between the ages thirty and forty have endometriosis, although it can begin as early as the teenage years [1, 4]. Up to 50 percent of infertile women may have endometriosis [2], and some studies suggest that this oestrogen-sensitive disease may also cause infertility [3]. It is the main cause of pelvic pain, although there are around 40% of women diagnosed with endometriosis report no symptoms other than infertility [4]. Approximately 27% of women with mild endometriosis also have ovulatory dysfunction or luteal phase defect [4]. The condition is classified according to its severity-mild, moderate or severe.

Clinical manifestation

The clinical presentation is variable. Some women have no symptom at all. The main clinical manifestation of endometriosis is a recurrent, generally cyclical, severe lower abdominal cramping pain that gets progressively worse. Other presentations include dysmenorrhea, dyspareunia, pathological vaginal bleeding, intestinal upset, back pain, tenesmus and infertility. In some cases, the high level of pain caused by endometriosis can deplete a woman's energy and cause depression and anxiety.

Causes of endometriosis

The exact cause of endometriosis remains unknown, the pathophysiology of endometrium is likely to be multi factorial and several factors are thought to be involved in the development of endometriosis. Retrograde menstruation remains the dominant theory for the development of pelvic endometriosis [5]. It suggests that some endometrial debris exits the uterus through the fallopian tubes and implant on peritoneal surfaces and elicit an inflammatory response. However, retrograde menstruation is unlikely to be the sole explanation, and it needs additional factors to account the observation that many women with retrograde menstruation do not develop endometriosis. Affected women may have an immune dysfunction that interferes with clearing the lesions. The quantity and quality of endometrial cells, as well as angiogenesis may also have a role in the development of endometriosis. Disease at distant sites is probably caused by lymphatic or haematogenous spread or metaplastic transformation. Genetic linkage studies suggest a degree of inherited predisposition, its incidence in relatives of affected women is up to seven times the incidence in women without such a family history [6]. In addition, there are many findings of altered gene expression and epigenetics which might be result of environmental factors and altered metabolism.

Risk factors include obstruction of menstrual outflow (e.g., mullerian anomalies), prolonged exposure to endogenous oestrogen (e.g., early menarche, late menopause, or obesity), short menstrual cycles, low birth weight and exposure to endocrine-disrupting chemicals [7]. Prolonged lactation and multiple pregnancies are protective.

Investigation and Diagnosis

Currently, the gold standard for the diagnosis of endometriosis is laparoscopy, which permits direct

visualization of the lesion. It also enables the severity of the disease i.e. staging to be determined according to the scoring system of the American society for Reproductive Medicine. The staging can be used to determine the disease burden and the choice of management.

Nonsurgical diagnostic approaches such as transvaginal ultrasonography and magnetic resonance imaging (MRI) can reliably detect ovarian endometriosis, but has a limited role in the detection of superficial peritoneal and ovarian implants and adhesions. Transvaginal ultrasonography is preferred over MRI in the diagnosis of endometriomas because of its lower cost, although Magnetic resonance is increasingly used to identify subperitoneal deposits or if adenomyosis is suspected.

Although levels of the cancer antigen CA125 may be elevated in endometriosis, this test is not recommended for diagnostic purpose because of poor sensitivity and specificity. The threshold for surgery is unlikely to be influenced by the CA125 result.

Western medicine treatment options

While in many people pregnancy or menopause will abate the process, there is no cure for endometriosis. Therefore, the treatment goal is to restrict progression of the process, to provide pain relief, and to restore or preserve fertility when it is needed.

1. Medical therapy

Medical therapy is commonly used for pain control before or after surgical treatment. Treatment options include oral contraceptives, progestogens, androgenic agents and gonadotropin release hormone (GnRH) analogues. Such therapy is intend to achieve pain relief though a variety of mechanisms, including the suppression of ovarian activities and hence production of oestrogen, inhibition of estrogen action, and reduction of inflammation.

NASIDs

Non-steroidal anti-inflammatory drugs (NASIDs) are commonly used to relieve pain especially for women who prefer to avoid hormonal therapy, e.g. those wishing to conceive or those who experience side effects from hormonal therapy. In adolescents in whom the diagnosis of endometriosis has not been confirmed beyond doubt, NSAIDs is a first line approach.

Hormonal treatment

Combined oral contraceptive is a widely used first-line therapy for patients with endometriosis. It may be used cyclically on a monthly or 3-monthly basis. In the latter case, the women is advised to take 3 packs of pill continuously before the usual one week break to induce a withdraw bleed. In this way, it will reduce the frequency of painful withdrawal bleeds. In some severe cases, it may even be possible to use the oral contraceptive pill continuously to suppress painful menstrual symptom.

Progestogen can also be used on a cyclical or continuous basis. Medroxy progeterone acetate is as effective as combined oral contraceptives in controlling pain. Although Progestogens are generally well tolerated, the side effects include irregular menstrual bleeding, weight gain, mood swings, and premenstrual syndrome-like symptoms.

GnRH agonist act by the suppression of the release of gonadotropins (FSH+LH) and consequently the suppression of ovarian activity and oestrogen production, leading to amenorrhoea or regression of endometrial lesions. Side effects include unpleasant menopausal symptoms and the loss of bone mineral density with long term use. Reversible bone demineralization limits therapy up to 6 months. However, oestrogen therapy in an add back regimen may be useful to prevent side effects with GnRH analogues and can extend therapy for up to 2 years or more. The “estrogen threshold hypothesis” suggests that maintain estradiol levels between 30 and 45 pg per milliliter will maintain bone mineral density without stimulating endometriosis lesions [8]. The effects of progestin-only add-back therapy on bone density have been inconsistent in studies involving adults and adolescents.

Danazol was used some years ago for the treatment of endometriosis. It is a synthetic compound with androgenic effects. It is infrequently prescribed nowadays because of its androgenic side effects which include skin changes, weight gain, and occasionally depening of the voice.

Antiprogestagens such as mifepristone have been shown to reduce pain in small studies, but data from large randomized trails are lacking.

An alternative to systemic hormone treatment is the levonorgestrel intrauterine system (LNG-IUS, Mirena coil) which can induces endometrial atrophy, reduce pain associated with endometriosis, with symptom control maintained over 5 years. It can be used after surgery and had a similar effectiveness to GnRH analogues. Long-term use is especially advantageous for women who do not want to conceive. It has also been used in women with rectovaginal disease.

Aromatase inhibitors may also have a therapeutic role in the endometriosis. They can reduce pelvic pain by inhibit estrogen production selectively in endometriotic lesions, without affecting ovarian function. However, more evidences are required.

By and large, most of the hormone treatments have similar efficacy, but they differ in their side effect profile and cost, which often influence the final decision for a particular choice.

2. Surgical strategies

Surgery is often required in women, who have failed to respond satisfactorily to medical treatments, outlined above. In addition, surgery is preferred in women who would like to conceive, as hormone treatments usually suppress ovulation and impair fertility. Nowadays, surgery for endometriosis can very often be carried out laparoscopically without the need for laparotomy surgery which entails excision or ablation, or both, of the endoemtriotic tissue with or without adhesiolysis. Hysterectomy may be considered for those women who have no plan to conceive and suffer from severe symptoms.

3. Management of infertility

For infertile patients, medical treatment has a limited

role and has not been showed to improve fertility. On the other hand, surgical treatment has been confirmed to have a beneficial effect and improve the chances of conception. Surgery is beneficial in mild or severe disease. Endometrioma ⩾4cm should be removed, according to the recommendation of European Society for Human Reproduction and Embryology. If surgery alone is not successful, assisted conception treatment such as IVF will be required. GnRH agonist therapy to suppress ovarian activity for 3 months prior to IVF treatment may improve the pregnancy rate [9].

4. Recurrence of endometriosis

Recurrence of painful symptoms, which is common in endometriosis, may be as high as 50% in the 12-24 months after medical treatment has stopped. The five years cumulative rate of recurrence after laparoscopy is also nearly 20% and even higher in women with no post-operation medical treatment. Recurrence of endometriosis may be reduced by the use of combined surgical and medical treatment or TCM.

TCM View of endometriosis

TCM is an effective treatment for endometriosis and related infertility. Endometriosis can be discerned into a few different TCM disease categories depending on the characteristic pattern of signs and symptoms presented by the patient. The most common ones are referred to Dysmenorrhea, Abdominal masses and Infertility [1] In TCM, the primary pathology of endometriosis is Blood Stasis [1, 2, 4, 10]. Blood stasis can be caused by emotional disturbance, chronic illness, exposure to cold temperatures, surgery, and genital infections. There seems to be a strong correlation between endometriosis and the increased stress levels experienced by many professional women today.

TCM Differentiation and treatment

The primary pattern of endometriosis is blood stasis, the objective of TCM treatment is to invigorate blood and remove stasis. In addition to blood stasis, there are often other factors which are part of the patterns of endometriosis. Kidney deficiency, Liver qi stagnation, cold, phlegm and heat patterns are frequently part of the mix, and are differentiated based on the clinical manifestations associated with each case of endometriosis. The timing, location, nature, and severity of pain are also taken into account. Following are five common patterns of endometriosis, with the differentiating symptoms and the recommended treatment.

1. Kidney deficiency and blood stasis

Aetiology and pathology: the origin of this pattern is either a weak constitution of kidney yang, catching cold or having intercourse during menstruation, or a history of surgical procedures. This can cause blood stagnation, obstructed in the uterus, consequently flow to outside of uterus such as fallopian tubes, ovaries and recto-vaginal pouches etc.

Clinical symptoms: period can be either scanty or spotting with small blood clots, or heavy bleeding with big blood clots, abdominal bloatness and pain during or after periods, irregular periods, infertility or habitual miscarriage, soreness of back, legs and hips, aversion of cold, cold limbs, dizziness, pale tongue colour with dark spots around edge and thin-white coating, and deep-fine-uneven pulses.

Herbal prescription: modified Guizhi Fuling Tang and Jingui Shenqi Tang.

Acupoints: Du 20, Ren 4, Ren 6, Zigong, BL 20, BL 23, BL 32, Du 4, St 36, Sp 6, Ki 6, Ki 7.

2. Qi Stagnation and blood stasis

Aetiology and pathology: there seems to be a high incidence of endometriosis among working women which is due to stressful lives. It can impair seven emotions and cause liver qi stagnation and blood stasis in the Chong and Ren channels, eventually obstructs the uterus and pelvis.

Clinical symptoms: severe abdominal pain and bloatness before or during periods, aversion to pressure on the abdomen, scanty or impeded thick and sticky blood flow with blood clots, pain relieved after periods, irritability, breast distension and distending pain under the rib cage before periods, dark purple tongue with spots and thin-white coating, and wiry-choppy pulses.

Herbal prescription: modified Gexia Zhuyu Tang or Xuefu Zhuyu Tang.

Acupoints: Yintang, LI 4, Ht 7, PC 6, St 25, St 29, Sp 10, Sp 8, Sp 6, Sj 5, GB41, Liv3.

3. Cold retention and blood stasis

Aetiology and pathology: the cause of this pattern may be a history of exposure to cold, either cold temperatures or the habitual consumption of cold foods, especially during menstruation or after pelvic surgery. This may congeal blood and cause blood stasis of uterus.

Clinical symptoms: severe abdominal angina pain, preference for warmth, an aversion to cold, dark red and thin blood flow with blood clots, pain relieved after menstruation, dark tongue colour with spots and white coating, and deep-wiry-tight pulse.

Herbal prescription: modified Shaofu Zhuyu Tang or Wen Jing Tang.

Acupoints: Ren3, Ren4, Ren6, Ren8 (Moxibustion only), GB25, Ki12, BL23, Du 4.

4. Qi deficiency and blood stasis

Aetiology and pathology: The origin of this pattern is constitutional weakness or chronic illness, or qi deficiency after labour, abortion or long term suffering endometriosis, blood stagnated in the abdominal area.

Clinical symptoms: periods are either heavy or scanty, with light coloured and watery menses, abdominal tenderness and pain during or after periods, preference for warmth, feeling better with pressure on the abdomen, dropping sensation of the anus, soft bowel movements, pale complexion, lethargy, thick-pale tongue body with tooth-marks on the sides and white-thin coating, and thin-soft-weak pulses.

Herbal prescription: Modified Buyang Huanwu Tang and Shixiao San.

Acupoints: Du 20, Ren 4, Ren 6, Zi Gong, ST 36, BL 20, BL 32, GB 36.

5. Damp heat obstruction and blood stasis

Aetiology and pathology: women have a history of

genital infections such as Chlamydia disease, pelvic inflammation disease (PID), vaginal thrush etc, which can cause accumulation of damp and heat toxins in the Chong and Ren channels, obstruct the qi and blood flow, leading to blood stasis.

Clinical symptoms: abdominal pain which is worse before or during periods, aversion to pressure on the abdomen, heavy menstrual bleeding, thick and sticky blood in dark red colour, yellow and thick vaginal discharge, fever and feeling hot, bitter taste in the mouth, dry throat, anxiety, anger, constipation, painful intercourse, red tongue tip or purple spots on the sides of the tongue, with a thin-yellow tongue coating, and a wiry-rapid pulse.

Herbal prescription: modified Xuefu Zhuyu Tang.

Acupoints: LI 11, LI 4, Sj 6, BL 17, Sp6, Sp10, St 25, Ren 3, St 29, Liv 5.

6. Phlegm and blood stasis

Aetiology and pathology: deficiency of spleen qi and kidney yang, failure of transport and transform body fluid, accumulation of damp turn to phlegm, obstruct the uterus, together with blood stasis, forms abdominal masses.

Clinical symptoms: obesity, irregular period, severe abdominal pain during menstruation, scanty bleeding with dark colour, profuse and sticky vaginal discharge, dizziness, palpitation, white and greasy tongue coating, and slippery-choppy pulses.

Herbal prescription: modified Cangfu Daotan Tang and Xuefu Zhuyu Tang.

Acupoints: LI 4, St 25, Ren 4, Ren 6, St 29, St 36, St 40, Sp 10, Sp 9, Sp 6, BL 20, BL 23.

TCM Cycle Therapy

Regulating periods based on the four menstrual phases is also an effective treatment for endometriosis and its related infertility, whilst using TCM pattern differentiation to treat the underlying causes. It is advised to start treatment on the fourth or fifth day of the women's menstrual cycle. Following is the treatment program which is created according to Liqin Zhao's clinical experiences.

1. *After menstruation – follicular phase*
   Nourish kidney yin and blood, disperse blood stasis.
   Danggui, Baishao, Shudihuang, Shanyao, Nuzhenzi, Gouqizi, Tusizi, Xuduan, Yiyanghuo, Wulingzhi, Puhuang are commonly used herbs.
   Take the herbal decoction for seven days from fourth day of menstrual cycle.
2. *Ovulation phase:*
   Strengthen kidney, harmonise liver qi and blood, activate blood to promote ovulation.
   Taoren, Honghua, Danshen, Chishao, Chuanxiong, Chongweizi, Xiangfu, Tusizi, Zishiying, Chaihu, Yimucao.
   Take the herbal decoction for three days from day 11 till day 14 of menstrual cycle.
3. *Luteal phase:*
   Warm kidney yang, strengthen spleen qi to support progesterone, while dissolve blood stasis to relieve the pain.
   Most commonly used herbs include Shudihuang, Xianmao, Xianlingpi, Tusizi, Roucongrong, Shanyao, Danggui, Xiangfu.
   Take the herbal decoction between day 15 and 25 of menstrual cycle.
4. *Menstrual phase:*
   Harmonise the qi and blood to regulate period, activate blood to disperse the blood stasis.
   Commonly used herbs: modified Taohong Siwu Tang.
   Take the herbal decoction from day 26 till day 2 of next cycle.

Diet and Lifestyle Changes

Chinese medicine believes that prevention is always better than cure. Making few changes in lifestyle and diet could make a huge difference. Here are some advices that can be considered:

1. Avoid fear, anger, stress and excessive emotions in general, since emotions could impair qi and blood flow, produce excessive oestrogen, create a hostile uterine environment. Maintain even and free flow of moderate emotions to maintain even flow of qi and blood is crucial.
2. Avoid strong, vigorous movement or exercise during menstruation, so as to prevent qi and blood from leaving their path. Such erratic qi flow may result in menorrhagia and dysfunctional uterine bleeding.
3. Extreme fatigue means excessive consumption of qi and blood. Deficiency of qi and blood during menstruation may impair the Chong and Ren vessels causing blood stasis, and thus leading to chronic menstrual disorders.
4. Diet is also an important factor in controlling endometriosis. A low fat, high fibre, dairy free diet is recommended. Avoiding yeast, sugar, artificial sweeteners, cold foods and drinks is also very helpful.
5. Avoid caffeine and salt, consume in antioxidants such as sweet potatoes, yams, apricots, carrots, spinach and broccoli, whole grains and beans for necessary B vitamins, and citrus fruits for bioflavonoids and natural vitamin C.
6. Increase consumption of kelp and wheat germ. Endometriosis has been linked to thyroid dysfunction and kelp is particularly good for thyroid problems. The vitamin E in wheat germ improves the healing of scar tissue caused by internal endometrial bleeding.

Case Studies

Case one: Endometriosis accompanied with ovarian cysts, uterine fibroids, blocked fallopian tube and infertility

Medical History: Lindsay, 32 year old. She had always had painful, clotty and heavy periods ever since first menstruation at the age of 17, accompanied by painful intercourse. She had been on the oral contraceptive pills for pain relieve for 10 years, and then

had tried to conceive unsuccessfully for 5 years. Her periods had become irregular since she came off the pill in 2000. She had laparoscopy in 2002 and was diagnosed with severe endometriosis, together with a blockage of left fallopian tube, ovarian cysts and uterine fibroids. She has had three laparoscopic surgery in two years to remove the ectopic endometrial tissues and ovarian cysts, but they had recurred within a few months after the operation. She then had two cycles of IUI, two IVF attempts and one cycle of FET, unfortunately none of them were successful. After last IVF in 2005, she had another laparoscopy and found that the endometrial tissues had adhered to the urine bladder and bowels, and had to be operated on again. She was referred to Dr LQ Zhao whilst waiting for next IVF treatment.

Main Symptoms: Irregular periods with a cycle between 35-49 days, heavy bleeding with clots and severe abdominal pain, aversion to cold, cold hands and feet, lower backache, frequent urination, sluggish, depression, anxiety, insomnia and acne. Dark red tongue with black spots around the edge and white greasy coating, deep and fine pulses.

Herbal Prescription:

- Bazhen Yimu Wan combine Guizhi Fuling Wan, between day 4 and day 14 of periods;
- Nuangong Yunzi Wan combine Guizhi Fuling Wan, between day 15 and day 25 of periods;
- Tiaojing Buxue Wan or Tongjing Wan combine Xiaoyao Wan, from day 26 until day 3 of next cycle.

Acupoints: Du20, Pc6, St25, Ren4, Zigong, Sp10, St36, Sp6, Liv3, UB23, UB20 and Du4.

Alteration of herbs and acupoints were made according to her menstrual cycle and general condition.

Progress & Result: After 11 weeks of treatment, she had found to her surprise that she was pregnant on the day which she was expected to start IVF drugs. She had given birth to a healthy baby boy in the summer of 2006.

Analysis: Lindsay had probably suffered from endometriosis since she was 17 years old, although it was not diagnosed at the time. She didn't receive any treatment for the cause of endometriosis, but instead had taken contraceptive pills for 10 years. This may minimised the symptoms of pain and heavy menstrual blood flow, however the endometriosis continuously progressing. Together with the strong hormonal drugs had been manipulated during several IUI and IVF attempts, constantly stimulating her ovaries and uterus, which may also further worsen the endometriosis condition. This seriously affected the functional status of reproductive organs and the environment of uterus. Laparoscopic surgery has cleared away the severe lesions or adhesions rapidly, which may reduce the time needed for treatment. TCM removed the blood stasis, softened the scar tissues, increased blood flow to uterus and ovaries, improved uterine self healing function, rebalanced hormone levels, and regulated period cycle. Therefore, it created a most possible receptive uterine environment for the eggs to be fertilised in and then implanted, eventually achieved a natural pregnancy, and carried to term.

Case Two: Endometriosis with severe acne and infertility

Medical history: Fiona, 37 years old. She has had contraceptive pills for 15 years before trying to conceive. She had been suffering from acne since was a teenager, which had gradually got worse since came off the contraceptive pills 18 months ago, especially for the last three months, and had been taking strong antibiotics for it. Her periods has also been irregular in the same time and failure of conceive. Blood tests have revealed normal hormone levels, but scan has found one small fibroid. She has also had pre-cancerous cervical cells removed four years ago. She has been a smoker for 16 years, but stopped smoking six months ago.

Main symptoms: infertility, severe acne, scanty menstrual blood flow with mild abdominal pain and clots, low libido, vaginal bleeding after bowels movement, stress, depression, night sweat, dry lips and thirsty mouth. Red colour of tongue with greasy coating, deep and fine pulses.

Treatment plan: Acupuncture once weekly, taking herbal powders twice daily. After initial TCM treatment with LQ Zhao, she was referred to professor Tin Chiu Li for laparoscopy.

Progress & result: After TCM treatment, her cycle length periods became 27 to 31 days, with no more vaginal bleeding after bowels movement. Four months later, laparoscopy has found endometriosis and one fibroid, which had been removed straightaway. She had continued acupuncture after surgery, had achieved a regular 29 days cycle with proper bleeding for four days, and less blood clots; the acne has also improved. She then fell pregnant naturally the following month and is now 13 weeks pregnant.

Analysis: Fiona has originally consulted Li Qin Zhao for infertility and severe acne. She has never been referred for laparoscopy by her GP, although has consulted dermatologists for skin condition. After assessment by the doctor of TCM, the possibility of endometriosis was considered, therefore TCM was utilised to eliminate the static blood of uterus, harmonise the qi and blood and regulate period while waiting for laparoscopy, then acupuncture was applied after surgery to speed up the uterine self healing process, and prepare for conception. As a consequence, she has recovered very well and successfully conceived.

Summery

(1) Endometriosis is a common disease recognized to be oestrogen dependent. It may have a neuro-immunological basis. Other than conventional western medicine treatment options, acupuncture can improve the function of the immune system and increase the flow of qi and blood through the meridians in the body. Acupuncture can also stimulate the nervous system to promote the release of endorphins and other hormones, and is very effective at relieving pain. Therefore, acupuncture is a viable and effective treatment modality for dealing with endometriosis.

(2) WM treatments can often complement TCM. Laparoscopy is required to confirm the diagnosis and assess the severity of the disease. The best approach is

for practitioners of TCM and conventional WM to work together. Practitioner of TCM should understand the need for laparoscopic conformation and staging of the disease. Women who find WM treatments onerous often opt for herbs as a substitute, or alternatively use the herbs with the drugs. The herbs can be designed to reduce the side effects of the drugs, while enhancing the endometriosis clearing effect.

(3) 70-80% of women being treated with TCM will experience significant reductions in their symptoms. However, the benefit from TCM treatment is really dependant on the degree of compliance and commitment the patient displays toward the requirements necessary for success. The patient ought to be willing to invest in themselves, make room for some lifestyle changes, modify their diet, undergo regular acupuncture treatment, religiously take the prescribed herbal formulas, and practice the intention required by the body mind and spirit to overcome a severe health condition.

(4) While hormone treatment and TCM has a role to play in the reduction of pelvic pain, as well as the prevention of recurrence of the disease, surgery is often necessary for severe cases and the improvement of fertility.

Biography

Prof. Tin Chiu Li is a professor in Reproductive Medicine & Surgery of Sheffield Hallam University. He has a special interest in infertility and recurrent miscarriage, as well as gynaecological endocrinology such as hormone replacement therapy and polycystic ovarian disease. He is active in clinical research and has published more than 200 refereed papers in international journals.

Dr. Beiyu Liu is a graduate from Sun Yat-sen University and is currently a research fellow working at the Jessop Wing, Royal Hallamshire Hospital, Sheffield.

Liqin Zhao graduated from the Henan University of TCM in 1985, and is a council member of the Gynaecological Committee of the renowned World Federation of Chinese Medicine Societies (WFCMS). She has been practise TCM for over 27 years with special interests on reproductive and gynaecological health. She has been working in collaboration with Prof. TC Li and CARE Hospital (the largest independent fertility treatment provider in the UK), has successfully treated hundreds of infertile couples. She can be contacted at: fertiltycare@zhongjinguk.com

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My clinical experience in TCM treatment of infertility

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Abstract: Some infertility is primary disease, whilst others are of secondaryonset after miscarriage, induced abortion, medical contraception by injection or long term intake of oral contraceptive pills, or after suffering from other diseases. In the TCM concept, most cases of infertility are caused by spleen-kidney impairment, Yin-Yang and Qi-Blood deficiency or imbalance, making it difficult to nourish fetus. It can also be caused by blood stasis, phlegm and retained fluid, damp-heat, or pathogenic cold staying in the uterus, disharmony of Chong-Ren channels. The uterine function can be affected, leading to irregular menstruation and abnormal discharges, even amenorrhea and infertility. In this article, the author reports a few different cases of infertility which has been treated by acupuncture or Chinese herbal medicine, or a combination of both of them. He has also analyses the TCM etiology and pathology of infertility, the principle and the key of TCM treatment, how to alter the use of herbal treatment and acupoints, and how this selection is made according to the menstrual cycle and general condition.

Key Words: Traditional Chinese medicine (TCM), Infertility, Menstrual disorder, Polycystic ovarian syndrome (PCOS), In-Vitro Fertilization (IVF), Syndrome differentiation and treatment.

Case One: Oligomenorrhea, infertility

Medical history: Mrs. He, 26 year old, her first visit was 29th May 2007. She had tried to conceive

unsuccessfully for 2years after marriage. She caught hypomenorrhea for only 1-3 days each time, and was always late by a few weeks. Her first period was at 14 years old. Recently, she didn't menstruate for over 3 months, accompanied with heavy and yellow vaginal discharge, tiredness, poor appetite, fullness, bad constipation; pale-red tongue, white coating, wiry pulse but with a weak Chi-pulse.

Differentiation: Spleen and kidney deficiency, Qi and Blood insufficiency, damp-heat stagnation in middle and lower energizer, accompanied by liver Qi stagnation and blood stasis, Chong-Ren channels disharmony.

Treatment principle: Clear damp-heat, activate blood and move Qi, invigorate spleen and harmonize stomach, regulate the Chong and Ren channels, supplement kidney and soothe liver.

Herbal Prescription: Tao Hong Si Wu decoction combines Zhi Zhu Wan decoction, addition of Zhi Shou Wu: ShuDiHuang 15g, DangGui 6g, BaiShaoYao 10g, ChuanXiong 6g, ChuanNiuXi 8g, TaoRen 6g, HongHua 6g, ZhiShouWu12g, ZhiShi 10g, ShengBaiZhu 15g. Boil one bag of the herbal mixture twice, then divided into three drinks, one bag each day for 7 days.

Second visit *on 4th of June:* Constipation and appetite had obviously improved, vaginal discharge was reduced. Based on the last prescription, I added some herbs to supplement the liver and kidneys and regulate the Chong and Ren channels. Herbs: ShuDiHuang 20g, HuangJing 20g, DangGui 10g, ChuanNiuXi 15g, HongHua 10g, ChiShaoYao 15g, ChuanXiong 12g, RouChongRong 12g, ShengBaiZhu 20g, ZhiShi 10g, JiXueTeng 15g, 7 bags.

13th Aug, ***the third visit***. After the last 7 bags of herbal tea had finished, her period came regularly and finished after 5 days, hoping to improve her chances of conceiving, still felt bloated sometimes, regularly goes to the toilet with no discharge. Spleen and kidney are still weak, with Qi stagnation and blood stasis, continue the last prescription and add DanShen 15g, ShenQu 20g, 7 bags.

10th Dec, ***the fourth visit***. In the last a few months, her period was regularly coming once a month, only delaying 5-7 days, lasting for 5 days each time. Recently she had a poor appetite accompanied with white vaginal discharge; pale-red tongue, thin-white coating, pulse was wire-moderate but Chi-pulse is deep. Damp-heat has gone and meridian is unblocked, Qi-Blood gradually becomes sufficient, the Chong-Ren channels regulated by themselves. Spleen and kidney are still deficient. Continue to invigorate spleen and kidney, tonify Qi and blood.

Herbs: ShuDiHuang 15g, DangGui 12g, BaiShao 15g, ChuanXiong 8g, HuangJing 30g, ZhiShouWu 15g, RouChongRong 15g, ShengBaiZhu 20g, ZhiShi 12g, FaBanXia 15g, ShaRen 8g, TuSiZi 15g, GouQiZi 15g, ChenPi 6g, GanCao 6g, 7 bags.

May 2011, she visited me with cough, and told me her period had been regular, general health was good after last treatment, and she had carried a baby to full term. Her baby was 18 months old and was able to walk and speak already.

Case 2, PCOS，Irregular menstrual cycle, infertility

Medical history: Mrs. Obas, aged 33. She had been trying to conceive unsuccessfully for 7 years after marriage, accompanied with anemia. She has always suffered from irregular period, or even absent sometimes, the bleeding lasted 4-6 days, severe pain with very heavy bleeding and blood clots. She had also suffered from stomach pain, headache, tiredness, poor appetite, and asthma for many years. She had visited me on 24th Aug 2009 which was the third day of her period, was suffering above symptoms badly. Deep-thin pulse, dark-pale tongue with teeth-marks, white coating.

Differentiation: spleen-kidney deficiencies, Qi-Blood insufficiency, accompanied with blood stasis, and disharmony of Chong-Ren channels.

Treatment Principle: invigorate spleen and tonify kidneys, replenish Qi and blood, regulate the Chong-Ren channels, soothe liver and activate blood, regulate menstruation to stop pain.

Acupuncture: ChiZe (LU5), SanYinJiao (Sp6), HeGu (LI4), TaiChong (Liv3), ZuSanLi (St36), ShangQiu (Sp5), JiaoXin (Ki8), FuLiu (Ki7), light needling, directional reinforcing-reducing method, retaining needles for 30 minutes.

1st Sep, ***second visit***: she felt quite tired. I had added acupuncture points of QiHai (Ren6), GuanYuan (Ren4), HuangShu (Ki16), QiXue (Ki13).

Visited on 9th and 21st September: she felt much better in general, continued with the same prescription, but added auricular plaster therapy: points of spleen, kidney, internal secretion, and internal genital, press above points one by one with deep breaths by herself for 10 minutes each time and 3-4 times every day, continued with this for 5-7 days, and then change to another ear on next visit.

3rd Oct, ***fifth visit***: she felt a little abdominal pain on the 1st day of her cycle only, which had soon gone away, so I continued with the same treatment.

15th Oct, ***sixth visit***: she caught cold recently, was suffered from headaches, runny nose and sore throat. I still treated her with the same method but added HeGu (LI4), TongTian (UB7), FengChi (GB20), she then felt much better.

8th Nov, ***seventh visit***: her period was regular, normal menses without pain, other symptoms disappeared too. The same treatment was used to consolidate.

16th June 2010, she came back to tell us that her period stopped 6 months ago, had then discovered she was pregnant, everything were going well. I still advised her to keep warm, eat warm food and drink warm fluids, do not work too hard and try to relax.

6th Nov 2010, she took her lovely three months old baby girl to show us.

Case 3, Headache, neck pain after being injured, infertility and dysmenorrheal

Medical history: Mrs. Wallis, 35years old. First visit was on 9th December 2009. She had suffered from bad left neck pain and difficult to move her head, accompanied with headache, the pain and tingling sensation starting from left neck, shoulder, down to the arm, finger, and even difficulty sleeping. She had felt very painful when touching her 4th and 6th cervical vertebra and 3rd to 6th thoracic vertebra. Dark-red tongue with white coating, deep pulses.

Differentiation: Qi stagnation and blood stasis, blocked meridian and channel.

Treatment Principle: Activate blood and move Qi, unblock meridian and channel to stop pain.

Acupuncture: DaZhui (Du14), ShenZhu (Du12), FengChi (GB20), TianZhu (UB10), JianJing (GB21), BingFeng（SI12）, TianZong (SI11), JianZhen (SI19), QingLengYuan (TE11).

21st Dec, ***the fifth visit***. She had mentioned suffering from headaches since the age of 17 for 18 years, and had been worse almost every day since h ad been injured two years ago, she had tried many kinds of treatments but nothing seemed to work. She had surprisingly felt the pain was much better after only a few sessions of acupuncture. She had also been trying to conceive unsuccessfully for many years after being married, her period was regular, but had always suffered from very bad lower stomach pain and back pains.

Differentiation: Deficiency of kidney and spleen, liver Qi stagnation mixed with blood stasis, disharmony of Chong and Ren channel.

Treatment principle: Soothe liver and strengthen spleen and kidneys, harmonize the Chong and Ren channels, activate blood and dispel stasis, regulate periods to support conception.

Acupuncture:

Group A (face down): DaZhui (Du14), ShenZhu (Du12), FengChi（GB12, JianJing (CB21), to dredge Foot Tai Yang and Foot ShaoYang meridians, and treat head-neck-shoulder-arm pain, combined with GanShu (UB18), PiShu (UB20), ShenShu (UB23), ZhiShi (UB52), QiHaiShu (UB24), BaiHuanShu (UB30), SanYinJiao (Sp6) to regulate liver, spleen and kidney, harmonize Qi-blood to regulate menstruation.

Group B (face up): QuChi (LI11), FuLiu (Ki7), HeGu (LI4), SanYinJiao (Sp6), TaiChong (Liv3), QiHai (Ren6), GuanYuan (Ren4), ZuSanLi (St36), HuangShu (Ki16), QiXue (Ki13) to tonify kidney and soothe liver, harmonize Qi-blood, regulate Chong-Ren channels, combined with ShangXing (Du23), FengChi (GB20), LuGu (GB8), JianYu (LI15), BiNao (LI14) continue to treat head, neck, shoulder, and arm pain. Each visit alternate the acupoints from above two groups, one or two sessions per week， combined with moxibustion on ZuSanLi (St36), GuanYuan (Ren4) by herself, 5-10 minutes for each point, once daily.

28th May 2010, ***29th visit***: all pain was gone, period was also regular without pain in the last two months, so stopped the treatment.

28th June 2011, she came back with her infant daughter. She told me she got pregnant soon after treatment was stopped, and had given birth to her baby girl one month ago.

Case 4, Dysmenorrheal, infertility, failure of IVF/ICSI

Medical history: Mrs. Taylor, 35 years old. She had been trying to conceive unsuccessful for 5 years. She had tried a few attempts of IVF with ICSI, but unfortunately this did not result in a pregnancy even once. She wanted to try TCM treatment to improve the success chances of IVF. Her first visit was 14th June 2010. Her had blood tests one year ago which was on the 4th day of her cycle, had shown FSH 11.2 iu/l, LH 47.3 iu/l, estradiol 372, and other tests were normal. Her husband had been found FSH 16.6 iu/l, LH 5.5 and a testosterone of 28.4. She had always suffered from bad lower abdominal pain, heavy bleeding with blood clots on the day one of period, and headaches, dizziness, cold hands and feet, insomnia, constipation, stress and depression; dark-red tongue, thin-white coating, deep-wiry pulse.

Differentiation: Deficiency of spleen Qi and kidney Yang, depressed liver Qi mixed with blood stasis, disharmony of Chong and Ren channel.

Treatment principle: strengthen spleen Qi and kidney Yang, soothing the liver to solve depression, activate blood with warm uterus, and harmonize the Chong-Ren channel.

Acupuncture： ChiZe (Lu5), SanYinJiao (Sp6), HeGu (LI4), DiJi (Sp8), XueHai (Sp10), GuanYuan (Ren4), ZuSanLi (St36), HuangShu (Ki16), QiXue (Li13).

Moxibustion (by herself): GuanYuan (Ren4), HuangShu (Ki16, 5-10minutes each point, once a day)

Herbs: XiaoYaoPian, TiaoJingCuYunWan (Contains: YinYangHuo, TuSiZi, GouQiZi, FuPengZi, HuaiShanYao, HuangQi, DanShen, etc.)

At the same time, her husband was given WuZiYanZongWan, combined with acupuncture: GuanYuan (Ren4), QiHai (Ren6), ZuSanLi (St36), TaiXi (Ki3) etc. to strengthen the spleen and kidneys, tonify Qi and replenish essential.

25th June, ***the third visit***, she had caught cold for 3 days, back pain, stomach pain with fullness, diarrhoea, dark-red tongue, thin-white-greasy coating, and deep-wiry pulse.

Differentiation: Deficiency of spleen and kidney, external contraction of wind-cold, internal accumulation of damp-heat.

Treatment principle: Disperse the wind by treating the cold, clear heat by removing dampness, and regulate Qi- movement, invigorate spleen and tonify kidney.

Acupuncture: ChiZe (Lu5), HeGu (LI4), ShouSanLi (LI10), ZuSanLi (St36), QuChi (LI11), YinLingQuan (Sp9), (advised her take deep breathing at the same time, she had felt stomach pain was much better), TianShu (St25), ShangJuXu (St37), HuangShu (Ki16), QiHai (Ren6), SanYinJiao (Sp6).

Herbs: BaoJi Wan (stop taking other herbs for a few

days, then continue as before)

2nd July, ***fourth visit***. All symptoms had gone after last treatment. Her period came with light bleeding this morning, she suffered from lower abdominal and lower back pain for 2 hours, Dark-red tongue, white-thin coating, deep-wiry-slippery-fast pulse.

Differentiation: Qi stagnation and blood stasis, disharmony ofthe Chong and Ren channels.

Treatment principle: Activate blood and move Qi, harmonize the Chong and Ren channels, regulate periods to stop pain.

Acupuncture: ChiZe (Lu5), SanYinJiao (SP6), HeGu (LI4), TaiChong (Liv3), HuangShu (KI16), The pain get better, GuanYuan (Ren4), GuiLai (St29), XueHai (sp10), DiJi (Sp8), ZuSanLi (St36), she felt pain free after acupuncture.

Herbs: TaoHongSiWu Wan, one pill each time, twice daily. Stop taking it once the pain is gone, and then continue the other previous herbs straight through to the next period.

10th July, ***fifth visit***. The pain was gone after last visit. Acupuncture:QuChi (LI11), FuLiu (Ki7), ZhongWan（Ren12）, ZuSanLi (St36), HuangShu (Ki16), QiXue (Ki13), DaHe (Ki12), JiaoXin (Ki8), GuanYuan (Ren4), SanYinJiao (Sp6), add auricular plaster therapy: Liver, Spleen, Kidney, internal secretion, internal genital, press them regularly by herself.

31st July, ***8th visit***. She felt everything were good. Her period came without pain yesterday, and was able to sleep much better.

21st August, ***tenth visit***. She told me that she had made an appointment to restart her IVF treatment in September. Same treatment was continuing.

4th September, ***11th visit***. She had already undergone IVF 3 days ago, her doctor had found her egg quality was much better than before, and her hormone levels were back to normal. She felt very good after IVF, she was also confident with this cycle of IVF.

Acupuncture: ZuSanLi (St36), FuLiu (Ki7), GuanYuan (Ren4), HuangShu (Ki16), QiXue (KI13), SanYinJiao (Sp6), to tonify liver-kidneys, replenish Qi-blood; harmonize Chong-Ren to support conception, nourish embryo, and prevent miscarriage.

2nd Oct, one month after IVF, her husband had told us that her condition was excellent, very hopeful this time the treatment would be successful.

16th June 2011, they came to show us their lovely one month old baby girl and were so delighted with their complete family.

Discussion

Infertility is a difficult and complicated disease. In clinical terms, we need to investigate the cause of disease, according to the condition of periods and discharge, history of pregnancy and delivery, any other accompanying disease, signs of tongue and pulse, physical and general conditions of sleeping, appetite, and defecation etc. combined with the mental state of the individual. Consideration of the alteration of herbs or acupoints is made according to the function of Zang-Fu organs, Yin-Yang and Qi-blood deficiency or excess. The state of blood stasis, phlegm, dampness, cold or heat, treatment with tonifying liver-spleen-kidneys, harmonize Yin-Yang, replenish Qi-Blood, regulate the Chong-Ren channels, or activate blood and resolve stasis, regulate Qi and remove dampness, resolve phlegm, remove fluid, dispel cold and warm uterus, regulate periods and stop discharge to recover uterus function may also be considered.

The keys to treatment of infertility are liver-spleen-kidney, Qi-Blood-Yin-Yang, the Chong-Ren channels. Dependent on the condition, each case will be treated individually. If there are cold or heat, dampness, phlegm, or fluid, or blood stasis etc., we should be using a method of eliminating these pathogenic factors, because the sources of disease must be removed.Then Qi-Blood can regulate circulation, Yin-Yang harmony (hormonal balance), and viscera and internal organs function can be recovered, then preparation for pregnancy can be made, this is the same for all cases.

On the one hand, the cold, dampness, phlegm and fluid are caused by spleen-kidney Yang and Qi deficiencies, with abnormal transportation and transformation. They stay and block the meridian, influence Qi-Blood circulation, and Qi-movement (rise-descend), even moving or staying along with meridian to cause other diseases. So, we need to treat according to the type of symptom, syndrome and disease differentiation, investigate the syndrome of deficiency and excess, and then consider how to reinforce the health and eliminate the pathogens.

On the other hand, regulation of the spleen-stomach is one of the basic and important methods. Because the spleen and stomach are the root of acquired, the source of Qi-Blood are to be produced and transported. If spleen-stomach is strong enough, and in good harmony, then the hormones, immunity, vital organs, skin, muscle, bone and tissues of the whole body are supported and nourished, life is sustained, the function of all other organs are improved, and therefore the reproductive function recovers much easier.

错误更正

由于编辑失误，在上期英国中医药学会会刊19卷1期中误将“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，”一段文字编入袁炳胜医生之文章《针灸中医药治疗不孕体会》一文中；且因作者袁炳胜本人之疏忽，误将《第八届世界中医药大会八十八字铭》文中“辛卯之秋”写为“己卯之秋”，特此一并更正，并致歉意。

会刊编辑委员会

补合谷 泻三阴交之浅析

周时伟

补合谷、泻三阴交，见于《宋书》载：“昔文伯见一妇人临产证危，视之，乃子死在腹中，刺三阴交二穴，又泻足太冲二穴，其子随手而下。”

《铜人俞穴针灸图经》载：“昔有宋太子性善医术，出菀游，逢一怀娠妇人。太子诊之曰：‘是一女也。’令徐文伯亦诊之。文伯曰：‘是一男一女也。’太子性暴，欲剖腹视之。文伯止曰：‘臣请针之。’于是泻足三阴交，补手阳明合谷，其胎应针而落,果如文伯之言。故妊娠不可刺也。”

《针灸大成》指出：“合谷，妊娠可泻不可补，补即坠胎，” 他如《类经图翼》、《禁针穴歌》等都有类似记载。因此，临床上合谷，三阴交穴为妊娠禁忌穴。

但是对于前人的记载，我们应辩证地看待，不可一概而论，具体问题具体分析。既要了解孕妇的不同体质和患病的病理类型，又要把握合谷和三阴交的功能、主治及针刺手法所产生的作用，才能掌握孕妇禁针与否。

首先看合谷穴，是手阳明大肠经之原穴，具有通关，开窍，清热，利水之功效，所主治之症候多以实证为主。其次三阴交穴，因所处肝，肾，脾三经交汇处，既有滋养肝肾，健脾益气之功，又有清热祛湿，利水通淋之效，主治症候虚实间杂，具有攻补同施双重作用。

补合谷，泻三阴交，既没有写明如何补泻，为什么补合谷而非泻合谷，泻三阴交而非补三阴交；也没有注明孕妇哪种类型，说评书般记载了一件医案。仔细推敲一下，中国文化历来崇古薄今，其实只是古人的故弄玄虚而已。实在是贻误后人。

妊娠病，除了异位妊娠灸至阴穴，妊娠失音无需治疗外，其余如妊娠恶阻，妊娠腹痛，胎漏，妊娠心烦，妊娠肿胀，妊娠痫证，胎气上逆，妊娠小便不通或淋漓，均可采用针刺疗法。而难产，胎衣不下更是针刺首选疗法。一般来讲，所有妊娠病，不外乎虚，实两种；实证多见于肝郁，气滞，心火，湿热；针刺首选合谷，太冲以通关开窍，行气化瘀；虚证多以气血，肾阴，脾胃虚弱为主；针刺首选三阴交，足三里。以健脾益气，滋阴养肾。

作为医者，首先了解妊娠患者的体质，精神状态。如果患者惧怕针刺，那么尽管医者技术再熟练，也不会有效。而且患者若是多次流产，体质虚弱，冲任不固，针刺任何穴位皆可导致流产。这方面例子不胜枚举。因此诊断是首要因素。

其次是医者的针刺技巧。笔者在国内从事针灸十余年，初到英国时病人并不十分愿意接受笔者的手法。而比我早到几年的何医生，并非针灸医生，却有很多病人喜欢其针法。使笔者领悟到不同国家，患者文化背景不同，对新生事物的接受程度均有不同。医者应随时调整手法以满足患者需要，切不可自以为是，盲目自大。任何补泻手法必须以患者接受为度。

三是对妊娠病的辨证分型必须准确。老实讲，单纯只针刺合谷，三阴交真没见过。好比开方只用枳壳，茯苓。白术。根本不是一个方子。穴位的取舍应根据临床上的不同证型而增减。笔者个人经验对妊娠患者，实证多采取合谷，太冲为主穴，虚证以三阴交，神门为主穴。并随症加减。只有湿热型小便不利方可采用合谷，太冲，三阴交，阴陵泉。

笔者旅英十余载，曾治疗数例妊娠患者，其中两例印象尤深：

例一：万女士，三十余岁。外卖店老板。育有二子，现怀孕六周，一直恶心，纳呆。与汤剂服用，因味苦不愿服用。因其丈夫曾用针灸治疗过膝关节疼痛，故希望用针灸解除症状。初诊针三阴交，足三里，内关，百会，针入 1 寸，得气即止，留针 25 分钟，患者自觉恶心减轻。三日后复诊，与其夫闲聊时无意中谈起因生意减少，心中抑郁，又不愿在雇员中显露不快，故时常与其丈夫不明原因发火；遂考虑肝气郁结于内，治疗以开关散郁，前方去内关，加太冲，合谷，曲池，上星，直刺 0.5 寸，曲池可直刺 1 寸。均得气即止。三诊后症状消失。

例二：某女士，三十二岁。怀孕四月，双足及踝关节处水肿，偶有头痛，失眠，饮食减少等不适，其主管医生不予以处理。初诊时查其舌质暗红，苔薄白，脉象弦紧；进一步问诊得知患者帮助其男友照顾手机生意，经常招待顾客，水肿导致患者行动不便，又羞于见人，希望通过中医减轻症状。考虑其没有虚像，故仍以通关利水为主：针刺合谷，太冲，足临泣，上星，直刺 0.5 寸，三阴交，阴陵泉，丰隆，直刺 1 寸，得气即止，每周两次，三周后水肿明显减轻，患者很满意。停止治疗。

此二例纯属个例，但只要辩证准确，手法得当，针刺合谷，三阴交等穴并无损胎腹痛等弊害。由此可见，临床不可拘泥于古人经验。但笔者亦非主张妊娠患者一律可以采用针刺，而医者应根据自己所长，加以灵活运用。

Acupuncture protocol in the process of In Vitro Fertilization (IVF) —An integrated approach

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Abstract: An analysis of current acupuncture and IVF research points out their inconsistent outcomes. Previous trials about acupuncture and IVF do not reflect the reality of acupuncture practice and essence. They employed a simplified acupuncture to meet the demands of randomized controlled trials (RCT), acupuncture has become handicapped. More well-designed trials about acupuncture and IVF are needed in the future to get a clear picture. Through my 10 years of clinical practice with about 3000 IVF patients, I have developed my own acupuncture protocol considering women's cycle, hormone characteristics in TCM and individual TCM patterns. The feedback from my patients is satisfactory. .

Key Words: Acupuncture protocol; Infertility; IVF; Embryo transfer; Clinical trials.

I. Brief summary of the present situation of acupuncture and IVF researches

Acupuncture is an ancient therapy, which can be traced back at least 2500 years. It is based on experience and is often regarded as an art. In the last 60 years China has carried out widely scaled researches within the field of acupuncture, aiming at finding out what acupuncture is, how it works and why it works. During the past 30 years, Western researchers have also been working on the same issues. Researchers have brought forth some knowledge about acupuncture working mechanisms. For example, acupuncture may work on neuron transmitter system such as ß – endorphins. However, until now, no clear mechanisms have been discovered and the "black box" stays unopened.

Since Paulus's (1) research showed that acupuncture could increase IVF (in vitro fertilization) outcomes (42% vs. 26%). By then, the great interest for acupuncture in the fertility field has been aroused. More and more acupuncturists use acupuncture treating IVF patients worldwide, and the same time more research has been carried out. There are 9 randomized controlled trials (RCT)(1-9) on the application of acupuncture in connection with embryo transfer (ET) during IVF treatment. All of the trials used more or less the same acupuncture protocol as Paulus, et al. did in their research, by administrating acupuncture 25 min. before and after ET. Westergaard et al. treated one more time three days after ET (2); Smith et al. treated one more time before the aspiration (4). All of the acupunctures in the research used in less than 4 sessions. The research outcomes were inconsistent: some showed that acupuncture works, and others showed that it doesn't work. A systematic review and meta-analysis (Manheimer et al. 10) and a Cochrane review (Cheong et al. 11) have shown a beneficial effect of acupuncture in connection with Embryo transfer. However, more recent researchers have put these two reviews in question (So et al, 8; Andersen, et al. 9). So, does acupuncture work in the IVF outcome?

The acupuncture efficacy mechanism is to activate the body's own ability to achieve balance and heal itself. This requires a certain number of acupuncture sessions in order to accumulate the stimulation and reach the desired effect. A few acupuncture sessions may have a little effect. If we study the effect of a few sessions, a large amount of samples need to be recruited. Using the results of the study by Anderson et al. (9) to calculate sample size, any future high-quality and sufficiently powered clinical trial examining the value of acupuncture in IVF will need to recruit 2300 women in each arm to have an 80% power to detect a 4% difference in the clinical pregnancy rate at a double-sided alpha of 0.05 (El-Toukhy, 12). The prospect of such study being conducted is unrealistic (12). Was the acupuncture and IVF research so far suitable?

In my opinion, to be able to carry on a professional acupuncture treatment, there are three basic demands: a. individual combination of points; b. precise points location; c. Deqi (Deqi is a needling sensation, which can be felt by both therapists and patients.).

RCT research (single or double blind) rules out interactions between therapists and patients (13). The importance of establishing a positive practitioner-patient relationship is the basis for proceeding with treatment including both verbal and non-verbal communication (13). The individualizing of treatment is usually seen as a core approach within TCM. Getting patients involved into treatment, for example by changing their lifestyle, will increase therapeutic effects (13). The use of a standardized treatment, either one-treatment fitting all (as acupuncture and IVF research commonly does.), or even one treatment, fixed to a patient over time was not supported model to the acupuncturists in Macpherson et al.'s trial (13).

In my opinion, those researches about acupuncture and IVF don't reflect the reality of acupuncture practice and acupuncture essence. They used a simplified acupuncture. To meet the demands of a RCT, acupuncture has become handicapped.

In both Anderson et al.'s and So et al.'s research, placebo needles were being used. Both of their results showed that acupuncture did not improve IVF outcomes (8, 9). So et al.'s results showed even that Placebo group had better results than the acupuncture group (8). Is

placebo acupuncture suitable in acupuncture and IVF trial? Manheimer (10) in his exclusive analysis has examined the theoretical and methodological rationales for the use of sham or placebo acupuncture controls in all acupuncture and IVF RCTs' trials and argues that sham acupuncture or placebo acupuncture may unnecessarily complicated the RCT evidence base, because the outcome is pregnancy rate which is entirely objective and unlikely to be affected by a patient's expectations of a benefit of acupuncture. It seems unlikely that an IVF patients' knowledge of whether she was receiving adjuvant acupuncture would affect her ability to become pregnant from IVF. Therefore, using sham or placebo acupuncture to control for expectation/placebo effect seems unnecessary in this context. Even if adjuvant acupuncture were to increase IVF success rates only through a psychosomatic effect mechanism such as by reducing stress, this stress-reduction effect would be integral to the working mechanism by which adjuvant acupuncture increases IVF pregnancy rates. Therefore, it seems inappropriate to control for and separate out any such stress-reduction effect by using a sham control. Because of the risk that the sham is not an inert placebo but rather an active treatment that may affect the pregnancy outcome, using sham acupuncture as the control may unnecessarily confuse rather than clarify the interpretation of the effects of IVF adjuvant acupuncture. Using both theoretical concerns and epidemiologic evidence, researchers should carefully weigh the benefits and drawbacks of using sham acupuncture to blind patients in adjuvant acupuncture for IVF trials, and should question, rather than automatically accept, whether " placebo effects" are an important risk of bias in this context (10).

So, more well designed acupuncture and IVF trials that take into account of individual and professional combinations of points and proper stimulus doses in the future may contribute to reach a clearer picture.

II. Acupuncture Protocol in the process of IVF treatment

How is clinical practice worldwide? Acupuncture assisting IVF is blooming despite of the unclear research results!

Every year there are about 15000 IVF (in vitro fertilization) treatments in Denmark and many patients use acupuncture to support their IVF treatments. I have been treating about 3000 IVF patients in the last 10 years and I have created my own acupuncture protocol. The feedback from my patients is satisfactory. Here I would like to share my experience with fellow TCM fertility specialist.

One most common IVF protocol is the long protocol, in which the down regulation drugs like Synarela start at the day 21 of the cycle continuing for 14 days, and then FSH (Follicle Stimulating Hormone) such as Gonal–F begins while the down regulation continues with decreased doses. Normally FSH is administrated for about 8 to 12 days, followed by ovulation-inducing hormone such as Pregnyl, 36 hours later the aspiration takes place. Two to three days after the aspiration, the embryos are transferred into the uterus (ET). After ET, progesterone such as Crinone is administrated vaginally. 14 days later, a blood HCG test will show if the woman is pregnant or not.

Here I will briefly introduce my acupuncture protocol in the process of the long protocol of IVF treatment.

1. The functions of acupuncture in the process of IVF

- Inhibit uterus contraction and improve blood circulation in the uterus and increase B-endorphin level, which is beneficial for conception (14, 15, 16).
- Stress is a very common phenomenon in connection with IVF (17, 18, 19), and women's emotions are like a rollercoaster. Acupuncture is good at reducing stress level (17, 19, 20).
- Improve ovarian function to produce follicles of better quality.
- Decrease side effects of hormones such as headache, tiredness and discomfort.

2. Three principles to be considered while using acupuncture in connection with IVF

1) Considering woman's cycle

Cycle day	1-14	15-28
Basic body temperature	Low	High
Endometrium	Proliferative phase, Follicles phase	Secretion phase, Luteal phase
TCM	Yin phase	Yang phase
Basic pattern	Blood deficiency	Blood stagnation

2) Considering hormones' characteristics

Hormones and their characteristics in TCM (my own opinion):

Medicine	Functions	Side effects	Effect on energy
Synarela, uprefact, Zoladex	Down regulation	Hot flush, moody, dry mucosa	Yin depleting
Gonal-F, Puregon Menopur	Follicle stimulating	Headache, abdominal distension, overstimulation	Liver Qi stagnation, Liver yang rising
Pregnyl	Inducing ovulation	Headache, embolism	Extreme yang rising
Pergotime Tamoxifen Clomifen	Follicles stimulating during insemination	Headache, nausea, breast tension, feeling warm, moody, distension	Liver Qi stagnation, Liver yang rising

Bromocriptine	Decrease prolactine	Headache, nausea	Liver Qi stagnation
P-pills	Depress endometrium and eliminate water cysts	Depression, water accumulation	Liver Qi stagnation, Accumulation of dampness due to Spleen deficiency
Estrogens (Estradiol, Estrofem)	For frozen egg or donor egg treatment	Depression, water accumulation	Liver Qi stagnation Accumulation of damp phlegm
Metformin	PCOS	Poor appetite, loose stools	Spleen Qi deficiency.
Prednisone	Prevention of abortion	If < 7.5mg daily for a short time, few side effects	If >7.5mg daily for a long term, depleting yin and Qi
Progesterone (Crinone)	Assisting implantation	Rashes and itching, tiredness, dizzy, breast distension, water retention, headache, leukorrhagia, discomfort during intercourse and spot bleeding	Warm uterus

3) Considering the individual TCM patterns:

Common patterns: a. Cold uterus; b. Liver Qi stagnation; c. Blood stasis; d. Accumulation of damp phlegm; e. Kidney jing, yang, and/or yin deficiency; F. Qi and blood deficiency

3. Acupuncture protocol in the process of long protocol IVF treatment

Down regulation	Nourish yin	Yingtang, SP9, LI4, LR3, LI6, LU7, SP6 or BL18, BL20, BL23, SP9, KI3 (1)
Cycle day 1-3	No acupuncture	If painful menstruation or headache (2)
Cycle day 4-7	Tonify Qi and blood	DU20, RN4, RN3, ST36, SP6
Follicle stimulation period from cycle day 8 to aspiration (3)	Continue to support Qi and Blood, regulate LR Qi, and suppress LR Yang	DU 20, ST29, LI4, LR3, SP36, SP10, SP8, SP6 (4)
On the day of ET	Standard	Half hour before ET: DU20, ST29, PC6, SP8, LR3, plus ear points: Shenmen, Endocrine and Uterus; After ET: LI4, SP6, SP10, ST36 (5)

* Explanation for each red mark:

(1) No acupuncture on the lower abdomen: Maybe she is pregnant under the down regulation (which happens quite often in my clinic) or one purpose of the down regulation is to make the uterus lining thinner and acupuncture above the uterus may have the opposite effect.

(2) Additional points
   a. Painful menstruation: BL32, PC6, SP6
   b. Strong headache and migraine: Taiyang, GB20, LI4, LR3, SJ5, GB41, ST8

(3) Theoretically, menstruation comes 28 days after previous cycle and FSH starts day 8 of the cycle after the down regulation has been administrated for 14 days. However in practice, women's cycle is often delayed during the down regulation so the group should be used while FSH is being administrated.

(4) If PCOS women or women that produced a lot of follicles in their previous IVF treatment: remove ST29, and plus KI12; if there were poor or few follicles in their previous IVF: KI3, KI6 / KI7 or BL23, BL32, KI3 and ST29/Zigong (with electrical acupuncture).

(5) If you are not in the fertility clinic treating patients (recommended), you can give acupuncture once on all the points including pints before and after ET in your own clinic; if before embryos transfer (ET), use TDP above the lower abdomen; if after ET, no TDP above the lower abdomen.

4. Treatment frequency

How often should acupuncture be administered? Normally I start acupuncture around the down regulation, once a week until FSH is administrated and then twice a week until ET. For women over 40 years old , have tried more than 3 attempts of IVF and/or produced poor quality follicle in their previous IVFs, I will start acupuncture session at least two to three months before their IVF treatment. While you treat IVF patients, you can chose the points from the acupuncture protocol plus some few points based on their individual pattern. For instance, the patient comes at day 5 of her cycle, and her basic pattern is Kidney Qi deficiency. You chose points like DU20, RN3, RN4, SP36, and SP6 from the table (cycle day 4-7) and KI 3 for Kidney Qi.

5. Plan after Embryo transfer

	Acupuncture stops	**Acupuncture continues**
IVF treatment	< 3times	> 3 times
Woman's age	< 40 years old	> 40 years old
Early abortion	< 2 times	> 2 times
General health conditions	Good	Poor

If acupuncture treatments need to be continued, normally I will use Back-Shu points like BL18, BL20 and BL23 to strengthen Yang, because in the second phase of the cycle Progesterone is the dominating hormone and has yang energy.

III. A Case study

Linda was a 32 years old woman. She came to my clinic on 30th August 2011. The cause of her infertility was PCOS. She has never been pregnant. Her menarche was at 11 years of age. Her menstrual cycle was irregular and about 30 to 50 days long. Her menses were red, scanty, no pain or clots. Her last menstruation was on 24th August 2011. She has taken P-pills from 19 to 29 years of age. General symptoms: poor sleep, headache, irritable bowel movement, palpitations, depression, worrying, asthma, and hay fever. Her tongue coating was greasy and pulse was irregular and slow. She did not drink coffee, alcohol or smoke. She had only eaten very few sweets and done little exercise. It was her first IVF treatment. She started down regulation on 15th August 2011 and got her menstruation on 24th August 2011.

TCM diagnosis: spleen and heart qi deficiency and liver qi stagnation.

Treatment principles: strengthen spleen and heart qi and regulate liver qi.

Treatment:

30th August: cycle day 7, FSH (Gonal-F) 150 IE from 29/8, DU20, Taiyang, SP6, LR3, LU7, KI6, HT7, RN3, ST36;

3rd September: cycle day 11, No more headache after last treatment, generally felt better and was happier. Remove Taiyang, LU7, KI6 and RN3, and add LI4, ST29, SP8 and SP10;

5th September: cycle day 13, scanning showed that she had 8 follicles and Gonal-F was continued.

6th September: cycle day 14, acupuncture points: DU20, ST29, ST36, LI4, LR3, SP10, SP8, SP6.

8th September: cycle day 16, she was going to get her aspiration on 9th September. The same points were used as on cycle day 14.

11th September: cycle day 19, she came to my clinic before she went to her fertility clinic for ET. The same points as on cycle day 14 plus PC6 and ear points (Shenmen, Endocrine, Uterus) were used. She became pregnant and gave birth to a beautiful and healthy boy.

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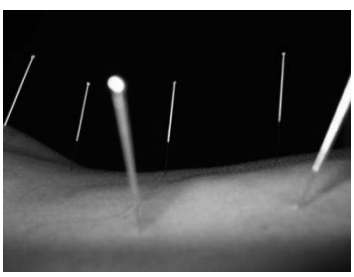
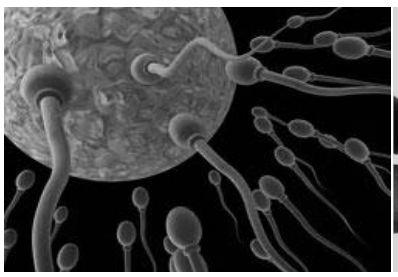


百万欧元托起欧中中医药协作研究的平台

—记欧盟资助的欧洲中国中医药科研团队（GP-TCM）创立始末

江丹

近几年，人们从传媒的报道中都会发现 GP-TCM----欧洲中国（以下简称欧中）中医药科研团队的名字，尤其是今年四月西方著名的民族医药学杂志（Journal of Ethno - Pharmacology Vol 140, Issue 3）为欧中中医药科研团队出版了有关中医药研究的专刊，该期发表的 20 篇论文全部出自欧中中医药科研团队的成员。这些论文或是论证在后基因时代（1）对中医药研究的优势，挑战与机遇（2），或是探讨对地道中药材辨识的科学方法（3），或是比较研究当代最先进的药理学研究方法对中医药研究的应用（4），或是探讨欧洲与中国针灸执业人员的实践规律与研究优势（5）等等。所有这些具有国际公认科研手段与研究方法的论文，无疑为中医药在世界范围的弘扬与发展起到了重要的作用。GP-TCM（欧中中医药科研团队）是第一个由中国中医药国家级科研团队参与合作的，汇集了欧洲 20 多个国家的 100 多所大学，科研院所，企业的国际科研团队，是在欧盟科技委员会第七框架计划的支持下产生的。它是利用当代先进的国际科研团队进行中医药研究的成功实践。在这个团队的建立与实施过程中，有中国学术背景的海外学者在其中起到了决定性的作用。以下我以亲历者的身份，介绍这一过程，这些史实提供了中医药国际发展的成就与经验。

一，欧盟第七框架资助计划 (FP-7) 的发布：（2006，6）

2006 年 6 月，一个中国科技部牵头，由中国科技部与欧盟科技委员会联合主办的“中医药科学研讨会”在意大利罗马召开。由中国科技部，及中国驻欧洲各国大使馆科技处邀请的 100 多位代表出席了大会，我作为英国中医药学会 (ATCM) 代表应邀出席了大会。在这个会上，中国科技部公布了其将在 5 年内实施，总计 20 亿美元的《中国中医药科学技术国际合作发展》的资助计划。但是中国的科技合作计划，立足于资助中国的科研团队，对国外的科研团队实际上只是望梅止渴而已。

在这同一个会议上，欧盟科技委员会则出乎意料地抛出了他们的第七框架 (Frame Program 7th, FP7)资助计划。所谓框架资助计划，是欧盟制定的一项专门资助项目。这个计划以 100 万欧元，三年为期，资助在某一个学科领域进行国际间的交流与协作，促进该学科的发展。这个计划已经成功实施了六次，它资助的科学研究领域涉及 100 多个学科。这次欧盟将这一资助计划向中医药开放，旨在搭建欧中合作平台，探讨对中医药研究的现状，问题，及其解决方案，建立技术规范，提出优先发展的领域，并且为欧洲和中国政府进一步决策提供科学依据。这实在是个绝好的机遇。中国国家级中医药科研团队，这次是有备而来，在会上就选定了将与其合作的欧洲的科研团队。我在会上将这一资助计划的具体细则，要求，征集申请的截止时间等重要信息记下，交给了我的中医药科研合作伙伴，英国伦敦国王学院的徐启和博士。

徐启和博士是中国人民解放军军事医学科学院毕业的医学博士，多年前来伦敦国王学院作肾病病理学博士后。由于他发明了一种脏器纤维化的试验模型，因此多年来他已经在英国，美国多个实验中心应用他的模型筛选抗脏器纤维化的有效药物。可是他筛选了现有的许多相关西药化学药物，其中有效者，却都因为严重的毒副作用而不能用于临床，因而徐转向中草药的筛选研究，我们已有多年的合作。所以现在已担任伦敦国王学院肾病实验室主任的徐博士已经是在西方较早进行中医药研究的学者了。

二，为建立欧中中医药研究的平台力争 PF-7: (2007, 2)

徐博士申请欧盟科技委员会的这个资助计划受到了他的导师：国王学院药理学系主任 Peter Hyland 教授，与肾病系主任 Bruce Hendry 教授的支持。不过这两位教授虽然认为搞中医药研究可能有意义，有前途，但是对是否能够拿到这项资助缺乏信心。特别是还要花费那么多的时间与精力去组团申报，他们有些踌躇。这时徐博士当机立断：由他来牵头，做项目申请的总协调人。在徐博士的努力下，在以上两位教授的支持与国王学院科研处的帮助下，仅在不到一个月的时间内，就组成了汇集欧洲 13 个国家，十几个科研团队，几十名科研人员的最初的欧中中医药科研团队(GP-TCM)，以‘后基因时代中医药的良好实践’为题目，申报了欧盟第 7 框架的学科资助计划 。我们还同时邀请了以做中药植化分析著名的北京中医药大学团队，和在神经生理学方面对经络实质研究有成就的北京首都医科大学等中国科研团队作为第一批加盟的成员。

经过申请此资助计划的众多团队的激烈竞争，以英国伦敦国王学院牵头的：“后基因时代中医药的良好实践”团队以“团队构成，研究设计，前期筹备，预定实施方案”等各项目总评成绩第一的优异成绩胜出，于 2007 年 2 月，获得了欧盟科技委员会的批准，成为从第七框架资助计划各申报团队中脱颖而出的唯一赢家。这个资助计划的获得也是中医药科研团队在欧洲获得的第一个高规格的项目资助——百万欧元。由英国伦敦国王学院牵头，举起的这面中医药科研大旗，在很短的时间内，就吸引了欧洲范围内众多有兴趣，有能力从事中医药科研的团队的加盟，形成了一支全方位，多学科，高水准的中医药科研综合团队。我也以中医临床专家的身份，成为了其中 WP6（临床研究组），WP8（针灸研究组）的享受课题资助的成员，并且担任 WP6 的副协调人。英国中医药学会主席沈惠军也代表 ATCM 加盟了团队。

三，集欧洲中医药科研最大阵容与中国中医药研究“国家队”，强强联手建立欧中中医药科研团队----GP-TCM: (2009, 1)

2009 年 1 月，在北京召开了欧盟第七框架资助下正式成立的欧中中医药科研团队 (GP-TCM Consortium) 的启动会议，欧盟科技委员会，中国科技部，中国中医药管理局相关负责人出席了会议。中国医学科学院，中国中医科学院的中国中医药研究“国家队”，以及两岸四地的中医药研究的知名学者也都受邀加盟，形成了汇集欧洲 20 多个大学，科研机构，和中国中医药科研“国家队”强强联手，密切合作的欧洲中国中医药科研团队（GP-TCM Consortium）。

这个团队以徐启和博士担任总协调人，剑桥大学台湾籍药理学家樊太平博士担任秘书长。在由著名专家教授参加的指导委员会的领导下，涉及中医药研究的各个学科，形成了 GP-TCM 的组织结构。 例如：由伦敦植物园英国药用植物研究中心牵头的 WP1 （Working Package 1，下同）---中药质量控制研究组；由德国杜塞尔多夫的翰瑞克，哈尼大学药理生物研究所牵头的 WP2--- 中药提取物与有效成分分析研究组；由中国医学科学院植物所牵头的 WP3--- 中药毒理研究组； 由英国国王学院药学院牵头的 WP4--- 中药分子生物学实验室研究组；由西班牙阿卡拉大学医学院生理学系牵头的 WP5--- 中药动物实验研究组；由英国南安普顿大学及沃瑞克大学结合医学研究中心牵头的 WP6--- 中药临床研究组；由英国剑桥大学药理学院牵头的 WP7--- 中医药政策法规研究组；由中国北京首都医科大学牵头的 WP8---针灸研究组；由荷兰莱顿大学负责的 WP9 最终年会筹备组；以及由徐启和博士领导的 WP10 团队整体管理与协调中心。每个研究组都有 4-5 个获得资金支持的，和 5-10 个尚未获得资金支持，但在同一领域进行研究的团队组成（6）。

四，GP-TCM 的成果展示，及其研究的开创性意义（2012，4）

三年来，汇集欧洲几十个大学和研究机构科研力量的 GP-TCM 团队；充分利用欧洲高等院校和科研机构的先进的科研设备和有利地位，在欧洲开展工作。GP-TCM 建立了自己的网站，各国的团队成员可以自由地随时上网讨论；GP-TCM 办公室也及时将各种研究信息放到网上，供大家分享。各个研究组定期召开小型讨论会，电话会，在各研究领域，及时进行学术交流，开展科研合作，共同对研究中的热点，难点进行切磋，探索。GP-TCM 还每年召开年会，在英国，葡萄牙，荷兰分别召开的三次年会上，每个研究领域合作组都汇报他们的研究进展，研究成果，与研究计划；并且进行全 GP-TCM 团队科研人员的共同讨论。

三年来的交流应该说在以下几个方面构成了特色：

1， 确定中医药目前的研究水平，选择与世界接轨的中医药研究的优先领域

各研究组分别进行了该领域当前的研究综述，并且根据可能性，研究结果的使用价值等作出了下一步研究的计划，并且确定了优先研究的领域。并且通过对中医药古代和现代文献的调研分析，以及各类的研讨会，去粗取精，去伪存真，求同存异，探讨在后基因时代如何建立适合的质量控制，疗效和安全评价的技术规范。

2， 为中医药在欧洲的发展，管理奠定理论与科学基础： WP1 伦敦植物园药

用植物研究所，设立有专门的中药鉴定中心。她们建立了 300 多种常用中草药标本库。在由他们牵头领导的 WP1 中药质量控制研究组中，他们与欧洲其他国家，和来自中国的科研团队相互交流合作，对每种草药不仅从文献资料上确定它们的原产地，植物学特性，药物功用，而且专门到中国的真正原产地采来地道样品。这里已经建成了对中医药从植物学角度鉴别，认证的权威中心，并且建立有与中国的课题团队经常交流合作研究的固定模式。

WP3 成员伦敦汤姆•盖医院的中药临床应用检测中心，接受来自全英国的对中药临床应用可能的毒副作用的报告，同时检测，甄别与认证中药在临床应用中的可能的毒副作用。几年来，他们接受了一百多例中药在临床应用中被怀疑可能的毒副作用的报告，都一一的认真进行了调研，以及必要的药理学检测，为中药的临床应用做出了最确切的评定。这些研究机构，以及他们的工作成果，都为英国政府对中医药业进行法定立法管理，对欧盟制定的草药管理法规的实施方案制定，提供了重要的科技数据。

为了和谐国际中草药管理规范和市场准入标准，GP-TCM 还组织来自世界各地（中，欧，美，澳）食品和药品管理机构的中草药注册管理官员，专家展开定期的，富有成效的研讨，促进对话与合作。

3． 建立欧洲中医药科研人员与中国科研人员交流的平台：由于欧中中医药科研

团队所建立的经常的学术交流机会，使欧中中医药科研人员可以有机会经常直接交流，就可能使彼此重大的科研难点，通过获得对方的研究信息而容易解决。例如，西方的科研人员对多年来反复报道的中药的毒副作用，有较多的顾虑。像附子，被报道有对心脏的毒性作用，那在欧洲就只有禁用。可附子在临床是治疗风湿病必不可少的药物，禁用附子，将大大影响中医对风湿病这种西方高发病症的治疗效果。在 GP-TCM 的第二次年会上，对于欧洲科研人员提出的询问：对于附子这种有重大毒副作用的中药，在中国为什么还在正常应用？ 特邀嘉宾，中国药监会副主任，著名的中药鉴定专家钱中直教授解释说：对于附子的毒性作用，我们已经通过药理学的工艺制作技术，解除了附子结构中与产生毒副作用有关的两个生物链，可使附子的毒性减低了 2000 倍。所以经过炮制的附子，一般不会有毒副作用，可以临床应用。这个简明的科学解释使在座的众多欧洲药理学家表示信服。

经络的实质，针灸的作用机制，被 GP-TCM 邀请的牛津大学著名的药理学家提出的新的生物学理论所证实。牛津大学退休的药理学家 Prof Geoffrey Burnstock 倾其毕生精力对生物体中能量代谢的重要物质 ATP 进行研究，发现：以 ATP 为主导的能量代谢系统才是针灸作用的真正受体。他的研究证实了针灸的疗效是通过刺激，调整人体的能量代谢来实现的，而 ATP 正是可以用来检测，跟踪人体内能量代谢的标志性物质（7）。他说：我从 1950 年代起，就开始这项研究，可是不被西方主流医学界认同与支持。近年他通过他的中国学生与中国上海第二军医大学学术团队

合作，并且在国际学术期刊不断发表日渐更新，充实的理论，渐渐引起越来越多的西方主流医学团队的重视与响应。在欧中中医药科研团队的年会上，学者们纷纷与老教授进行了更加深入的探讨与切磋。

GP-TCM 团队中的欧洲科研人员多数与中国的研究团队建立了固定的研究合作关系，许多人一年要四，五次去中国讲课，合作指导研究生，参加在中国主办的各种国际学术活动，联合申报中国政府的中医药合作项目的资助计划，促进了中国在中医药领域的国际发展。2011 年 10 月，由 Prof Nicky Robinson 领导的 WP6 临床研究组与首都医科大学王晓民校长领导的 WP8 针灸研究组的学术交流会在北京召开，会后全体与会人员参加了北京市主办的世界针灸学大会。GP-TCM 团队 20 多名来自欧洲的中医研究专家与北京市的中医，针灸工作者进行了更加深入的交流，也使北京市主办的国际交流大会开得更加丰富多彩，与富有成效。

4，把中医药的研究成果向西方科技界传播：由樊台平博士主编，定期出版的欧中中医药科研团队会讯 Newsletter，向各国科研人员及时通报中医药研究的信息；GP-TCM 办公室也经常将欧盟科技委员会的资助计划方案及时通报，使各国科研人员可以获得申请课题资助的信息与途径。

由于相互交流而建立的欧中科研团队合作研究的课题则兼取各方的优势，使课题的设计更加富有新意，更具说服力。 例如在欧洲中医临床研究中，常常由于中医药，针灸属于补充医学，不在主流医学之内，因而进行较大样本的针灸，中医临床疗效的客观指标验证有困难。建立了与中国同一领域的研究团队的合作关系之后，我们就可以用来自中国中医医院采集的病例，与在西方诊治的病例按照同样的西医疾病与中医诊断证型诊断，施以同样的治疗方法，治疗周期，与客观判断指标的观察，这样的治疗结果，经过进一步的数理统计分析，写成论文，在西方的科学期刊发表，就会更有说服力。科学家们逐步加强对中医药的传统内涵和科学价值的理解，使中医药研发进入欧洲主流科学界的基础开始形成。

GP-TCM 的许多团队都有自己的研究特长，与学术论文发表的声誉，因而每个团队都不断地把自己的研究报告在国际期刊上发表，形成了对中医药研究的正面影响。三年来，据不完全统计，除今年在《Journal of Ethno-Pharmacology Vol140, Issue3》发表的ＧＰ－ＴＣＭ专刊之外，团队成员共发表研究论文 179 篇； 出席国际学术大会，进行大会学术报告 132 例；作为中医研究领域的专家，出席国际的研究咨询项目，担任相应机构的咨询专家 29 人次；申请中医领域研究的专利 2 项。GP-TCM 还在酝酿新型开放国际期刊，积极探讨成立专门资助中医药现代化研究的 GP-TCM 国际“慈善基金’’的可能性。

五，欧洲中医药规范化研究学会的产生与发展

到 2012 年秋，欧盟第七框架资助计划就要结束了。如何让这只已经聚结的欧中中医药研究团队存在下去，让这些已经建成的科研人员合作交流机制能够延续下去，今年 5 月在荷兰召开的 GP-TCM 第三次年会上，欧中中医药科研团队通过协商，成立了“中医药规范化科研学会”(GP-TCM Research Association)。奥地利拉茨大学药理学家 Rolduf Burd 教授被选为主席，中国医学科学院中药研究所年轻的药理学专家果德安教授为副主席。欧中中医药科研团队(GP-TCM consortium) 的组织结构将以“中医药规范化科研学会”的形式继续存在下去，已经建立的合作模式也将在学会的领导下，继续获得支持与巩固。

百万欧元 — 欧盟第七框架资助计划经过三年的实施，它所建成的在欧洲进行中医药研究的平台 — 中医药合作研究团队将会继续存在下去，身在其中的这些多国别的科研人员将为中医药在国际上的发展，在世界范围内继续努力。

GP-TCM 的网站：http://www.gp-tcm.org

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The impact of EU-THMPD directive to TCM sector and the alternative solution

Phoenix Medical Direct Limited

The EU 'Traditional Herbal Medicine Products Directive' has now been implemented for over a year, While the EU TCM Market is of considerable size the complexity involved in obtaining a license to provide and market patent medicine and the overall fiscal investment has made the supply and production of Patents prohibitive both financially and logistically. The resultant consequence of the Directive is it is no longer possible for Chinese medicine practitioners to obtain Chinese patent medicines through legitimate channels.

Over the past year we have noticed an increased anxiety among Chinese medicine practitioners' as the demand for Chinese Patent Medicines has if anything increased. However having studied the EU THMPD and UK Medicines Act 1968 in detail, we believe that there is an alternative solution to patent Chinese medicines for practitioners, enabling you to provide comprehensive Chinese medicine treatment legally, effectively and simply.

1. Interpretation of the current regulations

Currently all Chinese herbal medicines are regulated under EU THMPD 'UK Medicines Act' by the MHRA, according to MHRA's explanation: From 30th April 2011 'Manufactured herbal medicines commissioned by herbal practitioners come within the scope of Directive and therefore require an MA or THR. This directive includes all forms of finished tablets, capsules and other such pharmaceutical products purchased by the practitioner (whether or not the practitioner sources them in bulk). Any medicine the herbal Practitioner sources and then completes the finished packaging/article may then be presented directly to the patient. But products supplied legally under Section 12(1) are regarded by MHRA as non-industrially produced therefore do not require a MA or THR to remain on the market. This Includes unprocessed herbal ingredients, Tinctures or extracts the herbal practitioner buys in bulk in order to blend to make products tailored to meet the needs of individual patients.

2. The alternative Clinical Solution to Patent treatments.

Following initial discussions with the ATCM, In the past year we have begun work with a selection of clinics to find a practical alternative solution regarding a legal viable and workable solution aimed at filling the void now patent medicines are no longer available. Following this period of observation on those clinics, we are very pleased to offer the following tried and tested solution that will prove both beneficial to the practitioner and the patient.

By tailoring the formulae to the individual we have noted patient retention by the practitioner has increased significantly as the patient now feels a bond is formed between themselves and the practitioner as each formulae is individually prescribed as opposed to a 'one size fits all' feeling previously generated by generic patent medicine.

Patient confidence, loyalty and satisfaction can be achieved simply by following the procedures listed below.

Simple method of procedure:

Step 1. Preparing prescription according to the classic formula reference book or your own formula.

Step 2. Encapsulate your formula

Step 3. Put those capsules into pharmaceutics grade bottle and seal the cap. Then apply the customized label on the bottle.

The Features of this service can be summarized in the following key points.

1. Satisfy legal requirement
2. Efficacy
3. Cost Saving, weekly supply as low as from £1.1
4. Flexibility, can make up your own formula, also the dosage can be adjusted regarding to patient's condition.

Remember: Individual diagnosis and tailor made prescriptions will heighten and increase patient loyalty. Highest quality granules and herbs will improve formula efficacy. All qualified medicinal products should always satisfy these 3 key points, Safety, Efficacy and Consistency. Ensure you only purchase any medicinal Herbal products and related accessories from suppliers who can provide Certificates of analysis and conformity for all Granules / Dried Herbs and certificates of medical grade conformity for capsules and securitainers.

We hope the above article has proved to be of interest to you and alleviated any concerns and anxieties you may have in respect of a viable solution to patent medicine.

We do believe the procedures and options outlined above will both enhance the reputation of your practice and prove to be a valuable tool in respect of customer loyalty and quality of your practice.

中医药治疗糖尿病的临床研究述评

来源：中医药在线 作者：吕仁和

摘要：本文对糖尿病的中医病因病机、辨证分型、治则方药、单方食疗、针灸体疗、合并症的治疗及统一中医诊疗标准等七个方面的研究进行了述评。指出目前存在各地诊疗标准不同，疗效悬殊，合并症研究开展不够等问题。主张坚持临床实践不断创立新说，统一诊疗标准，重视证治规律研究。认为中医治疗糖尿病重点是非胰岛素依赖型糖尿病及合并症，优选治则治法和筛选单方单药二者不可偏废。治疗应集中在控制血糖、降低血脂、防治微血管病变三个难点方面。

糖尿病是由于胰岛素不足或胰岛素的细胞代谢作用的缺陷引起的葡萄糖、氨基酸及脂质代谢紊乱的一种综合征。据其临床表现与中医的消渴病基本一致。对于本病及其并发症的治疗，祖国医学积累了极为丰富的经验。本文仅就30年来中医药治疗糖尿病的临床研究述评如下。

一、病因病机的研究

近年来对糖尿病病因病机的研究不断深入，除阴虚燥热的观点外又有新的创立。如气阴两虚，瘀血阻滞，脾气虚弱，肝郁气滞等，这不仅丰富了糖尿病的病因病机理论。而且也为糖尿病的治疗开辟了新径。

(一) 阴虚燥热: 这是一种传统的观点，一直是指导中医辨治糖尿病的总则。基本病理为阴津亏耗，燥热偏盛。阴虚为本，燥热为标。燥热灼伤肺胃阴津，则口渴多饮；胃火炽盛，二阳结热，则消谷善饥，大便燥结，疲乏消瘦；肾阴亏损，开合失司，则尿频量多。在阴虚燥热观点上，又有病损在肾从肾证治，病损在胃从胃证治之分。

(二) 气阴两虚: 赵尚久认为糖尿病病程漫长，病情复杂，其病理变化始终以气阴两虚为焦点。气阴两虚，气机升降紊乱贯穿疾病的全过程。气虚津虚液不化，升降失职，津液不能升腾，既不能上潮以濡口腔，又不能四布以营养全身；气虚津液不固，小便失摄，津液下流走泄；津液耗损必致阴虚，阴阳失衡，阴虚阳盛，化燥为热，结聚中焦，消谷耗津，渴饮不休；津能载气，津耗则气散，水谷不化精微，五脏失养，肌肤不荣。故临床形成以大渴喜饮，多食善饥，小便量多，疲乏消瘦为特征的疾患。

(三) 瘀血阻滞: 祖国医学很早就孕育了血瘀与消渴发病的理性认识，在《内经》、《血证论》中均有记载。近年来不少学者运用现代科学手段以中医的四诊为依据，结合血液流变学、甲皱微循环、血小板功能测定等方面对糖尿病之瘀血进行了深入的研究。结果表明：①本病患者舌象大部分为暗红、暗淡、紫暗或舌有瘀斑瘀点。②舌象研究表明，舌暗、紫舌主要表现为异形血管丛，微血管丛扩张，微血管增多，血细胞聚集，流速减慢，出血，血色暗红。舌上瘀斑点表现与紫舌相似。这些微循环障碍的特征形象体现了紫舌所代表的中医“瘀”证实质。③本病患者血液流变学改变多数较正常人显著，主要为全血粘度、全血比粘度、血浆比粘度、红细胞压积等项测定值比正常人显著增高，红细胞电泳时间明显延长。④本病患者甲皱微循环改变比正常人显著，主要为甲皱毛细血管袢内红细胞聚积、袢顶瘀血出血，乳头下静脉丛出现率多，血流缓慢，线粒流少，粒线流多。⑤本病患者血小板聚集功能增强，血浆纤维蛋白原含量增高，提示糖尿病人血液呈高凝状态。⑥胰腺的病理解剖也部分表现出瘀血的组织改变。⑦有血管、神经合并症者甲皱微循环及血流变学改变更明显。认为血液高凝状态、血流瘀缓、瘀血阻滞是形成糖尿病血管神经并发症的一个重要因素。

(四) 脾气虚弱：《内经》最早提出消渴病与脾胃在病理上的联系。张锡纯指出：“消渴一证，古有上、中、下之分，谓皆起于中焦而及于上下。”人有认为消渴一病，虽与肺燥、胃热、肾虚有关，但关键在脾，主张补脾养阴治疗消渴病。程宜福提出脾虚是本病的主要病机。脾主运化，散精于肺，脾虚肺津不足则口渴多饮，通调不利，小便无节而多尿。脾主肌肉，脾虚肌肉失去濡养而消瘦乏力。另外脾虚湿阻，郁而必热。湿热交阻，伤阳耗阴，而致脾胃阴伤，发为消渴。

(五) 肝郁气滞： 大多数认为消渴病与肺胃肾三脏功能失调有关，但与肝也有密切关系。肝主疏泄，以气为用。情志所伤或大怒伤肝而致气郁化火，消烁肺阴则口渴多饮，胃阴被伤，胃热炽盛则消谷善饥。肝肾同源，肝郁化火，损及肾阴，而致约束无权，则多尿而甜。

这些来自临床实践的独特见解从不同侧面丰富了糖尿病的病因病机理论。北京中医药大学东直门医院通过上千例糖尿病临床观察及大量文献整理，认为本病的病机初期为阴津亏耗，燥热偏盛，以多饮、多尿、多食、消瘦、疲乏为主要临床表现。病变中期多为气阴两虚，络脉瘀阻。临床表现以口干、乏力、气短、舌胖质暗为主要特征，典型的三多症状较为显著，大多出现视物模糊、肢体麻痛、眩晕心悸、胸闷胸痛、水肿尿浊、中风偏瘫等合并症。病变后期阴损气耗阳伤，终致阴阳失调，痰瘀互阻，脏腑经脉严重受损而出现肾衰水肿、胸痹、坏疽、中风昏迷等严重的合并症。

二、辨证论治的研究

(一) 辨证分型论治： 关于本病分型，各家有据临床主症分型，有据阴阳盛衰分型，有据阴阳结合脏腑分型，也有根据主要病因分型。尽管各家分型不同，但治疗方药大多相近，现分述如下：

1．根据临床主症分型论治：以多饮、多尿、多食三个主要症状分为上、中、下三消论治。上消：以烦渴多饮为主，为肺热津伤，宜清热润肺、生津止渴。方用消渴方、麦门冬

饮、白虎加人参汤，或用玉女煎、玉宗散、消渴一方。上消偏实热用二冬汤或玉女煎合千金黄连丸；偏虚热用知柏地黄或六味地黄合三才汤。中消：以多食善饥为主，为胃热炽盛，宜清胃泻火，养阴增液。方用白虎汤、人参白虎汤、玉女煎、凉膈散、调胃承气汤、生地八物汤、竹叶黄芪汤、黄连丸、调胃补中汤、消渴二方、清胃饮加减。下消：以多尿为主，宜滋阴补肾。阴虚火旺用知柏地黄汤；阳虚者用金簋、金匮肾气丸或其它经验方；阴阳两虚者用六味地黄合五子衍宗丸加减。本病虽有上、中、下三消之分，肺热、胃燥、肾虚之异，实际上三多症往往同时存在，仅表现程度上有轻重不同而已。所以治疗上应三焦兼顾，三消同治。《医学心悟•三消》篇说：“治上消者宜润其肺，兼清其胃”、“治中消宜清其胃，兼滋其肾，”“治下消者宜滋其肾，兼补其肺”，可谓经验之谈。

2．从阴阳盛衰分型论治：可分为阴虚型、气阴两虚型和阴阳两虚型三个证型。中国中医研究院广安门医院通过405例观察，分为阴虚热盛、气阴两虚、阴阳两虚三型。北京协和医院通过上千例观察分为七型论治：①阴虚型治宜滋阴生津兼予活血。药用沙参、麦冬、生地、葛根、丹参等。②阴虚火旺型治宜滋阴降火，兼予活血，主方同上，随症加减。③气阴两虚型治宜益气养阴兼予活血，方用增液汤加生脉散及生黄芪、山药、苍术、元参、丹参等。④气阴两虚火旺型治宜益气养阴降火，主方同上，加清热药。⑤阴阳两虚型治宜温阳育阴，方用金匮肾气丸加减。⑥阴阳两虚火旺型治宜温阳育阴降火。方用知柏地黄汤。⑦血瘀型应活血化瘀，方用调气活血汤[2]。

3. 阴阳结合脏腑分型论治：蒋天佑分七型论治：①气阴两虚宜益气养阴，方用黄芪汤合增液汤。②阳虚不固型宜温肾化气，方用金匮肾气丸。③湿热阻气型，宜化浊利湿，方用甘露消毒丹。④阴虚失敛型，宜滋阴收敛，方用六味地黄汤。⑤肝郁阴虚型，宜疏肝清热，方用丹栀逍遥散。⑥燥热阴虚型，宜滋阴清热，方用六味地黄合白虎承气汤。⑦阴亏三消型宜润肺清胃滋皮肤，主用甘露饮合白虎汤。李良则提出治疗八法。即清热生津法、清胃泻火法、滋补肾阴法、温阳滋肾法、健脾益肾法、疏肝解郁法、活血化瘀法、滋阴解毒法。

4．根据发病的主要原因分型论治：有人认为脾虚是本病的主要原因，主张从脾辨证论治，①脾虚肺胃蕴热型宜清热泻火健脾，用健脾清热消糖汤。②脾气虚型宜健脾益气，用健脾降糖汤。③脾肾两虚型宜健脾补肾，用健脾补肾降糖汤。④脾虚瘀滞型宜健脾活血，用健脾逐瘀降糖汤。祝身谌予对由瘀血引起者，另立血瘀型，用活血化瘀法治疗。以上诸多分型方法，虽各有所长，但由于缺乏统一的辨证标准和疗效评定标准。使疗效难以评定，治疗方案的优劣无法选择。为提高本病临床研究水平，优选最佳治疗方案，笔者认为制定统一的中医辨证与疗效评定标准是急待解决的问题。

(二) 辨证分型与客观指标的研究 近年来不少单位探讨了糖尿病中医辨证分型与实验指标的关系，概况如下：①病程与合并症的关系。张云如报道阴虚热盛型病程较短，合并症最少；气阴两虚型病程较长，合并症相对较多；阴阳两虚型病程最长，合并症也最多，揭示本病发展是一个阴损气耗阳伤的慢性过程。②与胰岛素释放试验关系：北京中医药大学东直门医院对120例非胰岛素依赖型糖尿病血浆胰岛素测定结果表明，阴虚燥热型胰岛素水平正常或偏高，示胰岛功能正常，气阴两虚型胰岛素分泌延缓，示胰岛素储备功能不足。张云如等报道阴阳两虚型者胰岛素水平最低，属胰岛素分泌不足，胰岛功能受损比较重。③与血脂关系：东直门医院对74例气阴两虚型及46例阴虚燥热型血脂测定结果，表明气阴两虚型较阴虚燥热型显著增高($P<0.05$)。张云如报道44例阴阳两虚型中胆固醇增高占55．3%，甘油三酯增高占63．9%，与阴虚型、气阴两虚型相比，P值近于0.05。④与血小板聚集、血浆纤维蛋白原的关系：张云如报道，糖尿病中血小板聚集功能增高，阴虚热盛、气阴两虚、阴阳两虚三型间无显著差异；血浆纤维蛋白原增高在阴阳两虚中较明显，占90%。⑤与经穴温度的关系：东直门医院对糖尿病患者及正常人分别测定了双侧合谷、劳宫、足三里、三阴交、涌泉穴的穴温。结果表明：阴虚燥热型穴位温差与正常人无明显差异，气阴两虚型穴位温差高于正常人，提示气阴两虚型糖尿病外周循环障碍，体表温度失衡明显。⑥与环核苷酸的关系：有报道阴虚型糖尿病cAMP／cGMP值接近正常值，气阴两虚型cAMP低于正常人，cGMP高于正常，cAMP／cGMP比值显著降低，阴阳两虚型cAMP／cGMP值下降更显著。⑦与血浆皮质醇、性激素的关系：徐鸿达发现糖尿病阴虚型比气阴两虚型和阴阳两虚型血浆皮质醇明显增高。邝安坤对女性绝经期后Ⅱ型糖尿病的血浆性激素观察表明，雌二醇与睾酮的比值较正常绝经期明显下降，偏气虚型与偏阴虚型差别不显著，血浆孕酮，雌酮浓度二组变化亦一致。⑧与尿17羟、17酮、尿3—甲基4羟基苦杏仁酸(VMA)的关系：李敬林报道气阴两虚型糖尿病17羟、17酮、尿VMA三值均高于正常，与糖尿病患者血浆皮质醇升高相一致。推测糖尿病病患者有一定程度的肾上腺皮质、髓质功能的增强。综上可知，中医对糖尿病的不同辨证分型具有一定的物质基础的。需要进一步开展中医辨证分型与实验指标的相关研究，从而为糖尿病的中医治疗提供更客观的科学依据，推动糖尿病的“病症结合”研究。

三、治则方药的研究

综观30年治疗糖尿病的大法概括为：滋阴清热、益气养阴、补肾健脾、活血化瘀、行气活血、补肾活血等，尤其是益气养阴活血、补肾活血对糖尿病慢性并发症的治疗作用愈来愈受到人们的重视。

1．滋阴清热：认为本病的基本病理为阴虚燥热，故治疗宜滋阴清热为主，如山东东明县人民医院，采用三消分治法，上消用花粉、石膏、生熟地、知母、元参、山药等；下消用生熟地、元参、花粉、山萸肉等；共治268例，总有效率为92%。田永淑用抑糖汤(生石膏、花粉、麦冬、熟地、

石斛、益智仁等)治疗215例，总有效率为70％。笔者对糖尿病早期出现二阳结热，症见烦渴多饮，多食易饥大便燥结，多采用清泻二阳，方用增液汤加生石膏、寒水石、生大黄等，对改善临床症状及降低血糖均有明显的作用，尤其对烦渴、多尿、大便秘结等症状改善尤为突出。因滋阴清热所用药物大多寒凉，故不宜长期服用，以免寒凉损伤脾胃。

2．益气养阴：认为消渴病久，阴损耗气，而致气阴两虚，故治宜益气养阴为主。中国中医研究院广安门医院对328例成人糖尿病辨证分型，其中气阴两虚型占76．52％。用益气养阴的降糖甲片(生黄芪、黄精、太子参、生地、花粉)治疗405例，其中气阴两虚型290例，总有效率81.4。山东中医学院运用益气养阴的消渴平片(生黄茂、人参、花粉、知母、葛根、天冬等)治疗333例，总有效率为81．08％。药理研究本品能显著降低四氧嘧啶糖尿病小鼠的血糖水平，对鹌鹑实验性高脂血症具有降脂作用。另外糖尿病一号剂、降糖丸、三黄消渴汤、人参降糖丸、滋阴降糖片、四合汤、人参黄芪汤、益气补阴汤、五加参降糖片等均为益气养阴方药组成。

3．滋阴补肾：认为消渴病虽有肺热、胃燥、肾虚之异，但关键在于肾虚，治宜补肾为主。不少单位报道用六味地黄汤加减(如阴虚火旺加知母、黄柏；阳虚加肉桂、附子)治疗糖尿病取得较好的疗效。中国中医研究院以滋阴补肾的甘露消渴丸(生熟地、元参、黄芪、山萸肉、获苓、党参等)治疗I型糖尿病102例，总有效率为85．3％，药理试验证明本品对四氧嘧啶性高血糖症小白鼠和大白鼠肾上腺性高血糖症，有明显降糖作用。邝安望运用益气补肾方药(仙灵脾、枸杞子、熟地、党参、黄芪、玉米须、蚕蛹、桃树胶)治疗肾虚育龄女性I型糖尿病，不仅肾虚症状改善，而且血糖明显下降。吴仕九等运用滋肾蓉精丸(黄精、肉苁蓉、制首乌、金樱子、淮山药、赤芍、山楂等)治疗肾虚型糖尿病170例，总有效率为87．1％。动物试验证明，八味地黄丸能改善高血糖，增强实验动物的糖耐量，改善提高肾阳虚患者血浆高密度脂蛋白的浓度，说明八味丸具有降糖调脂作用。从补肾的药物中寻找既降血糖，又能调整脂质代谢紊乱的中药仍是深入研究的课题。

4．活血化瘀：随着糖尿病之瘀血研究的深入，活血化瘀法的运用为糖尿病的治疗开辟了新径。祝谌予用“抗自身免疫”一号(当归、木香、川芎、赤芍等)治疗血瘀型糖尿病每多取效。邵启惠以活血化瘀方治疗36例血瘀型糖尿病，不仅临床症状改善，而且全血比粘度、血浆比粘度、纤维蛋白原、血糖、血脂均有显著下降。表明活血化瘀药可直接或间接起到纠正糖、脂肪和蛋白质代谢紊乱的作用、朱禧星采用丹参片治疗观察，丹参能降低糖尿病人血小板聚集功能，主要作用为抑制血小板合成前列腺素，抑制血小板粘附聚集。从活血化瘀的药物中寻找改善血小板聚集功能，抗凝、促纤溶的中草药。对防治糖尿病微血管病变具有极为重要的价值，有待深入的探索。

5．益气养阴，行气活血：通过临床观察，血瘀型单独存在者较少，多与气阴虚或阴阳两虚并存，且多挟有气滞。我们采用益气养阴行气活血的方药(黄芪、太子参、生地、花粉、丹参、红花、枳实等)对气明两虚兼瘀的Ⅱ型糖尿病初步观察50例发现益气养阴活血化瘀法对改善临床症状，降低血糖、尿糖、调整脂类代谢紊乱，防治合并症方面均有较好的疗效，总有效率为83．33％．在治疗此类型病人中若兼有气滞表现者选加柴胡、枳实、厚朴、佛手、苏梗、香橼等行气之品可明显提高疗效。郭赛珊报道用益气养阴活血化瘀方药治疗糖尿病也获满意疗效。施赛珠等运用益气活血汤(黄汤、红藤、茵陈、虎杖、制大黄等)治疗30例Ⅱ型糖尿病患者，其高脂血症及动脉硬化指数皆有明显的改善，推测益气活血药可以预防Ⅱ型糖尿病血管病变。药理研究表明益气养阴药人参、黄芪、生地、元参、葛根等均有降低血糖作用。活血化瘀的丹参、赤芍、川芎、当归等均有抑制血小板粘附聚集的作用。这些结论为益气养阴活血化察治疗糖尿病提供了新的理论依据。

6．补肾活血：邵启惠报道，治疗消渴兼症使用滋肾活血法获得一定疗效。糖尿病合并网膜病变者用杞菊地黄丸加丹参、炒槐花、参三七粉。糖尿病肾病用济生肾气丸加丹参、卫茅。合并冠心病用六味地黄丸加瓜蒌、失笑散等。糖尿病神经病变用六味丸加鸡血藤、忍冬藤。郭赛珊运用补肾活血为治疗糖尿病周围神经病变获效。东直门医院以补肾为主，兼以益气活血，分期辨治糖尿病肾病100例，总有效率为72％。药理研究表明：八味地黄丸、人参白虎汤、黄连丸(黄连、生地黄)、天花散、玉宗丸、玉液汤等均有较好的降糖作用。单味玉竹、苍术、地骨皮能显著降低四氧嘧啶实验性高血糖。蜂乳、桑叶能显著降低四氧嘧啶和肾上腺素性高血糖，知母既降血糖又降尿酮，葛根既降血糖又活血化瘀，人参既降血糖又降血脂。另外，宁夏枸杞根、石榴皮、仙鹤草、元参、苍耳、玉米须、虎杖等均有降低血糖作用。

四、合并症的治疗

糖尿病的合并症十分复杂，防治糖尿病的合并症是治疗糖尿病的极为重要的组成部分，现仅将临床报道的资料概述如下。

1．糖尿病酮症：虽有报道用温清饮、三黄饮 (生地、黄连、黄芪)、调胃承气汤合白虎汤加减治疗糖尿病酮症获效。但临床上辨清酮体产生的原因非常重要。对糖尿病酮症昏迷病人应采取积极措施中西医结合抢救治疗。

2．糖尿病肾病：屠伯言报道辨证论治13例，脾肾阳虚治宜温肾健脾，方用真武汤合参苓白术散加减，肝肾阴虚治宜壮水制火，活血利水，方用生脉饮加熟地、山药、益母草等，结果水肿明显消退、尿蛋白不同程度减少、血肌酐有所下降。程益春治疗糖尿病肾病着重从脾肾论治，水肿型辨证脾肾阳虚者，拟健脾温阳、利水消肿，实脾饮加减；辨证心肾阳虚者拟温肾强心、化气行水，苓桂术甘汤加减；无水肿型辨证阴虚阳亢者，拟滋阴潜阳，杞芍地黄丸加减，脾虚胃逆拟益气健脾，和胃降逆，四君子汤合二陈汤加减。笔者将糖尿病肾病分为三期：DN早期，DN临床期，DN肾衰期；

三型：脾肾气阳两虚型，肝肾气阴两虚型，心肾气阳两虚型。采用分期辨治，治疗原则为补肾健脾，益气活血，疗效满意。

3．合并视网膜病变：肝肾阴虚者用杞菊地黄丸或石斛夜光丸；阴虚燥热用玉女煎、增液白虎汤；肺肾阴虚者用二冬汤、增液汤、生脉散合芍药甘草汤；阴损及阳用金匮肾气丸。牛满山自拟固本止血汤、固本祛瘀汤、固本散结汤，分别用治消渴病眼底出血期、吸收期、恢复期有效。张怀安对视网膜出血、水肿、渗出者拟养阴清热，方有增液场合白虎汤加减；视网膜出血久不吸收，甚则玻璃体积血，拟凉血活血，方用清热地黄汤加丹参、三七粉；视网膜出血机化应补肾壮水，方用二至知柏地黄汤。东直门医院采用益气养阴、活血化瘀法治疗糖尿病视网膜病变获一定疗效。此外，糖尿病还经常合并周围神经病变、心血管病、脑血管病变、皮肤感染、膀胱病变、腹泻、阴部痒瘙等，多根据具体病情辨证施治和对症治疗。

五、单方、验方与食疗

近年来发现一些单味中草药具有很好的降糖作用。如亚腰葫芦制剂、番石榴制剂、苦瓜精提物、黄鱼鳝提取物、白僵蚕冲剂、玉米须、冬瓜饮、地骨皮饮、丽仁降糖片、潺稿煎剂、南瓜粉、猪胰制剂等。1979年WHO召开的传统医学治疗心血管、糖尿病咨询会上，印度Snarma医生提出治疗糖尿病的药物有：红头草、蒲桃、稀藤草、苦瓜及印红瓜，认为没药对心肌梗塞并发糖尿病疗效较好。美国Canary教授介绍了美国用蒲桃、荔枝核、木通、苏木治疗糖尿病的经验。用于食疗的有：麦麸和麦粉混合食用，雀麦疗法，多食洋葱、芸豆、香菇、蚌肉苦瓜汤，玉米须褒瘦猪肉，山药苡米粥，薏杞粥，芹菜粳米粥，杞子炖兔肉，人参炖服，猪胰褒北芪，猪胰褒苡米，猪胰褒山药等。

六、展望

中医药辨证治疗糖尿病取得了一定成绩，但仍有不少急待解决的问题。笔者认为今后糖尿病的研究应包括以下几方面：①在全国范围内集中力量，相互协作，完成重点地区的糖尿病调查，了解我国糖尿病的患者、临床特点、诱发因素。采用现代科学技术研究创立糖尿病及并发症的早期诊断方法。②中医药防治糖尿病应以非胰岛素依赖型糖尿病病作为主要对象。系统整理祖国医学对糖尿病治疗的宝贵经验。充分重视中医药防治糖尿病的丰富手段，吸收现代医学治疗糖尿病的措施。根据糖尿病的不同发展阶段，逐步研究出具有中国特色的防治方案。③临床研究应有全国统一的中医辨证及疗效评定标准，设计应严密，方法应先进，治疗上应集中在控制血糖、降低血脂、防治神经血管病变三个难点上。着重总结辨证论治指导下的系统方药，但不忽视在疾病某一阶段上最佳治则方药的研究，亦不偏废单味药在防治糖尿病中的作用。④重视糖尿病饮食疗法的研究，开发研制出具有降糖、调脂、祛病延年的糖尿病饮料或食品。⑤以古今防治糖尿病的复方、单味中药为线索，集中力量筛选提取临床常用的疗效较好的复方及单味草药的有效成分，研制疗效可靠的中药新剂型。⑥深入开展对糖尿病并发症的研究是中医药防治糖尿病的重点。就研究糖尿病大血管病变与地区分布、饮食特点、脂质代谢、高血糖、血小板功能的相互关系。观察中医药防治糖尿病微血管病变的作用与机制，针对糖尿病的不同血管神经并发症研制出疗效可靠的系列中药新制剂。

本刊征稿启事

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。本会刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。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，典型病例分析，行医心得，理论探讨，中医教育和发展，文献综述和研究报告。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 5000 字以内，英文 4000 字以内，并附 200 字以内摘要。文章必须符合以下格式：标题，作者，摘要，关键词，概要，文章内容，综述/讨论或结论，以及参考文献。每篇文章也可附带一份单独的作者简介。

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk. 请注明“杂志投稿”字样。

下期来稿截至日期为 2013 年 2 月 10 日。若来稿于此日期之后收到，我们会考虑在以后之期刊发表。

肝癌治法文献探析

来源：数字中国

摘要：从古代及现代研究文献中整理归纳肝癌的主要治法有益气法、化瘀法、软坚法、解毒法。《中藏经》等文献皆言正气亏虚是肝癌发病的内在基础，培补脾气为肝癌基本治法，常用益气药物有生黄芪等。《医林改错》等文献认为瘀血是形成积块的重要物质基础之一。现代研究发现，中、晚期肝癌患者常有血液流变学异常，可以认为有血瘀现象存在，常用化瘀药物有水红花子等。《东恒试效方》等文献认为软坚法可软化肿块，使癌肿消散，常用软坚药有炮山甲等。《卫济宝书》等文献将癌视之为毒，解毒药多具一定抗癌作用，常用解毒药有藤梨根等。

由于缺乏系统的解剖学知识，古人对肝癌的认识比较模糊，命名也相对较多，有“肝积”、“肥气”、“癥积”、“肝著”、“痃癖”等。如《灵枢•邪气脏腑病形第四》曰：“肝脉急甚为恶言，微急为肥气，在胁下若覆杯”。《难经•五十五难》曰：“肝之积名曰肥气，……如覆杯，有头足。久不愈，令人发咳逆，疟，连岁不已。”总的说，肝癌归属于古代积聚中的“肝之积”范畴。从肝癌的历史沿革来看，随着时代的发展，对肝癌病机认识逐步深入，对临床经验不断积累，对肝癌的治法也在不断修正、充实与完善。但归纳起来，主要有益气、化瘀、软坚、解毒四法。分论如下。

益气法

汉•华佗《中藏经•积聚癥瘕杂虫论第十八》曰：“积聚、癥瘕、杂虫者，皆五脏六腑真气失而邪气并，遂乃生焉。盖因内外相感，真邪相犯，气血熏搏，交合而成也。积者系于脏也。”［1］金代张元素曰：“养正积自除，犹之满座皆君子，纵有一小人，自无容地而出。今令真气实，胃气强，积自消矣。”［2］明代张景岳《景岳全书•杂证谟•积聚》中云：“凡脾肾不足及虚弱失调之人多有积聚之病，盖脾虚则中焦不运，肾虚则下焦不化，正气不行，则邪滞得以居之。”［3］皆言病人正气亏虚是肝癌发病的内在基础。由于肾为先天之本，脾为后天之本，所言正气亏虚，以脾肾亏虚者多，由于肝木易克脾土，对于肝癌而言，脾虚更为多见，因此培补脾气为肝癌基本治法。故汉代张仲景《金匮要略•脏腑经络先后病脉证第一》有“见肝之病，知肝传脾，当先实脾”、“四季脾旺不受邪”之说。主要方剂如张景岳所言之五味异功，或养中煎、归脾汤，以及陈修园之四君子汤，皆为健脾益气可选取之方。药物主要有生黄芪、太子参（沙参）、白术（生或炒）、茯苓等。现代医学研究资料显示，肝癌患者免疫功能低下，益气药具有增强机体抗肿瘤免疫功能。另外部分益气药还有抑制肿瘤或抗肿瘤的辅助治疗作用、调理肝功能及对造血系统的保护功能等。

化瘀法

隋代巢元方《诸病源候论•积聚病诸候》曰：“虚劳之人，阴阳伤损，血气凝涩，不能宣通经络，故积聚于内也。”［4］清代王清任在《医林改错•卷上•膈下逐瘀汤所治症目》中曰：“积聚一症，不必论古人立五积、六聚、七癥、八瘕之名，亦不议驳其错，驳之未免过烦。气无形不能结块，结块者，必有形之血也。血受寒，则凝结成块，血受热，则煎熬成块。”［5］庆云阁在《医学摘粹•杂证要法•实证类》中曰：“积聚者，气血凝瘀也。积者所谓血滞而不濡者也。”［6］认为肝积乃有形之血凝滞所致，瘀血是形成积块的重要物质基础之一。从现代研究来看，肝癌中的瘀血还与血液粘度有不同程度的增高和微循环障碍相关。如上海肿瘤医院测定了80例肝癌患者，血液流变方面的一些指标，发现92.5%的患者有血液流变方面的一项或一项以上指标的异常。[7]周荣耀等［8］对51例II、III期原发性肝癌患者进行了血液流变学测定，发现几乎所有病人均有两项或两项以上的指标异常。大量的临床与实验资料表明血液流变学异常可作为血瘀症指标之一，因此可以认为，中、晚期肝癌患者大部分有血瘀现象存在。现代研究资料显示，在肝癌的治疗中，合理应用一些化瘀药，可以起到以下作用：①对肝癌细胞的直接作用。如李德华等［9］的药物实验研究表明：许多化瘀药，如莪术、三棱、红花、鸡血藤、水蛭等具有直接杀灭癌细胞和抑制癌细胞的分裂增殖的作用。其原理是通过抑制DNA的合成而抑制细胞分裂；调节环核苷酸（cAMP、cGMP），提高cAMP的水平，促进细胞的分化而抑制其分裂；改变肝癌细胞组织形态，对肝癌细胞起到抑制作用，以及对肝癌细胞膜的调节作用等。②抗凝与促纤溶作用。化瘀药物具有抗凝与促纤溶作用，可以降低血小板粘附聚集力，降低纤维蛋白原的含量，增加纤维蛋白的溶解，增加血流量，改善微循环和机体的“高凝状态”，降低血液粘滞度，从而减少瘤栓的形成和转移，使抗癌药物和机体的免疫活性细胞容易和癌细胞接触，从而杀灭肿瘤细胞。［10］③许多学者［11～13］认为化瘀药能提高宿主的免疫功能，增强单核细胞的吞噬活性，促进清除游离的癌细胞，遏制肿瘤的生长和扩张。④对肝癌患者大部分合并肝硬化的事实，应用化瘀药能促进纤维组织的转化、吸收和疏通肝内血管闭塞，改善肝血循环，有利于肝硬化修复。还可以减少成纤维细胞数量和分泌胶原能力，从而减轻肝纤维化、血管闭塞等副作用。⑤镇痛作用。

在临床上肝癌应用化瘀药要注意以下几点：①把握适应证，有瘀血征象方可应用化瘀药。②晚期慎用化瘀逐瘀药。多数医家均主张晚期肝癌不宜用化瘀重剂，如三棱、水蛭、穿山甲、皂刺等，用之则易造成消化道出血或肿瘤破裂出血。

治疗肝癌常用化瘀药主要有：水红花子、桃仁、生蒲黄、三棱、水蛭、苏木等。

软坚法

软坚（散结）法是古代医家对一些坚硬肿块（良性与恶性肿物）特有治疗方法。其目的是软化肿块，使肿瘤消散。《素问•至真要大论》载有“坚者消之”、“结者散之”、“坚者软之”即是指此而言。李东垣在《东垣试效方•卷第二•五积门》中言：“治（积）之当察其所痛，以知其应，有余不足，可补则补，可泻则泻，无逆天时。详脏腑之高下，如寒者热之，结者散之，客者除之，留者行之，坚者削之、消之、按之、摩之，咸以软之，苦以泻之，全其气药补之，随其所利而行之，节饮食，慎起居，和其中外，可使必已。不然，遽以大毒之剂攻之，积不能除，反伤正气，终难治也，医者不可不慎。”［14］由于软坚散结之药多味咸，故言“咸以软之”。元代朱丹溪在《丹溪心法•卷三•积聚痞块五十四》曰：“气不能作块成聚，块乃有形之物也，痰与食积、死血而成也，醋煮海石、醋煮三棱、篷术、桃仁、红花、五灵脂、香附之类为丸，石硷白术汤吞下。瓦楞子能消血块，次消痰。”［15］其中海石、瓦楞子即为软坚散结而设。现代研究表明，不少软坚散结药有直接的抗癌作用，还有一些具有抗菌消炎作用。对于肝癌的治疗常用的软坚药有：炮山甲、鳖甲、龟版、龙骨、牡蛎、海浮石、海蛤壳、海藻、昆布等。

解毒法

《康熙字典》：“毒，《博雅》注：恶也，一曰害也。”1915年出版的《中华大字典》有“凡恶物皆为毒”之说。在古代，毒的概念较为广泛。包括药性，如《周礼•天官•医师》：“掌医之政令，聚毒药以供医事。”还有一些食物、药物、虫兽之害，其害凶猛称之为毒，如食物中毒，药物中毒、蛇毒等。对于人体，风、寒、湿、热等郁久皆可成毒，如风毒、寒毒、湿毒、热毒，言其害深。古代医家对于发病迅猛的痈疽疮疡类应用解毒药，如南北朝龚庆宣《刘涓子鬼遗方•卷第五•升麻膏方》有“治热毒并结及肿成疮升麻膏方”。［16］对于癌症应用解毒药，见于宋代东轩居士《卫济宝书•痈疽五发篇》，其曰：“一曰癌，癌疾初发者却无头绪，只是肉热痛。过一七或二七，忽然紫赤微肿，渐不疼痛，迤逦软熟紫赤色，只是不破。宜下大车螯散取之。然后服排脓、败毒、托里、内补等散。破后用麝香膏贴之。五积丸散，疏风和气。”［17］其中提到应用败毒之剂以治癌疾。其后又曰：“痈疽之疾，如山源之水，一夕暴涨，非决其要会，支之大渠，使杀其势，则横潦为灾。猛烈之疾，以猛列之药，此所谓以毒攻毒也。”此介绍痈疽中应用“以毒攻毒”之法之含义。对于癌之病机，明代申斗垣在《外科启玄•卷之四•癌发》中曰：“癌发……二十岁以后，不慎房事，积热所生。四十岁以上，血亏气衰，厚味过多，所生十全一二，皮黑者难治必死。”［18］其对癌之预后也有清醒的认识。将肝癌视之为毒，主要是肝癌为“恶物”，即其恶性增生而言。所应用的解毒药多具有一定的抗癌作用。清热解毒由于多苦寒败胃，往往与健脾益气方法联合应用。现代药理研究证实一些清热解毒中药除具有一定程度的直接或间接的抗癌及抑癌作用，还具有散肿、退热、消炎、抗菌、抗病毒作用；能清解癌毒产物在体内的蓄积，中和毒素，防治感染。治疗肝癌解毒药主要有藤梨根、凌霄花、白花蛇舌草、半枝莲、败酱草、金荞麦、干蟾皮等。另外一些清热解毒中药提取物也显示较好效果，如华蟾素等。［19］

综上所述，益气、化瘀、软坚、解毒法是治疗肝癌行之有效的治疗大法。既有前人经验基础，又被临床广泛应用。由于肝癌演变的复杂性，益气、化瘀、软坚、解毒法不可能涵盖肝癌治疗中所有出现的问题，但从治疗肝癌的扶正祛邪两个角度考虑，益气、化瘀、软坚、解毒四法无疑是最重要的治法。

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祖国医学对皮肤病的临床证治体会

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皮肤是人体最大的保护器官之一，她坚韧而又柔软，是人体与外界环境接触的主要屏障，具有感觉、调节体温、分泌排泄、吸收、代谢和免疫的功能，当受到机械、物理、化学、微生物等因素损伤时，以上的功能均受到不同程度的破坏或影响，便导致皮肤病的发生。对皮肤病的治疗，祖国医学以中国古代唯物论和辩证法的思想及科学的整体观念，贯穿于皮肤病学的生理、病理、诊断与治疗各个方面，以朴素的唯物辩证法思想，耸立在医海之中，具有牢固与巨大的发展空间，这是我们每个医务工作者的自豪。下面谈谈笔者在医疗工作中，根据常见皮肤病的局部自觉症状与皮肤形态、色泽改变的他觉症状及发生的部位进行辨证治疗获得的体会，供同道参考。

辨证

1. 皮肤病的自觉症状辨证

瘙痒、疼痛、灼热甚至局部皮肤麻木等症状，都是皮肤病的共同特征，但它的病因可分属风、属湿、属热、属虫或属血虚、血热等。属风者: 其痒遍布全身，流窜不定，亦可好发于头面部，多呈干性瘙痒，舌质红或淡红，舌苔薄，脉弦。属湿者:为脂水浸淫，缠绵难愈，以会阴、下肢为多，舌苔白腻，脉濡。属热者: 以皮肤 热作痒为持点，常遇热加重，舌红苔黄，脉数。属虫者:局部痒若虫爬，奇痒难受，部位固定，夜间为甚。属血虚者: 皮肤干燥脱屑，舌淡，脉沉细或缓。疼痛者: 常因气血壅滞，阻塞不通所致。疼痛固定属血瘀，痛无定处属气滞。寒痛者皮温偏低，自觉酸痛，得热则减;热痛者皮肤色红炽热而痛，得冷则减。局部皮肤灼热者多为热毒火邪所致。皮肤麻木者: 常因气血不通、经络阻滞所致，即所谓气虚则麻、血虚则木的意思。

2. 皮肤形态色泽异常的他觉症状辨证

皮肤局部皮疹形态、色泽的改变，均是他觉症状。斑疹者: 有红斑、紫斑、白斑、色素沉着斑等区别。红斑者多为血热所致，红斑稀疏则为热轻，色深分布密集则为热重;紫斑者可由血分热盛，迫血外溢，积于皮下，或因寒邪外束，气滞血凝所致;白斑者多为血虚、气滞或气血不调所致;色素沉着斑者多为气血不和、肾虚或肝郁气滞所致。丘疹者: 色红细密伴瘙痒属风热，色红较大属血热。水疱者:疱周有红晕者为湿热或热毒，无红晕者多属脾虚湿蕴。脓疱症状，多由湿热或热毒炽盛所致。风团症状，疹色白属风寒或血虚，色红多属风热;此外抓后出现红色风团或条状隆起者，多为血热生风所致。鳞屑症状，见于急性病后者为余热未净，见于慢性病时，常为血虚或血燥，鳞屑油腻多为湿热，干性常为血虚风燥。皮肤糜烂有脓痂者属湿毒，慢性湿润糜烂者多属脾虚湿盛。皮肤溃疡症状，溃面有肉芽水肿及色淡者为脾虚湿盛，溃疡红肿疼痛为热毒，溃面灰暗无泽、平塌不起为血虚。皮肤浆痂症状属湿热，血痂为血热，脓痂为热毒互结。皮肤苔藓样变症状，多属血虚风燥，也可因气血瘀滞、肌肤失养而成。

3. 皮肤病发生部位的辨证

病发于人体上部者，为三阳经受病，多为风邪所致，与鼻部患病及肺经有关;在面唇部，与脾胃经有关。病发生在人体中部(即腰背、胁肋部)，为肝胆经受病，多由气郁、火郁或肝胆湿热引起。病发于下部，为太阴经受病，多属湿热或寒湿，因湿性趋下;发于阴部者，与肝肾二经有关。

治疗

鉴于对皮肤病在病因、病机上有了辨证的医学理论，对皮肤病的治法就比较清淅了。临床上，笔者根据皮肤病的不同自觉症状、不同的皮疹形态色泽及其发生部位差异的他觉症状，以祖国医学的理论为基础，确立理法方药，分内服与外用方药治疗，均收到很好的临床效果。

1. 内服中药的证治方法

1.1、疏风止痒法 本法适用于风寒与风热患者。证见皮疹色淡或白、遇冷即发、舌苔白、脉浮紧者，如常见的风寒型荨麻疹、冻疮、寒冷性多形红斑等，均可选用《伤寒论》中的桂枝麻黄各半汤加减治疗。若证见皮疹色红，发热畏寒，口渴咽痛，舌苔薄黄，脉浮数者，如风热型荨麻疹、玫瑰糠疹等，均可选用《外科正宗》的消风散或《宣明正方》的防风通圣散加减治疗。

1.2、清热解毒法 本法适用于热毒证。临床见皮疹 热发红，身热，口渴，便秘尿黄，舌红苔黄，脉数等，如细菌性皮炎、接触性皮炎、药物性皮炎等，均可选用《外科秘要》的黄连解毒汤或《医宗金鉴•外科心法要诀》中的五味消毒饮加减治疗。

1.3、清热凉血法 本法适用于血热证。证见皮疹色红或紫红， 热，口渴饮冷，烦躁不安，便干尿黄，舌质红绛苔黄，脉数者，如系统性红斑狼疮急性期、过敏性紫癜、剥脱性皮炎等，均可选用《温病条辨》中的清营汤或《备急千金要方》中的犀角地黄汤加减治疗。

1.4、清热利湿法 适用于湿热证。证见皮损发红，丘疹小疱糜烂渗液，大便秘结，小便黄少，苔黄腻，脉弦数者，如急性湿疹、带状疱疹，可选用《医方集解》中的龙胆泻肝汤或《疡科心得集》中的萆　渗湿汤加减治疗。

1.5、健脾除湿法 适用于脾虚湿阻证。证见皮疹色淡不鲜，糜烂渗液，纳差，便溏，舌淡，苔白腻，脉濡细者，如亚急性湿疹，可选用《医宗金鉴•外科心法要诀》中的除湿胃苓汤加减治疗。

1.6、益气固表法 适用于表虚卫气不固之证。表虚自汗，风寒易袭，着冷即发风团，皮疹反复发作者，如某些慢性荨麻疹，治宜御风益气固表，可选用《丹溪心法》中的玉屏风散加味治疗。

1.7、养血润肤法 适用于血虚风燥证。证见皮疹干燥脱屑，增厚粗糙或皲裂，发毛枯稿、脱落，头晕目眩，面色萎黄，舌质淡，苔白，脉细者，如慢性湿疹、神经性皮炎静止期、银屑病等，可选用当归饮子或《医宗正传》中的养血润肤饮加减。

1.8、滋阴降火法 适用于阴虚火旺证。证见皮疹潮红，骨蒸潮热，虚烦不眠，盗汗遗精，口燥咽干，舌红少苔者，如红斑狼疮，可选用《医宗金鉴》中的知柏地黄丸或大补阴丸加减治疗。

1.9、平肝熄火法 适用于血虚肝旺证。证见血虚生风，肝失血养或老人气血不足、肌肤失养所致的皮疹干燥脱屑、淫淫作痒，如老年性皮肤瘙痒症、泛发性神经性皮炎，治疗宜养血平肝、熄风止痒，可选用《杂病证治新义》中的天麻钩藤汤加减治疗。

1.10、活血祛瘀法 适用于经络阻遏、气滞血瘀之证。证见紫红斑或瘀斑，结节，局限肿胀，疼痛，口唇色紫，舌昏暗淡或有瘀点，舌苔白，脉缓或涩者，如红斑狼疮、脉管炎性皮肤病、硬皮病等，治疗可选用《医宗金鉴•妇科心法要诀》中的桃红四物汤加减治疗。

1.11、益阳通络法 适用于寒湿阻络证。证见皮疹苍白、青紫，皮温偏低，肢冷、伴麻木或疼痛，小便清长，苔白滑，脉沉者，如雷诺征、冷球蛋白血症等，可选用《伤寒论》中的当归四逆汤加减治疗。

1.12、温补肾阳法 适用于肾阳不足证。证见精神萎靡，面色　白，形寒肢冷，腰膝酸软，大便溏薄，舌质淡胖，苔白，脉沉细者，如肾病综合征，或见于长期大量使用激素治疗的红斑狼疮、天疱疮等，可选用《景岳全书》中的右归丸加减治疗。

2. 外用中药治疗

2.1、散剂 以单味或复方药物制成的干燥粉末，具有散热解毒、清凉止痒和干燥保护作用，适用于无糜烂渗液的急性皮炎、湿疹。选用《中医外科学讲义》中的青黛散或《外科正宗》中的如意金黄散治疗。

2.2、水剂溶液 用中药煎水而成，用于熏洗，也可用作浸泡、湿敷之用，具有清洁保护、收敛止痒、清热解毒作用，适用于有糜烂渗液的急性皮炎、湿疹、足癣伴感染者。可选用《简明中医皮肤病学》中龙胆草水剂或马齿苋水剂治疗。

2.3、洗剂 中药粉与水之混悬物，具有收湿、散风、清凉作用，适应证与散剂基本相同。选用《中医外科临床手册》中的颠倒散治疗。

2.4、油剂 以中药粉与植物油调剂而成或将药物与植物油煎熬去渣而成药油，适用于鱼鳞病、干燥性婴儿湿疹等。选用甘草油、紫草油等治疗。

2.5、药膏 (软膏) 以中药粉与固体油类基质混合调匀而成，具有促进慢性炎症消退、润泽皮肤及软化痂皮的作用，适用于银屑病、慢性湿疹及痂皮显著的皮肤病。选用润肌膏，外搽或封包均可。

2.6、膏药 以动物油、蜡、树胶加入中药粉，高温熬炼，摊于布或蜡纸面上而成，具有驱风止痒、活血散瘀、消肿止痛作用，适用于慢性皮炎、湿疹、恶疱肿毒。可选用《外科正宗》中的太乙膏、拔毒膏治疗。

2.7、药酒 (剂) 用单味或复方中药浸泡于白酒或酒精而成，一般浸泡7天后取酒外用，具有杀虫止痒作用，适用于癣病及神经性皮炎等。选用《外科全生集》百部酊、癣酒等治疗。

2.8、醋浸剂 用中药浸泡于醋液中1周后而成，具有杀虫解毒、止痒作用，适用于皮肤癣菌病。选用广州中医学院主编《外科学》中的藿黄浸剂，浸泡患处，每日1次，每次30min。

2.9、烟熏剂 利用中药粗末燃烟的热力、药力，具有行气活血、杀虫止痒作用，适用于慢性皮炎、湿疹。选用《赵炳南临床经验方》癣症重药方治疗。

临床证治体会

工作中为了有效控制、减少和消灭某些皮肤病，保障全民的健康，促进我国社会主义卫生事业的发展，必须努力贯彻“预防为主”的方针，积极做好防治工作。

1. 通过积极开展健康教育，使人们懂得，经常保持皮肤的清洁卫生，对预防皮肤病的发生具有一定的意义; 平时参加体育运动，适度日光照射均可增强体质和皮肤的抗病能力。

2. 广大的医务人员对某些传染性皮肤病，如麻风、疥疮、脓皮病、头癣及其他皮肤真菌病等，应做好卫生宣教工作，发现传染源应及时隔离治疗，切断传染途径，防止接触传染。

3. 对某些非感染性皮肤病，如变态反应性皮肤病，应深入细致寻找变应原，避免再接触或再摄入，禁用有关的致敏药物; 某些职业性皮肤病，可针对不同的生产环节的致病因素进行防护; 对瘙痒性皮肤病，应尽量寻找及去除病因，避免刺激性饮食及热水过度洗烫，保持好皮肤表面的相对干燥及弱酸性的pH环境。

4. 通过临床工作可以看到，在现代条件下，任何一门学科都不可能脱离科学技术的整体水平而发展，必须有相关学科领域和技术部门的协同配合，才能使本学科得到相应的、跟得上时代的发展步伐，这是现代科学发展的客观规律。中医临床工作也必须服从这些规律、运用这些规律才能求得自身的相应发展。

因此，中医工作者要从多学科对人类生命活动进行认知，才能使自己认识与掌握生命现象本身的复杂性和中医理论所固有的广阔范围和丰富内容。

Call for Papers

The Journal of ATCM is a bilingual TCM academic magazine, which is published twice annually in March and September. It is intended as a platform and a forum, where the journal concerning the profession can be developed, debated and enhanced from the greatest variety of perspectives. All of ATCM members, other TCM professionals and members of public are welcomed and invited to contribute papers for publication. The journal may feature articles on varies of topics, which including clinical experience, case studies, theory and literature, education and development, book reviews and research reports etc.

Papers should be in Chinese or English, but preferably bilingual, with up to 5000 words in Chinese or 4000 words in English. An abstract of 150-200 words should also be attached. The article must comply with the following format: Title, Author, Abstract, Key Words, Introduction, Text, Summary/Discussion or Conclusion and References. Each article may also be accompanied by a short biography on a separate page.

All the submitted articles or papers must not being simultaneously submitted to other journals, and also have not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. The journal of ATCM maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

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

Deadline of submission for next Issue (Volume 20 Issue 1) is **10th February 2013**.

Papers received after the deadline may still be considered for publication, but in the later issue.

Guideline of English standard for authors

(1) Please run a spell check on your computer before submitting.

(2) Only use sentences (NOT fragments) containing a subject, verb and object.

(3) Avoid long and confusing sentences with commas and semicolons.

(4) Double check that you use the proper tense. We would recommend to write case histories in past tense. eg, the patient had... (NOT is...)

(5) Use appropriate punctuation, there should be a space following a comma or full stop.

(6) Avoid phrases that are difficult to express or translate in another language, or explain them properly.

(7) Use standard and unified measures, eg, minutes (NOT mins), hours (NOT hrs) etc.

(8) All herbal names should have their proper Pin Yin and Latin name, and the measures of dosage must be followed, eg, Shan Yao 10g (NOT 10).

(9) All acupuncture points need to be named according to convention (Ki 7, Taixi).

(10) Illustrations/references from other sources should be numbered with a bracket, eg, [1] [2] [3].

(11) Referencing should be Harvard. Please ensure all dates and publishers' details are correct.

It should comply with the format as following:

Books: Author (year), Title. City: Publisher. Eg, Lewis R. (2004), The Infertility Cure. London: Little, Brown and Company.

Articles: Author (year), Title. Journal, Volume (Issue), pages. eg, Lei Chen (2003), Prevalence of metabolic syndrome among Shanghai adults in China. Chinese Journal of Cardiology, 31 (12), 909-912.

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