

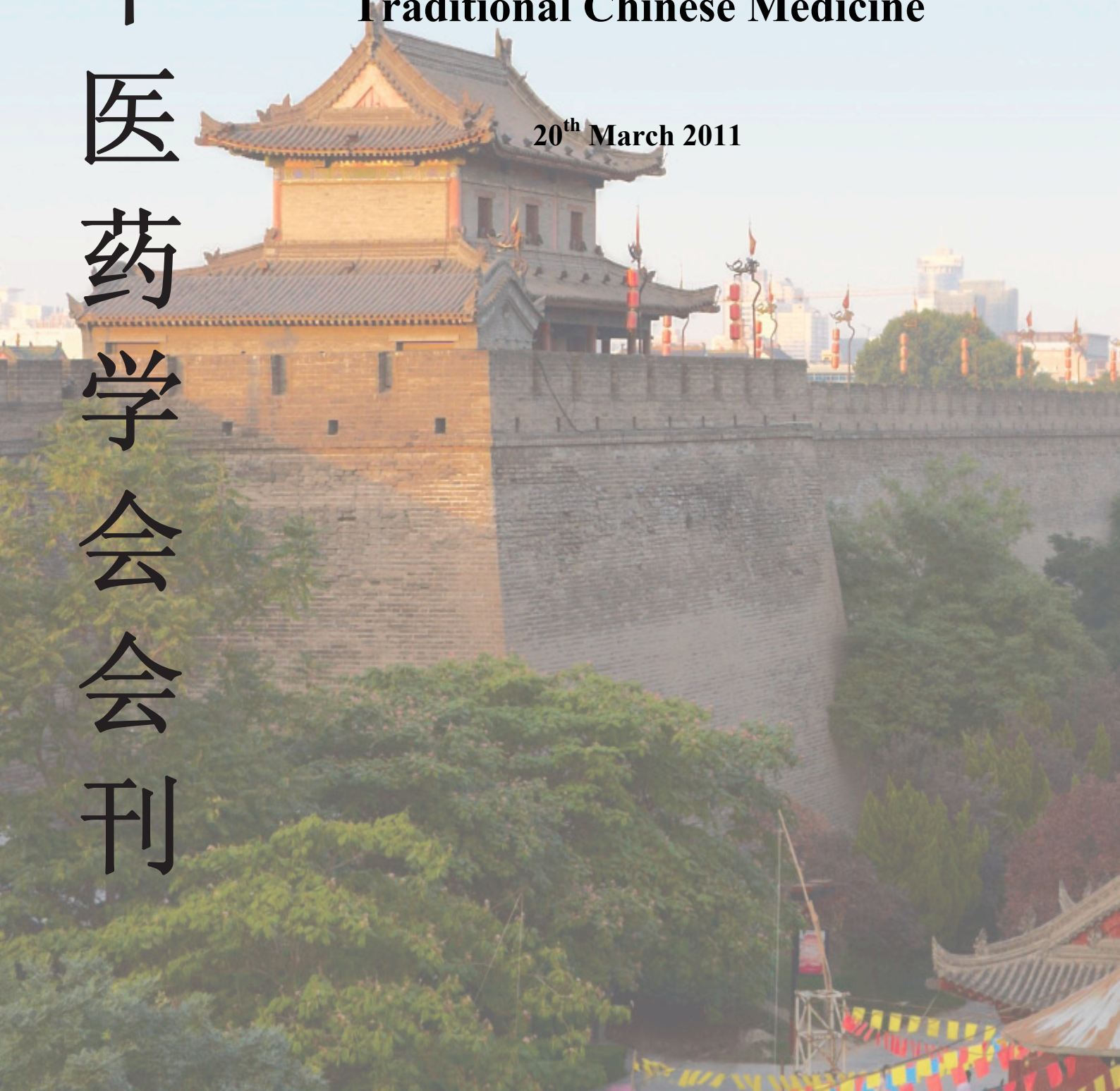
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中醫藥有利于人類健康

Traditional Chinese Medicine Benefits Human Health

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Warming Method in Shang Han Lun

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

Abstract: Warming method is one of the eight therapeutic methods introduced in Shang Han Lun (Treatise on Cold Damage 伤寒论) written by Zhang Ji (Zhang Zhong-jing) in the Eastern Han Dynasty (3th century). This method has the efficacies to eliminate pathogenic cold and recover yang-qi by means of warming interior and expelling cold, restoring yang and rescuing the patient from collapse. In Shang Han Lun, warming method was mostly used for treating interior cold syndromes of Taiyin Disease and Shaoyin Disease. In this paper, we have chosen 4 representative formulae of this category to be introduced to the readers: Li Zhong Wan (Middle-Regulating Pill 理中丸), Si Ni Tang (Cold-Extremities Decoction 四逆汤), Wuzhuyu Tang (Evodia Decoction 吴茱萸汤) and Danggui Si Ni Tang (Angelica Cold-Extremities Decoction 当归四逆汤).

1. Li Zhong Wan (Middle –Regulating Pill 理中丸)

In Shang Han Lun, there are 2 clauses (Clauses 386, 396) on Li Zhong Wan, and another clause on in Chapter 9 of Jin Kui Yao Lue (Synopsis of the Golden Chamber 金匱要略), the sister book of Shang Han Lun, although in Jin Kui Yao Lue, Li Zhong Wan was given another name - Renshen Tang (Ginseng Decoction 人参汤).

This formula consists of the following ingredients:

- Renshen (Radix Ginseng) 3 *Liang* /9g
- Ganjiang (Rhizoma Zingiberis) 3 *Liang* / 9g
- Zhigancao (Radix Glycyrrhizae) 3 *Liang* /9g
- Baizhu (Rhizoma Atractylodis Macrocephalae) 3 *Liang* /9g

Original preparation and administration

Method for making pills: Pound the above 4 herbs and sieve them into a powder, and make pills with honey, its size is as large as the yolk of a chicken's egg. Melt 1 pill in several *Ge* (1 *Ge* = 20 ml) of boiling water as a dose, crush the pill and take it warm, 3-4 times a day, and twice at night. If there is not a feeling of warmth in the abdomen, increase the dosage to 3-4 pills or more. However, the pill is not as efficacious as the decoction form.

Method for making a decoction: Boil the above 4 herbs (same dosage as listed above) in 8 *Sheng* (1 *Sheng* = 200 ml) of water in a pot over a fire until 3 *Sheng* remains. Remove dregs and get a decoction. Drink 1 *Sheng* (200 ml) of the decoction warm each time, 3 times a day.

There are a number of modifications to the formula according to clinical symptoms. If there is a pounding sensation around the umbilicus due to abnormal movement of the kidney-qi, remove Baizhu and add Guizhi (Ramulus Cinnamomi) 4 *Liang*/12g. If there is severe vomiting, remove Baizhu and add Shengjiang (Rhizoma Zingiberis Recens) 3 *Liang*/9g; but if there is severe diarrhoea, keep Baizhu. If accompanied by palpitation, add Fuling (Poria) 2 *Liang*/6g. If

accompanied by thirst with a desire for water, increase the dosage of Baizhu to 4.5 *Liang*/13.5g. For abdominal pain, increase the dosage of Renshen to 4.5 *Liang*/13.5g. For severe internal cold, increase the dosage of Ganjiang to 4.5 *Liang*/13.5g. For abdominal fullness, remove Baizhu and add Zhifuzi (Radix Aconiti Lateralis Praeparatae) 1 pc/3g.

After taking the above decoction, ask the patient to wait for a while, and then drink 1 *Sheng* of hot gruel, keeping warm, do not remove the clothes and bedclothes.

The actions of this formula are to warm the middle-*jiao* (the spleen and stomach) and dissipate cold-dampness from taiyin.

In this formula, Ganjiang acts as a principal herb. It is acrid in taste and hot in nature, and has effects of warming the middle-*jiao* and dissipating cold. Renshen acts as the assistant herb. It is slightly bitter in flavour and slightly warm in nature, and is good at strengthening the spleen-*qi*. Baizhu serves as the adjuvant herb. With its sweet and bitter flavor and warm nature, it eliminates dampness and strengthens the spleen. Zhigancao is sweet and mild in property. It harmonizes the spleen and stomach and tempers the effects of other herbs in the formula, playing a role of guiding herb.

In Clause 277 of Shang Han Lun, Zhang Zhong-Jing said that “Diarrhoea without thirst is the symptom of taiyin disease. It is caused by coldness in the zang-organ (the spleen). Si Ni Tang (Cold-Extremities Decoction) or its like can be adopted to warm the coldness (自利不渴者，属太阴，以其脏有寒故也。当温之，宜服四逆辈). Most of TCM scholars believe that here ‘its like’ should be Li Zhong Wan.

Today, we use Li Zhong Tang (Middle-Regulating Decoction) for the treatments of acute or chronic gastritis, peptic ulcer, gastro-intestinal neurosis, chronic diarrhoea, chronic enteritis or non-specific colitis if the patient's condition is one of the above Li Zhong Wan syndromes. It also used for AIDS patient's support when the patient's condition is considered as cold in the middle-*jiao*.

The Pharmaceutical Department and Microbiology Department of Shanghai TCM University made a simulated syndrome of spleen-deficiency in mice by feeding them Dahuang (Radix et Rhizoma Rhei). As a result, the mice showed symptoms of spleen-deficiency

marked by diarrhoea, lower function of immune system and less ability against coldness; and then treated the mice with Li Zhong Tang (Middle-Regulating Decoction plus Fuzi (Radix Aconiti Praeparatae). After using the treatment, the symptoms of spleen-deficiency in mice were relieved¹.

2. Si Ni Tang (Cold-Extremities Decoction 四逆汤)

This formula was recorded in many clauses of Shang Han Lun: Clauses 29, 91, 92, 225, 277, 323, 324, 353, 354, 372, 377, 388, and 389.

This formula consists of the following ingredients:

- Zhifuzi (Radix Aconiti Praeparatae) 1 piece / 6g
- Ganjiang (Rhizoma Zingiberis) 1.5 *Liang*/4.5g
- Zhigancao (Radix Glycyrrhizae Praeparatae) 2 *Liang*/ 6 g

Original preparation and administration

Boil the above 3 herbs in 3 *Sheng* (600 ml) of water in a pot over a fire until 1 *Sheng* and 2 *Ge* (240 ml) remains. Remove dregs and divide the decoction into 2 portions, taking one portion orally each time when it is warm, 2 times a day. For a strong patient, the dosage of Zhifuzi should be increased to 1 large piece /9g, and Ganjiang to 3 *Liang* /9g.

However, as Zhifuzi is toxic, it should be boiled for one hour prior to adding the other two herbs; and then continue to boil them for 30 minutes or more. Drink the decoction when it is warm, half in the morning, and another half in the evening.

The actions of this formula are to warm the heart, spleen and kidney, and restore yang qi to save the patient from collapse.

In the formula, Zhifuzi, as the principal herb, is pungent and hot in the extreme. It acts on the meridians of the heart, kidney and spleen, to warm the yang-qi and recover the depleted yang and rescue the patient from collapse. Ganjiang acts as an assistant herb in the formula. It helps warming yang qi of the middle-*jiao* and eliminating interior cold. The effects on warming yang qi can be synergistic by the combination of Zhifuzi and Ganjiang. Zhigancao strengthens the spleen and replenishes qi, acting as an adjuvant and guiding herb. It not only assists Zhifuzi (to recover depleted yang and promote blood circulation, but also assists Ganjiang in to warm and restore yang qi of the middle-*jiao*. Additionally, Zhigancao can also reduce the toxic effect of Zhifuzi and tame the extremely pungent property of Zhifuzi and Ganjiang in the formula.

Though Zhifuzi contains *Wutoujian* (aconine) which is highly toxic, it is still extensively used by many TCM doctors in China and other countries except the UK. However, it must be boiled for more than 2 hours until no numbness of the mouth and tongue is felt, because the long time boiling can change its *Wutoujian* (aconine) into *Wutoucijian* (sub-aconine) which contains just 1-2 % of *Wutoujian*'s toxin with the same efficacy. Additionally, it

is worth knowing that the antidote to aconite poisoning is atropine injection, although other supporting therapies are also needed. In an emergency, send the patient to the hospital.

Clinically, Si Ni Tang is used in China for the treatments of distinct declination of bodily strength caused by chronic disorders or hypopituitarism, hypothyroidism and hypoadrenocorticism marked by symptoms of yang-deficiency. It is all applied, together with western medicines, to patients with yang depletion syndrome such as shock, heart failure, and cardiac infarction in China².

Current pharmacodynamic researches have indicated that this formula has functions of exciting the central nervous system, promoting metabolism, improving weak conditions, and preventing shock³.

Han et al simulated hypotension model in rabbits by injecting anaesthetic to the rabbits for studying the functions of each single herb in the Si Ni Tang as well as the compound decoction of Si Ni Tang. They found a single Fuzi has a cordial effect on the heart, but it is weaker than the compound decoction of Si Ni Tang. A single Zhigancao can increase blood pressure but can not strengthen heart's contraction. A single Ganjiang has no effect on blood pressure and heart's functions. But when given the compound decoction of Si Ni Tang to the rabbit, it showed stronger cordial effect on the heart, slowdown sinus rhythm, and preventing arrhythmia caused by a single Zhifuzi. This experimental study has indicated that there might be synthetic efficacy of a compound formula such as Si Ni Tang in TCM².

3. Wuzhuyu Tang (Evodia Decoction 吴茱萸汤)

This formula appears in Clause 243, 309 and 378 in Shang Han Lun and also in 2 clauses in Chapter 17 of Jin Kui Yao Lue.

This formula consists of the following ingredients:

- Wuzhuyu (Fructus Evodiae) 1 *Sheng* / 10g (washed)
- Renshen (Radix Ginseng) 3 *Liang* / 9 g
- Shengjiang (Rhizoma Zingiberis Recens) 6 *Liang* /18 g (cut)
- Dazao (Fructus Jujubae) 12 pcs (split) .

Original preparation and administration:

Boil the above 4 herbs in 7 *Sheng* (1,400) of water in a pot over a fire until 2 *Sheng* (400 ml) remains. Remove dregs to get a decoction. Drink 7 *Ge* (140 ml) each time when it is warm, 3 times a day.

The actions of this formula are to warm the middle-*jiao* (the spleen and stomach) and regulate the stomach, descending counter-flow of the stomach-qi to relieve retching and vomiting.

In this formula, Wuzhuyu acts as the principal herb. It is pungent in taste and hot in nature, It warms the stomach and disperses pathogenic cold, descends the counter-flow of the stomach-qi to relieve retching and vomiting. Shengjiang is pungent in flavor and warm in

nature. As that assistant herb to Wuzhuyu, it dispels the stomach old and descends adverse qi to relieve retching and vomiting as well. Renshen and Dazao are sweet in taste and warm in nature. Both can tonify the middle-jiao. All herbs working together in the formula can warm the middle-jiao, regulate the stomach to relieve retching and vomiting.

In Clause 243 of Shang Han Lun, Zhang Zhong-jing said that “When a patient suffers from retching or vomiting after meals, it fits in with the syndrome of cold invasion to yangming (the stomach). Wuzhuyu Tang (Evodia Decoction) should be the chief formula to treat (食谷欲呕，属阳明也，吴茱萸汤主之。)” This clearly describes the main indications of Wuzhuyu Tang.

Clinically, this formula today can be modified and applied to patients with acute or chronic gastritis, peptic ulcer, hepatitis, sickness in pregnancy, migraine, and Meniere’s disease due to coldness in the stomach and spleen manifested as retching or vomiting.

Current pharmacologic studies have indicated that this formula has the effects of promoting blood circulation in the digestive tract, relieving spasm or tension of the smooth muscle, decreasing peristalsis, preventing retching and vomiting, alleviating pain, facilitating digestion, strengthening the functions of the whole body³.

Ueng et al⁴ of the National Research Institute of Chinese Medicine, Taipei, Taiwan has studied the effects of Wu-chu-yu-tang (Wuzhuyu Tang/Evodia Decoction) and its component herbs on drug-metabolizing enzymes. The compound herbal medicine Wu-chu-yu-tang was used for the treatment of migraine and vomiting accompanying a cold. To assess the interactions of herb and drug metabolism, effects of Wu-chu-yu-tang on hepatic and renal cytochrome P450 (CYP), UDP-glucuronosyl transferase (UGT) and glutathione S-transferase (GST) were studied in C57BL/6J mice. Treatment of mice with 5 g/kg per day Wu-chu-yu-tang for 3 days caused 2.5-fold and 2.9-fold increases of liver microsomal 7-ethoxyresorufin O-deethylation (EROD) and 7-methoxyresorufin O-demethylation activities, respectively.

However, CYP activities toward 7-ethoxycoumarin, erythromycin and nifedipine, benzphetamine, N-nitrosodimethylamine, and conjugation activities of UGT and GST were not affected. In the kidney, Wu-chu-yu-tang-treatment had no effects on Cyp, UGT and GST activities. Among the four component herbs of Wu-chu-yu-tang, only Evodiae Fructus (Wu-chu-yu) extract increased EROD activity and CYP1a2 protein level. In E. Fructus, rutaecarpine, evodiamine and dehydroevodiamine are the main active alkaloids. At the doses corresponding to their contents in Wu-chu-yu-tang, rutaecarpine-treatment increased hepatic EROD activity, whereas evodiamine and dehydroevodiamine had no effects. These results demonstrated that ingestion of Wu-chu-yu-tang elevated mouse hepatic Cyp1a2 activity and protein level. E. Fructus and rutaecarpine contributed at least in part to the CYP1a2 induction by Wu-chu-yu-tang. Patients should be cautioned about the drug interaction of Wu-chu-yu-tang and CYP1A2 substrates.

4. Danggui Si Ni Tang (Angelica Cold – Extremities Decoction 当归四逆汤)

The formula was recorded in Clause 351 of Shang Han Lun, saying that “Cold hands and feet with fine and feeble pulse should be mainly treated by Danggui Sini Tang (手足厥冷，脉细欲绝者，当归四逆汤主之)”. Here, fine and feeble pulse indicates deficiency of blood and blockage of yang-qi in the meridian, and cold hands and feet are caused by stagnation of yang-qi which fails in circulation and warming them extremities. Danggui Si Ni Tang (Angelica Cold-Extremities Decoction 当归四逆汤) is a right choice for the conditions.

This formula consists of the following ingredients:

- Danggui (Radix Angelicae Sinensis) 3 *Liang* / 9g
- Guizhi (Ramulus Cinnamomi) 3 *Liang* / 9g (remove bark)
- Shaoyao (Radix Paeoniae) 3 *Liang* / 9 g
- Xixin (Herba Asari) 3 *Liang* / 3g
- Zhigancao (Radix Glycyrrhizae Praeparatae) 2 *Liang* 6g
- Tongcao (Medulla Tetrapanacis) 2 *Liang* / 6g
- Dazao (Fructus Jujubae) 25 pieces (broken)

Original preparation and administration

Boil the above 7 ingredients in 8 *Sheng* (1.600ml) of water in a pot over a fire until 3 *Sheng* (600ml) is left. Remove dregs to get a decoction. Take 1 *Sheng* (2.00ml) of the decoction orally each time, 3 times a day.

The main actions of this formula include nourishing blood and dispersing pathogenic cold, warming, dredging obstruction and activating the meridian to treat cold extremities.

This prescription in fact is a formula modified from Guizhi Tang (Cinnamon Twig Decoction) by removing Shengjiang, doubling the dosage of Dazao and adding Danggui, Xixin (Herba Asari) and Tongcao (Medulla Tetrapanacis) to it. Danggui and Shaoyao (Radix Paeoniae) are used for nourish blood and regulate ying qi, which is the qi that moves the blood. Guizhi and Xixin warm the meridian and disperse pathogenic cold. Zhigancao and Dazao invigorate the middle-qi including the spleen and stomach. Tongcao can dredge blockage and activate the meridian. Xixin (Manchurian Wildginger /Herba Asari) must not be used in the UK as it contains aristolochic acid.

The use of this formula is often modified for treatments of Raynaud’s syndrome marked by paroxysmal cold hands when touching cold water or having stress. The results can be quite satisfying.

Wang⁵ applied this formula to a female patient aged 15 with multiple aorta-arteritis for 2 years marked by cold extremities, headache and edema. The treatment result was reported to be very good after taking this formula for one year.

Some reports indicate that this formula can be used to treat polyneuritis marked by cold hands and feet with numbness⁶ with good effects.

Peng and Dou⁷ studied the influence of Danggui Si Ni Tang (Angelica Cold-Extremities Decoction) on

isolated uterine in rats. They reported that Danggui Si Ni Tang could significantly inhibit the contraction frequency, the contraction amplitude and levels of activity of the isolated rat uterine, through an oxytocin mechanism.

Summary

Warming method was one of the 8 methods in Shang Han Lun. It was mainly used for treatment of interior cold syndrome of Taiyin Disease and Shaoyin Disease during febrile diseases. Four representative formulae of this category have been discussed in this article, namely: Li Zhong Wan (Middle-Regulating Pill 理中丸), Si Ni Tang (Cold-Extremities Decoction 四逆汤), Wuzhuyu Tang (Evodia Decoction 吴茱萸汤) and Danggui Si Ni Tang (Angelica Cold-Extremities Decoction 当归四逆汤). Additionally, the current applications and pharmaceutical researches on the above 4 formulas were also discussed.

Finally, it must be noted that according to the regulation of MHRA, the UK medicine regulator, both Zhifuzi (Radix Aconiti Preparata) and Xixin (Manchurian Wildginger /Herba Asari) must not be used in the UK.

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The Understanding of Asthma and Its Treatment in the History of Traditional Chinese Medicine

By Kan-Wen Ma

1. Earlier record of asthma

Respiratory illnesses were described even in ancient Chinese non-medical literature. For instance, the 月令 'Yue Ling' (Monthly Ordinances) describes diseases relating to seasons, in which we find such passages:

Each of the four seasons has its characteristic diseases. In spring there are 'Xiao Shou Ji' 瘧首疾 (feverish aches and headaches); in summer there are 'Yang Jie Ji' 痒疥疾 (itching scabies-like diseases); in autumn there are 'Nue Han Ji' 疟寒疾 (malarial fevers); in winter there are 'Sou Shang Qi Ji' 嗽上氣疾 (cough and dyspnea disease) [1].

Here, the disease relating to winter may be interpreted as illnesses of acute and chronic bronchitis, pneumonia, and other similar pulmonary affections, perhaps asthma was also included, although it is hard to give a positive assessment.

However, illness characterised by paroxysmal attacks of dyspnea, difficulty of breathing, and dyspnea with wheezing, which may be identified as asthma were described in various ancient Chinese medical works.

The Chinese term for asthma is 哮喘 (Xiao Chuan), '哮' (Xiao) literally means dyspnea with wheezing sound, characterised by the wheezing in the throat; '喘' (chuan) means breath heavily. It also called 氣喘 (Qi Chuan).

"Qi" means air, or breath; "chuan" means dyspnea. "Xiao Chuan" is usually spoken together as a paroxysmal or non-paroxysmal illness. This may include bronchial asthma, chronic asthmatic bronchitis, cardiac asthma, renal asthma, emphysematous asthma, etc.

2. Asthma in Chinese medical classics 'Huangdi Neijing'

In the Huang Di Nei Jing (The Yellow Emperor's Internal Classic) 《黄帝内经》, usually called "Neijing", the earliest comprehensive medical classic existent in China [2], we find descriptions relating to asthma. For instances, it says:

"The breathing (of the patient) is short and difficult, with phlegm sound, opening mouth and shrugging shoulders, shaking body and curling (contracting) belly" [3].

As for the cause of asthma, it mentions that "Illnesses marked by consumption, dyspnoea and vomiting are related to the upper portion of the body cavity" [4]. When the body is attacked by evil wind and pathogenic factors, which cause fever in the body and the patient is not liable to lie, and as a result it goes upwards, leading to

dyspnoea^[5]. Further, the lung is indicated as an internal organ which is linked with asthma, as it says:

“When the blood circulated perversely, the Lung will be steamed, leading to the attack of dyspnoea with wheezing”^[6].

A condition called ‘肺痺’*Fei Bi* (obstruction of the Lung Qi), is recorded in this book. It says:

‘Fei Bi’ is seen when the patient appears to be fidget with stuffy or heavy sensation of the chest, dyspnoea and vomiting, caused by an over abundant atmospheric influences of the Yin or the Yang factor of the body, leading to dyspnoea and the obstruction of the Lung Qi.^[7]

The Heart is also described to be linked to asthma and a condition of ‘心痺’ (*Xin Pi*) (obstruction of the Heart Qi) is described with symptoms and signs such as the patient feels irritated and fidgety, stuffy or heavy sensation below the Heart region when the Qi suddenly and violently goes upwards causing dyspnoea^[8].

A condition called ‘振埃’ (*Zhen Ai*) (dislike of smelling smoke and dust) is described as it says:

The condition of disliking or smelling smoke and dust is a morbid state when the Yang Qi is violently perverting upwards, making the chest stuffy, sneezing with staring and breathing with shrugging shoulders. This is caused by the perverting Qi that causes dyspnoea and stuffy with wheezing^[9]. This is obviously a description of asthma caused by allergy.

The term ‘Qi’ is important and widely used in traditional Chinese medicine. Here it has at least two meanings: 1. The vital energy, or life force of the body, which is understood as the essence of the body and also as an inspired air; 2. Functional activity, generally denoting the function of the internal organs and tissues. The disorder of the ‘Qi’ is usually caused by exogenous pathogenic (evil) factors attacking the body or the imbalance between the Yin and Yang forces in the body due to various reasons.

According to the ‘*Neijing*’, there are two types of asthma: asthma of sufficiency type is caused by evil factors, which affect the Lung, leading to the obstruction of the air tract, while asthma of deficiency type is due to a deficient state and the damage of the Kidney, and the latter is unable to maintain normal inspiration, and as a result the Lung is affected^[10].

The onset of the asthma of sufficient type is sudden and abrupt, with a sufficient type of the pulse. The patient is usually strong with a sense of swelling in the chest, and deep and loud breathing.

It is interesting to see that the ‘*Neijing*’ also describes children’s asthma, saying that: ‘young children who suffer from asthma with wheezing will survive if the pulse is soft and slow; it will be fatal if the pulse is speedy’^[11].

3. ‘*Shennong Bencao Jing*’

It is in the ‘*Shennong Bencao Jing*’ 《神農本草經》 - (The Divine Husbandry Man’s Herbal), we find the earliest record of using ‘*Mahuang*’ (Herbal *Ephedra*) for the treatment of illness relating to asthma^[12].

This work was the earliest extant book on materia

medica in China^[13] in which ‘*麻黃*’ (*Mahuang* –*Herba Ephedrae*) is considered as a third grade herb with bitter and hot properties and its indications include the treatment of catching cold, fever, headache caused by cold, warm malaria, and dispelling pathogenic factors from the exterior of the body, inducing sweat, eliminating evil-heat, and stopping cough and upward perverted going air ‘*咳逆上氣*’ (*ke ni shang qi*). Here the last condition was identified as asthma which was later described in many other traditional Chinese medical books. This is the first record of using ‘*Herba Ephedrae*’ in the treatment of asthma in the history of Chinese medicine and in the world medical history as well.

More records about asthma and its treatment are seen in many other medical books that appeared later^[14].

4. ‘*Shanghan Zabing lun*’

One of the most important books contains interesting information on asthma and its treatment is the *Shang Han Zabing Lun* 《傷寒雜病論》 - (Treatise on Fevers Caused by Cold and Miscellaneous Diseases) written by the most celebrated physician Zhang Zhong Jing who flourished in about the beginning of the 3rd century A.D^[15]. This book was rearranged by Wang Shu He, the well-known physician in the 3rd century A. D., and it was later divided into two books by the Jiao Zheng Yishu Ju (Official Bureau for Censoring and Publishing Medical Books) in the 11th century, namely, 《傷寒論》 - *Shang Han Lun* (Treatise on Febrile Disease Caused by Cold) and 《金匱要略》 - *Jin Gui Yaolue* (Synopsis of Prescriptions of the Golden Chamber).

In the ‘Treatise of Febrile Diseases caused by Cold’, we find the term ‘喘家’ - *Chuan Jia* (asthmatic person or patient suffering from frequent dyspnea)^[16]. A term used to denote people who are used to suffering from asthma. We also find, among its items, the treatment of asthma by using *Ma Huang* and other herbs as chief ingredients. The following are some of the items in which the condition of asthma and its treatment are included:

‘Item 35’, ‘Initial Yang Syndrome with symptoms and signs such as headache and fever, lumbago, arthralgia and general aching, asthma, aversion to wind and without perspiration, the decoction *Ephedrae* is indicated which consists of *Ramulus Cinnamomi*, *Radix Glycyrrhizae Praeparata*, *Semen Armeniacae Amarum*. The way of making this preparation is to stew *Herba Ephedrae* in nine Sheng of water till seven Sheng are left, then put the rest of the drugs in the decoction and stew it till 2.5 Sheng remains (Sheng, 升, a traditional unit of capacity. One sheng equal to a litre), Then filter the decoction and take eight Ge as a dose (Ge, measuring implement, equal to 1/10 of a litre). Cover the patient to induce light perspiration’.

‘Item 36’, ‘Combination of Syndrome of Initial Yang and Greater Yang with symptoms and signs of asthma, a full and stuffy sense in the chest, Decoction of *Herba Ephedrae*, but not a purgative, should be adopted.’

Here, according to traditional Chinese medical theory, asthma with a full and stuffy sense in the chest is caused by the pressure of the exogenous pathogenic factors on

the Lung, leading to an upward perversion of the function of the Lung. Herba Ephedrae and Semen Armeniacae Amarum, when used together have the function of ventilating and smoothing the troubled Lung and relieving the upward perversion in the function of the Lung.

‘Item 40’, ‘when a patient is affected by cold and the exterior symptoms and signs have not yet been relieved, and there appears to be water-fluid stagnancy in the chest (epigastrium) with nausea, fever and cough, or other symptoms like thirst for water, diarrhoea, hiccupping, dysuria, lower abdominal distension, or asthma’, ‘Decoction of Lesser Qinglong’ 小青龍湯 is indicated, which consists of Herba Ephedrae, Radix Paeoniae, Herba Asari, Rhizoma Ziniberis, Radix Glycyrrhizae Praeparata, Ramulus Cinnamomi, Fructus Schisandrae, and Rhizoma Pinelliae.’

‘Item 41’, ‘Febrile disease caused by cold, when water-fluid stagnancy accumulated in the chest, causing cough, light asthma, fever without thirst for water, Decoction Lesser Qinglung can be prescribed.’

‘Item 43’, ‘Initial Syndrome: After using a purgative, if there is light asthma, it is because the exterior syndrome still exists. Decoction Ramulus Cinnamomi plus Cortex Magnoliae officinalis and Semen Armeniacae Amarum is indicated.’

‘Item 63’, ‘After having induced perspiration, Decoction Ramulus Cinnamomi should not be used again. Treat the patient with Decoction Herba Ephedrae, Semen Armeniacae Amarum, Radix Glycyrrhizae, and Gypsum Fibrosum when there is perspiration and asthma without a high fever.’

In the ‘Synopsis of Prescriptions of the Golden Chamber’, there are also descriptions of symptoms such as cough and dyspnoea, and the patient is often seen spitting turbid matter and would rather prefer sitting and it is very hard to fall asleep^[17]. Besides, more descriptions of asthma are recorded such as:

‘Patient who suffer from inspiratory dyspnoea with a facial dropsy, breathing with shrugging shoulders and floating pulse is likely to be fatal and the case is more serious if diarrhoea is also present’^[18].

‘Inspiratory dyspnoea, with irritability and restlessness, is a case of Lung –distention, which will lead to edema. It will be cured by adopting diaphoresis’^[19].

‘Patient coughs with inspiratory dyspnoea and sound in his throat resembling croaking of a frog, Decoction Rhizoma Belamcandae and Herbs Ephedrae can be adopted for a cure’^[20].

5. Treatment of Asthma in the Later Period

The use of Herba Ephedrae as the main ingredient for the treatment of asthma caused by wind-cold has been adopted by many physicians since the time of Zhang Zhongjing with more or less modification.

In the twelfth century, a prescription called ‘華蓋散’ (Hua Gai San) (Powder for the Lung) for the treatment of asthma was recorded in the 《太平惠民和濟局方》 - Taiping Hui Min He Ji Ju Fang (Formularies of the Bureau of People’s Welfare Pharmacies) published by

the Song Government^[21]. This prescription consists of Herba Ephedrae, Fructus Perillae, Semen Armeniacae Amarum, Cortex Mori Radicis, Poria, Pericarpium Citri Reticulatae, and Radix Glycyrrhizae. This showed that the influence of Zhang Zhong Jing’s prescription and its popularity in the treatment of asthma by using Herba Ephedrae as the chief ingredient.

A prescription called ‘定喘丸’ - Ding Chuan Wan (Asthma Relieving Pill) was recorded in a medical work entitled 《攝生眾妙方》 - She Sheng Zhong Miao Fang (Miraculous Remedies of Preserving Life) by Zhang She Chi (張時徹) in 1550. This prescription consists of Herba Ephedrae, Fructus Perillae, Radix Glycyrrhizae, Flos Farfarae, Semen Armeniacae Amarum, Cortex Mori Radicis, Radix Scutellariae, and Rhizoma Pinelliae.

In the 17th century, a prescription for the treatment of asthma called ‘冷哮丸’ - Leng Xiao Wan (Pills for cold Asthma) in a book entitled 《韓氏醫通》 - Han Shi Yi Tong (Han’s Book on Medicine) written by Han Mao (韓謨), a noted physician in 1522. It consists of Herba Ephedrae, Radix Aconite, Herba Asari, Alum, Gleditsia Sinensis, Pericarpium Zanthoxyli, Rhizoma Pinelliae, Pinelliae, Radix Asteris, Flos Farfarae, Juice of Rhizoma Zingiberis Recens, and Massa Fermentata Medicinalis.

According to traditional Chinese medicine, asthma should be treated differently based on the differentiation of patient’s symptoms and signs as observed by a physician.

For asthma of the stagnation of profuse phlegm type, with symptoms and signs such as dyspnoea, profuse thick phlegm unable to be spit out, heavy sensation in the chest, stuffy sense in the abdomen, nausea, poor appetite, white and greasy coating of the tongue and slippery pulse. This is usually seen in chronic bronchitis, bronchial asthma, and emphysema. A prescription also from Han Mao called ‘三子養親湯’ - Sanzi Yang Qin Tang (Decoction of Three kinds of seeds for looking after the Aged Relatives) was recommended. It consists of Fructus Perillae, Semen Sinaipa Albae, and Semen Raphani. It can be used in combination with the Decoction of ‘二陳湯’ - Er Cheng Tang (Decoction of Two old drugs)^[22].

For the treatment of asthma of the Kidney deficiency type characterised by symptoms and signs such as dyspnoea, more during exhalation than inhalation, and the dyspnoea becomes worse when the patient moves, thin and weak body, cold limbs, perspiration, dark complexion, light tongue or dark black tongue, deep and weak pulse which usually seen in patients suffering from chronic bronchitis, emphysema or pulmonary heart disease, the remedy ‘腎氣丸’ - Shen Qi Wan (Bolus for Replenishing the Kidney), which was originally recorded in Zhang Zhong Jing’s ‘Synopsis of Prescriptions of the Golden Chamber’, can be adopted. It consists of Radix Aconiti Praeparata, Coex Cinamomi, Radix Rehmanniae Praeparata, Fructus Cornii, Rhizoma Dioscoreae, Rhizoma Alismatis, Poria, and Cortex Moutan Radicis.

6. Children’s Asthma

As it is mentioned above that the 'Neijing' already recorded children's asthma. This perhaps was because asthma was a commonly seen illness among both adults and children in ancient China. However, the earliest detailed description of children's asthma was not seen until the appearance of the 《小兒要症直訣》 - Xiao er yao zheng zhi jue (Key to Therapeutics on Children's Diseases), the earliest extant book exclusively on children's diseases in China as well as in the World written by the outstanding paediatrician 錢已 Qian Yi (C.A.D.1032-1113) edited by his pupil Yan Ji Zhong (嚴濟中) in 1119 A.D.^[23] This book describes several conditions of asthma in children. One is that children who suffer from cough leading to dyspnoea with a swollen face, which, according to the author, was due to heat in the Lung. The other is that children who have long been suffering from cough with obstructive breathing and frequent deep exhalation with sound in the throat, which, according to the author, was due to deficiency of the Lung Qi. For the latter condition, the book reports a case of an eight year old boy who died of it. It reports another case of an eight year old boy, who suffered from cough and dyspnoea with a sense of a stuffy chest, which, according to the author, was caused by deficiency of the Lung Qi being attacked by wind-cold factor. For the treatment of cough with dyspnoea due to cold with fever but without perspiration, the decoction of Herba Ephedrae was recommended.

This book also describes children asthma due to dyspepsia with symptoms and signs such as cough with a red face, phlegm and dyspnea due to dyspepsia of milk and food, which affect the Lung. For this, 'Bolus of Semen Lepdii seu Descurainiae' is for the cure, which consists of Semen Lepidii seu Descurainiae Amarum.

For children suffer from wind-salivation due to excessiveness of heat in the epigastrum and heat in the upper part of the body leading to dyspepsia of milk and food with abdominal distension and heavy dyspnoea, '排飲丸' - Pai Yin wan (Bolus for eliminating fluid retention) is indicated, which consists of Semen Crotonis, Moschus, Mercury, Black lead, and China ink^[24].

This book also describes an illness called 疳 'Gan' which can be understood as infantile malnutrition due to impairment of spleen and stomach by improper diet or parasites, manifested as sallow complexion, emaciation and restlessness in sleeping caused by digestive disturbance or intestinal parasites. Among the various syndromes of 'Gan' is the '肺疳'-Lung Gan (malnutrition involving the Lung) with symptoms and signs such as cough and dyspnoea, sores of the mouth and nose, profuse nasal discharge or boils in the nose, high fever and chills. This, according to Qian Yi, is due to the deficiency (poor function) of the Spleen (the digestive system) which affects the Lung. The treatment of this condition is to nourish the Spleen and the Lung^[25]

An interesting section of this book is the discussion on the relation of asthma and abdominal swelling and edema. The cause of abdominal swelling or edema, as the book states is because of the deficient state of the Spleen and the Stomach which affects the Lung, leading to asthma^[26]. For according to the theory of the Five Elements (Five Phases: Wood, Fire, Earth, Metal and

Water), the Spleen, which is closely related to the Stomach, is corresponding to Earth and is the mother of the Lung, which is corresponding to Metal. The deficient state of the mother organ Spleen (Earth) is in a deficient state, it will not be able to control the Kidney (corresponding to Water), then the excessiveness state of the Kidney will make the Lung suffer, leading to dyspnoea or asthma, because the Lung and the Kidney promote one another, if one is diseased, the other is liable to be affected. And, according to this book, such a case is difficult to deal with, although some remedies other than the decoction of Ephedrae may be suggested^[27].

Further discussion on the relation between asthma and edema was discussed in some other works that appeared later such as the 《症治準繩》 - Zheng zhi zhun sheng (Standard of Diagnosis and Treatments) compiled by 王肯堂-Wang Ken Tang, the noted physician in 1602. It says that edema may cause asthma, and asthma may in turn cause edema. Difficulty of urination will lead to edema, which in turn will cause asthma^[28]. For treatment it emphasises that attention should be paid to the root of the disease. If the Lung is attacked by evil factors, which may cause the patient to have less amount of urine and as a result edema occurs, then the root of the illness is the Lung, and edema is its manifestation. When the Spleen is damaged and as a result it cannot control water in the body, then edema is caused, which in turn will affect the lung, causing asthma, so asthma is its manifestation. This also suggests that asthma can be a secondary illness to Kidney disease.

薛己 Xui Ji (1487-1559), a noted physician, mentioned five causes of asthma, namely: 1. Excessiveness of the evil – cold factors; 2. Attack of evil wind;

3. Stagnation of phlegm due to eating too much salty and sour food; 4. Accumulation of heat due to over feeding of rich greasy food; 5. Violent fright^[29].

陳復正 Chen Fu Zheng, a physician in the 18th Century, in his book 'You You Ji Cheng' - 《幼幼集成》 (A Complete Work on Paediatrics) published in 1750, said that there were children who were of a temperament susceptible to asthma, and that they were likely to continuously suffer from asthma when the weather was not normal, and that they would be alright after its paroxysm, and not necessarily to take medicine. He also said that this kind of asthma could be prevented by taking medicine before the occurrence of its paroxysm. This shows that he had observed the congenital character of asthma and also the influence of weather upon asthma.

From the above we see that asthma was a common disease in China since ancient times. The cause and symptoms and signs of asthma had been recorded in many books. Its treatment varies with different types of asthma. For bronchial or bronchitic asthma, decoction containing Herba Ephedrae had been adopted at least since the 3rd Century AD by the celebrated physician Zhang Zhong Jing. Various types of asthma, including dyspepticum asthma and renal asthma were observed by traditional Chinese medical doctors and their treatment were different from that of bronchial and bronchitis asthma. The relation between asthma and edema, and the congenital as well as the climatic character of asthma

were also known to the traditional Chinese doctors.

In the history of Western medicine, Aretaeus, the Cappadocian in the second or third Century A.D., gave a detailed description on asthma. He recognised that in asthma the 'Lungs suffer and the parts which assist in respiration, namely, the diaphragm and thorax, sympathise with them' [30]. However, he did not provide any information on other types of asthma, nor any effective remedy, which shows that knowledge about asthma was not very much until Thomas Willis (1621-1675) [31] however, there was not any effective remedy for its treatment by that time. The knowledge and treatment of asthma in ancient China, though still chiefly in an empirical stage, had not only provided people with valuable information on asthma, but also remedies containing *Herba Ephedrae*.

7. From *Herba Ephedrae* to Ephedrine

The Chinese herb *Mahuang* (*Herba Ephedrae*) is a perennial shrub, growing abundantly in many places along the Great Wall of China. For over thousand years in China, this herb has been used as one of the chief ingredients in the treatment of asthma of wind-cold type (bronchial and bronchitis asthma) and allied illnesses with symptoms of dyspnoea, shortness of breath caused by wind-cold evil factors.

Modern studies on '*Mahuang*' had been done by some scholars. The chief active ingredient was isolated in crystalline form in 1887 by Japanese scholar Nagai, which was named Ephedrine [32]. European chemists followed, different workers arrived at the same structural formula: 1-phenyl-hydroxy-2-methyl-1-ethyl-methylamine. Miura reported '*Ma Huang*'s mydriatic action in the same year of Nagai's report [33]. In spite of repeated work by various chemists, ephedrine was almost pharmacologically dormant for more than four decades until in 1923 when C.F. Schmidt and 陳克恢 (K.K. Chen) initiated the investigation into the product of their own isolation – Ephedrine, an alkaloid of *Mahuang* at the Peking Union Medical College. [34] Clinical studies followed in the United States of America, Canada, and Europe, showing its efficacy in the treatment of bronchial asthma, and was also good for hay fever after oral doses and nasal spray.

However, prior to 1924 the botanical identification of '*Mahuang*' was in confusion although Western doctors and scholars who worked in the early 19th Century had recorded it and listed it as one of the items of Chinese herbs in the Customs list numbered 801 [35]. It was scholars like Bernard Read, Carl. F. Schmidt, who started the biological investigation into the Chinese materia medica, particularly on '*Mahuang*'. In 1926, K.K.Chen read their reports on the action and clinical use of Ephedrine at the Annual meeting of the American Medical Association. The Council on Pharmacy and Chemistry soon found its way to accept the product for New and Non-Official Remedies. It was the Staff of the New Gardens who gave the new name of *Ephedrae* in 1927. Ephedrine was then admitted in the

Pharmacopoeias of the United States, Great Britain and China.

Dr. K. K. Chen, a China born scholar, after completed his studies at the Qin Hai College in Peking, he went to the United States of America, where he received his BS in pharmacy. He later earned a PhD after graduate studies in biochemistry and physiology. Returning to China in 1923, he became a member of the Pharmacology Department of the Peking Union Medical College, where Doctors B. Read and Schmidt had started to study Chinese materia medica. Influenced by his uncle Zao Nan Zhou, a traditional Chinese medicine practitioner, who told him the important properties of '*Mahuang*' as recorded in the Chinese Herbal '*Shen Nong Bencao Jing*'. Chen, was firstly under the guidance of Schmidt, devoted to the research on '*Ma Huang*' [36], which finally led to an outstanding achievement on the study of the action of Ephedrine, a drug changed modern concepts in neuropharmacology.

8. Conclusion

The rise of '*Mahuang*' from somewhat obscurity and empiricism to its state as being officially accepted and recognised as a herb containing ephedrine which has efficacy in the treatment of bronchial asthma and hay fever, took just a span of Chinese history, to compare with the long history of its being used in the treatment of illnesses, including asthma and other conditions in China. '*Mahuang*' is actually an example showing the richness and potential of traditional Chinese medicine.

A review of the knowledge about asthma and its treatment in the history of Chinese medicine and the scientific research on '*Mahuang*' is perhaps of some significance for reminding modern scholars and doctors who hold an entirely neglectful attitude towards the 'alternative' and 'complementary' medicine as traditional Chinese Medicine and some other ancient medical systems have been called.

Notes:

- [1] Opinions differ as to the exact date of the '*Yue Ling*'. Some would put it as late as the third century BC, when it was incorporated in the '*Lue shi chun qiu*', but internal astronomical evidence tends to put it back to between the seventh and fifth centuries BC.
- [2] The authorship of this work was ascribed to the ancient Emperor Huangdi (2698-2589 B.C.). Actually the work was a product of various unknown authors in the Warring States (475-221 B.C.), some parts of it were added to it later in about the first century A.D. The book consists of two parts: '*Suwen*' (Plain Questions) and '*Ling Shu*' (Miraculous Pivot).
- [3] '*Suwen*': Zhi Zhen Da Yao Lun.
- [4] Ibid.
- [5] '*Suwen*': Tai Yin Yang Ming Lun.
- [6] '*Suwen*': Yang Ming Bie Lun.
- [7] '*Suwen*': Pi Lun.
- [8] Ibid.
- [9] '*Ling Shu*': Ci Jie Zhen Xie Lun.

- [10] 'Ling Shu': Jing Mai Piain. Chinese medicine takes the body as a whole, and the internal organs are closely related to each other.
- [11] 'Su Wen': Tong Ping Xu Shi Lun.
- [12] Mahuang (Herba Ephedrae) was first recorded in the 'Shennong Bencao Jing'. More records are seen in many other works dealing with materia medica.
- [13] The most comprehensive description is seen in the 'Bencao Gangmu' (Compendium of Materia Medica) compiled by Li Shi Zhen (1590).
- [14] 'Shennong Bencao Jing' (The Divine Husbandry Man's Herbal), the earliest work on materia medica believed to be a product of the 1st century B.C. with the authorship attributed to the ancient legendary figure Shen Nong.
- [15] See 'Xinxu Bencao' (Newly Compiled Materia Medica), 657 A.D.;
- [16] 'Jing Shi Zheng Lei Bei Ji Ben Cao' (Classic Classified Materia Medica For Emergencies), 11th century A.D.
- [17] 'Shang Han Zai Bing Lun' (Treatise on Febrile and Miscellaneous Diseases) is one of the most influential works in the history of Chinese medicine.
- [18] Ibid.
- [19] 'Jin Gui Yao Lue' (Synopsis of Prescriptions of the Golden Chamber), Vol.1. 'Fei Fei Yung Ke Sou Shang Qi Bing Mai Zheng Zhi'.
- [20] 'Synopsis of Prescriptions of the Golden Chamber', Chapter 10.
- [21] Ibid. Chapter11.
- [22] Ibid. Chapter 12.
- [23] This is also simply called as 'Heji Jufang' (Formulas of the Bureau of Pharmacy), compiled by Court physicians Chen Shi Wen et al In 1151 in ten volumes under the sponsorship of the Song Government . It contains 14 categories and 788 prescriptions which were popular and effective, most of the medicine were in pill or powder form, ready to use and storage.
- [24] Er Chen Tang (Decoction of two Old Drugs) was included in the 'Tai Ping Hui Min He Ji Ju Fang' (Formulas of the Bureau of People's Welfare Pharmacies). The Decoction consists of Pericarpium Citri Reticulatae or Exocarpium Citri Grandis, Rhizoma Pinelliae Praeparata, Poris, Radix Glycyrrhizae Praeparata, used to resolve phlegm by drying up internal dampness and regulating the function of the Spleen and the Stomach for the treatment of syndrome caused by damp-phlegm marked by profuse watery foamy sputum, fullness over the epigastric region, nausea, dizziness, white greasy fur of the tongue and slippery pulse, as seen in cases of chronic bronchitis.
- [25] The earliest work on children's diseases in the history of Western medicine so far recorded is by Paulus Bagellardus entitled 'Libellus de Equitudinidus Infantium', Padua, 1472. In China, apart from Qiain's book, a book entitled 'Xiao Er Lu Xin Jing' appeared in about the 9th century A.D. The original text of this work was lost, a re-edited edition of it was published in the 18th century.
- [26] 'Xiao Er Yao Zheng Zhi Jue '. Chapter 4, Cough, 1. Mai Zheng Zhi Zhi Fa.
- [27] Ibid.
- [28] Ibid.
- [29] Ibid. Prescription.
- [30] Wang Ken Tang, 'Liu Ke Zheng Zhi Zhun Sheng' (Standards of Diagnosis and Treatment for Six Branches Medicine): You Ke Ahun Sheng (The Paediatric Section).
- [31] See Quotations in the 'You Ke Zhun Sheng '.
- [32] Ralph H. Major, Charles C. Thomas, 'Classic Descriptions of Diseases', second edition, 1939, Asthma, p 631.
- [33] Ibid. pp. 632-635.
- [34] N. Nagai, Ephedrine, Pharma. Zeit: 32, 1887, p. 700.
- [35] K. Miura, Vorläufige, Mitteilung ueber Ephedrine, ein neues Mydriaticum . Berlin. Llin. Wochensch, 24:707, 1887.
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(Revised by Andreas Feyler and Liqin Zhao)



The Possibility of Early Intervention with Acupuncture in Parkinson's Disease Progression

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The primary symptoms that are indicators for diagnosis of Parkinson's disease (PD) are tremor of the hands, arms and legs, stiffness of the limbs, slowness of movement, impaired balance and coordination.

However, recent researches into Parkinson's disease are showing interest in what is known as pre-motor phase. Those with Parkinson's seem to share certain symptoms long before the tremor develops and a formal diagnosis is made. Even then diagnosis can be problematic as it is based on opinion of the consultant. (Schrag, 2002, p. 529) These symptoms include: reduced or loss of sense of smell, depression (Gotham, 1986, p.381), sleep disturbances, changes in handwriting (micrography), pains across the back and shoulders, reduced arm swing.

Although that these symptoms are very nonspecific and do not provide conclusive evidence that a person will develop PD, researches are beginning to show that these symptoms (that for many years could actually go unnoticed or considered annoying) indicate an increased risk of developing the condition. (SPRING, 2009, p10) Further studies suggest that recognition of non-motor symptoms could be considered significant to diagnosis and treatment—pain, numbness, tingling, burning sensations have all been recorded many with PD. Constipation, hyperhidrosis, urinary dysfunction, diarrheal, sexual dysfunction, mood swings, fatigue, difficulty concentrating, sleep disruption, dreams. Hallucinations, anxiety, restless leg syndrome, REM behaviour disorder and periodic leg movement disorder. (It is important to note that symptoms do vary from patient to patient and also not everyone is affected by all the symptoms).

Also with regard to some of these symptoms, evidence is unclear as to if the cause is the PD itself or the use of PD medication (most commonly dopamine agonists). Also there appears to be confusion as some of the symptoms are secondary to PD or could be considered preclinical markers as it is only after diagnosis that attention may be given to these other symptoms. Fisman G. (2008) suggested that sleep disorders are a strong indicator of PD. Although admitting that there is still no treatment available that will alter the course of the natural development of the disease, he suggests that in the future if a way can be found to modify the disease that disturbances in sleep patterns (especially REM) can indicate a need to intervene.

Research now being carried out aims to understand who

may be at risk with the objective of preventing the disease from developing. (SPRING, 2009, p.15)

Brack's hypothesis about the development of PD remains unproven but is gaining weight. It suggests that there is evidence that PD has a long prodromal period in which many non motor symptoms develop—the cause possibly being a neurotropic viral pathogen that enters the body via the nose or the stomach. (Hawkes, 2007, p. 599). It is very interesting to note that this theory could be compared with chronic illness depleting yin in TCM or the concept of internal deficiency heat.

Various factors have been identified with the degeneration of neurones and PD may develop from trauma, vascular disease, infection or intoxication. (Hawkes, 2007, p. 599). Other possible factors that are being investigated that influence nerve cell damage are the cells inability to clear toxins, an accelerated rate of aging and factors related to the body's immune system. (Grimes, 2004, p.2)

An association between asthma, allergic rhinitis and seasonal rhinitis and the development of PD (Hawkes, 2007, p.607) also seems to have been identified.

Further research suggests that PD has a pre-symptomatic or latent period of possibly 6 to 40 years (Hawkes, 2006, p.272) before the acknowledged symptoms appear. Until the tremor appears the patient could have lived without any knowledge of the condition and relatively lived untroubled by it and certainly not associated any other symptoms mentioned earlier with PD.

Environmental factors include exposure to lead in working environment (Coon, 2007, p.1872), genetic mutations, mitochondrial dysfunction, inflammation, excitotoxicity, loss of calcium intracellular homeostasis, apoptosis, autophagy. Research has found that increased oxidative stress, where the body is unable to cope with excess free radicals could contribute to the onset of PD. (Chato W. Et al, 2009). Also there is an indication that apoptosis can become dysfunctional. (Sklar and Kirsner 2003)

Modern life impacts very heavily on our immune systems; stressful lifestyles etc. deplete the body's capacity to maintain health. A further contribution to this could be that the nutrient may not be as available as fifty years ago. Research shows that levels of minerals (that are considered necessary for maintaining good health) in fruit and vegetables have reduced significantly since

1930 indicating a nutritional problem with quality of food. (Mayer, 1997, p. 207)

What seems becoming apparent is that western medicine seems to be identifying signs and symptoms that have long been considered significant in TCM. However the difference is that using TCM theory these signs and symptoms can be placed within a context of theory that clearly demonstrates the pathway of development of a condition. It could be considered to become a formula, an equation, a logic, that acknowledges and recognises variables, one of these variables being the individual patient.

TCM is able to identify subtle changes in constitution and appearance, i.e., ridged nails, eye problems, discoloration of skin can all be indicators of Liver qi stagnation – a precursor to Liver Wind – the pattern that identifies PD in Chinese Medicine.

TCM theory acknowledges the role of emotion in a condition ‘There is much physical in mental disorders and much mental in physical disorders’ (Rossi, 2008. p.1). The context of the role of emotion, especially suppressed rage and also depression is only just being recognised in biomedical research.

Parkinson’s disease has a tendency to most commonly occur in those over the age of fifty when the symptoms begin to become apparent. From the perspective of TCM the main manifestations and the age of onset indicate that the disease can be attributed primarily to a deficiency in kidney and liver yin, resulting in Liver Wind. The precursor noted here is the emotional burden, which could be presented as liver qi stagnation. The majority of patients display a tremor and difficulty in voluntary movement but symptoms can vary from to patient and can be very gradual in development. The tremor is typically symptoms of liver wind.

It is also worthy of note that although Parkinson’s is still considered to be a condition of ‘age’, the Parkinson’s Disease Society also are concerned with onset that appears to be becoming earlier. Lifestyle, demanding work schedule and making unreasonable demands on the body and irregular eating can in TCM theory all may contribute to kidney deficiency.

In TCM theory – the emphasis is always on an holistic concept – the relationship between the body and the external environment and also the interrelationships between the viscera and the meridians, (Xue, 2003,) and therefore an important part of treatment for liver wind could also encompass a change in lifestyle - exercise such as qi gong to calm and strengthen the body, breathing exercises to deepen and strengthen the breath (the lungs control the body’s general qi and essence), meditation, to calm the mind (depression and frustration stagnate qi) and nutritious diet can all be helpful in the treatment of Parkinson’s disease. (Williams, 1993, p.5).

Quality of life: PD is progressive in its nature and can

result in significant disability, affecting every aspect of daily life affecting both those with the condition and carers. Change of habits, decreased socialisation, anxiety, depression and fatigue (mental and physical), increase dependency, are all acknowledged to be added burdens resulting from the condition. (Wressle, 2007, p. 131).

At present, in the absence of any curative treatment and despite the advances made through research, the management of PD becomes palliative. Palliative care could be defined as “the active total care of patients whose disease is not responsive to curative treatment. Control of pain and other symptoms and of psychological, social and spiritual problems is paramount”. (Royal College of Physicians, p147).

Many researches have been placed in a position trying to find a cure or significant relieve of the disease. However, according to most consented opinion, it is difficult to find a cure as the cause is complicated.

Based on the analysis of the known causes or contributors to PD, we could easily find that in the early developing stage, most of the problems presented could be classified into live Qi stagnation, heart blood deficiency, and spleen Qi deficiency in the Chinese medicine term. And plenty researches have produced strong evidence that those patterns are relatively easier than the typical conditions of PD, liver wind stage.

The Chinese medicine principle is to emphasis the important of prevention and early intervention. And it is proven that the people following a good life style disciplines and practice Qigong regularly tend to have a healthier and longer life (Liu, 2007).

Although some have put their attention in the quality of life of PD sufferers, a big gap is left to explore, which is the early intervention in the development of PD. As described above, those symptoms and early signs of PD are treatable and if the conditions are well controlled, then, it is possible to stop the development into a full scale PD.

It is widely accepted that acupuncture works through the nerve system, both peripheral and central, and has demonstrated its ability of changing the level of neurotransmitters and the activity patterns. PD is basically a disease developed in central nerve system and that is an area acupuncture works very well.

The report reveals that a potential direction of working with Parkinson’s Disease, and should condition allow, a research project should be launched to explore the possibility of preventing the progression of PD with acupuncture in together with Chinese medicine life style and exercise as a whole.

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变态反应性疾病之中医治疗思路与方法刍议

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1. 变态反应疾病的基本概念以及常见的病种

变态反应是由异常的免疫作用导致的对机体不利的病理生理反应。它与正常的免疫反应不一样，不但不起保护作用，相反，由于反应的过度剧烈而导致生理功能的紊乱或组织的损伤。它与免疫反应一样具有特异性，即只有特异性的抗原才能引起特异性变态反应。由变态反应机制引起的疾病称为变态反应病，或称过敏病。

变态反应性疾病常见于各个系统。例如循环系统的变态反应病：结节性多动脉炎、血栓闭塞性脉管炎；呼吸系统：常年性变态反应性鼻炎、变态反应性鼻炎、支气管哮喘、超敏性肺炎；消化系统：十二指肠溃疡，慢性溃疡性结肠炎；血液变态反应病：变态反应性紫癜、嗜酸粒细胞增多证、粒细胞减少证、血小板减少证、自身免疫性贫血；神经系统：偏头疼、癫痫、遗尿；五官科：变态反应性结膜炎、变态反应性角膜炎、泪腺变态反应病、巩膜变态反应病、视神经和视网膜的变态反应病变；外耳湿疹和接触性皮炎；中耳炎、美尼尔氏综合征；皮肤病：特应性皮炎、接触性皮炎、剥脱性皮炎；泌尿生殖系统变态反应病：遗尿、复发性泌尿系感染、免疫性肾小管间质性肾炎、急性链球菌感染后肾小球肾炎、过敏性紫癜肾炎、肾病综合征；自身免疫病：系统

性红斑狼疮、盘状红斑狼疮、类风湿关节炎、甲状腺自身免疫病、重症肌无力、风湿热。

变态反应疾病是全身性疾病，可以发生于身体的任何部位。不同的靶器官可以产生不同的临床症状，就是在同一靶器官，在不同的条件下，也可以有不同的病理表现，但是，它们的主要病理变化是相同的。它们有那些相同的病理变化呢？概括地讲，变态反应的主要病理变化有：（1）毛细血管扩张和通透性增加；（2）平滑肌痉挛；（3）分泌物增多；（4）嗜酸粒细胞增多；（5）弥漫性血管内凝血；（6）溶细胞反应；（7）血管炎；（8）结核素样反应。

不同类型的变态反应引起的病理变化各有特征。速发型变态反应的特征是：发作的快，消失的也快，消失后多不留痕迹。延缓型变态反应的特征则是：病变逐渐发生，并且有时是不可逆的。

2. 中医病因、病机探讨

2.1 正气内虚，外邪侵袭

自《内经》以降，虽然中医典籍中没有变态反应疾病的病名，但是，历代医家都在其专著中对类似于变态反应疾病的一类病证的症状、病因及其发病机理有很多论述。《内

经》有：“正气内存，邪不可干。”以及“邪之所凑，其气必虚”的论述。可以认为，正气内虚与外邪侵袭是人体疾病发生、发展的最基本的病理过程，因此，变态反应性疾病的发病机理也不外乎这两个方面。

晋代巢元方《诸病源候论》谓：“漆有毒，人有禀性畏漆，但见漆便中其毒……亦有性自耐者，终日烧煮，竟不为害。”明代戴思恭《证治要诀》曰：“有人一生不可鸡肉及食章鱼等物，才食则丹随发。”这是对漆过敏及食物过敏的较早的论述，它提示两点：第一，这类疾病的发生，其个体差异性很大；第二，对过敏物的接触是发病的重要诱因，而这种诱发因素必须作用于具有过敏体质的个体才会发病，否则，天天接触也不会发病。

那么，变态反应性疾病的特点如何呢？先天禀赋即遗传因素在其发病过程中具有及其重要作用。邪气侵袭则是变态反应性疾病发病的另一重要方面。《诸病源候论》谓：“漆有毒，人有禀性畏漆，但见漆便中其毒……亦有性自耐者，终日烧煮，竟不为害。”漆过敏证是临床常见的变态反应性疾病，其发病即具有一般变态反应性疾病发病的特点，禀赋畏漆与接触漆（外邪侵袭）两种缺一不可。

正虚包括气、血、阴、阳、元气之不足，邪实包括气滞、血瘀、痰凝、湿聚等因素。

2.2 脏气不平，痰浊湿内阻

脏气不平是痰浊内阻的内在原因，痰浊内阻是脏气不平的病理产物。五脏之气中以肺脾肾三脏与痰浊关系更为密切，有谓“肺为储痰之器，脾为生痰之源”肺气虚弱则卫外不固，邪毒易于侵入，象哮喘证之肺气虚弱证型就与之密切相关。喘为宿疾，又为邪气诱发。脾气虚弱为一切痰湿（浊）之源。而肾作为一身元气之源，先天之本，肾之元阴元阳为气化之源，肾之元阳对全身气化起温煦作用。元气，是与生俱来的免疫功能。元气藏于肾，肾主骨生髓并主生殖。元气是激发与推动人体组织器官的生理活动的原动力，能促进人体正常生长发育，维持生命和繁衍后代。象癫痫、哮喘、美尼尔氏征都与痰浊有着密切的关系。因此，痰浊内阻在变态反应性疾病中有着重要的作用。

2.3 气滞血瘀，经脉不通

气滞血瘀与经脉不通是脏腑功能失调的另一病理产物。脏气不平仍然是气滞血瘀之源。气血之运行与心肝脾三脏的功能最为密切，心主血脉，肝藏血而主疏泄，脾统血，为气血生化之源，此三脏功能失调是变态反应性疾病的主要表现之一。例如，变态反应病结节性多动脉炎、血栓闭塞性脉

管炎，变态反应性紫癜、嗜酸粒细胞增多证、粒细胞减少征、血小板减少征、自身免疫性贫血这些疾病既有正气虚弱的虚证一面，又有气滞血瘀的实证的特点，因此，这些疾病具有本虚标实，虚实夹杂的特点。

2.4 禀赋不足是一切外邪入侵的基础

禀赋即遗传因素，禀赋不足即先天个不足。《内经》已经提到了不同体质的人对疾病具有不同的抵抗与承受能力。有太阳人、阳明人、少阳人、太阴人、少阴人、厥阴人之论述。

《诸病源候论》谓：“漆有毒，人有禀性畏漆，但见漆便中其毒……亦有性自耐者，终日烧煮，竟不为害。”这一记载也表明，漆过敏证与禀赋有关，是人不同体质的差异性的显示。

3. 中医治疗法则探讨

证既已明，法必随之；方继法出，药方同辙。根据以上不同的病机，相应的治疗原则就不言而喻了。

扶正与祛邪是这类疾病的最基本的治疗原则。扶正之法，无非益气补血，滋阴壮阳；驱邪之法：化痰蠲饮，除湿利水，理气化瘀。

4. 方药探讨

4.1 具有抗炎、免疫增强和免疫抑制作用中药用法的探讨

抗过敏药：麻黄、桂枝、黄芩、细辛、秦艽、龙葵、汉防己、青风藤、陈皮、牛黄、灵芝、艾叶、甘草

免疫增强药：人参、黄芪、白术、女贞子、阿胶、灵芝、鹿茸、淫羊藿、龙葵、茯苓、丹参、冬凌草、乌梅、桑枝、黄柏、蒲公英、甜瓜蒂。

免疫抑制药：雷公藤、山豆根、穿心莲、冬凌草、当归、龙葵、甘草、喜树、昆明山海棠、九节风、三尖杉。

4.2 中医辨证论治可以参阅本人拙文《超级抗原病的中医药治疗》。

5. 结语

这是笔者十多年以前写的一篇理论探讨文章，经过十多年的个人实践检验，基本上还算站得住脚。本人期望以文会友，更待同道指正。

探索食物“性味”理论的科学内涵，更好地为治未病服务

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摘要：中医治未病的重要手段是食疗，食疗的理论指导是食物性味学。本文认为：古代的中医发现了身体可以感知食物的刺激，并能够做出应答这一事实，并采用四气五味的假说来表述这一现象。因此，食物性味学是研究摄入食物后的身体感觉，以及身体的应答反应规律的一门学问，应努力探索、科学表达和应用食物性味学，使之更好地为中医治未病服务。

关键词：治未病；食物性味；四气五味；感觉生理；代谢调控

在 2010 年的第三届“治未病”高峰论坛上，王国强部长指出：“治未病”是一种积极主动的生命观、健康观和方法论，重在从整体上动态把握、维护和提升人的健康状态^[1]。治未病是一种“未病先防、既病防变”的科学思想。

“和饮食”是中医治未病和维护健康的一个重要理念，指的是通过合理的膳食，达到五脏调和、气血调和、防病健身的目的。那么，什么是合理的膳食呢？中医认为：合理的膳食首先不是绝对的、固定的卡路里数，也不仅着眼于补充身体所需要的营养素或营养物质，而是因时、因地、因人地为身体匹配适宜的饮食，而这个匹配需要以食物性味学为指导。

在中医的健康与疾病认知中，饮食是一个重要的关键词。中医将导致疾病的原因或健康风险因素分为 3 类，第一类是外因的六淫（自然环境等因素），第二类是内因的七情（社会人文等因素），第三类是不内外因（行为方式等因素）。在不内外因中，放在首位的是饮食。这也是中医强调脾胃为后天之本，重视维护脾胃的道理所在。

中医学与现代医学都将饮食视为维护健康的物质基础，两者都研究吃什么和吃多少。但现代医学探讨饮食与健康的关键词是“食品营养”，食品营养学重在研究营养素的结构与功能。中医探讨饮食与健康的关键词则是“食物性味”，食物性味学重在研究食物进入身体以后的身体感觉及其应答反应的特征及规律。因此，挖掘食物性味理论的科学内涵，是中医治未病理论与方法研究的重要内容。

一、食物性味理论所表述的事实及其假说

中医的食物研究与药物研究共用了一套术语——性味，认为：食物的功用能够通过它的性味来体现。食物的“性”分为四种，分别是寒、热、温、凉；食物的“味”分为五种，分别是酸、辛、苦、甘、咸。

1. 食物的四性

食物的四性理论，是试图基于人体的感觉器官，表述食物进入体内后所产生的两类、四种机体感觉与应答反应的特征。两类指寒性反应和热性反应，其中每一类又有微、甚之分，以区别寒性反应或热性反应的程度。

食物的四性区分理论根植于中医的阴阳理论，因此，食物四性是在中医基础理论指导下产生的食物效能分类方法之一。在中医学中，“寒”属于“阴”的范畴，阴代表事物的静止、内守、下降、寒冷、抑制等特征，因此，寒性反应指通过食物达到的降低机体整体或局部温度的效果。随着温度的降低，可能随之带来降低活力、降低兴奋性、抑制局部或整体之功能的效果。“热”属于“阳”的范畴，代表事物的运动、外向、上升、温热、兴奋的特征，热性反应指通过食物达到的升高机体整体或局部温度的效果。随着温度的升高，可能随之带来增加机体活力、升高兴奋性、亢奋局部或整体之功能的效果。基本不产生寒、凉、温、热反应的食物被定为平性。

食物“四性”所提出的假说是：食物对机体的产能和新陈代谢效率起着促进或抑制的作用。

2. 食物的五味

食物的五味理论，是试图基于人的感觉器官，表述食物进入人体后所产生的五种与“气”的特征相关的身体感觉及其应答反应。五味理论对这些特征的描述是辛散、酸收、甘缓、苦坚、咸软。

对食物进行五味区分的理论基础，是中医的五行理论，因此，食物五味也是在中医理论指导下产生的食物效能分类方法之一。《说文解字》对“行”的解释为“人之步趋也。”。《韻會》的解释为：五行，运于天地间，未尝停息，故名^[2]。所以“行”有移动、运动的含义。五味与五行相联系，意在表述食物具有促进“运动”和“变化”的效能。

《内经》在多篇论述中，对五味的食物或药物效能进行过论述，如“至真要大论篇”中说：“治诸胜复，寒者热之，热者寒之，温者清之，清者温之，散者收之，抑者散之，燥者润之，急者缓之，坚者栗之，脆者坚之，衰者补之，强者泻之，各安其气，必清必静，则病气衰去，归其所宗，此治之大体也。”又说：“辛甘发散为阳，酸苦涌泄为阴，咸味涌泄为阴，淡味渗泄为阳。六者或收或散，或缓或急，或燥或润，或栗或坚，以所利而行之，调其气使其平也^[3]。”可知散与收是一对相反相成的概念，坚与软是一对相反相成的概念。“缓”与“急”是一对相反相成的概念。而这些概念的形成都基于“气”，是为了描述气失去“平和”时所表现出的特征。

由此可以得出一个观点，中医认为：气的生理状态是平和。当气失平和时，其表现特征有气散、气收、气急、气坚、气爽。而五味进入人体后，也可产生使气或散、或收、或缓、或坚、或爽的效果。因此，可以选用适宜的“味”来矫正“气”的偏颇，促使气重新回到平和的状态。

辛：指食物所产生的作用力方向是由里向外，可矫正气的“抑”或“收”的异常状态，作用结果是使气发散。因此，辛的食物能够行气、温暖身体、发汗，如葱白、生姜、花椒、香菜、茴香、酒等。

酸：指食物作所产生的作用力方向是由外向内，可矫正气的“发散”、“外散”的异常状态，作用的结果是使气收敛。因此，酸的食物能够止汗、止泻、改善遗精和遗尿或小便多，如乌梅、酸枣仁、石榴皮、山楂、马齿苋等。

甘：指食物的作用性质有使气弛缓的特征，针对气“急”“拘紧”的异常状态，作用结果是使气的运行缓和、柔和，因此，甘的食物能够缓解紧张，缓和痉挛等不适或疼痛，还具有补益作用，如甘草、饴糖、白扁豆、蜂蜜、苹果等。

苦：指食物的作用性质有使气坚实的特征，针对气“爽”的异常状态。干燥可以使物质坚实，所以苦味的具有燥湿清热的功能，可减少体内湿气、水气和热气的聚集，如茶、莲子心。

咸：指食物的作用性质有使气柔软疏散的特征，针对气的“坚”、“燥”的异常状态。湿润可以使物质松软，所以咸味有润下、软坚如通便、化瘤散结的作用，如盐、海带、牡蛎等。

没有偏味的食物为淡味。

食物五味所提出的假说是：食物能够影响气的运行和特质。

二、食物性味理论的科学内涵探讨

1 食物性味理论与感知生理

人作为生命体，具有感知环境、接受刺激并做出反应的能力。身体的各种直接感受经过理性升华，便形成了身体观，并对疾病观、诊疗观、预防观和饮食观产生深刻的影响。

中医认为：自然是大宇宙，人是小宇宙。维持大宇宙的稳态和变化的根本物质和力量是“气”。自然界气的变化，因时、因地被身体所感知，这种感知主要被概括为寒、热、温、凉、燥、湿，与温度、湿度、气流、气压等因素有关。身体内部的气与自然界相通，因此也有寒、热、温、凉、燥、湿的变化。同时，身体内部的气要与外界的自然界之气交流，中医把交流的方式概括为升、降、出、入。升与出的感觉或反应被描述为气散；降与入的感觉或反应被描述为气收；气失柔韧的感觉或反应被描述为气坚，气失坚挺的感觉或反应被描述为气爽，气的紧张度降低感觉或反应被描述为气缓。故食物的性味理论，来自于中国人对以气为本的身体的感觉。每进食一种食物，人们就会根据身体的感觉和反应，而不仅仅是味觉，来评价这个食物对身体的作用。

因此可以说，食物性味学是基于人体的感觉生理和应

答反应，对食物的效用所做的总结。现代医学对有毒、有害的食物所引起的病理反应有较多地认识，近年来，又有了对食物不耐受的关注与研究，但这些都是从疾病、或异常的角度对食物所进行的探索。作为我们每天摄入的、为我们的生命提供能量和营养的食物，它们从进入口腔，被味觉所感知以后，在身体内部是否还在被身体所感知着？身体又是如何根据感知而做出应答？我们从生理学的角度还知之甚少，只有中医通过食物性味学进行了初步的探讨。

在很长一段时间内，由于执着于实验科学，人类忽略、甚至于放弃了感觉自己的身体，应该说，依据科学实验数据来探讨身体固然是一个重要的方面。但是，身体这一复杂的感受器所获得的信息，以及身体所作的应答，也是人体研究的一个重要组成部分。因此，食物性味学虽然还没有成为一门科学，但是它提出了以食物为切入点的生理科学问题，提出了食物与身体的感知系统、调节系统的联动问题，提出了如何利用食物来达到维护身体的有序状态的问题，我们应当期待它与食物营养学共同构成新的食物生理学和人体食物科学。

2 基于食物性味的机体代谢调控

近来，网络上以“美科学家称吃冰激凌降温效果不如辣椒”^[4]、“国外防暑奇招：吃辣椒发汗助降温”^[5]为题，报道了辣椒的防暑降温作用。但在日本的《百科事典》“唐辛子”^[6]（辣椒）条下却有着这样的记述：“在墨西哥、南美、中国的四川省、湖南省等夏季炎热的地域，人们用辣椒来促进发汗，以抵御暑热。”中医认为辣椒的性味辛、热。辛味食物的能够通过“散”的作用来发汗、除湿。因此，夏天通过食用辣椒来发汗除湿，已是中国民众的日用常识。除了食用辣椒消暑，流传更为广泛的还有“冬吃萝卜夏吃姜，不劳医生开药方”等保健谚语。生姜性味辛、温，能够发汗、温中，用现今的语言表述：夏季可以通过食用生姜来抵御暑热。生姜可促进排汗，降低体表的温度；生姜能促进胃肠蠕动，有利于增加食欲和促进消化。除了生姜，还有很多具有辛味的食品，如薄荷、菊花、都被用于夏季祛除暑热。

由此可以看出：食物不仅仅具有营养作用，还是中医用来调控身体代谢的工具。这个调控以身体之气的寒、热、温、凉和运行状态为着眼点。通过调节，使身体之气达到与自然界之气相适应的最佳状态。

食物性味学提出了不消极地顺从身体的生物代谢的观点，它运用阴阳、五行的哲学思想，根据事物发展中必然存在的相互促进、相互制约的道理，建立起食物性味理论，并通过促进与制约的手段，对机体的新陈代谢、能量代谢，以及身体的整体功能状态进行干预和管理，以建立一个良好的身体运行秩序，而这正是当今人类所期待的“治未病”的健康管理模式。

食物性味学是以身体的感知为基础总结出的客观经验知识，是中医治未病的重要手段，食物性味学的科学表达与应用，在建立中国特色的健康管理模式和技术体系中具有重要的作用。

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ATCM Journal: Call for Papers

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

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

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

Deadline of submission for next Issue (Volume 18 Issue 2) is **20th July 2011**.

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 writing case histories in past tense, eg. the patient had... (not has...)
5. There should be a space following a comma or full stop.
6. All herbal names should have their proper Pin Yin and Latin name.
7. All acupuncture points need to be named according to convention (Ki 3 Taixi)
8. Referencing should be Harvard.
9. Avoid phrases that are difficult to express or translate in another language or explain them properly

宁可居医话－方药缓急

袁炳胜 (Doncaster)

病有虚实，药有补泻，补泻者，因虚实而为用；体质有强弱，药性有缓急，缓急者，因体质盛衰、病情虚实而为用，为医者，更是不可不知；临床之际，更不可不审慎。

急者峻急，作用迅猛，“大毒”峻利，以直取其邪，俾邪去而正安也；其弊在攻邪祛病之时，难免损伤克伐正气。因其多为大辛大热、或大苦大寒之方药，故每易伤阴、伤阳，耗血损气，或损伤脾胃运化功能。

缓者甘缓，作用平和，多有补益、扶助正气，益阴阳、补气血、健脾胃而益肝肾、宁心肺，以助生机之功能。然邪气久羁，则缓剂应用欠当，则每有留邪恋邪之弊，有碍邪气之排除；且邪气久稽，则势必进一步损伤正气，扰乱气机，损伤营卫阴阳，致脏腑经络失其和调。

故缓急之制，当酌其情而施。大抵久远之疾，每多正气不足，阴阳气血每每亏虚，脏腑功能亦多失其和调，所以不耐攻伐，其治则宜从乎缓，谨调治其脏腑经络气血阴阳之不足，辅以活血、化痰、除湿、或散寒、熄风、润燥、清热、逐饮，补泻适宜，缓急得当，则机能渐复、正气渐长、邪气渐去，脏腑调、气血和、阴阳顺而生机复也。

然病程长久，亦有虽时日久远，而正气未虚，邪气留存为患；或病程长久，并未传变，其病证局限，病邪久稽影响气血流通及气机升降、水湿代谢，而生痰瘀水湿，或与痰瘀水湿胶结为患，则仍可用有较强针对性的峻药，直取其邪，俾邪去正安，气血阴阳营卫则易复也。

又，大抵新暴之病，多正气未虚，邪气新盛，直可以峻剂直攻，直拔其邪。然而有羸老之人，妇女产后，及先天秉弱，体质单薄，肠胃素差，不耐攻伐，则又当详审其虚实所在，及虚实多少、及气血阴阳不足之脏腑经络，审其病势进退，而为攻补结合之治。

所以，大抵久病缓治，新病峻治；但无论病之新久，宜当以其人虚实之多少，而为治法缓急的依据，方为妥

帖，而不可缘木以求鱼、胶柱以鼓瑟，一概以一己之喜峻喜缓而不顾临床之实际，则不仅为人笑，更贻误人生之机，危害不浅也。故凡正气未虚，若邪气势盛，既确定无误，则径以对证峻急之剂放胆用之，直取其邪而无妨；凡正气大虚（或久病如妇科经带过多，久泻、纳差，肠胃不健，禀赋薄弱，气血不足、阴阳之虚，年老体衰，机能减退，产后、过劳、长期失眠，等等因素所致）邪亦同存，则皆当慎用峻急之剂。切勿见病不见人，不考虑病人体质偏盛偏衰、对药物耐受能力的差异，而盲目用药。所以缓急之治不在新久，而在气血阴阳之强弱。中医临床最大的特点，就是在诊断治疗中，除了辨病之外，还主张全面辨识机体本身脏腑经络气血阴阳等生理机能和抗病能力的因素，以及原发致病因素（如六淫疫毒等病邪，七情饮食等因素）和次生致病因素（如内生五邪内热、里寒、内燥、里湿、内风，痰瘀水饮）等正邪两个方面影响病势进退的因素，和各自的强弱与消长的动态变化，据此以确立和灵活动态地调整治则方药。

临床见证多端，或偏虚，或偏实，或虚实夹杂；或虚多实少，或实多虚少，断无临床多年，凡所遇病证皆一成不变，概为虚证或概为实证之理。所以临床之际，不仅要善用甘缓，亦要善用峻剂；不仅要善用温热，亦要善用寒凉；只有温凉补泻并擅，且各各用得其所，用得其时，才算善诊善治。临床体会，在寒热虚实之辨中，除对症状体征的辨识外，舌脉诊，对寒热虚实辨证，尤具有重要的参考价值。古人云：“能合舌脉，可以万全”，言无差矣。另外，临床无论短期施用峻剂之方药，还是长期使用甘缓之剂扶助正气，都必须时时注意和照顾脾胃之气的强弱；以临床应用任何五脏六腑或补或泻之药物，脾胃必先受之；而气血阴阳之化生，亦必赖脾胃受纳运化水谷以化生精微气血营卫；机体生生不息之机，实系于斯也，不可不察也。

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

来稿中文或英文均可，中英双语更受欢迎。字数中文 3000 字以内，英文 2000 字以内，并附 200 字以内摘要。所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时再投向其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk。请注明“杂志投稿”字样。下期刊稿截止日期为**2011 年 7 月 20 日**。

卵巢早衰与不孕症之中医辨证与治疗

赵丽琴 (Sheffield)

英国仲景医圣堂

摘要：卵巢早衰是指更年期提前到40岁以前，甚至发生在15到29岁之间，是导致不孕症的一个常见原因。被诊断为卵巢早衰可使人极度灰心绝望，因为患有卵巢早衰之妇女常常伴有高促卵泡成熟素，它是一种非常复杂棘手且难以治疗的病症，这些病人唯一的选择是采用捐献者之卵子进行体外授精-胚胎移植术，助其怀孕。西医妇科和生殖科的医生经常采用雌激素补充疗法或避孕药治疗，这种药物有可能降低其促卵泡成熟素水平，帮助妇女月经复潮，但并不能改善其卵巢功能，促使排卵，更不能助其怀孕。中医是一种对此病非常有效的治疗方法，不仅可以恢复病人激素水平，重新排卵，尚可助其成功受孕。在这篇文章中作者分析讨论了卵巢早衰的病因病机，怎样导致不孕，西医理论上有可能的发病原因，以及中医怎样准确而有效地治疗卵巢早衰所致之不孕症。作者还总结报告了一些成功治疗的病例，与各位同仁共同探讨。

关键词：卵巢早衰，促卵泡成熟素，雌激素补充疗法，传统中医药，人工授精术，体外授精与胚胎移植。

何谓卵巢早衰？

卵巢早衰也称更年期提前，是指女人 40 岁以前甚至在 15 到 29 岁之间卵巢丧失正常功能^[1]。卵巢早衰的女人不能每月正常排卵，且常伴有促卵泡成熟素增高。这种现象可能是因为卵巢内正常卵泡减少或卵巢功能异常所致。

卵巢早衰可发生在女人生命中的任何年龄或时间，有可能发生在生孩子前后，也或在准备要孩子时。大约有 1-4% 的女人患有卵巢早衰^[2]。

卵巢早衰如何影响生育？

1. 西医观点

(1) 排卵与促卵泡成熟素

大部分女性出生时带有 100-200 万个原始卵泡（即始基卵泡），青春期开始时，原始卵泡减少到大约 30 万个卵泡，始基卵泡开始发育^[3]。在育龄期，始基卵泡都连续不断地成批发育，女人一生中大约只有 400-500 个卵泡发育成熟，其余的大量卵泡发育到一定程度即逐渐萎缩退化。每个月经周期开始后，约有 100 个始基卵泡同时发育，其中只有两个能长大，最后只有 1 个能发育成熟为优势卵泡而排卵^[3, 6]。随着年龄的增长，卵泡逐渐减少，直至绝经期。

促卵泡成熟素是一种糖蛋白激素，受下丘脑促性腺激素释放激素的控制，由垂体前叶嗜碱性细胞分泌。其功能为刺激卵巢生长，促进卵泡的生长发育，在少量的促黄体生成素（LH）的协同作用下使卵泡成熟，并分泌雌激素，促使排卵及黄体形成。如果卵泡不能发育成熟分泌雌激素

来抑制促卵泡成熟素，促卵泡成熟素将持续升高，这是卵巢早衰病人为什么常伴有促卵泡成熟素升高的原因。

促卵泡成熟素在妇女月经周期之不同阶段呈现不同水平。育龄妇女月经周期第 2 天或第 3 天之促卵泡成熟素应低于 10 iu/l，10-12iu/l 为最高界限^[4]，若超过 12 iu/l 常被拒绝做 IVF 治疗。

(2) 促卵泡成熟素与卵巢早衰

育龄妇女卵泡逐渐减少属正常现象，随着年龄的增长，卵巢开始萎缩，其功能逐渐衰退，促卵泡成熟素开始波动，直到更年期，此数值将维持在高水平状态，这反映了妇女逐渐衰老的一个自然变化过程。但是，对于卵巢早衰的妇女不同，卵子减少急剧加速，卵巢功能衰退，生育能力下降，卵泡对性激素的刺激反应迟钝。因此，下丘脑将此信息反馈到脑垂体，使其强烈刺激卵巢，分泌更多的促卵泡成熟素，促使卵巢工作。结果导致雌激素分泌减少，子宫内膜变薄，影响孕卵着床，卵子不能成熟而排卵，最后致使妇女生育能力逐渐下降。

患有卵巢早衰的妇女常常被西医妇科专家告知无法医治，甚至也不能做体外授精-胚胎移植术助孕。因为她们很有可能对做此种疗法所用的刺激卵巢之西药无反应或反应很差，分泌卵泡过少且卵子质量差，成功受孕率极低。医生常常会建议她们采用捐献者之卵子助孕。

(3) 有可能之发病原因

造成卵巢早衰的原因至今尚不完全明确，下面是几种可能的发病原因：

1) 自身免疫性疾病

- 2) 染色体异常或基因缺陷
- 3) 长期服用避孕药, 突然停药而出现之激素紊乱
- 4) 子宫内膜异位症, 输卵管堵塞, 宫外孕或子宫肌瘤等盆腔术后, 人流术后, 自然流产后, 或盆腔炎
- 5) 癌症化疗或放疗后
- 6) 特纳综合征
- 7) 甲状腺功能异常
- 8) 病毒感染
- 9) 促性腺激素分泌不足或机能减退
- 10) 长期酗酒和抽烟
- 11) 长期精神紧张, 焦虑或忧郁
- 12) 饮食紊乱

2. 中医的发病机理及临床辨证

大部分患有卵巢早衰的妇女临床上表现为虚实夹杂之象^[5-6]。我所治疗的多数病人显示有严重肾阴虚, 精血不足, 伴肝郁脾虚或气滞血瘀, 仅少数病人阴阳两虚并存。

(1) 肾阴不足, 气血两虚

素为阴虚体质, 或长期服用避孕药, 致肾气抑郁, 阴精不足; 或久病体虚, 或由于产后, 宫外孕等致失血过多, 损及脾气, 脾虚不能助胃将所进食物转化为气血, 致气血不足, 冲任空虚, 子宫与卵巢内血流减少, 其功能渐衰退, 内分泌紊乱, 故出现卵巢早衰及不孕。

(2) 肝郁血虚, 滋生内热

长期精神紧张, 焦虑不安, 忧郁过度, 或工作时间过久, 伤及肝脾, 致肝郁不舒, 气血失调; 或癌症放疗化疗, 或烟酒过度, 致精血受损, 虚热内生, 难以滋养胞宫和卵巢, 功能失调, 激素水平失去平衡, 从而发病。

(3) 血瘀胞宫, 精血不足

盆腔术后, 或人流术后, 或小产后, 或盆腔炎, 导致血瘀胞宫, 盆腔内血液循环不足, 胞宫所养, 故宫内环境差, 卵巢功能受损, 而出现卵巢早衰和不孕。

临床症状

月经周期缩短, 经血量少, 或月经不调, 甚至闭经, 排卵提前或不排卵, 烘热汗出, 潮热盗汗, 失眠, 头痛头晕, 烦躁不安, 疲倦乏力, 阴道分泌物减少, 性欲降低,

性交痛, 久婚不孕。这些症状可能突然在 1-2 月内出现, 也可能在几年内逐渐出现。临床上常可见到妇女因多年不孕而最终被确诊为卵巢早衰。

有些妇女可能月经仍正常来潮, 无自觉症状, 只是因多年不孕检查促卵泡成熟素及雌激素等时才被确诊为卵巢早衰。

卵巢早衰的治疗

1. 西医治疗

卵巢早衰是一个让病人非常绝望的诊断, 西医常常对此束手无策, 只能给病人雌激素补充疗法。这种方法也许可以减轻症状, 帮助病人恢复行经, 但却不能改善其卵巢功能, 助其排卵受孕^[7]。因为人工合成之雌激素给大脑传递信息, 抑制了卵巢分泌自然雌激素, 打破了雌激素反馈抑制促卵泡成熟素释放的作用, 导致激素水平紊乱, 促卵泡成熟素增高, 继而整个内分泌系统进入瘫痪状态。卵巢早衰病人唯有采用捐献者的卵子做体外授精-胚胎移植术, 以助其怀孕, 别无选择。

2. 中医治疗

即使体外授精-胚胎移植术有可能帮助一些病人怀孕生子, 但对其病因卵巢早衰却无助于事。由于卵巢早衰的发病年龄大致在 27 岁左右^[1], 女孩尚很年轻, 所以大部分病人希望自己能排卵怀孕, 生下真正完全属于自己的孩子。中医是一种治疗卵巢早衰非常有效的方法。

(1) 中医治疗原则

本人根据 25 年临床经验, 总结出了如下治疗方案:

1) 治疗关键在于滋养肾阴, 以提高雌激素水平; 健脾胃补气血, 增加子宫及卵巢内血流量, 从而恢复卵巢功能, 改善子宫内膜厚度, 调整激素平衡, 降低促卵泡成熟素水平, 促使排卵, 提高怀孕机率。

2) 疏肝解郁, 调经理气, 滋补气血, 安神养心, 以改善胞宫内血液循环, 恢复卵巢功能, 平衡阴阳, 稳定激素水平, 提高卵子质量, 并促使排卵, 成功受孕。

3) 活血化瘀, 软化疤痕组织, 加强子宫自身修复能力, 提高机体健康状况, 改善卵巢功能及宫内血供, 创造良好的子宫内环境, 以便卵子受精, 并能着床成孕。

(2) 中药针灸处方

辨证施治	中成药	草药或浓缩粉	针灸取穴
脾肾两虚，气血不足	六味地黄丸 或左归丸 配 归脾丸 或妇科养荣丸	菟丝子，女贞子，旱莲草， 麦门冬，山药，当归， 熟地黄，枸杞子，鸡血藤	百会，内关，足三里，太 溪，三阴交，脾俞，肾俞， 关元，气海，子宫，血海
肝郁血虚，滋生内热	加味逍遥丸 养血安神丸	柴胡，牡丹皮，香附， 夜交藤，酸枣仁，白芍药， 菟蔚子，女贞子，旱莲草， 枸杞子	印堂，曲池，神门，外关， 太冲，合谷，归来，中极， 三阴交，肝俞，膈俞
血瘀胞宫，精血不足	血府逐瘀丸 或桃红四物丸	桃仁，红花，丹参，赤芍， 熟地，川芎，香附，益母 草，泽兰	天枢，关元，中极，归来， 地机，血海，合谷，三阴 交，上髁，次髁

典型病例

病例一：继发性不孕合并卵巢早衰

Kate, 32 岁，空中小姐。试孕前曾服避孕药十余年，停药避孕药后闭经六个月，再次行经一年后自然怀孕并生一女，母乳喂养仅三个月，但月经十个月后方来潮，且月经不调，周期为 22 天，经血量少，五个月后再次闭经至今。曾到医院看妇科专家医生，化验血查其促卵泡成熟素升高至 46iu/l，被确诊为卵巢早衰，并告知不可能再怀孕，给六个月之药物 HRT 服用。病人沮丧不堪，但不愿放弃，经朋友介绍前来就诊。中医治疗大法为滋阴养血，健脾补肾。经过四周的中药针灸治疗，并配合饮食调理，其月经复潮，周期调至 28 天。继续调治三个月后，请求妇科医生复查其促卵泡成熟素水平，但被医生拒绝，因其不相信激素水平有可能再降至正常，并建议她采用捐献者的卵子做体外授精-胚胎移植治疗。Kate 不得不联系不孕不育症专科医院为其找配卵子捐献者。与此同时，坚持中医治疗又一个月后，奇迹般地自然怀孕，并于 2008 年六月剖腹产生一双胞胎女儿。

病例二：乳房切除术后放疗化疗致卵巢早衰

Sophie, 33 岁，乳癌健康与保健经理。13 岁初潮，因经血量多而给服避孕药，但不幸的是 18 岁被诊为乳腺癌，且很快在几个月内转移到了骨髓。曾做了两年的化疗和放疗，服了五年的 Tamoxifen，并致闭经五年。于 2000 年月经恢复来潮，但周期不调，大约在 25-35 天之间。近五年来尝试怀孕均无果效，化验血得知其促卵泡成熟素升高到 20 iu/l。医院妇科医生无法为其做 IVF，随推荐做中医治

疗。当时其一同事经我治疗已至怀孕中期，也鼓励其前来就诊。时主症为伤心绝望，精神紧张抑郁，潮热汗出，失眠盗汗，但畏寒肢冷，头痛，疲惫不堪，经前嗜甜食，腹腔镜和子宫镜发现子宫内有瘢痕组织。其病情复杂，虚实并存。证属肝郁血虚，脾肾两亏，虚热内生，且伴有血瘀。治疗分两步：

第一步，疏肝气，调经血，滋肾阴，降虚火，以软化疤痕组织，改善血供，提高其雌激素水平，降低促卵泡成熟素水平；

第二步，补脾肾，养肝血，以增加子宫及卵巢内血流量，加强子宫内膜厚度，改善卵巢功能，促使排卵，提高受孕几率。

经中药针灸治疗两个月，诸症消失，精神很好，身体恢复如常人。继续治疗三月，促卵泡成熟素降至 5.5iu/l，超声波显示有排卵。再治三月而自然怀孕，孕期健康，足月顺产一健康女婴，现已两岁。

病例三：子宫内膜异位症合并卵巢早衰

Clare, 34 岁，商场经理。自初潮始月经不调，周期在 25 到 46 天之间，且痛经甚，经血量多。19 岁始服避孕药直到 30 岁。四年前停药避孕药，欲自然怀孕却未果。曾于 2006 年做血化验证实其无排卵，之后服十个月的克罗米芬及一次人工授精治疗，但均未成功。2007 年 7 月做子宫镜检查出有严重子宫内膜异位症及左卵巢囊肿，诊为上述治疗失败的原因。手术切除移位之子宫内膜后，期望能尽快再做人工授精助孕。但术后月经周期缩短为 19 至 25 天，且促卵泡成熟素升高到 18.6 iu/l，雌二醇降低为 78 pmol/l。妇科专家不得不推迟其人工授精治疗，并推荐于我。中药针

灸以活血化瘀为主，软化瘢痕组织，增强子宫自然修复能力；辅以养阴补血，改善卵巢功能，提高卵子质量。经过六次治疗，月经周期恢复至 27 天，经血量正常，经行第四天的促卵泡成熟素降至 10.2 iu/l，雌二醇升至 138 pmol/l，均在正常值范围内。月经周期第 15 天的超声波检查证实有排卵。继续治疗三个月，当其准备做人工授精时，惊喜地发现已自然怀孕，并于 2008 年圣诞节前足月顺产一健康女婴。

病例四：精神紧张所致卵巢早衰

Lisa，高级助产士，40 岁，初诊于 2004 年 11 月。试孕五年不效，曾做两次体外授精-胚胎移植（IVF-ET）均未成功，其中一次取卵五个，但仅获两个受精卵且质量很差；第二次因仅分泌一个大卵泡而改为人工授精（IUI）。来诊时精神异常紧张，焦虑不安，忧郁寡欢，倦怠乏力，腰背疼痛，畏寒肢冷。月经周期在 21-28 天之间，严重经前紧张症，痛经，经血量多，夹有瘀块。

证属脾肾阳虚，肝郁血滞。中药针灸以疏肝理气调经，补脾益肾暖宫为原则。治疗五周后，诸症明显减轻，整体状况良好，月经周期调至 28 天。但因家中出事，难以处理，故不得不中断治疗。16 个月后，再次来诊时，促卵泡成熟素升至 14.6 iu/l。医生告其卵巢功能已衰退，卵子质量很差，怀孕几率很小，建议用捐献者之卵子做 IVF。绝望之际，强烈要求在等待医院配找卵子捐献者同时，再试最后一次用自己的卵子做 IVF，不过一定要配合针灸治疗。此次对 IVF 药物反应甚好，经针灸治疗六次后，分泌了 8 个卵泡，最后两个优质胚胎被移植于宫内，并成功受孕，于其 43 岁生日前一健康女婴，现已近四岁。

总结



1. 临床上大部分妇女因自然怀孕失败而被诊为卵巢早衰，期望能借用 IVF 实现怀孕生子之梦想。但其并未意识到如果促卵泡成熟素过高，西医专家也爱莫能助，除非采用捐献者之卵子。因此精神打击极大，甚至悲伤绝望，无法面对现实，导致严重精神忧郁症和紧张焦虑症。故使用针灸疏肝解郁，养血安神，以消除病人紧张焦虑，使其精神放松尤为重要。

2. 中医是治疗卵巢早衰最有效的方法，其关键在于诊断准确，辨证施治，合理施针用药。一定要根据每个病人的情况因人而异，灵活掌握，制定出适合其各自之治疗方案。

3. 治疗卵巢早衰病人时，首先要考虑的是滋养肾精，补益气血以调其月经。当月经周期恢复正常，治疗原则要根据月经周期的四个不同阶段，阴阳变化，气血转变而及时调整，以达到改善卵巢功能，提高卵子质量，促排卵助孕之效果。

4. 一般来讲，当病人之卵巢功能恢复正常，促卵泡成熟素降至正常范围，继续中医治疗自然怀孕几率很高。但若因其它原因，仍需做 IVF 治疗时，西医妇科医生常告诫病人停用任何其它药物，包括中药。临床若遇此种病例，我建议配合医生，只做针灸治疗。但一定要根据病人所选 IVF 治疗方案及用药之不同，以及病人对药物反应之不同而随时调穴，以适应其变化，取得最佳疗效。正确而有效地运用针灸，还可减轻 IVF 药物的副作用，帮助并改善其对药物之反应，提高卵子质量，创造良好子宫内环境，继而提高成功受孕率。

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Abstract: Premature ovarian failure (POF) is basically very early menopause, occurring before women reach the age of forty, or even in the ages between 15 and 29. It is one of the most common conditions affecting women's fertility. POF is an extremely frustrating diagnosis, as women with POF often accompanied with elevated follicle stimulating hormone (FSH) level, and the only option for those women to conceive is having IVF with donor eggs. Western gynaecologists often prescribe hormone replacement therapy (HRT) or contraceptive pills for the patients. Although this may suppress the FSH, helping women menstruate again, but it would neither improve the ovarian function nor promote ovulation, nor achieve pregnancy. However, TCM is the most effective treatment for infertility caused by POF. In this article the author analyses the TCM aetiology and pathology of POF, discusses how it affects infertility, the possible causes of western medicine, and how to use TCM precisely and effectively to treat POF. She has also reports some successful cases that represent women with different ages and fertility issues.

Key Words: Premature ovarian failure (POF); Follicle stimulating hormone (FSH); Hormone replacement therapy (HRT); Traditional Chinese medicine (TCM); In-Vitro Fertilisation (IVF); Intrauterine Insemination (IUI).

1. What is premature ovarian failure?

Premature ovarian failure (POF) is also called premature menopause, it is the loss of ovarian function in women under the age of 40, or even in the ages between 15 and 29^[1]. Women with POF do not ovulate each month and often accompanied with elevated follicle stimulating hormone (FSH). This loss of function can be due to a less than normal amount of follicles or a dysfunction in the ovaries.

A woman can be affected by POF at any age or time in her life. It can happen before or after she has had children, or while she is still planning her family. There are approximately 1-4% of the female population has POF^[2].

2. How does POF affect fertility?

2.1 Western medicine view

Ovulation and FSH

Most women were born with about 1-2 millions eggs, but this reduces to about 300,000 by puberty^[3]. From then on in each monthly cycle about 100 eggs start out to end up with one egg being ovulated^[3, 6].

FSH is a hormone that is produced and released by the pituitary gland, and triggers some follicles each month to stimulates the ovaries to develop follicles, ripen the eggs and eventually release the mature egg. If the follicles do not mature, and produce oestrogen to stop the production of FSH, FSH will continue to produce and rise to high level. This is why women with POF are checked for high levels of FSH.

A baseline FSH blood test on day 2 or 3 of the menstrual

cycle is expected to be below 10 iu/l, in women with reproductive potential, FSH levels of 10-12 iu/l are considered borderline^[4].

FSH and POF

The gradual loss of eggs during women's fertile years is normal. As women aging, FSH starts fluctuating, this reflects women's natural changing process. But in women with POF, the loss of eggs is accelerated, and their ovaries are depleted and the follicles become less responsive to hormonal stimulation. As a consequence, hypothalamus sends the pituitary gland messages to try work hard to stimulate ovaries, and then more FSH is produced to invigorate the ovaries. In such cases, estradiol (oestrogen) production is reduced, the uterine lining is too thin for implantation, and the eggs had no chance to fully mature, therefore the women become progressively less fertile. They can't even embark on IVF or IUI until their FSH drop to the cut-off line, as they are more likely to be a poor responder to fertility drugs used to stimulate their ovaries during IVF or IUI treatment.

Possible causes

Unfortunately for most women the cause is unknown. There are, however some possible causes that may be identified which include:

- Autoimmune disorders
- Chromosomal / Genetic defects
- Discontinuing the use of oral contraceptives
- Damage from pelvic surgery, abortion, ectopic pregnancy, miscarriage or pelvic inflammatory disease (PID)

- Chemotherapy or radiotherapy
- Turner syndrome
- Thyroid dysfunction
- Viral infection
- Inadequate gonadotropin secretion or action
- Heavy smoking and drinking
- Long-term stress, anxiety or depression
- Eating disorders

2.2 TCM philosophy

TCM views most cases of POF as a combination of excess and deficiency patterns^[5, 6]. The majority of POF women I have treated which have presented with a severe kidney yin deficiency, and often accompanied by spleen qi and liver blood deficiency, as well as liver qi stagnation and deficient heat, although some cases may also have blood stasis.

Kidney yin deficiency together with Spleen qi and blood deficiency

Being born with a genetic constitution of kidney yin deficiency, or long term intake of contraceptive pills suppressed kidney qi and yin (essence); or weak condition after a long-term illness, or lost excessive amount of blood during labour, or miscarriage, or ectopic pregnancy, this impaired spleen qi, and then fail to support stomach transforming the food we ate into qi and blood, causing qi and blood deficiency. As a consequence, the penetrating and conception meridians become 'empty', the uterus and ovaries are being starved of blood flow, its function begins to decline, and then POF occurs, the women become infertile.

Liver qi stagnation together with liver blood deficiency and concurrent heat

Extreme stress, anxiety or worry, or working long hours, may cause liver qi stagnation, fail to regulate and store blood; or chemotherapy, radiotherapy, or heavy drinking and smoking, could cause depletion of kidney yin and deficiency heat, and insufficient liver blood. This will eventually leading to malfunction of uterus and ovaries, and interrupting hormonal balance. As a result, POF appears, and hence impact the women's fertility.

Blood stasis in the uterus

After a pelvic operation, abortion, miscarriage or PID, the blood stagnated in the uterus and endometrium become unsmooth. Poor blood circulation causes an unfriendly environment in the pelvic area and impairs nourishment of uterus and ovaries. Consequently the ovaries stop performing and fail to respond to message from the brain, creating an imbalanced hormone level, leaving no chance to conceive.

3. Clinical symptoms

The main symptoms of POF are: short or irregular menstrual cycle with scanty bleeding, amenorrhea, early ovulation or an-ovulation, hot flashes, night sweats,

insomnia, headache, irritability, lethargy, lack of cervical mucus, decreased sexual drive, painful sex and infertility. These symptoms may appear suddenly over a couple of months, or gradually over several years.

Some women may continue to have normal periods and had no symptoms. Diagnosis may only be discovered when FSH levels are measured after years of unsuccessful conception.

4. Treatment

4.1 Western medicine therapy

POF is an extremely frustrating diagnosis, since western medicine generally does very little for it. The treatment is usually oestrogen replacement therapy, such as HRT (hormone replacement therapy). This may make the women menstruating again, and perhaps relieve some of the symptoms^[7]. However, this is not an option for women who are attempting to conceive, as the artificial oestrogen sends signals to the brain that it doesn't need to stimulate the ovaries to produce oestrogen, therefore the whole hormonal system then goes to sleep. As a result, the ovarian function would not be restored.

Women with POF are often advised to consider IVF with donor eggs. While this might give them a baby, it does nothing to address the underlying failure of the ovaries.

4.2 TCM treatment

Since the average age of POF onset is twenty-seven^[1], most women prefer a treatment that will restore their ovaries and hormonal system to fully functional health, and then to be able to conceive with their own eggs and have their own genetic children. TCM is one of the most effective treatment methods for POF.

TCM treatment principle

I summarised the TCM treatment principle according to my clinical experience and some TCM academic literatures I've read:

- The key point of treating POF is nourishing kidney yin to support oestrogen, strengthening spleen qi and tonifying blood to increase blood supply to the uterus and ovaries. Together to restore ovarian function, thicken uterine lining and rectify hormonal imbalance, therefore promote ovulation, and enhance the chances of conception.
- Harmonising liver qi and blood to regulate menstrual cycle and improve blood circulation; nourishing heart blood to calm down the spirits and relax the mind; balancing the yin-yang to improve ovarian function. Together to reduce FSH level, improve eggs quality and increase fertility.
- Removing blood stasis to soften scar tissues, strengthen uterine self-healing function and improve general well being. Create a welcoming environment in the uterus for the eggs to be fertilised and implanted.

Table 1 TCM prescription

Patent Herbs	Dried herbs or concentrated powders		Acupuncture points	
<i>1: Kidney yin deficiency together with spleen qi and blood deficiency</i>				
Liu wei Di Huang wan (Six Flavour Pill) or	Tu Si Zi	Nu Zhen Zi	Baihui (DU20)	Taixi (Ki 3)
	Han lian Cao	Mai Men Dong	Qihai (Ren 6)	Zusanli (St 36)
Zuo Gui Wan (Restore Left Kidney Pill)	Shan Yao	Dang Gui	Neiguan (Pc 6)	Xiehai (Sp 10)
combine with Gui Pi Wan (Restore Spleen Pill) or	Shu Di Huang	Gou Qi Zi	Shenshu (UB 23)	Sanyinjiao (Sp 6)
	Ji Xue Teng		Guanyuan (Ren 4)	Pishu (UB 20)
Fu Ke Yang Rong Wan (Woman's Tonic Pill)			Zigong (EX-CA 1)	
<i>2: Liver qi stagnation together with liver blood deficiency and concurrent heat</i>				
Jia Wei Xiao Yao Wan (Modified Easing Pill),	Chai Hu	Mu Dan Pi	Yintang (EX-HN 3)	Quchi (LI 11)
Yang Xue An Shen Wan (Nourish Blood and Ease Mind Pill)	Yie Jiao Teng	Suan Zao Ren	Shenmen (He 7)	Waiguan (SJ 5)
	Chong Wei Zi	Bai Shao Yao	Zhongji (Ren 3)	Guilai (St 29)
	Xiang Fu	Nu Zhen Zi	Taichong (Liv 3)	Hegu (LI 4)
	Han Lian Cao	Gou Qi Zi	Ganshu (UB 18)	Geshu (UB 17)
<i>3: Blood stasis in the uterus</i>				
Xue Fu Zhu Yu Wan	Tao Ren	Hong Hua	Tianshu (St 25)	Guanyan (Ren 4)
(Drive Out Stasis from the Mansion of Blood Pill) or	Dan Shen	Chi Shao Yao	Zhongji (Ren3)	Diji (Sp 8)
	Chuan Xiong	Shu Di Huang	Guilai (St 29)	Xiehai (Sp 10)
Tao Hong Si Wu Wan	Yi Mu Cao	Mu Dan Pi	Hegu (LI 4)	Sanyinjiao (Sp6)
(Four Substance Decoction with Safflower and Peach Kernel)	Ze Lan	Xiang Fu	Shangliao (UB 31)	Ciliao (UB 32)

5. Case Studies

Case one: Secondary infertility with POF

Kate, 32 years old, had taken contraceptive pill for over 10 years before trying for a family. Her period stopped for 6 months after she came off the pill. She then conceived her first child naturally 12 months later. She didn't menstruate for 10 months after gave birth to her daughter, although she had breast-fed the baby for 3 months only. Her period was irregular when she started menstruating again eventually. The cycle was 22 days with light bleeding, and she then stopped menstruating altogether after 5 months. She went to see a consultant in the hospital, day 2 blood tests revealed high FSH level of 46 iu/l. She was diagnosed with POF, and was told that has no chance of conceiving naturally. She was devastated, and walked out the hospital with a prescription of 6 months HRT drugs.

She visited me as a last resort and started having acupuncture along with Chinese herbal tablets. The treatment plan was to nourish blood and kidney yin, to strengthen spleen qi and kidney energy. She had also taken my advice following a restricted special fertility diet. Her period came back after 4 weeks of treatment, and her cycle was regulated to 28 days ever since. Three months later, she had requested for another blood test to recheck her FSH level, but was refused by the consultant. Instead she was advised to consider IVF with donor eggs. She continued TCM treatment for another month while she was on the waiting list for donor eggs. She surprisingly fell pregnant naturally with twins, and gave birth to two healthy girls in 2008.

Case two: POF after surgery, Chemotherapy and radiotherapy

33 years old Sophie, She went on contraceptive pill at the age of 13 due to heavy periods, and was diagnosed with breast cancer at the age of 18, which had spread to her bones a few months later. She had chemotherapy and radiotherapy for two years, and had taken Tamoxifen for 5 years which has caused amenorrhea for 5 years. She started menstruating again in 1999, and period cycle was between 25-37 days. She had been trying to conceive since 2005, but discovered her FSH level had elevated to 20 iu/l, and was diagnosed with POF. She cannot embark on IVF, was referred to me by the gynaecological consultant.

She was very negative and stressed, felt hot most of the time, even though she had cold hands and feet, night sweats, poor sleep, headaches, thirst, fatigue and craving for sweets before period due. Hysteroscopy and laparoscopy found scar tissues in her uterus. Her condition was rather complicated, with a mixture of excess and deficiency. The liver qi was stagnated and the kidney yin was deficient with concurrent heat, together with spleen qi and blood deficiency.

My treatment plan was divided into two steps: Firstly, soothing liver qi to regulate period, nourishing kidney yin to cool down heat. Together to increase oestrogen level, improve ovarian function, reduce FSH level and promote ovulation; Secondly, tonifying blood and strengthening spleen qi to increase blood supply to the uterus and ovaries, and thicken uterine lining for implantation.

After she had acupuncture regularly for five months combined with patent herbs, her FSH level reduced to 5.5 iu/l and scan showed that ovulation had occurred. She continued TCM treatment for another three months and conceived naturally. She had experienced a really healthy pregnancy, delivered a healthy baby girl by cesarean section, and her daughter is now 2 years old.

Case three: Endometriosis with POF

Business manager Clare, aged 34, had oral contraceptive pill for 11 years before trying to conceive in 2004. Her menstrual cycle was between 25 to 46 days, it was always painful with heavy bleeding. She had blood tests in 2006 and discovered that she did not ovulate. She had then tried clomid for 10 months (two courses) and one cycle of IUI with no success. She had laparoscopy 3 months ago and severe endometriosis was detected with an ovarian cyst. She was then operated and removed displaced endometrial tissues, and expecting she would be able to start IUI soon. But her period cycle had shortened to 19 to 25 days ever since, and FSH level elevated to 18.6 iu/l, with low oestrogen (oestradiol) level of 78 pmol/l. The gynaecological consultant had to postpone her IUI and referred her to me.

However, her period cycle was regulated to 27 days with normal blood flow after 6 sessions of TCM treatment, day 4 blood test had revealed FSH level had dropped to 10.2 iu/l and oestradiol had raised to 138pmol/l, and ultrasound scan showing ovulation had occurred. She continued acupuncture with herbal tablets for another 3

months, and fell pregnant naturally while she was expecting to start IUI on that cycle. She had no complication at all during pregnancy, had delivered a healthy baby girl just before Christmas of 2008.

Case four: POF due to stress

Lisa visited me for the first time when she was 40 years old, after she had one failed IVF attempt and one cancelled IVF cycle due to poor response, which converted to IUI instead. She was extremely stressed, depressed and anxious, always feeling cold and tired, suffering from severe backache and shoulder pains. Her period cycle was between 21 to 28 days, with heavy bleeding and blood clots, painful and bad PMT.

Her condition was spleen qi and kidney yang deficiency, together with liver qi and blood stagnation. Acupuncture and Chinese herbs were given to harmonise liver qi and blood, replenish spleen and kidney, and warm up uterus. Her period cycle had gone back to 28 days after 5 weeks of treatment, and she generally felt much better. Unfortunately, she had stopped treatment altogether since she was in a difficult situation. Sixteen months later, her FSH level elevated to 14.6 iu/l, and was told that it was unlikely she would ever conceive with her own eggs.

However, she wanted to try one more attempt of IVF with her own eggs whilst waiting for donor eggs, and had requested combining with acupuncture for the first time. On this occasion, she responded incredibly well, produced eight follicles, had two embryos of grade one transferred, and successfully achieved a pregnancy. She finally gave birth to a healthy baby girl just before her 43rd birthday.

6. Conclusion

- 1) Women with POF are not only unable to conceive naturally, but also can not embark on IVF with their own eggs until FSH dropped to normal range. They are very often advised to having IVF with donor eggs. Therefore, frustration, stress and anxiety are always the conditions that need be addressed, and acupuncture is the best option to consider.
- 2) TCM is the most effective and beneficial treatment for POF, which relies on precise diagnosis and differentiation, appropriate acupuncture and herbal prescription. However, we must resourcefully individualise the treatment programme according to the women's conditions in order to achieve the best result.
- 3) The treatment plan for women with POF is to regulate period first by soothing liver qi, nourishing kidney yin or essence, tonifying qi and blood. When they restart menstruating regularly, the treatment principle should be modified according to their four different phases of menstrual cycle, the yin-yang pattern and the qi-blood transformation, in order to promote ovulation and support conception.
- 4) Once the women's ovarian function is restored, and FSH dropped to normal level, they generally have great chances of conceiving naturally if they continue

TCM treatment, although IVF may be necessary for some of them with other fertility issues. The gynaecologists often advise patients to stop taking any other medications including Chinese herbs whilst having IVF drugs. In these cases, I suggest that we should cooperate with the consultant, applying acupuncture only. However, we may need modifying some acupuncture points according to their IVF treatment protocols, in order to achieve the best possible outcome.

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知柏地黄丸治疗 122 例更年期综合症

江丹

1. 前言

更年期综合症是妇女的多发病症，几乎多数的妇女在其性激素自然退化过程中会由于人体平衡机能被打乱，而出现不同程度的临床症状。用激素替代疗法（HRT）可以明显地改善这些病状，同时大大的提高妇女的生命质量，有意义的减缓衰老的征象【1】。但是近年由于激素替代疗法的长期应用所带来乳房，子宫等内分泌器官癌症的发病率增高【2】，使医患对激素替代疗法的应用渐生疑虑，从自然药物中寻找替代品种已成为趋势。因而，在中医的门诊中，在许多补充医学疗法中，更年期妇女寻求帮助成为较多的就诊人群。

总结从 2000 年一月至 2010 年十一月接诊的 122 例更年期患者，占我同时期病人总数的 3%，是中医门诊较为常见的病症之一。中成药知柏地黄丸，则显示出其良好的治疗效果。不仅有效地改善临床症状，并且长期服用无毒副作用【3】，可以明显的提高妇女绝经后的生命质量，是替代 HRT 的较好选择。

参照国内的报道【4，5，6】，大多数的研究是以知柏地黄丸与 HRT，或其他植物类激素同用，而以雌激素水平提高作为其判断是否控制更年期综合症的客观标准；我认为激素水平提高，仍然不能有效地降低内分泌系统癌症发生的风险。因而，我们应当客观地评定知柏地黄丸的临床功效。只要能够确切地改善临床症状，提高绝经期妇女的生命质量，让雌激素保持在更年期水平，才应该是顺应自然的，无癌症风险的，最理想的治疗手段。

2. 更年期的临床症状与常见的并发症

2.1 主症

潮热，盗汗；失眠，以夜间中断睡眠，及晨眠早醒为

特征；月经后期，经量减少（更年期），或闭经（已更年期）；阴道干涩，性欲减退。

2.2 并发症

- 1) 情绪低落
- 2) 周身关节痛
- 3) 习惯性便秘
- 4) 尿频

3. 中医辨证分型

主证

肾阴虚火旺

常见证型的综合辨证

- 1) 肝肾阴虚：潮热，盗汗，情绪焦虑，烦闷抑郁，如热甚则：失眠，头痛，急躁易怒；舌质红绛少苔，脉弦细。
- 2) 脾气虚，肾阴虚：疲劳，周身困重，便溏，腹胀，水肿，眠不安，食不消；舌淡红齿痕薄白苔，脉沉少力。
- 3) 脾肾气阴两虚：疲惫劳累，便秘水肿，失眠潮热，舌质淡红白苔，脉沉细。
- 4) 心肾不交：心悸烦躁，焦虑失眠，潮热盗汗，尿频尿灼，耳鸣耳聋；舌质瘦薄而红少苔，脉沉细。

4. 治疗方案

中成药

知柏地黄丸：熟地黄，山茱萸，山药，泽泻，茯苓，牡丹皮，黄柏，知母

当症状较重时，可短时间以上方为基础，处以汤药，

疗效会更强一些。

配伍中成药

- 肝肾阴虚-----加柴胡疏肝丸；
- 如内热甚-----加味逍遥丸；
- 脾气虚，肾阴虚-----加人参归脾丸；
- 如湿甚-----加参苓白，或三妙丸；
- 如风湿甚-----加祛湿痹痛丸；
- 心肾不交-----加养血安神丸；
- 脾肾气阴两虚-----加麻子仁丸。

针灸

对于更年期综合症的治疗，应该以中药为主，可以较长时间的服用，以求其远期的稳定疗效；针灸则作为辅助治疗。加用针灸在于对自然衰退的激素水平，带来人体代谢的减慢，气虚引气滞，阴虚生内热，滞热易夹湿，夹风，生瘀，故用针灸可以调整经络系统，促进人体的自愈功能。针灸一般可以在一段时间内应用，如三个月到半年；也可以在较长的间隔下规律性应用，如 每一个月针一次；在有压抑，头痛等并发症时，针灸则应适当多用。

针灸穴位

百会 (Du20)	关元(Ren3)	子宫(Ext.)
三阴交(Sp6)	足三里(St36)	阴谷(Ki10)
太溪(Ki3)	照海(Ki6)	外关(Sj5)
足临泣(Gb41)		

5. 病例分析

122 例已更年（已完全闭经）与部分更年前期（月经尚有，但极不规律，且有较多的因激素水平渐低下引起的临床症状）者：

年龄：最小 40，最大 60 岁

病程：最短三个月，最长六年

月经状况：初诊时已绝经者 86 例，未完全绝经者 36 例

5.1 疗效标准

以下视为有效：

- 临床症状消失，生命状态良好；如患者心情愉快，睡眠质量好，二便规律可以保持正常的生活，工作。
- 患者肯定疗效。
- 部分病人在 GP 的协助下，复查 FSH 和 LH，仍在更年期水平。

以下视为无效：

- 仍有一些临床症状。
- 病人一个月之内中断治疗，不肯定疗效。

5.2 治疗结果

有效 108 例，占 88.5；无效 14 例，占 11.5%。

以上疗效，近似于国内的报道【7，8，9】。而一个月中中断治疗，也包括因经济因素而不能长时接受治疗者。

5.3 典型病例

V. Smith, 46 岁，社会工作者。出现 潮热，失眠，月经不规律，情绪不稳定一年余。其月经不规律，时常后期，每两，三个月一至，月经量减少，每次只行经 2-3 日，终身未孕；潮热，盗汗，委屈，善哭，情绪压抑，烦躁易怒，眠差。曾被认为精神异常，看心理咨询师，无改善。用抗抑郁药，有较多的副作用，而未能继续，故就诊于余。

考虑其精神异常与月经不调同在，根据舌质红少苔，脉弦细，诊为：肝肾阴虚，气郁内热之更年期综合征，故治以补益肝肾之阴，化郁清热。

中成药

知柏地黄丸，加味逍遥丸

针灸

百会 (Du20)	神庭(Du20)	风池(Gb20)
外关(Sj5)	足临泣(Gb41)	阴谷(Ki10)
阴陵泉(Sp9)	太溪(Ki3)	照海(Ki6)
太冲(Liv3)		

两周一次，随着潮热渐平，睡眠渐好，情绪渐渐可控。一年之后，针灸改为每月一针。两年之后，月经完全停止，病人身体，精神渐渐恢复正常。其后，听信中药可能有毒及副作用之说，停用中药。一个月之后，诸症渐渐复显，且自感颜面，体态都有显老之像；GP 给服抗抑郁药，乃觉真正的有副作用，试两周而停用。

离诊两个月之后，其复诊于余。现坚持每月一针，持续应用知柏地黄丸，与加味逍遥丸已十年。去年，建议其去 GP 处复查激素水平，并告知其 GP，因为长期服用中药。其被告知检查结果：FSH 和 LH 都显更年期水平，其 GP 说：你的中药是安全的，继续服吧。其自感精力充沛，体态轻盈，情绪愉快，颜面容润，其相信应用这些中药不仅是调整激素，治疗更年之法，同时也是健身润肤，美容养颜之技，故其乐意较为长时间的服用。

6. 讨论

经临床疗效证实，知柏地黄丸是一全草药制品，其组方合理，疗效肯定，是 HRT 理想的替代品。如果有条件深入研究，在现代药理技术上下功夫，有可能使其组方由原来的八味，减到三味。

知柏地黄丸不仅对正常更年期患更年期病症者是好的选择，对已患肿瘤，尤其是更年之前，较早年龄被诊出乳腺癌，子宫癌者，经过手术，放化疗治疗，常常出现卵巢早衰，而使更年期提前出现；可这些患者原本就是对雌激素的特殊敏感者，HRT 当属禁忌，故知柏地黄丸则是这一阶段女患者的首选【10】。

研究者在应用知柏地黄丸的同时，常用其他中成药【5，6】，甚至与 HRT 合用【4】，他们的目的是提高治疗的效果，并且是以雌激素水平提高，FHS 和 LH 离开更年期水平为目的。我对此判断标准持异议。我认为没有必要一定提高血中的雌激素水平，临床症状控制，病人身体质量提高即可。

对于单用知柏地黄丸疗效尚显不足者，加用规律性的针灸是有意义的。后者，在通过气得充布与调节，促进患者本身内分泌系统的自我调整，以及以其他系统功能相互协调方面更有独到的意义。针药并用可以达到较高层面的治疗力度。

针对并发症的联合用药，也在一定程度上辅助了知柏地黄丸的功效。

知柏地黄丸这一传统经方【11】，有效临床 300 余年。今天，我们在西方的临床实践中，仍可显现其绝好的疗效。在我们下一步的科研计划中，将充分利用西方优越的实验条件，严格的科研设计规范，将知柏地黄丸临床应用的疗效，更好地展示给世人。

参考文献

见英文稿。

122 Cases of Menopause Syndrome treated with Chinese Patent Herbs – Zhibai Dihuang Wan

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1. Introduction

Menopause syndrome is a common clinical condition in women. Almost all women manifest various degrees of clinical symptoms during the natural descending of their hormonal levels which cause an hormonal imbalance of the body. Hormone replacement therapy (HRT) can remarkably correct these symptoms, increase the life quality of these women and significantly reduce the aging signs^[1]. But because HRT is given over a long time, the incidence of cancers in organs such as breast and uterus has been increasing^[2]. This result makes both doctors and patients to hesitate about using HRT, so it becomes a tendency to find a natural substance to replace HRT. Therefore, in the clinical service, there are more and more patients with menopause syndrome seeking TCM and many other alternative and complementary medicines.

I summarized 122 cases of women with Menopause syndrome who visited me for Traditional Chinese Medicine (TCM) treatment during January 2000 to November 2010. They represent 3% of my general patients during the same period of time, which proved it is one of the most common diseases in TCM clinic. The Chinese patent herbal formula---Zhibaidihuang Wan appears to have an excellent effect, which not only effectively corrects the clinical symptoms, improve the life quality of women after their menstrual circle ends, but also causes no side-effects although it is used for a long time^[3]. So it is the best choice which may replace HRT.

From reports which have been published in China^[4,5,6], Zhibaidihuang Wan is often used together with HRT, or other botanical hormones in most of the research studies. Because these researchers expect to increase the hormone level in the blood after treatment, they take the

increased hormone level as an objective standard to evaluate whether the menopause syndrome is controlled or not. But I believe that by increasing the hormone level, it can't effectively decrease the risk of cancer occurring in the endocrine system. So we should objectively evaluate the clinical efficacy of Zhibaidihuang wan. If it can definitely correct clinical symptoms, improve the life quality of women during and after the menopausal period, keep the estrogen figure in the menopausal level, then this should be the ideal treatment method which follows the natural way without the risk of cancers occurring.

2. Clinical features and complications

2.1 The main symptoms: hot flushes, sweating during the night

Accompanying symptoms that may occur are insomnia, which is characterized as broken sleep during midnight or early morning; delayed menstruation with light bleeding (pre-menopause), or amenorrhea (menopause); vaginal dryness, low or absent sexual drive.

2.2 Complications

- 1) Emotional disorders: such as depression, irritation, nervousness, panic attacks;
- 2) Aching joints (general or local);
- 3) Habitual constipation, or loose, or irregular bowel movements;
- 4) Frequent or leaking urination.

3. Syndromes differentiated by TCM

Main Pattern:

Kidney Yin deficiency and empty fire flaring up

Comprehensive patterns of the common syndromes:

- 1) Liver and Kidney Yin deficiency: hot flushes, night sweat, depression, restlessness are typical; if excessive heat exists, insomnia, headache, anguish and losing temper are manifested; deep red tongue with less or without coating and wiry-fine pulse are identified as this pattern.
- 2) Spleen Qi and Kidney Yin deficiencies: tiredness, even fatigue or exhaustion, general heaviness, loose bowel movement, distension, puffy face, even edema in legs, restless sleep, poor digestion are manifested; light red tongue with teeth marks and white coating and deep-weak pulse are identified as this pattern.
- 3) Both Qi and Yin deficiencies of Spleen and Kidney: tiredness and fatigue, puffiness and edema, dry bowels, even constipation, insomnia and hot flushes are manifested; light red tongue with white coating and deep-fine pulse are identified as this pattern.
- 4) Misconnection of Heart and Kidney: palpitation, annoyance, feeling upset and insomnia; hot flushes, sweat during the night, burning and frequency of urination, tinnitus and deafness are manifested; red thin tongue with less coating and deep-fine pulse are identified as this pattern.

4. Treatment plans

4.1 Patent herbal medicine

Zhibaidihuang Wan which consists of Shudihuang, Shanzhuyu, Shanyao, Mudanpi, Fuling, Zexie, Huangbai and Zhimu should be used in a typical case.

If there are some cases which manifest with severe symptoms and clinical conditions, a decocted form should be prescribed according to above base formula and varied to fit an individual person for a short time. Then the best result will be gained.

Some patent herbs are always used, accompanied with Zhibaidihuang wan for the case which manifests as a comprehensive pattern such as:

- Chaihushugan Wan is taken in the pattern of Liver and Kidney Yin deficiency;
- Renshengui Wan is taken in the pattern of Spleen Qi and Kidney Yin deficiencies,
- Yanxueanshen Wan is taken in the pattern of misconnection of Heart and Kidney;
- Maziren Wan is taken in the pattern of both Qi and Yin deficiencies of Spleen and Kidney.

Jiaweixiaoyao Wan can be taken in the pattern of excessive Liver heat; Sanmiao Wan is taken in the pattern of excessive heat and dampness; Qushibitong Wan is taken in the pattern of excessive wind and dampness.

Mixing Zhibaidihuang Wan with one or two of the above patent herbs will be powerful enough for getting a high level result.

4.2 Acupuncture

For the treatment of menopause syndrome, Chinese herbal medicine should play the most important role

which is suitable to be taken for a long time to get a stable long term result without side-effects. Acupuncture plays an accompanying position. Acupuncture will promote self-healing function by regulating Qi movement in the meridian system.

In general, acupuncture can be used regularly within a period of time, such as three months to six months. It can also be used regularly for longer intervals, such as once per month. If there is depression, headache and other complications, acupuncture is better to be given more frequently.

Acupuncture points

Baihui (Du20)	Guanyuan (Ren3)
Zigong (Ext.)	Sanyinjiao (Sp6)
Zusanli (St36)	Yingu (Ki10)
Taixi (Ki3)	Zhaihai (Ki6)
Waiguan (Sj5)	Zulinqi (Gb41)

5. Clinical Summary

General Condition: 122 cases are collected and summarized who have accepted TCM treatment. Among them, some have Menopause syndrome which has completely stopped their period. Some cases belong to the pre-menopausal condition. It means that in those ladies their period has not ended completely, but they manifest with irregular periods and many symptoms which are caused by declined hormonal level.

The details of them are indicated below.

- For age: the youngest one is 40 year old; the oldest one is 60 year old;
- For their suffering period: the shortest one lasts three months, the longest one lasts over 6 years;
- For their menstrual condition: 86 of them have ended their menstrual circle completely who belong to menopause syndrome; 36 of them manifest with irregular periods that belong to pre-menopause condition.

5.1 The criterion of clinical effect

Effect

- 1) The clinical symptoms disappear and stay in a good quality Life condition, such as keeping a happy & a relaxed mind, good quality sleep, regular bowel movements and urination, they are competent to work and maintain a normal life.
- 2) Patients approved the effect after receiving treatment;
- 3) Some of them have their FSH and LH levels checked by their GP which are shown in the menopause level.

No-effect

- 1) There are some clinical symptoms that still exist with those ladies;

- 2) Those patients discontinue the treatment within a month and didn't approve the positive effect from treatment.

Result

108 cases proved effective which engage 88.5%; 14 cases did not prove effective, so they belong to the no-effect group which engage 11.5%. These results are similar to the reports from China [7, 8, 9]. The ladies in the no-effect group involve some that stopped their treatment due to financial reasons.

5.2 Typical case

Ms V S is 46 years old clerk, who has been suffering from hot flushes, insomnia, irregular menstrual cycle and mood swings for over a year. She has an irregular menstrual cycle which always delays to come, once every 2-3 months with less amount of blood, and lasts only 2-3 days; no pregnancy occurred during her whole life; hot flushes, sweating during the night, sorrowful and weepy, depression, annoyed and upset, panic attacks and poor sleep. She was thought as a mental disease sufferer and referred to Psychiatrist, but she had not gained a positive result. She was given anti-depression drug, but she had to stop it due to too much side-effects of the drug on her. So she came to see me for TCM treatment.

I believe that she has a mental disorder with an irregular menstrual cycle and also happened during this year old. The lady is 46 year old. She may manifest with her menopause symptoms earlier than other ladies and if she has her nerves been considered, her hormone may decline early. She has a red tongue with less coating and wiry-fine pulse which indicate the pattern of Yin deficiency of liver and kidney and the excessive heat caused by Qi stagnation diagnosed by TCM. All of the symptoms are caused by Menopause syndrome as explained by Conventional western medicine.

Treatment principle: to nourish the liver and kidney Yin, release the stagnated Qi and clear excessive heat.

Patent herbal medicine: Zhibaidihuang Wan, Jiaweixiaoyao Wan

Acupuncture:

Baihui(Du20)	Shenting (Du24)
Fengchi (Gb20)	Waiguan (Sj5)
Zulinqi (Gb41)	Yingu (Ki10)
Yinlingquan (Sp9)	Taixi (Ki3)
Zhaohai (Ki6)	Taichong (Liv3)

She had acupuncture every other week and took the herbs every day. She has gradually able to control her moods and hot flushes and also slept better. Over a year, she has changed her acupuncture to once per month. After she finished her menstrual cycle completely in two years, she kept her mind and physical conditions very

well. She discontinued regular treatment due to some possible side-effects of herbs that she had heard, and then some previous symptoms gradually reappear after a month, and she has also appeared some aging signs on her face and body. GP gave her anti-depression drug which caused some real side-effects, so she had to stop taking it in two weeks.

She came back to visit me again after she had left for two months. She had TCM treatment for ten years now, which acupuncture was given once every four weeks with taking Zhibaidihuang Wan and Jiaweixiaoyao Wan every day. She was referred to her GP for FSH and LH tests last year after a long term taking herbal medicine, and was told that both figures were shown as a menopause level. She was told by her GP that it's safe for her to continue taking herbs.

She feels full of energy, supple posture, relaxed and happy mind with a shiny complexion. She believes that these treatments she has received are not only for regulating her hormonal levels to treat her menopause syndrome, but also for moisturizing her appearance and strengthening the wellbeing of her body. She prefers to take these herbs and treatment for a longer period.

6. Discussion

Zhibaidihuang Wan is a formula which consists entirely of botanical herbs, and possesses a reasonable design and precise effect proved by the clinic. It may be the best suitable substitute to replace HRT, if there are good enough research facilities. We should perform deep research with a good modern pharmacological technique. It is possible to reduce the ingredient of this formula from eight to three, and maintain its previous efficacy.

Zhibaidihuang Wan is not only the best choice for the ladies with Menopause Syndrome, but also is a good choice for ladies who have suffered from cancer of endocrine system, breast cancer, uterus cancer when they were younger before their menopausal age. Those ladies are likely to suffer from premature ovarian failure after they are given radiotherapy or chemotherapy, appearing Menopause syndrome early. They are over-sensitive to estrogen already, so HRT should be avoided to use for them, but Zhibaidihuang Wan should be a good choice for ladies with these conditions [10].

The researchers in China always use Zhibaidihuang Wan accompany with other patent herbs [5, 6], even mixed together with HRT [4]. Their aim is to improve the effective result to increase the estrogen level. They expect estrogen rises up as their objective criterion to evaluate the clinical result for menopause. I can't agree with this design. I believe that it is good enough if we are able to correct the clinical symptoms and improve the life quality of patients, it is unnecessary to increase estrogen level.

If using Zhibaidihuang Wan only is insufficient in these cases, it is necessary to add regular acupuncture to make a high level effect which can regulate the Qi movement to stimulate the self-healing function of patients.

If some patent herbs are used to treat complications, they also support the effect of Zhibaidihuang Wan.

Zhibaidihuang Wan is a traditional classical formula

[11] which has been effectively used in the clinic for over 300 years. We have also found that it has an excellent effect when we are practicing TCM in the West. We will do further research on it with the modern laboratory facilities and strict research design method in the West to prove the excellent effect of Zhibaidihuang Wan to the World.

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(Revised by Andreas Feyler and Liqin Zhao)

在英国针药并用治疗高血压性阳痿

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摘要: 高血压所致阳痿实质上多因高血压所服用一定的降压药物出现的阳痿。因此, 严格的讲, 应为抗高血压药物所导致的阳痿。从目前临床上治疗高血压情况来看, 几乎所有抗高血压药物都可以并发勃起功能障碍。依靠某种单一疗法治疗此病, 疗效不够理想。笔者根据 20 多年临床经验, 采用针灸, 西药, 中药, 三者结合方法取得了较好疗效, 举 2 例典型病例, 愿与同道探讨。

关键词: 高血压, 阳痿, 针药并用。

笔者 2005 年移民英国, 先后在多家中医药公司所属的中医诊所里从事传统中医中药和针灸工作, 门诊收治过多例阳痿患者。其中高血压性阳痿病人所占的比率较大, 现就针灸和中药并用治疗高血压性阳痿经验谈一点体会, 愿与同道们商讨。

高血压所致阳痿实质上多因为高血压所服用一定的降压药物出现的阳痿。因此, 严格的说, 应为抗高血压药物所导致的阳痿。从当前治疗高血压情况来看, 几乎所有抗高血压药物都可以并发勃起功能障碍。尤其是作用中枢的交感神经阻滞剂, 可通过抑制中枢神经系统, 提高泌乳素水平, 降低性欲; 交感神经抑制劑在引起勃起障碍的同时可以并发射精障碍; B 阻滞剂能引起睾酮水平降低, 其中以心得安的作用最强; 理论上利尿剂及扩血管类药可以影

响勃起能力, 应用利尿剂组比对照组勃起功能障碍得发生率要高 2-4 倍。严重动脉粥样硬化的患者, 需要较高的血压才能有充分的血液流量抵达阴茎而产生勃起, 而利尿剂和血管扩张剂能使血管扩张, 血管压力下降, 阴茎的血容量亦随之减少, 血压下降, 从而导致勃起功能不全, 进而引发阳痿。

对于高血压性阳痿的治疗主要集中在两个方面: 一是中药代替西药抗高血压治疗, 但目前此法尚不成熟, 片面地使用中药抗高血压治疗而停用西药抗高血压药来缓解阳痿的发生, 由于中药抗高血压的作用不确切, 有可能发生其他严重后果, 正确的做法是在不同类型的西药抗高血压药中选择较为合适的抗高血压药, 将对阴茎勃起影响的副作用降至最低才是最重要的。另一方面, 中药单独抗高血

压治疗虽未成熟，但在使用西药抗高血压药治疗的同时配合中药治疗不仅可以减少西药的用量，而且可以消除或减少西药治疗中出现的副作用，降低阳痿发生的概率。中药治疗高血压性阳痿，最主要的治则一是滋阴潜阳，二是充润宗筋。

典型病例 1: 高血压性阳痿

弗兰克 (Frank) 男 52 岁，病例编号: F00215

初诊: 2006 年 4 月 28 日

主诉: 阴茎勃起不坚或完全不勃起，伴随性欲减退，早泄 6 余年。

病史: 10 年前诊断出高血压病，当地医生给与西药降压治疗 (具体用药名称及用量不详) 一直至今。否认糖尿病史。

生活史: 不吸烟，不酗酒，偶尔周末饮少量红酒或啤酒。

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

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

针灸穴: 关元 中极 大赫 (双侧合谷刺) 阴陵泉 (双) 三阴交 (双) 腰阳关 肾俞 (双) 关元俞 (双) 八髎 (电针)

每次留针 30 分钟，每周两次

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

水煎服 日两次

二诊

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

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

三诊

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

查体: 舌质淡红，苔白，脉沉弦。血压 145/90mmHg (药后)

处置: 嘱病人可以减西药降压药 1/3 用量。继续服以下处方汤剂:

钩藤 10g 草决明 15g 天麻 10g (先蒸) 川牛膝 10g 川芎 15g 枸杞子 10g 生地 10g 首乌 15g 玄参 10g 赤芍 10g 当

归 15g 肉苁蓉 15g 菟丝子 10g 麦冬 10g 白蒺藜 20g。

水煎服 2 日一剂 早晚分服

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

典型病例 2: 高血压性阳痿

约翰 (John) 男 50 岁，工程师，病例编号: S00168

初诊: 2007 年 3 月 15 日

主诉: 阴茎勃起不坚或不举 2 年余

现病史: 从 2 年前开始，自觉阴茎勃起不坚，时有不举，不能完成性交，伴性欲减退，心烦易怒，乏力倦怠等状况。1 年前与妻离婚，于近日新结识女朋友，曾试 2 次性生活均不满意，经朋友推荐来就诊。

既往史: 患高血压病 6 年史，一直服西药降压，开始用量较大，现每日口服维持量降压药。否认糖尿病，肾病等病史。

生活史: 不吸烟，不酗酒，周末饮少量啤酒，爱好运动。

查体: 血压 145/90mmHg (服降压药后) 神情沮丧，情绪激动，急躁易怒，舌质暗红，舌苔薄，脉沉弦。

该病患患高血压病多年，长期服用降压药物，对阴茎动静脉供血产生了影响，复又因夫妻性生活不和谐，肝气郁结，气血不畅，进而加重病情。故治则为疏肝解郁，充润宗筋兼以活血化瘀。

处置:

1 针刺: 关元，中极，大赫 (双侧合谷刺) 阴陵泉 (双) 三阴交 (双)，太冲 (双)

2 针刺: 肝俞，胆俞 (双)，腰阳关，八髎穴 (电针)

每次留针 20-30 分钟，每周 2 次

处方: 柴胡 15g，郁金 15g，白芍 20g，枳壳 15g，炙甘草 6g，川芎 10g，当归 10g，川牛膝 10g，赤芍 10g，首乌 15g，生地 10g，蜈蚣 8g (粉) 水煎服

二诊: 2007 年 4 月 1 日

患者诉经两周治疗后，现情绪平稳，体力增加，性欲稍有增强，每周约有三三次晨起阴茎勃起，仍举而不坚，因害怕性生活不成功而未尝试。查舌质淡红，苔薄白，脉沉弦。血压 140/85mmHg (药后)。综上为治疗已对症，继续针药并用治疗同前法。又因病人心情迫切，加投伟哥 75mg，在性生活前 60 分钟口服，每周 1-2 次。

中药处方: 在三月 15 日基础上减少柴胡，蜈蚣，加菟丝子 20g，肉苁蓉 15g，水煎服

三诊: 2007 年 4 月 16 日

患者诉现阴茎勃起较前明显增强，两周内过三次性生活均持续约 10-15 分钟左右。性欲，体力均有增加，较

满意。

诉实在难继续服用汤剂，要求中成药针灸继续治疗。

处置：停中药汤剂，改投柴胡舒肝丸，桃红四物丸口服。针灸方法同前。嘱减西药降压药 1/3 量口服。

四诊：

约三周左右病人诉现阴茎勃起好，性欲好，与女朋友过性生活每次约 15-20 分钟左右，每周 2-3 次。已停用伟哥。原来的心烦易怒，情绪激动，乏力等症状也消失。综合判定该患已经基本恢复，处置如下：

1 针灸改为每周一次或两周一次

2 停用伟哥

3 中成药改为六味地黄丸，天宝归真液，口服三月左右

4 西药降压药物改减至 1/2 量 每天口服。

五诊：

约三个月后再诊，病人感觉性功能已经恢复，对疗效

满意，停针灸治疗，改服六味地黄丸，天宝归真液口服，随访 10 个月，一切正常。

体会

- 1) 英国人认为中医师就是针灸师，接受中医治疗就是针灸治疗。
- 2) 接受中药汤剂不会口服很长时间，一般超过四周就改投中成药或冲剂，或口服液类。
- 3) 病人没有耐心按 2-3 个月一个疗程治疗，故对有的病人加投伟哥以求速效，对阳痿病人树立疗效信心有帮助。
- 4) 对高血压性阳痿治疗不能完全停服西药降压药。只能根据不同病情部分减量维持治疗。
- 5) 对本症治疗采用针灸，中药，西药，三者并用的方法是临床切实可行的有效措施。

耳针的古为今用

聂卉（英国曼彻斯特）

摘要：本文讲述关于耳针的起源和目前的临床应用。作者认为耳针在中国的古代就被应用于临床，但没有得到普及及应用。耳针真正得到迅速发展是在近五十年，是和体针一起被重视在那个赤脚医生时代。而且又一个快速发展期是八十年代到九十年代，耳针方在中国普及应用。至今人们对它有一个新的认识，作者也如此认为即它不同于体针，其作用次于体针，但对体针有一定的辅助作用。可以认为耳针疗效确切，简单易行，所以一直被医家所用。那么作者认为耳针真正地用于临床行之有效的疾病是戒断综合症（戒烟、戒酒、戒毒）、失眠、胃痛和减肥，其列举了四个与之有关的病例及探讨，供同仁参考。

耳针是针灸体系中的一个分支，起源于（内经、灵枢篇），在这样一个漫长的历史沿用中，医家们不断地完善及改进，使它应用于临床，类似于头针、面针、手针、足针。本文主要释述耳针的现代临床应用。

一. 简述耳针

耳针是在耳廓穴位上用毫针刺或其它方法刺激，防治疾病的一种方法。耳针理论来源于《灵枢，口问》，其曰：“耳者，宗脉之所聚也。”即耳廓通过十二经脉及奇经八脉与五脏六腑相联，阳经直接与耳部相连，阴经通过经别与耳部相联。耳穴在耳部的分部有一定的规律，即形如倒置的胚胎的耳穴分布图，与头面相应的穴位在耳垂，与下肢足底相应的穴位在耳轮顶部。按目前的国内教科书统计，在耳部上有 91 个穴位，它们分别分布在耳轮，耳舟，对耳轮，三角窝，耳屏，耳甲，耳垂和耳背，常用耳穴约 30 对。用于耳穴治疗疾病的操作刺激方法随着现代科学和新技术的发展，临床常用的操作方法有 4 种：毫针法，电针法，埋针法和压丸法。其中常用毫针法及压丸法，毫针可用 0.22X

0.13mm，0.22X0.19 或 0.18X13mm。压丸法可用磁珠或王不留行药籽。我不主张用电针法和埋针法。注意事项：严格消毒，防止感染，孕妇禁用。对患有严重器质性病变者慎用，操做时防止晕针。

二. 耳针的适应症

根据史书记载和现代教科书介绍，耳针可用于临床各类疾病。但笔者在针灸临床实践中，体会到耳针行之有效于戒断证（戒烟，戒酒及戒毒）、失眠、神经证、胃痛及减肥，现将有关病例介绍如下。

1. 戒烟

耳针治疗戒烟行之有效，可用耳毫针或耳压丸法。一

般在治疗次数一次或五次即可戒断。本人共观察治疗 150 例戒烟者，有效率达 95%。典型病例：某女性，38 岁，银行职员，吸烟 30 年，近几年每日 15 支，无其它病史。初诊日期 2010 年 3 月 30 日。治疗方法：体针加耳毫针，取穴：百会、四神聪、迎香、合谷、耳神门、耳皮质下、耳肺穴，留针 30 分。一诊后戒烟成功，二诊巩固治疗，共计两次治疗后戒断。

2. 失眠

耳针治疗中等程度失眠行之有效，如严重失眠可配合体针或草药治疗。典型病例：某某，女性，65 岁，家庭主妇，有长期轻度失眠史。近日由于琐事烦扰，失眠加重，入睡容易，4 小时醒后难再入睡。既往健康，要求接受耳针治疗。治疗给予耳穴压丸法，用草药王不留行药籽。初诊日期 2010 年 5 月 12 日，取穴：双耳部位的神门、心、肝。方法：将施治部位消毒后，将药籽敷压到每个耳穴上，然后按压每一耳穴 30 秒。让病人保持其 3 天后，自然取下，休息 4 天，再做下一次治疗。共治疗 4 周，病人睡眠明显改善，心情愉悦。

3. 胃痛

临床胃痛的病因很多。耳针疗法对慢性胃炎的急性发作胃痛及功能性胃痛行之有效。临床可采用毫针、皮内针及压丸法。一般一次治疗即可见效。典型病例：某女性，37 岁，护士。初诊日期 2004 年 9 月 18 日，有慢性胃炎病史，平时无胃痛，偶有胃部不适感。昨日因饮食不当，胃部隐隐作痛，食欲减退，二便尚可，舌质淡紫红、白苔、脉弦紧。治疗取穴：神门、内分泌、脾、胃、肝。方法：用王不留行药籽，贴敷双耳穴位后，每穴按压 30 秒。一小时后疼痛略有缓解，6 小时痛减一半，次日胃痛消除。

4. 减肥

减肥是现代人们所面临的一个新的健康问题。人们都希望用自然疗法减肥，所以草药、针灸为许多医家应用于临床。耳穴压丸法以其简便、无痛，为许多女性肥胖者青睐。

但就其它的有效性，从笔者临床所见，并不十分理想，有效率可达 50%。耳穴压丸法治疗减肥的作用是调节内分泌，控制饮食。典型病例：某女性，25 岁，公务员。无其它病史，食欲旺盛，体重 80 公斤，身高 6、5 英尺（165cm）。初次就诊 2010 年 1 月 24 日，取穴：神门、皮质下、肝、脾和内分泌。方法：用已配好的磁珠贴布、双耳施用，让病人保持 2-3 天，之后休息 3 天。一周一次贴用，疗程 3 个月，体重减 5 公斤。再行第二疗程，经过 3 个月治疗，再减 4 公斤。停止治疗后让病人合理饮食，稳定内分泌。治疗中让病人配合口服每天一包飞燕减肥茶配合治疗。

三. 讨论

耳穴治病有病种广泛，价格便宜，操作简单，疗效肯定，和无副作用等特点，一直为广大医务工作者所善于用于临床。耳穴治疗病种广泛，可用于疼痛性疾病，炎症疾病如牙痛；功能性紊乱如神经衰弱；内分泌代谢紊乱如肥胖、更年期；其他疾病如催产、戒断症等。但笔者在长期临床体会中，耳穴用于临床有显著疗效的是戒烟、戒酒、失眠、胃痛和减肥。当然其他医生会有更多经验治疗其他疾病。

我讨论了耳穴的许多特点，但它和普通体针相比肯定其作用强度次于体针。我们在临床中还应该以体针为主要的针灸治疗手段。我提倡耳针是一种很好的辅助疗法，它能增加体针的疗效。但在某些情况下，耳针可以单独使用。就像我们讨论的四个病种及病例，供同仁参考。

我可以肯定地说耳穴治病其最大的优点是安全、简便、持久。所说的安全，是指用耳穴压丸法，可不透刺皮肤，减少感染的机会，从另一方面也为那些怕针的病人提供一种治疗手段，因它可代替体针；简便是指无需诊床，减少治疗所需的费用；其持久是指耳压丸法可保持三天甚至更长的治疗时间。用耳穴治病也可用毫针刺、或加用电针。就个人所见，不主张加用电针，可单纯用毫针刺刺激，其强度可达到疗效。从解剖看，耳是由软骨、毛细血管组成，肌肉甚少甚至无肌肉，电针刺激过强，适合用于肌肉丰富的取穴位置。

Erratum

The paper 'TCM Treatment for Peptic Ulcer', published in The Journal of The Association of Traditional Chinese Medicine on 20th September 2010, Volume 17, Issue 2, Pages 29-31, was authorized by Xin Zhang, Shandong University of Chinese Medicine, and Ming Zhao Cheng, Middlesex University. Due to an editorial error, the affiliation of the author Xin Zhang, Shandong University of Chinese Medicine, was accidentally omitted in the paper. We apologise to Xin Zhang for this error.

Editorial Committee, ATCM Journal

The Modern Application of Ancient Ear Acupuncture

Hui Nie (Manchester, UK)

Abstract This article describes the history of ear acupuncture therapy and current clinical application. The writer believes that ear acupuncture was applied in clinic in ancient China, but was not popular. It has been developed quickly in last 50 years, which was popular in barefoot doctor's time along with body acupuncture, and then there was a vigorous and fast development in 1980's and in 1990's. At that time ear acupuncture was very popular in China. So far practitioners have new knowledge about it, and therefore the writer agrees that it is different from body acupuncture, which is better than ear acupuncture on contrast for treatment. However, ear acupuncture can be assisting the body acupuncture. Ear acupuncture has been used continuously by most practitioners because of the definite efficiency rate and simple method. At present ear acupuncture can be available in clinics in the UK for the treatment of abstinence syndromes (tobacco withdrawal, alcohol and drugs), insomnia, stress, stomach ache and weight loss. The writer reports 4 cases relating to the above diseases and discusses them as reference for all colleagues.

The ear acupuncture is a branch of whole acupuncture theory which comes from 'Lingshu -Jingmaipian'. The ear acupuncture has been practiced at clinics by Chinese practitioners who improved and perfected it in a long history, similar to scalp acupuncture, facial acupuncture, hand acupuncture and foot acupuncture. At present the application of ear acupuncture is related in this article.

1. Introduction

Ear acupuncture therapy is to treat and prevent diseases by stimulating certain points of the auricle with needles or other methods such as herbal seeds or metal seeds. This method of treatment was recorded as early as in the 'Lingshu Kouwen', which said: the ear connects to all channels and collaterals of the body, which means that the ear relates to Zang and Fu organs by twelve meridians and eight extra channels, where yang channels go to the ear directly and yin channels run to the ear by divergent channels. Auricular points are distributed on the auricle in a certain pattern like upside down fetus. Points that are located on the lobule are related to the head and facial region, those on the upper helix to the lower limbs and feet.

There are 91 auricular points on the auricle in light of current text books in china. Those points are distributed respectively on helix, staph, antihelix, triangular fossa, tragus, antitragus, conchae, lobule and back auricle. There are 30 pairs of auricular points in common use.

Along with the popularization of ear acupuncture and modern technique for treatment by ear acupuncture, five different methods have been developed on the basis of puncture with filiform needles such as electronical acupuncture on auricular points, imbedding needles and hot stick (pressing herbal seeds or metal seeds). Among them puncture with filiform needles and hot stick are most widely used clinically. The size of filiform needles for ear acupuncture usually is about 0.20 ×13mm or around 0.19×13mm. Hot sticks can be used with metal seeds or herbal seeds. I may not support to apply ear electronical acupuncture and imbedding needles.

Certain precautions are advisable during applying ear acupuncture. Strict antisepsis is necessary to avoid infection. This treatment is not available for women

during pregnancy if there is a history of miscarriage. It is cautioned for patients suffering from severe disease. It is considered for preventing fainting during operation.

2. Modern applications

Ear acupuncture is widely used for treating clinically many diseases from different department, according to records in ancient Chinese medical book and modern medical text book in China.

However, having clinically practiced ear acupuncture for a long time, I have learned that ear acupuncture is very effective for abstinence syndrome (tobacco withdrawal, alcohol and drug), insomnia, stress, stomach-ache and weight loss. Now, those typical related case reports have been described below.

Case 1: Smoking cessation

It has been believed that ear acupuncture can help smokers for smoking cessation, with stimulation by filiform needles or hot stick. Normally one or five sessions of treatment are needed for quitting smoking. There is an effective rate of 95% within observed 150 cases. A typical case study follows below.

xxx, female, age 38, banker, who smoked since 30 years old. Her first visit was on 30th March 2010. She smoked 15 cigarettes per day recently. Her medical history was clear. Her treatment method was body acupuncture with auricular acupuncture. The points were Du 20, Sishengcong (EX-HN1), LI20, LI4, Ear-Shenmen, Ear-subcortex, Ear-lung. The needles were retained for about 30 minutes in each treatment. She gave up smoking after one treatment. Her second treatment was given in same way for consolidation. Two sessions were taken in total.

Case 2: Insomnia

We believe that pure ear acupuncture is very effective for mild insomnia, with treatment by body acupuncture and herbal therapy is available for severe insomnia. A typical case is stated below.

xxx, female, housewife, age 65, poor sleep recently due to stress. First visit was 12th May 2010. She easily falls asleep but wakes up 4 hours later and then she could not sleep again. She has years of insomnia history without other diseases. She requested ear acupuncture. The hot stick was applied for her with herbal seeds. The auricular points were Ear-shenmen, Ear-subcortex, heart and liver. Herbal seeds were placed on points after strict antisepsis, and then seeds on points were gently pressed straightway one by one. The seeds on the points were kept in 3 days. The same treatment was given again after 4 days rest. This patient could easier sleep after 4 sessions of treatment. She was satisfied with the treatment.

Case 3: Stomach ache

Generally speaking, stomach ache can be due to many reasons. Ear acupuncture is efficient for stomach ache from chronic gastritis in the acute stage, as well as pure stomach ache due to poor dietary habits. This type of stomach ache can be treated by filiform needles, imbedding needles and hot stick. In most case one treatment is enough. Typical case is stated below.

xxx female, age 37, nurse. She has a history of stomach ache. On the day prior to her first visit, she had stomachache again which was a dull ache due to improper food. She has a poor appetite, normal stools and urination, pale-dark tongue with thin white coating, wiry-taut pulses. Auricular points applied were ear-shenmen, endocrine, spleen, stomach and liver. Herbal seeds were placed on every point with stick plaster, and then pressed one by one in 30 seconds. Her stomach-ache was slightly relieved after one hour. She felt much better 6 hours later. Her stomach ache disappeared the next day.

Case 4: Weight loss

Obesity is a new health problem in modern society. People would like to apply natural solutions for their weight loss. Therefore acupuncture and herbal products are clinically applied by practitioners for weight loss. The hot stick treatment is popular at present with many women. According to my experience the hot stick is not a guaranteed treatment for weight loss, with an effective rate up to 50 per cent. We believe the function of ear acupuncture for weight loss is to regulate the endocrine system and control appetite. On the other hand, will power might be a little significant. A typical case is following here.

Xxx, female, age 25, officer. General health was good with good appetite. Her weight was 80kg, and height was 6.5FT (165cm). First visit was 24th January 2010. Auricular points applied on her were ear-shenmen, subcortex, liver, endocrine and spleen. The method was that metal seeds sticks were kept in for three days, then

the ears rest for 4 days. There was one treatment per week. Her treatment course was for three months. As a result her weight was reduced by 5 kg. She continued to take a second course of treatment. Her weight reduced by 4 kg again. She was recommended to have a sensible diet after treatment. In addition this patient was taking a bag of Feiyan diet herbal tea per day during auricular therapy for supporting treatment.

3. Discussion

Ear acupuncture is popular in clinics where the majority of medical practitioners apply it because of its fair price, simple operation, high efficiency and less side effects. The ear acupuncture therapy is used for pain related diseases, infections such as toothache, functional disorders like stress and depression, endocrine disorders like obesity and menopausal syndrome, and other disease such as oxytocic treatment and abstinence syndrome.

Based on long clinical experience I believe that ear acupuncture therapy is fairly effective for alcohol and cigarette withdrawal, insomnia, stomach ache and weight loss. Perhaps other practitioner may have experience for other diseases.

Although I have already described the advantages of ear acupuncture, which is not a stronger treatment than body acupuncture on contract. Resulting from the above we summarize that body acupuncture is main method in the acupuncture field, while ear acupuncture is a good supplementary method for body acupuncture, which strengthens the effect of body acupuncture. However, ear acupuncture can be solely used for some diseases such 4 cases that we have introduced, which could provide some information to readers as reference.

Eventually, I definitely believe that the big benefits from ear acupuncture are safe, simple and have a long effect. As a safe feature, it means that the stick is not puncturing the skin resulting in less infection chance. On the other hand it is a good optional treatment for patient with scar needles, because body acupuncture can be replaced by ear acupuncture. For simple feature, it does not need to use couch, and occupy small treatment space. The last feature is a long effect, it means that ear acupuncture can be kept in 3 days or maybe more.

Furthermore we can use filiform needles or electrical acupuncture on auricular points for treatments in the clinic. In my personal opinion, I do not support to use electrical acupuncture point, but filiform needles can be used on auricular points to increase the clinical effect, because electronical acupuncture strongly stimulates the ear where the ear consist of cartilage and blood capillary, as well as muscle or no muscle around acupoints.

From what has been discussed above, it is my personal experience in clinical practice for long 25 years. I would like to contribute this to colleagues as a reference. Meanwhile I wish that we reform and enhance the treasure of traditional Chinese medicine.

(Revised by Andreas Feyler)

Case Study – Frequent Urination

Student Practitioners: Salil Pande & Jaqui Drake
BSc (Hons) Acupuncture Undergraduates, University of Lincoln, UK

Supervisor: Hui Jun Shen
Senior Lecturer of Acupuncture Programme, University of Lincoln, UK

A female patient aged 32 had suffered with frequent urination for 6 years. Her frequent urination started suddenly 6 years ago when she was in New Zealand working as an apple picker. This involved an early morning start, when the weather was very cold, ending around midday, when the weather was hot, resulting in the patient being unsure of what to wear. She ended up wearing summer clothing, exposing her midriff, which did make her feel very cold in the mornings but allowed her to cope with the heat during the rest of work day. The frequent urination soon became severe. She needed to urinate 20-30 times per day, to the extent it was so bad she drank water in excess to have more to pass. This became a debilitating, embarrassing issue for her. She explained she was under the fear of needing to urinate whenever she went out of the house. In social situations she felt under great stress in case the urge to urinate occurred. There was no heat or pain upon urination. The condition was better when taking medication, the patient was uncertain of what made it worse, other than it was worse in winter. At the time of the consultation the patient was not taking any medication for frequent urination, only the contraceptive pill.

Constipation had also occurred recently for several months, with bowel movements currently occurring approximately every other day. There was also abdominal pain and bloating, with a feeling of being very hungry. This suggested IBS. The pain was better for eating and she was unsure what made it worse. The patient had a good appetite, ate regular meals and enjoyed dairy, especially cheese.

Sleep was okay, energy levels were low and stress levels high. She felt cold often, especially hands and feet, and disliked cold weather, preferring the heat. The patient was tall and slender, and performed regular aerobic exercise 4-5 times per week, did not smoke and drank around 5-6 units of alcohol in a week. She drank 5-6 glasses of water per day and sometimes felt thirsty. Hair, nails and sweating were all normal. Her skin could be dry or greasy with spots appearing around the mouth occasionally. Testing the temperature of her Jiaos revealed a cold Lower Jiao, compared to Middle and Upper.

Tongue: pale/pink body, thin white coat at the back, swollen, wet, crack down the middle, cracks on the body, teeth marks on the sides.
Pulse: overall deep and weak; wiry left, slippery right; right weaker than left.

Aetiology:

- Exterior Cold Invasion from weather.
- Interior Cold Invasion from medication (antibiotics and contraceptive pill).
- Diet, eating Cold and Damp forming foods.

Pathology:

- Cold and Damp in the Lower Jiao affected by exterior and interior Cold invasions, also dietary factors.
- Kidney functioning affected by Cold and Damp, especially Kidney Yang.
- Bladder functioning affected by weakened Kidney causing frequent urination.
- Diet affecting Spleen (T&T) and Stomach causing IBS symptoms.

Treatment Principles:

- Resolve Damp
- Remove Cold
- Tonify Kidney and Yang
- Nourish Bladder
- Tonify Spleen

Syndrome Patterns, Clinical Manifestations & Point Selection:

- Cold and Damp in Lower Jiao – cold Lower Jiao, Kidney and Bladder function affected, thin white coat at back of tongue, tongue swollen and wet.
- Kidney Yang Deficiency – Cold person, frequent and abundant urination, weak Kidney Yang pulse, cold Lower Jiao, aversion to cold, low energy.
- Spleen Qi Deficiency – Cold hands and feet, teeth marks on sides of tongue, swollen tongue, Spleen pulse slippery and weak, abdominal pain and bloating, constipation, tiredness.

Point Description:

- SP 6 (Sanyinjiao) [tonify] – nourishes Spleen and Kidney, also Stomach, resolves Damp, calms Spirit, harmonises Lower Jiao, benefits urination
- ST 36 (Zusanli) [tonify] – harmonises Stomach, tonifies Spleen, resolves Damp
- Ren 3 (Zhongji) [tonify with moxa] – Front Mu of Bladder, benefits Bladder, dispels Stagnation and strengthens the Lower Jiao (also warms this area with moxa), nourishes Kidney
- Ren 4 (Guanyuan) [tonify with moxa] – warms

Lower Jiao (with moxa), nourishes Kidney, strengthens Spleen, regulates Lower Jiao and benefits Bladder,

- Ren 12 (Zhongwan) [even] – Front Mu of Stomach, harmonises Stomach, strengthens Spleen
- KID 3 (Taixi) [tonify] – tonifies Kidney and Kidney Yang
- KID 7 (Fuliu) [tonify] – benefits Kidney and Kidney Yang, regulates water passages, drains Damp
- Du 20 (Baihui) [tonify] – raises Yang

Life Style Advice:

- Reduce Damp forming foods such as dairy, bananas, peanuts. Eat warm foods and drinks, avoid cold foods. This will reduce strain on Spleen and Stomach functioning, and help the Cold and Damp in the Lower Jiao.
- Wear warm clothing around Lower Jiao.

Results:

On the follow up consultation two weeks later the patient noted improvements all round, for stomach pains, bowel movements and there had not been any frequent, urgent urination. She was pleased with the results and keen to continue treatment. She had also changed her diet using the advice given. Over subsequent weeks the treatment plan was kept very similar with appointments every two weeks. Du 20 (Baihui) was removed once Yang was seen to be improving, and the only notable addition was Du 14 (Dazhui) for one treatment to expel the exterior pathogen when there was evidence of a Wind Cold invasion with common cold like symptoms.

Over a treatment period of three months the frequent, urgent urination has not occurred, even though it is winter, with no medication taken for the condition. She explains this has made her “very happy”, also echoed in her appearance which looks much healthier, with a cheerful disposition. Stress levels are lower and the

patient states she has a better coping mechanism. The patient also explains she has more confidence and now enjoys social situations much more as the fear or frequent urination has subsided. Her IBS is much improved, with digestion and bowel movements practically normal. A contributing factor to this, in addition to acupuncture, is likely to be the change in diet. She explains she now understands what foods bring on the IBS, mainly dairy and cold foods, which she now limits and eats as a treat.

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針灸療效續積探討

王家瑞

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摘要：本文通過對 AEA/ATT 量學指標的探討，說明針刺療效的續積（AEA）與治療時間（ATT）的關係；並縱向對比當 AEA/ATT 的指標值 >1 的針灸適應癥與值 <1 的針灸適應癥的變化。表明急性階段的疾病，AEA/ATT 的指標值大都 >1 ；疾病反復發作進入慢性階段，AEA/ATT 的指標值大都 <1 或二者呈正比例增長。通過引入 AEA/ATT 的值可很方便的進行預算，預測療效，並橫向對比他種治療方法 給患者選擇的餘地。

關鍵詞：針刺療效續積（AEA）；針刺時間標準（ATT）

針灸治療以其安全高效，副作用少，節省資金著稱。包括應用一次性針具，無痛進針，或使用補寫法達到治療目的。但是其高療效作用需要續積，本文重點討論針刺療效續積（簡稱 AEA）與針刺時間指標（簡稱 ATT）的關係，探討其關係有利於明確病情，更好的治療疾病，節省資金，給病人提供選擇權利。

什麼是 AEA，針刺是怎樣獲得療效的？這包括兩點：

1) 針刺的時間標準（ATT），即病人接受多少次治療的時間量學。2) 針刺的療效續積（AEA），即通過針刺的時間量學，獲得針刺的療效續積，換句話說，這種針刺的療效維持多長時間的療效量學。假設治療腰痛患者，

第一次針刺30分鐘，ATT=1，腰痛緩解數小時；第二次針灸治療，ATT=2，針刺療效維持數天；第三次治療，ATT=3，腰痛緩解一周；這就是針刺的療效續積。假設維持一年的療效是 AEA=1年，一天的療效 AEA= $1/365 = 0.00273$ 年；AEA = 0.017 年/ATT=3，說明這個腰痛患者針刺時間為3次，療效維持一周。故 AEA 的點數越多，療效鞏固的時間越長。療效維持的越長說明是正確的通向治愈的途徑。但針刺的療效與治療的時間關係又根據病種及患者接受治療的承受力有所不同。例腕關節扭傷，患者只接受3次治療，可獲得20-30年的療效維持，其 AEA=20-30年/ATT=3；對於某些慢性疾病，ATT 需要更多的指數，即治療的時間長。象坐骨神經痛，中風，心肌梗塞等等需要更多的時間治療。當然這需要合格的大夫，合格的技藝，初學者，臨床經驗少不在此討論。

AEA 與 ATT 的關係

AEA 是說明療效續積或鞏固的時間，換句話說 AEA 說明多少年時間疾病未犯。ATT 說明針灸治療的次數。AEA/ATT 二者的值 >1 ， <1 及呈正比，或 ≤ 0.5 的變化，視病情而定。

1. AEA/ATT 值 >1

當 AEA/ATT 值 >1 ，說明這種病是針灸的適應症。針灸的治療範圍之廣，是任何其他療法所無法比擬的，例如牙痛，感冒頭痛，痛經，頸項痛，肌緊張，早期腕管綜合征，急性扭傷，運動損傷，腿腳痙攣，所有不明原因的急性

痛證，都是針灸的適應癥，經數次針治，有多年至數十年的療效，有的急性病症，ATT 治療指數僅1-2-3 或6 -7，AEA 指數呈現20-30-40年療效鞏固，AEA/ATT 的值 >1 ，說明針刺治療的優勢；相比吃止痛片，只是當時緩解，不是治根，過數小時又犯，若數月吃止痛片則形成胃潰瘍；若數年吃止痛片，可能形成肝，胃，腎的損壞。再例早期腕管綜合征，若此病者接受手術治療，術中可能出現血管神經損傷，術後可能出現腕關節固定，僵硬，喪失腕關節背曲功能和影響抓舉功能。若此患者選用針刺療法，AEA 指數可能為5-10年，ATT 僅用3-7次治療，其治療有根治的作用，且無副作用，治療的次數少，緩解的年頭長，是人人都可接受的治療方法。

2. AEA/ATT 呈正比關係：

病情重，慢性，經針灸治療，AEA 與 ATT 的指數呈正比例增長，即治療的時間越長，療效鞏固的時間約長。當然治療的次數在時間上還有間斷性，連續性，重複性，補充性等靈活治療特點，以滿足多種需求，但總之，總體治療的次數就是 ATT 的指數。例如慢性風濕性關節炎，其發病的特點有季節性，反復性，在治療上就要有間斷性及連續性並用的治療，在季節前及季節中治療的次數相加，就是 ATT 的指數，假設是10-20，AEA 有可能達到1-1.5年，即有1-1年半的療效，AEA/ATT 值呈負數，如此再應用重複性，補充性治療，例如每年有10-20的 ATT，連續2-3年治療，其可獲 AEA=5-7年/ATT=(10-20)(2-3)的療效，這就是針刺的連續性可達到療效的累積的特點。

筆者數年前治療一女性，40歲，腰椎間盤突出伴有嚴重坐骨神經痛患者，醫院建議其手術治療，因為她對手術恐懼，故拒絕手術治療。請筆者治療，共針治2個療程，每個療程15次，每次30分鐘，配合補腎通絡活血的中藥，腰痛及坐骨神經痛得到徹底緩解，返回正常工作生活，此療效維持8年，其 AEA=8/ATT=30；到第8年，48歲，合併更年期綜合癥，有骨質疏鬆時，又來找筆者，說坐骨神經痛又犯了。筆者又針15次一個療程，得到至少5年的緩解。這位患者 AEA=8+5=13/ATT=30+15=45，即共治療45次，療效維持13年，符合 AEA/ATT 正比關係的增長。

表1. 幾種治療項目治療關節炎的比較

治療項目	治療時間 (ATT)	是否痊愈? AEA	副作用	器官損傷
NSAID (抗炎鎮痛藥) 布洛芬 吲哚美辛 (消炎痛) 萘普生 (消痛靈) 芬布芬 炎痛喜康 雙路芬酸 (扶他林)	需長期服用 >一年	只在服用時緩解, 無根治作用。	胃痛, 噁心, 嘔 吐, 困倦, 頭痛, 眩暈, 耳鳴,	有! 心肌梗塞, 胃腸發炎, 急性腎衰, 呼吸抑制, 肝功異常
激素	若長期服用	無	有 (略)	有 (略)
手術治療 (人工關節)	一次	10年壽命	有! 感染, 中風, 肺栓塞, 心肌梗塞	有! 若副作用出現。
針灸	ATT>30 次	>10年	無	無

3. AEA/ATT 值>1與<1的轉換:

同種病之間又有發病時間長短與急慢性的不同, 再用坐骨神經痛舉例: 發病數天, ATT 可用數次=2-3, 小療程解決問題, AEA 可獲5-10年的指數, 即 $AEA=5-10/ATT=2-3$ (值>1); 若此患者不慎, 負重腰椎扭傷, AEA/ATT 比例可能進入正比, 即治療的時間長, 療效鞏固的時間長, $AEA=10-20/ATT=10-20$ (正比)。若此患者進入中老年期, 合併骨質疏鬆外, 此時 AEA/ATT 值<1, $AEA=0.5-1/ATT=20-30$ (值<1), 即 AEA 數小, ATT 數大, 患者經過20-30次針灸治療, 獲得半年至1年的緩解; 說明需要經常進行補充及連續

性治療, 患者還需自身維護從而得到療效的鞏固。

4. $AEA \leq 0.5/ATT > 30-40$:

某些癌癥患者或癌癥術後患者, 伴有劇烈疼痛, 或心肌梗塞患者, 針灸因其無副作用及鎮痛與通絡的效果仍是患者的首選, 即使其指標在 $AEA \leq 0.5/ATT > 30-40$, 對某些重病患者來說, 比較某些鎮痛藥如杜冷丁或可待因, 針灸仍是首選。

表2. 人工關節置換與針灸治療比較

治療項目	療效鞏固時間	副作用與併發癥	費用	若有問題可否修復?
人工膝關節置換	10年壽命	有, 手術中有骨折, 血管神經損傷; 術後可有中風, 肺栓塞, 心肌梗塞, 胃腸炎, 肺炎, 傷口血腫導致壓迫性損傷導致二次出血及感染。	質量上乘 > £5000 £8000-£10000 (私人醫院)	無! 若關節鬆動, 需二次手術。
針灸	>10年	無	£750-1050 / ATT = 30	有! 應用靈活治療特點

5. AEA/ATT 指標為患者提供多種選擇:

由於 AEA/ATT 量學指標可很方便的預算出使用費用的多少及比較他種療效, 其對患者提供多種選擇的餘地。例針刺對關節炎的治療有肯定的療效, 假設針刺獲得13至15年的療效, 比起人工關節的置換要優勢的多。如果手術成功的話, 人工關節壽命只有10年, 且不說其手術的副作用有中風, 肺栓塞, 局部感染等, 且其費用很高, 好質量的人工關節價格在£5000-10000。在使用中若出現問題, 例如患者不慎跳躍或摔倒, 假肢損壞, 關節鉗釘鬆動, 需要重新手術, 重換關節, 這又是很大的開銷, 且患者要經受手術之苦。相比之下, 針灸的優勢很大, 再增加治療療程使 AEA/ATT 的指標達到正比, 對患者來說是有益無損。

表2示針灸療法是經濟適用, 安全無副作用, 對患者有利。

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咳喘证治二例

袁炳胜 (Doncaster)

案一

Ms. Clarice, 23 岁, 2008 年 6 月 22 日初诊。

现病史: 幼病哮喘, 反复发作, 每于气候变化、感冒受凉时加重。近五年更增花粉症, 咳喘亦日渐加重。2 周前因感冒再次引发咳嗽, 伴咯痰不利, 痰黄, 咽痛咽干, 入暮则胸闷、气紧, 心慌心累, 经医院屡用西药内服 (不详), 其效不佳。昨夜间突发哮喘, 呼吸困难, 心悸胸闷痛如欲室, 左臂冷麻, 有濒死感。以前哮喘发作, 用止喘喷雾剂即可暂时缓解, 而昨夜则效果不佳, 乃至彻夜几乎不能睡眠, 直至天将晓才渐渐缓解。素有纳差, 便溏不畅、2 日一次; 伴清涕鼻塞、喷嚏、神烦不安; 头额、面颊及手臂等部皮肤大片红色斑疹发痒 (系湿疹样皮损改变), 亦已数年。其弟亦自幼即患哮喘。舌暗红, 有齿痕, 苔白; 脉弦缓。

诊断: 1. 哮喘; 2. 外感; 3. 慢性湿疹。

辨证: 心肺脾肾两虚, 痰湿阻滞, 因外感而诱发; 虚实相兼, 内外同病, 寒热错杂, 以致气机升降、阴阳出入开合之机不利, 而发作咳嗽、喘甚, 且伴心悸胸闷若濒死, 诸症蜂起, 经治而难效。

治则: 先宜宣肺涤饮, 理气化痰, 佐以活血清热, 复其升降出入以平其喘逆, 而治其标, 次图固肺脾化痰湿以治其本。

针灸: 尺泽, 复溜, 列缺, 天府, 通天, 印堂, 迎香, 合谷, 天突, 中脘, 足三里, 气海, 关元, 轻刺法, 留针 30 分钟, 1 周 2 次 (针入后, 咳、喘、咽喉不利即显减轻, 起针后, 已觉舒服很多)。

中药: 射干麻黄汤加减。射干 15, 麻黄 6 (代以杏仁 6, 紫菀 15), 干姜 10, 细辛 3, 五味子 10, 法半夏 15, 丹参 15, 连翘 15, 黄芩 15, 紫草 20, 茯苓 15, 石苇 15 炙甘草 12 (克) 7 剂, 水煎, 1 日 1 剂, 饭后半小时及临睡前各服一次。

6 月 28 日, 二诊。前针灸当日, 服中药 2 次, 咳嗽显著缓解, 夜间觉仍有气紧感但程度减轻, 很快缓解, 睡眠改善。次日因其医生不主张服中药故中间停用数日。告知此方药安全性可以肯定, 或可先二日一剂, 以小量试服, 无虞再按一日一剂服用。按法服后觉并无不适, 且疗效大著 (并于针刺如前)。

7 月 3 日, 三诊。诉现仅偶尔咳嗽, 哮喘未再发作; 夜间睡眠无碍, 大便不溏, 清涕而嚏等症均除, 精神也好多了, 故已停用西药, 专求中医针灸治疗。仍继前法。

7 月 5 日, 四诊。除面部尚有红色皮疹痒外, 昼不咳, 夜无喘, 呼吸畅爽, 眠纳便亦调, 诉多年来, 用多种方法与药物治疗, 从未有如此显效。针灸中药以来, 似乎气管“突然变大了, 变通畅了”, 心情亦为之大畅。针如前法, 1 周 2 次; 中药 (小柴胡汤加减): 党参 15, 法半夏 15, 黄芩 15, 柴胡 15, 射干 12, 枳壳 10, 桔梗 10, 苏叶 10, 厚朴 6, 紫草 20, 地肤子 30, 甘草 10, 大枣 15 克, 煎服法同前。

7 月 31 日, 五诊。经前法治疗, 面部皮肤已大好, 不痒, 皮损范围缩小约减至三分之一, 余已无任何不适。一周前外出游玩, 晒太阳过久后, 肘、额、面部皮肤红赤灼痛。近三日来, 复因感冒, 出现头咽痛, 声嘶哑难以出声, 发热恶寒, 大便溏、臭秽, 纳食尚可。脉沉弦略数, 舌淡红, 苔白腻。自诉以前每次感冒必然咳嗽、呼吸困难、甚则哮喘不止。而本次感冒虽然严重, 但未发哮喘, 很是满意, 只是甚为声嘶咽痛苦恼。外感风湿热邪, 外滞营卫, 内郁三焦之证, 先于针刺, 以扶正祛邪, 疏通经络之郁滞, 缓解头咽疼痛等症状, 再以中药清热解毒, 芳化渗湿, 兼解表郁。针: 风池, 上星, 尺泽, 列缺, 照海, 丰隆, 合谷, 天突, 扶突, 廉泉, 足三里 (轻刺法); 及甘露消毒丹加减: 藿香 12, 石菖蒲 6, 草豆蔻 6, 薏苡仁 15, 茵陈 10, 黄芩 12, 连翘 10, 桔梗 10, 浙贝母 10, 薄荷 12, 鱼腥草 15, 生甘草 10 (克), 一日一剂, 早中晚饭后 30 分钟及睡前服。

8 月 2 日, 六诊。经前针后, 头咽痛显著好转, 归而按法服中药, 昨上午声音即转清亮, 但不稳定, 时清时浊, 至下午即豁然复常矣, 觉其效非常奇特; 偶可咯出黄痰, 眠易醒, 现尚余轻微头痛, 喉咽已无不适。针加通天; 前方内加入葛根 15, 党参 10 克, 继服 6 剂。

8 月 14 日, 七诊。诸症悉愈, 了无所苦, 觉多年未有如此之轻快, 后以夏陈六君子加山药、桔梗, 丹参, 甘草、鱼腥草, 淫羊藿、菟丝子等品煎服 (党参 15, 白术 15, 茯苓 10, 法半夏 10, 陈皮 7, 黄芩 10, 鱼腥草 15, 桔梗 10, 枳壳 10, 淮山药 15, 补骨脂 12, 菟丝子 15, 淫羊藿 12, 炙甘草 6 克) 并每周针灸一次, 取足三里, 丰隆, 阴陵泉, 复溜, 尺泽, 列缺, 气海等以巩固治疗。

9 月 4 日, 七诊。前外出渡假二周, 停用一切治疗及药物, 了无所苦, 近日气候转凉, 连日阴雨, 纳差微泻; 咳喘未作。舌淡红, 苔白。予健脾和胃, 兼除湿化痰理气以治之而愈。仍以 8 月 14 日法巩固治疗一月。半年后随访, 痊愈无复发。

案二

Mr P. Robens, 35 岁, 2007 年 5 月 31 日初诊。

病史: 自婴幼儿时即病哮喘, 或咳或喘, 反复发作。10 岁时加重, 25 年来反复出现疲劳, 咳喘, 咯吐黄白或褐色痰, 有时伴发热, 疲劳。前医用银花 15, 连翘 10, 杏仁 10, 瓜蒌壳 15, 枳实 10, 莱菔子 15, 紫苏子 15, 法夏 10, 陈皮 10, 茯苓 10, 前胡 10, 款冬花 15, 鱼腥草 20, 枇杷叶 15, 甘草 6 克, 已服 7 剂, 并予针刺 (一周一次) 已 2 周。

现症: 咳甚痰多, 或白或绿或褐色, 甚或咳出带血丝痰。咳甚则头痛, 咽部不舒, 晨间欲呕、胸闷; 汗多潮热, 夜间尤甚。诊中咳嗽阵作, 不能自禁; 呼吸气紧, 饮食尚可。舌淡红, 苔白少津, 脉滑数, 至数不齐。心率 80 次/分钟, 律不齐, 二间瓣 II-III 级收缩期杂音, 两肺干性啰音。

辨证：属气阴不足，心肺脾肾虚弱，痰湿内蕴化热，气滞血瘀，气机升降出入不利。

治则：益气阴，强心宣肺，清热化痰，健脾除湿。

中药：党参 15，麦冬 15，五味子 10，桑白皮 15，枳实 10，连翘 6，黄芩 12，黄精 15，薏苡仁 15，桔梗 6，鱼腥草 15，白茅根 6，土茯苓 15，香附 15 克，1 日 1 剂，7 剂。

针刺：足三里、尺泽、复溜、内关、三阴交、照海、天府、中府、天突、丰隆、太冲（轻刺法）

6 月 7 日，二诊。精神大好，咳减息畅，夜已不咳。现唯晨起咳嗽，咯痰，咽部不舒，舌淡红，苔白，脉左沉细，右弦，诊中仍咳。予针：颈百劳、大椎、身柱、风门透肺俞、厥阴俞、肩井、复溜。并予和解之剂，益气化痰，清热宣肺，以通调表里、阴阳、气血：党参 15，柴胡 15，黄芩 15，法半夏 15，紫草 15，白茅根 6，僵蚕 6，赤芍 15，桔梗 6，连翘 6，石苇 10，香附 10，旋复花 6，炙甘草 10 克，7 剂。

6 月 14 日，三诊。显著好转，有时作微咳，痰少，呼吸自如，舌淡红，边少苔，脉右弦左沉，继前法治之。

6 月 28 日，四诊至七诊。咳止未复发，有时觉咽间有痰不利，针以前两组穴位交替应用，治疗数次，全部症状消除，继续服用参苓白术片加金匱肾气丸 3-6 月以善后。

体会

此二例哮喘，皆自幼即病。盖因先天素禀肺脾肾气不足，故生而易感于邪、不耐四时寒热之变。婴幼儿时即病咳嗽，迁延不愈；而久咳久喘，气阴必伤；且脾肾不足，则易生痰湿；致肺失宣肃，升降出入不利，咳嗽发作更为频繁。本病初起在气，久之病及血分；初病在肺，久必及心。初病在气，痰湿水饮阻滞于咽喉气道；久病及血，瘀阻肺络也。初病在肺，宣肃失调；久病及心，肺朝百脉，敷布水谷精微功能受影响，则气血营卫之运行、胸中宗气之生成及输布失调，故发作之时，除喘咳气急，尚可见脉律不调、胸闷如窒、心悸不宁、甚则濒死感，影响及于全身诸多脏腑官窍。此虚实互见，本虚标实之征也。故每易因劳伤阴耗气，使虚者更虚而发作加重；或因外感寒热诸邪、因食引动伏结之痰饮，而实者更实，引致突然发作。

急者治其标，故当先予宣肃肺气（如天突、尺泽、中府、天府、列缺、鱼际、肺俞、膻中诸穴，射干、紫菀、杏仁、枳壳、桔梗诸药），化痰涤饮（如尺泽、丰隆、足三里诸穴，法半夏、薏苡仁，调理气机，佐以活血通络，以平其喘逆，复其升降出入而治其标；继则健脾补肾，调理肺气，佐以化痰湿，理气血，逐其余邪之结滞，以图根治，遇外感内伤，则随证调治而顾护其旧病与体质，终获痊愈。

地仓穴应用举例

万增智（伦敦）

当今病人，吃药怕苦，扎针怕疼，又怕花钱。不疼不苦又不花钱的治疗方法，恐难找到，但从疼痛较少这个角度看，地仓穴应该是一个不错的选择。

地仓穴位于口角旁，属足阳明胃经。其主要应用如下。

1. 膝关节病变

足阳明经循行于大腿前面，对于腘窝穴处疼痛，或双膝眼处疼痛，或髌骨下缘疼痛，直取患侧地仓穴效果很好。

一女，约四十岁，患右膝关节僵硬数月，跑步、久站或快速行走可引发患侧膝关节的疼痛，其疼痛部位恰在双膝眼处，取同侧地仓一穴，疼痛十去七八。

2. 下肢内侧疼痛或感觉不适

下肢内侧属三阴经循行部位，地仓穴用于治疗该处病变是由于阴跷脉行于大腿内侧，经胸腹与地仓穴相连，故主治该处的病变；另外，口角处也是大腿内侧的反应区。

一女，患右下肢沿大腿内侧放射性疼痛，弯腰及由坐位站起时，疼痛加剧；取同侧的地仓、风池，疼痛消失。

地仓穴对于小腿内侧病变，包括皮肤病也有很好的疗

效。

3. 咽喉肿痛

《难经·二十八难》：阴跷脉“起于跟中，循内踝上行，至咽喉，交贯冲脉”。

阴跷脉循行又经过地仓穴，故地仓穴也用于治疗咽喉肿痛。

一女，咽喉肿痛，低热，神疲，查左侧扁桃腺二度肿大。取同侧地仓穴，患者顿感咽部有一种清凉的感觉，疼痛减轻。

4. 下肢痿软无力

一老者，男，多年前患中风，现四肢活动尚可，唯感右下肢乏力、沉重，走路需借助拐杖。取对侧地仓穴，针后即感患侧下肢轻松，行动较前灵活。

由于足阳明胃经、阴跷脉（行于下肢内侧）和阳跷脉（行于下肢外侧）均经过地仓穴，故地仓穴常常用来治疗下肢多个部位的疾病，对下肢痿软无力有较好的疗效。

5. 照海穴周围疼痛

一男，运动中扭伤踝关节，照海穴处淤青一片，并疼痛，不能行走。针取同侧地仓穴，疼痛减轻，病人可缓慢行走。

Effectiveness of Acupuncture with Tuina on the Knee Osteoarthritis – A Pilot Clinical Study

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Abstract The knee osteoarthritis (KOA) is one of the major causes of disability in adults. The often lack of effectiveness together with the side-effects associated with conventional drugs have made more and more patients to seek treatment for this disease from complementary and alternative medicine. Acupuncture and Tuina massage have been used traditionally in Chinese medicine to treat KOA. This pilot study aims to estimate the efficacy of acupuncture with tuina as a complementary therapy to routine medical care for KOA through clinical observations.

The study was carried out in a Chinese medicine clinic of Hertfordshire. Seven patients with KOA diagnosed by their general practitioners and the Chinese medicine practitioner were involved in the study. The patients received 10 sessions treatment of acupuncture with tuina massage over a period of 10 weeks. The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and the Visual Analogue Scale (VAS) were used for the patient to self-score the levels of pain, joint stiffness and functions before the treatment at week 0 and after the treatment at Week 5 and Week 10.

Over the period of 10 weeks treatment, continued improvements in the knee conditions of the KOA patients were observed. The scores of all WOMAC subscales and VAS significantly decreased at week 5 and 10 following the treatment of acupuncture with Tuina massage ($p < 0.05$). When compared with the baseline score before the treatment, the total WOMAC score was reduced nearly 30% at week 5 and 56.48% at week 10 after the treatment. No adverse or side effects were observed during the acupuncture and Tuina treatment.

In conclusion, the results from this pilot clinical observation suggest that acupuncture combined with Tuina be a safe and effective treatment for KOA. It deserves further comprehensive studies in this area in the future.

1. Introduction

Osteoarthritis (OA) is the most prevalent type of arthritis and its most common location is the knee joint. Pain, swelling around the joint, stiffness, impaired physical function and disability are the major complaints of the disease. KOA is the greatest public health burden (Hunter and Felson 2007). The prevalence of symptomatic OA after the age of 55 years ranges from about 30% to 50% in men and 40% to 60% in women (Felson 2006). A report from WHO on global burden of disease indicates that KOA is likely to become the fourth most important global cause of disability in women and the eighth in men (Murray and Lopez 1997).

Due to dissatisfaction with the conventional therapy and the side-effects associated with conventional drugs, more and more patients are seeking alternative and complementary therapies (White *et al* 2006; Berman *et al* 2004; Witt *et al* 2005). Acupuncture is the most popular and widely used complementary and alternative treatment for KOA and pain relief (White *et al* 2006; Ernst 1997).

A number of clinical studies have been done to explore the efficacy of acupuncture in the treatment of OA of the knee. (White and Kawakita 2006; Berman *et al*. 1999; Tukumachi, *et al* 2004; Vas *et al*. 2004; Berman *et al*. 2004; Witt *et al*. 2005; Witt *et al*. 2006). An updated review on randomized and controlled clinical trials on

acupuncture treatment of KOA has been published by Selfe and Taylor (2008). Evidence has suggested that acupuncture be an effective treatment for pain and physical dysfunction associated with OA of the knee, either alone or in conjunction with conventional medicine therapy.

In addition, massage has also been found to be effective for painful musculoskeletal conditions (Preyde 2000) including KOA (Perlman, *et al* 2006) Wang, *et al* (2006) reported that Chinese massage Tuina showed significant help in pain relief for the treatment of OA of the knee. Sun and Yang (2007) reported that combination of acupuncture with Tuina is more effective than acupuncture alone in the treatment of OA of the knee.

Although many studies have been reported as mentioned above, the efficacy of acupuncture on the treatment of KOA is still not considered as a treatment modality in orthodox medicine. The effectiveness of acupuncture in the treatment of knee OA needs to be further investigated by using appropriate scientific methodology. Furthermore, there has been little information published in literature about the effectiveness of acupuncture plus Tuina on the treatment of OA of the knee. A pilot study of clinical observation therefore has been carried out to investigate the efficacy of a combination of acupuncture with Tuina for treatment of the knee OA.

2. Materials and Methods

2.1 Setting

The study was carried out in a Chinese medicine clinic in Bedfordshire, England.

2.2 Sampling

A. Participants Exclusion Criteria

Patients with the following medical conditions will be excluded from participating in this research project:

- Psoriasis or other skin disease in the region of the knee or open wound over the knee;
- Receiving an intra-articular steroid injection or starting conventional medical treatment for KOA (such as analgesic and/or anti-inflammatory drugs) within last 3 months;
- Having received acupuncture treatment in the past 6 months;
- Incapacity to complete the questionnaires or to answer the questions set by the assessor.

B. Participants Inclusion Criteria

Patients meeting the following criteria are invited to take part in this research project:

- Have had pain in one or both knees due to OA for three months or more;
- Clear diagnosis of OA associated pain in the knee has been made by their GPs or a consultant.
- Receiving conventional medical treatment for KOA for more than 3 months. These patients can keep using their original medication continuously as needed but will not be allowed to take any new medications for KOA during the study period.

2.3 Outcome Measures

The WOMAC questionnaire and Visual Analogue Scale (VAS) were used to measure the outcomes of the clinical treatment. The WOMAC is a patient self-administered 24-item questionnaire that is widely used to assess pain (score 0-20), stiffness (score 0-8), and physical functional (score 0-68) in patients with KOA or hip (Bellamy *et al* 1988; Bellamy 1989). A negative change in WOMAC score from baseline indicates the improvement of symptoms and limitation whereas a positive change indicates the deterioration of symptoms and limitation. VAS is a horizontal line of 100 mm in length, anchored by word descriptors at each end in which 0 mm indicates no pain and 100 mm means very severe pain. The patients mark on the line at the point that they feel represents their perception of pain level.

Participants were asked to complete the WOMAC questionnaire and VAS scale at week 0 before the acupuncture and Tuina treatment and at week 5 and 10 after the treatment.

2.4 Interventions

All the participants in this study received a total of 10 sessions of acupuncture with Tuina over a period of 10 weeks with a treatment frequency of once a week. All the patients were allowed to continue their routine conventional medication such as analgesic and/or anti-inflammatory agents as needed during the treatment. However, no patients were allowed to start any new therapy or take any new medication for KOA during the treatment.

For acupuncture, a set of fixed acupoints, including Liangqui, Xuehai, Dubi, Xiyan, Heding, Yanglingquan, Zusanli, Yinlingquan, was applied to all the participants. In addition, specific acupoints including Ashi points were selected according to the diagnostic differentiation to meet the needs of individual participants for a holistic treatment. All the acupuncture and Tuina treatments were performed by the same qualified Chinese acupuncturist. The *De Qi* sensation was attempted where possible. The acupuncture needles were left in place for about 30 minutes.

After or before the acupuncture treatment each patient would have Tuina for about 15 to 20 minutes. The methods of Tuina used in this study include pressing, pushing, grasping and rubbing.

2.5 Statistical Analysis

Significance of the changes in WOMAC and VAS scores before and after the acupuncture and Tuina treatment was examined with paired *t*-test by using Excel Analysis ToolPak. The 95% confidence intervals of the changes were also determined.

2.6 Ethics

Ethical approval for this research project was obtained from the Natural Sciences Ethics Sub-Committee of the School of Health and Social Sciences, Middlesex University. All participants were provided a Information Sheet about the research project and required to sign a Consent Form.

3. Results

Seven female patients with KOA participated in this research project. Among them, 6 patients had OA on both knees and 1 patient had OA on her right knee. The average age of the participants was 67 years old (ranging from 47 to 83). The duration of the patients suffering from the OA conditions was 6.1 years on average with a range of 1.5 to 15 years.

The WOMAC and VAS scores recorded at the week 0 before the acupuncture and Tuina treatment represents the baseline of the participants' knee conditions. Following the start of the acupuncture and Tuina treatment, the scores were obtained repeatedly at the week 5 and week 10 during the course of the clinical intervention. The means of the WOMAC and VAS scores obtained at different weeks are listed in Table 1. In comparison with the baseline, both of WOMAC and VAS scores decreased at week 5 and further drop down at week 10 after the acupuncture and Tuina treatments. The total WOMAC score decreased nearly 30% at the week 5 and 56.48% at the week 10 when compared with the

score of baseline. Statistic analysis of the data indicates that the reductions of the WOMAC and VAS scores are statistically significant ($p < 0.001$ or $p < 0.01$), suggesting the combined acupuncture with Tuina be a significantly effective treatment for KOA in relief of pain and stiffness, and in the knee function improvement

As shown in the table 1, all the WOMAC subscale scores for pain, stiffness and functions were significantly reduced at the week 5 and 10 following the acupuncture

and Tuina treatments. However, the reduction rates appeared to be different. The WOMAC scores for pain decreased about 38% at the week 5, whereas the WOMAC score for knee functions dropped only 28% at the same time. The difference between the reduction rates is significant ($p < 0.01$).

No patients reported any side effects or adverse reactions with either acupuncture or Tuina massage.

Table 1. The VAS and WOMAC scores obtained at week 0, week 5 and week 10

	VAS	WOMAC (Pain)	WOMAC (Stiffness)	WOMAC (Function)	WOMAC (Total)
Baseline scores at week 0					
Mean \pm SE	65.86 \pm 2.73	11.14 \pm 1.06	4.57 \pm 0.297	33.86 \pm 3.61	49.57 \pm 4.79
Scores obtained at week 5					
Mean \pm SE	45.43 \pm 2.78	6.86 \pm 0.63	3.29 \pm 0.36	25.29 \pm 2.01	35.43 \pm 2.89
Reduction of the scores in comparison with the baseline at week 5					
Mean \pm SD	20.43 \pm 6.9 ***	4.29 \pm 1.38 ***	1.29 \pm 0.49 ***	8.57 \pm 5.00 **	14.14 \pm 5.73 ***
(95% CI)	(14.05 - 26.81)	(3.01 - 5.57)	(0.84 - 1.74)	(3.95 - 13.19)	(8.84 - 19.44)
(Mean \pm SD %)	(30.92 \pm 8.96 %)	(37.89 \pm 5.87 %)	(28.81 \pm 11.85 %)	(23.84 \pm 9.44 %)	(27.77 \pm 5.70 %)
Scores obtained at week 10					
Mean \pm SE	24.86 \pm 2.71	4.29 \pm 0.36	1.86 \pm 0.34	15.43 \pm 1.91	21.57 \pm 2.51
Reduction of the scores in comparison with the baseline at week 10					
Mean \pm SD	41 \pm 8.21 ***	6.86 \pm 2.04 ***	2.71 \pm 0.76 ***	18.43 \pm 5.97 ***	28 \pm 7.39 ***
(95% CI)	(33.41 - 48.59)	(4.98 - 8.74)	(2.01 - 3.41)	(12.91 - 23.95)	(21.16 - 34.84)
(Mean \pm SD %)	(62.24 \pm 10.09 %)	(60.81 \pm 5.89 %)	(60.00 \pm 16.07 %)	(54.24 \pm 9.92 %)	(56.60 \pm 7.03 %)

** p values < 0.01 , examined with paired t test

*** p values < 0.001 , examined with paired t test

Abbreviations: CI, Confidence Interval; VAS, Visual Analogue Scale; WOMAC, Western Ontario and McMaster Universities Osteoarthritis Index.

4. Discussion

This study investigated the efficacy of acupuncture plus Tuina as a complementary therapy to conventional treatment of OA of the knee. Clinical conditions before and after the treatment of acupuncture plus Tuina were observed in a group of appropriately recruited knee OA patients (n=7). A statistically significant improvement was found following the acupuncture and Tuina treatment.

In TCM, KOA belongs to the category of Bi-syndrome which is caused by wind-cold-dampness or wind-heat-dampness (Peng 2002). In this study, all the participants were with a wind-cold-dampness type of OA of knee. These pathological factors affected the meridians, tendons and joints, leading to the clinical symptoms of KOA. According to *The Ling Shu of the Yellow Emperor's Classic of Internal Medicine*, the diseases affecting meridians and tendons can be treated by acupuncturing the locations of affected area by the Bi syndrome. It also states that the pain points are the fundamental acupuncture points in the treatment of tendon disease (Wu and Wu 1997). Therefore, the acupoints applied in this study were mainly those located around the knee affected by OA. Dabi, Xiyuan and Heding promote the smooth flow of Qi and blood in the knee, and to dredge the meridian. Zusanli and Xuhai are useful to reinforce the Qi and blood to nourish tendons and meridians, and also promote the circulation of Qi and blood. Yanglingquan is the influential point of tendons and sinews. It can help to relax the tendons, smooth the joints, dredge the collaterals and relieve the pain and spasm. According to *The Plain Questions of the Yellow Emperor's Classic of Internal Medicine*, Yangming meridian is abundant with blood and Qi. It provides the essences as a source to the Zang-Fu organs and nourish the convergence of the tendons to strengthen the bones and muscles, and smooth the joints (Wu and Wu 1997). Yinlingquan is the He point of Spleen Meridian and is used for invigorating the spleen to clear away dampness to help reduce swellings. Liangqiu is the Xi-Cleft point of Stomach Meridian. It works together with the He point of the meridian Zusanli to supplement the Qi and blood and to strengthen the tendons and smooth the joint.

The results from this study were found consistent with those reported in the literature. The percentage decrease of the WOMAC total score at Week 5 is similar to the results reported by Witt *et al.* (2006) and Berman *et al.* (2004). With the increase of the treatment sessions, the WOMAC total score further decreased to 57%. This is much better than that obtained from the clinical studies conducted by Witt *et al.* (2006) and Berman *et al.* (2004). In their studies, the authors used only acupuncture for treatment of KOA but we applied both acupuncture and Tuina as clinical intervention in our study. The better effects achieved in this study suggest that combination of acupuncture with tuina be a more effective clinical approach than acupuncture alone. Sun and Yang (2007) also reported that acupuncture plus Tuina is significantly more effective than acupuncture alone in treatment of KOA.

The scores of all WOMAC subscales also showed significant differences following the acupuncture and

Tuina treatment. However, the changing rates for different subscales were different. At the week 5, the WOMAC score for pain decreased significantly more than that for the knee functions, but at the week 10, the scores achieved a similar level, suggesting that the treatment of acupuncture and Tuina works more quickly and more effectively in pain relief in a short term.

There are some limitations largely due to constraints in financial resources. The sample size of this study was small. Although the patients' clinical conditions before and after the acupuncture treatment were compared, it would be ideal to include control groups for placebo (sham) acupuncture and no treatment. Nevertheless, this pilot clinical study provided useful information on the efficacy of acupuncture and Tuina in treatment of KOA.

5. Conclusion

The results of this study further confirm the findings reported in the literature about the efficacy of acupuncture plus Tuina. **Combination of** acupuncture with Tuina seems to be effective on improvement in function and pain relief as an adjunctive therapy for KOA.

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从现代医学治疗老年晚期非小细胞肺癌的盲点 论中医药治疗的策略和优势

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随着人类平均寿命的延长，环境污染的日益加剧，生活方式的改变，癌症已成为人类生命的主要杀手。在各种肿瘤中，来自世界卫生组织的资料认为肺癌是造成男性死亡的首位、女性死亡的第二位原因。肺癌的发病率日益升高，已成为中国及欧美国家的首位疾病。肺癌的发病高峰在 70-74 岁，而非小细胞肺癌（NSCLC）又占肺癌总数的 80%-85%。在肺癌患者中，老年肺癌患者占绝大多数。有统计说明 65 岁以上的患者超过 70%，70 岁以上的占 30-40%，80 岁以上的占 10%。据美国一份流行病学资料证实，在发达国家诊为肺癌时的中位年龄男性是 69 岁，女性是 67 岁。近十年来，肺癌的发病率及死亡率在 50 岁以下的年龄组已经减少，而 70 岁以上老年组病人在增多^[1]。

老年肺癌的年龄界定标准：流行病学常以 65 岁作为老年人群的界定标准，既往对老年非小细胞肺癌（NSCLC）患者的判定标准多采用发达国家为≥65 岁，发展中国家≥60 岁。目前经专家讨论，一致认为应以 70 岁以上作为老年肺癌的年龄标准，WHO 对此亦予以认可^[2]。

老年肺癌患者作为一个特殊群体，由于全身器官退化、功能储备力下降、多病并存、机体反应不敏感，同时老年患者有复杂的心理变化，易悲观放弃，其临床特征及治疗有其自身特点^[3]，如何面对高龄、高发、难治的病人群体，已成为当前医务界广泛关注的领域和课题。因此选择适合老年患者特点的治疗方式必须是毒副作用小，有一定疗效，且易接受的治疗方法。

目前世界上治疗肺癌的方式为手术治疗、放射治疗、

化学治疗和靶向治疗等，越来越多的医务界人士认识到对肿瘤的治疗必须个体化，不能千篇一律的手术、放疗、化疗。2008 年第十一届全国肿瘤学大会暨 2008 年 CSCO 学术年会的主题是“对肿瘤的治疗提出规范化和个体化相结合，高度重视生存受益”。2009 年美国肿瘤学术年会（ASCO）的主题就是“使癌症治疗个体化”，这就需要我们认真地思考和反思，必须认真地按照循证医学的要求，对现代医学所有治疗老年非小细胞肺癌的方法进行论证、分析，以寻求更合理、更符合人性、更能保证患者生存受益的治疗方式。

对于早中期的老年非小细胞肺癌患者，能够手术且患者愿意接受手术的多采用手术治疗，这一点基本已达成共识。随着科学技术的发展，医学设备的更新，采用适型放疗治疗早中期老年非小细胞肺癌，将收到创伤小、受益与手术相似，适应症范围扩大的效果。这项研究已获美国退役军人医学会同意并在美国进行临床试验。据美国得克萨斯大学达拉斯西南医学中心罗伯特·蒂默曼在《美国医学会杂志》发表论文，定向强化放疗能延长那些处于肺癌早期但无法手术的患者的生命。这种疗法帮助 97.6% 的病人将肿瘤发展控制了 3 年^[4]。这种方式可能会取代传统的手术，得到更多的医学界人士和老年患者的认可。

然而，现实中绝大多数老年患者就诊时，75% 已处于晚期（IIIB-IV 期），医务界多数认为姑息性化疗是主要治疗手段^[5]。化学治疗的基本理念是 Skipper 等根据实验白血病模型提出的 total cell kill 学说，即用抗癌药将恶性肿瘤细胞全部杀死。20 世纪 80 年代 Hrinuk 等提出了化疗的剂量强度概

念, 根据“完全杀灭”的概念提出根治性化疗, 成为现代化学治疗的理论基础之一。化疗对非小细胞肺癌等有姑息疗效, 可以延长生存时间(治愈率 $<30\%$)。但是化疗对肿瘤细胞的杀伤实际上呈对数关系, 即不管肿瘤细胞的绝对数是多少, 抗癌药均以一定的比例杀伤肿瘤细胞。因此, 为了完全根除肿瘤细胞, 需要反复化疗^[6]。治疗时不仅杀伤肿瘤细胞, 同时也杀伤正常的细胞, 反复化疗, 仍不能杀灭肿瘤细胞, 最后身体搞垮, 肿瘤仍无法杀灭。对于肿瘤, 由于缺乏准确的疗效预测及评价体系, 目前WHO制定的瘤体评定标准已不能适应这种客观的评价, 造成部分病人治疗不足, 而更多的(目前的趋势)是过度治疗。这就造成化疗治疗中的许多误区或盲点。

根据国内外文献^[7, 8, 9, 10]和2006年ASCO年会的报告目前较一致的看法是第三代药物单药化疗是治疗老年晚期NSCLC的合适选择。美国临床肿瘤协会的治疗指南和一个国际协议会议也推荐这种选择。第三代含铂联合化疗是70岁以上晚期NSCLC一种治疗的标准方案。老年人耐受化疗的能力低, 故含铂类的化疗方案在老年患者中的应用受到质疑。

虽然对于老年晚期NSCLC化疗有效的论述不少, 有的还认为是主流。但学术界存在许多质疑和不同看法。以上文献的研究, 忽略了对老年患者化疗的不良反应, 病人依从性以及治疗成本的分析。

化学治疗研究中的盲点之一是晚期NSCLC对化疗药不敏感或耐药性。由于不同类型肿瘤对化疗药敏感性不同, 同一肿瘤的不同患者对化疗药的敏感性也不同。现代医学认为这是由肿瘤的异质性、个体肿瘤的遗传差异、肿瘤基因表达谱的不同所致。为了解决肿瘤耐药及不敏感问题, 国内学者开始做抗癌药物敏感性检测、抗癌药物靶点及敏感性相关基因检测、药物代谢组学和群体药物动力学的研究。但目前这些研究多停留在实验室, 尚无法指导临床。国内外学者对化疗药物的不敏感性及耐药性, 投入了大量的资金和人力, 研究开发出来了新的药物, 如泰素、泰素帝、健则、长春瑞滨等, 这些药物仍未解决靶向治疗及耐药性的问题, 虽然对部分患者的疗效有所提高, 但相对有限。且高昂的费用及毒副作用让许多患者望而却步。而逆转耐药性药物的研制, 处在试验阶段, 至今临床上尚未发现多药耐药性逆转药物^[11]。越来越多的研究表明, 同一肿瘤的不同患者对化疗的敏感性不同, 同一病理类型、同一分型、身体机能状态不同的病人, 对化疗的反应也不同。这种结果导致了化疗对小部分患者近期有效, 但缓解期短, 而且更容易复发和远处转移。化疗对大多数晚期患者是无效的。

国外众多研究表明, 对身体机能状态差(PS >2)的患者, 化疗是不能获益的, 在各种肿瘤的NCCN指南里, 推荐予以支持疗法, 必要是予以对症处理, 并支持做临床试验,

以探索最优的疗法。美国Baggstrom等^[12]最近发表的17个治疗晚期NSCLC的临床研究表明, 病人活动能力低(PS >2)的患者, 其化疗效果差, 对这些病人进行支持疗法是合理的。因此对于某些特殊人群, 如PS差的、老年体弱的恶性肿瘤患者, 这也形成了现代医学研究老年晚期NSCLC的第二大盲点。对于晚期肺癌患者, 资深专家也提出: “临床医生要根据病人的实际情况, 并结合医生个人的医学知识, 特别是肺癌的生物学行为, 动态变化和治疗的反应来决定和调整病人的诊治策略”^[13]由于老年患者中行为状态差的比率较多, 往往被排除在多种临床研究之外, 无法得到适当的治疗, 这也成为现代医学对老年肺癌研究的盲点, 身体机能状态差(PS >2)的患者这也是中医药治疗的切入点和优势。中医药治疗肿瘤, 强调扶正祛邪, 强调整体观念、辨证论治, 强调保护先天之本和后天之本, 中医药治疗的结果达到人瘤共存, 生活质量提高和生存时间延长。

化疗作为中晚期肿瘤的主要治疗手段, 基本上都是姑息性的^[13]。目前的现状是: 恶性肿瘤都要进行化疗, 化疗已经被普遍滥用。生命不息, 化疗不止。化疗在其“完全杀灭”理论的指导下, 得了癌症, 一定斩要草除根, 即使赔上老本, 也在所不惜。由于化疗的普遍滥用, 过渡治疗, 造成弊大于利, 产生的结果使很多人恐惧化疗, 拒绝化疗。这种现状已从老年人群、体弱人群逐渐向中年人群扩散。在现实生活中, 大多数的老年晚期NSCLC患者拒绝接受化疗, 对于拒绝化疗的人群, 成为现代医学研究老年晚期NSCLC的第三大盲点。WHO提出, 个体化治疗是医学治疗的最高境界。目前化学治疗过分强调规范化治疗, 诊断明确后按一线、二线化疗方案进行化疗。随循证医学发展, 个体化、人性化的治疗是循证医学的要求和发展。循证医学是个体化治疗的基础, 循证医学要求个体化治疗, 实际上个体化和规范化治疗是对立统一的。治疗的目的正如孙燕院士所讲: 改善病人生存时间、提高生活质量、明确治疗靶点和可能的目标, 治疗要个体化、人性化。过去曾有人把过度化疗称为摧残生命。虽然有些过分, 但是化疗不乏众多糊里糊涂把人治死例子。孙燕院士是我国的著名化疗专家, 他原来也主张生命不息、化疗不止, 现在转为强调个体化、人性化。孙燕院士最近在广东省人民医院的讲话中也指出: 化学治疗的麻烦问题就是副作用太大。有时癌细胞确实消灭了很多, 可病人也奄奄一息了。吴一龙^[14]认为“对于老年肺癌的研究, 由于年龄大对化疗药物作用耐受力差, 年龄是一个在决定癌症个体的多学科治疗方案时需要考虑的因素。”。因此肿瘤的治疗应根据个体差异辨证施治。

老年患者由于年老体弱, 其本人和家属往往对创伤性检查(如肺穿, 纤维支气管镜和胸腔镜)采取拒绝态度。对于未获得细胞学或病理诊断的肺癌患者, 能否开始抗癌(放化疗), 这是临床工作中一直争议而未解决的问题^[15]。不治

疗则病情进展,病人只能坐以待毙,治疗会存在极大的隐患。在目前“举证倒置”的前提下,若发生严重的毒副作用,对医生是不利的。因此对这些患者,很多都采用等待、观察,实在是无奈之举。这是客观存在的现实。也是现代医学治疗的盲点之四。对这些病人采取中医药抗癌治疗是恰当的。我们的临床实践也证实了这一点。ISEL的研究为中医药治疗肿瘤提供了很好的借鉴方法。我们也应按这种研究方法,从IDEAL、ISEL、IRESSA扩大研究项目(EAP)和非随机研究中积累的大量临床研究经验,通过研究与安慰剂或支持疗法对照来得出客观的疗效评价,不能再胡里胡涂治好癌症病人后,说不出所以然。以实际经验来回答那种“中医不能治癌,中医治好的不是癌”的观点。

有学者研究后认为老年晚期肺癌患者化疗后有更多的不良反应。美国Chrisohilles在《J Clin Oncol》报告晚期NSCLC老年患者在接受化疗后35%发生不良反应(AE),与55岁患者相比,65-74岁和≥75岁患者发生AE的校正比率(adjusted ratio)分别为1.70和1.34,认为较年轻患者化疗后AE发生率更高^[16]。

杨锐等^[17]对老年肺癌的治疗成本也进行了分析。报告使用NP和GP方案治疗晚期非小细胞肺癌的药物经济学分析,NP和GP方案一疗程的费用(18534.04元和27051.99元),还不包括住院的其他费用,疗效和不良反应相近,治疗成本分析显示NP方案药低于GP方案。按此计算,每个病人治疗2-3个疗程,总计费用要达到8万到12万,这是一个不小的数目。

以上研究表明,老年晚期非小细胞肺癌的姑息性化疗,有效率有限(10-30%),中位生存期7-14m,中位疾病进展期3-7m,一年生存率25-58%,不良反应达35%,且费用比较昂贵。

也就是说大多数接受化疗的老年晚期非小细胞肺癌患者均不能从姑息化疗中受益,且要耐受毒副作用并承担相对高昂的医疗费用。

分子靶向治疗是晚期NSCLC的热点治疗是选择性的表皮生长因子受体酪氨酸激酶抑制剂,已被作为晚期NSCLC的二线治疗。由于其独特的作用机制,较好的疗效和生活质量,以及较低的副作用,其在老年晚期NSCLC和PS较差的患者治疗具备选择优势。IRESSA在临床试验中显示亚洲病人的中位生存期达9.5月,客观缓解率为12.4%,女性比男性有效,不吸烟者比吸烟者有效,东方人比西方人有效,腺癌比其他类型的癌症有效^[18-19-20]。日本的研究报道服IRESSA治疗的病人(51例)中位生存期13.8月,客观缓解率27.5%,1年生存率57%^[21]。

ISEL的研究显示,IRESSA和安慰剂相比,生存率有改善,但全部人群和腺癌人群均未达到统计学差异。对亚洲人群和不吸烟人群生存期有明显改善,并有统计学差异^[22]。

国内研究报告差别较大,国内一项30例老年晚期NSCLC患者接受吉非替尼单药治疗,客观缓解率为33.3%,疾病控制率为66.6%,中位生存期为17.4月。另一项同类研究共63例,结果与此相似,疾病控制率为81.0%,一年生存率为53%,中位生存率为15.3月,样本不大,且有选择性偏倚,其结论存在偏倚。

Amerinsky等^[2]报道TRVST试验中>70岁晚期NSCLC共451例,中位年龄为78岁,客观缓解率为14%,疾病控制率为54%,PFS为16.4周。此研究样本大,其结论是可行的。

2007年ASCO会议报告^[2]一项埃罗替尼一线治疗老年晚期NSCLC的II期临床试验结果,共计80例(≥70岁)结果显示:51%的患者临床受益,1年生存率达46%,2年生存率达19%。提示埃罗替尼单药一线治疗从未接受过化疗的老年晚期NSCLC患者有效且耐受性好。

但是分子靶向治疗不可能适用于所有患者,EGFR基因突变的NSCLC患者对吉非替尼和厄洛替尼的有效率明显高于未选择的NSCLC患者。(67%-89% VS 10.2%),接受EGFR TKI一线治疗的II期临床研究显示,RR为55%-82%,PFS接近1年,OS达1年以上。

分子靶向治疗适用于老年高龄、PS差或有明显合并症的晚期NSCLC且EGFR基因突变的患者的一线治疗。但是分子靶向治疗的费用也是非常昂贵的。目前已上市的吉非替尼(Gifitbi, Iressa)每月费用16500元,而埃罗替尼(Erloti, Tarceba)每月费用为23000元。

随着人口老龄化、饮食习惯西化、以及环境变化,癌症在全球范围内都呈上升趋势。在美国,预测显示:今天活着的人们当中,将有40%在生命的某一时刻会诊断为患有某种癌症。到2010年,这一数字将上升到50%。

人的一生都是与疾病共存的。对于癌症,短期不会出现人们所期望的治愈方法,但是把癌症的危害缩减到人们能容忍的一种慢性病状态,可能更有现实意义。因为治疗的目的是控制和减少癌症对生命危害,而非不顾人的身体安全消灭癌症,事实上癌细胞也不可能完全杀灭的。我们只是需要将癌细胞控制在可调控的状态即可。2000年美国 and 加拿大两国肿瘤学会联合制订的肿瘤治疗标准《RECIST》(《实体肿瘤疗效标准》),提出对几十种癌症的治疗规范,并提出癌症是“慢性病”的新观点,认为“根治”不再是治疗的最终目标,癌症病人应当终生接受治疗。尽管目前大多数种类的癌症治疗都有规范的治疗指南,作为临床医生的治疗决策的主要依据。同时医生制定治疗方案还应根据患者的年龄、身体状况、病理类型、临床分期等因素,综合全面评价给出个性化的治疗建议。全球肿瘤界瞩目的2009年美国肿瘤学会年会(ASCO)提出本届年会的主题是“使癌症医疗个体化”。这是符合潮流、符合治疗规律、符合现状的更有效、更人性化

的决定。必将造福所有肿瘤患者

越来越多的研究表明,癌症是有办法加以控制或治愈。利用各种现代医学科技,使癌症病情不再发展,保持稳定水平,并减少其对机体的破坏,可能将是最可行的治疗方法。把癌症当作一种慢性病、让患者与之长期安全地共存,最大限度地提高生命质量,这种观念正在被国际医学界所普遍接受。

在过去20年抗癌治疗手段不断完善,新的药物不断产生,新的设备不断更新,但疗效提高相对有限。西医对“癌症”的认识从“绝症”到“可根治”、从“完全杀灭”、到“慢性病”的新观点,与“人瘤共存”的观念不谋而合,殊途同归。

美国癌症研究所所长安德鲁·埃申巴赫在其网站上所说:“我们将尽最大努力,力争使癌症成为一种人类可与之共存,而非置人于死地的普通疾病。”这是一项挑战性任务,使人类在与癌症的斗争中首次把主动权掌握在自己手中。孙燕院士认为:现在的肿瘤治疗中现代医学讲究辨病施治,实施同病异治,异病同治,同时希望在不久的将来把肿瘤变成慢性病,让很多患者在肿瘤病情下保持正常的工作和生活,这就是广大肿瘤工作者,尤其是中医肿瘤工作者,提出了富有挑战性的任务。

中医药治疗着眼于全身状态的调节,长于辨证施治,扶正培本,以增强机体免疫功能和抗病能力,老年晚期非小细胞肺癌患者的个体化治疗就是充分尊重患者及家属意愿,保持充足的营养,增强免疫力,保证正常的生活环境,保持良好的心态,平静乐观积极的态度对待疾病,既要积极治疗,又不要悲观厌世。采取各种治疗方式减轻危及生命的并发症。对于肿瘤病灶,采取姑息、和平共处的原则,顺其性,让其发展缓慢、尽可能控制和延缓肿瘤的复发和转移,控制和延缓向重要器官转移,充分让病人从此治疗中在生活质量、生存时间上获益。达到人瘤共存的目的。中医治疗肿瘤,为何使瘤体稳定,对何种肿瘤、何种部位、何种发展阶段有效,都要认真探索。我们认为把现代医学治疗的盲点来作为中医治疗的切入点,一定能开出一片新天地。依据我们多年的实践经验,中医药辨证治疗加上有效的对症治疗和支持治疗,配合饮食疗法、心理疗法、气功等辅助治疗,是对晚期老年非小细胞肺癌患者,尤其是行为状态评分不良的患者最有益的治疗方式。会有更多的老年晚期NSCLC患者从这种治疗中,在生活质量和生存时间中获益。我们的实践也证实了这点^[23]。我们全程使用中医药治疗老年晚期非小细胞肺癌41例,并与46例化疗组相对照,取得了与化疗相似的近期疗效,1、2年生存率优于化疗组,且患者生活质量高,不必住院,费用低廉。我们认为纯中医药治疗老年晚期非小细胞肺癌具有明显的稳定病灶、改善临床症状、提高生活质量和延长生存时间的作用,而且费用低廉。中医药在肿瘤的“多种兵力作战”中一定会有一席之地,而且会得到越

来越多的患者及医学同行的认可。中医药治疗是肿瘤内科治疗的一份子,是化疗的补充和延伸,中医肿瘤工作者要摆正自己的位置。中医药辨证治疗有可能成为这些特殊群体的主流治疗方法之一。

综上所述,对于老年晚期非小细胞肺癌患者宜采用个体化治疗,对于PS评分好,且愿意接受化疗的患者可选择单药化疗或含铂的联合化疗;对于EGFR基因突变的老年晚期NSCLC患者可选择分子靶向治疗(吉非替尼或埃罗替尼);而对于不愿意接受化疗或难于耐受化疗的老年晚期NSCLC患者,对于EGFR基因无突变或无力承受高昂医疗费用的老年晚期NSCLC患者,对于年老体弱、PS评分差且有合并症的老年晚期NSCLC患者,中医药治疗是合理的有益的选择。这些患者的前瞻性研究才是中医药治疗的切入点和优势。

我们的观点是对现代医学治疗中的盲点,即中药治疗的热点病症,必须能中不西;对疑难病症要衷中参西;对危重病症,要中西结合。“癌症病人需终生治疗”、“人瘤共存”,这些观念都已为中医药治疗肿瘤提供了理论依据,30多年的中医药抗癌的实践,也说明中西医的殊途同归。要厚德载物,合而不同,自强不息,超越包容。现在关键的问题是中医肿瘤工作者如何确切切的全程中药治疗肿瘤、踏踏实实疗效上下功夫,做出像样的研究来说明问题。

这是中医药与时俱进的课题,也是中医药工作者挑战自我的课题,实践是检验真理的标准。要在中医辨证施治的整体观念的指导下,按照现代医学的科学研究方法,谨慎准确和明智地应用当前所能获取的最好的研究证据,结合临床及个人专业技能和多年的临床实验,考虑到病人的经济承受能力和意愿,将这三者完美的结合起来,才能真正造福于广大肿瘤患者。

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英国中医药学会会刊 **Journal of ATCM**

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欢迎英国中医界同仁参加第八届世界中医药大会 (London, September 2011)

尊敬的英国中医界同仁，

我们很荣幸地宣布第 8 届世界中医药大会 (8th World Congress of Chinese Medicine, WCCM 2011) 将于 2011 年 9 月 2 日至 3 日在英国伦敦举行。我们代表此次会议组委会，诚挚地邀请来自世界各地的同行朋友们参加这一世界中医界最重要的盛事。此次会议的承办方是英国中医药学会 (The Association of Traditional Chinese Medicine UK) 。

世界中医药大会作为中医药界的一项全球盛事，是由世界中医药学会联合会 (World Federation of Chinese Medicine Societies, WFCMS) 主办的，自 2004 年以来，每年在世界不同的国家召开。世界中医药学会联合会成立于 2003 年，总部设在中国北京，是全球中医药学会最高的学术平台。目前，它拥有来自 57 个国家的 195 个会员团体。世界中联会聚集了数以万计的中医药临床医师，专家教授及高级科研专家，代表了世界最高的中医药临床，科研和教学水平。自 2004 年以来，世界中联会已经在北京，巴黎，多伦多，新加坡，澳门，墨尔本和海牙成功地举办了 7 届世界中医药大会。世界中医药大会为交流临床经验，拓展学术视野以及激发传统中医药领域的进一步发展方面提供了一个最高的国际学术平台。

2011 年第八届世界中医药大会的主题是“中医药有利于人类健康”。此次会议的主题演讲和研讨会范围十分广泛，从中医基础理论，临床报告和经验，中草药，针灸，推拿治疗和医学气功科研到高等教育和科学研究的标准制定，中草药全球发展战略，以及中医立法等等。其中，与疼痛相关的疾病治疗，中医皮肤科以及癌症的治疗将是重点内容。这些讲座和来自世界著名的中医专家，学者的报告将是最吸引人的，而您的参与无疑将会为此次盛会锦上添花。大会详情请访问大会网站: www.2011wccm.com

ATCM 作为第八届世界中医药大会的承办方，已经与欧美嘉集团 (Omega Group) 签订协议，由 Omega 作为责任承办方具体负责大会的组织，代表报名接待，会场布置，财务责任等具体会务工作。经过 ATCM 与 Omega 协商同意，大会将向 ATCM 会员提供优惠会务费，ATCM 会员只需支付£200.00 即可 (正常会务费为£298.00 - 368.00) 。

第 8 届世界中医药大会组委会及 ATCM 理事会希望广大英国中医界同仁积极报名参加这一难得的在英国举办的世界中医界的盛会。ATCM 会员报名参会应直接通过 ATCM 办公室，您可以 Email 到 info@atcm.co.uk 索取大会报名表，填好表后连同£200.00 支票 (请支付 ATCM) 一张，并在支票背面写明您的姓名，注明 WCCM2011 报名费，然后一并寄回 ATCM 办公室。非 ATCM 会员请在网上报名 www.2011wccm.com 。请您及早报名。

谢谢。

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第 8 届世界中医药大会组委会

第 8 届世界中医药大会论文征稿启事

第 8 届世界中医药大会将于 2011 年 9 月 2-3 日在英国首都伦敦举行。大会承办方英国中医药学会 (ATCM) 及第 8 届世界中医药大会学术委员会, 向英国中医药学会会员, 广大英国中医界同仁, 及主流医学科学界热心中医药研究和开发的科研人员征求学术论文, 希望大家积极投稿, 踊跃参加大会。

第 8 届世界中医药大会的口号是“中医药有利于人类健康”。大会的学术内容主题, 因而也是论文征稿的主题是:

1. 中医药与癌症的治疗;
2. 皮肤病的中医药临床应用及研究;
3. 疼痛类疾病的中医药临床应用及研究;
4. 针灸的临床应用及研究;
5. 中药方剂的临床应用及研究;
6. 中医药可持续性发展与濒危动植物保护;
7. 中医药的理论文献研究
8. 中医药国际化标准化及专利保护的研究
9. 其它中医相关领域的研究。

论文要求为英文或者中文, 字数限定英文 2000 字, 中文 3500 字。英文论文要求用 Helvetica 或者 Arial 字形 12 号字体大小。中文文稿必须附有英文摘要。根据论文的质量和学术价值, 我们将择优选用作为大会的主会场演讲, 分会场演讲, 或者会场墙报展示。对于没有被选用的论文, 仍然有很好的机会被收入大会论文集。我们希望论文投稿者尽最大可能在第一时间递交论文全文, 如确有困难则可先递交论文摘要, 随后及早补交全文。论文摘要必须是英文 300 字以内。凡是临床试验和科研类的论文及英文摘要, 应该包含以下内容:

1. Purpose 目的;
2. Patients (or materials) and methods, or methods (or similar heading) 病人 (或实验材料) 和方法, 或类似标题;
3. Results 结果;
4. Conclusion 结论。

论文投稿一律以电子邮件附件发往大会学术委员会英国分部, 地址是 papers@2011wccm.com 或 info@atcm.co.uk. 投稿截止日期: 2011 年 6 月 22 日。

第 8 届世界中医药大会在英国首都伦敦举行, 是我们英国中医药界的一大盛事。在藏龙卧虎的英国中医业有许多有名望有绝活的专家学者, 这次大会是一个难得的机会, 可以充分展示您的学术水平, 才华和地位, 请不要错失良机。

ATCM 理事会

第 8 届世界中医药大会学术委员会英国分部

Welcome to 8th World Congress of Chinese Medicine

(London, 2nd-3rd September 2011)

Dear Colleague,

We are delighted to announce that the 8th World Congress of Chinese Medicine (WCCM 2011) will be held in London on 2-3 September 2011. On behalf of the Organizing Committee we would like to invite you to this most prime event of traditional Chinese medicine (TCM) in the world. The host of London WCCM2011 is The Association of Traditional Chinese Medicine UK (ATCM).

Organized by the World Federation of Chinese Medicine Societies (WFCMS), the World Congress of Chinese Medicine as a global event of TCM is convened annually since 2004 in different countries in the world. The WFCMS, established in 2003 with its head office based in Beijing, China, is the highest academic platform for Chinese medicine societies in the world. With its 195 member societies from 57 countries worldwide, WFCMS gathers thousands of TCM master scholars and scientists in TCM research and represents the highest TCM academic level in the world. It has successfully organized seven congresses since 2004 in Beijing, Paris, Toronto, Singapore, Macau, Melbourne and The Hague. The World Congress of Chinese Medicine is the highest international academic platform for exchanging clinical experiences, broadening academic horizons and inspiring further development in the field of traditional Chinese medicine

The theme of WCCM 2011 is “Traditional Chinese Medicine Benefits Human Health”. The topics of presentations and workshops range from the study of TCM fundamental theory, clinical reports and experiences, scientific research of herbal medicine, acupuncture, moxibustion, tuina therapy and medical qigong, to the setting of standards for higher education and scientific study, the development of a global strategy of Chinese medicine, and legislation of Chinese medicine, etc. The treatment of pain-related diseases, TCM dermatology, and cancer management will be the focal points. The lectures and reports from many of the world-renowned Chinese medicine experts and scholars will be most appealing, and your personal participation will definitely contribute to painting this spectacular scroll of Chinese medicine.

For more information and registration, please visit www.2011wccm.com. We look forward to meeting you in London in September 2011!

As the host of WCCM 2011, ATCM has hired Omega Group as our agent to organize the congress, including delegate registration, venue management, finance etc. Omega has agreed with ATCM to offer a discounted registration fee to ATCM members. ATCM members pay only £200.00 for the registration to the congress (normal fee is £298.00 - £368.00)

We encourage ATCM members and other TCM professionals in the UK to attend the congress, a big event with a precious opportunity to be held in the UK. The registration for ATCM members should be through ATCM office, you should email to info@atcm.co.uk for Congress Registration Form. The completed form and a cheque of £200.00 made payable to ATCM should be sent to ATCM office. You are required to write your name and “WCCM 2011 Registration” at the back of the cheque. Other TCM professions who are not members of ATCM should go to the congress website www.2011wccm.com to register and to submit papers. An early registration is highly recommended.

ATCM Council

The Organizing Committee, 8th World Congress of Chinese Medicine

WCCM 2011: Call for papers

The 8th World Congress of Chinese Medicine (WCCM 2011) will be held in London on 2nd – 3rd September 2011. The host of WCCM 2011 the Association of Traditional Chinese Medicine UK (ATCM) calls to ATCM members, TCM practitioners in the UK, mainstream medical scientists with enthusiasm on research of TCM, for papers to be submitted to the congress.

The theme of this congress is “Traditional Chinese Medicine Benefits Human Health”, ranging from literature and theoretical study, exchange of practical experience, to evidence based research, with the following main topics:

Traditional Chinese Medicine and Cancer Treatment

1. TCM and Cancer Treatment
2. Clinical Application and Research of TCM in Skin Diseases
3. Clinical Application and Research of TCM in Pain-related Diseases
4. Clinical Application and Research of Acupuncture
5. Clinical Application and Research of Chinese Herbal Medicine and Formulae
6. TCM Continuous Development and Protection of Endangered Species

7. TCM Theory and Literature Study
8. Study on TCM Internationalisation, Standardisation, and Patent Protection
9. Study in Other Fields Related to TCM

Chances for Congress Presentations

Depending on the academic value and quality of the papers submitted, the academic committee of the congress will carefully choose those papers with high level of academic significance for the congress presentation. There will be mainly three types of congress presentations:

Key-note lecture – A PowerPoint presentation will be required at the main congress session; full paper will be edited in the Key-note section of the Congress Paper Collections.

Syndicate presentation – A PowerPoint presentation will be required at one of the syndicate meetings. Full paper will be edited in the Congress Paper Collections.

Poster presentation – to be displayed on site during the congress; full paper or abstracts will be edited in the Congress Paper Collections. Maximum poster size: 140 cm (height) x 90 cm (width)

For other papers not being selected for the above presentations, there are still very promising chances for them to be included in the Congress Paper Collections, either with the full text papers or with the abstracts.

Submission Guidance

Full text papers:

All papers must be submitted via email as attachments, either in English or in Chinese. The attachment should be a Microsoft Word document. The word count is limited to 2000 words in English, or 3500 words in Chinese. For English submission, font should be Helvetica or Arial at 12 pt size. For Chinese submission, there must be an abstract in English.

We strongly recommend that the full text paper should be submitted at the first incidence and as early as possible, this will allow the academic committee adequate time to select and edit the papers. Certainly an early submission of your full text paper will significantly increase the chance for your paper to be selected for the congress presentations. However, if delegates are not able to submit their full text papers soon enough, they should submit their abstracts first. In this case, they must submit their full text papers no later than 29th April 2011.

Abstracts

Abstracts must be submitted in English, with same font as for papers. Only submission through email attachment is acceptable. Abstracts should be no more than 300 words (in English). For those papers on clinical trial or scientific research, the abstract should be formatted according to the following headings:

1. Purpose
2. Patients (or materials) and methods, or methods (or similar heading)
3. Results
4. Conclusion

Email submission:

All full text papers and abstracts should be submitted directly to papers@2011wccm.com or info@atcm.co.uk

Receipt acknowledgement:

Receipt of manuscripts (full text papers or abstracts) will be acknowledged by e-mail. Upon completion of the Academic Committee's review, a notification will be sent to the corresponding author by email of the Committee's decision for presentation.

Deadline for submission of papers/abstracts: 22nd June 2011

ATCM Council

Academic Committee, 8th WCCM



英国中医药学会第十一届理事会
The 11th Executive Council of
The Association of Traditional Chinese Medicine UK

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