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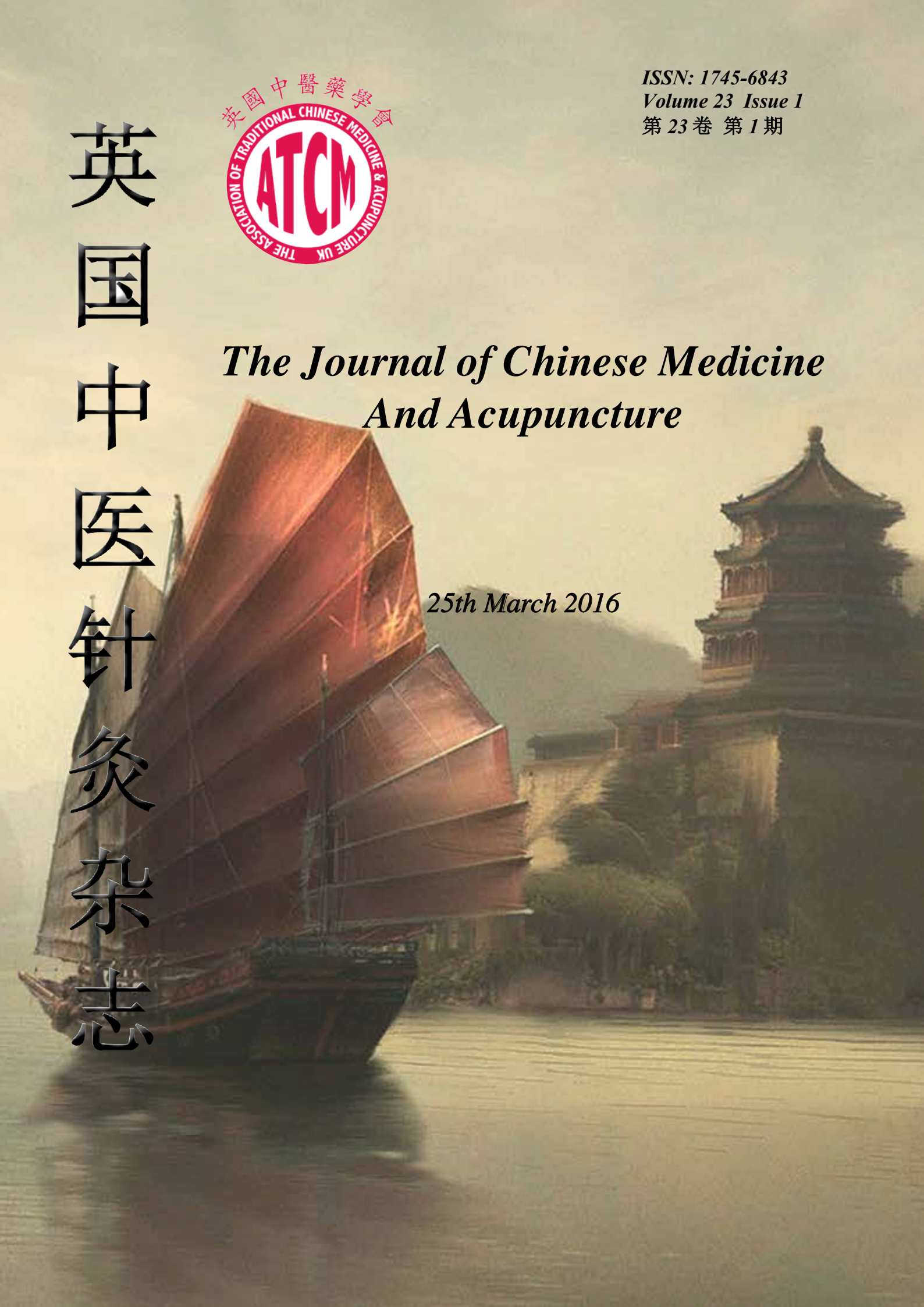

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白癜风的中医临证思路和治疗攻略

祝柏芳

概要
白癜风是一种后天性、慢性皮肤疾。其治愈率非常低而且容易复发。中医中药治疗白癜风，可以明显提高其治愈率和显效率，降低复发率。准确的临证思路和与之相适应的治疗手段，是取效的关键所在
【临证关键是】1）辨别虚实，分清轻重缓急。2）主要病理是：“风” 、“湿”、“淤” 、“虚”，本虚标实。3）主要失调脏腑：肺、肝、肾。
【治疗攻略】
1）辨证和辨病结合，在虚实缓急辨别清楚的情况下，选择通用方加减化裁，比较简单易行，疗效可靠。代表方---“紫铜消白方”和自拟“柴桂苍耳汤”
2）内治为主，外治为辅：
3）药针并用：特别对于慢性经久不愈的患者，中药配合针灸可以迅速取效。

Vitiligo：The Clinical Syndrome Differentiation Method and Treatment Strategy in TCM

Bai Fang Zhu

Abstract:
This article discusses the clinical manifestations including the characteristics of skin lesions of vilitigo, differential diagnosis, clinical syndrome differential patterns, TCM pathogenesis, etiological hypotheses of biomedicine, TCM and western medicine treatments. The discussion is focused on the internal and external treatments in combination with the auther’s own experience and own herbal formulae.
Vitiligo is an acquired chronic pigmentary disorder of the skin. The conventional treatment for vitiligo is very not very effeictive and it can easily relapse back after a relatively successful treatment. Chinese medicine can not only significantly improve the treatment result, but also decrease the recurrence rate. A correct clinical differential approaching to guide the proper treatments is the key to achieve the best result.
Differentiation keys:
1) Identify the deficiency and excess , and the priorities;
2) The main pathology is: "Wind", "Dampness", "Blood stasis", "Xu"--- deficiency in origin and excess in superficiality;
3) The main disordered organs: lung, liver, and kidney.
Treatment Strategy:
1) Take into account both the syndromes and disease. Differentiate the deficiency, excess and the priorities. Apply general prescription to modify-----simple to apply but reliably effective. Representative prescription ---“Zi Tong Xiao BAI fang," and my own formula---"Chai Gui Cang Er Tang”;
2) Apply internal treatment as a main approach, external ones to complement;
3) Combine herbal medicine and Acupuncture: applying Chinese herbal medicine and acupuncture together can take quick effect, especially for those chronic patients.

【白癜风概述】
白癜风（Vitiligo）又称白蚀症和白斑，是一种后天性、慢性皮肤疾病。其主要症状为皮肤上出现形状不规则的浅色或白色斑驳。发病率为1%左右。

【临床表现】

1.皮损表现：
1）皮损为色素脱失斑，常为乳白色，也可为浅粉色，表面光滑无皮疹。白斑境界清楚，边缘色素较正常皮肤增加，白斑内毛发正常或变白。
2）病变好发于受阳光照射及磨擦损伤部位，病损多对称分布。
3）白斑还常按神经节段分布而呈带状排列。
4）除皮肤损害外，口唇、阴唇、龟头及包皮内侧黏膜也常受累。
5）性别无明显差异，各年龄组均可发病，但以青少年好发。

2.症状
本病多无自觉症状，少数患者在发病前或同时有患处局部瘙痒感。

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3. 临床分型：
1）局限型
2）散在型
3）泛发型
90%以上的白癜风是散在型，剩余的白癜风中局限型比泛发型更多。
（据病损处色素脱失情况又可将该病分为完全型与不完全型两种。前者对二羟苯丙胺酸（DOPA）反应阴性，黑素细胞消失，治疗反应差。后者对 DOPA 反应阳性，黑素细胞未消失仅为数目减少，治愈几率大。）

【鉴别诊断】

1.贫血痣：自幼发病，多见于颜面，为浅色斑，刺激摩擦局部不发红，而周围皮肤发红。

2.白色糠疹：可能和皮肤干燥及日晒有关，表现为色素减退斑，边缘不清楚，表面有少量白色鳞屑。

3.无色素痣：在出生时或生后不久发病，皮损为局限性淡白斑，边缘呈锯齿状。

4.花斑癣：损害发生于躯干、上肢，为淡白色圆或椭圆形斑，边界不清，表面有细鳞屑，真菌检查阳性。
5.白化病：为先天性非进行性疾病，常有家族史，周身皮肤、毛发缺乏色素，两眼虹膜透明，脉络膜色素消失，易和白癜风鉴别。

6.麻风白斑：为不完全性色素减退斑，边界不清，表面感觉消失，有麻风的其他症状。

7.二期梅毒白斑：发生于颈项，不呈纯白色，梅毒血清反应阳性。

8.其他：还应与盘状红斑狼疮、黏膜白斑等鉴别。

【现代医学病因】

本病发病原因尚不清楚。近年来研究认为与以下因素有关：

1.遗传学说
白癜风可以出现在双胞胎及家族中，说明遗传在白癜风发病中有重要作用。研究认为白癜风具有不完全外显率，基因上有多个致病位点。

2.自身免疫学说
白癜风可以合并自身免疫病，如甲状腺疾病、糖尿病、慢性肾上腺机能减退、恶性贫血、风湿性关节炎、恶性黑色素瘤等。血清中还可以检出多种器官的特异性抗体，如抗甲状腺抗体、抗胃壁细胞抗体、抗肾上腺抗体、抗甲状旁腺抗体、抗平滑肌抗体、抗黑素细胞抗体等。

3.精神与神经化学学说
精神因素与白癜风的发病密切相关，大多患者在起病或皮损发展阶段有精神创伤、过度紧张、情绪低落或沮丧。白斑处神经末梢有退行性变，也支持神经化学学说。

4.黑素细胞自身破坏学说
白癜风患者体内可以产生抗体和 T 淋巴细胞，说明免疫反应可能导致黑素细胞被破坏。而细胞本身合成的毒性黑素前身物及某些导致皮肤脱色的化学物质对黑素细胞也可能有选择性的破坏作用。

5.微量元素缺乏学说
白癜风患者血液及皮肤中铜或铜蓝蛋白水平降低，导致酪氨酸酶活性降低，因而影响黑素的代谢。

6.其他因素：外伤、日光曝晒及一些光感性药物亦可诱发白癜风。

【西医治疗】

因为白癜风的病因尚不明瞭，目前没有根治的手段。单纯改善外观可以用化妆品掩饰白斑，其他治疗方法有类固醇激素、紫外线照射、手术等，用窄波段的紫外线-B 照射可以使白斑的边界不那么明显。目前最有希望，但还在实验阶段的治疗方法是移植皮肤黑色素细胞。

1.药物治疗
（1）补骨脂素及其衍生物 如甲氧沙林口服后照射紫外线。
（2）大剂量维生素 如维生素 B 族、维生素 C、维生素 P 长期服用。
（3）有用含铜的药物等治疗 如 0.5%硫酸铜溶液口服。
（4）免疫调节剂 左旋咪唑口服，冻干卡介苗（BCG）肌注、口服牛胎盘等。
（5）皮肤刺激剂局部涂擦 使皮肤发生炎症反应，促使色素增生，常用者有 30%补骨脂酊、氮芥酒精，苯酚（纯石炭酸），25%～50%三氯醋酸，斑蝥酊等。此法只适用于小片皮损，涂后皮损处可出现大疱。
（6）皮质类固醇激素 各种皮质类固醇激素如丙酸倍氯美松软膏、卤米松霜剂、去炎松尿素软膏等局部封包治疗。

2.手术治疗：皮损稳定无进展的患者可行自体表皮移植手术。

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3.脱色疗法：适用于皮损面积大，超过体表面积一半以上者，可用 3%～20%氢醌单苯甲醚霜外搽。

4.物理疗法：采用窄波紫外线、长波紫外线或 308nm 准分子激光治疗。

【中药的实验研究】

近年来，实验研究的报道较多，主要通过研究常用中药对黑素生物合成过程中的关键酶——酪氨酸酶的激活或抑制作用，为临床用中药治疗白癜风提供选药借鉴。如许爱娥等用比色法对 48 种中药进行检测以测定其对酪氨酸酶的作用。结果有 13 种中药对酪氨酸酶有激活作用，由大到小顺序排列依次为旱莲草 49%，无花果 38%，丹皮 34%，潼蒺藜 34%，蛇床子 33%，补骨脂 31%，地肤子 25%，桃仁 24%，白鲜皮 23%，白术 22%，紫草 22%，肉桂 21%，白芍 20%，用上述同样方法，罗少华等通过实验发现，玉竹在 5mg(原生药量 10mg/ml)水平对酪氨酸酶的激活率达 29%。徐建国等用此实验证明，补骨脂在 20mg 水平对酪氨酸酶的激活率为 26.44%

【中医理论】

中医学对本病的认识很早，《五十二病方》中已有治疗“白处”的记载，并有二则方剂。隋唐时代的《诸病源候论》、《备急千金要方》始称“白癜”、“白癜风”或“白疠”，并指出其病机为“风邪博于皮肤，血气不和”。在治法上，则以祛风为主。后世医家及医籍中还有“白驳风”之名，对本病观察、描述更为详细，治疗大致从风、湿、热几个方面人手，主张“施治宜早”（《医宗金鉴》）【1】

【如何临证】

1.辨别虚实：

对于实证，应该大刀阔斧，以祛邪为主，可以迅速取效；对于虚症则宜缓图，补虚为主兼顾祛邪，步步为营，必可见效，切忌犯虚虚实实之戒，无功而返。

2.轻重缓急：

轻症外治即可，重症必须内治；急要治标用药稳准很，缓症要固本，补益肺肾为主，待气血充盈再行祛邪。

3.四大主要病因：“风，湿，瘀，虚”。综合古今文献和临床所见，本病为本虚标实之证：即多因禀赋不耐,先天 肾气 不足 ,气血生化无源 ;或后天虚弱,营卫虚疏,卫外不固,风湿之邪搏于肌肤,致肌肤经脉不通,血淤于皮里 ,日久则气血失和 ,血不荣肤 ,肌肤 失养 而发病 。

4.相关脏腑：肺，肝，肾。

肺主皮毛，色主白，如《证治准绳》指出“白驳”是“肺风流注皮肤之间，久而不去所致”。《普济方》认为白癜风是“肺脏壅热，风邪乘之，风热相并，传流营卫，壅滞肌肉，久不消散，故成此也”

肝藏血，主疏泄。《本草经疏》认为白癜风是“肝脏血虚生风所致，盖肝为风木之位，藏血之脏，血虚则发热，热甚则生风”。

肾为先天之本，色主黑。肾气不足则气血生化无源，容易导致风湿入侵皮肤，治皮肤失却濡养，皮发皆白无华。

所以白癜风与肺肝肾虚弱息息相关，

5.治疗原则：

1）辨证和辨病结合，在虚实缓急辨别清楚的情况下，选择通用方加减化裁，比较简单易行，疗效可靠

2）内治为主，外治为辅：

3）药针并用：特别对于慢性经久不愈的患者，中药配合针灸可以迅速取效。

【内治】

1.辨证处方

临床上根据辨证论治的原则，分如下四型处方：

1）气血不和型：发病时 间长短不 一,多在 0.5—3 年 。皮损 白斑 光亮,好发于头、面、颈、四肢或泛发全身,起病迅速 ,蔓延 快,无自觉症状或微痒。舌苔薄白,舌质淡红,脉象细滑。

治 则:调和气血,疏风通络。

方药:白蚀方减(川芎 、浮 萍 、姜 黄 、制 首 乌 、白 鲜 皮 、蝉 蜕 、鸡 血 藤 、防 风 全当归、郁金、白芍，八月札，益母草，白蒺藜，苍耳草，朱茯苓，灵磁石，自然铜)【2】

2）肝肾亏虚型：发病 日久或有家族 史。皮损表现 为明显脱色 斑,边界清楚,颜色纯白,局限于一处或泛发各处,脱色斑内 毛发变白,病程较长,发展缓慢,治疗效果不显著。可伴有腰 膝酸软,头晕耳鸣,两目干涩。舌质淡、苔薄、脉细弱无力。

治 则:滋补肝肾,养血祛风。

方药:白斑乌黑汤：沙苑子、女贞子、黑芝麻、白蒺藜，覆盆子、补骨脂，枸杞子、赤芍、白芍、川芎、首乌、当归、熟地黄【3】

3）肝郁血瘀型： 病 程 日 久 , 皮 损 多 为 不 对 称 性 白 斑 , 边 界 清 楚 , 皮损表现白斑色泽偏暗，无固定的好发部 位 ,皮损发展较慢 ,发病 可急可缓 ,但多 随精 神变化加剧或减 轻,可斑内毛发变白,病情发展缓慢,可伴有面色黯,肌肤甲错。 舌质紫暗或有瘀斑,舌下静脉迂曲,苔薄,脉弦涩伴有急躁易怒,胸胁胀满,女性月经不调,乳胀结块,舌 质偏红,苔薄白或薄黄,。

治则:疏肝解郁,活血祛 风 。

方药 :逍遥散合通窍活血汤加减 (柴胡、郁金、红花，桃仁，老葱，当归、川芎、熟地黄、白芍、赤

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芍，麝香，白蒺藜、防风、益母草、灵磁石等)。【4】

4）气血亏虚型：多属白癜风稳定期，主要表现为白斑浅淡，伴神疲乏力，面色苍白白，舌质淡，脉沉细而涩。
治则：补气益血，兼祛风和血。
方药：消白方加减(党参、黄芪、茯苓、何首乌、丹参、白蒺藜，白术、红花、当归、防风、白扁豆、山药，砂仁）【5】

2.辨病加减：
即“白癜风通用方”。临床中，除非有特殊情况，我都主张在大体“虚实”辨证的基础上，遵循以“一方为主，随证化裁”的个人经验，即根据白癜风的基本临床表现，好发部位，症状和体征，在研究古方和现代文献的基础上，反复筛选，多年试用并验诸临床，结合自己的心得，以两个基本处方来处理大多数病症：

1）紫铜消白方（欧阳恒教授经验方）
治则：调和气血，滋益肝肾，以色之色。
适用证：白癜风虚症。病久不愈，病程长，病势缓慢迁延，患者年龄大而体虚明显者。
方药：紫铜醋淬，紫丹参，紫草，紫背浮萍，紫苏，紫河车，核桃，红花，郁金，鸡血藤，稀签草，白芷，当归，白鲜皮
研究成果：“紫铜消白方临床研究”（欧阳恒，祝柏芳，1995 年中国国家中医管理局科技成果三等奖）结果表明紫铜消白方治疗 328 例白癜风，其治愈率和显效率都非常明显高于对照组。【6】
2）柴桂苍耳汤（祝柏芳经验方）
治则：祛风除湿，补肺疏肝，活血通络
适用证：白癜风实证。发病急，皮疹扩展蔓延迅速，青壮年患者，体实。
组成：防风，桂枝，白蒺藜，苍耳草，浮萍草，威灵仙，稀莶草，苍术，炙黄芪，明党参，柴胡，香附，白芍，补骨脂，当归，丹参，鸡血藤，赤芍，桃仁，红花
临床结果：本人在临床中用此方治疗白癜风近 30 年，疗效非常理想，几乎都可以有效，治愈了不少病例，具体资料有待进一步整理和发表。
3）加减：
在使用上面两个处方时，还要根据发病部位和缓急等情况稍作加减：头面部者，加白芷，羌活，升麻；项背部加葛根；腰骶部加续断；上肢加姜黄；下肢加牛膝，蚕砂，木瓜；泛发者加乌梢蛇；进展期者加乌梅、五味子；年老体虚形寒畏冷加熟地，锁阳，菟丝子，淫羊藿，肉桂

【外治】

中药外 治白癜风 的报道很多 ,主要制 剂为浸剂 , 亦有 散剂 、膏 剂 等 ,因 直 接 作 用 于 病 变 部 位 ,疗 效 迅 速 、肯 定 ,尤 其 以 局限型白癜风效果最好。

一般外治：

1）乌梅酊：乌梅 30g、当 归 30g,浸 入 75%酒 精 50ml,10 天 后 滤 液 外 搽,3~4 次/天嘲,或单纯以乌梅 10g,加入 75%酒精 10ml, 浸泡 7 天过滤外用。【7】

2）30%无花果叶酊外搽。有报道该药刺激性小,儿童、女性 尤为适合,每天 3 次,结合光照可提高疗效。

3）消斑酊:乌梅 60g、补骨脂 30g、毛骨碎补 10g,配置好上药 1 份 ,80%~85%酒精 3 份,浸泡 2 周,过滤去渣,取液外用患处。【5】

4）35%红花 酊：红花、刺蒺 藜、川芎等量 , 30g 药粉加 70%酒精 100ml 浸泡 三周后备用，外搽 后日 光 照 射 5 ~ 2 0 m in/日。【8】

经验方：自创“四联疗法”

1）梅花针轻扣局部 10 分钟至皮肤发红，微微充血为度。

2）外涂：20%复方补骨脂酊（补骨脂碎 20g，红花，白芷，当归，透骨草，桂枝，鸡血藤各 5g 冰片 3g，75%酒精 100ml，浸泡 4 周后用）

3）日光照射局部：15 分钟

4）密 陀僧 膏外涂：雄黄 4g 密 陀僧 10g、白芷 8g、白附子 8g, 研细末过 200 目筛，凡士林 100ml 调匀为膏，瓶装备用。

【针灸疗法】

针灸疗法如果运用得当，具有疏 通经脉 ,调和气血，健脾除湿，祛风和营的功用，并能够直接刺激白斑处黑色素细胞增生，改善局部和周围组织微循环，有助于白斑的减轻和缩小。个人体会，特别对于白癜风经久不愈，全身泛发皮损，情绪紧张，失眠忧郁，对多数常规内外治疗不理想时，配合针灸治疗往往可以取到非常理想的效果。

治则：祛风除湿，疏肝补肺，补肾活血

1.以体针为主：
主穴：风池，曲池，合谷；三阴交，地机，复溜；

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太冲，蠡沟；尺泽，肺俞；太溪，关元，血海
2.局部：梅花针
3.脐针：我是 2014 年以后才开始用体针加脐针的。脐针时我会取四正位（兑坎震离）针起于兑位，止于离位。是因为肺主皮毛，而诸痛痒疮皆属于心。期以补肺益肾，疏肝安神养心。我发现其临床效果明显优于以前只用体针和中药，非常受鼓舞，虽然远期效果需要进一步研究和总结。

【治验举偶】
1. 张女士 4 年前发现自己的额头上出现小片白斑，初始时只有黄豆粒大小，但是逐渐发展扩张，最终泛发至胸背等处，虽然无明显疼痛，但是严重影响自己的容貌。后到医院检查，确诊为白癜风，并注射补骨脂素治疗 3 个月的时间。但效果并不明显，于是张女士转而求助中医。
就诊时只见其头、面、颈项、胸背上肢都有淡白色斑，大小多在 cm3×2cm 或 4cm×3cm，部分境界欠清。舌质淡，薄白苔，脉细缓。中医认为张女士是由于气血不和，肝肾不足所致的白癜风。
以调和气血，滋益肝肾为原则，医生自拟紫铜消白方：铜绿，紫丹参，紫草，紫背浮萍，紫苏，紫河车，核桃，红花，郁金，鸡血藤，稀签草。共 14 剂，嘱咐张女士水煎服用，1 日 1 剂。服药同时配合食疗：黑豆子 30g，黑芝麻 30g，核桃 30g，黑枣 10 枚，路路通 7 个。先将路路通洗涤，煎水滤液，再将其他纳入滤液中共煮熟烂，适加冰糖或胡椒调味，备用每天一料，30 天 1 疗程。
二诊：14 剂药物服完后，张女士的白癜风并没有出现明显的变化，医生嘱咐她按照上方继续服用 12 剂。
三诊：12 剂中药再次服用后，张女士额头靠近发际线的白斑出现了 3~5 个芝麻片样的色素沉着，部分白斑边缘色素增深。医生看后，将上方研末水泛为丸，嘱咐张女士继续用药 10 天，每日二次，每服 10g。
直到四诊时，张女士额面部的白斑已基本消失，胸、背部白斑淡化。后医生嘱咐张女士守方继续服用 3 个月时间，张女士身上的白斑全部消失，白癜风宣告痊愈。随访三年，未见复发。

2. 段 xx，女，5 岁
左前额白斑 5 年。
患儿出生不久，即在左前额眉毛正上方出现一米粒大的色素脱失斑，不痛不痒，逐渐扩大变白，在当地儿童医院皮肤科确诊为“白癜风”，用激素软膏治疗数周无效。
就诊时左前额白斑 3cm x 3.5cm，皮损处毛发全白，周边皮肤色素较深，微痒。
方药：防风 3 桂枝 4 白蒺藜 4 苍术 3 黄芪 6 党参 6 柴胡 3 香附 3 补骨脂 3 当归 4 丹参 4 鸡血藤 6 赤芍 3 桃仁 3 红花 3 白芷 3 羌活 3 白癣皮 3
治疗结果：服药 2 周，局部白斑开始变红，略为发痒；4 周后皮损中央和四周开始出现色素加深斑点，如皮岛，不痒不痛；服药 8 周后，皮损色素完全恢复正常，全愈。随访 20 年无复发。

3. Mr Dias，英国人，1971 年出生
初诊：2014 年 5 月 26 日
全身皮肤泛发白斑 22 年。头皮、面、眼周、口唇、手臂、胸背、脐周、外阴、小腿都有大小不等的白色斑片或半点，多为圆形，椭圆形，不规则型，最大 7cmx7cm。白斑尤以头皮，上臂和胸部严重，多数白斑内的毛发变白。
辨证：祛风除湿，活血通络，补气养血。
内治：“柴桂苍耳汤”：柴胡 6 桂枝 8 苍耳子 6 白芷 8 白鲜皮 8 防风 8 羌活 5 白术 8 威灵仙 8 补骨脂 6 黄芪 20 党参 8 丹参 8 鸡血藤 15 郁金 6 炙甘草 4
外治：“四联疗法”
针灸：体针----风池，合谷（祛风）；三阴交，太白（健脾祛湿），太冲（疏肝理气），尺泽，太溪（补肺肾）关元，血海（补气活血）
脐针：四正位（兑坎震离）
复诊：
2014 年 7 月 2 日
全身白斑均明显好转：白斑缩小，多数白斑中央都有棕褐色色素斑出现，特别是头面部白斑缩小色素加深明显。稍许腹胀不适。
内服方：原方加木香 3g
外用和针灸取穴：同前。
2014 年 12 月 20 日
头面部白斑缩小 80%以上，其余部位皮肤白斑减少约 50%。
治疗：针药同前。

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浅谈痰湿证的临床辨证和用药

史香玲

摘要: 痰湿引起的一系列病变在临床工作中非常常见; 这里说的痰湿属广义痰饮或湿证的一个范畴. 痰湿既是病理产物,又是致病因素. 痰湿证型见于很多内科病变中,本人结合自己的临床经验, 根据痰湿留滞部位不同将痰湿证的临床辨证分型和治疗分为五个类型, 便于临床辩证和用药.

关键词: 痰湿, 清窍, 上焦,中焦,下焦, 皮里膜外,经筋关节, 治则, 温化, 健脾理气化痰

Discussion on the Clinical Differentiation and Treatment of Phlegm Syndrome and Damp Syndrome

Xiang Ling Shi

Abstract:

Various disorders caused by phlegm and damp are very common in TCM clinical practice. Phlegm and damp discussed in this article are with broad meaning of phlegm syndrome and damp syndrome in general terms. Phlegm and damp are not only pathological outcome but also etiological factors. The syndromes caused by phlegm and damp are seen in various conditions of internal medicine. In light with her personal clinical experience, the author explores the 5 categories of syndrome patterns of phlegm damp disorders and their treatment based on the location of phlegm and damp retention, with the attempt of providing a guide for the clinical differentiation and treatment of these disorders.

Key Words: Phlegm syndrome, damp syndrome, San Jiao, warming to resolve damp, tonifying Spleen to resolve phlegm

1. 概念总述及主要文献关于痰湿证的病因病机和治则

1.1 概念: 这里所谈的痰湿是痰饮或湿证中的一个类型或范畴. 是指痰湿之邪滞留局部或流注全身而引起的一系列病变; 痰湿既是病理性产物, 同时又是致病因素. 痰湿引起的一系列病变在内科临床上非常常见. 这从我们所学的内科教材中就可以窥见一斑. 如痰湿上蒙清窍可见于眩晕, 头痛,中风,癫狂,癫痫等章节; 痰湿蒙蔽心阳见于胸痹篇; 上阻于肺可见于哮证, 喘证和咳嗽篇; 阻于中焦可见呕吐,腹泻篇等; 阻于下焦可见于癃闭,淋证篇; 流注四肢经络,皮里膜外及经筋关节可见于水肿, 痹症及瘰疬痰核等等. 这些均说明" 百病皆生于痰"," 痰为百病之母".

1.2 病因病机和治则: 历代医家对湿证的病因病机和治则的阐述亦颇全面; 如<<素问 至真要大论>> :" 诸湿肿满, 皆属于脾"; 明代李中梓的<<医宗必读 痰饮>>:" 脾为生痰之源, 肺为贮痰之器". 这些学说支持湿由脾生. 还有观点认为:" 痰之动主于脾, 痰之本源于肾,痰之成贮于肺"; 我的理解是这个观点是说湿由肾生. 但结合我自己的多年临床经验所见, 痰湿多责之于脾,脾是生痰之源. 痰乃湿气而生, 湿由脾弱而起. 但总之这些理论均支持痰湿证的形成与肺脾肾三脏有密切关系. 肺脾肾三脏分属上中下三焦, 故在治疗上有李东垣的" 治湿不分三焦非其治也" 和 "治湿不利小便非其治也" (注: 后边这一句话在五版内科教材上注解是出自明代医家虞抟); 李中梓的" 治痰不理脾胃非其治也"; 还有张介宾的 "善治者治其生痰之源"; 这些观点是通过调理肺脾肾亦即三焦而治湿. 但明代著名医家叶天士有独到的见解, 他在<<湿热论>>中为治湿确立了"通阳"的法则., 指导后人祛湿除邪, 疏通三焦, 解除湿邪对气机的阻遏,达到宣通三焦阳气的目的, 调畅三焦必须先要理气化气. 基于上述中医理论, 结合自己的临床经验觉得在临床上对痰湿证的治疗有两大原则: 1. 以寒湿为主的, 必须健脾利湿, 温阳化气(主要暖脾温肾); 2. 有湿热交杂征象的, 必须先清热利湿, 标热去了然后治本, 即调理脾胃,温阳化气除湿. 正如<<景岳全书杂证谟>>所说:" 五脏之病虽俱能生痰, 然无不由于脾胃, 盖脾主湿, 湿动则痰生; 肾主水, 水泛亦为痰. 故痰之化无不在脾, 而痰之本无不在肾". 故临床治疗先期(无热象)宜化标痰 (治脾)为主, 佐温阳本 (治肾)为辅. 后期痰去,固本调理维持.

2. 临床辨证分型和治疗用药

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在临床上根据痰湿的阻滞部位不同即头部,上中下三焦和周身四肢关节而分为五大证型来进行辨证论治; 有的证形里边分寒湿和湿热.

2.1 痰浊上蒙清窍

症状: 头重如蒙, 或困痛, 或不清凉感, 或昏昏欲睡, 或嗜睡, 多伴记忆力减退,注意力不集中, 或伴纳呆腹胀, 大便溏薄. 舌质淡白或淡暗, 体胖大, 或有齿痕, 苔白腻双脉滑或濡
治则: 健脾理气, 温阳豁痰通络
方药: 党参 炒白术 茯苓 炙甘草 桂枝 陈皮 法半夏 石菖蒲 苍术 山药 薏苡仁 川芎
加减: 伴湿热者 (临床多见鼻窦炎发作期): 去党参和桂枝, 加连翘, 浙贝母和桑白皮.
有偏头疼者: 加柴胡和薄荷.
前额或疼痛波及到面颊部: 加白芷.
有后枕部疼痛者: 加独活和藁本.
伴风痰阻络者 (面瘫, 面周围神经炎): 加防风和白芍

2.2 痰湿阻闭上焦

2.2.1 痰湿淤阻心脉, 肺络不畅 (临床多见于急性冠脉病变伴急性左心衰, 或慢性充血性心力衰竭急性发作)
症状: 胸闷如窒而痛, 喘而不能平卧, 伴呼吸困难. 咯吐泡沫痰色粉红者, 多是急性左心衰; 咯吐泡沫痰色白者, 多伴双下肢水肿, 动则气短喘促, 多是慢性左心衰急性发作. 常伴纳呆, 疲困乏力; 舌淡暗或淡紫, 脉沉弱或滑或结代.
治则: 通阳开窍, 理气化痰
方药: 全瓜蒌 薤白(酒或醋泡) 桂枝 炙甘草 炙麻黄 葶苈子 车前子 苏子 法半夏 苏梗 薏苡仁
1. 急性冠脉病变并急性左心衰: 加 红参和制附子(另包久煎)
备注: 红参和制附子一起久煎取汁当茶频服, 直到舌尖变红有热象则停服
2. 慢性心衰急性发作: 加生黄芪 炒白术 茯苓 山药

2.2.2 痰湿瘀阻肺络 (临床多见于慢阻肺合并感染或右心衰等)
症状: 喘而胸满闷窒, 胸盈仰息, 咳喘痰多, 张口抬肩, 伴纳呆,呕恶等
治则: 祛痰通络
方药: 陈皮 茯苓 法半夏 炒白术 全瓜蒌 杏仁 葶苈子 车前子 泽泻
加减: 咯痰稀薄色白, 舌淡暗或淡红, 苔薄白, 脉浮或沉弱 - 多慢支并感染(风寒): 加: 苏子 莱菔子 白芥子 干姜.
咯痰稠而色黄, 舌暗红或淡紫, 苔黄腻, 脉滑或濡, 或数 -- 多慢支并感染(风热或痰蕴化热):
加: 贝母 桑白皮 黄芩 生石膏
咯痰不利, 粘滞不爽, 呼多吸少, 舌淡暗或淡紫, 苔薄白腻或白厚如豆腐渣, 脉濡或滑或沉弱
加: 芡实, 苏梗, 肉桂

2.3 痰湿阻遏中焦

2.3.1 痰湿阻遏脾胃 (这一型在临床上最常见, 症状上可波及到头部, 下可波及到四肢)
症状: 纳呆腹胀, 食欲减退, 无饥饿感, 食后易头蒙不适, 昏沉不清; 伴四肢沉困乏力, 或双下肢肿胀, 或周身郁胀不适如捆绑感, 大便溏薄或腹泻, 舌淡暗, 体胖大,或齿痕, 苔白腻或布满舌 或唯有苔心白厚腻.
治则: 健脾理气, 化痰通络.
方药: 党参 炒白术 茯苓 炙甘草 陈皮 法半夏 桂枝 山药 薏苡仁 白豆蔻 石菖蒲 泽泻
加减: 纳呆腹胀甚, 加: 枳壳 厚朴 砂仁 佛手
大便稀溏甚, 加: 干姜 白扁豆
压力大情绪差明显者, 加: 柴胡 郁金
伴湿热者, 1.口渴不欲饮等湿大于热者, 舌暗红, 苔黄腻, 减: 党参 桂枝 白豆蔻; 加: 茵陈 滑石 龙胆草 生甘草
2.口渴喜冷饮, 易饿等热大于湿者, 舌暗红, 苔薄黄或稍腻, 减: 党参 桂枝 白豆蔻 加: 生石膏 黄连 竹茹

2.3.2. 湿热郁阻肝胆(多见于急性肝炎, 胆囊炎等)
症状: 口苦, 胸胁胀满, 心烦易怒, 情绪急躁, 渴不欲饮, 大便不爽, 小便频数或短少色黄, 眠差, 舌边尖红, 苔黄腻, 脉滑或滑数
治则: 清肝利胆, 化湿解郁
方药: 柴胡 郁金 龙胆草 茵陈 滑石 生甘草 黄连 竹茹 栀子 丹皮 枳实 陈皮 茯苓

2.4. 痰湿郁滞下焦

2.4.1 肾阳虚膀胱气化不利 (临床上男性多见前列腺增生肥大, 女性多见多卵巢囊肿, 闭经, 子宫肌 瘤 , 还有甲状腺功能低下的患者)
症状:双下肢浮肿或足踝水肿 (早轻晚重), 形寒肢冷, 小便清长或每次量不多而频数, 无不适感; 或 小便不利, 或有尿失禁, 或尿等待, 或点滴而出; 伴腰痛, 腰困, 四肢沉倦乏力. 舌暗淡, 体胖 大或正常, 脉沉弱或细而无力
治则: 温补肾阳, 理气化湿
方药: 肉桂 制附子 熟地 山茱萸 丹皮 茯苓

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山药 泽泻 炒白术 车前子 怀牛膝

2.4.2 湿热瘀滞下焦 (多见于前列腺炎, 急慢性泌尿系感染等)
症状: 尿频尿急尿痛, 或伴下腹胀痛, 拘急不适, 或小便色黄短赤, 伴烧灼感或不适感, 或口苦, 或 腰痛, 舌暗红, 苔黄腻, 脉滑或濡或伴数
治则: 清热利湿通淋
方药: 萹蓄 瞿麦 滑石 车前子 猪苓 丹皮 栀子 生甘草 泽泻 炒白术 黄柏 车前草

2.5 痰湿瘀滞皮里膜外, 经筋关节(临床多见于淋巴结肿大: 如淋巴结炎,淋巴结核, 淋巴肿瘤, 还有关节炎, 皮下硬块硬结: 如脂肪瘤, 囊肿等)

症状: 全身郁胀不适如捆绑感, 易周身疲倦乏力, 伴颈肩背腰或双膝等疼痛; 多可在颈肩背腰或双膝关节等处发现硬块或肿胀, 压痛明显, 舌淡暗, 或胖大,伙伴齿痕 苔白腻, 脉滑或濡或沉弱.
治则: 健脾理气，化痰通络，消肿止痛
方药：党参 炒白术 茯苓 炙甘草
山药 薏苡仁 黄芪 当归
鸡血藤
加减：伴硬结节：加皂刺 路路通 三棱 莪术
伴硬块肿胀：加白芥子 三棱 莪术
伴疼痛甚：加乳香 没药 延胡索
伴四肢关节痛甚：1 寒湿痹：加独活 蕁薢 怀牛膝 桂枝 川芎 伸筋草; 2 湿热痹：去党参 炙甘草, 加丹皮 赤芍 连翘 知母

小结: 根据痰湿留滞部位不同, 我将痰湿证在临床上分为五型辨证论治. 痰湿证期初起多以寒湿为主, 治则是温化寒湿,通阳化气; 但亦有许多患者湿蕴日久化热, 形成湿热蕴结; 那么治疗时要先清热利湿, 热去之后仍要健脾理气化痰通络. 但注意清热利湿之时不能伤阴.

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(上接第11页) 由于痤疮杆菌是厌氧菌，所以笔者选用稀释成1%低浓度的双氧水来消毒痤疮及清理污血。但避免用双氧水原液，以免对皮肤造成刺激。不建议用酒精，由于酒精的刺激性较强，对炎症痤疮反而引起皮肤脆弱易感。

注意事项：由于治疗时，病邪由里透到皮表，痘疮表面红肿炎症现象需2天左右的时间来吸收，因此针后2天左右才看到明显效果，为了提高病人的治疗信心，不建议每天一次治疗。对深部硬结型痤疮，治疗前需与病人做好沟通，告知该治疗是病邪由里达表至痊愈的过程，第一个疗程甚至包括第二疗程，是深部硬结逐渐缩小，而表面炎症痘点凸显的过程，第三个疗程才进入表面痘疹退掉而痊愈阶段。如果不沟通，病人会认为不治疗，至少大硬结只憋在皮肤下，表面不明显，治疗反而使其突出来了，影响美观，本文1例中途放弃治疗的患者属于此种情况。

治疗期间，嘱咐病人忌食腥腻、辛辣、煎炒之品，禁止饮酒,少饮可乐、茶、咖啡等，讲究个人卫生。洗面奶一律用皮肤康洗剂，避免面部浓妆，避免日晒。可用薏米，绿豆，红小豆做成的粥作为每天的早餐。

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中医综合疗法对30例痤疮患者疗效观察

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摘要

目的 探讨中医综合疗法对痤疮的临床疗效。**方法** 30例痤疮患者进行面部痤疮阿是穴针灸围刺+清热解毒中药熏蒸，宋氏分皮扫散缓提开泄拔针法。另加腹针引气归元及开腹四关；项背部痣点拔血罐治疗。10次一个疗程，最长3个疗程。

结果 治愈21例，有效8例，无效0例，中途放弃治疗1例。总有效率96.67% 。

结论 面部痤疮阿是穴围刺并宋氏引邪外出拔针法，使痤疮内容物外透；清热解毒中草药熏蒸抗菌消炎。腹针调节全身阴阳平衡，安神抗焦虑；项背部痤疮痣点拔血罐，给脏腑病邪以出路。以上全身与局部同治，针药并用等中医综合疗法治疗痤疮具有非常好的疗效

关键词 痤疮； 围刺； 宋氏引邪外出拔针法；中医综合疗法

痤疮多发于青春期男女，由于体内雄激素增多，导致皮脂腺分泌过旺，皮脂腺排泄管口被阻塞，使皮脂淤积于腺泡内所致。进而因脂产物刺激及痤疮杆菌感染引起毛囊上皮破坏、发炎。由于本病与内分泌相关，故女性病人多合并月经失调及痛经。西医以抗菌药物，外源性雌激素，去角质的药物治疗，副作用较大，且易诱导痤疮杆菌耐药，皮肤变得脆弱，最终易形成慢性迁延性痤疮。因此有必要探索中医治疗，笔者将5年来针药并用，利用独创的分皮扫散缓提开泄而引邪外出的拔针法，治疗30例痤疮患者临床疗效报道如下。

1.资料与方法

1.1一般资料

本组30例病人均为2011年1月一2016年 1月本人在北京及伦敦的医馆诊治的病人，其中男11例，女19例，年龄 18～33岁,平均年龄23.5岁，发病时间3个月～11年，平均 病程4.5年。

1.2临床分型

肺经风热型6例:痤疮为红色丘疹伴瘙痒。舌红，薄黄苔，脉浮数。

湿热蕴结型 7例:痤疮为红色丘疹伴红肿热痛，及（或）脓疱。舌质红，舌苔黄腻，脉滑数。

脾失健运，痰湿凝结型6例:痤疮皮疹向深部延伸，形成囊肿，舌质淡胖，舌苔白，脉滑 ；形成硬结，舌苔白，脉沉细。囊肿性痤疮及硬结型痤疮预后可形成疤痕。

混合型11例:面部症状体征为上述3型混合存在。

以上各型中 都有合并冲任失掉的患者，女性表现为月经后期量少甚至痛经；男性表现为遗精。

1.3治疗方法

1.3.1 面部痤疮阿是穴：0.16*7mm毫针痤疮痘点针灸围刺，针尖达痘的基底部。

1.3.2 腹部电针：腹部针灸引气归元及开腹四关，针尖朝向下肢，取穴：中脘、下脘、 气海、关元(引气归元);滑肉门、外陵(腹四关)。此外，取右大横穴针尖朝上、左天枢穴针尖朝下。均浅刺到皮下脂肪层，不以得气为度。接疏密波电针仪，强度以患者有震动感，并舒适为度。伴有痛经或脚发冷患者加TDP灯照下腹部

1.3.3 留针时间：30分钟。

1.3.4 留针同时，中药面部熏蒸：

基础方：薄荷，柴胡，黄芩，生薏苡仁

肺经风热型加：白鲜皮，白芍。

湿热蕴结型加：连翘，生大黄，桔梗。

脾失健运，痰湿凝结型加：白术，茯苓，皂角刺。

混合型：薄荷，白鲜皮。柴胡，黄芩，连翘，生大黄。白芍，桔梗，皂角刺。生薏苡仁，茯苓。

1.3.5 宋氏引邪外出拔针法：面部痤疮阿是穴起针时，左手轻拿阿是穴周围皮肤，右手逆时针扫散，同时徐徐提针，淤血、分泌物及脓液等痤疮内容物随针而出；不压针孔，任由瘀血流出。拔针5分钟后，用1%的双氧水棉球清理流出的瘀血脓液。

1.3.6 项背部痣点拔血罐：项背部痣点（多为痤疮疹）拔血罐。肺经风热者加肺俞；胃肠湿热者加胃俞及大肠俞；脾失健运者加脾俞；冲任失调者加膈俞。项背部无明显痣点的，依据痤疮在面部的位置，如痤疮集中在面颊两旁的，考虑到气血瘀滞在少阳经，在背部肝胆俞穴拔血罐；如痤疮集中在前额下颏，考虑气血瘀滞在阳明经，则在胃脾俞穴拔血罐；由于肺主皮毛，故肺俞穴拔血罐。操作方法：三棱针点刺后，拔气罐；对严重的囊性痤疮久不收口愈合的，可予细火针点刺后拔罐.

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1.3.7 疗程：10次一个疗程，最长 3个疗程，每个疗程间隔一周。第一个疗程内每周二次治疗。第二、三个疗程内，每周一次治疗。

1.4疗效判断标准

按照寻常痤疮疗效判定标准【1】，进行疗效判定。痤疮部位皮损消退率>95%,或仅留少许色素沉着斑，或粒性大小隐性瘢痕，无新发皮损出现为治愈; 痤疮部位皮损消退率>70%，症状明显好转，无新发皮损出现为有效; 痤疮部位皮损消退率<50%，或症状加重，连续治疗4周 以上仍有新发皮损出现为无效。

2.结果

临床治愈21例，治愈率70%，其中10例第一个疗程内即痊愈，未再继续第二个疗程。有效8例，临床总有效率 96.67%，疗效显著。无效0例。1例深部硬结型痤疮中途治疗不到一个疗程而放弃治疗 。治疗过程中，未发生任何不良反应。

3.讨论。

痤疮，中医又称"肺风粉刺"，为风热客于肺经，肺主皮毛，火性炎上，该病好发于面部皮肤，重者可累及颈项背部及上胸部，气血淤滞，生痰生瘀，痰热瘀结，而致脓肿、囊肿、结节。病人多有肝郁气滞及（或）胃肠湿热，致手足阳明和手足少阳经脉经络气血阻滞，故痤疮多发于两颊、 前额及下颏皮肤。过食肥甘辛辣食物导致胃肠湿热易诱发该病；熬夜失眠等耗伤阴精因素导致阴虚火旺可诱发本病。情志不遂，焦虑，抑郁导致肝郁化火亦可诱发本病。笔者采用整体与局部相结合的中医治疗方法，即达到清热解毒，透邪外出，使痤疮消退，又同时调节整个机体阴阳气血平衡，宁心安神，给脏腑病邪以出路，使痤疮免于复发或减少复发。

30例患者面部痤疮阿是穴均予针灸，小的痘痘中心单针针灸，大的痘痘多针围刺，一般2-3根针围刺即可，以达到拔针时提壶揭盖助邪外出为目的。针刺深度达痘的基底部为佳。针灸可以帮助消炎抗痤疮杆菌【2】；针灸可以通经络，使气血痰瘀消散。

宋氏分皮扫散缓提开泄拔针法：该法是痤疮治疗成功的关键，面部痤疮每根针均采用此法拔针引邪外出。包括（1）分皮：左手轻捏痤疮处皮肤，使痤疮处皮下结缔组织层空间扩大，与肌肉层分离。该法使经络淤滞疏通，气血运行顺畅。（2）扫散：右手持针，视针如激光束，进行逆时针方向扫散。该法使局部皮下脂肪缝隙加大，经络传导及气血运行加快，促进代谢产物清除。（3）缓提开泄：将针徐徐外提，针孔摇大，是为泻法。由于 每个痤疮痘疹都有络脉的瘀堵，缓提开泄起决堤通路之功，不但使络脉气血运行通畅，还使痘疮内的淤血外出。上述分皮、扫散及缓提开泄三法同时应用，拓宽气血运行通道，引瘀血、脓液、粉刺颗粒等痤疮内容物外出。《史记.扁鹊仓公列传》记载"医有俞跗，治病不以汤液醪洒，镵石挢引，案扤毒熨，一拔见病之应，因五脏之输，乃割皮解肌，诀脉结筋，搦髓脑，揲荒爪幕，湔浣肠胃，漱涤五脏，练精易形。" 虽然是史学著作，但其中暗藏多个针灸操作的玄机。割皮：分皮。诀脉：决开经脉，疏通经络。揲荒：触动膏肓。本人的分皮之法有扁鹊割皮之意、扫散之法有揲荒之意、缓提开泄有诀脉之意。局部痤疮围刺，宋氏分皮扫散缓提开泄法拔针，使气血运行通畅，全方位引邪外出，怯瘀而生新，这是本组病人疗效高，愈合快的主要原因。这里的扫散法，不是传统的捻转针柄，而是如激光束一样逆时针扫散。本人经验，逆时针扫散法运针较逆时针捻转法运针不但具有更强的疏通经纶，引邪外出的作用，还具有明显的止痛作用，配合缓提开泄拔针，病人感觉一股气流涌出，瞬间痤疮内容物（多数是淤血）随针而出，憋、痒、痛等原来痤疮的症状大大减轻。

30例病例均在留针同时，面部中药熏蒸以疏散风热，清热怯湿，解毒消肿，排脓散结。每次熏蒸的时间以病人感觉面部明显通透轻松为佳。

30例均予腹针，目前中西医都认为腹部是人体的第二大脑；中医认为腹壁浅层有一个影响全身的先天经络系统，针刺腹壁皮下结缔组织层，取穴双滑肉门、双外陵开腹四关；取穴中脘、下脘、 气海、关元以引气归原；考虑腹气以降为顺，针尖均朝向下肢。右取大横穴补脾气，左取天枢降胃浊；右大横穴针尖朝头，是考虑升结肠正常是向上蠕动的；左天枢穴针尖向下，是考虑降结肠正常是向下蠕动的，这里的针尖朝向完全是西医解剖思维，是笔者自己的经验，这样的针尖朝向更有利于通腹，便于清理胃肠湿热。腹针治疗达到了全身阴阳平衡，气机升降协调，气血运行通畅的目的，病人从而阴平阳秘，精神乃治。这里的腹针均采用电针，主要是增强镇静安神的功效，减轻痤疮患者由于容颜问题引起的焦虑抑郁；采用疏密波是为了避免单一频率长期治疗引起病人耐受现象。腹针治疗后，患者明显感到身体轻松，精神愉悦，睡眠佳，大便通畅。伴有痛经、月经失调或脚发冷患者加TDP灯照下腹部，即可温肾暖宫又可引上焦虚热下行。

30例患者均予项背部痣点拔血罐，这是因为疾病借助经络通达内外，卫分，气分，营分及血分任何一处的病症，都可以在体表找到反应点即痣点，痤疮的患者的痣点多为痤疮痘疹，拔血罐正是利用经络的这一生理功能，从体表入手，使内外病邪拔而去之。依据辩证，可配合相关背俞穴拔血罐以调整相关脏腑生理功能，使五脏六腑之阴阳气血相互协调，经气通畅，营卫调合。(下转第 9 页)

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试简述从腠理三焦辨证治疗皮肤顽疾 - 湿疹和牛皮癣

徐廣文

【摘要 】作者根据三焦是生化元气、卫气和气化津液的场所。腠理三焦是元气、卫气和津液循行的通道。“腠理通三焦”，三焦元气是腠理卫气的源泉的经典中医理论，认为临床上湿疹，牛皮癣多因腠理失调，卫气不足，卫气的防卫抗病能力下降，而外感热毒或湿热、寒湿、燥湿、风湿等；或因腠理三焦失调，或不通，使气化不利，津液代谢失常等，而内生湿热、寒湿、痰湿，或热毒。当其壅阻于肌肤，使腠理汗孔开阖失司，肌肤失养，则易发湿疹, 或牛皮癣。故治疗湿疹、牛皮癣，宜从腠理三焦辨证治疗。

关键词：湿疹，牛皮癣， 辨证论治， 腠理，三焦

Application of Couli and Sanjiao Differentiation in Treatment of Stubborn Skin Diseases -- Eczema and Psoriasis

Guangwen Xu

Abstract: The author discusses that Sanjiao(triple energizer) is the place where transformation of the Wei Qi (defensive Qi), Yuan Qi (primary Qi), and body fluids takes place. The Couli (subcutaneous space and loose connective tissues) and Sanjiao are regarded as a very important pathway for the transportation and transmission of Wei Qi, YuanQi, and body fluids. “The Couli connects the Sanjiao ”, Sanjiao's Yuan Qi is the source of Couli's Wei Qi. Based on this understanding, the author applies Couli and Sanjiao Differentiation in the treatment of eczema and psoriasis, as these skin conditions are commonly caused by the dysfunction of Couli , due to insufficiency of Wei Qi, which is usually caused by heat toxin, or damp heat, cold dampness, wind dampness, or dryness, etc., either from exterior invasion or interior generation. The dysfunction or obstruction of Couli and Sanjiao further affects the transformation of Wei Qi, Yuan Qi and body fluids, resulting in the accumulation of body fluids and dampness. The retention of all these pathogenic factors in Couli and Sanjiao is the cause for eczema and psoriasis, etc. In treating these skin diseases, we should apply the method of modifying Couli and Sanjiao.

Key: eczema; psoriasis; syndrome differentiation and treatment; Couli; Sanjiao

腠理是卫气的通道，“腠理通三焦”，腠理卫气外调节肌肤皮毛，司汗孔的开阖，防疫邪气，内通三焦元气。三焦是诸气生化之源，元气出下焦行于腠理为卫气；腠理三焦是元气、卫气和津液循行的通道；三焦是卫气、元气生化和气化津液的场所；三焦元气是腠理卫气的源泉。卫气元气运行于腠理三焦，相互作用，以强身防疫。

1. 腠理与卫气： 《黃帝內經靈樞·本臟》：“卫气者，所以溫分肉，充皮膚，肥腠理，司開闔者也，……卫气和則分肉解利，皮肤調柔，腠理致密矣。” [1]《素问·痹论》：“卫者，水谷之悍气也，...循皮肤之中，分肉之间，薰于肓膜，散于胸腹。”《灵枢.营卫生会》：“卫在脉外”；《灵枢.邪客》：“卫者，...行于五脏六腑”。认为卫气是由水谷精微所化生的悍气，卫气循行于脉外，腠理肌肤，以护卫肌表，调节腠理皮毛，司汗孔的开阖，防御外邪入侵；卫气内行于五脏六腑。[2] 所以，腠理是卫气循行的通道，卫气运行于腠理，外达肌肤皮毛，内至五脏六腑。

2. 三焦与元气： 元气是由元精（父母之精气）和后天之精气（ 水谷精气和自然清气结合而成）所化生。元气藏于下焦肾中，通过三焦而循行于全身，内行五脏六腑，外达腠理肌肤，无处不到。所以，三焦是元气生化的场所，三焦是元气运行的通道。

3. 腠理与三焦： 张仲景《金匮要略·脏腑经络先后病脉证》：“腠者，是三焦通会元真之处。” [3] 唐代王冰注：“腠，为津液渗泄所”。 腠理卫气通会三焦元真，腠理津液外渗泄于皮毛为汗。“卫出下焦”，下焦肾中元气出下焦，运行于腠理为卫气。三焦是生化元气，卫气和气化津液的场所；三焦元气是腠理卫气的源泉。“腠理通三焦”，[4] 故 腠理三焦是卫气、元气、津液运行的通道。 由三焦所生化的元气，出下焦行于腠理为卫气，卫气行腠理通三焦，为免疫防卫之气，而“营在脉中，卫在脉外”，卫气在脉外与营气并行，[5] 而元气运行于腠理肌表为卫气，腠理是卫气的通道，则脉外者是腠理也。卫气循行于血脉外，内至五脏六腑，外达腠理肌肤，运行于周身。三焦通腠理，纳五脏六腑，其津气运灌周身。如《中藏经》总结为：“三焦者，人之三元之气也，……总领五脏六腑营卫经络，内外上下左右之气也。三焦通，则内外上下皆通也。其于周身灌体，和调内外，营左养右，导上宣下，莫大于此者也。” 腠理三焦通，周身诸经皆通，则腠理卫气能外调节皮毛，司汗孔的开阖， 内通三焦元气[6]。即卫气外防邪气，内通元气（真气，正气），元卫调和，则“正气（元气）存内，邪不可干”。故腠理三焦，不但是生化元气、卫

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气和气化津液的场所，而且是运行元气，卫气、津液的通道，是机体的免疫防御循环系统。[4]. [8].

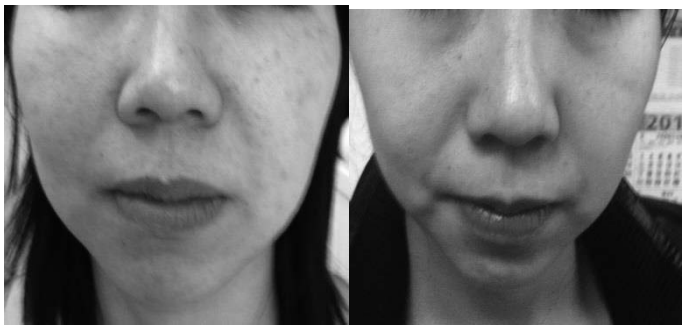
现代研究认为：腠理三焦包括了机体体液平衡调节系统。 ... 循环系统、淋巴系统、内分泌系统、受体、网膜等相. 和免疫系统，体液代谢系统等。[4]. [7]. [8]

临证: 湿疹，牛皮癣多因於腠理失调，卫气不足，防卫抗御病邪能力下降，而外感六淫病邪，或因腠理三焦失调，或不通，气化不利，津液代謝失調等有關。而导致热毒或湿热、寒湿、燥湿、风湿等，壅阻于肌肤，使腠理开阖失司，卫气不固，肌肤失养而发皮疹；或导致腠理三焦失调，或不通，一则元气不能化卫气，达腠理，卫气不能内通元气，导致卫气不足，使卫气防卫抗病能力下降，而感邪发疹。二是津液气化不利，易水湿内停，则内生湿热、寒湿、痰湿，或热毒等，其外壅肌肤而发皮疹。所以，临证辨证治疗湿疹，牛皮癣，宜调节腠理三焦，疏通腠理，宣清肌肤。或通利三焦，排泄热毒、湿热等毒素。如调节腠理，宣通卫气，使汗孔开阖正常，以益驱邪外出，清肤止痒；疏通腠理三焦，清利热毒湿热，或散寒利湿，使热毒、湿热、寒湿从汗孔宣泄或从二阴而泄利；疏通腠理三焦，促进清热排毒；生津养阴，润腠理，泽皮毛；养血荣腠，濡养肌肤；调节腠理，祛风止痒；调节腠理，润燥止痒等，对治疗湿疹，牛皮癣等皮肤顽疾非常有效。

举案例：

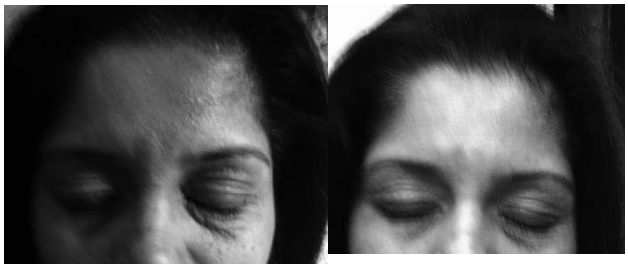
案例 1. 面部湿疹 7 个月，皮肤皮疹发红，边界不清，发痒，有少许渗出。舌质红，苔薄腻微黄，脉略数。用桑菊饮加味，清上焦，通腠理，治湿疹。调治 46 天，皮疹全消。见照片 1:

治疗前 （2014 年 6 月 1 日） 治疗后（2014 年 8 月 18 日）照片



案例 2. 头面慢性湿疹 20 多年，皮疹境界不清，皮肤增厚暗红，皮损纹变粗大，干燥皲裂。自觉瘙痒。经久不愈。有压抑时怒。舌质红，苔薄黄腻，脉略数。用龙胆泻肝汤合夏桑菊饮加味，清泻上焦湿热，调腠理清肌肤。治疗 3 周，皮疹消退。见照片 2:

面部湿疹 20 多年，治疗前（2014 年 3 月 23 日）治疗后（2014 年 4 月 13 日）的照片

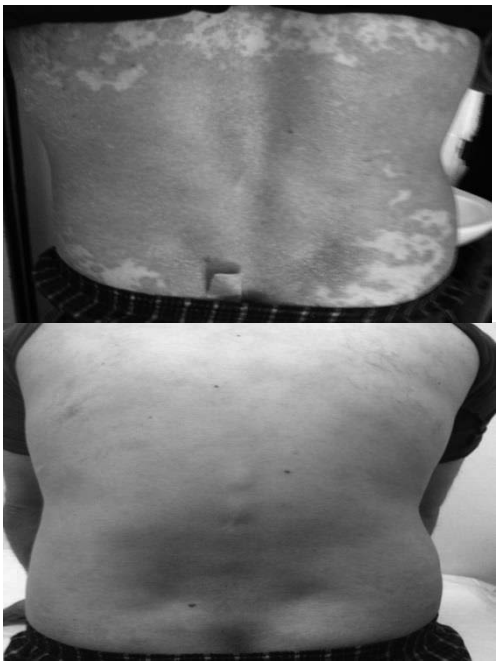


案例 3: 红皮病型寻常型牛皮癣，病程 19 年，整个背部皮肤通红、稍畏寒发热，有时微痒，抓后稍许脱屑。舌质暗红，苔薄黄腻，脉细略滑数。

辩证：病久湿热瘀毒，凝蕴腠理三焦，元气不能达腠理，则卫气不足，使其调节肌肤汗孔的功能失司。

治宜清利湿热瘀毒，疏通腠理三焦，调和营卫气血。用五味消毒饮合祛湿活血汤加减。见照片 3:

牛皮癣 19 年，治疗 3 周后（2014 年 6 月 25 日） 治疗 2 月后（2014 年 8 月 12 日）的照片



案例 4: 患者患双下肢牛皮癣 15 年，皮肤肥厚发红，抓痒脱屑，有小出血点。有时便秘。舌质红，苔薄腻稍黄，脉小弦数。证属湿热流注下焦，病久下焦腠理失调，瘀热凝蕴肌肤。治宜清利下焦湿热，祛除腠理肌肤瘀热，以疏通腠理三焦，调和营卫气血。用龙胆泻肝汤合祛湿活血汤加减。见照片 4:

患牛皮癣 15 年，治疗 4 周后（2013 年 3 月 14 日）治疗 3 个多月后（2013 年 6 月 6 日）照片

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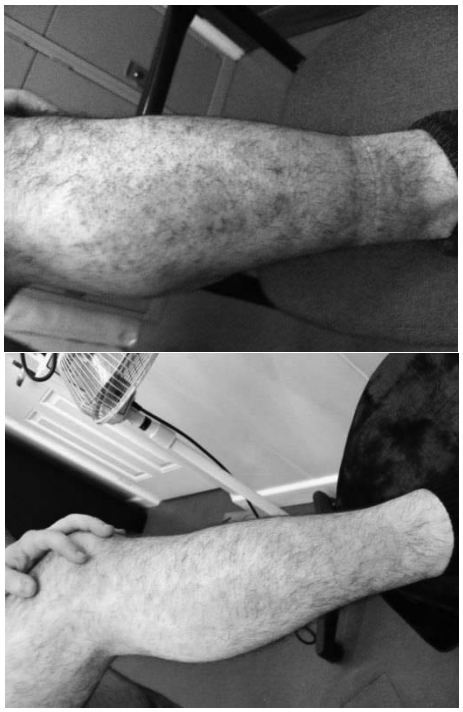

讨论：

1. 肌肤毛孔通腠理，腠理通三焦。腠理三焦通调，则腠理肌肤调和。

2. 卫气外调节肌肤皮毛，司汗孔的开阖，防疫邪气，内通三焦元气。三焦元气是腠理卫气的源泉。肾中的元气出下焦行于腠理为卫气。所以，“正气（元气）存内，邪不可干”，就是这个道理。只有元气（正气）强盛，卫气的防御功能才能正常发挥。

3. 三焦是诸气生化之源。三焦是气化津液的场所。三焦通暢调和，则诸气生化有源，气化津液的代谢正常。

4. 腠理三焦是卫气、元气、津液运行的通道。腠理三焦通畅，则卫气、元气、津液的运行通畅，则不会水液停滞，内生水湿。

5. 湿疹，牛皮癣多因腠理的卫气不足，防卫抗御病邪能力下降，而外感热毒或湿热、寒湿、燥湿等。或因腠理三焦失调，或不通，导致元气不能化卫气，达腠理，而使卫气不足；或三焦的津液气化不利，易水湿内停，则内生湿热、寒湿、燥湿或热毒。其外壅阻于肌肤而发湿疹，牛皮癣。

6. 导致湿疹，牛皮癣，多于腠理三焦的卫气，元气的免疫防卫功能，和三焦的气化津液的功能有关，所以，治疗湿疹，牛皮癣，试从腠理三焦辨证治疗。

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Clinical Application of Tendency Differentiation and Treatment

Yan Li

Abstract
There is a big difference between syndrome differentiation and tendency differentiation, - the former was first recorded in *Treatise on Febrile Diseases*, it treats diseases on the basis of identifying the symptoms of six meridians. However it is very complex to learn and even well trained TCM practitioners have to spend years to gain experience to grasp it. In the system of tendency differentiation, it takes the consideration of human body's Yuan Qi, that rises up from left side and drops down on the right side, forming a circular motion. This dynamic process of the Yuan Qi movement is called tendency. Tendency differentiation and treatment is to diagnose the the location of Qi blockage in order to give appropriate treatment. Although the efficacy may not be the quickest best, it is very easy to learn and apply, worthy for wide-spreading. I have used it in my clinical practice for many years, and it works really well. It is my pleasure to share my experience here.

Key words: tendency differentiation, syndrome differentiation, circular movements of Qi, Treatise on Febrile Diseases, Yuan Qi

Tendency differentiation and treatment was originally discussed in a chapter on herbal prescriptions and treatment principles of *Wan Bing Zhi Jian Lun (Simplification of all diseases)* [1]. Based on the circular movement of human vitality, it streamlines the 113 formulas of *Shang Han Lun (Treatise on Febrile Diseases)* into three categories:

1. Balancing central energy (Li zhong tang) series ---- tonifying Yang energy.
2. Clear channel (Xiao chai hu) series ---- modifying ascending and descending movement.
3. Yin energy tonic (sheng mai shu di gou qi drink) series ---- tonifying Yin energy.

Firstly let me introduce the circular movements of Qi in ancient Chinese medicine. In a place where a creature habitats, the light and heat of the sun that irradiates to this ground is called Yang energy. When light and heat has passed, between this and next coming light and heat, it is called Yin energy. Yang energy moves upwards, while Yin energy moves downwards. Yin and Yang follow each other, form a circular motion. This circular movement moves down from right side, and rises up from left side, the floating and sinking have a deep link with four seasons and 24 solar terms.

Human body can be divided into five areas: the upper, the lower, left side, right side, and central. Upper energy moves down from right side, and then rises up from left side, central energy rotating the movement. If the circular motion is smooth, the person is healthy. If the upper energy cannot move down from right side, headache will occur. If the lower energy cannot rise up from left side, it will cause weakness. The root cause is that the central energy is too weak and cold to rotate the whole movement.

Tendency differentiation and treatment is to diagnosis energy blockage area and then give appropriate treatment. It focuses on meridian instead of herbal formulas. By supplementing the defective energy it unblocks the meridian flow to achieve the effect of cure for the disease, so a simple prescription can make great effects.

For example, there are many ways in help a poor man. He wants bicycle, new clothes, all kinds of household items. Syndrome differentiation is to buy everything he needs and then give to him. Tendency differentiation and treatment is to give him money, let him to buy what he needs. If he managed well, he might have some savings or do some investment. It becomes simple, isn't it? Yuan Qi as if the energy bank of human body, as long as it is strong enough, it will repair the body automatically.

Prescription details of tendency differentiation and treatment:

1. Balancing central energy (Li Zhong Tang) series –Tonifying Yang energy --for people with Yang Qi deficiency. Administration time: oral administration three times a day, once in 1-3pm, 5-7pm, and 9pm respectively..

1) Low-dose (in case of low energy)
Modified Li Zhong Tang: Atractylodes 5g, Codonopsis 5g, Honey-fried licorice 10g, Dry ginger 5g, Amomum 5g (smashed), Hawthorn 8g, Dogwood 8g.
Modification: add Cinnamon bark 6g, Chinese Angelica 8g in winter and autumn. Suitable for patients with good sleep, but poor appetite.

Modified Sheng Mai Li Zhong Tang: Codonopsis 9g, Ophiopogon Radix 8g, Schisandra 3g, Atractylodes 5g, Dry ginger 10g, Honey-fried licorice 10g, Amomum 5g (smashed), Hawthorn 8g, Dogwood 8g.
Modification: add Skullcap 9g in spring and summer

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seasons，and add Cinnamon 6g in autumn and winter seasons. Suitable for patients with poor sleep and loss of appetite.

2). Heavy-dose (in case of full energy)
Modified Li Zhong Tang:
Atractylodes 20g, Codonopsis 30g, Honey-fried licorice 50g, Dry ginger 50g, Amomum 20g (smashed), Hawthorn 30g.
Modification: add cinnamon bark 10g, Chinese angelica 30g in winter and autumn.
Suitable for patients with good sleep and good appetite.

Modified Sheng Mai Li Zhong Tang:
Codonopsis 30, Ophiopogon Radix 20g, Schisandra 10g, Atractylodes 20g, Dry ginger 50g, Honey-fried licorice 50g, Amomum 20g (smashed), Hawthorn 30g.
Modified: in spring and summer add Skullcap 20g, in autumn and winter add Cinnamon 10g.
Suitable for patients with poor sleep and good appetite

2. Clear channel (Xiao Chai Hu) series -- fighting with evil energy—used for the cases when in agony. Administration time: to be taken in the morning after wake-up, then once every 2 hours, 3 times a day. The last dose should be no later than 3pm

Xiao Chai Hu Tang with added Dry ginger: Bupleurum 30g, Codonopsis 30g, Skullcap root 20g, Peony bark 30g, Fresh ginger 80-140g (140-200g in autumn and winter), Dates 12 pieces, Dry ginger 30g, Honey-fried licorice 30g
Suitable for patients with poor sleep, regardless appetite, in agony, whose energy scattered and Yang Qi not in the right position.

1/3 of Xiao Chai Hu Tang with added Dry ginger: Bupleurum 10g, Codonopsis 10g, Skullcap 7g, Peony 10g, Fresh ginger 30g, Dates 4 pieces, Dry ginger 10g, Honey-fried licorice 10g.
Suitable for children or adults with weak energy.

3. Yin energy tonifying series (Sheng Mai Shu Di Gou Qi drink) -- Tonigying Yin energy (Material basis)--for people with Yin deficiency. Administration time: 3 times a day, 3pm, 5pm, and 9pm.

Key points of Yin energy differentiation:
- Thin pulse ---- this is deemed as a golden criterion .
- Scanty menstrual flow in female.
- Thin body with dry and red skin.
- Red and thin tongue, dry and small, with little coating.
- Typical symptoms of Yang hyperaction (insomnia, anxiety, irritability, thirsty) but without improvement after repeated use Xiao Chai Hu Tang series or modified Sheng Mai Li Zhong Tang
- Serious loss of body essence, especially for people who often work at night or do not sleep at night.
- Major blood loss or loss of body fluids (menstrual bleeding, cough and spit a lot of blood, after severe diarrhea)

1) Low-dose
Codonopsis 9g, Ophiopogon Radix 8g, Schisandra 3g, Rehmannia 6g, Wolfberry 8g, Citrus peel 8g, Dry Ginger 10g, a dry plum, Honey-fried licorice 10g.
Suitable for patients having appetite but with Qi deficiency, average mental state, often feeling tired, abdominal bloating.

2). Heavy-dose
Codonopsis 20g, Ophiopogong Radix 10g, Schisandra 10g, Rehmannia 20g, Wolfberry 20g, Citrus peel 20g, Dry Ginger 20g, 3 dry plums, Honey-fried licorice 20g.

Suitable for patients having good appetite and full of energy, good mental state, not feeling tired or bloating.

Discussion:

In the tendency differentiation all need to do is to consider two questions, firstly how much energy the body has; and secondly, the direction of energy, whether it can move up or down smoothly. During the consultation, in addition to the main complaint, there are 4 questions that need to be asked, - 1. diet/appetite; 2. Sleep; 3. bowl movement, and finally, 4. hot or cold feeling on hands and feet.

First of all, if a person has cold hands and cold feet, obviously, it indicates a Yang energy deficiency. Because hands and feet are the farthest end of our body, when there is not enough Yang energy, the symptom first appears on hands and feet.

Secondly, observe the up and down movement of energy. Sleeping pattern very much reflects such energy movement, which is like the sunrise and sunset. A sunset is the start of day time with goof energy while sunset is when the sun moves down to other side meaning the dark night begins, when the Yang energy is hidden.
Within our body there is a Yang energy which is synchronized with the sun. Normally, following the sunset, our body's Yang energy also moves down, then we will be able to sleep. Sleeping problem shows whether the Yang energy in our body can move up or down smoothly. Poor sleeping means Yang energy cannot move down properly.

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Another explanation of poor sleep is Yang energy dislocation. Normally our hands and feet should be warm, head and face should be cool. Relatively speaking, head and limbs are the far ends of the body. Yang energy needs to be strong to reach there. Head is on the top, limbs are on the outside of trunk, if Yang energy cannot move down, it will stay outside, stay on the top. Therefore people with hot hand and feet often feel hot on the face, and emotionally irritable. This is named "Shao Yang fire dislocation" in syndrome differentiation. Yang energy scattered outside, losing constraint.

Since Yang energy all is gone to outside, the inside energy certainly will be deficient, which results in the cold and weakness of spleen and stomach, or middle Jiao. This is just like the water in a well is cold in summer. The atmosphere is on the surface of earth, well water is inside under the ground. Why is well water cold in summer? Because the heat energy is gone to outside atmosphere, therefore the water becomes cool. Similarly in our body, when one feels hot in hands, feet and face, his sleep is often poor. Because Yang energy cannot move down properly, there must be cold condition inside, in the stomach.

What happens when stomach becomes cold? It will affect the bowl movement. As stomach is lack of energy, the ability of sending down the food residue will naturally decline, causing bowl movement slow down, then constipation occurs. But this is not hard stool constipation; it is like clay, soft, a feeling that cannot completely empty the bowl. Constipation of this kind is due to cold and weakness in spleen and stomach.

Spleen belongs to "Tai Yin" in six meridians, it is associated with bowl movement. Body's Yang energy goes down from top, this process is bound to go through the "Tai Yin" meridian. "Tai Yin" is like a door, Yang energy is like a force, the force wants to enter the door, moving down, "Tai Yin" door must be open. Typically, when "Tai Yin" is too cold and deficient, so the door is closed, the Yang energy couldn't move down, that is "Yang Ming couldn't move down, Tai Yin doesn't open." So in fact, the stomach and spleen play a key role in sleeping problem, when stomach goes wrong, the sleeping also goest wrong.

The most important factor cause cold and deficiency stomach is cold diet, - Intake of cold, frozen food or drink, or overeat food with cold property, such as pears, watermelon, fruits.. A lot of people have sleeping problem, in fact, which links with their cold diet. There are two meanings of "cold", one is cold temperature, and another one is cold property. Cold property means even the food is taken in warm or hot temperature, but as its nature is cold, after eating, it still hurts the body Yang energy. So for people who cannot sleep, we should firstly consider the problem of their diet, whether they had the hobby to eat or drink cold stuffs. There is such close connection between diet and sleep.

In terms of tonifying energy shortage, the most important issue is absorption. In the modern world, people normally don't face the problem of inadequate nutrition, but the poor absorption of what we eat is a big issue. In reality, people have very good living condition, especially in the UK, so basically there is not nutrition shortage exists, but more absorption problems. People take vitamins, protein powders, raw and cold fruits and vegetables, high protein meat and fish, and drink milk every day, but still many people suffer from deficiencies because of their absorption difficulties.

In Chinese medicine, absorption is the issue of spleen –"Tai Yin", and stomach. As long as your spleen and stomach are healthy with good absorption capacity, the usual diet will be able to fully make up the energy needed in life.

As we see, a lot of people in the UK drink ice water, eat ice cream, have cold milk and cereal for breakfast, cold sandwiches, salads, fruits for lunch. The only hot meal is at dinner, then after dinner cold dessert is served. Such cold dietary structure has made a large number of people to suffer from cold and deficiency spleen and stomach. The circular movement of their body's Yang energy has been greatly affected, energy being blocked on upside, down side, left side and right side, and cause all kinds of symptoms, with obesity thus arising.

Tonifying energy should focus on enhancing absorption capacity, rather than a variety of nutritional supplements. Good absorption capacity is indicated by the appetite, so be sure to ask appetite in each inquiry. In the treatment, improving appetite can be crucial for enhancing and maintaining energy.

To improve appetite is to transfer body's energy to the stomach. How to adjust it? Pull back the energy that has run to outside of body. In other word, solve the problem of Yang energy dislocation. That is, to solve sleeping problems, the prescription of Xiaochaihu with added dried ginger should be chosen.

In this formula, Xiaochaihu modifies the up and down movement of energy, clear channel blockages. Because many people have energy deficiency while the up and down movement is wrong, therefore dried ginger should be added in to tonify the energy of "Tai Yin". The combination of modifying and tonifying forms the best prescription for treating sleeping disorder and Yang energy

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dislocation. When sleep is improved, energy can be absorbed properly, the body's ability to excrete waste down will also be increasingly stronger. The bowl movement issue will be naturally sorted out. Normally 1-3 bags of herbs should resolve sleeping problem. The best combination is to take Xiaochaihu with added dried ginger in the morning to modify the Qi up-and-down movement, and take Lizhongtang series in the afternoon to tonify energy. The former does an upwards divergence, while the latter makes a downward convergence, so both together to form a circular motion.

Case study 1:

Gentleman A with chronic diarrhea for 40 years. As a company director, he had a successful career and happy family. The only problem was that every morning he had to spend at least 20 minutes in the toilet, suffering with diarrhea and abdominal pain. After all conventional treatment failed, he came to try Chinese medicine.

At the first visit, he had sturdy body, good appetite, cold hands and feet, slept well, diarrhea dozen times a day, often occurred after eating. His tongue was pink with a little crack, white moisture tongue coating. His pulse was irregular, with every 3-5 beats and then missing one. There was no history of heart disease. He had cold beer drink every week, cold milk with cereal for breakfast, cold sandwiches for lunch, with only hot meal for supper.

Analysis: First cold hands and feet indicate the body is lack of energy; white moisture tongue indicates there was enough water; crack of tongue shows cold diet and diarrhea has damaged Yin energy; sleep well, good appetite, indicating no problem on energy movement. Irregular pulse shows that the position of coldness was very deep inside organ, and Yang energy had been hurt. Diarrhea, abdominal pain, shows cold and weakness of stomach had been very serious. Therefore, for the treatment firstly to consider balancing central energy (Lizhongtang) series to tonify Yang energy.

Treatment:
Advice given to stop drinking and eating all cold food, including room temperature water, that is too cold for him, ensure the temperature of all food for intake is above body temperature, in order to supplement the inner heat source, especially in the morning when Yang energy is rising up.

a). 7:00 am every morning, when energy go through spleen meridian, start to drink ginger and date soup (to open "Tai Yin" meridian):
5-7 slices of fresh ginger, 3 dates, 1-2 tea spoon brown sugar, put into sauce pan, add 800ml water bring to boil for 5-10 minutes, then drink it. Take the same drink for the whole morning until 3pm whenever feeling thirsty.
(Note: Ginger tonifies Yang energy, dates tonifies Yin energy, brown sugar brings the energy to the spleen meridian, as Yang energy dominates in the morning, so the amount of ginger must be more than the dates)

b). Take Li Zhong Tang series -- tonify Yang energy.
Modified Shen Mai Li Zhong Tang (low dose) at 3:00pm, 5:00pm, 9:00pm (because there was some cracks on his tongue, so choose this formula for Yang energy but at the same time taking care of Yin energy).

c). Acupuncture(Once a week): Qu Chi (LI 11), He Gu (LI4), Tian Shu (ST25), Zhong Wan (CV12), Zhu San Li (ST36), San Yin Jiao (SP6),

d). Moxibustion: Zhong Wan(CV12) Guan Yuan(CV4)

Second visit: One week later, diarrhea reduced from the originally dozen of times to 5-6 times a day, which was still loose. Pulse was still irregular, however he felt much better with physical energy. Due to work early in the morning, he started to drink ginger soup from 6:00am till 3:00pm, and tried to have hot meal, although it was hard to avoid cold drink at weekend because of social reasons, but he tried not to add ice. Treatment was the same as before, he was told to adhere to warm diet.

The third week, the bowl movement was still loose, but reduced to 4-5 times a day with no abdominal pain. Treatment was the same.

The forth week, bowl movement occasionally in shape, pulse still arrest once every 3-5 beats, hands still felt cold. Treatment was the same as before.

Two months later, his bowl movement became completely in shape, and once a day, diarrhea was cured. His pulse was recovered to a regular rhythm, indicating the impaired organ energy had recovered). His hands and feet became warm, and he had a good appetite and slept well. The patient very pleased, and continued another course of treatment to top up his energy. He joked: "You cure my illness, but took away all of my favourite foods." His eating habits have completely changed, from cold into warm, and he knows how to protect his stomach with ginger drink. This is exactly as a Chinese saying: " To cure a disease, 30% depends on treatment, 70% depends on daily care."

Case study 2:

Lady B, with Alopecia areata for three months.
At the first visit, she had 2 * 2.5cm bold patch in the back of her head, She was very skinny, with dry skin,

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brittle nails, with hot flashes, night sweats, very thirsty, poor sleep, constipation, and hot hands and feet. Her tongue was thin and red with many deep cracks, almost without coating, her pulse was small. She had plenty raw fruits every day. Her appetite was good, she often felt hungry even after a meal.
Analysis: poor sleep indicates that the energy up and down movement needs to be adjusted; hot hands and feet, hot flashes, and night sweats show that the energy scattered outside cannot converge; red and thin tongue with many deep cracks, dry skin, hunger after meal, and small pulse all indicate water shortage - severe Yin energy deficiency.

Treatment:
a). Clear channel (Xiao Chai Hu) series ---- adjust up and down movement. 1/3 dose of Xiaochaihu with added dried ginger to clear the blockage in the channel.

Why not give her Yin energy herbs straightaway? Because many patients although with Yin deficiency, but if given Yin energy herbs, they usually get bloating within three days. Bloating is a sign that Yin energy has been toped up enough. If the channel is still blocked, the energy cannot be toped up properly. So I gave her 1/3 dose of Xiaochaihu with added ginger first.

Advice given to stop eating cold fruits and vegetables, if she really wanted to eat, the food and fruits should be heated above body temperature.

At the second week, her constipation was improved, but she still had hot flashes, night sweats, hot hands and feet, and still easily felt hungry, thirsty, with dry skin. Other symptoms were the same as before.
Treatment:
a). Morning: ginger and date drink
b). Afternoon:
day1,3,5,7: Balancing central energy (Li Zhong Tang) series – tonifying Yang energy. Modified Sheng Mai Li Zhong Tang (low-dose) was given.
day2,4,6: Yin energy tonic series ---- nourishing Yin energy. Sheng Mai Shu Di Gou Qi drink (low-dose) was used.

The third week: no more constipation, thirst slightly better, still with hot flashes and night sweats. Other symptoms were the same.
Treatment: Yin energy tonic series----Sheng Mai Shu Di Gou Qi drink (low-dose) for 7days, take it as long as not feeling bloated, then come back to change herbs.

The fourth week: sleeping was better, hot flashes and night sweats greatly reduced, tongue becoming moist, cracks reduced, some hair began to grow on the affected area. I was very surprised that Lady B did not feel bloated at all after taking Yin energy formula for 7days, and all symptoms were getting better. This indicated that her body was serious lack of water (Yin energy), so I decided to continue the Yin energy treatment.

The fifth week: the hair on the bold patch had grown to 3-4cm long, with slightly white or yellowish colour. As she still had no bloating, the same treatment was carried on.

Two and half months later, her alopecia areata area has covered with full normal hair with white colour (surrounding normal hair is dark brown). On the root, some dark brown hair began to grow. Hot flashes and night sweats disappeared. She slept well, her tongue was red with moist coating, cracks almost gone. Her alopecia areata was deemed to be cured.

During the treatment, the hair naturally grew out when Yin energy is restored. Since we can see that alopecia areata, hot flashes, constipation, … all these symptoms are the phenomenon of energy imbalance, as long as we identify the weakened energy or excessive energy and rebalance them into harmony, the disease can be cured.

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临证心得：治痛勿忘理气药

徐廣文

【摘要】作者的临证心得，认识到“百痛生于气不通”。只有当寒盛、热壅、湿阻，或肝郁、食积、血瘀、气虚、阳虚等导致气机运行不通时，才会引起疼痛。理气药，理气止痛药，能直接相助其他的药，以疏通气机，利于治痛而止痛。因此，在临证治疗疼痛，勿忘理气药。
关键词：治痛　理气药

Don’t Forget the Qi Regulating Herbs When Treating Pain

Guangwen xu

Abstract：Based on own clinical experience, the author believes "many pains are caused by qi obstruction". Qi obstruction can be caused by many various factors, such as cold, heat, dampness, or liver stagnation, indigestion, Qi deficiency, Yang deficiency, blood stasis and others. Only when these factors lead to Qi obstruction, then the pain occurs. Qi regulating herbs, or more or less like herbal painkillers, can directly help to smooth the Qi flow, enhancing the effect for pain relief. Thus, in our clinical practice when treating pain-related conditions, we should not forget to use Qi regulating herbs.
Key words: treatment pain; qi regulating herbs

在临床上，寒、热、湿邪，或肝郁、食积、气虚、阳虚、血瘀等，若不导致气机运行不通时，是不会引起疼痛的。只有当寒盛、热壅、湿阻，肝郁、食积、血瘀、气虚、阳虚等导致气机运行不通时，才会引起疼痛。[1]所以，治疗疼痛，宜注重理气止痛，治痛不忘理气药。

理气药有以下三大类：

1. **具有理气止痛的药：**有木香、乌药、香附、沉香、佛手、橘核、川楝子（性寒）、檀香、香橼、降香、薤白、姜黄、八月札、甘松、郁金等。[2]
2. **理气药：**有陈皮、青皮、砂仁、 枳壳、枳实、丁香、 大腹皮、 沉香、 桔梗、 瓜蒌、 绿萼梅、莱菔子、苏罗子、天仙藤、路路通、谷芽等。[2]
3. **理气止痛，活血药：**元胡素、乳香、香附、没药、莪术、三棱、川芎等。[2]

理气药多偏温，有温通经脉气血之功。疼痛多因寒所致，用理气止痛药，不但理气止痛，通利气机，同时可温通血脉，有助气血运行；“气为血之帅”，气行则血行，气机通则瘀血易化，理气有助于活血祛瘀；气滞且易致湿滞，理气有利于化湿；气滞胃痛，气滞腹痛常有纳呆，胃脘痞满胀痛。 有些理气药和理气止痛药，有理气消食除胀之功，如陈皮、青皮、砂仁、绿萼梅、八月札、佛手、 大腹皮等。绿萼梅、八月札有理气不伤阴的特点。

元胡素、乳香、没药、木香、香附、柴胡、乌药、莪术、三棱、川芎等药，能理气止痛，活血祛瘀。临证辨证配方，可通治诸痛。 元胡素、乳香、没药、香附、莪术、三棱、川芎等，治疗各种疼痛已共识。而有些理气药，现在临床用于治痛尚为太局限。有的药按传统功效，没有止痛作用，如柴胡，但现代药理实验研究，却有镇痛作用。

特举乌药、 柴胡、 木香为例：历代医书经方治疗疼痛的应用：

乌药：顺气，开郁，散寒，止痛，温肾。能上理脾胃元气，下通少阴肾经。可治一切气痛。气逆胸腹胀痛、寒疝痛、风湿麻痹、浑身胀痛、跌打损伤、咽喉闭痛、头痛、产后痛、脚气痛等。如《局方》乌药顺气散：“治风气攻疰四肢，骨节疼痛”；《濒湖集简方》 治心腹气痛“；《慎斋遗书》香附散：“治浑身胀痛，气血凝滞者”； 《纲目》：“治气厥头痛，妇人气盛头痛及产后头痛”；《沈氏尊生书》排气饮：“治产后逆气，食滞胀痛”；《本草切要》：“治胎前产后血气不和，腹胀痛”；《永类钤力》：“ 治脚气掣痛”；《濒湖集简方》：“治心腹气痛”；《江西草药》：“治跌打损伤”等。

柴胡：疏肝解郁，和解少阳，升清阳 举中气。现代药理研究证明：柴胡有镇痛，解除胸闷胀痛，开郁调经作用[3]。所以，柴胡能疏肝解郁，消炎，理气镇痛，配方可治疗各种疼痛。如《药性论》：“治热劳骨节烦疼，热气，肩背疼痛”；《伤寒论》小柴胡汤：“治伤寒五六日，中风，……腹中痛”；《圣济总录》解毒汤：治伤寒初觉发热，头疼脚痛”；《景岳全书》正柴胡饮：“治外感风寒，发热恶寒，头疼身痛”；《局方》柴胡散：“伤寒壮热，头痛体疼”；《博济方》柴胡散）：“治伤寒日数过多，心中气闷，或发疼痛”；《类证活人书》黄龙汤：“治妊妇寒热头痛，不欲食，胁下痛，

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呕逆痰气”;《景岳全书》柴胡疏肝散:“治胁肋疼痛,寒热往来”;《圣惠方》柴胡散:“治劳黄,四肢无力,骨节烦疼”;《朱氏集验方》柴胡散:“治眼暴赤肿痛”;《圣济总录》柴胡散:“治舌本强,两边痛”;《淡薮》:“盖热有在皮肤、在脏腑、在骨髓,非柴胡不可”等。

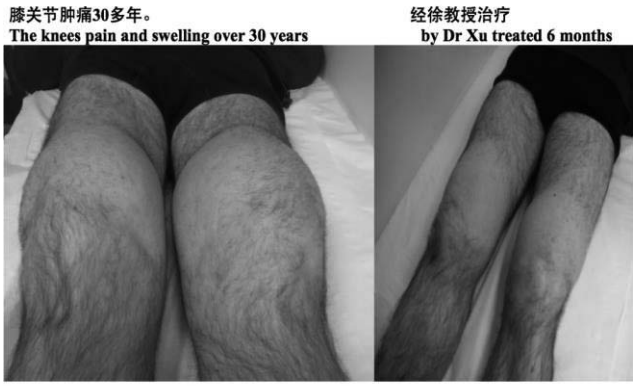
木香: 功效:疏肝和胃,行气止痛,健脾,消食,导滞。治:胁痛,脘腹胀痛,胸脘胀痛,九种心痛。如《本草求真》:“木香,下气宽中,为三焦气分要药;《药品化义》:“木香,香能通气,和合五脏,为调诸气要药”;《本草汇言》:“广木香,《本草》言治气之总药,和胃气、通心气、降肺气、疏肝气、快脾气、暖肾气、消积气、温寒气、顺逆气、达表气、通里气,管统一身上下内外诸气,独推其功。” 《圣惠方》木香丸:“木香治一切气,攻刺腹胁胀满”;《儒门事亲》木香槟榔丸:“木香治一切沉积水气,两胁刺痛”;《阮氏小儿方》: “木香治内钓腹痛”; 《医方简义》导气汤:“木香治寒疝,以及偏坠小肠疝痛”;《药性论》:“治女人血气刺心心痛不可忍”;《简便单方》:“治一切气不和, 走注痛;《阮氏小儿方》治内钓腹痛”;《圣惠方》木香丸:“治一切气 攻刺腹胁胀满 大便不利”等。

临床治痛用理气止痛药的体会:

例一: 患者,女,39 岁,腹痛腹泻反复发作 6 年多,多因情绪变化,激动或郁闷时而发腹痛即泻,或因饮酒或喝牛奶诱发。发病前先腹痛而后腹泻,泻后痛减。每日大便 2-5 次,大便稀薄带黏液。舌淡红,苔厚腻,脉细弦。辨证属肝旺脾虚湿滞,肝气横逆克脾土。首选了补脾柔肝,祛湿止泻的《景岳全书》引刘草窗方之痛泻要方,加味:炒白术 12 克 、炒白芍 12 克、陈皮(炒)10 克 、炒防风 9 克、党参 10 克、薏苡仁 20 克、 山药 10 克、 茯苓 12 克、车前子 15 克,水煎,早晚各服一次,连服 2 周后,腹痛微减,大便日 3 次。后取其《医方集解·和解之剂》:“陈皮辛能利气,炒香尤能燥湿醒脾,使气行则痛止。” 取 “使气行则痛止”之意,配方加强疏肝理气止痛药,上方加柴胡、木香各 9 克、八月扎 10 克,服 2 周后,腹痛缓解,腹泻止。此因,肝旺者肝气过郁,而横克脾土,不但更致脾虚,而且使脾胃气机升降失调,导致胃肠气滞不通则痛。“腑气以通为用”,上方健脾化湿利湿,行气通腑止痛,服后使脾运湿化,气机和顺,腑气通降,故腹痛缓解,腹泻得止。

例二: 患者,男,54 岁。双膝关节肿痛,已有 30 多年。行走困难,活动受限,屈伸僵硬,甚至强直拘紧,时轻时重,每遇阴雨天加重。舌质淡红稍暗,苔白腻,脉细而弦滑。辨证属寒湿凝滞,日久痹阻,使气滞不通则关节肿痛僵硬。选《明医指掌》卷七的薏苡仁汤,加理气止痛活血药,由当归、 炒芍药、 薏苡仁各 12 克、肉桂 9 克、 麻黄 6 克、 甘草 3 克、苍术 9 克、柴胡 6 克、木香 9 克、乌药 10 克、延胡素 12 克、香附 10 克、乳香 9 克、莪术 10 克组成方,能温化寒湿,舒筋通痹,行气止痛,活血祛瘀。以此方为主,辨证治疗 6 个月,双膝关节肿痛全消,治愈了 30 多年的顽疾。此方意在“肝主一身之筋膜……肝主筋……肝者,其交在筋。”《素问·经脉别论》;“宗筋主束骨而利机关。”《素问·痿论》;肝主疏泄,调节一身之气机;膝关节为筋之聚,肝主筋而利机关;和湿为阴邪,故加柴胡、香附、木香疏肝舒筋而利关节;柴胡、香附、木香、乌药、延胡素、乳香、莪术,理气活血而通痹阻。理气药和理气止痛药多偏温,还可有助温化寒湿。共凑其方,使寒湿除,痹阻通,则气机运行通畅,关节肿痛自消。

符例 2,治疗前后的照片:



结语:

临床治疗痹痛常用防风、羌活、独活、附子、川乌、草乌等药祛风散寒,温通经络之品,不但刺激胃,不宜久服。而且川乌、附子、草乌有毒,在欧盟西方国家已禁用。而许多理气药和理气止痛药,如陈皮、青皮、砂仁、绿萼梅、八月札、佛手、苏罗子、大腹皮等有消食和胃,理气除胀之功。绿萼梅、八月札、苏罗子还理气不伤阴。大多理气药和理气止痛药偏温,则有助于温通经脉和温化寒湿。所以用治痹痛,即安全又有效。

以上二例,不但针对致痛之因,祛除病邪,温补调理,而且注重了致痛机理,气不通则痛,气通则不痛。疼痛之处,必有气阻,气阻之处,必是疼痛之所[1]。则同方内选用了理气止痛药,以助理气止痛,通利气机,因而获得了好的治疗效果。

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Can Acupuncture Help to Increase the Success Rate of IVF?

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Abstract： IVF technique has been widely used in recent three decades. It has become a common assisting technique for conception treatment. Doctors and patients are still deeply concerned with the low success rate of IVF, although it has been improved in recent years. How to further increase the success rate of IFV? Some clinical trials show acupuncture can significantly increase the success rate of IVF, but some other clinical trials give the result that it does not have any effect on IVF. Why the results are so different on the same research topic? We did a literature review on the clinical reports of this field, with the analysis on the possible reasons resulting in the different outcomes. Based on this analysis, we recommend a personalised acupuncture treatment protocol, which might bring further improvement for the success rate of IVF.
Key words: IVF; Embryo transfer; Acupuncture; pregnancy rate

针刺疗法能够提高 IVF 成功率吗？

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摘要： 近 30 余年来 IVF 得到广泛的应用，逐渐成为常见的辅助生殖技术。如何提高 IVF 的成功率是医患广为关注的问题，有些报道认为针刺治疗可以显著已高 IVF 的成功率，另有一些报道认为针刺并无此效果，为何同一个研究目的会产生截然相反的结论？本文对这一研究领域的报告加以综述，分析了导致不同研究结论的根本原因在于针灸治疗方案的差异，提出了增加成功治疗结果的最佳治疗方案。
关键词： 人工受精; 胚胎移植; 针灸; 受孕率

Around one in seven couples may have difficulty conceiving. This amounts to approximately 3.5 million people in the UK. Many of those couples turn to IVF (*In vitro* fertilisation) in order to get pregnant. Since the first case of IVF in 1978, through over 30 years practice and research this technique has became more and more popular in the treatment of infertility. However, the success rate of IVF was still very low. How can the success rate of IVF be increased? Some researchers have tried acupuncture during the procedure of IVF. Many reports have been published in resent 15 years. The results of these clinical trials are different. Patients and doctors often feel confused by the number of different opinions. Is it necessary to use acupuncture during the IVF? Does acupuncture really works or is it just a placebo? The Propose of this paper is to review the clinical trial reports on acupuncture assisting IVF published in recent years and analyse the reasons behind these different results. A personalised clinical treatment protocol is suggested which might give a better result.

Literature review

The first report about acupuncture and IVF was published by Stener-Victorin [1] in 1999. The aim of the study was to evaluate the anaesthetic effect during oocyte aspiration. 150 women undergoing IVF were randomized to receive either electro-acupuncture or alfentanil. The result showed compared with the alfentanil group, the electro-acupuncture group had a significantly higher implantation rate ($P<0.05$), pregnancy rate ($P<0.05$), and take home baby rate ($P<0.05$). Paulus [2] (2002) reported that the use of body acupuncture and auricular acupuncture on the day of embryo transfer (ET), can increase IVF success rate. 160 patients were randomized grouping into an acupuncture group and a control group. Acupuncture and auricular acupuncture were administered 25 minutes before and after ET. The result showed that acupuncture group's success rate was significantly higher than that of the control group. More randomised controlled clinical trials have been carried out since then. Some studies used similar acupuncture protocol to Paulus. Dieterle [3] did another session 3 days after ET; Westergaard [4] did one additional session 2 days after ET; and Smith [5] did one more session on day 9 of ovarian stimulation. Zheng [6] did a systematic review and meta-analysis on this topic, 24 trials (a total of 5,807 participants) were included in this review. The result showed that acupuncture could improve clinical pregnancy rate and live birth rate among women undergoing IVF. A latest study[7] showed that acupuncture did not significantly improve the clinical pregnancy rate of IVF when performed only at the time of ET. However, it was found that there was a pooled benefit for IVF when acupuncture was performed at the follicle phase and 25 min before ET, as well as 30 min after ET and at the implantation phase.

However, some clinical trials showed different and negative results. El-Toukhy[8] reported acupuncture performed at the time of ET does not improve the pregnancy or live birth outcome. Craig 's report [9] even showed that acupuncture performed off-site on the day of ET was detrimental to the success of the transfer. El-Toukhy [10] also did a systematic review and meta-analysis in which 13 relevant trials, including a total of 2500 women randomised to either an acupuncture group or a control group, were identified. The results showed that there is not sufficient evidence that adjuvant acupuncture improves the clinical pregnancy rate of IVF.

In March 2010 British Fertility Society (BFS) issues new guidelines on the use of acupuncture and Chinese herbal medicine in fertility treatment. The guidelines found that there is currently no evidence that having acupuncture or

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Chinese herbal medicine treatment around the time of assisted conception increases the likelihood of subsequent pregnancy.

Discussion

Why did these clinical trials show different results? My opinion is that the different treatment protocol resulted in different conclusions. Acupuncture protocols are different in fowling aspects:

1) The treatment times were different: In El-Toukhy's [8] report, acupuncture was performed around the time of egg collection (EC) in 5 trials (n=877). In other 8 trials (n=1623), acupuncture was performed around the time of ET. In some reports 1 or 2 more sessions of acupuncture may be added after or before the day of ET.
2) The acupuncture techniques were different: acupuncture, electricacupuncture and auricular acupuncture were applied in different research.
3) The acupuncture point selection and manipulation were different in each trial.
4) In most reports, only acupuncture was used, with no any herbs being involved.

The use of Traditional Chinese acupuncture to treat infertility has a long history. The first classic of acupuncture points Huang Di Ming Tang Jing (黄帝明堂经) (BC138-AD106) recorded 43 acupuncture points which were used to treat gynaecological diseases including *Juezi* (绝子, infertility). TCM believes fertility function is dominated by kidney. In female it has a close relation with qi and blood, and the function of the Chong and Ren meridians. Some acupuncture points and herbs can regulate the function of Chong and Ren, tonify the kidney and thereby improve fertility. Traditional Chinese acupuncture is often combined with Chinese herbal medicine. Recently Ried [11] reported that Chinese herbal medicine can improve pregnancy rates 2-fold within a 3-6 month period compared with Western medical fertility drug therapy. The effect of needles and herbs might enhance each other.

A good acupuncture treatment protocol to assist IVF should be:

- 2- 3 months before ovarian stimulation, the patient should start acupuncture once a week. This treatment can balance hormone levels and create a more receptive environment in the womb for conception. During this period of treatment some of patients might get pregnant naturally.
- During the ovarian stimulation acupuncture and herbs should be used to reduce the side effects caused by IVF drugs, and improve the body's response to hormonal stimulation.
- One acupuncture session at an hour before EC, to alleviate the tension and pain during EC.
- Two sessions of acupuncture about an hour before and after ET, aiming to calm the uterus to prepare for implantation.
- Two sessions of acupuncture in the first week after ET
- During pregnancy, acupuncture once a week until week 12 in order to maintain the pregnancy and prevent miscarriage.

Treatment with acupuncture can be similar with the use of Western medical drugs: if used incorrectly, they will be ineffectual. For instance, if an antibiotic is taken by a patient in a much smaller dose or for a much shorter course, the drug may not have the desired therapeutic effect. The same can be said of acupuncture treatment.

Acupuncture point selection is another important factor which can influence the success of IVF. In many clinical trials, the acupoints Sanyinjiao (SP6) and Hegu (LI4) were selected after ET. According to Chinese traditional acupuncture theory these two are"*forbidden points"* during pregnancy. Although there have been some different opinions regarding to these two *forbidden points* in acupuncture history, a research paper by Liu [12] showed that electric acupuncture on these points can activate the myoelectrical activities of the uterine tract in both non-pregnant and pregnant rats. I think these two points should be avoided after ET, in order to minimise the risk of miscarriage.

TCM can increase success rate of IVF in varying degrees. The significance of this influence will depend on the treatment protocol, point selection and manipulations. Correct treatment can provide the best results.

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浮针临床治疗讨论

吴继东整理

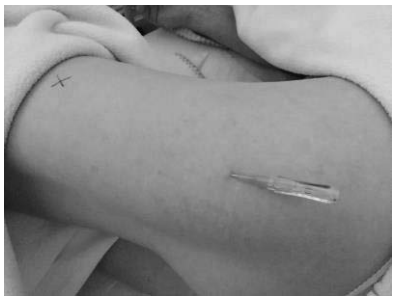
浮针疗法 (Fu's Subcutaneous Needling) 是用一次性使用的特定针具在局限性病痛的周围皮下浅筋膜进行扫散等针刺活动的针刺疗法，是传统针灸学和现代医学相结合的产物。本疗法是由原中国第一军医大学符仲华博士发明。

浮针疗法具有适应症广、疗效快捷确切、操作方便、安全性好、无副作用等优点。适用于临床各科，特别是疼痛的治疗，有着较为广泛的作用。

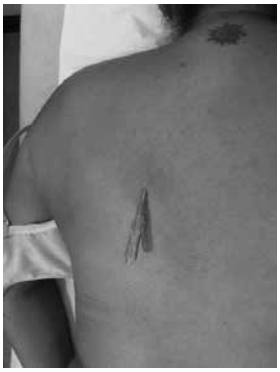
英国中医药学会于 2015 年下半年开始，有计划地在学会会员内安排讲座，推广此疗法。同时，我又成立了一个微信英国浮针群：FSN UK 英国浮针。此群是一个纯粹学术交流群，目前有 200 名成员。成立此群的目的就是让浮针使用者有一个交流平台，大家将成功或失败的病例发表于此群，供大家讨论提高。以下选登一些本群内讨论交流的浮针病例，有的病例附带照片和治疗前后的录像。

* * * * * *

28/11/2015 吴继东 Cambridge
今天上午看一壮汉，急性腰扭伤三日。下浮针后，作扫散动作，痛立止。起针后，病人问什么时候还要回来。告之，不用回了，除非还要痛。病人惊喜，说： 怎么以前就不知道还有这么好的疗法！以前都要痛半年的（对侧有过坐骨神经痛）。一兴之下，为他老婆（理发师）和母亲预约了两个 appointments.

01/12/2015 吴继东 Cambridge

今天治了一例腰扭伤一个月的中学生。他主诉是左侧大肠俞一带痛，结果查发现两侧肌肉同等紧张。先用浮针浮了左侧，肌肉松了。但是右侧仍然原样紧张，然后再浮右侧，松了。最后走人了，大家都满意笑了！

30/11/2015 许馨月 London
病人左肩颈部痛 3 天，影响睡觉影响躺卧。向左转颈部受限，浮针 2 次。第一次浮后，刺青左下角的痛点 5 分钟消除。第二次浮为的是改善“肩井穴”附近的痛。此次留针，让病人转动颈部。病人自述，左向转颈改善，痛去 60%。浮针现在还在留针中。 刚起针，病人很满意，穿衣服也不痛了。貌似痛又减！成功病例。



01-12-15 解余弘 Wales
一位 6 个月前因头部右侧手术而遗留下严重头痛的老太太，2 周前曾在我这儿做过 3 次针灸，有些效果。但最近几天疼痛加剧，今天早晨电话约诊要来继续做一次针灸治疗，当她下午来到我诊所详细描述了疼痛的程度后，我决定用浮针试试，几分钟后疼痛完全消失，而且感觉头部前所未有的轻松，并主动提出要留针回去，我让她签了字，嘱咐她明天一早可以把塑料软管拔掉。就在几分钟之前，我收到了这个老太太介绍的一位要来试试神针（神效浮针）的新患者的约诊邮件。

因为她右侧肩颈部的肌肉也很紧张僵硬，所以我选用了如图的进针点，治完后肩颈部肌肉也放松不痛了。

@厚生堂主（LONDON） @陳敏靈 @王天俊 伦敦 说实话，以前有时还怕顽固性痛症，尤其是治疗几次效果不明显的。但从最近观察的 10 多例严重痛症患者浮针治疗后的效果来看，我的底气十足不怕了。

3/12/15 只在今朝 伦敦 London
@Qiuyan 最近我治疗了一例患者，与你的患者症状相似。患者女，马来英籍人，今年 11 月就诊，主诉：跌倒后右侧腰、髋、膝、踝关节疼痛 1 个月余，症状也是站立行走时痛明显，平卧休息消失。通过查体，考虑为外伤致腰间盘压迫坐骨神经所致疼痛，治疗为针灸加推拿，4 次后疼痛症状仍明显，每次都是治疗后 1－2 天好转，后疼痛仍旧，第 5 次改浮针治疗（跟吴继东老师学习浮针后，最近 2 周才开始使用，效果理想，有时间跟大家一起交流一些典型病例，也感谢@Jidong 吴继东（英国-剑桥） 老师，符中华老师的悉心传教和指导）选点跟@符仲华 浮针发明人 所说的腓骨长肌中下部，针尖指腰部，原意本是想主治右膝及髋关节，未料患者第 6 次

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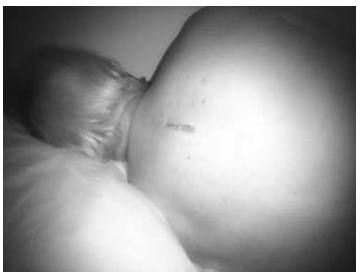
就诊时说右踝痛基本消失，右髋及膝关节好转 50％左右，因惧针，所以第 6，7 次治疗为经筋手法及针灸治疗巩固，约 90％好转。很开心，欲介绍其丈夫浮针治疗（她丈夫双膝骨性关节炎，针灸 10 多次好转复发 GP 建议做人工膝关节置换术，如在国内我会建议用小针刀治疗）相信你的患者也会取得好的效果。

老燕 07/12/2015 London

@Jidong 吴继东（英国-剑桥） 刚才做了二例浮针，第一例进针太浅，只是针尖进去了，拔出来没敢再弄。第二例成功了，患者颈部僵痛数年，第一次是常规针灸，感觉还行，疼痛减轻，但局部僵硬，转颈不灵活，今天来给她浮了一针，直说 much easier, much easier.查体感觉局部明显松软。浮针真不错，神奇。



07/12/2015 康力升（荷兰中医）

病例报告 4: 男，华人，半年前来我诊所就诊，主诉右尺神经炎 3 月。右手尺侧三个手指麻痹肌萎缩，医生建议尺神经沟手术。半年来针灸 20 次，肌力回复，基本愈。但近月仍有肩颈部和右前臂尺侧肌肉酸痛紧张不适。今日改用浮针治疗，一针治疗两处。浮针后，患者满意，感觉颈肩和前臂松快很多。约下周复诊。成功病例。

周任 07/12/2015 London

第一次浮针治疗汇报：半小时前，我的临居，一位 60 岁的老头。他弯着身子满面痛苦地进来说：Ren，我的腰昨日扭伤了，床都起不了，你看怎么办？我立马想到：我昨日才刚学了浮针，今曰正好一试。他是左腰髋部痛，我找了半天病肌，因是第一次，实在困难，最后选择了一个相对紧张的部位进针，因是第一次，双手都在颤抖，第一次还没扎进，第二次病人喊痛，第三次才扎进，然后扫散，再叫病人活动腰部，他不敢，也不相信可以活动，在我一再要求下，他小心翼翼的活动了几下，还真不痛，然后他坐起来，下床活动，才真信了痛消了，我把导管留下了，叫他我下班之前来去，然后他就哼着歌迈着舞步走了。因为一激动就忘了拍照。神奇的浮针。谢谢继东老师昨日的细致耐心的教授！

继东@周任 我昨天在场说了，这浮针的疗效是人人都能复制的，决不带忽悠人的。三个月后，碰到这种情况，拍胸保证，然后价格上涨。

@吴继东 谢谢吴老师，是的，第一次在病人身上操作，紧张得心慌汗出手抖，但因为有昨天的培训，心里还是不怕的。有吴老师掌舵哈。

10/12/2015 李建华 （伍佰）Strafford

女 45 岁，扭伤致左腰痛 1 周，弯腰受限，疼痛较甚。前天做一次普通针灸，少许缓解，左 L3-L5 压痛明显，臀部无压痛，按左腰部有放射痛向左腹股沟及左下肢放射，（应该是胸腰筋膜，腰方肌，多裂肌）在 L3 上方进针，扫射，灌注没反应！然后在髂嵴上方向腰部痛点方向再浮一针，扫散后，半小时治疗后，病人连（一点症状改善的）反应都没有！有哪位见过这样情况的吗？这种患肌明显，但不没反应。 病人肥胖，但不浮肿。非常好进针及扫散!病人体健，病情单一。很有意思的是，为什么病人连对浮针一点反应都没有？我也做了二三十个部位的治疗，这一例是很意外的，没有看到任何即时效果。

讨论：

继东：两点建议：一是查上一些，比如斜方肌，腰大肌。二是注意有无椎间盘问题？

贺青涛广州：深层及远处的肌肉一定要配合再灌注效果才好。

@贺青涛 广州 谢谢！大腿没检查！压痛很深，我进针的部位就在腰髂肋肌的范围，大概左腰 3 的上方。

@贺青涛 广州 谢谢!我每次都做再灌注!治疗做完后，左腰部左腰骶部那种压痛感，真是原样的痛。下周来，我再扩大搜索。以往的经验，进针有时马上起效，大部分情况下，扫散后逐渐缓解，对严重的病例，要反复灌注，然后出现明显的增强效应！

@贺青涛 广州 这是一个很好的学习案例，看起来很简单的病，但却没有卓越即时效果！浮两针后，病人灌注时，腰还是弯不下去，腰部疼痛僵硬没有一定的缓解，腰当然弯不下去了。

@贺青涛 广州 是的！绝对！做一辈子医生，职业的，当然会什么都见到！谢谢！只能多看案例，多学习。这种病例的浮针的适应症，肯定有治，只是如何去找到突破点了！有时候看到很好治的病却没效，偶尔看到没得治的病，却治好了。有时候，个别案例，连几十年的哮喘都见过治好过，但这个是不具有重复性的。

浮仲华：可能原因是：胖者皮下脂肪太多，疏松结缔组织的相对比例下降，效果真是差些。大概八年前，我也遇到过一例完全无效的，但这些年没有碰到过。

伍佰：@符仲华 浮针发明人 谢谢！这个解释是很有指导性意义，而且有相似病例为基础！病人是相当胖，组织是松弛下垂的。治疗前找到病肌压痛约++++这么明显，压下去病人痛到叫出来的，我以为这么明显的病肌会有良好的效果。但没效！谢谢您的意义！多做多体会。非常感谢大家参与讨论和给予意见，提出假设： 浮针的效果，有时候就算找不到明显病肌的，如膝关节上的一些痛点，就近距离下针扫散，灌注也可见到良好效果，这个病例是下了两针后，如同石沉大海，连一点效果都

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没反馈出来的！肥胖软组织传输不好，这个解释相当合理，就象浮肿的病人，浮针治疗效果会受影响一样。

江丹 10/12/15 Sheffield
继东：再报告一例不成功的案例，请予以分析。男 46 岁，突发腰痛 5 天。局部检查：应该是骶脊肌拉伤，局部肌紧张，无下肢放射。这么短时间的肌损伤，应该是浮针的适应症。故在 BL54 （秩边穴）处做浮针，一侧扫散之后，做另一侧，局部肌紧张明显放松，手下结节消散。本希望应针后大好。但是患者起来之后，仍然很痛，活动障碍。请帮助分析原因？我试想：会不会放松之后，一下地，又复发生了肌痉挛？做的时间不够长？

讨论：
继东@江丹 你可能找的地方不对，应该在肾俞至关元俞一带找。若有病肌，在肝俞一带下针。才五天的病人，没有听说过不成功的。

王秋兰 2016-01-15 London
子宫肌瘤
这个女性病人，68 年出生，在我这里做面部美容针刺 3 年半，基本每周针一次。去年 7 月份因月经量多，腹痛去医院检查发现子宫肌瘤，具体大小不详，断断续续服中药治疗一个多月有好转，一月前因家父患重病，压力大，崩漏又发，经量大且血块很多，历经三周并伴较严重的腹痛和腰骶痛，17/12/2015 下午 15:30 来找我，我当时想试试浮针看看，没让病人服中药。在右侧腹部天枢周围进针，方向刺向水道，扫散留针 45 分钟，当时腹痛明显减轻，留管，让患者晚上睡觉前拔管。咋天来诊，说上周月经来潮，经量明显减少，腹痛亦不明显了，一月前已经预的 1 月 15 日即今天手术，咋天还在犹豫是否去手术，她本人害怕手术但家里人建议手术，她说下次就诊告诉我是否手术。

19/12/2015 张青 Southampton
第一例浮针治疗汇报。 8。12。2015， Mr. R 四十九岁，职业：包公头。左侧急性肩外伤。五天前搬运玻璃受伤。疼痛剧烈，活动受限。手臂内旋外展痛重。前臂上举 30 度，侧平举 30 度左右。疼痛部位在肱二头头肌长腱头外侧。找到疼痛部位后我寻找肌肉紧张部位。在肱二头肌远端找到几个肌肉紧张点。我先在肌肉紧张点下 4-5 公分处进针。由于在周日的浮针讲座上，吴老师让我们动手练习操作，我心里有点底。进针还算顺利，但是扫散的幅度受限，（扫散不动，是不是位置还不是准确的在皮下结缔组织层？不能像吴老师那样扫散的幅度大。）扫散按摩再灌注，出针留管让患者活动患肢。肌肉紧张点缓解的不明显。但是患者说疼痛部位疼痛减轻。我又向上移了十几公分。进针扫散再灌注，帮助病人活动患肢。然后我就去看另一个病人。过了十几分钟，我回来的时候他的手臂活动改善了许多。我又扫散，帮助他活动。他的手臂疼痛有些缓解，但是活动幅度大大增加。可以达到 180 度。我问他疼痛 1-10 你觉得好多少。他说 4。（我照了相，开始病人进门时我忘记照相了）浮针还真是神奇，我扫散的部位离疼痛部位还挺远的。我想再往患处近一些的地方进针扫散。可惜时间到了，他来晚了，下个病人该到了。因为塑料管里有血我没有留管。他第二天要外出，想快点好，同意下午再来。

第二次来我在距离患处 10 多公分的部位进针扫散。这次扫散容易多了。我扫散几分钟，留管帮助他活动患肢体。疼痛越来越少。他回答我说疼痛原来是 10，现在 8。治疗结束。病人对治疗非常满意。他约了下次时间又给夫人预约了。 浮针真伟大！它与我们传统的针刺方法大相径庭而又殊途同归。它是针刺史上的一场革命。不通则痛，不荣则痛。这不仅仅只是针对痛症而言吧？好多病症不外这两个原因。有没有可能：对于有淤有滞的病症只要找到这个点，扫散就有可能清而除之呢？虽然我们老祖宗已经有了这方面的论述。但是浮针发明人把它发展了起来。感谢浮针它爹浮老师点燃了浮针的火炬，感谢吴老师的辛勤付出让浮针在英国这块土地上燎原开来！感谢吴老师教我这个技能呀！

From The Editor:

Editted by Dr Ji Dong Wu, this article is a collection of case discussions on the Chinese social media WeChat (or Wei Xin in Chinese) about some successful cases treated by a new type of acupuncture – Fu's Subcutaneous Needing (FSN). FSN was created by Dr Zhong Hua Fu in Nanjing of China in 2007, and it has since spread to whole China with great popurality thanks to it's remarkable effectiveness in treating various pain-related conditions and other internal and gynaecologic illnesses.

Upon the demand from the members, ATCM has organised several FSN seminars by Dr Ji Dong Wu in London and other regions. More and more ATCM members have started to use FSN in their practice, with more successful cases merged. It has appeared that FSN is indeed an effective new therapeutic technique for many medical conditions, especially for various pain. However, it requests a special training for the skills, its clinical indications and counter-indications, and potential risks. We believe that only qualified acupuncturists/ TCM practitioners should be allowed to use FSN. Balens has confirmed to ATCM office that the ATCM block insurance covers FSN, as long as the practitioners have received a proper training.

If required, ATCM may consider arranging more FSN seminars for members.

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在英国应用浮针治疗痛症 36 例的临床总结

江丹

浮针(FU Subcutaneous Needle FSN)是南京中医药大学符仲华教授创立的一种可以快速减缓疼痛的针刺方法。2015 年 5 月，在南京中医药大学欧洲校友会成立大会的学术研讨会上，符仲华教授亲自报告，并演示了这一针法。由于这种针刺方法操作简便，临床疗效快速，确切，很快获得了中医师们的热捧。英国中医药学会也迎合大家的愿望，在英国各地连续举办了几场推广，教授浮针的学习班。我有幸参加了在伦敦举办的，由吴继东老师主讲的浮针学习班。在学习掌握了浮针的基本技能之后，我正式开始了浮针的临床应用。浮针可以适应那些病症，可获得如何的临床疗效，又有什么不尽人意之处？根据我在临床应用的 36 例治疗的状况，予以总结和讨论。

一般情况：

根据我在 2015 年 10 月 1 日到 12 月 31 日的中医门诊治疗中，应用浮针治疗 36 例。其中男性 11 例， 女性 25 例。 年龄最大者 93 岁，最小 27 岁，平均为 55 岁；大于 50 岁者为 23 例，占 64%。

就诊时的主诉疼痛部位：

主诉疼痛部位	发生例数	所占比例（%）
腰痛	18	50
颈痛	14	39
肩痛	11	31
手指痛*	3	8
偏头痛	2	6
胁痛	1	3
足痛	1	3

*指痛的几位患者是音乐家，感觉每逢拉小提琴，弹钢琴，手指在努力抵达某些特定把位，或是手指过伸就会产生疼痛。经检查，都是颈椎，或是肩周病变压迫外周神经所造成。

治疗方法：

1 确定主要的疼痛部位，或是原病部位，进而找出疼痛肌肉中的扳机点 （Trigger Point ），即肌肉中可触及的结节；

2 在扳机点所在的肌肉较远端，相应的穴位处确定进针点；比如颈痛，常取风门（Bi12）,肺腧（Bi13）；腰痛常取秩边（Bi54），承山（Bi36）。

3 用浮针推进器将浮针推入患肌，弃推进器，手持浮针针柄轻微活动播扫，确定没有出血，没有疼痛，进而持针轻微向前，到达治疗部位，即接近疼痛的疏松的皮下组织间隙；

4 在患肌远端的皮下组织中，（最好在穴位下）顺畅扫散，另一手在患处周围轻轻按摩，以致肌内结节散开，痛点消失。

5 取出针心，将柔软的塑套管置留于皮下软组织中，直至全部普通针灸针起针时，一并取出。

注：以上病例均在应用浮针之后，又给予一些普通针刺，以及神灯烘照，以帮助局部肌肉的放松，以及整体肌肉，神经的放松，改善全身症状，与伴随症状。为了显示浮针的止痛功效，普通针刺的取穴均避开疼痛发生的中心部位。

疗效的判定：

1 痛消：疼痛完全消除，患者肯定全面的疗效；不必二诊，或者二诊确定初诊的疗效；

2 好转：疼痛 50%以上减轻，患者认为明显好转，但是尚需再诊，继续治疗；

3 无效：疼痛没有明显好转，或是轻微好转而不足以评定出肯定的疗效，或是疼痛造成的被动体位，活动障碍，未能够改变。

治疗结果：

痛消：19 例，占 53%；
好转：14 例，占 39%：
无效：3 例，占 8%；
总有效 33 例，占 92%。

几个有关的临床信息与疗效的关系：

1 浮针取效与发病时间的关系：

疼痛发生时间	总 例 数（比例）	痛消（例数,比例）	好转（例数比例）	无效（例数，比例）
1 个月以内	14 39%	8 57%	3 21%	3 21%
1 年以内	16 44%	10 62%	6 38%	
1 年以上	6 17%	1 17%	5 83%	

2 浮针取穴与疗效的关系：

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浮针取穴数目	总例数(比例)	痛消（例数比例）	好转（例数比例）	无效（例数比例）
1	16 45%	12 75%	3 19%	1 6%
2	12 33%	6 50%	5 42%	1 8%
3	3 8%		2 67%	1 33%
4 & >4	5 14%		5 100%	

3 浮针次数与疗效的关系：

浮针次数：	总例数（比例）	痛消（例数，比例）	好转（例数，比例）	无效（例数，比例）
1	24 67%	14 58%	7 29%	3 13%
2	8 22%	3 37%	5 63%	
3	3 8%	1 33%	2 67%	
4 & > 4	1 3%		1	

典型病例：

1 有效病例：

病例一：颈椎病引致持续头痛浮针一针止痛：

Miss JF 32 岁营养师，因持续性头痛，头晕，疲劳两年，加重半年就诊。GP 诊断为 ME 慢性病毒后衰竭综合征。可就诊时发现头痛为前额持续性痛，两侧颞部交错性痛，时而上肢麻木，双手有发作性蚁行感。体检发现：颈肌紧张，颈 3, 颈 6-7 肿大压痛，故排除 GP 诊断，而考虑颈椎病，颈 3 小关节崁顿，影响颈 6-7。故选择背部肺腧附近，浮针左侧，扫散之后，左侧颈部肌紧张很快消失；继而给于右侧肺腧附近浮针，扫散之后，右侧颈部肌紧张消失。取出浮针，软管留右侧肺腧，给百会（Du20）,肝腧(Bl18)，脾腧(Bl21)，外关（Sj5），足临泣（Gb41），三阴交（Sp6）.留针 20 分钟。全部起针后，患者感到头痛全消，头脑清爽，气力有增。一周之后复诊，头痛确已消除，因此只给予普通体针调补治疗，恢复体能三次而愈。

分析：此患者因长时间低头工作而出现第三颈椎小关节崁顿，神经压迫，而导致持续性前额，以及发作性两颞头痛，头晕。因长时间疼痛，而出现疲劳，精神紧张等症。GP 未做颈部局部检查，而过分倚重了患者的主诉，而做出错误的诊断。纠正诊断，采用浮针治疗。患者年轻，对浮诊治疗反应良好，当颈部肌肉放松，崁顿的小关节迅速复位，疼痛很快完全消失。普通体针稍作调补使其它兼症迅速消除，而致患者痊愈。

病例二：肩周炎一针痛止，两月后复发，再针又止痛：

Mr R J 办公室工作人员，患者以高血压接受 TCM 治疗两年余，近期出现右肩疼痛，上举难，活动受限三个月。局部体检：右肩压痛，以前缘为甚，所以患臂以后伸，上抬最为吃力。故选择右侧手太阴肺经，在天府(Lu3), 侠白(Lu4)穴间浮针，扫散之后，右肩前缘压痛明显减轻。继给予百会（Du20），上星（Du24）,外关（Sj5）,足临泣（Gb41），阳陵泉（Gb34）等，继续治其本证。两周后复诊，右肩已基本不痛，活动自如；两月后，自述，右肩还是有少痛，且活动不够顺畅，故再施侠白浮针，痛又消。

分析：此患者是比较典型的右肩前缘局限性肩周炎，发病时间也不大长，所以浮针取得了良好的疗效；一治之后，虽然痛消，但是深层的炎症尚未完全消除，故而，两个月之后，有所复发，再治仍然有效。

病例三：慢性风湿性脊柱炎浮针两次而颈背无痛：

Ms ＪＳ７３岁，退休教师，脊柱退行性病变，肩，膝，髋多发性关节炎，接受持续ＴＣＭ治疗５年余。去年，行双侧髋关节置换术，因而髋关节已无痛。但是，进入冷冬，则颈，腰骶，背转移性疼痛。她多年来持续发作各种关节痛，此起彼伏，因而每两周一针，普通体针，加中药，规律性治疗。今冬发作的颈椎与腰椎疼痛，可触及颈６－７，腰骶椎压痛，无四肢放射痛。故用浮针取风门（Ｂｉ１２），秩边（Ｂｉ５４）各两针扫散。针后自感颈腰疼痛大好；加普通体针百会（Ｄｕ２０），风池（Ｇｂ２０），脾腧（Ｂｉ２１），肾俞（Ｂｉ２３），外关（Ｓｊ５），足临泣（Ｇｂ４１），太溪（Ｋｉ３），照海（Ｋｉ６）等全身调理。两周之后复诊，述腰背疼痛已好十之七八，这是几年来所接受过的最为有效的针灸。二诊，以上穴再次浮针之后，体针调治。三诊告：腰背已全然无痛。故用仅体针继续治疗其素有之胃疾，眼疾。

分析：这是一例脊柱退行性脊柱炎，常年接受针灸，中药治疗，也有一定的疗效，但是苦于治疗力度尚不足，故经治多年，双髋仍然做了置换手术，且仍然有各种脊柱，关节的疼痛；在加用浮针之后，治疗的力度大大增强，使患者在正值隆冬，寒湿尤盛之际，能够很好地控制，使其全无疼痛。当然，退行性脊柱炎还不是可以轻易治愈的，在她继续的复诊过程中，还可以根据病情需要，随时加用浮针。加用了浮针，可以有望使退行性脊柱炎这类慢性疼痛完全控制。

2 无效病例：

病例一：

ＭｒＩＵ５８岁工人，突然发作的腰痛四天，为局部腰骶部疼痛，无下肢放射痛。但是腰骶疼痛使直立，行走均非常困难。Chiropractic 给做Ｘ－光，脊柱未见异常，Chiropractic 的整扶治疗也无效。查体：腰骶基肌紧张，腰骶部肌肉板结一片，坐骨神经实验阴性。故初步诊断为：腰骶基肌扭伤。给予浮针秩边（Ｂｉ５４）左侧，针入顺利，扫散后可感到局部肌肉的板结渐放松。但是

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患者直立之后，仍然感到疼痛，而难以直立。

分析： 此例治疗之后没有大幅度好转，可能与诊断仍然不够准确，治疗取穴尚欠精准有关。

病例二：

Ms L S 46 岁护士，发作性腰痛，引右下肢疼痛 4 － 5 年，近两周引咳嗽，诱发腰痛。查体：腰骶压痛右甚，右侧臀部疼痛，并顺下肢背侧向下传导，时而至膝，时而至足尖。坐骨神经试验右侧阳性。浮针命门（Ｄｕ４），右侧承扶（Ｂｉ３６），针后疼痛仍在，似稍有减轻，但是没有根本疗效。

分析: 此例 为椎间盘脱出，有可能仍处于髓核膨出阶段，即使应用浮针，放松肌肉，但是仍然未能够使得膨出的髓核有效复位，因而未能够解除疼痛。

病例三：

MrＤＷ５9 岁工人，感冒咳嗽四周之后突然出现双足皮肤酸痛，麻木，紧蹙，像穿了一双紧式套鞋。初步考虑末梢神经炎，查血糖７． 嘱其看ＧＰ彻查血糖，同时给予浮针双侧三阴交。二周之后复诊，没有改变，酸痛，麻木，紧蹙感仍在。

分析： 这个病症应该不是浮针的适应症。

总结：

浮针疗法是用一次性浮针在非病痛区域的皮下疏松结缔组织进行扫散手法的针刺疗法，具有几无痛苦、无副作用、见效快、适应症广等特点（1）。由以上资料的陈述可以看出：浮针的确是一种在临床可以达到速效的，特殊的针灸方法，它的优势在于：

1 操作安全，治疗本身没有痛苦：浮针刺入身体，只要没有刺到大血管，重要的神经，都应该根本无痛；患者在不增加任何由治疗所带来的疼痛，或不适的基础上，减缓或消除原有的疼痛，是一种更容易为患者所接受的疗法。

2 疗效确切，尤其对疼痛发生，或者复发时间不长者，浮针可以短时速效，迅速完全消除疼痛。从以上的临床统计信息可以看出：痛发 1 个月，和 1 年之内的疼痛，完全消除的比例（５７％和６２％）远远高于痛发一年以上者（１７％）；比如对于急性腰肌扭伤，小关节的紊乱，崁顿，对于发病时间不长的肩周炎，网球肘，只要局部尚未形成较多的粘连，常可一针痛消。

3 对于一些慢性病痛，浮针的一次止痛率，也要高于普通针灸２－３倍：比如脊柱炎，脊柱多发性退行性病变，很多已接受过传统针灸多时的患者，每针可以改善疼痛，但是难以彻底止痛，而且针灸有效的持续时间非常有限。加上浮针，则使治疗的力度大大增强，有望很好地控制病状，使患者实现无痛生存。从临床资料的总结可以看出：慢性病症通过多穴位的应用（三穴以上好转率７６％），与反复多次的治疗（三次以上好转率７６％），都可以使临床的好转率大大提高。

4 浮针对于一些头疼，偏头痛，头晕，焦虑，双下肢无力，放射痛等等，如果能够找到产生这些症状的原发的病灶，有针对性地施治，是非常有效的。

弊端和需要注意的问题：

1　浮针刺入，或者扫散，可能碰到血管，可导致出血，尤其是可能有皮下血管瘤，或是局部血管畸形的患者，不慎碰触，出血量可达 5-10ml，比一般针灸所致的出血量大的多。所以每次治疗时，应准备大棉球，一旦发生出血，要在针头处有效止血；在浮针初进体内，要与患者及时沟通，最好确保浮针在无痛状态下进入。因为碰到血管或者大的神经均会有疼痛，或是其他异常感觉。

2　浮诊的进入对于个别的敏感患者，体质偏瘦者还是会述有一些疼痛：因此要选择皮下组织的松软部位，避开在皮下组织致密处进针。

3　在疼痛的扳机点，或是离扳机点过近处进针还是会有疼痛，个别患者还会有过强的反应，所以浮针进针点的选择还是要避开扳机点。

结论：

通过对于临床应用浮针３６例可以确认：浮针是一个对于疼痛具有快速，确切疗效的针灸方法，值得推广，研究。对于浮针是否可以产生对其他内科，妇科病症的理想的疗效，还待进一步的临床验证与总结。

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论述头皮针的发展史

聂卉 曼彻斯特

概要：本文论述了头皮针的发展史，头针起源于古代，但发展于上个世纪 70 年代。从 70 年代开始山西神经科医师焦顺发首先提出了头皮针，继而有方氏头针（方云鹏），朱氏头针（朱明清），靳氏头针（靳勒），汤氏头针（汤颂延），于氏头针（于致顺）。到 80 年代末国际针联提出了头皮针国际标准化方案即头皮针 14 条标准线,至今被广泛应用。同时本文简述了头皮针的十四条标准线和头皮针的特点。

关键词：头皮针 焦氏头针 十四条标准线

一 头皮针的定义：

*头皮针法*又称头针法，是通过刺激头部发际区域的特定部位（穴线）进行针刺防治疾病的一种方法(1)。*头皮针法*早在 20 世纪 50 年代就有人提出(2)，但真正在临床上推广则在 70 年代以后(3)。

二头皮针的理论来源有三点：

1 头皮针是根据传统的脏腑经络理论，其中《内经》奠定了头针的理论基础,

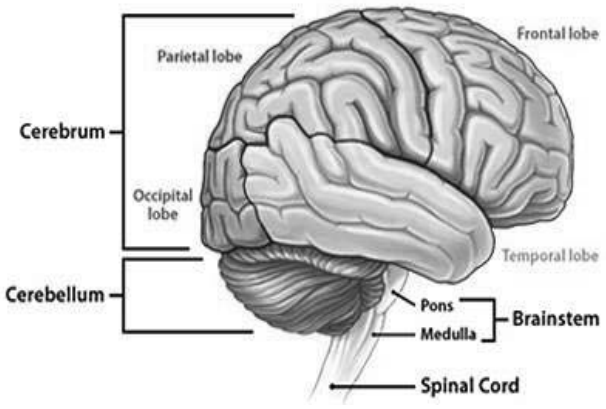
A 如‘头为精明之腑’《素问*脉要精微论篇》.

B 头为诸阳之会，因手足六阳经上行于头面，手少阴和足厥阴直接上行于头面，所有的阴经经别和阳经相合后上达头面。

C 传统的头部腧穴可治疗全身疾病。《内径》曰：‘ 头痛身重，恶寒，治在**风府**。

《针灸甲乙经》曰：‘ 癫疾，大瘦，**脑空**主之。后续我们还有相关记载。

2 头皮针是根据大脑皮层的功能定位在头皮的投影，选取相应的头穴线。请看下面的图：



3 生物全息理论。全息生物学是研究全息胚生命现象的科学。全息胚是作为生物体组成部分的、处于某个发育阶段的特化的胚胎，一个生物体是由处于不同发育阶段的、具有不同特化程度的**多重全息胚**组成的。头部是一个全息胚，它包含有人体各器官或部位的定位图谱，因此，头针刺激相应反射区可调节和改善各器官系统的功能活动，收到防病治病的功效(4)。

三 头皮针的发展流程

A 头部取穴针刺是与与中国针灸史有相同的历史，至少 2500 年的历史。头针疗法源于古人针灸头部腧穴治疗疾病。《史记#仓公列传》记载了一则可能是中国最早应用头穴治疗的病案：公元前 5 世纪，扁鹊用针刺‘以取外三阳五会（ **百会**），使虢国太子‘尸（ 厥）’病得到复苏而治愈。《内经》有许多头部腧穴治病的记载,如《灵枢#五乱》‘ 气乱于头则为厥逆，头重眩仆,,,取之**天柱**,《素问#骨空论》‘ 头痛身重，恶寒，治在**风府**。此后，应用头穴治疗疾病又有发展，各代医籍的记载非常丰富，如晋代《针灸甲乙经》‘ 癫疾，大瘦，**脑空**主之。

B 从 70 年代开始，中国国内有许多相关报道，在头部的相关点、线、带及区内，采用针灸针刺入，治疗以脑源性为主的疾病。曾出现焦氏头针、方氏头针、朱氏头针、靳氏头针及汤氏头针(5)。

C 到 80 年代，出现了‘头皮针国际化标准’取穴法，1984 年国际针联制定了‘头皮针国际化标准方案’，于 1989 年公布(1)。

D 至今已有 30 年，头皮针国际标准取穴法已纳入国内中医大专院校教科书中，广大临床针灸师也在普及应用，

四 头皮针的各家学派

1 焦顺发，山西人，曾经是神经外科医生，“头针”的创始人和奠基者， 1971 年，凝结着焦顺发心血与智慧的“头针”正式对外公布，引起了国内医学界的注意。由于头针对脑源性疾病有独特疗效，迅速传遍国内外。焦氏头针是在头部特定的刺激区运用针刺治病的一种方法。它是在继承中国古代针刺治疗脑病独特理论及实践经验基础上，结合西医学大脑皮层功能定位等知识，通过反复研究及临床验证总结出来的。

焦氏头针创造性地在头部设定了**十六个刺激区**：分别为

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运动区、感觉区、舞蹈震颤控制区、血管舒缩区、晕听区、言语二区、言语三区、运用区、足运感区、视区、平衡区、胃区、肝胆区、胸腔区、生殖区和肠区。针刺这些区域，对于脑源性疾病引起的症状和体症能收到明显效果。并系统总结出进针快，捻针快，起针快的“三快针刺术”。焦顺发还将其头针应用于外科手术麻醉(6)。

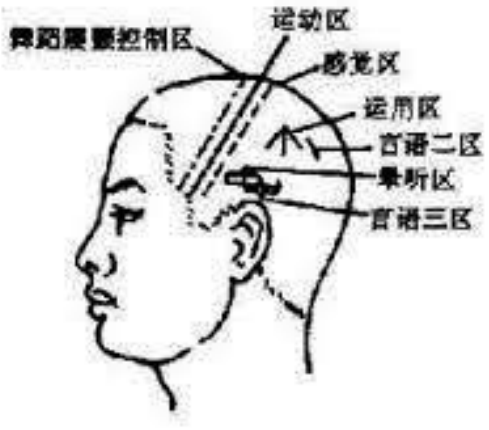

图10－85 头侧面刺激区

2 方云鹏，陕西人，“陕西头皮针”是方云鹏在医疗实践中总结出的一种头针针刺疗法。 1958 年，方云鹏为一位外感患者针刺头部的承灵穴时，意外地获得了治好腰痛的效果，激发了他探索头皮针的兴趣。经无数次的亲身试验和几千例患者的临床验证，陆续在头皮部位又发现了许多特定的刺激点，经临床反复观察，提出伏像与伏脏学说，即沿前额部、冠状缝、矢状缝、人字缝为一个对应的人体头部、上肢、躯干、下肢的伏像；自前额正中向额角方向延伸，为一个依次代表上焦、中焦、下焦的伏脏投影。

广泛应用于内、儿、妇、外、皮肤、五官等科，特别是对运动、神经、循环等系统的疾病疗效更佳，可治疗 150 余种疾病，具有易、便、廉、验的特点(1)。

3 朱明清，1964 年毕业于上海中医学院，工作于北京针灸骨伤学院。1987 年 11 月 14 日在中国北京首届世界针联成立暨学术交流大会上，以头皮针现场示范治疗急性中风偏瘫病人，使其当场站立行走，从此蜚声海内外。

【朱氏头皮针】特色：

A 创立的头皮针。共有九个治疗带，每个带有两个腧穴连成。

额顶带、额旁一带、额旁二带、顶颞带、顶枕带、顶结前带、顶结后带、颞前带、颞后带。

B 依据中国传统医统理论为指引，脏腑经络学为基础，西医颅部解剖及神经学为用，一同发挥。

C 采独创的抽气法、进气法为运针手法。D 配合吐呐、导引、引气至病所(5)。

4 靳瑞，广州人，为现代著名针灸专家，创造了‘靳三针’，广州中医药大学靳瑞教授集 40 余年的临床经验总结来的方法。 所谓“三针”是指： 某些病症针刺三次即可控制 ，在几十年的实践中总结出来治疗某些疾病的三个最重要，最常用的穴位。久而久之，处方慢慢多了，便形成了独具特色的的“靳三针”配方。如治疗弱智儿童的“智三针”、如治疗中风后遗症的**“颞三针”**，治疗运动障碍，偏瘫，弱智，颞三针位置在耳尖直上 2 寸，其前后各 1 寸，向下刺(5)。

5 汤颂延、上海人、1921 年生、已故、原上海针灸经络研究所教授。1979 年，汤氏提出将人体做冠状切面，把人体分成前后 2 个部分，等比例缩小成与头皮前后半部大小相等的前后两半缩影，顶耳线前为阴、顶耳线后为阳，将头面、四肢、躯干的刺激区相连接在一起，而形成‘汤氏头针疗法’(1)。

6 我的博士学位导师**于致顺**，黑龙江人，黑龙江中医药大学附属第二医院针灸科教授、针推学院创始人，从事中医针灸医、教、研工作 50 年。于氏 从焦氏“ 刺激区”原理出发，提出头针治疗‘场’ 的概念，认为头针对大脑皮层有关部位的影响非点非线，而是以‘场’的形式作用于病变组织。据此将头部治疗区划分为：顶区、顶前区、额区、枕区、枕下区、颞区和项区，以丛刺和长留针的操作方法治疗瘫痪，也取得满意效果(7)。

五头皮针的国际标准化方案

1 头针穴名国际标准化方案是为适应国际间头针研究和学术交流需要所制定的头针穴名国际标准化方案。头针疗法自 1970 年公布以来，很快得到推广应用，并且传播到国外。在头针应用过程中，经过不断改进发展，形成了各具特色的学术派别。为了更有利于头针疗法在国际间的学术交流，中国头皮针科研协作组结合古人透刺头部穴位治疗全身性疾病的经验，以脏腑经络学说为基础，扩大了原有头针的主治范围，调整了一些施术部位，制定出“头针穴名国际标准化方案”。

2 1984 年 5 月，在日本东京召开的世界卫生组织西太区针灸穴名标准化会议上，通过了此项方案。标准化穴名由头穴名的英文字母数字编号，穴名汉字拼音和汉字三个要素组成，整个方案**按经定穴，联穴划线，以线归经**，使头针施术部位有了统一的规范。

3 头针穴名标准化方案，按照分区定经、经上选穴，并结合古代透刺穴位方法的原则加以制定的，既反映了头针治疗的实际情况，又体现了传统经络的特点，值得推广使用。本方案于 1984 年 5 月世界卫生组织西太平洋区针灸穴名标准化会议通过，并于 1989 年 11 月世界卫生组织主持召开的国际标准针灸穴名科学组会议(瑞士日内瓦)正式通过，向世界各国针灸界推荐(1)。

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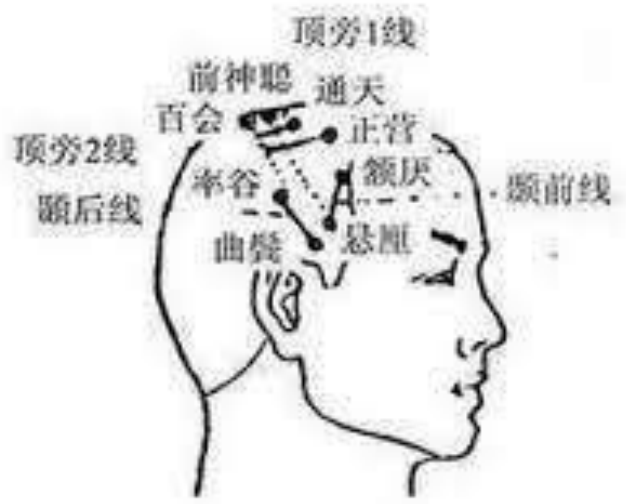

图 4 国标头针定位侧视图

6 头皮针十四条标准线，穴区共有十四条穴线组成：

A 额区 额中线(神庭)、额旁 1 线（眉冲）、额旁 2 线（头临泣）、 额旁 3 线（头 维）。

B 顶区 顶中线(百会前顶)、顶颞前斜线（前神聪悬厘）、顶颞后斜线(百会曲鬓)、 顶旁 1 线(通天)、顶旁 2 线（正营）。

C 颞区 颞前线(颔厌悬厘)、颞后线(率谷曲鬓)。

D 枕区 枕上正中线(强间脑户)、枕上旁线(脑户)、枕下旁线（玉枕）。

十四条标准线的临床作用准备以后详细讨论。

7 头皮针的特点

- 治疗病种的特点：善于治疗由脑部损伤的疾病，如脑中风偏瘫、小儿脑瘫、癫痫、震颤麻痹、植物人等。
- 能增加体针的疗效，如许多内科疾病除针刺体针之外，可同时增加头针。如抑郁症、 失眠、胃肠病。妇科疾病和男科疾病。
- 简便宜行，因头皮针不用脱衣服、可保持长留针增加疗效。
- 经穴作用强，因一穴带多穴，一经带多经。
- 强调针刺手法，头皮针提插捻转手法尤为重要对于提高疗效(8)。
- 前后取穴疗效不同，有人证明头部前半部的腧穴作用大于后部(9)。

总之，本文阐述了头皮针发展的基本过程，经历了快速发展期主要是在 70 年代之后，稳定与 90 年代，至今头皮针广泛用于临床，为广大基层医生所喜爱，尤其是大脑损伤后的恢复期的主要治疗手段。将有下文详述头皮针的临床应用和综述。本文难免有错误之处，敬请同仁指正。

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《英国中医针灸杂志》征稿启事

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来稿中文或英文均可，中英双语更受欢迎。字数中文 5000 字以内，英文 4000 字以内，并附 200 字以内摘要。文章必须符合以下格式：标题，作者，摘要，关键词，概要，文章内容，综述/讨论或结论，以及参考文献。每篇文章也可附带一份单独的作者简介。

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk. 请注明“杂志投稿”字样。下期来稿截至日期为 2016 年 8 月 20 日。

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名方研读--镇肝息风汤

何勤

摘要：张锡纯先生是近代名医，一生精研岐黄，粲然有成。接受西医观点，大胆进行临床中西医结合探索，独树一帜。著有《医学衷中参西录》一书。载有多个独创而经实践检验的方剂。不少方剂已成后世医家习用的著名验方，镇肝熄风汤就是其中一方。主要用于治疗肝风、肝阳上亢症，对高血压病、心脑血管病，神经系统疾病有着较好效果，值得研究和学习应用。

关键词：张锡纯　　镇肝熄风汤　研读　应用

1. 概述

方剂出处：张锡纯《医学衷中参西录》(1)

方剂组成及常用量：怀牛膝 30g，生赭石（轧细）30g，川楝子(捣碎)6g，生龙骨(捣碎)15g，生牡蛎（捣碎)15g，生龟版（捣碎)15g，生杭芍、玄参、天冬各 15g，生麦芽、茵陈各 6g，甘草 4.5g。水煎服。

功能及主治：镇肝熄风，滋阴潜阳。用于类中风。阴虚阳亢，头目眩晕，目胀耳鸣，脑部热痛，心中烦热，面色如醉，或时常噫气，或肢体渐觉不利，口角渐形歪斜；甚或眩晕颠仆，昏不知人，移时始醒；或醒后不能复原，脉弦长有力者。

原方常用加减：心中热甚者，加生石膏 30g；痰多者，加胆星 6g，尺脉重按虚者，加熟地黄 24g，净萸肉 1.5g，大便不实者，去龟版、赭石，加赤石脂 30g。

注意事项：因血虚、气虚、肾虚、痰湿所致的眩晕及肾阴阳俱虚的高血压不宜用。

2. 现代药理研究：

1).调整血压，改善高血压症状：镇肝熄风汤能够上调自发性高血压大鼠血管平滑肌细胞中 Raf-1、MAPK P38、PCNA、PPAR GAMMA 和 Bcl-2 的 mRNA 和蛋白表达，抑制主动脉弓血管平滑肌细胞凋亡和减轻主动脉弓血管重构。(2)

2).对心脑血管的作用：镇肝熄风汤对ＳＨＲ重要靶器官心、脑、肾的病变有较明显改善作用，其可能的作用机制与调节心、脑、肾等靶器官局部的血管活性物质有关(3)。镇肝熄风汤可缓解急性脑出血大鼠的脑水肿症状，作用机制可能与提高机体抗氧自由基及缓解脑血管痉挛有关(4)。镇肝熄风汤可能通过影响神经细胞凋亡，发挥保护缺血大鼠脑组织的作用(5)。

3).对神经系统疾病作用：镇肝熄风汤具有抗实验性帕金森病的作用，其机制可能与上调多功能蛋白 14．3－3 和 TH 的 mRNA 和蛋白表达有关(6)。镇肝熄风汤与建瓴汤确具有镇静、催眠作用(7)。

4)．降脂，调节内分泌作用：镇肝熄风汤可提高去势大鼠 E2 水平，具有调节生殖内分泌的功能。同时可以提高血清 NO 浓度。且能降低升高的胆固醇及甘油三酯(8)。镇肝熄风汤可经改善血脂代谢、重建肾间质渗透梯度及调节肌酐代谢动力学等途径改善残存肾功能(9)。

3. 镇肝熄风汤现代临床实践：

用于治疗，高血压，动脉粥样硬化，脑溢血，脑梗塞；震颤麻痹；面肌痉挛，神经性头痛，中风先兆，中风后遗狂躁，中风后遗舞蹈病；带状疱疹后遗神经痛；小儿多动症；更年期病等。

4. 镇肝熄风汤组方研讨：

复习原文："方中重用牛膝以引血下行，此为治标之主药。而复深究病之本源，用龙骨、牡蛎、龟板、芍药以镇熄肝风，赭石以降胃降冲，玄参、天冬以清肺气，肺中清肃之气下行，自能镇制肝木。至其脉之两尺虚者，当系肾脏真阴虚损，不能与真阳相维系。其真阳脱而上奔，并挟气血以上冲脑部，故又加熟地、萸肉以补肾敛肾。从前所拟之方，原止此数味。后因用此方效者固多，间有初次将药服下转觉气血上攻而病加剧者，于斯加生麦芽、茵陈、川楝子即无斯弊。盖肝为将军之官，其性刚果，若但用药强制，或转激发其反动之力。茵陈为青蒿之嫩者，得初春少阳生发之气，与肝木同气相求，泻肝热兼舒肝郁，实能将顺肝木之性。麦芽为谷之萌芽，生用之亦善将顺肝木之性使不抑郁。川楝子善引肝气下达，又能折其反动之力。方中加此三味，而后用此方者，自无他虞也。"(1)

复习此段文字，分析医家立方思路。

主症：类中风，有主观感觉异常：眩晕、耳鸣、脑热、烦热，肢体感觉异常。客观症状有，面色潮红，或有口眼歪斜，或有昏厥。脉弦长有力。

病因：肝肾亏虚。

病机：水不涵木，肝风内动，气血逆乱。

病位：气血、肝、肾、脑。

依据病因、病机、主症，用赭石、龙骨、牡蛎针对主症，也是标症，通过重镇安神，稳定血脉神经，缓解眩晕、头昏头痛；牛膝活血化瘀，引血下行，补肾强筋，既以指标，更以治本；龟板滋阴潜阳，宜肾补心，白芍、天冬、玄参、甘草酸甘补液，柔肝缓肝，共助牛膝益固肝肾。以上药物以重镇潜阳为主，针对肝阳肝风，所以名为镇肝熄风。但因为临床使用时患者反映有气血

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上冲，症状加重的不适感觉，认为是肝脏生理反应，重镇压制，肝气不舒，故加用茵陈、生麦芽、川楝子顺肝疏肝以适应肝脏生理特性。

在后世研究中，对于本方主药（君药）是牛膝还是赭石有三种不同意见。一种认为牛膝为君，理由是牛膝用量最大，其味苦酸性平，活血化瘀，本方中引血下行，最为重要，所以为君。一种认为赭石为君，原因有二，一是其用量最多，30g，二是其味苦性寒，入肝、心，平肝潜阳，重镇降气，方名镇肝息风，以重镇立意，故应为君。还有一种是牛膝赭石共同为主药，为君。目前教科书采用第三种意见。我认为，依据张锡纯先生用药特色和对赭石的喜爱，对血症，气血逆乱，常重用赭石，本方是其代表作之一，故应以赭石为君，符合本方名称，符合本方主治，可能也符合治方者立意。

请注意，本方组合有几大特点：

- 有三大类药物：镇静安神类：赭石、龙骨、牡蛎、龟板。滋补肝肾之阴类：牛膝、龟板、白芍、天冬、玄参。疏肝和肝类：生麦芽、川楝子、茵陈、甘草。
- 治标为主，兼以治本，标本兼顾。中风，类中风，大多有临床急症表现，如晕厥、颠仆、口眼涡斜、肢体偏废，必须治标为先。然本证为肝肾亏虚，不治本不能复其原。
- 方药性味以寒凉为主，符合肝阳肝风的病理特征。肝阳肝风多有肝热、内热表现，如脑中热疼、心中烦热，面色潮红等。寒以清热，为正治法。

由于组方用药切中病机，标本兼顾，既有较快缓解标症作用，也有利于长远消除病本的作用，所以本方为临床常用的治疗类中风和相关疾病的有效方剂。

5. 镇肝熄风汤临床使用之我见：

本方主要用于以下大类疾病：

1）.脑血管疾病：脑血管硬化，原发高血压，肾性高血压。临床以头痛、眩晕、耳鸣、失眠，易于激动、生气。尤其适用于病变早期，尚未发展至脑出血，脑栓塞阶段者最为合宜。热重者，面红如醉酒，口渴喜饮，心中烦热，加生石膏清热效果更好；湿偏重，肥胖、易疲劳，多痰湿者，加茯苓、胆星化痰利湿；短气、夜尿增多、尺脉重按无力，肾虚，加熟地、山萸肉以补益肝肾。

2）.神经精神类疾病：血管神经性头痛，经期头痛，更年期躁动，精神分裂，小儿多动症，带状疱疹后遗神经痛。本方与四物汤合方，或与逍遥散配伍，去茵陈、川楝子、生麦芽。如以失眠、多梦、心悸为主，可选用张锡纯建瓴汤。

本方主要用于中风先兆，在心脑血管疾病早期应用，有干预进程、预防恶化的作用。临床实际，常常可见头痛、眩晕、失眠、易怒的症状，检查可有血压改变或血压正常，可以出现在高血压病、甲亢、脑血管硬化、颈动脉硬化等疾病，早期使用，预后较好，医者注意观察，符合肝阳肝风病机者都可使用。以减少发生脑血管意外，脑溢血，脑梗塞，功莫大焉。如已有神经症状，如中枢性面瘫，脑血管病变后遗症偏瘫，则非本方所主，需要辩证使用其它方药，另文研讨。

--附：建瓴汤：由生龙骨、生地、生牡蛎捣细各 18g 怀牛膝、生怀山药各 30g，生赭石轧细 24g，生杭芍、柏子仁各 12g。水煎服。功能：镇肝熄风，滋阴潜阳。主治肝阳上亢，头目眩晕，目胀耳鸣，心悸，多梦失眠，脉弦硬而长。(1)

本方与镇肝熄风汤比较，建瓴汤与镇肝熄风汤均能滋阴潜阳，镇肝熄风，用于肝肾阴亏，肝阳上亢之证，但镇肝熄风汤镇潜清降之力较强，对气血逆乱症见脑中时常作疼发热，或面色如醉，以及肢体渐觉不利等类中风症合宜；建瓴汤虽仍以重镇药为主，方中用柏子仁、生山药，其重镇宁心安神之效略优，更适用于肝风内动，扰动心神，症见失眠、多梦、心悸、惊恐等症。

附：典型病案

姓名：EWELINA XXXX， 性别：女，生日：xx/xx/1979. 原籍波兰，现居住地：London

初诊日期：16 Aug 2013.

主诉：左侧面瘫 2+年.时有剧烈头痛，面肌抽动间歇发作 2+周。

现症及查体：反复间断发作剧烈头痛，位置不定，伴眩晕。面肌抽搐以左侧面颊为主，频率不快，不剧烈。夜间左眼睑仍有轻度闭合不全，有眼红、流泪，不适。烦躁，睡眠欠佳。青年女性，表情紧张，面色红润。嘴角略有歪斜，咧嘴时可见。心、肺（-），肝脾不大，体查无其它异常发现。血压：140/90。脉沉弦，舌淡苔薄黄。否认其它慢性疾病。个人史：月经周期基本正常，孕 2 育 2.家族史：其母有原发高血压病。

初步诊断：1.面瘫（周围性）后遗症，面肌痉挛。 2.血管神经性头痛。 3.原发高血压？

病情分析：现症以头痛，面肌痉挛为主，即神经系统症状为主。两年前曾患面瘫（应该是周围性）。首先需要明确现有的面肌痉挛是面瘫后遗症还是新发疾病。其次是否有高血压病。三是头痛与高血压和面肌痉挛的关系。

根据症状、病史、查体所得，认为：现有头痛为血管神经性头痛；面肌痉挛为原有周围性面瘫的后遗症。面瘫治疗不及时。可能有原发高血压病（早期），理由是目前血压为临界值，有原发高血压家族史，而没有其它引发高血压的疾病。头痛可能与面肌痉挛有关，同属神经症状。与高血压也有直接关联，因为即当在早期，高血压还是会影响血管正常生理收缩。眩晕是高血压引发的，也与血管神经症状有关。

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本证为肝风症，多个症状支持此诊断，如剧烈头痛、眩晕、面肌抽搐，间歇发作。具有风证特点，风多走注，多行善变。面瘫是中风中经络的疾病。本病还有肝热扰心出现的烦躁、焦虑、失眠；有肝阳上亢引发的头痛、眩晕、面红。脉象和舌象也符合肝风、肝阳上亢的特点。病情清楚，诊断不困难。

治疗方案：

1.针灸：

主穴：百会、印堂、太阳、巨髎（左）颊车（左）、地仓（左）

配穴：风池、翳风、合谷、外关。

面部局部用轻手法，远穴用中度刺激。针刺前，以清凉油涂抹患者印堂、左右太阳穴，以期快速缓解头痛。

2.成药：正天丸，每次一袋（6g），每天 2 次。

因为患者第一次接受中医针灸治疗，对针灸有畏惧感，且面肌痉挛局部忌讳强刺激，所以使用穴位以精简为宜，同时不用重手法。当时考虑，必须有效果，否则患者可能不再回来。先易后难，先缓解头痛，再解决面肌痉挛，缓图长远，解决高血压。

治疗经过：接受中医针灸治疗后，患者感觉不错，消除了对针灸的恐惧，愿意继续治疗。之后每五天针灸一次，3 次针灸后头痛已明显改善。

1st Sept 2013:头痛已基本消失，面肌痉挛尚无明显变化。继续针灸，穴位略作调整，面部选颊车（左）颧髎（左）地仓（左）三组，每组 3 颗 13 号针作悬针浅刺，留针 20min,不行针。百会（每次必选），列缺、偏历、合谷，患、健侧轮换，中等强度刺激。

虽然头痛已基本解除，而肝风，肝阳上亢诸证仍在，面肌痉挛无明显改善，建议服用中药水煎剂，患者同意，但其不会煎煮，需要我们代煎。

该证符合镇肝熄风汤证，给予该方，略作加减，因患者首次服用中药，慎重起见，剂量减少，处方如下：
怀牛膝 9g 生赭石 12g 生龙骨 12g 生牡蛎 12g 生白芍 9g 玄参 9g 天冬 9g 丹参 9g 钩藤 9g 甘草 3g。水煎服，每次服用 150ml,每天 3 次。
处方思路：患者首次服用中药煎剂，既要考虑效果，也要考虑味道能够接受。以重镇潜阳为主，减去原方川楝子、生麦芽、茵陈，是担心药味道太苦，患者不能坚持服用；未用龟板，因为英国动物保护，禁用动物类药物；加丹参、钩藤增强清肝凉血祛风作用。

7th Sept 2013,服用中药一周，患者自觉头痛消失，眩晕明显减轻，烦躁、失眠有明显改善，患者信心大增，认为中药疗效很好。

28th Sept 2013:已坚持服用中药 4 周，无头痛、眩晕、烦躁，睡眠基本正常，面肌痉挛明显减轻，有时发作 1-2 次，每次只有几十秒，有时几天也不发作。患者心情愉快，对中医针灸草药称赞有加。
因为情况较好，调整治疗方案，针灸每周一次，中药每天服用 2 次。坚持治疗第二个疗程 4 周，其间中药以镇肝熄风汤为主，变化加减不大。头痛、眩晕、烦躁消失，睡眠正常，血压正常，面部痉挛基本消失，原有面瘫后遗症（口角稍偏，眼睑闭合欠佳）也明显改善。经过 2 月治疗，临床基本治愈。

25th Sept 2014：时隔 1 年，患者近日因感冒，头痛复发，剧烈，眩晕。并有咳嗽，咽喉疼痛，经西医药物治疗后其它症状消失，头痛、眩晕未解。故又来治疗。辩证仍为肝阳上亢，仍符合镇肝熄风汤证。给予镇肝熄风汤加减，2 周即痊愈。之后在月经来潮时有些头痛，给予加味逍遥丸后头痛消失。

17th Oct 2015：因为过度劳累，颈背疼痛牵扯右侧后头痛，给予针灸按摩治愈。测血压正常，脉舌基本正常，未服用中药。

该病例追访两年，原主要临床症状消失，是为临床治愈案例。可佐证镇肝熄风汤在脑血管疾病、神经系统疾病中的疗效。为什么有显著效果，这里没有再做阐释，可参看本文对镇肝熄风汤的研读，希望有所启迪。

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The effectiveness of Chinese herbal medicine in women undergoing *in vitro fertilisation* and embryo transportation: a systematic review of randomised controlled trials

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Abstract

Background In vitro fertilisation (IVF) has been used as a popular form of artificial reproductive tool (ART) for couples who struggle to conceive. Despite of its growing popularity in the last decade it is not able to show a relative high pregnancy rate (PR) and this can bring much grievance for the couple including emotional and financial burden. Recent studies have shown that adding Chinese herbal medicine (CHM) to IVF treatment raises the chance of PR significantly for women compared to those who did not take CHM.
Aim: This work evaluates the efficacy of CHM in women undergoing IVF treatment.
Methodology: Four randomised controlled trials (RCT's) (a total of 656 subjects) were included selected by the relevant criteria in order to conduct a systematic review on the effect of CHM on IVF outcomes.
Main Outcome Measure: PR and clinical pregnancy rates (CPR) were taken as the relevant outcomes to conclude the efficacy of the given CHM intervention.
Results: All four studies indicated significant differences in PR between the intervention and control groups in which the intervention groups were in favour. However several potential publication biases were noted and three of four research showed lack of high quality methodology.
Conclusion: Consistency of positive results was yielded from the studies proving CHM can improve IVF outcomes. However, more studies consisting of improved methodological research models and excluding potential biases are urged to proof the significant use of CHM in IVF treatments.

Keywords: *Infertility, In vitro fertilisation (IVF), Chinese herbal medicine (CHM), pregnancy, women, RCT*

Background

As the rate of global infertility has increased firmly in the 21st century, the need has heightened to look for an alternative therapy in which western medicine (WM) is lacking to further raise the pregnancy rate (PR) and to reduce the burden that brings with infertility (Li and Yin, 2012). Infertility occurs among couples of childbearing age for 11%-15% and brings much concern to couples who want to conceive (Shao et al., 2006). Assisted reproductive technology (ART), in which *in vitro fertilisation* and embryo transfer (IVF-ET) plays a major role in treating infertility, it has been able to offer some relief and hope to couples for more than 30 years (Du et al., 2014). However, statistics have indicated that this treatment not only shows a rather low success rate of 20%-35% and a relative high miscarriage rate, it can bring both financial and emotional burden to the couple as well (Du et al., 2014). The use of ART has doubled over the last decade and despite of its increase, there is relative a low improvement in implantation and delivery rates over the years (Adamson et al., 2009, Anderson et al., 2012, Barnhart and Kalra, 2011).

Recent evidence suggests that female patients who underwent IVF-ET and were taking Chinese herbal medicine (CHM) in addition to their conventional drugs, based on their syndrome differentiation, had a significant raise in PR when compared with patients who did not take any CHM (Chang et al., 2013, Du et al., 2014). A great amount of research in English has been published over the years, to prove the efficacy of acupuncture in infertility treatments (Qu et al., 2012). In contrast with CHM however, having been proved to be effective in improving PR, fewer attempts of good quality research has been made to assess its efficacy (Ried and Stuart, 2011). Therefore, it is of great medical interest to measure the significance of adding CHM to the conventional treatment for infertility which consists of WM drugs and IVF-ET in aiding infertility.

The aim is to assess the effectiveness of combining Chinese herbal therapy with biomedical treatment in PR by systematically reviewing randomised controlled trials (RCT) that are published in English and that were capable of achieving results that were statistically significant. This literature review is based on research articles using randomised clinical trials (RCT) which were carefully selected based on criteria that were the most suitable to answer the aim.

Types of studies

This review only included RCT's due to its golden standard for carrying out clinical trials, and which consists of the most effective design to measure the effectiveness of the intervention in the treatment group and compared with the control group. TCM principles

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were integrated in all clinical trials in order to maximise the positive effects of the given CHM between the control and treatment group. Therefore this critical review has excluded all research that did not integrate TCM principles when giving patients CHM treatments.

Study characteristics

Four RCT's with a total of 656 participants met the eligibility criteria were included in this review. Sample sizes ranged from 58 to 433. All the studies were conducted in China and published in English.

Chosen RCT's

1. Chang et al. (2013) 'Effect of soothing liver therapy on oocyte quality and growth differentiation factor-9 in patients undergoing *in vitro fertilization* and embryo transfer'.
2. Du et al. (2014) 'Effects of Chinese herbs combined with *in vitro fertlization* and embryo transplantation on infertility: a clinical randomized controlled trial'.
3. Guo et al. (2014) 'Effects of Liuwei Dihuang Granule on the outcomes of *in vitro fertilization* pre-embryo transfer in infertility women with Kidney-yin deficiency syndrome and the proteome expressions in the follicular fluid'.
4. Lian et al. (2013) 'Effects of Chinese medicines for tonifying the Kidney on DNMT1 protein expression in endometrium of infertile women during implantation period'.

Participants

All participants were women diagnosed with infertility due to tubal infertility or unable to conceive due to male infertility factors and who were eligible and to undergo IVF-ET were included. Women age ranged from 22 to 42 years. The general exclusion of participants was female patients who had mental disorders and suffered from other severe diseases or taking harmful drugs that would make it difficult for the patient to give birth. The total participants who stayed till the measurement of the outcome of intervention were 656**.**

Interventions

All patients were diagnosed according to different TCM syndrome differentiations such as Kidney Yin deficiency and Liver stagnation, in order to receive the right CHM description for their condition. The studies examined CHM interventions in different forms (decoction, granules and powder) compared with control groups consisting of WM only and with combined treatment of placebo and WM. Studies that combined CHM with acupuncture and its theory were excluded. Studies that took other therapy other than CHM were excluded as well.

As CHM intervention, Xiaoyao powder was prescribed for the patients with Liver stagnation in Chang et al. (2013). Patients with Kidney Yin deficiency, Liuwei Dihuang Granule (LDG) was prescribed in Guo et al. (2014), Erzhi Tiangui Granule (ETG) in Lian et al. (2013). And in Du et al. (2014), Siwu pill and Siwu decoction were given in first stage, Erxianchuyun and Siwu decoction in second stage and in third stage Wenshenaitai decoction, all formulas were modified according to syndrome differentiation.

Outcomes

Table 1 shows in detail of the outcomes in percentages of each intervention in each RCT.

Chang et al. (2013) shows raised pregnancy rate (PR) in intervention group, all other showed raised clinical pregnancy rate (CPR) in intervention group.

Table 1: Intervention and outcome of CHM studies

CHM Study ID	Intervention	Outcome
Chang et al. (2013)	Xiaoyao powder and GnRHa/FSH/hCG versus GnRHa/FSH/hCG only	58 patients with tubal infertility undergoing IVF, 35 years or above - PR 70% in intervention versus 42.8% in control group - Gn dose was significantly lower in the intervention group; the endometrial thickness, high quality embryo production and PR, and the expression of GDF-9 mRNA were significantly higher than in control group
Du et al. (2014)	A four routine ultra-ovulation-promoting therapies plus various CHM depending on their conventional treatment versus a four routine ultra-ovulation-promoting therapies only	433 patients with tubal infertility or male-related factors, undergoing IVF, aged less than 42 years - There was significantly difference in high quality embryo rate in intervention versus control with 51.9% versus 48.7%, biochemical pregnancy rate with 51.0% versus 38.9%, CPR with 44.2% versus 34.87%, endometrial thickness of (10.84+-1.75) mm versus (10.52+-1.50)mm and Normal fertility rate with 58.8% versus 54.7%.

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Table 1: Intervention and outcome of CHM studies

CHM Study ID	Intervention	Outcome
Guo et al. (2014)	Western routine therapy and Liuwei Dihuang Granule versus western routine therapy and placebo	66 patients with tubal infertility, 25-40 years, and another 33 cases as syndrome-control group, undergoing IVF - There was significantly difference in high quality rates of oocytes in treatment group with 82.29% versus control group 78.08%, and embryos 76.76% versus 68.79% and CPR 63.64% versus 36.36%.
Lian et al. (2013)	Gn therapy and Erzhi Tiangui Granule versus Gn therapy and placebo	66 infertile patients with tubal obstruction, undergoing IVF, between 25 and 40 years, - biochemical pregnancy rate and CPR were both 54.55% and significantly higher in the treatment versus 36.36% and 30.30% in control group. - Gn dose was significantly lower in intervention group; high-quality oocyte and embryo rates, CPR were all significantly higher in treatment group; The DNMT1 protein expression in the endometrium was significantly higher in treatment group - No significantly difference in fertilisation rate between two groups - no difference in number of retrieved oocytes

Overall findings

Participants who underwent treatment with CHM combined with WM and IVF-ET achieved in general better results than the ones who only received WM and IVF-ET treatment. Whether there was any statistically significant differences or not between the intervention and control group, results that suggest a higher PR in women were in favour of the CHM treatment groups.

Methodological quality of studies

All studies used RCT and are therefore assessed in good quality according to Cochrane 'risk of bias's scale. However only one study (Lian et al., 2013) used double-blinded RCT with placebo, one used placebo with two control groups (Guo et al., 2014) and the other two were neither blinded or using placebo (Chang et al., 2013, Du et al., 2014). Therefore in the first instance the study of Lian et al. (2013) was the best quality RCT that was conducted.

The fact that the other three RCT's did not mention using single-blinded or double-blind method, it would not make any difference in using a placebo or not since the participants would know what kind of treatment was given. It would be assumed that a RCT using placebo is blinded, however in Guo et al. (2014) the word blinded, single-blinded or double-blinded were not mentioned. Therefore, quality wise, these three RCT's are classified as equal and are therefore seen of poor quality when compared with the research by Lian et al. (2013). This study also has over 400 participants due to calculation of favourable sample size.

Guo et al. (2014) used a three-arm study by comparing between the groups using CHM, placebo and the syndrome-control group. The benefit of carrying this kind of multiple arm study is that one can compare the group who has been given either CHM or a placebo to the group that has not received anything of that. Conclusions can be made whether there was any significant difference in outcomes when using CHM and the placebo and whether the placebo had some influence on the results when compared to the group that did not received any CHM or placebo.

Comparison between intervention of CHM, acupuncture and WM

RCT's in acupuncture or WM as treatment for female infertility undergoing IVF have been included to compare the PR with the four critical reviewed research. The following acupuncture research articles with credible research methodology were assessed: Dieterle et al. (2006), Alper et al. (2009), Barnes et al. (2011), Ho et al. (2009), Barbosa et al. (2013) and Grinsted et al. (2006).
When comparing the outcomes with CHM intervention with the outcomes with acupuncture intervention, it is evident that both outcomes are significantly higher in PR in the intervention groups than in the control groups. There are three acupuncture studies showing that sham and control groups achieved a higher CPR, however they were not significantly higher than the intervention group. We also need to be critical and question what standards were used in these RCT's including following TCM principles and the medical background of the practitioners involved.

When only taking the studies with significant differences between intervention and control group in consideration, CHM intervention showed higher rates in pregnancy. It achieved higher than in the acupuncture studies with 70 as the highest percentage. However the control group in these studies also achieved a higher PR than the acupuncture control or sham groups. Therefore we have to take in consideration that different causes of infertility and background of patients (therefore with different TCM syndrome differentiation) were assessed in

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these groups. Tubal infertility was the subject in the reviewed RCT's and in the acupuncture RCT's , infertility was caused by different causes and therefore are accompanied with different prognosis.

RCT's that were conducted to assess the efficacy of western medications in IVF, shows that oral oestradiol and progesterone supplementation achieved the highest PR with 48.9% compared to intra-uterine injection of 250ug of rhCG (34.5%), dydrogesterone (25%) and vaginal progesterone (32,5%) (Akhoond et al., 2011, Alborzi et al., 2014, Saharkhiz et al., 2013). However in another study, the same supplementation was used, and CPR was 13,2 % (Aghahosseini et al., 2011). Critical questions about the quality of the RCT's should therefore be considered.

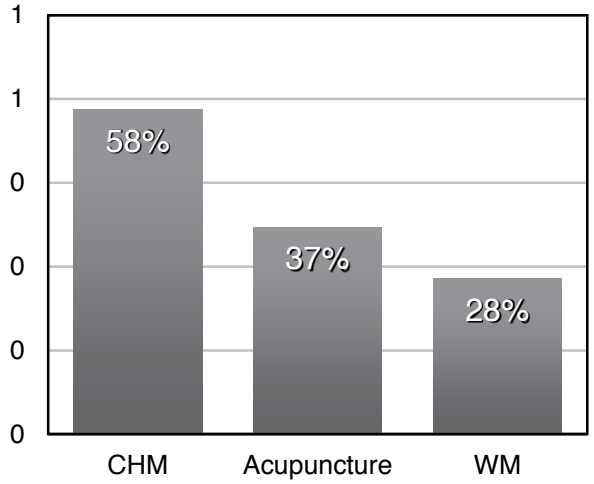
We can safely conclude that using CHM or acupuncture can have a significant positive impact on PR in IVF, and therefore it is quite possible that using these two together can achieve a higher result than when used separately. However high quality RCT's assessing both Chinese medicine treatments in enhancing fertility through IVF and are published in English are currently non-existent. Therefore, researchers are urged to consider this field of study in order to explore its significance to the medical world.

Table 2 and figure 1 show the average successful rate of CPR of each RCT type of study based on the articles mentioned previously, The CHM interventions shows a higher CPR of 58.1% (or 54.13%* when not including PR) in comparison with acupuncture RCT's with 37.04% and western medication RCT's with 27.78% . Therefore it is of high interest for TCM researchers in the future to conduct studies with CHM or even merge it together with acupuncture to achieve higher CPR which will bring great interest to the future of medical knowledge in gynaecology.

Recent research has suggested that whole system TCM using acupuncture and CHM was associated with greater

odds of life birth in donor and non-donor cycles compared with IVF alone or embryo transfer with acupuncture only

Figure 1: Successful rate with IVF



(Caughey et al., 2015). However further research that are more rigorous is needed to confirm these results.

Acupuncture yielded no consistent results that were in favour of the intervention group. It indicates that proving acupuncture being able to improve IVF outcomes significantly is more difficult compared to CHM research as sham or placebo acupuncture are able to influence the outcomes more greatly than in CHM studies (Cheong et al., 2010).

Table 2: Clinical pregnancy rate

RCT Study type	Sample size	Average CPR
CHM	656	58.1% or 54.13%* (versus control or placebo 36.08%, or 33.84%*)
Acupuncture	1258	37.04% (versus control or sham 27.59%)
WM	478	27.78% (for both intervention and control)
CHM and Acupuncture	N/A	N/A

Conclusion

Consistency of positive results was yielded from the studies proving CHM can improve IVF outcomes. However, more studies consisting of improved methodological research models and excluding potential biases are urged to proof the significant use of CHM in IVF treatments. One of four studies consisted of a double-blind RCT with placebo indicating a high quality research design. Even though the study brought positive results in favour of CHM, to conclude the effectiveness of CHM based on one good quality RCT is not strong enough. It is therefore of great importance to urge researchers in the near future to conduct RCT's following high quality method design to show the effectiveness of CHM and indicate its credibility. Before CHM can be accepted into mainstream medicine, its efficacy has to be proven demonstrably.

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2010-15 年 ATCM 团体保险索赔事件的分析和预防措施

沈惠军

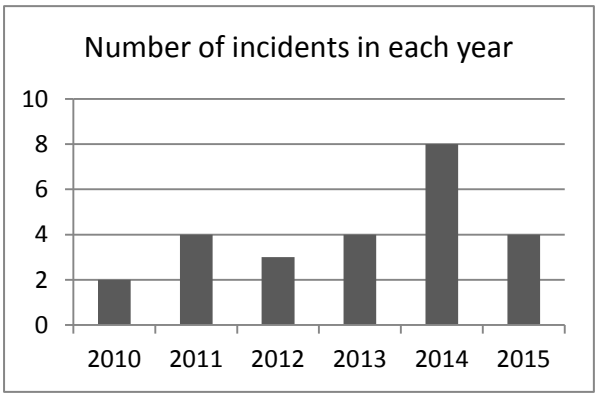
2016 年 1 月，Balens 保险经纪公司给 ATCM 发来一份报告，通报了 ATCM 团体保险在 2010-2015 年间的索赔受理赔偿情况。在这六年间，共出现 25 件索赔事件，其中处理了 24 件。一件未被受理是因其不属于职业保险的覆盖范围，而是房屋保险的范畴。但因这起索赔对安全行医具有同样重要的冲击，故本文仍将其纳入讨论之中。

Belans 报告透露 25 件索赔中，保险公司 Zurich 已经支付赔偿其中 7 件共£401,894, 另有预留款 £93,391 备用支付 5 件，其它 13 件则已经了结或撤销，或被拒受理。这样，六年间的总赔偿数额预计为£495,000 左右，这还没有包括 Balens 和 Zurich 的管理费用和法律支出。显然保险公司是赔本了，因为我们的团体保险六年间缴纳的保险费也没有超过这个数目。正是因为这个原因，今年 ATCM 团体保险的费用上涨了每人 18 英镑。

本文就这六年间的 2 5 件索赔事件作系统的分析，探讨其发生的内在原因，并重点探讨预防这类事件的安全行医具体措施，以期警示全体会员，今后减少或杜绝此来事件的发生。讨论仅就事论事，避免涉及会员的个人信息，希望相关会员不要有抵触情绪。

1. 各年度的事件发生率

六年间共有 2 5 件索赔，平均每年 4.17 件. 其中最好的年份是 2010 年，只出现了两件.最差年份是 2014 年，共发生 8 件，几乎占到全部索赔的三分之一.

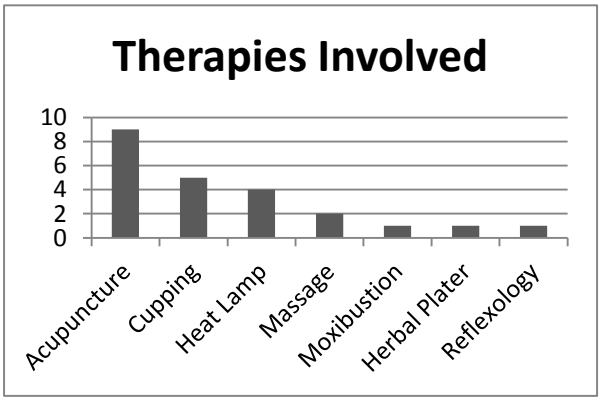


2. 保险覆盖的类型

在 25 件索赔中，22 件属于职业保险 professional indemnity 的范畴，, 2 件为法律开销之故，1 件属于公众责任险 public liability. 尽管没有产品责任险的索赔，但其中 1 件索赔是因柜台销售的药膏引起皮肤反应而起，严格意义上应该属于产品责任险.

3. 涉及的疗法

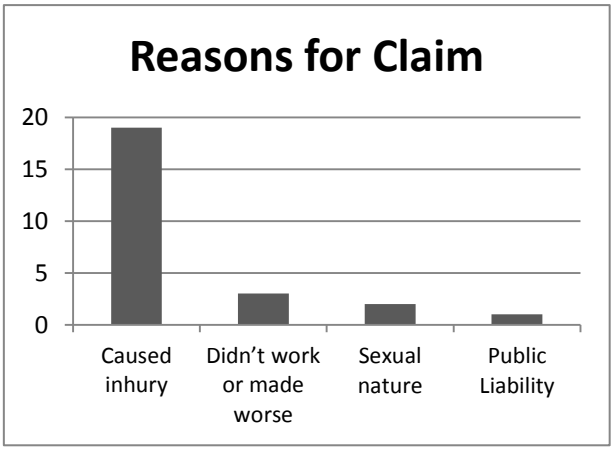
25 件索赔中， 2 3 件由不同的治疗引起. 其中针刺疗法造成 9 件，拔罐疗法引起 5 件，神灯引起 4 件，按摩引起 2 件. 灸法，药膏和足底按摩各引起 1 件.



针刺疗法引起的索赔几乎占全部事件的 40%，包括两例造成气胸的严重事故. 然而，考虑到针刺在我们行医中使用的频率很高，其仍然是相对安全的疗法，当然应该是由合格的针灸师细心造作. 而另一方面，拔罐和神灯尽管临床上应用的频率要小得多，但造成的索赔也是几乎 40% ，大多数是造成烫伤损害，这对安全行医仍然是一个必须重点关注的问题. 中药则相对安全，仅一例外用药膏引起的，内服中药无索赔记录. 当然，中药的安全性仍然是不可掉以轻心的.

4. 索赔的原因

大多数索赔（ 2 5 件中的 19 件）是由于治疗造成了伤害，3 件是因治疗无效或加重原有病情， 2 例属于性侵犯或性不当行为，是由行医者为法律支出而提出赔付，还有一例属于房屋保险内的公众责任险，因而 Balens 未予受理.



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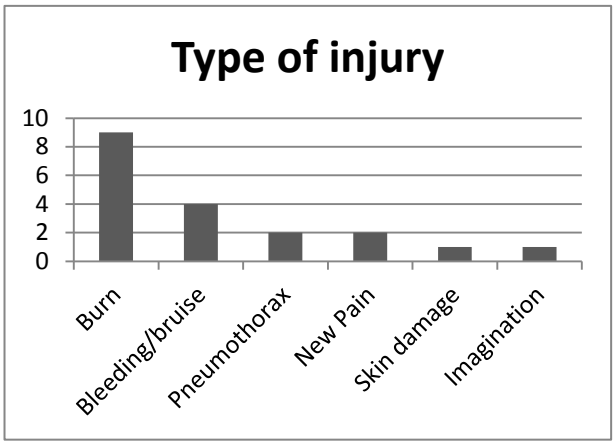
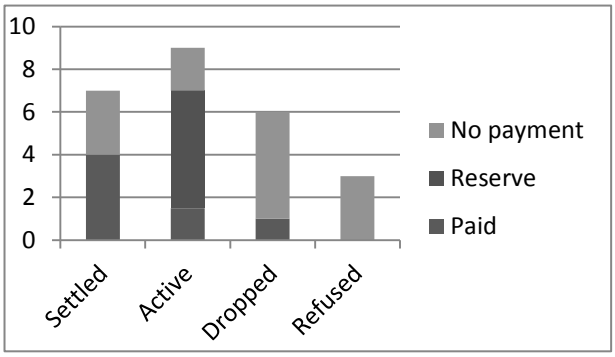
5. 造成伤害的类型

在 19 件宣称是治疗造成伤害的案例中，有 9 例是烫伤，其中 4 例由神灯引起，3 例缘于拔罐，灸疗和足底按摩（足浴）各引起 1 例．另有 4 例出血和血肿是由针刺和拔罐引起，2 例治疗造成新的疼痛分别由针刺和按摩引起．1 例皮肤损害宣称是由药膏引起．还有一例则应该出于患者的想象．



6. 索赔的结局

截止 Balens 报告之日，7 件索赔已经了结，9 件仍在处理中．另有 6 件撤诉，3 件未受理．赔偿支付情况如上所述．



7. 案例分析和应吸取的教训

1)．一例足部烫伤导致截肢：一位中老年糖尿病患者接受中药治疗其足部周围神经病变。中医师同时给与足底按摩和足浴。2011 年 4 月的一次治疗中，足浴用水太烫，但病人由于神经病变没有感觉到水温过高。结果导致了病人足部烫伤而住院。各种常规治疗无效而烫伤继发感染，最终患者一只脚被截肢。该患者于 2013 年获得£380,622 赔偿。

教训：这位中医师对老年糖尿病足的神经病变会导致皮肤感觉迟钝掉以轻心，未能认真检查水温。这可能是由于一时疏忽或太忙。尽管糖尿病本身可以导致皮肤易于感染皮损难于愈合，也是该例截肢病人的部分原因，但烫伤肯定是由于行医失误引起的。

2)．二例针刺导致气胸：这发生于 2014 年 9 月和 2015 年 4 月。第一例男性患者接受针灸治疗颈肩痛。病人很瘦，据信是肩井穴针刺过深达肺脏。第二例是男性患者接受针灸治其哮喘，据信是用了背腧穴，其中一个刺入太深。患者离开诊所约 20 分钟出现呼吸困难，急诊为气胸。幸运的是，由于针刺造成气胸针孔很小，且急诊治疗及时，两例患者均很快恢复。

教训： 很令人惊讶，在 ATCM 20 年的此类严重事件的清白历史记录之后，突然在短短 7 个月内就连续出现了两例气胸。我们都知道针刺可能造成气胸，故在针刺胸部和上背部的穴位时必须十分谨慎。然而，有时因为太忙或一时心不在焉，或其它什么原因，我们可能会疏忽这一重要的警惕性。行医者在针刺治疗中应该始终铭记其危险性。针刺胸部和上背部穴位时切记斜刺，避免直刺过深。我建议针刺背腧穴时，胃腧以上的穴位一律用 25mm 针向脊柱方向斜刺（45-60*）。

3）针刺疗法的安全行医：在 9 例针刺引起的索赔事件中，最严重的是上面提到的两例气胸。其它则涉及面部，颌下，颈部等精细部位的针刺导致出血或血肿，美容针刺造成眼周血肿，手部针刺导致明显疼痛。有一例索赔人接受针刺治疗腰痛，随后疼痛明显加重，他认定有一针灸针留在腰部，因而去了急诊。

教训：当针刺这些精细部位时一定要格外小心，并应尽可能避免这些部位，或切记不可过于行手法以求得气。手部也是富含神经韧带，针刺失当可能会造成伤害，故定穴准确，手法适当十分重要，经验不足则最好不要轻易下针。在治疗结束后一定要检查所有的针灸针都已拔除。医者最好一手拔针，另手拿一个棉球按压针眼，这不仅有助于防止出血和血肿，而且可以加强检查确认所有的针都已拔除。

4)．拔罐，神灯和灸法的安全行医：尽管这三种疗法在中医临床中并不如针刺和中药那样常用，它们却更具危险性，共造成 10 起事故，包括 8 起烫伤和两例血肿。这已经是一个延续多年的情况，ATCM 自 2008 年起为会员们举办了多起三个疗法的安全行医培训，以期改进行医安全，避免事故发生。不幸的是，这类事故仍有发生。

教训：时刻记住老年病人皮肤感觉较迟钝，对热度的感受不如年轻人敏感。某些疾病如神经痛，神经炎，糖尿病，腕管综合症等也可影响感觉，故在应用这类疗法时应该特别谨慎。火罐的使用是一个技巧活，如果技术不过硬最好不要用，而用泵吸负压罐替代。用神灯时保持灯头距体表的距离为至少 30cm，灯头的支架不能太松，否则有可能灯头因自身重量而下垂过于贴近皮肤。这可能是神灯造成烫伤的主要原因。ATCM 应该考虑对那些出现过这类事故的会员进行强制性的安全行医再培训。

5)．医患之间的交流沟通：读了 Balens 的报告，我感觉如果当时医师与患者之间有很好的沟通交流，有的索赔原本是可以避免的。 尤其是三例对“治疗无效或病痛加重”的索赔。 例如在一例中，“索赔人前来寻求

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针灸治疗，但是未经适当的询问就给他用了拔罐”。

教训：治疗不应该担保疗效，最好事先让病人在同意表上签名。 用拔罐疗法时， 一定要向患者说明可能会造成血肿并延续数日，而这是正常反应且对治疗有益。 若有语言问题，应该有翻译帮助沟通， 还应该备有相关疗法的文字说明以供病人在接受治疗前阅读。

6)．三例未受理索赔：有三例索赔案被 Balens 或 Zurich 拒绝受理， 其中之一是属于房屋保险的范围。另两例被拒绝的原因是因投保的中医师未能遵守保险条例的规定。据 Balens 报告所称，其中一例是由于相关医师拖延了六个月之久才向 Balens 递交病例记录，其间该医师在年度续保时仍然宣称无索赔事件发生。另一例则是拖延了七个月才递交病历记录， Zurich 最终拒绝承担受理的理由是当事人违反了条例 11 (治疗记录).

教训：每当出现保险索赔时，任何保险公司要做的第一件事就是查看投保人是否有违反规定的行为使得保险无效，因此他们可以拒绝赔偿。ATCM 的团体保险要求一旦有任何事件发生并有可能导致索赔， 投保人一定要立即通知 Balens，原始治疗记录的复印件应该尽早交给 Balens。如果我们不遵守这些条款和条件，我们可能会失去保险的 Cover。如果出现这种情况，我们就不得不自己去应付索赔，索赔金额也得由我们自己负担了，这是最不应该发生的。

7)．两例性相关的索赔：有两例索赔被 Balens 标记为“性不当行为”(2012 年 10 月）和“性侵犯”(2014 年 4 月)。索赔是由中医师因法律费用而做出的，Balens 没有提供两例事件的细节， 但第二个注明是为刑事辩护的目的。第一件可能与 ATCM 当时处理过的一起投诉是同一事件。一个十几岁女孩的母亲投诉一位男性 ATCM 会员，其有效地治疗了她女儿痤疮，但后来该医生据称示意要与这位女孩交朋友，提出约会。这位母亲很生气并向警方报案。由于这并不是犯罪行为，警方告诉母亲去向专业团体投诉。

由于缺乏第二个事件的详情，我在此讨论一下在过去两年内警方联系了 ATCM 进行调查的三个性犯罪案件上。在这三个案件之一，一位不是 ATCM 会员的中医执业者今年一月被判强奸罪名成立，判处有期徒刑 6 年。警方调查的另外两个案件涉及两名男性 ATCM 会员，均由按摩治疗引起，被女性患者因涉嫌性侵犯或骚扰向警方报案。其中发生在 2014 年 4 月的一例应该是 Balens 报告中提到的。警方当时联系 ATCM 试图调查他们是否有过类似性质的不当行为的前科，并寻求业界对按摩异性身体隐私部位的专业意见 – 据称两例分别是按摩了在腹股沟区的股动脉和胸部的膻中穴。两位中医师为自己辩护，声称他们的按摩是纯粹为了治疗目的。

教训：从业者应该始终保持专业性，注意与患者之间就个人关系要保持距离。在给异性患者做按摩治疗时，尽可能有第三人在现场(为患者的隐私着想不一定要在治疗室内)。当然在英国中医诊所的现实情况下，这并不总是可以实现的，因此，医者尤其应该保持清醒的头脑，不得有杂念，不可暴露或触碰病人的隐私部位。按摩腹股沟区或女性的胸部，无论是否出于治疗目的，都是不应该做的，否则迟早从业人员将惹上性指控的麻烦。这样的警觉，甚至适用于治疗同一性别的病人。 10 多年前，ATCM 收到一位男性患者投诉一位男医生对其性骚扰！

8)。骗保的可能性：有个别的索赔案例看上去很可疑，欺骗赔偿的可能性不能排除。一例是外用一种草药膏药造成皮肤损伤。索赔人不但有从诊所柜台购买膏药的收据， 而且上面注明有膏药的名称。这例索赔成功得到 £11,000 的赔偿。最近的一例公众责任险索赔是另一个可疑案例。在 2015 年 6 月，一名 ATCM 会员在治疗室治疗病人时听到诊所门外有哭闹声。她出去看到一个 3-4 岁的男孩手上在流血，家长声称男孩的手指是在这位大夫关门时被夹在门框受伤的。男孩的手指损伤相当严重，因此在医院被截除。这位会员在电话里告诉我，男孩的父母向警方撒谎，她是在听到哭闹声时才出去的，在这之前并没有去开门或关门，她在治疗室的病人可以作证。这位大夫说，很难想象一个路过的男孩的手指可能被门框夹住，尤其是有父母在场。因为男孩和父母并非诊所的病人或顾客，仅仅是路过，Balens 认定不属于行医保险的范围，回复该会员联系房屋保险受理，目前仍在受理中，最终结果需要一段时间。

教训：我们应该对骗保的可能性有所警惕。然而，由于通常我们没有任何证据，我们不应该直截了当地质疑我们的患者，否则可能使情况变得更糟。我们要做的最好的事情就是把它留给保险公司来处理。如果有顾客在柜台购买某种产品，并要求在收据上写下产品的名称，骗保勒索的可能性就会较高。而在像“男孩的手指夹在门框”的情况下，关键是有证人可以证明我们的清白。

结论：

正如我们常说，安全性是我们始终应优先考虑的，无论如何强调安全行医的重要性也不过分。 对我们这样的专业学会，6 年间 25 件索赔听起来是相当多的。但是，这并不意味着我们的会员比别人的安全意识少多少。平均而言，我们的会员每周治疗更多的病人，因为我们绝大多数成员是全日制行医，每周工作 5 甚至 6 天。你治疗的患者越多，犯错误的机会也就越多。这当然并不否定安全行医的重要性。不管我们有多忙，都应该始终在头脑中保持清醒的安全意识，行医中落实预防措施。在任何时候，对病人治疗都不要掉以轻心。让我们共同努力，切实降低索赔的数量，为我们的中医行医更加感到自豪。

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Analysis on ATCM Block Insurance Claims for the Period of 2010 -2015 and Preventive Measures

Huijun Shen

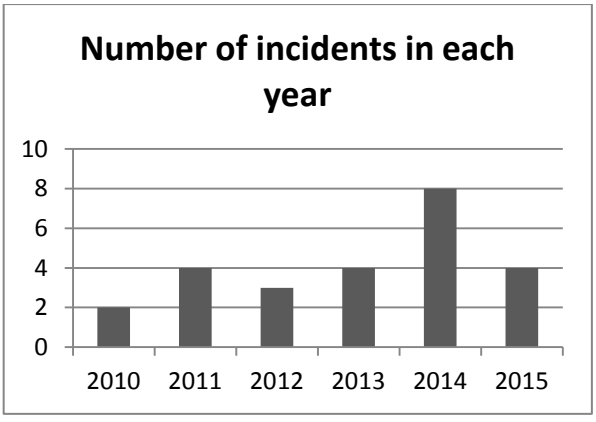
In January 2016, the insurance broker Balens Ltd sent ATCM office a report on the claims made under the ATCM block insurance in recent 6 years. In the period from 2010 to 2015, there were in total 25 claims received by Balens and 24 were dealt with. Balens turned down one public liability claim as it was not covered by professional insurance but by the building insurance. However, this study takes this one into account along with other 24 claims as it has as significant impact as others in terms of safe practice.

Belans report disclosed the total pay-outs from the underwriter Zurich for 7 claims were £401,894, with reserves being sat at £93,391 for another 5 active claims. Other 13 claims were either settled without pay, or still active (without reserves), dropped or refused. Therefore, the total compensation payments is estimated to be around £495,000. This does not include the administrative costs and legal expenses of Balens and/or Zurich. Apparently the scheme made a loss in this period of 6 years, as the total premiums we have paid is surely less than this figure. It is for this reason that the premium of ATCM block insurance was increase by £18.00 per had this year.

This article analyses the 25 claims over the last 6 years, and focuses on the reasons why they happened, what are the preventive measures to stop these from happening again. This is to alert all members with the safe practice precautions, in order to reduce or stop this kind of incidents. The discussion will only focus on the incidents, but not disclose the personal details of the practitioners involved. I hope these members should not feel offended.

1. Number of incidents each year:

There were 25 claims in 6 years, which makes an average of 4.17 claims per year. The best year was 2010 when there were only 2 claims received, whilst the worst year was 2014 in which 8 claims were made, accounting for almost one third of total claims.

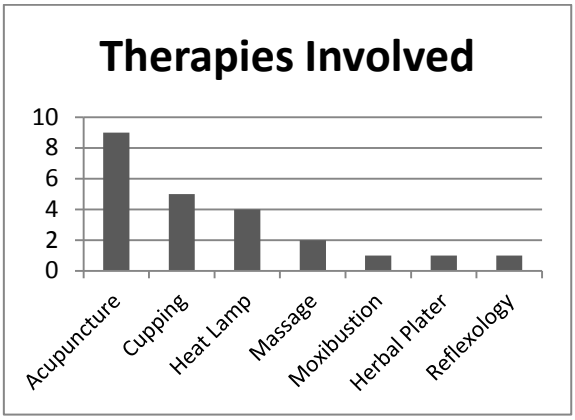


2. Type of insurance cover

Among 25 claims, 22 are under the professional indemnity, 2 are for legal expenses, and one for public liability. There are no claims for the product liability. However, one claim under professional indemnity was actually caused by the skin reaction to the herbal plasters sold to the client over the court, it should, strictly speaking, have been a product liability type of claim.

3. Therapies involved

Out of 25 claims, 23 involved various therapies. 9 incidents were caused by acupuncture, 5 by cupping therapy, 4 by heat lamp and 2 by massage. Moxibustion, herbal plaster and reflexology each was responsible for one claim.



Acupuncture is responsible for nearly 40% of these incidents, including 2 severe cases of pneumothorax. However, considering its high frequency of use in TCM practice, acupuncture is still a relatively safe therapy as long as practiced by qualified practitioners with proper caution. On the other hand, cupping and heat lamp caused 5 and 4 incidents respectively (together also nearly 40% of the total), although they are much less commonly used in TCM practice. Most of injuries caused by cupping and heat lamp were burn, which is still a big concern to the safe practice. Chinese herbal medicine seems to be relatively safe, with only one case caused by a herbal plaster, and no any claims caused by Chinese herbal medicine for oral administration. However, the safety of Chinese herbal medicine is still something we should never ignore.

4. Reasons for Claim

Most claims (19 out of 25) were made against the injuries caused by various therapies. 3 claims for treatment not working or worsening the existing condition, 2 claims involving sexual offence or impropriety were made by the practitioners for legal expenses. And one claim for public liability was refused as it should be covered by building insurance.

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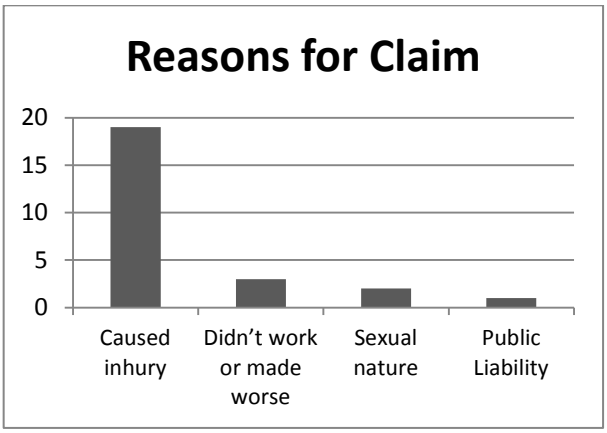
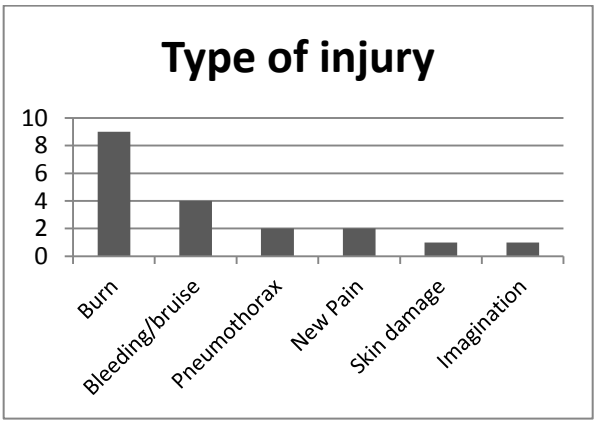


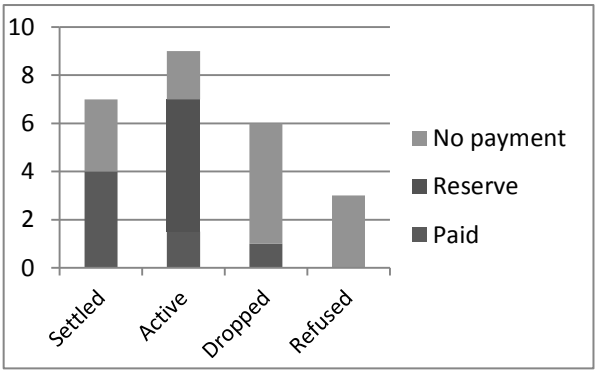
5. Type of injury caused

Out of 19 claims on the incidents where injury was allegedly caused by the treatments, 9 incidents were burns, in which 4 were caused by heat lamp, 3 by cupping, while moxibusion and reflexology (foot bath) each caused one incident. 4 cases of bleeding/bruise were caused by acupuncture and/or cupping. 2 incidents with new pain were caused by massage and acupuncture respectively. Skin damage was allegedly caused by herbal plaster.



6. Outcome of the claims:

Upon to the date of Balens report, 7 claims were settled and 9 were still active, with other 6 claims being dropped and 3 refused.



7. Case analyses and lessons to learn:

1). A case of burn to foot ending up with amputation: An elderly diabetic patient received Chinese herbal medicine for his peripheral neuropathy in his feet. The practitioners also gave reflexology treatment with hot foot bath. In one treatment session in April 2011, the water for foot bath was too hot (it says to be boiling water) but the patient did not feel the heat due to his neuropathy. As the consequence, the patient got serious burn on one foot and was hospitalised. Despite all the conventional treatment, the burn did not heal but inflamed badly, which ended up with the foot amputation. The patient received a compensation of payment of £380,622 in 2013.

Lessons to learn: the practitioner did not pay enough attention to the fact that the patient's impairment of sensation due to his neuropathy and his age, and failed to check the water temperature. Although diabetes can cause skin infection easily and skin lesion difficult to heal which could be partly the reason for the consequence of amputation, burn was definitely the result from this malpractice.

2). Two pneumothoracic incidents caused by acupuncture: these happened in September 2014 and April 2015. The first case was a male patient receiving acupuncture for his neck and shoulder problem. The patient was very slim and it was believed that GB21 was used which was too deep and punctured the lung. The second patient was also a male and received acupuncture for his asthma. It was believed that back Shu points were used and one of them was too deep. The patient developed breathing difficulty approximately 20 minutes after acupuncture session and was diagnosed with pneumothorax. Luckily as the lung puncture caused by acupuncture needle is small and prompt emergency treatment was given, they both recovered very quickly.

Lessons to learn: Surprisingly after 20 years of ATCM history with clear record of such serious incidents, suddenly there came two cases within 7 months. We all know that acupuncture can cause pneumothorax so particular caution must be given when needling points on chest and upper back. However, sometimes we may forget about this crucial caution if we are too busy, or mind-absent, or for any other reasons. Practitioners should be always alert with the danger when needling patients. It is important to always needle the points on chest and upper back obliquely, not perpendicularly, not too deep. I recommend that for back Shu points above BL21 level, always use needles of 25mm length and always needle oblique (45-60 degree angle) toward middle line.

3) Safe practice of acupuncture: Among 9 incidents involving acupuncture, the worst was two cases of pneumothorax as discussed above. Other incidents involves needling on some delicate areas such as needling neck and under chin causing bruises in local area, cosmetic acupuncture causing bruise and swelling around eye, acupuncture on hand causing severe pain. One claimant had acupuncture for back pain, but after treatment he was in lots of pain so attended A&E as he was sure a needle was still in his back.

Lessons to learn: special caution should be always given when needling such delicate areas, and wherever possible, try to avoid these areas, or at least avoid pierce needling manipulation for Deqi sensation. Hands are abundant with

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nerves and tendons etc., improper needling may hit them and cause damage. So try to needle with particular caution on point location and needling method. Try not to needle hands if you feel not capable enough. Always check and make sure that all needles are removed from patients' body at the end of treatment. It is advisable for practitioners to have a cotton wool in hand and use it to press the point one by one when taking the needle out. This helps to stop bleeding and bruise, and also helps double check the complete removal of all needles.

4). Safe practice of cupping, heat lamp and moxibustion: Although these three therapies are not used as frequently as acupuncture and herbal medicine in TCM practice, they tend to be more risky and actually caused 10 claims collectively, including 8 incidents of burn and 2 with bruise and swelling. This has been a long-going issue and ATCM has since 2008 organised safe practice training on these three therapies to members regularly in order to improve the safe practice and avoid/reduce such incidents. Unfortunately incidents still happen.

Lessons to learn: beware that older people tend to have less sensitive skin and they do not feel the heat or pain as acutely as young people do. Such conditions such as neuralgia, neuropathy, diabetes, and carpel tunnel syndrome etc. can affect the sensation as well. Special cautions are always needed when using these therapies. Fire cupping is rather skilful so try not to use it but instead using pump suction cupping if you are nor skilful enough. Keep at least 30cm-distance when using heat lamp, and beware that the adjustable lamp holder can drop down if it is loose so the lamp head will be too close to patient's skin. This could be the reasons for some incidents of burn caused by heat lamp. ATCM may need to consider imposing a compulsory re-training on safe practice of these three therapies to those members who have had claims against them.

5). Communication issues: Having read through the Balens report, I feel that some claims should not have happened if a proper communication with the patients had been given by the practitioners. Especially 3 claims raised due to "did not work or made worse" seem much to do with lack of communication or explanation prior to treatment. For example, in one incident, "claimant attended for an acupuncture treatment but cupping was carried out without proper consultation".

Lessons to learn: No guarantee should be given, and ideally a consent form should be signed by patients before treatment is given. With cupping therapy, it should be explained clearly that bruised mark can occur and will remain for a few days which is normal and good for treatment. For those with language difficulty, an interpreter on site would be ideal, or a written factsheet on relevant therapies should be available for patients to read prior to their treatment.

6). Three refused claims: There are three claims that were refused by either Balens or the insurer Zurich. One is for public liability cover which is not under professional insurance but should be covered by building insurance. The other two were refused due to allegedly the insured practitioners' failure in complying with the terms and conditions. According to Balens Report, in one incident, the practitioner involved did not report to Balens about the incident until after 6 months, and during that time, the practitioner still declared no claims when renewing the insurance policy. The other refused claim was due to the 7-month delay of treatment records being sent to Balens. Zurich finally refused indemnity as breach of Condition 11 (Treatment Records).

Lessons to learn: Whenever an insurance claim is made, the first thing that the insurance company would do is to see if there is any incompliance that invalidates the cover, so they can refuse their indemnity. It is required in our insurance policy that when an incident happens or becomes aware to us, and is likely to lead to a claim, we must inform the Balens immediately. The original treatment record must be copied to Balens when they start dealing with the claim. If we fail to comply with these terms and conditions, we could lose the insurance cover and in that case, we have to deal with the claim by our self and at our own cost.

7). Two cases of sexual nature: There are two incidents labelled as "sexual impropriety" (October 2012) and "sexual assault" (April 2014) by the Balens. The claims were made by the practitioners for the legal expenses. No details of the incidents were given by the Balens but surely the second one was for the criminal defence purpose. The first one could be the same incident that ATCM did the investigation on at the time. The mother of a teenage girl complained to ATCM as a member treated her daughter with acne successfully but later the practitioner allegedly tried to date the young girl. The mother was angry and reported to the police. As it was not a crime the police advised the mother to complain to the professional organisation instead.

With lack of information on these two cases, I would like to discuss the three sexual offence cases on which the police contacted ATCM for their investigation over last two years. In one of these three cases, a TCM practitioner who was not an ATCM member was found guilty with rape and sentenced for 6 years in prison. The other two cases investigated by the police involve two male ATCM members, who were reported to the police by the female patients for alleged sexual assault or harassment. Presumably one case in the same incident listed in the Balens report which took place in April 2014. The police contacted ATCM trying to find out if they had been complained for any misconduct of similar nature in the past, and seek for professional advice on massaging the private body areas – Ren 17 on the chest and femoral artery in groin area. The practitioners defended themselves and claimed that the massage they did was purely for therapeutic purpose.

Lessons to learn: practitioners should be professional and keep the distance of any personal connection with patients. When doing massage for a patient of opposite gender, wherever possible a third person should be on site (not necessary in the treatment room for the sake of patient's privacy). Understandably this is not always achievable, so particular vigilance should be in mind and never expose or touch patient's private area. Massaging Ren17 or groin area, no matter it is for therapeutic purpose, should never

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be done, or sooner or later the practitioners will be caught in trouble of sexual allegations. Such vigilance even applies to treating patients of same gender. Over 10 years ago, ATCM received a complaint from a male patient against a male practitioner for sexual harassment!

8). Possibility of racketeer: A small number of claims seem a bit dodgy and the possibility of cheating for compensation cannot be ruled out. The claim for skin damage caused by a herbal plaster seems to be one of such. It appeared that the claimant had the proof of over-the-counter purchase from the clinic, with receipt and the name of herbal plaster written on it. The claim was successful and the pay-out was over £11,000. The claim on public liability is another suspicious one. In June 2015, an ATCM member was doing treatment with a patient in the treatment room when she heard the crying noise just outside her clinic. She went out to find out a boy of 3-4 year old with bleeding in his hand and the parents at present claimed the boy's finger was stuck in the door frame of the clinic when the door was closed by the practitioner. The finger was damaged quite badly so it was amputated later in the hospital. The practitioner told me that the parents lied to the police as she heard the cry when she was in the treatment room and the patient is the witness who can prove that she did not open or close the door at the time. According to the practitioner, it is hardly imaginable that a boy's finger could be stuck in the door frame by any chance, especially when the parents were present. As the boy and the parents are not the patients or customers of the clinic, but only pass-bys, the case is not covered by professional insurance. As advised by Balens, the claim was passed to the building insurance and the final outcome will take time to merge.

Lessons to learn: We should be alert with the possibility of racketeer. However, as normally we do not have any evidence, we should not challenge our patients with our suspicion, or otherwise we could make the situation even much worse. The best thing for us to do is to leave it to the insurance company to deal with. If we have a customer who buys a product over the counter and asks for the name of the product to be written on the receipt, the possibility of racketeer could be high. In the situation like "boy's finger stuck in the door", it is crucial to have a witness who can prove our innocence.

Conclusion:

As we always say, safety is our No 1 priority. It is never too exaggerative to emphasise the importance of safe practice. 25 claims in 6 years do sound quite a lot for a professional organisation. However, this does not mean our members are less safe than the others. On average we treat more patients weekly as vast majority of our members are full time practitioners who work 5 or even 6 days a week. The more patients you treat, the more chance you make mistakes. Nevertheless, this does not undermine the importance of safe practice. No matter how busy we are, we should always keep the safety precaution in our mind and perform preventive measures in our practice at all times, aiming to avoid any neglects when treating our patients. Let's work together to bring down the number of claims and to be prouder of our own TCM practice.

The Journal of Chinese Medicine and Acupuncture

Call for Papers

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

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

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中成药制备工艺的革新有助于中医药走向世界

上海时珍医药科技研究所 娄如菊

摘要：

本文对近几年来中医药有关专家学者，对于“中医药如何国际化”与中成药生产中存在的问题和面临新情况，新问题，及《国务院关于扶持和促进中医事业发展的若干意见》进行综述，认为中医药发展的最好时机已来临。结合几十年中药和生产工艺研究成果和学习实践的经验积累，提出自己的意见和建议，供国家有关领导及同行们参考。目的对中医药如何走向世界能取得共同的认识，共同努力把祖国中医药事业发扬光大。中药的质量（包括中药材、中成药和新药等）是中医疗效的保证，也是中医药生命所在，是中医药走向世界的关键之一，本文只是抛砖引玉以供共同讨论。

一、前言

中医药学理论具有中国优秀文化传统背景和特点，是独特的医学科学，是我国最具有自主创新潜力的学科领域。她的整体观念和辨证论治、中药方剂中的君、臣、佐、使是其科学的思想核心，几千年经过人体临床实践的经典方，是经过多代先辈们不断实践总结和修正的国宝精髓。限于古代的条件，以丸剂形式传承下来的。她强调整体治疗局部疾病，随着健康观念的变化和医学模式转变，已逐渐被西方学术界所认可[1] 。所以中医药学走向世界是有可能的，也是必然的趋势。

针对“中医药如何国际化”和面临许多新情况、新问题，许多专家、学者及有关领导以不同侧面在各种报刊杂志上发表各种见解和建议。本文重点简要地综合对中药生产中存在问题的意见和结合本人的研究成果提出我的建议。

1、中医药要走向国际，存在着不少问题[2-4] ，中成药质量是国际竞争的关键：药材是质量的源头，品种混乱，炮炙方法“一地一法”，还有许多不合理的炮炙方法，如何研究改进也是迫在眉睫的事；不合理的采挖导致资源濒临枯竭，药材质量不稳难以使成品质量稳定【5-6】，严重影响中医疗效。在工信部《关于加强中药材生产工作的指导意见》【7】中目标、任务、重点工作、技术、管理等比较具体，希望尽快按文件落实责任单位和实施，要花大力气去执行 GAP 的法规及肖培根院士的五项工程【8-9】。

关于中成药生产中存在的问题和如何现代化存在各种问题，反复提了一、二十年，也有共识，但真正实现现代化进展不大。经过 GMP 验证，实现了一些管道化，车间刷新了，但多数的工艺和设备革新的不多，本人认为中药现代化，首先要在继承中有科学化的观点进行创新。

2、在世界经济全球化、一体化和信息化的国际环境下，WTO 要求每个成员国的技术标准要以国际标准为基础，我们对标准化意识淡薄，发展缓慢，日韩等国想方设法争夺国际组织的领导权和抢夺制定标准权，设法排挤中国在中医药事业中的主导地位，我们要认真对待。对此，专家们进行广泛的探讨，强调其战略意义，制定方法和程序及方案设计等争取在国际标准制定中发挥我国的主导作用[10-11]。

3、目前中国中药产品的出口贸易过多依赖于中药材和中药单味药，提取物出口占中药商品出口总额 44.8%，这种初级产品是小企业低价劣质无序参与竞争，搞乱国内市场以获取微薄利润而耗竭国内中药资源，也削弱了植物产品国际竞争力和信誉，是对中国中药资源的浪费，不符合“科学发展观”，更不符合中医药理论[12]（见表 1）。

表 1 不同处方中柴胡皂甙含量（mg/g）（ ）

柴胡皂甙	小柴胡汤	大柴胡汤	紫胡桂枝姜汤	紫胡桂枝干姜汤	柴胡牡蛎龙骨汤
a	1.03*	1.07	1.09	1.3	1.18
b	1.21	1.3	1.41	0.98	0.96
c	0.75	0.74	0.73	0.84*	0.33*
d	0.46	0.08	0.16	0.49	0.49
PH	5.2	5.1	5.2	6.8	7

注：表 1 说明同一药材在不同处方中有不同的成分含量，就会有不同的作用；单味成份配制的处方，不同于原来的经方。中医是不同意用单味中药提取物来配方。

单味中药提取物出口也不利于中药产业国际化，不能使中成药以药品身份进入国际医药市场，建议植物提取物行业要有准入机制。

4、中药各类商品贸易形势各不相同，中成药和保健品贸易自 2003 年开始一直逆差，2009 年达到 2314.5 万美元（是逆差最高的一年），可见“洋中药”进入我国的速度和数量令人吃惊。[13]

5、专家们认为：中医药继承、发展、创新已到了关键时刻[14]，需要从战略高度建立资源、专利、标准和文化的保护平台，由于中国产品技术落后，标准非规范化及“洋中药”的竞争压力使中医药知识成果轻易被夺走，真令人痛心。因此，需要进行中药产业的知识管理研究，促进中医药知识创新的建立与提升【15】，以加快中药产业国际化进程，重视和扶持国内具有继承又创新的研究成果和人才，实现中药产业经济持续增长。

6、关于中成药生产中存在的问题和生产工艺的研究文献中尚未见到有系统的和全面的报道，因此本文在下面的研究中详细叙述。

总观以上从中药材的采挖、种植、炮炙到中成药生产过程及其产品质量控制存在的各种问题，再从国际形势，国际化标准要求来认识中医药有很多的不足。引起了国家的重视，2009 年 12 月国务院高度重视颁布了《为扶持和促进中医药发展的若干意见》【16】，为落实<意见>发改委和中医药局《为实施现代中药产业发展的专项通知》【17】，工信部《关于加强中药材生产工作的指导意见》【7】。

二、中成药传统生产工艺要进行全面改革，这是中医药如何走向世界的关键，从传统生产工艺中存在的问题与新工艺优越性进行对比，按 GMP 要求（安全、有效、均匀）评价其产品的质量。从而认识中药生产工艺全面改革的必要性和可能性。

（一）传统生产原料一般是从当地药材公司进货，称“统货”。不问品种、产地、采集时间和内、外质量都没有科学标准。（见表 2）

表 2 不同等级大黄中番泻甙含量 mg/g

商品名	番泻甙 A	番泻甙 B
锦纹大黄-1	31.48	15.70
锦纹大黄-2	19.73	8.74
雅黄-1 等	10.70*	4.91
雅黄-2 等（1）	2.50*	1.05*

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雅黄-2 等（2）	14.11	5.78*
雅黄-3 等	12.63	10.01*
雅黄-等外	17.72*	8.60
马蹄大黄	4.67	2.71

从表 2 说明用传统经验评定药材质量不太准确。表 2 中等外品的成份含量比等 2 品高出 7 倍。如果进货的 2 等品或等外品，生产后的成品含量不足影响疗效。因此中药生产原料的质量问题是首先要解决的问题。

在研究中按目前条件，只能用生产同一批号的原料进行新老工艺质量的相对比较。今后生产中控制药材的进货渠道和固定品种，检测中间体成分含量，调正颗粒剂或片剂的总含量。使制剂质量稳定。说明执行和推广 GAP 是多么重要。

（二）传统的丸剂包括水泛丸、蜜丸、浓缩丸都是以药材粉为基质，原料虽经冲洗，但还是带有泥土等杂物，药粉中有土就有菌，甚至有虫。几年前有报导北京中央药检所抽检 17 批丸药，其中 12 批有螨虫（螨虫能导致酒糟鼻很难治愈），真令人担忧。多数片剂也都以药材细粉做辅料进行压片，其质量控制指标中细菌限量很高，每克成品含一万只细菌以下就合格。崩解时限也很长（大于 30 分钟），而且“浸膏与药粉比例视配料情况随机选择”（见补中益气丸生产工艺）。浓缩丸每 8 丸相当于原生药 3g，十味药总药量至少有上百克。而一次服用剂量 8～10 丸，一日 2～3 次（共十克左右）。而且各种药方不管药味多少，都这样规定。每种药物是有一定剂量才能发挥治疗作用。这样的质量和剂量怎么会不影响药效？！

（三）**提取工艺：**传统生产工艺多数是静态提取，会影响效果。当时负责该工艺的合作单位只做了实验室数据，未经中量放大试验，在鉴定会上没有通过不宜采用，因此中量放大我们暂时采用动态循环的水提取方法，既符合传统方法，又能增加提取效果。将此法提取的药液作为新工艺研究之用。

（四）**澄清工艺：**是传统工艺中老大难问题之一，提取液中除泥土沙粒外含有大量淀粉、胶质和树脂等杂质，还有混悬于液中的有效成份微粒，是被方剂中皂甙类成分乳化而成，使原来不溶于水的成分混悬于液中。如何去其糟粕（尤其是淀粉），留住精华（有效成分），设计了多种方法，实验后确定用碟片式离心分离法，同时又设计多种离心力，用三只产品以不同离心力观察其澄清程度并测定药液中微粒的直径（μ），及其微粒数/ml，再测定不同离心力，离心后药液的主要成分含量等多指标，与原液作相对比较，评价离心分离效果。

传统工艺中为了除去淀粉等杂质，常用水提浓缩至 1/10 左右，用 95%酒精沉淀方法澄清（药典），而沉淀中都含有有效成份，当作杂质被废弃，这是最不合理的工艺。另外我们将板兰根冲剂在传统工艺中酒精沉淀物测定靛玉红含量，其含量超过清夜中的靛玉红含量，所以“水提酒沉”工艺必须要去除。

（五）药液浓缩工艺

药液浓缩工艺是中成药生产中最费工耗能最大的工艺，一吨药材提取 2 次，至少有 12 吨药液，浓缩至需要的浓度约消耗蒸气 12 吨以上，而且损失或破坏有效成份最多，浓缩至软浸膏（制冲剂用），损失近 42%（减压法）。若用常压（敞开浓缩）要损失 52%，浓缩至干浸膏（压片用），损失 68.4%，如果用减压方法损失 58.9%。可见不同温度的浓缩、干燥对成份含量的影响。

由此可见，传统工艺成份含量损失，主要在敞开浓缩成软浸膏（比重 1.38）和将软浸膏与药粉（当辅料）混合后干燥（块料），其总的成份将损失 70%，在浸膏干燥粉后粉碎中又要损失。这样的生产工艺制成的产品，疗效肯定大大降低，确实影响中医的疗效。因此新工艺要重点改革去除这个工艺。新的制粒工艺是采用流化床喷雾制粒工艺，药液浓度只需 1.20 比重，这样保证成份含量不受损失或破坏。

我们采用了瑞典 α-Laval 公司的离心薄膜蒸发器（仿制）进行研究，其蒸发是综合了薄膜蒸发和离心分离二种工程原理，利用离心力使料液在加热面上传递能力大大提高。薄膜厚度 0.1mm 左右。使流速传热系数及浓缩比都能提高。药液在加热面上保留时间短，单位液滴可在瞬间完成浓缩，保证了有效成份不受损失或破坏。用 5 只产品进行实验，结果表明浓缩时间缩短。主要成份含量比传统工艺高（这与处方中成份的热敏性有关）。如板兰根颗粒剂与传统的冲剂靛玉红含量，新工艺比传统工艺要高 3.6 倍。（见表 3）

表 3 浓缩新工艺与传统工艺主成份含量比较

产品名称	板兰根 c%	麻黄石甘汤 c%	大黄牡丹汤 c%	脉安颗粒 c%	常青颗粒 c%
新工艺	0.80	0.98	2.08	1.18	1.61
传统工艺	0.22	0.75	1.69	1.08	0.65

（六）制粒工艺

我们经过查阅大量国内外资料，在分析比较后确认在西药化工行业中使用的流化床喷雾制粒机是当时比较先进的制粒机，又经过学习分析比较后，经过考察、调查，就选定了流化床喷雾制粒机（国内仿制）。当时杭州中药二厂经过试验认为该机不适合中药生产，并把机器退还给上海机械三厂（限于当时条件和配件质量很差）。但是因时间紧迫，当时又没有现成的机器，无奈的将此机器作为研究之用，针对机器存在的问题创造了一些保证试验成功的条件，根据国内外文献设计了流化床喷雾制粒各种实验设计和考核指标，经实验，达到了原定设计和结果。

（七）新工艺喷雾干燥工艺研究

喷雾干燥的工艺技术在化工食品等行业至今已有近百年的历史，近年来用于干燥奶粉洗涤剂等喷雾干燥器不断发展，但是适合于中药生产用的喷雾干燥器尚不能满意。尤其粘性较大的药液常常粘壁而不能使用。我们分析其容易粘壁的原因主要是液滴在喷雾干燥室内停留时间太短，雾滴不能充分干燥，而造成粘壁，因而自行设计了 1 米×2 米的喷雾干燥器（与机械工程师合作），而且把喷咀装在下面，往上喷，雾滴在喷雾室停留的时间延长了 3 倍多。这样就消除了粘壁现象，同时在药液中加入适量的助干剂使中药生产中的喷雾干燥难题解决了。

四、新工艺有哪些优越性

新工艺全面改革传统生产工艺后可以适应制造颗粒剂、片剂、胶囊剂等各种剂型。

1、减少了生产工序和人工，缩短了生产时间，降低了劳动强度。（见研究资料）

2、有利于符合 GMP 要求，容易达到洁净的要求，优选了辅料，减少细菌限量，缩短崩解时限和冲溶时间，减少服用量，而且提高产品质量，提高疗效达到安全有效。

3、减少三废排放，由于生产中不应用软浸膏和干燥浸膏。因而免去膏桶和浓缩锅的洗涤用水，不仅节约用水，而且消除了耗氧量高的污水。

4、用水解淀粉中间体代替糊精和淀粉作辅料，改善了颗粒剂的药味，又能增加颗粒的可溶性。

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5、降低了能耗，降低成本：新工艺既有经济效益又能体现社会效益

生产成本中原料成本占比例不多，包括设备和仪器的折旧费。主要成本是能耗 人工、时间和管理费用等。因工序缩短,人工和时间都减少,能耗能降低,(片剂 3 :1;颗粒剂 1.6 : 1)。这些费用大大降低，其生产成本也随着降低。

我们抓住传统生产工艺中不合理甚至不科学的工艺,尤其对澄清、浓缩、干燥、制粒工艺，根据研究数据进行分析，并用科学的原理和方法加以解决，可以说是抓住了主要矛盾和运用正确的方法。使传统工艺中除药材质量问题外，影响中成药质量疗效的主要问题，基本上都比较合理的解决了。

我们在查阅大量文献资料的同时，请教相关行业如离心机研究所、西药厂、淀粉厂以及食品厂等，了解了有关的设备性能、澄清浓缩制粒等技术。在选择辅料时，与淀粉研究所合作，提出我们对辅料的要求，既要溶解性好又不能增稠度,还要有一定的粘度和价格适中,都能尽量满足我们要求。在研究离心分离效果时，如何保存混悬在药液中的有效成份，直径几百 μ 大的微粒一般在可见光下是看不见的，而淀粉粒是可见的 ，所以想在澄清液中测定微粒直径及其数目，在几只经典方中还测定其成份含量，用多指标优选最佳离心力，使达到较满意的效果。

五、今后展望:

（一）新工艺还需不断完善，推广还要政策上支持:

我们了解和研究了日本汉方颗粒剂的生产工艺是比我们传统工艺先进，但也有不合理之处。药液澄清和浓缩工艺是生产工艺中的核心技术，新工艺比他们合理先进，辅料也比他们硅胶溶解性和口味好，比乳糖更经济，适合国情。所以我们借鉴其小部分工艺,设计了新工艺。可是限于当时条件，新工艺还需进一步完善，如提取工艺研究，我们采用的循环动态提取工艺，还需进一步研究放大。新工艺中离心薄膜浓缩中冷却水的如何利用，喷雾干燥器设计中气固分离器容量不够等；检测成份含量制定产品标准，数据还不够，所以在今后工作中要不断完善，但是从我们完成的实验数据已能足以证明新工艺比日本汉方颗粒剂工艺合理先进。日本在 70 年代已有 210 个汉方（其中津村顺天堂 116 个）颗粒剂。不仅在国内列入医保用药，而且在全世界销售（主要在东南亚各国）大大超过中成药的贸易额，而我们要把丸药改成颗粒剂以四类新药审批，是新工艺不能将丸药改成颗粒剂的主要原因之一。这是政策卡住了中成药的发展，日本人能在日本国内外使用销售，我们为什么不能？！新工艺的中药提取工艺是符合传统的中医理论，只是将水提取液后面的不合理工艺进行改革。并用产品主要成份含量和物理性能及药理等多种指标来验证其优越性，又与传统工艺进行比较，确证新工艺安全有效、均匀、价廉，又符合 GMP 要求，而且能降低能耗和成本，减少污水排放，符合当今节能和低碳的生产要求。日本能应用，我们为什么不能？！这个要求不是工艺剂型改革在审批中降低要求，而是不要把工艺改革当作新产品来审批，只要有成份含量、主要的药理效果等指标比传统工艺都要优越，而请中国的 FDA 考虑是否就可以批准生产？这样处理不仅国际上有先例，又使产品的质量提升，有利于中成药生产科学化，现代化，而且使中医临床效果提高，为中医药走向世界，跨出关键的一步。

（二）中医药走向世界，要进一步以改革创新带动新产品，需要针对西医难治的疾病，如肝病、心脑血管病、糖尿病、胃病、肾脏病等进行研究。如中药有效成份注射剂，毋庸置疑是中医药继承中的提高与创新，这是符合中医药发展的方针：继承、发扬、提高、发展。在审批中应该严格要求注射剂的质量，长期毒性一定不能少，但不应因噎废食[18]。希望国家药政部门尽早解除禁令，恢复审批中药注射剂，让有显著疗效的注射剂早日上市应用于临床。

（三）药材是中药质量的源头，如何尽快切实执行“GAP”，是刻不容缓的事。工信部“关于加强中药材生产工作的指导意见”和肖培根院士的五大工程，内容很全面，关键要落实到单位和任务的时间表。要细化各项任务目标，制定检查和奖惩制度，资金投入，人员落实。估计要有 5～10 年的时间，GAP 的问题才能开始向良性循环的方向发展，逐步解决中药材质量问题。也是中成药生产中首要的质量问题。也有人提出采用生物工程技术发展中药才生产和重视鉴定研究[21b]

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中药配方颗粒粉剂及其临床应用

李可心 魏晓煜

中药饮片汤剂是我国应用最早、最广泛的一种剂型。汤剂是适应中医辨证论治，随证加减原则的剂型，具有吸收快，迅速发挥药效的特点[1]，金代李杲曾指出:“汤者荡也，去大病用之”。因而，中药饮片汤剂至今仍然是中医的主要用药方式。但是，随着时代的进步、生活节奏的加快，对中医药的要求提高了，许多患者因不愿意煎熬药，或嫌之味苦而放弃了中医药治疗，中医门诊量呈现下降趋势，进而影响了中医药的发展。尤其在海外，外国人因文化或传统原因，对中药饮片汤剂接受度也较低，从而也限制了中医药海外推广。

一、中药配方颗粒研发简介：

从 70 年代开始，日本、韩国、台湾等地已经开始研制生产了中药颗粒剂。在日本由于掌握中医理论辩证论治的汉方医生不多，大多生产使用复方颗粒剂，即以传统经典方命名的组方颗粒剂。台湾方面，既有复方颗粒剂，也有用单味浓缩中药粉剂，再调配处方的。我国开始研究中药颗粒粉剂可以追朔到 50 年代初期，在我国广东省，丘晨波教授等曾发起研制，但因各方面条件、时机不成熟未能成功。到 80 年代，再次从事该项工作的研究，积累了不少品种的实验依据，因条件限制未能投放生产。但实际上已开始生产单味中药颗粒，如板蓝根冲剂等。 直至 1993 年国家中医药管理局在广东、江苏两地建立科研基地，1996 年该项目被列为局科研基金项目并作为重点课题开展研究，并于 1998 年通过验收，中医药人员在总结前人经验、教训的基础上，对国内外浓缩颗粒的工艺、设备、质量标准、生产管理、市场等方面展开了历时 3 年的调研[2]。1992 年年立项至今，正式成立药业公司，专门从事研究、生产″中药配方颗粒″。我们在英国现在多使用单味中药配方颗粒粉剂，复方的较少用，严格来说复方颗粒剂是欧盟草药法禁用的，因被认为是中成药。

中药配方颗粒是采用现代科学技术，仿照传统中药汤剂煎煮的方式，将中药饮片经浸提、浓缩、干燥等工艺精制而成的单味中药产品。产品保持了中药饮片的性味与功效，质量稳定可靠，应用于中医临诊处方的调配，适应辨证施治、处方变化的需要，且有不需煎煮，服用方便、吸收快捷、剂量准确、安全清洁、携带便利等优点[1]。缺点是是中医师普遍担心和关切的问题，就是缺少了传统饮片所具备的共煎优势。我们曾认为饮片方剂的共煎会增加药物的效用，减少毒性或副作用，这是有实验依据的，比如四逆汤。四逆汤由附子、甘草与干姜组成，是回阳救逆的代表方，其中的附子在单独使用时，其强心作用既不明显，也不持久，且有一毒性。但在传统“共煎”后的“四逆汤”中，尽管干姜、甘草无强心作用，但三味药配伍后强心作用明显增强且持久，毒性下降。而单独口服附子的毒性比“四逆汤”大 4.1 倍[3]。实验还表明，将干姜、甘草与附子分煎后再混合，或各单煎后次序给药，其毒性仍相当于单独附子。从而提示，“四逆汤”毒性降低，乃因附子生物碱与干姜、甘草在“共煎”过程中产生化学变化所致。

但当时不少试验证明单味中药配方粉剂在配方使用后效果不错。由中国中医研究院中药研究所、南京中医大学、中国药科大学等单位开展合煎与分煎的药效学比较实验。研究者选择生脉饮、加味生化汤、葛根芩连汤、霍香正气散等 10 个经方[4]。发现：生脉饮分煎和合煎均有抗乌头碱诱发的小鼠心律失常作用，药效作用无差异。均有抗大鼠失血性休克作用，药效作用无差异。加味生化汤分煎和合煎均有促进子宫收缩作用；均有明显止血作用，合煎剂优于分煎剂。药效学研究结果表明：各个处方分煎和合煎，均有明显疗效；两者药效学作用相近，无明显差异；在有些药效学指标方面，配方颗粒的疗效优于饮片。广东省中医研究所曾经通过对桑寄生传统饮片与单味中药浓缩颗粒的镇痛实验、小鼠实验性关节炎等项的药效学对比实验，二者无明显差异，在个别指标上浓缩颗粒剂优于中药饮片；将单味中药浓缩颗粒配伍成“小青龙汤”、“羌活胜湿汤”、“逍遥散”、“归脾汤”，与传统中药饮片配方组各每方观察 50 例，治疗慢性支气管炎急性发作、寒湿腰痛证、肝郁脾虚证和心脾两虚证，结果显示临床疗效相近，统计学处理差异无显著性。作者临床已使用中药配方颗粒 18 年，没有感觉粉剂配方与饮片汤剂有明显区别。

二、 中药配方颗粒制造技术、工艺简介：

正规厂家中药配方颗粒制作工艺流程(中国合肥神鹿双鹤药业有限责任公司提供）：

GAP 药材基地-原药材加工-清洗-提取-低温浓缩 -喷雾干燥-总混-颗粒包装-成品检验-仓储。

GAP（ good agriculture practice ）是中药材生产质量管理方案。也就是说中药配方颗粒药材来源应是符合 GAP 的中药材基地，保证了原料的可靠和质量稳定。

中药配方颗粒生产工艺研究是在继承传统汤剂煎煮方法的基础上，结合现代中药化学、中药药理、中药制药研究成果，采用水提取、水提取结合乙醇提取、超临界二氧化碳萃取、酶解技术、超微粉碎、低温浓缩、喷雾干燥、干法造粒等先进的中药制药技术。因此，1 克颗粒剂中的中药有效成分含量相当于原生药的 7 到 10 克，粉碎程度为微米级，按过去说法达到 300 到 500 目。还由于对某些中药难闻气味采用了辅料包裹技术，所以，溶解度高，几乎全部溶解于水不留残渣，口感好，无异味。

大多数药材仅用水提法或结合乙醇就可获得浸膏，但有些贵重药物，如、三七、川贝母、沉香、灵芝、蒲黄、青黛、三七、石膏、檀香、天麻、西洋参、

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血竭、浙贝母、蝉蜕、沉香等中药配方颗粒品种，是采用现代中药细胞超微粉碎技术，制成的新一代微米中药。微米中药的粉末粒径约 5-15um，在该细度下，药材细胞的破壁率≥95%，且粉末粒径小，分布均匀，球性度及均质度明显改善，松密度及比表面积显著提高，由此物理状态的变化明显使人体吸收的成分更全面，吸收强度提高，吸收量增加。有些具有挥发性成分的药物需要超临界二氧化碳萃取，超临界二氧化碳萃取是以超临界二氧化碳流体代替常规有机溶剂对中药有效成分进行萃取和分离的一种新型技术。具有选择性好、操作温度低、能较好保存中药有效成分不被破坏、不发生次生化、萃取能力强、提取效率高、具有抗氧化和灭菌作用、有利于保证和提高产品质量，经药理和临床证明，其药效和临床疗效均能够很好的保证。中药配方颗粒生产采用超临界萃取的品种有：白芷、白术、荜茇、炒苍耳子、苍术、草果、柴胡、川芎、当归、当归尾、独活、莪术、防风、佛手、干姜、藁本、厚朴、花椒、化橘红、红景天、姜黄、菊花、麻黄、玫瑰花、木香、佩兰、前胡、肉桂、乌药、醋香附、野菊花、益智仁、月季花、麸炒枳壳、枳实、穿心莲、丹参、蛇床子、银杏叶、紫草等

那么为什么要采用低温真空浓缩？

家庭煎煮中药时，为了减少服用量，汤药煎好后会再加热蒸发掉一部分水份，要加热到100℃以上才会沸腾，温度高会对药物的质量产生影响。采用低温真空浓缩，在密闭的的不锈钢罐中，通过抽真空以降低其内部的压力，使药液在较低温度（40℃-60℃）下，水分就沸腾蒸发。具有温度低，速度快，可防止某些易于因热分解的有效成分被破坏。

三、中药配方颗粒粉剂应用

中药配方颗粒粉剂应用是多方面的。有些应用可以解决当前英国诊所内中成药之慌。

1. 按汤剂冲服：按原方剂缩小比例开方配药冲服，这是目前最常用的。有两种缩小比例开方办法。一种是在药味后显示每日用量。如我们公司所用粉剂的有效成分比例为 1:7。所以，如当归该用饮片量是 7 克，换粉剂药后，在当归后写 1 克（当归 1g），这样配出的是一天的药量，如想配 7 天量，乘 7 即可。还有一种在药味后显示一周量。如原方剂该用当归饮片量是 9 克，直接在当归后写 9 克，当配完整个处方药后，再分成 7 份，即可得到每天的药量。口服开水冲服即可，不用煎煮，省工省时，无煎煮产生的气味，口感好，携带较方便，易被年轻人及西人接受。

2.装胶囊：根据需要配方装胶囊。如三七胶囊，天麻首乌胶囊，二至丸胶囊，生脉饮胶囊，当归胶囊，丹参三七胶囊等。一般胶囊多采用每粒可装 0.3-0.5 克的，所以按所需剂量配制即可。

3.按经方或经验方配成冲服颗粒。在《中国药典》上查取所需经方，按需成比例缩小药量，配出成方颗粒冲剂，装入小药袋。一般每次药量 3-4 克，日两次。这种冲服颗粒相当于自制中成药。

4. 制成外用霜剂:因为浓缩颗粒粉碎程度达 300 到 500 目，可以被皮肤吸收，因此可以制成霜剂。比如治疗扁平疣可用木贼 1 克，香附 1 克，大青叶 1 克，板蓝根 1 克，加适量霜剂基质装瓶，放在 70℃-100℃水浴池内加热瓶底，药粉与基质融化后搅匀即获得所需外用霜剂。

5. 制作膏剂：同理，将一定量的粉剂加一定量的凡士林膏，加热混匀既得到外用膏剂。比如制作跌打膏。

6. 外用洗剂：按方缩小比例配药，开水冲化后，选择适当温度泡洗患处。比如制作小儿湿疹洗剂。

7. 制作油膏剂：按需及比例得方后配药，浸泡麻油或其它油类基质 1-2 周，去除药渣，加入适量凡士林膏及软腊，即可得到油膏剂，如紫草膏可按此法制作。

四、小结

中药配方颗粒粉剂与传统饮片的异同

	中药配方颗粒粉剂	传统饮片汤剂
原料	GAP 药材基地，有标准及质量控制	不固定，来源不同，质量参次不齐
煎煮	工艺先进和有标准质量控制，有效成分最大化	工艺及质量控制随人而异，有效成分不确定
含量	定量检测	含糊不详
质量	国家制药标准，专业人员控制	无标准保障
剂量	精确	较含糊
疗效	质量恒定，成分稳定，条件可控，疗效与饮片汤剂相当且重复性好	受饮片质量，煎煮条件影响，疗效差异较大
急症	即冲即服	需等待煎煮后
服法	溶解度达 99%以上，口感好，服量容积小	口感较差，服量容积大
调配	洁净卫生	尘土飞扬
保存	省空间，保质期长，至少三年	占地方大，易鼠咬、虫蛀、霉变
携带	体积小，方便	体积大，不太方便

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Treatment of Depression by Chinese Herbal Medicine – A Case Study

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Introduction:
Depression is one of the commonest health disorders. It affects approximately one in five people at some points in their life in United Kingdom (Royal College of Psychiatrists, 2011). It can be triggered by either some obvious reasons or nothing. The manifestation may include being sad, anxious, unstable mood, headache, insomnia and lost appetite etc. However, these manifestation can sometimes be confused with suffering from general low mood conditions, hence, it is important to seek a professional opinion to determine if it is a sign of depression, should the low mood feeling last longer than few weeks, become worse or interfere with your normal life (NHS choices, 2015)

Patient data:

Gender: Female	Age: 35 years old
Marital Status: Married	Nationality: British
Height: 170cm	Weight: 49kgs
Occupation: Office manager	Initial consultation: 12nd, July, 2014

Chief Complaint:
Recurrent depression for 6 months

History and symptoms of current condition:
The patient had her first sign of depression approximately 18 months prior to her initial visit, after being made redundant & separated from her husband of 10 years around the same time. She felt a failure in her marriage and also started worrying for her financial situation. She started feeling sad, cried without any reason, very unstable mood and very emotional. Also, she felt discomfort pain in her hypochondriac regions. She lost her motivation and did not feel she could cope with her daily life. She used to stay in bed most of time without any interest in her life. She also suffered from insomnia – found it difficult to fall asleep. She sought help from her GP after a couple of months of persistence of these symptoms. She was then told that she suffered a moderate depression according to the questionnaire assessment of Private Health Questionnaire-9 (PHQ-9) that she completed. Example of PHQ 9 is shown on appendix 1. She was then prescribed Paroxetine anti depressant drug, but she stopped her medication after taking it for 6 months, when she felt better as result of finding a new job locally. Although she admitted that she sometimes still had intermittent episodes of feeling depressed when she was on her own or triggered by stress, she did not want to rely on Paroxetine and said usually the depressive feeling went away after yoga meditation or exercise.

However, her current depressive episode this time had lasted for 6 months without any easing off. She stated that she had noticed all these symptoms again after she lost her father to cancer 6 months ago. This time, unfortunately, was more intense. Other than persistent symptoms from previously, she also became very irritable and anxious, and was aware that she lost her temper easily without any particular reason. She also experienced a heaviness stifling sensation & sometimes pain in her chest as if she was being suffocated. She became withdrawn. She complained lack of sleep due to tossing & turning for a long time at night and was only able to sleep for 3-4 hours. As a result, she felt tired and lacking energy, her work had suffered from poor concentration. She suffered headache at temporal areas sometimes and felt light headed especially in the evening. She lost her appetite and felt distension at lower abdomen recently especially after food.

She felt hot sensation on her body, accompanied by dry mouth & throat, bitter taste in her mouth, blood shot eyes and thirsty for cold drinks. She noticed her menstruation cycle had come about 1 week earlier than her normal cycle for the last 4 months with heavy bleeding, dark red with clots together with abdominal distention during her menstruation time. She complained about constipation with dry stool and her bowel movement was every 2 – 3 days recently. Her urination tended to be dark yellow especially in the morning.

She was back on Paroxetine for 4 months prior to coming for treatment, but she did not feel any better this time. She would therefore like to try Chinese herbal medicines after being recommended by one of her friends.

Examination results from conventional medicine:
She was tested for blood pressure and ECG checked after complaining of the chest pain, the results were found in the normal range (116/74 blood pressure and 80 beats/min for heart beats)

Medical history:
a) Anti-depressant drug (paroxetine) for 6 months from January of 2013 and same drug for 4 months from March, 2014
b) Paracetamol for pain relief sometimes.

Family history:
Her father had been suffering from hypertension but under control with medication. Her paternal grandfather suffered a stroke when he was 60 years old.

Life Style:
Non-smoker, social drinker

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Observation:

a) Slightly red face and blood shot eyes.
b) Slim build. According to the patient, she had lost 3kgs within the last 6 months, due to suffering from poor appetite gradually, after the death of her father.
c) During the consultation, the patient constantly sighed but voice level was normal.

Tongue: red tongue with yellow dry coating,.
Pulse: wiry

Western diagnosis: Depression

Traditional Chinese Medicine (TCM) diagnosis:
Recurrent depression due to Liver fire transformed from Liver Qi stagnation, affecting heart and Spleen.

Explanation of TCM diagnosis:
In Traditional Chinese medicine (TCM) theory, Qi obstruction or stagnations are one of contribution factors toward depression syndrome (Yu Zheng). And Liver organ, in TCM, is the most important organ to maintain the smooth flow of qi in the body. Among other functions of Liver, the most important one is to ensure the Qi flowing upwards and outwards in all organs and directions unimpeded throughout the body. The quality of Qi flow has also a deep effect on the emotional situation as well. It is believed that when Liver is functioning well, the Qi movement & emotional state will be normal. However, when this function is interrupted, the flow of Qi is gradually being obstructed to impair the circulation of Qi, leading to Qi stagnation in the Liver. Untreated Liver Qi stagnation will eventually cause emotional frustration, anger, depression etc. Long-term Liver Qi stagnation will then lead to Liver fire, from the implosion of Qi, caused by heat generated from constrained emotion (Maciocia, 2015; Schnyer and Allen, 2005) that was manifested in this patient when she came for her initial treatment.

According to The Miraculous Pivot (Ling Shui), if there is a pathogen in the Liver, there will be pain in the hypochondria (Wang et al. 2009), this is due to the fact that Liver meridian runs to the hypochondriac and chest region, Liver Qi stagnation in channels therefore affects these 2 areas causing distention & pain as the patient manifested. Sighing observed in the patient's speech is also due to the Liver Qi stagnation and sighing is a natural way to try to release the stagnated Qi in the chest (Maciocia, 2002). As mentioned above, the quality of Qi movement can have an impact on the emotional state but in fact this is a mutual relationship to each other. As presented in this case, the patient initially lost her job and separated from her husband that triggered the change of her emotion (feeling sad, unstable mood, crying etc), this affected the smooth of Qi flow - one of important liver organ functions, leading to Liver Qi stagnation initially (Schynyer and Allen, 2005)

As described by the patient, although she felt better after taking Paroxetine for a while, she did still experience depressive mood intermittently since then. This indicated there might still be mild Liver Qi stagnation in her body, and unfortunately, the passing away of her father aggravated this feeling again and this time was also accompanied by other heat symptoms, this indicated that her condition had now turned into fire due to long term Liver Qi stagnation as explained above. Her manifestation of agitation & short temper were due to the Liver fire disturbing the mind. The natural tendency of Liver fire is flaring upward and outward, therefore, the patient felt hot feeling in her body and the manifestation of Liver fire will also reflect toward the head region (Chang, 2016), such as red face, temporal headache, dizziness and irritability as manifested in this case.

Patient also had difficulty to sleep, which was due to the disturbance of Heart Shen by Liver fire. In TCM theory, long-term Qi stagnation can transform into fire resulting in agitating the Heart and the Shen. The heat will affect the Shen to settle at night time causing difficulty to fall asleep (Zhu and Wang, 2016). Besides, the relationship between Liver and Heart, in 5 elements theory, is mother and son, if mother (Liver) flare up, it will also raise the fire at son organ (Heart) leading insomnia (Maciocia, 2002). Since the patient did not indicate any palpitation, one might suggest that the Heart Shen being disturbed was still in an early stage without turning into Heart fire yet.

When Qi stagnates in the abdominal region, it will damage the Spleen function of transporting and transforming. Therefore, long term Liver Qi stagnation may not only be turning into fire, but may eventually affect Spleen too. However, Liver and Spleen can affect the function of each other. Liver can be in excess condition to invade Spleen or Spleen itself could be too weak first to allow being invaded by the Liver. The root of first pattern is considered as an excess condition and the root of latter one is a deficiency pattern. This patient suffered from poor appetite, fatigue, constipation and feeling bloated feeling in the abdominal area for the past 6 months whereas her Liver Qi / fire condition caused by emotional & stress had been there before that. Besides, her tongue (red body with dry yellow coat) and wiry & rapid pulse also indicated an excess condition. Thus, the pattern presented in this case is considered as Liver invading Spleen resulting in dysfunction of transport and transformation of Spleen function. (Chang, 2016)

Liver also opens to the eyes in TCM theory, therefore, if Liver function is insufficient, there might be some sort of eyes problems, such as dry eyes, blurred vision or blood shot eyes. The blood shot eyes seen in this patient was indicated her Liver function had been affected by Liver fire, of which nature is flaring upward to the head. Liver fire also dried up fluid causing this patient feeling thirsty for cold drink, dry mouth and throat, and heat in her body also contributed to her aversion to heat (Yang et al. 2003)

Liver Qi stagnation over a long period will also affect blood movement in the Chong & Ren channels causing blood stasis in the uterus, this results in dark red/purplish colour menses with blood clots together with abdominal distention at menstruation time. The Liver Qi stagnation presented in this patient had already transformed into fire, it therefore heated up the blood and forced it out of uterus earlier and heavier (Flaws, 2005). Thus, the patient also

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experienced an earlier period and heavy bleeding too.

Treatment principle:
Clearing & purging Liver fire; soothing Liver Qi to remove stagnation; strengthening the function of Spleen and Heart

Treatment Plan:
2 weeks of Chinese herbs decoction of modified Dan Zhi Xiao Yao Tang (decoction instead of San commonly used) was prescribed, because the patient would only be able to coming back for a follow up treatment in 2 weeks time.

Ingredients of Dan Zhi Xiao Yao Tang:

Herb	Dosage (g)	Properties (nature / flavours)	Channel tropism (Attribution to)
Chai Hu	15	Slightly cold / Pungent & bitter	Liver & Gall bladder
Bai Shao	15	Slightly cold / Bitter & sour	Spleen & Liver
Dang Gui	10	Warm / Sweet & pungent	Liver, Heart & Spleen
Bo He	3	Slightly cold / Pungent	Lung & liver
Fu Shen	10	Neutral / Sweet & Plain	Heart, Spleen & Kidney
Bai Zhu	10	Warm / Bitter & sweet	Spleen & Stomach
Sheng Jiang	3	Warm / Sour	Lung, Stomach & Spleen
Gan Cao	6	Natural / Sweet	Spleen, Stomach, Heart and Lung
Mu Dan PI	9	Slightly Cold / Bitter & Pungent	
Zhi Zi	9	Cold / Bitter	
Suan Zao Ren	10	Mild Sweet & sour	Heart , Liver
Bai Zi Ren	10	Mild Sweet	Heart, Liver, Kidney, Large Intestine

Discussion of individual herbs for this case:
Chai Hu used for this patient aims to sooth the Liver to regulate Qi movement. Due to its pungent flavour and attributive to Liver & Gall Bladder meridian, it can promote the Qi &blood circulation, as well as dispersing the flow of Qi outward / upward to improve symptoms of hypochondriac & chest pain and headache manifested in this patient (Chen et al. 2011)

The sweet flavour of Dang Gui is not only able to nourish blood & yin to prevent the damage of yin fluids of the Liver and regulate menstruation of the patient, but its pungent, warm nature and attributive to Liver channel means that it also has ability to regulate circulation of both Qi & blood to remove Liver Qi stagnation symptoms in this patient (Zhong, 2008)

Bai Shao does not only bear same meridian tropism and share same function as Dang Gui in this case, but it is also able to moderate the drying effect of Chai Hu and works well with Gan Cao together to relieve hypochondriac pain in this patient (YI and Al, 2000)

Bai Zhu and Fu Shen have a sweet flavour and attributed to Spleen channel, they both together in this formula are to nourish Spleen Qi and promote Qi & blood production to improve the patient's appetite and energy level. Fu ling was used in the original classic formula of Dan Zhi Xiao Yao formula, however, since the patient suffered from insomnia due to being disturbed by Liver fire, Fu Shen, which is also attributive to heart meridian, would be more suitable to calm the Heart Shen to achieve a better therapeutic effect in this case (Geng et al. 1996)

Sheng Jiang has warm nature and attributed to Spleen and Stomach. Together with Bai Zhu, Fu Shen, they are able to protect and strengthen the middle jiao from being attacked by the Liver fire conditions as manifested in this patient (Zhong, 2008)

Bo He holds very similar flavours and channels tropisms as Chai Hu; it assisted Chai Hu in soothing liver for this patient. Both Bo He and Sheng Jiang act together in this formula to support Chai hu, Dang Gui and Bai Shao for dispersing function (Chen, 2007).

Since both Zhi Zi and Mu Dan Pi are heat clearing herbs, cold nature and attributed to Liver & Hearts channels, they both act to clear heat & cool down blood in Liver & Gall Bladder channels to relieve some symptoms due to Liver fire, such as headache, bitter taste in the mouth, dry mouth, throat, red eyes and constipation etc as presented by this patient. Besides, since the patient suffered from insomnia caused by Liver fire affecting Heart, cooling down the heat in the Liver will be able to calm the Heart Shen to improve her sleep (Geng et al.. 1996)

Gan Cao used in this formula is not only harmonizing the action of other herbs, but also due to its sweet flavour and the attribution to spleen and stomach meridians; it can also strengthen Spleen function for this patient. This herb together with Sheng Jiang can act to protect Spleen and Stomach from being damaged by cold herbs of Zhi Zi and Mu Dan Pi (Geng et al.. 1996)

Suan Zao Ren & Bai Zi Ren are added into this prescription aiming to improve the sleep quality of the patient. Both herbs have a sweet flavour and same attribution to liver & heart meridians, thus, they can nourish and calm the Heart Shen in the Heart and Liver organs. Bai Zi Ren also has an additional function to

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benefit the constipation condition in this patient due to the function of moistening the intestine and relaxing the bowel. These 2 herbs together with Fu Shen mentioned above should be able to improve her insomnia condition presented in this case (Teng, 2007)

Follow up - 26th of July 2014:

Patient looked happier & fresher when she came in the treatment room. She happily mentioned that her sleep quality was improving after taking the herbal medicine for few days. She could now fall asleep within 5 to 10 minutes after going to bed. She felt more energy and better concentration as a result. Headache and dizziness symptoms were not noticeable for the last week.

She did not feel any hot sensation on her body anymore; bowel movement was back to once a day, well formed. Symptoms of heat & fire mentioned in the initial visit were not presented any more.

Although she claimed that her mood had still been up & down, generally she felt more positive toward her life and less agitated. She was happy to have this result after 2 weeks of herbal treatment.

Tongue: red body with white coating.
Pulse: wiry

Treatment principle & plan:
Soothing Liver and regulate Qi movement, strengthen Spleen function.

Since the patient's heat and insomnia symptoms were no longer presented, another Chinese classic formula of Xiao Yao Tang (XYT) was prescribed for 2 more weeks instead. XYT is an original version of Dan Zhi Xiao Yao in treating depression condition, but it is used when there is without heat / fire symptoms manifested. It is because XYT does not contain Zhi Zi & Mu Dan Pi which are used for clearing heat / fire in the body. Also, Suan Zao Ren & Bai Zi Ren were no longer required in this prescription because her insomnia symptom was not noted this time. Besides, owing to the patient's sleep quality no longer affected, Fu Shen was also replaced back by Fu Ling, which is in the original formula of XYT. Ingredients of XYT are Chai Hu, Bai Shao, Dang Gui, Bo He, Fu Ling, Bai Zhu, Sheng Jiang and Gan Gao with same dosages of previous prescription.

Modern research:
Both Dan Zhi Xiao Yao & Xiao Yao San are commonly used in treating depression conditions in TCM. A systematic review of randomized controlled trials in Chinese Herbal formula Xiao yao san for treatment of depression reported that XYS combined with conventional antidepressants (CAD) showed a better result on improving the symptoms related to depression in patients than CAD only (Zhang et al., 2012). Similar study conducted by Qin et al (2011) on A Meta – analysis of Randomized controlled trials to assess the effectiveness and safety of free and easy wanderer plus for depressive disorders also suggested that Jia Wei Xiao Yao might be an effective herbal formula in treating depression, when this formula used together with conventional anti-depressants (Qin et al., 2011)

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迴 瀾 医 案 三 则

于佐文 Sale Cheshire

摘要：医案是中医价值之真凭实据，章太炎先生曾指出：中医之成绩，医案最著。本文介绍了不孕、不寐、虚劳三则治验病例，敬请同道指正。

关键词：不孕 不寐 虚劳 医案

【无温不柔·不孕】

治一妇三十六岁，自闺阁之时服避孕药，一年前因欲怀孕停服，迄今月事未行。

素体性郁讷言、形瘦、手指纤长，颜面肤色粗糙、双颊及下颏处散布粉刺，四末冷、大便秘结数日一行，脉形沉涩。

经云：二阳之病发心脾，有不得隐曲，女子不月。二阳者，胃与大肠也。心境不畅，木不条达，脾失斡旋，病传于胃。脾胃乃气血生化之源，理应大培后天之本；然观西洋妇无论形体丰腴赢弱，多胸大乳丰。薛仲昂曾云：妇人有疾，两乳不嫌其大，经水不嫌其多，乃生机也。故虑其所患不在生成不足，应在化机不展。

肝为刚脏，无温不柔；胃属阳土，无温不润。拟以温润通下法，投通幽汤佐小剂小承气，倍肉苁蓉、巴戟天咸辛甘温之品，冀其水暖木温土疏经行。

药进七帖，便秘改善、隔日一行，守方稍有加减 30 余帖，月事至，行经三天，略腹胀，自觉颜面皮肤较前润泽、粉刺减少。其后汤药继服 40 余帖，月事又至，大便正常日一行。一日复诊欣然告知已怀孕，前后治疗时间约 4 月余。

中药处方：

熟地 20g 生地 10g 桃仁 10g 红花 10g 肉苁蓉 20g 当归 10g 白芍 20g 大黄 5g 枳实 5g 厚朴 5g 益母草 10g 巴戟天 20g 补骨脂 10g 山药 10g 川芎 10g 川牛膝 10g

泽泻 10g 炙甘草 10g

针灸配穴：百会、气海、关元、中极、血海、地机、足三里、三阴交、太溪、太冲、合谷。

【阳不化阴·不寐】

国内病者 4 旬妇，近年来失眠烦扰，用补心安神之品调治，有效。一月前，突然出现心慌时作，失眠加重，至凌晨 3、4 点不睡，服用安定 2-3 片后才能得眠 2 小时，到医院查示：中度贫血。服补铁剂及食疗，然失眠未有改善，遂电话求治。

人之阴阳，生生之本，阳主阴从；阳气不足，阴气皆化为火，阴火扰动心神，岂能安然入寐？投以补坎益离丹合四君子汤。四剂尽，两日眠差同前，余二日正常入睡，睡眠约 7 小时。

余再忖思：阳能生阴，然阳到而阴若不到，亦难以去疾。于初方加阿胶、熟地萸肉辈，以求阳中之阴。药服七剂，仅一晚眠差，服安定一片后 12 点左右入睡；效不更方再进七剂，睡若常人。

中药处方：

制附子 15g 肉桂 10g 党参 10g 白术 10g 茯苓 10g 蛤粉 10g（先煎）白芍 10g 黄连 5g 山萸肉 10g 熟地 10g 麦门冬 15g 炙甘草 5g 阿胶 10g（烊化）

【尊荣之人·虚劳】

向有营卫不和之患，此次病发于疾步行走 10 公里后，阳张汗泄，毛孔不闭，风寒因而袭之。症见乏力、头痛、汗出，休息三日后，外感诸症消失，但乏力加重、伴有心慌眠差、注意力不能集中、记忆力减退，其家庭医生诊断为：慢性疲劳综合症（CFS），给予处方抗抑郁药，不效，病休在家已 12 周，今求中医诊治。

查：神倦形怯，双脉三部皆弱，尺部重按始得，舌质淡苔薄白。

中年男性，职司会计，平素静坐终日，动时恒少，脾阳已先不振；加之思虑越度，暗耗心脾营阴。复感风邪，血受风遏，阳被寒凝，久则气血两虚，渐成虚劳内伤，此即所谓“尊荣人”也。

宗仲师之意，黄芪建中汤、薯蓣丸应为正治之方，然英国人多酒客湿家，湿邪素隐于内，风寒湿易相兼为患，故立方三痹汤加减，以羌、防辈佐于参、芪中，发散兴阳运于中，拨云见日；倍连翘、金银花二味，温凉并用，正虚不忘达邪。

久虚之体，难以骤复。平素调摄宜慎怒烦，睡好子午觉，多行负日之暄。以无情草木补益有情病躯，须久久服之，庶有裨益；若一暴十寒，终无济也。守主方不变，随证出入，共治疗 8 月余，诸症消失，体力恢复正常，回公司全职工作。

中药处方：

党参 10g 生黄芪 15g 茯苓 10g 生地 10g 当归 10g 川牛膝 10g 川芎 10g 桂枝 10g 干姜 5g 秦艽 5g 羌活 5g 防风 5g 金银花 20g 连翘 20g

针灸配穴：四神聪、华佗夹脊穴。

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幼小子宫验案一则

梁东云 Oriental Therapy Center Miami, FL USA 33183

病人，女，39 岁，结婚 12 年，从未服用避孕药，从未受孕。去年年初曾去不孕中心 求助，希望能借助 IVF 求得一子。经 B 超鉴定诊断为幼小子宫。因考虑年龄已近更年前期， 子宫幼小，激素水平低下，无条件受孕，故拒绝为其治疗。后经朋友推荐，于 2014 年 3 月份来我诊所求助。病人形体消瘦，面部萎黄，时感乏力，月经稀发。16 岁月经初潮， 每年只有 3-5 次，月经量极少（2 天），伴小腹疼痛，腰酸不适，失眠多梦，喜热恶寒， 平时情绪极不稳定，易多愁善感。近 2 年来月经每年只有 2 次，无排卵。末次月经 2013 年 12 月 2 日。

查体：BP: 90/60 mmHg, FSH:35 mIU/mL, LH: 30mlU/mL,. AMH：0.018 ng/mL, Estradial: 5.8 pg/mL, progesterone：0.19pg/mL, 按诊腹部柔软，未有触痛，肝脾未 及，舌苔薄白，脉沉细，尺甚。 中医辩证：脾肾阳虚，精血匮乏，肝气郁结。治则：温 补脾肾，补血填精， 疏肝理气。

中药：金匮肾气丸合补中益气汤加减。山芋肉 15g，枸杞子 15g，熟地 12g，茯苓 9g，泽 泻 6g，黄芪 12g，白术 9g，陈皮 9g，柴胡 9g，香附 6g，当归 15g，淫羊藿 12g，肉丛蓉 12g，紫河车粉 0.5g (冲服)，炙甘草 6g。 每付药服用 2 天。

针灸：头针+体针 每周 2 次。 头针取穴：百会直刺，然后用 1.5 寸针距百会 1 寸左右向 上下左右平次，耳尖上 1 寸用 1.5 寸针向前后平刺各一针。 体针：子宫，关元，中极， 归来，三阴交，足三里，太冲，血海，四正位（脐针），八廖，长强，后八廖，风巢穴，妇科穴（董氏奇穴）以上穴位交替使用。

食疗：骨髓汤 （嘱病人用脊柱骨小火慢熬 3 小时）。

艾灸：让病人自己在家艾灸足三里，三阴交，关元，子宫，每日一次，每次 15 分钟。 治疗 2 月后，月经来潮，连续 3 个月每月一次且量多色红，4-5 天。腹痛减轻，排卵期白 带增多，且经前一周乳房胀痛。苔如常，尺脉较前有力。自第 4 个月开始使用月经周期疗法治疗。病人在第 6 个月，成功怀孕，现已顺利产下健康男婴一个。

2，讨论 幼稚子宫即子宫发育不良。如 B 超测量子宫体长宽厚分别低于 5cm,4cm,2cm 者，即可诊断 为幼小子宫。中医认为应责之于肾，肾为元气之根，主藏精气，是人体生长发育的根本。 女性发育到一定时期，肾气旺盛，天癸充实，就会有正常的经孕产育。如先天肾虚至肾气 不足，肾阳虚损，冲任失调，精血亏虚，胞宫失养，则发育不良。患者形体消瘦，面部萎 黄，时感乏力，则为脾胃虚弱，营养缺乏。肾为先天之本，脾为后天之源，所以要健脾益 肾，补血填精为主要治疗大纲，兼以疏肝理气。西医认为子宫发育不良主要由内分泌功能 失调，下丘脑，脑垂体，卵巢的生理轴传导不利，功能紊乱，造成不能排卵而至不孕。所 以采用头针刺激中枢以利下丘脑，垂体释放更多促性腺激素作用于卵巢。加体针，脐针， 董氏奇穴，旨在上下同治，协调整体。令患者每日服用骨髓汤大补肾精，助以艾灸温养胞 宫，活血通经。

作者简介：梁东云，女，1982 年毕业于山东中医药大学医疗系。曾任中医科主任，付主 任医师，发表过数篇论文。1996 年来美发展，创立了迈阿密东方医疗中心，兼任迈阿密 针灸学校教务主任。

浮针治疗颈椎病，肩周炎伴上下肢发凉一例

郭雪梅 河北省遵化市颈腰痛专科

浮针疗法是用一次性浮针在非病痛区域的皮下疏松结缔组织进行扫散手法的针刺疗法，仅仅刺激非病变部位的浅表皮下组织，可以大量持久的疏通经络达到通则不痛的目标和不药而愈的目的，具有无痛苦，无副作用，无药物，见效快，适应症广等特点。

自从跟符老师学习了浮针后也治疗了一些颈肩腰腿痛，将一例典型病例分享，望老师和同仁指正。

患者董某，女 52 岁 食品加工厂工人。2015 年 10 月 28 日首诊。

主诉：左肩前疼痛。

现病史：患者从事食品加工四年多，每天工作 12 小时，每天下午会感觉颈部僵硬，两肩胛骨内侧区疼痛，左肩前疼痛，双手臂怕冷夏天不能吹电扇，怕冷，不出汗，晚上经常疼醒，遇阴天加重，（触摸腰背部冰凉）未做过任何检查，未服用任何镇痛药，近三个月加重，不能正常工作，经朋友介绍来我诊所治疗。

既往史：无心脏病史，脑血管病史，外伤史。

诊断：颈椎病？肩周炎？

鉴别诊断：1 强直性脊柱炎 2 肱二头肌长头腱鞘炎 3 肩关节脱臼

MTrP:三角肌（＋＋＋）胸锁乳突肌（＋＋）头夹肌（＋＋＋）颈夹肌（＋＋＋）斜方肌（＋＋）竖脊肌（＋＋＋）

治疗:肱挠肌远程轰炸然后逐一处理相关患肌。

再灌注:上臂外展抗阻，低头抗阻，侧头抗阻。

效果:即时效果很好，扫散灌注后左肩立刻不通了，患者称是神针。

医嘱:不可打麻将，打牌，不可看电视，不可斜躺沙发，手臂不可过度用力，不能提重物，适当休息。

10 月 29 日二诊:左肩仅有轻微疼痛，夜里睡觉没有疼醒，颈部也有好转。

分别在三角肌，冈上肌，斜方肌，竖脊肌上段，胸锁乳突肌进针扫散。配合再灌注，上臂外展抗阻，耸肩，侧头抗阻，低头抗阻。即时效果好。

10 月 30 日三诊:左肩一点不痛了，两肩胛内侧稍有不适，上半身出汗了。

分别在肱挠肌，头夹肌，颈夹肌，竖脊肌进针扫散，配合上臂外展抗阻，低头抗阻，低头加压。

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11 月 3 日四诊:肩颈背都很舒服，睡眠也很好上半身出汗，下半身不出汗伴左腿外侧冰冷并疼痛，要求继续治疗，同时反馈多年的便秘治愈。
先在左侧腓肠肌远端轰炸，然后在阔筋膜张肌，臀中肌，竖脊肌，髂腰肌，腹直肌（均为左侧）进针配合屈膝抗阻，外展髋关节抗阻，大飞燕，屈髋屈膝抗阻，鼓肚子抗阻，即时有效。
11 月 6 日五诊:左腿不疼了，也出汗了，要求治疗右腿。（因为上半身及左腿均出汗，独右腿不出汗，像把人劈开一样的感觉）
分别治疗右侧，腓肠肌阔筋膜张肌，竖脊肌，髂腰肌，腹直肌配合再灌注屈膝抗阻，外展髋关节抗阻，大飞燕，鼓肚子。即时有效。
11 月 9 日六诊:病人很开心，感觉很舒服，腰背部也不发凉了，手脚冰凉明显改善，要求巩固治疗一次。
分别治疗双侧腓肠肌，双侧竖脊肌，双侧腹直肌配合屈膝抗阻，大飞燕，鼓肚子等再灌注。嘱病人回家继续遵医嘱，最好隔五天再次就诊。
11 月 20 日电话随访，病人已经继续工作，没有不适，反馈说漏尿也治愈了。
这个病人治疗很满意称浮针的感觉像吸鸦片，扎一针就不疼了。在此非常感谢符仲华老师发明了浮针疗法，并无私的传授给我们，让我们更好的为病人解除痛苦。

浮针治疗子宫腺肌病并继发性不孕症一例

邹礼军　荣又华

患者黄 xx　女　40 岁　美容师. 2015 年 8 月 31 日首诊
主诉：　痛经十余年，加重七年。
现病史：患者于十年前渐起痛经，间断治疗，效不显。2008 年开始痛经加剧，以至每个月的月经从开始到结束后 2 到 3 天的时间都痛苦万分，主要症状：下腹部冷痛，坠胀，撕裂感厉害，间或有绞痛，伴头昏疲倦乏力，恶心呕吐，不思饮食。需要卧床休息且要用双氯芬酸钠栓，去痛片等止痛药才能缓解疼痛，经量偏多，色黑，有於块。曾经去多家医院（包括武汉同济医院）就医，诊断为：子宫腺肌病。妇科医生建议保守中西医治疗或可能怀孕后好转，或者手术治疗。患者坚持中西医保守治疗至今，痛经依然在也没有怀孕，万般无奈而来我院求最后治疗，如果无效则手术治疗。
既往无他疾，月经初潮 13 岁，孕 2 产 1，人流一次，（近十年未避孕，老公检查生殖系统方面无异常）月经规律，小便可，大便秘结。
体检：时值患者月经后期，面色萎黄，口唇不荣，手足不温。检查患肌：腹直肌下段（左++右+++）腹外斜肌（右+++左++），髂腰肌（右+++左++），股内收肌右（++++左++），背部竖脊肌胸段（右++左+），腰方肌（右++）等。
诊断：子宫腺肌病；继发性女性不孕。
鉴别诊断：原发性痛经；盆腔肿瘤等。
治疗方案：常规浮针治疗方案。主要是针对患肌（群）的再灌注,比如对内收肌，腹直肌盆地肌群采取直抬腿，以及提肛等复合再灌注动作。
即时效果：患者腹痛程度减轻 90%，腹直肌（-）腹外斜肌（-），髂腰肌（+—），股内收肌右（-），背部竖脊肌胸段（-），腰方肌（+—）等。下半场继续处理相关患肌，患者满意而去。
医嘱：愉悦情志，保温忌贪凉，保持大便通畅，适当运动，可以间或吹气球，提肛等动作，以及加强营养，多食酸味食物，适量巧克力等。
2015 年 9 月 2 日　三诊。患者诉腹部基本不痛，觉腰骶部少许酸胀。按以往情况，这几天应该疼痛最厉害。月经色黑，经血量少，患者很高兴。继续查找并处理患肌：腹直肌(右++)，腹外斜肌（右+），胸段竖脊肌（右+），腓肠肌（左右+），再灌注方法同前。下半场检查患肌疼痛好 90%以上。嘱回家后继续吹气球，提肛等动作，下次治疗时间在月经来潮前。
2015 年 9 月 27 日　七诊。患者诉月经可能要来，但无不适感。查患肌并治疗之：腹直肌(右+)，腹外斜肌（右+），胸段竖脊肌（右+），腓肠肌（左右++）。右股内侧肌（+）治疗及再灌注同前。治疗结束检查患肌腹直肌(右-)，腹外斜肌（右-），胸段竖脊肌（右-），腓肠肌（左右+-）。右股内侧肌（-）
2015 年 9 月 28 日　八诊。患者诉月经来潮，小腹微胀痛，腰骶部酸胀，经血色红，没有以前量多。继续查找患肌腹直肌(右++)，腹外斜肌（右++），胸段竖脊肌（右+），腓肠肌（左右++）。治疗及再灌注方法同前。治疗结束检查患肌好转 90%。嘱继续治疗。
2015 年 10 月 5 日　十诊。患者月经后期，未觉腹部胀痛，唯右边腹股沟处隐胀。查找患肌：髂腰肌左右（++），腰方肌（+），股内收肌右（+）股直肌（右+），阔筋膜张肌（左右++）。一一处理患肌，再灌注方法同前。嘱继续回家间断练习吹气球，提肛等。
2015 年 10 月 22 日十一诊。因本人要外出开会，患者要求提前巩固治疗。查找患肌：腹直肌（右+），腹外斜肌（左右+），股直肌（右+），缝匠肌（右+）。常规浮针治疗后查找患肌（-）。
2015 年 11 月 8 日　患者诉月经自九月底至今未行，身体不无如何不适（腹部无胀痛）。建议患者查尿 HCG。
2015 年 11 月 10 日。患者非常高兴的告诉我们一个好消息：HCG(+)，且 B 超检查示孕囊明显,提示早孕。

讨论：
运用浮针医学治疗原发性痛经，已经无悬念。但浮针治疗继发性痛经（子宫腺肌病）合并女性不孕症鲜见报道，通过对本例的诊疗让我思考几点与诸君共享，敬请指正。
其一：患者治疗到第二个月经周期时疼痛减轻绝大部分，经量和血色也有改变，如果患者没有怀孕继续治疗会是怎样的情况？
其二：女性继发性不孕症，与继发性痛经（子宫腺肌病引起的）关联大吗？浮针机理怎样解释？近十年的不孕症经过怎么几次浮针治疗居然治愈是情理之中的巧合？以及怀孕的子宫在后来的日子里是否能够坚持到最后（我指的是流产的危险）而顺利让胎儿成长？
其三：浮针疗法是否为治疗子宫腺肌病，以及继发性不孕症的治疗开辟了一个新的高速公路？还有待同道观察，印证。

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编者按：*ATCM的微信群---ATCM会员学术群于2015年6月建立，本群是专门为ATCM的会员而建立的（因语言限制，仅适用于讲中文的会员），目前已有270余位会员入群。本群突出以学术交流为主，同时促进会员之间的信息交流和沟通，兼顾联络感情，调剂生活和娱乐休闲。许多会员在此交流中医中药和针灸推拿等临床经验和病例讨论等，以及由学会安排的专题学术讲座等，使得本群已然成为ATCM及其会员的一个重要和便捷的学术交流平台。会员中许多有一技之长的大夫们，不辞辛劳和毫无保留地向大家介绍经验和咨询答疑，如王迎医师介绍的极浅刺制热制冷特殊针法，吴继东医师介绍的浮针疗法，祝柏芳医师的皮肤专科讲座和不厌其烦的皮肤病答疑等等，使会员们普遍感到获益良多，从中学到许多东西。本刊再次发表一些学术群内的几个讲座和病例，并向几位主讲人表以感谢和敬意。ATCM理事会号召会员们积极参加这个会员群，相信您一定会从中受益。您可以直接联系学会秘书王剑霞女士（微信号ATCM-OFFICE），以便被邀请入群。*

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