

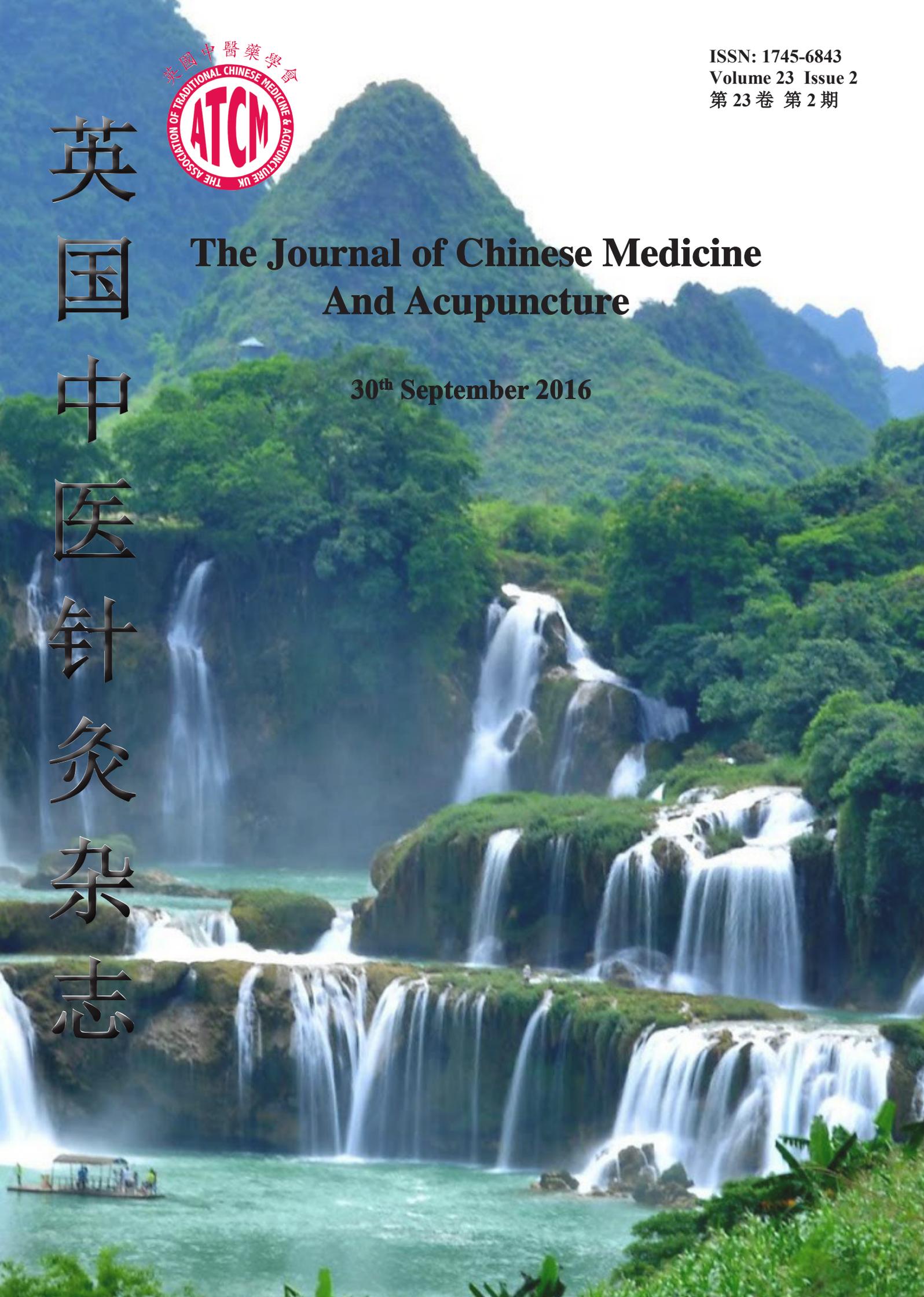


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地址 Address: ATCM, Suite 12 Brentano House, Unit 5, The Exchange, Brent Cross Gardens, London NW4 3RJ
电话/传真 Tel/Fax: 0044 (0)20 8457 2560 电子邮件 Email: info@atcm.co.uk
微信 WeChat: ATCM-OFFICE 网站 Website: www.atcm.co.uk

卵巢储备功能下降与卵巢早衰的中西医诊断和治疗探讨

赵丽琴

英国仲景医圣堂, Sheffield

【摘要】卵巢是妇女最重要的生殖器官,卵巢储备功能是指卵巢内存留的可募集卵泡数量和质量,能间接反映女性的生育潜能和生殖内分泌功能。卵巢储备功能下降和卵巢早衰不仅引起女性生育力下降或丧失、异常子宫出血或闭经,还可导致中青年女性提前步入更年期而诱发很多健康问题。卵巢内分泌激素的长期缺乏将给女性带来神经系统、心脑血管系统、皮肤系统、泌尿生殖系统以及骨骼系统等多个系统失调,因此,应及时诊断和治疗卵巢储备功能下降及卵巢早衰。近年来西医对卵巢功能的评估方面研究较多,但西医的激素替代疗法(HRT)只能治其标,不能真正改善卵巢功能,且患者往往难以接受HRT的副作用,故西医诊断结合中医治疗是本病的治疗趋势。

【关键词】卵巢储备功能下降;原发性卵巢早衰;原发性卵巢功能不全;继发性卵巢早衰;中西医诊断治疗

Discussion on Diminished Ovarian Reserve and Premature Ovarian Failure: Diagnosis and Treatment in Western and Chinese Medicine

Liqin Zhao (Zhong Jing TCM Clinic, Sheffield)

Abstract: Ovary is the most important reproductive organ in women. Ovarian reserve refers to the quantity and quality of the reserved follicles that suit to be collected for IVF purpose. It reflects the reproductive potentiality and the reproductive endocrinal function. Diminished ovarian reserve (DOR) and premature ovarian failure (POF) not only cause the decline or elimination of female fertility, abnormal uterine bleeding or amenorrhea, but also lead to early menopause in middle-age or even younger women which in turn triggers various health problems. A long-lasting insufficiency of ovarian produced hormones potentially causes dysfunction of various systems in women, such as neuro-system, cardiac-vascular system, skin, urinary system and skeletal system. Therefore, it is important to achieve early diagnosis and treatment for DOR and POF. In recent years western medicine has developed some advanced techniques to evaluate the ovarian functions, but hormone replacement treatment (HRT) can only control the symptoms instead of a real improvement of ovarian functions, not mention the side-effects of HRT which is often unacceptable to many patients. This is why Western medicine diagnosis in combination with TCM treatment should be a new trend for this disease.

Key Words: Diminished ovarian reserve, primary ovarian failure, primary ovarian dysfunction, premature ovarian failure

概述

诸症和不孕等范畴。

卵巢储备功能下降(Diminished Ovarian Reserve, DOR)

是指40岁以前出现月经稀发、量少、闭经、不孕,两次基础血卵泡刺激素(FSH)大于10小于40U/L。卵巢产生卵子能力减弱及卵母细胞的质量下降,导致女性生殖能力下降、促性腺激素FSH升高及雌激素缺乏。

卵巢早衰(Premature Ovarian Failure, POF)也叫更年期提前,指40岁以下妇女排除妊娠后,继发闭经六个月以上,间隔一个月至少两次基础FSH超过40U/L。它包括原发性卵巢早衰(Primary Ovarian Failure)和继发性卵巢早衰(Premature Ovarian Failure)。由于原发性卵巢早衰部分病例中,卵巢功能具有波动性或不确定性,2014年美国国立卫生研究所建议将其改为“原发性卵巢功能不全(Primary Ovarian Insufficiency, POI)”,更容易被年轻患者接受。两者均为导致月经失调或稀发、闭经及不孕的常见原因,属于中医学的血枯、血隔、闭经、经水早断、绝经前后

流行病学统计显示

随着文化、生活环境的改变和生活节奏的加快,卵巢储备功能下降与卵巢早衰的致病因素增加,致其发病率逐年上升。据统计大约10%的不孕妇女患有卵巢储备功能下降^[1],原发性卵巢功能不全的发生率为2-10%^[2],而卵巢早衰在一般人群中的发病率为1%-3%,原发闭经患者中发病率为10%-28%,继发性闭经患者中发病率4%-18%,40岁之前发病率1%,30岁之前发病率0.1%,并且呈现上升和年轻化趋势^[3]。

卵巢储备功能的检测方法

正确评估卵巢储备功能可以判断卵巢的生物年龄,预测女性生育力,指导西医诊断和中西医临床用药,特别是对制定辅助生殖疗法的治疗方案和用药剂量至关重要,可以推测治疗预后及预测妊娠率。

1. 年龄: 妇女自出生约有 1-2 百万颗始基卵泡, 至青春期约剩下 20-30 万颗。一生中排卵 400-500 个, 每个月经周期初约有 100 个始基卵泡发育, 而只有一个卵泡发育为成熟卵子, 其余的大量卵泡闭锁。因此, 随着年龄的增长, 卵母细胞的数量和质量逐渐下降, 此过程一般 30 岁开始而在 35 岁后开始加速, 38 岁以后卵泡的闭锁明显加速, 40 岁以上的患者为反应不良的对象^[4]。
2. 基础卵泡刺激素 (bFSH) 水平: bFSH 是指女性自然月经周期第 2-4 天的血清 FSH 水平, 一个间接反应卵巢储备的指标。正常 bFSH 应该低于 10IU/L。bFSH 随年龄的增长而升高, 年轻女性基础 FSH 水平升高更多地预示卵巢储备功能下降, 卵巢反应性降低^[5]。

表一: 卵巢储备功能的基础FSH测定

bFSH水平	卵巢储备功能状态
<10IU/L, 正常	卵巢储备功能很好, 卵巢反应性好
10-12IU/L, 临界值	卵巢储备功能一般, 卵巢反应性尚好
13-15IU/L, 偏高	卵巢储备功能轻度下降, 卵巢反应性较差
16-20IU/L, 较高	卵巢储备功能中度下降, 卵巢反应性差
>20IU/L, 很高	卵巢储备功能严重下降, 卵巢反应性很差

3. 基础抗苗勒管激素 (AMH) 水平: 可以在月经周期的任何阶段检测。主要表达于原始卵泡和窦前卵泡, 由卵巢颗粒细胞产生, 在新生儿期体内几乎测不到, 随着机体的成熟逐渐增加, 到性成熟后达到最高水平, 绝经后又消失。AMH 水平与卵巢内卵泡数量和卵泡的初期发育相关, 在优势卵泡选择方面也起到了某种潜在的作用, 且有调节卵巢对 FSH 敏感性的作用^[6]。它可以更早期、更准确地预测妇女卵巢储备功能的变化。在监测卵巢储备力、诊断卵巢相关疾病及预测试管婴儿 (IVF) 成功率等方面具有其它指标不可比拟的优势。

表二: AMH(抗苗勒氏管激素)测定

AMH水平	卵巢储备功能状态	IVF预后
0-0.3 ng/ml; or 0-2.2 pmol/l	很低	很差
0.3-2.2 ng/ml; or 2.2-15.7 pmol/l	较低	差
2.2-4.0 ng/ml; or 15.7-28.6 pmol/l	正常偏低	较好
4.0-6.8 ng/ml; or 28.6-48.5 pmol/l	正常	很好

>6.8 ng/ml; or >48.5 pmol/l	偏高, 可能有多囊卵巢综合症或卵巢颗粒细胞肿瘤	OHSS (卵巢过度刺激综合症)潜在危险
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* ng/ml 是美国常用检测计量单位; pmol/l 是英国及欧洲常用检测计量单位。1.0 ng/ml=7.1 pmol/l

4. 基础窦卵泡计数 (Antral Follicle Count, AFC) 是指阴道超声波下卵巢内可见的直径大于 3mm (2-9) 的卵泡。AFC 可以直接反映卵巢储备功能, 间接反映卵泡池中剩余的卵泡数。研究发现, 早卵泡期 AFC 与获卵率、人绒毛膜促性腺激素 (HCG) 及雌二醇 (E2) 水平呈正相关, 而与患者年龄、基础 FSH 水平、FSH/LH 值呈负相关^[7]。系统评价证实, AFC 对卵巢低反应的预测优于 FSH。有统计显示 AFC 小于 10 个的妇女 IVF 周期的取消率升高, 但明显的界值需要进一步的大样本研究。

表三: AFC(基础窦卵泡计数)测定

卵巢内窦状卵泡总数 (AFC)	生育能力评估
<4	非常低
5-7	较低
8-11	稍低
12-14	临界值
>14	正常

5. 其它检测方法:
 - 1) 基础抑制素 (INH-B) 水平: INH-B 是卵巢颗粒细胞分泌的主要形式, 卵巢内基础小窦状卵泡数量与基础抑制素值呈正相关。DOR 患者基础抑制素的降低早于 FSH 的升高, 比基础 FSH 和基础 E2 更能直接反映卵巢储备功能^[8]。
 - 2) 基础雌激素 (Estradiol-E2) 水平: 若早卵泡期血清雌激素 (E2) 水平小于 20pg/ml, 或过高而大于 75-80pg/ml, 无论年龄与 FSH 水平如何, 均说明卵巢储备功能及生育力下降。因为月经早期升高的血清 E2 是由于提前启动的卵泡募集和优势选择产生的, 此时过早升高的 E2 水平将负反馈抑制 FSH, 造成 FSH 并不高的错误判断^[5]。
 - 3) 基础 FSH/LH 比值升高 >2.0-3.6 提示 DOR。
 - 4) 卵巢刺激试验、自身免疫指标的检测等。

西医诊断标准及鉴别诊断

1. 卵巢储备功能下降 是指40岁以前出现月经稀发、量少、闭经、不孕, 卵泡产生的数量和质量都在下降, 伴有促性腺激素略升高, 两次基础血FSH大于 10IU/L 小于 40IU/L, 或 FSH/LH >3, 或 E2 >80, BBT 常呈单相。但仍有希望排卵怀孕。
2. 原发性卵巢功能不全 是指女性40岁之前卵巢滤泡减少或功能障碍导致的原发或继发性闭经, 促性腺激素相对较高, 两次基础血FSH大于 25IU/L, 雌激素低于 20pg/ml。

3. **卵巢早衰** 若前二者进一步发展最终导致卵巢功能衰竭即为卵巢早衰。是指女性在40岁以前,由于各种因素导致卵巢功能障碍,而造成卵巢内存留卵泡的数量急剧减少或质量减退,或因手术切除卵巢而发生的卵巢功能衰竭,雌激素水平低下,促性腺激素浓度过高为特征的一种疾病,两次基础血FSH大于40IU/L。常出现绝经,伴有围绝经期症状如潮热汗出、烦躁易怒、心悸失眠、胸闷头痛、记忆力减退、腰酸腿痛等。

西医病因病理

确切病因尚不甚清,可能是先天性卵子数量较少,正常卵泡闭锁过程加速或出生后卵子被不同机制破坏致使卵泡过早耗竭。通常测不到自身免疫抗体,卵巢呈萎缩状,无卵泡或偶见卵泡。

目前研究报道认为可能有如下几种原因^[9]:

- 遗传因素:常见原因是染色体异常或基因缺陷,性腺发育不全,也可伴有特纳综合征;
- 自身免疫损伤;
- 促性腺激素及其受体异常;
- 物理性损害:子宫内膜异位症、输卵管堵塞、宫外孕或子宫肌瘤等盆腔术后、人流术后、自然流产后或盆腔炎。
- 卵巢破坏性或化学性损害:癌症化疗或放疗可出现卵巢功能立即减退,称作“急性卵巢衰竭”致闭经,即使化疗后月经恢复,卵巢早衰的危险也会增加。
- 精神情志因素:负性情绪如长期精神紧张,焦虑、忧郁、悲伤、愤怒、恐惧等,可直接影响性腺轴,导致卵巢功能失调。
- 药物、食品、环境等因素:如长期服用避孕药,突然停药出现之激素紊乱导致月经紊乱或闭经不孕。

西医治疗

1. 对症治疗:避孕疗法和雌激素替代疗法(HRT)调经。此法或可改善症状,但并不能真正改善卵巢功能,停药后常再次出现月经紊乱或闭经,而且长期服用雌激素会导致子宫内膜过度增生,或子宫内膜癌、乳腺癌。
2. DHEA(又称青春素):西方一些医学专家认为人体许多退行性疾病都与脱氢表雄酮(DHEA)的分泌减少有关,因此在国外临床上有用其来治疗DOR,但疗效并不理想,同时常出现血清睾酮升高,以及相应的头痛、痤疮、月经紊乱、情绪变化等症状^[4]。
3. 对欲怀孕之女性:采用捐献者之卵子做IVF为唯一选择。

中医病因病机

肾主藏精和生殖,冲任督三脉同起于胞宫,一源而三岐。中医肾与女性卵巢功能密切相关,主宰女性生殖机能的发育、旺盛与衰退。卵巢储备功能下降及卵巢早衰之发

病根源为肾虚精亏,但“肝肾同源”、“精血同源”、“脾乃气血生化之源”,故肾虚常可累及心肝脾和冲任致脏腑功能失调,出现虚实夹杂。

1. 肾气不足,精血虚亏:

《素问·上古天真论》明确指出月经,孕育与肾气充盛之间有密切关系,认为“女子七岁肾气盛,齿更发长;二七而天癸至,任脉通,太冲脉盛,月事以时下,故有子……七七任脉虚,太冲脉衰少,天癸竭,地道不通,故形坏而无子也”。充分说明了女子初潮、成熟、绝经均与肾有密切关系,决定于肾气的盛衰。在《医学正传·妇人科》中也有论述:“月水全赖肾水施化,肾水既乏,则经水日以干枯……渐而至于闭塞不通。肾气旺盛,冲任充盛,则月经按时而至;反之肾气亏损,冲任虚衰,则月经停止不潮”。《傅青主女科》亦云“经水出诸肾”。均强调了肾对女性月经、生育的重要性。因此,肾虚精亏是卵巢储备功能下降和卵巢早衰的致病之本。无论何因累及肾脏,致肾虚精亏,肾水匮乏,均可致经水干枯,无血可下而早发绝经。

2. 肾虚肝郁,冲任失和

肝肾同源,精血同源。肝主藏血,司血海,又为冲脉之本,女子之先天。《临证指南医案》记载:“女子以肝为先天,阴性凝结,易于拂郁,郁则气滞血亦滞”。中医认为女子一生以血为本,以血为用,其生理特点是“常血分不足,而气分有余”。然气为血之帅,血为气之母,气行则血行,气有余则郁结。若女子因情志失调致肝郁气滞,气血失调,冲任失养,影响精血化生,也可致卵巢功能失调而出现月经量少和闭经,甚至不孕。

3. 脾虚血亏,心肾不交

脾胃为后天之本,气血生化之源,后天养先天之虚,而且冲脉隶属于阳明;心主神明,胞脉属心。若长期饮食不节,精神紧张,忧思过度,焦虑不安,忧郁失眠,导致脾虚血亏,心肾不交,亦可影响女子生殖功能。

4. 血瘀胞宫,冲任受阻

发病常常与血瘀也有关。正如《血证论》所说:“女子胞中之血,每月一换,除旧生新,旧血即是瘀血,此血不去,便阻气化”。若因盆腔手术后,或人流术后,或小产后,或慢性盆腔炎等致血行不畅,血脉瘀阻,冲任失调,胞宫闭阻,即出现“血隔”经闭。

临床常见症状

主要表现在三方面:月经失调,不孕不育,绝经期症候群。

初期为月经周期缩短,经血量少,继而月经稀发或持续闭经,不孕,常伴有潮热盗汗,烘热汗出,失眠,记忆力下降,注意力难集中,头痛头晕,情绪波动,疲倦乏力,心悸,阴道干涩,性欲降低等症状。这些症状可突然在1-2月内出现,也可在数年内逐渐出现。

中医辨证诊断和治疗

临床所见病人常较复杂,且多数已屡试它药不效。根据个人经验总结出四种常见类型:肾气不足,精血亏虚;肝郁脾虚,精血不足;精血虚亏,心肾不交;血瘀胞宫,冲任受阻。

1. 辨证分型:

肾气不足,精血亏虚:此类型病人家族中可能会有卵巢早衰病史,常为原发性卵巢早衰,多见于先天肾精不足,初潮较晚,月经稀发或量少,子宫偏小;或长期服用避孕药,致肾气抑郁,精血不足;也或为演员,减肥节食过度,过度大量的运动耗伤精血导致闭经或不孕。

肝郁肾虚,冲任失和:多见于长期精神紧张,焦虑不安,情志不遂,易发脾气者;或癌症病人化疗放疗后致精血亏虚而闭经。

脾虚血亏,心肾不交:多见于脑力劳动的职业女性,工作时间过久的熬夜族,饮食不调,思虑过度,精神压力过大,致脾虚血亏,心肾不交,冲任空虚而血枯。

血瘀胞宫,冲任失养:常见于盆腔术后,或人流术后,或小产后,或慢性盆腔炎等,导致血瘀胞宫,盆腔血供不足,胞宫失养,卵巢功能失调,而出现储备功能下降甚至卵巢早衰和不孕。

2. 辨证治疗

本人根据临床经验,总结出如下治疗方案:

- 1) 补肾填精为基本法则:补肾中药中许多具有雌激素样作用,对下丘脑-垂体-卵巢性腺轴有多水平、多靶器官的作用。补肾填精,滋养冲任而胞宫充,血盈而经行。可调节内分泌,降低FSH水平,恢复和改善卵巢功能,提高卵子质量。常用中药:肉苁蓉,巴戟,仙茅,仙灵脾,桑椹子,枸杞子,菟丝子,女贞子,制首乌,熟地黄,黑芝麻,黄精等。常用穴:关元,气海,子宫,大赫,中极,血海,三阴交,足三里,太溪,脾俞,肾俞,命门。
- 2) 扶脾益气:脾为后天之本,后天可以养先天之虚,延缓肾气衰退的进程,且可代偿其先天不足。健脾胃补气血,改善胞宫内血液循环,从而恢复卵巢功能,改善子宫内膜厚度,以利于卵子授精着床受孕。常用药:党参,黄芪,白术,山药,茯苓,芡实等。常用穴:百会,关元,气海,血海,足三里,阴陵泉,三阴交,脾俞。
- 3) 调肝养血:疏肝郁以调经理气,调和气机有利于精血化生;养肝血以调阴阳平衡,减缓肾衰亏之势,稳定激素水平。常用药:当归,白芍,鸡血藤,枸杞子,郁金,柴胡,香附,玫瑰花等。常用穴:印堂,合谷,太冲,归来,中极,三阴交,太冲,肝俞,膈俞。
- 4) 滋阴养心:补心气养心血,交通心肾,清虚火。常用药:麦冬,黄连,五味子,枸杞子,莲子心,竹

叶,黄柏,知母,地骨皮等。常用穴:内关,神门,曲池,三阴交,太溪,复溜,心俞,肾俞。

- 5) 活血化瘀:以软化疤痕组织,加强子宫自身修复能力,提高机体整体状况,改善或恢复卵巢功能,创造良好的子宫内环境,促进卵子生长、排卵,继而精卵结合,授精着床成孕。常用药:桃仁,红花,丹参,赤芍,川芎,益母草,泽兰等。常用穴:天枢,中极,大赫,归来,地机,血海,合谷,三阴交,肾俞,上髎,次髎。

总结

1. 随着社会经济、文化、生活环境、工作节奏、生活压力等的改变,此病发病率逐年上升,影响着女性的生殖健康和生活质量。目前西医对本病的治疗主要采用激素替代疗法来缓解症状,并不能改善卵巢功能且有副作用。而中医药具有一定的优势,因此探讨中医治疗本病的疗效与机制具有重要的理论意义与临床价值。
2. 中医治疗应分两个阶段:首先要补肾养精,调理气血以调经。当月经周期恢复正常,治疗原则要根据月经周期的四个不同阶段、阴阳变化及气血转变而及时调整,亦即调周疗法,以达到改善卵巢功能,调经助孕之效。

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中医皮肤科外用药物疗法介绍

祝柏芳

(Herbs Plus Ltd, info@herbsplus.co.uk)

摘要：外用制剂的使用在中医皮肤科临床有非常重要的作用。本文介绍常用有效的几种中医外治法的应用，包括湿敷，药浴，粉剂，洗剂，酊剂，软膏，油剂等；以及对于不同皮肤病损类型如可选择适宜的外治剂型，还有经典的作者独创的一些皮科外用药品介绍。

关键词：中医皮肤科，外治法，外用剂型

An Introduction to the Preparations for External Application in TCM Dermatology

Bai Fang Zhu

Abstract: External preparations for topical application play an important role in TCM dermatology. This article introduces common and effective external application of Chinese herbal medicines, including wet dressing, herbal bathing, powder, suspension, tincture, cream, oil, etc. The author also discusses the selection of appropriate topical prescriptions for different types of skin lesions, with some example of external preparations either from the classical clinical literature or author's own invention.

Key Words: TCM dermatology, external preparations, topical treatment.

近年来中医中药在皮肤病的治疗和预防中所起到的作用和地位，已经越来越被更多的人所认识和重视。其主要的特点是疗效可靠、稳定安全、适应症广、价廉经济、简便易行、副作用少。

其中外用中药的使用，在皮肤科临床中具有举足轻重的作用。很多较单纯的皮肤病比如单纯疱疹，小的毛囊炎，皮肤疖肿，虫咬皮炎，疥疮，阴虱，扁平疣，还有婴幼儿的皮肤病比如幼儿湿疹，尿布皮炎等等，单外用中药就可以治愈，不需要内服药，经济且实惠，何乐而不为。

至于另外一些皮肤病，内服药时一定要结合外治才能取得快捷而彻底的疗效，像手足癣，掌跖角化症，急性湿疹，痤疮，酒渣鼻，尖锐湿疣等等，内外药物结合治疗，可以事半功倍。

外用药的选择具体来说主要包括：(1)药物和(2)剂型，的选择两部分的内容。药物的选择必须因人因病而异，需要辨证和辨病相结合，这是最为主要的；而选择与皮肤病变和具体药物相适应的合理的剂型，则是取效的关键所在。

一 外用中药的剂型选择

皮肤病外用中药之所以采取不同的剂型是为了使主药以不同的浓度混溶其中，涂擦之后能发挥主药的最高效能，并且适用于不同的皮损情况和不同的部位。

1.溶液：是一种或多种药物的水溶液或者煎出液。供局部涂擦、洗涤、沐浴、湿敷等应用。

具有清洁、止痒、消肿、收敛、消炎和清热解毒的作用。适用于：急性皮肤病，渗出较多，或者脓性分泌物多的皮损，或者伴有轻度痂皮性损害时。

常用药物有：艾叶，苦参，蒲公英、马齿苋、地榆、紫花地丁，石榴皮，明矾，白鲜皮，大青叶等煎出液；或

者 10%黄柏溶液。

(1) 湿敷：消炎消肿，清热解毒，止痛止痒。此法可以使皮肤血管收缩，血行缓慢，新陈代谢减低，抑制渗出，主要用于渗出面积较大的急性皮炎如湿疹，接触性皮炎，天疱疮等等。

具体方法：6-8层纱布做成湿敷垫，在室温的药液中浸透，取出后稍微拧干，至不流水为度（不可太干），敷在患处，使之于患处紧密的接触。每隔 15-20 分钟重新操作一次，共 1-2 个小时即可，每日 1-2 次。每次湿敷都要更换溶液和湿敷垫，两次湿敷的间隔期在患处涂以黄连油，紫草油加以保护。

这是最多见的湿敷，我们称为“开放式冷湿敷”。

此外，还有“封闭式冷湿敷”（同开放式，外盖较湿敷垫大的油纸或棉花，并用绷带包扎，每两小时换一次溶液和湿敷垫，适合渗出多，炎症明显，范围较小的皮肤病如足癣感染，慢性小腿溃疡，瘀积型湿疹等等）。

“温湿敷”（可以是使局部温热郁积，充血，促进吸收，有显著的消炎和镇痛作用。将湿敷垫放入温度 40-50 度的溶液中，先皮损上盖一层干纱布后湿敷，上面再加干棉垫一块以保持温度，10-20 分钟换一次，适用于慢性肥厚，角化性皮损或者轻度糜烂、少量渗液皮肤病如神经性皮炎，慢性湿疹、银屑病，扁平苔藓等等）

(2) 中药药浴

是在浴水中加入一定量的中草药，以适当的温度通过一定的方法洗浴全身或局部，以达到缓解疾病的一种外治方法。广义药浴是运用中药配制成药液，通过湿敷、熏洗、熏蒸、浸浴、淋洗等方法进行全身或局部洗浴；狭义药浴是运用中药煎煮取汁，将躯体及四肢浸泡于药液中的方法即浸浴疗法。主要用于治疗各种急慢性全身性皮肤病如牛皮癣，慢性湿疹，剥脱性皮炎，鱼鳞病，系统性硬皮病，皮肤淀粉样变等等。

急性期皮肤病：多用祛风止痒，清热解毒，清热凉血，杀虫止痒如：蛇床子、蝉蜕、白鲜皮、荆芥、防风、蒺藜、黄柏、苦参、马齿苋、金银花、大青叶、紫花地丁、蒲公英；

慢性皮肤病：多选用健脾燥湿、活血化瘀、养血润肤类的药物如苍术、藿香、萹藤、白术、当归、桃仁、丹参、鸡血藤，当归，生地黄

2. 粉剂：

是一种或多种干燥的中药药粉均匀混合制成。具有保护，吸收，蒸发、干燥、止痒的作用，减少外界对皮肤的摩擦。

适用于无渗液的急性或亚急性皮炎，或者涂擦药膏以后外撒粉剂，以利吸收和附着。常用的有：青黛散，六一散，滑石粉，枯矾粉等等。

用法：每日 3-5 次扑患处

3. 洗剂：

是用水和适量的粉剂（30-50%）混合而成，有时需要摇匀，又称混悬剂，震荡剂。具有消炎，收敛，杀菌，保护和清洁等作用。

适用症同粉剂。即急性过敏性皮炎的早期，当它涂于破损上，水分蒸发时，皮肤血管逐渐收缩，从而减轻炎症；洗剂干燥以后，所含的粉剂留在皮肤表面而有干燥收敛和保护作用。

常用药：三黄洗剂，炉甘石洗剂、青黛散洗剂（青黛散 3 分口冷开水 7 份）。止痒加 1%薄荷、樟脑；杀菌加 5-10% 硫磺。

注意事项：不要用于毛发部位，它和粉剂都不能用于结痂、脱屑和湿润的糜烂面。（所含粉末易与渗出液等杂物混合，干燥后结成痂壳，使局部发热充血，掩藏细菌发生感染。

4. 酊剂：

系中药的酒精溶液或者不同浓度的酒精浸出液。

具有消毒，杀真、止痒的作用。

适应症：各种癣（手癣，足癣，甲癣和体癣）和神经性皮炎。

常用药：百部酊，复方土槿皮酊，一号癣药水等等

注意事项：皮肤明显破损时，头面部禁用，用后会引起皮肤烧灼感和刺激剧痛。

5. 软膏：

是用适宜的基质与药物混合一起制成的一种均匀、细腻、半固体的外用制剂。配制中药软膏时用得最多的是：豚脂，羊毛脂，凡士林和植物油如棉籽油、花生油和菜籽油等。

具有保护，润滑，杀菌，止痒，去痂的作用。

适用症：各种慢性皮肤病以结痂、鳞屑、肥厚、皲裂和苔藓样变为主要表现时，以及皮肤红肿，毛囊炎。

常用药：如意金黄膏，青黛膏，10%硫磺软膏，复方糠馏油软膏，疯油膏等等

6. 油剂：

是以植物油或矿物油类为溶剂或者以不溶性的药粉混

于上述油类而制成的剂型。常用的矿物油有液体石蜡，动物油有鱼肝油，植物油有豆油，麻油，花生油和蓖麻油。

具有保护润滑、止痒消炎的作用。

适用症：亚急性皮肤病以糜烂、鳞屑、脓疱为主要特点时。湿疹，单纯疱疹，带状疱疹，水痘，脓疱疮等等。

常用药：紫归油，青黛散油。

其他的剂型还有：乳剂（水包油，油包水），糊剂，硬膏剂，涂膜剂等等，一般不适合在诊所里小规模制作，所以不一一介绍了。

二 不同剂型的选择和使用原则

1, 急性皮炎，红斑，丘疹，水疱为主，没有或者很少渗出：洗剂或粉剂

2, 急性皮炎或者慢性皮炎急性发作，渗出明显，糜烂红肿：溶液湿敷

3, 亚急性皮炎：红肿减轻，渗出糜烂减少，以鳞屑和结痂为主时：油剂

4, 慢性皮肤病：皮损皲裂肥厚，浸润增生，角化过度时：软膏

5, 皮肤真菌感染、慢性手足湿疹，神经性皮炎，瘙痒剧烈时：酊剂为主

6, 根据皮疹来选择剂型：总结如下

红斑：洗剂，软膏

丘疹：洗剂

丘疱疹，水疱：粉剂/洗剂

脓疱：粉剂/洗剂/油剂

结节：软膏（金黄如意膏）

风团：洗剂

结痂：油剂/软膏

抓痕：洗剂

鳞屑：油剂/软膏

糜烂：溶液湿敷（渗出多时）；洗剂（渗出少时）

皲裂：软膏

苔藓样变：软膏

三 皮肤科外用中药处方介绍

1. 克痒霜（祝柏芳）

白芷、大黄、白附子、杏仁、雷丸、密陀僧、儿茶、细辛、白僵蚕、硫磺等各等分

制法：上药共研细末，用雪花膏或者凡士林调成 30% 的霜。

功用：清热解毒，除湿杀虫

主治：痤疮、酒渣鼻、脂溢性皮炎。

使用情况：曾作为湖南中医药大学附属二医院皮肤疮疡科院内协定处方使用多年，疗效肯定。

2. 湿疹膏（祝柏芳）

黄连 9 当归 15 黄柏 9 生地黄 30 苦参 10 青蒿 10 青黛粉 5 等，麻油 360，黄蜡 120

制法：前药打碎末，浸入麻油 24 小时，文火熬到药枯，去渣过滤，入青黛，搅拌均匀，加入黄蜡，文火，慢慢收膏。

功用：除湿祛风，止痒润肤。

主治：慢性、亚急性湿疹，敏感性皮炎，虫咬皮炎，单纯疱疹，带状疱疹，水痘，脓疱疮，水火烫伤，毛囊炎。

3. 牛皮癣膏（祝柏芳）

硫磺 3、山豆根 6、杏仁 8、当归 6、五倍子 8、白藜皮 5、薄荷 4、紫草 6、血蝎 6、苦参 6 等

麻油 360，黄蜡 120

制法：前药打碎末，浸入麻油 24 小时，文火熬到药枯，去渣过滤，加入黄蜡，文火，慢慢收膏。

功用：解毒润燥，祛风活血。

主治：银屑病（静止期），手足癣（鳞屑角化型）、慢性湿疹。

4. 湿疹皮炎洗剂（祝柏芳）

艾叶 20g 荆芥 20g 防风 20g 生地 20g 丹皮 20g 当归 20g 石菖蒲 20g 苦参 20g 明矾 10g 芒硝 10g 白鲜皮 20g 路路通 20g 煎水去渣外搽，湿敷或药浴。

功用：祛风清热，凉血除湿，止痒润肤，

主治：各类急慢性皮炎，瘙痒剧烈者如：湿疹，荨麻疹，风疹，夏季皮炎，瘙痒症，痒疹，银屑病，神经性皮炎。

5. 抗病毒洗剂（祝柏芳）

香附子 30 马齿苋 30 紫草 20 大青叶 30 败酱草 30 薏苡仁 50 白鲜皮 30 明矾 20 木贼草 20 地骨皮 30 桃仁 20 煎水，先熏后泡洗。

功用：活血解毒，抗病毒。

主治：一切病毒性皮肤病如带状疱疹，单纯疱疹，生殖器疱疹，扁平疣，寻常疣，跖疣，尖锐湿疣，传染性软疣。

6. 复方青黛散、膏、油：

青黛 60 熟石膏 120 滑石 120 黄柏 60，共研细末，和匀。

功用：收湿止痒，清热解毒。

主治：炎症性皮肤病，红肿痒痛明显时，如湿疹，脓疱疮，带状疱疹等等。

7. 复方紫归油（祝柏芳）

紫草 10 当归 5 地骨皮 10 丁香 10。上药共研细末，□麻油 250ml，浸泡 24 小时后，文火熬焦，去渣备用。

功用：凉血解毒、润肤化燥，

主治：慢性湿疹，皮肤干燥皲裂者。

8. 颠倒散洗剂

硫磺 生大黄 各 7.5 石灰水 100ml：将硫磺、大黄研极细末后，加入石灰水（将石灰水搅浑，待澄清以后，取中间的清水）100ml 混合即成。

功用：清热散瘀解毒。

主治：痤疮，酒渣鼻，脂溢性皮炎

9. 金黄如意散、膏《医宗金鉴》

大黄 黄柏 姜黄 白芷各 2500 天南星 陈皮 苍术 厚朴 甘草各 1000 天花粉 5000，共研细末

功用：清热除湿，化痰散瘀，止痛消肿。

主治：各种阳症皮肤病和疮疡病，具有红肿热痛者，如毛囊炎，皮肤疔肿，丹毒，结节性红斑，蜂窝组织炎，静脉炎等等。

10. 25%百部酊

百部 125 50%酒精 500ml 浸泡 24 小时后待用。

功用：杀虫止痒

主治：疥疮，头虱，阴虱。

11. 25%补骨脂酊

补骨脂 25 60%酒精 100ml，浸泡一周后用。

功用：活血祛风。

主治：白癜风，斑秃。

12. 复方土槿皮酊：

10%土槿皮酊（土槿皮粗末 10，80%酒精 100ml）40ml，苯甲酸 12，水杨酸 6，75%酒精加至 100ml

功用：杀虫止痒。

主治：手足癣和其他真菌感染。

13. 润肌膏《外科正宗》

当归 15 紫草 3 麻油 120 黄蜡 15（前二药与麻油同熬，药枯后过滤，如黄蜡 15，溶化以后，倒入碗中，冷却后用）

功用：凉血，止痒，润肤。

主治：慢性湿疹，银屑病，皮肤皲裂。

14. 黄连膏：《医宗金鉴》

黄连 9 当归 15 黄柏 9 生地黄 30 姜黄 9，麻油 360，黄蜡 120，前五药打碎末，浸入麻油 24 小时，文火熬到药枯，去渣过滤，加入黄蜡，文火，慢慢收膏。

功用：清热解毒，润燥止痛。

主治：湿疹感染，红肿热痛，水火烫伤，痔疮肿痛。

结语

外用药物在皮肤科和中医外科临床中的作用非常重要，《礼记》就说过“头有疮则沐，身有疮则浴”，《理渝骈文》也说“外治之理，即内治之理，外治之药即内治之药，所异者，法耳”，《医学源流》也指出：“外科之法，最重外治”真的是千真万确。

中药外治之法，以其疗效可靠、稳定安全、适应症广、价廉经济、简便易行、副作用少著称。其不仅可以配合内治以提高治疗皮肤病的疗效，甚至单凭外治来治愈皮肤病的例子也是屡见不鲜的。本文侧重从如何选择恰当的剂型和合理的药物着手，介绍了中医皮肤科常见的 14 个外用处方。希望对各位大夫的皮肤科临床有所帮助。

如何提高非特异性腰痛的治疗效果

李可心 MD&PhD 英国康泰中医药公司

摘要：非特异性腰痛（Nonspecific low back pain, NSLBP）是指一种腰部、腰骶和臀部有明显疼痛不适，但又缺乏明确临床病因的疼痛综合症。包括腰肌劳损、横突综合征、肥大性脊柱炎、椎间盘源性腰痛、关节突源性腰痛、脊神经后支综合征、棘上棘间韧带损伤、腰背肌筋膜炎等。这些疾病由于客观诊断依据尚不充分，症状与影像学表现之间关联性不强，其真正的病因尚不明确，或存在争议，因而治疗上常缺乏针对性。但对中医来说，却可以辩证治疗，这是中医的优势所在。在实际临床中，只要认真望闻问切，追根寻源，常常能找到线索，加以辩证施治，多能获得良效。

How to Enhance the TCM Effect in Treating Nonspecific Low Back Pain

Dr Ke Xin Li

Abstract: Nonspecific low back pain (NSLBP) refers to a kind of the waist pain, lumbosacral and hip discomfort, but lack of a clear clinical causes. It include strain of lumbar muscles, transverse process syndrome, hypertrophic spondylitis, lumbago caused by intervertebral disc problem, articular process inflammation, the trapped dorsal ramus of spinal nerve, ligament damage between the spines on the spine and waist and back muscle fasciitis, etc. These diseases due to objective diagnostic basis is not sufficient, correlation between symptoms and imaging findings is not strong, the real cause is not exact and controversial, which often make doctors' treatment disorients the target. But the doctor of traditional Chinese medicine can offer dialectical diagnosis and treatment, which is the advantage of traditional Chinese medicine. In the actual clinical, as long as looking, listening, questioning and feeling the pulse -- four ways of diagnosis are practised earnestly, the roots of the illness can be found as well as the dialectical treatment can be performed, then a good effect can be obtained at the end.

非特异性腰痛（Nonspecific low back pain, NSLBP）是指一种腰部、腰骶和臀部有明显疼痛不适，但又缺乏明确临床病因的疼痛综合症。包括腰肌劳损、横突综合征、肥大性脊柱炎、椎间盘源性腰痛、关节突源性腰痛、脊神经后支综合征、棘上棘间韧带损伤、腰背肌筋膜炎等^[1]。这些疾病由于客观诊断依据尚不充分，症状与影像学表现之间关联性不强，其真正的病因尚不明确，或存在争议，因而治疗上常缺乏针对性。也就是说，诊断非特异性腰痛首先要排除掉肿瘤、结核、感染性炎症、骨折、脱位、明确的椎间盘突出及根性坐骨神经痛等。

非特异性腰痛的症状可包括急性或慢性腰部、骶部、骶髂关节部、臀部疼痛，可伴有大腿疼痛和麻木^[2]。一般疼痛在劳累、行走活动、咳嗽、打喷嚏时较重，卧位休息会缓解，可反复发生。

慢性非特异性腰痛一般认为是由于腰部肌肉筋膜的慢性劳损、骨关节的慢性炎症、腰骶椎的畸形，以及外伤后遗症等引起局部无菌性炎症，刺激、压迫脊神经后支、腰部的神经末梢及坐骨神经等有关。并与年龄、性别、职业、体质、吸烟因素、外界环境变化、心理社

会行为因素等关系密切^[3]。但有学者在 50 例患者组中从 9 例患者晨尿中分离并培养出人类巨细胞病毒（Cytomegalovirus, HCMV），而 31 例正常人群全部阴性。作者认为 HCMV 导致 NSLBP 的可能途径有以下三点：① 当机体抵抗力下降时，如感冒、经期、营养物缺乏、过度疲劳、使用免疫抑制剂、受辐射等，潜伏于腰部的 HCMV 激活，在受染细胞内复制，产生特异性细胞病变，引起腰部组织的炎症反应，导致腰、背疼痛或痛觉过敏；② HCMV 可潜伏于血管内皮细胞，HCMV 的再激活，产生 IE84 蛋白，与 P53 蛋白结合抑制平滑肌更替，导致平滑肌的过度增殖诱导动脉粥样硬化，引起局部缺血，产生腰痛；③ HCMV 能直接感染骨髓中造血祖细胞，使粒系和红系祖细胞的显著抑制，引起红细胞、粒细胞减少等，导致机体的总体健康水平下降，腰部组织抗损伤能力降低，在不良用腰情况下，如长时间坐姿不正、弯腰搬重物等容易产生腰痛^[4]。

在英国，非特异性腰痛发生率比较高。据统计 84% 的人群在其一生中会患有急、慢性非特异性腰痛，其中 23% 转为慢性，11-12% 的患者因此至残^[5]。

诊断非特异性腰痛的要害: 因为非特异性腰痛发病原因不确切, 所以对该症的诊断西医主要是排除特异性的腰痛。比如脊椎肿瘤、椎间盘突出、椎管狭窄、结核性椎体破坏或脓肿、感染性炎症、强直性脊柱炎、马尾神经损伤、脊柱骨性关节炎、风湿性关节炎、椎弓根骨折脊椎滑脱、脊椎压缩性骨折等。

西医治疗方法: 西医一般就是止痛片、肌松剂、封闭注射、抗抑郁药、理疗及功能活动, 而且强调功能活动是主要方法^[6]。National Institute for Health and Care Excellence(NICE)2009年推荐的治疗为:

1. 在专业理疗师指导下功能锻炼; 包括有氧活动、活动指导、肌肉力量训练、姿势控制和伸展。要求在8-12周进行8次治疗。
2. 手动疗法: 包括按摩、脊柱活动度的训练及整脊。
3. 一个疗程的针灸治疗。

但是在2016年3月24日, Nice宣布针灸不再做为选择推荐治疗腰痛和坐骨神经痛, 理由是没有明显证据显示针灸与“伪治疗对照组”有明显差异。锻炼(Exercise)仍然作为第一治疗选择; 其他改变还有按摩和整脊应该与锻炼相结合, 因为没有证据显示单独进行按摩和整脊是有益的。他们鼓励患者正常活动。物理治疗和心理治疗仍是推荐的, 并称在前面的治疗无效时心理治疗是有意义的。用药方面的改变为扑热息痛(Paracetamol)不再作为首选, 非激素类消炎药如布洛芬(Ibuprofen)和阿司匹林(Aspirin)被作为首选。

中医如何认识非特异性腰痛及怎么治疗更有效: 对西医来说, 非特异性腰痛就是查来查去, 什么原因都没发现就往这个篮子里一装。但对中医来说, 却可以辩证治疗, 这是中医的优势所在。

大家对中医辩证治疗都很熟悉, 但骨伤科有其特殊性。中医经典认为引起疼痛的原因有三种: 不通则痛; 不容则通和不松则痛, 以我在骨伤科领域工作多年经验, 我再加上两条, 不宁则痛和不正则痛。不通则痛是经脉气血受阻, 包括气滞、血瘀; 不容则通是气血不足或阳气不足, 机体不能得到滋养而引发的疼痛; 不松则痛是机体肌肉或筋脉痉挛引发的抽痛或挛缩性疼痛; 不宁则痛是当心神不宁, 影响机体功能并产生的病理性疼痛, 如常见的紧张、焦虑、抑郁、神经衰弱等。不正则痛则是机体器官、关节、韧带、肌腱组织等不在生理解剖位置而产生的疼痛, 也就是我们常说的“筋出槽”和“骨错缝”。所以要认真判断腰痛有何原因引起, 是单一原因, 还是复合因素? 只要我们找对了原因, 有针对性治疗, 效果就会很好。

在实际临床中, 要认真望闻问切, 追根寻源, 常常能找到线索。特别要注意以下几个方面:

- 1 内脏疾患: 胃肠道炎症或肿瘤、便秘、盆腔炎、子

宫肌瘤、子宫内膜异位症等; 还要注意有无贫血、糖尿病、甲状腺低下、维生素D或离子铁缺乏、非特异性结缔组织疾病和骨质疏松等。

- 2 脊柱远端疾患: 颈椎病、胸椎畸形或小关节紊乱、骶髂关节畸形或错位、骨盆旋转或畸形、臀上皮神经或骶神经嵌顿或卡压、梨状肌有无挛缩等?
- 3 下肢疾患: 髌、膝、踝关节疾患、双下肢不等长、一侧肌肉萎缩或痉挛、足弓塌陷、拇外翻或平足等?
- 4 局部更要注意有无压痛点、有无肌肉痉挛、腰椎棘突有无压痛叩击痛、腰椎后关节突有无压痛、隆起或僵硬等?
- 5 精神系统疾患: 失眠、忧郁、焦虑、抑郁等。

如果有了一定的线索, 哪怕只是兼症, 我们采取相应的针对性治疗, 对非特异性腰痛的治疗会取得事半功倍的效果。

具体到非特异性腰痛的治疗, 每位医生都有自己的治疗方法和习惯, 只要将医者本身的特长发挥出来, 效果就会好。下面我介绍一下自己的体会。

- 1、急性期以远距离取穴为主, 局部施以通法。我常用远端穴是承山、附阳、灵谷、大白、手部腰痛穴等; 局部多用阿是穴或夹脊穴; 现在也常用浮针、或浮刺或散刺等方法。
- 2、慢性期远端取穴和局部取穴并重。也就是局部取穴的数量增多, 取穴范围也较广泛。
- 3、本征及兼症同治, 每治必调神。要注意有时兼症恰恰是激发非特异性腰痛的重要病因。
- 5、治疗时用烤灯局部加热。有时也可用艾灸、行罐、拔罐、加热药包等办法。
- 4、鼓励患者接受推拿, 每治都要进行功能恢复性复位。可用扳法、牵拉、抖法、晃法、摇法及振法等增加腰部关节或椎间间隙活动度。
- 5、鼓励患者自行功能锻炼。

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中医治疗痛经初探

李慧萍 英国中医学院

【摘要】

本文首先阐述了痛经的概念与历史资料，进而探讨了痛经的病因病机，包括情绪不佳，气滞血瘀；外受寒邪，寒凝血滞；生活不洁，感受湿热；脾失健运，气血两虚；肝肾不足，胞宫失养。根据作者的临床经验，分为5个类型辨治：气滞血瘀者，行气化瘀止痛，用膈下逐瘀汤；寒凝血脉者，温经散寒止痛，用少腹逐瘀汤；湿热下注者，清热利湿止痛，用二妙散合四物汤；气血虚弱者，益气补血止痛，用八珍汤；肝肾不足者，滋补肝肾止痛，用调肝汤。最后，还介绍了作者运用自拟‘痛经舒’治疗痛经的临床经验。

【关键词】

痛经 病因病机 辨证施治 针灸疗法 个人经验

A Discussion on Chinese Medicine Treatments for Dysmenorrhea

Huiping Li

Abstract

This paper discusses the concept of dysmenorrhea from the historic literature in TCM, and explains the etiology and pathology of dysmenorrhea based on TCM understanding. Clinically there are five patterns of dysmenorrhea including Qi stagnation and blood stasis due to emotional disorders which can be treated by Ge Xia Zhu Yu Tang; blood stasis caused by the invasion of cold pathogen, treatable by Shao Fu Zhu Yu Tang; damp-heat in the uterus due to unhealthy life style, treated with Er Miao San combined with Si Wu Tang; deficiency of qi and blood, treated with Ba Zhen Tang; and deficiency of the liver and kidney treated by using Tiao Gan Tang. The clinical experience of the author in treating dysmenorrhea with herbal formula ‘Tong Jing Shu’ (created by the author) and acupuncture is also introduced.

痛经，英文为 dysmenorrhea，是指行经前后或月经期出现的下腹部疼痛、坠胀而言，或伴有腰酸或其他不适。症状严重者，可影响正常生活和工作，甚至不孕。据统计，在英国处于生育年龄的妇女，大多数都曾有过痛经的经历。

痛经分为原发性痛经和继发性两类，原发性痛经指生殖器官无器质性病变的痛经，占痛经90%以上；继发性痛经指由盆腔器质性疾病引起的痛经。本文所述仅限于原发性痛经。

痛经最早见于东汉医家张仲景的【伤寒杂病论】（后世又分为【伤寒论】和【金匱要略】两书）。如【金匱要略-妇人杂病脉证并治第二十二】云：‘带下，经水不利，少腹满痛……’。 [1]

病因病机

【景岳全书-妇人归】指出，‘经行腹痛，证有虚实。实者，或因寒滞，或因血滞，或因热滞，或因气滞；虚者有因血虚，有因气虚’ [2]。但根据本人的临床实践和观察，将痛经的原因病机归结如下：

情绪不佳，导致肝气郁滞，进而发展为气滞血瘀，‘不通则痛’所致。

起居不慎，外受寒邪，寒滞经脉，导致寒凝血脉，‘不通则痛’。

生活不洁，感受湿热之邪，下注胞宫，导致经脉不利，不通则痛。

饮食不节，脾胃运化失常，导致气血虚弱，冲任失养，不荣则痛。

素体虚弱，房劳过度，导致肝肾不足，胞宫失养。

西医学则认为，本病的发生与月经时子宫内膜释放前列腺素有关。前列腺素诱发子宫平滑肌收缩，产生分娩样下腹痉挛性绞痛。子宫平滑肌过度收缩历时稍长，可使子宫压力升高，供血不足导致子宫缺血，厌氧代谢物积蓄，刺激疼痛神经元产生痛经。同时，精神因素，内在或外来的应激可使痛阈降低。思想焦虑或恐惧，以及生化代谢物质，均可通过中枢神经系统刺激骨盆疼痛纤维。 [3]

辨证施治

气滞血瘀

主证：经前一二日或经期小腹胀痛，伴有胸胁乳房胀满，心烦易怒，经血紫暗有块，块下痛减，经量少，舌有瘀点或瘀斑，苔白，脉弦或涩。

治则：行气化瘀止痛

方剂：膈下逐瘀汤（【医林改错】）。

处方：当归1克，川芎1克，赤芍1克，桃仁1克，红花1克，枳壳1克，元胡1克，川楝子1克，乌药1克，香附1克。以上为1日量，早上服一半，下午服一半，饭后1小时后服。

注：在英国，我们主要应用中药浓缩粉，一般按10:1比例计算，以上均为中药浓缩颗粒的剂量。

寒凝血脉

主证：经前数日或经期小腹冷痛，得温痛减，月经量少，色暗有块，严重者伴恶心想吐，冷汗淋漓，手足厥

冷,甚至昏厥,有的腹痛放射到肛门。舌质暗,有瘀斑,苔白,脉沉细涩。

治则: 温经散寒止痛。

方剂: 少腹逐瘀汤(【医林改错】)。

处方: 小茴香 0.5 克, 肉桂 0.6 克, 当归 1.5 克, 川芎 1 克, 元胡 1 克, 没药 1 克, 蒲黄 1 克, 干姜 1 克。

湿热下注

主证: 经期前后或经期小腹疼痛, 白带色黄量多臭秽, 经色鲜红有味, 兼有外阴或阴道内瘙痒, 舌红, 苔黄腻, 脉濡数。

治则: 清热利湿止痛。

方剂: 二妙散(【丹溪心法】)合四物汤(【太平惠民和剂局方】)。

处方: 苍术 1 克, 黄柏 1 克, 当归 1 克, 川芎 1 克, 赤芍 1 克, 生地 1 克, 土茯苓 2 克, 元胡 1 克。

气血虚弱

主证: 经后一二日或经期小腹隐隐作痛, 得按则舒, 月经量少, 色淡质稀, 伴身疲乏力, 食欲不振, 面色蜡黄, 大便溏泄, 舌质淡, 苔薄白, 脉细弱。

治则: 益气补血止痛。

方剂: 八珍汤(【正体类要】)。

处方: 党参 1 克, 黄芪 2 克, 当归 1 克, 川芎 1 克, 熟地 1 克, 白芍 1.5 克, 香附 1 克, 元胡 1 克。

肝肾不足

主证: 经后或经期小腹空痛或隐痛喜按, 伴腰膝酸软, 头晕耳鸣, 月经色红量少, 或粘稠。舌红少苔, 脉弦细。

治则: 滋补肝肾止痛。

方剂: 调肝汤(【傅清主女科】)。

处方: 白芍 1.5 克, 山茱萸 1 克, 巴戟天 1 克, 山药 1 克, 枸杞子 1 克, 甘草 1 克。

针灸疗法

主穴: 中级, 次髎, 地机, 三阴交。

配穴: 气滞血瘀, 加外关, 太冲; 寒凝血瘀, 加关元, 血海; 湿热下注, 加曲池, 阴陵泉; 气血虚弱, 加足三里, 手三里; 肝肾不足, 加肾俞, 肝俞。

手法: 毫针刺。气滞血瘀, 寒凝血滞和湿热下注, 用泻法, 于经前 3 天施针, 寒凝血脉加灸法。气血虚弱和肝俞不足, 用补法, 加灸法。留针 30 分钟, 每隔 15 分钟行针一次。

预防与护理

- 1, 给予月经生理卫生指导, 消除恐惧和焦虑情绪, 保持情绪愉快。
- 2, 经期避免受寒, 切忌冒雨涉水, 以防止寒湿侵犯经脉。
- 3, 经期忌食生冷饮食, 避免寒冷伤胃, 导致寒自内生。
- 4, 经期注意休息, 避免过度运动, 以保持体力和抗病力。
- 5, 注意经期卫生, 禁止经期性生活。
- 6, 痛经严重者, 可配合热敷和推拿疗法。

个人经验

本人 30 年来应用自拟‘痛经舒’治疗各种类型痛经, 取得良好效果。尤其是对剧痛患者, 常立竿见影, 疗效卓著。

成分: 黄芪 15 克, 元胡 10 克, 桂枝 10 克, 小茴香 15 克, 川芎 10 克, 蒲黄 10 克, 当归 15, 白芍 15, 桃仁 10 克, 红花 10 克, 香附 10 克, 木香 10 克。

加减法: 气滞血瘀型, 加川楝子 10 克, 枳壳 10 克; 寒凝血滞型, 加乌药 10 克, 干姜 10 克; 湿热下注型, 加土茯苓 10 克, 黄柏 10 克; 气血虚弱型, 加党参 10 克, 鸡血藤 15 克; 肝肾不足型, 加女贞子 10 克, 枸杞子 10 克。

煎法: 先将草药放入砂锅内, 用凉水浸泡 2 小时; 然后, 用急火煎至开锅, 然后用文火煎煮 20 分钟, 取汁; 然后再加入少量凉水, 煎煮 10 分钟, 取汁。两次所取得药汁, 合在一起, 早晚两次分服, 每日一剂。每月经前 3 天开始服用, 连服 2 周, 连续 3 个月。

针灸: 主穴: 三阴交, 归来, 合谷, 关元, 气海, 子宫穴, 内关。用强刺激, 加灸法。

结语

本文首先叙述了痛经的概念, 复习了有关痛经的历史文献。进而分析了痛经的病因病机以及西医对痛经病因病理的认识; 认为痛经的临床类型有气滞血瘀, 寒凝血脉, 湿热下注, 气血虚弱和肝肾不足。并对各型的主证, 治则, 方剂与具体用药, 做了详细介绍。在针灸疗法中, 介绍了治疗痛经的主穴和配穴; 对寒凝血脉和虚证痛经, 建议配合灸法和热敷。最后, 介绍了作者 30 年来运用自拟‘痛经舒’治疗痛经的临床体会。

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经方的研究与应用

张恩勤 英国中医学院

摘要: 经方一般系指东汉医家张仲景之【伤寒杂病论】的方剂而言。古往今来, 经过历代医家的反复应用和近代药理实验, 均证明大多数经方都有可靠疗效和科学依据。本文主要探讨了经方的研究方法和临床应用, 包括原文原方、当代应用和药理实验。同时, 还介绍了作者运用经方的经验。

关键词: 经方, 原文原方, 当代应用, 药理实验

Research and Application of Classical Formulas

Enqin Zhang / UK Academy of Chinese Medicine

Abstract: The 'Classical Formulas' discussed in this article refer to the prescriptions from the book 'Shanghan Zabing Lun' (Treatise on Febrile & Miscellaneous Diseases) created by the outstanding TCM physician Dr Zhang Zhong-jing in the Eastern Han Dynasty. This paper introduces the author's methods and experiences in research and application on classical formulas, including the original texts and formulas, current clinical applications, and pharmacological research on classical formulas.

所谓‘经方’, 一般是指东汉医家张仲景之【伤寒杂病论】(后世又将其分为【伤寒论】和【金匮要略】两书) 所载的方剂而言。古往今来, 通过历代医家的反复实践和近代药理实验, 证明其大多数都有可靠的疗效和科学根据。

本人是山东中医学院 79 级李克绍教授的伤寒专业研究生, 曾亲耳聆听过李老对【伤寒论】原文的精深解感和他运用经方的经验; 1982 年起, 又在附属医院跟吕同杰院长临床实践, 亲眼目睹吕老运用经方治疗多种疑难杂病的神奇疗效。基于以上原因, 本人临症处方至今仍是运用经方为主。

关于经方的研究方法和临床应用的具体内容, 我在 1989 年出版的【经方研究】[1]和 2012 年出版的【伤寒论研习指导英文版】[2] 两书中, 已作详细论述。这里仅从三个方面, 概述如下。

1. 对原文原方的研究

原文和原方, 最能体现张仲景的原意。有些原文, 把病因病机、临床表现和治疗方药, 都叙述得非常生动形象, 全面深刻, 易学易用。所以, 要想学好经方, 必须首先从学习原文开始, 最好是能熟记背诵。

以奔豚病为例, 【金匮要略-奔豚气病脉证治第八】[3] 载: ‘病有奔豚, 有吐脓, 有惊怖, 有火邪, 此四部病, 皆从惊恐得之。’ 这里指出‘惊恐’, 是引起奔豚的病因。接着张仲景说, ‘奔豚病, 从少腹起, 上冲咽喉, 发作欲死, 复还止’, 生动地描述奔豚病的症状, 即病人自觉有气从少腹上冲心胸或咽喉, 发作时有濒死感, 发作后恢复如常人。对奔豚病的治疗, 张仲景对肝气郁结化热所致者, 主张用奔豚汤, 正如原文所说, ‘奔豚气上冲胸, 腹痛, 往来寒热, 奔豚汤主之’。本人曾遇

过 10 余例瘵病患者, 有的患者其病因和症状, 几乎与【金匮要略】描述的完全一样。余以奔豚汤加减为主, 即去李根白皮加合欢皮、百合、地黄等, 同时配合针灸和暗示疗法, 一般 1-2 周后缓解, 1-2 月后临床症状消失。

2. 当代临床应用

本人在编写【经方研究】和【伤寒论研习指导】英文版时, 曾广泛收集了在此以前的所有中医药刊物中有关经方应用的报道。其中, 不少名老中医运用经方治疗疑难病症的宝贵经验, 已远远超出了【伤寒论】和【金匮要略】的原书指证的范围, 可谓‘古为今用’之范例, 具有创造性和时代感。同时, 还介绍了作者应用经方中的经验体会。

以柴胡加龙骨牡蛎汤为例, 【伤寒论】[4] 原文 107 条云, ‘伤寒八九日, 下之, 胸满烦惊, 小便不利, 谵语, 一身尽重, 不可转侧者, 柴胡加龙骨牡蛎汤主之。’ 张仲景原是以此方治疗伤寒误下邪气内陷, 导致少阳枢机不畅, 心神被扰, 三焦不利所致的‘胸满烦惊, 谵语, 小便不利, 一身尽重’。本人则以此方合百合地黄汤、酸枣仁汤等治疗抑郁症、癫痫、帕金森氏综合症、失眠等。并在此方的基础上, 自拟‘抗抑郁汤’, 对治疗抑郁症效果尤佳[5]。

再如竹叶石膏汤, 【伤寒论】[6] 原文 397 条‘伤寒解后, 虚羸少气, 气逆欲吐, 竹叶石膏汤主之。’ 张仲景原用来治疗伤寒恢复期之气津两伤症。本人则以此方加减治疗疲劳综合征, 疗效可靠。如一位荷兰病人, 中年男性, 患疲劳综合征 3 年, 先是服西药和营养剂, 然后又找中医看病, 前医让其服十全大补汤类 2 个月余无效。本人改用竹叶石膏汤加减, 2 周后明显好转, 1 个月痊愈。还有一位牧师, 53 岁, 同性恋者, 患艾滋病和疲劳综合征 2 年, 近 6 个月来病情加重, 自觉疲劳

至极,已无法坚持工作。本人以竹叶石膏汤加白花蛇舌草、半枝莲和青蒿等,同时配合针灸,2个周后明显好转,1个月后恢复正常工作,且化验指标基本恢复常态。后来,这位牧师为我介绍了许多病人来我们这里看病。

3. 近代药理实验

早在1989年我主编【经方研究】时,曾与山东中医药大学专科学校药理教研室的刘维新教授等合作,对近100个经方进行药理实验;在2012年编写【伤寒论研习指导】英文版时,我广泛收集了在此以前国内外几乎所有刊物中有关经方药理实验的文章,这些资料来源于日本、台湾和中国的部分高等医药院校等。

近代药理实验是从西方药理学角度,揭示经方的作用机理。这就为指导临床应用,提供了新的思路,也拓宽了经方的运用范围。

以乌梅丸为例,过去一般认为,其治疗胆道蛔虫的原理,是因为蛔虫有得酸则静、得苦则下、得辛则伏的特性。原方中重用乌梅,且用苦酒浸泡,是取其以酸制蛔;蜀椒、桂枝、干姜、附子、细辛,是以辛制蛔;黄连、黄柏,是以苦驱蛔。但近代药理研究发现,其作用机理,主要是通过麻痹虫体,使其丧失附着胆道的能力;增加胆汁分泌,加强对蛔体退后的冲击力;松弛奥迪氏括约肌,打开大门,以利于蛔虫退后肠道。本人根据以上机理,在治疗胆道蛔虫时改用胆道驱蛔汤为主。方中重用茵陈蒿,以利胆排虫;用苦楝皮、槟榔、使君子等,以麻痹虫体;以枳壳、木香等,缓解胆道痉挛与松弛奥迪氏括约肌。与乌梅丸相比,其见效更快,疗效更准确;而且还可用来治疗胆囊炎和胆石症等[6]。

再如小青龙汤,药理实验证明:小青龙汤及其主要成分的水煎剂和醇提取液对气管平滑肌有不同程度的松弛作用,并有抗组织胺、乙酰胆碱和抗氧化钼作用。但经拆方实验,麻黄在小青龙汤中并不占主要地位。这就论证了曹颖甫在【经方实验录】中谈小青龙汤时,认为其主药是干姜、半夏、细辛和五味子,而不是麻黄的说法[7]。本人在临床上长期应用小青龙汤治疗哮喘、哮喘型支气管炎,一般都是用白果代替麻黄,效果可靠。这是因为,如用麻黄,其副作用太多,如升高血压、加快心率、导致失眠等。而且,在英国,官方把麻黄的剂量限在600毫克/次[8]。此外,有的英国青年人还买麻黄当作毒品用。

结语:由于时间关系和篇幅所限,本文仅简述了经方的概念和研究方法,包括原文原方、临床应用和药理实验,以及本人运用经方的经验体会。希望能对学习和应用经方有所助益。

总之,经方是我们中医学的传家宝,愿诸位同仁,齐心协力,对经方继续进行深入研究,以进一步使其发扬光大,造福人类。

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恶性淋巴瘤的中医论治思路和临床应用

香港中文大学中西医结合医学研究所 程剑华

摘要:

恶性淋巴瘤的中医论治一定要遵循循证医学的原则。要根据每个患者的具体情况,选择最适宜该患者的治疗方案,这就是个体化治疗。如何发挥中医药在恶性淋巴瘤整合治疗中的作用是临床研究的热点。文章从以下五个方面论述中医药治疗恶性淋巴瘤的思路,并列举8个纯中药治疗的案例以说明之。

- 一、中医药治疗老年恶性淋巴瘤患者是切入点之一。
- 二、中医药治疗惰性B细胞淋巴瘤的患者是切入点之二。
- 三、中医药配合放化疗减毒增效治疗恶性淋巴瘤是切入点之三。
- 四、中医药治疗和预防恶性淋巴瘤复发是切入点之四。
- 五、中药治疗不愿接受化疗放疗的恶性淋巴瘤患者。

恶性淋巴瘤的中医论治一定要遵循循证医学的原则。要根据患者的具体情况,选择最适宜该患者的治疗方案,这就是个体化治疗。循证医学是个体化治疗的基础,个体化治疗是循证医学在实际情况下的具体应用,是整体理论与具体实际相结合的表现。如何发挥中医药在恶性淋巴瘤整合治疗中的作用是临床研究的热点。

一、中医药治疗老年恶性淋巴瘤患者是切入点之一。

恶性淋巴瘤系我国常见之恶性肿瘤。其中老年患者的比例逐年升高。大于60岁霍奇金淋巴瘤(HL)患者占总HL人群的20%[1]。癌肿还将成倍地罹及>65岁的老年人[2]。研究中证实相当数量的>60岁老年患者并存多种疾病,限制了这一人群对淋巴瘤治疗的耐受性。因为老年患者并存的疾病往往导致器官功能的下降和药物代谢水平的改变。大多数研究认为老年人由于体质问题,不能接受标准化的治疗,通常需要降低治疗药物的剂量[3]。这影响化疗的实施和增加治疗相关的死亡和促使治疗失败[4]。

老年恶性淋巴瘤患者起病隐匿,来就诊时,多数为中晚期肿瘤,加之老年患者多伴有基础疾病、脏腑功能衰退,器官功能储备力下降,不能耐受放化疗,患者和家属多倾向单纯中医药治疗,中药方剂既包含治疗恶性淋巴瘤、又包含治疗各种基础疾病,同时还可舒缓患者的情绪,调整机体状况。中医药治疗老年恶性淋巴瘤有明显的优势。积极地采用中医药综合治疗对于改善患者症状,减轻痛苦,提高生存质量及延长生存期等方面具有重要意义。

医案1. 中药治疗滤泡性恶性淋巴瘤存活2年余

黄某某,男,78岁,广州市人。

2009年7月24日首诊:患者左腋下淋巴结肿大1月余,外院病理活检为滤泡性恶性淋巴瘤。患者年老体弱,拒绝化疗和放疗,要求中药治疗。患者左腋下淋巴结肿大2cm,质硬固定,不发热,食纳可,两便正常,无腹痛,舌淡红苔薄,脉滑。辨证:气虚肾亏、痰瘀互结。治法:益气补肾、祛瘀化痰散结。先用方药:黄芪30g、山慈菇15g、夏枯草15g、黄药子10g、浙贝母20g、玄

参20g、牡蛎30g(先煎)、猫爪草20g、路路通20g、皂角刺10g、冬葵子20g、蒲公英15g、藁本10g、肉苁蓉10g、蔓荆子10g。同服西黄胶囊等,每周1次,随症加减治疗。后治宜益气补肾、祛瘀止痛、化痰散结。方药:黄芪30g、山慈菇15g、夏枯草15g、黄药子10g、浙贝母20g、玄参20g、牡蛎30g(先煎)、猫爪草20g、路路通20g、皂角刺10g、冬葵子20g、天麻15g、藁本10g、乌梢蛇10g、水蛭5g、桃仁10g、牛膝10g、补骨脂20g。同服安康欣胶囊、紫龙金片、金龙胶囊、天丹通络胶囊等,随症加减治疗。药后好转,腋下、乳腺、腹股沟淋巴结均有缩小,病情稳定,中药治疗至今,带瘤生存2年多。

按:患者确诊为滤泡性恶性淋巴瘤,因年老体弱,拒绝化疗和放疗,要求中药治疗。证属气虚肾亏、痰瘀互结,先治宜益气补肾、祛瘀化痰散结。继治宜益气补肾、祛瘀止痛、化痰散结。病情好转,全身淋巴结缩小。治疗中患者合并诊断有帕金森氏病,治疗更趋复杂,治宜益气补肾、祛瘀通络、化痰散结,患者病情稳定,生活自理,现已带瘤生存2年多。

医案2 中药治疗套细胞恶性淋巴瘤存活3年

毛某某,男,72岁,广州市人。

2008年9月11日首诊:患者有腹股沟肿块半年余。2008年2月彩色B超示右腹股沟肿块约58x16mm,在香港某医院病理活检为套细胞恶性淋巴瘤。患者有帕金森氏病20多年,不愿化疗和放疗,要求中药治疗。患者现周身乏力,面色苍白,不能起身,不发热,无腹痛,失语,口角流涎,消瘦,食纳可,大便可解,舌淡红苔薄,脉细。辨证:气虚肾亏、痰瘀互结,治法:益气补肾、祛瘀化痰散结。方药:黄芪30g、鳖甲20g(先煎)、熟地30g、巴戟15g、山萸15g、山慈菇15g、夏枯草15g、黄药子10g、浙贝母20g、玄参20g、牡蛎30g(先煎)、猫爪草20g、路路通20g、皂角刺10g、冬葵子20g、蒲公英15g、藁本10g、川芎10g。同服八宝丹、芪珍胶囊等,每周1次,随症加减。

治疗后患者精神好,头不晕,血压低,但欲寐,夜尿多,

时有流口水, 头发增多, 左耳后肿块约 3cm, 右腹股沟肿块约 5cm, 质中固定, 舌淡红苔薄, 脉细。治宜益气温肾、祛瘀化痰、软坚散结。方药: 熟附子 15g、黄芪 30g、鳖甲 20g(先煎)、熟地 30g、巴戟 15g、山萸 15g、山慈菇 15g、夏枯草 15g、海藻 30g、仙茅 10g、牡蛎 30g(先煎)、猫爪草 20g、蜈蚣 2 条、僵蚕 10g、皂角刺 10g、冬葵子 20g、穿山甲 10g(先煎)、龟板 30g(先煎)、淫羊藿 15g。同服安康欣胶囊、紫龙金片、金龙胶囊、虫草胶囊等, 随症加减。

药后左耳后肿块明显缩小, 右腹股沟肿块稍缩小, 不发热, 头不痛, 口角流涎, 近日左手乏力, 握力减, 右下肢轻肿, 食纳好, 时遗尿, 舌淡红苔薄, 脉细。至 2011 年 5 月患者中药治疗 3 年, 病情稳定, 继续治疗。

按: 患者为晚期套细胞恶性淋巴瘤, 伴有帕金森氏病 20 多年, 不愿化疗和放疗, 患者不能起身和行走, 失语, 要求中药治疗。证属气虚肾亏、痰瘀互结, 先治宜益气补肾、祛瘀化痰散结, 继用益气温肾、祛瘀化痰、软坚散结, 后用益气活血、温肾利水、祛瘀化痰、软坚散结。用黄芪、人参、熟附子、仙茅、淫羊藿、巴戟、补骨脂、肉桂等益气温肾, 用鳖甲、龟板、菟丝子、复盆子、金樱子等滋补肾阴, 用穿山甲、山慈菇、玄参、海藻、浙贝母、牡蛎、猫爪草等软坚散结, 用蜈蚣、僵蚕、山慈菇、夏枯草、黄药子、浙贝母、皂角刺、冬葵子、蒲公英等化痰通络。中药治疗 3 年余, 患者病情稳定, 没有住院治疗, 现已带瘤生存 3 年余。

二、中医药治疗惰性 B 细胞淋巴瘤的患者是切入点之二。

惰性淋巴瘤是一类起病隐匿、进展缓慢、低度恶性、治疗特点区别于侵袭性淋巴瘤的一组恶性淋巴瘤。惰性淋巴瘤(滤泡性淋巴瘤 FL)在恶性淋巴瘤中的发病率仅次于侵袭性 B 细胞淋巴瘤, 占总淋巴瘤病例数的 15%~20%。但绝大部分患者在诊断时已达晚期, 目前的临床观点多数认为不能够完全治愈。随机对照试验提示复发难治的 FL 用利妥昔单抗维持治疗有生存获益[5]。

惰性淋巴瘤由传统化疗或放疗为基础治疗以及观察等待的治疗理念, 已转变为探索包括新药氟达拉滨及利妥昔单抗(美罗华)的应用, 以期获得最优的治疗效果, 延长患者的生存期, 提高患者的生存质量[6]。该类物质主要毒性是血液学毒性和免疫抑制, 导致感染发生率增加[7]。由于绝大部分惰性淋巴瘤患者不能够完全治愈, 且化疗毒副作用大, 中医药治疗惰性 B 细胞淋巴瘤的患者特别是晚期或年老的患者, 对改善生活质量, 延长生存期, 改善总生存期有较好临床疗效。

医案 3. 中药治疗 B 细胞恶性淋巴瘤存活 1 年余

叶某某, 男, 76 岁, 香港人。

2011 年 12 月 8 日首诊: 患者 2011 年 8 月发现右颈部淋巴结肿大, 活检确诊为 B 细胞恶性淋巴瘤。PET-CT 检查示双颈部多发淋巴结肿大, 约 15x10x7mm, 其他部位未见肿大淋巴结。患者有脑中风病史, 现行走不利, 不发热, 无明显消瘦, 语言欠清, 脉细, 舌淡红苔薄。患者拒绝化疗和放疗, 要求中医药治疗。辨证: 痰瘀互结。治法: 化痰祛瘀散结。方药: 猫爪草 10g、半枝莲

15g、路路通 10g、七叶一枝花 10g、三棱 10g、莪术 10g、全蝎 3g、白花蛇舌草 15g、青天葵 10g、浙贝 10g、蜈蚣 2g。气短加黄芪 20g、柴胡 6g、升麻 6g。下肢轻肿加茯苓皮 20g、龙葵 15g、乌梢蛇 10g、水蛭 3g、冬葵果 10g、土贝母 6g、穿破石 9g。头晕加天麻 10g、红景天 15g、灵芝 15g 等, 治疗后颈部淋巴结消失, 浮肿消, 不发热, 食纳正常, 行走可, 言语清, 夜尿多, 时有尿裤, 脉细, 舌淡红苔薄。治宜改为益气祛瘀、化痰散结、温肾纳气, 方药: 猫爪草 10g、路路通 15g、白英 20g、七叶一枝花 10g、龙葵 15g、乌梢蛇 10g、水蛭 3g、冬葵果 10g、土贝母 6g、穿破石 9g、黄芪 20g、全蝎 3g、灵芝 15g、白花蛇舌草 15g、猪苓 10g、泽泻 10g、王不留行 10g、蜈蚣 2g、金樱子 20g、益智仁 15g、山萸 10g。(颗粒剂)冲服。在门诊随症加减治疗, 现已存活 1 年余。

按: 患者确诊为 B 细胞恶性淋巴瘤, 拒绝化疗和放疗, 要求中医药治疗。证属痰瘀互结, 治宜化痰祛瘀散结, 选方药猫爪草、半枝莲、路路通、七叶一枝花、青天葵、浙贝、蜈蚣等化痰散结, 三棱、莪术、全蝎、白花蛇舌草、乌梢蛇、水蛭等祛瘀通络。后加强益气活血、化痰散结之力, 加龙葵、白英、王不留行、冬葵果、土贝母、穿破石等, 重用黄芪、淫羊藿、灵芝、金樱子、益智仁等益气温肾。攻补兼施, 治疗后病情好转, 浅表淋巴结消失, 生活起居正常, 生活质量较好, 现已存活 1 年余。

医案 4. 中药治疗套细胞淋巴瘤(B 细胞)已存活 2 年余

彭某某, 男, 75 岁, 香港人。

2014 年 5 月 21 日初诊: 患者 2014 年 1 月发现右颌下淋巴结肿大, 约 16mm, 4 月活检, 病理为套细胞淋巴瘤(B 细胞)。患者作骨穿无异常, PCT 检查右侧有淋巴结肿大, 肺门有淋巴结肿大。右颌下淋巴结肿大, 约 2x2 厘米。右锁上有数粒花生大淋巴结, 活动。西医检查后认为套细胞淋巴瘤(B 细胞)化疗不敏感, 建议等待观察。患者要求中药治疗。证属痰瘀互结, 治宜化痰祛瘀, 软坚散结。方药: 山慈菇 10、猫爪草 10、土贝母 15、九节茶 15、重楼 10、炙黄芪 20、海藻 15、水红花子 10、皂角刺 10、五爪龙 20、全蝎 6、夏枯草 10、玄参 15、云芝 15、风栗壳 15、黄药子 6、青天葵 6、穿破石 15、蜈蚣 2。随证加减治疗。药后感觉好, 精神可, 淋巴结有缩小。

2014 年 9 月 15 日药后感觉好, 精神可, 淋巴结有缩小。夜尿 2-3 次, 背有汗, 无发热, 检查肝肾功能正常。大多数淋巴结稍增大 10%, 有 4 粒淋巴结缩小, 肝肾功能均正常, 西医评估为稳定, 可以继续用中药治疗观察。

2015 年 4 月检查发现肝功能异常, 中药治宜舒肝理气、清热利湿, 方药: 穿破石 15、黄芪 20、云芝 20、鹰不泊 20、珍珠草 20、鸡骨草 20、田基黄 20、枸杞子 20、制五味子 15、赤芍 30、绵茵陈 30、风栗壳 10、溪黄草 20。随证加减治疗 1 月余, 多次检查肝功能正常后, 又用治宜化痰祛瘀, 软坚散结。方药: 山慈菇 10、猫爪草 10、土贝母 15、九节茶 15、重楼 10、炙黄芪

20、海藻15、水红花子10、皂角刺10、五爪龙20、全蝎6、夏枯草10、玄参15、云芝15、风栗壳30、青天葵6。随证加减治疗至今。

2016年4月复诊患者生活质量好,肝肾功能正常,不发热,精神好,食纳两便正常,体重正常,无明显不适。颌下及颈部有肿大淋巴结,活动质中,无腹痛,胸腹部未见淋巴结肿大。继续中药治疗,患者生活质量好,已带瘤生存2年多。

三、中医药配合放化疗减毒增效治疗恶性淋巴瘤是切入点之三。

中医药在提高恶性淋巴瘤综合治疗水平及减低放、化疗的毒副作用方面有很大的优势。中医药应按化疗前、中、后分为不同的治疗阶段,给予不同的治疗方法:化疗前中药治疗以增加体质准备接受化疗为目的,并协同抗癌。化疗中中药以增效减毒为目标,尤以减轻消化道反应和预防骨髓抑制为主,治则以养阴益胃,降逆止呕为主,佐以益肾填精。化疗后骨髓抑制严重,常因此而阻碍下一周期化疗的进行,影响疗效,甚至危及生命,因此,本阶段的中医药治疗应以治疗骨髓抑制,促进骨髓恢复为主要任务,治则以益气养阴、活血补血、补肾填精为主。

医案5. 中药治疗胃恶性淋巴瘤术后复发存活2年

殷某,男,85岁,广州市人。

2002年12月18日首诊:患者2002年11月26日上腹部疼痛,经检查诊断为胃穿孔,行胃大部切除术,术后病理为非何杰金氏淋巴瘤。由于年老体弱,未行化疗。

2004年1月6日患者胃脘不适,有顶住感,大便不多,可站立行走数米,复查胸腹部CT未见异常。心电图示心肌缺血,WBC1.8。舌淡红苔薄,脉细。治宜益气补血、和胃降逆。方药:党参15g、淮山20g、厚朴10g、木香10g、桔梗10g、补骨脂15g、柴胡10g、紫河车15g、阿胶30g(烊)、仙茅10g、淫羊藿15g、熟地24g、当归15g、鸡血藤15g、黄精15g。同用格拉诺赛特和金刺参合剂。药后好转,面色转红润,WBC5.7。中药守上方再进,没有再使用格拉诺赛特,同服奥美拉唑、金龙胶囊和金刺参合剂等。随证加减,治疗半年余,生活基本自理,食纳正常,WBC保持在2.1-3.4之间,基本不发热。患者反复发热伴贫血,患者不愿检查,临床考虑胃淋巴瘤复发。

10月12日正电子显像检查CoDe示:胃及结肠、尤其是右半结肠糖代谢异常升高,考虑淋巴瘤复发。患者病情稳定,食纳好,时有低热,白细胞低,无头晕,两便可,舌淡红苔薄,脉细。先治宜益气补血、滋补肝肾。方药:党参15g、淮山20g、龟板20g(先煎)、宽筋藤20g、天麻10g、首乌20g、补骨脂15g、柴胡10g、紫河车15g、阿胶30g(烊)、仙茅10g、淫羊藿15g、熟地24g、当归15g、鸡血藤15g、黄精15g。同用奥美拉唑、生脉胶囊、金龙胶囊和金刺参合剂。病情稳定后再治宜益气补血、滋补肝肾、软坚散结。方药:淮山20g、龟板20g(先煎)、宽筋藤20g、天麻10g、首乌20g、补骨脂15g、柴胡10g、紫河车15g、阿胶30g(烊)、仙茅10g、淫羊藿15g、熟

地24g、当归15g、鸡血藤15g、全蝎10g、蜈蚣1条、猫爪草20g、黄芪30g、土贝母20g、茯苓30g、肿节风30g、山慈菇15g、党参20g、麦冬15g、甘草5g、石上柏20g、黄精15g。随证加减,治疗1年余,药后好转,WBC稳定保持在2.2-4.2之间,病情稳定。

2005年12月2日全腹部CT扫描示:肝未见异常,胃底明显增厚,腹腔少量积液,前列腺增大。患者病情稳定,食纳好,偶有发热,无腹痛,两便可,脚软,可自由行走,精神好,WBC6.8,舌淡红苔薄,脉细。治宜益气补血、滋补肝肾、调和脾胃、软坚散结。方药:淮山20g、龟板20g(先煎)、宽筋藤20g、天麻10g、首乌20g、补骨脂15g、柴胡10g、紫河车15g、阿胶30g(烊)、仙茅10g、淫羊藿15g、全蝎10g、蜈蚣1条、猫爪草20g、黄芪30g、土贝母20g、茯苓30g、肿节风30g、山慈菇15g、党参20g、熟地24g、当归15g、鸡血藤15g、鹰不泊30g。同用奥美拉唑、生脉胶囊、西黄胶囊、金龙胶囊和金刺参合剂,随证加减。病情稳定。

2006年2月5日患者病情一直稳定,今突然出现胸闷,随后出现呕吐,血压低70/40,经抢救无效,2月6日因心衰死亡。

按:患者为胃恶性淋巴瘤术后,由于年老体弱未行化疗,术后反复出现胃痛、低热、白细胞低下,患者不愿检查,临床考虑为胃恶性淋巴瘤术后复发伴粒细胞低下症,用中药益气补血、滋补肝肾、调和脾胃治疗。药用紫河车、阿胶、仙茅、淫羊藿、淮山、首乌、补骨脂、黄芪、党参、熟地、当归、鸡血藤等益气补血。药用淮山、龟板、宽筋藤、天麻、首乌、补骨脂、茯苓、党参等滋补肝肾、调和脾胃。用全蝎、蜈蚣、猫爪草、土贝母、肿节风、山慈菇、鹰不泊等软坚散结抗癌。中药治疗后患者生活自理,生活质量明显提高,生存期延长,中药治疗后带瘤生存2年多。

四、中医药治疗和预防恶性淋巴瘤复发是切入点之四:

恶性淋巴瘤是临床治疗效果最好的肿瘤之一,但最易复发。对于化疗后缓解的患者,现代医学并无良好的预防复发的手段,中医药在此方面有着明显的优势。临床上可以从中医治未病的思想指导恶性淋巴瘤缓解后的治疗,如《黄帝内经》的《素问·四气调神大论》中曰:“是故圣人不治已病治未病,不治已乱治未乱。”对已取得放化疗缓解的病人,长期服用中成药或经辨证论治的中药以及反应调节剂可有助于抗恶性淋巴瘤耐药与复发。常用的药物有:金龙胶囊、紫龙金片、参一胶囊、小金丹、参芪胶囊、虫草胶囊等,具有调节肿瘤细胞DNA聚合酶的作用,有降低全血粘度,抑制肿瘤生长,改善肿瘤血瘀状态,提高免疫功能。

医案6. 中药治愈滤泡恶性淋巴瘤存活8年

封某某,女,65岁,广州市人。

2005年3月14日初诊:患者2004年12月发现左中腹部肿块,行手术切除。病理为恶性淋巴瘤,免疫组化检查为阴性。患者未行化疗和放疗。2005年3月检查发现胰腺后2.3X3.3CM肿块。患者不愿再手术,要求中药治疗。现患者不发热,无腹痛,食纳正常,两便调,舌淡红苔

薄,脉滑。证属痰瘀互结。治宜化痰祛瘀散结。方药:猫爪草30,乌梢蛇20,漏芦20,三棱15,皂角刺15,桃仁10,莪朮10,白芍20,郁李仁30,山慈菇15,鳖甲20(先煎),黄药子15。7剂。同服平消胶囊和新癆片。

3月22日将原手术病理片请肿瘤医院会诊,意见是:淋巴结反应增生,未排除滤泡性淋巴瘤。药后好转,患者时有心悸,食纳正常,舌淡红苔薄,脉滑。上方减鳖甲、白芍、郁李仁加紫草20,蜈蚣1条,全蝎10,七叶一枝花15,王不留行20,穿破石20。随症加减,同服平消胶囊和新癆片。治疗1月。

4月12日药后好转,无心悸,不发热,大便正常,食纳正常,舌淡红苔薄,脉滑。上方减王不留行、黄药子,加穿山甲10(先煎)。同服欣力康胶囊和新癆片。随症加减,治疗4月。

2005年8月5日药后病情好转,B超检查腹部肿块消失,未发现肿大的淋巴结。治疗后随访至2011年4月没有复发和转移,患者生活工作正常。

按:该案为恶性淋巴瘤术后复发的患者,不愿再手术,要求中药治疗。证属痰瘀互结。治宜化痰祛瘀散结。运用猫爪草、黄药子、七叶一枝花、王不留行、穿破石、山慈菇等化痰散结,用三棱、皂角刺、桃仁、莪朮、乌梢蛇、漏芦等祛瘀通络,用穿山甲、蜈蚣、全蝎等抗癌散结。全方合用达化痰散结、祛瘀通络、抗癌散结之功效,收效甚捷。

医案7.中药治疗非何杰金氏淋巴瘤化疗后复发现已存活5年。

卢某某,女,72岁,广东省四会市退休公务员。

2007年3月5日首诊:患者2002年8月发现腹股沟肿块,经某医院手术后,病理诊断为非何杰金氏淋巴瘤。在该院进行了6个疗程的化疗,肿瘤消失。但3年后复发,2006年3月再到该医院作手术切除,确诊为复发,患者因年老体弱,化疗和介入都不能接受。彩色B超检查示右腹股沟多发肿大淋巴结,较大的两个约37X24、40X17mm,CDFI最大淋巴结内可探及高速高阻彩色血流信号。患者不发热,食纳可,两便可,舌淡红苔薄,脉细滑。辨证:痰瘀互结,治法:化痰祛瘀、解毒散结。方药:重楼15g、土贝母20g、穿破石20g、皂角刺20g、全虫10g、冬葵子15g、黄药子15g、紫草20g、王不留行20g、风栗壳20g、穿山甲10g(先煎)、路路通20g、蜈蚣1条、三棱15g、莪朮15g、海藻30g。随诊加减,治疗1月余。每1月来院诊疗1次。

药后患者感觉良好,食纳正常,睡眠好,精神佳,病情逐步好转,右腹股沟肿大淋巴结缩小。继续守方治疗,病情一天天好起来,历时二年多,坚持天天服药不间断,2009年7月15日复查右腹股沟多发肿大淋巴结基本消失,只剩下一个约1cm大,现食得、睡得、精神好,还可以做家务。患者来信表示感谢。患者坚持服药,至今仍健康存活。

按:患者为非何杰金氏淋巴瘤,化疗3年后确诊为复发,患者化疗1程后难以坚持,辗转多家医院治疗不效,改服中药治疗。证属痰瘀互结,治宜化痰祛瘀、解毒散

结。以重楼、穿破石、皂角刺、全虫、冬葵子、王不留行、穿山甲、路路通、蜈蚣等解毒软坚散结,以土贝母、皂角刺、冬葵子、黄药子、紫草、风栗壳、三棱、莪朮、海藻等化痰祛瘀。前后治疗2年余,病情明显好转,随访至2012年已带瘤生存6年余。

五、中药治疗不愿接受化疗放疗的恶性淋巴瘤患者。

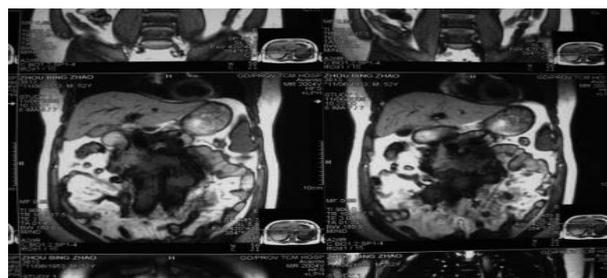
临床上常有患者检查确诊为恶性淋巴瘤,由于种种原因不愿化疗和放疗,对这些患者采用中医药治疗是有益和合理的选择。

医案8.中药治疗腹腔巨大恶性淋巴瘤现已存活10年余
周某,男,53岁,广州市人。

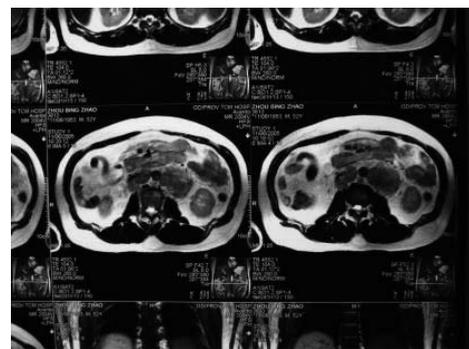
2003年5月9日首诊:患者上腹部胀满,2003年3月29日MR示:腹膜后不规则形软组织肿块影,包绕下腔静脉和腹主动脉生长,约10.5X12.8X13.5cm,T1稍低信号,T2稍高信号,考虑为恶性淋巴瘤。患者浅表淋巴结不肿大,不发热,食纳可,无腹痛无消瘦,舌淡红苔薄腻,脉滑。由于肿块太大且包绕下腔静脉和腹主动脉无法手术,患者不愿化疗和放疗,要求中药治疗。辨证:痰瘀互结。治宜软坚散结、化痰祛毒。方药:猫爪草20g、山慈菇15g、三棱10g、莪朮10g、桃仁10g五爪龙15g、穿山甲15g(先煎)、紫草15g、全蝎10g、蜈蚣1条、石上柏20g、鹰不泊20g、守宫10g、土贝母15g、风栗壳10g、

冬葵子15g、七叶一枝花20g。同服金龙胶囊、新癆片、百令胶囊、平消胶囊等。随症加减,治疗2年余。

2005年6月11日MR示:腹膜后不规则形软组织肿块影,包绕下腔静脉和腹主动脉生长,呈T1稍低信号,T2稍高信号,信号欠均匀,边界尚清楚。考虑为恶性淋巴瘤,与2003年3月29日片比较病灶有所缩小。肝、脾、胆囊、胰和双肾未见异常(图1,2)。



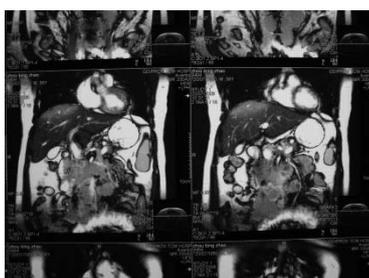
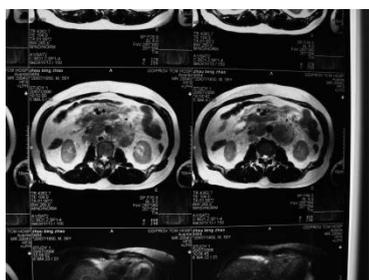
患者一般情况好,工作生活正常,舌淡红苔薄,脉细滑。治宜软坚散结、化痰祛毒。方药:猫爪草20g、山慈菇15g、三棱



10g、莪朮10g、桃仁10g、五爪龙15g、穿山甲15g(先煎)、紫草15g、全蝎10g、蜈蚣1条、石上柏20g、鹰不泊20g、守宫10g、两头尖30g、走马箭30g、冬葵子15g、

七叶一枝花20g。同服金龙胶囊、西黄胶囊、新癪片、百令胶囊、六神丸等。随症加减，治疗1年余

2006年7月20日MR示：腹膜后双侧膈肌脚后方、下腔静脉和腹主动脉旁可见多发肿大淋巴结影，呈等T1



信号，长T2信号，内部信号欠均匀融合成团，包绕下腔静脉和腹主动脉，与2005年6月11日片对比，腹膜后肿大淋巴结影改变大致相仿。脾明显增厚增大，内部信号欠均匀。肝、胆囊、胰和双肾未见异常（图3，4）。

左颌下可及约1cm大淋巴结，质中，咽不痛，不咳嗽，无发热，食纳正常，舌淡红苔薄腻，脉滑。治宜软坚散结、化痰祛瘀结毒。方药：

紫草15g、猫爪草20g、山慈菇15g、三棱10g、两头尖30g、莪术10g、桃仁10g、全蝎10g、蜈蚣1条、土鳖虫10g、威灵仙20g、守宫10g、土贝母20g、黄药子10g、海藻30g、七叶一枝花20g。同服金龙胶囊、新癪片、西黄胶囊等。随症加减，药后淋巴结有缩小，治疗8月余。

2007年5月22日 患者患腹腔恶性淋巴瘤4年，经中医药治疗至今，腹腔淋巴瘤有缩小，去年左颌下出现肿大淋巴结，药后一度缩小，近双颌下有淋巴结肿大，右侧15mm，左侧14mm，无发热，无消瘦，食纳两便正常。舌淡红苔薄腻，脉滑。治宜软坚散结、化痰祛瘀。方药：夏枯草15g、猫爪草20g、鹰不泊20g、山慈菇15g、三棱10g、两头尖30g、莪术10g、桃仁10g、全蝎10g、蜈蚣1条、土鳖虫10g、肿节风30g、土贝母20g、黄药子10g、海藻30g、七叶一枝花20g。同服金龙胶囊、安康欣胶囊、复方红豆杉胶囊等。随症加减，药后淋巴结明显缩小，治疗7月余。

2009年3月9日MR示双侧膈肌脚后方、腹主动脉、下腔静脉旁可见多发肿大淋巴结影，融合成团片状，包绕腹主动脉及下腔静脉，下腔静脉管腔受压变窄，体积及范围较2004年3月29日片明显缩小。脾脏稍增大增厚，其内小片状异常信号改变，大的约17X9mm。

病情稳定，无发热，无消瘦，食纳两便正常。易疲乏，时感下肢软，行走无碍，舌淡红苔薄腻，脉滑。治宜益气健脾、软坚散结、化痰祛瘀。方药：黄芪30g、太子参20g、白术15g、茯苓20g、五爪龙15g、穿山甲15g（先煎）、夏枯草15g、猫爪草20g、鹰不泊20g、山慈菇15g、桃仁10g、肿节风30g、土贝母20g、鳖甲20g（先煎）、龟板30g（先煎）、黄药子10g、海藻30g。同服紫龙金片、安康欣胶囊、金龙胶囊等。随症加减治疗。同服紫龙金

片、安康欣胶囊、金龙胶囊、康力欣胶囊等。随症加减，治疗至今尚带瘤存活。

按：该患者2003年3月确诊为腹腔巨大恶性淋巴瘤，约12cm，肿块包绕下腔静脉和腹主动脉生长，无法手术，患者不愿化疗和放疗，要求中药治疗。初用软坚散结、化痰祛毒之法，效果不显，肿块未见缩小，后改软坚散结、化痰祛瘀结毒。用穿山甲、夏枯草、猫爪草、鹰不泊、山慈菇、肿节风、土贝母、海藻等软坚散结，用紫草、七叶一枝花、肿节风、猫爪草、两头尖、山慈菇、全蝎、蜈蚣等清毒抗癌，用三棱、莪术、土鳖虫、威灵仙、守宫、桃仁、土贝母、黄药子等化痰祛瘀。药后病情改善，腹腔肿块缩小，加用益气健脾药以扶正固本，前后治疗10年，没有住院1天，坚持服中药从无中断，患者生活质量好，可坚持正常工作和生活，截至2014年10月已带瘤生存11年余。

总结：

中医药在防治肿瘤方面的特色在于整体调节，其作用机理是多部位、多环节和多靶点的。在治疗恶性淋巴瘤方面，中医药治疗老年恶性淋巴瘤患者是切入点之一；中医药治疗惰性B细胞淋巴瘤的患者是切入点之二；中医药配合放化疗减毒增效治疗恶性淋巴瘤是切入点之三；中医药治疗和预防恶性淋巴瘤复发是切入点之四；中药治疗不愿接受化疗放疗的恶性淋巴瘤患者是切入点之五。无论单用中医药还是联合化疗放疗等其它治疗方面，均有广泛的临床应用前景和优势。

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浅谈肺脏的宣降功能和用药

宫洪涛 史香玲 丁鑫

摘要:肺为娇脏,主宣发肃降.本文结合多本经典广泛纵深地阐述了肺脏的宣与降的生理病理,治疗原则和临床用药选择;又结合四时气候不同在宣肺降气时用药选择也有所不同.肺的宣发和肃降功能之间的生理病理关系和治疗上的宣降适时...总之文章就整个肺脏的生理病理因病机和治则方药阐述得透彻到位.

关键词:肺脏 宣发肃降 四时宣肺 咳嗽 润降 宣降相因 宣降适时 治疗技巧 辛散宣发 凉药养肺

肺系疾病是临床常见疾病,肺气宣降是肺气运动的基本形式,宣肺与降肺在肺系疾病的治疗中占有举足轻重的地位.而关于肺之宣降的研究,一直是脏象学说研究的一个薄弱环节,宣降之法具体如何运用,宣降的用药选择、时机把握、宣降与四时季候的关系等,均有待于更深入的讨论.本文从肺之宣降的生理特性谈起,简述其概念、内涵、及其病理表现,力求对肺之宣降的要旨进行阐述,并以肺系常见病之咳嗽为例,进一步探讨治疗肺系疾病的用药技巧,旨在更有效地发挥临床指导作用.

肺气以宣发肃降为基本运行形式.宣发和肃降,是肺脏输调呼吸之气和一身之气的基础.肺系疾病无论外感内伤,其基本病机皆为肺气的宣降失常,故宣降肺气是肺系疾病的基本治法.临床治疗肺系疾病,首先应当熟知肺的生理特性,深谙宣降之理,才能以此为依据,辨证施治,使药物发挥正确的干预作用.

1. 肺之宣

1.1 肺主宣发的生理意义

《灵枢·决气》说:“上焦开发,宣五谷味……”此为肺主宣发的理论雏形.“宣发”二字,首倡于宋代《太平圣惠方》,其《卷六·治肺气喘急诸方》中指出:“夫肺为四脏之上盖,通行诸脏之精气,……宣发腠理,而气者皆肺之所主也.”明代李时珍言:“宣者通也,散也.”一般认为,肺主宣发是指肺气向上升宣和向外布散的状态.宣,指宣通,疏通;发,是透发,布散之意.宣发体现在三个方面:一是通过肺之气化宣散体内浊气;二是将津液和部分水谷精微布散全身,外达皮毛肌腠;三是宣发卫气于皮毛肌腠,以温分肉,充皮肤,肥腠理,司开阖,将代谢后的津液化为汗液,并控制和调节其排泄[1].

肺合于皮毛,司腠理开阖,人体皮肤是抵御外邪的一道屏障.宣发功能正常,卫气达于皮毛,腠理致密方可拒邪于外.同时,肺气宣发又是肺气发挥清肃和下降作用的前提.此为肺之宣发的生理意义所在[2].

1.2 肺失宣

肺叶娇嫩,不耐寒热,外邪常易犯肺导致肺气失宣,影响卫气布散.肺气不能宣散,卫阳失固于肌表是外感

病发病的主要病理机制之一.其病理表现主要有以下几个方面:

第一,邪郁肌表,腠理闭塞,可见恶寒、发热、无汗等外感表证.《素问·调经论》解释了寒邪侵袭人体的病理:“上焦不通利,则皮肤致密,腠理闭塞,玄府不通,卫气不得泄越,故外热.”“今寒气在外,……故寒栗.”[3]第二,肺失宣发,肺气郁闭,金实则鸣,临床表现为咳嗽、胸闷、气喘等.《素问·咳论》说:“皮毛者,肺之合也.皮毛先受邪气,邪气以从其合也.……肺寒则内外合邪,因而客之,则为肺咳.”第三,肺失宣发导致水津失布,聚而为痰,故又常伴有咽干、口燥、咯痰等症.第四,肺开窍于鼻,在液为涕,肺气郁闭,可见鼻塞、喷嚏、流涕、嗅觉下降等症;喉为肺之门户,肺有病变,喉失所养,则见喉干、喉痒、暗哑等症.除外邪侵袭外,肺气虚弱也可导致肺不宣发.若肺气亏虚,不能输精于皮毛,卫气不能透达皮毛而发挥温养、调控、防御的生理作用,则出现肤冷恶寒,自汗,易感外邪,临床也可见风疹瘙痒、瘾疹等.

除外邪侵袭之外,肺气虚弱也可导致肺气不宣.肺气虚弱,则宗气生成不足或气机郁滞,可导致心血运行不畅,甚至血脉瘀阻,临床常见于胸闷、心悸、怔忡、胸痛等症.

1.3 肺气失宣之治

1.3.1 治疗技巧

肺失宣发,治当宣肺.宣肺是指宣散和宣通肺气的方法.肺脏受邪则肺气郁滞,故治疗宜使肺气疏达条畅.宣肺之要,其能宣肺气,开腠理、疏风寒.《本草证义》言:“专疏肺邪,宣泄气机……虽为解表,实为开肺”,道出了宣肺之法治疗肺失宣发的本质——“无不恃以为疏达肺金、保全清肃之要务”.《素问·阴阳应象大论》之“因其轻而扬之,……其有邪者,渍形以为汗;其在皮者,汗而发之”,首创开腠理以宣肺气的治疗原则.

咳嗽为常见的肺系疾病,此以咳嗽为例讨论宣肺的治疗.咳嗽可分为外感内伤两大类.外感之咳,六淫辨之,内伤之咳,责之五脏.咳嗽是人体驱邪外出的一种表现,实则为肺驱邪外出的方式.治疗切勿见咳止咳,特别是外感之咳,审因论治为基本要求.外感咳嗽,多为邪实,肺气不宣是根本,故初期治疗重在宣肺祛邪.宣发肺气以助肺驱邪外出,是为正解,大忌敛肺止咳,或病初即予补涩,以免外邪内郁.具体来讲,对于风寒

咳嗽，当以辛温宣散寒气。辛温者，辛载温行，辛主方向，辛为主，温为客。对于风温外袭，叶天士提出以“辛凉轻剂”为处方原则，以辛开之，以凉清之，以轻宣之，使肺卫之气得以宣畅，达到“邪邪与汗并，热达腠开，邪从汗出”的效果。寒温之治，温可易凉，辛则不变。

1.3.2 用药选择

用药选择遵循吴鞠通《温病条辨》中所述治则“治上焦如羽，非轻不举”的原则，以轻清、宣散为贵，过寒过热过润过燥之剂皆所不宜。

宣肺的药物以麻黄为代表。《神农本草经》记载：“味苦，温，……发表出汗，去邪热气，止咳逆气，除寒热……”李时珍在《本草纲目》中提到“麻黄微苦而辛，性热而轻扬”，并称其为“肺经专药，麻黄虽治太阳，实则治肺。”《本草正义》中记载：“麻黄轻清上浮。专疏肺郁，宣泄气机。”《太平惠民和剂局方》中三拗汤、华盖散皆用麻黄以解表宣肺，五积散用麻黄亦旨在宣肺散寒。可见麻黄为太阳伤寒泄表发汗之要药。

麻黄宣发之力较为峻烈，如战场之猛将，过刚则易折，故临证需选用他药与之配伍方能克敌制胜。清代周岩《本草思辨录》言：“与麻黄相助为理之物，其最要者有六：曰杏仁，曰桂枝，曰芍药，曰石膏，曰葛根，曰细辛。”杏仁者，所以为麻黄之臂助也。麻黄开肌腠，杏仁通肺络；麻黄性刚，杏仁性柔；麻黄外扩，杏仁内抑；两者合而邪乃尽除。方如麻黄汤。桂枝者，所以补麻黄之不足也。麻黄泄荣卫之邪，桂枝调荣卫之气，麻黄得桂枝，即能节汗，两者合而正不受伤。芍药者，一方之枢纽也。如小青龙汤治疗外寒里饮证，方以麻桂散外寒，辛夏蠲内饮，姜味止咳逆，甘草合诸药，寒则以汗解，饮则随便去，麻黄在此入太阳而上行，膀胱之气亦因之而不下行，故临证见小便不利少腹满，加芍药是为抑麻黄之性而使水饮从下而走。太阳病将入阳明，则石膏为必有用之药。伤寒表证传入阳明，出现烦躁，石膏泄其热于表，清其热于里，则烦躁得愈。石膏泄肺清胃，独用治汗出之热，佐麻黄又治不汗出之热。太阳病将入阳明葛根亦为必用之药。葛根汤之证，曰太阳病项背强几几，无汗恶风。太阳病寒邪化热，热烁其液，则项背强，葛根起阴气以滑泽之，则变强为柔，与麻黄治无汗恶风，可称伯仲。细长于辛散少阴经气之寒，麻黄附子细辛汤，细辛佐麻黄，锐师直入以散在经之邪。发少阴之汗，必与麻黄并用[4]。

在用药禁忌及用量方面，因麻黄为发汗峻剂，故虽属外感风寒但汗出较多者或体质虚弱者应慎用麻黄；又以其味辛性温，偏于燥烈，易伤阴动血，故阴虚血热或有出血倾向者也应慎用麻黄；肝肾阴虚、肝阳上亢者应忌用麻黄；心血虚衰、心神不宁者也应忌用。《中华人民共和国药典》示：成人谁建剂量每日 3-9g，一般中毒剂量为 30-50g，过量可导致心悸气促、震颤及心绞痛发作，严重中毒时可致呼吸困难甚则呼吸衰竭。关于“麻黄不可过钱”之说。张锡纯说：“陆九芝谓麻黄用数分，即可发汗。此以南方之人则可，非所论于北方者。盖南方气暖，其人肌肤薄弱，汗最易出，故南方有

麻黄不过钱之语。北方若至塞外，气候寒冷，其人肌肤强厚，恒用至七、八钱始得汗出。”可见，麻黄的用量，与地域、体质相关，同时也受给药时间的久暂和用药频次、剂型、证型及配伍的影响，不必拘于成见[5]。

辛散宣发、开宣肺气的药物还有桔梗、荆芥、防风、紫苏叶、桑叶、牛蒡子之类，均可于表邪郁闭之肺卫不宣之证。另需注意，此类方药，用药时间不宜久，中病即止。煎煮时间不宜过长，且以温服为佳。

1.3.3 四时宣肺

春季属温，治当温宣，以求给肺创造一个适宜的环境，从而更好地驱邪外出。据五行规律，春季属木，所属于肝，故临床所见咳嗽常伴两肋肋疼痛，此多因肝木之气生发太过，肝木制约肺金，肝火犯肺所致，当佐以疏肝理气之药。

夏季。夏季阳盛，风热之邪易袭人体，故多见风热咳嗽。《素问》有云：“风淫于内，治以辛凉，佐以苦甘。”取味苦性凉的中药，上焦风热得以疏散，同时药走肺络以达到清肺热而止咳的作用。所以风热咳嗽当以疏风散热、宣肺止咳为主，方选桑菊饮加止嗽散加减。夏季时令主火，在脏属心，可见剧烈咳嗽伴有胸痛者，可加宽胸理气、清心降火的药物，如川楝子、黄连、栀子；热像明显者，加黄芩、知母；痰液浓稠色黄者，加桑白皮、瓜蒌等苦寒之药。风热加暑湿者，以原方配六一散加减。关于“夏月忌用麻黄”之说。有人认为，夏季如遇当用麻黄者，当以香薷代之。此说有失偏颇。细究可知，哪有一时一季之药呢？唯以症候相宜而用，才是中医辨证施治之理。

秋季收敛，此期宣肺应适度，不宜太过。肺与秋气相通。肺与秋同属五行之金。人体肺脏主肃下行，为阳中之阴，同气相求，故与秋气相应。肺与秋季相通，故肺气应秋而旺，制约和收敛作用强盛。《素问·宝命全形论》云：“人以天地之气生，四时之法成。”时至秋日，人体气血运行也随“秋收”之气而衰落，逐渐向“冬藏”过渡，故人气亦当顺应秋气而渐收。如《素问·四气调神大论》云：“秋三月……使志安宁，以缓秋刑；收敛神气，使秋气平；无外其志，使肺气清。此秋气应，养收之道也。”肺系以降为用，以收为养，皆为阴属。故治疗肺病时，秋季不可过分发散肺气，而应顺其敛降之性。同时应慎用大剂量解表药，以免耗损津液和阳气。

冬季主藏，应避免受寒。机体不动用过多阳气抵御外寒，阳气才得以收养。张景岳说：“六气皆令人咳，风寒为主。”形寒饮冷则伤肺。肺恶寒，咳嗽由肺寒者多。冬季气候寒冷，咳嗽最易发作。在肺之寒气未完全祛除时，即使咳嗽反复发作，也不宜过早敛肺止咳，更勿用壅补之方，否则可引起肺气不宣，痰湿不去，故治疗仍当宣肺祛寒为主。时令在冬，在脏为肾，临床可见患者咳嗽气逆伴有腰背疼痛，此时可加乌药、附子、桑寄生等滋补肾气、温阳散寒，使气机通常则咳止。

2. 肺之降

2.1 肺之降

肺为华盖，居于上焦，位置最高，故肺之气机应以清肃下降为顺。叶天士在《临证指南医案·卷四·肺痹》中指出：“肺为呼吸之场所，位居最高，受脏腑上朝之清气，禀清肃之体，性主乎降。”肺在五行中属金，清肃是金的属性之一，故有“金气清肃”之说。肺气肃降是指肺气向内、向下清肃和通降的状态。肃降体现在三个方面：一是吸入自然界之清气，并将吸入之清气与谷气相融合而成的宗气向下布散至脐下，以资元气；二是将津液及部分水谷精微向下向内布散以濡润脏腑；三是将浊液下输于肾或膀胱，成为尿液生成之源。

肺气的肃降配合肺气之宣发，共同完成人体气机升降出入的正常运转，同时协调其他脏腑的气机运行。此为肺之肃降的重要性

2.2 肺失降

肺失肃降，一则气机不得下达，重在主气司呼吸的功能失常；二则水液不得下输，重在水液潴留，或停痰蓄饮。另外，肺气不降，也会影响相关脏腑正常功能的发挥。具体表现在以下方面：其一，肺失肃降，气机不畅，发为咳喘。《医学三字经·咳嗽》言：“肺为气之主，诸气上逆于肺则为咳，是咳嗽不止于肺而不离乎肺也。”《素问·脏器法时论》言：“夫五脏皆有上气喘咳，但肺为五脏华盖，百脉取气于肺，喘即动气，故以肺主。”其二，肺气不降，水泛为肿。《冯氏锦囊秘录·卷十二》：“是小便之行，由于肺气降而下而输化。若受邪而喘，则失降下之令以致水溢皮肤而生肿满，此是喘为本，肿为标。”其三，肺气不降，胃气上逆。肺气肃降，胃以降为顺，肺气肃降与胃主通降互为前提，肺胃功能通降协调是完成呼吸运动的重要条件。肺气不降，亦可引起胃气上逆。临床可见某些咳嗽气喘严重的患者出现呕吐、呃逆、厌食等症。

2.3 肺失肃降之治

2.3.1 总体原则

《素问·脏气法时论》言：“肺苦气上逆，急食苦以泄之”，指出降泄肺气以治疗肺病的方法。肺以降为用，若肺气失于肃降，则相应产生气机失于顺降的病症，故当以降气为总的治疗原则，以降肺平逆为治疗方法。

肺之本气为凉，语出《素问·五运行大论》：“在脏为肺，其性为凉”。王冰对此注曰：“肺气清凉。”金元四大家之一刘完素对肺之本气提出“肺本清，虚则温”，治疗应“清养肺”。刘氏所言肺气“清”，与《内经》所指肺性“凉”看似有异，然据“虚则温”的病理演变可推之其言“清”当与“凉”意同，故而倡导凉药养肺。总之，甘润当为肺喜，此当为肺系用药之纲。

2.3.2 肃降技巧-润降

五脏之中，肺位最高，撒陈若雾露；脾气散精，上输于肺，水精四布，人体精气生于脾而上输于肺，继而

散陈于五脏周身。诸脏之润，皆归于肺，故有“肺为水之上源”之说，后又得出其喜润勿燥的特点。“无水则无以降”，任何功能性的气的运行都需要以实物为依附和藏储，气血津液不可能分开。津液属阴，其性下行，而肺以降为用，由此可知五脏皆受肺津。若肺失濡润，必定影响各脏腑功能的正常发挥。若肺失濡润，主要表现在肺输布水液的功能异常。其一为津液不足，无津可布，其二为肺气虚弱，或布津无力，或津液停滞，痰饮内阻。前者应滋阴润肺，后者当健运脾气，祛湿化浊。

降肺同样应合于四时。春夏季节宜温降忌寒，秋季降肺的技巧在于凉降。《内经》记载：“清气大来，燥之盛也”，“岁金太过，燥气流行”，“木不及，燥乃大行”，说明时令在秋则燥邪偏盛，故秋季多伤燥邪而咳嗽。燥咳分凉燥和温燥。凉燥好伐于秋季，“凉者，寒之浅也”，凉燥袭肺，多发于深秋，是燥与寒邪合而为患，治当温润止咳为主，辛温疏表为辅，多用杏苏散加减化裁，以求轻宣凉燥，理肺化痰。温燥好发于初秋，温燥外袭，肺津受灼，故以清凉甘润为法，意在轻宣肺温燥，凉润肺金，以桑杏汤为主方。因时令所属，此时人体肺阴最虚，治疗当以桑杏汤加止咳散加减。若痰中带血可加白茅根，津伤太重者适当配伍沙参、麦冬等滋阴药物。肺喜润恶燥，用药切勿过燥。如用干姜，当确定为脾胃虚寒之人，且用量不宜过大，更不能久服。另需注意，里寒沉痾，当肺脾肾统治，理脾肾则痰水无源，日久自消。煎煮时注意文火足以，不宜久投。

2.3.3 药物选择

降肺的代表药物首推杏仁。杏仁主入肺经，味苦而降。杏仁始载于《神农本草经》，其卷三云：“杏核仁，味甘，温，主咳逆上气，雷鸣，喉痹，下气，产乳，金创，寒气奔豚。”《长沙药解》云：“肺主藏气，降于胸膈而行于经络，气逆则胸膈闭阻而生喘咳，藏病而不能降，因以痞塞，经病而不能行，于是肿痛。杏仁疏利开通，破壅降逆，善于开痹而止喘，消肿而润燥，调理气分之郁，无以易此。”《本草便读》云：“凡仁皆降，故（杏仁）功专降气，气降则痰消嗽止。能润大肠，故大肠气闭者可用之。”条畅肺脏气机的同时间接调节大肠。配伍方面：伤寒发汗，以麻黄为主，杏仁为辅，因喘在伤寒，为表实肺郁；杂证之喘则需辨寒热、虚实、水饮痰浊等，治以杏仁为主，麻黄为辅。临床应用须知本品有小毒，用量不宜过大，婴儿慎用，用量一般为3-10g，打碎煎服。生用苦杏仁60g可导致呼吸衰竭，甚至致死。

麦门冬甘平滋润，为纯补胃阴之药。土能生金，肺气全恃胃阴以生，胃气润，肺自资其益也。麦冬之功，在提曳胃家阴精，润泽心肺，以通脉道，以下逆气，以除烦热。《千金方》将麦门冬汤列于咳嗽门，可作治津枯火逆之咳嗽的要药。

沙参为肺家气分中理血之药，味微甘则补肺中之土，微苦则导肺气而下之。沙参茎抽于秋，花开于秋，得金气多。金主功利，寒能清热，复津润而益阴。沙参一味专治肺热咳嗽。

其他常用的降肺药物还有苏子等，如苏子降气汤。降肺胃之气可选用旋复花等。张仲景降肺善用半夏，以加强燥湿化痰、降逆化饮之效，如越婢加半夏汤等。另需注意的是，肺喜凉润，却非寒降，用药不可过于寒凉。润降的用药选择仍需遵循“治上焦如羽，非轻不举”的原则，不宜使用熟地等质重厚腻之品。此外，选择药物时需注意药物作用的趋势，可敛降，但不宜沉降。

3. 宣与降的相互关系

治疗肺系疾病的关键在于正确把握宣与降的关系。

3.1 宣降相因，相反相成

人体如同小宇宙，和大自然一样具有升降运动。肺气的宣发与肃降是肺气运动的基本形式，又是全身气机升降出入运动的具体体现。宣发和肃降是肺气运动过程中的不同状态，前者升而散之，后者沉而敛之，实则是肺脏阴阳二气相互作用的结果。阴阳二气交感相错，阴平阳秘，为肺气升降出入之“神府”。如此肺气升降有序，治节有度，方成相傅之用，即如《医门法律》云：“肺气清肃，则周身之气莫不服从而顺利；肺气壅浊，则周身之气亦致横逆而犯上。”

生理上，宣发与肃降相互促进，相互制约，肺气宣发是肺气发挥清肃和下降作用的前提，两者相反相成，不可孤立；病理上，肺失宣发与肺失肃降相互影响，通常统称为“肺失宣降”，若宣发不足则肃降不及，若肃降不利则宣发失常。故在治疗上应宣中寓降，降中启宣。如小青龙汤以宣肺为主，用麻黄、细辛、干姜，辛温宣肺力量很强，但配有半夏、五味子以敛降，其他如杏苏散用杏仁、枳壳，清燥救肺汤用石膏、枇杷叶等，皆为以降促宣之例。止嗽散以降气止咳化痰为主，配以桔梗宣散肺气，苏子降气汤以降肺化痰为主，配伍生姜、苏叶散寒宣肺，皆为由宣促降之例。总体而言皆属辛开苦降之法，“辛以开之，微苦以降之”。在肺系疾病的治疗中应重视肺气的宣降，以辛开苦降理论为指导，可用细辛、辛夷、桔梗、苏叶、桑叶等辛味药与杏仁、厚朴、陈皮、半夏等苦味药配伍，如越婢汤、厚朴麻黄汤、麻黄加术汤。

3.2 宣降适时，且有偏重

宣与降同时存在，但在不同的疾病和疾病的不同阶段，两者有主次之分。疾病初期大多为失宣，后期多为失肃；外邪侵袭、有表证多为失宣，内伤及肺或邪气由表入里后多为失肃；寒邪大多导致失宣，热邪大多导致失肃。咳嗽痰多应多考虑肺气失宣，干咳无痰多导致失肃。故宣降应在合适的时机，病初风寒之邪束肺，卫气被遏，肺气不宣，过早敛降肃肺则病不能速愈，反而恋邪，或引邪入里、闭邪于内而为害；若病久咳，肺失清肃，或痰浊内阻，肺气壅塞，清肃之令不行，又忌用宣肺之法，误投则气逆痰浊不降，且有耗伤肺气之嫌。

外感肺病多影响肺的宣发功能，治以宣肺为主，兼以降气，如麻黄汤中麻黄、桂枝佐以杏仁，杏苏散中

紫苏叶、桔梗、前胡佐以杏仁、枳壳；临床治疗外感咳嗽可选用桑叶、薄荷、桔梗等辛散宣肺药为主，加杏仁苦降肺气以宣中寓降，以降求宣。内伤肺病多见肺失肃降，治以降肺为主，辅以宣散，如定喘汤中杏仁、紫苏子、半夏、桑白皮佐以麻黄。临床治疗内伤咳嗽可选用二陈汤、清金化痰汤等，如以化痰降气之二陈汤为基础，加桔梗、前胡、紫菀等宣肺止咳之品，从而达到以宣促降、止咳平喘的效果。

总之，宣肺与降肺两法之运用，首当辨清病机，分别主次，配合恰当，方能使肺气条畅。在治疗用药过程中，宣肺勿忘降气，降肺注意宣散，宣降结合，升降相因，以复其职。同时，宣降应合于四时，在不同的季节选择合适的药味及配伍，此为宣降之要旨及用药之技巧所在。

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第一作者简介: 宫洪涛, 男, 医学博士, 硕士研究生导师, 主任医师, 河南中医药大学一附院脑病病区主任, 对脑血管疾病, 痴呆, 帕金森病有比较深入的研究. 擅长运用中药治疗各种疑难杂症, 近年来在中药预防衰老方面积累了丰富的经验. 在医学专业杂志上发表文章 62 篇, 获科研成果奖 6 项, 编写专著 4 部.



Differentiation of Heart Syndromes

Huijun Shen

Heart as one of five Zang organs in TCM plays important roles in the physiological activities of the human body. It is deemed as a “Monarchy” organ in the Zang-Fu system. Different etiological factors can affect the normal functions of Heart and give rise to various syndrome patterns involving Heart.

I. The Functions of Heart

In Zang Fu theory of TCM, the Heart has its main functions as:

1. **Dominating the blood and vessels:** Heart is the motive force for blood circulation, whilst the vessels are the physical structure which contain and circulate blood. Blood circulation relies on the cooperation between Heart and vessels, with Heart being of primary importance.
2. **Housing the Shen:** Heart Shen has the broad meaning of the outward appearance of vital activities of the whole body, and the narrow meaning as mind, or consciousness, e.g. spirit, thinking and mental activities. TCM holds the theory saying that mind is related to five zang organs, and principally to the physiological functions of Heart. Miraculous Pivot: “Heart is the residential home of the spirit and mind.” Therefore, mental activities, spiritual states, consciousness, thinking, memory and sleep are all related to the function of Heart.

The other functions of Heart are related to its close connections with other organs or body tissues – Heart having its opening into the tongue and it’s manifesting on the face, as well as its meridian connecting with the small intestine with which it is closely related.

Therefore, Heart, with small intestine, blood vessels, tongue and face together, forms a system called Heart System as these organs and tissues are closely connected by two meridians (heart meridian and small intestine meridian) and their collateral network, and they cooperate to perform the coordinative functions of the system, mainly centred by the functions of Heart – dominating blood and vessels and housing the Shen.

II. Common Syndrome Patterns of Heart System

Different etiological and pathological factors can cause dysfunction of heart, therefore give rise to various Heart syndromes. Heart syndromes can be excess or deficiency. Excess syndromes are usually caused by phlegm, heat, cold, Qi stagnation or blood stasis, while deficiency syndromes are mostly due to long-term illness, congenital reason or emotional/mental factors weakening Heart Qi, blood, Yin or Yang.

Heart system disorders usually affect heart rhythm, blood circulation, mental and spiritual activities, causing palpitation, chest Bi, insomnia, mental or emotional abnormalities, even dementia, epilepsy, etc.

1. Heart Deficiency Syndromes

1.1 Heart Qi deficiency: heart functions become weakened due to congenital reason, old age, long-term illness, or mental/emotional factors.

Symptoms: palpitation, chest tightness with short of breath, worsened with exertion, pale complexion, spontaneous sweating, pale tongue with white coating, weak pulse.

1.2 Heart Yang deficiency: further development from Heart Qi deficiency, or severe cold invasion damaging Heart Yang.

Symptoms: symptoms of Heart Qi deficiency usually become more severe, plus, feeling cold, cold extremities, chest pain, swollen and pale tongue with white slippery coating, very weak and thin or irregular pulse.

1.3 Heart Yang Collapse: very serious and rapid loss of functions of heart Yang, because Yang Qi of the heart suddenly becomes very weakened or collapsed, leading to Yin and Yang separation.

Symptoms: Sudden cold perspiration all over, very cold extremities, very weak breathing, deadly pale complexion with purple lips, heavy palpitation or sharp chest pain, frightened emotion, coma or loss of consciousness, very weak, fast and minute pulse.

1.4 Heart Blood Deficiency: weakened blood fails to nourish Heart, usually caused by long-term illness over-consuming blood, congenital weakness, long-term loss of blood, insufficient blood production, or mental/emotional factors consuming blood.

Symptoms: palpitation, insomnia with excessive dreams, dizziness, poor memory, pale complexion, pale tongue, weak thin pulse.

1.5 Heart Yin Deficiency: weakened Yin fails to nourish Heart, usually caused by long-term illness with interior heat over-consuming blood, congenital weakness, insufficient production of Yin, or mental/emotional factors consuming Yin.

Symptoms: palpitation, insomnia with excessive dreams, five palm heat, tidal fever, night sweats, red cheeks, red tongue with little or no coating, weak thin and rapid pulse.

1.6 Notes on Heart Deficiency Syndromes

- Heart function of dominating blood and vessels mostly relies on the promoting function of Heart Qi and Heart Yang. In case of Heart Qi or Heart Yang deficiency, the main symptoms are more related to blood circulation, manifesting as palpitation, chest tightness or chest pain, irregular pulse, etc.
- Heart function of housing Shen mostly relies on the nourishment of Heart blood and Heart Yin. In case of Heart blood or Heart Yin deficiency, the main symptoms are more related to Heart Shen disturbance, manifesting as sleeping disorder, anxiety, poor memory, poor concentration, panic attack, etc.

2. Excess Syndromes of Heart

2.1 Heart Heat (Fire) Flaming Syndrome

Excessive Heart heat or fire flaming up and disturbing Heart Shen, usually caused by heat/fire transferred from exogenous pathogens or emotional factors, or overworking, over-intake of spicy food/alcohol.

Symptoms: agitation, mental restlessness, bad sleep or insomnia, red complexion, dry mouth with thirst, dark urine and dry stools, mouth/tongue ulcers, red tongue tip, rapid pulse. In serious cases, dementia or delirium, vomiting with blood or nose bleeding.

2.2 Heart Vessel Obstruction Syndrome

The vessel collaterals in Heart are blocked by blood stasis, phlegm turbidity or cold contraction, commonly seen in elderly people, or those with weak constitution, long-term illness.

Symptoms: Palpitation, intermittent attack of chest pain with pressure feeling, radiating pain in upper back/shoulder or arm. Plus:

Chest pain of sharp or stabbing nature, purple marks on tongue, thin and choppy pulse or intermittent pulse – obstruction caused by blood stasis;

Overweight/obesity, excessive phlegm, heaviness in body and fatigue, swollen tongue with white thick coating, deep and slippery pulse – obstruction caused by phlegm;

Sudden attack of severe sharp pain, feeling cold with cold extremities, warmth can help release pain, pale tongue with white coating, deep slow or deep tight pulse—obstruction caused by cold contraction.

2.3 Phlegm Perplexing Heart Orifices Syndrome (Phlegm misting Heart Shen Syndrome)

Phlegm turbidity mists and perplex Heart orifices causing Heart Shen violently disturbed. This can be due to damp turbidity from middle jiao being brewed into phlegm, or

emotional factors causing Qi stagnation which in turn generates phlegm.

Symptoms: dim complexion and expression, stomach distension and nausea, blurred consciousness, dim speech, phlegm sound in throat, or even coma/ loss of consciousness, meaningless speech/talking, thick white tongue coating, slippery pulse.

In some cases, symptoms can be depressed emotion, dull and dim expression, illusion, idiotic thinking, meaningless speech/talking, bizarre behaviour. ---dementia

Or sudden fit, loss of consciousness, foaming phlegm out of mouth, phlegm sound in throat, convulsion with eyes staring upwards. ---epilepsy

2.4 Phlegm Fire Harassing Heart Syndrome

Phlegm with fire rioting in Heart resulting in Heart Shen turbulence. This is usually caused by emotional factors transferring into fire, fire boiling body fluids into phlegm, phlegm mingled with fire acting on heart; or exogenous heat invasion, mingled with phlegm and invading into pericardium, causing Heart Shen turbulence.

Symptoms: Fever or feeling hot, heavy breathing, red complexion and eyes, yellowish stick phlegm, phlegm sound in throat, meaningless talk, crying or laughing for no reason, idiotic behaviour, or delirium and mania; red tongue with yellow coating, slippery and rapid pulse. – schizophrenia.

III. About Heart Shen Disturbance

- Heart Shen Disturbance is the term used to describe and summarise any clinical disorders affecting the normal function of Heart Shen.
- Heart Shen Disturbance is a secondary syndrome pattern commonly caused by malnourishment of Heart itself leading to dysfunction in housing Shen (mind) or Heart Shen being directly disturbed by pathogens such as phlegm, heat, or the combination of both.
- The reasons for Heart Shen disturbance, or the primary patterns leading to Heart Shen disturbance, can be deficiency or excess.
- In deficiency syndromes, it is mostly commonly seen in Heart blood deficiency and Heart Yin deficiency syndromes.
- In excess syndromes, Heat disturbing Heart Shen is the most common pattern.
- Phlegm, heat (fire) or the combination of both can cause severe disturbance to Heart Shen, giving rise to serious mental disorders such as delirium, loss of consciousness, epilepsy, dementia, schizophrenia etc. in these cases, the syndrome patterns are named as phlegm misting (perplexing) Heart Shen, heat harassing Heart Shen, etc.

IV. Heart Syndromes: Etiology and Pathogenesis Outline

See the diagram on page 26.

V. Multiple Patterns Involving Heart and Other Zang Fu Organs

Due to the close connection between Heart and other organs (mostly other 4 Zang organs), Heart dysfunction can affect the functions of other organs, and vice versa. This will commonly head to dual or multiple syndromes with the involvement of Heart and other organs. Clinically the following dual/multiple patterns are common:

1. Pattern of Disharmony between Heart and Kidney

Due to emotional changes transferring into fire in Heart; over-worries, enduring illness or indulgent sexual activities impairing Kidney Yin, leading to co-existence and interaction of excess Heart fire and Kidney Yin deficiency. Manifestations: insomnia, agitation, palpitation, amnesia, dizziness, ear-ringing, soreness in lower back, nocturnal emission or spermatorrhea, five palm heat, dry mouth or dry throat. Red tongue, thin rapid pulse. Or in some cases, weak sore and cold lower back and knees.

Pathogenic Mechanism: Excess Heart fire and Kidney Yin deficiency with leading symptom as insomnia. Heart Yang (Fire) failing to warm Kidney Yin (Water); Kidney Yin is too weak to overcome Heart fire. Heart fire disturbs Shen while Kidney Yin fails to nourish.

2. Pattern of Yang Deficiency of Heart and Kidney

Long-lasting illness or enduring overwork impairing Heart and Kidney, or congenital Yang deficiency constitution, result in the deficient Yang Qi of both Heart and Kidney, which give rise to deficient cold manifestations with hypo-dysfunction of Heart and Kidney.

Manifestations: Lassitude or extreme exhaustion, aversion to cold with cold extremities, palpitation, dysuria, edema in limbs; or with dark purple lips and nails. Pale dark or purple tongue with slippery white coating, deep thin and very weak pulse.

Pathogenic Mechanism: Yang Qi of Heart and kidney is very weak, so the whole physical function is significantly weakened with cold nature, leading to blood stasis and water retention.

3. Pattern of Qi Deficiency of Heart and Lung

Due to enduring illness with pulmonary conditions that impairing Lung Qi and Heart Qi; or congenital weakness, old age and constitutional factors, Qi in Heart and Lung becomes weakened.

Manifestations: palpitation with cough or dyspnea, short of breath, fatigue or tiredness, especially after exertion, tightness and fullness in chest, thin white sputum with cough, pale complexion, weak voice and spontaneous sweating. Pale tongue with white coating, deep and weak pulse or irregular pulse.

Pathogenic Mechanism: characterised by palpitation, cough and dyspnea with Qi deficiency manifestations. Pectal Qi

(Zang Qi) contains Lung Qi to dominate breathing and Heart Qi to dominate blood and vessels. Weak Lung Qi can affect the production of Zang Qi leading to weakness of Heart Qi, or weak Heart Qi causes dissipation of Zang Qi which leads to Lung Qi deficiency.

4. Dual Deficiency Pattern of Heart and Spleen

Enduring illness, overwork, over-thinking or worries, cause Heart blood deficiency as well as Spleen Qi deficiency. Sometimes it can be caused by chronic haemorrhage with loss of blood.

Manifestations: palpitation, insomnia, or dream-disturbed sleep, dizziness, amnesia; fatigue and tiredness, poor appetite, abdominal distension, loose stools or diarrhea, pale or sallow complexion; in women light and delayed menstruation, or uterine bleeding. Pale tongue with white thin coating, thin and weak pulse.

Pathogenic Mechanism: characterised by palpitation and insomnia due to Heart blood deficiency, with fatigue, loose stools or chronic bleeding caused by Spleen Qi deficiency. Heart blood fails to nourish Heart Shen, and Spleen Qi is too weak to produce Qi and blood, or weak Spleen Qi fails to confine blood.

5. Blood Deficiency Pattern of Heart and Liver

Enduring illness, weak constitution, or over-thinking and worrying consume blood excessively, affecting and weakening particularly Heart and Liver.

Manifestations: palpitation, poor memory or even amnesia, insomnia or dream-disturbed sleep, dizziness and ear-ringing (tinnitus), pale complexion with lack of shininess, dry eyes and blurred vision, pale nails, numbness in limbs, or tremor or paroxysm (spasm) in limbs. In women there is light menstruation with light colour, or even amenorrhea. Pale tongue with white coating, thin weak pulse.

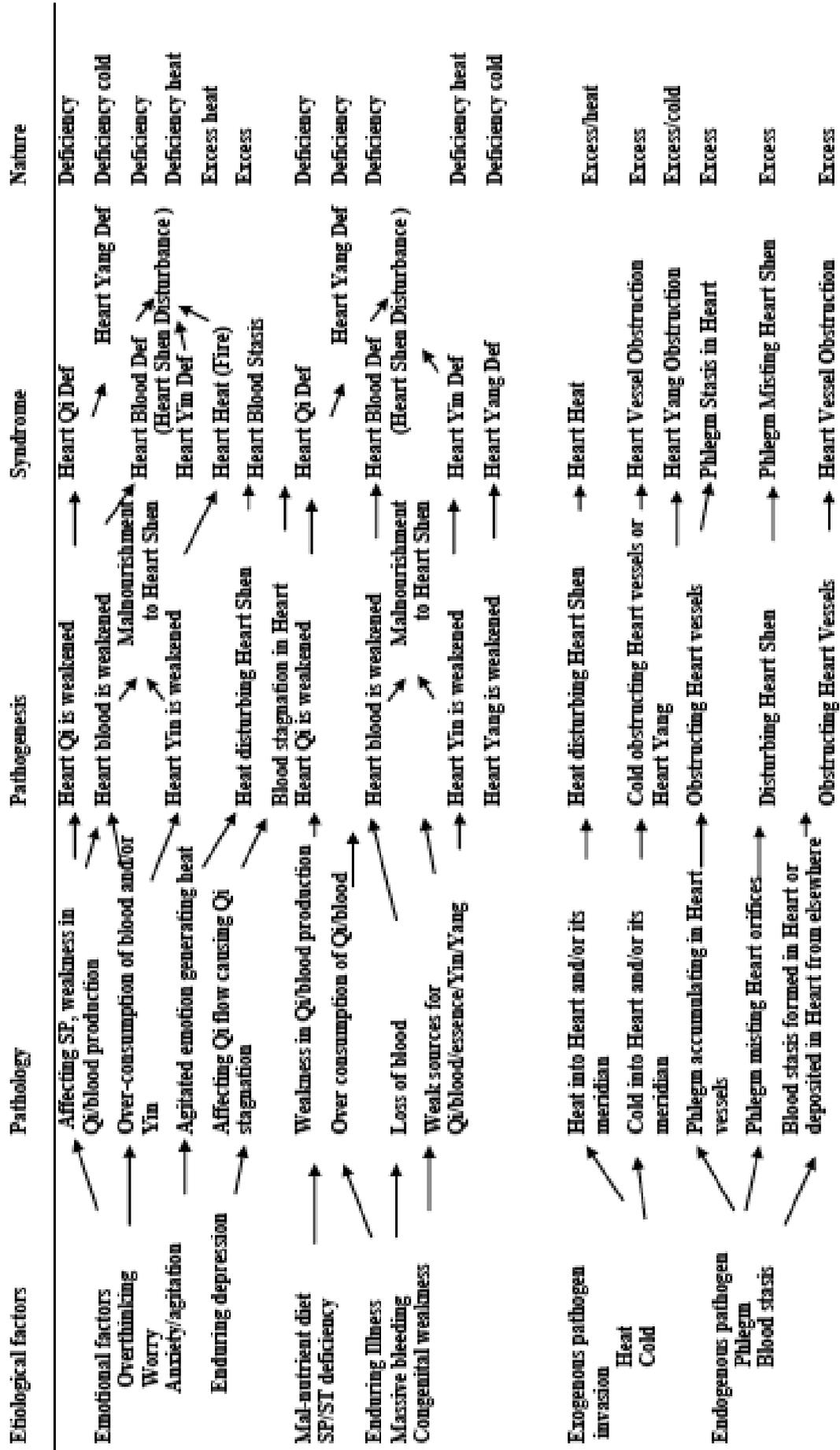
Pathogenic Mechanism: Characterised by blood weakness with dysfunction of Heart and Liver. Heart blood deficiency affecting Liver function of storing blood, which fails to nourish eyes, limbs and irrigating Chong and Ren channels and uterus; Liver blood deficiency affecting Heart in housing Shen and dominating blood vessels.

Conclusion

Heart is one of most important Zang organs in our human body that performs vital physiological functions. Many etiological factors can cause various pathogenic changes leading to different patterns of Heart dysfunction. Clinically Heart syndrome patterns can be of deficiency or excess nature. Careful differentiation is always important in order to achieve correct diagnosis and hence effective treatment. The functions of Heart, the connections between Heart and small intestine and its meridian, and between Heart and other Zang organs, should be always taken into the consideration when making the syndrome pattern diagnosis involving Heart.

Heart Syndromes: Aetiology – Pathogenesis – Syndrome Patterns Diagram

By H. Shen



简述头皮针及临床应用

聂卉 英国

摘要: 头皮针已广泛应用于临床近 50 年, 以它独特的临床疗效而深受医家的重视和患者所接受。本文介绍了世界针联所规定的头皮针取穴法, 即十四条标准线。然后阐明了十四条标准线的定位和主治, 及临床特点主要应用于脑源性疾病, 疗效肯定。并简单总结了标准线和焦氏头针的关系, 和一些相关的临床科学研究。

关键词: 头皮针 十四条标准线 脑源性疾病。

Brief Introduction to Scalp Acupuncture and Its Clinical Application

Dr Hui Nie

Abstract: Scalp acupuncture has been increasingly getting popular for nearly 50 years in China and other countries, and it has been practiced by most TCM doctors and has been accepted by patients. This paper introduces the method of selecting points of scalp acupuncture by authority of the world association of acupuncture, which is the fourteen standard line. Furthermore it not only explains the indication and location of the fourteen standard line, and also its clinical use for the diseases related brain. It simply summarizes the relation between the fourteen standard line and Jia's scalp acupuncture, as well as some related the clinical research.

目前, 针灸学除了常规取穴法外, 还有头皮针, 耳针, 腹针, 腕踝针等。头皮针是这些辅助针法之外问世最早的, 疗效最肯定的, 最受重视的一门针灸方法。现在介绍头皮针十四条标准线及作用, 这个标准线的作用和位置在原版基础上我加上了个人观点。十四条标准线主要是连穴划线, 并以大脑机能定位而定线。头部有 39 穴, 5 条经脉经过。

十四条标准线组成:

- (一)额区 额中线、额旁 1 线、额旁 2 线、额旁 3 线
- (二)顶区 顶中线、顶颞前斜线、顶颞后斜线、顶旁 1 线、顶旁 2 线
- (三)颞区 颞前线、颞后线
- (四)枕区 枕上正中line、枕上旁线、枕下旁线

督脉: 哑门 风府 脑户 强间 后项 百会 前项 颞会上星 神庭 共 10 穴

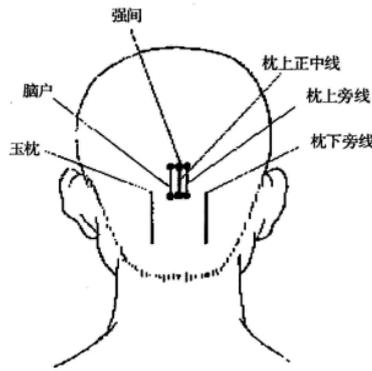
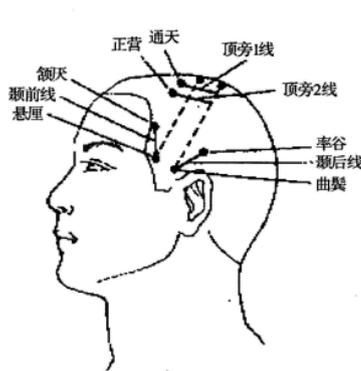
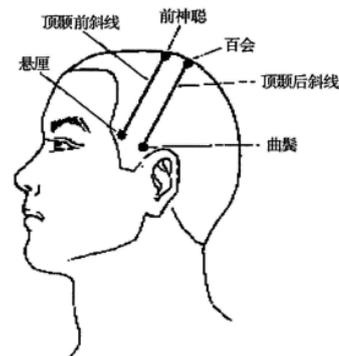
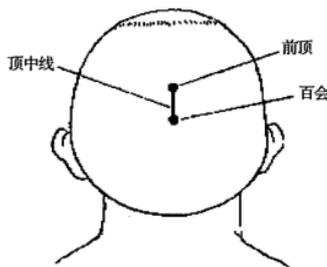
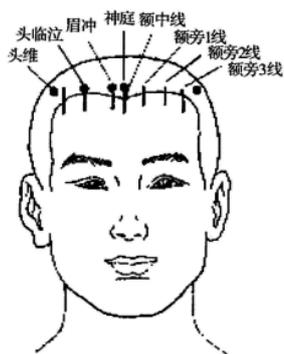
足阳明: 头维

手少阳: 瘳脉 颞息角 孙耳和髻 共 4 穴

足少阳: 额厌 悬颞 悬厘 曲鬓 率谷 天冲 浮白 头窍阴 完谷 本神 头临泣 目窗 正营 承灵

脑空 风池 共 16 穴

足太阳: 眉冲 曲差 五处 承光 通天 络却 玉枕 天柱 共 8 穴。



神志病，头痛，鼻病，癫痫。

2 额旁一线：直对目内眦角自发际上 0.5 寸，即眉冲穴，沿经向上引 1 寸。相当于焦氏头针胸腔区，用于神志病，咳嗽，哮喘，鼻炎，胸痹。

3 额旁 2 线：直对瞳孔，自发际上 0.5 寸即头临泣穴，沿经向前 1 寸直线属足少阳胆经。相当于焦氏胃肠区，脏病。用于治疗胃脘痛，腹胀，腹痛。

4 额旁 3 线：直对目外眦角，自头维穴内侧 0.75 寸处，即本神穴与头维穴之间，发际上 0.5 寸，向下引 1 寸直线。相当于焦氏生殖区。可用于不孕症，肾病。

5 顶中线：在头顶部正中线上，自百会穴向前至前顶穴。相当于焦氏足运感区。可用于腰、腿、足病证，如瘫痪、麻木、疼痛及皮层性多尿、脱肛、小儿夜尿、高血压、头顶痛等。

6 顶颞前斜线：在头部侧面，即自前神聪穴起，止于悬厘穴。相当于焦氏运动区。可将全线分五等分，上 1/5 治下肢运动异常，如瘫痪、无力、关节痛等；中 2/5 治上肢运动异常，如瘫痪、无力、关节痛等；下 2/5 治头面部病证，如中枢性面瘫、运动性失语、流涎、脑动脉硬化等。

7 顶颞后斜线：在头部侧面，位于顶颞前斜线之后，与之相距 1 寸，即自百会穴起，止于曲鬓。相当于焦氏感觉区。可将全线分五等分，上 1/5 治下肢感觉异常；中 2/5 治上肢感觉异常；下 2/5 治头面部感觉异常。

8 顶旁 1 线：顶中线外侧，两线相距 1.5 寸，即自通天穴起沿经往后针 1.5 寸，属足太阳膀胱经。可治腰腿病证，如瘫痪、麻木、疼痛等。

9 顶旁 2 线：督脉旁开 2.25 寸，即自正营穴起沿经往后针 1.5 寸，属足少阳胆经。可用于治疗肩、臂、手病证，如瘫痪、麻木、疼痛等。

10、颞前线：在头部侧面，即自颌厌穴起，止于悬厘穴，属足少阳胆经。可用于治疗偏头痛、运动性失语、周围性面神经麻痹及口腔疾病等。

11、颞后线：在头部侧面，颞部耳尖耳上方，即自率谷穴起，止于曲鬓穴。属足少阳胆经。类似焦氏的晕听区。可用于治疗偏头痛、眩晕、耳聋、耳鸣等疾病。

12、枕上正中线：在枕部，为枕外粗隆上方正中垂直线，即自强间穴起，止于脑户穴，长 1.5 寸。属督脉。可用于治疗眼病、腰脊痛等疾病。

13、枕上旁线：在枕部，与枕上正中线平行脑户穴往外 0.5 寸，向上引一条直线长 1.5 寸，属足太阳膀胱经。相当于焦氏视区。可治疗皮层性视力障碍、白内障、近视等，眼病及足癣、腰肌劳损等疾病。

14、枕下旁线：在枕部，从膀胱经玉枕穴向下引一条直线长 2 寸，属足太阳膀胱经。相当于焦氏的平衡区。可用于小脑疾病引起的平衡障碍、后头痛等。

以上介绍了十四条标准线的简述定位及临床主治。我在临床中经常用这些标准线与常用的体针联合治疗疾病，起到事半功倍的作用。比如，我们在英国经常治疗不孕症，可用体针加上额旁 3 线，阳痿的病人也可以用体针加上额旁 3 线。抑郁症伴焦虑可体针之外加额旁 1 线和顶中线等，效果都很好。又如失眠体针加额中线和顶中线。偏头痛用体针加颞前线和颞后线。

那么关于这十四条标准线的可行性，目前国内的教科书都应用十四标准线于教学中《3》，它和焦氏头皮针比较，大同小异，从时空讲，焦氏头皮针首先问世的，并普遍为大家所掌握，15 年之后十四标准线在焦氏头针的基础之上而出炉的，并为中国大专院校普遍采用。另外，两者的取穴特点，几乎是相似的位置，作用也相同，我在上述介绍标准线的时候也标明了焦氏头皮针所相关的位置，便于大家同时掌握。

头皮针目前最主要的临床适应症是中风偏瘫，小儿脑瘫，植物人状态，临床效果好。而且众多医家进行了大量的实验研究，以证明头皮针的有效性，如我曾经用电鍍针取穴百会前顶{顶中线}，四神聪，承灵对中风偏瘫患者进行体感诱发电位动态观察[4]，为针灸治疗中风偏瘫提供有效证据。又如南京儿童医院汤健医生等编写了小儿脑瘫头针治疗进展《5》。收集了近 10 年来发表的所有关于头针治疗小儿脑瘫的文献，探讨了近 10 年来头针疗法在小儿脑瘫治疗中的应用发展。在笔者检索到的应用头针治疗脑瘫的 57 篇文献中，24 篇选用‘中国头针穴名标准化方案’占 45%；17 篇选用‘靳三针’取穴体系；5 篇汤颂延取穴体系；3 篇焦顺发取穴体系。其他还有个人的经验取穴。

总之，作者希望通过本文使大家对头皮针的临床应用状况有一个进一步的了解，开阔临床视野，让头皮针更好的为我们临床所应用。本文所述某些观点为作者从事头皮针研究的 18 年中的经验之谈，可能难免有地域性和偏见性，如有不妥之处，愿意和同道磋商。

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概述中医拔火罐疗法的作用机理

徐廣文

摘要: 作者从中医的穴位与经络脏腑,汗孔与腠理三焦,皮毛与卫气肺气,肌表与卫气营血,肌肤与卫气元气,皮毛与大小周天的循环关系等六个方面探讨,简述了拔火罐的作用机理。和勾玄现代医学对拔火罐作用机理的实验研究认识。

关键词: 拔火罐 作用机理

Brief Discussion on the Mechanism of TCM Cupping Therapy

Guangwen Xu

Abstract: The author explains the mechanism of cupping therapy from six aspects in terms of TCM: looking at the interconnection between acupuncture points and meridians viscera; between sweat pores and Couli Sanjiao (triple energizer); also between skin and Wei Qi and Lung Qi; muscle skin and the Wei-Qi-Ying-blood; Skin/Wei Qi and Yuan Qi; Skin and the small circle of energy and large circle of energy circulation, and so on. Furthermore the modern understanding in bio-medicine on the mechanism of cupping therapy based on experimental studies is also discussed.

Keywords: cupping therapy, mechanism

拔火罐对局部皮肤、毛孔、经络、穴位的负压吸拔、温热、淤血等刺激,可产生一系列的作用机理。

促使人体与自然界相通的调节功能正常,保持“天人合一”的自然调节平衡。

从中医的相关六大循环,探讨拔火罐的作用机理:

1.穴位与经络脏腑: 穴位是“气血汇聚、转输与出入之所”,是人体脏腑经络之气输注于体表的特殊点。经络是人体气血运行的通路,调节人体各部分的功能保持相对的平衡与协调。穴位部拔火罐能使阻塞的穴位、经络得以疏通,气血得以通达;能激发经气,调和脏腑。

2.汗孔与腠理三焦: 腠理三焦是津液、卫气、元气的气化场所和运行通道。津液出于汗孔为汗液。拔火罐的负压拔吸刺激,能激发卫气,开汗孔,发腠理,疏通腠理三焦。腠理“三焦通,则内外上下皆通也”。

3.皮毛与卫气肺气: 肺主皮毛,“肺合皮毛”,“肺主气属卫”。“卫气行于脉外,游离于皮下”。拔火罐能刺激皮毛,开宣调节肺卫之气,使肺气和,卫气充,则使卫外防御功能增强。

4.肌表与卫气营血: 营行于脉中,周流全身,卫行于脉外,输布于肌表,以护卫防御。拔火罐刺激肌表,能调和营卫气血,激发卫气的防疫功能。

5.肌肤与卫气元气: “卫出下焦”,行于皮下分肉之间,卫外防御。元气发于肾,以腠理三焦为通路,循行全身,内至五脏六腑,外达肌肤腠理,为卫气之源泉。拔火罐能调节卫元之气,激发正气,提高防病抗病能力。

6.皮毛与大小周天: 人体与自然界的沟通调和,是通过肌肤皮毛与自然界相通而调节的。拔罐能清洁肌肤、调节汗孔开阖、祛邪通经、疏通经络和腠理三焦的气机,

中医的拔火罐刺激皮肤与六大循环,所产生的作用机理可概之如下:拔火罐的负压吸拔、温热、淤血等刺激作用,可以开汗孔、发腠理、激发卫气,祛风、逐寒、除湿、泄热,使邪气浊气从皮毛汗孔而出;能疏通经络、祛除淤滞、行气活血、除胀消肿、拔毒解毒、缓解疼痛;调和营卫、调节阴阳、调和脏腑;可疏通经络和腠理三焦气机,以利于卫气元气的调节;激发正气,提高防病抗病能力。具有泻实补虚,双向调节功能。调节人体内平衡和与自然相平衡等。

现代医学对拔罐疗法的实验研究认识:

1.调节神经: 拔火罐的负压拔吸,温热刺激,通过皮肤、肌肉、血管感受器,感受其刺激,经过传入纤维传入大脑皮层,反射性调节兴奋和抑制过程,使整个神经系统功能趋于有序和协调。通过不断拔罐,可以加强高级中枢与低级中枢的有机联系,提高周围神经传出与传入的敏感性,促进并保证机体各系统生理功能的高度的协调。

2.改善血液循环: 火罐吸拔后使局部的浅层组织发生被动充血,促使局部血管扩张,血液循环加快,从而改善血液循环和组织营养供应。

3.促进新陈代谢: 拔罐所产生的充血、瘀血以及排汗解毒、气体交换等,都是新陈代谢的一部分。血液循环的改善,血液成份以及体内酶、内分泌等变化,都直接或间接的促进了新陈代谢。

4.提高免疫力: 拔罐通过神经系统对人体的组织器官产生双向调节作用, 增强其功能活力, 使白细胞的吞噬作用加强, 皮肤对外界变化的耐受力 and 敏感性增强。致皮下淤血小创伤能刺激人体自身功能(如神经系统、内分泌系统等), 这些在不同程度上提高了机体的抗病力。

拔罐可增强血管壁的通透性和细胞的吞噬能力。使吸附部位毛细血管破裂, 继而局部出现血液凝固, 但不久即崩溃而引起自家溶血现象, 随即产生一种新的刺激素即一种类组织胺的物质, 随体液周流全身, 刺激全身组织器官, 增强其功能活动。自家溶血是一个延缓的良性弱刺激过程, 可以刺激增强免疫机能, 提高机体的抗病能力。

5.缓解疼痛: 拔罐疗法的负压、吸吮、熨刮、牵拉、挤压皮肤和浅层肌肉的良性刺激, 减少和消除了致痛物质对神经末梢的刺激, 提高痛阈, 解除疼痛。

6.解毒排毒: 火罐负压的强大吸拔, 可使毛孔充分张开, 汗腺和皮脂腺的功能受到刺激而加强, 皮肤表层衰

老细胞脱落, 从而使体内的毒素、废物得以加速排出。也可促进肾脏排泄体内新陈代谢的废物, 使体内的毒素加速排除, 加强了新陈代谢。

7.调节平衡: 疾病时人体的相对平衡状态被打破。拔火罐可影响血液中的化学成分, 如调节素、干扰素、酶系统以及值, 使之达到新的相对平衡状态, 另外, 拔罐的机械刺激可通过皮肤感受器和血管感受器的反射途径, 传至大脑皮, 调节机体平衡。

8.双向调节: 拔罐疗法对心率、血液循环、血粘度、血压、呼吸、消化、神经、内分泌等系统具有双向的良性调节作用。拔罐刺激可以通过皮肤和毛细血管的感受器, 经过传入神经纤维至大脑皮质, 反射性地调节兴奋和抑制过程, 使整个神经系统趋于平衡。拔罐疗法具有双向调节功能, 针对人体病理特征来进行良性调节。当身体处于兴奋状态时, 拔罐可使其转为抑制; 当身体处于抑制状态时, 拔罐可使其转为兴奋。

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A Discussion of Kidney Essence in Terms of Modern Science

Liping Bartlett, Tiejun Tang
Middlesex University

Abstract

The principle of Traditional Chinese Medicine (TCM) is developed from ancient Chinese philosophy through 2500 years of observations. Kidney essence is a very important conception in TCM basic theory. What is kidney essence? Why it is so important in human body? Is there any material basis behind the traditional conception of kidney essence? This literature research aims to answer these questions.

Key words: Kidney Essence; modern research, TCM

The Kidney Essence is a complex aspect of TCM, which can be difficult to grasp; Kidney Essence is described as an irreplaceable and precious substance, which is vital to life. The human body functions as a system of internal, external organs and six extraordinary organs connected by tissues and by meridians. The essence, Qi, and body fluid interconnects with organs through the delivery of energy, power, lubrication, nutrients, activators and self defense systems. At another level the moveable functionality of essence Qi provides equilibrium in the system in conjunction with the mind, providing for human well being.

There is some debate that Chinese traditional medicine theory has no scientific base, and some people think it is too dated, that it does not comply with modern human and universal development. TCM theory never mentions hormones, metabolism, cell and tissue, but nevertheless there is some strong evidence of close links between Chinese medicine theory with modern western medical science.

In TCM theory the kidneys store essence, the make up of which determines reproductive growth and development. This essence (jing 精) is inherited from the parents and is partly replenished by Qi extracted from food. This is the Pre-Heaven Essence and the Post-Heaven Essence

1. Pre-Heaven Kidney Essence is Gene.

Pre-Heaven Essence nourishes the fetus before birth. After birth it controls growth, sexual maturation, fertility and development. Conversely, lack of fertility, impotence, physical and mental underdevelopment and premature senility are indicators of lack of Pre-Heaven Essence.⁽¹⁾ Pre Heaven essence can be considered to be equivalent to the genetic profile of the Nucleic Acids of cell (DNA, RNA).⁽⁴⁾

It is essential that all body cells have a genetic profile and this is achieved through chromatin. The gene is a segment of DNA which carries the information for building one protein of a polypeptide chain, and DNA is rather like a strip of magnetic tape. The RNA (ribonucleic acid) decoder and message and transfers amino acid to the ribosome and

binds together according to the sequence of Gene-mRNA codons.⁽⁴⁾ The DNA, Gene-mRNA codons consist of two parts, one part being from the biological mother and the other part is from the biological Father.

Pre-Heaven essence forms our basic constitution, determining our strength and vitality. With respect to sexual life it provides the material basis for ovarian, menstrual blood in women (TianGui 天癸), and sperm creation in men.⁽¹⁾ From Human Genetic Science we understand that the number of eggs and sperm, and character of first menstruation and menopause are genetically inherited from the parents. Menstrual blood differs from other types of blood in that it derives directly from the kidney essence with a gender character from the mother.

Genes are the blue print of the life, determining what type of organism a cell is, directing the growth and development.⁽⁴⁾ Their function is to produce cells for growth and repair processes.⁽⁴⁾

2. Post-Heaven Essence stored by Kidneys probably is ATP

Post Heaven Essence is the refined essence extracted from food through the internal organs⁽¹⁾. Post-heaven Essence resembles the concept of Energy in biochemistry; Genes dictate the protein structure to create cells. ATP (Adenosine triphosphate) converts food i.e. glucose into chemical energy. ATP's energy ultimately is transformed into the energy of impulse nerves and muscle i.e. Kinetic energy, and contributes to our relatively high body temperature.⁽⁴⁾

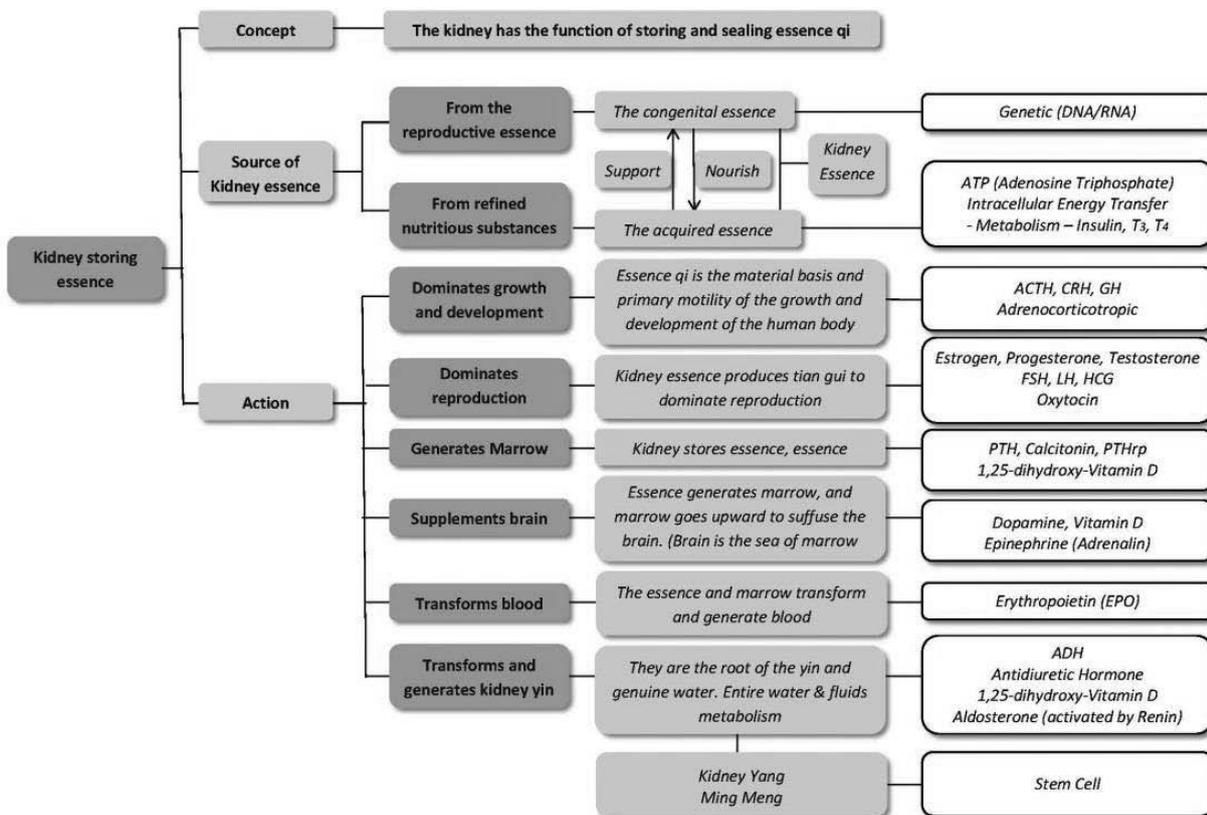
Kidney Essence is ultimately the combination of Pre & Post Heaven Essence and is the hereditary energy which results in the person's constitution⁽¹⁾. Without ATP, cells cannot be maintained; the human body could not survive.

3. Kidney essence dominates growth and development by endocrine System

Kidney essence is stored in the kidney, but is circulated throughout the body and determines growth, development,

sexual maturation, conception, reproduction, pregnancy, menopause and ageing. It also controls the various stages of change in life; birth, puberty, menopause and death.⁽¹⁾ An interpretation of this is equivalent to the endocrine system, which uses hormones and enzymes to stimulate cellular and molecular activation and deactivation. This is the metabolic system in humans and is a dynamic group of hormones, produced by various glands. These are the Hypothalamic-Pituitary Axis (HPA) which controls the thyroid gland, adrenal cortex, testes, ovaries, Hypothalamic Pituitary gland also the pancreas, parathyroid, pineal gland, adrenal gland⁽⁴⁾ are under the undirected control of the HPA.

Here is the diagram of kidney essence interrelationship with the hormones of the human body.⁽²⁾⁽⁵⁾



Concept and action of the kidney storing essence

The Adrenal glands are two oblong organs curved above the top of the kidneys, ACTH (Adrenocorticotrophic Hormone), is created by the adrenal cortex and has a wide range of functions, many associated with emotion and stress⁽⁵⁾. It stimulates the adrenal cortex to secrete glucocorticoids. It also is involved in the angiotensin and potassium and renin-angiotensin-aldosterone pathway in the kidneys.⁽⁶⁾

Epinephrine is produced by the adrenal medulla, raising the blood glucose level, increasing the rate of metabolism, and constricting the blood vessels. It is regulated by the sympathetic nerve system. The release of Epinephrine stimulated is associated with emotion and stress.⁽⁶⁾

ANP (Atrial Natriuretic Peptide) is a hormone released by the heart and prevents aldosterone release. The main function is to reduce blood pressure and blood volume.⁽⁶⁾ Kidneys Essences are well connected with the heart as the essence is stored in the kidney, but circulates through the whole body⁽¹⁾. GH Growth hormone stimulates growth bones and metabolism⁽⁴⁾. The above descriptions highlight the parallels and similarities between the concepts of Hormones and of kidney essence, justifying the functionality models of both.

4. Kidney essence dominates reproduction by hormones

This essence determines our basic constitution, strength and vitality. It is also the basis of sexual life, and the

material foundation for the manufacturing of sperm in men and ovarian menstrual blood (Tian Gui 天癸)⁽¹⁾. If the kidney essence is flourishing and abundant kidney strong and there will be great vitality, sexual power and fertility. If essence is deficient the kidneys are weak and lack vitality; there is infertility and sexual weakness.⁽¹⁾

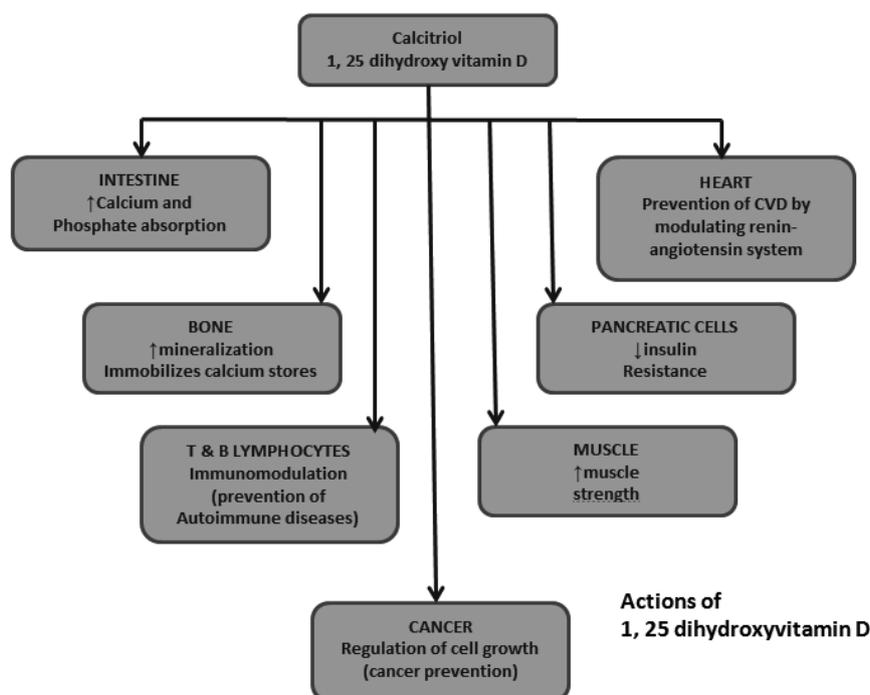
Hypothalamus; pituitary, adrenal and thyroid glands secrete hormones and any enzyme effect can cause an overactive or underactive metabolism. Follicle-stimulating hormones (FSH) and Luteinizing hormone (LH); FSH stimulates estrogens and progesterone, which accelerate ovulation of the eggs and stimulates sperm development in testes whilst hypo secretion of gonadotropin's level leads

to sterility.⁽⁴⁾ Congenital adrenal hyperplasia is a group of disorders caused by enzymatic defects. Decreased cortisol results in ACTH level increase with negative feedback, causing a deficiency of 21-hydroxylase, Androgenic precursors, which leads to irregularity of menstruation and hirsutism.⁽⁵⁾

5. Kidney essence generates bone marrow by activating Vitamin D

Strong kidney essence promotes strong bones and firm teeth, whilst weak essence results in brittle bones, loose teeth and poor bone development. The kidneys control the bone marrow, and the decline of kidney essence occurring as a part of menopause results in the essence not nourishing the bones and marrow, leading to osteoporosis.⁽¹⁾

The bones can be considered to be the organs of the marrow, with the calcium secreted by the kidneys being stored in the bone. Concentration of calcium in the blood is mainly controlled by three hormones ⁽⁴⁾. Vitamin D--1,25-dihydroxyvitamin D⁽⁶⁾, PTH(Parathyroid hormones), calcitonin – thyroid hormones. Vitamin D increases calcium in the blood though absorption of calcium and phosphate from the digestive system, activating calcitonin. Calcitonin deposits calcium in the bone. PTH stimulates Osteoclast by break down bone—osteoclasts, consequentially elevating the blood calcium level.. Kidneys and intestine absorb calcium stimulated by the PTH homeostatic imbalance system through Urinary filtrate ⁽⁴⁾. The density of bone depends on



the calcium and phosphate metabolism with the kidneys.⁽⁶⁾

In kidneys, bone and the intestinal tract, nuclear 1,25-dihydroxyvitamin D is considered a multifunctional steroid hormone that modulates calcium homeostasis.⁽⁷⁾

Nuclear vitamin D receptor (VDR) upon binding

1,25-dihydroxyvitamin D₃ is a specific nuclear protein, showing a significant homology with other members of the nuclear hormone receptor superfamily, over 150 orphan receptors. VDR, upon binding 1,25-dihydroxyvitamin D₃ regulates specific genes through its ability to modulate the expression of target genes. The VDR has been shown to associate with several additional molecules to form the active transcriptional complex required for gene regulation.⁽⁷⁾ The multifunction of 1,25-dihydroxyvitamin D₃ show below ⁽⁶⁾.

This hormones and nuclear 1,25-dihydroxy Vitamin D receptor is controlled by nuclear factor, which have many two-way regulation. It has been named Ying –Yang by the founder.^(T Tang 2004) VDR has extremely similarity-homology with many other hormones i.e. sex hormones. Which may help to explain the decalcification of bone, skin, hair and mood swinging that linked with level of sex hormones in the body, a well know factor associated with aging.

Vitamin D--1,25-dihydroxyvitamin D₃, a Kidney Essence

6. Kidney essence supplements the brain by regulate dopamine

Kidney Essence generates marrow and the marrow flows upward to suffuse the brain. The brain is considered to be the sea of marrow. Although the essence is the organic foundation for the formation of marrow, its substance is a matrix of bone, bone marrow, brain and spinal cord. If the kidneys are not flourishing the marrow cannot be filled. ⁽¹⁾ Marrow includes brain marrow, spinal cord marrow and bone marrow, all three marrows are transformed and generated by kidney essence. The spinal cord connects upward with the brain.⁽¹⁾

If you look at this model from a human anatomy angle, the major endocrine organs; Pituitary gland and Hypothalamus are located at the top of the brain stem - Interbrain area (Diencephalon) ⁽⁴⁾. The brain therefore has a physiological relationship with the kidneys and the brain's memory, concentration, thinking and sight will be sharp if the kidney essence is strong. The kidneys are seen as the basis of skills and intellect and the spinal cord and brain are known as the 'Sea of Marrow'.⁽¹⁾ Conversely weak kidney essence will result in poor concentration and memory, dizziness, dullness and weak eyesight. The kidneys can be seen as the cradle of

ingenuity determining the mental and physical strength of the individual.⁽¹⁾

Dopamine released from the hypothalamus inhibits prolactin which is released from the anterior pituitary. Research proves that Dopaminergic neurons has been associated with Parkinson's disease, Alzheimer's aging

disease and Schizophrenia.⁽⁵⁾⁽⁹⁾

Deficiency of Vitamin D has been shown to have a large number of neurochemical consequences and insufficiency may contribute to Alzheimer's disease⁽¹⁰⁾.

The kidneys essence Dopamine and Vitamin D (VitD) determine both the physical and mental strength of the individual.⁽³⁾

7. Kidney essence transforms blood by erythropoietin.

Erythropoietin is a hormone controlling the production of Erythrocyte. The Kidneys secrete Erythropoietin, which stimulates red blood cell production in the bone marrow.⁽⁴⁾ In renal failure, the kidney's ability to secrete Erythropoietin is reduced, causing decreased red blood cell in the bone marrow⁽⁵⁾. Some research has found that Erythropoietin (EPO) is one of the molecules regulated by Hypoxia Inducible Factor (HIF). This may have relevance to the development of Renal cell carcinoma (RCC), EPO may also stimulate epithelial-mesenchymal transition (EMT) in Renal cell carcinoma, and pathological EMT has a key role in cancer progression⁽¹⁴⁾⁽¹⁵⁾. Erythropoietin acts as a catalyst to transform bone marrow in to red cells. The Erythropoietin receptor is regulated by oxygen infusion from the lungs. Kidney Essence also has a relationship with the lungs.

8. Kidney essence transforms and generates kidney Yin by ADH and Renin

The Kidney domination of water refers to the normal function of regulation and balance of water and fluids.⁽¹⁾ The kidneys govern water transformation and transportation of body fluids in many different ways. Kidneys essence is the root of the Yin and genuine water, entire water and fluids of human body.⁽²⁾

Antidiuretic hormone (ADH), aldosterone, rennin is a key element of water, body fluid and electrolyte balance of blood system of human body and is regulated by hormones. ADH is released by pituitary through hypothalamic cosmos receptors reacting on the change of water and fluids electrolyte balance. Exchange water and electrolyte is continuously in the lung, gastrointestinal layer and reabsorbed through the kidneys. Aldosterone is produced by the adrenal cortex. Aldosterone is the second hormone to regulate Na^+ , K^+ , Cl^- , Mg^+ and lack of it can cause diabetics insipidus. This explains the reason why Diabetic patients suffer sever dehydration and extreme thirst and leads to the dysfunction of many organs.⁽⁴⁾ Kidneys through concentration of Na^+ , K^+ , Cl^- release enzyme Renin leading to Renin-angiotensin mechanism which affects the function of heart and blood pressure.⁽⁶⁾ The kidneys connect with the heart through the homeostatic imbalance of the human.

Homeostatics is the body's ability to maintain a stable internal condition though outside world is in constant change. It indicates a dynamic state of equilibrium.^(4p36) which is the fundamental principle of Yin and Yang in Chinese medicine theory.

In TCM theory, the kidneys are like a gate. Under normal physiological conditions there will be a correct balance between the kidney yin and kidney yang resulting in the correct regulation of the opening and closing of the gate. Urination will therefore be normal in quantity and color. In disease there is an imbalance between kidney yin and kidney yang, resulting in a malfunctioning of the gate. It overly opens due to a deficiency of kidney yang, profuse and pale urine, overly closed (deficiency of kidney yin) scanty and dark urination.⁽¹⁾ Kidney Essence has the hormone physiological and pathological balancing factor.

The kidneys belong to the lower Jiao with the excretion of impure body fluids. The kidneys provide qi for the bladder to store and transform urine.⁽²⁾ Kidney essence is kidney Qi. Qi is the power.

The large and small intestines in the lower Jiao play a role in separating clean from dirty fluids also under control of the kidneys in particular kidney-yang. Kidney yang provides heat to the spleen.⁽²⁾ Kidney is connecting with other organs ie gastro-intestine and spleen through kidney essence.

The kidneys control the reception of qi, make use of clear qi of the air, the lungs have a descending action or qi directing it down to the kidneys. The kidneys respond by 'holding' qi down. If the kidneys cannot hold qi down, it creates congestion in the chest, resulting in breathlessness and chronic asthma.

Ears are indicated of kidneys.⁽³⁾ kidney and cochlear have antigenically similar epithelial components. ^(Tang2011) Kidney Essence has a defense function combined with Qi.

9. The gate of life - Ming Men is the function of stem cell

The first record of Ming Men was in internal classic (NeiJin). Different physicians have a different view of Ming Men.⁽²⁾ The Classic: the thirty-nine questions (Nanjing; San shiJin 难经三十九难) says that the Kidney has two organs. The left one is the kidney and the right is Ming Men. Qi (Essence) of Ming Men interacts with the kidney.⁽²⁾ Kidney is the Zang organ of water and fire. Ming Men has both water and fire. Fire from the gate of life is Kidney Yang. The water from the gate of life is equivalent to Kidney Yin.⁽²⁾

The meaning of Ming Men is the twelve regular channels and the gate of respiration, the origin of the San Jiao, the active Qi-Essence between the two Kidneys. It is neither water nor fire. It is the pivot of transformation and generation. It is the root of Yin and Yang. It is congenital of Tai-ji.⁽²⁾

Ming Men is the root of original qi, it is the source of fire for all the internal organs, warming the stomach and spleen to aid digestion. It harmonizes the sexual function and warm essence and uterus. It assists the kidney function of reception of Qi, it assists the hearts' function of housing of mind. ⁽¹⁾ Mind=Essence + Qi

Ming Men is the essence above all essence. It is an essence

that can assist, repair, regenerate and rejuvenate organs. Ming Men is the modern concept of stem cell.

Cell-specific depletion in the human body is associated with numerous neurodegenerative and neuromuscular disorders. Endogenous stem cells replace the cells lost as part of the imbalance in tissue homeostasis in healthy individuals⁽¹³⁾

Methods to isolate and expand stem cells have been developed over the past 30 years, resulting in major changes in molecular medicine in connection with transplant applications. Stem cells have been demonstrated to release cytokines with positive effects for several diseases.⁽¹³⁾

Stem Cells are primary cells that exist in small quantities and have a potency to differentiate in to multiple cell types. They have the capability to renew themselves which means that they can go through multiple differentiations. Stem cells are able to regenerate tissue. Research has shown that Mesenchymal stem cell (MSC) multi-lineage differentiation potential can be motivated by electro-acupuncture.⁽¹⁷⁾

This raises a possibility.

10. New prospect for TCM - Chinese medicine and Acupuncture

Parkinson's disease (PD) is caused by the selective death of dopamine-producing neurons in the substantia nigra. Clinical trials have been performed using foetal dopaminergic neurons to replace the loss of dopaminergic neurons in Parkinson's disease patients. A mild recovery of motor function and higher presynaptic dopaminergic function was noted. However, not all patients demonstrated these improvements⁽¹¹⁾⁽¹⁹⁾. Currently, there is some evidence to demonstrate the efficacy of stem cell transplantation, but more work is required.⁽²¹⁾

Significantly, studies have shown that manual or electro-acupuncture treatment can relieve motor and many non-motor symptoms. Acupuncture therapy has been found to slow the rate of cell death by acting as an antioxidant, protecting dopamine neurones from oxidative stress-induced neurodegeneration. Acupuncture treatment also improved depression related symptoms as measured by Beck's Depression Inventory (BDI). Current preclinical and clinical investigation syndicate that acupuncture reduces the side effects of levodopa.⁽²⁰⁾

The latest study at the University of South Florida Health, Byrd Alzheimer's Institute (Tampa, FL, USA) demonstrated that the use of acupuncture (ST36) has an effect on telomerase deficient mice, such as Alzheimer's disease and Parkinson's disease, through an activesignalling pathway of Brain-derived Neurotrophic Factor.⁽²¹⁾

(Telomerase is an enzyme that is linked with aging and cancer associated with multiple neurological diseases).

Er-Zhi-Wan (EZW 二至丸 ; 女贞子, 旱莲草), is a classic Chinese formulation used to prevent and treat various

kidney diseases for its actions of nourishing the kidney and strengthening tendon and bone. It restrains osteoplastic bone reabsorption, by tonification of the kidneys through Kidney essence. It increases S-Ca, S-P levels, decreases the level of bone turnover markers and U-Ca, U-P levels in ovaries in rats. This could be a potential alternative medicine for treatment of Postmenopausal osteoporosis.⁽¹⁸⁾

Some studies have shown that electro acupuncture (EA) on Postmenopausal osteoporosis (PMO) has an effect on post-menopausal rats. The acu-points: "Guanyuan 关元" (CV 4), "Zusanli 足三里" (ST 36), "Shenshu 肾腧" (BL 23), "Geshu 膈腧" (BL 17) and "Dazhuishu 大椎腧" (BL 11), have some effects on the protection against OVX-induced bone loss, through active carboxyterminal propeptide of type I procollagen (PICP), reducing carboxyterminal telopeptide of type I collagen (ICTP) by tonifying the kidney essence - Qi and dispersing blood stasis.⁽¹⁹⁾

The human cell protects itself very effectively from microbial, physical and chemical attack, through constant renewal.⁽²²⁾ It has recently been shown that the epidermal calcium gradient in the skin that facilitates the proliferation of keratinocytes in the *stratum basal* and enables differentiation in the *stratum granulosum* is weakened during skin ageing.⁽¹⁶⁾ Such characteristics demonstrate strong evidence of a connection between calcium and ageing, similar to the action of Kidney Essence.

How is this calcium gradient built up on the one hand and lost during aging on the other hand? How does this disturbed calcium homeostasis affect the gene expression in aged skin? Whether Acupuncture and Er-Zhi-Wan which is kidney notifying treatment method in TCM, could have effect on aging skin on human, we do not know. There are so many unknown links that need to be explored between TCM and biomedical science (gene, stem cells). There are so many mysterious pathways that need to be unveiled. There are so many clinically positive TCM treatment results that need to be scientifically evidenced.

If those missing links could be unlocked by TCM and acupuncture, this would be a new treatment or cure for PD, Alzheimer, cancer and Rejuvenates skin. Additionally, TCM therapy is one of the most natural treatments in the history of mankind. These unique features make TCM an attractive and safer candidate for the field of regenerative medicine, similar to stem cell treatment.

Conclusion

Kidney essence is a complex system, which includes many functions of hormones, neurotransmitters, biological peptides, stem cells. With the development of bio-molecular science and technology, the mystery of kidney essence will be uncovered in the future.

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中医在肿瘤治疗与康复中作用的探讨与分析

江丹 孟繁毅 李晓暖

摘要:

肿瘤的治疗是当今世界医学领域中的疑难课题。在目前,以现代医学的常规治疗为主流,治疗的效果喜忧参半。在英国,对于这种危重病症,补充医学不被国家医疗系统允许介入治疗,甚至在一些法规中对此明确限定,理由是其疗效繁毅没有足够的科学证据。作者整理现有的研究文献,从改善病人的整体状况,抗癌,调整与修复免疫系统,纠正放,化疗的毒副作用,止癌痛,改善围手术期并发症,与控制临床症状七个方面阐述了证实中医治疗效果的,经现代科研方法设计的较大样本的临床研究论证;同时分析了在英国,经由中医治疗,获效,且仍然健康生存的4个典型病例,并且探讨了中医治疗取效的病理机制。从而说明:尽管中医目前的治疗效果对于全部消除肿瘤还显不足,但是帮助病人在维持一个良好的身体状况的情况下带瘤生存,也是一个可以为病人更愿意接受的结果。因而,作者认为:中医对癌症的治疗是以病人对满意的生命质量与较长的生存时间的肯定为目的,来进行判断的肿瘤治疗原则的一些理念,对常规治疗方法的补充,疗效的判定,是具有重要的意义的。

关键词: 中医, 肿瘤治疗

Exploration and analysis on the role of TCM to Cancer Care

Dan Jiang, Fanyi Meng, Xiaonuan Li

Abstract:

The treatment of Cancer is among the most difficult subjects in the world health protocol. At present, the efficacy of routine cancer treatment in the medical mainstream is mixed, and although progressing, is not always entirely satisfactory. Complementary and Alternative Medicine (CAM) is rarely suggested for the treatment of cancer in the NHS of UK, and there are considerable regulatory restrictions on its use. The reason for this is that its effectiveness is not satisfactorily proven. The author reviews current literature on the treatment of cancers in TCM, researched by means of randomly assigned and controlled clinical trails with large samples, ranging from the assessment of quality of life, to that of anti-cancer effects and properties, through to the reregulation of the immune system, the correction of side effects from Radiotherapy and Chemotherapy, relief of post-operative complications and the promotion of patient rehabilitation. It is argued that TCM may be indicated as appropriate for each of these aspects in cancer treatment. The author also explores and analyses four cases in which patients diagnosed with cancer were successfully treated by TCM in the UK, and still survive in a good state of health. She also analyses the mechanisms by which TCM may be effective in the treatment of cancer. Although the capacity of TCM to completely kill cancer cells may be weaker than in the treatment of conventional western medicine, it may be preferred in the case of patients who are living with cancer for whom the emphasis of treatment is on the maintenance of a good quality of life. It is the author's belief that ideas fundamental to TCM may add significantly to those which underpin the western medical model, and complement the mainstream treatment of cancer; and it is her intention here to evaluate the effectiveness of TCM in the treatment of cancer as evidenced in examples from current research.

Key word: TCM, Cancer Care

肿瘤的治疗是当今世界医学领域中最难的课题之一。尽管主流医学在某些方面的研究与临床应用有所进展,但是在多数癌症的治疗中还是缺乏满意的治疗模式。在英国,在法律方面对于应用补充医学疗法治疗肿瘤有一些限制,比如,英国广告管理局制定的非广播广告法规中就明确表明:补充医学执业医师不允许在其广告,及执业宣传中声称可以治疗癌症,因为没有足够的证据可以证明。(1)是否传统医学应该介入肿瘤的治疗?传统中医在癌症治疗中可以起到什么样的作用?作为中医师,我们是否可以当前的主流医学的常规的癌症治疗提出挑战与质疑?让我从文献的收集,临床典型病例

的总结,以及中医治疗的机制等方面来探讨与分析:中医在癌症治疗与康复中的作用。

一, 从当前文献的研究探讨中医在癌症治疗中的作用:

在中国,传统中医与现代西医并肩位于主流医学,因此其执业人员可以有适当的机会,接诊治疗,或者与现代西医结合治疗癌症病人;大多数病人对于传统中医也抱有肯定与接受的态度,或者把它作为在癌症治疗中不可缺少的辅助治疗措施,因此在这方面的研究论文,大多数来自中国。但是近年,已有越来越多的研究来自中国以外的国家。

1, 有关中医介入肿瘤治疗病人意愿的调研:

香港浸会大学林等调研了在香港地区的 786 位癌症患者，其中仅仅接受西医治疗者 42.9%，接受至少一种形式的中医药治疗者 57.1%，有 5 位患者只接受中医药治疗；在西医治疗之前，其间，或之后应用中医药治疗者 56.5%。常用的中西医结合的模式有化疗与中药的合用者 63.7%，放疗与中药合用者 62.0%，手术与中药合用者 57.6%；而应用中医药的主要形式：应用中草药者 53.9%，应用食疗者 9.5%。超过三分之二的患者 68.2% 认为中，西医结合是最为有效的对癌症的治疗模式。(2) 有许多自加拿大，美国，新加坡，澳大利亚等中国以外国家，地区的对于在传统西医治疗期间，接受中医介入治疗的病人比例的调研报告与分析，都指出了患者，尤其是亚裔人群对中医药在肿瘤治疗中的作用的认同。(3-7)

2, 在肿瘤治疗中中医药可以显示疗效的诸多方面:

在许多采用随机，双盲控制等现代科研方法，与统计学数据处理的临床研究，较大样本的临床经验总结的研究中，中医在肿瘤治疗的疗效被证实实在以下几个领域：

1) 提高生命质量:

中国上海中医药大学阙等制定了通过评估身体质量，与减轻临床症状体征的量化的标准来判断中医治疗癌症的疗效。他们认为：中医对恶性肿瘤的治疗是通过一个多方位，多层次，多靶向结合的形式取效，以提高生命质量为主，与癌瘤共存为特点的治疗模式。中医对癌症的治疗是以病人对满意的生命质量与较长的生存时间的肯定为目的来进行判断的。(8) 广州中医药大学第一附属医院林等观察了中医通过改善病人生命质量，对于非小细胞性肺癌三，四期的病人治疗的疗效，建立了中医对晚期肺癌治疗的常规模式。来自六个医院 294 个病人被随即分为：根据病症与辩证确定治疗的中医治疗组，99 例，西医化疗治疗组，92 例，和中医与化疗结合治疗组，103 例。通过对包括体质状况，社会与家庭反映，与医生的交流能力，情绪变化，脏腑的功能状况，和特别的关心六个项目的调查，同时应用“针对癌症治疗——肺癌的功能性评估方法”分析。他们的结论是：中医对化疗的副作用有一定的对抗作用，并且能够在一定程度上改善病人的生命质量。(9)

2) 抗癌

美国印第安娜波里斯，梅所蒂斯特研究所，癌症研究实验室江等作了对不同灵芝品种的一系列研究，证实了它们的抗癌作用。他们的研究显示：灵芝的有效成分 MycoPhyto® 混合物 (MC) 通过对到达 G2/M 阶段的，具有高浸润作用的人类乳腺癌细胞 MDA-MB-231 的细胞的过度增殖和细胞循环的抑制，表现有对细胞的特殊的抑制作用。从对 DNA 的微排列分析也可以揭示 MC 抑制细胞循环调节基因 (ANAPC2, ANAPC2, BIRC5, Cyclin B1, Cyclin H, CDC20, CDK2, CKS1B, Cullin 1, E2F1, KPNA2, PKMYT1 and TFDP1) 的表达。MC 也通过对细胞的粘连，移动与浸润等功能的抑制，而实现对

MDA-MB-231 细胞 (肿瘤细胞) 的恶性转化过程的抑制。MC 的抑制乳腺癌细胞浸润的作用导致了来自 MDA-MB-231 细胞的尿激酶，血浆酶原激活酶 (uPA) 的分泌被抑制。因此，研究者们认为：灵芝的活性成分 MC 可能对浸润性人类乳腺癌具有潜在的治疗价值。(10)

美国斯坦勒等对灵芝的又一品种 *G. lucidum* 的研究证实了它对前列腺癌细胞的作用。他们的研究发现：*G. Lucidum* 干粉抑制主动脉内皮细胞的血管生成与毛细血管形态。这些作用是通过调节前列腺癌细胞中的基本活性成分 AP-1 的抑制，从而低调来自 PC-3 细胞的 TGF-beta1 与 VEGF 的分泌而产生的。因而，*G. lucidum* 调节 PC-3 细胞中的 Erk1/2 和 Akt kinases 的磷酸化，反过来抑制 AP-1 的活性。所以，他们认为：*G. lucidum* 的抗前列腺癌作用是通过调节 MAPK 和 Akt 的识别信号而产生的对前列腺癌依赖性血管再生的抑制而实现的，因而，它可能对前列腺癌具有潜在性的治疗作用。(11)

纽约医学院，布兰德癌症研究所海斯克等对由九种中药组成的中医经验方——Equiguard (淫阳藿，巴戟天，金樱子，覆盆子，五味子，女贞子，菟丝子，补骨脂，黄芪) 的纯提取物的抗前列腺生长和基因的表达作用进行了实验室的研究。他们的研究模拟了睾酮依赖，与非睾酮依赖状态的前列腺癌细胞。研究显示：中药提取物可以有意义的减少癌细胞的生长，诱导细胞凋亡，抑制睾酮受体的表达，与降低细胞内，和隐秘的特异性的前列腺抗体，几乎完全清除集团聚集形成前列腺癌的能力。这些数据支持从中药复方提取的有效成分可能具有对睾酮依赖，与非睾酮依赖前列腺癌的预防与治疗作用的解释。Equiguard 中的抗前列腺癌的活性成分的抑制作用是通过靶向多单一通道，与代谢途径，复杂的综合作用能力，有效地纠正，逆转，或控制在前列腺癌各个阶段伴随出现的损伤与异常的代谢而实现的。(12)

3) 纠正免疫反应:

上海中医药大学附属曙光医院王等观察补肾健脾汤对于原发性肝癌病人细胞免疫的调节作用。根据多中心随机控制的原则，在经过经导管动脉栓塞 (TACE) 治疗的 117 例被分为两组：60 例为实验组，应用补肾健脾汤；57 例为对照组，应用肝保护剂：西利马林与维生素 C；两组分别被观察 12 周。通过中医证型的变化，生命质量，对肿瘤大小的即时影响，与患者的存活时间，以及细胞免疫功能，包括由 3H-TdR (氘-胸腺嘧啶核苷) 决定的 T-淋巴细胞反映，一或二级组织相容性抗原复合物，与由 FACS 探测的分子 B7 的表达，白细胞介素 10，12，及由酶联免疫吸附测定技术测得的伽马干扰素的观察。经治疗后的治疗组：中医证型改善达 73%，(44/60 例)，半年生存期达 83.33% (50/60)，对照组：临床症状改善 52.63% (30/57 例)，半年生存期 70.18% (40/57 例)。两组之间有显著性差异。在治疗组经治疗后，病人的生命

质量改善，而无副作用；在临床利益率来看控制组（92.7%,51/57例）高于治疗组（78.0%,46/59例）。实验室检查显示：二级组织相容性抗原复合物（CD14+/HLA-DR）在分子表面的表达，以及伽马干扰素，白细胞介素 12 的产生，在治疗组都显示增高。他们认为：中药补肾健脾汤与经导管动脉化疗栓塞同时应用，可以通过增加病人的细胞免疫功能来促进对原发性肝癌的临床治疗效果。（13）

香港圣玛丽医院的陈等设计了双盲对照实验对应用化疗的卵巢癌妇女评估他们的生命质量。他们认为：应用中药组，与未用中药组在生命质量的评估方面无显著差异，但是中药在维持免疫功能方面有一些作用。（14）

4) 纠正放疗与化疗的毒副作用：

新加坡国家大学肿瘤研究所放射肿瘤科王等对 65 例持续治疗的肿瘤科的亚裔病人应用一个修正，翻译仪器来获取有关他们的特点，补充医学治疗的应用，与对治疗的拒绝与满意程度的信息。他们发现：总的看 60% 的患者应用草药治疗，以期望治愈，长寿，症状的减缓，免疫状况的改善，或是一个较好的生命质量。他们的癌症类型以乳癌（42%），肺癌（20%），与鼻咽癌（11%）居多。以往全部曾接受放疗（54%），化疗（51%），或手术治疗（45%）。其中，满意西医治疗，也满意对同时接受的补充医学治疗者 46 例（71%），14 例（21%）拒绝以前的西医治疗；他们之中，11 例因为惧怕副作用，3 例为其他原因；5 例（8%）对补充医学的治疗有更多的认同。这个研究显示了补充医学治疗在亚裔的放疗患者中的普遍认同，他们期望获得更好的治疗结果，以及医患之间的充分交流。（15）

台湾刘等观察了癌症病人在接受化疗期间，应用中药的肝的保护作用与化疗的完成情况。他们检查了在 2004 年期间在教学医院接受化疗的癌症病人的病历，设计了随机的双盲对照研究，包括了经调研的 89 个病人的 184 个化疗疗程。在这 184 个化疗过程中：42 个化疗过程应用中医药，作为实验组；剩余的 142 个化疗过程作为对照组。分别对化疗取消，或延迟的次数，以及肝功能（谷草转氨酶，与谷丙转氨酶）在治疗前 1 周，治疗期间，及化疗之后 2 周进行检测。两个组在年龄，性别，肿瘤的阶段，放疗的部位，肿瘤的诊断与所用化疗药物的潜在的肝毒性作用等方面的相应数据要随机，而且对等。实验组在化疗期间的血清谷草转氨酶，与谷丙转氨酶显现较对照组为低。他们的研究表明：对完成一个化疗疗程的状况，实验组与对照组没有显著差异；但是在化疗中应用中药组的血清谷草转氨酶，与谷丙转氨酶表现较低，可以证明中药有对肝的保护作用（16）。

5) 治疗围手术期的并发症，与促进手术后的康复：

新加坡阿利桑卓医院结肠外科谭等观察到：中医已经成功地应用在围手术期，如减缓肠梗阻，改善手术后肠粘连，与治疗结肠术后尿潴留；放疗，

化疗导致的结肠炎等并发症也能够被其很好控制。良好的疗效可以由单一中医药的应用，或用中药结合化疗来治疗晚期结肠癌。分子学的研究也显示中药中的一些成分有抑制肿瘤细胞增殖，诱导细胞凋亡的功效。尽管被报道的中医的疗效是这样的令人鼓舞，但是对它的治疗体系缺乏普遍认同，以及对其它已发表的研究的可信性，可靠性，与可应用性的质疑影响它的广泛应用。他们紧急呼吁结肠外科医生们与传统中医师合作，为了我们的病人，去深入研究这个具有 6000 年经验的古老艺术（医术），领悟它的深邃的内涵。（17）

上海中医药大学龙华医院陶等对于手术后二，三期结肠癌老年患者的生存状况进行了研究。在 78 例中，37 例为中西医结合治疗组，41 例为纯西药治疗组。他们观察了这两组病人分别：在 1 年，2 年，3 年，4 年与 5 年的生存率。纯西药组分别 87.7%，69.6%，63.4%，46.5% 和 29.6%，中西医结合组分别 100%，86.3%，74.6%，74.6%，and 74.6%，两组有显著差异。他们的结论是：中医辨证治疗对于改善二，三期老年结肠癌病人的预后是重要的，中西医结合治疗可以减少恶化与转移的发生率，并且延长老年病人的生存期（18）。

6) 止痛痛：

北京中日友好医院中西医结合肿瘤科朱等评估了中药外用药对于癌症疼痛的应用，要根据不同类型的肿瘤痛给予相应不同的外用药。（19）中国中医科学院经络所陈等认为针灸，作为中医的疗法之一，对于癌症痛具有安全，有效，与无副作用的优势。他们整理了近十年应用针灸疗法治疗癌症痛的研究，因此，可以更好地指导针灸对癌症痛的研究，并且为进一步的研究提供了必要的数据。（20）南京中医药大学吴等对于一个治疗癌症痛的中医经验方——癌痛平胶囊的治疗作用，与机制进行了研究。60 个癌症病人被随即分为两组：30 个病人为治疗组，被给与癌痛平胶囊；30 个病人为对照组，被给与 diclofenac。两组均被在治疗前，及给药一周后，检测相应的临床指标：癌症痛，血清内啡肽和 C-AMP，血液流变学指标，病人身体质量的改善，以及副作用的发生率。治疗组与对照组的治療有效率分别为 90.0% 和 83.3%，在统计学上，没有显著性差异。但是两个组在疼痛减轻的程度，疼痛发作的减少，疼痛的持续时间，止痛作用启效时间，和止痛作用的持续时间，减少伴随的胀闷与冲击痛，增加血清内啡肽含量，与减少 cAMP 等方面有显著性差异。证据也显示在可以较好的改善生命质量。提高血液流变学指标，与减少副作用的发生方面，治疗组均较对照组有显著的差异。癌痛平对于癌痛有肯定的疗效，它的止痛作用可能是通过增加血清内啡肽含量，减少 cAMP 水平，与改善血液流变学指标来实现的。（21）

7) 改善癌症的其他症状，及其并发症：

加拿大哈米尔顿马科马斯特大学王等观察了一种在癌症病人中有 10 到 20% 发生率的，由经有神经

毒性的化疗治疗引起的外周神经病，产生一个混合有感觉，感觉运动，和自主神经系统紊乱，导致功能的恶化，严重影响生命质量。他们报道一个有示范性的方法，五个病人经由针灸疏通气血，温阳化瘀，导致气血抵达四肢末端，而改善了外周神经病的症状。其结果是令人鼓舞的。(22) 加拿大的王等建议许多中医的治疗方法对于癌症病人的支持性治疗是有效的。他们根据已发表的文献，与自己的经验作出了综述。这不仅仅是个系统性的综述，也提出了各种层面的证据，支持进一步的研究以发展一个结合医学的模式。传统中医的整体观念，可能被融入现代西医，给与当前生物医学模式的薄弱处以补充。从中医哲学产生的新理念将支持一个以科学为背景的整体医学的发展(23)。

澳大利亚阿德阿里德，皇家阿德来德医院癌症研究所，埃里奥特等注意到补充医学在西方社会，包括澳大利亚的应用越来越普遍。随之而来，对于肿瘤病人，特别是对于处于癌症一定阶段的病人的辅助性治疗，要求补充医学结合进主流医学的治疗被呼吁，或诉求。在这个研究中，随访了 28 个濒临死亡的成年癌症病人，关于他们在生命的临终阶段对于治疗的决定，包括他们对于补充医学治疗方法的选择。他们选择补充医学在于身体与心理上获得更多的帮助，对于健康维护的整体观念的接纳，以及希望对西医疗法给与补充与加强。他们的研究证实(病人)结合补充医学是期盼治愈，而围绕补充医学应用的不利的道德与社会的评论可能干扰病人理解那些已经证实可以改善其症状的补充医学的领域(24)。

二、在英国成功治疗的癌症病例报告：

在英国尽管有许多限制对补充医学执业者治疗癌症，我们仍然接触一些癌症患者，并且用中医疗法创造出神奇的疗效。我在此报告几个比较典型的病例，由这些病例的治愈，可以显示出某些契机与方向来引导对癌症进一步的研究，并且确定中医在癌症治疗中的作用与意义。

病例 1，初诊胰腺癌，经中医治疗之后，肿瘤在手术中消失：

59 岁的工程师 H 先生因上腹部疼痛求治于我。他因为持续性的上腹部疼痛，与在胰头处发现实质性包块，被专家诊断为胰头癌，并经 B-超，核磁共振与相应的血液检查所证实。病灶切除手术被预订在三个星期之后。由于不可忍受的上腹痛，他就诊于我，希望能够减缓腹痛。他同时还表现有：恶心，无食欲，体重减轻，便秘，以及疲惫无力。我的临床检查见到：消瘦，痛苦面容，轻微黄疸，右及中上腹部压痛，无反跳痛及肌紧张，腹胀。淡红舌齿痕与白苔，脉弦紧。

以通腹气，祛瘀滞，振奋阳气为治则的针灸与中药汤剂被给与。(具体的治疗内容见参考文献 25，以下同)服药一周之后，他的疼痛减轻了一半，黄疸消失。继续他的每周一次针灸，及每日口服汤药，他的疼痛继续明显减轻，直到预定手术的前一天，他打电话给我：

他的上腹疼痛已经全部消失了，并且自己的全身感觉非常好，他问是否还有必要去手术？由于是癌症的诊断，他还是被建议去接受手术治疗。手术之后他被告知：没有发现实质性的肿瘤，但是他的胰头部是一片乱糟糟的组织，因而，一个胰腺部分切除术被实施，没有进一步的放，化疗建议。他继续来我诊所，接受针灸，中药治疗因胰腺切除造成的轻微血糖增高，直至完全康复。

病例 2，初诊肝癌，经中医近三年的治疗之后，手术中发现已变为良性肿瘤：

45 岁的 B 女士由于上腹部多发性肿物，被诊断为原发性肝癌，并经超声波，血液检查，及肝穿刺活体组织检测证实为恶性肿瘤。尽管十三年前，她曾被诊为乳腺癌，但是这次肝内的恶性病变被认为与乳癌无关。由于，多发性肿物，大的 6x7cm，小的 1x1cm，都散布在肝内门脉附近，手术切除，很难操作，且有较大的风险，因而肿瘤专家没有建议手术，及其它适宜的治疗。由于十年前，在她治疗乳腺癌期间，她满意对曾经接受的中医药的治疗，因而她再次要求中医的治疗。

就诊时，她自述异常疲惫乏力，恶心，纳差，便秘，失眠，以及压抑，焦虑等情绪异常。我对她的诊察所见：体质消瘦，无黄疸，腹部平软，但是右上腹饱满，肝区压痛，肝大肋下两指，肝上界亦轻度上移。舌淡红薄白苔，脉弦细。

她被给予每周一次规律的针灸，及中药抗癌外用局部贴附剂，与以扶正为主，同时改善临床症状，抗癌综合处方的汤药内服剂(26)。她接受规律的中医针灸治疗两年余，并且规律性的检查肝功能，复查 B-超。全身症状明显好转，生命质量显著提高，但是肝内肿瘤仍然存在，没有明显减小。因此我建议她再看西医专家。由于她良好的全身状况，一个有经验的外科专家同意为他手术切除肿瘤。她被切除了六个被证明为良性的肿瘤。手术后，由于局部创伤，感染造成了门静脉高压，低但白血症，引起了引流口过多渗出，腹水，下肢水肿等并发症，经过中医药的继续调整，治疗，使她获得完全的痊愈。

病例 3 因初见较多幼稚血细胞怀疑早期白血病，经中医治疗后，指标转阴，撤除诊断：

69 岁的退休政府工作人员 R 告诉我：他被发现血中出现一些幼稚白细胞与血小板，被怀疑白血病，但还不能明确诊断，他被要求三个月以后复查确诊。他希望中医药能够给在这一阶段的他一些帮助。他同时表现有：疲劳，紧张，失眠，有时腿上会有瘀斑，时常会流鼻血。

他的病症，中医认为是脾气虚，肝血虚，根据这个辩证，给予相应的穴位，与补脾气，养肝血，请虚热为原则的中药(27)；同时建议他每日服用一个较大量的维生素 C。他逐渐感到疲劳，睡眠好转，下肢的瘀斑消失，鼻出血也不再发生。三个月之后的复查，他被排除了白血病的诊断。他同时也停止了中医药的治疗。

五年之后，他的症状复出，血液检查再次出现异常，慢性白血病被诊断。他在接受口服化疗药的同时，服中药以提高身体素质，纠正化疗药的毒副作用。他确

认两次中医药的治疗都是有效的。

病例 4 初诊为卵巢癌，但是只接受中医与其他补充医学诊疗十年，仍然保持一个良好状态，而肿瘤消失：

46 岁的音乐教师 E 由于她的右下腹部实质性的包块，被她的气功师建议来看我。由于逐渐消瘦，她发现她的右下腹内的包块也逐渐增大。经过常规的血检查，B-超，核磁共振，她被诊断为卵巢癌，妇科专家建议她接受西医的常规治疗，她拒绝了。她是一个热心的气功爱好者，对气功治癌的疗效深信不疑。她坚持每天练习气功进行抗癌治疗，但是肿物缩小不明显，在她的气功教练的建议下，她来接受与气功同为一个治疗体系的传统中医——针灸与中药的较强一些的治疗。除腹部肿物之外，她还感觉有：纳差，腹胀，与极度的疲劳。我对她的整体检查发现：异常消瘦（体重指数——BMI 明显低于正常），腹部扁平，但是右下腹膨隆，可以触及明显的肿物，肿物质硬，位置固定，轻度压痛，其上端已基本平脐。她被给与规律性的针灸，与中药汤剂内服两年（28）；其后，根据她的经济承受能力，与病症的恢复情况，她不定期的治疗十四年至今。

我给予她的末次体检于 2014 年 5 月初，届时已 62 岁的她仍然消瘦，腹部平软，但是已无实质性肿物可以触及。尽管她仍然容易感到疲劳，但是她保持一个全日工作，并且独自抚养成人一双儿女。她仍然每天练习气功，必要时，间断用一些中药，以维持她的良好状况。

三、中医在癌症治疗中作用的探讨与分析：

从文献的综述，我们可以了解到，中医在肿瘤治疗中的为病人所接受已不仅仅在亚裔。在中国，中医位于主流医学的一部分，因而现代西医与中医师可以很好地合作，使中医发挥其在肿瘤治疗中必要的作用。对于肿瘤治疗的结合医学模式，由于彼此的优势互补，显示了比任何单一疗法都更为优势的治疗效果。

以上的四个在英国诊治的案例，都是英籍白人，都被西医经由所有常规现代医学的诊断手段诊断为癌症，但是他们由于不同的原因，选择了中医治疗，像例 1，与例 2，是由于西医的疏忽，未能给予及时，有效的治疗；例 3，与例 4 是由于病人自己的理念。他们至今都基本健康的生存着，例 1 与例 4，从诊断至今已十年有余。因而，我们要问：中医是否应该是病人的一种可选择的疗法？为什么，或是说中医是如何对癌症的治疗取效的，让我来就它的作用机制予以分析：

1. 加强全身的能量（气）系统，以促病人自我的修复能力：

中医重视人体的能量系统，我们称之为气。一个健康的人，自身应该有足够的能量（气）的产生，并且充盈在经络中，流畅地巡行，以保证其所供应脏腑正常功能的发挥。当癌症发现时，中医认为当务之急是加强，或是修复已被损伤的能量系统，以促进病人自我的恢复能力。像病例 3，应用中医药以益气扶正，他的能量系统被加强，他的自愈功能被启动，因而使他的稍有变异的血象回转正常，并且维持了五年。我们认为：判断体内气血的强盛与否，是评估病人整体状况的重要的客

观标志。癌症病人临床症状表现的强与弱，对抗癌治疗接受能力的好与差，以及以后的复发与否，生命可以持续的短长与否，都取决于他的能量系统的修复能力。从综述中的大样本研究对这一点有充分的证实。（8，9）

2. 促进肿瘤细胞的诱导分化——促使肿瘤的恶性细胞向良性转化：

分化是指肿瘤细胞由正常细胞的转变过程，细胞的分化程度越低，所产生肿瘤的恶性程度越高。诱导分化（29）是一个新的理论，与假说：就是通过促进肿瘤的分化程度，进而达到降低它的恶性程度的目的。对于癌症病人，如果建立了他 / 她良好的自身环境，充足的能量（气）的供养与疏布，产生良好的微循环，来实现促进诱导分化的过程，获得减低癌细胞的恶性程度的目的。像例 2，她的原发性肝癌，不仅被各项相应的血液，B-超，核磁检验结果所证实，而且经由肝穿活检所确定。患者经过了两年多系统，持续的中医治疗，尽管她的肿瘤没有显著地缩小，消除，但是她逐渐表现出了一个良好的全身状况。中医治疗成功地支持了她的自身的抗癌能力，因而不仅将肿瘤局限（抑制了它的扩散），同时改变了肿瘤的性质，这应该说是通过改善全身状况，促进了癌细胞的诱导分化过程而实现的。中药的抗癌机制在一系列的研究中也已被证实。（10，11）

3. 修复癌症病人已被损伤的免疫系统，防止癌症的复发：

对于癌症病人，其免疫系统已被损伤。因此，我们应该进一步发现：他的免疫系统在那里被伤害，多重的伤害？在治疗中，尽量避免再进一步的伤害。而化疗，放疗虽然在杀伤癌细胞方面起到了重要的作用，但是他们的副作用，而由于这些治疗所带来的对免疫系统进一步的伤害，还没有引起主流医学足够的重视。所以许多病人，虽被杀尽了他们的癌细胞，但是由于他们的免疫系统被经历了进一步的重创，因而他们的生命质量不能很快恢复，癌症很快就复发了。像例 2，例 3，例 4 至今仍然健康的生存着，其中主要的原因是他们在治疗的过程中避免了对免疫系统进一步的伤害，经中医治疗的，逐渐恢复的，良好的全身状态促进了他们免疫系统的恢复。

4. 改善由癌症，或是由常规治疗的副作用带来临床症状：

临床症状往往是客观的指标，指导我们治疗的方向。像例 1，严重的疼痛使他难以坚持达到他的手术时日。因此，中医药的治疗得以介入，适时减轻，消除了疼痛，也消除了他胰头部的肿瘤。癌症可以产生许多症状，常规治疗也可能带来许多症状，这都是病人痛苦所在，也是影响他们生命质量的重要原因。中医在消除这些症状，辅助常规治疗方面有积极的作用。对于临终病人的调研也证实了病人期望改善临床症状的愿望（24）。

结论：

现在已经到了需要重新评估中医在癌症治疗中的作用的时候了。尽管总的来说，中医在杀死癌细胞方面，还显其力度太弱，但是相比常规西医治疗，它在治疗原则上的一些理念是正确的，在癌症治疗中是不可或缺的。

在保持一个好的生命质量的同时，带瘤生存是可能的；能够保持一个良好的生命质量，这也许可以比完全杀死癌细胞的结果，更会成为病人的取舍倾向。

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26. Dan Jiang's general treatment to D H:
Acup-points: Du 20, Ren 15, 12 and 6, St 25, 36 and 44, Li4, Sp6, Gb34 and 41;
Herbal prescription: Chaihu10, Chuanlianzi10, Yanhusu10, Ezhu10, Sanleng10, ZhiShi10, Houpo10, Zhuling30, Wangbuliuxin10, Baishao30, Sanqi6, Wuyao10, Zhigancao5 were decocted as juice, taking twice daily with minor variation of each visiting.
27. Dan Jiang's general treatment to J B:
Acup-points: Du20, Ren 12, 10, St 27, 25 (avoid the needle to put directly, which were put 45 degree of inclined in) and 36, Liv 13 and 3, Sj6, Gb34 and 41;
Herbal prescription: Huangqi20, Dangui10, Baizhu10, Fuling10, Zhuling15, Ezhu10, Sanleng10, Guizhi10, Wuyao10, Chuanjiao10, Lingzhi10, Baishao 15, Zhigancao5 are decocted as juice, taking twice daily; External plaster was one which was ordered from a private Cancer hospital in China (some particular anti-cancer substance in it).
28. Dan Jiang's general treatment to DR:
Acup-points: Du20, Ren17, St 36, Sp9, 6 and 4, Ki 3, 6 and 7, P6, He7; Liv3.
Patent herbal medicine: Ganoderma Spore Powder 1 sachet and Ginseng Extraction 1 tube, both were given twice daily.
29. Dan Jiang's general treatment to J E:
Acup-points: Du20, Ren3 and 6, St 27, 29 and 36, Sp9 and 6, Ki10, 7, 6 and 3, Sj5, Gb41, Liv3;
Herbal prescription: Guizhi10, Fuling10, Zhishi10, Houpo10, Ezhu10, Dilong10, Wangbuliuxing10, Yimucao10, Taoren10, Honghua10, Dahuang10, Chishao10 and Ganciao5 were decocted as juice, taking twice daily with some variation in every visiting according her condition.
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作者简介:

江丹: 医学硕士 (MMedSci), 英国注册中医师 (FATCM), 针灸师 (MBAcC); 欧盟资助欧中中医药科研团队(GP-TCM Consortium) 临床专家, 世界中医药学会联合会考评授予中医主任医师, 北京中医药大学客座教授。地址: 439 Glossop Road Sheffield S10 2PR UK, 电话: 0044 (0) 114 266 2051; 手机: 00 (44) 7841 880 695, Email: djjiang52@hotmail.com 网页: www.jiangacu-herbconsultant.com

李晓暖: 医学内, 外科学士 (MB / BChir), 医学硕士 (MA), 英国剑桥大学医学院 (Cantab) 毕业; 英国注册医生 (MGMC), 现英国莱斯特医院临床外科医生, 以骨科肿瘤为研究课题。

Case Report: Primary Cardiac Malignant Tumor

Dr Tiejun Tang
Park Clinic, Middlesex University

Abstract:

A rare case of patient with malignant cardiac sarcoma underwent treatment of traditional Chinese medicine, after orthodox oncologic surgery, chemotherapy and radiotherapy. This is a discussion of the consequences and effectiveness of traditional Chinese medicine integrated into orthodox oncology treatment.

Keyword: Cardiac Sarcoma, TCM--traditional Chinese medicine, cancer care, case study

Cardiac sarcoma is a very rare kind of cancer in the heart. Clinical reports related to this disease are very few. There is no published report about Chinese medicine in the treatment of this rare disease. The patient of this case started his acupuncture and Chinese herb decoction three years ago, after his cardio surgery and radio-chemotherapy. It showed a good effect in the early stage of treatment.

Case History:

Mr. X, male, 33 years old, single, Asian. Initial consultation date: 3rd April 2013

Chief complaint: Dyspnea progressively worsening, accompanied with palpitation for 6 months; 3 weeks post cardiac sarcoma operation.

Present history: The patient had been suffering severe dyspnea, worsening after exercise with palpitation and tightness of chest with chest pain. Symptom got progressively worse. His GP referred him to cardiac specialist for further investigation. Ultrasound, ECG, and PET test were performed to find out a mass sized 6x7cm in his right atrium. Diagnosis: Right atrium tumor. 5 days later the patient underwent a cardio sarcoma operation. Biopsy diagnosis report: Cardiac Sarcoma. A chemotherapy as further treatment was planned.

The patient came to see TCM practitioner three weeks after the operation, complaining of dyspnea, general lassitude, pallor, palpitation, and symptoms worsening with exercise. His appetite was good, urination and bowel movement were normal.

Pulse: Deep and thready; Tongue: pale with white coating

Diagnosis

Deficiency of Qi and blood; weakness of chest Yang.

Treatment principle

Tonifying Qi and blood; Warming heart Yang; Expelling phlegm and dampness.

Herb Prescription: Modified Bazhen Tang, Gualou Xiebia Banxia Tang and Wendan Tang.

Huangqi10g, Danggui 10g, Baishao10g, Shudihuang10g, Baizhu10g, Fuling10g, Gualou10g, Xiebai10g, Fabanxia 6g, Zhuru10g, Baihuasheshecao 12g, Guizhi 6g, Zhigancao10g. 7 Bags were prescribed, boiled with water, 1 bag per day.

Analysis of pathogenesis and formula

Post operation Week 3. Operation had damaged qi and blood. Huang Qi and Bai Zhu administered for the purpose of replenishing Qi; Dang Gui, Shu Di Huang and Bai Shao

administered to nourish the blood. Palpitation and dyspnea are symptoms of heart Bi syndrome - obstruction of heart vessels. According to Jin Gui Yao Lue, Xie Bai, and Gua Luo can unblock heart Qi, Gui Zhi and Xie bai are two herbs for warming the heart Yang. Retention of phlegm and dampness is part of the mechanism and etiology of tumor. Two herbs Fa Ban Xia and Zhu Ru have the function of eliminating phlegm and dampness. Bai Hua She She Cao is used as anti-cancerous herbal agent.

Second visit: Week 4 after the operation. 7 days after the first consultation: patient felt that fatigue, dyspnea, and chest tightness had been relieved while palpitation and chest pain being disappeared. Chemotherapy was started. Herb remedy: previous prescription with Gualou and Xiebai removed, and Nv Zhen Zi 10g and Han Lian Cao 10g added, 7 bags for 1 week, 1 bag per day.

Third visit: Week 5; Slight dyspnea present, other symptoms improved significantly. Energy level had risen. Herb remedy: Add Ban Zhi Lian 10g. 14 bags of herbs were prescribed for 2 weeks.

Fourth visit: Week 7 (May 2013). Symptoms: Hair loss due to chemotherapy. The patient felt well with his general condition. Able to start daily exercises and part-time work without any significant discomfort. Herb remedy: repeat herb prescription with dosage reduced: 14bags, 1 bag every two days. Hematologic Lab test: once per week, no sign of hematologic abnormalities during six weeks of chemotherapy. The patient decided to discontinue TCM treatment at this point.

In Nov. 2013 the PET scan report showed a cardio scar tissue present, no sign of abnormality or recurrent lesion. The patient took the above prescribed herb remedy irregularly during this period.

PET scan in March 2014: Secondary recurrent lesion 1.5x1.2 cm, at right atrium. The patient went through the second operation. 2 weeks after the operation a second round of chemotherapy was administered with doxorubicin and Adriamycin. Radiotherapy also applied at the same time. During this chemo-radio therapy period, the patient attended TCM treatment irregularly. Attending frequency was about once every 2-3 months.

PET scan in June 2015: Secondary metastases were found in liver and orthopedic region. The patient's main

complaint was discomfort in right hypochondria area without clear sign of dyspnea, palpitation and chest tightness, generally feeling well at this stage.

Sep 2015: The patient's condition had deteriorated, and he was admitted to hospital in London.

In Dec 2015, the patient sought to have TCM treatment again while he was hospitalized but with no further orthodox oncologic treatment being recommended at this late stage, except for anti-inflammatories, painkillers, laxatives, and anti-insomnia medication. He had severe distended abdominal pain at right hypochondriac area with evident weight loss and fatigue, severe dyspnea and palpitation, edema at lower lumbar area and deteriorated liver function. Hemoglobin 6.5g/dl, heart rate 96/ min occasional irregular rhythm. Tongue: pale with white and greasy thick coating. Pulse: deep rapid and thready. Treatment principle: Strengthening spleen to dispel dampness; regulating abdominal qi to release pain. Herb remedy: Huang Qi10g, Dang Gui 6g, Ji Xue Teng10g, Yuan Hu 10g, Chuan Lian Zhi10g, Ban Zhi Lian10g, Yi Yi Ren10g, Fu Ling 10g, Zhe Xie10g, Zhi Shi 10g, Hou Pu10g

After the herb treatment, his edema in lower lumbar region was reduced significantly with increased urination. The patient had radiotherapy treatment again in January 2016, he lost his appetite and passed away a few weeks later in the middle of Feb 2016, due to multiple organ failure.

Discussion

The incidence of primary cardio tumor is low, approx. 0.001%, of which benign tumors are $\frac{3}{4}$, and malignant tumor $\frac{1}{4}$. Cardiac benign tumors can be life threatening without treatment such as myxoma, fibroma, and teratoma. Malignant cardiac sarcoma with the characteristic of secondary metastases is very rare. According to American National Cancer Institute survey, during 1973-2011, American SEER (Surveillance, Epidemiology and End Results): Number of Patients suffering from malignant tumour in register was 7,384,580, among them only 551 cases of primary cardiac malignant tumours. Percentage of primary cardiac malignant tumour in total malignant tumours is 0.008%.

The overall incidence is 34/100,000,000, increasing from 25.1 (1973-1989) to 30.2 (1990-1999), and 46.6 (2000-2011). Average age of patient is 50 years old. Among malignant cardio tumours by pathological classification, sarcoma accounts for 64.8%, with lymphoma being 27%, and mesothelioma 8%. Mortality rate 551 cases after 80 months was 413. Survival rate (SR): 1year SR =46%、3year SR =22%、5year SR=17%. Sarcoma and Mesothelioma are most common cause of mortality. Medical University of Vienna Hospital statistics

show that from 1999-2014, there were 113 cases of cardiac tumour surgery, with benign rate being 90.3% (n=102), and malignant rate 9.7 % (n= 11) ^[2]

The etiology of malignant cardiac sarcoma is unclear. Clinical symptoms during the early stages only appear mild dyspnea, light tightness in the chest. The main characteristics of the symptoms are easily ignored at the beginning and it is difficult to diagnose at an early stage. Treatment plan: mainly surgical removal combined with postal operation chemo-radio therapy. Doxorubicin and adriamycin are the two main chemotherapy drugs. The growth of lesions positioned in the heart organ, commonly leads to hematogenous metastasis. 5 year surviving rate is extremely low.

This case had a positive result from TCM treatment at the beginning of chemo-radio therapy and his clinic symptoms were eliminated. The patient recovered well, returned to work and normal daily exercises. When the tumor recurred with the liver and orthopedic metastasis, he received second surgery operation and chemo radio therapy, but his TCM treatment was not regularly administered which could be partially the reason that led to a rapid development of symptoms.

For malignant tumor treatment, TCM's principle is to benefit healthy qi and eliminates evils. Tonification and purgation are normally applied alternately or simultaneously according to patient's constitution. Orthodox medicine to surgically remove the growth is essential in conjunction with chemo-radio therapy. One of the side effects of the chemo-radio therapeutic drugs is a decrease in white blood cell count, consequently affecting the patients' immune system and limiting the continued use of chemo-radio therapy, resulting in tumor recurrence. In this case at the first chemotherapy, he was cooperative and took Chinese medicine herbs regularly, the hematologic abnormalities, a common sign caused by chemotherapeutic agents were well controlled. This indicates that the combination of TCM and orthodox medicine treatments could be a principle method for the future of oncological treatment.

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原发性心脏恶性肿瘤个案中医诊疗体会

唐铁军

伦敦中萨大学 Park 诊所

摘要：本文为一例心脏恶性肿瘤的个案报道。治疗中采用中药辨证论治，配合西医的手术，化疗及放疗。阐述了

中西医结合治疗恶性肿瘤的方案和个人经验。对心脏肉瘤这一极为罕见病例的发病, 治疗和预后加以讨论。

关键词: 心脏肉瘤; 中医治疗; 个案

心脏恶性肿瘤属罕见病例, 有关报道不多, 仅有少数西医的个案报道。关于中医药治疗本病的经验不多, 尚未见相关报道。本人3年前接诊一例右心房原发性肉瘤, 经过西医的手术, 化疗及放疗, 同时配合中药汤剂口服, 取得一定疗效。现报告如下:

病例简介:

患者X先生, 男性, 33岁, 未婚, 华裔。首诊日期: 2013年3月4日。

主诉: 进行性胸闷气短半年, 心肌肉瘤手术后3周。

现病史: 病人半年以来前自觉活动后气短, 伴胸闷, 并逐渐加重, 偶有心悸及轻度胸痛。经GP就诊怀疑心脏问题, 进一步经心脏超声, ECG, PET等检查发现右心房肿瘤, 约6×7cm大小。诊断后5天周即行心脏肿瘤切除术, 术中活检病理报告确诊为右心房肉瘤。拟于术后恢复4周以后开始化疗。病人于手术后第3周经人介绍来诊。当时症状为神疲乏力, 面白无华, 气短心悸, 动则尤甚, 胃纳尚可, 二便自调, 舌淡苔白, 脉沉而细。

诊疗过程:

中医辨证: 气血两虚, 胸阳不振

治疗原则: 益气养血, 温通心阳, 化痰除湿

选方用药: 八珍汤, 瓜蒌薤白半夏汤, 温胆汤三方加减。

黄芪10g, 当归10g, 白芍10g, 熟地黄10g, 白术10g, 茯苓10g, 瓜蒌10g, 薤白10g, 法半夏6g, 竹茹10g, 白花蛇舌草12g, 桂枝6g, 炙甘草10g。

共7剂, 每日一剂, 水煎服。

病机分析及方解: 病人开胸术后仅3周, 必耗伤气血。故以黄芪, 白术补其气, 当归, 熟地, 白芍养其血; 胸闷短气为金匱所述的胸痹之证, 故以薤白配瓜蒌理气宽胸, 桂枝配薤白温通心阳; 浊痰凝聚为肿瘤的发病机制之一, 故以半夏配竹茹以化痰除湿; 白花蛇舌草清肉瘤之余邪。

二诊: 经服药一周, 病人乏力, 气短, 胸闷皆有明显好转, 心悸胸痛未发生。阿霉素化疗开始。前方减去瓜蒌, 薤白, 加女贞子10g, 旱莲草10g。再服7剂。

三诊: 病人感觉气力渐复, 仅有轻度胸闷, 余无不适。前方加半枝莲10g, 每日一剂, 再服14剂。

四诊: 除有脱发外, 未见其它化疗副作用出现, 每周血常规检测, 未见红白细胞的下降。再予以上方14剂, 每2日服一剂。病人在中药配合下顺利渡过了6个疗程的首轮化疗。精神体力均好, 无明显不适主诉。恢复健身运动, 恢复每天数小时工作。暂时停止治疗。

2013年11月PET扫描复查, 仅见瘢痕组织, 未见肉瘤复发, 病人不规律间断服中药。基本以前方加减。2014年3月再一次复查PET再次发现右心房肉瘤1.5×1.2cm, 数周后行第二次手术, 术后行第2轮化疗, 方案为多柔比星加阿霉素, 并同时加放疗。病人第二次手术后未能坚持规律服中药, 2-3个月来诊一次。至2015年6月, PET复查, 发现肉瘤转移到肝脏和骨骼, 病人感觉肝区略有不适, 但一般情况尚好, 心胸无明显不适。病人到欧洲某国暂居, 半年未能来诊。2015年9月病情恶化, 住伦敦某医院, 12月请我去医院视诊: 患者极度消瘦乏力, 腹大如鼓, 胀痛剧烈, 下肢浮肿, 气短心悸, 肝功能已经衰竭, 血红蛋白6.5g/100ml, 心率96次/分, 节律偶有不齐。医院已放弃化疗, 仅予以镇痛药, 安眠药, 通便药对症治疗, 被告知预后不佳。诊病人舌质淡白, 舌苔白腻稍厚, 脉沉细

而数。予以健脾利水, 通腑行气止痛。黄芪10g, 当归6g, 鸡血藤10g, 元胡10g, 川楝子10g, 半枝莲10g, 薏苡仁10g, 茯苓10g, 泽泻10g, 枳实10g, 厚朴10g。药后下肢浮肿略有改善, 尿量增多。2016年1月13日开始再一次放疗, 数日后病人无法进食, 拒绝任何中西药治疗, 于2月中离世。

讨论

原发于心脏的肿瘤发病率非常低, 资料显示为0.001%左右, 良性肿瘤占据3/4, 恶性肿瘤为1/4。未经治疗的良性心脏肿瘤(如黏液瘤, 横纹肌瘤, 纤维瘤, 脂肪瘤, 畸胎瘤)也可危及生命。具有转移特征的心脏的恶性肿瘤则更为罕见。据美国国家癌症研究所(National Cancer Institute)对肿瘤流行病学及预后监测最新结果显示: 1973-2011年间在美国SEER(Surveillance, Epidemiology and End Results)注册的7,384,580恶性肿瘤病例中, 原发性心脏恶性肿瘤551例, 占全部肿瘤患者的0.008%。整体发生率为34例/1亿人, 其发生率呈上升趋势, 每1亿人口的患病率分别为: 25.1(1973-1989), 30.2(1990-1999), 46.6(2000-2011)。平均诊断年龄为50岁。最常见的心脏恶性肿瘤为肉瘤(64.8%), 其次是淋巴瘤(27%), 然后间皮瘤(8%)。随访80个月, 其中有413名患者死亡。1、3、5年生生存率分别为46%、22%、17%。心脏肉瘤和间皮瘤是最常见的致死性肿瘤。其中心脏肉瘤的3年生生存率仅为16%^[1]。维也纳医科大学附属医院统计了1999-2014年间该院心脏肿瘤的手术病例113例, 其中良性肿瘤占90.3%(n=102), 恶性肿瘤占9.7%(n=11)^[2]。

现代医学对本病的病因认识尚不清楚, 初期的临床症状并不明显, 仅有轻度的气短, 胸闷, 容易被忽略, 导致发病隐匿, 一旦出现症状, 肿瘤已经长到很大。西医对本病的治疗就是手术切除, 术后化疗和放疗, 阿霉素和多柔比星是较常用的化疗方案。由于肿瘤位于心脏, 更加容易经血行转移, 其恶性程度极高, 5年生生存率极低。

本例患者在初次手术及术后化疗阶段, 采取了积极的中药针灸治疗措施, 显示出较好的疗效, 曾一度没有任何症状, 恢复部分工作及锻炼。在第二次手术后以及术后化疗放疗中, 没有积极配合中医治疗, 导致病情进展迅速, 到晚期虽然积极服中药, 但因邪盛正衰, 正不抗邪, 导致不良预后。

中医治疗恶性肿瘤一向注重扶正祛邪, 根据病人体质采取先攻后补, 先补后攻或攻补兼施。西医的手术, 化疗, 放疗皆为攻邪之法, 西医长于攻邪而短于补虚, 常常由于放化疗副作用导致白细胞降低, 放化疗因而被迫停止, 肿瘤由此复发。中西医结合的综合疗法应该是肿瘤治疗的最佳选择。

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2. Habberthuer A. Primary cardiac tumors on the verge of oblivion: a European experience over 15 years. J Cardiothorac Surg. 2015 Apr 18;10:56.

Cases Studies on Cancer Management with Chinese Medicine

Dan Jiang

The author has been practicing Chinese medicine (CM) in the UK at various clinics for more than 20 years, and many cancer patients approach the author for help in treating their suffering. Many of them were treated with CM when they were receiving conventional therapies, while some had big problems after chemotherapy and radiotherapy. It is difficult to produce a full picture of how many successful cases could be concluded, due to the limit of access to patients' full medical history. The following four cases are the samples which demonstrate the benefit of CM in cancer management.

Case 1, Suspected Pancreas cancer disappeared in the operation after a CM treatment:

Mr H, a 59 year old engineer, made his first visit to the clinic for upper abdominal pain. He was suspected a pancreas cancer by conventional western medicine as a constant upper abdominal pain and solid tumour found at the head of pancreas which was proved by ultrasound, MRI scan and blood tests. An operation was scheduled in three weeks. Because of this unbearable pain, he visited the author for relieving the aggravated pain. He also manifested nausea, poor appetite, weight loss, loose bowel movement and exhaustion. Key clinical findings: slim figure, pale facial complexion with painful expression, slight jaundice. His pain was at right and central upper abdomen without rebound pain and muscular tenderness, abdominal distension. Light red tongue with tooth marks and white coating and wiry-tighten pulse.

Acupuncture and herbal medicine were administrated to move stagnated abdominal Qi, eliminate blood stasis and calming down the Yang.

Acu-points: Du 20, Ren 15, 12 and 6, St 25, 36 and 44, Li4, Sp6, Gb34 and 41;

Herbal prescription: Chaihu10, Chuanlianzi10, Yanhusu10, Ezhu10, Sanleng10, ZhiShi10, Houpo10, Zhuling30, Wangbuliuxin10, Baishao30, Sanqi6, Wuyao10, Zhigancao5 were decocted as juice, taking twice daily with minor variation of each visiting.

The patient revisited in the following week, and reported a 50% reduction of pain and jaundice disappeared. Same treatments were given and the pain was continuously reducing in the weeks after. After operation, he was told a piece of mass tissue found at the head of his pancreas, so a part of pancreas had been removed and no chemotherapy and radiotherapy were offered. He was continually given regular acupuncture and herbal medicine to treat his mild higher sugar after operation until his completely recovery.

Case 2, Suspected Liver cancer changed to the benign tumours during the operation after three years of CM treatment:

Ms B, a 45 year old secretary, diagnosed with primary liver cancer which was proved by ultrasound, blood tests and a biopsy from liver. Although she had suffered

from breast cancer thirteen years ago, but the liver malignancy was thought to be an unrelated primary. There were multiple tumors (largest one measuring 6 x 7 cm; smallest one measuring 1 x 1 cm) concentrated around portal vessels, making resection difficult and dangerous, so no doctors referred operation and other treatments to her. As she had received some benefit from CM during her treatment for breast cancer in the past, the patient returned for help again.

On the first visit, she complained nausea, no appetite, loose bowel movement, poor sleep, extreme exhaustion, and depression. Other clinical findings include: thin body, distension in abdomen, but puffy at upper right abdomen, mild tender at the liver region where solid tissues could be palpated. The top level of her liver could be touched one inch higher than normal and the low level of it could be palpated at two inches below the rib cage bottom. No jaundice and oedema could be found. Light red tongue with less white coating and wiry-fine pulse were recognized.

Regular acupuncture and various herbal forms were given. Acupoints: Du20, Ren 12, 10, St 16, 15 (avoid the needle to put directly, which were put 45 degree of inclined in) and 36, Liv 13 and 3, Sj6, Gb34 and 41;

Herbal prescription: Huangqi 20g, Dangui 10g, Baizhu 10g, Fuling 10g, Zhuling 15g, Ezhu 10g, Sanleng 10g, Guizhi 10g, Wuyao 10g, Chuanjiao 10g, Lingzhi 10g, Baishao 15g, Zhigancao 5g, decocted as juice for oral use twice daily; External plaster for anti-cancer was one which was ordered from a private Cancer hospital in China (some particular anti-cancer substance in it).

The external herbal plaster was put at local area for anti-cancer purpose, decocted herbs were prescribed to strengthen the quality of life and correct all of her unwanted symptoms. She was treated regularly with CM for more than two years. Although she gradually appeared a good wellbeing and quality of life, but the tumors in her liver didn't shrink. She was suggested to go the hepatobiliary surgeon, an experienced consultant decided to do operation on her. She was found the neuroendocrine tumors by histology during the operation that was successfully resected. After another course of TCM treatment for releasing her severe post-surgery complication, she has been completely recovered and gone back to work.

Case 3, Suspected Leukaemia is taken the diagnosis

off after a CM treatment.

Mr M, a 69 year old retired officer, visited the author and told that he was found higher in his blood account with some immature white blood cells and platelets; Leukaemia was suspected and he was advised to wait three months for a double examination to confirm it. He expected that CM could give him support during this stage. His symptoms were lethargy, restlessness and insomnia, some bruises on his legs and nasal bleeding occurring sometimes.

Acupuncture and herbal medicine were distracted for correcting the syndrome he showed. Acup-points: Du20, Ren17, St 36, Sp9, 6 and 4, Ki 3, 6 and 7, P6, He7; Liv3. Patent herbal medicine: Ganoderma Spore Powder 1 sachet and Ginseng Extraction 1 tube, both were taken twice daily.

A bigger dose of vitamin C was advised to him for daily taking as well. He was gradual getting better: not so lethargic, with better sleep, less bruising and nasal bleeding stopped. He was taken off the suspected Leukaemia diagnosis in three months. He also stopped his CM treatment since then. But his symptoms and blood account were aggravated in 5 years again. Chronic Myeloid Leukaemia was diagnosed and a course of oral chemotherapy was given. He went back to take herbal medicine for increasing general energy level and improving symptoms. He confirms the benefit from Chinese herbal medicine.

Case4. Suspected Ovary cancer using only CM and CAM treatment for 10 years is keeping in a good condition and tumours disappeared.

Ms E, 46 year old musician visited the clinic for her solid tumours in the right abdomen. Due to gradual losing weight, she was found that the tumours in her low right abdomen had gradually increased; Ovary cancer was suspected after many blood tests, ultrasound and MRI scan were done. But she refused any further treatments from her gynaecologist consultant and decided to do her Qigong exercise with the help that could decrease her tumours. She also chose to try CM for a stronger treatment with herbal medicine and acupuncture. The other complaints of her were no appetite, bloated abdomen and exhaustion. Other clinical findings: very slim, flat abdomen, but remarkable tumours could be palpated in the right abdomen with its top edge reaching the umbilicus level, solid and fixed. Light red tongue with less coating and wiry-fine pulse were detected.

Acup-points: Du20, Ren3 and 6, St 27, 29 and 36, Sp9 and 6, Ki10, 7, 6 and 3, Sj5, Gb41, Liv3;

Herbal prescription: Guizhi 10g, Fuling10, Zhishi 10g, Houpo 10g, Ezhu 10g, Dilong 10g, Wangbuliuxing 10g, Yimucao 10g, Taoren 10g, Honghua 10g, Dahuang 10g, Chishao 10g and Ganciao 5g were decocted as juice, to be taken twice daily with some variation in every visiting according her condition.

Regular acupuncture and herbal decoction were given

which was tailored to suit her condition in the particular stages for two years, followed by intermitted treatments according to her general condition and her financial affordability for more than 10 years until now. The author checked her in May 2011, she was 59 years old and still slim, but no tumours palpable in her abdomen. She felt tired easily but able to keep a full time work, and had brought up her son and daughter. She was keeping daily exercise of Qigong by herself.

Discussion on CM's Role in Cancer Treatment:

There is an increasing demand from cancer patients to seek CM treatment. However, little is known to the public about the advantage of Chinese herbal medicine in the area of cancer management (1,2). Providing that the patients receive enough information about CM herbal therapy for cancer management, the demand will be considerable. This could be demonstrated in the authors' case reports, as all four patients had clear idea about what they were suffering, and all made decision to use CM for their own reason. Given the choice, many patients will try CM herbs for its benefit.

Cost effectiveness is not a problem at all. CM does not use expensive equipment or very costly drugs. The studies including those over the management of migraine and lower back pain all demonstrated CM and acupuncture are cost-effective, and are cheaper than other conventional ways of management.

The safety issues is not a real concern neither, as both acupuncture and herbal medicine have been constantly demonstrated by their safe practice records.

About the effectiveness, is CM at least equal to commonly used conventional medicines? There are many clinical trials available, and many systematic reviews available on various subjects. However, the outcome is still not conclusive due to the difference in the quality and methodology of these trials. The evidence for using CM will be established if suitable research projects are sufficiently funded and properly designed (3,4).

Then the only remaining hurdle is the attitude towards CM, the professional bodies and researchers should work together to demonstrate the advantage and achievement worldwide, and to spread the news to help the change of the attitude. In this area, the author considers the following areas as the main directions the profession could emphasize to convince the public and policymakers to be aware of the possible benefit that CM could bring forwards.

Strengthening the own repairing and healing power to encourage the maintaining of a normal healthy condition. CM places emphasis on the body's own repairing system. If the system is robust, good health should be maintained, and illness should be repaired. CM believes that the most important job is to

re-establish this system to promote the body's own capacity to heal itself (5,6). This is an area CM has its own advantage, as it looks after not only the illness, but also the whole system of the human body.

Repairing the damaged immune system in cancer patients to prevent complications (7,8). The immune system is seriously damaged in patients with cancer, and this was observed and widely reported by many CM clinical observations. And it is well known that most cancer patients die of the complications rather the cancer itself. The weakened immune system is largely responsible for many of the complications, and therefore for the poor quality of life. Chemotherapy and radiotherapy are all causative factors in bringing down the system, as the side effects in many cases, their cancer cells can be killed, but their already compromised immune system suffers further damage from these two therapies. Reports from both clinical trials and laboratory tests have confirmed that many CM herbals and acupuncture can significantly help to rebuild the immune system (8,9).

Conclusion:

It is the time to re-evaluate CM's role in the treatment of cancer. CM appears to have a weaker effect in killing cancer cells in comparison with conventional western medicine, but its treatment principles are positive and have been shown to have the capacity to have a transformative effect on cancer cells. Some patients, while living with cancer, maintain a good quality of life with the support of CM. At the end of life, it may also be some patients' preference that the emphasis of treatment is on maintaining quality of life rather than completely killing cancer cells but with the complication of worse symptoms.

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Treatment of a Possible Adverse Reaction to Gardasil Vaccination A Case Study

by Alexander. B. Mearns, Lic.Ac. MATCM

Private Clinic, Tain, Ross-Shire

Abstract:

This paper describes the treatment of a 13 year old girl who appears to have experienced an AEFI following HPV immunisation. It details a successful treatment regime, and raises questions about the reporting system for possible reactions following the HPV immunisation.

Keywords: Gardasil, HPV, Immunisation, AEFI

Introduction:

Since the introduction of the vaccination programme for human papilloma virus, HPV, there have been numerous reports of adverse effects following AEFI vaccination and there has been a lot of research to investigate these reports. In the clinic here in Tain, Scotland, we have very few teenage patients so when a 13 year old girl arrived with an apparent vaccine reaction it was a new situation to deal with. A review of literature did not produce any examples of TCM treatment for possible AEFI for HPV, and this paper is being put forward in the hope of partly filling this gap.

History of Illness and Symptoms:

Patient: In December of 2015, a 13 year old female previously very healthy and very active in sports was taken in to the clinic by her mother. She had no pre-existing conditions, and no history of long term medications or operations, although she had an ankle injury from a strike with a hockey stick. Her periods had not begun.

Symptoms: The patient was experiencing blurred vision, dizziness, a severe throbbing headache which affected her eyes, as well as disturbed sleep. Her previously good sight had become blurred. All of these symptoms occurred suddenly within one hour of receiving her 2nd HPV vaccination in September of 2015. Her ankle injury worsened, and she began to experience pins and needles in the area. She had her first vaccination the year before with no apparent problems.

Medical Treatment: Her doctor didn't think there was any connection to the HPV vaccination, and she was prescribed ibuprofen for her headaches. Previously because her ankle injury was slow to heal, she underwent an MRI scan which didn't show any abnormalities. She was prescribed co-codamol for her ankle pain with an anti-acid to counteract any digestive side-effects. She visited an optician and received corrective lenses, but they didn't help her blurred vision.

TCM Diagnosis:

Pulse: Left wiry, Right: full middle position.

Tongue: red spots on the side and a shallow central crack.

Liver Qi Stagnation with heat:

Diagnosis was based upon the wiry pulse, as well the blurred vision, dizziness, headache behind the eyes, disturbed sleep. The red spots on the sides of her tongue were attributed to heat in the liver.

Spleen Xu with damp heat: Indicated by the full pulse on the spleen / stomach position, and the shallow central crack.

Five Element Diagnosis:

Pc/ Tb Fire Causative Factor: (CF) based upon the colour, sound, emotion, and to a lesser extent odour indications.

Treatment Principles:

- 1) Course the liver
- 2) Clear heat and damp
- 3) Tonify the spleen
- 4) Tonify Fire (Pc/Tb), based upon the Five Element Diagnosis.

Treatment and Outcomes:

First Treatment:

Point Selections: Liv 3, Li 4 even method, followed by a tonification of Pc 6, Pc 7

Liv 3 and Li 4 were chosen to course the liver and clear heat, Li 11 to clear damp heat. It was noted that after needling these points that the Pc/Tb pulse position was deficient, so Pc 6 left and Pc7 right were tonified, which was a treatment on the patient's CF. The author often chooses different points on the same channel to tonify, based upon Waveform reactions. (Mearns, 2013)

Second Treatment:

The patient's condition had improved. Her constant headaches were gone, but her head would ache if she

concentrated too long on school work. Her dizziness had also decreased, but came back when she got a headache. Her sight was still blurred.

Point Selections: Liv 3, Li 4, Li 11 even method, followed by tonification of Pc 7, bilaterally.

The treatment principles were as before, but Li 11 was chosen to address both heat and damp.

Third Treatment:

This treatment occurred after a break of nearly 3 three weeks owing to Christmas holidays. With regard to her original complaints the patient's headaches were completely gone, and her vision had improved and she was no longer dizzy.

The patient felt so well that went on a School skiing trip to Italy, where she unfortunately fell and re-injured her ankle which had recovered from the hockey injury. She had also contracted a chest infection and was taking antibiotics, which made her slightly dizzy again.

Signs: left pulses wiry, small red spots on her tongue.

Treatment Principles:

1) Course the liver, clear heat and relax muscles.

Point selections: Liv 3, Li4, Gb 34 all even.

2) Local points for her injured left ankle:

Point selections: Gb 39, 38, 37, 40 and Spl 4, all even.

Results:

As of three months following her last treatment, the patient has completely recovered and is back at school and involved again in sports.

Discussion:

Reports of AEFI are numerous and widespread through the countries who have begun an HPV vaccination programme. ("SaneVax, Inc. - Safe, Affordable, Necessary & Effective Vaccines and Vaccination Practices," n.d.) At the same time medical research has not found a connection between the vaccination and adverse reactions, despite their frequency and widespread nature. (Labadie, 2011) Clearly there is a disconnect between those receiving the vaccination and the type of evidence and its evaluation. In this particular instance, the patient's GP thought there was no connection, and presumably did not report it. If this instance was unreported, it raises questions about under reporting and how this would influence the evaluation of possible AEFI studies.

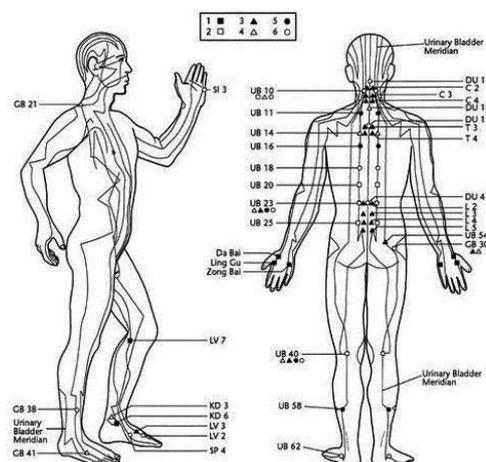
In this case at least, the patient presented with symptoms corresponding to Liver Qi Stagnation with heat, with a background of a Spleen deficiency. Although TCM literature appears to have little to say about treating AEFI, it is likely that practitioners have treated AEFI frequently but their work, like most day to day clinical work, has not been prepared for publication. Treatment with acupuncture resolved these issues and the patient was able to resume the normal activities of a sports minded girl of her age.

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不孕不育 治验案例

徐廣文

摘要：作者近年在英国临床辨证用中药和针灸治愈女子不孕 11 例，男子不育 6 例。根据中医理论和临证心得：肾主生殖，女子的生殖之精，生成卵子，男子的生殖之精，生成精子，卵子与精子相合，故能有子。而卵子精子的质量取决于生殖之精（先天之精）和后天之精。生殖之精需后天之精的不断化生补充。后天之精由气血所化生。所以，五脏调和，气血旺盛，则先后天之精充盈，所化生的精子卵子才优质，精卵相合，才易受孕。孕育与生殖之器和生殖之精密切。但是引起不孕不育的主要原因是脏腑，情志、气血精、阴阳、经络失调的综合反映。所以，必须遵循中医的整体辨证论治，方能提高疗效。

关键词：不孕 不育 卵子 精子 中药 针灸 辨证 治验

Case Reports of Female and Male Infertility Successfully Treated with Chinese Medicine

Guangwen Xu

Abstract: The author has in recent years successfully treated 11 cases of female infertility and 6 cases of male infertility with Chinese medicine and acupuncture based on syndrome differentiation. Four cases are reported and analysis on TCM understanding of dysfunctional reproductive essence and its important pathogenic impact to fertility, as well as other pathogenesis in infertility is attempted.

不孕不育的原因很复杂，不单单是男女双方生殖系的问题，而是一个全身性的问题。是脏腑，情志、气血精、阴阳、经络调节失衡的综合反映。故必须遵循整体辨证论治。

中医经典书籍，记载女子不孕：有肾虚、血虚、胞宫冷、肝气郁、脾胃寒、痰湿盛、冲任失调、血瘀等所致。

临床辨证治疗女子不孕，可补肾育卵、疏肝调经、疏肝通经、调理冲任、健脾补血、活血调经、暖宫调经、调补气血、交通心肾、调补肝肾、清利湿热、除湿化痰等，以疏通经络，疏通卵子的通道，调节阴阳平衡、促进血液循环，增强卵巢和胞宫的营养供应，促进卵子的生成和成熟，改善子宫内膜为受精卵着床的条件。

对男性不育者的临床辨证治疗，宜活血调精、补肾生精、补血生精、疏肝通精、健脾补血、交通心肾、清利湿热、化湿活精、调理宗筋、调补气血、调补肝肾、温肾壮阳、气化精液、疏经通络等，以疏通经脉、调节阴阳平衡，以促进血液循环，增强睾丸、副睾的气血营养供应，促进精子生成，提高精子质量和数量，促进精子液化和活动度。从而创造和提高精子与卵子结合的质量，促育受孕。

临床治愈案例举例：

例一. 肝郁不孕：婚后 16 年久不孕、精神忧郁，时有烦躁易怒，月经失调，前后不定，经前乳房胀痛，痛经。舌质淡红，苔薄白，脉弦。治宜舒肝解郁，

理血调经。经前以注重舒肝解郁，调理肝肾，用逍遥丸合百合地黄汤加味。配方：柴胡、白芍、当归、熟地、百合、白术、茯苓、香附、桑椹子、炙甘草为主方，辨证加减治疗。

针灸：以三阴交、中极、地机、血海、行间、太冲穴等为主穴，辨证配穴。

辨证加减中药和辨证取穴治疗 5 个多月而怀孕。圣诞当天生一男孩。

例二：血瘀不孕：婚后 8 年不孕，月经常延后，量少色暗，夹有血块。经前或经来头 3 天，少腹坠痛。舌质偏暗，苔薄腻，脉细涩。治宜活血调经，温经通络。重在活调经络血脉，祛除胞宫瘀血，以利气血营养胞宫，为精卵结合创造条件。用桃红四物汤加味，组方：桃仁、红花、当归、白芍、熟地、川芎、川牛膝、香附、丹参、党参、炙甘草为主方，辨证加减。

针灸：以中极、地机、血海、行间、太冲穴等为主穴，辨证配穴。

辨证加减中药和辨证取穴治疗 3 个多月，喜得怀孕。

例三. 肾虚不孕：婚后久不孕。月经不调，延后色淡、精神疲倦，头晕耳鸣，腰酸腿软，舌质偏淡，苔薄白，脉细等。宜补益肝肾、调经助孕。用石英毓麟汤加减。组方：川续断、当归、川牛膝各、菟丝子、枸杞子、女贞子、香附子、牡丹皮、赤芍药、

白芍药、淫羊藿、川花椒、川芎、肉桂心、熟地、桑寄生为主方，辨证加减治疗。

针灸：中极、三阴交、大赫、地机、肾俞、气穴、照海、膈俞、血海、足三里等为主穴，辨证取穴。

辨证加减中药和辨证取穴治疗2个月19天后，来电说：“已怀孕”。

例四. 男子气滞血瘀不育：精子数目低（2.17千万个/ML）、精液不易液化、性欲低下，常有阳痿。婚后妻子6年不孕。伴胸胁胀满，情绪急躁，阴囊隐痛、坠胀不适，舌黯红，边有瘀点，脉弦涩。治宜行气通络，活血调精。用调精活血汤（自拟的方剂）：红花、当归、白芍、川芎、川牛膝、淮牛膝、鸡血藤、乌药、川楝子、香附子为主方，辨证加减治疗。

针灸取穴：以精宫、关元、足三里、血海、命门、肾俞、腰阳关、三阴交、志室、次髎、太溪、大赫等为主穴，辨证配穴。

辨证加减中药和辨证取穴治疗6次后，告知自己的妻子已怀孕。

体会：

1. 根据中医：“肾主生殖”，“肾气盛，天癸至，……阴阳合，故有子”的理论指导，“通过调理肾—天癸—冲任—胞宫生殖轴，以补肾气、益精血、养冲任、调月经、促排卵为总原则”。故女子重在补益冲任，理血调经，调节肝肾，平衡阴阳以促排卵助孕。

2. “女子以血为用”。“女子……二七而天癸至，任脉通，太冲脉盛，月事以时下，故有子。”而血的来源，一是来源于脾胃的水谷精微所化生。二是由肾藏精，精生髓，髓化血。精能化血，血能生精，精血互生，“精血同源”。又因肾主生殖；心主血脉；肝藏血，调节血量；脾统血，生化气血；肺朝百脉，助心推动血液运行；经脉运行气血。故治疗不孕，须从五脏，经脉整体辩证论治。

3. “男子以肾精为本”，“丈夫……二八，肾气盛，天癸至，精气溢泻，阴阳和，故能有子。”而肾精，来源于父母的先天之精，和由脾胃的水谷精微所化生。如“夫血者，水谷之精气也，和调于五脏，洒陈于六腑，男子化而为精。”（《赤水玄珠·调经门》）；“精者，血之精微所成”，（《读医随笔·气血精神论》）。脾胃所化生的血液流于肾中，与肾精（来源于父母的先天之精）化合而成为肾所藏之精。同样，由于肾藏精，精生髓，髓能生血。即精能化血，血能生精，精血互生，“精血同源”。血旺则精充，精盈则血盛。又因肾主生殖，肾藏精，

肾主精；心主血脉；肝藏血，调节血量，肝主疏泄，疏泄调节生殖系；脾统血，生化气血；肺朝百脉，助心推动血液运行；经脉运行气血。故治疗男性不育，也必须从五脏，经脉整体辩证论治。

4. 足厥阴肝经，循阴器（循行内外生殖系），“肝调生殖之器”，肾主生殖，则“肝肾调节生殖之器”。肾气藏泄生殖之精，肝疏泄调节生殖之精，则“肝肾调节生殖之精”。故治疗不孕不育，应注重从肝肾调治。

5. 据针灸医书记载和结合临床体会，治疗不孕的穴位有：水道、气冲、肾俞、八髎、气穴、四满、商曲、石关、阴都、中极、关元、归来、气海、子宫、会阴、三阴交、足三里、地极、太溪、血海等穴。

6. 在有关针灸医书里没有明确的治疗男子不育穴位，只有治疗阳痿、早泄、滑精、精少、精薄、不射精等穴。根据临床体会，治疗男子不育的针灸穴位有：肾俞、会阳、志室、八髎、太溪、横骨、大赫、四满、大巨、三阴交、足三里、地极、会阴、曲骨、中极、关元、归来、气海、腰阳关、命门、精宫等穴。

结语：

“女子以血为用”，“男子以肾精为本”，是指男女的生理特点所表现不同。而实际“精血同源”，精血相互化生。血旺则精充，精盈则血盛。“女子以血为用”，则精化以血为用。“男子以肾精为本”，则血化生为精藏于肾。

肾藏精，主生殖。女子的生殖之精，生成卵子，男子的生殖之精，生成精子，卵子精子相合，故能有子。而卵子精子的质量取决于生殖之精（来源于父母的先天之精）和后天之精（由脏腑的气血所化生的精）。生殖之精需后天之精的不断化生补充。后天之精由气血所化生，所以，血能生精，血旺则精充。五脏调和，先后天之精充盈，所化生的精子卵子质量才优质，精卵相合，才易受孕。

临床观察：引起不孕不育的原因很复杂，不单单是男女双方生殖系的问题，而是一个全身性的问题。是五脏六腑，情志、气血精、阴阳、经络调节失衡的综合反映。

在治疗方面：因肾主生殖，肾气调节固摄精血；肝主疏泄，调节血量，而疏泄男女生殖系，调节精血；脾主生化气血，统摄血液；心主神志，心主血脉；肺朝百脉，肺气助心行血；足厥阴肝经循阴器，“冲为血海”，“任主胞胎”，经脉运行气血。所以，治疗不孕不育，必须从五脏，情志、气血精、阴阳、经脉整体辩证论治，方能提高疗效。

不孕症治验

Glasgow 陈伟雄

女子结婚后夫妻同居/或男女同居 2 年以上,男方生殖功能正常,而且双方未采取任何避孕措施而不受孕者,称为不孕症,中医认为本病发生的原因主要有肾虚、肝郁、痰湿和血瘀。以前已经有不少治疗不孕症的文章发表在学会杂志上,只是我觉得我的疗效挺不错。比如 2015 年有 46 位不孕症病人,42 例接受治疗,4 例无法服汤药就诊一次中止治疗,成功怀孕者 31 例。在此与大家分享其中最近的两例。

病例一

苏格兰女士 35 岁 已婚 8 年

初诊:2016 年 8 月 13 日

主诉:试孕 2 年半,未孕。

经人介绍而来,要求中药治疗。来诊时见患者脸色无华,体瘦神疲;月经周期 21~26 天,末次月经 8 月 4 号(第十天),经量多,时有血块,经色黯红,行 3~4 天净,伴经前经行少腹痛,时有手心烦热感,排卵期左少腹有刺痛现象;脉沉紧,苔灰白,舌质黯淡,舌下脉络瘀黯。

诊断:不孕症。

中医辨证:气血两虚,冲任虚寒,瘀血阻滞。

治则:益气养血、温经散寒兼祛瘀。

方药:自拟“温经暖宫汤”(《金匱》温经汤加减:白芍 9 克 当归片 9 克 丹皮 9 克 桂枝 9 克 吴茱萸 6 克 法半夏 9 克 党参 15 克 麦冬 9 克 陈艾 6 克 制香附 9 克 郁金 9 克 益母草 15 克 生姜 3 片 炙甘草 3 克)五剂,水煎,早晚温服,连续服五天停两天。

二诊:8 月 20 日 药后患者脸色转为红润,脉滑有力,疑为有喜,嘱下次复诊前验孕,转服自拟“养胎汤”(熟地 12 克 当归片 9 克 白芍 9 克 川芎 6 克 云苓 12 克 白术 9 克 党参 9 克 黄芪 12 克 川断 9 克 菟丝子 12 克 山药 12 克 香附 6 克 炙甘草 3 克)五剂。

三诊:8 月 27 日 喜告昨天(8 月 26 日)验孕显阳性,守上周药方再服五贴以助胚胎发育。

感想:只要辨证准确、对症下药,中药治疗不孕症效果显著。

病例二

苏格兰女士 K. M. 38 岁 音乐家 结婚 14 年

初诊:2016 年 6 月 7 日

主诉:试孕 14 年,未孕,医院诊为不明性不孕症。

经朋友推荐而来,求治中医。月经周期 28 天,IVF 后首次月经 5 月 23 日,经量适中,有血块但不多,经色红,行 5 天净,经前一周 PMT 明显,情绪常低落,手足欠温,精神倦怠,性欲偏低下;面色偏苍白、时有心悸、气短、倦怠乏力,纳偏差,手足欠温脉沉无力,苔白质淡,舌下脉络瘀胀。其丈夫身体健康,生殖器官和精液检查均无发现异常。

2015 年做了三次 IUI,均告失败。2016 年 5 月初开始了一次 IVF 程序,取卵 5 粒,均无受精。

诊断:不明性不孕症。

中医辨证:气血两虚,冲任虚寒,瘀血阻滞。

治则:益气养血、温经散寒兼祛瘀。

方药:八珍汤加味...白芍 9 克 归片 9 克 酒炒川芎 9 克 熟地 9 克 鸡血藤 9 克 香附 9 克 云苓 12 克 白术 9 克 党参 12 克 北黄芪 12 克 桂皮 3 克 鸡血藤 12 克 柴胡 6 克 郁金 9 克 甘草 3 克 五剂,水煎,早晚温服,连续服五天停两天,一周后复诊。

二诊:6 月 14 日 服完上方五剂,患者精神略有转好,情绪亦有转好,续服首诊方五剂。

三诊:6 月 20 日 外出度假无法煎药,未配药。

四诊:7 月 5 日 月经于今早至(第 44 天),配自拟排瘀汤(生化汤加味:归片 12 克 川芎 9 克 桂枝 9 克 丹皮 9 克 酒大黄 6 克 益母草 12 克 桃仁 6 克 炮姜 3 克 陈醋 50ml 蜂蜜半汤匙)两剂,于经来第二天开始服用,连服两天。

五诊:7 月 12 日 服排上方后排出黯红色血块较多,四天净。月经第 7 天,转服自拟温经暖宫汤(病案一已述)五剂。

六诊:7 月 19 日 月经第 14 天,转服自拟促孕汤(归片 9 克 川芎 9 克 白芍 9 克 香附 9 克 柴胡 9 克 羌活 9 克 益母草 15 克 菟丝子 12 克 枸杞子 12 克 甘草 3 克)五剂。下周外出演出。

七诊:8 月 17 日 月经于 8 月 1 日至(周期 28 天),月经第 17 天,转服自拟养胎汤(病案一已述)五剂。

八诊:8 月 31 日 月经第 31 天,脉滑有力,嘱回家后验孕,两个小时后来电话告喜。

体会

“冲为血海,任为胞胎”,一旦气血亏虚伤及冲任,宫寒瘀阻、气滞不通,瘀血积于胞中,新血不能摄精受孕,因而采取益气养血、温经散寒,随症加减调治,每每药到病除。

A Case Study of Chest Pain

Fong Tey, Tiejun Tang
Middlesex University, London

General Introduction

Mr. J.F. 23 years old. Student, Single, British

Chief complaint

Left chest pain for 14 Days.

History and symptoms of current illness

The patient has had pain in the left chest radiated from the left side of the sternum toward the left shoulder for the last 14 days. Also, there was occasional numbness on the left thumb. The pain was consistent being a combination of sharp and dull. In addition, it hurt the most for 30 minutes after wake up from bed everyday. The pain was aggravated by the position as below: a. elevating his left shoulder extension in 60 degrees; b. elevating the shoulder abduction and flexion in 180 degrees; c. when he was stressed and anxious or when he swung the right shoulder. The location of the pain was only held at the intercostal muscle, between the 1st and 5th ribs. He did not having any traumatic injury at that region previously and was not active in any exercise and outdoor activities. He has many hours of computer work every day, his sitting posture was leaning toward right side unconsciously. He used had GP and cardiovascular X-ray check-up, but the results were all normal. He had grade 8 (severe) on average on the Pain Quality Assessment Scale (PQAS) and The McGill Pain Questionnaire, proposing that the chest pain is at an unkind stage. He had very mild palpitation occasionally since last week. He recently has only six hours sleep maximum a day. He also complains about a particular feeling of something stuck in the throat that can neither be swallowed down nor spit up. He has no appetite in the previous five months. Moreover, he had stomach bloating for the previous two years. His urination is normal and yellowish loose faeces two times a day recently. His mouth and lips are dry and often feels thirsty.

Observation

Tongue: His tongue colour was pink in tip and border, purple in the middle. Tongue coating was white and greasy coating at the middle of the tongue with teeth marks.

Pulse: Deep and thread; wiry at the right guan area.

The blood pressure reading was 116/75 mmHg, with a pulse rate of 65 beat/minute. The right longissimus thoracis muscle or trapezius muscle is noticeably higher than the left.

TCM diagnosis

Chest pain due to Qi stagnation and Blood stasis; Liver Qi stagnation

Treatment principle:

- Regulate the local Qi movement, Remove the blood stasis
- Soothe the Liver, Remove the phlegm (Mei He Qi)

Chinese. First consultation date: 24/02/2015

Herbal prescription:

Sheng Di Huang 10g, Dang Gui 10g, Chuan Xiong 6g, Tao Ren 5g, Hong Hua 6g, Chuan Niu Xi 10g, Chi Shao Yao 6g, Chai Hu 6g, Zhi Ke 10g, Gan Cao 6g, Ban Xia 10g, Hou Po 10g, Fu Ling 10g, Sugeng 10g, and Danshen 10g.

This formula is an innovation of Xue Fu Zhu Yu Tang, Xiao Yao San and Ban Xia Hou Po Tang. The innovation of this combination formula is to treat the Local Qi stagnation, blood stasis, Liver Qi stagnation, and Mei He Qi (Plum Qi). The strategy of this formula is to unclog the blood stasis, promote the Qi circulation, sooth the Liver Qi, and resolve the phlegm accumulation.

Application:

The medicines have been prescribed in granule form. The patient received 175 grams per 17 days / roughly 10 grams per day. Instructions on mixing the herbs with hot water were provided. The patient was advised to consume one portion in the morning, one portion in the afternoon and one portion in the evening 30 minutes after meal on a daily basis.

Second visit: Date: 18/03/2015

The patient still felt the pain occasionally, but at a very mild grade. The numbness feeling of the thumb has gone. He scored grade 2 on average on the Pain Quality Assessment Scale (PQAS). He can now practice his daily life as usual. The entire shoulder movement was not triggering any pain.

However, the scrupulous feeling of something stuck in the throat is still present, although it was eased. The patient is eased from dry mouth, dry lips and thirsty but could be better. The bowel movement is firmer than before but not ideal. Palmar hyperhidrosis still exists. His appetite and the bloating stomach were better.

Discussion

Long-term bad sitting posture and chronic emotional stress and anxiety are main reasons of this case. The root cause of this patient's pathology is Liver Qi stagnation. Ensuring the smooth flow of the Qi is the main function of Liver (Maciocia, 1989). Emotional issue shown as stress and anxiety in this case is the predator of Liver Qi stagnation, which would restrict the Liver Qi flow smoothly. Although Liver Qi stagnation is the root of the problem, the local Qi stagnation and blood stasis also is the reason of the pain.

Both of them could have created the same problem but there are two distinctive pathogeneses in this case. Apparently, the blood stasis is originated at the muscle due to the chronic bad sitting posture. It is because the muscle knot and pain have formed at that zone. Base on the holistic system of meridians pathways and Qi and blood circulation and tendomuscular channel theories, the blood stasis was due to chronic Qi stagnation or compression of channel (Maciocia, 1989; Nugent-Head, 2013).

This case study attempts to study chest pain (external traumatic injury) caused by Qi stagnation, blood stasis and liver Qi stagnation. He was prescribed a series of treatment, which was acupuncture treatment, cupping, Tuina massage and followed by Xue Fu Zhu Yu Tang (血府逐瘀湯). The result has relieved the chest pain and psychological stresses relieved instantly after the acupuncture and Tuina massage therapies. More importantly, the problem is almost fully resolved after three weeks of treatment with Chinese medicine.

The Qi and Blood regulating method as well as Phlegm resolving method were merged into a single formula within one dosage. Consequently, this formula is working in both Qi stagnation either local or Liver as well as the phlegm formation due to the Liver Qi stagnation. The inclusion of few Blood and Qi regulating herbs and Phlegm resolving herbs into Xue Fu Zhu Yu Tang have created a new formula that has form two other famous formulas. The inclusion of BanXia, HouPo, FuLing, and Sugen have composed Banxia Houpo Tang, which was purposely to solve the Mei He Qi due to the Liver Qi stagnation. In Another essential point, the inclusion of Dan Shen is to pair up with ChuanNiuXi in order to send the blood from the chest downward more effectively. Moreover, Dan Shen entering Heart meridian, a famous herb used to treat chest region pain (Chen and Chen, 2004). It has granted a reputation stating, "The function of Dan Shen itself being equivalent to Si Wu Tang" (Chen and Chen, 2004).

The patient felt instantly relieved after treatment. He scored grade 3 (mild) on average on the Pain Quality Assessment Scale (PQAS). Moreover, most of the Shoulder OSCE was alleviated as well.

Chest pain is very common in the clinical. Chinese herbs showed a very good effect in this case. Based on the traditional formulas, modified according to clinical symptoms, the experience of this case could be repeatable in our future clinical work.

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The Journal of Chinese Medicine and Acupuncture

《英国中医针灸杂志》征稿启事

《英国中医针灸杂志》为英国中医药学会主办的中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。本会宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展的，文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体会到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

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

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk。请注明“杂志投稿”字样。下期来稿截至日期为 2017 年 1 月 20 日

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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 various of topics, which including clinical experience, case studies, theory and literature, education and development, book reviews and research reports etc.

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

All the submitted articles or papers must not be 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.

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

Deadline of submission for next Issue (Volume 24 Issue) is **20th January 2016**.

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

第二届海上丝绸之路国际中医药论坛暨 中欧中医皮肤科峰会

由中华中医药学会、英国中医药学会和德国中医学会委托主办，Herbs Plus Ltd (UK) 和中华中医药学会皮肤科分会承办的“第二届海上丝绸之路国际中医药论坛暨中欧中医皮肤科峰会”，9月4日在伦敦成功召开。来自中国国内、英国本地、德国、爱尔兰和澳大利亚等国的中西医皮肤科专家、中医临床大夫和知名中药企业家代表在内的130多位代表出席了峰会，中国驻英国大使馆商务参赞金旭代表驻英大使馆发表了致辞并挥毫写下气势磅礴的“海纳百川”以示祝贺和鼓励；中华中医药学会谢钟副秘书长做了重要发言并和英国中医药学会沈惠军副会长签署了具有历史意义的友好合作意向书。接下来的以杨志波、周冬梅、张苍、朱婉华等教授为代表的13位专家学者做了有关中医皮肤科临床思路、疑难病症诊疗、皮科治疗新方法推广和药物制剂研究新进展等方面的高水平演讲，将论坛和大会推向高潮，赢得了与会英国和欧洲中医人的掌声和点赞。英国中医的杰出代表、因治疗湿疹而闻名英伦的罗鼎辉教授、英国中医学会、英国中医群、中华中医药学会皮肤科分会海外工作组的代表100多人出席了会议。会议取得了圆满成功，受到大家的一致好评。

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TCMswiss AG
Wallisellerstrasse 114
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