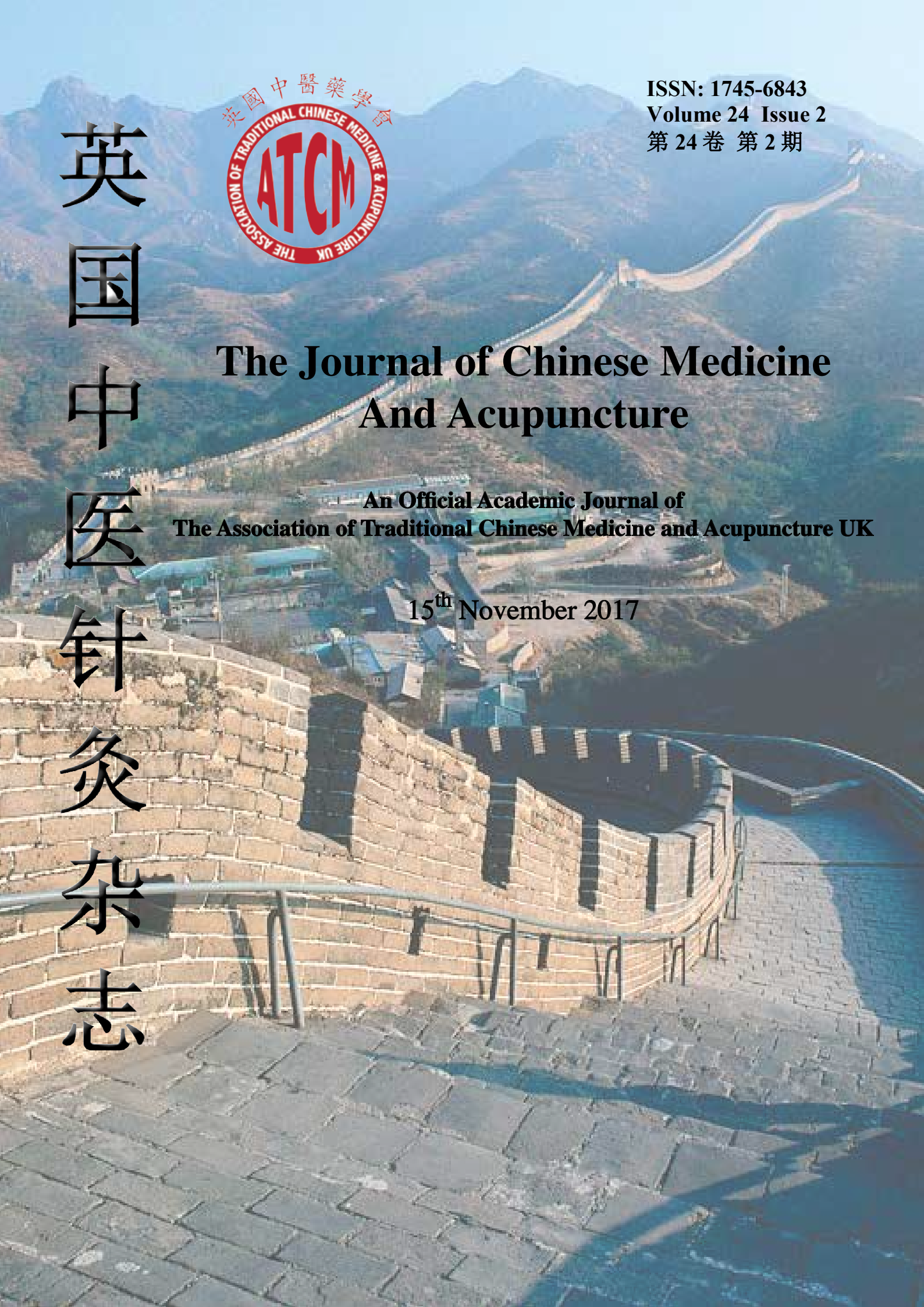

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浮针影响机体免疫功能的理论探讨

徐文博 吴继东

摘要：近年来，浮针疗法的“患肌理论”为肌肉相关病症的诊断和治疗提供了重要依据，并取得了卓越的成效。本文则通过分析浮针疗法的特点及其与传统针法的关系，根据已有的有关筋膜结缔组织和针刺对免疫功能的影响的研究成果，阐明了浮针影响机体免疫修复机制的可能性。

关键词：浮针疗法 筋膜组织 免疫修复

Theoretic Study on the Immuno-modifying Effect of Fu’s Subcutaneous Needling Acupuncture

Wenbo Xu, Jidong Wu

Abstract: In recent years, the "affected muscle theory" of Fu’s Subcutaneous Needling (FSN) Acupuncture has provided important basis for the diagnosis and treatment of muscle-related disorders, and has achieved remarkable results. In this paper, by analyzing the characteristics of FSN and its relationship with traditional acupuncture, and based on the researches on the effect of fascia connective tissue and acupuncture on immune function, the authors try to clarify the effect of FSN on body’s immune repair and its possible mechanism.

Key Words: Fu’s Subcutaneous Needling Acupuncture, fascia connective tissue, immune repair

浮针对于疼痛类疾病，比如肩颈痛，腰痛等的临床治疗和研究已经取得了很大成功和进展[1]，得到了普遍认可。近年来，浮针治疗内脏病，甚至自体免疫性疾病，比如克隆氏病，溃疡性结肠炎等病的临床治疗研究也开始有了报道[2]。这就引起了对浮针的作用机理的争论与探讨。最近，在“FSN UK（英国浮针）微信群”里的学术讨论中，有些专家对于浮针是否影响机体的免疫功能持怀疑或否定态度，给出的理由主要是：没有足够的临床证据证明浮针对免疫性疾病有治疗作用，而笔者认为，浮针对机体免疫修复机制的影响，从理论来说，是有可能的。

首先，我们知道，免疫功能和免疫性疾病是两个不同的概念。人体的免疫功能是指人体自身预防和抵御疾病的能力，它既包括防御病原入侵，也包含清除有害物质和修复病损。小到感冒、肌肉拉伤的痊愈与愈合，大到癌症、急性心梗的康复与恢复过程，无一不是仰赖免疫系统的保护和修复功能。 免疫性疾病事实上是指“自身免疫性疾病”，即机体免疫系统对自身组织发生错误的免疫应答而导致的一些疾病。这是由于某种原因，机体免疫系统不能将自身一个或多个组分识别为“自我”，并产生自身抗体，这些抗体攻击或排斥自身细胞、组织或器官，从而导致炎症和损伤，引起自身免疫性疾病，如类风湿性关节炎、红斑狼疮、溃疡性结肠炎、克隆氏病、甲状腺功能亢进等都属于自身免疫性疾病的范畴。目前临床上对于这类疾病的治疗还很棘手，尚无根治手段。显然，治疗自身免疫性疾病的药物和方法，一定是影响到了机体的免疫功能才会起治疗作用的。但是，对于自身免疫性疾病没有治疗作用的治疗方法并不一定不会影响免疫功能。举个最简单的例子，免疫疫苗是不能治疗免疫性疾病的，但它们却正是通过影响免疫系统而起到预防疾病的作用的。所以，是否对自身免疫性疾病有效不能作为判断某种治疗是否影响免疫功能的依据。

其次，机体自我修复和痊愈的免疫能力是很强的。浮针（包括传统针灸）正是利用和依靠机体的这一特殊功能，通过对机体特殊部位的机械性物理刺激，影响免疫系统，激发机体的免疫力，调动机体的自我修复机制，促进、加快病损的修复过程，从而达到治疗疾病的目的。不管是对于疼痛、损伤，还是其他疾病的有效治疗，浮针和针灸很可能都是通过这一机制起的作用，至少不会脱离这一系统而起的作用。

关于针刺影响机体免疫功能的研究，近年来有了很大进展。现代医学家和有关学科研究者从临床和基础医学研究的范围，对针刺调节免疫的作用和机制进行了长期的观察和研究。大量的研究资料表明，针刺能改变机体的特异和非特异的免疫功能，对免疫细胞和免疫分子均有明显的影响。甚至有研究指出：目前所认识到的针刺的作用，主要是通过调节机体失衡的免疫功能而实现的，而不是直接针对致病因子和病变组织[3]。

虽然到目前为止，有关浮针与机体免疫功能的相关性研究尚处于空白，但是笔者认为，既然传统针刺会引起免疫物质和功能的改变，那么浮针应该也是这样，甚至更应该如此。理由有以下三个方面：

1. 从生理学角度而言，浮针和传统针刺都是通过针体对机体组织的机械性刺激，引起机体的生理学改变而达到治疗疾病的目的，所以，二者对机体发生作用的机制应该是一致的。

2. 浮针和传统针刺一个最大的不同应该是刺激作用的组织部位和强度。传统针刺不是集中在皮下结缔组织，而是穿过皮肤、筋膜层，到达肌层，甚至直达骨膜或关节腔。由于传统毫针多为直刺或斜刺，所以它给予组织的是“点”或“线形”刺激。浮针刺激作用部位是集中在机体的皮下疏松结缔组织----筋膜层。由于浮针的针体尺寸相对粗大，而且水平平刺，同时在操作上使用了特殊的“扫散”手法，针体在皮下以进针点为支点做扇形的左右摆动，给予组织提供的是“面形”刺激，故其对机体的刺激量，尤其是对皮下结缔组织的刺激，远远大于毫针的传统针灸。所以，浮针引起机体免疫功能变化的力度应该更大。

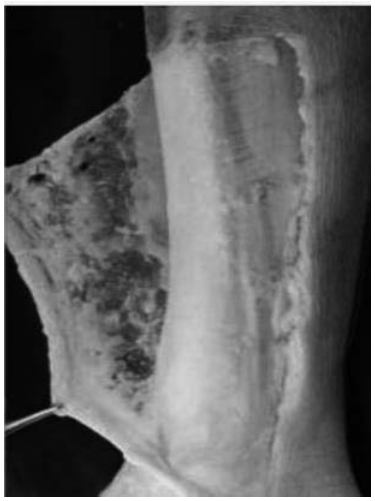

图 1: 皮下浅筋膜组织

3. 皮下结缔组织，也叫筋膜（图 1，图 2）[4]，一个以往被医学界忽略了的特殊的组织。近年的研究标明，筋膜的主要功能除了分隔、固定、支撑组织器官和传导机械张力之外，这个绵延不断贯穿全身的组织同机体免疫功能有着密切相关性。有研究指出，由于筋膜中存在着大量的巨噬细胞和毛细淋巴管，所以对机体组织细胞的再生、修复、和重建中起着关键性的作用。另有研究者指出，在我们的身体内有一种叫做间质干细胞（MSC）的免疫细胞（图 3）[5]，它对于修复、消炎、抗衰老起着重要的作用，不仅能启动身体自我疗愈，也能调控身体的免疫反应，故有人称“间质干细胞”为组织修复的理想种子。而这种神奇的细胞，主要就存在于皮下结缔组织内，而且筋膜，是间质干细胞的储存库。换句话说，这种具备“修复”与“再生”能力的关键细胞，其实就分布在我们的筋膜中 [6]! 而美国印第安纳医学院的一项最新研究显示，针刺可以激发间质干细胞的释放 [7]。由此，我们可以推想，浮针对筋膜的拉扯刺激，很有可能促进

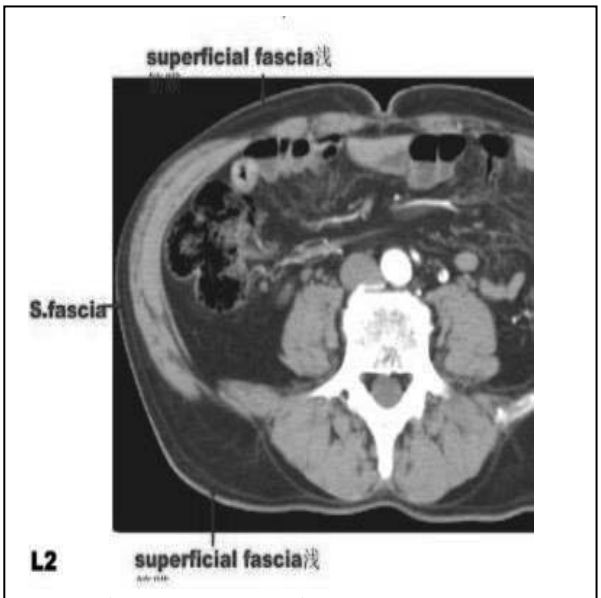

图 2: 腹部断层扫描显示腹部浅筋膜层

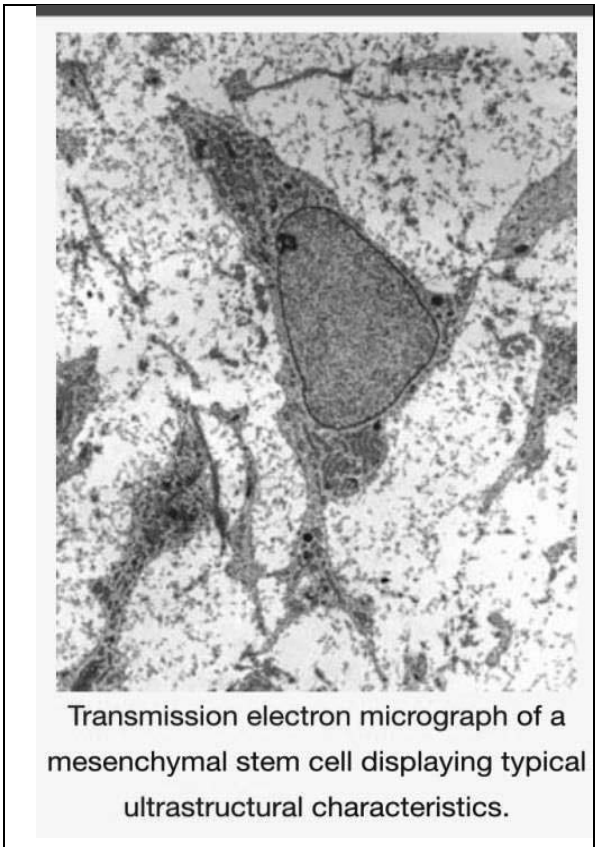

图 3: 电镜下的间质干细胞

了这些间质干细胞的活化，从而促进了组织病损的修复。由于浮针对皮下结缔组织集中而且强烈的刺激，理论上远远大于只是穿过结缔组织层的毫针，所以它引起机体免疫修复反应的力度要大得多，速度要快得多。事实上这也是为什么在大量临床的实际应用中看到的浮针疗效快和好的结果。

第三，浮针对于自身免疫性疾病还没有得到足够的临床验证，并不能说明浮针对于这类疾病就没有治疗作用。由于目前对浮针研究的重点是“肌肉（患肌）”引起或相关的病症，只是还没有足够的理论支持和临床实践证明浮针对这类疾病的有效性而已。但是，使用传统针灸治疗“自身免疫性疾病”的临床和实验研究，已有很多报道，诸如针灸治疗类风湿性关节炎[8]、慢性溃疡性结肠炎[9]以及甲状腺功能亢进等疾病的研究中，发现针灸治疗对体液免疫和细胞免疫有良好的调整作用。正如前文所论述的，从理论上讲，就生理机制而言，传统针灸与浮针应该是一致的，所以，这些有关传统针灸的研究结果也可以作为浮针对这类疾病有效的间接证据。虽然单用浮针治疗这类疾病的研究尚未有文献方面的记载，但也有一些零星的临床有效的个案报告，当然，要证明浮针对这类疾病的有效性，这些还远远不够，还需要大量的临床样本和严密的实验研究作为临床证据，才可作出结论。

第四，机体的任何损伤，无论是外伤还是疾病造成的组织损害，都会激活机体的免疫机制，从而使机体对损伤和损害进行修复，身体因之得以康复。无疑，浮针疗法，将针体置入机体的某个部位的组织中进行穿刺、摆动等手法操作，本身就是一种人为的损伤，必定对组织造成“微创”，而这种微创，也必然会引起机体免疫功能的反应，包括局部“炎性”反应，从而调动修复因子，对该创伤进行修复，与此同时，被由此激活的免疫修复因子很可能也会通过免疫系统（细胞免疫和体液免疫）和筋膜的信息传导作用[10], 对其他靶组织靶器官----病损组织器官，进行相应的修复工程，于是达到了治疗目的。这或许就是浮针和传统针灸共同的和基本的治疗作用机制。

综上所述，浮针疗法不但对机体的免疫功能有影响，而且它的所有治疗效果，有可能必须是通过影响机体的免疫修复机制而起作用的。

最后应该指出的是“患肌理论”是浮针，乃至医学领域的一个重大发现，在它的指导下，不但保证了浮针的速效高效的临床结果，更解决了过去临床和针灸实践中的许多困惑，这是针灸发展史上的里程碑。但是，患肌理论仅仅从浮针刺激可以改善肌肉供血供氧的角度解释浮针的作用机制[11]，这似乎显得不够，还不能够很好的解释和回答临床上面临的一些问题。然而，从科学角度讲，患肌理论”不会是“浮针理论”的全部，更不应该是浮针理论的终极。如果我们能够广开思路，同时进一步关注和加强机体筋膜组织与功能、以及浮针治疗对机体免疫修复功能的影响的研究，或许会对于完善浮针理论有所裨益。

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剖析苓桂术甘汤的临床应用

薛秋龙

摘要：苓桂术甘汤是治疗水饮病的重要方剂，首见于《伤寒杂病论》，此后医家多有发挥。笔者试图通过本文对苓桂术甘汤的效用进行总结，以便于启迪临证思路。

关键词：中医 方剂研究 经方 苓桂术甘汤

Analysis on the Clinical Application of Herbal Formula Ling Gui Zhu Gan Tang

Qiulong Xue

Abstract: Ling Gui Zhu Gan Tang from *Shang Han Za Bing Lun* by Dr Zhang Zhong Jing plays a major role in treating phlegm and water retention. Since its first publication, this herbal formula has been further applied clinically and researched by generations of the TCM practitioners. This article is aiming to summarising most of the information related to Ling Gui Zhu Gan Tang so as to form a helpful guide to its application.

1 苓桂术甘汤的各家观点

1.1 张仲景：苓桂术甘汤首见于《伤寒杂病论》，张仲景认为“病痰饮者，当以温药和之”，但见“心下有痰饮，胸胁支满，目眩”的患者，可用苓桂术甘汤主之[1]。在《伤寒论》中提到“若吐、若下后，心下逆满，气上冲胸，起则头眩，脉沉紧，发汗则动筋，身为振振摇者，茯苓桂枝白术甘草汤主之“[2]。张仲景的以上观点为后世在治疗上做出了提纲性的启示。后代医家围绕着张仲景提出的治证作了发挥扩展。

1.2 陈修园[3]对本方的理解是 1）土虚而风木乘之。因为脾土虚，引起肝木相乘出现“逆满，气上冲心”之症。因风木来犯故“起则头眩”。2）经脉空虚，风木动摇。“发汗则动经，身为振振摇”。汗泄则经脉空虚，筋肉失养而土虚兼风木动。这两点体现了“见肝之病，知肝传脾，当先实脾”和“知犯何逆，随证治之”的原则。而徐灵胎[4]则认为本方是仿真武汤之意而设立，但症状比真武汤要轻。属于阳虚而动肾水。

1.3 现代胡希恕[5]认为本方主要治疗停积胃脘，他的观点可归纳为 2 个，1）里有停水。水停于里，挟气上犯，故“心下逆满，气上冲胸”。2）表邪不解。原本是太阳病，误用吐，下后，表邪并未解除，身体为了解除表邪而出现气上冲。水邪停积于胃，故逆满。胡老认为本方条文里面的“脉沉紧”是意指胃里有寒水，水停在胃则“起则头眩”。

1.4 刘渡舟认为本方的病机主要是心脾阳虚。太阳伤寒本应发汗而误用吐下，使中上焦阳气受伤，形成心脾阳虚而水气上犯。刘老认为经过吐下后病已离表，故不宜再发汗，若再发汗则会伤及经脉之气，即“发汗则动经”之谓。用本方则起到温阳健脾利水的作用[6]。刘老还认为本方是治疗水心病的有效方[7]，治疗范围得到了进一步的拓宽。

1.5 黄煌则从方证相应的角度进行开拓与尝试。黄煌从方证的角度对本方的治证进行提炼，把治证归结如下 4 个方面，1）心下动悸，或气上冲胸，或眩晕。2）腹部软弱或胸胁部胀满，或胃内有振水音。3）小便不利，有浮肿倾向。4）大便溏薄。口淡无味。常吐清唾，苔白滑[8]。他还根据本方主症，摸索出一系列的适应病。比如，1）以眩晕为主的疾病有：耳源性眩晕，高血压，神经衰弱，低血压。2）以心悸为主的疾病：冠心病，肺心病，等等。3）眼科疾病：结膜炎，视网膜病变，等等。3）以胃中有振水音为主的疾病：如慢性胃炎，消化道溃疡，胃神经官能症[9]，等等。

1.6 日本汉方学派日本尾桧榕樘将本方治证归纳为：心下逆满，上冲，起则头眩，小便不利。他还根据“目眩”之症发挥用于一些眼部病变[10]疗效显著。古方派医家汤本求真则对本方的病机做了一番详尽的论述：

吐后或下后云者，示腹内无充实之毒。心下逆满，谓自下方向心下部而作满也。而所以致此者，与桂枝去芍药证所致之胸满无异，大概由于吐或泻下后，内毒脱尽，同时不外其反动而气上冲之结果也。然与桂枝去芍药汤之只为胸满气上冲不同，此

心下逆满，乃气与水毒相伴而上冲之征，与前者胸满之内空虚异也。心下逆满，即停水于胃部膨满之内部，又气上而冲胸，起则头眩，亦均与发心下逆满之理同。然因水毒侵袭之部位不同，故所现之症状各异也。又脉之沉紧为里有水毒之征，故仲景举此脉侯，以示本方证水毒之由来也。本方之病证因于水毒之上冲，故治之必须本方也。若误以发汗剂，则即为逆治矣。经，血管系也。气冲动经，使肌肉失调，身振振摇，即使身体至于振战动摇。然只有此症状而无余症，即成误治后之逆证，尚须本方为主治之意也[11]。

2 个人体会：

本人在近两年的临床实证中比较倾向以方与证的对应辨证为主，兼故脏腑和病因的辨证。方证辨证是一种执简驭翻的方法，省去复杂的病机分析，临证应用方药明了，有很强的可重复性。对于本方的应用，本人重点抓住《伤寒论》和《金匮要略》有关本方条文中 ”起则头眩“ 、“气上冲胸”、 “身为振振摇“ 、“目眩“ 等四个主要症状作为用方主要指证。临床取得很好的效果。

组方药物功用分析

苓桂术甘汤虽然仅有四味药，但是组方严谨，各司其职。这也是仲景经方一大特色。要理解药方的整体功用，要先理解每个药物的功用，这样就会容易得多。下面对四味药逐一进行分解。

1 茯苓

•李时珍[12]：1） 治胸胁逆气，忧恐惊邪，心下结。2） 开胃止呕吐，安心神。 3）利小便。4）补五劳七伤，开心益志。

•邓中甲[13]：平冲降逆，利水渗湿，健脾。

•梁颂名[14]：现代药理学研究显示本品有明显的利尿、降糖、镇静的作用。

2 桂枝

•梁颂名[15]：药理研究显示本品挥发油：1） 可以抑制多种肠道细菌和流感病毒。2）能刺激汗腺而发汗。3）能促进消化液的分泌以及增加胃肠蠕动，有助于胃肠积气的排除。4）有强心、镇痛的作用。

•汤本求真[16]：吉益东洞的经验是桂枝主治冲逆耶，兼治奔豚、头痛发热、恶风汗出、身痛。

3 白术

•李时珍引《本经》[17]：治风寒湿痹，止汗除热消食。大风在面，风眩头痛目泪出，消痰逐水，皮间风水结肿。

•李世文等[18]：白术有持久的利尿作用。

4 甘草

•汤本求真[19]：主治急迫，故能治里急、急痛、挛急。兼治厥逆、烦躁、冲逆、悸、咳、惊狂、悲伤，癖硬、下利。

用于躁、急、痛、逆诸证。还用于气液不足。

下面我用一个表来将上面这些繁散的资料进行归纳,各药功用的异同则一目了然：

茯苓	甘淡，平	利水渗湿，利尿	治胸胁逆气，降逆	安心神	开胃止呕吐
桂枝	辛，温	发汗	降冲逆	强心	健胃，镇痛
白术	苦甘，温	逐水消痰，利尿			健脾祛风，风眩头痛
炙甘草	甘，平	缓急解痉	降逆	安神，补气生津	镇痛

3. 病案报告

案 1 肾衰竭伴高血压案

叶某，男，52 岁。 2015/6/7 初诊 2 月前夜尿多乏力，去医院检查，诊断为肾功能衰竭，左肾有囊肿。血压 160/100 毫米汞柱。医生安排 7 月中旬做进一步肾功能检查。在此期间处方降压药、血管扩张药和降脂药，患者症状加重。后经人介绍找我治疗。

刻诊：初步印象：脸色晦暗，体型偏瘦。

患者主诉：非常乏力，夜尿每个小时一次，影响睡眠。

一般症状：食欲全无，见食物则恶心欲呕。口干不饮。小便多泡，色黄。头晕，起身时加重。怕风，无汗，双手碰到冷水则全身冷战。

腹诊：脐下悸动，腹肌紧。

舌苔白，腻，舌质淡白。舌边有齿痕。脉弦。

分析：脐下悸，起则头晕，为苓桂术甘汤证。恶心欲吐，既是“气上冲”感，也是水毒聚以胃脘。

处方苓桂术甘汤加龙骨牡蛎，取药 7 天。

2015/6/14 二诊：夜尿减为每晚 2 次，睡眠好转。头晕减轻。食欲稍有好转。舌苔淡黄，舌质淡白，脉弦细。血压 140/90 毫米汞柱。

拟加大去湿理中，和血，处方前方加干姜，半夏，陈皮，当归。并加大茯苓用量。取药 7 天。

三诊：头晕大为好转，偶尔有感觉，食欲恢复，看见桌上的饭菜不再有恶心欲吐感。舌质淡红，苔薄白，齿痕减少。无乏力。手洗冷水已无冷战现象。

案 2 心悸伴胁肋疼痛案

Mrs. Livingstone, 50 岁。2015 年 12 月 4 日初诊。

主诉：心悸，右季肋痛 1 年。患者感觉右上腹部胀满。西医检查未见器质性异常。

刻诊：形体略胖，右上腹压痛，脐上悸动，腹部柔软，食欲可，睡眠可大便，脉弦滑，舌质淡，舌苔白厚。

分析：季肋痛，右上腹痛提示柴胡证。心悸，脐上悸与脉舌综合提示有痰饮凌心，为苓桂剂适应症。“病痰饮者，当以温药和之”。

处方苓桂术甘汤加厚朴苍术，7 天。

2015 年 12 月 12 号二诊：已没有右上腹痛和胀满感，也没有心悸。仍触有脐上悸。处方苓桂术甘汤加厚朴苍术牡蛎。14 天。

未再就诊。她女儿来治病时告知其母因觉得身体没有任何不适，故未来继续就诊。

体会：

对病例一我抓住患者‘头晕，起身时加重‘，此属于“起则头眩“； 脐下悸动，恶心欲吐属于”气上冲胸“，与本方方证对应。临床效果显著。第二个病例右季肋痛，可用柴胡，但患者脐上悸动，属于”气上冲胸“，加上舌苔白厚，与本方对应，临床效果如鼓应桴

4. 总结

痰饮为阴邪，是属于无形之痰，性质同与湿性，比较黏滞，临床治疗非常困难，祛痰、化痰，消饮等不能有效快速治疗，缠绵难愈。张仲景另辟蹊径，提出以‘和’治之。并且立苓桂术甘汤为和解痰饮之首方，经历后代医者临证应用确实疗效很好。

各个医家根据自己的理解，从不同的角度对本方加以阐述，略有不同。陈修园在《伤寒论浅注》里认为本方是意在实脾，而阻邪传变，但在《伤寒医决串解》里他又说本方治疗“吐下后邪解而饮发之症，他同时又从内风论述；徐灵胎从阳虚动肾水；胡希恕从水停中焦；刘渡舟从心脾阳虚，水汽上泛入手。但从中也可以窥见他们有一个观点是一致的，那就是本方主要是治疗水饮停积中焦上泛所致之证。

从以上药物分析资料可以发现苓桂术甘汤的主要功效是祛除水液，降逆安神，健脾。故用于中焦阳虚，水饮凌心的患者收效很好。对以阳虚动肾水的患者，我觉得还应用真武汤合适。

我在临床中也发现本方以水停中焦者比较适合，特别是见有舌苔白后或滑，其中一个主要指证，疗效更好。

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中医综合疗法对肩周炎患者疗效观察

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摘要

目的 探讨中医综合疗法对肩周炎患者的临床疗效。**方法** 20 例肩周炎患者进行肩部阿是穴火针，浮针，毫针透刺、围刺、合谷刺，拔罐等中医疗法，以散寒固表，活血通络，祛血淤痰浊。体针调气血滋养肝肾安神定志。每周一次治疗，10 次一个疗程，最长 1 个疗程。同时每天口服 10 克宋氏肩周炎冲剂，并外用宋氏关节炎膏，以祛风寒湿邪并活血化淤行气舒筋为主，兼以健脾养肝肾。**结果** 治愈 5 例，显效 11 例，有效 4 例，无效 0 例，总有效率 100% 。**结论** 中医多种针法针灸治疗，配合拔罐，达到止痛，松解粘连，并给风寒湿淤等病邪以出路，活血通络，安神定志，提高抵御外邪能力，多数病人第一次治疗结束，疼痛缓解，关节活动度大幅增加；中医药物治疗，达到巩固疗效，固护正气，防治外邪再次侵袭。上述针药并用中医综合疗法，祛邪而不伤正，标本兼顾，取得非常好的疗效。

关键词 肩周炎；针灸;火针、浮针、毫针;拔罐；宋氏肩周炎中药颗粒、宋氏关节炎中药软膏。

Clinical Observation on the Effect of Integrated TCM Treatments for Periarthritis of the shoulder

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ABSTRACT

Objective
To explore the clinical effect of integrated Traditional Chinese Medicine (TCM) therapies on periarthritis of the shoulder.

Method
Twenty patients with periarthritis of the shoulder received acupuncture on Ashi points by heat needle pricking , FSN floating acupuncture, filiform needle in deep or surrounding tissue and cupping therapy. Weekly treatment was given for ten sessions per course. During the course, patients took orally 10 grams per day of Dr Song's Herbal Periarthritis Powder and daily externally applied Dr Song's Arthritis Cream.

Results
Five cases were cured. 11 cases were significantly improved. Four cases were effective. There was no ineffective case. The total effective rate was therefore 100%.

Conclusion
It is believed that the integrated therapies achieved pain relief through releasing local conglutination, removing pathogenic factors such as wind, cold, dampness and blood stasis from the shoulder, as well as improving blood circulation and calming the mind. Meanwhile, Chinese herbs can help consolidated the curative effect by improving Qi and blood circulation, and preventing and treating the invasion of pathogenic factors.

Key words

Periarthritis of the shoulder; acupuncture ; heat needling; FSN acupuncture; filiform needling; cupping therapy; Dr

Song's Herbal Periarthritis Powder; Dr Song's Arthritis Herbal Cream

肩周炎，中医称凝肩，漏肩风，五十肩。该病多发于 50 岁以上，由于气血虚弱，卫表不固，风寒湿邪乘虚而入，堵塞肩周经络，气血运行不畅，不通则痛；气血痰凝滞日久，筋脉不养，肩周软组织粘连，肩关节活动受限。西医予止痛片，及糖皮质激素联合麻醉药封闭治疗，因不能从根本上解决问题，疗效不佳。因此有必要探索标本兼顾疗效可靠迅速的中医综合疗法。笔者将 2 年来针药并用，治疗 20 例肩周炎患者临床疗效报道如下。

1. 资料与方法

1.1 一般资料

20 例肩周炎病人均为 2 年来本人诊治的病人，其中男 7 例，女 13 例，年龄 50～83 岁，平均年龄 60.3 岁，发病时间 6 个月～11 年，平均病程 4.2 年。

1.2 临床表现

症状：所有病人均为 50 岁以上中老年人，肩部串痛，遇风寒痛增，得温痛缓，畏风恶寒，肩部有沉重感，肩关节活动受限。疼痛甚至由肩部延伸至远端肘臂手指。病人伴有不同程度的口干，乏力；腰膝酸软，头晕眼花。

查体：肩前，中，后及三角肌可及压痛点及（或）痛性筋结。病程时间长的高龄患者，可见肩部肌肉萎缩。肩关节屈、伸、外展、内收、外旋、内旋、环转活动幅度不同程度受限。脉弦。舌红少苔或舌淡苔白腻齿痕。

1.3 诊断：

局部辩证诊断：风寒湿邪阻滞经络，气血闭阻，筋脉拘急；阴虚筋脉失养； 气虚围外不固。

三焦辩证诊断：下焦肝肾阴虚导致筋脉不养。中焦脾阴不足，脾气无以升发，胃不降浊，则中焦气机运化阻滞。脾气不足，肝升发不利，心阳不展，上焦围外气血不足，风寒湿侵袭滞留上肢筋脉；或上焦阴虚火旺导致上肢筋脉拘急。胃降浊不足，导致上焦心火不能敛收至肾阳中，继续灼伤筋脉，不容则痛；肺表阻络之寒湿阴浊不能随胃肃降至肾阴中，滞留筋脉不通则痛。五行一气不能周流，出现五脏症候。主要病位在肝波及五脏，主要病性为肝肾阴虚，风寒湿邪滞留筋脉，气血闭阻。

辨病诊断：肩周炎（凝肩）。诊断依据《中医病证诊断疗效标准》[1]：1) 慢性劳损，外伤筋骨，气血不足复感受风寒湿邪所致；2) 肩周疼痛，以夜间为甚，常因天气变化及劳累而诱发， 肩关节活动功能障碍；3) 肩部肌肉萎缩，肩前、后、外侧均有压痛，外展功能受限明显，出现典型 的 “扛肩”现象；4) X 线检查多无明显异常，病程久者可见骨质疏松。

1.4 治疗方法

1.4.1 中医针灸拔罐疗法

（1）火针：阿是穴火针轻轻点刺。

（2）浮针：阿是穴附近疏松软组织较多处刺入浮针，针尖指向阿是穴，扫散 3 分钟，拔出针芯，保留皮下留置管，嘱病人自由活动肩部 5 分钟。

（3）毫针：

*透刺：

肩髃穴透极泉穴；腋逢穴透肩贞穴。注意，腋部有大的血管神经，进针一定要缓慢，给神经血管足够的时间躲闪，一旦患者出现疼痛，为针碰到血管神经，立即停止进针，不以针尖达到对侧皮下为标准。

通督脉：脊中穴透筋缩穴、至阳透神道穴、身柱透大椎穴。

*围刺：

肩胛骨八卦围刺，以天宗穴为中土，在肩胛骨缘作坎离震兑巽坤艮乾八卦围刺。

肩髎穴、肩井穴等痛点阿是穴单刺。对于痛性筋结，依据结节大小予傍刺，齐刺，五行刺，合谷刺。

*辩证刺：

行气血：合谷太冲。

沿经取穴调经气：列缺，曲池，阳池，养老，后溪。灵骨，大白。

养肝肾舒筋壮骨：太稀，三阴交，阳陵泉。

运化中土补气血：阴陵泉，足三里。

督任相交，坎离济济，安神止痛：水沟，承浆。脐针坎离卦。

金属针柄接电针仪，予连续震动波。留针时间为 40 分钟。

（4）拔罐：起针后毫针孔浮针孔立即拔罐。拔出淤血后，浮针孔予浮针贴覆盖。

1.4.2 中药内服外用：

（1）口服宋氏肩周炎冲剂：由麻黄、桂枝、桑枝、甘草、黄芪、防风、羌活、海风藤、鸡血藤、延胡索、伸筋草、透骨草、当归、白芍、赤芍、骨碎补，16 种中药浓缩颗粒组成。每天 10 克（1 克中药浓缩颗粒相当于 7 克原生中药），分 2 次口服。每种中药颗粒的具体用量，依据每个病人的具体辩证而不同。主治标实（风寒湿邪滞留筋脉，气血凝滞），兼治本虚（气血肝肾之虚）。

（2）外用宋氏关节炎膏刮擦阿是穴。

成分：伸筋草，透骨草，海桐皮，鸡血藤，桂枝，葛根，艾叶， 黑附片等。

1.5 疗程：每周治疗一次，10 次一个疗程，最短一次治疗，最长治疗一个疗程。治疗期间每天口服宋氏肩周炎冲剂及外用宋氏关节膏。

1.6 疗效判断标准

疗效判定参照《中医病证诊断疗效标准》[1]判定疗效。痊愈：肩部疼痛消失，肩关节活动范围恢复正常；显效：肩部疼痛缓解明显，肩关节活动范围改善明显；有效：肩部疼痛基本缓解，肩关节活动范围部分改善；无效：症状无改变。

2. 结果

治愈 5 例，显效 11 例，有效 4 例，无效 0 例，总有效率 100% 。

3. 讨论。

3.1 病机分析：

肩周炎全称肩关节周围炎，主要是指肩关节周围肌肉、韧带、肌腱等软组织发生损伤和退变，从而引起关节囊和关节周围软组织的一种慢性无菌性炎症[1]，伴有局部肌肉粘连和萎缩。

肩周炎中医又称“五十肩 ”“漏肩风”“凝肩”属中医学的痹证范畴。最主要的临床表现是肩关节的疼痛和活动受限。其病机多因老年气血不足，脏腑津液虚衰，*肝肾亏虚，筋骨失养；*风寒湿邪阻滞筋脉；*气血闭阻，经络不通，筋脉拘急；*气虚围外不固，病症迁延不愈。每个病人身上这四种证型或以主证或以兼证混合存在。

3.2 治则：祛风寒湿，温经络。行气血，通经络。健脾气。补肝肾。

3.3 治法

3.3.1 中医针灸拔罐疗法

（1）阿是穴火针。

《灵枢·经筋》曰经筋病 “以痛为输”；《灵枢·经筋》明确提出了经筋病 “治在燔针劫刺”。阿是穴火针可振奋阳气，缓解阳经之迟缓，疏通经络，使局部血管反射性扩张，从而改善局部血液循环，促进新陈代谢，加快致痛因子及代谢产物的排出，有助于缓解肩关节疼痛，改善肩关节活动度。。

（2）浮针：

浮针刺入疏松软组织处，针尖指向阿是穴扫散，迅速拓宽气血运行通道，引阿是穴邪气外出。留置空芯管于皮下并活动肩臂，泻邪外出的同时，引含氧高的血再灌注，局部血液循环加速，迅速清除炎症介子及代谢产物，病人疼痛缓解显著，关节活动度明显加大，有利于松解粘连组织。

（3）毫针

*透刺：

肩髃穴透极泉：肩髃是大肠经，小肠经，阳跷脉交会穴，可理气化痰，祛除痰湿阻络；极泉穴是是手少阴心经最高位的腧穴。肩髃穴向极泉穴方向透刺，使三阳经与心经相通，从而心阳鼓动三阳经行气活血。

腋缝透肩贞：可疏筋利节，活血通络，松解粘连，促进上肢功能恢复。

通督脉：脊中穴透筋缩穴、至阳透神道穴、身柱透大椎穴。通过接针平刺，来疏通督脉，升发阳气，助卫外固表，助驱风寒湿邪外出。

*围刺：

阿是穴是治疗经筋病具有靶向性的施术部位。肩关节疼痛和活动不便，多累及背部足太阳经和足少阳经，引起肩胛骨缘或骨缝疼痛，以痛为输，故以天宗穴为中土，在肩胛骨缘作坎离震兑巽坤艮乾八卦围刺。肩髎穴、肩井穴常常是痛点，予以单刺通经活洛。在患者肩关节周围常可及痛性结节，大小不一，是肌肉及肌腱挛缩或炎性肿胀处，也是阿是穴，给予傍刺、齐刺、五行刺或合谷刺等针法通经活络，改善局部血液循环而使持续收缩而变硬的肌腱弛缓、放松，炎性肿胀吸收变小，疼痛缓解。

*辩证刺：

局部气血凝滞是肩周炎的主要因素，遂针刺合谷太冲开四关行气血。

肩周炎疼痛，常由肩部延伸至肘臂甚至手部，在病灶所在的经脉上，肘以下沿经取穴，如列缺，曲池，阳池，养老，后溪。灵骨，大白。手三里穴。疏通经络，平衡气血，调节相应经脉的经气，可缓解相关肌肉的痉挛和神经水肿导致的疼痛。

肩周炎患者多为 50 岁以上，肝肾已虚，筋骨不养，不荣则痛，予针刺太稀，三阴交，阳陵泉，调养肝肾，舒筋荣骨。

脾胃是后天之本，气血生化之源，四肢肌肉之主。脾胃中土升降协调，则五脏一气周流，四肢骨坚肉强。故以针刺阴陵泉，足三里，运化中土，气血充，卫气坚固，四季脾旺不受邪。

督任相交，坎离济济则神安痛止，遂针刺水沟，承浆；脐针坎离卦，以安神止痛。

金属针柄接电针仪，连续波震动随着毫针准确直接达到深部肌肉肌腱，松解粘连，通经镇痛。

（4）拔罐：

起针后毫针孔及浮针孔均拔罐，利用罐的拔吸力，将风寒湿邪拔而去之。血淤痰瘀拔而除之。

3.3.2 中医药物疗法：

（1）口服宋氏肩周炎冲剂：

散天部之风寒，温经通络以止痛：麻黄、桂枝、桑枝。

运化人部气血以固表；祛筋肉间风湿以通经络，行气活血化瘀以止痛：甘草、黄芪、防风。羌活、海风藤、 伸筋草、透骨草。鸡血藤、延胡索 。

容养地部之阴，以柔筋舒筋壮骨以止痛： 当归、白芍、赤芍、骨碎补。

（2）外用宋氏关节炎膏刮擦阿是穴：艾叶，黑附片以助阳固表。 桂枝，葛根以升阳散寒。伸筋草，透骨草，海桐皮，鸡血藤以祛肌肉筋脉间风寒湿邪，活血通络舒筋。

总结：

肩周炎属于中医“痹证”范畴，《素问·痹论》曰：“所谓痹者，各以其时重感于风寒湿也”。 该病患者多为 50 岁以上，卫气虚衰，不能固表，风寒湿邪乘虚而入，痹阻经络为本病的主要病理机制。风寒湿邪留于肩部筋骨，气血凝滞，患者疼痛难忍伴有肩部活动受限。治予祛风散寒、除湿通络，活血止痛为主；益气固表，补肝肾为辅。本组治疗采用多种针

灸方法，且针药罐并用，局部与全身同调，内外同调，祛邪而不伤正，是取得良好疗效的关键。

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作者宋志香，英国伦敦Dr Song Clinic主诊医生，英国中医药学会全科中医师，国际中西医结合主任医师。哈尔滨医科大学学士学位，北京中医药大学硕士学位。曾在北京三甲医院工作及私人中医馆兼职20余年，北京市医师协会会员。通过中国国家考试，取得卫生部和北京市卫生局颁发的中医执业医师资格证书、内科执业医师证书、全科医师证书、院内感染控制医师证书等多专业行医资格的执业医师。发表医学论文30余篇，多次在中西医国际医学学术会议上作论文报告。

癌症的诊断：我们中医师能做什么？

沈惠军

按照英国有关法规我们中医师不允许做癌症的诊断和宣称抗癌治疗。然而，在英国行医的大多数中医师都有很好的医学知识和临床经验，我们时不时会遇到癌症病人被漏诊误诊的情况，这时候我们如能给与正确的建议让病人尽快看GP以得到正确的诊断和治疗就显得至关重要，以免延误治疗。这里我报告几个癌症病人被漏诊误诊而被我发现和纠正的实例。

病例一：

第一例是在我 1995 年刚来到英国约 3－4 个月时。一天诊所预约了一位 60 余岁男性患者，主诉是乏力逐渐加重和贫血 10 个月。医生解释乏力是由贫血造成，10 个月中先后输血 11－12 次无明显改善。当时没有时间多想，仅按中医辨证论治给予十全大补类汤药，嘱一周后复诊。下班后回想这个病例，觉得医生的解释不合理。此病人明显虚弱消瘦，几近恶液质（Cachexia），不像是由贫血造成，因为一般贫血不可能如此严重，除非是再生障碍性贫血。但再障几乎都是青年发病，不太可能 60 余岁才首发。因此想到别的可能性，下次需要仔细诊查一下。

一周后患者来复诊，不出所料主症毫无改善。嘱其上床做腹部触诊，不料想我手刚触及腹壁，立即在其左上腹触及一柚子大小的硬质肿物，因腹壁薄很容易触及。我当即向病人表示，你腹部有一肿物，很可能是肿瘤，是造成乏力和贫血的原因。经向我的英国老板汇报，当即中止了中医治疗，嘱其立即看 GP。2－3 周后我的老板去电询问，告知确诊为晚期胃癌，已无法手术。最后结果不得而知，但我当时估计他只有 4－5 个月的寿命。奇怪的是，该患者已到胃癌晚期，却始终没有明显的消化道症状，西医没有认真地检查，想当然地误诊误治。

病例二：

那是 10 多年前在我伯明翰自己的诊所，一天进来一位中年男性问可否咨询一个医学问题，并问如何收费。我回复仅仅咨询不收费。他告诉我数周前做过腹部 B 超（为何原因而做我没记住），偶尔发现其一侧输尿管有尿液潴留(urinary retention in one of the ureter tubes)。我听后心里一怔说这你得看 GP 呀。 他答道看过 GP 了，说是“Nothing wrong，you can leave it.″显然他对 GP 的说辞不放心，到我诊所寻求 second opinion. 我听后当即表示，”This can be somthing nasty, so you can’t just leave it″. 我进一步解释道，尿潴留显然是输尿管有堵塞(Blockage) 造成的，而 Blockage 是一个 Outcome，在搞清楚堵塞的真正原因之前你不应该 just leave it. 我还告诉他，常见的堵塞原因有四种。炎症，结石，肿瘤和 TB。无论是哪一种都需要积极诊治，尤其还不知道什么原因造成你的病情，更不能 leave it. 该男子听后恍然大悟，又问如果 GP 仍然不 Care，那怎么办呢？我答道你就把我刚跟你说的跟你的 GP 说一遍 （you can try to tell your GP what I just told you).

大约 3 个月之后，这位男子再次走进我的诊所，问 ″Dr Shen, do you remember me?″ 我回想了一下说你前不久来做过咨询。他答道是的，”I come today to say thank you because you saved my life″. 原来他听了我的意见很快看了 GP，GP 很快安排了进一步检查，确诊早期膀胱癌，是一个约黄豆大小的癌瘤正好长在膀胱壁的一侧输尿管开口处。手术及抗癌治疗后，西医宣布他已经 Clear 了。这位癌症患者就这样在我这一个便士都没花，却保住了性命。

病例三：

第三例是林肯大学针灸专业的一位学生。我主讲三年级的一门临床课，其中一节是癌症。给每届学生讲癌症时，我都会强调在英国针灸师不能做癌症的诊断，不能宣称抗癌治疗这样的法律问题，同时我也告诉他们作为健康专业人员，我们应该具有癌症早期诊断的知识和警觉，因为这是生死攸关（It can be a matter of life or death). 每每说到这里，我会用到上面的两个活生生的实例，历年如此，学生们听得津津有味，对我这位老师敬佩有加（这不是自吹），有几次竟然全班为我鼓掌喝彩。

4 年前在这样的课堂上，类似的场景又出现时，突然有一位 50 余岁的女性学生变得兴奋激动起来，说道：“Henry, actually you also saved my life″. 这位女性不善言辞，只是在班里简短地讲述了她的故事。原来是三年前她上一年级时学习我讲的中医诊断学，有一节内容是中医触诊。关于淋巴结的触诊，我会告诉学生如果触及颈侧或颌下淋巴结肿大，一般不必紧张，因为这往往是由于普通的感染或炎症引起的，很常见。但如果发现锁骨上窝或锁骨下窝处有淋巴结肿大，就应该 be careful, 因为这十有八九是癌症， 肺癌，肝癌，胃癌和乳腺癌都可能向此处转移。

理论之后是操作演示，这位女性志愿作为受检者。无巧不成书，我偏偏在她一侧的锁骨上窝处摸到几粒豌豆大小的淋巴结。我当时不想吓着她，只是对她说应该去查一查。随后这件事早已被我忘到脑后，只知道她因为健康原因休学一年。复学后到了三年级已经是三年以后了。期间没人知道她的病情，直到癌症课上她情绪一激动说了出来。原来她当初听了我的意见，很快查出是乳腺癌，已经根治。从那年开始，我的癌症课上的生动病例就由两个增加到三个。

结语

在英国 22 年的中医临床中，我诊治过的癌症病人不算很多，但包括多例被误诊漏诊而由我协助确诊的，以上三例是很有代表性的。英国的许多 GP 看来知识较肤浅和局限，或由于节省开支等原因而不情愿对病人积极早期检查，这样癌症被误诊漏诊的屡见不鲜。而我们中国来的正规培训出来的中医师大多也具有丰厚的西医知识和经验，尽管我们必须遵守英国现行的医学法规，但在癌症诊治的某些方面我们还是可以发挥作用，这不仅是为了解救病人的生命，也有助于让西医界，政府部门和公众对我们刮目相看。

Cancer Diagnosis: What Can We Do?

Huijun Shen

By the UK regulation and law, we as TCM practitioners are not allowed to make diagnosis for cancer or to claim anti-cancer treatment. However, majority of TCM practitioners in the UK have good medical knowledge and clinical experience in dealing with cancer. From time to time we may see patients with cancer but being misdiagnosed. In this situation, it is crucial to give patients right advice so they should see their GP immediately to get a correct diagnosis and treatment before it is too late. Here I would like to talk about some cancer cases that I discovered their cancer when their doctors failed.

Case 1:

It was back in 1995, only 3-4 months after I first came to England. One day the clinic booked a male patient in his 60s. His main complaint was a progressive fatigue and anemia for 10 months. Doctors explained that his fatigue was caused by anemia, and he received blood transfusion in hospital 11-12 times over the past 10 months, but his condition was not improved. At his initial consultation, I

didn't have enough time to think thoroughly, but only did TCM syndrome differentiation and gave him Chinese herbal medicine based on the formula Shi Quan Da Bu Tang to tonify Qi and blood, and booked him for a follow-up a week after.

After work on that day, I tried to recall this case with the puzzle that it was not a simple anemic case, and the doctor's explanation did not make a good sense. This patient was so tired and slim, almost in a state of cachexia and he was dying. It does not look like caused by anemia because anemia is usually not so serious and life threatening, unless it is aplastic anemia. But almost all the patients with aplastic anemia have their onset at young age, hardly any cases with a late onset at the age over 60s. So I thought it could be something else and I should check out carefully next time.

A week after the patient returned with no any improvement in his condition which was not to my surprise. I asked him to lie on the couch for a physical examination including abdominal palpation. Once I put my hand on his abdomen, immediately I found a hard mass of a grapefruit size in his left upper abdomen, which was so easy to detect as his abdominal wall was very thin. I told the patient "you have a tumour in your abdomen, and that is most likely to be the reason causing fatigue and anemia". After I reported to my English boss, we stopped TCM treatment and told the patient to see his GP. 2-3 weeks later my boss phoned him and was told the diagnosis of advanced gastric cancer, and it was too late for surgical operation. The final outcome was unknown, but I at the time estimated that he had only 4-5 months to live. Strangely enough, this patient with stomach cancer in a late stage did not have any gastric symptoms. Western medicine doctors failed to examine him closely but only took it for granted that led to a wrong diagnosis and miss of early anti-cancer treatment.

Case 2:

The second case was over 10 years ago in my own clinic in Birmingham. One day a middle-aged man came in and asked for some advice and how much the charge was. I replied him no charge if it is only for some advice. Then he told me that a few weeks ago he had an abdominal ultrasound (for some reason I do not remember), and it found that he had a urinary retention in one of his ureter tubes. This gave me an immediate alert so I said "you should go and see your GP". He replied that he already spoke to his GP and was told "nothing wrong, you can leave it." Obviously he had his concern on the GP's response so he came to my clinic for a second opinion. I told him "this can be something nasty", as the urinary retention is clearly caused by the obstruction of the ureter, and the blockage is an outcome from something. "You should not just leave it before finding out the real cause of the blockage." I further explained to him that there are four common causes of ureter blockage: inflammation, stone, tumor or TB. No matter what kind they all need a proper diagnosis and treatment. In particular, "you do not know what causes your condition, how can you just leave it?" The man certainly believed me but asked "what should I do if my GP still doesn't care?" I said "you can try to tell him what I just told you."

About three months later, this man walked into my clinic again. "Dr Shen, do you remember me?" I recalled and replied "you came for some advice not long ago". He said "Yes. I come today to say thank you because you saved my life." What happened was that he took my advice and went to see his GP, and the GP soon arranged for further examination. It turned up with the diagnosis of early bladder cancer. The cancer of a soybean size was located close to the opening of a ureter tube on the bladder wall, it was operated on and he was cured. This man saved his life by taking my advice without spending a penny.

Case 3:

My third case was a student in our acupuncture programme in Lincoln University. I teach a clinical module with Year 3 class and one session of my lectures is on cancer. In my cancer lecture, I always stress the legal issues, such as, acupuncturists in the UK cannot make the diagnosis of cancer and claim anti-cancer treatment. Meanwhile, I also tell them that it is important for us as healthcare professionals to have the knowledge and alert for early diagnosis of cancer, as it can be a matter of life or death. Year by year, I always use the above two cases for case discussion, and students are often amazed by my stories. They very much admire me as their teacher with abundant clinical experience (this is not self boasting). On a couple of occasions, they even applauded in the classroom after hearing my stories.

4 years ago in my cancer lecture, a similar scene

emerged again and suddenly a female student aged over 50 became emotional and said: "Henry, actually you also saved my life." The woman is a quiet person and she just briefly told the class of her story. It was three years ago when she was in Year 1 learning my lectures on Chinese medicine diagnostics. There was a lecture on palpation technique. With regard to palpation of lymph nodes, I always tell students “if you find lymph nodes in the neck or under the chin, you don’t need to worry too much as this is very common and mostly caused by ordinary infection or inflammation. But if you find lymph nodes in the supraclavicular or subclavicular fossa (above and below collar bone), you have to be careful because it is more likely caused by a cancer, with cancer of lung, liver, stomach and breast often having the metastasis to these locations”.

As always, after the theory teaching I did a hand-on demonstration and this lady volunteered as the subject. It was such a coincidence that I happened to palpate 3-4 pea-sized lymph nodes in the supraclavicular fossa of her one side. I did not want to scare her but only said “you should have a check-up”. Afterwards I had totally forgotten about this from my head, and we only knew that she suspended her study for a year due to a health reason. After she resumed her study and reached to Year 3, it was already three years later. During that time no one knew about her disease until at my cancer lecture when she spoke out driven by her emotional burst. The story was that she took my advice to see her GP and they found out she had breast cancer. Soon she received anti-cancer treatment and was cured. Since that year, my vivid cancer cases for my lectures have increased from two to three.

In my Chinese medicine practice of 22 years in the UK, I haven’t seen many cancer patients. However I did see some of them who were misdiagnosed and with my help a correct diagnosis was achieved. The above three cases are very exceptional. Some GPs in the UK do not seem to have adequate knowledge and experience in cancer diagnosis, or they may too much focus on cost saving or for some other reasons so they are not always willing to offer early check-ups to their patients. This inevitably causes some cancer patients being misdiagnosed and anti-cancer treatments being delayed. Most of TCM practitioners have received proper medical training and obtained abundant knowledge and experience on cancer diagnosis and treatment in western medicine. While we must comply with the current British law and regulation, in some aspects of cancer diagnosis and treatment we can still play a role. This not only helps to save patients’ life, but also for Western medicine sector, health authority and general public to appreciate our contribution to the UK public healthcare.

浅析颜面再发性皮炎的中医诊疗

赵竞

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摘要：

目的：探讨颜面再发性皮炎的中医临床诊疗措施。

方法：通过对多位患者的病例分析，结合患者的病历资料与中医诊疗的基本理论，总结出针对性的中医治疗方案。

结论：传统中医对颜面再发性皮炎的治疗有独特作用，必须全面理解和掌握传统医学的诊疗理论和实践措施，更好的发挥中医的现代临床医疗价值。

关键词：皮肤科；中医；颜面再发性皮炎

颜面再发性皮炎是反复发生于中青年女性面部的一种轻度红斑鳞屑性皮肤病。临床特点是面部出现潮红斑片，上附有单层糠秕状鳞屑，自觉灼热及轻度瘙痒感，春秋季节易反复发作。

1 病因病机

1.1 风热血热　素体热盛，禀赋不耐，再加外感风热，两热相搏，蕴阻肌肤，上蒸于面而至。
1.2 风热血燥　风热反复侵袭日久，郁而燥血，肌肤失养，生风化燥于面部而至。
西医认为本病发病原因尚不明确。但与化妆品、花粉、尘埃、日光照射、卵巢功能障碍、习惯性便秘及消化功能障碍刺激面部皮肤而产生变态反应有关。

2　临床表现
2.1 好发部位　多见于两颧部及面颊部、额部，严重者可累及全颜面部，少数可发生于颈前三角区及颈部。
2.2　皮损特点　轻度局限性潮红斑片，有的有轻度肿胀，上附有细小糠秕状鳞屑，无丘疹、水疱及苔藓样改变。多见于 25~40 岁女性。突然发病，自觉瘙痒。反复发作可致面部色素沉着。
2.3　病程特点　发病后 1 周至 10 天左右消退，但易反复发作，春秋季节易发病，部分病人可反复发作 3~5 年。

3　损美评价
颜面再发性皮炎属于变态反应性疾病，多好发于中青年女性面部，潮红脱屑的局限性损害使面部皮肤形成较大反差，破坏了皮肤色泽协调柔和美。反复发作后还易致面部色素沉着，皮肤干燥起皱，失去了原有的光亮及润泽。

4　鉴别诊断
4.1　颜面单纯糠疹　发病原因不明确，好发于儿童，表现为面部局限性色素脱失斑，上附有细小糠状鳞屑，夏季多见。
4.2　面部接触性皮炎　有明显接触史，面部接触部位潮红，肿胀明显或有密集丘疹、水疱，自觉痒痛灼热，发病与季节无关。
4.3　面部湿疹　有湿疹反复发作史，皮损呈多形性，有丘疹，渗出及苔藓化倾向，自觉剧痒，与季节关系不大。

5　辨证论治

5.1　内治法
5.1.1 风热血热
治宜祛风清热，凉血止痒为主。临床症见：面部潮红肿胀斑片，边界尚清，上附有细小鳞屑，自觉瘙痒，口苦而干，便干尿赤，舌质红，苔薄黄，脉浮数。方选消风散合凉血五花汤加减。面部红肿明显者加水牛角；五心潮热者加地骨皮、青蒿。
5.1.2 风热血燥
治宜祛风养血润燥。临床症见：面部潮红肿胀斑片反复发作，皮肤干燥脱屑，口唇干燥，手心发热，舌质红，苔薄黄，脉细数。方选当归饮子加减。皮肤干燥起皱加丹参、鸡血藤；口唇干燥明显者加南沙参、北沙参、芦根。

5.2　外治法
5.2.1　发病初起潮红肿胀明显者可用内服中药的第三煎凉透后，六层纱布浸透药液湿敷患处 15~20 分钟，每日 1~2 次，5 天为一个疗程。
5.2.2　后期潮红肿胀已退，仅遗留有皮肤干燥脱屑时，每晚可用优质麻油或洋甘菊精油，棉签蘸后外涂患处，20 分钟后用餐巾纸吸附，残留油过夜后晨起温水洗除，5 日为 1 个疗程。

5.3　针灸治疗
5.3.1　毫针　取曲池、合谷、血海、太溪、三阴交、肺腧等穴位。中等度刺激，有针感后留针 30 分钟。每日 1 次，5 次为 1 个疗程，症状改善后改为隔日 1 次。
5.3.2　放血疗法　取耳尖穴。先用手指揉捏耳尖部充血，常规消毒后用三棱针点刺耳尖部，挤压周围使之出血 5~7 滴，使热血外出，毒邪得泻。每周 2 次，6 次为 1 个疗程。
5.3.3　穴位埋线　取大椎、肺腧、血海、曲池等穴。先用甲紫液定位，常规消毒，将埋线针穿线后用注线法注入穴位。24 小时禁沾水，预防继发感染。15 天 1 次，3 次为 1 个疗程。对反复发作者效佳。

6 预防调摄
6.1　禁食刺激性食物及海鲜发物。
6.2　注意避免日晒，外出回家后用清水洗面。
6.3　面部少用化妆品。

参考文献

刘宁　中医美容学

中医传统成方的临床新用举隅

孙朋悦

乌鸡白凤丸

乌鸡白凤丸来源于《寿世保元》，由中药成分乌鸡、生地黄、熟地黄、当归、鹿角胶、人参、白芍、丹参、香附、山药、鳖甲、天门冬、川芎、芡实、牡蛎、鹿角霜、桑螵蛸、黄耆、甘草、银柴胡组成。具有补气养血、调经止带的功能。本品常用于治疗月经不调、痛经、功能性子宫出血、产后恶露不尽、带下。现将近年临床应用进展综述如下。

1. 原发性痛经

原发性痛经为功能性痛经，是年轻女性常见的病症。余加友等[1]应用此方联合温经汤治疗原发性痛经 60 例。结果显示重度原发性痛经 15 例，痊愈 6 例、显效 7 例、有效 1 例、无效 1 例，总有效率 93.33%；中度 29 例，痊愈 12 例、显效 15 例、有效 1 例、无效 1 例，总有效率 96.55%；轻度 16，痊愈 16 例，总有效率 100%。温经汤和乌鸡白凤丸联合治疗原发性痛经显示良好疗效。

另有报道，薛兵[2]联合理疗以此方治疗原发性痛经 46 例。46 例患者治愈 34 例、好转 11 例、无效 1 例，总有效率 97.8%。

2. 功能性子宫出血 （崩漏）

舒敏[3]临床使用此方配合养血当归糖浆治疗青春期功能性子宫出血 21 例。结果痊愈 11 例、显效 5 例、有效 2 例、无效 3 例，总有效率 85.7%。

周岩[4]观察乌鸡白凤丸联合止血汤及炔雌醇环丙孕酮片治疗青春期功能性子宫出血的临床疗效。85 例患者随机分为两组。对照组 35 例口服炔雌醇环丙孕酮片；治疗组 50 例在对照组治疗基础上加服乌鸡白凤丸和止血汤。结果显示治疗组痊愈 36 例、显效 8 例、有效 4 例、无效 2 例，总有效率 96.00%；对照组痊愈 19 例、显效 5 例、有效 2 例、无效 9 例，总有效率 74.29%。治疗组优于对照组（$p<0.05$）。

3. 药物所致闭经

闭经是抗精神病药物的常见不良反应。许勤伟等[5]临床应用乌鸡白凤丸治疗抗精神病药物利培酮所致闭经 43 例。结果显示痊愈 13 例、好转 24 例、无效 6 例，总有效率 86.0%。乌鸡白凤丸治疗利培酮所致闭经的临床疗效良好。

4. 更年期综合征

李小媚等[6]报道乌鸡白凤丸治疗围绝经期综合征 120 例。服药 3 个月后，改善潮热出汗、烦躁易怒症状最为显著，Kupperman 评分明显下降，服药前与服药后比较分值有显著性差异（$p<0.01$）。所有患者均无胃肠道反应和阴道大量流血。乌鸡白凤丸能明显改善围绝经期综合征患者的临床症状，疗效显著。

5. 乳腺囊性增生

黄振瑞等[7]报道乌鸡白凤丸治疗乳腺囊性增生 71 例。治疗 1 个月后，结果显示显效 34 例、有效 35 例、无效 2 例，总有效率 97.2%。

6. 女性不孕症

徐云虹[8]应用乌鸡白凤丸配合定坤丹临床治疗女性不孕症。22 例患者结婚 2 年以上，配偶常规化验正常，女方妇科检查子宫发育正常，无子宫肌瘤、生殖系统结核和输卵管不通等疾病。3 个月为一个疗程，治疗 3 个疗程。结果治愈 20 例，无效 2 例。其中服药一个疗程治愈 9 例，服药两个疗程治愈 8 例，服药三个疗程治愈 3 例。

7. 慢性乙型肝炎

和秋芬[9]探讨拉米夫定联合乌鸡白凤丸对慢性乙型肝炎抗病毒疗效及对 YMDD 变异的影响。100 例患者随机分为治疗组（50 例）和对照组（50 例）。治疗组联合使用拉米夫定和乌鸡白凤丸治疗；对照组单用拉米夫定。治疗 48 周。结果显示治疗组 HBVDNA 阴转率 90%，高于对照组的 68%（$p<0.05$）；治疗组 YMDD 变异检出率为 10%，低于对照组的 26%（$p<0.05$）；治疗组 HBeAg 阴转率 46%，HBeAb 阳转率为 28%，分别较对照组的 32%和 18%高（$p<0.05$）；治疗组 ALT 复常率 90%，高于对照组的 60%（$p<0.05$）。米夫定联合乌鸡白凤丸对提高慢性乙型肝炎患者的疗效，减少 YMDD 变异有良好的作用。

黄礼周[10]报道加用乌鸡白凤丸治疗慢性乙型病毒性肝炎患者乏力的临床疗效。120 例患者随机分为治疗组和对照组各 60 例，对照组服用西药阿德福韦酯片治疗；治疗组在对照组治疗基础上，加服乌鸡白凤丸治疗。两组疗程均为 6 个月。结果显示治疗组显效 42 例、有效 17 例、无效 1 例，总有效率 98.3%；对照组显效 30 例、有效 22 例、无效 8 例，总有效率 86.7%。治疗组的疗效优于对照组（$p<0.05$）。乌鸡白凤丸能有效改善慢性乙型病毒性肝炎患者乏力症状，可提高慢性乙型病毒性肝炎患者的生活质量。

8. 肝纤维化和肝硬化

方焱明[11]以乌鸡白凤丸联合鳖甲煎丸治疗血吸虫病肝纤维化 46 例。疗程 3 个月。结果显效 39 例、有效 7 例，总有效率 100%。临床症状、肝功能基本恢复正常。

陈瑞红等[12]报道乌鸡白凤丸联合大黄䗪虫丸治疗慢性乙肝肝纤维化、早期肝硬化的临床疗效。114例患者随机分为两组，治疗组58例给予乌鸡白凤丸、大黄䗪虫丸口服；对照组56例给予复方丹参滴丸口服，两组均常规使用维生素C、复方益肝灵、葡醛酸钠等保肝药。结果治疗组显效 33 例、有效 18 例、无效 7例，总有效率 87.9%；对照组显效 24 例、有效 14 例、无效 18 例，总有效率 67.9%。两组总有效率比较有显著性差异($p<0.05$)；另外，治疗组血清 与对照组相比，HA、LN、PCⅢ、IV-C 等水平明显下降 ($p<0.01$)，说明两药联合能有效地改善肝脏微循环，促进肝细胞修复和再生，阻断或减轻胶原纤维的生成，延缓肝硬化的发展，防止并发症发生，全身症状得到改善。

王长海等[13]临床使用乌鸡白凤丸配合西药（肝泰乐，肝苷和复合维生素 B2）治疗失代偿期肝硬变 5 0 例，并设单纯西药对照组 50 例(肝泰乐，肝苷和复合维生素 B2)。10 天一个疗程，治疗 5 个疗程。结果表明，治疗组对改善症状诸如乏力、腹胀），改善肝功能（白蛋白含量）等方面，作用均明显优于单纯西药组（$p<0.05$ 和 $p<0.01$）。提示乌鸡白凤丸有确切的保肝作用，中西医结合是治疗肝硬变的有效方法之一。

9. 慢性腹泻

庞学军等[14]报道乌鸡白凤丸合并洛哌丁胺治疗慢性顽固性腹泻 60 例。两周为一个疗程，治疗 1-3 个疗程。结果显示痊愈 38 例、显效 11 例、有效 8 例、无效 3 例，总有效率 95%。乌鸡白凤丸合并洛哌丁胺可有效缓解慢性顽固性腹泻的临床症状。

武运喜等[]报道乌鸡白凤丸治疗五更泻 28 例。连服 20-30 天。结果显示治愈 18 例、显效 9 例、无效 1 例，总有有效率 96.43%。疗效满意。

10. 其它方面

乌鸡白凤丸在治疗隐匿性肾炎、胃下垂、血小板减少症、原发性血小板减少性紫癜、慢性再障贫血、男性精液不液化、抗肿瘤化疗后白细胞减少症、腰椎间盘突出症等疾病[16-22]亦有报道。

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逍遥丸

逍遥丸来源于《太平惠民和剂局方》（1078 年），功能为舒肝健脾，养血调经。用于肝郁脾虚所致的郁闷不舒、头晕目眩、胸胁胀痛、食欲不振、月经不调。近年来，逍遥丸已广泛应用于多种疾病的治疗，现就其临床应用概述如下。

1. 抑郁症

黄运坤[1]等比较逍遥丸与氟西汀治疗肝气郁结型抑郁症的疗效及安全性。124 例患者随机分为逍遥丸组62例和氟西汀组62例，疗程为6周。结果显示逍遥丸治疗肝气郁结型抑郁症的疗效与氟西汀相当，两组在治疗 3 周、6 周后的 HAMD 总分比较无显著性差异；在改善的焦虑躯体化因子和阻滞因子方面逍遥丸优于氟西汀；对于治疗过程的不良反应，TESS 的总分和植物神经系统副反应逍遥丸低于氟西汀；CGI 疗效指数逍遥丸亦优于氟西汀。

张华东[2]等观察帕罗西汀联合逍遥丸临床治疗抑郁症。62 例患者随机分为研究组和对照组各 31 例。对照组服用帕罗西汀；研究组在服用帕罗西汀基础上给予逍遥丸组，疗程为 6 周。结果显示 6 周后两组 HAMD 和 CGI- SI 值比较无显著性差异；两组不良反应 TESS 值比较，研究组优于对照组有显著性差异(P < 0. 05)。说明逍遥丸合并帕罗西汀治疗抑郁症能够减少不良反应。

2. 焦虑症

焦虑症是以焦虑为主要特征的神经症，分为惊恐性障碍和广泛性焦虑两种形式。王文安[3]等对逍遥丸治疗焦虑症的临床疗效进了观察。 80 例患者服用逍遥丸 2 个月。结果显示痊愈 48 例（60%），显效 20 例（25%），有效 8 例（10%），总有效率 95%。

3. 心脏神经官能症

王辉[4]观察逍遥丸结合西药治疗心脏神经官能症的临床疗效。42 例病人随机分为治疗组和对照组。治疗组 22 例采用逍遥丸结合西药（谷维素+艾司唑仑+ 普奈洛尔）治疗；对照组 20 例采用单纯西药治疗。2 个月治疗后，治疗组显效 6 例，有效 11 例，总有效率 72.7%；对照组显效 3 例，有效 6 例，总有效率 45.0%。治疗组总有效率显著高于对照组，具有显著性差异 (P<0.05)。

4. 更年期综合症

更年期综合症是指妇女在绝经前后出现潮热、汗出、头晕、耳鸣、心烦、口渴、腰背关节酸痛等一系列生理病理变化。袁惠琴 [5] 观察逍遥丸治疗妇女更年期综合症的临床疗效。逍遥丸口服，10 天为 1 个疗程。33 例患者经 1～2 个疗程治疗，总有效率为 87.8%。

5. 肠易激综合征

肠易激综合征是一组持续或间歇发作，以腹痛、腹胀、排便习惯和（或）大便性状改变为临床表现，经检查排除可以引起这些症状的器质性疾病。王伟 [6] 报道临床用逍遥丸治疗肠易激综合征腹泻型 80 例。治疗组（80 例）用逍遥丸治疗; 对照组(78 例)用思密达冲剂治疗。4 周一疗程，治疗一个疗程。结果显示治疗组能显著改善肠易激综合征腹泻型的临床症状，总有效率为 87%，对照组为 75%，两组有显著性差异(P<0.05)。

6. 乳腺增生症

乳腺增生症属于中医学“乳痹”范畴，是女性常见疾病。张秋莲 [7] 观察逍遥丸结合乳康片治疗乳腺增生症62例临床疗效。1个月为1个疗程，连续治疗 3 个月。结果显示临床治愈 20 例，显效 28 例，有效 10 例，总有效率 93.55%。

7. 其它方面

逍遥丸对慢性乙型病毒性肝炎、黄褐斑、偏头痛、高催乳素血症、慢性疲劳综合症、失眠、原发性高血压病、功能性消化不良[8-16]等病症也有较好的疗效。

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六味地黄丸

六味地黄丸是中医治疗阴虚证的代表名方，始见于儿科专家钱乙的小儿药证直诀，**用来治**疗小儿先天不足，发育迟缓等病症，已有 900 **百年的**临床应用历史。

六味地黄丸作为中医滋阴补肾的传统方剂，临床主治腰膝酸软、头晕目眩、耳鸣耳聋、盗汗、遗精、消渴、骨蒸潮热、手足心热、口燥咽干、牙齿动摇、足跟作痛，小便淋沥，以及小儿囟门不合，舌红少苔，脉沉细数。近年来，**随着人**们对六味地黄丸研究的不断深入，**其已被广泛**应用于心脑血管、内分泌、泌尿生殖等临床各科疾病。

六味地黄丸的临床应用进展总结如下：

1. **高血**压 Hypertension

张天斗等[1]**将 136 例老年性高血**压患者，随机分为治疗组 70 **例和**对照组 66 **例。治**疗

组口服六味地黄丸，同时服用西拉普利；对照组单服西拉普利，观察 8 周。 结果治疗组降压总有效率 95.7%，对照组总有效率 86.4%，两组有显著性差别(P<0.05)；治疗组在降低 SBP 及 DBP 方面明显优于对照组(P<0.05)；治疗组在降低 BUN，Cr、mALB、ET 水平和升高 NO 水平方面，亦明显优于对照组(P<0.05)。说明六味地黄丸能改善临床症状，提高疗效，同时又从不同程度上延缓或逆转了老年性高血压患者的肾损害。

2. 糖尿病 Diabetes

王辉等[2]观察本方对糖耐量减低（impaired glucose tolerance，IGT）患者转化为糖尿病（diabetes mellitus，DM）的干预影响，随机分为对照组（35 例）和治疗组（29 例），对照组仅嘱限制饮食和增加运动，治疗组为在上述饮食运动基础上加用六味地黄丸 12 丸/次，每日 2 次，随访 2 年。结果发现，对照组糖耐量转为正常 7 例（20.6%），仍为 IGT 14 例（41.2%），转为 DM 13 例（38.2%）。治疗组糖耐量转为正常 18 例（62.1%），仍为 IGT 9 例（31.0%），转变为 DM 2 例（6.9%）。对照组发生 DM 的危险是本方组的 5.6 倍，表明本方对防止 IGT 发展成 DM 具有显著作用。

濮润等[3]应用 Meta-分析方法系统地评价六味地黄丸联合西药治疗 2 型糖尿病的疗效。他们利用资料库 Medline，PubMed，Cochrane Library 和中国知识基础设施工程检索合格的临床研究报道。这些研究报告的入选条件必须是随机分组的临床试验，试验组包括六味地黄丸和西药，对照组只有相应的西药。18 篇合格的研究报告中共包括 1609 名患者，分析发现加入六味地黄丸的试验组与对照组相比，患者的空腹血糖，餐后 2 小时血葡萄糖和糖化血红蛋白明显降低，治疗反应率 response rates 和控制率 control rates 有显著有改善。

3. 妇女更年期综合征 Female menopausal syndrome

胡淑贤[4] 等观察六味地黄软胶囊治疗更年期综合征(肾阴虚证)的临床疗效 。患者随机分为治疗组和对照组各 64 例，治疗组服用 Six Form 软胶囊，对照组服用左归丸。结果显示治疗组和对照组显效率分别为 45.32%和 25%，治疗组显效率高于对照组,有显著性差异 (P<0.05.)

4. 骨质疏松 Osteoporosis

张宏波等[5] 发现六味地黄丸对原发性疏松症(肾阴虚型)有良好的疗效。患者随机分为治疗组 30 例（六味地黄丸每日 3 次，每次 8 丸）；对照组 30 例（钙尔奇 D 0.6g，每日 1 次），比较治疗 12 个月。结果显示 ,对照组显效率 6.7%, 有效率 53.3%, 总有效率 60% ;治疗组显效率 60%, 有效率 30%，总有效率 90%，治疗组疗效明显高于对照组 （p<0.01）；治疗组腰椎、股骨颈骨、Ward,s 三角区 BMD 变化率，均明显高于对照组 (p<0.01)；治疗组尿钙/尿肌酐治疗后明显降低 (p<0.05)，对照组治疗前后无明显变化。

5. 慢性肾小球肾炎 Chronic glomerulonephritis

何泽云等[6]报道了六味地黄丸治疗肾阴虚型慢性肾小球肾炎的临床疗效。受试患者随机分成治疗组 22 例和对照组 21 例，两组均采用西医常规对症治疗，治疗组同时口服六味地黄丸浓缩剂，疗程 2 个月。结果显示，虽然两组均能明显改善肾功能，但在改善患者证候方面，治疗组疗效优于对照组(P<0.01)。另外，两组均能有效减轻水肿和尿蛋白，但是治疗组疗效优于对照组(P<0.05)。

6. 泌尿道感染 Urinary tract infection

王丽霞[7] 观察攻补兼施法治疗老年尿路感染的临床疗效 ,61 例老年尿路感染患者随机分为对照组和治疗组，对照组 30 例采用中医传统清热利湿疗法，给予八正散；治疗组 31 例在八正散基础上加六味地黄丸随症加减。结果：治疗组治愈 11 例，显效 15 例，有效 3 例，无效 2 例，总有效率 93.55%；对照组治愈 5 例，显效 9 例，有效 10 例，无效 6 例，总有效率 80%。治疗组明显优于对照组，两组疗效差异有统计学意义 （p<0.05）。

7. 老年功能性便秘 Senile functional constipation

李艳花等[8]报道六味地黄软胶囊治疗老年功能性便秘有良好疗效。105 例患者随机分为治疗组 52 例，对照组 53 例，两组均采用常规治疗，包括饮食治疗，运动治疗及腹部环行按摩等，在此基础上治疗组口服六味地黄软胶囊 1.14g/1 次, 2 次/1 天，14 天后观察。结果治疗组显效 36 例（69.23%），有效 12 例（23.08%），总有效率 92.31% ；对照组显效 17 例（32.08%），有效 14 例（26.42%），总有效率 58.50%。两组显效率和总有效率均有显著性差异 （p<0.05）。

8. 其它 Others

六味地黄丸在其他方面的应用还有许多报道，如帕金森病、老年性痴呆、泌尿系结石、前列腺增生、月经不调、不孕症、不育症、小儿多动症、小儿汗症、小儿遗尿症、慢性咽炎、复发性口疮、迟发性痤疮、过敏性紫癜、黄褐斑、性早熟、狼疮性肾炎等[9-25]，**亦有**较好效果。

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知柏地黄丸

知柏地黄丸为六味地黄丸加黄柏、知母而成，主要功能滋阴降火，用于阴虚火旺、潮热盗汗、口干咽痛、耳鸣遗精、小便短赤等病症。该方始见于《景岳全书》，距今已有 390 年历史。经过不断的发展，知柏地黄丸已成为常用中药，临床应用得到进一步拓展。现将其概述如下：

1. 妇女更年期综合症 Female Menopuase

更年期综合症是指妇女在断经前后出现潮热、汗出、头晕耳鸣、心烦口渴、腰背关节酸痛等一系列生理病理变化。杜岚霞[1] 临床应用知柏地黄丸治疗妇女更年期综合症取得良好疗效。200 例更年期综合症妇女， 服用知柏地黄丸，7 天一个疗程，共治疗 3 个疗程。 结果显示痊愈且 1 年未复发者 118 例，有效 65 例，总有效率 91.5%。

2. 糖尿病 Diabetes

迟桂春[2]应用格列本脲联合知柏地黄丸治疗 2 型糖尿病。60 例患者随机分为治疗组和对照组，每组 30 例。对照组均给予基础治疗和格列本脲；治疗组在对照组给药的基础上，另外配合知柏地黄丸。 结果显示，治疗后两组 FBG 比较, 治疗组优于对照组，有显著性差异 (P<0.05)；另外，治疗组 TG、TC、LDL-C、HDL-C 在治疗后均得以改善，其中 TG 降低最为明显，与对照组治疗后比较，有显著性差异 (P<0.05)。

3. 高血压 Hypertension

王雪平等[3]观察了中西医结合治疗原发性高血压肝阳上亢证。70 例患者随机分为治疗组（36 例）和对照组（34 例）。对照组接受倍他乐克常规治疗；治疗组在对照组治疗的基础上加服知柏地黄丸和天麻钩藤饮 3 个月。结果显示治疗组的显效率为 52.78%，对照组的显效率为 41.18%，两组疗效有显著性差异 (P<0.01)。

4. 慢性前列腺炎 Chronic prostatitis

慢性前列腺炎是男性成年人常见病, 易反复发作。杨德明[4] 临床观察知柏地黄丸治疗慢性前列腺炎 65 例。 患者服用知柏地黄丸， 15 天为 1 疗程。结果显示，治疗后 45 例治愈，16 例有效， 总有效率 93.85%，平均有效病例服药 1.5 个疗程。

5. 慢性咽炎 Chronic Pharyngitis

慢性咽炎是指慢性反复感染所引起的弥漫性咽部病变。陈晓梅[5] 临床应用知柏地黄丸和黄氏响声丸治疗慢性咽炎取得良好疗效。46 例患者随机分为治疗组（23 例）和对照组（23 例）。治疗组予知柏地黄丸和黄氏响声丸；对照组予复方硼砂漱口液。1 周为 1 个疗程，治疗 4 个疗程。结果显示治疗组总有效率 91%，对照组总有效率 78%，两组比较有显著性差异 (P<0.05)。

6. 老年性阴道炎 Senile vaginitis

老年性阴道炎常见于绝经后的妇女。陆萍[6] 应用口服知柏地黄丸配合中药阴道冲洗对老年性阴道炎进行治疗。患者 66 例，给予知柏地黄丸口服, 1 周为 1 个疗程，连用 3 个疗程，同时给予中药汤剂熏洗外阴。一个疗程之后治疗效果便显现，3 个疗程后临床效果更为突出，总有效率达 97.0%。

7. 原发性肾病综合征 Primary Nephropath Syndrome

黄国东[7]等报道了知柏地黄丸和补中益气丸配合肾上腺皮质激素治疗原发性肾病综合征。60 例患者随机分为对照组(30 例) 和治疗组（30 例），对照组按激素标准疗程给药；治疗组在与对照组相同的给药基础上，服用知柏地黄丸和补中益气丸。结果显示两组临床总有效率没有显著性差别，治疗组和对照组分别为 96.67%和 93.33%，但是治疗组完全缓解率(40.00%)显著地高于对照组(13.33%) (p<0.05)；治疗组 24 小时尿蛋白量水平明显低于对照组 (p<0.01); 治疗组激素不良反应发生率(6.67%)也低于对照组(86.77%) (p<0.01)。

8. 复发性口腔溃疡 Recurrent Mouth Ulcer

周萍[8]等观察了知柏地黄丸合用复方丹参片治疗复发性口腔溃疡的疗效。134 例患者随机分为治疗组(67 例)和对照组(67 例)。治疗组给予知柏地黄丸和复方丹参片；对照组给予左旋咪唑、维生素 B2、维生素 C、西吡氯铵。结果显示，治疗组总有效率 91.04%，痊愈率 85.07%；对照组总有效率 58.21%，痊愈率 26.87%。两组总有效率与痊愈率有显著性差异(P<0.05)。

9. 其它方面 Others

知柏地黄丸对老年尿路感染、老年口干症、女童性早熟、习惯性便秘、顽固性盗汗[9-13]等疾病也有良好疗效。

ZDP also have a good effect for urinary tract infections in the elderly, senile xerostomia, female precocious puberty, habitual constipation, intractable hyperhidrosis (sweats) and other diseases.

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The Point Combination of 30 Acupuncture Points by Prof. Shi Xue Min
石学敏院士的 30 个腧穴临床配伍

http://mp.weixin.qq.com/s?__biz=MjM5NjIxMzM4Ng==&mid=2649713249&idx=1&sn=b640f0426062bfd89f9ee9e0f5314884&chksm=bef76d848980e4927a57d39da86ba5ecf7e038ea49606b8e7b4525b8f5cd74f8b6468cbd6e8f&mpshare=1&scene=5&srcid=1024ixBmqZqS3JOfhtJFJlun#rd

English translation by Huijun Shen

Prof. Shi Xue Min, an eminent acupuncture master with his exclusively abundant clinical experience in acupuncture practice, is the vice president of China's Society of Acupuncture and Moxibustion, the president of Tianjin Society of Acupuncture and Moxibustion, who has made great contributions in the research, education and clinical practice of acupuncture in China and across the world. This article collects his experience in the clinical application of acu-point combination involving 30 commonly used acu-points.

1. Bai Hui (DU20): In combination with ① Si Shen Cong – to treat neurosis and insomnia; ② GB20 – to treat occiput or vortex headache of vascular type; ③ Ren4 and SP6 – to treat uterine prolapse, and ④ Moxa on Du20 with needling on LV2- to treat Meniere's disease.

2. Shang Xing (DU23): ① DU23 through to DU20, ST8 through to SJ20, plus ST2 – to treat vascular dementia; In combination with ② BL2, BL18 – to treat conjunctivitis; ③ ST8 and ST2-to treat Parkinson's disease; and ④ GB20 – to treat nose bleeding.

3. Ren Zhong (DU26): In combination with ① PC6, SP6 BL40, LU1 and LU5 – to treat stroke and stroke sequelae; ② PC6 and ST11 – to treat central respiratory failure; ③ ST44 and Ren22 – to treat hiccup caused by muscular spasm of diaphragm; ④ PC6 – to treat various pain to stop the pain, as well as shock or suffocation caused by carbon monoxide poisoning; (5). ST36 and ST9 – to modify blood pressure for either low or high blood pressure.

4. Guan Yuan (Ren4): ① moxa on Ren4 to improve immune function of the body for low immune disorders due to various reasons, including asthma, low libido and Bi syndromes (rheumatism and arthritis); Moxa Ren4 in combination with ② needling on HT7, BL57 to treat rectal prolapse; ③ needling on SP6 – to treat Placenta retention and cystitis; and ④ LV5- to treat vaginal trichomoniasis or infective vaginitis

5. Zhong Ji (Ren3): In combination with ① SP6, BL32 – to treat dysmenorrhea and other menstrual disorders; ② SP6 – to treat lack of ovulation; ③ BL32 – to treat prostatitis and prostate hypertrophy; ④ SP6, SP9, BL18, BL19 and BL20 – to treat diabetes causing residual urine in bladder.

6. Zhong Wan (Ren12): In combination with ① ST2, SI3, BL62 and DU1- to treat Epilepsy; ② ST21, ST25, ST28, Ren4 and St36 – to treat gastric prolapse; ③ LV3 and ST44 – to treat chronic gastritis; ④ BL18, BL20 and ST36 – to treat gastric and duodenal ulcer; and 5E. Du26, PC6 and ST39 – to treat hysterical vomiting, anorexia and asthma.

7. Tai Chong (LV3): In combination with ① LI4 – to treat Hyperlipidemia; ② LI4 and Si Shen Cong – to treat anxiety; ③ GB38 and ST1 – to treat Fundus arterial hemorrhage of the eye; ④ SP9 – to treat hepatitis with jaundice; and E. SP9 and ST36 – to treat chronic hepatitis.

8. Feng Chi (GB20): In combination with ① GB12 and BL10 – to treat ischemic cerebral diseases, such as vertebrobasilar insufficiency, cerebral embolism, ischemic medulla oblongata and pseudo-pulpal paralysis; ② Du16 – to treat ischemic atrophy of optic nerve; ③ cervical Jia Ji points – to treat cervical spondylitis causing tinnitus, vertigo, and/or headache; ④ Du14 (pricking), ST36 LI4 and LU6 – to treat common cold and flu.

9. Huan Tiao (GB30): In combination with ① BL25, GB34 and BL40 – to treat sciatica; ② ST36, ST41 and SP6 – to treat muscular atrophy or paralysis of the legs; ③ BL54 – to treat piriformis syndrome.

10. Yang Ling Quan (GB34): In combination with ①GV24, GB40, BL18 and BL19 – to treat cholecystitis, gallbladder stone, pancreatitis; ② SP9 – to treat frozen shoulder; ③ GB39 – to treat tibialis muscular atrophy; ④ BL40 and SP9 – to treat peroneal nerve injury

11. Zu Lin Qi (GB41): In combination with ① SJ5 – to treat tinnitus; ② DU26 and SI19 – to treat deafness; ③ SJ6 to treat intercostal neuralgia.

12. Nei Guan (PC6): In combination with ① ST36 to treat sick sinus syndrome of ehart by improving cardiac function; ② BL15, BL17 and BL13 – to treat

coronary heart disease; ③ HT7 and PC7 – to treat tachycardia.

13. Wai Guan (SJ5): In combination with ① local Ashi points – to treat tennis elbow; ② BL25, LI4, BL58 and Du26 – to treat rheumatism and arthritis. ③ DU14 (pricking) and ST40 – to treat malaria; ④ Ren17 and ST18 – to treat breast hyperplasia.

14. Wei Zhong (BL40): In combination with ① BL25, BL32 and BL54 – to treat Cauda equina injury; ② SP9 – to treat stroke sequela with leg paralysis; ③ GB40 and KI6 – to treat foot varus

15. Ci Bian (BL54): In combination with ① – to treat male and female sexual dysfunction such as impotence, pre-mature ejaculation, anejaculation. ②– to treat pain and paralysis of the leg; ③ to treat prostatitis, prostatic hypertrophy, and urinary retention caused by various reasons; ④ to treat vaginal diseases. (Note by the translator: no acu-points are given in combination with BL54 in the original article.)

16. Da Chang Shu (BL25): In combination with Shen Shu (BL23) and BL26, BL32- to treat chronic enteritis, chronic colitis causing dawn diarrhoea, chronic dysentery, pelvic inflammatory disease, endometriosis, and back pain due to various reasons.

17. Shen Shu (BL23): In combination with Da Chang Shu (BL25) and BL26, BL32- to treat chronic enteritis, chronic colitis causing dawn diarrhoea, chronic dysentery, pelvic inflammatory disease, endometriosis, and back pain due to various reasons.

18. Dan Shu (BL19): In combination with BL18, BL17 and BL20 – to treat ① pancreatitis, gallbladder stone, cholecystitis causing abdominal pain, gastric spasm, and stomach/duodenal ulcer, stomach prolapse. ② diabetes. ③ gastro-intestinal disorders.

19. Fei Shu (BL13): In combination with DU14 and BL15 with pricking – to treat ① bronchitis and allergic asthma; ② cardiac diseases in particular coronary heart disease.

20. Ge Shu (BL17): In combination with DU14 and BL15 with pricking – to treat ① bronchitis and allergic asthma; ② cardiac diseases in particular coronary heart disease.

21. Zan Zhu (ST2): In combination with ① Tai Yang and SJ23 – to treat trigeminal neuralgia of upper branch; ② ST7 and ST2 – to treat trigeminal neuralgia of middle and lower branches; ③ LI20 and ST2 – to treat rhino-sinusitis; ④ GB23 and BL62 – to treat eyelid ptosis.

22. Hou Xi (SI3): In combination with ① DU14 (pricking) – to treat brachial plexus neuralgia; ② LU5 and HT1 – to treat palsy of ulnar nerve, radial nerve or median nerve; ③ GB39 – to treat spray of cervical muscles; ④ BL62 and Yin Tang – to treat epilepsy.

23. San Yin Jiao (SP6): an important acu-point to regulate menstruation and treat dysmenorrhea due to various reasons. In combination with ① Ren12, PC6, Yin Tang and DU20 – to treat depression; ② SP9 – to treat oedema caused by hypoproteinaemia, early stage of hepatic cirrhosis or lymphatic retention. ③ ST29 – to treat primary or secondary female infertility, such as Fallopian tube obstruction.

24. Zu San Li (ST36): In combination with ① ST40 – to treat constipation caused by various reasons; ② Ren4 and Ren6 – to treat various diseases caused by low immune function; ③ GB20, ST2 and DU15 – to treat multiple sclerosis, Parkinson's disease; ④ LI11, GB20, DU14, Ren12, SP6 – to treat motor neuron disease at the early stage; (5). ST25, Ren12 – to treat various digestive disorders such as indigestion, gastric pain, stomach/duodenal ulcer, chronic gastritis.

25. Tai Yuan (LU9): In combination with ① LU7 and LU 6 – to treat acute bronchitis; ② Du26 – to treat Takayasu arteritis (pulseless disease); ③ LI3 and Qiu Hou – to treat optic atrophy.

26. He Gu (LI4): In combination with ① Si Shen Cong with local pricking needling – to treat facial muscular spasm; ② GB14, SP3, ST2 to treat facial paralysis; ③ LV3 – to treat various diseases of nerve and digestive systems.

27. Qu Chi (LI11): In combination with ① local pricking needling – to treat tennis elbow; ② HT1, LU5 and LI4 to treat opper limb paralysis (ulnar, radial, median nerve injury); ③ ST37 – to treat acuter dysentery, enteritis.

28. Tian Shu (ST25): In combination with ① LI11, GB20, DU14, and SP10 – to treat allergic skin conditions such as urticaria; ② ST44 – to treat children's indigestion, anorexia; ③ ST40 – to treat Ascaris (roundworm).

29. Ren Ying (ST9): In combination with ① Kid3, ST42 – to treat rheumatic arteritis; ② ST11 – to treat carotid artery insufficiency; ③ local surrounding needling with Kid6 – to treat hyperthyroidism, hypothyroidism and thyroid hypertrophy.

30. Yong Quan (KD1): In combination with ① PC8 with acupressure – to treat poor blood circulation in old people, such as peripheral vascular diseases; ② pricking needling on toe tips – to treat anxiety and agitation; ③ PC8, DU26, ST40 and PC5 – to treat schizophrenia; ④ PC8, Yin Tang with acupressure – to treat chronic fatigue syndrome, also improve immune function.

Is Acupuncture Effective in the Treatment of Diabetic Peripheral Neuropathy?

Conrad Nix

Abstract

The objective of this research is to evaluate the clinical efficacy of manual acupuncture, moxibustion and electro acupuncture, and provide evidence in treating diabetic peripheral neuropathy through a systematic review.

Methods: *Data from different electronic libraries and journals were sourced with the use of search engines and filtered for best results. Ten articles with different approaches such as manual acupuncture, moxibustion and electroacupuncture were included. Nerve conduction velocity and symptom severity including pain were compared between pre-treatment and post-treatment.*

Results and discussion: *Data was summarized into key points for examination. Items discussed; data extraction, syndrome patterns and acupoints, points used, questioners, randomization and needling details.*

Conclusion: *The review suggests acupuncture to be successful in the treatment of diabetic peripheral neuropathy. Moxibustion enhances nerve conduction velocity of peripheral nerves by inducing endogenous nerve growth factor. Manual acupuncture adjusting the toxic environment and releases neurotropic factors to maintain the physiological and pathologically function of nerves. The analgesic effect of electroacupuncture manages pain by secreting endogenous beta-endorphins. Improvements should be made by refining the quality of studies regarding the use of STRICTA and CONSORT. Studies with larger sample sizes are suggested for future neuropathic studies to enhance reliability.*

Diabetic peripheral neuropathy (DPN) is a common complication in patients with diabetes mellitus. Clinical manifestations are numbness, cold and pain in limbs with weak extremities. Impairment of peripheral nerves are found in neurological examinations, symptoms such as hypersensitive or diminished pain, reduced nerve conduction velocity, absent or reduced tendon reflex and tuning fork paresthesia. (Sun and Xu, 2010) Hyperactivity of small unmyelenated C fibers that are damaged in the early stages of diabetic mellitus causes DPN. The quality of life for patients with DPN is unsatisfactory in modern societies because western medicine treatment is not very successful, however acupuncture has been used to treat DPN in Asia for a long time and is a growing therapy in the west. The aim of this study is to systematically review research findings and determine if acupuncture, electro-acupuncture and moxibustion are safe, effective and cost-effective in the treatment of DPN.

1. Review methods

A systematic review of relevant randomized control trails (RTC) was executed. The quality of the evidence was evaluated with the use of the Standards for Reporting Interventions in Controlled Trails in Acupuncture (STRICTA) and the Consolidated Standards of Reporting Trails (CONSORT).

Electronic databases from 1990 to 2015 were searched by using the search engines used Biomed, Pubmed, Medline, The Cochrane Library, Amed, PMC Central, and Academic Search Elite. The following key words used in the search were, acupuncture, electro-acupuncture, manual acupuncture, Traditional Chinese Medicine, TCM, diabetic peripheral neuropathy, peripheral neuropathy, painful diabetic peripheral neuropathy, diabetic peripheral neuropathy numbness, PN, DPN. The following points were used to select applicable articles: randomized control trails, clinical trials with statistical outcomes. The use of acupuncture including electro-acupuncture, manual-acupuncture, acupoint injection, cupping and moxibustion as a primary or secondary treatment method.

2. Results of the systematic review

2.1 Overall Results: See the table below.

Study no	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Year of Study	2013	2008	2008	2010	2010	2014	2007	2001	1995	2000
Country	Korea	China	China	China	China	Korea	USA	China	China	China
Sample Size	45	40	80	75	52	9	7	78	51	26
Single, multi Centre	S	S	S	S	S	S	M	S	S	S
Randomized?	yes	yes	no	yes	yes	no	yes	yes	yes	no
Blinded?	yes	no	no	no	no	no	no	no	no	no
Acupuncture techniques used	Electro	Electro & acupoint injection	Moxabustion	Manual	Manual & Moxabustion	Manual	Chinese, Japanese Acupuncture	Manual	Manual	Manual
Sham/Placeb used	sham electro	no	no	no	no	no	no	no	no	no
Results of analysis	No results	Acu 95% Control 75%	Treatment 52.5% Control 35%	Treatment 20 Control 35	Treatment 88.5% Control 61%	TSS score (p=0.057) MNSI Score (p=0.01)	PIR-TCM, Reduced 19-14.3 Japanese Reduced 17.8-13.5	Treatment 85.7% Control 27.8%	Treatment 93.1% Control 55%	Qi group 100% Yin group 90.0%
Conclusion	No results	Significant difference	Difference significant +< medication	Acu less pain than control	Warm Acu effective	Significant Improvement	Difference significant +< medication	Difference significant +< medication	Difference significant +< medication	Acu effective
Implications for practice	Electro-Acu Effective for DPN	Electro Acu & Acu point injection effective for DPN	Moxabustion & Mecobalamin Effective for DPN	Acu & Mecobalamin Effective for DPN	MA, Moxabustion Effective for DPN	TCM & Japanese Acu Effective for DPN	Acu effective for DPN	Acu effective for DPN	MA Acu & herbs effective for DPN	Acu effective for DPN
Quality	Three armed, randomised control trail	Randomised, clinical observation	Equally allocated clinical observation	Randomly allocated clinical study	Randomised clinical observation	Pilot randomised control trail	Uncontrolled preliminary study	Randomly divided clinical study	Randomly divide report	Study, 2 groups

Table 2: Acu-poinys used

2.2. Interventions

Points used	Study 1 Lee, 2013	Study 2 Cheng, 2008	Study 3 Zhang, 2008	Study 4 Zuo, 2010	Study 5 Sun, 2010	Study 6 Jeon, 2014	Study 7 Ahn, 2007	Study 8 Jinfang, 2001	Study 9 Xin, 1995	Study 10 Chen, 2000	Number of Points Used
ST 36	x	x		x		x	x	x	x	x	8
ST 40						x				x	2
ST 41		x	x					x			3
ST 44								x		x	2

GB 30	x	x			x			x	x		5
GB 34	x	x	x		x	x		x	x		7
GB 39	x	x				x					3
GB 41	x					x					2
SP1			x								1
SP 4						x					1
SP 6	x		x	x	x	x				x	6
SP 9	x		x			x	x				4
SP 10										x	1
L1 4			x	x	x			x	x	x	6
LI 8			x								1
LI 10			x							x	2
LI 11			x	x	x			x	x	x	6
LI 15								x	x	x	3
KI 3				x	x					x	3
KI 11			x								1
LIV 3	x	x				x	x				4
PC 6			x								1
SJ 5				x	x			x			3
SJ 6										x	1
CV 4				x							1
CV 6				x							1
REN 4										x	1
LU 9										x	1
BL 17									x	x	2
BL 18									x	x	2
BL 20					x				x		2
BL 23					x	x			x	x	4
BL 25						x					1
BL 57									x		1
Bafeng										x	1

Study 1

The acupuncture points used for treatment of DPN;

The electro acupuncture group received electro-acupuncture for 30 minutes, twice per week for eight weeks including usual care. Six (6) standard acupoints were needled bilaterally; ST 36, GB 39, SP9, SP6, LR3 and GB41. Practitioners could choose a additional three points from the following seven at their own discretion ST44, SP2, SP3, BL66, KI1, GB43 and LR2. Sham points located 0.2 to 2cm from the original acupoints were used, Sham points were close to SP9, SP6, ST36, GB39, LR3 and GB41. No electrical current passed through the needles although the machine was heard and the light was on, usual care was administered.

Study 2

The treatment group received two acupoint combinations alternately, the first were GB 30, GB34, (main points) GB39 and LR3 (combined points). The second was ST36, BL39, (main points) ST39 and ST41 (combines points). Enforcing method was used until soreness and distention appeared. G6805 electro acupuncture machine was used with sparse-dense wave, stimulation was assessed to induce tolerable dorsal flexion of the foot. The main points were injected with 10 ug nerve growth factor (NGF) once per day for ten days. Ten treatments represented one course, with an interval of three days between courses, 1-5 courses were administered.

The control group received Chinese herbs that were steamed to fumigate the affected limbs. The treatment was performed for 30 minutes once per day. Ten treatments represented one course, with an interval of three days between courses, 1-5 courses were administered. 10 mg Dibazol and vitamin B was taken orally three times per day totaling 10-60 days. 500ug Mecabalimin was injected intramuscularly in shade places. The injections were administered once per day for 1-8 weeks

Study 3

Acupuncture points used in the treatment group of affected limbs with moxibustion; SP1, KI1, ST41, SP6, SP9, GB34, LI4, PC6, LI8, LI10 and LI11. The moxa stick was pointed at the acupoint for 5-7 minutes at a distance of 3-5cm, precaution was taken not to burn the skin. 0.5 mg Mecobalimin was injected intramuscularly with every treatment, 0.5 mg Mecabalimin was given orally four weeks later, three times per day for three months.

In the control group Mecobalimin was given to the same dosages and course as the treatment group including fundamental treatment.

Study 4

Acupoints used in the treatment group were;

Bilaterally ST36, SP6, KI3, LI11, LI4, TE5, with CV4 and CV6. Treatment were given once per day for four weeks. 500ug Methylcobalimin was given intravenously once per day. In the control group patients received the same Methylcobalimin medication as in the treatment group.

Study 5

Acupoints used in the treatment group were;

BL20 BL23, GB30, ST36, GB34, SP6, KI3, LI11, TE5, and LI4. Moxa was attached to the end of the needles and ignited, the treatment was performed six day a week for four weeks. In the control group 500ug Mecobalimin injection was administered once a day for four weeks in total.

Study 6

All nine patients received treatment there was no control group. The acupoints used in the treatments were; EX-LE10 (Bafeng) bilaterally LR3, GB41, GB39, ST36, GB34, SP6 and SP9. The patients received three treatments per week for four weeks.

Study 7

In the TCM group the following points were used, ST36, ST40, SP4, SP9, LR3, KI3, BL22, and BL25. In the Japanese group Spincter of Oddi, scalp points, immune and sugar points were used. Patients received weekly treatments for ten weeks.

Study 8

Both groups received medication to keep fasting blood sugar concentration below 7mmo1/L and negative urine sugar levels were maintained. In the acupuncture group the following points were used, LI15, LI11, SJ5, LI4, GB30, ST36, GB34, ST41 and ST44. An G6805 electrical acupuncture machine was used, after the correct wave

length was selected, output criteria was applied to patients satisfaction. Patients received 3 courses, one course comprised of ten treatments, a three day interval between courses was adhered to. In the control group 60 mg Vitamin B1 tablets were administered 3 times per day and 0.5 mg Vitamin B12 was given by injection, intramuscularly once per day. Ten days made up one course, intervals of 3 days between courses was maintained, patients were observed for three courses.

Study 9

In milder cases ant diabetic medication was discontinued completely, while in severe cases the medication was withdrawn over one month. Patients were restricted to an exercise regime and a controlled diet. The control group received Xiao Tang Tong Lou Yin herbal decoction to be taken two hours after meals. A single decoction was taken in two doses or once per day. The treatment lasted for 30 days. The treatment group receiver acupuncture at the following acupoints. BL20, BL23, BL18, BL17, ST36, with the reinforcing method, while with LI15, LI11, LI4, GB30, GB34, BL57, the reinforcing –reducing method was used. Patients were treated daily, for thirty days without rest in between. One course consisted of thirty treatments.

Study 10

Acupoints used in both groups were, LI15, LI11, LI10, LI4, LI18, ST36, ST40, ST44, In the yin deficiency blood engorged type LU9, SJ6, SP10, BL17, were added. In the qi and yin deficiency type RN4, BL23, KI3, SP6 were added. Electrical acupuncture was used for severe numbness, while moxibustion was used on patients who are hypersensitive to the touch and cold. Treatments were given twice a week, ten treatments made up one course. Second courses may be given after a five day rest. Response was evaluated after three courses.

3. **Discussion**

3.1 **Moxibustion for DPN**

The human body radiates and absorbs infrared rays. Researchers have studied the patterns of infrared radiation on the body along the meridian channels with thermal infrared imaging observing differences in the infrared radiation spectra of healthy and diseased acupuncture points. Studies have revealed a connection between viscera and meridians, the function of the meridians are narrowly connected to the infrared transmission outside and inside of the body. (Wang et al., 2012) According to physics, radiation is a process whereby energy is outwardly diffused in the form of electromagnetic particles or waves. The current view postulates that the radiation spectrum of ignited moxa is within the near infrared (NIR) zone. However the radiation spectrum of ignited moxa measured by visible-infrared monochromator ranges from red light to (NIR) into the middle infrared (MIR) zone. (Deng and Shen, 2013). Moxa treatment has thermal and non-thermal effects on the body. The interaction between organism and electromagnetic waves are associated with non-thermal effects while the thermal effects of infrared is absorbed by molecules in the body converting it into heat, causing the improvement of blood circulation and cell activation. NIR can prompt substances activated in the tissues to enrich thermogenesis and metabolism of the organs reached after being absorbed into the blood vessels, connective tissue, lymphatic and nervous system. The photochemical process and the photoelectric effect derived from the energy of NIR that passes through the nerve-humoral system can bring about positive changes to the neurological and immune system by activating pathological cells lacking energy. (Deng and Shen, 2013) Studies have revealed that moxibustion initiates a signal transduction pathway and a cytokine profile thereby enhancing inflammatory, immune and analgesic activities. (Li et al., 2014). The quantity and expression of endogenous nerve growth factor (NGF) has been linked with moxibustion. In a study by Yin et al (2010) it was revealed that the nerve conduction velocity was enhanced by inducing the endogenous NGF with moxibustion. Inducing NGF leads to regeneration of peripheral nerves, repair of myeline, axon, and neurite sheaths, resulting in neuroprotection. The biological consequence of NGF in neuroprotetion was fundamental, concurring with the complete and cohesive characteristic of moxibustion therapy. (Yin et al., 2010).

3.2. **Manual acupuncture for DPN**

A cell body and cytoplasmic processes make up a neuron. The spinal cord and brain houses the cell bodies, while the peripheral nerve, target and innervate tissue are housed by the cytoplasmic processes away from the cell body. (Ruan

et al., 2015). The peripheral nerve is made up of axons and does not have the ability to heal itself with lipids and proteins through synthesisation but depends on the neuronal cell body for repair. The axon is the intermediary through which the cell body communicates with the Schwann cell and peripheral target tissue, they in turn release neurotropic factors to maintain physiological function. The cell bodies and cytoplasmic processes are part of the same neuron and is physiologically and pathologically interdependent. (Ruan et al., 2015). Transport of nutrients are obstructed after peripheral nerve injury that causes apoptosis due to the loss of target-derived neurotropic factors to cell bodies. If neurons decline because they are unable to proliferate or divide so will peripheral nerve fibers. The success rate of peripheral nerve recovery will depend on this pathophysiological relationship. (Ruan et al., 2015). An important strategy in the prevention of neuronal apoptosis is by improving functional and structural recovery of peripheral nerves by supplying them with renewable materials. This study revealed that electro acupuncture on the Governor meridian combined with local acupoints had better results on peripheral nerve injury than treatments on distal acupoints alone. There was a high success rate in the motor nerve conduction, while recovery in the sensory nerve conduction category was poor. (Ruan et al., 2015). The main causes of apoptosis in the affected neurons are an increase of acid phosphates activity and a decrease of acetylcholinesterase activity in the micro-environment of the injured area. Because electroacupuncture stimulation escalates acetylcholinesterase expression it can be assumed that treatment on the Governor meridian and distal acupoints combined also escalates acetylcholinesterase which assists in adjusting the toxic environment. Reducing the toxic environment and eliminating further damage to neurons is the key factor in treating peripheral nerve damage. (Ruan et al., 2015).

3.3. **Syndrome patterns and acupoints**

The Nei Jing advocates, to treat flaccidity syndrome use the Yangming as it is abundant with qi and blood. (Cheng et al., 2008). However researchers proposed to use the Shaoyang and hand Yangming Large intestine channel because it is abundant in qi and blood. Points such as LI4, SJ5, LI11 and LI15 were used. (Jinfang and Zhichu, 2001). Sixty percent of researchers used LI4 and L11 to reduce heat and nourish the limbs. LI4 combinations with LI11 and LI15 is associated for pain and paralysis.

According to four researchers DPN should be treated from the Yangming channel, with core points as suggested by (Cheng et al., 2008) and used by half of the researchers, ST36, GB34, SP6, LI11 and LI4 to promote qi and blood. From the core points combination points are formed to bring about elements to promote healing. ST36 and LU9 fosters post heaven qi. GB34 and LIV3 spreads qi over the whole body and for flaccidity of the legs. ST36 and GB34 promotes leg qi

KI3 is the yuan primary point while BL23 is the back shu point and both tonify and nourish kidney yin. BL20 is the back shu of the spleen and ST36 is the He-Sea point of the stomach channel and together they nourish the postnatal root. The above four acupoints combined can strengthen the root by enriching kidney yin and nourish the spleen and boost qi. (Sun and Xu, 2010)

However only using core points as suggested by (Cheng et al., 2008) is flawed and although good results have been achieved, and adheres to conventional knowledge with flaccidity as the original syndrome pattern according to the Nei Jing. Researcher Wei et al., (2007) states that core points, back shu, front mu, and limb acupoints should be used because it is a complicated disease.

Clinical trials suggest that good results were obtained in some studies that used a combination of points. And this is proof that non-core points are just as important and valuable in the treatment of DPN. Chen, W (2000) states that DPN belongs to the Yin deficiency blood engorged type and using ST 36 dissipates heat, promotes qi, blood and dredges the channels.

Out of the core points as proposed by Cheng et al., (2008). ST36 was used in all 10 studies while GB34 was used in 7 of the studies. To promote the function of the stomach and spleen in generating qi and blood ST36 is the most important point to use (Deadman et al., 2011). GB 34 has a strong influence on the middle jiao and treats disorders such as stagnation of qi and blood, damp heat accumulation and a deficiency of blood and yin. (Deadman et al., 2011)

Sun and Xu (2010) states that qi deficiency stems from spleen deficiency while yin deficiency stems from kidney

deficiency. Spleen is the primary zang organ in the formation of qi and blood. SP6 is the meeting point of the kidney and liver meridians, it promotes kidney yin and smooth's liver blood. SP6 and ST36 are used for cold damp leg qi.

From the 6 different syndrome pattern used for DPN, 5 indicated qi, while blood was indicated 3 times and yin was indicated 4 times. The conventional knowledge that DPN falls under flaccidity syndrome (weak, lack vigor) has been augmented in modern times with detailed and refined patterns such as yin deficiency blood engorged type and qi and yin deficiency. (Chen, 2000). Because DPN is a complicated disease and patients that present different symptoms must be treated according to their syndrome patterns. Caution must prevail otherwise the fundamental laws of TCM will be discarded to be in accordance with one syndrome pattern.

It seems unclear that one disease is categorized under many patterns however clinical trials show good success rates by adhering to the basic principals of TCM and not a single word trying to define a syndrome pattern.

It t is evident that different approaches for the same disease with different syndrome patterns and acupoints can bring about healing, this corresponds to the phenomena in TCM that different syndrome patterns and ideas for the same disease can have the same outcome

There is no direct correlation between TCM and allopathic medicine, different rationale, treatment method and outcome can be seen regarding the two approaches however the pathophysiology of the disease remains the same.

3.5. Electroacupuncture for DPN

The mechanism of electro-acupuncture in the treatment of symptoms of sensory neuropathy pain is thought to be; the analgesic effect of electro-acupuncture is mediated by the release of endogenous opioid peptides in the central nervous system. (Rong and Ma, 2011) It reduces the concentration of plasma glucose in an insulin-dependent method, brought on by the secretion of endogenous beta-endorphins by the stimulation of distal acupoints. The mediation of acupuncture signals by nitric oxide through the dorsal medulla-thalamic pathway is another proposed method of pain cessation. Rong and Ma (2011) proposed that stimulating ST36 with electro-acupuncture may modify functional neuropathies by releasing nitric oxide (NO) into the gracile nucleus (GN). Research has revealed that the (GN) plays a key role in the regulation of sensory pain. The primary sensory afferents from the limbs are received by the GN located in the dorsal medulla. The increased release of (NO) into the (GN) by electro-acupuncture stimulation on acupoints such as ST36, is associated with the improvement of DPN by reduction of hypersensitivity and hyperalgesia of sensory diabetic neuropathy. Rong and Ma (2011) illustrated that for best results in the treatment of sensory diabetic neuropathy, low frequency electro-acupuncture at 10 Hz is better because it activates encephalin and beta-endorphin systems, while high frequency electro-acupuncture activates dynorphin systems.

The mechanism of electroacupuuncture in peripheral nerve repair is postulated to be the following; Firstly the penetrating ability of nerve fibers through scars is enhanced by electrical stimulation. Secondly the nerve growth cone can be directed by balancing the calcium ions in the growth cone through electrical stimulation. Thirdly, nourishing effects on muscles and nerves are accomplished by increased blood perfusion and capillary regeneration brought on by electrical stimulation that has a exudation effect on blood. Lastly, nerve fibers can be excited in retrograde and anti-retrograde ways by electrical stimulation, which extends the nerve exactly along the electrical field and promotes nerve growth velocity. (Cheng et al., 2008).

3.6. Questioners

A comprehensive comparison of all the studies proved difficult as the protocol used in the studies were measuring different outcomes. Some were measuring pain intensity while others were measuring nerve velocity conduction, however no studies mentioned or used a scale for severity of numbness. Only one study gave full details of the needles used, while another mentioned the length and amount, this is another example of weak adherence to STRICTA guidelines in reporting information. Although some of the studies conducted follow up reviews, some results were determined from patient personal views and did not report what method was used to obtain results. This weakens reporting in TCM studies because CONSORT guidelines were not implemented. In

comparison only three studies made use of questioners to determine primary and secondary outcomes. While two of the three used diaries to log daily findings. The studies using biomedical procedure of reporting outcomes with the use of Short-Form MacGill Pain Questionnaire (SF-MPQ) and Pain Intensity Numerical Rating Scale (PI-NRS) strengthens the validity of results acquired. Although 90% of the studies showed an overall improvement of DPN symptoms only three used a accepted method of reporting.

Because the MPQ takes about 20 minutes to complete and includes excessive detail, it proved difficult in cases where concentration was an issue. In some therapeutic trails it seemed needless and time consuming. (Adelmanesh et al., 2011). A revised and extended version of the SF-MPQ was recently created by Dworkin, the SP-MPQ-2 to assess neuropathic and non-neuropathic pain because neither the MPQ nor the SF-MPQ included detailed descriptions for neuropathic pain. (Lovejoy et al., 2012). It is anticipated that the SF-MPQ-2 will be incorporated more in research because it demonstrated satisfactory internal consistency and proved to be non-bias.

3.7. **About Randomization**

The random allocation of study groups are the only way to eliminate biases and the pre selection of participants. Only one study was randomized and full details given of the process as suggested by “CONSORT” while two used “Randomization”, three was “Equally Allocated” four was ”Randomly Allocated” and two were “Randomly Divided”. No details were given of the procedure.

4. Conclusion

TCM doesn’t have a definitive syndrome pattern for DPN. This study has emphasized the complexity and diversity of syndrome patterns which may occur with DPN in individual patients. Deficiency of blood, qi and yin were the predominant syndrome patterns allocated, where studies didn’t indicate a syndrome pattern for DPN, the rational and approach of the treatment was clear and effective in treating DPN successfully.

Besides the five core points identified, studies using noncore points were just as successful in treating DPN. The use of moxa has unequivocally proved its value in treating DPN and more must be done to make this humble plant known. Although electro acupuncture is relatively new to acupuncture this research has shown the benefits to pain management by releasing beta-endorphins with a low frequency application. Due to a success rate of 80 to 100% of treatments of DPN in clinical settings, health organizations should take note of the progress and efficiency of acupuncture. Serious considerations for integration of acupuncture into western medicine should be considered with the rise of diabetes mellitus and its painful side effects.

Research on Acupuncture for DPN has been carried out in Asia for a long time. Although most of it has not been translated in to English there is sufficient evidence from the available studies proving the effectiveness of TCM in the treatment of DPN. Studies have revealed their success rate, effectiveness and low cost in the treatment of DPN. Future studies with more participants, over a longer time frame, in different socioeconomic settings is needed to affirm the effectiveness of acupuncture in the treatment of DPN.

Due to the limitations of this study, subjects such as diet and exercise were not discussed, nor the side effects of western medication. Study protocols such as randomization, blinding and needle information are important aspects of a reputable publication. Improvements should be made by refining the quality of studies regarding the use of STRICTA and CONSORT, so that studies with valuable information are not disregarded due to poor adherence to randomized control trail standards. Neuropathic studies should be revised to implement the use of the SP-MPQ2 pain questionnaire in future because it’s the only questionnaire adequate to measure neuropathic pain effectively without being biased.

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An Overview on the Cellular and Molecular Aspects of Immunological Effect of Acupuncture Treatment in Arthritis

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Abstract
Arthritis or inflammation of the joints, with prevalence of 50 million adults worldwide, is considered as a common disabling disease with individual and social consequences. It is categorized to more than 100 types, based on the initiative cause, age, pathogenesis, etc. Among them, osteoarthritis (OA) and rheumatoid arthritis (RA) are the two most common types. The main symptoms of arthritis are joint pain, stiffness, and decreased range of motions. Numerous medications are used to treat arthritis depend on the type of arthritis to alleviate pain and reduce inflammation. Prolonged and excessive prescription of medicine may expose the patient to various side effects. Acupuncture as an alternative therapy is shown to be beneficial in the patients of arthritis, with significant reduction in the signs and symptoms of the disease as well as improvement in the life style of the patients. It is generally safe, effective and prevents harmful effects of anti arthritic drugs.
Some studies investigate the underlying mechanisms of acupuncture on the inflammatory reactions in the laboratory animal models or in the patients. Their evidences point to an anti inflammatory role for the acupuncture treatment. The aim of this study is to investigate of the therapeutic effects of acupuncture on the pathogenesis of arthritis at the cellular and molecular levels.
Key words: acupuncture, arthritis, inflammation, rheumatic diseases, treatments.

Arthritis literally means inflammation of the joint and is commonly accompanied by pain, stiffness, redness, and warmth, swelling, and decreased range of motions. General symptoms like fever, fatigue, numbness, as well as symptoms related to involvement of other organs may be present in some forms of arthritis (websites 1-4). There are different types of arthritis, which may be categorized by the initiative cause, the age of involvement, pathogenesis, and progress of the disease (websites 1-3). Among others, these are several more common types of arthritis:

Degenerative arthritis or Osteoarthritis (OA)

The most common form of arthritis caused by repetitive injury to the joints, incidence increases usually by age, and mostly affects fingers, knees, and hip joints. OA damages both the cartilage, which is the tissue that cushions the ends of bones within the joint and the underlying bone.

Inflammatory arthritis

Caused by inflammation of the synovial membranes in the joints, tendon sheaths, and bursa and leads to destruction of cartilage as well as bone. Rheumatoid arthritis (RA), Psoriatic arthritis, Juvenile idiopathic arthritis, and Systemic lupus erythematosus (lupus) are examples of inflammatory arthritis

Infectious arthritis

Most commonly caused by bacteria specially Staphylococcus aureus (staph), but could also be the result of viral or fungal infection

Metabolic arthritis

Gout (accumulation of acid uric crystals)

Pseudogout (deposition of calcium pyrophosphate crystals)

The focus of this thesis is on comparison between analysis and treatment of the most common forms of arthritis, osteoarthritis (OA) and rheumatoid arthritis (RA), by western medicine as well as Chinese medicine specially the targets of these treatments at the molecular and cellular levels.

Western medicine

Osteoarthritis (OA) or degenerative joint disease occurs when the cartilage or cushion between joints breaks down leading to pain, stiffness and swelling.
Genetic traits, overweight, repetitive movements, injuries to joints, and certain metabolic disorders such as hemochromatosis, which causes the body to absorb too much iron, or acromegaly, too much growth hormone generation, may increase the risk to develop OA.
RA is a chronic autoimmune disease, which its etiology and pathogenesis are not completely clear yet, but genetics and environmental factors are shown to be effective at the prevalence and progress of the disease. Prevalence of RA increases with age, and incidence and prevalence are two to three times greater in women than in men. The joints involved most frequently are the proximal interphalangeal (PIP) and metacarpophalangeal (MCP) joints of the hands, the wrists, and small joints of the feet including the

metatarsophalangeal (MTP) joints. The shoulders, elbows, knees, and ankles are also affected in many patients (websites 1-4).

Pathogenesis
Different factors are involved in the pathogenesis of arthritis including a number of immunological cells and inflammatory pathways including (website 3, Johns Hopkins Arthritis center):

T cell activation
Activation of T cells, leads to their proliferation and secretion of additional cytokines including IL-2, which furthers their proliferation, and cytokines such as IFN-γ, TNF-alfa, and IL-4, which promote further inflammatory reactions. TNF-alfa is a key molecule in the progress of inflammation in the joints and increasing levels of other inflammatory cytokines such as IL-1 and IL-6.

B Cell Activation and Autoantibodies
B cells become activated through interactions with T cells and through soluble cytokines that enhance their proliferation and differentiation to plasma cells, antibody-making cells including autoantibodies. B cells also produce cytokines and serve as antigen presenting cells to T cells.

Macrophages
Macrophages are rich sources and major producers of proinflammatory cytokines including TNF, IL-1, IL-6, IL-8, and GMCSF. These cytokines further stimulate fibroblasts and osteoclasts, as well as hepatocytes to produce acute phase response proteins (such as C-reactive protein). Macrophages are also producers of prostaglandins and leukotrienes, nitric oxide, and other pro-inflammatory mediators with local and systemic effects.

Neutrophils
The recruitment of neutrophils to the joint is likely driven by IL-8, leukotriene B4, and possibly localized complement activation through C5a. Neutrophils in the synovial fluid are in an activated state, releasing oxygen-derived free radicals that depolymerize hyaluronic acid and inactivate endogenous inhibitors of proteases, thus promoting damage to the joint.

Treatment of arthritis

Inflammation plays an important role in the progress and consequences of arthritis. Therefore, inhibition or reducing inflammatory reactions leads to improvement of the signs and symptoms of the disease and a better life span for the patients.
Various classes of medicine are utilized for treatment of arthritis (websites 1-3):

– Classical non-steroidal anti-inflammatory agents (NSAIDs), such as aspirin (the oldest NSAID used for arthritis), naproxen, Ibuprofen, and many other available types. NSAIDs inhibit the generation of prostaglandins by blocking cyclooxygenase enzymes, COX-1 and COX-2. Prostaglandins are mediators of inflammation and pain.

– Corticosteroids, like presnisolone, have several anti-inflammatory activities as well as suppressing multiple pro-inflammatory genes.

– Tumor necrosis factor (TNF) inhibitors;
Tumor necrosis factor alpha (TNF) is a pro-inflammatory cytokine produced by macrophages and lymphocytes infiltrating to the joint synovial fluid and is found in large quantities in the rheumatoid joint. TNF is one of the critical cytokines that mediate joint damage and destruction.
There are currently five TNF inhibitors available; etanercept (a soluble TNF receptor-Fc immunoglobulin fusion construct), infliximab, adalimumab, and golimumab (monoclonal antibodies against TNF) and certolizumab pegol (anti-TNF antigen binding domain). They all block TNF to reduce its inflammatory and destructive actions.

– Lymphocyte controlling medicines; since T and B lymphocytes have a role in initiation and increase of the arthritis, decline in their pro inflammatory effects have positive role in management of the disease. Abatacept blocks costimulatory effect of T cells by interfering with the interactions between antigen-presenting cells and T lymphocytes. Rituximab, a monoclonal antibody, binds to the CD20 molecule on the B cell surface and causes a rapid and sustained depletion of circulating B cells in the circulation

There are several other drugs available to reduce inflammation in the arthritis patients such as Methotrexate, which is now considered the first-line agent for most patients with RA, interleukin-1, interleukin-6, Sulfasalazine, Cyclosporine, and some more.
The essential concept of treatment in RA is to prevent or reduce inflammation to improve patient's sign and symptoms and save the joints from further destruction.

Arthritis in TCM

Arthritis in TCM in recognized as Bi syndrome (Bì zhèng) or painful obstruction of the qi and blood in meridians and collaterals due to invasion of pathogenic factors (wind, cold, and damp).
Bi syndrome is characterized by soreness, pain, stiffness, numbness, and heaviness of the joints and limbs as well as limitation of movement.
Bi syndrome may occur in any age and either gender and is more common in areas with cold, wet, and windy climate. Bi syndrome is classified into four types based on the etiology and symptoms (books 1, 2, 3, website Yin Yang house).

– Wandering bi; is caused by invasion of wind mainly and characterized by migrating pain in the joints such as wrists, elbows, knees, and ankles. Chills, and fever in this pattern are signs of conflict between pathogenic wind and anti pathogenic qi. Thin white tongue coating and a superficial and tight pulse are present.

– Painful bi; is a result of invasion by cold as the main pathogenic factor and is characterized by severe and fixed pain. Severe stabbing pain is alleviated by warmth and increased by cold. There is not any local redness or heat present. Tongue and pulse examination may show a white coating and a wiry or tight pulse respectively.

– Fixed bi; damp is the main invading pathogenic factor and the characteristics are soreness, numbness, and heaviness. The pain is aggravated in cloudy and rainy days and is fixed in the location. Tongue coating is white and sticky and pulse is soft or slippery.

– Febrile (heat) bi; is characterized by heat signs and sudden onset. Local redness, swelling, and extreme pain in one or several joints accompanied by fever, thirst and other heat signs, yellow tongue coating and rapid slippery pulse.

Treatment

In principal, treatment of arthritis or bi syndrome in TCM consists of removing obstruction from the diseased area and related meridians and collaterals as well as regulation of ying (nutrient) qi and wei (defensive) qi to eliminate invading pathogenic factor (wind, cold, damp).
Among others, these points are some of the most commonly prescribed points for these purposes:

– Du 14, Dazhui (Meeting point of governing vessel and six yang channels of hand and foot): expels wind and clears heat.
– GB 20, Fengchi: wind pool, is the most important point for dispelling wind.
– GB 39, Xuanzhong (influential point of the marrow): dispels wind-damp and alleviates pain, especially in chronic and advanced form of bi syndrome (Wei syndrome)
– SP 21, Dabao (great Luo-connecting point of the spleen): connects qi of the whole body, and firms the joints. Together with BL 17, Geshu (influential points of the blood), are used to treat general pain.
– Ren 6, Qihai (sea of qi): tonifies qi and fortifies yang, eliminates cold. Ren 4, Guanyuan may also used to strengthen the kidney fire.
– ST 36, Zusanli: fortifies the spleen and resolves damp, tonifies the qi and nourishes blood, alleviates pain
– SP 5, Shangqiu (Jing-river point of the spleen channel): fortifies the spleen and resolves dampness, benefits sinews and bones.
– SP 6, Sanyinjiao (meeting point of spleen, liver, and kidney): tonifies the spleen and resolves dampness, activates the channel and alleviates pain.
– SP 9, yinlingquan (He-sea point and water point of the spleen channel): regulates the spleen, opens the water passages, and resolves dampness.
– BL 11, Dazhu (Influential point of the bone): expels pathogenic factors and useful for bone and joint problems.
– GB 34, yanglingquan (He-sea and Earth point of the GB channel, influential point of the sinews): benefits the sinews and joints, activates the channel and alleviates pain, main point of any sinews and joint disorder especially lower limb.

In addition, local and distal points, along the meridians supplying the involved region, in combination with ashi points may be prescribed.
Prescriptions of the acupuncture points are tailored depend on diagnosis made by signs and symptoms of the patient and location of the disease. Addition of moxibustion, herbal medicine, and cupping could intensify the treatment (books 1, 2, 3, website Yin Yang house).

Discussion

Arthritis consists of more than 100 types of joint problem, which together comprise one of the most common leading of disability and activity limitations worldwide. Numerous studies have been performed for understanding of different forms of arthritis and its management and treatment.
In general, inflammation plays a key role in arthritic disorders. It is mediated via pro-inflammatory cytokines such as TNF-alfa, IL1-beta, and IL-6, vasoactive mediators, neuropeptides, leukotrienes, nitric oxide, and etc. Inhibition of inflammatory reactions is shown to improve the signs and symptoms of the disease (articles 1- 4). For this reason, various types of anti-inflammatory medicines are created to subside or control inflammation to alleviate symptoms and progress of arthritis as mentioned before. The role of acupuncture as an efficient therapy for arthritis in this process is being explored here.

Stimulation of local and general blood flow by acupuncture needles may result in a better circulation in the area and clearance of these bioactive mediators, which may lead to prevention or resolving of tissue damage (Zijlstra et al, 2003).

Clinical trials are valuable studies to explore whether a medical strategy or treatment is safe and effective for humans. Several clinical trials have been exerted to investigate anti-inflammatory effects of acupuncture on the arthritis patients. The results are not completely clear and difficult to interpret, due to limitation of the number of patients, duration of the studies, varying number and location of acupuncture points and acupuncture frequency, duration of treatment, etc (articles 6-10).

Altogether, some of these studies have clearly shown

that acupucture has a positive impact on immune response regulation. It influences cellular and humoral immunities; activates cell proliferation, and activates leucocytosis. Some studies point to a reduction in a number of inflammatory markers in the serum of RA patients. Reactive oxygen species (ROS, which is generated by activated neutrophils and macrophages and destructs lipids, proteins, hyaluronic acid, and cartilage), serum nitrate and nitrite, serum C-reactive protein (CRP), and plasma interleukin-6 (IL-6) are some examples (articles 5, 11).

In contrast, other studies imply that acupuncture treatment does not have a significant effect on the reduction of the inflammatory mediators. The measured parameters did not show difference between two groups of patients treated with acupuncture and control groups. Choosing a suitable control treatment for acupuncture is one of the main challenges for clinical studies. Superficial needle insertion or needling in meridians non-specific for the condition under study, or in areas outside meridians has been applied as controls. A control intervention should be accepted by the study subjects, and gives no rise to therapeutic effects to be considered as control intervention. Superficial treatment could raise a doubt in the patients and especially those who have experienced true acupuncture and moreover, even the most superficial needling on non-meridian points could cause a chemical and physiological reaction in patients similar to that of true acupuncture (articles 9, 12).

In addition, a number of animal studies have been performed to investigate the role of acupuncture on the improvement of arthritis. As a comparable situation, arthritis can be induced in animals such as rats to make models of arthritis by a variety of methods. For instance, injection of rats with Freund's adjuvant, containing Mycobacterium tuberculosis, or type II collagen develops arthritis in these animals in several weeks, applicable as a model of rheumatoid arthritis (RA) (article 13, Williams, 1998).

Studies performed to analyze the effect of acupuncture on induced arthritis on different laboratory animal models also showed beneficial results. Several studies on rat models for RA and OA have suggested possible reduction in the amount of inflammation markers as well as improvement of arthritis symptoms after acupuncture treatment. Laboratory examination of synovial tissues of rat models of arthritis treated with acupuncture shows down regulation of inflammatory factors, such as TNF-alfa, IL-1 beta, and lower expression levels of NF-κB (p65, an arthritis index) compare to control groups. In addition, up-regulation of anti-inflammatory factors, IL-2, and vasoactive intestinal peptide (VIP, a potent anti-inflammatory neuropeptide) in the synovial tissue of the treated rat models of arthritis are observed (articles 14-17).

Furthermore, a number of acu-points are suggested to be effective in the anti-inflammatory responses of acupuncture/electro-acupuncture. ST36 (Stomach 36, Zusanli), He-Sea point of stomach meridian, is a point frequently used for gastrointestinal disorders such as nausea, vomiting, indigestion, abdominal pain or distention, as well as stress, and fatigue. ST36 is also accepted among a lot of acupuncturists as one of the most prescribed points for treatment of arthritis. It strengthens the spleen and resolves damp, tonifies the qi and nourishes blood, and also alleviates pain.

Beside TCM point of view, a number of recent studies imply that stimulation of this point (in combination with other points) could be beneficial in treatment of a variety of medical conditions such as diabetic painful neuropathy, angina pectoris, and sepsis (articles 18-21). In addition, some studies suggested a favorable effect for acupuncture/electroacupuncture or moxibustion of ST36 in treatment of arthritis by reducing inflammation and pain. Such advantageous effects are exerted thorough release of pro-inflammatory cytokines like TNF-alfa, INF-gamma, and IL-6, enhancement of natural killer (NK) cells activity, modulation of neuronal excitability and endogenous nitric oxide (NO) production (articles 22-24).

Conclusion

Acupuncture as an alternative medicine is commonly applied to patients with chronic arthritis. Studies showed its is effectiveness in reduction of the pain and improvement of function and range of movements of arthritic joints. It is generally safe and has minimal adverse effects. Treatment with acupuncture may prevent patients from numerous side effects of prolonged and excessive usage of anti-inflammatory medicines. There are a number of studies performed to assess the role of acupuncture in the improving effects of arthritis. The results are not completely parallel because of large variety of prescribed acupuncture points and methods, number of the patients or animal models, duration of the treatment, and the control groups. Choosing a control group is considered one of the major challenges in investigation of acupuncture in clinical trials, and may be the main difficulty in interpretation of the outcomes.

Altogether, many studies provide evidences for implication of acupuncture treatment as an anti inflammatory treatment, which makes it a suitable complementary therapy or even a replacement for initiative pharmacological intervention. More studies are needed to clear the role of acupuncture treatment on disease with inflammatory properties like arthritic disorders.

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Evaluation on Acupuncture Management of Chemotherapy Side-effects

Samgis Zandi

Abstract*: Chemotherapy can affect circulatory, nervous, muscular, digestive and the other systems of body causing side-effects such as nausea, fatigue, anemia and poor immune system. Some evidence suggests that TCM and acupuncture may reduce the side effects of chemotherapy, and hence catalyze and speed up the recovery. Acupuncture is applied to treat the syndrome patterns such as toxic hear or dampness syndromes caused by or accompanied with the side-effects of chemotherapy, which is very different from western medicine. In this paper three most common side effects of chemotherapy, - fatigue, low immunity, nausea- are discussed with the focus point on their acupuncture treatment principles and clinical protocols.*

Chemotherapy is a kind of treatment that includes a medication or combination of medications to treat cancer. As a systemic therapy, chemotherapy drugs are toxic to tumors but also to the healthy cells. They are supposed to kill the rapidly dividing cancerous cells, but also damage three types of normal cells which also divide rapidly: epithelial cells of gastro-intestinal tract, bone marrow cells, as well as cells of hair follicles. Damage of these cells will respectively cause nausea, falling of white blood cell and red blood cell counts, fatigue, weakened immune system and hair lose, that are the most common side-effects of chemotherapy.

TCM believes that chemotherapy side effects such as dizziness, fatigue, depression, poor appetite, insomnia dry mouth, urinary disorders are due to Qi and blood deficiency, as well as weaken functioning of lung, liver and kidney. (Wie Liu, et al, 1997)

A. Acupuncture in treating common side-effects of chemotherapy

Acupuncture management to reduce the side effects of chemotherapy has become more and more popular in recent years. Statistics show that most cancer patients who are treated with chemotherapy or radiation look for a complementary therapy treatment. Acupuncture and herbal medicine are two of the most known alternative treatments which offer relief from nausea, pain, fatigue and boost the immune system. (Molassiotis, A. 2007) The advantage of acupuncture to herbal medicine is that it does not interact with drugs. Depending on the kind of chemotherapy drug and the doses and body condition every person's experience with chemotherapy is different, and treatment must be uniquely designed for each individuasl. This paper focuses on acupuncture management of the following three common side effects of chemotherapy:

1. Fatigue

Fatigue caused by chemotherapy is due to blood and qi deficiencies, as well as under-functioning spleen, liver and kidneys. Thus by appropriate protocol the spleen and stomach should be invigorated to ensure production of Qi and blood and to nourish spleen and kidneys. The causes of fatigue and its treatment are as follows:

Qi deficiency
It is important to identify the most qi deficient organ, which is usually either the spleen or the kidneys. Treatments will be:
Ki qi deficiency: Ki 22, Ki 23, Ki 27 Li15, Sp8, Bl 22, Bl 32, Bl 33 or
Sp qi deficiency: Si 6, Sp 6, Sp 5,Sp 6, St 21, St 31,St 32,St 33, St 34, St 36, Bl 20

Yin deficiency
This pattern is often involved in cancers of the upper body, such as lung, head and neck. Yin has a nourishing, moistening function, and when it is weak the tissues become irritated, dry, and inflamed.
Key points to nourish the yin include: Sanyinjiao (SP 6) Kongzui (LU 6) Zhaohai (KID 6) Qihai (REN 6)

Blood deficiency
Blood deficiency can lead to blood stagnation, a common pattern in many cancers.
Key points to nourish the blood include: Geshu (BL 17) Ganshu (BL 18) Pishu (BL 20) Weishu (BL 21) Xuehai (SP 10), Ququan (LIV8) (L. Deng,2009)

2. Nausea

Most important step for curing nausea is to treat the spleen, because if the spleen is weak the patient cannot generate enough qi to recover. Most cancers involve some degree of spleen qi deficiency. If treatment is started early, before the spleen becomes too weak, it can be very effective. If the spleen is already weakened by chemo, acupuncture is less effective at treating nausea, constipation and loose stools. The chosen points depending on the TCM pattern are:
Neiguan (PC 6) – Daling (PC 7) (electro), Zusanli (ST 36) – Shangjuxu (ST 37) (electro), Sanyinjiao (SP 6) Zhongwan (REN 12) Qihai (REN 6) Pishu (BL 20) Weishu (BL 21) Neiting (ST 44) (nourish spleen and stomach yin). Use moxa on Zusanli (ST 36) Pishu (BL 20) Weishu (BL 21) and Qihai (REN 6)
Acupuncturists refer to much better effects of combining acupuncture treatment with moxibustion and timing the acupuncture sessions one to two days before chemotherapy infusion and continued weekly throughout the chemotherapy regimen produces the best results. And there is emphasize about importance of Neiguan PC6. (Wei Z.1998)

3. Lowered immunity

In terms of TCM, we can say that chemotherapy harms the lung “wei qi” (defensive qi). In such cases it is important to strengthen the lungs. It is also important to boost the spleen and kidneys, as these contribute to the strength of the wei qi. Chemotherapy kills the white blood cells, which provide immunity. Often this effect is so pronounced that the chemotherapy has to be stopped, otherwise the patient’s life can be endangered. Studies undertaken in the US, Japan and elsewhere show that acupuncture can help to maintain and restore white blood cell count. And after acupuncture higher levels of certain immune cells exist in the blood.

If white blood cells counts are very low, treatment should be given twice or even three times per week until they return to normal. It is important to remember that a severely weakened immune system is a potentially life threatening situation.

Common points: Zusanli (ST 36) (moxa) Taiyuan (LU 9) Hegu (LI 4) Feishu (BL 13). If spleen is weak, add: Qihai (REN 6) Taibai (SP 3) Sanyinjiao (SP 6) Pishu (BL 20) Weishu (BL 21). If kidney is weak, add: Guanyuan (REN 4) Taixi (KID 3) Fuliu (KID 7) Shenshu (BL 23). The acupuncture point ST36 (Zusanli) is widely applied in immune-related diseases. (Liang. F. 2015)

B. Discussion

Though the results of many studies and researches have proved that acupuncture helps patients to cope easier with the side effects of Chemo, many western specialists do not consider acupuncture as an effective complementary treatment to their Chemo patients. They declare the main part of effect should be due to placebo effect. But can they say feeling fatigue or vomiting of Chemo patients are psychosomatic symptoms? Otherwise how they can declare that placebo-effects can cure their patients? I think the reason they are reluctant to accept TCM effectiveness is that TCM has not been scientifically tested in the same way as conventional treatments. Recently the healing effect of acupuncture has attracted attentions of oncologists at some countries like USA, Australia and Germany.

It is being practiced in some countries and scientists are studying the mechanism of its impact. The involved Western doctors and scientists in these researches confirm the healing effect of acupuncture but they mention "There is not a certain explanation for mechanism of effectiveness"! Not knowing about the exact mechanism of effectiveness should not make any barrier. Organs of all creatures have many unrevealed functions that science has not any explanation yet. If a treatment like acupuncture really heals Chemo patient's injury, and it does not counteract with other treatments why should not be welcome?

TCM is an aged knowledge and it belongs to the time that human did not know about anatomy that much, but recently it has been modified in order to comply with modern medicine. As an example, Chemo drugs from TCM point of view is an extreme yin, from western medicine point of view is a strong chemical compound, but both groups claim feeling fatigue is a consequence of damaged bone marrow.

Some physicians claim that it is true, acupuncture needles speed up the recovery of Chemo patients, meridians also are worthy to know but the points does not make any senses. The result of recent researches shows otherwise.

Many of the scientific literature regarding acupuncture for nausea and vomiting, including the setting of chemotherapy administration, has been published by J.W. Dundee [1]and his colleagues at the Queen's University of Belfast[2]. In his studies, Dundee evaluates the role of the most widely used acupuncture point for nausea and vomiting, Neiguan PC6. Dundee's initial comparative studies examined the anti-emetic[3] effect of Neiguan PC6 in 105 patients who had a history of nausea and vomiting in a previous round of chemotherapy. This study reported a 63% anti-emetic benefit from the acupuncture. Subsequent well-controlled studies have similarly shown that acupressure or acupuncture applied to Neiguan PC6 provides a treatment benefit in 60-70% of patients compared to a 30% treatment benefit with sham acupressure or sham acupuncture, implying that point location is an important determinant. (Dundee, J. W., et al .1991) The investigators examined through another Project led by Memorial Sloan Kettering [4] the results from available studies testing the effectiveness of such approaches. They report that among the complementary therapies used to decrease symptoms and side effects, acupuncture is very beneficial for symptom management. In addition, the authors note that acupuncture has been proven safe for patients receiving the Anticoagulation5 drugs like Coumadin or Heparin during their leukemia treatment. (Cassileth, R. B. &et al. 2011). At the University of Los Angeles (UCLA) School of Medicine, a well-controlled study completed over two Years ago, the authors of the published paper reported significant reduction of nausea and vomiting when pre-treated with. It is now routinely administered before, after and in between chemotherapy treatment sessions for control or nausea and emesis. Such treatments are relatively simple and easily executed in an outpatient setting. (Eugene Mak & et al. 2007). The results of several valid studies indicate the effectiveness of acupuncture against the side-effects of chemotherapy and radiation therapy.

[1] **John Wharry Dundee** (1921-1991) was an Irish anaesthetist and prolific medical researcher in Queen's University Belfast.

[2] A public research university in Belfast

[3] A sort of drug that is effective against vomiting and nausea.

[4] Memorial Sloan Kettering Cancer Center (MSK or MSKCC) is a cancer treatment and research institution in New York City, founded in 1884 as the New York Cancer Hospital.

[5] commonly referred to as blood thinners

C. Conclusion

The results of many studies and researches emphasise that Acupuncture helps patients to cope easier with the side effects of chemo. The effect of acupuncture is not just a kind of placebo effect. There are certain points, that needling or Moxabustion at those will have significant effect on functions of organs. Its effectiveness helps in minimizing the use of standard, expensive multi-drug anti-nausea regimens with their attendant side effects, given along with the chemotherapeutic agents. In the acupuncture paradigm, any chronic disease process depletes a person's energy level. Such depletion can be recovered, at least temporarily, by tonification, a process of transferring energy into the system.

The combination of acupuncture, herbal medicine and dietary modifications can greatly improve the overall health and well-being of the cancer patients. However still there is need to more research and studies to gain more knowledge about the mechanism of effects of acupuncture on side effects of chemo. The mechanism of effectiveness is obvious for acupuncturists but for convincing western medicine societies there is need for more evidence and studies to perform clearer explanations. There is already a mutual tendency between TCM and western medicine to learn from each other. Acupuncturists are driving benefits from western medicine's achievements to treat cancerous patients with more delicacy and western physicians are learning about the beneficial points of body and the technique of needling to assist the patients to overcome of their pains and physical difficulties.

While the degree of beneficial results from acupuncture treatment is dependent on various clinical factors such as presenting symptoms, clinical staging, timing of the encounter in the course of the illness, areas of involvement, the answer to the opening question "can acupuncture help me?" is, in all probability, yes! It can help in the care of the cancer patients.

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中医脑病学理论的新发展

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摘要

在传统的脏腑理论中，因为脑为奇恒之腑，未受到足够的重视。关于脑本身的生理、病理、症候、辨证思路等也没有得到很好的研究。中医脑病学是一个比较新的领域，从 80 年代以后，国内对于中医脑的研究有了长足的进步，中医脑病学有了许多新的发展，无论是临床还是实验研究都有了新的进展，出版了多本专著，发表了许多高质量的专业论文。本文系统回顾了中医脑病学的起源和发展历史，提出了督脉是脑的经脉，分析归纳了脑病的五个基本证型以及相应的针灸和中药治疗方法。

在经典的中医脏腑理论里，脑是不受重视的奇恒之腑，屈居于脏和腑之下，没有得到充分的研究和应用，关于脑本身的生理、病理、症候、辨证思路等也没有得到很好的研究，关于脑病的治疗也是无从下手，很少论述。近三十年来国内中医脑病学得到了迅速的发展，但是在海外还很少得到介绍。

中医脑病学的简要发展回顾

1.《黄帝内经》时代：脑的最早论述

《灵枢·经脉》（1）篇说“人始生，先成精，精成而脑髓生，骨为干，脉为营，筋为刚，肉为墙，皮肤坚而毛发长”。阴阳相搏成精后，首先生成的是脑和髓，然后才是其他的经脉脏腑器官等，脑是优先于其他的脏腑器官而生成的，其重要性不言而喻。另外，《素问·五脏别论》（2）中黄帝问岐伯：‘余闻方士，或以脑髓为脏，或以肠胃为脏，或以为腑。敢问更相反，皆自谓是，不知其道，愿闻其说’，也就表面了在那个年代关于脑髓的定位问题就有很多争论。另外，《素问·刺禁论》里提到，刺中心，一日死；刺中肝，五日死；刺中肺，三日死；刺中肾，六日死，刺中脾，十日死，等。当提到脑时，说“刺头中脑户，入脑立死”。方士前辈们已经意识到脑是如此重要，如果一旦误刺中脑，很可能立刻就会死亡。

另外，《内经》中还有不少跟脑有关的论述，比如《素问·五藏生成篇》里提到“诸髓者，皆属于脑”，《灵枢·邪气脏腑病形》说“十二经脉，三百六十五络，其血气皆上于面而走空窍”，《灵枢·大惑论》论述“五脏六腑之精气皆上注于目而为之精.....与脉并为系，上属于脑，后出于项中”。《灵枢· 经筋篇》中的一段话非常值得重视：“足少阳之筋.....从左之右，右目不开，上过右角，并跷脉而行，左络于右，故伤左角，右足不用，命曰维筋相交”，这维筋相交的理论记载确实很符合实际脑系的经络传导，与现代科学非常相似。

关于脑病的病理变化，《内经》里论述得不多。只有在《灵枢·海论》（2）里提到“髓海有余，则轻劲多力，自过其度；髓海不足，则脑转耳鸣，胫酸眩冒，目无所见，懈怠安卧”。

可以看出在黄帝内经年代，对于脑髓的生理功能以及它的病理变化已经有了初步的认识。但是后来为什么把它归属到奇恒之腑之类，目前尚没有得到足够的认识和研究，可能是在两汉时期受到五行学说的影响，五行系统里已经有肝心脾肺肾五脏，就没有脑的位置了。

2.李时珍的论述：脑为元神之府

在《黄帝内经》其后一千多年的时间，关于脑的理论都没有得到很好的发展，大部分的中医经典著作都是延续脑为奇恒之腑的说法，一直到李时珍的时代，才出现了新的论述。《本草纲目》（3）的辛夷条下说:“鼻气通于天，天者，头也、肺也。肺开窍于鼻，而阳明胃脉环鼻而上行。脑为元神之府，而鼻为命门之窍。人之中气不足，清阳不升，则头为之倾，九窍为之不利”。这段话，后世的讨论很多，也出现了很多的争论。遗憾的是关于“脑为元神之府”这句话李时珍并没有展开说，没有说原因和运用，以至于后人也没有得到足够的重视。

脑为元神之府之“元神”是先天之神，“人始生，先成精”。现在中医理论里的神一般都是指的心神，可以相对的理解成后天之神。而“元神”同时又是众神之神，它在七情和心神之外，是起统摄作用的众神之神。“脑之元神是统御五神之主，又为五官九窍之司”“脑髓内寓元神，为一身之主宰”（4）。 “脑为元神之府”，元神是受到脑的调控，先天之神、众神之神是在脑的调控之下的。当各种神产生严重的错乱以后，它是需要最高统帅之脑来进行调控的。因此，脑在调控神志、精神、

意识活动方面起了最高统帅的作用，这在脑病研究里是一个重要的转折点。

3.中医脑病学的近代研究

李时珍提出了“脑为元神之府”,但之后并没有很好的发展。一直到上世纪的七、八十年代，国内陆续开始了一些关于中医脑病的治疗以及中医脑病学的研究，尤其是上世纪九十年代，被国际上称为“脑的十年”，这也促进了国内中医界对中医脑病学的研究。陆陆续续有大量的相关论文发表，其中《中医脑病学》（4）的出版，标志着中医脑病学成为中医学的一门单独的学科。这本书由王永炎和张伯礼两位院士领衔主编，内容详尽，把脑病学的整个历史源流、生理、病理等表述得基本上很齐全，其重要地位和作用是毋庸置疑。其他还有《实用中医脑病学》（5），以及任继学名老中医的《脑髓述要》（6）等。

在中医脑病学的研究过程中，相对而言，国内是重药轻针。但在七、八十年代时出现了一个比较大的变化，以天津的石学敏教授为主的针灸学科在 1972 年首先提出以醒脑开窍针刺法治疗中风（7），开创了现代中医对脑的研究，尤其是针灸方面的研究，并在此基础上开创了中医脑病中心，推动了整个学科的发展。同年代北京的罗和春教授用督脉的穴位，尤其是神庭和百会配合电针的方法治疗抑郁症等精神疾病，对此做了不少的临床和实验研究和报道（8）。随后南京中医药大学的王玲玲教授以及其带领的课题组也开展了一个以调督治脑、健脑调神为大法的中医针灸研究，尤其是针刺对于抑郁症的研究（9）。

在以上几个方面的研究里，不管是醒脑开窍，还是调督治脑，把抑郁症、中风、老年痴呆、帕金森病等这些脑科疾病的治疗提高到了一个新的高度。这些都为中医脑病学的形成和发展提供了强有力的临床资料和研究基础，促进了国内中医脑病学的发展。

4、目前中医脑病学研究的不足

以上这些中医脑病学的研究和发展，在很多方面还没有跳出传统中医理论里五行学说和脏腑理论的影响。对于这些病，虽然做了很多的研究，但是到目前为止，涉及到治疗大法时，常常又会把它归纳到各个脏腑的病症里面。比如标志性的著作《中医脑病学》（4），常常还是会用肝气郁结、肾精不足、脾气虚等这些传统中医理论来进行选方用药和针灸。也就是说，在中医脑病学及其他的中医经典著作或者近现代的教材里面，包括西方的中医教材，都没有提到关于脑的症候。脑目前还只是一个名词，它自身的生理、病理、症候、治疗等都没有深入研究。

中医脑病学的新认识

1. 脑与其他脏腑的关系

脑与其他脏腑的关系主要表现在两个方面，一方面是脑与各个脏腑是通过元神和其他神之间的联系来实现沟通和联系的；另一方面，脑常常在其他脏腑发生严重病变或者多脏腑发生病变时发挥总的协调、联系、沟通作用。也就是说，当病情比较迁延缠绵，比较严重，或者其他方法疗效不好时，脑就要发挥其统帅作用，来进行调节、沟通、治疗。

2. 脑的经脉

五脏六腑都有一条各自所属的经脉，它的病候可以在经脉上反映出来，同时也可以通过经脉来调节脏腑。而脑是奇恒之腑，传统的中医理论里没有所属的经脉，脑的病候如何反映出来？如何通过经脉去进行调理呢？基于文献的学习和临床研究，本人认为脑这么重要的器官应该有与其相应的经脉的。督脉就是脑的经脉，它可以反映脑的病候，同时也可以通过它来调节脑的病证。正如《素问 骨空论》“督脉…上入络脑”《难经·二十八难》“督脉者，起于下极之输，并于脊里，上至风府，入属于脑”。这些经典的论述都表面了督脉与脑的密切关系。

3. 脑的证型及治疗建议

辨证论治是中医临床治疗的基本原则，而传统中医理论里还没有脑的症候。经过以上的分析和研究，初步提出了脑病的五个证型。这只是初步的总结，还不完整。

脑髓空虚，这个是《黄帝内经》里唯一反映脑的病候“髓海不足”（2）。症状主要有长期慢性的眩晕、耳鸣、头晕、抑郁、视物昏花，失眠或嗜睡；婴幼儿发育迟缓，囟门迟闭，身体发育迟缓，健忘，表情淡漠，等。舌淡红，苔薄，脉沉细或弱。 针灸治疗，取穴：百会、风府、百劳、大椎、命门、太溪、悬钟，配合局部和巡经选穴。可以采用电针、头皮针、腹针等以及导气手法。中药建议以左归丸、六味地黄丸配合木香、藿香等。

脑阳气虚，主要症状有郁闷、抑郁、失眠或嗜睡，健忘、表情淡漠、躯体畏寒、手足不温、精神萎靡，乏力疲倦，舌质淡白，脉沉弱。针灸治疗取穴百会、大椎、至阳，腰阳关、配合局部和巡经选穴，配合艾灸，头皮针、腹针等以及导气手法。 中药建议右归丸、金贵肾气丸配合公丁香、升麻等。

脑络痹阻，表现比较多的是中风病、老年痴呆、

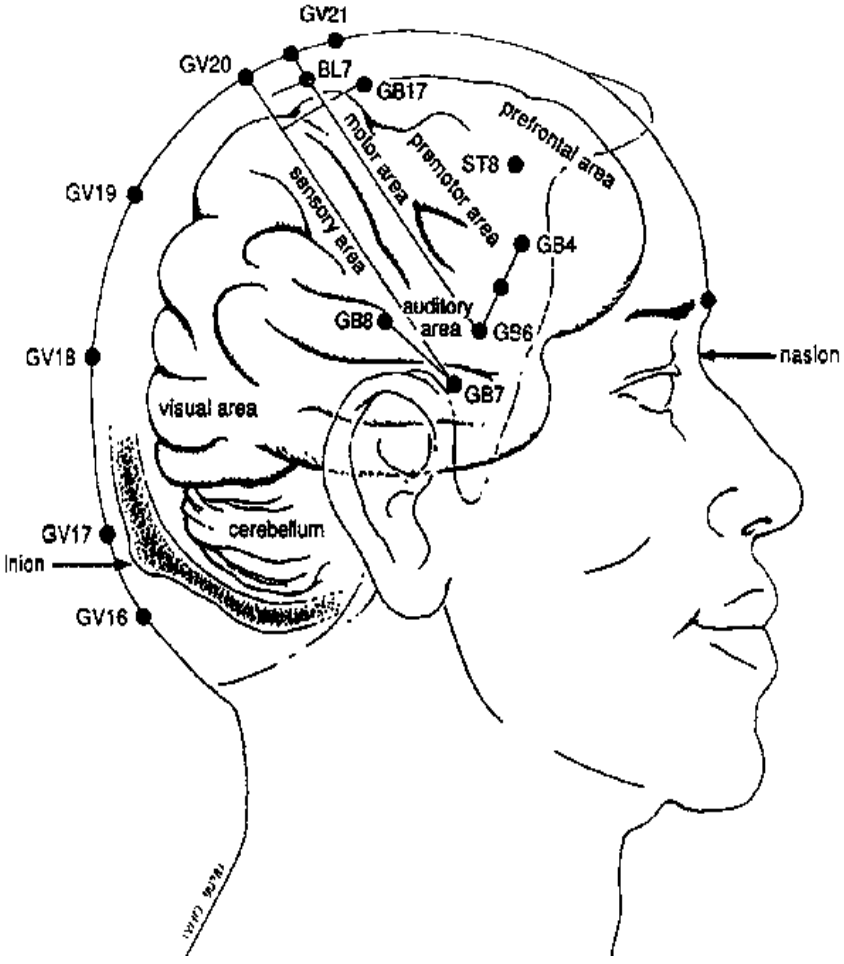
帕金森病等。 主要临床表现有偏瘫，中枢性面瘫，失语，一侧肢体疼痛或麻木，头痛、眩晕、焦虑，等。舌淡红有紫气或瘀斑，脉玄紧

针灸治疗取穴：百会，四神聪，风府、大椎、凤池、合谷加太冲，配合局部和巡经选穴。针灸治疗选用艾灸、电针、火罐，配合头皮针、腹针等。中药建议以补阳还五汤、血府逐瘀汤等配合葛根、升麻、香附等。脑神紊乱，表现就是神志病。抑郁，焦虑，失眠嗜睡，谵妄，谵语，行为异常，食欲减退或多食，老年痴呆症，流口水，精神分裂症，等。舌淡红，脉玄或慢。针灸治疗取穴：神庭，百会，风府、大椎，印堂，神门，配合局部和巡经选穴。可以配合电针、导气头皮针、腹针等以及导气手法。中药建议柴胡加龙骨牡蛎汤、逍遥丸、柴胡疏肝散等配合木香、沉香等。

脑窍闭塞，这个证型不太常见，主要临床表现是突然意识丧失，休克，昏迷，谵妄，惊厥或四肢抽搐，癫痫。灰色或黑色舌，速脉或脉弱。针灸治疗可以选水沟，素髎，长强，十宣穴；内关、涌泉，等，点刺出血，等。中药建议选安宫牛黄丸， 牛黄清心丸， 紫雪丹、至宝丹等

小结

中医脑病学是一门新兴的中医学科，是在总结前人零散的脑病论述的基础上，结合现代医学的发展尤其是现代中医各个学科的发展，形成了自己的特色。本文在国内中医脑病学发展成果的基础上，分析了脑与其他脏腑的关系，提出了督脉是脑的经脉的新思路，初步汇总小结了脑病的五个常见的证型以及相对应的针灸中药方法等，便于临床对于脑病以及与脑相关疾病的中医诊断和治疗。



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读《伤寒杂病论》第十三篇 《辨太阳病脉证并治上》部分条文心得

黄伟

摘要： 辨太阳病脉证并治上共 30 个条文，15 个药方。把第 1 条看作本篇的总纲，第 2、3、6 条，就是太阳病的分类提纲，有中风、有伤寒，有温病，有风温。第 7 条，第 8 条，第 9 条，第 10 条讲太阳病的自然病程。此篇经文讨论了太阳病的脉证特点和治疗方法。太阳膀胱经上连风府与督脉相通；下络腰肾，和肾相连，主管全身的表阳。可影响心的功能。气化化生阳气后，通过太阳膀胱经脉和三焦经脉向体表输布；膀胱化生津液向全身输布并排泄废水。

关键词：《伤寒杂病论》，太阳病，脉证并治，桂枝汤，桂枝加葛根汤，心得

辨太阳病脉证并治上共 30 个条文，15 个药方。此篇经文讨论了太阳病的脉证特点和治疗方法。由于太阳膀胱经上连风府，与督脉相通；下络腰肾，和肾相连，可以借助督脉和肾的阳气主管全身的表阳。又有太阳膀胱经散布于心，可影响心的功能。而且，膀胱在肾阳的温煦作用下通过气化化生阳气后，通过太阳膀胱经脉和三焦经脉向体表输布；膀胱还化生津液向全身输布并排泄废水。所以风寒入侵太阳经脉会出现多种太阳病的临床症状。

1. 条文分析

第 1 条讲了太阳病的定义：“ 太阳之为病，脉浮，头项强痛而恶寒 ”。接着 2,3 条讲“中风”和“伤寒”的不同，把太阳病分为太阳中风和太阳伤寒两个亚型讨论。

第 4、5 条“伤寒一日，.....此为传也。”“伤寒二三日，阳明少阳证不见者，为不传也。”谈到寒邪入表侵袭太阳经络，导致太阳病以后，可以进一步往深处发展，引起少阳或阳明经病变。而这些病变与时间没有关系，只是与脉证有关。

温病的某些症状与太阳病相似，此篇特提出了太阳病同温病的鉴别诊断。第 6 条讲温病：脉浮，发热而渴，不恶寒。温病的具体表现：身重，自汗出，多睡眠等。并讨论了误治后出现的症状及不同转归。温病为感受温邪所致，所以禁用辛温发汗、禁用攻下、禁用火攻。如果误用辛温发汗，就会使热势更甚，火热内攻，轻的会引起肌肤发黄，严重的会引起手足阵发抽搐，好象惊痫发作一样的症状，肤色发黄很深，象烟火熏过的一样。如果误用攻下，耗伤阴液，就会出现小便短少不通畅，两目直视、大便失禁。一次误治病人尚可耐受，多次误治则会断送病人性命。温病与太阳病很相似，都有脉浮、发热的现象，但太阳病恶寒，而温病不恶寒。

如果把第 1 条看作本篇的总纲，第 2、3、6 条，就是太阳病的分类提纲，有中风、有伤寒，有温病，有风温。

随后讲太阳病的自然病程。第 7 条，第 8 条，第 9 条，第 10 条，讲的问题就是一个太阳病不管中风还是伤寒，它的自然病程就是六、七天，患者要好的这一天，“欲解时”在巳时到未时，也就是 9 点到 15 点，太阳病就要解除了。而对于体质较弱的人，得了太阳病之后，它的自然病程应当是 12 天，7 天表邪解除了，还需要 5 天正气恢复，这样才能完全康复。其中太阳病，头痛超过七天而自行痊愈的，是因为邪气行尽太阳经的缘故。如果邪气未尽，有向阳明经传变趋势，就可以针刺足阳明经穴，使经气疏通，抗邪力增强，邪气不能内传阳明，疾病就会痊愈。

第 11、12 条讲病人体表发热，反而想穿很多衣服，这是外部假热、内部真寒的表现；体表怕冷，反而不想穿衣服，这是外部假寒、内部真热的反映。

第 13 条讲 太阳中风证，卫阳抗邪而浮盛于外，营阴不能内守而弱于内，卫阳浮盛于外就发热，营阴不能内守则汗自出，病人畏缩怕冷，瑟瑟畏风，象皮毛复盖身上一样发热，鼻塞气息不利，干呕的，应当主要用桂枝汤治疗。随即给出了桂枝汤的处方和制备方法以及护理和服药注意事项。最后给出桂枝汤的太阳病适应症要点：太阳病，只要出现头痛、发热、汗出、畏风的，就可以用桂枝汤主治。

2. 代表方药解析

就桂枝汤而言，现代药理研究表明：桂枝汤具有发汗解表，抗炎镇痛，抑制病毒，镇咳，祛痰，平喘，调节肠道和免疫功能及心脑血流等作用。桂枝汤在体温、汗腺分泌、肠蠕动、免疫等方面具有双向调节作用，为其调和营卫即补身救弊，调节紊乱的内涵提供了一定的现代理解。

在桂枝汤的配伍研究中，以抑制流感病毒性肺炎、角叉菜胶性足肿胀、碳末廓清（RES）功能为指标，利用正交设计实验，观察到全方抑制病毒性肺炎、增强 RES 功能的作用显著强于组成药味的各种组合，全方减去任何一种药味都会影响疗效。对于不同观察指标，方中各组成药味在全方中所起的作用不同：桂枝在抗炎作用方面是主要的，芍药在抑制病毒方面是主要的，大枣在提高 RES 功能上是主要的。方中各组成药味间有协同、拮抗等不同关系：桂枝伍芍药，其抗炎作用增强，桂枝伍生姜，其抗炎和 RES 功能增强；芍药伍甘草，其抗病毒、抗炎和提高吞噬活性等功能增强；芍药伍大枣，其抑制肺炎病变的作用增强，对 RES 活性的提高有拮抗作用;甘草伍大枣,其抗炎和提高 RES 功能增强。提示在抗病毒感染方面，桂枝汤方中诸药在配伍上具有协同增效性；方中药物在配伍上的重要性与药理作用的选择有关。

对大、小鼠的时间药理学研究表明，桂枝汤对活动期动物的解热作用强于静止期动物，提示桂枝汤对人宜白昼服用。提高环境温度并辅以药后灌服小米粥，能增强桂枝汤的抑制病毒性肺炎和单核巨噬细胞吞噬功能，说明“啜热粥温覆以助药力”的科学性。以小鼠巨噬细胞功能为指标，桂枝汤一日 2 剂的作用强于一日 1 剂，连日服的作用强于非连日服。一日总量分三次口服,每次间隔 2.5 小时，作用也明显强于总量一次服，证明桂枝汤宜多次分服的合理性。

第14条讲太阳病，项背部拘紧不柔和、俯仰不能自如，本应当无汗，反而出现汗出、怕风等太阳中风证的，主要用桂枝加葛根汤治疗。随即给出了桂枝加葛根汤的处方和制备方法以及护理和服药注意事项。

桂枝加葛根汤就是桂枝汤加葛根。为何桂枝汤加上一味药葛根就大不相同呢？太阳病本身有头项强痛，头痛，后项部肌肉拘紧不柔和。太阳病寒邪入经本来是无汗的，但病人却有汗，这就提示了寒邪在经，经气不利。正因为外有风邪，风主疏泄，卫阳被伤，卫外失司，所以有汗出。外有风邪，卫阳被伤，伤得较轻，所以有恶风----当风则恶，无风则缓。是畏寒比较轻的一个症状。太阳病，汗出恶风，是桂枝汤证。但只用桂枝汤的话，只能解肌祛风，调和营卫。对驱除经脉中的邪气力量不够，所以加一味葛根。于是就成了桂枝加葛根汤。桂枝加葛根汤可以解肌驱风，疏通经脉。葛根在此有三个作用：1.是升阳发表，助桂枝汤解肌驱风，并鼓舞胃气上行。因为桂枝汤养营力强，发汗力弱，发汗需要喝热稀粥 200ml 并盖被子，所以加葛根可以助桂枝汤发汗达表。这也就是桂枝加葛根汤不需要再喝热稀粥的原因；2.是疏通经脉，驱除经脉中的邪气。葛根的地面部分是葛藤，能爬很远，就像人体的经络，所以能疏通经络，很多藤本植物都有疏通经络的作用；3.升津液，起阴气，滋润经脉。经脉拘挛的疾病，往往都缺少滋润。今又见项背强几几，故加入缓解是证的葛根来主治。另外葛根也可治疗脾虚腹泻,湿热泻痢等症，这也是因为葛根有升阳，鼓舞胃气上行的功效。

现代药理研究证实,葛根具有显著的β受体阻滞效应。β受体功能亢进症,多表现为情志容易受刺激,出现心悸、气短、胸闷、焦虑不安、五心烦热,出虚汗等症状。葛根能降低血压,减慢心率,扩张冠状动脉,降低心肌耗氧,与心得安等β受体阻滞剂作用相似,且无明显抑制心脏作用,能使β受体兴奋引起的心电图 S - T 段异常,得到改善或恢复正常。

现代药理研究表明葛根所含葛根素和葛根总黄酮有扩张脑血管,增加脑血流量,扩张冠状动脉,增加冠脉流量,抑制血小板聚集的作用。尚有降低外周血管阻力,降低血压的作用。

现代药理研究发现,葛根煎剂具有降低家兔血糖的作用；具有改善脂肪细胞的胰岛素抵抗,从而增强脂肪细胞对葡萄糖摄取利用的能力；具有改善Ⅱ型糖尿病患者胰岛素的抵抗和降低空腹血糖的作用。

葛根具有抗痢疾杆菌,发汗解热的作用,不但可用于风寒感冒,同时也可用于风热感冒,尤对太阳表证项背强直、头痛疗效更好,同时还可治疗麻疹初起,疹出不畅之症。

葛根提取物能促进未成熟大鼠乳腺、子宫发育,使其功能正常发挥,从而使乳腺、子宫重量增加,同时又能增加血清,E2、FSH、LH 水平表明其对垂体—卵巢轴具有兴奋作用。

葛根素能增加外周血内皮细胞(endothelial progenitor cell，EPC) 的数量,且能改善 EPC 的

增殖,迁移黏附和体外血管生成能力,提示葛根素不但直接对内皮细胞具有保护作用,可能同时增加 EPC 的数量,并改善其功能从而促进内皮修复改善冠心病患者的临床症状和预后。

葛根素具有保护鼻黏膜上皮细胞免受雌激素缺乏的损害作用,葛根总黄酮对卵巢切除大鼠鼻黏膜的保护作用可能在于大豆黄酮的雌激素样作用,也可能与抗氧化等作有关。

葛根素对损伤的神经细胞有保护作用:其机制与葛根素在机体缺血再灌注时通过抑制细胞内 Ca2 + 的聚集,减轻细胞损伤有关,也可能与葛根素上调 BcL-2 (B-细胞淋巴瘤基因 2)蛋白的表达,下调 Bax 蛋白的表达,从而抑制神经细胞凋亡,发挥神经元保护作用等相关。另外研究表明葛根素可减轻缺血性大鼠脑细胞的损伤,提高其 HSP70 蛋白表达水平。通过诱导细胞表达 HSP70 而对神经细胞的损伤产生保护。

葛根素对急性血瘀的模型大鼠异常改变的血液流变性,具有明显的干预作用,其高剂量对选模引起大鼠的全血过“浓”“黏”导致的全血高、中、低切黏度值异常升高,具有显著抑制作用(P < 0. 01) 葛根素还可通过显著降低血液屈服应力起到改善血“凝”的作用 P < 0. 01。而其对急性血瘀症大鼠过高的细胞聚集指数和血小板最大聚集率的双重降低作用 P 均< 0. 05 ,表明葛根素具有抑制血“聚”的作用。

复习文献可以看到在临床上以桂枝加葛根汤治疗“普通感冒、流行性感冒、面神经麻痹、原发性震颤、僵人综合征、乙脑后遗症、重症肌无力、慢性多发性肌炎、高血压、脑动脉硬化、颈椎病”等有风寒入太阳,表虚的“头项强痛,项背强几几”症状者多可获良效。

3. 病案报告

我就治疗过一个这样的病人:李某某,女,24岁,是餐馆服务员。2010 年 4 月 26 日诊。主诉:咳嗽,高热,头痛,颈项强痛,恶风伴疲乏十多天。十多天前患“感冒”,出现发热,咽喉痛,头痛,颈项强痛,身痛。服西药后出汗后,咽喉痛,身痛好转,体温下降,但复又出现咳嗽少痰,高热(39℃--39.8℃),头痛,颈项强痛,恶风伴全身疲乏。继续服“感冒药”“抗生素”一周多疗效不明显。经人介绍前来就诊。

刻诊:面稍赤,覆厚衣戴帽,精神差。口唇稍干。咳嗽,咯少许黄痰。头痛,颈项强痛,恶风,疲乏眠差。无鼻塞,清涕及咽喉疼痛。查:体温 39.5℃,扁桃体无充血肿大及化脓,舌微红苔薄黄稍干,脉浮稍数。诊断:1.呼吸道感染。2.流感?辨证:太阳中风证经气不利兼上焦风热。治疗:当解肌祛风,升津舒筋,辅以清热解毒。

予 针刺,桂枝加葛根汤:葛根 20g 芍药 10g 桂枝 10g(去皮)炙甘草 10g 生姜 15g(切)大枣 5 枚(擘),二剂。“清肺口服液”20ml/次 3 次/日。

4 月 28 日复诊,头痛已差,颈项强痛,恶风,疲乏及咳嗽明显好转。体温 37.3℃。续用前法,再予桂枝加葛根汤三剂,生姜减量至 9g。5 月 1 日复诊,诸证已除,予加减八珍汤五剂调养。5 月 3 日电话告知体力睡眠已经恢复正常并开始正常工作。如此严重的病人服西药十多天不见好转,用桂枝加葛根汤配合针刺中成药 6 天治愈,不能不令人对祖国医学的伟大而感叹!

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探《内经》人体生理活动和运动调节

徐广文 伦敦

摘要：作者的《中医生命人体生理学》从生命人体生理活动和功能调节等方面阐述中医生命人体的生理调节。本文简述了其中**《内经》生命人体生理活动和运动调节：**主要从生殖调节、体温调节、睡眠调节、呼吸运动、消化吸收、津液代谢、气血循环、神志调节、五官调节、身体运动、情志调节、气化运动、气机调节、防御调节等方面简述。

《内经》 生命人体是动态平衡的生理调节。生命人体的物质能量和生理功能，皆体现在生命活动的调节过程中。

1. 生殖生理调节.

人的生长发育，性机能和生殖器的成熟，女子月经来潮，男子泄精，男女交媾(阴阳合），孕育生子。到五脏皆衰，天癸尽竭，女子绝经，男子无精，不能孕育的生理全过程，始见于《皇帝内经.素问》的首篇，上古天真论：“女子七岁肾气盛…… 二七而天癸至，任脉通，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。丈夫 …… 二八肾气盛，天癸至，精气溢泻，阴阳和，故能有子。..... 七八肝气衰，筋不能动，天癸竭，精少，肾脏衰。.....八八.....今五脏皆衰，..... 天癸尽矣..... 而无子耳。”[1]

生殖生理调节与心肝肾、肾精、命门之火、冲任、厥阴肝经、宗筋、女子胞、（男子为睾丸）等关系最为密切。如上下经文：

1.1. 肾精调节生殖: 经云“肾藏精”[2]；“五脏主藏精者也。”[2]“肾者主水，受五脏六腑之精而藏之。”[1]“人始生，先成精”[2]；“夫精者，身之本也”[1]；“两神相搏，合而成形，常先身生，是谓精。”[2] 说明肾藏五脏之精，肾精是促进生长发育和生殖之本(物质和能量)。故肾精调节生殖生理。

1.2. 经脉调节生殖：经云：“胞脉者,属心而络于胞中。”[1]“胞络者，系于肾。”[1]“肝主筋”[1]；“肝者，筋之合也，筋者，聚于阴器。”[2] “肝足厥阴之脉 … 入毛中，过阴器。… 足厥阴之别，..... 其别者，经胫上睾，结于茎。”[2] “厥阴脉循阴器而络于肝。”[1] “前阴者，宗筋之所聚。”[1] 《灵枢.经筋篇》:“足太阴之筋… 其直者… 聚于阴器。”[2]“足厥阴之筋，..... 结于阴器。”[2] “冲脉任脉皆起于胞中，..... 为经络之海。” “出于会阴部。”[2] “冲脉者，五脏六腑之海也，五脏六腑皆禀焉。”[2] “任脉起于胞中，下出于会阴部，经阴阜。”[2]

经脉经筋内属心肝肾，连络女子胞宫阴部，男子睾丸阴茎；冲任起于胞宫，受五脏精血之调养。故经脉调节生殖生理。

1.3. 命门之火的调节作用：命门之火调节性欲和促进孕育。命门之火是生命之根；是调节激发性欲的能量，是促进健康怀孕和发育成长的原动力。

1.4. 心肝调节性欲:《素问·痿论》 云：“思想无穷，所远愿不得，意淫于外，入房太甚，宗筋弛纵，发为筋痿，及为白淫。故下经曰，筋痿者，生于肝，使内也。”[1] 因 “心藏神”[1]，主思想情志。肝主疏泄，调节情志。当妄想纵欲，耗伤精血，则心肝失养，导致阳痿，而影响性欲和生育。说明心肝调节性欲和生殖。

根据《内经》相关男女生殖生理的经文，**女子生殖 ，月经和性欲的生理调节轴是：**
五脏—肾—天癸—冲任和肝经—女子胞(内生殖器)和外阴(外生殖器）

男子生殖和性欲的生理调节轴是：五脏—肾—天癸—肝经和冲任—睾丸阴茎

2. 体温调节

人体的体温是由阴阳、营卫、元气、气血、津液，和五脏等，相互作用，相互化生，相互调节，而共同调节人体正常的动态体温。

2.1.气的温煦作用：“气主煦之”指气有气化生热，温煦人体，调节体温的作用。尤其元气为人体热能的源动力。气对人体脏腑、经络、腠理三焦之生理活动，和血液、津液的运行与输布，均有温煦推动作用。

2.2. 阴阳调节体温: 经云:“阴胜则寒，阳胜则热”[1]；“阳胜者则为热，阴胜者则为寒。”[2] “阳虚则外寒，阴虚则内热；阳盛则外热，阴盛则内寒。”[2] 阴阳偏

盛偏虚，皆可引起寒热变化，故体内阴阳调节体温。调节阴阳可调节体温。

2.3. 卫气调节体温：经云：“卫气者，所以温分肉，充皮肤，肥腠理，司开阖者也。”[2] “上焦出气，以温分肉而养骨节，通腠理。”[2] 说明卫气温柔肌肤，调节腠理，司汗孔开合，而调节体温。

2.4. 肺气宣发调节体温：“肺主气”，“肺主皮毛”。叶天士 《温热论》：“肺主气属卫，心主血属营。”肺气宣发输布卫气和津液，以温养和滋润肌肤皮毛。肺调节卫气，司汗孔开合，调节汗液排泄适度，以调节体温。同时，肺主呼吸，肺吸入的清气与脾胃所吸收的水谷精微之“焊气”化生为卫气；肺呼出浊气和热气，调节体内温度。

2.5. **汗孔和腠理三焦对体温的调节作用：**腠理通三焦，腠理三焦是津液、卫气、元气生成的气化场所和运行通道[3]。腠理三焦调节津液和卫气运行，津液出于汗孔为汗液。故腠理之卫气调节汗孔开阖和汗液的排泄，有调节体温的作用。

2.6. 汗液调节体温：经云：“腠理发泄，汗出溱溱，是谓津。”[2] “五脏化液，心为汗。”[1] 故后世有“汗为心液”的说法。汗为津液所化,“阳加于阴，谓之汗”；“炅则腠理开，荣卫通，汗大泄，故气泄。”[1] “惊而夺精，汗出于心；持重远行，汗出于肾，疾走恐惧，汗出于肝；摇体劳苦，汗出于脾。”[1]

说明汗液调节体温。汗出多为阳热，致腠理汗孔开，津液外泄，散发热气，可使体温下降。而腠理汗孔的开合，汗液的调节与五脏，和阴阳、营卫、元气、气血、津液的整体调节作用密切。阴阳平衡，营卫调和，元气充足，津血充盈，五脏调和，腠理通调，汗孔开合有度，才能保证正常的体温。

3. 睡眠的生理调节：

正常睡眠的生理调节，须五脏调节功能正常，营卫气血精髓充盈调和，脑心神旺，阴阳平衡，则寐寤有常。

3. 1. 阴阳调节睡眠: 经云：“阳气尽，阴气盛，则目瞑；阴气尽而阳气盛，则寤矣。”[2] “阳入于阴则寐，阴出于阳则寤。”[2] 简明了人体阴阳的消长对睡眠调节的重要作用。

3.2. 营卫调节睡眠: 经云：“卫气昼日行于阳，夜半则行于阴，阴者主夜，夜者卧。”[2]

《类经》：“凡人之寤寐，由于卫气。卫气者，昼行于阳，则动而为寤；夜行于阴，则静而为寐。”“卫气不得入于阴，常留于阳。留于阳则阳气满，阳气满则阳蹻盛，不得入于阴则气虚，故目不寐矣。”[2] “ 夫卫气者，昼日常行于阳，夜行于阴，故阳气尽则卧，阴气尽则寤。”[2]

“卫气者，..... 昼日行于阳，夜行于阴，..... 行于阳则阳气盛，阳气盛则阳桥满，不得入于阴，阴虚，故目不瞑。”[2] “营卫之行，不失其常，故昼精而夜瞑。”[2]

3.3.肝调节睡眠

肝主疏泄调节情志，情绪好则睡眠质量好。肝阴肝血柔濡肝阳，抑制肝阳过升而干扰心神影响睡眠。人的寐寤调节肝藏血量：内经：”肝藏血”，王冰注解说:“肝藏血,心行之,人动则血运于诸经,人静则血归于肝脏。”故寐则血归肝藏，寤则血运诸经。寐则肝血充盈，肝血可化肾精，精血足则心神得养而使睡眠安静，醒后精力旺盛。

3.4.心神调节睡眠

心为睡眠调节之主，经云：“心藏神”，“心者,君主之官,神明出焉。”[2] 心神安则易寐，心神动则始寤。心血心阴是心神的物质保证。心气血充足、运行通畅，心神得养。心阴制约心阳，心神则安，神安则易入眠。

3.5.心肾调节睡眠

1). 心火肾水相济，使心肾相交，则心神安静，夜卧易入眠。昼时心神活动，则人醒寤。2). 心肾阴阳调和，夜则心阳入于肾阴，人卧入寐。3). 肾精生髓充脑，精髓养脑，脑健则神安，神安则夜卧易入眠。

4. 五脏调节神志

经云：“五脏者，所以藏精神魂魄者也。”[2] “心藏神，肺藏魄，肝藏魂，脾藏意，肾藏志。”[1] “气得上下，五脏安定，血脉和利，精神乃居。”[2] 说明五脏藏神而调节神志。神志活动与五脏有密切的相关，以心肾为主。因心藏神，肾藏志。

4.1. 神志活动产生之根在于肾[4]：经云：“意志者，所以御精神，收魂魄。”[2] 王冰注 《素问·调经论》说：“志意者，通言五神之大凡也。”“人始生，先成精，精成而脑髓生。”[2] 源于父母的先天之精生成脑髓。脑为神明之枢，总调神志活动。由脾胃吸收的水谷精微所化生的后天之精藏于肾。“肾藏精，精舍志。” 而志是对神志活动的高度概括，是精神活动的集中体现,具有调节、控制各种精神心理活动的作用。[4] 因“肾生骨髓”，髓贯脊通于脑，“脑为髓海”，“髓者，以脑为主。”[1] 故脑肾相通，肾精生髓通脑，脑为精髓神明，肾主志，神志合一，则脑肾调节神志，当精充髓盈则神旺。

4.2. 心主神志活动：经云：“心藏神”；“心者，君主之官，神明出焉。”[2]“所以任物者谓之心。”[2] 说明心神统领和协调全身脏腑功能和人之神志活动，使人能对外界事物做出正确判断和反应，并激发带动一系的“神”活动以适应之。

4.3. 肝主疏泄，调节神志：经云：“肝藏魂”“ 随神往来者，谓之魂。”“肝藏血，血舍魂”[2]“肝者，将军之官，谋虑出焉。”[2] 心神主要通过肝调畅气机来调节精神情志。心主神志和肝主疏泄，相辅相成，调节神志，协调人的神志活动，使人的神志活能够正常的进行。

5.呼吸运动的调节

《内经》认为肺主气，司呼吸。肺是人体呼吸运动的主要器官，是体内外气体交换的场所。肾和宗气也对呼吸调节非常重要。

5.1. 肺主呼吸：经云：“肺主气”，“司呼吸”；“诸气者，皆属于肺。”[1]“肺者，气之本。”[1]“天气通于肺。”[1]

5.2. 宗气行呼吸：经云：“宗气积于胸中，出于喉咙，以贯心脉，而行呼吸焉。”[2] “其大气抟而不行者，积于胸中，命曰气海，出於肺，循喉咽，故呼则出，吸则入。”[2]

5.3. 肺肾调节呼吸：《景岳全书·传忠录》：“肺出气也，肾纳气也，故肺为气之主，肾为气之本也。”经云：“少阴属肾，肾上连肺，故将两脏。”[2] 说明肺肾相连，而调节呼吸。

5.4.五脏对呼吸的调节作用：肾主纳气，肺所吸人之清气有赖肾的摄纳，防止呼吸浅表。“肺为气之主，肾为气之根，肺主呼气，肾主纳气，阴阳相交，呼吸乃和。”(《类证治载》）肝主疏泄，调畅气机。肝气升于左，肺气降于右，升降得宜则气机舒展，呼吸顺畅。脾胃运化的水谷精气由脾上升，与肺的呼吸之气相合而生成宗气。宗气走息道而行呼吸，贯心脉以行气血。“心主血”，供血养肺以助呼吸。所以，五脏和宗气共同调节呼吸运动。

6.五脏调节消化吸收

经云：“平人之常气禀于胃，胃者平人之常气也，..... 人以水谷为本。”[2]“五脏者，皆禀气于胃；胃者，五脏之本也。”[1]“人之所受气者，谷也；谷之所注者，胃也；胃者，水谷气血之海也。..... 胃之所出气血者，经隧也。而隧者，五脏六腑之大络也。”[2]“食气入胃，散精于肝.....食气入胃，浊气归心，..... 饮入于胃，游溢精气，上输于脾，脾气散精。[1]”脾胃者，食廩之官，五味出焉。大肠者，传道之官，变化出焉。小肠者，受盛之官，化物出焉。”[1]“脾、胃、大肠、小肠、三焦、膀胱者，仓廪之本，营之居也，名曰器，能化糟粕，转味而入出者也，”[1]"人受气于谷，谷入于胃，以传与肺，五脏六腑，皆以受气。”[2]“中焦如沤”。“中焦亦并胃中,..... 此所受气者，泌糟粕，蒸津液，化其精微，上注于肺脉乃化而为血，以奉生身。”[2] “ 故 水谷者，常并居于胃中，成糟粕，而俱下于大肠，而 成下焦，渗而俱下，济泌别汁，循下焦而渗入膀胱焉。”[2]“下焦者，别回肠，注于膀胱而渗入焉。”[2]“五味入口，藏于肠胃，味有所藏，以养五脏气。气和而生，津液相成，神乃自生。”[1]

《内经》对消化吸收的生理过程已非常明确：中焦者，纳脾胃肝胆，大小肠。脾胃主消化吸收水谷精微，化生气血津液，上输于心肺以营养全身。同时胃气下降，大小肠分清别浊，下传食物糟粕从肛门排出体外；而将浊水下渗入肾与膀胱。消化吸收以脾胃为主，各脏腑密切协调相助，保证了消化吸收生理功能正常。

7.气血循环调节

2000 多年前《内经》就对气血循环有了明确的认识。如经云：“食气入胃，散精于肝，..... 浊气归心，淫精于脉，脉气流经，经气归于肺，肺朝百脉，输精于皮毛；毛脉合精，行气于府，府精神明，留于四脏。”[1] 经文说明：脾胃运化吸收的水谷精微化生的气血经肝脏注入心脏，血液流于经脉而归于肺，肺朝百脉，肺气助心推动血液运行，使血液精气输运于诸经及皮毛，和内至脏腑。由血脉和脏腑而回流心肺。向心与离心而循环不息。血液循环以心为主，但与肺脾肝肾四脏相助调节很重要。

心主血，《内经》云：“诸血者，皆属于心。”；“心主身之血脉。”[1]“心藏血脉之气也。”[1] 故心气推动全身的血液运行。

“肝藏血”；“故人卧血归于肝。”[1] 王冰注：“肝藏血，心行之，人动则血运于诸经，人静则血归于肝脏”。故肝调节全身血量，以助心调节血液循环。

“脾统血”，是指脾有统摄血液在经脉之中流行，防止逸出脉外的功能，“五脏六腑之血，全赖脾气统摄”（《金匮要注》）。

“营行脉中，卫行脉外”；“血脉营卫，周流不休。”[2] 气血相互调节，循环周身。

所以，正常气血循行主要与心肺脾肝的共同调节作用密切。心气是推动血液循行的原动力。肺主司一

身之气，肺朝百脉，和宗气贯注入心脉以促进气血的运行。脾气统摄血液在脉管中循环，防止血液外溢。肝储藏血液，调节血量；肾主藏精，精化血，同时精生髓，髓生血，保证血液充盈和循环正常；经络运行和调节气血。共同的协调作用保证气血循环正常。

8.津液水道的循环调节

对人体津液的生成、输布、排泄，《素问·经脉别论》概括为：“饮入于胃，游溢精气，上输于脾，脾气散精，上归于肺，通调水道，下输膀胱，水精四布，五经并行。”

“三焦者，决渎之官，水道出焉。”[1]“下焦者，别回肠，注于膀胱而渗入焉。故水谷者，常并居胃中，成糟粕而俱下于大肠，而成下焦，渗而俱下，济秘别汁，循下焦而渗入膀胱焉。”[2]

《内经》经文说明：(1)津液由脾胃运化的水谷精微所化生、小肠进行分清别浊、脾气散精，上归于肺，通调水道，下输肾和膀胱。(2)津液的分布全身和浊液的排泄体外是由五脏六腑，腠理三焦共同调节完成。如脾胃的运化升降功能、肺的宣发肃降，通调水道功能、肾阳的蒸发升清降浊功能。(3)津液以腠理三焦为通道进行分布和排泄，才能使“水精四布，五经并行”，输布于全身，以滋润濡养脏腑筋骨，肌肤皮毛，和生化气血，调节阴阳。

经络调节津液运行：经云：“足太阳外合清水，内属膀胱，而通水道焉”、“手太阳外合于淮水，内属于小肠，而水道出焉。”[2] 故经络运行和调节津液输布。

9.五官的生理调节

五脏的精气分别通于七窍，以养七窍。 五官分属于五脏，为五脏之外候。如经云：“鼻者，肺之官也；目者，肝之官也；口唇者，脾之官也；舌者，心之官也；耳者，肾之官也。”[2]“五官者，五脏之阅也。”[2]故“肺气通于鼻，肺和则鼻能知香臭矣；心气通于舌，心和则舌能知五味矣；肝气通于目，肝和则目能辨五色矣；脾气通于口，脾和则口能知五谷矣；肾气通于耳，肾和则耳能闻五音矣。”[2] 说明五官的生理调节与五脏关系密切。

9.1. 五脏调节目的视觉：《太平圣惠方·眼内障论》说：“眼通五脏，气贯五轮。”经云：“五脏六腑之精气，皆上注于目而为之精。”[2]“目者，五脏六腑之精也，营卫魂魄之所常营也，神气之所生也。”[2]“目者，心之使也。”[2] 《证治准绳》说：“目窍于肝，主于肾，用于心，运于肺，藏于脾。”说明五脏调节目的视觉。

9.2.特别是肝与目的关系密切: 经云：“肝者，主为将，使之候外，欲知坚固，视目小大。”[2]“肝足厥阴之脉……连目系。”[2]“肝，开窍于目，藏精于肝。”[1]“肝主目”；肝藏血，开窍于目；肝经与目相连，肝血上行于目以濡养目。[3]“肝受血而能视。”[1]“肝气通于目，肝和则目能辨五色矣。”[2] 故肝调节目的视觉。

9.3. 脑神明主目视万物：经云：“头者,精明之府。”[1]“夫精明者，所以视万物，别白黑，审短长。”[1] 《素问·脉要精微论》注释：“头者,精明之府。”认为“夫精明即神明也。”说明脑神明主目，调节目而视万物。[5]

9..4. 肾调节目的视觉: 经云：“肾藏精”，精注于目。“肾者主水，受五脏六腑之精而藏之。”[1]“五脏六腑之精气，皆上注于目而为之精。……目者，五臟六腑之精也。”[2] 肾精充足则目得所养，视觉功能正常。说明五脏六腑之精气藏于肾而上注于目，肾之精明目则调节视觉。[5]

9.5. 心调节舌耳目的生理功能：经云：“目者，心之使也，心者，神之舍也。”[2]“夫心者，五脏之专精也，目者其窍也。”[1]“志与心精，共凑于目也。”[1]“诸脉者，皆属于目。”[1]

心主舌，开窍于舌耳目。经云：“心气通于舌，心和则舌能知五味矣。”[2]“心，开窍于耳，藏精于心。”[1] 故心调节舌耳目的生理功能[5]。

9.6. 肺主鼻，开窍于鼻，调节鼻的生理功能: 经云：“肺主鼻……在窍为鼻。”[1]“肺气通于鼻，肺和则鼻能知臭香矣。”[2] 故肺调节鼻的嗅觉功能。

9.7. 肾调节耳的生理功能：经云：“肾主耳……在窍为耳。”[1]“肾气通于耳，肾和则耳能闻五音矣。”[2]故肾调节耳的听觉功能。

9.8. 经络循系五官七窍，调节五官的生理功能：经云：“十二经络, 三百六十五络, 其血气皆上于面 而走空窍, 其精阳气上走于目而为睛, 其别气走于 耳而为听, 其宗气上出于鼻而为嗅, 其浊气出于胃, 走唇舌而为味。”[2]“少阴之脉贯肾，系舌本。”[2]“厥阴者，肝脉也，肝者……而脉络于舌本也。”[2]

手少阴、足厥阴、足太阴、足少阳、足阳明之经别，循目系入脑；足太阳、足少阳、足阳明、手太阳、手少阳的经筋皆循行于目，环孔窍，而调节五官生理功能。

9.9. 精血养目并调节目：经云：“目者，五臟六腑之精也.”“诸脉者，皆属于目.”“肝受血而能视”。说明精气血气，既是营养物质，也是调节功能。如“血氣

者,人之神也。”[1] ”血者,神氣也。" [2] 故精血养目并调节目的视觉。

10.五脏调节情志

经云：“人有五脏化五气，以生喜怒悲忧恐。”[1] 说明情志发于五脏。不但五脏生化五气的过程中会产生七情变化，而且外界的刺激对五脏之气的运动反应产生五脏相应的情志活动。如“肝在志为怒，心在志为喜，脾在志为思，肺在志为忧，肾在志为恐。称五志。”[1] “心者，五脏六腑之主也；..... 故悲哀愁忧则心动，心动则五脏六腑皆摇。”[2] 说明情志与五脏关系密切，五脏主宰和调节情志活动。其中心肝最为主要，心藏神，总调情志；肝主疏泄调节情志。

11.五脏经络调节人体运动

人体正常的运动需五脏调和、肌肉丰满强壮、筋骨坚健有力，才能动作协调，反应灵敏，轻巧自如[6]。

11.1. 肝主疏泄调节诸筋和关节的运动：《内经》云：“肝主疏泄”，“ 肝主筋”，“ "肝藏筋膜之气也。” 故肝调节诸筋和关节活动。 “肝主身之筋膜。”[1] ”宗筋主束骨而利机关也。”[1] “诸筋者，皆属于节。”[1] “食气入胃，散精于肝，淫气于筋。”[1] 王冰注：“ 肝藏血，心行之，人动则血运于诸经，人静则血归于肝藏。”说明肝主疏泄调节筋的收缩弛张运动，和关节的活动。肝调节藏于肝的精血，以濡养诸筋和供关节运动所需。

11.2. 脾胃之气血营养肌肉四肢，调节运动: 经云：“脾主身之肌肉。”[1] “ 四肢皆禀气于胃，而不得至经，必因于脾乃得禀也。”[1] “脾藏营，营舍意，脾气虚则四肢不用。"[2] ”脾藏肌肉之气也。”[1]

“脾胃为气血生化之源”。全身的肌肉，都要依靠脾胃所化生的水谷精微来充养。脾气健运，气血营养充足，则肌肉才能丰满健壮，四肢活动强劲有力。

11.3. 肾主骨，藏精生髓，调节运动:《内经》云：“肾藏精”，“ 肾主骨”，其一，肾藏精，精生髓，髓藏于骨腔之中，髓养骨。因此，肾-精-髓-骨组成一个生化调节系统。肾精充足，髓化生有源，骨质得养，骨质致密，坚固有力。 其二，”肾者，作强之官，伎巧出焉。”[1] ”肾主身之骨髓。”[1] 肾精所生髓，贯脊髓上通于脑，汇聚于脑髓。“脑为髓之海”。故肾精充沛，髓海满盈，脑得其养，则精力充沛，思维敏捷，对全身运动的动作协调，反应灵敏、伎巧准确。[5]

11.4. 肺气助运动: 肺主呼吸，吸入充足的清气，以供运动所需。且“肺主身之皮毛”；”肺藏魄”；“魄之为用，能动能作，痛痒由之而觉也。”（《类经·脏象类》) 故肺主调节皮肤感觉触觉信息。

经云：“肺朝百脉"；“肺者，相傅之官，治节出焉。”[1] 说明肺不但助心行血，推动和调节气血的运行，以濡养筋骨，肌肉四肢，保证正常运动所需。而且肺辅助心治理和调节全身气、血、津液及脏腑生理功能，以调节运动。

11.5.心神主运动: 经云：心藏神，主一身之运动。“心者，五脏六腑之大主，精神之所舍也。”[2] "心为五脏六腑之大主。”[2] 心神总调五脏，五脏相互协调，人体活动才能灵活自如。如 “诸血者，皆属于心。”[1] 心气推动血液循行，输送到全身，以供生理活动所需。

11.6. 经脉调节运动：经云：“经脉者，所以行血气而阴阳，濡筋骨，利关节者也。”[2] “阴脉荣其脏，阳脉荣其腑，如环之无端，莫知其纪，终而复始，其流溢之气，内溉脏腑，外濡腠理。”[2] 说明经络是运行气血，和传递信息的网络。经络内络属脏腑，外连四肢百骸，上汇头面，循系五官，入络于脑。[5] 所以，经络运行气血于全身，信息传递于脑和五脏。对运动的调节功能起到非常重要的作用。

11.7 血气调节运动：经云：“人之血气精神者，所以奉生而周于性命者也。”[2] “血和则经脉流行，营复阴阳，筋骨劲强，关节清利矣。”[2] “人卧血归肝藏，肝受血而能視，足受血而能步，掌受血而能握，指受血而能攝。”[1] “血氣者, 人之神也。”[1] “血者, 神氣也。"[2] 說明中医的血不但有“血主濡之”的作用，而且有调节肢体活动的动力（“神气”）

12.气机运动

12.1.**气机的运行是升降出入**: 中医的气机 “升降出入”，最早见于《素问.五运行大论篇》：“阴阳之升降”和《素問·六微旨大论》：“出入废则神机化灭，升降息则气立孤危。故非出入，则无以生长壮老已；非升降，则无以生長化藏。是以升降出入，无器不有。” “气得上下，五脏安定，血脉和利，精神乃居。”[2]

升降出入是气机主要的运动形式。气机的升降出入，调节人体保持动态平衡，维持正常的生理活动。人的生命活动，就是气的升降出入运动的作用。

人体气机运动的调节有“三升三降”，即肝升肺降、脾升胃降和心肾水火相济。气的升降出入表现在脏腑经络、腠理三焦等的生理活动中。如；在气的运行中肝气升于左，肺气降于右，犹如气机升降的翼佐；心火下降以温肾水，肾水上升以济心火；脾升胃降为升降之枢纽。肺宣发为升，萧降为降；肺呼气为升，肺吸气和肾纳气为降；肝主疏泄，疏为升，泄为降。如《素

問·禁刺論云：“肝生于左，肺藏于右，心部于表，肾治于里，脾为之使，胃为之市。”“升降出入，无器不有。”人体的各种生理活动都是气机运动的体现。

12.2. 经络是气机运行的主道：经络网络全身，三阴三阳经络之气，升降出入，四通八达，调节一身气机。

12.3. 腠理三焦是气机运行的场所：经云：“肾合三焦膀胱，三焦膀胱者，腠理毫毛其应。”[2]《金匮要略》：“腠者，是三焦通会元真之处。”

《中藏经》：“三焦者，..... 总领五脏六腑、营卫、经络、内外、左右、上下之气也。三焦通，则内外左右上下皆通也，其于周身灌体，和内调外，营左养右，导上宣下，莫大于此也。”章虚谷说：“凡表里之气莫不由三焦升降出入。”

说明腠理通三焦，腠理三焦之气，和内调外，导上宣下，出入表里，调节营卫脏腑，为气机运行的场所。

13. 气化运动

气化首见于《内经》的《素问. 气交变大论》曰：“各从其气化也”，和《素问·灵兰秘典论篇》曰：“气化则能出矣。”《素问·阴阳应象大论》：“阳化气，阴成形。”《素问·五常政大论》：“阳舒阴布，五化宣平。”《内经》认为生命人体的生理活动就是气化运动，气化运动的本质就是化气与成形，形气相互化生。

13. 1. 气化调节物质能量：帝曰：“余闻人有精、气、津、液、血、脉，余意以为一气耳。”[2]张介宾《类经》：“盖精、气、津、液、血、脉，无非一气之所化也。”故万物皆“一气之所化也。”说明气化调节体内的精、气、阴阳、津液、血、脉等物质能量。

13. 2. 气化体现在生命人体生理活动的全过程：经云："上焦开发，宣五谷味，薰肤、充身、泽毛，若雾露之溉，是谓气。”[2] 此形象生动地描述了肺的气化作用。

《素问. 灵兰秘典论篇》云：心者，君主之官也，神明出焉。肺者，相傅之官，治节出焉。肝者，..... 谋虑出焉。胆者，.....决断出焉。膻中者，.....喜乐出焉。脾胃者，.....五味出焉。大肠者，.....变化出焉。小肠者，.....化物出焉。肾者，.....伎巧出焉。三焦者，..... 水道出焉。膀胱者，..... 津液藏焉，气化则能出矣。”

此段经文连续言 10 个“出”，最后“气化则能出矣”，一概气化则皆能出矣，说明所有“出”是气化作用的结果。“气化则能出”是对五脏六腑生理功能的高度概括。心神对五脏六腑生理功能的调节，和肝疏泄、肺宣降、脾运化、肾藏泄，及受纳水谷，化生营卫、气血、精髓等各种所需营养物质，输送循行于全身，灌溉濡养肌体；同時分清别浊，排洩糟粕和水液代谢的全过程都是气化作用的結果。在气化的作用下，味、形、精、血、气、髓之間，相互资生，相互调节，相互转化。如《素问·阴阳应象大论》曰：“味归形，形归气，气归精，精归化，精食气，形食味，化生精，气生形..... 精化为气。”就是对脏腑气化，三焦气化过程的概括。气化为形、形化为气的形气相互转化过程，包括了营、卫、气、精、血、津、液、髓等物质的生成、转化、调节、利用和排泄过程。

皆说明“各从其气化也。”气化产生生命，气化产生物质能量，气化促进生长发育，气化调节生命运动。如《轩岐救正论》：“人一身皆气化也。”所以，《内经》之人体生理可用“气化”运动概之。

14.人体防御调节系统：

中医生命人体的防御系统是整体调节系统。

经络调节人体的防御系统：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，经络调节人体各部位的功能保持相对的平衡与协调。[7] 故经络疏通，则气血通达、脏腑调和，防御功能就强。

腠理三焦调节全身防御：腠理通三焦，腠理外达皮毛，内通三焦，而三焦纳五脏六腑。腠理之卫气通汇元气，散胸腹。“卫出下焦”，即元气出下焦，行腠理为卫气。故元气为卫气之源泉。元气卫气是人体的正气。[3]“正气存内，邪不可干”，故元气卫气是人体的防御之气，元气卫气调节人体内外防御系统。腠理三焦是津液、营血、卫气、元气的气化场所和运行通道。[7] 所以，腠理三焦调节全身防御。

营卫调节防御外邪：经云：“卫气者，所以溫分肉，充皮肤，肥腠理，司開闔者也，.....卫气和則分肉解利，皮肤调柔，腠理致密矣。”[2]“卫者，水谷之悍气也，...循皮肤之中，分肉之间。”[1]“盖阳气为卫，卫气者，所以温分肉，充皮毛，肥腠理，司开合，此皆卫外而为固也。”（《卫生宝鉴》)。说明卫气行腠理肌肤，温养腠理肌肤，司汗孔开阖，调节防御外邪。经云：“营气之道，气传于肺，流溢于中，布散于外。”[2]“营气者，泌其津液，注之于脉，化以为血，以荣四末，内注五脏六腑。”[2] 说明营气也“布散于外”，“以荣四末”。故营气和卫气共同调节防御。营卫调和，则防疫功能正常。

肺气调节防御：经云：“肺主气”，“肺主皮毛”；“肺主身之皮毛。”“肺主气属卫”(《温热论》)。“肺，以行营卫阴阳也。”[1] 说明肺主皮毛，肺气调节营卫之气以防御外邪入侵。

脾与防御：脾为“气血生化之源”，为保证身体健康和生命活力的“后天之本”。所以，脾为生化防御能量（正气）之源泉。**脾主口，“防病从口入”**:“脾主口，..... 在窍为口。”[1]“脾气通于口。”[2]“脾為涎”。[1] 脾开窍于口，涎为脾之液。脾胃为津液生化之源。脾“为胃行其津液。”[1]“脾气散津。”[1] 说明脾之津液上输于口腔为涎液（唾液），而濡润口舌。唾液有防御“病从口入”的作用。

肾藏之肾精和元气调节卫气：经云：“夫精者，身之本也。”[1]“生之来谓之精，两精相搏谓之神”[2]“肾藏精”和肾气化生元气，肾为元气之根源，元气为卫气之源。[3] 所以，肾藏之元气调节卫气；丰富的肾精化生元气以促进了人体的活力，确保了身体的抵抗力。

结语：

《皇帝内经》的相关理论说明生命人体有脏腑、经络、腠理三焦三大调节系统；生命人体的各种活动和运动都是以营卫、气血、津液、精髓为物质和能量；营卫、气血、津液、精髓的相互化生，相互调节，保持了动态平衡的正常生理功能；人体活动和各种运动，“以五脏为中心”，在心神的主宰下，发挥着特殊的生理作用；阴阳、营卫、气血、精髓、精神，和经络、腠理三焦、五脏功能，皆存在于生命体，体现在生命活动的调节过程中。若“阴阳离决，精气乃绝。”则神散而生命终结，能量物质和功能也随之而消失。所以，中医生理学是生命人体的生理调节学。

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《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。本会刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展，文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

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

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk.请注明“杂志投稿”字样。下期来稿截至日期为 2018 年 2 月 20 日

Treatment of Amenorrhoea with Chinese Medicine – A Case Study

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Amenorrhoea is defined as the absence of menstruation and can be divided into either primary or secondary. Primary amenorrhoea is classified when the female fails to start her menses by the age of 16, without any other abnormality of her puberty changes. This is commonly caused by incomplete formation of genitals or pelvic organs at birth or suffering from any medical conditions before puberty. Secondary amenorrhoea is, when a woman stops her normal menstrual cycle for more than 6 months without being pregnant or in menopause, more commonly seen in gynaecological amenorrhoea disorders (Trickey, 2003). The causes of which can be further divided into either due to androgen excess or unrelated to androgen excess (ref appendix A for detail). Polycystic ovarian syndrome (PCOS) is one of androgen excess conditions that cause approx. 30% of secondary amenorrhea cases (Newson, 2013). According to Royal College of Obstetricians and Gynaecologists in 2009, approx. 20% of women in UK suffers from polycystic ovaries and 6 – 7% among them also have PCOS (Royal College of Obstetricians and Gynaecologists, 2009). Although amenorrhoea is not normally considered as life threatening condition, it is still advisable to seek a professional opinion to determine the underlying medical condition when the cessation of menstruation has become a concern (NHS, 2015)

Patient data:

Gender: Female	Age: 22 years old
Marital Status: Married	Nationality : British
Height: 165cm	Weight: 91 kgs
Occupation: office administrator	Initial consultation: 4th, Dec, 2015

CHIEF COMPLAINT: Amenorrhoea for 6 months

HISTORY OF CURRENT CONDITON AND SYMPTOMS:

The patient's menstruation started at the age of 12 with regular cycle of 28 days interval, fresh red with normal bleeding flow, neither having blood clots nor suffering from dysmenorrhea. However, when she was 18 years old, her menstruation cycle started to become irregular (between 20 – 40 days intervals) sometimes dysmenorrhea around 2-3 days before the period due. She also started gaining weight and her hair on the head became thinner, whereas other parts of her body, such as chest, back, face and beneath of umbilicus, grew some unwanted hairs. She was referred to have some hormone tests and ultrasound scan after visiting her GP with concerns. She was then diagnosed with PCOS.

When her menstruation suddenly stopped 6 months ago, she mistook that she might be pregnant because she had been trying to conceive for a while. Even though when the negative pregnancy test was shown, she still did not feel it would be a major concern until nearly 5 months of the absence of her period.
She was then informed by her GP that her amenorrhoea condition was most likely due to her condition of PCOS.

She also felt a heavy sensation on the whole body, accompanied by headache, dizziness and shortness of breath quite often. She indicated that her leucorrhoea had become more and thicker since last year. She claimed that she had gained nearly 4 stones of weight for the last few years despite of appetite being reduced. Her diet had been mainly deep fried chickens and chips with cold salad & she did not drink water that much but consumed at least 1 litre of frizz drink daily. She also loved sweet foods since her teenage years. Although her sleep was good, she still felt tired especially in the morning and evening. She did not have time to do any exercise, only do a short walk to & from tube stations for work every day. Her bowel movement was 1 – 2 times a day, loose and sticky. Her urination was pale yellow but she claimed she did not urinate that much. She has cold hands & feet, with oedema around lower legs.

The patient was offered a progesterone therapy for her amenorrhoea but it did not help. Then, she learnt that Chinese Herbal Medicine might be able to help and thus, she would like to try.

Examination from conventional medicine:

Hormone test – Patient did not have actual reading but the following detail was given by her GP when she phoned up for the result.
Luteinizing hormone, Testosterone, Prolactin and Oestrogen – elevated (higher than the standard)
FSH – lower than standard

Pelvic ultrasound indicated some cysts in her ovaries; Patient was not informed the size and numbers of the cyst found.

No hypothyroid, diabetes or any cardiovascular conditions presented based on the test results 6 months ago of thyroid stimulating hormone, lipid profiles and

BMI (37.4) – classified as obese.

Medical history:
Took paracetamol for headache sometimes.
Had progesterone therapy for her amenorrhoea.

Family History
No family history of this condition, Her mum was healthy and she was not aware of other major health conditions in her family. No other siblings. Father had been suffering from type 2 diabetes but under control with medication.
Tongue: Pale body with teeth mark and white greasy coating.
Pulse: slippery and thready

Western diagnosis: Secondary amenorrhea caused by PCOS

Traditional Chinese Medicine (TCM) diagnosis:
Secondary amenorrhoea caused by PCOS due to accumulation of phlegm and dampness caused by spleen Qi & Kidney yang deficiency

Explanation of TCM diagnosis:

Secondary amenorrhea from TCM perspective is usually caused by either deficiency or excess conditions. Clinically, it is not uncommon to see the patients who have PCOS also suffer from secondary amenorrhoea. PCOS is not a diagnosis but considered a syndrome with numbers of symptom presented. This is a quite complicated and commonly seen in gynaecological condition. PCOS is marked by amenorrhoea, scanty menstruation, anovulation, infertility, obesity and abdominal mass etc. The causes of which can be classified either by Kidney deficiency, phlegm & dampness obstruction, Liver Qi stagnation transforming into fire, Qi stagnation & blood stasis or the mixture of these causes (Tan et al, 2002). However, this condition normally is a combination of deficiency and excess conditions clinically – usually deficiency is the root whereas excess is the branch, with the organs involved Spleen, Kidney or Liver leading to disharmony of Ren & Chong Meridians (Zhao, 2012). In this patient, the secondary amenorrhoea caused by PCOS is due to the accumulation of phlegm and dampness caused by Spleen Qi & Kidney yang deficiency.

The patient's habitual poor diet since she was a teenager might suggest that her Spleen has been impaired first causing the accumulation of dampness & phlegm; this then eventually affects Kidney function of governing water, leading the condition of the dampness/phlegm in the body becomes worse (Maciocia, 2005). When this damp and phlegm accumulates in the ovaries, it will therefore form cysts, which is one of normal symptoms found in PCOS patients.

Since the nature of dampness / phlegm is heavy and they are difficult to get rid of, when they gather in the muscles, this will then cause the feeling of heaviness on the head, limbs or body. This may also obstruct the clear yang Qi to rise and blood to nourish the head and to other parts of the body, resulting in dizziness, headache and shortness of breath symptoms as manifested in this patient. Furthermore, heavy & excess dampness/phlegm tend to go downward, it therefore causes heavy leucorrhoea (Yang et al, 2003).

Furthermore when the phlegm and dampness accumulated in the extra channels or uterus, this will obstruct the Qi & blood flow in the uterus, blocking the Ren & Chong meridians. This obstruction subsequently starves the blood supply to the uterus and ovaries, resulting in either irregular, scanty period, amenorrhoea or infertility disorder (Flaw, 2005). This could explain the menstruation history of this patient (the blockage caused by phlegm & dampness leading to irregular periods before eventually becoming to amenorrhoea).

When the function of transformation and transportation is obstructed, it is not only forming dampness or phlegm as mentioned above, but also affecting the ability to excrete excess fluid properly. It will then lead to fluid accumulation possibly causing oedema in the body as manifested on the patient's legs. Furthermore, according to the patient, she had put on significant weight for the last few years; In TCM theory, since the accumulated turbid fluid affects the normal metabolism rate, it is easier to form fat and masses under the skin throughout her body causing weight gain despite of the reduced appetite (Maciocia, 2005).

Regarding the excess hair growth on the patient's body caused by PCOS. In TCM perspective, it is believed that this is due to Kidney deficiency. Although she did not state any joint pain, urination disorder or other Kidney related symptoms, since Kidney plays a role in governing growth, reproduction and development, hormonal imbalance affecting her menstruation and infertility can still account for the dysfunction of Kidney in her case (Kuek et al. 2011). Since the patient complained of a cold feeling on her hands/feet, tiredness and reduced appetite, this might therefore suggest that her Kidney yang is being impeded.

Treatment Principle:
Resolve Phlegm and dampness, tonify Spleen Qi and strengthen Kidney Yang.

Treatment Plan:

2 weeks of Chinese herbs decoction of modified Cang Fu Dao Tan Tang (CFDTT) and Tian Gui Tang (TGT - decoction instead of "fang" commonly known) was prescribed due to the patient not able to come back for follow up for another 2 weeks time.
The patient was also advised to do more exercise and avoid greasy food, cold and frizzy drinks in her diet.

Note: Zhi Ke and Shen Qu were removed from CFDTT due to the fact that the patient did not indicate any symptoms of digestion condition, such as food stagnation feeling or abdominal discomfort. Dan Nan Xing (prohibited herb in United Kingdom) was also replaced by Tian Nan Xing. Only Shu Di Huang, Dang Gui and Bu Gu Zhi from TGT were used to nourish the patient's

Herbs	Dosage (g)	Properties (Nature/flavours)	Channel Tropism (Attribution to)
Cang Zhu	15	Warm / pungent & bitter	Spleen & Stomach
Fu Ling	15	Neutral / sweet & plain	Heart, Spleen & Kidney
Zhi Ban Xia	12	Warm / pungent	Spleen, Stomach & LU
Zhi Tian Nan Xing	10	Warm / bitter & pungent	Spleen, Liver & Lung
Chen Pi	10	Warm / Pungent & bitter	Spleen & Lung
Xiang Fu	10	Neutral / sweet, bitter, sour & pungent	Liver & San Jiao
Chuan Niu Xi	15	Neutral / bitter & sour	Liver & Kidney
Dang Gui	15	Warm / sweet & plain	Spleen, Liver & Heart
Bai Zhu	15	Warm/ bitter & sweet	Spleen & Stomach
Tu Si Zi	8	Neutral/ sweet & plain	Spleen, Kidney & Liver
Bu Gu Zhi	8	Warm / Plain & bitter	Spleen & Kidney
Shu Di Huang	10	SL. Warm / sweet	Liver & Kidney
Gan Cao	6	Neutral/ sweet	Spleen, Stomach, Heart & Lung
Sheng Jiang	3 pieces	Slight Warm / Pungent	Lung, Spleen & Stomach

Kidney and blood function. Adding both Chuan Niu Xi and Tu Si Zi in this prescription were to enhance the function of this formula.

Discussion of the formula:

Cang Zhu & Fu ling used in this formula are to dry dampness via aromatising the middle jiao (Cang Zhu) and through diuretic (Fu Ling). Pungent & bitter flavour and attributive to Spleen & Stomach of Cang Zhu have the action of drying or resolve phlegm, as well as dispersing & promoting Qi & blood circulation in order to strengthen her Spleen, whereas Fu Ling (sweet/ plain flavour and attributive to Spleen, Kidney and Heart) can promote the flow of water to resolve dampness & oedema as well as nourishing spleen and harmonizing Middle Jiao for this patient. Using these 2 herbs together can resolve dampness & strengthen Spleen to improve her tiredness, oedema, vaginal discharge as well as conditions of other damp / phlegm symptoms presented by the patient (Chen, 2007).

Since both Zhi Ban Xia and Zhi Tian Nan Xing have pungent flavour and attributive to Spleen, which can disperse and promote circulation of Qi & blood to disperse phlegm. The additional bitter flavour of Tan Nan Xing can also help dry & resolve dampness. Furthermore, they both can help break up the accumulation of phlegm in the form of cysts in ovaries in this patient due to their functions of dissipates nodules. Since both herbs are toxic, Gan Cao & Sheng Jiang were also added to harmonize the harsh properties and toxicity in this formula (Chen et al, 2011).

Both Chen Pi and Xiang Fu bear pungent & bitter flavour and are able to regulate the Qi movement. Chen Pi also has an action of drying dampness and transforming phlegm whereas Xiang Fu can regulate her menstruation in order to induce her menses. Both together are to regulate the Qi in order to move the dampness in the patient (Lyttleton, 2013).

Since bitter & sweet flavour of Chuan Niu Xi has the function of lowering & nourishing as well as ability to entering to Liver & Kidney Channels, using it in this formula aims to restore her menstruation by regulating her blood and bring blood down to her uterus, as well as nourishing the Kidney and Liver (Tan et al, 2011).

Dang Gui, commonly used for gynaecological disorders, has a warm nature and sweet & plain flavour with attribution of Spleen, Liver & Heart. Therefore, it can nourish & regulate blood to regulate the menses in this patient (Tan et al, 2011).

Bai Zhu has a warm nature, bitter & sweet flavour, this was used to nourish the Spleen Qi as well as drying dampness & phlegm; To promote water metabolism to resolve oedema and other symptoms due to phlegm and dampness manifested in her case. Bai Zhu also has a function here to prevent the Qi damage from pungent flavour herbs in this formula (Yi and Al, 2000).

Both Bu Gu Zhi (warm nature with pungent & bitter flavour) and Tu Si Zi (neutral nature with sweet & plain flavour) have the function to nourish both Kidney & Spleen yang. Using both together in this formula are to warm up the yang to improve the patient's cold hands & feet conditions as well as eliminate the oedema. Furthermore, Tu Si Zi can also nourish yin and supplement the essence, this will help stop the leucorrhoea (Zheng, 2008).

Shu Di Huang has a slightly warm nature and sweet flavour with attribution to Kidney and Liver Channels; this can therefore nourish Liver & Kidney yin & blood. This herb aims to regulate the patient's menstruation disorder by nourishing her blood and acting as prevention of damaging yin from those warm herbs using in this formula. Adding both Kidney yin and yang tonic in this formula also aim to regulate her hormones disorder in order to promote her reproduction function (Lyttleton, 2013).

Gan Cao has neutral nature and sweet flavour, It is not only for harmonising the harsh properties of other herbs in this formula, but also for nourishing Spleen Qi in order to resolve phlegm. Sheng Jiang holds slight warm nature with pungent flavour. Its function used in this formula was to reduce the toxicity of the herbs, such as Zhi Ban Xia and Zhi Tian Nan Xing (Chen et al, 2011).

Follow up – 18th of December 2015:

Patient described she had a bit of red spotting few days ago that lasted ½ day. She mentioned that her white leucorrhoea reduced and felt lighter on her body (no heaviness sensation). She said she started to do some

walking exercise and felt more energy, and did not suffer headache and dizziness as much as previously. Her stool was in better formed and her hands/ feet no longer suffered from cold feeling. However, she felt slightly hot with her core temperature & suffered night sweat for the last few days, accompanying by slightly dry mouth and thirsty, her urine turned slightly darker yellow.

Tongue: pink body with slightly greasy yellow coating.
Pulse: slightly rapid

Treatment principle, plan & discussion:
Resolve phlegm and dampness, tonify Spleen Qi, strengthen Kidney yang. As well as nourish yin and clear heat.

It seemed that the patient's original symptoms were much improved and having some blood spotting was a good sign for her amenorrhoea condition. However, she might have developed slightly heat condition in her body due to too many warm herbs in the original formula. Therefore, Zhi Mu and Di Gu Pi were added in this new 2 weeks prescription. These herbs were to clear heat and nourish Yin. Zhi Mu bears a cold nature, bitter & sweet flavour and have actions to purge fire and nourish yin. Night sweat manifested in the patient this time might be due to yin being damaged from all dry and warm herbs from previously prescription. Therefore, adding Di Gui Pi (cold nature and sweet flavour) could nourish yin and clear empty heat to resolve her night sweat. These 2 herbs added are also to ameliorate warm and yang tonic herbs in this formula (Lyttleton, 2013).

Modern research:

Both Tian Gui Fang and Cang Fu Dao Tan Tang are known to treat amenorrhoea, due to phlegm & dampness accumulation, in PCOS conditions. A study conducted by Hou et al (2000) on treatment of hyperandrogenism and hyperinsulinism in polycystic ovary syndrome with Chinese herbal formula of " Tian Gui fang" indicated that this formula could achieve a better result in inducing ovulation and regulating imbalance hormone than metformin in PCOS patients. Cang Fu Dao Tan Tang was also studied by Lee et al in 2003 for The Effect of Herbal Medicine on Nerve Growth Factor in Estradiol Valerate-induced Polycystic Ovaries in Rats. This experiment was designed with 3 arms (one used an estradiol valerate injection, the 2nd arm was control group using oil treatment and the 3rd arm was administrated Chinese herbal medicines of either Cang Fu Dao Tan Tang or Long Dan Xie Gan Tang). Rats in this experiment had all been induced by a single injection of long acting estradiol valerate (a type of polycystic ovary resembling some aspects of human polycystic ovarian syndrome) prior to applying the mentioned intervention per arm. The result indicated that the number of cystic follicles in the 3rd group (using Chinese herbal medicine) was decreased significantly and corpora lutea & corpora albicantia were obviously increased compared with the other arms (Lee et al, 2003).

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各位 ATCM 会员：

英国中医药学会 2017 年年度会员大会于 10 月 29 日在伦敦 The Caledonian Club 召开。有来自伦敦和英国各地的 117 位多会员参加了今年的大会。

本次大会对以下三项内容进行了投票：

- 学会会章草案修改提案
- 关于完善学会理事会工作（取消监事会）及财务监督制度的动议
- 推荐钟守明先生成为名誉会员提案

经过现场三组随机抽选的计票人员的统计，以下是 3 项内容的投票统计结果：

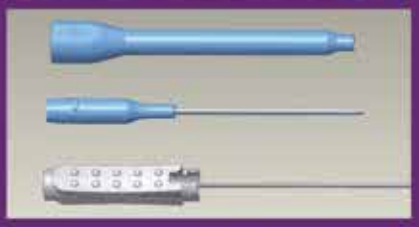
	投票表决内容	收到选票总数	赞成票计数	反对票计数	无效票计数
1	学会会章草案修改提案	287	114	170	3
2	关于完善学会理事会工作（取消监事会）及财务监督制度的动议	288	217	71	0
3	推荐钟守明先生成为名誉会员提案	94	64	30	0

感谢各位会员对于学会工作的支持和关注！

ATCM 第 14 届理事会

2017 年 10 月 31 日

ShiZhen 時珍中醫藥



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