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TCM Differentiation and Treatments of Itchiness in Skin Diseases Based on Case Reviews

Baifang Zhu
Herbs Plus Ltd, London

1. Introduction

There are many skin conditions characterised by itching such as pruritus, eczema, prurigo nodularis, neurodermatitis, primary cutaneous amyloidosis, scabies, tinea corporis, urticaria, summer dermatitis etc. There are even more skin diseases presenting noticeable itchy symptoms locally or generally during their clinical development.

This article is to analyse the TCM pathogenic manifestations of the above skin diseases and classify them to categorise their itching mechanism and syndrome differentiation, based on the reviews of my actual clinical cases, and furthermore, to summarise the principles of treating such itching problems and introduce some of the most popular formulas accordingly.

2. Itching differentiation based on case reviews

Case 1: Pruritus

Mrs Nash, 72 years old
First Visit: 24/04/2015

Complaint:
Constant itching all over, insomnia over 10 months. Her skin was dry and burning. Limbs, chest and abdomen skin covered by scratching marks, blood scabs and pigmentation, worse on the flexion in particular. Hypertrophy and lichenification were also present.

Syndrome Differentiation:
Liver and kidney Yin deficiency, blood deficiency, Wind-dryness.

Treatment：
Tonify Qi and blood, nourish liver and kidney, clear wind-heat, moisten dryness to relieve itching—"Dang Gui Yin Zi"

Modification:
Shendihuang, Baishao, Danggui, Chuanxiong, Heshpuwu , Huangqin, Jingjie, Fangfeng , Baijili, Baixianpi, Chantui, Jiangchan, Huanglian, Suanzaoren, Shenglonggu, Shengmuli, Zhigancao

Subsequent visit： 12/5/2015
Itching disappeared, scratches and scabs largely reduced, skin became soft and smooth.

Case 1: Before treatment

After treatment

Comment：

Clinical Features:
General or localized (genital/anal) itching, mostly happens to the elderly and in the winter or autumn; severe paroxysmal itching followed by secondary skin lesions such as scratching marks (excoriation), scales, blood crust, pigmentation, lichenification etc. No primary lesions presented.

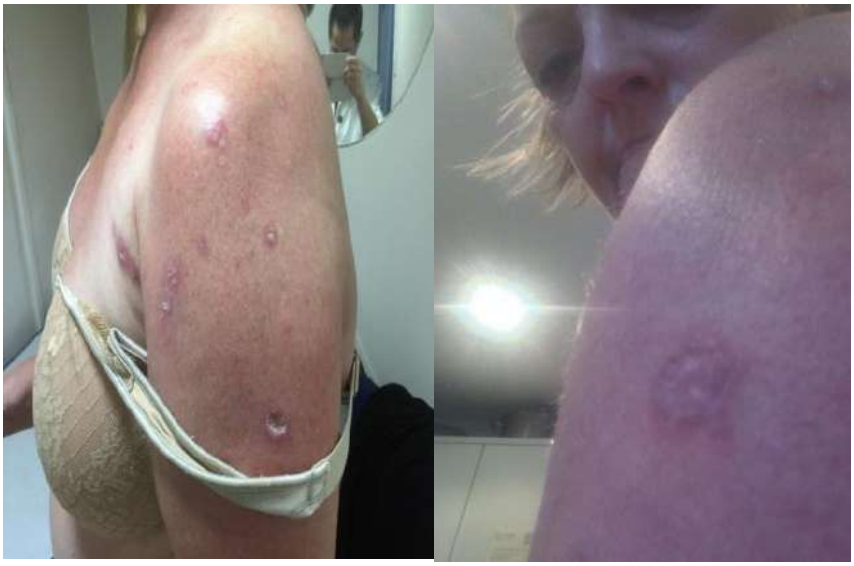
Itching Pathogenesis：
Blood deficiency, wind-dryness

Itching Treatment:
Tonify Yin and blood, expel wind to stop itching.
"Yang xue ding feng tang"
(shengdihuang, danggui, chuanxiong, chishaoyao, maimendong, tianmendong, heshouwu, mudanpi, jiangchan)

Case 2: Prurigo nodularis

Mrs Price, 40 years old
First Visit: 13/9/2016

Complaint:
Dark red skin nodules on limbs and trunk with severe itching, ulcers, necrosis, crusting and pus 5 years, got worse for 2 months.



Case 2: Before treatment After treatment

Syndrome Differentiation:
Damp toxin, blood stasis, excessive heat and rotten flesh.

Treatment：
Expel damp, detoxing, clear heat, cool blood and remove blood stasis.
Prescription:
Tufulin, huangbai, zhimu, cheqianzi, kushen, shengdihuang, pugongying, xuanshen, danggui, ruxiang, moyao, shengmuli, difuzi, baixianpi

Subsequent visit： 11/10/2016
Lesion largely cleared up---itching stopped, nodules soften and smaller, ulcers healed with scaring. No new lesions observed at the visit.

Comment：

Clinical Features: More common with adult female. Itchy nodules appear on the arms and legs, extensor in particular. Nodules are soya bean sized, hemisphere shaped, red-brown color, rough surface, hyper-pigmented and lichenfication due to scratch. Extreme itching.

Itching Pathogenesis：
Internal damp with external wind-toxin causing meridian obstruction. Or insect poisonous invasion.

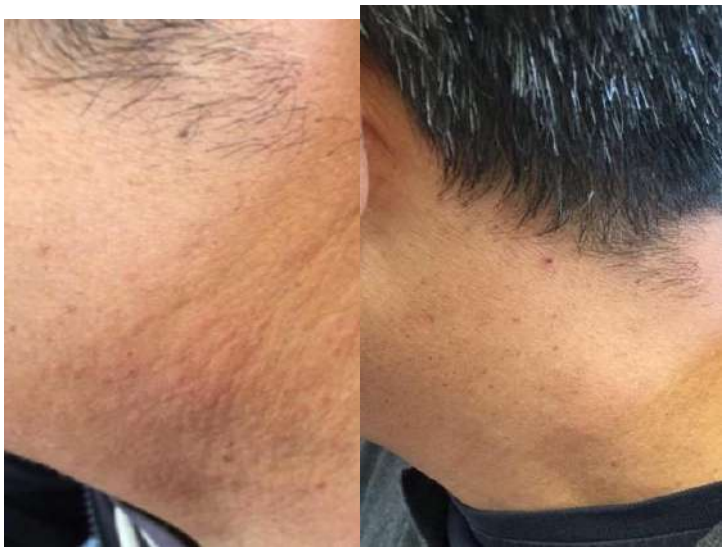
Itching Treatment:
Expel wind and damp, detoxify. -- Quan Chong Fang (by Dr Zhao Bing Nan)
(Quanchong, Zaochi, Yazhao, Baixianpi, Weilingxian, Huangbai, Kushen, Huaihua, Cijili.)
or Wu She Qu Feng Tang (by Dr Zhu Ren Kan)---
(Wushe, Chantui, Jingjie, Fangfeng, Qianghuo, Baizhi, Huanglian, Huangqin, Jinyinhua, lianqiao, Gancao

Case 3: Neurodermatitis

Mr Wang, 36 years old
First Visit: 02/10/2015
Complaint:
Bilateral dark, red plaques on the neck, hypertrophic，rough surface, lichenification with constant extreme itching.

Syndrome Differentiation:
Blood deficiency, wind, damp-heat

Treatment：
Nourishing blood and moist skin; expel wind, clear damp; calm the“shen” and relieve itching.



Case 3: Before treatment After treatment

Prescription:
Danggui, chuanxiong, chishaoyao, shengdihuang, jingjie, heshouwu, fangfeng, gancao, baijili, kushan, cangerzi, shenglonggu, shengmuli, suanzaoren, baixianpi, jingyinhua.

Subsequent visit：
07/10/2015: Itching reduced 80%, skin became softer and smoother, no new lesions occurring

Comment

Clinical Features:
Characterized with polygonal flat shiny papules, apparent lichenification at the late stage. Clear and sharp borders. Severe and paroxysmal itching.

Itching Pathogenesis：
Wind, damp and heat. Blood deficiency and wind-dryness.

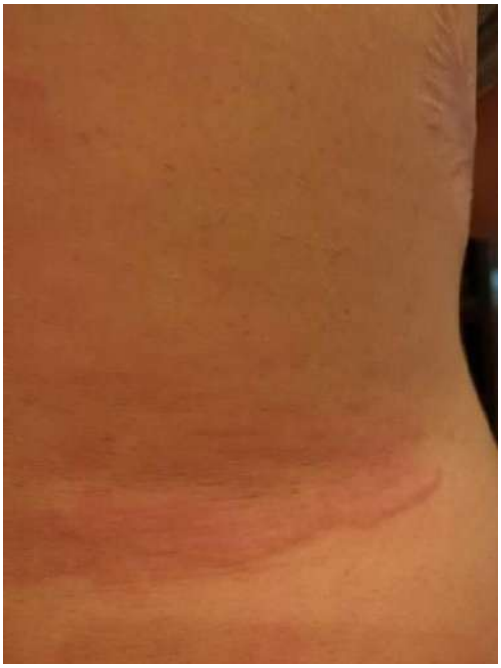
Itching Treatment:
Acute phase or generalised lesions---Clear the heat and cool the blood, expel wind to relieve itching. "Pi Xuan Tang" (by Dr Zhu Ren Kan)
(Shengdihuang, mudanpi, chishaoyao, changerzi, baixianpi, kushen, difuzi, huangqin, shenggancao)

Chronic lesion with thick, scaly, lichenified skin---nourishing blood and promoting blood circulation; moistening dryness and expelling wind. "Feng Xuan Tang"(by Dr Zhu Ren Kan):
(Shudihuang, Danggui, Baishaoyao, Mudanpi, Hong hua, Jingjie, Kushen, Baijili, Cangerzi, Baixianpi)

Case 4: Urticaria

(Consultation case from Changsha, China)
Mr Ling, 54 years old
First Visit: 07/05/2016

Complaint:
Daily outbreak of red wheals and itchy skin for 5 months. Not responding to TCM and Western treatment.



Syndrome Differentiation:
Wind-heat and Blood-heat

Treatment：
Clear the heat, expel the wind and cool the blood.
Prescription:
Jingjie, Fangfeng, Jiancan, Yinghua, Niubanzi, Danpi, Huangqing, Shenggancao,
Chantui, lianqiao, Shengdihuang, Dangui, Chishao, Baixianpi, Difuzi, Dangshen,
Zicao, Shenshigao

Subsequent consultation： 10/05/2016

Itching much diminished，wheals lessened by 95%, skin became paler and cooler to touch. 24/05/2016: Skin lesion healed totally. 3 month's follow-up showing no recurrence.

Comment

Clinical Features:
It is a raised, very itchy rash (wheals) that appears on the skin. It comes and clears quickly and leaves no lasting skin changes.

Itching Pathogenesis：
Unconsolidated Wei Qi(Defensive Qi), wind-invated in the skin； Or blood deficiency and wind-dryness， wind-Qi fighting on the skin

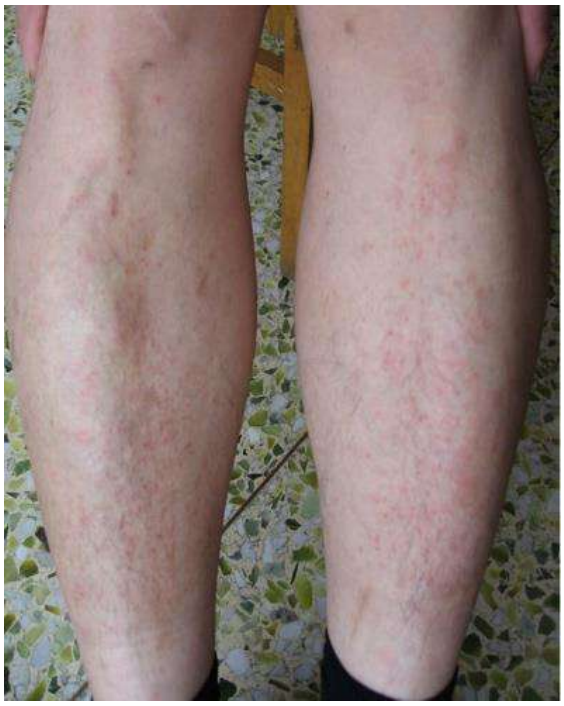
Itching Treatment:
Acute outbreak--expel wind to relieve exterior syndrome ："Qin Jiao Niu Bang Tang"(from《Yi Zong Jin Jian》):
(Qinjiao, Niubangzi, Zhiqiao, Mahuang, Xijiao, Huangqin, Fangfeng, Gancao, Xuanshen, Shenma)
Chronic persistent---Nourish blood and dispel wind："Dang Gui Ying Zhi" 《Yi Zong Jin Jian》:
(Shudihuang, DangGui, Chuanxiong, Baishao, Huangqin , Jingjie, Shouwu, Fangfeng, Gancao, Baijili)

Case 5. Dermatitis Aestivale/ Summer Dermatitis

(Consultation case from U.K. TCM WeChat Group)
Mr Yuan, 37 years old
First Visit: 25/07/2016

Complaint:
Erythema，red papules on the limbs, neck and face for 3 weeks, feeling scorching heat and itching. Showing no progress after taking 7 day's herbs from previous TCM doctor

Syndrome Differentiation:
Summer-heat pathogen，damp-heat



Treatment：Clear heat and damp； eliminate summer-heat and toxic material
Prescription:
Huangbai , Zhimu, Danpi, Zicao, Cheqianzi, Huashi, Shenggancao, Jingyinghua, Tufuling, Viyiren, Baixianpi, Fangfeng, Qinghao, Dangui, Pugongying

Subsequent consultation： 01/08/2016

Made full recovery--no more skin lesions ，no more itching and scorching heat.

Comment

Clinical Features:
Occurs in the summer(June-August), clearly related to changes in weather conditions and climate（ the high temperature and humidity）
Lesions as erythema, papules, blood crust, scratches, occurs in adults extensor limbs，bilateral.

Itching Pathogenesis：
Damp-Heat wind toxin fumigation

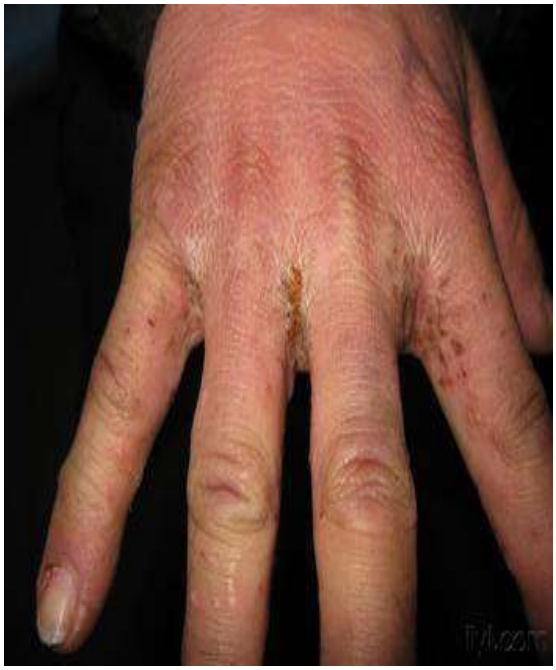
Itching Treatment:
Clearing heat and expelling damp, dispelling wind, detoxing and cooling the blood.
"Chu Shi Jie Du Tang "(Zhao Bin Nan):
Baixianpi, Dadouhuangjuan, Shenyimi, Tufuling, Z hizi, Danpi, Jinguinghua, lianqiao, Diding, Mutong, Huashi, Shengancao

Case 6. Scabies

Mrs Ye, 58 years old
First Visit: 09/09/2016

Complaint:
Red pimples, vesicles, scratching marks and blood crusts all over the body, worse at lower abdomen, underneath breasts, inner thighs and between fingers. Severe itchiness and difficult sleep for 1 month.

Syndrome Differentiation:
Wind-damp-heat-toxin-parasites



Treatment：
Removing dampness and clearing heat; expelling wind to detox; destroy parasites to relieve itching
Prescription:
1) Internal---Tufuling, Huangbai, Zhimu,Kushen, Shechuanzi, Cang'erzi, Difuzi, Cheqianzi, Jingjie, Fangfeng, Huanglian, Dahuang ；
2) External---5% sulphur cream, from neck down to the feet, using for 3 days for a course.

Subsequent visit： 13/09/2016
Well-healed. The skin lesions disappeared, itching stopped. No recurrence after 2 weeks.

Comment

Clinical Features:
It is characterised by red papules, vesicles and burrows(mite tunnels) on softer skins such as inner thighs, armpits, abdomen, between the fingers and buttocks. Extremely itchy, worse at night.

Itching Pathogenesis：
Interior damp-heat, parasite-toxin invasion

Itching Treatment:
Clearing heat and removing dampness, detoxing and destroying parasite.

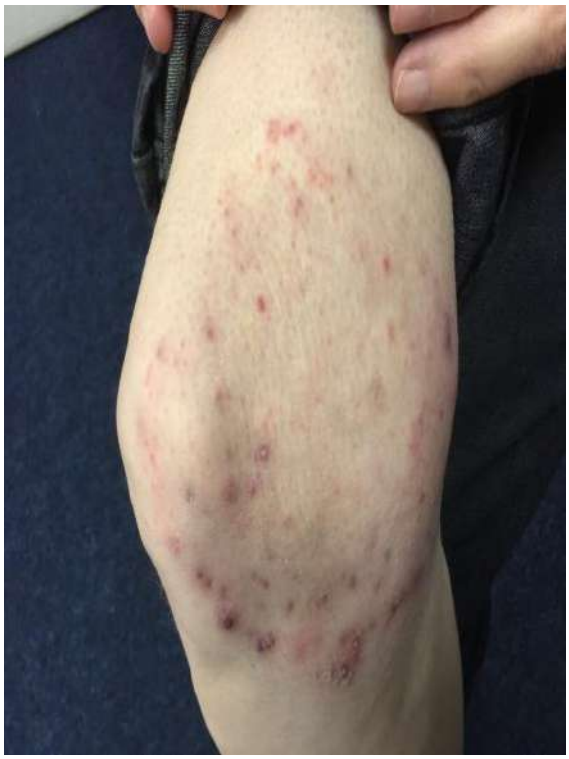
"Xiao Feng San"(《Wai Ke Zheng Zong》) :Danggui，Shengdi，Fangfeng，Chantui，Zhimu，Kushen，Humaren，jingjie，Cangzhu，Niubanzi，Shigao，Gancao、Mutong

"Qin Jiao Wan "(《Yi Zong Jin Jian》)：
Qinjiao, Kushen, Dahuang, Huangqi, Fangfeng, Lou lu, Juanglian, Wushe

Case 7. Tinea Corporis（Ringworm）

Mr Liu，45years old
First Visit: 31/01/2016

Complaint:
Circular shaped lesion with erythema, papules, scales on the right inner knee, very itchy for 2 months.



Syndrome Differentiation:
Wind-Damp Toxin

Treatment：
Removing dampness and expelling wind, Detoxing to relieve itching
Prescription:
1)Internal--Jingjie, Baixisnpi，Duhuo，Cangerzi，Kushen，Difuzi，Shechuangzi，Danghui，Danpi，Shengdi，Chantui，Tufuling，Zhimu，Huangbai，Qinghai，Cheqianzi，Gancao；

2)External--Qinghao，Aiye，Mjnhcan，Mangxiso，Shjchsnhpu，Shouwu，Hjangjjng，Ercha，Figupi，Cebaiye

Subsequent visit： 14/02/2016

No more itching，rashes largely vanished，no new lesions.

Comment

Clinical Features:
The lesion is ring-shaped, with a red, raised border and a clearer centre. The border may look scaly，mainly erythema，papules，vesicles and scaling. The rash may occur on the arms, legs, face, or other exposed body areas.
Itching Pathogenesis：Wind, Damp, Heat, Parasite and Toxin invade skin

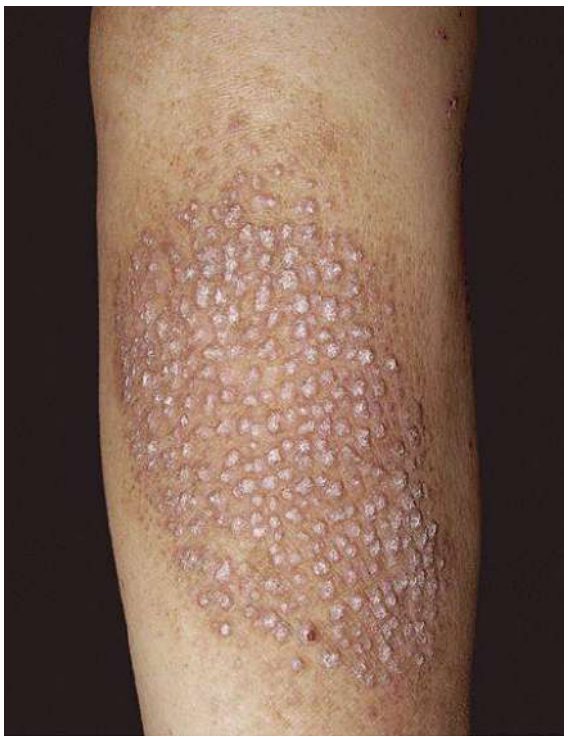
Itching Treatment:
Detoxing and Removing dampness, Destroying parasite to relieve itching.
Internal："Ku Shen Zhi Yang Wan"(《yi zong jin jian》)：
Kushen, Dahuang, Duhuo, Fangfeng, Zhiqiao, Xuanshen, Zhizi, Huanglian, Huangqin, Juhua
External："Fu Fang Tu Jin Pi Ding"(Commercially Available) or
"Yi Hao Xuan Yao Shui"—Yangtigen, Tujinpi，Zhichuanwu, Binlang, Baibu, Haitongpi, Baixianpi, Kushen, Shechuangzi, Qianjinzi, Difuzi, Fanmubie, Sheyi, Dafengzi, Wugong, Baixing, Banmao, Gaoliangjiu

Case 8. Primary Cutaneous Amyloidosis (PCA)

Mrs Horgan, 65 years old
First Visit: 24/10/2012
Complaint:
Firm papules and nodules on the lower legs, paroxysmal severe itching for 4 years. Hyperkeratosis, lichenification, scratching marks and blood crusts were also present.

Syndrome Differentiation:
Damp-toxin，blood stasis

Treatment：
Removing dampness and detoxing，activating blood and expelling wind.



Prescription:

Tufuling ,Huangbai ,Danshen ,Baixianpi ,Fengfang , Difuzi ,Danggui ,Wushaoshe ,Chanerzi ,Xuchangqin , Shenmuli , Shenlonggu , Shengancao

Subsequent visit: 29/12/2012

Papules, nodules and macules were much reduced , itching was decreased by 80%. Changed to patent herbal pills("Wu She Zhi Yang Wan"、"Pi Fu Bing Xue Du Wan" and "Xue Fu Zu Yu Wan")for another few months till a full recovery.

Comment

Clinical Features:

1) It is caused by accumulation of Amyloid in the skin, usually affecting adult men.
The lesions are usually confined to the shins, extensor aspect of arms and back.
It consists of raised firm and brown papules, sized from sesame seeds to beans, hemispherical, conical or polygonal. Lichenification, hyperkeratosis and mild scales can present on top of the papules.
Severe itchiness.

Itching Pathogenesis：

Blood deficiency and wind-dryness；Phlegm accumulation.

Itching Treatment:

Nourishing blood to expel wind，promoting blood circulation to eliminate phlegm（Dr Gu Bai Hua's formula）:

Danggui, Baishao, Chishao, Danshen, Yimiren, Xiqiancao, Cangerzi, Difuzi, Shenshanzha, Zhishi , Maiya, Shengancao, Haizao, Kunbu

3. Itching Treatment In Principle

Based on the case reviews of above skin diseases I summarised here eight prinsciples of itching treatments as follows:

1）Expel Wind and Clear Heat

Indication：Wind-heat itching --acute generalised urticaria with red wheals

Prescription: "Qin Jiao Niu Ban Tang"、"Jing Fang Tang"

2）Expel Wind and Eliminate Cold

Indication：Wind-Cold Itching--acute urticaria with white wheals, worsened by cold

Prescription ："Ma Huang Gui Zhi Ge Ban Tang","Ma Huang Lian Qiao Chi Xiao Dou Tang"

3）Clear Heat and Eliminate Damp

Indication：Damp-Heat Itching--Summer Dermatitis(Dermatitis Aestivale) with obvious erythema, papules and vesicles

Prescription ："Chu Shi Jie Du Tang"

4）Detox and Destroy Parasites

Indication: itching due to parasites and toxins--Scabies, Ringworm，Tinea of feet and hands, Lice etc

Prescription ："San Feng Ku Shen Wan", "Lu Hui Wan ", "Qin Jiao Wan"

5）Nourish Blood and Expel Wind

Indication ：Itching due to Blood Deficiency and Wind-Dryness--Senile Pruritus， Generalised Neurodermatitis with apparent dry scales, scratching marks and Lichenifications

Prescription ："Dang Gui Yin Zi", "Yang Xue Run Fu Tang", Di Huang Ying "

6）Dispel Wind and Detox

Indication ：Itching due to persistent accumulated Wind-Damp-Heat-Toxin --

Prurigo Nodularis, Primary Cutaneous Amyloidosis, localized Neurodermatitis, Scabies Nodules etc, where the skin rashes are firm, hard, scaly and hypertrophic. Extreme itchiness.

Prescription ："Quan Chong Fang", "Wu She Qu Feng San"

7）Activate Blood and Expel Wind

Indication ：Chronic Itchiness due to Qi Stagnation and Blood Stasis--Chronic Urticaria and Pruritus , dark-red skin, blood scabs, blood scratching marks or scaly and encrusted skin etc

Prescription ："Huo Xue Qu Feng Tang "（Dr Zhu RenKan):

Guiwei, Chishao, Taoren, Honghua, Jingjie, Ch antui, Baijili, Gancao)

8）Sooth Mind and Calm Liver

Indication ： Paroxysmal night Itching--

Generalized Neurodermatitis and

chronic Urticaria accompanied by insomnia , restlessness and anger

Prescription ："Qian Yan Xi Feng Tang "（Dr Zhu RenKan)

Zibeichi, Cishi, Shenglonggu, Shengmuli ，Zhenzhumu, Daizeshi, Baishao, Shengdihuang, Shudihuang, Danggui, Shouwu ）

4. Summary

Itching is one of the most dominating symptoms of many skin diseases such as pruritus, neurodematitis, urticaria, and so on and so forth. Although each independent skin disease needs to be dealt differently such as anti-allergy, antibiotics, tranquilliser etc., as for the treatment, there is one thing in common, maybe one of the most important things ---is to stop the Itching. That is to say you have achieved 50% success （if not 100% cure), providing the itchiness is brought under fully control in time.

In summary, the itching can be differentiated into eight syndromes, they are:

1) Wind-Heat；2) Wind-Cold；3) Damp-Heat；4) Parasites-Toxin；5) Blood Deficiency and Wind-Dryness ;6) Wind-Toxin Accumulation；7) Qi Stagnation and Blood Stasis；8) Yin Deficiency and Liver Hyperactive Fire.

Accordingly there are eight Itching treatments and formulas recommended above.

Last but not least, I would like to draw your attention on this core issue: in addition to conquering the itching itself we should make every effort to investigate the cause of the disease, to remove its inducements, to prevent its recurrence and to improve the patient's quality of life.

常见皮肤病的中药药浴治疗

祝柏芳

Herbs Plus Ltd, London

摘要：在本文中作者简要介绍了中医药浴疗法的历史，继之以中医药浴疗法的分类，作用和特点。并进一步讨论药浴的具体应用，以及对常见皮肤病药浴应用方法进行详细说明，包括草药处方及其应用方法用于荨麻疹，瘙痒症，皮肤病，湿疹和皮炎，牛皮癣，痤疮，疣，病毒性皮肤疱疹病症 ，和皮肤真菌感染等。 作者还总结了自己在药浴治疗中基于不同的皮损类型而选择何种草药的临床经验，以及一例手癣病例的药浴治疗报道。

关键词：中医药浴，中药外治， 皮肤病， 临床应用

The Application of Chinese Medicated Bathing in the Treatment of Common Skin Diseases

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Abstract: In this article the author briefly introduces the history of medicated bathing therapy in Chinese medicine, followed by the classification, actions and characteristics of this bathing therapy. Further discussion is on its application principles, with detailed explanations on it application, including the herbal prescriptions and their applying methods, for common skin diseases such as urticaria, pruritus skin disorders, eczema and dermatitis, psoriasis, acne, warts, viral blisterous skin conditions, and skin fungal infections. The author also summarises his own clinical experience on what herbal medicines to choose in the medicated bathing based on different types of skin lesions, supported by one case report on *Tinea manuum* (ringworm of hand).

Key Words: Chinese medicated bathing therapy; external application of Chinese herbal medicine; skin diseases; clinical application

中药药浴简介

作为中医外治法的重要组成部分之一，中医药浴疗法是以中医基本理论为指导,用中药煎汤洗浴患者局部或者全身,在水中发挥其药理作用，从而达到防治疾病为目的一种治疗方法。它具有作用迅速、毒副作用少等优点，广泛应用于中医临床各科，特别是皮肤科、中医外科和肛肠科等等。尤其对老幼虚弱之体、攻补难施之时或不愿服药之人、不能服药之症,中药药浴疗法更独具优势,与内服法有殊途同归、异曲同功之妙。就本人临床所见，很多皮肤科疾病往往只需用简单的中药熏洗、浸泡或者沐浴就可以取得显著的效果，或者是治愈。

中医药浴疗法的形成,源远流长,历史悠久。我国现存最早的临床医学文献《五十二病方》中已倡用熏洗沐浴的治疗方法,载有熏浴方 8 首。

孙思邈《千金要方》治痈疽发背,用猪蹄汤,取猪蹄、黄柏、黄连、芍药、黄芩、蔷薇根、狼牙根,七味咬咀,以水煮去滓取煎液洗疮一食顷。临床一直沿用至今。

对于中药药浴疗法论述最为精辟和系统的则非清代医家“外治之宗”吴尚先之《理瀹骈文》莫属。该书共收录外治方法近百种,载方达 1500 余首,其中有淋浴方 10 余首，熏蒸方 20 余首以及浸洗方 10 余首，用于治疗皮肤、外伤科、小儿科及内科等病，他提出的“外治法可以统治百病”的论断,为后世应用中药外治法开拓了法门。其“治虽在外,无殊治内也。”“外治之理,即内治之理;外治

之药,亦即内治之药,所异者法耳。医理药性无二,而则神奇变幻,上可以发泄造化五行之奥蕴,下亦扶危救急,层见叠出不穷。”等论述精辟见地,阐释了药浴外治与内治机理统一的原则,一直有效地指导着临床实践。

中药药浴的分类

中医药浴疗法种类较多,根据药液浴洗人体部位的不同,可以将药浴疗法分为两大类,即全身药浴法和局部药浴法。

1. 全身药浴：包括沐浴和蒸汽疗法。

1）沐浴疗法。是将身体浸泡在药液中洗浴,以治疗疾病的一种方法,类似现代水疗法中的药浴法。

【适应病症】各类泛发性/全身性急、慢性皮肤病如湿疹、皮炎、荨麻疹、白癜风、红斑狼疮、体癣、疥疮、带状疱疹、风疹、麻疹等等。

2）蒸气疗法。又称中药蒸气浴, 系利用药物加水煮沸后所产生的药蒸气进行治疗的一种方法。根据熏蒸部位,可分为全身蒸气疗法和局部蒸气疗法（在局部药浴疗法中介绍）两类。

【适应病症】慢性皮肤病皮损肥厚、鳞屑角化、苔藓样变、瘙痒剧烈者如老年性皮肤瘙痒症、泛发性神经性皮炎、皮肤淀粉样变、扁平苔藓、鱼鳞病、结节性痒疹、牛皮癣、硬皮病以及周围血管病等等。

2. 局部药浴疗法：包括熏洗、浸洗、溻渍(浸浴)、淋洗和湿敷疗法。

1）熏洗疗法——是利用药物煎汤的热蒸气熏蒸患处,待温后以药液淋洗局部的一种治疗方法。

【适应病症】慢性限局性炎症性皮肤病如手足癣、掌跖角化症、牛皮癣、寻常疣、跖疣、局限性硬皮病、痤疮、酒渣鼻、外阴瘙痒症、阴虱、萎缩性硬化性苔藓、臁疮、糖尿病足、血栓闭塞性脉管炎、脒胝等等。

2）浸洗疗法——是用药物煎汤,浸洗患部,以达到治疗目的的方法,是浸浴与洗法的结合。

【适用病症】各种急慢性、局限性皮肤病，没有渗出者如手足癣、手足皲裂、硬皮病、手足慢性湿疹、扁平疣、寻常疣、慢性小腿溃疡、糖尿病足、脉管炎等等。

3）溻渍法——即浸浴法。是将四肢/患处浸泡在药液中,以达到治疗疾病目的的一种方法。

【适应病症】四肢远端之慢性皮肤病。如甲癣、手足癣、冻疮、掌跖脓疱病、局限性硬皮病、跖疣、甲沟炎等等。

4）淋洗疗法——是用药液不断淋洒患处的一种药浴法。

【适应病症】局限性皮肤病，不便于熏蒸浸泡者如痤疮、酒渣鼻、单纯疱疹、带状疱疹、毛囊炎、皮肤疖肿、丹毒、脂膜炎、变异性血管炎、亚急性湿疹等等。

5）湿敷疗法。湿敷疗法是用纱布浸吸药液,敷于患处的一种药浴外治法。

【适应病症】急性皮肤病如急性湿疹、接触性皮炎、夏季皮炎等渗出较多,或者皮肤病并发感染后，脓性分泌物多的皮损与创面等等。

中药药浴的功用

简单来说，中药药浴作用机理是以药物作用（经皮吸收和局部药效）为主、温度刺激（温热刺激和寒凉刺激）以及机械刺激（淋洗）为辅。

1. 经皮吸收：药浴时药物可以通过皮肤血管的动脉通道或者通过皮肤角质层的水合作用直接渗透皮肤后被人体吸收，从而发挥全身性的整体药效作用。

2. 局部药效：局部药浴（熏洗、浸洗、溻渍、湿敷等）时通过药力和热力的结合，发挥对皮肤病局部病灶直接的药效作用。可以起到比如清洁消炎、改善血循、抗真菌、抗病毒、杀虫止痒、剥脱去腐、生肌长肉等等作用。

3. 物理刺激：药浴时药液的温热刺激可以促进血液循环，具有镇痛、解痉、发汗、润肤等作用；寒凉刺激则具有消炎、止痒、消肿等功效；药液对皮肤的直接淋洗冲刷则可刺激皮肤组胺产生、血管扩张，血液和淋巴液循环增强，促进坏死组织脱落，肉芽生长、皮肤组织营养改善和镇静等作用。

中药药浴的特点

1. 直达病所，起效迅速。
2. 适应症广，丰富内治。
3. 廉便效验，简单实用。
4. 安全可靠，副作用少。

皮肤病中药药浴的使用原则

中药药浴在皮肤科的运用应该是最为广泛的，如果使用得当，也是最容易取得良好效果的。在具体运用时有几个原则需要把握好：

1. 根据病情的轻重缓急来选择药浴疗法。
虽然几乎所有的皮肤病，无论哪一阶段都可以选择使用药浴疗法，一般来说，病情比较轻浅，局限或者慢性迁延的皮肤病可以首选药浴，必要时再配合内服或者其他疗法；对于泛发性的皮肤病急症、重症，则以内用药为主，辅以药浴或者其他外治疗法。前者如婴幼儿湿疹，玫瑰糠疹、扁平苔癣、痤疮、酒渣鼻、疥疮、手足甲癣、神经性皮炎；后者如天疱疮、红皮病、大泡型表皮松解症、药疹、血管神经性水肿、麻疹、重症多型红斑等等。

2. 辨证辨病相结合，全身局部并重视。
在选择具体药浴处方时，首先必须遵循辨证论治的基本原则，这一点和内治处方应该是大同小异。所谓“外治之理，即内治之理；外治之药，亦即内治之药，所异者法耳”(《理瀹骈文》)。在此基础上，重视皮肤病的诊断，加强对局部皮损的辨证识别，有的放矢，使用药处方更加更加精准完善，疗效才会得以提高。

3. 善用透皮之品，可以事半功倍。
合理适度的在药浴处方中加入少量的具有透皮促进作用的中药可以使药浴的有效成分能尽可能大的被皮肤吸收、充分发挥其全身性和局部性治疗效果。大量的资料和研究表明，很多中药在外用时具有不同程度的透皮促进作用，比如解表药—薄荷、细辛；清热药—黄连、桉叶；祛风湿药—松节、草果；温里药—高良姜，肉桂、丁香、花椒、小茴香；活血化瘀—川芎；化痰止咳—白芥子；开窍药—冰片；补益药—当归；杀虫止痒药—蛇床子、樟脑、急性子。因此临床上可以根据医者的个人经验和患者皮肤病的辨证特点选择性加入 1-2 味到药浴中使用，以便取得更好的药浴疗效。

简单的说，一个好的药浴处方需要兼顾全身辨证（药浴皮肤吸收后的整体治疗作用）和局部辨病（药浴的局部治疗作用），二者缺一不可，在此基础上酌加少许与病症相适应的透皮吸收促进之品，就堪称完美了。

常见皮肤病的中药药浴治疗

接下来我想从我个人的临床体会入手，给大家介绍几个皮肤科最常见的、也是药浴效果较为理想的皮肤病的药浴治疗方法。

1. 荨麻疹

本病俗称风团,是一种常见的过敏性皮肤病,由各种因素致使皮肤粘膜血管发生暂时性炎性充血与大量液体透出,造成皮肤局部水肿性损伤。中药药浴具有良好的止痒、安神和抗过敏作用，脱离过敏源后，多数患者可以很快得到治愈或者显效。

【药浴处方】以祛风解表，清热止痒为主。
基本方： 艾叶 30 防风 15g 乌梢蛇 10 荆芥 15g 苦参 20g 黄芩 15g 野菊花 15g
加减：风热加蝉蜕 10g 薄荷 10g 千里光 15g；风寒加苍耳子 15g 威灵仙 15g

【使用说明】上方加水 3000ml,浸泡 5 分钟后煎取 2000ml,置木盆内,趁热先熏后洗,每次 20 分钟,每日 1 次,连续外洗 3 日为 1 疗程。

【适用病症】本方适用于各型急、慢性荨麻疹、血管神经性水肿患者。也可用于其他过敏性皮肤病以红斑丘疹为主要表现者如接触性皮炎等。

2）瘙痒性皮肤病（包括神经性皮炎、瘙痒症、痒疹）

瘙痒性皮肤病包括一组以瘙痒为突出表现的皮肤病，多数病因复杂，一般多认为与神经精神因素存在直接或间接的相关性，反复搔抓能造成“瘙痒-搔抓-瘙痒”的恶性循环。这类皮肤病如果可以及时运用全身药浴或者是蒸汽浴的话，可以起到较好的安神、止痒、润肤、改善睡眠质量和缩短病程的效果。

【药浴处方】以清热利湿，祛风养血，活血止痒为主。
基本方：生大黄 20g 黄柏 20g 地肤子 15g 苦参 20g

荆芥 15g 蝉蜕 15g 当归 15g 生地黄 15g 川芎 15g 石菖蒲 20g 明矾 20g 皮硝 20g
加减：皮损肥厚、苔藓样变明显，加首乌 20g 地骨皮 30g 透骨草 20g；红肿灼热，炎症明显加千里光 20g 蒲公英 20g；有渗出糜烂者，加马齿苋 30g 地榆 15g；血痂者，加茜草根 15g 玄参 20g

【使用说明】上药加水 2000ml 浸泡 15 分钟后,先武火后文火煎取 1000ml,趁热先熏患部 10 分钟,待水温下降后以纱布蘸药液频洗患部,全身泛发者,行全身药浴。每日 1~3 次,5 天为 1 疗程。
【适用病症】本方适用于各型皮肤瘙痒症、痒疹和神经性皮炎患者。如继发湿疹样变者宜先行湿敷 1~2 次,再以上方熏洗、药浴。

3. 湿疹和皮炎（包括各类湿疹、婴儿湿疹、特异性皮炎、接触性皮炎、夏季皮炎、自身敏感性皮炎、瘀积型皮炎）

湿疹和皮炎是最常见的皮肤病。约占皮肤科门诊病人的 20%左右，即在各类皮肤病中占第一位。这一类病人大多数是变态反应引起，其发病原因相当复杂，某些病的真正病因至今未搞清。实践证明，对于这一类最常见的皮肤疾患，采取根据患者的全身情况、皮损表现、病理特征并结合体质年龄、发病部位等诸多因素来选择恰当的药物和药浴方法，并配合内服中药、针灸等的综合治疗手段，其效果远远好过其他任何单一疗法，并有助于减少复发、预防继发感染和改善皮肤的生理功能如色泽、弹性、感觉和汗腺分泌等等。

【药浴处方】清热解毒，祛风除湿止痒为主，配以健脾、养血、滋阴、润肤。
基本方：土大黄 30g 黄柏 15g 苦参 20g 青蒿 20g 石菖蒲 20g 地肤子 20g 蛇床子 15g 威灵仙 15g 白矾 10g 皮硝 20g 食盐 5g
加减：急性/亚急性皮损，渗出明显，加马齿苋 20g 石榴皮 20g 地榆 15g；併发感染，皮肤红肿热痛，加十大功劳 20g 蒲公英 20g 紫花地丁 20g;慢性皮损，皮肤干燥，皲裂脱屑，加当归 15g 玄参 15g 麦冬 20g;瘙痒剧烈加徐长卿 20g 苍耳子 15g 晚蚕沙 15g

【使用说明】上药加水 2000ml,先浸泡 15 分钟,煎取 1000ml，,药渣再加水 2000ml,煎取 1000ml,两次药液混合置木盆内备用。皮损广泛者加少量开水稀释后全身药浴,局限性皮损则以局部湿敷(急性、亚急性湿疹)或浸泡、淋洗(慢性湿疹)为主。每次 15 分钟,每日 2 次,连续 5 天为 1 疗

【适用病症】本方可适用于各类急、慢性湿疹皮炎患者。药浴时注意药液温度不宜过高,以接近皮温为最好。对于病情急重，炎症明显的患者，应配合全身中西药治疗。用药期间避免搔抓、热水烫洗，忌食一切辛辣、腥发食物,戒烟酒。

4. 寻常性银屑病：

银屑病俗称牛皮癣，是一种慢性炎症性鳞屑性皮肤病，病程较长，有易复发倾向，临床表现以红斑，鳞屑为主，全身均可发病，以头皮，四肢伸侧较为常见，多在冬季加重。目前的多数治疗措施虽然有效，但都不能达到长期的缓解。中药药浴治疗银屑病，主要以全身药浴为主，无论是哪一期（进行期、静止期和退行期）都可以单独或者配合其他疗法使用，具有明显的消炎、止痒、润肤、除屑等作用，减少复发，巩固疗效，提高临床治愈率的作用。

【药浴处方】以祛风活血，除湿解毒为主，进行期辅以清热凉血，静止期和退行期辅以养血润肤。
基本方：防风 20 路路通 20 楮桃叶 15g 晚蚕砂 15 土茯苓 30g 秦艽 15g 地肤子 15g 夜交藤 20g 白鲜皮 15g 石菖蒲 10g
加减：进行期加千里光 30g 地榆黄连 10g 野菊花 15 蚤休（静止期、退行期加当归 15 杏仁 15 何首乌 15；瘙痒剧烈者加蛇床子 20 摇竹消 30 苦参 20

【使用说明】上药冷水浸泡 20 分钟后煮沸 45 分钟，候温先熏患部，水温下降后，全身药浴，每次 20 分钟，每日或者隔日一次。连续 5 次为一疗程。注意药液温度以接近皮温为宜。用药前用温肥皂水洗去鳞屑，药浴后适当外涂具有安抚保护作用的软膏如黄连软膏、青黛软膏、5%~10%硼酸软膏等。

【适用病症】本方适用于各期寻常性银屑病的治疗。治疗过程中避免搔抓,忌食海腥辛辣及一切动风发物。

5. 寻常痤疮

寻常痤疮是一种毛囊皮脂腺的慢性炎症性疾病，具有一定的损容性。各年龄段人群均可患病，但以青少年发病率为高。 中药药浴治疗痤疮多以熏洗、淋洗、湿敷、浸洗为主，疗效可靠迅捷，副作用少。

【药浴处方】以清热解毒，祛湿杀虫为主。

基本方： 大黄 30g 硫磺 20 蚤休 30g 白附子 20g 甘松 15g 白芷 20g 侧柏叶 20g
加减：炎症明显，红肿脓疱疼痛者加金银花 20g 紫花地丁 20g 野菊花 20g（伴有结节、囊肿和疤痕疙瘩，加夏枯草 30g 山慈菇 20g 土贝母 30g 芒硝 20g;油脂多者,加山楂 30g 五倍子 15g 生薏米 40g

【使用说明】上药加冷水 3000 毫升，浸泡 20 分钟，煮沸 40 分钟，过滤取药液，再加水 2000 毫升，煎取 1000 毫升，将两次药液混合均匀，趁热先熏后洗患部，并用手轻轻拍打按摩，每次 15-20 分钟，每日一剂，每剂可以洗 2-3 次，连续 7 天为一疗程。

【适用病症】寻常痤疮、聚合性痤疮、酒渣鼻都可以参考使用。

6. 疣（包括扁平疣、寻常疣、尖锐湿疣和传染性软疣）

疣是由人乳头瘤病毒(human papilloma virus，HPV)感染皮肤黏膜所引起的良性赘生物，临床上常见有寻常疣、扁平疣、跖疣和尖锐湿疣等，疣状表皮发育不良也被认为与 HPV 感染密切相关。中药熏洗、浸洗等药浴疗法，对多数疣都有明显的症状改善或者治愈效果。

【药浴处方】以活血平肝，解毒杀虫为主。
基本方：桃仁 15g 柴胡 20g 香附 20g 木贼草 20g 生薏米 50g 鸦胆子 15g 百部 15g
加减：跖疣/寻常疣表面角化过度，加地骨皮 20g 透骨草 30g；瘙痒明显，加苦参 15g 苍耳子 15g 夜交藤 30g

【使用说明】以局部熏洗、浸洗为主。将上药加水 2000-3000 毫升,浸泡 30 分钟后煮沸 45 分钟，药液倒入容器中，使药物蒸气作用于患处；待药液温度降至 40 ℃左右时，浸洗患处。每次熏洗 20 ～ 30 min，以出汗为宜，每日 1 ～ 2 次，7 日为一疗程。

【适用病症】扁平疣、寻常疣、跖疣、传染性软疣。寻常疣和跖疣建议熏洗过程中将泡软的角化表面用小刀尽量多的刮除后继续熏洗浸洗，传染性软疣则配合针刺挑破表面并挤出白色的软疣小体后再熏洗则效果更好更快。

7. 病毒性疱疹类皮肤病（单纯疱疹、生殖器疱疹、水痘、带状疱疹）

这类皮肤病具有由病毒致病，表现为皮肤、粘膜的水泡，具有不同程度的痒痛灼热等自觉症状的共性。其中单纯疱疹多由单纯疱疹病毒 1 型(HSV-1）引起；生殖器疱由单纯疱疹病毒 2 型（HSV-2）引起，并认为是性感染疾病；水痘和带状疱疹是由同一病毒，水痘带状疱疹病毒（VZV）所引起的两种不同表现的疾病。治疗这一类皮肤病，现代医学虽然有很多的药物和疗法，短期效果尚且不错，但远期效果不好，特别是带状疱疹和生殖器疱疹，非常容易复发，或者留下色素沉着、后遗神经痛等后遗症。而局部中药药浴治疗，较之西药和内服药物,具有疗效肯定,作用迅速,方便价廉，没有副作用等优点,特别是近年抗病毒中药的研究筛选出较多高效抗病毒作用之中草药,如薏苡仁、贯众、板蓝根、鹅不食草等,丰富了本病的治疗手段,提高了疗效，如果能配合内服清热、解毒、利湿等中药,则可减少并发症,降低复发率。

【药浴处方】以解毒燥湿，敛疮杀虫为主。
基本方：生大黄 20g 黄柏 15g 胡黄连 15g 败酱草 20g 薏苡仁 50g 五倍子 15g 贯众 15g 鹤虱 15g 樟脑 5g 明矾 15g
加减：并发感染，起脓疱者，加千里光 20g 蒲公英 30g;神经痛剧烈者加马钱子 3g 蟾酥 3g 玄胡索 15g 蜈蚣 10g。渗出多者,加马齿苋 30g、地榆 20g。瘙痒剧烈加苦参 15g，徐长卿 15g。

【使用说明】前 8 味药加水 1000ml,煎取 600ml,去渣过滤后,置盆内,人余药,充分搅拌,候温外用。颜面胸胁等处疱疹宜纱布蘸药淋洗为主，渗出多或者糜烂时以湿敷为主；生殖器疱疹宜先熏后直接在盆内浸泡,每次 15 分钟,每日 3~5 次。3 天为 1 疗程。洗浴后局部用青黛散麻油调涂或者外用京万红烧伤油膏保护。本方有一定刺激性,小儿使用尤需注意,不要使药液进入眼、口。

【适用病症】没有并发症的单纯疱疹和生殖器疱疹，药浴可以作为首选治疗。对于水痘和带状疱疹，发病急、全身症状严重者必须配合内服药等其他疗法。

8. 真菌性皮肤病（头癣、体股癣、花斑癣、手足癣和甲癣）

真菌性皮肤病是由真菌所致的皮肤感染，按照其侵犯部位可分为浅部真菌病和深部真菌病两大类。浅部真菌感染是最为常见的真菌性皮肤病，包括头癣、 体股癣、手足癣和甲癣等几类。其他如念

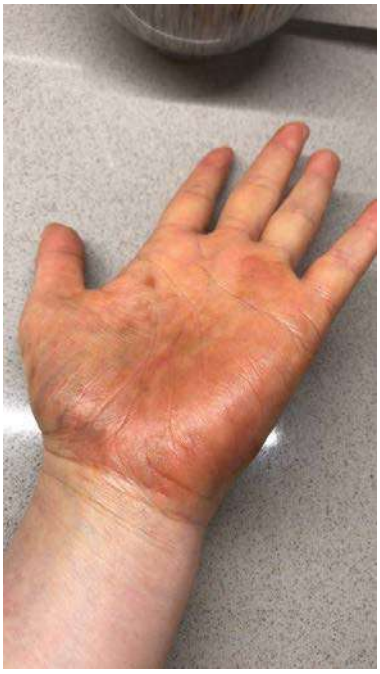
珠菌既可引起皮肤粘膜损害，也可导致呼吸和泌尿系统等深部真菌感染。最常见的皮下组织深部真菌感染有孢子丝菌病和着色真菌病。药浴疗法可以单独作为多数浅部真菌感染的主要治疗手段，治疗效果极为理想。对于深部真菌感染也有一定的辅助治疗作用，值得我们研究和探讨。

【药浴处方】以除湿解毒，杀虫止痒为主。
苦参 20g 地骨皮 20g 皂角 30g 大枫子 30g 儿茶 15g 明矾 10g 皂矾 10g 食醋 30ml
加减：头癣加生首乌 20g 侧柏叶 20g；鹅掌疯、甲癣加透骨草 20g 一扫光 20g 樟脑 5 冰片 5 雄黄 10g 狼毒 10g

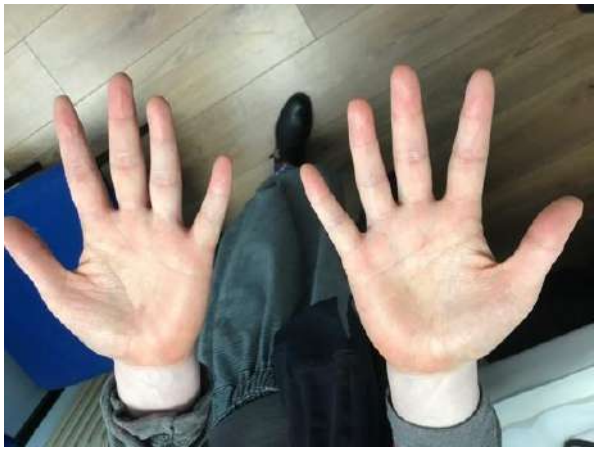
【使用说明】前 5 味药加水 3000 毫升煎取 1500 毫升，去渣入明矾、皂矾搅拌溶化后入食醋。先趁热熏蒸患部 10 分钟后浸泡 20 分钟，每日 2 次，药液加热后可以重复使用。7 日为一疗程。

【适用病症】头癣、花斑癣、体股癣可以首选药浴，取效迅速彻底。头癣由于传染性强、容易复发，必要时需要配合理发、消毒、内服药、外涂药。所谓“服（药）、剪（发）、洗（头）、擦（药）、消（毒）”五字方针。甲癣则需在治疗前后配合削刮病甲、增加局部浸泡浓度和时间以获得更好的疗效。

典型病例



患者张女士，29 岁，演出公司经理。初诊：2017 年 12 月 14 日
双手掌皮肤反复脱皮起水泡、剧烈瘙痒 11 个月。发病后 GP 按皮肤过敏予以扑尔敏口服、肤轻松软膏外涂皮损加重。转诊看皮肤专科，真菌性检查确诊为手癣，外用 Canesten Cream （抗真菌软膏）3 周无效。皮科检查：诊时双手掌皮肤弥漫性红肿，密集针尖至粟米大小深在性水泡，基底潮红，少许脱屑。自觉剧痒，夜间尤重，需抓破出血水方可缓解片刻，痛苦不堪。
诊断：手癣（水泡鳞屑性）
治疗：中药熏洗、浸泡为主。“复方二矾洗剂”加减：地骨皮 30g 百部 20g 儿茶 20g 侧柏叶 20g 透骨草 30g 丁香 15g 何首乌 20g 明矾 20g 芒硝 20g 冰片 5g 食醋 15ml
药浴方法：前 7 味药加水煎煮 45 分钟后，入明矾、芒硝、冰片、食醋搅拌融化，蒸汽熏双手 10 分钟后浸泡并用纱布轻轻搽洗 20 分钟，早晚各一次。连续用 7 天。
复诊：2017 年 12 月 22 日
皮科检查：双手掌水泡、红斑全部消退，有少许色素遗留。痒痛全部消失。
治疗结果：痊愈。



小结

1. 中药药浴包括全身药浴（沐浴疗法、蒸汽疗法）和局部药浴（熏洗、浸洗、浸浴、淋洗和湿敷）两大类。是内治疗法的延伸和补充，其法虽异，其理相通。

2. 中药药浴具有直达病所，起效迅速；适应症广，丰富内治；廉便效验，简单实用；安全可靠，副作用少等特点，可单独或者配合其他疗法治疗各类急慢性皮肤病。

3. 一个完整的皮肤病药浴处方需要兼顾整体辨证、局部辨病和透皮吸收三方面的内容，并根据不同皮肤病的病理特点针对性的调整处方，选择最合适的药浴方法是取效的关键。

4.中医皮肤科药浴专科用药分类总结如下（个人经验，供参考）：

1）瘙痒：艾叶、青蒿、益母草、苦参、徐长卿、侧柏叶、石菖蒲、苍耳子。

2）细菌感染：千里光、野菊花、金银花、生大黄、黄连、黄柏、十大功劳、地锦草。

3）病毒感染：马齿苋、贯众、生薏米、香附、大青叶、板蓝根。

4）真菌感染：明矾、皂矾、儿茶、黄精、公丁香、木鳖子、大风子、土槿皮

5）过敏性皮肤病：乌梅、银柴胡、益母草、生甘草、荆芥、防风、蝉蜕、一枝蒿。

5）皮脂溢出：薏苡仁、五倍子、侧柏叶、生山楂。

6）疤痕囊肿结节：浙贝母、海浮石、漏芦、瓜蒌、玄参。

7）渗出糜烂浸渍：五味子、五倍子、马齿苋、薏苡仁

8）疼痛：白芷、蜈蚣、乳香、没药、川楝子、马钱子、蟾酥

9）出血：地榆、白茅根、茜草根、仙鹤草

10）溃疡窦道：猪蹄、白芷、白芨、露蜂房

11）鳞屑苔藓样变：楮桃叶、晚蚕砂、玄参、白鲜皮、地肤子、当归、丹参

12）皮肤干燥：黄精、麦冬、天冬、黑芝麻、杏仁

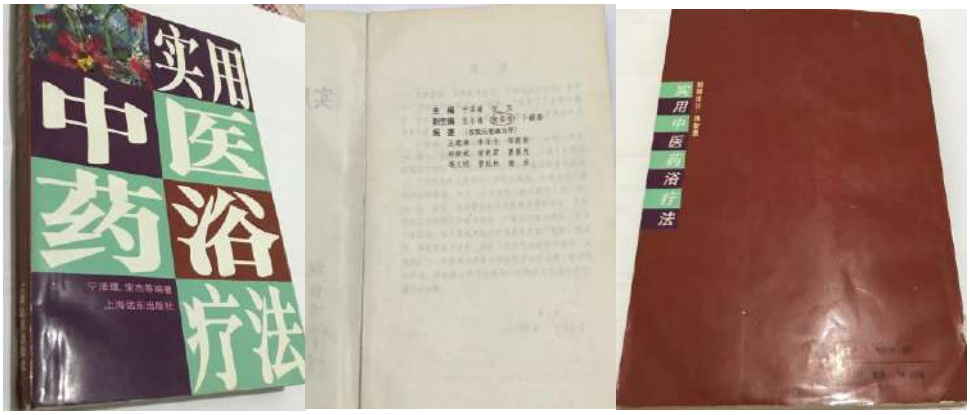
13）皮肤瘀血/静脉曲张：当归、川芎、赤芍、桃仁、红花、田七、五灵脂

14）水肿：芒硝、防己、大腹皮、柳树根皮、桑白皮、椿树根皮、冬瓜皮

15）透皮吸收：薄荷、石菖蒲、细辛、花椒、丁香、蛇床子、川芎、黄连、冰片、樟脑

【注】建议在辨证用药的基础上，针对上述皮肤病最常见的病因、症状和体征等特征，选择性地加入 2-3 味皮肤科专科用药，使药浴治疗更具针对性，疗效更快更好。

值得一提的是，中药药浴以其独特的疗效魅力已逐渐成为皮肤科临床最常用的外治手段之一，不论中医西医，都在广泛的使用，越来越多好的药浴处方和疗法不断涌现，方兴未艾。如何做到精准处方，规范操作，简化流程，提高疗效则应该是各位临床大夫需要努力思考的重要课题之一。



针刺和中药治疗黄褐斑临床经验分享

史香玲 李复方
WellBeing Chinese Health Care

关键词：黄褐斑，肝斑，面尘，老年斑，雀斑。肝气郁结，气滞血瘀，肝木克脾土，痰瘀阻络，肝郁化火，虚火上炎，脉络灼伤，脉络失养。

1. 总述：

黄褐斑在《内经》中称 “面尘”（1） 。一般又称’’肝斑’’，’’黧黑斑’’和’’妊娠斑’’。 有人解释说，黄褐斑有因肝病而起的，故称’’肝斑’’；又因妇女在妊娠期多见而又称’’妊娠斑’’。所以大多数人认为该病和体内激素分泌代谢失衡，从而导致黑色素增多沉积于面部而致。 长期服用避孕药或雌激素替代治疗，或卵巢或甲状腺功能失调，或卵巢肿瘤都可引起体内激素分泌失衡. 另外和长期应用劣质化妆品，皮肤长久暴露在强光下，长期睡眠不足，不良生活方式和心理压力等也是导致黄褐斑诱因或使其加重。就我本人的临床经验结合中医理论分析，黄褐斑和情志不遂肝气郁结等有着千丝万缕的联系。 所以称谓肝斑更接近其病因病机。
黄褐斑多见于中老年女性。一般女性发病率为9%-20%。 少数男性也会发病。据美国权威机构调查显示，在美国有将近 500-600 万患者。黄褐斑一直都是困扰女性美容的头号大敌，但也是机体内部信息的反映。 虽然治疗起来比较棘手且容易反复，但是还是可以治愈的。

2. 概念：

黄褐斑就是面部出现黄褐或深褐色的斑片，常对称分布于颧颊部；也可在眼眶周围，前额，鼻部等。 边缘较明显，形状不规则；严重者连接成片。一般无不适感，但影响美观。

3. 鉴别诊断：

主要是和老年斑 (age pigment)，雀斑(freckle)的鉴别 3 个图片如下

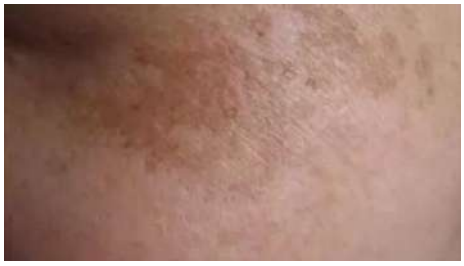


图 1 黄褐斑


图 2 老年斑


图 3 雀斑

3.1 黄褐斑(chloasma)：多发于面部，多呈碟状分布，多见于两颧颊部，色枯暗无光泽。 可因病机合病程阶段的不同而呈黄褐色，深褐色甚至黧黑无光。 可呈点片状,或斑块状，或连接成片。多发于妊娠期或或中老年女性，或月经紊乱，或长期服用避孕药者等。 黄褐斑多与体内激素代谢失衡有关。 黄褐斑可以治愈，但比较难。

3.2 老年斑 (age pigment)：多散乱分布于体内各个部位，如手足退或额头。 色曾黄褐色，多发于年龄在 50 岁以上人群，无明显性别趋向选择。是一种脂褐色素斑块，因脂溢性皮肤角化而致，故又称老年性色素斑和寿斑。 老年斑一般不能治

愈，多随年龄增加而增多。

3.3 雀斑(freckle)：雀斑多发于鼻翼面颊部或颈手等日晒部位。呈针尖或米粒样或斑点状分布，多褐色,棕色或浅褐色。多后天发生，也有先天发生的，与遗传因素有一定关系。与年龄无一定关系。发生情况女性多于男性。

4. 病因病机和治则

根据中医理论，黄褐斑的形成多与情志不畅，气血不和有关。《素问.至真要大论》‘’嗌干面尘，腰痛，丈夫痛疝，妇人少腹痛，目昧眦疡，疮痤痈，病本于肝 ”(1)。《灵枢·经脉》在讲足厥阴肝经时曰:“是动则病腰痛不可以俯仰,丈夫癀疝,妇人少腹肿,甚则嗌干,面尘脱色。” “是主肝所生病者，胸满，呕逆，飧泄…)”(2)。《张氏医通》曰‘’ 若面黑而不至于枯者，六味丸。面尘脱色，为肝木失荣。”(3) 即为此理。情志不遂，肝气郁结而致气血失调；或肝郁日久，气滞血瘀；或肝郁不舒，日久木克脾土，痰瘀阻络 (多见于胖人)；或肝郁日久化火伤阴(多见于廋人)致肝肾阴虚，脉络不畅或失养；或热伤络脉。《医宗金鉴• 外科心法要诀》： ‘’ 原于忧思抑郁，血弱不华，火燥结滞而生于血上 ‘’ (4) 正好阐述这一机理。总之，在黄褐斑的病因病机中，肝失调达疏泄，肝功能失调为首因，日久而引起不同的脏腑功能失调而进入不同的病证阶段，但多和气血有关。所以治疗也总是从肝论治，从气血论治。注意：黄褐斑疗效不和斑块大小面积成正比，而和病机有关；有的斑大易除，有的片小难消。还有，临床上患者的黄褐斑不一定就必须是我们证型中的单纯某一证型，有的患病日久，两个甚至三个证型病机都兼有的。 斑色可以帮助我们辩证，所以用药也要灵活。在针刺治疗方面主要是体针和面部的阿是穴，体针随不同的证型而选穴和用手法补泄，斑块大而成片的在斑块周围围刺，中央处直刺；斑小的直刺阿是穴。最后要说的是中药面膜在黄褐斑的治疗中有着举足轻重的作用。有色斑的形成多因气血不和而致，或气结于表或血淤于表，总之是不通而致，故中药面膜局部直接敷用于斑块部位，被皮肤吸收而理气养血通络，辅助针药治疗，对提高疗效很有帮助。

5. 临床表现治则方药 (注：英国政策范围内用药)

5.1 肝郁气滞，气血不和：

图片 2 个如下

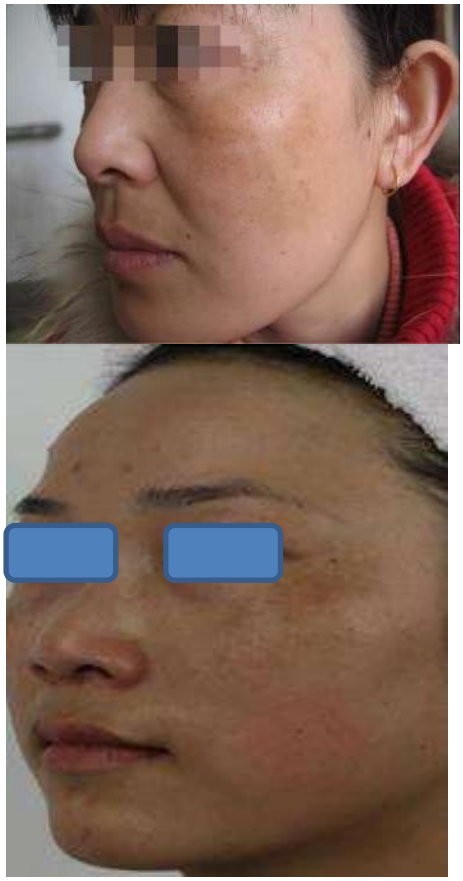


图 4 图 5 肝郁气血不和斑像

多见于患癍初期，面部斑色黄褐，比较分散，也可成片，班色会随情绪波动而时好时坏；伴有情绪不稳，易焦虑，喜叹息，失眠，胁肋胀满，或月经紊乱. 舌暗淡或暗红，苔薄白或薄黄，脉弦. 此型斑色相对来说容易退去或治愈.

治则：疏肝解郁 调和气血
针方：合谷 太冲 膻中 百会 阿是穴 阳陵泉
药方：(1) 醋柴胡 白芍 郁金 当归 川芎 炒白术 苏梗 香附 枳壳 皂刺 路路通 玫瑰花
路路通：入肝肾，舒肝活络
皂刺：行气行血，温经通络，祛瘀
伴肝郁化火者：加夏枯草，牡丹皮 山栀子-- 夏枯草清肝散结气，主降.
成药：逍遥丸 七制香附丸

面膜：自制的中药祛斑面膜
主要成分：玫瑰花，白芷，白芨，茜草，珍珠粉等
说明： 自制中药祛斑面膜由纯中药细粉（均细于100 目）按照不同比例混合而成。无任何添加剂或色素等化学成分，对皮肤无任何损害。但如果皮肤有破损则根据情况慎用或禁用。面膜涂敷在脸面后，皮肤敏感者会有发热或稍有刺激感，但祛

除面膜清洗脸面后无任何不适。

用法：每次 10g 用温开水或纯牛奶约 28-30ml 搅拌均匀成糊状（如果患者在诊所做针刺治疗和面部经络活血通络手法后用面膜，还有 1,2,3 型患者，则用温开水和面膜粉搅拌均匀后应用；但如果 1,2 型患者有明显皮肤干燥者，也可以将面膜粉和纯牛奶搅拌后应用。4 型患者或患者在家里自己应用面膜粉，则建议用纯牛奶与面膜粉搅拌均匀后涂抹于洁净后面部），然后涂敷于整个脸面部，患处皮肤可以涂敷厚一些。15-20 分钟后去除面膜（注意不要让面膜变干再去除），洗净面部即可。

5.2 肝气郁结 气滞血瘀：
图片 2 个如下

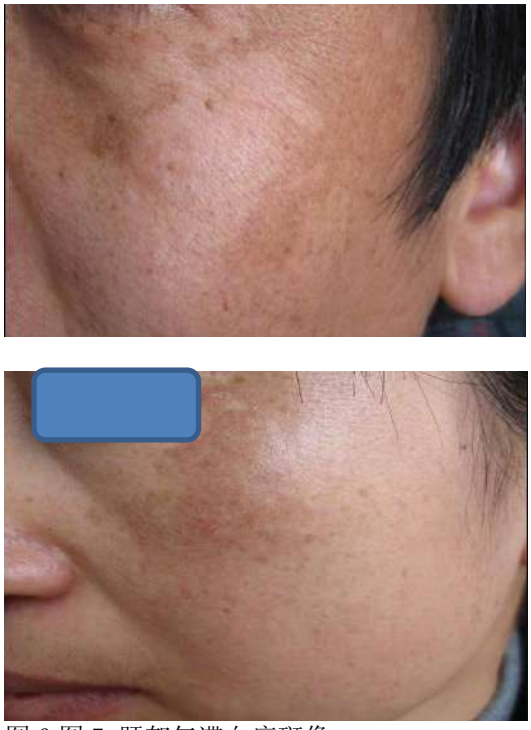


图 6 图 7 肝郁气滞血瘀斑像

多见于肝气郁结日久而致气滞血瘀；或肝病日久，脉络瘀阻痹塞不通而致面部瘀斑。症见斑色黑褐，色较深；伴肌肤粗糙，重者口唇紫暗；或头发干枯，面色晦暗舌暗淡或暗紫， 或有瘀点瘀斑。脉弦或涩。

治则：疏肝理气 活血消斑
针方：合谷 太冲 膻中 百会 阿是穴 阳陵泉 足三里 血海
药方：醋柴胡 郁金 枳壳 赤芍
桃仁 红花 当归 川芎
三棱 莪术 皂刺 路路通
玫瑰花
成药：逍遥丸 桃红四物汤丸
面膜：自制中药祛斑面膜

5.3 肝郁克脾 痰瘀阻络：

2 个图片如下 ：

图 8 图 9 肝克脾痰瘀阻络斑像

长期肝失疏泄，则肝木克脾土；可致脾气亏虚和运化吸收功能失调，脾气亏虚则气血生化无源日久气虚血瘀；脾失运化则痰湿内生，日久痰瘀阻络。症见斑色晦暗或呈黄褐色，伴面色萎黄，或癜白，四肢困重，倦怠乏力或腹部胀满。舌淡暗或淡胖，苔薄白或腻或伴齿痕或瘀斑瘀点。脉沉弱或沉滑。

治则：健脾利湿 疏肝活血
针方：合谷 太冲 百会 阿是穴 阳陵泉 足三里 中脘 气海 关元 三阴交
药方：党参 炒白术 茯苓 桂枝 炙 黄 芪 当归尾 醋柴胡 郁金 鸡血藤 薏苡仁 路路通 皂刺 玫瑰花 石菖蒲
成药：根据病人情况选用以下成药组合
1. 健脾丸，桃红四物汤丸
2. 二陈丸， 桃红四物汤丸
3. 逍遥丸 桃红四物汤丸
面膜：自制中药祛斑面膜

5.4. 肝郁化火，肝肾阴虚 ：
图片 3 个如下

图 10 图 11 图 12：长期肝气郁结而化火伤阴，导致肝肾阴虚。

本型又分三种情况：
A. 脉络失养或脉络气血不畅而发斑（见图 10 斑像）
B. 或虚火上炎，脉络暗伤而发斑 （见图 11 斑像）
C. 阴虚日久，肾水上泛而发斑 （见图 12 斑像）
症见斑色较深较暗，多散在分布或呈大片连接，如脉络不畅则斑色黧黑干枯；如虚火上炎则深黯斑色泛红；如肾水泛滥则斑色乌黑晦暗。伴消瘦，面色暗黑，皮肤干燥或粗糙，或胁肋不适，月经量少或月经紊乱，烦热眠差，多梦盗汗. 舌暗红，苔薄少脉沉细涩或弦细
治则：滋补肝肾 理气养血消斑
针方：太冲 太溪 照海 阿是穴 阳陵泉 足三里 中脘 气海 关元 三阴交（ 肾俞 肝俞）
药方：熟地 山药 山萸肉 枸杞子 牡丹皮 泽泻 生黄芪 酒当归 赤芍 白芍 红花 玫瑰花 皂刺 白术
以 A 为主：加鸡血藤，生甘草
以 B 为主：加茜草，益母草
以 C 为主：加泽兰，车前子,川牛膝
成药：六位地黄丸 当归丸或桃红四物汤丸
知柏地黄丸 桃红四物汤丸
济生肾气丸 桃红四物汤丸
面膜：自制中药祛斑面膜

综上所述，黄褐斑的病因病机是因情志不遂，或长期抑郁而致肝脏功能失调后导致其它相关脏腑功能病变而引起的皮肤病变。治疗上和梳理肝气，调和气血有着密切的关系。临床上要辨明病机，灵活用药。治疗黄褐斑需要的不仅是辨证准确，用药到位，还要有耐心。另外嘱患者注意防日光爆晒或长时间日晒，日晒可使黑色素活性增加导致面部皮肤表皮基底层黑色素含量增加。还要注意保持心情舒畅，合理饮食，多食富含维生素 C 的水果或食物，如西红柿，黄瓜，香蕉，梨等。因维生素 C 可以将深色的氧化性色素还原成色浅的还原性色素，有助于色斑减退或消除。避免长期滥用含有激素，铅和汞等有害低劣化妆品，副作用大，损伤皮肤或使色斑加重。

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史香玲简介：1984-1989年就读于河南中医药大学，获学士学位。毕业后到河南省焦作市中医院工作，长期从事内科临床工作，任内科主任。合著《实用临床内科学》一书，军事医学出版社发行。临床科研 “胎盘组织液风池穴注射治疗中风后遗症”获省科研成果一等奖。在多家医学杂志发表医学论文15余篇。2002-2003年经过考试竞选，在河南省第一届中医外向型人才培训班学习一年2004-2006年完成河南中医学院在职研究生内科专业学习。2007年来英国工作，是英国中医药学会（ATCM）会员；兼英国中医学院特邀教授。擅长治疗各种内科疑难杂症，皮肤病，妇科病、不孕症等。来英后注重研究中医养颜美容，除皱祛斑及抗衰老治疗，独创自家面部活血祛瘀，经络排毒手法，效果显著。深受广大美容养颜爱好者及患者喜欢。

针灸中药临床验案荟萃

贺福春 李艳霞 李贺 姬鹤莹
Herb China UK

针灸治疗病例分析三则:

病例 1

患者女，成人。觉耳鸣耳胀一月余。当地 GP 医生让其作耳烛,经作 2 次耳烛后无改善。查体所见：唇干、耳鸣如蝉,口燥咽干易烦躁，舌红,少津,无苔,脉细数。双天柱穴压痛。建议针药治疗。患者拒绝用药。仅给针刺治疗。

诊断 :耳鸣一肾阴不足，虚火上炎
治法:滋阴降火养肾
取穴:俯卧位：天柱， 神道 ，心俞， 肝俞，肾俞， 命门， 阴陵泉 。 仰卧位：听宫，神藏，列缺，期门，太溪，照海。各组留针 20 分钟每日 1 次针，共针 4 次诸证消失而愈。

分析心得:肾藏真阴开窍于耳，虚则不能上承，外窍失濡养故现细小鸣声，阴虚则生内热，虚火上炎则干燥外现．上扰心神则烦躁，舌脉为阴虚火旺之象。治不仅滋养肾阴还要兼顾其标。听宫穴:宫,五音之首,因此穴在耳屏前,深居于耳轮之内,而以宫相喻。《素问.五藏别论》:″小肠,…天气所生也″。此为阴亏,顺自然，通耳窍。天柱穴:《穴名选释》:″天柱,擎天之柱″。支柱头部有擎天之象。天柱骨现称颈椎骨。寻找局部痛点为其一。此证要注意颈椎问题为其二。膀胱经和肾经相表里为其三。神藏穴:″神藏者，是阴能生阳化神，五脏之阴灵化神，通识觉，神藏于胸中，故名神藏″。在《素问.宣明五气篇》:″穴主心疾，心藏神，故名神藏″。此穴肾经输穴，治心神疾病。命门配肾俞调补肾气，大溪为肾之输土穴原穴，有先天滋后天之寓，(太溪配列缺，新报导有对肾功影响，强泌尿功能)，阴陵泉脾经合水穴．有后天补先天之意。照海配列缺滋阴清热，肝俞,期门为俞募配,泻肝郁热．神道配心俞宁心安神。此为耳鸣虚证随记载治疗较少，但此型较多，细辨其质．收效则速。

病例 2

此病人是耳鸣女患者的表妹。介绍如下:女患，成人。产后 4 个月乳汁量少。曾在某西医诊所取过中药片、汤药等，虽有效果但不能巩固。初诊:唇淡，乏力，时心悸，食少，乳房柔软，乳汁清稀，舌淡苔白，脉细而缓。因不愿用药，仅给针刺治疗。
诊断:乳汁不足一脾胃虚弱
治法:健脾和胃．通乳
取穴:1 前面组:百会、膻中，膺窗，乳根．中脘．关元、前谷、足三里，公孙。2 背面组:失眠，天宗，神堂，中枢，脾俞，胃俞，肾俞，阳陵泉，涌泉。每组均加神灯(按学会授课的方法用)，留针 30 分钟,隔日 1 次,共针 3 次,患者食量增加,乳汁增多,随访 2 月疗效巩固。

分析心得:少泽，前谷二穴为催乳的验穴，在此地不让放血仅用前谷．天宗穴:《采艾编》:″天者，至高之位也．宗者，手太阳脉气所发也″。《素问•五藏别论》:″•••小肠•••天气所生也。″也是通乳验穴。膻中，膺窗．乳根为通乳的要穴。神堂配失眠穴，宁心补血，以达神安血充乳足之效。关元配涌泉补肾气，固先天。百会配脾俞，胃俞．健脾胃，强后天。关元肾俞足三里相配，壮元阳，助运化。公孙配中脘,足三里为脾络配胃募,胃.下合穴，有健脾和胃化食之功。中脘配阳陵泉，为胃幕，胆，下合穴相合．可理气开胃之用。中枢配中脘．足三里理气和中。《金鉴》说:″产后血虚乳汁少″。血虚致乳少，又遇食少为本病要点。脾胃是后天之本．为气血生化之源，为乳汁生化之泉。

病例 3

患者男，64 岁。右侧肩背疼痛 7 月余、近日加重。述夏季伏案工作右侧空调吹风觉发病。夜晚疼痛明显、穿脱衣服不方便，右手垂直向下感觉酸胀冷凉。曾用按摩油,服汤药及针灸治疗效果不显。初诊 :局部无红肿，右肩肌肉松弛、按压附近穴位有僵硬感,外展 70°,上举后伸困难。时腰痠乏力。舌体中、色红，苔白。脉沉弱。

诊断:痺证一痛痺
治法:祛风散寒．扶正止痛
取穴:右侧:风池、天柱、天宗、肩髃、臂臑、曲池、外关、合谷、及阿氏穴。双侧:俞府，周荣、三阴交，太溪及不留针大椎，筋缩。除俞府、周荣．三阴交，太溪。均用泻法。留针。40 分钟。针后拔火缶(按学会授课的方法用)。每日 1 次。针刺 3 次后疼痛减轻，活动觉自如，针 8 次而痊愈。

分析:取穴是以手三阳经．足二阳经的输穴，又因年老．肾气始亏，加扶正固本的穴位。俞府穴在《医经理解》:"谓肾气之传输于聚合之处"。有固本之意。周荣穴:《谈谈穴位的命名》:"周荣是足太阴脾经．脾脏有'统血''散精之功，能荣养周身肌肉，因称'周荣'。有补后天之意。三阴交配合谷健脾又可活血，配太溪肾经原穴固先天补后天之意。取大椎《铜人》:"•••颈项强不得回顾•••"。筋缩:《概述腧穴的命名》:"因其脉气与肝俞相通，肝主筋"。大椎，筋缩不留针强刺激，活动其痛处。(此法是偷艺于赵密芬针灸大师的，还要查找其道理。)天柱配合谷疏筋通络，肩髃配曲池，外关，合谷，活血通络。臂臑配曲池，外关，合谷，温经散结。风池配大椎，祛风活络止痛，俞府，周荣配合谷有理气的作用，诸穴合用有扶正固本，温经散结，理气活血．祛风活络止痛之力。

针灸加中药逍遥散病例分析三则

病例 1

男患、10 岁。上课时注意力不集中 2 年余。上课时易动,情绪不稳定,注意力涣散,烦躁时易怒,任性不能控制自己,口干易饮水,学习成绩差,爱争执,平时饮食不振,纳呆食少。舌质红、苔黄、脉弦略数。

诊断:郁证一混合型
治法:理气降火，疏肝健脾
针刺取穴:
1 组:百会、神封、期门、内关、鸠尾、中脘、腹结、蠪沟、太冲。
2 组:玉枕、大椎、意舍、膈俞、肝俞、脾俞、阳陵泉、束骨。
各组留针 30 分钟，平补平泻。
方药:以加味逍遥散加减:柴胡 9g、牡丹皮 9g、栀子 9g、白芍 6g、云苓 6g、川楝子 3g、炒枣仁 6g、生甘草 3g。7 付水煎服。
治疗一週后各种症状明显减轻。汤剂改散剂 3 倍量，每日服 2 次，每次 2 克。针刺每周 1 次。又坚持治疗 1 个月。学习成绩改善。停针刺．散剂改丹栀逍遥胶襄,再继续巩固治疗 1 个月而停治。7 个月后复查未见复发。

分析:患者肝郁疏泄失常已 2 年余，一则可气郁化火
热扰心神，又可横逆克脾。古人说:"郁则气滞，气滞久则必化热"。取穴:期门，蠪沟，阳陵泉，太冲．意舍，肝俞疏肝理气。鸠尾，中脘，玉枕，大椎调中清热。百会．神封，内关定志安神。中脘，腹结，脾俞健脾和胃。束骨，百会，肝俞平肝安神清头。膈俞．肝俞．脾俞疏肝健脾理血。方药以加味逍遥散为养血疏肝解郁清热之剂，减当归，白术加川楝子，炒枣仁增理气清热安神之力，待神安气顺用加味逍遥胶囊巩固效果。取其"久病宜缓调"之意。针药相合共达舒畅气机，使气展布升降和顺，不致郁滞化热。古人说:"降有余之火，在于破气"。

病例 2

男患、16 岁。于 1 周前发现右胁肋处至脊柱部有针尖和米粒大小的皮疹 10 余个，很快增多并串连成带状密集水泡，宽约 10 厘米左右。曾用 GP 给的药膏外涂未有效果。检查：患处水泡多数如绿豆至黄豆大小，顶端光亮，根盘红肿，紧绷疱壁，疼痛剧烈。烦躁不寐，口干目涩，舌质红、苔黄。脉弦虚数。

诊断：蛇串疮——肝经郁热
治法：清肝火，解热毒
取穴：大椎、曲池、合谷、支沟、膈俞、肝俞、胆俞、血海、阳陵泉、委中、太冲。针刺 X1 次。泻法不留针。
神道、灵台、身柱、心俞。针刺同时加拔火缶 15 分钟。
汤药：丹栀逍遥散加减：柴胡 9g、白芍 6g、紫草 6g、栀子 9g、合欢皮 6g、板兰根 9g、当归 6g、牡丹皮 6g、茯苓 6g、甘草 3g。水煎服 3 付。每天 1 付早晚温服。
外用药：三黄洗剂加减：黄柏、板兰根、大黄、姜黄、紫草，各等份适量。研粉和香油调糊状外敷日 2 次。

经 2 天治疗后，水泡全部干瘪结痂干燥。外用药又用 3 天，5 天后痊愈。

分析：《外科正宗》认为蛇串疮为“心火妄动，三角风热乘之，发于肌肤”。由精神内伤以致肝胆火旺、肺湿内蕴，外受毒邪而诱发。毒邪与肝火、湿热相搏结，郁于肝胆，遂起水泡；毒火稽留血分，阻于经络，不通则痛，则现疼痛剧烈。火热上扰心神，则烦躁不寐。故治宜泻肝胆之火、凉血解毒，同时兼顾清心安神。

大椎，《针灸甲乙经》记载其为“三阳、督脉之会”，总督全身之阳气，性主疏散，泻之能逐邪外出，有清热祛风、止痛镇静之效。曲池为手阳明大肠经合穴，合谷为手阳明大肠经原穴，原合相配共奏疏风清热、镇痛通络之效。阳陵泉为胆经合穴，清肝利胆、舒筋活络。支沟为三焦经经穴，疏利三焦、行气止痛。太冲肝经之输穴、原穴，肝俞肝之背俞穴，《针灸甲乙经》“肝胀者，肝俞主之，亦取太冲”。胆俞疏肝利胆，清泄肝胆郁热。血海善治各种血症，膈俞为八会穴之血会，二者相配理血止痛。委中可疏通太阳经气，泻脏腑之里热。

神道、灵台、身柱属督脉，针灸督脉经穴，可疏泄肝胆二经脉气，还可影响心脏经络之气，使心有所养、心神得宁。心俞为心之背俞穴，《类经图翼》“主泻五脏之热”。以上四穴针刺清心宁神，加拔罐以祛湿止痛、清心除烦。

方药以丹栀逍遥散加减。丹栀逍遥散疏肝清热、健脾和营。方用柴胡疏肝解郁，使肝气条达。白芍养血柔肝，当归养血和血，与柴胡同用，补肝体而助肝用，血和则肝和，血充则肝柔。茯苓、甘草健脾，实土以御木侮，同时助脾运化水湿。紫草《本草纲目》“入心包络，肝经血分……治斑疹、痘毒，活血凉血，利大肠”。合欢皮安神解郁、活血消痈，《本经》“主安五脏，和心志”，《本草纲目》“和血，消肿，止痛”。板蓝根清热、凉血，解毒。诸药合用，既清肝热、凉血解毒治其本，又兼顾宁心安神缓其标。

外用以三黄洗剂加减，黄柏善清湿热，板蓝根清热凉血、解毒，大黄清热泻火、凉血解毒、通经除瘀，姜黄破血行气、通经止痛，紫草凉血活血、解毒。合用以清热止痒、保护
收敛。

体会：

1、治多用龙胆泻肝汤清利肝胆湿热，但此患者肝火亢盛为主，湿象不重，因此选丹栀逍遥散加减，侧重清肝火。

2、肝火旺，上扰心神则致烦躁不寐；烦躁不寐使阴不能收，从而加重肝火。因此，在治疗上要着重考虑。

3、毒火博结，阻于经络，阻碍气血，治疗时要加以理血、活血。

病例 3

男患，32 岁。英国本人。诉早泄 1 年余。曾服中药治疗无效故来就诊。患者近几年来因工作压力大心情抑郁，胸闷不适时作，逐渐感觉肢体倦怠，性功低下，同房大多不能成功，近 1 年来性交时间不足 1 分钟。查体：形体略胖，表情苦闷，语言低微，舌体中、色略淡、苔薄白，脉弦细。

诊断：早泄——肝郁脾虚

治法：疏肝健脾，益肾固精

方药：以逍遥散加减：柴胡 9g、当归 6g、白芍 6g、云苓 6g、佛手 6g、淫羊藿 6g、金樱子 6g、甘草 3g。

水煎服 7 付，1 日 1 付，分 2 次早晚温服。

针灸：

1 组：上星，百会，本神，内关，膻中，中脘，关元，冲门，急脉，太溪，太白，太冲。

2 组：后顶，玉枕，膏肓，肝俞，脾俞，肾俞，志室，至阳，腰阳关，上髎，中髎，阳陵泉，京骨。

神灯（按学会授课的方法用）以小腹和腰骶诸穴为主。

各留针 20 分钟。每日 1 次。

治疗 7 天后同房可达 3 分钟左右，继用 1 周性交达 10 分钟以上，同房满意。随访 3 个月未见复发。

分析：

精其藏在肾，其动在心，其制在肝，其摄在脾，故精液的闭藏和施泄与此四脏密切相关。《证治概要》曰：“凡肝经郁勃之人，于欲事每迫不能，必待一泄，始得舒快，……肝以疏泄为性，既不得疏于上，而陷于下，遂不得不泄于下”。该患长期压力大、心情抑郁，致使肝气郁结，疏泄不利，约束无能；木侮脾土，脾阳虚衰，统摄无力，精关约束无权；则精关易开，精液外泄，而见交则早泄。肝郁脾虚，气血精液生化无源，见肢体倦怠、语言低微、舌色淡、苔薄白。

《景岳全书》“虚者可固，实者不可固，不当固而固，则闭门延寇，遗患无穷”。故此患治宜疏肝解郁，辅以健脾益肾、固涩精关。

方用逍遥散加减。柴胡疏肝解郁，使肝气得以条达；白芍酸苦微寒，养血敛阴、柔肝缓急；当归养血和血；归芍与柴胡同用，补肝体而助肝用，使血和则肝和，血充则肝柔。木郁则土衰，以云苓、甘草健脾益气，使气血精液生化有源、固摄有权。佛手归肝、脾经，《本草再新》言其“治气疏肝”。淫羊藿补肾阳、强筋骨。金樱子酸甘涩

平,《本草经疏》载：“〈十剂〉云，涩可去脱。……肾与膀胱为表里，肾虚则精滑，时从小便出，此药（金樱子）气温，味酸涩，入三经而收敛虚脱之气，故能主诸证也”。诸药合用，则可共奏疏肝健脾、益肾固精之功效。

上星、百会、后顶、玉枕位于头顶，有益气固脱、升阳举陷之效用。内关为八脉交会穴,《百证赋》“建里内关扫尽胸中之苦闷”，与本神配伍，有宽胸理气之用。檀中为八会穴之气会，能理气活血通络。中脘和胃健脾，配内关、百会可理气解郁、升阳益气。关元《素问.气穴论》称其“为人体元阴元阳关藏之处”,可补肾培元、温阳固脱。冲门调下焦、理气机，主治肝肾、前阴、下腹部疾患，现代多用于治疗泌尿生殖系统疾病。急脉疏理肝胆、通调下焦。太溪《脉经》载：“男子失精，溺有余沥，刺足少阴肾，在内踝下动脉（即太溪穴也）”。太白为脾经输穴、原穴，是人体健脾要穴，能治各种原因引起
的脾虚。太冲为肝经输穴、原穴，可舒肝养血、清利下焦。膏肓《千金方》：“膏肓能主治虚羸瘦损，五劳七伤及梦遗失精”。肝俞疏肝利胆，脾俞健脾升清，肾俞调肾气、强腰脊。志室补肾壮腰、益精填髓,《针灸大成》载此穴治“梦遗失精、淋沥”。至阳，至，极也，阳，阳气也，该穴为督脉阳气隆盛之处，可振奋宣发全身阳气。腰阳关配肾俞、关元可补肾壮阳。上髎、中髎可补益下焦、强腰利湿。阳陵泉胆经合穴，配太冲以疏肝理气。京骨为膀胱经原穴，与肾经相表里，能生发气血、宁神通络。诸穴配伍，可兼顾疏肝
健脾、益肾固精。

神灯可温补督任二脉及膀胱经和肾经近下焦易寒凝处。

体会：

精液之闭藏、施泄与肾、肝、脾、心等多脏相关，治疗时不可拘泥于肾。

活络效灵丹治验三则

病例 1

女患、29 岁。英籍东欧人，大便秘结，3 一 4 日解 1 次、3 年余。3 年前因产后遗留此症，经多方治疗如:茶、汤药、药片、针灸等均用时则通,停时则闭。现伴胸闷不舒、头痛时较剧烈,纳差。舌紫暗散在瘀点、苔薄白、脉细涩。曾给针刺及血府逐瘀汤加减治疗也是用侧通、停则秘。

诊断:便秘一血瘀血虚型。

治法:活血破瘀，养血通便。

处方:以活络效灵丹加减:

药用:当归 15g.丹参 10g.乳香 6g.没药 6g.大黄 9g.郁金 9g.山楂 6g,香附 6g,炒白术 9g,炙甘草 3g。7 付水煎服，日 1 付早晚分 2 次温服。用后大便通畅。

10 天后打来电话说无便秘,由此所引起的周身症状亦随之消失。随访半年远期效果良好。

分析:中药治便秘方法诸多、但以血瘀立方较少,又因活血方药诸多、用活络效灵丹较少。张锡纯认为此方：″为宣通脏腑，流通经络之要药，虽为开通之药，不至耗伤气血″。丹参调理血分祛瘀以生新、乳香活血行气，没药破血散血，当归补血活血为血虚之要药。加郁金活血行气为血中之气药，香附行气活血，为气中之血药．山楂散瘀行气，消食化积,大黄逐瘀泻下，白术，甘草益气健脾以助推力。诸药合用达到活、破、补、行之功，则瘀去正补脏腑功能正常。

体会:1,金匮日:″新产妇人有三病，•••亡津液.胃燥,故大便难″。产后给药须谨慎。2,有其证必用其方药,不要忘记活络效灵丹。

病例 2

男患，43 岁。英国本地人。患″冠心病″行冠状动脉术后，一般情况良好，仅遗留胁肋疼痛，为持续性刺痛，活动后痛甚，甚则不能安眠．口干咽燥,口服镇痛药效果不佳,热敷痛甚。曾在 GP 处针灸未见效果。舌体中，舌质红，少苔，脉弦细。拒绝针灸。

诊断:胁痛一血瘀阴亏

治法:活血养阴

方药:以活络效灵丹加减:当归 15g.丹参 10g,乳香 10g.没药 10g.生地 10g.杞果 6g.寸冬 6g.川楝子 6g.郁金 6g。4 付水煎服，每日 1 剂,早晚温服.

4 付药后．胁肋疼痛即显著减轻，又嘱其再服 4 付，药后胁肋疼痛完全消失而愈。

分析:活络效灵丹活血破血养血行气，加郁金以助血中行气之力，又加一贯煎一些药以滋阴行气，阴亏则养又可助血源、瘀滞则行又可兼多顾。共药少而精，一药多用、加减灵活。

体会:手术必伤气血，疼痛特点为瘀血，张锡纯说:″凡病之由于气血凝滞者″。又云:″伤气血，血气伤,愈不能胜病也″。二者已合必用此方，再根据辨证．虚补实泻。

病例第三
男患、45 岁。英国本地人。初诊:患高脂血症 4 年余。(未见检查单)曾口服降血脂的西药数年(药名不详)。近期又口服中药血府逐瘀丸数月余，效果亦不明显。近觉胸闷刺痛、颈项肩背时不适、胁肋不舒、头晕时作、情绪易激动、大便干燥。血压 125/90㎜Hg,舌质紫绛、苔黄略腻、脉滑数。曾检查心电图无异常。因拒绝针灸,以活络效灵丹加减:当归 10g、丹参 15 g、乳香 10 g、没药 10 g、郁金 9g 瓜蒌 9g,大黄 9g,香附 6g,川楝子 6g。7 付水煎服。早晚分 2 次温服。二诊：自诉服上方后,大便每日 2 次软便，便后觉得轻松，胸闷胸痛心悸减轻，饮食尚可余证消失。舌质红紫暗，苔薄黄，脉细数。继上方 7 剂大黄先下,减瓜蒌加丹皮 9g。三诊:患者自觉全身轻松，劳累后觉胸闷胸痛、饮食二便正常,睡眠良好。舌质暗红,薄白苔，脉弦细。因不欲服汤剂改用血府逐瘀胶襄服用 2 月余。此后无异常感觉。随访 1 年未复发。
分析:胸痹一心血瘀阻，常以血府逐瘀汤治疗．但此患用此方药效果不显，是因瘀阻日久，导致热郁，气滞，痰湿互阻于胸中。故用重在活血止痛的活络效买丹加减，加治疗胸痹的常规药．服用后效果显著。三诊又用血府逐瘀胶襄，养血活血化瘀行气。巩固疗效。

保元汤加减治验二则

病例 1

患者男、47 岁。英籍东欧人。因疲劳过度而产生疲倦二月余。现睡眠很差,彻夜不眠,有时只能稍许假寐。神疲懒言,肢倦畏寒,烦躁,头晕沉重,耳鸣如蝉,唇淡,舌淡苔薄，脉沉细无力。

诊断:失眠一阳气亏虚
治法:温补阳气
保元汤加减:人参 3g.元芪 9g,肉桂 1.5g,丹参 9g,远志 6g,云苓 6g.合欢皮 6g,炙甘草 3g。3 付水煎服，1 付分 2 次早晚温服。
针刺:1 组:百会，神庭，膻中，神封，巨阙，气海，内关，神门，血海，足三里，三阴交，太溪。2 组:,失眠，神道，命门，膏育．厥阴俞．心俞，膈俞，脾俞．肾俞，飞杨、申脉。每组各留针 20 分钟，补法，加神灯(按学会授课的方法用)。

又诊:3 次针和三付药后略感舒适，无畏寒神疲。前方去肉桂加山药 15g。针刺取穴:1 组:百会，神门，内关，神封，足三里，三阴交。2 组:失眠，神道，心俞，脾俞，肾俞，申脉。方法同前。
三诊:又 3 次针药后,能入睡易醒,其它症状消失。停汤剂上药研细粉改胶襄口服。针:神门，内关，足三里，三阴交。心俞，脾俞，肾俞。每周 1 次。方法同前，2 周后各种症状消失。

分析:失眠之证有实有虚，症型诸多，因阳虚而致失眠者亦不少见，但各类书刊记载很少,《类证治载》"阳气自动而之静，则寐，阳气自静而之动，则寤"。内经云:"阳气者，精则养神"。若神失所养故不得安眼。保元汤四味相合温补阳气以治其本，加茯苓，远志，合欢皮益气养血安神以治其标，佐以丹参养血生新祛瘀宁心。诸药合用寒可温，虚可补，血可养，神可安。针刺取督脉腧穴可助阳固本，膻中配厥阴俞，俞募配穴，宁心安神行气，巨阙配心俞，俞募配穴，养心安神活血，气海配血海补气养血，行气活血。神封穴:"神封者，因心藏神，出于膻中，肾之神水上朝，与相火相通，而真阳降心火以安神，有封锁之力，故名神封。".膏肓配膈俞．足三里健脾生血，补虚。飞扬配太溪为原络配穴法,滋阴养血,清利头目。飞扬配百会醒脑开窍。申脉穴:据报道治失眠以申脉为主临床多用。又有报道或上午泻申脉下午补照海是最近治失眠所推广常用的。

病例 2

女患 19 岁，英籍印巴人。平素体倦易乏力怕冷，因生气后突然默默不语,夜不能寐 4 个月,曾在 GP 处取镇静剂服用，症状好转。诊时表情差，面色暗滞而秽，答问迟钝，多言语，食纳少，时妄闻，时乱语，入寐恶梦。舌体中，舌质紫暗．苔黄腻。脉细涩无力。

诊断:癫病一阳亏瘀阻
治法:温补阳气，行气祛瘀
以保元汤加减:红参 3g,黄芪 9g.肉桂 3g.柴胡 9g 香附 9g.青皮 6g.大腹皮 6g,法半夏 6g.桃仁 6g.苏子 6g.生甘草 3g。水煎服，日 1 付分 2 次温服。

复诊:治疗 1 周后精神状态较好，睡眠尚可。告其停镇静剂口服。药物:上方去肉桂,加陈皮 6g,桑皮 6g，赤芍 6g 又治疗 1 周后夜寐安静．亦少作梦，谈笑自若，醒后亦可入睡．并能午睡，完成停西药已 1 周余。 乃予停药。

分析:此患阳气亏虚日久．寒凝则易痰结．血瘀，致气机阻滞。又因怒气伤肝，气失条达，郁滞之气失去推动气化之力故"气血凝滞，脑气与脏腑气

不接″。保元汤温补阳气固本，达到气充神养。加癫狂梦醒汤一些药，柴胡疏肝解郁，香附理气调中，为气中血药，青皮破气疏肝，大腹皮行气利水，紫苏子降气化痰。理气，破气，行气，降气。展气之条达之势。痰要:温．化．利．行之力，半夏燥湿化痰降逆。上药可达:″善治痰者不治痰而治气．气顺则一身津夜亦随气而顺矣″。″病痰饮者，当以温药和之″。之功。仅桃仁一味活血祛瘀断蓄血发狂之根。又加陈皮理气健脾化痰，桑皮定魄泻降肺气通调水道，助行气之力。赤芍散瘀凉血．助桃仁散瘀又可防瘀阻化热之虑。共药温补行气化痰活血，以达脑气与脏腑气互接。
体会:癫证实证较多．虚证亦可见之．此为阳虚发病本属少见但亦可出现。临证辨别对症治疗，如加减灵活可达赤汤泼雪之功。

化肝煎加减治验二则

病例 1

患者男，42 岁，英国当地人。患泄泻数年余，近期加重。此患经常胁肋胀闷，易烦躁．每遇情绪不舒时便出现腹胀泄泻，稀便混有粘液，无脓血，纳差，体倦无力。检查:患者消瘦，脐周压痛，按压时觉肠鸣音频作，舌体中色红降苔薄白，脉弦数。大便镜检无异常。

诊断 :泄泻一气郁化火
治法 :行气泻火，调和肝脾
方药:化肝煎加减:白芍 6g,青皮 6g.陈皮 6g.丹皮 3g.栀子 3g.泽泻 3g.焦白术 9g.云苓 9g。水煎服，1 付早晚饭前温服、3 付药后大便减少至 2 一 3 次，后又 6 付药症状消失,大便转为正常。

分析:白芍调理肝脾，养血柔肝、止泻，青皮理气疏肝、陈皮理气健脾，栀子丹皮清泻肝火，白术茯苓健脾利湿，茯苓泽泻清利湿热，利小便实大便。诸药合用重在固本，脏腑调和则泻止。达到止泻不留郁火，泻火不伤正气。
体会:化肝煎是《景岳全书》里记载的方剂，治怒气伤肝，气逆动火，胁痛胀满等，治疗泄泻很少用，如遇气，火，弱泄泻者可试用、有火又泻较复杂，止泻留郁火，泻火伤脾胃，此方加减灵活，药少寓意较深。我一位老师附院门诊部张主任喜爱用此方、他认为人人皆有火，气，弱。先开三皮后写栀子白芍等，旁人不解此方药，他微微一笑说此乃本家张景岳老前辈的化肝煎呀．随问其原方有土贝母不知组方为何意、他确笑而不答。如同道有兴趣可否探讨土贝母在此方寓意？

病例 2

女患，28 岁，英籍非洲人。头痛时作已 2 年余，痛时两目流泪羞明，甚则泛恶欲吐，时作时解、近 2 个月以来发作频繁。曾作各种检查无著变、在 GP 处取一些止痛药、痛时服用可暂时缓解。查体:面容苦闷，觉紧张压力，情绪易激动，胸脘胀满，口干喜呕、纳差、舌质红降，苔薄白、脉弦数。

诊断:头痛一肝郁化火
治法:疏肝解郁，泻火理气
方药:化肝煎加减:白芍 9g.青皮 9g,陈皮 6g,丹皮 6g,栀子 6g,泽泻 6g 土贝母 6g 柴胡 9g,川芎 20g。水煎服 1 付早晚饭后温服,7 付药后头痛大半已缓。唯双太阳穴及目眶依然隐痛，迎风则刺痛，夜寐不安。舌红体中苔白．脉弦略细。前方减栀子，土贝母．泽泻加茯苓 9g.当归 9g。用法同前。又 7 付药,3 付药后疼痛显著减轻、仍以原法巩固疗效，旋即痊愈，经随访未复发。

分析:《素问•至真要大论》:″诸逆冲上，皆属于火″此例为肝郁化火气逆于上所致。白芍养血柔肝配柴胡疏肝解郁。青皮陈皮理气疏肝健脾，调畅气机升降。栀子清泄三焦之热，土贝母宣肺利肃降平气逆，清上焦之热。泽泻利小便清下焦之湿热，张介宾说:″结热在脏腑者宜通之利之″。热降则气降。川芎″上行头角助元阳之气而止痛″活血搜气止痛。丹皮凉血散瘀。7 付药后，因热势已清降．时表现为血亏之象．故减栀子，土贝母，泽泻。加茯苓．当归。葛可久说:″留得一分自家之血，即减得一分上升之火″。
化肝煎常用于胃脘痛，泄泻，头痛。如遇其它病证可见火，气，弱者均可选之。

Scalp Acupuncture Treatment for Neurological Disorders

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Abstract
Scalp acupuncture was used to treat many disorders in China since 5 BC and has been re-developed by incorporating traditional Chinese acupuncture with modern knowledge of anatomy and physiology during past a few decades. Scalp acupuncture is characterized by inserting needles, at a low angle of approximately 15-30 degrees, into the thin layer of loose tissue beneath the scalp surface of 14 therapeutic lines or zones. In 1991, scalp acupuncture points have been standardized following the announcement by World Health Organization the International Standard Nomenclature for Scalp Acupuncture Points. It is believed that scalp acupuncture is more effective in treating brain-related conditions because stimulating different parts of the scalp by scalp acupuncture closely corresponds to relevant function areas of brain. In this paper, recent development of scalp acupuncture application on some neurological disorders such as stroke, Parkinson's disease and multiple sclerosis are reviewed.

Key words: Scalp acupuncture, neurological disorders

Introduction

Scalp acupuncture therapy has been used to treat many conditions in China since 5 BC, (Liu et al., 2012). Scalp acupuncture needles are penetrated into the specific areas of the scalp or lines on the scalp, and it differs significantly from classic acupuncture in that it has its own theoretical basis and its acupoints are quite different from traditional acupoints (Hao et al., 2013). Modern scalp acupuncture was established on the base of traditional Chinese acupuncture, modern anatomy and physiology, by integrating traditional Chinese needling methods with western medical knowledge of representative areas of the cerebral cortex (Liu et al., 2012; Lu, 1991). This modern system of acupuncture was developed at a fast pace since 1970s, and scalp acupuncture acupoints were standardized in 1991 when the World Health Organization announced the International Standard Nomenclature for Scalp Acupuncture Points (WHO, 1991).

There are three basic features of scalp acupuncture that differentiate it from body acupuncture. Firstly, treatment zones (14 lines or zones) that have been mapped onto the scalp are associated with body functions and broad body regions, and are based on the ideas of different schools of scalp acupuncture (Liu et al., 2012; Lu, 1991). Secondly, scalp acupuncture is characterized by inserting needle into a thin layer of loose tissue beneath the scalp surface, at a low angle of about 15-30 degrees, with an insertion distance of about 1 cum (approximately one inch for adult) (Liu et al., 2012). Thirdly, the needles in scalp acupuncture are subjected to rapid stimulation, which may be performed a variety of ways including twirling, pulling/thrusting and electro-stimulation (Lu, 1991).

Despite its relatively short history, scalp acupuncture has been now used to treat a wide range of conditions in many countries (Liu et al., 2012; Lu, 1991). Scalp acupuncture has been proven effective for the treatment of brain-related conditions such as cerebrovascular diseases and neurodegenerative disorders (Wang et al., 2009a,b; Hao et al., 2013; Li et al., 2014; Chen et al., 2014); but also for other conditions e.g. tinnitus (Doi et al., 2016) and attention deficit hyperactive disorder (He et al., 2014). In this review article, recent development of scalp acupuncture application on some neurological disorders were summarized.

Stroke

Stroke is the second most common cause of death preceded only by heart attacks, and is the major cause of disability in the western societies (Kong et al., 2010; Li et al., 2012). Stroke occurs when the blood supply to part of the brain is cut off and is mainly caused by ischemic or hemorrhagic. Ischemic stroke is the most common subtype of stroke, accounting for about 80% of all strokes (Kong et al., 2010; Li et al., 2012). Treatment of stroke depends on the type of stroke and which part of brain is affected. Conventional approaches include medication to prevent and dissolve the blood clots and reduce blood pressure, and surgery to

remove blood clots, treat brain swelling and reduce the risk of further bleeding in case of hemorrhagic stroke (Prabhakaran et al., 2015). However, people who survived stroke are often left with long-term problems caused by injury to their brains.

Using scalp acupuncture to stimulate the scalp over the arm and leg motor control areas and other function area of the brain can be very effective to treat the paralysis and other sequelae of stroke. Scalp acupuncture was often in combination with medication or rehabilitation training to promote stroke functional recovery (Hao & Hao, 2008). Patients with ischemic stroke of subacute stage recovered better following combination of body acupuncture and scalp acupuncture treatment compared to conventional therapy. It is believed that subacute stage of stroke occurs between 1-6 months after onset of stroke, which is crucial for patient's long-term survival. Chen et al., (2014) conducted a randomized controlled clinical trial to assess the efficacy of combination of body acupuncture and scalp acupuncture in patients of subacute stroke. One hundred twenty-six patients were randomly divided into acupuncture treatment group (n=61) and conventional treatment group (n=65). Acupuncture was given 5 times a week for total 8 weeks. The Fugl-Meyer scale and NIHSS scale and Barthel index were used to evaluate the motor functioning, balance, sensation, joint functioning and activity of daily living before and during and after acupuncture treatment and follow-up. Assessment after 4-week acupuncture showed a very good improvement compared to baseline judged by all parameters but did not show significant difference from conventional treatment group. At the end of 8-week acupuncture patients demonstrated markedly improvement in all assessments compared to baseline. Further, acupuncture showed a significant functional improvement compared to conventional group at the end of 8-week treatment and 3-month follow-up assessment (Chen et al., 2014). Authors concluded that combination of body acupuncture and scalp acupuncture achieved better clinical efficacy in stroke recovery compared to conventional treatment.

Another randomized clinical study of evaluating combined therapeutic effect of scalp acupuncture and body acupuncture on limb function in subacute stroke patients was conducted (Tang et al., 2012). The Fugl-Meyer assessment (FMA), US National Institutes of Health Stroke Scale (NIHSS) were used to assess the patients' limb function and nerve functional lesion severity before and after the treatment. Acupuncture treatment (n=55) was given daily for 20 days. Control group (n=55) was given route neurological therapies. At the end of treatment, the FMA scores were increased significantly and NIHSS scores decreased considerably in both groups compared with baselines. However, patients in acupuncture group showed a markedly improvement judged by FMA and NIHSS scores compared with control group. There were no significant differences in recurrence rates between two groups at the end of 3 and 6 months' follow-up (Tang et al., 2012). This suggested that scalp acupuncture combined with body acupuncture could improve limb movement function and reduce the nerve function damage in stroke patients.

In a sham-controlled randomized clinical study (Hsing et al., 2012), 62 patients with 18-month post-diagnosis of ischemic stroke were randomly allocated to receive either 10-seesion of scalp electro-acupuncture treatment or placebo treatment. The outcome of the study was monitored by NIHSS scale. The data showed that scalp acupuncture produced a significant functional improvement judged by NIHSS scale compared with sham group. However, there was no significant difference in the Barthel, Rankin functional scales between two groups (Hsing et al., 2012).

He et al., (2012) assessed clinical efficacy of the staging treatment of combined scalp and body acupuncture on the function recovery of lower extremities for stroke patients. Ninety-six subjects were randomized into a treatment group (n=48) and a control group (n=48). In the treatment group, while scalp acupuncture was performed along anterior oblique line of vertex-temporal (motor area) on the affected side, the body acupuncture was performed by stages. At the flaccid stage, acupoints ST32, SP10, ST36 were selected. At the spasmodic stage, acupoints GB30, SP10 and GB34 were selected. Treatment lasted for 8 weeks. In control group, the acupoints were not selected according to the disease stages and no scalp acupuncture was applied. Motor function of the lower extremities and the activities of daily living before and after treatment were monitored using the modified Fugl-Meyer motor function assessment (FMA) and Barthel index (BI). At the end of treatment, patients from both groups showed markedly improvement judged by the FMA and BI scales compared with the respective baselines (He et al., 2012). Patients in combined scalp and body acupuncture group demonstrated significant improvement compared with control group. The patient's walking ability was much greater and walking speed was much faster in treatment group compared with control group. The data showed that combined scalp acupuncture and body acupuncture significantly improved the motor function of the lower extremities and the activities of daily living for stroke patients.

Clinical efficacy of scalp electro-acupuncture on post stroke speech disorder was assessed (Jiang et al., 2015). Sixty patients with post-stroke apraxia were

randomly divided into scalp electro-acupuncture plus rehabilitation group (n=30) and rehabilitation only control group (n=30). Scalp acupuncture was performed on the dominant hemisphere Broca area on the left cerebrum once daily for 4 weeks. The speech movement program module in the psychological language assessment including the scores of counting, singing scale, repeating phonetic alphabet, repeating monosyllable and repeating disyllable were monitored in patients of the two groups before and after treatment. At the end of the treatment, patients in both group showed obvious improvement in all parameters mentioned above compared with their respective baseline. Patients in scalp acupuncture group showed 100% (30/30) improvement compared with 53% (16/30) improvement in control group (Jiang et al., 2015).

Effect of scalp acupuncture on two different stroke models: spontaneously hypertensive stroke-prone (SHR-SP) rats and focal cerebral ischemia (by middle cerebral artery occlusion, MCAO) rats were assessed using MRI technique (Inoue et al., 2009). It was found that scalp acupuncture rapidly reduced the volume of the vasogenic oedema and promoted neurological function recovery in SHR-SP model. On the other hand, scalp acupuncture had no markedly effect on the cytotoxic odema, vasogenic oedema and neurological dysfunction in MCAO model (Inoue et al., 2009). This implied that scalp acupuncture may be more beneficial for stroke patients with hypertension-caused vasogenic origin than ischaemic origin.

Mechanisms underlying benefits of scalp acupuncture were investigated in both basic science and clinical setting. Very recently, effect and mechanisms of scalp acupuncture on neurological dysfunction of intracerebral hemorrhage stroke rat model was investigated (Liu et al., 2017). Rat model of intracerebral hemorrhage (ICH) received scalp acupuncture at acupoint DU20 through GB7 on the lesion side, for 30 mins, twice a day, from day one of surgery for consecutive 7 days. A group of intracerebral hemorrhage model not receiving scalp acupuncture and a group of sham surgery and a group of naïve were used as controls. Behavioral tests included a composite neurological scale, corner turn test, forelimb placing test, wire hang task and beam walking were conducted at days 3 and 7, followed by biochemical studies, such as western blot analysis and histopathologic examine. The data showed that at day 3 after intracerebral hemorrhage, there was no significant difference of behavioral tests between scalp acupuncture group and ICH. However, at day 7 after surgery, there was a significant improvement of neurological deficits in scalp acupuncture treated group compared with ICH. Biochemical studies showed that brain content of tumour necrosis factor alpha and nuclear factor KappaB protein expression, inflammatory markers, was markedly decreased in scalp acupuncture group compared with ICH and sham groups. The results demonstrated that improved behavioral effects by scalp acupuncture were associated with decreased inflammation in rat model of intracerebral hemorrhage.

The study of the influence of scalp acupuncture on levels of inflammation in patients with acute cerebral infarction (ACl) was conducted to investigate its mechanism underlying improvement of ACI (Wang et al., 2016). A total of 61 patients with ACI were randomly allocated to scalp acupuncture group (n = 31) and control (medication) group (n = 30). Scalp acupuncture stimulation of bilateral MS 6 and MS 7 was performed daily plus medication for 7 days, while patients in control group were given medication only. Clinical neurological dysfunction scales such as NDS, 0-45 points for consciousness, gazing, facial palsy, speech, myodynamia, walking-ability were monitored at the baseline and at the end of scalp acupuncture. Serum levels of inflammation markers, such as high-sensitivity C-reactive protein (hs-CRP), TNF-α, IL-6, and IL-1β, were assessed at the baseline and 3 and 7-day after scalp acupuncture. At the end of 7-day scalp acupuncture, patients showed a significant improvement of the neurological deficits compared with the baseline scores, and there was marked improvement in neurological dysfunction compared with control group. The levels of all inflammation markers were significantly decreased at both 3 and 7-day scalp acupuncture compared with baseline levels. The levels of inflammation makers were significantly lower in scalp acupuncture compared with control group. There was a correlation between the improved neurological deficit scores and decreased serum inflammation markers (Wang et al., 2016).

Together, the studies showed that scalp acupuncture improved neurological functions in both ischemic and hemorrhage models of stroke. Scalp acupuncture is effective in improving neurological deficits of patients with stroke, and it could be an important part of rehabilitation program for stroke recovery. Scalp acupuncture may 1) promote angiogenesis and improve regional energy metabolism (Xie et al., 2016); 2) up-regulate expression of glial cell-line derived neurotrophic factor, possibly promoting proliferation and differentiation of neural stem cells in the focal cerebral cortex and hippocampus (Lu et al., 2016); 3) ease cerebral vascular immune-inflammatory reactions (Zhang et al., 2007; 2009; Wang et al., 2016; Liu et al., 2017); 4) inhibit cerebral cortical apoptosis (Zhang et al., 2009).

Parkinson's disease

Parkinson's disease (PD) is the second most common progressive neurodegenerative disease and is characterized by the loss of dopaminergic neurons in the substantia nigra of middle brain and subsequent depletion of dopamine in the striatum (Hornykiewicz, 2001; Obeso et al., 2008). The clinical manifestation of PD motor symptoms includes bradykinesia, resting tremor, rigidity of muscles and joints, gait and posture imbalance. Although the general intervention for PD involves pharmacological, physical, or deep brain stimulation therapies (Salat & Tolosa, 2013; Connolly & Lang, 2014), treatment is accompanied by a number of adverse effects such as dyskinesia and motor fluctuations in 50% of patients after 5 years' treatment and in nearly 100% of patients after 10 years' treatment (Olanow & Schapira, 2013).

Scalp acupuncture was used to PD for some time. Two clinical studies were conducted to assess effectiveness of manual scalp acupuncture on PD (Zhang et al., 2002; Yang et al., 2004). In the study by Zhang et al., (2002), 64 patients with PD were recruited and randomly divided into scalp acupuncture plus medication group (n=32) and medication only group (n=32), and scalp acupuncture treatment was applied daily for 30 days. While the study by Yang et al., (2004), 60 patients were allocated into scalp acupuncture plus medication group (n=30) and medication alone group (n=30), and scalp acupuncture treatment was given on one day interval for 90 days. The Webster scale was used in both studies to monitor the outcome. It was reported that scalp acupuncture for 30 days improved many aspects of the conditions but it was not statistically significant compared with medication control group (Zhang et al., 2002); However, 3-moth of scalp acupuncture treatment markedly improved many perimeters of measurements in patients with PD compared with medication only group (Yang et al., 2004).

When scalp acupuncture with electrical stimulation was applied to patients with PD for 30 days, it statistical significantly improved many aspects of the conditions judged by the unified Parkinson's disease rating scale compared with control groups (Huang et al., 2009). In another study (Jiang et al., 2006), patients with PD were given scalp electro-acupuncture for 6 weeks and single photon emission computer tomography (SPECT) measuring 99mTc-TRODAT-1 was used to examine the activities of dopamine transporter (DAT) before and after scalp acupuncture. Results showed that DAT activities were increased within the striatum on the affected side of brain compared with intact side (Jiang et al., 2006). A later study (Huang et al., 2010) showed that PD patients who received levodopa and scalp acupuncture, examined by SPECT measuring of 99mTc-ECD and99mTc-TRODAT-4, had increased regional cerebral blood flow (rCBF) in the frontal lobe, the occipital lobe, the basal ganglion, and the cerebellum in the most affected hemisphere as compared to baseline, but there were no change in basal ganglia DAT levels. On the other hand, treatment with levodopa alone did not change rCBF, whereas it increased basal ganglion DAT activity in the most affected hemisphere. This indicated that complementary acupuncture treatment in Parkinson's disease may affect rCBF but not basal ganglion DAT.

The protective mechanism of scalp acupuncture was studied with experimental model of PD (Wang et al., 2009a,b; Qi & Wang, 2011). Scalp electro-acupuncture was applied on acupoints GV 20 and EX-HN 5, once a day, 6 days a course, for total 2 courses on PD models. Immunohistochemistry of tyrosine hydroxylase (TH), the rate-limiting enzyme responsible for catalyzing the conversion of the amino acid L-tyrosine to L-3,4-dihydroxyphenylalanine, TUNEL method was used to observe the apoptotic amount, and in situ hybridization detecting the mRNA expression of brain-derived neurotrophic factor (BDNF) and DAT were used to assess the outcome of the scalp electro-acupuncture. It was found that scalp electro-acupuncture treatment significantly increased the area density (AD), numerical density (ND) and integrating optic density (IOD) of the positive neurons of TH in the substantia nigra of PD model, compared with control groups (Jiang et al., 2006; Qi & Wang, 2011). Further, scalp acupuncture markedly elevated the levels of the mRNA expression of BDNF and DAT in substantia nigra of PD model (Wang et al., 2009a), markedly decreased the amount of apoptosis (Wang et al., 2009b), compared with control groups. This suggested that scalp acupuncture may increase TH+ cells by elevating the synthesis GDNF mRNA, decrease apoptosis and promote the reuptake of dopamine, leading to alleviate parkinsonian symptoms.

Muscular Sclerosis

Muscular sclerosis (MS) is a chronic, disabling, incurable recurrent demyelination of the central nervous system by which about 2.5 million people in the world have been affected (Kostoff et al., 2008; Ganesh et al., 2013). The cause of demyelination in MS is believed to be inflammation which causes myelin damage and forms plaques or lesions that are located primarily in the CNS white matter. Strong evidence suggested that demyelination-related inflammation is caused by abnormal function of immune system, which indicates that MS is an autoimmune disease (Reipert, 2004; Vidal-Jordana & Montalban, 2017).

At the site of the inflammatory lesions, the myelin

sheath which insulates the nerve cells is destroyed in the process of demyelination. When myelin is lost, transmission of signals through nerves is slowed down or blocked, resulting in a range of symptoms, including physical, mental and even psychiatric problems (Compston & Coles, 2008). In some cases, the myelin sheaths around axons can be rebuilt on reducing inflammation. This process is called remyelination and is performed by oligodendrocytes. However, if there are not enough oligodendrocytes at the lesion site, remyelination will not occur or will be incomplete. Therefore, nerves will carry out their functions through electrical signals in an abnormal pathway, and the axons continue to remain for long periods without damage. The lost myelin sheath can be replaced by scar tissue where it is called MS, multiple means many and sclerosis means scar formation (Reipert, 2004; Vidal-Jordana & Montalban, 2017).

When the axons are damaged, they do not completely lose their function. As the disease progresses, oligodendrocytes and, ultimately, axons are destroyed, leading to a worsening of the symptoms. Common symptoms may include fatigue, vision problems, numbness and tingling, muscle spasms, stiffness and weakness, mobility problems, pain, problems with thinking, learning and planning, depression and anxiety, sexual problems, bladder problems, bowel problems, speech and swallowing difficulties. However, most people with MS only have a few of these symptoms (Reipert, 2004).

Scalp acupuncture has been shown to be a very effective technique for treating MS, because different parts of the brain, such as motor area, sensory area, foot motor and sensory area, balance area, hearing and dizziness area, and tremor area, are stimulated in MS patients, according to the presence of symptoms (Hao & Hao, 2008; Hao et al., 2013). Scalp acupuncture treatment for MS had much success in reducing numbness and pain, decreasing spasms, improving weakness and paralysis of limbs and improving balance (Hao et al., 2013). Many patients also reported that their bladder and bowel control, fatigue and overall sense of well-being significantly improved after treatment (Hao et al., 2013). This technique not only relives symptoms but also increases the quality of life and slows or reverses the progression of physical disability (Hao & Hao, 2008; Hao et al., 2013).

In one of case studies, a 65-year-old male patient who had had MS for 20 years was treated with scalp acupuncture. The motor area, sensory area, foot motor and sensory area, balance area, hearing and dizziness area, and tremor area were stimulated once a week for 10 weeks, then once a month for six sessions. After the 16 treatments, the patient showed markedly improvements. He was able to stand and walk. The numbness and tingling in his limbs gradually declined. His incontinence of urine or dizziness was significantly improved. He was able to return to work full time. This case demonstrates that scalp acupuncture can be a very effective treatment for patients with MS (Hao et al., 2013).

Altogether, scalp acupuncture provides an important complementary/alternative treatment approach for improving symptoms of many neurological disorders symptoms. By closely stimulating affected areas of the central nervous system, scalp acupuncture has showed more effective results compared to other acupuncture techniques. The studies mentioned above also demonstrated that scalp acupuncture treatment is safer, more effective, and caused fewer side effects compared with conventional treatment such as medications in the respective conditions.

Although the studied cited above showed a certain effect of scalp acupuncture on stroke, PD and MS, the quality of studies were variable. Because many of the studies did not follow the Consolidated Standards of Reporting Trials (CONSORT) 2010 checklist and the revised Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) guidelines (MacPherson et al., 2010; Moher et al., 2010). For example, there were no sham acupuncture controls in majority studies. None of the included studies adopted assessor blinding. STRICTA checklist items i.e. "depth of insertion," "description of participating acupuncturists" and “the optimal dosage for the scalp acupuncture treatment” were not mentioned. So following CONSORT and STRICTA recommendation are strongly recommended, and well-designed studies with rigorous methodologies are required to confirm the effectiveness of scalp acupuncture for neurological disorders.

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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 9 月 20 日

现代日本淤血腹诊指导下的针灸治疗

王 迎 英国

摘要：现代日本淤血腹诊（Hara abdominal diagnosis)是日本的长野潔及其弟子松本岐子根据中国传统的《难经》理论，结合现代医学知识而创立的一种应用于针灸临床的腹部诊断和治疗的方法。该方法是以在腹部特定部位按压查体寻找压痛点为主，配合颈，胸，背部的检查发现，结合病史，确定相关的治疗原则。然后根据治疗原则，取相对应的穴位治疗，来消除腹部及其他部位的淤阻（压痛）。从而达到治疗的目的。该疗法诊断简单明了，易学，治疗效果立竿见影。而且通过治疗前后的压痛对比，医患双方都可以判断治疗的正确性，易于医患溝通。
关键词：现代， 日本，淤血，腹诊，针灸

Acupuncture Treatment under the Guidance of Contemporary Hara Diagnosis

Ying Wang UK

Abstract: Contemporary Japanese Hara diagnosis is a method of abdominal diagnosis and treatment developed from the Classic theory of <Nan Jing> combined with conventional medical knowledge by Kiyoshi Nagano and his disciple Matsuko Kishi. This method is based on pressing on specific abdominal part to find the pressure point, combined with cervical, chest, back examination findings and medical history, to determine appropriate treatment principles. Then choose the corresponding Acu-points to eliminate the obstruction (tenderness). This method is very easy to understand and learn. It also has an immediate effect. Both doctors and patients can determine if the treatment is working by comparing the tenderness before and after treatment, thereby to facilitate the communication between them.
Key words: Contemporary, Japanese, Blood Stagnation, Hara (abdominal) diagnosis, Acupuncture

1. 常用的腹部诊断反射区

1.1 肺反射区（免疫区）

1.1.1 定位：脐右侧，胃经外陵大巨区。
1.1.2 常见疾病：此处有压痛常见于免疫力低下，易感冒，天气变化时症状加 重；与肺脏及肺功能相关的疾病，如咳嗽，鼻炎等；右侧外陵，大巨区 相对应的解剖结构，消化系统的问题。
1.1.3 对应的治疗穴位：免疫穴。

免疫穴定位：手侧放，沿桡骨外侧缘，由下往上推至桡骨粗隆处，桡骨 粗隆前凹陷处取穴。在曲池和手三里之间。也可以在曲池和手三里之间 找小结节针刺。可扎 1—3 针

1.2 肝反射区（Oketsu 区）

O=瘀阻，不运动，脏的，不干净，有毒的，坏的。ketsu=血。所以这个区域也是毒血，淤血区。

松下岐子估计大约有 60-70%病人会有不同程度的瘀血表现。

1.2.1 定位：脐左侧，肾经中注穴到胃经的外陵，大巨穴所组成的一个三角肝 形区域。
1.2.2 常见疾病：此处有压痛多见于肝病，慢性肝炎；长期服用药物，酗酒 等,所造成的有毒物质的淤阻；中医与肝功能有关的问题，如眼睛的问 题；局部解剖结构的问题，如消化不良，便秘等。
1.2.3 对应的治疗穴位：左侧的中封，尺泽。配合双侧的免疫穴。

1.3 脾反射区

1.3.1 定位：脐外缘脐周一圈的范围。脾虚的问题应该是脐的整个外缘一周都 有凉感,或塌陷虚弱感。如果只是脐外缘某一点的压痛，可能是肾的问 题。
1.3.2 常见疾病：腹胀，腹泻，消化系统问题，及疲劳等。
1.3.3 对应的穴位治疗：治疗多结合中脘区的紧张压痛，胃气虚弱的治疗。针 双侧的胃气线。

胃气线位于胃经（足三里至解溪之间）的循行线与胫骨之间。

治疗时在胃气线上寻找小结节或凹陷处针灸，一般针 3 针。

所有胃气线上的穴位 10 度角顺经刺，且 10 度角朝向

1.4 肾反射区

1.4.1 定位:脐下关元气海区。肾虚的问题多表现为脐下的皮肤松软，肤温低。

1.4.2 常见疾病：可见所有肾虚的问题，如疲劳，腰膝酸软，头晕眼花等等。

1.4.3 相对应的穴位治疗：参照肾上腺亏虚的治疗。

1.5 心反射区

1.5.1 定位：剑突下的鸠尾区。

1.5.2 常见疾病：不同的用力方向检查，提示会不一样。

垂直 90 度下压痛‘可能是胃肠问题。

45 度向上，压痛可能是忧郁，失眠。

45 度向心按压痛可能是心脏的问题，但是也要结合心脏区的其他反应点 才能确诊。

鸠尾区左右向上都有压痛，就要考虑膈肌的问题，检查膈肌。病因不 同，选取的治疗穴位就不同。

1.5.3 相对应的治疗穴位

胃肠问题造成的压痛可选用胃气线的治疗

忧郁，失眠造成的压痛可选用少阳经的治疗四渎配丘墟，或外关配足临泣。

心脏问题造成的压痛可选用内关配公孙。

1.6 肾上腺亏虚反射区

1.6.1 定位:脐外缘 4～5 点和 7～8 点的位(也就是脐针的艮位和乾位）由外 向脐中心呈 45 度角按压，有结节或压痛为阳性体征。

1.6.2 常见疾病：疲劳，心悸，焦虑，头晕，肾炎，骨关节疾病，更年期综合 征等。

1.6.3 相对应的治疗穴位：

主穴：照海，俞府

配穴：尺泽，阴陵泉，京骨，肾上腺反应区，背部：命门旁的夹脊穴

随症选穴：

复溜，阴谷，和俞府—然谷有压痛（火穴诊断法），卵巢问题，甲状腺问题（特别是甲亢）

复溜，俞府—骨的问题，带脉紧张

筑宾，俞府—老年病人，肾脏疾病，甲亢，气海反射区阳性，长期服用药物，毒品

1.7 中脘，梁门区

1.7.1 常见疾病：中脘的压痛是胃的问题。左梁门单独压痛是胃的问题，右梁 门单独压痛是十二脂肠的问题。如果是整个中脘，梁门区都压痛是胰腺 的问题。

1.7.2 相对应的治疗穴位：

胃肠的问题治疗参考胃气线的治疗。

胰腺的问题：商丘，照海，俞府为主，可配合阴陵泉，阴谷等其他脾 经，肾经的穴位。

1.8 水分穴

1.8.1 常见疾病：水分穴的压痛，一般是患者有情感方面的问题，患者善悲易 哭。如果水分穴按压有脉博跳动，则是身体疲劳的表现，有的人脉动自 水分一直到中脘，那是极度疲劳的征象，可见于疲劳综合征。

1.8.2 相对应的治疗穴位：右侧滑肉门，双侧京门穴。

1.9 关元，气穴，水道区

这个区域是妇科的反射区，关元气穴为子宫的反射区，水道穴为卵巢的反射区。局部的压痛分别对应子宫卵巢的妇科问题。

1.10 中极穴

中极穴为膀胱的反射区，常见于膀胱及尿路感染，慢性炎症，尿频。

2 检查方法

临床检查一般以手指以 3 公斤的力量按压检查区域。按压时要柔和，不要使用暴力。

3 临床治疗原则

现代日本淤血腹诊的治疗原则有很多，但是最基本的四大原则是 Okestu 区的治疗；免疫低下的治疗；胃气虚弱的治疗和肾上腺亏虚的治疗。也就是如果腹诊检查发现在这四个区域有压痛的话，我们首先要消除这些压痛点（淤阻）。然后再根据检查结果及症状病史做相关的治疗。

4 治疗方法

4.1 根据治疗原则选用相关的治疗穴位。

4.2 在相关治疗穴位及附近仔细揣穴，找到可以减轻腹部和其他相关部位疼痛的点，及手指作用力方向。

4.3 在揣穴的基础上，精准针刺。这时检查腹部压痛点，往往立竿见影，疼痛减轻或消失。

4.4 一般用 0.18～0.22 的针，针刺根据病情选用迎随补泻，浅刺。只做轻轻地提插手法。

4.5 虚证加灸法。日本针灸多采用直接麦粒灸。有时也用温针灸。

4.6 有时根据病情加用磁疗和埋针疗法以加强疗效。

5 典型案例

5.1 摔伤身痛案

患者女，因滑雪摔倒致胸骨及右侧肋骨疼痛 1 周，呼吸时症状加重。伴 疲劳。

查体：胸骨膻中穴处压痛++。右侧肋骨日月，期门处压痛明显++。

腹诊：肾上腺反射区压痛+，脐下正中有刨腹产手术疤痕，气海关元穴处 压痛明显。

治疗：

1 ）针双侧照海，俞府。治疗肾上腺反射区的疼痛。

2 ）针关元，气海，治疗疤痕处压痛。

此时，膻中穴的疼痛也较前减轻 30%。

3 ）针双侧四渎，丘墟，少海。进一步减轻膻中穴的疼痛。下针后，患者 感疼痛明显减轻，按之不痛。但是右肋部还是压痛。

4 ）于是在脚上揣穴，双侧厥阴厥穴按压特别疼痛。于是按揉双侧的穴 位，5 分钟。右肋部的疼痛完全缓解，按压无痛，呼吸通畅。

5.2 抑郁症案

患者女，25 岁。因压抑，胸闷就诊。

腹诊检查：膻中穴压痛，鸠尾区压痛，整个膈肌触诊紧张，张力高。中 脘区压痛，水分穴压痛，肾上腺 7～8 点处压痛。免疫区压痛。

治疗：仰卧位

1） 针双侧免疫穴，以减轻免疫区的压痛。

2 ）针双侧照海，俞府，以减轻肾上腺区的压痛。

3 ）针双侧针右侧滑肉门，京门，以减轻水分穴的压痛。

4 ）针双侧四渎，丘墟，以治疗胸闷，膻中穴的压痛。

5 ） 针双侧气舍穴，以减轻膈肌的张力。

经上治疗，患者症状明显好转。感全身放松，呼吸深而通畅。留针 30 分 钟。起针后检查，右侧膈肌仍然略感紧张。于是让患者俯卧位。

6 ）针双侧 C3 夹脊，膈俞穴区阿是穴。

留针 20 分钟。膈肌再触诊无明显不适。自述，呼吸更加深而通畅，全身 舒适放松。

6. 讨论

6.1 历史上日本腹诊技术来源于中国的《难经》和《伤寒论》，传统上分为 难经派，伤寒派和折中派。多以指导开方用药。长野派的腹诊（我称之 为现代日本淤血腹诊）是在难经派的基础上结合现代医学知识而创立的 一种应用于针灸临床的腹部诊断和治疗的方法。

虽然在传统的《难经.第十六难》条文中提出了肺在脐右，肝在脐左，心 在脐上，肾在脐下，脾在脐中的理论，但是并没有给出详细的定位。而 在长野派的腹诊诊断中，则根据穴位的位置，给出了非常清楚的五脏在 腹部的定位。另外该腹诊中西合壁，融入了大量的现代医学知识，扩大 了腹诊的应用范围。

6.2 五脏有疾，六腑必淤。该方法是以在腹部特定反射区按压查体寻找压痛 点（淤阻）为主，配合颈，胸，背部的检查发现，结合病史，确定相关 的治疗原则。然后根据治疗原则，取远端相对应的穴位治疗，首先来消 除腹部，然后其他部位的淤阻（压痛）。从而达到治疗的目的。

6.3 该疗法诊断简单明了，易学，治疗效果立竿见影。而且通过治疗前后的 压痛对比，医患双方都可以判断治疗的正确性，易于医患溝通。

6.4 从上面的病例中，大家可以看到，用该方法指导的治疗思路清晰，一步一步去追逐疼痛，可以让我们更好的了解穴位的功效，做到心中明了！

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Developments in the Understanding of the Brain in Chinese Medicine

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ABSTRACT
In traditional TCM the Brain, as an extraordinary Organ, had little written about it in terms of theory and practice. Few studies on the physiology, pathology, pattern identification and treatment of the Brain could be found. Consequently, from 1980, much progress was made with developments of theory and clinical research in Chinese. This paper reviews the origin and historical development of the understanding of the Brain, describes five Brain patterns and depicts the *Du Mai* as the affiliated meridian of the Brain. Finally, it summarises treatment principles and treatments including acupuncture points and relevant herbs.

INTRODUCTION

Until recent developments of TCM, the Brain was the only one of the extraordinary organs that was poorly described, with little written about it in theory and practice. Historically there were few studies on the physiology, pathology, pattern identification and treatment of the Brain. By contrast much work has been done in China from 1980, although this is taking time to filter through to the West. For example Maciocia (2005) in its section 2 on the "Identification of Patterns according to the Internal Organs" listed all the *zang fu* organ patterns except those of the Brain.

A HISTORY OF THE BRAIN IN TCM

Huangdi Neijing – The Origin of the Brain

Lingsu (Spiritual Pivot) – Chapter 10 on Channels states "at the beginning of life [the embryo is conceived] first by [parental] essence which then develops into the Brain with the bones as the trunk, the channels as the pathways [for *qi* and *blood*], the tendons as a network [system of the body] and the muscles as the protective screen. The skin grows sturdy and then hair begins to grow" (Wang 1997). This indicates that the Brain is the very first tissue to form and then conditions the formation of the other tissues. There were however different points of view on the Brain at this time, as the Yellow Emperor asks in the *Suwen* (the Plain Questions) Chapter 11 on the Different Functions of the Five *zang,* "I have heard different comments from different physicians, some take the Brain as a *zang* organ, some take it as *fu*..." (Wang 1997). Additionally it was noted that, "when needling the head, if the Brain is injured, the patient dies immediately", whilst needling the heart causes death in one day, the liver five days, the kidney six days and the spleen ten days (Plain Questions Chapter 52 'The Forbidden Positions in Pricking'). Hence the Brain was considered to be of the utmost importance and a vital part of life.

In addition there are lots of statements in relation to the Brain in the *Huangdi Neijing*. For example "All marrow is tied to the Brain" (Plain Questions chapter 10 'The Generation and Completion of the Five Depots') (Unschuld 1997), 'The Brain is the Sea of Marrow" (Spiritual Pivot 'Discussino of Seas') and "The head is where the Spirit locates" (Plain Questions chapter 17 (Wang 1997).
And the *Lingshu* chapter 13 *Jing Jin* 'The Tendons Distributed Along the Channels' states "when the sinew of the left side is injured, the right foot will not be able to move", which correlates with the modern scientific view of the central nervous system (Wang 1997).

However, in terms of pathological changes, very little was said. The only pathological pattern in the *Huangdi Neijing* is in the *Lingshu* 'On the Sea' "When the Sea of Marrow is insufficient the Brain feels like turning and there are tinnitus, sore legs, dizziness, impairment of vision, indolence and a desire to sleep".

Shizhen Li: The Brain is the house of *yuan shen*

Since the TCM theory of the Brain was not well developed in the *Huangdi Neijing* almost all the other TCM texts followed the view that the "Brain is one of the extraordinary organs". It was only when the Ming dynasty was reached that Master Shizhen Li (1518-1593) pointed out "the Brain is the house of the *yuan shen* (primordial mind)" explaining that the Brain is the source of mentality, consciousness, thought and mental activities. Unfortunately he did not explain how this related to medical practice.

Maciocia (2005 p112) translates Shizhen Li as saying "the Brain is the residence of the original

Mind" and states that "from the Ming dynasty (1368-1644) onwards some doctors attributed the 'residence' of the Mind to the Brain rather than the Heart." However he fails to differentiate between, and confuses, the Mind and the Original Mind.

Yuan shen, or the Original Mind, is the *shen* that is the possession of the Brain which is the source of all other *shen*. It is the largest and most honoured *shen* and rules over life. Therefore *Yuan shen* is innate and governed by the Brain (Wang 2015).

Shen has two meanings in TCM; its general meaning is that of physical energy, its narrow meaning is mind. Essence and Qi are the substantial foundations of *shen*. Numerous English translations can be made of *shen* such as spirit, mind, consciousness, vitality, expression, soul, energy, god, psychic and numinous, and from a grammatical point of view it can be a noun, adjective or verb (Maciocia 2005).

Modern research into the Brain in TCM

From the late '80s in China increasing amounts of research were conducted into the Brain, particularly into acupuncture for brain related conditions. Prof. Xuemin Shi (Shi 2006) started his unique acupuncture therapy *Xingnao Kaiqiao* (awaken the brain, open the orifices) for the treatment of stroke and achieved better results compared to traditional acupuncture. Prof. Hechun Luo (Luo *et al.* 1998) treated depressed patients with electric acupuncture on Du 20 (*Baihui*) and *Yintang* better than antidepressants and with less side-effects. Prof. Lingling Wang (Wang 2008, Zhang etc 2010, Wang etc 2014) treated depressed patients mainly using the *Du Mai* points to heal the Brain and achieved excellent results. Also several specialised TCM Brain books have been published; at this point these are all untranslated from Chinese. All the above studies and research have enriched TCM Brain theory and promoted the development of TCM Brain practice.

However there are still some major deficiencies of Brain study, the major limitation being that most study and practice is focused on *wu xing* and *zang fu* systems in traditional TCM theory. There has been no further Brain study relating to physiology, pathology, pattern identification and treatment principles. So far no text book systematically explains Brain patterns. Rossi's (2007) book *Shen: Psycho-emotional aspect of Chinese Medicine* describes Brain patterns within other *zang fu* patterns; two Deficiency patterns: Emptiness of Heart and Spleen and Emptiness of Heart *yin* with empty Fire, and five fullness-*shi* patterns: they are stagnation of Liver *qi*, Heart Fire, Liver Fire and Stomach Fire, obstruction by Phlegm-*tan* and stasis of Blood-*xue*. Kaptchuk (2000) and Liu *et al.* (2009) did not mention the Brain at all.

Recent developments in the understanding of the Brain in Chinese Medicine

Brain and Heart and other *zang-fu* organs

According to classical TCM theory of visceral manifestation, the physiological functions and pathological changes of the Brain are ascribed to the Heart and correspond respectively with the five *zang*-organs. For example, the Heart stores the mind and dominates joy; the Lung stores the soul and dominates grief; the Spleen stores the intention (memory) and dominates pensiveness; the liver stores the ethereal soul and dominates anger; the Kidney stores the will and dominates fear. In particular, the Brain is closest to the Heart, Liver and Kidney, since "the Heart is a monarch" and houses the mind, and the "Heart is the supreme monarch of all the organs;" the Liver dominates conducting and dispersing and regulates emotional activities; the Kidney stores the Essence and manufactures Marrow to fill up Brain. Since the Brain is closely related to the five *zang*-organs, in clinical practice many syndromes attributed to Brain are included in the five *zang*-organs syndrome differentiation and treatment (Wang 2015).

However, the Brain is the house of *yuan shen* which is the source of other *shen.* In addition, the Brain is formed first before other tissues and organs, then conditions their formation. The Brain then plays the role of the general commander to cooperate, contact and communicate with other *zang fu* organs when they are severely ill or in complex syndromes. Therefore, the Brain controls and regulates other *zang fu* organs, particularly in the case of severe pathologies, or in the long term.

Brain meridians

All of the 12 *zang* and *fu* organs have their affiliated meridians which transport *qi* and Blood, connect the *zang* and *fu*, and associate external with internal, as well as the upper and lower.

But what is the meridian of Brain? From classic TCM theory, as one of the extraordinary organs, the Brain itself has no affiliated meridian. As stated above the Brain is the core of *zang-fu* organs system, it should have a meridian to affiliate and to reflect the pathologic changes of the Brain, through which it can regulate and treat Brain conditions. But until now this area has been unclear and there has not been any discussion or representation in any text book. This is a challenge for TCM clinical practice, particularly of acupuncture.

After reviewing classical books and the new studies of the Brain, I believe that the *Du Mai* (Governor

Vessel) is the meridian of Brain. As the *Suwen gu kong lun* stated the '*Du Mai* …enters Brain' and the *Nanjing*.28th states '*Du Mai*…belongs to Brain'. *Du Mai* is the sea of all the *yang* meridians and meets all the *yin* meridians at head. Thus the *Du Mai* connects all the meridians and could regulate all the *zang-fu* organs (Wang 2015).

Brain patterns and treatment principles

Pattern identification is the basic principle of TCM treatment. Based on a review of classical TCM books and new developments of Brain practice, the common clinical patterns of the Brain and their associated possible symptoms could be summarised below. For now, these are very much a work in progress and will no doubt be improved upon in time:

Deficiency of Brain Marrow

Chronic vertigo, tinnitus, dizziness, stress, depression, visual impairment, insomnia or lethargy, infantile retardation of growth and closure of fontanel, physical stunting, amnesia and dull facial expression, light-colored or light red tongue, thin and deep pulse.
Points selection: Du 20 (*baihui*), Du 14 (*dazhui*), Bailongxue, Du 4 (*mingmen*), Ki 3 *(taix*i), GB 39 (*xuanzhong*), and local area points. Choose techniques from electric-acupuncture, scalp acupuncture, abdominal acupuncture, *qaoqi* technique (Wang etc, 2014), etc.
Herbs: *Zuo gui wan or Liu wei di huang wan* plus *Mu xiang, Huo xiang*, etc.

Deficiency of Brain *yang qi*

Chronic Stress, mental depression, insomnia or lethargy, amnesia and dull facial expression, general cold sensation, cold limbs and body, dispiritedness, fatigue, whitish or pail tongue, weak and deep pulse.
Points selection: Du 20 (*baihui*), Du 16 (*fengfu*), Du 14 (*dazhui*), Du 9 (*zhiyang*), Du 3 (*yaoyangguan*), plus local area points. Moxa could be applied, and scalp acupuncture, abdominal acupuncture, *qaoqi* technique, etc.
Herbs: *You gui wan* or *Jing gui shen qi wan*, plus *Gong ding xiang, Sheng ma*, etc.

Stagnation of Brain collaterals

Mostly seen as a result of Wind-stroke, dementia, Parkinson's disease, etc. Typical symptoms are hemiplegia, central facial paralysis, aphasia, pain or numbness of the limbs on one side, headache, dizziness, anxiety, light-colored or dark tongue with petechial or purple spots, wiry or taut pulse.
Points selection: Du 20 (*baihui*), *sishencong* (Ext), Du 16 (*fengfu*), Du 14 (*dazhui*), GB 20 (*fengchi*), LI 4 (*hegu*), Liv 3 (*taichong*), plus local or sickness area points. Moxa and/or electronic acupuncture, scalp acupuncture, abdominal acupuncture and *daoqi* could be applied.
Herbs*: Bu yang huan wu tang or Xue fu zhu yu tang* plus *Ge geng, Sheng ma, Xiang fu*, etc.

Disorders of Brain *shen*

Mental depression, stress, anxiety, restlessness, insomnia or lethargy, delirium, murmuring, abnormal behavior, anorexia, polyphagia, dementia, drooling, schizophrenia, etc. light tongue with thin coating, wiry or slow pulse.
Points selection: Du 24 (*shenting*), Du 20 (*baihui*), Du 16 (*fengfu)*, Du 14 (*dazhui*), *yintang* (Ext), Ht 7 (*shenmen*), plus local area points. Select techniques from electric acupuncture, scalp acupuncture, abdominal acupuncture, *daoqi* techniques, etc.
Herbs: *Cao hu jia long Gu mo li tang, Xiao yao san, Chai hu shu gan san* plus *Mu xiang, Chen xiang, etc.*

Blockage of Brain orifices

This pattern is not commonly seen in acupuncture clinics and involves sudden loss of consciousness, shock, coma with delirium, twitching or convulsion of limbs, epilepsy, gray or black tongue, rapid and weak pulse.
Points selection: Du 26 (*renzhong*), Du 25 (*suliao*), Du 16 *(fengfu*), Du 1 (*changqiang*); *shi xuanxue* (Ten *jin*-well points); PC 6 (*neiguan*), Ki 1 (*yongquan*), etc. Needle-bleeding, electric acupuncture, scalp acupuncture, *daoqi* techniques, etc.
Herbs: *An gong niu huang wan: Niu huang qing xin wan, Zhi bao dan*, etc.

CONCLUSION

TCM brain theory is a new and unique area which relies on the integration of classic texts with modern medical science. The Brain controls and regulates other *zang-fu* organs, in particular when they are subject to a variety of stresses or pathologies, and also over the long term. The Brain is also the house of *yuan shen* which is the source of other *shen.* The *Du Mai* (Governing Vessel) is the affiliated meridian of the Brain; as such the *Du Mai* features strongly in the treatment of the five common Brain patterns summarised here, with most of the recommended acupuncture points on the meridian, and most of the listed herbs treating it.

(English Revision: George Cooper)

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(continued from page 43)

总结：赵绍琴认为疾病多由邪气阻闭气机，人体气血循行障碍，内郁不宣，邪气不得泄越，蕴蓄于内引起。即“郁”是一切疾病的关键。所以治疗疾病，用解郁、疏利、宣泄等宣畅气机之法，开散郁结，宣通其滞，调畅气血，通达营卫[3]。在用药方面，赵老善用风药是其最为显著的特色之一。所谓风药是指那些质轻气清具有疏解宣透作用的药物，如荆芥、防风、苏叶、白芷、独活、柴胡、升麻、葛根等，其药皆具辛味，性平或温，赵老对这类风药的运用是取其宣畅气机之功。如用于升阳、疏肝、解郁、宣阳、疏卫、透热转气、胜湿消肿、利水通淋、疏利气机、疏通经络、利咽喉、止搔痒、行药力等等[4]。赵绍琴，李刘坤，宋志香三代师徒临床治疗病人时，凡有邪实存在,必有针对性地用中药或针灸去其邪阻、宣畅气机,效果显著。“宣畅气机”是赵绍琴学术思想的深层精髓，体现的是排除障碍、宣展气机、给邪气以出路的临证思想。无论是治疗温热病、湿热病还是治疗内科杂病，“宣畅气机”正是赵绍琴教授医治病患的学术精髓。

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御医之后赵绍琴教授宣畅气机的学术精髓

宋志香 李刘坤

摘要

目的 今年是先师三代御医之后赵绍琴教授诞辰100周年，本文通过分析赵老在温热病、湿热病及内科杂病方面的学术思想及师徒三代临床医案，探究赵老学术思想的深层精髓，以缅怀先师。

方法 通过分析“在卫汗之”，“到气才可清气”，“透热转气”，“入血凉血散血”等赵老治疗温热病的学术思想；“治湿热必先治湿,治湿当先化气,化气必当宣肺及畅达三焦的湿热病治疗要法；对内伤杂病采用卫气营血辨证和三焦辨证，并以“苦宣折热法、疏调升降法、宣畅三焦法”辨治. 进而阐述“郁”是赵老辩证一切疾病的关键，“宣畅气机”是治疗一切疾病的大法。通过赵绍琴、李刘坤、宋志香三代师徒的医案举偶进一步验证赵老的治病当以“宣畅气机”为先的临床效尤。

结果 宣畅气机是赵老学术思想的总刚，灵活运用赵老的学术思想，临床效果显著。**结论** “透热转气”“治湿当先化气”“通调三焦”是赵老宣畅气机的治法。“宣畅气机”正是赵绍琴治疗一切疾病的学术精髓。

关键词： 赵绍琴；学术精髓；宣畅气机

An Intriduction to the Academic Essence of Professor Shaoqin Zhao on Regulating Qi Activity

Zhixiang Song Liukun Li

ABSTRACT

This year (2018) is the 100th anniversary of the birth of the late Prof. Shaoqin Zhao. Born in a family of imperial physicians for three generatopns in the Qing Dynasty of China, Prof. Zhao himself was also an eminent leading figure in Chinese medicine. In the memory of Prof. Zhao as our great supervisor, we analysed Professor Shaoqin Zhao’s academic theories about febrile disease and internal medicine diseases and examined 12 patients’ case records of three doctors - Prof. Zhao himself and two authors of this article - Prof. Zhao’s disciple Prof. Liukun Li and Dr Zhixiang Song who was the disciple of Prof. Li. Through these case studies, the authors explore the core essential of Prof. Zhao’s ideas in treating various diseases effectively - regulating Qi activity to drive away stagnation. The article also explores the different principles and methods of regulating Qi activity in treating different diseases.

Key words: Prof. Shaoqin Zhao, academic essence, Regulating Qi activity

先师清朝三代御医之后北京中医药大学已故教授赵绍琴，继承清宫御医一脉 ,行医 60 余载,临床上治愈各类疑难杂症无数，著有《赵绍琴临证 400 法》《赵绍琴内科学》《温病纵横》等。后世弟子李刘坤、宋志香继承赵老学术思想精髓，临床治疗病人也常获奇效，现对赵老学术思想及师徒三代病例验案做深入研究探讨。

一、 赵绍琴教授学术思想

1．赵绍琴将卫气营血辨证作为温热病辨治纲领

1.1“在卫汗之”是邪在卫,必当清疏之意

温热病的本质是郁热，卫气营血皆然。表气闭遏,当先治表。温邪郁于肺卫,当用辛凉清解之法。辛可宣郁， 凉可清热,轻清举上,清解肺卫郁热。邪去热清,则营卫通,三焦畅,气机调,津液至而自然的小汗出,这是赵老“在卫汗之”的真实含义[1]，并非是伤寒辛温解表的发汗法。常用药物：淡豆豉、荆棘穗、薄荷、蝉蜕、竹叶、银花、连翘。

赵老提出卫分证的禁忌:1)切忌辛温发汗,汗出热不解,伤阴助热,或致昏厥之变;2)不可早用甘寒、苦寒,防止寒凝、冰伏;3)若用升阳发散,则容易破血致衄或外发斑疹;若用大下,则克伤脾胃,易成洞泄； 4)若早用滋腻,则阻滞气机,邪不外透,病无愈期。

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1.2“到气才可清气”,意在说明温病不可早用、纯用、过用寒凉

热在气分始可清之，使用辛寒清气的治法达热外出，如生石膏；食滞蕴热,当以消导，如生大黄；湿阻气机当以芳化风化，如佩兰、防风、金银花、连翘。但不可纯用、过用寒凉药,因为寒凉药(抗生素等西药也在“寒凉”之列）易凝涩邪气，造成冰伏、凉遏、夹食夹滞，导致邪无出路。

1.3“透热转气”是指到营治营是其基本法,但一定要先懂透热转气之理

赵老认为,热邪入营,营热之所以不能顺利透转到气分来,是因营与气之间有阻碍[2]。在清营热、养营阴的基础上,若再能排除营热外达的障碍,那么已入营之热就能迅速转出气分而解了。疏风、清气、祛湿、化瘀、通腑、涤 痰这些排除营气间障碍的方法都是透热转气的手段。透热转气体现的是排除障碍、宣展气机、给邪气以出路的临证思想，适合温病卫气营血各个阶段。凡有邪实存在,必有针对性地用药去其邪阻、通畅气机,否则不仅补法无效，甚则壅滞气机。因此营分证的治疗予犀角、羚羊角、玄参清营养阴,同时适当加入金银花、竹叶具有开达、宣透作用的药物，以去其壅塞、排除障碍、宣畅气机，使邪有出路，则入营之邪即可外透，转出气分而解。湿热入营，可用芳香化湿清热以开郁，疏通气机，使营热外达，如邪入心包，轻者用菖蒲、郁金清心豁痰、开窍通闭，用连翘轻清透泄、宣畅气机，重者必用牛黄、至宝丹之类以开其闭，使营热外透。

1.4“入血凉血散血”是指热邪入血分再去凉散血中淤热

血分证分热结、耗血、动血、停瘀等。予凉血止血，养血活血,泄热解毒等治疗,达到散淤凉血,排除障碍,导热达外的目的。常用生地黄、牡丹皮、赤芍、白头翁、琥珀、桃仁等药物。

总之，治疗温热病必须贯彻宣展气机、透邪外达的治法，宣透为治疗温病之要义。

2.赵绍琴将三焦辨证作为湿热病的辨治纲领:疏通内外，畅达三焦

治湿热必先治湿，治湿当先化气,化气必当宣肺；畅达三焦，疏风湿降痰热。赵老常用升降散为主方治疗湿热病。比如柴胡、川楝子、炒栀子、淡豆豉、蝉蜕、杏仁、姜黄、焦三仙、大腹皮、大腹子、生大黄，具有畅达三焦，疏通内外，清热邪祛湿浊的目的，无一味寒凉重剂,全靠宣畅逐邪 。

3．赵绍琴将卫气营血辨证和三焦辨证作为内伤杂病的辨治纲领：苦宣折热、疏调升降、宣畅三焦

赵老认为内伤杂病与温热病和湿热病有相似的病机，因此运用卫气营血辨证和三焦辨证，采用下述3种治法，去宣畅病人的气机。

3.1 苦宣折热法：是用性味辛寒、苦寒而性质轻清的药物,宣畅气机,透热泄邪的治法,以栀子豉汤为代表。赵绍琴认为栀子豉汤具有“火郁发之”之功,凡病因为热郁、心烦懊憹者,皆可用之。

3.2 疏调升降法：是具有疏通解郁、调和升降等作用。适用于内伤杂病凡因热郁于内,导致气机阻滞、升降失常者,皆可用此法治疗,代表方为升降散（白僵蚕、蝉蜕、广姜黄、生大黄），寒温并用，升降相因，宣畅三焦，条达气血，使周身气血流畅 。他运用升降散的主治范围宽广,无论升降散运用于何病何证,气机阻滞、升降失常是核心病机。

3.3 宣畅三焦法：通过疏风胜湿，宣展肺气，通腹降浊等治疗,达到调畅三焦、通利水道的目的，常以风药、杏仁、大黄三味药作为赵绍琴临床代表性用药。

二、赵绍琴学术思想的深层精髓--宣畅气机

“在卫汗之”“到气才可清气”“透热转气”“凉血散血”“治湿热必先治湿化气”的赵绍琴治疗温病的学术思想，是用宣透畅达之法给邪气以出路之意，正是赵老“宣畅气机”的学术精髓。“苦宣折热、疏调升降、宣畅三焦” 是赵老治疗内伤杂病的学术思想，因为气机不宣，外邪不解；气机不通，瘀浊不去；气机不畅，补而壅塞，因此“宣畅气机”是赵老治疗疾病的关键。总之，对温病卫气营血各个阶段都要“透热转气”来宣畅气机；对湿热病以化湿宣肺疏通三焦来宣畅气机；对内伤杂病用卫气营血和三焦辨治来宣畅气机，让该升透的升透，该降浊的降浊，该流通的流通，邪去体安，补而不滞。

三、赵绍琴、李刘坤、宋志香三代师徒临床医案

（一） 赵绍琴医案

1.急性支气管炎验案

刘某某，男，２５岁．初诊日期：１９８４年１２月３日．感冒后咽痒咳嗽，西医诊为急性支气管炎，服西药抗生素消炎，月余未效，反而加重，痰多色白，舌淡红，苔白微腻，脉象弦滑。

辨证：风寒咳嗽

治法：宣肃化痰

中药处方：下述中药随证加减２周，病人痊愈。

（1）宣肺化痰：炒牛蒡子、苏叶、杏仁 、苏子、前胡、枇杷叶、远志肉，白前。

（2）醒脾理气化痰： 焦三仙、陈皮、莱菔子、半夏。

按:外感咳嗽主要病因是感受风邪,或兼寒、兼热、兼燥，病位在肺。 本例患者感冒后咳嗽，服西药抗生

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素月余，咳嗽反而加重。从本例患者的脉舌和症状来看，显然为感受风寒所致，故赵老使用杏苏散加减治疗痊愈。杏苏散由 苏叶、杏仁、前胡、桔梗、枳壳、生姜、甘草、大枣、 陈皮、茯苓、半夏等药组成，具有宣肺化痰，发散风寒功效。原为清代名医吴鞠通《温病条辨》中治疗凉燥咳嗽的方剂，但后世多用于治疗风寒咳嗽轻症。

2. 三叉神经痛验案

王某某，女，６８岁。初诊日期：１９８０年９月１０日。右侧三叉神经痛多年不愈，脉象细弦，舌红苔黄。

辨证：阴虚肝旺，风热上扰。

治法：疏风清热，潜阳育阴，通络止痛，。

中药处方：下述中药随证加减 2 周余，病人痊愈。

（1）通络止痛：片姜黄、川芎、 晚蚕沙。

（2）疏风清热：僵蚕、薄荷（后下）、细辛、白芷、胡黄连、黄芩。

（3）疏肝养血：柴胡、白芍、花粉、生地、旱莲草、女贞子、牛膝。

(4)潜阳定风：生牡蛎（先煎）、瓦楞子（先煎）、紫贝齿（先煎）。

按：三叉神经痛属于中医面痛、头痛、头风等病症范畴，临床主要分风寒外袭、风热外袭、胃火上攻、肝胆火炽、阴虚阳亢、气血亏虚、气滞血瘀、风痰阻络等证型。本案患者三叉神经痛日久，脉象细弦，舌红苔黄，为肝郁化火，血虚生风，风火上扬于面，闭阻经脉，不通则痛。予疏风清热，通络止痛，疏肝养血、潜阳定风之法，病人很快痊愈。

3. 失眠验案

朱某某，男，40 岁。初诊日期：1984 年 11 月 26 日。心烦急躁，夜寐梦多，大便粘滞，阵阵汗出。两脉细弦且数，舌红，苔白腻而厚。

辨证：湿热上蒸，郁热内阻，

治法：清化湿热。

中药处方：下述中药随证加 3 周，病人痊愈。

（1）透发郁热：蝉衣、僵蚕、淡豆豉 。

（2）消食化痰导滞：片姜黄、焦三仙、 苏子、竹茹、莱菔子、槟榔 。

（3）清热燥湿：山栀、黄连、黄芩、黄柏。

按：本例患者除心烦急躁，夜寐梦多外，又见舌红，苔白腻而厚，大便粘滞，阵阵汗出等症，可知其病因病机为饮食积滞，脾胃湿热内盛，郁蒸上扰心肝，使神魂不安所致，故赵老治疗不用补益，不用安神，而用清化湿热积滞之法治之。用升降散加减，升降气机，透湿热外出；用苏子、莱菔子、焦三仙、槟榔等，消食化痰导滞，去其生热之源；用黄芩、黄连，苦寒直清内热，且可燥湿。诸药合用，使湿热积滞去除，不再上扰心肝，则夜寐自安。

4. 脱发验案

姜某某，女，35 岁. 初诊日期：1984 年 11 月 5 日。脱发多，五心烦热，胸脘痞满。脉弦细数，舌红，苔白腻而滑。

辨证：湿热内郁，遏阻气机。

治法：用宣郁化湿、透泄郁热方法。

中药处方：6 付，每日 1 付，水煎，早晚分 2 次，空腹服用，脱发缓解。

郁金 6 克、蝉衣 6 克、苏梗 6 克、杏仁 10 克、枇杷叶 10 克、竹茹 6 克、草豆蔻 3 克、藿香（后下）10 克、焦三仙各 10 克 、半夏 10 克。

按：普通医生也许一见本案患者有五心烦热，就认为是阴虚；一见其脱发较多，就认为是血虚。然赵老却根据其脉舌色症，综合分析，认为其既非阴虚，也非血虚，而是湿热内郁所致，故治疗既不养阴，也不补血，而是采用宣郁化湿、透泄郁热之法，效果显著。

（二）李刘坤医案

1. 风湿性关节炎验案

贾某某，女，29 岁，初诊日期：2017 年 2 月 19 日。产后患风湿性关节炎近 2 年，面色萎黄，头晕乏力，胸闷气短，双膝及手指关节肿痛，劳累及着凉则加剧，且经常手抖，腰痛腿软，小腿发凉，月经量少，夜寐梦多，大便干燥难解，舌淡苔白，脉沉弱。

辨证：气血不足，筋骨虚弱，风寒湿邪闭阻经络。

治法：疏风活络，补益气血，强壮筋骨，。

中药处方：下述中药随证加 2 月，病人痊愈。

（1）疏风化湿，活络止痛：桂枝、防风、独活、元胡、鸡血藤。

（2）健脾益气：炙黄芪、党参、炙甘草、陈皮、茯苓、枳实。

（3）养血柔肝，补肾填精，强壮筋骨：当归、白芍、生地、川芎、丹参、肉苁蓉、狗脊、菟丝子、补骨脂、炒杜仲、川断、炙龟板（先煎）、鹿角胶（烊化）、阿胶（烊化）、熟地黄、 怀牛膝、生龙牡。

按：风湿性关节炎见关节肿痛，中医称之为“痹症”，认为系风寒湿邪侵袭人体，关节经络气血不通所致，治宜疏风散寒祛湿及活络止痛。而该案患者风湿性关节炎发生于产后，不仅见痹症之腰痛、膝痛及手指关节肿痛等症，且伴有面色萎黄，头晕乏力，胸闷气短，手抖腿软，小腿发凉，月经量少，夜寐梦多，大便干燥难解，舌淡而脉沉弱等症，显然与单纯的痹症不同，而是除痹症外，兼有气血不足、筋骨虚弱的一面。故治疗采取扶正祛邪兼顾之法，一方面补益气血、强壮筋骨以扶正，一方面疏风散寒化湿以祛邪。如此双管齐下，相辅相成，则疗效卓著，短短 2 个月，即体质改善，痹痛及手抖等症消。

2. 严重痤疮验案

金某某，女，22 岁，初诊日期：2010 年 8 月 27 日。面部背部痤疮满布，多有化脓，大便三四日一行，自服

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防风通圣丸治疗未效，舌红苔白，脉细滑。

辨证：湿热蕴毒郁蒸肌肤。

治法：清化湿热，泻火解毒。并宜注意饮食调养，少吃辛辣肥甘食物。

中药处方：下述中药随证加 1 月，病人痊愈。

（1）清化湿热，泻火解毒：竹叶、银花、连翘、蒲公英、紫花地丁、桔梗、黄连、黄芩、山栀、龙胆草、决明子、通草、滑石（包）、泽泻、生甘草、生薏仁、赤小豆、竹茹、枳实、黄柏、火麻仁、生大黄（后下）。

（2）凉血散淤：丹皮、赤芍、丹参、鸡血藤。

（3）补益气血：天花粉、元参、生地黄、白芍、生首乌、熟地黄、肉苁蓉、生黄芪 、炒白术。

按：中医认为痤疮多因体内阳热过盛，或过食辛辣肥甘，助湿生热蕴毒，郁蒸肌肤所致，故治疗则从清化湿热，解毒排毒入手，并强调忌口，少吃辛辣肥甘食物，往往每获良效。从本案患者的治疗即可见一斑。当然也有因气血不足而邪毒久恋不去所致者，治疗另当。

3. 斑秃验案

王某某，女，62 岁，初诊日期：2012 年 4 月 23 日。一年多来，头发脱落严重，出现多处大小不一的圆形脱发。形体消瘦，面黄肌瘦，皮肤干燥，时有头晕心悸，心烦急躁，夜寐不安，大便干燥难解，舌淡苔白，脉沉细。

辨证：阴血不足，肌肤失养

治法：养血生发，滋阴润燥

中药处方：下述中药随证加 2 月，病人新发长出，头发茂密。

（1）补气养血生发，滋阴润燥：生黄芪、党参、当归、白芍、元参、生地黄、女贞子、旱莲草、生首乌、桑椹、熟地黄、炙龟板、赤芍、丹皮、茜草、丹参、鸡血藤。

（2）清热利湿：桑叶、侧柏叶、地肤子、怀牛膝、炙甘草、竹茹、枳实、火麻仁。

（3）安神助眠：浮小麦、五味子 、炒枣仁、生龙牡（先煎）、珍珠母（先煎）。

按：圆形脱发，局限于头部者，称为斑秃，俗称鬼剃头，皮损表现为圆形或椭圆形非瘢痕性脱发。若头发全部或几乎全部脱落，称为全秃。若全身所有毛发（包括眉毛、体毛等）都脱落，则称为普脱。中医认为其多因情志失调，饮食不当，使气血不足，水亏火旺，阴阳失调，或湿热郁蒸，肤发失养所致。本案患者之证，根据脉舌色症分析，实乃阴血不足，肌肤失养所致，故治以养血滋阴为主，使全身阴血充足，肤发得养，则斑秃及诸症自愈。

4. 精神抑郁验案

李某某，女，53 岁，初诊日期：2013 年 7 月 16 日。半年前因丧父，出现抑郁焦虑失眠，乏力，食欲低下，脘腹痞满，时有嗳气泛酸，大便燥结难解，一周 1—2 次。形体消瘦，面容憔悴萎黄，愁眉苦脸。舌淡而胖，苔薄白而中有剥脱，脉沉细而无力。

辨证：气阴大虚，胃气不降，肠失濡润，心神失养。

治法：健脾益气，降逆和胃，润肠通便，宁心安神。并让其多吃蔬菜，以助降胃气，润肠腑。

中药处方：下述中药随证加 2 周，病人痊愈。

（1）健脾益气，降逆和胃，润肠通便：生黄芪、党参、炒苍术、炒白术、陈皮、木香、枳实、炒槟榔、厚朴、生首乌、元参、生地、决明子、生大黄（后下）。

（2）疏肝解郁：柴胡 、白芍、郁金、青皮、乌药 。

（3）养血安神：当归、炒枣仁、白芍、熟地 、桂枝、川芎、丹参、鸡血藤、生龙骨（先煎）、生牡蛎(先煎)、煅瓦楞（先煎）、珍珠母（先煎）、石决明（先煎）、浮小麦、远志、茯神、夜交藤、合欢皮。

按：中医认为，脾胃为后天之本，气血生化之源，患者病起于丧父而精神创伤，没有食欲，形体消瘦，治以补益脾胃，以生气血，固然重要，但若大便不通，则无从补起。故中医又特别强调，胃气以降为顺，以通为补，甚至提出大便不通则死。可见通便之重要。因此，本案初诊第一周治疗，即以理气降逆、润肠通便为主，药物重用生大黄、决明子、生首乌、元参、生地、槟榔、枳实、厚朴等药，即意在于此。方中虽也用黄芪、党参等健脾之药，但其意也在益气而助通下。饮食让其主要吃叶茎类蔬菜，更是为了通便。第二周大便已通，食欲已增，但失眠较重，入睡困难，且身体怕冷，肛门下坠，显系久病体虚，气血未复，故治疗不可再予通下，以免损伤气血阴液。方中重用黄芪、党参、当归、川芎、白芍、熟地、丹参、鸡血藤等药以补益气血为主，再加炒枣仁、浮小麦、龙骨、牡蛎、珍珠母、石决明、远志、夜交藤、合欢皮、茯神等药，以宁心安神。并配合饮食调养，短短二周诸症缓解。

（三）宋志香医案

1. 流行性感冒验案

Dav，男，58 岁，英国人。初诊日期：2018 年 1 月 11 日。正值英国澳洲流感大流行，患者受风后，出现低热频咳，并伴有剧烈头痛眼框痛一周，舌红，苔白厚腻。脉弦紧，右手上越脉。

辨证：风热闭表，肺气不宣，痰热灼窍，经络不通。

治法：疏风宣肺，清热化痰，通络止痛。

1.1 中医治疗：立即头枕部、眼周阿是穴针灸以通络止痛。

1.2 中药处方：下述浓缩中药粉随证加减治疗 2 周，病人痊愈

（1）宣肺透热、通络止痛：川芎、白芷、防风、薄荷、菊花、连翘 。

（2）肃痰止咳，消食降浊：桔梗、杏仁、葶苈子、鱼腥草、竹茹、芦根、甘草、莱菔子、枳壳、半夏、决明子、大黄。

（3）益气养阴：黄芪、麦冬。

按：患者风热袭表闭郁肺气，出现发热咳嗽。肺气不宣，痰热上逆，灼伤脑窍，头眼气血闭阻，经络不通

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疼痛。迅速针灸通经活络而止痛，并以川芎，白芷疏风通络止痛。薄荷、防风、菊花、连翘等宣透肺热。葶苈子、鱼腥草、莱菔子、大黄等通降痰火，使病邪从表里双解。再以黄芪，麦冬补益气阴，使祛邪而不伤正，病情痊愈。

2. 偏头痛验案

Gen，女，36 岁，英国人。初诊日期：2018 年 1 月 10 日。5 年来，常因紧张抑郁引起右偏头痛发作，近 2 月来病情加重，每天早晨 7 点右偏头痛开始发作，痛不欲生，下午方能缓解，右侧的颞部、眼眶、耳后，枕后疼痛严重，伴有恶性，右鼻塞，疼痛缓解后清鼻涕流出，痛时喜用冷毛巾外敷。平素怕风，右肩颈持续紧张痛。大便 1-2 天 1 次，食欲差，睡眠不佳。既往病态窦房结综合征。舌淡苔白腻少津，舌下静脉曲张。双手脉沉，左关弦紧。

辨证：外有风邪闭郁，内有肝郁化火，痰火灼伤脑窍，气血亏虚。

治法：通络止痛，祛风透热，疏肝解郁，补气血。

1.1 中医治疗：立即阿是穴毫针针灸以通络止痛、右肩井穴浮针扫散以缓解颈肩部紧张。

1.2 中药处方：下述中药浓缩粉随证加减治疗 2 周，病人痊愈。

（1）疏风驱邪，通络止痛，宣透郁火：防风、白芷、川芎、薄荷、菊花、竹叶。

（2）肃痰降火：竹茹、茯苓、火麻仁。

（3）疏肝解郁：柴胡、川楝子 。

（4）豁痰开窍，养心安神：石菖蒲、当归、五味子、龙眼肉、丹参。

（5）健脾益气：党参、炒白术、干姜、大枣。

按：患者心情不好，肝郁气滞，郁而化火，加之外有风邪闭郁卫气，郁火上扬于头面脑窍，出现偏头痛，眼眶痛畏光。肝郁，肝血不舒，肝之清阳不升，肺胃痰火不降，患者出现恶心；相火亦不能归位于肾水，摇动心神，睡眠不佳。通过对该患开闭透热，肃痰降火，疏肝解郁，通络止痛，使气机宣畅，病去痛止。以赵老升降散的思路，以宣透风邪郁热，肃降痰火，通络止痛等宣畅气机法以驱邪，兼以益气固表，养心活血以扶正，多年的病情很快痊愈。

3. 颈椎病验案

E11，男，23 岁，英国人，初诊日期：2018 年 1 月 18 日。颈肩部紧张疼痛 1 个月。既往抑郁焦虑 3 年，西医予抗抑郁焦虑的药物口服无明显效果。左关脉弦紧，左寸脉不足。舌质红，舌边齿痕。后背胆经散在痤疮疹。双膏肓穴可及条索状筋结。

辨证：肝郁不升，风湿阻络，肝郁化火，胆火扰心。

治法：疏肝解郁，升发督阳；疏风化湿，通络止痛；清心安神。

1.1 中医治疗：立即双膏肓穴浮刺针灸通络止痛，背部颈部痤疮疹拔血罐以透郁热祛痰湿， 。

1.2 中药处方：下述中药浓缩粉 1 周量共计克 88 克（一克中药粉相当于 7 克原生药），每天 2 次口服。颈肩拘谨及抑郁均痊愈。

（1）祛风除湿，通络止痛：葛根 7、川芎 5、羌活 5、伸筋草 7、鸡血藤 4、元胡 7。

（2）宣散郁火，清心利胆： 竹叶 4、薄荷 6、竹茹 4、决明子 4、火麻仁 4。

（3）养心安神：柏子仁 5、合欢皮 4。

（4）疏肝解郁：柴胡 4、香附 7、郁金 7、黄芩 4。

按：肝气不舒，导致患者抑郁；肝郁木不生火，心血虚导致心血不能上济头颈，引起颈椎病；督脉清阳不升，导致颈项背部肌肉拘谨疼痛；肝郁胆火扰心，引起患者抑郁焦虑。治予疏肝解郁，透郁热升清阳降痰火，患者迅速痊愈。

4. 肩周炎验案

And，女，47 岁，英国人，初诊日期：2016 年 6 月 19 日。右肩臂痛 6 周，夜间加重，游走性。右臂外展不能，疼痛由肩部延伸至拇指。既往：高凝血症。舌红少津，苔白，脉略沉。肩前可触及多个痛性筋结。

辨证：风寒湿邪闭阻筋脉，气滞血瘀，经络不通，不通则痛；肝肾阴虚筋骨不养，不容则痛。

治法：疏散风寒湿，温经通络；滋养肝肾，柔筋壮骨。

4.1 中医治疗：右上肢阿是穴火针、浮针、筋结处单针合谷刺，凤池、风门、天井、天宗、合谷、太冲、曲池穴电针，所有针灸针均留在皮下浅层以祛风散寒，通经止痛。每周一次治疗。

4.2 中药处方：下述中药浓缩粉随证加减治疗 1 月，病人各个关节活动均达到正常范围，疼痛消失。

（1）散天部之风寒，温经通络以止痛：桂枝、桑枝。

（2）健人部之气血以固表；祛肌肉间风湿以止痛：黄芪、防风、羌活、伸筋草、土茯苓、火麻仁。

（3）容养地部之阴，以柔筋舒筋壮骨，行气活血通络以止痛：当归、五味子、补骨脂、乌药、青皮、赤芍、三棱、莪术。

按：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”该患者年近 50 岁，卫气虚衰，不能固表，风寒湿邪乘虚而入，痹阻经络，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。另外病人高凝血症，留针至病所肌肉层易损伤毛细血管反而形成凝血块堵塞经络，因此对该患者均留针在浅层皮下脂肪层。同时中药加大了行气活血攻瘀的药物，如乌药、青皮、赤芍、三棱、莪术最终瘀去痛止，经络通畅。

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论浮针疗法特征

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摘要：笔者于 2017 年 7 月 12 日在“FSN UK”英国浮针微信群作了题为“我对浮针的认识和体会”的演讲，本文是根据演讲的主要内容总结整理而成。旨在从浮针的语言、理念和运动介入三个方面论述浮针的特点与创新，认为浮针对于针灸临床的研究和针灸理论的发展具有重要意义。

关键词：浮针　　医学语言　　浮针理念　运动介入

近年来，浮针作为诸多针灸疗法中独具鲜明特色的方法之一，在理论和实践上均受到了医学界的广泛关注。本人根据自己在学习和使用浮针过程中的认识和体会，对浮针的特征进行了总结，并将其概括为三个方面，即语言特征、理念特征和运动介入特征。笔者认为，正是由于这些独到之处，浮针才在针灸发展的道路上取得了如此令人瞩目的成功。

1. 浮针的语言特征

众所周知，语言简单地讲就是说话，语言的基本功能就是用于与别人交流与沟通。用一种只有说话者自己能听得懂的语言讲话，那其实不过就是喃喃自语。

医学，作为一门特殊的专业，就象其他学科一样，有着自己的专业语言。基础医学理论，包括生理病理、组织解剖等，是现代医学的普通话，是医学界的通用语言，即医学“官方”语言，这种语言的来源和基础就是“科学”，所以现代医学的语言是科学的语言。从语言形式而言，古代汉语固然很美，诗歌也很美，但它们却不是医学语言。

“现代医学”和“科学”是紧密捆绑在一起的，无论它的理论基础，还是出发点，都是建立在科学上面的。即使中医学的定义，在我们的教科书上，也是很确切地指明：中医学是研究人体生理、病理、疾病的诊断与防治，以及摄生康复的一门传统医学科学。所以，离开了科学，医学就不能成其为医学了。然而，中医学长期以来，一直使用着自己的独特的语言，一种事实上的“方言”，这就使得中医在与现代科学和现代医学交流过程中产生了极大的困难与障碍。然而浮针，选择并使用了医学的语言，它让针灸以崭新的面貌出现在医学舞台！因之，它有了一个语言平台可以与医学界、科学界进行交流与互动；与现代医学接轨，也便有了与时代俱进向前发展的动力和知识源泉。

从中国针灸发展史来看，浮针是针灸第一次全面使用现代医学语言来阐述针刺理论和方法，针灸终于会说话了！

2. 浮针的理念特征

毫无疑问，浮针针具的改良与发明，是针灸的一个重大进步。它让浮针的操作更加安全与方便；尤其是大大提高了针刺的刺激量，比如针体粗大，套管有保护、扫散放大刺激、留管延长作用时间等，从而提高了针刺的疗效。

但是，相对于针具的改良而言，浮针的理念却是更富有创造性的。这些理念的特点概括起来，有以下几点：

2.1 不循经络，无求得气

经络腧穴理论，是中医的理论基础，也是针灸理论的支柱。“不懂脏腑经络，开口动手便错”的说法正显示了经络与腧穴的重要地位。而“得气”和“针感”更是被强调成了针灸技能的最高境界，成为针刺的目的和治疗效果的判断标准。

然而，浮针是根据“患肌”选择进针点，而且它作用和刺激的部位，是在皮下结缔组织这样一个特殊的组织层，在这里，感觉神经末梢（感觉感受器）相对而言很稀少，所以对于针刺的刺激造成的痛觉很小，如果没有刺到血管的话，几乎不会引起任何疼痛。浮针也很少引起肌纤维、肌束紧张收缩的反应，因此病人的针感和得气现象可以不会出现。临床实践证明，这种治疗也是有效的，甚至对某些病痛效果比传统针刺更快更好。

因此，根据浮针的理论，针刺不需要辨经络，更无需得气，也会获得治疗效果；它甚至强调“避免”得气，才能得到更好的效果！这无疑是对传统针灸理论的重大发展。

2.2 探寻患肌，消除患肌

患肌理论认为，疼痛和疾病的原因是相关肌肉的“病理性紧张”造成的。浮针是通过刺激“患肌”附近的皮下结缔组织和患肌的“再灌注”活动，帮助缓解这些肌肉（患肌）的紧张，改善其供血供氧状态，从而达到治疗目的。无论从中医角度，还是现代医学的角度来讲，这无疑都是一个全新的学说。浮针的“患肌”理论的建立，不仅仅使针灸在治疗理念上发生了根本性的改变，而且让我们不得不对于某些“疾病”的病因、发病机制和诊断进行重新认识，比如说颈椎病、椎间盘突出症、坐骨神经痛、漏尿、前列腺炎、慢性咳嗽等。

2.3 针在健部，治在皮下

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浮针对机体刺激部位也一改传统的针刺方法。它要求将针置于皮下，集中刺激皮下结缔组织——浅筋膜组织，从而达到治疗目的，而不是传统针刺的穿过皮肤、皮下层、肌层、骨膜或关节腔。

尤其重要的是，浮针的进针点的选择，它既不是传统的“腧穴”穴位，也不是阿是穴或“激痛点”（Trigger Point—MTrP），而是选在“患肌”的周围，或者远离“患肌”、痛点或病灶的“健康”部位的皮下，即浮针刺激的是健康组织。为什么选择刺激皮下结缔组织（筋膜组织）？又为什么是刺激“健康”部位的结缔组织？这的确是一个值得思考的很有趣的问题。

我们说筋膜组织象一张连续不断、贯穿全身脏腑器官组织的“网”——也是人体唯一的连续无间断遍布全身连接各组织器官的特殊组织。这张网不仅仅对组织器官有支持、润滑、传导张力的作用，还具有传导免疫信息、含有重要免疫物质和参与病损修复的功能。很有可能正常、健康的筋膜组织对于针刺刺激（张力变化）的反应和传导的速度更快和准确性更高，所以临床表现为效果更快更好。

浮针被置于皮下，然后进行扫散手法，扯拉筋膜组织，实际上就是一种人为的轻微“创伤”，这种创伤必然会引起机体免疫修复功能的觉醒和反应，而免疫修复功能反应的“趋灶性”，使得这种“人为创伤”加快和促进了机体对于病灶的修复，促进了病痛的康复，而这或许也是传统针刺的共同作用机制，因为任何针刺方法都不可避免地刺激到筋膜组织，只是浮针对这一特殊组织的刺激更加集中罢了。

3.浮针的运动介入特征

在以往的针灸治疗中，配合主动的或被动的运动以加强针灸治疗效果的方法，临床上也是可以见到的，甚至在一些针灸书籍中也有简单零星的介绍。但这些活动并不具备普遍和规范的特点；相反，传统针灸更加强调的是，在针灸时要选择合适、舒适、稳定、安全的体位，以及针灸操作和留针过程中要“制动”，以避免引致疼痛和意外。所以，真正将现代医学的运动疗法有理有据地、规范地、常规地介入到针灸治疗过程中的，浮针疗法应该是第一次。

浮针为运动的同时介入针刺治疗提供了两个必要的条件：首先，它的“患肌理论”和“再灌注理论”为指导具体而精确的再灌注活动提供了理论依据。其次，特殊的针具和针刺位置为针动结合提供了实践条件：针体是在皮下横卧，并不在肌肉内或关节腔，让带针运动成为可能；针尖被塑料软管保护，保证了带针运动的安全性。

笔者认为，与其说“患肌理论“对于浮针进针点的选择是重要的，不如说它对于指导正确、准确的肌肉“再灌注”意义更加重大!为什么这么说？因为虽然找“患肌”是确定治疗目标的第一步，但是浮针进针点的选择是很“弹性化”的：浮针的进针点既可以是患肌的皮下投影区，又可以是患肌周围的皮下，甚至可以离开患肌更远，隔着数个关节和数块肌肉，而且患肌与进针点并非一一对应的关系。事实上浮针和扫散刺激的只是皮下结缔组织——浅筋膜，并没有直接刺激到任何肌肉，更没有刺激到“患肌”。然而，对于“再灌注”活动就大为不同了，每块肌肉都有自己的功能，找准了患肌，便可以准确地具有针对性的进行抗阻运动或牵伸运动的“再灌注”。再灌注活动才是直接刺激到了“患肌”，同时这种“带针运动”放大了浮针对筋膜的刺激。所以，再灌注活动运用得好坏直接影响到了治疗效果。

有了患肌理论和再灌注理论的指导，浮针与运动完美结合，使治疗更加规范有效、运动治疗更具有了目的性。因此，再灌注活动成为浮针治疗中不可或缺的重要组成部分，这同时成为浮针不同于其他针灸方法的重要特征之一。

结语

对于浮针和浮针理论的探讨，有很多中医同仁主张回归中医，用中医的理论去阐明它，这大概并没有错。它与浮针试图用现代医学的理论阐明针灸和针灸作用机制，其实是一个问题的两个方面。因此，或许都是有意义的。

千百年来，我们用针灸治病，针灸的临床治疗效果是有目共睹、勿容置疑的，但是，事实上，我们始终不能明确地回答一个作为医生、一个针灸工作者必须回答的问题，即从现代医学的角度来看 ，针灸是怎么起作用的？现在，浮针的特征显示，它在这方面具有了一定优势，为针灸的研究打开了一扇天窗。相信针灸会因此走得更高、更远！

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头皮针成功治疗 2 例脑痴呆的报道

聂卉 曼彻斯特

病例 1

A 某，.2016 年 11 月 28 日初诊，英国人男性，中等身材，年龄 50 岁，既往身体健康，主要症状为：近半年记忆力明显减退，如记不住今日早餐食物，注意力不集中，语言不流畅，几乎难以胜任目前的工作，MRI 扫描证实脑部细胞有损伤，被 NHS 诊断早期阿尔茨海默病，病人无报告单仅口述。舌紫暗胖大，薄白苔，脉沉迟。

中医辨证：气虚血瘀，脑髓失养。
西医诊断：早期脑痴呆。

治疗原则：益气活血，充髓养脑
治疗方法：头皮针加体针，中药粉剂共一副 10 天之后，病人不愿意继续服用，以后全部针灸治疗。无服用任何西药。

头皮针取穴：选取头皮针是世界标准头皮针 14 条线。额中线，额旁 2 线，额旁 3 线，顶中线，顶旁 1 线，顶旁 2 线。手法，缓慢进针，快速捻针 100-200/每分钟，每次 2-3 分钟，留针半个小时，共行手法 2-3 次，或用电针连续波，强度约 2 档。
体针：印堂，少府，通里，太冲，

中药粉剂：益智仁 10 克，熟地 5，生地 5 克，黄精 10 克，黄芪 5 克，当归 5，桑寄生 5 克，仙茅 10 克，柏子仁 5 克，鸡血藤 5 克，桑椹 10 克，甘草 3 克。每天 8 克，日两次口服。每周一次针灸。

第 8 诊，2017 年 1 月 11 日，记忆力有好转，。针灸治疗方法同前，不口服中药。
第 16 诊，2017 年 4 月 8 日，记忆力有好转，能注意力集中做事，治疗同前。
第 20 诊，2017 年 5 月 20 日，继续好转，到医院复查脑痴呆量表，ET 值从三个月前 86，目前上升到 96，是好转的标志，西医医嘱以后不需复查，属于正常人。治疗同前。，
第 25 诊，2017 年 7 月 22 日，记忆力正常，但有时候看电视时不明白内容。治疗同前。
第 26 诊，记忆力正常，但对事物的反应能力稍差一点。治疗同前。
第 27 诊，2017 年 8 月 19 日，记忆力和注意力非常好，治疗同前。
第 28 诊，2017 年 9 月 2 日，记忆力非常好，注意力，反应力和理解力一般好。病人提出结束治疗。

病例分析：

该病人是明确诊断的早期阿尔茨海默氏病，中医诊断为健忘，其病机为气虚血瘀，脑髓空虚，中药治疗补气活血，养心益智。针灸治疗用头皮针调经通络。局部活血，以养脑益智，髓生神灵，用体针加强其作用。西医认为脑痴呆的病因病理是早期皮质胆碱能神经元功能紊乱，中晚期有广泛大脑皮质萎缩，以颞叶，顶叶，额叶为主，有广泛的神经元丢失(neuron loss)，头皮针局部针刺可以有效的改善大脑皮质胆碱能神经元递质功能紊乱。从而预防此病人脑痴呆恶化到 2 或 3 期病变。

病例 2

B 某，2017 年 11 月 6 日初诊，英国白人男性，年龄 90 岁，以近日左腰腿痛而就诊，咨询病史时得知患阿尔茨海默氏病 5 年无服用药物，心律失常 2 年，服用华法令，目前生活不能自理，由于痴呆，不能做精细动作，寡言少语，神情淡漠，反应迟钝，目前定期去当地痴呆保健中心做康复治疗，但病情继续加重。舌暗红薄白苔，脉沉细。

中医诊断：痴呆，痹症，怔忡， 肝肾不足，心肾不交型
西医诊断：1 阿尔茨海默氏病，2 坐骨神经痛，3 心律失常。

治疗原则：补肝益肾，养心定悸，强筋壮骨，充髓养脑。
治疗方法：取穴，肾俞，膀胱俞，左环跳，左髀关，左殷门，左委中，右阴谷，额中线，额旁 2 线，顶中线，顶旁一线。留针半小时，体针多以泻为主，头皮针提插捻转平补平泻，双侧顶旁一线加电针，连续波，每分钟约 50 次，无中药治疗。

第 5 诊，2017 年 11 月 8 日，腰腿痛已好转 90%。痴呆好转，面部可有表情增多，善于交流了。治疗同前。
第 6 诊，2018 年 1 月 9 日，病人及家属要求进一步治疗痴呆，他们认为痴呆有改善，表现为明显双目有神，主动和人交流，记忆力好转。腰已不痛，仅左髂关节一点不舒服。舌淡暗，薄白苔，双脉弱。头皮电针治疗同前，中脘，关元，左髀关，左风市，印堂转中法。
第 10 诊，2018 年 2 月 13 日，无腰腿痛，原痴呆 2 期好转至 1 期，能自己穿衣，语言丰富，双眼有神，但记忆力还是欠缺。暂停治疗,因为不能继续承担治疗费。

病例分析：

该病人是明确诊断的中期阿尔茨海默氏病，以腰痛而就诊，病人咨询中知道针灸能治痴呆，要求同时治疗。就西医病名脑痴呆而言与中医病名相同，中医病机为，年老体弱，肝肾不足，精亏髓失，脑失所养。针灸治疗用头皮针调经通络。局部活血，以养脑益智，髓生神灵，用体针加强其作用。脑痴呆其病理之一为大量的神经元丢失，目前科研认为海马回有神经再生的作用，此病人可能为针刺头皮针后对海马回有调节。

讨论：

头皮针已经在世 50 年，最多用于中风偏瘫，很少有报道成功治疗脑痴呆，而脑痴呆目前已经成为 21 世纪威胁人民健康的第二杀手（第一是癌症），也是医学界治疗的空白，目前无任何药物可以有效治疗脑痴呆。我成功用针灸

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治疗脑痴呆纯属偶然，是本文第一例病人由于年纪轻，就被明确诊断早期阿尔茨海默氏病，痛苦万分的来到我诊所咨询，给与我一个机会，用针灸治疗此疑难症，竟获得意想不到的可喜疗效。

中医认为，脑为奇恒之府，其‘奇’为唯一，为特殊，有别与五脏六腑，为人体之重要之脏之腑。脑有神明之功，髓之海，与心神相通，脑髓空虚，神无所依，导致人记忆丧失，行之无令，动之所失，不会穿衣戴帽。宋代＜圣济总录，心脏门，心健忘＞：‘健忘之病，本
于心虚，血气衰少，精神昏愦，故志动乱多忘也’。清代林珮琴＜类证治裁，遗忘＞：‘人之神宅于心，心之精依于肾，而脑为元神之府，精髓之海，实记住所凭也‘。

西医认为，痴呆(Dementia)是一种获得性，进行性认知损害综合征，临床表现为记忆，语言，视空间能力，执行功能，推理及判断力受损，人格或行为举止改变，从而导致社交，工作或日常生活能力明显下降。痴呆的原因包括变性病和非变性病，前者主要包括阿尔茨海默氏病9Alzheimer’s disease, AD).后者主要包括血管性痴呆。AD 占所有痴呆的 60%-80%。

AD 的病因一般认为可能与遗传和环境因素有关，AD 患者海马和新皮质胆碱乙酰转移酶(ChAT)及乙酰胆碱（ACh）水平显著减少，皮质胆碱能神经元递质功能紊乱。AD 患者有广泛大脑皮质萎缩，以颞叶，顶叶，额叶为主，主要病理特征是老年斑（ senile plaques），神经元纤维缠结(neurofibrillary tangles,NFTs)，广泛的神经元丢失(neuron loss)。

头皮针是与大脑技能密切相关， 该两例病人，初期痴呆病人以健忘为主诉，中期痴呆病人以呆傻笨拙为主，都为精血不足，心神失养，脑髓不冲，针灸可调节大脑皮层，活血通络，填髓充脑，从而改善大脑海马回，促进新的神经细胞产生，而代偿病变细胞。当然有待于
机理研究。头皮针治疗痴呆是一个新的病种 ，可以大量观察病例，痴呆是一个西医难以治疗的疾病，针灸头皮针会是一个安全有效，无副作用的新疗法，会给痴呆病人带来福音。

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An FSN Treatment of Parkinson’s Disease - A Case Study

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Abstract:

This paper describes the application of FSN acupuncture treatment on a 57-year-old woman who had a diagnosis of Parkinson’s Disease. The treatment was weekly, and resulted in a significant reduction in the patient’s tremor from the outset and which continued to improve in subsequent treatments. After four weeks the tremor was negligible, and this progress has been maintained since.

Keywords: FSN, Acupuncture, Parkinson’s Disease

Introduction:

Parkinson’s Disease is a progressive degenerative disorder of the nervous system which affects the motor system. Advanced stages can be associated with dementia. The causes of Parkinson’s are not clear but appear to involve both genetic and environmental factors, with a pathology of cell death in the brain’s basal ganglia.

FSN (Fu’s Subcutaneous Needling) acupuncture, also known as Floating Needle acupuncture is an innovation in treatment which does not follow TCM theory (Xiao et al., 2013), and therefore TCM pattern diagnosis is unnecessary, although FSN does not preclude adding TCM treatment as well. The range of use of the technique has expanded (Zhong and Zhang, 2015), as well as research into possible mechanisms of operation.(Fu et al., 2007).

Acupuncture has been applied extensively in Parkinson’s treatments (Zeng et al., 2013), however a review of English language literature did not produce any studies of the application of FSN acupuncture on Parkinson’s. This paper is being put forward in the hope of partly filling this gap.

History of Illness and Symptoms:

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Patient: The patient was a 57-year-old woman, who described herself as being in good health. Her history included hysterectomy 9 years previously, and for the last 5 years she has had a problem with bladder urgency. Since her tremor involved her left arm it may be significant that her left elbow was dislocated when she was 10 years-old. Also, her bladder problem significantly worsened, and her tremor began after a very stressful time within her family a few years before.

Symptoms: She had a tremor in her left hand and forearm, which had gradually worsened over the last two to three years. She was diagnosed with Parkinson's in the summer of 2017. She said the tremor became worse with stress and also if she were cold. She was not aware of the tremor when sleeping, but it was very active upon waking. To an extent at least she said that she could control the tremor with concentration, however if she was involved in other tasks, for example at her work, the tremor occurred. At times she would have to sit on her hand to restrict the tremor so she could manage her work. At the time of the initial diagnosis her tremor occurred at 3 to four movements per second.

Medical Treatment: She was on pramipexole, slow release at 0.52 mg daily for the duration of this study. She was on no other medication.

TCM Signs:

Pulses: all deep, Lung/Large Intestine very weak (Qi deficiency)

Tongue: red, teeth marked, a deviation toward the left (heat, damp and wind)

A Brief Introduction to FSN

FSN is new development in Chinese Medicine. FSN is similar, for instance to Five Element Acupuncture, in that FSN Acupuncture does not require a TCM pattern diagnosis. It was invented by Dr Zhong-hua Fu in 1996 in Nanjing. FSN involves a modified acupuncture needle which is manipulated to stimulate areas near trigger points or near tightened muscles and has been effective in treating musculoskeletal conditions and other conditions. The FSN needle only inserts into the subcutaneous layers this technique is almost pain free, and very safe. It has been found that it can produce incredible pain relieving effects. For some acute pain conditions, such as muscular and ligaments strains, tennis elbow, or acute back pain the pain relief can be almost instantaneous. ("Subcutaneous Needling," n.d.)

To begin an FSN treatment the practitioner palpitates for tightened muscles related to the particular problem. An insertion point is selected outside of the tightened area and after insertion of the needle into the subcutaneous layer the needle is then manipulated with a sweeping technique referred to as a swaying movement. It has been found that the technique works best when the tight muscle is moved during the swaying movement and this is referred to as reperfusion, and especially if some resistance to the movement is provided by the practitioner. Reperfusion is complete when the targeted muscle is relaxed.

The specialised FSN needle is made up of a metal section contained within a separate plastic casing, the cannula. At the end of a session, the metal part of the FSN needle is removed, but the plastic cannula can be retained to continue stimulating the affected area. The cannula is usually retained for 2-24 hours and is safely secured in position by a suitable plaster. The cannula should not be uncomfortable, and the patient should carry out normal day to day tasks. The mechanism of operation of FSN is being researched. At present there is some evidence that the mechanism involves the fascia layers (Fu et al., 2007), and the recent discover of the interstitum is now coming under consideration (Benias et al., 2018).

Treatment and Outcomes:

First Treatment:

Upon examination, tightness in the patient's left trapezius and left supraspinatus muscles were evident and also in the flexors of her left forearm. Three insertions were performed, each with reperfusion with resistance to movement of the tight muscles. When the muscle felt relaxed, treatment moved on to subsequent insertions. The casing was retained in the second and third insertions, to be removed by the patient the next day.

Insertion 1: On the distal end of the trapezius, level with Bladder 16. The needle was pointed upward toward the supraspinatus muscle.
Insertion 2: On the medial end of the supraspinatus muscle with the needle pointed laterally. The casing was retained.
Insertion 3: On the flexors of the left forearm, proximal to Large Intestine 8. The casing was retained.

Additional Needling: To relax the patient the Four Gates and Yintang were needled with even technique, and to tonify her Qi Kidney 3 and Lung 9 were tonified.

Second Treatment:

The patient's condition had improved. She said that her arm moved more naturally when walking, and for the first time she had no tremor when she awoke. This lasted for 2 -3 days and then the tremor returned. She also reported that her bladder urgency had improved.

Insertion Selections:

Two insertions were performed as in treatment 1, on the trapezius and on the supraspinatus muscles. The flexors were not needled because they did not feel tight. The casing was retained on the supraspinatus.

An additional insertion was performed on her lower left abdomen to investigate any effect on her bladder urgency. The casing was retained.

The Four Gates and Yintang were also needled evenly, and Kidney 3 was tonified.

Third Treatment:

The patient did not have a good week. Her tremor had become worse and her bladder, although improved initially, got worse again.

Since the flexors were not needled in the previous session, they were needled to see if needling would have an effect.

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Insertion 1: As before, on the supraspinatus. The casing was retained.
Insertion 2: On the flexors on the left forearm. The casing was retained.
Insertion 3: On her left abdomen as before. The casing was retained.

Additional Needling: As previously: Four Gates, Yintang, even; tonify Kidney 3.

At the end of the session additional reperfusion was performed on the supraspinatus.

Fourth Treatment:

The patient reported that her tremor was very much improved, even given a week of stressful situations at her work. Her bladder was initially poor, but improved.

This treatment was a repeat of her previous, her third treatment, including additional reperfusion at the end of the session. Her abdomen, however, was not needled.

Fifth Treatment:

The patient reported that her tremor was infrequent and slight, and did not worsen even when stressed or tired. Her bladder function had also improved. She had no obvious tremor when she arrived for treatment. It was notable that when a knot on her left supraspinatus was pressed, the tremor was activated. It stopped when there was no pressure applied to the knot. I also noted that there was no deviation of her tongue, as was observed when she first came for treatment.

Her previous treatment was repeated.

Sixth Treatment:
As per the previous treatment. Her progress was maintained over a three-week interval between the fifth and sixth treatment.

Discussion:

FSN or Floating Needle acupuncture has been practiced in China for over 20 years although in the UK it is new and practised little outside of the Mandarin speaking community. I received my initial training in this new technique through two CPD events, in 2016 and in 2017, organised by the Association of Traditional Chinese Medicine and Acupuncture, UK., and also through clinical experience one on one with Dr, Jidong Wu, from Cambridge Chinese Medicine, who was also the trainer for the CPD events. The application of FSN has been evolving and the range of conditions successfully treated is expanding dynamically. As well, a lot of research has been undertaken to understand better its mechanism of operation.

When the patient initially came for treatment, I was very uncertain that she could be helped. We discussed my concerns, and we proceeded on the understanding that the best we could do was to apply the treatment and evaluate the outcomes. I also contacted Dr Jidong Wu, who advised that a lot of reperfusion was important for success.

The supraspinatus muscle was a major focus throughout the treatments, and was indicated by recurring tightness found there. The flexors are a puzzle because after the first treatment there were no indications for an insertion, namely tight muscles or trigger points. When the flexors were not needled however, the patient did not have a satisfactory result, so needling in this area was continued in subsequent sessions.

Although there didn't appear to be any tightness in the flexors, I included an insertion in the treatments owing to both patient perception that they were necessary, and also that their omission during one session led to an unsatisfactory outcome. More experience is necessary to investigate the role of the flexors under similar circumstances.

Based upon Dr Wu's advice concerning the importance of reperfusion, I performed reperfusion at the beginning, as usual, and also at the end of the session just before the metal section of the needle was removed from the casing. This may have been important for the treatment's success. At the end of each session the supraspinatus did not feel tight. Empirically a least, the relaxation of the supraspinatus and the flexors coincided with a noticeable reduction in the patient's tremor. After the third session this progress was maintained.

The success of the treatment will be assessed over time, but for now the patient has experienced much relief and is feeling very positive about the future. She is still on her medication, but at least she is able to live without an intrusive tremor.

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Case Review of a Patient with Chronic Facial Pain

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A 52-year-old woman, S.W., currently living with her partner and waitressing at the army barracks, was referred by her G.P. to the acupuncture clinic. Her initial session of consultation and acupuncture treatment took place on 31/08/2017.

Main complaint: chronic pain on the right side of her face that she had been experiencing for two years, after an upper premolar was removed.

Presented condition: The pain was more specifically located from the bridge of the nose, running diagonally toward the superior mandibular on the right side of the face, the length was approximately 4cm with a width of 2cm. Pain was described as sharp and stabbing in a fixed location, with consistent bouts of pain experienced both day and night, roughly 7/8 times per day, the pain was evaluated on the numerical rating scale (NRS), which she described as a 10/10 (the worst pain imaginable).

The pain was triggered by any type of pressure or touch, which severely disturbed her sleep, making sleeping on her right-hand side impossible, and she reported only being able to sleep four continuous hours a night, during the day the pain was exacerbated by sneezing, itching, touching and certain movements when her head was lowered below her hips. Therefore, her energy levels were lowered and after the prolonged period of which she had felt pain, her frustration levels were aggravated and quality of life (QoL) impeded.

Western diagnosis: After having a computed tomography scan (CT scan) and a nasal examination, the findings were inconclusive, leading to the diagnosis of "unexplained facial pain", however, the symptoms presented very much like the idiopathic disorder, trigeminal neuralgia (TN). S.W. was prescribed pain medication and anti-inflammatories, that had a mild beneficial effect, however, the disorder was far from controlled. Due to either the tolerance of the drugs or desperation to address her condition, as well as, acupunctures analgesic efficacy to treat several chronic pain disorders (Zhu et al., 2017), her doctor referred her for acupuncture.

Medical history: S.W. medical history revealed the removal of two teeth, the upper premolar in 2015 and a wisdom tooth on the left-hand side 2 weeks prior to her first acupuncture appointment. Additionally, her right ankle was operated on in 2002, following a car accident. Other clinical findings were migraines onset at the age of 16, which S.W. described were linked with her menstrual cycle, usually beginning three days before a period and again after, generally coming three times a month and lasting several days, the migraines were with aura, nausea, vomiting and photophobia, with a tendency to being on the right side of the head. Additionally, feeling hot flushes occasionally in the day, with sweating and a dry mouth.

TCM diagnosis: On her first clinical visit the tongue was diagnosed as having a red tip and thin white coat, whereas the pulse on both sides were deep and weak, the worst of which was at the *chi* (rear) positions. The traditional Chinese medical (TCM) syndrome pattern differentiation was Heat in the Stomach (ST) and the Large Intestine (LI), Spleen (SP) *Qi xu* (deficiency) and *Qi* and Blood stagnation. Therefore, treatment principles were to clear heat from the ST and LI, tonify the SP, activate the channels and local analgesia.

The treatment plan: Acupuncture was initiated without making changes to her medication regime. Treatment plan was suggested for a minimum of once a week for the first four weeks, then once every two weeks for two months, and further maintenance treatments for two months. Needle retention time of 30-45 minutes.

Reducing methods were used for clearing heat. Toning methods were applied for channel activation and SP tonification. Local needles were not manipulated, with no attempt to elicit *de qi* sensation.

Initial treatment (31/8/2017):

- Clear Heat – LI-4, LI-11, ST-44
- Tone SP – ST-36, SP-6
- Channel activation – GB-34, LR-3
- Local – LI-20, Bi Tong, ST-2, ST-7, Yin Tang

Lifestyle advice: S.W. was encouraged not to exacerbate inflammation.

Analysis: When analysing her case, two practitioners of varying experience, agreed that the symptoms presented were very likely trigeminal neuralgia (TN), which is a neuropathic pain condition, characterised by severe chronic transitory, paroxysmal, lacerating pain with electric shock-like qualities, located in an acute area in the soft tissue along one or more of the trigeminal nerve branches (Filshie, White and Cummings, 2016, p. 645), TN attacks are usually caused by tactile irritation within the trigeminal nerve region (Sert et al., 2009), such as the premolar tooth removed. The condition is idiopathic in nature, which makes diagnosis exclusionary and challenging. Often conventional treatment includes three months of anti-epileptic drugs with varying efficacy, however, in some cases surgery is recommended, both medication and surgery can have associated complications (Zakrzewska and Coakham 2012). Acupuncture is considered an option for treatment, either as a standalone

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or in conjunction with medical treatment (Rosted, 2004).

Chinese categorized TN as *mian tong / tou tong / tou feng,* with many other possible pattern differentiations. The three major aetiologies could be considered Wind-Cold Invasion, LR/ST Fire and Yin Deficiency with empty fire arising (Zhu et al., 2017; Flaws and Sionneau, p.509).

Common points for facial neuralgia, include but are not limited to, SJ-17,21; GB-2; SI-18; ST-2,3,7; DU-26 and LI-20. Whereas distal points could be SJ-5; LI-4,11; ST-36,44; and LR-3 (Sert et al., 2009).

Second consultation feedback (7/9/2017): Facial pain intensity had decreased by 10 %, frequency very similar, potentially one less bout per day. Sleep was described as average. The tongue was red and dry with a thin white coating, the pulse was still deep and weak at the *chi* positions with an overall quality being soft/soggy.

Treatment:

- Clear heat - LI-4, LI-11, ST-44
- Tone SP – ST-36, SP-6
- Channel activation – GB-34, LR-3
- Local – LI-20, Bi Tong, ST-2, ST-7, Yin Tang (additional point SI-18)

Third consultation (21/9/2017): S.W. missed one consultation to a scheduling conflict, she reported her NRS pain level was now only 4/10, with the frequency going down to only twice a day, her sleep had improved significantly which accounted for the rise in her energy levels, now 7/10 and improvement in overall mood. However, still getting hot flushes, sweating and a dry mouth. She had a calf strain from a cycle incident.

Treatment:

- Clear heat - LI-4, LI-11, ST-44
- Tone SP – ST-36, SP-6
- Channel activation – GB-34, LR-3
- Local – LI-20, Bi Tong, ST-2, ST-7, Yin Tang, SI-18
- *A shi* points (x 2) used on the lateral aspect of the calf

Fourth consultation (28/9/2018): Tongue body was pink with a thin white tongue coat, pulse still deep and weak. Pain continued to dissipate after last treatment, however, a familial trauma had spiked her stress levels, which brought back the pain in her cheek, which was maintained at a 2 / day frequency and milder intensity. Energy and sleep still showing improvement.

Treatment: Same as last treatment, without *A shi* points on the calf and adding DU-24 and GB-14.

Following consultations: The pain continued to improve into October and November, with some premenstrual signs, however, the major complaint (TN), the area of pain had drastically improved, now sleeping on either side without discomfort, the frequency was two minor spells in the day, particularly in the morning, she had come off all anti-inflammatories of her own accord and was on less than a third of the painkillers. Energy levels and overall mood improved to high levels.

Conclusion: In this case, clinical observation showed acupunctures efficacy at treating this "unexplained facial pain", which was considered by the TCM practitioners as TN. The patient had improvements of sleep, energy and mood, with dramatic advancements to pain relief and overall QoL. Thus, we found acupuncture to be a quality complimentary intervention in the treatment of chronic facial pain / TN symptoms, with no adverse effects, where the patient was resistant to conventional treatment alone.

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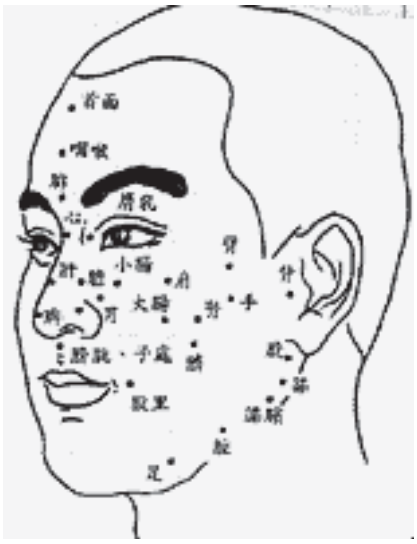

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