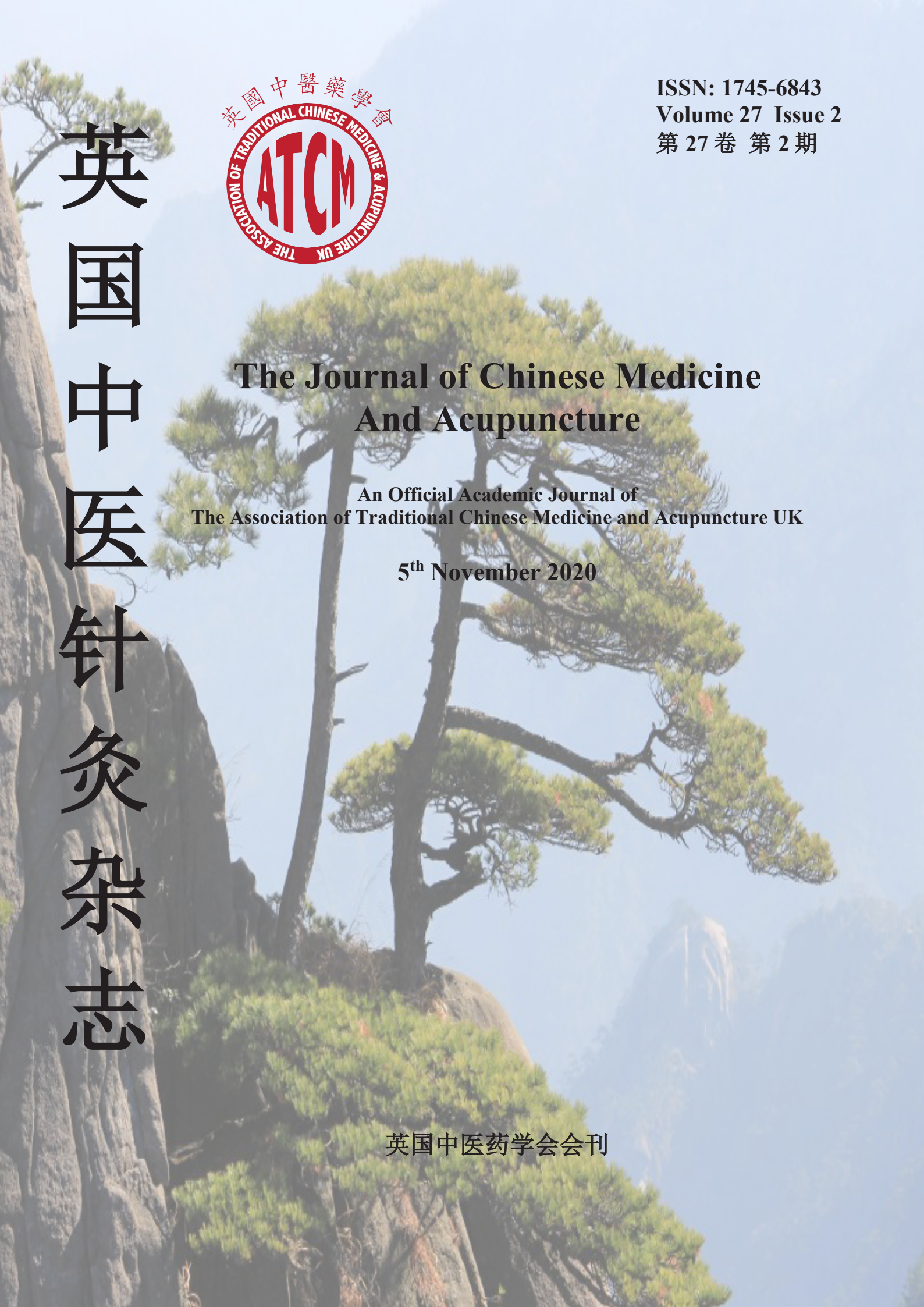

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我对新冠肺炎的认识和临床体会

刘斌 Newcastle, UK

新冠病毒蔓延，正在席卷全球，几乎人人谈之色变。由于各国目前仍没有研制出预防该病毒的疫苗，也没有研发出针对该病毒的治疗性药物，加上应对措施失当，导致该病的高死亡率。

本病在中国流行期间，最初试用抗艾滋病毒的药物克力芝无效之后，人们又尝试使用了抗疟疾药磷酸氯喹，作为能够杀灭人体内原虫和吸虫的磷酸氯喹，有相当多的毒副作用。近期国内人发现，大环内酯类广谱抗生素可利霉素具有较好的抗冠状病毒作用。但由于该药临床应用时间过短，毒副作用不得而知。最近也有人声称，美国弗拉基米尔.泽伦科博士用硫酸羟氯喹片，阿奇霉素片和硫酸锌片治疗新冠肺炎 699 例，效果绝佳。只是网传，未能证实。也有人说已经证实硫酸羟氯喹对新冠病毒无效。总之，西医治疗还在探索中。

由致病微生物感染引起的病症，选择有效的抗感染药物进行对抗性治疗，大多数人认为是天经地义的，却忽略了中医中药对病毒感染性疾病治疗的特殊效果。很多中医同道在“怎样对抗病毒”思路的引导下，也放弃了手中最优良的武器，裹足不前。在这里，我只想用自己的行动，唤起所有的中医同道，在人类生命面临重大危机的时候，拿起自己的武器，携起手来，共同投入战斗。由于中医药还没有被英国主流医学所接受，和英国的病原学检测不普及，我们接触到很少的确诊病人，多数为疑似病人。

我是一名中医临床医生，有着多年的治疗外感发热，病毒性肺炎和肺纤维化的临床经验，只想用自己的临证心得抛砖引玉，让同道们得以启发，提高我们对抗瘟疫的整体能力。

1、关于本病的命名

根据国内外临床报道来看，Covid 19 新冠病毒感染人体后，并不是只有肺炎一种病理反应。尽管报道说症状大多出现的是咽喉不适，低热干咳，胸闷气促，高热不降，呼吸衰竭等等，临床表现却不限于此。有的感染后没有任何表现；有的表现为头痛，甚至成为脑炎；有的就像花粉症，打喷嚏，流鼻涕，嗅觉减退或消失；有的表现为咽颊炎、扁桃体炎；有的像胃肠型感冒，出现厌食或者吐泻，或味觉减退甚至消失；有的像极了《伤寒论》中描述的“伤寒”等等。由于临床表现的多样化，我觉得称之为 Covid 19 新冠病毒感染及感染性疾病更为确切。

2、我对病因病机的认识

我认为本病的病因病机，应该以外部环境结合机体反应来认定。这次瘟疫的首例患者发现于 2019 年 12 月 8 日中国境内。患者因咳嗽、发烧到医院就诊，经胸片检查，医院怀疑是特殊肺炎，最后经核酸检查，查出新冠病毒被确诊。由于本病始于大雪后和冬至前，属于深冬，其性质当属于寒疫。从后来的临床报道来看，发病后，根据患者体质的不同，病机会出现热化、寒化和湿化等不同的传变。

寒化者，就像《伤寒论》里对伤寒定义的那样：太阳病，或已发热，或未发热，必恶寒，体痛，呕逆，脉阴阳俱紧者，名为伤寒。期间有些轻症类似伤风感冒，也有的出现嗅觉减退或消失。

热化者，起病很像风温流感，发热，咽痛、咳嗽，或兼头疼身痛，进而影响于肺，成为典型的新冠肺炎。

湿化者，往往以消化道症状为主，大多有身重无力，不思饮食，味觉减退或消失，呕恶吐泻，其中更以腹泻为多见。

3、临床特点

1）病原体，传播途径和易感人群

毫无疑问，Covid 19 新冠病毒就是本病的病原体。关于传播途径，大家已经耳熟能详，无需赘述。
由于人体对该病毒没有免疫性，所有的人都可能成为感染对象，尚无例外。

2）早期临床症状演变（标准型）

根据国内抗疫总结，结合本人临床对疑似病例的观察，一旦感染后，本病典型的演变过程大致如下：

第 1 至 3 天：症状类似伤风，轻微喉咙痛或不适，没有发烧或有低烧体温 37.1 - 37.3°C，精神、体力和食欲均感正常。

第 4 天：轻微喉咙痛，或伴有干咳，身体略感乏力，或轻微声音沙哑，体温大致同前，也有的开始出现中高热，食欲减退，常伴轻微头痛或拉肚子或有轻度消化不良。

第 5 天： 咽喉疼痛，干咳无痰，声音嘶哑，身体虚弱，或关节疼痛，体温 37.5 左右或持续中高热。

第 6 天：体温同前，仍干咳无痰，进食、吞咽或说话时会喉咙痛，疲倦乏力，呼吸困难，呕恶吐泻，有的出现手指痛或轻微抽筋。

第 7 天：持续发热，体温达于 38 - 39°C，也有低热或始终不发热的。咳嗽加重，痰稠难咯，乏力或伴有头痛，呕吐、腹泻进一步加重。

第 8 天： 发烧同前，咳嗽同前但频率增多，或出现呼吸困难，呼吸时胸部有沉重感，头痛乏力，虚弱。

第 9 天：症状持续性加重，高热可达 39°C 以上，咳嗽加剧，连续性呛咳，气短气促，呼吸困难，自觉无法将气吸入肺深部。

3）临床表现的多样化

据报道和临床观察发现，Covid 19 新冠病毒感染后，临床表现从无症状到不同系统的症状反应而不尽相同。除此之外，更有一个奇特的现象，病毒一旦感染人体出

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现症状后，能够诱发和加重原有的慢性病症，甚至成为致死的原因。这也是老年人病死率高的原因所在。

4、预防机理与用药

早期在本病刚在英国出现的时候，不少同胞拿着不同配伍的药方取药，试图预防 Covid 19 新冠病毒的感染。其实这样做的结果是，只有少数人可能得到帮助，大多数人丝毫不起作用，还有一部分人适得其反。人们都知道，该病毒是一种新型的过去从未接触过的病原体，目前还没有对抗该病毒的针对性药物，中药怎么就能预防该病毒的感染了呢？

本人认为，中药的作用应该不是针对病毒，让人体免除病毒的感染。中药只是作用于人体的本身，能令人体达到最佳平衡状态，减轻病毒感染后的反应和伤害。一般来讲，每一个人的身体，由于受到各方面因素的影响，都会处于不同的强弱盛衰失衡状态。由于每一个人身体失衡的方面和程度不同，所以不同体质的人，不可能用相同的药物令身体恢复平衡。由此可见，不同体质对预防用药的要求必然不同。最好的预防方药，必须根据个体的不同，量体裁衣，实施辩证用药的个体化，方能使机体达到最佳平衡。由于大疫当前，药源紧缺，我曾向同胞们推荐选用茶饮剂预防的方法，并为几种不同体质拟定了些茶饮方作为参考：

1）普通体质
藿香 5 克、荆芥 5 克、防风 5 克、紫苏叶 5 克、白茅根 10 克、板蓝根 5 克、生甘草 5 克、生姜 3 片，大枣 3 枚
2）气虚体质
黄芪 10 克、防风 5 克、白术 5 克、板蓝根 5 克、荆芥 5 克、生甘草 3 克、生姜 3 片，大枣 3 枚
3）湿盛体质
藿香 5 克 、佩兰 5 克、苍白术各 3 克、板蓝根 5 克、茯苓 6 克、生薏苡仁 10 克、车前草 5 克、生姜 3 片、大枣 3 枚
4）阳虚体质
桂枝 5 克、白芍 5 克、黄芪 5 克、牛蒡子 5 克、防风 5 克、细辛 1 克、白术 3 克、紫苏叶 5 克、干姜 3 克、甘草 5 克、大枣 3 枚
5）热盛体质
金银花 5 克、连翘 5 克、黄芩 5 克、忍冬藤 5 克、大青叶 5 克、芦根 5 克、桔梗 3 克、板蓝根 5 克、甘草 5 克
6）阴虚内热
沙参 10 克、麦冬 10 克、玉竹 5 克、玄参 10 克、知母 5 克、板蓝根 5 克、桔梗 3 克
7）血虚内热
当归 5 克、黄芪 5 克、白芍 5 克、生地 10 克、忍冬藤 5 克、芦根 5 克、防风 5 克、大青叶 5 克
8）表虚内热
黄芪 10 克、防风 5 克、白术 5 克、连翘 5 克、板蓝根 5 克、芦根 5 克、忍冬藤 5 克

5、中医治疗的原理

众所周知，致病微生物大到吸虫、原虫，小到病毒有很多种，只有病毒进入人体后能侵入人体细胞内，由于细胞膜的屏障作用，一般中西药物都无法进入细胞内，当然也无法将病毒直接杀灭。然而，中药对于各种病毒感染性疾病的治疗并不是直接杀灭病毒，却仍能够非常有效地治疗各种病毒感染性疾病，包括 Covid 19 感染引起的病症。本人认为中医治疗本病的原理应该是：
1）减轻和消除病毒感染人体后对人体的刺激；
2）缓解和解除病毒感染引起的症状反应；
3）修复病毒感染给机体造成的病理性损伤；
4）改变内环境，平衡机体，抑制病毒的复制；
5）保护机体顺利度过无免疫期，以达痊愈。

6、治疗与用药要领

本人认为，防微杜渐，早期发现，早期治疗是治疗本病的关键。如果能在早期发现后，及时给于正确的治疗，一般不会对人体形成致命性伤害。

众所周知，本病一旦进入了严重期之后，治疗难度呈几何倍数增加，几乎生死难料。可是很多国家采取轻症自行隔离，不予治疗，等病情恶化后再住院抢救，不明白早期发现后不予治疗的自行隔离是取死之道，在不知不觉中跳进了一个生死怪圈。

根据临床观察，本病一旦出现症状，传变迅速的特点，中药治疗最好首选汤剂，并且只配当天的药，煎煮两遍，混合后分三次服用。根据病情之变化，随时调整方案和用药。一旦重症被控制，病情转轻或相对稳定后，恢复期可以使用浓缩粉剂和中成药治疗。当然，发病初期症状不严重时，也可用浓缩粉剂和中成药治疗。

7、早期治疗用药

早期治疗比较简单，无需任何特殊药物，只要根据病症表现，辨证立法，依法选方用药就可以了。举例如下：
1）头疼身痛，鼻塞流涕，无发热或伴有低热，或有轻咳者，类似风寒外感，荆防败毒饮加味。
2）头昏鼻塞，流清涕，打喷嚏，类似伤风，或伴嗅觉减退，川芎茶调散加味。
3）身重体倦，呕恶恶寒，不思饮食，或有腹泻，类似胃肠型感冒，或伴有味觉减退或消失，藿香正气散合平胃散加味。
4）咽痛不适，干咳无痰，无全身症状，类似咽峡炎，麻杏石甘汤合止嗽散加减。

5）素有痼疾，突发并加重，伴有低热和咽喉不适，连花清瘟胶囊合治疗旧病之方药。

8、兼症变症

1）风寒感冒型 发热身痛，头痛乏力，鼻塞流涕，咽喉不适，干咳少痰，舌质淡红，舌苔白或白腻。治疗可选用荆防败毒饮加枇杷叶，紫菀，细辛。

2）扁桃体炎伴颈部淋巴结肿大 发热咽痛，或咳嗽或不咳嗽，咽峡部明显充血，扁桃体肿大，或伴有颈部淋巴结肿大，舌质红，舌苔黄或白而乏津。可选用银翘散合普济消毒饮化裁。

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3）霍乱样表现 或发热或未发热，恶心呕吐，腹泻频繁，乏力体倦，不思纳食，舌质淡，舌苔白腻或黄腻。可选用藿香正气散临证加减。

4）病毒性肠炎样表现 泄泻频繁，多呈黄水样便，或腹痛或痛不太明显，舌质淡或有齿痕，舌苔白或白腻。可用参苓白术散加炮姜，藿香，葛根，肉豆蔻，诃子，车前草。

9、对重症的治疗

1）高热不退 病人呈稽留热，各种退烧药物作用不明显，常伴有口渴喜饮，但无汗出，或伴关节肌肉酸痛。舌质红而苔厚，或舌淡红苔薄而少津。当解表清里，可以下方为基础，随证加味：麻黄 桂枝 杏仁 葛根 生石膏 知母 柴胡 黄芩 玄参 牡丹皮 淡竹叶 生甘草。生姜为引。

2）干咳不已 此证有寒化和热化之分。

寒化：咽痒干咳，口不渴，无发热或有低热无汗，体倦畏寒，舌质淡红，舌苔白或白腻。方用射干麻黄汤加味：
射干 麻黄 桂枝 五味子 细辛 紫菀 款冬花 桔梗 半夏 前胡 杏仁 荆芥 防风 炙甘草。姜枣为引。
热化：咽干咽痛，干咳少痰，中低热，体倦乏力，食欲减退，或有时汗出，或大便干，小便黄，舌质红，舌苔黄或黄腻。方用麻杏石甘汤合定喘汤加味：
麻黄 杏仁 生石膏 黄芩 白果 半夏 款冬花 桑白皮 鱼腥草 桔梗 紫菀 百部 白僵蚕 五味子 细辛 生甘草。

3）呛咳喘息 呛咳不已，气短气喘，常伴有中高热，乏力虚弱，不思纳食，便秘溲赤，舌质红，舌苔黄腻或黄厚腻。方用麻杏石甘汤，三子养亲汤合定喘汤加减：麻黄 杏仁 生石膏 苏子 莱菔子 白果 鱼腥草 半夏 橘红 百部 白僵蚕 桑白皮 紫菀 桔梗 枇杷叶 茜草 细辛 生甘草。

4）肺纤维化 干咳气急，短气喘息，胸背钝痛，自觉吸气受阻，虚弱乏力，舌质暗，舌苔厚腻或黄厚腻。方用苏子降气汤加味：苏子 当归 半夏 橘红 前胡 桂枝 厚朴 桔梗 桃杏仁 紫菀 款冬花 地龙 白僵蚕 茜草 黄芩 细辛 甘草。姜枣为引。

若伴高热不退，舌质红绛，苔薄白少而乏津，则用麻杏石甘汤加味：麻黄 杏仁 生石膏 黄芩 生地 玄参 牡丹皮 淡竹叶 半夏 桔梗 厚朴 枇杷叶 紫菀 鱼腥草 茜草 白僵蚕 地龙 甘草。

10、不同作用的平喘药

根据多年临床观察发现，不少中草药都有平喘作用，但作用部位和作用机理不尽相同。例如：

1）麻黄 抗过敏，缓解支气管平滑肌痉挛，同时有透表宣通肺气的作用。

2）射干 射干主要作用于咽喉以下的气管上段，缓解痉挛，疏通气道。

3）百部 百部能清肺热，抗炎，减轻炎症对肺部的刺激。

4）鱼腥草 鱼腥草能够对抗肺部炎性反应，尤其适用于病毒性肺炎。

5）白果 白果能够收敛肺气，与麻黄合用，一散一收，起到改善呼吸功能的效果。

6）杏仁 降气平喘，调理气机，兼以润肠通便。

7）厚朴 降气除满，与杏仁合用能增强降气平喘效果。

8）当归 解痉平喘，增强免疫，抗肺纤维化。

9）茜草 清肺祛痰，止咳平喘，抗肺纤维化。

10）地龙 缓解气管平滑肌痉挛，抗过敏，抗凝，抗纤维化。

11）白僵蚕 解痉止咳，抗凝，抗纤维化。

【病案举例】

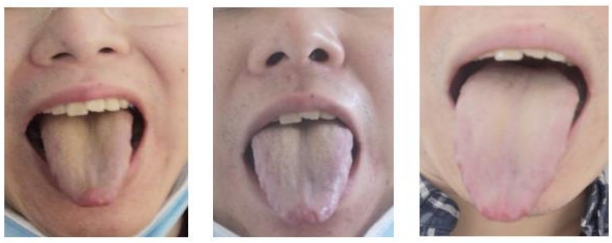
1. 刘 XX，男，43 岁，哈德斯菲尔德大学教授。病案号 L1806691。以“发热 8 天，持续高热 5 天，伴干咳，胸闷气短，呼吸困难”为主诉于 2020.03.29 日网上就诊。患者 2020.03.22 日突发低热伴咽喉不适，有时干咳无痰。（核酸测试阳性），初诊时医院令其在家自行隔离。第 5 日出现高热，体温 38.2-39.3°C，经其他中医治疗 2 日未见效果，患者开始到处寻求莲花清瘟片，但找到后未敢服用。两日后病情进一步恶化，患者高热不退，憎寒，口渴喜饮，干咳少痰，痰中带血丝，胸闷气急，不能深吸气，神疲虚弱，纳差腹胀，便秘溲赤。舌质红，舌苔黄厚腻。证系内外皆实，拟方如下：

麻黄 10 桂枝 6 杏仁 10 葛根 30 生石膏 30 知母 10 柴胡 10 黄芩 10 玄参 30 丹皮 10 淡竹叶 6 茜草 15 鱼腥草 30 厚朴 6 枳实 10 生大黄 10 生甘草 6。 1 剂，水煎服。

次日复诊，体温 37.3°C，大便已通，仍干咳少痰，胸闷气急，呼吸短促。舌质稍暗红，舌苔厚腻微黄。改拟方如下：
麻黄 10 杏仁 10 生石膏 30 黄芩 10 百部 10 白果 10 半夏 6 橘红 10 厚朴 6 细辛 3 五味子 9 紫菀 10 款冬花 10 茜草 10 鱼腥草 30 地龙 10 白僵蚕 6 生甘草 6。1 剂，水煎服。

患者服药后次日晨起，已能够深吸气，感觉能把空气吸入肺中。其他症状也明显改善。治疗 7 天，诸症基本消失。

患者的舌像变化



3.29.治疗第 1 天 3.30.治疗第 2 天 3.31.治疗第 3 天

2. 洪 XX，女，38 岁，上述病例刘 XX 之妻。病案号

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H1806692。在刘志强发病的第 3 天 2020 年 3 月 24 日始出现低热干咳，3.28 日体温增高，体温 38.3-39.5°C，自行服用扑热息痛无效，高热持续不降在见其丈夫治疗第 3 日病情明显好转后恳求救治。体温 39.5°C，伴干咳无痰，胸部刺痛，口干口渴，大便如常，小便短赤。舌质红绛，苔少而干。证系热毒蕴肺且深入营分。拟方如下：

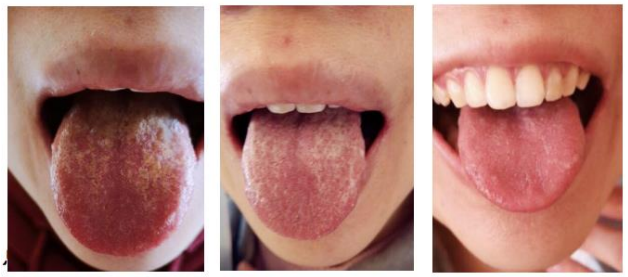
麻黄 10 杏仁 10 生石膏 30 知母 10 黄芩 10 玄参 30 生地 15 栀子 10 丹皮 10 麦冬 10 金银花 20 连翘 10 淡竹叶 6 鱼腥草 30 茜草 15 生甘草 6。1 剂，水煎服。

用药后第 2 日晨，T37.1°C，胸痛减轻，仍干咳明显，舌质颜色变淡。改拟处方：

麻黄 10 杏仁 10 生石膏 30 黄芩 10 桑白皮 10 地骨皮 10 射干 10 桔梗 6 枇杷叶 10 紫菀 10 百部 10 鱼腥草 30 茜草 10 地龙 10 白僵蚕 6 细辛 1 五味子 9 生甘草 6。 1 剂，水煎服。

次日体温 36.9°C，咳嗽胸痛减轻，大便稀溏，小便黄，舌质微红，舌苔薄微黄。改服莲花清瘟胶囊合藿香正气片。又 3 日后体温恢复正常，症状消失。

患者的舌像变化



3.31 治疗第 1 天　4.1.治疗第 2 天　4.2.治疗第 3 天

总　结

新冠病毒感染性疾病正在肆虐全球，如果能够早期发现早期治疗，中医中药具有较好的效果。中医治疗本病，不要受西医诊断影响，要以中医辨证为根本，辩证立法，依法统方。本人把自己多年来治疗发热，肺部病毒感染和肺纤维化以及近期治疗新冠肺炎或疑似病例的临床体会分享给大家，抛砖引玉，希望每一个中医同道能够携起手来，用我们的中医药专业知识和技能，共同抗疫。我们不是伟人，也许不能拯救世界，但一定能保护我们需要保护的人。

Treating COVID-19 With Traditional Chinese Medicine

Dr Zhang Xin, The First Affiliated Hospital of Shandong University of TCM
Prof Engin Can, UK Academy of Chinese Medicine

Abstract: *Clinical studies from China have proven that the use of herbal medicine has played a significant role in the prevention and treatment of COVID-19. This article aims to introduce the six most effective herbal prescriptions in Traditional Chinese Medicine (TCM) for treating the coronavirus (COVID-19). Each formula has been described in detail including the name, source, indication, ingredients (Chinese Pinyin, English and Latin names), usage and discussion, etc. The first chief formula introduced in this article is the most popular prescription published by The National Health Commission of People's Republic of China on 3/3/2020 for the treatment and prevention of coronavirus infection and pneumonia. Subsequent formulas are modified classical herbal prescriptions as well as our herbal formulas from our own experience that are often used in the UK.*

Key words: *COVID-19, herbal formulas, ingredients, indications, usage*

Introduction

Coronavirus (COVID-19) is highly contagious with a characteristic tendency to severely affect the respiratory tract and the lung in certain individuals. TCM classifies COVID-19 as an epidemic disease termed 'Wen Yi' and considers both external and internal factors contributing to pathogenesis and development of the disease. The external factor is that the pathogen's (COVID-19) invasion of the body while the internal factor is that in some cases the immune system is too weak to fight the coronavirus infection, hence the higher fatality rates among the medically vulnerable and the elderly. Clinical studies in China have shown that some herbal medicines have a direct antiviral effect, while some herbs can improve the body's immune function. Clinical reports from Chinese hospitals have proved that traditional Chinese medicine has played a significant role in the prevention and treatment of coronavirus infections. The data released by the State Council Joint Prevention and Control Mechanism Press Conference held on February 17, 2020, showed that there were 60,107 confirmed cases of coronavirus pneumonia

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treated by Chinese herbal medicine in the country including mild, moderate, severe and critical conditions. Most patients had good results. This article may provide a new approach for the British medical and pharmaceutical communities to understand the methodology of herbal formulas. They could then carry out further laboratory research through modern pharmacological experimental studies to reveal the effective ingredients and mechanisms of action, so that in the future herbal medicine will become a complementary therapy for patients infected by COVID - 19 in the UK.

Method: The following provides detailed information on the anti-coronavirus herbal formulas. The first chief formula introduced below is the most popular prescription published by The National Health Commission of People's Republic of China on 3/3/ 2020 for the treatment and prevention of coronavirous infection and pneumonia; and the other formulas are modified classical herbal prescriptions and empirical formula that I use in the UK. Each formula will be introduced by the name, source, indication, ingredients (including Chinese Pinyin, English and Latin names), usage and will be followed by a discussion:

1. The chief herbal prescription from China:

" Qing Fei Pai Du Tang" (the Lung-clearing & Detox Decoction)

Indications: Applicable to patients with mild, moderate and severe coronavirus infection symptoms and pneumonia.

Source: [Diagnosis and Treatment Protocol for COVID](Trial Version 7),The National Health Commission of People Republic of China .①

The ingredients: 9 grams of Mahuang (Ephedra / Herba Ephedra), 6 grams of Zhi Gancao (Prepared Licorice Root/Radix Glycyrrhizae Praeparata) 9 grams of Xingren (Better Apricot Kernel /Semen Armeniacae Amarum), 15-30 grams of Sheng Shigao (Raw Gypsum/Gypsum Fibrosum), to be boiled earlier than other herbs, 9 grams of Guizhi (Cinnamon Twigs/Ramulus Cinnamomi), 9 grams of Zexie (Oriental Water Plantain Rhizome/Rhizoma Alismatis), 9 grams of Zhuling (Umbrllate Pore-fungus/ Polyporus), 9 grams of Baizhu (White Atractylodes Rhizome/Rhizoma Atractylodis Macrocephalae), 15 grams of Fuling (Poria/Poria), 16 grams of Chaihu (Bupleurum Root/Radix Bupleuri), 6 grams of Huangqin (Scutellaria Root/Radix Scutellariae), 9 grams of Jiang Banxia (Pinellia Tube prepared with ginger/Rhizoma Pinelliae),9 grams of Shengjiang (Fresh Ginger/ Rhizoma Zingiberis Recens), 9 grams of Zhiwan (Aster Root / Radix Asteris), 9 grams of Kuandonghua (Coltsfoot Flower / Flos Farfarae), 9 grams of Shegan (Belamcanda Rhizome / Rhizoma Belamcandae), 6 grams of Xixin (Asarum Herb/ Herba Asari), 12 grams of Shanyao (Chinese Yam/ Rhizoma Dioscoreae), 6 grams of Zhishi (Immature Bitter Orange /Fructus Aurantii Immaturus), 6 grams of Chenpi (Tangerine Peel/Pericarpium Citri Reticulatae), 9 grams of Huoxiang (Agastache / Herba Agastachis) .

Usage: In China, the decoction (herbal tea) is mostly acceptable: all the above herbs are to be boiled in water in a ceramic dish for about 20-30 minutes for oral use . In the UK, we mainly use concentrated granules. Each herb is 1 gram per day. Mix and dissolve all ingredients in the formula in a glass of boiling water. Take half a dose in the morning and half a dose in the evening.

For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

Usually, the symptoms are obviously relieved after taking the above formula for 3-5 days, and the symptoms disappear after two weeks. In some serious cases, it takes about 3 to 4 weeks of continuous herbal treatment to fully recover, but the formula will need to be modified according to the patient's condition at the time.

Discussion: This formula is actually a combination of four herbal formulas including " **Ma Xing Shi Gan Tang** " (Decoction of Ephedra, Apricot Kernel, Gypsum and Liquorice) ②, **"Shegan Ma Huang Tang** " (Belamcanda and Ephedra Decoction) ③, " **Xiao Chai Hu Tang** " (MInor Decoction of Bupleurum) ④and " **Wuling San "** (Powder of Five Ingredients including Poria) ⑤ from a famous Dr Zhang Zhongjing's book [On Febrile and Miscellaneous Diseases] in the Eastern Han dynasty. Clinical observations in 10 provinces of China confirm that the formula has demonstrated an effective clinical result. However, the amount of Mahuang (Ephedra / Herba Ephedra) in this prescription is 9 grams, which exceeds the British Herbal Administration's regulations that the amount of Mahuang (Ephedra / Herba Ephedra) should not exceed 600 mg each time. According to our research, the Ephedrine contained in Mahuang (Ephedra / Herba Ephedra) stimulates the sympathetic nerves and cerebral cortex, which can cause faster heart rate, high blood pressure, irritability, and even insomnia. The amount should be controlled in 3-6 grams for raw herb or 0.3-0.5grams in concentrated herbal granules; or replaced with other herbs, such as Suye (Perilla Leaf/ Folium Perillae), Jingjie (Schizonepeta/Herba Schizonepetae), Qianghuo (Notopteterygium/ Rhizoma seu Radix Notopterygii), and so on.

Our second concern is: the formula contains the ingredients of '**Wuling San'**， including 9 grams of Guizhi (Cinnamon Twigs/ Ramulus Cinnamomi), 9 grams of Zexie (Oriental Water Plantain Rhizome / Rhizoma Alismatis), 9 grams of Zhuling (Umbrellate Pore-fungus/Polyporus), 9 grams of Baizhu (White Atractylodes Rhizome/ Rhizoma Atractylodis Macrocephalae) and 15 grams of Fuling (Poria/Poria) which are diuretic . If the patient has high fever and dehydration, these herbs are not suitable for use. We may consider using the yin-increasing herbal decoction (Rehydration herbal formula) instead of the ingredients of ' **Wuling San**'

In short, we believe that using the above formula without professional advice does not meet the therapeutic principles of traditional Chinese medicine.

2. The modified classical prescriptions and my experience of formulas as used in the United Kingdom:

(1) Sang Ju Yin (Decoction of Mulberry Leaf and Chrysanthemum)

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Indication: For the prevention and treatment of early symptoms in mild cases of coronavirus infection.
Source: See the book [Prescription of Traditional Chinese Medicine] ⑥ ; this formula was originally from the book [Wenbing Tiaobian /Treatise on Differentiation & Treatments of Epidemic Diseases]Volume 1, by Dr Wu Tang who lived in 1758-1836 AC in the Qing dynasty.
Ingredients: 10 grams of Sangye (Mulberry Leaves/Folium Mori), 10 grams of Juhua (Chrysanthemums / Flos Chrysanthemi), 10 grams of Xingren (Almonds / Semen Armeniacae Amarum), 10 grams of Lianqiao (Forsythia /Fructus Forsythiae), 10 grams of Bohe (Peppermint/Herba Menthae), 10 grams of Jiegeng (Lisianthus/Radix Platycodi), 10 grams of Gancao (Licorice Root /Radix Glycyrrhizae), 10 grams of Weigen (Reed Root/Rhizoma Phragmitis) .
Usage: In China, the people are used to boiling herbs for oral use, namely producing a decoction (herbal tea); However, In the United Kingdom, we mainly use concentrated granules. Each herb is 1 gram per day. Mix and dissolve all ingredients in the formula in a glass of boiling water. Taking half a dose in the morning and half a dose in the evening, continue for 2 weeks.

For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

Additionally, some anti-virus herbs such as Chenpi (Tangerine Peel/ Pericarpium Citri Recticulatae), Mahuang (Ephedra/Herba Ephedra), Daqingye (IsatisLeaf/ Folium Isatidis) and Longdancao(Gentian Root/Radix Gentianae) may be added.

Generally speaking, the symptoms are obviously relieved after taking the above formula for 3-5 days, and the remaining symptoms disappear after two weeks.
Discussion: Previously the above formula has been prescribed for treatment of the early stage of common cold, influenza, and febrile disease with symptoms such as chills, slight fever, cough, and sore throat, thirst, etc. Today we it is being applied for prevention and treatment of mild cases with coronavirus infection.

(2) Baidu San (Detoxing Powder)
Indication: For prevention and treatment of moderate cases of coronavirus infection marked by a frail condition and weaker immune symptoms such as fatigue, shortness of breath, etc.
Source: See the book [Prescriptions of Traditional Chinese Medicine] ⑦; originally the formula was recorded in the book [Key to Therapeutics of Children's Diseases] by Dr Qian Yi in the Song Dynasty, he lived around in 1032~1113 Ac).
Ingredients: 10 grams of Chaihu (Bupleurum Root / Radix Bupleuri), 10 grams of Qianhu (Hogfennel Root/Radix Peucedaani), 10 grams of Chuanxiong (Chuanxiong Rhizome/ Rhizoma Ligustici Chuanxiong), 10 grams of Zhiqiao (Fruit of Citron/Fructus Aurantii), 10 grams of Qianghuo (Notopterygium Root/Rhizoma seu Radix Notopterygii), 10 grams of Duhuo (Pubescent Angelica Root/Radix Angelicae Pubscentis), 6 grams of Fuling (Poria/Poria), 10 grams of Jiegeng (Platycodon Root/Radix Platycodi), 10 grams of Renshen (Ginseng/Radix Ginseng). 10 grams of Gancao (Licorice Root/Radix Glycyrrhiizae).
Usage: Traditionally, all the above herbs along with Shengjiang (Fresh Ginger) and Bohe (Peppermint) are to be boiled for oral use. However, In the United Kingdom, we are mostly using concentrated granules, 1 gram per herb for daily use, mix all the ingredients in the formula and to be dissolved in boiling water in a cup, take half of it in the morning and another half in evening, continue for 2 weeks.

For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

Generally, the symptoms are obviously relieved after taking the above formula for 3-5 days, and the symptoms disappear after two weeks. In some serious cases, it takes about 3 to 6 weeks of continuous herbal treatment to fully recover, but the formula will need to be modified according to the patient's condition at the time.

Discussion: This formula is usually used to treat the common cold, influenza and febrile disease with 'Qi Insufficiency', today it is applied for coronavirus infection along with fatigue and physical weakness.

If patient has no sign of physical weakness only manifests chills, high fever, headache, body aches, cough with profuse whitish phlegm, chest tightness, we can remove Renshen (Ginseng/Radix Ginseng), Bohe (Peppermint/Herba Menthae) and Shengjiang (Fresh Ginger/Rhizoma Zingiberis Recens) from the above formula and add Jingjie (Schizonepeta/Herba Schizonepetae) and Fangfeng (Ledebouriella Root / Radix Ledebouriellae) to form another formula termed ' **Jing Fang Baidu San (Schizonepeta and Ledebouriella Detoxing Powder)**

(3) Shegan Mahuang Tang (Decoction of Belamcanda & Ephedra)

Indication: Apply for moderate and severe cases of coronavirus infection or pneumonia with severe cough, sticky and white phlegm, breathing difficulty and chest tightness.
Source: See Chaper 7 of the book [Jin Kui Yao Lue/Synopsis of the Golden Chamber] ⑧ by Dr Zhang Zhongjing in the Eastern Han dynasty who lived about 150-219 AC.
Ingredient: 9grams of Shegan (Belamcanda /Rhizoma Belamcandae), 3-6grams of Mahuang (Ephedra/Herba Ephedrae), 12grams of Shengjiang (Fresh Ginger/Rhizoma Zingiberis Recens, 3grams of Xixin (Asarum /Herba Asari), 9grams of Ziwan (Tartarian Aster Root/ Rdix Asteris), 9 grams of Kuandonghua (Coltsfoot Flower/Flos Farfarae), 12grams of Wuweizi (Schisandra Fruit/Fructus Schisandrae), 7 of Dazao (Chinese Dates /Fructus ZiziphiJujubae), 12grams of Banxia (Pinellia Tube/Rhizoma Pinelliae).

Usage: In China the decoction is widely used; while in the United Kingdom, we mainly use concentrated granules . Each herb is 1 gram per day; but the amount of Mahuang (Ephedra /Herba Ephedrae) and Xixin (Asarum /Herba Asri) should not exceed 0.3-0.5 grams. Mix and dissolve all ingredients in the formula in a glass of boiling water. Take half a dose in the morning and half a dose in the evening. Continue for 2 weeks.

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For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

Generally, the symptoms are obviously relieved after taking the above herbal medicines for 5-7 days, and the symptoms disappear after two weeks. In some serious cases, it takes about 3 to 5 weeks of continuous herbal treatment to fully recover, but the formula will need to be modified according to the patient's condition at the time.

Discussion: This formula originally was for bronchitis and asthma due to the phlegm stagnation in the throat, bronchi and the lungs manifesting as cough,breathing difficulty, wheeze or chest tightness, or spitting saliva, with white or greasy tongue coat, tight pulse . In the UK, we may use Jiegeng (Plantycodon Root / Radix Platycody) instead of Xixin (Asarum /Herba Asari). Now I prescribe this formula for coronavirus infection and pneumonia marked by severe cough, breathing difficulty, sputum sticking to throat and bronchus, chills and fever.

(4) **Zhuye Shigao Tang (Lophatherum & Gypsum Decoction)**

Indications: For later stage and recovery period of coronavirus infection manifesting as feverish body or low fever, fatigue, lassitude, dry mouth, loss of smell and taste, nausea, poor appetite, insomnia.

Source: See the book [Shang Han Lun Study Guid/ Infectious Diseases and Herbal Formulas]⑨. Originally this formula derived from the book [Shang Han Lun / Treatise on Febrile Diseases] by Dr Zhang Zhongjing in the Eastern Han dynasty who lived around 150-219 AC.

Ingredients: 9grams of Zhuye (Lophatherum/Herba Lophatheris),10 grams of Shigao (Gypsum/Gypsum Fibrosum), 9grams of Banxia (Prepared Pinellia Tube/Rhizoma Pinelliae Praeparata), 18grams of Maimendong (Ophiopogon Root/Radix Ophiopogonis), 6grams of Reshen (Ginseng/Radix Ginseng),6grams of Zhi Gancao (Prepared Licorice Root/Radix Glycyrrhizae Praeparata),9grams of Jingmi (Polished round-grained nonglutinous rice/Semen Oryzaee Nonglutinosae).

Usage: The original usage involved boiling the ingredients except Jingmi (Polished round-grained non glutinous rice/Semen Oryzaee Nonglutinosae) in 2000 ml of water to a reduction of 1200 ml; then remove the herbal dregs and add the rice into the decoction and continue boiling until the rice is well cooked to complete the decoction. Take 200 ml each time, warm, 3 times a day. In the UK I prescribe concentrated herbal granules, all the above ingredients can be used in 1 gram per herb for daily use, to be dissolved in boiling water in a cup, taken orally, half of it in morning, and another half in evening . Continue for 2 weeks.

For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

Generally, the symptoms are obviously relieved after taking the above formula for 5-7 days, and the symptoms disappear after two weeks. In some chronic cases, it takes about 3 to 5 weeks of continuous herbal treatment to fully recover, but the formula will need to be modified according to the patient's condition at the time.

Discussion: We have successfully applied this formula for the treatment of fatigue syndrome for 20 years; today we use it for later stage and recovery period of coronary infection. It is very simple but really effective.

However, If the patient still presents with alternate spells of chills and fever, chest tightness, bitter taste in the mouth, low emotion, poor appetite and dry throat, add 9 grams of Chaihu(Buleurum Root/Radix Bupleuri), 9grams of Huangqin (Scutellaria Root/ Radix Scutellariae); if loss of smell, add 1 gram of Xinyi (Magnolia Flower /Flos Magnoliae) and 1 gram of Cangerzi (Xanthium / Fructus Xanthii); if loss of taste, add 1 gram of Chenpi (Tangerine Peel/ Pericarpium Citri Recticulataee, 1 gram of Wumei (Schisandra Fruit / Fructus Schisandrae), 1 gram of Sharen (Amomum Fruit/ Fructus Amomi) and 1 gram of Shanza (Hawthorn Fruit / Fructus Crataegi).

(5) **Dr Enqin's Anti-Coronavirus Herbal Granule Mixture**

Indications: Apply for most of conditions including mild, moderate and severe cases manifesting as cough or with white or yellowish phlegm, shortness of breath, or breathing difficulty, chest tightness, low or high fever, fatigue, the nucleic acid test positive, swollen tongue with white fur, and taught and rapid pulse.
Source: It is from our own clinical experience.

Ingredients (the dosages below are for concentrated herbal granules): 1 gram of Shegan (Belamcanda /Rhizoma Belamcandae),0.3-05 grams of Mahuang (Ephedra/Herba Ephedrae), 1 gram of Ziwan (Tartarian Aster Root/ Rdix Asteris), 1 gram of Kuandonghua (Coltsfoot Flower/Flos Farfarae), 1 gram of Gualou (Trichosanthes Fruit/ Fructus Trichosanthis), 1 gram of Xiebai (Macrostem Onion /Bulbus Allii Macrostemi), 1 gram of Chaihu (Bupleurum Root / Radix Bupleuri), 1 gram of Huangqin (Scutellaria Root/Radix Scutellariae), 1 gram of Qianghuo (Notopterygium Root/Rhizoma seu Radix Notopterygii), 1 gram of Jingjie (Schizonepeta/Herba Schizonepetae), 1 gram of Fangfeng (Ledebouriella Root / Radix Ledebouriellae),1 gram of Gancao (Licorice Root/Radix Glycyrrhiizae),1 gram of Chenpi (Tangerine Peel/ Pericarpium Citri Reticulatae) .

Usage: All the above ingredients are to be mixed and dissolved in boiling water in a cup, taken orally, half in morning, and half in evening. Continue for 2weeks.

For children aged 6 to12 years old, use half of the above adult dosage; Children under 6 years, not recommended .

In most cases, the symptoms are obviously relieved after taking the above herbal formula for 3-5 days, and the symptoms disappear after 10-14 days . In some serious cases, it takes about 3 to 5 weeks of continuous herbal treatment to fully recover.

Case study: Mr XXX, male, 50 years old, a businessman, visited me on 14/03/2020 through WeChat . He said that the last 3 days, he had nasal discharge, dry cough, breathing difficulty, chest tightness, fever (38.5 degrees celsius), fatigue, insomnia, the nucleic acid test positive; swollen tongue with white fur, taught and rapid pulse. Diagnosis:

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coronavirous infection. Prescription: the above formula,'Dr Enqin's Anti-Coronavirus Herbal Granule Mixture'. Result: 3 days after taking the above formula,cough, chest tightness, breathing difficulty and fever were relieved; after 10 days,the most of symptoms disappeared. Until now there is no any symptom at all. Furthermore, the nucleic acid test is negative.

Conclusion:

Clinical observation and experience show that herbal formulas introduced in this article can effectively treat the symptoms of coronavirus (COVID-19). Each herbal formula has different function and scope of application: 'Qing Fei Pai Du Tang (the Lung-clearing & Detox Decoction)' is for the patients presenting with mild, moderate and severe conditions;'Sang Ju Yin (Decoction of Mulberry Leaf and Chrysanthemum)' is mainly for prevention and treatment of the early symptoms and mild case with coronavirus; 'Baidu San (Detoxing Powder)' is used for mild, moderate and severe cases along with fatigue and physical weakness; 'Shegan Mahuang Tang (Decoction of Belamcanda & Ephedra)' is used for moderate or severe cases along with obvious lung symptoms such as severe cough, breathing difficulty and chest tightness; 'Zhuye Shigao Tang (Lophatherum & Gypsum Decoction)' is especially for later stage and recovery period of the disease . The last one which is based on our own experience is called 'Dr Enqin's Anti-Coronavirus Herbal Granule Mixture', it can be widely used for various conditions including mild, moderate and severe cases . Clinically we must choose a right formula that is suitable for individual clinical presentation of each patient. Sometimes it is necessary to select one as a basic formula, and then add additional herbs to address complex cases based on each patient's symptoms. If the herbal formula is selected correctly, in most cases the symptoms will be relieved after taking 3-5 days, and the symptoms will disappear after 1-2 weeks of herbal treatment. In my experience, in some serious cases, it takes about 3 to 5 weeks of continuous herbal treatment to fully recover, but the formula will need to be modified according to the patient's condition at the time

Additionally, what needs to be emphasized is: these herbal prescriptions require further laboratory research through modern pharmacological experimental studies to reveal their effective ingredient and mechanism of action, so that these herbal formulas can be understood by British medical pharmaceutical communities and applied in NHS hospitals in the future.

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诊所复工防疫歌

作者：徐盈

假设来人是新冠，
严格防护勿放松。
把脉针灸要闪避，
中药治疗亦正宗。
洗手口鼻勤消毒，
口罩手套护目镜。
熏香蒸汽紫外线，
门窗常开畅通风。
人去桌椅柜台上，
八四擦拭喷酒精。
卫生间里不要忘，
诊所内外俱追踪。
饮食平衡营养好，
饮水睡眠常提醒。
推广预防中药服，
诊所煮汁免费送。
预约咨询加网诊，
有条不紊仍从容。
每天心情恬淡然，
积少成多是大功。
保存自己灭'敌人'，
知己知彼薄弱攻。
中医文化传世界，
吾辈海外留英名。

写于伦敦万德堂， 2020 年 5 月 30 日

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The Potentiality of COVID-19 Treatment with Chinese Herbal Medicine in the UK

Maggie Ju (London)

Abstract: COVID-19 disease is caused by a novel coronavirus SARS-CoV-2 which is one of the coronaviruses that attack the multiple organs of human body including the lower respiratory tract and causing pneumonia. The feature of SARS-CoV-2 is very contagious. The most common initial symptoms of COVID-19 are fever, cough, shortness of breath and fatigue and they are often accompanied by other symptoms. Diagnosis depends on positive nucleic acid detection. At present there are no drugs that can kill the coronaviruses and no vaccine is available. In China, Traditional Chinese Medicine (TCM) contribute to the treatment of COVID-19. In the UK TCM is used by some people.
Key words: COVID-19, coronavirus, TCM

A. COVID-19

Coronaviruses, which the surface of virus particles is covered in many spines, and the virus particles resemble a crown are a large family of single-stranded RNA viruses. Coronaviruses are known to cause disease in humans and animals. Some of them infect humans causing respiratory diseases, while others only transmit in animals. There are two groups of human coronaviruses [1]: group one includes four coronaviruses 229E, NL63, OC43 and HKU1. This group of coronaviruses only infect the upper respiratory tract and cause relatively minor symptoms. In contrast, group two consists of three coronaviruses: severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV) and novel coronavirus 2019 (SARS-CoV-2). This group of coronaviruses can attack the lower respiratory tract and cause pneumonia, which can be fatal. 2019-nCoV is the closest relative of SARS-CoV which has 79% genetic similarity between the two and is most like bat and the pangolin coronavirus [1]. SARS-CoV-2 is very contagious and has quickly spread globally. The first cases of coronavirus disease 2019 (COVID-19) were reported in China in December 2019. A pandemic was declared by the World Health Organization in late March [2]. Over 300,000 people were infected with over 16, 000 death by that time. More than 3 million people were infected with over 200,000 fatality by the end of April [3].

Person-to-person transmission is from close contacts via respiratory droplets produced when an infected person coughs or sneezes. On infection the incubation period is 2-10 days with the average incubation period 3-7days before symptom onset [4,5]. 95% of symptomatic patients develop symptoms within 12.5 days. Within 5–6 days of symptom onset, it reaches its peak. The isolation period was suggested 14 days [4,5].

The presentation of COVID-19 is variable in severity from asymptomatic, to mild upper respiratory tract infection in some people, and to severe pneumonia in others. COVID-19 symptoms start as mild symptoms and gradually get worse over a few days for many people. The main symptoms include fever, cough, shortness of breath, fatigue. Other symptoms include headache, muscle pain, confusion, chest pain, and vomiting and diarrhoea. Nasal congestion, sore throat and running nose are also common. At the point of hospital admission, patients with COVID-19 typically show a fever and dry cough; less commonly, patients also have trouble in breathing, muscle and/or joint pain, headache/dizziness, diarrhoea, nausea and the coughing up of blood. Severe COVID-19 cases advance to acute respiratory distress syndrome (ARDS), on average around 8–9 days after symptom onset [6,9,10].
Blood tests have shown that the total number of white blood cells in early stage is normal or has decreased, and the lymphocyte count has decreased progressively; C-reactive protein and serum sedimentation rates were increased in most patients. Antibody IgM can be detected at early stage in patients showing contagion and antibody IgG can be detected at late stage to show immunity. Chest imaging at the early stage shows multiple plaque shadows and interstitial changes, mostly seen in the peripheral lung and subpleural, and then developed into multiple ground glass shadows and infiltration shadows in both lungs. In severe cases, lung consolidation known as white lung can occur, with rare pleural effusion and mediastinal lymph node enlargement. Positive nucleic acid detection confirms the diagnosis [6,7,8,9,10].

The COVID-19 belongs to Wen Yi (瘟疫) in Traditional Chinese Medicine (TCM) with the etiology of epidemic factor exposure [11]. TCM is rooted from *Inner Canon of the Yellow Emperor*, an ancient Chinese medical literature that has been deemed as the fundamental doctrinal source for Chinese medicine for over two thousand years. Since then TCM played a key role in treating plagues in Chinese history. *Shang Han Lun* and *Wen Bing Tiao Bian* were birthed at the two peaks of ancient plague outbreak periods. Application of TCM in the treatment of COVID-19 is largely inspired by the treatment of SARS caused by outbreak of SARS-CoV in the late of 2002 in the Guangdong Province of China which spread rapidly during the 2003.

B. The TCM diagnosis of COVID-19

The TCM diagnosis of COVID-19 [11] are:

In mild cases:

1, Cold-damp constraint in the lung pattern
Clinical manifestation: fever, fatigue, generalized body aches, cough, sore throat, chest tightness and labored breathing, poor appetite, nausea, vomiting and sticky stool,

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pale enlarged tongue with tooth marks or light red tongue and coating which is white, thick, curd-like, and greasy or white and greasy, and soggy of slippery pulse.

2, Damp-heat accumulation in the lung pattern
Clinical manifestation: low-grade fever or absence of fever, slight aversion to cold, fatigue, heavy sensation in the head and body, muscle soreness, dry cough with little sputum, sore throat, thirst without desire to drink, or accompanied with chest tightness and epigastric fullness, absence of sweating or disturbed hidrosis, or vomiting, lack of appetite, loose stool or sticky stool. The tongue is light red and coating is white, thick and greasy or thin and yellow. The pulse is slippery and rapid or soggy.

In moderate cases:

1, Damp-toxin constraint in the lung pattern
Clinical manifestation: fever, cough with little sputum or yellow sputum, chest tightness and shortness of breath, abdominal distension, and constipation with difficult defecation. The tongue body is dark-red, and tongue shape is enlarged. The coating is yellow greasy or yellow dry. The pulse is slippery and rapid or wiry and slippery.

2, Cold-damp obstructing the lung pattern
Clinical manifestation: low-grade fever, unsurfaced fever or no fever, dry cough with little sputum, fatigue, chest tightness, stomach discomfort, or nausea, and loose stool. The tongue is pale or light red and coating is white or white greasy. The pulse is soggy.

In severe cases

1, Epidemic toxin blocking the lung pattern
Clinical manifestation: fever with red face, cough with little yellow and sticky sputum, or blood-stained sputum, chest tightness and short of breath, lassitude, dryness, bitterness and stickiness in the mouth, nausea and loss of appetite, difficult defecation, and scanty dark urine. The tongue is red with yellow greasy coating. The pulse is slippery and rapid.

2, Blazing of both qi and ying pattern
Clinical manifestation: high fever with polydipsia, tachypnoea and shortness of breath, delirium and unconsciousness, blurred vision or accompanied with macules and papules, or hematemesis, epistaxis or convulsion of the four limbs. The tongue is crimson with little or no coating. The pulse is deep, thready and rapid, or floating, large and rapid pulse.

C. The TCM treatment for COVID-19 in China [11]

Chinese herbal medicine was added to the national health commission guidelines to treat COVID-19. There were nearly 100 herbal formula used across China [12]. Qingfei Paidu Decoction, a well-known formula used in China to treat COVID-19 is recommended by The national health commission in diagnosis and treatment protocol for COVID-19 (Trial Version 7) and widely used for COVID-19 treatment in China. This formula is based on the clinical observations of doctors in various locations, it is suitable for mild, moderate and severe cases, and can be used reasonably with the consideration of the actual conditions of critically ill patients.

The basic formula: Ma Huang (Ephedrae Herba) 9g, Zhi Gan Cao (Glycyrrhizae Radix) 6g, Xing Ren (Armeniacae Semen) 9g, Sheng Shi Gao (Gypsum fibrosum) (decocted first) 15-30g, Gui Zhi (Cinnamomi Ramulus) 9g, Ze Xie (Alismatis Rhizoma) 9g, Zhu Ling (Polyporus) 9g, Bai Zhu (Atractylodis macrocephalae Rhizoma) 9g, Fu Ling (Poria) 15g, Chai Hu (Bupleuri Radix) 16g, Huang Qin (Scutellariae Radix) 6g, Jiang Ban Xia (Pinellinae Rhizoma Praeparatum) 9g, Sheng Jiang (Zingiberis Rhizoma recens) 9g, Zi Wan (Asteris Radix) 9g, Kuan Dong Hua (Farfarae Flos) 9g, She Gan (Belamcandae Rhizoma) 9g, Xi Xin (Asari Radix et Rhizoma) 6g, Shan Yao (Dioscoreae Rhizoma) 12g, Zhi Shi (Aurantii Fructus immaturus) 6g, Chen Pi (Citri reticulatae Pericarpium) 6g, Huo Xiang (Pogostemonis Herba) 9g.

This formula contains 21 herbs based on 4 ancient Chinese herbal medicine formulas: Ma Xin Shi Gan Tang, Wu Ling San, Xiao Chai Hu Tang, She Gan Ma Huang Tang.
The effects are to ventilate the lung, dissipate the pathogen, clear heat, resolve toxin (toxify), remove dampness, reduce phlegm and cough, strengthen the spleen.

D. The Potentiality of TCM treatment for COVID-19 in the UK

In the UK, TCM is recognised as a complementary and alternative medicine and the situation is different from China.

1, Qingfei Paidu Decoction is not suitable for the UK patients without any modification, because some ingredients in the formula are not permitted or not available in the UK, such as Ma Huang, Shi Gao and Xi Xin etc. However, many herbal substitutes can still be available if one is interested in taking Chinese herbal medicine.

2, TCM is not used in the NHS trusts to treat COVID-19. Most people who are willing to use Chinese herbal medicine are mild to moderate cases, are seeing TCM practitioners privately and are not hospitalized.

3, Because COVID-19 are extremely contagious, consultation in person in the clinic is not possible, only online consultation is available, and then the herbs are posted to the patients. Because of the time-consuming process to receive the herbs and deteriorating dramatically in nature of COVID-19, the symptoms can be moving from exterior to interior by the time they start to take herbs.

Under the circumstances, Xiao chai hu tang (Minor Bupleurum Decoction) [13] can be used as a basic formula. Xiao chai hu tang is used to harmonize shaoyang syndrome. The shaoyang is situated between yang and yin, or between the exterior and interior. Use of only heat-clearing or downward-draining herbs could bring the pathogens from the exterior into the interior. Therefore, the harmonizing method is the most appropriate treatment approach in this situation.

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Two pattern identifications can be seen in COVID-19: cold-damp and heat damp. Therefore, two basic herbal formulas are recommended here for application of patients with COVID-19 to tackle the cold or heat damp.

1, For cold-damp constraint in the lungs: Xiao chai hu tang combined with Gui zhi tang [13] are basic formula and can be modified with individual symptoms.
Chai Hu (Bupleuri Radix) 12 g, Gui Zhi (Cinnamomi Ramulus) 9 g, Huang Qin (Scutellariae Radix) 9g, Ren Shen (Ginseng Radix Rubra) 9 g, Ban Xia (Pinelliae Tuber) 9g, Shao Yao (Paeonia lactiflora) 9g Sheng Jiang (Zingiberis Rhizoma) 9g, Zhi Gan Cao (Glycyrrhizae Radix) 9g, Da Zhao (Zizyphi Fructus) 6
one package daily, 400ml after decocting, and equally divide into twice, in the morning and evening.
Here Gui zhi tang releases wind-cold from the muscle layer and regulates and harmonizes the Ying and Wei. By combining with Xiao chai hu tang, this formula can release wind-cold damp, harmonizes and releases the Shao-Yang, regulates and harmonizes the Ying and Wei.

2, For heat-damp obstructing in the lungs: Xiao chai hu tang combined with Yin qiao san [14] are basic formula and can be modified with individual symptoms.
Chai Hu (Bupleuri Radix) 12 g, Huang Qin (Scutellariae Radix) 9g, Jin Yin Hua (Lonicerae flos) 9g, Lian Qiao (Forsynthia Fruit) 9g, Ren Shen (Ginseng Radix Rubra) 6g, Ban Xia (Pinelliae Tuber) 9g, Jie Geng (Radix Platycodi) 9g, Sheng Jiang (Zingiberis Rhizoma) 6g, Zhi Gan Cao (Glycyrrhizae Radix) 9g,
one package daily, 400ml after decocting, and equally divide into twice, in the morning and evening.

Here Yin qiao san disperses wind heat, clears heat and toxicity. By combining with Xiao chai hu tang, this formula can release wind-heat damp, harmonize the liver, spleen and intestines, harmonizes and releases the Shao-Yang, disseminates and augments Qi, strengthens the body.

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探讨用中医三因制宜治疗新冠病毒感染性疾病

聂卉 英国

摘要：三因制宜，指因时，因地和因人而给予每个患者，独特的个体化治疗方案。这是中医学的特色之一。新冠病毒感染性疾病，也必须遵从这个原则，才能让中药的疗效最大化。
关键词：三因制宜，中药治疗，新冠病毒感染性疾病。

本文探讨用中医‘三因制宜’的中医病因病机和辩证理论思想治疗新冠病毒感染疾病。新型冠状病毒感染是一种新型传染性疾病，从 2019 年 12 月出现部分感染病例，到 2020 年 5 月 25 日，世界上已有 180 多个国家出现感染病例。从疾病发生的先后地区和易感人群分析，此次新冠病毒感染符合中医的‘疫毒’之病，而且，从中医理论的‘三因制宜’进行病因病机和辩证治疗，都取得了很好的治疗效果。

三因制宜是指因时、因地、因人制宜。要求认识疾病及治疗疾病时要根据季节、地区及人的体质、性别、年龄等不同，而考虑相应的病理机制和治疗原则。因时制宜：根据四时气候变化特点，制定预防和治疗原则。因地制宜：根据不同地区的环境特点，病邪性质不同，随之治疗原则也不一样，如西北高原地区和东北地区，气候寒冷；东南地区，温热潮湿多雨，所以，用药时要注意药物的四性五味，辨病时要注意寒和热。因人制宜：是指根据病人年龄、性别、体质和生活习惯等不同特点，考虑其患病易感性和治疗大法。

总之，三因制宜充分体现了中医的整体观念和辨证论治在临床实践应用中的原则性和灵活性。只有从整体观念出发，对具体情况进行具体分析，运用因时、因地、因人制宜的辨病和治疗原则，才能取得满意的临床效果。从‘三因制宜’的角度分析这次新冠病毒感染的疾病，可以总结出如下 8 个方面的思考，这对于我们对这次新冠病毒感染的疾病的再认识，治疗原则和预防性治疗都有很好的帮助。

1 对于此次新冠病毒感染疾病的中医病名的认识。

湖南中医专家熊继柏介绍：‘清代的吴鞠通在《温病条辨》中说“疫者，疠气流行，多兼秽浊”，一个是疫疠之气，二个是秽浊之气。从去年冬至春节前后，武汉气候忽冷忽热，反复无常。很可能有传染病发生，这是《黄帝内经》运气学理论，就知道今年冬天这个传染病，不要把它做寒证看，是温热类多发于冬春季节’。

北京等专家如仝小林认为：‘搞清楚病的性质非常重要。新型冠状病毒感染的肺炎当属寒湿（瘟）疫，是感受寒湿疫毒而发病。《黄帝内经》曰：“察色按脉，先别阴阳”。“新型冠状病毒感染的肺炎在病性上属于阴病，是以伤阳为主线。从病位即邪气攻击的脏腑来看，主要是肺和脾，所以在治法上，一定是针对寒和湿，治疗寒邪，要温散、透邪，用辛温解表之法，治疗湿邪，要芳香避秽化浊，这是一个大的原则‘。

因此，对于新冠病毒感染疾病的中医病名有湿毒疫，寒湿疫和温热疫，其共性是湿浊，这是所有学者的共识，是根据三因制宜之一‘因时‘而总结的，因为新冠病毒感染人类是在冬季和春季。

2 新冠病毒的生物学特征决定了易感人群，这就符合了中医的三因制宜之一的‘因人‘。

ACE-2 是 SARS-CoV-2 的进入受体，基于 SARS-CoV-2 和 SARS-CoV 之间 RBM 的序列相似性，几个独立的研究小组调查了 SARS-CoV-2 是否还利用 ACE-2 作为细胞进入受体。周等和 Hoffmann 等人的研究表明：SARS-CoV-2 可以对人类，马蹄蝠，麝猫和猪的 ACE-2 进入表达 ACE-2 的 HeLa 细胞。

基因决定了人们患冠状病毒的严重程度，这是一项开创性研究，可以解释为什么少数族裔患者受影响更严重。伦敦国王学院的研究还表明：基因组成可能会首先影响一个人感染病毒的机会。

3 新冠感染病人已出现在 180 多个国家，但是不同地区感染的程度不同。根据统计数字显示从 2019 年 12 月 31 日到 2020 年 5 月 28 日，确诊新冠病毒感染人数: 非洲 124,612；亚洲 1,013,625；美国 2,630,856；欧洲 1,878,236；大洋洲 8,590；其它 696。从这组数据来看，新冠病毒的感染率与地域密切相关，也就是中医三因制宜中与‘因地’相关，根据发病地区轻重程度，可以制定相关的预防措施，如对于寒湿地域口服预防中医药扶正扶阳祛湿，对于湿温地域口服预防扶正祛湿解毒之药，都对人体有提高免疫力的作用，从而减少感染病毒的可能性。还有，从传染病流行学的卫生防疫学，对于不同地域采取隔离和卫生学防疫等也是一个有效的防疫之法。

4 新冠病毒感染人群，尤其死亡率与人的体质，年龄和基础病密切相关，这是医学界所公认的事实。比如图一，在英国老人院在新冠流行期，死于新冠肺炎的比率后期接近医院住院病人的死亡率。这说明了患病率与个人体质密切相关，符合了中医三因制宜的‘因人’致病，治疗上要做好预防应用中药至关重要的。

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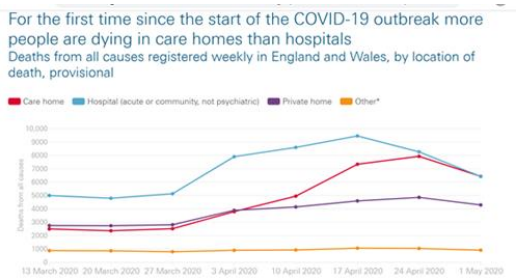

图 1 英国老人院死亡病例数据分析。

5 新冠病毒感染的病人患病程度不同，在中国第七版治疗新冠肺炎指南中，新冠肺炎临床分型分为轻型用藿香正气丸，或金花清感颗粒，或莲花清温胶囊；普通型用清肺排毒汤，重型用化湿败毒散，或清营汤和犀角地黄汤；充分的体现了因人制宜原则。

6 对于感染新冠病毒的疾病，有些中药的应用有地域的不同，比如说中国和英国的中药应用略有不同，由于欧盟草药法，麻杏石甘汤的麻黄用量不同，在英国麻黄所允许最大量为每天成人 1.8 克，石膏等矿物质禁止应用，所以英国中医师用黄芩，知母，生地等代替石膏，也取得了很好的疗效，这也体现了中医三因制宜的‘因地制宜‘原则用药。

7 新冠病毒感染的病人舌像不同，这就决定要用不同的中药，体现了三因制宜的‘因人制宜‘之法。有的病人舌淡或淡暗伴苔白腻可辩证为寒湿疫，代表方为藿香正气丸或达原饮；有的病人舌红黄苔或少苔可辩证为温热疫，代表方为莲花清温颗粒或麻杏石甘汤。

8 新冠感染病人恢复期不同，体现了三因制宜的‘因人’而宜。有些新冠感染病人口服中药就完全得到控制，而有些病人由于有基础病恢复很慢或长久核酸阳性不转阴，还有不治或误治病情加重，这都与个体体质相关，如果得到合理的治疗或不治已病治未病即预防措施做的好，疾病都会得到很好的控制。

9. 分析病例 A，此例确诊新冠肺炎重型。主诉：高热 8 天伴剧烈咳嗽。

现病史：中年男性，3 月 27 日网络接诊，发病第 8 天出现发热咳嗽加重，发热是 39.3，口服退烧药能降到 38.5，咳嗽是咳声连连不能语，有痰咳不出，少汗，病初有腹泻食欲尚可。舌质深红少苔。多次求助医院没有给予接诊治疗。3 月 20 日第 1 天发病发热 37.5，发病后第 2 和第 3 天 38 度，口服退烧药降一点，不服药体温又上升，口服了莲花清瘟胶囊，发病第 4 天有好转，但第 5 天加重发烧 39 度，第 6 和第 7 天口服西药利巴韦林病情无缓解，第 8 天开始口服我开的草药，第 9 天热退 37.4，之后没有再发热，咳嗽慢慢缓解，发病 2 周后少咳，其它正常。发病后第 10 天，做的血清抗体检测 IgM, IgG 都阳性。

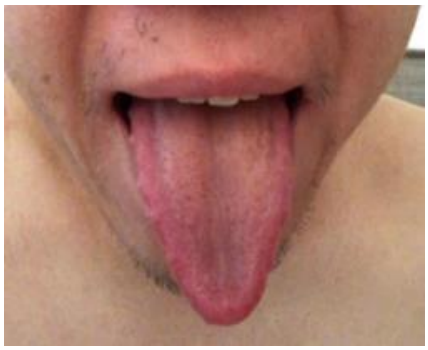
图 2 病例 A，治疗前舌深红少苔。

病因病机：温热疫毒，侵袭肺系，病入气分，渐进营血。

诊断: 西医，新冠肺炎重型。中医，温热疫, 方剂：麻杏石甘汤加味。

方药草药单位克: 麻黄 1.5，杏仁 10，石膏 15，板蓝根 15，桑白皮 10，薄荷 6，紫苑 8，半枝莲 5，瓜蒌 10，贝母 10，苍术 5，甘草 5，口服草药 8 天后，改服粉剂清肺排毒汤 10 天，配合食疗即麦冬，百合，山药粥。

病例分析：该患中年男性平时健康，春季发病，舌红高热为主症，按三因制宜及卫气营血辩证，春季万木生发阳气渐盛，中年男性阳气盛，辩证属于病在气分渐进营血，治则清热宣肺，解毒透表，由于平素体质健康，后期得到了合理的中药治疗而迅速恢复。

病例 B，疑似新冠肺炎普通型

主诉：鼻塞 ，咳嗽，乏力 3 天。

现病史：青年女性，2020 年 4 月 4 日接诊，但 4 月 2 日发病时无发热，有鼻塞 ，咳嗽，乏力 3 天，渐加重。今日恶寒，夜间出汗，胸闷，咳嗽增多，咽哑加重，轻微恶心头晕，舌淡红，白厚苔。

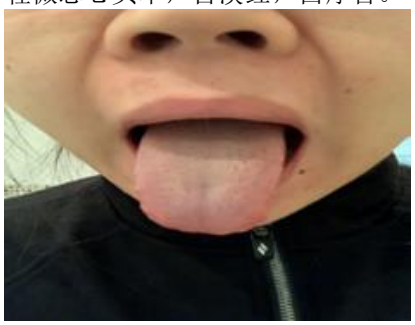
图 3: 病例 B 治疗前舌淡红，白厚苔。

中医病机：寒湿郁肺，湿浊中阻，邪伏膜原

诊断: 西医，疑似新冠肺炎轻型。中医-寒湿疫，浊伏膜原，浊热内郁。

方剂中药浓缩粉: 达原饮和甘露消毒丹加减。

2020 年 4 月 6 日开始服药即发病 5 天后(接诊 2 天后), 之前口服莲花清温，症状无缓解还加重，口服中药浓缩粉 2 天后，明显好转，无胸闷，无头晕，还有少咳，一点恶心，咽不舒服，继续服药同一中药 7 天后，4 月 13 日（ 发病 12 天后）无恶心，无咳，就是有精神紧张，建议自我调节放松。

病例分析; 按中医三因制宜，此病人与因地因人相关，英国为潮湿之地，此病人平时素体偏虚，所以患病为寒湿疫，浊伏膜原，治疗以宣肺燥湿化浊为主，兼以

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疏通三焦升清降浊。

10. 总结:

中国中医科学院院士仝小林言：‘国际防控不能照搬中药方，需坚持“三因制宜”才能有效抗“疫’。”‘三因制宜”是《内经》中重要的治疗思想，分为因人、因地、因时制宜三个方面，主要见于《素问·五常政大论》、《素问·六元正纪大论》、《素问·异法方宜论》、《灵枢·五变》等篇。“三因制宜”治疗思想是在长期的医疗实践中形成的，强调了天人合一思想即人与生存环境的协调统一，与《内经》思想最具特色的整体观念一脉相承。中医对新冠病毒的病因病机分析是离不开‘三因’即天人地，与季节有关，与地理环境有关，与人的体质有关，这关系到用药治疗和预防用药，中医师就是灵活运用三因制宜的思想，用中医药对新冠感染轻症病人的有效治疗阻断了向重症发展。在英国的华人社区英国中医师帮助了数以百计以上的华人疑似新冠感染病人，他们都是被英国卫生系统拒收医治的病人，还有确诊恢复期病人。在中国，中医药也帮助了危症病人如用血必净，生脉饮制剂，参麦制剂等。

由于中国在这次治疗新冠肺炎的战役中，把中医药应用到预防和治疗新冠病人中，坚持了中西医相结合的指导方针，所以，中国这次是世界上防控和治疗新冠肺炎最成功的国家之一。

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Discussion on management of Covid-19 by the three measures of traditional Chinese medicine

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Abstract: *In TCM, three environmental factors management protocols refer to a systematic methodology, where every individual patient's treatment must be based on three environmental factors: season (time of disease started, considering mainly climatic environment), geographic environment where the patient caught a disease and a personalised internal environment (an individual's constitution). This is a unique method to manage a patient's medical conditions, which is very different from allopathic medical conditions, where they aim at managing a medical condition more or less the same seasonally, geographically and constitutionally. Covid-19 infectious syndrome should be ruled and managed by this method in TCM so that clinical effectiveness can be maximised.*
Key words*: three environmental factors based management, TCM, covid-19 infectious syndrome.*

This article discusses the treatment of Covid-19 with the traditional Chinese medicine (TCM)'s the three measures based on TCM etiology and pathogenesis and dialectical theory.

Covid-19 is a new type of infectious disease. From some cases of infection in December 2019 to 25th May 2020, there have been infections countries in more than 180 countries in the world. According to the analysis of the areas where Covid-19 occurs successively and the susceptible population, Covid-19 infection is in accordance with the "epidemic" disease of Chinese medicine. Applying to the etiology, pathogenesis and dialectical treatment of the "three measures" of TCM theory, patients have been obtained very good therapeutic effect.

"Three measures" refers to factors based on time, place, and person. It is required to recognize diseases and to treat diseases according to the season, regional climate and person's constitution, gender, age, etc., and to consider the corresponding pathological mechanism and treatment principles. Adapt to the time: according to the characteristics of climate change at four seasons, formulate prevention and treatment principles. Adapt to local climate and environment: according to the environmental characteristics of different regions, the nature of diseases and evil qi is different, and the treatment principles are different. For example, the northwest plateau and northeast regions have cold climates; the southeast regions are hot and humid and rainy, so refers to Chines herbal four properties and five tastes and then take care to cold and heat when distinguishing diseases. Adapting to the individual refers to the patient's susceptibility to disease and then give treatment according to different characteristics of the patient's age, gender, physical fitness, and lifestyle.

In short, the three measures fully reflect the holistic concept of TCM and the principle and flexibility of the application

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of syndrome differentiation in clinical practice. Only by starting from a holistic concept, conducting specific analysis of specific situations, and applying the principles of disease identification and treatment based on time, place, and person we can achieve satisfactory clinical results.

From the perspective of "three measures", Covid-19 can be summarized as the following 8 aspects of thinking. This is very good to help us for re-recognition; treatment principles and preventive treatment of Covid-19.

1 Recognition of TCM name about Covid-19.
Jibai Xiong, a TCM expert in Hunan province, China, introduced: Wu Jutong of the Qing Dynasty said in the <Diagnosis of Heat Diseases>that 'the epidemic, that is, epidemic qi is prevalent, and both are filthy and turbid'. From the winter solstice of last winter around Chinese New Year, Wuhan's climate has been cold and hot, erratic. Infectious diseases were likely to occur. This is the theory of natural factors in the Yellow Emperor's Neijing. You know that this winter was in a time of an infectious disease. Don't take it as a cold syndrome. Heat types are more common in winter and spring.

Experts such Prof. Xiaolin Tong from Beijing thought: 'It is very important to understand the nature of the disease. The pneumonia infected by the Covid-19 is a "cold and damp (plague) epidemic", which is caused by the cold and damp epidemic. <The Yellow Emperor Neijing> said: "Check the color and pulse, recognize yin and yang first." Covid-19 is a yin disease as damages yang. From the view of the organ that is attacked by evil qi which attacks mainly the lung and spleen, so driving out the damp and cold evils should be considered for treatment principle. To treat cold syndrome it is necessary to expel the evil qi with warm pungent herbs to relieve the moderate syndrome. To treat damp evils, it is necessary to fragrant and avoid turbidity. The above method is a big treatment principle'.

Therefore, Covid-19 name of TCM includes damp epidemic, cold damp epidemic, and warm fever epidemic. Their commonality is damp and turbid, which is the consensus of all scholars and is summarized based on one of the three measures because Covid-19 infects humans in winter and spring.

2 The biochemical characteristics of Covid-19 determine the susceptible population, which is related to the 'individual', one of the three measures of TCM. ACE-2 is an Entry Receptor for SARS-CoV-2 Based on the sequence similarities of the RBM between SARS-CoV-2 and SARS-CoV, several independent research groups investigated if SARS-CoV-2 also utilizes ACE-2 as a cellular entry receptor. Zhou et al. showed that SARS-CoV-2 could use ACE-2 from humans, horseshoe bats, civet cats, and pigs to gain entry into ACE-2-expressing HeLa cells.
Genes determine the severity of people suffering from Covid-19. This is a outbreaking study that can explain why minority patients are more seriously affected. Studies at King's College London also show that genetic makeup may first affect a person's chance of contracting the virus.

3 Covid-19 infected patients have appeared in more than 180 countries, but the degree of infection was not same in different regions. According to statistics, from December 31, 2019 to May 28, 2020, the number confirmed Covid-19: Africa 124,612; Asia 1,013,625; United States 2,630,856; Europe 1,878,236; Oceania 8,590; others 696. From this set of data, the infectious rate of Covid-19 is closely related to the region, that is, the three-measures TCM is related to the "local environment and climate ". According to the severity of the affected area, relevant preventive measures can be formulated, such as for cold and damp areas to take TCM herbs for strengthening the body resistance and yang energy , oral herbal administration of strengthening and detoxification in damp and hot areas have an effect on improving immunity in the human body, which can reduce the possibility of virus infection. In addition, from the epidemiology of infectious diseases, the use of isolation and hygienic epidemic prevention in different regions is also an effective method of epidemic prevention.

4 Coronavirus-infected people, especially the mortality rate is closely related to human constitution, age and underline diseases, which is a fact recognized by the medical community. For example, in Figure 1, the rate of death from Novel Coronary Pneumonia（NCP） during the coronavirus epidemic period in British nursery homes is close to the mortality rate of hospital inpatients. This showed that the prevalence rate is closely related to the individual's physical fitness, and it is in line with the three measures TCM, that is, the person's poor condition can cause Covid-19. We believe that It is essential to treat it with preventive Chinese medicine.

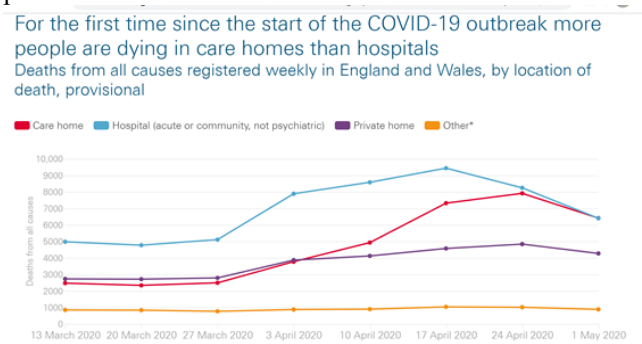

Figure 1 Statistics of the number of deaths in British nursing homes

5 The condition of patients' illness of Covid-19 is different. In version 7 about diagnosis and treatment protocol for NCP in China, the clinical classification is divided as three types. Firstly for the light-type, to use Huoxiangzhengqi pills, or Jinhua Qinggan granules, or lotus qingwen capsules; secondly for ordinary type using Qingfei Detox Decoction; thirdly for heavy-type using Huashi detox Powder, or Qingying Decoction and Xijiao Dihuang Decoction which fully embody the principle of adapting to person.

6 For TCM treatment of Covid-19, the application of some Chinese medicines is geographically different. For example, the application of Chinese medicines in both China and United Kingdom is slightly different. Due to the EU herbal regulation, the amount of ephedra in Maxing Shigan Decoction is different. The maximum amount of ephedra is 1.8 grams per person per day under EU herbal

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rule. The application of minerals such as gypsum is forbidden, so TCM doctors in the UK used, Zhimu, Shengdi, etc. instead of gypsum, and still achieved good results. This also reflects the useful principle of 'according to local conditions' of the three measures TCM.

7 The tongue images of patients infected with coronavirus are different, so it is decided to use different Chinese medicines, which embodies the 'individuation' method in the one of three- measures TCM. Some patients with pale or dark tongue with greasy white coating can be dialectically identified as cold and damp epidemic, so that the representative formula is Huoxiang Zhengqi Pill or Dayuan Drink; some patients with red tongue or yellow coating can be dialectically identified as heat epidemic, representing formula is lotus Qingwen granule or Maxing Shigan soup.

8 The recovery period of patients with Covid-19 is different, which results from the individual in line with one of the three measures TCM. Some patients with mild Covid-19 are completely controlled by Chinese medicine, while some patients have slow recovery due to underlying diseases or long-term nucleic acid positives who do not turn negative, and also there are incurable or mistreated conditions that are aggravated. This is related to the individual's physical fitness. The treatment is reasonable or preventing the disease which means that the preventive measures are done well, the disease will be well controlled.

Report case A:
This case was diagnosed with severe novel coronary pneumonia (NCP).
Main Complaint: High fever with severe cough for 8 days.
Current medical history:
From online consultation on 27th March 2020, the patient was a middle-aged male who got. His fever and cough increased up to 8 days, while fever was up to 39.3 which the oral antipyretics can be reduced to 38.5, accompanying with coughing repeatedly, less sputum , less sweating, diarrhea only at the beginning of onset and fair appetite . The tongue was deep red and less mossy.
He was rejected by hospital for any treatment. His fever was 37.5 in the beginning on 20th March, then 38 degrees on the day 2 and day 3 after the onset. Oral antipyretics made his fever falling a little, and then the body temperature rose again without taking the drug. When oral lotus Qingwen capsules were taken which the symptoms improved on the day 4, afterward the fever was increased by 39 on day 5. The oral medicine ribavirin was taken on the day 6 and 7 while his condition was not relieved. He started to take my herbal medicine on the day 8 and then his fever fell down 37.4 on day 9, then there was no fever on day 10 and the cough getting better. After 2 weeks of onset, he coughed much less and others were normal. On the day 10 after onset, the serum antibodies IgM and IgG test were positive.

Etiology and pathogenesis: heat and epidemic qi invading the lung system, epidemic qi invading qi fen(fascia) , and gradually encroaching xue fen(blood).

Diagnosis: Western medical type: severe NCP. Chinese Medicine: heat epidemic disease.
Herbal formula: Maxing Shigan Decoction plus Sangbaipi and Cangzhu.

Case analysis: A middle-aged male usually healthy, with onset in the spring. His high fever with red tongue was as the main symptom. According to three measures TCM , Weiqiyingxue theory, natural qi grows yang in spring, and middle-aged male with much more yang qi, therefore his TCM diagnosis was given as heat and epidemic qi invading qifen(fascia) and blood portion. For treatment using Muxingshigan soup clears the heat, balance the lung , detox and expel exterior. He quickly recovered after reasonable TCM treatment without underline disease.

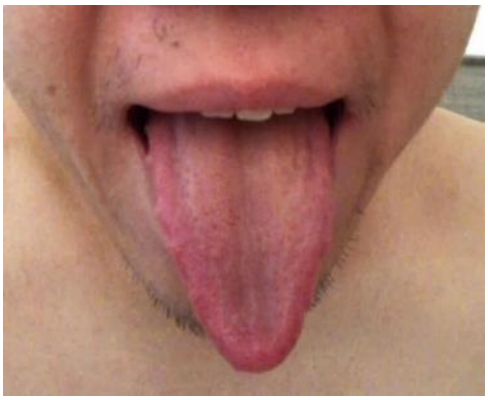
Figure 2 Case A The tongue was dark red and less fur before treatment.

Report case B:
Suspected common type of novel coronary pneumonia.
Main complaint: stuffy nose, cough, fatigue for 3 days.
Current medical history: A young female was admitted on 4th April 2020. She had nasal congestion, cough, fatigue for 3 days and no fever since 2nd April 2020 and then gradually worsen. Today she had chill feeling, sweating at night, chest tightness, increasing cough and hoarse, less nausea and dizziness, pale red tongue with thick white coating.

Pathogenesis of Chinese medicine: cold and dampness in the lung, dampness and turbidity in the middle Jiao, and epidemic qi invading qifen(fascia).
Diagnosis of Western medicine: suspected mild NCP.
Diagnosis of Chinese Medicine: Cold and damp epidemic disease, turbid and heat invading qifen, turbid and heat involving inside of body .
Herbal treatment: Chinese herbal concentrated powder: Dayuanyin and Ganlu xiaodu Dan.

She took herbal medicine on 6th April 2020, that was the day 5 after the onset which was receiving the consultation on day 2. When she took lotus qingwen capsule the symptoms did not relieve but also worsen in the beginning of the onset. While she took Chinese medicine concentrated powder by my prescription for 2 days, her most symptoms was obviously improved, resulting in no chest tightness, no dizziness, less cough, a little nausea, and a bit hoarse. After continuing to take the same Chinese medicine for 7 days , on 13th April 2020 (day 12 after the onset) there was no nausea , no cough and no hoarse while she only had a bit stress.

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Case B analysis: According to the three measures TCM, this patient was related to local environment and person's constipation. The England is a humid place, and this patient was usually weak, so her pathogenesis was in cold and damp epidemic disease, and turbid invading fascia. The treatment was to regulate lung, drying dampness and expelling turbidity , accompanying with dredging the three-Jiao to clear the turbidity and lifting yang.

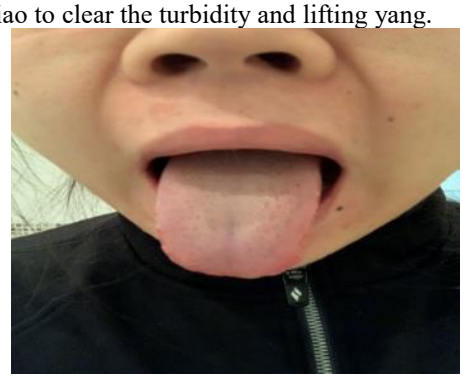

Figure 3: Case B had a pale red tongue and thick white fur. Before treatment.

Summarized as follows: Tong Xiaolin, academician of the Chinese Academy of Chinese Medical Sciences said: 'International prevention and control for Covid-19 can not copy the application of TCM in China, you must adhere to the "three measures" to effectively fight against Covid-19. "Three measures" is an important treatment principle in <Neijing> which are divided into three factors: adapting to person, adapting to local environment and adapting to the time. They are mainly recorded in <Su Wen· Wu Chang Zheng Da Lun>, <Su Wen·Liu Yuan Zheng Ji Da Lun>, <SuWen.yifafangyilun>, <Lingshu·wubian>and other articles.

The "three measures" treatment theory was formed in long-term medical practice, emphasizing the harmonization of people living with its environment, and which is in the same system with the most distinctive holistic concept of TCM of <Neijing>. The analysis of the etiology and pathogenesis of Covid-19 is inseparable from the "three measures", that is, seasons, earth, and person, which means season, geographical environment, and human being. The above is related to treatment medication and preventive medication.

Chinese medical doctors flexibly use Chinese medicine according to the theory of three measures to effectively treat those mild Covid-19 patients so blocking the development of severe illness. In the Chinese community in the United Kingdom, Chinese herbalists have helped over hundreds of Chinese people suspected Covid-19 who were all rejected by NHS for treatment, as well as including the confirmed patients with Covid-19 in the recovery period. In China, Chinese herbs has also helped severe Covid-19 patients such as Xuebijing intravenous drip, Shengmaiyin nasal feeding or intravenous drip, and Shenmai nasal feeding or intravenous drip.

As China has applied Chinese medicine to the prevention and treatment of patients with NCP in this Covid-19 battle, and adhered to the guidelines of combining Chinese and Western medicine, China is one of the most successful countries in preventing and treating Covid-19 in the world this epidemic period.

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这里的“证”是指《普济方》中收录的伤寒钤法条文歌诀里 418 个《伤寒钤法》的“证”，是对宋本《伤寒论》条文和方药重新分类编号归证而成的“证”，可称作“伤寒钤法的证”，具有古意发新，颠覆传统中医辨“证”概念和认知的探讨性与挑战性，但因本文主题内容和篇幅所限，此处不多赘述，将以另文详说“伤寒钤法的证”。

3.2，因该法临床诊疗中仅需获取病人的出生日和发病日信息，故特别适用于聋哑人，婴幼儿和残疾人等特殊人群的诊疗。临床上能很好的解决特殊人群语言交流障碍的难题，给临床中医师们提供更多的自信和助力。因此，笔者认为，该法可与传统的“望闻问切”四诊并列为中医的“第五诊”--“算诊”，若能将其提升到“医算学”的学术层次来研究推广与应用，对实现中医临床的精确诊断和精准治疗以及中医临床标准化建设方面有着重要的现实意义和应用前景。

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“日干支医算法”指导应用经方治疗新型冠状病毒感染疑似病例临床报告

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[摘要] 笔者从中医古籍《伤寒钤法》中发现并复原出一种诊疗方法--“日干支医算法”，并用此法于临床指导应用经方治疗新型冠状病毒感染疑似病例方面取得了满意疗效。

[关键词]伤寒钤法；日干支医算法；新型冠状病毒感染疑似病例；临床报告

Clinical Report of "Riganzhi Medical Algorithm" Guidance on the Application of Shanghan Jingfang in Treating Suspected Cases of COVID-19

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Abstract: This article reports the authors’application of a special diagnosis and treatment method that was discovered and restored from the ancient Chinese medicine literature SHANG HAN QIAN FA. This method is named as "Ri Gan Zhi medical arithmetic diagnosis". The authors applied this algorithm to clinically guide the application of Shanghan Jingfang, the classic herbal formulae from Shang Han Lun, to treat suspected cases of COVID-19 with good effect.

Keywords: "SHANG HAN QIAN FA"; Ri Gan Zhi medical arithmetic diagnosis ; Clinical Report

笔者近年来在研究古籍《伤寒钤法》[1]时发现并复原出一种中医诊疗技术--“日干支医算法”，将其应用在新型冠状病毒感染疑似病例的临床诊疗上，效果满意，且发现此术有“直取病机”的精准和“覆杯而愈”的神奇。现将近期使用该法于临床指导应用经方治疗新型冠状病毒感染疑似验案报告如下。

1，概述

1.1. 天干地支

天干地支是中国古人认识自然的一种朴素的唯物观。古代先哲们通过仰观天象、俯察地理发现太阳起落产生了昼夜阴阳周期。又发现天上有一颗最亮的星在头顶上的位置永远不变，古人称其为帝星，也叫北极星。其四周肉眼所能见到的还有 28 颗星星围绕这个帝星旋转，其中有九颗星组成一个斗状并带着个长柄也围着北极星转，而且发现其“斗柄东指，天下皆春；斗柄南指，天下皆夏；斗柄西指，天下皆秋；斗柄北指，天下皆冬”[2]。

另外，古人还发现视野里有五颗星总是在一定的日子里出现在 28 星宿固定的范围带里，其远近变化又与风寒暑热燥湿等气象变化相关，于是便把这五颗星命名为“木、火、土、金、水”，把这五星运行中离地球的远近变化用“甲乙丙丁戊己庚辛壬癸”十个符号记录下来，叫做“十干”。

古人注意到天空中的月亮从圆到缺再慢慢变圆，大约需要 30 天左右，这样“30 日为一月”的观念便由此建立。于是古人便以昼夜更替之周期为日，以月相朔弦望晦变化之周期为月，以“日往则月来，月往则日来，日月相推而明生焉；寒往则暑来，暑往则寒来，寒暑相推而一岁成”[3]把一年 365 日分为 12 个月，用“子丑寅卯辰巳午未申酉戌亥”12 个符号来表示，并用其标记方位，叫做“十二地支”。古代人们就是运用这两套符号系统来纪年、纪月、纪时等。

十天干：甲、乙、丙、丁、戊、己、庚、辛、壬、癸。其中“甲、丙、戊、庚、壬”为“阳干；“乙、丁、己、辛、癸”为“阴干”。

十二地支：子、丑、寅、卯、辰、巳、午、未、申、酉、戌、亥。其中“子、寅、辰、午、申、戌” 为“阳支”；“丑、卯、巳、未、酉、亥”为“阴支”。

1.2. 《伤寒钤法》

《钤法》是根据病人出生日干支和发病日干支与人体经络脏腑的对应关系，通过特殊推算方法来指导临床治病的一种诊疗方法[4]。其中介绍了出生年份不同的患者，其发病对应着不同的六经，有歌诀为证[5]：《十二经纳天干歌》：甲胆乙肝丙小肠，丁心戊胃己脾乡，庚属大肠辛属肺，壬属膀胱癸肾脏，三焦亦向壬中寄，心包同归入癸水。 《十二经纳地支歌》：肺寅大卯胃辰宫。脾巳心午小未中，申胱酉肾心包戌，亥焦子胆丑肝通。

从上述歌诀可知，天有六气，人有三阴三阳以应之。地有五行，人有五藏六腑以应之。藏为阴，其数偶，以应五运，藏蓄五行质于地，而气则终于天也。腑为阳，而数奇，以应六气，盖六淫之气虽降于天也，而势必终于地也。因此，可以得知在古中医学体系中，天干地支与人体藏象的对应始终是唯一的。

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我们在复原古籍《伤寒钤法》中发现，不同发病日的病症归经是不同的，且存在相应的规律，例如：
子午年生人，在子、寅、辰、午、申、戌 六阳干日得病，常发太阳病，归于辰戌太阳经；在丑、卯、巳、未、酉、亥 六阴干日得病，常发少阳病，归于寅申少阳经。
丑未年生人，在子、寅、辰、午、申、戌 六阳干日得病，常发厥阴病，归于巳亥厥阴经；在丑、卯、巳、未、酉、亥 六阴干日得病，常发阳明病，归于卯酉阳明经。
等等。

笔者经多年临床实践验证后，将上述规律予以综合归纳发现，同一个属相常规下只会得两种病，即：一个阳干病，一个阴干病。临床上我们常常仅需获知患者出生日和发病日的干支，即可得知该患者所患的疾病是 XX 病（经），而后便可根据临床需要进一步依法推演选方用药，既准确快捷，又方便实用。具体表述如下：

1.2.1，子鼠、午马属相人，六阳干日发病是太阳病，六阴干日发病是少阳病；
1.2.2，丑牛、未羊属相人，六阳干日发病是厥阴病，六阴干日发病是阳明病；
1.2.3，寅虎、申猴属相人，六阳干日发病是少阴病，六阴干日发病是太阳病；
1.2.4，卯兔、酉鸡属相人，六阳干日发病是太阴病，六阴干日发病是厥阴病；
1.2.5，辰龙、戌狗属相人，六阳干日发病是少阳病，六阴干日发病是少阴病；
1.2.6，巳蛇、亥猪属相人，六阳干日发病是阳明病，六阴干日发病是太阴病。

2，临床验案

2.1，太阳病临床治验
病 案 号：QF-G094
基本息信：女，生日：1974 年 9 月 21 日。发病：2020 年 1 月 23 日。2020 年 7 月 6 日来诊。
主　　诉：发热（体温 38.3 度）2 天，伴恶寒，颈痛伴右侧上肢痛 5 个月。
望闻问病：舌质淡白，苔白腻。

钤法推演：甲寅相人，乙丑日病，依《伤寒钤法》推算为下太阳病离字号丙证。
钤法歌诀：头汗恶寒为在表，心胸鞭满里传推，明医好辨阴阳证，识用柴胡表里宜。
《伤寒论》 第 148 条：伤寒五六日，头汗出，微恶寒，手足冷，心下满，口不欲食，大便硬，脉细者，此为阳微结，必有表，复有里也。脉沉，亦在里也。汗出为阳微，假令纯阴结，不得复有外证，悉入在里，此为半在里半在外也。脉虽沉紧，不得为少阴病，所以然者，阴不得有汗，今头汗出，故知非少阴也，可与小柴胡汤。设不了了者，得屎而解。
治则选方：伤寒经方，小柴胡汤，中药配方颗粒 1 周。
结果反馈：2020 年 7 月 7 日反馈，昨天服中药后，当天退烧，体温 35.7° C，随访未见复发。

2.2，阳明病临床治验
病 案 号：QF-Y021
基本息信：男，生日:1973 年 12 月 25 日。发病：2020 年 5 月 20 日。2020 年 6 月 1 日来诊。
主　　诉：咳嗽 12 天，伴左脚内踝部位的皮肤红肿痒。
望闻问病：舌质淡红，苔黄厚腻。

钤法推演：癸丑相人，癸亥日病，依《伤寒钤法》推算为阳明病土字号癸证。
钤法歌诀：恶寒汗出太阳经，渴而发热属阳明，渴如不止邪传里，津液调和用五苓。
《伤寒论》 第 244 条：太阳病,寸缓、关浮、尺弱,其人发热汗出,复恶寒,不呕,但心下痞 者,此以医下之也。如其不下者,病人不恶寒而渴者,此转属阳明也。小便数者, 大便必硬,不更衣十日,无所苦也。渴欲饮水,少少与之,但以法救之。渴者, 宜五苓散。
治则选方：伤寒经方，五苓散，中药配方颗粒 2 周。
结果反馈：2020 年 6 月 20 日反馈咳嗽和皮肤症状均已消失。

2.3，阳明病临床治验
病 案 号：QF-W118
基本息信：女，生日：1997 年 3 月 4 日。发病：2020 年 4 月 2 日。2020 年 4 月 4 日来诊。
主　　诉：发热（体温 37.5° C）无汗，2 天，伴头晕失眠心悸乏力，不伴咳嗽。
望闻问病：患者曾于 2020 年 3 月 28 日去超市购物，4 月 1 日去邮局寄包裹，都做了相关防护。但 4 月 2 日凌晨 2 点左右开始感觉鼻子发堵，浑身发冷，大约 2 小时后又感觉全身发热，无汗，一直到凌晨 6 点才入睡。4 月 3 日一天都重复这种冷热交替的感觉，无汗，无全身痛（热时感全身发烫，乏力。白天有轻微头晕，晚上失眠，第二天乏力加重。凌晨 2-3 点钟会感觉心慌）。舌质淡红，苔黄腻。

钤法推演：丁丑相人，乙亥日病，依《伤寒钤法》推算为阳明病土字号乙证。
钤法歌诀：脉浮无汗属阳明，表实还教喘不停，发汗麻黄汤可用，热邪解散病安宁。
《伤寒论》 第 235 条：阳明病脉浮,无汗而喘者,发汗则愈,宜麻黄汤。
治则选方：伤寒经方，麻黄汤（浮萍代麻黄），中药配方颗粒 2 周。
结果反馈：2020 年 4 月 6 日反馈，诸症均消失。
按　　注：处方里选用浮萍代麻黄的思路有二：一是考虑病人有心悸，因此慎用麻黄。二是考虑麻黄和浮萍都归肺经和膀胱经，且都能解表，但麻黄在《伤寒论》中描述的身痛，骨节痛，头痛无汗效果好，皆因麻黄偏走里散风寒，

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而浮萍则偏于走表，本案中患者有身热无汗，无身痛，疑似为风温之病，故选浮萍代麻黄用之疏散风热，结果疗效显著。

2.4，少阳病临床治验
病 案 号：QF-M230
基本息信：女，生日：1982 年 9 月 8 日。发病：2020 年 5 月 1 日。2020 年 5 月 22 日来诊。
主　　诉：咳嗽 3 周。
望闻问病：颈项僵硬，舌质暗红，苔白厚腻舌根黄。

钤法推演：壬戌相人，甲辰日病，依《伤寒钤法》推算为少阳病纪字号甲证。
钤法歌诀：未经吐下脉沉紧，胁满往来寒热时，乾呕邪传半表里，柴胡汤剂正相宜。
《伤寒论》 第 266 条：本太阳病不解,转入少阳者,胁下硬满,干呕不能食,往来寒热,尚未 吐下,脉沉紧者,与小柴胡汤。
治则选方：伤寒经方，小柴胡汤，中药配方颗粒 2 周。
结果反馈：2020 年 6 月 4 日反馈，咳嗽已愈。

2.3，太阴病临床治验
病 案 号：QF-X011
基本息信：女，生日：1999 年 10 月 8 日。发病：2020 年 3 月 16 日。2020 年 4 月 20 日来诊。
主　　诉：咳嗽 4 周。
望闻问病：舌质淡红，苔黄腻。

钤法推演：己卯相人，戊午日病，依《伤寒钤法》推算为太阴病母字号乙证。
钤法歌诀：自利不渴难下食，中焦寒在理中温；脉微细且但欲寐，用药考虑四逆辈。胸腹胀痛有瘀堵，掌中诀用大柴胡。
《伤寒论》 第 273 条：太阴之为病，腹满而吐，食不下，自利益甚，时腹自痛。若下之，必胸下结硬。
第 277 条：自利不渴者，属太阴，以其脏有寒故也。当温之，宜服四逆辈。
治则选方：伤寒经方，大柴胡汤，中药配方颗粒 2 周。
结果反馈：2020 年 5 月 30 日反馈，咳嗽已愈。

2.5 太阴病临床治验
病 案 号：QF-F071
基本息信：女，生日：2001 年 7 月 9 日。发病：2020 年 4 月 20 日。2020 年 4 月 20 日来诊。
主　　诉：发热（体温 37.8° C）1 天伴咽痛腹胀眼干，情绪波动，手足心出汗，最近患有
口腔溃疡。
望闻问病：患者小时候做过先天性心脏病的手术，经常有胸闷，舌质淡红，苔黄腻。

钤法推演：辛巳相人，癸巳日病，依《伤寒钤法》推算为太阴病母字号乙证。
钤法歌诀：自利不渴难下食，中焦寒在理中温；脉微细且但欲寐，用药考虑四逆辈。胸腹胀痛有瘀堵，掌中诀用大柴胡。
《伤寒论》 第 273 条：太阴之为病，腹满而吐，食不下，自利益甚，时腹自痛。若下之，必胸下结硬。第 277 条：自利不渴者，属太阴，以其脏有寒故也。当温之，宜服四逆辈。
治则选方：伤寒经方，大柴胡汤，中药配方颗粒 2 周。
结果反馈：2020 年 4 月 24 日反馈：体温稳定在 36.5-37.1 之间，咽痛已消失 1 天。
2020 年 4 月 28 日反馈，体温稳定在 36.7-36.8 之间，咽痛已消失 5 天，自己要求再巩固 3 周。
2020 年 5 月 29 日微信随访患者:诸症皆除，心神稳定，未见复发。
按　　注：本案治疗中考虑患者的情绪波动剧烈，故尝试根据其人当时心理和诉求嘱其倍量
服药，疗效满意，尤其对其心理方面的临床治疗也是一次有意义的尝试。

2.6，厥阴病临床治验
病 案 号：QF-W117
基本信息：女，1991 年 8 月 12 日出生。2020 年 3 月 24 日发病，2020 年 3 月 28 日加重，2020 年 3 月 29 日来诊。
主　　诉：持续发热（38° C 左右）四天，伴头痛，恶心，失眠，腹胀，颈项僵硬。
望闻问病：2020 年 3 月 24 日开始有不适感，2020 年 3 月 25 日出现发热症状，持续（38° C 左右）4 天。恶热有汗，口干，口苦，腹胀，恶心，失眠，颈项僵硬。3 月 28 日相继出现头痛，恶心症状，不适感加重。

钤法推演：辛未年人。丙寅日病。依《伤寒钤法》推演属厥阴病乾字号癸证。
钤法歌诀：寒下复吐下更寒，寒格食后吐不安，姜连芩参各等分，不瘥麻黄升麻煎。
《伤寒论》第 359 条：伤寒本自寒下,医复吐下之,寒格,更逆吐下;若食入口即吐,干姜黄连黄芩人参汤主之。
治则选方：伤寒经方，干姜黄连黄芩人参汤，中药配方颗粒 2 周。
结果反馈：服药一天后，电话反馈：不再发热，体温一直稳定在 36.2° C 左右；头痛，恶心消失；颈项僵硬和睡眠略改善。大便每天 2 次、略稀。嘱继续服药观察。二诊复给上方 2 周诸症消除。随访至今，一切正常。

3 讨论

3.1，笔者经临床实践和研究发现，《伤寒钤法》有自己专属的“证”，此“证”的概念与传统“辩证论治”和”“有是证用是方”所说的“证”的涵义有所不同。

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辨证论治新冠肺炎

徐盈

新冠病毒性肺炎 ，是一种急性呼吸道传染性疾病。属于中医学中的‘’瘟疫‘’、‘’温病‘’、‘’疫疠‘’、‘’戾气‘’。数月以来，肆虐全球逾百个国家，近千万人感染、多人丧命。新冠肺炎是由新型冠状病毒，通过传染，导致人们生病甚至死亡。传染源是新冠病毒携带者；传播途径是空气飞沫经过呼吸道、消化道、破损皮肤等侵入体内；人群普遍易感，尤其年老体弱者。另据报道，家养宠物亦检测到此病毒感染。

中医药在这次抗疫防疫中，发挥了重要的作用。尤其是对于早中期的病人的治疗和易感人群的预防，效果非常显著。下面从中医学的角度，分析、讨论一下此病及其治疗和预防。

一，病因病机

病因是人的正气(抵抗力)不足时，感染了新冠病毒，即戾气。病机可以从‘’五运六气‘’、‘’阴阳五行‘’、‘’脏腑经络‘’等学说分析和认识。此病属于外感‘’风、寒、热、湿、燥‘’，首先侵犯的是‘’金（肺）‘’、‘’土（脾）‘’，继之，经由三种传变方式和途径，导致其他脏腑发生病变:

1.经气传导

（1）从肺系统开始的传导

a 从肺经顺经依次传导至:大肠经、胃经、脾经、心经、小肠经、膀胱经、肾经、心包经、三焦经、胆经、肝经；

b 从肺经逆经依次传导至:肝经、胆经、三焦经、心包经、肾经、膀胱经、小肠经、心经、脾经、胃经、大肠经。

（2）从脾经开始的传导

a 从脾经顺经依次传导至:心经、小肠经、膀胱经、肾经、心包经、三焦经、胆经、肝经、肺经、大肠经；

b 从脾经逆经依次传导至:胃经、大肠经、肺经、肝经、胆经、三焦经、心包经、肾经、膀胱经、小肠经、心经。

2.五行传导

（1）肺（金）系统的传导

a 从肺（金）系统顺行传导至:肾（水）系统、肝（木）系统、心（火）系统、脾(土)系统；

b 从肺（金）系统逆行传导至脾(土)系统、心(火)系统、肝（木）系统、肾(水)系统。

（2）脾（土）系统的传导

a 从脾（土）系统顺行传导至:肺（金）系统、肾（水）系统、肝（木）系统、心（火）系统；

b 从脾（土）系统逆行传导至:心(火)系统、肝(木) 系统、肾（水）系统、肺（金）系统。

3.同焦传导

（1）肺（金）与心（火）同属上焦，疾病可以互相传导；

（2）脾（土）与胃同属中焦，疾病亦可互相传导。

二，临床表现及分期、分型治疗

（一）初期

患者正气不足，长期、过度疲劳、精神压力过大、营养不良、陈旧性内脏疾病等，在接触或者被感染新冠病毒性肺炎后，症状比较轻微的，属于初期。

表现有:低热或者中度发热、咳嗽、干咳或者少量白黄色痰、气喘或者胸闷痛并呼吸不适、咽痛、咽干痒、嗅觉味觉降低、厌食、呕吐、腹泻腹痛、头痛、乏力倦怠等。舌质红或者红胖、舌苔白薄或者黄薄或者白厚腻、舌边可有或者无齿痕。脉象浮数滑或者浮缓。

1.风寒表实型:麻黄汤加清降丹（麻黄、桂枝、杏仁、炙甘草、大青叶、板蓝根）

2.风寒表虚证:桂枝汤加清降丹（桂枝、白芍、炙甘草、生姜、红枣、大青叶、板蓝根）

3.风寒夹湿型:

a 九味羌活汤加霍香、陈皮（羌活、苍术、白芷、防风、生地黄、黄芩、甘草、细辛川芎、霍香、陈皮），注意:在不允许用细辛的国家，可以独活代替。

b 败毒散加虎杖、野菊花（柴胡、前胡、川芎、枳壳、羌活、独活、茯苓、桔梗、人参、甘草、薄荷、生姜、野菊花、虎杖）

4.风寒夹燥型:麻黄汤加贯众天花粉（麻黄、桂枝、杏仁、炙甘草、贯众、天花粉）

5.风热外感型:桑菊饮加大青叶贯众（桑叶、菊花、杏仁、连翘、薄荷、桔梗、芦根、甘草、大青叶、贯众）

6.风热袭肺型:银翘散加白虎汤（连翘、双花、淡豆豉、桔梗、薄荷、淡竹叶、芦根、甘草、牛蒡子、荆芥、杏仁、生石膏、知母）

7.风热夹湿型:银翘散加羌活陈皮黄芩（连翘、双花、桔梗、杏仁、甘草、芦根、薄荷、淡竹叶、淡豆豉、羌活、黄芩、陈皮）

8.风热夹燥型:银翘散加天花粉紫苑款冬花（连翘、双花、桔梗、淡竹叶、淡豆豉、薄荷、杏仁、芦根、甘草、天花粉、紫苑、款冬花）

9.中焦湿热型:霍香正气散加黄连、青蒿（霍香、大腹皮、白芷、紫苏、茯苓、半夏曲、白术、陈皮、厚朴、桔梗、炙甘草、黄连、青蒿）

10.湿郁中焦型:霍香正气散加黄芩、虎杖（霍香、大腹皮、白芷、紫苏、茯苓、半夏曲、白术、陈皮、厚朴、

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桔梗、炙甘草、黄芩、虎杖）

（二）中期
患者病而已变，风寒入里（肺或者脾）、郁而化热，或者风热直入袭肺伤脾等。高热、咳嗽、痰黄量多、胸闷痛著、呼吸短促、喘息、甚至不能侧卧、心率增快、倦怠乏力、腹泻腹痛、呕吐等。

1.热著:白虎汤加清降丹、防风（生石膏、知母、炙甘草、粳米、大青叶、板蓝根、防风）

2.热而咳著:麻杏甘石汤加黄芩瓜蒌皮鱼腥草（麻黄、杏仁、甘草、生石膏、黄芩、瓜蒌皮、鱼腥草）

3.热而疲著:白虎加人参汤加清降丹、贯众（生石膏知母炙甘草大青叶板蓝根人参贯众）

4.热而腹泻腹痛著:黄连解毒汤加霍香、元胡、陈皮、白术（黄连、黄芩、生大黄、炒栀子、霍香、元胡、陈皮、白术、防风）

（三）晚期
患者错失治疗方法和时机，或者体质、年龄等因素，或者病势太重等，病入膏肓、毒邪内陷，热入营血、生命危笃。持续高热、真热假寒、阴阳格拒、脱水、心率增快、心衰、水肿、肝肾功能下降甚至衰竭、呼吸衰竭、谵妄、昏迷等，以至死亡。

1.白虎汤加清降丹生地黄玄参防风（生石膏、知母、炙甘草、大青叶、板蓝根、生地黄、玄参、防风）

2.犀角地黄汤、安宫牛黄丸、紫雪丹、至宝丹等。

3.如果患者不能口服中药，应该及时通过鼻饲、胃管、保留灌肠、静脉输入中药提取液等方法治疗。

三．预防

（一）个人及群体防护
提高易感人群对于新冠病毒性肺炎的认识，早发现、早隔离、早报告、早治疗，做好传染源、传播途径、易感人群的规范防护处理，做好传染病的潜伏期、发病期、危重期、恢复期的诊断和治疗护理等，相关部门及时、准确、迅速的通报疫情，减少或者控制群体聚会活动，自觉做好个人卫生防护（洗手、口罩、避免接触传染源），适当锻炼身体，劳逸结合，情绪平静愉快，营养合理均衡，睡眠充足，避免过度疲劳和精神压力。

（二）中医药防护
1.桂枝汤加味（桂枝、白芍、炙甘草、生姜、红枣、桑叶、羌活、大青叶、板蓝根）

2.玉屏风散加味（黄芪、白术、防风、野菊花、陈皮、玄参）

3.清降丹加味（大青叶、板蓝根、羌活、桑叶、防风、陈皮、炙甘草）

4.虎杖经验方（虎杖、贯众、野菊花、桑叶、白芍、生姜、红枣）

5.穴位按摩(迎香、百会、上星、合谷、列缺、曲池、大椎、定喘、肺腧、脾腧、气海、足三里、三阴交、阴陵泉、涌泉)

6.熏香及沐浴疗法(以艾叶、霍香、苍术、乳香、没药、佩兰、防风、荆芥穗、肉桂、陈皮、花椒等，点燃熏香或者煮药水浸洗沐浴。

7.针灸、放血及拔罐(对于上述按摩穴位及少商、耳尖、内分泌、公孙等穴位，进行预防性治疗)

8.气功内养(每日至少九次以上腹式深呼吸，力求吸气、屏气、呼气，都能达到一分钟以上时间；每个时刻舌抵上腭；每晚睡前盘膝打坐、预防草药及针灸放血、熏香沐浴疗法，可以每日一次、或者三日一次、或者一周一次，根据个人及环境的情况而定)

四．体会

根据中医药重温理论学习，结合临床治疗，个人体会:

1.新冠病毒性肺炎，属于‘’风、寒、湿、热、燥‘’，由外入侵，热著而衰，失治则殆。治疗要点，重在清热解毒、扶正祛邪。早期，都以‘’寒‘’、‘’热‘’为主要的的临床表现，‘’寒则热之、热则寒之‘’，多以辛凉、辛温解表药为主，辅以补气或者解毒药治疗；中期，多数入里化热，需大胆清热解毒为主，辅以养阴补益药治疗；以上两期治疗，均有一些临床实例证实效果满意。晚期，应该中西医结合，在各种西医 ICU 医疗设备和抢救措施的维持和治疗同时，尽量中药治疗，可能比单纯西医救治效果更好。此期新冠病人，因为没有参与救治，没有经验可谈，只是推演设想。

2.遇到繁杂的问题，就要从简单的、一分为二（亦有学者提出一分为三给、一分为多）的观点，从宏观上去看；遇到大的、困难的问题，就要从小的方面一点一点的改善，以达到整体的改变。新冠肺炎，看似困难、闻虎色变，其实不然。它也有强势和劣势、也有薄弱点，要‘’避其锋芒，击其惰归‘’，‘’战略上藐视敌人,战术上重视敌人‘’。

3.世界上的千万种疾病，以及以后可能出现的新的千万种疾病，包括过去和未来的传染病，‘’万变不离其宗‘’。都不外乎三因（内因、外因、不内不外因）的发病原因，都不外乎八纲(表、里，虚、实，寒、热，阴、阳)的辨证论治，都不外乎八法（汗、吐、下、消、温、清、和、补）及七方（大、小、缓、急、奇、偶、复）及十剂（宣、通、补、泄、轻、重、滑、涩、燥、湿）的临床治疗，都可以用中医的‘’辨证论治‘’指导治疗并取得很好的效果。

4.学贵博精、思贵深远。既要师法古人、又要勇于创新，当然创新必须在合乎医理的范围之内。法无定法、病无

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常形，有此症、用此药。具体情况具体分析、分别不同处理，以治愈疾病为目的。如同作战，以取胜为目的、论英雄，不以方法是否有前例、是否有前人所言为依据。用辩证唯物主义和历史唯物主义观点，看待问题和诊治各种疾病。

5.请医生辨证论治新冠肺炎的同时，注意所在国家的用药法律和治疗范围，比如:英国不能用麻黄（每日有毫克限制）和生石膏等，以免纠纷。

为了更好的交流抗疫工作经验，不揣冒昧、抛砖引玉，由于个人学识浅薄、临床诊治不是很多，以上文字中可能有许多缺点错误。今后努力学习提高，同时欢迎诸位老师同仁们多多批评指正!

新冠和疑似新冠肺炎病案报告

徐盈　英国伦敦万德堂

疑似新冠肺炎病案一例

一，一般情况
日期 2020 年 3 月 24 日
姓名　Y
性别 女
年龄　47 岁
职业 教师
体重 46 公斤
联系 通过朋友联系求医，微信交流。

二，病史
主诉：发热咳嗽乏力 10 天。
现病史：10 天前在疫区生活，无诱因出现发热、咳嗽、乏力 ，体温 38.4 度，自服扑热息痛，可以降至正常，数小时后复热，需要再服退热。第三天持续高热 39——40 度之间，再服多次扑热息痛也不能降至正常。伴有咳嗽，橙黄色痰，混有泡沫状，量不多，不易咯出。乏力，除了上厕所，不能下床走动。胸闷痛、气喘，不能侧卧，侧卧则胸闷较重，只能平卧休息。心率 92 次，头痛如裹、沉重感。食欲差，易干呕。服用朋友寄的中成药（日本产?）‘’放（防）风通圣丸‘’、‘’上风通圣丸‘’、‘’牛胆川贝母‘’（以上是片剂），及中草药：黄芪 20 川芎 15 淫羊藿 15 白术 9 麦冬 9 灵芝 9 防风 6 甘草 6 五味子 6 西洋参 3 金银花（量不详）（以上中草药单位是克），效果均不佳。发病以来，小便量少，无痛、急、频。
过去史:无药物及其他过敏史，不确定有无接触新冠肺炎病人。
家族史:无遗传、地方、传染病。

三，远程咨询检查
舌像照片：舌质紫黑，苔黄厚燥，边有齿痕。

四，辩证及治疗
1. 诊断：风热袭肺、湿热化痰、气阴两伤。
2. 处方：
自拟新冠二号：
生大黄 12g 知母 4g 竹叶 5g 玄参 5g 黄芩 8g 防风 5g 羌活 4g 陈皮 4g 杏仁 8g 桔梗 6g 牛蒡子 8g 鱼腥草 12g 柴胡 6g 大米 5g
每次 2 付一起煎煮，每日 2 付，每 6 个小时服一次，温服。
3. 嘱停所有的药；
体温不到 38.5 度不必服退热药；无饮食禁忌；多吃西瓜撒白糖，多闭目休息，多喝水和果汁。

五，病程记录
25 日/3 月：服上方药一日，体温 37.4 度，大便一次喷射状，以后每日大便 2 次，成型无腹泻。咳嗽乏力减轻，痰色白，易咯出，量稍多。心率 84 次/分钟，无胸闷痛。
舌像照片：淡红苔黄稍厚，润。
嘱：继续中药上方。
26 日/3 月：体温正常，食欲睡眠好，诸症好转，已经可以下床活动及洗澡。舌像照片：质紫，苔黄厚。嘱继续中药上方，改为每天一付，煎煮三次温服。
6 日/4 月：经过上述远程咨询诊断和中药治疗，从第二天开始体温逐步正常，咳嗽、乏力、胸闷痛、气喘、心率增快等症状逐步消失。停药观察 5 日，每日咨询及了解体温等，均正常。
已经治愈。

六，总结

患者中年女性，居住伦敦疫区，突然发热咳嗽乏力，继之稽留热，退热药不能退至正常体温，咯痰橙黄色、不易出 、胸闷痛、气喘、心率增快至 92 次/分钟，反复服退热药及中成药（解表类）、中草药（补益类） 效果不好。拘于疫情泛滥，政府要求居家防疫，所以只能远

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程咨询诊断帮助，并且诊所暂时关停多日，只能给病人自拟协定处方‘’新冠肺炎二号‘’，还是这个患者的朋友以前从我的诊所购备的，告知患者需要后，患者朋友偕丈夫连夜驾车给这个病人送去了草药。初诊:风热袭肺、湿热化痰、气阴两伤。治则:疏风清热、燥湿祛痰、益气养阴。方中应该用生石膏，但是英国不允许用，只好用生大黄代替（观察使用）、知母、玄参、竹叶、鱼腥草、黄芩、牛蒡子，清热解毒、急下存阴，为君；防风、羌活、柴胡、，疏风散热、护阴解表，为臣；杏仁、牛蒡子、桔梗，止咳祛痰、清热利咽，为佐；陈皮，理气祛湿、健胃止咳，为使。更以大米少许同煎，养护胃气、利尿安中。温服，防止久病伤阴、内热反格所致的呕吐连连、不能服药。

经过新冠病毒性肺炎二号处方治疗，每日好转明显，其后在第三天(26 日)出现舌像不佳,但是病人明显好转，所以没有改方，治愈方止。此处，也是沿用前人‘’效不改方‘’的启发，大胆使用‘’舍舌（舌像）从人（整体变化）‘’的方法。

白虎汤加羌活汤加减治愈疑似新冠肺炎 1 例

一，一般情况:
2020 年 2 月 8 日，张某某，女，56 岁，68 公斤，武汉，汉族。

二，病史:
胸闷、口粘、口苦、微恶心、喉中有痰、小腿发酸一天。自服磷酸奥了司他韦、罗红霉素、维生素 C。因其母、姐皆确诊新冠肺炎，并与其密切接触生活，出现症状后，拖人连夜联系向我求诊。
体温 37.3 度，心率正常，呼吸正常，血压 129/73mmHg。舌紫苔白厚腻。

三，处方:
羌活 6 克桑叶 8 克防风 8 克炙甘草 6 克杏仁 8 克瓜蒌皮 12 克牛蒡子 8 克大青叶 12 克板蓝根 10 克生大黄 10 克黄芩 10 克炒苍术 10 克生地黄 8 克生石膏 50 克知母 8 克炒陈皮 6 克炒麦芽 10 克川芎 4 克生姜 6 克（3 片）红枣 4 枚（掰开）
5 付，每日一付，每付煎煮两次，温服两次。
一付退热好转，5 付痊愈。

2020 年 2 月 19 日，在武汉复接触病人，疑又感染。咽喉及胃不适，痰贴阻感。舌稍紫苔白稍厚。
处方: 瓜蒌皮 12 克陈皮 5 克杏仁 10 克炙甘草 8 克羌活 5 克黄芩 8 克砂仁 5 克白芷 5 克茯苓 10 克牛蒡子 10 克淡豆豉 8 克。5 付，煎煮服法同前。药尽痊愈。

2020 年 3 月 8 日，述咽喉有痰感。
处方: 杏仁 10 克（捣碎）桔梗 10 克瓜蒌皮 12 克牛蒡子 10 克生地 8 克砂仁 5 克（捣碎）陈皮 6 克霍香 8 克茯苓 12 克制香附 10 克炒苍术 8 克黄芩 8 克炙甘草 8 克。5 付，煎煮服法同前。药尽痊愈。

四，分析:
患者身在疫区，其母、姐皆确诊新冠病毒性肺炎，密切接触和生活，并发热、胸闷、口苦等症状，结合舌像考虑属于‘风寒夹湿’型新冠肺炎（流行瘟疫）或者疑似患者，予以九味羌活汤、白虎汤合方加减治疗而愈。因为虑及此病证型属于风寒湿，故羌活汤；此病传变迅速、直入肺金，故白虎汤；虑及一些症状之适合与不适，虽不尽合古方，亦应以治病为要、遵古为次，故将两方化裁加减使用而得显效治愈。

麻杏石甘汤治愈新冠肺炎 1 例

一，一般情况:
2020 年 2 月 8 日，张某某，女，58 岁，体重 80 公斤，武汉，汉族，密切接触新冠患者。

二，病史:
胸闷胀、口干、胃不适 5 日。当地 CT 确诊新冠肺炎，予以阿奇霉素、奥斯他韦、阿比多尔、莫西沙星，无效。体温正常，心率 95 次/分钟，呼吸正常，血压 147/90mmHg，舌红苔白厚燥。

三，处方:
炙麻黄 6 杏仁 8 克（捣碎）生石膏 50 克炙甘草 5 克黄芩 8 克桑叶 8 克生大黄 10 克牛蒡子 8 克大青叶 10 克桔梗 8 克玄参 8 克瓜蒌皮 15 克枳实 8 克知母 10 克粳米 6 克。5 付，每日一付，每付煎煮两次温服。
一付好转，五付痊愈，至今四个月未复发。

四，分析:
患者因为照顾新冠住院的家人而感染，CT 确诊，西药治疗八天无效，经友介绍邀余远程诊治。从病史及舌像分辨，属于‘风热夹燥袭肺’，治以‘疏风清热、润燥宣肺’，以麻杏石甘汤加味治愈。方中:生石膏、黄芩、生大黄、大青叶、玄参、知母，清热解毒、养阴固本，共为君。杏仁、瓜蒌皮、桔梗、炙麻黄，宣肺止咳、解除胸闷胀，并以枳实‘破气消积、化痰除痞’，更兼取意‘子病治其母’、‘肺为储痰之器、脾为生痰之源’，以此药泄胃肠积滞助肺气宣通、痰症易除，同与上药合用，共为臣。炙麻黄、牛蒡子、桑叶，疏风消散、透表祛邪，共为佐，如果患者发热、头痛著，则宜加防风、荆芥等。炙甘草调和诸药、补脾益气、润肺止咳；粳米味甘性平，入肺、胃、脾经，除烦、止渴、润燥、养护胃气，如果没有粳米，可以大米同样疗效，与炙甘草共为使药。

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以上诊治，虽然远程，仅以病人叙述和舌像为据，但是，基于中医的辨证论治和对于瘟疫的论述，参考现代医学对于新冠肺炎属于病毒性传染病的理论研究，结合中医方药的大胆加减化裁，故一方济之，快速的治愈了疾病，并且数月后随访无复发。

越鞠汤治愈疑似新冠肺炎致嗅觉不灵 1 例

一，一般情况:
2020 年 4 月 6 日，美国纽约华人宗亲之子单某某，经其母联系求诊余从英国远程诊治。

二，病史:
患者青年男性，平素健康，于 23 天前可能接触工作和生活中新冠肺炎病人后，开始‘’发热咳嗽嗅觉不灵’’，并睡眠不佳、精神压力较大。曾当地中草药治疗，热退、咳减，但仍嗅觉不灵及压力较大。远程微信照片:舌紫苔黄厚腻。

三，处方:
苍术 15 克生栀子 10 克（打碎）酒川芎 8 克制香附 12 克炒神曲 20 克黄芩 10 克淡豆豉 10 克白芷 8 克,8 付，水煎两次温服，每日一付。
用上方，嗅觉逐渐恢复至正常。

四，分析:
越鞠汤源于金元四大家之一朱丹溪《丹溪心法》，原方是各等份为末制丸，每次 6——9 克，温开水冲服。功用:行气解郁。主治:气郁所致的胸膈痞闷、脘腹胀痛、嗳腐吞酸、恶心呕吐、饮食不消等症，又善治六郁（气、血、痰、湿、食、火）症。临床诊断正确，往往效如鼓桴。方中:苍术燥湿健脾，以治湿郁；生栀子清热泻火，以治火（热）郁；川芎活血祛瘀，以治血郁；制香附行气解郁，以治气郁；神曲消食导滞，以治食郁；加黄芩清热燥湿、泻火解毒；淡豆豉解表除烦；白芷解表祛风燥湿、消肿排脓、通关开窍。以上诸药，协同治疗，治疗新冠病毒感染后嗅觉不灵，效果颇佳。
《黄帝内经》:肺开窍于鼻，肺为相傅之官，肺主治节，肺主一身之气。所以，结合临床实践，认为此病，应该治肺（气）因湿热而郁为要，不应该舍本求末、久治无功。
在以往用治疗新冠肺炎或者疑似新冠肺炎的七十多例患者中，也常常有嗅觉、味觉、皮疹、肢体红肿等伴发症状，都是用中药治疗诸症皆愈。具体的说，往往是辨证论治的使用‘’九味羌活汤加减‘’、‘’败毒散‘’、‘’麻杏石甘汤‘’、‘’银翘散‘’、或者自拟对症处方等，较快的帮助患者解除了病痛。
因为鲜有越鞠汤治疗嗅觉失灵，且临床效果满意，故不揣冒昧，谨与同道交流，仅供参考，欢迎批评指正。

黄连抗疫汤加减治愈疑似新冠肺炎 1 例

一，一般情况:
2020 年 3 月 29 日，巫某某，男，38 岁，76 公斤，英国伦敦华人。

二，病史；发热（腋下 39 度左右）、咳嗽、咯白痰、胸痛、呕吐 1 天。英国医院 X 光检查:肺有阴影，未核酸检查，给退热药、消炎药，可暂时退热，不久反复。舌红苔黄厚腻。

三，处方:
黄连 15 克黄芩 12 克大青叶 20 克野菊花 10 克杏仁 10 克瓜蒌皮 12 克桔梗 10 克荆芥 8 克柴胡 15 克霍香 12 克防风 15 克炙甘草 8 克生姜 5 片（10 克）红枣 5 枚（掰开）
5 付，每日一付，煎煮两次，温服两次。
一付显效，五付痊愈。

四，分析:
患者在英国疫情流行严重之际与新冠肺炎病人曾密切接触，居家防疫之前可能已经感染，虽未察觉，但上述症状体征已属‘新冠肺炎可疑’的诊断，此证属于‘’风热夹湿‘’型。根据病情，笔者拟‘’黄连抗疫汤‘’予以治疗。方中:黄连、黄芩、大青叶、野菊花、霍香，清热解毒祛湿，为君药；防风、荆芥、柴胡，解表祛风清热，为臣；杏仁、瓜蒌皮、桔梗，止咳祛痰利咽，为佐；炙甘草调和诸药益气为使。复以生姜辛温解表、温胃止呕，红枣健脾补益、扶正祛邪，共为药引。经过辨证论治、恰当施药，患者很快痊愈。

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探秘《辅行诀》

韩永刚
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摘要：讲述了《辅行诀》的封藏以及发现、挖掘的过程；《辅行诀》是陶弘景的弟子们集陶弘景学术思想而成书；《辅行诀》的主要内容是将三大类疾病所对应的三大类处方，现存方 52 首；阐述了《辅行诀》的两大理论核心，“五味体用补泻除病图”和“五行五味互含药精”；总结了《辅行诀》的学术价值。

关键词：辅行诀；补泻；五行；五味；药精。

一、《辅行诀》的前世今生

《辅行诀》的传奇故事始于甘肃敦煌莫高窟藏经洞。敦煌莫高窟，又名敦煌千佛洞，位于甘肃省敦煌市东南 25 华里的鸣沙山东麓断崖上，是佛教圣地。藏经洞原属于“吴和尚洞”的一间耳室，是一位名叫洪辨的高僧平日休息和坐禅的地方。洪辨和尚去世后，这间耳室便成了纪念他的影堂，放有洪辨和尚的塑像和壁画。公元 1002 年以后的数年间，敦煌局势凶险四伏。因此，敦煌教团将洪辨和尚的影堂改造成藏经洞，在此封藏了大量的文献、法器。

清光绪二十六年五月二十六日(1900 年 6 月 22 日)，敦煌莫高窟下寺道士王圆箓选中“吴和尚洞”，用于改建为道教太清宫，在施工过程中发现藏经洞。洞中发现藏匿近千年的从晋代到宋代末年的约 5 万件文物，藏经洞出土的珍贵文献与河南安阳殷墟甲骨文、汉简、明清档案的发现被称为中国近代四大发现[1]。王圆箓监守自盗，引得法国、英国、俄国、美国、日本等国的文化劫匪蜂拥而至。

1918 年，湖北军马总督察、兽医师张光荣因公赴甘肃张掖采购军马，途中因遇大风，投宿敦煌千佛洞。道士王圆箓知道张光荣行医，遂推荐售卖《辅行诀脏腑用药法要》绢书，说这本书是他给法国人伯希和装箱时私藏下来的。张光荣先生借阅一晚，次日以 75 大洋从道士手中购买《辅行诀脏腑用药法要》。卷子首尾基本完整。其前绘有“三皇四神二十八星宿图”。张氏视为珍宝，殁后传于其嫡孙中医师张大昌[2, 3, 4]。

张大昌先生家中藏书万卷，18 岁开始研习中医，家藏诸书无不遍览，对《伤寒杂病论》、《辅行诀五脏用药法要》等书背诵纯熟，运用自如，悬壶济世四十余年，盛誉远播。在横扫一切的“文化大革命”中，《辅行诀脏腑用药法要》原卷于 1966 年被毁。1974 年春天，张大昌先生以“威县赤脚医生”的名义，邮寄手抄本《辅行诀脏腑用药法要》给北京东直门内的中国中医研究院(中国中医科学院前身)。首次献书未引起重视，仅回复“已经存档”。张大昌先生以和氏怀璧之心，于次年再次献书。这一次，中医研究院科教部把材料交给了医史文献研究室进行研究。研究室把它转交到著名中医文献学家马继兴先生手里，请他先进行文献鉴定。为了慎重起见，马继兴先生把这个手抄本交给社科院著名考古学家李学勤、张政烺先生审阅。两位考古学家很慎重地在 1975 年 5 月表达了他们的意见：“此书不是近代的伪作，但也不可能是早到梁代的作品。作为一种古籍的传抄本，还是有保存的必要”[5]。

与此同时，中国中医研究院的副院长、医史文献研究室的筹建人王雪苔先生，对此书寄予了很大重视，组织相关人士进行研究。1976 年 1 月 7 日，国家科技部联合中国中医研究院在北京西苑医院召开中医专家座谈会，与会中医界耆宿岳美中、钱伯煊、赵心波、赵锡武、耿鉴庭、方药中及相关部门领导沙洪、彭杰、王雪苔等对该书进行了深入研讨。会后，王雪苔受命继续查访此书流向。之后，王雪苔先生专程前往河北威县采访 80 岁高龄的张大昌中医师，并且收集到两个抄本。其后，王雪苔先生以“特邀编写”的身份参与，与马继兴先生共同协作，江西科学技术出版社于 1988 年出版《敦煌古医籍考释》(简称“考释本”)，这是《辅行诀》第一个正式刊行本。九十年代初，张大昌弟子们把张大昌的部分藏书和临床经验汇总合集而成《经法述义》，其中收录了《辅行诀脏腑用药法要》，即所说“经法述义”本。二十世纪九十年代中国中医研究院中国医史文献研究所委派王淑民、陶广正先生再访张大昌，收集到 3 个抄本，并与马继兴先生共同整理，收录于 1998 年江苏古籍出版社的《敦煌医药文献辑校》(简称“辑校本”)。2008 年 3 月，病中的王雪苔先生出版了“《辅行诀脏腑用药法要》校正考证”一书，同年 9 月王先生因病逝世[5, 6, 7]。

同期，北京中医药大学的钱超尘、赵怀舟师徒于 2007 年和 2008 年两次赴河北省邢台专区威县与张大昌先生众弟子座谈，前后共收集到 14 个抄本。钱超尘、赵怀舟将总计 21 个传本进行仔细整理校勘，命名为《辅行诀五脏用药法要传承集》，由学苑出版社出版于 2008 年出版。2009 年张大昌先生的弟子衣之镖与赵怀舟先生合著了《辅行诀五藏用药法要研究》[3,8]。

二、陶弘景与《辅行诀》

陶弘景(公元 452 或 456—536 年)，丹阳秣陵（今江苏南京）人，中国南朝齐、梁时期的政治家、文学家、书法家、道教思想家、炼丹家、医药家。他出生于仕族家庭，早年步入仕途，36 岁时辞去官职，隐居茅山修道，开创了上清派茅山宗。陶弘景在茅山顶上建造一座三层楼阁，陶氏独居上层，弟子居住中间，宾客住底层。梁武帝萧衍为陶弘景在茅山建太清玄坛，他对陶弘景“恩礼愈笃，书问不绝，冠盖相望”，他每次收到陶弘景的

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书信都要先焚香再观看，时人称陶弘景为“山中宰相”。陶弘景晚年被迫受戒皈依佛教，一生传奇，受到了儒、道、佛三种哲学思想的影响。

陶弘景在道教史上承前启后，他全面继承了道教经教和道教学术，研究范围甚广，包括道教的养生学、神仙修炼术、外丹术以及医药学、天文历算、地理方物等方面。他一生著书很多，约 230 部，其中关于医药学的书籍有 《本草经集注》、《肘后百一方》、《梦书》、《效验施用药方》、《服食草木杂药法》、《断谷秘方》、《消除三尺要法》、《服气导引》、《养性延命录》、《人间却灾患法》、《集药诀》、《登真隐诀》、《陶隐居本草》、《药总诀》、《导引养生图》、《合丹药诸法节度》、《太清诸丹集要》、《华阳陶隐居集》、《集金丹黄白药方》及 《灵方秘奥》等，可惜其中绝大多数已散失。陶弘景以“诀”字命名的著作有《集药诀》、《登真隐诀》及《药总诀》等。在以上著作中，对于中国医药学的最大贡献，除了《辅行诀》之外，当首推《本草经集注》一书，《神农本草经》正是因为陶弘景的整理而得以留存。陶弘景总结和整理了自东汉《神农本草经》产生以后的药物学成就，在原书所收 365 味药物的基础上，从自己所著的《名医别录》中挑选了 365 种新品种附入《神农本草经》，从而充实为 730 味药物，并予以一一订正、调整、分类注释，编成《本草经集注》一书[9]。他选取的 365 种药与《神农本草经》合编时，用红、黑二色分别写《神农本草经》与《名医别录》的内容，他开创的这种做法，为后来的医家争相学习。

笔者赞同王淑民、张永文、张濒月先生的观点，即《辅行诀》是真迹，但不是陶弘景本人而是他的弟子们的著作，成书定稿时间大约在公元 536 年到公元 650 年之间。敦煌医学卷子避“治”字讳的较多，有将“治”改为“疗”、“主”字等。但《辅行诀》大小玄武汤之“玄”字，不但不避宋始祖讳，而且不避唐高宗李治讳，多次出现“治”字。因此认为《辅行诀》的注释整理时间最迟不晚于五代。并且，《辅行诀》频频以“陶云”、“陶隐居云”、“弘景曰”等称谓提出学术思想，可见《辅行诀》作者并非陶弘景本人，而是他的弟子们集陶弘景学术思想而成书，为了尊崇本师，因此在书名下加题“梁华阳隐居陶弘景撰”[10, 11]。正如同《论语》，虽然不是孔子本人亲自著作，却是孔子弟子及再传弟子记录孔子及其弟子言行而编成的语录集。

《辅行诀》继承了《汤液经法》的道家血脉，所以其著书立说的主要目的是辅助道家弟子在深山中修行，“辅行诀”顾名思义，就是给道家弟子“辅助修行的药诀”！这与张仲景做为医生，“感往昔之沦丧，伤横夭之莫救”，以治病救人为宗旨而撰写《伤寒杂病论》的目的是不同的。虽然境界稍差，但是实用性很强。

三、《辅行诀》的主要内容

《辅行诀》云：“陶隐居云：依《神农本经》及《桐君采药录》，上中下三品之药，凡三百六十五味，以应周天之度，四时八节之气。商有圣相伊尹，撰《汤液经法》三卷，为方亦三百六十五首。上品上药，为服食补益方，百二十首；中品中药，为疗疾祛邪之方，亦百二十首；下品毒药，为杀虫辟邪痈疽等方，亦百二十五首。凡共三百六十五首也。实万代医家之规范，苍生护命之大宝也。今检录常情需用者六十首，备山中预防灾疾之用耳。”根据《辅行诀》书中的记载，《神农本草经》和《桐君采药录》分别载药 365 种，伊尹《汤液经法》载方 365 首，陶弘景根据这一体例，从《汤液经法》中选择了 60 首处方，推荐给在深山修炼的道士们用于防病祛病，可惜只有 52 首处方流传至今。

《辅行诀》将疾病分成三大类，相应地给予三大类相应处方。第一大类是普通的外感病和内伤杂病，分别称之为“时恙”和“夙痼”，在五运六气体系下可以称之为“气立病”和“神机病”。《辅行诀》云：“隐居曰：凡学道辈，欲求永年，先须祛疾。或有夙痼，或患时恙，一依五脏补泻法例，服药数剂，必使脏气平和，乃可进修内视之道”。针对这类疾病，《辅行诀》现存方包括五脏虚实病证方（肝、心、心包、脾、肺、肾各有大小补泻四汤）24 首，五脏误治泻方 5 首和救诸劳损方 5 首，这 34 首处方是第一大类处方。

第二大类疾病就是外感天行病，“弘景曰：外感天行，经方之治，有二旦、四神大小等汤。昔南阳张机，依此诸方，撰为《伤寒论》一部，疗治明悉，后学奉之。山林僻居，仓卒难防，外感之疾，日数传变，生死往往在三五日间，岂可疏忽！若能深明此数方者，则庶无蹈险之虞也。今亦录而识之。”相对应的就是二旦四神大小方（包括大小阴旦汤、大小阳旦汤、正阳旦汤、大小青龙汤、大小白虎汤、大小朱鸟汤、大小玄武汤）13 首，是第二大类处方。

第三大类疾病就是猝死窍闭病，第三大类处方即救卒死方 5 首。

现存方总计 52 首。钱超尘、赵怀舟师徒通过与张大昌先生的弟子们座谈，证明《敦煌医药文献辑校》收录的小勾陈汤、大勾陈汤、小腾蛇汤、大腾蛇汤是张大昌先生本人增加，非原书所辑[8]。

四、《辅行诀》的理论核心

“五味体用补泻除病图”和“五行五味互含药精”是《辅行诀》的两大理论核心，是读懂本书的关键。

《辅行诀》从《汤液经法》的 365 首经方中选取 60 首方以备山中修道之需，又从 60 首药方中选取 25 味核心中药作为必备之药物。为了解释这 25 味核心中药的生克制化作用，制作了“五味体用补泻除病图”。《辅行诀》对此图评价甚高：“此图乃《汤液经法》尽要之妙，学者能谙于此，医道毕矣。”

关于五味补泻，《黄帝内经》有法而无方。《伤寒杂病论》创造性地继承了《汤液经法》的方药，建构了自己的六经辨证和方证体系，但没有讲《汤液经法》的制方法则。也就是说，我们虽然可以用《汤液经法》和《伤寒杂病论》的经方，但是我们不知道古圣先贤们为什么这样组方。而《辅行诀》则继承了《汤液经法》具体规范的选药组方之法[12]，而且其规律具有严谨的逻辑性，这一组方规律就藏在“五味体用补泻除病图”中，可见这幅图的重要性。

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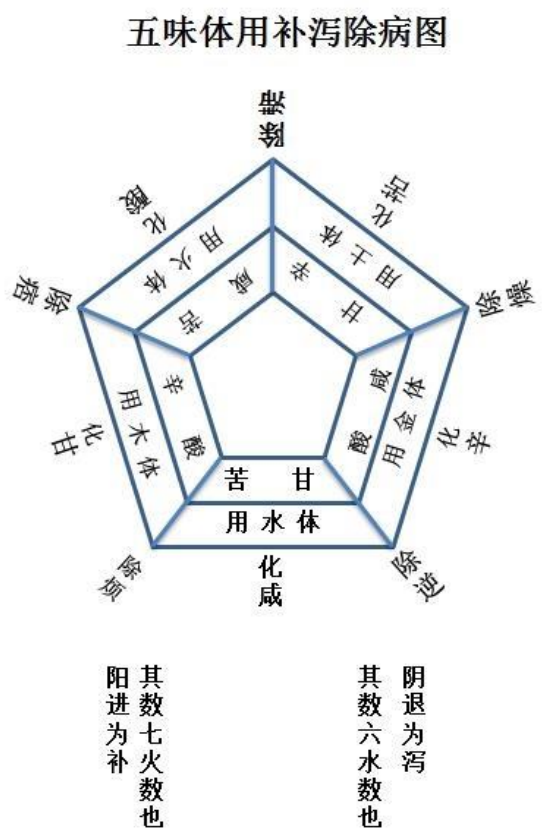

本图呈五边形，五边为五行，每个边代表一行，每一行之内分为“体味”和“用味”，外为“化味”，五角为除病。以木为例：“体味”为酸味，“用味”为辛味，“化味”为甘味。“体”、“用”、“化”属于中国古代哲学范畴，道一元论三分法的体现。“体”是根本的、内在的、本质的，是物质基础，“用”是“体”的外在表现和功能作用，体为阴，用为阳。五行中每一行均分体和用，体和用之间的关系是相克，体克用，以木为例，体味酸克用味辛。五脏所欲为用味，以用味为补；五脏所苦为体味，以体味为泻，即“以增强五脏功能为补，以减弱脏腑功能为泻”，这与后世的“以补益气血阴阳为补，祛除风寒暑湿燥火六淫邪气为泻”的补泻概念完全不同。“化”为变、为中，是冲和之气，阴阳相交，合而为一，是体用结合之后形成的新的物质和功能。化味从木开始，顺时针旋转，按照五行相生顺序依次列有化甘、化酸、化苦、化辛、化咸，分别表示木→辛酸化甘、火→咸苦化酸、土→辛甘化苦、金→咸酸化辛、水→苦甘化咸。从结果看，“化味”是化其所胜，即“化味”是“用味”五行属性的所克一行。

五行之间，顺时针旋转是五行相生顺序。从木开始，五行用味顺时针旋转相生，木用味辛→火用味咸→土用味甘→肺用味酸→水用味苦；同时，五行体味亦顺时针旋转相生，木体味酸→火体味苦→土体味辛→金体味咸→水体味甘。

五角除病，从木开始，顺时针旋转，按照五行相生顺序依次列有除烦、除痞、除滞、除燥、除逆。“烦”病为木之子火病之证，是阳气太过，朱丹溪谓“气有余便是火”；“痞”病为火之子脾病之证，脾土位中央，升降阴阳，若阴阳升降失常则为“痞”；“滞”病为土之子金病之证，肺金肃降不及，肺与大肠有糟粕停滞；“燥”病为金之子水病之证，是阴气不及，肾水失养；“逆”病为水之子木病之证，水不涵木，阴气逆升。可见，五角除病实际是对“救诸病误治方”5 个处方（救误泻肝汤，救误泻心汤，救误泻脾汤，救误泻肺汤，救误泻肾汤）的总结。《辅行诀》原书中本图右下角有缺失，有学者将其补充为“除痉”，这是不妥的，正解应该为“除逆”。也就是说，除烦、除痞、除滞、除燥、除逆表示水木（救误泻肝汤）→苦酸除烦，木火（救误泻心汤）→辛苦除痞，火土（救误泻脾汤）→咸辛除滞，土金（救误泻肺汤）→甘咸除燥，金水（救误泻肾汤）→酸甘除逆。这是揭示五行母脏的用味和子脏的体味配合，可以除去子脏之所病。

《黄帝内经·素问·天元纪大论》曰：“然天地者，万物之上下也；左右者，阴阳之道路也；水火者，阴阳之徵兆也；金木者，生成之终始也。”天为阳在上，地为阴在下；天之道左旋，地之道右旋，左右为天地不同的运动方向；水是阴的象征，火是阳的象征。《伤寒论》中对于“数”亦有记载：“发于阳者七日愈，发于阴者六日愈，以阳数七，阴数六故也。”水火做为阴阳的象征，水的成数是 6，大泻汤药味数是 6 味即水数；火的成数是 7，大补汤药味数是 7 味即火数。水火代表天地阴阳，说明天地运行和补泻之道。天道为阳左旋，逆时针阳进七为补；地道为阴右旋，顺时针退六为泻。也就是顺应天阳，增强脏腑的生理功能为补（补用）；顺应地阴，则减弱了脏腑的生理功为泻（补体则泻用）。

“五行五味互含药精”是《辅行诀》的第二大理论核心。如果把“五味体用补泻除病图”比喻成处方组成规律的公式，那么这 25 味“药中之精”，就如同公式中的字母和数字。如前所述，《辅行诀》有 21 个抄本，流传最广的版本的 25 味药精如下：“味辛皆属木，桂为之主，椒为火，姜为土，细辛为金，附子为水。味咸皆属火，旋覆（花）为之主，大黄为木，泽泻为土，厚朴为金，硝石为水。味甘皆属土，人参为之主，甘草为木，大枣为火，麦冬为金，茯苓为水。味酸皆属金，五味（子）为之主，枳实为木，豉为火，芍药为土，薯蓣为水。味苦皆属水，地黄为之主，黄芩为木，黄连为火，白术为土，竹叶为水。”经过笔者研究，这个版本的药精组成问题比较多，比如没有包含大小泻肺汤的君药葶苈子；麦门冬味甘如果归属土中金，则在《辅行诀》中多处组方规律不符等问题。

笔者强烈推荐张大昌先生的杰出弟子衣之镖先生所整理的版本。衣之镖先生笔耕不辍，出版多部《辅行诀》相关著作。笔者研究《辅行诀》，就是以衣之镖先生著作中“《辅行诀五脏用药法要》整订稿”和“《辅行诀》藏经洞本复原校订稿”为依据，也唯有依据这两个版本，才能破解《辅行诀》，获得正法正果[13, 14]。《〈辅行诀五脏用药法要〉整订稿》：“经云：在天成象，在地成形。天有五气，化生五味，五味之变，不可胜数。今者约列二十五种，以明五行互含之迹，变化之用。如左：味辛皆属木，桂、琅玕为之主；生姜、伏龙肝为火；附子、阳起石为土；细辛、舉石为金；干姜、雄黄为水。味咸皆

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属火，丹皮、凝水石为之主；大黄、禹粮石为土；葶苈子、芒硝为金；泽泻、磁石为水；旋覆花、硝石为木。味甘皆属土，人参、赤石脂为之主；甘草、石膏为金；茯苓、乳石为水；薯蓣、云母为木；炙甘草、石英为火。味酸皆属金，麦门冬、石绿为之主；枳实、白矾为水；芍药、硫黄为木；萸肉、皂矾为火；五味子、曾青为土。味苦皆属水，地黄、滑石为之主；黄芩、代赭石为木；黄连、丹砂为火；术、黄土为土；竹叶、白垩土为金。此二十五味，为诸药之精，多疗五脏六腑内损诸病，学者当深契焉。”

《辅行诀》五行五味互含药精简表					
	中 木	中 火	中 土	中 金	中 水
木 辛	桂枝 琅玕	生姜 伏龙肝	附子 阳起石	细辛 礬石	干姜 雄黄
火 咸	旋覆花 硝石	丹皮 凝水石	大黄 禹粮石	葶苈子 芒硝	泽泻 磁石
土 甘	薯蓣 云母	炙甘草 石英	人参 赤石脂	生甘草 石膏	茯苓 乳石
金 酸	芍药 硫黄	山萸肉 皂矾	五味子 曾青	麦门冬 石绿	枳实 白矾
水 苦	黄芩 代赭石	黄连 丹砂	白术 黄土	竹叶 白垩土	地黄 滑石

经整理之后的药物五行互含归类见上表。

《辅行诀》两大核心秘密，三大类疾病，三大类处方，六种组方法则。多数学者仅仅完成了最初的三分之一的内容，也就是五脏大小补泻方的部分，这样则不能窥全豹。对于五行生克，很多中医师机械理解，生只是生，克只是克，不知道生克补泻同时在发生作用。因此用相生法需要配合相克法，用相克法也要配合相生法；用补法要配合泻法，用泻法要配合补法。另外，遣药组方法则的变化应用很多，不仅仅是我们普通中医人熟知的《难经·六十九难》“虚则补其母，实则泻其子”的理念，还包括被大多数中医人所忽略的《难经·七十五难》“子能令母实，母能令子虚”的理念。《辅行诀》将《难经》母子补泻理论完美地付诸实践，做到方中有方，母子同治，补泻兼施。要理解这一点，需要将三大类组方组方弄通，方才能窥其真要。

五、总结

《辅行诀脏腑用药法要》九千余字，道术并重，有法有论，方药结合，其学术价值在于：

1.《辅行诀》既继承了中医经典《黄帝内经》（主要是“藏气法时论”、“至真要大论”、“本神”、“五邪”），又保留了道家伊尹《汤液经》的重要内容，鲜明地体现了道家的医学思想。

2.《辅行诀》与《伤寒杂病论》同源而异流，道同而法异。有学者统计，通过对比《辅行诀》经方与《伤寒论》、《金匮要略》经方药物组成，可知《伤寒论》、《金匮要略》中的桂枝汤、小建中汤、麻黄汤、小青龙汤、白虎汤、黄连阿胶汤、真武汤、矾石汤、瓜蒂散、理中丸、四逆汤、泻心汤等 12 首处方与《辅行诀》中相应处方的药味完全一致，占《辅行诀》处方总数 51 首的 23.5%；《伤寒论》、《金匮要略》方中药味有半数（含半数）以上的处方与《辅行诀》方中药味一致的处方有 31 首，占《辅行诀》处方总数 51 首的 60.8%[15,16]。

3.《辅行诀》的成书体现出经过先秦诸子百家之“九流十三家”的蓬勃发展，以方技家为基础，中医逐渐融合了道家、阴阳家、数术家等学术流派的思想和技术，中医自身学术体系得到了极大的丰富和发展。

4.《辅行诀》两大核心理论，三大类疾病，三大类处方，六种组方法则。分类清晰，条理清楚，法度严谨，适合临床。《伤寒论》112 方，《辅行诀》现存 52 方，处方总数不到《伤寒论》的一半，而且自成完整体系，理法方药俱全，非常适合初学中医的医师。

5.《辅行诀》药物继承《神农本草经》，选药组方之法则继承《汤液经法》，即“五味体用补泻除病图”。其选药组方法则具有严谨的逻辑性，既立足中医（方技家），坚定执行《黄帝内经》“谨和五味”的原则；又效仿兵家，用药如用兵，遣药组方如同排兵布阵，以法用方，纪律严明，法度严谨。《辅行诀》的组方规律是全书学术特点最明显、最有特色的部分，这在其后的中医著作中难以见到。

6.《辅行诀》“五行五味体用互含”理论，深化了阴阳五行学说，将其理论具体化、实践化，先将中药以体味、用味分阴阳，继而以用味分五行大类，五行之中再分五行，从而形成“五行之中内含五行，同时蕴含阴阳”的阴阳五行复杂巨系统结构。并且，以“用味为补，体味为泻”，即“以增强脏腑功能为补，以减弱脏腑功能为泻”，这与后世的以“补益气血阴阳为补，祛除风热暑湿燥寒六淫邪气为泻”的补泻概念完全不同。

7.生中有克，克中有生，《辅行诀》与《伤寒论》、《千金方》的等古中医经典共同用药规律之一是补泻兼施，寒热并用。《辅行诀》还根据《难经·七十五难》“子能令母实，母能令子虚”的理念，演化为“实者泻其母”和“虚者补其子”的治则，从而将《难经》母子补泻理论完美地付诸实践，做到了方中有方，母子同治。

综上所述，《辅行诀》一书不但与中医四大经典《神农本草经》、《黄帝内经》、《难经》、《伤寒杂病论》有着紧密的联系，而且还有自身鲜明的学术特色。

本文以曹东义老师的一段话做为结束语：“传承这部著作的人，虽然目前以张大昌先生的弟子为主，但是随着时间的推移，其传承者绝不会只限于这 20 多人，它必将会成为一个学术流派，因为它具有穿越时空的学术能量。”[5]

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腠理三焦是生命人体的三大调节系统之一

徐广文 （伦敦）

[摘要]：本文根据《内经》和经典医著医家的相关腠理和三焦理论，归纳整理。即从消化吸收，运行水谷精微、生化营卫气血、 调节气血循环、调节津液、调节诸气的升降出入、调节元气卫气，调节防御、调节体温、调节呼吸、调节津气，净化机体等十个方面进行了研究总结而得出结论：生命人体的脏腑、五官、髓脑、筋骨、肌肤等组织器官的联系，功能调节；和营卫、气血、津液、元气等能量物质的化生调节、运行输布、气化，气机升降出入等皆以腠理三焦为通道和调节场所。所以， 腠理三焦是生命人体最大的调节系统之一。
关键词：经典理论研究 腠理三焦 调节系统

The Cou Li and San Jiao are One of Three Major Regulating Systems of Human Body

徐广文 XU Guang-wen (London)

Abstract: Based on the theories of Cou Li (the Interstices) and San Jiao (triple-energizer) from Huangdi's Internal Classic and other classic TCM literatures, this paper explores one of the three major regulating systems of human body. Within the human body as a holistic entity, Cui Li and San Jiao provide a passage and regulating space for all tissues and organs to perform their own yet collaborative functions. Such passage and space provided by Cou Li and San Jiao are the key to form the connection and functionl regulation of tissues and organs such as internal Zangfu-Organs, five sensory organs, marrow and brain, tendons and bones, muscle and skin and so on. The movement, transformation and circulation of body's fundamental substances such as Ying qi and Defensive qi, qi and blood, body fluid, and Yuan qi rely on Cui Li and San Jiao to allow the passage ad space where they all are able to perform their normal physiological functions.
Key words: Classical theoretical research, Cou Li or the interstices; San Jiao or triple-energizer; regulating system

《内经》和经典医著里有丰富的腠理和三焦理论。内经》生命人体的脏腑，经络和腠理三焦是一个整体，是动态平衡的三大调节系统。本文重点从腠理三焦调节生理功能和生命活动，以阐述腠理三焦是生命人体最大的调节系统之一。

1. 调节消化吸收 运行水谷精微

如《素问.六节藏象论篇》:“脾、胃、大肠、小肠、三焦、膀胱者，仓廪之本，营之居也，名曰器，能化糟粕，转味而入出者也。”《素问.六节藏象论篇》:“五味入口，藏于肠胃，味有所藏，以养五气，气和而生“。《灵枢·玉版》:“胃者，水谷气血之海也 。”《素问.经脉别论篇》:“食气入胃，散精于肝……食气入胃，浊气归心。”

《难经》:“三焦者，水谷之道路，气之所终始也。”“中焦者，在胃中脘，不上不下，

《内经》和《难经》对三焦脾胃主调节消化吸收， 运行水谷精微的生理功能已非常明确：中焦者，纳脾胃肝胆，大小肠。“三焦者，水谷之道路”,“主腐熟水谷。”“胃者，水谷气血之海也 。”即三焦主调节脾胃的消化吸收，运行水谷精微，和化生气血津液，上输于心肺以营养全身。

2. 生化营卫气血 调节气血循环

《灵枢.决气篇》曰：“中焦受气，取汁变化而赤，是谓血。”《灵枢·营卫生会篇》云：“营出于中焦，卫出下焦”；“人受气于谷，谷入于胃，以传与肺，五脏六腑，皆以受气，其清者为营，浊者为卫，营在脉中，卫在脉外，营周不休。”

“黄帝曰：愿闻中焦之所出。岐伯答曰：中焦亦并胃中，出上焦之后，此所受气者，泌糟粕，蒸津液，化其精微，上注于肺脉乃化而为血，以奉生身，莫贵于此，故独得行于经隧，命曰营气。”《灵枢.五癃津液别》：“水谷皆入于口，其味有五，各注其海。津液各走其道，故三焦出气，以温肌肉，充皮肤，为其津，其流而不行者为液。”《灵枢·痈疽》“余闻肠胃受穀，上焦出气，以温分肉，而养骨节，通腠理。中焦出气如露，上注溪谷，而渗孙脉，津液和调，变化而赤为血。”《灵枢.经脉》：“谷入于胃，脉道以通，血气乃行。”《灵枢.五味》：“咸入于胃；其气上走中焦，注于脉，则血气走之，…… 血脉者，中焦之道也，故咸入而走血矣。”《灵枢.邪客篇》“营气者，泌其津液，注之于脉，化以为血，以荣四末，内注五脏六腑，以应刻数焉。节气者，出其悍气之慓疾，而先行于四末分肉皮肤之间，而不休者也。”《素问·痹论》：“荣者水谷之精气也，和调于五脏，洒陈于六腑，乃能入于脉也。故循脉上下贯五脏，络六腑也。卫者水谷之悍气也。其气慓疾滑利，不能入于脉也。故循皮肤之中，分肉之间，熏于肓膜，散于胸腹。”《素问·经脉别论》“食气入胃，散精于肝，淫气于筋。食气入胃，浊气归心，淫精于脉。脉气流经，经气归于肺，肺朝百脉，输精于皮毛。”

概上述经文说明：(1)中焦脾胃为营卫气血生化之源。(2)“谷入于胃，脉道以通，血气乃行。”“血脉者，中焦之道也。” 说明中焦通血脉，中焦脾胃消化吸收，所化生的气血入血脉，血脉为气血循环运行的通道。(3)“营出于中焦，卫出下焦”。“卫出下焦”者，是下焦肾藏元气出下焦，而行腠理和脉外为卫气[5]。“营在脉中，卫在脉外”，营卫行血脉内外，如环无端，营周不休。(4)中焦脾胃“化其精微，上注于肺脉乃化而为血。”和“上焦出气”、“ 肺

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朝百脉”、“浊气归心”等，说明上焦肺脉化生的新鲜气血[5]，注归于心的气血循环系统。故三焦生化营卫气血，调节气血循环。

3. 是气化津液和调节**津气的场所**

《灵枢•脉度篇》曰:“其流溢之气，内溉脏腑，外濡腠理。” 王冰注：“腠，为津液渗泄之所。”《素问•灵兰秘典论》：“三焦者，决渎之官，水道出焉。膀胱者，州都之官，津液藏焉，气化则能出矣。”” 三焦是调节津液和气化水液的场所，疏通水道，《灵枢•决气》：“津脱者，腠理开，汗大泄。” “汗为津之液”，津液循行腠理，腠理开则汗出，汗大泄则脱津。《素问.六节藏象论篇》:“五味入口，藏于肠胃，味有所藏，以养五气，气和而生，津液相成，神乃自生。”

《灵枢•营卫生会篇》：“下焦者，别回肠，注于膀胱而渗入焉。故水谷者，常并居于胃中，成糟粕而俱下于大肠，而成下焦。渗而俱下，济泌别汁，循下焦而渗入膀胱焉。”《灵枢。本藏》：“肾合三焦膀胱，三焦膀胱者，腠理毫毛其应。”

说明腠理三焦是气化津液的场所和调节津液输布运行的通道。三焦脾胃运化和气化的津气由腠理三焦输布运行于周身，内至脏腑，外达肌肤，以濡养脏腑和周身。

4. 调节诸气的升降出入

腠理三焦通行元气卫气于全身，是气机升降出入的通道，又是气化的场所，故有主持和调节诸气，总调全身气机和气化的功能[5]。

如《灵枢•脉度篇》曰：“气之不得无行也，如水之流、如日月之行不休。故阴脉荣其藏，阳脉荣其府，如环无端，莫知其纪，终而复始。其流溢之气，内溉藏府，外濡腠理。”《素问玄机原病式》：“人之眼、耳、鼻、舌、身、意，神识能为用者，皆由升降出入之通利也。”三焦上通五官七窍[3] 三焦“清阳出上窍”。

《难经.营卫三焦第四》中说：“三焦者，水谷之道路，气之所终始也”，“三焦者，原气之别使也，主通行三气，经历五脏六腑。”（三气指宗气、营气和卫气）《难经》：“所以腑有六者，谓三焦也，有原气之别焉，主持诸气。” “腑者，阳也。三焦行于诸阳，故置一俞，名曰原。腑有六者，亦与三焦共一气也。”“五脏俞者，三焦之所行，气之所留止也。”

《中藏经》认为：“三焦... ... 总领五脏六腑、营卫、经络、内外左右上下之气也;三焦通，则内外左右上下皆通也，其于周身灌体，和内调外，荣左养右，导上宣下，莫大于此者也。”

5. 调节元气卫气，调节全身防御

腠理外达皮毛，内通三焦；而三焦纳五脏六腑，上通口鼻耳目；下焦肾藏元气行腠理为卫气，卫气肥腠理，调节汗孔开合，则三焦外通肌肤[6]。腠理之卫气通汇元气，散胸腹[7]。中焦脾胃为营卫、气血、津液、元气的生化之源。上焦宣发输布卫气和津液于腠理。卫气，津液行腠理，以温润肌肤，增强皮肤抗御外邪的作用。而“卫出下焦”，之意是下焦肾藏元气出下焦行腠理为卫气[5]。元气卫气是人体的正气，“正气存内，邪不可干”。故元气卫气是人体的防御之气，元气卫气调节人体内外防御系统；腠理三焦是津液、营血、卫气、元气的气化场所和运行通道。所以，腠理三焦调节全身防御[7]。

如:《灵枢.本脏》曰：“卫气者，所以温分肉，充皮肤，肥腠理，司开阖者也。” “卫气和则分肉解利，皮肤调柔，腠理致密矣。” 腠理致密则邪不能入。《灵枢.百病始生》：“是故虚邪之中人也，食欲皮肤，皮肤缓则腠理开，开则邪从毛发入。”《灵枢.百病始生》：”卫出下焦”。卫气根源于下焦，是元气出下焦，行腠理为卫气，故元气为卫气之源泉[6]。

《金匮要略。脏腑经络先后病》曰：“腠者，是三焦通会元真之处，为血气所注。”

明.孙一奎《医旨绪余》中说：“卫气者，为言护卫周身……不使外邪侵犯也。”

《任继学经验集》认为“肌腠与膜原表理互用”，又说：“膜原在人体肌表之里，肌肉之外，以腠为用，以小络、毛脉、孙络、结络、缠络相通，以脂膜相连，贯连其中，行气血，营阴阳，布营卫为防御之屏障。有此屏障，人之机体，方能固正守内，营固脉，卫护外，邪不能犯，为无病之躯。”

6. 调节体温

6.1. 腠理三焦是津液、卫气、元气生成的气化场所和运行通道。津液如同血液，润养全身。腠理三焦调节津液和卫气运行，津液出于汗孔为汗液。汗液的排泄有调节体温的作用。卫气调节腠理，司汗孔的开合。元气为卫气之源泉。一是元气出下焦，行腠理而化为卫气，使卫气充足，则营卫调和，汗孔开合有度，调节体温正常。二是津液通过腠理三焦输布于肌肤皮毛，以润养之，保持良好的皮肤功能。三焦阳气元气卫气属阳，腠理三焦输布的津液属阴，二者阴阳相调，以调节正常体温[7]。

6.2.《灵枢.决气篇》曰：“腠理发泄，汗出溱溱，是谓津。”《素问•宣明五气篇》：“五脏化液，心为汗。”故后世有“汗为心液”的说法。汗为津液所化，“阳加于阴，谓之汗”；

《素问.举痛论》：〞炅则腠理开，荣卫通，汗大泄，故气泄。”《素问.经脉别论篇》：“惊而夺精，汗出于心；持重远行，汗出于肾，疾走恐惧，汗出于肝；摇体劳苦，汗出于脾。”

说明腠理之卫气调节汗孔的排汗量，能调节体温。汗出多为阳热，致腠理汗孔开，津液外泄，散发热气，可使体温下降。而腠理汗孔的开合，汗液的调节与五脏，和阴阳、营卫、元气、气血、津液的整体调节作用密切。阴阳平衡、营卫调和、元气充足、津血充盈、五脏调和、腠理通调、汗孔开合有度、三焦气化通达，才能保持正常的体温。[5]

7. 调节呼吸：

腠理三焦是气道，腠理三焦上出肺脾之口鼻，外达肌肤皮毛，故调节内外呼吸[7]。（1）调节肺呼吸：“口鼻者，气之门户也”，胸腔属三焦，胸腔负压调节呼吸；肺之肺泡间隙纹理属腠理，肺之气管属三焦[7]； 腠理三焦上出口鼻，肺口鼻主呼吸，吐故纳新，调节清浊之气交换[6]。（2）调节皮肤“呼吸”：“玄府者，汗孔也。”王冰注：“气门,谓玄府也。” “腠理，毫毛其应。”腠理外达周身汗孔，汗孔为腠理之窍[6]；腠理卫气调节汗孔开合，以调节津汗和皮肤的呼吸。故腠理三焦调节肺口鼻呼吸和皮毛“呼吸。”

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如《灵枢·口问》曰:“口鼻者，气之门户也”,《灵枢.小针解》:“玄府者,汗孔也。”王冰注：“气门,谓玄府也。”《灵枢.本藏》:“腠理，毫毛其应。”

金·*李杲*《医学发明》:“三焦,有名无形,主持诸气,以象三才之用,故呼吸升降,水谷往来,皆待此以通达。”

清·周学海著《读医随笔·论喘》:“凡人之气，由口鼻呼吸出入者，其大孔也；其实周身八万四千毛孔，亦莫不从而嘘嗡。”《存存斋医话稿》:“人知息道从口鼻出入.不知遍身毛窍.俱暗随呼吸之气以为鼓伏”

《医易一理》：“肺之呼吸全赖鼻孔，鼻之两孔为气出入之门，呼出浊气，吸人清气也”

8. 调节空间津气 净化生命机体

根据《内经》:“人与天地相应”,和“人与天地相参”的自然观,自然界有天地之空间,而万物生生不息。同样,人体有腠理三焦之生命空间，则生命生生不息[6]。

如：《素问.阴阳应象大论篇》曰:“六经为川，肠胃为海，九窍为水注之气。以天地为之阴阳，阳之汗，以天地之雨名之;阳之气,以天地之疾风名之 。” 王冰注：“夫人汗泄于皮肤者，以天地之雨名之；阳之气，以天地之疾风名之。” 人体的津汗，就好象天地间的雨；人之气，就好象天地间的风气（气的流动）。人体“六腑象天”，三焦者“六腑之大孤府”“一腔之大府也”,为人体之“天”也。腠理通三焦[5]，则腠理三焦皆为人体之“天”也。故腠理三焦，如同天地之空间。腠理三焦运行诸气，津液升降出入，如同自然界风气，云雾，雨水升降流通一样。腠理三焦的诸气，津液运行，输布循环，如同自然界的雨水空气循环流动。阳光蒸发地面水分上升为云雾，云雾下降则为雨水，灌溉滋润大地，则万物生长。空气的流动，推动云雾和水气流动，无处不到，不但湿润空气和大地，滋养万物，而且净化了空气[6]。

人体的腠理三焦“空间”,是气化的场所;是诸气、津液升降出入的通道。三焦的气化作用如同自然界的阳光。三焦气化水谷精微生成的营卫、气血、津液、元气，通过腠理三焦之通道,使津气“若雾露之溉”,运行输布于全身,外温潤肌肤皮毛,内濡养脏腑、筋骨、骨节、脊髓和脑窍。腠理气化,则卫气调节汗孔开阖,使汗液浊气从汗孔渗出;三焦气化，使浊气从肺口鼻呼出，尿液糟粕和矢气由二阴排出，从而净化人体。所以，天地空间和人体空间（腠理三焦）极为相似，都主要是“气，水”的调节输布，运行循环[6]。

9. 纳五脏六腑，为调节脏腑之总管

三焦内纳五脏六腑，贯脊通脑，通行于周身，无处不到，为调节脏腑之总管。

如《中藏经》说:“‘三焦者，人之三元之气也，号曰中清之腑。总领五脏六腑，荣卫、经络，内外左右上下之气也。三焦通，则内外左右上下皆通也。其于周身灌体，和内调外，荣左养右，导上宣下，莫大于此者也。又名玉海水道，上则曰三管，……名虽三，而归一,……而卫出于上，荣出于中，上者，络脉之系也;中者，经脉之系也;下者，水道之系也。亦又属膀胱之宗始，主通阴阳，调虚实。”“三焦之气和，则内外和。”

华佗曰:“三焦者，人身三元之气也。统领一身营卫气血，表里阴阳，内外上下左右之气。盖少阳内主三焦，外主腠理。人身之表，腠理实营卫之枢机；人身之里，三焦乃脏腑之总管。”

10. 腠理三焦总调上下内外阴阳的平衡。

腠理三焦是调节津气的场所和输布津气的通道。诸气属阳，津液属阴，二者阴阳相调[5]，则阳化气，阴成形，“二生三，三生万物”，生命生生不息。腠理三焦上出口鼻，下出二阴，外达腠理肌肤，内纳五脏六腑[5]，总调上下内外阴阳的平衡。

如《素问.阴阳应象大论篇》曰:“故清阳出上窍，浊阴出下窍;清阳发腠理，浊阴走五脏。清阳实四肢，浊阴归六腑。”《素问·生气通天论）“阳气者，一日而主外……日西而阳气已虚，气门乃闭” 《杂病广要.脏腑类》脏腑总证:“ 三焦者，主通阴阳，调虚实。” “三焦之气和，则内外和。”

结语

三焦是消化吸收，运行水谷精微、化生营卫、气血、津液、精髓等能量物质的场所； 腠理三焦是调节营卫、气血、元气、津液输布运行，气化和气机升降出入的通道和场所；腠理三焦是人体生命空间；腠理三焦上出口鼻，下出二阴，外达肌肤汗孔，内纳五脏六腑，贯脊通脑，通行于周身，无处不到。把生命人体的脏腑、五官、髓脑、筋骨、肌肤等组织器官联系成一个整体[6]；腠理三焦是调节营卫、气血、元气、津液、诸气气化，津气输布和气机升降出入的调节系统； 腠理三焦调节体温、调节防御、调节呼吸、调节气血循环、调节气机升降出入、调节津气，净化机体。所以，腠理三焦是生命人体最大的调节系统之一。

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附：

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Acupuncture for Injury-related Spinal Misalignment - A Retrospective Study

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Abstract: *The purpose of this study is to investigate the effectiveness of acupuncture for injury-related spinal misalignment. A retrospective analysis was performed on data from 271 patients. Patients' description of pain characteristics and physical functioning status were evaluated on a 1-10 scale, subject to the data before and after treatment. Spinal position and posture was evaluated to identify abnormal phenomena using spinous process palpation, which additionally derived an orthopaedic diagnosis complementary to TCM diagnosis. Outcome was measured through pain, physical function and spinal realignment scores. Analysis of results to measure average effectiveness of acupuncture treatment showed 98.5% of cases experienced a reduction in pain levels, while 82.8% achieved improvement in physical performance, and 63.1% saw progress in spinal realignment.*

Key Words: *acupuncture, injury related pain, spinous processes palpation, spinal misalignment.*

Introduction

Pain is the most common and significant interference to a person's quality of life and general functioning. More than 80% of all healthcare costs pay for issues related to the back, which are primarily presenting as chronic low back pain. Unfortunately, there is a low treatment success rate [1]. Patients in search of pain relief, whether through conventional or alternative therapy, all too often are still not satisfied with the treatment outcome. 85% of low back troubles are of unknown aetiology, an often mentioned statistic in low back injury reports [2]. In addition, patients are frequently left without a clear explanation as to the cause of their pain. All in all patients and clinicians both remain frustrated by this situation.

In injury cases, although pain is a subjective symptom, particularly if pain has become the only complaint, it is highly probable there is some sort of musculoskeletal dysfunction. Patients may continue to have difficulty simply because they continue to engage in the mechanical cause [2]. Therefore a precise evaluation of potentially related physical abnormalities, including spinal alignment is a fundamental requirement in forming any treatment plan.

Spinal misalignment [3] [4] is a well-known condition in which the vertebrae are misaligned and result in abnormal curvature of the spine, also called vertebral subluxation [5]. The most frequent contributor to spinal misalignment is injury [6]. In clinical practice, sometimes spinal misalignment is a latent consequence of a previously sustained injury. Too often, patients suffering from long term pain and discomfort never associate their symptoms with a spinal problem.

Crucially, pain alerts individuals to injuries and illnesses that need attention [7]. However the root cause of a patient's pain can easily be overlooked. This is more likely to happen in cases where the pain has become chronic, is secondary pain, or where the pain directly corresponds to a previous injury. Important underlying dysfunctional contributors can go unnoticed.

In this retrospective study, the data was collected from pain issue cases with spinal misalignment treated by acupuncture from 2005 to 2011, at a private clinic in West Sussex, United Kingdom, by the author, a TCM physician (China)*. The primary approach was to focus on solving pain related complaints with traditional Chinese acupuncture, with particular interest in spinal misalignment. The effects of acupuncture on pain relief associated with spinal misalignment are largely unknown in current research. The purpose of this study is to investigate the effectiveness of acupuncture for spinal misalignment.

Methodology

Data extracted from patient records, and consequently analysed was comprised of classifications such as, patient age, gender, etc.

Inclusion and Exclusion Criteria

Data extraction disregarded any pain complaint not connected to spinal derangement. 271 cases met the inclusion criteria listed as follows: Any pain complaint if related to spinal derangement; Any trauma related to spinal issues; Spinal derangement if diagnosed and treated by other therapists; Assessment indicates a spinal disorder even when not complained of; Any medical imaging displaying spinal abnormality.

Injury classification

According to archival data, slips, falls, trips, strains, sprains, twists, mild whiplash and heavy lifting were analysed under general injury classifications. Injuries occurring while horse riding, running, skiing, boxing, hiking, playing football, hockey, golf and motor biking etc. were classified as hobby and sports injuries. Exertion injury refers to repetitive motion damage accrued in the work place, while performing physical training and resulting from restricted, even motionless posture etc. Childhood injury, serious car accident and fractures were also analysed.

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Assessment and diagnosis

All main complaints of pain were diagnosed as pain syndromes from a Traditional Chinese Medicine (TCM) diagnostic viewpoint. Major pain syndromes were analysed in this study.

Data analysis graded patients' rational pain descriptions into a numerical range from 1-10, as follows: 1. Mild discomfort. 2. Sore and aching 3. Dull pain. 4. Infrequent pain. 5. Nagging pain and headache. 6. Frequent Pain. 7. Shooting pain/throbbing pain. 8. Chronic pain. 9. Constant pain. 10. Stabbing /thumping/severe pain.

Physical performance statements, having been collected during the treatment period, were also scaled from 1-10: 1. Mild discomfort. 2. Uncomfortable physical sensations, such as stiffness, spasms, numbness, twitching limbs, vertigo and shortness of breath, etc. 3. Pain increase after physical work. 4. Pain increase after normal activity. 5. Disruption to daily routine including fatigue, melancholy, cautious movement due to pain, and if was medication necessary. 6. Difficult supplemental movement. 7. Restricted normal movement. 8. Limited extraneous activity. 9. Limited daily activity. 10. Unable to do necessary activities.

Every patient also received an examination with a focus on spinous processes palpation [8] to the posterior and lateral aspects. The different types of spinal derangement were evaluated before treatment to reach a final orthopaedic diagnosis. Abnormal spinal alignment was analysed as part of physical evaluation.

Treatment methods

According to the data, acupuncture, electro-acupuncture, moxibustion, acupressure and cupping were all applied. Local point selection was the main principle, with associated *Huatuojiaji* points (Extra points), *Bei Shu* points (Bladder meridian points: BL-11 to BL-30) and *Governor Vessel (GV)* [9] points located along the spine. The major acupoints were analysed in this study.

Efficacy evaluation and outcome

Outcome evaluation combined three areas, pain level and physical performance results along with spinal derangement improvement. Effectiveness rated as follows. A score of 1 was given to signify no pain, free range of physical movement and spine correctly aligned (Excellent efficacy). A score of 2 signifying a reduction in pain, physical performance enhanced and spinal derangement improved (Effective). A score of 3 was given with no effective outcome, meaning pain not reduced, physical performance not improved and no change to spinal derangement (No efficacy).

Results

111 male and 160 female patients presented with pain complaints involving spinal misalignment. Analysis provided the 271 patients' age distribution, revealing the youngest being 10 years old and the oldest 94 (Median age 50.1).

Injury types

Patients in the general injury category accounted for 44.3% of the 271 cases, the largest injury group. Hobby and sports injuries comprised 26.9%. Exertion injury was 5.9% and serious car accidents were 2.2%. Childhood injury numbered 13.3%. Other, not clearly stated by the patient, injuries totalled 7.4%.

By analysing the number of injuries per patient, it can be seen that 52.8% of cases experienced more than one injury in their history. Injury history looked at long term, shows some patients sustaining damage over tens of years, influencing their current main complaints. In total 66.1% of cases recorded more than one year of historical injury.

Pain syndromes and symptoms

Main pain complaints were diagnosed as pain syndromes using TCM theory. Pain symptoms can appear with other pain syndromes not diagnosed, because these symptoms were not the main complaint. Distribution of pain symptom/pain syndrome cases were analysed as 251/144 in back pain, 211/29 in neck pain, 77/14 in shoulder pain and 55/13 in knee pain.

Spinal derangement categorization

Several types of derangement occurred in the 271 patients, principally with vertebrae mildly out of alignment in most cases. See the details as table 1.

Table 1: Spinal derangement types and related musculoskeletal disorders.

Cases		Increased or Decreased Kyphosis or Lordosis		Scoliosis			Axial Rotation		Oppositely laterally out of alignment
		Out of alignment		Out of alignment shape					
		Anteriorly	Posteriorly	Left "C"	Right "C"	"S"	Clockwise	Counter-clockwise	
Cervical Spine & Upper-Thoracic Spine (C, C-T)	C3-7			3	19				
	C3,4,5	21							
	C4,5,6		18						
	C7			12	9				
	C6-T2	24	45	10	3				
Thoracic & Lumbar Spine (T, T-L)	T1-8	24					9	13	
	T1-12		28						
	T8-L1					9			
	T1-7					13			
	T				87 *				
Lumbar & Sacral Spine (L, S)	L	6	47	17	16				12
	L4, L5								7
	L4,5, S1								
	L1-5						2	6	
Shoulder axially rotated 48 Cases		**One side of shoulder elevated** 51 Cases		**Pelvis axially rotated** 27 Cases			**One side of iliac crests elevated** 87 Cases		**Positive Patrick's Test**** 34 Cases

*The number of out of alignment shape "C" cases without left or right analysis.

**Patrick's test is performed to evaluate pathology of the hip joint or the sacroiliac joint. (Also called FABERE test, refers to Flexion, ABduction, External Rotation, and Extension) [10]

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Analysing common acupoint selections

The majority of used acupoints are analysed in table 2.

Table 2: Major and high frequency acupoints.

Name and Code	Cases	Ratio of 271 Cases	Name and Code	Cases	Ratio of 271 Cases
*Back Shu*points	241	88.9%	GV-12 *Shenzhu*	210	77.5%
HuatuoJiaji points	239	88.2%	GV-9 *Zhiyang*	74	27.3%
GV-14 *Dazhui*	249	91.9%	GV-6 *Jizhong*	50	18.5%
GV-13 *Taodao*	196	72.3%	GV-3 *Yaoyangguan*	81	29.9%

Evaluating outcome

Four pain syndromes, back pain, neck pain, shoulder pain and knee pain were analysed (table 3).

Table 3: Treatment outcome summary for the four major pain syndromes.

Diagnosed Syndrome Cases	analysed from primary assessment: Pain level 1-10 Scale (Cases)	Physical performance 1-10 grade (Cases)	analysed from completion of the treatment: Pain level 1-3 Score (Cases)	Physical performance 1-3 Score (Cases)	Spinal alignment 1-3 Score (Cases)	Ratio of cases combining efficacy scores 1 & 2: Pain (Cases)	Phys (Cases)	Spin (Cases)
Back Pain 144	10 5 37 9 25 4 7 8 44 3 7 2 2 4 6 25 1	10 5 26 9 13 4 19 8 13 3 7 15 2 28 6 22 1 4	1 2 3 35 105 4	1 2 3 67 61 12	1 2 3 43 55 48	Score 1 & 2 92.2%	88.9%	68.1%
Neck Pain 29	10 1 5 3 9 11 4 8 13 3 7 2 6 1 1	10 5 5 9 1 4 4 8 1 3 7 2 2 7 6 8 1 1	1 2 3 6 22 1	1 2 3 8 17 4	1 2 3 6 11 12	Score 1 & 2 96.6%	86.2%	58.6%
Shoulder Pain 14	10 5 4 9 2 4 1 8 4 3 7 2 6 3 1	10 5 2 9 4 8 3 7 2 2 1 6 3 1 1	1 2 3 5 9 0	1 2 3 5 5 1	1 2 3 8 1 5	Score 1 & 2 100.0%	71.4%	64.3%
Knee Pain 13	10 5 4 9 4 4 1 8 2 3 7 2 1 6 1 1	10 5 2 9 4 2 8 3 7 2 2 3 6 4 1	1 2 3 3 10 0	1 2 3 6 5 1	1 2 3 1 7 5	Score 1 & 2 100.0%	84.6%	61.5%
Average Ratio of combining efficacy						98.5%	82.8%	63.1%

Abbreviations Pain = Pain relief, Phys = Physical performance, Spinal = Spinal misalignment for corresponding scores.

Total efficacy is the result for Effective and Excellent efficacy figures combined.

Discussion

Pain complaints with spinal misalignment can happen at virtually any age, as demonstrated by the age range of 10 to 94 years old. Affecting the quality of life throughout generations as seen by analysis of these cases. These disorders are more prevalent in females compared to the male population.

144 cases had serious symptoms and were diagnosed with a back pain syndrome. Interestingly, there were 251 cases displaying back pain symptoms, many of which were minor pain. Suggesting that spinal derangement is one pathology that often generates back pain and other related abnormal musculoskeletal function. An important point to note here is that minor back pain cases could easily miss having a precise check of the back region, enabling discovery of potential spinal derangement.

Knowledge of injury history helps to understand possible aetiologies for spinal misalignment.

What causes pain is an important question for both clinicians and patients. Pain is a rational and subjective symptom. Just reliving pain will not always adequately solve the actual problem. This study found 271 cases, out of 303 original pain related cases, impacted by injury and connected to potential spinal misalignment. In percentage terms, 89.4%, a substantial reason for one source of pain.

Patients enduring pain on a long term basis, would not necessarily associate their pain with previous injuries, unless a clinician inquired. Even though, patients rarely mention minor injuries like a slip, falling on their backside, or accumulated repetitive minor injuries, such as when training for and running an annual marathon etc. They may never think that these minor injuries could create difficulty later on. Minor injuries such as a sudden jarring, a fall or improper lifting can result in unstable spinal alignment [11] and can cause spinal misalignment, including pains in the back [6]. To consider the physical anatomic aspect, when a body falls and lands on the backside the external force will be transferred to the lower spinal column through the sacrum. This potentially is an indirect injury affecting the spine. Sometimes it could take years before the effects are felt [11].

Multiple injuries are another considerable cause of pain. Having had an injury, it can tear the connective tissue that holds the spine together [11]. Over time, a deranged spine can acquire progressive and degenerative conditions [11]. For these reasons pain has continued repeatedly, but could never be relieved completely, and has thus entered a chronic phase. These physical problems need to be resolved in order to achieve successful pain relief.

Precisely examine spinal column to identify potential spinal misalignment types.

Cervical-upper thoracic spinal derangement is a common type of spinal derangement. For example, 60 cases experienced lateral spinal misalignment. While in 108 cases the spine was posteriorly or anteriorly out of alignment. This type of spinal derangement was prevalent in injury types such as whiplash, horse riding, running, boxing and falls etc., often associated with numerous types of pain symptom.

What are the anatomic mechanisms underlying this disorder? One published article describes a study using acupuncture on patients with whiplash-type injuries. It discusses pathological injury in whiplash cases tearing the trapezius, splenius capitis, levator scapulae and erector spinae muscles [12]. Due to uncoordinated tissues' inability to hold the spinal vertebrae in place sufficiently, "an acceleration-deceleration mechanism of energy transfer to the neck" [13] results in the vertebrae misaligning, causing spinal derangement. However, cervical-upper thoracic spinal derangement may involve even more and deeper soft tissues, such as multifidi and rotatores. The multifidi and rotatores main function is to extend and rotate the vertebral column

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oppositely [14]. Subsequently if these tissues are uncoordinated through injury, the stability and balance between the segments of vertebrae would be disturbed.

Analysis showed 74 cases attributed to thoracic spinal derangement, significantly all of which are linked to back pain symptoms. Characteristics of this spinal derangement area, noted in various cases, sees vertebrae segments axially rotated clockwise or counter-clockwise, sometimes in combination with vertebrae laterally out of alignment (see table 1).

Lumbar derangement cases were entirely presenting back pain as well. An important point to consider, is the lumbar articular processes' distinctive structure of the facets. The facets are actually combined with medialward concaved superior processes and lateralward convex inferior processes. [15]. Due to this special structure of joint formation, the ranges of segmental movements in the lumbar spine are more restricted in lateral flexion. The flexion/extension degree is between 12-17, much higher than the lateral flexion, 3-8 degrees and an axial rotation of 1-2 degrees. So increasing or decreasing lordosis and kyphosis would more likely occur laterally or axially. Excessive axial rotation and lateral derangement in this section of the spine would probably affect damage in the facets joints and adjacent tissues, such as the supraspinous ligament and intervertebral fibrocartilages.

The segments between L4-L5 and L5-S1 when oppositely and laterally out of alignment were seen in 19 cases. This type of derangement typically happens often and is not easy to realign. One reason why it is easy for this area to be inflamed, presenting as low back pain with tenderness, is that this area supports and pivots most of the body's weight. Another reason is facet joints are involved.

This study also noted multiple derangements which occur in two or even more than two regions of the spine. For instance, spinal derangements involving low lumbar and cervical-upper thoracic misalignment seen in the same case. Additionally to spinal misalignment, 48 cases also had shoulder posteriorly rotated to one side, and 51 cases with one side of shoulder elevated. Moreover, some cases also had one side of the pelvis elevated or twisted backward as well. This pelvic abnormality could be explained by the body's ability to adapt [11]. The body will try to naturally balance itself to compensate for spinal misalignment. The spine functions as a whole, so if there is a mechanical disturbance in one part of the spine, even as far away from the low back as the neck, it can influence conditions in another area of the spine [16].

Efficacy of acupuncture treatment in realigning spinal derangement, improving physical performance, and relieving pain.

The subject of treating spinal misalignment with acupuncture has a surprisingly small amount of published articles available. One case study illustrates the potential effect of acupuncture on low back pain and curvature progression in adult degenerative scoliosis, using the Bladder meridian acupoints [17]. Another study observes the therapeutic effect of electro-acupuncture at *Jiaji* (EX-B2) and points of Bladder meridian, mainly for lumbar disc herniation [18].

From an anatomic point of view, the 34 *HuatuoJiaji* points relate to the spinalis, multifidi and rotarores, as they are located above these tissues. The *Back Shu* points are located above the trapezius and thoracolumbar aponeurosis, as well as the longissimus and spinalis. The *Governor Vessel* point is located on the ligamentum nuchae. Stimulation by acupuncture on those points, could release or accelerate muscle contraction, inducing relaxation to assist in realigning the spine. As the mixed spinal nerves carry both sensory and motor information [19], to the back muscles and joints, such as the multifidi, that stabilizes the vertebrae in local movements of vertebral column [20].

An average 63.1% of the cases showed realigning of the deranged spinal column after treatment, aiding the improved physical capability average to rise to 82.8%. Consequently pain issues gradually reduce and even in some cases completely abate. These figures include the spinal misalignment cases that suffered with complications through accumulated injuries and chronic physical disorders.

Limitations of the archival data of this study include the facts that there was no control group for comparison, treatment was not combined with TCM herbs, as well as that some patients were unable to provide accessory information such as x-rays, computed tomography (CT) scans or magnetic resonance imaging (MRI).

Conclusion

Acupuncture is effective at treating potential spinal misalignment, particularly for pain and mobility issues, involving various injury cases and chronic physical function disorders [6] [11] [12]. Palpation of the spinous processes was an essential diagnostic method to evaluate spinal vertebrae positioning. Providing necessary information to aid formation of the treatment plans used in this archival data. This treatment approach was based on acupuncture, TCM holistic theory, however it was also supplemented with Western physiological mechanism theory. Beneficial for not only pain relief, but also for resolving problems related to physical issues. This study revealed acupuncture is a promising treatment for spinal misalignment. The exact mechanisms of effective acupuncture for treating spinal misalignment can not be clearly explained. It is probable that applied acupoints have anatomic connections in the spinal region. Further additional study is warranted to more deeply understand the mechanisms involved. Randomized controlled trials are also desirable in the future to further validate the effectiveness of acupuncture for pain relief in spinal misalignment.

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李长达教授从《内经》论治失眠

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摘　要：*李长达教授治疗失眠经验丰富，认为失眠与患者自身阴阳营卫关系失调等原因有关，临床处方多用经方，常获显效。*

关键词：*经方失眠营卫*

失眠是临床常见疾病。一般认为睡眠时间少于五个小时，连续七天以上，可以诊断为失眠。中医对于失眠名称的文献记载有“不寐”、“健忘”、“目不瞑”、“不得卧”等，西医归于神经衰弱、失眠、焦虑症、抑郁症等，属于临床常见的一种症候群。

一、睡眠的中医认识

《黄帝内经》对睡眠有系统的论述，主要从阴阳的角度认识分析，从不寐、多寐、梦境分析到症状、病机都有论述。

《素问·生气通天论》：“故阳气者，一日而主外。平旦人气生，日中而阳气隆，日西而阳气已虚，气门乃闭。是故暮而收拒，无扰筋骨，无见雾露，反此三时，形乃困薄。”这里论述阳气的作用。阳气主外，白天阳气隆盛，晚上阳气要收聚，进入睡眠状态，《灵枢·口问》：“卫气昼日行于阳，夜半则行于阴，阴者主夜，夜者卧。”这里指出卫气昼行于阳，夜行于阴是人体寤寐的基础。

二、失眠的中医认识

《灵枢·营卫生会》中载：“壮者之气血盛，其肌肉滑，气道通，营卫之行，不失其常，故昼精而夜瞑。老者之气血衰，其肌肉枯，气道涩，五脏之气相搏，其营气衰少而卫气内伐，故昼不精，夜不瞑。”《灵枢·邪客》中述：“卫气者，出其悍气之慓疾，而先行于四末、分肉、皮肤之间，而不休者也，昼日行于阳，夜行于阴，常从足少阴之分间，行于五脏六腑，今厥气客于五脏六腑，则卫气独行其外，行于阳不得入于阴。行于阳则阳气盛，阳气盛则阳蹻陷，不得入于阴，阴虚，故目不瞑。”卫气正常的运行规律应是昼日卫固于外，夜晚安入于内。人体营卫和谐，才能安卧。但若有邪气客于人体，内扰脏腑之气，则卫气奋而抗邪于外，不能入于阴分，这样卫气在体表浮越，因而不眠。

《素问·生气通天论》提到：“因于寒，欲如运枢，起居如惊，神气乃浮。”感受寒邪，人的起居规律会被打破，如受惊吓一样，欲望想法就像旋转的陀螺一样静不下来，神气浮越，不能安静。这是寒气侵袭、伤及营卫，导致神气不定，惊扰不寐。据李长达教授观察，有相当一部分患者是在外感风寒之后的 1 周至半个月内出现失眠，而患者心理不够健康，持续过度关注睡眠、恐惧失眠，继之出现长期的入睡困难。

从以上论述可以看出，营卫失和是失眠非常关键的病机。如果卫气独行于外而不能入于阴，浮越于外，就会出现“目不瞑”。

另外，五脏虚实皆能令人睡眠障碍。如心气虚，心阳不足，寒浊痹阻，出现胸闷憋喘，咳吐泡沫，夜不能寐；心火上炎，导致心烦口疮，小便黄，入睡困难。肺气虚，咳喘哮鸣不能眠；肺气实，咳吐脓痰，高热神昏。脾气虚，思虑纳呆，欲如运枢，彻夜不寐；脾不运化，腹胀嗳气，呃逆频频，倦怠乏力，头晕神昏，昏昏欲寐。肝气虚，郁结不解，半夜常醒，不能入睡；肝火盛，则梦怒，睡眠不宁。肾气虚，则恐惧心悸，醒来如未睡；肾气实，则梦交梦遗。

在临床上，单纯证型较少，多见复合脏器发病，如心脾两虚、肝脾不和、心肾不交等等，证型变化多端，不一而足。

二、失眠的中医治疗

《灵枢·邪客》对于目不瞑则提出了总的治则：“补其不足，泻其有余，调其虚实，以通其道而去其邪。”《内经》药方仅十三首，其中的半夏秫米汤即为“泻其有余”而设。此方立意在于“阴阳和合”，即由调和阴阳营卫治疗失眠。

元代著名医家程杏轩《医述·杂证汇参》说：“不寐一证，责在营卫之偏胜，阴阳之离合。医家于卫气不得入阴之旨而细心体会之，则治内虚不寐，何难之有？”指出治疗不寐要注意调和营卫，使卫阳能入于阴分。

需要注意的是，《灵枢·淫邪发梦》提到：“正邪从外袭内，而未有定舍，反淫于脏，不得定处，与营卫俱行，而与魂魄飞扬，使人卧不得安而喜梦。”“阴气盛则梦涉大水而恐惧，阳气盛，则梦大火而燔焫；阴阳俱盛则梦杀。上盛则梦飞，下盛则梦堕，甚饥则梦取，甚饱则梦与，肝气盛，则梦怒；肺气盛，则梦恐惧、哭泣、飞扬，心气盛则梦善笑恐畏；脾气盛则梦歌乐、身体重不举；肾气盛则梦腰脊两解不属。” 人做梦的情景，喜怒哀乐，都有很重要的临床意义，临床上需要特别注意梦境的辨证。[1]

另外，调理五脏虚实也是常用的治疗手段，此处不再赘述。

三、病案探析

病案一——太阴肺经失眠

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2017.02.28 初诊

姓名：许某某 性别：男 年龄：50 岁 地址：张店东花园小区

主诉：失眠 20 年

现病史：12 岁时父亲亡故，过度悲伤，之后出现失眠。20 年多来，入睡困难常在 1 点后，入睡后好。服药多，曾用舒乐安定，在山东省千佛山医院诊断抑郁症强迫症，应用黛力新等，当时好转，但之后加重。多方求医，从心肾不交、心脾两虚等等角度考虑，均无效，常用中成药补心丹、养血安神片、安神补脑液、人参归脾丸、朱砂安神丸等等均无效，应用唑皮坦，有效，但睡眠不香，白天精力差，头昏。劳累、换地方加重。焦虑貌，面色红，大便可，出汗可，小便夜 3-5 次。

查体：肺脉沉弱，余滑短，舌苔白厚腻

中医诊断：不寐

西医诊断：抑郁状态

辩证：肺虚不布，湿热阻窍

治则：宣肺化湿，清窍安神

处方：桑杏汤方意加上清方

牡蛎 20g，葛根 15g，薄荷 6g，川芎 6g，白芷 12g，蔓荆子 10g，蒲公英 20g，薏苡仁 30g，白术 20g，桑叶 20g，杏仁 10g，升麻 6g，桔梗 10g，麦冬 20 g，黄芩 10g 一日服两次。

2017.3.7 二诊

患者服药大好，称从来没有现在睡眠好，11 点可入睡，早 4-5 点醒，效如桴鼓，上方继服 15 剂。

分析：五脏六腑均可引起失眠。不独一经一脏。本患者有明确的过去经历是：12 岁丧父，作为家中长子，悲情最重，故脉以肺沉弱；而舌苔白厚腻，推测饮食油腻不能散布，更郁肺气，肺气郁结；太阴病欲解时，从亥至丑上，21 点-3 点，故出现患者半夜不能入睡。过去应用的治疗：心肾不交、心脾两虚、心火亢盛等等，用中成药补心丹、养血安神片、安神补脑液、人参归脾丸、朱砂安神丸等等均无效，故应该抓住患者肺气郁结这一点，大胆应用宣肺降气、清窍祛湿的方法，应用桑杏汤方意加李长达教授自拟上清方，一击中的。

病案二——术后厥阴失眠

2018.12.06

姓名：周某 年龄：52 岁 性别：女 地址：张店人民西路

主诉：失眠近 10 个月

现病史：10 月前做子宫肿瘤切除术，之后开始失眠，入睡晚 30 分钟以上，2-3 点醒来不易入睡，无汗出，手术后阴道有渗血，或黄色分泌物，手脚凉。

查体：舌质紫黯，舌苔裂纹干，舌下脉络紫，脉左弦细右沉滑

中医诊断：不寐

西医诊断：失眠

辨证：气滞血瘀

治则：温经活血

处方：桂枝茯苓丸加桂枝当归半夏芍药黄柏汤加味

（1） 桂枝 15g，黄柏 12g，姜半夏 10g，当归 15g，白芍 30g，丹皮 12g，炮姜 12g，茯苓 30g，白术 25g，煨桃仁 12g，红花 12g，黄芪 50g 1 日 2 次， 口服；

（2） 红芪 4 袋 1 日 2 次 口服。

2018.12.10

失眠明显好转，舌质舌下瘀紫基本消失，舌下金津玉液，桂枝茯苓补肾生津效果好，上方继服 9 剂。

分析：失眠，夜里醒来，一般考虑厥阴欲解时。而从厥阴病入手；常用乌梅丸。而此患者 10 月前做子宫肿瘤切除术，之后开始失眠，入睡晚 30 分钟以上，2-3 点醒来不易再入睡，无汗出，手术后阴道有渗血，伴黄色分泌物，手脚凉。有血瘀和阳气亏虚，故用桂林古本《伤寒论》中桂枝当归半夏芍药黄柏汤加桂枝茯苓汤，以疏解厥阴，健脾温阳化瘀利水，加大剂量黄芪合当归以补气养血，桃仁红花活血祛瘀。5 剂而效果良好，失眠明显好转，且舌质下瘀紫消失，而舌下即金津玉液，太阳膀胱之气化良好，其瘀自解。

病案三——营血瘀滞失眠

2018.09.10 初诊

姓名：孙某 年龄：44 岁 性别：女 地址：周村催化剂宿舍

主诉：失眠 4 天

现病史：失眠 4 天，每晚 2-3 小时睡眠，心慌偶见，目赤，纳可，大小便可，月经咖啡色，血量少。1 周前膀胱炎输液治疗好转。

查体：舌苔白，脉关上涩。口中有异味。

中医诊断：不寐

西医诊断：考虑膀胱炎

辨证：营血滞瘀

治则：温经化血

处方：桂枝茯苓汤加味

桂枝 15g，茯苓 30g，牡丹皮 12g，煨桃仁 10g，白芍 30g，炒枣仁 30g，当归 12g，白茅根 30g 1 日 2 次。

2018.09.13 二诊

失眠好转，夜里醒后能入睡，脉缓，继服 18 剂。

分析：卫气入营方能入睡，今尿血如酱，血分有瘀热，卫气独行于外，故失眠 4 天；月经咖啡色且量少，考虑下焦有瘀血，血少而营血亏虚，营不恋血，故卫气不能入营而不寐；二因归一，失眠甚。从《金匮要略·妇女妊娠病》：“妇人宿有癥病，经断未及三月，而得漏下不止，胎动在脐上者，为徵痼害……所以血不止者，其癥不去故也，当下其癥，桂枝茯苓丸主之”。桂枝茯苓丸所治，即是下焦瘀血癥积，血溢于外之病；今患者脉涩，乃瘀血象，膀胱瘀血，尿如酱，月经咖啡色量少，与桂枝茯苓丸证契合，故以桂枝茯苓丸与之，加炒枣仁补血疏肝而安神，加白茅根清热利尿而止血，加当归补血活血。脉证方药对应，效如桴鼓。

参考文献

[1] 李长达《经方治脑病》[M].长春:吉林科学技术出版社,2018:32-33.

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介绍一种心脏急救的针刺新方法

徐军　杨红

摘要:

"速效针刺救心法"是一种利用毫针过度滞针来施行针刺补泻手法、从而迅速解除由心源性疾患引起的心动过速的有效方法。该方法由笔者在实施院外急救的过程中、综合以往西医和中医的相关急救经验自创而成。在众多毫针针刺方法中，该方法在单位时间内刺激量最大、手法复合程度最高、起效最快；同时具有刺激强度稳妥可控的特点；便于专业及非专业人士掌握并运用；尤为适合于远离医疗急救设施的野外作业人员施行院外急救。该方法对于业界修订针刺急救规范、探索"针刺除颤"之路或有一定帮助。

关键词:

心脏急症，心动过速，过度滞针，针刺急救，针刺除颤

编者按：本文介绍一种用于心脏急救的针刺新方法，仅供读者对针刺急救领域的学术探讨提供信息和资料。编者无意鼓励海外针灸师在所在国法规和公众认知不许可的境况之下，贸然使用针刺方法尝试抢救心脏急症患者。

心源性猝死常由过劳引起，是急性心梗、心源性休克等心血管疾患突然发作的后果之一。在其发展过程中，多会经过心动过速这一环节；因此迅速解除心动过速应是截断心源性猝死发生的有力手段。下面推荐一种操作简便的针刺急救新方法 —速效针刺救心法，供针灸师参考，并供非医学专业人士学习，以应用于可能偶遇的院外急救中。

一. 方法：

"速效针刺救心法"首创于2007年9月12日德国汉莎航空公司LH720航班上、对一位"心动过速"患者的抢救过程中。该方法选穴简单、操作方便、起效迅速，易于非医学专业人士学习和掌握；适用于远离医疗急救设施的场合、可在专业救护人员到达之前实施有效救助。熟练掌握该法、可在一分钟内完成整个操作过程，故能充分利用有效抢救时间（黄金4分钟）、以减少因抢救延迟所造成的遗憾。

"速效针刺救心法"选用双侧"内关穴"，用穴并无新奇之处；但在手法上有三点创新：一是打破了传统针灸教科书和针刺规范将"滞针"视为不良反应的禁忌，使用超过常规"滞针术"所能比拟的过度滞针，将刺激量提高到远超目前临床所能见到的程度（注1）；二是客观上集合了九种单纯补泻手法中的七种泻法（提插、捻转、深浅、迎随、开合、疾徐、九六等）元素、使疏泻的功效瞬间达到极致，是单位时间内复合程度最高的针刺泻法；三是操作时以针带动患者前臂、将患者上肢悬空，利用患者上肢的自重、使刺激量相对匹配于患者的承受能力。以上三个特点可能是该方法可以即时起效、疗效持久、且未见其它不良反应的前提。

本方法包括《救心诀》和《操作步骤》两个部分。其中操作步骤特为非医学专业人士所撰，力尽其详，故无须另寻其它资料补充。有针灸基础的朋友则可自择其需。

《救心诀》为诊断和治疗原则，共三句、计36字：

- 过劳而发，面灰白有汗，肢湿冷紫绀；
- 心率过百或无，有呼吸或意识；（注 2）
- 刺双内关，极泻，气舒可止。

《操作步骤》：

I. 六秒钟测心跳

在患者颈总动脉处，即甲状软骨后上缘，测得心跳次数并乘以 10，即患者心率。如在六秒钟内，患者心跳超过 10 次，可随时停止计数、并立刻进入后续针刺程序。

寻找检测点的方法是，术者将中指置于患者甲状软骨上缘，沿甲状软骨上缘向患者后侧轻推，至甲状软骨后缘时即可触及颈总动脉搏动，万无一失。

II. 取穴进针

术者位于患者右侧时、称为"右位取穴"；位于患者左侧时、则为"左位取穴"。急救时，受时空所限，术者只能随机站在患者的一侧，完成整个救治过程。因此应尽量熟悉两侧取穴进针的简便方法，以免届时手忙脚乱。以下是取穴进针的六个步骤（注 3）：

1. 右手持患者手掌、微屈患者手腕、确定腕横纹；

2. 右位取穴进针时，术者左手握患者前臂、拇指

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尖放在患者腕横纹处；左位取穴进针时，术者左手握患者手掌、虎口放在患者腕横纹处；

3. 屈曲左手拇指、呈 90°；

4. 确定左手拇指尖位于两筋之间，并掐下指印；

5. 右手将针刺入皮下（注 4）；

6. 将针刺深度迅速调整至八分到一寸。

III. 过度滞针

急速捻转针柄六次。捻转时，应面对患者、双手同时进行。食指由拇指指尖、向后搓动针柄至拇指指根。

由于患者的个体差异、通常搓满 1-3 次即可能发生滞针现象。滞针初始时、不宜停止捻转；应以连续搓满 6 次为宜，以防止后续操作时脱针。

IV. 提插抖动

双手各持针柄、提针带动患者前臂、使上臂悬空，并急速提插抖动（提插六次为一组），频率和幅度逐渐加大。

V. 上下升降

提插抖动过程中，带动患者手臂上下升降，以加强刺激量。提插六次一组为升，再提插六次一组为降；循环往复六组，直到患者气可长舒。

VI. 手快心静

对于非医疗专业人士来说，当迫不得已使用本方法时、通常是需要救助家人或熟人，因此心理压力巨大可想而知。操作中，应始终保持心态镇定、动作有条不紊。特别要提醒的是：非专业人员此时的操作幅度应“由小到大，逐渐加强；宁可过头，切忌不够”。

二. 针具的选择：

- 急救时，采用 0.25 x40 mm 的一次性消毒针灸针操作最为方便；也可以用 0.22 x 25mm 的一次性消毒针灸针替代。
- 没有针灸专用针具的情况下，在家中可用缝衣针简单消毒后替代；同理，在办公室可以把别针掰直后简单消毒使用；有急救箱的场所，也可以用注射器针头替代。

患者状况十分紧急时，不必按常规要求对穴位皮表进行消毒。感染、出血、甚至断针等意外情况，在生死关头应可忽略不计。由于符合本法适应症的患者通常已无力操作，故本法只能用于救助他人，不适用于自我救治。

三. 案例：

院外针刺救治急性心动过速一例

患者： 中年男性

职业： 哈飞集团职员

时间： 2007 年 9 月 12 日

地点： 德国汉莎 LH720 航班

现病史： 机上晚餐后一小时许、凌晨时分，患者突发胸前区疼痛。发病前数日患者工作劳累；机上晚餐时曾饮酒。其随行同事助其服用了自备的速效救心丸，无效；遂向乘务人员求助。空乘为其更换了方便救治的座位，并使用了氧气面罩，未见病情缓解；此后通过机上广播征召乘客中的医务人员请求协助。乘客中有其他医生为其服用了机上备用的硝酸甘油；仍未见效。机组再次广播，请求乘客支援。至此已距患者发病时间有约 20 分钟左右。

望诊： 患者面灰唇绀、额出细汗、上肢潮冷，眼神恍惚、意识淡漠、已无力回答问题、仅以轻眨眼皮表示同意接受针刺治疗。

脉诊： 脉弱、促，心率约计 135— 200 次/分钟（一息约八到十至，每息约 3-3.5 秒）

诊断：印象急性心梗伴休克

选穴： 双侧内关穴

治疗： 1.5 寸毫针深刺、捻转滞针、提插抖动、极强刺激 （双手各持针柄、提针带动患者前臂、使上臂悬空，并急速提插抖动）

临床反应：

1. 进针约 5 秒，患者开始呈角弓反张状；进针约 8 秒，患者即长舒一口气；
2. 随即出针，患者上肢温度开始回升。笔者方取出第一根针，患者既已自行摘下氧气面罩、开口道谢；
3. 再度观察患者，见其汗止、眼亮、神色已见好转、唯显疲惫；
4. 复查心率、约计 90-100 次/分钟之间（一息约六、七至，每息约 4 秒）；
5. 确认患者胸前区疼痛已止、且无其它异常后，嘱乘务人员安排患者原地休息；
6. 此后数小时飞行过程中，患者情况一直平稳、未见异常；
7. 飞机抵达北京首都机场后，患者独自站立在舱口等候笔者并道谢；
8. 遂嘱其尽快全面体检，就此话别。

随访：

因当时未留患者的姓名及联络方式，患者此后的检查结果及病程发展均无更多信息。因此无法提供更为完整的病案资料。

四. 小结：

对于心源性疾病针刺治疗的选穴，针灸界的见解大同小异：或独取内关，或以内关为主、辅以其它穴位。许多研究报告早已证实针刺内关穴对调整心率的有关作用，包括其双向调节作用。在针刺手法上，虽常见“强刺激”的著述，但对具体操作却讳莫如深。从媒

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体报道过的专业针灸医生（包括知名针灸医生）对此类病症的针刺急救实例来看、患者病情的缓解大多在用针后的 20—30 分钟之间。笔者认为此类针刺急救案例之所以起效如此迟缓、极有可能是医者本人受其日常临床操作习惯的影响，使针刺的刺激量过低所致。而本文所荐之法，借助过度滞针将患者上臂提起悬空、并在此基础上迅速施以手法，所产生的刺激量之大，有可能是现代毫针针刺之最。患者上肢的自重此时也成为医者调控刺激量的辅助要素之一。该方法的具体作用机制则有待于病理生理学家的进一步研究揭示。

根据《黄帝内经》“无问其病，以平为期”的治则，日常临床固然要尽量在患者舒适、甚至是毫无感觉的状态下，达到“以平为期”的效果；而在急症抢救时，治疗的起效速度和效果大小则应成为优先确保的指标。这不仅对医生的知识和经验有一定的要求，对于医生的判断力和执行力的要求则是更高。临证医生必须“看得清、想得到、做得出、并迅速见到实效”，方能在关键时刻做到“有序并有效治疗”。

本案例中，笔者出于对西医急救的认识，在对中医针刺“滞针术”毫无了解的情况下，擅闯“滞针”禁区以解患者危难，算是一次意外所得。由此体会到针刺治疗的有关行业规范，应分别设立适用于“日常临床”和“急救”等两个不同范畴的治疗准则，以促进“针刺急救”的挖掘、继承和发展。因此呼吁业内专家在教学中或重订相关规范时加以考虑。

“救心诀”的第一句提示症状，第二句描述适应证，第三句定义治则。对于“心率过百或无”的表述，笔者认为：首先颈总动脉的体表定位标志清晰，一般人经过一次练习即可掌握；因为取脉位置不准而测不到脉搏的概率几乎为零。其次，当心源性猝死患者的病情刚刚发展到需要紧急救助时，其“血压过低”导致无脉的概率应大于“室颤”、“室颤”的概率则大于“心脏停跳”；由于本法具有调整血压和心率的双重作用，此时即使发生“心脏停跳”也应毫不犹豫地加以应用。再者心脏停跳常由两种病况演变而来，一是室颤、二是心动过缓；由于内关穴的双向调节作用，此时积极作为胜过消极等待。尤其要避免在未确认患者呼吸和意识有无的情况下，盲目施行“体外心肺复苏术”，以防止对患者造成更大伤害。即便有“自动除颤仪”在侧，仍应在积极针刺施救的前提下等待除颤装置准备就绪，以增加救治成功的机会；因为通常操作熟练的专业人士也需要 75 秒钟的准备时间，使除颤装置进入工作状态。

据统计，中国每年心源性猝死案例约为 54.4 万，其中死于院外者多达 95%。有 80%以上的心源性猝死由心动过速、室颤、或心脏骤停引起；由此推测，这些患者极有可能都发生过心动过速，其区别只是因专业急救人员到达现场的时机不同、所记录到的心电图表现不同而已。目前流行的院外急救的方法有“体外心肺复苏” 和“体外自动电除颤”，均为西医方法，效果也不尽人意。体外心肺复苏术有严格的适应症，必须在患者“无心跳、无呼吸、无意识” 的“三无”情况下才可使用，过早或过迟都可能会对患者造成严重危害；使用时机不易把握。体外自动电除颤则是设备购置和维护费用不菲，即便普及也是代价高昂。而在院外急救领域，中医针刺技术至今似仍无一席之地，是为憾事！据国内某顶级中医院 2018 年报道，该院曾在院内成功救治一例心源性猝死患者：历时约 50 分钟，有多个科室协同，唯独未见针灸科的参与。足见针刺急救仍大有潜力可挖。

产生本方法的病例虽属个案，但放在体制内任何一家三甲医院的重症监护病房、以循证医学的标准对本方法予以证实或证伪都不是难事。或可由此探索出一条“针刺除颤”的新路。鉴于心源性猝死的高发人群多属年富力强之辈，且每年都会涉及到全国 50 多万个家庭，其中不少是国家的重要人才，例如歼 15 总设计师罗阳；因此于国于民计，都值得有关机构对心源性猝死的院外急救方法予以充分关注。同时，对于远离医疗设施的野外作业人员来说，能掌握一种已有成功先例的简便急救方法、比束手无策更有意义。

本文撰写过程中，承蒙解放军总医院心内科刘宏斌主任、解放军东部战区总医院心内科宫剑斌主任、寿氏脉学创始人寿小云先生、北京中医药大学徐立鹏博士提出宝贵意见，并由山东省肿瘤医院邵丽梅主任、常洪瑞技师协助拍摄 X 光片，在此一并致谢！

注 1：“滞针”是指进针后、感觉针下涩滞，捻转、提插、出针均感困难或无法进行的现象。通常被视为针刺时应尽力避免的不良反应之一。产生滞针的原因是肌肉收缩，大幅度捻转行针或单一方向捻针、以致肌肉组织缠绕针体，限制了针体的移动。

“滞针术”是利用滞针现象引发较强刺激的一种针刺技术。虽然针灸界对此已有多年探索，多用在治疗慢性病；而直接应用于急救的成功案例，在此之前尚未见报道。

注 2：测不到脉搏的情况有以下几种：

- 取脉位置不准，但专业人士取脉不准的几率为零。即便是非专业人士，经过一次认真练习、也能做到万无一失；
- 患者血压过低、血管壁已不能反映心脏搏动；
- 室颤，心脏无有效排血；
- 心脏停跳。

在以上几种无脉情况下、只要呼吸或意识存在其一，本方法皆可使用。

注 3：右位、或左位取穴进针的步骤，均以术者左手取穴、右手进针为例。

注 4： 内关穴距腕横纹两寸，以本法取穴并非绝对准确；但本法刺激强度极大，只要进针时能确保在两筋之间直刺入皮、深度到位（如附图七），针刺部位与腕横纹间的距离 +/-1 厘米之内的浮动均可忽略不计。

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重温程莘农教授的穴位配伍经验

韩煜

今年 8 月 24 日是我的导师，国医大师程莘农(1921.8---2015.5.9) 诞辰 99 周年的纪念日。 缅怀跟随程老学习工作的岁月，老师对祖国传统医药的深入研究，对针灸理论与临床的丰富经验，对众多海内外学生的孜孜教诲，令我受益终身，永远难忘。

现将程老于 1988 年给学生的一次授课笔记加以整理，以此怀念程老，并希望对今日的临床具有指导意义。程老认为用穴如用兵，若在辨证论治的基础上，合理搭配，将会收到事倍功半的效果。 限于篇幅，本文仅以合谷穴的配伍为例。

合谷穴是手阳明大肠经的原穴。具有通经活络，清热解表，理气止痛，镇静安眠，聪耳明目及开窍苏厥等功效。程老在临床上常常使用如下配穴方法。

1. 合谷配人中

人中为督脉要穴，开窍醒脑。可治各种晕厥，昏厥，如气厥，暑厥，产后失血晕厥等。合谷穴可以调理一身之气，可以使用泻法，人中使用雀啄刺法。

2 .合谷配睛明

睛明是足太阳膀胱经的起始穴，具有清肝明目，通络止痛的功效。煜具有能清阳明之热的合谷穴相配，常用于治疗目赤肿痛，迎风流泪等眼疾属于热证者。合谷用补法，睛明浅刺 1 至 2 分，不宜用提插手法。

3. 合谷配下关

下关穴位于足阳明胃经，是足阳明经与足少阳经的交会穴。两穴相配常用于治疗牙痛（尤其下牙痛）属于阳明热盛者。用于治疗下颌关节疼痛，张口困难者，也用于治疗面瘫。下关与合谷两穴均用泻法。

4. 合谷配迎香

具有疏风解表，清泻肺气之功效。主治外感风寒，鼻流清涕，鼻塞不通等症状，及慢性鼻炎，萎缩性鼻翼炎。多使用泻法。另外，合谷配迎香也常用于治疗面部浮肿，感受风邪所致及肾脏疾病所致之面部浮肿，两穴均采用泻法。

5 合谷配风池

这是一组古代医家有名的穴位配伍，风池驱风，合谷清热。主治头晕目眩，属风热上扰者。可治疗伤风感冒及时行感冒之发热头痛。也常用于治疗高血压之后脑头痛，项背强痛，活动不利者。风池与合谷都采用泻法。

6. 合谷配少商，商阳

这组配合是喉科主方，亦为儿科主方。具有清肺泻热之功效 •。主治咽喉疼痛，及小儿各种原因之发热 •。合谷用泻下法，少商与商阳可以放血或毫针刺入 1 分左右，可捻转，令其出血即可。

7 合谷配内关

内关可以运胸中阳气，开胸中郁闷。合谷可调理人身气血，两穴相配，用于治疗胸闷，胃脘疼痛等症。采用泻法。

8 合谷配外关

此二穴相互协同，可清阳明及少阳之热，是治疗偏头痛，面痛的常用组合。上肢疼痛亦常有此配伍。如肩周炎疼痛等。

9 合谷配合孔最

孔最是肺经的郄穴。合谷清泻阳明之热，，孔最用于清肺解表。常用于治疗肺经有热的咳喘，，哮喘急性发作属于风热所致者。也用于治疗痔疮，大便下血等。

10 合谷配尺泽

尺泽是手太阴肺经的合穴，位于肘横纹中，肱二头肌的桡骨侧。尺泽配合谷穴，是古代医家的经验方。 可以表里双解，脏腑双调。可疏筋活络，缓急止痛。 还可止咳定喘，多用于咳嗽气喘属肺经风热者，亦常用于治疗肘臂疼痛等不适。多用泻法。

11. 合谷配天府

天府穴属肺经，位于腋前皱襞上端向外的水平线下 3 寸，肱二头肌外缘。 古人多用天府治疗鼻衄。 合谷配天府对于肺热上涌，腑行不畅所致的鼻衄，咳喘有良效， 常用泻法。

12. 合谷配光明

这一组穴位搭配有清泻肝胆火旺，阳明燥热之功效，能疏泄肝胆，清肝明目。临床治疗目赤肿痛因肝胆火旺所

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致者， 常用泻法；治疗假性近视，夜盲，视神经萎缩之类眼疾，则常用平补平泻手法。

13. 合谷配复溜

复溜穴是足少阴肾经的经穴，位于太溪穴上二寸。古人用于使身体发汗。当患者虚寒表不解，周身疼痛，无汗时，合谷用泻法，复溜用补法，可以帮助身体发汗；如食郁汗出过多， 则泻复溜， 补合谷。

14. 合谷配三阴交

此配伍古人如果用于下胎，则泻三阴交，补合谷以通经活血，可治疗滞产，胎儿不下；如补三阴交，泻合谷，则用于治疗气旺血少的经闭，经少，及安胎；当治疗痛经实证时，则合谷与三阴交都用泻法。

15 合谷配内庭

内庭是足阳明胃经的荥穴，位于足背二，三脚趾间的缝纹端。合谷配内庭是清泻手足阳明经之热的常用搭配。可以治疗风火牙痛，牙龈肿痛，咽喉痛，胃脘痛，鼻衄，大便闭结等各种属于热证者。 合谷及内庭均用泻法。

16. 合谷配太冲

合谷与太冲古人又称为“四关”穴，具有很好的调和气血，通经活络，行气开窍，镇静安神之作用，外可疏风解表，内可通降肠胃。 这组”四关” 穴的搭配临床应用广泛。如头痛眩晕，证属肝阳上亢者；气厥上逆，癫狂癫痫，小儿惊风，失眠焦虑属阴阳失调者，均常用合谷与太冲相配， 即凡需镇静安神治疗者， 均可取此“四关“穴。临床取其具有通经活络，调和气血之效，亦常用于治疗中风偏瘫， 痹症疼痛等诸疾。

程老数十年潜心钻研，深谙传统中医针灸理论，善于治疗内科，妇科疾病及各种疑难杂症，收到了很高的临床治愈率和有效率。希望重温导师的经验能给我们新的启迪和指导。

The Journal of Chinese Medicine and Acupuncture

《英国中医针灸杂志》征稿启事

《英国中医针灸杂志》为英国中医药学会主办的中英文双语学术期刊，每年 4 月和 10 月发行两期，并可在学会网上阅览。本会刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展，文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体验到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

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

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk.请注明“杂志投稿”字样。下期来稿截至日期为 2021 年 2 月 20 日

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半夏泻心汤及其临床应用

英国中医学院 张恩勤

摘要： 半夏泻心汤源出于东汉医家张仲景之【伤寒论】149 条和【金匮要略】第 17 篇。原用来治疗伤寒下后‘心下痞’症。笔者目前则用来治疗急慢性胃炎和消化道溃疡等多种疾病，效果良好。当然，还应根据中医辨治施治的原则，按照每一个病人的证候特点，加减使用。
关键词：半夏泻心汤 急性肠胃炎 慢性浅表性胃炎 消化道溃疡 中药浓缩颗粒

Abstract: Banxia Xiexin Tang (Pinellia Decoction for Purging Stomach-fire) was created by Dr Zhang Zhongjing in the Eastern Han Dynasty recorded in the book [Shang Han Lun /Treatise on Febrile Diseases] in Clause 149, and in Chapter 17 of [Jin Kui Yao Lue /The Synopsis of the Golden Chamber]. It was originally used to treat the ‘pi syndrome ‘ caused by purging therapy during febrile disease . However, We currently apply for treatments of acute and chronic gastritis and peptic ulcers with good results. Of course, the formula should be modified according to the TCM principle on the distinction and treatment based on the individual condition of each patient.

原文指症： 根据张仲景原书记载，半夏泻心汤主要用来治疗心下痞证。如【伤寒论】第 149 条： ‘伤寒五六日，呕而发热者，柴胡汤证具，而以他药下之，柴胡证仍在者，复与柴胡汤。此虽已下之，不为逆，必蒸蒸而振，却发热汗出而解。若心下满而硬痛者，此为结胸也，大陷胸汤主之。但满而不痛者，此为痞，柴胡不中与之，宜半夏泻心汤。’(1)【金匮要略/呕吐哕下利病脉证治第十七】‘ 呕而肠鸣，心下痞者，半夏泻心汤主之’。(2) 这里所说痞证，乃指患者自觉胃脘部堵塞满闷，按之柔软不痛的症状。常见于慢性胃炎以及其他慢性胃肠疾病。

组成与用法：原方为：半夏半升（洗），黄芩、干姜、人参、甘草（炙）各三两，黄连一两，大枣十二枚（劈）。上七味，以水一斗，煮取六升，去渣，再煮取三升，日三服。目前我们主要是应用中药浓缩颗粒剂。人参改为党参，均为 1 克，混合后，分 2-3 次冲服。饭前或饭后。

临床应用：该方应用范围甚广，这里仅举常见病症如下。

1. 急性肠胃炎：急性肠胃炎患者，常表现为呕吐、腹泻和腹痛，用半夏泻心汤后可以迅速控制症状，一般服下 1-2 剂后症状明显减轻，3-6 剂即可痊愈。

病案举例：12/08/2018 , XXX, 女，15 岁，学生，德国游客。现临时住在我们诊所对面的 Point A Hotel。其母代述，因在路边小吃后，突然恶心呕吐，腹痛，腹泻 5-6 次，回 Hotel 立即前来就诊。舌红苔黄腻，脉弦数。印象：急性胃肠炎。中医辨证：饮食不洁，导致胃肠呆滞，升降失常。予以半夏泻心汤 3 剂，开水冲服。同时为病人配制温开水加糖及少量盐口服补液。第二天下午 6 点，其母来诊所来诊所道谢。她说，昨天晚上吃第一次中药后，呕吐即止，但仍轻度腹痛、腹泻；早上服了第二次，腹痛停止，腹泻减少。中午又服了第三次。症状基本消失。为防止转为慢性肠胃病，又取药 7 剂，以求彻底治愈。

2. 慢性胃炎：慢性胃炎一般分为浅表性、萎缩性和肥厚性三种，半夏泻心汤适用于浅表性慢性胃炎患者。病人多表现为胃脘痞闷不适，或有轻度胃痛，消化不良，进食后加重，胃镜检查即可确诊。本人采用半夏泻心汤加减，一般 2 周后症状明显缓解，1-2 个月后症状消失。3-4 个月后胃镜检查正常。

病例举例：10/10/2017. XXX, 女，52 岁，中东王室成员。长期患胃病达 3 年多，胃部痞塞感，嗳气稍舒，老怀疑自己患上’胃癌‘，情绪抑郁烦恼，胃镜检查示慢性浅表性胃炎。曾用西药抗菌素治疗，短期缓解，然后重现。且引起便秘等副作用。舌暗红，苔白，脉弦。中医辨证：胃呆气滞。半夏泻心汤加郁李仁等；同时配合针灸，连续治疗 3 个月而愈。胃镜检查恢复良好。

3. 消化道溃疡：半夏泻心汤对胃溃疡、十二指肠溃疡都有效。兼有出血者，加仙鹤草 1 克；便秘者，加郁李仁 05 克；胃酸过多者，加牡蛎 1 克。以上均为中药浓缩颗粒剂量。

病案举例：xxx ，男，78 岁，为我院中药方剂班学生的父亲。患十二指肠溃疡 10 余年，经西药和中药治疗，仅是短期缓解，未能痊愈。自述胃脘隐痛，空腹时出现，进食后缓解。手足冷，舌淡苔白，脉沉弦。胃镜检查诊断为十二指肠溃疡。中医辨证：胃呆气滞，脾胃虚寒。用半夏泻心汤和黄芪建中汤加白芷甘草汤，每日 1 剂，两次饭前冲服。1 周后症减，自觉手足变温。继续服用 2 个月，症状消失。胃镜检查已经恢复。

4. 其他病症：本人也用半夏泻心汤试治过其他消化道疾患，如肥厚性胃炎、萎缩性胃炎。慢性溃疡性结肠炎、IBS 等， 但效果不佳。从临床角度推理，半夏泻心汤

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对幽门螺旋杆菌引起的胃肠疾病效果最好。

讨论：

根据传统中医药理论，方中黄连、黄芩苦寒，降火除热；干姜、半夏辛温，开结散寒；参、草大枣甘温，益气补虚。诸药配合，寒热并用，辛开苦降，共奏和胃降逆、开结除痞之效。主治胃气呆滞之‘心下痞’症。(3) 吴丽琴等药理实验表明，该方对胃黏膜屏障起一定的保护作用，也揭示了半夏泻心汤治疗幽门螺杆菌相关胃炎作用机理。除有消弱攻击因子的一面，可能还有增强胃黏膜保护因子的一面，从而共同促进胃黏膜损伤的修复。(4)

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经典名方临床应用三则

张超

经典名方包括经方和古代医家的知名处方，经过后代传承至今仍在使用的中医处方。本人在将近 30 年的临床实践中深深体会到对这些处方如果辨证准确，使用得当，则效如桴鼓.

一， 化肝煎治疗胆汁反流性胃炎

患者 Emma，女性，45 岁，出诊日期：2019 年 6 月 5 号
主诉：胃脘部嘈杂灼热伴间断疼痛 1 年余。

现病史：患者于 1 年前由于工作紧张，饮食不当而致胃脘部嘈杂灼热不适，间断疼痛，口干，嗳气泛酸，于 GP 处对症治疗后效果不明显，症状渐进性加重，逐渐发展为吞咽时咽喉部有阻塞感，只能进半流质饮食，消瘦，大便每日一次，偏干。纤维胃镜检查：胃黏膜充血糜烂，幽门部有黄绿色液体反流，诊断为：胆汁反流性胃炎。口服 Omeprazole Capsules 后效果不明显，随来我诊所求治。

查患者形体消瘦，舌边尖微红，舌苔薄白，脉弦细小数
综和患者脉证及病史，考虑为肝郁气滞，日久化热所致，拟清肝理气为法，方选化肝煎加减：青皮 9 陈皮 9 丹皮 9 栀子 9 浙贝 9 白芍 12 泽泻 9 甘草 6 香附 10 郁金 10 川楝子 6 元胡 9
嘱其戒烟酒，忌食辛辣味厚之品。

服上方 7 付，患者自述剑突下说热感减轻，胃疼次数减少，咽食时阻塞不适感较前缓解，仍感觉口干，以前方加麦冬 15 克，续服 14 付，胃脘部嘈杂灼热感及吞咽阻塞感消失，进食正常，无胃脘部疼痛，二便正常。

体会：

化肝煎为明代医学大家张景岳所创，由青皮，陈皮，丹皮，栀子，白芍，泽泻，土贝母七味药组成，该方的功能主治在《景岳全书.新方阵.寒阵》中有描述：“怒气伤肝，因而气逆动火，致为烦热，胁痛，胀满，动血等症”. 可见本方的主要作用是疏肝气，解郁热，通过临床观察发现，本方对肝郁气滞化热而导致的上消化道疾患效果明显。土贝母的应用是本方的特点。土贝母清肝和胃，常用以止咳化痰，殊不知此味药功擅清胃热，胃酸过多者用之可以止酸，如乌贝散。按《本经别录》所载：”象贝母味苦而性寒，有辛散之气，故能除热，能泄降，能散结“。化肝煎中选用土贝母亦正是其成为上消化系统疾病良方的特点之一。

张景岳将郁分为怒郁，思郁和忧郁三种，其中怒郁指:”方其大怒，气逆之时，则实邪在肝“，可见其怒郁实际上是指肝郁。木郁则达之，郁热则清之，化肝煎的作用正在于此。

二，补中益气汤治疗不安腿综合症

患者 Spain，男性，58 岁，初诊日期：2019 年 10 月 20 号。
主诉：双下肢不适 2 年余。

现病史：患者于两年前无明显原因自觉双侧下肢小腿部酸胀不适，有烧灼感，时有刺疼，自觉睡眠时双腿无处安放，走动拍打后症状缓解，夜晚和休息时加重，理化检测无异常发现，在 GP 诊断为“不安腿综合症(RLS)”，予对症治疗（具体药物不详）后效果不明显。随来我诊所求治，查患者疲乏无力，伴身体沉重，夜眠差，大便

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溏泻，每日 2-3 次，舌质淡边有齿痕，苔白腻，寸脉小尺脉大。

结合患者的脉证，中医考虑为脾气虚弱，脾失健运，下肢肌肉失养所致，随予补中益气汤合平胃散加减治疗。
黄芪 10 党参 10 白术 10 当归 10 陈皮 10 升麻 3 柴胡 3 甘草 3 厚朴 9 苍术 9 茯苓 10 白芍 10 夜交藤 12

服用上方一周后自觉双下肢不适感减半，睡眠明显好转。上方加丹参，鸡血藤继服一月后双下肢不适感消失，睡眠如常。

体会

不安腿综合征（Restless Leg Syndrome，RLS ）又称不宁腿综和症，是一种感觉运动障碍疾病，是临床中经常见到的一种疾病，其主要临床表现为夜间睡眠时双下肢出现极度不适感，迫使患者不停地移动下肢或下地行走，或局部拍打以减轻痛苦，可导致患者严重的睡眠障碍。中医虽无此病名，但有关症状论述可见于各家医学文献中。早在《灵枢。百病始生篇》中就有“厥气生足悗》”足悗生胫寒，胫寒则血脉凝涩。。。。的论述。足悗即指足部酸困，疼痛，行动不便等变化不一，难以形容的一组病症。明薛己在《内科摘要》中有所论述：“夜间少寐，足内酸热，。。。腿内亦然，且兼腿内筋似有抽缩意，致二腿左右频移，辗转不安，必至倦极方寐”。根据中医学中医学“脾在体和肌肉，主四肢”的理论，本病的发生与脾气虚弱密切相关。《素问.痿论》说：”脾主身之肌肉“，张志聪《素问集注.五脏生成》注说：”脾主运化水谷之精，以生养肌肉，故主肉”.如脾气虚，脾失运化，水谷精微及津液的生成和转输障碍，不能正常儒养肌肉四肢，则可导致四肢的感觉和运动功能失常。正如《素问。太阴阳明论》所言：“今脾病不能为胃行其津液，四肢不得禀水谷气，期日以衰，脉道不利，筋骨肌肉皆无气以生，故不用焉”。因此，RLS 的发生发展和转归与脾的功能密切相关。本人在近几年的临床实践中，用补中益气汤加减治疗此类患者，效果明显。只要辨证准确，用药得当，一般一周内就会有明显效果，8 到 10 周可以达到临床治愈。

对于此类患者，应用补中益气汤的辨证要点有三：1，舌质淡，或体胖，舌苔薄白或白腻或水滑；2，寸脉小，尺脉大；3，脾虚失运和气虚下陷的症状：如腹部胀满，呐食不香，头晕乏力，耳鸣，便溏或者便秘，腹胀，身重等。

在使用补中益气汤时，注意药量要轻，升麻，柴胡各三克，其余药物的药量一般不超过 10 克。

三，异病同治，慢性咽炎用小青龙汤

患者 John，65 岁，男性，初诊日期：2019 年 11 月 5 号
主诉：咳嗽吐痰两年余
现病史：患者两年前无明显原因自觉咽痒不适，有堵塞感，常常咳吐清稀痰涎，频频不断，晨起时咳吐大量清稀泡沫样痰，伴鼻塞流涕，时有咳嗽，无喘，饮食可，大便正常，夜尿多，舌质暗淡，苔白水滑，脉弦滑，胸部 X 光及 CT 检查排除胸部器质性病变。在 GP 处予对症治疗（具体药物不详）后效果不佳，随来我诊所求知。予二陈汤加减治疗一周，效果不明显。遂予小青龙汤加厚朴，茯苓，陈皮。
炙麻黄 6 桂枝 9 白芍 10 半夏 9 干姜 6 细辛 3 五味子 9 厚朴 9 茯苓 10 陈皮 9 甘草 3
服上方一周后咳痰明显减少，咽痒及堵塞感明显减轻。效不更方，继服两周后，咳痰及咽喉部堵塞感消失。

体会

慢性咽炎是临床常见的疾病之一，其发病率不断上升，给患者的生活和工作带来诸多不便。它通常以阴虚或者气滞痰阻为主，但也不乏外寒内饮的病例存在。近年来本人用小青龙汤加厚朴等治疗此类咽炎，效果满意。《伤寒论》记载：“伤寒，表不解，心下有水气，干呕，发热而咳，或渴，或利，或噎，或小便不利，少腹满，或喘者，小青龙汤主治”。其中噎可以理解为咽喉部如物哽噎，吐之不出，咽之不下，是慢性咽炎的典型症状。

小青龙汤第一组药物用麻黄桂枝，以解表发散风寒；第二组药物，姜辛味（干将细辛五味子），是温化痰饮，收敛肺气的经典组合，加入半夏以化痰降肺气，芍药甘草收敛缓急，又能防止其他药物发散太过。因此小青龙汤对于慢性咽炎属于外有表寒内有寒饮者，效果非常明显。

此类病症的辨证要点是痰白清稀，常常晨起时咳吐大量泡沫样痰，有时会伴有鼻塞流清涕等其他卡他症状，舌质淡苔白水滑，脉弦滑。

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旋推法治疗骶髂关节半脱位 62 例

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【摘要】目的 观察旋推手法治疗骶髂关节半脱位观察临床疗效。方法 62 例患者 采用自创旋推手法治疗。 结果：治疗统计人数 62 例 治愈 48 例，占 77.4%，明显改善 11 例，占 17.7%，无效 3 例,4.8%；总有效率占 95.1%。结论 本法治疗骶髂关节半脱位方法简单 疗效好 有推广价值。
【关键词】骶髂关节 半脱位 旋推手法 整复

ABSTRACT Objective ： to observe the clinical effect of rotating pushing manipulation for semiluxation of sacroiliac joint. Methods: 62 patients were treated with self-made rotating pushing technique. Results: among 62 cases, 48 cases were cured, accounting for 77.4%, 11 cases were significantly improved, accounting for 17.7%, and 3 cases were ineffective, 4.8%. The total effective rate was 95.1%. Conclusion: this method is simple and effective in treating sacroiliac joint subluxation.
Key words: Sacroiliac joint; semiluxation; Spin push; Rectify

骶髂关节半脱位，在传统中医骨伤科文献中，没有与中医相对应名称。它类似与“落小胯”，属于骨错缝筋出槽的范围。是临床上是引起腰疼发作疾病之一，由于医学影像检查手段 ，没有特异性阳性指征，临床表现常常与其它腰椎疾病相混淆，对本病认识不足，常常被误诊和漏诊。男女均可发病，女性多于男性。笔者近年来采用自创骶髂关节半脱位复位法，操作简单，疗效显著。总结如下.

1 临床资料:

62 患者 女性 39 、男性 23；年龄最大 76、最小 19；病程最短 5 天，最长 4 个月；前脱位 35 例、后脱位 27 例。右侧 30 例. 左侧 32 例.

2 临床症状及诊断

（1）多有腰骶外伤史（2）下腰部酸痛、单侧或者双侧骶髂关节部位疼痛,轻者隐隐作痛、胀痛,常有叩击痛。（3）骨盆分离实验阳性，骶髂关节实验阳性，直腿抬高实验阴性。

（4）X 线片子检查患侧关节间隙变厚，模糊。耻骨联合上下移位。骨盆形态改变。

2.1 多有腰骶外伤史

2.2 下腰部酸痛、单侧或者双侧骶髂关节部位疼痛，轻者隐隐作痛、胀痛，常有叩击痛。

2.3 骨盆分离实验阳性，骶髂关节实验阳性，直腿抬高实验阴性。

2.4 X 线片子检查患侧关节间隙变厚，模糊。耻骨联合上下移位。骨盆形态改变。

3 分型标准[1]

将骶髂关节错位分为前错位型后错位型。前错位型髂后上棘比对侧凹陷。髂后上棘至后正中线距离增宽。髂嵴水平下降，耻骨联合下移。闭孔纵经高度缩短；后错位型髂后上棘比对侧高凸。髂后上棘至后正中线距离变窄一髂嵴水平上升。耻骨联合上移，闭孔纵经高度增长。

4 疗效评估

（1)治愈：局部疼痛完全消失,患者活动及行走正常，临床体征消失。

（2）好转 ：局部疼痛明显症状明显减轻，患髂骨关节活动及行走明显改善，主要阳性体征大部分好转。

（3）无效：临床症状、体征无减轻。

5 治疗方法

5.1 体位选择

俯卧位

5.2 前错位型手法（以右侧为例）

让患者采取俯卧位，施术者站在右侧，右手掌心抵住髂骨后棘，左手掌置于右手上，双手叠加逆时针旋转，当手下有阻力感时， 手臂与患者体表成 30—45 夹角，向臀部用寸力，听到咔哒一声复位声，反复进行二次，完成治疗。

5.3 后错位型手法（以右侧为例）

让患者采取俯卧位，施术者站在右侧，右手掌心抵住髂骨后棘，左手掌置于右手上，双手叠加顺时针旋转，当手下产生阻力时， 手臂与患者体表成 30—45 夹角，迅速向对侧肩部用寸力，听到咔哒一声复位声，反复进行二次，完成治疗。

隔日一次三次一个疗程，二个疗程结束后进行疗效评定。

6 治疗结果

治愈 骶髂痛消失 腰腿疼活动自如 48 例， 占 77.4%。

好转 骶髂痛减轻，功能改善 11 例， 占 17.7%。

无效 症状 体征无改善 3 例,占 4.8%。总有效率占 95.1%。

7 讨论

骶髂关节是由髂骨和骶骨的耳状关节面吻合而成。关节表面粗糙、凹凸不平，表覆纤维软骨和透明软骨。

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在运动不当时，关节力学出现失稳，骶髂关节周围组织韧带受到牵拉、挤压或韧带松弛等情况下，骶髂关节出现轻度旋转上下、左右移位。研究表明[2]：骨盆的旋转决定脊柱弯曲程度。骨盆向前旋转，使腰弯度增加，同时为保持躯体在重力上的平衡，其他部位弯曲度也增加。骨盆的向后旋转使腰弯曲度减小，同时胸弯度和颈弯度也缩小，说明骶髂关节半脱位影响脊柱的弯曲度，导致脊柱稳定性和运动性平衡失调。引发脊柱相关的一些疾病，临床表现多样化、复杂化，使医者无从下手。从现代临床影像检查来讲，半脱位移动小，很难作为阳性诊断金指标。确诊多以临床表现和触诊为主。中医古籍中，尚未有明确对应病名，属于中医骨错缝和筋出槽的范围。文献报道治疗本病多以手法整复治疗为主。且多采用侧卧旋转板法，其治疗需要在一定体位下进行行施治，伴有其它腰部疾病往往受到一定限制，影响治疗效果。笔者自创旋推手法治疗骶髂关节半脱位，与常规手法不同，采用平卧位，这样骶髂关节周围韧带肌肉组织比较放松，复位后便于直接进行双侧比对，特别是 间隙 骶骨与髂骨上下角度改变，检查治疗一次完成，减少患者反复旋转带来紧张恐惧。这个手法是逆错位反方向进行复位，简单易学， 实用性强，且立竿见影，有临床推广价值。

但是骶髂关节半脱位，目前仍然存在一些问题需要解决，缺乏统一的诊断标准，而使许多骶髂关节半脱位患者被诊断其它疾病进行治疗，出现误治、失治。使本病迁延不愈，值得临床工作者思考，应该引起足够的重视。

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中医药治疗面瘫

徐盈

摘要:本文通过实例介绍，说明中医药治疗面瘫，具有独到的优势，中药、针灸，效果可靠、收效迅速，值得推广和普及。

关键词:面瘫，中枢性，周围性，桂枝汤，穴位，功能锻炼。

面瘫简述:
面瘫，又名面部神经麻痹症，与神经损伤直接关联，原因是中枢神经损害或者病毒侵害了面神经，临床上根据病因，分为中枢性和周围性。中枢性分为缺血性和出血性，是脑血管病的常见症状之一，多继发于高血压、高血脂、糖尿病等疾病，多见于中老年人;周围性多发生于青壮年，多在头面部吹冷风后突然发病，无痛痒、麻木、冷热等感觉。

临床表现及特点:
突然口眼歪斜、饮水从口角漏下、单侧眼睛不能自主闭合张开、眉毛不能随意活动、病侧额纹及口角纹和鼻翼纹消失或者变浅、个别患者因眼睛不能闭合而继发结膜炎。中枢性面瘫，还有脑血管病的相应病症和体征;周围性面瘫，内脏及化验、CT 等检查，皆无异常。

中西医的治疗:
中西医都有治疗面瘫的方法和理论，尤其是中医药对于面瘫疗效显著，并且已经有多年及无数的病例证实了。如果是中枢性面瘫，可以在西医治疗脑血管病的同时，使用中医药治疗;如果是周围性面瘫，可以单独用中医药治疗，比西医药治疗效果好得多。在此，笔者汇报所用的中医药治疗方法如下:

1.中药:
桂枝、炒白芍、炙甘草、当归、炙黄芪，另据病情酌加:防风、羌活、川芎、路路通、白芷、丹参、桃仁;如在中国，还可以酌加:乳香、没药、土元、全虫、蜈蚣、白花蛇、制穿山甲等，这些中药，在英国及欧洲不允许使用和进口及销售，需要避免。

2.针灸:合谷、曲池、地仓、下关、迎香、颊车、廉泉、阳白、攒竹、鱼腰、丝竹空、头维、百会、率谷、翳风、风池、足三里、太冲、三阴交，可以每日一次，常规皮肤消毒进针，强刺激，留针 30 分钟，出针后，干棉球按压穴位两分钟以上，既止血防止面部出血影响美观，又补气增加疗效。个别病人或者个别穴位需要放血疗法的，不要按压穴位，出针后可以挤推或者加点刺帮助出血。病情恢复后，可以每周两次，巩固疗效，痊愈后可停止治疗。针灸治疗期间，嘱咐病人多做面部的功能锻炼，如眼睛睁闭、口腔漱口等动作。

3.其他:如神灯、艾灸、按摩、热敷、西药口服或者注射剂(维生素 C、B1、B2、B6、B12 等)也可以酌情使用。

病程及疗效:多数在两周内恢复，没有后遗症，且效果可靠;极个别病人效果不够理想。

病例介绍:
1.龚 x，女，42 岁，睡觉起床后，突然口眼歪斜、饮水漏下、闭目不严，遂就诊。检查:面部左侧松弛，明显歪向右侧，神舌居中，舌稍紫、苔白薄稍腻，脉细缓。血压、心率、呼吸及西医化验检查均正常。诊断:面瘫（周围性）处方:桂枝 15g 炒白芍 10g 炙甘草 8g 当归 10g 炙黄芪 15g 防风 8g 羌活 6g，每日一付，煎煮两次，温服两次，第三次煎煮药汤外洗热敷按摩，无饮食起居禁忌。每日针刺治疗一次，穴位同上所述。经过治疗，第三天完全恢复，继续巩固两周，痊愈，停止治疗（请参见病人的留言）。
2.林 xx，男，74 岁，脑梗塞 3 年，在四川、北京等医院中西医治疗，仍左侧肢体活动不灵、上下肢功能障碍，行走跛行、上肢弯曲于胸前，来英国探亲，某会议上认识笔者并求诊，会后当即随到敝堂就诊。检查:左侧面部肌肉松弛，左眼闭合无力、缓慢、不严，左侧鼻唇沟浅、嘴角歪向右侧，左上下肢弯曲畸形，肌肉轻度萎缩，肌力三级，肌张力差，患侧皮温稍低。舌偏右侧，舌质紫苔黄厚腻，脉弦细。诊断:脑血管梗塞后遗症，面瘫（中枢性）。血压、心肺检查正常。处方:桂枝 12g 炒白芍 10g 炙甘草 8g 当归 8g 炙黄芪 15g 丹参 15g 羌活 8g 陈皮 6g，每日一付，煎煮两次，温服两次，无饮食起居注意，教其每日多次功能锻炼。针刺每日一次，穴位同上所述，并加伏兔、阴陵泉（透阳陵泉），出针后指（趾）尖点刺放血。治疗三天开始恢复，上下肢亦逐步恢复正常，经过两周痊愈，可以在公园跑步，行走正常，双手及上肢运动自如。停止治疗后数周，肾结石复发，大量血尿住院于伦敦塔桥专科医院，花费很多，四天仍未止血（每次小便均肉眼血尿），力邀赴院诊治，家人陪同探视，舌脉诊后，三付中药，一付止血，二付出院，三付痊愈，再改方巩固一周，直至回国，数月未复发（请参见病人的留言）。

总结:
1.中医药治疗面瘫，相对于西医药，中医药的效果确实、恢复彻底、见效迅速、花费较少，病人和医生的压力都

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小，中医从业者掌握治疗方法后，可以比较容易的治愈此病，对于社会很有益处，值得推广和普及使用。
2. 桂枝汤，源于医圣张仲景《伤寒论》，原治风寒表虚证，功用是‘’解肌发表，调和营卫‘’，桂枝汤，素被尊称为‘’天下第一方‘’，说明效如桴鼓、确实有效，医生们临床时，还可以根据病情灵活使用并加减，更好的治病救人。用在面瘫方面，桂枝汤恰好调和营卫、祛除风邪、温补气血，再酌加祛风解表药、活血化瘀药、攻坚破积药、祛湿排毒药等，共奏协同效应、药对其证，君臣佐使、各有相宜。

从医工作近五十年来，中医药治疗面瘫逾千例，仅偶有数例未能痊愈。为了更好的造福病人，帮助青年同仁，并与老师同仁们互相学习交流，故不揣冒昧、抛砖引玉，汇报如上，仅供参考，欢迎诸位同道批评指正。

Video-Feedback in Acupuncture Clinical Practice

Qikan Yin

Key words: Video-feedback[1], Clinical practice, Acupuncture

Introduction

Acupuncture clinical practice (ACP) is the module to help students transform their theoretical knowledge into practical skill. It's the first step of their future career. They are trying their best to build up their clinical experience. Meanwhile, a well-trained and effective clinical behaviour is crucial in improving the quality of health care for the patients. It is very important to develop effective teaching and learning methods in clinical practice.

Knowledge is acquired through involvement with content instead of imitation or repetition (Kroll, LR., & LaBosky, VK. 1996). In constructivism theory, leaner construct their knowledge based on what they see and what they do. They do not simply follow what they are told or what they read. ACP is exactly the module to help students construct their new practical knowledge and skill.

Why is feedback

The module of ACP aims to train the students' practical behaviour and skill, to build up their own clinical experience, to instruct them in preparing for the challenges of their future career. According to the foundation of constructivist educational theory, the new knowledge is built on the existing knowledge. Hence, in medical training, feedback is thought to be the fundamental to effective clinical teaching and supervision of learners (Cantillon, P. & Sargeant, J., 2008). A systematic review shows "The effects of formal assessment and feedback on physician performance are influenced by the source and duration of feedback." (Veloski, J., Boex, JR., Grasberger, J., et al., 2006).

Current Situation

The main goal of ACP is to give students an opportunity to apply the theoretical knowledge to real clinical cases. But, in work integrated learning, students may report difficulties applying theory learned at university to clinical practice (Calleja, P., et al. 2016). For the students, the benefits from the clinical experience is enhanced by regular feedback.

During the clinical practicing, every minute is valuable. When the consultation or treatment is processing, probably there is no extra time to discuss students' clinical behaviour at that very moment. Behaviours, concepts, and actions that need revision can be influenced best when they are fresh. As time passes, much recall of the surrounding event and thought process is lost. Hesketh and Laidlaw (2002) noted that providing informal on-the-job feedback can take only a few minutes of the clinician's time. To be the most effective, feedback should take place at the time of the activity or as soon as possible after so that the learner (and teacher) can remember the events accurately. Therefore, a traditional feedback method, written or oral, might not as effective as we expect.

Video-feedback, the Solution

"Video recording guarantees an immediate and realistic feedback", Eeckhout. T., et al., (2016)

In Theory

Since video recorder was invented, it has been introduced into professional development. In 1963, Stanford University started the very first educational application of video-feedback. Since then, the video recording was not only used to make in-depth studies of the behaviour of professionals, but also to modify that behaviour (Fukkink, RG., et al., 2011). Video-feedback involves the students watching a film of themselves and receiving feedback on their performance, which has been effectively used to enhance training outcomes (Suhrheinrich, J. & Chan, JC.,

[1] In this paper, video-feedback is not using videotape to record teacher's comments and suggestion about students' performance, then give to students as feedback. Video-feedback is recording student's clinical behaviour and skill during clinical practice, using this as evidence to find the students' strength and weakness, to help students make proper processing.

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2017). Video recording can be played repeatedly, or frame by frame when using some special equipment or software. Therefore, it can analysis student's clinical behaviour and skills by detail. A research (Srinivasan, M., et al., 2007).) shows that by seeing themselves on video, professionals are able to improve their receptive, informative, and relational skills. Scherer, LA. et al. (2003) found, behaviour did not change after 3 months of verbal feedback; however, behaviour improved after 1 month of videotape feedback ($P < 0.05$) and total time to disposition was reduced by 50% ($P < 0.01$). Overall video-feedback improves not only general performance but also individual skill (Spence, AD., et al., 2016).

How to provide video-feedback

Training-based video-feedback is not video recording tutor's comments and guidance about students' performance. It is recording students' clinical performance when they are practicing their clinical skills in a real case with a real patient.

The processing

The whole process of a clinical session will be video recorded, which start from consultation and end with treatment. After the whole practicing session, tutor and student will review the recoding together. Based on the learning outcomes, the strength and weakness can be found by student and tutor direct after. Then tutor can make corrections or suggestions to help student processing.

In the video, the language and action will be displayed. We can analyse consultation question itself, or how the question is asked. The right or wrong body language can be identified. This can help students improve their communication and interaction skill. We can analyse every movement of their diagnosis and treatment. Frame by frame, right or wrong clinical skill will be found clearly. Students will have specific target to achieve.

Furthermore, by observing students' clinical behaviour, we will know whether they demonstrate a critical awareness of legal and ethical issues. At the same time, their learning attitude will be present as a solid evidence.

Put simply, training-based video-feedback is student receive all necessary information for their improvement from watching their own clinical performance.

Data protection

To protect patients' personal information, GDPR (General Data Protection Regulation) guidance must be followed when video-recording is used in clinical session.

- Before each session, a clear explanation must be given to the patients. Let patients understand the reason we do video-recording. Let patients know how we use, store and protect these data. A consent form must be signed by the patient before the video-recording is start.
- Making sure that no one can identify patients form the video.
- Under no circumstances the private parts of patients' body can be recorded.
- Only tutor and students who involved with the certain case can review the recording. The recording can never be carried out of the clinic by any means.

Potential Benefits

In comparison with the key points of effective feedback, whether the video-feedback is what we want?

- **Timely**

The real target of ACP for the students is not achieving a good mark at the final exam only. Students are supposed to make processing during and after every time in different subjects and levels. The learning outcomes are assessed in each clinical practicing session. The feedback is video-recorded during the clinical practicing. It can be viewed immediately after. Therefore, the discussion, suggestion and guidance about students' clinical performance can be provided based on video-recording direct after the scenes. Video is replayable, which student can access repeatedly and continually afterwards.

- **Specifically**

Video-recording provides more detail. Students and tutor can analyse every sentence they said and every action they made. They will know which is good, which is bad, and how to make process exactly. Meanwhile, tutor can record the exact moment when their weakness is identified. Students and tutor can focus on one or two issues at one session. After discussing and correcting, they can make some processing. Next session, students and tutor can move on to the other problem.

- **Objectively**

Video is faithful reproduction of the actual scene which won't be affected by my subjective point of view. Further discussion will be focus on students' behaviour and skill themselves. In clinical session, some performance is quite subjective. The body language and the expression，people with different life experience or culture background have very different opinion about it. It's the most difficult topic to discuss. But, it is very important part of professional clinical behaviour. In this aspect, video-recording can be the solid evidence for further discussion and lead to final solution.

- **Constructively**

Recording students' performance time by time, can let students realise the gap between the knowledge and skill they have and the outcomes they need achieve. On the other hand, keeping recording for a period, students can acutely see they are improving. This does help students build up their confidence and learning motivation. In the research by Nyström, A., et al. (2014), they concluded that "Watching the video-recording allowed the students to see themselves clearly; they saw what they had done and what they had failed to do, which gave them the opportunity to prepare for their future professional role."

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Challenges and solutions

During the video recording, students may feel quite stressful. Anxiety and apprehension are experienced by the most students before and during the course (Nilsen, S. & Baerheim, A., 2005; Nyström, A., et al. 2014). They worry about lacking knowledge or basic skills. They are embarrassed watch themselves on the video recording with their colleagues. Especially there will be some comments about their behaviour and clinical skills after watching it. There are solutions for this. Firstly, clinical tutor should let all students know very clearly that there is no grading on this. This video recording is for helping them processing only. Secondly, following the principles of effective feedback, tutor should provide positive, constructive and specific advice. Under certain circumstances, feedback should be given in private. Thirdly, helping students do some preparation before the course. The preparation can be previewing the coming case, tutor point out some key factors about patient's condition first. It also can be watching previous video recording to analyse and find weakness. In conclusion，it requires well preparing and careful processing to provide a helpful video-feedback. Otherwise, it will lead to negative influence for the students.

In a research shows that over 60% students believed that their patients felt uncomfortable during the video-recorded encounter (Eeckhout. T., et al., 2016). Which is understandable considering people concern their privacy more in these days, especially during a medical session. Giving explanation to the patients at beginning, let them understand it's for education only. A consent form must be signed before the session start. GDPR guidance must be followed strictly to use and store all the videotapes. Think for the patients, let them watch the recording first. Let patients decide whether put it into further using. It looks quite troublesome in this way. But, it does help us avoid some unnecessary dispute.

The technology and equipment which video feedback required are easy to get and affordable. We even can use our smartphone to catch the very moment we want to do further discussion. But, obviously it's not professional enough. It could cause more concerns from the patient. Video camera is a proper equipment for clinical education. But, sometime the event happens so not predictable. Smartphone may be the only thing on available at that moment. To get first hand source to provide effective feedback, using any tool available at fingertips is acceptable. Afterwards, an explanation to the patient must be done. And, following the GDPR guidance to use, store or delete it.

Conclusion

All the studies demonstrate that video-feedback is a very effective teaching/learning method in acupuncture clinical education. It helps students improve their theoretical knowledge and practical skill systematically and specifically. It requires well preparation before and fully instruction after. Combining with the other feedback format, students can receive more benefits. It helps students achieve the learning outcomes, enhance their professional practice and benefits their future careers. Aim to determine the effects of video-feedback, further research is requested. And future studies should clearly reveal how to adapt video-feedback more effectively for acupuncture clinical training.

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How Shall We Manage Endometriosis by Acupuncture? A Case Study

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1. A Ms Anne, a 42 year old lady, came to the Complementary Medicine Clinic with a diagnosis of endometriosis for months, seeking help from acupuncture treatment.

Where shall we start with this case? As acupuncturists, we usually give the diagnosis on the arrival of a patient to our clinic and it is an actual fact that there is no need for us to make an allopathic diagnosis. However, it is vital for us to understand the diagnosis itself to address the patient's concern properly.

For a patient with endometriosis, pelvic pain during menstruation is a very common symptom and usually can be the main reason for a patient to look for acupuncture treatment. Therefore, pain management is a very important part to deal with this patient.

Bear in mind, acupuncture could be effective, not only for pain relief but also for having much more impact on other problems. Therefore, it is vital for us to understand the clinical manifestations, causes and pathophysiology of endometriosis as well as to know the patient may have any other health conditions.

2. The first question I would like to ask myself is: what are the causes and pathophysiology for endometriosis?

In fact, the exact causes for endometriosis are currently unclear. It is believed that there are five different theories to explain this condition. These five theories are: retrograde menstruation theory, immune system dysfunction theory, metaplastic theory, benign metastases theory and extrauterine stem cell theory. Each of these theories can explain certain aspect of this condition.

3. Then, when it comes to the real management for this patient, history taking is the key for an acupuncturist to make a TCM diagnosis or a TCM pathophysiological diagnosis. This patient has had pelvic pain during menstruation, subfertility, fatigue, insomnia, anxiety and poor appetite. More detail gynaecological and obstetric history is needed to be taken. The symptoms for a patient with endometriosis vary depending on where endometrial tissues implant. These four D questions about pain are: dysmenorrhoea (painful menstruation, implantation at reproductive organs), dyspareunia (painful sexual intercourse, reproductive organ involved), dysuria (painful urination, implantation at urinary bladder) and dyschezia (pain with defecation, implantation at Douglas pouch). Obviously, a management would also need to be adapted on basis of an individual's conditions.

4. In TCM, pulse taking and tongue inspection are also an important part of diagnostic process. There are 28 types of pulse to help us identify patient's constitutional status and these skills need to practise. Tongue inspection is a bit more straightforward when we check its colour, texture, moisture and movement. This patient has a string pulse and pink colour tongue with thin coating.

5. The TCM system is quite different from allopathic medicine even though these two share some terminology. For example, the functions of liver in TCM are very much different from the Liver we understand today. This is due to the fact that TCM system originated from China more than two thousand years ago.

So in terms of endometriosis, which zang-organs and channels in patients with endometriosis are mainly involved? In TCM, the most zang-organs affected by endometriosis are liver and kidneys while the channels are Chong, Ren, Du and Dai channels.

In TCM, liver as the zang-organ is in charge of blood regulation so that it has a close connection with period disorders. It is the liver that has a major role in period regulation. The liver is also linked with Chong and Ren Channels. In TCM pathophysiology, the liver and Chong plus Ren channels disfunction result in blood deficiency, blood stagnation, or blood stasis.

Secondly, the liver is also responsible for emotion and Qi regulation. If it has dysfunction, then anxiety, depression and psychological disorder can be arisen as all these conditions have a strong link with Qi and emotional changes in TCM.

Finally, Qi and blood in TCM are mutually beneficial and they can interfere and interact when either has any dysfunctions or disorder. For example, it is a common pathophysiological disorder when we witness both Qi and blood stagnation or even Qi stagnation can cause blood stasis, producing pain, emotional disorders and psychological disorders.

Apart from the Liver, another zang-organ heavily involved with endometriosis is the Kidneys. In TCM, kidneys store both pro-natal and post-natal essence. Essence oversees reproduction, sexual motivation and performances. Essence

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is more or less equivalent to sex hormones, eggs and sperms, etc. Therefore, the essence is in deficiency or poor quality, then subfertility can be the main problem.

Meanwhile, TCM believes that liver and kidney are originated from the same source or it is also said that blood and essence are from the same source. In practice, the liver and kidneys are often affected simultaneously, and treating these two zang-organs is essential when it comes to manage patients with endometriosis.

In pathophysiological scenarios, kidneys are prone to deficiency syndromes while liver is prone to excess syndromes.

Furthermore, patients with endometriosis are also affected by other zang-organs such as lungs, heart and spleen. The main reason why a portion is an inseparable part of the whole organism is TCM, basically, is a holistic and systematic medical system which has done little serious research on anatomy and physiology. TCM has always derived knowledge, theories and formularies from real people, by observation, interacting with patients and deducing theory to make sense.

Having discussed these zang-organs and channels involved endometriosis, these theories need to put into the real world to test their credentials and validity.

Generally speaking, a diagnosis would be made from many differentials where both TCM and allopathic system share the same principle. The diagnosis in TCM usually could be tested by expected responses to acupuncture from the patient. That is to say, these theories must be validated by practical applications. In contrast, the allopathic system has many modern technologies to confirm their provisional diagnosis.

From TCM perspectives to manage endometriosis, there are four differentials, deficiency/excess, cold/heat, which are pivotal in clinical management, either by acupuncture or herbal medicine. These two branches in TCM have been following the exact same principles for centuries.

6. What is pathophysiology (or syndrome diagnosis in TCM) for this patient?

The major pathophysiology in TCM is Liver Qi stagnation with blood stasis, accompanying by spleen and stomach Qi deficiency. Therefore, principles of management and prescription can be produced based on this diagnosis.

7. What are these principles for managing this patient?

They are the following:
Relieving pain by smoothening liver Qi and Blood,
Resolving blood stasis,
Tonifying Qi of spleen and stomach.

8. What is a prescription for this patient?

LV, 2, 3, and 13; SP, 6; ST, 36; RN, 4 and 6. These Liver, Spleen and Stomach acupoints are chosen to relieve pain by smoothening liver Qi and Blood, also nourishing Qi and blood.

These acupoints might have a holistic regulation effect on multiple organs and systems by triggering physiological chain responses in nervous-endocrine-immune systems. The key for these responses may be due to the fact that acupuncture would trigger release of adenosine locally at these micro-injury site after needling these acupoints. In fact, they are such complex responses after needling acupoints that more and more evidence has proven that acupuncture do have many different impacts on different organs or systems.

Furthermore, in terms of these two Ren- channel acupoints, they have local impact on reproductive organs such as uterus, ovaries, and fallopian tubes etc. They may be able to elicit some anti-inflammatory factors or immune factors to repair these scarred tissues left by endometrial tissue implantation in these reproductive organs. These are my academic guess which need to be tested by scientific research and clinical observations.

This prescription is indeed one of hundred or even thousands acupoint options for this patient. The only way to test its validity is appling them to the patient and see what responses can be observed from the real world clinical practice.

9. How to adapt your management on the individual patient's responses?

If a patient has an instant pain relief after the first session of acupuncture treatment, we do not really need to make any change for the prescription.

However, if a patient does not have positive response after 3 to 4 sessions of treatment, we might need to reorganise our management plan by gathering more information about her medical and lifestyle background. This requires us to go back to history taking in more detail.

When I lectured at a UK university, I used to call these diagnostic process as 3 Ps after detail medical history taking. They are: pathophysiology, principles and prescription. These three Ps are the key in TCM practice.

10. What are the two herbal formulas that are key to manage endometriosis?

They are Happy Pills (Jiawei Xiaoyao Wan) and Liuwei Dihuang Wan. These two formulary prescriptions are to tackle liver and kidneys respectively in TCM.

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【病例分享】

鹿馨 栾秀杰

英人男性，78 岁。因 5 年前患皮肤病来诊。
5 年前无诱因周身出现红色斑丘疹。经过医院病理确诊为药物性皮炎。给予各种疗法治疗，效果不佳，红色斑丘疹散在周身，痒重。晚上为著，影响睡眠，病患每晚需要 3-5 次洗热水澡来减轻瘙痒症状。夜不能寐，纳差，烦躁。小便黄赤，大便秘结。舌淡苔白腻有齿痕。脉沉弦。
既往史：有高血压多年，用药控制。药名不详。
湿热感毒，蕴结肌肤。脾虚血燥，肌肤失养。
治则：清热除湿；凉血解毒，健脾养血润肤。
由于久病瘙痒，夜不能寐，而心情烦躁。用针灸调情绪。调节身体平衡。
针灸：百会，四神聪，头针运感区，膻中，中脘，关元，天枢，曲池，合谷，血海，足三里，三阴交，太溪太冲。

方药：中药颗粒粉剂
赤白芍、苍白术、大青叶、黄芩、车前草、茯苓、丹参、当归、鸡血藤、白茅根、生地、白鲜皮、甘草。
7g/次；2 次/天。
方解：当归、丹参、鸡血藤、赤白芍养血活血润肤；苍白术、茯苓健脾益气燥湿；大青叶清热解毒；黄芩苦寒泄热；车前草利湿清热；白茅根、生地凉血清热解毒；白鲜皮祛风清热利湿止痒，陈皮调中和胃酸；甘草清心利水，调和诸药。
外用：六物洗剂；甘草油；润肤止痒。并外用皮大夫药膏。解除局部皮疹症状。

一周后复诊：瘙痒明显缓解，晚上用一次热水澡就可以，睡眠改善，心情改善，食欲增加。
三周后基本没有瘙痒。睡眠佳，饮食好，心情舒畅。
原方治疗 8 周，期间用药稍有加减。停药。
用六物洗剂；甘草油润肤。
针灸 2 周一次，观察巩固 6 次。停止治疗观察。

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