ISSN: 1745-6843
Volume 28 Issue 1
30th June 2021

英国中醫藥學會
THE ASSOCIATION OF TRADITIONAL CHINESE MEDICINE & ACUPUNCTURE UK
ATCM

英国中医针灸杂志

The UK Journal of *Chinese Medicine & Acupuncture*

The Academic Journal of
the ATCM （UK）

ATCM.co.uk

英国中医药学会会刊
国际标准期刊号: 1745-6843 第 28 卷 第 1 期
2021 年 6 月 30 日


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医案研究 CASE STUDIES

单味中药妙治泄泻 Diarrhea Managed by a Single Herb

陈伟雄 Weixiong Chen (Glasgow UK)

UK

摘要：泄泻（diarrhea)有很多病因引起，笔者灵活运用祖国医学中医，立足辩证论治的特色，运用单味不同中药治疗泄泻取得满意疗效。

关键词：泄泻（diarrhea)、寒湿泄泻、湿热泄泻、同病异治

泄泻（diarrhea)的主要病变在脾胃与大小肠。其致病原因，有感受外邪，饮食所伤，情志失调及脏腑虚弱等，但主要关键在于脾胃运化功能失调，湿邪内盛所致。本病是一种常见的脾胃病证，一年四季均可发生，但以夏秋两季为多见。现分享 2 个病例同病异治取得明显效果。

病例一. 女婴，6 个月，母乳，深圳人，2020 年 9 月 21 号邀请网诊。
主诉：腹泻 3 个月 现病史：患孩母亲代诉：患孩腹泻近三个月，先是在社区诊所门诊，诊为急性肠胃炎（秋季腹泻），服药治疗，不见好转，后来多次入住区医院接受挂瓶等常规治疗，住院期间症状缓解，出院后、停药后腹泻反复发作，日泻至少六七次，水样物，纳差、脸色偏白，常腹痛腹胀，哭泣不安，体重下降，腹部皮温凉，小便少。舌淡红苔白腻，指纹淡红在气关。患孩母亲曾试用过热水袋温暖患孩脐部，对其腹痛有缓解作用。
既往史：无特殊。 诊断：寒湿泄泻。 治则：温中散寒止泻。 处方： 炮姜粉 1-1.5 克，温茶水调，灌服。
同时，建议宝宝父母停止喂奶，用米汤（先将大米小米各半用无油铁锅微炒一下，熬成浓汤）代奶，当天傍晚灌服一次，第二天腹泻即止、大便接近成条，继续米汤喂服数天而痊愈。炮姜：

【性味归经】苦、涩、温。归脾、肝经。

【功效】温经止血，温中止痛，温中止泻。

《千金方》：“中寒水泻，干姜（炮）研末，饮服二钱。”《医学入门.本草》“温脾肾，治里寒水泻，下痢肠澼，久疟，霍乱，心腹冷痛、胀痛，止鼻衄、唾血、血痢、崩漏。”因外感六淫之邪伤人，肠胃功能失调，脾运化失常，清浊不分，故大便清稀，脾为湿土，中虚不运，必生寒湿，发生泄泻，久泄必虚、伤阳伤阴。患儿久泄伤津耗气、中阳虚寒，笔者用炮姜温脾散寒止泻，米粥喂服以养胃生津扶正。健脾气旺，阳气得复，则久泄得愈，所能取得相得益彰的效果。

病例二. 吴某，男，35 岁，2019 年仲夏发病主诉：腹泻 1 日。 现病史：发病前烧烤暴吃虾、蠔、羊肉，暴饮啤酒，当晚即呕吐一次继腹泻、腹胀腹痛、势如水注，临厕频频，肛门重坠伴有灼热感，烦热口渴，自服藿香正气水，无效。翌日求诊于余。查体：体温 37.6 度，心肺查体未见明显异常，腹部胀实，有压痛，但无反跳痛，小便黄少，舌红苔黄腻，脉滑数有力。既往史：无特殊。 诊断：湿热泄泻 治则：清热利湿 处方：生川军粉 2 克，浓茶冲服，呕未再作、腹泻止。大黄别名川军

【性味归经】苦、寒。归脾、胃、大肠、肝、心经。

【功效】泻下攻积、清热泻火、止血、解毒，活血祛瘀，清泄湿热。

《本草纲目》：“大黄，主治下痢赤白，里急腹痛，小便淋沥，实热燥结，潮热谵语，黄疸，诸火疮。”《素问病机保命集》：“大黄汤，治泄痢久不愈，脓血稠粘，里急后重……”患者因食滞较重，脘腹胀痛，泻下不爽，可因势利导，大黄清中有泻，祛积破瘀，消导积滞，清利湿热，此乃“通因通用”之法。 以上两病例，经笔者辩证论治，一寒一热，同病异治，对症用药，用量虽微却药到病除。

A Case Study： Treatment of Dropped Foot in a 67 Year-old MS Patient

Alexander. B. Mearns, Lic.Ac.

(Alternatives Clinic, Tain, Ross-Shire, Scotland)

Abstract: A 67 year-old female MS patient was suffering from dropped foot. Treatment of the peroneus muscle group with FSN acupuncture quickly relieved the dropped foot symptom, which very much improved the patient's quality of life. Therefore it appears that in terms of FSN, the Pre-muscle disorder of MS contributed to the Real Muscle disorder of the dropped foot caused by problems with the peroneus muscle group which may have affected the peroneal nerve.

Keywords: FSN, MS, Dropped Foot, Acupuncture

Introduction:

Foot drop refers to the inability to dorsiflex the foot. It is a common pathology found in patients affected by a stroke, multiple sclerosis, or spinal cord injury as well as many other pathologies. The most frequent cause is a peroneal neuropathy at the neck of the fibula, however other causes can also be anterior horn cell disease, lumbar plexopathies, L5 radiculopathy and partial sciatic neuropathy. (Stewart, 2008) Treatment approaches involve physiotherapy, walking aids and various forms of Functional Electrical Stimulation (FES). ("Foot drop," n.d.) With regard to its association with MS, statistics are not available for the number of MS sufferers who experience foot drop, nor for the efficacy of the treatments. (Gil-Castillo et al., 2020)

This case study shows the application of Dr Fu's Subcutaneous Needling (FSN) acupuncture to a case of foot drop experienced by an MS sufferer. FSN is a modern form of acupuncture which relaxes tight muscles. In this case, treatment of the peroneus muscle group resulted in an immediate and lasting improvement in the condition. The patient's foot movement improved, which meant that the patient's walking ability also improved with overall benefits to her mobility and quality of life.

Patient History and Symptoms:

The patient was a 67 year-old woman who was first diagnosed with MS about forty years ago. She also has epilepsy which is controlled by medication. Her MS was worrying her because the symptoms appeared to be progressing. The onset of dropped foot on her right side about three months priory to her FSN treatment was particularly worrying for her because it restricted her mobility substantially. She had hardly left her house for a number of weeks before treatment. She had been seen by a specialist neurologist, and was in regular contact with an MS nurse. She has also seen a physiotherapist. She was told by all of them that her foot drop was an unfortunate but common effect of MS and she would have to accept it and learn to cope with it aided by leg and ankle supports.

Given the background described I was unsure that FSN treatment would have an effect, but since the patient was willing to try so was I. The patient was very nervous of needling of any kind, either injections or acupuncture, so it is a measure of her distress that she asked for the FSN treatment.

Treatments and Results:

Treatment One:
FSN diagnosis is based up locating tight muscles and often trigger points. Since the patient's ankle movement was restricted then the muscles affecting her ankle movement with respect to her foot movements, she had some dorsal flexion but it was limited, as one would imagine with drop foot. Similarly she had limited inversion. Her eversion was so limited that there was no movement to be seen. The eversion problem suggested the peroneus muscle group and upon palpitation these muscles were very tight and somewhat tender. The tibialis anterior and the soleus were neither tight nor tender.

An insertion site was selected on the outside of the lower leg, approximately 15 cm below the knee in line with the peroneus muscle group. Upon insertion the FSN needle was gently swept from side to side and she was helped to evert her foot. Within a less than a minute she began to be able to evert her foot by herself as her movement came back. The needle was removed, and another insertion site was chosen closer to the ankle.

Sweeping and reperfusion were again performed and her strength and range of movement improved a little more. She was able to move her foot in all directions by herself. Her foot movement was not 100% but very much improved from the situation minutes before. The needle was removed and the patient was able to easily walk around inside the treatment room.

Treatment Two:

She returned the following week. Her foot movement had been maintained. She said that she felt so confident that she had been taking walks outside for up to ½ mile for the first time in months. She was delighted with her progress.

During this treatment we treated the peroneus muscle group again, and also her gluteus medius on the same side, the right, to further improve her gait and to relieve some pain. There was certainly some pain relief and some improvement of her hip movement while walking. The patient was very pleased with her increased mobility as it was, so we suspended further treatment.

Discussion:

FSN or Floating Needle acupuncture has been practised in China for over 20 years although in the UK and Europe it is new and practised little outside of the Mandarin speaking community. The application of FSN has been evolving and the range of conditions successfully treated is expanding dynamically. As well, research has been undertaken to better understand its mechanism of operation.

There are five indications for an FSN treatment (Fu et al., 2020). They are: (1) The muscle itself is causing the pain. The symptoms are pain,dysfunction and a lack of power.(2) TM affects the surrounding nerves, arteries and veins. (3) TM affects neighbouring tissues and systems. This category includes: Respiratory system smooth muscles, The heart muscle, Gastrointestinal smooth muscles, Urinary tract smooth muscles, Reproductive urinary tract smooth muscles. (4) TM affect mental and emotional issues. This includes symptoms suchas mood swings, anxiety, and insomnia. (5) TM results in miscellaneous effects. TM can cause the symptoms of an autonomic nervous dysfunction.

In this study, the indication is a primarily number one, which is thatthe muscle itself is causing the pain. The symptoms are pain, dysfunction and a lack of power. If peroneal neuropathy was also involved, then indication number two is important, which is to say that the tight muscles were affecting the peroneal nerve. In the wider picture of the patient's health situation the other indications may be important, but specifically for the drop foot the muscles themselves were the most appropriate. In addition to the five indications, the aetiology of the disease, in this case MS, must be considered.

There are three aetiological considerations (Fu et al., 2020):

(1)Pre-muscle Disorders: Pre-muscle disorders refer to muscle disorders which are caused by an underlying disease. MS overall is within this category. Since FSN works on the muscles it may, as in this study, be effective for specific symptoms it is unlikely that it will have an effect on the overall disease. (2). Real Muscle Disorders: The Real Muscle Disorders refer to disorders which are caused by the muscles themselves. In this case study the specific symptom of dropped foot comes within this consideration. (3). Post Muscle Disorder: Post Muscle disorders describe situations in which tightened muscles can not only affect the nerves and blood vessels locally but can also affect the blood supply more widely which can then involve the function of related organs. In MS overall, there is likely to be post-muscle symptoms but they were not addressed in this study.

Therefore it appears that in terms of FSN, the Pre-muscle disorder of MS contributed to the Real Muscle disorder of the dropped foot syndrome caused by problems with the peroneus muscle group which may also have been affecting the peroneal nerve. Treatment of the peroneus muscle group quickly relieved the dropped foot symptom, which very much improved the patient's quality of life.

This is only one case study, however it is encouraging. It would be verygood if further patients could be treated to establish a through knowledge base for the treatment of drop foot, certainly with MS patients and perhaps for other disorders as well. An effective quick acting treatment for foot drop could improve a patient's quality of life and potentially save the NHS the cost of lengthy treatments.

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Editors' notes: We are hoping all of our members will report some of our brilliant cases to our editors and will choose these excellent clinical cases to publish in the journal. The effectiveness for managing many chronic medical conditions is the foundation of the survival and development of TCM both in China and overseas.

編者注：欢迎所有同道，总结临床病例，在本刊发表。临床疗效，是中医药和针灸，生存发展的基石。

《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 6 月和 11 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。

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***The Journal of Chinese Medicine and Acupuncture* Call for Papers**

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

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Deadline of submission for next Issue (Volume 28 Issue 2) is 30th November 2021.

新冠病毒感染征专栏 Covid-19 infection special

新冠感染与疑似症的中医诊治-----48 例临床病例分享

江丹 (UK)

新型冠状病毒（Covid-19）可以造成严重传染性的病症，2020 上半年在全世界传播。据 2020 年 10 月 20 日世界卫生组织的报道（1）：在遍布世界的 200 多个国家已有 5 千 300 万人被感染，100 多万人死亡，这个数值还在每日迅速地增长着；新冠病毒的流行已经在今年一月被世界卫生组织宣布为全世界密切关注的公共健康紧急事件(2)。这是一场巨大的灾难，将严重影响人类生命质量，扰乱人们的社会交往，遏制经济发展与人类进步，还将会产生不可估量的后期影响。今年 1-2 月新冠病毒感染性肺炎最早在中国的中心城市武汉爆发，一日数千例新发感染病人，使所有的医院一时间人满为患，不堪重负。由于现代医学尚无可以确认有效的治疗方法，而由于中医药能够有效抗病毒的常识，以及在 2003 年非（SARS）肆虐期间，应用中医药在抗击非典中发挥了重要的作用（3-5），中国的中医师们在收治普通，轻型患者的临时方舱医院内，为所有核酸检测阳性的患者应用中医药治疗，有效地制止了轻型，普通型转为重型，危重型；缩短了所有患者临床症状消失，客观诊断指征改善，与核酸转阴的时间，迅速地减缓了对医院的压力；中医药也介入医院对重危病症的抢救与治疗，大大地减少了临床病症的恶化，与死亡（6）；也明显控制了对医务人员的感染率。因此，中国卫生主管机构在他们发布的对新冠肺炎诊治指导方案中，将中医药的尽早介入作为了对新冠肺炎的诊治常规 （7）。由此可见，中医药的介入与正确的应用实施，是中国面对这么大的疫病流行，可以如此迅速地控制病症传播的重要的专业手段。中国中医团队对中医治疗 Covid-19 的整体疗效的评估：

说明： 蓝色为中西医结合组， 橘红色为纯西医组。相比中西医结合治疗，与纯西医治疗，中西医结合组在临床症状消失时间，体温复常时间，患者住院天数，以及普通症转重率等方面均明显低于纯西药组；而在 CT 影像的恢复，临床治愈等方面明显高于纯西药组。 -------张伯礼团队经验

新型冠状病毒自今年三月开始在英国流行。在英国政府宣布全国禁行的指令实施以来，由于缺乏足够的防御设施与装备，由于没有在当地的医疗执业资质，作为补充与替代医学执业的私人诊所，中医诊所被要求关诊停业。我作为海外华人中医论坛，与中国驻英使馆推荐的中医专家，愿意为广大华人华侨，留学生，以及愿意接受我们帮助的西人提供义务的医学咨询与相应的中医药服务。今年三月以来，我通过微信，Whatsapp，邮件，短信等等各种非接触途径答疑交流达 200 多人次，在其中，新冠感染和疑似症者占有很大的比例，在进行必要的中医临床信息收取之后，我给其中需要治疗的患者寄发中药予以治疗，对大部分患者都给予了及时有效的诊治。在此，我将对于这些患者的诊治过程与经验予以总结：

1 在英国的中医执业环境下可以实施的诊断手段：通过非接触途径，获取必要的临床诊治信息；在通过微信，邮件，电话等信息我将注意收集以下临床信息：1.1 主症：典型：咳嗽，发热，胸闷气短，呼吸窘迫等；非典型：味觉，嗅觉降低，视物不清，肩背痛，足趾红肿疼痛等；1.2 接触史与病史：包括自知和不自知的新冠病毒接触史；比如乘公共交通；1.3 舌像照片：舌质——辩病性-----寒湿（淡白）湿热 （红）辩体质------弱强 舌苔—--辩病毒感患与病变程度：厚腻中医认为新冠感染为感受湿毒疫，所有感染患者都会有不同程度的厚腻苔，所以舌质舌苔可以作为是否感染 Covid-19，以及感染程度重要的判断指标。

1.4 西医 PCR，（核酸检测），血氧饱和度测试（Finger Oximeter <95)

在一些曾经看过 GP, 或是经由医院诊断的患者可以由检测过的 PCR 确诊；而更多的患者未经过 NHS，或者担心暴露于感染的环境，而不愿去接受 NHS 的检测，我们将根据中医的诊断指征，确定是否属于应该治疗的对象；一些患者自购了血氧饱和度的检测设备，可以自己提供血氧饱和度的数值，也将为我们的诊断提供有意义的参考依据。

2 在英国实施中国国家中医治疗指南的注意事项：

在中国国家卫计委颁布的新冠感染国家治疗指南所推荐的中药治疗的三药三方，应该是我们在英国治疗新冠感染可以借鉴的基础方药。三药是指莲花清瘟胶囊，金花清感胶囊和血必净三个中成药；三方是指清肺排毒汤，化湿败毒汤和宣肺败毒汤三个方剂。在这些方剂中，有些很重要的药是在英国，西方限制，甚至是禁用的中药，因此，我们需要适当的调整处方，避免，或是替换限用禁用中药，而仍然保持方剂的良好功效就是需要在英国的中医师们认真对待的了。

在英国执业中医，处方中药面临的困境及其解决方法应遵循以下原则:

* 禁用药的替换：1）保持原方方义，替换近似中药：

3 如防风，桑白皮，香薷换麻黄；葶历子换细辛；黄芩换石膏；

2）替换近似方义的药方。 (下面详述)

* 组方量不必过大：120-150g/方，如用清肺排毒汤（270-300g）可用半量，

即一剂两日服。

* 不必太贵：价格过高的药予以调换。因为在英国的患者，特别是西人患者，不常吃中药，对中药反而比较敏感（如果用量过大，品种过多反而容易出现不良反应），因而一般不需要中国中医师给中国患者所提供的那么大的处方和计量；国内供外销的中药也相比质量好一些，因而，我们不必给过重过大的处方，也可以保证良好的疗效。

3 在英国可选的中医药处方：

• 对轻症，疑似症：

3.1 寒湿疫：藿香正气散（藿香 10，厚朴 10，桔梗 10，紫苏 10， 茯苓 10，半夏 10，白术 10，陈皮 10，大腹皮 10，白芷 10，甘草 5）

小柴胡汤丸 （柴胡 10，黄芩 10，半夏 10，人参 10，干姜 10，大枣 10 ， 甘草 5）

以上两方可以合用，也可以选用，适用于病发早期，体温不高，病情不重，内热不多，但是舌像的湿停征象很明显的，以上方早期应用，有利于迅速阻断病毒深入体内。3.2 湿热疫：藿朴夏苓汤 （藿香 10，厚朴 10，姜半夏 10，茯苓 10，杏仁 10，蔻仁 10，薏苡仁 30，猪苓 10，豆豉 10，泽泻 10，通草 10）三仁汤 （半夏 10，厚朴 10，杏仁 10，蔻仁 10，薏苡仁 15，滑石 15，通草 10， 竹叶 10）连普饮 （黄连 10，厚朴 10，半夏 10，石菖蒲 10，豆豉 10，栀子 10，芦根 10）以上方适用于素有内热，素有气郁，病势已成，虽病发不重，但是内热已有；藿朴夏苓汤适用于湿重热轻；三仁汤适用于湿热并重；连普饮适用于热重于湿者。中医的治疗应该是辩证越细，方剂的针对性越好，临床的疗效也会越好。

普通症：对于有明显的新冠病毒接触史与比较典型的临床症状，又可以从其舌像图片予以确认者，不论是否有 PCR 的确诊依据，都已经符合中医湿毒疫的诊断标准，应该尽早开始中医药的干预治疗。典型的处方就是：

清肺排毒汤：

4 原方：麻黄*9，桂枝 9，茯苓 15，生姜 9，细辛*6，藿香 9，炙甘草 6，泽泻 9，柴胡 16，紫苑 9，山药 12，杏仁 9，猪苓 9，黄芩 6，冬花 9，枳实 6，生石膏*15-30，白术 9，姜半夏 9，射干 9，陈皮 6。

以上处方是由麻杏石甘汤，麻黄汤，射干麻黄汤，小柴胡汤，和五苓散五个经方组成，其中麻黄*在英国限量应用，不得超过 1.8g/日; 细辛*是禁用药；石膏*是矿物质也属于禁用范围；我们在英国的应用不必用全方，可以在以上处方的基础上适症选择相

应的分处方，如对于湿邪较重的新冠肺炎患者只用麻杏石甘汤与五苓散；对于肺部感染咳喘症状突出者，用麻杏石甘汤与射干麻黄汤；并且用相应对症的防风，或者香薷替换麻黄；用葶历子替换细辛等。

危险人群 / 需要应用预防治疗的人群：

预防用药的发放对象：* 医务人员，频繁接触新冠患者；* 已确诊，或是住院，ICU 患者的家属，亲友；* 年老体弱，或是已有呼吸系统慢性病损者，唯恐感染加重原有病变而形成危险。
预防用药：* 国家中医医疗队防御处方： 黄芪 9，北沙参 9，知母 9，金莲花 5，连翘 9，苍术 9，桔梗 9 共 50 人次包，免费赠送；
* 凤凰抗疫预防药包：国际医疗队赠药结束后，辩证收费给于以下处方：
方一：黄芪，黄精，女贞子，白术，荆芥，柴胡，大枣，甘草；
方二：苍术，荆芥，紫苏梗，白豆蔻，党参，淫羊藿；
方三：苍术，芦根，荆芥，黄精，党参，玄参，竹茹
以上药包均为中药浓缩粉，温水冲服，一包日。

4 临床病例总结与典型案例分享：
4.1，48 例临床病例总结：
将临床病例记录比较完整，诊治信息比较全面的诊治病例 48 例，予以总结：
一般情况：性别：女 27，男 21；
年龄：最大 71，最小 11 个月；
其中：0-24 岁：6 例，25-45 岁 22 例，46-64 岁 10 例，65-70 岁：8 例，
大于 71：2 例

5 临床诊断：新冠确诊（已做 PCR+）21 例，

疑似症（足够的临床症状，未作 PCR 检测）27 例，

治疗：中药汤剂 28 例，中药浓缩粉 5 例，

中药预防药包 57 例 （未完全获得治疗反馈）。

结果：1） 确诊和疑似者中无一例转重，除一例未服完全程外，所有患者体温下降之后，舌苔均明显变薄；

2）预防用药替代在欧洲禁用的中成药治愈轻症，对普通症，重症用汤药，或是药粉使病状减缓之后，继续巩固疗效；

3）曾住院，出院之后，继续接受中医治疗者实现更高程度的恢复；呼吸功能的完全恢复当以血氧饱和度的恢复作为判断指标。

4.2 临床治疗典型病案分享：

病例 1： Mrs Li：

其丈夫新冠肺炎 确诊入住 ICU，其恶寒发热一周，体温 38.3, 恶心，纳差；干咳少痰

；焦虑紧张，失眠，便溏。以往常年有胃病，体质较弱，舌淡苔白腻。

诊断：新冠肺炎疑似，寒湿疫

中医辨证：寒湿脾虚，痰湿壅肺

治疗原则：温化寒湿，健脾安神

藿香正气+温胆汤： 藿香 10，厚朴 10，茯苓 10，姜半夏 15，蔻仁 10，砂仁 10，薏苡仁 30，滑石 15，陈皮 10，白术 10，竹茹 10，干姜 10，甘草 5.

以上药水煎服，一/剂，两次/日，服后腹泻 3-5 次/日；嘱继服，3-5 天之后，腹泻渐止，舌苔也渐薄。共服汤药两周。用藿香正气与补中益气丸稳定巩固两周，彻底痊愈。 两周之后，其丈夫在医院病故，而她抗体检测阳性，属于已经痊愈免疫者。

病例 2， Dr Z

高热 39-40 度三天，一直在伦敦市中心伦敦大学教学医院临床工作，近日自感恶寒发热，疲乏倦怠，胸闷气短。自知已感患 Covid-19，只自服一些退烧药。诸症日渐加剧，其母祈求中医相助。舌边尖红苔白腻。

6 诊断： 新冠肺炎

中医辨证：湿热疫，湿热壅肺，寒湿未尽

治疗原则：疏风解表，祛湿清热

莲花清瘟方：金银花 10，连翘 10，麻黄 10，杏仁 10 石膏 30，板蓝根 10，贯中 10，鱼腥草 10，藿香 10，大黄 10，大青叶 10，薄荷 10，甘草 5

因其母定指要求莲花清瘟，并表示不介意欧盟禁用指令，因而用原方 5 剂。

疗效：次日体温降至 37.3-4，精神大好；付完五剂汤药，改服莲花清瘟胶囊，一周后恢复，返回工作岗位。以后一直用预防方，未再反复。

病例 3 Mrs B

发热 39-40 度，咳嗽一周，胸闷气短，呼吸窘迫，便秘，眠差，焦虑紧张。舌质红苔黄厚腻。自感已患 Covid-19，不愿意去医院。

诊断：新冠肺炎高度疑似症 ？

中医辨证：湿热疫，痰热壅肺，腹气不通

治疗原则：清肺化痰，涤腹通肠

清肺排毒汤加减：姜半夏 15，陈皮 10，黄芩 10，瓜蒌仁 10，竹茹 10，大黄（后下）10，莱菔子 10，鱼腥草 10，大青叶 10，猪苓 10，茯苓 10，泽泻 10，葶历子 10，藿香 10，甘草 5 仿清肺排毒汤之意，将禁用之麻黄，石膏，细辛替换以可用之品。以上药 6 付，水煎服，一剂/一日，两次分服。服药后一日好似一日，一周完全恢复。舌苔光洁腻去。

7 病例 4 Mr W

71 ，退休工人，来英国看望女儿一家，暂时在英国居住，却不幸感患 Covid-19。3 月 20 日左右出现胸闷气短，咳嗽，发热，周身疼痛，头痛，纳差，4 月 6 日因呼吸窘迫，血氧饱和度 83，收入院，入住 ICU 病房一周。被给氧，CPAP（人工呼吸机）加压辅助呼吸，与相应的抗感染，抗免疫治疗，病状改善，12 日转入普通病房，次日出院。

回到家，仍然有胸闷，呼吸气短，稍试活动加重，自测血氧饱和度在 88/89， 与 90/92 之间徘徊；每晚睡眠需要张大口呼吸，常做恶梦。食纳尚好，排便规律，舌边尖红，苔白稍腻而干。

诊断：新冠肺炎恢复期

中医辨证：肺气阴两虚，湿痰未尽

治疗原则：益气养阴，清热涤痰

姜半夏 15，陈皮 10，茯苓 10，黄芩 10，大青叶 10，玄参 10，北沙参 10，麦冬 10，川楝子 10，瓜蒌仁 10，百合 10，太子参 30，甘草 5.

这位患者，虽然出院，但是血氧饱和度仍然比较低下，说明肺的换气功能仍然比较差；新冠肺炎并未彻底治愈。而且，双手的血氧饱和度检测，总是左手低于右手，提示有心肌供血不足的征象。因此益气养阴，兼清化热痰有助于达到彻底的治愈，并预防肺纤维化的产生，改善心肺的供血供氧状况。

总结：

1 中医药是针对新冠病毒有效的治疗方法，国内报道：在方舱医院获得 90%以上的治愈率，是可信的；这种疗效，在英国的门诊仍然可以复制出来；

2 中医对新冠肺炎是湿毒疫的判断是正确的，中医舌诊对新冠感染有特异性诊断意义；用药之后，症状体征改变者，舌像都可以恢复正常。

3 中医药的介入可以有效地阻止轻型，普通型转为重危型，是减少危重病症，控制新冠爆发的重要措施；

4 中药的抗病毒作用是确切的，而且伤寒，温病的方剂都可行，都有效；

5 中药中可以对抗新型冠状病毒的药味品种很多，在传统优秀处方中的许多关键成分被替换，许多中药缺少供货的情况下，用替代品，补充药也一样有效。

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7 中国国家卫计委：新冠病毒感染中国国家治疗指南第七版；

浮针治疗新冠肺炎后遗胸痛呼吸困难一例

李文卿

自 2020 年 3 月份以来，新冠病毒肆虐英国，截止到今天(07/09/2020), 英国已有 347152 人确诊新冠病毒感染，其中死亡 41551 人。近半个月

来英国每日新增确诊感染病例超过 1000 人，而近几日明显增多，昨天更是达到 2988 人，成为 4 月份以来新增病例新高，疑有第二波疫情来

袭之势。而众多新冠确诊病例核酸检测转阴后的患者，仍有很多在饱受新冠后遗症的痛苦。

据《三甲传真》7 月 20 日报道，“ Jack Suett 博士说，他在英国诺福克的国家卫生服务机构担任麻醉科和重症监护医生，并治疗了几位 COVID-19 患者，直到他开始出现症状。他开始出现全身乏力，喉咙痛，几天后出现干咳和发烧症状，最后喘着气真的不能做任何事，只能 躺在床上。他的胸部 X 片和氧气水平都很正常,...随后他出现了严重的心脏型胸痛。”

“伦敦帝国理工学院传染病专家 Graham Cooker 教授对于死于新冠病人的验尸报告进行了分析，结果显示所有新冠病人体内都有血栓形成。他说血栓形成是一个主要问题，这一点已经很明显了。”

“.....这也解释了为什么英国高达 62%的新冠患者在住院期间发生了中风”。因此对于新冠后遗症的治疗要十分注意改善血液循环以恢复受损脏器的功能，尤其有胸痛及呼吸困难者要注意改善心肺血运来改善症状。本人应用浮针治疗胸痛、呼吸困难取得良好效果，现汇报如下。

【28/08/2020 初诊】

LIC 女士，菲律宾人，49 岁，因感染新冠病毒后遗症状 5 个月来诊。患者自今年 3 月 18 日确诊感染新冠病毒，初期仅有轻微咳嗽气短，发热 2 天。两周后出现头痛、背痛、心脏型胸痛致无法睡眠，鼻塞及呼吸困难，干咳无痰，嗅觉味觉无碍，视力下降，眼睛干涩，需戴眼镜阅读。伴腰腿痛，左膝痛甚，小便频，夜尿 3 次，大便可。患者发病两个月后核酸检测为阴性，但以上症状未见好转。患者因以上新冠病毒后遗症状参加了世界抗 Covid-19 呼吸困难救助组织以寻求帮助，并在伦敦当地进行了三次传统针灸治疗均未取得疗效。查体：血氧饱和度 98%，血压 101/76mmHg，脉搏 60-63。舌边尖红，中有裂纹，根部苔薄黄腻。浮针医学检查：胸锁乳突肌：右+++，左++；右侧胸大肌+++，胸小肌+++，左菱形肌+++，左右竖脊肌中段+++，左膝推髌实验左右下侧+，浮针治疗：采用一次性浮针，

1）针左侧腋下后缘（相当于前锯肌位置，针尖指向菱形肌扫散加呼吸

抗阻，怂肩，划船抗阻灌注后背痛消失，患肌松软。

2）针左侧胸大肌靠锁骨头部，扫散加呼吸抗阻，针后患者双手向外张
开连说“好像重物搬开，一点都不痛了”。
3）针右胸锁乳突肌上 1/2 部位，扫散加灌注配合左右转颈抗阻，挤眼
及鼻呼吸运动，针后患者感觉右鼻通气好转 90%。
4）针左腹直肌上段，距中线 2 厘米，从上到下对左膝关节进行远程轰
炸，扫散加屈伸小腿抗阻，左足内外翻抗阻，足背屈下压抗阻再灌注
，针后左膝疼痛消失。

初次浮针治疗前后舌象变化
【30/08/2020 二诊】

自诉上次针后疗效保持 4 小时，仍有胸背痛夜间呼吸困难，并强调胸背痛是在内部，尤其左胸心脏部位痛。视力较前略好转，仍有鼻塞偶有头痛，膝关节未痛。浮针医学查体：双侧脊肌上段++，左膈肌++治疗：继续用一次性浮针 1）左前锯肌上段后侧针尖指向竖脊肌方向
，扫散加深呼吸，抬胸加压后背手抗阻灌注至双侧后背上部疼痛消失
。2）左膈肌上 1/2 扫散加灌注，针后胸痛完全消失。3）头顶正中百会穴进针，同时做挤眼及鼻部呼吸动作，针后双眼湿润，右侧鼻塞好转 90%。
【01/09/2020 三诊】
患者主诉左胸部未痛，但出现后背中下部疼痛，右侧鼻塞又有反复，视力好转（患者未戴眼镜），双肩痛，左膝又有疼痛。查体：竖脊肌中段左+++，右++，双肩胛提肌++。左推髌实验：双侧下+，胫骨前肌左+++，颈前有拘紧感，卡脖感。浮针治疗： 针 1）针左竖脊肌中段，扫散加抬胸背手加压灌注直至双侧背部及双肩疼痛消失。针 2）胸骨柄上段进针，针尖对胸锁乳突肌，
扫散加再灌注活动；针 3）左胫骨前肌上段扫散加灌注至膝痛消失。
三诊结束后患者述症状全无，但鉴于其病程较长，恐有反复，嘱患者
继续治疗以期疗效确切稳固。

【讨论】
为什么使用浮针治疗新冠后遗症的心脏型胸痛可取得常规针刺起不到的效果？答案是浮针治疗的是患肌造成的血运不畅，可迅速改善胸肺部血液循环，患肌消除，血运改善，患者即时即感症状消除。
“Berche 教授认为，即便是咳嗽或者发烧的轻症患者，也会有肺纤维化的后遗症，虽然现在仍然不能准确地知道这种情况发生的频率。.....”。他将这种后遗症称为“定时的威胁”---选自《三甲传真》。

本例 LIC 女士正是这种情况，但还不是真正的肺纤维化，真正的肺纤维化后遗症的形成需要半年至一年的时间。在新冠病毒已经转为阴性的时候，在体内曾经感染肺泡细支气管部位
推测可能造成某些粘连，这时不是血管的感（注意此时用抗菌素是 100%的错误，只会加重病情），而是与其相连的微小血管由于肺泡小支气管的感染形成粘连引起相应的血行障碍，血运不通，不通则痛，故恶性循环，血运不佳反过来影响呼吸肌的功能，而并发呼吸困难。若不及时治疗，久而久之超过半年或一年真正会造成肺纤维化的后遗症。根据符仲华老师的《气血新论》“气能行血”，血液的正常运行需要推动力，《素问萎论篇》记载：心主身之血脉。心是血液循环的动力器官，脉管是血液循行的通道。全身血液的推动有赖于气的作用，即心肌的舒缩搏动及血管平滑肌的律动。而在本例中，使用浮针正是找准肺部相关患肌进行扫散灌注达到使血管平滑肌恢复正常律动的功能，避免血栓形成，从而顺利输送血液到相应肺泡细小支气管恢复其呼吸功能，通则不痛，故胸痛消失，症状改善。

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 6 月和 11 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 4000 字以内，英文 5000 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。

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主編注：我們會刊編輯，已經作出最大努力，盡量少出編輯錯誤；但是，錯誤之處很難避免；無論什麼差錯，主編承擔責任；如果有錯誤之處，敬請作者見諒；也請讀者批評指正。謝謝大家！

Chief Editor’ s notes: Our editors have done everything possibly to avoid any error. However, if anyone, these contributors and/or readers, has found any errors, please let us know by email at infor@atcm.co.uk

Many thanks.

临床报告 Clinical Reports

筋骨针治疗腕管综合征 43 例临床体会

浙江中医药大学 柴振江

【摘要】目的：观察运用筋骨针治疗腕管综合征疗效。方法：寻找阳性病灶反应区，用筋骨针进行松解减压。结果；临床治疗 43 例 治愈 32 例，显效 8，无效 3 例，总有效率占 93%。结论：本法操作简单，疗效确切，值得临床推广。

【关键词】腕管综合征 筋骨针疗法

Abstract : To observe the curative effect of using miniature bone acupuncture to treat carpal tunnel syndrome. Method: Find the reaction area of the positive lesion, and use miniature bone acupuncture needles to release and decompress. Results: 43 cases of clinical treatment were cured, 32 cases were cured, 8 cases were markedly effective, 3 cases were ineffective, and the total effective rate was 93%. Conclusion: This method is simple to operate and effective, and it is worthy of clinical promotion.

[Key words] Carpal canal syndrome， miniature bone acupuncture

腕管综合征（carpal tunnel syndrome .CTS）是腕管内正中神经受到挤压所引起的手指异常感觉为特征的一种综合症，以重复手部运动者多见此症，本病中老年人好发，女性发病多于男性。是骨科常见病之一，临床上常常误诊为风湿性关节炎、雷诺氏综合症、颈椎病等，致使本病迁延不愈。笔者采用筋骨针进行治疗，效果显著，现总结如下。

1 临床资料

1.1 病例选择

本研究病例收集自 2013—2020 年门诊病人，43 例全部为本诊所患者。其中男性 19 例，女 24 例；年龄最小 26 岁，最大 62 岁，平均年龄 38 岁，均为单侧手腕发病，其中左侧 16 例，右侧 27 例，病程最短一个月，最长三年二个月。

1.2 诊断依据《针刀医学诊疗规范（草案）》

1） 腕部有外伤劳损史；2）腕管掌侧稍偏尺侧有压痛，或有条索状硬块，起病缓慢隐匿。拇、食、中指及环指疼痛和麻木；3) 夜间加重，腕关节僵硬；4）病程长者，两手对比，侧面棺，患手大鱼际萎缩，拇指无力；5） Tinel 征（叩击实验阳性），Phalen 征（屈腕实验阳性）；6） 腕关节背屈可使局部疼痛和手掌麻木加剧。

2 治疗方法

2.1 筋骨针选择 0.35—0.4mm 一次性使用针具。

2.2 操作方法

患者多取坐位或者仰卧位，手掌朝上，腕关节置于垫枕上，沿腕横纹中点（大陵穴）向掌心方向，在大、小鱼际之间区域，触摸寻找条索结节或者压痛点，找到治疗点后，在局部进行常规碘伏消毒，用左手中指固定施术位置，针刀口线方向与正中神经、屈指肌腱走形相平行，缓慢平行刺入，采用左右开套针法，开套针法就是刀口刺到结节位置，不出针，拔针刀皮下，行斜刺方向与纵向成 30℃夹角左右各刺入一针，针口有落空感就可以出针按压针空，患者出现局部放电感，可以传到病变手指为佳，出针后，局部进行按压针孔约十分钟，以防止有皮下出血渗出，减少对神经的刺激。第二次施术也是在相同位置寻找反应点。注意如果条索比较大，比较长，可以逐渐进行分割，切不可一次治疗完毕，防止局部出现水肿，产生新的硬节和组织黏连，嘱患者 24 小时之内局部不能沾水，以防止针孔感染。

2.3 疗程：每周二次，五次一个疗程，两个疗程后进行疗效分析。

3 结果

3.1 疗效标准

治愈：临床症状及体征全部消失，各种功能恢复正常。

显效：临床症状体征消失，各种功能恢复接近正常，运动后容易复发。

无效。治疗前后临床症状和体征无改善。

3.2 治疗结果

本组 43 例患者，采用本法治疗，二个疗程后进行统计，治愈 32 例，显效 8 例，无效 3 例，总有效率占 93%。

4 讨论

腕管综合征常由于慢性劳损等各种原因导致腕管容积变小、内容物增加及内分泌失调导致腕横韧带组织增厚肿胀，使正中神经受到挤压，出现挠侧三指半麻木，刺痛或者灼热痛，严重时出现以大鱼际肌肉萎缩，拇指对掌功能障碍为主等一系列临床表现。本病的急性期，有效进行针灸推拿按摩，通过保守治疗，合理康复可以消除症状；多数因治疗不及时或者运动工作过度损伤等因素，容易转入慢性。外科手术比较常用的是腕管切口松解减压术，开放性切口，容易导致腕关节组织造成创伤大，术后组织形成瘢痕黏连，给患者造成很大的心里创伤和术后组织形成瘢痕黏连挛缩后遗症，很难进行康复治疗。中医对本病认识很早，腕关节综合征属于中医痹症范围。《素问.痹论》中：“痹，或痛，或不痛，或不仁”，其描述与本病发作特点症状基本一致。沈金鳌《杂病源流犀烛》书中对痹症认识更加详尽：“痹者，闭也，三气杂至，壅蔽经络，血气不行，不能随时祛散，故久而为痹，或遍身或四肢挛急而痛者，病久深也”，与现代软组织损伤症状更加接近，同时强调发病病机。目前文献报道[1]小针刀的出现，已经作为治疗腕关节综合征成为主要方法之一，它的优点见效快，治愈率高，多数在腕部选取四点进行切割分离法，这种治疗手段对施术者有着很高的要求，在经过系统培训后，必须熟练掌握解剖结构及其体表投影，规范针刀操作流程及方法。但在临床中也会常因技术操作不慎出现医源性损伤，很难普及。笔者经过多年临床观察，去繁就简，以无菌性炎症为它的发病特点，采用吴汉卿发明的筋骨针，灵活运用治疗腕管综合征，结合传统“中医筋结征”为病理致病因素的论述，在“以痛为腧穴”治疗原则指导下，发挥筋骨针优势，筋骨针既具有用针刀的具有切口微创手术的功效，直接切开黏连压迫的肌腱和肌肉组织，进行有效松解，改变无菌性炎症内环境，迅速消除正中神经压迫，又在减压同时，发挥“针”的作用，能够起到疏通经络，活血化瘀的功效，从而改善腕关节痹阻不通的症状，符合现代医学研究可以促进局部代谢，加速炎症吸收，使得受压血管、神经迅速复原，疼痛消失的机理。本法优点：选择治疗点少，以正中神经压迫组织周围的条索筋结入手，单点分离黏连，位置安全，容易掌握，且创伤口微小，针后基本无后遗症，同时针后可以迅速缓解正中神经压迫症状，远期疗效确切，复发率低。筋骨针可以代替针刀，同时有针灸的舒筋通络作用，达到“针”与“刀”双重治疗的效果。为治疗腕管综合征开辟了一个新疗法，新思路；基于筋骨针具有超微创伤，无痛苦的优势，更适用于不能够接受手术的中老年者及体弱病患者，值得广泛推广应用。

参考文献

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甘麦大枣汤略述

薛秋龙

摘要：最近在治疗一位悲伤欲哭的患者时，用甘麦大枣汤后很快好转，对简单三味如普通食物一样中药有如此好的疗效颇感好奇，于是对方中的三味中药作了详细的查阅。并对甘麦大枣汤原方条文作认真的研读。现将所得的一些资料稍作整理，与同道分享。

关键词：甘麦大枣汤， 脏躁

1 前言

甘麦大枣汤首见于《金匮要略》妇人杂病脉证并治，治疗脏躁。后世医生临床都有使用，是临床常用之方。《普济本事方》里也记载了本方，主治妇人脏躁，主治用法基本与《金匮要略》一样。近代本方被广泛应用于治疗亚健康；失眠；抑郁症等的治疗。

台湾研究者在 2000 年，2005 年和 2010 年的三个随机样本中提取所有被诊断为患有重度抑郁症或轻度抑郁或心律失常且无其他基线疾病，且在 2002 年至 2011 年期间至少进行过一次中药治疗的患者。在 197146 个病人中有 1806 个单一抑郁症诊断的患者，而且均使用过中药治疗，其中甘麦大枣汤最为常用的配方[1]。

甘麦大枣汤组方简单的三味被认为是食物的药，疗效却是非常显著。历史上的病案比较遥远，举一列当今福建江鸿儒医生的案例：

患者，女，50 岁，由女儿陪同来诊

主诉：常无故哭泣。整天很悲伤的样子。但家里关系和谐幸福。

刻诊：脸色晦暗，唇色黑。时常心动过速，最快时心率 140/分钟。医院检查未发现心脏有器质性病变，诊断为阵发性心动过速。已停经一年。舌红无苔。脉细数无力。

处方：甘麦大枣汤一周。大枣 20 枚 炙甘草 20 克 小麦 100 克

上方水三碗煎取 8 分。复渣水二碗煎取 7 分。

复诊：已不再哭泣了。唇色转红润。原方续进半个月。方药对症，则效如桴鼓。

本文是对本方的综合分析，就不多列举治疗病案。

2 组方药物的分析

《金匮要略》甘麦大枣汤原方组成只有三味：甘草 小麦 大枣。为了更好的理解甘麦大枣汤的功效，有必要对组方药物的传统功效和药物的现代化学与药理研究进行回顾对比分析。

2.1 甘草

2.1.1 传统功效“味甘，性平。主五脏六腑寒热邪气；”[2]“治疗惊悸，烦闷，健忘等症”[2]

“甘平，归心肺脾胃。益气补中，祛痰止咳，缓急止痛，调和药性”[3]

2.1.2 现代研究 本品含甘草甜素以及多种黄酮，甘草甜素是甘草次酸的二葡萄糖醛酸甙，有明显的抗利尿作用，甘草次酸又有肾上腺皮质激素样作用[4],对组织胺引起的胃酸分泌过多有抑制的作用[5],意大利研究人员对过去几十年有关于甘草的药理研究作了一次综述，对甘草的作用归纳为四个方面：1 盐皮质激素作用 2 糖皮质激素作用 3 抗雄激素效应 4 雌激素作用[6]. 这些研究结果表明甘草对人体内分泌系统有很大的刺激调节的作用，其中第 3，4 方面对女性荷尔蒙的调节与甘麦大枣汤的功效相吻合。

甘草中的黄酮类化合物甘草苷对慢性应激抑郁模型大鼠有抗抑郁的作用[7]。甘草苷可以改善抑郁模型快感缺乏的症状和绝望行为[8]，抑郁与中医心肝有直接的关系。

2.2 小麦

2.2.1 传统功效 “能敛盗汗，取其散皮腠之热也，归心经”[9]“除热，止烦渴，咽喉干燥，利小便，养肝气，止崩漏血吐血，使妇人易以怀孕”[10]

2.2.2 小麦与浮小麦的异同

小麦是饱满的麦子；浮小麦则是用水淘而浮在水面的麦子，比较干瘪不饱满。前者味甘，性微寒，功用见 2.1，后者味甘，咸，性寒，功用益气除热，止自汗盗汗，骨蒸虚热，妇人劳热。浮小麦比小麦略为寒一点，这与浮小麦干瘪多皮有关。两者同物，有质量的差别，浮小麦清热止汗之力比小麦强，甘麦大枣汤原方为小麦，而临床上使用发现浮小麦除烦安神之力显著。

2.2.3 现代研究

李时珍认为小麦皮性凉，去皮则热，现代研究发现麦皮含有膳食纤维、酚类物质、蛋白质、维生素、矿物质等多种类型的化合物,并具有降糖、降压、调脂、抗氧化、抗菌、抗炎、抗病毒、预防结肠癌、防止基因突变、调节免疫力、吸附重金属等广泛的药理活性[11]。小麦的现代化学分析和药理研究看似它对人体有整体调节的作用，降压与血脉有关，也与中医心主血脉符合；而降糖与肝、胰相关，降脂与肝有关；中医认识则与小麦促进脾胃的运化有莫大的关系。

2.3 大枣

2.3.1 传统功效 “主心腹邪气，安中养脾，。。。。。。疗大惊。”[12]“补中益气，除烦闷”[13]

2.3.2 现代研究 药理研究显示大枣有提高体内单核-吞噬细胞系统的吞噬功能；有护肝的作用；增强肌肉的力量[14]对大枣的化学成份研究还发现含有 70 多种的化学物质，其中主要的有三萜酸、皂苷、生物碱、黄酮及糖苷类物质。药理活性研究表明大枣具有多重药理活性，表现有免疫兴奋、抗氧化和保肝降脂等。其中的生物碱类、黄酮和糖苷类成份具有较好的镇静作用[15]。大枣的镇静作用与中医心主神明基本一致，降脂作用则可认为是健脾的作用。

2.4 甘麦大枣汤的研 现代对甘麦大枣汤的药理研究也有明显的升高白细胞和镇静、催眠的作用，对雌性小白鼠试验发现本方还有雌激素样作用[16]，张闵宏采用随机双盲研究方法，选取 58 例亚健康状态者，并随机分为甘麦大枣汤组 29 例，安慰剂对照组 29 例 4 周后治疗组在生理，心理健康方面比治疗前明显改善，而安慰剂组则变化不明显[17]。甘麦大枣汤治疗还可以逆转 UCMS 大鼠慢性不可预测的应激诱导的抑郁样行为，这可能是通过降低谷氨酸水平并增加额叶皮层和海马体的 NMDA 受体亚基 NR2A 和 NR2B 来实现的[18]。

3，甘麦大枣汤的方证 “悲伤欲哭，心悸，失眠”(江鸿儒)“精神神经过度兴奋紧张，伴强烈情感色彩者”[19]

4 甘麦大枣汤的腹证 “右腹直肌挛急”[20]

5 脏躁的一些基本概念 甘麦大枣汤的临床应用最为中医师所熟知的非脏躁莫属了。为了更好的理解本方的应用，有必要对脏躁概念进行厘清。

（1）关于“脏躁”甘麦大枣汤出现在《金匮要略》妇人杂病脉证并治篇。用于治疗脏躁。在此对脏躁含义作进一步的探讨。

首先这个躁有“愁不安”(《说文》) “犹燥也，物燥乃动而飞扬”(《释名》)“犹动也”（《注》）。

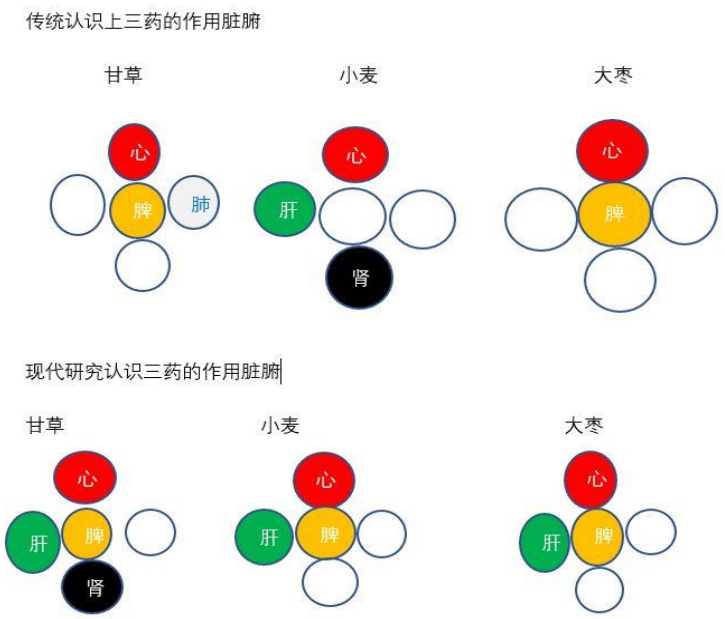
综上所述，躁是动而不安。脏躁就是脏腑躁动不安，使患者有“喜悲伤欲哭，象如神灵，数欠申”。是哪一个脏腑动摇会使人有这样的症状呢？很明显“喜悲伤欲哭，象如神灵，数欠申”这句话就包含了心肺肾三脏。“心气虚则悲，实则笑不休“(《灵枢·本神》）肺“在变动为忧”(《素问·阴阳应象大论》)。“肾主欠”(《灵枢·九针》)。 “肾为欠为嚏”(《素问·宣明五气篇》)。

（2）脏躁与癔病的鉴别 脏躁指妇人无故悲伤欲哭，不能自控，精神恍惚，呵欠频频，哭笑无常等症状。癔病，又称为歇斯底里，本病患者多具有易受暗示，感情用事，富于幻想和好表现自己等性格特点。常由于精神因素如激动、惊吓、委屈、悲伤等刺激，而突然起病，出现各种躯体症状或精神障碍。两者容易被混淆，实则不同。

脏躁多发于性格内向，素多忧郁，忧愁思虑之人，没有明显的暗示性。癔病则多发于爱幻想，情感丰富，自我中心，暗示性高的人群，因生活事情，内心冲突，外部暗示或自我暗示而诱发。脏躁主要以精神症状为表现；癔病则主要以躯体症状为表现[21]。

6 资料的对比分析

（1）药物的传统认知 从上面传统功用可知甘草、浮小麦、大枣三味药归经和功用可以发现它们共通的脏腑是心脾，其中以心为主。（2）药物的现代认知 调整女性荷尔蒙；抗抑郁，皮质激素样作用；抗炎。(3)本方条文主症 “脏躁，喜悲伤欲哭，象如神灵，数欠伸”（4）主症涉及脏腑 心、肾（5）图示。用图解的方式将上面三



药的传统与现代的功用进行展示会更加清晰，每一个涉及脏腑都用文字和与脏腑相关的颜色展示。

7 总结

从上面的传统与现代研究复习可以发现，甘草、小麦，大枣有实实在在的药物治疗的作用，甘麦大枣汤也有是实实在在的对治之症，也有所主之脏腑；传统与现代的认知基本上是相对应契合的甘麦大枣汤配伍虽然简单

临床功效也已经远非安慰剂那么简单。

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理论与文献研究 Theory and Literature Research

中医第五大经典——论《辅行诀》的理论和临床价值

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摘要：中医融合了诸子百家中的儒家、道家、阴阳家、数术家、杂家、兵家等学术流派的思想和技术，丰富和发展了中医自身学术体系，《辅行诀》的成书是这一成果的集中体现。《辅行诀》传承了秦汉中医四大流派中的医经派、经方派和神仙派的三派精华，与中医经典著作《黄帝内经》、《难经》、《神农本草经》、《汤液经法》、《伤寒杂病论》密切相关；《辅行诀》的独特价值体现在独特的“五味与五脏的对应关系”，“以增强脏腑功能为补，以减弱脏腑功能为泻”的独特补泻内涵，五行互含药精与五行五味体用补泻，能够破解经方组方规律的“汤液经法图”，味少而精的精准组方，独特的“火土一家”和“水土合德”的理论。《辅行诀》的理论具有明显的原创性、完整性、系统性和独特性，能有效指导临床，其价值足以做为中医第五大经典。

关键词：辅行诀；诸子；百家；五行；五味；补泻；药精；经方。

1918 年，《辅行诀五脏用药法要》在隐匿了大约 900 年之后，在甘肃敦煌藏经洞重现天日，横空出世！在接下来的 100 多年，《辅行诀》一书在中医界引起了巨大的反响，从隐学到显学，逐渐形成了“辅行诀流派”，其价值和影响可以媲美“红学”，因此本书也被称为“中医界的《红楼梦》”。本文旨在诠释《辅行诀》与中国传统文化、中医经典理论的关系，揭示其宝贵价值。

一、《辅行诀》与诸子百家学术思想

诸子百家是“诸子”和“百家”的合称。先秦时期将有道德、有学问的人称为“子”。“诸子”是指学术流派的代表人物，如孔子、老子、邹子、墨子、苏子、韩非子等。“百家”是指先秦时期的各个学术流派，如儒家、道家、墨家、法家等是指学术流派的代表人物，如孔子、老子、邹子、墨子、苏子、韩非子等。“百家”是指先秦时期的各个学术流派，如儒家、道家、墨家、法家等

十三家	代表人物	代表著作
儒家	孔子、孟子、荀子、董仲舒	四书：《论语》、《孟子》、《大学》、《中庸》。 五经：《诗经》、《尚书》、《礼记》、《周易》、《春秋》。
道家	伊尹、老子、庄子、列子	《伊尹》、《汤液经法》、《道德经》、《庄子》、《冲虚经》
阴阳家	邹衍	《邹子》、《邹子终始》
法家	管仲、商鞅、韩非、李斯	《管子》、《商君书》、《韩非子》
名家	邓析、惠施、公孙龙	《邓析子》、《惠子》、《公孙龙子》
墨家	墨翟、禽滑厘	《墨子》
纵横家	鬼谷子、苏秦、张仪	《鬼谷子》、《苏子》、《张子》
杂家	吕不韦、刘安	《吕氏春秋》、《淮南子》
农家	许行	《神农》、《野老》
小说家	虞初	《虞初周说》
兵家	孙武、孙膑、吴起、白起	《孙子兵法》、《孙膑兵法》、《吴子兵法》、《六韬》、《三略》
数术家	甘公、石申	《山海经》、《周髀算经》、《九章算术》、 《算经十书》

方技家	岐伯、扁鹊、神农、张仲景	《黄帝内经》、《难经》、《神农本草经》、《伤寒杂病论》

《汉书・艺文志》曰："儒家者流，盖出于司徒之官（司徒掌教育）；道家者流，盖出于史官（史官掌纪录典籍）；阴阳家者流，盖出于羲和之官（羲和掌星历）；法家者流，盖出于理官（理官掌刑法）；名家者流，盖出于礼官（礼官掌礼秩）；墨家者流，盖出于清庙之守（清庙之守掌祀典）；纵横家者流，盖出于行人之官（行人掌朝觐聘问）；杂家者流，盖出于议官（议官乃谏官议郎）；农家者流，盖出于农稷之官（神农、后稷教民稼穑）；小说家者流，盖出于稗官（稗官乃小官)。"可见，"百家"的起源与古代皇家的官职设置有关。

"百家"，在《汉书·艺文志》中数得上名字的一共有 189 家，4324 篇著作。《隋书·经籍志》、《四库全书总目》等书则记载"诸子百家"实有上千家。"百家"中成系统、有比较大影响力的是"九流十家"。

司马迁的父亲司马谈在《论六家要旨》中，将"百家"首次划分为："阴阳、儒、墨、名、法、道"等六家。后来，刘歆在《七略》中，又在司马谈划分的基础上，增加"纵横、杂、农、小说"等为十家。

班固《汉书·艺文志》将先汉学术分为"六略"，即：六艺略、诸子略、诗赋略、兵书略、数术略、方技略。其中，"诸子略"又将诸子划分为"九流十家"。名称及顺序如下：儒家、道家、阴阳家、法家、名家、墨家、纵横家、杂家、农家、小说家。班固认为："诸子十家，其可观者九家而已。"除去"小说家"，将剩下的九家称为"九流"。因此而有"九流十家 "的说法。后世的"三教九流"也与此有关。

与钱穆、陈垣、陈寅恪共同被誉为中国近代四大史学家的吕思勉先生在《先秦学术概论》一书中再增"兵、医"，认为："故论先秦学术，实可分为阴阳、儒、墨、名、法、道、纵横、杂、农、小说、兵、医，十二家也。"吕思勉先生将阴阳家和数术家并称，实际上这两家还是有比较大的区别。

邹衍是阴阳家创始人，其学术对于道家、医家产生了难以磨灭的影响。数术家分为天文家、历谱家、五行家、蓍龟家、杂占家、形法家六大派。《汉书·艺文志》中的"六略"有专门的"数术略"。因此，笔者认为应该将数术家与阴阳家区分开。这样，先秦主要学术流派是"九流十三家"。

《辅行诀》与"九流十三家"的理论有不同程度的融合。

《辅行诀》与儒家：《辅行诀》的本草学依据之一是《神农本草经》，本书所载的 365 味药物分为上中下三品；《辅行诀》是君臣佐三级组方体系，这些都是儒家等级观念的体现。在此需要指出的是，现代《方剂学》组方体系是"君臣佐使"，看起来是四级。实际上，根据《辅行诀》，佐药和使药是同一级别。因此，经典中医处方是君臣佐（使）三级组方体系。

《辅行诀》与道家：老子《道德经》"人法地，地法天，天法道，道法自然。"中医五运六气学说理论根基基于《黄帝内经》"七篇大论"，而这"七篇大论"正是用道号启玄子的王冰引自道家"先师张公秘本"。《辅行诀》和《伤寒杂病论》均传承道家伊尹《汤液经法》。张仲景《伤寒杂病论》以"六经辨伤寒"和"脏腑辨杂病"；陶弘景《辅行诀》以"六合辨天行"，即二旦四神方辨治外感天行病，这部分内容相当于凝聚运气学说精华的浓缩版《伤寒论》，以"以五脏辨杂病"，这部分就相当于浓缩版《金匮要略》。

《辅行诀》与阴阳家：《辅行诀》的组方法则汤液经图分为体阴用阳，用味为补，体味为泻。以洛书"天左旋，地右动"对应组方"阳进阴退"。

《辅行诀》与数术家：《辅行诀》的"五行互含药精"包括二十五味草木药精和二十五味金石药精。"阳进阴退"以火数八代表阳，以水数七代表阴，由此完成了阴阳五行理论的融合和应用。

《辅行诀》与杂家：杂家与道家有共同的特点“采儒墨之善，撮名法之要”，即以道为本，博采众说，兼容并蓄。中医本身就吸收了“百家”中很多流派的理论和方法。《黄帝内经·素问·异法方宜论》曰：“故圣人杂合以治，各得其所宜。”治疗方法上综合“砭石、毒药、灸焫、九针、导引按蹻”等等。《辅行诀》全书以方药为主，同时兼顾针灸。例如《辅行诀》“五脏病证文并方”，在每一章的开篇，都包含针灸治疗，指导经络、穴位的选择以及针灸的补泻方法。笔者也根据经典中医“道术并行”的体系，“化药为穴”，从而发掘了《辅行诀》“脏腑补泻针法”；并且在此基础上，根据中医“形气神一体”的理论，发展和完善了《辅行诀》“形气神同调针法”。

《辅行诀》与兵家：“用药如用兵”，《辅行诀》的组方法度严谨，犹如排兵布阵，无论是药味的组合，每方的味数、剂量、煎煮法、服药法，甚至煎煮的水量都有非常严格的规定。

总而言之，《辅行诀》九千余字，道术并重，理法方药浑然一体，体系完整。《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，中医（当时称为方技家），逐渐融合了儒家、道家、阴阳家、数术家、杂家、兵家等学术流派的思想和技术，使得中医自身学术体系得到了极大的丰富和发展。

二、《辅行诀》与中医经典

根据《汉书·艺文志》，秦汉方技家有四大流派：医经派、经方派、神仙派、房中派。后世公认的中医四大经典就是出自于此，医经派的代表著作是《黄帝内经》和《难经》，经方派的代表著作是《汤液经法》、《神农本草经》和《伤寒杂病论》。《辅行诀》融会贯通秦汉方技家四大流派中的医经派、经方派、神仙派的三派精华。

1. 《辅行诀》与《黄帝内经》

《辅行诀》“五脏病证文并方”相当于每一章的总论，具有相同的编写规律。

第一，内容主要来自于《黄帝内经》“至真要大论”、“脏气法时论”、“本神”、“五邪”这些篇章。

第二，症状描述是“从心到身”，首先是精神、情绪、心理症状，然后是躯体症状，而且这两大类症状都区分虚实。

第三，针灸治疗，选取哪些经络、穴位和针灸的补泻方法。第四，最后根据五脏之五德，给出中则，用何味补，用何味泻，用何味来解除本脏之苦。

《辅行诀》与《黄帝内经·脏气法时论》					
	肝	心	脾	肺	肾
辅行诀	肝苦急， 急食甘 以缓之。 （我克）	苦泻之 （克我）	辛泻之 （克我）	肺苦气上逆， 急食辛以散之， 开腠理以通气也。 （我克）	肾苦燥， 急食咸以润之，致津液生也。 （我克）
脏气法时论	肝苦急， 急食甘 以缓之。 （我克） 肝欲散， 急食辛 以散之。 （本脏用味）	甘泻之 （我生）	苦泻之 （我克）	肺苦气上逆， 急食苦以泄之。 肺欲收， 急食酸以收之。	肾苦燥， 急食辛以润之，开腠理， 致津液， 通气也。

《黄帝内经》在几千年的传承中有错简重排，而《辅行诀》由于在敦煌隐匿了 900 年，因此能够保持原貌，可以纠正《黄帝内经》由于错简重排导致的错误。

例如，《辅行诀》每一行均以本脏用味为补，体味为泻；也就是以克我之味为泻，没有例外。而《藏气法时论》则变来变去，例如心“甘泻之”，是以我生之味为泻；脾“苦泻之”，又是以我克之味为泻，令人无所适从。

又比如，《辅行诀》皆以我克之味为急食，而《藏气法时论》则不然，予以两个不同的味为急食，同样令人无所适从。肝到底是“急食甘”还是“急食辛”？心到底是“急食酸”还是“急食咸”？脾到底是“急食苦”还是“急食甘”？肺到底是

“急食苦”还是“急食酸”？肾到底是“急食辛”还是“急食苦”？

再比如，《藏气法时论》“肺苦气上逆，急食苦以泄之”和“肾苦燥，急食辛以润之，开腠理，致津液，通气也”，这两段文字发生了错简。实际上，孙脏用味，即我克脏之用味为急食之味。因此，肺肾两个条文的正确描述应该如《辅行诀》“肺苦气上逆，急食辛以散之，开腠理以通气也。”“肾苦燥，急食咸以润之，致津液生也。”

2. 《辅行诀》与《难经》

《难经·六十九难》“虚则补其母，实则泻其子”。每个中医师均耳熟能详，奉为圭臬。但是，《难经·七十五难》“子能令母实，母能令子虚”却被大多数中医师所忽略。《辅行诀》将“子能令母实，母能令子虚”演化为“虚则补其子，实则泻其母”的治则和组方法则，形成了五脏大补方和五脏大泻方，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。

3. 《辅行诀》与《神农本草经》

《辅行诀》曰：“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。”可见，《辅行诀》所依据的本草学著作是《神农本草经》和《桐君采药录》，两书均分别载药 365 种，以对应一年 365 天，并且分为上中下三品。

《桐君采药录》已经失传，根据我的个人研究，本书对于中药五味五行属性的划分是按照“纳音五行”，而《神农本草经》对于中药五味五行属性的划分是按照“正五行”。两书对于中药五味五行的不同分类方法，使得《辅行诀》的中药“五行互含”有了理论依据。

4. 《辅行诀》与《汤液经法》

《辅行诀》曰：“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。”

陶弘景从《汤液经法》中“以应周天之度”的 365 首处方中，选择了最常用的 60 首处方，给在深山修炼的道士们用于防病祛病。可惜流传至今，《辅行诀》现存处方只有 52 首。

5. 《辅行诀》与《伤寒杂病论》

陶弘景《辅行诀》与张仲景《伤寒杂病论》同源于伊尹《汤液经法》，二者同源而异流，道同而法异。我做个比喻，《汤液经法》是父母，《辅行诀》是长子，《伤寒杂病论》是次子；长子的首要责任在于继承，次子的优势在于可以不拘一格地创新。因此，《辅行诀》忠实地继承了《汤液经法》，而《伤寒杂病论》则“博采众方”，在《汤液经法》的基础上有了创新。

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 52 首的 23%；《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 52 首的 60%[34]。

《伤寒论》115 首处方，《金匮要略》184 首处方，去除重复方剂 39 首，《伤寒杂病论》总处方数 260 首。《辅行诀》现存处方 52 首，处方总数仅相当于《伤寒杂病论》的五分之一，但是自成完整体系，理法方药俱全。《辅行诀》的 52 个处方，相比于《伤寒杂病论》的 260 个处方来说，显然更容易学习、掌握和运用。

6. 《辅行诀》的病方对应

《辅行诀》将疾病分成三大类，相应地给予三大类处方。第一大类疾病是普通外感病和内伤杂病，针对这类疾病，对应的处方包括五脏大小补泻方 (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。相当于浓缩版的《金匮要略》。第二大类疾病是外感天行病，也就是具有强烈传染性的“伤寒”、“瘟疫”、“疠病”，比如 2013 年的 SARS，传染性非典型肺炎和目前正在肆虐全球的新冠状病毒。相对应的处方是二旦四神大小方（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。相当于浓缩版的《伤寒论》。第三大类疾病就是猝死窍闭病，相对应的处方是救卒死方 5 首。陶弘景 10 岁时读葛洪《神仙传》，深受其影响。《辅行诀》救卒死方 5 首就来自于方技家的神仙派。《辅行诀》三大类处方应对三大类疾病，分类清晰，条理清楚，法度严谨，适合临床。非常适合初学中医者以及想提高中医理论水平和临床水平的医生。

三、《辅行诀》的独特价值

1. 独特的五味与五脏的对应关系《黄帝内经·素问·宣明五气》“味所入，酸入肝，辛入肺，苦入心，咸入肾，甘入脾，是谓五入。”《黄帝内经·灵枢·九针论》“酸入肝，辛入肺，苦入心，甘入脾，咸入肾，淡入胃，是谓五味。”《辅行诀》肝德在散。故经云：以辛补之，酸泻之。心德在耎。故经云：以咸补之，苦泻之。脾德在缓。故经云：以甘补之，辛泻之。肺德在收。故经云：以酸补之，咸泻之。肾德在坚。故经云：以苦补之，甘泻之。每一位中医学子，自从踏入中医药大学之日，老师讲授阴阳五行学说，就被告知“酸入肝，苦入心，甘入脾，辛入肺，咸入肾。”那么当你听说有一本中医书讲“辛补肝，咸补心，甘补脾，酸补肺，苦补肾。”你的第一反应是这本书一定是讲错了！真的错了吗？

“酸入肝，苦入心，甘入脾，辛入肺，咸入肾。”这种中医界主流的五味与五脏的对应关系，存在于《黄帝内经》绝大部分篇章，例如《素问·阴阳应象大论》、《素问·金匮真言论》、《素问·五脏生成》、《素问·宣明五气》、《灵枢·五味》、《灵枢·九针》等等。

但是，“入”不等于“补”，也不等于“泻”。真正揭示药物五味补泻的真谛，在《黄帝内经》中有两篇，是《素问·藏气法时论》和《素问·至真要大论》，但是我前面做了阐述，《素问·藏气法时论》有错简重排导致的错误。因此，传承医经派和经方派的药物五味体用补泻的经典著作，就是《辅行诀》。

2. 补泻内涵的不同

“实则泻之，虚则补之”是我们每个现代中医人都熟知的古训，殊不知补泻的古今内涵已经发生了巨大的变化。

《素问·通评虚实论》“邪气盛则实，精气夺则虚。”现代中医以此为依据，以风热暑湿燥寒六淫邪气太过为实，以气血阴阳之正气不足为虚。补泻则相应被引申为“扶正为补，祛邪为泻”即“补益气血阴阳为补，祛除风热暑湿燥寒六淫邪气为泻”。而在中医四大经典确立的秦汉时代，补泻实际是建立在脏腑功能的喜恶上。

《金匮要略·脏腑经络先后病脉证》曰：“五脏病各有得者愈，五脏病各有所恶，各随其所不喜者为病。”李中梓《医宗必读· 苦欲补泻论》曰：“夫五脏之苦欲补泻乃用药第一义也，不明乎此不足以言医。”补泻是中医用药、用针的重要依据，不明补泻的真实内涵，又如何能够做到有的放矢、补虚泻实呢？现代中医人回归经典，学习和使用经方，首先需要弄明白中医补泻的真谛。

《辅行诀》提出“五脏之五德”，以喜为补，以恶为泻；即以顺应脏腑生理功能为补，忤逆脏腑生理功能之为泻。中药五味对应五脏，分为体用，“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”。

3. 一气周流

总结《辅行诀》的五味补泻，“辛补肝而泻脾，咸补心而泻肺，甘补脾而泻肾，酸补肺而泻肝，苦补肾而泻心。”体现了《辅行诀》交互金木、既济水火、升降阴阳的内涵。这种五味对五脏的体用补泻理论是在五行与四时通应的大前提下，运用五味来调节五脏气机升降以顺应四时之气的变化规律，即以顺为补，以逆为泻；增强脏腑功能为补，减弱脏腑功能为泻，这一理论突出了气机升降对脏腑的影响，也直接启发清朝黄元御“一气周流”思想的提出。

4. 经方遣药组方规律

伴随着经典中医的回归，中医界也掀起了“经方热”。当你使用桂枝汤、麻黄汤、小柴胡汤等这些千古名方，你是否知道古代圣贤到底是怎样创立了这些经典处方呢？她们的组方的依据和规律是怎样的呢？

当我们查阅《黄帝内经》寻找答案，却发现《内经》只给了我们大的原则，而很少有具体的处方及其组方规律。我们再去《伤寒杂病论》寻找答案，却发现医圣仲景虽然继承了《汤液经法》的方和药，并且建构了新的六经辨证和方证体系，但是并没有传承《汤液经法》的遣药组方法则。那么，打开经方之门的钥匙究竟在哪里呢？答案就在《辅行诀》“五味体用补泻除病图”和“五行互含药精”。

关于“五味体用补泻除病图”，陶弘景给予高度评价：“此图乃《汤液经法》尽要之妙，学者能谙于此，医道毕矣。”陶氏为什么给予这幅图这么高的评价？此图到底蕴藏了什么样的惊人秘密？

总览中医历史，几千年来一共有四幅图对中医理论和实践的指导意义最为重要。第一幅图就是太极图，太极图主要阐述阴阳理论。第二幅图是河图，河图主要阐述五行理论。第三幅图是洛书，洛书主要阐述六气理论，或者称为三阴三阳理论。第四幅图就是这张“五味体用补泻除病图”，简称“汤液经法图”。这张图可以说是将太极图、河图、洛书，三合一的一张图，首先将阴阳化为体用；配合河图，讲述五行生克制化；配合洛书“天左旋，地右动”的“阳进阴退”，将阴阳、五行、六气理论浓缩在此图，本图是将中医阴阳五行六气经典理论具体化、实践化的应用图。

《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》的组方规律。而《辅行诀》则留下了《汤液经法》具体规范的选药组方之法，即“五味体用补泻除病图”。而且《辅行诀》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鲜明、最有特色的部分，这在其后的中医著作中难以见到。

5. 五行互含药精

《神农本草经》载药 365 味，陶弘景《名医别录》载药 730 味药，李时珍《本草纲目》载药 1892 味药，相当于一部中药大辞典。作为一名合格的中医师，通常认为需要熟练掌握和应用的中药大概在 200 味至 300 味。中医启蒙读物《药性歌括四百味》就有临床常用药物 400 味。

实际上，对于临床来说，中药的知道、了解和熟练掌握应用有本质的区别。《辅行诀》全书仅涉及中药 66 味药，难易程度显而易见。《敦煌古医籍考释》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。《敦煌古医籍考释》是《辅行诀》现代第一个正式刊行本。大多数中医师最开始接触《辅行诀》应该是始于本书，以上所载也是最早公布与众的二十五味草木药精。但是，这个版本的药精实际上存在一些问题。例如，没有包括大小泻肺汤的君药葶苈子；麦门冬如果归属土中金，则在《辅行诀》中多处组方规律不符。

张大昌先生的杰出弟子衣之镖先生经过 30 多年的研究和探索，终于在 2005 年完成了《辅行诀》“整订稿”和《辅行诀》“藏经洞本复原校订稿”两种文本。前者在方药组成方面，已完全符合陶弘景组方用药以五味五行互含为依据的原则。用衣之镖先生自己的话，“整订稿”解决

了现存世诸传抄本《辅行诀》二十五味药“五行互含位次失序”的问题。

《辅行诀》五行互含 五十味药精 简表					
	木	火	土	金	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

笔者研究和实践《辅行诀》，主要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。上表包含有二十五味草木药精和二十五味金石药精。

6. 五行五味体用补泻理论

《辅行诀》“五行五味体用补泻”理论，深化了中医阴阳五行学说，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，然后五行之中再分五行，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。

如果做个比喻，“五味体用补泻除病图”如同经方大门的旋转锁，“五十味药精”如同旋转锁上的刻度，二者结合就是打开中医经方大门的密码。即通过“阳进七、阴退六”的方式做逆时针和顺时针的旋转，根据阴阳五行理论选择特定的药物组成方剂，这就是经方遣药组方的秘密。

7. 经方=经典方=精选方=精准方

经方鼻祖《汤液经法》载方 365 首。《伤寒论》115 首处方，《金匮要略》184 首处方，去除重复方剂 39 首，《伤寒杂病论》总处方数 260 首，但是这 260 首处方并不都符合经方的组方规律，因此严格地讲，260 首处方并不是所有处方都能称之为“经方”。

《辅行诀》原书载方 60 首，现存处方 52 首，均来源于《汤液经法》，都是真正的“经方”，即经典处方，Classical Prescriptions。这些处方也是陶弘景从 365 首经方中精心选择的常用处方，即精选的经方，Selection of Prescriptions。

相对于很多现代中医所开的动辄 20 味、30 味以上的庞大处方，《辅行诀》的遣药组方，味少而精。以五脏大小补泻方 24 首为例，小泻方 3 味药，小补方 4 味药；大泻方 6 味药，大补方 7 味药。处方精确定位于病变的五脏，小方以本脏为核心；大方兼顾母脏或者子脏，方中有方，母子同治，补虚泻实，精准治疗。因此，《辅行诀》处方又可以称之为精准处方，Precise Prescriptions。现代炒作火热的“精准医疗 Precision Medicine”的源头竟然是在《辅行诀》！中国古代圣贤的智慧令人叹为观止，心悦诚服！

四、总结

总而言之，《辅行诀》四大核心机密：1 汤液经法图；2 药精；3 火土一家；4 水土合德。不见于任何其他医学著作，具有明显的原创性、完整性、系统性和独特性。其与主流中医理论不同的“五味与五脏”的对应关系；玄奥严谨的“五行五味体用补泻图”；以“用味为补，体味为泻”作为纲领的方剂配伍法则；以“增强脏腑功能为补、减弱脏腑功能为泻”的独特的补泻理念；“火土一家”和“水土合德”的独特理论；使其在中医经典著作中独树一帜，特立独行。

综上所述，笔者认为，《辅行诀》的理论价值和临床价值，可以比肩现代中医公认的四大经典《黄帝内经》、《难经》、《神农本草经》、《伤寒杂病论》，是中医第五大经典！

习近平主席大力倡导中华民族的伟大复兴，其中包含了文化复兴。而中医是中华民族优秀传统文化的杰出代表，作为一名中医师，复兴中医，责无旁贷！北宋张载的名言“为天地立心，为生民立命，为往圣继绝学，为万世开太平！”笔者在此呼吁，希望更多的中医同道来学习和实践《辅行诀》。复兴中医之路，千里之行始于足下，从你我做起！

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Overview on Rheumatoid Arthritis from Chinese Medicine perspective

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Rheumatoid Arthritis (RA) is classified by the World Health Organisation (WHO) alongside over 150 other rheumatic and muscular skeletal diseases and conditions. The WHO state that they are the leading causes of disability and are generally painful and progressive. RA specifically is defined as a chronic and systemic condition affecting joints, tendons, muscles and connective tissues. It is more often seen in women and in developed counties and will often onset when people between 20 and 40 years – particularly disruptive for those with the disease as these are prime years in terms of life, work and family. The overall incidence is given as between 0.3% and 1%. Strikingly the WHO states that 10 years after onset less than 50% of RA patients are unable to work full-time. (WHO, 2020).

In TCM, RA is a condition which generally belongs to the group of Bi syndromes. Bi syndromes are characterised by arthralgia (joint pain). RA is classified as such (Shen et al, 2011) Lui et al (2004) describes Bi conditions as being disorders where there is an obstruction of qi and blood, and the person experiences pain, a heavy feeling, numbness and lack of movement. Swelling may also be present.

TCM Pathogenesis and Syndrome Differentiation

Bi diseases are said to be common in places with cold, wet and windy weather (Vangermeersh and Pei-Lin, 1994) and indeed; Wind, Cold or Damp must enter the body in order for these rheumatic diseases to take hold. The Qi and Blood are blocked from circulating which impacts the proper function of the meridians and impacts the sinews, muscles and bones (ibid). Bi syndromes overall are indiscriminate of sex, but older people are more likely to be affected. (ibid). This broadly corresponds with the WM evidence base (NHS, 2020), however, when discussing RA specifically as opposed to all Bi syndromes, as previously stated women are around three times more likely to have RA.

TCM holds that the invasion of these pathogens (Wind, Cold, Damp or Heat) acts on the meridians which are concerned with the sinews, bones, joints. This is experienced as soreness, painful joints stiffness, heat and swelling. It can also give rise to deformities. (Chou and Chu, 2018)

Damp-Heat Obstruction Pattern may have the following: hot feeling within joints; swelling and pain in joints; reduced ability to flex/ extend joints; morning stiffness (major); perspiration; red tongue with yellow coating; dark yellow urine; dry stool; thirst; wiry/rapid or slippery/ rapid pulse (minor). (Shen et al, 2011). A 2011 study on RA (Shen et al) stated Damp-Heat Obstruction to be the most common syndrome pattern.

Liu et al (2004) list five patterns: Wind Bi Condition; Damp Bi Condition; Cold Bi Condition; Heat Bi Condition; Deficient Bi Condition.

Wang et al (2019) state the Bi diseases are often characterised by pathogenic factors invading the body. They list five bi types seen in people who have joint swelling: 1) Migratory Bi; 2) Painful Bi (Cold); 3) Fixed Bi (Damp); Heat Bi; 5) Lame bi (Wang Bi).

Migratory Bi is caused by Wind and the patient experiences wandering pain. In Painful or Cold Bi the person experiences worse pain on cold days. In Fixed or Dampness Bi, the person has heaviness, pain and sometimes swelling. This can be worse during rainy days. Heat Bi is a mixture of pathogenic Damp, Wind and Heat, or where Damp has transformed the above syndrome types. Here the joints may be red, hot, swollen and difficult to move. Finally, in Lame or Wang Bi, joints can be hard to move, painful, swollen and possibly deformed. This is a Kidney deficiency developed over time, in addition to Phlegm and Blood Stasis. (Wang et al, 2019).

Shen et al (2011) advocate a slightly different approach from the standard TCM. They state the RA and common Bi syndrome are different in both pathogenesis and in prognosis. General Bi syndrome is effectively treated with the principle of reducing inflammation; RA belongs to lifelong immune condition and so should instead be treated with immune inhibition. They say TCM treatment should also be informed by the RA treatment concept used in WM – although they use the standard Bi-syndrome syndrome pattern

differentiation within their paper. Shen et al were actually writing about a RCT comparing TCM herbal medicine with WM drugs (rather than acupuncture) but this perspective is relevant as it discussed TCM treatment principles. Interestingly, it can be read (perhaps over-simplistically) that they are not advocating for anti-inflammatory treatment based on their statement, however, anti-inflammatory drugs are included in WM treatments (NICE, 2020).

Acupuncture Treatment and Research

The recommended acupoints vary hugely – although as previously discussed this does stand to reason as this is a broad area.

In 2004, Liu et al published an analysis of 93 ancient texts concerning Bi syndromes. The findings included that the most commonly discussed acupoints were LI4, ST36, LI11, BL40, GB34, GB 38. The most commonly discussed meridians were Gallbladder (GB), Bladder (BL), Large Intestine (LI), Stomach (ST), Lung (LU), Liver (LR) and Triple Burner. The same study found that points on the limbs and extremities were more frequently chosen than the trunk of the body and the authors suggest this may be due to local points for these types of conditions being on the joints and therefore likely on the limbs. The study is interesting but it is worth noting that: 1) the study focuses on the ancient texts and therefore the points used do not constitute an evidence-based recommendation in the modern sense (although there are likely RCTs testing these same points which could give that information); 2) the work focuses broadly on Bi syndromes, not just RA. The authors note that the top four meridians (GB, BL, LI, ST) and draw the conclusion that the treatment is yang-focused as these are yang meridians.

Another study (Chou and Chu, 2018) reviewed 43 studies (published 1974-2018) and found the most commonly used acu-points (in order of frequency) to be ST36, GB34, LI4, BL60, GB39. Of course, frequency of use does not necessarily correspond to efficacy.

Vangermeersh and Pei-Lin (1994) advise tha Ashi (A-shi) points can be especially helpful in the treatment of Bi syndromes where the joints are affected. The authors do not cite research in support of this recommendation, however. A search of the literature concerning RA and Ashi points did result in one 2004 paper (Gao, 2004) which included Ashi points, however these were in conjunction with meridian points (BL12. BL 17, SP10, BL 23, SP9, GV14, LI11, and so on) which were themselves selected depending on the type of arthralgia (Migratory, Cold-aggravated, Damp or Heat-induced. This study which can actually carried out in the second half of the 1990's followed 150 outpatients. 50% of patients received acupuncture and infra-red treatment; the others received herbs as a control. The authors found a statistically significant effect on the effectiveness of the acupuncture (x2

= 10.18, P< 0. 01) but noted no statistically significant difference between the four arthralgia types suggesting the treatment was equally effective in all cases. Although the study does support acupuncture at the selected points being effective, the control group using TCM herbs may not be ideal as they may also prove effective (although as shown, not so much as the acupuncture). The study has strength in its longevity and sample size although small, is significant. The write up however lacked detail in the methodology used so there may be further issues with the study design or interpretation.

Treatment method should depend on the signs and symptoms rather than simply on western medicine diagnosis. (Shen et al, 2011). RA has a wide array of affects.

Much of TCM research focus on herbal medicine, not acupuncture (see Pan et al, 2019 or Shen et al, 2011 for example).

A 2018 meta-analysis recruited 43 studies from the literature dated between 1974 and 2018. (Chou and Chu, 2018). 33 out of the 43 were RCTs. The meta study sought to establish the efficacy of acupuncture specifically (although some studies included involved additional interventions too). The study found that acupuncture on its own or in combination with other interventions was beneficial, did not cause adverse events and can improve function and quality of life; it is worth trying for RA patients. They suggest several mechanisms which could be responsible including regulation of immune system function and anti-inflammatory and antioxidative effect. Anti-inflammatory mechanism was the one most frequently mentioned but the topic was hotly debated within the source material. The study is impressive in that it covered a wide time period in acupuncture practice but it was highlighted by Chou and Chu that there is a lack of data on clinical

efficacy and well designed doubled blinded human or animal RCTs.

An anecdotal account from Prof. Yan Jun-Bai (Liu, 2015) gives a long- term practitioner's perspective of RA treatment in a feature titled Famous Doctor's Experience. Prof. Yan has practised TCM since 1962 in Shanghai, Morocco and Japan and specialises in autoimmune disorders.

Following a generational family tradition, Prof Yan uses slightly different point location for many (not all) of the points on the Governing Vessel and Bladder meridian should be located one vertebrae inferior to the standard (textbook) positionings.

The obvious limitations of this anecdotal account from a single doctor considered, this remains an interesting example of the variation within TCM.

Prof Yan's treatment is based on his understanding that RA is caused by damage to the Liver, Spleen and Kidney. This is caused by Qi deficiency in combination with external pathogenic factors or poor diet. The treatment plan should warm the yang, remove pathogenic factors and tonify Liver, Spleen and Kidney. The tendons and bones should be strengthened. (Liu, 2015).

Discussion

RA is a well-established disease and there is evidence of new developments including potentially new treatment protocols using existing drugs (see Lee and Song, 2020 for example). WM drugs clearly can have a strong affect on the human body, and this can include significant side effects or adverse events. Reported side effects include abnormal liver function, mouth sores, vomiting and nausea, dizziness, worsening of diabetes (NICE, 2020; NRAS, 2020). The Covid-19 protocol specifically for those on long-term corticosteroids (who are at risk of adrenal fatigue) is further evidence for this. Bijlsma and Buttgereit (2016) look at the adverse events from glucocorticoids on RA patients with lesson-learning in mind. It seems clear that there is evidence for serious adverse effects. The same is true of DMARDS (ibid). Bijlsma and Buttgereit rightly advise that there are obvious ways to mitigate some of the worse affects, for example close monitoring of the patient. All this of course does incur a cost if done well (which does mean it may not be). They also caution that RA patients on glucocorticoids are likely to have quite advanced disease which could sway the balance of what feels acceptable in terms of side-effects if the treatment itself is having a positive effect. Balance is key.

Acupuncture may have an advantage in terms of side-effects then. In the literature reviewed there were no very severe adverse events reported from an acupuncture intervention. These are of course possible, however. The reality is that many patients will choose a combination of WM and TCM treatments. RA is progressive and treatments offered will also vary as the presentation changes. Side effects which were considered unacceptable at the outset may be well accepted further on in a trade-off.

Another consideration is that TCM and WM each offer something different. For sure they have different mechanisms and may in effect treat different elements of the disease. This is a difficult area to draw comparisons, particularly given the highlighted lack of consistency in TCM studies.

As discussed previously, the NHS (WM) approach recommended by NICE is a "treat to target" model – specifically aiming for one outcome such as reduction in a difficult symptom. The same can be applied to TCM practice. In a combined WM and TCM treatment plan there may be two (or more) targets to treat too. Each medicine can be applied to where it is best suited. In acupuncture for example, pain reduction has been demonstrated (Seca et al, 2019).

There is some consistency in the acu-points used in TCM treatment in the literature (Chou and Chu, 2018; Liu et al, 2004) however, there are clearly a lot of different approaches (Liu, 2015, Vangermeersh and Pei-Lin, 1994). WM may at first appear to be more homogenous in its approach, for example in the UK all NHS practitioners will be following the NICE guidelines, however the research indicates a broad field of strategies including new (and tweaked) treatments. This is no bad thing as variation and experimentation could lead to better treatment outcomes, but it makes direct comparisons difficult. Furthermore, a simple WM versus TCM comparison is limited in nuance and usefulness.

Conclusion

As with many conditions, it seems RA is a disease which can be well served by both WM and TCM. A holistic approach including diet and lifestyle

modifications in addition to both medicines can be recommended by the evidence in the literature.

Treatment should be patient led and in both disciplines the patient should be well versed in the likely impacts, good and bad. Treatment in the current climate can to varying degrees be a smorgasbord of treatment options (somewhat dependent on budget and other access issues). Some will be appropriate or inappropriate depending on the progression of the disease and the patient's personal situation.

TCM practitioners would do well to keep up with the evolving evidence base concerning acupuncture to inform their treatments. It is also important to review the literature regarding WM treatments which their RA patients may also be receiving (or in some cases declining) with attention paid also to side effects. In some cases, the TCM practitioner may be able to provide extra support to the patient by treating unwanted effects from WM drugs.

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A Critical Analysis of Parkinson's Disease from Chinese Medicine Perspective with Evidence Base

Hayley Curd

Parkinsonism is an umbrella term to describe similar conditions causing similar manifestations. In western medicine Parkinson's disease is referred to as Idiopathic Parkinson's and is the most common condition included within the parkinsonism umbrella. This essay will concentrate on Idiopathic PD, Idiopathic means that the cause of disease is unknown.

For the purpose of explanation, the other forms of types of Parkinsonism can be found in (Appendix A).Idopathatic Parkinsons will be referred to as 'Parkinsons disease' (PD) for the purpose of this discussion which will focus on the critical analysis and evaluation of the differences between Western and Traditional Chinese Medicine diagnosis; treatment and management of PD from an evidence-based perspective.

PD is considered a common condition among those of the population aged over 50 and results from the deterioration of the substantia nigra region of the midbrain. Dopamine neurons originate within the substantia nigra and the disease results in the death of the dopamine neurons causing the manifestations associated with the condition. Adding to the deterioration, large numbers of dopamine neurons of the substantia nigra are transferred to the striatum which is another part of the basal ganglia. This process creates a link called the 'nigrostriatal dopamine pathway' which is believed to be critical to the facilitation of motor movement (Nuroscienctically challenged, 2014).

The systematic changes to the substantia nigra are illustrated in the below figure 1:

Western medical approaches to diagnosis

Western diagnosis of PD is uncommon before the age of 50 but prevalence increases with age and can reach as high 4% of the population of the more industrial countries. With the aging population and life expectancy increasing the prevalence of the disease is predicted to increase. A 2018 report from the Clinical Practice Research Datalink (CPRD) and the Office of National Statistics estimated the potential growth of the disease will rise by 18% between 2018 and 2025 and yearly estimated incidence will have doubled again by 2065 (Parkinsons UK, 2018).

Diagnosis of PD historically has proved problematic with reported difficulties in differentiation clinically between parkinsons disease and other parkinsonian syndromes. This was hampered further by a limited representation of clinical data and reported failure to adhere to the PDSBB 'Parkinson's Disease Society Brain Bank' criteria by individual neurologists (Hughes et al., 1992).

In 2006 the PDSBB diagnostic criteria (Appendix B) was introduced and provided an effective framework for health professionals to assist in diagnosis. As there is no specific test to diagnoses the disease, diagnosis is based initially on the reported medical history and review of the patient's signs and symptoms.

Following the PDSBB diagnostic criteria identification of Bradykinesia is necessary. Bradykinesia is an impaired ability to coordinate body movement on command and manifests in slow movements, shuffling of the feet, dragging of one or both feet, reduced or no facial expressions. Difficulties in following tasks of a repetitive nature for example clapping hands, and a gradual decline of the patient's ability to self-care. Over time bradykinesia causes the patient to lose the ability to speak clearly and the tone will become softer making it difficult to be understood (Wells, 2017).

Once Bradykinesia is identified then one of three following signs should be identified:

- Muscular rigidity
- resting tremor measuring 4-6Hz
- postural instability

Consideration needs to be given to the instability and other causes such as primary visual, vestibular, proprioceptive or cerebellar dysfunction which should be eliminated.

Step two in the diagnostic criteria focusses on events and signs that form part of the exclusion criteria.

Once medical history and signs have been excluded progression can be made to the diagnostic criteria 'step 3 - Supportive prospective positive criteria' which states that three or more of the following signs and treatment responses must be present to confirm a parkinsons diagnosis. These are listed as:

(NICE, 2017).

Although the patient's signs and symptoms determine the PD diagnosis, clinicians can suggest a specific single-photon emission computerized tomography (SPECT) scan also known as dopamine transporter scan (DaTscan) or imaging tests (Mayo clinic, 2020).

The 'MDS Unified Parkinson's Disease Rating Scale' published in 2008 superseded by the 'Unified Parkinsons Disease Rating Scale' initially developed in the 1980's (Appendix C) is a comprehensive questionnaire which looks to asses both motor and non-motor symptoms associated with the disease (Goetz et al., 2019). These diagnosis tools are vital in the efficacy of diagnosing the disease.

Western medical strategies to treatment

Upon diagnosis, treatment strategies can be applied and although the disease cannot be cured, medications can regulate and reduce manifestations.

The most common and effective drug available is Carbidopa-Levodopa which is a natural chemical that converts into dopamine as it passes into the brain. The combination of Levodopa with carbidopa gives protection against early conversion of dopamine before entering the brain and can lessen the side effects of the drug such as nausea. Over time levodopa becomes less effective and to combat this the drug can be administered by inhalation or delivered via a feeding tube in the form of a gel delivered directly to the small intestine to ensure that the blood levels of the two drugs remain constant. Another option to the levodopa is dopamine agonists which rather than changing into dopamine they in fact mimic the dopamine in the brain and although it is not as effective, they can last longer and be used alongside levodopa for better sustained effects. Efficiency is reduced over time and complications can occur such as L-DOPA induced dyskinesia and motor fluctuations (Mao et al, 2020).

If erratic fluctuations are seen then a surgical procedure such as deep brain stimulation can be performed, deep brain stimulation is performed by the implantation of electrodes which sends electrical pulses to the brain to reduce clinical symptoms (Mayo Clinic, 2020).

Recent research has resulted in a non-dopaminergic drug being approved as an additional therapy which targets the adenosine A2A receptor however dopamine replacement remains the preferred treatment option (Acta Pharmacologica Sinica, 2020).

Other medications are available but have their own limitations to which are shown in the table below (NICE, 2017).

Non drug treatment options for PD are suggested and targeting exercise programmes can offer some control over clinical manifestations of the disease. High intensity exercise taken by patients in the early stages of the disease can help control motor symptoms. Yoga has also been found to improve quality of life for patients with PD (Tamtaji et al., 2019).

Evidence based literature

In the absence of a cure medical research is and will play an essential role in the treatment of the disease.

Between 2012 and 2017 a double blinded placebo control clinical trial looked to investigate if delivering a treatment called GDNF directly into the brain could reverse or slow the disease progression. The trial focussed on a pioneering new experimental treatment directly infused into the brain via a purpose-built delivery system. GDNF or glial call-line derived neurotropic factor is a protein what is commonly manufactured naturally inside the brain, and it is this protein that supports the life of different brain cells including those cells that become lost within PD. When GDNF is delivered into the brain the cells encourage other cells to develop and this may stop the progression of the disease. The main study was limited by low participation numbers and those in the GDNF group improved more than the placebo group however the difference was not considered statistically significant. Although initial findings were felt to be disappointing, exciting developments were observed in the search for a cure. All participants had a PET scan at the commencement and cease of the trial. During the

PET scan patients were injected with (18F-dopa) a radioactive variety of dopamine and movement of the dopamine was tracked around the patient's brain. The control group displayed a 100% improvement in the targeted section of the putamen and overall, around 20-50% improvement in the remainder of the brain and it was these findings that showed statistical significance in a biological effect on the cells. Improvements were seen across assessments focussed on manifestations. Improvement was seen in everyday activities and quality of life. It was felt that the improvement may indicate GDNF may assist damaged cells to develop connections, restore those connections in hibernation and overall produce more dopamine (Whone, et al., 2019).

Emerging research is also looking to identify modifiable risk factors alike to environmental exposure as it believed that the damage inflicted on the body from air pollution increases the risk of neurological disorders and may contribute to the onset of neurodegeneration via mechanisms such as oxidative stress, neuroinflammation and systemic inflammation which may exacerbate disease progression (Liuhua, S et al., 2020).

A 2020 study which examined brain tissue from the Parkinson's UK brain bank have identified a protein called TET2 which manages and controls how cells operate in the brain and the TET2 was found to be overactive in those with Parkinson's disease. The researches have also been able to show in mice that by reducing the TET2 activity it offered some protection and prevented loss to the brain cells and these findings were previously unknown (Parkinsons, UK, 2020).

Traditional Chinese Medicine Perspective to Diagnosis

In China and other Far-Eastern countries Acupuncture is a popular treatment for the disease offering patients a drug free treatment strategy (Hopwood & Donnellan, 2010).

The pathophysiology of PD is complicated and ancient TCM literature contains no term for the disease however manifestations alike to PD were initially described in China more than 2400 years ago with first descriptions suggestive of the disease dating back to 425BC. In the book Ru Men Shi Qin Zhang Zihe provided the first description of a typical case (Zhang et al., 2006).

Ancient literature describes the three main characteristics of the disease as Chan Zhen (shaking), Chan Zheng (Tremor), and Dong Feng (Wind stirring). *Huang Di Nei Jing* discusses stiffness, tremor, spasm of the limbs, slowing of movement and gait disturbance which corresponds with the western diagnosis for PD. Similarly, Su Wen Zhi Zhen Yao Lun attributes wind to all stiffness and wind and vertigo manifestations pertain to the liver, and the kidneys are encompassed due to the cold and spasms (Hongzhi et al., 2017).

Traditional Chinese Medicine treats the disease according to the symptom pattern, relieving manifestations, counteracting side effects and improving quality of life.

In modern literature Maciocia has described the most prevailing syndrome patterns to be Qi and Blood deficiency, Phlegm Heat causing Wind or Liver and Kidney Yin deficiency (Hopwood & Donnellan, 2010).

A 2017 article looked to establish common syndrome patterns from TCM theory with a view to providing better guidance for practitioners. 78 papers were reviewed and with the use of hierarchical cluster analysis, summary and classification of symptoms into syndrome patterns were established.
The cluster analysis resulted in 4 groups with differing manifestations and presentations relating to TCM theory which are illustrated in the table below from this each group were identified as one pattern. The four identified patterns were:

- Phlegm heat with wind stirring
- Liver and Kidney Yin deficiency
- Blood stasis and wind stirring
- Deficiency of the Qi and Blood

(Hongzhi et al., 2017).

The aetiology of the disease is a process of deficiency proceeding into excess. The excess then transforms to deficiency in a state where deficiency is mixed with excess. Due to the complicated structure and process of the disease it can be

characterized more successfully by multiple and sometimes overlying patterns. Prevalence of each pattern is illustrated in the below table

(Hongzhi et al., 2017).

PD is a disease of the aged and within TCM symptoms relating to the aging process are referred to Shen Xu (Kidney deficiency). The kidney as a functional visceral system plays a core role in the regulation of growth, maturation and ageing. The subdivision of kidney yang and yin are a fine balance. The yang's role is to drive the metabolic process to improve the movement of the body. The yin is effective in increasing the nutrition to the body muscles resulting in smoothness of the body movements and establishing potential to produce kidney yang. The transformative cycle of aging is a result of declining kidney essence (Jing) which is stored in the kidneys and as this diminishes the functions of kidney yin and yang are affected (Pan et al., 2011).

Kidney and Liver Yin deficiency is often a precursor to Liver Yang rising as this develops as the yin which is cooling becomes depleted the yang up-rises and becomes hyperactive. The heat can cause irritability and emotions of anger to manifest. This pattern is a combination of excess and deficiency. Liver yang rising is closely related with neurological conditions and damage. After diagnosis emotions may result in the obstruction of the free flow of the Liver Qi. Yin becomes depleted through evaporation due to the production of heat resulting in the yin being unable to control the yang which up rises to the head. This may manifest in frailty, insomnia, headache, dizziness, tinnitus, night sweats and pain to the lower back, neck and knees. Mental restlessness may also be experienced (Hopwood and Donnellan, 2010).

Kidney yin deficiency can also be a precursor to the 'arousal of pathological minister fire' as a result of the yin fluids being consumed. Due to the heat on examination of the patients tongue it will be red or dark red and is likely to be dry and peeled. It is often common for a deep crack from the midline to the tip and the deeper the crack the more established the Kidney Yin deficiency is likely to be (Maciocia, 1995).

Qi and Blood deficiency is a result of absent or meagre circulation and is the main causative nature of pain and poor movement. Qi blockage may be as a result of early development of Phlegm heat and common manifestations experienced are chronic tremor of the limbs, unsteady gait, dizziness, reluctant speech and lack of facial expressions (Hopwood and Donellan, 2010).

This is reinforced by Maciocia (2019) who defines Qi and Blood Deficiency with added internal wind. Manifestations observed are unstable gait, tremor within the limbs, weak, numbness or tingling limbs, poor appetite, fatigue, weak voice, loose stools, dizziness and palpitations. A dull pale complexion could be observed with a deviated or moving tongue and a weak or choppy or slightly wiry pulse.

In cases of deficiency qi, it is specified by an insufficiency of the body's energy and deficiencies of qi, blood, yang and yin all have very distinctive expressions shown in the tongue. Deficient qi patterns manifest by a slightly 'flabby' tongue and may not show any other irregularities. For cases of blood deficiency, the tongue presentation will be pale and slightly dry. The tongue presentation will vary according to the effected organ (Maciocia, 1995).

A common manifestation seen in PD is festination of the gait. The causes of this festination are severe or chronic deficiency of the Liver and Kidney yin or a deficiency of Qi and Blood in its extreme. These both cause internal wind. (Maciocia, 2019). Maciocia (2019) in his diagnosis of observation compares the differing gaits seen commonly within the disease and amounts these to syndrome patten specification. For ease of understanding see the table below

Chronic deficient blood and qi can develop into blood stasis as the deficient qi becomes too weak to control and move the blood. Pain is the most distinguishing manifestations of blood stasis; the pain is categorised as being fixed to one area of the body and has a boring or stabling sensation. Other common manifestations are a dark complexion, purple lip colour, abdominal mases, the pulse will be wiry, firm or choppy in nature (Maciocia, 2015).

The tongue presentation is likely to be a reliable indicator of blood stasis and will be purple in colour and purple or deep red spots may be observed (Maciocia, 1995).

A staggering gait associated with PD is a manifestation of blood stasis as the qi blocks the channel movement and coordination is affected (Maciocia, 2019).

The wind stirring is a yang pathogenic factor can injure the yin and blood and can invade the body with other climatic factors such as heat invasion leading to Wind-Heat. Manifestations of wind mimic the physical action of the force itself which resonates with PD manifestations in that the wind causes involuntary movement in the form of tremors. It can also work in the opposite way cause rigidity and can be as a result of both interior and exterior wind evasion. Internal wind will always involve the Liver, manifestations develop further as the Liver-Qi rises and tremors commonly seen in Parkinson's are due to the 'shaking of the sinews' (Maciocia, 2015).

From selected literature it is evident that there are parallels in syndrome pattern routing from Kidney and Liver deficiency effecting the blood and qi with the addition of wind.

TCM approaches to treatment from an evidence base

Although PD was not identified in ancient texts description and management of such a neurological disease has been found in ancient text and acupuncture remains a prevalent treatment strategy throughout far-eastern countries (Hopwood and Donellan, 2010).

More recently there has been a growing acceptance and awareness that it is the non-motor symptoms that effect the patient's quality of life the most and with reported side effects from prescribed medications there has been a rise in patients pursuing alternative treatment options (Donley et al., 2019). A recent study into the perceived effectiveness of complementary therapies for the treatment of PD conducted a study with 883 PD patients found a high degree of interest for the use of complementary therapies and 78.6% of participants felt that Acupressure was an effective treatment principle (Donley et al., 2019).

Maciocia (2019) discusses the most predominant patterns seen to be chronic deficiency of the Liver and Kidney yin or a deficiency of Qi and Blood in its extreme. These both cause internal wind. A table has been compiled to illustrate point selection for the predominant syndrome pattern identified.

Xu et al., (2020) reported findings from their multicentred RCT combining acupuncture with western medicine Levodopa to improve the motor and non-motor symptoms of PD. The unified Parkinson's Disease Rating Scale (UPDRS), and other recognised scales were used to grade and record changes in symptoms and determine improvement adding to the ability to asses efficacy. The treatment group received acupuncture intervention with 'Jin's three-needle principle of GV17, GB19 and Sishenzhen and the reported treatment conformed to the STRICTA checklist leading to a high-quality trial. Improvement was not seen after the 1st treatment in both groups ($P>0.05$) but by week 8 patients in the treatment group achieved advancement ($P<0.05$). Limitations to this trial is that there was no blinding and therefore bias may be a concern and the treatment course was relatively short however significant reductions in motor and non-motor manifestations were observed.

Yeo et al., (2014) looked to measure the effects of Acupuncture on PD patients and measured this using fMRI (functional magnetic resonance imaging). They wanted to better understand the mechanisms and effects of acupuncture on both patients with PD and healthy patients and looked to investigate if acupuncture stimulation of GB34 influenced the brain. This study had low participant numbers (24) and used the Unified Parkinson's Disease Rating Scale (UPDRS) to monitor participants and conformed to STRICTA norms. Upon stimulation of GB34 with acupuncture, activation of the prefrontal cortex and precentral gyrus was visible, but it did not become activated in those healthy participants. The putamen which is known to be affected in PD was activated in both groups and acupuncture at GB34 showed a significant improvement of motor function of the effected hand ($P <0.05$). In those with PD an increased activation of the putamen was seen. They concluded that acupuncture influenced participants dysfunctional corticostriatal networks and future research should focus on the prefrontal cortex and precentral gyrus and to detect efficacy, trials should use both healthy and PD participants.

Noh et al., (2017) conducted a systematic review and meta-analysis into the effectiveness and safety of Acupuncture in the treatment of PD. The evidence was limited due to methodological flaws, clinical heterogeneity and small sample size however with the use of the (UPDRS) they were able to assess how effective acupuncture was in comparison to Chinese Medicine (CM). The meta-analysis showed a significant improvement ($P<0.01$) than those treated solely with CM. (UPDRS) was used to record changes. The below tables illustrates the selected points for treatment.

Lei et al., (2016) conducted a randomised pilot study to objectively asses the efficacy of electroacupuncture on PD gait disorders. This was assessed by body worn sensor technology. Outcomes were measured by walking gait analysis tools and the (UPDRS) unified Parkinsons Disease Rating Scale. Findings of the study showed an improvement in gait speed, stride length and parameters for dynamic postural control for those in the control group receiving electroacupuncture with significant improvements made in gait speed ($P<0.001$). The study had good adherence to STRICTA guidelines, and the point selection and treatment protocol is detailed below

(Lei et al., 2016).

Acupuncture procedure in experimental group

To compare point selection in the selected literature discussed the below table has been comprised. In comparison point selection is similar in its principle and targeted channel stimulation and similarities can also seen when compared to the point selection by (Maciocia, 2019) which has been detailed previously.

Conclusion

Historically western diagnosis has proved problematic with clinical differentiation and failure to adhere to diagnostics criteria; however, with the introduction of more advanced diagnostic criteria an effective framework for health practitioners is now in place. The introduction of the drug Carbidopa-Levodopa has proved effective and has enabled patients to have a better quality of life with the reduction of manifestations, however over time it can lead to reduction in efficiency and medication induced complications. It has been evidenced that due to this more PD patients are seeking solace in more alternative therapies.

TCM identified and recorded similarities in the diseases manifestations in ancient text and have made significant efforts in the last 20 years to improve research into the disease from a TCM perspective. Treatment is based on syndrome pattern analysis with the presented manifestations. Overall, the efficacy of acupuncture in the treatment of PD remains relatively unclear. Literature detailed in this essay is only a snapshot of the available data however I believe that I have demonstrated efficacy for the use of acupuncture for PD. Outcome measures remain indistinct mostly due to methodological flaws and lack of randomized control trials that have an objective outcome measure of efficacy. What is evident is the willingness to try and improve quality of life for the patients of PD whether that be through Western or Traditional Chinese Medicine.

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分期调周致阴阳＂奇恒＂态与调节神经内分泌生殖系统助孕相关性的初步探讨

谭兴无

前言

上世纪 80 年代，罗元恺、龚德恩等医家将中医理论与现代医学神经内分泌系统中的下丘脑-垂体-卵巢轴学说进行比照，发现女性月经周期与激素水平的变化规律与元神-肾气-天癸-冲任-胞宫轴的生理机能有着惊人的相似。通过密切观察月经周期生理状态、病理变化、生化指标，相继提出了滋肾气以育元精、宁心神以济水火、运脾阳以充血海、疏肝郁以司开阖、舒胞脉以安冲任、盈天癸以助氤氲。构建了中医生殖医学辨病与辨证相结合，＂补肾活血＂为主导的早期中医调周基本框架。历经实践、提煉和完善,中医调周法被临床认知、接受、至今广泛应用于中西医结合辅助生殖过程中。几乎同一时期，夏桂成在中医辅助生殖临床中借鉴古典中医理论精华易理中的宇宙内稳节律概念，考证女子月经周期中阴阳消长恒常、升降律动规则、藏泄节度适宜、动静转化顺畅是保持女姓正常生理机能周而复始的基础。总结出普遍性与个性化并重的四期、五期、七期调周法。之后，尤昭玲、谢剑南、匡继林等在此基础上对 ART 进行灵活性辅助，开创 IVF、ICSI-ET 促排卵方案同时实施：早期六期七步曲，中期三期三法，近期三期三法(三法：中药内服法，饮食疗法，耳穴贴压法；三期：降调期，促排卵期，移植后期)；谈勇从实际出发提倡 IVF、ICSI-ET 前进行三个周期三期调理方案：卵泡期滋阴奠基汤、排卵期益肾促排卵汤、黄体期助黄汤；连方用平衡论为指导运用补肾调冲二至天癸方，获得依个体特异性施行不同强度兴奋下丘脑皮质下中枢垂体功能调节区，从而减少促性腺激素的用量，防止卵巢过度刺激综合征等并发症的产生。并从卵泡液代谢组学和 Ca2+浓度、细胞因子 LIF、TNF-α、TNF-αmRNA 等及卵巢血流等方面着手，探讨提高卵子质量的作用机制；陈秋梅从影响子宫内膜相关调控因子出发设立调经孕育方在改善子宫内膜容受性方面卓有成效。至此，中医调周法围绕卵巢反应低下、子宫内膜容受性差两大难题，人工超排卵方案副作用大、种植成功率低两大困惑展开深入的临床与实验研究而日趋成熟，并在中西医结合辅助生殖领域大放异彩。本文重点不在赘述各种调周序贯方案细节，而是想道明调周法(以七期 28 天周期为例)是如何维系阴阳的动态平衡，并将这种运动中的阴阳相对守恒现象称为＂奇恒＂态，试图与女子胞属中医奇恒之府相对应，提示调周的动机和目的在于观察和顺应这种＂奇恒＂态。正如我们仰望恒星，深藏其中是物质不断转化为能量，能量催生物质，使得它在宇宙长河里永恒，但这种永恒也只不过是亿兆光景中的一瞬，终将化为虚无，并将被其他星云所替代，维持着化腐朽为神奇的＂奇恒＂态。一．行经期：月经周期第 1～4 天生理特征:重阳转阴，推陈出新。排除阳消阴长及重阴状态所形成的经血、浊液，以及盆腔、卵巢、输卵管等部位积累的陈旧物质。行经意味着旧周期的结束，排淤务尽。否则留得一分淤浊影响一分新生，进而妨碍顺畅转阴趋势向新周期过度。临床上我们常在黄体后期看到 BBT 高温突兀又持续乏力相，责之于素体阴虚或阳长太过而伤及阴血，甚至上扰心神，内动肝火。因此，在调经方中适当加入 1~2 味滋而不腻，补而不涩，以避免闭门留寇、妨碍通因通用的养阴之品，如沙参、麦冬、玄参、地骨皮、女贞子、山茱萸、桑椹子、等。若是黄体阶段 BBT 高温相上升迟顿、低平，甚至出现双相不稳定，概素体阳虚或阳长不及，且易造成湿浊内盛、胞脉阻滞，血海失充。故在调经的同时兼予 1~2 味温而不燥、动而不肆的温阳之品，如艾叶、菟丝子、覆盆子、玫瑰花、台乌、吴萸、补骨脂、仙茅、仙灵脾、紫石英、巴戟天、骨碎补、肉苁蓉、桑寄生等。排出经血、淤浊，遵循因势利导，以通为顺。故行经期重在调经，以徐旧为要务。如果行经阻滞，根据其程度分别采取轻、中、重三级调经法。

1．和营调经法：行经略有滞涩，用活血轻剂，生四物汤为常用方，介绍夏桂成五味调经方加减全当归 10 克 川芎 5 克 艾叶 6~9 克 赤白芍各 10 克 益母草 15 克 桂枝 3 克

2．活血祛瘀法: 行经量少、不畅，少腹轻痛，宜用血府逐瘀汤化裁，介绍景岳通瘀煎丹参 10 克 赤芍 10 克 当归尾 12 克 生山楂 9 克 红花 6~9 克 桃仁 10 克台乌 6 克 香附 6 克 茯苓 12 克 川牛膝 10 克 白酒适量

3．逐瘀通经法：行经量少甚至闭经、腹腰剧痛，常用下瘀血汤，介绍夏氏促经汤桃仁 10 克 红花 10 克 泽兰 10 克 莪术 10 克 香附 10 克 生

地 15 克 赤芍 12 克川牛膝 10 克 车前子 10 克 当归 10 克 川芎 5 克 肉桂 5 克(后下)行经期相当于在促性腺激素刺激下，前一周期排卵 5 天后黄素化开始，卵巢进入从窦卵泡阶段发育的 5 级卵泡(直径达到 2 毫米)中进行优势卵泡筛选的募集阶段，卵泡随之在窦周生长期呈指数级生长，意味着阴精的需求量亦随之大幅度增加。二．经后期：月经周期第 5～13 天生理特征：阳消阴长，天癸活跃，以降为顺。经后期以恢复阴血为要务，又分为初、中、未三个阶段。

1．经后卵泡初期：月经期第 5～7 天生理特征：经水既行，胞宫空虚。前提条件是重阳成功转阴，实现阴血肾精滋长，肝气条达而开启元神，充实天癸。须知独阴不长，阴阳互根，倘若转换无力，往往佐以轻剂扶阳以助力天癸，达到阳中求阴、帮助阴血化生、冲任调和。治疗上重在滋阴养血恢复血海充盈，治法根据阴血消耗程度可以从三个方面辨证论治。

1)滋阴养血法：又称为血中求阴，血中养水。常用归芍地黄汤，介绍谈氏滋阴奠基汤龟板胶、鳖甲胶各 10～5 克(先煎) 可用 女贞子 墨旱莲 黄精各 15 克替代 牡蛎(先煎)10～30 克 山萸肉 10 克 熟地 10 克 茯苓 10 克 怀牛膝 10 克 制首乌 10 克

2)滋阴降火法：壮水之举以制阳光，顾护肾阴、兼宁心神、又抑肝旺。常用知柏地黄汤，介绍左归丸加减熟地 15～20 克 准山药 10 克 枸杞 15 克 山茱萸 12 克 川牛膝 10 克 菟丝子 12 克 龟板胶(先煎)12 克或二至丸替代 地骨皮 12 克 钩藤(后下)12 克 炒山栀 10 克 生甘草 6 克

3)健脾滋阴法：健脾与滋阴是很难协调的治法，唯静能生水，而运脾往往提升助动，本法是顾虑一味地使用厚腻滋重之品碍胃伤脾，抑阳挫气而使生化乏力。常用参苓白术散加减，介绍夏氏健脾滋阴汤党参 12 克 生白术 12 克茯苓 10 克 淮山 10 克 山萸肉 6 克 醋白芍 10 克陈皮 6 克 黄精 10 克 玄参 10 克 制首乌 10 克 生甘草 6 克周期规则的女子经期第 6～8 天，FSH 阈值较低的优势卵泡被选择出来。颗粒细胞开始生成、分泌大量 E2 进入卵泡早期，其直径约 10 毫米(8 级卵泡)。同时 E2 反馈抑制垂体分泌 FSH，使小于 10 毫米者开始闭锁、停止发育。此期相当于卵泡选择阶段，子宫内膜也开始修复进入增殖期，当女子出现少量带下即为步入经后卵泡中期标志。

2．经后卵泡中期：月经周期第 8～10 天生理特征：阴长旺盛，阳渐收引。一般出现在月经干净后 3～5 天，持续 3～5 天，最长可达 7 天。这个时期阴长阳消运动明显活跃起来，使阴阳之间的离散扩大，BBT 显示为低温相，如果体温曲线拉得过低则表示素体阳虚或阴长的加速耗损过多的阳气。因此，在滋阴养血之中佐以助阳，以缩小二者的间距，维持离而不散。

反之如果 BBT 低温相压不下来，徘徊于偏高位或双相不稳定，则提示素体阴虚或重阳过度耗伤阴精，提示加大味厚质浓之滋阴之品用量，促进阴暂时摆脱阳的缠绕，使阴长回归主导地位。临床上根据阴阳的动态趋势在经后卵泡早期滋阴基础上稍提升助阳力度，反之加重滋阴厚度。以下简单介绍佐阳方式：在滋阴养血中佐桑寄生、川断、菟丝子、锁阳、制狗脊等 2～3 味。在滋阴清火中佐炮姜、杜仲、仙灵脾、仙茅等 2～3 味。在健脾滋阴中佐肉桂、鹿角霜、覆盆子、巴戟天、肉苁蓉等 2～3 味。进入经后卵泡中期，相当于优势卵泡的优化阶段。卵泡生长加速，每天超过 1.5 毫米左右，E2 也迅速上升。女子可见白带，但并没有出现锦丝状带下。

3．经后卵泡未期 月经期第 11～13 天生理特征：阴长强劲、阳消突出、气血涌动。此期约 3～4 天，短至 1 天。阴长接近高水平，阴长阳消此起彼伏，波动趋势仍然是迅速向重阴过渡。而治疗上阴阳并举，补阴助阳，侧重于滋阴养血生精。此期气血阴阳起伏，动态下彼比消长，临床上也灵活掌握三个法则。

1)滋阴助阳，阴阳并重：适应于初期补阴但真元虚损，精血生长缺乏动力而仍显不足。常用河间地黄饮子化裁，介绍夏氏补天五子种玉汤熟地 12 克 山药 12 克 炒白芍 12 克丹参 10 克 炒丹皮 10 克茯苓 10 克 枸杞 9 克 山萸肉 6 克 五味子 5 克 菟丝子 10 克覆盆子 10 克 川断 12 克 五灵脂 10 克 广木香 9 克 紫河车 10 克

2)健脾滋阴，阴阳并调：气血虚弱，胞脉失养。常用泰山磐石散化裁，介绍傅青主加味健固汤党参 12 克 炒白术 12 克 怀山 10 克 白芍 10 克 川断 10 克 菟丝子 10 克杜仲 12 克 巴戟天 9 克 山萸肉 9 克 茯苓 12 克 砂仁 6 克 广木香 9 克 荆芥 6 克

3)阴阳并举，兼以疏肝：阴阳鼓动，气血失恒，女子肝为先天，以血为用，

每易出现肝失调达，开合失职；滋生乏力，肝血不足，血海空泛。常用高氏滋水清肝饮化裁，介绍薛己滋肾生肝饮合夏氏扶阳菟蓉散：丹参 10 克 赤白芍各 10 克 怀山 10 克 大熟地 10 克 川断 10 克 菟丝子 10 克柴胡 5 克 合欢皮 10 克 生栀子 6 克 肉苁蓉 6 克 杜仲 12 克 陈皮 6 克 茯苓 6 克此期优势卵泡继续生长，每天仍在 1.2 毫米以上，血清及卵泡液中 E2 水平与卵泡体积呈正相关关系，LH 亦起动领跑。女子白带量增加，质地粘稠，如果出现少量锦丝状带下，为重阴转阳的标志，卵泡趋向成熟，直径达到 20 毫米左右，卵泡中的高雌激素、孕激素和低雄激素提示进入排卵期。

三．经间期 月经周期第 14～15 天生理状态：重阴转阳，阴盛阳动，以升为顺。此期为中医所称的氤氲之期，或称的侯，真机。是女性生理期中的排卵期，又称经间排卵期。也有部分女子在经间期内虽发生重明转阳之侯，却不一定排卵，甚至出现二次以上尝试排卵，如此排卵不畅，常常导致行经推后，经量减少，严重者出现闭经。此时 B 超显示卵泡成熟，而 BBT 高温相上升迟顿、或偏低、偏短，甚至不上升。提示气血活动不佳，或肝郁脾虚，开合无力，阳气收引，重阴转阳顿挫，氤氲不足，治疗上必须重用活血通络之品力促转化，而达到顺利排卵。部分女子重阴不足，或心肝之火灼伤阴精导致转化的物质基础匮乏而排卵不畅，治疗则宜滋阴降火，宁心疏肝。总的治疗原则活血补肾，促进排卵，根据以上不同证候分别运用二法则三促动。

二法则

1．活血通络：适于气滞血瘀，氤氲不足。夏氏加减排卵汤炒当归 10 克 赤白芍各 10 克 川芎 6 克 五灵脂 10 克泽兰 10 克 川断 12 克 红花 6～9 克 炒枳壳 9 克

2．滋阴助阳，兼以活血：适于肾阴阳失恒，重阴不及伴阳气偏虚，转化无力。

1)肾阴阳两虚：夏氏补肾促排卵汤

炒当归 10 克(或丹参) 赤白芍各 10 克 山药 10 克 大熟地 10 克炒丹皮 10 克 茯苓 10 克 川断 10 克 菟丝子 10 克 鹿角片 10 克(或紫石英)山萸肉 9 克 五灵脂 10 克 红花 5 克

2)肾阴偏虚，或阴虚火旺：夏氏益肾通经汤柏子仁 10 克 生熟地各 10 克 丹参 10 克 川断 10 克 泽兰 10 克 川牛膝 10 克赤白芍各 10 克 生茜草 15 克 五灵脂 12 克 炙鳖甲(先煎)10 克(或用覆盆子、菟丝子代替)

3)脾肾阳虚，清阳不振：夏氏健脾补肾促排汤党参 15～30 克 苍、白术各 12 克 广木香 9 克 佩兰 10 克 五灵脂 12 克 克杜仲 10 克 炮姜 6 克 补肾脂 10 克 仙灵脾 10 克 狗脊 10 克三促动

1)轻量促动

方药：补肾促排卵汤

耳针：子宫 肝 肾 脑 心 脾 胃

穴位注射：选择三阴交、足三里、血海、太冲、关元、中极，气海、肾俞

每次取 2 组，每穴注射 0.2～1 毫升当归注射液或 HCG 注射液

每日一次，经后末期开始 5～7 天，可连读 3 个周期。

2)中量促动方药：连氏二至天癸方合二仙调经方女贞子 15 克 墨旱莲 15 克 枸杞 12 克 菟丝子 15 克 全当归 15 克赤白芍各 10 克 川芎 10 克 熟地 15 克 香附 9 克 黄芪 15 克仙灵脾 12 克 仙茅 10 克 川断 15 克 杜仲 15 克 红花 5 克针刺法：三阴交 血海 足三里 关元 气海 地机 太冲 归来 曲泉肝俞 肾俞 志室 命门 中髎 次髎 十七椎穴位注射：选以上 2～3 对穴位，复方当归注射液 2 毫升 2～3 支 于经后未期开始 5～7 天 每日一次。3)冲击促动(1)中医方药：补肾促排卵汤合下瘀血汤，及复方当归注射液 2 毫升 10～20 支，大腿内侧肌肉注射后局部热敷，于经后未期开始，隔日一次，连续 2～3 次。(2)中药调冲配合外源 Gn 法：补肾促排卵汤加 A 或 B

A．枸橼酸克罗米芬(CC)50～150 毫克，月经周期第五天开始口服，每天一次，连续 5 天，适应于尚存留下丘脑、垂体功能者。

B．月经周期第 3～7 天口服 CC 50 毫克，第 8～10 天肌注 HMG 150 IU，第 11 天开始监测卵泡发育，根据情况继续注射 HMG 150 IU 至卵泡成熟，最后当成熟卵泡达到 18mm 时肌注 HCG 5000～10000 IU，或艾泽 250μg，模拟内源性 LH 峰值，促进卵泡排出。也可以根据监测

数据指导逐步加量 HMG(从 75 IU 最高可至 225IU)以防卵巢过度刺激。当血清 LH／FSH 出现历时 14 小时左右快速上升、之后 20 小时缓降波，对生殖轴形成正相刺激。优势卵泡分泌 E2 使外周血中浓度达到 733～1100pmol／L 峰值，并持续 2～3 天，触发 GnRH 自启效应。卵母细胞对 LH 峰值发生效应获第一次减数分裂的动能，形成第一极体。初级卵母细胞变成次级卵母细胞，并停留在第二次减数分裂中期直到排卵后受精前，这便是经间期重阴转阳之的候出现，成熟卵泡随之释放一个有受精能力的卵子。

四．经前期：月经周期第 16～28 天生理特征：阳长阴消，真机旺盛。不但阳生活跃，同时阴血充实，阴阳俱佳。临床上由经后期优势卵泡募集、选择、优化、生长、发育至成熟，由于卵泡成熟、排卵时间可长可短而导致月经周期不规则，但从排卵到行经也就是经前期则是比较恒定的 14 士 2 天，经前期又分为黄体前半期与后半期。

1．经前黄体前半期：月经周期第 16～22 天

生理特征：真阳滋长，氤氲茂盛。通过经后期阴长达重阴状态至的侯产生，阴精贮备充足，进入经前前半期阳气相对滞后成为主要矛盾，治疗以温补肾阳、助阳生长为要。

1)阴中求阳：BBT 高温相上升缓慢，不稳定或偏低，排卵期锦丝带下量少、质稀而短，孤阳不生，经后期阴长不充分，或经间期难达重阴，方用郑氏助黄汤。党参 15 克 炒白术 15 克 当归 10 克 白芍 15 克 大熟地 12 克 菟丝子 15 克 川断 10 克仙茅 15 克 仙灵脾 15 克 紫石英先煎 12 克 覆盆子 15 克 补骨脂 12 克

丹参 30 克 红花 9 克 怀牛膝 12 克 BBT 高温相明显偏低平，加入紫石英或鹿角片、紫河车、杜仲、巴戟天之属。心神不宁适加钩藤、莲心、郁金、珍珠母。2)侧重于脾，则气中求阳，方用傅青主温土毓麟汤；侧重于肾，则火中暖土，方用傅青主温胞饮。表现 BBT 高温相偏低、偏短，或不稳定。脾肾双补，常用夏氏健脾温肾汤：党参 15 克 炒白术 12 克 怀山 10 克 茯苓 12 克 杜仲 12 克菟丝子 12 克 紫石英(先煎)12 克 木香 9 克 五灵脂 10 克 陈皮 5 克 炒川断 10 克 3)血中补阳：BBT 高温相上升缓慢，伴头昏、腰痠、神疲。方用景岳毓麟珠丹参 10 克 赤白芍各 10 克 怀山 10 克 炒丹皮 10 克 茯苓 10 克 太子参 9 克炒白术 9 克 杜仲 9 克 菟丝子 9 克 紫石英(先煎)12 克备孕中女子可选用夏氏补肾助孕汤。4)滋阴养血，宁心疏肝：BBT 高温相上升奔突、驰张却欠稳定，甚至双向，乏力。示阴虚火旺，上扰心神，内动肝火，方用薛己滋肾生肝饮合夏氏钩藤汤(钩藤后下 12 克 白蒺藜 10 克 合欢皮 10 克 合欢花 10 克 茯神、苓各 10 克 甘菊花 5 克 灯心草 3 克)排卵后第 5 天，在 LH 作用下颗粒细胞和内泡膜细胞黄素化，大约在前半期中叶形成黄体与血体。继续分泌 E2 与孕酮，子宫内膜进入分泌期，排卵后 5～9 天黄体功能旺盛，正是接纳孕卵着床的窗口期，并反馈使垂体继续分泌 LH，维持黄体功能和早期胚胎发育。

2．经前黄体后半期：月经期第 23～28 天生理特征：阳长旺盛，渐至重阳。一般是 BBT 高温相后 6～7 天时间，有时 5 天或达 8～9 天。临床上很多女子此期阳长阴消表现阳气不足，如脾肾阳虚，淤浊内盛、血中阳气鼓动无力、阴中阳虚生化匮乏，难以实现之后的重阳转阴。治疗助阳为主，佐以清降与升散相结合的疏肝理脾。1)脾肾阳虚 BBT 高温相缓慢下降或偏低、偏短。伴肢冷便溏、腰酸腹痛。温补脾肾，益气助阳，佐以疏肝。侧重于脾用温土毓麟汤，或健固汤合越鞠丸。，侧重于肾用温肾健脾汤。腹胀便溏明显加广藿香、陈皮、砂仁，烦闷乳胀加钩藤、绿萼梅、玫瑰花、广郁金，若带下黄粘加红藤、败酱草、川牛膝。2)血中阳虚 BBT 高温相不稳或一个周期中正常、一个周期偏低、偏短，甚至不孕，伴小腹冷，头晕目眩，腰膝痠软，乳胀胁痛。治以血中补阳，疏肝理气 毓麟珠合越鞠丸。3)理气行滞，兼以助阳 BBT 高温相基本正常，出现头痛，乳房胀痛，胸胁满闷，脘痞纳差。宜疏肝理脾，和胃行滞，方用夏度衡肝胃百合汤合建固汤百合 15 克 制柴胡 5 克 郁金 9 克 台乌 9 克 川楝子 9 克 黄芩 5 克 丹参 10 克党参 15 克 炒白术 15 克 巴戟天 15 克 薏苡仁 10 克 吴茱萸 3 克 4)清热调经 此为经前期反向治法，针对很少出现的阳长有余，BBT 高温相偏高、偏长，或在过高水平呈齿状变化。常伴胸闷心烦、乳胀、便秘、尿黄等血热壅盛之貌，类似黄素化病变、黄体萎缩不全。治以疏肝解郁，清热调经，方用王肯堂先期汤知母 6 克 黄柏 9 克 黄连 3 克 黄芩 6 克 当归 9 克 赤白芍各 9 克 红花 9 克 制香附 9 克泽兰 8 克 艾叶 5 克 阿胶珠 10 克 炙甘草 6 克重阴转阳是否充分，取决于肾精充佩，血海旺盛，阳亦温煦。表现在晚卵泡期卵泡中卵母细胞胞浆成熟，卵泡液中雄／雌激素比值较低，这样

有利于黄体功能维持和着床孕卵生长发育，并分泌 HCG 而转变成妊娠黄体直至妊娠 3 月末期逐渐被胎盘代替，于是阴阳将维系一种新的孕育期动态平衡关系。如果卵子没有受精，则黄体退化，血中 E2、P、抑制素 A 水平撤退，反馈到下丘脑，刺激垂体 FSH 分泌，此时黄体寿命则为 14 天左右，随着重阳转阴而终结，进入新一周期的二个消长、二个转化的奇恒状态之中。后语：总之，中西医结合在辅助生殖技术领域有着广阔的前景。随着我国科学技术的进步，中医学研究迎来科学发展的春天，切莫让中医毁于狭隘与自恋。落实守正创新的方针指导，开阔视野，积极推动中医与现代科技的有机融合和医学知识更新升级，促进古典与时尚兼容，中西医结合也绝不能停留于面子上的苟且，避免本文机械的理论重叠对照。更前沿更精准的认知，如从蛋白质、基因、分子水平寻找阴阳动态平衡的物质基础，为中医药在辅助生殖技术中的应用提供依据。认识自身的差距、同时了解中医有无限的潜能，发掘中医药的特色特长，提高临床疗效，保持与西医的同步和优势互补。应该借助辅助生殖技术的研究平台，探讨中医药的作用机制，将中医理论的研究扩展到更深的层面，进一步提高辅助生殖技术的临床妊娠率与获产率，使中医学为人类健康繁衍继续发挥作用。

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Acupoint，channel and Zang-organ signs Theory

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Abstract: Acupoint (Shuxue, 腧穴), channel (Jingluo, 经络)，ang Zang-Fu organ (Zang-Fu，脏腑) have been three fundamental concepts in TCM, which have been defined, refined and discussed for centuries. These concepts are indeed the origin and source of the holistic perspective in TCM health-related system. The author has been attempting to update these terms via TCM in conjunction of conventional medical system so that it makes TCM system a bit easy access to a wide range of professionals.

Key words: acupoint, channel, Zang-Fu organ, Traditional Chinese Medicine (TCM), conventional medicine, holistic viewpoint in health

摘要：腧穴，经络和脏腑是中医学的三个基本概念，这些概念是中医学整体观念的基石。作者试图從中医和西医两个系统的角度，同时聚焦这三个基本概念，以便让更多的健康工作者了解中医学整观的内涵。

关键词：腧穴，经络，脏腑，中医，西医，整体观念

Introduction

Acupoint (Shuxue, 腧穴), channel (Jingluo, 经络), Zang-Fu organ (Zang Fu，脏腑) have been these fundamental concepts in TCM, which have been defined, refined and discussed for centuries. These concepts are indeed the origin and source of the holistic perspective in TCM health-related system. The author is attempting to update these terms from the perspectives of TCM and in conjunction of conventional medical system so that a wide range of professionals would be able to appreciate the beauty and practicality of TCM.

1.What is acupoint? What is Channel theory? **What is Zang-Signs organ Theory?**

An acupoint is the adaptor of the Qi and blood of Zang-Fu organs in the perspective of TCM, the sensor and effector of acupuncture, also possibly a receptor of acupuncture stimulus in the perspective of conventional medicine (XIANG Yang, WeChat, 2019). An acupoint is a specific structure of the body where the transportation, penetration, entry and exit of the Qi and blood occurs (LUO Yongfen, Acupointology, 1996). An acupoint is the service station of the Qi and Blood (MENG Fanyi, WeChat, 2019). An acupoint is the sensor of acupuncture, the site reflecting a disease or disorder, and the reaction point of a disease or condtion(PAN Weixing, WeChat, 2019).

In summary, an acupoint is a three-dimensional structure varies from one acupoint to another, in which it usually has nerves, blood vessels, connective tissues. It can be anywhere on the surface of the body.

The channel theory is the studies of the channels' physiology, physiopathology and their relationship with the 12 Zang-Fu organs in TCM. The channel theory for TCM is almost of equivalence anatomy to conventional medicine. It is a part of foundation of TCM system. As the <<Ling Shu. Jing Mai Pian>> stated: 'these channels are able to judge either life or death of an individual, to manage hundreds of diseases, to regulate both deficiency and excess syndromes so that they are essential in medicine'.

Zang-signs Organs Theory is the studies of physiology, physiopathology of TCM, and its clinical applications. The Zang-organs basically refers these organs that store the Qi, blood, fluids, essence of the body in TCM. The heart system (pericardium included) is an example, because it stores blood. The other four Zang organs are the lungs, spleen, liver and kidneys systems. All Zang-organs are housed within these body cavities, so they are usually not exposed to the external environment, except the lungs system.

The Fu organs refers to inner organs for excreting wastes. The large intestine is an example for removing waste of digestive system from the body.

The other five are the stomach, gallbladder, small intestine, bladder and sanjiao. Sanjiao is the twin organ of the pericardium and it does not have an equivalence in conventional medicine. Details of sanjiao will be discussing later.

2.The relationship between acupoints, channels and Zang-Fu organs

These 12 channels (361 acupoints) are all arisen from these 12 Zang-Fu organs. The other two channels, the Ren-conception (24 acupoints) and Du-governing Channels (28 acupoints) are irregular channels, which mean that they have their own acupoints without directly linking with any inner organs. The other six irregular channels are just to link with other channels even without their own acupoints. In other words, these eight irregular channels are located relatively superficial on the body surface comparing with the 12 regular channels embedded within inner organs of the body cavities as well as traveling on the body surface.

Acupoints are a three-dimensional structure on the body surface usually along the 14 channels, which we normally name them as the channel-acupoints. Each of these acupoints has its own location, indications, instructions for needling techniques, such as the size, specifications, directions, depth, or contra-indications, advisory prescriptions etc. However, there are acupoints that have been discovered over the years, which have their own specific function described by new textbooks or these scholars or acupuncturists who made these additions. These acupoints can be either along these channels, like the gallbladder acupoint along the gallbladder channel, or not on these channels at all, which is called as non-channel-acupoints, like 4 pathogenic wind acupoints.

Regarding the locations of acupoints, they are mainly distributed at the head, neck, chest, abdomen, on the back along the spine, on the hands, feet and joints. Particularly, acupoints are often located at junctions between voluntary muscles, tendons, ligaments, gap between bones and so on.

Channels are the pathways to connect the inner organs with structures on the body surface and with these body cavities. The channels theory has provoked more controversies than any other TCM concepts as it has no corresponding structures in anatomy in conventional medicine. At present, it seems that the channels theory has it practical reason to survive and like many TCM physicians I support the channels theory until one day in the future there is an alternative theory to replace it.

Zang-signs Organs Theory comprises these 12 Zang-Fu organs: The Heart-small intestine, pericardium-sanjiao (these two attached to the heart system when functions are discussed), lungs-large intestine, liver-gallbladder, and kidneys-bladder.Interestingly, each of these 12 Zang-Fu organs has one shu-acupoint at the back, 1 and half cun lateral to the midline, between BL-13 the lungs shu-acupoint to BL-28 the bladder shu-acupoint. These shu-acupoints are believed to reflect the strength, density and activities of corresponding inner organs.

Overall, as we can see that it must be these acupoints, channels and inner Zang-Fu organs to connect and to intertwin as an individual organism and they have their own roles to play in the individuals' alive functions. The channels theory is mainly about structure and the Zang-signs organ theory is mainly about functions. These two theories form the foundation of TCM system.

3. Acupoints' classification and function

There are basically two types of acupoints: channel-acupoints and non-channel-acupoints.

Firstly, it is the channel-acupoints. In TCM, we have usually accepted that these 12 channels with 309 pairs of acupoints, as well as the Ren-conception and Du-governing channels with 24 and 28 one single acupoint respectively along the front and back midline of the body surface. In total there are 361 categories of acupoints, which was classified by LI Xuechuan in Qing dynasty (1817), and this category system has been using ever since without much modification.

The others are the non-channel-acupoints. For example, Ashi acupoint, as I also call them as ouch points, is not on these classic channels. Also, new developments such as scalp, ear, cheek, hands, feet and abdomen acupoints, may be not along these classic channels. They have their own system to apply acupuncture management in an alternative way alongside with these classic approaches.

The Ashi acupoints, or ouch acupoints, or trigger acupoints can be classified as an independent category, because this group of acupoints can be on or not on channels.

Trigger acupoints have developed as a new category called as dry needle and it is a new type of acupuncture technique that has become popular

outside of mainland China, particularly among physiotherapists' community.

Regarding the functions of acupoints, they have four aspects：transportation of Qi, reflection of disease, guiding diagnosis, and receptor as well as effector of therapeutic medical acupuncture.

4. Introduction of the Five Zang-organ Signs System

The Zang-organ signs theory, as well as the Channel theory, are the foundation of TCM holistic system. In TCM, we usually say Five Zang-organs due to a practicality reason that the five zang organs correspond to five elements (wood-liver, fire-heart, earth-spleen, metal-lungs and water-kidneys). The pericardium, anatomically, is attached to the heart and its physiological functions are also attaching to the heart except involving the channel theory where it separates as an independent identity organ. The five zang-organs are the heart (pericardium included), lungs, spleen, liver and kidneys systems. Six fu-organs include the stomach, gallbladder, small intestine, large intestine, bladder and sanjiao.

The zang-organs dominates the theory and fu-organs usually supplement the zang-organs' function. These zang-organs are categorised as Yin organs and these fu-organs are Yang organs. The twinned Zang-Fu organ sequences are the heart (pericardium included) with small intestine (sanjiao included), the lungs twinned with large intestine, the spleen twinned with stomach, the liver twinned with gallbladder, and the kidneys twinned with bladder.

"The Sanjiao is outside of these 11 zang-fu organs, within the body, including and wrapping all of these 11 organs. It is the largest organ in the body." According to <<Lei Jing>> by ZHANG Jingyue from the Ming Dynasty. It seems that the Sanjiao as a fu-organ approximately correspond to the fascia (perhaps part skin also included) in terms of anatomy, but not quite the same regarding its function.

"The five zang-organs store the essence Qi without excreting wastes so that they should be full but not solid, while the six fu-organs can transport and transform materials without storing the essence Qi, therefore, they are solid but not full" according to <<Nei Jing>>.

On basis of the five elements theory, these five zang organs are categorised as the followings:

The heart system with fire,

The lung system with metal,

The spleen system with earth,

The liver system with wood,

And kidneys system with water.

5. The Heart System

The heart, in TCM, is the emperor or king organ in the body. The heart dominates the blood and blood vessels. It stores Shen (or consciousness) and mirrors on the face. The heart opens orifice at the tongue

Anatomically, the heart-organs system constitutes the heart, pericardium, blood vessels, blood, small intestine, sanjiao, face, mouth, lips and tongue. Physiologically, the heart system is in charge of blood and blood vessels, and its essence Qi is reflected on the face. The heart stores SHEN （or narrowly speaking consciousness）and it opening orifice is at the tongue.

Firstly, both the TCM and conventional medicine almost share the same concept in terms of blood circulation and blood vessels even though the TCM has just had some kind of primitive knowledge comparing with its counterpart. It is believed that in TCM the blood vessels are the house of blood and the pathway for blood to travel around the entire body and provides nutrients via blood circulation. The heart Qi powers the circulation in TCM perspectives.

As stated in <<Nei Jing>>: "the heart stores the Qi of the blood vessels and blood." And "the heart is in charge of blood and blood vessels of the whole body."

If the heart Qi is normal, adequate and healthy, and its blood can travel within the blood vessels to feed these organs and tissues across the body. This healthy condition can be reflected on the face because the face is rich in blood vessels and blood supply. If an individual has lost some blood, the face can be pale in colour.

In clinical practice, Sick sinus syndrome (SSS) can be complicated TCM zheng-syndrome, showing the

Heart Qi deficiency as well as blood stagnation or stasis, it can be managed by Sheng Mai Yin (Rensheng, Maidong, Wuweizi) and/or Si Ni Tang (Zhishi, Baishao, Chaihu, and Gancao). Reynold syndrome is another condition that is believed to belong to a lateral branch blockage (chronic conditions can be progressing into lateral vessel condition or capillaries in conventional medicine) and it is manageable by a formula called Si Miao San (Jingyinhua, Xuansheng, danggui, and gancao) or Guizhi Tang plus Taoren and Honghua (Guizhi, Baishao, Shengjiang, Dazao, Gancao, plus Taoren, Honghua).

The second function of the heart system is to store Shen (or consciousness). This is due to the fact that TCM has not investigated anatomy adequately to discover the function of brain and TCM is still using the heart as the organ responsible for consciousness. There are three concepts in TCM that need to be clarified. They are Jing 精， Qi 气, and Shen 神. Jing refers essence which is the material aspect, Qi stands between Jing and Shen with both material and function aspects, and Shen refers function aspect only. These three aspects can be transformed and exchanged one other all the time based on the TCM theory.

In a narrow sense, Shen is the consciousness that is attributed to the heart function, reasoning, thinking, planning, and other intelligent activities. All these brain's functions in conventional medicine are spread into the five zang-organ system in TCM. In a broad sense, Shen is the holistic expression of an individual personality, including mental activities, physical behaviours, and all detectable living activities. The overall activities of an individual can be defined as the Shen of the heart in TCM.

As stated in <<Ling Shu>>:" the heart is the structure when essence Qi and consciousness meet" and "it is the heart that perceives everything around the individual's world." Therefore, the heart is the master organ of the five zang-organs and six fu-organs.

Moving onto the material aspect, blood is the essential material that the heart Shen needs. As stated in <<Ling Shu>>:" the heart stores these blood vessels and blood vessels house the heart Shen." Without adequate blood, the heart Shen is unable to arise from the heart properly. So, in clinical scenarios, amnesia and dementia should be able to manage from the heart Shen's perspectives.

Finally, the heart opens its orifice at the tongue. There is a saying in TCM to describe this situation, that is to say, the tongue is like a sprout of the heart. In pathophysiology, the heart syndromes, can be reflected by the tongue, purple dots indicating the heart blood stagnation or stasis.

Having discussed all aspect of the heart system, its attached organs' function will be the next topics and we starts off by the pericardium.

In fact, the pericardium is the protection layer of the heart. In a sense the pericardium and the heart are inseparatable in TCM. When pathogens invade these two organs, it usually is believed that the pericardium takes on these invaders. Take the heart heat-toxin syndrome (acute viral carditis, Covid-19 included) as an example, we often call it as the heat toxin invading the pericardium instead of the heart. But the management is almost the same, i.e. Qing Ying Tang is the formula (Shengdihuang, Jinyinghua, Lianqiao, Xuansheng, zhuye, Huanglian, Dansheng, and Maidong).

The small intestine twins with the heart. Its main function is to distil, distinguish and absorb the clear part of the foods and passes waste of them to the large intestine. The small intestine is the continuity of the stomach and it connects the large intestine at the lower section. The small intestine receives the materials of the foods and drinks from the stomach it takes the clear part to the spleen system to absorb, transform and spread to the entire body by the functional spleen. The small intestine passes the waste of the large intestine to excrete.

As stated in <<Su Wen>>:" The small intestine is a recipient organ and the transforming materials are arisen from it."

However, in TCM, the small intestine conditions are usually managed via the spleen system rather than the heart system, with a few exceptions mouth ulcers. For example, IBS and IBD are regarded as the spleen system-stomach syndromes and Si Jun Zi Tang (Rensheng, Baizhu, fuling and Zhigancao) or Wei Ling Tang (Cangzhu, Houpo, Chenpi, Gancao, Baizhu, Guizhi, Zhuling, Fuling, Zexie, Shengjiang and Dazao) are two commonly used formula in clinical practice.

The sanjiao is one the six fu-organs, it is also called as an isolated organ and it is the largest of the 12 zang-fu organs. It is in charge of the Qi of the whole body, of the transformation of all materials, of the pathway both for the prenatal and postnatal

Qi. The prenatal Qi arises at the kidneys and it spreads and distributes across the entire body via the Sanjiao, to activate and enhance functions of all organs and tissues across the body.

In a sense, it is the genetic Qi (energy) that has had the first initiative push of a living individual at the point of fertilization, the beginning of a new human being. The Qi of the first push has been penetrated into every cell, every organ, and every tissue overall the body. The Sanjiao as an organ in TCM, perhaps is actually the primitive communication pathway between cells, tissues, organs, via the Gap Junction. This cell-cell communication of the channel system in TCM and they can be the pathway for acupuncture management to take effect on every single organ and tissue across the entire body.

The Gap Junction, the sanjiao and channels as communication pathway in both TCM and conventional medicine is worthy further investigations and studies.

As stated in<<Nan Jing Chapter38 and 66>>:"the sanjiao has the prenatal Qi pathway and is in charge of all Qi as a whole" and "the sanjiao is also to transport three Qi, and travels across Five zang-organs and six fu-organs."

In summary, the heart system in TCM has involved in circulatory, nervous, digestive, metabolic system in conventional medicine. This discussion has demonstrated that the TCM as a holistic system is indeed quite different from that of conventional medicine, not only the intervention methods such as acupuncture and herbal medication, but also the way of thinking and philosophy.

6. The lungs system

The lungs are located in the thoracic cavity, in charge of Qi, responsible for breathing, the spreading plus descending of Qi, and for regulating waterway. Anatomically, the lungs system comprises the lungs, larynx, nose, skin and hair, and waterway (partly functions within lymphatic system).

The lungs system dominates Qi and breathing in TCM, as well as the Qi of the entire body. The breathing Qi refers the air and the lungs are the organs where gases exchanges occur. The lungs breathe in oxygen and breathe out carbon dioxygen. The lungs are these tender and vulnerable organs, where they are prone to infections because they are the only organs among the five zang-organs system that expose to the external environment. As stated in <<Su Wen>>:" the heaven Qi connects with the lungs."

The lungs are responsible for the Qi of the entire body. This refers to the formation of the comprehensive Qi. The comprehensive Qi is formed by the Qi of the foods and drink, as well as by the breathing Qi, and these two sources of Qi integrates in the chest. The comprehensive Qi accumulates in the thoracic cavity, travelling upwards to larynx for breathing, spreading across the whole body via the heart system. This comprehensive Qi powers all organs and tissues across the body and maintains their normal functions. As ((Su Wen)) stated： "all Qi of the whole body belongs to the lungs."

If the lungs' function declines for any reasons, an individual may manifest as asthma, chronic obstructive pulmonary disease (COPD) and pneumonia. On the worst scenario when the comprehensive Qi collapses, this may lead to the individual's death.

The lungs system is responsible of the spreading and descending of Qi, corresponding with the skin and hair. This refers to the function of the lungs system, where it spreads the defence Qi and fluids across the whole body, warming and moistening the skin and muscles. As stated in <<Ling Shu>>:" the upper jiao is responsible for the spreading and dispersing Qi of the lungs, steaming the skin, fulling the body, moist tening the hair, which likes mist's irrigation on crops. This is called as the steaming of Qi."

The skin and hair are the defence barrier of the whole body. They are required the defence Qi and fluids to provide materials to defence the entire body from pathogenic factors' invasion. As stated in <<Su Wen>>:" the lungs system helps and feeds the skin and hair." And "the skin and hair are corresponding to and connecting with the lungs. The skin and hair confront with pathogens and the pathogens invade the lungs' corresponding tissues before arrival to the lungs attached." The lungs' Qi is responsible for the opening and closing of the sweating pores, which is believed that pathogens can be dispersing by these sweating pores via mainly hot and warm herbs and formulas.

If the lungs' Qi is weak, the individual is prone to catch virus infection, such as cold, flu or/ and Covid-19 according to TCM. For enhancing the

lungs' Qi to prevent an individual from catching virus infection, the formula Yu Ping Feng San (Huangqi, Baizhu, and Fangfeng) is recommended. If a person is having the infection, then formulas like Xiang Su Yin (Xiangfu, Zisu, Chenpi, Gancao), Mahuang Tang (Ma huang, Guizhi, Xingren, and Gancao), and San Ju Yin (Sangye, Juhua, Xingren, Lianqiao, Bohe, Jiegeng, and Gancao), can be presbribed.in managing of these conditions. These formulas are believed to help to spread and disperse the lungs' Qi to enhance the defence Qi. Therefore, these sweating pores are called as "the gate of lungs' Qi" according to <<Su Wen>>. The lungs' Qi dysfunction can show symptoms like fever, cough, chilly, nose blockage or running nose, and breathlessness. This is due to the cold pathogen inhibit the lungs' function of spreading and dispersing the defence Qi across the skin and hair (sweating pores included).

The lungs system is responsible of the descending of Qi and is regulating the waterway. The lungs are at the highest position among the five zang-organs and is regarded as the crown of the king so that the lungs Qi should descend as a normal movement trend. In fact, the lungs' Qi descend the Qi of the whole body, as well as the body fluid. The lungs Qi descends the body fluids downwards to the bladder via waterway possibly part function of lymphatic system. It is also regarded the lungs Qi powers the water circulation and the lungs are the upper source of the body fluids.

In TCM, there is an approach of diuretic where the management of herbal formulas are by spreading and dispersing Lungs' Qi. These single herbs include Ma Huang and Su Ye being good examples.

The lungs system opens orifice at the nose. The nose is the passage of breathing so that the nose is the lungs' orifice. The function in breathing and smelling depends upon the lungs' Qi. As stated in <<Ling Shu>>: " the lungs' Qi connect with the nose and nose can smell if the lungs' Qi is harmonised."

The larynx is the gate of breathing and speaking. The function of breathing and speaking in the larynx can rely on the lungs' Qi. Therefore, loss of voice can be managed via regulating the lungs' Qi.

The large intestine twins with the lungs in TCM. Their connections are via channels. The large intestine is the continuity of the small intestine, which the lower portion connects with the anus. So the main function of large intestine is receives wastes of the foods and drink from the small intestine and reabsorbs water and other nutrients and finally excrete the waste. As <<Su Wen>>stated: "the large intestine is a transport and excrete organ."

In real world practice, laxative remedies can be applied to manage asthma and pneumonia. This is a method not easy for a conventional doctor to understand.

Overall, the lungs' system in TCM involves multiple systems the respiratory, lymphatic, digestive and fluid metabolism in conventional medicine. The lungs system is believed as the prime minister of the emperor, which faces to hundreds of channels across the entire body.

7. The Spleen System

The spleen locates at the middle jiao, being earth of the five elements, responsible for transportation and transformation as well as ascending the clear Qi of the foods and drink, holding the blood within the blood vessels, and controlling muscles and the four limbs.

Anatomically, the spleen system constitutes the spleen, oesophagus, stomach, pancreas, small intestine, large intestine, arms, legs, voluntary muscles. It is regarded as the "post-natal heaven" (opposite to the kidneys as the pre-natal heaven).

The spleen system transports and transforms the foods and drink, spreading and dispersing nutrients across the organs and tissues across the entire body. It involves digestion, absorption and transportation of the foods and drink. Therefore, the spleen system is regarded as the transformation source of Qi and blood. If the spleen system is not working properly, it leads to malnutrition, oedema, and indigestion. As stated in <<Su Wen>>:" all dampness oedema, fullness of abdomen belong to the dysfunction of the spleen."

In China, applying the spleen system theory into clinical application of managing children's nephrotic syndrome in conjunction with conventional medicine, excellent results were achieved by TCM paediatricians, particularly in terms of mitigating the unexpected effects of steroids and prevention of infection.

The spleen system ascends Qi, referring to the function where the spleen ascends the essence Qi of

the foods and drink to the lungs' system, transforms into Qi to nourish the whole body. If this is not working properly or even the spleen Qi is sinking, this leads to conditions, such as dizziness, organ's prolapse. All these conditions can be managed by a same formula called Bu Zhong Yi Qi Tang (Huangqi, Rensheng, Danggui, Chenpi, Shengma, Chaihu, Buzhu, Gancao) at the early or progressing stages, as well as acupuncture management via needling acupoints along the spleen and stomach, ST-36 Zusanli and SP-6 Sanyijiao the favourite acupoints for enhancing the spleen and stomach Qi.

The spleen system holds the blood within the blood vessels according to the TCM five zang-organ signs theory. If the spleen Qi loses its control of blood, it results in conditions like bleeding disorders in digestive tract, uterus, and skin (usually below middle jiao, extremely rarely in the upper jiao). In these scenarios, Gui Pi Tang is an option (Rensheng, Huangqi, Baizhu, Fusheng, Longyanrou, Suanzaoren, Muxiang, Danggui, Yuanzhi, Zhigancao, Shengjiang, and Dazao).

The spleen system controls the muscles and four limbs. This is due to the fact that spleen transports and transforms the foods and drinks to feed nutrients into these muscles and limbs. As <<Su Wen>> stated:" the spleen dominates the muscles of the whole body." Therefore, in TCM, almost all of these muscular conditions can be managed via the spleen system even multiple sclerosis.

In physiopathology, it is also stated as in <<Su Wen>>:" the four limbs depend on the stomach Qi. If the stomach Qi is unable to reach the channel, it results from the spleen Qi's dysfunction. If the spleen Qi is unable to disperse fluids for the stomach, then four limbs cannot have the Qi of the foods and drink. The Qi is declining, and the channels are not working smoothily, causing underperforming tendons and muscles." From the other aspect, it explains the Qi of the foods and drink is indeed the post-natal heaven.

The spleen system opens orifice at the mouth and mirrors at the lips. As a statement from <<Ling Shu>>:" the spleen Qi links with the mouth, and an individual with harmonised spleen Qi can taste five grains."

In TCM, IBS and IBD can be managed by formulas, like Si Jun Zi Tang (Rensheng, Baizhu, Fuling and Gancao), as well as Wei Ling San/Tang (seeing previous paragraph), etc.

The stomach connects with oesophagus and small intestine at the upper and lower portion respectively. Its main functions are to store and ferment the foods and drink. The stomach is regarded as the sea of the foods and drink. The spleen and stomach integrates as the root of the post-natal Qi. As stated in <<Su Wen>>:" a person is rooted in the foods and drink." In TCM practice, it always stresses the importance of the digestive function and protect the stomach Qi is always a top priority, particularly in managing many chronic conditions. So, there is a saying in TCM, where there is the stomach Qi, there is a human life.

To summarise, the spleen system has a strong impact on multiple systems in conventional medicine. They include the digestive, haematological, muscular, and fluid metabolism included. In TCM, LI Dongyuan was the specialist who wrote a book called as on Spleen and Stomach and is regarded as the father of the Spleen and stomach school or enhancing earth school. Bu Zhong Yi Qi Tang is one of his best contribution in the TCM field.

8. The Liver System

The liver locates at the hypochondriac region, in which it spreads Qi and stores blood. The liver regulates the Qi and blood, affecting both emotions and digestion. The liver system stores blood, opens orifice at the eyes, nourish the tendons and nails. It also regulates Sanjiao Qi to help waterway's function. It twins with the gallbladder which has an impact on intelligent decision making of zang-fu organs.

Anatomically, the liver system constitutes the liver, gallbladder, partly central nervous function, tendons, nails, eyes, genitals and anus.

The liver system spreads and disperses Qi, at two aspects: emotion and digestion. In TCM, the liver is categorised into wood of the five elements. The wood likes growth and spread its branches freely and these features are used for symbolising the liver's function characteristics. The wood shows active and energised trend all the time, neither depressed nor over-exciting. Regarding the emotion aspect, the liver is the main spectrum of the Shen (consciousness) in TCM. The spreading and dispersing of Qi in liver function are also regarded to control, regulate, and harmonise the movement and activities of Qi, in which the liver initiates strategies and planning. These activities are under the leadership of emperor the heart to manage the

whole body. If the liver system functions totally normal and healthy, the individual shows balanced emotions, just like a country enjoys peace and prosperity under a caring, capable and strong emperor or king.

In pathological scenarios, anxiety, depression, schizophrenia, and bipolar are manifested if the liver Qi is under-active or over-active. There is a saying in TCM, that is to say, the liver loves smoothly spreading and dispersing and dislikes to be depressed or blocked. Anger harms the liver. Xiao Yao San (free and easy will powder) (Chaihu, Danggui, Baishao, Baizhu, Fuling and Zhigancao) is one of these proven formulas to harmonise the liver Qi to manage psychological, mental and physical conditions.

In terms of the digestion aspect, the liver Qi's spreading and dispersing function can assist the spleen and stomach's ascending and descending function, as well as by secreting bile in aid of digestion. Bile is produced by the residual Qi of the liver, which is a component to maintain a normal function in digestion dominated by the spleen system in TCM.

There are two most commonly TCM zheng-syndromes in the spleen system: the liver Qi's invasion into the spleen and stomach as well as the disharmonized Qi between the liver and spleen. Both conditions can be managed by a modified Xiao Yao San (see previous paragraph). Some of patients with IBS or IBD can fall into these two categories if emotion trauma plays a role in the development of these two conditions.

As stated in <<Xue Zheng Lun>> by TANG Rongchuan:" the feature of wood is responsible for spreading Qi activities. The foods enter the stomach, which fully depends on the liver Qi's spreading of the Qi and the Qi of the foods and drink can be transported and transformed. It the liver Qi is not working properly; it leads to diarrhoea and indigestion."

In addition, the liver Qi regulates and spreads the Sanjiao Qi, which it assists the waterway. If the liver Qi has stagnated, leading to stagnation of Qi and/or blood, or even blood stasis. This may result in oedema and abdominal fluid retention (like liver cirrhosis). As ZHANG Zhongjing stated in <<Jin Kui Yao Lue>>:"the liver water retention syndrome shows a bloated abdomen and hard for one to move from side to side, with pain in hypochondriac and abdominal region." The formula for this condition by ZHANG Zhongjing is Bie Jia Jian Wan (Biejia, Shegan, Huangqin, Chaihu, Ganjiang, Dahuang, Baishao, Guizhi, Tinglizi, Shiwei, Houpo, Danpi, Fengwo, Chixiao, Qianglang and Taoren).

The liver system stores blood. This refers to the liver system has capacity of storing blood and regulating the blood supplies. Particularly, the females are rooted in blood so that the liver system is regarded as the "prenatal heaven" for females in some textbooks. To harmonise the liver Qi and blood is always a top priority in managing gynaecological conditions, like menstruation, pregnancy, reproductive disease and labouring. Therefore, there are two formulas, Xiao Yao Wan (see previous paragraph) Si Wu Tang (Shudihuang, Danggui, Baishao, and Chuanxiong), which they are able to regulate the Qi and Blood in the liver system. They are the most used formulas in the TCM gynaecology[YX2] and obstetrics. In addition, these sections of the liver Qi and blood are also important part in managing haematological disorders by TCM.

Parkinson's disease is often diagnosed as the blood deficiency in liver causing liver wind uprising so that the formula in this situation is Jiju Dihuang Wan (Shudihuang, Goujizi, Juhua, Shanzhuyu, Shanyao, Zexie, Fuling, and Danpi) as well as other options.

The liver system dominates the tendons and mirrors at the nails. The tendons and fascia depend upon the liver blood to feed nutrients. As <<Su Wen>> stated: "the liver corresponds to the tendons and mirrors at the nails." and "the liver dominates the tendons and fascia of the entire body."

The liver system opens orifice at the eyes. The eyes are fed by the essence of the five zang-organs and six fu-organs via blood vessels and channels. The liver has channel branch to connect with the eyes as well as all the other organs. In TCM, the eyes' disease is usually managed via the liver system in TCM. As stated in <<Su Wen>>:" the liver stores adequate blood and the eyes can see." Also as in <<Ling Shu>> stated:" the liver Qi travels upwards to the eyes, and the harmonised liver Qi and blood leads to the eyes' seeing five colours."

In the TCM ophthalmology, harmonising the liver Qi and blood is the top priority approach so that Xiao Yao San (see previous paragraph) and Si Wu Tang (also seeing the previous paragraph) are two commonly used formulas. In any infections in the

eyes, Long Dang Xie Gan Tang (Long Dang Cao, Zhizi, Huangqin, Chaihu, Danggui, Shengdihuang, Cheqianzi, and Gancao) can be modified for clinical applications.

The gallbladder is attached to the liver, storing "essence juice." It is called "middle essence's house" in ((Ling Shu)) and basically it is the bile indeed for digestive purpose. If the bile escapes in the skin due to any reason, the condition is classified as the liver and gallbladder heat dampness syndrome, as well as the pathological jaundice in new-born baby. All these conditions can be managed by a modified Yin Chen Hao Tang (Yinchenhao, Zhizi, and Dahuang). A minimum dose of this formula would do no harm to apply this formula to shorten the period of physiological jaundice in new-born baby.

The liver twins with the gallbladder. The gallbladder also involves emotional conditions. As stated in ((Nei Jing)):"the gallbladder is the judge who helps the emperor to make decisions. All these 11 zang-fu organs' decisions can rely on the gallbladder Qi." Therefore, there is a formula called Huanglian Wen Dang Tang (Huanglian, Banxie, Chenpi, Fuling, Gancao, Zhuru, Zhishi, and Shengjiang) that is applied for these conditions.

In summary, the liver system has impacts on multiple system, organs and tissues: the nervous, digestive, female reproductive, blood, eyes, tendons and nails etc. all diseases or conditions have involved in these systems and organs can be managed via the liver system either by using acupuncture or herbal medications.

9. The kidneys System

The kidneys system mainly stores the essence Qi, dominates water metabolism and holds breathing in depth. It is in charge of bones and produces bone marrow. The kidneys system opens orifice at the ears, external genital opening and anus.

Anatomically, the kidneys system constitutes the kidneys, bladder, bones as well as bone marrow, hair, ears, genitals and anus.

The kidneys system stores the essence (Jing, 精)，and dominates growth and reproduction. Regarding the essence, it comprises two parts: the prenatal and post-natal essence. The first part is literally the genetic materials originally from the first zygote, and the second part from the Qi of the foods and drink. As stated in <<Ling Shu>>: "an individual comes into being, starting from the prenatal essence." Also, <<Su Wen>> stated:" the kidneys store the essence which are provided by five zang and six fu organs."

The essence within the kidneys system transforms into the kidneys' Qi and the kidneys' Qi dominates growth and reproduction. From a new-born baby, the kidneys' Qi is increasing gradually. At puberty, driven by an essence called Tiankui, males start producing sperms and females see menstruation regularly on their sexual maturity. As stated in <<Su Wen>>： "males at sixteen, the kidneys' Qi being strong and adequate, Tiankui has arrived and sperms starts coming; females at the age of fourteen, the Tiankui has arrived so the Ren-conception channel is open and the Chong channel is at its peak, so a female sees menstruation regularly."

During the transformation process of the essence into the kidneys Qi, it is the kidneys Yang Qi steams and transforms the kidneys' Yin Qi. The kidneys' Yang Qi is named as the Yuan-source Yang, whereas the kidneys's Yin Qi, as the Yuan-source Yin. This is like that fire and water houses together harmonizedly within the kidneys' system. For this reason, the kidneys are referred as the fire-water organ.

In pathological scenarios, subfertility, impotence, growth delay, and menstruation disorders are all managed via regulating the kidneys' essence Qi. The kidnwys' system is prone to deficiency more than excess zheng-syndromes. Therefore, a formula, Shenqi Wan (Guizhi, Fuzi, Dihuang, Shanyao, Shanzhuyu, Zexie, Danpi) by ZHANG Zhongjing is a common used option in the kidneys system conditions.

As stated in <<Su Wen>>:" the kidneys are a water organ and dominate the fluids." These whole activities referred to the steaming and transforming process, comprising the distribution, retention, and excretion of fluids. All depends upon the kidneys' function of steaming and transformation. In addition, the kidneys' Qi is in charge of the opening and closing of the waterway, which is the key to maintain the balance of the body fluids.

The kidneys system dominates of holding breathing in depth. The lungs dominate breathing and these breathing Qi must reach the kidneys to function properly. In other words, the lungs and kidneys cooperate to breath thoroughly. Therefore, formulas for asthma in TCM should be considered

in two aspects in the lungs and kidneys functions, particularly in the long-term management of asthma and COPD by either acupuncture or herbal medications.

The kidneys system is in charge of the bone, bone marrow, and mirrors on the hair. This is due to the fact that the kidneys system stores the essence and the essence produces the bone and bone marrow. As <<Nei Jing>>stated:" the kidneys dominate the bone; the kidneys produce the bone and marrow." In TCM, osteoporosis can be managed by tonifying the kidneys' essence, Shen Qi Wan (seeing previous paragraph) being one of these formulary options.

Teeth and hair are regarded as being fed by the kidneys' essence. The essence and blood mutually transformed and benefited. As ((Su Wen)) stated:" the kidneys correspond to the bone and mirrors on the hair." These concepts are the basis for a TCM practitioner to manage disorders of teeth and hair via the kidneys system.

The kidneys system opens orifice at ears. genitals, and anus. Any conditions affecting these organs can be managed via the kidneys system. As stated in ((Ling Shu)):" the kidneys' Qi connects with the ears. The ears can distinguish five sounds if the kidneys' Qi is harmonised and balanced."

The bladder stores urine and excretes it. In terms of water metabolism, the lungs, spleen and kidneys systems dominate the fluids movement and transformation, and the final product is the urine in the bladder. It is the bladder that steams and removes urine from the body. As stated in ((Su Wen)):" the bladder that stores body fluids and excretes urine by transformation." Any conditions related to the urination can be managed by regulating the Qi of kidneys and bladder.

In summary, the kidneys system in TCM has impact on several system, organs and tissues in conventional medicine: the urinary, reproductive, respiratory, hearing, teeth, bones, and marrow. In chronic conditions, acupuncture and herbal medications can be prescribed on their own or in conjunction with pharmaceutical options. This is totally dependent on the nature of the condition and the individual's personal preferences.

10. Conclusion

In TCM, the author has identified these three concepts, which has laid a foundation of a TCM holistic viewpoint-oriented health care system. Both TCM and conventional systems are considered when these terminologies are discussed, and the author's intention is to bridge these two medical systems. More studies are needed in this specific field and further discussions could be mutual beneficial for the development of the foreseeable future health care system, locally, nationally, and globally.

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方法学研究 Research Method

颊针疗法简介与临床病例分享

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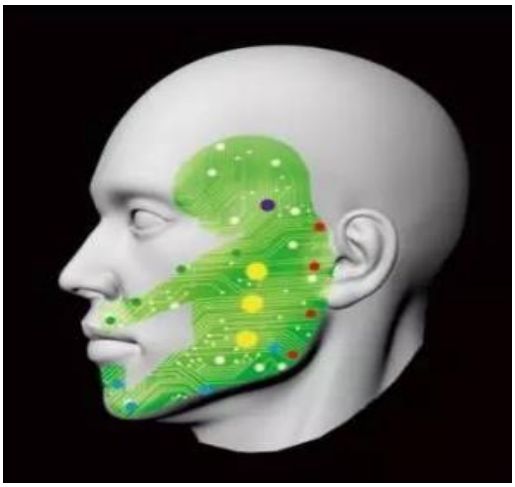
摘要: 颊针疗法由王永洲教授创立，是一种新的微针疗法。该疗法认为面颊部存在着一个涵盖整个人体的全息微缩系统称为颊针系统（图一）。该疗法以生物全息理论、大三焦理论、身心整合理论为基础，以安全、无痛、简单、有效和全科为目标，力争临床治疗的精准化、高效化和标准化。笔者从 2018 年开始自学颊针并应用于临床，发现其对各类疼痛性疾病疗效尤为显著。本文简介颊针疗法，并分享典型病例二则，与大家共同学习探讨。

关键词：颊针疗法，简介，病案分享

Abstact：Cheeks acupuncture therapy has been established by Yongzhou WANG, which is a type of mico-needling therapy. This therapy is based on a theory that there exists a hoslistic micro-system in the cheek to correspond to each part of the whole human body, where the cheek acupuncture evolved. This therapy is also on the basis of bioholistc theory, grand Sanjiao theory, mind-body intergration theory. The target of this therapy is an acupuncture inarafent in seek of safety, no pain, simplisity, effectiveness and standanisation. The author has been self-studying and practising Cheeks Acupuncture Therapy since 2018, finding that it had significant effect on primary and secondary pain syndrome. This article is having a brief introduction of the Cheeks Acupuncture Therapy and reporting two case studies from own clinical practice.

Key words: Cheeks Acupuncture Therapy,Introduction, Case studies.



(图一)

本文分穴位定位、取穴原则、针具与操作步骤、适应症、注意事项与禁忌，病例分享及讨论共七大部分。

一、 穴位定位

颊针疗法共有 1 6 个穴位，分布于面颊部，分别对应头，三焦，躯干和四肢。

具体定位如下:

1）头：头穴，为颧弓中点上缘向上 1 寸。

2）三焦：上焦穴，为下颌骨冠突后方与颧弓下缘交叉处;中焦穴，为上焦与下焦穴连线的中点; 下焦穴，为下颌内角前缘处。

3）躯干：颈穴，为颧弓根上缘处;背穴，为颧弓根下缘颞颌关节下;腰穴，为背与骶穴连线中点处;骶穴，为下颌角前上 0.5 寸。

4. 四肢：

上肢：肩穴，为颞颧缝中点处;肘穴，为眼外眦与颧骨最下端连线中点（在肩穴前下方颧骨面上）;腕穴，为鼻孔下缘引水平线与鼻唇沟交点处;手穴，为单侧鼻孔下缘中点与上唇线连线中点。

下肢：髋穴，为咬肌粗隆，下颌角前上 1 寸;膝穴，为下颌角与承浆穴连线中点处;踝穴，为膝与承浆穴连线靠人体中线 1/3 处;足穴，为承浆穴旁 0.5 寸处。

二、取穴原则

取穴原则有两种：常规全息对应法和灵活变化取穴法。

（一）常规全息对应法

1)一个部位全息取穴，也就是取穴与同名穴位方向一致。

2)多个部位全息取穴，即病变部位范围较大，涉及多个解剖部位，则采取一一对应的同侧取穴方法。

（二）灵活变化取穴法

1)左右相对，即取穴与同名穴位一致，但与疼痛部位方向相反。如患者右侧肘关节疼痛，可以取左侧“肘”穴。

2)前后相对，根据人体解剖前后对应取穴。如腰痛可以取双侧“下焦”穴。

3)上下相对，利用全息理论相对取穴。如头痛取双侧“骶”穴。

临床运用时，一般先采取常规全息对应法取穴，若疗效不好，则需采取灵活变化取穴法治疗。

三、针具与操作步骤

(一) 针具

颊针长短、粗细、韧度要求较为特殊。面部有丰富的血管和神经，选择合适的针具可以达到无痛化的目的。目前，临床已有颊针专用针具，常用型号有 2 种:0.16mm×20mm 和 0.18mm×30mm，均为不锈钢材制作，强调针身的弹性和韧性。

（二）操作步骤

颊针操作包括进针、留针、调针、出针等步骤。

进针 快速进针，以突显颊针无痛化的优点。进针方向以直刺为主，针刺深度根据疾病的性质、部位及患者的具体情况而定。通常医者手下出现阻滞感时即可停止进针，将针保留于该进针深度，不要试图用力穿透阻滞部位继续深刺。

得气与补泻 颊针疗法针刺时无需强调补泻手法，无需强烈针感，针刺后捻转得气即可。

留针 颊针进针后多留针 30min，根据患者病情增减。留针期间多配合患者主动运动。

调针 颊针针刺后往往能够取得即时镇痛的效果，如果即时疗效不好，则需调针。调针方法有 3 种:第一，增加针刺深度。第二，改变针刺方向。第三，增加针刺针数，可以采用颊针的“双针刺法”和“三角刺法”。

出针　疗效达到后可以出针。出针后用干棉球按压针孔片刻，切忌揉挤，以防出血。

疗程　通常 3 天 1 次，5 次为 1 个疗程。

四、适应症

分三个层面:

1)第一个是全息层面，以四肢脊柱部位的急慢性疼痛为主，首先是各种软组织损伤引起的急慢性颈、肩、腰、腿疼痛，这是临床的常见病、多发病。

2. 第二个是三焦层面，主要针对胸腹腔的内脏疾病及症状，如:心悸、咳喘、过敏性鼻炎、代谢障碍综合征、乳房胀痛、肠胃功能紊乱、肥胖、尿频、尿急、痛经等，内脏病的机理比较复杂，每类疾病都有其临床特殊性，颊针抓住生命的整体气机，通过调节三焦之气起到同病异治，异病同治之功。

3. 第三个是心身层面，如:各种应激综合征、焦虑症、过敏性疾病、风湿、类风湿性关节炎、内分泌疾病、皮肤病、失眠、记忆衰退、老年痴呆、头痛、子宫肌瘤、子宫内膜异位症、乳腺增生、不孕症、各种肿瘤放化疗后遗症及辅助治疗等。

这三个层面通常是合为一体的，疾病可能以某一层面为主，有时是两个层面或三个层面相互交织，我们在临床中要以诊断为依据，甄别取舍，有的放矢。

5. 注意事项与禁忌

1）面颊部比身体其他部位血管较丰富一些，针刺容易出血，不易过度提插刺激，以免造成血肿，淤青。

2）颊针切忌盲目追求治疗效果而过多取穴。

3）高烧，惊厥，心肺衰竭及各种急腹症，血小板减少，有出血倾向者都禁忌；整容者或注射瘦脸针，抗皱针的患者以及三叉神经痛和面肌痉挛慎重使用。

4)针灸期间禁止吃东西，以防滞针和断针。

5)孕妇（特别是有流产或人工受孕者）慎用。

六、病例分享

病例一：

患者 xx 女，Ref:T090，31 岁，2021 年 5 月 27 日初诊，颈痛 6 个月，加重 4 天伴右上肢放射痛至右侧上臂部，整个右上肢无力，右手食指、中指、无名指三个手指均有麻木和针刺感。4 天前搬重物诱发右上肢症状，服用止痛片症状无缓解。检查：颈椎 5，6，7 棘突右侧压痛，颈椎牵拉实验阳性，颈部不能后仰，左右转动颈部因疼痛而均受到限制。

取穴：颊针颈穴，手穴，食指、中指、无名指的全息对应点。

颊针穴位针上之后嘱患者转动颈椎，颈部可以后仰了，左右转动颈部已经不再疼痛，右侧食指、中指、无名指的针刺麻木感也逐渐消失。留针 30 分钟，治疗完毕，说整体好转 90%，右侧上臂部不再有放射痛（但仍有轻微的牵拉不适感），颈椎牵拉实验弱阳性。

2021 年 6 月 1 日二诊，患者诉：食指、中指、无名指均没有再出现麻木和针刺感，右侧上臂部仍有轻微的牵拉不适感。二诊取穴同首诊，留针 30 分钟，治疗完毕，右侧上臂部不再有牵拉不适感，检查：颈椎 5，6，7 棘突右侧无压痛，颈椎牵拉实验阴性。

患者又预约了 6 月 4 日三诊巩固治疗，但是她在 6 月 4 日当天电话取消了预约，她说自从二诊后所有症状已经消失，未再复发。

20-06-2021 笔者电话随访，患者反馈：四周以来诸症状消失未再复发。

病例二：

患者 xx 女，Ref:H203，30 岁，2021 年 6 月 1 日 初诊，左侧腰部酸痛伴左侧臀部疼痛

18 个月，加重 15 个月，曾在某诊所针灸治疗 5 次疼痛无减轻反而加重。检查：左侧腰肌广泛压痛，黎状肌牵拉实验阳性，“4”字实验阴性，直腿抬高试验及加强试验阴性。诊断：1，腰肌劳损 2，黎状肌综合征。

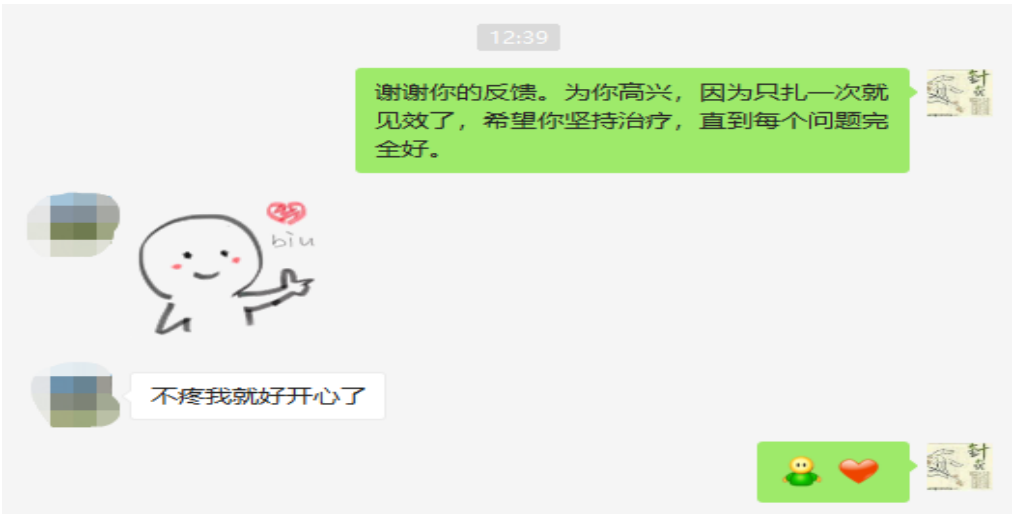
取穴：颊针下焦穴，腰穴，黎状肌全息对应点三角刺。

颊针穴位针上之后嘱患者活动腰部和臀部，疼痛即刻消失。患者惊奇地问：那么神奇？怎么扎上针瞬间就不痛了？

治疗完毕，腰部和臀部疼痛均消失，黎状肌牵拉实验阴性。

2021 年 6 月 11 日二诊，诉：首诊治疗后大约 10 天腰部和左臀均未出现疼痛，但昨天因整理花园劳累而致左侧臀痛复发，检查：黎状肌牵拉实验阳性，取穴同首诊，治疗完毕臀部疼痛消失。检查：黎状肌牵拉实验阴性。

2021 年 6 月 20 日患者微信语音我说：腰和左臀痛均未再复发，很开心，还想继续预约治其他的内科疾病。(图二)



七、讨论

颊针的特点：安全化，无痛化，标准化，精准化，全科化。颊针疗法自成体系，取穴简便，对临床常见的疼痛疗效尤其显著，不需要强烈针感，医者容易掌握，患者也易于接受。

笔者通过临床观察发现某些临床常见而病因稍复杂的慢性疾病，例如心理情感疾病、过敏性疾病，顽固性皮肤病，类风湿性关节炎等，大多与三焦气机不畅有关，而颊针在调三焦方面具有显著的优势，常常能够身心同治，神气共调，往往会有意想不到的效果，同时，它还可以启动全身的原气系统，保障疗效的持续性，因此，对一些疑难的慢性疼痛也有立竿见影的疗效。

颊针疗法依靠的是靶向治疗，通过躯体靶点、脏腑气血靶点、心神靶点的确立，提高治疗的精准性。颊针是通过标准化穴位取穴及组合来针对不同的局部靶点和整体病机靶点，做到有的放矢，这一切首先要以正确诊断为前提最后通过症状体征逐步消除为临床实证，最终实现疾病痊愈的目的。目前颊针在穴位标准化、针具标准化方面比较成熟，而处方标准化还在建立和尝试中，颊针真正实现标准化的目标尚需实践【1】。王永洲教授曾说：“颊针研究

的一路走来，是在怀疑，批判，自我否定，重新思考，临床验证中发展和一步步在反复纠错中慢慢形成，每一个穴位的确立都是经过数以万计的试错法和不断校正最终才得以确立，而随着临床上精确化的要求，学位点的研究至今还在继续细化过程中。穴位也从平面走向立体，这个探讨的过程将永无止境。”上述的一番话体现了王永洲教授严谨的科研态度，颊针的发明是他杰出的发现，值得我们进一步学习应用和深入探讨。

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Chuzhen massotherapy in TCM and Taoism-Buddhism Development in Indonesia

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Abstract: Chuzhen or in western literature termed "Pestle needle" is a kind of massage treatment which has originated from Wudang Mountain in China more than five centuries ago, propagated by a Taoist master named Ruhuan Zhenren. The method is used to promote, maintain, and improve body condition, by stimulating meridians and acupoints on the body surface with manual manipulation. Now the method has been disseminated worldwide, among others to Indonesia. In Indonesia, it is propagated by Nalanda Buddhist College, TCM (traditional Chinese medicine) Practitioner Organization and TCM Practitioner Certification Board (LSK Sinshe) acknowledged by Indonesian Ministry of Education.

This article describes the sustainable process that this unique classical therapy has evolved from the Wudang Mountain to the academic world – mainly supported by Sichuan Chengdu University of TCM and then to the global society at large. Researchers from Sichuan University of TCM has proven the method to be safe and effective comparable to acupuncture in regulating blood flow and treatment of various kinds of pain. We hope by sharing this matter will initiate further propagation of the simple, economic and effective health maintaining and improving measures to the participants of this international webinar.

Keywords: Chuzhen, massotherapy, Pestle needle, TCM.

Introduction

Health is the most precious thing, that is what Buddha tells us[1]. Buddha also tells what condition defines health, ie 'having well-being, good digestion, not being over-cold or over-hot, balance and being capable of activity' (A.III:103) is in principle identical to the definition of health by WHO and the definition of health in traditional Chinese medicine (TCM). World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity[2].

In TCM the condition of health is symbolized by Yin-Yang, ie. the balance between dark or cold (Yin) and bright or hot (Yang) elements[3]. The Yin-Yang symbol originates from Taoism, The yin and yang symbol represents the faith and principles behind Taoism. Just like a country has a flag and a company has a logo, the yin and yang symbol represents the Taoists and their beliefs and way of life[4]. Hence, in principle, the condition of health as defined by Buddhism and Taoism is identical.

Buddha also told us the causation of sickness and taught many ways and modalities to achieve good health, including not eating at night, practicing meditation, chanting, eat moderately, needling, massage, sauna, herbs, aromatherapy, urine therapy, etc. (AN I:62, IV:54; Vin. I:198-250, 205, 279; Chikitsa Vidya; S.I:174, S.III:250, D.I:7, etc) [1]. All are natural way, using green environment friendly sustainable methods. When practiced accordingly one would achieve sustainable health up to the natural lifespan.

In this article we would share our experience using special acupressure massage called Chuzhen therapy (pestle needle) as a simple, safe and effective tool to disseminate health maintaining and sustaining modality for public health[5,6].

Brief history of Chuzhen therapy

The Wudang Mountains (simplified Chinese: 武当山; traditional Chinese: 武當山; pinyin: *Wǔdāng Shān*) consist of a small mountain range in the northwestern part of Hubei, China. They are home to a famous complex of Taoist temples and monasteries. The Wudang Mountains are renowned for the practice of Tai chi and Taoism as the Taoist counterpart to the Shaolin Monastery, which is affiliated with Chinese Chán Buddhism. The Wudang Mountains are one of the "Four

Sacred Mountains of Taoism" in China, an important destination for Taoist pilgrimages[7].

The pestle needle therapy was practised there by a Taoist master named Ruhuan Zhenren (如幻真人) about at least five hundred years ago. The master used to treat poor village people who suffered from various ailments using the pestle needle. A loyal servant of the Taoist master named Li Erfei had served him for thirteen years and had learned about the treatment too. One day, the master called Li and summoned him to depart from the mountain, and descend to the society in order to share the benefit of the treatment to the people at large[5].

Li Erfei had practised it and propagate the therapy method from generation to generation verbally only among his descendants. Until the 15th descant of him, named Li Zhongyu (李仲愚) became a renown acupuncture and qigong expert, and professor at the Chengdu University of TCM. His unique treatment modality using Chuzhen or pestle needle has attracted curiousity among his colleagues. Researches were done under the "75" national scientific priority program and by October 1988 the Chuzhen therapy has been approved by national expert committee. Hence, Chuzhen therapy is an evidence-based modality of therapy[6].

When the author got a chance to study at Chengdu University of TCM in 2008, the Chuzhen therapy has attracted our attention. After consulting with Indonesian naturopath (TCM) association, Chengdu UTCM agreed and despatched Dr. Luo Rong to Jakarta to teach us how to master the knowledge and skill of Chuzhen therapy in a two weeks workshop[8].

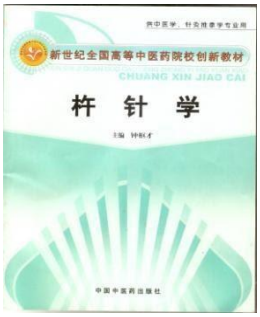

Fig. 1. Textbook of Chuzhen therapy published by China TCM Publisher for Higher Education Teaching Materials.

Fig. 2. News about Chuzhen therapy workshop headed by Dr. Luo Rong, and attended by Indonesian ministry of health and Chinese embassy cultural staff. It is published by International Daily dated 26th December 2008

Simple, effective, and easy to master

Pestle Needle Therapy is a non-invasive acupuncture method characterised by a unique set of points, specialised tools and their specific methods of manipulation. Until modern times it has remained a secret method, passed down through a lineage to its modern inheritor, Li Zhong Yu, Professor of Acupuncture at the Chengdu University of Traditional Chinese Medicine[6].

Chuzhen therapy has been proven to be safe and effective[9-13]. Its effectiveness has been proven scientifically to be not less than acupuncture and tuina massage. It has been proven to be effective in alleviating various kinds of pains[9-11]. Besides, it is also proven to be effective in improving blood circulation in the atherosclerotic brain[12,13].

Its theory and meridians are much more simple than acupuncture. It is a non-invasive treatment, free from puncturing pains, acceptable by all walks of life. The treatment can be done using special tools like short

sticks made from metal or wood[5], as shown in figure 3.

To master its basic manipulation technic only needs one to two days of workshop. More time is needed if one wants to be a professional Chuzhen practitioner, as he/ she has to learn the four methods of diagnosis, ie. observation, hearing and smelling, asking questions, and palpation of pulse and area of pains. But for lay people who just wants to use it at home, 1-2 days of training is enough. And keeping contact with the trainer for any questions is recommended.

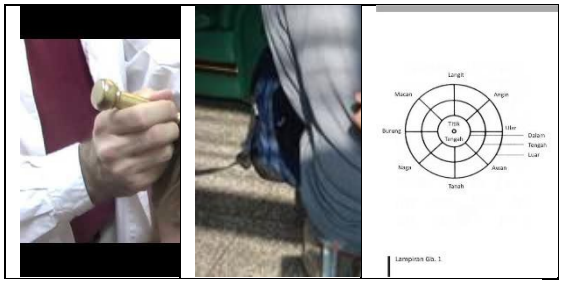

Fig. 3. Chuzhen on the head, on the back, and chart of meridian and points of Chuzhen therapy.

Due to the many advantages it provide, so it is warmly accepted by the society. Initially the method was adopted by practitioners in TCM, but later on it has attracted other communities including the Moslem community, and the nursing professional communities as well.

Fig. 4. Chuzhen workshop and certification test attended by nursing professionals, year 2020.

The method has been included as a part in the faculty of Dharma medicine in our Nalanda Buddhist College. It is taught in the first semester, so that the students can become a Chuzhen acupressure massotherapist since the first year of study.

The Chuzhen massotherapy is especially useful to alleviate pains, including neck pains due to staring the monitor in static position in a long time leading to straight neck syndrome, low back pain caused by herniated disc, ischialgia or sciatic nerve pain, and so on. Hence it is suitable for many ailments of the modern society. The therapy mainly brings relaxation of muscles and tendons of the problematic area of the body, so that it facilitates the flow of energy, blood and lymph within the meridian and vessels, restoring the supply of blood and energy, as well as the removal of waste products of metabolism from the affected sites[5,12-13]. Below is one trial reported in medical journal of the efficacy of Chuzhen in treatment of low back pain[9].

The study was done upon 98 patients with various kinds of pains visiting Chengdu Hospital, China. The Chuzhen therapy was done on the acupoints in area depending upon the location of pain. After one to tow courses of therapy, the effectiveness was 89.3% for epigastric pain; 87.1% for low back pain; 91.3% for headache; 93.8% for menstrual pain. All of the 98 patients showed effectiveness.

Conclusion

Chuzhen massotherapy is a form of health maintaining and sustaining method originated from Wudang Mountain, China. The philosophical basis is the blended Taoism-Buddhism of balance between Yin and Yang or cold and hot. The method has been scientifically proven safe and effective, so it has spread widely accepted by the society at all backgrounds. We hope to share the useful method for public health empowerment with all parties for the benefit of all beings.

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