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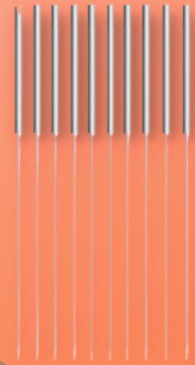
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**Editor's Invitation:****PRACTICAL LESSONS FROM THE YANGSHENG TRADITION**

Peter Deadman

**Introduction**

The *Neijing Suwen* (*Yellow Emperor's Inner Classic*), the seminal early text of Chinese medicine, is extraordinary in many ways. Two of these are of particular interest to those interested in *yangsheng* (nourishment of life) teachings.

The first is the revolutionary understanding that both physical and mental disease are primarily caused by our own behaviour, rather than by supernatural or magical forces. That this is laid out in the first page of the very first chapter, establishes the fundamental importance of prevention in Chinese medicine.

The Emperor asks his advisor Qi Bo why, in ancient times, people lived to over a hundred years and still remained vigorous, while 'now', at only fifty, they are already decrepit.

Qi Bo could have been speaking today when he replies that the people of old knew how to live properly. Their eating and drinking habits were moderate, they led a regular lifestyle and they modelled their behaviour on the interplay of yin and yang (i.e., they followed the natural order of things). By contrast, he says, people nowadays drink alcohol as if it were water, indulge in unrestrained sex, and "have no clue as to what it means to hold on to satisfaction ... they are all for gaining quick pleasures in their minds ... The whole pattern of their lives, their rhythm of waking and sleeping is completely without moderation or regularity. Thus, they can't even make it to fifty without going into decline."<sup>1</sup>

The idea that prevention of disease takes priority over treatment of disease is reinforced in chapter two in this famous passage.

"The sages did not treat those who were already ill but treated those who were not yet ill. They did not try to put in order what was already in disorder but tried to prevent disorder from arising in the first place. Treating disease after it has arisen is like starting to dig a well when one is already thirsty, or only starting to cast weapons once the battle has begun. Would these also not be too late?"<sup>2</sup>

It is tempting to interpret 'the sages did not treat those who were already ill' in the light of the popular story that doctors in ancient times were only paid as long as their patients remained well. If such a tradition did exist, it would surely only have applied to the wealthy, since the poor have always avoided paying doctors whenever possible, and I prefer to interpret the passage more broadly - that the role of the wise doctor is to model and teach healthy lifestyles.

**Why is preventing disease so important?**

*Medicine can only cure curable diseases and then not always*

Chinese saying

Medicine, of whatever kind, has to face the reality that many diseases - once arisen - are hard to cure.

The experience of the ancient world, and starkly brought home to us by the arrival of Covid-19, is that infectious diseases have always been the greatest threat to human health (hence the importance of the *Shang Han Lun*). Strengthening the body and the immune system was therefore considered a priority in the *yangsheng* tradition. This is illustrated in the 3<sup>rd</sup> century BCE quotation from *The Annals of Lu Buwei* (below) and by Li Dongyuan's later emphasis on regulating and strengthening the Spleen to help resist epidemic diseases.

*"It is desirable that the skin be taut, the blood vessels open to free circulation, the sinews and bones hard, the mind and will harmonious, and the qi active. If all this is achieved, illness will find no place to lodge, and evil no means to grow."*<sup>3</sup>

Our recent history shows us that infectious diseases will always pose a threat, but even more seriously we are now living through a different kind of epidemic - the inexorable rise of chronic non-infectious disease.

Obesity, cardiovascular disease, cancer, diabetes, dementia, strokes and depression are on the rise in every country in the world, and their incidence is predicted to double in the next two or three decades<sup>4</sup>. Once arisen, cure is unlikely, and the ever-growing expense of maintenance treatment will break even the best resourced medical systems.

What is clear, is that this tsunami of disease is caused by modern lifestyles, and tragically whenever they spread into developing countries, chronic diseases follow inexorably in their wake.

**What can we do about it?**

Understanding the causes of disease is one of the jewels of Chinese medicine. Chen Yan in the 12<sup>th</sup> century was the first to codify them as internal, external and neither internal nor external. We therefore understand that the causes of disease are multifactorial and many are not in our power as individuals to change.

Very broadly we can say there are three factors that determine health and longevity. The first is our inherited constitution. As Wang Chong wrote in the first century, "Strength and long life, weakness and short life are connected with the copiousness and scarcity of the received *qi*".<sup>5</sup> Decades of research has now confirmed that those with healthy and long-lived parents are more likely to live long themselves, as well as the fact that a wide range of diseases are inheritable. It is true that we can mitigate some of the negative effects of weak pre-heaven *qi* by maximising post-heaven *qi* through self-cultivation, but there is a limit to how much we can change, and so our inherited constitution is really a matter of good or bad fortune.

So, the second factor is luck. In addition to our constitutional inheritance, if we live in societies with high levels of violence, fear of authority, wars, poverty and social inequality, unavoidable overwork, poor access to quality nutrition, harsh climate, high rates of infectious diseases etc. we are likely to suffer more ill health and fail to enjoy long life. These factors are largely beyond our control.

The third factor is our own behaviour, and it is this that concerns the study of *yangsheng*.

### The four legs of the chair

I was introduced to this idea by one of my first teachers.<sup>6</sup> While *yangsheng* encompasses many behaviours, the four fundamental ones that apply to all of us at all stages of life are 1. Cultivating the mind and emotions, 2. Regulating food and drink, 3. Caring for the body, 4. Sleep.

Like a chair, we are more stable and stronger when all four legs are sound. Lose one leg and the chair might wobble; lose two or three and it no longer functions.

In the midst of a modern explosion of lifestyle advice, it is good to remember this wise advice. We all encounter people who eat carefully but who do not exercise, or who exercise diligently but whose emotional lives are chaotic and harmful, or who meditate with devotion but never take any exercise (one of the reasons - legend says - that Bodhidharma taught martial arts to the sedentary monks of the Shaolin Temple).

As the great alchemist and philosopher Ge Hong warned, nearly two thousand years ago, "In all matters of nurturing life, one must widely hear and then embody the most essential things, broadly look and then choose well. The partial cultivation of one thing will not prove sufficient to rely on. Furthermore, one must be on guard against the tendency of specialists to tout the one thing they are good at."<sup>7</sup>

#### 1. Cultivating the mind and emotions

Cultivating the mind and emotions can be seen as the starting and end point of self-cultivation.

First of all, it is hard to take care of ourselves if we don't genuinely wish ourselves well. As Sun Simaio wrote, "Whenever people don't live out their lives or

their life is cut short, it is always caused by not loving or cherishing themselves."<sup>8</sup> This may seem a simple challenge yet experience tells us otherwise. Expensive governmental health promotion projects (such as the UK's 'five portions of fruit and vegetables a day', or 'exercise five times a week') produce little change. Many of us will engage in self-harming behaviours – major and minor – or avoid healthy activities, even when we know how important they are. It is as though there are two (or more) people inside us with warring agendas – one wishes ourselves well, while the other undermines us. So until some level of emotional integration can be achieved, we may fail over and over again to, for example, reduce alcohol consumption or smoking, take more exercise, or eat better.

Secondly, as Chinese medicine teaches, and as modern research makes crystal clear, unregulated and excessive emotions are themselves a real cause of disease. Excessive anger, for example, increases the risk of cardiovascular and lung disease, strokes, asthma and many other diseases. In the case of strokes, for example, it is the number one precipitating factor.<sup>9 10</sup> Excessive worry, anxiety and fearfulness sap our energy, damage our sense of wellbeing and have been shown to cause a host of symptoms and an increased risk of cardiovascular disease. Addiction to excitement (excessive joy) diminishes the richness of simple pleasures and feeds addictive and self-harming behaviour.

Along with the slow increase of chronic physical disease discussed above, many societies – especially wealthy, developed ones – are facing a growing mental health crisis. In the United Kingdom, eight per cent of the population are currently taking antidepressant medication and the rate of depression and anxiety in the young has reached an astonishing forty-one per cent.

*Yangsheng* teaches us that in the same way that we need to breathe, eat and sleep, we also have to take time to understand and gain some control over negative and harmful emotional habits. Luckily the tools are available. Meditation and mindful movement practice such as *qigong* slowly grow areas involved in emotional regulation in the plastic brain. Slow, deep, lower abdominal breathing can shift us away from chronic levels of sympathetic activation (fight and flight) into restorative parasympathetic dominance. Physical exercise, contact with nature, music and art, sexual pleasure and the warm bonds of friendship feed back positively into our emotional state. All these come within the domain of *yangsheng*.

#### 2. Regulating diet

It is hard to believe that just a few decades ago conventional medicine believed that diet hardly played any role in health, apart from obvious deficiency diseases (all branches of traditional medicine of course knew otherwise). Yet nowadays we are constantly assaulted by often contradictory dietary health advice from all sides. Amidst this confusion, how valuable it is to have, in the *yangsheng* tradition, more than two thousand years of careful observation to draw on. While

diet is too large a subject to cover in this article, one of the key observations of *yangsheng* is that ‘how’ we eat can be as important as ‘what’ we eat. The three main factors are quantity, timing and our emotional state when eating.

#### • Quantity

*When eating, stop when you are seven tenths full*  
Chinese saying

As far as quantity is concerned, the broad advice for most of us is to eat less. Sun Simiao wrote "This [applying diet] is the special method of lengthening the years and ‘eating for old age’ and the utmost art of nurturing life." Considerable research evidence from the past few decades has shown that amongst all animal species studied, reducing calorie intake while maintaining adequate nutrition increases longevity and reduces the incidence of degenerative diseases.

There is one proviso, however. The elderly, pregnant women, manual labourers, those engaged in physical training, growing children and teenagers and some of those with eating disorders need to make sure they get adequate nutrition. But in general, sedentary workers who still eat diets developed for the needs of their more active forebears can safely reduce consumption.

Counting calories is not necessary, however, and the best guideline is to pay attention to our natural hunger. However, we need to learn to distinguish real hunger (when even the simplest foods taste delicious) from greed.

#### • Timing

Nearly all the activities of the Spleen require and consume *qi* – transportation, transformation, raising *qi* and holding and retaining organs and blood. It therefore easily becomes exhausted and most of its patterns of disharmony reflect this. To protect the Spleen, we need to avoid overloading it by eating too much, eating at irregular times, and especially eating too late in the day. Morning and midday are when *yang qi* is at its height, and this is reflected in the increased ability of the Spleen to transport and transform. As *yang qi* wanes later in the day, digestive function also weakens. If we eat too much or too late in the evening, especially when we then embrace *yin* by lying down through the night, undigested food remains in the Stomach. If this only happens occasionally, we may just experience fullness and lack of appetite in the morning, but if it becomes a habit, prolonged stagnation of food can transform into phlegm, dampness and heat. These can injure the Stomach (and remember, ‘with Stomach *qi* there is life, without Stomach *qi* there is death’) and lead on to a wide range of disorders.

The message, therefore, is to eat well at breakfast and lunch, and more lightly in the evening, especially late in the evening. As an old Jewish saying goes, “Eat your breakfast alone, share your lunch with a friend and give your supper to your enemy.”

#### • Mental state

Digestive diseases are amongst the most common of all disorders. The two main causative factors are eating too late/too much and eating when stressed, upset, angry or rushed. The Stomach and Spleen need peace and quiet to perform their functions well and, busy with their digestive work are especially vulnerable to attack by Liver *qi*. How many digestive problems could be resolved without medicine if we make sure to sit down to eat, calm our minds, avoid argument and stress and take pleasure in the taste of our meal.

#### • A word about food quality

Every Chinese medicine practitioner has some knowledge of the energetics of food and can tailor advice to the different conditions of our patients. But it is worth – in this age of ultra-processed and junk foods – to remember the simple guidance of eating real and unadulterated food. The modern food industry has subjected us to the deadliest experiment ever conducted – to see if humans can survive on a diet of ultra-processed foods (which in the United Kingdom now account for over fifty per cent of calories consumed). In fact, the experiment was completed some time ago and the results are clear – our food is killing us.

### 3. Cultivating the body

“If people exercise their bodies, the hundred ills cannot arise.”

*Sun Simiao, 7th century CE<sup>11</sup>*

The gentlemen literati who wrote about *yangsheng* were unlikely to engage in manual labour. They observed both the premature ageing of hard-working peasants and the physical deterioration of their sedentary peers. Following the middle way, therefore, they developed exercises that would ensure adequate physical strength and maintain the free flow of *qi* and blood without exhausting the body. These were mentioned as early as the 4<sup>th</sup> century BCE Zhuangzi<sup>12</sup> and elaborated in a series of scrolls and texts from the 168 BCE *Mawangdui* tomb discoveries onwards. Today we are the inheritors of a vast range of practices drawn from these sources as well as the internal martial arts of *taijiquan*, *baguazhang* and *xingyiquan* and the numerous Daoist, Buddhist and medical self-cultivation traditions. All emphasize that to be healthy we must move the body without exhausting it. In this way the entire channel network is stimulated and the fascia (connective tissue) retains its youthful elasticity. Integrating this kind of body cultivation with the transformational effects of mindful attention and slow breathing is a recipe for maintaining physical and mental-emotional health and prolonging life.

However not everyone is able or willing to study *qigong* or similar practices drawn from the Chinese internal arts tradition. They require a high level of dedication and the benefits may not be obvious in the early stages. For the young, and those with a lot of

internal stagnation, external exercise may be more appropriate – for example martial arts, running, swimming, hiking, yoga etc. The fact is that all exercise will to varying degrees benefit the body-mind.

#### 4. Sleep

“The secret of health preservation is first of all sleep. It can regenerate the essence, improve health, invigorate the Spleen and Stomach and strengthen bones and muscles ... it is an ever-successful panacea that cures all diseases.”

*Collected Works of an Old Man with a Bamboo Hat, Li Yu, 17th century*<sup>13</sup>

Sleep - when we sleep well - is a nightly miracle that we can so easily take for granted when we enjoy it and so yearn for when we don't. We lay down, mentally and physically weary, unravelled from work and the problems of the day, and - waking to a new morning – find ourselves restored and nourished, our minds and bodies mended, our cares and worries soothed and diminished. Occupying roughly a third of our lives, restorative sleep is vital to our health and well-being.

While most people who prioritize health are increasingly aware of the need to regulate diet and exercise, and to a lesser extent emotional life, the vital importance of good and sufficient sleep has often been forgotten. The lure of night-time television and social media means later bedtimes and a degree of stimulation that can make sound sleep difficult. A significant proportion of the population now sleeps less than the recommended minimum seven hours a night and even higher numbers report varying degrees of insomnia. In a recent United Kingdom survey sleeping problems affected seventy-five per cent of women and the majority of the elderly (both groups more likely to suffer from blood and/or yin deficiency and subsequent Heart-fire/Kidney-water imbalance).

Poor and inadequate sleep is associated with a host of health problems including obesity, cardiovascular disease, hypertension, reduced testosterone, sperm damage and more.<sup>14</sup>

When I studied Chinese medicine, I was taught that there are some conditions that needed to be addressed as a priority, whatever the presenting disorder. One was night sweating, the concentration on which probably dates back to 19<sup>th</sup> century epidemic of tuberculosis of the lung. Another was lack of appetite, since without adequate nourishment there is insufficient *qi* for the body to heal. I would suggest that problems sleeping should be added to this list. If we cannot recuperate and nourish ourselves with sleep, our whole organism suffers.

In addition to treatment based on pattern discrimination, we can advise simple changes in habits to help sleeping. These are mostly obvious and include avoiding excessive stimulation (for example electronic media or vigorous exercise) before bedtime, avoiding eating a large meal late in the evening, reducing caffeine consumption, and – especially for the elderly – sleeping alone to avoid being disturbed by a restless or noisy partner.

#### Conclusion

The *yangsheng* teachings of many of the greatest doctors and philosophers in China's history offer us a blueprint for increasing health and well-being and enjoying a long life. But the inspiration they offer goes further than this. Very much rooted in Daoism, they remind us of the greater picture – that we are part of a whole which includes all our fellow humans and the natural world we are inseparably connected to. What happens in our communities and on the planet, we live on will inevitably affect our own chances of health and happiness. Focusing only on our personal wellbeing risks becoming obsessive and narcissistic. Rather, the teachings of the *yangsheng* tradition encourage us to care not only for ourselves but for our families, our fellow humans and the earth itself.

"Heaven and Earth have the same roots as me, all things share the same body with me."

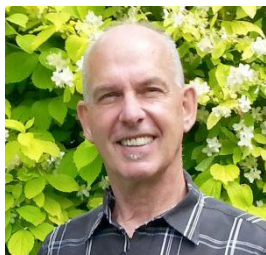
*Daoist poem*<sup>15</sup>

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**Peter Deadman** has worked in the field of health promotion for fifty years. After building a natural foods business he moved on to studying, practising, teaching and writing about Chinese medicine and *yangsheng*. He is founder of The Journal of Chinese Medicine, co-author of A Manual of Acupuncture and author of Live Well Live Long: Teachings from the Chinese Nourishment of life Tradition. He is an enthusiastic practitioner and teacher of *qigong*.

## Fu's Subcutaneous Needling Treatment Significantly Improved Chronic Ankle Sprain — A Case Report

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### Abstract

**Rationale:** Chronic ankle sprain is caused either by improper treatment, untimely treatment after acute ankle sprain, or by walking as usual after treatment, resulting in ankle pain, swelling, lingering and walking lameness. We reported a case of left ankle joint swelling every afternoon and the treatment of using Fu's subcutaneous needling (FSN).

**Patient concerns:** A 23-year-old female patient accidentally sprained her left ankle 1 month ago without any treatment, and the pain improved after a week's rest. Recently, the patient's left ankle joint was swollen every afternoon, and there was no pain and discomfort when walking on flat surface. When walking downstairs, the patient had difficulty in flexion and extension of her left foot with produced pain.

**Treatments and outcome:** FSN treatment was performed 3 times a week for the first course and once a week for the second course. The technique dissociates the superficial fascia beneath the ankle by swaying the affected tightened muscle and relieves the pain and reduces the swelling. The chronic ankle sprain was considerably improved.

**Keywords:** Fu's subcutaneous needling, chronic ankle sprain, reperfusion approach, tightened muscle

## Introduction

Chronic ankle sprain is mostly caused either by improper treatment, delayed treatment after acute ankle sprain, or walking as usual before it adequately healed, which will result in ankle pain, swelling, lingering, walking lameness, thus affecting the daily life and work of the patient. The treatments of chronic ankle sprains are usually either oral or topical non-steroidal anti-inflammatory painkillers combined with the use of ankle support and other protective supports.

In most cases, Orthopedists ask patients either exercise at home, or offer physical therapy in rehabilitation department in hospitals. These treatments might be effective in the short term, but the symptoms of pain, swelling often reappear, and the long-term effect is not so promising.

## Case presentation

A 23-year-old female patient accidentally sprained her left ankle 1 month ago, and the pain alleviated after a week's rest without any treatment. Recently, the patient's left ankle was swollen every afternoon, but there was no pain and discomfort when walking on flat surface. When walking downstairs, the patient had difficulty in flexion and extension of her left foot which also gave her pain.

On 27<sup>th</sup> June, 2022, she came to the Acupuncture clinic of Bao 'an Hospital of Traditional Chinese Medicine and had FSN treatment. Firstly, the affected muscles need to be detected. The patient had difficulty in flexion and extension of his left foot, as well as swelling and discomfort of the lateral malleolus. The suspected muscles were tibialis anterior muscle, peroneus longus muscle, peroneus brevis muscle, gastrocnemius muscle and soleus muscle. After treating the above muscles, the patient was asked to go down the stairs. She felt more flexible and the pain was relieved, despite the ankle remaining swollen.

On her second visit (29<sup>th</sup> June, 2022), the ankle swelling had significantly improved, and the affected muscles continued to be treated. On this visit, the anti-valgus reperfusion technique was operated slightly heavier, it caused her left foot swelling reoccurred the next day (30<sup>th</sup> June, 2022).

On 1<sup>st</sup> July, 2022, after the third treatment, the treated muscles were not as tight as before. The patient was asked to walk down the stairs. The flexion and extension of the left ankle were improved and the pain

was alleviated.

On 6<sup>th</sup> July, 2022. She reported occasional swelling of the ankle after last visit and improvement of walking up and down stairs.

On 18<sup>th</sup> July, 2022, she returned for treatment and confirmed that there was no more swelling of the left ankle, and she had no difficulty in flexion and extension and no pain in walking up and down stairs, so she could live a normal daily life.

## FSN treatment

### Swaying movement

Place the patient in supine position, disinfect the insertion site, point the needle tip at the affected muscle, insert the needle quickly into subcutaneous superficial fascia layer by using the insertion device. Elevate the needle tip slightly and push the needle forward horizontally under the skin, return the needle tip back into cannula and turn it to the lock position before swaying. Perform the swaying movement by using the insertion site as fulcrum, and hold the needle body by thumb, index finger, middle finger and ring finger. Sway gently to avoid unnecessary sensations being caused.

### Reperfusion approach

Reperfusion approach is an important part of FSN treatment and also the key point to enhance the curative effect.

While swaying the FSN needle, reperfusion approach is applied at the same time. The approach is designed according to the range of motion of the target muscles, the active or passive movement of a joint or muscle, such as ankle plantarflexion resistance, eversion of foot and dorsiflexion of the ankle etc. The practitioner often applies equal resistance to the patient who actively contracts the affected muscle. Each contraction should be held for 5 seconds, and then relax for 1 minute. Then the practitioner continues the next cycle of reperfusion while swaying, and the same reperfusion approach for the same affected muscle should be repeated no more than 3 times. The looseness or disappearance of local nodule, cord and tension in the affected muscle was considered as improvement.

Common reperfusion approach performance for ankle sprain:

(1) Tibialis anterior: Patients placed in supine position, keep lower limbs straight with neutral position, perform dorsiflexion ankle resistance;

(2) Perfibulus longus and Perfibulus brevis: patients placed in supine position, keep lower limbs straight with neutral position, perform foot valgus resistance;

(3) Gastrocnemius: Patients placed in prone position, keep lower limbs straight with neutral position, keep the foot away from the couch, perform ankle plantarflexion resistance. This action has a great effect on gastrocnemius muscle.

(4) Soleus muscle: Patients placed in prone position, keep lower limb in neutral position, bend the knee 90°, apply ankle plantarflexion resistance. This action has a great effect on soleus muscle.

(5) The needle will be removed after treatment and the soft cannula will be retained under the skin with dressing cover for 4-6 hours. The cannula can be removed by patients themselves with proper instruction. The timeline of Fu's subcutaneous needling treatment of chronic ankle sprain is shown in *Figure 1*.

### Discussion

Pain and swelling can occur due to blocked channel and stagnant *qi* and blood flow. This can be caused by delayed treatment, improper treatment or incomplete treatment.

The ankle joint is a hinged synovial joint that is formed by the articulation of the talus, tibia, and fibula bones. Bones and ligaments constitute the static stability system of the ankle joint and the surrounding muscles constitute the dynamic stability system of the ankle joint. Due to insufficient strength of muscles and ligaments around the ankle joint and uncoordinated movement, the ankle joint proprioception is damaged and its ability to control related muscles is therefore weakened, which makes the ankle joint unstable and easy to fatigue or sprain again.

In addition, due to the relaxation and weakness of calf and foot muscles, insufficient pressure cannot be given to veins and lymphatic vessels in the lower limb, so that blood and lymphatic reflux is blocked, resulting in lower limb swelling, poor local blood circulation and cold lower limb skin. In patients with chronic ankle sprains, the strength of muscles and ligaments is insufficient; joint range of motion is reduced; nerve and

muscle control is weakened, leading to gait changes. Patients thus walk under the wrong gait for a long time, which will lead to excessive pressure on each joint of the foot. Over time, local fatigue, pain and swelling of the ankle joint will first appear.

### Conclusion

At present, the most common non-surgical treatments for chronic ankle sprains are oral or topical non-steroidal anti-inflammatory painkillers, in combination with ankle support and other protective supports.

FSN is safe and convenient. It can effectively loosen the tightened muscle with minimal invasion of the superficial fascia and provides new ideas for treatments in the future.

After an injury around the ankle joint, local swelling will appear, resulting in tension and hardening of adjacent corresponding muscles, which will result in ischemia and tightened muscles. This will lead to further local swelling and pain for a long time.

The FSN technique acts on the loose connective tissue under the skin. It can quickly improve the ischemic state of local muscles and restore fresh blood supply to muscles by swaying movement and reperfusion. Thus, quickly relieving local swelling, pain and function limitation.

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The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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### Patient consent

Obtained.



→ Pre treatment (June 27) ← Post treatment (July 6) → Post treatment (July 18) ←

**Figure 1.** The timeline of Fu's subcutaneous needling treatment of chronic ankle sprain.



# 针灸治疗视网膜中央动脉阻塞 1 例

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[关键词] 视网膜中央动脉阻塞；视野缺损；针灸

视网膜动脉阻塞是眼科严重的缺血性疾病，由于视网膜中央动脉是视网膜内层唯一的营养来源，且分支间无吻合，一旦栓塞、血栓等原因造成视网膜急性缺血、缺氧，细胞水肿，超过 2h 即可引起视神经细胞不可逆的死亡，患者出现严重的视功能损害，视力仅数指或更差，并伴视野缺损甚至失明。本病发病率为十万分之一<sup>[1]</sup>，较视网膜分支动脉阻塞少见。目前视网膜动脉阻塞尚无标准治疗方案，而超过 72h 的治疗时间窗及病程较长的患者往往被放弃治疗而致残。因而是眼科的急重症之一。笔者遇 1 例视网膜中央动脉阻塞患者，经针灸治疗，视力视野均显著恢复，现报告如下。

## 1 病例资料

患者，男，44 岁。初诊日期：2020 年 5 月 23 日。主诉：左眼视力下降伴视野缺损 20 天。现病史：患者 5 月 2 日晨起时无诱因下左眼视物模糊，未予重视，至当日傍晚左眼仅有微弱光感，急至福建省立医院就诊，查左眼视力：手动/眼前，左眼角膜明，瞳孔较右眼放大，对光反射迟钝，RAPD(+)。视盘边缘可见中央动脉内白色栓子，视网膜后极部灰白、水肿，黄斑部呈樱桃红色。视野检查示：左眼视野广泛缺损(图 1)：MS[dB]3.6，MD[<2.0dB]24.8，sLV[<2.5dB]6.2。确诊为视网膜中央动脉阻塞。予以吸氧及硝酸甘油含服，并予球后注射地塞米松、复方樟柳碱，高压氧舱等治疗。患者自觉光感稍有提升。后辗转上海数家三甲医院眼科，但眼底因错过救治的最佳时机，因而预后极差。患者遂求治针灸科。既往有糖尿病及高血压病史。

刻下：左眼视物模糊伴视野缺损，右眼疲劳，头痛眼胀，舌暗，脉弦涩。

西医诊断：视网膜中央动脉阻塞。中医诊断：络阻暴盲(气血瘀阻)。

治则：行气活血，通窍明目。针刺取穴：新明 1(耳廓后下方，耳垂后皮肤褶皱之中点)、新明 2(眉梢上 1 寸，外开 5 分)、风池、天柱、瞳子髎、攒竹、上睛明、球后、上明、足三里、光明、三阴交。配穴：膈俞、肝俞。操作：新明 1 以 0.25mm\*40mm 毫针，针体与皮肤呈 45°~60° 角，针尖向前上方 45° 缓缓刺入 30~32mm，反复探寻针感，使酸胀感传导至颞区为佳；风池向对侧眼眶内缘直刺 30~32mm，天柱向同侧瞳孔方向直刺 30~32mm。瞳子髎、新明 2 以 0.25mm\*25mm 毫针直刺，缓慢进针 12~20mm；上睛明、球后操作时以左手轻推固定眼球，

右手以 0.25mm\*40mm 毫针沿眶缘缓慢进针 30~32mm，当深刺遇阻力时，应略后退几分，适当调整角度，以免伤及血管和眼球，使其针感为眼部酸胀或有眼球突出感；主穴得气后行平补平泻法，每 10min 行针 1 次，留针 30min。眶内诸穴出针宜轻，并即以棉球按压 5 分钟。配穴以穴位注射法，用 5 号齿科针头抽取丹参注射液，刺至得气注入药液，每穴 1ml。隔日一次，3 个月为一个疗程。患者坚持一周四次针灸治疗，治疗 1 周后右眼视觉疲劳感明显好转，头痛眼胀减轻；3 个月后复查左眼视网膜水肿消退，视野较前明显改善(图 2)：MS[dB]7.4，MD[<2.0dB]20.9，sLV[<2.5dB]8.3，左眼矫正视力从眼前手动提高到数指/30cm。坚持治疗至今 1 年余，患者左眼矫正视力 0.1，视野显著扩大(图 3)：MS[dB]9.3，MD[<2.0dB]19.0，sLV[<2.5dB]9.0。嘱其继续巩固治疗。

## 2 体会

视网膜中央动脉阻塞属于中医“络阻暴盲”范畴，《证治准绳·杂病·七窍门》谓其“乃否塞关格之病”，《审视瑶函》更指出“其症最速，…急治可复，缓者气定而无用矣”。病机多为肝肾不足，气机紊乱，瘀滞目中脉络而闭阻<sup>[2]</sup>。主穴中新明 1、新明 2 均为经外奇穴，是治疗目疾的经验效穴<sup>[3]</sup>，针感强烈，以疏通眼部经气，活血化瘀。视网膜中央动脉是眼动脉的重要分支，而后者血供主要来源于颈内动脉<sup>[4]</sup>，针刺风池穴可改善眼部缺血区域的供血和能量代谢<sup>[5]</sup>。天柱穴属足太阳膀胱经，“足太阳，有通项入于脑者，正属目本，名曰眼系”，其“起于目眦而下出于颈项”，故取其行气散瘀。瞳子髎、攒竹、球后、上明、上睛明均为局部取穴，起到疏通阻滞，通窍明目的功效。取足三里补益气血，三阴交滋补肝肾，以求治本。足厥阴肝经上入巅顶，连目系，而光明穴属足少阳胆经络穴，因其沟通肝胆两经而有治疗目病的作用，针刺光明穴使视网膜中央动脉扩张，增加视网膜的血流循环<sup>[6]</sup>。而配穴则因本病为肝失疏泄，气逆血壅，故取肝俞以平肝行气；又证属血瘀，故取血会膈俞以活血逐瘀，配合丹参注射液以增祛瘀之力。诸穴合用，共奏行气活血，清瘀明目之功。

值得关注的是，61%的视网膜中央动脉阻塞患者最终视力低于 0.05<sup>[7]</sup>，而本例患者视网膜虽受损严重，但坚持规律和长期的针刺治疗后视力及视野缺损均获得明显改善。中西结合的治疗策略可能会给视网膜动脉阻塞患者带来更多的选择。

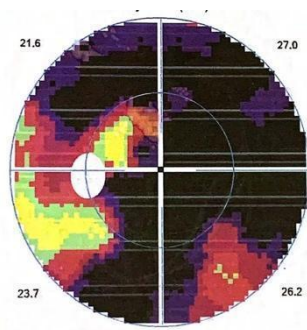


图1 治疗前视野检查

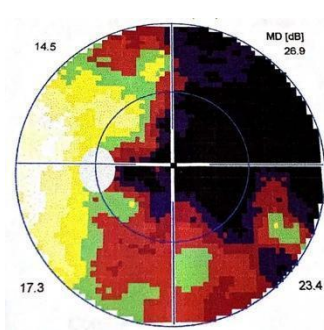


图2 治疗3月后视野检查

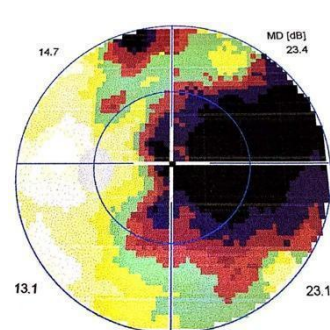


图3 治疗1年后视野检查

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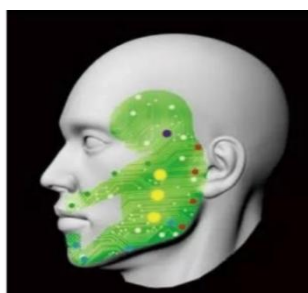
## 颊针疗法简介与临床病例分享

朱红影

**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)。该疗法是以生物全息理论、大三焦理论、身心整合理论为基础, 以安全、无痛、简单、有效, 全科和标准化为

目标的一种针刺疗法, 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



(图一)

## Summary:

Cheek Acupuncture Therapy is a type of micro-needling therapy that was established by Yongzhou WANG. It evolved based on a theory that there exists a holistic micro-system in the cheek to correspond to each part of the whole human body (Image 1). It based on Bio holography Theory, Grand *sanjiao* Theory and Mind-body Integration Theory. It is an acupuncture therapy which is safe, painless, simple, general, effective and standardized.

The author has been self-studying and practicing Cheek Acupuncture Therapy since 2018, finding that it had significant effect to relieve variety of pain. This article gives a basic introduction to Cheeks Acupuncture Therapy and reports two case studies from own clinical practice.

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

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 16 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，为颞颥缝中点处；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：髌穴，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、咳嗽、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。

#### 五、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，还想继续预约治疗其他的内科疾病。

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

All the submitted articles or papers must not being simultaneously submitted to other journals, and also have not been published in any other journals unless particularly specified. Submitted articles are reviewed by our editors. If the editors suggest any significant changes to the article, their comments and suggestions will be passed on to the authors for approval and/or alteration. JCMA maintains copyright over published articles. Unpublished articles will not be returned unless specifically arranged with the editors.

All the papers should be sent to the Editorial Committee via email [info@atcm.co.uk](mailto:info@atcm.co.uk). Please indicate "Paper for JCMA". Deadline of submission for next Issue (Volume 30 Issue 1) is **28th February 2023**. Papers received after the deadline may still be considered for publication in the later issue.

# The Effectiveness of Pragmatic Acupuncture in Patients with Diabetic Painful Neuropathy (DPN)

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## Abstract

### Background

Diabetic Painful Neuropathy (DPN) is a distressing and disabling complication of diabetes mellitus affecting about one-third of patients with diabetes. The effectiveness of acupuncture for DPN has not been well documented. The aim of this study was to evaluate the effectiveness of pragmatic acupuncture treatment in patients with DPN.

**Methods:** A single blind randomized controlled trial was used in the study. Sixty DPN in-patients from two affiliated hospitals of a Chinese Medicine (CM) University in China participated into the study. Thirty patients were assigned in each group and individualized acupuncture treatment was given to treatment group in comparison to sham acupuncture group using non-existing auricular points. Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) scale was used to examine neuropathic symptoms, lower-limb pain intensity was assessed using the Visual Analogue Scale (VAS), sleep patterns were examined with the Sleep Problem Scale (SPS) and SF36 was adopted to assess Quality of Life (QoL). Mann-Wihtney U tests were used for group comparisons.

**Results:** Although both groups achieved significant changes after the treatment, there were significant differences (all  $p < 0.001$ ) in pain scale, LANSS and SF36 scores between the two groups. There was no significant difference ( $p > 0.05$ ) in sleep disturbance between the treatment and control groups after the intervention.

**Conclusions:** Acupuncture was found to be an effective treatment strategy for pain and QoL in patients with DPN. It was also effective for alleviating the clinical symptoms associated with DPN as measured by LANSS if applied individually and daily. Therefore, acupuncture may be an effective treatment modality for DPN.

### [Key words]

Pragmatic Acupuncture; Diabetes Mellitus, Diabetic Painful Neuropathy

## Introduction

Diabetic Painful Neuropathy (DPN) is a common problem affecting about 10% - 20% of patients with diabetes [1]. PDN is a distressing and disabling condition whose cause is not yet fully understood. However, age, duration of diabetes and diabetes control have all been shown to be associated with DPN [2]. DPN is associated with nocturnal burning or shooting pains in the legs and feet pointing to impairment or damage to the small nerve fibres. It may also be associated with disturbed sleep and a poor quality of life [3, 4], and these features may persist for years [5]. Additionally, the management of this condition can be resource intensive both to individuals with DPN and the society [6].

There is currently no treatment that can reverse the development or progression of diabetic peripheral neuropathy [5]. Treatment, therefore, relies on the use of prescribed medication to manage the pain. The most common medications prescribed for DPN belong to two classes of drugs, tri-cyclic anti-depressants and anti-convulsant drugs. In clinical trials, these drugs have been shown to be effective in controlling the pain but are known to have important side effect, such as dizzy, nausea and vomiting or gastric upset and diarrhea [7]. It is believed that about 2/3 of patients with DPN may experience some side effects from taking these drugs of which up to 15% will be serious enough for them to stop taking their medication, and leaving them with no effective treatment [8]. A number of non-pharmacological treatment interventions such as topical capsaicin and OPSITE film dressing have been used for patients with DPN [9].

Traditionally, acupuncture has been used to treat a wide range of conditions [10]. Scientific research into acupuncture began in China in the 1950s [11]. There is evidence to suggest that acupuncture improves patient health and wellbeing [12] and has been shown to be effective for managing conditions such as headaches and musculoskeletal pain [13]. It has been demonstrated that the use of acupuncture increases the level of neurotransmitters such as endomorphin, beta endorphin, enkephalin, and serotonin in both blood plasma and brain tissue [14, 15]. Similarly, acupuncture has been



found to be effective for reducing pain in patients with DPN where 77% of participants either reduced or stopped their medications [16]. However, due to a lack of control group in this research, it is difficult to ascertain the true effectiveness of acupuncture as an effective treatment for DPN. A new RCT recently found that acupuncture was helpful to reduce pain level though this was not statistically significant [17]. The use of acupuncture (under medical acupuncture) in that study limits the generalizability of their findings to traditional acupuncture. Hence, it is unknown whether the traditional acupuncture is an effective treatment strategy for DPN. Therefore, the aim of this study was to evaluate the effectiveness of pragmatic acupuncture as treatment modality for patients with DPN.

## Methods

### Participants

Sixty patients with type I and II DPN aged 18 -70 years with a clinical diagnosis of DPN were recruited from the in-patient department of two affiliated hospitals of Guiyang TCM College from May 2012 to October 2012, into the study. Duration of illness was between 18 – 60 months and currently taking prescribed medication for Diabetes or DPN. All participants were free of foot ulcers at the start of the study and had signs of peripheral sensory neuropathy, the latter defined as the absence of any two of sharp/blunt sensation measured with a neurothesiometer [18].

Patients who suffered with serious heart, liver and kidney diseases, critical conditions such as tumor, brain hemorrhage or other bleeding or skin infection, pregnant women and patients with mental illness were excluded from the study. The project received ethical approval from the Guiyang TCM College and local health authority, China. Written informed consent was obtained from all the participants.

All participants continue to use their ordinary medication relevant to their diabetes treatment.

### Procedure

Baseline assessments were evaluated and one of the authors (DF), an independent researcher who was not involved with data collection, randomly assigned patients into the two treatment groups by using a computer-generated, blocked random-allocation sequence. The allocation was placed inside sealed opaque envelopes. An allocation code was in the case notebook and was checked at each visit.

### Intervention

Two investigators, trained acupuncturists who are also qualified medical doctor with more than 5 years of experience in two hospitals treated all patients in the two groups. The study was monitored for compliance with the protocol by one of the investigators (KD). Treatment group were provided real acupuncture

treatment based on TCM theories for limb *bi* syndrome. Main acupuncture points are Kid-3, Sp-6, St-36. The secondary points are LI-11, LI-4, GB-34, LIV-3, SP-10 [19], and other acupuncture points determined based on TCM diagnostic theory. Moxibustion stick on main points was used to every patient.

All patients received life style change advice as necessary to match treatment principle following TCM theory. Andi (disposable, 0.35 x 40 mm) needles were used. All insertions were perpendicular; *Deqi* was applied on each point with individual depth appropriately. Needles remained for 30 minutes and Moxa for 20 minutes before needles were taken out. The control group received sham acupuncture treatment via herbal seeds with 4x4mm plaster on non-acupuncture points on one side of the ears every day. All patients received daily treatment, 14 sessions of treatment in total for two weeks. Data were collected at a regular scheduled time points at baseline, end of treatment and 3 months follow up.

### Outcome measures

The following assessments were carried out by a single researcher: Pain was measured using the Visual Analogue Scale (VAS) and The Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) [20]. Quality of life was examined using the short form of SF36 [21]. Whereas the effectiveness of the intervention was measured using the MYMOP [22]. Sleep disturbance was examined with the Sleep scale [23]. The blood sugar level and blood pressure which are relevant to DPN were only measured before the treatment.

### Data analysis

Descriptive statistics were carried out to present the baseline data and participants' characteristics. The normality of the data was tested using the Shapiro Wilk test which revealed that the data was not normally distributed. Hence, group comparisons were made using the Mann Whitney U tests. All analyses were carried out on SPSS version 20.0. Significance level was set at  $p \leq 0.05$ .

### Results

Sixty patients (mean age  $63.5 \pm 12.1$  years) with DPN participated in the study treatment ( $n = 30$ ) and sham ( $n = 30$ ) groups. The baseline characteristics of the participants are shown in Table 1. Table 2 shows the results of the pain scores in the two groups. From the Table, it can be seen that pain scores were significantly lower (both  $p < 0.001$ ) immediately after treatment and three months after the intervention in the acupuncture group compared with the controls.

The results of LANSS scores are presented in Table 3. Similarly, LANSS scores were statistically significantly lower (both  $p < 0.001$ ) immediately after treatment and three months after the intervention in the acupuncture group compared with the sham group.

**Table 1: Participants Characteristics****Table 2 Pain (VAS) Scores  
(Values are median and IQR)**

<b>Table 3: LANSS scores</b>			
Time	Acupuncture	Sham	p values
Baseline	18.83±3.51	18.80±2.34	0.861
End of treatment	7.57±5.53	14.23±3.15	< 0.001
3 months after treatment	8.50±4.26	13.13±3.99	< 0.001

Table 4 shows the results of the SF-36 scores in both the acupuncture and sham groups. The Table shows that SF-36 scores were significantly higher (both  $p < 0.001$ ) immediately after treatment and three months after the intervention in the acupuncture group in comparison with the controls.

**Table 4: SF36 Scores in both Acupuncture and Sham Groups**

Time	Acupuncture	Sham	p values
Baseline	264.99±91.99	221.09±85.29	0.060
End of treatment	483.88±89.90	316.39±62.93	< 0.001
3 months after treatment	462.97±92.84	308.86±66.47	< 0.001

Table 5 shows the qualified expression scores in the acupuncture and control groups. As it can be seen, the mean qualify expression scores were higher in the controls than in the acupuncture group. These scores were statistically significant (both  $p < 0.001$ ).

The results of the mood scores in the acupuncture and sham groups are presented in Table 6. From the Table, the mean mood scores immediately after treatment and 3 months after treatment were significantly higher (both  $p < 0.001$ ) in the acupuncture group compared to the controls.

**Table 5: Qualified expression  
in the acupuncture and control groups**

	Acupuncture	Sham	p values
Baseline	7.00±1.55	7.73±1.26	0.049
End of treatment	2.93±1.14	6.07±1.23	< 0.001
3 months after the treatment	2.40±0.81	7.53±1.01	< 0.001
	Acupuncture	Sham	p values
Age	63.20±11.84	61.60±8.68	$P > 0.05$
Duration of diagnosis	15.30±14.94	14.90±12.95	$P > 0.05$

**Table 6: Mood scores  
in the acupuncture and sham groups**

	Acupuncture	Sham	p values
Baseline	3.17±1.60	2.60±1.30	0.138
	Acupuncture	Sham	p values
Baseline	7.37±1.12	8.05±1.00	0.015*
End of treatment	3.52±1.24	6.45±1.09	< 0.001*
Three months after treatment	2.80±1.03	7.36±0.85	< 0.001*
End of treatment	7.17±0.95	4.33±0.99	< 0.001
3 months after treatment	7.47±1.07	2.53±1.14	< 0.001

Table 7 shows the mean satisfaction and effectiveness of treatment scores in both the acupuncture and control groups immediately and 3 months after the treatment. It can be seen that the scores were significantly higher (both  $p < 0.001$ ) in the acupuncture group compared with the controls.

**Table 7: Satisfaction and Effectiveness of Treatment**

Confidence	3.93±0.64	3.17±0.65	< 0.001
Recommendation	4.27±0.58	2.93±0.78	< 0.001
Rational	4.33±0.48	3.27±0.83	< 0.001
Effectiveness	4.43±0.50	2.80±0.76	< 0.001
Total score	16.97±1.73	12.17±2.61	< 0.001

Total score of sleep quality is 20 points from four questions. High score means poorer quality. Score in both groups had no significant difference before the treatment, meaning of comparable ( $p \geq 0.05$ ). The score in acupuncture group reduced significantly ( $p \leq 0.05$ ), while sham group did not show difference at the end of treatment. Both groups had no significant difference 3 months after the treatment, which means the long-term effect is not significant.

We measured the satisfaction and effectiveness of the treatment using MYMOP. The score for two groups had no significant difference before the treatment. The score significantly reduced in treatment group, but the sham did not show significant difference in comparison to the score before the treatment. However, 3 months after the treatment, both groups did not show difference in comparison to the score before the treatment ( $p \geq 0.05$ ). score before the treatment. However, 3 months after the treatment, both groups did not show difference in comparison to the score before the treatment ( $p \geq 0.05$ ).

## Discussion

Acupuncture has been practiced for thousands of years and has never been doubted for its effectiveness for pain

relief in China. Although its benefit has been recognized [24], evidence from a standard RCT design was largely inconclusive even though it suggested that sham needling is as effective as real acupuncture [25]. There are few studies on acupuncture in the treatment of painful neuropathy, therefore, direct comparison with previous research studies is difficult.

An early, non-placebo-controlled study reported a reduction of McGill Short Form Pain Score for DPN [26] and another RCT for DPN has reported improvements in Acupuncture was significantly more effective than sham for treatment of numbness of the lower extremities, spontaneous pain in the lower extremities, rigidity in the upper extremities and alterations in temperature perception in the lower extremities after therapy [27]. However, there is limited evidence on the effectiveness of pragmatic acupuncture on DPN. Therefore, this study examined the effectiveness of pragmatic acupuncture in patients with DPN.

The present research adopted pragmatic acupuncture practice in China, using individualized approach for DPN treatment under Chinese medicine theory. Chinese medicine perception of DPN is blood stasis due to *yin* deficiency, empty heat drained *yin*-blood, causing lack of moisture of the muscles and tendons. Acupuncture point selection was based on this theory, using K-3, ST-36, SP-6, GB-34, LI-11 and LI-4 as main points, plus moxibustion to promote the local circulation and remove the pain. All the participants in the acupuncture group were given acupuncture needles plus moxibustion which is a companion of acupuncture for pain relief in particular the pattern with cold pathology in Chinese medicine. It was found that it was effective to relief patients' symptoms and improve quality of life (QoL). In addition, patients' symptoms were relieved and QoL improved significantly when compared before and after treatment.

The main difference of this clinical trial to many trials' results in the West is that the treatment was conducted in the hospital with patients staying in. The frequency of the treatment was the typical Chinese style with once daily over 2 weeks. We choose ear seeds on non-acupuncture points because the sham needles would generate stimulation on the limbs [28] and bring Adophin to ease pain. However, the ear seeds placebo still achieved good results unexpectedly.

Within the present study, the reason why sham acupuncture achieved good result may be that ear acupuncture generated sensation for relaxing, this might have some soothing effects on the DPN patients, thereby helping to relieve pain. It is possible that the interaction between patients and the therapists during treatment had some psychological effects on their pain. In addition, there are many active points on the ear, therefore we cannot rule out the possibility of location of the seeds on the active acupuncture points. Alternatively, stimulation

on skin may elicit similar physiological responses, such as release of endorphins that can be blocked by opioid antagonists [29]. Moreover, it is possible that stimulation of both acupoints and sham points reduces activation in cortical areas of the brain, believed to be involved with processing of pain signals [30].

As argued by Lund and Lundeborg [31], there is no sham acupuncture procedure that is truly inert, as even a light touch of the skin can produce an emotional and hormonal reaction. For this reason, no true placebo is currently in existence for acupuncture [32] and perhaps trials should focus more on the comparison between acupuncture and other therapies or on acupuncture alone.

Group comparison indicated that the acupuncture group was significantly better in reducing pain and improving QoL than sham group. However, sleep scale and satisfaction were not significantly different after 3 months. Double blinded study of acupuncture was not possible as acupuncturists needed to know the treatment they were delivering. However, the assessor from statistic department was totally blinded to the treatment and to the knowledge of acupuncture.

In conclusion, pragmatic acupuncture was found to be an effective treatment strategy for reducing pain and improving QoL in patients with DPN. It was also effective for alleviating the clinical symptoms associated with DPN when applied individually and daily. Hence, clinicians are to be aware of these findings as acupuncture may be an effective treatment modality for patient with DPN.

There are some limitations to the study. The sample size was small, hence, future research with larger sample size would be needed to authenticate the present findings. In addition, the cost-effectiveness of the intervention of the modality was not investigated in the present study. In order for the intervention to be widely adopted for DPN by decision makers and clinicians, it is important that it is cost-effective. Hence, future studies are to examine the cost-effectiveness of pragmatic acupuncture for patients with DPN.

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#### Conflict of interest statement

There is no conflict of interest in relation to this research

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# Efficacy of Different Types of Acupuncture in the Treatment of Rheumatoid Arthritis – A Systematic Review

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## Abstract.

This study is secondary research which looks at the efficacy of different types of acupuncture in the treatment of rheumatoid arthritis (RA) conditions. It examines acupuncture and its use with Western medicine as well as the efficacy of the different types of acupuncture such as: stand-alone acupuncture, moxibustion, electro-acupuncture, laser acupuncture and cupping combinations.

The information to investigate this subject has been analyzed from different sources and searched from open access and fully downloadable journals. These sources have all demonstrated improved efficacy in the treatment of RA. The papers, which study a combination of acupuncture with Western medicine, has shown better results than acupuncture alone, or Western medication alone. Furthermore, results for visible conditions like morning stiffness, joint tenderness, joint swelling and biomarkers have been tested through randomized control trials (RCT).

Most of the sources have revealed that a combination of Western medication and acupuncture has proved to be more effective than any of these treatments individually. The vesiculating cupping treatment proved to be most effective but the treatment is very intense and may not be suitable for Western patients.

## Introduction

Rheumatoid arthritis (RA) is a systemic autoimmune inflammatory disease which affects between one and two percent of the population. Women are three times more likely to be affected than men. It can affect all age groups but is mainly prevalent as age increases (Grossman, 2014). The prevalent age group for the onset of RA is between forty and fifty years of age (Kumar, 2021).

## Western and traditional Chinese medicine perspectives

### Western medicine perspective

#### Pathology of Rheumatoid Arthritis

RA mainly attacks the joints forming non-suppurative proliferative and inflammatory synovitis. RA can lead to cartilage destruction and ankylosis (Kumar, 2021). The synovial membrane lines the joint cavity and is the first tissue to be affected. The inflammation can spread to the articular cartilage, the fibrous joint capsule and surrounding tendons and ligaments, which will cause pain, loss of function and ankylosis. The joints most affected are the knees, ankles and feet, elbows, wrists and fingers. They can also affect the shoulders, hips and cervical spine. Other tissues involved can include the lungs, throat, kidneys, heart and skin (Huether, 2004).

#### Symptoms

Signs and symptoms of RA include warm, tender and swollen joints, morning stiffness and joint stiffness after immobility, fever, fatigue and loss of appetite. It usually affects the smaller joints in the early stages and as the disease develops it can spread through the joints of the limbs (Mayo Clinic, 2022).

Other changes around the joint can occur. The alignment of bones at the joint can move due to

erosion of the cartilage. As the joints are used less this can lead to atrophy of the muscles and stretching of the ligaments and tendons thereby reducing the support of the joint. Pain and inflammation can cause muscle spasm which can pull the bones further out of alignment causing contracture and deformity, such as swan neck, ulnar deviation and boutonniere deformity.

#### Western medicine treatment

Treatment for RA is mainly aimed at reducing inflammation in the joints, slowing down joint damage and pain relief. The two main treatments are disease modifying antirheumatic drugs (DMARDs) and biological treatment. DMARDs block the effects of the cytokines which attack the joints. These are sometimes combined with corticosteroids. Biological treatments are often taken in combination with DMARDs and are given by injection. They work by stopping chemicals in the blood activating the autoimmune system which attacks the joints (NHS, 2022). Physiotherapy and OT is also used.

Painkillers like paracetamol or codeine can be used but they do not treat the inflammation. NSAIDs can help with pain and reduce inflammation in joints but do not show long-term benefits, and they can lead to stomach problems (NHS, 2022).

### Traditional Chinese Medicine (TCM) perspective

### Diagnosis and symptoms

RA is classed as a *bi* or impediment disease. This is a group of diseases which are caused by invasion of heat, cold, wind or dampness on the meridians which involve the joints, bones, sinews and muscles which manifest as heaviness, hotness, soreness and local pain, and also stiffness with articular swelling and ankylosis. Acupuncture can play an important part of TCM in the treatment of *bi* syndrome patterns (Chou, 2018).

A deficiency of healthy *qi* along with the invasion of pathogenic factors are the two main causes of this syndrome. Lack of physical exercise, fatigue and low body resistance can lead to a deficiency in *qi*. Climatic variations, like damp and cold conditions, can induce the invasion of external pathogenic factors. Different body constitutions and variable pathogenic factors can lead to various types of *bi* syndrome, which are mentioned below (acupuncture.com, 2015). *Bi* (obstruction) syndrome is when external causes have invaded the body and blocked the flow of *qi*. The 4 main syndrome patterns are:

Wind *bi* (wandering *bi*). Painful and sore joints which are widespread throughout the body. Pain moved from one area to another and can be accompanied by fever and chills in the acute stage (Mole, 2002). The tongue has a thin white coat the pulse is wiry due to pain (Patientpop, 2022).

Damp *bi* (fixed painful *bi*). Achy and stiff joints which feel heavy and often swollen. The pain is fixed in certain joints. Patients often feel more discomfort in humid or damp, wet weather (Mole, 2002). *Qi* and blood flow are blocked by damp. There is reduced range of movement. The tongue has a greasy white coating. The pulse is slow and soft. Although, where damp predominates there will still be signs of wind or cold (Patientpop, 2022).

Cold *bi* (aching painful *bi*). Joints feel cold. They are aggravated by cold and improved with heat. The pain is fixed and can be severe and can be worse with movement (Mole, 2002). It is sharp and contracting. The tongue has a thin white coating and the pulse is tight (Patientpop, 2022).

Heat *bi* (febrile *bi*). The joints are red, inflamed and swollen. They are also hot and sensitive when palpated. The person's mouth is often dry, and the urine will be dark and scanty (Mole, 2002). The heat comes from damp, so the main signs will be damp heat. The tongue will have a yellow greasy coating and the pulse will be slippery and rapid (Patientpop, 2022).

Phlegm *bi* (bony *bi*). Can develop from any of the above four and is only seen when the syndrome becomes chronic (Maciocia, 2020).

### Treatment

The main principle should be to expel the pathogenic factors, including dispersing cold, dispelling wind, clearing heat and eliminating dampness which are affecting the meridians. For weaker patients or those with chronic disease additional therapies should be

added to tonify the liver, spleen, kidney and blood. For chronic cases which have been complicated by phlegm and blood stasis, the blood circulation should be improved to dissipate the blood stasis. Points should also be used to drain the phlegm (acupuncture.com, 2015).

Moxibustion is a traditional therapy to treat diseases by thermal stimulation. This is done by burning Mugwort, *Artemisia vulgaris*, at specific acupuncture points on the skin. The Spiritual Pivot quotes "when the blood is congealed, settling in the vessels, there is no way to remove it except through rectifying the blood by fire". This means that moxibustion would be a good choice for warming the channels and harmonizing the *qi* and blood, as well as scattering cold. It can be used clinically for internal and external conditions and is often used to treat chronic diseases (Cui-Lan, 2007).

Cupping can be used to draw out evils, like cold and dampness, in the channels. It can help with pain inflammation and blood flow, and as a deep tissue massage. Types of cupping include flash cupping, slide cupping and combined needling and cupping (Cui-Lan, 2007). It is sometimes done with bloodletting for a more intense effect.

Laser acupuncture is low intensity laser irradiation, which is nonthermal, and stimulates acupuncture points. It is promoted as a safer pain-free alternative to traditional acupuncture, but little is known about the mechanisms of action. Advantages over stand-alone acupuncture are minimal sensation, reduced risk of infection, trauma and bleeding (Chon, 2019). It is safe to use on older patients where the skin may be thin or patients using blood thinners.

Electroacupuncture (EA) was developed in China in 1950s for use in surgical operations. Before EA, anaesthetists had to continually rotate needles manually throughout the operation, so EA was developed to help with this. It is similar to a TENS machine, but the wires are attached to acupuncture needles with crocodile clips. Today it is widely used for neurological conditions, pain relief, musculoskeletal problems, gastrointestinal problems, and for post-operative analgesia (ScienceDirect, 2022)

### Results and findings

All patients in the studies were randomly selected and matched the ACR classification criteria and were aged between 17 and 70 years old. The results shown are all pre and post treatment. Some studies allowed Patients to take disease modifying antirheumatic drugs (DMARDs) and nonsteroidal anti-inflammatory drugs (NSAIDs), who were on a stable dose for three months. They were told not to change their dosage during the study.

### Stand-alone acupuncture for RA

Liang, et al. (2012), Zanette, et al. (2008) and Lee, et al. (2008) compared symptom management and efficacy of acupuncture when used with western

medication.

Liang, et al. (2012)'s observation group had acupuncture plus antirheumatic drugs, and the control group had antirheumatic drugs only. Both groups show significant improvement with all tests. Improvements in joint tenderness and average grip were considerably more significant than the control group and the CRP reduction was also more significant in the observation group.

Zanette, et al. (2008)'s pilot study compared acupuncture versus sham acupuncture with both groups taking antirheumatic medication. Both groups showed improvement in the results. There was no difference in either group in the number of patients showing improvement on the ACR 20 criteria. This may be down to the small sample size. Morning stiffness and joint tenderness were improved in the acupuncture group compared with the sham group. There was no improvement in either group for the swollen joint count, but the acupuncture group showed improved results for most of the other observations.

Lee et al. (2008)'s pilot study compared acupuncture with medication against medication only. It showed a significant decrease in the number of swollen joints, no significant improvements in the tender joint count. Morning stiffness was also decreased. There was no significant difference in the ACR 20 results for the medicated or nonmedicated patients. Patient reported a significant improvement in pain intensity.

Zukow, et al. (2011)'s sham controlled RCT was done without other medication. The observation group showed significant improvement compared with the sham group. VAS and the Laitinen and Zytowski questionnaire showed statistical improvement for the observation group.

Sato et al. (2009)'s study used positron emission tomography (PET) using F – fluorodeoxyglucose (FDG) as well as systemic inflammatory markers. The acupuncture group had relieved symptoms and physical function, plus their quality-of-life was improved but it showed limited anti-inflammatory effect.

Xie, et al. (2006)'s clinical study used TC – methylene diphosphate imaging of bones and joints in the early and inactive stages of RA. There were 3 groups in this trial. Group A had the Chinese medicine compound *fengshining*. Group B had acupuncture and group C had *fengshining* plus acupuncture. Group A showed no significant change. Groups B and C show significant improvements, with group C showing the most improvement. *Fengshining* is a combination of Chinese herbs, Western immunosuppressants and anti-inflammatory.

### Moxibustion for RA

Gong, et al. (2019)'s research looks at possible mechanisms of moxibustion for RA by looking at the serum levels of hypoxaemia – inducible factor – 1 alpha (HIF – 1 alpha) and vascular endothelial growth

factor (VEGF). Both groups were taking disease modifying antirheumatic drugs, methotrexate and leflunomide (British national formulary, 2014). The observed group also received moxibustion points ST36 and BL23. Both HIF – 1 alpha and VEGF were reduced in the treatment group, but only VEGF was reduced in the control group. The total reduction was also greater in the treatment group.

Both groups showed significant improvement in rheumatoid serum markers, but the treatment group showed a significantly larger decrease in the Rheumatoid Factor (RF). The visible changes also showed greater improvement in the treatment group.

Lin (2015)'s RCT used warm needling moxibustion along the governing channel and *jiaji* (EX – B2) for the treatment group, and the control group had acupuncture for *bi*-impediment syndrome caused by wind. The visible changes and the ESR rate showed significant improvement in both groups. Joint tenderness was not improved with moxibustion. However, joint swelling was reduced, and morning stiffness time was reduced significantly more in the treatment group.

### Electroacupuncture for RA

Ouyang, et al. (2011)'s study observes the efficacy of electroacupuncture (EA) and stand-alone acupuncture on Tumour Necrosis Factor – alpha (TNF – alpha) and VEGF in the peripheral blood and joint synovia. These were reduced significantly in both groups, but the VEGF was reduced substantially more in the EA group.

Tam, et al. (2007)'s was a double-blind controlled pilot study with three groups. One electroacupuncture, one traditional Chinese acupuncture and one sham acupuncture group. Patients taking NSAID's and DMARD's were eligible. There was no significant difference in the pain score in any of the groups. However, the ACR core disease measures show a significant reduction in the physicians' global assessment score and also the number of tender joints was reduced, in the EA group.

### Laser acupuncture for RA

Adly, et al. (2017)'s study compares laser acupuncture and reflexology in elderly patients. RAQol and HAQ showed a significant improvement in both groups. The inflammatory and oxidative markers show a significant decrease in both groups. However, laser acupuncture had better efficacy overall. Regarding range of movement (ROM). Reflexology showed a significant increase in ankle dorsiflexion and ankle plantarflexion. Laser acupuncture showed improvements in both these and also ulnar deviation and wrist flexion, extension.

### Cupping for RA

Liu, et al. (2015)'s clinical report looks at the clinical efficacy of vesiculating cupping with acupuncture.



Group A received acupuncture and vesiculating cupping. Group B received acupuncture and cupping. The results show that vesiculating cupping has a statistically greater efficacy in group A compared with group B.

Cao, et al. (2018)'s RCT looks at the clinical therapeutic effects of a triple strong stimulation technique which involves a strong bloodletting technique, a flash cupping technique and strong moxibustion. The control group were prescribed Western medication. The observation group also received Western medication as well as the triple strong stimulation. All the biomarkers were reduced in both groups. However, there was a statistically greater improvement in group A.

## Discussion

Western medicine does not accept the concept of *qi* and meridians. Scientific evidence does suggest that acupuncture can produce chemical changes within the body. Needles placed in certain positions can produce neurotransmitters for pain and induce the production of cortisol for inflammation (Arthritis Foundation, 2022). Acupuncture can also help to improve T cell immune function and activate immune and anti-inflammatory effects. Common biomarker tests are for erythrocyte sedimentation rate (ESR), C – reactive protein test (CRP) and rheumatoid factor (RF).

This research looks at different acupuncture techniques for treating RA. Some of the studies analyse groups of patients using acupuncture and Western medicine independently, and some studies look at a combination of the two.

Liang, et al. (2012)'s study observed two groups of patients: one group using acupuncture plus medication versus the other group using western medication only. Even though both groups showed improvement, the acupuncture group with medication has demonstrated significantly more improvement, especially in joint tenderness and average grip. Biomarkers were reduced in both groups, but CRP decrease in the acupuncture with medication group was much more significant. The results show that a combination of acupuncture and Western medicine improves RA patients' quality of life and activities effectively in daily living. Acupuncture with Western medication is more effective than acupuncture or Western medication alone. Together they have an increased response in blocking immune response, increased analgesic effects and alleviating inflammatory reactions (Liang, 2012). Lee's pilot study also suggests this and recommends further investigation in the use of acupuncture for RA's symptom management.

Zukow, et al. (2011)'s RCT compared acupuncture against sham acupuncture without any medication.

The visual analogue scale (VAS) for pain and a specific questionnaire showed substantial improvement in the treatment group and very little improvement in the sham group. The ESR and CRP tests showed little improvement in either group. Zanette, et al. (2008)'s pilot study also shows significant improvement in the treatment group for visual improvement and pain scales.

Comparing Liang, et al. (2012)'s and Zukow, et al. (2011)'s results it would suggest that acupuncture combined with Western medicine is far more effective than stand-alone acupuncture or medication only. Xie, et al. (2006)'s study using patent Chinese medicine and Chinese medicine with acupuncture and stand-alone acupuncture also confirmed that a combination of medication and acupuncture is more effective.

The two moxibustion studies differed in their treatment. Lin (2015)'s study is warm needling moxibustion on the back of patients using the governor vessel and *jiaji* points and compared it to regular acupuncture patients, who were treated for *bi* impediment syndrome and were treated by tonifying healthy *qi* to defend against external pathogens or expel contractor pathogens. The governor vessel regulates *yang qi*, so stimulation of these points regulates *qi* and blood in all meridians. Patients taking immunosuppressants were excluded. Although the mechanism for moxibustion is not known, it is thought to trigger the production of a heat shock protein which promotes the immune system (Lin, 2015).

Gong, et al. (2019) 's study compared the use of DMARDs only versus moxibustion plus DMARDs. BL23 and ST36 were used for the moxibustion. The results demonstrated that moxibustion improved the analgesic and anti-inflammatory effects of conventional medicine, downregulating HIF-1 $\alpha$ /VEGF contents to inhibit angiogenesis. VEGF is one of the main regulators used in the maintenance and formation of pannus and is abundant in the synovial fluid of RA patients and plays an important part in regulating the pathological processes of synovial angiogenesis (Gong, 2019). Both studies show that warm needle moxibustion significantly relieves RA symptoms and gives higher efficacy than Western medication only or stand-alone acupuncture.

One of the electroacupuncture papers also looked at VEGF in the peripheral blood and joint synovia and compared electroacupuncture against stand-alone needling. TNF – alpha and VEGF levels were significantly reduced in both groups, but the VEGF was reduced considerably more in the electroacupuncture group. It is unclear whether the participants were taking antirheumatic drugs during the trial or not, so a comparison of the VEGF results for the moxibustion trial against the electroacupuncture trial would be flawed. However,

the results reveal that moxibustion may be more effective than electroacupuncture.

Tam, et al. (2007)'s pilot study also shows that the number of tender joints was significantly reduced in the electro- acupuncture and stand-alone acupuncture groups. The sham acupuncture group indicated no change. The pain score did not change in the three groups. Although the results may not be accurate due to small patient numbers and the fact that the pilot study was used to assess the feasibility of a larger study, it does however suggest that electroacupuncture shows benefits for RA patients.

Adly, et al. (2017)'s study of laser acupuncture versus reflexology is of interest as laser acupuncture is a non-invasive treatment, which could be effective as a treatment of elderly patients whose skin may be thin, they may be on blood thinners or may be needle phobic. There have not been many studies into the treatment of RA with laser acupuncture. However, they do indicate positive effects from the treatment. Both treatments worked, but the laser acupuncture group revealed a significantly larger increase in range of movement. Biomarkers were also improved significantly in the laser acupuncture group.

The cupping techniques shown in Liu, et al. (2015) and Cao, et al. (2018)'s studies showed the best results compared to the other techniques shown above. Cao, et al. (2018)'s was not as intense for the patient as Liu, et al. (2015)'s. Cao, et al. (2018)'s triple strong stimulation technique, described in the results, was applied to DU14 only and Ashi points were needled around the knuckles. The bloodletting was controlled at 3 – 5 mL, followed by flash cupping for 5 – 10 times in the cup was retained in position for 5 – 10 minutes and then strong moxibustion followed.

Liu, et al. (2015)'s study was done in China and compared vesiculating cupping versus non-vesiculating cupping. The vesiculating group showed markedly effective improvement compared with the cupping only group which also showed good results. However, the treatment is very intense and may not be acceptable in Western cultures. The treatment involved many points, including points along the governor channel along the back of the patient. DU1 and DU2 were used which would not be acceptable in the West due to their location. Some of the frailer patients had their treatment split into two parts depending on the capability of withstanding pain. Patients with better physique had the daily treatments in one go. Plum blossom needles were used heavily and were then followed with filiform needles. The cups were then retained for two hours, and patients were told that the efficacy would improve the longer cups were left on, as the blister formed would be larger. Blisters were pierced and covered with gauze. Up to 110 mL was collected the first time. This treatment was repeated

daily for ten days with a total of three lots of treatment. Not many Westerners will tolerate such an intense treatment which would be very painful, along with a risk of infection and scarring. The results however are extraordinary with a 96% effective rate.

One case study involving a 52-year-old woman showed improvement after the first treatment. The cups were retained for 2 ½ hours for the first five treatments. After 35 treatments almost 2L of fluid was removed. The stiffness and swelling of the joints had gone and x-rays showed her indices to be normal. She did not have another relapse for six years. She had previously tried Western and Chinese medicines and various types of acupuncture without much improvement. She had ankylosis of most of her joints and had been suffering from RA for sixteen years. Although this is a brutal and painful treatment, the results are remarkable, but it is debatable whether Western patients will withstand such treatment.

It is important to highlight that one of the characteristics found with all these studies was the variation of techniques. The duration of the treatment can vary but is mostly up to 3 months. The number of points used can vary dramatically from a few to many points being used. The depth of insertion time and the size of the needle can vary. Some trials use completely different points and syndrome pattern approaches between the treatment group and the control. There are also variations in patients at different stages of the disease. The data collected and recorded varied greatly between papers, but they mostly show significant improvements for the patients.

## Conclusion

This study looked at the efficacy of different types of acupuncture for RA. They all showed improvement, both in physical symptoms and biomarkers. Some of the papers did a direct comparison with Western medication alone against Western medication and acupuncture. The results revealed that the combination of Western medicine and acupuncture will have improved results compared with medication alone or acupuncture alone. More research is required to prove how acupuncture works, so it can become acceptable

to Western science. Until this is done, acupuncture will not be fully recognized by Western health authorities. Also, further research needs to be carried out into the efficacy of the different types of acupuncture mentioned in this paper. Different treatments may be suitable for different patients; for example, laser acupuncture for elderly patients, which is a non-invasive procedure, and very little research has been done on this subject. Although RA is classed as a *bi* syndrome in Chinese medicine, more specific protocols and tests would be useful for future research.

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**Note from the editors:** Limited to space, the tables in the original article are not included in this publication.

## 浮针治疗新冠肺炎后遗胸痛呼吸困难一例

王家瑞

自 2020 年 3 月份以来，新冠病毒肆虐英国，而新冠确诊病例核酸检测转阴后的患者，至今仍有很多在饱受新冠后遗症的痛苦，其中胸痛则是新冠后遗症中常见的症状。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。患者自同年 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，怱肩，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治疗，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。

#### 【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：

双侧竖脊肌上段++，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。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，这时不是血管的感染（因此此时使用抗菌素是错误的，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，《素问痿论篇》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。

## Evaluation on the Effect of *chaihu* Formulas to the Treatment of Infertility with Psychological Disorders (With Summary of 30 cases)

Dan Jiang

#### Abstract:

Infertility has become a common condition in the West due to quick social activity, higher working pressure, higher pregnancy age and excessive usage of contraceptive drugs. Psychologic disorder is among the most common symptoms for women with infertility. They may be caused by a primary psychological disorder, or psychological symptoms which are produced by an imbalanced hormonal disorder, or from failed conception or ART (Assistant Reproductive Technique) treatment, or side-effects caused by hormonal treatment during preparation of ART. These psychological disorders not only produce many clinical symptoms, but also disturb the effect gained from ART; they can also become objective indicators to evaluate whether hormonal unbalance has been controlled, and whether the TCM treatment has been effective. TCM can play an important role to treat psychological symptoms. The author discussed clinical characteristics of psychological disorders with Infertility in the UK; Case studies on individual successful cases and clinical summary of 30 cases who are treated by a group of traditional Chinese medical formula--*chaihu* Formulas.

**Key words:**

Psychological Disorder, *chaihu* Formulae, Infertility, ART (Assistant Reproductive Technology)

Pregnancy age and excessive usage of the contraceptive drugs. This tendency has become more obvious in the last decade. Psychological disorder is one of the most common symptoms of women with infertility. They may be caused by a primary psychological disorder, psychological symptoms from imbalanced hormonal disorders, from previously failed conception or ART (Assistant Reproductive Technique) treatment, or some side-effects caused by hormonal treatment during preparation of ART. These psychological disorders not only produce many clinical symptoms, but also affect the result of ART; they can also be used as objective indicators to evaluate whether hormonal imbalance has been controlled, and whether the TCM treatment has been effective. TCM can play an important role to evaluate, diagnose and treat the psychological symptoms. I will introduce my experience of using *chaihu* formulas to treat psychological disorders of women who are receiving fertility treatments in the UK.

**1. Infertility and Psychological disorders:**

Psychological disorders refer to long-term stress induced anxiety, depression, low mood, panic attacks, nervousness, insomnia and other clinical symptoms, which belong to stress, depression, anxiety in psychological diseases/disorders. (3)

Female infertility refers to a woman in a normal sexual life without any birth control but no natural pregnancy in a year. (4) The main cause of female infertility is hormonal disorders. Long-time of amenorrhea and irregular menstruation will produce psychological symptoms, or aggravate the original psychological disorders. Accompanied by the patients with infertility, psychological disorders can commonly present in the following situations:

- 1.1 Long term psychological stress: for example, anxiety, irritability, nervousness from long hours of work and study pressure may cause irregular menstruation and infertility. Some young women with excellent academic performance or successful in their first job may appear infertile, often accompanied by psychological symptoms. Chronic psychological and mental injury is gradually formed due to long period of psychological stress accompanied by growth of adolescence.
- 1.2 Hormonal disorder can lead to psychological and emotional disorders. For example, thyroid dysfunction and ovarian dysfunction may be accompanied by anxiety and nervousness, especially these symptoms will be aggravated by menstrual disorder. Women with polycystic ovary syndrome (PCOS) often have more clinical symptoms, such as depression, nervousness, impatience and irritability, grievance and crying when amenorrhea occurs.
- 1.3 Some hormonal measurements are disturbed by psychological or emotional disorders. For example, abnormal emotions can appear with increased prolactin level and long-term emotional disorder can lead to increased prolactin.
- 1.4 Some emotional abnormality often appears after miscarriage, induced abortion or induced labour.

This may be related to passive termination of progesterone in the body which causes a hormonal disorder.

- 1.5 The side-effects of endocrine therapy may produce obvious emotional abnormalities: In Some procedures of In Vitro Fertilization (IVF) and other Assistant reproductive technologies (ART), the artificial hormonal drugs are used to terminate the self-ovulation of women before collecting eggs, and hormonal drugs are applied to induce multiple ovulations. This kind of hormonal therapies often bring obvious side-effects, such as emotional and psychological abnormalities. Particularly those who have repeatedly received IVF and failed often feel hard to control themselves from feeling depressed and crying.

**2. TCM in the management to psychological and emotional disorders:**

Due to the high incidence of infertility in the West, and the current successful rate of assistant reproductive technology is not satisfactory, (5) the intervention of Chinese herbal medicine and acupuncture in the treatment of infertility shows a positive tendency.

According to the research report of Australian scholars: the successful effect of TCM on treating Infertility is nearly twice as high that of routine conventional western medicine (60% to 33 %, 6, 7); Having prepared with TCM treatment prior to IVF treatment, the successful rate of IVF can be increased from 30-50% to 61-85.7% (8). In the systematic TCM treatment for promoting pregnancy, it demonstrates a remarkable advantage in psychological and emotional improvement.

In the process of applying TCM to promote pregnancy, I used *chaihu* formulas to treat multiple psychological symptoms which are caused by various hormonal sources, and regulate the menstruation to promote the pregnancy at the same time and obtained satisfactory results.

**3. The Source and analysis of *chaihu* formulas:****3.1 Source of *chaihu* formulas:**

*Xiao chai hu* Decoction (小柴胡汤): in < Treatise on Cold Pathogenic Diseases 伤寒论> is originally used to treat Less Yang pattern. Later generations extended it to regulate *qi* and treat all kinds of internal and miscellaneous diseases mainly manifested as liver *qi* stagnation.

Treatise on Cold Pathogenic Diseases

*Si ni san* (四逆散) in < Treatise on Cold Pathogenic Diseases 伤寒论>

### 3.2 Derivation and development of *chaihu* formulas:

*Chaihu* decoctions I used to treat infertility with regulating menstruation, especially with psychological and emotional symptoms which are caused by hormonal disorders, originated from *xiao chai hu* Decoction and *si ni san* in < Treatise on Cold Pathogenic Diseases>, and a number of prescriptions which are developed and evolved from them. The formulas commonly used are:

3.2.1 *si ni san* < Treatise on Cold Pathogenic Diseases>, which consists of *chai hu*, *zhi shi*, *chi shao* and *gan cao*, is the basic prescription of soothing the liver stagnation and releasing depression, and it is also the original formula of various *chaihu* formulas developed in later generations.

3.2.2 *dang gui shao yao tang* <Synopsis of Golden Chamber 1>, which consists of *dang gui*, *chi shao*, *chuan xiong*, *fu ling*, *bai zhu*, and *ze xie*, is the basic prescription of nourishing blood and softening the liver, invigorating the spleen and resolving dampness, and it is also the original formula of various *chaihu*

formulas developed in later generations.

3.2.3, *chai hu shu gan san* < The Complete Book of Jingyue>, which consists of *chai hu*, *chen pi*, *shao yao*, *zhi qiao*, *chuan xiong*, *xiang fu*, and *zhi gan cao*, is mainly used to soothe the liver and promote the *qi* flowing, activate the blood and dredge the meridians.

3.2.4, *xiao yao san* <Prescriptions of the Bureau>, which consists of *dang gui*, *chai hu*, *bai zhu*, *fu ling*, *zhi gan cao*, *sheng jiang*, *bo he*, is mainly used to soothe the liver and release the depression, invigorate the spleen and nourish the blood.

3.2.5, *jia wei xiao yao san* < Prescriptions of the Bureau>, which consists of above formula plus *zhi zi* and *mu dan pi*, is mainly used to soothe the liver and relieve the depression, invigorate the spleen and clear away the heat. In the modern society, since accumulated stress produces heat, this is a very commonly used herbal formula.

*Chaihu* formulas show good effects in treating psychological disorders. They are focused on soothing the stagnant liver, regulating *qi*, relieving stagnation and resolving the mass, and can be used to promote ovulation, regulate menstruation and promote breast milk.

Various forms of herbal medicine were used, such as patent herbs, concentrated herbal granules and raw herbs according to the levels and strength needed for the individual treatment. Modifications were also made based on the main formulas following the menstrual cycles. The principle of soothing the liver plays an important role in these treatments.

Formula Name	Source	Ingredient of formula				
		Sooth the liver & regulate <i>qi</i>	Nourish blood & soften the liver	Invigorate the spleen & dispel dampness	Reinforce the stomach & harmonize the middle burner	Clear away heat & cool blood
<i>si ni san</i>	Treatise on Cold Pathogenic Diseases	<i>Chai hu</i> <i>Zhi shi</i>	<i>shao yao</i>		<i>gan cao</i>	
<i>dang gui shao yao tang</i>	Synopsis of Golden Chamber		<i>dang gui</i> , <i>shao yao</i> , <i>chuan xiong</i>	<i>fu ling</i> , <i>bai zhu</i> , <i>ze xie</i>		
<i>xiao yao san</i>	Prescriptions of the Bureau	<i>chai hu</i>	<i>dang gui</i> <i>shao yao</i>	<i>fu ling</i> <i>bai zhu</i>	<i>gan jiang</i>	<i>bo he</i>
<i>jia wei xiao yao san</i>	Prescriptions of the Bureau	<i>chai hu</i>	<i>dang gui</i> <i>shao yao</i>	<i>fu ling</i> <i>bai zhu</i>	<i>gan jiang</i>	<i>zhi zi</i> <i>mu dan pi</i>
<i>chai hu shu gan san</i>	The Complete Book of Jingyue	<i>chai hu</i> <i>zhi shi</i> <i>xiang fu</i>	<i>shao yao</i> <i>chuan xiong</i>	<i>chen pi</i>	<i>gan cao</i>	

#### 4. Acupuncture with similar effect of *chaihu* formulas:

Acupuncture is one of the best therapies to soothe the liver and regulate the stagnation, so it is necessary to treat the patients with acupuncture for psychological and emotional symptoms:

##### 4.1 Main points:

*bai hui* (Du20), three points at the front head (额三针), *yin tang* (M-HN-3) and *ben shen* (GB13) are selected to calm the mind and release the stagnant *qi*.

##### 4.2 Assistant points:

Three points at the hand (手三针) are selected to dredge the stagnant *qi* from three meridians (larger *ying-tai yin*, lesser *ying*—*shao yin* and reverting *ying*—*jue yin* meridians) at the hands *nei guan* (P6), *shen men* (H7), *tai yuan* (Lu9) are selected to tranquilize the heart and calm the mind;

*wai guan* (SJ5), *zu lin qi* (Gb41) are selected to unblock the stagnant *qi*;

*he gu* (Li4), *tai chong* (Liv3) are selected to clear the excessive heat and unblock the stagnant *qi*.

1-3 groups of the above assistant points are selected according to the severity of the patients' emotional disorders.

##### 4.3 Variation:

Irregular menstruation: *qi hai* (Ren6), *guan yuan* (Ren4), *zi gong* (M-CA-18)/*gui lai* (St28) are selected to regulate the menstrual circles and stimulate the vitality *qi*;

Headache: *tai yang* (M-HN-9) and *feng chi* (Gb20) are selected to expel the stagnant wind at the top of the body;

Depression: *shen ting* (Du24), *yang ling quan* (Gb34) are selected to stimulate *yang qi* and push the general *yang qi* circulating through the whole body; Insomnia: *tong li* (H5) and *jian shi* (Liv2) are selected to tranquilize the heart and dredge the stagnant liver *qi*;

Constipation: *tian shu* (St25) and *ying ling quan* (Sp9) are selected to promote the abdominal *qi* moving through and nourish the large intestine.

Acupuncture treatment is more accepted by the patients in western countries, but its effect is hard to last for longer if only acupuncture is applied, so combined acupuncture with herbal medicine always demonstrates better effects clinically. In general, I give patients acupuncture treatments once every one or two weeks and with relevant herbal medicine at the same time.

#### 5. Clinical summary and case studies:

##### 5.1 Clinical summary on 30 cases with *chaihu* formulas to soothe the liver for promoting pregnancy or related conditions:

30 cases were recorded for my patients who received TCM treatments for promoting pregnancy with manifestation of psychological and emotional symptoms between 7<sup>th</sup> Jan 2015 to 27<sup>th</sup> Dec 2016.

*Chaihu* formulas were selected as the main formula of treatment and is summarized below:

##### 5.1.1 General condition:

\* Age: the oldest is 42 years old; average age is 32 years old;

Psychological symptoms: depression, grievance and crying: 24 cases; anxiety/panic attacks: 5 cases; severe insomnia: 1 case.

\* Incidental routine of psychological symptoms: pre-menstruation: 18 cases; whole month: 12 cases.

All cases demonstrated psychological disorders.

##### 5.1.2 *Chaihu* formulas are prescribed as the main formula:

Various treatment principles were applied:

Soothing the liver and invigorating the spleen: 6 cases; Soothing the liver and strengthening the kidney: 12 cases;

Soothing the liver and regulating the menstruation: 18 cases;

Soothing the liver and protecting the embryo: 2 cases;

Soothing the liver and reinforcing *qi* for stimulating breast milk: 1 case.

##### 5.1.3 Results:

After TCM treatment: the 30 cases responded successfully as below:

Successfully conceived: 12 cases.

Calmed emotion and regular menstruation: 30 cases.

When the *chaihu* formulas were selected as a basic prescription, I always use the herbs for invigorating the spleen and strengthening the kidney, or resolving the phlegm and activating the blood, or using the *chaihu* formula into my prescription to regulate the menstruation. They worked well to all psychological and emotional symptoms caused by hormonal disorders. After psychological and emotional symptoms are under control, irregular menstruation and hormonal disorders can be corrected as a result.

##### 5.2 Case study:

The following cases are using *chaihu* formulas to treat infertility or irregular menstruation with psychological disorders:

##### Case 1 Pre-menstrual tension:

Ms R 38 years old, company director, short menstrual cycle, 5-6 / 21-23, heavy bleeding, and very severe pre-menstrual tension. She felt irritable and lost temper, had migraine attacks and insomnia 4-5 days before her period, but she got these PMT symptoms even earlier since a year before which lasted half a month. Due to a busy and stressful work, her PMT lasted almost the whole month in the past few of months with loose bowel movement and insomnia. After a marriage for three years, she had not conceived. Red tip of tongue with thin white coating and wiry pulse.

Clinical examinations of western medicine: she was



found a minor fibroid in the uterus, but gynecological consultant believed it should not affect her conception. Syndrome differentiation of TCM: Liver *qi* stagnation, spleen deficiency with internal heat

Treatment:

Acupuncture: *bai hui* (Du20), three points at the front head, *qi hai* (Ren6), *guan yuan* (Ren4), *gui lai* (St28), *yin ling quan* (Sp9), *san yin jiao* (Sp6), *yang ling quan* (Gb34), *he gu* (Li4), *tai chong* (Liv3),

She was given acupuncture every other week with herbal medicine *jia wei xiao yao wan* and *tiao jing cu yun wan*.

Result: she received regular acupuncture and herbal treatment. She felt her emotion calmed down and sleep was better. Her menstrual circle extended to 28 days, and she conceived three months after and gave birth to a healthy baby girl in full term. The PMT reoccurred two years after she stopped breast feeding. *jia wei xiao yao wan* and *gui zhi fu ling wan* were applied to her until her PMT resolved and regular menstruation restored. She was found the fibroid in her uterus disappeared as well.

### Case 2 Amenorrhea caused by multiple hormonal disorders:

Miss S 23 years old, government officer. She visited me for feeling nervous, restless, depressed, grievous and easy crying after graduated from Cambridge University and started working, which she could not explain why. I found she had irregular menstruation and amenorrhea occurrence sometimes apart from these emotional symptoms. She had her menstruation every 2-3 months, gained weight and had constipation and fatigue. I referred her to conventional western doctors to find out whether she suffered from hormonal diseases? She was then diagnosed with polycystic ovary syndrome and hypothyroidism. She carried on receiving TCM treatment due to some side-effects from medical drugs.

Current symptoms: many emotional symptoms, anxiety, depression, restlessness, irritability, grievance, insomnia, amenorrhea and constipation. Red tongue with thin white coating, wiry-fine pulse.

Diagnosis of Conventional western medicine: 1 Polycystic Ovary Syndrome; 2 Hypothyroidism

Differentiation of TCM: Liver *qi* stagnation involved to the spleen, Phlegm and dampness accumulated with blood stasis

Treatment:

Acupuncture: Du20, 24, Ren6, 4, St28, Sj5, Gb41, 34, Sp9,6,3;

Herbal formula: *chai hu shu gan* decoction as the main formula variation:

*chai hu*10, *zhi shi* 10, *bai shao*10, *chi shao*10, *chuan xiong*10, *xiang fu*10, *shu di huang* 30, *mu dan pi* 10, *zhi zi*10, *tao ren*10, *hong hua*10, *gua lou ren* 15, *gan cao* 5

Some variations were made in the herbal prescription

when she visited to the clinic according to menstrual state and her symptoms; acupuncture every other week until her menstrual cycle was regulated and emotions stabilized.

### Case 3 Amenorrhea with emotional symptoms:

Ms W, 32 years old, medical researcher. She visited me for bad depression, insomnia and amenorrhea for two years. She had irregular menstruation since menarche, then a contraceptive pill of oestrogen type was given to her ever since. She stopped taking pill after she got married and planned to have a baby. Amenorrhea Happened along with depression, irritability, nervousness, insomnia and panic attack. Her Oestrogen level was under 50, which demonstrated a menopausal state, so premature ovarian insufficiency (POI) was diagnosed.

Due to loss of confidence of restoring her menstruation and no understanding to TCM, initially she expected to correct her emotional disorder and improve her sleep with only acupuncture and refused to take herbal medicine. She started acupuncture treatment once a week and she felt improvement of her mood and sleep after a few treatments. She then decided to try herbal medicine as well. To her surprise, her menstruation started again two months after she took the herbs. This encouraged her to take the herbal medicine more regularly to build up her normal menstrual cycle. She naturally conceived a few months after and later gave birth to a healthy baby boy in full term. She stopped breast feeding 6 months after and conceived again and had a baby girl later in full term. Her POI was healed. The procedure of her treatment is summarized below:

Symptoms when she first visited me:

Anxiety, depression, irritability, nervousness, insomnia and amenorrhea, light red tongue with white coating and wiry-fine pulse.

Diagnosis of Conventional western medicine: Amenorrhea, POI

Differentiation syndrome of TCM: Liver *qi* stagnation and Kidney *Yang* deficiency with blood stasis.

Treatment:

Acupuncture: Moxi at Ren8, Du20, 24, Ren6, 3, *zi gong*; Ki10, 6,3, Sp9,6, three points of hand, Sj5, Gb41

Herbal prescription: *chai hushu gan* decoction varied with *er xian* and *si wu* Decoctions

*chai hu*10, *zhi qiao*10, *chi shao*10, *xiang fu*10, *chuan xiong* 10, *xian mao*10, *yin yang huo*10-30, *shu di huang*10-30, *dang gui* 10, *tao ren*10, *hong hua*10, *zi shi ying*10

Above herbs were prescribed as the main formula until her emotion and sleep improved, then I changed the prescription following the routine step with menstrual circle, and gave a booster acupuncture support at the 2<sup>nd</sup> and 4<sup>th</sup> week for promoting ovulation and menstruation until she naturally

conceived.

#### Case 4 Multiple miscarriages caused by higher prolactin with bad emotional symptoms:

Ms F, 35 years old, secretary, had inevitable miscarriage three times within 10 weeks of pregnancy. The first time she came to visit me was three weeks after her last miscarriage. she felt aggrieved, depressed, nervous and was crying. She could not control her emotion. She was referred to see me by her gynecological consultant and I was informed that the multiple miscarriages are caused by higher prolactin.

Initial symptoms when she visited me:

The patient kept crying. She could not resist her grievance and anxiety when she talked about her experience. At that time lochia exhausted, slight abdominal pain, breast distension, fatigue, poor sleep and loose stool. Light red tongue with thin and white coating, and wiry-fine pulse.

Diagnosis of conventional western medicine: Multiple miscarriages caused by high prolactin

Differentiation syndrome of TCM: liver *qi* stagnation, spleen deficiency with internal heat

Treatment:

Acupuncture: Du20, Three points at the front head, Three points on the hands, Ren3, 6, St29 36, Sp9, 6, 3 Li4 Liv3

Herbal medicine: *jia wei xiao yao wan* and *ren shen gui pi wan*

The above treatment was given every week for 3 months to release the stagnant liver and reinforce the spleen. she conceived again. *Jia wei xiao yao wan* and *xiang sha yang wei wan* were given to control the early pregnancy reaction and prevent miscarriage. The TCM treatment stopped after 12<sup>th</sup> week of pregnancy. A baby girl was born in full team. There was no sign of miscarriage throughout the pregnancy.

#### Case 5, Emotional disorders after failure of IVF:

Ms F, 35 years old, training technician, due to bilateral fallopian tubes blockage, she received IVF treatment for three times, but all of them failed. Since she was not recovered well after these three failed IVF treatments, she developed severe PMT although she had a regular menstruation.

Symptoms when she first visited me: depression, anxiety, tension, headache, irritability, poor sleep, even worse before menstruation. Red and plump tongue with white coating, wiry pulse.

Diagnosis of conventional western medicine: Infertility caused by blockage of bilateral fallopian tubes;

Differentiation syndrome of TCM: Liver *qi* stagnation, and blood stasis

Treatment:

Acupuncture: Du20, 24, St8, Ren3, 6 St29, Gb34, 41, Sp9, 6, Sj5, Li4, Liv3

Herbal medicine: concentrated herbal granules with *chai hu shu gan san* as the main formula variation. *chai hu*10, *zhi qiao*10, *chi shao* 10, *chuan xiong* 10,

*xiang fu*10, *chen pi* 10, *shu di huang* 30, *dang gui* 10, *e zhu* 10, *bai zhu*10-30, *fu ling* 10, *zhi gan cao* 5

Acupuncture was given once every week with above herbal prescription daily. Her emotional status was gradually stable and all symptoms of PMT disappeared. She continuously took the herbal medicine for soothing the liver and regulating menstruation. Five months later she was successfully pregnant after receiving the fourth IVF and later gave birth to triplets of one boy and two girls through caesarean. Her mood was stable after childbirth.

#### Case 6 Emotional disorders and obstruction of breast milk after childbirth:

Dr L, 29 years old of PHD, gave birth with a full-term caesarean section to a baby boy but still had no breast milk after two weeks. Due to great pressure from her current PHD study, and pressure from 3-5 years' preparation before coming to the UK, she was old for having the first labour and some lobule proliferates existed in her breasts. She presented anxiety, depression, irritability, lingering lochia, abdominal pain, constipation and poor sleep. She always quarreled with her husband. Light red and plump tongue with many teeth marks and white coating, and wiry-fine pulse.

Diagnosis of conventional western medicine: lack of lactation after delivery; Breast lobular hyperplasia

Differentiation syndrome of TCM: Liver *qi* stagnation and spleen deficiency; blood stasis

Treatment:

Herbal prescription: *chai hu shu gan* decoction variation

*chai hu* 10, *zhi shi*10, *chi shao*10, *chen pi* 10, *chuan xiong* 10, *xiang fu*10, *dang gui*10, *qing pi*10, *e zhu*10, *lu lu tong* 10, *yi mu cao*10, *lai fu zi* 10, *zhi gan cao*5.

Above herbal prescription was given for a week. The lochia decreased and breast milk gradually came out; *huang qi* 15 was added to the above prescription. The milk has increased. She could fully breast feed after 4 weeks without any bottled milk. She had a stable mood and health for her baby.

#### Conclusion:

Soothing the liver and regulating *qi* is one of the most characteristic treating principles of TCM. *chaihu* formulas is a group of clinical practical and effective prescriptions developed from *si ni san* (*chai hu*, *zhi shi*, *bai shao* and *gan cao*), which is an effective treating method to control depression, suppress tension and various emotional disorders. In my process of treating infertility, I deeply aware of the great potential and important clinical applications of various treating principles of soothing the liver, such as soothing the liver and reinforcing the spleen, soothing the liver and strengthening the kidney, soothing the liver and nourishing the heart, soothing the liver and regulating menstruation, soothing the liver and resolving the

phlegm and soothing the liver and activating the blood, etc.,

The patients with Infertility, or irregular menstruation often present psychological or emotional disorders, because the endocrine system and nerve centre in charge of the mood affect each other, so emotional disorder and psychological symptoms are often clinical manifestations of endocrine disorders. Therefore, the treatment in TCM as the main principle of the soothing the liver is the important link in the treatment of regulating the menstruation and promote the pregnancy. The herbs of soothing the liver and moving *qi* is likely to have the effect of promoting the ovulation, promoting the timely excretion of menstrual blood, adjusting the coordination of oestrogen and progesterone, and dredging the menstrual blood, eliminating the stasis and regulating the general body. Through the psychological and emotional response, we can also evaluate whether the hormonal disorder is effectively regulated as an objective index. In general, if the psychological symptoms improve, the hormonal level in the body tends to improve as well; on the contrary, if the endocrine abnormalities in the body cannot be effectively controlled, the psychological symptoms will reoccur.

Infertility and its treatment are related to psychological and emotional disorders. In the theory and practice of TCM, we have already recognized these for a long time. I only verify this traditional experience in the treatment of the modern diseases once again.

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## 复方穿心莲口服液治疗印尼糖尿病患者的临床观察

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**摘要 目的:** 观察复方穿心莲口服液对痰湿体质及湿热体质的印尼消渴病患者的临床功效。**方法:** 观察对象为印尼某诊所的 2 型糖尿病患者, 按照中医痰湿体质和湿热体质者分成对照组和治疗组, 各 30 例。

治疗组服用复方穿心莲口服液, 对照组服用西医药。治疗 3 个月随访。**结果:** 治疗组痰湿体质积分治疗后比治疗前差异显著 ( $p < 0.001$ )。治疗组湿热体质积分治疗后比治疗前差异显著 ( $p < 0.001$ )。治疗前两组之间的体质积分差异无差异 ( $p = 0.738$ )。而治疗后差异显著 ( $p < 0.001$ )。治疗组糖化血红蛋白浓度治疗后比治疗前差异显著 ( $p < 0.01$ )。治疗后, 中医体质积分与空腹血糖及糖化血红蛋白浓度变化显示正相关变化, 其  $r$  值在痰湿治疗组分别为 0.620 与 0.613, 而在湿热治疗组分别为 0.627 与 0.607。

**结论:** 本研究初步可以确定该受检的复方穿心莲制剂有良好的抗消渴病功效, 并没有发现明显副作用。

**关键词:** 中医体质学说; 穿心莲; 消渴病; 糖尿病

**[Abstract] Objective:** This study is to ascertain the clinical effects of Andrographis Formula upon Indonesian NIDDM (non-insulin dependent diabetes mellitus) patients. **Methods:** Subjects were Indonesian NIDDM patients, who had been classified as damp-phlegm and damp-heat according to their body consistency groups, each group consisted of 30 subjects. Treatment group consumed Andrographis Formula, while control group consumed western medicine. The duration of follow up was 3 months. **Results:** The control damp-phlegm group's transformed score before study was reduced after therapy ( $p<0.05$ ). While the treatment damp-phlegm group's transformed score was reduced after therapy ( $p<0.001$ ). Before therapy, both groups' scores did not differ significantly ( $p=0.393$ ), while after therapy, both groups' scores did differ very significantly ( $p<0.001$ ) in favor of the treatment group. The control damp-heat group's transformed score was reduced after therapy ( $p<0.01$ ). While the treatment damp-heat group's transformed score before study was reduced after therapy ( $p<0.001$ ). Before therapy, both groups' scores did not differ significantly ( $p=0.738$ ), while after therapy, both groups' scores did differ very significantly ( $p<0.001$ ) in favor of the treatment group. No serious side effects were noted during the study. Before treatment, the glycoylated hemoglobin level of the treatment group was  $9.29\pm 1.87$ , and after treatment became  $6.68\pm 0.78$ , differ significantly ( $p<0.01$ ). The changes in transformed scores, fasting blood glucose and glycoylated hemoglobin levels of the patients showed positive correlation after treatment, with Pearson correlation coefficients ( $r$ ) of 0.620 and 0.613 among the damp-phlegm patients, and 0.627 and 0.607 among the damp-heat patients. **Conclusion:** This study has shown Andrographis Formula possess an excellent anti-Xiaohe effects, improve Xiaohe patients' clinical symptoms and other functions, its clinical effects were not subordinate, on the contrary even better than control group using standard treatment alone. And no prominent side effects were noted during this study.

**Key words:** TCM body constitution theory, Andrographis Formula; Chuanxinlian; Xiaohe disease; diabetes mellitus

糖尿病是世界性重要的卫生健康服务的突出挑战。现代医学治疗手段的蓬勃发展未能给 1 型或 2 型糖尿病患者带来更佳的治疗效果。目前的糖尿病药物不能抗拒胰岛细胞功能的进行性衰竭。因此迫切需要寻找能降低高血糖又能保护胰岛细胞功能的药物<sup>[2]</sup>。

穿心莲是中医常用草本之一，生于中国广东、福建等地，及印尼湿热岛屿各地。穿心莲味苦，性寒，有清热解毒，凉血，消肿，燥湿的功效<sup>[3]</sup>。在

印尼传统医疗里，穿心莲除了用来清热解毒，消炎消肿之外，也用于治疗糖尿病<sup>[4]</sup>。本文主要观察复方穿心莲口服液对痰湿及湿热体质糖尿病病人的疗效。现报告如下。

## 1. 资料与方法

1.1. 一般资料：本研究选择 2017 年 3 月至 2019 年 3 月在印尼首都雅加达 MDI 诊所的 2 型糖尿病患者，共 120 病例。所有病例符合入选标准，按疗程服药。采用随机数字表法按患者就诊先后顺序分组，将其分为痰湿体质与湿热体质治疗组和心莲提取物 120mg，仙人冠果皮提取物 120mg，巴戟果提取物 64mg，发酵蜂蜜 20mL），由印尼制药公司 PT Mahkota Dewa Indonesia 所提供。治疗组患者口服 3 次/日，每次 15mL。告知两组患者在治疗过程中禁服其他药物，并嘱病人忌食寒热辛

③安全性观察：记录观察治疗前后的患者体重指数（BMI），收缩压，舒张压变化。服药过程中密切关注患者的临床症状、全身状况及不良反应。

1.8. 疗效判断标准：①治疗前和治疗 3 个月结束

对照组各 30 例。研究时间为 3 个月。

1.2. 诊断标准：①符合世界卫生组织 WHO（1999 年）糖尿病诊断标准<sup>[22]</sup>，即空腹静脉血浆葡萄糖  $\geq 7.0/\text{mmol} \cdot \text{L}^{-1}$ 。②符合中华中医药学会中医体质分类判定量表（2009）的痰湿及湿热体质的 2 型糖尿病患者。

1.3. 纳入标准：①符合以上诊断标准的 2 型糖尿病患者。②年龄在 30~80 岁之间的门诊病人。③能理解项目内容，并自愿签署知情同意书者。

1.4. 排除标准：①不符合上述诊断标准与纳入标准。②中医辨证有显著兼夹证者。③合并有心血管、肝、肾和造血系统等严重疾病，及精神病患者。④妊娠期或哺乳期妇女。⑤对复方穿心莲口服液过敏或有严重不良反应者。

1.5. 脱落与剔除标准：治疗期间发现或出现排除标准者，或患者因其他原因主动退出。

1.6. 治疗方法：①对照组：疗程 3 个月，对照组使用按西医医嘱降糖药，如优降糖，二甲双胍，胰岛素。②治疗组：疗程 3 个月，本研究治疗组在维持原来的降血糖药物外使用印尼 FDA 认可注册销售的复方穿心莲口服液制剂（成分为印尼穿心莲刺激之品，戒烟酒，调畅情志，注意适当运动和休息。

1.7. 观察指标：①患者痰湿及湿热体质积分改善情况。②空腹血糖及糖化血红蛋白浓度改善情况。

后按症状改善百分率 = (治疗前总积分 - 治疗后总积分) / 治疗前总积分  $\times 100\%$ ，计算症状改善百分率。

（1）痊愈：症状消失。（2）显效：症状改善百分率  $\geq 80\%$ 。（3）有效： $50\% \leq$  症状改善百分率



<80%。(4)无效:症状改善百分率<50%。(5)恶化:症状改善百分率负值。痊愈,显效,及有效病例数计算总有效率。②治疗前和治疗3个月结束后空腹血糖及糖化血红蛋白浓度检查,以有统计学意义( $P<0.05$ )的改善为有效指标。

1.9. 统计学方法:数据采用SPSS18.0进行统计分析,以 $\alpha=0.05$ 确定检验水准,检测结果用均数标准差( $\bar{x} \pm s$ )表示,计量资料呈正态分布的采用 $t$ 检验,计数资料采用卡方检验,等级资料用(Wilcoxon)威克森等级和检定,检测两组数据之相关系数采用皮尔森(Pearson)公式。

## 2. 结果

2.1. 两组性别,年龄,病程,空腹血糖浓度,体质积分,体重指数情况:本研究对象性别分布为痰湿体质对照组男性8例,女性22例,痰湿体质治疗组男性7例,女性23例,经卡方检验, $\chi^2=0.171$ , $p=0.679$ , $p>0.05$ ,差异无统计学意义,具有可比性。湿热体质对照组男性8例,女性22例,湿热体质治疗组男性6例,女性24例,经卡方检验, $\chi^2=0.233$ , $p=0.408$ , $p>0.05$ ,差异无统计学意义,具有可比性。

本研究对象年龄分布为痰湿治疗组年龄 $48.7 \pm 11.70$ 岁,对照组年龄 $51.6 \pm 9.25$ 岁,经 $t$ 检验, $t=1.366$ , $p=0.120089$ , $p>0.05$ ,差异无统计学意义,具有可比性。湿热治疗组年龄 $54.9 \pm 10.15$ 岁,对照组年龄 $51.9 \pm 8.65$ 岁,经 $t$ 检验, $t=1.287$ , $p=0.1875$ , $p>0.05$ ,差异无统计学意义,具有可比性。

本研究对象消渴病病程比较,痰湿治疗组病程 $5.3 \pm 1.8$ 年,对照组病程 $5.1 \pm 1.6$ 年,经 $t$ 检验, $t=0.456$ , $p=0.482$ , $p>0.05$ ,差异无统计学意义,具有可比性。湿热治疗组病程 $5.5 \pm 1.5$ 年,对照组病程 $5.7 \pm 1.7$ 年,经 $t$ 检验, $t=0.587$ , $p=0.753$ , $p>0.05$ ,差异无统计学意义,具有可比性。

本研究对象空腹血糖比较,对照组 $12.27 \pm 5.20$  mmol/L,治疗组 $12.28 \pm 4.72$  mmol/L,经 $t$ 检验, $t=0.354$ , $p=0.348$ , $p>0.05$ ,差异无统计学意义,具有可比性。

本研究两组对象的体质积分分布为痰湿体质治疗组积分 $56.78 \pm 12.76$ ,对照组体质积分 $55.67 \pm 12.75$ ,经 $t$ 检验, $t=0.256$ , $p=0.738$ , $p>0.05$ ,差异无统计学意义,具有可比性。湿热体质治疗组积分 $56.10 \pm 13.56$ ,对照组体质积分 $57.54 \pm 17.21$ ,经 $t$ 检验, $t=0.587$ , $p=0.393$ , $p>0.05$ ,差异无统计学意义,具有可比性。

研究对象体重指数(BMI)比较,对照组 $25.55 \pm 2.61$  公斤/ $m^2$ ,治疗组 $25.53 \pm 2.85$  公斤/ $m^2$ ,经 $t$ 检验, $t=0.574$ , $p=0.481$ , $p>0.05$ ,差异无统计学意义,具有可比性。

### 2.2. 两组治疗结果

中医体质判定积分疗效比较:痰湿体质治疗组的

积分在治疗后有明显改善。该组治疗前痰湿体质积分为 $56.78 \pm 12.76$ ,治疗后为 $31.50 \pm 7.07$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为11.9828, $p$ 值为0.0000)。

痰湿体质对照组的积分在治疗后有明显改善。该组治疗前痰湿体质积分为 $55.67 \pm 12.75$ ,治疗后为 $49.50 \pm 12.10$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为2.4231, $p$ 值为0.026)。

痰湿体质治疗组与对照组的积分在治疗后皆有明显改善。治疗前两组积分差异无统计学意义(表6)。然而,治疗后两组积分分别为 $31.50 \pm 7.07$ 与 $49.50 \pm 12.10$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为7.1894, $p$ 值为0.00052)。

湿热体质治疗组的积分在治疗后有明显改善。该组治疗前湿热体质积分为 $56.10 \pm 13.56$ ,治疗后为 $33.73 \pm 9.24$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为8.6897, $p$ 值为0.0000)。

湿热体质对照组的积分在治疗后有明显改善。该组治疗前湿热体质积分为 $57.54 \pm 17.21$ ,治疗后为 $47.63 \pm 14.84$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为2.289, $p$ 值为0.0061)。

湿热体质治疗组与对照组的积分在治疗后皆有明显改善。治疗前两组积分差异无统计学意义(表6)。然而,治疗后两组积分分别为 $33.73 \pm 9.24$ 与 $47.63 \pm 14.84$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为7.1894, $p$ 值为0.0000)。

治疗组的空腹血糖浓度在治疗后也有明显改善。治疗前空腹血糖浓度为 $12.28 \pm 4.72$  mmol/L,治疗后为 $9.20 \pm 4.20$  mmol/L;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为11.897, $p$ 值为0.0000)。

治疗组与对照组的空腹血糖浓度在治疗后有明显改善。治疗前两组之间在空腹血糖浓度方面差异无统计学意义(表4)。然而,治疗后两组的空腹血糖浓度分别为 $9.20 \pm 4.20$ 与 $10.52 \pm 3.96$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为6.714, $p$ 值为0.0000)。

治疗组的糖化血红蛋白浓度在治疗后也有明显改善。治疗前其浓度为 $9.29 \pm 1.87\%$ ,治疗后为 $6.68 \pm 0.78\%$ ;采用 $t$ 检验进行比对结果显示差异有统计学意义( $t$ 值为13.987, $p$ 值为0.0000)。

痰湿组及湿热组治疗后的空腹血糖浓度与中医体质积分之间显示正相关关系,使用皮尔森相关系数计算公式获得皮尔森相关系数( $r$ )分别为0.620及0.627。痰湿组及湿热组治疗后的空腹血糖浓度,中医体质积分,及其相关系数如表1显

示。

痰湿组及湿热组治疗后的糖化血红蛋白浓度与中医体质积分之间显示正相关关系，使用皮尔森相关系数计算公式获得皮尔森相关系数（ $r$ ）分别为 0.613 及 0.607。痰湿组及湿热组治疗后的糖化血红蛋白浓度，中医体质积分，及其相关系数如表 2 显示。

2.3. 体重指数，血压，及不良反应情况：治疗组的 BMI 指数在治疗前为  $25.53 \pm 2.85$  公斤/ $m^2$ ，治疗后为  $25.66 \pm 2.83$  公斤/ $m^2$ ；差异无统计学意义（ $t$  值为 0.737， $p$  值为 0.871）。对照组的 BMI 指数在治疗前为  $25.55 \pm 2.61$  公斤/ $m^2$ ，治疗后为  $25.64 \pm 2.58$  公斤/ $m^2$ ；差异无统计学意义（ $t$  值为 0.873， $p$  值为 0.887）。治疗组的收缩压及舒张压在治疗前分别为  $127.52 \pm 15.79$  mmHg 及  $81.38 \pm 11.35$  mmHg，治疗后为  $126.18 \pm 15.36$  mmHg 及  $80.22 \pm 12.16$  mmHg；差异无统计学意义（ $t$  值分别为 1.78 及 1.18； $p$  值分别为 0.093 及 0.321）。治疗组中有两位患者主诉短暂性头晕，但不妨碍任何活动，并可继续用药。对照组中也有两位患者主诉短暂性胃脘不适，皆无需任何处理，自行缓解。

### 3. 讨论

本研究使用中医体质学说及西医血糖和糖化血红蛋白浓度为检测复方穿心莲口服液对印尼消渴病患者的临床功效。结果证明中医体质学说能反映消渴病患者对治疗的临床反应，与世界公认的客观指标血糖及糖化血红蛋白浓度改善高度一致，相关系数  $r$  高达 0.620。中医体质状态是机体对抗病邪的特殊整体表现，不能由单一化验结果予以显示。该结论与西方医学界的“患者报告结局”（PRO）<sup>[5-7]</sup>，及韩医和汉医对体质学说的大力研究发展一如李济马建立的体质信息银行，体质诊断及<sup>[8]</sup>，治疗仪器，日本一贯堂医学的体质医学体系也是相一致的。

本研究复方穿心莲制剂的总有效率为 93.34%-96.67%，这与李洪杰<sup>[9]</sup>使用黄连阿胶汤加减治疗阴虚热盛型糖尿病 41 例的 95.12% 总有效率，白额尔敦巴特尔<sup>[10]</sup>使用加味黄芪竹叶汤治疗 2 型糖尿病气阴两虚证的 93.33% 总有效率，周妙英<sup>[11]</sup>使用复元活血汤加味治疗 2 型糖尿病血瘀证 38 例的 94.74% 总有效率，容燕虹<sup>[12]</sup>使用白虎加人参汤治疗糖尿病（肺胃热盛）40 例总有效率 95.00%，陈元标<sup>[13]</sup>使用甘露消毒丹治疗 2 型糖尿病湿热型 52 例总有效率 88.46%，李桂玲<sup>[14]</sup>使用葛根芩连汤治疗 2 型糖尿病湿热困脾证 36 例总有效率 91.67%，刘正君<sup>[15]</sup>使用知柏地黄汤加减方治疗阴虚热盛型糖尿病 56 例总有效率 92.8%，尚晓良<sup>[16]</sup>使用玉女

煎合六味地黄汤加减治疗糖尿病 200 例总有效率 90% 非常一致。以上各个复方的主要工作机制不尽相同，只要有效切断消渴病因病机之魔圈，其总有效率就基本相似。这也说明了中医药整体调节脏腑气机的殊途同归功能有效地恢复阴阳平衡，改善偏颇体质之功效。本研究发现中医体质积分与血糖及糖化血红蛋白浓度相关系数（ $r$ ）为 0.60-0.62，这提示大约三分之一的痰湿及湿热体质积分因素是来自血糖及糖化血红蛋白浓度的影响。另外三分之二因素势必来自其他偏颇体质的病理产物如痰湿、燥热、气滞、淤血等相关之病理因素。

本研究制剂复方穿心莲口服液由四味成分组成，即穿心莲，仙人冠果，巴戟果提取物，及发酵蜂蜜（酒）。该四种成分，除了穿心莲，其他成分都很少在中医药使用。穿心莲为君药。因为它针对的是消渴病的主要病机，即阴津亏损，燥热偏胜，阴虚为本，燥热为标，两者互为因果，阴越虚则燥热越盛，燥热越盛则阴越虚。穿心莲通过清肺，胃，膀胱之热，可以有效切断该邪魔之圈，其治之法，解其热毒而快之，势必阻其传，防其变<sup>[17]</sup>。巴戟果（*Morinda citrifolia*）为臣药，性微苦，酸，涩，无毒。归肺，大肠，肝经。功效为清热解暑，止血，消肿，燥湿；应用于治疗消渴，感冒，扁桃体炎，肺炎，痢疾，腹泻，白带，杀虫，高血脂，高血压<sup>[4,18]</sup>。仙人冠果（*Phaleria macrocarpa*）也为臣药，性苦，涩，热，有毒。归肝，大肠经。功效为清热除湿，杀菌，止痒，止痢；应用于治疗肿瘤，消渴，肝病，风湿，痢疾，杀虫，降血压，消胆固醇及尿酸<sup>[18]</sup>其热性有效平衡君药穿心莲之寒性，有效辅助君药穿心莲的抗消渴病机功效。发酵蜂蜜产生酒精性甘，苦，辛，温。入心，肝，肺，胃经。功效为通血脉，行药势；应用于风寒痹痛，筋脉挛急，胸痹，心痛，脘腹冷痛，糖尿病<sup>[19,20]</sup>，佐助以上君药与臣药发挥功效。复方穿心莲口服液配方君臣佐使俱全，寒热兼治，表里兼顾，针对消渴病的主要病因病机和病灶脏腑，因而有效治疗消渴病患者的痰湿或湿热体质，也改善糖代谢状况。

### 结束语：

本研究证明复方穿心莲口服液有良好的抗糖尿病功效。它有明显改善偏颇体质，改善糖尿病患者的临床症状及糖代谢功能，其临床疗效胜过仅使用西医药治疗的对照组。该方剂对体重指数（BMI）、血压及脉率无明显影响。未发现任何严重不良反应。然而，本研究乃是初步探讨，因此需要更广阔及深入地继续研究复方穿心莲制剂的临床功效及药效机制，以获得更安全而有效的消渴病防治之药物。

表 1 治疗组治疗后空腹血糖浓度, 中医体质积分, 及其相关系数 ( $\bar{x} \pm s$ )

编号	湿热体质积分	空腹血糖浓度 (mmol/L)	皮尔森相关系数 (r)	痰湿体质积分	空腹血糖浓度 (mmol/L)	皮尔森相关系数 (r)
1.	50	20, 27	0, 627	21, 88	5, 44	0, 620
2.	45, 8	16		21, 88	5, 5	
3.	41, 6	8, 77		21, 88	5, 61	
4.	41, 6	12, 22		25	6, 05	
5.	41, 6	13, 16		25	6, 22	
6.	41, 6	17, 66		25	6, 27	
7.	41, 6	7, 38		28	6, 44	
8.	41, 6	8, 44		28	7, 55	
9.	41, 6	8, 22		28	10, 5	
10.	37, 5	7, 77		28	7, 05	
11.	37, 5	10, 38		28	7, 05	
12.	37, 5	7, 61		28	7, 38	
13.	37, 5	15, 22		28, 13	7, 44	
14.	37, 5	7, 38		28, 13	6, 66	
15.	37, 5	19, 94		31, 5	8, 27	
16.	37, 5	7, 33		31, 5	8, 44	
17.	37, 5	7, 22		31, 5	7	
18.	37, 5	6, 55		31, 5	12, 11	
19.	37, 5	7, 27		31, 5	8, 22	
20.	29, 2	7, 05		31, 5	12, 88	
21.	29, 2	7, 05		31, 5	8, 16	
22.	25	6, 88		31, 5	13, 55	
23.	25	6, 16		31, 5	7, 61	
24.	20, 8	3, 77		37, 5	15, 16	
25.	20, 8	7, 05		37, 5	7, 5	
26.	20, 8	6, 72		37, 5	15, 22	
27.	20, 8	6, 55		46	15, 11	
28.	20, 8	6, 38		46	7, 5	
29.	20, 8	6, 16		46	7, 33	
30.	16, 6	6		46	24, 16	
$\bar{x} \pm s$						
	33, 73	9, 29		31, 49	9, 11	
	$\pm 9, 24$	$\pm 4, 35$		$\pm 7, 07$	$\pm 4, 13$	

表 2 治疗组治疗后糖化血红蛋白浓度, 中医体质积分, 及其相关系数 ( $\bar{x} \pm s$ )

编号	湿热体质积分	糖化血红蛋白浓度 (mmol/L)	皮尔森相关系数 (r)	痰湿体质积分	糖化血红蛋白浓度 (mmol/L)	皮尔森相关系数 (r)
1.	50	8, 2	0, 607	21, 88	5, 9	0, 613
2.	45, 8	7, 1		21, 88	6	

3.	41, 6	8, 7	21, 88	6
4.	41, 6	6, 5	25	6, 5
5.	41, 6	6, 6	25	6, 7
6.	41, 6	7, 1	25	6, 7
7.	41, 6	8, 5	28	6, 8
8.	41, 6	6, 9	28	6, 9
9.	41, 6	6, 5	28	6, 1
10.	37, 5	5, 7	28	6, 2
11.	37, 5	5, 9	28	6, 3
12.	37, 5	6, 1	28	6, 8
13.	37, 5	6, 3	28, 13	6, 9
14.	37, 5	6, 2	28, 13	7
15.	37, 5	7, 2	31, 5	7, 1
16.	37, 5	6, 9	31, 5	7, 2
17.	37, 5	6, 4	31, 5	8
18.	37, 5	5, 7	31, 5	8, 2
19.	37, 5	6	31, 5	7, 2
20.	29, 2	6, 1	31, 5	6, 2
21.	29, 2	6	31, 5	6, 9
22.	25	6, 2	31, 5	7
23.	25	6, 5	31, 5	5, 9
24.	20, 8	6	37, 5	7, 7
25.	20, 8	5, 7	37, 5	6, 4
26.	20, 8	5, 7	37, 5	6, 9
27.	20, 8	6, 1	46	8, 3
28.	20, 8	5, 8	46	8, 2
29.	20, 8	6, 3	46	7, 9
30.	16, 6	5, 7	46	6, 5
$\bar{x} \pm s$	33, 73 $\pm 9, 24$	6, 49 $\pm 0, 81$	31, 49 $\pm 7, 07$	6, 88 $\pm 0, 71$

## 浅谈温胆汤及临床应用体会

張超

温胆汤是临床上常用的名方之一，它从一个治疗“不得眠”的处方，经过后人不断地探索，已经演化成了治疗多种疑难杂症的中医名方，其变化之多，演变之妙，应用之广，疗效之著，为后世医者所推崇。本人就此浅谈对本方的认识及临床应用体会。

### 一，温胆汤的起源、功效及演变

温胆汤最初见于南北朝姚僧垣所撰《集验方》（已佚），后被唐代孙思邈《备急千金要方》收录，由生姜、半夏、橘皮、竹茹、枳实、炙甘草

所组成，主要用于“大病后虚烦不得眠，此胆寒故也，宜服此方”。到了南宋，陈无择《三因极一病方论》中加了茯苓和大枣两味药，主治范围也随即扩大，主治心胆虚怯，触事易惊，或梦寐不详，或异像感，遂致心惊胆摄，气郁生涎，涎与气搏，变生诸证。后世所用温胆汤多沿用陈无择《三因极一病方论》中的温胆汤，其中二陈汤以健脾燥湿化痰为主，枳实宽中理气，竹茹清胆和胃，除烦止呕。全方共凑理气健脾，清热化痰。竹茹在该方中起主要作用，《名医别录》载其可治呕逆，吐血，崩中。清代张隐庵注释：“此以

竹枝之脉络，而通人之脉络也。人身脉络不和，则吐逆为热矣。脉络不和，则或寒或热矣。充肤热肉，澹渗皮毛之血，不循行于脉络，则上吐血而下崩中矣，竹茹通脉络，皆治之。”由此可见竹茹是一味清热通络药，清热可以保护络脉，而通络有利于清热。通胆胃之络，可以治呃逆；通肺经之络，可以治吐血，通肝经之络，可以治崩中。总之，凡脉络不通夹有热象者，竹茹皆可治之。竹茹还有清热除烦之功。

关于温胆汤的方名，不能只看字面意思而以名定性，“温胆汤”并非温补之剂，而是恢复胆腑的宁静之性。张秉成《成方便读》中释之为：“夫人之六腑，皆泻而不藏，唯胆为清静之腑…，且胆为甲木，其象应春，今胆虚即不能遂其发陈之令，于是土得木而达者，因木鬱而不达矣。土不达则痰涎易生，痰为百病之母，所虚之处即是受邪之处，故有惊悸之状。此方纯以二陈，竹茹，枳实，生姜，和胃豁痰，破气开郁之品，内中并无温胆之药，而以温胆名方者，亦以胆胃甲木，常欲其得春气温和之意耳”。高氏（1）总结认为，其病因病机为胆虚木郁而生痰，方中未用温胆之药，对温乃据五行解释。《医宗金鉴》云：“命名温者，非温凉之温也”。陈修园的《时方歌括》解释为：“热除痰清而胆自宁和，即温也。温之者，寒凉之也”。胆藏清汁，喜宁静而恶烦扰。若有痰浊扰之，即失中和之性。故用和胃化痰，清热利胆之品，使其不受痰热干扰，从而恢复“中正”之职，发挥其温和条达之能，故云温胆汤。

温胆汤的主要演变有：

- 1，黄连温胆汤：出自陆挺珍《六因条辨》，由温胆汤加黄连组成，主治痰热内扰所致的头疼眩晕，心悸少寐，憋闷气短，痞满纳呆，口苦恶心，以及中风癫狂等病症；
- 2，蒿芩清胆汤：出自《重订通俗伤寒论》，由温胆汤加青蒿，黄芩，碧玉散而成，功能清胆利湿，和胃化痰，治疗伤寒病在少阳，胆火内炽，湿热阻遏三焦而见寒热如虐，胸胁胀痛，纳差呕恶，口苦泛酸，舌红苔白腻或黄，脉滑数；
- 3，十味温胆汤：出自《世医得效方》及《证治准绳》：由温胆汤去竹茹加人参，熟地，五味子，酸枣仁，远志而成，全方共奏化痰降浊，补益气血，养心安神之功；
- 4，竹茹温胆汤：出自《寿氏保元》：由温胆汤加黄连，桔梗，柴胡，香附，麦冬，党参组成，主治痰热内扰，伤阴耗气，胆腑不宁而见心悸，失眠多梦，精神恍惚，咳嗽吐痰，胸胁满闷，舌红苔白腻，脉弦滑。
- 5，清热化痰汤：出自《医宗金鉴》中风门，由温胆汤加黄芩，黄连，人参，白术，石菖蒲，麦冬，南星，木香而成，功能清热化痰利窍，主治中风痰热，神志恍惚，舌强难言，或手足麻木无力，头晕目眩等。

6，加味温胆汤：出自《医宗金鉴》，由温胆汤加黄连，黄芩，麦冬，芦根而成，主治妊娠恶阻，胸闷烦热，喜冷饮者；

## 二，温胆汤证的主要病因病机及脉证

温胆汤证的形成总地来说是由于情志所伤，饮食所伤及外邪所伤。

1，病因：凡七情所伤，如抑郁恼怒，思虑过度等，致肝胆气机不利，不能顺其生长发陈之性，木气郁而土气不达，痰湿内生；气郁日久而化热，痰热互结而致病；或嗜食肥甘，致素体痰湿壅盛，日久蕴而化热，或外感暑湿，入里化热，痰热内扰而成疾。

2，病机：其病机特点是由于痰、气、热三者交织及转化，致痰壅气郁，肝胆失于疏泄，日久化热生火，从而形成了温胆汤证。即所谓“气郁生涎，涎与气搏”（2）。

3，脉证：其脉证以心烦，失眠，心悸易惊，舌体胖，舌苔腻，脉弦为关键症状，主治证候为虚烦，失眠，触事易惊，多梦，悸眩呕恶等或头目眩晕或疼痛，胸胁胀痛（3）。

## 三，临床应用

温胆汤临床应用广泛，但要取得较好的临床疗效，还必须要认证准确并且掌握好它的加减变化，即所谓“观其脉证，知犯何逆，随证治之”。本人在临床上常用本方治疗下列疾病，效果满意。

- 1，由痰热内扰而导致的心悸失眠：症见：心悸失眠，虚烦不寐，善惊易醒，舌苔白腻或黄，脉弦滑或滑数。用本方加黄连，即黄连温胆汤；若舌苔黄厚腻者，加黄芩，胆草，碧玉散等以清泻胆府郁热之邪；
- 2，少阳枢机不利，气郁化火而引起的消化系统及神经系统疾病：如脘腹胀满或疼痛，或烧心泛酸，口苦，头疼或偏头疼，或胁肋胀痛，或心烦急躁，或精神压抑，闷闷不乐等，常用本方加柴胡，黄芩，黄连，吴茱萸，川楝子，元胡，香附等；
- 3，郁热日久伤阴而挟阴血亏虚：肝为刚脏，体阴而用阳，郁热日久，最易耗损肝血，阴血亏虚，筋脉失养，而见肢体麻木，痉挛拘急或肢体颤抖，或全身肌肉疼痛，舌体胖边尖红少苔，或有裂纹，加当归、白芍、生地、川穹；痰瘀互阻而见舌有瘀斑者，还可加桃仁、红花；五心烦热者，加知母、黄柏；午后低热或盗汗者，加青蒿、地骨皮。

## 四，典型病例

### 例一

患者杜某，女，26岁，于2022年6月20日就诊。

主诉：心悸失眠3月余。

现病史：患者于三月前注射 covid-19 疫苗后，自觉心慌，心率每分钟100-120次，每天发作15-20次，无胸前区疼痛，无咳嗽，患者自觉精神紧张



压抑，焦虑，失眠，不易入睡，睡后易醒，每天浅睡眠 3-4 小时，伴烧心泛酸，呃可，大便粘而不爽，小便可，舌质红，边有齿痕，苔薄黄，脉弦滑数。于 GP 处进行 ECG 等理化检查，无异常发现，与对症治疗效果不明显，随来寻求中医治疗。

既往史：既往健康，月经正常。

中医辨证：肝郁气滞，日久化热，痰热内扰心神

治则：疏肝理气，清热化痰

方药：黄连温胆汤合化肝煎加减

青陈皮各 9、半夏 10、茯苓 10、枳实 10、竹茹 6、黄连 7、丹皮 10、栀子 10、白芍 10、吴茱萸 3、合欢皮 10、夜交藤、12 珍珠母 25、香附 10

服上方 5 副后患者心悸明显缓解，每天发作 1-2 次，持续时间缩短，程度减轻（心率每分钟 90-100 次），睡眠好转，自觉泛酸减轻，精神明显好转。效不更方，继服上方 7 付后，患者心率睡眠正常，无心悸发作，生活如常。

例二，

患者 John，男性，56 岁，就诊日期：2022 年 7 月 16 号。

主诉：心情压抑，头昏脑胀 5 年余，加重 6 月余。

现病史：患者于 5 年前开始无明显原因自觉心情压抑，闷闷不乐，情绪消极，精神不能集中，伴全身乏力，有自杀倾向，嗜睡，睡后疲乏不减。纳可，二便调。随去 GP 处求治，诊为“抑郁

症”，予抗抑郁药物治疗，症状时轻时重，近半年来患者自觉症状加重，已厌倦长期服用抗抑郁药治疗，随求治于中医。

舌脉：舌体胖，边有齿痕，苔薄白，脉弦滑  
中医辨证：肝郁脾虚，痰湿内阻，蒙蔽清窍，气机不利

治则：疏肝解郁，健脾祛湿

方药：十味温胆汤加减

陈皮 9、半夏 10、茯苓 12、枳实 9、竹茹 6、甘草 3、厚朴 9、合欢花 9、石菖蒲 10、香附 10、薏米 15、白术 10、太子参 10

患者服用上方 7 副后自觉精神好转，乏力改善，配合心理疏导，继服上方 10 副后，诸证悉减。

## 五、体会

温胆汤通过临床加减变化可用于多种病症的治疗，但要想取得满意的疗效必须深明其组方特点和加减变化规律。临床上凡是由情志引起的疾病，与脾胃有关系，病位在心、胆、脾，其病机属于痰热内扰者均可考虑用温胆汤加减治疗。温胆汤的证候指征，舌象比脉象更为重要，舌体胖苔腻是凸显指征。如果不是腻苔，而是少津苔，或者舌红无苔，可能不是温胆汤的适应症。另外，口中异味及大便粘亦是温胆汤重要的应用指征，虽然它不是必要指征，如口苦，口黏，或口中有秽浊之气，大便不易冲刷等。总之，在临床上只要认证准确，配伍得当，应用温胆汤效如桴鼓。

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# 银生藿方加减应用以及在新冠治疗中的临床体会

李文卿

中医认知疫病的诊疗模式有其独特优势。突发疾病疫毒之邪（病毒细菌）侵犯人体后，机体会出现不同的反应和表现，中医对这些外在表现进行分析，根据病邪导致脏腑经络功能异常、气血津液失调的病变机理，综合自然界气候变化、地理环境、人的身体状况与疫病演变规律，注重“因地、因时、因人、因病”的综合分析，以扶正祛邪为法则，调动体内抗病能力与抗病毒、抗细菌作用相结合，有利于早期有效干预，从而达到及时有效防治的目的。中药银生藿方则充分体现了这一优势。本文介绍了临床使用银生藿方，特别是在新冠流行早期的应用体会，希望对中药抗疫的普遍性有启发作用。

银生藿方是由 银翘散（银翘解毒丸）、生脉饮和藿香正气散（丸）组成。

## 1. 《银翘解毒丸》（国家中医药管理局 2021）

《银翘解毒丸》，中成药名。为解表剂，具有辛凉解表，清热解毒之功效。主治风热感冒，症见发热头痛，咳嗽口干，咽喉疼痛。

组成：金银花、连翘、薄荷、荆芥、淡豆豉、牛蒡子（炒）、桔梗、淡竹叶、甘草

功效：辛凉解表，清热解毒

主治：风热感冒，症见发热头痛，咳嗽口干，咽

喉疼痛

执行标准《中华人民共和国药典》2010 版第一部  
(中华人民共和国药典 2010)

药性分析 方中重用金银花、连翘为君药,既有辛凉解表,清热解毒之功,又具有芳香辟秽之效,在透解卫分表邪的同时,兼顾了温热病邪多夹秽浊之气的特点。薄荷、牛蒡子味辛而性凉,疏散风热,清利头目,且可解毒利咽;荆芥穗、淡豆豉辛而微温,助君药发散表邪,透热外出,此两者虽属辛温,但辛而不烈,温而不燥,与大队辛凉药配伍,可增辛散透表之力,为臣药。竹叶清上焦热,桔梗宣肺止咳,同为佐药。甘草既可调诸药,护胃安中,又可和桔梗清利咽喉,为佐使药。诸药并用,共奏辛凉解表,清热解毒之功。

## 2. 《生脉饮》(国家中医管理局 2021)

《生脉饮》,中成药名。为补益剂,具有益气复脉,养阴生津之功效。用于气阴两亏,心悸气短,脉微自汗。

组成:红参(党参或太子参)、麦冬、五味子

功效:益气复脉,养阴生津

主治:气阴两亏,心悸气短,脉微自汗

执行标准《中华人民共和国药典》2010 年版一部  
(中华人民共和国药典 2010)

药品类型 非处方(乙类)

适用病症:气阴两亏,心悸气短,脉微自汗。

现代应用:常用于治疗急性心肌梗死、心源性休克、心律失常等危重时期的救治,均有很好的疗效,明显的降低死亡率。生脉饮治疗重型肺心病也具有良好的效果。治疗冠心病、慢性克山病、流行性出血热等。以生脉饮为基础方,加減或配以其他中药还用于治疗心绞痛、小儿顽固自汗症、中毒性心肌炎、神经官能症、小儿夏季热等。治疗脱水、虚脱和各类心源性休克,生脉饮口服液治疗心律不齐、心动过速、神经衰弱、以及气阴两伤型支气管炎、肺结核体虚久咳等。

药性分析:方中红参补肺气,益气生津,为君药;麦冬养阴清肺而生津,为臣药;五味子敛肺止咳、止汗,为佐药。三味药合用,共成补肺益气,养阴生津之功。

## 3. 《藿香正气散》

《藿香正气散》,中医方剂名。为祛湿剂,具有解表化湿,理气和中之功效。主治外感风寒,内伤湿滞证。恶寒发热,头痛,胸膈满闷,脘腹疼痛,恶心呕吐,肠鸣泄泻,舌苔白腻,以及山岚瘴疟等。临床常用于治疗急性胃肠炎或四时感冒属湿滞脾胃,外感风寒者。

功用:解表化湿,理气和中

主治:外感风寒,内伤湿滞证

分类:祛湿剂-燥湿和胃剂

出处《太平惠民和剂局方》

组成:大腹皮、白芷、紫苏、茯苓、半夏曲、白术、陈皮、厚朴、苦桔梗、藿香、甘草。

功用:解表化湿,理气和中。

主治:外感风寒,内伤湿滞证。恶寒发热,头痛,胸膈满闷,脘腹疼痛,恶心呕吐,肠鸣泄泻,舌苔白腻,以及山岚瘴疟等。

方义:本方主治之外感风寒,内伤湿滞证,为夏月常见病证。风寒外束,卫阳郁遏,故见恶寒发热等表证;内伤湿滞,湿浊中阻,脾胃不和,升降失常,则为上吐下泻;湿阻气滞,则胸膈满闷、脘腹疼痛。治宜外散风寒,内化湿浊,兼以理气和中之法。方中藿香为君,既以其辛温之性而解在表之风寒,又取其芳香之气而化在里之湿浊,且可辟秽和中而止呕,为治霍乱吐泻之要药。半夏曲、陈皮理气燥湿,和胃降逆以止呕;白术、茯苓健脾运湿以止泻,共助藿香内化湿浊而止吐泻,俱为臣药。湿浊中阻,气机不畅,故佐以大腹皮、厚朴行气化湿,畅中行滞,且寓气行则湿化之义;紫苏、白芷辛温发散,助藿香外散风寒,紫苏尚可醒脾宽中,行气止呕,白芷兼能燥湿化浊;桔梗宣肺利膈,既益解表,又助化湿;煎用生姜、大枣,内调脾胃,外和营卫。使以甘草调和药性,并协姜、枣以和中。

运用:《藿香正气散》主治外感风寒,内伤湿滞证。临床应用以恶寒发热,上吐下泻,舌苔白腻为辨证要点。

重要文献摘要:1、原书主治《太平惠民和剂局方》卷2:“治伤寒头疼,憎寒壮热,上喘咳嗽,五劳七伤,八般风痰,五般膈气,心腹冷痛,反胃呕恶,气泄霍乱,脏腑虚鸣,山岚瘴疟,遍身虚肿;妇人产前、产后,血气刺痛;小儿疳伤,并宜治之。”(汪昂,2007)。2、方论选录汪昂《医方集解·和解之剂》:“此手太阴、足阳明药也。藿香辛温,理气和中,辟恶止呕,兼治表里为君。苏、芷、桔梗散寒利膈,佐之以发表邪;厚朴、大腹行水消满,橘皮、半夏散逆除痰,佐之以疏里滞。苓、术、甘草益脾去湿,以辅正气为臣使也。正气通畅,则邪逆自除矣。”(邓中甲 2011)。

## 4. 《银生藿方》的组成

金银花,连翘,薄荷,荆芥,淡豆豉,牛蒡子(炒),桔梗,淡竹叶,甘草,太子参(党参)麦冬、五味子,大腹皮、白芷、紫苏、茯苓、半夏曲、白术、陈皮、厚朴、藿香、甘草。

以上三方中的中药符合英国的中药管理规定。在临床上根据患者的症状调整用三方的药量的比例。以发热头痛咽痛为主证时,减小藿香正气散的每味中药剂量,如果以脾胃症状重者,减轻银翘散中中药的用量,有乏力气短症时,生脉饮中中药的用量视患者的症状(血氧水平)轻重而定量,如果是成药可以使用1-3支/每日。临床选用

党参或太子参入药。根据患者的辨证辨病的不同，亦可加减《银生藿方》的中药组成。

### 5. 《银生藿方》与中医五行

中医五行木（肝胆）火（心小肠）土（脾胃）金（肺大肠）水（肾膀胱）。五行的生理相生相克，病理相乘相侮。银生藿方中，《银翘散》入卫肺，辛凉解表，清热解毒，《生脉饮》入心，肺，肾具有益气复脉，养阴生津，《藿香正气散》入肺脾胃，主治外感风寒，内伤湿滞证。肺热，阴伤或湿滞脾胃都会病及肝。因此在临床上，根据五行的生克，相乘相侮；六淫寒热暑湿燥火的变化；五脏的虚实，银生藿方加减变化临床应用，或以解表为主，兼顾健脾和胃益气；或以健脾和胃燥湿，兼顾解表益气。其主要适应证是有表热，有湿留和体虚（气阴）的患者。有是证，不论西医的诊断的疾病名称为何，都可以银生藿方加减使用。

### 三. 病例举例

例 1. Mr. Fish 男，54，英国白人。公司管理。2020 年 3 月 18 日电话。症状，发热 38.5 度，咽痛，咳嗽，吐绿痰，极其乏力，卧床。周围有新冠病人。GP 医嘱他在家自行隔离。无呕吐腹泻。既往：高血压，脂肪肝，血脂肝功异常。由情况特殊，病人独身在家无法熬中药。同意服用中成药。我到邮局给病人寄了中药 银翘解毒丸一盒 8 粒/次，日服三次；生脉饮一盒 两支/日，早晚各一支；藿香正气丸一盒 8 粒/次，3 次/日。温开水送服。19 日患者开始服用以上中药。两日后电话我，热退。继续服中药，一周后症状消失，体力渐恢复。

例 2. Ms. Murphy 女 70 岁 英国白人。律师秘书。2020 年 4 月 18 日。电话，因工作单位有新冠患者，回家隔离，有咽痛，稍咳嗽。气短，二便调，心情紧张睡眠不实易醒，新冠测定阳性。既往：高血压，心脏左束支传导阻滞。单位有其他人感染新冠肺。嘱内服银翘解毒丸 8 粒/次，日服三次；生脉饮一盒 两支/日，早晚各一支；藿香正气丸一盒 8 粒/次，3 次/日。温开水送服。医生到家时测试患者血氧饱和度正常而留家观察。患者三日中药后症状消失。其余病证继续治疗。一周后新冠测定阴性。

例 3. Ms. Cassidy, 女, 58 岁, 英国白人, 教师。2020 年 12 月 5 日远程门诊。主诉今日起学校按英国政府规定在家自行隔离因为在学校接触新冠肺学生，但没有给予新冠肺检查。除以前基础病外，目前没有发热咳嗽，有咽痛症状，情绪紧张，影响睡眠。嘱其服用嘱内服银翘解毒丸 8 粒/次，日服三次；生脉饮一盒 两支/日/前 3 日；后 1 支/日，早晚各一支；藿香正气丸一盒 8 粒/

次，3 次/日。温开水送服。一周后，患者述咽痛消失，体力精神好。睡眠好。10 天后按英国规定，10 天隔离没有新冠症状者必须复工。我建议患者做新冠检查。检查阴性。在同事老师中有患新冠肺的情况之下，本患者检查为阴性。《银生藿方》可能有预防作用。

例 4. Ms. Current, 女, 69 岁, 退休教师。2022 年 7 月 29 日，主诉 Covid-19 检验阳性，咳嗽，吐白痰多，鼻塞流泪，夜间影响睡眠，气短，大便溏尿黄（服用维生素复合 B）舌胖淡，苔白腻。既往：子宫内膜异位症，贫血，抑郁症，肌炎，自服莲花清瘟 4 日，症状不减。医嘱服用银翘解毒丸 8 丸/日 3 次；，藿香正气散 8 丸/日 3 次和生脉饮 1 支/日一次。服上三中药后症状即减轻，三日后症状基本消失，Covid-19 阴性。嘱咐患者服完一周的中药药量。临床治愈，没有后遗症遗留。再次测试 covid-19 阴性。

### 四. 讨论:

中医中药的介入对新冠肺炎治疗起到了极其重要的作用。目前新冠的变种毒株不断的发生变化，疫苗跟不上，西药对病毒的治疗有很大局限性，而中医药按中医理论辨证施治则可以以不变应万变。中国绝大多数新冠肺炎确诊患者接受中医药治疗，中医药为疫情防控贡献重要力量。中医的金花清感颗粒、连花清瘟胶囊、血必净注射液和清肺排毒汤、化湿败毒方、宣肺败毒方等具有明显疗效的“三药三方”纳入中国新冠肺诊疗方案。（国家卫健委 2020）。然而，在海外的中医治疗新冠的情况不同。按欧盟的管理规则，三药三方中一些中药物是不允许使用的。英国对新冠肺治疗政策亦不同于中国，对疑似、轻和中度新冠患者都只能在自家中隔离，只有严重，呼吸困难者才能入院治疗。中医不能进入医院治疗患者。因而没有中西医结合在医院治疗新冠肺的机会。加之新的病毒变异不断出现，以辨证论治为基础的中药治疗对患者战胜新冠仍有重要的理论指导和临床现实意义。《银生藿方》的组方是有银翘解毒丸、藿香正气散和生脉饮组成。银翘解毒丸具有辛凉解表，清热解毒之功效，常用于风热外感，感冒流感，在中国用于本次新冠肺疑似和初期新冠肺；藿香正气散 解表化湿，理气和中之功，主治外感风寒，内伤湿滞证，此中药列于中国新冠肺治疗的指南中；生脉饮具有益气复脉，养阴生津之功效。用于气阴两亏，心悸气短，脉微自汗。《内经》“正气存内，邪不可干。”《瘟疫论》：“（在疫气严重时）“不论强弱，正气稍衰者，触之即病”。从中医的理论和实践的传染病和疫病记载的指导下，在中医辨证，及辨病的基础上，《银生藿方》加减中药和调整‘其中三方的用药剂量平衡比例治疗新冠疑似、新冠轻症、及其中度的新冠患者，或其它有是证的患者。这

是一个较其他“三方三药”温和，全面，未发现副作用，符合英国中医用药规定的有效方法。在英国对新冠肺炎治疗政策的状况下，更适合在家隔离的患者治疗。以上介绍了4例疑似新冠和新冠病例的治疗。银生藿方不但可以运用到新冠的治疗，亦可用于有是证（有热，湿和虚）的患者，其临床运用广泛，按中医的理论和临床，同病异治，异病同治。有是证，即可用其方。银生藿方可以用于其它病症的治疗。本文作者将临床灵活加减运用《银生藿方》治疗新冠，对及其它病证的理论基础与同道们一起讨论。期望中药《银生藿方》能为新冠肺和有是证的患治疗，在海外起到治病救人的作用。请同道老师们批评指正。

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# 论黄帝内经卫气概念即神经系统功能

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**中文摘要：**通过对多篇内经原文从生理、病理、治疗等方面的描述，揭示其卫气概念主要是指神经系统的功能。卫气循行的神经系统是经络的结构之一，血液循环系统是经络的另一结构基础。神经行卫气，血脉行营血，针刺主要通过神经起作用，药物则通过血液而分布至周身。调和营卫就是调节神经特别是交感神经和血液循环的关系。温病卫分证发热和神经系统相关，卫气概念现代解读和免疫系统相关不符合内经的逻辑。

## 关键词：

卫气，神经系统，调和营卫

**Abstract:** Through the description of physiology, pathology, treatment and other aspects of the original texts of The Yellow Emperor's Classic of Medicine, it is revealed that *Wei Qi* is mainly the function of the nervous system. The nervous system fibres for the production of *Wei Qi* are one of the contents of the meridians, and the blood vessel system is another structural basis of the meridians. *Wei Qi* was produced and conducted in the nervous system while blood circulates in the blood vessel system. Acupuncture mainly works through the nervous system and medicines are distributed to the whole body through blood. Reconciliation of *Ying* and *Wei* is to regulate the relationship between nerves, especially sympathetic nerves, and blood circulation. The fever from *Wei* pathological stage syndrome of Febrile disease is related to the nervous system. The modern interpretation of the concept of *Wei Qi* to be related to the immune system does not conform to the logic of The Yellow Emperor's Classic of Medicine.

**KeyWords:** *Wei Qi*, Nerve system, Reconciliation of *Ying* and *Wei*

卫气是中医的一个非常重要的概念，在内经的多篇经文里都有论述，涉及到卫气的产生，循行及分布，卫气的功能，卫气病理变化，针刺调卫气治百病等多方面的内容，而且是一个和营相关联的一个概念。后世张仲景创制桂枝汤调和营卫，叶天士创卫，气，营，血辨治温病。到了近代对卫气实质的探讨有人认为和免疫系统的功能有关。可是，卫气实质到底是什么？从内经卫气论述出发，厘清卫气的实质，沟通理顺古今文献，无论是对理论还是临床实践来说，都有其重要的意义。

## 1. 内经关于卫气生理功能的论述

内经对卫气的来源，循行，分布及功能等有着比较全面的描述。《灵枢·营卫生会篇》：“黄帝问于岐伯曰：人焉受气？阴阳焉会？何气为营？何气为卫？营安从生？卫于焉会？老壮不同气，阴阳异位，愿闻其会。岐伯答曰：人受气于穀，穀入于胃，以传与肺，五藏六府，皆以受气，其清者为营，浊者为卫。营在脉中，卫在脉外，营周不休，五十而复大会，阴阳相贯，如环无端。卫气行于阴二十五度，行于阳二十五度，分为昼夜，

故气至阳而起，至阴而止。”《素问·痹论篇》“卫者水谷之悍气也，其气慄疾滑利，不能入于脉也；故循皮肤之中，分肉之闲，熏于肓膜，散于胸腹，逆其气则病，从其气则愈。不与风寒湿气合，故不为痹。”《灵枢·本藏篇》：“卫气者，所以温分肉，充皮肤，肥腠理，司开阖者也。”《素问·生气通天论篇》：“阳气者，若天与日，失其所，则折寿而不彰。故天运当以日光明。是故阳因而上，卫外者也。”

从上述经文可概括出内经关于卫气生理方面的论述，即卫气是来自于胃受纳的水谷之气中之浊者，和水谷之气中的清者营相对。和营气一样卫气来自中焦，但和营行脉中不同，卫气慄疾滑利循行脉外，分布于全身内外各处皮肤，肌肉，肓膜，胸腹。卫气循行于阴二十五度，行于阳二十五度，分为昼夜。卫气有着温分肉，充皮肤，肥腠理，司开阖，以及卫外而为固的作用。关于卫气的循行，循行于阳经及阴经各二十五周，《灵枢·卫气行篇》进一步指出平旦卫阳之气出于目，行于阳二十五周，夜间行于阴二十五周。而且是循着十二正经，白昼阳经，夜晚阴经的次序循行而复合于目的。“黄帝问于岐伯曰：愿闻卫气之行，出入之合，何如？……故卫气之行，一日一夜五十周于身，昼日行于阳二十五周，夜行于阴二十五周，周于五藏。是故平旦阴尽，阳气出于目，目张则气上行于头，循项下足太阳，循背下至小趾之端……复合于目，故为一周。阳尽于阴，阴受气矣。其始入于阴，常从足少阴注于肾……亦如阳行之二十五周，而复合于目。”为何是二十五周？如果看一下五行学术在人体运用，那么人体的脏腑体华窍对应于五行，正好被概括在五五二十五之内（见附表一，红色标记），因此所谓的白天，夜晚各行二十五周应该是白天循行于全身各处，夜晚也是，只是白天阳气甚。人处于觉醒，活动多的状态，而夜间阳气少处于睡眠，活动少的状态。而所谓的白天卫气只行于阳经，夜晚只行于阴经逻辑上也不能自洽，因为白天卫气不可能不达脏及阴经只行于阳经及府的，夜间卫气不可能不府及阳经只行于脏及阴经的。所以二十五可理解为循行周身的意思。而且《灵枢·经脉篇》十二经气循环也提供了佐证：肺，大肠，胃，脾，心，小肠，膀胱，肾，心包，三焦，胆，肝依次脏腑周流。从内经经文看，这十二经和卫气行的十二经是一样的经，只是经气的流注次序有所不同。

## 2. 内经关于卫气病理变化的论述

内经也有不少卫气的病理变化的论述，而且往往营卫相伴论述。各种病因如六淫，七情，饮食等可导致卫气的稽留阻滞，血运异常。如《灵枢·口问篇》：“夫百病之始生也，皆生于风雨寒暑，阴阳喜怒，饮食居处，大惊卒恐。则血气分离，阴阳破败，经络厥绝，脉道不通，阴阳相逆，卫气稽留，经脉虚空，血气不次，乃失其常。论不在经者，请道其

方。”《灵枢·胀论篇》对此也有描述：“黄帝曰：胀者焉生？何因而有？岐伯曰：卫气之在身也，常然并脉，循分肉，行有逆顺，阴阳相随，乃得天和，五脏更始，四时循序，五谷乃化。然后厥气在下，营卫留止，寒气逆上，真邪相攻，两气相搏，乃合为胀也。”即卫气伴行营脉，循行周身，可为寒所滞则为胀。卫气失常和肢体的偏枯，不用，不仁等病理变化有关。如《灵枢·刺节真邪篇》：“虚邪遍容于身半，其入深，内居营卫，营卫稍衰，则真气去，邪气独留，发为偏枯。卫气不行，则为不仁。”

《素问·逆调论篇》“帝曰：人之肉苛者，虽近亦絮，犹尚苛也，是谓何疾？岐伯曰：荣气虚，卫气实也，荣气虚则不仁，卫气虚则不用，荣卫俱虚则不仁且不用，肉如故也。”

再有营卫的调和和睡眠，昼夜节律有密切关系。卫气昼夜循行不失其常，营卫调和，才可保持睡眠正常，夜间营血不足，卫阳气甚则不寐。

《灵枢·营卫生会篇》“黄帝曰：老人之不夜瞑者，何气使然？少壮之人不昼瞑者，何气使然？岐伯答曰：壮者之气血盛，其肌肉滑，气道通，营卫之行，不失其常，故昼精而夜瞑，老者之血衰，其肌肉枯，气道涩，五脏之气相搏，其营气衰少，而卫气内伐，故昼不精，夜不瞑。”

《灵枢·大惑论篇》“黄帝曰：病而不得卧者，何气使然？岐伯曰：卫气不得入于阴，常留于阳，……故目不瞑矣。”

## 3. 内经关于卫气治疗的论述

内经中针刺治疗占有大量的篇幅，认为卫气分布在人体的各部及腧穴，如《素问·五藏生成篇》：“人大谷十二分，小溪三百五十四名，少十二俞，此皆卫气所留止，邪气之所客也，针石缘而去之。”卫气和诸病相关，为百病之母，可以通过针刺调其虚实以治之。

《灵枢·禁服篇》：“凡刺之理，经脉为始，营其所行，知其度量，内刺五脏，外刺六腑，审察卫气，为百病母，调其虚实，虚实乃止，泻其血络，血尽不殆矣。”

对于如何针刺治病，有不刺经络调卫气的微刺，至于左病刺右，右病刺左的缪刺，以及刺经的巨刺应也是影响卫气。

《素问·调经论篇》：“帝曰：刺微奈何？岐伯曰：取分肉间，无中其经，无伤其络，卫气得复，邪气乃索。”

《灵枢·缪刺论篇》“帝曰：愿闻缪刺，以左取右，以右取左，奈何？其于巨刺何以别之？岐伯曰：邪客于经，左盛则右病，右盛则左病，亦有移易者，左痛未已，而右脉先病，如此者，必巨刺之，必中其经，非络脉也。故络病者，其痛与经脉缪处，故命曰缪刺。”

## 4. 卫气的新解读

如果从神经系统的功能出发去理解卫气更接近于内经所说的本意也更切合临床。营血行脉中主要是血

液周流全身,赵洪钧总结文献发现内经说的经脉系统包含血液循环系统结构,卫气行脉外,并且循十二正经循行人体不分昼夜,这就涉及到经络的实质问题。古人限于条件说的不太清楚,现代研究若能最大限度的沟通古今文献和符合临床运用才是有现实意义的。一些人认为经络的线状结构似包括了神经,血管,淋巴,肌腱,韧带等实现其内属脏腑,外络肢节的作用。从内经及汉字本义出发,任何纵行的线状结构都称之为经,而横行及网络不规则的为络,如经行的脉显然是大的纵行的动静脉,而浮络,孙络从古人的条件不可能是神经末梢,应主要是浅表的静脉。毛细血管古人不可能看见,赵洪钧总结内经的一些原文发现循环系统是经络的结构。其实神经也一样,有纵行,横行,还有不规则的肉眼难见的末梢,但古人没有精细的解剖,不可能完全看清楚这些。至于经筋多半是肌腱,韧带,经别有可能是肉眼可见的神经分支。而现代有关经络实质,针刺的感传,针刺治疗效应及针刺作用机理的研究指向神经系统更多<sup>[1]</sup>。结合经络运行气血这一功能言,以及营行脉中,卫气循行于十二经表明,那么经络结构应该主要包括神经和血管,神经走气,也即卫气,位于脉外,是一套经络系统的结构基础,血管行营血,是另一套经络的结构基础。这两者运行气血,针刺等体表刺激术主要通过神经起作用,而药物则入血流而取效。从内经论及的有关卫气的生理,病理,诊断,治疗的内容用神经系统的功能解释都合乎逻辑(附表2)。所谓调和营卫就是调和神经特别是交感神经和血液循环的关系。

### 5. 卫阳之气激发的生理基础及病理变化

内经对正常人平旦阳气生,卫阳之气始于目,巡行周身,日中阳气隆,日西阳气已虚,入夜则阳气更弱的论述和现代时间生物学吻合。人体的生物钟由特定的基因决定的蛋白所控制,中枢的生物钟位于下丘脑的视交叉上核(SCN),控制人体24小时生物节律。视网膜神经节细胞从外界接受光信号通过视网膜下丘脑束传达到视交叉上核,进而调节觉醒和睡眠,在大鼠模型中,在SCN持续完全消融的动物中,体温的昼夜节律被永久阻止<sup>[2]</sup>。视交叉在人体虽没有证据表明它能直接的控制体温中枢但非常有可能<sup>[3]</sup>。视交叉通过启动下丘脑-垂体-肾上腺轴而影响肾上腺素及去甲肾上腺素,肾上腺皮质激素等激素的产生<sup>[4-5]</sup>而且可作用于交感神经并进而控制机体核心体温,是机体阳气产生的基础。因为儿茶酚胺,糖皮质激素是机体重要的耗能产热因素<sup>[6-7]</sup>。病理情况下,下丘脑的体温调节中枢在感染,炎症,损伤等通过神经,体液路径刺激下导致下丘脑体温调定点上调,产热增多,散热减少,阳热甚就会发热<sup>[8]</sup>。

6. 桂枝汤调和营卫的药理基础张仲景创桂枝汤治疗太阳中风表证:发热,汗出,恶风等。其作用机理是调和营卫。从调和营卫就是调和神经特别是交感神经和血液循环的关系可以解释桂枝汤的

作用原理。桂枝汤的君药是桂枝。其有效成分挥发油,桂皮醛可使皮肤血管扩张、散热增加。并有镇静、抗惊厥,降低心率,降压作用<sup>[9-10]</sup>。镇静药往往会降低交感神经的功能活动<sup>[11]</sup>,因此桂枝镇静,扩血管降压的作用可能是降低了交感神经的活性。芍药是臣药。芍药贰具有显著的镇痛、镇静、抗惊厥,抗神经损伤作用,Ca<sup>2+</sup>减低在芍药苷的舒张平滑肌细胞作用中起重要作用,芍药苷还有扩血管的作用,也可能和影响钙离子有关,并有抗血栓形成,抗血小板聚集,降血脂等改善血液流变学作用<sup>[12,13]</sup>。具改善营血运行的功能。

因此桂枝汤,桂枝加龙骨牡蛎汤治自汗<sup>[14]</sup>的药理基础可能主要和降低了交感神经的活性有关。桂枝汤加味调和营卫治疗失眠<sup>[15]</sup>也可能与其镇静及影响脑区的血运有关。

7. 叶天士卫气营血辨证及卫气是免疫系统的解读卫,气,营,血辨证是温热病病理反应不断恶化的不同阶段的划分的概念。卫分热不太甚可有恶寒是早期阶段,随病变进展,热重伤津而不得清会有大热,大汗,大渴,脉洪大症状,病情进一步加重就可能出现神昏谵语,发斑,出血等营血症状。实际上这些病理变化和内经卫阳之气是相关的。叶天士所述的病症往往会见于流行性脑脊髓膜炎等传染性疾病,感染,炎症因子导致体温调定点上升导致体表血管收缩,甚或骨骼肌震颤产热相当于激发卫阳之气而发热,体表血管收缩,骨骼肌震颤可有恶寒,寒战。若病情得不到进一步控制,体温持续升高会出现所谓的气分症状,持续高温及病毒等损伤血管内皮细胞导致弥漫性血管内凝血,出血会出现所谓的血分证。影响到脑可出现头痛,神昏,谵语等所谓的邪陷心包症状。至于说卫气相当于免疫系统的依据可能和《素问·刺法论》所言“正气存内,邪不可干”及

8. 《素问·评热病论》所言“邪之所凑,其气必虚”有关,但卫气御邪的概念从内经的逻辑应是外邪如六淫从肌表入侵,而卫气司开合,固肌表可抵抗之更为合理。所以卫气固表的功能还是和交感神经等神经功能有关。何况免疫系统可接受神经系统调控。《灵枢经·小针解》也说:“神者,正气也”。正气存内也可理解为神气,卫气充足,所以从内经出发解释卫气是神经系统功能依据更充分。

结论中医的最基本的概念的现代生物医学解读是中西医结合的基础,从古人的所处的时代出发,忠实于原文,结合现代生物医学的认知给出合乎逻辑的解释,能够阐发后世的相关问题并且符合临床才是更接近真相的和更有意义的。无论从生理,病理,药理及针刺,还是从内经到后世,卫气的概念的描述和神经系统的功能高度相关,调和营卫就是调整神经系统特别是交感神经和血液循环系统的关系,也就是调和气血的关系。温病的所谓卫分证产生依然和神经系统有关,卫气和



免疫系统的关系不是内经的本意。

五行配属人体实质结构是二十五的来源

附表一

五脏	五府	五行	五志	五方	五体	五华	五窍	五色	五味
心	小肠	火	神	南	脉	面	舌	赤	苦
肝	胆	木	魂	东	筋	爪	目	青	酸
脾	胃	土	魄	中	肌	唇	口	黄	甘
肺	大肠	金	意	西	皮	毛	鼻	白	辛
肾	膀胱	水	志	北	骨	发	耳	黑	咸

附表二 卫气即神经系统功能的依据

源于中焦	神经系统功能有赖于食物营养
行于脉外，循行十二经	行于血管系统之外的神经系统
慄疾滑利	神经传导迅速
循皮肤之中，分肉之间，熏于肓膜，散于胸腹	神经系统分布全身各处
温分肉，充皮肤，肥腠理，司开阖者	交感神经及交感肾上腺髓质系统,促进能量代谢产热,交感支配汗腺
卫气行于阳二十五度，	神经兴奋性及体温，白天高
行于阴二十五度，分为昼夜	神经兴奋性及体温夜间低
夫百病之始生也→卫气稽留	各种病理变化影响邻近的神经。
卫气之在身也,常然并脉→营卫留止,乃合为胀也	内脏植物神经失调
卫气不行，则为不仁	感觉功能受损
卫气虚则不用	运动功能受损
病而不得卧者→卫气不得入于阴，常留于阳	夜间神经兴奋性高失眠
人大谷十二分，小溪三百五十四名	所有的穴位附近有神经分布
少十二俞，此皆卫气所留止； 审察卫气，为百病母	诸病都涉及神经
微刺，缪刺，巨刺	针刺方法不同，都可影响神经
调和营卫	调节神经特别是交感神经和血运的关系
温病卫,气分证 发热	感染使下丘脑体温调停点上升

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## 《辅行诀》脏腑补泻方的整体组方规律

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**【摘要】**《伤寒论》以“六经辨伤寒”，《金匮要略》以“脏腑辨杂病”。《辅行诀》脏腑补泻方是以“五行辨杂病”，二旦四神方是以“六合辨疫病”。脏腑补泻方以味为纲，主治为目，纲举目张，乃成其方；方中有方，母子同治，虚则补子，实则泻母，补泻兼施。君臣佐使是三级配伍体系，而非四级。君臣佐使与八纲辨证可以完美对应，从而可以让临床组方大道至简。

**【关键词】**辅行诀；五行；六合；六经；八纲

**Abstract:** “*shanghan lun*” uses six meridians to distinguish Exogenous affections. “Synopsis of Golden Chamber” uses organs to distinguish commonly encountered disease. “*fixingjue*” *zang-fu* nourishing and reducing prescription is based on five elements to distinguish commonly encountered disease. *erdan sishen fang* is based on six directions identification of communicable disease. *zang-fu* nourishing and reducing prescription takes the taste as the outline, the main function is secondary; there is a small prescription in the big prescription, the mother and the child are treated together, the deficiency is to nourish the child, and the excessiveness is to reduce the mother, and both nourishing and reducing are applied together. The *JunChenZuoShi* is a three-level compatibility system, not a four-level system. The *JunChenZuoShi* can perfectly correspond to the differentiation of eight principles, so that the clinical prescription can be simplified.

**Keywords:** *FuXingJue*; Five elements; Six directions; Six meridians; eight principles.

### 一、五行辨杂病，六合辨疫病

《伤寒杂病论》、《伤寒论》是以“六经辨伤寒”，《金匮要略》是以“脏腑辨杂病”。《辅行诀》脏腑补泻方是以“五行辨杂病”，即以五脏为核心，以脏代腑辨杂病，这一部分不区分脏腑，而是以脏代腑，不言腑而治腑。《辅行诀》二旦四神方是以“六合辨疫病”，即用六合辨证应对天地异气导致的具有强烈传染性的疫病、疫病。五行辨证，其数五，应五运、五行；六合辨证，其数六，应六合、六气；完整地体现了经典中医“天五、地六”和“天六、地五”的道术体系，由道而术，一以贯之。同时，《辅行诀》保留有中医经方派组方核心理论的“汤液经法图”和“五行互含药精”，是一部理法方药俱全的中医临床著作，《辅行诀》有资格与《伤寒杂病论》并肩，与《黄帝内经》、《难经》、《神农本草经》并列为中医五大经典。

《辅行诀》对于《黄帝内经》的传承，主要有四篇，《至真要大论》、《脏气法时论》、《本神》、《五邪》。《辅行诀》“辨肝、心、

脾、肺、肾脏病证文并方”中五脏有疾的虚实症状，实际上直接来自《灵枢·本神》“肝藏血，血舍魂，肝气虚则恐，实则怒。脾藏营，营舍意，脾气虚则四肢不用，五藏不安，实则腹胀经洩不利。心藏脉，脉舍神，心气虚则悲，实则笑不休。肺藏气，气舍魄，肺气虚，则鼻塞不利少气，实则喘喝胸盈仰息。肾藏精，精舍志，肾气虚则厥，实则胀。五藏不安。必审五藏之病形，以知其气之虚实，谨而调之也。”《灵枢·五邪》“邪在肺，则病皮肤痛，寒热，上气喘，汗出，咳动肩背。取之膺中外喻，背三节五藏之傍，以手疾按之，快然，乃刺之。取之缺盆中以越之。邪在肝，则两胁中痛，寒中，恶血在内，行善掣节，时脚肿。取之行间，以引胁下，补三里以温胃中，取血脉以散恶血；取耳间青脉，以去其掣。邪在脾胃，则病肌肉痛，阳气有馀，阴气不足，则热中善饥；阳气不足，阴气有馀，则寒中肠鸣、腹痛；阴阳俱有馀，若俱不足，则有寒有热，皆调于三里。邪在肾，则病骨痛，阴痹。阴痹者，按之而不得，腹胀，腰痛，大便难，肩背颈项痛，时眩。取之涌泉、昆仑。视有血者，尽取之。邪在心，

则病心痛，喜悲时眩仆；视有馀不足而调之其输也。”二者只是在文字上稍有出入，并没有实质上的区别。也就是说《辅行诀》不但继承了经方派《汤液经法》的内容，同时也传承了医经派《黄帝内经》的内容。《辅行诀》“汤液经法图”和“五行互含药精”所揭示的经方的遣药组方规律，是全书学术特点最鲜明、最有特色的部分，这是在其后的中医著作中难以见到的。

## 二、以味为纲，主治为目，纲举目张，乃成其方

方证对应被现代中医奉为金科玉律，其实质是“以证为纲”，“有适证，用适药”。但是《辅行诀》则不同，“以味为纲，主治为目”是《辅行诀》的一大特点，是贯穿《辅行诀》五脏病症诸方的基本组方法则。五味与五脏通过五行生克制化理论联系起来，不同的味对相应五脏的虚实病机产生不同的补泻作用。更具体地说，即是以本脏之用味补己之虚(如以辛补肝)，以克己脏之用味(本脏之体味)泻己之实(如酸泻肝)，以己克之味(孙脏之用味)缓本脏之急(如肝苦急，急食甘以缓之)，在此基本原则之下衍生出五脏大小补泻诸方。

《辅行诀》小泻方三味药两泻一补，一君二臣；小补方四味药两补一泻一化，一君二臣一化；大泻方六味药，酸苦甘辛咸五味俱全，一君二臣三佐；大补方七味药，酸苦甘辛咸五味俱全，一君三臣三佐。

## 三、方中有方，母子同治，虚则补子，实则泻母

这也是贯穿《辅行诀》脏腑大小补泻方的一个重要特点。具体体现为每一首某脏的大泻方、大补方，都是由该脏的小泻方、小补方再加上其生我之脏(母脏)或者所生之脏(子脏)的小泻方、小补方的主要药物而成。而这一组方法则实际上是继承了《难经》的思想，即《难经·六十九难》：“虚则补其母，实则泻其子”和《难经·七十五难》：“子能令母实，母能令子虚。”

清代医家徐灵胎曾言：“药有个性之特长，方有合群之妙用。”因此，用药如用兵，用方如用阵。把药物组合在一起，既发挥每一味药物的特性，又相互之间协同，补泻有序，才是用药之道。《辅行诀》的组方法度严谨，有如战阵，深得兵家排兵布阵之道，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。小泻方的煎服法：以水或其他溶媒三升，煮取一升，顿服之(不瘥，即重作服之)。大泻方的煎服法：以水或其他溶媒五升，煮取二升，温分再服。小补方的煎服法：以水或其他溶媒八升，煮取三升，温服一升，日三服。大补方的煎服法：以水或其他溶媒一斗，煮取四升，温服一升，日三夜一服。

## 四、君臣佐使，三级体系

对于处方中君臣佐使的界定，《黄帝内经·至真要大论》曰：“主病之谓君，佐君之谓臣，应臣之谓使，非上下三品之谓也。”对于疾病起到主要治疗作用的药物是君药。而《辅行诀》则有不同的理念：“主于补泻者为君，数量同于君而非主故为臣，从于佐监者为佐使”。对于虚实病证，起到主要的补或者泻的作用的药物是处方中的君药。从剂量上看，君药和臣药的用量相同，都是三两；佐药和使药用量都是一两。需要注意的是，君臣佐使是三级分类，而不是四级，佐药和使药是同一级。

《黄帝内经·至真要大论》曰：“《大要》曰：君一臣二，奇之制也，君二臣四，偶之制也，君二臣三，奇之制也，君二臣六，偶之制也。”可见，君药可以是一味药，也可以是两味药。

《辅行诀》中的大方都是复方、方中方，也就是由针对本脏的小方和针对母脏或者子脏的小方组成，两个小方组成一个大方(复方)。脏腑大泻方是本脏和母脏同泻，针对本脏起到最主要克、泻作用的药物是君药，针对母脏起到克、泻作用的药物就是另一味君药。脏腑大补方是本脏和子脏同补，针对本脏起到最主要补益作用的药物是君药，针对子脏起到最主要补益作用的药物就是另一味君药。

《神农本草经·序》“药有君臣佐使，以相宣摄合和者。”何谓“合和”？“合”是把不同药物的配伍在一起；“和”是调和、和谐，目的是让不同的药物产生“合力”，成为“有制之师”。“合和”的方药，具备好的治疗效果。反之，不能形成合力的方药就是乌合之众。(明)王夫之《姜斋诗话》：“无帅之兵，谓之乌合。”乌合之众是没有战斗力的，当然疗效不佳。“有制之师”的一个关键就是方中的君药，相当于军队的将军。“人无头不走，鸟无头不飞”，因此选定每个处方中的君药具有决定性的意义。为什么《辅行诀》如此重视病证的虚实？而不是强调八纲中的其它六纲“阴阳表里寒热”？为什么以泻实或者补虚最重要的一味药做为君药？张大昌先生给出了答案。《张大昌医论医案集》“虚实辨。古人论虚实，以‘诸虚皆寒，诸实皆热’，不单似后世以‘阴虚生热，阳虚生寒’定之。”阴阳是总纲，其余六纲中最重要的就是虚实，因为虚实又涵盖了寒热，“诸虚皆寒，诸实皆热”，八纲是辨证的核心，而虚实就是八纲中的核心，是核心中的核心。

## 五、五脏泻方君药

五脏泻方以本脏五行相克之脏具有本脏之气的药物为君，即金中木芍药为泻木君药，水中火黄连为泻火君药，木中土附子为泻土君药，火中金葶苈子为泻金君药，土中水茯苓为泻水君药。

《辅行诀》五脏泻方君药	
肝木	金中木 芍药
心火	水中火 黄连
脾土	木中土 附子
肺金	火中金 葶苈子
肾水	土中水 茯苓

《神农本草经》“药有阴阳配合，子母兄弟，根茎花实草石骨肉。有单行者，有相须者，有相使者，有相畏者，有相恶者，有相反者，有相杀者。凡此七情和合视之，当用相须相使良者，勿用相恶相反者。若有毒宜制，可用相畏相杀者，不尔，勿合用也。”中药七情配伍理论，处方中最重要的配伍方法就是相须、相使、相畏、相杀。《辅行诀》经方就是主要应用了这四种配伍方法。

《辅行诀》“整定稿”脏腑大小补泻方 24 首，最典型的相使药对是君药和辅臣药形成的药对，一共 12 个药对。君药和辅臣药的五行大类相同，同气相求；而辅臣药的五行小类对君药的五行小类形成相生，辅臣药辅助君药，从而提高药效。辅臣药与君药同列，具有执行、帮助、促进君药的功能和作用。如同在政治上和君主站在同侧的大臣，在政策上与君主共同进退。

五脏泻方中的监臣药，其用味与方中本脏用味相同，通过补本脏之用来监督、制约克制本脏之用的君药，相反而相成，则泻而不伤，这是君药与监臣药的配伍。例如，小泻肝汤，君药芍药属金中木，监臣药生姜属木中火，其用味辛，与本脏肝木的用味相同，通过补肝木之用来制约君药芍药对肝木之泻，如同在政治上站在君主对面的的大臣，皇帝要实施某种国策，该大臣总是唱反调，曰：“请圣上三思”。“一个篱笆三个桩，一个好汉三个帮”，辅臣药和监臣药就相当于君药的左手和右手，共同辅佐君药。

## 六、五脏补方君药

秦始皇一统天下，命丞相李斯用和氏璧雕刻传国玉玺，方圆四寸，上有纽交五龙，正面刻有李斯所书“受命于天，既寿永昌”八个篆字，以作为“皇权天授、正统合法”的信物，可以让子孙代代相传。因此，对于国王、皇帝来说，最看重的是皇室的血统，唯有皇族血脉者才能继承皇位。

《辅行诀》五脏补方以本脏用味至纯者为君药，即木中木桂枝为补木君药、火中火牡丹皮为补火君药、土中土人参为补土君药、金中金麦门冬为补金君药、水中水地黄为补水君药。

《辅行诀》五脏补方君药	
肝木	木中木 桂枝
心火	火中火 牡丹皮
脾土	土中土 人参
肺金	金中金 麦门冬
肾水	水中水 地黄

《难经·六十九难》曰：“虚者补其母，实者泻其子”；《难经·七十五难》曰：“子能令母实，母能令子虚”，可以转化为“虚者补其子，实者泻其母”。当本脏虚时，既可以用“虚者补其母”，也可以用“虚者补其子”；当本脏实时，既可以用“实者泻其子”，也可以用“实者泻其母”。但是，对实证来说，“实者泻其母”效果更好，因为这样能够断绝了核心病脏的外来资助。而对于虚证来说，“虚者补其子”效果更好，因为这样才能生生不息；从运气学说的角度，子是复气，能够为虚弱的父母报仇。

## 七、总结

脏腑小泻方：本脏二泻一补规律，泻中有补，补泻同施。

脏腑大泻方：以《难经》“母能令子虚”的思想，演化为“实者泻其母”，本脏和母脏同泻，即本脏二泻一补和母脏二泻一补规律，泻中有补，补泻同施。同时运用治未病思想，以化味先安未受邪之地，截断病势传变。

脏腑小补方：本脏二补一泻一化除苦规律，用味补，体味泻，化味除本脏之苦，补中有泻，补泻同施。

脏腑大补方：以《难经》“子能令母实”的思想，演化为“虚者补其子”，本脏和子脏同补，即本脏二补一泻一化除苦和子脏二补一泻，补中有泻，补泻同施。

可见，无论针对实证还是虚证，《辅行诀》药法都是补泻兼施。补泻兼施，是先秦经典中医用药的重要理论之一。诚如清代程国彭《医学心悟·卷一·医门八法》所言：“天地之理，有开必有合；用药之机，有补必有泻。如补中汤用参，必用陈皮以开之；六味汤用熟地，即用泽泻以导之。古人用药，补正必兼泻邪，邪去则补自得力。又况虚中挟邪，正当开其一面，戢我民众，攻彼贼寇，或纵或擒，有收有放，庶几贼退民安，而国本坚固，更须酌其邪正之强弱，而用药多寡得宜，方为合法。是以古方中，有补、散并行者，参苏饮、益气汤是也。有消、补并行者，枳术丸、理中丸是也。有攻、补并行者，泻心汤、硝石丸是也。有温、补并行者，治中汤、参附汤是也。有清、补并行者，参连饮、人参白虎汤是也。”

八纲辨证，阴阳是总纲。虚实、寒热、表里，这三对纲领，虚实是核心，寒热是次核心。《辅行诀》脏腑大小补泻方，“主于补泻者为君”，君药和辅臣药的补泻方向是一致的，小泻方是君药和辅臣药的两泻，小补方是君药和辅臣药的两补，也就是说君药和辅臣药是主要针对虚实这对纲领而设，虚实的本质是物质和能量的多少、盈亏，治疗则虚则补之，实者泻之。而监臣药的补泻与君药是相反的，从八纲的角度来分析，监臣药和佐药的作用主要是针对寒热、表里，这两对

纲领。寒热（包括燥湿）的本质是“温、热、平、凉、寒”的温度和湿度，寒者热之，热者寒之；燥者润之，湿者干之。表里的本质则体现在病位的深浅和气机的“升降、出入”，表证则用升散以令气从上而出，里证则用沉降以令气（从上而入）从下而出。至此，中药处方中的“君臣佐使”与八纲辨证中的“虚实、寒热、表里”呈现完美对应，君药和辅臣药针对虚实两纲，监臣药和佐药针对寒热燥湿和表里两纲，提纲要领，纲举目张，大道至简！

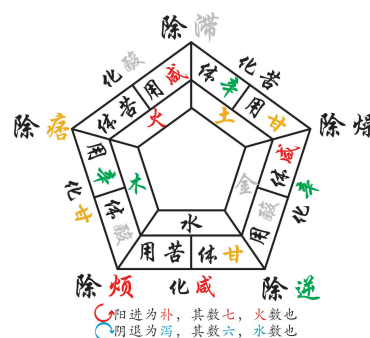
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## Anatomic Etiology and Diagnosis and Treatment of the 3<sup>rd</sup> Lumbar Vertebrae Transverse Process Syndrome

KEXIN LI

### Definition of the 3<sup>rd</sup> lumbar vertebrae transverse process syndrome

The 3<sup>rd</sup> vertebrae transverse process syndrome is a result of lower back pain caused by localized inflammation at the tip of the 3<sup>rd</sup> lumbar vertebrae transverse process. Since the third lumbar vertebrae transverse process is too long, or acute and chronic injury leads to the tear of the fascia or muscle attachment point at the tip of the 3<sup>rd</sup> lumbar vertebrae transverse process, causing aseptic inflammation and inducing obvious pain, it is clinically called the 3<sup>rd</sup> lumbar vertebrae transverse process syndrome.

### Anatomical features of the 3<sup>rd</sup> lumbar vertebrae transverse process

L3 is the apex of lumbar lordosis and the center of lumbar vertebrae movement. It becomes the fulcrum of the lumbar movable lever and should bear the greatest pressure. The 3<sup>rd</sup> lumbar vertebrae transverse process is the longest, the widest, and the tip is hypertrophic; the muscles and fascia attached to the L3 transverse process are also the most.

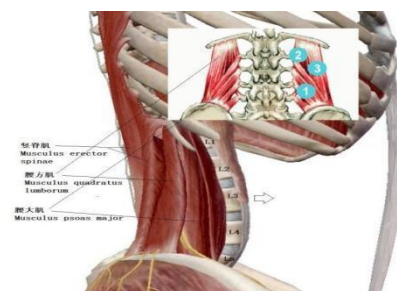
There are three main muscles:

Erector spinae, quadratus lumborae and psoas major

The **erector spinae**, also known as sacrospinalis, fills the deep groove between the spinous process and the costal Angle, and is covered by the superficial dorsal muscles and the superior and inferior serratus

posterior muscles. The total bundle from the back of the sacrum, lumbar spinous process, posterior iliac crest and lumbar dorsal fascia, ending in the occipital bone, is a pair of strong extensor spine muscles. of the back muscles, the most vulnerable are the erector spinae

**Quadratus lumborae** is located on both sides of the spine of the posterior wall of the abdomen. It is an irregular flat muscle, medial front is the psoas major muscle, and posterior is the erector spinae muscle. The muscle arises from the medial half of the iliac crest, and the fibers of the lateral part are attached to the medial half of the lower margin of the 12 ribs, and the





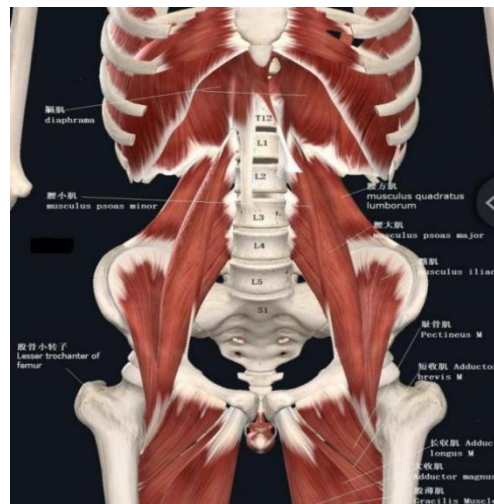
fibers of the medial part are connected to the tip of the transverse process of the 1-4 lumbar vertebrae inwardly through 4 small tendons respectively. It is not uncommon for patients with quadratus lumbosus strain in clinic, which may be caused by bad habitual posture. Due to a long time in a fixed position, the pressure in the muscle increases, the blood supply is blocked, and the inflammation and adhesion are

caused, and the corresponding nerves are stimulated,

which can cause back pain and even contracture.

**Psoas major muscle** is a long muscle located on both sides of the lumbar spine. Most of it is located in the groove between the lumbar vertebra and the transverse process. The muscle fibers are arranged outward and downward in the form of pinnae, forming a spindle-like strip muscle with thinner upper and lower parts and thicker middle parts. From the lateral aspect of the 12th thoracic vertebrae, the 1st to 5th lumbar vertebrae and intervertebral discs, and the anterior and inferior edges of all lumbar transverse processes. The muscle

bundle merges downward with the iliac muscle, forming a tendon that passes through the muscular space of the inguinal ligament, passes anteriorly along the iliopubic eminence and anteriomedial surface of the hip capsule, and terminates at the lesser trochanter of the femur



### Clinic manifestations

**Symptoms:** Most of the patients are young or strong adults, often with a history of lumbar sprain or strain, low back pain or pain in the waist and buttocks, which aggravates during activities. Some patients may have pain radiating along the musculus erector spinae in the same side to the back of the thigh, but generally not lower than the knee joint. A few present with groin pain or lower abdominal pain, which can touch the myofascial tension at the site.

**Signs:** Spasm of the musculus erector spinae on the affected side, obvious localized tenderness at the tip of the 3<sup>rd</sup>. Lumbar vertebrae transverse process, and palpable fascial mass in the late stage. In the early stage, the quadratus lumborum, iliopsoas, gluteus medius and adductor muscle spasm. In severe and advanced cases, gluteus muscle spasm can be seen, and the gluteus medius muscle can be touched with a cord-like object with tenderness.

### Distinguishing points between the 3<sup>rd</sup> vertebrae transverse process syndrome and lumbar disc herniation

1. The pain does not increase when coughing and sneezing.
2. The tender point is located at the tip of the L3 transverse process, and the tenderness of the lumbar process is the spinous process or the interspinous

space of the diseased vertebra.

3. A small number of severe cases may have a positive leg raising test, but the strengthening test must be negative.



Body Surface Projection of Pain Points in L3 Process Syndrome

### Treatment

#### Western medicine:

1. Conservative treatment:  
Endosterol blocking therapy, physical therapy, topical drugs and oral anti-inflammatory and analgesic drugs have certain effects.
2. Surgical treatment:  
When conservative therapy is ineffective, for those who recur repeatedly or cannot be cured for a long time, surgical resection of the excessively long transverse process tip and surrounding inflammatory tissue may be considered.

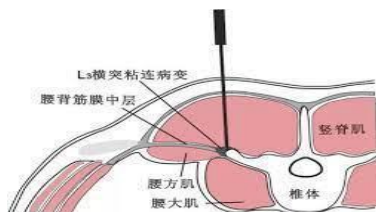
#### Chinese Medicine

1. Acupuncture: use the needle at the distal end to adjust the shape, and use the needle at the proximal end to treat pain;
2. Tui Na Massage: Release adhesions, stretch muscles and fascia, and adjust body shape;
- 3/ Flat head needling therapy (*Pi* needle): reduce



tension, compression and stress. Improve the stress concentration of the affected muscle and improve the boundary conditions of the affected area;

### L3 Transverse process attachment myofascia



**High tension points at the starting and ending of the quadratus lumborum should be relieved with Pi-needling**

4. *Yuanli* Needling therapy (Round needle): For local spasm and adhesion of muscles and fascia, multiple Round needles can be used for treatment;

5. Bloodletting therapy: For severe pain and localized stagnant masses, pricking bloodletting therapy is used

#### Case study

XX, male, 64 years old, university teacher, has low back pain and left lower extremity pain for 10 years. He was once diagnosed with lumbar disc herniation.

After conservative treatment of traditional Chinese medicine, it was good and bad. Recently, the pain intensified, and it was aggravated by standing for a long time.

Physical examination showed that the lumbar vertebrae were slightly biased to the right side, the range of motion of the lumbar vertebrae was no obvious abnormality, the left lumbar 3 transverse process was swollen, the skin color was dark and rough, the mass was palpable, the texture was tough, the boundary was unclear, and the deep adhesion with blunt tenderness. The left lumbar 3 transverse process is long and tender, and the quadratus lumborum muscle spasm with tender. The straight leg raise test was negative

#### Treatment

P needling: the left transverse process of lumbar 3, the high-tension point of bilateral posterior sacroiliac ligament and transverse iliopsoas ligament, and the high-tension point of the left quadratus lumborum.

Round and sharp needles: Tough lump localized at the Lumbar 3

Pricking the collaterals at mass area for bloodletting.

#### Efficacy:

Treated for five times, clinical recovery.

**Dr. Kexin Li** graduated from Xiangya Medical University in Hunan, China in 1983 with a bachelor's degree in medicine. After graduation, he worked in the Institute of Orthopedics and Traumatology, China Academy of Chinese Medical Sciences.

From 1987, he studied under Professor Shang Tianyu and received his Doctor of Medicine degree. Among different rewards he won, in 1993, he won the second Prize of Science and Technology Progress Award of China Administration of Traditional Chinese Medicine for "Study on the adaptation of compressive stress and fracture healing in bone tissue and osteoplast in Vitro culture". In 1996, he was awarded the title of China's "Young and Middle-aged Medical Science and Technology Star".

Since 1999, he has been engaged in traditional Chinese medicine in the UK. He is specialized in acupuncture and Tuina including Pi-needles, subcutaneous needles to treat various pain, internal illness and muscular-skeletal problems.

He has been practicing traditional Chinese medicine for 40 years and working in London Chinatown for more than 20 years.



# Covid Related Skin Mucosal Changes and TCM Treatments

Baifang Zhu

## Preface

Like fever, cough, sore throat, loss of taste or smell, skin and mucosal changes, especially chilblain-like damages on the toes and fingers, have also become one of the important clinical characteristics of COVID · which has drawn the attention and prompt treatments by doctors from Infectious Disease and Dermatology Departments. <sup>[1]</sup>

The most common such skin and mucosal changes include: COVID Digits, neck & chest exposure eczema, urticaria, viral rash, purpura, Pityriasis rosea, Papular & Vesicular and Oral Lesion ( covid Tongue ) etc.

The cause of skin and mucosal damages associated with COVID is unclear. Most studies believe that it may be a natural inflammatory response to the virus or a local blood coagulation associated with the COVID virus.

According to the clinical observation the manifestations of skin damages associated with covid are rather different and we should treat them mainly by syndrome differentiation. However, those skin and mucosal changes often have similar pathogenesis such as "plaque poison", "heat", "toxin", "wind" and "blood stasis". Therefore, the whole treatment plan should consider or include: "clearing the plague and detoxify", "clearing *ying fen* and cooling blood", "dispelling wind to resolve exterior", "promoting blood circulation to remove obstruction" etc.

There are many formulas or prescriptions in line with those treatments we can choose accordingly, such as *qing wen bai du yin*, *qing ying tang*; *da yuan yin*; *xue fu zhu yu tang*, etc.

**Key Words** Covid-19, Skin and Mucosal Change, TCM Treatment, Acupuncture, Patent Herbs

## 1. COVID Digits

### Clinical Manifestations



This is the most specific COVID rash as not many other skin conditions present in this way. The skin changes are known as chilblains and were relatively rare before COVID because they are typically seen during cold spells and in people who are likely to have problems with circulation in the fingers or toes. The rash appears as reddish and purplish bumps on the fingers or toes and can affect many digits. It usually presents later in the infection and may appear weeks after the onset of the viral infection. The fingers and toes are usually sore, but not itchy. When the rash recovers, the top layers of the skin may peel where the purplish bumps were with large, scaly patches during the recovery period.

### Syndrome differentiation and Treatments

#### 1) Plague and Damp-Heat

Early stage or acute onset of COVID. It can be the

only or earliest symptoms of COVID.

Diffuse bright red or crimson swelling of toes or fingers, burning hot and painful to touch, with fever or high fever, thirst, sore throat, swollen and painful lymph nodes in the neck, dry stool, yellow urine, red or crimson tongue, horns or bruises on the tip of the tongue, yellow or greasy coating and slippery pulse.

#### Treatment principles:

Clear the plague and dampness to detoxify, supplemented by activating blood circulation and removing blood stasis and collaterals.

#### Prescription:

*qing wen bai du yin* and *dang gui nian tong tang* (*sheng shi gao*, *zhi mu*, *huang lian*, *huang qin*, *xuan shen*, *sheng di huang*, *sheng gan cao*, *ku shen*, *hua shi*, *yin chen*, *cang zhu*, *che qian zi*, *dang gui*, *chi shao*)

#### Cold and blood stasis interconnection

Common in the later stage of COVID or elderly frail patient. Localised chilblain like changes in toes or fingers, back of hands or feet, dark purple swelling like boiled red dates, skin numb or tingling, stiff fingers and toes, fatigue and sluggish, low mood and loss of appetite, clear urine and loose stool. The tongue is light purple with thin and white coating, pulse is tight or choppy.

#### Treatment principles:

warm meridians to dissipate cold, enhance *qi* to regulate *yin*, promote blood circulation and collaterals

#### Prescription:

*huang qi gui zhi wu wu tang* (黄芪桂枝五物汤) and *dang gui si ni tang* (当归四逆汤) with modifications

(*huang qi, gui zhi, bai shao, shu di huang, ma huang, dang gui, xi xin, mu tong, gan cao, sheng jiang, da zao, ji xue teng, lu lu tong*)

#### External Therapy:

Hot syndrome: *jin huang ru yi san* (金黄如意散)

Cold syndrome: *yang he Jie nin gao* (阳和解凝膏),  
*hui yang san* (回阳散)

#### Acupuncture:

It mainly clears heat and dampness, promotes blood circulation and collaterals.

Reducing method, *he gu* (LI-4), *qu chi* (LI-11), *tai chong* (LR-3), *jie xi* (ST-41), *xue hai* (SP-10), *wei Zhong* (BL-40)

#### Patent medicine and other treatments

*ji de sheng* (Snake bite medicine), *xin xiao wan* (醒消丸), *si miao wan* (四妙丸)

## 2. Neck Chest Exposure Eczema



#### Clinical characteristics

Coronavirus eczema-like rash mainly occurs in the part of the neck and chest exposed to sunlight. The rash is mostly pink erythema papule damage, and itch is obvious. It can occur during or at any time after COVID infection, usually for a long time.

#### Syndrome differentiation and Treatments

**Wind-Heat and Blood -Heat:** the symptoms include diffuse bright red patches, macules or papules in the sunlight exposure areas of the neck, chest and upper back, very inflamed, burning and itching, last for a long time, feverish, dry mouth and bitter taste, sore or dry throat, dry stool or constipation, short and dark urine. Red tongue with yellow coating. Pulse is floating or thread rapid.

#### Treatment principles:

clear the heat and wind, cool blood and detoxify.

#### Prescription:

*liang xue xiao feng san* (凉血消风散) with modifications (*dang gui, sheng di huang, xuan shen, chi shao, fang feng, zhi mu, ku shen, shi gao, mu tong, huo ma ren, jing jie, chan su, niu bang zi*)

#### External Therapy:

Herbal Bath or wash remedies mainly.

(*lu lu tong, ai ye, yi mu cao, qing hao, ye ju hua, hai tong pi, mang xiao, ming fan*)

#### Acupuncture:

To clear the lungs and cool the blood, dispels the wind, and relieves itch. *chi ze* (LU-5), *fei yu* (BL-13), *da zhui* (DU-14), *xue hai* (SL-10), *feng chi* (GB-20), *he gu* (LI-4).

#### Patent medicine and other treatments:

*xiao feng san* (消风散), *pi fu bing xue du wan* (皮肤病血毒丸), *dao chi san* (导赤散), *long dan xie gan wan* (龙胆泻肝丸)

#### Urticarial rashes

#### Clinical characteristics



The Urticaria lesions can present quite early in the COVID infection but can also last a long time later when the affected person is no longer contagious. The rash appears as sudden raised hives or wheals on the skin which come and go quite quickly over hours and are usually intensely itchy. It can involve any part of the body. If it affects the face, it can cause swelling of the lips and eyelids. The eruption can also start with intense itching of the palms or soles. <sup>[3]</sup>

#### syndrome Differentiation and Treatment

##### 1) Wind-Heat and Blood-Heat

Often at the early stage of COVID, acute onset with red, hot swollen wheals, diffuse eruption to the whole body, feeling hot and irritable, thirsty and dry mouth, constipation, urine short and hot, some accompanied by vascular neuroedema, such as eyelid lip redness and swelling, sore throat, dyspnoea, pain and discomfort in the upper abdomen, etc. The tongue is red; coating is yellow and dry. Floating and fast pulse.

#### Treatment principles:

Dispel wind and clear heat, cool blood and detoxify.

#### Prescription:

*yin qiao niu bang tang* (银翘牛蒡汤) and *qing ying tang* (清营汤) with modifications (*yin qiao, niu ban zi, fang feng, xuan shen, sheng di huang, shui niu jiao, mai dong, dan pi, sheng ma*)

##### 2) wind-cold fettering exterior and Blood Stasis

More common in the recovery or middle to late stage of COVID. The onset is more chronic. Wheals gradually occur one after another. It is pale or dark red in colour. Feeling no hot. Onset or get worse in wind, no fever and thirst, clear urine. The tongue is dark, or with blood stasis. Thin and white coating. Pulse is floating, slow and choppy.

#### Treatment principles:

Dispel wind and dissipate cold, relieve exterior and promote blood circulation.

**Prescription:**

*ma huang fang* (麻黄方) and *ma huang lian qiao chi xiao dou tang* (麻黄连翘赤小豆汤) with modifications (*ma huang, xing ren, chen pi, fu ling, sheng jiang, mu dan pi, dan shen, bai xian pi, jiang can, chi xiao dou, gan cao*)

**External Therapy:**

Herbal bathing or washing shall be rather helpful: *qing hao, fang feng, wu shao she, ku shen, yi zhi hao, huang qin, ye ju hua*

Wind heat: add *chan tui, bo he, qian li guang*;

Wind Cold: add *cang er zi, wei ling xian*

**Acupuncture:**

Clear away heat and dispel wind, cool blood and activate blood circulation, remove blood stasis, and relieve itching. Choosing *da zhui* (DU-14), *feng chi* (GB-20), *xue hai* (SP-9), *ge shu* (BL-17), *feng shi* (GB-20), *jian yu* (LI-15)

**patent medicine and other treatments:**

*xiao feng san* (消风散), *pi fu bing xue du wan* (皮肤病血毒丸), *wu she zhi yang wan* (乌蛇止痒丸), FSN needling and Umbilical needling can be also considered

**1. Viral Exanthem****Clinical characteristics**

Viral rash is rather common in COVID. Patients with suspected COVID could present with this rash, but may have no other symptoms.

It is symmetrically distributed and comprises numerous reddish blotches or bumps over the body. It is usually accompanied by symptoms of a viral illness, such as fever, cough and malaise.<sup>[4]</sup>

**[Syndrome Differentiation and Treatments]****Wind-Heat stagnating Lung**

It is mainly seen in the early stage of COVID, more common among children, rose-color erythema on face, clear boundaries, edges raised, butterfly-shaped distribution, no rashes around the mouth and eyelids. It can spread to torso and limbs. Slight itchy or burning. Red tongue with thin yellow coating, floating pulses.

**Treatment principles:**

To dredge wind and clear heat, supplemented by cooling blood and detoxification.

**Prescription:**

*yin qiao san* (银翘散) and *liang xue wu hua tang* (凉血五花汤) with modifications. (*jin yin hua, lian qiao, jing jie, niu bang zi, bo he, jie geng, ye ju hua, mei gui hua, ling xiao hua, hong hua, ji guan hua, sheng gan cao*)

**Modifications:**

with fever, add *sheng shi gao, zhi mu, chai hu*; erythema affects large area or all body, add *shui niu jiao, sheng di, zi cao, chi shao, qing dai*

**Excessive Heat-Toxin congestion**

It happens to children and adults. Early or middle COVID period. Rash spreads all over the body, especially on torso and limbs, diffuse and dense bright red or rose-coloured macules, patches, symmetrical distribution, hot to touch, may have fever, dry throat and thirst. Hard stool and yellow urine. Tongue is red and shiny, less coating. String and rapid pulse.

**Treatment principles:**

Clear heat to detoxify, cool blood and purge fire, supplemented by nourishing yin and resolving macula.

**Prescription:**

*qing wen bai du yin* (清瘟败毒饮) with modifications. (*huang lian, huang qin, dan pi, shi gao, zhi zi, gan cao, zhu ye, xi jiao* (shui niu jiao generation), *xuan shen, lian qiao, zhi mu, chi shao, jie geng*)

**Modifications :**

Rash serious add *qing dai* and *ban lan gen*. High fever and severe toxin, add *da qing ye, zhi zi*

**External Therapy**

For localized rashes on the face, *qing dai, zi cao, bing pian* in sesame oil, apply locally.

For diffuse rashes all over the body, bathe with *ma chi xian, da qing ye, bai jiang cao, zi cao, ye ju hua, lu lu tong, ming fan, bai xian pi*

**Acupuncture**

To clear heat, expel wind and cool blood. *da zhui* (DU-14), *he gu* (LI-4), *qu chi* (LI-11), *wei Zhong* (BL-40), *ge shu* (BL-17), *tai chong* (LR-3), *xing jian* (LR-2), or *shi xuan* blood pricking

**Patent medicine and other treatments**

*huang lian jie du pian* (黄连解毒片), *niu huang jie du pian* (牛黄解毒片)

**Purpura****Clinical characteristics**

It presents with multiple deep red or purplish spots. It can cause bruise-like patches. The spots or patches are caused by damage in the superficial tiny blood vessels



with bleeding into the skin.<sup>151</sup>

## Syndrome Differentiation and Treatments

### Damp Heat Blocking Collaterals

It is common in the middle or late stages of COVID. Rashes are mainly on the lower limbs, and in severe cases, upper limbs and torso. It presents dark red or purple macular or papular rashes. Small or large size, symmetric distribution. Rash doesn't fade when being pressed; not painful or itchy. There may be a fever or fatigue. Dry mouth, dry stool, yellow urine. Slippery pulse. Red tongue with yellow and greasy coating.

#### Treatment principles:

Eliminate damp and clear away heat; promote blood circulation and clear collaterals.

#### Prescription:

*si miao wan* (四妙丸) and *huo luo xiao ling wan* (活络效灵丸) with modifications (*huang bai, cang zhu, niu xi, yi yi ren, dang gui, dang shen, ru xiang, mo yao, chi shao, di long, yan hu suo*)

#### Modifications:

Secondary bacterial infection, add *pu gong ying, zi hua di ding, bai jiang cao*; Red and hot rash, add *zi cao, qian cao*; swollen legs add *tu fu ling, che qian zi*

### 1) Heat- toxin Accumulation

Early and acute stages of COVID. Rashes on the limbs, or whole body. Diffuse and symmetrical distribution. The lesions are bright red spots or patches. Not fading by pressure. The skin is burning, itching and painful, or having ulcers and blood scabs. May having fever, bitter taste and dry mouth, sore throat, constipation, short and red urine. Red tongue and yellow coating. Pulse is large, rapid or slippery.

#### Treatment principles:

Clear away heat and detoxify, cool blood and stop bleeding, supplemented by nourishing *yin* and dissolve macules.

#### Prescription:

*xi jiao di huang tang* (犀角地黄汤) with modifications. (*xi niu jiao, sheng di huang, mu dan pi, xuan shen, mai dong, qing dai, zi cao, dan shen, bai mao gen, huai hua, qian cao*)

**Modifications:** Severe heat-toxin, add *jin yin hua, sheng shi gao, zhi zi*

#### External Therapy:

Foot bath and fumigation will be recommended. Choosing *hai tong pi, lu lu tong, si gua luo, mai dong, qing dai, ai ye, qing hao*

#### Acupuncture:

To eliminate damp heat and promotes blood circulation. Choosing *yin ling quan* (SP-9), *san yin jiao* (SP-6), *wei Zhong* (BL-40), *cheng shan* (BL-57), *xue hai* (SP-10), *tai chong* (LR-3), *li gou* (LR-5), *shen mai* (BL-62)

#### Patent medicine and other treatments

*yun nan bai yao* (云南白药), *bai bao dan* (百宝丹),

*an gong niu huang wan* (安宫牛黄丸)

## Pityriasis rosea

### Clinical characteristics



The lesions are circular or oval, pink-red flat or slightly raised and scaly rash. In some people, a herald patch that typically appears 5–15 days before the more generalized rash. The lesions are usually symmetrical. Most occur on the trunk and proximal limbs. 【6】

## Syndrome Differentiation and Treatments

### Blood Heat and Wind Excessiveness

Happens in the early stage of COVID. The rash is light red and bright, with a small number of scales on the surface. Itching or not itching, upsetting and thirst. Dry stool, yellow urine. Red tongue with white or slightly yellow coating. Floating and rapid pulse.

#### Treatment principles:

To clear heat and cool blood, soothe wind and relieve itching.

#### Prescription:

*di huang yin* (地黄饮) with modifications (*sheng di, shu di, he shou wu, dang gui, xuan shen, bai ji li, jiang can, zhi mu, huang qin, gan cao*)

**Modifications:** Obvious itching, add *bai xian pi, di fu zi, ku shen, xu chang qing*

### Blood stasis and Wind-dryness

Mainly at later stage of COVID. Persistent skin lesions. The rash is dark, mostly purplish red, or light red coloured. Tongue is dark purple with less coating. Pulse thready and choppy.

#### Treatment principles:

To nourish blood and promote blood circulation, dispel wind and moisturize dryness.

#### Prescription:

*dang gui yin zi* (当归饮子) and *tao hong si wu tang* (桃红四物汤) with modifications (*dang gui, bai shao, chuan xiong, sheng di huang, huang qi, jing jie, fang feng, he shou wu, bai ji li, tao ren, hong hua, chi shao*)

#### External Therapy:

*lu gang shi xi ji* (炉甘石洗剂, Calamine Lotion)

Herbal Bath (*ku shen xi ji*) (苦参洗剂): *ku shen, bai zhi, di fu zi, huang bai, jin yin hua, ju hua, she chuang zi, shi chang pu*

**Acupuncture:**

To clear heat and dispels wind. Choosing *he gu* (LI-4), *qu chi* (LI-11), *jian jin* (GB-21), *da zhui* (DU-14), *xue hai* (SP-10), *zu san li* (ST-36)

**Patent medicine and other treatments**

*xiao feng san* (消风散), *wu she zhi yang wan* (乌蛇止痒丸)

**Papular & Vesicular Lesions****Clinical characteristics**

Covid papular and vesicular lesions often appears on elbows and knees as well as the back of the hands and feet. It presents tiny bumps over the skin like bad prickly heat. It is usually very itchy. The rash can last long time after the contagious stage is over and may also appear many weeks after the onset of the infection. 【7】

**Syndrome Differentiation and Treatment****Wind-Damp-Heat accumulation**

Most patients are of this type. Lesions are dense red papules and small blisters, with obvious tingling and itching. May have fever, sore throat, thirst or general discomfort. Dry stool, yellow urine. Red tongue with thin and yellow coating.

**Treatment principles:** To dispel wind and clear heat, eliminate damp and relieve itching.

**Prescription:** *xiao feng san* (消风散) with modifications (*jing jie, fang feng, chan tui, ku shen, dang gui, shi gao, niu bang zi, mu tong, cang zhu, sheng di huang, huo ma ren*)

**Modifications:** skin red, swollen and scorching, add *xuan shen, qing dai, pu gong ying, huang lian, zhi zi*. Blisters with erosion and exudate, add *tu fu ling, bi xie, hua shi, ma chi xian, huang bai*. Serious itching, add *bai xian pi, di fu zi, xu chang qing, cang er zi*

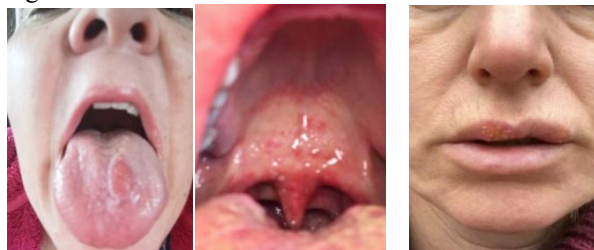
**External Therapy:** Calamine lotion - *zhi yang xi fang* (止痒洗方) bathing (*ye ju hua, yi mu cao, qing hao, ku shen, ming fan, mang xiao, hai tong pi, shi chang pu, shan zhi*)

**Acupuncture:** Dispel wind and clear heat and damp, choosing *he gu* (LI-4), *qu chi* (LI-11), *wai guan* (SJ-5), *xing jian* (LR-2), *yin ling quan* (SP-9), *bai chong wo*

**Patent medicine and other treatments:** *shi du qing* (湿毒清), *pi fu bing xue du wan* (皮肤病血毒丸), *xiao feng san wan* (消风散丸)

**Oral Lesion (covid Tongue)****Clinical characteristics**

Covid oral mucosal damage is mainly characterized by herpes, burning pain and scab on the lips. Blisters, ulcers and pain can also occur in the mouth and tongue. 【8】

**Syndrom Differentiation and Treatments****1) Wind-heating Uprising**

Lesion presents clusters of blisters under the lips, corners of mouth and nostrils, surrounded by red halo. Bursting blisters causing erosion and scab. Feeling burning pain. May have fever, dry mouth, and dry stool. The tongue is red with thin yellow coating. Pulse is wiry, slippery and rapid.

**Treatment principles:**

Dredging wind and clearing heat, clearing lungs and detoxifying

**Prescription:**

*xin yi qing fei yin* (辛夷清肺饮) with modifications (*xin yi, zhi zi, sheng shi gao, huang qin, pi pa ye, sheng ma, bai he, mai dong, sheng gan cao*)

Modifications: Sore throats with high fever, add *da qing ye, jin yin hua, shan dou gen, ma chi xian, ren zhong huang*

**2) Heat Accumulation in the Spleen and stomach**

Symptoms including blisters or ulcers in the mouth, Pharyngeal Gorge and on the tongue, burning pain, bad breath odour, swollen and painful gums, feeling thirsty, yellow urine and constipation. Red tongue with yellow coating. slippery pulse.

**Treatment principles:**

Clearing away heat and purging fire; and eliminating stomach heat.

**Prescriptions:**

*qing wei san* (清胃散) and *huang lian jie du tang* (黄连解毒汤) with modifications (*huang lian, zhi mu, huang qin, huang bai, dan pi, sheng ma; sheng di huang, sheng shi gao, dang gui, gan cao*)

**External Therapy:**

- 1, Wet Dressing for blisters and weeping rash: *ma chi xian, huang bai*
- 2, Herbal Oil for scabs and sore: *qing dai san* (青黛散) or *qing chui kou san* (青吹口散)
- 3, Herbal granules for mouth ulcers and blisters: *xi lei san* (锡类散), *bing peng san* (冰硼散)



**Acupuncture:**

Focus on dispelling wind, clearing heat and detoxification.

Choosing *shao shang* (LU-11) and *shang yang* (LI-1) pricking bleeding; Also, *fu tu* (ST-32), *ren ying* (ST-9), *he gu* (LI-4), *qu chi* (LI-11). Fever add *chi ze* (LU-5), *nei guan* (PC-6), *zu san li* (ST-36), *nei ting* (ST-44)

**patent medicine and other treatments:**

*huang lian shang qing wan* (黄连上清丸), *fang feng tong sheng san* (防风通圣散)

**Summary**

The COVID Digits, neck & chest exposure eczema, urticaria, viral rash, purpura, pityriasis rosea, papular & vesicular and Oral Lesion (COVID tongue) are most common skin and mucosal changes closely

associated with Covid-19.

Although there are still quite a lot of uncertainties about those changes and in fact more exploration and research need to be done to improve their treatments, we have noticed during our clinical observation that TCM have shown some obvious effects and promising prospects by largely improving skin and mucosal symptoms as well as shortening the course of treatments, which is worthy of further research and discussion.

The formulas are based on traditional Chinese medicine theories and literatures for the purpose of discussion. Some ingredients are not allowed to use in the UK and they should be replaced in practice by ingredients with similar functions

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# 乳腺癌的中医论治策略和临床应用

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程剑华

WHO 国际癌症研究机构（IARC）发布全球最新癌症数据，2020 年全球新增癌症人数共计 1929 万人左右。值得关注的是，在癌症分布类型上，乳腺癌新增人数达 226 万，首次超过肺癌（221 万），成为“全球第一大癌症”【1】。乳腺癌是全球女性最常见的癌症，也是女性癌症死亡的主要原因，乳腺癌是女性恶性肿瘤死亡率的首位。全球乳腺癌死亡占全部恶性肿瘤死亡病例的 6.9%，是第 5 位【2】。仅看中国，乳腺癌死亡的患者达 115 万【2】。

世界各地乳腺癌发病率各不相同，乳腺癌发病率最高的群体是高收入国家的妇女，例如北美和欧洲。在北美，每十万名妇女中约有 90 例新发病例【2】。在许多低收入和中等收入国家，发病率要低得多，但均呈上升趋势。虽然中国女性乳腺癌发病率（36.1/105）和死亡率（8.8/105）在世界范围内相对较低，但是中国女性乳腺癌发病人数及死亡人数均居世界首位，而且近年来中国女性乳腺癌发病率和死亡率呈上升趋势。乳腺癌是多因素共同作用的疾病，主要包括遗传因素、环境因素以及行为生活方式因素等【3】。

《乳腺癌诊治指南与规范》确定了乳腺癌治疗根据临床分期和病理采用手术、化疗、放疗、内分泌治疗、分子靶向治疗和免疫治疗及中医药治疗等的指南与规范【4】。

## 中医药防治乳腺癌的策略

根据乳腺癌不同的疾病阶段运用中医“治未病”思想为指导进行积极干预：1、健康阶段积极运用“未病先防”思想以干预乳腺癌的高危因素并全面筛查癌前病变。2、癌前病变阶段注重“欲病救萌、防微杜渐”，中医药可消除或减少致癌因素对癌前病变的持续作用，保持癌前病变细胞稳定或退变或逆转，恢复正常状态防止癌前病变向乳腺癌转化。3、乳腺癌的治疗阶段贯穿“已病早治、防其传变”思想，防治其毒副作用和后遗症，阻止和截断疾病向血液、淋巴和其他脏器的转移。4、“瘥后调摄、防其复发”，意为疾病痊愈后，应采取各种措施，以防止疾病复发。在疾病初愈阶段，应适当采用药物巩固疗效，并配合相应合理的饮食、情志调摄，注意劳逸结合，规律起居，以期早日康复，避免疾病复发。乳腺癌根治术后放化疗后宜调整饮食、调畅情志，预防“饮食及情志致复”，以防止乳腺癌术后复发或转移，延长无病生存期。5、晚期乳腺癌宜延缓其恶性进展，

提高患者生存质量，延长疾病生存期。

## 中医药治疗乳腺癌临床研究的切入点

按照 WHO 和美国肿瘤学会提出的观点“最大程度让病人收益”的理念，根据乳腺癌不同群体、个体差异采用因人因地因时制宜的个体化治疗方案，各个不同的治疗阶段运用中医“治未病”、“整体观念”、“辨证施治”思想为指导进行积极干预。中医药治疗乳腺癌临床研究的切入点：中医药替代治疗乳腺癌癌前病变；中医药替代治疗年老体弱多病的乳腺癌患者；中医药替代治疗拒绝或不能接受手术、放化疗的乳腺癌患者；中医药补充治疗乳腺癌手术、化疗、放疗和靶向（标靶）治疗的毒副作用及后遗症；中医药防治乳腺癌患者康复后的巩固治疗以预防复发或转移；中医药替代治疗对放化疗不敏感或耐药的乳腺癌患者；中医药替代辅助治疗西医治疗失败的晚期乳腺癌患者（临终关怀）。

## 中医药治疗乳腺癌临床应用

一、中医药替代治疗乳腺癌癌前病变患者的临床应用

癌前病变的定义：WHO 规定发展成癌肿可能性超过 20% 的病变为癌前病变。癌前病变大多处于不稳定状态，在某些因素持续作用下可以发生恶变。但是致癌因素一旦解除，也有可能保持稳定或退变或逆转，恢复正常或较正常状态【5】。

乳腺癌前病变通常是指纤维囊性乳腺病伴不典型增生和导管内乳头状瘤。不典型增生到癌变一般要多久，如果是进展比较快的情况，中度不典型增生可能在 1-3 年内发展为癌，重度不典型增生可能在 1 年以内发生癌变。发展至此时期的增生很难自行逆转，变为癌症的概率较高，需积极治疗，可采取物理疗法，如激光治疗、冷冻治疗，以及手术切除等。

中医药治疗乳腺癌前病变多从肝郁肾虚、气滞血瘀、冲任失调、毒瘀互结论治。中医药可消除或减少致癌因素对癌前病变的持续作用，保持癌前病变细胞稳定或退变或逆转，恢复正常状态防止癌前病变向乳腺癌转化。其机理可能是通过调节机体激素水平，抑制细胞增殖，诱导细胞凋亡等途径可起到缓解增生，阻断与逆转癌前病变的作用【6】。

《黄帝内经》的《素问·四气调神大论》中曰：“是故圣人不治已病治未病，不治已乱治未

乱。”其包含三种意义：一是防病于未然；二是既病之后防其传变，及时控制疾病的发展演变；三是预后防止疾病的复发。中医药用“治未病”思想指导治疗癌前病变或“无瘤”患者。

## 二、中医药替代治疗年老体弱多病的乳腺癌患者的临床应用

老年癌症患者全身器官退化，功能储备力下降，多病并存，机体反应不敏感。同时老年患者有复杂的心理变化，易悲观放弃【7】，老年癌症患者述情障碍程度越高，对自身疾病感知越严重，对疾病的负面情绪也越多【8】。如何面对高龄、高发、难治的病人群体，已成为当前医务界广泛关注的领域和课题。年老体弱的癌症患者是西医研究和治疗的盲点【9】。我国老年晚期乳腺癌患者合并高血压、糖尿病、心脏病的比例明显高于非老年患者，在治疗选择上也与非老年患者有所不同【10】。因此选择适合老年乳腺癌患者特点的治疗方式必须是毒副作用小，有一定疗效，且易接受的治疗方法。

验案 1——中药治疗老年乳腺癌患者存活 2 年多  
唐某，女，88 岁，香港人。2012 年 5 月初诊：患者发现右乳腺肿块 3 月多，穿刺结果为乳腺癌。患者由于年纪大恐惧手术，不愿接受手术和化疗，要求中药治疗。当时患者体重下降，神疲乏力，右腋下疼痛不适，食纳少，两便正常，寐不宁。服用中药舒肝理气、软坚散结二月后，病情好转，胃口增加，右乳腺肿块变软，右腋下不痛。患者每 1 周或 2 周诊疗 1 次，中药治疗 2 年多，右乳腺肿块缩小变软，双腋下无淋巴结肿大，面色转润，精神好转。患者每次求诊时都反复讲述与菲佣不和的是是非非，作者都细心温馨地开导她，给予情绪疏导、耐心解释和安慰患者。每次就诊后患者都开心许多，生活自理，行走正常，体重增加。  
后由于家庭原因突然终止中药治疗，不知所终。中药治疗后 2 年多生活质量改善，延长了生存期【11】。

## 验案 2——中药治疗乳腺癌骨转移存活 3 年

易某，女，88 岁，广州市人。患者于 2007 年 3 月行右乳单纯切除术，术后病理为右乳浸润性导管癌，高度恶性，分化差，ER（—），PR（—），Cerb-B-2（+），Ki-67（70%）。由于年老体弱，未行化疗和放疗。2008 年 1 月起，患者腰腿痛，逐渐加重，不能行走，伴发热，辨证：肝肾亏虚、血瘀闭阻、热毒瘀结。治法：滋补肝肾、活血化淤、通腑清热。随证加减，病情明显好转，腰骨痛显著减轻，可站立行走，生活可自理，两便调，食纳增加。随访到 2011 年 5 月 5 日 患者乳腺癌骨转移中药治疗 3 年余现已 92 岁高龄，病情明显好转，腰骨痛显著减轻，可站立行走，生活可自理，生活质量明显提高，生存时间延长【12】。

## 三、中医药替代治疗拒绝或不能接受手术、放化疗的乳腺癌患者的临床应用

医学专家在临床中发现，人体肿瘤千差万别，即使是同一个部位的肿瘤，治疗效果和方法也应因人而异。因此在治疗过程中，只有同病异治、因人而异、实施个体化治疗，才能针对不同类型的病人选择适合他们的方法和药物，达到最佳的治疗效果。治疗癌症的个体化治疗手段已经被医学界广泛接受。个体化治疗，就是根据肿瘤患者自身的情况治疗。具体来讲就是通过检测肿瘤患者某种标志物状态，预测患者对特定药物的敏感和毒副反应的大小，从而对每个具体的患者选择最合适的药物和剂量进行治疗，以求最大化避免毒副作用，达到最佳的治疗效果【13】。

WHO 提出，个体化治疗是医学治疗的最高境界。目前化学治疗过分强调规范化治疗，诊断明确后按一线、二线化疗方案进行化疗。随着循证医学的研究，个体化、人性化的治疗是循证医学的要求和发展。循证医学是个体化治疗的基础，循证医学要求个体化治疗。实际上个体化和规范化治疗是对立统一的。治疗的目的正如著名肿瘤专家孙燕院士所讲：“改善病人生存时间、提高生活质量、明确治疗靶点和可能的目标，治疗要个体化、人性化。”

乳腺癌化疗患者存在中重度心理痛苦，述情障碍及心理痛苦均处于较高水平，述情障碍与患者心理痛苦密切相关【14】。所以许多乳腺癌患者特别是经历过化疗痛苦的患者都不愿继续接受化疗。而年老体弱多病的乳腺癌患者更不愿或拒绝接受化疗。

对拒绝或不能接受手术、放化疗的乳腺癌患者用中医药治疗是合理的选择和符合个体化、人性化治疗的原则，能使这些病人最大程度的受益。

## 验案 3：中草药治愈晚期乳腺癌

邹某某，女，77 岁，广州市人。2002 年 7 月 25 日首诊：患者左乳腺肿块 1 年余，肿块位于内下象限，约 3x4cm，质硬，固定，双腋下淋巴结肿大，活检为乳腺硬癌。诊为左乳腺硬癌伴双腋下淋巴结转移。证属晚期。患者不愿手术，要求中药治疗。食纳正常，无腹痛，两便调，舌淡红苔薄，脉细滑。辨证：肝郁气滞、痰瘀毒结。治法：舒肝理气、活血化淤、化痰散结。药后好转，肿块有松动，下坠感减轻，左乳腺下缘可及肿块 2x3cm，乳腺边缘有皲裂，双腋下淋巴结肿大，稍痛，彩色 B 超示：左乳腺内下象限肿块 2.5x3.1cm，双腋下可及淋巴结，约 0.4x1.2cm。继续中药辨证治疗。2002 年 11 月 26 日检查左乳腺肿块及双腋下淋巴结均明显缩小，11 月 15 日彩色 B 超示：左乳腺内下象限肿块 1.3x2.0cm，左腋下淋巴结约 0.6x0.9cm，右腋下淋巴结约 0.5x1.3cm。病灶较 8 月明显缩小。骨扫描示：第 5 腰椎代谢活跃，双膝关节骨代谢活跃。现患者病情稳定，腰不痛，

食纳可，舌淡红苔薄，脉细滑。守方再进，同服平消胶囊、梅花点舌丹等。2003年2月17日病情好转，精神好，双目稍朦，两便调，左乳腺肿块约1cm大。随症加减。2003年4月1日检查患者药后左乳腺肿块消失，无胸痛，食纳可。2003年7月患者因突发心肌梗塞死亡【15】。

#### 验案4：中医药治愈乳腺癌

张某某，女，31岁。患者2019年7月发现右乳腺疼痛并肿大，前往医院检查发现右乳腺巨大肿块，B超示右乳腺93x45mm肿块，右腋下多个淋巴结肿大，大的约23x8mm。穿刺病理为浸润癌，ER(-)，PR(-)，CerbB2(++), Ki-67约80%。化疗4程，肿块明显缩小。化疗结束后2019年11月1日检查B超示右乳腺38x11mm肿块，右腋下多个淋巴结肿大，大的约9x6mm。医院医师动员患者手术切除肿瘤，患者坚决不同意，也拒绝继续化疗或放疗，要求中药治疗。患者右乳腺肿胀疼痛，触之灼热疼痛，颜色红赤，不寐，烦躁不安，中药给予清热解毒、舒肝理气、软坚散结中药治疗，病情明显好转，之后针对患者潮热心烦使用养阴清虚热、舒肝理气、软坚散结中药治疗，随证加减治疗半年，2019年12月右乳腺肿块缩小为20x17x11mm，2020年4月再缩小为15x7mm，继续中药治疗半年，2020年8月右乳腺肿块缩小为4x12mm，继续用舒肝理气、软坚散结中药治疗，到2021年1月检查右乳腺肿块已消失，到2021年5月复查MR示双乳腺增生，未见肿块，双腋下无淋巴结肿大。乳腺癌治愈达半年后停服中药。现患者已结婚生子。

#### 验案5：中医药治愈乳腺癌肺转移

王某某，女，52岁，广州市人。患者因乳腺癌于2001年、2003年先后行双侧乳腺切除。术后化疗6程，病情稳定。2009年出现咳嗽，痰多，久治不效，2009年12月24日CT检查示：左肺软组织块，约15x17mm，考虑肺转移瘤可能，伴右中肺少许炎症。患者拒绝手术和化疗，要求中药治疗。2009年12月25日首诊。患者咳嗽，痰多，黄色，不发热，胸不痛，辨证：痰瘀交阻。治法：益气化痰、活血散结。药后咳嗽好转，痰减少，随证加减，2010年4月复查CT片示：右肺下叶、左肺下叶小结节，约13mm，较去年12月片缩小。中药治疗1年余，肺部肿瘤已缩小一半以上。随证加减，继续中药治疗。2011年4月19日复查CT片示：双肺未见异常病灶。患者乳腺癌术后肺转移瘤经中药治疗1年半，病灶消失。病获痊愈，其间患者没有住院，生活工作正常，生活质量好。截止到2012年患者仍健康【16】。

#### 验案6：中药治愈乳腺癌术后肝转移

黄某某，女，52岁，广州市人。2008年7月10日首诊：患者于2007年8月行左乳腺癌切除术，病

理为浸润癌，ER(+++)，PR(+)，Her(+++)。术后化疗6周期并放疗。2008年7月2日彩色B超示：肝内多发性大小不等低回声影，考虑肝转移。患者不愿再化疗，要求中药治疗。辨证：肝气不舒、痰瘀互结。治法：疏肝理气、化痰祛瘀、软坚散结。随证加减治疗2年，病情好转。2010年6月30日复查彩色B超示：肝右叶包膜下稍低回声团，大小约37mmx30mm，边界欠清，考虑为转移瘤。继续中药随证加减治疗，诸症悉减，食纳正常，无腹痛，两便正常。2011年1月20日复查彩色B超示：肝右后叶见一类圆形无回声团，大小约7mmx6mm，边界清，肝右后叶小囊肿，未见肝转移病灶。中药继续巩固治疗，随症加减。之后多次复查彩B肝内均未见转移病灶。中药治疗后疾病缓解期达3年，现健康存活【17】。

#### 四、中医药补充治疗乳腺癌手术、化疗和放疗的毒副作用及后遗症的临床应用

乳腺癌病人手术会产生术后综合症（如疲乏、倦怠、盗汗、不寐等）以及患肢肿胀水肿；化疗可产生消化道副反应（呕吐、纳呆、无食欲、大便异常等）、血象下降、神经受损、心肝肾功能损害等；放疗可引起放射性肺炎、放射性脑炎和皮肤黏膜损伤等。中医药补充治疗可以减轻和缓解手术、化疗和放疗的毒副作用及后遗症。

#### 验案7 中药治疗乳腺癌术后患侧上肢水肿

黄某，女，58岁。广州市人。2006年3月6日首诊 患者于1995年行左乳腺癌根治术，术后行放化疗。从2000年起，左手肿胀，逐渐加重，时有发热恶寒，左手肿胀时左手较右手粗1倍，左手臂硬肿红痛，久治不效，求治中药。彩色B超示：左上肢尺静脉及挠静脉近端内血流缓慢，不排除远端血栓形成可能。症见：左手臂硬肿红痛，较右手粗1倍，食纳可，可抬举过肩，两便调，舌淡红苔薄，脉细滑。辨证：气滞血瘀、脉络瘀滞。治法：益气活血、化气利水、通络消瘀。用补阳还五汤、阳和汤、五苓散加减。随证加减，治疗数月，病情好转，左手臂肿胀消退，活动自如。2007年3月27日复查彩色B超示：左锁骨下静脉、腋静脉及肱静脉内血流通畅。左上肢浅静脉血流通畅。患者病情好转，左上肢仍有肿胀，但较前明显消退，基本上无发热恶寒，基本守方治疗。2007年11月30日左上肢肿胀缓解，不发热，食纳好，活动正常，小便多，随证加减，治疗数月，病情好转，左手臂肿胀明显消退，活动自如。

乳腺癌术后患侧上肢水肿多因手术创伤或放疗使淋巴管及静脉受压，淋巴液及静脉血回流不畅所致。严重的形成静脉血栓经年不消，是影响患者生活质量的重要的常见后遗症。西医治疗多用紧身手套治疗或内置支架但效果甚微。中医认为此

症多由于术后气血不足，气滞血瘀，气血运行不畅，脉络瘀滞，不能气化利水而肿。治疗常用益气活血的补阳还五汤、温阳化气利水的五苓散合阳和汤加通络消肿之品而取效【18】。

#### 五、中医药防治乳腺癌患者康复后的巩固治疗以预防复发或转移的临床应用

乳腺癌病人經過综合抗癌治療之後，病情得到有效控制，臨床症狀好转或消失，身體逐漸恢復。在这种情况下，病人往往不再愿意接受毒付作用太强的化疗电疗等，而希望等到治疗平和的且无毒付作用的治疗方法，中医药就是最好的治疗和调理方法，可以预防乳腺癌的复发或转移，可以高质量地生存很長時間。

乳腺癌中医的防治理念与策略，以疏肝，调畅情志为中心，滋养先后天，调摄冲任为本，兼顾祛邪，共同为防治乳癌复发、转移的基本原则【19】。

林洪生等【20】认为肿瘤康复要“五养”，包括心理调养、体能调养、饮食调养、膏方调养和功能调养。对乳腺癌患者康复疗法应包括：（1）中医疗法：药物疗法：内服、外用；非药物疗法：针刺、艾灸、拔罐、耳穴压豆、推拿按摩、刮痧等。改善脏腑功能，重建阴阳平衡，改善机体内环境。（2）体能锻炼：气功、八段锦、站桩。术后患者和带瘤患者，出现患肢肿胀等问题，此时可以通过患肢爬墙训练或梳头等进行治疗功能调养。

（3）营养疗法：咨询、营养配餐、食疗。合理的饮食调养包括均衡合理膳食，饮食多样化、不偏食、粗细搭配，多食新鲜蔬菜、水果，选择适当的食物汤水来防病治病，适当合理的戒口，可通过腹部贴敷、艾灸等外治法来改善患者胃肠问题；

（4）心理疗法：咨询、音乐、熏香、艺术。特别要注重情绪的疏导，调畅情志，树立正确对待疾病的观念，保持正常的心理状态和乐观的情绪；

（5）家庭保健：家人支持，生活保健。生活有规律，起居作息符合养生的规律，保证足够的睡眠，劳逸适度；适当的运动，锻炼身体以增强体质；中医综合疗法进行乳腺癌患者的康复治疗可明显改善患者的临床症状；可明显改善患者的心理状态，减轻焦虑；可明显改善患者的生活质量；可改善患者的营养状况；可提高患者的生活情趣；可改善患者家庭支持作用；可以预防乳腺癌的复发和或转移。

验案 8：中药治愈乳腺癌骨转移存活超过 12 年  
赵某某，女，44 岁，澳门人。患者于 1999 年 6 月行左乳腺癌切除术，术后恢复良好。2000 年 6 月出现腰痛，逐渐加重，行走不便，经检查考虑骨转移。患者不愿化疗，来广州要求中药治疗。症见：腰痛，行走不便，食纳可，术口隐痛，两便调，恶寒，舌淡红苔薄，脉细滑。辨证：肝肾亏虚、肝郁气滞。治法：疏肝理气、温肾壮骨。随证加

减，药后好转，连服 6 月余。患者药后病情明显好转，腰不痛，行走自如，食纳好，腰背时有隐痛，头稍不适，烘热汗出，感疲乏。证属肾亏气虚、肝郁气滞，治宜疏肝补气、温肾壮骨，2001 年 9 月 18 日病情好转，9 月 10 日行全身骨扫描示未见明显异常。随证加减，药后好转，间断服中药至今，多次检查肿瘤未见转移和复发。该案证属肝肾亏虚、肝郁气滞，先治宜疏肝理气、温肾壮骨，见效后加强益气补血，同时针对术后出现的更年期综合症调整用药，既控制了骨转移，又改善了更年期综合症症状，患者坚持中药舒肝理气，调畅情志，滋养先后天，调摄冲任为本治疗，坚持体能锻炼，坚持营养疗法，提高了生活质量，延长无病生存期。截止到 2011 年 5 月患者已健康存活 12 年，生活工作自理【21】。

#### 验案 9：中药治愈三阴乳腺癌肝转移

黄某，女，41 岁，广州市人。患者于 2000 年行右乳腺癌切除术，ER 和 PR 阴性。术后行放疗和化疗。恢复良好。2003 年 6 月检查 B 超及 CT 示肝区占位，约 18x16mm，考虑肝转移。患者不愿手术和化疗，要求中药治疗。药后好转，服药 1 年余。2004 年 7 月 13 日 B 超示肝右叶 17x18mm 占位。中药随症加减。2005 年 8 月 25 日复查 B 超示肝右叶 15x18mm 占位。药后月经来潮，但量不多，随证加减。2006 年 9 月 21 日复查 B 超示肝右叶 21x17mm 占位。随症加减。2007 年 11 月 8 日复查 B 超示肝右叶 18x17mm 占位。肿块 4 年来维持不变。2010 年 5 月 13 日患者病情好转，食纳可，两便调，复查彩色 B 超示右肝占位消失。患者继续服中药至今 10 年余，坚持中药舒肝理气、软坚散结，调畅情志，滋养先后天，调摄冲任为本治疗；坚持体能锻炼，坚持营养疗法，均衡合理膳食，饮食多样化、多食新鲜蔬菜、水果，适当合理的戒口；保持正常的心理状态和乐观的情绪，家人支持，生活有规律。现健康长期存活，工作生活正常【22】。

#### 六、中医药替代治疗对放化疗不敏感或耐药的乳腺癌患者的临床应用

化学治疗乳腺癌的盲点是部分病人对化疗不敏感或耐药，部分病人难于接受化学治疗，年老体弱者难于耐受化学治疗，对乳腺癌术后腋下淋巴结阴性和激素受体阳性的患者的辅助化学治疗也有不同意见。乳腺癌术后腋下淋巴结阴性和激素受体阳性患者的辅助治疗（中医药加内分泌治疗），应成为中医药治疗乳腺癌的切入点和主攻方向【23】。

我国老年晚期乳腺癌患者合并高血压、糖尿病、心脏病的比例明显高于非老年患者，在治疗选择上也与非老年患者有所不同。与一线化疗相比，一线内分泌治疗可以为 ER 和（或）PR 阳性的老年

患者带来更多的生存获益【24】。对这部分患者采用中医药加内分泌治疗是恰当的、合理的选择。

“三阴性”乳腺癌(TNBC)是一种侵袭性强、转移早、易复发的特殊乳腺癌类型。TNBC因缺乏ER和PR而对内分泌治疗不敏感,又因HER2的缺乏对靶向治疗药物曲妥珠单抗无效【25】。对于未经特别筛选三阴性转移性乳腺癌的女性,铂类疗法几乎没有生存优势,而且毒性很大【26】。所以对这些不愿化疗或不能从化疗收益的乳腺癌患者,选择中医药治疗是合理的选择,可以让这些乳腺癌患者临床受益。

#### 典型案例

##### 验案 10: 中药治愈三阴乳腺癌骨转移

叶某某,女,41岁,广州市人。2004年1月24日首诊患者于2000年7月行右乳腺癌根治术,病理为浸润癌,ER(-),PR(-)。术后化疗6程,病情好转。2003年9月起,感胸骨痛,时作时休,伴腰痛,检查骨扫描示胸骨异常浓集,考虑胸骨骨转移可能。患者不愿化疗和放疗,要求中药治疗。症见:胸骨隐痛,腰稍痛,食纳可,夜寐不宁,两便调,舌淡红苔薄,脉细滑。辨证:肝肾亏虚、肝郁气滞。治法:舒肝理气、温肾壮骨。药后好转,随证加减,2005年1月17日病情稳定,胸骨不痛,行走正常,腰不痛,食纳可。10月27日,复查ECT示胸骨浓集点减弱,全身骨扫描未见异常。随证加减,2006年11月2日病情稳定,2008年1月10日复查肝肾功能正常,CA125、CA199、CEA、CA153均正常,骨扫描示正常。2010年6月14日复查CA125、CA199、CEA、CA153均正常,骨扫描示正常。中药随证加减治疗至今,截止到2012年5月患者已健康存活9年余【27】。

##### 验案 11: 中药治愈三阴的乳腺癌淋巴结转移

魏某某,女,67岁。2016年4月行右乳腺癌切除术,病理为浸润导管癌,ER、PR阴性,Her2阴性,FISH阴性,腋下淋巴结阴性。术后行放疗和4程TC化疗。未行内分泌治疗。2017年2月检查彩色B超示双侧腋下数个淋巴结肿大,2017年8月检查彩色B超示双侧腋下数个淋巴结继续肿大,大的约26mm。患者及家属均不愿意化疗,服用中药治疗。随证加减治疗,病情好转,双腋下淋巴结完全消失。2017年12月检查彩色B超示双侧腋下淋巴结无明显异常。以后每年检查均正常,现健康存活已6年。

#### 七、中医药补充治疗分子靶向药(标靶药物)的毒副作用的临床应用研究

近年来分子靶向药(标靶药物)的出现和临床广泛应用,使癌症的个体化治疗得到广泛的推广,分子靶向药(标靶药物)成为治疗晚期癌症的热门课题。

#### 1、临床应用研究

分子靶向药(标靶药物)在使用中会出现一系列的毒付作用,主要有皮肤损害(皮疹)、口腔溃疡、腹泻、肝功能损害、间质性肺炎、心脏毒性、厌食、骨髓抑制等。中药可以治疗和舒缓毒付作用【28】。

##### 验案 12: 中医药治疗分子靶向药(标靶药物)的肝损害

钟某某,女,52岁,台湾人。因乳腺癌肝骨转移,来香港治疗。患者先用化疗治疗多程后无效,局部电疗和打骨针治疗后疼痛减轻,后改服标靶药治疗,出现严重的肝损害,故停用标靶药治疗。患者要求中药治疗,用中药舒肝理气,健脾和胃,益肾壮骨治疗1月后,肝功能恢复正常。恢复用标靶药治疗,患者一直坚持同时服中药以保肝和改善骨转移,肝功能一直正常。治疗2年多病情好转,每半年检查PET-CT1次,病灶稳定并有缩小,骨痛明显改善,生活自理,可以外出探亲和旅游。

#### 八、中医药替代辅助治疗晚期癌症的临床应用研究

中医药可以在晚期乳腺癌患者减轻疼痛,改善生活质量以及临终关怀上发挥作用。

##### 验案 13. 中药治疗乳腺癌广泛转移存活1年余

赵某某,女,63岁,广州市人。1999年9月17日首诊患者为乳腺癌术后脑、肺、胰转移。现右肋痛,头痛,稍气喘,食纳呆,右下肢乏力,口干,疲乏,舌淡红苔白,脉细滑。辨证:脾虚气亏、瘀毒互结。治法:益气健脾、消毒化瘀。药后好转,头不痛,食纳改善,行走可,可外出行走,大便正常。2000年1月27日近日精神差,头昏,说话不流畅,行走不稳,目花,有斜视,食纳可。随证加减治疗。药后可站立扶着走,言语清,讲话多,食纳好,尿增多,大便少,畏光,时有心悸气促。5月12日病情稳定,后脑稍痛,无抽搐,眼睑有下垂,食纳可,可缓慢行走,双下肢无力。随证加减治疗。10月患者因脑衰竭死亡。

患者为乳腺癌术后脑、肺、胰转移,病情危重,无法放化疗,只能对症治疗,中药治宜益气健脾、温阳化气利水、补益肝肾。中药治疗后减轻了痛苦,改善生活质量,延长生存期,疗后生存1年余【29】。

#### 结语

在过去几十年,抗癌治疗手段不断完善,新的药物不断产生,新的设备不断更新,但疗效提高相对有限。西医对“癌症”的认识从“绝症”到“可根治”、从“完全杀灭”、到“慢性病”的



新观点,与中医“人瘤共存”“带瘤生存”的观念不谋而合,殊途同归。

人的一生都是与疾病共存的。2006年世界卫生组织(WHO)将癌症论述为慢性可控性疾病,把癌症当作一种慢性病,让患者与之长期安全地共享,最大限度地提高生命质量,这种观念正在被国际医学界所普遍接受。

根据乳腺癌不同的疾病阶段运用中医“治未病”思想为指导进行积极干预:健康阶段积极运用“未病先防”思想以干预乳腺癌的高危因素。癌前病变阶段注重“欲病救萌、防微杜渐”,用中医药消除或减少致癌因素对癌前病变的持续作用,保持癌前病变细胞稳定或退变或逆转,恢复正常状态。乳腺癌的治疗阶段贯穿“已病早治、防其传变”思想,中药防治其毒副作用和后遗症,阻止和截断疾病向血液、淋巴和其他脏器的转移。乳腺癌治疗痊愈后,应采取各种措施,“癌后调摄、防其复发”,防止疾病复发。晚期乳腺癌使用中医药延缓其恶性进展,提高患者生存质量,延长疾病生存期。中医药治疗癌症的作用和优势,得到了越来越多的群众和医学专家的肯定和认可。

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