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Editor's Invitation:

血循环就是经络，其发现权当归中国

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摘要：血液循环的发现最早由中国人发现，早在内经时代就有血循环的观念。经络是对血管的描述，经脉和络脉等分别指不同的血管。古人对血循环的认识呈渐进式，在内经时代已初步成型。但这一认识并未被深刻理解，在历代医家的解读下，经络理论填充了传统文化内涵，使朴素的经络理论逐渐虚化。经络由对血循环的朴素表达，转变为一个难以找到实体的概念，严重阻碍了经络理论的发展。本文基于“气血新论”视角，认为经络约等于血管，经络系统约等于血循环系统。

关键词：血循环；经络；气血新论

血液循环的发现对医学的重要性不言而喻，该发现极大的推动了现代医学的进步。一般认为，血液循环最早由英国人哈维（William Harvey，1578-1657）历经二十多年的努力在 1628 年发现的。在这之前，中国人对血液循环不了解，直到现代医学传播到古老的华夏大地后才传入中国。

实际上，这种认识不符合事实，抹杀了中国先贤的功劳，导致中国古人对血循环系统的重要发现埋没于历史长河中，殊为可惜。其实，中国古人早在一千多年前就以对血循环系统有所发现，并把血液循环命名为经络系统。

1. 内经时代就有血循环之观念

血循环系统，是血液在体内流动的通道，分为心血管系统和淋巴系统两部分。一般所说的循环系统指的是心血管系统，主要由血液、血管和心脏组成。血液的循环流动保障了机体赖以生存的营养物质和氧气的运送，同时也带走了二氧化碳等代谢产物，许多激素及其他信息物质也在血液内运输，热量也通过血循环输布，血循环是人体生存的基本条件。

几乎所有的中医学教材并没有提出血循环的概念。这有点匪夷所思。中医学在汉代就已形成《黄帝内经》等奠基之作，却对血循环系统一无所知？我们认为，对人体重要的生命循环机制，在已经对人体生命规律观察得很周详的内经时代不可能没有发现，古人一定已经发现了血循环系统的规律，只是用了和现代医学不一样的名字，或者说，我们在传承过程中，对古人所描述的血循环有所误解。理由如下：

1.1 血管显而易见

躯体暴露在体表的血管是显而易见的，古人不可能观察不到，而藏于体内的血管，也会在受伤、宰杀牲畜时观察到。实际上，古人已经对看到的血管描述得很详细，如：“经脉十二者，伏行分肉之前，深而不见；其常见者，足太阴过于外踝之上，无所隐故也。

诸脉之浮而常见者，皆络脉也（《灵枢·经脉》）。”在这段描述中，古人早已观察到静脉血管浮露在体表，将之命名为络脉。

除了通过视觉直接观察到血管，其搏动也可通过触觉观察。如“尺泽，肘中之动脉也”（《灵枢·本输》），描述了在肘弯处触摸到动脉搏动。此外，脉诊时触摸的部位也是浅表的动脉，如人迎脉为颈总动脉，气口脉为桡动脉，趺阳脉为胫前动脉，通过触摸这些脉动的搏动来侦察疾病，也说明古人早已对血管的搏动有清晰的观测。

1.2 血液颜色为红色

人体的所有组织和器官，在正常情况下都没有鲜明的色彩，除了血液或血管。《内经》中有许多记载如：“中焦受气取汁，变化而赤是谓血”（《灵枢·决气》），古人早已对鲜红色的血液有清晰的认知。此外，古人也发现了动静脉的血液颜色有所不同，《灵枢·血络论》中描述的“血出而射者”，出血时呈喷射状，这是对动脉血的描述；“血出黑而浊者”，血液颜色呈暗黑色，这是对静脉血的描述。

1.3 血液的重要性很容易被发现

血液是维持生命活动的重要物质，古人早已有所认识。人在受伤时，大出血后便会快速丧失生命，这是生活中的常识，这么重要生理现象古人不可能忽略。事实上也没有忽略，写得非常清楚：“经脉者，所以决死生，处百病”（《灵枢·经脉》）。很明显古人已经深刻了解血液的重要性。

综上可见，血液颜色或血管分布均具有可观测性，且血循环对人体生命活动十分重要，古人对此已有大量的观测和记录。但是令人诧异的是，内经时代这些智慧的先贤对这么显而易见的血管和血流居然一无所知？

2. 经络是对血管的描述

2.1 血管被称做“脉”

在黄帝内经中，没有血管一词，那古人如何表达血管呢？这个名字其实在内经中很常见：“脉”，就是那个“壅遏营气，令无所避，是谓脉”（《灵枢·决气》）的“脉”。这种论述比比皆是，如《素问·脉要精微论》云：“夫脉者血之府也。”

2.2 “经脉”、“络脉”、“浮络”、“孙络”皆是对不同血管的描述

经络这个名称是“经脉”和“络脉”合起来的简称。本质上来说，这里的“经”和“络”是形容词，或者是名词形容词化，实质是用来形容血管。

“经”在《说文解字》中写作：  ，“織從絲也”，原来的意思是织布时纵向的丝线。

“络”在《说文解字》中写作：  ，“絡也”，絡指的是织布时差的棉絮，“好者为绵，恶者为絮”。因此，“络”的愿意指的是琐碎的丝状物。

所以，“经脉”中的“经”、“络脉”中的“络”是用来形容“脉”的，大的、纵向的，就是“经脉”。小的、不规律的，琐碎的，就是“络脉”。二者都是对血管的描述。

此外，浮络、孙络也都是血管。

《素问.皮部论》：“视其部中有浮络者，皆阳明（太阳、少阳）之络也。”浮络就是浅表的血管，现代人们俗称青筋，多指浅表静脉。

《灵枢·脉度》：“**经脉**为里，支而横者为络，络之别者为孙。”孙络指的是由络脉进一步分出的细小血管。

所以，古人为了区分人体身上的大大小小的血管，就用“经脉”、“络脉”、“浮络”、“孙洛”等名称来描述。

2.3 内经时代就已经发现血循环系统

内经先贤对血管观察、区分得这么细已经很让人诧异，更有价值的是，古人还对血循环有了深入了解。在《灵枢·脉度》中记载：“阴脉营其脏，阳脉营其腑，如环之无端，莫知其纪，终而复始”直接说出了血循环的重要性和运行方式，并在《灵枢•五十营》做了大量的论述，虽然这些量化的论述有点机械，但足以说明古代先贤已经对血循环有深入了解。

3. 古人对血循环系统的认识呈渐进式，最终成型于内经时代

对血循环系统的认识在内经时代才完成，在更早的马王堆出生的帛书《足臂十一脉灸经》和《阴阳十一脉灸经》与内经很不一样，追溯从帛书到内经的发展过程，可以看到古人对血循环的认识和描述愈发清晰。主要表现为 2 个方面：

3.1 血管数量有所增加

帛书中记载的脉为 11 条，缺少了手厥阴心包经。经脉数目的变化主要受到了术数的影响[3-4]。帛书时代的 11 条脉，未必因为当时只认为 11 条，而是受彼时天六地五的术数观影响，如《国语·周语》：“天六地五，数之常也。”《左传》：“天有六气，降生五味，发为五色，征为五声，淫生六疾。”后在内经时代成为十二正经，亦与彼时的天人相应、术数思想密切相关，如“经脉十二者，以应十二月”（《灵枢•五乱》）、“十二从应十二月，十二月应十二脉”（《素问·阴阳别论》）、“节之交，三百六十五会”（《灵枢·九针十二原》）。此外，手厥阴心包经的出现亦与“内圣外王”[5]思想相关。

3.2 对血循环的认识愈发深刻

帛书中经脉走向都是向心性，即起于四肢末端，走向头面或躯干。如：《阴阳本》：“少阴脉:系于内踝外廉,穿腨,出却[中]央,上穿脊,之口廉,系于肾,夹舌。”《足臂本》：“臂泰(太)阴脉:循筋上廉,以奏(凑)臑内,出腋内廉,之心。”不仅阳经是向心性的，手足三阴经也是从腕踝关节走向躯干部。这在一定程度上反映出，古人虽然对血管已有所认识，但对血液循环规律的认识还不够清晰。

而到了内经时期，在《灵枢·经脉篇》中出现了从向心性和离心性并存的循行方式，且十二经脉互相接续，如环无端，这时才真正的认识到血液循环的方式。

4. 受传统文化的影响，内经对血循环的认识被渐渐虚化为当今经络理论

在早期的出土文献记载中，经络体系与现今教科书中存在差异。经络的数量、经脉走向、经脉名称及腧穴归经都与今天的经络体系不尽相同。纵观经络理论的发展过程，随着时间的推移，当代教科书中的经络理论已经和早期的经络理论有了不小的差异。经络体系诞生之初是较为朴素的，在经脉数量、经脉走向、经脉名称和腧穴归经等方面都很单薄。在历代医家的努力下，吸纳了彼时的

传统文化，如天人合一、阴阳学说、对称互补、圆道观、整体观、内圣外王等哲学观念，不断丰富经络体系的内涵，将之从对血循环的朴素叙述，一点点升华为抽象化的经络体系。

4.1 对经脉的命名越来越丰富

在最早的《足臂十一脉灸经》和《阴阳十一脉灸经》中命名“臂太阴”“臂阳明”“巨阳”，甚至更加质朴的命名为肩、齿、耳脉等。到了内经时代，才统一为手足、阴阳、脏腑的命名模式，这一过程也是在很大程度上受到当时传统文化思想的影响所致。

4.2 经脉所属腧穴的数量渐渐增加

纵观腧穴的发展历史，在早期关于腧穴的名称、数量、归经等方面是比较模糊的。在马王堆帛书《足臂十一脉灸经》和《阴阳十一脉灸经》中并无对腧穴部位和名称的记载。老关山汉墓出土的经穴髹漆人像，出现经脉线和腧穴点。在《黄帝内经》时期，界定了腧穴总数及手足三阳经、任脉、督脉和冲脉的脉气所发穴位，被认为是腧穴归经思想的来源。《灵枢·本输篇》记载了 11 条经脉在肘膝关节以下的五腧穴归经，如：“肺出于少商...为井木；溜于鱼际...为荥；注于太渊...为俞；行于经渠...动而不居为经。”但据统计内经中 148 腧穴中 106 个有归经记载[7]，分属十二正经和任、督二脉，多局限在四肢部腧穴。其中有 8 穴的归经与今有别，如天容，角孙，巨骨，中冲、劳宫、大陵、间使、曲泽等穴。可见，内经时期的腧穴理论并不成熟，经过历代医家的整理和补充，值至北宋时期，王惟一在《铜人腧穴针灸图经》中完成了十四经脉 354 个穴位的归经，是今日通行归经的重要依据。

4.3 当代的经络学说概念不清，生理实质不明

何谓经络？在最新版的教科书中，将之定义为：“经络是我国劳动人民通过长期的医疗实践，不断观察总结而逐步形成的...具有运行全身气血，联络脏腑肢节，沟通上下内外功能的经脉和络脉。”[8]

当代学者对于经络和穴位的实质做过许多研究，学者们各自提出各类假说，如经络是神经系统、血管系统、微循环系统、结缔组织结构、细胞生物效应、超解剖结构、新型间质细胞或生物场等诸多假说[1-2]，但各种假说至今未达成共识，这在某种程度上阻碍了中医针灸学的发展。

受针灸学教材的影响，经络常被理解为具有独立于现在所有解剖结构的存在，这种想法的出发点也许是好的，但笔者认为实在不可能，原因如下：

①现代解剖学、组织学已经发展到把人体内的组织看得一清二楚的地步，迄今未发现一个联通内脏分布于全身的其他管道结构。

②如果有个非常紧要的连通周身的器官存在，在截肢后，患者应该表现出生命体征的改变，如气血运行收到明显的影响。但实际上截肢者的生命状态常常并不受影响，除非短期内失血或神经或骨骼受损、受伤引发的一些症状。

③经络若有实质结构，用针灸针等刺激到该结构与未刺激到该结构，应该出现完全不同的反应，如：扎到神经就出现麻木，不扎到神经就不会出现麻木；而且也会出现完全不同的临床效果。可是针灸临床上很难有

这种特异性的临床现象发生。所谓循经感传现象，并不是人人都会出现；针刺后出现的酸麻胀痛等针感，也是肌肉、筋膜等受到针的刺激所致。

因此，从这些基础医学和临床的常识就可以推理出一个明确的结果：不可能有个还没有被现代医学发现的实质结构连通内外和脏腑。

没有实质结构，经络现象是否可能由已知结构的未发现功能造成的？或者是信息的交流和传递？[9]或者是人体组织结构多个传导刺激信号向量综合的结果？[10]

其实，也不会这样的，因为：①所谓经络现象，例如，循经感传、低电阻现象，并没有得到广泛的证实，可重复性不高。②现在大量的微针方法，例如：眼针、腕踝针、腹针、舌针等等，这些针法的存在也都说明了经络现象的特异性不足。③有结构才有功能，迄今为止，人体身上还未发现没有结构载体的功能。

因此，我们认为，经络并不是现在还没有被发现的结构，也不是特殊的功能或信息通道。而是被部分医学家虚化的血循环系统。

5. 追本溯源，重读经络，经络系统约等于血循环系统

我们于 2020 年在《现代中医临床》发表了《气血新论》，并出版《气血新论》一书，该理论中提出气血约等于“肌肉-血液/血循环”的观点。基于这一新理论回顾教科书中的经络腧穴理论，我们认为，经络系统实际上就是血循环系统，只是表达得不够具体，因为：

5.1 经络是气血运行之通道

《灵枢·本藏》载：“经脉者,所以行血气而营阴阳，濡筋骨，利关节者也。”“是故血和则经脉流行,营复阴阳,筋骨劲强,关节清利矣”《难经·二十三难》亦云：“经络者，行血气，通阴阳，以营于身者也。”显然指出气血运行运行于经络之中，气血的盛衰与经络流通密切相关。又如《灵枢·营卫生会篇》言：壮者之气血盛，其肌肉滑，气道通，营卫之行，不失其常，故昼精而夜瞑，老者之气血衰，其肌肉枯，气遭涩，五脏之气相搏，其营气衰少而卫气内伐，故昼不精，夜不瞑。

5.2 “血”就是现代医学的血液，运行于血管内

《内经》认为，血是红色的（《灵枢·决气》：“中焦受气,取汁变化而赤,是谓血”）。人身上红色的部分只有血液。而血液运行的通道是血管，即动脉或静脉血管。

5.3 “气”约等于肌肉功能，包括心肌、血管平滑肌和骨骼肌

“血”在体外是静止不动的，可是如何在体内“循环流注”？动力来自哪里？中医认为，气行则血行，**气是血循环的动力**。因此，古人经常把体内的“血”与“气”合称，叫“血气”、“气血”，体外的就称为“血”。根据现代医学的认识，血液的循环的动力来自肌组织，包含：心肌、血管平滑肌、骨骼肌。这与气血新论的认识一致，即气约等于肌肉的功能，心肌、血管平滑肌和骨骼肌等肌肉是推动血液与运行的气。

综上可知，***经络对应于现代医学的血管***。在《内经》的作者们的眼里，经脉和络脉就是大大小小的血管，至少结构上应该这么理解。经络是经脉和络脉的总称，经脉的“经”

是大的意思；络脉的“络”是网络、细小的意思；“脉”是血脉，就是流行着血液等的管道，主要指血管。

综上所述，内经时代就已发现了血循环系统，内经中所说的经络实际上就是血管或血循环，血循环的发现当属中国人，比英国人哈维早了至少两千年。

但因为血循环系统较为复杂，当时的解剖还不够精密，于是部分古代医家就引入了彼时的哲学思想，用文化学的知识去阐释和升华。在传统文化的填充下，血循环系统渐渐虚化，被凝练为经脉理论，并构建了经络学说。使得今天我们难以辨析经络的真容，也错失了对血循环系统的深刻挖掘和理解，让西方医学家走在了技术前列。

根据上面的论述，我们觉得有些事情必须重视：

1. 大力宣传血循环的发现权属于中国人
2. 不要把经络当做无形的实质不明的结构，经络是实实在在的，指的就是血管；
3. 经络这个名称，并不适合学术，建议称为脉管，具体某个经脉时，如手太阴肺经，就称为经脉，而不要含混地称为经络。

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美国大纽约浮针医学会
（Fu’s Subcutaneous Needling Association of New York）

新冠病毒病的中医诊治优势 --附 156 例英国病例分析

英国中医师抗疫救治志愿者团队

江丹，王天俊，傅海儿，李玲玉，朱圣兵，于殿生，王艳，王峰，汤淑兰

摘要：新冠病毒病的感染与传播在世界范围内，自 2020 年到 2023 年始终肆虐猖獗。尽管在发达国家由于普打疫苗，新冠病毒的重症发病率，致死率有所下降，但由于变异菌株的产生，病毒的感染与传播仍然令人紧张与焦虑。对那些老年人，特别是居住在老人院的感染者所造成的较高致死率是严峻的事实。对于老年人，由于他们的基础病，感染新冠病毒所诱发的并发症，感染新冠病毒之后所遗留后遗症，都可能对他们造成灾难性的伤害。他们所产生的新冠病毒病会更加复杂，更加严重，更加难于找到快速，有效的治疗方法；也更容易形成影响他们余生生命质量的新冠长期病症。

中医注重个体病状，在中医师处方的过程中，可以在抗病毒的同时，重视到患者的基础病，新冠病毒诱发的并发症，以及可能产生的后遗症，而设计一个更适合于患病者的个体处方。在英国，中医抗疫救治志愿者团队，在新冠感染者限制面诊的情况下，通过远距离获取病症信息，给患者寄药的方式，诊治了大量的新冠感染者。在此研究中，我们收集了接受中医诊治的 156 例新冠感染者，将他们按照年龄分为≥45 岁的观察组，与≤44 岁的对照组，分别观察了患者在感染新冠病毒时的基础病、并发症、产生后遗症的几率；以及通过中药治疗以后的痊愈状况。通过观察和研究，我们可以确定中医在抗病毒治疗的同时，对于稳定基础病，治疗并发症，预防后遗症的产生都具有显著意义。

结论：中医对于新冠病毒感染是一个适当的治疗方法，对于有临床复杂病状的老年患者更为适宜。

关键词：新冠病毒病；中草药；中医；老年人

新冠病毒在世界范围内的传播，引起急性感染性冠状病毒肺炎的爆发，由于病毒的变异，可能产生人体内多系统感染性病症。据世界卫生组织 2023 年 1 月 5 日的每周疫情报告显示：全世界感染人数：657，430，133（超过 6 亿人口感染新冠）；全世界因新冠的死亡人数：6，676，645 （六百多万人死于感染新冠）[1]在 2022 年 8 月 3 日英国政府的报告中指出：英国有 500 万人被感染，近 18 万人死于新冠感染。在英国政府每日报道中，尽管重症率、住院率、死亡率在下降，但是新冠病毒的感染率居高不下，仍然是严峻的事实。[2]

按照英国医疗系统的规则，只有那些重症、危重症，出现呼吸窘迫者才有可能入住医院接受医疗服务，而大部分感染新冠病毒的患者可能由于缺乏必要及时的治疗而转变为重症，因此针对新冠感染提供有效安全的预防与治疗，成为民众广泛关注的重大的健康问题。

2020 年 3 月，英国开始爆发新冠病毒病之际，实施全国防疫禁行。英国中医抗疫救治志愿者团队（以下简称抗疫团队）在中国政府发布的中医药抗疫应用指导[3] 与经验[4,5] 的基础上，结合英国、欧盟对于中医药管理的法律法规[6] ，建立了适合英国治疗用药的适当的中医诊治规范[7] ，在一年之内就接受了上万例患者的咨询问诊。在此基础上我们在英国中医志愿者中征集了 156 例接受了中医药治疗的病例信息，并设计了临床研究，在此加以详细分析。

一、方法

1. 研究的设计： 老年人与青年人相比，他们多有基础病，在感染新冠病毒之后，容易被激惹而产生并发症，也较容易转变为新冠后遗症，临床表现更为复杂而严重。因此，本研究以年龄区分为：≥45 岁组和≤44 岁组，观察中医药对他们的治疗意义。

2. 临床信息的征集： 抗疫团队发布研究信息，要求中医志愿者们总结、发布自己诊治的病例。中医师们被要求在 2021 年 4 月底以前提交自己诊治过的病例。这些病例都要以年龄划分为两个组，同时要分别报告每位患者的基础病、并发症，以及新冠后症状的存在情况。

3. 统计学处理： 所有中医师志愿者提供的临床数据集中到研究团队，掩盖中医师的名字，由专业的统计学技师对所有有关数据进行统计学分析，并且制作成专业统计学图表。在研究团队和统计学技师收集分析所有临床数据之后，由江丹写出研究报告。

二、报告

所有接受中医药治疗的患者，他们的临床信息被治疗的中医师提交给研究团队，有关的研究信息如下 （表 1）。

（一）观察

1. 新型冠状病毒感染率 明显的临床症状与核酸检测阳性者：134 例。明显的临床症状，但是患者未做核酸检测：22 例*。

2. 新冠病毒病的发病状况

轻症：比较轻的临床症状，体温≤38℃。 普通型：典型的临床病状，体温＞38℃，≤39℃。

重型：体温高于＞39℃，呼吸窘迫，或是其他新冠感染导致危重的病症。

不同年龄组感患新冠病毒病的发病状态比较如（表 2）。

*注：在疫情爆发早期，核酸检测很不方便，还有一些西方患者尽管已经出现了很多临床症状，但是他们拒绝进行核酸检测。这些患者被列为疑似病例。

表 1 接受中医治疗患者一般情况比较

性别	观察组≥45 岁	对照组≤44 岁	总数
男	37 例（占 47.40%）	男 36 例（占 46.20%）	73 例 （占 46.79%）
女	41 例（占 52.60%）	女 42 例（53.80%）	83 例（占 53.21）
总数	78 例	78 例	156 例

表 2 不同年龄组感患新冠病毒病的发病状态比较

病变程度	≥45 岁组 (78 例)	≤44 岁组 (78 例)	方差分析	P 值
轻症	31（39.74）	45（57.70）	12.703	0.002
普通症	37（47.43）	33（42.30）		
危重症	10（12.83）	0		

表 3 不同年龄组基础病的发生率比较

基础病分类	≥45 岁组	≤44 岁组	方差分析	P 值
一种以上基础病	无：41（52.60） 有：37（47.40）	无：70（89.70） 有：8（10.30）	26.265	< 0.001
糖尿病	无：73（93.60） 有：05（6.40）	无：78（100）	5.166	0.023
高血压	无：64（82.10） 有：14（17.90）	无：73（93.60） 有：5（6.40）	4.854	0.028
心血管疾病	无：75（96.20） 有：3（3.80）	无：78(100)	3.059	0.08
肥胖	无：77（98.70） 有：1（1.30）	无：76（97.40） 有 2（2.60）	0.340	0.56
过敏	无：75（96.20） 有：3（3.80）	无：74（94.90） 有：4（5.10）	0.150	0.699
哮喘或呼吸系统疾病	无： 68（87.20） 有：10（12.80）	无：76（97.40） 有：2（2.60）	5.778	0.016
慢性病毒后衰竭综合症	无：64 (82.1) 有：14（17.90）	无：77（98.70） 有：1（1.30）	12.465	<0.001
其它	无：76（97.40） 有：02（2.60）	无：78（100）	2.026	0.155

3. 特殊健康病状的发生率比较

（1） 基础病：4 在患者感染新冠病毒病之前就已经存在的病症。比如过敏症、糖尿病、高血压等，不同年龄组基础病的发生率比较如（表 3）。

一位患者可能患有一种以上的基础病，因此，在≥45 岁组，基础病的发生率在 78 例中有 37 例，占 47.44%。在≤44 岁组，基础病的发生率在 78 例中有 8 例，占 10.26%。

两组基础病发病率的方差分析 26.265，P 值小于 0.001，比较有显著差异。

（2） 并发症： 是指患者在感新冠病毒病期间被新冠病毒诱发，或是加重的病症，比如肺衰竭，心血管病症，或是生殖系统的病症。不同年龄组在感染新冠病毒期间并发症的发病率比较如（表 4）。

比较在新冠病毒病发生期间不同年龄组并发症的发生率：在≥45 岁年龄组：24 例并发症，占 30.76%。在≤44 岁年龄组：12 例并发症，占 15.38%。方差分析 5.2, P 值：0.023，具有显著性差异。

表 4 不同年龄组在感染新冠病毒期间并发症的发病率比较

并发症	≥45 岁年龄组 无：54 (69.20) 有：24（30.80）	≤44 岁年龄组 无：66（84.60） 有：12（15.40）	方差分析 5.2	P 值 0.023
过敏症	无：76（97.40） 有：2（2.60）	无：74（94.90） 有：4（5.10）	0.693	0.405
心血管疾病	无：74（94.90） 有：4（5.10）	无：76（97.40） 有：2（2.60）	0.693	0.405
消化道病症	无：65（83.30） 有：13（16.70）	无： 72（92.30） 有：6（7.70）	2.937	0.087
疼痛	无：66（84.60） 有：12（15.40）	无：72（92.30） 有：6（7.70）	2.261	0.133
生殖功能紊乱	无：76（97.40） 有：2（2.60）	无：76（97.40） 有：2（2.60）	0	1
其它	无：76（97.40） 有：2（2.60）	无：78（100） 有：0	2.026	0.155

（3） 新冠后遗症：在核酸转阴之后，临床症状仍然存在；感染新冠 12 周之后，临床症状仍然存在，就称为新冠后遗症。比如，肺或是呼吸功能低下，心血管功能异常，心理性失常，胃肠道病变等。不同年龄组新冠后遗症的发生率比较如（表 5）。

比较不同年龄组后遗症的发生几率： ≥45 岁年龄组：新冠后遗症发生 32 例，占 41.02%；≤44 岁年龄组：新冠后遗症发生 18 例，占 23.08%。方差分析 5.769a, P 值 0.016，具有显著性差异。

表 5 不同年龄组新冠后遗症的发生率比较

新冠后遗症	≥45 岁年龄组	≤44 岁年龄组	方差分析	P 值
	无：46（59.00） 有：32（41.00）	无：60（76.90） 有：18（23.10）	5.769a	0.016
肺虚弱 呼吸功能低下 肺纤维化	无：70（89.70） 有：8（10.30）	无：76（97.40） 有：2（2.60）	3.847a	0.05
心血管病症	无：74（94.90） 有：4（5.10）	无：78（100） 有：0	4.105a	0.043
消化道病症	无：62（79.50） 有：16（20.50）	无：72（92.30） 有：6（7.70）	5.292a	0.021
心理性异常	无：74（94.90） 有：4（5.10）	无：76（97.40） 有：2（2.60）	0.693a	0.405
慢性病毒后衰竭综合症	无：67（85.90） 有：11（14.10）	无：65（83.30） 有：13（16.70）	0.197a	0.657
过敏症	无：76（97.40） 有：2（2.60）	无：74（94.90） 有：4（5.10）	0.693a	0.405
其它	无：66（84.60） 有：12（15.40）	无：74（94.90） 有：4（5.10）	4.457a	0.0353

三、中医的诊断与治疗

1.中药

在新冠病毒开始流行初期，全国禁行期间，中医作为补充替代医学，中医诊所被要求关闭，中医师不能面对面接触患者，治疗主要通过远程方式，比如通过微信、WhatsApp、邮箱、短信、Zoom 等方式获取患者信息，采集到患者感染状态、感染时日、病变程度等资料，据此确定中医的相应证型，开启中药处方，邮寄给患者使用。

由于通过这些非接触的远距离获得的信息予以诊断治疗，因此，中草药是更方便采用的治疗形式。根据患者的病变程度，以及患者个人的心理倾向，给予患者中药的不同剂型如下。

1) 根据患病个体病状特别处方的中药浓缩粉，也称为科学中药：在≥45 岁组 55 例，占 70.50%；≤44 岁组 49 例，占 62.80%；

2) 根据患者个体病状特别处方的中草药原药：在≥45 岁组 28 例，占 35.90%，≤44 岁组 31 例，占 39.70%。

3) 中药经验方与中成药：这是中医师根据新冠病症的常见病症及其常见证型自己预先配置的中药片剂，或是胶囊剂。由于中成药属于中药的工业制品，是在英国，欧洲禁用的中药剂型。但是中成药方便易服，价格便宜，因此，在英国的中医师常常根据自己的临床经验预先配置中成药，用以治疗轻症，后遗症，或是用于预防或是巩固疗效（图 1，图 2）

在≥45 岁组 6 例，占 7.70%，≤44 岁组 2 例，占 2.60%。

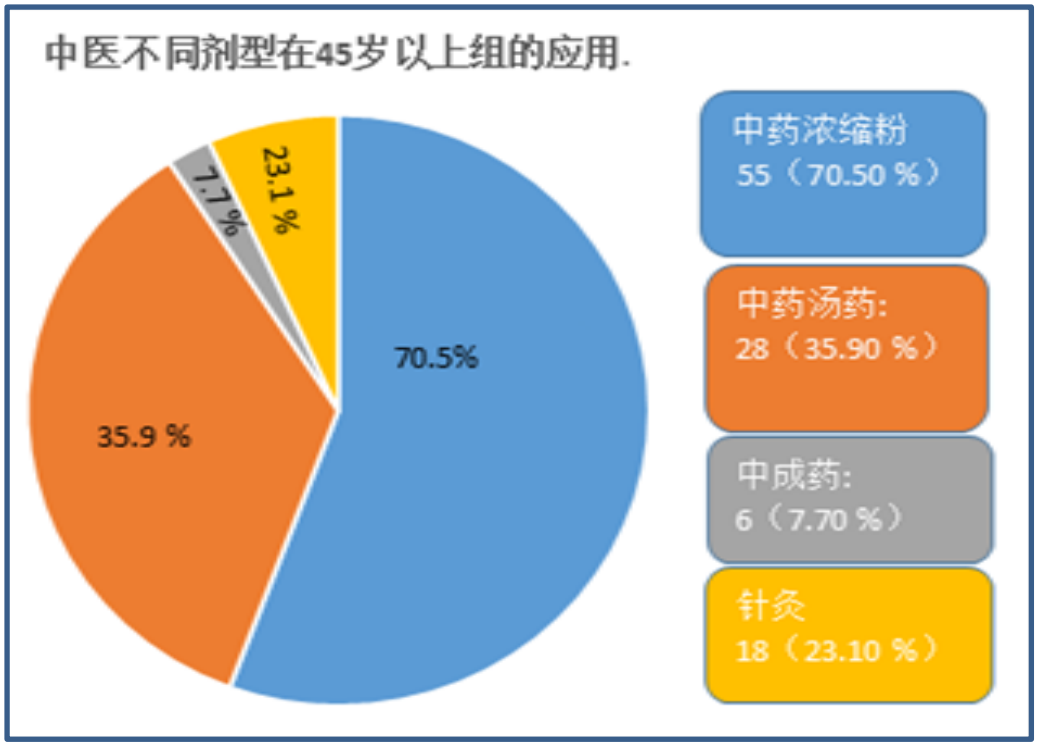

图 1 中药不同剂型在≥45 岁组应用比例

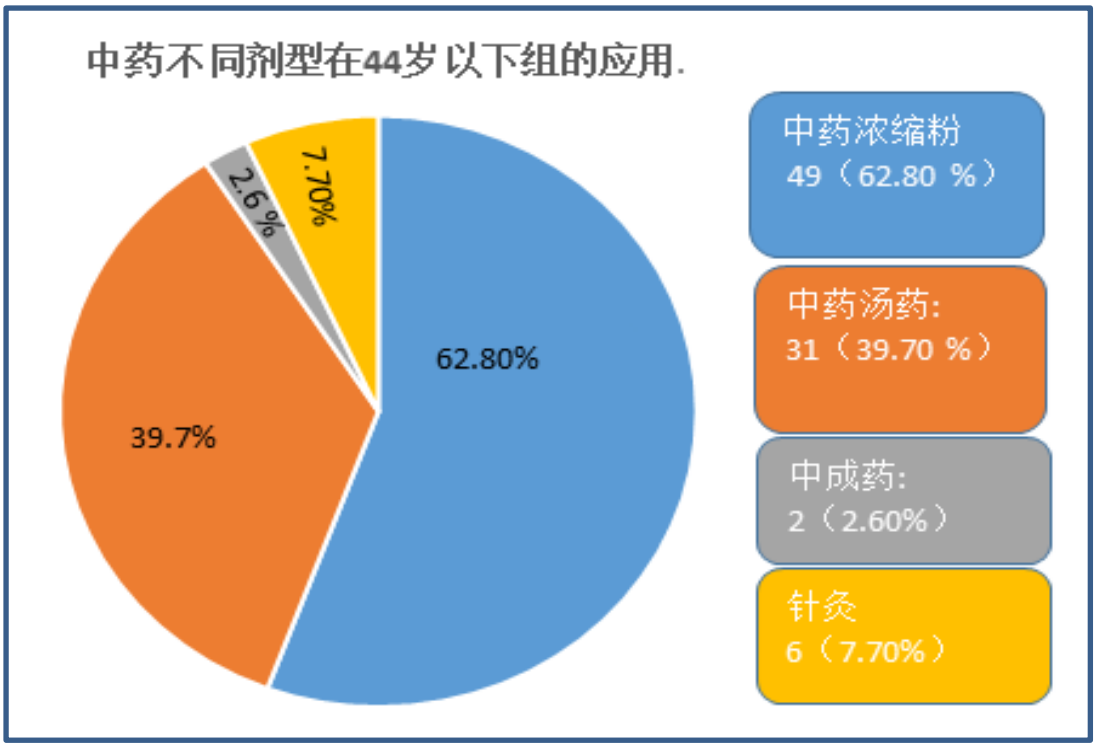

图 2 中药不同剂型在≤44 岁组应用比例

2. 针灸：

在西方国家，针灸是民众接受程度最高的中医治疗方法，但是在疫情早期，不能应用针灸，直到禁行解除，诊所复开，才有可能应用针灸参与抗击新冠，主要是用于改善新冠长期病状的治疗。在对新冠及其长期病症的治疗，中药辅助针灸可以给予更高的治疗力度，对那些心理紊乱、复杂的病症，具有比较严重的并发症、后遗症者，针灸往往可以起到更为必要，更有价值的疗效。

在≥45 岁组，针灸应用 18 例，占 23.10%；在≤44 岁组，针灸应用 6 例，占 7.70%。

3. 中医的常规治疗

中药的抗新冠病毒方：在中国政府公布的中医抗新冠病毒常规治疗指南的基础上，根据英国病症和当地季节气候的特点，以及英国、欧盟对中医药管理法规的限制，确定在英国选用中药的常规处方。每个中医师根据患者的具体病状选择主方，再辨证加减，而构成针对每一患者的具体中药处方。

1） 对于轻症、普通症：藿香正气散[8]，藿朴夏苓汤[9]/ 连朴饮[10]，三仁汤[11]。

主方藿香正气散用于刚刚感受新冠病毒，为风寒湿偏盛，没有热象者；藿朴夏苓 / 连朴饮用于感受新冠病毒已有内热征象者；三仁汤则用于寒热不盛，而湿浊内蕴较甚者。

2 ）对于普通症、重症： 莲花清瘟胶囊[12]，藿苓双花饮[13]，清肺排毒汤[14]。

以上主方用于新冠感染已经有了几日，内热感染比较典型，或是严重的病例。可以根据病状的程度选择中成药，或者直接处方为中药浓缩粉，或是中药汤药。在英国的临床，中医处方不必过大，过杂，辨证准确，中药的疗效是非常好的。在英国的常用中药处方，一般不超过 150g /方。

四、临床总结

1. 156 例临床总结：

由抗疫团队 8 名中医师提供 156 例新冠患者接受中医药治疗的结果，总结如下。

（1）疗效标准

1）治愈：所有临床症状消失，核酸检测阴性，基础病症稳定，没有并发症，未出现后遗症。

2）好转：核酸检测阴性，临床症状减轻，新冠后遗病症仍然存在。

3）无效：核酸检测阴性，仍然有许多临床症状，患者放弃中医治疗*

*注：在英国中医是补充替代医学，患者是付费接受治疗，因此中医治疗如不能尽快取效，患者可能放弃中医，而选择免费的主流医学治疗。

（2）结果：不同年龄组新冠感染者中医治疗结果比较如（表 6）。

≥45 岁组：治愈 64 例，占 82.05%，好转 11 例，占 14.10%， 无效 3 例，占 3.85%。
≤44 岁组：治愈 75 例，占 96.15%，好转 3 例，占 3.85%，无效 0 例。
方差分析：8.430， P 值，0.015，呈显著差异。

表 6 不同年龄组新冠感染者中医治疗结果比较

结果	≥45 岁（78 例）	≤44 岁（78 例）	方差分析	P 值
治愈	64（82.05）	75（96.15）	8.430	0.015
好转	11（14.10）	3（3.85）		
无效	3（3.85）	0		

2. 典型验案

病例 1，有严重基础病，感患新冠病毒，经由中医治效

Ms T，56 岁，专门为离婚者打索要子女抚养权官司的出庭律师。

患者由于常年筹备官司，准备证据，工作紧张而忙碌，又常常因肩负责任负有压力，因此常年患焦虑紧张症。她在中医诊所寻求中医针药的放松减压治疗。2021 年年底，在一段时间紧张的案例准备之后，她出庭为客户打赢了官司，得到了期盼的儿子的抚养权。在法庭宣判之后，客户激动地拥抱了她。可就这一瞬间的近距离接触，客户把新冠病毒传染给了律师 Ms T。当晚 Ms T 就感到非常不舒服，次日高烧，头痛，胸痛，咳嗽，失眠，紧张。经查，核酸阳性，感染了新型冠状病毒。Ms T 取消了预约（按英国医疗系统的规定：新冠感染的核酸阳性期间不允许到诊治疗），而改为远程索要中医药治疗。

临床症状与体征：发热 38°C，胸闷，咳嗽无痰，焦虑压抑，失眠紧张，周身疼痛，舌质淡红，白腻苔。

诊断：新冠感染普通型;伴有焦虑紧张基础病。

中医辨证：湿毒犯肺，肝郁脾湿久郁，气阳不化。

治疗原则：除湿解毒，疏肝理气，调畅气机，镇静安神。

治疗：藿香正气、三仁汤与小柴胡合方加减，化裁如下。

藿香 10g，厚朴 10g，姜半夏 15g，茯苓 10g，滑石 15g，薏苡仁 30g，柴胡 10g，赤芍 10g，黄芩 10g，鱼腥草 10g，竹叶 10g，甘草 5g。

以上药水煎服，温服每日两次。两日后体温下降，一周明显好转，改为中医师诊所自备中药处方药藿苓双花饮、柴胡舒肝丸，直至新冠感染完全控制，新冠检测转阴，心情平和放松，睡眠好转，周身疼痛消失。

分析：这是一位原有严重焦虑紧张症，与繁忙工作压力很大的患者，在紧张之时感染新冠病毒，所以中医在祛除湿毒病邪的同时，注重疏利肝气，调畅气机，很快就获得新冠控制，与压抑症状同时减缓的良好疗效。

病例 2 反复新冠感染诱发并发症,中医治效

Ms K， 58 岁，教师。

患者一年来新冠反复感染三次 （ 或是新冠复发，但是未能鉴别病毒的种类），因严重的腹痛、腹泻来就诊。这个患者以往患有溃疡性结肠炎，经由中医针灸、中药治疗，两年前良好控制,一直状况稳定。2020年2月、8 月两次感染新冠，每次会在发热，咳嗽的同时,表现便溏、腹泻,但是可以自行恢复。2021 年 1 月，她又一次感染了新冠病毒，同时严重腹泻，每日大便无计其数，腹痛，腹胀，失眠，故求诊于中医。

临床症状与体征：每日腹泻，无计其数，腹部发作性挛急样疼痛，腹胀，不发热，但是周身困痛,疲惫不堪,心情压抑,紧张失眠。舌淡红，薄白腻苔，脉弦细。

诊断：反复发作新冠病毒感染；并发溃疡性结肠炎

中医辨证:中焦湿毒化热,脾胃气虚湿郁 。

治疗原则：清解毒热，除湿健脾

治疗：

第一步，清利中焦湿毒，化湿行气。白头翁与痛泻药方合方化裁。

白头翁 30 克，黄连 10 克，黄柏 10 克，秦皮 10 克，陈皮 10 克，白术 10 克， 白芍 30 克，延胡索 10 克，葛根 10 克，藿香 10 克，茯苓 10 克，炙甘草 5 克

以上药水煎服，温服，每日两次；配合针刺与腹部艾灸两周，腹痛腹泻大减。

第二步，和胃健脾，培土益气，调畅气机，疏通三焦。 补中益气与藿朴夏苓汤合方化裁。

黄芪 30 克，党参 10 克，白术 15 克，茯苓 10 克，当归 10 克,升麻 6 克， 柴胡 10 克，厚朴 10 克，藿香 10 克，姜半夏 15 克，益智仁 10 克， 柯子 10 克，炙甘草 5 克

以上药水煎服，温服，每日两次。

针灸：神阙艾灸，上脘，中脘，气海，关元，天枢，足三里，阴陵泉，三阴交，公孙，太白，合谷，太 冲针刺。每周 1 次 ，继续保持稳定的疗效。

分析：这位患者由于新冠病毒感染，诱发了原有的溃疡性结肠炎。而溃疡性结肠炎引发的免疫系统失常，是造成反复感染，或是多次复发的重要因素。从中医看来，此病例属于中焦湿热，脾胃气阳两虚，因此，应用白头翁汤与痛泻要方合方，祛除中焦湿热。在止泻止腹痛之后，改用补中益气汤，调治脾胃，注重后天，调畅气机，益气升阳。患者的新冠感染，与溃疡性结肠炎的症状都得到有效控制。

病例 3，新冠病毒肺炎遗留严重后遗症，中医治效

Ms N，67 岁，治疗师。

患者感染新型冠状病毒于两个月以前，高热 39.6° c，咳嗽，胸痛，呼吸窘迫，末梢血氧饱和度低到 90 以下,因此该患被收入医院，进行密切的对症治疗。出院之后，患者仍然疲惫无力,周身困痛,呼吸气短,稍试活动，

就会咳嗽气急；难于活动，甚至稍试步行，都会无力气短，呼吸窘迫；末梢血氧饱和度徘徊在 92-95；口渴，焦虑，失眠。家庭医生给了一个疗程的抗生素，完全不能解决她的病症。就诊时，核酸检测已经转阴，但是临床病状，生命质量仍然很差。临床症状与体征：胸闷气短，咳嗽少痰，疲惫无力，动则喘促，焦虑不安，口渴，失眠，便溏纳差，舌质淡红薄少苔。

诊断：新冠后遗症;；肺虚弱，呼吸功能低下。

中医辨证：肺脾气虚，肺心阴虚，毒热未尽。

治疗原则：请补充治疗：补肺汤与沙参麦冬汤加减化裁。

太子参 30 克，南沙参、北沙参各 15 克，麦门冬 10 克，生地黄 30 克，葶苈子 10 克，桔梗 10 克，半枝莲 10 克，鱼腥草 10 克，桑白皮 10 克，黄芩 10 克， 贝母 10 克，炙甘草 5 克。

以上药水煎服，每日两次。

针灸：膻中，上脘，中脘，气海，关元，百会，孔最，鱼际，合谷，阴陵泉，三阴交，足三里，太冲。针灸每周 1 次。

中药与针灸并用，一个月后，气力有增，呼吸喘促的状况方开始逐渐缓解。

分析：这是一位感患比较严重的新冠肺炎的患者，经住院治疗，危及生命的急重阶段已经西医治疗得以控制，但是她遗留有肺虚弱，与呼吸功能低下的后遗症状。在这种情况下的咳嗽，抗生素完全不能奏效；由于肺虚弱，表现呼吸功能低下，氧的交换障碍，因此，她的末梢循环的血氧饱和度始终低于正常，这是导致她疲惫虚弱，动辄喘促的主要原因。而中医的益气养阴，则是可以改善肺的呼吸功能的有效疗法，逐渐培植正气，润肺养阴，使她衰竭的肺功能逐渐得以恢复。

五、讨论

（1）中老年患者感染新冠病毒，由于原有的基础病会使病变的发展复杂严重，容易诱发并发症，遗留后遗症。通过本研究比较两组人群在这三方面的差异是显著的，应该予以足够的重视。

（2）中医药的抗病毒作用是确切的。传统方剂、现代中成药都有一定的抗病毒作用，但是需要中医的辨证论治，方可准确应用，达到理想的抗病毒作用。如果只取其抗病毒的功效，势必对有些患者有效，有些则无效，甚至会有副作用。

（3）中老年患者用中医药治疗是适宜的。由于中医诊治中的整体观念、辨证论治，不仅仅关注祛除病邪，抗新冠病毒，同时兼顾到稳定基础病症，治疗并发症，预防及治疗后遗症，提高治愈后身体的恢复标准等方面，因此中医药对于新冠病症及其相关病症的防治都有重要的意义。这种综合治疗的突出效果，已在研究中有所展示。

（4）对于中老年患者发病规律的观察与中医药整体治疗优势的表现特点，在抗疫团队诸多中医师的参与下，进行了大样本的观与统计学分析，可以有说服力地将中医师在西方国家抗疫救治过程中做出的成就与所起到的积极作用予以介绍。

六、结论

中医药是一个对中老年感患新型冠状病毒者适宜的治疗方法。中医的辨证论治不仅可以有效治疗病毒，同时可以考虑到稳定基础病，治疗并发症，预防与治疗新冠后遗症状的综合效果。英国抗疫团队将根据这一中医临床诊治特色，进行有更多中医师参与的大样本的有统计学意义的临床 研究，以期在更高的国际科研平台上把中医在新冠诊治中的特殊疗效更好地展示出来。

作者的贡献：

江丹设计临床研究并起草论文，是通讯作者；王天俊组织研究，并率领团队合作，协调各个方面工作，是主要作者；江丹，王天俊，汤淑兰，朱圣兵，傅海儿，于殿生，王艳，王峰贡献临床中医诊治病症信息，傅海儿，李玲玉整理临床信息，进行统计学分析。

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[8] Huoxiangzhengqi Decoction / Pills: (Huoxiang Herba Agastaches, Houpo Cortex Magnoliae Officinalis, Fuling Poria, Zisu Folium Perillae, Dafupi Pericarpium Arecae, Jiangbanxia Rhizoma Pinelliae, Chenpi Pericarpium Citri Reticulatae, Jiegeng Radix Platycodi, BaizhuRhizoma Atractylodis Macrocephalae, Baizhi Radix Angelicae Dahuricae, Gancao Radix Glycyrrhizae are consisted)

[9] Huopoxialing Decoction; (Huoxiang Herba Agastaches seu Pogostemi, Houpo, Cortex Magnoliae Officinalis; Jiangbanxia Rhizoma Pinelliae Ternatae; Fuling Sclerotium Poriae Cocos; Xingren，Semen Pruni Armeniacae; Yiyiren Semen Coicis Lachryma-Jobi; Baidoukou Fructus Amomi Cardamomi, Zhuling，Sclerotium Polypori Umbellati; Tongcao Medulla Tetrapanacis Papyriferi; Zexie Rhizoma Alismatis Orientalis are consisted).

[10] Lianpo Decoctions; (Huanglian Rhizoma Coptidis, Houpo Cortex Magnoliae Officinalis, Shichangpo Rhizoma Acori Graminei, Jiangbanxia Rhizoma Pinelliae Ternatae, Douchi Semen Sojae Praeparatum, Shanzhizi Fructus Gardeniae Jasminoidis, Lugen Rhizoma Phragmitis Communis are consisted).

[11] Sanren Decoction; (Xing Ren Semen Pruni Armeniacae; Yi Yi Ren Semen Coicis Lachryma-jobi, Bai Dou Kou Fructus Cardamomi Rotundi, Hua Shi Talcum; Hou Po Cortex Magnoliae Officinalis, Tong Cao Caulis Mutong, Ban Xia Rhizoma Pinelliae Ternatae, Zhu Ye Herba Lophatheri Gracilis are consisted).

[12] Lianhuaqingwen Cap; (Lianqiao Fructus Forsythiae Suspensae, Jinyinhua Flos Lonicerae Japonicae, Mahuang Herba Ephedrae, Xingren Semen Pruni Armeniacae, Shigao Gypsum Fibrosum, Banlangen Radix Isatidis seu Baphicacanthi, Guangzhong Radix Potentillae, Yuxingcao Herba Houttuyniae Cordatae cum Radice, Huoxiang Herba Agastaches seu Pogostemi, Dahuang Radix et Rhizoma Rhei, Hongjingtian Rhodiola rosea, Bohe Herba Menthae Haplocalycis, Gancao Radix Glycyrrhizae Uralensis are consisted).

[13] Huolingshuanghua Yin; (Huangjing Rhizoma Polygonati, Fuling Sclerotium Poriae Cocos, Wuzhimaotao Ficus hirta Vahl, Huoxiang Herba Agastaches seu Pogostemi, Zisuye Folium Perillae Frutescentis, Chenpi Pericarpium Citri Reticulatae, Shengjiang Rhizoma Zingiberis Officinalis Recens, Dazao Fructus Zizyphi Jujubae, Xiangru Herba Elsholtziae seu Moslae, Caoguo Fructus Amomi Tsao-Ko, Jiegeng Radix Platycodi Grandiflori, Pibaye Folium Eriobotryae Japonicae, Sangye Folium Mori Albae, Jinyinhua Flos Lonicerae Japonicae, Laifuzi Semen Raphani Sativi, Maiy， Fructus Hordei Vulgaris Germinantus are consisted).

[14] Qingfeipaidu Decoction; (Xiangru(Mahuang*)Herba Elsholtziae Ramulus Cinnamomi, Fuling Poria, Shengjiang Rhizoma Zingiberis Recens, Tinglizi(Xixin*) ， Semen Descurainiae, Huoxiang Herba Agastaches, Zexie Rhizoma Alismatis, Chaihu Radix Bupleuri, ZiyuanRadix Asteris, Xingren Semen Armeniacae, Zhuling Polyporus Umbellatus, HuangQin (Shigao*) Radix Scutellariae, Kuandonghua Flos Farfarae, Zhishi Fructus Aurantii Immaturus, Baizhu Rhizoma Atractylodis Macrocephalae, Jiangbanxia Rhizoma Pinelliae, Shegan Rhizoma Belamcandae, Chenpi Pericarpium Citri Reticulatae, Shanyao Rhizoma Dioscoreae, Gancao Radix Glycyrrhizae are consisted.

[15] Jiang D, Wang TJ, Tang SL et al (2022) 156 cases of Covid-19 were treated with Traditional Chinese medicine in the UK and its significance， International Journal of Clinical Acupuncture,（ISSN 1047-1979,） 31 （4）pp. 297–304.

156 cases of Covid-19 were treated with Traditional Chinese medicine in the UK and its significance

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Instruction

The infection and transmission of COVID-19 have been rampant in Western countries and many other countries around the world since 2020 to 2023. Although in developed countries, the severity and mortality rates of COVID-19 have decreased due to the widespread use of vaccines, the emergence of new variants of the virus has continued to cause concern and anxiety about the infection and transmission of the virus. The high mortality rate among elderly individuals, particularly those residing in nursing homes, is a severe reality. For the elderly, the complications caused by COVID-19 due to their underlying conditions, as well as the long-term effects of the virus, can cause catastrophic harm to them. The COVID-19 disease they develop can be more complex, severe, and difficult to find rapid and effective treatments. It can also lead to long-term COVID symptoms that affect their quality of life.

Traditional Chinese Medicine (TCM) emphasizes individualized treatment based on the patient's specific symptoms. In the process of prescribing TCM remedies, practitioners can focus on both the patient's viral infection as well as their underlying health conditions, potential complications arising from COVID-19, and possible long-term effects of the disease. In the UK, TCM volunteers provided remote consultations and mailed out TCM remedies to a large number of COVID-19 patients when face-to-face consultations were restricted. In this study, we collected data from 156 COVID-19 patients who received TCM treatment. The patients were divided into two groups: an observation group (age ≥45) and a control group (age ≤44), and we observed the likelihood of underlying health conditions, complications, and long-term effects before and after TCM treatment. Our research showed that in addition to antiviral treatment, TCM can also significantly improve patients' underlying health conditions, treat complications, and prevent the development of long-term effects.

Method

1. **Study design:** Compared with young people, elderly people often have underlying diseases and are more prone to complications and post-illness sequelae after being infected with the coronavirus. Their clinical manifestations are more complex and serious. Therefore, this study divided the participants into two groups based on age: ≥45 years old and ≤44 years old, to observe the significance of traditional Chinese medicine (TCM) treatment for them.
2. **Collection of clinical information:** The anti-epidemic team released a call for TCM volunteers to summarize and publish their own diagnosed cases. TCM practitioners were required to submit their diagnosed cases before the end of April 2021. These cases were

divided into two groups by age, and each patient's underlying disease, complications, and post-COVID symptoms were reported separately.

3. **Statistical processing:** All clinical data provided by the TCM volunteers were compiled by the research team, with their names concealed, and were subjected to statistical analysis by professional statisticians, and professional statistical charts were created.

After the research team and statisticians analyzed all clinical data, Dan Jiang wrote the research report.

Observation:

1. There were 134 cases of confirmed COVID-19 infections based on positive nucleic acid test results and obvious clinical symptoms. Additionally, there were 22 cases with obvious clinical symptoms but without nucleic acid testing.
2. Incidence of COVID-19:
   Mild: relatively mild clinical symptoms with body temperature ≤38℃ (31 cases in observation group and 45 cases in control group);
   Common: typical clinical symptoms with body temperature >38℃ and ≤39℃ (37 cases in observation group and 33 cases in control group); **Severe**: body temperature >39℃, respiratory distress, or other critical conditions caused by COVID-19 infection (10 cases in observation group and 0 case in control group).
3. Comparison of occurrence rate for patients with special health conditions.
   a. Pre-existing medical conditions that patients had before contracting COVID-19. These conditions can include allergies, diabetes, high blood pressure, and others. The incidence of these pre-existing medical conditions may vary between different age groups. One patient may have more than one underlying medical condition, therefore in the ≥45 age group, out of 78 cases, 37 had underlying medical conditions, accounting for 47.44%. In the ≤44 age group, out of 78 cases, 8 had underlying medical conditions, accounting for 10.26%.
   b. Complications (并发症) refer to the medical conditions that are induced or exacerbated by COVID-19 during the course of infection, such as respiratory failure, cardiovascular diseases, or reproductive system disorders. During the course of COVID-19, the incidence of complications was compared between different age groups. In the age group of ≥45 years, there were 24 cases of complications, accounting for 30.76%. In the age group of ≤44 years, there were 12 cases of complications, accounting for 15.38%.
   c. Post-COVID syndrome refers to the persistence of clinical symptoms after the patient has recovered from acute COVID-19 illness or after the virus is no longer detectable in their body. These symptoms may last for at least 12 weeks and can include respiratory or breathing difficulties, cardiovascular dysfunction, neurological or psychological abnormalities, gastrointestinal disorders, and other health problems. The incidence of post-COVID sequelae in different age groups was compared as follows:

For the age group ≥45 years: 32 cases of post-COVID sequelae occurred, accounting for 41.02% of the patients in this age group.

For the age group ≤44 years: 18 cases of post-COVID sequelae occurred, accounting for 23.08% of the patients in this age group.

4. Treatment in Traditional Chinese Medicine

The routine treatment of COVID-19 in Traditional Chinese Medicine includes the use of anti-COVID-19 Chinese herbal formulas based on the guidelines released by the Chinese government. However, in the UK, the choice of herbs is based on the specific symptoms of patients, local weather conditions, and regulations regarding Chinese medicine management in the UK and the EU. Each practitioner selects the primary formula based on the patient's symptoms and then adjusts the prescription according to their individual conditions, thus forming a specific herbal prescription for each patient.

a. For mild and moderate cases, the main prescriptions used are *huo xiang zheng qi san*, *hou pu xia ling tang*/*lian pu yin*, and *san ren tang*. *huo xiang zheng qi san* is used for patients who have just been infected with the virus and have wind-cold-dampness predominance with no heat symptoms. *Hou pu xia ling tang*/*lian pu yin* is used for patients who have already shown signs of internal heat due to the virus. *san ren tang* is used for patients with no strong hot and cold symptoms but who have severe dampness and turbidity.
b. For common and severe symptoms:
   Lian hua qing wen Capsules
   Huo ling shuang hua Drink
   Qing fei pai du Decoction

The above prescriptions are used for patients who have been infected with COVID-19 for a few days, with typical symptoms of internal heat, or for severe cases. Chinese patent medicines or concentrated Chinese herbal powders can be selected according to the severity of symptoms, or direct prescription of Chinese herbal decoctions can be made. In clinical practice in the UK, Chinese herbal prescriptions do not need to be too large or complicated, but accurate diagnosis and treatment based on the patient's individual symptoms is important. The therapeutic effect of Chinese herbal medicine is very good. The commonly used Chinese herbal prescription in the UK generally does not exceed 150g per prescription.

Clinical Summary

A total of 156 COVID-19 patients received treatment with traditional Chinese medicine, as provided by 8 Chinese medicine practitioners from the anti-epidemic team. The summary of the results is as follows.

1. Criteria for therapeutic effect:

- **Cure**: all clinical symptoms disappear, nucleic acid test is negative, underlying diseases are stable, no complications, and no post-illness sequelae.

- **Improvement**: nucleic acid test is negative, clinical symptoms are relieved, but post-illness sequelae of COVID-19 still exist.
- **Ineffective**: nucleic acid test is negative, but many clinical symptoms still exist and the patient abandons TCM treatment.

*Note: In the UK, TCM is complementary and alternative medicine, and patients pay for treatment. Therefore, if TCM treatment does not work quickly, patients may abandon TCM and choose free mainstream medical treatment.

2. Results:

Comparison of the efficacy of TCM treatment in COVID-19 patients of different age groups.

For the group aged ≥45: 64 cases (82.05%) were cured, 11 cases (14.10%) showed improvement, and 3 cases (3.85%) were ineffective.

For the group aged ≤44: 75 cases (96.15%) were cured, 3 cases (3.85%) showed improvement, and 0 cases were ineffective.

Discussion

1. Elderly patients infected with COVID-19, due to pre-existing comorbidities, the progression of the disease can be complicated and severe, easily leading to complications and sequelae. The differences in these three aspects between the two groups in this study are significant and should be given sufficient attention.
2. TCM has a definite antiviral effect. Both traditional formulas and modern Chinese patent medicines have certain antiviral effects, but accurate application requires TCM's differentiation and treatment according to syndrome. If only the antiviral effect is taken into account, it will inevitably be effective for some patients, ineffective for others, and may even have side effects.
3. TCM treatment is appropriate for elderly patients. Due to the TCM's holistic concept and syndrome differentiation treatment, it not only focuses on eliminating pathogenic factors and fighting against COVID-19 but also takes into account stabilizing underlying diseases, treating complications, preventing and treating sequelae, and improving the recovery standards of patients after cure. Therefore, TCM has important significance in the prevention and treatment of COVID-19 and related diseases. The outstanding effect of this comprehensive treatment has been demonstrated in this study.
4. The observation of the disease progression in elderly patients and the expression characteristics of TCM holistic treatment advantages were analyzed and statistically analyzed on a large sample size with the participation of many TCM doctors in the anti-epidemic team, which can convincingly introduce the achievements and positive effects of TCM doctors in the process of anti-epidemic treatment in Western countries.

化痰逐瘀治疗新冠后遗症疗效体会

邢玫（英国）

摘要： 新冠疫情肆虐全球，目前造成全世界 6 百多万人口死亡。但患过新冠的病人中有近 10-20% 留下后遗症，尤其在西方慢新冠病人数目庞大，严重影响患者工作能力和生活质量。了解和治疗新冠后遗症将成为世界医学界目前最大的挑战之一。

中医治疗新冠，无论是急性期还是慢新冠，通过辩证施治，疗效肯定. 在西方，比如作者所在国英国，在无有效西药治疗新冠的情况下, 我们应用中药针灸取得比较满意的疗效。作者通过查询和分析目前新冠后遗症的西医研究结果，探讨中医化痰逐瘀方法治疗新冠后遗症. 取得满意疗效. 本文通过三例女病人病案分析, 讨论诊断治疗结果, 最后分析总结其临床意义，以供中医临床和科研工作者参考借鉴。

关键词： 新冠后遗症；中医中药；化痰逐瘀法；整体治疗

Abstract： Covid-19 pandemic has caused more than 6 million deaths globally. About 10-20% previous sufferers continue with symptoms for more than 12 weeks, which is called Long Covid. Long Covid has become one of the most challenges to the medical world because the reason is still unclear and no effective treatment available for this new disease in western medicine.

Traditional Chinese medicine (TCM)has recorded theory and successful experiences for pandemic diseases because it has 300-500 pandemic in the Chinese history. From clinical practitioners' report, Chinese medicine has been effective for treating Covid-19 including herbal medicine and acupuncture. The author has updated the knowledge of long covid by reviewing some literatures and reported three successful cases that were treated by TCM based on principles of phlegm resolving and blood stasis removing methods as it is believed that phlegm and blood stasis are the major causes for Long Covid symptoms.

Key words: Long covid, Traditional Chinese medicine, removing phlegm and blood stasis, holistic treatment

自 2019 年到现在， 新冠肆虐全球， 导致全世界 6 百多万人口死亡[(1)]

在英国，据国家卫生部报道[(2)]，至 2021 年 6 月份，有 2 百万新冠病人症状持续 12 周，被定义为长期新冠或新冠后遗症. 而世界医学权威杂志《柳叶刀》[(3)] 2021 年 8 月发文称，新冠长期症状或称新冠后遗症是现代医学的头号挑战。

新冠后遗症的症状，在 BMJ 发表的综述文章里总结了 39 篇文章，报道显示 10 951 人群 (48% 女性) 来自 12 国家. 大部分是在患新冠期间的住院病人 (78%). 新冠急性期过后最长追踪时间平均 221.7 天. 记录发现有超过 60 种生理和心理体征和症状，最常见的是感觉虚弱 (41%)，其次全身不适 (33%)，疲劳，(31%)，注意力和记忆力减退（脑雾）(26%)和呼吸困难 (25%). 37%病人报告生活质量下降；26% 病人肺功能降低 [(4)]

其他症状还包括关节痛，肌肉疼痛、听力和视力问题、头痛、味觉和嗅觉失灵以及心脏、肺、肾脏和肠道损害、腹泻，心理健康问题包括抑郁症、焦虑症和思维涣散、神思恍惚。新冠长期症状是否会消失，患者是否会痊愈，后遗症最长可以持续多久，这些问题目前仍然没有答案，新冠后遗症在严重影响病人的生活能力和生活质量。[5]

长新冠的诊断目前没有统一的标准。[6] 对疑似患者首先会检查其他问题，例如糖尿病、甲状腺功能和缺铁，然后再确认是否“长新冠”。将来可能会通过验血诊断。
对于导致长新冠的原因，研究人员目前重点关注四个方面：[7]

- 血栓和小血管损伤（微凝血）—— 长新冠的一些症状可能是微小的凝块阻塞了我们体内最小的毛细血管，毛细血管的任务是为身体各个细胞提供氧气和营养，清除新陈代谢的废物。毛细血管阻塞可能导致细胞迅速受损，使人容易疲乏；
- 免疫系统紊乱 —— 炎症是身体对感染或损伤的一种正常反应，但血液中的蛋白质表明长新冠引起的炎症可能会导致一些症状。同时，自身免疫系统的抗体已被证明能随新冠病毒在人体细胞上粘附较长时间。自身抗体是错误攻击或与人体器官或组织产生纠结的抗体，它们会导致不同的症状，取决于针对的目标和反应形式；
- 持续感染冠状病毒 —— 感染始于肺部和呼吸道，但病毒也能够感染身体的其他部位。关于新冠患者痊愈后病毒是否排出体外，目前仍有争议。一种设想是病毒潜伏在身体的其他部位，很可能是在已经充满微生物生命的肠道中；
- 新陈代谢受损 — 线粒体受损会导致人体产生和消耗能量的能力出现异常。线粒体存在于几乎所有的人体细胞中，像微型发电站一样把食物中的能量转化为人体可以利用的形式。一种猜测是新冠病毒会导致线粒体处于休眠状态，就像消极怠工。
- 研究还表明，即使在轻度感染后，大脑也会缩小 0.2% 到 2%，因此未修复的损伤是导致脑雾等症状的潜在原因。
- 有一系列理论解释为什么长期病症出现在成年人身上，从休眠病毒的重新激活，到体内残留的病毒碎片，到病毒诱导的自身免疫反应。儿童可能也是如此，但另一种被认为作用于儿童和成人中的可能机制是，病毒会对循环系统造成损害。

西医对于“长新冠”目前还没有经过验证的药物治疗方法，主要侧重于控制症状并在可能的情况下逐渐增加活动。[8] 关于如何更好地改善“长新冠”患者生活的研究仍在继续。

英国莱斯特大学布莱特林教授告诉 BBC，他的团队明确要求对新冠长期症状跟踪观察 25 年。但令人担忧的是，即使新冠患者似乎现在正在康复，他们也可能面临终身风险。[9]

目前很难统计全球“长新冠”患者具体人数，但世卫组织估计大约 10-20% 的急性新冠感染患者在感染后会有数周至数月的残留症状。

英国 ONS 推测“长新冠”最常见的群体包括：35 - 49 岁、女性、有严重基础疾病的人、从事医疗保健、社会关怀或教育工作的人、生活在贫困地区的人。[10]

根据以上分析， 从中医的角度来看，新冠后遗症的症状除了气血两虚之外，无疑与中医理论中瘀滞有关。 大量新冠治疗临床指南和临床成功病案报道 中强调疫戾湿邪入侵[11]太阴经脉导致新冠症状发生，中药治疗在急性期已经取得非常满意的疗效。[12]由于湿邪特征， 造成病情缠绵不愈. 尤其在西方，没有认识到戾气的特征，更没有发现有效治疗方法，让病情延绵，转为慢性。 湿滞伤脾，脾虚湿更甚，恶性循环，同时化痰阻络， 痰气凝结，必然导致淤血阻滞，无论是微循环理论还是新陈代谢受阻， 都离不开痰阻血凝的病机。 就疲乏无力一症， 其原因不止是阳气阴血不足，一定要顾及到经脉不通，痰瘀互结，脾虚湿盛导致病情加重，难以恢复。 另外病人病情缠绵不愈，情志抑郁， 会导致肝气郁结，也会导致血瘀，另外肝气犯脾胃，加重脾虚湿阻。 综合上述，作者认为治疗的关键应该是化痰逐瘀， 兼顾健脾除湿。

本人在治疗长新冠病人过程中坚持这一原则，配合个体差异， 辩证施治，整体治疗，收到理想疗效。 下面就三例成功病案汇报，讨论中医治疗长新冠的疗效和意义，并希望为将来的循证科研提供一定的参考价值。

病例 1. Cheryl, 43 女 已婚，辅导老师

与 2022 年初就诊，主诉：疲乏无力 18 个月，加重 8 周并伴连续性头痛。

病人于 18 个月前感染新冠，当时高烧，咳嗽，粘痰，胸闷胸痛，严重疲乏，身痛，食欲减退，腹泻，味觉嗅觉丧失。经过治疗后急性症状消失，味觉嗅觉恢复正常，但乏力，胸闷，咳痰（每天 20-30 次），脑雾症状持续。8 周前不幸再次感染新冠，转阴后，之前所有症状加重，胸闷气短，极度疲乏，并伴头痛，咽痛，鼻塞，眼睛刺痛，食欲不振，泛酸，就诊时咽痛消失，颈背部僵硬，舌质淡暗，偏紫，舌尖红，苔黄，脉沉玄。

病人以往月经量多，医生三个月前给避孕药后好转。有嗜酒史，就诊时报告两周前发现乳腺包块，正在排除乳腺癌。

中医诊断： 痰湿壅肺化热，瘀血阻滞，肝脾不调。

选方用药： 温胆汤合逍遥散加减，

枳实 1g 半夏 g1 陈皮 1g 竹茹 1g 瓜蒌皮 1g 当归 1.5g 丹参 1，5g，赤白勺各 1.5g 黄芩 1.5g 苏子 0.5g 苏叶 1g 柴胡 0.5g 川芎 1g 茯苓 1.5g 白术 1.5g 党参 1g

以上处方用量是一天量浓缩药粉，服 2 周，开水冲服。

配合针灸调理，治疗原则同上，加火罐拔督脉，膀胱经以通络导滞。

一周后复诊，头痛眼痛消失，颈背僵硬明显好转，复查后排除乳腺癌，心情大好。药方减半量继服。

两周后胸闷气短，乏力明显好转， 咳痰减少，大便溏泄，舌苔由黄变白，

上方枳壳易枳实，去黄芩，加藿香，佩兰各 0.5g

第三周就诊时咳痰每天由之前的 20-30 次减少到每天只有 2-3 次。大部分症状消失或减轻。患者继续针灸和小剂量中药治疗，并改变生活习惯，戒酒，减体重。7 周后病人基本恢复正常。

讨论： 本病例明显新冠病毒属中医风寒(热) 湿邪入侵太阴肺脾经，以肺经为主，但由于素体偏胖，痰湿体质，脾运不及，痰湿壅盛，加上风寒阻肺，造成肺气不宣，胸闷咳喘。由于症状迁延不愈，痰湿化热，肝气郁结，导致脾虚加重，痰湿随之加重，痰气郁结，必致淤血内生，病情加重。方中除温胆汤化痰清热外， 用党参配合白术，茯苓达到四君子汤意，健脾益气，并加活血化瘀之丹参， 当归，赤芍，川芎，通络之后痰气自然运行而散， 诸症减轻或消失。

病例 2. Amelia 42 岁， 女，单身母亲，公司老板

五个月前诊断新冠，当时症状包括鼻塞流涕，头重如裹，咳嗽声重，胸闷气短，味觉嗅觉消失，疲乏无力，耳鸣耳聋，病人自述咳嗽持续四周后好转，但耳聋耳鸣不减，去看医生认为是耳垢阻塞，给耳油外用，但没有好转并最近出现眩晕，严重疲乏，去医院检查后，诊断迷路炎，给予抗菌素两周无效就诊于中医。

就诊主诉：耳鸣，听力下降，严重眩晕一个多月。

眩晕晨起时最甚，头重，头痛，情绪易波动，焦虑，抑郁，饮酒，劳累后眩晕也加重。

病人明显感觉疲乏，胸闷，食后腹胀，多梦易醒，口苦咽干。舌质暗红，黄白厚腻苔，脉玄滑，左迟脉细无力。

病人平素压力很大，单身母亲兼全职老板，情绪易怒，焦虑， 容易失眠。

中医诊断： 痰热中阻，气郁血瘀，兼少阳不和

处方用药： 半夏白术天麻汤合小柴胡汤加减 (中药浓缩粉)

柴胡 0.5g, 半夏 1g 天麻 1g 白术 1，茯苓 1g，黄芩 0.5g，炙甘草 0.5g, 大枣 0.5g

上方服用一周后眩晕耳鸣有所好转，但仍然头痛，眠差，情志抑郁，胸闷仍然存在，黄腻苔明显好转，舌暗红，脉玄滑。

因感觉患者长期压力，肝郁气滞，新冠后痰湿阻络，加重瘀血内阻，改用血府逐瘀汤合半夏白术天麻汤加减，理气活血，通降气机。

桃仁 0.5g， 红花 0.5g，当归 1g，白芍 1g，川芎 1g， 柴胡 1g， 枳壳 1g，半夏 1g 桔梗 0.5g， 怀牛膝 0.5g ，黄芩 0.5g ，白术 1g，石菖蒲 1g，郁金 1g 甘草 0.3g
取方中四逆散加郁金疏肝解郁，桃红四物汤活血化瘀，加半夏，黄芩与方中柴胡取其小柴胡汤意，半夏，白术，石菖蒲化痰健脾，诸药配合，化痰逐瘀，和解少阳。
患者服用上方两周后症状大减，情绪稳定，舌质淡红无瘀象，耳鸣耳聋消失，偶尔头晕，但不影响正常生活，继续针灸加小剂量中药治疗 10 周后恢复正常。

讨论： 患者感染新冠后，痰湿阻络，尤其头面部三焦经，少阳不和，导致耳鸣耳聋并伴随眩晕，加之性情抑郁，肝气已经不舒，在痰阻情况下更容易化热血瘀。因此治疗不仅和解 少阳， 一定要加用活血化瘀之品，使其达到事半功倍的效果。

病例 3： lucy，女，41 岁，人事部经理
病人主诉：头昏，脑雾症状一年。加重一月。
病人一年前，新冠刚刚开始流行时，患严重流感，发烧咳嗽胸痛，头痛头晕等感冒症状，一周后感冒症状好转，但头晕，脑雾症状没有消失。
就诊时自述每天都感到头昏，如雾状感觉，头脑不清晰，头昏症状早上较轻，中饭过后头昏加重，下午 2 点开始无法正常工作和生活，必须卧床休息，时时眩晕，感天旋地转，有时伴耳鸣，去医院排除了美尼尔氏综合症，并做 CT，核磁排除其他脑部占位性病变。
最近一个月除了头昏雾感之外，消化不良，严重乏力，项背强紧，面色苍白，眼圈青紫，形体肥胖，精神萎靡不振，抑郁。
病人口服 B-抑制剂， 抗过敏药，抗忧郁药 半年不效，西医诊断新冠后遗症，就诊时正排队等待英国 NHS 新冠后遗症特殊治疗组通知。
舌质：舌淡胖暗紫，有齿痕，苔白腻。
脉：滑数，重按无力。
中医诊断：痰湿阻滞，气虚血瘀
处方用药： 葛根汤合六君子汤加活血化瘀药
党参 10g，白术 10g，茯苓 15g，陈皮 6g, 半夏 6g，葛根 20g 桂枝 6g，赤白芍各 10g 甘草 6g
此方党参补中益气，葛根解肌，配合赤芍活血化瘀，白术，茯苓，半夏，陈皮健脾化痰。配合针灸治疗。
两周后病人只是轻微变化，乏力有所改善，但头昏仍然较重，第三周就诊时舌苔变黄色，厚腻， 调整处方如下：
党参 10g，黄芪 20g，升麻 6g，柴胡 3g，茯苓 10g，当归 6g，白术 10g，陈皮 6g，青蒿 6g，麦冬 10g，川芎 6g 赤芍 6g 半夏 6g，甘草 3g，大枣 3 枚

上方补中益气汤为主，加四物汤方义活血化瘀，青蒿解半表半里，并清虚热， 半夏配陈皮，茯苓化痰和中。

经上方治疗配合针灸后眩晕一周内只有两天发生，而且可以坚持到晚上 8 点。

上方有效，继续治疗，并每周一次针灸，7 周后头昏消失，患者恢复正常习俗。但由于消化仍然不良，加保和丸口服。10 周后症状消失而结束治疗。

讨论： 以上三例病人均系青中年妇女，其中两例痰湿体质，一例肝郁体质。 感染新冠后必然容易发展成淤血阻滞。因此治疗过程中即便没有明显瘀像，仍然依照舌诊，活血化瘀，才能达到最佳疗效。

治疗体会：

1. 活血药中，作者比较喜欢川芎， 因其“上行头目，下行血海，中开郁结”。就是川芎疏通郁结的同时，又能把药性引到头面上去，对于外感风邪之后伴随头痛头昏症状者疗效显著。其次就是赤芍，凉血逐瘀，当归，活血加养血。
2. 肝气郁结作为结果，也是病因，治疗过程中柴胡应用非常重要，柴胡即可解表，又和解少阳，加上疏肝解郁，实在是治疗新冠后遗症良药；
3. 健脾益气贯穿始终，脾为后天之本，运化水谷津液。湿邪最易犯脾，蕴脾之运化，造成痰湿内生。脾不健，水湿不去，痰湿加重，造成治疗不顺。痰湿体质的病人更容易患新冠后遗症。
4. 理气补气是关键。血瘀的形成离不了气滞和气虚，无论是痰还是瘀，都受到气的控制。气既要足以推动水湿的气化，也要运化推动血的运行。因此党参，陈皮，枳壳之类补气，理气药不能缺少。
5. 从我治疗新冠后遗症的经验来看， 青中年女性占绝大多数病人， 符合 Nabavi 发表的科研文章结论，妇女患新冠后遗症的危险性较高. [13].

总之，中医化痰逐瘀，健脾除湿中药加针灸火罐等治疗新冠后遗症，从本人治疗经验来看是非常乐观有效的，尤其是化痰逐瘀法，其原理既符合中医对疫症的诊疗规律，也能针对西医科研学说中的比如血栓学说和新陈代谢学说导致的结果加以改善。通过对少数病例治疗分析讨论，可以有望推动临床科研项目，进一步用中医治疗配合现代医学检验方法去研究中医的有效性，为人类目前最棘手的难题，新冠后遗症找到解决办法，也为人类健康做出贡献。

The English version follows on the next page.

Reflection on the Efficacy of Treating Post-COVID Syndrome with Phlegm-Resolving and Stasis-Dispelling Methods

By Mei Xing

Since 2019, COVID-19 has been raging globally, causing the deaths of over 6 million people worldwide [(1)]. In the UK, according to the National Health Service (NHS) report [(2)], as of June 2021, 2 million COVID-19 patients had symptoms that lasted for 12 weeks or longer, which is defined as long COVID or post-acute sequelae of SARS-CoV-2 infection (PASC). The Lancet, a world-renowned medical journal [(3)], published an article in August 2021 stating that long COVID, also known as PASC, is the number one challenge facing modern medicine.

The symptoms of post-COVID-19 syndrome were summarized in a review article published in BMJ, which reported on 10,951 individuals (48% female) from 12 countries based on 39 articles. The majority of patients were hospitalized during their acute illness (78%), and the longest follow-up time after the acute phase was an average of 221.7 days. The review documented over 60 physiological and psychological signs and symptoms, with the most common being general weakness (41%), followed by malaise (33%), fatigue (31%), cognitive dysfunction (brain fog) (26%), and difficulty breathing (25%). 37% of patients reported a decrease in quality of life, and 26% experienced a decrease in lung function. [(4)]

Other symptoms also include joint pain, muscle pain, hearing and vision problems, headaches, loss of taste and smell, as well as damage to the heart, lungs, kidneys, and intestines, diarrhea, and mental health problems including depression, anxiety, and cognitive impairment.

It is currently unknown whether the long-term symptoms of COVID-19 will disappear, whether patients will fully recover, or how long the after-effects can last. COVID-19 after-effects continue to severely affect patients' quality of life and daily functioning. [(5)]

From the perspective of traditional Chinese medicine, the symptoms of post-COVID-19 sequelae are undoubtedly related to blood stasis, in addition to qi and blood deficiency. Numerous clinical treatment guidelines and successful case reports of COVID-19 emphasize the invasion of dampness and evil *qi*, which follows the *tai yin* meridian and causes COVID-19 symptoms. (11) Traditional Chinese medicine has achieved satisfactory results in the acute phase of treatment. (12) Due to the characteristics of dampness and evil qi, the condition often becomes chronic and difficult to recover from. In particular, in the West, the characteristics of pathogenic factors have not been recognized, and effective treatment methods have not been discovered, resulting in prolonged illness that becomes chronic. Dampness stagnation can damage the spleen, and the vicious cycle of spleen deficiency and dampness further aggravates the condition. At the same time, phlegm can block the meridians and cause phlegm and qi to coagulate, inevitably leading to blood stasis and obstruction. This pathological mechanism of phlegm obstruction and blood coagulation is essential to both microcirculation theory and metabolic disturbance. The reason for symptoms such as fatigue and weakness is not

only due to insufficient *yang qi* and *yin* blood, but also due to obstruction of the meridians, phlegm and stasis coagulation, and the exacerbation of spleen deficiency and dampness stagnation. Furthermore, patients with prolonged and unresolved conditions, as well as those who experience depression or frustration, can lead to Liver *qi* stagnation, blood stasis, and Liver *qi* attacking the Spleen and Stomach, thereby exacerbating Spleen deficiency and dampness stagnation. Based on the above, the author believes that the key to treatment should be to resolve phlegm and stasis, while also strengthening the Spleen and eliminating dampness.

I adhere to this principle in the treatment of long COVID patients, combining individual differences with pattern differentiation and holistic therapy, and have achieved satisfactory results. Below, I will report three successful cases and discuss the efficacy and significance of traditional Chinese medicine in the treatment of long COVID, with the hope of providing some reference value for future evidence-based research.

Case 1:

Cheryl, a 43-year-old married female and a counsellor, presented to the clinic in early 2022 with a chief complaint of fatigue and weakness for 18 months, which had worsened in the past 8 weeks and was accompanied by continuous headaches. The patient had contracted COVID-19 18 months ago, with symptoms including high fever, cough, phlegm, chest tightness and pain, severe fatigue, body aches, loss of appetite, diarrhoea, and loss of taste and smell. After treatment, the acute symptoms disappeared, and taste and smell returned to normal, but the patient continued to experience fatigue, chest tightness, coughing (20-30 times per day), and brain fog. After testing negative, all previous symptoms worsened, including shortness of breath, extreme fatigue, and headaches, sore throat, nasal congestion, eye irritation, loss of appetite, and acid reflux. At the time of consultation, the patient's sore throat had disappeared, but she had stiffness in her neck and back, a pale and dull tongue, purplish in colour, red on the tip, yellow coating, and a deep and wiry pulse.

Patient has a history of heavy menstrual bleeding, which improved after taking contraceptive pills prescribed by a doctor three months ago. The patient also has a history of excessive alcohol consumption and reported the discovery of a breast lump two weeks prior to the current visit, and is currently undergoing investigation for possible breast cancer.

Chinese Medicine Diagnosis: Phlegm-Dampness obstructing the Lungs and transforming into heat, blood stasis, and disharmony between the Liver and Spleen.

Prescription: *wen dan tang* combined with *xiao yao san* with modifications.

The dosage of the above prescription is a daily dose of concentrated granules, taken for 2 weeks by mixing it with hot water. Acupuncture was also used to regulate the body, following the same treatment principles as mentioned above. Hot cupping was used to stimulate the *du* meridian and Bladder meridian to clear the stagnation and promote the smooth flow of the meridians.

One week later, the patient returned for a follow-up visit. The headache and eye pain had disappeared, and the stiffness in the neck and back had significantly improved. The re-examination also ruled out breast cancer, and the patient was in good spirits. The patient was

advised to carry on taking the herbal medicine with half the dosage.

Two weeks later, the patient's chest tightness and shortness of breath improved significantly, and the fatigue decreased. The cough and phlegm also decreased, but the patient experienced loose stools. The tongue coating changed from yellow to white. Replace *zhi qiao* with *zhi shi*, remove *huang qin* and add *huo xiang* (0.5 g) and *pei lan* (0.5 g).

At the third week follow-up appointment, the frequency of coughing had decreased from 20-30 times a day to only 2-3 times a day. Most of the symptoms had disappeared or reduced. The patient continued to receive acupuncture and low-dose Chinese medicine treatment and made lifestyle changes such as quitting drinking and losing weight. Seven weeks later, the patient had almost fully recovered.

Discussion: it appears that this case involves a combination of pathogenic factors in traditional Chinese medicine (TCM) terms, including wind-cold (heat) dampness invading the *tai yin* Lung and Spleen meridians, with the Lung meridian being the primary target. The patient was over weigh with damp-phlegm constitution, Spleen was not strong enough. Therefore, body fluid transformation and transportation would not be efficient. When the Lung was invaded by the wind-cold- damp, the phlegm obstructs the Lung further, causing Lung *qi* cannot descend, then rebellious *qi* caused coughing and tight chest. Due to prolonged symptoms that do not improve, phlegm-dampness transforms into heat, Liver *qi* stagnation leads to aggravated spleen deficiency, which in turn worsens phlegm-dampness accumulation and causes phlegm and *qi* stagnation. This will inevitably lead to the generation of internal stagnant blood and exacerbate the illness. In addition to transforming phlegm and clearing heat with *wen dan tang*, the formula also uses *dang shen* and *bai zhu* to achieve the effect of *si jun zi tang*, which strengthens the Spleen and boosts *qi*. Furthermore, it includes *dan shen*, *dang gui*, *chi shao*, and *chuan xiong* to promote blood circulation and dispel stasis. With the help of these ingredients, phlegm and *qi* can naturally disperse and the various symptoms can be reduced or eliminated.

Case 2:

Amelia, 42-year-old female and a single mother and company owner. Five months ago, the patient was diagnosed with COVID-19, presenting symptoms such as nasal congestion, runny nose, heaviness in the head, coughing with a heavy voice, chest tightness, shortness of breath, loss of taste and smell, fatigue, weakness, tinnitus, and hearing loss. The patient reported that the cough improved after four weeks, but the hearing loss and tinnitus persisted. The doctor initially suspected earwax blockage and prescribed ear drops, but there was no improvement, and the patient recently experienced dizziness and severe fatigue. After visiting the hospital and being diagnosed with labyrinthitis, the patient received antibiotics for two weeks but saw no improvement, so she sought treatment with Chinese medicine.

Chief complaint: Tinnitus, decreased hearing, and severe dizziness for more than a month.

The dizziness is most severe when the patient wakes up in the morning, with a heavy head, headache, and emotional instability, including anxiety and depression. Alcohol consumption and fatigue worsen the dizziness.

The patient experiences obvious fatigue, chest tightness, bloating after meals, frequent dreams and easy waking, bitter taste in the mouth, and dry throat. The tongue body is

dark red with a yellow and greasy coating. The pulse is deep and slippery, and the pulse on the left side is slow, fine, and weak.

The patient usually experiences high levels of stress as a single mother and full-time boss, with a tendency towards irritability, anxiety, and insomnia.

Traditional Chinese Medicine diagnosis: Phlegm-heat obstruction, *qi* stagnation, blood stasis, and disharmony in the *shaoyang* meridian.
Prescription: Modified *ban xia bai zhu tian ma tang* and *xiao chai hu tang*, in concentrated granule form. The ingredients and dosages are adjusted based on the patient's condition.

chai hu 0.5g, *ban xia* 1g, *tian ma* 1g, *bai zhu* 1g, *fu ling* 1g, *huang qin* 0.5g, *zhi gan cao* 0.5g, *da zao* 0.5g.

After taking the above prescription for a week, the patient's dizziness and tinnitus improved, but she still experienced headaches, poor sleep, depressed mood, and chest tightness. The yellow and greasy coating on the tongue improved, and the tongue remained dark red, while the pulse was still deep and slippery.

Considering the patient's long-term stress, liver depression and *qi* stagnation, as well as phlegm obstruction and blood stasis worsening after the COVID-19 infection, the prescription was changed to *xue fu zhu yu tang* combined with *ban xia bai zhu tian ma tang*. This prescription aims to regulate *qi*, activate blood circulation, and promote the smooth flow of *qi*.

tao ren 0.5g, *hong hua* 0.5g, *dang gui* 1g, *bai shao* 1g, *chuan Xiong* 1g, *chai hu* 1g, *zhi qiao* 1g, *ban xia* 1g, *jie geng* 0.5g, *huai niu xi* 0.5g, *huang qin* 0.5g, *bai zhu* 1g, *shi chang pu* 1g, *yu jin* 1g, *gan cao* 0.3g.

The prescription includes *si ni san* with *yu jin* to soothe the liver and relieve depression; *tao hong si wu tang* to promote blood circulation and dissolve stasis, with the addition of *ban xia* and *huang qin* to achieve the effect of *xiao chai hu tang*. *ban xa*, *bai zhu*, and *shi chang pu* are added to the formula to transform phlegm and tonify the spleen. The combination of these herbs works to transform phlegm, clear stasis, and harmonize the *shao yang*.

The patient's symptoms significantly improved after taking the prescribed herbs for two weeks. The patient's emotional state became stable, and the tongue appeared light red without stasis. The tinnitus disappeared, and occasional dizziness did not affect normal life. The patient continued acupuncture and low-dose herbal medicine treatment for another 10 weeks and eventually recovered.

Discussion: After COVID-19 infection, the patient had phlegm-dampness obstructing the meridian, especially the *san jiao* meridian in the head and face, and disharmony of the *shao yang* meridian, led to tinnitus and hearing loss, accompanied by dizziness.

Case 3: Lucy, female, 41 years old, HR manager
Chief complaint: dizziness and brain fog for one year, worsened in the past month.

One year ago, at the beginning of the COVID-19 pandemic, Lucy suffered from a severe flu with symptoms such as fever, cough, chest pain, headache, and dizziness. Although the

flu symptoms improved after a week, the dizziness and brain fog persisted.

At the time of the consultation, Lucy reported feeling dizzy and foggy-headed every day, with the symptoms being milder in the morning and worsening after lunch. By 2 pm, she was unable to work or carry out daily activities and had to rest in bed. She experienced vertigo frequently, with a feeling of spinning or rotating, and sometimes accompanied by tinnitus. Medical tests ruled out Meniere's syndrome and brain lesions through CT and MRI scans.

In the past month, in addition to the feeling of dizziness and brain fog, the patient has also experienced digestive issues, severe fatigue, stiffness and tightness in the neck and back, pale complexion, dark circles under the eyes, obesity, lack of energy and depressed. The patient has been taking B-inhibitors, antihistamines, and antidepressants for six months without improvement. The Western medical diagnosis is post-COVID-19 syndrome, and the patient is currently on the waiting list for special treatment from the COVID-19 aftercare team of the NHS.

Tongue: The tongue is pale, fat, and dark purple with teeth marks, and there is a white and greasy coating on it.
Pulse: Slippery and rapid, weak upon heavy pressure.
TCM diagnosis: Obstruction of phlegm and dampness, deficiency of *qi* and blood stasis.
Prescription: *ge gen tang* combined with *liu jun zi tang* and blood-activating and stasis-dispelling herbs.
Dang shen 10g, *bai zhu* 10g, *fu ling* 10g, *chen pi* 6g, *ban xia* 6g, *ge gen* 20g, *gui zhi* 6g, *chi sho* 10g, *bai shao* 10g, *gan cao* 6g.

This formula uses *dang shen* to tonify the middle *jiao* and boost *qi*, *ge gen* to relieve muscle tension, *chi shao* to invigorate blood circulation and dissipate blood stasis, *bai zhu*, *fu ling*, *ban xia*, and *chen pi* to strengthen the spleen and transform phlegm. It is complemented by acupuncture treatment.

After two weeks of treatment, the patient only showed slight improvement with some relief in fatigue, but the dizziness remained significant. By the third week, during the follow-up visit, the tongue coating had turned yellow and thick. The prescription was adjusted as follows:

Dang shen 10g, *huang qi* 20g, *sheng ma* 6g, *chai hu* 3g, *fu ling* 10g, *dang gui* 6g, *bai zhu* 10g, *chen pi* 6g, *qing hao* 6g, *mai dong* 10g, *chuan xiong* 6g, *chi shao* 6g, *ban xia* 6g, *gan cao* 3g, *da zao* 3 pieces.

The above prescription mainly uses *bu zhong yi qi tang*, with the addition of *si wu tang* to promote blood circulation and remove blood stasis, *qing hao* to release half exterior and half interior, and clear deficiency heat, *ban xia* with *chen pi* to regulate the stomach and dissolve phlegm, and *fu ling* to resolve dampness and tonify the middle.

After treatment with the above prescription and acupuncture, the patient only experienced dizziness for two days in the first week and could persist until 8 pm. As the above prescription was effective, the treatment continued with weekly acupuncture sessions. After 7 weeks, the patient's dizziness disappeared, and they resumed normal daily activities. However, due to persistent digestive issues, Baohewang pills were added to the treatment. After 10 weeks, the

symptoms disappeared, and the treatment was ended.

Discussion: All three cases are middle-aged women, with two cases having a phlegm-dampness constitution and one case having a liver-depression constitution. Infection with COVID-19 can lead to stasis and obstruction of blood circulation. Therefore, even if there is no obvious blood stasis pattern during treatment, according to tongue diagnosis, promoting blood circulation and removing blood stasis is still necessary to achieve the best therapeutic effect.

Treatment experience:

1) Among the blood-activating herbs, the author prefers *chuan xiong* due to its ability to "go up to the head and open up the stagnation, go down to the sea of blood and relieve the blood stasis, and open up the stagnation in the middle." *chuan xiong* can relieve stagnation and at the same time guide the medicinal properties to the head and face, making it particularly effective for symptoms of headache and dizziness following external wind invasion. Secondly, there is *chi shao*, which cools the blood and removes stasis, and *dang gui*, which activates and nourishes the blood.

2) Liver *qi* stagnation is both a result and a cause of the disease. During the treatment process, the use of *chai hu* is very important. *chai hu* can release the exterior and harmonize *shao yang*, in addition to promoting liver *qi* circulation and resolving depression. It is truly a good medicine for treating post-COVID-19 syndrome.

3) Strengthening the Spleen and replenishing *qi* runs through the entire treatment process. The Spleen is the foundation of acquired constitution and is responsible for transforming water and grains into vital energy and bodily fluids. Dampness is most likely to invade the Spleen, obstructing its transformation function and causing the internal production of phlegm and dampness. If the spleen is not healthy, the dampness cannot be removed, and the phlegm and dampness will aggravate, making the treatment difficult. Patients with phlegm-dampness constitution are more susceptible to post-COVID syndrome.

4) Regulating and tonifying *qi* is crucial. The formation of blood stasis is inseparable from *qi* stagnation and *qi* deficiency. Whether it is phlegm or stasis, both are controlled by *qi*. *Qi* needs to be sufficient to promote the *qi* transformation of water and dampness, as well as to promote the circulation of blood. Therefore, *qi* tonics such as *dang shen*, *chen pi*, aoand *zhi qiao*, as well as *qi*-regulating herbs, cannot be lacking in the treatment.

5) Based on my experience in treating post-COVID syndrome, the majority of patients are middle-aged women, which is consistent with the conclusion of Nabavi's published research article that women are at a higher risk of developing post-COVID syndrome.

In summary, the use of traditional Chinese medicine (TCM) such as phlegm-resolving and blood-activating herbs, spleen-tonifying

and dampness-eliminating herbs, along with acupuncture and fire cupping, has been shown to be very effective in treating the post-acute sequelae of COVID-19 from my personal experience. The phlegm-resolving and blood-activating approach not only conforms to the diagnostic and therapeutic rules of TCM for epidemic diseases, but can also improve the results caused by Western medical research theories such as thrombosis and metabolism. By analyzing and discussing the treatment of a small number of cases, it is hoped that clinical research projects can be promoted to further study the effectiveness of TCM by combining it with modern medical examination methods, finding a solution to the most difficult problem currently faced by mankind, and making contributions to human health.

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枇杷清肺饮合止嗽散治疗 30 例新冠转阴后咳嗽的临床疗效观察

张超

新冠转阴后的咳嗽是困扰新冠转阴人群的一个常见的问题，如不及时治疗或者治疗不当，咳嗽会持续数周甚至一月以上，严重影响患者的生活质量。
笔者用枇杷清肺饮合止嗽散加减治疗效果满意，现总结分析如下：

1．资料和方法：

1.1 病例选择标准：

新冠转阴后咳嗽，排除結核，慢阻肺(COPD)等引起的咳嗽。其中男性 18 例，女性 12 例。病程最短兩天，最长 2 周；均无发烧， 所有病例均來自于我个人诊所的患者。

1.2 治疗方法：

1.2.1 **处方**：枇杷清肺飲合止嗽散加減。

基本处方：
荊芥 9 陈皮 9 百部 9 桔梗 6 白前 10 紫苑 9 枇杷叶 15 桑白皮 10 黄芩 9
黄连 5 甘草 5

1.2.2 **加減**：

兼咽喉疼痛，或兼咳吐黃痰者 ，合瘌杏石甘汤加玄參，浙贝，赤芍，瓜蒌；兼痰多白，纳呆者去黄连，黄芩 加二陈汤；气短乏力，便溏者，去黄连，黄芩，加参苓白术散；咽干口燥，干咳无痰者合百合固金汤；烦躁易怒，咳嗽滿闷，舌紅苔薄黃，脈弦者，合清气化痰丸；

1.2.3 **煎服法**： 加水 1000 毫升 水煎服，每日一剂， 分兩次服。

1.2.4 **疗程**： 一周为一個疗程

1.3 症状评定标准： 参照中华医学会呼吸病学分会哮喘学组的判定标准 [(1)]

表一：症状程度

程度	日间咳嗽	夜间咳嗽
轻度	偶尔短暫咳嗽	入睡时短暫咳嗽或偶尔夜间咳嗽
中度	频繁咳嗽 轻度影响日常活动	因咳嗽轻度影响夜间睡眠
重度	频繁咳嗽 严重影响日常生活	因咳嗽严重影响夜间睡眠

1.4．疗效标准 ：参照《中医病症诊断疗效标准》[2]

治愈：咳嗽消失，相关症状及舌脉像明显改善;
显效：咳嗽明显减轻，重度转为轻度，相关症状及舌脉像明显改善;
有效：咳嗽减轻，重度转为中度，或中度转为轻度，相关症状及舌脉像明显改善;
无效：咳嗽无改善或加重

1.5，结果: 见表二

表二 30 例患者治疗后的效果

疗效	例数	百分比 （%）
显效	16	53.33
有效	4	13.33
治愈	8	27.67
无效	2	6.67

从上表可以看出，经过治疗后，治愈率 27.67%，显效率 53.33%，有效率 13.33%，总有效率 为 93.33%。

讨论

1. 新冠转阴后咳嗽的原因：

1.1 症状未痊愈 ： 新冠病毒感染患者虽已转阴，但如果肺部损害还没有完全恢复，患者会出现咳嗽症状。

1.2 气道高反应性 /过敏：新冠病毒感染后气道粘膜受到损伤，导致气道反应性增高，易于产生过敏反应而出现咳嗽，甚至咳喘。

1.3 支气管炎 ：新冠病毒转阴后，由于患者自身免疫力低下，导致细菌，病毒再感染而出现支气管炎，从而出现咳嗽，伴鼻塞，咳痰，甚至呼吸不畅等症状。

1.4 咽炎 ： 新冠病毒感染患者虽已转阴，但咽喉部的粘膜仍处于充血水肿的状态，从而出现咳嗽，咽干咽痒等症状。

2. 新冠感染转阴后咳嗽的特点和中医病机：

2.1 新冠感染转阴后的咳嗽特点：持续性咳嗽; 干咳或剧烈呛嗽; 咳吐白痰或黄痰; 或伴咽疼，憋闷乏力。 舌淡苔白，脉弦

2.2 新冠感染转阴后咳嗽的中医病机特点：痰瘀阻肺，或日久化热，热灼津伤，肺失宣肃而致咳嗽

3. 枇杷清肺饮和止嗽散加减治疗新冠转阴后咳嗽效果明显：

枇杷清肺饮由枇杷叶，桑白皮，黄连，黄柏，人参，甘草所组成，具有清肺止咳，化痰除湿的作用。 其中枇杷叶和桑白皮为主药。 《重庆堂随笔》[3]对枇杷叶的描述：“凡风温，温热，署燥诸邪在肺者，皆可保柔金而肃治节”. 《本草纲目》[4]记载：“枇杷叶治肺胃之病，大都取其下气之功，气下则火降痰顺，而逆者不逆，呕者不呕，咳者不咳矣”。 桑白皮性寒味甘，，入肺经，泻肺中之水气兼顾消肿。 明代《医学入门》[5]记载桑白皮：“利水用生，咳嗽蜜炙或炒”冯冰虹[6]经研究发现，桑白皮丙酮提取物对氨水引起的咳嗽有明显的镇咳作用。 止嗽散由桔梗，紫苑，荆芥，百部，陈皮，白前，甘草，生姜所组成，具有疏风宣肺，止咳化痰的作用。止嗽散温润平和，不寒不热，呼应肺为娇脏的生理特点。 《医学心悟。 卷三》[7]注止嗽散治“诸般咳嗽”，不分寒热，外感内伤之因。 两方合用加减符合新冠转阴后咳嗽的病机特点，因此取得了较好的临床疗效。

典型病例：

患者女性，52 歲，办公室职员

就诊日期：2022 年 3 月 6 号。

主诉：新冠感染转阴后咳嗽 6 天，加重 2 天現病史：患者兩周前自覺咽喉疼痛，周身酸疼不適，疲乏無力，發燒 37.9 攝氏度,納可，二便調.新冠核酸检测阳性，诊断为新冠感染，予对症处理及休息一周后核酸检查阴性。 患者自觉咽喉疼痛，咳嗽已持续 6 天，影响夜间睡眠，咯痰色黄， 无发烧，舌质红苔薄白，脉弦滑

既往史：既往體健，無特殊病史

中医辩证：痰热壅肺，肺失宣肃

治则：清肺化痰， 宣肺止咳

方药： 枇杷叶 15 桔梗 6 黄连 3 黄芩 9 荆芥 9 紫苑 9 百部 9 甘草 5 白前 9 桑白皮 9 黄柏 9 浙贝母 9 玄参 10 牛蒡子 9

共三付，每日一付，加水 1000 毫升，水煎，每天分两次服。

用上方治疗三天后，患者咳嗽明显减轻，咽喉疼痛缓解. 继服上方三付，患者咳嗽消失，无咽喉疼痛，患者一切如常，临床治愈。

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Clinical Observation of 30 cases of coughing after COVID infections using *Pi Pa Qing Fei Yin* and *Zhi Sou San*

by Chao Zhang

Coughing after COVID is a very common problem and can last for very long time. Satisfaction results were observed using *Pi Pa Qing Fei Yin* and *Zhi Sou San*.

The patients observed include 18 males and 12 females and symptoms were between 2 days to 2 weeks. There was no fever and no other medical conditions such as tuberculosis and COPD.

Basic formula:

jing jie 9, chen pi 9, bai bu 9, jie geng 9, bai qian 10, zi wan 9, pi pa ye 15, sang bai pi 10, huang qin 9, huang lian 5, gan cao 5.

Modification:

For sore throat and coughing with yellow phlegm, with *ma xing shi gan tang* plus *xuan shen*, *zhe bei*, and *gua lou*; for copious white phlegm with loss of appetite, remove *huang lian* and *huang qin* and add *er chen tang*; for shortness of breath, tiredness and loose stool, remove *huang lian* and *huang qin* and add *shen ling bai zhu san*; For dry throat and mouth, dry cough without phlegm, with *bai he gu jin tang*; for cough with stuffiness, fidgety and anger, red tongue with yellow coating and wiry pulse, with *qing qi hua tan tang*.

Method:

Making decoctions with 1000 ml water, twice a day for one week.

The assessment is based on the standard set up by Chinese Medical Association of respiratory disease. Overall effectiveness 93.33%.

Main reasons of cough after COVID infections:

The damage of the lungs has not recovered even after the test turned negative;

High sensitivity and allergy due to damage of the airway membrane;
Bronchitis due to the low immune system after COVID;
Pharyngitis due to hyperemia and swollen of the membranes around the throat after COVID.

Characteristics of the cough after COVID and mechanisms in Chinese medicine

Characteristics of the cough:

Continuous cough, dry or severe cough, with white or yellow phlegm along with sore throat, stuffiness, pale tongue and wiry pulse.

Mechanisms in Chinese medicine:

Stagnant phlegm blocked the lungs, heat is generated after long time and heat damages the fluid. The lung's diffusing and descending functions are damaged and cough happens.

Modified *pi pa qing fei yin* and *zhi sou san* showed significant effect in treating cough after COVID. *Pi pa qing fei yin* is composed of *pi pa ye, sang bai pi, huang lian, huang bai, ren shen* and *gan cao*, and has function of clearing the lungs, stopping coughing, resolving phlegm and dampness. *pi pa ye* and *sang bai pi* are main ingredients. According to classic literatures, pi pa ye can treat diseases in lungs and stomach due to its function of descending the qi. sang bai pi has cold quality, tastes sweet and goes to Lung meridian. It can descend water qi from the lungs and reduce swelling. *Zhi sou san* is composed of zi wan, *jie geng*, *jing jie*, *bai bu*, *chen pi*, *bai qian*, *gan cao* and *sheng jiang*. It has functions of dispersing wind, diffusing the lungs, stopping cough and dissolving phlegm. *zhi sou san* is moist and mild, neither too cold nor too hot. This agrees with the characteristic of the lungs as "tender organ".

A Typical case:

Female, 52 years old, office work.
First visit: 6th March 2022.
Main complaint:

Cough for 6 days after lateral flow test turned negative and got worse for 2 days. The cough affected sleep. The phlegm is yellow; no fever anymore; tongue is read with thin white coating; pulse wiry and slippery. There were no previous medical complaints.

Pattern differentiations:

Phlegm heat blocks the lungs. The lungs' diffusing and descending functions were damaged.

Treatment principles:

Clear the lungs and dissolve the phlegm, diffuse the lungs and stop coughing.

Herbal formula:

pi pa ye 15, *jie geng* 6, *huang lian* 3, *huang qin* 9, *jing jie* 9, *zi wan* 9, *bai bu* 9, *gan cao* 5, *bai qian* 9, *sang bai pi* 9, *huang bai* 9, *zhe bei mu* 9, *xuan shen* 10, *niu pang zi* 9.

Application:

Making decoctions with 1000 ml water, drink twice a day.

Follow up:

Coughing was significantly been reduced. Symptoms in the throat was better as well. Continue taking the herbs for 3 more days. Coughing disappeared and no throat symptoms and the patient fully recovered.

新冠失音一例针药治疗思考

刘瑞山

摘要：本文着眼于新冠引起的后遗症的治疗，如何合理针药结合以及不同针法的结合
关键词：新冠后遗症，失音，针药结合

失音是指声音嘶哑甚至完全不能发出声音为主要临床表现的病症，又称瘖，有新久之别。新病多因外感风寒燥热之邪或痰热内蕴发病，久病多属肺肾阴虚，相当于西医急慢性喉炎，声带病变等。《张氏医通》卷四谓“失音，大都不越于肺，然须以暴病得之为邪郁气逆，久病得之为津枯血槁”。早在《灵枢》就指出喉咙者，其之所以上下者也，会厌者，音声之户也。清代叶天士《临证指南医案》谓：“金实则无声，金破碎亦无声”，形象说明失音有虚实之别。

笔者曾于疫情期间治疗新冠后失音一例，疗效满意，现介绍病案如下：

病史; xxx 男 71 岁，巴基斯坦裔英国人，缘于 2020 年四月感染新冠，经西医治疗后缓解，后长期咳嗽并造成失音。就诊时失音超过半年，仅能发出低沉沙哑单个字符，难以连续发声，曾四处求医，未能获效。病人形体消瘦，气短懒言，偶有咳嗽，少量白痰 ，舌质淡红，边略见齿痕，舌体前部略凹，苔薄白，有细小裂纹，脉弦细，双尺脉沉。大便略溏，小便正常。

初步诊断：失音，脾肺气虚，日久伤津

病机分析：外感疫毒，郁久化热伤肺，导致肺气失宣，会厌开阖不利。”人过四十，阴气自半”。病人年逾古稀，素体肺肾阴虚，复感新冠邪毒，毒邪久羁化热伤肺，耗伤气津，故发咳嗽，本已气虚，西医治疗时大剂量应用退热药，再伤脾胃，乃有便溏。脾为生痰之源，肺为储痰之器，故有长期咳嗽。

治疗：原拟益气健脾清肺草药，但病人不愿服药，故针灸治疗为主。

取穴如下：

头针: 鼻咽口舌区，焦氏针法，入针后急速捻转 150-200 次/分钟。

腹针：引气归元 下脘下 双天枢 双大横 双气穴 双气旁

传统体针：廉泉 天突 列缺 太溪 照海 肺腧 阴郄

另与病人双花 藏青果 胖大海 麦门冬 少许，令其代茶饮。

第一次针后，发音明显改善，可发音连续字符 ，声量也有提高。

第二次针后，发音几近正常，病人认为已能

说话，不愿费钱再治。在家属劝说下同意再巩固一次。

第三次治疗后完全康复，发音正常。

思考：

头针鼻咽口舌区位于前发际中点上下各2cm主治鼻咽口舌疾患。腹针处方是发明人薄智云经长期实践总结出的精准治疗方法，以引气归元激发脏腑精气，再刺激对应点并辅以补肾健脾之法故对失音可进行精确定位治疗。在传统体针的处方中，天突能和喉开音，廉泉又名舌本，可疏调舌本部气机，“补益肺肾，滋润咽喉”。喉属肺系，肺脉通于会厌，肾脉上系于舌，络于横骨，络于会厌，所以失音与肺肾关系密切。肺属于脏，脏病取之于俞，是故取肺俞调肺部聚集之气，有解表宣肺，肃降肺气的作用。列缺为肺经络穴，八脉交会穴，可通任脉，任脉亦过咽喉，还沟通大肠经，大肠经上行恰至咽喉处。明代《医经小学》“列缺任脉行肺系，阴跷照海膈喉咙”，照海属肾经，具补肾益精调畅阴跷作用。太溪为肾经原穴，具有滋阴益肾之功，与照海合用，效果更强。阴郄有沟通心肾作用，可治失音不能言。

代茶饮小方源于中医研究院著名中医肾病专家时振生先生治疗咽炎的经验方，肾炎病人发病前常有咽炎，后出现肾炎及慢性咽炎，时老用此方治疗咽炎，验与临床，疗效颇佳。

针药并用古已有之，《伤寒论》24条，“太阳病，初服桂枝汤反烦不解者，先刺风池风府，却与桂枝汤则愈”。用针刺补药力之透达不足，汤药借针力破邪外出，如此可使两者治疗作用叠加。刘渡舟教授曾说：“此条针药并用，求其速愈”。这一治法充分体现出针药并施之重要，用针引气，使经气通利，为药物更好发挥疗效奠定基础。张子和在《儒门事亲》中也常并用之，不仅可发挥各自优势，疗效更佳，而且还可以互补救弊。在欧洲中医体系尚处于逐渐被认识被接受阶段，能做到迅速起效，是得到病人信任的关键。不同针法的结合也有类似功效，所以病人才能效如桴鼓。

新冠迁延两年余，导致各种后遗症发生。本例病人因西医施治，虽帮病人脱离性命之忧，但因其治疗不如中医注重整体以及个性化治疗，导致病人久咳失音及脾胃受损。是以证明中医疗法的先进性，以及在西医盛行阶段不可替代的补充作用。吾辈携技赴欧，使中医不仅服务于国人，亦能造福于欧洲乃至世界。中医作为中国文化的精粹，我们既是中华文化的传播者，也是用医疗技术帮助病人恢复健康的践行者。在欧洲的杏林同仁一辈辈不断开拓进取和传承，使越来越多的欧洲人了解中医，信任中医，也因此受益。因中医独特的疗效，假以时日，必将在世界范围内为世人信任，为国争光，光大中华文化！

The English version follows on the next page

Reflections on Acupuncture and Herbal Treatment for a Case of COVID-19 Induced Dysphonia

By Rui Shan Liu

Dysphonia refers to the main clinical manifestation of hoarseness or even complete inability to produce sound, also known as mutism, with a distinction between new and old cases. Acute cases are mostly caused by external factors such as wind, cold, dryness, and heat, or internal factors such as phlegm and heat accumulation. Chronic cases are mostly due to deficiency of Lung and Kidney *yin*, which is equivalent to Western medicine's acute and chronic laryngitis and vocal cord lesions. According to Volume Four of "Zhang's Comprehensive Medical Text," dysphonia mostly does not go beyond the Lungs, but it is caused by the stagnation of evil *qi* in acute cases, and by drying up of body fluids and blood in chronic cases. As early as in "*ling shu*," it was pointed out that the throat is the passageway for the upward and downward flow of *qi*, and the epiglottis is the doorway of sound. Ye Tianshi, a physician from the *Qing* Dynasty, stated in his book "Clinical Guide to Medical Cases" that 'metal is silent when solid and also silent when broken', which vividly illustrates the difference between empty and solid types of dysphonia.

The author treated a case of post- COVID-19 dysphonia during the epidemic, with satisfactory results. The following is a brief introduction of the case:

Patient, male, 71-year-old of Pakistani descent living in the UK, was infected with COVID-19 in April 2020. After receiving Western medical treatment, his condition improved, but he had long-term coughing which led to dysphonia. At the time of consultation, he had been suffering from dysphonia for over six months and was only able to produce low, husky single syllables, making it difficult to speak continuously. He had sought treatment from various doctors but without success. The patient was physically thin, short of breath, and spoke lazily, with occasional coughs and small amounts of white phlegm. His tongue was pale red with slight teeth marks on the edges, slightly concave in the front, with a thin white coating and small cracks. His pulse was string-like and thin, and both *chi* positions were sinking. His bowel movements were slightly loose, and his urination was normal.

Preliminary diagnosis:
Dysphonia, Spleen-Lung *qi* deficiency, and prolonged damage to body fluids.

Pathological analysis:
The patient was affected by an external pathogenic factor, and the prolonged presence of heat from the pathogen had injured his Lungs. This led to a loss diffusing function of lung *qi* and impaired movement of the epiglottis. As the saying goes, "After the age of forty, *yin qi* naturally declines." The patient was already in his 70s and had pre-existing Lung and Kidney *yin* deficiency. The COVID-19 virus further aggravated the toxic heat and damage the Lungs, which resulted in a further depletion of the *qi* and body fluids, leading to a prolonged cough. In Western medicine treatment, the patient was given high doses of antipyretic drugs, which further injured his spleen and stomach, leading to loose stools. The spleen is the source of phlegm production, while the lungs store

phlegm. This explains the prolonged coughing.

Treatment:
Originally, we planned to use herbal medicine to tonify *qi*, strengthen the Spleen, and clear the Lungs, but the patient refused to take medication. Therefore, acupuncture was chosen as the main treatment.

Acupuncture points used:
Head acupuncture: Nasopharyngeal area, using Jiao's needling technique, twisting the needle rapidly at a rate of 150-200 times per minute after insertion.

Abdominal acupuncture:
yin qi gui yuan formula (guide the *qi* to its base), CV 10, bilateral ST 25, SP 15, KI 13 and *qi pang* (half *cun* lateral to CV 4).
Traditional body acupuncture: CV 23, CV 22, LU 7, KI 3, KI 6, BL 13 and HT 6.

In addition, the patient was given a small amount of *jin yin hua, zang qing guo, pang da hai*, and *mai men dong* to be brewed into tea and consumed.

After the first acupuncture treatment, the patient's voice improved significantly, with the ability to pronounce consecutive characters and increased volume.

After the second acupuncture treatment, the patient's voice was nearly normal, and he felt he was able to speak, so he didn't want to spend money on further treatment. However, he agreed to have one more treatment after being persuaded by family members.

After the third treatment, the patient fully recovered, with normal pronunciation.

Reflection:
The sculp acupuncture points for the nose, pharynx, mouth, and tongue are located 2 cm above and below the midpoint of the front hairline and are mainly used to treat disorders related to these areas. The prescription for abdominal acupuncture is a precise treatment method developed by the inventor Bo Zhiyun through long-term practice, which stimulates the visceral essence by guiding the *Qi* to the source, and then stimulates the corresponding points while supplementing with the method of nourishing the kidney and invigorating the spleen, making it possible to perform precise positioning treatment for hoarseness. In the prescription for traditional body acupuncture, the *tian tu* point (Ren-22) can help open the throat, while *lian quan* (Ren-23), also known as the root of the tongue, can regulate the *qi* mechanism of the tongue root, "nourishing the Lungs and Kidneys and moisturizing the throat." The throat belongs to the Lung system, and the Lung meridian passes through the epiglottis, while the Kidney meridian is connected to the tongue, networked to *heng gu* (KI 11) and ended at the epiglottis, so hoarseness is closely related to the lungs and kidneys. The lung is a viscera, and in the case of viscera diseases, the *shu* points on the corresponding meridian are selected. Therefore, the selection of the *fei shu* (BL 13) point can regulate the *qi* of the Lung area, relieve the exterior, and descend the Lung *qi*. The lie que point (LU 7) is *luo* point of the Lung meridian and the meeting point of eight meridians, which can open up the *ren* meridian. The *ren* meridian also passes through the pharynx and connects to the large intestine meridian, which runs upward to the pharynx. In the Ming Dynasty's "*yi jing xiao xue*," it says "lie que (LU 7) connects to the Ren meridian through lung meridian, and *zhao hai* (KI 6) connects to *yin qiao* meridian through Kidney meridian and reaches diaphragm and throat". *zhao hai* is on the Kidney meridian, with the function of nourishing the Kidney and invigorating the

essence and regulating the *yin-qiao*. The *tai xi* (KI 3) point is the *yuan* source point of the Kidney meridian and has the function of nourishing *yin* and invigorating the Kidney. When used in combination with *zhao hai*, the effect is even stronger. The *yin xi* point (HT 6) has the function of communicating between the heart and kidney and can be used to treat hoarseness and inability to speak.

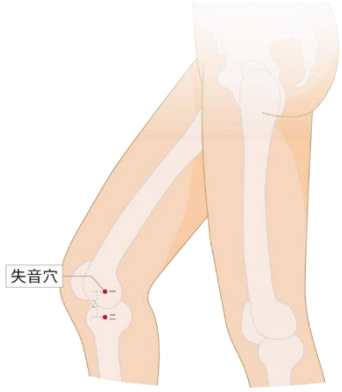
The tea prescription originates from the experience of Mr. Shi Zhensheng, a famous Chinese medicine expert in kidney disease at the Chinese Medicine Research Institute, for treating pharyngitis. Patients with nephritis often have pharyngitis before the onset of the disease, followed by nephritis and chronic pharyngitis. Mr. Shi often uses this prescription to treat pharyngitis, and the clinical efficacy has been good.

The use of acupuncture and herbs together has a long history in Chinese medicine. In the 24th chapter of the "*shang han lun*", it states: "In cases of *taiyang* disease, if the patient takes *gui zhi tang* and experiences increased vexation and confusion, then first use acupuncture at *feng chi* (GB 20) and *feng fu* (DU 16) points. After the acupuncture, *gui zhi tang* will then have a curative effect." Using acupuncture to supplement insufficiency of the penetration effect of the herbs; the herbs expel the evils with the help of the needling. In this way, the therapeutic effects of the two can be superimposed. According to Professor Liu Duzhou, this approach shows the importance of combining acupuncture and herbs to achieve a speedy recovery. Acupuncture can stimulate the flow of *qi* in the meridians, which lays the foundation for the herbs to exert their therapeutic effects. Zhang Zihe, a famous physician in *jin* Dynasty, also often combined acupuncture and herbs in his treatments, which not only maximized the benefits of each modality but also complemented and helped each other in case of any deficiencies or adverse reactions. In the European system of Traditional Chinese Medicine, which is still in the process of being recognized and accepted, achieving a rapid and effective treatment is crucial to gaining the trust of patients. The combination of different acupuncture techniques can also have a similar effect, which is why patients can feel an immediate improvement.

中医小知识

董氏奇穴失音穴

部位：膝蓋內側之中央為失音一穴。
其下二寸處一穴，計二穴。
主治：嗓子哑、失音、喉炎。
手术：针深五分至八分。
说明：本穴治疗失音、音哑确实有效。
治疗扁桃腺炎、 甲状腺肿大、
喉咙肿痛亦有疗效。



中医治疗新冠后心律失常的探索

纽卡斯尔 刘斌

自从新冠疫情爆发以来，本人治疗了大量新冠感染和新冠继发症及后遗症患者，其中遇到新冠后心律失常患者 22 例，同样通过中医中药治疗，效果满意。在此，我想谈一谈我对中医治疗新冠后心律失常方面的临床体会，希望有助于各位同仁拓宽思路，起到抛砖引玉的作用。如有不妥之处，敬请指正。

本人在 2020 年 12 月 28 日接触第一例新冠后心律失常的时候，国内外还没有这方面的公开报道，当时甚至还有人公开提出，新冠病毒不会侵犯心脏。最近以来，国内不仅对新冠后心肌炎的报道多了起来，还总结出了心肌炎征兆的“七大症状”：

1．发烧伴胸痛；

2．胸闷气短；

3．心跳过快或过慢；

4．头晕、眼前发黑；

5．极度疲惫、乏力出汗；

6．心慌频繁；

7、持续呕吐。

三年多来，本人在诊治新冠患者时，所遇到的新冠后出现心律失常的患者，其临床表现与近期国内报道的心肌炎有些相似，但由于受条件限制，不能检测肌钙蛋白而无法确诊，因此，本人称之为“新冠后心律失常”。

一．主要临床表现

22 例心律失常患者中，感染新冠后出现心律失常的时间从 2 周到 10 周早晚不一，所有病人新冠感染的时候都有发热史，就诊时所有患者表现为身倦体虚，气短心悸，容易疲劳。大多数患者出现颈部和胸背部多汗伴胸部不适，活动后汗出加重。部分患者出现胸部或胸背部间断性或持续性针扎样疼痛，活动后疼痛无加重。有的患者咽喉部有紧缩感，或噎气感，或胸骨上段有压迫感。心脏听诊大多出现心尖部第一心音有不同程度的亢进、个别的是减弱，有的出现明显的心律不齐。

心电图提示以窦性心动过速为多见，心律通常在 110 - 150 次/分，个别患者表现为心动过缓，心率低于 50 次/分。22 例中有 10 例病人出现不同类型的频发性过早搏动，其中频发房性早搏 5 人；频发房性早搏伴室内差异性传导 2 人；频发室性早搏 3 人。此外遇到阵发性室上速 1 人，心室率高达 180 次/分；窦性心动过缓 1 人，心室率 49 次/分。伴有双下肢指陷性水肿 2 人。 剩下的 10 例病人仅表现为窦性心动过速，心率在 110-150 次/分之间。未遇见合并心肌缺血、ST 段异常或 T 波异常，也没有遇到房室传导阻滞病例。心肌酶谱显示，谷草转氨酶或肌酸磷酸激酶或磷酸激酶同工酶轻度升高，但最多有两项同时出现。因不能检测肌钙蛋白，心肌炎确诊条件不足。

二． 中医辨证论治

多年以来，本人临床坚持辨病与辩证相结合的原则，无论西医检查怎样，运用中医中

药治疗的时候，一定会坚持运用“辨证论治”的法则，首要分清“寒热虚实”和脏腑、气血、升降等失衡状态。新冠病毒由表入里后，人体寒热虚实的转归，主要受季节环境，个体差异和药物作用等因素的影响。我所遇见的有以下几个证型：

（一）痰热内扰

临床表现：心胸憋闷，或胸背闷痛，心悸气短，头胸多汗，口渴喜饮，或胸闷恶心，或咳吐黄痰，心电图呈快速型心律失常表现，或心动过速，或有早搏，未发现心肌缺血。大便正常或干，小便色黄或微黄，脉细数、弦数或滑数而结代。

治疗原则：清热化痰，宽胸理气，宁心安神。

选方：黄连温胆汤加减。

常用药物：清半夏、化橘红、茯苓、胆南星、竹茹、黄芩、黄连、远志、火麻仁、五味子、炒枳实、厚朴、丹参、赤芍、生甘草。随证加减。

（二）痰浊内阻

临床表现：胸闷不畅，倦怠乏力，心悸气短，畏冷呕恶，或咯吐白色浊痰，不思饮食，心率正常，伴有不同类型的早搏。大便不干，小便正常。舌质淡或淡胖，舌苔白腻或白厚腻，脉结代。

治疗原则：涤痰化浊，宽胸理气，和胃降逆，

选方：瓜蒌薤白桂枝汤合二陈汤加减。

常用药物：全瓜蒌、薤白、桂枝、厚朴、法半夏、陈皮、茯苓、炒白术、炒枳壳、远志、苦参、五味子、灵磁石、龙齿。随证加减。

（三）痰瘀互结

临床表现：胸背刺痛隐隐，入夜尤著，心悸时作，胸闷气短，食欲减退，或心烦不眠，或咯深褐色痰，大小便如常。舌质淡红或微红，常有瘀斑，舌苔厚腻，心电图显示多伴有频发性室性早搏。

治疗原则：化痰宁心，逐瘀安神

选方：小陷胸汤合血府逐瘀汤加减

常用药物：黄连、半夏、全瓜蒌、柴胡、赤芍、川芎、当归、丹参、桃仁、红花、枳壳、远志、琥珀、苦参、五味子、生龙骨、生牡蛎。随证加减。

（四）气血亏虚

临床表现：心悸、胸闷、气短，动则尤甚，面色无华，少气乏力，不耐疲劳，食欲减退，或失眠多梦，或胸颈部多汗，大便如常，或干或稀，小便色清或微黄。舌质淡或嫩红，舌苔薄白或薄白乏津，脉细无力而结代。

治疗原则：益气补血，养心安神。

选方：炙甘草汤加减

基本药物：炙甘草、党参、黄芪、茯苓、白术、桂枝、干姜、麦冬、五味子、酸枣仁、丹参、当归、熟地、苦参、火麻仁、远志、生龙骨、生牡蛎。随症加减。

（五）心肾阳虚

临床表现：胸闷、心悸、气短，动则尤甚，形寒肢冷，倦怠懒言，食欲减退或足胫水肿，大便稀溏，小便清长。心电图多提示为频发性室性早搏，有的则为心动过缓。舌质淡、淡胖或淡红，舌苔薄白或白滑，脉细弱结

代。

治疗原则：温阳利水，养心安神。

选方：真武汤合保元汤及四逆汤加减。

常用药物：党参、黄芪、茯苓、白术、当归、炒白芍、制附子、肉桂、炒枣仁、五味子、丹参、琥珀、龙齿、灵磁石、车前子、玉米须、炙甘草、生姜、大枣。临证加减。

三． 病案举例

苏某，男，46 岁，病案号 S1806097，既往无心脏病史和新冠预防接种史。2021 年 8 月 3 日感染新冠，2021 年 10 月 14 日以“心悸气短多汗两周余”为主诉就诊。患者精神疲惫，时感心慌心悸，动则汗出气短，汗出以颈胸部为著，伴食欲不振，偶有咳嗽，咯少量白痰。大便正常，小便清长。舌质淡红，舌尖微红，舌苔薄白，脉细数结代。心电图提示：窦性心律，心率 120 次/分，频发性室性早搏，无传导阻滞及心肌缺血。磷酸肌酸激酶 220.6 U/L（正常值 2-220），肌酸激酶同工酶 35.2U/L（正常值 0-24），其他无异常发现。 中医辨证系气虚血亏，虚热内扰。方以炙甘草汤加减：炙甘草 20 克，党参 10 克，黄芪 30 克，茯苓 15 克，白术 6 克，麦门冬 15 克，五味子 10 克，干姜 3 克，黄连 6 克，肉桂 1 克，当归 10 克，丹参 30 克，苦参 10 克，火麻仁 10 克，琥珀 5 克，生龙骨 30 克 。上药水煎服，每日一副。患者服药 7 日，患者汗出气短显著改善，早搏减少。服药两周，症状消失。复查心肌酶谱已经转为正常。

蒙某，女，39 岁，病案号 M1806935，既往无心脏病史，有新冠疫苗接种史。2021 年 9 月 6 日感染新冠，2021 年 10 月 9 日以“胸闷心悸气短 10 日”就诊。患者紧张表情，自述时感心悸，伴胸部咽喉下有憋闷感，气短，心烦，睡眠不沉，晨起咽干，偶有口苦，咯少量黄痰，食欲不馨，大便或干，小便微黄。舌质微红，舌苔薄微黄，脉细数微弦，结代。心电图提示：窦性心律，心率 108 次/分，频发房性早搏伴室内差异性传导，S-T 段和 T 波无异常。心肌酶谱显示磷酸激酶同工酶 33.6U/L，其他项目正常。证系痰热内扰，方以黄连温胆汤加减：

黄连 6 克，清半夏 10 克，陈皮 10 克，茯苓 15 克，胆南星 6 克，竹茹 10 克，苦参 10 克，赤芍 10 克，五味子 6 克，丹参 15 克，郁金 10 克，远志 10 克，火麻仁 10 克，琥珀 5 克，灵磁石 30 克，生龙牡各 30 克。上药水煎服，每日一副。患者服药 7 天，诸症消失，心肌酶谱正常。

临床体会

新冠病毒感染检测转阴后，并不能说明病毒已经被驱除体外。新冠病毒可以侵犯人体的任何组织和器官导致相应病症的发生，新冠后心律失常也是新冠感染后并发症的一种。对于任何病症的中医治疗，当以辨证论治为主导，再通过现代医学检查来检测疗效，才具备临床说服力。

由于本人对新冠后心律失常方面的病例较少，临床观察还不够完整，分析不够全面。我只希望通过自己的临床实践能够拓宽大家的思路，活跃思维，真正起到抛砖引玉的作用。愿各位同仁在抗疫中取得更多的成果！

Treatment of Post-COVID Arrhythmia with Chinese Medicine

By Bin Liu

There are reports in China that some patients show symptoms of myocarditis after COVID.

These include following symptoms:
1. Fever and chest pain.
2. Stuffiness in chest and shortness of breath.
3. Very fast or very slow heart beats.
4. Dizziness or black out.
5. Extreme exhaustion and sweating.
6. Palpitation.
7. Vomiting.

The manifestations of some patients I treated are very similar to what reported above, but since there is no facility to carry out laboratory tests, I call these conditions post-COVID arrhythmia.

Clinical manifestations: among the 22 cases I treated, patients with arrhythmia between 2 to 10 weeks after COVID. All patients had fever when affected. All the patients presented as tiredness, shortness of breath. Most patients had sweat in the neck, chest and back and discomfort in the chest. Sweating is worse with exertion. Some patients presented alternate or continuous sharp pain in the chest and back, without aggravation after exercise. Some patients have tightness or choking sensation in the throat, or pressure sensation in the chest. Most commonly, cardiac auscultation reveals various degrees of accentuation of the first heart sound at the cardiac apex, with occasional instances of attenuation. Some cases may also present with significant arrhythmia.

Chinese Medicine Pattern Differentiations:

For many years, I have adhered to the principle of combining disease identification with syndrome differentiation in clinical practice. Regardless of how Western medicine examines the patient, when using Traditional Chinese Medicine (TCM) treatment, I always insist on applying the rule of "treating the patient according to syndrome differentiation" and first distinguish the imbalanced state of "cold-heat deficiency-excess", *zang-fu* (viscera and bowels), *qi*-blood, and ascending-descending. After the coronavirus enters the body, the transformation of cold-heat deficiency-excess in the body is mainly influenced by factors such as seasonal environment, individual differences, and the effects of medications. The following are several patterns that I have encountered:

(1) Phlegm-heat internal disturbance

Clinical manifestations: stuffiness or pain in the chest or back, palpitation and shortness of breath, sweating on the head and chest, thirst with preference for drinking, nausea with chest tightness, or coughing up yellow phlegm. The electrocardiogram shows signs of rapid arrhythmia, tachycardia, or premature beats, but no myocardial ischemia was found. Normal or dry stools, yellow or slightly yellow urine, and the pulse is thin, string-like, or slippery with a choppy quality.

Treatment principle: Clear heat, transform phlegm, soothe the chest, regulate *qi*, calm the mind, and tranquilize the spirit.

Prescription: *huang lian wen dan* decoction with modifications.

Commonly used herbs: *qing ban xia*, *hua ju hong*, *fu ling*, *dan nan xing*, *zhu ru*, *huang qin*, *huang lian*, *yuan zhi*, *huo ma ren*, *wu wei zi*,

chao zhi shi, *hou po*, *dan shen*, *chi shao*, *sheng gan cao*. Modifications are made based on individual condition.

(2) Phlegm turbidity obstructing internally

Clinical manifestations: chest stuffiness and discomfort, fatigue, palpitation, shortness of breath, aversion to cold, nausea, vomiting of white turbid phlegm, loss of appetite, normal heart rate, and various types of premature beats. Normal bowel movements and urine output. The tongue is pale or pale and swollen with a white and greasy or thick and greasy coating, and the pulse is choppy.

Treatment principle: Eliminate phlegm, transform turbidity, soothe the chest, regulate qi, harmonize the stomach, and descend the rebellious *qi*.

Prescription: *gua lou xie bai gui zhi* decoction combined with *er chen* decoction with modifications.

Commonly used herbs: *gua lou*, *xie bai*, *gui zhi*, *hou po*, *fa ban xia*, *chen pi*, *fu ling*, *chao bai zhu*, *chao zhi qiao*, *yuan zhi*, *ku shen*, *wu wei zi*, *ci shi*, *long chi*. Modifications are made based on individual condition.

(3) Phlegm and Stagnant Blood Binding

Clinical Manifestations: Dull pain in the chest and back, especially at night, palpitations, chest tightness, shortness of breath, decreased appetite, or restlessness and insomnia, or expectoration of deep brown phlegm, normal bowel movements and urination. The tongue is pale red or slightly red, with often visible petechiae, and the tongue coating is thick and greasy. The electrocardiogram often shows frequent premature ventricular contractions.

Treatment Principles: Resolve phlegm, calm the mind, promote blood circulation, and relieve stagnation.

Prescription: *xiao xian xiong tang* combined with *xue fu zhu yu tang* with modifications.

Commonly used herbs: *huang lian*, *ban xia*, *quan gua lou*, *chai hu*, *chi shao*, *chuan Xiong*, *dang gui*, *dan shen*, *tao ren*, *hong hua*, *zhi qiao*, *yuan zhi*, *hu po*, *ku shen*, *wu wei zi*, *sheng long gu*, *sheng mu li*. Modifications are made based on individual condition.

(4) Qi and Blood Deficiency

Clinical Manifestations: Palpitations, chest tightness, and shortness of breath, worsened with exertion. Dull complexion, fatigue, weakness, intolerance to fatigue, decreased appetite, or insomnia and vivid dreams, or sweating on the chest and neck, normal bowel movements, either dry or loose, clear or slightly yellow urine. The tongue is pale or tender red, with a thin white coating or a coating that lacks moisture, and the pulse is weak and thready or may be knotted.

Treatment Principles: Tonify *qi* and nourish Blood, nourish the Heart and calm the mind.

Prescription: Modified *zhi gan cao tang*.

Commonly used herbs: *zhi gan cao*, *dang shen*, *huang qi*, *fu ling*, *bai zhu*, *gui zhi*, *gan jiang*, *mai dong*, *wu wei zi*, *suan zao ren*, *dan shen*, *dang gui*, *shu di*, *ku shen*, *huo ma ren*, *yuan zhi*, *sheng long gu*, *sheng mu li*. Modifications are made based on individual condition.

(5) Heart and Kidney *yang* deficiency

Clinical Manifestations: Chest tightness, palpitations, and shortness of breath, worsened with exertion. Cold limbs, fatigue, laziness in speech, decreased appetite or edema in the legs and ankles, loose stools, clear and long urine. The ECG often shows frequent premature ventricular contractions or bradycardia. The tongue is pale, tender, or pale red, with a thin white or white and slippery coating, and the pulse is weak,

thready or knotted.

Treatment Principles: Warm *yang* and promote diuresis, nourish the Heart and calm the mind.

Prescription: *zhen wu tang* combined with *bao yuan tang* and *si ni tang* with modifications.

Commonly used herbs: *dang shen*, *huang qi*, *fu ling*, *bai zhu*, *dang gui*, *chao bai shao*, *zhi fu zi*, *rou gui*, *chao zao ren*, *wu wei zi*, *dan shen*, *hu po*, *long chi*, *ling ci shi*, *che qian zi*, *yu mi xu*, *zhi gan cao*, *sheng jiang*, *da zao*. Modifications are made based on individual condition.

Case reports

Case 1.

Patient Information: Su, male, 46 years old, no history of heart disease or COVID-19 vaccination. The patient was diagnosed with COVID-19 on August 3, 2021, and presented with symptoms of palpitations, shortness of breath, and sweating for more than two weeks on October 14, 2021. The patient was mentally exhausted and experienced palpitations and shortness of breath with sweating, especially in the neck and chest area upon exertion. The patient also had poor appetite, occasional cough, and produced small amounts of white phlegm. The patient had normal bowel movements and clear and long urine. The tongue was pale red with a slightly red tip, a thin white coating, and the pulse was thin, rapid, and knotted. The ECG showed sinus rhythm, heart rate of 120 beats/min, frequent ventricular premature beats, no conduction block, and no myocardial ischemia. The creatine kinase was 220.6 U/L (normal range 2-220) and creatine kinase isoenzyme was 35.2 U/L (normal range 0-24). No other abnormalities were found. Chinese medicine pattern differentiations: *qi* and Blood deficiency, empty heat disturbing the interior. Prescription (*zhi gan cao tang* with modifications): *zhi gan cao* 20 g, *dang shen* 10 g, *huang qi* 30 g, *fu ling* 15 g, *bai zhu* 6 g, *mai men dong* 15 g, *wu wei zi* 10 g, *gan jiang* 3 g, *huang lian* 6 g, *rou gui* 1 g, *dang gui* 10 g, *dan shen* 30 g, *ku shen* 10 g, *huo ma ren* 10 g, *hu po* 5 g, *sheng long gu* 30 g. Boil the herbs in water and take orally, one dose per day. The patient took the medication for 7 days, and there was a significant improvement in sweating, shortness of breath, and fewer premature heartbeats. After two weeks of medication, the symptoms disappeared. Re-examination of the myocardial enzyme spectrum has returned to normal.

Case 2.

Meng, female, 39 years old, no history of heart disease, with a history of COVID-19 vaccination. Infected with COVID-19 on September 6, 2021, presented on October 9, 2021 with a chief complaint of chest tightness, palpitations, and shortness of breath for 10 days. The patient appeared tense, reporting palpitations with a sense of suffocation in the chest and throat, shortness of breath, restlessness, poor sleep, dry throat upon waking, occasional bitter taste in the mouth, expectoration of small amounts of yellow sputum, poor appetite, dry stools, and slightly yellow urine. The tongue was slightly red with a thin, yellowish coating, and the pulse was thin, rapid, and slightly wiry with signs of stagnation. The ECG showed sinus rhythm with a heart rate of 108 beats per minute, frequent premature atrial contractions with ventricular conduction abnormalities, and no abnormalities in the S-T segment or T wave. The myocardial enzyme spectrum showed that creatine kinase isoenzyme MB was 33.6 U/L, and other items were normal. The TCM pattern was phlegm-heat disturbing the interior, and the prescription was modified *huang lian wen dan tang*. *Huang lian* 6 g, *qing ban xia* 10 g, *chen pi* 10 g, *fu ling* 15 g, *dan nan xing* 6 g, *zhu ru* 10 g, *ku shen* 10 g, *chi*

shao 10 g, *wu wei zi* 6 g, *dan shen* 15 g, *yu jin* 10 g, *yuan zhi* 10 g, *huo ma ren* 10 g, *hu po* 5 g, *ling ci shi* 30 g, *sheng long gu* 30 g, *sheng mu li* 30 g. The medicine was taken by decoction, one dose per day for 7 days. The symptoms disappeared. The myocardial enzyme spectrum had returned to normal.

Conclusions:

After a patient's COVID-19 test result turns negative, it does not necessarily mean that the virus has been completely eliminated from the body. The COVID-19 virus can invade any tissue or organ in the human body, leading to the development of corresponding symptoms. Arrhythmia after COVID-19 infection is also one of the complications. In terms of traditional Chinese medicine treatment for any symptoms, diagnosis and treatment based on syndrome differentiation should be the primary approach. Modern medical examinations should be used to evaluate the efficacy of the treatment, in order to prove clinical efficacy.

腹诊针灸在新冠后遗症治疗中的应用

王迎 英国

新冠阳性的患者转阴后，虽然实验室检查患者的身体没有携带新冠病毒了，但是转阴之后，患者却会突然出现各种各样的后裔症状。特别是有很多人会突然出现胸闷，胸痛，心悸和呼吸困难等症状。这些症状严重的患者去医院检查，往往会确诊为阳康后继发肺栓塞，心梗，心肌炎等疾病所造成的。需要进一步住院治疗。但是临床上还有很大一部分的具有这些症状的病人，医院各种检查却未能发现器质性异常，因而未能得到有效的治疗。因此，这些患者往往会来寻求我们中医针灸治疗。

所以说，当越来越多的新冠后遗症的患者来寻求我们中医针灸治疗，特别是患有胸闷，胸痛，心悸，呼吸困难这组后遗症的患者来诊的时候，如何能够快速的做出准确的诊断，制定出相应的治疗方案，快速的缓解和消除患者的痛苦，阻断病情的发展，是我们的首要任务。

腹诊就是一种非常有效的用来指导我们诊疗的方法。在腹诊指导下的针灸治疗，往往会立竿见影，能够帮助患者解除痛苦。

下面我们首先看一个我治疗的病例：

病例 1

患者，女，60 岁。新冠转阴后，突然一天晚上出现胸闷，剧烈左侧胸痛，心悸，呼吸困难。去医院急诊，心电图检查未见任何异常，故未作进一步的治疗。故来寻求针灸治疗。现患者仍然感胸闷不适，心悸，气短伴有焦虑，及胃脘不适，腰背疼痛。

腹诊检查（如图）：胸部双侧神封，神藏穴区，膻中穴区，心脏周围相关部位，及左侧腋下压痛。腹部鸠尾穴区，中脘穴区，左侧带脉穴区，双侧腹股沟韧带压痛。

治疗过程：

1. 根据患者的阳性体征，先腹征对应治疗：针双侧的胃气线；左侧复溜，阴陵泉，气户；双侧的四渎，丘墟；
2. 继续脾经加心包经治疗：针双侧三阴交，阴陵泉，郄门穴；
3. 留针 30 分钟，针后，患者腹征明显减轻，而且感呼吸通畅，已无胸闷，心悸症状；
4. 患者改俯卧位，又针对腰背疼痛做了对症处理。

治疗结束后，患者感全身舒适，高高兴兴地离去。

该患者一次治疗后，未再出现胸闷，心悸症状。而且经过 6 次治疗后，心脏周围穴位及反射区的压痛也完全消失。

这个病例的诊疗方法就是完全用腹诊指导下的针灸治疗。

下面我来介绍一下腹诊和腹诊针灸及其相关内容

1.基本概念

腹诊：是中医四诊之一切诊的一种，是通过望触扣听腹部的相关部位来诊断疾病的一种方法。现代腹诊也将胸部的触诊检查包括其中。

腹诊针灸：就是以腹诊的检查所发现的阳性体征指导针灸治疗的一种方法。

2．腹诊检查的主要内容

现代腹诊检查的主要内容包括：以《难经.十六难》为基础的五脏在腹部的全息定位检查；以经络十二募穴为指导的五脏六腑在胸腹部的定位检查； 胸腹部某些特殊穴位的检查和以现代解剖知识为依据的相关肌肉脏腑器官的检查。

2.1 以难经十六难 为基础的五脏在腹部的全息定位检查

我们首先看看难经第十六难的条文：[1]

“《难经.十六难》曰：脉有三部九候，有阴阳，有轻重，有六十首，一脉变为四时，离圣久远，各自是其法，何以别之？然。是其病有内外证。其病为之奈何？ 然。

假令得肝脉，其外证善潔（挈、瘈、瘛）、面青、善怒。其内证齐左有动气，按之牢若痛。其病四肢满闭、癃溲便难、转筋。有是者肝也，无是者非也。

假令得心脉，其外证面赤、口干、喜笑。其内证齐上有动气，按之牢若痛。其病烦心，心痛，掌中热而口碗。有是者心也，无是者非也。

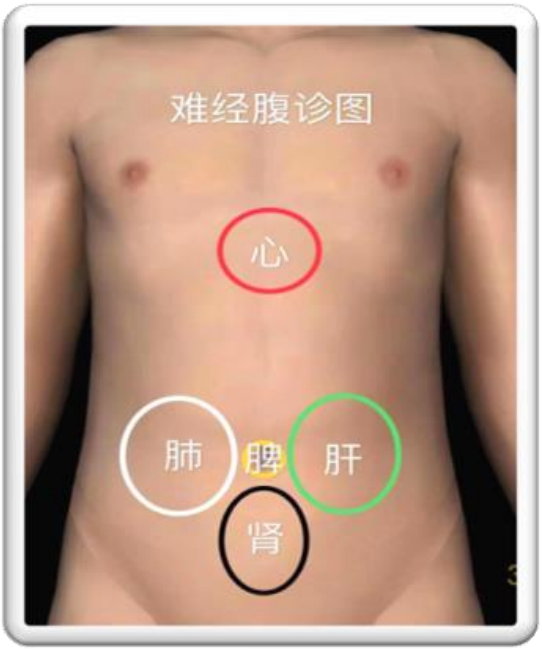
假令得脾脉，其外证面黄、善噫、善思、善味。其内证当齐中有动气，按之牢若痛。其病腹胀满、食不消，体重节痛，怠堕嗜卧，四肢不收。有是者脾也，无是者非也。

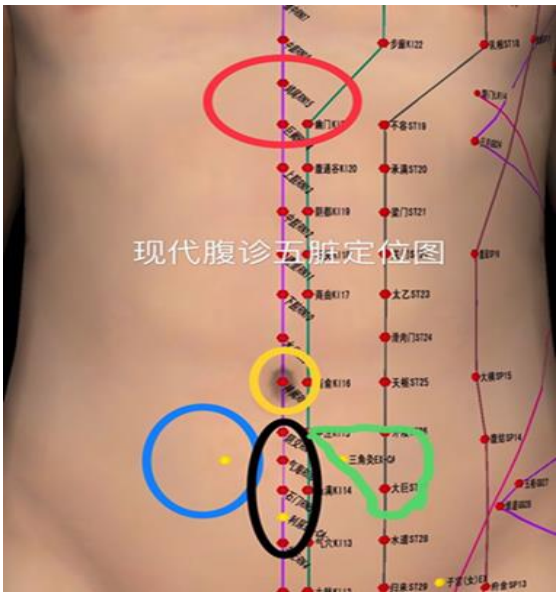
假令得肺脉，其外证面白、善嚏、悲愁不乐、欲哭。其内证齐右有动气，按之牢若痛。其病喘咳，洒淅寒热。有是者肺也，无是者非也。

假令得肾脉，其外证面黑、喜恐、欠。其内证齐下有动气，按之牢若痛。其病逆气，少腹急痛，泄如下重，足胫寒而逆。有是者肾也，无是者非也。”

2.1.1 在这篇条文中，首次提出了五脏在腹部的全息定位（如图）：肝在脐左，肺在脐右古人不是不知道五脏具体的解剖位置，只是如同我们运用的第二掌骨侧全息，耳部，手，脚全息定位一样，他之所以在此条文中这样讲，则是为后人提供了一种非常有用的诊断思维方式。

古人惜字如金，虽然告诉了五脏在腹部的





全息定位，但是这只是一个大体上的定位，却没有写出详细的定位。所以在现代腹诊针灸诊疗体系中关于五脏在腹部的全息定位，我们采用了日本长野松本派的腹诊定位方法[2]，即用穴位定位的方法，把五脏在腹部的全息定位给做了标注，脾在脐中央，肾在脐下，心在脐上。

肺的反射区：位于脐的右侧，胃经的外陵，大巨穴区域。

肝的反射区：位于脐的左侧，从肾经的中注穴到胃经的外陵，大巨穴所围成的一个肝形的三角形区域。

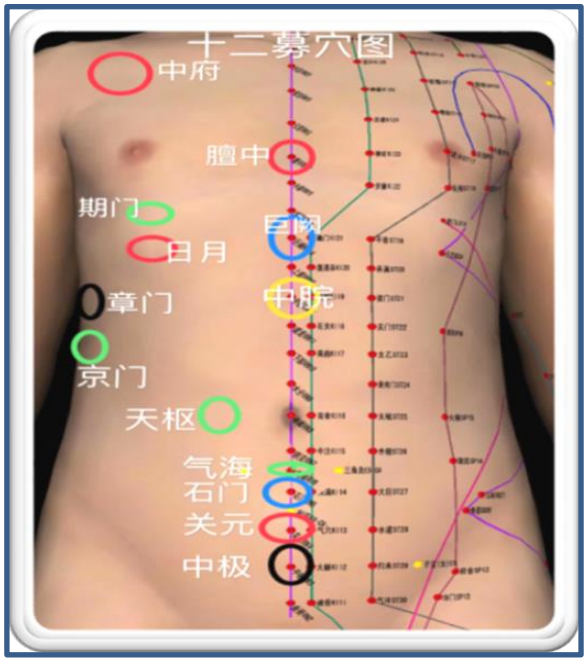
脾的反射区：位于脐中心，包括上至水分，下至阴交穴，左右到肓俞穴的脐缘区域。

心的反射区：位于剑突下鸠尾穴区。

肾的反射区：位于脐下到关元的丹田区域

2.1.2 在难经第十六难中还首次提出了内证与外证的概念，为后世以内证（腹征）治疗为主，治病求本，整体治疗提供了理论依据。也就是，临床治疗中以治疗内证（腹征）为主，其他的对症治疗为辅。这也是我们现代腹诊针灸的特点之一。

2.2 以经络十二募穴为指导的五脏六腑在胸腹部的定位检查（如图）



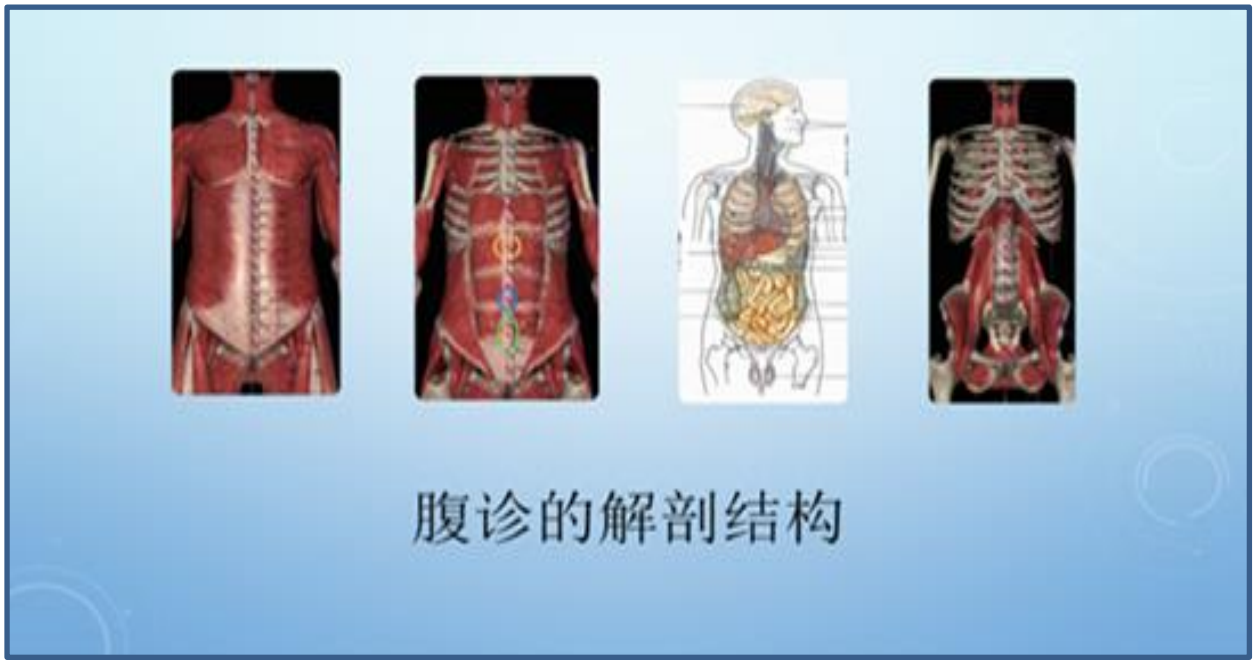
肺募中府，心募巨阙，肝募期门，脾募章门，肾募京门，心包募膻中，大肠募天枢，小肠募关于元，胆募日月，胃募中脘，膀胱募中极，三焦募石门。我们通过触按检查这些相关穴位有无紧张压痛，就可以达到判断相关脏腑是否有问题。

2.3 胸腹部某些特殊穴位和部位的检查

如肾经在胸部的循行路线，梁门穴，右关门穴，带脉穴，腹股沟韧带等部位和穴位的检查。

以上检查的内容，可以说是我们中医所特有的腹部检查内容，当然不仅是腹部检查，现代腹诊还包括了胸部相关穴位的检查

2.4 以现代解剖知识为依据的相关肌肉脏腑器官的检查（如图）



现代腹诊检查的内容，还应该包括现代医学的解剖结构，包括肌肉及相关的脏器组织。大家可以按照九分区法进行相关检查，这里我们就不详细叙述了。只有掌握了现代的解剖知识，才能够清楚的了解我们临床中检查发现的阳性体征到底预示了什么样的问题，才能够做到治疗的时候，心中有数，避免出现延误患者病情的事情发生。

3. 腹诊针灸的主要诊疗特点

3.1 定位清楚，简单易学

3.2 诊断以腹诊诊断为主，其他诊断为辅

3.3 诊断之后，治疗以消除胸腹部的阳性体征，整体治疗为主，对症治疗为辅

3.4 临床治疗以四肢远端取穴消除腹征为主，腹部直接治疗为辅

3.5 重视既往病史的治疗

4. 腹诊针灸诊疗方法有什么优势？

腹诊针灸是集诊断，治疗和验证，三者合一的诊疗方法。

每一个或一组腹征都有一个或一组相对应的治疗穴位，所以说，当我们通过触诊检查发现了某一阳性腹征后，就知道应该用什么穴位来治疗。而且无论任何疑难杂症，只要有腹征，我们就可以有的放矢的进行治疗，并取得较好的疗效。而且，通过相对应的远端穴位治疗，往往是立竿见影。

腹诊针灸是边针灸边检验，医患双方都能够知道治疗的效果，便于医患沟通，取得患者的信任。

腹诊针灸还可以治疗未症，在疾病爆发之前就可以把它消灭在萌芽之中。

5.腹诊针灸诊疗体系的常规治疗策略

第一步都是要以远端治疗来减轻或消除腹部触诊检查所发现的腹征，特别是肝的反射区，肺反射区，中脘穴区，肾反射区的压痛。

第二步是减轻或消除与主诉相关的特殊腹征。

第三步对于患者的病情与既往病史有联系的，我们还要注重对既往病史的治疗

第四步是针对遗留的问题，对症治疗。

在腹诊针灸诊疗中我们的原则是：治疗腹征优于现症。治疗既往病史，优于现病史

6. 临床应用举例

下面我就举 3 个我的学生们运用腹诊针灸的方法治疗新冠后遗症治疗胸闷，胸痛，心悸，呼吸困难这组新冠后遗症的病例。

病例 2

患者女，46 岁。新冠感染 12 天转阴，而且之前消失的味觉，食欲减退等症状也已完全恢复。但是突然出现胸闷气短，感觉气堵在胸口下不去，连上二楼等感觉非常困难。去医院检查未发现异常。今天过来针灸。

腹诊检查：膻中穴，心脏周围的穴位，中脘穴区压痛，左侧的鱼际穴，然谷穴压痛，渊液穴压痛，左侧乳房下方可触及一黄豆大小的结节。

治疗：

第一步，首先根据患者的腹征，采用了腹诊针灸四大基本治疗原则对应取穴，来消除腹征‘

第二步，采用肺肾经的金水治疗，消除鱼际穴，然谷穴的压痛

第三步，采用脾经加心包经，及少阳经的治疗，针太白，郄门，四渎，丘墟，消除胸部及心脏周围相关部位的压痛。

第四步，针关元制热，印堂制凉针法。

以上穴位共留针 40 分钟，患者述感呼吸通畅，一口气可以气到沉田了。

第五步，又在乳房下方的结节处，行解结针法。留针 15 分钟，结节消失。

治疗结束后，再检查膻中，及心脏周围的疼痛点已经完全消失了，患者说一点也不痛了。

起床后，患者感全身轻松，心情舒畅，没有任何胸闷心慌气短的感觉了。高高兴兴的离去。

该患者共治疗 4 次，症状腹征完全消失。

李梅 中国 2022 年 12 月 31 日

病例 3

患者男，38 岁，胸闷气短一月。患者于 2022 年 11 月 30 日在其夫人新冠 5 天后出现新冠症状，当时症状不是太明显，但是后来出现胸闷不适，不能深呼吸，2023 年 1 月 11 日和他妻子一起来就诊，无咳嗽咳痰，大便正常，舌红苔薄白有齿痕，呼吸只达中脘处。

腹诊检查：免疫区，中脘压痛

治疗：免疫穴，双侧胃气线，中府透云门，膻中，印堂制凉，关元制热，患者腹征全部消失，呼吸从之前在中脘处可以到达丹田。患者全身温暖，非常放松。

留针 30 分钟后，然后让患者附卧针肺俞心俞区域压痛部位，未留针。

治疗结束后患者无胸闷不适感能深呼吸。高兴离去。

朱红艳 英国

病例 4

张妮子，女，23 岁。主诉：新冠烧退后，胸闷气短乏力，臭觉，味觉消失。自述胸部象被布包着一样透不过气来，CT：肺部感染。

腹诊查：胃反射区，脾反射区，肝反射区区，肺反射区，肾反射区，膻中穴区，中府云门区，鱼际穴区压痛

治疗：首先根据腹征针左侧的中封，尺泽，双免疫穴，双胃气线，双照海，俞府穴来消除腹征。然后针肺经的经渠，尺泽穴金水治疗，消除鱼际穴及中府云门穴区的压痛。

留针 30 分钟，针后患者症状离开明显减轻，三天症状完全消失。

同时配黄芩姜夏汤咳嗽也愈。

俞炎 中国

大家从这些学员的病例分享中，可以看到，腹诊针灸临床中可以复制，而且在临床中都取得了非常理想的疗效，值得推荐使用。

7.最后我总结一下临床中为什么我们要用腹诊来指导针灸治疗？

根据难经理论，五脏有疾，六腑必淤。任何疾病几乎都会在腹部检查发现淤阻的部位（腹征，内证）。这些腹征可能是造成现症的内在原因，也可能是影响现症不能及时康复的原因。因此，我们对于所有患者的诊疗，首先就是在腹部相关的部位做触诊检查来发现阳性体征，然后再远端取穴，通过针刺治疗来消除这些腹征，这样就可以达到治愈现症，或促进现症恢复的目的。特别是对于那些传统治疗，局部治疗未能显著起效的患者，使用腹诊针灸往往会起到非常好的治疗效果。

腹诊针灸的应用范围非常的广泛，几乎临床大多数的疾病我们都可以运用腹诊来指导针灸治疗。

8. 参考文献

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Application of Abdominal Acupuncture in the Treatment of Post- COVID-19 Sequelae

By Ying Wang

After a patient with a positive COVID test result turns negative, even though laboratory tests show that the patient's body is no longer carrying the virus, they may suddenly develop various post-recovery symptoms. Especially, many people may experience symptoms such as chest tightness, chest pain, palpitations, and difficulty breathing. Patients with severe symptoms who go to the hospital for examination are often diagnosed with post-COVID complications such as pulmonary embolism, myocardial infarction, myocarditis, and other diseases. Further hospitalization treatment may be required. However, there is still a large number of patients who have these symptoms but do not show any organic abnormalities in various hospital tests, and therefore, cannot receive effective treatment. Therefore, these patients often come to seek our traditional Chinese medicine acupuncture treatment.

Therefore, when more and more patients with post-COVID sequelae seek acupuncture and Chinese medicine treatment, especially those with symptoms such as chest tightness, chest pain, palpitations, and respiratory distress, how to make accurate diagnosis, develop appropriate treatment plans, quickly relieve and eliminate patients' pain, and block the progression of the disease is our top priority.

Abdominal palpation is a very effective method to guide our diagnosis and treatment. Acupuncture treatment guided by abdominal palpation can often achieve immediate results and help patients relieve their pain.

Case 1.

Patient, female, 60 years old. After recovering from COVID-19, she suddenly experienced chest tightness, severe left-sided chest pain, palpitations, and difficulty breathing one night. She went to the emergency department of the hospital, where her ECG was normal, so she did not receive further treatment. She then sought acupuncture treatment. Currently, the patient still experiences discomfort in the chest, palpitations, shortness of breath accompanied by anxiety, as well as discomfort in the epigastric region and pain in the waist and back.

Abdominal examination (as shown in the image): tenderness in the bilateral *shen feng* and *shen cang* areas, *tan zhong* and related areas around the heart, and left axillary region. Tenderness in the *jiu wei*, *zhong wan*, and left belt vessel areas, as well as in the inguinal ligaments bilaterally.

According to the patient's positive signs, treatment was first given to the corresponding abdominal symptoms related points: needles were applied to the bilateral lines of stomach *qi*, the left *fu liu*, *yin ling quan*, and *qi hu* points, and the bilateral *si du* and *qiu xu* points.

Continued treatment with the spleen and pericardium meridians: needling bilateral *san yin jiao*, *yin ling quan*, and *xi men* points. The needles were retained for 30 minutes, and after the treatment, the patient's abdominal symptoms were significantly relieved. Additionally, they reported improved breathing, and their chest tightness and palpitations had disappeared.

The patient was instructed to lie prone and symptomatic treatment was provided for their lower back pain. After treatment, the patient felt comfortable throughout their body and left happily. The patient did not experience chest tightness or palpitations after a single treatment, and after six treatments, the tenderness around the heart and its reflex areas had completely disappeared.

The diagnostic and treatment approach for this case involved acupuncture therapy guided entirely by abdominal diagnosis.

1.Basic Concepts of Abdominal diagnosis

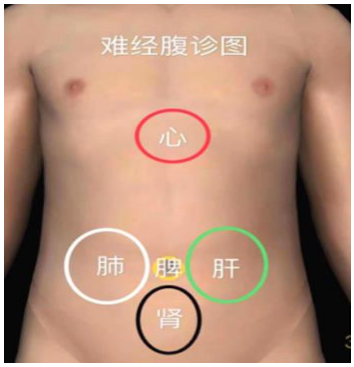
1.1 Abdominal Diagnosis:
It is one of the four diagnostic methods in Traditional Chinese Medicine (TCM). It is a method of diagnosing diseases by observing, palpating, percussion and auscultating the relevant parts of the abdomen. Modern abdominal diagnosis also includes palpation examination of the chest.

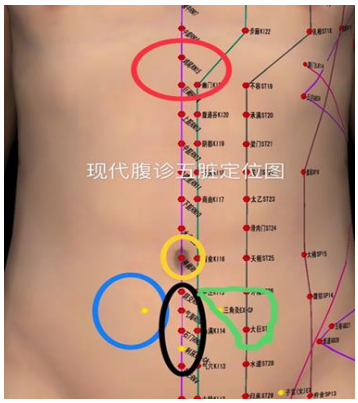
1.2 Abdominal Diagnosis Acupuncture:
It is a method of acupuncture therapy that uses positive signs detected by abdominal diagnosis as a guide for treatment.

2. Main Content of Abdominal Diagnosis Examination :
The main content of modern abdominal diagnosis examination includes: holographic localization examination of the five viscera in the abdomen based on the " 16 Difficulties " in the *nan jing*; localization examination of the five viscera and six bowels in the chest and abdomen guided by the twelve meridian points; examination of some special acupoints in the chest and abdomen, and examination of relevant muscles, viscera and organs based on modern anatomical knowledge.

In this article, for the first time, a holographic localization of the five viscera in the abdomen (as shown in the figure) was proposed: the liver is located to the left of the umbilicus, and the lungs are located to the right of the umbilicus. The ancient people were not unaware of the specific anatomical locations of the five viscera, but like the holographic localization of the second metacarpal side, ear, hand, and foot that we use, the author's purpose in this article was to provide a very useful diagnostic thinking method for future generations.

The ancients valued words like gold. Although they described the holographic location of the five organs in the abdomen, it was only a rough positioning without detailed descriptions. Therefore, in modern abdominal acupuncture diagnosis and treatment systems, we use the abdominal diagnosis method of the Nagano Matsumoto school in Japan [2]. This method uses acupoint localization to mark the holographic location of the five organs in the abdomen. The spleen is located in the centre of the navel, the kidneys are located below the navel, and the heart is located above the navel.





Lung reflex zone: located on the right side of the navel, in the region of the Stomach Meridian′ s *wai ling* and the *da ju* acupoints.

Liver reflex zone: located on the left side of the navel, in a triangular area shaped like the

liver, bordered by the *zhong zhu* of the Kidney Meridian and the *wai ling* and *da ju* of the Stomach Meridian.

Spleen reflex zone: located in the center of the navel, including the area from *shui fen* above to the *yin jiao* below, and from *huang shu* on both sides to the edge of the navel.

Heart reflex zone: located in the area of the *Jiu wei* below the xiphoid process.

Kidney reflex zone: located in the *dan tian* area below the navel down to *guan yuan*.

In the 16th chapter of the book " *nan jing* " (also known as " The Classic of Difficulties "), the concept of " *nei zheng* " (internal evidence) and " *wai zheng* " (external evidence) was first proposed. This provided a theoretical basis for future medical practices that prioritize the use of " *nei zheng* " (abdominal diagnosis) for treating the root cause of illnesses and promoting holistic treatments.

In clinical practice, the focus is on treating the root cause of illnesses through "*nei zheng*" (abdominal diagnosis) while other treatments for specific symptoms are used as a supplement. This is also one of the characteristics of modern abdominal acupuncture.

2.2 Location examination of the internal organs in the chest and abdomen based on the twelve front-mu acupuncture points of the meridians (as shown in the figure):

Lung mu point: *zhong fu*
Heart mu point: *ju que*
Liver mu point: *qi men*
Spleen mu point: *zhang men*
Kidney mu point: *jing men*
Pericardium mu point: *ren zhong*
Large intestine mu point: *tian shu*
Small intestine mu point: *guan yuan*
Gallbladder mu point: *ri yue*
Stomach mu point: *zhong wan*
Bladder mu point: *zhong ji*
San jiao mu point: *shi men*

By palpating and checking for tenderness or pressure pain at these relevant acupuncture points, we can determine whether the corresponding internal organs have any issues. These acupuncture points serve as a guide for locating the internal organs in the chest and abdomen.

2.3 Examination of certain special acupuncture points and areas in the chest and abdomen, such as the kidney meridian′ s pathway in the chest, liang men acupoint, right guan men acupoint, *dai mai* acupoint, inguinal ligament, and other locations and acupoints.

The above examinations can be said to be unique abdominal examination content of traditional Chinese medicine. It is not just abdominal examination; modern abdominal examination also includes the examination of acupoints related to the chest.

2.4 Examination of relevant muscles, organs, and viscera based on modern anatomical knowledge.

3. The main diagnostic and therapeutic features of acupuncture based on abdominal diagnosis:

3.1 Clear localization, simple and easy to learn.

3.2 Diagnosis is mainly based on abdominal examination, and supported by other diagnoses.

3.3 After diagnosis, the treatment mainly focuses on eliminating the positive signs of the chest and abdomen. The holistic treatment is the main focus, and symptomatic treatment is secondary.

3.4 Clinical treatment mainly involves using distal acupoints of the limbs to eliminate abdominal symptoms, with direct abdominal treatment as a secondary approach.

Emphasis on treating the patient's medical

history.

Advantages of abdominal acupuncture as a diagnostic and therapeutic method

Acupuncture directed by abdominal diagnosis is a diagnostic and therapeutic method that combines diagnosis, treatment, and validation into one. Each individual or group of abdominal symptoms has a corresponding group of treatment acupoints. Therefore, once we discover a positive abdominal symptom through palpation, we know which acupoints to use for treatment. Moreover, no matter what difficult or complex conditions there are, as long as there are abdominal symptoms, we can treat them in a targeted manner and achieve good therapeutic effects. Furthermore, treatment with corresponding distal acupoints often produces immediate results.

Abdominal acupuncture involves testing and verifying the treatment effect while performing acupuncture, and both the medical staff and the patients can know the effect of the treatment. This facilitates communication between practitioners and patients and helps to gain the trust of the patients.

Abdominal acupuncture can also prevent symptoms from appearing, as it can eliminate them in their early stages before they become fully developed.

A few other examples of using Abdominal Diagnosis Acupuncture:

Case 2.

The patient is a 46-year-old female who was infected with COVID-19 and tested negative after 12 days. Her previously disappeared sense of taste and reduced appetite have completely recovered. However, she suddenly experienced chest tightness and shortness of breath, feeling that her breath was stuck in her chest and had difficulty climbing upstairs. She went to the hospital for a check-up, but no abnormalities were found.

During abdominal examination, tenderness was found at the *dan zhong*, *zhong wan* acupoints and the surrounding acupoints of the heart. There was also tenderness at the left *yu ji*, *ran gu*, *yuan yue* acupoints, and a small nodule the size of a soybean was palpable below the left breast.

Treatment:

The first step is to use abdominal diagnosis acupuncture according to the patient′s abdominal symptoms and select the corresponding acupoints based on the four basic treatment principles to alleviate the abdominal symptoms.

The second step is to use the metal-water (*jin-shui*) therapy of the Lung and Kidney meridians to relieve tenderness at the *yu ji* and *ran gu* points.

The third step is to use the Spleen meridian combined with the Pericardium meridian and *shaoyang* meridian to needle *tai bai*, *qie men*, *si du*, and *qiu xu* points to relieve tenderness around the chest and heart.

The fourth step is to use the *guan yuan* point for inducing heat and the yin tang point for inducing cold.

The above acupoints are needled for a total of 40 minutes. The patient reported feeling smooth breathing and being able to take a deep breath to dan tian.

In the fifth step, the resolving knot acupuncture method was used on the nodules under the breast, and the needles were left in place for 15 minutes. The nodules disappeared.

After the treatment, the painful points around the *dan zhong* and the heart had completely disappeared, and the patient reported feeling no pain at all. The patient received a total of four treatments, and the abdominal symptoms completely disappeared.

Reported by Mei Li.

Case 3

The patient, male, 38-year-old. He has been experiencing shortness of breath and chest tightness for one month. The patient′s symptoms first appeared on November 30th, 2022, five days after his wife tested positive for COVID-19. At that time, the symptoms were not too obvious, but later the patient experienced discomfort and chest tightness, making it difficult to take deep breaths. On January 11th, 2023, he came to the clinic with his wife. He had no cough or phlegm, normal bowel movements, a red tongue with a thin white coating and teeth marks, and his breathing only reached the middle of his abdomen.

Abdominal examination revealed tenderness in the immune area and the *zhong wan* point.

Treatment included needling the immune point, bilateral Stomach *qi* lines, *zhong fu* to *yun men*, and *tan zhong* point, *yin tang* point for induing cold, and *guan yuan* point for inducing heat. The patient′s abdominal symptoms completely disappeared, and their breathing was able to reach the *dan tian* instead of just to the *zhong wan* point. The patient felt warm and relaxed all over their body.

After leaving the needles in place for 30 minutes, the patient was then instructed to lie face downward and apply needle to the tender areas in the *fei shu* and *xin shu* regions without retaining the needles.

Reported by Hong Yan Zhu, UK

Case 4

The patient, female, 23 years old. After recovering from COVID-19, she experiences chest tightness, shortness of breath, fatigue, loss of sense of smell and taste. The patient describes feeling like the chest is wrapped in a cloth and cannot breathe properly. CT scan shows lung infection.

Abdominal examination: Tenderness upon palpation of the stomach reflex zone, splenic reflex zone, liver reflex zone, lung reflex zone, kidney reflex zone, regions around CV 17, LU 1, LU 2 and LU 10.

Treatment: Firstly, the abdominal symptoms were treated by needling the following acupoints on the left side: LI 4, LU 5, bilateral immune points, bilateral stomach lines, bilateral KI 6, and KI27, then applying metal-water treatment by needling LU 8 and LU 5 of Lung meridian to alleviate tenderness of LU 1, LU 2 and LU 10.

The patient was left with the needles for 30 minutes. After the treatment, the symptoms were significantly reduced and disappeared completely after three days. The prescription of *huang qin jiang xia tang* also helped with the cough and has been effective.

Reported by Yu Yan from China

In summary, according to the theory of the *nan jing* (Classic of Difficulties), if the five viscera (*zang*) are diseased, the six bowels (*fu*) must be stagnant. Almost all diseases can be detected in the abdomen (abdominal symptoms and internal manifestations). These abdominal symptoms may be the underlying causes of the present illness, or they may be the reasons why the present illness cannot be cured in a timely manner. Therefore, in the diagnosis and treatment of all patients, the first step is to conduct palpation examination on the relevant areas of the abdomen to detect positive signs. Then, acupoints are selected distally, and the abdominal symptoms are eliminated through acupuncture treatment, which can achieve the goal of curing the present illness or promoting recovery from it. Especially for patients who have not responded significantly to local traditional treatments, abdominal acupuncture is often very effective.

TCM Treatment Strategies in Supporting Assisted Reproduction Technology for Infertility

中医辨证调周结合辅助生殖技术治疗不孕症的策略和思路

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Abstract

In-Vitro Fertilisation (IVF) has been used as an advanced technology for treating infertility. Despite of its growing popularity in the last 30 years, the success rate of IVF is still relatively low. Several studies have shown that applying acupuncture to IVF may improve the chances of conceiving for women. I reviewed and analysed the results of several research on the application of TCM in supporting IVF, recognised that more improved and well-designed high quality methodological research models are needed to proof the significant use of Acupuncture/TCM in IVF. To be able to integrate two approaches effectively, understand the commonly used IVF protocols and drugs is essential. Through 28 years of TCM practice in the UK and collaboration with IVF clinics and hospitals, I have developed my own specially designed unique TCM programme for use in supporting IVF, considering women's menstrual cycle, individual TCM pattern differentiation and hormonal characteristics in TCM, the clinical outcome is satisfactory and encouraging.

Key words

Infertility; Traditional Chinese Medicine (TCM); Acupuncture; Assisted Reproductive Technology (ART); TCM menstrual cycle-regulating therapy; In-Vitro Fertilisation (IVF); Egg Collection (EC); Embryo transfer (ET); Intracytoplasmic Sperm Injection (ICSI); Intrauterine Insemination (IUI).

摘要

辅助生殖疗法是治疗不孕不育症的一个先进技术，近 30 年来使用越来越普遍，但其成功率仍很低。最新研究结果证明利用中医针灸治疗不孕不育症的优势来弥补辅助生殖技术的不足，可以提高育龄妇女的成功受孕率。本文作者分析了目前世界上中医结合辅助生殖疗法治疗不孕不育症的最新研究结果及进展，认为需要更多更合理设计的研究方案来证明中医针灸确实可以提高辅助生殖技术的成功率。为了更好地把两者有效的结合起来，有必要了解辅助生殖疗法治疗方案，特别是体外授精-胚胎移植疗法（IVF）的常用治疗方案和常用药物。作者通过在英国临床 28 年及与当地妇科医院及辅助生殖/IVF 诊疗中心合作的经验，根据病人月经周期的特征及中医辨证施治原则，结合 IVF 所用激素药物的中医特性等制定出了一套用于辅助生殖技术中的独特的中医针灸治疗方案，临床效果满意。

关键词

不孕不育症；中医；针灸；辅助生殖技术；中医调周疗法；体外授精/试管婴儿；取卵；胚胎移植；卵胞浆内单精子注射；宫腔内人工授精

Infertility is a rather common and complicated gynaecological condition. Around one in six couples have problems conceiving naturally [1], and this is predicted to rise to one in three in Europe over the next decade [2]. In the western countries, most infertile couples would seek ART before turning to TCM. TCM has been recognised and used for infertility worldwide over the last 30 years, and many clinical trials reported that applying acupuncture to ART can increase a woman's chances of conception significantly. I've been working in collaboration with some consultants in the hospitals and ART clinics, have approved that acupuncture/TCM can significantly improve the success rate of ART.

Research reviews on the application of acupuncture in IVF

'Fertility problems is the second most common health condition, following pain-related conditions, for which people seek acupuncture treatment in the UK [3]. Several research on the use of acupuncture in assisted reproduction are booming worldwide since 2002, especially in the UK, Sweden, Austria, Germany, and Denmark [4]. A study published by the British Medical Journal in February 2008 concluded that acupuncture can increase the chances of getting pregnant for women undergoing IVF by 65%, substantially higher than those who did not have acupuncture [5].

First research to study the effect of acupuncture in improving IVF outcome was carried out in 2002 by Paulus et al. [6] in Germany. Total 160 patients were recruited for the study; 80 patients were selected randomly to acupuncture group and 80 for control group. Acupuncture was administered on the day of embryo transfer (ET), one session on 25 minutes before ET and another session straight after ET, with auricular acupuncture. The selection of acupoints before ET were Du20, PC6, Sp8, Liv3, St29, and after ET were LI4, St36, Sp10, Sp6, with auricular points of Zigong, Naodian, Shenmen, Neifenmi, two needles were inserted into each side of ear, and then the points were exchanged between two ears after ET. The result had shown that pregnancy rate was significantly higher in the acupuncture group than in the control group (42.5% vs. 26.3%).

There were over ten more randomized controlled studies (RCS) have been recruited since then, which seven studies used similar acupuncture protocol as Paulus et al.[6], excepted Dieterle et al.[7] did another session three days after ET with auricular acupuncture, Smith et al.[8] did one more session on day nine of ovarian stimulation, and Westergaard et al.[9] did one additional session two days after ET, while another five studies applied acupuncture on the day of EC only. They concluded that the pregnancy rate for IVF treatment is significantly increased when acupuncture is administered on the day of ET.

There was also a meta-analysis of over 10 randomized studies revealed that acupuncture can be considered as an alternative for pain relief during EC in patients who cannot tolerate the

conventional conscious sedation because its adverse effects [10].

Research on the application of TCM in IUI

First study to measure the effectiveness of TCM in combination with IUI was conducted by Dr. Shahar Lev-Ari from Tel Aviv University, published in the Journal of Integrative Medicine on 9th January 2012 [11]. TCM program was designed to meet each woman's specific needs, which acupuncture was given weekly and a regime of Chinese herbal medicine which consisted of herbal powders or raw herbs. The average age of patients was 39.4 in the study group, and 37.1 in the control group. The result was revealed that TCM can have a major impact on the success of IUI, 65.5% of test group conceived, compared with 39.4% of the control group.

Assisted Reproductive Technology (ART)

ART requires the administration of medication-containing Follicle Stimulating Hormone (FSH), which controls follicle and egg development. These include Ovulation Introduction/Hormonal therapy, IUI, IVF-ET, ICSI and Frozen Embryo Transfer (FET). First IVF/Test -Tube baby Louise Brown was born in July 1978 in the UK.

Commonly used IVF protocols and drugs in the UK

There are several different IVF protocols commonly used in the UK, which are Antagonist Regime and Agonist Regime including Short Protocol, Long Protocol and Ultra Long Protocol. When male partner's sperm count and/or quality are low, or if a couple have had a history of poor fertilisation in the previous IVF, ICSI may be necessary, which is a procedure require hold the egg under the microscope and inject a single sperm into the interior of the egg.

1 **Antagonist regime:** gives a better response for women with diminished ovarian reserve or premature ovarian failure (high FSH and/or low AMH).

It starts on cycle day three with Puregon which is a drug contains follicle stimulating hormone (FSH), then starts Cetrotide (Antogon-GnRH antognist) or Orgalutran (luteinising hormone-LH) on 7th day of cycle to avoid premature ovulation while continuing Puregon. After approximately nine days of FSH injections, the eggs should be ready for collection. When scan showing the follicle are more than 17mm in diameter, the Pregnyl (Human Chorionic Gonado-trophin - HCG) will be given 36 hours prior to EC. Progesterone such as Cyclogest or Utrogeston intravaginal pessaries is administered on the night of Egg Collection (EC) till pregnancy test, or till 12 weeks pregnant if IVF successful.

2 **Agonist regime**

2.1 Long protocol

This is a classic and most commonly used IVF protocol which takes about 90% of all IVF cycles. It is suitable for women with regular 28 days menstrual cycles.

It starts on day 21 of cycle with down regulation (GnRH agonist) drug Suprecur (Buserelin) injection or nasal spray for 10 days minimum, to suppress pituitary gland, blocks the release of LH to avoid premature ovulation. Then starts stimulation drug Gonadotropin (FSH) on day three of cycle while continuing suprecur till HCG (Pregnyl) injection, Gonal-F, Purogon and Manopur are commonly used drugs. Pregnyl will be administered on 36 hours prior to EC and Progesterone on the night of EC till

pregnancy test or 12 weeks pregnant if IVF successful.

2.2 Short protocol

It is designed for women with irregular cycles, poor responders or older women. It is similar as long protocol apart from starts Suprecur on day two instead day 21 of cycle.

2.3 Ultra long protocol

It is particularly designed for women with Endometriosis and Adenomyosis. GnRH agonist therapy is applied to suppress ovarian activity, which starts with down regulation drug Zoladex, Prostap or Buserelin for three months before start IVF stimulation drugs.

The impact of TCM on improving IVF/ ART outcomes - TCM treatment strategies

TCM treats the cause of infertility, aiming for natural conception, while IVF may be a good option for women with severe mechanical disorders such as long-term tubal obstruction, endometriosis, or uterine abnormality, or male factor infertility etc. However, the average success rate of IVF is still very low. Several research have shown that apply acupuncture with IVF can increase success rates significantly.

1. TCM preparation before ART

A woman's best response to any IVF/ART depends on her overall endocrine status in the few months preceding the procedure. The hormonal medications during ART are designed to increase the production of eggs, but are not going to help those eggs be healthy [12]. TCM preparation, therefore, is rather crucial prior to IVF. This allows sufficient time to restore adequate balance of Yin and Yang energies and organs, harmonize Qi and blood, regulate periods, improve ovarian reserve and egg quality [13], reduce chromosome abnormality, enhance endometrial receptivity, thus produce best possible response to IVF drugs, and increase the chances of conception, some patients may fell pregnant naturally during preparation time.

TCM recognises that everything is created through the integration of *yin* and *yang*, *qi* and Blood, different energies dominate each phase of the menstrual cycle. TCM preparation mut be based on pattern differentiation combined with menstrual cycle-regulating therapy.

2. TCM treatment strategies in the process of IVF

TCM treatment plan is individualized according to patient's IVF protocol/regime and the drugs' TCM characteristics.

2.1 TCM during different stages of IVF

Here is my uniquely designed TCM program in the process of IVF.

Down regulation stage:

Treatment principle: Soothe Liver *qi*, nourish Kidney *yin* and Heart blood, harmonize *qi* and blood.

Commonly used Acupoints: *yin tang*, LI11, LI4, Pc6, Ht7, Sp10, Sp6, St36, Liv3, Ki3, UB15, UB18, UB20, UB23.

Chinese Herbs: Zhao's Prescription-*jiang tiao san*/Down Regulation Powders.

dang gui, *dan shen*, *bai shao*, chai hu, fu *she*n, *bai zhu*, *bai h*e, *lian z*i, *nu zhen zi*, *mai dong*, *suan zao ren*, *yie jiao teng*, *zhi ke*, *gan cao*.

Hormonal stimulation stage:

Treatment principle: Nourish Kidney Yin and blood, strengthen Spleen qi and remove dampness.

Commonly used Acupoints: Du20, Ren4, Ren6, Zigong, St29, Sp10, Sp9, St36, Sp6, Liv3, Ki3, UB18, UB20, UB23.
Chinese Herbs: Zhao's Prescription-*yang jing yu luan san*.

dang gui, *bai shao*, *shu di huang*, *shan yao*, *shan zhu yu*, *huang jing*, *dang shen*, *fu ling*, *bai zhu*, *ba ji tian*, *nu zhen zi*, *fu pen zi*, *gou qi zi*, *tu si zi*, *sang shen zi*.

Table 1: TCM Understanding of Hormonal drugs

Drugs	Functions	Side Effects	TCM Characteristics
Buserelin, Cetrotide, Ogalutran, Zoladex, Prostap	Down regulation-Suppressing pituitary gland, Block the release of LH, Depress endometrium	Headache, hot flushes, breast tenderness, moodiness, irritability, vaginal dryness, insomnia	Kidney & Heart *yin* deficiency, *qi* and blood stagnation
Clomiphene, Manopur, Gonal-F, Puregon, Merional	Follicle stimulation-Stimulating ovaries to produce more follicles.	Fatigue, headache, nausea, abdominal bloating, OHSS, breast tenderness, emotional	Spleen *qi* deficiency, Accumulation of dampness
Pregnyl	Inducing ovulation	Headache, irritability, tiredness, breast tenderness	Excessive *yang* rising
Progesterone: Utrogeston, Cyclogest, Lupron injection	Luteal support-Assisting implantation	Skin irritation, insomnia, sore breasts, fatigue, dizziness, abdominal pain, constipation, nausea	Kidney *yang* rising, *jing* and blood depletion

2.2 TCM between EC and ET

Treatment principle: Harmonize Liver *qi* and blood, Nourish Heart blood and calm Shen, speed up the healing process of uterus, prepare for ET and implantation.

Commonly used Acupoints: Du20, *si shen cong*, *yin tang*, Pc6, LI4, St25, St29, Ren3, Sp10, St36, Sp6, Liv3.

Auricular points: *shen men*, Heart, Liver, Spleen.

Chinese Herbs: *dan shen*, *bai shao*, *fu ling*, *bai zhu*, *xiang fu*, *chai hu*, *zhi ke*, *gan cao*.

2.3 Acupuncture on the day of IVF/ET

Treatment principle: Nourish Heart blood to calm Shen, strengthen Spleen *qi* to hold embryos in the uterus.

Two sessions of acupuncture: 30-45 minutes before ET and straight after ET.

Before ET: Du20, *yin tang*, St29, Ren3, Ren4, LI4, Pc6, Sp8, Sp9, Liv3, and Auricular points: *shen men* and Endocrine on the left ear, Uterus and Naodian on the right ear.

After ET: Du20, Du21, Ht7, Sp10, St36, Sp6, Ki7, and swapped auricular points on two ears.

2.4 After ET & during early pregnancy

Treatment principle: Strengthen Kidney Yang and Spleen qi, nourish qi and blood, calm uterus and support implantation.

Acupoints: Du20, Yingtang, Pc6, Ht7, St36, Sp10, Liv3, Ki7, two sessions within first 7 days after ET, then once weekly till 12 weeks pregnant with modified acupoints accordingly.

Chinese Herbs: Zhao's Prescription-*bu shen zhu yun san*

tu si zi, sang ji sheng, xu duan, du zhong, shan yao, shan zhu yu, yin yang huo, fu pen zi, bai zhu, huang qi, dang shen, fu ling, chen pi, gan cao, da zao.

3. **Diet and Lifestyle changes**

Diet and lifestyle are also huge components of TCM. TCM suggests that a healthy and balanced diet and lifestyle have a significant influence on the reproductive system.

Case Study

Case one:
Advanced age after 9 failed IVF

Medical history:

Rachel and Andy were both 40 years old and were originally diagnosed with male factor infertility - Andy had low sperm motility and morphology. They had been trying to conceive for eight years, had undergone nine IVF attempts, including one cancelled cycle. They were referred to me by the consultant while undergoing 10th IVF cycle.

TCM diagnosis:

Andy: Liver *qi* and blood stagnation, and Kidney *yin* deficiency.

Rachel: depletion of Kidney *qi* and *jing*, deficiency of Spleen *qi* and blood.

Treatment process:

Acupuncture was given to Rachel twice weekly combined with herbal tablets for both partners. On this occasion, seven eggs were retrieved after she had six sessions of acupuncture, six of them fertilised and divided. On the day of ET, she received one session of acupuncture 45 minutes before ET and one straight after ET, and two more sessions within a week after ET to support with implantation. She had successfully achieved a pregnancy, had a bit spotting at seven weeks. I therefore applied Chinese herbal tea to replace the herbal tablets, alongside with modified acupuncture appoints, the bleeding stopped within two weeks. She continued taking the herbs for a month, while having acupuncture once a week till 12 weeks pregnant. She had no more problems for the rest of pregnancy, and gave birth to a healthy baby girl in full term.

Analysis:

This couple was diagnosed with male-factor infertility initially, it was essential that both partners receiving treatment to enhance Rachel's chances of conceiving. As a company director, Andy was busy and stressed, and always felt hot. *wu zi yan zong wan* to nourish Kidney *yin* and improve sperm quality, *jia wei xiao yao wan* to harmonise Liver *qi* and blood.

Rachel has one ovary only, had already undergone nine IVF attempts, long-term taking strong hormonal drugs over eight years, her body was out of balance and had never been able to fully recover, organs were not functioning optimally, lead to the depletion of Kidney *qi* and *jing*, together with deficiency of Spleen *qi* and blood, therefore. *Bu shen tian jing san* was given to strengthen Kidney and Spleen *qi*, nourish Kidney *Jing* and blood, combined with

acupuncture to harmonise *yin* and *yang*, *qi* and blood, improve ovarian function and egg quality, and enhance endometrial lining and receptivity. Consequently, they produced five best quality embryos they have never had, achieved a successful pregnancy, and, for the first time, had three viable embryos to be frozen.

Case two:
Advanced age with stress

Anna, 40 years old GP/Consultant. Visited me June 2014 by recommendation from two of her colleagues/consultants.

Medical history:

Main complaints: Had been trying to conceive for 3 years, had 3 failed IVF, planning to have IVF again soon.

She had one abortion at age 23, one miscarriage at age 37. She had been on contraceptive for 10 years, and then periods became much lighter after came off it. Ultrasound scan found fibroids. She is extremely busy and stressed with working long hours.

Husband, 43 years old manager, low sperm count of 1.7-8 millions/ml, diagnosed with Male factor infertility. Therefore, IVF is needed, but recurrent failure of implantation.

TCM diagnosis:

Deficiency of Kidney Yin/Jing, Liver *qi* and blood stagnation.

Treatment principle: Nourish Kidney *yin* and *jing*, soothe Liver *qi* and activate blood, improve endometrial receptivity.

Treatment process:

Acupuncture twice weekly, after 6 sessions of acupuncture, 13 eggs were collected, 9 fertilized with ICSI, 4 embryos divided to blastocysts on day 5 after EC. Had 2 sessions of acupuncture on the day of ET, and 3 more sessions within 14 days after ET, positive pregnancy test. Continued acupuncture once weekly till 14 weeks of pregnant, then once a month till 38 weeks of pregnant. Had a very smooth and healthy pregnancy with no complication at all, and an easy labour, delivered a baby girl naturally.

Case three:
Advanced age with fibroids

Caroline, 42 years old, first visit on 27/04/21 through recommendation from the IVF centre.

Medical history:

She has been trying to get pregnant for 9 years, had 3 IUI and 6 IVF attempts, but all failed. On October 2020 had one cancelled cycle of FET due to thin womb lining of 6mm. Requested acupuncture to prepare her body before next FET.

Her period cycle was 26-30 days. Had one abortion at age 22, fractured pelvis many years ago due to car accident, still have pelvic pain sometimes, ultrasound scan found 5 fibroids, has underactive thyroid and has been taking Thyroxine. Very stressed and anxious due to fertility issues, tends to feel hot, night sweat sometimes, overweight.

TCM diagnosis:

Deficiency of Kidney and Spleen, blood stasis in the uterus.

Treatment plan: strengthen Spleen and Kidney, nourish Kidney *yin* and blood, activate blood and dissolve blood stasis, to enhance womb lining, improve endometrial receptivity and pelvic environment.

Treatment process:

Acupuncture twice weekly, with Infrared heat lamp on abdominal acupoints. After 8 sessions of acupuncture, Ultrasound scan found womb lining was 12mm (doubled the thickness of previous FET cycle), continued acupuncture for two more sessions. She then had two sessions on the day of FET, and 3 sessions within 10 days after FET, positive pregnancy test on 14/6/21.

Unfortunately, her husband got positive Covid on the same day, and so did she two days later. She was extremely anxious and worry it may affect her pregnancy and cause miscarriage.

Treatment process:

Came back for acupuncture after Covid test became negative, once weekly till 13 weeks of pregnant, then once monthly till 36 weeks of pregnancy. Delivered a healthy baby girl 'Hope' on 5/2/22 weighing 7Ib7oz, as it was the first day of the year of Tiger, so gave her a nickname 'Baby Tiger'.

Case four:

POF with Anxiety

Medical history:

Julie, 35 years old teacher, had taken contraceptive pills since age 18, came off pill at age 30 and planned to start a family. But had no periods ever since, was diagnosed with POF, had HRT to induce a monthly menstrual bleeding.

She had two cycles of IUI, achieved one pregnancy, but miscarried at 6 weeks. Visited me two weeks after miscarriage, HCG was still high, lower abdominal area was lumpy and painful to touch. She was very depressed and anxious, insomnia, always has cold hands and feet which turn blue or white and very stiff in cold weather, frequent urination. She has been a vegetarian for years, excessive exercise, running a lot, always under-weight.

Treatment process:

I advised her preparing her body with TCM for 3 months first before anymore IUI or IVF, but she was concerned her age may impact on her fertility, wanted to keep trying without a break. She then had another IUI and IVF within 4 months, both were failed.

She came back to me 3 months later, and followed my advice and treatment plan, had Acupuncture weekly with patent herbs for two months, then had 8 eggs retrieved, 7 were fertilised. 2 grade one embryos were transferred and achieved a successful pregnancy. She continued acupuncture weekly until 18 weeks pregnant, gave birth to a healthy baby girl in full term.

At age 38, had another IVF without acupuncture. On this occasion, she had only four eggs retrieved and none of them fertilized, the cycle had to be cancelled. She then took my advice and had acupuncture to prepare before starting IVF again. This time, 9 eggs were retrieved, 5 were fertilized, and two embryos of grade one were transferred, achieved another pregnancy with twins.

Analysis:

She has a constitution of Kidney *yang* deficiency, with 12 years of contraceptive pills, which suppressed Kidney *qi*, caused insufficient estrogen production, uterine lining was too thin to shed regularly as menstruation or for implantation. Stress and anxiety caused Liver *qi* and blood stagnation, disharmony between Heart and Kidney, leading to poor endometrial receptivity.

Acupuncture focused on two points: Firstly, soothe Liver *qi* and nourish blood, harmonize Kidney *yin* and Heart *yang* to restore ovarian function, support estrogen

and reduce FSH; Secondly, warm Kidney *yang* to improve blood flow to pelvis, enhance endometrial lining. She consequently responded well to IVF drugs, produced good quality eggs, and achieved two pregnancies.

Discussion

Those research about acupuncture and IVF

didn't quite reflect the reality of acupuncture effectiveness, although the outcome is positive. They used a simplified acupuncture protocol, only 2-4 sessions of acupuncture been used in all the research. The acupuncture efficacy mechanism is to activate the body's own ability to achieve balance and heal itself, which requires a certain number of acupuncture sessions in order to accumulate the stimulation and reach the desired effect. To meet the demands of a RCT, more studies consisting of improved and well-designed high quality methodological research models is urged to proof the significant use of TCM in ART. The following need be considered:

1. *Complex causes:* advanced age, more and more people start trying to conceive late, long term intake of contraceptives are commonly seen; seeking TCM as last resort after several failure of IVF/ICSI, stress and anxiety about the fertility situation etc.
2. *Accurate and individualised TCM treatment programme:* TCM preparation is important before IVF/IUI to treat the primary causes, tackling the root of problems. Apply personalized TCM/acupuncture plan according to IVF protocols and treatment stages.
3. *Healthy diet and lifestyle:* Keeping a healthy diet and lifestyle are also very important factors which contributing to the outcome.
4. *Trust and psychological counseling:* Establishing a positive relationship between practitioner and patient, communication and counselling are benefit for stress and anxiety.
5. *Prevent potential miscarriage:* Strong hormonal drugs depleted Kidney *qi* and *jing*, TCM must therefore be continued after ET to support implantation, and maintain a healthy pregnancy, minimise the risk of miscarriage, consequently, and increase the life birth rate.

Summary

Acupuncture can help improve dramatically the outcome of ART [12].

1. Enhance the drugs' intended effects while reducing their side effects, improve response to hormonal stimulation;
2. Increase blood flow to the uterus and ovaries, improve egg quality, enhance endometrial lining & receptivity;
3. Balance hormone levels and create a more receptive environment in the womb for conception;
4. Calm the uterus to prepare for implantation; Maintain a healthy pregnancy if successful, minimize the risk of miscarriage.
5. Support patients physically and mentally up to and after IVF procedure;
6. Alleviate the tension during stressful IVF process.

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Treatment of Recurrent Pregnancy Loss -with Acupuncture and Chinese Herbs

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Abstract

Recurrent pregnancy loss (RPL) is a common and complicated heterogeneous condition and shows increasing tendency in recent years. Traditional Chinese Medicine (TCM) is an integrated systematic medical practice with thousands of years history. TCM has demonstrated its unique advantage in prevention and treatment of RPL. TCM believes that RPL is a combination of deficiency and excess in the body. The principle of TCM treatment of RPL is prevention before it happens and treatment at its early stage. The author examines the etiology and pathology of RPL in TCM, as well as the diagnosis and treatment of RPL based on syndrome differentiations. The author also reports three case studies.

Key words: Recurrent pregnancy loss； acupuncture； Chinese medicine

Introduction

Recurrent pregnancy loss (RPL) is a common and complicated condition. RPL is also called recurrent spontaneous abortion (RSA), or recurrent miscarriage (RM). RPL has been defined as two, three or more consecutive spontaneous miscarriages in early pregnancy, and affects about 1%-3% of women of reproductive age. (1) It shows increasing tendency in recent years, especially for older women. RPL can cause physical and psychological effects as well as heavy economic burden. Hence, researches on the prevention and treatment of recurrent miscarriage are of

significantly important.

What are the causes of RPL?

There are many causes of RPL, but at least 50% cannot be identified. Recurrent early miscarriage (within the first trimester) is most common due to genetic or chromosomal problems of the embryo, with 50-80% of spontaneous losses having abnormal chromosomal number. (2)

Genetic factors.

Approximately 3-5% of women who experience recurrent miscarriage have a chromosomal abnormality in either themselves or their partner.

Abnormalities in the embryos

An abnormality in the embryo is the common reason for single miscarriage.

Autoimmune factors

Antibodies are substances produced in blood in order to fight against infections. Around 15 in every 100 women who have had recurrent miscarriage have particular antibodies, called antiphospholipid antibodies (aPL) in their body.

Anatomy factors

Women have serious anatomical abnormalities of womb or weak cervix.

Endocrine issues

Endocrine issues include disease of the thyroid and pituitary glands, diabetes or polycystic ovarian syndrome, luteal phase defect, etc.

Hormones imbalance

Lack of hormones needed for pregnancy may be involved in some cases. A condition called hyperprolactinaemia, and low thyroid hormone level, hypothyroidism can affect hormone needed to maintain pregnancy. Insufficient progesterone levels during early pregnancy can potentially impact the successful implantation of the developing baby in the womb.

Age

Research indicates that the risk of miscarriage rises with advancing age in females, with a 12% chance of miscarriage for women aged 18-20. This risk gradually increases to 25% for women aged 40-42 and 50% or higher for women aged 43-46. (3)

Environmental factors

Exposure to certain chemicals, drugs, x-rays, etc. may also increase the risk of miscarriage. Some of these factors are work-related, while others may be related to lifestyle. Excess consumption of alcohol or caffeine, and smoking (first- and second-hand) by either partner may affect pregnancy outcome. Obesity is associated with an increased risk of miscarriage.

Infection

If a serious infection gets into bloodstream, it may cause miscarriage. If women get a vaginal infection, it may result in premature birth.

Male factor

Sperm carrying genetic abnormalities, such as elevated levels of sperm DNA fragmentation resulting from factors like infection, obesity, unhealthy lifestyle, and exposure to glues, solvents, and paint products in certain occupations, may significantly increase the risk of miscarriage, with affected pregnancies being two to three times more likely to result in fetal loss compared to those with normal sperm. (4)

As no curative conventional interventions are available for the disease, many parents prefer to seek alternative medicine. Acupuncture and Chinese medicine have shown unique advantages in preventing and treating RPL, as they are considered effective, safe, and have been used for centuries.

TCM Aetiology and Pathology

Traditional Chinese Medicine (TCM), including acupuncture and Chinese herbal medicine, is an integrated systematic medical practice that has been predominantly used throughout Asian countries for over 2000 years. The advantage of TCM lies in its holistic approach. It can regulate *yin* and *yang* elements within the body, stimulate the functions of internal systems, optimize the organism's overall state, enhance the body's nature self – healing ability, improve reproductive function; and prevent and treat RPL.

TCM believes RPL is a complicated condition, which is a combination of deficiency and excess in the body. TCM describes that kidney deficiency is a major root cause for RPL; kidney *yang* and spleen *qi* insufficiency, *qi* and blood insufficiency, liver *qi* stagnation and blood stasis, *chong* and *ren* disharmony are all factors which can contribute to miscarriages.

1． Deficiency of kidney *qi, chong* and *ren* disharmony

The ancient Chinses first described RPL more than 2000 years ago, they called miscarriage '*hua tai*", which means the foetus is 'slipped away'.【黄帝内经。素问。奇病论篇】: '胞络者系于肾'. [Inner Classic of Yellow Emperor. Questions of Fundamental Nature. Unusual Illness]: The collaterals of the uterus connecting with the kidney.

TCM believes Kidney is the origin of congenital constitution. It stores essential substances; kidney essence, *yin*, *yang* and *qi* dominate reproductive system, support *bao gong* (uterus) by *bao luo* (meridians), and support original *qi* of foetus. *chong* is sea of blood; *ren* is the sea of *yin* and dominates *bao gong* (uterus). Both vessels are responsible for blood supply to the uterus during pregnancy. Deficiency of kidney *qi* may lead to inadequate essence and blood, causing disharmony of *chong* and *ren* vessels, causing uterus dysfunction to support foetus. Deficiency of foetal vital energy can cause miscarriages.

2． Spleen *qi* and kidney *yang* insufficiency

【傅青主女科】:'夫胞胎虽系于带脉，而带脉实关于脾肾。脾肾亏损，则带脉无力，胞胎即无以胜任矣。'【*fu qing zhu* 's Obstetrics and Gynaecology 】: uterus and foetus tied to *dai* meridian. The sufficiency of the *dai* meridian depends on the condition of the kidneys and spleen. If the kidneys and spleen are not functioning optimally, the *dai* meridian may be weakened, leading to difficulties in supporting the fetus.

Traditional Chinese Medicine describes the Kidney as the origin of congenital constitution and the roots of vital energy. The spleen is an acquired foundation, and the source of *qi* and blood. Spleen controls blood and kidney is the foundation of *chong*, *ren* and *dai* meridians. If Kidney and spleen *qi* are sufficient, the *qi* and blood in the body will be sufficient; the *qi* and blood of *bao gong* (ultras) and *bao luo* are also sufficient; *chong*, *ren* and *dai* meridians would be harmonized; foetus would have sufficient

support, and pregnancy would be successful.

Foetus forms depending on the parents' kidney *qi* function; foetus growth and development depend on mother's sufficient *qi* and blood. Any reasons that cause kidney *yang* and spleen *qi* insufficiency, kidney and spleen dysfunction and *dai* meridian dysfunction will make foetus lose support and nourishment and may lead to miscarriages.

3．*qi* and blood insufficiency

【诸病源候论.妇人妊娠诸候上】: '若气血虚损者，子脏为风冷所居，则气血不足，故不能养胎， 所以致胎数坠.'

[Theories on the Origin and Symptoms of Various Diseases。Women's pregnancy] indicate: if *qi* and blood are deficient, uterus will have dysfunction. It is too cold to support foetus that can cause miscarriage.

Sufficient *qi* can hold foetus in the right position inside mother's body; sufficient blood nourishes fatal vital energyto ensure foetus's growth and developme nt. If women's *qi* and blood are deficient during pregnancy, foetus cannot get sufficient support and nourishment from hismother, it cannot survive, leading to miscarriage.

4．Blood stasis, *chong ren* disharmony

Blood stasis in the uterus and disharmony in the *chong* and *ren* vessels are common factors that can lead to uterine dysfunction and imbalance in the *cong ren* vessels, resulting in RPL. [黄帝内经。灵枢。邪气脏腑病形]：'有所鬄坠，恶血留内'。[Inner Classic of Yellow Emperor. Questions of fundamental nature. Pathogenic factors]: Pathogenic factor of 'miscarriage' is Blood stasis inside of uterus.' 清代王青任指出：子宫内, 先有淤血占其地…… 血既然不入胎胞，胎无血养，故小产'。Dr Wang Qing Ren of Qing dynasty said: 'Blood stasis took space inside uterus; blood cannot enter and nourish foetus, so that causes miscarriage'. Blood stasis inside uterus, affects uterus *qi* and blood circulation and its internal environment and function; foetus lost uterus support and nourishment. Those factors can lead to miscarriage.

5．Liver *qi* stagnation, heart and kidney disharmony.

[叶天士。临症指南医案】'女子以肝为先天。'Ye Tian Shi [The guide of Clinical symptoms medical records]: 'women take the liver as congenital organ'. This emphasizes that liver is innate basis of women. Living in modern society with fast-paced life, women are under lots of mental stress that can lead to various issues. These may include stagnation of liver *qi*, impaired circulation and nourishment of blood due to liver dysfunction, as well as disturbances in liver storage of blood and kidney storage of essence. Liver and kidney dysfunction may stem from the same source, and can result in disharmony of the *chong* and *ren* vessels.

【Fu Qing Zhu gynaecology 】: '*bao mai* links kidney'. Dr Fu indicated uterus is where the heart and kidney communicate. TCM professor Xia Gui Cheng: the important reason of RPL is disharmony between heart and kidney. (5) Professor Xia believes that anxiety, restlessness causes liver or heart fire, and this can interfere with the normal opening and closing function of the uterus. It can affect uterus holding a foetus. Clinically, miscarriages can easily happen among women under long term excessive stress, anxiety and restlessness. In particular, women who have medical history of miscarriage are very anxious, worrying about losing baby again. The psychological impact can cause miscarriage.

6． ***Yin* deficiency and heat in the Blood.**

景岳全书‘凡血热者， 血异动，血动者，胎不安，故坠于内热而虚者，亦常有之。’【the complete Book of Jing Yue】: ‘Those with heat in the blood experience abnormal blood movement. Those with abnormal blood movement may have restless foetuses. Therefore, miscarriages due to internal heat and deficiency often happen’. Women with constitutional kidney *yin* deficiency may have heat in the blood; in some cases, it comes from severe mental agitation, or, frequent miscarriages. These can lead to heat in the blood, uterus and *chong ren* vessels; the excessive heat can cause bleeding and miscarriages.

TCM treatment principle for RPL is prevention before the onset of the disease, and early intervention during its initial stage.

1. TCM treatment of RPL emphasizes prevention before onset of the disease

Acupuncture and Chinese herbal medicine treatment for RPL can be done in two phases: before pregnancy and early stage of pregnancy. Prior to pregnancy, practitioners should conduct comprehensive investigation and identify its ethology and pathophysiology. The treatment must be applied to address the root causes of disorders and symptoms. The treatment principle should be: strengthen kidney and spleen, tonify *qi* and nourish blood, remove blood stasis, strengthen and regulate *chong* and *ren* vessels.

If the investigations find male partner has problems, he needs to be treated at the same time. It is recommended to implement interventions for a period of at least three to six months before things are back to normal. Prevention is always better than cure.

2. TCM treatment of RPL in its earlier stage of pregnancy

If a woman is in the earlier stage of pregnancy with history of recurrent miscarriage, and she exhibits signs of earlier miscarriage, treatment should start as soon as possible.

The treatment must be based on syndrome differentiation and her specific ethology and pathophysiology. It is important to address the root cause of the condition while also treating the accompanying symptoms. The treatment principles are: strengthen the kidney, nourish and calm foetus and prevent miscarriage.

In case the disorder is severe, there would be little chance to successfully maintain the pregnancy. It is advisable to take adequate time, preferably six months or more, to effectively correct the underlying problems before attempting conception again.

Differentiation and treatment

1. Kidney *Qi* insufficiency, *Chong* and *Ren* vessel disharmony.

Deficient kidney *qi* is a main reason causing recurrent miscarriages. Women who have congenital kidney *qi* deficiency, have long-term usage of contraceptives, live in unhealthy lifestyle (diet, smoking, alcohol consumption, drugs or overworking) , or try to conceive at older age can potentially cause miscarriage. Miscarriage is also commonly seen in women with corpus luteum insufficiency, primary ovarian Insufficiency, or infertility.

Clinical manifestation: during early stage of pregnancy: low abdominal down feeling and crump, bleeding, back aches, weak knees, frequent urination at night, light headedness, pale tongue with white coating, and deep and weak pulse.

Treatment principle: invigorating kidney, nourishing *chong* and *ren* vessel, strengthening vital energy, calming dawn foetus and preventing miscarriage.

Prescription:*bu shen gu chong wan* (Luo Yuan Kai) [6]

tu si zi, *xu duan*, *e jiao*, *shu di*, *lu jiao jiao*, *bai zhu*, *ren shen*, *du zhong*, *gou qi zi*, *ba ji tian*, *dang gui tou*, *sha ren*, *da zao*.

Acupuncture points: *shen shu* (BL23), *bai hui* (GU20,), *guan yuan* (RN 4), *qi xue* (Kl 13), *zu san li* (St 36), *zhao hai* (Kid 6), *qu quan* (LR 8)

2. Spleen *Qi* and kidney *Yang* deficiency

Spleen *qi* and kidney *yang* deficiency are common factors that cause RPL. These conditions are commonly seen in women born with cold and weak constitution. They have cold extremities, with poor appetite and may show some food intolerance. They may suffer from PCOS, luteal phase insufficiency, hypothyroidism, follicular dysplasia, antispam anti bodies, or antiphospholipid syndrome, antispam anti bodies etc.

Clinical manifestation: during early stage of pregnancy, lower back aches, lower abdominal sinking sensation, bleeding or light colour spotting, cold hands and feet, frequent urination, poor appetite, loose stool and fatigue.

Treatment principle: invigorate kidney *yang* and spleen *qi*, strengthen fetial vital energy, and prevent miscarriage

Chinese herbs prescription: *jia wei shou tai wan*, and *si jun zi tang*.

tu si zi, *sang ji sheng*, *xu duan*, *huang qi*, *bai zhu*, *dang shen*, *e jiao*, *fu ling*, *zhi gan cao*.

Acupuncture Points: *bai hui* (GU20), *si shen cong* (EX-HN1), *shen ting* (GU24), *pi shu* (BL20), *shen shu* (BL23), *zu san li* (ST 36), *nei guan* (PC6), *tai xi* (KL3), *dai mai* (GB26).

3. *Qi* and Blood deficiency

Qi and Blood deficiency can often be seen in women with weak constitution, or after long illness without recovering well.

Clinical manifestation: history of miscarriages, light pink, small amount of bleeding during early stage of pregnancy, lower abdominal down feeling and cramp, fatigue, insomnia, pale tongue, white and thin coating, weak and thin pulse.

Treatment principle: strengthening vital energy and nourishing blood, invigorating kidney to nourish *chong* vessel and foetus.

Herbal prescription: *tai shan pan shi san* [古今医统大全] (Ancient and Modern Medical Traditions)

ren shen, *huang qi*, *bai zhu*, *zhi gan cao*, *dang gui*, *shu di*, *bai shao*, *chuan xiong*, *xu duan*

Acupuncture points: *qi hai* (RN5), *guan yuan* (RN 4), *zu san li* (ST 36), *san yin jiao* (SP 6), *xue hai* (SP 10) and *bai hui* (GU 20).

4. Blood stasis, *chong* and *ren* disharmony

It is commonly seen in women having autoimmune disorder, anti-sperm antibodies, natural killer cells, or anti-phospholipid syndrome.

Women at clinic may have conditions such as endometriosis, fibrosis, adenomyosis, or have gone through multiple sessions of IVF or IUI, experienced frequent miscarriages and abortions, or had pelvic surgeries. These factors damage the kidney *qi*, leading to depletion of essence and blood stagnation in the uterus, which may cause miscarriages.

Clinical manifestation: frequent miscarry-

ages, lower abdominal dull aches or cramp, bleeding, restlessness, dry mouth but do not want to drink, pale red tongue, purple or dark marks around the edge of the tongue, thread or astringent pulse.

Treatment principle: activate blood circulation and remove blood stasis, nourish kidney and foetus.

Prescription: *jiao ai tang* <*金匮要略*>

[Synopsis of the Golden Chamber] modified.

chao dang gui, *chuan xiong*, *chi shao*, *bai shao*, *shu di*, *xu duan*, *ai ye*, *e jiao*, *gan cao*, *dan shen*, *chao wu ling zhi*.

Modification: Lower abnormal pain: add *mu xiang*, *yan hu suo*; start spotting: take off *chuan xiong*, *chi shao* and add *chao pu huang*, *qian cao gen*, *xue jie*; tiredness and loose stool: take off *dang gui*, *shu di* and add *chao bai zhu*, *jiao shan zha*, *huang qi*, *dang shen*, *wei mu xiang*.

Acupuncture points:*shui dao* (ST28), *gui lai* (ST 29), *xue hai* (SP 10), *san yin jiao* (SP 6), *shui quan* (KL5), *guan yuan* (RN 4), *qi hai* (RN 6), *jian shi* (PC 5).

5. Liver *qi* stagnation, heart and kidney disharmony.

It can often be seen at the clinic someone with long term mental stress and anxiety, Low AMH, or primary ovarian insufficiency.

Clinical manifestation: recurrent miscarryages, anxiety, restlessness, insomnia, hot flash, night sweat, back aches, weakness of knees, red tip and edges of tongue with less coating, thread, rapid or string pulse.

Treatment principle: smooth liver *qi* stagnation, nourish kidney, clear heart fire, calm down spirit, communicate heart and kidney.

jia wei xiao yao san: *chai hu*, *dang gui*, *bai shao*, *bo he*, *fu ling*, *bai zhu*, *da zao*, *dan pi*, *zhi zi*.

bu shen yu tai wan modified.

dang shen, *bai zhu*, *tu si zi*, *sang ji sheng*, *chao xu duan*, *du zhong*, *e jiao*.

Plus *gou teng*, *lian zi xin*, *huang lian*, *chao suan zao ren*, *fu shen*, *long chi*.

Acupuncture points: *tai chong* (LiR 3), *shen men* (HT 7), *nei guan* (PC 6), *tai xi* (KL 3), *bai hui* (GU 20) *si shen cong* (EX-HN1), *shen ting* (DU24)

6 *Yin* deficiency and heat in the Blood

Women with a constitution of kidney *yin* deficiency or those who experience excessive stress and anxiety are more prone to liver and heart *qi* stagnation, which is commonly observed at the clinic. They also exhibit liver or heart fire in the body and heat in the blood. Heat in the Blood can lead to bleeding and miscarriage.

Clinical manifestation: recurrent miscarryages, light or heavy period, thick blood with dark, purple or fresh red colour, hot flashes, night sweat, hot palm and feet, dry mouth and throat in the night, red tongue with less coating, thread and fast pulse.

Treatment principle: invigorate *yin*, clear heart, nourish blood, calm and tonify foetus.

liang di tang modified,

sheng di, *xuan shen*, *bai shao*, *mai dong*, *e jiao*, *di gu pi*, or *bao yin jian* modified.

sheng di, *xuan shen*, *shan yao*, *bai shao*, *huang qin*, *huang bo*, *di gu pi*, *nv zhen zi*, *han lian cao*, *suan zao ren*, *gan cao*.

Acupuncture points: *xue hai* (SP10), *zhao hai* (KL 6*), ran gu* (KL 2), *xing jian* (LR 2), *tong li* (HT 5), *qu ze* (PC3), *qu chi* (CO11), *tai xi* (KL 3).

Some famous formula for treatment of RPL and pharmacological research.

1. *zi shen gu chong wan*

Professor Luo Yuan kai [7]

Ingredients: *ren shen*, *tu si zi*, *e jiao*, *dang shen*, *bai zhu*, *du zhong*, *sang ji sheng*, *xu duan*, *ba ji tian*, *shu di*

Effeteness: Invigorate kidney to protect pregnancy, nourish spleen and blood.

Clinical effect: Used in treating 624 cases of RPL in 11 hospitals in Guang Zhou, Beijing and Shang Hai in China. The effectiveness is 88.98%-92.90 %[8]

Pharmacological research: herbs for invigorating kidney not only works on ovaries, but also regulate hypothalamic-pituitary-ovarian axis, regulate endocrine, improve uterus development, improve pelvic internal environments, improve functions of endometrium, increase blood circulation in uterus and support of blood and oxygen, increase luteal phase function, help and support embryos implantation and development.[9]

2. *jia wei shou tai wan*

[医学衷中参西录】 [Integrating Chinese and western medicine]

Ingredients: *tu si zi, sang ji sheng, chuan duan, huang qi, bai zhu, e jiao, lian fang tan*.

Effeteness: nourish kidney, support and prevent miscarriages.

Pharmacological research: *jia wei shou tai wan* has effect of preventing miscarriage. It mainly works to relax and inhibit smooth ultras muscle spasm, improve functions of hypothalamic- pituitary-ovarian axis and function of corpus luteum. It also has estrogenic activity and can support growth and development of foetus. [10]

From some scientific research: *chuan duan* is rich in vitamin E and can help to prevent miscarriage without side effect; *du zhong* is tranquilizing and has pain relive effect; *xiang fu* and *chen pi* can inhibit smooth ultras muscle spasm, *dang gui*'s volatile components can soothe uterus muscle spasm, relax uterus muscle and have effect of miscarriage prevention. [11]

3. *tai shan pan shi san*

［古今医统大全］ [Ancient and Morden Medicine Traditions]

Ingredients: *ren shen, huang qi, bai zhu, zhi gan cao, dang gui, chuan xiong, bai shao, shu di, xu duan, nuo mi, huang qin, sha ren*

Effeteness: Nourish *qi* and blood, support *chong* vessel and prevent miscarriage

For *qi* and blood deficiency, kidney deficiency.

Clinical effect: Li Yi Mei observe 80 cases with this prescription. The participants were divided into therapy group and control group. The control group was prescribed with *an gong* progesterone, and the therapy group was prescribed with *an gong* progesterone and *tai shan pan shi san*. After two courses of treatment, 31 cases were totally recovered and 5 cases were improved in the therapy group, total effective rate 90%. The total effective rate in the control group is 80%. The two group result significant difference. Conclusion: *tai shan pan shi san* has significant effect for invigorating *qi* and tonifying spleen, nourishing blood and preventing miscarriage. [12]

Pharmacological research: *huang qi* can increase the weight of adrenal gland and enhance the function of adrenocortical hormones, as well as improve sexual function. *ren shen* can stimulate hypothalamic-pituitary –ovarian axis,

promote sexual organ development and regulate sex hormones, and also exhibit gonadotropin- releasing hormone activity. *bai zhu* can enhance the function of adrenocortical hormone, exhibit oxytocin antagonist activity, and inhibit uterine smooth muscle spasms. *bai shao* can inhibit uterus spontaneous contraction and oxytocin causes uterus contraction. *gan cao* can also inhibit uterus contraction. (13)

4. *dang gui shao yao san*:

[金匮要略. 妇人妊娠病篇]【Synopsis of the Golden Chamber-women pregnancy diseases】

Ingredients: *dang gui, bai shao, chuan xiong, bai zhu, ze xie, huang qin, fu ling, su geng*.

Effeteness: relieve pain and prevent miscarriages.

Clinical application: Dr Xu Jin Fang used this modified prescription and treated 32 cases recurrent miscarriages with lower abdominal pain and bleeding. The results showed significant effect in 21cases, with effect in 8cases, and no effect in 3 cases. Total effective rate: 90.62%. (14) [TCM special treatment of Miscarriages, People's Military Medical Press]

Pharmacological research: *dang gui shao yao san* is a famous traditional Chinese medicine formula to support pregnancy and prevent miscarriages. According to Japanese Odai Yodo Hall （尾台榕堂）: 'Women are a few months pregnant, foetus stops growing, pain in the low abdomen, should use this formula'. Japanese Han formulae specialist Hosono Shiro （细野史郎）: this formula can treat recurrent miscarriage. Pregnant women use this formula can prevent nephrotic syndrome or pre-eclampsia.' 'The use of it by pregnant women can not only facilitate labour but also promote healthy growth and development of the foetus in the future. (15)

The regularity rate of Chinese herbs used in the treatment of RPL in research

1 In this research, a total of 23 Chinese herbal formulae for treating RPL were collected, comprising 73 individual herbs that were used a total of 341 times. The most commonly used eight herbs were:
tu si zi, chuan duan, du zhong, sang ji sheng, bai zhu, huang qi, e jiao, shu di. (16)

2. Out of 36 case reports on Chinese herbal formulas used for treating RPL, 34 popular formulas were identified, which included the use of 28 different herbs.
It is shown in the **Table 1** the most frequently used herbs in TCM treatment of RPL: **the first:** herbs for tonifying kidney and preventing miscarriage: *chuan duan*, *tu si zi*, *du Zhong* and *sang ji sheng*; **the second**: herbs for invigorating the spleen and replenishing *qi*: *dang shen*, *bai zhu*, *huang qi* and *shan yao*. **The third:** herbs for nourishing blood: *e jiao*, *bai shao*, and *dang gui*. **The fourth:** herbs for clearing heat and stopping bleeding.

This agrees with TCM physiology and pathogenesis of RPL. RPL's pathogenesis are Kidney deficiency, spleen deficiency, blood and *qi* deficiency, and some heat in the body. (17)

Discussion

1. RPL can affect the mental health of many women, causing them to experience stress and anxiety. Some women have gone through two or three even more RPLs and they are physically and mentally exhausted. The prolonged experience of anxiety can lead to multiple disorders affecting the nervous, endocrine and immune systems.

Therefore, the initial step in treating RPL of the treatment is to ease their minds and promote physical relaxation, which can enhance the effectiveness of the subsequent treatments. As heart and kidney are interrelated, it is important to focus on balancing and communicating between these two organs if the patient has heart and kidney disharmony.

Table 1

From 36 Case report		
Frequency of usage	Reporting Literature (article）	Chinese Herbs
750～800	21	*chuan duan,.tu si zi*
501～700	16～20	*du Zhong, sang ji sheng, shu di, e jiao, bai shao, bai zhu*
401～500	11～15	*dang shen, gan cao, dang gui shen*
201～400	6～10	*shan yao, huang qin, ba ji tian, huang qi, gou ji*
101～200	3～5	*lian rou, shan yu rou, ren shen, fu ling, sheng ma, chuan Xiong, ai ye, chen pi, tai zi shen*
50～100	3	*sha ren, nan gua ti*

2. The main cause of RPL in older women is often related to kidney deficiency, specifically kidney *yang* deficiency. TCM treatment should concentrate on immune and endocrine factors. As deficient ovarian functions of older women make them difficult to conceive and, when they do become pregnant, they are more susceptible to miscarriages in the early stages. Therefore, treatment for older women of RPL should concentrate on enhancing immune system and regulating endocrine system. Acupuncture is effective for conditions caused by disorders of immune and endocrine systems. Acupuncture can be used to stimulate sympathetic and parasympathetic nervous systems. It achieves this by working through autonomic nerve system, which in turn to regulate immune and endocrine systems to improve their reproductive function. Some Chinese herbs, such as *ren shen*, *shu di*, *du zhong*, *dang gui*, *shan zhu yu*, *gou qi zi*, *ba ji tian*, *yin yang huo*, *xian mao*, *tu si zi* and *zi he che*, are very effective for improving functions of immune systems. Herbal medicine can be employed to tonify both kidney *yang* and kidney *yin*, nourish kidney *jing*, and improve the immune system's function. These herbs are beneficial for enhancing reproductive function, supporting pregnancy and preventing miscarriages.

3. Studies have shown that TCM treatment can have a positive impact on the immune system and could be beneficial in treatment of unexplained recurrent miscarriages. Kidney has close relationship with immune systems. Kidney controls bone marrow. Bone marrow is very important to hematopoietic organ and immune organ. Kidney insufficiency can result in immune system disorders, such as the production of antispam antibodies or the development of antiphospholipid syndrome in the human body. Based on her clinical experience, Professor Wang has identified anti-sperm

anti-bodies as a common cause of RPL, particularly among women with spleen and kidney deficiency. Antiphospholipid syndrome （抗心磷脂抗体） causes RPL commonly which can be seen in women with kidney deficiency and blood stasis. In summary, using the method to invigorate kidney, warm up *yang qi*, and prevent blood stasis as principle to regulate kidney *qi*, balance *yin* and *yang*, activate blood and remove blood stasis. When applied for at least six months before pregnancy, this treatment approach may significantly reduce the risk of RPL. [18]

Case study

Case one

Mrs. H is a 36-year-old office worker who is currently 4 and a half weeks pregnant. She has had nine previous miscarriages, all occurring between 6 to 8 weeks of pregnancy, starting with low abdominal pain, backache, and eventually bleeding and miscarriage. The reasons of miscarriages remains unknown despite all investigations. She was very anxious to fear that she might have another miscarriage. Her menstrual period is about 4 - 5 / 28 - 30 days, and regular, no PMS, no much pain during period; she felt tired, worse in the late afternoon; she had poor appetite, bloating sometimes, worse around time of period, loose stool, once or twice daily, and intolerance to glutton and dairy products; she had cold extremities, frequent urination and insomnia at times had a few urinary tract infections in the past. She had pale face, pale tongue with thin white coating, pulse deep, weak, and thin.

Western medicine consultants' diagnosis: unexplained miscarriage.

TCM diagnosis: recurrent pregnant loss caused by spleen and kidney deficiency, *qi* and blood deficiency, *chong* and *ren* vessel disharmony.

Her nine miscarriages caused by *qi* and blood deficiency, *chong ren* vessels damaged, foetus is not nourished and supported by *chong* and *ren* vessels. The weakness of *chong*, *ren* vessel is caused by spleen and kidney deficiency.

Treatment principle: invigorate spleen and kidney, nourish *qi* and blood, nourish and regulate *chong* and *ren* vessels to prevent miscarriage.

Herbal Prescription: *jin kui shen qi wan* and *bu zhong yi qi tang* modified.

shu di, *shan zhu yu*, *shan yao*, *fu ling*, *dan pi*, *ze xie*, *rou gui*, *dang shen*, *bai zhu*, *zhi gan cao*, *huang qi*, *sheng ma*.

Use concentrated granules, 9 grams daily.

Acupuncture points: *bai hui* (GV20), *xin shu* (BL15), *pi shu* (BL20) *shen shu* (BL23),

zu san li (St36), *yin ling quan* (SP9), *tai xi*, (KL3) *nei guan* (PC 6), *dai mai* (GB26).

In the first step of treatment, I tried to calm down her mental stress and anxiety, then she would respond to treatment better. Then I started to work on invigorating spleen and kidney, regulating her *chong ren* vessels, and regulating the hormones, with gentle acupuncture techniques.

The following acupuncture points were used to calm the spirit: *bai hui* (GV 20), *shen ting*, (GV 24), *nei guan*, (PC 6), *shen men*, (HT7); *du* and Bladder meridians were used to stimulate the central nervous and autonomic nervous systems and regulate the endocrine system. She felt much calmer and relaxed.

When she was 7 weeks pregnant, she started mild low abdominal cramp, and light bleeding. I suggested she had bed rest and herbal medicine was prescribed: *tu si zi*,

sang ji sheng, *xu duan*, *huang qi*, *bai zhu*, *dang shen*, *sheng ma*, *fu ling*, *zhi gan cao*, *xian he cao*. She took the herbs for a few days and the bleeding stopped.

When she was about eight weeks pregnant, she started morning sickness, nausea and vomit.

The following herbal formula was prescribed: *sheng di*, *jiao bai zhu*, *huang qin*, *ban xia*, *su geng*, *xu duan*, *du zhong*, *sang ji sheng*, *zhu ru*, *chen pi*.

She took herbs for two weeks; her morning sickness was much improved.

She gave birth to a very healthy baby boy at full term of pregnancy.

When her son was two years old, she came back to my clinic for preparation and treatment again, then she had another healthy baby boy.

Analysis

She had nine miscarriages in the past. The reasons were: spleen and kidney deficiency, *qi* deficiency and unable to ascend *qi* flow to support foetus in the right position; *qi* deficiency cannot promote blood production and support *chong* and *ren* vessels, therefore cannot support and nourish foetus. Her anxiety contributed to a vicious circle of RPL. The treatment used herbs to nourish *qi* and blood, reinforce kidney *qi* to prevent miscarriage. Acupuncture was used to calm her down and regulate the central nervous system and harmonize the function of the reproductive system, so after nine miscarriages she had full term of pregnancy, and had a healthy baby boy.

Case two

Mrs T 40 years old, project manager. She came to my clinic on the 25.11.2021. She had 5 miscarriages in the past four – five years. All miscarriages happened around 6 – 9 weeks of pregnancy. Her first period started when she was 14 years old and her period 4-5 days/30 days. She suffered from PCOS since she was a student; she did not ovulate regularly; in medical investigation, her thyroid function and progesterone were low and natural killer cells were high. She suffered from IBS with bloated abdomen and loose stool sometimes. The symptoms were worse around time of period; she had cold extremities, thin with pale face, and felt tired. Her mother had some miscarriages when she was childbearing age. Her older sister suffered from hypothyroidism and could not have children. Her mother, sisters and her family all had weak digestive systems. Her tongue was pale with thin coating, pulse was weak and thready.

Western medicine Consultants' diagnosis: infertility and recurrent miscarriage.

She had been treated by fertility consultant. She was prescribed with medication to help her ovulation, but did not work all the time.

TCM diagnosis: RPL due to kidney *yang* deficiency, spleen *qi* deficiency, *qi* and blood deficiency, *chong ren* disharmony.

TCM treatment principle: invigorate spleen *qi*, warm up kidney *yang*, nourish *qi* and blood, and regulate *chong* and *ren* vessels.

Acupuncture pints: *pi shu* (BL20), *shen shu* (BL23), *bai hui* (GU20), *da zhui* (GU14), *zhong wan* (RN12), *guan yuan* (RN4), *zi gong* (EX-CA1), *zu san li* (ST36), *tai xi* (KL3), *san yin jiao* (SP6), *tai chong* (LR3), *yin ling quan* (SP9), *dai mai* (GB26).

She did not want to take herbal medicine as she was using medications from her consultant.

I suggested she take some food remedies and

have good life styles. I also suggested her use moxa at home: *shen que* (RN 8), *guan yuan* (RN4), *zi gong* (EX-CA1), *zu san li* (ST36), san yin jiao (SP6).

I gave her acupuncture treatment once a week. She used prescription from her consultant to stimulate ovulation at the same time. She got pregnant in December 2021. I continued using acupuncture to support her pregnancy. When she was 6 weeks pregnant, she started spotting with light pink colour discharges with low abdominal cramp. She was very anxious. I suggested she try bed resting and relax. Since she does not want to take herbs, I had to use acupuncture to calm her down and prevent miscarriage. Moxa was applied along her bladder meridians, stimulating the kidney and spleen *qi*, improving the *yang qi*, regulating the hormones and helping her to relax. She liked moxa and felt so relaxed and calmed down with the treatment. She could fall asleep sometimes. I also used moxa on her spleen meridian *yin bai* (SP1), and stomach meridian *zu san li* (ST36), making her both physically and mentally relaxed. Her bleeding stopped. She had scan in hospital and the foetus was fine. She was so released. When she was 11 weeks pregnant, she started to have light bleeding again. I gave her similar treatment and her bleeding stopped. She received weekly acupuncture treatments until she went into labour. She had a full term of pregnancy and gave birth to a healthy baby girl. She sent me the photo of the baby and also recommended her mother and her sister to come and have treatment.

Analysis

In western countries, some patients do not accept Chinese herbal medicine. We have to rely on acupuncture only to treat conditions like recurrent miscarriages. Acupuncture is very effective to support pregnancy and prevent miscarriage. The techniques of acupuncture needling should be very gentle. Some acupuncture points on the lower abdomen, lower back and others parts of the body are traditionally forbidden to use and are better to avoid. Firstly, some pregnant women with RPL are very sensitive. Secondly, the aim of the treatment is to stimulate and lift *yang qi* to support pregnancy. We do not want to move *qi* too much, and somehow, move *qi* downward. It may cause miscarriage. Since acupuncture reinforced her kidney and spleen *qi*, regulated her hormones and harmonized her *chong* and *ren* vessels, she finally had successful pregnancy after five miscarriages.

Case three

Mrs K, 43 years old. She was recommended by her friend to come to my clinic for preparing for IVF. She had three IVF treatments in the past two years. Two of them were successful, but both had miscarriages. The first miscarriage was in about six weeks of pregnancy; the second was about five weeks of pregnancy. She had tried for three years to conceive previously before IVF treatments without success. She was waiting for another IVF with donated egg in six weeks' time. Her period was 3-4 days / 26-27 days cycle. she had period pain with clots; she had PMT symptoms before period; in the past few years her period was lighter than before. Her progesterone level was low. She had frequent urinary tract infections. She suffered from hypertension, but was under control with drugs. Her family had cardiovascular disease. She put on weight after her miscarriages and often felt tired; she had cold extremities; her tongue was pale and puffy with thin white coating; the pulse was thin and weak in *chi* area.

For preparing IVF: Chinese herbal formula: *gui shao di huang pian* and *fu ke yang rong pian*. Acupuncture points: *shen shu* (BL23), *ci liao* (BL32), *guan yuan* (CV 4), *zi gong* (EX-CA1), *tai xi* (KL3), *tai chong* (LR 3), *nei guan* (PC6), *xue hai* (SP10), *bai hui* (GV 20), *si shen cong* (EX-HN1).

TCM diagnosis: kidney deficiency, kidney heart disharmony, blood stasis, and *chong ren* disharmony.

TCM treatment principle: reinforce kidney, activate blood circulation, remove blood stasis, communicate heart and kidney and regulate *chong* and *ren* vessels,

Chinese herbal formula: *you gui wan*, *fu ke yang rong wan*, *xue fu zhu yu pian*, *nuan gong yun zi wan*.

Acupuncture point: *xin shu* (BL15), *gan shu* (BL18), *shen shu* (BL23), *da chang shu* (BL25), *ci liao* (BL34), *bai hui* (GV20), *shen ting* (GV24), *nei guan* (PC6), *tai chong* (LR3), *tai xi* (KL3), *guan yuan* (RN4), *zi gong* (EX-CA1).

On menstrual period phase, I used *xue fu zhu yu pian* to activate her blood circulation and prepare endometrium; on her follicular phase, I used *fu ke yang rong wan* and *gui shao di huang pian* to increase her estrogenic levels and endometrial lining; on her ovulation phase, I used *dan shen*, *tu sI zi* and *zao jiao ci*, to support her ovulation; on luteal phase, I used *you gui wan* plus *bu zhong yi qi pian* to support and increase progesterone level to support implantation. *jia wei xiao yao san* was used if she had stress or PMT symptoms.

After 6 weeks' preparation, she started IVF and had a positive result. When she was six weeks pregnant, she felt lower abdominal cramp and back aches; then she started to have mild bleeding. I prescribed Chinese dry herbs: modified *jia wei shou tai wan* and *bu zhong yi qi tang* with tu *si zi*, *sang ji sheng*, *du zhong*, *xu duan*, *huang qi*, *bai zhu*, *dang shen*, *sheng ma*, *fu ling*, zhi gan cao and *xian he cao*.

She took the herbs for a few days and the bleeding stopped. A few days later, she was busy with her work and the bleeding started again, I prescribed the above formula again plus *chao zao ren* and *lian zi xin*. She went to her GP and had urine test. It showed she had a urinary tract infection. She was prescribed with antibiotics. She took the antibiotics but wanted to stop taking Chinese herbs, as she thought the infection caused the bleeding. I insisted that she should carried on taking Chinese herbs, as urinary tract infection does not necessarily cause virginal bleeding. She did not like the taste of dry herbs. I called her at her home and persuaded her to continue taking the herbs, because the bleeding will lead to miscarriage. She listened to me and took the herbs. A few days after the bleeding stopped. I changed the prescription to *jia wei shou tai wan* and *bu zhong yi qi wan* to support her pregnancy. Her journey of pregnancy was not easy. She had swollen legs after twenty weeks of pregnancy. I gave her acupuncture and herbs and then the condition was under control, but she developed some symptoms of pre-eclampsia. She felt dizzy and had water retention; the blood pressure went up. She went to hospital a few times and the symptoms were under control. When she was 32 weeks pregnant, the water was broken. She gave birth to a baby girl. The girl is nearly two years old now, very healthy and beautiful. She is very happy with my treatment; I often receive her draught's photos. She comes back to my clinic once every few weeks for a 'MOT' to support her wellbeing.

Analysis: She was 43 years old, with kidney *qi* and *yin* deficiency, *qi* and blood deficiency with blood stasis. Due to her history of two miscarriages during early pregnancies at five and six weeks, it is possible that the quality of her eggs may have been compromised. Additionally, she experienced blood stasis, which could have further hindered successful implantation. With the donated eggs, I needed to work on the internal environments of her uterus and hormones. She had TCM treatment for six weeks to strengthen kidney, regulate blood circulation, remove blood stasis, regulate menstruation, and *chong ren* vessels. TCM treatment laid a good foundation to support for her success of IVF and pregnancy. After a few IVF and miscarriages, she was very anxious. The excessive mental stress led to heart fire and disturbed kidney, causing heart and kidney disharmony; this could interfere with the normal opening and closing function of the uterus. It could affect uterus to hold a foetus. When she was pregnant, foetus is growing and foetus vital energy increased. Her kidney *yin* started to get slightly deficient and the heart and liver fire increased. This disturbed the foetus vital energy, so she started bleeding again. Acupuncture treatment helped her to relieve stress and anxiety, reduce the heart and liver fire, regulate the liver *qi*, and harmonized the heart and kidney. Chinese herbal formulae *jia wei shou tai wan* and *bu zhong yi qi tang* with *tu si zi*, *sang ji sheng*, *du Zhong* and *xu duan* to help to strengthen kidney and nourish foetus. *dang shen*, *huang qi*, *fu ling* and *gan cao* nourish vital *qi* and blood and support foetus; *xian he cao* stopped bleeding; *chao zao ren* and *lian zi xin* helped to clear heart fire and communicate heart and kidney. Acupuncture helped her to relax, so her bleeding stopped.

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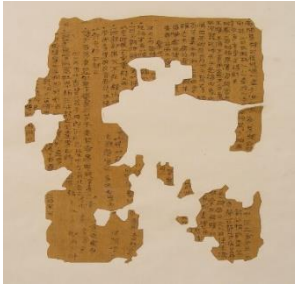

《胎产书》是长沙马王堆三号汉墓出土的15种古代医书之一，是现存的最早妇产科专著，书中对妊娠按月养生提出一些见解，反映了当时对妊娠、胎产卫生的认识。

ACUPUNCTURE AND HERBAL THERAPY EFFECTIVE FOR HYPEROBESITY WITH CHRONIC LEG ULCERS: A CASE REPORT

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Abstract

Background: Overweight and obesity are prevalent health problems attacking almost two third population worldwide. The existing standard treatment strategy is inadequate to tackle the problems.
Case: This case report describes how combination of acupuncture and herbal therapy based on traditional Chinese medicine (TCM) diagnosis could be effective in treating a hyper-obese patient with leg venous ulcers.
Results: The patient, male, 45 years old with BMI 75.5 (body weight 170kg), suffering leg venous ulcers which were unresponsive with standard conservative treatment and unwilling to accept surgical intervention. TCM diagnosis was kidney *Yin* and *Yang* deficiency with blood stasis (ICD-11: SF94 and SF01). Acupuncture and herbal therapy were given to replenish *Yin* and *Yang*, ameliorate blood stasis, and strengthen weaknesses to expedite recovery. The venous ulcers healed within three weeks, and the BMI decreased to 66.6 at the fifth week and to 62.2 (body weight 140kg) at the eleventh week, while his quality of life (WHOQOL) improved from 38 (bad) to 50 (moderate) in the third month and 75 (good) in the forth month of therapy.
Conclusion: Acupuncture combined with herbal therapy based on TCM is effective in the treatment of hyper-obese patient with venous ulcers.
Key words: Overweight, obesity, venous ulcers, acupuncture, herbal therapy.

Introduction

Overweight and obesity are worldwide health problem that has become an epidemic responsible for mortality of more than 4 million people in 2017.[1] It is estimated that 7% of adults are obese, i.e., body mass index (BMI) of ≥ 30 kg/m^2, but two to three times as many are considered overweight with BMI of ≥ 25 kg/m^2.[1,2] Obesity is a complex disease with many factors contributing to excessive weight gain, including eating habit, inadequate physical activity, sleep patterns, and genetic predisposition.[3]
Overweight and obesity are also associated with a range of other health problems, including metabolic disorders, cardio-vascular diseases, sleep apnea, and cancer.[1,4] Concurrently, reduced mobility usually related to obesity are high risk factors to the development of chronic venous insuffi-ciency and venous leg ulcer.[5,6] Standard therapy for overweight and obesity is reducing calories intake especially from fats and sugars, and engaging in regular physical exercises.[1] It has also been discovered, that traditional Chinese medicine (TCM) with acupuncture and herbal therapy can help reduce weight especially for those lacking physical exercises.[7,8] We herewith report a case of hyper-obese patient with chronic leg ulcers who was treated successfully using acupuncture and herbal therapy.

Case:

Patient A, male, 45 years old, hyper-obese with body weight 170kg, BMI 75.5. He sought consultation for chronic ulcers of his right calf and decubitus ulcers of his sacral region. About two years ago, the skin of his legs started to turn dark. Since two months ago the affected skin began to ulcerate, the ulcers had not responded to therapy with topical antibiotics. On the contrary it worsened gradually with the appearance of purulent, hemorrhagic discharge and stingy smell. The leg ulcer had grown from about 2 centimeters to about 10 centimeters in diameter within two months. He had consulted and been treated by western medical professional before, but after being recommended for surgical intervention, he refused further consultation. Besides the ulcers, he suffered from low back pain, and so weak that he could not stand up and turn round. When seated he felt dizzy. He drank water and urinated a lot. He reported stomach fullness and difficult defecation with frequency usually once in a week, with hard stool in the beginning and loose stool afterwards. Laboratory data dated a month ago from the hospital revealed normal random blood glucose level (119g/dL), normal chest X ray result, while spine X ray showed lumbar spondylosis. Clinical examination showed he was normally conscious, normotensive (113/79 mmHg), heart rate 99/minute. His tongue was big, puffy, bluish pale, dry and with no coat, the sublingual veins were distended and purplish in color. His pulse was fast, deep, weak and small. His palms felt warm but his soles cool. So the diagnosis was *yin* and *yang* deficiency with blood stagnation (ICD-11:SF94: kidney *yin* and *yang* deficiency pattern; and SF01: blood stasis pattern). His physical domain quality of life according to WHOQOL-BREF was 13 out of 100, i.e., very bad. After being explained, he agreed to be treated using acupuncture and herbal therapy based on TCM. He was acupunctured at the following points: *nei guan* (PC6), *yong quan* (KI1), *qi hai* (CV6), *guan yuan* (CV4); also *zhong wan* (CV12), *xia wan* (CV10), *tian shu* (ST25), *he gu* (LI4), *zu san li* (ST36). For his low back pain, selected acupoints were *ge shu* (BL17), *gan shu* (BL18), *shen shu* (BL23), *da chang shu* (BL25), and *wei zhong* (BL40). Acupuncture therapy was done 3-4 times weekly. Patient was instructed to restrict intake, especially high sodium, high protein and sugar foods.

The ulcers were cleansed using normal saline solution twice daily. After cleansing, the wounds were applied topical paste extracts of Hibiscus tiliaceus (*huang jin* 黄槿) and Gynura divaricata (*bai bei san qi* **白背三七**) leaves, together with virgin coconut oil. The ulcers healed completely at the third week. Since the second week, the patient was given *zhuang yao pian* (壮腰片, made in Singapore, with main ingredients *du zhong*, *ba ji tian*, *shan yao*, *niu xi*, etc) for his low back pain and *fu fang dan shen* tablets (复方丹参片) for his blood stasis.

The patient's condition improved steadily from the second week onward. The WHOQOL-BREF score rose gradually to 38 (bad) in the second month, 50 (moderate) in the third month, and 75 (good) in the fourth month of therapy, being able to do most of personal needs. The body weight had declined significantly, from 170kg to 150kg (BMI:66.6) at the fifth week, and to 140kg (BMI:62.2) at the eleventh week.

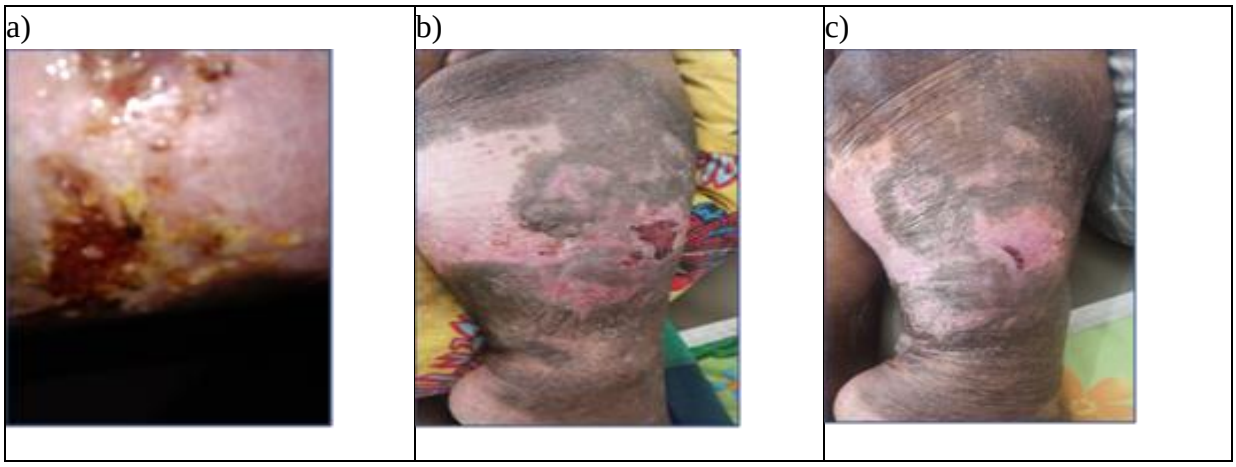

Fig. 1-3. From left to right:
a) Before therapy, weeping infected venous leg ulcers.
b) Third week therapy, weeping had been stopped.
c) Fifth week therapy, healing ulcers.

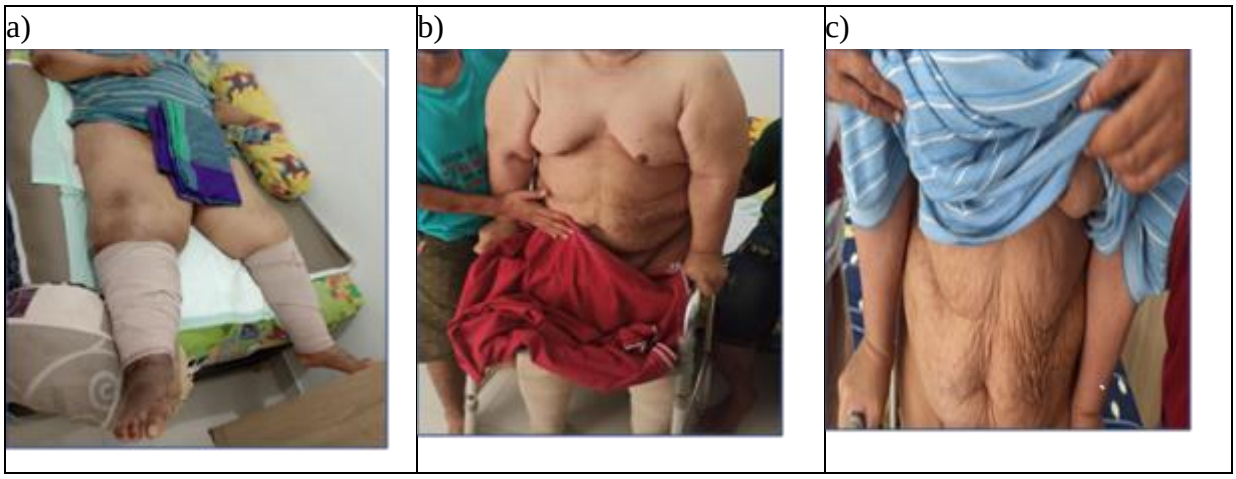

Fig. 4-6. From left to right:
a) Before therapy, BMI 75.5, WHOQOL 38 (bad quality of life).
b) Fifth week, BMI 66.6, WHOQOL 50 (moderate quality of life).
c) Eleventh week, BMI 62.2, WHOQOL 75 (good quality of life).

Discussion

CDC has subdivided obesity into three categories, i.e., class 1 with BMI 30 to <35, class 2 with BMI 35 to <40, and class 3 with BMI 40 or higher, class 3 obesity also termed as "severe"obesity.[2] As in this case the BMI was far above 40 so it is reasonable to term it as "hyper-obese".

The hyper-obese with chronic venous ulcers patient from practically immobile, with infected gangrenous ulcers, after being treated with acupuncture and herbal therapy based on traditional Chinese medicine (TCM) had improved significantly to become mobile and able to do most personal care with occasional assistance. According to Karnofsky Performance Status, his condition had changed from the initial 30-40, i.e., severely disabled, requires special care

and assistance, towards 60-70, i.e., able to care for most needs but requires occasional assistance.9 The reduction in body weight in the range of 5%-10% and above will bring improvement in patient's health.4 In this case, the patient had lost totally 20kg (-11.75%) at fifth week and 30kg (-17.65%) at eleventh week, hence the improvement in quality of life could be related to the quite significant weight reduction.

The patient had come with the complaint of chronic venous ulcers as one of the complications of obesity and immobility.[5,6] For the ulcers, the patient had consulted western medical professional before. As for western medical approach for venous ulcers, the first line treatment is compression therapy, exercise, dressings, pentoxifylline and tissue products. When conservative approach fails, surgical intervention is recommended.[10] Like many others, the patient was afraid of surgery so he decided to seek other conservative therapy as TCM. In fact, many reports have shown that external application of herbal medicines based on TCM is effective for the treatment of venous ulcers.[11] In this case, the topical herbal paste contains the extracts of Hibiscus tiliaceus (*huang jin* 黄槿) and Gynura divaricata (*bai bei san qi* 白背三七) leaves. *Huang jin* or Hibiscus tiliaceus' leaves empirically used to treat boils, ulcers, and toxic swellings.[12] And modern scientific studies reveal extracts of its leaves and barks possess cytotoxic, analgesic, thrombolytic, and antioxidant activities.[13,14] While Gynura divaricata's whole herbs empirically used to treat boils, abscess, dissipate swelling and stasis.[15] Scientific studies reveal extracts of its aerial parts possess antioxidant, neuronal regeneration,[16] and tumor growth inhibiting effects.[17] Virgin coconut oil used to treat the venous ulcers in this case has been shown to possess antioxidant and antibacterial effects.[18,19] So, jointly the topical application could clear the pathogens and promote regeneration leading to healing of the chronic venous ulcers in three weeks.

While the oral herbal medicines used are directed to the pathologies based on the working TCM diagnosis, i.e., deficiency of kidney *yin* and *yang*, and blood stasis. The *zhuang yao* tablets is for tonifying the kidney, while *dan shen* tablets for alleviating the blood stasis. *Zhuang yao* tablets contain extracts of *du zhong* (Cortex Eucommiae Ulmoidis), *ba ji tian* (Radix Morindae Officialis), *shan yao* (Radix Dioscoreae Oppositae), *niu xi* (Radix Achiranthis Bidentatae). The first two herbs tonify kidney *yang*; *shan yao* tonifies spleen and stomach to enhance the source of *qi*; while *niu xi* nourishes liver and kidney *yin*, promotes the flow of *qi* relieving painful obstruction syndrome especially in the lower parts of the body. Those empirical effects have been proven as such by ample scientific studies. *In vitro* and *in vivo* studies have indicated that *du zhong* contains bioactive substances with wide-range therapeutic effects, for among others, hyperlipida-emia, obesity, osteo-porosis, aging, and immunoregulation.[20] Numerous studies have indicated *ba ji tian* possesses osteogenic antiosteo-porosis,[21] antibacterial and cytotoxic to sarcoma but not to normal cells,[22,23] enhance adipocyte differ-rentiation,[24] prevent ischemia-induced neuronal damage and apoptosis, enhance anti-oxidant activity and energy metabo-lism,[25] increase whole femoral bone mineral density,[26] anti-fatigue,[27] anti-inflammatory and anti-arthritic.[28,29] *niu xi* has been proven to assist in distributing drugs ameliorating knee joint swelling

due to inflammation,[30] and in reducing advanced glycation products in the brain by its antioxidative effects so as to prevent neurodegeneration and improve cognitive function.[31] Many studies indicated *shan yao* possess antioxidant, anti-aging, antitumor, antidiabetic, hepato-protective, and immunomodulating effects.[32]

Dan shen tablets containing extracts of Radix Salviae Miltiorrhizae, Radix Noto-ginseng and Borneolum Syntheticum, have been widely used to treat ischemia and improve blood circulation.[33] The preparation has been proven to have prominent antioxidant, antiinflammation, anticoagulation and antiapoptosis effects.[34] So, the herbal formula as a whole has the effects of tonifying the spleen to alleviate dampness-phlegm to reduce hyper-obesity, generate essence and energy needed for healing process, tonifying kidney *yin* and *yang* so as to strengthen the bones and joints, enhance the flow of energy and blood to expedite the regeneration and healing processes.

Many studies have shown that either acupuncture therapy or combined with herbal medicine is as effective as anti-obesity western medicine, but with fewer adverse effects.[7,8,35-36] The main acupoints selected in this case is in line with the points most used by other practitioners in the treatment of obesity.[37-39]

According to TCM, obesity is due to hyperactivity of spleen-stomach processing too much sweet and greasy foods, when the spleen is overwhelmed by it or other pathogenic factors like prolonged distress, the essence of sweet and greasy foods becomes stagnant and turns into a turbid phlegm accumulation as excess body fat.[37] So, the primary acupoints in the treatment of obesity is aimed at reinvigorating the function of spleen-stomach, such as the popular Jin's Fat Three Needles points of CV12 (*zhong wan*), GB26 (*dai mai*), ST36 (*zu san li*), and PC6 (*nei guan*), supplemented by other points including CV10 (*xia wan*), CV13 (*shang wan*), CV6 (*qi hai*), ST25 (*tian shu*).[37,38]

From the biomedical point of view, the effect of acupuncture in treating obesity is through its modulating effects on hormones governing the gastro-intestinal functions, such as insulin, leptin, ghrelin and cholecystokinin in obese subjects.[39] From the above theories, there is a clear convergence of views between TCM and western medicine in the management of overweight or obesity. Hence it is not surprising that many systematic review and meta-analysis have concluded that acupuncture treatment is an effective and rational way in treating obesity in people.[7,8,35]

Conclusion

The present case report shows that acupuncture and herbal therapy based on accurate TCM diagnosis are outstandingly effective for treating hyper-obese patient with chronic venous ulcers.

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何世东教授治疗鼻咽癌验案一则

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何世东，主任中医师，广州中医药大学教授，硕士研究生导师，全国名老中医药专家传承工作室建设项目专家，第三批全国名老中医药专家学术经验继承工作指导老师。何教授从医 49 年，潜心研究肿瘤疾病，博采众方，结合现代医学研究及临床经验，融汇古今，在肿瘤治疗方面有其独到见解，在临床上受到广大患者的认可。

鼻咽癌(Nasopharyngeal carcinoma，NPC) 是原发于鼻咽黏膜被覆上皮的恶性肿瘤，好发年龄在 30-50 岁，其中以男性多见，是我国华南地区尤其是珠三角地区和西江流域最常见的头颈恶性肿瘤[1]，尤以广东省最为多见，故又称为“广东癌”，我国约占该肿瘤全世界发病率的 80%左右，其发病率和病死率居恶性肿瘤第八位。鼻咽癌主要的治疗方法是放化疗，但放化疗给患者带来较大的毒副作用，如放射性鼻咽炎、放射性口腔炎，甚至放射性脑病，严重降低了患者的生活质量，影响患者的正常治疗。何世东教授认为中医在鼻咽癌的治疗中主要的优势在于缓解放化疗的不良反应，保证治疗的顺利进行，减轻毒副作用，提高鼻咽癌的治疗效果，提高患者生活远期的质量。现将何世东教授治疗鼻咽癌验案一则介绍如下：

患者萧某敏，女，37 岁，2017 年 6 月自觉右颈部肿物，局部无压痛，活动度尚可，无伴回吸性涕血，无咳嗽咳痰，当时未予重视，随后肿物逐渐增大，活动度较前转差，2017 年 8 月至东莞市人民医院门诊行右颈部淋巴结穿刺活检病理提示：转移性未分化非角化癌或淋巴上皮瘤样癌。免疫组化：CK+，P40+，CD3-，CD20-，Ki67 50%，EBERS+。2017 年 9 月于东莞市人民医院住院行鼻咽部 MR 示：1.鼻咽有后壁及顶壁肿块，考虑为鼻咽癌，伴颅底骨质破坏；2.颏下、双侧颌下、咽后间隙、双侧颈深浅间隙多发淋巴结，部分肿大，考虑为淋巴结转移；胸部及上腹部 CT 未见明显占位转移，当时确诊为鼻咽未分化非角化癌 T4N2Mx，患者拒绝放化疗及其他治疗。

初诊：

2019-1-9 我院门诊何世东主任医师中药治疗，症见：患者右侧颈部大肿块，大小约 10*9cm (见图 7)，肿痛感，局部皮肤瘀暗，质硬，活动差，大便 4-5 次，纳可，眠差，无疲乏。舌红苔黄，脉滑数，中药如下：

苍耳子 15g 夏枯草 40g 赤芍 15g 茯苓 30g 黄药子 10g 山慈姑 15g
薏苡仁 40g 全蝎 5g 天龙 10g 石上柏 20g 僵蚕 15g 蛇舌草 30g
皂角刺 30g 蜈蚣 2 条 猫爪草 30g 蜂房 15g

日一剂，水煎至 400ml 早晚分服。

2019-1-14 至 2019-2-25 在何教授建议下第一次我院肿瘤科住院:
查【EB 病毒五项】EB 病毒 VCA 抗体(IgA) 阳性(+)，EB 病毒壳抗原(VCA)IgG 抗体 阳性(+)，EB 病毒核抗原(EBNA1)IgG 抗体 阳性(+)，EB 病毒早期抗原(EA)IgG 抗体 阳性(+)。【肿瘤筛查 1 组(女)】糖链抗原 CA-153 45.3U/ml。恶性肿瘤特异性生长因子 77U/ml。鼻咽 MRI：1、考虑鼻咽癌，并侵犯周围结构及颅底骨质，伴右侧颈部、咽旁淋巴结多发转移（最大约 60mm*49mm），请结合临床及其他检查。2、副鼻窦炎，右侧中耳乳突炎 （见图一，图二）。诊断：鼻咽后壁恶性肿瘤 未分化型癌(右后壁及顶壁，非角化癌,2008 分期 T4N3M0 ⅣA 期 AJCC 分期 T4N3M0 ⅣB 期)治疗上予以抑瘤扶正、止痛、抗乙肝病毒等对症治疗。于 2019-01-26 开始单药化疗，方案（希罗达 1500mg po d1-14），过程顺利无诉不适，肿块较前稍缩小，考虑患者第一程化疗耐受性可，第二程双药联合化疗，2019-2-16 行第二程化疗，方案：希罗达 1500mg d1-d14+吉西他滨 1.5g d1，8，化疗期间患者无明显不良反应。2 程化疗后肿块明显缩小。

二诊：

2019-2-27 我院门诊何世东主任医师中药治疗。症见：患者纳可，大便 1-2 次/天，疲乏，眠可，右边颈部肿块明显缩小，舌淡，苔白腻，脉弦滑，中药如下：

苍耳子 10g 夏枯草 30g 石上柏 20g 薏苡仁 30g 黄芪 20g 胆南星 10g
赤芍 15g 皂角刺 30g 蜂房 15g 法半夏 15g 全蝎 8g 莪术 15g
甘草 5g 蛇舌草 30g 冬凌草 15g

日一剂，水煎至 400ml 早晚分服。

2019-3-6 至 2019-3-18 第二次我院住院：

查颈部 MR：1、鼻咽癌，并侵犯周围结构及颅底骨质，伴右侧颈部、咽旁淋巴结多发转移，与前片(2019-01-19 日)比较，鼻咽肿块及转移淋巴结较前缩小(最大者约 30mm×52mm)。2、副鼻窦炎，右侧中耳乳突炎（见图三、图四）。排除禁忌症，2019-3-9、2019-3-30 行 GX 方案第 3-4 程化疗，方案：希罗达 1500mg d1-d14+吉西他滨 1.5g d1，8，化疗期间患者无明显不良反应。

第 4 程化疗结束后前往东莞市人民医院就诊，行 TP 化疗 2 程，后联合尼妥珠单抗同步放化疗(局部放疗共 34 次,各靶区计划照射:PGTVnx:70.4Gy/2.2 Gy/32f,PCTV1:64.0Gy/2.2 Gy/32f,PCTV2:57.6Gy/1.8Gy/32f,PGTVnd:68.8Gy/2.15 Gy/32f,最后一次放疗于 2019-6-28 结束。2019-7 复查颈部+鼻咽增强 MRI：1、鼻咽癌综合治疗后复查，与前片（2019-03-11 日)比较,鼻咽病灶及转移淋巴结较前明显缩小、减少(大小约 11mm×16mm×18mm)；颅底及颈部软组织水肿考虑放疗后改变。2、副鼻窦炎，右侧中耳乳突炎。（见图五、图六）

三诊：

2019-4-12 我院门诊何世东主任医师中药治疗，症见：患者右颈肿块，4*3cm（见图八），纳可，大便 2-3 次，疲乏不明显，舌淡红齿印苔白脉沉弦滑，中药如下：

苍耳子 10g　僵蚕 15g　蜂房 15g　蛇舌草 30g　法夏 15g　夏枯草 15g
茯苓 30g　薏苡仁 30g　白术 15g　赤芍 15g　石见穿 30g　生牡蛎 30g
全蝎 5g　皂角刺 30g

日一剂，水煎至 400ml 早晚分服。

四诊：

2019-5-13 我院门诊何世东主任医师中药治疗，患者已放疗 2 次，口干，有痰，纳可，疲乏不明显，舌淡红，苔白腻，脉弦细，中药如下：

黄芪 15g　蜂房 15g　白术 20g　薏苡仁 30g　全虫 5g　夏枯草 30g
甘草 5g　蛇舌草 30g　皂角刺 30g　赤芍 15g　北沙参 20g　法夏 15g
猫爪草 30g　厚朴 5g（后下）

日一剂，水煎至 400ml 早晚分服。

五诊：

2019-6-13 我院门诊何世东主任医师中药治疗，患者口干口损，纳眠可，疲乏，恶心，大便稀 1 次量少，舌暗瘦淡红，苔薄黄，脉弦滑细，中药如下：

竹茹 30g　北沙参 20g　石斛 15g　甘草 6g　茯苓 30g　山药 20g
黄精 15g　枸杞子 15g　蛇舌草 40g　女贞子 15g　黄芪 15g　菟丝子 15g

日一剂，水煎至 400ml 早晚分服。

六诊：

2019-7-18 我院门诊何世东主任医师中药治疗，患者肿块基本消失（见图九），口干好转，吞咽好转，味觉好转，大便 1 次成形，无疲乏，眠可，脉沉弦细，舌淡红齿印，苔白，中药如下：

黄芪 20g　白术 15g　茯苓 20g　薏苡仁 30g　蛇舌草 30g　山药 15g
浙贝母 10g　甘草 5g　生牡蛎 30g　青天葵 15g　女贞子 15g　石斛 15g
蜈蚣 2g

日一剂，水煎至 400ml 早晚分服。

按：本案例中患者初诊时肿块较大（月 11cm*10cm），局部皮肤瘀暗，质硬，活动差，舌红苔黄，脉滑数，患者病程虽久，但年轻，素体不弱，未出现慢性消耗性表现，未行放化疗及其他西医治疗，邪盛正不虚，故初诊以攻邪为主，辅以扶正，方中以夏枯草、蛇舌草、

黄药子、猫爪草、山慈菇、石上柏清热解毒散结，黄药子、山慈菇以毒攻毒，解毒消肿散结尤佳，皂角刺加强软坚散结功效，佐以虫类药物壁虎、全蝎、僵蚕搜风通络、散结止痛，何教授主张瘀血重而邪气实时则选用虫类药物，如土鳖、水蛭、全虫、蜈蚣等，但选用虫类药物应注重剂量及用药持续时间，用药适可而止，将邪毒衰其大半后，再使用扶正药物扶正驱邪继续消除残留癌肿，排兵布阵有法有度方可取得胜利。蜂房味甘性平，《本草纲目》中记载蜂房为阳明药，具有以毒攻毒和杀虫之功效。临床研究发现[2]，蜂房醇浸石油醚提取物与蜂房醇浸乙酸乙酯提取物对 HepG2 细胞具有显著的抑制作用，提示蜂房提取物有较强的抗肿瘤活性。薏苡仁、茯苓健脾祛湿散结，其中何教授尤喜用薏苡仁，其性甘淡微寒，散结外兼有健脾利水，清热排脓之效，利水不伤正，补脾不滋腻。大量研究表示，该药作用主要机理：阻断细胞周期中 G2 与 M 时相细胞， 减少进人 GO、G1 时相细胞，S 相细胞比例下降， 细胞有丝分裂减少，抑制肿瘤细胞增殖，诱导肿瘤细胞凋亡[3]。同时，该药也有抑制肿瘤血管生成， 诱发肿瘤细胞凋亡作用[4]。利用薏苡仁提取物做成的中成药康莱特已是世界公认的抗癌中成药,康莱特在实体瘤患者的综合治疗中有明确的疗效，且同时提高癌症患者生活质量、缓解癌痛[5]。赤芍清热凉血，散瘀止痛。全方重在解毒散结，兼以健脾扶正，防治攻邪药物损伤人体正气。二诊、三诊时患者开始接受姑息化疗，盖化疗药物为攻邪之品，可损害机体正气，患者出现疲倦、纳少表现，此时应注意扶正，减轻中药攻邪力度，避免过度攻邪导致人体正气衰败，故在二诊、三诊方药中何教授减少黄药子、山慈菇、蜈蚣、壁虎等攻邪散结药物的使用，加黄芪、白术等益气健脾药物以加强扶正，减轻化疗的副作用，保证化疗的正常进行。四诊到六诊患者处于同步放化疗期间，何教授认为，放疗属于火毒之邪，容易耗损机体津液，导致阴津不足，主要表现为口干咽燥，口渴喜饮，舌红、少苔，脉细数，此时治宜清热养阴，生津润燥。阴虚有肺阴虚、胃阴虚及肾阴虚之分，若出现口干、咽干为主的临床表现多考虑肺阴虚为主，可用麦冬、沙参、桑白皮之类肺经药物滋养肺阴，若出现干呕、恶心烦热等临床表现则考虑胃阴虚，可选用沙参、麦冬、太子参、石斛、竹茹等滋阴止呕，若出现腰膝酸软、耳鸣、五心烦热等肾阴虚表现的，则可加用黄精、地黄、龟板、女贞子药物滋肾阴。目前患者按计划完成同步放化疗，继续中医药治疗，肿块明显缩小，疗效评价部分缓解，生活自在，如同正常人般。患者从 2019 年 1 月 9 日至今未停用中药，现仍用养阴健脾、清热解毒散结之药。

总结：临床上多认为鼻咽癌的发病机制为热毒或火热之邪入侵，故清热解毒散结是中医治疗鼻咽癌的基本方法。但何世东教授认为，中医治疗鼻咽癌重在辨证，应分清寒热虚实，同时要结合鼻咽癌不同的治疗时期，如邪实正不虚时应以攻邪为主，放疗期间阴液耗伤明显，应配合滋阴养津，化疗期间脾胃损害明显，或伤肾致白细胞、红细胞、血小板下降，应重扶脾胃及补肾之旨，同步放化疗后机体正气损伤明显，应注意扶正促进机

体恢复。从上面案例中可看出，中西医结合治疗肿瘤可保证放化疗的顺利进行，减轻毒副作用，增加疗效，提高患者生存质量，延长生存期。

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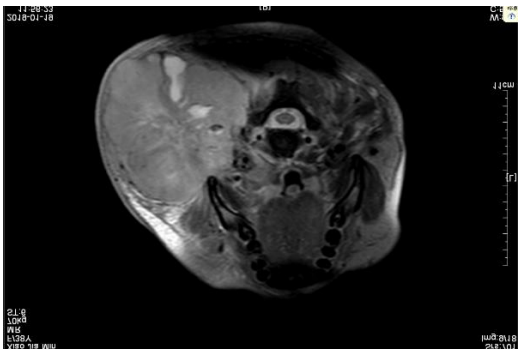
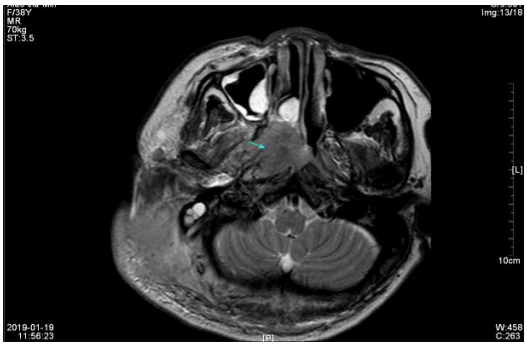
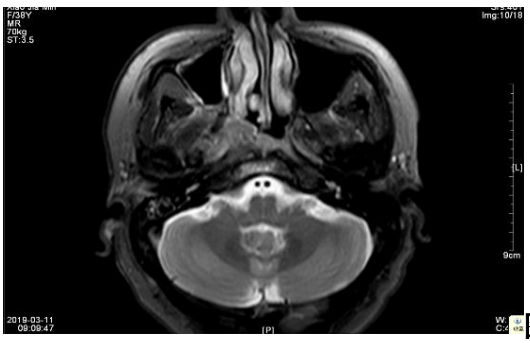


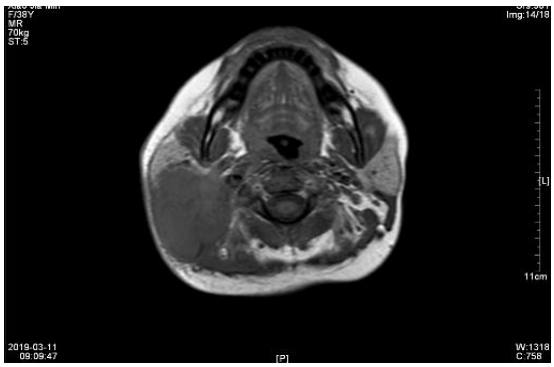
图一 2019-1-19 治疗前淋巴结 MRI（60mm*49mm）



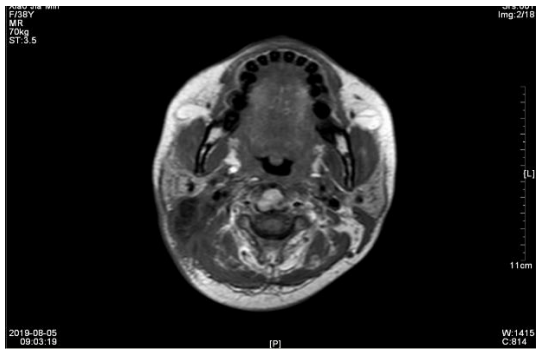
图二 2019-1-19 治疗前鼻咽部肿块 MRI



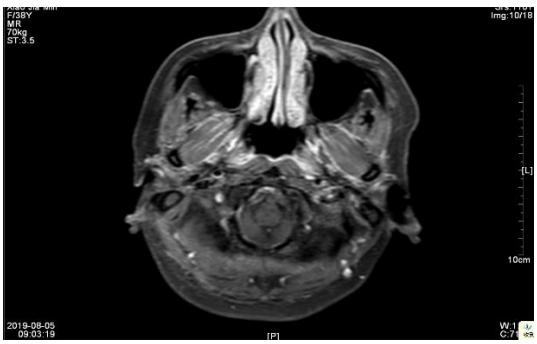
图三 2019-3-11 治疗两程后淋巴结 MRI（30mm*52mm）



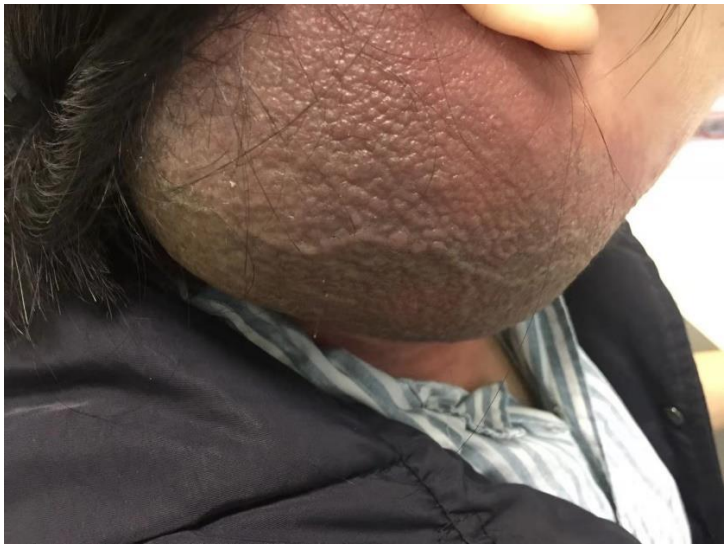
图四 2019-3-11 治疗两程后鼻咽肿块 MRI



图五、2019-8-5 放化疗后淋巴结 MRI（18mm*16mm）

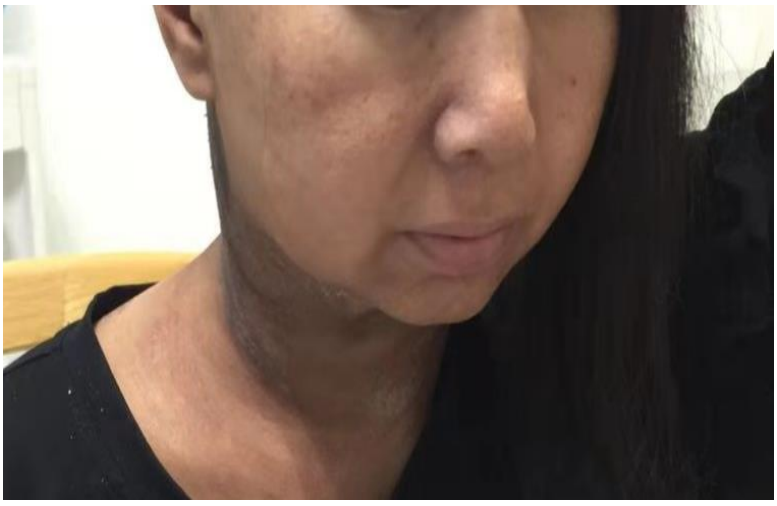


图六、2019-8-5 放化疗结束 1 月鼻咽部 MRI（病灶消失）



图七、2019-1-30 初诊病灶

图八、2019-4-18 患者病灶照片



图九 2019-7-18 患者治疗后的照片

FSN treatment for Post COVID-19 Syndrome

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Abstract:

This paper reports three cases of Post COVID-19 (Long COVID) Syndrome which have been treated with Fu's Subcutaneous Needling (FSN), resulting in fast recovery from the multiple symptoms. The report also explores FSN's ability to relax the pathological muscle(s) which helps to cure pre-muscular and post-muscular disorder of the long COVID syndrome.

Keywords:

FSN, Post COVID-19 Syndrome, Acupuncture

Introduction:

Most people with Coronavirus (COVID-19) begin their recovery within few days or weeks of first symptoms and make a full recovery within 12 weeks. For some people, symptoms can last longer. This is called long COVID or post COVID-19 syndrome. Long COVID is a new condition which is still being studied.

The most common symptoms of long COVID are:

- Extreme tiredness (fatigue)
- Shortness of breath
- Loss of smell
- Muscle aches

There are also additional symptoms observed by individuals post-COVID:

- Issues with memory and concentration ("brain fog")
- Chest pain or tightness
- Difficulty sleeping (insomnia)
- Heart palpitations
- Dizziness
- Pins and needles
- Joint pain
- Depression and anxiety
- Tinnitus, earaches
- Sickness, diarrhoea, stomach aches, loss of appetite
- High temperature, cough, headaches, sore throat, changes to sense of smell or taste
- Rashes

This following section details three case studies where Fu's Subcutaneous Needling (FSN) was used to treat patients with dry cough, throat discomfort, short breath, fatigue, dizziness and heart palpitation.

FSN is a modern acupuncture method which was invented by Dr. Fu ZhongHua in 1996.

This therapy uses a modified acupuncture needle to stimulate the subcutaneous layer, to relax nearby tightened muscles in order to restore the muscle function, and to increase blood circulation which may have been affected by these tightened muscles.

【Case one】

Patient details: Male, 56 years old

The main complaint: Fatigue, short breath, globus hystericus, pain around right shoulder blade for over a month after COVID infection.

History: The patient had heart surgery 10 years ago, had stroke 2 years ago, caught COVID-19 one month ago, discharged from hospital after 10 days in ICU, with symptoms as above.

Palpation, Treatment and Outcomes: Both Sternocleidomastoid muscles+ , both Pectoralis muscles++, right brachioradialis++, right biceps brachii+++, left rectus abdominis+, left obliques abdominis+.

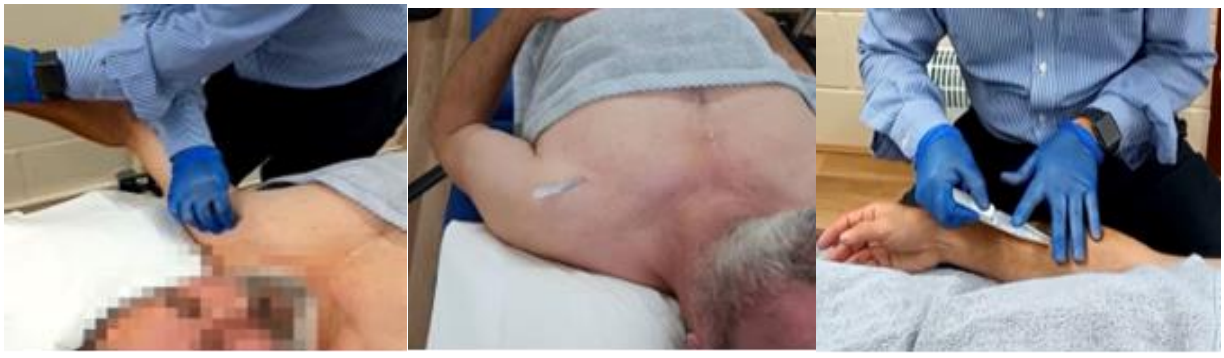
First visit: 6/12/2021

While in supine position, the first needle insertion site was selected to be the inside of right forearm, approximately 10cm below the elbow along the brachioradialis. The tip of FSN needle positioned towards elbow, and upon the insertion, the FSN needle was gently swayed from side to side (swaying movement). After 3-5 minutes manipulation, applied reperfusion approach by asking the patient to bend his elbow while resistance was given.

The second insertion site was around both Sternoclavicular joints, with the tip of FSN needle towards the Sternocleidomastoid muscle. After insertion, swaying movements were applied while asking the patient to lift his head up from the pillow as the reperfusion approach. This was repeated twice before performing the same sequence on the other side.

The next insertion site was selected on the front of the left shoulder, the tip of FSN needle 45° towards the lower right. Upon the insertion, gentle swaying movements were applied again while asking the patient to lift up the whole arm vertically while resistance was given. This was repeated twice then performed on the right shoulder.

The final insertion was from the left side of the navel, inserting FSN needle upwards, then manipulated for few minutes while asking the patient to inhale deeply and hold for 10 seconds. This was repeated twice.



The second visit: 10/12/2021

Patient reported to have more energy, the pain around his right shoulder blade had disappeared, and short breath and globus hystericus symptoms had seen improvements. The same treatment was repeated as the first visit.

The third visit: 16/12/2021

Globus hystericus had disappeared, patient had more energy, and short breath symptoms

had improved further. FSN treatment was applied to target the right brachioradialis, left Pectoralis and left rectus abdominis as other muscles showed no more tightness.

The 7th visit: 02/02/2022

The patient has fully recovered from post COVID syndrome, his energy level was back to normal, and could walk for 5 miles without any shortness of breath or fatigue. The patient continued FSN treatment for his sequela of apoplexy until 20/07/2022.

Video Interview: https://youtu.be/5BRfKT-tSHM

【Case two】

Patient details: Female, 77 years old

The main complaint: Fatigue, short breath, clear Tracheal secretion, dizziness, palpitation and muscular pain over 4 months after COVID-19 infection.

History: High blood pressure and under active thyroid for many years, which has been treated by prescription drugs. COVID-19 infection contracted in January with symptoms of cough, green phlegm, difficulty to breathe, fatigue, sleepiness, palpitation, and muscular pain. Most of the symptoms were still existing after 4 months.

Palpation, Treatment and Outcomes: Both Sternocleidomastoid muscles++, right Pectoralis muscle+, both biceps brachii++, left rectus abdominis+. Arrhythmia BP:127/92mmHg.

First visit: 20/05/2022

While in supine position, the first insertion site was selected at the right Sternoclavicular joint. The tip of the FSN needle was positioned towards the Sternocleidomastoid muscle, upon the insertion, the needle was gently swayed from side to side for 3-5 minutes while asking the patient to lift up her head from the pillow for a few seconds. This was repeated twice before performing on the left side.

The next insertion was from the right shoulder, with the tip of the needle 45° towards the lower left of the chest. After a few minutes of swaying movement, the patient was asked to lift the right arm up while resistance was given. This operation was repeated twice.

The needle was then inserted upwards from the left abdomen, applying swaying movement while asking the patient to inhale deeply and hold the breath for a few seconds. This operation was repeated twice.

The second visit: 27/05/2022

The patient experienced no more Tracheal secretion. Muscular pain and breathing have improved, while dizziness, fatigue, and jelly legs remained the same. The patient had visited her GP and had ECG check-up, which confirmed that she had Arrhythmia, but no treatment was given.

FSN treatment was repeated the same as the first time, with additional new insertion sites on both forearms. The tip of the needle was positioned towards the elbow, and after applying swaying movements for 3-5 minutes, adopted reperfusion approach by asking the patient to bend her elbow while resistance was given.

The forth visit: 10/06/2022

All symptoms had improved. Patient's energy level was almost back to normal, with no more muscular pain. Dizziness had almost gone, and patient still had slight short breath and palpitation, and irregular pulse.
FSN treatment was repeated same as the second visit. It was found that the patient's

left Gastrocnemius also showed tightness, therefore FSN needle was inserted 2cm below BL57, with tip of the needle positioned upwards. After insertion, the needle was swayed for about 3-5 minutes, then asked the patient to plantarflex the ankle while resistance was given. This operation was repeated twice.

The 11th visit: 12/08/2022

The patient showed no more post-COVID symptoms and the arrhythmia was fully recovered. The patient still continues with FSN treatment once a month for general health maintenance.

【Case three】

Patient details: Female, 53 years old

The main complaint: Dry cough, globus hystericus for over a month after COVID-19 infection.

History: Patient suffers from high blood pressure for 5 years, and contracted COVID-19 over a month ago. Symptoms included fever, cough, very sore throat, short breath, headaches, and muscular pain. Most symptoms had gone after 2 weeks, but patient was still suffering from dry cough and globus hystericus.

Palpation, Treatment and Outcomes: Both Sternocleidomastoid muscles++, infrahyoid muscles++.

First visit: 2/2/2023

While in supine position, the first insertion site was selected at 1cm beside the EX-HN21, and the needle was positioned parallel to the jaw, with tip of the needle towards the gonial angle. After the insertion, the needle was swayed for about 3-5 minutes while asking the patient to swallow. This was repeated a few times before performing on the other side.

The next insertion was from the Sternoclavicular joint, with the tip of the needle towards the sternocleidomastoid muscle. Upon the insertion, the needle was swayed for about 3-5 minutes, then asked the patient to lift up her head from the pillow and hold for 10 seconds. This was repeated twice before performing on the other side. The patient felt that the throat was smoother immediately.

The second visit: 5/02/2023

All symptoms were 80% better with dry cough almost gone, and patient only had the sore throat as the remaining symptom.

FSN treatment was repeated the same as the first visit. Patient reported feedback after one week that all symptoms had completely gone.

Discussion

COVID-19 pandemic has persisted over the last 3 years so far, with over 682 million people infected and 6.8 million who lost their lives globally. An estimated 2 million people living in private households in the UK (3.1% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected COVID-19 infection that were not explained by something else) as of 2 January 2023.

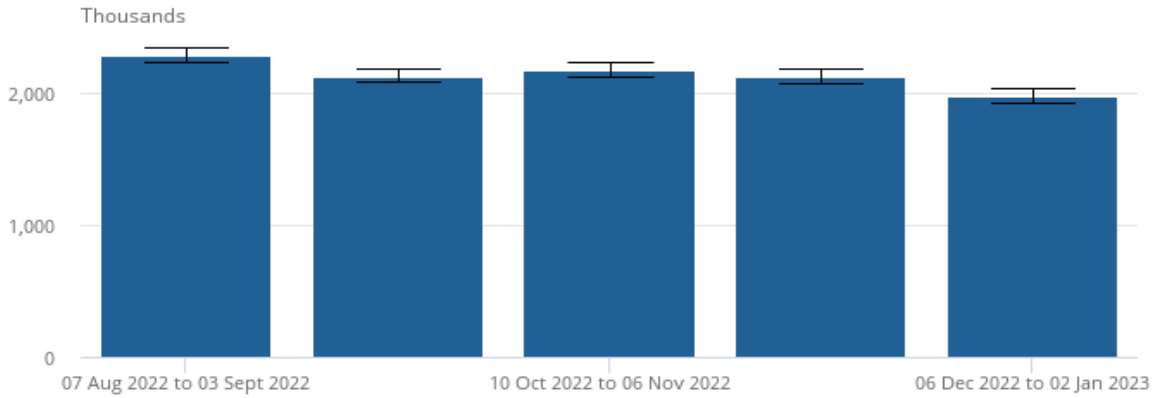
This is a big impact on their lives. While the NHS provides advise and rehabilitation service for long COVID, many people have also turned to our clinic for help with their persisting long COVID symptoms.

Chinese herbal medicine and traditional acupuncture provide great help for these complaints. FSN treatment is able to give the same outcome but with even quicker response. Fu's Subcutaneous Needling (FSN) is now widely used in China and globally by

Chinese medicine practitioners and western acupuncturists. It targets the tightened muscles but only manipulates the needle in the subcutaneous layer.

Figure 1: 2.0 million people were experiencing self-reported long COVID as of 2 January 2023

Estimated number of people living in private households with self-reported long COVID of any duration, UK, four-week periods ending 3 September 2022 to 2 January 2023



Source: Office for National Statistics – Coronavirus (COVID-19) Infection Survey (CIS)

For indication, FSN medicine uses the method of correlation between disease and muscle classification. ***Real-muscular*** refers to the disease or pain caused by pathological tension in the muscle and its accessory structure, such as common cervical spondylosis and lumbar spondylosis; ***Pre-muscular*** refers to the pain of the muscle and its accessory structure caused by other diseases such as rheumatoid arthritis and Parkinson's disease. ***Post-muscle*** refers to the pathological tension of the muscle that affects other organs, which are mostly distributed in the muscle or adjacent to the muscle, and as such are closely related resulting in series of pain, such as focal numbness and pathological cough.

These 3 cases in this report were selected from a number of long COVID cases in my personal clinical record, which all have distinctively different characteristic in the manifestation. Case one patient had a few underlying health conditions and severe COVID infection; cases two patient is elderly with longer history of medical conditions, including arrhythmia; case three patient had milder symptoms and shorter medical history.

In all three cases, pre-muscular disorders were combined with post-muscular disorders. COVID infection symptoms (e.g., fever, muscular pain, cough, sore throat), may have caused muscles around the neck and chest to tighten, which would be retained for some time. These long-lasting tightened muscles can then cause various second order effects. The new Qi-Blood Theory of FSN can be adopted to relax these

pathological muscles, which will increase the local or overall blood circulation of the body, resulting in symptom recovery we expected to achieve.

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About the author

【Daming Gong】, Member of FSNAE, ATCM, graduated with medical bachelor degree from ShanDong University of TCM, China in 1992, and had worked as TCM doctor in local hospital for 10 years before came to the UK in 2002. He started to learn and practice the FSN technique since 2016, and had specialised training in NanJing, the HQ of FSN and achieved Grade I in FSN qualification system. Now he is practicing FSN and Chinese medicine at AcuDocs in Cornwall.

http://www.acudocs.co.uk/

从浮针即时疗效看舌诊即时变化

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摘要：舌诊从古至今历来是中医望诊的必要手段。尤其在患者病情上的变化，舌诊的舌苔，舌质，干湿程度，有相应的形态，颜色的改变。由于英国当地的具体情况，中医师不能开具化验单，不能通过实验室手段诊断患者，因此通过舌诊的变化观察病情的变化就显得更为重要。而通过舌诊观察浮针的即时疗效尤为方便，可以立即观察舌诊的变化以判断病情。

望舌诊病是中医四诊中重要的内容，比之脉诊，触诊都来得快而迅速及方便。望舌诊可以追溯到中医 3000 年前的殷商时代，说明古人在很早的时候就知道望舌诊病。

关键词：舌苔 舌质 舌形，浮针即时疗效，舌诊即时变化。

Abstract: Tongue diagnosis has been a necessary method of TCM observation from ancient times to present. In particular, the changes in the patient's condition, tongue coating, tongue quality, dryness and wetness degree, have corresponding changes in shape and color. Due to the specific local situations in the UK, TCM practitioners cannot issue a laboratory test request, nor can we examine patients through laboratory

methods. Therefore, it becomes even more important observe the changes of disease conditions through tongue diagnosis. It is particularly convenient to observe the immediate effect of Fu's Subcutaneous Needling (FSN) through tongue diagnosis, which can immediately see whether the disease is alleviated or not.

Tongue diagnosis is an important part of the four diagnostic methods in traditional Chinese medicine. Compared with pulse diagnosis and palpation, tongue diagnosis is quicker, more rapid, and more convenient. Tongue diagnosis can be traced back to the Shang Dynasty of traditional Chinese medicine 3000 years ago, which shows that ancient people knew about tongue diagnosis at a very early stage.

Keyword: Tongue coating, tongue shape, FSN immediate effect, tongue diagnosis immediate change, prospective

舌诊从古至今历来是中医望诊的必要手段。尤其在患者病情上的变化，舌诊的舌苔，舌质，干湿程度，有相应的形态，颜色的改变。由于英国当地的具体情况，中医师不能开具化验单，不能通过化验及实验室的手段诊断患者，因此通过舌诊的变化观察病情的变化显得非常重要。而通过舌诊观察浮针的即时疗效尤为方便，可以立即看出病情的缓解或是未缓解。

望舌诊病是中医四诊中重要的内容，通过望舌可以迅速了解及诊断病情，比之脉诊，触诊都来得快而迅速及方便。望舌诊可以追溯到中医 3000 年前的殷商时代，说明古人在很早的时候就知道望舌诊病。

在这次新冠疫情早期，在国外的中医师大都是仅仅通过微信及网络舌诊，迅速的开方，邮寄药品，达到治愈患者的目的。符仲华老师在《气血是中医的主要指标》【1】一书中谈到“气血是中医理论的核心的核心，是中医的主要观察指标和抓手。气血分散在各个器官，各个部位，由多种小指标构成，形成指标群。” 。并又在“气血在望诊中的体现”中提到望舌……以查脏腑之气血状态。同样根据浮针后舌像的即时变化，通过舌的形态及颜色等方面的改变说明气血是否恢复正常运行，以此了解浮针的即时效果。即舌诊在浮针治疗后的改变提示症状或疼痛消失，可以立即判断疼痛或症状是否消失或者未消失，其之变化可以让医生快速了解病情。因此舌诊的变化可以进一步佐证浮针治疗效果。

以下是奇效舌诊发明人李芳祥老师舌诊全息图【2】

舌尖部是头部包括眼，鼻，舌前部还包括颈肩部

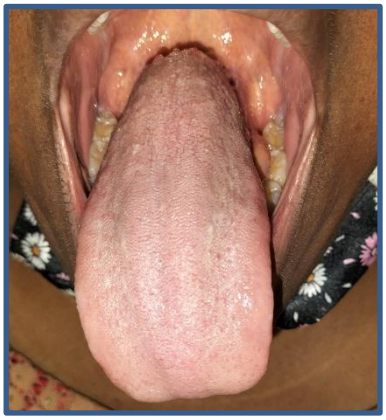
Case 1. 浮针治疗腰痛的舌诊即时变化

18/06/2022 首诊

女性 36 岁，眼科医生。腰疼数年，近 6 个月加重。不能行走，走路 3-5 分钟就痛甚。活动受限，不能弯腰。睡眠差。尿频。大便可，食欲（-）

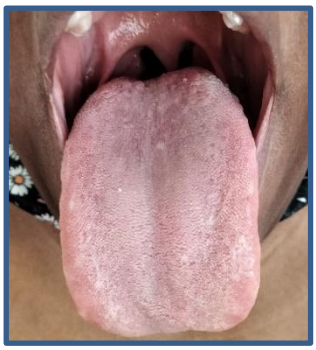
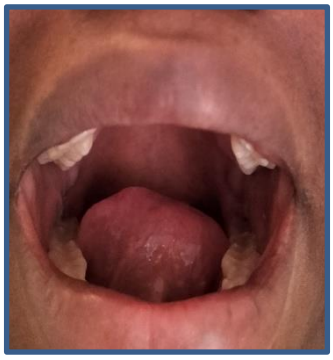
查体：患肌为双侧竖脊肌下段，双侧腰方肌，以左侧为重。骶骨肌压痛明显。

FSN 针前舌诊照片：可以看到舌根底部腰骶椎部凸起，失去正常舌的生理凹陷。凸起为实为痛。

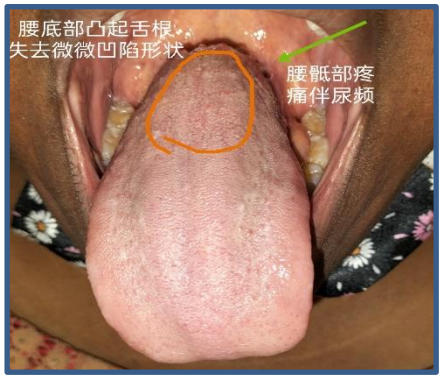


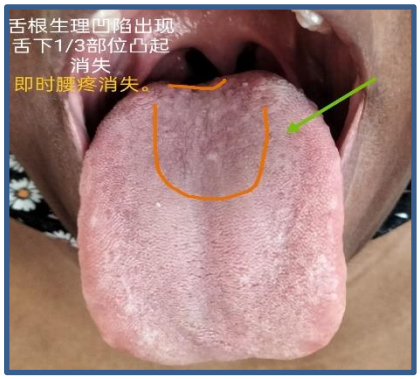
FSN 针治双侧竖脊肌，双侧腰方肌，左侧骶骨肌旁 2cm，扫散加灌注至即时腰部无疼痛，走路弯腰都正常。

下图是 FSN 针后 1 小时腰疼缓解舌诊照片：

图👇为针前针后 1 小时舌诊对照：





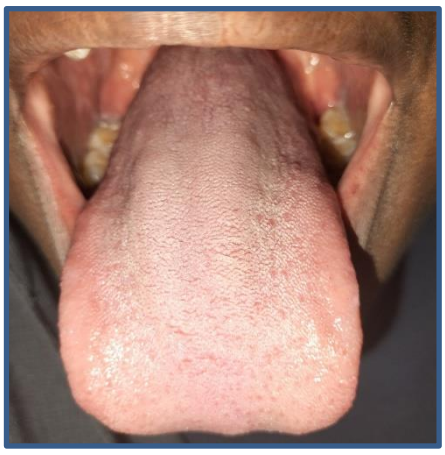
由上面的针前舌诊可以看到患者舌根部失去微微凹陷的生理形状代之以高凸为实为痛的病理性舌根表现，并且舌根是狭窄的，狭窄舌根提示肾虚腰痛。由上面右图浮针治疗后 1 小时的舌照可以看出舌根生理凹陷出现，舌根部由原先的窄舌变为正常的宽舌舌根，舌根部的高凸现象消失，同时腰痛症状消失，故佐证了浮针的疗效。

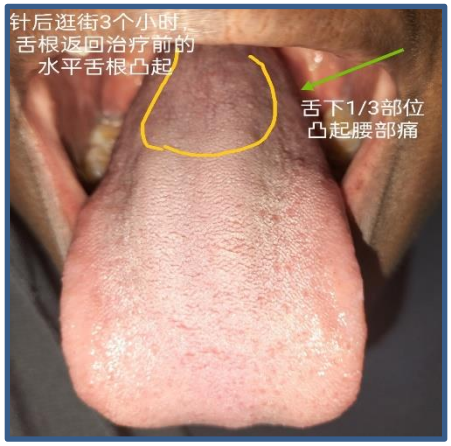
一般这种慢性腰疼患者为巩固疗效针 3 次为一小疗程。患者预约第二天再来针灸。

19/06/2022 二诊

患者主诉昨天扎完针感觉腰不疼了，就和丈夫出去逛街 3 个小时，回来觉得腰部肌肉紧张疼痛，问我为什么？我告诉她，刚刚扎完针腰不疼了，实际不是真正治愈，需要患者配合休息最少三天，不能做锻炼，给肌体恢复时间，否则肌体还未恢复到正常水平，因为劳累，疼痛要有复发的。医生治疗只是 30%疗效，真正要得到 100%的疗效需要患者自己休息调理。

下图为二诊针前舌诊照片：

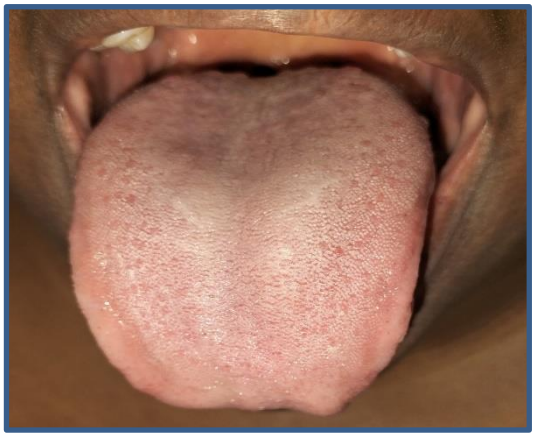


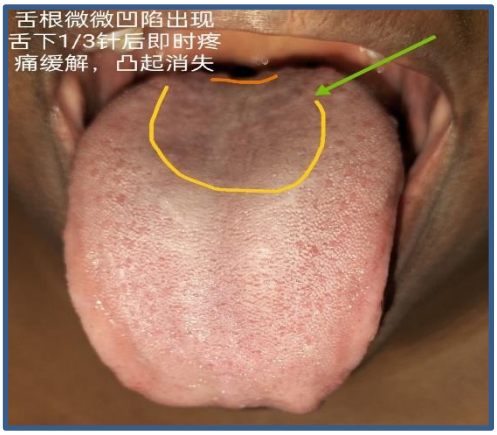


上图说明患者针后没有好好休息而去逛街 3 小时，直接导致腰痛复发。黄圈内示舌根部又出现高凸隆起，高凸为实为痛。舌根变窄为肾虚腰痛。

FSN 针治双侧竖脊肌下段，右侧竖脊肌中段（针对背部中段疼痛），左侧髂腰肌 双侧骶骨肌旁 2cm，针后疼痛缓解。

二诊 FSN 治疗后舌诊照片：





根据“高凸为实“的原理可以明显看出上图👆舌根部生理曲线出现，凸起部位消失预示

疼痛缓解，同时舌根恢复生理宽度，从而佐证了浮针治愈腰痛的疗效。

医嘱患者回家至少在 3 天到一周内不要做剧烈运动，要睡硬板床使腰部得到休息避免软床凹陷使腰椎处于凹陷状况，引起肌肉紧张疼痛。

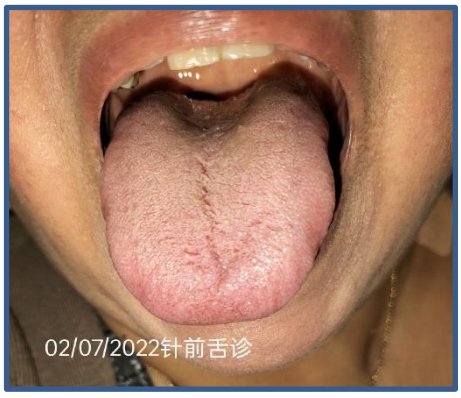
Case 2. 浮针治疗失眠，眩晕，四肢疼痛的舌诊变化

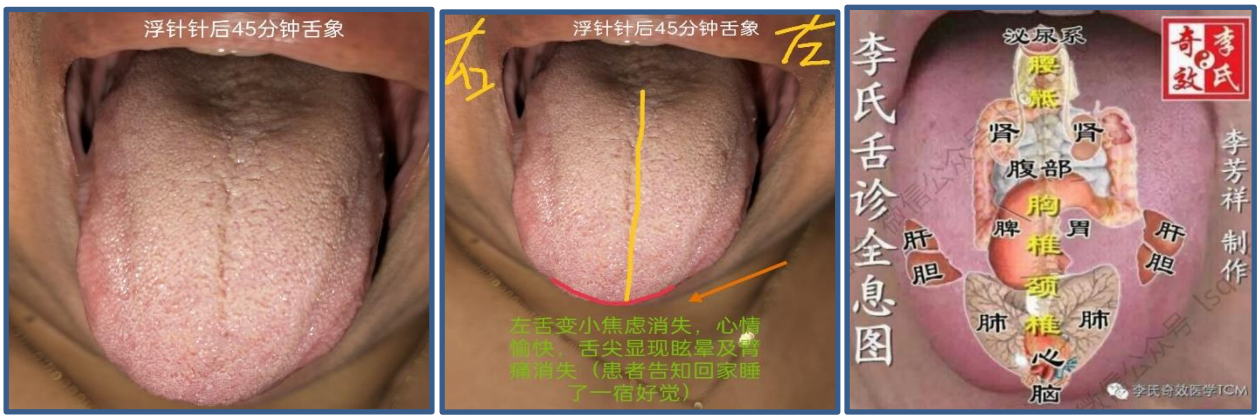
02/07/2022 首诊

患者女，71 岁，主诉眩晕及左臂痛 10 余天。医院诊断为左颈神经卡压综合征，建议手术治疗，患者不同意手术治疗。

现病史：患者有糖尿病十多年，现每天注射胰岛素，血糖当时为 9.0。自述因紧张焦虑患有眩晕症，近 3 日左颈项及左臂痛。否认患新冠史。入睡迟，多醒，基本无睡眠。睡眠差有 2 个月左右。现有气短，胸闷，口干咽干，皮肤干燥。舌淡胖，左舌大于右舌，舌尖平。

浮针治疗左肱桡肌，左斜方肌，左竖脊肌上段，即时眩晕及左臂痛症状缓解。





通过舌象变化，可以看出浮针的即时疗效。舌尖为头部为脑，舌尖平表明元神消失，脑部功能减退，正常的生理功能也消失故舌尖平出现睡眠差，头昏脑涨，记忆力减退等等。左属肝，肝郁气滞，焦虑紧张可出现左舌偏大，本证即是典型的紧张焦虑，肝郁气滞的患者。浮针治疗后，患者症状消失，舌象随之变化，舌诊脑部出现，预示眩晕好转，睡眠要改善，从而佐证了浮针的疗效。

故舌诊之重要正如清代吴坤安的《伤寒指掌》中说“病之经络，脏腑，营卫，气血，表里，阴阳，寒热，虚实，必形于舌，故辩证以舌为主，而以脉症兼参之，此要法也。”可见舌诊是中医学最有价值的诊断法之一。而浮针的即时疗效，同样可以速查舌诊，观其变化，判断疗效，若有不足，通过舌诊判断治疗不足之处，改变治疗思路，成为浮针的好帮手。

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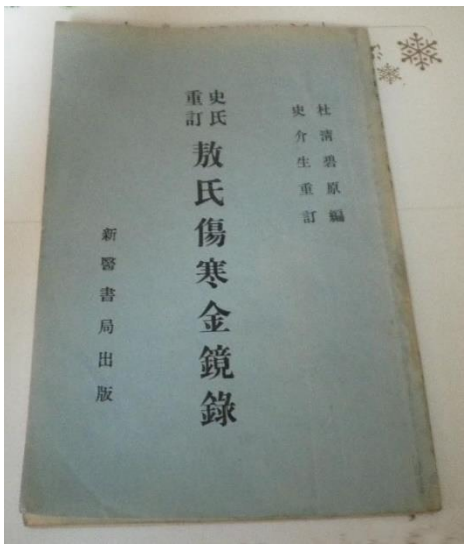
【2】李芳祥 李氏舌诊全息图 奇效舌诊授课记录 2015 年

中医小知识



舌诊的发展经历了从《黄帝内经》到张仲景《伤寒杂病论》，再到宋元时代第一部舌诊专著《**敖氏伤寒金镜录**》出现，形成舌诊发展的新阶段。敖氏有舌诀十二首，原书已佚，敖氏何许人亦无从查考。现传世之书为杜清碧修改本，简称《伤寒金镜录》，撰于 1341 年，其图文并茂，故对后世影响较大。

Review: Efficacy of Acupuncture in the Treatment of Migraines

Richard Bills, Lincoln College

Abstract： Migraine and tension type headaches are the seventh highest specific cause of disability worldwide, affecting around 12% of the global population. This condition is the leading cause of disability among neurological disorders. Affecting a wide variety of people from all areas of life while causing reductions in daily productivity along with ongoing strain on healthcare services.

This study is to assess the efficacy of acupuncture in the management of migraines. The study uses a variety of search engines gather appropriate related journal articles. Randomized controlled trials were considered the basis for this systematic review.

A total of 10 trials, with 1567 participants met the inclusion criteria and were analysed alongside CONSORT and STRICTA guidelines. Based upon the results acquired in this review, all but one trial concluded that acupuncture did reduce the number of migraine days over a predetermined timescale. Furthermore, acupuncture interventions were more effective than control measures in all but one trial. Adverse events were less frequent in acupuncture cases compared with chemical drug interventions.

The review concludes that acupuncture is deemed effective in reducing the frequency of migraine attacks. In addition, acupuncture showed greater effectiveness and lower rates of adverse events in comparison with pharmaceutical medication.

Key Words: migraine, primary headache, acupuncture, randomized controlled trials.

1. Introduction

According to Steiner et al. (2013), a report by the Global Burden of Disease Survey 2010 (GBD2010) concluded migraine and tension type headaches to be the seventh highest specific cause of disability worldwide. Evidence from this report also indicated headaches are the leading cause of disability when compared to neurological disorders. Data also states minimal to no differentiation in prevalence across age, racial, socio-economic groups or geographic regions. According to Burch et al. (2019) & Yeh et al. (2018), migraine headaches affect around 12% of the global population. While 51% of those affected report reduced productivity at work or school.

2. Methodology

Search Strategies

A variety of search engines: Google Scholar, Google, PubMed and Research Gate were used to gather appropriate related journal articles. Examples of phrasing included “migraine, migraine prophylaxis, randomised controlled trial (RCT), randomized controlled trial, acupuncture”, with RCTs being the focus of this literature review, further studies will be used to provide supporting evidence.

Inclusion and Exclusion Criteria

Articles that were categorised as research proposals, were not written in English, published prior to the year 2010, were

considered unrelated to the subject matter or involved animal testing were excluded. Additionally, studies that used only acupressure, had not gained ethical approval, included fewer than 50 participants or involved participants that had been recruited for alternative health conditions were also ruled out of this review.

Trials that involve the use of sham acupuncture will be included as this is widely considered to be the best control in comparison to acupuncture. However, as Lee et al. (2011) & Park et al. (2002) explains, penetrating sham acupuncture may cause a physiological response. As a result, non-penetrating sham acupuncture will be favoured to reduce the chance of false positive results.

3. Results

In the data collection stage, 10 studies met the inclusion criteria. Further studies were ruled out for several reasons, for example; prospective study, too few participants and irrelevant subject matter. Among the 10 studies, a total of 1567 participants were included.

Based upon the results acquired in this review, all but one trial concluded that acupuncture did reduce the number of migraine days over a predetermined timescale. Furthermore, acupuncture interventions were more effective than control measures in all but one trial. The trial that expressed no improvement over the time scale was Farahmand et al. (2018), this research suggested a small short-term improvement during the 60 minutes following treatment but this subsided over the further 4 hours. Despite the fact most trials reported improvements, the degree of improvement varied significantly between trials. However, trials that continued to monitor patients over longer periods (3+ months) recorded a slow return toward previous numbers of migraine days. Once again this observation determined that despite this increase in migraine days, the acupuncture intervention was still an overall reduction when compared with baseline and was deemed more effective than control measures.

The maximum number of participants in a single study, by Li et al. (2012), was 476 while the minimum number was 60 in a study carried out by Farahmand et al. (2018). According to NIA (2020) & Hoogwerf (2021), most phase one clinical trials consist of 20-80 participants, while phase two often includes 100-300 and phase three can range from several hundred to 3000.

A small variety of control measures were used, these included: sham acupuncture, waiting list and usual care. A table describing study design, randomization and results can be found in Table 1. Although this study is focused on the efficacy of verum acupuncture treatments in the management of migraines, studies that included electroacupuncture and ear acupuncture were also included as these are both related in terms of traditional Chinese medicine theory and the use of acupuncture needles.

The trials were analyzed alongside CONSORT and STRICTA guidelines as these are recognized as the highest standards for studies based on acupuncture and complementary therapies (Lu et al. 2017).

Table 1: The results of selected studies

	Design	Control Measure	Follow-up duration	Randomization & Blinding	Results	Comments
Zhao et al. (2017)	Single blinded randomized clinical trial. Electro-acupuncture using HANS frequency. 20x 30 mins treatment over 4 week period, 5 days per week.	Sham Acupuncture and Waiting List	24 weeks, headache diary completed at the end of each 4 week period.	Randomly assigned using online messaging system. 1:1:1 ratio, True acupuncture, Sham acupuncture, Waiting list. Blinding: True and sham acupuncture	Mean frequency of attacks per 4 weeks reduced by: 3.2 – True Acupuncture2.1 – Sham Acupuncture1.4 – Waiting List	
Musil et al. (2018)	Single blinded randomized clinical trial. 14x 25 mins treatment over a 12 week period. Seeking De Qi sensation.	Waiting List	12 weeks treatment 6 months follow-up, headache diary used to record findings.	Independent researcher prepared 12 participants in each block. Based on age, sex, and mean headache days. Blinding: Assistants and statisticians.	Mean frequency of attacks per 4 weeks (measured at end of 6 months) reduced by: 5.5 – Acupuncture 2 – Waiting list	
Xu et al. (2020)	Manual Acupuncture. 20x 30 mins treatment, every other day. 9 day break after 10 sessions. (8 weeks total) Needle manipulation applied 4x for 10 seconds for each needle.	Sham Acupuncture and Usual Care	8 weeks treatment. 12 weeks follow-up	5 participants per block. Independent party randomised patients into 2:2:1 ratio, manual acupuncture: Sham acupuncture: Usual care. Blinding: patients, outcome assessors and statisticians.	Mean frequency of attacks per 4 weeks (measured across weeks 17-20) reduced by: 2.3 – Manual Acupuncture 1.6 – Sham Acupuncture	
Li et al. (2012)	Single blinded, multicentre. 20 treatments over 4 weeks. Deqi sensation was sought after in all but sham acupuncture. Electroacupuncture involved 2Hz and 100Hz, 0.1-1.0mA for 30 mins.	Sham acupuncture	4 weeks follow up.	Blocked and stratified randomization, independent party used text message and email confirmation. Blinding: Patients, outcome assessors and statisticians.	Patients in Shaoyang specific group reported better QOL compared to control. No differences overall between each acupuncture group. Reported an overall clinically minor difference between acupuncture and control group.	No information on needling depth
Wang et al. (2012)	Multicentre, single blinded. Comparing verum with sham acupuncture. A 28 day baseline period was followed by, one 30 min session and a 3 day	Sham acupuncture	72hr follow-up.	Size 4 block randomization. Opaque sealed envelopes were used. Blinding: single blind trial. Patients, follow up assessors	VAS scores 24 hours after treatment: Acupuncture – decreased by 2.4 Sham acupuncture – decreased by	Only involved one treatment and 3 days of assessment.

	follow up period.			and statisticians.	0.7.	
Yang et al. (2011)	Randomized clinical trial. 4 week baseline period followed by 12 weeks of treatment. Acupuncture treatment was compared to topiramate.	Topiramate	4 week baseline period. 12 weeks of treatment.	Computer generated randomly allocated treatment codes. No blinding.	Frequency of migraine days per 4 weeks decreased by: Acupuncture – 10.4 Topiramate – 7.8	Adverse events occurred in 6% of acupuncture group and 66% of topiramate group.
Naderinabi et al. (2017)	Randomized controlled study. Acupuncture treatment was compared to botulinum toxin A and sodium valproate over a 3 month period.	Sodium valproate	Baseline assessment. Treatment 3 months follow-up.	1:1:1 ratio for group allocation. No blinding.	Over 3 months of observation, mean migraine days decreased by: Acupuncture – 4.8 Botulinum toxin A – 3.9 Sodium valproate – 3.4	Fewer side effects in acupuncture group (6%) compared to Botulinium toxin A (22%).
Farahmand et al. (2018)	Single blinded randomized clinical trial. One treatment of acupuncture during the acute onset of migraine. Patients were then assessed regularly for 4 hours.	Sham acupuncture	15 mins, 30 mins, 45 mins 60 mins, 2, 3, , 4 hrs assessment time. Follow-up after 48 hours.	Four block method of randomization. Blinding: Patients and data collector.	Greater improvement in pain scores over the first 60 mins for acupuncture group. No significant difference over the following 4 hours.	Women on menstrual cycle were excluded.
Foroughipour et al. (2014)	Single blinded randomized, sham controlled trial. Comparing acupuncture to sham acupuncture alongside standard prophylactic treatment. 12x 30 min sessions.	Sham acupuncture	Follow-up 4 months after treatment.	Randomly allocated group A or B according to codes in sealed envelopes. Blinding: Neurologist, statistician and patients.	Greater reduction in migraine days in acupuncture group over first month. Acupuncture – 1.7 Sham – 0.6 Slight increase over months 3 and 4. Overall reduction compared to baseline.	Lacking reasons for dropouts.
Zhao et al. (2014)	Randomized sham controlled trial. Comparing brain activation patterns evoked by acupuncture treatment and sham acupuncture.	Sham acupuncture	4 weeks baseline, 8 weeks treatment	Block size of 4 randomization, 1:1 ratio. 20 patients from each group were randomly selected for fMRI using Microsoft Excel sampling tool. Blinding: Patients, outcome assessor.	Active acupoint and inactive acupoint therapy cause different brain activities. Decrease in migraine days per 4 weeks: Acupuncture- 6.34 Sham- 5.81	Excellent presentation of information relating to CONSORT and STRICTA.

Two studies focused on the short term effects of acupuncture on acute migraine attacks, whereas the other eight trials used a 4-week cycle as a measurement period. The two studies that focused on short term effects required only one treatment. On the other hand, the long term trials varied between 12 and 32 treatments.

There appeared to be no significant difference in results when comparing the type of acupuncture intervention. This suggests that electroacupuncture, acupuncture and ear acupuncture all have similar levels of effectiveness.

Of the 10 trials, 8 recorded the use of TCM acupuncture points, one used ear acupuncture points and one did not provide specific details of points used. Of the 8 trials that used TCM acupuncture points, the only point to appear in every case was GB20. Furthermore, points that were used in more than 50% of trials included: GB8, SJ5, GB34, LI4, LV3, GB 40 and DU20.

A total of 9 out of 10 trials involved seeking the de qi response commonly described in TCM literature as ‘arrival of qi’ or ‘needling sensation’. Patients commonly describe the physical sensation as aching, soreness, heaviness, pressure or numbness. De qi is considered by many acupuncturists to be a fundamental aspect of acupuncture treatments, this response is thought to be essential in producing therapeutic benefit (Yang et al. 2013 & Yang et al. 2013). The trial that did not comment on seeking a de qi response was Farahmand et al. (2018).

4. Discussion

Based on the evidence compiled in the results section, it is suggested by 90% of the included trials that acupuncture interventions are effective in reducing the frequency and severity of acute migraine attacks.

4.1 Sample size

Of the 10 trials that have been included in this review of research, it has been observed that 4 trials consisted of less than 100 participants. 4 trials consisted of 100-200 participants and finally, 2 trials incorporated 200+ participants. Given there has been a considerable amount of research carried out in the field of acupuncture over the past 30 years, it is widely regarded that this treatment has a low rate of adverse events. Therefore, there are no ethical reasons that larger-scale clinical trials cannot be carried out. In light of this, the best sample sizes were the medium and larger sizes.

4.2 Outcome measurement

A reliable measurement instrument, meaning the test effectively assesses the outcome is described as valid (Elasy et al. 1998 & Coster, 2013). The use of measurement strategies is essential in measuring the efficacy of an intervention in medical trials. Given that migraines are generally categorised by symptom based diagnosis over observation of signs, this poses a challenge to researchers. To effectively measure the severity of symptoms, a patient guided subjective analysis is often the most effective strategy.

Based on the overall body of research studying migraine treatment interventions, the most commonly used methods of outcome measurement are headache diary, visual analog scale (VAS) and migraine disability assessment (MIDAS). According to Delgado et al. (2018) & Baos et al. (2005) & Stewart et al. (2001), the use of headache diary measurement strategies considerably improve communication between patient and physician.

This in turn facilitates more effective understanding of symptom severity and appropriate application of management strategies. Moreover, the VAS was produced as a method of assessing acute or chronic pain. This strategy has been used for around 100 years and involves a very simple procedure. Finally, MIDAS questionnaires have been found to be highly reliable, consistent and correlate with physician judgement.

Of the 10 trials that have been included in this study, 6 applied the headache diary alone. One applied the VAS alone. One combined VAS with a written checklist. One combined a headache diary with fMRI. Finally, one study applied a combination of headache diary, MIDAS and hospital anxiety and depression scale. The final study with the combination of three approaches can be seen as the most effective strategy. Given the subjective nature of these assessment methods, the ability to cross reference the results of two or three methods can improve external validity. On the other hand, this can create vast amounts of data, making analysis significantly more challenging. Too much information can be equally difficult to understand as too little information.

Table 2 – The commonly used acupuncture points, indications and location in the compiled trials

Acupuncture Point	Indication	Location
GB34	Distal point for head, based on meridian theory Stiffness of neck and shoulders	Lateral, upper portion of lower leg
GB8	Headaches, particularly parietal or temporal Migraine headaches accompanied by nausea and vomiting Local point	Side of head, above ear
SJ5	Headaches, particularly temporal Distal point for head, based on meridian theory	Dorsum of wrist
GB20	Headache in any region of the head Disorders of the neck and shoulders Local point	Posterior, base of skull
LI4	Distal point for head and face, based on meridian theory General point for pain	Dorsum of hand
LV3	Reduce pain in head General point for pain	Dorsum of foot
DU20	Benefits the head Local point	Top of head

(Deadman et al. 2009 & Zhang et al. 2015 & Liu et al. 2016)

4.3 Commonly used acupuncture point indications

The acupuncture points used in the selected trials has been stated in the results section. A breakdown of the most commonly utilised points can be found in **Table 2** below. The table discloses the significant indications along with the general location.

Based on information extracted from the 10 trials analysed in this review, 4 trials used a set combination of acupuncture points that were carried out with every patient. 6 of the trials used a combination of some obligatory point prescriptions and some set optional points, for use based on the syndrome pattern diagnosis. Finally, one study failed to provide concise information about the acupuncture points used, but did explain that the selection was chosen according to the syndrome pattern diagnosis.

According to Fei et al. (2022) & Hwang et al (2020), the use of a rigid treatment intervention is ideal for any clinical trial, this reduces the chance of human error, bias and allows the data analysist to form conclusions

based on the protocol used. However, acupuncture is considered a holistic therapy, this means that an issue such as migraines could be caused by a number of different fundamental pathophysiological factors. As a result, it is required that some level of flexibility be maintained to allow the practitioner to adapt the treatment protocol to suit the individual needs of the patient. With this considered, the most effective strategy would be to combine an obligatory set of acupuncture points with a small selection of additional points. This would restrict the practitioner from applying full freedom of point selection while allowing a small amount of flexibility to comply with the nature of acupuncture interventions.

4.5 Setting

All trials included in this study were carried out in a hospital environment. This is generally the accepted procedure during medical-based clinical trials as there is a great deal of emphasis on hygiene, safe practice and repeatability. Clinical research is designed to improve patient care, for this to be feasible, trials must be carried out in real-world scenarios and address genuine issues (Heneghan et al. 2015). This is significant because the majority of acupuncture delivered in western society is carried out in small scale private practices. This means there is a clear discrepancy between trial and real-world treatment settings. According to Van Hal et al. (2021), A calming and relaxed therapeutic environment is regarded as a vital part of complementary or alternative therapies. Acupuncture is considered a holistic therapy that takes into account the patient's physical, mental and spiritual health. Therefore, the treatment setting is a key part of this.

4.6 Adverse events

It is widely accepted that acupuncture is considered among the safer treatment options for migraines (Chung et al. 2015). Data acquired in this study suggests that adverse events are typically mild and are not very common.

The following trial failed to provide sufficient information for adverse events, Farahmand et al. (2018). This is detrimental to further research because future researchers will be blind to the possible issues that may arise during interventions. Furthermore, this information is deemed essential in determining whether an intervention is safe for use among larger sample sizes or in the general population.

Of the two trials that incorporated a chemical drug as a comparison intervention, Yang et al. (2011) & Naderinabi et al. (2017). Both reported significantly higher rates of adverse events in the chemical drug groups, 60% and 22% respectively. This shows a direct comparison for the level of safety for each chemical drug treatment in comparison with acupuncture.

4.7 Drop out rates

According to Skea et al. (2019), the majority of trials should expect to suffer some drop outs. In acupuncture trials, the most common reasons are needle phobia, dissatisfaction with treatment intervention, illness or lack of time. Ultimately, the reasons behind attrition rates can be considered active or passive, active reasons are defined as methods a participant may remove themselves intentionally from a trial. On the other hand, passive reasons are accidental reasons such as forgetting to attend an appointment.

Drop out rates in the trials assessed in this review were relatively low. However, 2 trials, Foroughipour et al. (2014) Naderinabi et al.

(2017), provided no data on drop outs and failed to discuss potential reasons. This is inadequate as a comprehensive record of attrition figures reflects on how researchers conduct clinical trials.

4.8 Treatment frequency

Treatment frequency is a crucial aspect of any acupuncture intervention. According to Chen et al. (2019), it is common in clinical trials to favor intense treatment programs, this helps to highlight the benefits and drawbacks of the strategy more acutely than in prolonged programs. The most highly regarded understanding currently is, that a higher volume of treatments leads to greater patient outcomes. However, this has a limit as the body needs an opportunity to recover, the question is how much downtime is ideal?

According to Lin et al. (2019) & Wang et al. (2020), there is currently no globally accepted opinion on the ideal treatment frequency. However, research carried out on patients with knee osteoarthritis often receive no more than two treatments per week in western countries. Conversely, similar trials in China recommend 3-5 sessions per week. Additionally, in clinical practice, more frequent treatments can lead to greatly increased cost implications for the patient, potentially causing a barrier to ongoing interventions.

Of the trials considered in this review, two trials did not disclose treatment frequency, two trials involved 2 treatments per week, and the remaining 6 trials involved 3-5 treatments per week. One trial used a program of reducing treatment frequency over time, 5 remained consistent throughout and two involved a consistent program with a break partway through. Given there is no general consensus on best practice for treatment frequency, it is not clear which strategy is best. There is also no significant difference between each set of outcomes in these trials that would facilitates a conclusion on this subject.

4.9 Treatment dosage

Similar to treatment frequency, the total number of treatments is a key piece of information in acupuncture research. It is associated with the dose of acupuncture that each patient will receive. The dose can also be related to the total number of acupuncture points used in each session. According to White et al. (2008) & Pach et al. (2013), the difference between adequate dose and optimal dose is: adequate dose is the required amount of an intervention to elicit the beneficial effect. On the other hand, the optimal dose is described as the quantity of an intervention required to produce the desired benefits without unfavourable side effects.

There is no broadly accepted dose for acupuncture treatment. However, Bauer et al. (2020), explains if there is no measurable improvement within the first 2-6 weeks, the likelihood is that the treatment is ineffective. Additionally, the greater the volume of treatments or the number of acupuncture points used in each treatment is not correlated with increased therapeutic benefit. In some cases the opposite is true, fewer acupuncture points can induce a greater therapeutic benefit.

In clinical practice, it is common for a practitioner to plan a lighter/ scaled-down treatment for new patients to reduce the chance of needle shock. In some cases, experienced acupuncture patients or needle sensitive can experience some needle shock

symptoms. This is one of the reasons trained acupuncturists need to be observant of their patients and, if the situation requires, flexible in the administration of their treatment plan. A practitioner may omit the use of some acupuncture points to ensure the patient remains at ease and reduce the chance of adverse events. The basis for this is subjective and in accordance with practitioner training and experience. This, however, will affect the treatment dose.

Among the 10 trials that have been included in this study, two involved only one treatment, two trials comprised of 10-15 treatments, four trials consisted of 20-25 treatments and finally, 2 trials incorporated 30-35 treatments.

4.10 Control measures

Control measures are used regularly in clinical trials to rule out a variety of factors that could account for the improvement or decline of symptoms throughout the trial. This includes the natural progression of the condition, attention and enthusiasm of the practitioner and positive or negative expectations of the patient (Langevin et al. 2006).

Vincent et al. (1995) state, that it is challenging to develop control measures that accurately mimic acupuncture (placebo). Originally, the most effective placebo treatment was the use of non-penetrating acupuncture (using blunt needles that do not penetrate the skin). However, there is little evidence that this is effective since even acupuncture naïve patients know to expect some kind of needle penetration sensation. Therefore, this gave rise to sham acupuncture. The use of needles in theoretically irrelevant sites, avoiding the recorded conventional acupuncture points. This is currently the most widely accepted placebo intervention. However, this method has its disadvantages, for example, acupuncture is known to produce a widespread physiological effect throughout the entire body.

According to Zhang et al. (2015), another commonly used control measure is a waiting list. In this method, the patients still receive treatment but are required to carry out testing during the waiting period to assess the development of their condition. Similar to this is the use of usual care to monitor the development of a condition over time. The advantage of these methods is that the patient will not necessarily know they are being assessed, thus, ruling out the chance of bias from the practitioner and expectations of the patient. However, the disadvantage is that there is no treatment to actively compare the acupuncture results to.

The trials included in this study used the following control measures. One trial used only a waiting list, five utilised sham acupuncture alone, two compared acupuncture to pharmaceutical medication, one applied sham acupuncture alongside a waiting list and the final trial used sham acupuncture and usual care. The trials that involved the best practice used a combination of sham acupuncture and another control measure. This demonstrates the differences between no intervention, the control intervention (sham acupuncture) and the real acupuncture intervention.

4.11 Risk of bias

Assessing the fundamental risk of bias (ROB) in medical trials is a key part of the review process. If there is a high ROB, this can affect the validity of any findings (Farrah et al. 2019). Therefore, a key role of researchers is to keep ROB to a minimum throughout the trial. This

can be done through the use of best practices, detailed reporting and exhaustive planning.
According to Jia et al. (2018) & Long et al. (2020), a lack of effective reporting on randomization, allocation concealment, blinding and outcome data is synonymous with a high risk of bias. This is one of the reasons that CONSORT and STRICTA were developed, to reduce the ROB during acupuncture clinical research. According to Luo et al. (2020), since the publication of these guidelines, the ROB of clinical acupuncture trials has decreased by a statistically significant margin. Thus, when followed accurately, the guidelines are effective in this task.

The ROB for the trials included in this review all appear to be relatively low due to the overall good quality of reporting and compliance to CONSORT and STRICTA guidelines. The only exemption to this is Farahmand et al. (2018), this trial failed to comply with the guidelines in several areas. As a result, it is fair to say that the ROB is significantly higher in this case. Therefore, the findings may not be valid.

4.12 Strengths and Limitations

There are several strengths to this systematic review. Firstly, the overall sample size (1567 participants) across all trials was such that an effective estimation of intervention efficacy could be made.

Secondly, the findings reported in the results section match those of similar studies carried out by other researchers. In an overview of systematic reviews, Li et al. (2020) explains that increasing evidence supports the use of acupuncture as a safe and effective treatment in the management of migraines. Furthermore, a systematic review of the use of acupuncture in comparison to pharmaceutical therapy options by Zhang et al. (2019) also concluded that acupuncture is just as effective and has fewer side effects than many of the standard pharmaceutical agents regularly prescribed by healthcare professionals. Moreover, Ou et al. (2020), determined acupuncture reduced the frequency of migraine attacks, and lowered VAS scores compared to sham acupuncture. In addition, acupuncture showed greater effectiveness and lower rates of adverse events in comparison with medication.

The limitations of this systematic review are thus: all the included trials were free to access, which can result in a small amount of bias. In the data-gathering phase, only one additional trial was considered but excluded due to lack of access.

The second limitation is that some of the trials analyzed in this study were over 5 years old. The initial intention, to ensure the most current information was discussed, was to only include trials published in the past 5 years. However, due to the COVID-19 global pandemic, the number of clinical trials published between 2019 and 2021 was significantly diminished in comparison to the years prior. Therefore, to ensure a meaningful number of trials were included, the scope was broadened to 12 years (2010 onwards).

The third limitation is at least one of the trials considered involved an unclear risk of bias and poor compliance with CONSORT and STRICTA. Overall, the rest of the trials performed much better when assessing the risk of bias and compliance with acupuncture trial guidelines.

0.0.

5. Conclusion

This study aimed to assess whether acupuncture is an effective treatment in the management of migraines. Based on the reports from the 10 trials included in this review, it is possible to conclude that acupuncture is indeed effective. A total of 9 trials reported that acupuncture was effective. The only trial that deemed it ineffective is considered of unclear validity due to the lack of compliance with CONSORT and STRICTA.

The other trials all appeared to be of relatively good quality and complied well with the above-mentioned guidelines. However, many of the trials lacked at least one piece of information that was required. This is not acceptable, although the quality of acupuncture trials has improved greatly since the publication of official trial guidelines, there is still a long way to go before all trials can be considered of the highest quality. Only two trials out of 10 managed to include 100% of the information required.

This study has included several different types of acupuncture intervention. This was to show a wider scope of view across acupuncture treatments. In future, a more specific study could investigate deeper into the efficacy of each intervention individually.

Acupuncture continues to be a challenging treatment intervention to study effectively, despite the use of sham acupuncture, there are no ideal placebo control interventions that make this task easy. Therefore, further exhaustive research is required to rule out the possibility of false positives.

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《黄帝内经》论头痛

《灵枢·邪气脏腑病形》云:“十二经脉，三百六十五络，其血气皆上于面而走空窍。”
《素问·骨空论》曰:“风从外入，令人振寒，汗出，头痛，身重，恶寒。”
《素问·奇病论》云:“当有所犯大寒，内至骨髓，髓者以脑为主，脑逆故令头痛，齿亦痛。”
《素问·生气通天论》曰:“因于湿，首如裹。”
《素问·刺热论》具体论述了五脏热病头痛的不同表现，云:“肝热病者……其逆则头痛员员，脉引冲头也。心热病者……热争则卒心痛，烦闷善呕，头痛面赤无汗。肺热病者……热争则喘咳，痛走胸膺背，不得太息，头痛不堪。肾热病者……其逆则项痛员员淡淡然。脾热病者，先头重颊痛。”
《灵枢·厥病》云:“头痛不可取于腧者，有所击堕，恶血在于内。”
《素问·通评虚实论》曰:“头痛耳鸣，九窍不利，肠胃之所生也。”
《灵枢·厥论》所云:“真头痛，头痛甚，脑尽痛，手足寒至节，死不治。”
《灵枢·厥病》云:“头半寒痛，先取手少阳、阳明，后取足少阳、阳明。”
《灵枢·厥病》云:“厥头痛，项先痛，腰脊为应。”
《灵枢·经脉》亦云:“膀胱足太阳之脉，……是动则病冲头痛，目似脱，项似拔，脊痛，腰似折。”
《灵枢·厥病》曰:“厥头痛，面若肿起而烦心，取之足阳明、太阴。”
《灵枢·厥病》云:“厥头痛，头痛甚，耳前后脉涌有热。”

Does the use of Acupuncture Benefit the Osteopath in the Treatment of Myofascial Pain, an Integrative Review.

Tianyi Jin

Abstract： Treating chronic pain is a significant challenge for modern medicine. Myofascial pain syndrome (MPS) is a commonly diagnosed condition contributing to chronic musculoskeletal pain. MPS is linked with the formation of myofascial trigger points, which leads to both local and radiating pain. Manual therapy and needling therapies are the primary interventions used to treat MPS. Osteopaths, as manual therapists, are well suited to treat MPS; however, no studies have explored how dry needling/acupuncture can add or detract from the osteopath's treatments. Acupuncture is a clinically proven, efficient and effective treatment for the MTrPs that are fundamental to the development of MPS. For the osteopath, the addition of needling therapies to their treatment procedure would enhance their existing treatments and prove highly beneficial for the patient.

Keywords – Acupuncture, Dry Needling, Osteopathy, Myofascial Pain, Trigger Point.

Living with pain is a significant issue within the modern world; a review conducted by Fayaz et al. (2016) concluded that between a third to half of the UK population suffers from chronic pain, and this will likely increase as the population ages. Most people in pain suffer from musculoskeletal (MSK) pain, which comprises joint, muscle, and bone issues (*Musculoskeletal Health*, 2022). As the growing use of analgesic medications has led to an opioid epidemic in certain countries (Rudd et al., 2016), those in pain are increasingly put off by the pharmaceutical interventions offered by the conventional healthcare system and seek alternative therapies to put them at ease (Myers, 2007). Osteopathy and acupuncture are two such therapies that have grown in popularity over the last decades and often are used in conjunction with each other.

Myofascial Trigger Points and Myofascial Pain Syndrome

Muscular pain due to trauma, strain, or overuse is something most will experience during their life; typically, the pain can resolve itself in time with or without medical intervention. However, the pain may turn chronic if it persists long after the resolution of the injury or if the pain recurs for months and years. This pain can often radiate or refer to other areas of the body, marking the state of sensitisation that often arises with a chronic pain disorder, and when this occurs, it is often referred to as myofascial pain syndrome (MPS) (Arendt-Nielsen et al., 2018; Money, 2017), the term "myofascial" conferring a view that both muscles and fascia contribute to the presenting symptoms. MPS is generally characterised by the presence of myofascial trigger points (MTrPs) which are small, highly sensitive, and palpable nodules in taut bands of muscle that are tender and symptom reproducing when palpated and refer (triggers) pain distantly with continued application of pressure. MTrPs can be classified as active or latent, where an active MTrP causes spontaneous pain at rest with an increase in pain on contraction or stretch of the muscle it is present in. Latent MTrPs are a focal area of

tenderness and tension in the muscle that does not result in spontaneous pain. Both active and latent MTrPs can lead to restriction in the range of movement and weakness of the involved muscle (Travell & Simons, 2018).

Mechanisms of Myofascial Trigger Point Formation

Simons proposed a hypothesis that the formation of MTrPs is linked to an increased release of acetylcholine (ACh) by abnormal motor end plates (Borg-Stein & Simons, 2002) . This hypothesis was based on the findings of marked increases in the frequency of low-voltage electrical currents at trigger points which were convincingly localised to the neuromuscular endplate zone (Hubbard & Berkoff, 1993; Simons & Mense, 1998). Shah et al. (2008) used microanalytic techniques and found increased levels of bradykinin (BK), substance P (SP), interleukins, serotonin (5-HT), noradrenalin (NA), calcitonin gene-related peptide (CGRP), tumour necrosis factor-alpha (TNF-α), as well as a more acidic pH around active MTrPs compared to control groups or latent MTrPs. These substances are released after muscle injury and activate nociceptors within the muscle leading to an inflammatory response and sensitisation to noxious stimuli which result in myofascial pain (Shah et al., 2008). Pain also occurs when muscles are exercised under ischemic conditions, and intramuscular hypoperfusion likely occurs in myalgic conditions such as MPS, where contracted muscles in taut bands compress capillaries leading to ischemic and hypoxic states around the MTrPs (Gerwin, 2005).

The evidence provided by these studies forms a basis for the numerous hypotheses of the mechanisms of MPS and trigger point formation; the most widely accepted is the integrated hypothesis proposed by Travell and Simon (2018), where the abnormal release of ACh at motor endplates depolarises the sarcoplasmic reticulum, causing calcium release and local sarcomere contraction, leading to compression of capillaries as well as an increased metabolic demand. These ischemic conditions decrease the energy supply and lead to an energy crisis that stimulates the release of neurovascular sensitising substances resulting in pain and further release of ACh, sustaining the cycle (Travell & Simons, 2018). Bron and Dommerholt (2012) suggested MTrPs may develop during activities when muscle use exceeds the muscle capacity, such as with eccentric overload, submaximal sustained and (sub)maximal concentric contractions, disturbing normal recovery. Gerwin et al. (2004) proposed a process of "feed-forward" neurogenic inflammation where a noxious stimulus causes the release of SP and CGRP into the muscle, which initialises a continuous cycle of pro-inflammatory mediators and neuropeptides production, and an increased barrage of nociceptive input to the dorsal horn of the spinal cord. Other hypotheses include the muscle spindle hypothesis by Partanan et al. (2010), expanding on the work of Hubbard and Berkoff (1993), and the reactive oxygen species hypothesis by Jafri (2014)

The Use of Needling Therapies in the Treatment of Myofascial Pain Syndrome

Needling has been integral to the treatment of MPS, with both dry and wet modalities having many studies supporting their use. Wet needling refers to the injection of local anaesthetics, corticosteroids, or myotoxic substances such as the botulinum toxin directly into the MTrP site, providing pain relief and inactivation of MTrPs (Cummings & White, 2001; Desai et al., 2013; Fallah & Currimbhoy, 2012). Dry needling (DN) with a fine, filiform needle is traditionally used as one of the fastest and most effective ways of

releasing MTrPs however, there is limited evidence of this, partially due to the heterogeneity of MPS as a condition but also suitable sham treatments were challenging to design given the invasive nature of needling (Cao et al., 2021).

A statement that appears in Travell and Simons' seminal textbook on MPS (2018) is that 'the effectiveness of DN probably lies in the mechanical disruption of the integrity of dysfunctional endplate.' DN has also been shown to reduce endplate noise, the mechanical disruption caused by DN activates A-delta nerve fibres which may recruit enkephalinergic, serotonergic, and noradrenergic inhibitory systems (Dommerholt et al., 2006). The effectiveness of DN is sometimes attributed to the elicitation of a local twitch response (LTR), which suppresses the spontaneous electrical activity at the dysfunctional endplates. The proposed mechanism suggests that the mechanical stimulus from the insertion of the needle around motor endplates causes them to discharge, reducing the stores of ACh and eliciting an LTR (Cagnie et al., 2013). Once elicited, a reduction in concentrations of CGRP, SP, interleukins, and cytokines is observed around the MTrP, which corresponds with an immediate decrease in pain and local tenderness (Dommerholt, 2011).

Another proposed mechanism is the process of revascularisation and reperfusion of the hypoxic MTrP (Uchida & Hotta, 2008). Many reports suggest the release of nitric oxide (NO) which contributes to cutaneous vasodilation following acupuncture stimulation (Ma et al., 2017; Tsuchiya et al., 2007). Additionally, the micro-trauma induced by the needle may stimulate c-fibres to induce antidromic vasodilation, where the neuropeptides released from the peripheral terminals induce neurogenic inflammation and increase cutaneous and intra-muscular blood flow (Uchida & Hotta, 2008). CGRP and SP have been suggested to be the leading neuropeptide contributor to this vasodilation (Sato et al., 2000). However, Kimura et al. (2013) suggest that NO release contributes more to the vasodilatory effect of acupuncture compared to neuropeptide and axon reflex related antidromic vasodilation.

The Analgesic Effects of Acupuncture

The mechanisms of acupuncture have been widely explored with multiple proposed pathways (Fredy et al., 2022; Zhao, 2008). Early studies discovered that naloxone reversed the effects of acupuncture analgesia (Anzhong et al., 1980; Pomeranz & Chiu, 1976), which highlighted the relationship between acupuncture and the release of endogenous opioids such as β-endorphin, enkephalin, and endomorphin, that activate the μ-and δ-opioid receptors on peripheral afferent nerves to inhibit the transmission of noxious signals to the central processing centres (Han, 2004; Lin & Chen, 2012). Another pathway of acupuncture analgesia is through serotonin (5-HT) and the descending pain inhibitory theory (Lin & Chen, 2012; Qiao et al., 2020). 5-HT has been well-established as a neurotransmitter that plays a vital role in the control of pain, especially in descending inhibition (Bardin, 2011). Acupuncture is shown to increase the production of 5-HT by mast cells in peripheral tissues (Dimitrov et al., 2017), as well as increasing concentrations of 5-HT in the dorsal raphe nucleus involved in descending pain control (Yang et al., 2017). There are numerous 5-HT receptor subtypes, and acupuncture analgesia was found to be reduced by 5-HT1 and 5-HT3 receptor antagonists, which are primarily found in the dorsal horn, highlighting the importance of the descending inhibitory pathway in acupuncture analgesia (Seo et al.,2016).

Valera-Calero et al.'s study (2022) showed that sham acupuncture and real acupuncture both increased MTrP PPT, though the real intervention also increased PPT at an additional control point but not the sham intervention. This suggests that both real and sham needling produces a local analgesic effect, but real needling can mechanically disrupt the MTrP itself, reducing the intensity of the referral pain. The effectiveness of sham acupuncture is also mentioned by Jack et al. (2020), who found a similarity in the effectiveness of sham and real treatment in reducing pain. Khan et al. (2021) also found that studies utilising DN with sham or placebo needling all reported marked improvement in pain. Wang et al. (2018) compared traditional deep acupuncture with superficial acupuncture and discovered similar levels of pain reduction. The design of sham treatments for acupuncture has always been a historical issue (Birch et al., 2022), sham interventions is normally performed with superficial needling, needling away from MTrPs or acupuncture points (Moffet, 2009), or with blunt non-penetrating needling devices (Appleyard et al., 2014). This non-uniformity of sham procedures will invariably lead to the inconsistent results that are seen in acupuncture research.

The mechanisms of acupuncture vasodilation for MTrP inactivation had been highlighted above, evident from the study by Skorupska et al. (2015), who demonstrated local and widespread vasodilation coinciding with the trigger point referral pattern following the needling of MTrPs, and further suggested that the mechanical stimulus of needling recruits cholinergic active vasodilator nerves of the sympathetic nervous system, to cause an increase in skin surface temperature that is captured by an infrared thermo-visual camera. Vasodilation is thought to cause a flushing effect in the interstitial space around MTrPs, reducing the concentration of neuropeptides, and reducing neurogenic inflammation and pain. Therefore, it is believed that vasodilation plays an integral part in the therapeutic effect of acupuncture (Lundeberg, 2013).

The Use of Acupuncture with Other Treatment Modalities

The effects of pain relief and functional restoration provided by acupuncture is shown to be beneficial in the long term, Martin-Rodriguez et al. (2019) found a reduction in neck pain at one week and increased cervical function at one month following DN. Calvo-Lobo et al. (2018) also observed significant improvements at one-week post-treatment. Wang et al. (2018) provided two groups of patients with eight treatments of either superficial or deep acupuncture over the period of 28 days, demonstrating not only an immediate effect on improving VAS and PPT after the first treatment but also an accumulation of therapeutic effect through the eight treatments.

Studies generally found similar results when comparing acupuncture with other therapeutic modalities or manual therapy in terms of pain outcome (Benito-de-Pedro et al., 2019; Khan et al., 2021; Lin et al., 2022; Liu et al., 2018; Shakeri et al., 2019). However, when studies looked at the effect of acupuncture combined with another intervention, such as exercise therapy or manual therapy, the outcome was almost always better than the outcomes of the interventions given in isolation. The review conducted by Li et al. (2017), also concluded that in terms of pain reduction and improvement of physical function, most acupuncture therapies or acupuncture combined with other therapies demonstrated superiority over other single-modality therapies. An explanation for the improved outcomes of combined therapy could be that the combined group receives more treatment

overall than the single therapy groups (Ma et al., 2006). Receiving two sets of treatments, regardless of what therapy was used, would likely lead to a better outcome. Frequent treatments may also have a positive impact on patient expectations and increase their likelihood of reporting positive responses (Chen et al., 2013).

Though, following acupuncture, through analgesic and local effects, the patient's body may be in a state that is more ready to receive manual therapy, especially as the decreased sensitivity will reduce patient apprehension to treatment due to pain and allow more provocative techniques to be used. This may enhance the effects of manual therapy, improving treatment outcomes (Bianco, 2019).

Safety of Acupuncture

Acupuncture is generally considered safe when practised by a qualified practitioner; however, as there are no statutory regulatory groups for acupuncture in the UK, the credibility and level of training received by the practitioner would vary. Previous studies have linked the correlation between LTRs and post-needling soreness, according to Perreault et al. (2017), this is likely due to the repeated needle insertions that are often required to elicit LTRs leading to increased micro-trauma.

The comprehensive review on acupuncture's adverse effects by Chan et al. (2017) identifies four major categories of adverse events: organ damage such as pneumothorax or nerve injury, infection, local reactions such as bleeding, hematoma, or soreness, and other complications such as dizziness or syncope. The most dangerous of which fall under the organ damage category and can lead to hospitalisation or death. However, serious adverse events are extremely rare, occurring only in around 0.024% of cases (Endres et al., 2004). Through sufficient training, utilising sterile needles, keeping attention to needle depth, and having a thorough knowledge of anatomy, most serious adverse events can be avoided, and patient safety ensured.

An Osteopathic Perspective on MPS and Acupuncture

Osteopathy focuses on the functional integrity of the body and paramount to osteopathic care is the identification and resolution of any issues that may affect the body's homeostatic potential (Bergna et al., 2020). Somatic dysfunction (SD) is a concept integral to osteopathic practice. Though, due to unclear pathology and poor reliability, its clinical relevancy to the modern osteopath has been questioned (Fryer, 2016). However, the diagnosis of SD ties in with the diagnostic procedures that identify MTrPs and subsequently MPS.

Osteopathy is an evolving field with new rationales for osteopathic diagnosis and management proposed by both Fryer and Lederman in 2017 based on models of processes. Fryer (2017) focuses on patients' pain processes, and Lederman (2017) focuses on patients' recovery process and removing structural and biomechanical obstacles impeding recovery. Acupuncture provides a therapeutic effect for patients with MPS that fits into both proposed models. For the patient's pain processes, acupuncture provides a way to alleviate the patient's symptoms through its analgesic effects (Zhang et al., 2012), interrupting the physiological and psychological vicious cycle and feedback loop that leads to peripheral or central sensitisation. For a patient's recovery process, acupuncture allows for the facilitation of tissue repair, symptomatic recovery, and adaptation through its mechanical disruption of MTrPs and its mechanisms of reperfusion (McAphee et al., 2022).

DN is already well integrated into the fields of physiotherapy and other manual therapies. Although needle-based therapies are not a traditional component of osteopathy and, as such, are not taught in undergraduate osteopathic courses, post-graduate courses and seminars that teach clinical needling skills are plentiful and build on the anatomical and physiological knowledge already acquired by the osteopath (Rickards, 2009). Acupuncture can be considered safe when performed by sufficiently trained health professionals, but practitioners should be able to accommodate variations in local anatomy and patient feedback.

Future Directions for Research

Further research is needed to explore the efficacy of combined acupuncture and manual therapy approaches for MPS with rigorous large-scale clinical studies. Furthermore, although the analgesic effect of acupuncture is well studied, the mechanisms behind functional improvements have barely been hinted at. Exploration into the mechanisms of how acupuncture impacts function will provide further reasoning for the use of acupuncture by manual therapists.

Conclusion

MPS is a prevalent condition that is a cause of suffering for many in the world, and acupuncture has clinically proven itself to be an efficient and effective treatment for the MTrPs that are fundamental to the development of MPS. For the modern osteopath, the additional training required to learn needling therapies would prove highly beneficial, as when the situation presents itself, acupuncture provides an invaluable tool that can help with the recovery of many.

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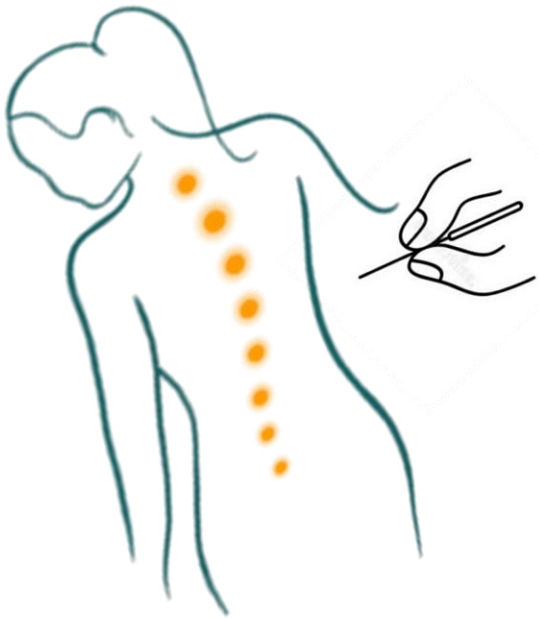

在英国经营中医诊所的心得

王 锋，王 艳

我们的诊所 Harmony Acutherapy Clinic 设置在英国南部小城 Chichester，这里常人口约 2.4 万。方圆 5 英里以内从网上能找到有针灸诊所 9 所。本诊所位于侧街上，可用面积 80 平方米，设三个诊疗室，一个接诊区，两个中医师值班，已开诊 12 年，就诊人数稳定，保持了常年较忙的工作状态。

在我们看来，如果中医诊所在本地经营时能树立一个良好的中医职业形象，那么来就诊的人数就不会少，就不会有“关停”的担忧。这种良好职业形象的树立包括面比较广，我们认为有以下四点比较重要：

第一、工作环境。要宽敞明亮，简洁明了。接诊室的空间可以大可以小，但治疗室要尽可能大点儿，一个治疗室在 12 平方米以上为好。我们在设立诊所之前去过多家中国人开设的中医诊所、西人开的针灸诊所和理疗师的诊疗场所。从比较上看，西人针灸师和理疗师的诊疗室比较宽敞，都在 12 平方米以上，陈列简单。这为我们规划诊疗室提供了借鉴。

第二、与顾客的交流。这一点很关键，是树立良好职业形象的核心。语言有障碍，文化有不同，与西医相比有对疾病进行诊断和治疗的理论基础不同，一不小心就让医患交流卡顿。对于英国本地出生的针灸师来说没有语言交流问题，但对于那些在中国医院工作了数年再来到英国开诊的医生来说就有挑战了，很多情况是我懂顾客但是顾客不懂我，或我无法用英语明确解释我对顾客健康状况的理解时，他们就有可能对医生的能力产生怀疑。我们也是经过一年一年的学习，现在基本上能让大多数顾客在首诊时就产生信任。我们的经验是按邢梅老师多年前的建议，阅读那些在英国用来教学的中医学书籍。

第三、与本地的针灸师和理疗师建立良好的关系。可以相互推荐顾客，不要贬低同行。有少数顾客会提及其他针灸师或理疗师不好的地方，我么不要随声附和而是要尽量为同行开托。自己有治疗不下去的顾客可以就近推荐出去，免得尴尬说治不了了。在国内我们是专科医生，就诊的病人是经过了分诊后来的，对这样的病人我们要得心应手些。在英国开了诊所差不多就是干全科了，没有可能什么都精通，所以遇到难于把握的就推荐给其他就近的针灸师和理疗师。我们这样做其实获得了更多从其他针灸师和理疗师那里推荐来的顾客。

第四、力所能及地在社区做一些自愿者工作。我们 2012 年加入本地的一个慈善组织叫：CancerWise 。这里主要为各类癌症患者提供心理咨询、针灸、理疗、足疗等等。我们在这里面做志愿者，主要是为癌症患者提供免费针灸治疗。每两周做一个上午，固定时间，星期五 10am 到 1pm，由该组织提供治疗室并预约病人。新冠病毒流行期间以及之后的办公地点搬迁，2020 至 2022 停止服务两年半，2022 年 10 月重新开业。

刚开始去的时候心理想着当时诊所刚开业，顾客少，这样花点儿时间在这个已有区域影响的慈善组织里可以宣传自己，或许还能赢得顾客。在志愿者工作中确实有很多顾客问及我们的诊所地址和联系方式，愿意去我们的诊所接受更频繁的针灸治疗。但我们都告诉他们去 CancerWise 的接待处获得。因为我们当时又想了，来这里做慈善工作不能为一己之私而影响慈善组织的经营，它是需要有社会和顾客的捐助才能支付开支的。所以后来这里并不是我们的一个顾客来源地，我们根本不在这里宣传我们的诊所，我们在这里只是宣传中医中药和针灸，而在实际操作中全心全意用针灸关注顾客的健康。久而久之，越来越多的顾客知道了针灸可以用于癌症的治疗和康复。在这里，我们的预约排起了“长龙”，是所有提供的服务中排最满最长的。一直以来，我们心理其实很骄傲，但我们没有表现出去而是更加谦虚了，时刻告诫自己要 努力学习，尽量在这里解释好运用好中医和针灸。

在这里的志愿者们要接受定期培训，志愿者之间也要互相交流，轮流向大家讲解自己的专业，让大家互相学习，了解不同的辅助治疗手段，拓展知识面。也讨论病历要怎样记录为好，顾客要怎样称呼为好。在 CancerWise 除了我们两人外，其他的志愿者都是以英语为母语在英国学习获得执业资格的，与他们的经常化交流对我们的自我提高有很大的帮助，特别是怎样和顾客交流才显得亲切关爱，又显得专业得体。

在本诊所的经营过程中我们经常对自己说，这不是为了挣钱而是为了有一份实实在在的、有意义和有价值的工作 。 有很多顾客说一走进我们的诊所就感到治愈，也有的说一躺在治疗床上就感觉病象好了一样。10 多年过去，我们发现我们为自己、中医和针灸在本地区树立了良好的职业形象。

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