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*Editor's Invitation:*

## Research Development and Prospect of Acupuncture and Moxibustion in China

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### Abstract

As Chinese acupuncture and moxibustion gradually steps into a world stage, there is an increasing trend in the clinical application and scientific research of acupuncture and moxibustion. Correspondingly, new challenges and problems also face the rapid development of acupuncture and moxibustion. This article is a summary of the current developing status of acupuncture and moxibustion in China, contents including expanding spectrum of diseases and extensive clinical application, innovative treatment methods and various therapies, rapidly developed clinical research with high-quality, steadily developed standard specifications, enriched theoretical and fundamental research as well as in-depth internationalization and localization of acupuncture and moxibustion will be introduced. A series of challenges facing the development of acupuncture and moxibustion are also put forward with solutions. We prospect that with the multi-disciplinary support from modern technology, big data and artificial intelligence, with international cooperation and exchanges, the modernization of acupuncture and moxibustion will prosper.

Acupuncture and moxibustion is the treasure of traditional Chinese medicine. With the development of global integration, Chinese acupuncture and moxibustion has gradually entered the world stage. At present, acupuncture has become the most widely used traditional medicine in the world, applied in 196 countries and regions around the world, and has been gradually incorporated into the mainstream medical system. In recent years, acupuncture and moxibustion has been further developed, acupuncture clinical practice, discipline development, and fundamental, clinical, theoretical research as well as innovation have witnessed progress. This paper systematically and comprehensively reviews the development of acupuncture and moxibustion in recent years with the existed problems and challenges, so as to promote the high-quality development of acupuncture and moxibustion in a further way.

### 1 New development of acupuncture and moxibustion

#### 1.1 Expanding spectrum of diseases and extensive clinical application

In recent years, the disease spectrum and established conditions of acupuncture and moxibustion have been greatly expanded. Du et

al. [1] systematically studied the diseases spectrum of acupuncture and moxibustion and summarized 532 diseases applicable to acupuncture and moxibustion, covering 16 systems. Among them, acupuncture has been proved to have definite curative effect on 68 diseases when applied alone, certain curative effect on 216 diseases. Further observation is needed to verify curative effect on 235 diseases. Acupuncture also plays an important role in the prevention and treatment of emerging infectious diseases. After the outbreak of the COVID-19, the China Association of Acupuncture-Moxibustion has issued two editions of the Guiding Opinions on the Intervention of acupuncture and moxibustion in COVID-19 [2-3], and translated them into multiple languages to actively promote the participation of acupuncture and moxibustion in the anti-epidemic treatment domestic and overseas. Acupuncture also provides new insights in the prevention and treatment of sequelae of COVID-19 recovery. Studies have shown that acupuncture can effectively improve sequelae such as fever, cough, poor appetite and fatigue, relieve symptoms of anxiety and depression [4], and improve lung function indicators of patients [5].

#### 1.2 Innovative treatment methods and various therapies

In recent years, the treatment methods of acupuncture have been further innovated and developed. First of all, in terms of acupuncture techniques, more modern techniques have appeared on the basis of traditional acupuncture techniques, most of which focus on regulating the spirit, including Cheng Xinnong's Heaven-Human-Earth needling method, He Puren's Santong method of acupuncture and moxibustion, Zhang Wenyi's "Ba Zi" acupuncture therapy, Dong Jingchang's inverted horse needle, Han Jingxian's Sanjiao acupuncture method, Tongdu Tiaoshen (promoting the circulation of the governor vessel and regulating the spirit) acupuncture, and acupuncture for activating brain for resuscitation [6-13]. Cheng's Sancai acupuncture method takes the three talents of heaven, man and earth, and operates at three levels of skin, from shallow to deep and layer by layer [6]. He's three tong method includes "Weitong method" (filiform needle), "warm tong method" (fire needle and moxibustion therapy) and "strong tong method" (bloodletting therapy), which was founded by the Chinese medical master Professor He Puren [7]. Xingnao Kaiqiao acupuncture technique was proposed by Academician Shi Xuemin, and its core treatment principles are "awakening, regulating and calming the spirit", which is mainly used for neurological diseases such as cerebral stroke, painful diseases and mental diseases [11]. Besides, the moxibustion method has also been greatly innovated and developed. Chen Rixin from Jiangxi University of Chinese Medicine advocated "exerting moxibustion by identifying the acupoint sensitization", and the heated sensitive moxibustion technology proposed has been widely applied in more than 20 countries in the world. It is worth mentioning that the industrialization development of moxibustion therapy is thriving, more than 30,000 moxibustion organizations exist in the whole country, playing a great role in health care. As of now the overall industrial scale has exceeded more than 80 billion yuan, with a variety of moxibustion products and treatment equipment emerging. However, the development of relevant standards of moxibustion method is lagging behind, and it is urgent to formulate relevant standards and guidelines at all levels.

### **1.3 Rapidly developed Clinical research with high-quality**

In recent years, clinical research on acupuncture and moxibustion has developed rapidly and a series of major achievements have been made, which are mainly reflected in the following aspects: (1) In terms of quantity, China has become a country that carries out the most clinical research on acupuncture and moxibustion in the world. Zhang et al. [14] searched the clinical trials of acupuncture registered in the US clinical trial database from 2008 to 2019 and found that more than half of the clinical trials were registered in China (including Taiwan, Hong Kong and Macao). (2) In terms of quality, high-quality clinical studies of acupuncture and moxibustion continue to emerge, further improving the international influence of acupuncture and moxibustion. Since 2016, a number of original clinical research papers on acupuncture written by Chinese scholars have been published in top international journals such as JAMA, BMJ, Annals of Internal Medicine [15-19], which have both confirmed the efficacy of acupuncture and also reflected the high quality of Chinese acupuncture clinical research; (3) Clinical efficacy evaluation system of acupuncture and moxibustion has been initially formed: after substantial clinical practice, Professor Liu Baoyan proposed a series of research concepts and methods, such as the evaluation system of clinical efficacy of acupuncture and moxibustion with progressive steps of exploratory and confirmative research, as well as the simultaneous development of "real world" and "ideal world" methods and the real world clinical research paradigm [20], which were recognized by acupuncture and moxibustion colleagues; (4) Clinical research methods of acupuncture and moxibustion have been more standardized: The development of research standards such as management norms for acupuncture and moxibustion clinical research and a series of guidelines for acupuncture and moxibustion registration research provide guidelines for further improving the quality of acupuncture and moxibustion clinical research [21].

The high-quality development of clinical research on acupuncture and moxibustion provides high-level evidence for China's

acupuncture and moxibustion to move from empirical medicine to evidence-based medicine, and is conducive to the high-quality transformation of clinical research outcomes into evidence-based evidence.

#### **1.4 Standard specifications have been released and steadily developed**

In recent years, the standards and norms of Chinese acupuncture and moxibustion have developed steadily. In general, China's acupuncture standard system has been basically formed, the number of acupuncture standards is gradually increasing, with the national standards, industry standards and group standards of acupuncture and moxibustion working together to promote the standardized development of acupuncture and moxibustion. As of December 31, 2023, China has issued 37 national standards for acupuncture and moxibustion, including 22 technical operation standards, nine fundamental and method standards, three appliance standards, and three safety and service standards. The foreign language versions of acupuncture and moxibustion national standards are expanding. Three national standard foreign languages have been published, and 14 will be published soon. Three acupuncture industry standards and 69 group standards have been published. In terms of international standards for acupuncture and moxibustion, China has led the development and publication of 55 international standards for acupuncture and moxibustion, including: 15 international ISO acupuncture standards (including the first ISO standard for Traditional Chinese medicine), seven acupuncture standards of the World Federation of Chinese Medicine Societies, seven acupuncture standards of WHO, 26 acupuncture standards of the World Federation of acupuncture societies.

At the same time, in order to improve the high-quality development of clinical research of acupuncture and moxibustion, a series of relevant guidelines and checklists have also been published, including "Guidance on the implementation of registry study on acupuncture and moxibustion" and "The SHARE: the Sham Acupuncture Reporting guidelines and a checklist in clinical trials"[22].

#### **1.5 Enriched theoretical research of acupuncture and moxibustion, acupuncture and moxibustion upgraded as a first-level discipline**

The theoretical research of acupuncture and moxibustion is also gradually enriched, and moves towards systematization, standardization and scientific. In 2012, the discovery of the meridians of Laoguanshan No. 3 Han Tomb in Chengdu, Sichuan Province, and the doctor's copy of the Needle Number [23] supplemented the evolution process of the names of acupoints in the early stage from "meridian-like names" to "specific names" [24]. The publication of such works as Outline of Chinese Classical Acupuncture and moxibustion [25], Outline of Restoration and Reconstruction of Meridian Theory [26] and Interpretation of Classical Theories of Acupuncture and moxibustion [27] is a further induction and interpretation of the classical theories of acupuncture and moxibustion, developing the classical theories of acupuncture and moxibustion fully. "Moxibustion Rope" [28] put forward many innovative insights in the theory and clinical aspects of moxibustion, promoting the inheritance and innovation of moxibustion. In recent years, with the internationalization and multi-disciplinary integration of acupuncture and moxibustion, many innovative theories of acupuncture and moxibustion from different perspectives have come out. Acupuncture theories such as acupoint sensitization [29], myofascial theory [30], central-somato-visceral reflex zone theory [31] and human anatomy, immunology, neurophysiology and other disciplines have completed the classical theoretical system of acupuncture and moxibustion. Under the influence of modern biological holography theory, neuroanatomy and other disciplines, microneedle therapy (including head acupuncture, ear acupuncture, eye acupuncture, abdominal acupuncture, umbilical acupuncture, etc.) continues to appear, which not only expands the clinical application of acupuncture therapy, but also enriches the contemporary theoretical system of acupuncture.

In order to reflect the development and progress of acupuncture and moxibustion, *History of Chinese Acupuncture and moxibustion Science* [32] was compiled by the China Association of Acupuncture-Moxibustion in 2021, elaborating on a series of academic issues such as the origin, formation, development, dissemination, changes, challenges and reflections of acupuncture and moxibustion science. At the same time, China

Association of Acupuncture-Moxibustion released the *Report on the Development of the Discipline of Acupuncture (2013-2020)* in April 2022 [33], which highly and comprehensively summarized the development of the discipline of acupuncture and moxibustion in recent years.

After thousands of years of practical experience, and the modern scientific research and standardized development of higher education, acupuncture and moxibustion has become a unique discipline with a relatively independent theoretical knowledge system, distinctive therapeutic technology and extensive clinical application. In September 2022, the Ministry of Education upgraded acupuncture to a first-level discipline. This is a milestone in the history of the professional system of acupuncture and moxibustion, which greatly improves the status of the acupuncture discipline, further expands the influence of acupuncture domestic and overseas, and promotes the high-quality development of acupuncture and moxibustion.

#### **1.6 Breakthroughs in mechanism research of acupuncture and moxibustion promoting international application**

Previous fundamental acupuncture research mainly focused on acupuncture analgesia mechanism research. In recent years, it has been found that acupuncture has a good advantage in organ protection, anti-inflammatory, immune regulation and other aspects. Studies have shown that acupuncture mainly inhibits peripheral inflammation by regulating vagus nerve and sympathetic nerve, regulating the balance of pro-inflammatory/anti-inflammatory factors, inhibiting inflammatory response, and blocking the development of diseases into "inflammatory storms" [34]. In 2014, *Nature Medicine* systematically explained the anti-inflammatory vagus-adrenal medulla dopaminergic pathway of electroacupuncture, and found that dopaminergic D1 receptor is the key target for electroacupuncture to activate dopamine decarboxylase and release dopamine to produce anti-inflammatory effects [35]. In 2020, *Neuron* further found that acupoint stimulation with electroacupuncture in different parts and with different intensities has different anti-inflammatory pathways. Low-intensity electroacupuncture stimulation in the hindlimb region (Zusanli point) drives the vago-adrenal axis,

which depends on the anti-inflammatory effects of neuropeptide Y (NPY) + adrenal pheochromaffin cells. Abdominal (Tianshu point) high-intensity electroacupuncture stimulation activates NPY+ spleen noradrenergic neurons through the sympathetic axis of the spinal cord [36]. *Nature* in 2021 further found that PROKR2ADV neurons are specific response neurons activated by acupuncture point effect, and DRG sensory neurons labeled by PROKR2-Cre specifically innervate deep fascia tissues of limbs (such as periosteum, articular ligament and myofascia, etc.). Moreover, it is essential for low-intensity electroacupuncture stimulation to activate the vago-adrenal anti-inflammatory pathway, providing a modern neuroanatomical basis for the relatively specific existence of acupoints [37].

Fundamental research of acupuncture and moxibustion explains the scientific mechanism of acupuncture and moxibustion in anti-inflammation, immune regulation and organ protection to a certain extent. On the one hand, it explains the biological basis of acupuncture and moxibustion treatment of existing advantageous diseases; on the other hand, it provides a scientific basis for expanding new clinical applications of acupuncture and moxibustion, which helps to promote the international dissemination and application of acupuncture and moxibustion and drives the attention of life science field to the research of acupuncture and moxibustion.

#### **1.7 More in-depth internationalization and localization of acupuncture**

Chinese acupuncture and moxibustion has become the world acupuncture and moxibustion. With the exchange and integration of acupuncture and foreign medicine and culture, the internationalization of acupuncture and moxibustion is more in-depth, mainly as follows: (1) **Acupuncture and moxibustion is more widely used, and its legal status is gradually recognized.** At present, acupuncture has been used in 196 countries and regions in the world. Of the 192 member states of the United Nations, 178 (93%) have acupuncture therapy practices, 59 have acupuncture therapy organizations, and 65 countries and territories recognize acupuncture as legal. Up to now, 47 of the 51 states (districts) in the United States and Washington DC have



implemented legislation to regulate acupuncture. A total of 37 countries and regions along the "Belt and Road" and in Africa recognized the legal status of acupuncture (including Hong Kong, Macao and Taiwan of China)[38]. (2) **The popularity of international acupuncture research has increased, and Chinese acupuncture research has issued more and stronger voices in the international community.** The latest research shows that among the English literature on acupuncture published in foreign SCI source journals from 2012 to 2022, the number of acupuncture studies in China ranks first, especially after 2018, there has been a doubling growth. The National Guideline Clearinghouse in the United States and the National Institute for Health and Care Excellence in the United Kingdom and other authoritative guideline development institutions have included a considerable number of recommendations related to acupuncture [39-40], and the efficacy of acupuncture has been widely recognized and gradually integrated into the mainstream medical system [41]. (3) **"The Belt and Road" helps further internationalization of acupuncture.** With the development of "the Belt and Road", acupuncture has ushered in a golden age of international development. With the advantage of its international platform, the World Federation of Acupuncture and Moxibustion Societies has further promoted the overseas development of acupuncture and moxibustion through academic exchanges between China and the West, voluntary clinics, exhibitions, and the establishment of international education and training bases as well as medical centers. At present, the Chinese medicine-acupuncture tour sponsored by the World Federation of Acupuncture Societies has been to more than 44 countries [42]. (4) **The rapid acupuncture localization has become an important trend.** The overseas development of acupuncture and moxibustion must be based on the cultural background of different countries and patients' cognition, and the localization of acupuncture and moxibustion is an inevitable trend of internationalization. In addition to the localization of acupuncture clinical operation, acupuncture theory is also undergoing localization adjustment. The traditional theoretical system of acupuncture and moxibustion based on the classical theories of

traditional Chinese medicine should be adjusted into a form that is easy to understand under the national background and the international basic theoretical system of Western medicine, and gradually form a localized theoretical system of acupuncture and moxibustion. In recent years, Western medical acupuncture has gradually come into being in Western countries, represented by Western Medical Acupuncture co-authored by Jacqueline Filshie, Adrian White and Mike Cummings [43]. This book basically laid the foundation for a modern medical acupuncture system in line with modern science. In addition, there is a foreign work on Five Element Constitutional Acupuncture [44]. These works are the products of the localization of acupuncture theory. With the advancement of the internationalization of acupuncture, the localization of acupuncture will be more mature.

## 2 Challenges facing the development of acupuncture

### 2.1 It is urgent to establish a diagnosis and treatment system that conforms to the law of acupuncture itself

Syndrome differentiation and treatment is the unique diagnosis and treatment mode of traditional Chinese medicine, which is the basic principle of recognizing and treating diseases. In recent years, a consensus has been established that the theory of syndrome differentiation of acupuncture and moxibustion cannot be copied from Chinese herbal medicine. The application of traditional Chinese herbal medicine theory system in acupuncture and moxibustion clinical practice not only limits the development of acupuncture and moxibustion syndrome differentiation theory, but also affects its therapeutic effect in clinical practice. The manifestation and application of syndrome differentiation in acupuncture treatment is called meridian differentiation [45]. Compared with the Chinese herbal medicine syndrome differentiation system, it pays more attention to the circulation distribution, functional characteristics and pathological changes of meridians, and emphasizes the identification of disease location and symptoms by diagnosis of meridians, and combines the eight principles, qi and blood, and zang-fu organ functions for

syndrome differentiation and treatment. Obviously, the current acupuncture and related studies have weakened the application of meridians differentiation. At the same time, with the development of medicine and the integration of traditional Chinese and western medicine, the diagnosis and treatment mode of acupuncture and moxibustion based on disease differentiation is gradually taking shape, supplementing the traditional diagnosis and treatment system of acupuncture and moxibustion based on syndrome differentiation. In recent years, the acupuncture and moxibustion circle has gradually attached importance to the syndrome differentiation and treatment of acupuncture and moxibustion and carried out many academic discussions. The establishment of a diagnosis and treatment theory system conforming to the law of acupuncture and moxibustion has become the consensus of the academic circle. However, how to establish a diagnosis and treatment theory conforming to the characteristics of acupuncture and moxibustion still needs further exploration and research.

## **2.2 The evaluation system of clinical effect of acupuncture and moxibustion still needs to be improved**

Compared with chemical drugs and traditional Chinese medicine, acupuncture and moxibustion, as a complex intervention, has its unique effect evaluation. At present, the mainstream clinical epidemiological efficacy evaluation system is established for chemical drugs with exact mechanism of action. Acupuncture and moxibustion, as a treatment method with complex and unclear mechanism of action, its efficacy with existing conventional clinical efficacy evaluation methods is hard to accurately evaluate. At the same time, due to the unique nature of acupuncture and moxibustion, there are still many methodological problems and challenges in the evaluation of its curative effect, such as the dose-effect relationship of acupuncture and moxibustion, sham acupuncture control, blinding methods, and control of placebo effect. At present, after substantial exploration and practice, a series of research concepts and methods have been initially established, such as the evaluation system of acupuncture clinical efficacy, which combines both "real world" and "ideal world" methods and steps up exploratory

and confirmative research [20]. Although the clinical evaluation system of acupuncture and moxibustion has initially taken shape, there are still some problems, such as insufficient detailed implementation methods, lacking further innovation in research and design methods, and shortage of basic supporting facilities such as data information system. In addition, the methodological problems mentioned above, such as sham acupuncture control, blinding methods implementation and control of placebo effect, also need to be further explored and better settled. Therefore, the establishment of research paradigm and evaluation system in line with the clinical characteristics of acupuncture and moxibustion is still the key and difficult point of current clinical research.

## **2.3 The research of acupuncture and moxibustion needs to be more systematic, and the major scientific research program of acupuncture and moxibustion should be continuously implemented**

Although the number of acupuncture studies has increased significantly, there are still many problems, including repeated studies with uneven quality, and lack of high-quality evidence; meanwhile, the research involves a wide range of areas, but the systematic integrity of different studies is not strong; besides, the division of research questions is not precise enough, the research of acupuncture details such as acupuncture frequency, acupuncture point plan selection and acupuncture course is insufficient; and there is a disconnect between fundamental and clinical research, thus it is urgent to pay attention to and innovate the transformation mechanism of the two. Future research needs to focus on the overall layout, strengthen the top-level design, select the entry point, and pay more attention to refinement and precision [21].

In October 2016, NIH officially launched the "stimulating peripheral activity to relieve conditions" (SPARC) research program. The purpose is to study the mechanism and medical equipment of stimulating peripheral nerve to relieve disease [46]. The research content of this project coincides with the function principle and advantageous diseases of acupuncture and moxibustion, which will bring new opportunities and challenges to the development of acupuncture and moxibustion. In 2019, with the

support of the Ministry of Science and Technology, the Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, together with more than 10 high-level scientific research institutions and organizations domestic and abroad, jointly released the initiative of "International Major Science Project of Acupuncture and Moxibustion", aiming to systematically integrate the research content of acupuncture and moxibustion from the aspects of traditional theories, fundamental research and clinical evaluation, and clarify the scientific issues of acupuncture and moxibustion, establish a research paradigm in line with the clinical characteristics of acupuncture and moxibustion, form a consensus on the methodology of acupuncture and moxibustion clinical research, so as to highlight the clinical efficacy of acupuncture and moxibustion and promote the development of acupuncture and moxibustion research. The "International Major Science Project of Acupuncture and Moxibustion" has important guiding significance for the high-quality and sustainable development of acupuncture and moxibustion, and should be further adhered to.

#### **2.4 Clinical evidence of acupuncture with high quality is still insufficient, and clinical practice guidelines need to be supplemented**

Although numerous clinical research on acupuncture and moxibustion has been carried out in China in recent years, high-quality evidence is still lacking, which is the main reason for insufficient clinical practice guidelines. 77 diseases treated with acupuncture were investigated and only 8 of them were found to have moderate or high certainty evidence. In terms of clinical practice guidelines, most of them are made in China, but there are also problems of insufficient quantity and low quality. At present, there are only some international recommendations on acupuncture for the treatment of corresponding diseases, but due to the lack of current clinical research evidence and quality, the strength of these recommendations is not ideal [47]. Domestic or international, the number of clinical practice guidelines of acupuncture and moxibustion is very small compared with its wide application in clinical practice and large numbers in studies. In the future, we should continue to maintain the output of high-quality acupuncture clinical trials,

supplement the clinical evidence of acupuncture and moxibustion, and systematically integrate the clinical evidence of acupuncture and moxibustion for diseases of various systems. At the same time, it is necessary to innovate in the process of formulating the guidelines, reflect the operational and individualized characteristics of acupuncture, and convert high-quality clinical evidence into high-quality clinical guidelines.

#### **2.5 The transformation of acupuncture and moxibustion research results needs to be improved, and the transformation methods of acupuncture and moxibustion should be innovative**

Although substantial research on acupuncture and moxibustion has been carried out in China, the transformation of research results still needs to be improved [48]. At present, there is still a big gap in the conversion rate of scientific research between China and western developed countries, and there is a disconnect between the transformation of clinical evidence and clinical practice of acupuncture and moxibustion, as well as fundamental and clinical research of acupuncture and moxibustion [49-50]. Based on the basic development law of acupuncture and moxibustion "from clinical to clinical" and the phenomenon of breakthroughs in clinical research of acupuncture and moxibustion, it is suggested to build a path of "reverse transformation" of clinical research results of acupuncture and moxibustion, that is, to carry out corresponding basic research on the basis of acupuncture and moxibustion schemes with exact evidence-based evidence, and form the reverse transformation of clinical research and basic research.

### **3 Prospect**

Chinese acupuncture has become the world's acupuncture. With the modernization and internationalization of acupuncture and moxibustion, more opportunities and challenges will face acupuncture and moxibustion. Despite great progress and breakthroughs in theoretical system, basic research, clinical research and evidence-based practice in recent years, how to make full use of modern information technology, big data and artificial intelligence to achieve digital transformation and deep interdisciplinary cross-cutting around the fundamental issues of

acupuncture is the only way to modernize acupuncture in the future. At the same time, the construction of a new paradigm and the study of the transformation mechanism of acupuncture and moxibustion research are the key to promote the high-quality development of acupuncture and moxibustion in the future. In terms of internationalization of acupuncture and moxibustion, international cooperation and exchanges in all aspects should be further strengthened, while maintaining an open and inclusive attitude, looking at the localization of acupuncture and moxibustion scientifically and rationally, learning from each other, so that Chinese acupuncture and moxibustion can truly become the acupuncture of the world's people and make greater contributions to human health.

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# 严重性异位性皮炎的中医诊疗体会

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## 前言

- 异位性皮炎是一种与遗传过敏体质有关的慢性、复发性、炎症性皮肤病，又称作异位性湿疹、是最常见的湿疹类型，常伴发哮喘、过敏性鼻炎等过敏性疾病
- 儿童异位性皮炎患病率 15-20%，成人为 10%。
- 皮损特征为丘疹、丘疱疹、水肿、结痂和脱皮，痊愈后伴有皮损部位色素沉着或色素减退。在重度特应性皮炎中，湿疹部位融合成较大面积的红斑。瘙痒剧烈。
- 中医在辨治顽固性异位性皮炎时应该侧重整体观出发，个体化施治，辨证和辨病相结合，内治外治并重，可以提高疗效，减少复发，以达到长期缓解病情，改善生活质量的目的。

## 异位性皮炎的病因

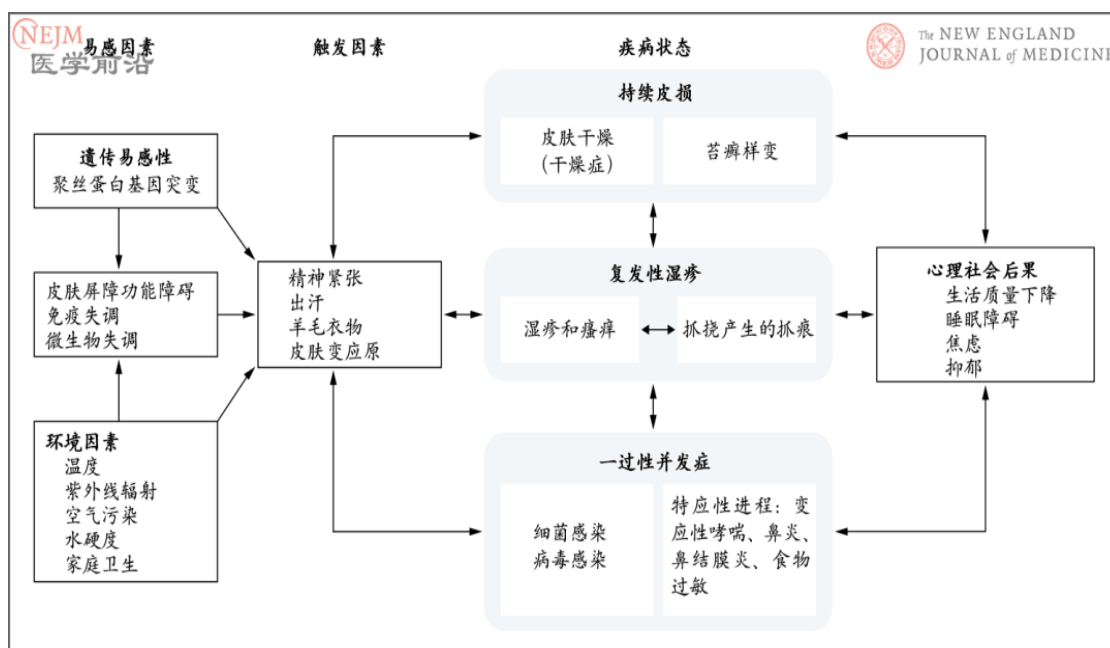
主要病因：遗传性基因缺陷导致的表皮屏障功能障碍是主要原因。

诱因：

- 食物：如牛奶、鸡蛋、大豆、小麦、花生、鱼
- 空气变应原：如尘螨、真菌、皮屑
- 金黄色葡萄球菌在皮肤上的生长繁殖
- 局部物质刺激：如化妆品

异位性皮炎的发病机制

- 遗传缺陷导致表皮屏障破坏以及表皮炎症性树突状细胞和固有淋巴样细胞激活。
- 激活的 T 细胞将细胞因子释放到皮肤内，它们可激活下游 JAK 通路。
- 细胞因子通过激活 B 细胞和浆细胞的方式促进炎症、瘙痒和抗原特异性 IgE 生成。(4)



异位性皮炎的发病机制（图）（5）

## 异位性皮炎的临床表现

### 皮损特点

- 急性期：本病通常起于婴儿期，至 3 个月大时最典型。可持续 1~2 个月。面部发生红色渗出结痂性皮炎，继而蔓延至颈部、头皮、四肢及腹部。



- 慢性期：搔抓和摩擦后出现红色苔藓化斑疹及丘疹，逐渐发展为干燥鳞屑斑块，皲裂结痂。病变通常出现在肘、腘窝、上眼睑、颈部以及手腕，严重时 can 全身泛发。



### 症状特点

- 剧烈的瘙痒是其主要特征。患者对瘙痒的感受阈值下降，随着变应原的接触、空气干燥、出汗、局部刺激、羊毛服装以及情绪紧张，瘙痒也会加重。
- 异位性皮炎的临床表现

### 并发症

- 继发细菌感染。较为常见，尤其常见为金黄色葡萄球菌和链球菌感染（如蜂窝组织炎、以及局部淋巴结炎、剥脱性皮炎）
- 疱疹病毒感染。疱疹性湿疹（Kaposi 水痘样疹）为发生于异位性皮炎患者的一种泛发性单纯疱疹病毒感染。在活动性皮炎以及新近发生的皮炎皮损上出现了典型的簇集性水疱，有时正常皮肤也可以被累及，常伴有高热与腺病。
- 其他感染。真菌感染以及疣、传染性软疣等非疱疹性的病毒感染。
- 白内障：病程较长的 AD 患者可能于 20~30 岁时发生白内障。

## 异位性皮炎的诊断标准

AD Williams 诊断标准 (Williams criteria for atopic dermatitis) <sup>(1)</sup>

- 主要标准：皮肤瘙痒。
- 次要标准：
  1. 屈侧皮炎湿疹史，包括肘窝、腘窝、踝前、颈部（10 岁以下儿童包括颊部）
  2. 哮喘或过敏性鼻炎史（或在 4 岁以下儿童的一级亲属中有 AD 史）
  3. 近年来全身皮肤干燥史
  4. 有屈侧湿疹（4 岁以下儿童面颊/前额和四肢伸侧湿疹）
  5. 2 岁前发病（适用于 4 岁以上患者）

诊断：符合主要标准 和 3 条或以上次要标准即可确诊。

## 异位性皮炎的鉴别诊断

- 银屑病：皮损通常位于伸侧，可以累及指甲，其鳞屑有光泽（云母状）。
- 脂溢性皮炎：常累及面部（如鼻唇沟、眉毛、眉间及头皮）
- 钱币状湿疹：不发生于屈侧，苔藓化也很少见。

## 异位性皮炎的治疗

### 轻中度异位性皮炎

- 支持疗法：保湿、润肤、止痒如凡士林、氧化锌糊剂、黑豆馏油软膏等等。避免诱发因素，减少精神压力
- 局部治疗  
局部激素疗法：如糠酸莫米松、氢化可的松等。

局部免疫调节药物：T 细胞抑制剂如和他克莫司(tacrolimus)及吡美莫司(pimecrolimus)软膏。适用于对激素敏感或者需要长期控制的患者。

- 全身治疗  
抗组胺药物：如氯雷他定、特比普利等，可以帮助减轻瘙痒症状。

全身抗生素、抗病毒或抗真菌药物：对于有继发细菌、疱疹病毒或者真菌感染者可以使用

光疗：包括紫外线 B 照射 (UVB)、窄谱紫外线 B 照射 (NB-UVB) 以及 PUVA 疗法，可以调节免疫功能及减轻皮肤炎症。

### 严重性（重度）异位性皮炎的治疗

- 系统皮质类固醇：如强的松等
- 免疫抑制剂：如环孢霉素 A、 $\gamma$  干扰素、麦考酚酯、氨甲喋呤和硫唑嘌呤。它们能抑制 T 细胞的功能并具有抗炎活性，适用于皮损广泛、顽固难治且外用药物及光疗无效的病例。
- 靶向生物制剂：达必妥 (Dupilumab) 及阿布昔替尼 (Abrocitinib)。可能成为对其他疗法反应不佳的中度至重度患者的治疗选择。研究表明，这些方案可安全有效地缓解异位性皮炎的症状。(2) (3)

### 西医治疗存在问题

- 药物毒副作用和依赖性  
长期使用激素类药物可能导致皮肤萎缩、变薄、色素沉着，毛发增长等副作用，影响了患者的生活质量，而且容易产生对药物的依赖性。免疫抑制剂可能使患者失去对病原体的正常防御能力，增加了其感染的风险，以及肝肾功能损伤，限制了它们的长期应用。

- 症状缓解不彻底，复发率高。  
部分患者可能对西医治疗产生耐药性，且治疗过程中症状可能只是被控制而非完全缓解。

- 注重对症治疗为主，远期效果欠理想。

西医治疗通常是对症状进行处理，缓解炎症反应，但并未直接调理机体整体平衡，也缺乏个体差异化的治疗策略，

### 中医治疗优势

- 个体化治疗优势。在系统辨证施治，病症结合的基础上，制定个体化的治疗方案，提高治疗的针对性和有效性。
- 整体观念，综合治疗优势。中医认为异位性皮炎是身体功能失调的皮肤表现，而皮肤损害也可以导致系统的功能紊乱。可以通过中药、针灸等综合治疗手段，改善患者的气血阴阳平衡和脏腑失调，调整患者的整体免疫状态，进而从根本上减轻病症，缩短疗程，减少复发，改善生活质量。
- 毒副作用少，安全性优势。中草药和针灸疗法相对较少的毒副作用，适合慢性严重的异位性皮炎患者长期用药和巩固治疗。和西药一起使用可以提高疗效，减少对激素和免疫抑制剂的依赖性和副作用。

### 严重性异位性皮炎的中医辨治体会

#### 临床特点

- 局部或者全身皮肤干燥、粗糙、肥厚，脱屑和苔藓样变明显，皮肤纹理加深，色素沉着，皮肤上多有散在的丘疹，抓痕，血痂，关节部位的皮肤多有皲裂刺痛。抓破后可以并发感染和少量的渗液和浸润。
- 自觉瘙痒剧烈，尤其是睡觉时或者情绪激动时有阵发性的奇痒，直到抓得出血疼痛为止。病程迁延缠绵，时轻时重，经久不愈。常伴有形体消瘦，失眠心烦，急躁易怒，头昏眼花和腰腿酸痛等全身不适。

#### 病理特点

根据我们多年的临床观察，结合文献研究，我们认为风热，心火，血瘀，血虚阴亏是导致异位性皮炎的主要病理因素。

(1) 风热：风热外袭，发于肌肤，与血气相搏。表现为皮肤红肿，丘疹、干热，干痒，脱屑等等。

(2) 心火：心经有火，血热内生，上扰神明，导致皮肤抓痕遍布，血迹斑斑，瘙痒夜间尤甚，心烦失眠，情绪紧张。

(3) 血瘀：血热日久，煎熬成块，心情抑郁，也可导致气滞血瘀。导致皮肤粗糙肥厚，肌肤甲错，皮肤暗紫，色素沉着。



(4) 血虚阴亏：皮炎反复发作，热灼津液，流水渗出日久，必然会耗血伤阴，血燥生风，皮肤失去润养，导致皮肤干燥脱屑，皲裂，苔藓样变，形体消瘦无力。

由此可见风热，心火，血瘀和阴血亏虚，贯穿在严重性异位性皮炎的整个病变过程中，常常是相互为患，交结作祟，为“虚实夹杂”之证。

## 辨证要点

临床上根据皮损特点和临床表现之不同，可以将严重性异位性皮炎归纳为三个不同的证型：

### 1. 血热风燥型

皮损泛发全身，弥漫性红斑、丘疹，鳞屑，血痂抓痕，皮肤干燥，痒热明显，口苦口干，尿赤便干，舌干红，苔黄，脉数。

### 2. 血瘀湿热型

皮损以腰腹部以下、前后两阴或者下肢为主，暗红色红斑丘疹、溃疡结痂、色素沉着、苔藓样变、鳞屑、皮肤肿胀，有不同程度的瘙痒。舌质暗红或者瘀紫胖大，脉涩或滑数。

### 3. 阴虚血燥型

皮损为泛发或者散发性丘疹或者红斑，皮肤干燥粗糙，脱屑皲裂，弹性减少，阵发性瘙痒以夜间为甚。舌质干红有裂纹，苔少，脉细数。

## 严重性异位性皮炎的中医治疗

### 1. 辨证论治

基本治则：根据其病理特点制定。以祛风清热，养血活血，安神止痒，佐以利湿（如有渗出时）为基本治疗原则。

#### • 通用方：“加味地黄饮”（祝柏芳）

处方一 防风 10g 荆芥 10g 白蒺藜 8g 僵蚕 6g 苦参 8g 苍耳子 6g 生地黄 15g 丹皮 8g 黄连 3g 当归 10g 白芍 10g 丹参 8g 枣仁 8g 生甘草 6g  
方中防风、荆芥、白蒺藜、僵蚕祛风；苍耳子、苦参除湿止痒；生地、丹皮、黄连凉血清心；当归、白芍 滋阴养血；丹参养血活血，枣仁安神除烦，生甘草解毒清热，调和药性。

#### • 辨证加减：

(1) 血热风燥型：加蒲公英 15g 金银花 10g 白茅根 15g 玄参 10g

(2) 血瘀湿热型：加桃仁 6g 红花 6g 土茯苓 20g 车前子 10g

(3) 阴虚血燥型：加麦冬 15g 制首乌 10g 熟地 10g

### 2. 皮损辨治

渗出/糜烂—燥湿健脾。车前子、泽泻、白术、苍术、生薏米

皮肤干燥脱屑—养血润肤。熟地、沙参、麦冬、何首乌、胡麻仁、白芍

皮肤皲裂—养阴润燥。葛根、白芨、地骨皮、天花粉、淮山

皮损肥厚—滋阴养血活血。玉竹、知母、首乌、川芎、鸡血藤

血痂—清热凉血。紫草、茜草、青黛、白茅根  
色素沉着—活血补肾。白芷、白附子、珍珠粉、玫瑰花、核桃仁

皮肤灼热—滋阴清热。胡黄连、青蒿、鳖甲、枣皮、生石膏

红斑明显—凉血清热解毒。白茅根、大青叶、板蓝根、槐花、水牛角、羚羊角

### 3. 辨痒止痒(5)

#### • 祛风清热止痒

适应证：风热型瘙痒。异位性皮炎早期如婴幼儿头面红斑、丘疹、结痂明显时。

处方：消风导赤散，疏风清热饮

#### • 清热利湿止痒

适应证：湿热型瘙痒，如异位性皮炎急性发作或并发细菌感染时，红斑、丘疹、水疱、渗出、糜烂明显者。

处方：龙胆泻肝汤、萆薢渗湿汤

#### • 养血祛风止痒

适应证：血虚风燥之瘙痒。慢性异位性皮炎，皮肤干燥脱屑，抓痕、苔藓样变明显者。

处方：当归饮子、养血润肤汤、地黄饮。

#### • 活血祛风止痒

适应证：瘙痒日久，气滞血瘀。皮肤暗红，血痂抓痕，或者肌肤甲错，舌紫脉涩者。

处方：活血祛风汤（朱仁康）

#### • 安神平肝止痒

适应证：异位性皮炎皮损泛发，阵发性夜间瘙痒，失眠，烦躁易怒者。

处方：潜阳息风方（朱仁康）

#### • 搜风解毒止痒

适应证：顽固性瘙痒因风湿热毒结聚不散，经久不愈时，皮肤干燥皮损肥厚，结块发硬，瘙痒剧烈者。

处方：全虫方、乌蛇驱风汤

### 4. 中药抗过敏

#### • 过敏煎（祝谌予）

功用：祛风清热凉血、酸甘化阴润燥。

处方：防风、银柴胡、乌梅、五味子、甘草各 10 克  
用法：水煎，每日一剂，早晚服。

适应证：异位性皮炎伴发其他过敏症或者有家族过敏史如花粉症、哮喘、过敏性鼻炎等等，在临床应用中随症加减治疗。

#### • 其他具有抗过敏作用的中药

如：败酱草、茵陈蒿、陈皮、路路通等等，都可以随证选用

## 5. 中药抗炎抗病毒

### 1. 抗炎

常用药物：黄连，黄芩，黄柏，马齿苋，紫花地丁，十大功劳，蒲公英，金银花

适应症：异位性皮炎继发细菌感染

### 2. 抗病毒

常用药物：板蓝根，大青叶，败酱草，紫草，薏苡仁，贯众、穿心莲

适应症：异位性皮炎继发病病毒感染

## 6. 预防复发

### • 皮肤护理与保湿

减少洗澡时间及频率

常用皮肤润肤保湿剂：如“紫云膏”（外科正宗），主要成分有当归，紫草，麻油及蜂蜡，具有清热凉血，润肤消肿的功效。

### • 祛风润肤丸（祝柏芳）

处方：淮山，黄芪，白术，当归，熟地，生地，麦冬，沙参，防风，陈皮，知母，黄柏，生甘草各等份。粉碎后，水泛为丸，梧桐大小。

用法：每次4g，每日3次

功用：补肺健脾，祛风润燥。

适应症：异位性皮炎缓解期，保护皮肤屏障，防止复发。

## 7. 外治疗法（7）

### 1) 皮炎膏（祝柏芳）

处方：黄连9 当归15 黄柏9 生地黄30 苦参10 青蒿10 青黛粉5等，麻油360，黄蜡120

制法：前药打碎末，浸入麻油24小时，文火熬到药枯，去渣过滤，入青黛，搅拌均匀，加入黄蜡，文火，慢慢收膏。

功用：除湿祛风，止痒润肤。

适应症：慢性、亚急性异位性皮炎，敏感性皮炎，虫咬皮炎，单纯疱疹，带状疱疹，水痘，脓疱疮，水火烫伤，毛囊炎。

### 2) 复方紫归油（祝柏芳）

处方：紫草10 当归5 地骨皮10 丁香10。上药共研细末，+麻油250ml，浸泡24小时后，文火熬焦，去渣备用。

功用：凉血解毒、润肤化燥，

适应症：慢性异位性皮炎，慢性湿疹，皮肤干燥皲裂者。

### 3) 复方青黛散、膏、油：

处方：青黛60 熟石膏120 滑石120 黄柏60，共研细末，和匀。

功用：收湿止痒，清热解毒。

适应症：异位性皮炎急性发作，或继发感染，红肿渗出，化脓，痒痛明显时。可以根据皮损的具体情况分别选择散剂、软膏或者油剂

### 4) 湿疹皮炎洗剂（祝柏芳）（6）

处方：艾叶20g 荆芥20g 防风20g 生地20g 丹皮20g 当归20g 苦参20g 明矾10g 芒硝10g 白鲜皮20g 路路通20g 煎水去渣外搽，湿敷或药浴。

功用：祛风清热，凉血除湿，止痒润肤，

适应症：异位性皮炎，脂溢性皮炎，夏季皮炎，银屑病等各类急慢性皮肤病，瘙痒剧烈者。

### 5) 抗病毒洗剂（祝柏芳）

处方：香附子30 马齿苋30 紫草20 大青叶30 败酱草30 白鲜皮30 木贼草20 地骨皮30 桃仁20 煎水，先熏后泡洗。

功用：活血解毒，抗病毒。

适应症：异位性皮炎并发疱疹性或非疱疹性病毒感染者。

## 8. 针灸疗法

常常配合中药一起使用，可以起到舒缓情绪，改善睡眠，控制瘙痒，提高疗效，缩短病程的作用。

治则：清热利湿，凉血祛风，滋阴养血。

处方：

泻曲池、支沟、风市、肩髃、百虫窝。

补血海、足三里、三阴交。

刺血、拔罐大椎、膈俞、委中。

## 9. 临床病例报告

### 病例一

患者 男性， 72岁

#### • 初诊：2020-10-18

慢性异位性湿疹20多年，加重5个月

现在症：全身皮肤干燥粗糙，脱屑皲裂，红斑丘疹，糜烂血痂，角化过度，苔癣样变及色素沉着。瘙痒剧烈，灼热刺痛，失眠心烦。

辨证：血虚风燥，心火湿热。

治则：滋阴养血，祛风润燥为主，兼清热、利湿、止痒。

处方：加味地黄饮加减。麦冬10g 玄参10g 何首乌8g 生地黄10g 当归8g 荆芥6g 防风6g 秦艽8g 黄柏8g 知母8g 土茯苓15g 车前子8g 生甘草5g 黄连3g 全虫3g 乌梢蛇8g 苦参8g 白蒺藜8g 白鲜皮8g 七剂，每日一剂，早晚各煎一次温服

#### • 随诊：10/11/2020

连续用药3周后，所有皮疹及瘙痒灼热感均消失，皮肤润滑，基本痊愈，无复发。

治疗前



治疗后





## 病例二

Patel, 男性, 29 岁

• 初诊: 2018 年 3 月 15 日

泛发性皮肤红斑丘疹, 剧烈瘙痒、反复发作 28 年, 加重 8 个月。

现症: 全身皮肤弥漫性潮红, 灼热刺痛, 皮肤干燥粗糙, 脱屑明显, 可见红斑、丘疹、血痂、渗出、糜烂、抓痕, 尤其以面颈、下腹部、乳头周围、耳后明显。

诊断: 慢性异位性皮炎并发感染; 红皮病

治则: 清热解毒、凉血养阴, 利湿祛风

内服处方: 加味地黄饮(浓缩粉), 每次 3g, 每日三次。

药浴处方: 黄芩 15g、黄柏 10g、苦参 10g、益母草 15g、生地 15g、牡丹皮 10g、当归 10g、马齿苋 20g、路路通 10 个、防风 10g、白蒺藜 10g、艾叶 15g、白鲜皮 15g、石菖蒲 10g

以中药煎煮稀释后做全身浸泡药浴为主、每日一次, 每次 10-15 分钟。两周后改为每周 2-3 次药浴。

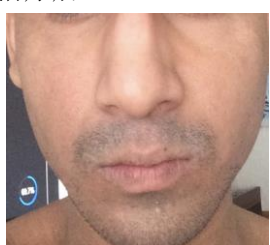
• 复诊: 2018 年 4 月 20 日

皮肤红肿、灼热、瘙痒、刺痛全部消失, 红斑、丘疹、脱屑等皮损大部分消退或者明显减少, 皮肤色素变淡、质地变软、润泽, 仅仅在面颈、手足、四肢伸侧仍有小范围的干燥斑片、鳞屑和色素沉着斑。

## 治疗前



## 治疗后



## 小结

- 严重顽固性异位性皮炎主要表现为广泛区域的皮肤干燥, 发红, 可伴抓痕、泛发性皮肤增厚、皲裂、渗液等, 剧烈持续瘙痒, 难入眠, 严重影响患者的学习工作和生活质量。
- 西医治疗本病主要是局部激素和免疫调节剂同时系统使用皮质类固醇、免疫抑制剂、光疗以及最新的生物靶向疗法。虽然有效果, 但存在副作用大, 药物依赖, 容易复发以及远期效果不佳的缺点。
- 中医治疗本病, 可以从风热、心火、血瘀及血虚阴亏的病理机制入手, 辨证辨病相结合, 并注重在止痒、抗过敏、消炎解毒方面针对性的用药, 内治外治, 针药并行, 标本兼治, 从而达到减轻病症, 缩短疗程, 减少复发, 改善患者生活质量的目的。

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## 致谢

感谢您的关注

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# The TCM treatment experience of severe atopic dermatitis

Baifang Zhu The TCM Skin Clinic UK

## Foreword

- Atopic dermatitis (AD), also known as atopic eczema, is a chronic, recurrent, inflammatory skin disease associated with genetic allergies, often accompanied by asthma, allergic rhinitis and other allergic diseases.
- The lesions are characterised by papules, pimples, crusting and exfoliation, which heal with hyperpigmentation or hypopigmentation of the lesions. Itching is intense and severe.
- TCM views it as a disharmony of *qi*, *xue*, *yin*, *yang* and *zang-fu* organs and the treatments should be based on holistic perspective, syndrome differentiation and disease differentiation.
- We are here to share some of our experiences of improving the efficacy of treatment, reducing recurrence and achieving relatively long-term relief of the disease.

## Causes of AD

### 1) Primary etiology

The epidermal barrier dysfunction due to inherited genetic defects

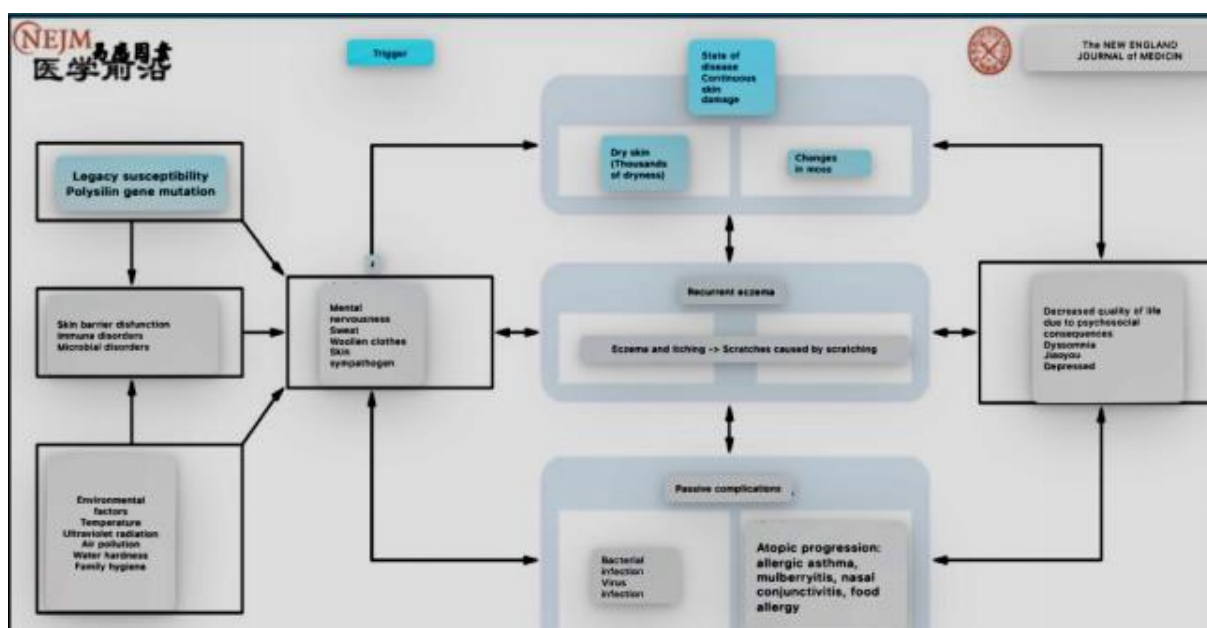
### 2) Other causes

- Food: e.g. milk, eggs, soya, wheat, peanuts, fish
- Airborne allergens: e.g. dust mites, fungi, dander
- Staphylococcus aureus growth and colonisation of the skin
- Topical substance irritation: e.g. cosmetics

## Pathogenesis

- **Genetic defects** lead to disruption of the epidermal barrier and activation of epidermal inflammatory dendritic cells and intrinsic lymphoid cells.
- **Activated T cells release cytokines** into the skin and they activate the downstream JAK pathway.
- **Cytokines** promote inflammation, pruritus, and antigen-specific IgE production by activating B cells and plasma cells. (4) (5)

## The pathogenesis of atopic dermatitis (5)



## Clinical manifestations

### The lesions

#### 1) Acute phase

Lesions are red, edematous, weepy, scaly patches or plaques. Occasionally vesicles are present.

It usually begins in infancy. lesions occur on the face, scalp, neck, and extensor surfaces of the extremities



#### 2) Chronic phase

Red, dry and scaly patches and papules after scratching and rubbing. Lichenification, cracks and crust often happen.

Lesions usually appear on flexural surfaces like the elbows, popliteal fossa, upper eyelids, and wrists, and in severe cases, throughout the body.



## Symptoms

Intense and severe itching, which is aggravated by exposure to allergens, dry air, sweating, local irritation, woollen clothing, and emotional stress.

## Complications

- 1) Secondary bacterial infections. Common with *Staphylococcus aureus* and *Streptococcus* infections (e.g. cellulitis, and localised lymphadenitis etc)
- 2) Herpes virus infection. Herpetic eczema (Kaposi's chickenpox-like rash)
- 3) Other infections. Fungal infections and non-herpetic viral infections such as warts and molluscum contagiosum.
- 4) Cataracts. Patients with AD of long duration may develop cataracts in their 20s and 30s

## Diagnostic criteria

### AD Williams criteria for atopic dermatitis (1)

- **Primary criteria:**
  - Itching of the skin
- **Secondary criteria:**
  - 1) History of flexural dermatitis, including elbow, popliteal, anterior ankle, and neck (including cheeks in children under 10 years of age)
  - 2) History of asthma or allergic rhinitis (or history of AD in a first-degree relative of a child under 4 years of age)
  - 3) History of generalised dry skin in recent years
  - 4) Has flexural eczema (cheeks/forehead and extensor sides of extremities in children under 4 years of age)
  - 5) Onset before 2 years old (for patients over 4 years of age)

**The diagnosis is confirmed by meeting of the primary criteria and 3 or more secondary criterias.**

### Differential diagnosis

- 1) Psoriasis: Lesions are usually located on the extensor side, can involve the nails, and have silver shiny (mica-like) scales.
- 2) Seborrheic dermatitis: Often involves the face (e.g. nasolabial folds, eyebrows, between eyebrows and scalp)
- 3) Discoid eczema: Does not occur on the flexural side and lichenification is rare.

### Treatment of atopic dermatitis

#### Mild to moderate atopic dermatitis

- 1) Supportive treatments: Moisturising and anti-itching cream. Avoid triggers and reduce stress
- 2) Topical treatments
  - Topical steroids: e.g. mometasone furoate, hydrocortisone
  - Topical immunomodulator: T-cell inhibitors such as tacrolimus and pimecrolimus ointment
- 3) Systemic treatments: Antihistamines, Systemic antibiotics, antiviral or antifungal medications, Phototherapy: UVB and PUVA etc

#### Severe atopic dermatitis

- 1) Systemic corticosteroids: e.g. prednisone
  - 2) Immunosuppressants: e.g. cyclosporine A, gamma interferon, mescaline, methotrexate and azathioprine. They inhibit T-cell function and have anti-inflammatory activity.
  - 3) Targeted biologics: Dupilumab and Abrocitinib, for patients with moderate to severe disease who have not responded well to other therapies. Studies have shown that these regimens are safe and effective in relieving the symptoms of atopic dermatitis.
- (2) (3)

#### Problems with Western medical treatment

- 1) Drug toxicity and dependence
- 2) Long-term use of steroids may lead to skin atrophy, thinning, hyperpigmentation, and hair growth.

- 3) Immunosuppressants may increase patient risk of infection, as well as liver and kidney function damage.
- 4) High recurrence rate
- 5) The long-term effect is unsatisfactory: Because it focuses on symptomatic relieve instead of the overall balance of the body and lack of individualised treatment strategies.

### Advantages of TCM Treatment

#### • Advantages of personalised treatment

Based on systematic syndrome differentiation and skin lesions differentiation, the TCM treatment plans are more individualised therefore more effective and less dependency and recurrence.

#### • Advantages of Holistic perspective and comprehensive treatments

TCM believes that atopic dermatitis is a skin manifestation of body dysfunction, and skin damage can also lead to system dysfunction. Comprehensive TCM treatment focuses on improving the patient's balance of qi, blood, yin and yang and Zang-Fu organs and adjust overall immune status, thereby fundamentally alleviating the disease, shortening the course of treatment and improving the quality of life.

#### • Advantages of safety and fewer toxic and side effects

Chinese herbal medicine and acupuncture therapy have relatively few side effects and are suitable for long-term medication and consolidation treatment of patients with chronic and severe atopic dermatitis. Used together with Western medicine, it can improve the efficacy and reduce dependence and side effects on steroids and immunosuppressants.

### TCM cognition and Treatment

**Pathological features:** Wind-heat, heart-fire, blood stasis, and blood and yin deficiency are the main pathological factors leading to atopic dermatitis.

- 1) **Wind-heat:** Wind-heat attacks the skin and fights with blood and Qi. Causing skin redness, swelling, papules, dry heat, dry itching, scaling, etc
- 2) **Heart fire:** Fire in the heart meridian or internal heat in the blood, disturbs the spirit. causing blood scabs, itching at night, upset, insomnia and emotional tension
- 3) **Blood stasis:** Prolonged heat in the blood may cause Qi stagnation and blood stasis due to torment and depression. It leads to rough, uneven and dark skin or pigmentation.
- 4) **Blood and Yin deficiency:** recurring dermatitis burns the body fluids, leading to blood and Yin deficiency which causes dryness and wind. Resulting in dry, flaky skin and lichenification.

### Syndrome Differentiation

Clinically, atopic dermatitis can be classified into three different syndromes based on the characteristics of skin lesions and clinical manifestations

- 1) **Blood heat and wind dryness :** Skin lesions spread all over the body, with diffuse erythema, papules, scales, bloody scabs and scratches. Itching and hot. Hot urine and dry stools. Red tongue, yellow coating. Rapid pulse.
- 2) **Blood stasis and damp-heat :** The skin lesions are mainly below the waist and abdomen, on the front and back of the vagina or lower limbs, with dark red erythematous papules, pigmentation, lichenification, scales, itching. The tongue is dark red or with blood stasis, and the pulse is astringent
- 3) **Yin deficiency and blood dryness :** The skin lesions are generalised or scattered papules or erythema, dry and rough skin, flaking and cracking, reduced elasticity, and paroxysmal itching, especially at night. The tongue is dry, red and cracked, with less coating. Thready and rapid pulse.

### Treatment by Syndrome Differentiation

- 1) **Basic treatment principle:** It is formulated according to its pathological characteristics.

Dispelling wind and clearing heat, nourishing blood and activating blood circulation, calming the mind and relieving itching, and supplementing with dampness elimination (if there is exudation)

- 2) **General formula:** *jia wei di huang yin* (by Baifang Zhu)

**Prescription-** *fang feng* 10g, *jin jie* 10g, *bai ji li* 8g, *jiang can* 6g, *ku shen* 8g, *cang er zi* 6g, *sheng di huang* 15g, *dan pi* 8g, *huang lian* 3g, *dang gui* 10g, *bai shao* 10g, *dan shen* 8g, *suan zao ren* 8g, *sheng gan cao* 6g

**Explanation:** In the formula, *fang feng*, *jin jie*, *bai ji li* and *jiang can* dispel wind; *cang er zi* and *ku shen* remove dampness and relieve itching; *sheng di huang*, *dan pi*, *huang lian* cool the blood and clear the heart; *dang gui* and *bai shao* nourish yin and blood; *dan shen* nourishes blood and activates blood circulation; *suan zao ren* calms the spirit and removes vexation; *sheng gan cao* removes toxins and clears heat and harmonises the properties of the medicine.

### 3) Modifications according to syndrome differentiations

- Blood-heat and wind dryness: Add *pu gong ying* 15g, *jin yin hua* 10g, *bai mao gen* 15g, *xuan shen* 10g
- Blood stasis and damp-heat : Add *tao ren* 6g, *hong hua* 6g, *tu fu ling* 20g, *che qian zi* 10g.
- Yin deficiency and blood dryness: Add *mai dong* 15g, *shou wu* 10g, *shu di huang* 10g.

### Lesion Differentiation and Treatment

**Exudation/Erosion(Weeping Skin)**—dry the dampness and strengthen the spleen. *che qian zi*, *bai zhu*, *cang zhu*, *yi yi ren*

- 1) **Dry and flaky skin** – Nourish blood and moisten skin. *shu di huang*, *sha shen*, *mai dong*, *he shou wu*, *hu ma ren*, *bai shao*
- 2) **Chapped skin (Skin Cracking)**- nourish yin and moisten dryness. *ge gen*, *bai ji*, *di gu pi*, *tian hua fen*, *huai shan*
- 3) **Hypertrophic skin (Thickening Skin)**—nourish yin and blood, activate blood circulation. *yu zhu*, *zhi mu*, *he shou wu*, *chuan xiong*, *ji xue teng*



- 4) **Blood scab** - clear heat and cool blood. *zi cao, qian cao, qing dai, bai mao gen*
- 5) **Pigmentation**—activate blood circulation and nourish kidneys. *bai zhi, bai fu zi, zhen zhu fen, mei gui hua, he tao ren*
- 6) **Burning skin** – Nourish *yin* and clear the heat. *hu huang lian, qing hao, bie jia, zao pi, sheng shi gao*
- 7) **Severe erythema** – cools blood and clears heat to detoxify. *bai mao gen, da qing ye, ban lan gen*

### Six Methods to Alleviate Itching

#### 1) Expelling Wind, Clearing Heat, and Relieving Itching

Indications: Itching due to wind-heat. For early stages of atopic dermatitis, with prominent redness, papules, and crusted lesions on the face and head in infants

Prescription: *xiao feng dao chi san* and *shu feng qing re yin*

#### 2) Clearing Heat, Promoting Dampness, and Relieving Itching

Indications: Itching caused by damp-heat, such as acute outbreaks or bacterial infections in atopic dermatitis, characterized by redness, papules, blisters, exudation, and erosion

Prescription: *long dan xie gan tang*, and *bi xie shen shi tang*.

#### 3) Nourishing Blood, Expelling Wind, and Relieving Itching

Indications: Itching due to blood deficiency and wind dryness. Appropriate for chronic atopic dermatitis with dry and scaly skin, obvious scratching marks, and lichenification

Prescription: *dang gui yin zi*, *yang xue run fu tang*, and *di huang yin*

#### 4) Activating Blood Circulation, Expelling Wind, and Relieving Itching

Indications: Prolonged itching with stagnant *qi* and blood stasis. Dark red skin, blood scabs from scratching, or muscle and skin induration with a purple tongue and taut pulses

Prescription: *huo xue qu feng tang* (by Zhu Renkang)

#### 5) Calming the *shen*, Pacifying the Liver, and Relieving Itching

Indications: Widespread skin lesions in atopic dermatitis, paroxysmal night itching, insomnia, and irritability

Prescription: *qian yang xi feng tang* (by Zhu Renkang)

#### 6) Dispelling Wind, Resolving Toxins, and Relieving Itching

Indications: Stubborn itching due to accumulation of Wind, Dampness, Heat and Toxins, persistent with dry skin, thickened lesions, nodules, and intense itching

Prescription: *quan chong fang* and *wu she qu feng tang*."

### Herbs for Allergies

#### 1) *guo min jian* (Allergy Decoction): (by Zhu Chenyu)

**Functions:** Disperses wind, clears heat, cools blood, and nourishes *yin* to moisten dryness

**Prescription:** *fang feng*, *yin chai hu*, *wu mei*, *wu wei zi*, and *gan cao*, each 10 grams

**Usage:** Decoction with water, one dose daily, taken in the morning and evening

**Indications:** Atopic dermatitis accompanied by other allergic symptoms or with a family history of allergies such as pollen allergy, asthma, allergic rhinitis, etc. In clinical applications, the treatment is adjusted according to the specific conditions

#### 2) Other Chinese herbs with anti-allergic effects:

such as *bai jiang cao*, *chen pi*, *yin chen hao*, *lu lu tong* etc, can be chosen based on the specific symptoms.

### Herbs for Infections

#### 1) Anti-infection herbs

*huang lian*, *huang qin*, *huang bai*, *ma chi xian*, *zi hua di ding*, *shi da gong lao*, *pu gong ying*, *jin yin hua*

Indications: Secondary bacterial infection in atopic dermatitis

## 2) Antiviral Herbs

*ban lan gen, da qing ye, bai jiang cao, zi cao, yi yi ren, guan zhong, chuan xin lian*

Indications: Secondary viral infection in atopic dermatitis

## Skin Care and Moisturizing

- 1) Reduce bathing time and frequency
- 2) Skin moisturizers: such as urea cream, E45, Diprobase, hydromol ointment, etc.
- 3) Qu Feng Run Fu Wan (by Zhu Baifang)

Prescription: *huai shan, huang qi, bai zhu, dang gui, shu di, sheng di, mai dong, sha shen, fang feng, chen pi, zhi mu, huang bai, sheng gan cao.*

Functions: Nourish the lungs and invigoratethe spleen, dispel wind, and moisten dryness

Indications: Atopic dermatitis in the remission phase, to protect the skin barrier and prevent relapse

## External Treatments

### 1) *pi yan gao* (by Baifang Zhu)

Prescription : *huang lian 9, dang gui 15, huang bai 9, sheng di huang 30, ku sen 10, qing hao 10, qing dai fen 5*, etc. Mixed with 360 units of sesame oil and 120 units of yellow wax.

**Function:** Dampness elimination, wind dispelling, itch relief, and skin moisturizing

**Indications:** Chronic, atopic dermatitis, insect bite dermatitis, herpes simplex, herpes zoster, chickenpox, pustular dermatitis, scalds, folliculitis.

### 2) Compound *zi hui you* (by Baifang Zhu)

Prescription: *zi cao 10, dang gui 5, di gu pi 10, ding xiang 10*

**Function:** Cooling blood, detoxification, moisturizing, and alleviating dryness

**Indications:** Chronic atopic dermatitis with dry and cracked skin

### 3) *Qingdai San*( powder, oil or cream)

Prescription: *qing dai 60, shu shi gao 120, hua shi 120, huang bai 60*

**Function:** Moisten dryness, clear heat and detoxify

**Indications:** Acute flare-ups of dermatitis , secondary infections with redness, swelling, exudation, suppuration, and significant itching or pain. The choice between powder, ointment, or oil depends on the specific condition of the skin lesions.

### 4) Eczema Dermatitis Wash (by Baifang Zhu)

Prescription: *ai ye 20g, jing jie 20g, fang feng 20g, sheng di 20g, dan pi 20g, ku shen 20g, ming fan 10g, mang xiao 10g, bai xian pi 20g, lu lu tong 20g.*

**Function:** Expelling wind, clearing heat, cooling blood, eliminating dampness, relieving itching, and moisturizing the skin

**Indications:** Atopic dermatitis, seborrheic dermatitis, summer dermatitis, psoriasis, and various acute and chronic skin conditions with severe itching

### 5) Antiviral Wash (by Baifang Zhu)

Prescription: *xiang fu zi 30, ma chi xian 30, zi cao 20, da qing ye 30, bai jiang cao 30, bai xian pi 30, mu ze cao 20, di gu pi 30, tao ren 20*

**Function:** Activating blood circulation, detoxification, and antiviral effects

**Indications:** Atopic dermatitis complicated with herpetic or non-herpetic viral infections.

## Acupuncture Treatments

- 1) For treatment of severe atopic dermatitis, acupuncture often used in conjunction with internal and external herbal treatments.
- 2) It can help alleviate emotions, improve sleep, control itching, enhance treatment effectiveness, and shorten the course of illness

3) Principle of Treatment: Clearing heat, eliminating dampness, cooling blood, dispelling wind, nourishing yin and blood.

4) Common Points and Techniques

Purge (*xie*): *qu chi, zhi gou, feng shi, jian yu, bai chong wo*

Tonify (*bu*): *xue hai, zu san li, san yin jiao*

Wet Cupping or Bloodletting: *da zhui, ge yu, wei zhong*

changes and pigmentation. Severe itching, burning and stinging, insomnia and upset.

**Treatment principles:** Nourishing yin and blood, dispelling wind and moistening dryness, clearing Heat and Dampness, and relieving itching.

**Prescription:** *jia wei di huang yin* with modifications

*mai dong 10g, xuan shen 10g, he shou wu 8g, sheng di huang 10g, dang gui 8g, jing jie 6g, fang feng 6g, qin jiao 8g, huang bai 8g, zhi mu 8g, tu fu ling 15g, che qian zi 8g, sheng gan cao 5g, huang lian 3g, quan chong 3g, wu shao she 8g, ku shen 8g, bai ji li 8g, bai xian pi 8g,*

## Case Report (1)

**First Visit: 18/10/2020**

**Chief complaint:** Chronic eczema for more than 20 years, worsening for 5 months

**Current symptoms:** dry and rough skin all over the body, scaling and cracking, erythema and papules, erosion and blood scabs, hyperkeratosis, lichen-like

**Follow-up: 10/11/2020**

After 3 weeks of continuous medication, all rashes and itching and burning sensations disappeared, the skin was smooth, and the patient was basically cured without recurrence.

### Before Treatment



### After Treatment



**Case Report (2)****Mr Patel, 29 years old****First visit:** March 15, 2018**Chief complaint:** Repeated generalized skin erythema and papules, severe itching for 28 years, worsening for 8 months**Present symptoms:** diffuse flushing, burning and stinging skin all over the body, dry and rough skin, scaling, erythema, papules, blood scabs, exudation, erosion, and scratches, especially on the face and neck, lower abdomen, around the nipples, and behind the ears. Itching day and night.**Diagnosis:** 1) Atopic dermatitis with infection; 2) Erythroderma**Treatment:** clearing heat and detoxifying, cooling blood and nourishing yin, eliminating dampness and dispelling wind.**Internal Prescription:** *jia wei di huang yin* (Granules), 3 grams at a time , 3 times a day**External bath prescription:** *huang qin* 15g, *ai ye* 10g, *huang bai* 10g, *ku shen* 10g, *mu dan pi* 10g, *dang gui* 10g, *ma chi xian* 20g, *lu lu tong* 10g, *fang feng* 10g, *bai xian pi* 10g, *shi chang pu* 10g, *mang xiao* 10g.**Application:** Full-body bath once a day for 10-15 minutes . After two weeks, switch to 2-3 times a week**Follow-up : April 20, 2018**

Skin redness, swelling, burning, itching, and stinging have all disappeared, and most of the skin lesions have been significantly reduced. The skin has become lighter, softer and moister. There are only a few small dry patches, flakes and pigmented spots remaining on the face, neck and limbs.

**Before Treatment****After Treatment**

## Summary

Severe atopic dermatitis is mainly manifested as a wide area of dry, reddened skin, accompanied by scratches, generalised thickening of the skin, cracking, with intense and persistent itching.

- 1) Western medicine treatments mainly involve local steroids and immunomodulators and systematic use of corticosteroids, immunosuppressants, phototherapy and the latest biological targeted therapy. Although it is effective, it has the disadvantages of noticeable side effects, drug dependence, easy recurrence and unsatisfactory long-term effect.
- 2) TCM views atopic dermatitis is pathologically associated with wind-heat, heart-fire, blood stasis and blood and yin deficiency.
- 3) Treatments should be based on syndrome and disease differentiations with a basic universal prescription of “*jia wei di huang yin*” with modifications of anti-itching, anti-allergy, antiviral, anti-inflammation and detoxification.
- 4) A comprehensive treatment plan which combines internal, external remedies and acupuncture are strongly recommended to achieve the best results of alleviating symptoms, shortening the course of treatment, reducing recurrence, and improving the patient's quality of life.

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感谢您的关注

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## 头针治疗儿童多动症病例探讨

聂卉

儿童多动症是一个比较常见的儿科疾病，多年来西医西药没有一个理想，有效和无副作用的治疗方法。在中国，许多家长都寻求中医针灸作为首选的治疗方法，但是在西方国家，基本不重视中医治疗此病。笔者近几年应用头皮针成功治疗多例儿童多动症患者，借此机会愿意分享 2 例病例，供大家学习参考。

头皮针疗法是针灸学的一种微针系统，是指用针刺在头皮下的某些穴位或线上。国际标准 14 线头皮针疗法于 1989 年被世界针灸学会（WFAS）发布，头皮针疗法主要用于治疗脑部相关疾病<sup>1</sup>。

儿童多动症（ADHD）是指注意力缺陷多动障碍。儿童可能同时出现注意力不集中、多动和冲动的症状，或者可能仅出现其中一种异常行为的症状<sup>2</sup>。

### 《病例 1》

2022 年 2 月初诊，8 岁男孩，父母代诉：平时行为多动多年，饮食尚可，上课学习、看电视注意力不集中，另外，患儿的学习成绩不良，智力有些低下，其它一切正常。检查：身材瘦弱，回答问题反应尚可，表情正常，语言流利，情绪稳定，但问诊过程中动作繁多，神经内科系统检查正常，舌质淡，苔薄白。

中医诊断：多动症，心脾两虚，脑髓不足

西医诊断：注意缺陷多动障碍 ADHD，或脑轻微功能失调。

头针治疗：应用国际标准 14 线头皮针，取穴，

额中线，额旁二线，额旁三线，顶旁一线，顶旁二线。针刺手法，用 0.20X0.13 型号不锈钢毫针，留针 40 分钟，期间行针 2 次，用快速捻转每分钟 120-150 转，一次行针各穴总和 2-5 分钟。体针治疗：四神聪，神门。每周针灸一次，共 20 次治疗

治疗结果：患儿症状明显好转达 80%以上，孩子的父母对针灸治疗非常满意。



### 《病例 2》

2023 年 9 月初诊，一名身材瘦弱的 8 岁男孩家长主诉：小孩平日多动、注意力不集中如看电视和学习功课，学习部分科目差，兼有神经系统轻微发育障碍，如反向拼读英文单词字母，踢球时平衡差，睡眠中头足颠倒移位等。平素便秘。

神经系统检查：语言流利，神经系统平衡障碍检查正常（如闭目难立征和跟膝胫试验），舌红苔薄白，脉弦细稍数。

中医诊断：多动症，肝肾阴虚、脑髓空虚

西医诊断：注意缺陷多动障碍 ADHD，或脑轻微

功能失调。

头针治疗：应用国际标准 14 线头皮针，取穴，额中线，额旁二线，额旁三线，顶旁一线，顶旁二线。针刺手法，用 0.20X0.13 型号不锈钢毫针，留针 40 分钟，期间行针 2 次，用快速捻转每分钟 120-150 转，一次行针各穴总和 2-5 分钟。体针治疗：四神聪，神门，三阴交，中脘。每周针灸一次，共 5 次治疗。

第 5 次治疗后给与中药自拟方，治则养心安神，健脾补肾，柔肝降火。方药：白芍 10 克，山药 5 克，生地 5 克，锁阳 10 克，桑寄生 5 克，石菖蒲 5 克，远志 5 克，柏子仁 5 克，合欢皮 5 克，珍珠母 5 克，女贞子 5 克，旱莲草 5 克，火麻仁 5 克，神曲 5 克。一天 3 克，开水冲服。

治疗结果：治疗 5 次后，由于医生休假停止针灸进一步治疗，给与中药浓缩粉 2 个月。5 次针灸治疗后阶段评估，患儿多动症状明显改善，家长没有再抱怨孩子的其它症状。

### 《病例分析》

用头皮针治疗多动症在中国中医院门诊已是一种比较常规的治疗方法，大多数患儿都能得到很好的改善和被治愈。因为头皮针治疗病种的优势就是脑源性疾病，所以对于多动症疾病而言，头皮针的治疗是首选治疗，也是一种主要治疗方法。

头皮针的作用机理，总的来说是 5 个学说，如与大脑解剖机能相关，中医经络理论，生物全息论，磁场理论，脑血流供应链。头皮针治疗多动症主要是改善了与智能相关的脑组织如额叶和顶叶，所取的腧穴是额区腧穴和顶区腧穴，额叶与

人类智能和精神相关，多动症西医认为是大脑发育不全，是一种轻微的脑功能失调，多种原因引起，病人的症状轻重不同。最近有学者认为头针是通过调节了脑血液循环，给大脑提供了血氧，改善了神经细胞及功能<sup>3</sup>。

通过中医经络理论也可以解释头皮针的作用机制<sup>4</sup>，有 8 条经络通与脑，其中督脉调气安神，也改善了多动症病人的注意力缺陷。四神聪穴也有安神益智的作用，是中医治疗神智病的常用腧穴。

多动症在儿童中发病率较高，多见于男童，是儿童期的一种发育障碍，主要表现注意力不集中，很难在任务或游戏中专心致志，无法专心听别人说话，避免或者不喜欢需要集中注意力的任务，例如家庭作业。

严重者有冲动性，如情绪不稳，易激惹冲动，任性，自我控制能力差。个别患者有学习困难，主要表现为学习成绩低下，出现学习困难的时间，决定于智力水平及多动症的轻重程度。智力水平中下的严重多动症患儿，在学龄早期就可出现学习困难<sup>5</sup>。

另外，有患者合并轻微神经系统发育障碍，如患儿可见有神经系统软体征，表现为快速轮替动作笨拙，共济活动不协调，不能直线行走，精细运动不灵活等等<sup>6</sup>。

病例 1 的患儿，除了多动和注意力不集中外，家长担忧的是学习成绩差，智力低下，也符合多动症的诊断。经过 20 次 5 个月的头皮针治疗，所有以上症状都有明显改善，停止针灸治疗后，嘱患儿家长继续给与脑部相关腧穴用指压疗法巩固疗效。

病例 2 的患儿，多动症状不重，智力低下也不严重，家长主要担忧的就是神经系统软体征，如踢球不走直线，写英文字母逆反方向书写，经过 5 次一个月的针灸治疗，症状也有改善。

结论，通过两个临床病例提示，头皮针治疗多动症有很好的临床效果，头针操作简单，无损伤，容易被患儿接受，如果配合中药治疗，疗效更好，恢复更快。中医治疗儿童多动症是自然疗法，在中国普遍被患儿家长接受<sup>7</sup>，希望在西方国家也能受到认可和推广应用，造福于人类。

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## Two cases Study on Scalp Acupuncture Treating ADHD in Children

Hui Nie

ADHD is a relatively common paediatric disease. For many years, Western medicine has not had an ideal, effective and side-effect-free treatment. In China, many parents seek Traditional Chinese Medicine (TCM) as the preferred treatment method, but in Western countries, TCM treatment of this disease is basically ignored. In recent years, I have successfully treated a number of children with ADHD using scalp acupuncture. I would like to take this opportunity to share two cases for your reference.

Scalp acupuncture is a micro system in acupuncture,

which involves inserting needles at certain points or lines under the scalp. The international standard 14-line scalp acupuncture therapy was released by World Federation of Acupuncture-Moxibustion Societies (WFAS) in 1989. Scalp acupuncture is mainly used to treat brain-derived diseases<sup>1</sup>.

ADHD in children refers to attention deficit hyperactivity disorder. Children may have symptoms of inattention, hyperactivity, and impulsivity at the same time, or they may have symptoms of only one of these abnormal behaviors.<sup>2</sup>

### Case one

First visited in February 2022, an 8-year-old boy. According to his parents, he has been hyperactive for many years, his diet is good, and he has difficulty concentrating on studying in class and watching TV. In addition, the child has poor academic performance and shows intellectual challenges. Everything else is normal.

Examination: He is thin, responds well to questions, has a normal expression, speaks fluently, and has a stable mood. However, he exhibited numerous movements during the consultation process. The neurology system examination is normal. His tongue looked pale and the coating was thin and white.

TCM diagnosis: ADHD, heart and spleen deficiency with insufficient brain marrow .

Western diagnosis: ADHD, or mild brain dysfunction.

Scalp acupuncture treatment: International standard 14-line scalp acupuncture was used to select acupoints on midline of the forehead, lateral line 2 & 3 of forehead, lateral line 1 & 2 of vertex. Acupuncture technique, using stainless steel filiform needles of 0.20X0.13 size, retaining the needles for 40 minutes, with needle manipulation performed twice during this period. The manipulation involves fast twirling at a rate of 120-150 rotations per minute, with a total duration of 2-5 minutes for all acupuncture points used. The points of body acupuncture treatment were *si she cong* and HT-7. Acupuncture treatment was once a week. The patient had 20 sessions of treatments in total.

Treatment results: The child's symptoms improved significantly by more than 80%, and the child's parents were very satisfied with the acupuncture treatment.



### Case 2"

During the initial consultation in September 2023, the parents of a thin 8-year-old boy complained that the child exhibits poor concentration, particularly evident during activities such as watching television and doing homework. He struggles with certain subjects in school and also demonstrate mild developmental issues in the nervous system, such as difficulty in reading English words in reverse order and poor balance while playing football. Additionally, they experience inverted positions of the head and feet during sleep. Nervous system examination: Speech is fluent, nervous system balance disorder examination is normal (such as Romberg test and heel-knee test), red tongue with thin white coating, stringy and thready pulse.

TCM diagnosis: ADHD, *yin* deficiency of liver and kidney with insufficient brain marrow

Western diagnosis: ADHD, or mild brain dysfunction.

Scalp acupuncture treatment: International standard 14-line scalp acupuncture was used to select acupoints on midline of the forehead, lateral line 2 & 3 of forehead, lateral line 1&2 of vertex . For acupuncture technique, we used 0.20X0.13 stainless steel filiform needles, retaining the needles for 40 minutes, with needle manipulation performed twice during the period. The manipulation involves fast

twirling at rate of 120-150 rotations per minutes, with a total duration of 2-5 minutes in total for various points. The points of body acupuncture treatment were *si shen cong*, H7, Ren-12 and Liv-6. Acupuncture treatment was once a week. The patient received 5 sessions of treatment in total.

After the 5 sessions of treatment, a prescription of Chinese herbal granules was given, which can nourish the heart and calm the mind, strengthen the spleen and kidneys, soothe the liver and reduce liver fire. Formula: *bai shao* 10g, *shan yao* 5g, *sheng di* 5g, *shuo yang* 10g, *sang ji sheng* 5g, *shi chang pu* 5g, *yuan zhi* 5g, *bai zi ren* 5g, *he huan pi* 5g, *zhen zhu mu* 5g, *nv zhen zi* 5g, *han lian cao* 5g, *huo ma ren* 5g, and *shen qu* 5g. Take 3 grams a day with hot water.

Treatment results: After 5 sessions of treatment, further acupuncture treatment was suspended due to doctor's vacation, and concentrated Chinese medicine granules were prescribed for two months. Evaluation after five sessions scalp acupuncture treatment showed that the child's ADHD symptoms were improved, and the parents no longer complained about the child's other symptoms.

#### <Case Analysis>

Using scalp acupuncture to treat ADHD is already a relatively common treatment method in Chinese traditional medicine outpatient clinics. Most children with this condition can experience significant improvement or even cure through this treatment. The advantage of scalp acupuncture lies in its effectiveness for brain-originated disorders. Therefore, for ADHD, scalp acupuncture is the preferred and primary treatment method.

The mechanism of scalp acupuncture can be summarized into five theories: those related to cerebral anatomy and function, TCM meridian theory,

bioholographic theory, magnetic field theory, and the cerebral blood supply chain.

Scalp acupuncture treatment for ADHD mainly improves brain tissues related to intelligence, such as the frontal and parietal lobes. The selected acupuncture points are located in the frontal and parietal regions. The frontal lobe is associated with human intelligence and spirit. Western medicine views ADHD as a result of incomplete brain development, a mild cerebral dysfunction caused by various factors, with varying degrees of symptom severity among patients. Recently, some scholars have suggested that scalp acupuncture works by regulating cerebral blood circulation, providing the brain with oxygenated blood, and improving neural cell function<sup>3</sup>.

The mechanism of scalp acupuncture can also be explained through the TCM meridian theory<sup>4</sup>. There are eight meridians connected to the brain, among which the du channel regulates qi and calms the mind, thereby improving the attention deficit in patients with ADHD. The "*si shen cong*" points also have a calming and intellect-enhancing effect, making them commonly used acupuncture points in traditional Chinese medicine for treating mental disorders.

ADHD has a higher incidence rate among children, especially boys. It is a developmental disorder in childhood characterized mainly by inattention, difficulty concentrating on tasks or games, inability to focus while listening to others, and avoidance or dislike of tasks requiring sustained attention, such as homework.

In severe cases, individuals with ADHD may exhibit impulsivity, including emotional instability, irritability, impulsiveness, stubbornness, and poor self-control. Some patients may also experience learning difficulties, primarily characterized by low academic



performance. The onset of learning difficulties depends on the individual's intellectual level and the severity of ADHD symptoms. Children with severe ADHD and below-average intelligence may experience learning difficulties as early as preschool age<sup>5</sup>.

Additionally, some patients may have concomitant mild neurodevelopmental disorders. These children may exhibit soft neurological signs, such as clumsiness in rapid alternating movements, lack of coordination in gross motor activities, difficulty walking in a straight line, and lack of agility in fine motor skills<sup>6</sup>.

For case 1, the child presented with symptoms of hyperactivity, inattention, poor academic performance, and low intelligence, which are consistent with a diagnosis of ADHD. After undergoing 20 sessions of scalp acupuncture treatment over a period of five months, there was significant improvement in all of the aforementioned symptoms. Following the cessation of acupuncture treatment, the parents were advised to continue using acupressure therapy on brain-related acupuncture points to consolidate the therapeutic effects.

For case 2, the child presented with mild symptoms of ADHD and not severe intellectual impairment. The primary concern of the parents was the soft neurological signs, such as difficulty in walking straight while kicking a ball and writing English letters in the reverse direction. After undergoing five sessions of acupuncture treatment over the course of one month, there was improvement in the symptoms as well.

In conclusion, the two clinical cases suggest that scalp acupuncture treatment for ADHD yields favorable clinical outcomes. Scalp acupuncture is simple to perform, non-invasive, and easily accepted by children. When combined with Chinese herbal

medicine, the therapeutic effect is enhanced, leading to quicker recovery. Traditional Chinese medicine treatment for childhood ADHD is a natural therapy widely accepted by parents in China<sup>7</sup>. It is hoped that such treatment approaches will also gain recognition and widespread use in Western countries, benefiting humanity at large.

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## <Introduction to the Author>

Hui Nie has had a Phd degree of acupuncture for 25 years old. Her doctoral supervisor was a Professor Yu Zhishun, a famous scalp acupuncture expert in China. Hui Nie has published more than 30 articles on scalp acupuncture and acupuncture treatment of neurological diseases, as well as edited a monograph on the application of scalp acupuncture.

# 不同流派头针治疗孤独症谱系障碍的临床研究进展

## Clinical Research Progress Of Scalp Acupuncture In The Treatment Of Autism Spectrum Disorder In Different Schools

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### 摘要

孤独症谱系障碍(ASD)是临床常见的神经发育障碍性疾病,头针疗法能有效调节异常大脑皮层的功能活动、改善脑部血流量,目前广泛应用于临床。头针疗法流派众多,在改善ASD患者的临床症状、提高患者依从性等方面具有显著优势。本文系统总结了近年来头针流派治疗ASD的相关文献,对方云鹏头针、于致顺头针、林学俭头针、靳三针等头针流派的基础理论、选穴部位进行论述,综合分析头针发展中存在的问题,并对头针流派未来的发展方向作出展望,以期完善头针体系、发挥中医个性化治疗优势,优化ASD的临床诊疗方案提供思路。

### 关键词

头针疗法;学术流派;孤独症谱系障碍;综述

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### Abstract

Autism spectrum disorder (ASD) is a common neurodevelopmental disorder in clinical practice. Scalp acupuncture can effectively regulate the functional activity of abnormal cerebral cortex and improve cerebral blood flow, which is widely used in clinical practice. There are many schools of scalp acupuncture therapy, which has significant advantages in improving the clinical symptoms and compliance of patients with ASD. This paper systematically summarizes the relevant literature of scalp acupuncture school in the treatment of ASD in recent years, discusses the theoretical basis and acupoint selection location of scalp acupuncture school such as Fang Yunpeng scalp acupuncture, Yuzhishun scalp acupuncture, Lin Xuejian scalp acupuncture and Jin SAN acupuncture, comprehensively analyzes the problems existing in the development of scalp acupuncture school, and prospects the future development direction of scalp acupuncture school. In order to provide ideas for improving the scalp acupuncture system, giving full play to the advantages of personalized treatment of traditional Chinese medicine, and optimizing the clinical diagnosis and treatment plan of ASD.

### Key words

Head needle therapy; Academic schools; Autism spectrum disorders; Review

孤独症谱系障碍 (autism spectrum disorder, ASD) 是一组复杂的神经发育障碍。临床上以语言发育障碍、人际交往障碍及行为方式重复刻板 and 兴趣狭窄为主要特征,常伴有不同程度的神经精神症状及胃肠道症状。全球学龄前儿童发病率约为 1%~2%,且男性患病率高于女性

<sup>[1,2]</sup>。近年来随着社会环境压力增大,ASD 的发病率呈逐渐增长趋势,本病引起的患儿心理、学习

及行为问题引起了广泛关注。现阶段,现代医学对 ASD 的治疗主要采用抗抑郁药、多巴胺受体阻滞剂等药物疗法,但本病易反复,长期西药治疗的副作用和戒断症状会在一定程度上影响治疗

的依从性<sup>[3,4,5]</sup>。头针疗法具有开窍醒神之功,在 ASD 的治疗中优势显著,鉴于此,本文对不同头针流派治疗 ASD 进行归纳总结,以期 ASD 的临床治疗提供客观依据。

## 1 病因病机

孤独症谱系障碍并未在中医典籍中直接出现,历代医家依据其临床症状将之归属于“语迟”“呆痴”“五迟”“胎弱”等范畴<sup>[6]</sup>。《景岳全书》言:“小儿肝气未充,胆气最怯,凡耳闻骤声,目视骤色,虽非大惊卒恐,亦能怖其神魂。”《许氏幼科七种》亦有记载:“其有丧父丧母,悲哀忧虑而成病者。有忽然断乳,思乳不成而得病者。”本病病机复杂,虚实互见,痰、瘀、虚等病理因素相互夹杂为患,总属五脏失调,脏腑功能失常,而致神机失用,任物不能<sup>[7]</sup>。本病发病机制尚未明确,基因突变、母体免疫激活、神经心理学异常、表观遗传失常等因素均参与了 ASD 的发生发展<sup>[8]</sup>。头针可通过刺激经络腧穴,改善特定区域脑血流灌注,调节相应大脑皮层的功能,减轻 ASD 的临床症状,值得广泛运用。

## 2 头针主要流派

### 2.1 方氏头针

方云鹏教授以大脑皮层功能定位原理为依据,指出针刺在头皮外表投影的特定刺激点可以治疗全身相关部位的疾病,由此创立方氏头针。方氏头针体系由伏脏、伏象、倒脏、倒象 4 个中枢刺激区及思维、记忆、说话、书写、运平、信号、听觉、嗅觉、视觉、平衡、呼循 11 个皮层功能刺激穴构成,临床常用于脑源性疾病的治疗<sup>[9]</sup>。李青润等<sup>[10]</sup>认为针刺大脑皮层特定区域能起到神经调节作用,减轻 ASD 患者的睡眠障碍,故选取伏象头部、伏脏上焦、思维、信号、记忆,并配合飞针直刺至骨膜,使刺激扩散至周围的大脑功能区的同时显著降低针感,提高 ASD 患者的依从性。

### 2.2 于氏头针

于致顺教授认为十四经脉的循行皆通达头部,取头部穴位针刺能透经、透穴,产生一经带多经、一穴带多穴的整合作用,并提出了“针场”假说,同时提出于氏头穴七区划分法,即根据“场”理论结合脑功能划分 7 个区域:顶区、顶前区、额区、枕区、枕下区、颞区、项区<sup>[11]</sup>。实验研究显示,在孤独症大鼠模型中,

头穴丛刺结合丰富环境能有效降低脑内额叶区域促炎因子白介素(IL)-18,增加抑炎因子因子白介素(IL)-10 的蛋白表达水平,通过介导丰富环境的周围神经免疫与头穴丛刺的中枢神经免疫之间的相互调控作用,改善 ASD 大鼠异常行为<sup>[12]</sup>。任婷等<sup>[13]</sup>认为头穴丛刺及长留针可通过针刺累积效应激活大脑皮层区域,调节皮质细胞兴奋性,故根据 ASD 患者临床表现的不同选取额区、颞区、顶区、枕区、枕下区,留针 6~8 小时,并间断捻针。经 4 个疗程治疗后,ASD 患者交流障碍、认知障碍、语言及行为异常等症状改善明显,疗效肯定。

### 2.3 林氏头针

林学俭先生按照大脑皮层功能定位、大脑功能与血流分布定位、神经电生理定位,总结大脑皮层的三个常用刺激区,并对大脑皮层功能定位区与联络区在颅表投影位置准确定位,创新性地提出“小脑新区”,填补了头针选区和治疗上的空白<sup>[14]</sup>。何燕娜<sup>[15]</sup>在神庭穴、本神穴、四神针、言语三区及情感区的基础上加用林氏头针,在针刺过程中侧重对皮质静区的应用,并选取颞部为常用区域,采用上下两针增加对颞区的刺激,针刺方向均偏向后上方,侧重颞区后部,结果显示于氏头针能有效改善 ASD 患者易怒易哭、抑郁寡欢、闷闷不乐等症状,临床疗效显著。

### 2.4 靳三针

靳三针疗法为靳瑞教授首创,靳三针以调神为基本内涵。黄龙生等<sup>[17]</sup>从“治神调神”角度选择靳三针结合揠针进行治疗,将轻中度孤独症患者随机分为采用应用行为分析疗法(ABA)结合结构化教育(TEACCH)的对照组,和在对照组基础上选取靳三针结合揠针的实验组,主穴取四神针、智三针、颞三针、定三针,其中定三针给予揠针治疗。3 个疗程后,结果提示靳三针结合揠针组在改善感觉因子、社会交往因子、语言因子、孤独症行为评定量表(ABC)评分、社交反应量表(SRS)评分、儿童孤独症评定量表(CARS)评分及睡眠习惯问卷(CSHQ)评分方面均优于对照组,显著改善轻中度 ASD 患儿的核心症状和睡眠障碍( $P<0.05$ )。洪钰等<sup>[18]</sup>在 ABA 结合 TEACCH 的基础上结合靳三针治疗轻中度孤独症谱系障碍(ASD)患儿核心症状及焦虑障碍,采用四神针、智三针、颞三针、定神针为主穴,并随证配穴,发现靳三针能减轻学龄前轻中度 ASD 患儿核心症状,提高其社会交往能力,并在改善焦虑障碍方面具有独特优势,疗效可靠。

## 小结

头针疗法经多年发展已形成独立的体系,各头针流派既有相通之处,又各具特色,在ASD的治疗中疗效可观。针刺头部腧穴能激发经气,疏通经络,而头针作用于大脑皮质特定区域,通过调整进针、行针方式加强刺激,发挥神经调节和刺激大脑皮层电活动的作用,有效改善ASD患者的焦虑情绪和刻板行为症状。然而,头针治疗ASD的相关研究中多为医家临床经验总结,高质量的循证依据仍不充分。头针疗法流派众多,各家流派在针刺手法和行针方式上尚无法形成统一标准,且患者的病程长短和程度不同,操作手法和针刺介入时机都会影响到临床试验效果。在未来的研究中,应深入探究头针的有效刺激部位,加强对针刺量效和时效的研究,对优化头针体系、发挥中医个性化治疗优势具有重要意义。

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## Effectiveness of TCM Treatment For Intractable Chronic Diseases

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### Abstract

**Introduction:** Traditional Chinese Medicine (TCM) is a complementary and alternative medical system which has been included in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11). Ample evidence shows TCM is effective for the treatment of various intractable and chronic diseases.

**Objective:** To share experiences in the use of TCM in the treatment for intractable and chronic diseases.

**Methodology:** This is a case series report of four intractable chronic diseases successfully treated with acupuncture and food therapy based on TCM diagnosis.

**Results:** Case 1 is a 26-year-old female with chronic intractable constipation. TCM diagnosis was dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Treatment by acupuncture and TCM food therapy relieved the constipation in one month. Case 2 is a 60-year-old male with progressive diabetic nephropathy. TCM diagnosis was dampness-heat encumbering the spleen system pattern (ICD-11: SF78). Treatment by acupuncture and TCM food therapy decreased the blood glycosylated haemoglobin and creatinine concentrations. Case 3 is a 38-year-old male with chronic intractable hemorrhoids. TCM diagnosis was spleen Qi sinking pattern (ICD-11: SF71). Treatment by TCM food therapy relieved the hemorrhoids in two months. Case 4 is a female with progressive dyspnea after recovering from COVID-19 a year prior. One session of TEAS effectively relieved severe dyspnea. No adverse effects were reported by all the patients.

**Conclusion:** TCM is a safe, simple, and effective treatment for various intractable chronic diseases.

**Keywords:** traditional Chinese medicine (TCM), chronic refractory constipation, hemorrhoids, diabetic nephropathy, long COVID.

### Introduction

Traditional Chinese Medicine (TCM) is a well-established medical system with a long history. It has survived scrutiny by modern medical experts shown by adoption of TCM practice and education in more than 183 countries or regions around the world, including the United States, United Kingdom, Canada, and Australia<sup>[1]</sup>. Recently, TCM has also been recognized by World Health Organization (WHO) and is adopted in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11)<sup>[2,3]</sup>. There are

many reasons prompting the gradual inclusion of TCM into the mainstream healthcare system. The main reason seems to be TCM's rationality and complementarity towards the conventional medicine. Abundant evidence has shown that TCM is effective against chronic and intractable diseases<sup>[3-5]</sup>. Albeit different from the conventional therapy of "one disease-one target-one drug" dogma, TCM with a "multi-component, multi-target, multi-pathway" paradigm has shown satisfactory clinical results in complex diseases<sup>[6]</sup>. In this article we share several cases of chronic intractable diseases



successfully treated with acupuncture and herbal medicine based on TCM diagnosis.

### Case descriptions

#### Cases 1: Chronic intractable constipation.

A 26-year-old female suffered from constipation since eight years ago. The problem had deteriorated in the last 3 months. She was otherwise healthy except for the defecation problem. Her frequency of defecation was usually once in two weeks. Besides, she felt powerless and very hard to expel the feces. Sometimes it could take her one hour in the toilet to finish the defecation. She felt no pain and observed no bleeding during defecation, the feces was soft in consistency and brown in color. She had visited doctors several times and got laxatives with insignificant results. She had also tried eating abundant papaya but her constipation failed to improve. TCM clinical examination revealed her heart system was deficient, as indicated by her tongue's color was pale with its tip flabby, and the left Cun pulse very weak and deep. So the diagnosis was dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Based on the diagnosis, she was treated with acupuncture and food therapy in order to strengthen the weak heart system. The following acupoints were selected for treatment: Shenmen (HT7), Daling (PC7), Yinlingquan (SP9) dan Dadun (LR1). For food therapy she was prescribed to consume one serving of cassava leaf daily to increase her heart's Qi. After seven sessions of treatment during one month period, she reported defecation had become normal, once every day and could do it smoothly in about 10 to 15 minutes. Examination of her tongue and pulse revealed improvement too. The tongue's color became pinkish, its tip less flabby. While the Cun pulse had increased strength. Her constipation did not recur at 3 months follow up.

#### Case 2: Chronic intractable diabetic nephropathy

A 60-year-old male businessman, with body mass index of 24,80, had been suffering from diabetes

mellitus for 30 years, hypertension for 5 years. Since two years ago, he had suffered from diabetic nephropathy. His renal function had shown progressive decline as indicated by a rising blood creatinine concentration, although he had been treated by internist and nutritionist in a well-known hospital. His medical specialist had told him to avoid eating meats, green vegetables, nuts, tea, and he was advised to get hemodialysis. So he came to consult for alternative treatment with TCM. At the first consultation (July 2020) his blood creatinine level was 7,2 mg/dL, hemoglobin level 9,7 g/dL, blood pressure within normal limit. His outstanding complaint was fatigue, feeling heaviness of the body when doing activities, and sometimes feeling coldness of the body. TCM clinical examination revealed he had a composite mention, normal appearance. The outstanding findings were at the tongue and pulse. His tongue was pale in color, with dry and thick coating. His pulse was slippery and fast. TCM diagnosis was Dampness-heat encumbering the spleen system pattern (ICD-11: SF78). He was told to avoid eating greasy and fried foods. Besides, he was instructed to consume one to two servings of sweet potato and bitter melon every day. Acupuncture and moxibustion therapy was done once in a week to relieve his symptoms. After one month of therapy, his blood creatinine level had dropped to 6,5 mg/dL and hemoglobin level increased to 10,2 g/dL. At the seventh session of treatment in February 2021, his creatinine level had decreased further to 5,2 mg/dL, while his glycosylated hemoglobin level dropped from 7,4% to 6,5%. With such improvement, his specialist doctor no longer asked him to undergo hemodialysis, instead told him to go on his treatment.

#### Case 3: Chronic intractable hemorrhoids

A 38-year-old male, with body mass index of 20,3, had suffered from hemorrhoids for ten years. During defecation, the hemorrhoids frequently, i.e. more than two weeks in a month, caused bleeding and sometimes with pain, but did not bulge out. He had consulted conventional doctor and got suppositories

but the problem unresolved. TCM clinical examination revealed his heart pulse was tense, spleen pulse was weak. His tongue was edematous and pale in color, with white and thick coating. Anamnesis revealed he had the habit of biting ice cubes, drinking fruit juices, and eating banana. Besides, he frequently suffered from nausea, vomiting, and expulsion of shapeless stool. The diagnosis was grade I-II internal hemorrhoids, with chronic hemorrhage, tense heart, caused by Spleen Qi sinking pattern (ICD-11: SF71). The treatment was aimed at upholding the spleen Qi. The patient was instructed to consume 3 spoonful servings of papaya leaves every day, forbidding him from ingesting cold foodstuffs like ice cubes, fruit juices, banana, and avoiding too spicy and hot foodstuffs. The patient was told to consume one serving of sweet potato every day to recover his spleen's normal function and relieve the problems of frequent nausea, vomiting, and shapeless stool. After one month of treatment, he reported that the frequency of hemorrhage during defecation had declined significantly from more than two weeks in a month to just several days in a month. While in the second month of treatment, the hemorrhage during defecation had stopped altogether. The hemorrhage did not recur at 3 months follow up.

#### **Case 4: Long Covid severe dyspnea**

A 42-year-old female, with a body mass index of 21.4, diagnosed with COVID-19 and was treated as an inpatient for 15 days in our hospital in November 2021. In May 2022 she began to feel breathlessness, especially when performing physical activities. Chest radiograph revealed bilateral perihilar and right paracardial interstitial infiltrates. The patient did not take any medication. In April 2023, she experienced severe breathlessness (VAS: 9-10), which compelled her to seek treatment. Clinical examination revealed that the patient had a composite mentions, with a blood pressure of 100/70 mmHg, a respiratory rate of 18 breaths/min, and a body temperature of 37.0°C. No other outstanding findings were observed except for complaints of

severe breathlessness. The patient was diagnosed with post-COVID severe dyspnea. The patient was informed about the TEAS treatment. After obtaining consent, TEAS was performed at acupoints LU1 (Zhongfu) and BL13 (Feishu), for 30 minutes. After the first treatment session, the dyspnea was relieved immediately (VAS: 1-2). The treatment was repeated one month later in the same manner. No adverse effects were reported. Chest radiograph, performed in May 2023, revealed normal lungs without infiltrates. Dyspnea did not recur at the 6 months follow up.

#### **Discussion**

Case 1 is about chronic refractory constipation. It fulfills the Rome IV criteria of chronic constipation, i.e., frequency of defecation less than 2 times per week which has been experienced for more than 6 months<sup>[7]</sup>. Besides, it has been treated unsuccessfully with conventional medicine laxatives and fiber-rich foodstuff papaya. With TCM diagnosis, the problem is at the heart system, i.e., dual deficiency of heart Qi and blood pattern (ICD-11: SF62). Then combined treatment with acupuncture and foodstuffs strengthening the heart's Qi and blood has successfully resolved the constipation.

According to TCM, pathophysiology of constipation encompasses at least four patterns or syndromes, i.e., heat accumulation in stomach and intestines, Qi stagnation and depression, blood and Yin deficiency, and cold coagulation due to Yang deficiency. The different patterns have different treatment strategy accordingly. For heat accumulation, the right treatment is to clear the heat, for qi stagnation is to promote qi flow to overcome stagnation and depression, for blood and Yin deficiency is to tonify the blood and Yin, for cold coagulation due to Yang deficiency is to warm and tonify the Yang<sup>[8]</sup>. So in the case 1 with diagnosis of dual deficiency of heart Qi and blood (ICD-11: SF62), the right treatment is to tonify the heart Qi and blood. The treatment method used in that case is by acupuncture and food therapy. The food for strengthening the heart is with

bitter taste<sup>[9]</sup>, in this case cassava leaf has been prescribed. It is interesting that modern research has cast possible relationship between bitter compounds with cardiovascular health<sup>[10]</sup>. While the acupoints selected in the treatment are directed to calming the heart (HT7 or Shenmen, PC7 or Daling), strengthening the spleen (SP9 or Yinlingquan), and soothing the flow of Qi (LR1 or Dadun). The concerted treatment with the right acupuncture and food has successfully relieve the chronic refractory constipation.

Case 2 is about diabetic nephropathy. In TCM, diabetes is identified as “Xiaohe” or “consumptive thirst” (ICD-11: SD71). Xiaohe is usually divided into three patterns, i.e., upper consumptive thirst or lung heat consuming fluid, middle consumptive thirst, and lower consumptive thirst. The first pattern has prominent clinical manifestation of polydipsia, dry tongue with red tip, rapid pulse; the second pattern has prominent manifestation of polyphagia, polyuria, emaciation, tongue with yellow or dry coating, slippery or weak pulse; the third pattern has prominent manifestation of profuse and frequent urination with cloudy or pasty urine, soreness and weakness of waist and knees, red or pale tongue, thready rapid or deep weak pulse. Treatment is directed toward the clinical pattern, hence there will be different treatment strategies for the three patterns<sup>[11]</sup>. Case 2 described above besides manifesting the dampness-heat encumbering the spleen system pattern (ICD-11: SF78) as indicated by the dry and thick tongue coating and slippery rapid pulse, there are also signs of kidney Yin and Yang deficiency pattern (ICD-11:SF94) as indicated by the fatigue, weak and cold sensation, a pale tongue with dry coating. The treatment prescribed consists of sweet potato and bitter melon. The sweet potato is prescribed to strengthen the spleen energy, while the bitter melon is to strengthen the heart as described for case 1 above. In the five element theory of TCM, the heart or the fire element will generate energy for the spleen or the earth element, i.e., “replenishing fire to nourish earth”<sup>[9]</sup>. So, the

treatment has proved effective in overcoming not only the symptoms of kidney Yin and Yang deficiency, but also the patient’s glucose tolerance and kidney function, as indicated by the decline in the blood glycosylated hemoglobin and creatinine concentration. This finding supports the reports by others that TCM herbs have renal protective effect<sup>[12]</sup>, and that combination of western medicine and TCM brings about better result than western medicine alone for the treatment of diabetic nephropathy<sup>[13-15]</sup>.

Case 3 is about chronic refractory hemorrhoids which have failed with conventional conservative treatment. The TCM diagnosis is Spleen Qi sinking pattern (ICD-11: SF71). The treatment was aimed at upholding the spleen Qi. In this case, the prescription of papaya leaves which taste bitter is aimed at “replenishing fire to nourish earth (spleen)” according to the theory of five elements in TCM. Ingestion of sweet potato is aimed at nourishing the earth element spleen directly<sup>[9]</sup>. While forbidding the patient to ingest cold foodstuffs like ice cubes, fruit juices, banana, and avoiding too spicy and hot foodstuffs is to reduce their negative impacts to the spleen. TCM has a specific theory and treatment for hemorrhoids since a long time ago. And recently TCM mechanism of action has been proven effective to treat hemorrhoids by strengthening the supportive elastic fibers and inhibiting the destruction of anal cushion tissues<sup>[16]</sup>.

Case 4 is about post or long Covid severe dyspnea. Currently, its pathogenesis remains unclear, and its treatment is principally symptomatic and multidisciplinary<sup>[17]</sup>. Based on the duration of the post-Covid symptoms, it has been classified as potential infection-related symptoms (up to 4–5 weeks), acute post-COVID symptoms (from week 5 to week 12), long post-COVID symptoms (from week 12 to week 24), and persistent post-COVID symptoms (lasting more than 24 weeks)<sup>[18]</sup>. Hence,

the case reported here is a persistent post-COVID case with varying degrees of breathlessness that experiences acute exacerbation. This case is treated solely by transcutaneous electric acupoint stimulation (TEAS) based on TCM diagnosis of post-COVID severe dyspnea (ICD-11:SA80, dyspnea disorder). TEAS was performed on the bilateral acupoints LU1 and BL13 which are all specific acupoints affecting the function of the lungs<sup>[19]</sup>. Many studies have revealed a broad spectrum of therapeutic and prophylactic uses of TEAS in clinical practice, including enhancement of the body's anti-inflammatory and metabolic ability, improving immune function, protecting organ function, reducing high blood pressure, increasing patients' degree of overall comfort, effective in relieving pain, nausea, and vomiting<sup>[20-22]</sup>. This case has confirmed the findings of Trager et al. (2022) that one session of acupuncture treatment could dramatically relieve post-COVID syndrome<sup>[23]</sup>.

## Conclusion

The above four cases show that traditional Chinese medicine, either used alone or concomitantly with conventional medicine, is safe and effective for the treatment of various intractable chronic diseases.

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## 早发性卵巢功能不全的中医治疗经验

周玮蔚 房才龙

### 摘要

早发性卵巢功能不全是临床导致不孕证的重要原因，本文介绍了运用针灸及中药治疗此病症的成功案例，并探讨了其机制。中医整体观念出发的调节可以纠正现代生殖医学认识到的大脑皮质下丘脑垂体生殖腺轴的失调异常，改善早发性卵巢功能不全并促使怀孕。

### 关键词

早发性卵巢功能不全，针灸，草药，生殖轴

**Abstract:** Premature ovarian insufficiency is an important clinical cause of infertility. This article introduces the successful cases of using acupuncture and traditional Chinese medicine to treat this disease, and explores its mechanism. Regulation based on the holistic concept of traditional Chinese medicine can correct the imbalance of the cerebral cortex-hypothalamic-pituitary-gonadal axis recognized by modern reproductive medicine, improve premature ovarian insufficiency and promote pregnancy.

**Key Words:** POI, acupuncture, herbal medicine, reproductive axis

早发性卵巢功能不全（Premature Ovarian Insufficiency, POI）是指女性在 40 岁以前出现卵巢功能减退，主要表现为月经异常（闭经、月经稀发或频发）、促性腺激素水平升高（FSH>25 U/L）、雌激素水平波动性下降。根据是否曾经出现自发月经，将 POI 分为原发性 POI 和继发性 POI[1]。是临床不孕症的主要原因之一。临床表现月经不规律，闭经，不孕，潮热和盗汗，阴道干燥，愤怒、抑郁或焦虑，注意力或记忆力有问题，性欲减退等。英国临床诊断标准为：（1）停经或月经稀发至少 4 个月；（2）连续 2 次检查（间隔>4 周）卵泡刺激素（follicle stimulating hormone, FSH）>40U/L，另外和卵巢功能下降相关联的一些概念还有：卵巢储备功能降低（diminished ovarian reserve, DOR，）指卵巢内存留的可募集卵泡数目减少和卵母细胞质量下降，同时伴有抗苗勒管激素（antiMüllerian hormone, AMH）水平降低、以及卵巢早衰（Premature ovarian failure, POF）：是 POI 的终末阶段[1]。卵巢低反应（Poor ovarian

response, POR），以及卵巢储备功能（Functional ovarian reserve, FOR）等[2, 3]上述西医诊断标准较为明确，而相关的细分的名称则多且易混淆。但都意味着卵巢功能某些方面不同程度的功能异常。对于早发性卵巢功能不全发生的原因，西医认为和基因异常，化疗和放疗，香烟烟雾、化学物质、杀虫剂和病毒，自身免疫性疾病，代谢紊乱如 17-OH 缺乏和典型的半乳糖血症，医源性手术有关。以及大多数情况下的原因尚不清楚。称为特发性原因[1] [4]。POI 的发病机制尚不明确，目前虽有激素替代等治疗方法，但尚无有效的方法恢复卵巢功能【1】。

本人在英国临床针刺结合中药治疗数例闭经不孕患者，病人月经来潮，症状消失并怀孕，简要的报道如下供同道们参考。

### 案例 1

35 岁，英国全科医生，无家族和个人病史可寻

月经史:12岁开始。5-6天每次/间隔28天,最近服用了6年的避孕药。停药后无月经已6个月。07/07/2023 FSH98 iu/L, LH60 iu/L AMH 0.9 ng/ml, 4周后 FSH144 iu/L, LH 60iu/L

症状:潮热、盗汗、阴道干涩,性欲降低,疲倦。她的妇科医生明确诊断为 POI, 并给她 HRT 激素替代治疗。推荐给我诊治:首先要求她停止使用 HRT 药片和乳膏,进一步血液检测结果发现维生素 D 和铁的水平低于正常。舌脉呈肝郁化火,肾阴虚内热。给与针灸治疗及健脾补肾、疏肝解郁中成药。先后给予丹栀逍遥丸,知柏地黄丸,及逍遥丸,六味地黄丸,归脾丸,一个月后没有潮热出汗等症状。治疗3个月后,月经来潮,检测结果显示 FSH 4.0 iu/L, 雌二醇 781pmol/L, LH 5.1iu/L, AMH 6ng/ml。一次月经后,怀孕。从医患者从开始的疑惑到见证了针灸中药的有效性,并认为中医的整体治疗观念独特,留言致谢!

"My blood results should be attached. Needless to say I am very shocked (in a good way!) and so pleased and cannot believe what a dramatic change there has been in my hormone profile. (I have had to look at them several times to convince myself I am reading them right!) Thank you so much for your belief, care and positivity and all you have done so far. On a personal level and also from my perspective as a western trained doctor your approach has really made me see things differently and I think western medicine has a lot to learn from this more holistic and less 'pharmacological' approach".

After her pregnant, she send me a card:

"I just wanted to say thank you for all you have done, your kindness, patience and positivity have helped me so much these past few months. It is difficult to put into words, but it really is a

miracle, I am so grateful for your expertise, thank you!"

## 案例 2

H C 女士, 36 岁, 公务员, 有 16 年避孕药使用史, 停药一年后, 月经未出现。她的家庭医生诊断出 POI 并建议进行激素治疗。她人瘦, 严格饮食和过度运动, 睡眠较少。建议其调节饮食, 生活方式改变, 中医辨证为肝脾失调, 气血不足, 胞宫失养, 给与针灸, 每周一次。同时服用逍遥丸、归脾丸、酸枣仁汤丸、八珍益母丸等中医治疗半年后未来月经但自然受孕。现在她有两个孩子, 月经也规律。

## 案例 3

C S 女士, 29 岁, 会计师, 服避孕药 10 年, 停药 2 年, 就诊时已闭经两年。临床辨证为肾阳虚, 气滞血瘀, 治疗给予温补肾阳, 理气化瘀, 给予暖宫孕子, 逍遥丸, 桃红四物等治疗, 中药针灸治疗 5 个月后, 月经来潮规律 3 个月后自然怀孕

## 讨论和总结:

卵巢中卵的数量只减不增的, 预防早发性卵巢功能不全, 需避开危险因素, 早发现、早治疗, 并有利于延缓早发性卵巢功能不全向卵巢早衰发展。心理调节, 针灸, 中药是有效的防治措施。

1. 减轻心理压力。过于烦神、焦虑、心情压抑都会影响卵巢功能。长期处于快节奏、高压压力下, 会导致中枢神经系统与下丘脑-垂体-卵巢轴功能失调, 激素分泌异常, 影响卵巢功能减退, 因此要学会释放坏情绪, 保持心情舒畅。临证时也必须给与病人积极乐观向愈的心理预期。从生殖内分泌学而言, 中枢神经系统-下丘脑-垂体-性腺靶器官轴参与了女性的生殖过程。下丘脑分泌促性腺激素释放激素 (GnRH), 也被称为促黄体生成素释放激素。GnRH 调控垂体前叶特定细胞分泌促性腺激素黄体生成素 (LH) 和卵泡刺激素

(FSH)。这些激素呈短脉冲式释放。LH 和 FSH 能促进排卵，刺激卵巢分泌性激素雌二醇和孕酮。它们刺激生殖系统的目标器官子宫、阴道和乳房。它们通常会负反馈的抑制，但在某些情况下（如排卵前后），可能也会刺激促性腺激素的分泌。社会生活中的人体面临各种生理心理的应激压力，心理压力等级与唾液雌二醇浓度（但不是睾酮或黄体酮浓度）之间存在明显的负相关关系[5]。促性腺激素抑制激素（GnIH）的表达和活性会因心理和免疫应激而增加，并且这种改变会抑制 GnRH 和促性腺激素的分泌，在性行为抑制和不孕症中发挥着重要作用，而 GnIH 基因沉默可以完全恢复性行为 and 生育能力[6][7]。实际上中医妇科名家傅青主对本病的认识和上述的认识是不谋而合的。傅青主女科《年未老经水断（二十八）：经云：“女子七七而天癸绝……然则经水早断，似乎肾水衰涸，吾以为心肝脾气之郁者……”，“心肝脾有一经之郁，则其气不能入于肾中，肾之气则郁而不宣矣。况心肝脾之气俱虚。肝脾之俱虚，又何能盈满而化经水而外泄耶”；“治法必须散心肝脾之郁，而大补其肾之水。仍大补其心肝脾之气，则精溢而经水自通矣”。心主神明，心火为君火，肝主疏泄情志，肝藏相火代心火行事，两者关系密切，肾和内分泌生殖轴相关[8]，脾主运化生气血。治疗措施往往从心肝气郁，肾虚，脾虚着手。方用益经汤。这也就是我们临床使用针刺百会，四神聪，耳神门，四关及使用逍遥，加味逍遥疏解心肝之郁，针刺关元，气海，三阴交及六味地黄等补肾，以及针刺足三里健脾益气血的原因。

2. 避免过度减肥。盲目节食和长期吃素，会导致营养不良，气血精亏，影响女性生殖轴，导致卵巢功能减退，出现子宫卵巢萎缩。

3. 养成良好的生活习惯。要做到规律作息，不熬夜，不偏食，适当运动，劳逸结合。坚持锻炼，增强体质。女子月经的来潮和肾关系最为密切，熬夜心火甚，耗伤肾阴，心肾不交可导致经稀，经闭。运动可促进气血流通，有助于营养卵巢。

4. 不随便服用药物。长期服用某些药物可能会抑制卵巢功能，导致早发性卵巢

功能不全，最终发展为卵巢早衰。主要包括紧急避孕药、抗抑郁类药物等。三例患者都有较长期的避孕药使用史，虽然没有直接证据表明它们和卵巢功能损伤的关系，但是否某种程度扰乱生殖轴，影响卵巢功能有待进一步的研究。

5. 避免盆腔感染。盆腔感染可能是引起早发性卵巢功能不全甚或卵巢早衰的重要原因，应注意卫生，杜绝不洁性生活。

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## Experience In Traditional Chinese Medicine Treatment of Premature Ovarian Insufficiency

Weiwei Zhou, Cailong Fang

Premature ovarian insufficiency (POI) refers to ovarian insufficiency in women before the age of 40, which is mainly characterized by abnormal menstruation (amenorrhea, oligomenorrhea or frequent menstruation) and elevated gonadotropin levels (FSH > 25 U/L), the fluctuation of estrogen levels decreases. It is one of the main causes of clinical infertility. According to whether spontaneous menstruation has occurred, POI is divided into primary POI and secondary POI [1]. Clinical manifestations include irregular menstruation, amenorrhea, infertility, hot flashes and night sweats, vaginal dryness, anger, depression or anxiety, problems with concentration or memory, and loss of libido. British clinical diagnostic criteria are: (1) amenorrhea or oligomenorrhea for at least 4 months; (2) 2 consecutive examinations (interval > 4 weeks) follicle stimulating hormone (FSH) > 40U/L, and Some concepts related to decreased ovarian function include: Diminished ovarian reserve (DOR,) refers to the decrease in the number of recruitable follicles retained in the ovary and the decrease in oocyte quality, accompanied by anti-Müllerian hormone (antiMüllerian hormone). hormone (AMH) levels, and premature ovarian failure (POF): women before the age of 40 experience amenorrhea, elevated gonadotropin levels (FSH>40 U/L), and reduced estrogen levels, accompanied by varying degrees of Perimenopausal symptoms are the final stage of POI [1]. Poor ovarian response (POR), and ovarian reserve (Functional ovarian reserve, FOR), etc.[2,3]

The above-mentioned Western medicine diagnostic criteria are relatively clear, but the names of related subdivisions are often confusing. But they all mean varying degrees of abnormality in certain aspects of ovarian function. Western medicine considers the causes of premature ovarian insufficiency to be genetic abnormalities, chemotherapy and radiotherapy, cigarette smoke, chemicals, pesticides and viruses, autoimmune diseases,

metabolic disorders such as 17-OH deficiency and typically galactose iatrogenic surgery and in most cases the cause is unknown. Called idiopathic causes [1][4]. The pathogenesis of POI is still unclear. Although there are currently treatments such as hormone replacement, there is no effective method to restore ovarian function [1].

I have used clinical acupuncture combined with traditional Chinese medicine to treat several cases of amenorrhea and infertility in the UK. After the treatment, menstrual cramps, the symptoms disappeared, and patients were pregnant. A brief report is as follows for your colleagues' reference.

### Case 1

35 years old. Medical doctor in UK, No family and personal Medical History,

Her Period history: started in 12years old. 5-6days/28days recente. There was 6year's contraceptive pills taken history. After stopped taking pills, 6 months no period appear . Blood test results showed that: 07/07/23 FSH98 iu/L, LH60 iu/L, AMH 0.9 ng/ml, 4 weeks later recheck results: FSH144 iu/L,LH 60iu/L. The symptoms were: hot flush and wet sweaty , vaginal dryness,and tired. Her gynecologist diagnosed POI and gived her HRT treatments. She was recommended to me. First asked to stop HRT tablets and cream treatments, further check blood test for vitd and iron level. Tounge and Pulse show ganyuhuahuo, shengyingxuneire. Acupuncture treatments and jianpibushen , shuganjieyu 。 Danzhi Xiaoyao Pills, Zhibai Dihuang Pills, Xiaoyao Pills, Liuwei Dihuang Pills, and Guipi Pills were given successively. After one month, hot flush and sweaty were gone . After 3 months treatment, her period came and test results show that FSH 4.0 iu/L, Estrodial 781pmol/L LH 5.1iu/L,AMH 6ng/ml . After 2 periods, she has become pregnant. She left a surprised message about Chinese medicine as followed:

My blood results should be attached. Needless to say I am very shocked (in a good way!) and so



pleased and cannot believe what a dramatic change there has been in my hormone profile. (I have had to look at them several times to convince myself I am reading them right!) Thank you so much for your belief, care and positivity and all you have done so far. On a personal level and also from my perspective as a western trained doctor your approach has really made me see things differently and I think western medicine has a lot to learn from this more holistic and less 'pharmacological' approach.

#### Case 2:

Mrs H C 36 years officer, has 16 years contraceptive pills used history, after stop the pills for one year, the period did not appear. Her GP diagnosed POI and recommended hormones treatment. She was thin, followed a strict diet, exercised excessively, and slept little. Suggest diet adjustments and lifestyle changes. After half year TCM treatment with acupuncture and herb tablets xiaoyao wan, gui pi wan, suan zao ren tang wan, bazhenyimu pills, she got pregnant but without any periods. Now she has two children and with regular periods.

#### Case 3

Ms. C S, 29 years old, took birth control pills for 10 years and stopped taking them for 2 years. She had no menstruation. After 5 months of traditional Chinese medicine and acupuncture treatment, she had menstruation and became pregnant after 1 month.

#### Discussion and summary:

The number of eggs in the ovaries only decreases but does not increase. To prevent premature ovarian insufficiency, risk factors need to be avoided, early detection and early treatment will help delay the development of premature ovarian insufficiency into premature ovarian failure. Psychological adjustment, acupuncture, and traditional Chinese medicine are effective prevention and treatment measures.

1.Reduce psychological stress. Excessive worry, anxiety, and depression will all affect ovarian function. Being under fast pace and high pressure for a long time will lead to dysfunction of the central

nervous system and the hypothalamic-pituitary-ovarian axis, abnormal hormone secretion, and affect ovarian function. Therefore, you must learn to release bad emotions and keep your mood comfortable. From the perspective of reproductive endocrinology, the central nervous system-hypothalamus-pituitary-gonadal target organ axis is involved in the female reproductive process. The hypothalamus secretes gonadotropin-releasing hormone (GnRH), also known as luteinizing hormone-releasing hormone. GnRH regulates the secretion of the gonadotropins luteinizing hormone (LH) and follicle-stimulating hormone (FSH) from specific cells in the anterior pituitary gland. These hormones are released in short pulses. LH and FSH can promote ovulation and stimulate the ovaries to secrete the sex hormones estradiol and progesterone. They stimulate the target organs of the reproductive system, the uterus, vagina, and breasts. They are usually inhibited by negative feedback, but in some cases (such as around ovulation). There was a significant negative correlation between psychological stress levels and salivary estradiol concentrations (but not testosterone or progesterone concentrations) [5]. The expression and activity of gonadotropin-inhibiting hormone (GnIH) is increased in response to psychological and immune stress, and this change inhibits the secretion of GnRH and gonadotropins, playing an important role in sexual inhibition and infertility. GnIH gene silencing can completely restore sexual behavior and fertility [6][7]. In fact, the understanding of this disease by Fu Qingzhu, a famous TCM gynecologist, coincides with the above-mentioned understanding. "Fu Qingzhu Women's Section" Menstrual Water Stopped Before Old Age (Twenty-eight): The scripture says: "A woman's menstrual water will stop when she is seventy-seven... However, if her menstrual water stops early, it seems that the kidney water has dried up, and I think the heart, liver and spleen are depressed. If...", "If one meridian of the heart, liver, and spleen is depressed, its qi cannot enter the kidneys, and the qi of the kidneys will be sluggish and not clear. If the qi of the heart, liver, and spleen are deficient, how can it be filled with energy? If it is full, it will turn into menstrual water and leak out."



"The treatment method must be to dispel the stagnation of the heart, liver and spleen, and replenish the water of the kidneys. Then the qi of the heart, liver and spleen will be greatly replenished, then the essence will overflow and the menstrual water will flow naturally." The heart governs the gods, the heart fire is the king fire, the liver governs the release of emotions, and the liver stores the phase fire to act on behalf of the heart fire. The two are closely related, the kidneys are related to the endocrine reproductive axis, and the spleen governs the transportation and transformation of qi and blood. Treatment measures often start with heart and liver qi stagnation, kidney deficiency, and spleen deficiency. Use Yi Jing Decoction. This is why we clinically use acupuncture at Baihui, Sishencong, Ershenmen, Siguan and Xiaoyao, Jiawei Xiaoyao to relieve depression in the heart and liver, acupuncture at Guanyuan, Qihai, Sanyinjiao and Liuwei Dihuang to nourish the kidneys, as well as acupuncture. The reasons why Zusanli strengthens the spleen and replenishes qi and blood.

2. Avoid excessive weight loss. Blind dieting and long-term vegetarianism will lead to malnutrition, deficiency of qi, blood and essence, affecting the female reproductive axis, leading to reduced ovarian function and uterine and ovarian atrophy.

3. Develop good living habits. It is necessary to have a regular work and rest schedule, not to stay up late, not to have a partial eclipse, exercise appropriately, and balance work and rest. Keep exercising and improve your physical fitness. The onset of menstruation in women is most closely related to the kidneys. Staying up late can cause heart-fire and damage kidney yin. Disharmony between the heart and kidneys can lead to thin menstruation and amenorrhea. Exercise can promote the circulation of Qi and blood and help nourish the ovaries.

4. Do not take medicine casually. Long-term use of certain drugs may suppress ovarian function, leading to premature ovarian insufficiency and ultimately premature ovarian failure. Mainly include emergency

contraceptive pills, antidepressant drugs, etc. The three patients all had a long-term history of contraceptive use. Although there is no direct evidence that they are related to ovarian function damage, whether it disrupts the reproductive axis to some extent and affects ovarian function requires further research. 5. Avoid pelvic infection. Pelvic infection may be an important cause of premature ovarian insufficiency or even premature ovarian failure. Pay attention to hygiene and avoid unclean sex.

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# An Introduction to a self-made herbal formula – Shen Xin Tiao Bu Tang (Body-Mind Modifying and Tonifying Decoction)

## 自拟身心调补汤介绍

Huijun Shen

I came to the UK to practise TCM in June 1995. In my early days of TCM career in this country, I saw a lot of patients with mental or emotional disorders, such as depression, anxiety, panic attack, etc, as well as sleep disorders. With more and more patients got better from my treatment, I slowly worked out a formula as the base of my herbal prescription for this kind of cases. I gave it a name called Shen Xin Tiao Bu Tang (身心调补汤), or SXTBT for short, English translation as Body-Mind Modifying and Tonifying Decoction. The details of this formula are provided below.

### 1. Ingredients:

- Dang Shen 10g, Bai Zhu 10g, Fu Ling 10g, Dang Gui 10g, Bai Shao Yao 10g
- Shu Di Huang 10g, Shan Zhu Yu 10g
- Chai Hu 10g, Qing Pi 10g, Xiang Fu 10g (or Mu Xiang 8g)
- Suan Zao Ren 10g, Wu Wei Zi 10g
- (Zhi) Gan Cao 8g

(All dosages are as daily dose for raw herbs used in decoction, or weekly dose for concentrated powers/granules.)

This formula is based on several traditional formulas. The first line of ingredients plus *shu di huang* is from *ba zhen tang* (*si jun zi tang* + *si wu tang*), the two herbs in the second line are the main ingredients of *liu wei di huang wan*. With *chai hu*, *qing pi* and *xiang fu* in line 3, which are combined with the *qi* tonifying and blood nourishing herbs in line 1, it is the idea from *xiao yao wan*. Two herbs to calm Heart *shen* as *suan zao ren*, *wu wei zi* in line 4 are based on the structure as *gui pi tang*, which is *ba zhen tang* combined with *suan zao ren* to calm Heart Shen (mind). Finally, *gan cao* is used to harmonize the whole formula.

### 2. Actions:

- Tonify *qi* and nourish blood

- Nourish *yin* of Kidney and Liver
- Sooth Liver and regulate *qi*
- Nourish Heart and calm Heart *shen*

### 3. Indications:

This formula is indicated to multiple syndrome patterns of:

- *qi* and Blood deficiency
- Kidney and Liver Deficiency
- Liver *qi* stagnation
- Heart *shen* disturbance

Based on these syndrome patterns, the formula can be widely used to treat general deficiency/weakness, chronic fatigue syndrome, stress, depression, anxiety, sleep disorder/insomnia, as well as poor memory, panic attack, bipolar disorder. It can also be used to treat female patients with menstrual disorders, PMT, and menopause.

### 4. Modifications

- If *qi* deficiency is evident, add *huang qi*, *tai zi shen* (or *ren shen*);
- If blood deficiency is evident, add *zhi shou wu*, *long yan rou*;
- If *qi* stagnation is evident, add *chuan lian zi*, *chen pi*;
- If with blood stasis, add *tao ren*, *chuan xiong*, or *hong hua*;
- If *yin* deficiency is evident, add *gou qi zi*, *han lian cao*;
- If Yang is deficiency, add *Ba Ji Tian*, *Xian Ling Pi*;
- If *Qi* stagnation generating heat: add *Mu Dan Pi*, *Zhi Zi*;
- If Heart heat flaming, add *Lian Qiao*, *Deng Xin Cao*;
- For menopause with hot flushes, add *Zhi Mu*, *Huang Bai*;
- If Heart Shen disturbance is severe, more herbs that calm Heart Shen can be added, such as *Ye*

Jiao Teng, Bai Zi Ren, Lian Zi Xin, Sheng Mu Li, Zhen Zhu Mu, etc.

### 5. Discussion

The creation of this formula was a slow and lengthy progress. In my early years of practice in the UK, while puzzled why mind/spiritual disorders were so common in a developed country with much higher living standard, I struggled to achieve good results in treating the British patients with such disorders. Gradually, I realized a few factors associated with these disorders.

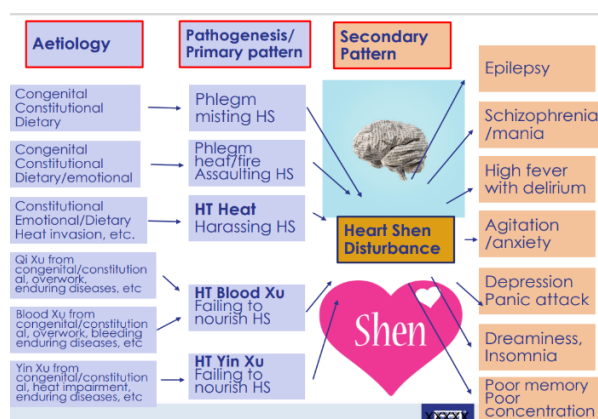
1). Different with somatic diseases that evidently affect the major function(s) of, or even cause structural pathological damage to, some specific Zang organs, mind/spiritual disorders commonly affect multiple Zang organs and make them become only slightly dysfunctional. Among the five Zang organs, Heart, Spleen, Liver and Kidney can be all involved with only Lung relatively not. The patients' state is in between "nothing is wrong" and "nothing is right", seemingly to be "a little bit of everything". In terms of TCM syndrome differentiation, three deficiency patterns are very common in most patients, they are Spleen Qi deficiency, Heart blood deficiency, and Yin deficiency of Liver and Kidney. Hence these three formulas were chosen as the basis- Si Jun Zi Tang, Si Wu Tang, and Liu Wei Di Huang Wan.

2). Mind/spiritual disorders seem to be more common in middle-aged females, professional or even housewives, for whom Si Jun Zi Tang and Si Wu Tang are very beneficial as patients tend to have more evident Heart-Spleen dual deficiency pattern (meaning Spleen Qi deficiency with Heart blood deficiency together). With the age getting older towards menopausal time, many patients, even in male, tend to have more severe emotional symptoms with heat because Yin deficiency of Liver and Kidney becomes more common and more evident. This is why Liu Wei Di Huang Wan is chosen. However, one does not need to wait until menopausal age as it can be used in early age to prevent menopausal symptoms when reaching to that age. In my SXTBT I only used Shu Di Huang and Shan Zhu Yu

from the "three tonics" of Liu Wei Di Huang Wan, as the third one Shan Yao is very mild. Of course, if you want to strengthen the Yin-tonifying effect, you can add Shan Yao or other Yin-tonifying herbs as mentioned above in Modification section. Personally I would rather to choose Gou Qi Zi (also called Gou Ji Zi), Nv Zhen Zi, or Han Lian Cao.

3). About Liver Qi stagnation: this pattern can be seen in most cases of mind/spiritual disorders, it is normally caused by emotional factors directly and con-exists with other patterns, making most cases as mixture patterns of deficiency and excess. Xiao Yao Wan is usually the most popular formula for Liver Qi stagnation, hence is used in SXTBT. However, I felt that not enough Liver Qi spreading herbs are in Xiao Yao Wan. Bo He is one of such, but it is rather mild. I did not choose it but I added two others Qing Pi, Xiang Fu instead to assist Chai Hu. Xiang Fu is more useful in women with menstrual issues. Instead, if a patient has gastric or abdominal bloating, then Mu Xiang should be a better choice.

4). About Heart Shen disturbance syndrome: I would say all mind/spiritual patients have Heart Shen Disturbance pattern. However, this is normally a secondary pattern which is a consequence of some primary pattern(s). I made this chart to show why it is secondary and what can cause it.



The primary patterns that cause Heart Shen disturbance can be excess or deficiency. Excess patterns are caused by phlegm, heat or phlegm heat (fire). They cause more severe types of Heart Shen dysfunctions such as epilepsy, schizophrenia,

or delirium/coma in patients with high fever. We tend to say phlegm misting Heart Shen, Heat assaulting (or harassing) Heart Shen. Patients with such mental diseases hardly come for TCM treatment so in our practice most cases we treat belong to deficiency: Qi deficiency as an aetiological pattern, and more commonly Heart blood and Heart Yin deficiency. To treat such cases it is crucial to focus on the primary patterns while you also need to calm Heart Shen. Hence in SXTBT most herbs are for treating the primary with only two herbs Suan Zao Ren and Wu Wei Zi to calm Heart Shen, which are my favourite for this purpose. Of course, if Heart Shen symptoms are severe, most calming herbs can be added.

5). By taking the risk of bragging, I dare say what makes this formula unique is the combination of Liver Qi spreading and Heart Shen calming herbs. Together with more Qi and blood tonifying herbs, the whole formula of SXTBT is good for most patients with mental/emotional disorders. Heart and Liver in TCM are more related to emotional pathogenic factors than other three Zang organs, and Heart and Liver dysfunction can both cause further mental/emotional symptoms as a vicious circle. In TCM practice, we see most patients with such disorders have Liver Qi stagnation and Heart Shen disturbance together, hence both patterns should be treated together.

## 6. A Case Study

It was a 35-year-old female patient who had suffered from depression for 10 years. The initial consultation took place on 4<sup>th</sup> August 2023. She had various emotional/spiritual symptoms such as feeling sad and anxious, easy to cry, always worrying, and poor memory. She found it difficult to concentrate and felt more and more stressed from her work as a primary school teacher. Her sleep used to be normal but had been bad for the past 2 years.

She did not have the tendency of feeling hot or cold. Her menstruation used to be very heavy but since she had her third child 3 years ago it became lighter than normal, lasting for 2-3 days. She always felt tired with low energy. Her appetite

was poor and sometimes she had palpitation as well. Her complexion was pale but blood test showed no sign of anaemia. Her tongue was pale and swollen with teeth marks on the edge. Tongue coating was thin and white. Her pulses were overall very thin and weak.

Syndrome pattern diagnosis: Heart Spleen dual deficiency, Liver Qi stagnation, Heart Shen disturbance.

Treatment: Shen Xin Tiao Bu Tang in concentrated granule form, with Fu Ling removed and Ye Jiao Teng added. One bottle of granule mixture weighing around 140g as one week supply. She was told to take 10g of granule each time, to be taken 30-60 minutes after meal, two times a day.

2<sup>nd</sup> visit on 11<sup>th</sup> August 2023: The patient felt slightly better with energy and sleep. Appetite seemed improved a bit as well. No change with her tongue and pulses. Same herbal prescription to carry on.

3<sup>rd</sup> visit on 18<sup>th</sup> August 2023: She continued feeling better with energy and sleep, and she felt less worried. Same herbal prescription was repeated.

4<sup>th</sup> Visit on 25<sup>th</sup> August: No more complaint of tiredness, and the patient felt happier and said that people could see her smiling face more and more. She made a joke saying she almost forgot what a sadness felt like. All symptoms were improved and so were her pale tongue and weak pulses. However, she started to feel hot sometimes, more in the later afternoon. Treatment: last prescription with Ye Jiao Teng and Gan Cao removed, Mu Dan Pi and Nv Zhen Zi added in.

The patient carried on with this herbal prescription for 2 weeks, then she gave feedbacks everything was much better and she had no problem to cope with her work. Same herbal prescription to continue with half dose – once a day in the morning, so one bottle of granule mixture for 2 weeks. After 2 weeks, the patient phoned to cancel her final appointment as she felt “everything is back to normal”.

# 针刺治疗慢阻肺 1 例的疗效分析与体会

姚青

慢性阻塞性肺病（简称“慢阻肺” Chronic obstructive pulmonary disease, 缩写为 COPD），是一种以持续性的气流受限为特征的阻塞性肺疾病。其患病率高、死亡率高、致残率高、疾病负担重，已成为严重危害公众健康的重大慢性疾病。中医药防治慢阻肺具有较好的临床疗效，针刺<sup>[1]</sup>、穴位贴敷（如舒肺贴<sup>[2]</sup>、消喘膏<sup>[3]</sup>等）等技术均有一定的实践，在缓解慢阻肺患者临床症状、提高运动耐力、延缓肺功能下降、提高生存质量等方面具有较好疗效。

## 1、患者基本情况

患者，女，62 岁，英国人，身高 5.2feet 体重 9stone。于 2019 年 1 月 25 日来我诊所就诊。主诉：2006 年因肺癌行右肺上叶切除术，在 NHS 诊断 COPD 8 年余。经常易肺部感染，胸闷，气短，哮喘，不能平卧，腹痛，大便难，周身肌肉疼痛，双下肢肿，双踝关节肿右踝重。近一年来每周都因血氧分压低，叫救护车去医院吸氧。（Inhaler Trimbow 3in1, one puff, three times per day）曾于 2008 年胆囊切除术，多发性肌纤维痛 15 年。

刻下征：患者面色晦暗 形体瘦削。胸闷动则气短，喘促。喉间痰鸣。咳嗽少量痰液质粘色白或绿。舌质红裂纹舌。少苔脉沉细无力。双下肢可凹形水肿，右踝关节明显。

## 2、中医辨证与诊断

中医诊断：肺胀，哮喘。

中医病机：本虚标实。肺脾气阴两虚，痰瘀湿互结。

## 3、治疗经过与疗效

病人不愿服中药，故予针灸治疗。

治疗方法，患者半仰卧位。腹部取穴：中脘透下脘，梁门透滑肉门，天枢透大横。气海透关元，均为平刺接电针。

上肢：孔最、支沟；

下肢：足三里、太溪、丰隆、申脉均直刺；

背部：大椎 定喘 直刺。风门透肺俞。脾俞透胃俞 平刺，每周一次；

使用华佗牌 SDZ-2 型电针仪，断续波频率大小以患者舒适为度。时间是 30 分钟。2019 年 11 月 28 日告知：体检显示：体重增加了一个 stone；

2020 年 1 月 9 日：基本情况明显好转，是近三年来最好过的冬季；

2022 年 2 月 28 日：近三年来没有叫过救护车；

2022 年 10 月 27 日体重又增加了半个 stone.；

2023 年 1 月 5 日：圣诞期间停针三周，因呼吸困难叫过救护车一次；

2023 年 9 月 15 日述：基本上不用 inhalar；

截止 2024 年 5 月，患者仍在治疗中。基本生活正常，经常遛狗。

## 4、分析与体会

慢阻肺为全球四大慢性疾病之一，全球患病率约为 11.7%，每年死亡约 30 万人，世界卫生组织预计到 2030 年全球每年约有超过 450 万人死于慢阻肺和其相关疾病。我国 40 岁以上人群患病率为 13.7%，有近 1 亿慢阻肺患者，居我国疾病死亡原因的第 3 位。以伤残调整生命年衡量，其疾病负担已居我国疾病的第二位，防治形势日益严峻。慢阻肺常见的症状和体征为：气短，尤其是体力活动期间。哮喘，胸闷，慢性咳嗽，可能产生透明、白色、黄色或绿色的黏液（痰液），频繁呼吸道感染，缺乏精力疲劳，原因不明的体重减轻，脚踝、脚或腿部肿胀。

病因病机：慢阻肺多属于中医学的“喘病”、“肺胀”等范畴。本虚标实为慢阻肺的主要病理变化，正虚积损为慢阻肺的主要病机。正虚是指肺脾肾虚损而以肺虚为始、久必及肾，以气虚为本，积损难复；正虚不运，酿生痰瘀，痰瘀常互结成积，复愈损伤正气。正虚积损互为因果，终致肺之形气俱损，呈持续进展而恢复困难。急性加重期以痰（痰热、浊）、瘀及其互阻的实证为

主并兼有正虚；稳定期以肺气虚、肺脾气虚、肺肾气虚、肺肾气阴两虚的虚证为主，常兼见血瘀、痰浊。病理性质为虚实夹杂。

辨证论治：慢阻肺急性加重期常见风寒袭肺、外寒内饮、痰热壅肺、痰浊阻肺、痰蒙神窍等证。稳定期常见肺气虚、肺脾气虚、肺肾气虚、肺肾气阴两虚等证。急性加重危险窗期常见肺肾气虚兼痰浊阻肺、肺脾气虚兼痰浊阻肺、肺肾气阴两虚兼痰浊阻肺、等证。血瘀既是慢阻肺的主要病机环节以益气(阳)、养阴为主，兼祛痰、活血。

该患者的舌脉结合症状辨证为肺肾气阴两虚，痰瘀互结，患者形体瘦削，纳食不多，大便难，拒服药，所以只有用针刺治疗。宣肺定喘：大椎、定喘、肺俞、孔最；补气健脾：脾俞、胃俞、足三里；补肾纳气：太溪、气海、关元；祛痰排浊：支沟、大横、丰隆。

临床表明，采用中医辨证治疗、针刺可以显著改善临床症状、改善肺功能、提高患者生存质量。作为非药物疗法，针灸治疗 COPD 具有疗效确切、安全，副作用小的独特优势。

(医案报道人：英国 ATCM 会员 姚俊卿)

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## *The Journal of Chinese Medicine and Acupuncture*

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*The Journal of Chinese Medicine and Acupuncture* (JCMA) is a bilingual TCM academic journal, which is published twice annually. It is intended as a platform and a forum, where the journal concerning the profession can be developed, debated and enhanced from the greatest variety of perspectives. All of ATCM members, other TCM professionals and members of public are welcomed and invited to contribute papers for the journal. The journal may feature articles on varies of topics, which including clinical experience, case studies, theory and literature, education and development, book reviews and research reports etc.

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

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

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## 经外奇穴健耳穴治疗一例耳聋耳鸣效验

周巨雷

首诊：23·01·2024·

主诉：突发听力减退伴耳鸣2月。

患者 Monica A, 女, 76 岁, 退休家庭主妇, 10·2023 重感冒一周后渐渐发现听力减退, 二周后上感已愈, 但听力无恢复, 反而加重, 与家人面对面交流已很困难。GP 转诊 ENT 专家, 作磁共振, CT 等各项专科检查, 结论为听神经永久损伤, 听力不可能恢复只会更严重, 建议配助听器。绝望之余前来求治。该诊精神痿弱, 虚胖, 对话需在耳边大话缓慢吐词方能勉强听清, 左侧尤重, 无法接打手机电话, 自诉并伴耳鸣, 频率以低调为主, 日夜存在, 已严重影响日常生活, 痛苦不堪。

有重度子宫脱垂手术摘除史, 中度高血压用药控制。素体虚寒, 四末不温。大便时稀, 夜尿二至三次。余无特殊检出。

舌淡红苔薄白, 脉沉细。

中医诊断 耳聋, 耳鸣

肝肾精虚, 脾阳不振

治疗 健耳穴配合听宫, 听会, 翳风, 耳门穴为主, 随机选用外关, 三里, 复溜, 太溪, 中极, 关元, 针或加灸, 一周治疗二至三次。两次治疗后自觉有改善, 与家人对话无需对方大吼, 二周后能正常接打电话, 一月后自觉最少恢复听力 60% 有余, 耳鸣消失, 精神气色大为改善, 目前每周一次治疗巩固疗效。

讨论: 健耳穴为经外奇穴, 由中医科学院周允娴教授最早发现使用, 对耳鸣耳聋有特别快速改善作用。本例患者临床符合肝肾精亏脾阳下陷症候, 治疗选取温补脾阳并填精补髓常规穴位, 并加用健耳穴, 以达成较为满意临床效果。

微博正文 选择中医\_余正安

2-25 11:57 来自 微博网页版

针灸治疗耳鸣, 用经外奇穴“健耳穴”效果好

耳鸣是临床上一种常见病, 多见于老年患者, 轻症患者、耳鸣时间短, 通过综合治疗基本可以完全治愈, 但是神经性耳鸣在治疗上却有一定的困难, 一般疗效欠佳。

今天和大家分享一个治疗耳鸣比较有效的一个穴位——健耳穴, 可能大家对这个穴位比较陌生, 我着重介绍一下健耳穴。健耳穴是一个经外奇穴, 这个穴位是周允娴教授发现的。他在临床运用此穴治疗耳鸣, 效果非常好。

定位: 耳背部, 在耳廓后中上方, 耳甲艇后方隆起凹陷处。

针感要求: 得气感向耳内传导。

健耳穴的定位与《千金翼方》中经外奇穴阳维穴位置相似, 《千金翼方》云: “耳风聋雷鸣, 灸阳维五十壮。在耳后, 引耳令, 弦筋上是。”

周教授针刺这个穴位时手法也很特殊, 针刺要点: 进针时左手固定耳廓并轻轻向外提拉, 这时在耳背部耳甲艇后方会出现一个凹陷, 在这个凹陷处快速进针, 进针后调整针尖方向朝向外耳道, 当与耳道高度相平后, 转向平行于耳道方向行针, 行针时以小幅度捻转为宜, 以患者自诉出现放电感或灼热感传向耳内; 一般针刺深度为 1 寸许, 留针二十到三十分钟。

针刺这个穴位有效的关键是“传导至耳内的针感”, 正是中医所说的“气至病所”, 没有这个针感, 效果就一般。

## 诊疗巧事

### —中医治疗不孕症验案

陈伟雄

女子未避孕，性生活正常，与配偶同居1年而未孕者，称为不孕症。目前该病治疗方法多样，笔者运用纯中医方法治疗不孕症取得满意效果。

不孕症的病因病机为：肾气不足，冲任气血失调。

1. 肾虚先天不足，或房劳多产，或久病大病，或年逾五七，肾气亏虚，精不化血，则冲任虚衰，难以受孕；素体阳虚或寒湿伤肾，肾阳不足，胞宫失煦，则冲任虚寒，不能成孕；肾阴素虚，或久病耗损真阴，天癸乏源，胞宫失养，冲任血海空虚，或阴虚内热，热扰冲任，乃致不孕。如《圣济总录·妇人血气门》：妇人所以无子者，冲任不足，肾气虚寒也。

2. 肝气郁结情志不畅，或盼子心切，肝郁气滞，疏泄失常，气血失调，冲任失和，胎孕不受。《景岳全书·妇人规》曰：“孕育由于血气，血气由于情怀，情怀不畅则冲任不充，冲任不充则胎孕不受。”

3. 痰湿内阻思虑劳倦，水湿内停，湿聚成痰，冲任壅滞，而致不孕；或素体肥胖，嗜食肥甘，躯脂满溢，痰湿内盛，胞脉受阻，致令不孕。《傅青主女科·种子》言：“妇人有身体肥胖，痰涎甚多，不能受孕者。人以为气虚之故，谁知是湿盛之故乎……而肥胖之湿，实非外邪，乃脾土之内病也。”

4. 瘀滞胞宫经行产后，摄生不慎，邪入胞宫致瘀；或寒凝血瘀，或热灼血瘀，或气虚运血无力致瘀，瘀滞冲任、胞宫，以致不孕。

具体验案如下2例：

#### 病案1

患者S，1987年生，律师

2023年2月24日初诊，结婚6年，试孕3年，未孕，其丈夫精液化验结果正常。经医院各项妇科检查未发现异常，初步诊为不明性不孕症，经其母亲（曾来诊所治愈过腰腿痛）介绍而来。来诊时其脉沉弱无力，苔白，舌质淡红；平素患者自觉精神疲乏、少腹有冷感、手足欠温（冬夏不分）、性欲较淡漠，月经周期尚准（27-29天），经量偏少，经色淡红，行3-4天，经来第一天少腹略痛。中医辨证：肾阳不足，气血两虚，冲任失养。

治疗方法：温经散寒，益气活血。

方药：

1. 温经汤加减：归片9g 川芎6g 白芍9g 丹皮6g 桂枝9g 法夏6g 吴茱萸3g 党参9g 麦冬6g 鸡血藤12g 益母草12g 炙甘3g 生姜3片（自配）水前服，每周服五剂，每剂煎两遍，晚早（第一天晚上服头煎药、第二天早上服二煎药）饭后各温服一次。

2. 排瘀汤：归片 9g 川芎 9g 桃仁（碎）6g 炮姜 3g 桂枝 9g 丹皮 6g 炙甘草 4g 黑醋 30ml 蜂蜜一汤匙。水煎服，连服五剂，每剂煎两遍，晚早（第一天晚上服头煎药、第二天早上服二煎药）饭后各温服一次。

3. 黄体汤：归片 6g 熟地 6g 白芍 6g 川芎 3g 云苓 9g 白术 9g 党参 6g 黄芪 9g 山药 9g 川断 9g 菟丝子 9g 川杜仲 9g 炙甘草 3g 水煎服，每天一剂。

经治疗之后，2023 年 6 月 9 日星期五早上收到 S 患者的短信，喜告早上验孕显阳性，患者万分高兴，当天即短信叮嘱她避免跑步、拉筋、抬举手臂等动作以及提醒饮食的禁忌以预防流产。并于 2024 年 2 月 27 日告知生一男宝，母子平安。注：经来第一天喝排瘀汤，连服五天，以祛旧生新、改善子宫内血循环；其它时间服温经汤加减；怀孕后只服黄体汤，以益气养血、固肾安胎，达到预防流产的目的。针灸取穴：百会印堂足三里三阴交下三皇（董氏穴）关元气海中极归来精宫（耳穴），手法：平补平泻，留针 30 分钟，每周治疗一次。

病案 2 患者 N，1988 年生，GP

2023 年 4 月 22 日初诊，与男伴侣（橄榄球职业运动员，身体健康，精液检查无异常）同居 10 年，试孕 5 年，未孕，三年前医院确诊为子宫内膜异位症并做了手术，于 2022 年 12 月份第二次施子宫内膜症状手术，并发现左侧输卵管堵塞，于 2023 年 2 月初做了第一次 IVF，取卵仅两粒，均未授精而告败。诊见其脉细略涩，苔白，舌黯

淡，舌边见瘀点，舌下脉络瘀胀，唇见黯斑。平素月经周期 30 天左右，有时有推迟现象，经期前后少腹隐痛，量偏少，经色黯红有血块，行 6-7 天，末次月经 2023 年 4 月 12 日。中医辨证：气滞血瘀，冲任受阻。治法：理气活血，化瘀通管。

方药：自拟通管汤。药物组成：归尾 6g 赤芍 9g 川芎 9g 丹皮 9g 桂枝 6g 桃仁（碎）5g 云苓 9g 三棱 9g 莪术 9g 路路通 12g 王不留行 9g 蒲公英 12g 甘草 3g 每周服药五天休息两天，一天一剂，晚饭早饭后各温服一次（第一天晚上服头煎药、第二天早上服二煎药）。针刺选穴：百会印堂血海太冲三阴交关元中极气海归来精宫（耳穴）手法：平补平泻，留针 30 分钟，每周一次。2023 年 6 月 10 日星期六上午患者 N 来电告知已受孕，十分高兴。并嘱咐她避免运动、拉筋伸展、抬举手臂等动作。并于 2024 年 3 月 1 日告知生一男宝，母子平安。无巧不成话，患者 S（初诊时间是 2023 年 2 月 24 日）和患者 N（初诊时间是 2023 年 4 月 22 日）她们是朋友，凑巧的是两人受孕和生产日期都非常接近。总结体会不孕不育症在英国是非常常见的病症，其病因复杂，临床表现也纷繁多样，可由多囊卵巢综合症、子宫内膜异位症、卵巢功能衰退、高泌乳素血症及盆腔炎性疾病后遗症等妇科疾病导致，亦与多种内科病、情志疾病密切相关。助孕是中医妇科的优势与特色之一。“求子之道，莫如调经”，种子必先调经。肾藏精，主生殖，调经种子重在补肾；肝藏血，主疏泄，调经种子妙在疏肝；女子以血为本，调经种子贵在理血；如兼有痰瘀互结，则祛瘀化痰，功在疏通。注重局部与整体相结合，中药针灸是提高受孕几率的很好手段，只要辨证准确、因人而异对症治疗，常常能取得非常满意的疗效。

## 病例回顾：溃疡性结肠炎

张 超

zhangchaouk@hotmail.com

### 一般资料：

姓名：Viera

性别：女性

年龄：35 岁

职业：办公室秘书

国籍：斯洛伐克

现住址：英国 Cheshire

初诊日期：2023 年 10 月 16 日

主诉：腹痛下利便血反复发作 4 年余，加重两月

病史：患者于 4 年前由于母亲去世悲伤过度，情绪低落而发病，下腹部隐痛，大便溏泻，每天 3-5 次，少量脓血，无发热，予对症治疗 1 年后症状逐渐加重，脓血便，下腹部疼痛，有里急后重感，大便每天 5-10 次，无发热，纳食可。遂于当地医院求诊，肠镜提示溃疡性结肠炎，与抗炎，激素等对症治疗后，症状时好时差。两月前患者因情绪变化而导致病情加重，大便每天 10-20 次，脓血便，医院建议结肠切除术，患者不愿意接受手术治疗，随来我诊所求治。现症：腹部胀满疼痛，大便溏泻，每天 10-20 次，脓血便，肛周灼热疼痛，纳可，小便可，舌质红，苔黄腻，脉弦滑

查体：心率每分钟 88 次，腹部柔软，肝脾未及，右下腹压疼，无叩击痛

既往史：既往体健

家族史：家族无遗传病史

诊断：西医：溃疡性结肠炎

中医：下利

中医辨证：湿热内阻，气机不利

治则：清化湿热，荡涤肠胃，调和气血

处方：香参丸，白头翁汤，香连丸，芍药汤加減

大黄 9 木香 9 苦参 9 槐米 10 黄柏 10 蛇舌草 12 薏米 15 槐角 10 白头翁 10 秦皮 10 当归 10 白芍 10

5 付，水煎服

针灸：以大肠的募穴和下合穴为主，取穴：

天枢，上巨虚，合谷，阴陵泉加曲池，内庭以清热利湿

针药并用一周后，患者自觉症状明显减轻，大便次数减为 3-5 次，脓血便显著减轻，但仍有腹痛，便前为甚，里急后重感减轻。上方去大黄，苦参改为 5 克，黄连改为 6 克，继服 7 剂，针灸每周两次，再治疗一周后，患者大便 2-3 次，无脓血便及里急后重感，轻微腹痛，精神食欲明显好转，舌质偏淡，舌苔薄白，脉弦细，予疏肝理气，健脾祛湿之法以善后，以四逆散減：柴胡 10 白术 10 茯苓 10 山药 10 炙甘草 5 白芍 10 炒扁豆 10 益智仁 10 仙鹤草 10 枳实 10 黄连 2 克

服上方两周后，大便每天 1-2 次，成型，无脓血及里急后重感，轻微腹痛，继服 5 剂后，诸证消失，临床治愈。

### 体会

溃疡性结肠炎(UC)是一种常见的肠道炎症性疾病，近年全球发病率明显升高，被 WHO 列为现代难治病之一。其临床主要症状是腹痛，下利，脓血便反复发作，伴里急后重，西医保守治疗或手术治疗效果均不理想，且副作用大，容易复发。该病当属于中医的“痢疾”，“泄泻”，“肠癖”的范畴；《金贵要略》里的“下利”包括了“痢疾”和“泄泻”，因此称为“下利”比较好。中医对该病有治疗优势，只要辨证准确，用药得当，常常能取得较好的疗效。

该患者因过度悲伤，心情抑郁而发病，腹痛下利脓血便反复发作，伴肛周灼热疼痛，舌质红苔黄腻，脉弦滑均为湿热内蕴肠腑之象。情志郁结，肝郁气滞，日久化热，湿热内蕴，垢积肠腑，从而导滞气机不利，气血失和而发病，此为其基本的病机特点。治当清化湿热，祛宛陈莖，荡涤肠腑，调和气血，以香参丸，香连丸，芍药汤和白头翁加減，其中用大黄通因通用，荡涤肠腑，清热解毒，祛瘀生新，正如张子正云：

“陈莖去而肠胃洁，症瘕尽而营卫昌；不补之中有真补存焉”。香参丸系叶桂《临证指南医案·卷八种福堂公选良方》所载，原为治痢之方，由木香和苦参两味药组成，苦参入大肠，小肠，胃，肝，心经，功擅清热燥湿，祛风杀虫，可用治湿热痢疾，肠风痔血等。据个人体会，对于腹痛，赤白下利，里急后重属于湿热者，用苦参与煨木香相配常能起到很好的效果；加白花蛇舌草

以加强清热解毒；薏苡仁淡渗利湿，清热排脓；槐角，槐米均归大肠经，以清利大肠湿热，凉血止血。诸药合用以达到理气化湿，清热解毒，调理气血，凉血止痢的作用，从而取得了较好的临床疗效。后期以疏肝理气，健脾益气固本，巩固疗效，加少量黄连，以制温药之性而寓反佐之意，治合病机，疗效满意。

## 二陈汤合通窍活血汤加针刺治疗人格解体障碍个案分析

宋杰

患者男性，32岁，医学培训生，2024年3月19日初诊，忧虑，担心，社交困难10余年，自述2014年大学后开始忧虑，担心，不时饮酒，吸食大麻和各种毒品尝试改善症状，但症状逐渐加重，曾被诊断为抑郁症，注意力缺陷/多动症(ADHD)，人格解体障碍(DPD)，用过抗抑郁药物，认行为疗法，心理辅导，心理治疗等多种疗法，均无明显疗效，近来因医学规培及临床工作紧张症状逐渐加重，尤其是小组讨论及会议交流时无法顺利完成，数次中途放弃。目前主要是忧虑，担心明显，尤其是面临小组和会议发言前，庐寐不安，早晨起床仍感疲乏，注意力不集中，头脑欠清醒，每晚能够睡5到6个小时，纳食尚可，二便无明显异常，舌质淡紫，苔白厚腻，脉沉细，体查未发现异常体征。中医考虑为痰湿内阻，气滞血瘀，治疗以燥湿化痰，活血通窍，方以二陈汤合通窍活血汤并配合针刺治疗，具体药物：法半夏、陈皮、茯神、丹参、蒲黄、山楂、党参、石菖蒲、竹茹、远志、桂枝、甘草、桃仁、红花、赤芍、大枣，采用浓缩粉剂，每天两次，每次八克。针刺选穴：四神聪、安眠、足三里、心俞、脾俞、肝俞、风府、中脘、丰隆、足临泣、太冲等，俯卧和仰卧交替使用，每周针刺一次并口服上述浓缩粉，连续四周，效果欠佳，感忧虑担心明显，DPD时好时坏，无明显改善遂中断治疗。本例主要以忧虑担心为主诉，伴社交困难，辨证为痰湿阻窍，心阳亏虚，方以二陈汤除痰燥湿，通窍活血汤通心窍，化瘀血，用半夏燥痰祛湿为君，茯神养心安神为臣，丹参活血通瘀为佐，炙甘草调和诸药，回头来看，药物比较零乱。可惜的是，因为时间太短，没有足够的疗效让患者继续治疗，但至少给类似的患者提供了一个值得借鉴的经验。

### 讨论：

患者本人为医学从业人员，对自己的病情知根知底，也曾试过各种疗法，效果都不明显，能够决心尝试一下中医药治疗的确很令人心慰，虽然最终疗效一般，但是这种情志疾病值得认真对待，因为随着社会的发展，人们的生活节奏不断加快，尤其是各种传统性疾病如感染性，传染性疾病逐渐得性控制，社会，心理性疾病不断增加，我们更应该更新知识结构以应对这样的挑战。

## 腹诊针灸治疗更年期综合症案例分享

邵芳芳（法国圣日尔曼）、王迎（导师，英国）

患者：Julie 女，51 岁。 职业：医生

主诉：绝经 1 年，更年期综合征 5 个月，情绪不稳定及睡眠障碍 2 余年。

现病史：情绪不稳定，易烦躁，或悲伤易哭，服用微量的抗抑郁药物 3 个月；睡眠障碍，入睡困难，多梦易醒，醒后难以再入睡，有时甚至整夜不眠。盗汗，尤其是心胸和上背部；潮热每夜 6-7 次，白天潮热 2-3 次；便秘；舌淡暗，苔白腻，脉弦滑。

既往史：N/A

过敏史：未发现

西医诊断：女性更年期综合征

中医诊断：绝经前后诸症

腹诊查体：胸锁乳突肌+++，双侧斜角肌++，膻中+，鸠尾+，中脘+，双侧肋肋下+++，阴交至关元+，肝区++，肺区++，肾上腺+，右脾区+，双侧居髂穴++

腹诊针灸治疗：双侧（照海、列缺、内关、公孙）左中封、尺泽、右免疫穴、左右胃气线、左右复溜、阴郄、双气户；

印堂制凉、关元制热；

治疗效果：经过两次腹诊针灸治疗后，患者盗汗症状未再发作，夜间潮热次数从 6-7 次降至 2-3 次，白天潮热也减少至 1-2 次；情绪舒畅，急躁不安情绪有所缓解；四肢感觉凉爽，睡眠质量明显改善，第二次治疗后能一整晚自然醒，是两年多来首次。

治疗思考：中医认为，“女子七七任脉虚，太冲脉衰少，天癸竭，地道不通，故形坏而无子也”。指的就是妇女于 49 岁前后，肾气由盛渐衰，天癸由少渐至衰竭，冲任二脉也随之衰少。在此生理转折时期，受内、外环境的影响，如素体阴阳有所偏衰，素性抑郁，宿有痼疾，或家庭、社会等环境改变，易导致肾阴阳失调而发病。

“肾为先天之本”，又“五脏相移，穷必及肾”，故肾阴阳失调，每易波及其他脏腑，而其他脏腑病变，久则必累及于肾，故更年期综合征之本在肾，常累及心、肝、脾等多脏、多经，致使本病证候复杂。以往我在治疗此类疾病的时候信心不足，以反复。该患者第一次腹诊针灸治疗后症状明显缓解，睡眠、情绪抑郁都有明显减轻。腹诊针灸奇经八脉的治疗显示了其神奇功效，包括调和阴阳、疏通经络、调节气血、平衡脏腑功能等，从而显著改善盗汗、潮热、情绪不稳、睡眠质量等症状；制凉制热的手法也使患者体会到四肢凉爽、睡眠醒后感觉舒畅的疗效。让我对传统针灸疗法又有了新的认识。



# 奇经八脉生物医学基础探讨

房才龙

**摘要:** 本文探讨了奇经八脉的生物医学基础, 通过中西医学文献的分析认为冲脉是对腹主动脉及颈动脉, 股动脉, 足背动脉等动脉系统的部分描述, 任脉在腹腔内相似于下腔静脉。在椎管内任脉和脊髓腹角的下行纤维束相似, 和类似脊髓后角的上行传导束的督脉关系密切, 并和诸经发生联系。带脉和髂腹股沟神经类似。阳跷, 阴跷, 阳维, 阴维的结构基础不是太清楚, 更倾向于和神经系统有关。

**关键词:** 奇经八脉, 神经, 血管

## Abstract

This article discusses the biomedical basis of the eight extra meridians. Through the analysis of Chinese and Western medical literature, it is believed that the Chongmai is a partial description of the abdominal aorta, carotid artery, femoral artery, dorsalis pedis artery and other arterial systems. The Renmai is similar to the abdominal aorta in the abdominal cavity. Inferior vena cava. The Ren meridian in the spinal canal is similar to the descending fiber tracts in the ventral horn of the spinal cord, and is closely related to the Du meridian, which is similar to the ascending conductive tracts in the posterior horn of the spinal cord and is connected with various meridians. The belt vein is similar to the ilioinguinal nerve. Yang Qiao and Yin Qiao, the structural basis of the Yang dimension and the Yin dimension is not very clear, and it is more likely to be related to the nervous system.

**Key Words:** Eight Extraordinary Meridians, Nerve, Blood vessels

经络是中医理论的重要组成部分。现代中医学基础理论从黄帝内经等文献出发概括出经络是沟通人体的五脏六腑、四肢百骸, 五官九窍、皮肉筋骨等组织器官运行气血, 维持人体生理功能的通道系统。如《灵枢·海论》指出: “夫十二经脉者, 内属于脏腑外络于肢节” [1]。经络系统结构十二经脉、十五络脉和十二经别、十二经筋、十二皮部之外, 还有奇经八脉。其生物医学本质到底为何? 《难经·二十七难》具体列举了奇经八脉的名称: “有阳维、有阴维、有阳跷、有阴跷、有冲、有督、有任、有带之脉, 凡此八脉者, 皆不拘于经, 故曰奇经八脉。” 如果结合现代生物医学知识, 有证据表明其是对人体神经血管系统的描述。

## 1 冲脉

在奇经八脉中, 冲脉从循行及命名看像是腹主动脉及颈动脉, 股动脉, 足背动脉等动脉系统, 依据是一: 循行路线。如《灵枢·逆顺肥瘦》说: “夫冲脉者, 五脏六腑之海也, 五脏六腑皆禀焉。其上者, 出于颡颥, 渗诸阳, 灌诸精; 其下者, 注少阴之大络, 出于气街, 循阴股内廉, 入中, 伏行骨内, 下至内踝之后属而别; 其下者, 并于少阴之经, 渗三阴; 其前者, 伏行出跗属, 下循跗入大指间, 渗诸络而

温肌肉。”; 另外《素问·骨空论》曰: “冲脉者, 起于气街, 并少阴之经夹脐上行, 至胸中而散也。似乎也提示主动脉和左心室相连。二是: 和十二经, 脏腑关系: 《灵枢·动输》谓: “冲脉者, 十二经之海也。” , 《素问·痿论》说: “冲脉者, 经脉之海也。”。《灵枢·逆顺肥瘦》: “夫冲脉者, 五脏六腑之海也, 五脏六腑皆禀焉”。提示动脉血为全身各处提供含氧营养物质。三是: 动脉血流有搏动向前的冲动。四是: 冲任关系密切, 《灵枢·海论》称冲脉为血海。月经血源于冲, 任之脉。《素问·上古天真论》曰: “太冲脉盛, 月事以时下也。”

## 2 任脉

关于任脉, 《灵枢·五音五味》: “黄帝曰: 妇人无须者, 无血气乎? 岐伯曰: 冲脉任脉皆起于胞中, 上循背里, 为经络之海, 其浮而外者, 循腹右上行, 会于咽喉, 别而络唇口, 血气盛则充肤热肉, 血独盛者澹渗皮肤, 生毫毛。今妇人之生有余于气, 不足于血以其数脱血也, 冲任之脉, 不荣口唇, 故须不生焉。黄帝曰: 士人有伤于阴, 阴气绝而不起, 阴不用, 然其须不去, 其故何也? 宦者独去何也? 愿闻其故。岐伯曰: 宦者去其宗筋, 伤其冲脉, 血泻不复, 皮肤内结, 唇口内荣故须不生。黄帝曰: 其有天宦者, 未尝

被伤，不脱于血，然其须不生其故何也？岐伯曰：此天之所不足也，其任冲不盛、宗筋不成，有气无血，唇口不荣，故须不生”。《素问·骨空论》：“任脉者，起于中极之下，以上毛际，循腹里，上关元，至咽喉，上颐，循面，入目”。从上文可以看出冲脉，任脉是女子男子皆有的，而且是血脉，古人认为妇人月经和冲任有关，妇人周期性失血所以无胡须，男子无论是去势失血的宦者还是先天血虚者也会无须，这是古人为寻找胡须发生机制而提出冲任别络唇口的。但事实并非如此，而只是血里缺乏雄激素这一成分。古人是有一定的解剖概念的，在腹腔是可以看到与腹主动脉并行的下腔静脉的。下腔静脉及腹主动脉两者并行腹中，并和所有的血脉相联系为经脉之海，子宫的血供也来源于两者的分支。这应是冲任起于胞中说法的依据。所以任脉对应的结构之一主要是下腔静脉。另外在气功理论中，任督二脉循行的路线，和内经中的记载并无太大差异，其差别主要在于循行的方向不同：气功学中的任督二脉是按照督脉从长强上升至头顶然后下降至兑端、任脉从承浆下降至会阴，任督二脉通过舌头在口腔交会，完成小周天循环。而这与脊髓后角感觉神经（背部，督脉）及脊髓前角的运动神经（腹部，任脉）的传导方向是类似的。因此循行腹部正中脊髓前角的下行纤维束可能是气功任脉的结构基础。因而任脉实际有两方面的内涵：一主要是指腹腔内的下腔静脉，和冲脉并行，二是指椎管内的下行神经传导束。

### 3 督脉

从督脉的循行分布，督脉的所主治的病证来分析，中医对督脉的认识实际包含了古人对人体脊柱、脊髓生理病理的认知【2】。如《素问·骨空论》：“督脉为病，脊强反折。督脉者，起于少腹以下骨中央，女子入系廷孔，其孔，溺孔之端也。其络循阴器合篡间，绕篡后，别绕臀，至少阴与巨阳中络者合，少阴上股内后廉，贯脊属肾，与太阳起于目内眦，上额交巅，上入络脑，还出别下项，循肩髃，内侠脊抵腰中，入循膂络肾。其男子循茎下至篡，与女子等。其少腹直上者，贯齐中央，上贯心入喉，上颐环唇，上系两目之下中央。此生病，从少腹上冲心而痛，不得前后，为冲疝；其女子不孕，癥瘕遗溺咽干。督

脉生病治督脉，治在骨上，甚者在齐下营。

” 《难经·二十八难》：“督脉者，起于下极之俞，并于脊里，上至风府，入属于脑，上巅循额，至鼻柱，阳脉之海也。”内经描述督脉为病，脊强反折及难经的描述显然表明和脑及脊髓有关。内经认为督脉循行联系生殖系统，肾及其他的一些部位，脊髓神经纤维中枢显然是和这些部位相联系的。中医汇通医家对中医督脉与脊髓神经的关联也有较多论述，如张锡纯在《医学衷中参西录·羚羊角解》：“盖痉之发由于督脉，因督脉上统脑髓神经也（督脉实为脑髓神经之根本）”，又有：“督脉者又脑髓神经之根也”。而滑寿《十四经发挥》：“督脉者，起于下极之俞……属阳脉之海也。”认为督脉，能总督一身之阳经，为“阳脉之海”。另如滑伯仁所说：“任、督二脉，一源而二岐，一行于身之前，一行于身之后，人身之有任、督，犹天地之有子、午，可以分可以合，分之以见阴阳之不离，合之以见浑沦之无间，一而二二而一者也”。这和脊髓包含上下行神经传导束完全吻合，可接受身体各处的神经投射统摄手足三阴三阳经。实现外络肢节，内属脏腑的功能。

而且因为感觉神经被刺激后可能使感觉神经末梢释放扩血管物质生热以及会应激导致人体通过大脑皮层，交感肾上腺系统等促使产热增加，而感觉神经纤维是投射至脊髓背角通过上行传导束使信息上传的，所以督脉总督一身之阳经就有了客观依据。

### 4 带脉

带脉出自《灵枢·经别》：足少阴之正，至膈中，别走太阳而合，上至肾，当十四椎，出属带脉。

《难经·二十八难》：“带脉者，起于季胁，回身一周。”和腰一，二神经根发出的髂腹股沟神经纤维围绕腰股以及有生殖分支到达生殖区域类似（见附图），若此神经受到压迫等可能会出现如带状的腰痛，也会影响生殖系统的功能。起源于 T1 和十四椎的说法很接近。因为足之三阴三阳传统的经络是纵行过腰的，因而想象出带脉能约束纵行之脉，足之三阴、三阳以及阴阳二跷脉皆受带脉之约束，以加强经脉之间的联系，如奇经八脉考：杨氏曰：带脉总束诸脉，使不妄行，如人束带而前垂，故名。妇人恶露，随带脉带脉而下，故谓之带下。带脉则横围于

腰，状如束带，所以总约诸脉者也。实际这完全是想象，而不符合实际。而王叔和曰：带脉为病，左右绕脐，腰脊痛，冲阴股也。这一描述更符合临床。和腰背部腹部横行的神经相关。

## 5 阴跷，阳跷脉，阳维，阴维脉

内经中对阴跷脉的循行有一个大概的描述，始于踝部，上行入阴，并进一步上行达目眦，而阳跷脉路线描述不多，终点都是眼睛。两脉没有特定的穴位。《灵枢·脉度》：“跷脉从足至目，七尺五寸，二七一丈四尺，二五一尺，合一丈五尺。……跷脉安起安止，何气荣水？岐伯答曰：跷脉者，少阴之别，起于然骨之后，上内踝之上，直上循阴股入阴，上循胸里入缺盆，上出人迎之前，入颞颥目内眦，合于太阳、阳跷而上行，气并相还则为濡目，气不荣则目不合”。《素问·缪刺论》：“邪客于足阳跷之脉，令人目痛从内眦始，刺外踝之下半寸所各二痛，左刺右，右刺左，如行十里顷则已。”其功能内经认为白天卫气循行阳经以及夜间卫气循行阴经应该有额外的阳跷阴跷脉调节并在眼部加以衔接，和睡眠及觉醒有关。如《灵枢·寒热病》：“阴跷阳跷，阴阳相交，阳入阴，阴出阳，交于目眦。阳气盛则瞋目，阴气盛则瞑目。大惑论。黄帝。曰：病而不得卧者，何气使然？岐伯曰：卫气不得入于阴，常留于阳。留于阳则阳气满，阳气满则阳跷盛，不得入于阴则阴气虚，故目不瞑矣。黄帝曰：病目而不得视者，何气使然？岐伯曰：卫气留于阴，不得行于阳。留于阴则阴气盛，阴气盛则阴跷满，不得入于阳则阳气虚，故目闭也”。按卫气行篇描述的卫气的循行起始，日夜交接以及终止都在眼睛，阴跷和阳跷相会于眼也是这一思路。既然内经卫气循行和神经有关，因此阴阳跷应和神经有关。内经是有很多的针刺实践的，而后人难经，王冰，特别是李时珍奇经八脉考等描述的具体的阳跷阴跷循行线路依据不是太清楚，所列出的穴位也是隶属于

其他各经而非独有，是否能真的影响其他经的功能也不确定。所以临证实践意义并不大。

同样，内经对阳维，阴维脉的循行记载不详，起于足部，主要和腰痛及其治疗有关。《素问·刺腰痛篇》：“阳维之脉令人腰痛，痛上拂然肿。刺阳维之脉，脉与太阳合端下间，去地一尺所”。“飞阳之脉令人腰痛，痛上拂拂然，甚则悲以恐，刺飞阳之脉，在内踝上五寸，少阴之前，与阴维之会”。至于难经二十九难对其功能主治：“阳维维于阳，阴维维于阴，阴阳不能自相维，则怅然失志，溶溶不能自收持。阳维为病苦寒热，阴维为病苦心痛”，以及“阳维、阴维者，维络于身，溢蓄不能环流灌溉诸经者也，故阳维起于诸阳会也，阴维起于诸阴交也”。是否出自对维字的望文生义的理解和引申。《说文》：维，车盖系也。《广雅》：维，系也。也有可能像带脉一样，认为可以维系阴阳诸经。另外腰腹部横行的神经的也可能是阴维阳维脉的部分描述。临床确有脊椎病变影响脊神经有横向的背腰部疼痛。至于奇经八脉考等对其循行及穴位的描述，其依据及临床意义是存疑的。

## 结论：

奇经八脉是中医经络体系中一个有机的组成部分，通过古人对其走行及功能的研究结合现代医学相关的神经血管系统的认识，可以发现其相对应的关系：冲脉是对腹主动脉及颈动脉，股动脉，足背动脉等动脉系统的部分描述，任脉在腹腔内相似于下腔静脉。冲任之脉和十二经，脏腑相联系，包括妇人的子宫。任脉的另一概念在椎管内任脉和脊髓腹角的下行纤维束相似，和类似脊髓后角的上行传导束的督脉关系密切，并和诸经发生联系。带脉和生殖系统相联系和髂腹股沟神经类似。阳跷阴跷，阳维阴维的结构基础不是太清楚，更倾向于和神经系统有关。

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## “手如握虎”读《内经》

徐军

### [Digest]

‘The hands as if holding a tiger’ is a famous quote from 《Huang Di Nei Jing Su Wen》. Its numerous annotations, including those by renowned practitioners in history, read either too literary or non-pragmatic, misleading audience with equivocations converged from intended know-how protection, follower mentality or lacking immersion. The author of present article clarified “how the tiger is held by hands” in real clinical scenarios, and substantiated every word of the original statement with detailed linguistic and medical analyses, uncovering the fallacies embedded in the over- or understatement of the past.

《黄帝内经》传承至今，注疏者众。但其文中颇具文学色彩的诸多比喻常予注疏者以困扰。若注释符合规律，不悖医理，或可资后学临症借鉴；若解说穿凿附会，徒剩文学，则始于自娱，终以误人。本文尝试以《素问·宝命全形论篇二十五》和《素问·针解篇五十四》中，所及“手如握虎”为例，剖文析义、印证临床，力求一窥原作豹斑。期待方家指正。

帝曰：何如而虚？何如而实？

岐伯曰：刺虚者须其实，刺实者须其虚。经气已至，慎守勿失。深浅在志，远近若一。如临深渊，手如握虎。神无营于众物。

《素问·宝命全形论篇二十五》

刺实须其虚者，留针阴气降至，乃去针也；刺虚须其实者，阳气降至，针下热乃去针也。经气已至，慎守勿失者，勿变更也。深浅在志者，

知病之内外也；近远如一者，深浅其候等也。如临深渊者，不敢堕也。手如握虎者，欲其壮也。神无营于众物者，静志观病人，无左右视也。

《素问·针解篇五十四》

比对以上两节文字，可有以下印象：（一）<宝命全形论> 此节中 - 句均为比喻，分别用一个“若”字、两个“如”字，形象生动，寓意丰富；（二）两句行文风格与 - 句明显不同，前者远逊后者之凝练<sup>1</sup>，疑似《素问》编者拼接不同残简而成；（三）句中“已至”与“慎守”先后关系矛盾 - 既然“已至”，何须再“守”？（四）<针解> 此节逐句注解 <宝命全形论> 同段内容，但二者应非《素问》编者原创。否则当合并一处作解，而非另辟新章。

细观 <宝命全形论> 此节原文，可见其逻辑脉络如下：句说刺虚刺实的目标，体现在“须”；句说守气之要，强调于“勿”；句说进针深度，以“志”为准；句说针刺方向，以“一”为度；句说针刺风险，以“深”为害；句说风险控制，以“握”为要；句说全神贯注，为此前四句之补充，形神兼备。其中 句与 句相连，语义尚属通畅，但与其后 - 句接踵，转折突兀，语义难通。前者属泛泛而谈，后者则特有所指，似描述某种特定针法的操作要领。因此原文不仅在写作风格上，且在文理和医理上，均现拼接痕迹。即 - 句与 - 句应各有其源。

就 - 句而言，句“深浅在志”之关键词是“志”<sup>2</sup>。康熙字典有多种解释，本义为：志者，心之所之也。即意念、或愿望。又准志也，《书·盘庚》“若射之有志”。志，即靶心，标的。该句应解为：“针刺深度取决于靶标”。换言之，刺前应对针尖所达终点位置有所预判。

句“远近若一”，其主语与前句主语同为“深浅”，故而省略。远近是定语，指“远端和近端的深度若一”。该句应解为：“远端针尖所及应与近端进针处保持深浅一致”。一般而言，此种操作较少用到。只有在较深部位施行平刺/透刺时，譬如库房透缺盆，才需要“远近若一”。

句“如临深渊”，提示风险是针刺过深。应解为：“避免误入深层”。正如库房透缺盆一例，针刺过浅将无法在锁骨下顺利通过；针刺过深，则有伤及肺尖、导致气胸之虞。同时，古人还有针具韧性不足，断针之险。

句“手如握虎”明确控制风险的具体操作方式，以免伤人伤己。应解为：“双手如同束缚猛虎”。

原文四句环环相扣，缺一不可。概括精到，却不废一言。验于临床，更字真句实。

试将 - 句翻译为白话文和英文，致敬原创先贤：

（深浅在志）针刺深度取决于靶标位置，  
（远近若一）远端 [针尖所及] 要与近端 [进针处] 保持深浅一致，（如临深渊）避免过深犯险，  
（手如握虎）双手如同束缚猛虎，（神无营于众物）必全神贯注。

（深浅在志）Deep or shallow is up to the target [point]; （远近若一）[Depths] far and near should be the same. （如临深渊）Vigilant for not falling into abysmal depth; （手如握虎）The hands as if holding a tiger. （神无营于众物）Full concentration without being distracted by anything else.

临症施针，医家并非天天“握虎”、时时“临深”；否则世上平添若干焦虑症患者。确有施治需要时，针即是虎，针尖即虎牙，针干两端则是虎颈和虎尻，针柄为虎尾。针刺时需双手参与，十指各司其职：分别固定虎颈和虎尻，调控虎

尾，提供支点（加强稳定性），或守候虎牙（确认针效）。彼针刺样态，确有握虎之姿。

进针处与靶点间距要预判清楚。持针力度适中，以轻灵为度。进针宜缓，留有及时退针余地。进针尺寸接近预设距离时，须加倍小心，避免针尖遇到异常组织阻碍而滑向深层、造成医疗事故。

掌握临床运用规律后，再读《素问·针解》，雾中之花或清晰可见。〈针解〉句解说刺虚刺实，提出“阳气或阴气隆至及针下热或寒”，属个人见解。句解说守气，强调“勿变”。至此还算中规中矩，此后注者则是语焉不详，虚实参半。句解说“深浅在志”，忽略“在志”一词所指，笼统解为“知病之内也”，失了“准志”。或不得要领、或故布疑阵。刺之深浅多取决于特定针法或特殊穴位，而非病之内也。句解“近远如一”，“其候等也”一说，模棱两可，是陷后世于“候气”窠臼之滥觞。其本意或暗指“候（针之处）与进（针之处）深浅等也”之实，但终归言不尽意，引人错会。句解说“如临深渊”，唯此句“不敢堕也”接近真相。堕<sup>3</sup>者，毁也。非毁不足以名状深渊险绝。远非怠惰松懈可比。“不敢堕”一句，使其前句“其候等（远近若一）”与后句“欲其壮（手如握虎）”更加值得挖掘。句解说“手如握虎”，所谓“欲其壮也”，初读觉其离题万里，匪夷所思；再读方知“欲”又指“婉顺貌”<sup>4</sup>。婉顺乃驯服之果。辅以“壮”/“状”近音通假，当可由此将“手如握虎”之解“欲其壮也”疏为“如驯虎之状”、或“驭虎之状”也未尝不可。

究竟〈针解〉之注是潦草敷衍，还是隐晦藏私，于今已无从稽考。但〈针解〉误人久矣是不争之实。盖因〈针解〉此节注释载于《素问》，从之者众。自杨上善《黄帝内经太素》<sup>5</sup>以降，有《类经》<sup>6</sup>、《黄帝内经素问集注》<sup>7</sup>、《素问悬解》<sup>8</sup>等名家注者，俱随声附和，无一例外。后世因之沿袭，将“深浅在志，远近若一”解为候

针取气、强调“无论部位深浅、候气的道理一致”<sup>9</sup>，以承接前句。再将“如临深渊，手如握虎”衍为“行针”和“持针”，使“临”“握”之议落地。此路解说虽在语义上将一句与其后诸句贯通，但在医理上以“如临深渊”和“手如握虎”之郑重其事、来分别形容行针和持针<sup>10</sup>，似失于小题大做，而错过某些呼之欲出的精彩，不仅后世难以从中学有实获，海外传播也横遭波及<sup>11</sup>。令人惋惜。

### 后记：

“手如握虎”是《黄帝内经》中著名金句，时人耳熟能详。历代虽注疏者众，其中不乏中医大家；但诠释到位者寡。究其原因，不外藏私、因袭、失验三类。

《素问·针解》用词隐晦，虚实相杂，歧义丛生，藏私嫌疑较大。诸如《黄帝内经太素》、《类经》、《黄帝内经素问集注》、《素问悬解》等，则属因袭顺旧，萧规曹随。

研读经典，必先持平等之心。平等才会着意推敲，才敢于质疑，才有验而证之的勇气。跪着读经典，从来不逮去粗取精，去伪存真；遑论读出新意。中医“守正创新”也是要守规律之正，包括经典中的规律；而非死守经典文字。经典医籍也绝非为后世膜拜所作。

“手如握虎”一节，文字并不艰深，锚定“如临深渊”的应用场景，锚定前人注疏中的逻辑漏洞，厘清原文语法脉络关系，把握关键词语多重含义，印证临床实践体会，从中破茧而出并非难事。难的是端正态度，正确认识和对待《黄帝内经》。

《内经》非一人一时之作，而《灵》《素》本是各自独立的两部医籍汇编，时有语句重复之处。其素材来源广泛、成编时代各异、所含内容实证与臆想并存，且不乏编纂者对原有断篇残章剪辑嫁接。研读之际，宜逐字逐句剖而析之，一一别之，拾级而上，方可分门别类、各贯

其通，以利后学。贸然“一以贯之”，必蹈作茧自缚、自误误人之辙。

自古著述以传，注疏为用。传用之间，当秉持责任之心，力戒因袭藏私流弊，方不废薪火相承之责。《内经》所取原创素材最早或始于殷商时代<sup>12</sup>。万千磨难，传衍至今。无论见解高下，语义明晦，所有传本及注疏均有汗马功劳。心怀感恩，查漏补阙，而不盲目尽信，是对古人负责。“善言古者，必验于今”<sup>13</sup>，偶拾微得，验之临症，理通据实，方形诸文字，是对自己负责。传道授业，更当有一说一，坦言以诚，而非犹抱琵琶，或昏昏昭昭，或“谬言为道，更名自功”<sup>14</sup>，是对后人负责。

以此“握虎”之姿，研读经典。经典之正，或将不守自正。

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## 《黄帝内经·灵枢·经水》白话解读

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**摘要:** 汉代之后至今, 几乎所有文献无一例外地错误认为《经水》所谓的十二经水并非指人体的十二经水, 而只是借用地之十二经水(江河)描述人体的十二经脉的形态而已。对此, 笔者反复研读了《黄帝内经》若干篇章, 并统筹《伤寒杂病论》中的相关知识。笔者发现: (1) 在《黄帝内经》中, “十二经水”具有三种含义, 即“地有十二经水, 人有十二经脉”和“人亦有四海, 十二经水。”三者共存, 极易混淆, 是造成当时黄帝疑惑和后世长期误解的主要原因, 也是特设《经水》专篇专论的背景。(2) 早在汉代之前, 中国古代医学家即已发现了人体闭合式水液循环系统, 并“参天地应阴阳”将其建构为脏腑阴阳十二经水理论, 包括: 人体经水“受水而行之”, 经脉“受血而行之”, 两者不同, 并行相应而络合, 气血水三位一体; 十二经水也能够内属脏腑, 外连肢节, 故称“五脏六腑十二经水”; 人体十二经水也是一个闭合式水液循环系统, 即“内外相贯, 如环无端, 人经亦然”; 人体十二经水与“四海”和“水道”相连通; 采用“审切循扪按”方法, 可诊查诊断人体“血气之多少”和“水血之多少”的变化; 经脉经水气血水合病, “可合而刺之”, “视其寒温盛衰而调之”, “灸之亦然”。笔者认为经典中医学十二经水理论具有强大的优势和不可替代的实用价值, 可向现代经络研究提供参考依据, 也可促进临床诊治技术的继承、引进和发展。

**关键词:** 循环 水液循环 血液循环 经水 经络

《黄帝内经·灵枢》设《经水》专篇论述了人体闭合式水液循环系统(水液循环), 并“参天地应阴阳”, 将其构建为脏腑阴阳十二经水理论, 即人体“凡此五脏六腑十二经水者, 外有源泉, 而内有所禀, 此皆内外相贯, 如环无端, 人经亦然。”《灵枢·海论》“人亦有四海, 十二经水。”和《黄帝三部针灸甲乙经·经水第七/海论第八》保持一致, 然而, 自汉代之后, 受《管子》和“唯经脉论”的误导, 忽视了上述论断, 除李广钧教授主张人体经水[1]之外, 几乎无一例外地将《经水》误解为古人只是借中国古代版图的十二条江河比喻“十二经脉”的形态罢了。这无疑等于说人体没有水液循环, 彻底否定了古代医学家早已发现了人体水液循环的事实。这一缺憾延续至今, 给中医学理论着实造成了不小损失, 以致于既有的“水”、“津”、“液”、“膏”、“髓液”、“溺”、“唾”、“泪”、“泣”、“四海”、“水道”、“气血津液”、“津血同源”、“气滞水阻”、“痰饮”、“水湿”、“痰瘀互结”、“水胀”、“水肿”等等生理病理概念无处落地,

悬空失真。笔者在郭松鹏主任医师指导下, 基于他首发的《经典中医学经络-人体连接和传输系统》, 反复研读《黄帝内经》和《伤寒杂病论》, 撰写此文, 白话解读《经水》如下。

### 1. 《灵枢·经水》篇被误解的背景原因

#### 1.1. “经水”一词的来源

最早来自两部著作。一是《管子》一书。《管子·水地》: “水者, 地之血气, 如筋脉之通流者也。”

《管子·度地》: “水有大小, 又有远近, 水之出于山而流入于海者, 命曰经水。”二是《黄帝内经·经水》所说的古代中国地域上的清水、渭水、海水、湖水、汝水、绳水、淮水、漯水、江水、河水、济水、漳水十二条河流, 是经水三种含义中的一种。

#### 1.2. 《黄帝内经》中的“经水”出现在四种情形, 三种含义, 一语三关。

在《黄帝内经》中, “十二经水”或“经水”出现于多个篇章, 可分为四种情形, 共三种含义, 即“地有十二经水, 人有十二经脉”和“人有十

二经水”，情形不同，其含义也不同，极易混淆。

1.2.1. 第一种：特指“地之经水”。含义之一，例如《离合真邪论》：“夫圣人之起度数，必应于天地。天有宿度，地有经水，人有经脉。天地温和，则经水安静；天寒地冻，则经水凝泣；天暑地热，则经水沸溢；卒风暴起，则经水波涌而陇起。”再例如《邪客》：“地有十二经水，人有十二经脉。”故出现含义之二，即采用“地之经水”比喻“十二经脉”的形态。

1.2.2. 第二种：特指人体的十二经水。含义之三，例如《海论》：“人亦有四海，十二经水。经水者，皆注于海，海有东西南北，命曰四海。”即人体的十二经水流注入人体四海，犹若地之经水流注入东西南北四海，恰如江河入海流的画面感。

1.2.3. 第三种：模棱两可，难以定论。例如《经别》：“六律建阴阳诸经而合之十二月、十二辰、十二节、十二经水、十二时、十二经脉者，此五藏六府之所以应天道。”《阴阳清浊》中“黄帝曰：余闻十二经脉，以应十二经水者，其五色各异，清浊不同，人之血气若一，应之奈何？”

1.2.4. 第四种：因为“经水”的三种含义混杂，容易引起误解，故又设《经水》专篇论述。故黄帝开篇即对“十二经脉者，外合于十二经水，内属于五脏六腑。”困惑不解，遂提出两个问题。岐伯采用“参天地应阴阳”方法，明确定论为“凡此五脏六腑十二经水者……人经亦然”。黄帝听后终于明白了：原来“经水”有三种含义：既指大地上十二经水，也指人体内的十二经水，还用来比喻十二经脉的形态。

## 2. 原文白话解读

### 2.1. 原文第一段

2.1.1. 黄帝问于岐伯曰：经脉十二者，外合于十二经水，而内属于五脏六腑。夫十二经水者，其有大小、深浅、广狭、远近各不同；五脏六腑之高下、大小、受谷之多少亦不等，相应奈何？夫

经水者，受水而行之；五脏者，合神气魂魄而藏之；六腑者，受谷而行之，受气而扬之；经脉者，受血而营之。合而以治奈何？刺之深浅，灸之壮数，可得闻乎

岐伯答曰：善哉问也！天至高不可度，地至广不可量，此之谓也。且夫人生于天地之间，六合之内，此天之高，地之广也，非人力之所能度量而至也。若夫八尺之士，皮肉在此，外可度量切循而得之，其死可解剖而视之。其藏之坚脆，腑之大小，谷之多少，脉之长短，血之清浊，气之多少，十二经之多血少气，与其少血多气，与其皆多血气，与其皆少血气，皆有大数。其治以针艾，各调其经气，固其常有合乎。

### 2.1.2. 白话译文

黄帝问岐伯：据说，“十二经之脉者，外合于十二经水，而内属于五脏六腑。”我对此有两个问题疑惑不解：首先，地之十二经水的大小、深浅、广狭、远近各不同；人体五脏六腑的高下、大小、受谷之多少亦不等，两者如何相应？其二，在人体内，经水“受水”而运行水液至全身；五脏者，合神气魂魄而藏之；六腑者，“受谷而行之”，并吸收食谷精微之气而布散全身；经脉“受血”而运行血液营养全身。如何将这四者整合在一起，合而诊治呢？针刺的深浅，艾灸的壮数，又是如何？我能听听你的解释吗？

岐伯回答说：问得好啊！天至高而不可揣度，地至广而不可测量，这是常识。进一步说，人生于天地之间、六合之内，天的高度和地的广度，那不是人力能够准确度量的。例如一位八尺长的男士躯体，皮肉在那里，活着的时候，可从体表切循探摸方法度量它们，死了之后则可解剖开来直视查看，他的五脏软硬度、六腑的大小、受谷的多少、血脉的长短、血液的清浊、经气的多少，以及在十二经中，某经多血少气，某经少血多气，某经血气皆多，某经血气都少，我们能够大体确定其数量。使用针刺艾灸，分别调和其经气，即可治疗气血之病，因为气和血总是合而为一的。

### 2.2. 原文第二段

2.2.1. 黄帝曰：余闻之，快于耳，不解于心，愿卒闻之。岐伯答曰：此人之所以参天地而应阴阳也，不可不察。足太阳外合于清水，内属于膀胱，而通水道焉。足少阳外合于渭水，内属于胆。足阳明外合于海水，内属于胃。足太阴外合于湖水，内属于脾。足少阴外合于汝水，内属于肾。足厥阴外合于澠水，内属于肝。手太阳外合于淮水，内属于小肠，而水道出焉。手少阳外合于漯水，内属于三焦。手阳明外合于江水，内属于大肠。手太阴外合于河水，内属于肺。手少阴外合于济水，内属于心。手心主外合于漳水，内属于心包。凡此五脏六腑十二经水者，外有源泉，而内有所禀，此皆内外相贯，如环无端，人经亦然。故天为阳，地为阴，腰以上为天，腰以下为地。故海以北者为阴，湖以北者为阴中之阴；漳以南者为阳，河以北至漳者为阳中之阴，漯以南至江者为阳中之太阳。此一隅之阴阳也，所以人与天地相参也。

#### 2.2.2. 白话译文

黄帝催促岐伯说：听了你对十二经之脉的解说，我很高兴，但心里仍有困惑，我迫切想听你对我上面提出的那两个有关“经水”的问题的解释。

岐伯回答说：你提的那两个问题涉及如何参合天地和如何对应阴阳十二经，我必须先说清楚。足太阳经之水参合地之清水，内连属于膀胱，并与“水道”相通。足少阳经之水参合地之渭水，内连属于胆。足阳明经之水参合地之海水，内连属于胃。足太阴经之水参合地之湖水，内连属于脾。足少阴经之水参合地之汝水，内连属于肾。足厥阴经之水参合地之澠水，内连属于肝。手太阳经之水参合地之淮水，内连属于小肠，小肠秘别清浊而连通“水道”。手少阳经之水参合地之漯水，内连属于三焦。手阳明经经之水参合地之江水，内连属于大肠。手太阴经之水参合地之河水，内连属于肺。手少阴经之水参合地之济水，内连属于心。手心主经之水参合地之漳水，内连属于心包。总之，人体“凡此五脏六腑十二经水者”，外有水之源泉，同时在内又秉承了脏腑化生之精

微，它们内外互相贯通，环状运行，周而复始，人的其它各经也是如此。

为何这么讲呢？因为天在上为阳，地在下为阴，所以人的腰部以上为天属阳，腰部以下为地属阴。因海水以北为阴，所以湖水以北则为阴中之阴；因漳水以南为阳，所以河水以北至漳水地域则为阳中之阴，漯水以南至江水部位为阳中之太阳，这是一隅之地的阴阳分布规律。所以说，人体参照应合了天地阴阳。

#### 2.3. 原文第三段

2.3.1. 黄帝曰：夫经水之应经脉也，其远近浅深水血之多少，各不同，合而以刺之奈何？岐伯答曰：足阳明，五脏六腑之海也，其脉大，血多气盛，热壮，刺此者不深勿散，不留不泻也。足阳明刺深六分，留十呼。足太阳深五分，留七呼。足少阳深四分，留五呼。足太阴深三分，留四呼。足少阴深二分留三呼。足厥阴深一分，留二呼。手之阴阳，其受气之道近，其气之来疾，其刺深者皆无过二分，其留，皆无过一呼。其少长大小肥瘦，以心撩之，命曰法天之常，灸之亦然。灸而过此者，得恶火则骨枯脉涩，刺而过此者，则脱气。

#### 2.3.2. 白话译文

黄帝问岐伯说：人体内的经水与经脉各自运行，相应一致，络合一体，两者的远近浅深各不相同，“水血之多少”也各不相同，如何把经水与经脉结合在一起，合而刺之呢？

岐伯回答说：足阳明经是五脏六腑之海，经脉最大，血多气盛且热壮，针刺时，不深刺则邪不能散，不留针则邪不能泻。足阳明经，针刺六分深，留针时间是十次正常呼吸之长；足太阳经，针刺五分深，留针七呼；足少阳经，针刺四分深，留针五呼；足太阴经，针刺三分深，留针四呼；足少阴经，针刺二分深，留针三呼；足厥阴经，针刺一分深，留针二呼。手的三阴三阳经，由于它们接受脏气之道比较近，气行快，针刺的深度都不超过二分，留针的时间都不超过一呼。人有老少、长短、肥瘦的不同，还需用心揣摩，根据具体情况，使之合乎自然之理，灸法也是如此。灸

而过度，损伤津液则生恶火造成骨髓枯槁、血脉凝涩；刺而过度，会发生气脱，使正气受伤。

#### 2.4. 原文第四段

2.4.1. 黄帝曰：夫经脉之大小，血之多少，肤之厚薄，肉之坚脆及腠之大小，可为量度乎？岐伯答曰：其可为量度者，取其中度也。不甚脱肉，而血气不衰也。若夫度之人，瘦而形肉脱者，恶可以量度刺乎。审切循扪按，视其寒温盛衰而调之，是谓因适而为之真也。

#### 2.4.2. 白话译文

黄帝问岐伯：人体经脉的大小、血气的多少、皮肤的厚薄，肌肉的坚脆，以及腠的大小，可以度量吗？岐伯回答说：所谓可以度量者是指那些身材适中的人。例如，肌肉不很消瘦则说明血气不衰。如果被度量的人身体消瘦，形肉已脱，怎么可用他来度量经脉的大小和血气多少呢？而应该通过审、切、循、扪、按等诊察方法，依据其温热虚实，采用不同的针刺或灸法调治，这就是因人而施治的道理。

### 3. 如何正确解读《灵枢·经水》

#### 3.1. 《经水》篇的基点和要点

笔者认为阅读时应该首先抓住《经水》篇的基点，也是论断，即“凡此五脏六腑十二经水者，外有源泉，而内有所禀，此皆内外相贯，如环无端，人经亦然。”从这一基点统筹全文，统筹其它相关篇章，统筹《伤寒杂病论》，如此才能够排除“唯经脉论”对我们思维的干扰和束缚。其中关键要点是“凡此五脏六腑十二经水者”，这是一个典型的古汉语肯定句式，由“五脏六腑”与“十二经水”组句，特指人体内十二经水内属于五脏六腑。如果把“凡此五脏六腑十二经水者”更改为“凡此五脏六腑十二经脉者”，显然错误。

#### 3.2. 黄帝与岐伯对话的场景、情绪、逻辑转折和画面

3.2.1. 原文第一段：（1）黄帝开篇即对“经脉十二者，外合于十二经水，而内属于五脏六腑”这句话心存疑惑，故接着采用“夫……

者，……？”发问句型向岐伯提出两个问题。因为黄帝有疑惑，所以他才提出两个问题。（2）岐伯先回答了十二经之脉的“血气之多少”，其治疗原则是通过调气治疗气血病。

3.2.2. 原文第二段：（1）岐伯尚未回答黄帝关于“十二经之水”的两个问题，所以黄帝说自己虽然高兴，但还是“不解于心”，于是催促岐伯：“愿卒闻之”。（2）岐伯回答了如何采用“参天地应阴阳”的方法构建“五脏六腑十二经水”理论，即如何对应“十二经脉”？十二经脉在体内外如何“外合十二经水”？十二经水如何内属于“五脏六腑”？十二经水如何与“水道”连通？最终定论为“凡此五脏六腑十二经水者……，人经亦然”。

3.2.3. 原文第三段：（1）听了岐伯的论述，黄帝明白了人体“五脏六腑十二经水”及其与经脉之间“水血多少”各不相同却又相应一体的关系。接着他又问“合而以刺之奈何？”（2）岐伯说可以依据“十二经脉”的气血盛衰，把经水经脉统合在一起，即能气血水合而治之。（3）从第一段的“血气之多少”，到第三段的“水血之多少”，经典中医学阴阳十二经支配下的气血水三位一体，结构功能统一的经络理论便凸现出来了。

3.2.4. 原文第四段：黄帝问：经脉大小不同，血的多少也不同，可度量吗？岐伯回答了病与非病状态下度量经脉气血的方法。

### 4. 《黄帝内经》人体脏腑阴阳十二经水理论的证据

如同上述，在《黄帝内经》中，“经水”有三种含义，一语三关：（1）专指地之十二经水；（2）以地之十二经水（江河）比喻十二经脉的形态。

（3）专指人体十二经水。情形不同，含义不同。三种含义，不可相互否定，更不可以“少数服从多数”搞学术定论。现在摆在中医学术界一个最基本问题：我们是否也认为人体也有十二经水？

4.1.1. 直接证据一：《海论》：“人亦有四海，十二经水。经水者，皆注于海，海有东西南北，命曰四海。”；“人有髓海，有血海，有气海，有水谷之海，凡此四者，以应四海也。”意思是人体的十二经水连通人体四海，犹若地之十二经水（江河）注入东西南北四海一样。此处明确地说：人也有十二经水，没有什么可争议的。

4.1.2. 直接证据二：《经水》：“凡此五脏六腑十二经水者，外有源泉，而内有所禀，此皆内外相贯，如环无端，人经亦然。”这是岐伯对人体经水闭合式运行水津液的最终论断，此处的“十二经水”只能是人体十二经水。

4.1.3. 直接证据三：人体十二经水除与人体“四海”相连通之外，《经水》中提到“通水道焉”和“水道出焉”。只能是人体的十二经水，方能连通人体的四海和水道。

4.1.4. 直接证据四：《黄帝三部针灸甲乙经》继《十二经水第七》接着在《海论第八》论述为：““人有四海，十二经水者皆注于海。有髓海，有血海，有气海，有水谷之海。”与《灵枢·经水/海论》保持一致，即人体内的确有十二经水。

4.1.5. 其它相关证据：除《经水》之外，《海论》、《五癰津液别》、《水胀》、《灵兰秘典》、《经脉别论》等篇从不同方面进行了论述，将这些知识系统化，可构建出一套完整的《黄帝内经》人体水液循环。篇幅所限，笔者无法展开论述，如有愿望，读者可重读这些篇章。

4.1.6. 《伤寒杂病论》存有大量有关气血水的生理病理论述和一系列中药治疗方法，这些中医师众所周知的知识，也可为人体“五脏六腑十二经水”理论提供了有力证据。笔者不再赘述。

4.1.7. 事实和常识：两千多年前中国医学家们已经发现了人体水液循环，即“凡此五脏六腑十二经水者，外有源泉，而内有所禀，此皆内外相贯，如环无端，人经亦然。”笔者认为此段论述符合人体水液循环的基本事实，也符合临床气血水合病的事实。无论古代，还是现代，人体水液

循环是简单得不能再简单的医学常识，现代中医学不该将其拒之门外。

## 5. 结语

在黄帝和岐伯的四个问答中，对答明快，十分精简，一语多义，又缺字少词，再加上《管子》的干扰和“唯经脉论”对思维的加持，很容易对《经水》产生常识性的误解。如何才能正确把握《经水》全文？其实方法很简单，只要将“凡此五脏六腑十二经水者……人经亦然。”作为基点，承认“经水”一词在《黄帝内经》的三种含义，全面统筹相关篇章和《伤寒杂病论》，排除干扰和加持，我们就能正确理解古人采用“参天地应阴阳”方法所建构的人体十二经水理论，确认古代医学家们早就发现了人体水液循环的事实，如此可化解诸多困惑，可合理修辞将文言文转译成通俗易懂的白话文，还可流畅地引进新知识和新技术以升级现代中医理论，促进中医临床技术开发。只有好处，没有坏处。我们还将协同中医同仁，协作攻关，对《黄帝内经》相关知识进行系统整理和阐述，重构出一套更加完整的中医版“经水-水液循环”理论。希望中医学学术界愿意就“地有经水，人有经脉”和“人亦有四海，十二经水。”达成共识。本文只是一个开端，简要介绍《经水》篇的来龙去脉，以抛砖引玉。

## 参考文献

[1] 李广钧.《黄帝内经》论经络学说浅析(上). 北京 中医, 2006, 25(11): 659-663

## 致谢:

首先感谢李灿辉博士在过去五年中帮助我们在微信“组中中医科学探索群”接受同行质疑、批判和建言，使得本文更加全面和稳妥。也感谢叶明柱教授给予的文献方面的指引。同时感谢马仁海教授、胡卫国博士、李一鸣博士、王少白博士、巩昌镇博士、冷三华博士、刘兴方博士、吴中勤博士对本文的审阅和指导。

## 古经方探源

李长达

一直以来，中医药界都在探讨古代中医的特点，寻求古代中医治病的方法，寻求古代中医的思维辨治，以及探索舌诊脉诊等等，更有少数人从世界观和思想思维方面深入探源。顾植山教授对五运六气理论的探索应用，激起很多年轻医生对五运六气理论的学习和临床应用热情，也激起很多中医及中医爱好者探讨古代中医整体情况到底是什么样？什么才是中医的本来面目。

其实这方面的记载是很多的，只是需要我们用历史的眼光、客观的眼光去看待和分析。《黄帝内经》在中医的理论思想方法方面已经给予我们全面系统的论述，而后代的认识往往不全面，不系统，经常出现断章取义的情况，比如对五运六气理论的否定等等。那么古代在应用《黄帝内经》理论方法如何进行诊治疾病的呢？

目前没有战国及秦朝这方面的文字记载。以后的汉朝持续发展几百年，在班固《汉书·艺文志》记载有西汉时期的医疗状况：有医经七家、经方十一家。医经，是偏于研究阴阳五行理论与人体生理病理方面，《汉书·艺文志·方技略》：“医经者，原人血脉、经络、骨髓、阴阳、表里，以起百病之本、死生之分，而用度箴石汤火所施、调百药剂和之所宜。至剂之得，犹磁石取铁，以物相使，拙者失理、以愈为剧，以生为死。”

经方有十一家，是注重临证治病方面，十一家有：五脏六腑痹十二病方三十卷、五脏六腑痹十六病方四十卷、五脏六腑痹十二病方四十卷、风寒热十六病方二十六卷、泰始黄帝扁鹊俞跗方二十三卷、五脏伤中十一病方三十一卷、客疾五脏狂颠病方十七卷、金创癰疽方三十卷、妇人婴

儿方十九卷、汤液经法三十二卷、神农黄帝食禁七卷，共二百七十四卷。

从《汉书》的论述来看，经方，是汉代中医的状态。那么他们的行医状态是什么样呢？在《汉书·艺文志·方技略》中进行了进一步明确的论述：“经方者，本草石之寒温，量疾病之浅深，假药味之滋，因气感之宜，辨五苦六辛，致水火之齐，以通闭解结，反之于平。及失其宜者，以热益热，以寒增寒，精气内伤，不见于外，是所独失也”。就是说汉代中医经方者，是根据草石寒温之性，五苦六辛之偏，遵循运气之特点，分析疾病表里虚实，寒者热之，热者寒之，达到解除疾病的目的。

从此论述中我们看到汉代中医是有整体观念的，讲求阴阳五行与本草性味的，《内经》、《神农本草经》理论是一脉相承的。而我们现代人对经方的理解已经已经完全不一样，认为经方概念有三个，一是指张仲景的方，二是指古代经典方，三是指经方加时方。因为俗文化的缘故，入乡随俗，三人成虎的特点，我们在交流中不得不认同这些观点，要不然很难沟通。而经方者这门技艺的消失并非是我们现代人造成，实际情况是在东晋就已经式微不盛。直至唐朝孙思邈所说“经方之难精由来尚矣”，说明经方技术已经基本失传。“经”是经略经营的意思，如果有异议，看《大医精诚》后文“专心经略财物”，就说的很明白了。这与汉方艺文志所述是有呼应的，都是说的经方者。说明经方在唐朝已经面目不再，到宋开始制剂为主。而孙思邈《大医精诚》这篇文章，大部分在讲医之诚，只有第一段讲大医之精，并且开头第一句就提到张湛经方之难精，说



明孙思邈及其唐朝甚至唐朝之前的人，都把经方者的技艺作为医者最高境界加以膜拜。大医之精，就是精通经方者技艺！只有精通经方理念技艺，才能正确辨识五脏六腑经络，病之内外虚实，才能寒者热之，热者寒之。

孙思邈作为中医药文化历史传承上非常重要的人物，大医精诚传颂上千年，人们都把焦点集中到字数多的大医之德上，却偏偏忽略了医学精要的论述，并且竟然忽略了一千四百多年，真是让人唏嘘！

《辅行诀脏腑用药法要》是魏晋南北朝时期陶弘景所著，此书在唐朝之后失传，近代又在敦煌文物中发现，遗憾的是原作烧毁，目前是手抄本。这本书在汉晋道教流行，是汉经方者组方治病的延续。其60首方剂来自失传的《汤液经法》一书。并且，现在很多学者认为，《辅行诀》中的“汤液经法用药图”可能是《汤液经法》一书的精要所在。《辅行诀》指出：“昔南阳张机，依次诸方，撰为《伤寒论》一部，疗法明晰，后学咸尊之。”

东晋之前的中医的基本的状态，就是经方，经方是中医从业者看病所遵从的理论方法与过程，张仲景所处的那个年代就是这样，诊治疾病的思想方法与组方法度必须与《黄帝内经》、《汤液经法》理论论述方法相一致，张仲景是经方的优秀代表，其著作伤寒论也流传甚广。但限于历史原因张仲景没有在书中论述组方用药的理论渊源，是最大的遗憾，也是造成中医理论渊源不清、伤寒论方解混乱的根本原因。但是，现在我们有《辅行诀》作为参考，可以互为参照，并结合《黄帝内经》理论思想和五运六气指导，逐步摸索感悟古人的组方用药的法度，从而提高我们

的临证辨机治疗水平，在现代各类疾病的治疗方面找到更多行之有效的方法，为人民群众健康服务，为中国中医药的发展贡献力量。

传承中医需要正本清源，需要按照《内经》的理论去研究，探讨中医的真实的面貌，从而应用到现代疾病的诊疗过程中，让中国中医的智慧真正的更加系统的完整的体现在现代社会，为现代社会的养生保健服务。古经方就是古中医的原型，现代中医应当研究古经方，成为经方者，还原古代中医的面貌。

古经方遵从的是《黄帝内经》所讲述的阴阳五行理论，用这套理论去认识疾病，认识本草，认识天地，认识人体，从而找到辨别出天地对人体之阴阳五脏六腑变化的影响一病机所在，而应用本草的性味偏向去纠正人体的阴阳偏盛偏衰，以达到治疗疾病的目的。

《周易》中记载“生生之谓易”，《汉书》中有“方技者，皆生生之具”，经营研究方药制剂就是维护保护生命的技艺。国医大师陆广莘在归纳中医的学术思想时使用了这样一句话：“循生生之道，培生生之气，用生生之具，收生生之效”。中国传统文化的精髓，就是维护和保护生命，而古代中医更好地体现了这一点，研究经营方药的技术技艺就是维护生命的技艺，古经方就是生生之学，中医就是生生之学。

顾植山教授说过，张仲景是古代经方家中的一家，陶弘景也是其中的一家，并谆谆教诲弟子要将《汉书》“经方者”背诵，要烂熟于心，他老人家就是让每一个中华传人，每一个中医传承者走古代经方之路，因为古经方是中医正道，沿着这条路，我们将继承中华祖先的智慧，保佑自己和他人的健康，实现医者的人生价值。

## 中药在欧洲的使用情况

徐盈（英国）

**关键词:** 中药, 市舶司, 一带一路, 《马可波罗游记》, 《本草纲目》, 《欧盟传统草药指令》, 《医疗方案》(英国 1968 年), 《草药宪章》(英国 1542 年), 马兜铃, 《欧洲药典》。

### (一) 中药在欧洲开始使用

秦汉时期, 中医中药传到了朝鲜、日本、越南等国。汉代, 中药材、尤其是以大黄为代表的中药远销欧洲, 并同时传播了一些中医技术和文化。唐代, 许多国家、包括欧洲来到中国学习中医药知识。公元一至五世纪, 中国炼丹术传到了阿拉伯; 七至八世纪, 由阿拉伯再传到了欧洲。十世纪, 宋朝与海外五十多个国家通商, 外运的中药品种、数量都大量增加, 并且在广州设立了管理药材出口机构“市舶司”。十三世纪意大利商人马可·波罗记录他经地中海、中国、欧、亚等地的游历, 写出了《马可波罗游记》, 记载了大量的中药材被商人运到亚丁(“亚丁”位于阿拉伯半岛西南角, 是也门的著名港口和首都)、北非等地。1405—1433 年, 明成祖派郑和率船队七次下南洋和西洋, 输出了大量的中药材。曾被达尔文誉为中国十六世纪的百科全书《本草纲目》, 于十七世纪传到日本和欧洲, 还被译成日、朝、拉丁、法、英、俄等文字, 成为国际重要的科学文献。

### (二) 中药在欧洲的普遍使用

随着改革开放、中医药疗效的证明、世界对于中医药认识的提高、“一带一路”的影响等, 中药在欧洲已较普遍的使用。2013—2019 年, 我国中药产品的贸易总额、出口额、进口额, 均在整体上呈现增长趋势。2019 年中药贸易总额为 61.74 亿美元, 比 2013 年增长 46.3%; 2019 年中药类商品出口的植物提取物 23.72 亿美元, 占中药类商品出口贸易的 59%;

2019 年出口中药材及饮片 11.37 亿美元, 占比 28%; 中成药占比 7%; 保健品占比 6%。欧洲占全球传统药品市场的 40%以上, 是世界上最大的传统药品市场。目前, 有一亿多欧洲人曾经和正在使用传统医药, 其中 1/5 定期使用传统医药。中国在欧洲的中药贸易市场存在着巨大的发展空间和潜力。英国、德国、法国、意大利、比利时、西班牙、荷兰等发达国家, 都把中药和中医作为其国民医疗体系外最大的医疗资源和依靠。在欧洲, 几乎每个国家和地区, 都有中医药诊所, 分别根据各自特长及需要, 设立和备有针灸、推拿、正骨、中药、中药浓缩粉、中成药、药膏、膏药、神灯、电针仪、中药煎煮机等, 甚至有的诊所备有彩超、化验、心电图等检查设备。以英国为例, 现有 1500 个左右的中医药诊所, 仅中药每日销售近 50 万英镑, 每年近两亿英镑左右。再加上针灸、推拿、正骨、中成药、理疗、诊费、出诊费等, 数目可观。更重要的是中医药在海外对于欧洲患者乃至世界患者们的帮助可谓巨大, 对于“一带一路”的助力和支持可谓积极有力。

欧洲患者, 以及亚健康的人群, 对于中药已逐渐减少和消除了排斥的心态, 前提是医生需对他们的病情明确诊断并讲明中医药的作用及注意事项、以及可能出现的某些反应(如服大黄后稍泻等)。曾几何时, 二十几年前, 欧洲“马兜铃”肾衰事件, 曾使得中药蒙尘并受到怀疑、打压等, 但是, “事实胜于雄辩”, 经过国内外、尤其海外的中医药工作人员认真负责的努力工作和宣传介绍, 大量的真实病例得到显著的治疗效果, 特别是中药有效、快速

的治疗和预防”新冠”后，欧洲患者们已大多没有顾虑，放心的遵医嘱服药治病了。

通过多年的实践，中药在欧洲，对于常见病及一些疑难病，治疗效果确实很好。小到感冒、湿疹、银屑病、鼻炎、偏头痛、痛风、关节炎、跌打损伤、胃肠功能紊乱等普通病及中药养生、美容，大到癌症、糖尿病、哮喘、肺气肿、气管炎、冠心病、脑梗、面瘫、胆肾结石、不孕症、崩漏症、重症肌无力、耳聋等顽固疑难病，都取得了显著的疗效，都有许多真实生动的典型病例。

欧洲及西方许多国家，如英、美、澳大利亚等都设有中药研究所（或者中心），专门投入大量的人力财力研究。今年在世界权威学术周刊《肿瘤学目标》上，澳大利亚阿德莱德大学的研究团队发表了“中草药复方苦参在杀死癌细胞方面有奇迹般的效果”，据说把中药治癌的机理研究清楚了。并提出“中药配方将（可能）成为替代西方医学界攻克癌症的新思路、并提供了新的解决方案”，“复方苦参注射液由数味中药组成，单一不能杀死癌细胞，但混合后，可治疗多种癌症，且副作用很少”。

无数的世界各地、包括欧洲在内的中药受益者，包括患者和用中药预防疾病的人群及用中药调理养生的人群，对中药的好感和认识，源于他们的疾病“药到病除”，或者“用之有效”，世界将掀起更大的中医中药热潮，中医药学将逐步崛起于世界医学和文化之林，造福更多的患者和人民。正如我们的建国领袖毛主席所言“中国医药学是一个伟大的宝库，应该努力发掘，加以提高”，“中国应当对于人类有较大的贡献”。

“欧洲药典中药委员会”主席格哈德·法兰兹在2016年5月29日杭州“中医的未来”国际峰会上表示：2016年5月前收录的66种中药进入《欧洲药典》之后，未来的目标是把中医常用的300种中药材纳入《欧洲药典》。《欧洲药典》是欧洲药品质量检测的唯一指导

文献。基于中医药在欧洲的发展势头，《欧洲药典》领导组织在2008年成立了中药委员会，依此标准规范中药材和中成药在欧洲的销售和使用。众所周知，欧洲的食品检测标准和药检标准，是全世界享誉很高的。

目前已进入《欧洲药典》的中药：人参、陈皮、白术、大黄、水红花子、虎杖、三七等66种，占《欧洲药典》里184种草药数量的三分之一以上。每一味中药材进入《欧洲药典》都需要经过严格的检测论证，《欧洲药典》的三十七个国家中，若有一个国家对某种药材提出疑问，都无法成功入典。这66种中药，今后在安全性、质量、疗效等方面，有了欧洲认可的标准规范，为中药在国外被广泛的接受和使用奠定了基础，也是中成药打开口通道的第一步。在欧洲引领中国以外的国家和地区逐步信任、使用、推崇中药是我们炎黄子孙中医药后人当无愧的历史责任，在当今中医药的历史发展关键时机，我们没有理由松懈斗志、坐失良机。

### （三）中药在欧洲的禁止、制约、允许使用

#### 1. 欧盟禁止入境的中药

厚朴、广防己、马兜铃、天仙藤、乌头、附子、款冬花、洋金花、青木香、云木香、朱砂、轻粉、马钱子、罂粟壳、虎骨、犀角、羚羊角、穿山甲、淡水龟、眼镜蛇、海马、象皮、象牙、石斛、芦荟、玳瑁、熊胆、麝香等。

#### 2. 欧盟制约和禁止使用的中药

石膏、寒水石、代赭石等矿物药仅限于外用；所有的动物药禁止口服及外用；禁用含马兜铃酸的中药材，如细辛、汉中防己、寻骨风等108种中草药制剂（如八正丸、苏合香丸、九味羌活丸、半夏止咳糖浆、蛇胆川贝散等）；禁止在所有的食品动物上使用兴奋剂（如克伦特洛、沙丁安醇等）、杀虫剂（如林丹、克百威、杀虫咪等）、汞制剂（如甘汞、硝酸甘汞

等)、促生长类激素(如性激素:甲基睾丸酮、丙酸睾酮苯丙酸诺龙等)、催眠和镇静药(如安眠酮等)。

### 3. 限量使用的中药

麻黄:应由国家认可的医务人员使用,每日每人最高用量 1.8g,远低于中药正常用量。同时,中医师中药师在理论上不是欧盟认可的国家医务人员,欧盟也没有对于中医药工作者立法。

### 4. 相对的宽松与严格的管控

如前所述,欧洲的中医药是十七世纪西方传教士从中国带回以及华人传播而逐步形成的,数百年来不断的发展、补充、推广,为许多患者和西方社会欢迎和需求。历届国家的政府也多次加以从制度、法律、规定等层面予以管理。比如,比较重要的是英国 1968 年的《医疗方案》(The Medicines Act 1968),是自 1542 年《草药宪章》以来的又一部保护英国草药及草药师权益的法案。这部法案允许草药产品没有产品许可证,草药师可以提供由自己制备的草药产品给自己一对一诊疗的病人。它还保护了民众自由选择满足自己健康所需的产品要求。受英国的影响,欧洲对于草药、包括中药,具有严格的管控要求(如前所述),同时也具有极大的宽容性。以英国为例:2001—2011 年,草药调查显示,民众对于草药的平均使用率 37.1%,说明草药、尤其中草药将更多的在欧洲使用。欧洲在草药管控方面,有 2004 年 4 月 30 日开始执行的《欧盟传统草药指令》,明确了传统草药的使用范围、禁用品种等具体内容。管理草药、包括中草药在欧洲进行的广泛使用。要求所有的国家或者单位(公司、个人)欲在欧洲使用草药,就一定要遵守该《指令》。

## (四) 中药如何在欧洲更好的使用

2013 年,中国提出建设“一带一路”的国际发展路线,借助既有的、行之有效的区域合作平台,依靠中国与有关国家的双边和多边关系,借助“一带一路”这一古代“丝绸之路”、“海商之路”的历史符号,和平发展、经济合作,打造政治互信、经济融合、文化包容的利益共同体、命运共同体、责任共同体。“一带一路”给中医药海外发展带来了活力和动力,中医药也为“一带一路”打先锋、趟路子,做着最实际的推广、落实、宣传、践行。

今后,我们要抓住历史机遇,充分借助“一带一路”的东风,发挥中医药的独特优势,抓紧在欧洲乃至世界发展推广,更大力度的宣传,更多的建立专业团队和中医药诊所,更好的提高临床疗效、解决实际工作问题、攻克医药界的疑难疾病和疑难问题。要不断的增进科研步伐,对于中医药、尤其中药成分、作用、副作用、单味药与复方药的同异优劣等,进一步提高认识,取得更多的、确切的科研成果。要仔细分析欧盟关于草药、食品方面的法律和规定,与我国的相关医药法律和规定相结合,争取更多的中药、中成药打入欧盟及国际市场。要提高中药材及生产场所的管理要求,加强管控肥料、农药、重金属等,保质保量;调节中药材储存、销售、各类药材生产比例和价格的升降、提倡道地药材种植和采收,使患者用的放心、花费较少、疗效显著,从而更有利于中医药推广宣传和使用,也有利于全中国及全世界人民的利益。要提高每一位中医药工作者、领导者、学习者、科研人员、管理人员的人生观、价值观、荣辱观,提倡“比学赶帮超”、“见贤思齐”、秉承创新、奋发图强,“更上一层楼”。争取每年出现更多的优秀人才,更好的造福患者、造福社会,为中医药事业增光添彩;争取更多的获得国家级乃至世界级奖励和荣誉,为中医药的发展贡献力量。

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