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The Association of Traditional Chinese Medicine and Acupuncture UK

地址 Address:

UNIT 15,
SIDDELEY HOUSE
KINGSTON
KT2 6LX

电话/传真	Tel/Fax:	0044 (0)204 547 6560
微信	WeChat:	ATCM-OFFICE
电子邮件	Email:	info@atcm.co.uk
网站	Website:	www.atcm.co.uk

论夫妻同治、针药并用及心理辅导在不孕不育治疗中的重要性

The Importance of Couple-Based Treatment, Combined Acupuncture and Herbal Medicine, and Psychological Counseling in the Treatment of Infertility

梁东云[1]，文吉[2]
Liang Dongyun[1], Wen Ji[2]

【摘要】 我们迈阿密东方医疗中心，在 2022-2024 年，观察和记录了 105 例不孕不育的患者，通过对 BBT 观察、男女双方各自的心理分析及引导，在辨证的基础上，给予夫妻针药同治等手段进行观察和分析，得出了明确的结论。夫妻同治，会大大增加受孕率，因怀孕是夫妻共同努力的结果，对已婚多年，历经各种尝试仍未成功受孕的患者，男女双方都存在着严重的心理问题，他们精神压力大，缺乏自信，怀疑自我，夫妻关系敏感，从而导致内分泌进一步紊乱，激素失衡，难以受孕。在治疗过程中，夫妻双方的共同参与和配合，辅以正确的心理引导，有助于优化治疗方案，让夫妻关系变得亲密融洽，重塑自信，从而提高受孕成功率。

[Abstract] At our Oriental Therapy Center in Miami, we observed and recorded 105 cases of infertility between 2022 and 2024. Through the analysis of Basal Body Temperature (BBT), psychological evaluation, and guided interventions, we implemented a couple-based treatment approach that combined acupuncture and herbal medicine. Our findings indicate that treating both partners simultaneously significantly increases the chances of conception. Pregnancy is a joint effort, and couples who have been trying to conceive for years without success often experience severe psychological stress, including lack of confidence, self-doubt, and strained relationships, which further disrupt endocrine function and hormonal balance, making conception difficult. By involving both partners in the treatment process and providing appropriate psychological guidance, we observed improved treatment outcomes, enhanced marital harmony, and increased confidence, ultimately leading to higher success rates in achieving pregnancy.

关键词：不孕不育，夫妻同治[1]，针药并用，心理辅导

Keywords: Infertility, Couple-Based Treatment [1], Combined Acupuncture and Herbal Medicine, Psychological Counseling.

本次观察和记录了 105 例患者，年龄在 22-47 岁之间。其中有效观察对象 75 例（完成一个疗程 3 个月经周期以上），女方单独接受治疗为 39 例；夫妻双方共同参与治疗 36 例；女方单独治疗后怀孕为 10 例；夫妻双方共同参与治疗后怀孕为 22 例。

We observed and recorded 105 patients aged 22-47 years. Among them, 75 cases were effectively observed (completing at least one treatment course of three menstrual cycles). Of these, 39 cases involved only the female partner receiving treatment, while 36 cases involved both partners. In the female-only treatment group, 10 cases resulted in pregnancy, whereas in the couple-based treatment group, 22 cases achieved pregnancy.

1 ORIENTAL THERAPY CENTER 8200 SW 117th AVE. #308 MIAMI.FL,33183
Email：orientaltherapycenter@gmail.com

观察对象 Observation Group	观察数量 Number of Cases	怀孕 Pregnant	未怀孕 Not Pregnant	成功率 Success Rate
夫妻同治 Couple-Based Treatment	36	22	14	61.2%
单独治疗 Female-Only Treatment	39	10	29	26%

不孕不育是一个千百年来困扰人类的难题，古代对不孕症的认识最早可以追溯到先秦，古代对不孕症称为“无子”、“绝嗣”、“断续“等不同名称。先秦时的《黄帝内经》，唐代的《金匮要略》，宋代的《妇人大全良方》，清代的《傅青主女科》等一系列的古代名著都有详细的医案讲解；现代的人工授精、试管婴儿运用及人体解剖学和生物学理论的进一步完善；中医生殖轴、补肾调周法以及 BBT 的中西医解读等等，都为我们提供了治疗依据。本文就是基于上述的种种理论，对不孕夫妻兼有心理问题，在中医辨证的基础上，采用夫妻同治，针药并用兼以心理疏导等进行了研究和探讨。

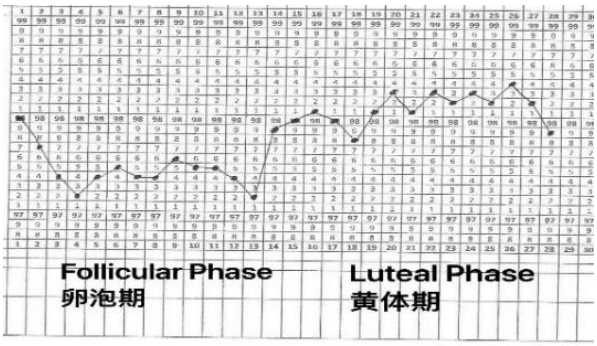
Infertility has been a persistent challenge for humanity for centuries. Ancient Chinese medical texts, such as the *Yellow Emperor's Classic of Internal Medicine* from the Qin dynasty, Synopsis of the *Golden Chamber* from the Tang dynasty, Complete Works of *Women's Medicine* from the Song dynasty, and *Fu Qingzhu's Gynecology* from the Qing dynasty, all contain detailed discussions on infertility, referred to as "childlessness," "lack of heirs," or "discontinuation of lineage." Modern advancements, including artificial insemination, in vitro fertilization (IVF), and the integration of anatomy and biology, have further enhanced our understanding. Traditional Chinese Medicine (TCM) approaches, such as the reproductive axis theory, kidney-tonifying cycle regulation, and the interpretation of BBT, provide a solid foundation for treatment. This paper explores the application of couple-based treatment, combined acupuncture and herbal medicine, and psychological counseling in addressing infertility, particularly in cases where psychological issues are present.

1. 治疗理论

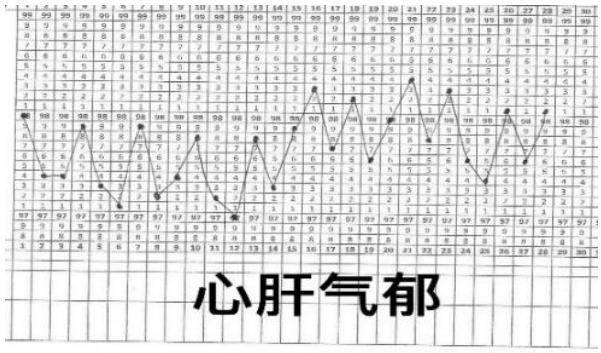
Treatment Theory

我们知道，正常女性月经周期可以分为四期[2]（月经期、卵泡期、排卵期、黄体期）或两期（卵泡期、黄体期）。女性激素会在不同的阶段显示不同的水平，临床上通过对 BBT 的观察即可得出患者的激素是否正常，排卵是否发生，黄体功能正常与否以及是否有脾虚肾虚、心肝气郁、阴虚火旺、气滞血瘀等情况。对于女性不孕兼有心理问题，忧郁严重患者，通常在 BBT 图像中显示基础体温上下波动极为明显，见下图：

The normal female menstrual cycle can be divided into four phases[2] (menstrual, follicular, ovulatory, and luteal) or two phases (follicular and luteal). Hormonal levels fluctuate throughout these phases, and BBT tracking can reveal whether hormone levels are normal, ovulation is occurring, and whether luteal function is adequate. It can also indicate conditions such as spleen and kidney deficiency, liver Qi stagnation, yin deficiency with fire excess, and Qi stagnation with blood stasis. In cases of female infertility accompanied by psychological issues, particularly severe depression, BBT charts often show significant fluctuations in basal body temperature, as illustrated below:



Normal BBT



Heart and Liver Qi Stagnation

通常在夫妻心理博弈中妻子往往属于弱势的一方，如果造成不孕的主要原因来自女方，譬如 PCOS，子宫内膜异位症，输卵管堵塞，激素失衡等等，则会加重妻子的心理负担，因为她会遭受来自各方的压力，譬如婆家，父母及同事朋友以及得不到丈夫的理解支持等等，这种压力在婚姻中可以是通过语言、行为、情绪表达形成的，一旦成为心理博弈弱势方，就会引发忧郁，失眠，精神紧张，特别是历经数次 IUI、IVF 失败的高龄女性，会让她们完全丧失怀孕的希望，感到前途渺茫，对婚姻能否维持感到怀疑。所以对女性患者，医生要给予加倍的关心和心理疏导，同时寻求丈夫的理解和支持。

In marital dynamics, the wife is often the more vulnerable party. If the primary cause of infertility lies with the wife, such as polycystic ovary syndrome (PCOS), endometriosis, fallopian tube blockage, or hormonal imbalances, she may face immense psychological pressure from her in-laws, parents, friends, and even her husband, who may not fully understand or support her. This pressure can manifest through language, behavior, and emotional expression, leading to depression, insomnia, and anxiety. This is especially true for older women who have undergone multiple unsuccessful intrauterine insemination (IUI) or IVF attempts, leaving them feeling hopeless and questioning the stability of their marriage. Therefore, it is crucial for doctors to provide extra care and psychological support to female patients while encouraging husbands to be more understanding and supportive.

对男性不育患者，譬如精子畸形率高、精子总数少、精子活动率低下、或染色体异常、输精管堵塞等等，他们会有强烈的愧疚感，认为由于自己的原因导致妻子不能受孕，结婚数年怀孕无果，甚至 IUI、IVF 也不能成功，妻子会埋冤、责骂，久而久之，造成严重的心理负担，产生失眠、忧郁、烦躁等精神方面的问题，夫妻之间相互不理解，产生感情危机。医生需要分别给予心理方面的引导，让妻子理解丈夫，包容丈夫，给予丈夫更多的关心，减轻丈夫的压力。

For male infertility patients, such as those with high sperm deformity rates, low sperm counts, poor sperm motility, chromosomal abnormalities, or blocked vas deferens, the psychological burden can be equally severe. Men often feel guilty for being the cause of their wife's inability to conceive, especially after years of unsuccessful attempts, including IUI and IVF. Wives may express frustration or blame, leading to increased psychological stress, insomnia, depression, and irritability. Over time, this can create a communication breakdown and emotional crisis between the couple. Doctors must provide psychological guidance to both partners, helping the wife understand and support her husband, thereby alleviating his stress.

总之夫妻作为一个团队，对维系婚姻，怀孕生子，任何一方都不可缺少。只有夫妻和睦，关系融洽，才能使双方的激素处于最佳状态，在针药治疗 1-2 个疗程后，最终达到受孕，让家庭变得美满和谐。

In summary, a couple is a team, and both partners are essential for maintaining a healthy marriage and achieving pregnancy. Only when the couple is harmonious and emotionally connected can their hormones reach an optimal state, leading to successful conception after 1-2 treatment courses and ultimately creating a happy and harmonious family.

夫妻同治是在营造一种和谐气氛，增加夫妻感情，让夫妻双方感到一种不可推卸的责任感，针灸可以放松紧张情绪，帮助扩张输卵管、输精管，让充满活力的精子卵子迅速结合，使受精卵顺利着床，形成优质胚胎，提高受孕率。

Couple-based treatment fosters a harmonious atmosphere, strengthens the emotional bond between partners, and instills a sense of shared responsibility. Acupuncture helps relax tension, dilate the fallopian tubes and vas deferens, and facilitate the rapid union of healthy sperm and eggs, promoting successful implantation and the formation of high-quality embryos, thereby increasing the chances of conception.

针药并用[3]是在中医辨证的基础上实施的，针药治疗有助于调节人体的阴阳平衡、气血运行及脏腑功能，从而提高生育能力。这种治疗是集针灸、中药 2 方面的优势，两两相加。针灸在帮助患者精神放松、促进经络畅通，加速血液循环，疏肝理气，安神定志方面占有明显优势，短期内即可见效，而中药则以平衡荷尔蒙，改善男女激素、促进精卵质量方面有独到之功。二者结合比单一治疗用时短见效快，同时节省患者费用。

Combined acupuncture and herbal medicine[3] is implemented based on TCM syndrome differentiation. This approach helps regulate the body's yin-yang balance, Qi and blood circulation, and organ function, thereby enhancing fertility. By combining the advantages of acupuncture and herbal medicine, this treatment method is more effective and efficient than single-modality treatments. Acupuncture is particularly effective in relaxing the mind, promoting meridian flow, accelerating blood circulation, soothing liver Qi, and calming the spirit, with noticeable short-term effects. Herbal medicine, on the other hand, excels in balancing hormones, improving sperm and egg quality, and regulating male and female hormones. The combination of these two modalities yields faster results and reduces treatment costs for patients.

心理干预在男女不孕不育治疗中非常重要，因为长期的精神紧张抑郁会影响内分泌的正常运转，激素失衡，使生殖轴不能正常运作，大脑会下达错误的指令，从而造成排卵延迟或不排卵。中医认为心理失衡属于心肝气郁，情志活动归属心肝两脏，心主神志，主血脉；肝主疏泄，喜调达，心肝两脏关系密切。内经曰：“肝气通则心气和，肝气滞则心气乏”。在治疗因情志不适致不孕不育患者时，安神调神、心肝并治是治疗大纲。“以言治神，以意治神，以气治神”的最高境界是“以神治神”，所以心理干预可以起到心理暗示，帮助患者摆脱困境，增加自信。

Psychological intervention is crucial in the treatment of infertility, as prolonged stress and depression can disrupt endocrine function, leading to hormonal imbalances and improper functioning of the reproductive axis. The brain may send incorrect signals, resulting in delayed or absent ovulation. In TCM, psychological imbalance is associated with heart and liver Qi stagnation. Emotional activities are governed by the heart and liver, with the heart controlling the mind and blood, and the liver governing the free flow of Qi. 《*The Yellow Emperor's Classic of Internal*

Medicine》 states, "When liver Qi flows smoothly, heart Qi is harmonious; when liver Qi stagnates, heart Qi is deficient." Therefore, in treating infertility caused by emotional distress, calming the mind and regulating the heart and liver are essential. The highest level of psychological intervention is "treating the spirit with the spirit," which involves psychological hint to help patients overcome their difficulties and regain confidence.

心肝气郁的不孕患者通常有情绪波动大，易怒头痛，乳房胀痛，失眠心悸，月经不调，经量减少、色暗红、有瘀血块小腹或肋胁处隐隐作痛及免疫力下降。BBT 显示基础体温上下波动幅度较大，同时排卵延后甚或无排卵，如有肝郁化火或阴虚火旺，BBT 则显示排卵提前，卵泡期缩短。高龄不孕、黄体功能下降患者往往兼有脾肾阳虚，手脚怕冷，脱发等症状，黄体期 BBT 会出现高温相体温不能维持 2 周，或排卵后上升缓慢或体温太低或下降过早[4]。

Infertile patients with heart and liver Qi stagnation often exhibit significant mood swings, irritability, headaches, breast tenderness, insomnia, palpitations, irregular menstruation, reduced menstrual flow, dark red menstrual blood with clots, and dull pain in the lower abdomen or rib area. BBT charts may show significant fluctuations in basal body temperature, delayed ovulation, or anovulation. In cases of liver fire or yin deficiency with fire excess, BBT may indicate early ovulation and a shortened follicular phase. Older infertile patients with luteal phase deficiency often exhibit spleen and kidney yang deficiency, cold extremities, and hair loss. Their BBT charts may show inadequate maintenance of the high-temperature phase, slow post-ovulation temperature rise, or premature temperature drop[4].

男性不育包括少精症，无精症，精子质量下降，精子形态异常，精子运行速度减慢，在辨证基础上，予以针药并治，心理疏导，和妻子形成一个团队，会而让他感到妻子的支持，不再孤独，增加信心，从而和妻子的关系更加融合。

Male infertility, including oligospermia, azoospermia, poor sperm quality, abnormal sperm morphology, and reduced sperm motility, can be treated with combined acupuncture and herbal medicine, along with psychological counseling. By forming a team with his wife, the husband can feel supported, reducing his sense of isolation and increasing his confidence, thereby improving the couple's relationship.

案例 1　Case 1

患者 41 岁女性，药剂师，就诊时间：7/11/2023
Patient: 41-year-old female, pharmacist
Date of Visit:7/11/2023

主诉及现病史：不孕伴精神紧张，易怒，情绪波动明显，对丈夫缺乏信任，（因丈夫是二婚，和前妻关系仍然保持密切）习惯咬手指，喜热怕冷。

Chief Complaint and History: Infertility accompanied by nervousness, irritability, significant mood swings, and lack of trust in her husband, who is in his second marriage and maintains close contact with his ex-wife. The patient has a habit of biting her fingers and prefers warmth over cold.

既往史：结婚 8 年，流产一次，有一通过人工授精出生的 7 岁男孩。近 4 年尝试自然怀孕和 5 次人工授精均未成功，月经史 13 $\frac{5}{21-26}$，末次月经 7/11/2023，丈夫精子正常。

Past Medical History: Married for 8 years, with one miscarriage and a 7-year-old son conceived through artificial insemination. The patient has been trying to conceive naturally for the past 4 years and has undergone 5 unsuccessful artificial insemination attempts. Menstrual history: 13 $\frac{5}{21-26}$, last menstrual period (LMP): 7/11/2023. Husband's sperm analysis is normal.

查体：患者体形偏瘦，舌体瘦小、舌尖偏红、舌体发颤、苔薄白；弦脉，尺脉沉弱。BBT 显示卵泡期体温上下波动明显，黄体期高温相低下。

Physical Examination:

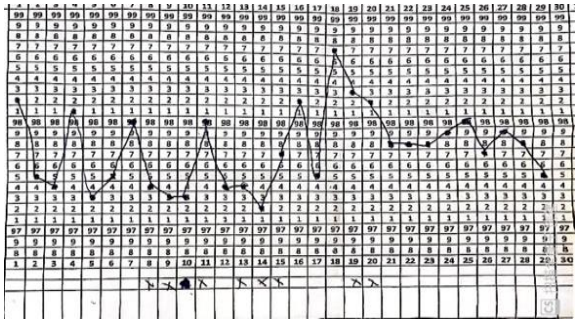
The patient is thin, with a small tongue, red tip, trembling tongue body, thin white coating, wiry pulse, and weak chi pulse. BBT shows significant fluctuations during the follicular phase and low high-temperature phase during the luteal phase.

性激素六项（1/2/2024）：FSH：33.6；LH：14.0；E2：44；AMH：0.88；TSH：1.06 ；

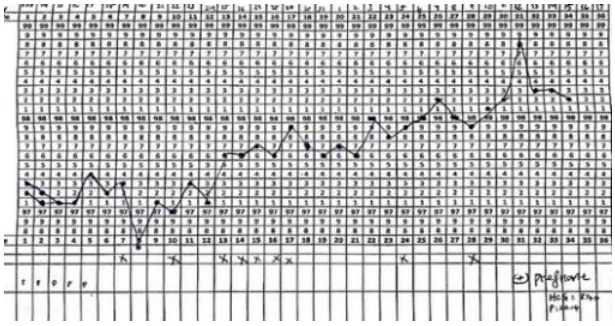
Hormonal Panel (1/2/2024): FSH: 33.6; LH: 14.0; E2: 44; AMH: 0.88; TSH: 1.06

BBT 图示如下

BBT Chart



Heart and LV Qi stagnation



pregnancy positive

诊断：继发性不孕

（心肝气郁 、肾精亏损、脾肾阳虚）

Diagnosis: Secondary Infertility

(Heart and Liver Qi Stagnation; Kidney Essence Deficiency; Spleen and Kidney Yang Deficiency).

治疗方案：因丈夫精子正常，治疗以妻子为主，建议每周一次针灸，丈夫仅每月一次，在妻子排卵日进行，建议丈夫多多理解妻子，给予实际行动上的支持。夫妻二人针灸治疗后，嘱当日晚上同房。

Treatment Plan: Since the husband's sperm is normal, the treatment focuses on the wife. Weekly acupuncture sessions are recommended for the wife, while the husband receives monthly acupuncture sessions coinciding with the wife's ovulation day. The husband is encouraged to provide emotional and practical support. The couple is advised to have intercourse on the day of acupuncture treatment.

针灸处方：太阳、印堂、百会、佛三角（太渊、神门、内关）；太冲、期门、膻中；太溪、三阴交；关元、气海、子宫、耳神门、 耳肝、 耳肾、 耳内分泌。

Acupuncture Prescription:

- **Head and Upper Body Points:**

Taiyang (EX-HN5), Yintang (EX-HN3), Baihui (GV20), Buddha's Triangle (Taiyuan [LU9], Shenmen [HT7], Neiguan [PC6]);

- **Liver and Qi-Regulating Points:**

Taichong (LR3), Qimen (LR14), Danzhong (CV17);

- **Kidney and Spleen Points:**

Taixi (KI3), Sanyinjiao (SP6);

- **Reproductive and Abdominal Points:**

Guanyuan (CV4), Qihai (CV6), Zigong (EX-CA1);

- **Auricular Points:**

Ear Shenmen (TF4), Ear Liver (CO12), Ear Kidney (CO10), Ear Endocrine (CO18).

中药 ：妻子卵泡期给予柴胡疏肝散、五子衍宗丸、二至丸、六味地黄丸组方加减。黄体期给予补中益气汤 、金匮肾气丸、五子衍宗丸、成孕丸加减。

Herbal Medicine Prescription:

- **Follicular Phase:**

The wife was prescribed modified formulations

based on *Chai Hu Shu Gan San* (Bupleurum Liver-Soothing Powder), *Wu Zi Yan Zong Wan* (Five-Seed Progeny Pill), *Er Zhi Wan* (Two-Ultimate Pill), and *Liu Wei Di Huang Wan* (Six-Ingredient Rehmannia Pill), tailored to her syndrome differentiation.

- **Luteal Phase:**

The treatment regimen included adjusted prescriptions of *Bu Zhong Yi Qi Tang* (Tonify the Middle and Augment Qi Decoction), *Jin Gui Shen Qi Wan* (Golden Chamber Kidney Qi Pill), *Wu Zi Yan Zong Wan* (Five-Seed Progeny Pill), and *Cheng Yun Wan* (Conception-Promoting Pill), optimized to enhance luteal function and support implantation.

药膳：卵泡期四神汤加薏苡仁和猪骨、鸡肉炖汤；排卵期八珍汤加牛肉、羊肉炖汤。

Therapeutic Dietary Regimen:

- **Follicular Phase:** *Sishen Tang* (Four-Spirit Decoction) supplemented with *Coix Seed* (*Semen Coicis*), pork bone, and chicken meat simmered broth.

- **Ovulatory Phase:** *Bazhen Tang* (Eight-Treasure Decoction) enhanced with beef and lamb meat simmered broth.

结果：经针药治疗 2 个疗程和对夫妻双方心理疏导后，妻子月经周期从 21-26 天延长至 27-29 天，BBT 呈双相曲线，自觉精神放松，睡眠好转，夫妻关系明显改善。相互信任度大大增加。女方性激素水平测定（5/13/2024）：FSH：9.9（was 33.6）；LH：4.3（was 14）；AMH：1.23（was 0.88），自然怀孕怀并顺利生产一健康男婴。

Outcome: After two treatment courses and psychological counseling, the wife's menstrual cycle lengthened from 21-26 days to 27-29 days, and her BBT showed a biphasic curve. She reported feeling more relaxed, sleeping better, and experiencing improved marital harmony. Hormonal levels improved significantly (5/13/2024): FSH: 9.9 (previously 33.6); LH: 4.3 (previously 14); AMH: 1.23 (previously 0.88). The couple conceived naturally and delivered a healthy baby boy.

激素 Hormone	治疗前 Pre-Treatment	治疗后 Post-Treatment
FSH mIU/mL	33.6	9.9
LH mIL/mL	14	4.3
AMH ng/mL	0.88	1.23

案例 2 Case 2

妻子 37 岁女性，白领， 就诊时间：8/2/2022

Wife:37-year-old female, office worker

Date of Visit: 8/2/2022

丈夫 39 岁男性，销售员，就诊时间：8/2/2022
Husband:39-year-old male, salesperson，Date of Visit: 8/2/2022

主诉及现病史：不孕不育，夫妻双方均有问题。妻子精神紧张，猜疑多梦，食欲欠佳，失眠便秘，喜热怕冷。丈夫性生活正常但精子质量极差，被诊断为少精症，伴有精神压力大，颈肩部肌肉紧张、疼痛。

Chief Complaint and History: Infertility with issues in both partners. The wife experiences nervousness, suspicion, poor appetite, insomnia, constipation, and a preference for warmth over cold. The husband has normal sexual function but poor sperm quality, diagnosed as oligospermia, accompanied by stress, neck and shoulder tension, and pain.

既往史：夫妻皆为素食者，结婚 13 年，未用避孕药，从未怀孕。月经史 14 $\frac{4}{26-29}$，末次月经 8/1/22，经血量较 5 年前减少，经色暗红，有血块，下腹疼痛，乳房胀痛，有甲状腺功能低下。丈夫精子异常，连续三次检查均异常，心情长期抑郁，有左肩、右膝陈旧性损伤。

Past Medical History: Both partners are vegetarians, married for 13 years, never used contraception, and have never conceived. The wife's menstrual history: 14 $\frac{4}{26-29}$, LMP: 8/1/2022, with reduced menstrual flow, dark red blood, clots, lower abdominal pain, breast tenderness, and hypothyroidism. The husband has abnormal sperm analysis on three consecutive tests, long-term depression, and old injuries to the left shoulder and right knee.

查体：妻子体型瘦小，舌体胖大，舌淡有齿痕，苔薄白，弦脉略细，关脉及尺脉沉。丈夫舌暗红，苔薄白，弦脉，颈部发紧，小腹部右侧按压疼痛，肌肉僵硬。左肩、右膝压痛明显。

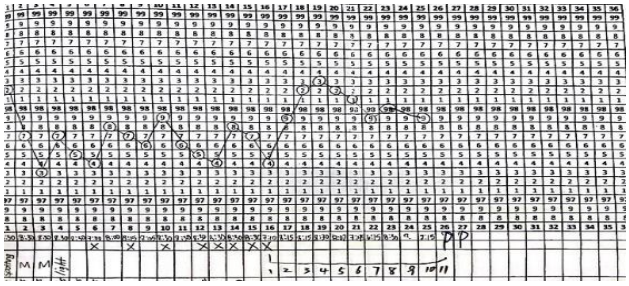
Physical Examination: The wife is petite, with a swollen tongue, pale with tooth marks, thin white coating, slightly thin wiry pulse, and deep guan and chi pulses. The husband has a dark red tongue, thin white coating, wiry pulse, neck tension, right lower abdominal tenderness, and stiffness. Left shoulder and right knee tenderness are present.

妻子性激素六项（8/2/2022）：FSH 12.2，LH 8.5，Progesteronecc，AMH 0.64， TSH 2.18，BBT 显示卵泡期体温曲线波动明显，黄体期高温相维持时间过短。

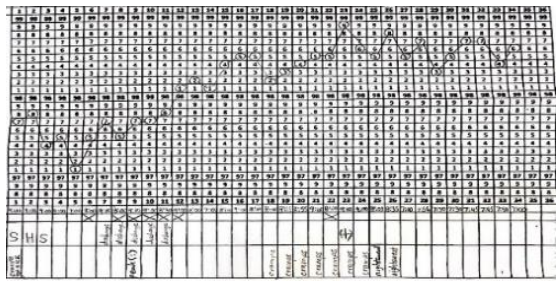
Wife's Hormonal Panel (8/2/2022): FSH: 12.2; LH: 8.5; Progesterone: 1.86; AMH: 0.64; TSH: 2.18. BBT shows significant fluctuations during the follicular phase and a short high-temperature phase during the luteal phase.

丈夫精子报告（8/18/2022）：精子总数：139mL，活动度：10% ，形态：0 % 。BBT 图示以下：

Husband's Sperm Analysis (8/18/2022): Sperm count: 139 million/mL; motility: 10%; morphology: 0%.
BBT Chart



Heart and Lv Qi stagnation in follicular phase, luteal phase too shart



Pregnancy positive

诊断：

妻子—原发性不孕 （心肝气郁，脾肾两虚）丈夫—原发性不育，畸精症（心肝气郁，气滞血瘀，精血亏虚）

Diagnosis: Wife—Primary infertility (heart and liver Qi stagnation, spleen and kidney deficiency); Husband—Primary infertility, teratospermia (heart and liver Qi stagnation, Qi stagnation and blood stasis, essence and blood deficiency).

治疗方案：建议夫妻每周针灸一次、双方均需服用中草药并辅以药膳调理。在排卵期嘱其同房次数增加。排卵日给予夫妻电针刺激以促卵巢苏醒，使输卵管及输精管得以扩张。

Treatment Plan: Weekly acupuncture sessions for both partners, combined with herbal medicine and dietary therapy. Increased frequency of intercourse during ovulation. Electroacupuncture is applied on ovulation day to stimulate ovarian awakening and dilate the fallopian tubes and vas deferens.

针灸处方：Acupuncture Prescription:

妻子： 太阳、印堂、佛三角、百会、膻中、中脘、太溪、三阴交、四正位、天枢、脾俞、肾俞、内关、关元、气海、子宫、董氏妇科穴。根据月经周期的不同时段，加减用穴。

Acupuncture Prescription for the Wife:

- **Primary Points:**

Taiyang (EX-HN5), Yintang (EX-HN3), Buddha's Triangle (Taiyuan [LU9], Shenmen [HT7], Neiguan [PC6]), Baihui (GV20), Danzhong (CV17), Zhongwan (CV12), Taixi (KI3), Sanyinjiao (SP6), Sizhengwei (Four Cardinal Points), Tianshu (ST25), Pishu (BL20), Shenshu (BL23), Neiguan (PC6), Guanyuan (CV4), Qihai (CV6), Zigong (EX-CA1), and Dong's Gynecology Points.

- **Adjustments:**

Acupuncture points were modified based on the patient's menstrual cycle phases (follicular, ovulatory, luteal) to optimize therapeutic effects.

丈夫：太阳、印堂 、期门、太冲、耳神门、耳肝、耳肾、百会 、关元、气海、太溪、太冲、三阴交。 电针刺激小腹部压痛点。

Acupuncture Prescription for the Husband:

- **Primary Points:**

Taiyang (EX-HN5), Yintang (EX-HN3), Qimen (LR14), Taichong (LR3), Ear Shenmen (TF4), Ear Liver (CO12), Ear Kidney (CO10), Baihui (GV20), Guanyuan (CV4), Qihai (CV6), Taixi (KI3), Taichong (LR3), and Sanyinjiao (SP6).

- **Adjunctive Therapy:**

Electroacupuncture (EA) stimulation was applied to tender points in the lower abdominal region to alleviate localized pain and enhance therapeutic efficacy.

中药 ： Herbal Medicine Prescription:

妻子：采用妇科大师罗元凯的补肾调周法[5]。卵泡期给予六味地黄丸、逍遥丸 、二至丸、五子衍宗丸等加减组方。黄体期给予金匮肾气丸、补中益气汤、成孕丸为主方，加大黄芪、党参、淫羊藿剂量以健脾补肾，提高黄体功能，酌加芡实、五味子、覆盆子、 升麻等收敛药物提升阳气，延长黄体期。

Herbal Medicine Prescription for the Wife:

- **Treatment Principle:**

The therapeutic regimen followed *Luo Yuankai's Kidney-Tonifying and Cycle-Regulation Method*[5], a renowned gynecological approach established by the TCM master.

- **Follicular Phase:**

Modified formulations of *Liu Wei Di Huang Wan* (Six-Ingredient Rehmannia Pill), *Xiao Yao Wan* (Free and Easy Wanderer Pill), and *Er Zhi Wan* (Two-Ultimate Pill) were prescribed, combined with *Wu Zi Yan Zong Wan* (Five-Seed Progeny Pill) to nourish kidney yin and support follicular development.

- **Luteal Phase:**

Core prescriptions included *Jin Gui Shen Qi Wan* (Golden Chamber Kidney Qi Pill), *Bu Zhong Yi Qi Tang* (Tonify the Middle and Augment Qi Decoction), and *Cheng Yun Wan* (Conception-Promoting Pill). Dosages of *Astragalus membranaceus* (Huang Qi), *Codonopsis pilosula* (Dang Shen), and *Epimedium brevicornu* (Yin Yang Huo) were increased to strengthen the spleen-kidney axis and enhance luteal function. Astringent herbs such as *Euryale ferox* (Qian Shi), *Schisandra chinensis* (Wu Wei Zi), *Rubus chingii* (Fu Pen Zi), and *Cimicifuga foetida* (Sheng Ma) were added to consolidate yang qi and prolong the luteal phase.

丈夫：五子衍宗丸、逍遥丸、补中益气丸、知柏地黄丸加减组方。

Herbal Prescription for the Husband:

Modified formulations based on *Wu Zi Yan Zong Wan* (Five-Seed Progeny Pill), *Xiao Yao Wan* (Free and Easy Wanderer Pill), *Bu Zhong Yi Qi Wan* (Tonify the Middle and Augment Qi Pill), and *Zhi Bai Di Huang Wan* (Anemarrhena, Phellodendron, and Rehmannia Pill), tailored to the patient's syndrome differentiation.

中药药膳：

妻子卵泡期，建议每天冲服葛根粉，以提高雌激素水平。黄体期用莲子、芡实、山药、黑豆、肉桂、薏米、黄芪、白术蔬菜熬汤，以促进黄体功能，健脾益气，补肾壮阳，延长黄体期。

Therapeutic Dietary Regimen:

- **Follicular Phase:**

Daily consumption of *Pueraria lobata* (kudzu root) powder dissolved in warm water is recommended to nourish yin and support follicular development.

- **Luteal Phase:**

A decoction of *Nelumbo nucifera* seeds (lotus seeds), *Euryale ferox* seeds (Gordon Euryale seeds), *Dioscorea opposite* (Chinese yam), *Black beans*，*Cinnamomum cassia* (cinnamon), *Coix lacryma-jobi* seeds (Job's tears), *Astragalus membranaceus* (Huang Qi), and *Atractylodes macrocephala* (Bai Zhu) should be simmered and consumed to consolidate yang qi and stabilize the luteal phase.

建议丈夫每天用枸杞子，当归、黄芪、狗脊、山芋肉等煲汤喝，以助补益肝肾，健脾益气，改善精子质量

Therapeutic Dietary Regimen for the Husband:

A daily decoction was prepared by simmering *Lycium barbarum* (goji berries), *Angelica sinensis* (Chinese angelica root), *Astragalus membranaceus* (Huang Qi), *Cibotium barometz*(golden chicken fern rhizome), and *Dioscorea opposite* (Chinese yam), aimed at tonifying kidney essence, replenishing blood, and enhancing reproductive vitality.

夫妻经过 3 个疗程的治疗后，双方均得到明显改善，妻子的黄体功能增强，BBT 呈完美的双相曲线。丈夫的精子总数、活动率及形态均有提高，自然怀孕并顺产一正常男婴。

Outcome: After three treatment courses, both partners showed significant improvement. The wife's luteal function strengthened, and her BBT displayed a perfect biphasic curve. The husband's sperm count, motility, and morphology improved, and the couple conceived naturally, delivering a healthy baby boy.

案例 3 Case 3

美国男性，35 岁，就诊时间：6/3/2022

Patient: 35-year-old American male

Date of First Visit: 6/3/2022

主诉：不育、性欲低下、精液清冷。

现病史：不育兼有精神紧张，颈项疼痛，头痛胃胀，食欲不佳，腰酸乏力，时有愧疚感，经常被妻子责备，致压力过大、抑郁。

Chief Complaint and History: Infertility, low libido, and cold semen. The patient also experiences nervousness, neck pain, headaches, stomach bloating, poor appetite, lower back pain, fatigue, and guilt due to frequent blame from his wife, leading to significant stress and depression.

既往史：已婚 5 年，妻子从未受孕。精液检查数次均显示精子形态异常，妻子尝试 IVF 2 次未果。妻子 33 岁，月经周期正常，激素检查无异常。

Past Medical History: Married for 5 years, with no successful pregnancies. Multiple sperm analyses showed abnormal sperm morphology. His wife, aged 33, has a normal menstrual cycle and hormonal profile but underwent two unsuccessful IVF attempts.

查体：舌色略暗，舌体胖大，苔白腻，脉弦滑，双尺沉细。

Physical Examination: The patient has a slightly dark tongue, swollen tongue body, white greasy coating, wiry and slippery pulse, and deep chi pulses.

诊断：原发性不育 （脾肾阳虚，肝郁气滞）

Diagnosis: Primary infertility (spleen and kidney yang deficiency, liver Qi stagnation).

治则：健脾补肾，疏肝理气。

Treatment Principle: Strengthen the spleen and kidneys, soothe liver Qi.

中药：

补中益气汤+逍遥丸+五子衍宗丸组方加肉桂、狗脊、五加皮、淫羊藿。每日服用 2 次。

Herbal Medicine Prescription:

Bu Zhong Yi Qi Tang, Xiao Yao Wan, and Wu Zi Yan Zong Wan, with added Rou Gui, Gou Ji, Wu Jia Pi（Cortex Acanthopanacis）, and Yin Yang Huo. Taken twice daily.

针灸：

安神定志，疏肝健胃。患者治疗 3 个月后，复查精子测定，结果明显好转，妻子于治疗后的第 4 个月自然怀孕，生产一健康男婴。

Acupuncture:

Calm the mind, soothe the liver, and strengthen the stomach. After three months of treatment, the patient's sperm analysis showed significant improvement, and his wife conceived naturally four months later, delivering a healthy baby boy.

精子指标 Sperm Parameter	治疗前 Pre-Treatment	治疗后 Post-Treatment
精子密度 mill/mL Sperm Density (million/mL)	14	26
精子总数 miII/mL Total Sperm Count (million)	87	99
精子活力 % Sperm Motility（%）	58	65
精子形态 % Sperm Morphology（%）	0%	4%

讨论 Discussion

本文仅采用 3 个案例来说明男女同治、针药并用及心理疏导的治疗非常重要。特别对治疗难治性、复杂性的不孕不育，效果明显，有很高的临床价值，值得推荐。

This paper presents three cases to illustrate the effectiveness of couple-based treatment, combined acupuncture and herbal medicine, and psychological counseling in treating infertility. These approaches are particularly valuable for complex and refractory cases of infertility and are highly recommended in clinical practice.

针药治疗不孕症时，可以借用 BBT 来判断患者的激素水平及脏器的盛衰，按照补肾调周法的思路，根据患者月经周期各阶段激素水平的变化来制定针灸、中药处方。针灸通过经络腧穴的刺激，迅速疏通气血，舒缓紧张情绪，调整脏腑功能。而中药则通过口服，进入血液循环，调节激素水平，发挥整体调节作用。两者结合，相辅相成，增强疗效。

In treating infertility with acupuncture and herbal medicine, BBT can be used to assess hormonal levels and organ function. Based on the kidney-tonifying cycle regulation method, acupuncture and herbal prescriptions are tailored to the patient's menstrual cycle. Acupuncture stimulates meridians and acupoints, rapidly regulating Qi and blood flow, relaxing the mind, and balancing organ function. Herbal medicine, taken orally, enters the bloodstream to regulate hormonal levels and provide holistic regulation. The combination of these two modalities enhances treatment efficacy.

针刺技巧，则大多采用糖针疗法[6]，糖针采用轻针浅刺、无痛手法，強调两神相交、注重穴性 ，让病人的舒适愉悦感贯穿于治疗的始终，即让病人在舒适的感觉或状态中取得疗效，从而提高患者治疗的依从性[7]。研究表明当针刺激某些穴位时，可以反射到大脑中枢神经，让中枢神经系统释放 β-内啡肽(β-endorphin)和 5-羟色胺）(Serotonin)，调节交感神经系统，诱导缓解疼痛和放松紧张情绪)，而 β-内啡肽专门释放必要的生育激素,如 LH 和 FSH,来帮助提高卵巢的刺激和随后雌激素的生产。交感神经系统可使血管放松，让血流在子宫和卵巢内增加。中药则以辨证施治为大纲，根据不同的个体差异而选择适当的中药。一般而言，滋阴养血，补肾填精之药，大多能促进雌激素的水平，而健脾益气，补肾壮阳之品大多能提高孕激素，改善黄体功能。

Acupuncture techniques often employ the "sugar needle" method [6], which involves shallow, painless needling to create a comfortable and pleasant experience for the patient. This approach improves patient compliance and treatment outcomes [7]. Studies have shown that acupuncture can stimulate the central nervous system, releasing β-endorphins and serotonin, which regulate the sympathetic nervous system, relieve pain, and relax tension. β-endorphins also

promote the release of reproductive hormones such as LH and FSH, enhancing ovarian stimulation and estrogen production. Herbal medicine is prescribed based on syndrome differentiation, with yin-nourishing and blood-tonifying herbs often used to boost estrogen levels, while spleen-strengthening and kidney-tonifying herbs improve progesterone levels and luteal function.

不孕不育不仅是生理问题，也涉及复杂的心理和情绪因素。长期的求子压力、反复治疗的失败、社会期待等都会对患者的心理状态造成巨大影响，而不良的心理状态有可能进一步影响内分泌系统、生殖功能，形成恶性循环。研究表明焦虑和压力会影响排卵功能、精子质量和子宫内膜容受性，而心理干预可以减少应激反应，促进体内激素平衡，可降低皮质醇（压力激素），改善雌孕激素的分泌，提高受孕率。

Infertility is not only a physiological issue but also involves complex psychological and emotional factors. Prolonged stress, repeated treatment failures, and societal expectations can significantly impact patients' mental health, further disrupting endocrine and reproductive functions, creating a vicious cycle. Studies have shown that anxiety and stress can affect ovulation, sperm quality, and endometrial receptivity. Psychological interventions can reduce stress responses, promote hormonal balance, lower cortisol levels, and improve the secretion of estrogen and progesterone, thereby increasing the chances of conception.

夫妻同治可以帮助夫妻增强沟通技巧，减少相互指责，共同面对治疗过程，提高婚姻稳定性，改善夫妻关系，增强家庭支持。

Couple-based treatment enhances communication skills, reduces mutual blame, and helps couples face the treatment process together, improving marital stability and family support.

小结：

自古以来，中医在不孕不育的治疗上不断探索与创新，一代代名医在前人经验的基础上总结出更加完善的诊疗方法，致力于帮助患者摆脱困扰，造福社会。中医治疗不孕不育讲求整体调理，强调“针药并用、男女同治、心理疏导”等综合手段，不仅能够显著提高自然受孕率，还能减少治疗成本，具有很高的临床应用价值。未来，随着中医诊疗体系的不断发展，这一传统医学智慧值得进一步推广，以帮助更多患者实现孕育梦想。

Conclusion：

Since ancient times, TCM has continuously explored and innovated in the treatment of infertility. Generations of physicians have built upon their predecessors' experiences to develop more comprehensive diagnostic and treatment methods, helping patients overcome their challenges and contributing to society. TCM emphasizes holistic regulation, combining acupuncture, herbal medicine, couple-based treatment, and psychological counseling. These approaches not only significantly improve natural conception rates but also reduce treatment costs, offering high clinical value. As TCM continues to evolve, this traditional medical wisdom should be further promoted to help more patients achieve their dreams of parenthood.

参考文献;

[1]梁东云. 浅谈针灸治疗不孕症的临床体会[C]*新英格兰中医杂志*, 2023，Vol5 Issue 1.p8-18.

[2]梁东云. 从月经周期基础体温辨治不孕症的临床观察[C]//*山东中医药大学海外校友会. 山东中医药大学海外校友会第二届学术研讨会论文集.* 东方医疗中心;, 2018:3.

[3]尹思力， 何玲， 近五年针灸治疗排卵障碍性不孕的研究进展[J], *中医学*，2023，12（10）：2826 2832.DOI:10.12677/TCM.2023.1210424

[4] Dongyun Liang, How to Utilize Basal Body Temperature (BBT) when Treating Fertility According to Traditional Chinese Medicine (TCM). [J] *International Journal of Clinical Acupuncture,* 2017, Vol 26, Issue 1, p37

[5]罗元恺, 月经机理和调经用药原则及常用方[J]. *新中医*, 1990,(04):2-4.DOI:10.13457/j.cnki.jncm.1990.04.001.

[6] 王少白. 糖针——舒适化针灸[J]. *中医药导报*, 2017,23(05):7-8+11.DOI:10.13862/j.cnki.cn43-1446/r.2017.05.003.

[7] 王少白. 再谈“糖针——舒适化针灸”[J]. *中医药导报*, 2022,28(01):1-5.DOI:10.13862/j.cnki.cn43-1446/r.20211014.001.

References

[1] Dongyun Liang. Acupuncture in Infertility Management[C] *New England Journal of TCM* 2023，Vol5 Issue 1. p8-18.

[2] Dongyun Liang. Clinical Observation on the Treatment of Infertility Based on Menstrual Cycle Basal Body Temperature [C]//*Shandong University of Traditional Chinese Medicine Overseas Alumni Association.* Proceedings of the Second Academic Symposium of the Shandong University of Traditional Chinese Medicine Overseas Alumni Association. Oriental Therapy Center, 2018:3.

[3] Yin Sili, He Ling. Recent Advances in Acupuncture Treatment of Ovulation Disorders in Infertility [J]. *Chinese Medicine,* 2023, 12(10):2826-2832. DOI:10.12677/TCM.2023.1210424.

[4] Dongyun Liang, How to Utilize Basal Body Temperature (BBT) when Treating Fertility According to Traditional Chinese Medicine (TCM). [J] *International Journal of Clinical Acupuncture,* 2017, Vol 26, Issue 1, p37.

[5] Luo Yuankai. Menstrual Mechanism and Principles of Regulating Menstruation with Commonly Used Formulas [J]. *New Chinese Medicine,* 1990, (04):2-4. DOI:10.13457/j.cnki.jncm.1990.04.001.

[6] Wang Shaobai. Sugar Needle—Comfortable Acupuncture [J]. *Journal of Traditional Chinese Medicine,* 2017, 23(05):7-8+11. DOI:10.13862/j.cnki.cn43-1446/r.2017.05.003.

[7] Wang Shaobai. Revisiting "Sugar Needle—Comfortable Acupuncture" [J]. *Journal of Traditional Chinese Medicine*, 2022, 28(01):1-5. DOI:10.13862/j.cnki.cn43-1446/r.20211014.001.

Traditional Chinese Medicine Treatment Strategies and Advantage for Female Infertility with Advanced Maternal Age and Repeated Failure of Assisted Reproductive Technology

中医治疗高龄女性不孕及辅助生殖技术反复失败的助孕策略和优势

Liqin Zhao

Email: fertilitycare@zhongjinguk.com

Abstract

Infertility in women with advanced maternal age and repeated failure of Assisted Reproductive Technology (ART), such as In-Vitro Fertilisation (IVF) and Intrauterine Insemination (IUI) etc. are currently a clinical challenge faced by the gynaecologists/clinicians!

For those women with advanced maternal age, the quality of eggs and ovarian reserve decreases and even develop to premature ovarian failure, the receptivity of the endometrium decreases, the success rate of natural pregnancy and IVF/IUI decreases, while the miscarriage rate increases. TCM has its unique advantages and efficacy in regulating menstruation and improve fertility for women. Studies have proved that TCM can improve women's ovarian function, egg quality and endometrial receptivity, therefore enhance the successful pregnancy rate of women with advanced age and repeated IVF/IUI failure.

The author has been practicing TCM for over 40 years, working with gynaecologists in the hospitals and IVF clinics. She has treated hundreds of infertile women aged over 35 and has gained versatile clinical experiences. This article will describe the TCM treatment strategies and programs which is developed and summarized by the author to help women conceive. She proposed the "Theory of Seeds/Eggs - Soil/Endometrium" to treat infertility, and emphasized the key to treatment should follow the TCM concept of syndrome pattern differentiation to treat the root cause, combine women's physiological and pathological characteristics and menstrual cycle therapy, make the individual TCM treatment plan accordingly. It is proved the clinical effect is satisfactory and remarkable!

Key words:
Advanced maternal age; Female infertility; Traditional Chinese Medicine (TCM); Acupuncture; Syndrome pattern differentiation; Menstrual cycle therapy; Assisted reproductive technology (ART); In-Vitro Fertilisation (IVF); Intrauterine Insemination (IUI); Frozen embryo transfer (FET).

摘要

高龄妇女不孕及辅助生殖技术反复失败是临床上一个棘手难题!其主要问题是卵子质量及卵巢储备功能下降,甚或卵巢早衰,子宫内膜容受性降低,自然妊娠率和辅助生殖成功受孕率明显下降,而流产率升高。西医尚无很好解决办法,而中医针灸对高龄妇女的调经助孕有独特优势和疗效,研究证明中医针灸可以改善卵巢功能和卵子质量,增强子宫内膜容受性,提高孕卵着床和成功受孕率。

作者行医40余年包括曾在中国医院工作10年及在英行医30余年,诊治无数35岁以上的反复IVF/IUI失败的高龄不孕患者,并与当地妇科医院及辅助生殖技术治疗中心合作,积累了丰富临床经验,本文将阐述作者根据自己40年临床经验研发总结出的中医针灸对高龄妇女及辅助生殖技术反复失败患者的助孕策略和方案,提出了"种子/卵子-土壤/子宫内膜理论",强调诊疗关键是遵循中医的治病求本和辨证论治原则,结合女性的生理病理特征以及中医的调周疗法,制定个体方案,针药并用,临床疗效显著。

Introduction:

The definition for female Infertility with advanced maternal age usually refers to the infertility problems faced by women after the age of 35. It has gradually become the focus attention in the field of modern reproductive medicine.

With the development of this modern society and the change of the concept of fertility, the fast pace of life and high stress of work, more and more people choose to have children late, resulting in an increase of infertility in women with advanced age; or after years of trying ART without any success, consequently, most of them are over age 35 when finally seek TCM treatment, and some of them are even over age 40.

Behind this phenomenon, there are complex physiological mechanisms and social factors. Women's reproductive ability is naturally weakened with age, and the number and quality of eggs declined with possible chronic diseases and life pressures, together pose multiple challenges of infertility for women with advanced age. If these women got pregnant with ART, the risk of complications during pregnancy will also increase. However, TCM has advantage in treating infertility women with advanced age or repeated ART failure, can promote the ovarian reserve in sterility women, which open a new train of thinking and provide new methods for ART [1].

Modern Biomedicine/Western Medicine Understanding

The current diagnosis and treatment strategy for women with advanced maternal age still lacks a unified view, because the causes are complex and diverse, and the effects are very different.

There are three main factors that may cause the problems: Ovarian function disorder; Disorder of endometrial receptivity; Autoimmunological reactions.

Ovarian function disorder including Diminished Ovarian Reserve (DOR); Poor Ovarian Response (POR); Primary Ovarian Insufficiency (POI) and Premature Ovarian Failure (POF). Disorder of endometrial receptivity may also impact implantation success, stem from various factors including endometriosis, fibroids, polyps, adhesions, hormonal imbalances, inflammation etc. and autoimmunological reactions, they are the most common reason for repeated IVF/IUI failure and early miscarriages. Therefore, adequate endometrial preparation before and during fertility treatment are rather important.

The evaluation of fertility usually focused on ovarian reserve tests, which include several hormonal assessments: AMH (Anti-Mullerian Hormone), FSH (Follicle Stimulating Hormone) and AFC (Antral Follicle Count) etc.

Assessment of Ovarian Function [2]:

Table 1：bFSH Assessment

BFSH 基础卵泡刺激素	**Functional Status of Ovarian Reserve** **卵巢储备功能状态**
<10IU/L，Normal	Very good, good ovarian response
10-12IU/L, Borderline	OK，reasonable ovarian response
13-15IU/L，Slightly High	Mild DOR, poorer ovarian response
16-20IU/L，High	Moderate DOR, poor ovarian response
>20IU/L，Very High	Severe DOR, very poor ovarian response

Table 2：AMH Assessment

AMH 水平	**Ovarian Reserve** **卵巢储备功能**	**IVF Prognosis** **IVF 预后评估**
0-0.3 ng/ml; or 0-2.2 pmol/l*	很低 Very Low	很差 Very Low
0.3-2.2 ng/ml; 2.2-15.7 pmol/l*	较低 Low	差 Low
2.2-4.0 ng/ml; or 15.7-28.6 pmol/l*	正常偏低 Low Normal Range	较好 Good
4.0-6.8 ng/ml; 28.6-48.5 pmol/l*	正常 Normal	很好 Very Good

Table 3：AFC Assessment

卵巢内窦状卵泡总数 AFC	**生育能力评估 Fertility Potential**
< 4	非常低 Very low
5-7	较低 Fairly low
8-11	稍低 Low
12-14	临界值 Borderline
>14	正常 Normal

TCM Physiology and Understanding

TCM recognizes Kidney is closely related with ovarian function, dominates the development of women's reproductive function. Several classic TCM books emphasized the importance of Kidney to women's menstruation and fertility. The famous TCM scholar LUO Yuan-Kai had also emphasized the importance of Kidney in the reproductive system and proposed the TCM Reproductive Axis of Kidney-Tian Gui-Chong Ren-Bao Gong (Womb) [3].

Kidney is also closely related with Spleen, Liver and Heart. Kidney deficiency can often involve these three organs and Chong-Ren, cause dysfunction and imbalance, and often mixed of deficiency and excessive conditions. Women with advanced age usually have rather complicated conditions, while Repeated ART exhausts Kidney Qi and Jing, cause deficiency of both Spleen and Kidney, stagnation of Liver Qi and blood, disharmony of Chong-Ren.

1. As the source of acquired constitution, the Spleen governs the transportation and transformation, while the Kidney, as the origin of congenital constitution, are thought of as the root of Yin-Yang of the body. The Spleen and Stomach as "the source of Qi and blood", the production of Qi-blood by the Spleen depends on the warming-invigorating action of the Kidney. On another hand, the Jing/essence stored in the Kidney relies on the replenishment of Qi-blood transformed from foodstuffs [4]. After age of 35, Yang Ming Mai is weak, lack of source to produce Qi and blood, the acquired Qi and blood of Spleen and Stomach do not nourish the congenital vitality Qi of Kidneys, so Kidney Qi is gradually depleted/weakened, the Kidney Jing is insufficient, Chong and Ren is unfilled, the Bao Gong (ovaries and uterus) are not nourished.
2. The Liver and Kidney forms a close relationship with each other known as "the Liver and Kidney come from the same source". The Liver stores blood and Kidney stores Jing/essence, the blood and essence promote each other and transform themselves into each other, so "the essence and blood have a common source" [4].
3. The relation between Heart and Kidney is one of "Coordination and mutual assistance between fire and water" [4]. The Heart-fire needs to go down to the Kidney to warm up the water/Yin, while the Kidney-water needs to go up to the heart to calm the fire/Yang, so maintain the balance of Yin-Yang.

TCM Basic Pathology Integrated with Western Medicine Approach

----The Theory of Seeds/Eggs and Soil/Endometrium

To get pregnant is just like growing plants, we first need healthy seeds and fertile soil. The "Seeds" corresponds to the "Eggs", while the "Soil" corresponds to the "Endometrium" in Western medicine. There are several factors that may impact on the quality of eggs and endometrium. Advanced age or repeated ART leading to exhaustion of Kidney Qi & Jing, insufficiency of Qi & blood, poor nourishment to the pelvis, poor ovarian response and egg quality, low oestrogen production, thin womb lining, poor endometrial receptivity, therefore, irregular periods, or failure of implantation and infertility.

1. The possible causes of Seed/Egg issues: DOR and POR are common causes for egg issues. As we are aging, women's ovarian reserve is diminishing-- DOR, ovarian function declines, ability to produce eggs reduces, and the quality of eggs decreases, manifested as infertility, scanty or irregular periods, and even amenorrhea.[5] While women with DOR or POR may not response well to the stimulation drugs used with IVF/IUI, manifested as less follicles developing, low estrogen level, the number of eggs can be obtained is small and the IVF cancellation rate is high [5].
TCM recognizes Kidney as the origin of congenital constitution, stores Jing/essence, it is

closely related with ovarian function, dominating the development of women's reproduction. The reproductive power of the human body bears a close relation to the state of the Kidney Jing. When the Jing in the Kidney is replenished to a certain degree, inside the body produces a kind of substance names "Tian Gui" (天癸 the Kidney Yin), which promotes the development and maturity of sex gland, then women start to have regular menstruation with ovulation [4]. The Kidney Jing is the source for transformation of blood, which provides the major material foundation for menstruation and conception. The development of eggs requires the nourishment of Jing and blood. As we are aging, the Kidney Jing becomes deficient or depleted, the production of "Tian Gui" gradually slows down till its utter consumption, the reproductive power is also reduced accordingly, therefore, ovarian function may be declined, the quality of eggs is poor, consequently, menstruation disorders and infertility may occur.

2. The possible causes of Soil/Endometrium problems: Poor endometrial receptivity is one of the most common factors that could impact the eggs fertilization and implantation, thus conception. The main causes may be insufficient blood supply to the uterus, the endometrium is too thin or too thick, uneven or overgrown etc. TCM believes the deficiency of Kidney Jing and Spleen Yin is related to low estrogen production, could cause poor nourishment of uterus; while Liver Qi stagnation causes oestrogen to build up in the body, which can cause the uterus itself to become a toxic environment, hostile to implantation and conception [6]. Oestrogen dominance is implicated in conditions like endometriosis, fibroids, polyps, and polycystic ovarian syndrome. Fallopian tube problems and inflammations could also damage the endometrium and adhesions inside the uterus. All of these could cause excessive dampness and blood stagnation, impair the ovarian function and endometrial receptivity/poor quality of soil, produce a hostile pelvic environment, therefore failure of harvesting sperm/fertilization, nothing can be grown there.

TCM Treatment Principles and Strategies

The key to treatment should follow the TCM concept of syndrome pattern differentiation to treat the root cause, considering women's physiological and pathological characteristics to make individual treatment plan, referring to the Western medicine diagnosis but do NOT restrict to it.

The treatment should be focused on regulate periods first, then combine with TCM regulating menstrual cycle therapy, modify the herbal ingredients and acupuncture points according to the different phase of cycle. Psychological counselling is also helpful and healthy diet and lifestyle is always recommended.

In general, taking TCM treatment 2-3 months is necessary before trying to conceive naturally or proceed with IVF-ET or IUI, allowing sufficient time to prepare the patients' body to be the best possible condition for conception. TCM or acupuncture (if ART clinic/hospital do not recommend Chinese herbs) treatment should be continued during IVF and after ET, as well as during early pregnancy if successful.

1. The fundamental principles of treatment:
Strengthening Kidney Qi and nourishing Kidney Jing to protect and improve ovarian function, nurture the follicles; Nourishing Yin and tonifying blood to optimize the quality of eggs/seeds.

2. While strengthen Kidney Qi and nourish Kidney Jing, it also needs to harmonise the Heart, Liver and Spleen:

1) Strengthen Kidney and Spleen Qi, cultivating the soil to nourish the endometrium;

2) Nourish Kidney Yin and Heart blood, nurture the Jing and enhance womb lining/fertilize the soil;

3) Soothe Liver Qi and nourish blood, harmonise Yin and Yang to improve endometrial receptivity;
4) Replenish Kidney Qi and dissolve blood stasis, dredge the tunnel/unblock the womb or pelvis, improve the quality of soil.

3. We also need considering menstrual cycle based on pattern differentiation, modify the treatment plan according to different phase/stage of periods. [6]

Phase I, Yin phase – Follicular phase: Day 5-12 of menstrual cycle.
Kidney Yin (or essence) and blood govern the Yin phase [7]. Nourishing Kidney Yin, replenishing the Qi and blood to support oestrogen, improve seeds/eggs quality, enhance soil/endometrial lining, and to prepare the basic condition for conception.

Phase II, A process of transformation – Ovulation phase: Day 13-15 of menstrual cycle.
The egg's growth and release have a close relationship with Liver's function [8], Liver Qi and blood flow control ovulation. Liver Qi is triggered to begin the transformation of Yin energy (oestrogen) into Yang energy (progesterone). Therefore, nourishing Kidney Yin and warming Kidney Yang to support the transformation, soothing Liver Qi and activating blood to promote ovulation.

Phase III, Yang phase – Luteal phase: Day 16-25 of menstrual cycle.
Kidney Yang and Spleen Qi dominate the Yang phase. It is therefore crucial to strengthening Kidney Yang and Spleen Qi, nourishing blood to support progesterone and to increase the chances of successful implantation and conception.

Phase IV, The premenstrual phase: Day 26-28 of menstrual cycle.
Liver Qi helps premenstrual transformation [7], converts Yang energy into Yin energy. Soothing Liver qi and invigorating blood, to unblock the channels and regulate period.

Phase V, The blood phase- Menstrual phase: Day 1- 4 of menstrual cycle.
Blood is allowed to flow, menstruation is a time of rest for all the energies [7]. Regulate Qi and blood, nourish Yin and move blood stasis, so the new and fresh blood can take its place in the uterus.
Above is based on a normal 28 days of menstrual cycle, we need to alternate the days according to the length of patient's individual cycle.

TCM Pattern Differentiation and Treatment

1. Insufficient Kidney Qi & Jing, Uterus is lack of nourishment:

Treatment principle: Strengthen Kidney Qi, nourish Kidney Jing & Blood, protect ovaries and develop follicles, optimize eggs quality
Patent Herbs: Zuo gui wan, Liuwei Dihuang wan, Congrong Bushen wan.
Zhao's Prescription—Yang Jing Yu Luan San (Nourishing Jing and developing follicles granule/powder).
Main Herbs: Danggui, Baishao, Shudihuang, Shanyao, Shanzhuyu, Bajitian, Nuzhenzi, Sangshenzi, Fupenzi, Tusizi, Yinyanghuo, Roucongrong.
Main Acupoints: Du4, Ren4, Ren3, St29, Zigong, Ki12, Sp10, St36, Sp6, Ki3, Bl20, Bl23. Moxibustion is applied as necessary or Infar-red heat lamp on lower abdomen and lower back.

2. Deficiency of Spleen & Kidney, Insufficiency of Qi and blood:

Treatment principle: Strengthen Kidney and Spleen Qi, replenish the Qi and blood, cultivate the soil and nourish the endometrium.
Patent Herbs: Guipi Wan, Bazhen Yimu Wan, Buzhong Yiqi Wan.

Zhao's Prescription-Pei Tu Yang Mo San (Cultivate the soil & nourish the endometrium granule/powder),
Main Herbs: Dangshen, Huangqi, Baizhu, Shanyao, Fuling, Qianshi, Danggui, Shudihuang, Baishao, Huangjing.
Main Acupoints: Du20, St25, Ren4, Ren5, Sp10, St36, Sp8, Sp6, Bl20, Bl21.

3. Breakdown of coordination between Heart & Kidney, Disharmony of Chong and Ren:

Treatment principle: Nourish Kidney Yin and Heart blood, nurture the Jing and enhance womb lining/soil.
Patent Herbs: Anshen Buxin Wan, Zhibai Dihuang Wan, Jiaotai Wan.
Zhao's Prescription-Zi Shen Yang Xin San (Nourish the Kidney and Heart),
Main Herbs: Shashen, Maidong, Gegen, Lianzi, Suanzaoren, Digupi, Huangjing, Nuzhenzi, Hanliancao, Gouqizi, Huangbai, Zhimu.
Main Acupoint: Si Shen Cong, Du20, Yin Tang, Pc6, Ht7, LI11, LI4, Sp6, Ki3, Ki7, Bl15, Bl23.

4. Liver Qi stagnation with blood deficiency, Disharmony of Yin and Yang;

Treatment principle: Soothe Liver Qi and Nourish blood, Harmonise Yin and Yang to balance the hormones, prepare for the best possible egg quality and endometrial environment.
Patent Herbs: Kaiyu Zhongyu Tang, Xiaoyaowan, Tiaojing Cuyun Wan.
Zhao's Prescription-Shu Gan Tiao Jing San (Soothe the Liver Qi and regulate periods).
Main Herbs: Danggui, Baishao, Jixueteng, Gouqizi, Chaihu, Xiangfu, Baizhu, Fuling, Foshou, Meiguihua. Gancao.
Main Acupoint: Du4, Yin Tang, Pc6, LI4, St29, Ren3, Sp6, Liv3, Bl17, Bl18

5. Kidney deficiency with Blood stasis, Blocked uterus/Bao gong.

Treatment principle: Strengthen Kidney and dissolve blood stasis, dredge the tunnel/unblock the womb & pelvis.
Patent Herbs: Guizhi Fuling Wan, Wenjing Tang, Xuefu Zhuyu Tang
Zhao's Prescription-Bu Shen Hua Yu San (Strengthen Kidney and dissolve blood stasis).
Main Herbs: Taoren, Guizhi, Fuling, Danshen, Chishao, Chuanxiong, Sanleng, Ezhu, Jixueteng, Yimucao, Zelan.
Main Acupoints: St29, Ren3, St25, St29, Ki12, Sp10, Sp6, Bl23, Bl25, Ba Liao (Bl31, Bl32, Bl33 and Bl34).

Case Studies

Case one: Advanced maternal age with Diminished Ovarian Reserve

Tina, age 40, Shop Manager, referred to me by ART clinic in May 2013.

Medical history:

She has been trying to conceive with her 40-year-old husband for 3 years without any success. She had irregular periods, blood tests revealed her AMH 0.07pmol/l, FSH 23iu/l, she was diagnosed with Diminished Ovarian Reserve and was advised by the consultant to have IVF with donor eggs, but they refused it and wanted to try IVF with her own eggs. She was devasted and anxious that she may never be able to get pregnant, wanted to try TCM to improve her ovarian function and eggs quality, balance hormones, hoping to have IVF with her own eggs.

Treatment plan:

Strengthen Kidney Qi and nourish Jing and blood, soothe Liver Qi and harmonize the Yin and Yang, combine with regulating menstrual cycle therapy.

Treatment progress:

She had acupuncture twice weekly for 6 weeks and surprisingly fell pregnant naturally. She continued treatment once weekly till she was 13 weeks pregnant and delivered a healthy baby boy in full term, he is now 11 years old.

Case 2: Advanced maternal age with repeated IVF implantation failure

Anna, 40 years old GP/Consultant, came to me June 2014 by recommendation from two of her colleagues/consultants. Her husband was a 43-year-old company manager.

Medical history:

They had been trying to conceive for 2 years, had 3 failed IVF attempts, planning to have IVF again soon. Husband has low sperm count of 1.7-8 millions/ml, diagnosed with male factor infertility, therefore, IVF was recommended, but recurrent failure of implantation.

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

Treatment plan:

Nourish Kidney Yin and Heart blood, soothe Liver Qi and activate blood, improve endometrial receptivity.

Treatment progress:

Acupuncture twice weekly, after 6 sessions of acupuncture, 13 eggs were collected, 9 fertilized with ICSI, produced 4 good grades of blastocysts on day 5 after egg retrieval. Had 2 sessions of acupuncture on the day of ET, and 3 more sessions within 14 days after ET. She had one top quality blastocyst transferred and positive pregnancy test on 27/06/2014. Continued acupuncture once weekly till 14 weeks of pregnant, then once a month till 38 weeks of pregnant. Had a very smooth and healthy pregnancy with no complication at all, and an easy labour, delivered a baby girl naturally.

Case 3: Advanced maternal age with premature ovarian failure (POF)

Lucy, aged 35, Journalist and Chief editor in London.

Medical history:

She had been trying to conceive for 3 years, amenorrhea over a year, typical menopausal symptoms, fatigue, headache, insomnia, lack of concentration, very emotional and feeling hopeless, extremely anxious and stressed about her condition, constantly busy with long working hours. Her FSH was 78iu/l, AMH 0.3pmol/l, and was told it is not treatable. She had seen several consultants without any success, and was advised having IVF with donor eggs is the only option. She came to see me after reading my articles, wanted to try TCM as the last resort.

She has a family history of POF, her mother had POF at age 37, young sister also has POF.

Treatment plan:

TCM regulates period first, then promotes ovulation and prepares for conception.

Strengthen Spleen Qi and nourish Kidney Jing, soothe Liver Qi and replenish blood, activate blood and regulate period. Due to the distance and her work commitments, use Chinese herbs mainly, acupuncture whenever she can. Use modified Zhao's Yang Jing Yu Luan San and Shu Gan Tiao Jing San.

Treatment progress:

After one month of TCM, she had one period, FSH reduced to 48iu/l; Continued another 3 months treatment with modified Chinese herbal ingredients, she then had two periods, FSH dropped to 6.7iu/l. She fell pregnant naturally after another 2 months of TCM. During pregnancy,

I modified Chinese herbal prescription to support her pregnancy with no more acupuncture. She had a healthy pregnancy with no issues at all, gave birth to a healthy baby boy naturally.

Her sister had also come to see me, took Chinese herbal powders only, achieved two pregnancies naturally and had two boys.

Case 4: Advanced maternal age with DOR and secondary infertility

Emma, aged 43, a company director from Nottingham, visited me in May 2024. Her husband, a physiotherapist, recommended TCM to her.

- Medical history:

She had contraception for 15 years, had one abortion in January 2018, one miscarriage in 2020 at 6 weeks pregnant and one child 3 years ago. She has been trying to conceive again since then without any success. Blood tests revealed FSH was 19.1iu/l and AMH was 1.3pmol/l, she was diagnosed with DOR and was told to have IVF with donor eggs. She has irregular periods between 26 and 45 days, always very busy and tired.

- Treatment plan:

Strengthen Kidney Qi and nurture Kidney Jing, replenish Qi and blood, improve ovarian function and enhance egg quality. Use Zhao's Yang Jing Yu Luan San and Pei Tu Yu Mo San with modification.

Treatment process:

Took Chinese herbal powder everyday with Acupuncture once every 2 or 3 weeks, modification was made according to her menstrual cycle. She fell pregnant naturally after 3 months of treatment, had scan at 7 weeks and the baby's heartbeat was detected. She continued TCM till 16 weeks and then acupuncture monthly till 36 weeks pregnant. She delivered a healthy baby girl in March 2024 by C-section due to advanced age and gestational diabetes.

Case 5: Advanced maternal age, fibroids, repeated failure of IUI/IVF

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

- Medical history:

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

Her period cycle was 26-30 days, has 5 fibroids and Hypothyroidism which has been taking Levothyroxine. She had one abortion at age 22, fractured pelvis many years ago due to car accident, still have pelvic pain sometimes. Very stressed and anxious due to fertility issues, tends to feel hot with night sweat, overweight.

- Treatment plan:

Strengthen Spleen and nourish Kidney Yin, invigorate blood and dissolve blood stasis, to enhance endometrial lining and receptivity.

- Treatment progress:

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

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

She came back for acupuncture after Covid test became negative, once weekly till 13 weeks pregnant, then once monthly till 36 weeks pregnant. Delivered a healthy baby girl on 5/2/22 weighing 7lb7oz. She was amazed and praised that miracle happened to her after 9 years of trying!

Reference:

1. Li D. & Guo J. (2008). Application of Kidney-reinforcing and menstrual cycle-regulating therapy in assisted reproductive techniques for improving ovarian reserve. *Journal of Beijing University of TCM,* Volume 31, Issue 2.

2. Zhao L (2022). Exploring the TCM Treatment Strategy of Infertility for Women with Advanced Maternal Age. *The 12th International Academic Conference of TCM Gynaecology*.

3. Luo S, Zhang Y. (2005). *Luo Yuan Kai's Gynaecology Experience Collection*, Shang Hai Science and Technology Publishing House.

4. *The Chinese-English Encyclopaedia of Practical Traditional Chinese Medicine.* Higher Education Press, Bei Jing, China.

5. Xie P, Liu M. (2017). Chinese Medicine Treatment Strategy for Infertile Women with Advanced Maternal Age. *Chinese Reproductive and Infertility Network.*

6. Zhao L. (2011), Treating infertility by the integration of TCM and assisted conception therapy. *Journal of the Association of Traditional Chinese medicine (UK),* Volume 18, Issue 2.

7. Lewis R (2004), The Infertility Cure, Little, Brown and Company.

Pang Q. & Lian F. (2015). Research progress on improving follicle improvement quality by TCM, *International Journal of TCM*, Volume 37, Issue No 1

Profile

Dr. Liqin Zhao is the TCM Consultant of Natural Fertility Care and Director of Zhong Jing TCM UK, has been practicing TCM for over 40 years including 10 years in China and over 30 years in the UK. She was awarded a professorship by Henan University of TCM. She is a fellow member of the Association of Traditional Chinese Medicine and Acupuncture (ATCM) and a full member of the British Acupuncture Council. She has previously been the President, Vice president of ATCM and Chief editor of 'the Journal of Chinese Medicine and Acupuncture'.

She graduated from Henan University of TCM in 1985, was a TCM consultant in the Luo Yang TCM Hospital in China before coming to the UK in February 1995. She found ZHONG JING TCM UK in 1997, specialises in gynaecology and reproductive health. She has been working in collaboration with consultants in the UK hospitals and ART clinics, has developed her unique and effective TCM programme, helped hundreds of infertile couples conceived successfully, was praised as a 'Miracle Baby Maker'. Her work has attracted widespread journalistic interest, has been featured several times on social medias.

She is currently the Co-Chairman of the World Congress of Reproductive Medicine and Executive Chairman of the Professional Committee of TCM (Reproduction); Executive Council member of the World Federation of Chinese Medicine Society (WFCMS); Vice president of Gynaecological Committee of WFCMS; Vice president of Zhong Jing Academic Inheritance and Innovation Committee of WFCMS etc. She lectures TCM worldwide, has published over 50 academic papers on professional journals.

吴门针灸治疗女性不孕的临证经验

Clinical Experience of Wu School Acupuncture in Treating Female Infertility

孙迎春[1]魏晓容[2] 强变红[3]

SUN Yingchun[1] WEI Xiaorong [2] QIANG Bianhong[3]

摘要：总结吴雄志教授创立的吴门针灸治疗女性不孕的临证经验。吴教授从形气神三位一体观论治不孕，将不孕分为形—器质性不孕、气—能性不孕、神—精神性不孕三类，中西医结合，化繁为简，诊断上辅以吴门女科妇人第一诊，治疗上分为调经，种子、安胎三步法，并创立了独特的吴门针灸种子三大绝招：七穴开阴、四木开井、肾窝四穴。

关键词：吴雄志；吴门针灸；不孕；吴门奇穴；调经；种子；安胎

Abstract: Summarize the clinical experience of treating female infertility with Wu School Acupuncture founded by Professor Wu Xiongzhi. Professor Wu treats infertility from the perspective of the trinity of form, qi and spirit, categorizing it into three types: formal-organic infertility, *qi*-functional infertility and spirit-mental infertility. By integrating traditional Chinese and Western medicine, he simplifies the process. In diagnosis, he supplemented it with the first diagnosis of women in the Wu School of Gynecology. In treatment, he divided it into three steps: regulating menstruation, seed treatment and stabilizing the fetus. He also created three unique techniques of Wu School acupuncture seed treatment: The seven acupoints open Yin, the four wood points open well, and Shenwo four points

Key words: Wu Xiongzhi; Wu School Acupuncture; Infertility; the extraordinary points of Wu School Acupuncture; menstruation; Seed; Stabilize the fetus

女性不孕通常指女性在未采取任何避孕措施的情况下，规律性生活 12 个月及以上仍未能自然受孕的病症[1]。据世界卫生组织（WHO）数据显示，全球约有 10% - 15% [2]的夫妇面临不孕问题，大约 85%的不孕夫妇有明确的原因，其中女性因素 35%，男性因素 30%，综合因素 20%，15%的不孕夫妇原因仍未知[3]。女性不孕常有的原因为排卵障碍、子宫内膜异位症、盆腔粘连、输卵管阻塞或异常和高泌乳素血症等。西医常规治疗以调内分泌、促排卵、改善子宫内膜容受性等药物治疗、辅助生殖技术及手术治疗为主[4,5]。不孕症中医学范畴中属于“全不产”、“无子”、“断绪”。中医疗法对女性不孕治疗有其独特的优势，且积累了丰富的经验，其中针灸临床疗效突出且确切[6]。吴门针灸由天津医科大学肿瘤学博士生导师吴雄志创立。吴教授在传统针灸的基础上进行创新，建立了吴门针灸体系。吴门手针为吴门针灸之一，通过不同的角度以及途径整体精细化调理，以达到预防和治疗助孕的双重目的。同时，吴教授临证多年，对于不孕有其独特的思想与经验，吴教授从形气神三位一体观去认识不孕，辅以妇人第一诊，从调经、种子、安胎三步进行诊治，临床效果甚佳。

1. 形气神三位一体观

吴教授从形气神三位一体生命观论治不孕。形气神理论源于《淮南子·原道训》：“夫形者，生之舍也；气者，生之充也；神者，生之制也。一失位则三者伤矣”。该理论认为人体生命是由形、气、神三个要素构成的，并且这三个要素相互关联、相互影响，是一个不可分割的整体。形是气和神的物质基础，气是形和神的功能体现与动力源泉，神则是形和气的主宰，对形和气具有调节和支配作用。只有形气神三者和谐统一，人体才能保持健康状态。吴教授基于形气神理论将不孕分为形—器质性不孕、气—功能性不孕、神—精神性不孕三类，更好地理清中医疾病理论的脉络，符合中医的整体观念。从形气神多个角度对不孕诊治，也是临床上一种更为完整和客观的诊疗思路。

1.1 形——器质性不孕

清代王夫之：“气之凝聚成质者谓之形。”形为实体，是为有形之物，是生命活动的基础物质。故

[1] 通讯作者：孙迎春，山东省青岛市市北区阜新街道人民路 4 号，青岛市中医医院，266034。邮箱：sunny8223@126.com

[2] 山东中医药大学 2023 级研究生，250013。

[3] 山东中医药大学 2023 级研究生，250013。

人的形体、官窍、四肢百骸、五脏六腑、精血津液皆属于“形”的范畴。由此，器质性不孕皆为形体之病导致的不孕，通常为生殖系统器官解剖结构改变引发的生育障碍。子宫、卵巢、输卵管等生殖器官若出现先天性发育畸形或后天器质性病变，即属 “形” 之异常。如子宫平滑肌瘤、子宫腺肌瘤等，改变了正常宫腔形态，犹如 “居室失宜”，难以提供胚胎着床的理想环境；输卵管因炎症粘连，阻塞，致使通道受阻，恰似 “河道淤塞”，阻碍精卵相会；卵巢囊肿、多囊卵巢综合征等疾病破坏卵巢正常组织结构，干扰卵泡发育与排卵，如同 “土壤贫瘠”，影响生殖功能的正常发挥。《景岳全书》：“形病日久，必致气病。”这些形态结构的改变，不仅直接影响生殖器官的生理功能，还会通过 “形病及气”，导致气血运行不畅、脏腑功能失调，进而波及 “神”对生殖功能的调控，形成以 “形” 为核心、多维度相互影响的不孕病机。故而，针对器质性不孕的治疗，侧重于复形质，但也需从 “形气神”整体观出发，调和气血、平衡阴阳，方能改善孕育环境 。

1.2 气——功能性不孕

《庄子》：“人之生，气之聚也；聚则为生，散则为死……”气是人体生命活动的根本，弥漫于人体的五脏六腑及周身形体，是无形之物，却是构成人体的物质实在，更是一种关系实在[7]。其核心是气的升降出入的关系，即气机和气化。气机推动着气、血、津液及精的生化输布，以维持人体的新陈代谢，维系着最基本的生命活动。《黄帝内经》曰：“余知百病生于气也，怒则气上……思则气结。”若情志或外邪等因素导致气机失调，机体功能则易出现失常，进而引发各种功能性疾病导致不孕。若气虚，无力推动经血运行，胞宫失于温养，可致月经不调、排卵异常，正如 “气不足则血不畅，胞宫寒则胎难安”；气机郁滞，肝气郁结，疏泄失常，不仅影响气血运行，还会导致冲任失调，使卵子排出受阻，或影响输卵管的蠕动功能，阻碍精卵结合；气逆则气血上逆，干扰胞宫的正常生理功能，引发月经紊乱、内分泌失调等问题。此外，气与脏腑功能紧密相连，脾气虚弱，运化失职，气血生化无源，难以濡养胞宫；肾气不足，肾气虚衰，生殖功能减退，可致卵泡发育不良、黄体功能不全等引起不孕。《黄帝内经·素问·天元纪大论》：“气有多少，形有盛衰，上下相召而损益彰矣。”明代医家张景岳：“气之与神，本为一体，气病则神亦病。”因此，治疗功能性不孕需注重调理气机，或补气养血、或疏肝理气、或温肾纳气，使气行通畅、脏腑功能协调，但也需兼顾调神与调形，从而恢复正常的生殖功能。

1.3 神—精神性不孕

《黄帝内经》：“心者，生之本，神之变也。” 神是生命活动的主宰，泛指 人的情志、精神意志、思维活动[8]。《素问》：“得神者昌，失神者亡。” 唯有人体精神意识思维活动正常，生命形体才能正常延续。神失所养是疾病发生发展的重要诱因之一。当神失常时，可通过多种途径导致精神性不孕。现代人长期的精神压力、焦虑、抑郁等负面情绪，易致神失所养、气机紊乱。神藏于心，主司情志，神失常则心失所主，心神不宁。这种状态下，肝失疏泄，气机郁结，气血运行不畅，冲任二脉受阻。冲任二脉与女性生殖功能紧密相连，冲任失调则难以摄精成孕。同时，神失常还会影响下丘脑 - 垂体 - 卵巢轴的功能，致使内分泌紊乱，排卵异常。此外，神不内守，会导致肾精不固，先天之本受损，后天难以滋养胞宫，使得胞宫失养，难以容孕。神失常引发的心理与生理双重失调，最终导致精神性不孕。“喜怒伤气，寒暑伤形。暴怒伤阴，暴喜伤阳” 、“神病气亦乱，气乱诸症现”，故在此阶段调神为首，兼顾调气与调形。

2. 妇人第一诊

妇人第一诊，人中子处也。《类经》注：“子处，子宫也。” 《灵枢·五色》：“面王以下者，膀胱子处也。”望诊人中沟是吴教授所创吴门女科独有的诊断方法，司外揣内，见微知著，简单快捷。朱丹溪说：“欲知其内者，当以观乎外，诊于外者，斯以知其内，盖有诸内者，必形诸外。” 人体是一个有机整体，内在脏腑经络的病变会通过经络中的经气感受，并沿经脉、络脉、经筋、皮部等传达于体表，反映为外在的可被体察的症状和体征。正如《灵枢》所言：“视其外应，以知其内脏，则知所病矣。” 人中沟常反应为生殖区的情况。若人中黑为肾虚，青主寒与痛。女子怀胎，人中是明亮润泽。人中淡白色，多为血枯。近面王白，多气虚漏下。靠唇际潮红，多血热崩中。人中横纹，阴中生疮。人中竖纹，癥瘕内结。人中上宽下窄，多痛经。人中不正，病邪牵引。人中过深过浅，皆难种子。人中过短，先天不足。人中浅长，中气下陷，多阴挺之症。

3. 吴门手针

吴门手针由天津南开吴雄志教授创始，其穴位体系来源多元。一部分源自孙思邈的穴位体系，一部分来自张三丰的穴位认知，还有一部分是吴雄志教授个人心得。手上约有 108 个常用穴位，通过刺激这些穴位，能够治疗全身疾病。其基本原理融合了三才、五行、六经、八门学说。这些穴位虽为奇效之穴，但皆不离十二正经，与传统经络理论紧密相连，是对传统针灸穴位的创新拓

展。吴门手针将病证症有机结合，从整体观念出发，不仅关注疾病的症状表现，更深入探究疾病的根源与发展态势；同时形气神一体同调，注重人体形体、气血、精神的全面调理，使人体达到和谐平衡的健康状态。对于不孕这一复杂病症，吴门手针从整体观念出发，依据患者的具体症状、体征及体质，进行细致的辨证论治。吴门手针在治疗不孕时，常运用特定的穴位组合与针法。像水会、坎宫等穴位，在调节女性生殖系统功能方面具有重要作用。水会穴能调理女性内分泌、促进生殖器官气血运行；坎宫穴能补肾、资水、壮阳、通督、散寒，退无根之火。坎宫为坎一针，坎宫、双坎附为坎三针，加兑宫平刺、直刺为坎五针，再加后溪与腕骨平刺、直刺为坎九针，都可治子宫、卵巢、附件之病。

4. 不孕三法——调经、种子、安胎

女性受孕必须具备的条件是：女方卵巢排出正常的卵子，男方精液正常，然后两人有正常的性生活，卵子和精子能在输卵管内相遇并结合成为受精卵，并能顺利的输入子宫腔内，子宫内膜已准备充分，适合受精卵着床，此环节中任何一个异常，便可导致不孕。吴教授从调经出发，经调则易排出正常的卵子，种子则易于着床，安胎则保护胎儿顺利发育成熟。

4.1 调经

不孕患者月经不调，首先调经。女子的生理特点是经带胎产，所以调经至关重要。正如《傅青主女科》曰：“妇科调经尤难，盖经调则无病，不调则百病丛生。”月经状态常常反映了 “肾气-天癸-冲任-胞宫”这一生殖轴的状态。女子月经正常的条件是天癸至，任脉通，太冲脉盛。《黄帝内经》曰：“二七而天癸至，任脉通，太冲脉盛，月事以时下，故有子”，精准概括了月经产生的生理基础。天癸源于肾，受先天之精与后天水谷精微滋养，是促进生殖机能成熟的物质，若肾精亏虚、天癸匮乏，则月经或闭经、或量少色淡。任脉总任一身之阴，“任主胞胎”，任脉通畅方能使阴血汇聚，濡养胞宫；太冲脉为 “血海”，与肝、肾、冲脉紧密相连，太冲脉盛则气血充盈，血海满溢，月经按期而至。故调经之法，当以充天癸、通任脉、盛冲脉为纲。滋补肾精以养天癸，疏肝健脾、调和气血以畅达任冲二脉。临床上吴教授常选用三天池调经，即面天池、胸天池、手天池穴，补养气血及肾精。面天池为任脉承浆穴，任主胞胎，天池水下注胞宫就是月经，此穴可补益肾气，可治疗肾气不足所致的月经后期、月经量少等，其作用相当于中药菟丝子。胸天池为手厥阴天池穴，具有疏肝理气之功，可治疗泌乳素分泌增加导致的月经后期、月经量少、闭经泌乳综合征等，手天池为大拇指近端桡侧的中点，天池水上行到大拇指指间关节为潮冲，经肺潮百脉，下注为月经，可治疗月经后期量少伴色黯结块者。

《针灸六经法要》中讲：“妇人经水不通，不论虚实寒热，肺不潮脉也，刺拇指第二节潮冲穴。肾虚而经水不潮者，潮冲不可久系，可刺潮冲六、七、八、九，”提出的″妇人经水不通，不论虚实寒热，肺不潮脉也″理论，为针灸治疗不孕症中的月经失调提供了独特的理论依据。该理论突破传统调经以肝脾肾为主的框架，强调肺脏在月经生成中的关键作用。肺主气而朝百脉，其宣发肃降功能直接影响气血运行。潮冲穴位于手太阴肺经循行区域，刺激该穴可通过三条途径发挥调经作用：其一，直接调节肺气，推动气血下注胞宫；其二，通过同名经相通原理间接调节肝的疏泄功能；其三，通过″金水相生″的五行关系影响肾精化生。现代研究证实，这种治疗方法可能通过调节下丘脑-垂体-卵巢轴功能、改善卵巢血流及调节神经内分泌等机制，恢复月经正常周期，为不孕症治疗提供新的思路。

4.2 种子

“种子之道”为民间所传，为孙一奎收录于《医旨绪余・删定野山秘抄种子论》中并加以注释[9]。“种子之道”包含了择地、养种、乘时、投虚[9]，分别对应改善宫腔环境、提高卵子质量、适宜的受孕时机、助孕四个方面。择地则是养气血和补肾精改善物质基础，促进内膜剥脱，调定点从而改善宫腔环境。《秘本种子金丹》[10]曰：“妇人所重在血，血而媾精，胎运乃成”。女子以血为本，以血为用。气为血之母，血为气之帅。气血不仅可以养先后天，还可滋养胎儿。吴教授临床上常选用三天池、血海、七穴开阴等来养气血，补肾精，选用间使行气活血，引血下行促进内膜剥脱，相当于中药牛膝，调定点则通过调经从而维持月经如期而至。养种则益气化痰改善卵泡微环境从而促进卵泡发育。卵泡的生长发育有赖于肾中癸水的滋养[11]，现代人情绪不佳，易导致气机不畅，从而水精不能正常输布，聚而成痰湿，湿性黏滞，痰湿内阻则卵泡难以排出，卵泡闭锁[12]。临床上常用四木开井疏肝解郁，调畅气机。乘时则是选择良辰吉日，或是适宜的受孕时机。王焘认为男女种子时需 “依法如方避诸禁忌”， “常避丙丁及弦望朔晦……日月薄蚀”[13]。《周易》载：“天地氤氲，万物化醇。男女媾精，万物化生。”在女子氤氲期内，男女交互，则易于得子。投虚则是通过灸肾窝四穴补肾助孕安胎。肾窝四穴加上七穴开阴、四木开井，称为吴门女科针灸种子三大绝招。

4.2.1 七穴开阴

女子脐下四寸有大赫、中极、归来、癸水，四穴为女性生殖线。四穴在同一水平线上，左右共七穴，有相同的神经支配，可以增强对卵巢的刺激。七穴同刺，名七穴开阴。大赫为足少阴肾经穴，又名阴关，与阳关为对穴也。大赫者，阳气大盛也。大赫刺激中枢，可提高精子数量与活力，促进卵泡发育与排卵。大赫与中极、血海相配，能提高垂体—肾上腺—性腺轴功能，使黄体生成素增加。癸水为脐下 4 寸旁开 3 寸，又叫子宫，属经外奇穴，此处为未育女性卵巢位置；产后有的女性上升至关元旁 3 寸，可以上中下三穴针刺，可壮癸水。归来旁开 2 寸，属于足阳明胃经，为气血归复之所，具有调畅气血、补益胞宫之能。《素问·骨空论》：“任脉者，起于中极之下……”中极属任脉，具有通任脉之功。此穴内应胞宫或精室，为兴奋轴，刺激卵巢或睾丸的要穴。此七穴，癸水壮癸水，中极通任脉，大赫补肾经，归来益气血，可主治一切女子肾虚所致经水胎产疾病。

4.2.2 四木开井

从临床观之，不孕患者多有情绪焦虑、抑郁等表现，此皆肝郁之征，肝郁不除，病难痊愈，调肝乃治疗不孕之关键之一。四木开井为和法，为吴门独特之法。和者，一为舒达和畅，一为静守封藏，波澜不起。舒达者，和气血也。气血过经，以和为贵。木曰曲直，和解不离乎木。肝主气，和解多从气分。四木穴为太冲、行间、侠溪、足临泣。太冲、行间调气，侠溪治胆，临泣调神，府，治其外窍（肝开窍于目），并舒达情志。侠者，夹于人之侧也；溪　　者，水也。侠溪在胆，又治少阳三焦液道之病，如少阳外感湿热等症。太冲者，冲逆太过，治疗气逆。太冲、行间为冲动穴。行间者，行气之处，当疗气滞。气有余，就是火，行间为火穴，侠溪为水穴，水灭火也。四穴均在足背，位置相互对应，构成井字，形成一个巨大的针阵，可舒肝解郁，调畅气机，气血因之而通，胞宫得以滋养。

4.2.3 肾窝四穴

肾窝四穴由太溪、照海、大钟、水泉穴组成。《灵枢·官针》提出，“阴刺者，左右率刺之……足踝后，少阴也”。所谓的“阴刺、左右率刺之”，足踝后、少阴，也就是足内踝下面、后面，一共有四个穴，这四个穴就是肾窝四穴。足少阴的气血，由然谷到太溪，然后下行，过大钟至水泉，再上行至照海，围成了一个圆圈，形成了一个圆形的巨大扰场。太溪乃肾经之原穴。原者，本也。太溪是肾的本。生命活动消耗的是太溪的肾精、肾液。太溪，吴教授经常用来观察人的肾。太溪脉无力或太溪皮肤色黑，则是肾虚。太溪之下是大钟，是火穴；大钟之后是水泉，水泉就是水穴；水泉之上是照海，火穴。一个水穴，一个火穴，这相互交织在一起。 四穴同刺，也可灸之，以灸透四穴，如浴温水，终日不绝为度，可达阴阳并调，补肾固本，助孕安胎之功。正如《针灸六经法要》中讲“人之有尺，譬如树之有根，脉有根本，人有元气，常灸肾窝，补肾固本”。

5. 安胎

罗元凯教：“肾藏精，主生殖，胞络者系于肾，肾气以载胎”，在安胎过程中肾占据关键地位。肾藏精，主生殖，肾精乃胚胎发育的原始物质基础，受孕后肾精持续充养胎元，助其生长。肾气充足，方能固摄胞宫，维系胎儿正常发育，正如先天构筑的坚固基石，支撑着胎儿成长的 “大厦”。肾阳为一身阳气之根，其温煦作用可维持胞宫温暖，为胎儿营造适宜的生长环境；肾阴则滋养胎儿脏腑形体，使胎儿发育完备。若肾精亏虚，易致胎元不固，引发胎动不安、滑胎等。临床上常针刺坎宫及肾窝四穴以补肾安胎。此外，补益气血也是安胎的重点。《竹林女科证治·安胎上》[9]载：“妇人有孕，全赖血以养之，气以护之”。气血不仅可濡养母体，也是胎儿赖以生存的物质基础。血为阴质，属有形之精微，循冲任二脉汇聚胞宫，化作胎儿生长的物质基础，恰似沃土滋养幼苗，使胎元脏腑、筋骨渐次发育成形；气为阳用，属无形之动力，其温煦推动之功，不仅能促进血行濡养胎儿，更可固摄胞胎，防止胎元下坠，抵御外邪侵袭，如同坚固藩篱守护珍宝。气与血互生互用，血赖气之推动而周流不息，气依血之濡养而充盛不衰。临床上可用太白，定冲，公孙等补益气血。太白为脾经原穴，从根源上强化脾胃生血之功，定冲协调冲脉调节气血分布，公孙保障气血顺畅流通，三者协同，可补益气血、调和气血的功效。

6. 验案

患者孙某，女，38 岁，2023 年 8 月 16 日初诊，患者既往备孕 7 年，3 次试管失败，3 次不良妊娠史（2019 年 1 月孕 8 周胚胎停育行药物流产史，2020 年 9 月左输卵管妊娠保守治疗史，2021 年 7 月胎停育行清宫术），既往有产科抗磷脂综合征病史，曾口服泼尼松 5mg po qd 治疗，现已停药，有高泌乳素血症病史，现服溴隐亭半片 qd 治疗。初诊症见：无小腹痛，无腰酸腰痛，感神疲乏力，时有反酸、恶心，偶有口干，纳可，眠差，二便调。舌质淡黯，苔白，脉沉细。月经史：月经 6/33-35 天，量中，痛经（-），末次月经：2023.8.5*6 天。婚育史：已婚，孕 2 流 2 宫外孕 1 　　。

医诊断：复发性流产。拟用加味寿胎丸合二至丸加减，补益肝肾。

针灸治疗：手针：选坎宫穴、双坎附穴或坎宫七针，直刺 10～ 15 mm，施以平补平泻手法，留针 30 min，每周 1 次。艾灸：选用肾窝四穴，用艾条灸，，每日 1 次，灸透四穴，如浴温水，终日不绝为度。中药：予吴门加味寿胎丸合二至丸加减：砂仁 3g、白术 15g、墨旱莲 30g、酒女贞子 30g、续断 20g、盐杜仲 20g、盐菟丝子 30g 、桑寄生 30g、阿胶 6g，水煎 400ml，每日 1 剂。治疗近 1 月后，2023.9.10 于青岛市中医医院查盆腔彩超示：宫内早孕、盆腔积液。查血 β-HCG：1408.82mIU/ml，E2：401pg/ml，P：104 mIU/ml，TSH：1.580 mIU/ml。予低分子肝素及黄体酮治疗。2023.9.12 复查 E2、P 下降，E2：287pg/ml，P：78.20 mIU/ml，2023.9.13 予手针治疗，2023.9.18 复查 E2、P 上升，血 β-HCG：29578.19mIU/ml，E2：473pg/ml，P：116.00 mIU/ml。后续患者每周按时复诊针刺手针一次，长期服用加味寿胎丸浓煎剂至产前，并谨遵医嘱灸其肾窝四穴，情况稳定，产前复查一切指标正常，于 2024.5.7 剖宫产 1 子，母子平安。

7. 讨论

《景岳全书》所言 “凡妊娠之数见堕胎者，必以气脉亏损而然”，精准概括了本案患者孙某的核心病机。其屡孕屡堕的经历，不仅在生理层面耗伤气血、损伤肝肾，更在心理与精神维度造成深刻创伤，形成 “形—气—神” 三位一体的病理状态。在补气方面，针刺坎宫穴、双坎附穴等，通过刺激经络腧穴，激发人体经气，补益肾气，使气脉得以充盈，吴门加味寿胎丸中白术可补气健脾，艾灸肾窝四穴则以温通之性，补益肾精，精化气，进而培补元气，增强气对血的推动与固摄作用。在固形上，加味寿胎丸合二至丸以滋补肝肾为核心，方中桑寄生、续断、女贞子、墨旱莲等药物，填精益髓，补养肝血，从根本上修复受损的肝肾之 “形”，为孕育胎儿奠定物质基础。

8. 结论

吴雄志教授基于形气神三位一体观构建的女性不孕诊疗体系，为临床实践开辟了新思路。其将不孕精准划分为器质性、功能性、精神性三类，打破传统单一视角局限，借助中西医融合的诊疗模式，以 “吴门女科妇人第一诊” 为特色诊断手段，将复杂病情化繁为简，实现精准评估。治疗全程贯穿调经、种子、安胎三步法，环环相扣，兼顾月经周期与孕育全流程。独创的吴门针灸种子四大绝招 ——吴门手针、 七穴开阴、四木开井、肾窝四穴，通过特定穴位配伍激发经络气血，调节机体阴阳平衡，既注重疏通胞宫气血以改善生殖环境，又着眼于脏腑功能调和与情志疏导，全方位提升受孕几率与妊娠质量，为女性不孕治疗提供了系统、高效的方案，展现出传统针灸与现代医学思维结合的独特优势与显著临床价值。

参考文献：

[1] Bucci I, Giuliani C, Di Dalmazi G, Formoso G, Napolitano G. Thyroid Autoimmunity in Female Infertility and Assisted Reproductive Technology Outcome[J]. Frontiers in Endocrinology, 2022, 13: 768363.

[2] 丹尼亚尔·霍森别克,周钰.针灸治疗不孕症的临床研究进展[J].新疆中医药,2023,41(03):102-104. .

[3] Carson S A, Kallen A N. Diagnosis and Management of Infertility: A Review[J]. JAMA, 2021, 326(1): 65.

[4] Saha S, Roy P, Corbitt C, Kakar S S. Application of Stem Cell Therapy for Infertility[J]. Cells, 2021, 10(7): 1613.

[5] Wang Y, Tang Z, Teng X. New advances in the treatment of thin endometrium[J]. Frontiers in Endocrinology, 2024, 15: 1269382.

[6] 孙小鸥,李记泉,马铁明.女性不孕症病因及针灸治疗研究进展[J].辽宁中医杂志,2023,50(03):207-211.

[7] 荣远航,袁明慧,李明.基于形气神理论探讨女性不孕症诊疗策略[J].中华中医药杂志,2022,37(12):6936-6939.

[8] 王祯珍,卢云霄,郝峻.基于“形气神”理论探讨针灸诊疗中的相关要点[J].湖南中医杂志,2023,39(10):99-103.

[9] 舒畅,刘雁峰,邓楠,等.从《医旨绪余》“种子之道”探讨卵巢储备功能减退合并复发性流产的证治思路[J].湖南中医药大学学报,2025,45(04):742-747.

[10] 王浩浩,王继升,王彬,等.《秘本种子金丹》“求嗣”思想研究[J].中华中医药杂志,2023,38(07):3424-3426.

[11] 卢凤娟,王宇,丛晶,等.中医药治疗痰湿型多囊卵巢综合征的研究进展[J].国际生殖健康/计划生育杂志,2025,44(02):161-165.

[12] 袁洁姣,林洁.从气血痰郁论治多囊卵巢综合征[J].中国民族民间医药,2022,31(08):87-89.

[13] 谢世璇.《外台秘要》种子观探析[J].基层中医药,2024,3(02):28-33.

杨国华教授辨治惊恐障碍

Professor Yang Guohua's Diagnosis and Treatment of Panic Disorder

武婧，潘珺俊，杨国华[1]

Wu Jing, Pan Junjun, Yang Guohua[2]

摘要：惊恐障碍(panic disorder，PD)是一种以突然发作、不可预期、反复出现、强烈的惊恐体验，伴濒死感或失控感为主要特征的慢性复发性疾病，目前其确切的发病机制尚未明确，其治疗原则是早期起效，但目前尚无以明确快速起效为特点的药品用于惊恐障碍临床治疗。杨国华教授基于《内经》的理论并结合多年积累的临床经验，在中医界最早 2007 年提出有关惊恐障碍的病因病机和辨证论治，即惊恐障碍最重要病机是心肝（胆）气虚，采用自拟四参养心汤治疗，疗效显著。

关键字：惊恐障碍(panic disorder，PD)；心肝（胆）气虚；四参养心汤。

Abstract: Panic disorder (PD) is a chronic and recurrent condition characterized by sudden, unexpected, and repeated episodes of intense panic, accompanied by feelings of impending death or loss of control. The exact pathogenesis of PD remains unclear, and the current treatment principle emphasizes early efficacy. However, there is still no clinically available medication specifically known for its rapid onset in treating panic disorder. Based on the theories of The Yellow Emperor's Canon of Internal Medicine (*huang di nei jing*)* and years of clinical experience, Professor Yang Guohua was the first in the field of traditional Chinese medicine (TCM) to propose, as early as 2007, the etiology, pathogenesis, and syndrome differentiation/treatment principles for panic disorder. He identified heart-liver (gallbladder) *qi* deficiency as the most critical pathological mechanism and developed the self-formulated *si shen yang xin* Decoction, which has shown significant therapeutic effects.

Keywords: panic disorder (PD); heart-liver (gallbladder) *qi* deficiency; *si shen yang xin* Decoction.

惊恐障碍（panic disorder，PD），又称急性焦虑障碍，往往毫无征兆的突然发作，表现为持续数分钟或几十分钟的急性症状，一般在发病后约 10 分钟达到高峰，发作时伴濒死感或失控感，发作时临床表现多以心血管和神经系统症状为主，临床中常常容易被误诊为心血管疾病、甲状腺功能亢进等，该病是一种慢性复发性疾病，确切的发病机制尚未明确[1]，其终身患病率为 3.4~4.7% [2-3]，年患病率为 1．5%[4]，美国和英国的年患病率分别为 1．8% 和 1.7%[5-6]。惊恐发作时伴有严重的自主神经功能失调、抑郁等症状，自杀风险是患其他精神疾病患者的 2 倍，几乎 20 倍于无精神疾病者，若得不到及时有效的治疗，有可能转入慢性波动病程，甚至永久性丧失劳动能力。然而如果得到早期诊断和治疗，远期疗效让人满意，急性期治疗后 50% ～70% 患者可以得到症状缓解。研究表明：心脏病患者 PD 的年患病率是非心脏病患者的 1.4 倍[7]，有哮喘发作的患者出现惊恐发作的概率接近其他患者的 2 倍，呼吸系统患者惊恐发作比例 41.9%，是非呼吸系统疾病患者的 4 倍。杨国华教授基于《内经》的理论并结合多年积累的临床经验，在中医界最早 2007 年提出有关惊恐障碍的病因病机和辨证论治，即惊恐障碍最重要病机是心肝（胆）气虚，从而导致心神动摇所诱发，并运用安神定志丸和天王补心丹，组成宁心定神的方剂治疗收效明显。

1 中国中医科学院望京医院

2 Wangjing Hospital, China Academy of Chinese Medical Sciences

1.惊恐障碍西医诊治

参照 2013 年第五版《精神疾病诊断与统计手册》惊恐障碍的诊断标准如下：A 反复出现不可预期的惊恐发作。一次惊恐发作是突然发生的强烈害怕或强烈的不适感，并在几分钟内达到高峰，发作期间出现下列 4 项及以上症状(这种突然发生的惊恐可以出现在平静状态或焦虑状态)：(1)心悸、心慌或心率加速；(2)出汗；(3)震颤或发抖；(4)气短或窒息感；(5)哽噎感；(6)胸痛或胸部不适；(7)恶心或腹部不适；(8)感到头昏、脚步不稳、头重脚轻或昏厥；(9)发冷或发热感；(10)感觉异常(麻木或针刺感)；(11)现实解体(感觉不真实)或人格解体(感觉脱离了自己)；(12)害怕失去控制或“发疯”；(13)濒死感。需要注意的是可能感觉到与特定的文化相关的症状(例如：耳鸣、颈部酸痛、头疼、无法控制的尖叫或哭喊)，此类症状不可作为诊断所需的 4 个症状之一。B 至少在 1 次发作之后，出现下列症状中的 1 ～ 2 种，且持续 1 个月 (或更长)时间：(1)持续的担忧或担心再次的惊恐发作或其结果 (例如失去控制、心肌梗死、“发疯”)；(2)在与惊恐发作相关的行为方面出现显著的不良变化试图减少或回避惊恐发作及其结果(例如回避锻炼或回避广场恐怖症类型的场合情况：离开家、使用公共交通工具或购物)。C 这种障碍不能归因于某种物质(例如滥用毒品、药物)的生理效应，或其他躯体疾病(例如甲状腺功能亢进、心肺疾病)。D 这种障碍不能用其他精神障碍来更好的解释(例如像未特定的焦虑障碍中,惊恐发作不仅仅出现于对害怕的社交情况的反应；像特定恐怖症中,惊恐发作不仅仅出现于对有限的恐惧对象或情况的反应；像强迫症中,惊恐发作不仅仅出现于对强迫思维的反应；像创伤后应激障碍中,惊恐发作不仅仅出现于对创伤事件的提示物的反应；像分离焦虑障碍中，惊恐发作不仅仅出现于对依恋对象分离的反应)。

PD 患者在确诊前常常在综合医院的心内科、呼吸科、神经内科、急诊科等相关科室就诊，重复各种检查，致使病情迁延不愈且疾病负担增加，大大增加了健康医疗保障费用支出，我国四川地区做过 PD 确诊前的相关就诊调研发现[8],PD 患者在确诊前年人均花费 2. 46 万元，其中直接医疗费用药物为 1. 91 万元，间接费用为 0. 55 万元。国外研究表明 PD 的年花费为 10269 欧元，并远高于其他精神疾病[9]。PD 不仅会造成经济负担，而且对患者的生活工作也会产生重大影响，其具有潜在的致残性，尤其是合并有社交恐怖症时致残性更加严重，通常会伴随躯体功能不全，且导致生活质量下降，高致残率的 PD 导致旷工及工作效率降低，给个人和社会都带来极大医疗负担。

PD 的治疗目前最主要的是药物治疗，其治疗原则是早期起效，目前指南中通常选择采用选择性 5-羟色胺再摄取抑制剂(SSRIs)和 5-羟色胺-去甲肾上腺素再摄取抑制剂(SNRIs)作为治疗惊恐障碍的一线药物，苯二氮䓬类药物的作用因指南而异，但始终稍逊于 SSRIs 和 SNRIs。SSRIs 是治疗惊恐障碍的首选用药，可协助惊恐障碍共病的治疗，但 SSRIs 起效较慢，起效时间大概为 4 ~ 6 周，并有可能在早期治疗过程中加剧焦虑和惊恐的症状[10-12]。苯二氮䓬类药物虽可迅速起效，但易引起反跳和戒断症状，久服可产生耐受性、依赖性和成瘾性[13]。 有研究显示 1 周显效患者的痊愈率为 60% ～ 70% ，而治疗 4 ～ 6 周才显效的痊愈率为 20% 左右，但目前尚无以明确快速起效为特点的药品用于惊恐障碍临床治疗。

2.惊恐障碍中医诊治

中医学典籍中虽然没有“惊恐障碍”这个病名，但是在历代医籍中有大量与惊恐障碍症状类似的描述和记载，比如惊、恐、骇、惧、惕、悸、畏、怵、怯等，其中惊、恐占绝大多数。《黄帝内经》中有大量相关描述，如“心休惕思虑则伤神 ， 神伤则恐惧自失”,“惊则心无所倚，神无所归，虑无所定，故气乱矣”,“ 惊

悸者，心虚胆怯所致也”，“善呕，呕有苦，长太息，心中儋儋 ，恐人将捕”，“ 胆病者，善太息，口苦， 呕宿汁，心下澹澹， 恐人将捕之”，“肝气虚则恐，实则怒”等，惊恐障碍的症状表现与中医 “惊” 、“恐” 等症状类似，属于中医神志病范畴 。

五脏皆藏神，神志病与五脏密切相关，中医学在从五脏藏神角度认识和治疗惊 、恐病症方面有成熟的理论体系和方药经验。杨国华教授基于《黄帝内经》的理论并结合多年临床实践经验，认为惊恐障碍最重要病机是心肝（胆）气虚，，从而导致心神动摇所诱发，临床中表现为：善惊易恐、胆小害怕、心悸不宁，惕惕而动，动则尤甚，多梦、易惊醒，恶闻声响，胸闷气短，乏力倦怠，舌质淡，苔薄白，脉动数。杨国华教授运用安神定志丸和天王补心丹，组成宁心定神的方剂—四参护心汤，其药物组成及剂量如下：党参 10g，北沙参 20g，丹参 10g 玄参 6g，枳壳 12g，五味子 6g，生龙齿 30g（先煎），茯苓 12g，黄连 8g，该方中党参补中益气生津，北沙参滋阴生津，丹参活血祛瘀，清心除烦，玄参凉血清热，滋阴降火，四参合用，恰合张景岳“善补阳者，必于阴中求阳，则阳得阴助而生化无穷；善补阴者，必于阳中求阴，则阴得阳升而泉源不竭”的思路；枳壳宽中理气，行滞消胀，五味子收敛固涩，益气生津，补肾宁心，两药一开一合，气行而不散；茯苓健脾益气宁心，生龙齿潜镇心神，清热除烦，这两味药兼取安神定志丸之意；黄连清泻心火，全方 9 味药起到益气养阴，宁心安神的作用来治疗惊恐障碍。现代药理研究表明方中党参可提高机体对有害刺激的抵抗能力，具有镇静、催眠、抗惊厥作用，其抗应激作用机制主要与兴奋垂体-肾上腺皮质轴的功能有关[14-15]；北沙参低浓度的北沙参有明显的强心作用，静脉注射能使其血压稍微上升、呼吸加强[16]；丹参除了有抗心脑缺血、抗心律失常的作用，还有明显的中枢神经系统镇静作用，单用时即有效[17]；玄参可以保护心血管系统，其活性成分对心血管系统的作用体现在舒张血管以及对心肌细胞的作用，此外，还有抗炎、抗氧化及保肝等作用[18]；枳壳具有镇静、抑制中枢等多项药理作用，具有扩张气管和支气管的作用，此外，枳壳对胃肠平滑肌有双向调节作用，有扩张冠状动脉、免疫调节等作用[19]；五味子具有镇静催眠作用。还能增加冠脉血流量、抗心肌梗死、双向调节血压[20]；茯苓有镇静作用，使心肌收缩力增强、心率增快，具有利尿作用，尤其对肾炎和心衰水肿患者[21]；生龙齿具有镇静催眠、抗惊厥作用,其机制可能是通过调整或降低单胺类神经递质作用，而达到中枢神经抑制[22]；黄连中小檗碱具有抗心律失常、抗心肌缺血的作用，黄连对多种原因引起的高血压有较好的改善作用，此外，黄连还具有抗炎、解热、调节胃肠运动等多种作用[23]。2009 年杨国华教授团队就此开展临床研究观察，共入组 163 例惊恐障碍患者，85 例试验组采用四参养心汤治疗，78 例对照组采用盐酸帕罗西汀片（商品名：赛乐特 ，中美天津史克制药有限公司，20mg×10 片），每日 1 次，每次 20mg，两组患者均连续服药治疗 1 个月，在入组第 1、3、5、7、14、21、28 天对两组患者进行汉密尔顿焦虑量表(HAMA)、焦虑自评量表 (SAS)评分，结果显示汉密尔顿焦虑量表 (HAMA)疗效分析：治疗后，两组评分改善较基线均有显著改善(P<0.05) ，从治疗第 3 天起，试验组总分改善显著优于对照组 (P<0.05) ；焦虑自评量表的疗效分析：从治疗第 3 天起，2 组改善差异有统计学意义(P<0.05) ，且试验组患者总分改善显著优于对照(P<0.05) ，研究表明试验组近期、起效时间、稳定性均优于对照组，证实“补益心胆 、安神定志” 之法辨证治疗惊恐障碍是安全有效的。

杨国华教授在临床应用中也会根据患者症状随症加减，伴有明显胸闷的患者，枳壳加至 15g；抑郁明显者，合用四逆散；伴睡眠不佳者，黄连加量或者可加用珍珠母、煅牡蛎等；伴热偏盛者，可加用黄芩，栀子，龙胆草等；伴血压

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3.验案举隅

病案一，李某，女，40 岁，无业。自小胆小畏事，半年前无诱因出现心慌不能自主，后逐渐加重，两三天即发作一次，发作时伴有恐惧、害怕乃至濒死感，持续 1-2 小时可自行缓解，曾多次检查心电图未见异常。来诊时面色稍暗，神情尚可，但对心慌发作充满恐惧，不敢预想，睡眠多恶梦，刻下无明显症状及阳性体征，口不渴，胃纳可，二便调。舌淡红，脉细弱，测血压 105/65mmhg，心率 80 次/分，律齐，心肺（-）。根据患者相关检查，首先排除心脏、肺、甲状腺等疾病，再进行仔细问诊及相关焦虑量表评分，确诊为惊恐障碍。向患者说明情况，告知无生命危险，打消患者心中疑虑。中医辨证为心胆气虚，治以补益心胆、安神定志，方药如下：党参 9g，北沙参 30g，丹参 15g，玄参 6g，枳壳 10g，五味子 6g，茯苓 10g，生龙齿 30g（先煎）黄连 8g ，7 剂，水煎服，日一剂分两次服用。患者复诊时诉服药第三天心悸发作程度即减轻，恶梦减少。第一周共发作 2 次，持续时间均不超过半小时。原方略加减，共进 20 余剂，心悸未再发作，亦无害怕恐惧感，睡眠已安，唯感易于疲乏，原方加熟地、山药等继服半月，以巩固疗效。随访三月诸症均未发作。

病案二，王某，女，56 岁，退休。一年前因出国生活环境改变，且遇事劳顿而心情不畅、睡眠差，半年前回国但心中仍有不安，心中忐忑，阵发性胸闷气短、头晕汗出、震颤手麻，伴有恐惧。症状逐渐加重，每周发作两三次，持续半小时左右可自行缓解。发作时痛苦不堪，有强烈濒死感，曾多次在半夜打 120 入急诊“抢救”，但无晕厥，查血压、心电图、胸片、超声心动、冠脉造影、头颅 CT、核磁共振、胸部 CT、脑电图、经颅多普勒等均无明显异常，生化、甲功等亦在正常范围内。来诊时面色略显苍白，语声无力，心慌，头晕，胸闷气短，上肢麻木，急躁易怒，全身畏寒，阵发汗出，恶心，纳差，口干，大便略干，小便频而色黄量少，失眠多梦，情志不畅，易于思虑。舌略红苔薄白根略腻而干，脉弦细。排除器质性疾病及其他精神疾病，确诊为惊恐障碍。向患者解释病情，进行心理疏导。中医辨证为心胆气虚，阴虚化火，治疗以补气滋阴泻火，具体处方如下：太子参 12g，北沙参 30g，丹参 15g，玄参 10g，枳壳 12g，五味子 6g，茯神 12g，生龙齿 30g（先煎），黄连 6g，山栀 6g，柴胡 12g ，7 剂，水煎服，嘱午饭后、晚饭后各一次。服药一周，心悸明显减轻，心情较前放松，恐惧感已不强烈。因头晕仍明显，前方加白菊花 15g，继进七剂。第二次复诊时自诉本周仅发作一次，程度轻微，略有恐惧感但已无濒死感，心悸仅在惊恐发作时出现，平时已无，胸满气短明显减轻，头晕好转，上肢麻木已非持续性，胃纳好转，心情已畅。原方加白芍 12g，再服七剂，胸闷、气短、汗出均大减，惊恐心悸未再发作，心情舒畅，睡眠已安，体力渐增，二便已调。因感冒停药一周，心悸略有发作，但程度轻微。原方加减继服三月，以资巩固疗效，随访一年诸症未作。

按语：临床中在治疗惊恐障碍患者时首先在患者初次就诊时采用鼓励式的方式，通常情况下 PD 患者在某方面或者某领域有自己擅长的，可以鼓励患者在这方面大力发展，以取得患者信任；同时告知患者 PD 没有生命危险，发病时尽可能的放松或者转移注意力，消除患者的疑虑。临床中应用四参养心汤时人参、党参、太子参三药可根据患者具体情况灵活变化，三药在补气方面人参＞党参＞太子参，如患者气虚严重时需应用人参，如患者津液亏损时则采用太子参，如病案二，如患者气虚不重且不存在津液亏损则应用党参，如病案一。

参考文献：

[1]AMERICAN PSYCHIATRIC ASSOCIATION. Diagnostic and statistical mannai of mental disorders[M]. 5th Ed. Arlington: American Psychiatric Publishing, 2013.

[2]安婷，王丹，陈琛，等 . 惊恐障碍病因及诊治研究进展[J]. 国 际精神病学杂志，2015，42(5):68-73.

[3]SCHUMACHER J，KRISTENSEN A S，WENDLAND J R，et al. The genetics of panic disorder[J]. Med Genet，2011，48(6): 361-368.

[4] 何燕玲,张岚,刘哲宁,等. 综合医院就诊者中焦虑障碍的检出率 [J]. 中国心理卫生杂志, 2012, 26 (03): 165-170.

[5] Kessler R C , Chiu W T , Demler O ,et al.Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication[J].JAMA Psychiatry, 2005, 62(6):590-592.DOI:10.1001/archpsyc.62.7.709.

[6] Skapinakis P , Lewis G , Davies S ,et al.Panic disorder and subthreshold panic in the UK general population: epidemiology, comorbidity and functional limitation.[J].European Psychiatry, 2011, 26(6):354-362.DOI:10.1016/j.eurpsy.2010.06.004.

[7] Korczak D J , Goldstein B I , Levitt A J .Panic disorder, cardiac diagnosis and emergency department utilization in an epidemiologic community sample[J].General Hospital Psychiatry, 2007, 29(4):335-339.DOI:10.1016/j.genhosppsych.2007.03.006.

[8]邹志礼,黄雨兰,汪瑾宇,et al.惊恐障碍确诊前的疾病负担调查分析[J].实用医院临床杂志， 2017, 14(3):3.DOI:10.3969/j.issn.1672-6170.2017.03.011.

[9] Batelaan N , Smit F , Graaf R D ,et al.Economic costs of full-blown and subthreshold panic disorder[J].Journal of Affective Disorders, 2007, 104(1-3):127-136.DOI:10.1016/j.jad.2007.03.013.

[10]BANDELOW B，ALLGULANDER C，BALDWIN D S，et al. World Federation of Societies of Biological Psychiatry(WFSBP) guidelines for treatment of anxiety， obsessive-compulsive and posttraumatic stress disorders-Version 3. Part I:Anxiety disorders[J]. World J Biol Psychiatry，2023，24(2):79-117.

[11]KATZMAN M A，BLEAU P，BLIER P，et al. Canadian clinical practice guidelines for the management of anxiety，posttraumatic stress and obsessive-compulsive disorders[J]. BMC Psychiatry， 2014，14(Suppl 1):S1.

[12]ANDREWS G，BELL C，BOYCE P，et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder， social anxiety disorder and generalised anxiety disorder[J]. Aust NZ J Psychiatry，2018，52 (12):1109-1172.

[13] Quagliato L A , Freire R C , Nardi A E .Risks and benefits of medications for panic disorder: a comparison of SSRIs and benzodiazepines[J].Expert Opinion on Drug Safety, 2018:1-10.DOI:10.1080/14740338.2018.1429403.

[14]徐秋萍,孙建宁,朱承喜,等.党参复方对化学药物所致小鼠记忆损伤的改善作用[J].中药药理与临床，1989(2):5.

[15]樊长征,洪巧瑜.党参对人体各系统作用的现代药理研究进展[J].中国医药导报， 2016, 13(10):5.DOI:CNKI:SUN:YYCY.0.2016-10-012.

[16]王晓琴,苏柯萌.北沙参化学成分与药理活性研究进展 [J]. 中国现代中药， 2020, 22(3):9.DOI:10.13313/j.issn.1673-4890.20190129003.

[17]傅晓晴,蔡宗苇,黎先春,等.丹参对中枢神经系统的生理病理多功能调治作用的研究[J].中医药学刊， 2003, 21(3):4.DOI:10.3969/j.issn.1673-7717.2003.03.024.

[18]李翎熙,陈迪路,周小江.玄参化学成分,药理活性研究进展及其质量标志物分析预测[J].中成药， 2020, 42(9):10.DOI:10.3969/j.issn.1001-1528.2020.09.032.

[19]柏晓武.枳壳炮制工艺及作用机理研究[D].南昌大学,2013.

[20]张林魁,钮心懿.五味子醇甲对中枢神经系统单胺类递质的[J].中国医学科学院学报， 1991, 13(1):4.DOI:CNKI:SUN:ZYKX.0.1991-01-002.

[21]左军,祁天立,胡晓阳.茯苓化学成分及现代药理研究进展[J].中医药学报，2023.

[22]黄寅墨,刘淑花.龙骨,龙齿,花蕊石微量元素及药理作用比较[J].中成药，1990，12(6):2.

[23]彭成.中药药理学(第四版).中国中医药出版社.2016.

Discussion on the prevention and treatment of osteoporosis by combining traditional Chinese and western medicine

ZHOU Weiwei FANG Cailong

Osteoporosis is a systemic bone disease characterized by low bone mineral density and bone mass, damaged bone tissue microstructure, increased bone fragility and susceptibility to fracture. Osteoporosis is divided into two categories: primary and secondary. Primary osteoporosis includes postmenopausal osteoporosis (type I), senile osteoporosis (type II) and idiopathic osteoporosis (including juvenile osteoporosis). There are nearly one million cases of osteoporotic fractures worldwide each year. Almost one in two women and one in five men will experience a fracture in their remaining life from the age of 50. The cost of treating osteoporotic fractures in the UK is close to £3 billion per year [(1)]. Osteoporosis is generally asymptomatic, and some patients only discover they have the disease after a fracture. In recent decades, people's understanding of osteoporosis has changed from considering it an inevitable consequence of aging to a chronic, non-communicable disease with clear characteristics and treatability [(2)]. Western medicine often provides calcium and vitamin D supplements; other drug treatments include estrogen, raloxifene, bisphosphonates, calcitonin, etc., while Traditional Chinese Medicine usually discusses the treatment of osteoporosis in terms of kidneys. This article attempts to further explore the prevention and treatment of osteoporosis with the combination of traditional Chinese and Western medicine in combination with recent literature.

I. Pathophysiological basis of osteoporosis

Osteoblasts, osteocytes, and osteoclasts are the three main types of skeletal cells. The balance of bone formation and resorption has a critical influence on bone mass and strength throughout life. A positive balance is observed during childhood, with peak bone mass achieved in early adulthood. During adulthood, the bone remodeling process is critical for the maintenance of bone health as it repairs areas of microdamage. This is a cellular process involving osteoclasts (bone resorbing cells) and osteoblasts (bone forming cells) which are responsible for the synthesis of bone matrix proteins, concentrating calcium and phosphate ions within intracellular vesicles, and then depositing calcium phosphate crystals in a controlled manner onto collagen fibers within the extracellular matrix to initiate bone mineral formation [(3)]. Osteocytes are derived from osteoblasts. There is a stable period afterwards, and a negative balance occurs in old age, with osteoclast activity increasing to be greater than osteoblast activity, leading to bone loss. This process accelerates in women after menopause. Osteoporosis is a complex multifactorial disease. Multiple factors may affect these cells through different pathways and ultimately lead to osteoporosis, such as gender, age, genetics, nutrition, life stress, hyperthyroidism and other diseases, the use of glucocorticoids, and treatment with other non-glucocorticoid immunosuppressants. This article briefly discusses the main factors

1). Estrogen

Because menopausal women have a higher incidence of osteoporosis, the role of estrogen in osteoporosis has attracted more attention [4]. The lack of estrogen can lead to increased production and activity of osteoclasts, causing perforation of trabecular bone, thereby reducing its strength and increasing the risk of fractures. Estrogen replacement can inhibit the differentiation of osteoclasts, thereby reducing the number of osteoclasts and the number of active remodeling units [5]. Estrogen therapy can also reduce serum calcium and urinary calcium excretion, resulting in a net influx of calcium into the bones [6]. In the absence of estrogen, the increase in bone formation that usually occurs due to mechanical load is also reduced [7]. Estrogen levels naturally decrease in postmenopausal women, but other factors in life can also affect estrogen levels such as malnutrition, chemotherapy for malignant tumors, pituitary diseases, oxidative stress, etc. In addition, the autonomic nervous system, especially the sympathetic nervous system, is an important factor affecting the secretion of estrogen by the ovaries. Ovarian blood flow and estradiol secretion are independently controlled by sympathetic adrenergic nerves. There are two pathways of sympathetic nerves leading to the ovaries: the superior ovarian nerve (SON) and the ovarian nerve plexus (ONP). Stimulation of either pathway will reduce ovarian blood flow by activating α1 adrenergic receptors, while stimulation of the SON (but not the ONP) will reduce estradiol secretion by activating α2 adrenergic receptors [8,9]. Harmful skin stimulation reflexively activates the ovarian sympathetic nerves, causing ovarian vasoconstriction and inhibiting ovarian estradiol secretion. Overactivity of the ovarian sympathetic nerves may lead to ovarian failure [10]. In contrast, estrogen causes rapid degeneration of the sympathetic nerve terminal axons in the myometrium, and these axons will regenerate under low estrogen conditions [11]. Other studies have shown that estrogen replacement can reduce sympathetic nervous system activity and lower blood pressure[12].

2). Relationship between mental stress and osteoporosis.

Long-term psychological stress is a risk factor for osteoporosis [13, 14]. Chronic stress triggers activation of the sympathetic nervous system, which promotes the release of adrenaline and norepinephrine from the adrenal medulla [15]. Increased levels of norepinephrine, especially in bone tissue, may lead to bone loss and osteoporosis. Elevated norepinephrine levels have been confirmed in animal models of chronic stress and bone loss. In addition, the β-adrenergic antagonist propranolol may partially improve stress-induced bone loss, indicating that the sympathetic nervous system mediates stress-induced bone loss [16]. The main function of increased sympathetic nerve activity in the skeleton is to inhibit bone remodeling [17] Bone loss occurs through increased bone resorption and decreased bone formation, which is related to the effects of β2-adrenergic activity on osteoblasts and osteoclasts [18]. In contrast, the parasympathetic nervous system (PSNS) innervation originates in the spinal cord. The PSNS neurotransmitter ACh targets nicotinic (nAChR) rather than muscarinic receptors in osteocytes, primarily affecting osteoclasts. nAChR agonists upregulate osteoclast apoptosis and inhibit bone resorption, resulting in increased bone mass [19]. Sympathetic activity generally dominates during the day, which is the peak time for bone resorption, while parasympathetic activity generally dominates at night, when bone formation peaks [20-22]. Chronic stress stimulates the hypothalamus to release corticotropin-releasing hormone, which activates

the hypothalamic-pituitary-adrenal axis and stimulates glucocorticoid secretion. Depressed individuals have elevated blood cortisol levels and lower bone mineral density [23-24]. Chronic stressed mice have elevated circulating corticosterone levels and adrenal gland weight [25-27]. Overactivity of the hypothalamic-pituitary-adrenal axis or hypercortisolism is considered an important factor in stress-induced bone loss. Glucocorticoids mainly affect trabecular bone, and their pathophysiological mechanism is to inhibit osteoblast differentiation and function and promote osteoblast apoptosis, thereby reducing bone formation and leading to osteoporosis. This is also verified in solid organ transplant patients who need lifelong treatment with immunosuppressants such as glucocorticoids and often have complications such as osteoporosis and fractures. Bone mineral density often decreases rapidly within 6 to 12 months after organ transplantation, and the risk of fractures increases significantly [28, 29].

3). Vitamin D

Vitamin D insufficiency is common in adults. Vitamin D deficiency can lead to osteopenia, promote and exacerbate osteoporosis, cause the painful bone disease osteomalacia, and increase muscle weakness, which increases the risk of falls and fractures. Vitamin D can be synthesized in the skin from sunlight (D3) or obtained from the diet (D2 or D3), and then enters the circulation bound to vitamin D binding protein. This complex is transported to the liver, where vitamin D is hydroxylated at position 25 to form 25-hydroxyvitamin D (25[OH]D), which then circulates to the kidneys and is 1-alpha-hydroxylated at position 1. Hydroxylase forms the hormonal form of vitamin D, 1,25-dihydroxyvitamin D (1,25[OH]2D). 1,25(OH)2D circulates bound to vitamin D binding protein, enters target cells, binds to the vitamin D receptor (VDR) in the cytoplasm, and then enters the nucleus where it heterodimerizes with the retinoic acid X receptor, increasing the transcription of vitamin D-dependent genes important for bone metabolism, calcium absorption, and other non-classical functions. The primary function of vitamin D is to optimize intestinal calcium and phosphate absorption to promote proper formation of the bone mineral matrix. A histomorphometric study of 675 German adults showed an alarmingly high incidence of osteomalacia, but osteomalacia was rare when 25[OH]D concentrations were >75 nmol/l [30]. Another meta-analysis found that vitamin D supplementation with calcium significantly reduced the risk of hip fracture (18% reduction) and other non-vertebral fractures (12%) [31]. Most trials used at least 800 IU of vitamin D and a minimum 25[OH]D level of 29.7 ng/mL (74 nmol/L) with an observed anti-fracture efficacy [32]. This suggests that this may be the blood measure of optimal bone health. Serum 25[OH]D levels below these are very common in the UK, particularly among the elderly, a large proportion of whom have serum 25[OH]D concentrations <25 nmol/L, constituting vitamin D deficiency (2).

II. Combination of Traditional Chinese and Western Medicine for the Prevention and Treatment of Osteoporosis

Osteoporosis is the main cause of fractures in postmenopausal women and elderly men. There are no symptoms in the early stage, but as the disease progresses, clinical symptoms and signs gradually worsen, mainly manifested as pain, limb weakness, and muscle cramps. The pain is often mainly in the waist and back and can also manifest as pain in the bones of the whole body or pain in the hips, knees, and wrists. It usually occurs when turning over, sitting up, and walking for a long

time. The pain worsens at night or during weight-bearing activities and may be accompanied by muscle cramps and even limited movement. Patients with severe osteoporosis may have spinal deformities such as shortened height or hunchbacks due to vertebral compression fractures. Multiple thoracic vertebral compression fractures can lead to chest deformity and even affect heart and lung function. In view of the pathological and physiological basis of osteoporosis, Western medicine's methods of preventing and treating osteoporosis include outdoor activities, sunbathing to supplement vitamin D, calcium, phosphorus and other nutritional intake, estrogen, estrogen-mimetic drugs raloxifene, bisphosphonates, calcitonin, inhibition of osteoclast activity, analgesic treatment, etc. Traditional Chinese medicine believes that age, physical constitution, diet, sleep, emotional overexcitation, lack of sun exposure, ovarian removal and other pathogenic factors are similar to the understanding of modern biomedicine. The pathogenic mechanism is that it ultimately leads to kidney, liver and spleen disorders, the inability of blood to nourish the bones, resulting in bone weakness and easy fractures, bone and muscle disharmony leading to muscle spasms, and periosteum, myofascial nerves being pulled due to bone deformation and inflammatory changes, etc., which cause pain. Clinical syndrome differentiation and treatment are divided into kidney yang deficiency syndrome, liver and kidney yin deficiency syndrome, spleen and kidney yang deficiency syndrome, kidney deficiency and blood stasis syndrome, spleen and stomach weakness syndrome, blood stasis and qi stagnation syndrome, etc. Yougui Pills, Jinkui Shenqi Pills, Liuwei Dihuang Decoction, Buzhong Yiqi Decoction, Bushen Huoxue Decoction, Shentong Zhuyu Decoction, etc. [33] In real clinical practice, there may not be a typical syndrome type. There may be multiple conditions combined, and there may be liver depression and fire transformation. These TCM descriptions of the pathogenesis of osteoporosis are also consistent with modern medicine if the biological basis of the liver, spleen and kidney are explored. The liver in traditional Chinese medicine includes (but is not limited to) the autonomic nervous system. Liver qi stagnation, liver fire, and liver yang hyperactivity are equivalent to sympathetic nerve excitement, while parasympathetic nerve is equivalent to liver yin. The kidney in traditional Chinese medicine includes (but is not limited to) endocrine hormones. Kidney yang is related to adrenal cortex hormones, thyroid hormones, etc., and kidney yin is related to insulin, vitamin D, etc. [34]. The relationship between the liver and the kidney is upstream and downstream. The top upstream is the heart. As nutrients mainly come from diet, it may be related to the spleen's digestive function. Poor blood flow to the lesion, bone deformity, muscle spasm, neurogenic inflammation caused by nerve traction and compression, etc. can lead to blood stasis, qi stagnation, dampness obstruction. Chinese medicine has unique and reliable measures to prevent and treat osteoporosis, such as regulating neuroendocrine function, promoting blood circulation, acupuncture analgesia, anti-inflammatory. However, it also needs to be combined with targeted kidney-tonifying and bone-strengthening medications, such as vitamin D and calcium tablets. The pharmacological knowledge of Chinese medicine in clinical use can also be used for reference. For example, large doses or long-term use of aconite [35,36]may excite adrenergic receptors, upregulate glucocorticoids, and help fire and damage yin, which is not suitable for osteoporosis. Ephedra[37] and other herbs are also not suitable. If there is yang deficiency, it is better to nourish qi and blood

and help yang. Some Chinese medicines can promote the formation of osteoblasts or inhibit osteoclasts, therefore can be used as a reference to increase bone density and bone mass. For example, Eucommia ulmoides is the most commonly used Chinese medicine for strengthening the kidney and strengthening the tendons and bones. Studies have shown that after ovariectomized rats took Eucommia ulmoides extract, the bone density level was significantly increased and serum estrogen increased [38]. Liu et al. found that Eucommia ulmoides bone-strengthening formula could significantly increase the bone density of the femur and spine of ovariectomized osteoporotic rats, increase the percentage of cortical bone area, and significantly increase the mRNA and protein expression levels of Wnt5a/β-catenin pathway molecules [39, 40]. ZHAO et al. [41] reported that Eucommia ulmoides extract could increase the production of short-chain fatty acids in mice, thereby inhibiting osteoclastogenesis. In addition, Epimedium, Drynariae, Astragalus, Rehmannia glutinosa, Angelica sinensis, Salvia miltiorrhiza, Lycium barbarum [42, 43, 44, 45, 46, 47, 48,49] can also affect the activity of osteoblasts and osteoclasts and beneficial for bone remodeling. This is beneficial for preventing and treating osteoporosis.

III. Clinical Cases

1) Sandy: Female: 63 years old. She came to the hospital for treatment due to back pain, fatigue, and limited activity for 1 year, which worsened for half a month. The patient had back pain without obvious cause 1 year ago, accompanied by fatigue, which worsened after activity and slightly relieved after rest. In the past month, the back pain worsened, the activity was significantly limited, and the pain worsened at night, affecting sleep. The patient is fat, pale, weak, easily fatigued, with good appetite and loose stools. No history of chronic diseases such as hypertension and diabetes. The mother has a history of osteoporosis. Tongue: pale tongue, white and greasy coating. Deep and weak pulse. Obvious tenderness in the lower back and limited mobility. Relaxed muscles in the limbs. Blood vitamin D 12nmol/L, calcium: 2.1 mmol/L. X-ray examination: lumbar osteoporosis, vertebral compression fracture. In traditional Chinese medicine, it is osteoporosis due to spleen and kidney yang deficiency, insufficient qi and blood. Calcium and vitamin D treatment are given. The principle of traditional Chinese medicine treatment: warming and tonifying the spleen and kidney, replenishing qi and nourishing blood, strengthening tendons and bones. Treatment plan 1. Duhuo Jishe Decoction combined with Guipi Pills 2. Acupuncture: Shenshu, Mingmen, Pishu, Zusanli, Sanyinjiao, Taixi. 3. Back irradiation with infrared light. The pain was relieved after 3 weeks. At the same time, appropriate gentle exercises such as Tai Chi and Ba Duan Jin were performed to enhance physical fitness.

2) Jane: Female 55, swollen finger joints, pain for more than 2 months, no fever, sore throat, pale and fat tongue, tooth marks, thin pulse, normal rheumatoid factor, C-reactive protein, parathyroid hormone function, blood test: vitamin D 47nmol/L (normal value: 50-374 nmol/l), calcium: 2.01 mmol/L (normal value: 2.15-2.6mmol/l), Duhuo Jisheng Decoction was given. After two weeks of nourishing the kidney, strengthening the spleen, activating blood circulation and removing rheumatism, the pain and swelling were relieved, and then took Vitamin D2000 unit/day, took Xiaoyao Pills and Guipi Pills intermittently, and increased outdoor activities. After one year, the vitamin D was 128 nmol/L and the calcium was 2.21mmol/L. Joint swelling is significantly reduced and pain-free

IV. Summary (Fig1)

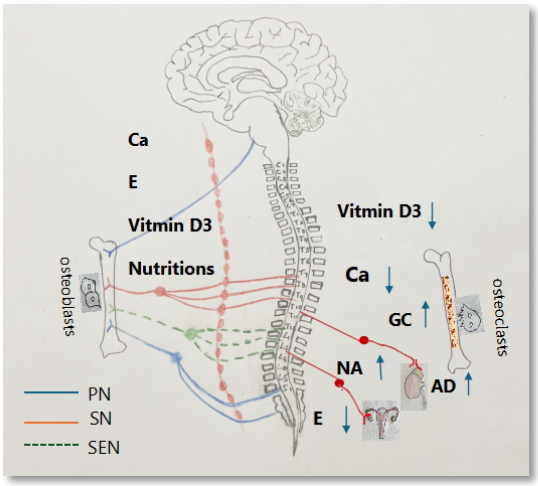


Fig 1. The balance between bone formation and resorption has a significant impact on bone mass and strength

Healthy bone relays on Vitaming D ,Calcium(Ca) and other nutritions, Parasympathetic nerve (PN), sympathetic nerve(SN), Sensory nerve(SEN) system and hormonal system are also have impact. There is a positive balance or stable balance remodelling process between Osteoblasts and Osteoclasts.

Some factors such as Lack of Vitamin D, Calcium , Estrogen(E), chronic stress triggers activation of the sympathetic nervous system which promotes the release of adrenaline(AD) , norepinephrine(NA) from the adrenal medulla, increase Glucocorticoids(GC) and inhibit ovary function therefore reduce E level, will lead to bone resoption are more than formation and contribute to osteoprosis.

Osteoprosis Prevention and treatment

Pay more attention to high-risk crowd susceptible group
Sun, supplementation of vitamin D, calcium and other nutrition
The corresponding herb prescriptions that promote osteogenesis and inhibit osteoclasts
The regulation of the heart, liver and kidney of Traditional Chinese Medicine

Osteoporosis is characterized by decreased bone mass, mineral density and destruction of bone microstructure, which can easily lead to fractures and is common in postmenopausal women and the elderly. The pathogenesis involves estrogen deficiency, vitamin D deficiency and chronic stress, etc. TCM syndrome differentiation mainly treats the kidney. The combination of Chinese and Western medicine to prevent and treat osteoporosis should be consciously carried out as early as possible, especially for the high-related diseases in the early stage, such as depression, postmenopausal women with obvious menopausal symptoms, etc. Evidence shows that vitamin D and calcium have a clear effect on increasing bone mass, which is equivalent to the effect of TCM in strengthening the kidney and strengthening bones. Outdoor sunbathing, food or nutrient supplementation of vitamin D and calcium are universal for various TCM syndromes. In addition, according to the pharmacological effects of traditional Chinese medicine, the corresponding prescriptions that promote osteogenesis and inhibit osteoclasts are more targeted. Personalized regulation of nerve and endocrine functions, especially the regulation of sympathetic nerves and glucocorticoids, can affect the process of bone remodelling, that is, regulating the heart, liver and kidneys is of great significance for the prevention and treatment of osteoporosis. The significance of Traditional Chinese Medicine (TCM) in treating osteoporosis in the UK lies in its unique complementary, holistic and personalized treatment advantages. Through syndrome differentiation and treatment, TCM can not only effectively relieve the symptoms of osteoporosis but also regulate the patient's physical condition as a whole and enhance bone health. In addition, TCM emphasizes the concept of "preventive treatment" and focuses on preventive health care, helping high-risk groups reduce the incidence of fractures, thereby reducing medical expenses and saving hundreds of millions of pounds for the UK National Health Service (NHS). At the same time, TCM provides osteoporosis patients with a safe, economical and effective treatment option by improving the quality of life and health of patients.

References

1. Curtis EM, Moon RJ, Dennison EM et al. Recent advances in the pathogenesis and treatment of osteoporosis. Clin Med (Lond) 2015; 15: 92-6

2. Vielman J ; Picon D; Gutiérrez LV et al; Pathophysiology of osteoporosis: genes, oxidative stress and immunopathogeny. A qualitative systematic review. Avances en Biomedicina 2018; 7(2); 100-111

3. **Boonrungsiman S**, Gentleman E, Carzaniga R et al. The role of intracellular calcium phosphate in osteoblast-mediated bone apatite formation. Proc Natl Acad Sci U S A. 2012 ;109(35):14170-5.

4. Noirrit-Esclassan E, Valera M , Tremollieres F. Critical Role of Estrogens on Bone Homeostasis in Both Male and Female: From Physiology to Medical implications. Int. J. Mol. Sci. 2021, 22(4),1568

5。Hughes DE, **Dai A**, Tiffee JC, et al. Estrogen promotes apoptosis of murine osteoclasts mediated by TGF-beta. Nat Med. 1996 Oct;2(10):1132-6.

6. Dick IM and Prince RL. Estrogen effects on the renal handling of calcium in theovariectomized perfused rat. Kidney International, 1997(51). 1719—1728

7. Swift SN, Swift JM, Bloomfield SA. Mechanical loading increases detection of estrogen receptor-alpha inosteocytes and osteoblasts despite chronic energy restriction. J Appl Physiol 2014 ;117(11):1349-55

8. Uchida S, **Kagitani F.** Autonomic nervous regulation of ovarian function by noxious somatic afferent stimulation. J Physiol Sci. 2015;65(1):1-9

9. Lara HE, Ferruz JL, Luza S, et al. Activation of ovarian sympathetic nerves in polycystic ovary syndrome. Endocrinology. 1993;133:2690–2695

10. Zackrisson U, Mikuni M, Peterson MC et al. Evidence for the involvement of blood flow-related mechanisms in the ovulatory process of the rat. Hum Reprod. 2000;15:264–272

11. Brauer MM, Smith P. Estrogen and female reproductive tract innervation: Cellular and molecular mechanisms of autonomic neuroplasticity. Autonomic Neuroscience. 2015:187:1-17

12. Wyss JM, **Carlson SH.** Effects of hormone replacement therapy on the sympathetic nervous system and blood pressure. Curr Hypertens Rep. 2003 ;5(3):241-6.

13. Wippert PM, **Rector M**, Kuhn G et al. Stress and Alterations in Bones: An Interdisciplinary Perspective. Front Endocrinol (Lausanne). 2017;8:96.

14. Azuma K, Adachi Y, Hayashi H et al. Chronic psychological stress as a risk factor of osteoporosis. J UOEH 2015; 37: 245-53.

15. Kvetnansky R, Lu X, Ziegler MG. Stress triggered changes in peripheral catecholaminergic systems. Adv Pharmacol 2013; 68: 359-97.

16. Yirmiya R, Goshen I, Bajayo A et al. Depression induces bone loss through stimulation of the sympathetic nervous system. Proc Natl Acad Sci USA 2006; 103: 16876-81.

17.Elefteriou F, Ahn JD, Takeda S et al. Leptin regulation of bone resorption by the sympathetic nervous system and CART. Nature 2005; 434:514–20。

18.Katayama Y, Battista M, Kao W-M et al. Signals from the sympathetic nervous system regulate hematopoietic stem cell egress from bone marrow. Cell 2006 ;124(2):407-21.

19.Bajayo A, Bar A, Denes A et al. Skeletal parasympathetic innervation communicates central IL-1 signals regulating bone mass accrual. Proc Natl Acad Sci USA. 2012;109(38):15455-60

20.Shao P, Ohtsuka-Isoya M, Shinoda H. Circadian rhythms in serum bone markers and their relation to the effect of etidronate in rats. Chronobiol Int. 2003;20(2):325-36

21.Komoto S, Kondo H, Fukuta O, Togari A. Comparison of β-adrenergic and glucocorticoid signaling on clock gene and osteoblast-related gene expressions in human osteoblast. Chronobiol Int. 2012; 29: 66–74.

22.Dudek M, Meng Q-J. Running on time: the role of circadian clocks in the musculoskeletal system. Biochem J. 2014; 463:1–8.

23. Michelson D, Stratakis C, Hill L et al. Bone mineral density in women with depression. N Engl J Med 1996; 335: 1176-81.

24. Altindag O, Altindag A, Asoglu M et al. Relation of cortisol levels and bone mineral density among premenopausal women with major depression. Int J Clin Pract 2007; 61: 416-20.

25. Furuzawa M, Chen H, Fujiwara S et al. Chewing ameliorates chronic mild stress induced bone loss in senescenceaccelerated mouse (SAMP8), a murine model of senile osteoporosis. Exp Gerontol 2014; 55: 12-8.

26. Yirmiya R, Goshen I, Bajayo A et al. Depression induces bone loss through stimulation of the sympathetic nervous system. Proc Natl Acad Sci USA 2006; 103: 16876-81.

27. Seibel MJ, Cooper MS, Zhou H. Glucocorticoid-induced osteoporosis: mechanisms, management, and future perspectives. Lancet Diabetes Endocrinol 2013; 1: 59-70

28. Lan GB, Xie XB, Peng LK et al. Current Status of Research on Osteoporosis after Solid Organ Transplantation: Pathogenesis and Management. Biomed Res Int 2015; 2015: 413169.

29. Song L, Xie XB, Peng LK et al. Mechanism and treatment strategy of osteoporosis after transplantation. Int J Endocrinol 2015; 2015: 280164

30. Priemel M, von Domarus C, Klatte TO, et al. Bone mineralization defects and vitamin D deficiency: histomorphometric analysis of iliac crest bone biopsies and circulating 25-hydroxyvitamin D in 675 patients. J Bone Miner Res 2010; 25: 305-12.

31. Lanham-New SA, Buttriss JL, Miles LM, et al. Proceedings of the rank forum on Vitamin D. Br J Nutr 2011;105:144-156.

32. DIPART (Vitamin D Individual Patient Analysis of Randomized Trials) Group . Patient level pooled

analysis of 68 500 patients from seven major vitamin D fracture trials in US and Europe . BMJ 2010 ; 340 : b5463
33. 葛继荣，王和鸣， 郑洪新等， 中国骨质疏松杂志 2020 年 12 月第 26 卷第 12 期) 中国骨质疏松杂志 2020 ； 26 （12 ）：1717-1725
34. 房才龙. 阳化气阴成形生物医学本质探讨. 英国中医针灸杂志[J]. 2023；30:28-33
35. 张卫东,韩公羽 梁华清 等. 药学实践杂志，国内外对中药附子成分与活性的研究药学实践杂志[J]. 1996 ,14 (2)：91-95
36. 陈荣昌，孙桂波，张强 等。中草药， 附子及其复方中药的药理作用研究进展[J].. 2014, 45(6) :883-888
37. 卓小玉;陈晶;田明等。 麻黄的化学成分与药理作用研究进展 中医药信息[J]. 2021, 38(2) :80-83
38. 程林. 跑步运动结合摄取杜仲提取物对去卵巢大鼠骨密度和抗氧化能力的影响. 中国组织工程研究[J]. 2018，22(24)：3837-3842.
39，骆瑶，陈兰英，官紫祎 等. 杜仲提取物对去卵巢骨质疏松大鼠骨代谢、骨密度及骨微结构的影响. 中药材[J]. 2016，39(11)：2624-2628.
40. 刘嵬，王文志，李志永 等. 基于 Wnt 5a/β-catenin 信号通路探讨杜仲健骨方对骨质疏松症大鼠的治疗作用. 辽宁中医杂志[J]. 2024，51(1)：201-205
41. Zhao, X., Wang, Y.J., Nie, Z.Y., et al. Eucommia ulmoides Leaf Extract Alters Gut Microbi-ota Composition, Enhances Short-Chain Fatty Acids Production, and Ameliorates Osteoporosis in the Senes-cence-Accelerated Mouse P6 (SAMP6) Model. Food Science & Nutrition2020; 8, 4897-4906
42. 许金松，邓 娜，张 潇. 骨碎补影响破骨细胞分化的程度与含药血清浓度有关. 中国组织工程研究[J]. 2020；24（29）：4620-4625
43. 盛华刚. 淫羊藿对成骨细胞和破骨细胞作用的研究进展. 食品与药品[J]. 2012, 11；453-455
44. 李淑惠，梁燕龙，杨亚军等. 丹参水溶性成分影响骨代谢的机制研究进展. 中国药理学通报[J]. 2016，32(7)：902-905
45. 孔祥鹤，牛银波，王婷梅等. 黄芪多糖对大鼠原代成骨细胞的影响及其机制研究. 中草药[J]. 2011, 42(10) :2065-2069.
46. Zhang H, Zheng L, Yuan Z. Lycium barbarum polysaccharides promoted proliferation and differentiation in osteoblasts. J Cell Biochem 2019 ;120(4):5018-5023
47. 廖锋,刘瑶，刘航航等. 当归多糖对高糖状态下大鼠骨髓间充质干细胞成骨向分化的影响. 华西口腔医学杂志[J].，2019；37（2）；193-199
48. 赖满香，陈侠，冯娟 等. 梓醇对成骨细胞-破骨细胞共育体系中破骨细胞活性、凋亡的影响及其机制研究. 中国药房[J]. 2016，27(10)：1318-1321.
49. 李红伟，孟祥乐. 地黄化学成分及其药理作用研究进展 . 药物评价与研究[J].. 2015，38(2)：218-228.

临床病机感悟随笔

薛秋龙

Sumana 坐在我的对面，精神萎靡，一个 多星期的腹胀，腹泻，小便不利，让她本就忧郁的精神状态雪上加霜。她女婿是功能疗法师，说老太太有尿道感染，消化不良。我点点头说：“没事，可以解决的”。

“小便有什么感觉？”，我问。

“有灼热感，尿急，难于排出来，一天到晚头晕晕的”

其它：舌苔白，略腻，质淡红；口不渴；脉微；声如洪钟，形体壮实。

“没事的，吃几副药就好了”，我微笑着一边安慰她，一边快速写好药方，“一个星期的药，下周回来复诊，我可以肯定你会带来有好消息的”。相视大笑。

上面这个 78 岁老太太，是 2024 年 11 月份的一个病例，我首先以这个病例来抛砖引玉对病机的探讨。她是我多年的老病人，经常有各种毛病过来治疗，身体很不好，加上老伴有老年痴呆需要照顾，使她情绪经常低落。当天她一见到我就开始诅咒生活，唠叨话多。给这样的人看病其实比较累，一边判断她的病情，一边还得说话，缓解她的心情。身体上的丁点不适都能放大她内心苦痛感。

根据舌象和症状，判断病机为水饮，患者的脉从小就那么微弱，应该是先天禀赋或后天生活所致，在此舍脉从症，先处理主要矛盾，给她开的处方是五苓散加瞿麦。她一周后回来复诊，二便已正常，无腹胀。

这个患者，因为尿道感染，而有小便不利，水饮上犯，然后有头晕，腹胀腹泻等。这个链条是当代意义上的病机，但这不是我眼中病机，饮才是导致各种症状的机点，是给用五苓散能解除各个症状的底层逻辑，扳动了这个机，就可以釜底抽薪，立竿见影。她女儿后来跟我说，服药第二天小便基本就没事了。

五苓散是治疗水饮为病的其中一个常用方剂，主要用于身体水饮敷布紊乱偏于下焦者。水饮紊乱，出现的症状也会因人而异，临床须要细心判断。

对于这样一个病人，需要结合治疗改善体质状态，不仅仅是解决一个主诉，这需要病人愿意配合治疗。

对机的理解

我眼中的机是能指引你用药那个节点，它不是疾病发展的过程，比如：脾虚不运，湿阻中焦，气机不利，大便溏，这样的一个病机过程，又或者象前面举的那个病案所展示疾病发展的链条。它是扳机点，能给医者一种“效之信，若风之吹云，明乎若见苍天”的感觉；是墙上的电灯快关，按下去即点亮所有的灯。

再举个病案，Graham,一个功能疗法师，就是上面 Sumana 的女婿，素有返酸，上脘胀，右胁压痛，脉弦细，舌苔白稍腻。判断病机为寒，膈郁。他自己给自己一系列的诊断，比如有肾上腺疲劳（adrenal fatigue）、焦虑、胆结石、胃食管返流等等。我说你这一堆的问题，在我们中医看来就只有一个问题：气郁于膈！可以喝中药治疗，但是你不要指望我几天治好你的病，得有一个过程，他点头表示赞同。他以前来治疗过失眠，体验过良好的疗效，这次不需要我多费口舌就答应吃药。处方用小柴胡汤解郁，加吴茱萸去寒。一周后复诊，反馈服药后当天症状就开始好转，三天后消失，目前没有

不适。这个膈郁就是扳机点，是点亮明灯的开关。

从 Sumana 和 Graham 可以看到，病机也是引起一系列病症的因，或状态。内在病机很多时候也是多样性的，有时是某些邪气，如：寒、热、风，有时候是某个或几个脏腑功能的异常。《素问-至真要大论》里面有病机十九条，可以作为一个简略的参考，我举其中的二条："诸风掉眩，皆属于肝"。这里的关键词是风、眩和肝，风引起眩，是因，但属于肝，即病位在肝，肝是风和眩的机，治肝才能解决风，眩才会消失。"诸寒收引，皆属于肾"。寒引起收引，是因，但属于肾，病位在肾，肾是机，治肾才能去寒，解决收引的问题，治疗上针对机才能有的放矢。这两条病机，还有更多的内涵和外延，这里就不展开探讨。

每个医生对病机的理解会有不同的切入点，或从脏腑，或从营卫，或阴阳，得出完全不同的诊断，引导出不同的临床处方，但它们最终会指向一个相同的机点。

找机的意义

找到病机是取得疗效的关键，机动于内，必有外象，掌握病机的外象就成了抓机的必要功夫，从病的外象推断内在的状态。

又比如，Stephen， 诉尿道感染一周，小便刺痛，会阴痛致夜不能寐，走路跛行，2024 年 4 月份就诊；视舌苔滑，脉弦有力。舌苔的状态就是水饮的外象，根据这个舌象，这里的弦脉就可以解释为饮象。因为有小便不利，故选方五苓散加瞿麦。服药第二天小便好转，第三天会阴痛消失。同年 9 月份再次因尿路感染来就诊，小便不利，刺痛，尿急，无会阴痛，有右胁压痛，舌苔薄白，脉弦。虽小便不利，但未见有水饮之象；胁肋压痛，显示有膈郁之象，脉象解释为郁。针对病机，处方小柴胡汤加瞿麦，一周药粉。病人没有再来复诊。12 月份，病人来治疗腰痛，反馈服药后症状消失。

同一个人，相同的主诉，有些症状截然不同，而这些不同的症状往往就提示病机所在。Graham 和 Stephen 两人病症不同，但是病机判断相同，则治法相同。Stephen 本人的两次患病，虽然主诉相同，但病机判断不同，则治法不同。同病异治，异病同治，全在对病机的分析判断，知机之道者，不可挂于发。

Robert 于今年 2 月 10 号就诊，患有位置性眩晕 10 年，突然的位置改变会出现一阵眩晕，摇晃。服药三个星期其本上没有丁点效果，因为我根本没法判断导致他眩晕的机点，所以治疗是失败的， 三周以后他也失去信心不再治疗了。找不到机点，纯粹碰运气的治疗方式，只能是或效或不效，更多是后者。

临床最好不要一遇到返酸就用制酸，见尿道感染就是清热利尿，这样也能收一时之效，但对提升临证察机不会有多少帮助。首先是要思考分析病机所在而调之，一旦病机判定，选择认为合适的方药，要敢于坚持应用，信念要坚如磐石，敢于承受失败，即治疗无效的可能性；敢于承受失败，才能提升医道感悟。

机熟于心

辨病机并不是一件容易的事，喜欢辨病机的同道定有同感。我个人在这几十年的临床感受是很多病人的病，难于辨证，辨机更难，到现在仍是经常望病兴叹。从辨证到辨机，需要长时间临床磨练，根据本人学习的经验，大概可以从几个路径进行探索。

1，熟习阴阳。包括阴阳的基本涵义、变化、两者之间的关系，与病的关系。"察色按脉，先别阴阳"，《黄帝内经》十万言书，这一句话是真髓，它能执一而天下牧。不管是中派还是西派，这句话都值得去深刻理解。郑钦安建议学习伤寒论但从阴阳中求之，临床也是如此。

2，方证。熟悉方证是能够用好药方的基本要求。方证被普遍理解为术的层面，与道无关的技巧，

这也不完全是事实，证的后面隐藏的是病机，证辨准了，机也就有了，但辨准了证，并不见得能把药或方用准，我相信这是中医界普遍存在的问题。方证在方与证之间建立起了相对可以抓拿的关联性，这也是它最近几年风靡中医经方界的原因。若把方证学到深透时，不仅仅临床疗效会大大提高，要再往更高的层次前进，起点也会高很多。李小龙说过不怕你练一万种拳法，就怕你一种拳法练一万遍，意思就是你对一件事情要精熟。现在网络方便了学习机会，今天听这个讲座，明天听这个讲座，一年下来能听几十个不同的讲座，学很多不同的治法，这不见得是个很好的事。

3，药物的功效靶点。每一个药都有一个或两个相对精准的治疗靶点，这些靶点需要医生反复阅读本草典籍和在临床上认真体会。医生个人的学习和临证体会不同，对药物治疗靶点的理解也会不同，这也是为什么历史上本草医书汗牛充栋，各有不同的原因，大方向上可以相同，细节上难于复制。

3，长期反复阅读中医典籍，比如内经或伤寒金匮，又或者后世某个医家的专著，每个中医师都必须要有自己能入脑的案头经典，这是临床进阶的必不可少的功课。书读千遍，其义自见，天天阅读，时时思考。

结论

在微信聊天时，我说过“谨熟病机，无与众谋，心中有机，笔下有药”，这是我的一个祈许，在临床的过程中尝到过它的好处，所以有这样的追求。事实上我本人对辨机的把握也还不甚精湛，这跟我对任何事物的理解都慢半拍有莫大的关系，但这并没有影响我对医者初心的向往，老家有句格言说：“水泡石头也能增重“，只要常常练习总能进步。汤本求真早有感悟，提出“临证察机，使药要和“，避免“对病欲愈，执方欲加”。精神压力大就用加味逍遥丸，关节痛就用独活寄生丸，睡眠不好就开酸枣仁汤丸等等，都是执方欲加的做法，偶尔也会有效，但并不改变病人的总体状态。临证察机或对病欲愈，是习惯的问题，可以再临床过程中有意识的去改变，建立起属于自己的临证察机的模式。

一方两穴的临床应用体会

张超

摘要：“一方”是指补中益气汤，“两穴”是指两个太阳穴，本文根据个人的临床体会主要介绍补中益气汤的组方特点和太阳穴的针刺手法以及它们的临床应用。

关键词：太阳穴　补中益气汤

补中益气汤

一．补中益气汤的组方特点：

补中益气汤出自李东桓的《内外伤辩惑论》，也有人说出自《脾胃论》，但《内外伤辩惑论》的成书较早， 因此大多数同道更倾向于出自《内外伤辩惑论》。补中益气汤由党参，白术，黄芪 ，陈皮，当归，升麻，柴胡，炙甘草组成。它最主要的组方特点有以下两个：

1. 用量轻:

在《脾胃论》里面，黄芪的用量是 1 钱五分，相当于 6-9 克，党参，白术，陈皮，当归的用量是 1 钱，相当于 3-6 克，升麻和柴胡的用量是 3 分，差不多 1 克. 当然这是古人的用量，随着人类的进化，这个用量显然不足，但是这也提示了在临床上运用这个处方的时候，用量要轻。我在临床上应用的时候，一般黄芪不要超过 12 克，党参一般 6-9 克，白术 6-9 克，当归 6-9 克 ，陈皮 6 克，升麻 3 克，柴胡 3 克。如果用量重了，就失去了补中益气汤的原意，也就起不到应有的效果.尤其是升麻和柴胡，用量一般不要超过 3 克，因为内虚之证忌升散，本方用这两味药只是为了轻轻地提升下陷的清气，所以不能操之过急，否则用量过大的话，就成了升散之剂，就失去了本方的意义。

2. 在补益中药中加入了升提之品，所以和单独的补益方剂有别。因此，在临床上如果没有清阳不升或者清气下陷的证候的话，即便有气虚或者气血两虚的证候，也不宜使用本方，所以我们在用这个处方的时候要认真辩证。

二．补中益气汤的舌脉特点：

一般情况下，补中益气汤的舌脉象是舌淡脉虚大无力，但是也常常见到舌苔黄的假像，这时候舌苔黄的特点是枯黄或者萎黄，没有光泽，并且常常伴有水滑苔。所以在临床上如果遇到这样的舌象，不要冒然认为是湿热内蕴而用苦寒之剂，否则就会犯虚虚实实之戒。

补中益气汤的脉象特点是尺脉大，寸脉小。所以在临床上如果遇到尺脉大，也不要认为是湿热下注而用清热利湿的药，一定要结合患者的寸脉，如果伴有寸脉小，要考虑到可能是气虚下陷所致，用升阳举陷的补中益气汤。

三．本方的适应症：

补中益气汤的组成是遵照《内经》”劳者温之”，”损者益之”的治则，用甘温及升提之品补其中气，升其中阳。毋庸置疑这是一个健脾益气的处方，用于气虚证，但是气虚证如果不具备清阳不升，清气下陷的特征的话，也不应该用这个方子，直接用其他补益剂，比如四君子，六君子，十全大补加减就好了。所以总结起来，补中益气汤的适应症主要包括以下四个方面：气虚伴清阳不升，清气下陷症，气虚发热症，以及血症和妇科类疾病；

1. 清阳不升症的主要症状是头晕和耳鸣，二者可以单发，也可以同时出现；伴有疲乏无力，夜眠差，精神不佳，或伴有头疼等，临床上多见于美尼尔氏综合征，疲劳综合征，高血压，神经性头疼，以及神经精神类疾病，

比如抑郁症等，只要符合补中益气汤的舌脉特征者，均可以用本方。

2. 清气下陷症，主要包括脏器下垂，泄泻等，比如胃下垂，子宫下垂，脱肛等；

3. 血症以及妇科疾病，比如贫血，紫癜，月经不调，崩漏等符合补中益气汤的舌脉症特点者；

4. 气虚发热，体温常常不会很高，一般不会超过 38.5 度，常常是 38 度以下，有的患者是自觉发热，体温并不高，发热常常在下午 2 点以后和夜间，伴头晕目眩，疲乏无力，符合补中益气汤的舌脉特点者；

哮喘：哮喘患者常常伴有气短乏力。如果见到补中益气汤的舌脉特点，可以用补中益气汤加减，即所谓培土生金。

总起来说，补中益气汤的舌脉有其特点，了解了这些特点，对使用本方的临床辩证有帮助，只要辩证准确，临床疗效非常满意。

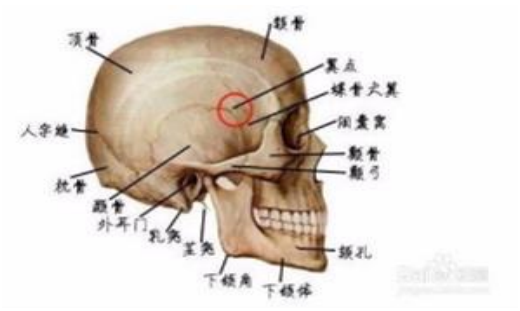
太阳穴

太阳穴不属于十四经，它是经外奇穴，奇是相对于常而言，常指的是十四经。根据我的临床实践，现把它的取穴和进针方法以及临床应用的点滴体会和大家分享，以供参考。

一. 如何取穴及进针：

该穴在目外眦与眉梢连线的中点向外一横指的凹陷处即是。我在临床常采用简单取穴，即鱼尾纹的终点凹陷处即是，以和皮肤 30 度的角度向后斜刺进针，进针深度为 2.0-3.5cm，***进针深度因病而异，疗效与进针深度相关。***

从解剖上讲，太阳穴在顶骨，颞骨，额骨和蝶骨的交界处，呈 H 型，又称翼点。它实际上不是一个点而是一个区，又称颞区。见下图：



二. 功能：

清热消肿，醒脑开窍，活血通络，安神定志，疏风散热

三. 临床应用：

这个穴位可以广泛应用于血管神经类疾病，精神类疾病，耳鼻喉科类疾病等，根据我的临床体会，主要用于以下疾病：

1. 三叉神经疼和牙痛：一般用0.25x40mm的针，进针大约3.0-3.5cm；
2. 鼻炎，头痛，眼疾，精神类疾病等，进针深度应该是2.0-2.2cm;

四. 注意事项：

1. 针刺该穴位容易出血，所以在起针时要按压一会，直至不出血为止；
2. 由于该穴位容易出血，所以在临床应用时不易采用剧烈提插捻转的手法；
3. 针刺该穴位后可以引起头痛，但这个头痛不会很剧烈，会在24小时内消失，所以要和病人讲清楚，其实这个副作用正是它起作用的表现。

五. 对于该穴位的思考：

针刺该穴位后有一部分患者出现短时头痛，这个作用是不是和口服钙离子拮抗剂后，由于扩血管的效应而引起的头痛一样？由此推断针刺这个穴位是否也有扩血管作用？值得进一步去探讨。

参考文献：

1. 李东桓，*《脾胃论.卷中》*；
2. 李东桓，*《内外伤辩惑论.卷中.饮食劳倦论》*

相火论

王剑

相火，发还是不发，这是一个问题！

“虚邪贼风，避之有时，恬淡虚无，真气从之，精神内守，病安从来”。《黄帝内经》中这段话学中医的人一定都非常熟悉了。这句话听起来是那么美好，也是千百年来中医治病所追求的最高境界。这十六个字里面，想要达到“病安从来”的目标，前提条件有几个？我想这个问题对于学中医者有着极其重要的意义。

《黄帝内经》有一个很突出的特点，讨论病因的时候多强调外邪环境致病，对内则假设或者期望人们能够明白和做到内无情志之患，“春夏养阳，秋冬养阴…故与万物浮沉于生长之门。” 上古之人是否能做到这一点我们或是无法知道，但我们可以看到的是在中医的历史发展过程中，《黄帝内经》以后的一千多年对发病原因的关注主要集中在外邪、饮食、居处致病，直到宋以后开始对身体内在因素情志致病有了更多的认识和讨论。而对于“相火”这一概念的讨论可以说是一个典型代表。首先，让我们看一下相火一词的出处与代表医家的论述。

相火一词最早见于《素问.天元记大论》:“天以六为节，地以五为制…君火以明，相火以位“。要注意在这里相火一词最初是用来解释天地之气关系的，不是直接讨论人的身体功能，直到金元时期，刘完素最先提出右肾命门相火说:“右肾属火，游行三焦，兴衰之道由于此，故七节之旁，中有小心，是言命门相火也。”,李杲附和此一观点，认为:“肾有两枚，右为命门相火，左为肾水，同质而异事也”。注意在这里二者最初把相火与命门之火等同，而之后的许多医家包括张介宾，喻嘉言，郑钦安等，认同此点并有发挥，《类经》曰:“阳在下者谓之相火，相火在命门，皆真阳之所在也”，又曰:“是以君火居上，为日之明，以昭天道，故于人也属心，而神明出焉。相火居下，为源泉之温，以生养万物，故于人也属肾，而原阳蓄焉”。这是相火定义的一支。如果相火的定义仅限于此，也不会太过复杂，但是李杲又言:“若饮食不节，寒温不适，则脾胃乃伤;喜，怒，忧，愁，损耗精气。既脾胃气衰，元气不足，而心火独盛，心火者，阴火也，起于下焦，其系系于心，心不主令，相火代之，相火，下焦包络之火，元气之贼也。火与元气不两立，一胜则一负。脾胃气虚，则下流于肾，阴火得以乘土位”。《脾胃论。饮食劳倦所伤始为热伤论》。这段论述中最先提出了“阴火”的概念，并把相火，阴火，心火三者联系在一起。又云:“夫阴火之炽盛，由心生凝滞，七情不安故也。心君不宁，化而为火。”。由此，相火由单纯的温煦功能，发展为与心君及情志变动联系起来。比如李杲在另一处又强调：人们“因喜怒哀乐，损耗元气，资助心火，火与元气不两立，火胜则乘土位，此所以病也”。此处的论述在中医理论体系的发展中有重要意义，明确提出了人的情志活动，喜怒哀乐在导致人体发病中的作用。把从内经、伤寒以来对发病原因的分析主要由外邪导致向前发展了重要一步。这里我想同道们可以留意一下中医理论是如何发展、演变的。二是中医理论体系构建一直缺乏明确的逻辑性和连贯性，各执其说，缺乏联系，这一弊端造成中医两千多年来理论框架建设缺乏延续性，后人需要反复地在前人的方药中摸索而看不到其背后的脉络。到这里李杲虽然把相火的概念与君火及情志活动联系了起来，但是明显对相火是否定的态度，并依此理论提出了一系列的治则和用药。如果站在元气最重要的角度上，李杲的观点很容易理解，，而且相火与元气的关系诚如李杲所言，一正则一负，而且李杲所提出的元气与相火关系的理论、及其在组方用药上的经验，非常了不起，直到今天仍被广泛地使用。但是人之所以为人，不仅仅局限于此啊，李杲观点的局限性在于对待相火的态度上，认为是有害无益的，并且是可以被消除的。但实际是怎么样？让我们再看看同时期但比李杲略晚的另一位医家，朱丹溪所提出的观点和分析。朱氏认为人的生存离不开动与静两个方面。其中动是基本的，主要的。自然界产生万物及人体维持生命均以动为常。所

谓:“天主生物,故恒于动;人有此生,亦恒于动。其所以恒动,皆相火之为也。”又说:“天非此火不能生物,人非此火不能有生。”。 还说:“彼五火之动皆中节,相火维有裨补造化,以为生生不息之运用耳。”到这里,朱氏对相火的观点有了新的认识和提升。那就是相火不但要有而且还必须有,否则生命将停止。对于相火与人身脏腑的关系,朱丹溪又具体谈到:相火“寄于肝肾二部。肝属木而肾属于水也”。《格致余论》载述:“二脏(肝、肾)皆有相火而其系上属心。心,君火也,为物所感则易动,心动则相火易动”。相火之动既然与人体的生命活动有关,故相火之动失常就必然会导致病变。“人之疾病亦生于动,其动之极也,病而死矣”。朱丹溪还把相火与情志欲望的关系进行了论述,认为七情六欲之伤常先激起脏腑之火,如“醉饱则火起于胃;房劳则火起于肾;大怒则火起于肝…然后煽动相火。”既所谓“五脏各有火,五志激之,其火随起”。至此,中医理论方面对人的情绪、精神的活动在人的生命活动中的地位有了明确的论述。要强调一下这里所说的相火与六淫之火又有区别,在于此相火为君火发明的过程中,肝肾功能的必然反应,至于其妄动,以致“煎熬真阴,阴虚则病,阴绝则死”,又与君火之明的程度密切相关。朱丹溪的这一观点在对人的生命认识上是一个进步,那就是接受相火的存在的必然性。在治疗上则认为“阳有余、阴不足”,主张滋阴降火即可解决问题。通过节录以上一段医史,我们可以看到,从内经时期作为中医的开篇奠基之始,一直到唐宋,中医对疾病发生原因的认识集中在外感六邪及饮食、劳倦。从宋以后在理学兴起的大环境下,金元医家对人体生命及疾病的认识有了更多的思考。这体现了现中医发展的一个特征,那就是思辨,或许有人会说这不科学,但从历史上看,中医发展就是这么走来的,一是思辨,一是临证实践。而不同时期中医理论的巨大发展都离不开哲学思辨兴盛的历史环境。无论是《黄帝内经》所处的先秦时期,还是金元医家争鸣背后的程、朱理学发展都印证了这一特点。相较于之前的重方、重药的情况,金元时期的医家开启了对理论深入探讨的局面,对这之前许多存而不明的概念多位医家都有从不同角度的阐述、并用来指导临床实践,但是由于历史局限性,包括物质条件及精神高度的限制,虽然提出了很多问题,但是却没有能得到共识,因此开启了中医基本概念混乱的局面,一直延续到今天。

本文开篇引用《黄帝内经》中的原文,那时候认为远古之人,德全不危,到朱丹溪所引用的宋代理学的观点:“周子又曰:圣人定之以中正仁义而主静。朱子曰:必使道心常为一身之主,而人心每听命焉。人心听命乎道心,而又能主之以静。”包括朱丹溪与李杲的认识虽然角度不同,但却有共同的地方,即认为可以在一个简单的阴阳、五行层面通过治疗可以达到一个平衡。这里是中医理论中的另一个典型特征,即理想主义,给人以一种感觉,即 “阴平阳秘,精神乃治”是很容易达到的。理论家可以谈论理想状态,我们临床医生却不得不面对实际。对于人的生命来说,有着物质基础与上层建筑的辩证关系,这里的上层建筑就是人的精神、情志、思想活动。《黄帝内经》里说到:“心主神明。心为君主之官,主不明则十二官危”。所以希望通过消除相火来维护一身元气的健康实际上是做不到的,同理,通过滋阴降火也达不到“病安从来”。相火是作为辅助君火而存在,在人们的心智得到极大发展之前,生命的成长过程中相火是必经之路。如果说人们愿意相信上述内经和宋儒的美好观点的话,那么它只能是目标和结果,相火的存在则是过程和途径。

从金元医家对人的精神活动于疾病关系的认识开始,距今又大约一千年,人类的生命活动有了巨大的转变,在物质文明极大发展,当外邪及饮食、居处对致病的影响不再是主要问题之后,精神、情志活动所引起的疾病问题所占却迅速增加,从临床困扰很多人的抑郁、焦虑,到慢性疲劳综合征,再到免疫系统紊乱导致的疾病,在中医辨证来看,背后都有相火的线索。因此相火的问题不但不会消失,而且会越来越大,目前中医理论研究对其重视和认识还远远没有达到与疾病相对称的高度。这或许就是我们这一代中医人所面临的历史任务吧。

Reflective Practice: awareness & deception

Jeff Docherty

Abstract

Epistemology

'Reflective Practice' is an introduction to traditional teachings and contemporary insights, addressing the experience of self, the sufferings of self-deception, unmasking the illusions surrounding it and detailing a method of self-liberation, Insight Meditation, [1]'Vipassana'

The recent findings of cognitive science and the realizations of traditional teachings present a high degree of consilience, so much so that Professor Niebauer entitled his book: 'No Self, No Problem How Neuropsychology is Catching Up to Buddhism.'

Psychologist J. Bruner's theory of 'Constructivism' and the Buddha's 'Dhamma' advocate cognitive development or 'bhavana', building meaning from experience. Rather than just mastering the facts they demand a comprehensive view from participatory and perspectival knowing.
Tibetan Buddhist Monk Richard Matthieu suggests, "Try sincerely to check, to investigate, that's what Buddhism has been trying to unravel — the mechanism of happiness and suffering. It is a science of the mind" (1)

What is attained is patiently accrued by making the right effort over and over, little by little, again and again…

Self & self

The traditional teachings of Dao present Mind as a dualistic unity; the ordinary mechanical mind, its evaluative aspect, 'jixin', differentiated from the inclusive mind of awareness, which goes along with all, 'xinzhai'. According to the Classic text 'Zhuangzi', the Mind blossoms when the mechanistic aspect is tamed allowing the virtues of a more comprehensive view to be cultivated.

Psychiatrist Iain McGilchrist's research also elaborates how our single brain comprises two distinct but asymmetrical hemispheres, each holding widely differing world views and ways of attending.

Both the Traditional Chinese and McGilchrist's contemporary interpretation of the Mind present the analogy of a psychological hierarchy, where executors are ultimately subservient to a higher order Self, as seen in the title of McGilchrist's acclaimed book: 'The Master and his Emissary', describing the brains right and left hemispheres respectively. It's a description straight from the Classical Chinese playbook. 3,000 years ago in the foundational text, 'Huang Di Nei Jing', the 'Heart' is designated as 'Master' while ancillary roles are delegated to its 'Minister's'.

In neuronal terms 'Master' acknowledges the right hemisphere as the principal dimension of Mind, being physically larger it has more white matter, a greater complexity of neural connectivity and increased transmission of information. The core components and functional connectivity of the Central Executive Network (CEN) is lateralized in the right hemisphere, acting as the cognitive 'Director', regulating and integrating the brain to perform complex cognitive tasks in relevance realization such as monitoring progress and decision making.

[1] All Buddhist terms are given in Pali, which is very close to, if not the actual dialect spoken by the Buddha, teachings were passed down orally before being recorded from Pali.

The awareness of the right hemisphere takes the form of nonverbal communication; a capacity for recognizing nuance, understanding the imaginative, what's implied, seeing holistically. It contextualizes and is drawn to kinship, what is alive, sensing an underlying, interdependent reality that is long term, caring for a world in communion, inter-being. It is attuned to being in the presence of the world, presiding over a greater sense of Self in its quiet comprehension.

The psychological pattern of 'Master' is played out in plain sight in society at large, the 'Master' right hemisphere is discernible as the Conductor of an orchestra; the image of a deeply engaged, silent knowing and guidance of the whole, from a more informed, panoramic and transcendent perspective.

The 'Emissary', the left hemisphere, by contrast executes the delegated duties and responsibilities representative of the 'Master's' oversight. Just as we see individual musicians of an orchestra in their given roles, subservient to the coordinating direction of the 'Master' Conductor.

The left hemisphere is capable of precise and static attention, looking at what is to be done with an affinity for mechanics and methodology. It controls language, verbal processing, critical thinking and computation, working as an evaluative instrument for local and short-term gain, using the world as a resource for acquisition. It perceives a hierarchical organization of objects of exploitative significance for itself, being definitively self-centred in its apprehension and manipulation of the world.

Ideally the two hemispheres complement and fulfill one another's promise for self-actualization, but McGilchrist fears we have become enthralled with the role of the 'Emissary'. Problems arise when the left hemisphere stops listening and begins to believe in its own rhetoric and hubris, determining that its calculative thinking carries more importance than remaining in abeyance to the overarching principles of unity presented by the 'Master's' greater view. The left hemisphere can excel as a high functioning bureaucrat, yet it only excels in that role, without self-restraint it can run amok.

The illusory nature of 'self'

The neural home of 'me', the sense of a personal self is the 'Emissary', lateralized in the left hemisphere. It has evolved a powerful 'default-mode' network, DMN, the brain tendency to default to self-referential thinking, constructing mental models, simulations and predictions based on a storehouse of memories. It puts life's experiences into algorithms in order to automatically respond to various demands throughout the day, a programming that allows the brain to use energy resourcefully and efficiently.

But this mechanism also creates habitual perceptions and unconscious behaviours, where information is extracted from a stimulus but not necessarily experienced with conscious awareness. It means we keep getting trapped in our models and assumptions telling us how life ought to be, keeping us from knowing how each moment of life actually is.

Once the left hemisphere locks onto its intended target, it finds it hard to disengage, what McGilchrist refers to as its 'stickiness', he also notes its tendency for frustration and anger, a self defensive and combative feature useful for competitiveness, acquisition and dominance, hallmarks of the ego.

The key issue is that the left hemisphere harbours a fundamental misapprehension based on its own limited self-view. Cognitive Neuropsychology Professor C. Niebauer describes how it pilots a course that it alone thinks can most effectively function through reality, crucially it lacks the awareness that anything is missing from its own

administration. Greater awareness, context and perspective are missing because self-recognition is highly localized in the right frontal cortex.

The left hemisphere draws the conclusion that it too is something solid, permanent and separate because it can only detect its own internalized system of self-belief patterns. In effect it becomes a detached rationality, a narrative of opinions and justifications making its illusory nature difficult to see and the story we tell ourselves so convincing.

The conclusion we might come to is simply expressed by Ram Dass (aka Professor of Psychology Richard Alpert):

"The mind (left hemisphere) is a wonderful servant and a lousy master''

It is this discovery into the illusory nature of the 'self' where neuroscience concurs with the Daoist and Buddhist view…

"One mistakenly identifies these mental and physical phenomena with a personal entity…one mistakes them for someone or something permanent and pleasant, everlasting, and unchanging." (2) Burmese Theravadin Master Sayadaw Mahasi.

A case study of the two hemispheres

Neuroscientist Jill Bolte-Taylor, provides a fascinating testimony in her book 'A Stroke of Insight', analyzing her cerebral hemorrhage in the left hemisphere that took her DMN off-line.
Her constant inner dialogue was switched off and with it her sense of 'me', her memory and personal self disappeared.

She discovered her sense of 'I am' (right hemisphere) didn't disappear, retaining a perfect continuity of awareness of being and knowing. In fact, far more than that, with the mind quietened, she was able to realize and relish the higher order intuitive intelligences belonging to the right side of the brain.

She entered a speechless but vitally aware realm of interconnectedness. Her sense of being-here-now blossomed without the constraint and boundary of the self, time and events were no longer broken down and divided into categories that occurred serially. Her experience was of an ever new continuum of timeless joy.

In her subsequent TED talks she described how peace is but a thought away, a potentiality inherent in our neurological circuitry. Dr Bolte-Taylor described this as 'Nirvana', a Buddhist term, meaning to extinguish, a blowing out of the self.

It seems that our greater sense of being and happiness belongs to the self-effacing right hemisphere, that gets talked over and overlooked by the noisy neighbour of the left hemisphere.

Can we learn to distinguish these two fundamental aspects of our own brain to help guide the formation of the 'me' (left hemisphere) that represents 'I' am (right hemisphere), in the pursuit of greater self knowledge and in so doing keep the left hemisphere in its rightful place, the mind in service to the 'Heart' of awareness.

"It is important to see that the main point of any spiritual practice is to step outside of the bureaucracy of ego." (3) Chogyam Trungpa

The making of self-deception

Scholar C.Rhys Davids wrote:"Buddhism set itself to analyses and classify mental processes with remarkable insight and sagacity" (4)

Neuroscience has revealed the shortfall of the left hemisphere's limited view, its possessive and defensive nature. And we now understand how neurotransmitters and hormones including dopamine, found largely in the left hemisphere,

embed our memories and tendencies, forming neurological grooves, influencing future patterns of activity, the programming of the DMN.

2,500 years ago, Buddha used the image of 'tanha', thirst, to describe our condition, the hunger and craving to hold onto pleasure, the fever and clinging to avoid what is unpleasant.
He described how our mental determinations condition the next moment of our lives, producing a memory of habit-energy and continuity that creates an automatic action-reaction. Buddha detailed a series of causative links, a 'chain of dependent origination', for instance greed and aversion arise when we do not regulate the sensation and feeling that precede them, the outcome is a desire for more than is necessary, helpful or fair.
This is 'upadana', craving and the notion of feeding, in the sense of adding fuel to a fire, our tendency to delude ourselves by continuing to manipulate situations to serve our own purposes.

These tendencies and mental impressions become our psychological reference points for how things follow in a stream of consciousness known as 'bhavanga', the subliminal repository shaping our habitual perceptions. Our 'kamma', action, is the ongoing tide of this causal energy, encoded in a neuronal framework as the conditioned self of the Default Mode Network, the impressions and tendencies that impact the habit mind governing so much of our lives.

"Our joy, our peace, and our happiness depend very much on our practice of recognizing and transforming our habit energies. There are positive habit energies that we have to cultivate, there are negative habit energies that we have to recognize, embrace, and transform. …Every time you embrace your habit energy, you can help it transform a little bit…it loses a little bit of its strength as it returns as a seed to the lower level of consciousness. The same thing is true for all mental formations: your fear, your anguish, your anxiety, and your despair." [(5)] Zen Master Thich Nhat Hanh

The fundamental purpose of Buddhism is to find a way of being in which this self-deceiving component is no longer binding and relevant in our lives. To become free from our defective programs and to begin encoding more skillful ones that liberate us.

Beginner's Mind

In the Zen tradition, Master Shunryu Suzuki lauds the attitude of the 'beginner's mind'. A way of being that is open to new information and curious about possibilities, providing us with new ways of seeing, a counterpoint to reduce the hold of the self's dogma and 'stickiness'.

Using the quiet and attentive 'beginner's mind' of the right hemisphere we can cultivate its attributes; having an awareness of basic goodness, lending a hand, offering a kind word, altering our course of action, curtailing our behaviour and all those other fine adjustments that come with emotional depth and intelligence. From a Buddhist perspective it works because the 'beginner's mind' is absent of self-centred thoughts of gain and avoidance, the forces of greed and aversion that lead to self-deception.

The culmination of the teachings is expressed in 'Zazen', literally sitting meditation. Where "just sitting", 'Shikantaza' is the ideal of what is natural and simple, just sitting, listening, watching…originally from the traditional Chinese notion 'zhiguan dazuo', meaning to focus on meditation alone, requiring us to stop our discursive activities, gather ourselves, and for now, just sit still. In that moment we face ourselves, seeing with our 'beginner's mind', learning how we are is the most direct teaching.

Zazen, knowing directly

Cultivating self-awareness is the antidote to self-deception, seeing the moment to moment making of it in our own mind through meditative practice. To this end Buddha taught ways to cultivate seven liberating mental factors, the lynchpin being 'sati'. Its etymology refers to memory, self-recollection, now popularized as Mindfulness.

Monk Nyanaponika Thera points to the great skill of the Buddha in identifying a subtle, fleeting and purely receptive quality within consciousness. A moment perceptible on first contact with an object of mind, just before the mind's reactivity begins. If we can attend to that moment there can be "the clear and single-minded awareness of what actually is happening to us and in us, at the successive moments of perception". (6)

As Sri Nisargadatta, an Advaita Vedanta teacher warns: "You have to be very alert, or else your mind will play false with you. It is like watching a thief." (7)

It is necessary to cultivate sufficient strengthening mental factors to skillfully apply 'sati' as a means to investigate carefully with the quiet mind of the right hemisphere, what have we here? Is that so? who cares? A thoughtful inquiry, without thinking. Recognizing what the 'self' thinks it's up to allows us to navigate a journey of discernment.

What we actually perceive as reality is in fact only ever a reflection of our own perceptions, a prism that becomes the means to judge things, people and events, as well as a self-imposed constraint on how we experience ourselves. Our perceptual habits can hold us back but our perceptions of insight can liberate us from the constraint. With experience 'sati' is a way of attending to ourselves with 'metta', compassion and generosity, we realize the need to regard ourselves with patience and kindness, that bringing the heart into our various experiences releases the mind's tendency to make life conditional, categorical and limited.

Cultivating a calm, equanimous relationship with our 'self' gives thoughts the opportunity to cease by themselves, when they come to an end quite naturally their kammic force diminishes. With care and attention Meditation is an art that opens the doors and windows to let the breeze and sunlight into the storehouse of consciousness, to shine into the dark corners, to see things anew.

'Vipassana'

'Vipassana' uses these three Characteristics as lenses with which to explore and examine the patterns of our own experience:
1/ we see those thoughts-the thinker is not permanent after all but prone to continuous change, 'anicca'.
2/ such thoughts-feelings are not essentially who or what I am, 'anatta'.
3/ our sense of self is conditioned and entangled in subtle variations of self-deception, 'dukkha'.

We can rest in being the knowing and awareness, right hemisphere, that receives all experience as it is, without adding our personal judgements. Insight itself comes from discarding what we are not, 'anatta', not-self.
"*The Great Way is not difficult…*
Let go of longing and aversion,
And it reveals itself…
Like and dislike
Is the disease of the mind…" Send-ts'an (8)
'Vipassana' is a double movement, the relief of suffering and a pathway to greater life, as the fetters of mind are relinquished - the mind awakens, as the clouds disperse - the sun shines.

"For a long time, I thought that sitting still for many, many years of practice causes compassion or wisdom to be created. But it isn't so. Compassion and wisdom are what we are originally, and specks of misunderstanding,

illusory knowledge about yourself, cause you to forget." [9] Zen Monk K. Otogawa

What arises quite naturally with a mind liberated from the incessant self is an essential joy for life, '*xiao yao*'. "The exquisite beauty and yumminess of being here, being in form, with all its pain and attachment." [10] Ram Dass

Tibetan Buddhist Monk Matthieu Richard remains "the world's happiest man" after producing the highest levels of gamma waves ever recorded, in research conducted by the University of Wisconsin.

Make up your Mind

Buddhism is a philosophy of conscience rather than of self-consciousness, the path to freedom is not self-improvement but dropping the agenda of self altogether. As described by 13th century Zen Master Dogen, a mountain belongs to who loves it most.

" To study the Buddha way is to study the self. To study the self is to forget the self. To forget the self is to be actualized by the myriad things. When actualized by the myriad things…no trace of realization remains, and this no-trace continues endlessly." [11] Dogen

Bibliography

1/ R. Matthieu, 'Happiness'
2/ Sayadaw Mahasi, 'Manual of Insight'
3/ Chogyam Trungpa, 'Cutting through Spiritual Materialism'
4/ CAF Rhys Davids, 'Buddhist Psychology'
Send-ts'an, 'Hsin-Hsin Ming'
5/ Thich Nhat Hanh, Dharma Talk: 'Transforming Negative Habit Energies'
6/ Nyanaponika Thera, 'The Power of Mindfulness. An Inquiry into the Scope of Bare Attention and the Principal Source of its Strengths'
7/ Sri Nisargadatta, 'I am That'
8/ Send-ts'an, 'Hsin-Hsin Ming'
9/ K. Otogawa, 'Embracing Mind'
10/ Ram Dass, 'How to be responsive not reactive.' Lecture, YouTube series 'Be Here Now', episode 245'Be Here Now', attributed to G Gurdjieff, Philosopher
11/ Master Dogen, ''Genjo-koan', 'Actualising the Fundamental, translated by R Aitken & K Tanahashi San Francisco Zen Centre'

With Reference to:

J. Bruner, '*The Process of Education'*
C. Niebauer, *'No Self, No Problem How Neuropsychology is Catching Up to Buddhism.'*
I.McGilchrist, '*The Master and his Emissary'*,
J. Bolte-Taylor, *'A Stroke of Insight'*
Dogen, *'Shobogenzo'*
Zhuang Zhou, *'Zhuangzi'Huangdi, 'Huang Di Nei Jing'*

动筋针治疗斜角肌 2 例显效案例报道

于宏奎[1]

摘要：斜角肌是颈部肌肉之一，在颈部疼痛病例中经常涉及。此外，因为其特殊的解剖结构以及臂丛神经、锁骨下动脉均在前、中斜角肌穿过，这决定了临床中很多上肢疾病、头部、背部病症往往与斜角肌的损伤关系密切。动筋针疗法是一种创新的中医针灸技术，通过运用动筋针在动筋点处进行有针对性的针灸治疗，并运用独特的针刺手法（滞针提拉），以及动态留针的方法，松解肌筋膜，促进气血循环。通过将传统针灸与现代解剖学、筋膜学相结合，动筋针疗法可有效治疗软组织相关疼痛和其他病症。

1.斜角肌的解剖与功能

斜角肌，是颈部非常重要的姿势肌，对于头颈段提供相当大的稳定作用，由前斜角肌、中斜角肌、后斜角肌组成。前、中、后斜角肌的起点均在颈椎横突上，止点分别在于第一、第二肋，由不同的颈神经前支支配。斜角肌的功能：单侧收缩时，使颈部同侧屈曲，并转向对侧；当双侧同时收缩时，使颈部前屈。此外，斜角肌还是一块重要的辅助呼吸肌，并且属于深呼吸。这是因为当颈椎固定时，它可以通过提升第一、第二肋以辅助吸气。

前斜角肌、中斜角肌之间，臂丛神经、锁骨下动脉从其中穿过。因此，斜角肌对于这些重要的动脉、神经起到了一定的保护作用。

2.斜角肌损伤相关病症

斜角肌损伤，往往多是因为各种因素如长期姿势不良、劳损、外伤等因素引起斜角肌痉挛、增生或纤维化，进而导致斜角肌功能障碍、斜角肌间隙狭窄，进一步导致周围相关软组织包括毗邻肌肉、神经、血管受损引发一系列病症。

斜角肌损伤相关病症，大致可分为①斜角肌自身损伤相关的病症；②相关神经、血管被卡压所致的病症。其中以前、中斜角肌损伤压迫臂丛神经所致上肢麻木、疼痛、活动受限等为常见，这种病症属于胸廓出口综合征。

所谓胸廓出口综合征（TOS），是指锁骨下动脉和（或）静脉及臂丛神经在经过由第 1 肋骨和前、中斜角肌三者构成的胸廓出口时，受到压迫而产生的一组神经或（和）血管受压症候群。并根据受压的结构可分为动脉胸廓出口综合征、静脉胸廓出口综合征以及神经胸廓出口综合征。胸廓出口综合征实际上并非仅涉及斜角肌与肋骨所形成的三角间隙变窄，还涉及到了锁骨下肌与第一肋之间的间隙，以及由胸小肌和肋骨围成的喙突下间隙。

此外，如前面介绍，斜角肌作为一块非常重要的呼吸肌以及维持稳定头部的姿势肌，当其发生损伤时，还会表现为吸气障碍以及头部相关异常感觉如头痛、头晕、头昏等。

正是由于斜角肌损伤会导致如此多的病症，动筋针发明人陈德成教授将其称之为“魔鬼肌”。

3.案例报道

本文将列举 2 例斜角肌损伤所致病症的案例进一步展现斜角肌在头颈胸及上肢病症中的重要性。

病例 1.

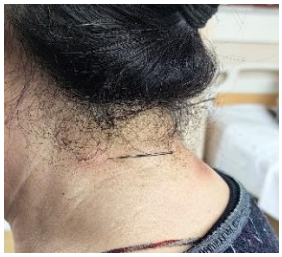
患者，女，58 岁，退休教师。以“左侧肩背部疼痛不适 10 天，伴低头旋转时自觉眩晕”为主诉来诊。10 天前，不慎着凉感冒，并出现肩背部疼痛不适。后经输液治疗后感冒症状明显好转，但左侧肩背部疼痛不适未缓解。经人介绍，来我处就诊。

查体：遵照动筋针“三步一流程”查体，患者指认左侧肩背部疼痛，但无法确认最疼的一点；颈部各方向活动均正常，未见明显受限；双侧上肢活动正常，未见明显受限。结合患者指认疼痛范围，初步考虑为臂丛神经卡压所致，故在同侧斜角肌处进行按压，发现中斜角肌在颈椎横突 C2-C5 存在明显压痛点，并可触及若干条索。

诊断：臂丛神经卡压（中斜角肌损伤）。

治疗：选用 50mm 动筋针坐位松解中斜角肌动筋点（如下图所示），快速破皮，刺入第二层，穿越该动筋点，并进行滞针提拉（有限提拉、极限提拉），期间闻及多次“咔哒”样声音，为动筋针松解特有声音。随后进行带针运动，分别进行头颈前屈、后伸、左右旋转、左右侧屈各 8 次，并配合动态拉伸。

[1] 长春中医药大学附属医院



治疗结果：患者诉右侧肩背部疼痛在滞针提拉时明显缓解，经过带针运动后完全消失，低头后左右转头时头晕消失。

病例 2.

患者，女，28 岁，医院职工。以“颈部疼痛不适 2 年，加重 3 天”为主诉来诊。2 年前因劳累后出现颈部疼痛不适，因休息后缓解，未予重视。每逢劳累则出现颈部疼痛不适。3 天前，因工作繁忙再次出现颈部疼痛不适，并且无法完成仰头动作。经人介绍，来我处就诊。查体：遵照动筋针“三步一流程”查体，患者指认颈部两侧疼痛不适，以左侧更为明显；仰头明显受限，低头略受限，左右侧屈、左右旋转无明显疼痛不适及受限。结合患者指认疼痛范围及颈部活动情况，初步判断为斜角肌损伤或胸锁乳突肌损伤所致。遂对斜角肌、胸锁乳突肌进行检查。发现斜角肌处存在明显压痛点。
诊断：颈部疼痛（斜角肌损伤）。
治疗：选用 40mm 动筋针坐位松解斜角肌动筋点（如下图所示），快速破皮，穿越该动筋点，并进行滞针提拉（有限提拉、极限提拉），期间闻及多次“咔哒”样声音，为动筋针松解特有声音。随后进行带针运动，分别进行头颈前屈、后伸、左右旋转、左右侧屈各 8 次，并配合动态拉伸。

治疗结果：
患者诉颈部疼痛消失，仰头明显改善。

治疗前　　治疗后

4. 小结

通过对斜角肌的解剖、功能的学习，我们深刻认识到斜角肌对于头颈和胸以及上肢的重要性。并且通过两个鲜活的案例，进一步展现了斜角肌为何被称为“魔鬼肌”的原因。在诊治上肢疾病以及头、颈、肩部等部位疾病时，不妨多考虑患者有无斜角肌损伤。因为有时斜角肌在损伤后并不一定会引起颈部活动受限（如病例 1），而仅表现出相关的神经、血管卡压症状。因此，我们要注重对于斜角肌的触诊检查。这对于提升我们对于一些复杂疾病的治疗效果大有裨益。

个人简介：

于宏奎医生，男，医学硕士，主治医师。现就职于长春中医药大学附属医院。吉林省中西医结合学会会员，中国针灸学会经筋分会会员。师从动筋针发明人陈德成教授、黄煌弟子黎明全教授、中和派学术继承人北京东直门医院曹柏龙主任。擅长运用动筋针治疗软组织损伤相关疼痛疾病、肢体功能障碍以及部分内脏疾病。发表国家级论文 3 篇，参编图书 1 部。

Concise Review on The Latest Clinical Evidence of Chinese Herbal Formula Jinkui-Shenqi-Wan in Treating Diabetes Mellitus and Diabetic Nephropathy

Ardhyan Raditya Tjandra[1], Wijono Sukaputra Agussalim, Willie Japaries, Shally Joncicilia
Nalanda Institute of Indonesia

Abstract
Jinkui-Shenqi-Wan 金匮肾气丸 (JKSQW) is a classical Chinese herbal formula first described by the ancient Chinese famous physician Zhang Zhongjing in his renowned book Synopsis of The Golden Chamber (Jinkuiyaolue). Until today the formula is still being used widely in the treatment of various diseases. Aim: This article is aimed to share the latest evidence regarding JKSQW usage in the treatment of diabetes mellitus and diabetic nephropathy. Method: Clinical evidences published within the period 2020-2025 are searched and collected from the scientific data bases of CNKI, Wanfang, PubMed, and ResearchGate. Results: There are plenty clinical evidences of JKSQW usage in treating DM and diabetic nephropathy. Most usage is as a complementary therapy on the basis of conventional treatment, with significant improvements in glycemic parameters, clinical manifestations and renal function indicators. Conclusion: Clinical usage of JKSQW shows definite effectiveness and advantages over conventional treatment alone for the treatment of DM and diabetic nephropathy.

Key words: Traditional Chinese Medicine, Jinkui-Shenqi-Wan, diabetes mellitus, diabetic nephropathy.

Introduction

Type 2 diabetes mellitus (T2DM) is a subtype of diabetes mellitus (DM) characterized by progressive dysfunction of β-cell insulin secretion and insulin resistance.[1] Hence, other modalities of treatment have to be sought to halt or delay the progression, improve the clinical outcome and prognosis of diabetic patients. One of the promising candidates for this purpose is the traditional Chinese medicine (TCM).

Traditional Chinese medicine (TCM) has guided health maintenance and disease treatment for thousands of years and has been widely used in many countries around the world.[2] It has been used complementarily with conventional medicine and proven to be effectively for the prevention and treatment of various diseases.[3] Hence in 2019, the 72nd World Health Assembly adopted the eleventh Revision of International Classification of Diseases (ICD-11), which included for the first time a chapter on traditional medicine derived from TCM.[4]

Jinkui-Shenqi-Wan (JKSQW) is one of the classical herbal formula originating from the renowned ancient TCM book Synopsis of The Golden Chamber (Jinkuiyaolue) written by the famous physician Zhang Zhongjing (150-219) during the Han Dynasty. JKSQW is composed of eight herbs, i.e., GanDihuang [*Rehmannia glutinosa* Libosch.], Shanyao [*Dioscorea oppo-sita* Thunb.], Shanzhuyu [*Cornus officinalis* Sieb. et Zucc.], Fuling [*Poria cocos* (Schw.) Wolf], Danpi [*Paeonia suffruticosa* Andr.], Zexie [*Alisma orientalis* (Sam.) Juzep.], Fuzi [*Aconitum carmichaelii* Debx.] and Guizhi [*Cinnamomum cassia* Presl]. The formula has been used ever since till todays to treat various diseases, including frequent urination, blurred vision, soreness in the waist and knees.[5] This article is aimed to review the latest clinical evidences regarding the effectiveness of JKSQW for the treatment of DM and diabetic nephropathy (DN).

Methods:

The evidences regarding the clinical effectiveness of JKSQW for the treatment of DM and DN are searched and collected from the Chinese language databases CNKI and Wanfang, and English language databases PubMed, ResearchGate, ScienceDirect. Searching is done using the key words 'Jinkuishenqi', 'Jinguishenqi', 'diabetes mellitus', 'diabetic nephropathy', delineating the publication period within the last five years (2020-2025). The inclusion criteria are all RCT, meta-analysis, systematic review, reporting JKSQW clinical usage in the treatment of DM and DN, while excluding the single case report, expert opinion, in vitro or animal experiment, and trials using modified JKSQW.

[1] Corresponding email: japariesw@yahoo.com

Results:

There are 39 articles in CNKI and 38 articles in Wanfang about JKSQW and DM published in the period 2020-2025. There are many articles appear both in CNKI and in Wanfang. While in the PubMed and ResearchGate, there are only some study protocols about the topic. From the available articles, there are 10 fulfilling the inclusion criteria of the present concise review.

The result of this concise systematic review is presented in two parts. The first part is the clinical effects of JKSQW on diabetic metabolism, i.e., blood glucose, glycosylated hemoglobin, insulin resistance, and clinical manifestation. While the second part is the effects of JKSQW on diabetic nephropathy.

1. Clinical effects of JKSQW on DM.

A systematic review and meta-analysis by Hu et al, included 14 randomized controlled trials (RCTs) assessing the effects of JKSQW with 1.586 type 2 diabetic (T2DM) patients. The results show that JKSQW is safe for T2DM patients. Pooled results indicated that combination treatment of JKSQW together with the conventional medicine results in a significant reduction in glycated hemoglobin (HbA1c) (mean difference (MD) −0.49%; 95% CI −0.67 to −0.31), fasting blood glucose (FBG) (MD −0.84; 95% CI −1.19 to −0.49), and 2-hour postprandial glucose (2hBG) (MD −1.38; 95% CI −1.60 to −1.16). Besides, no significant difference in glucose metabolism was observed between JKSQW and hypoglycemic agents.[1]

Another systematic review and meta-analysis by Rong HG et al, included 9 RCTs with 895 T2DM patients. The results show that the total clinical effective rate, postprandial blood glucose (PBG), fasting blood glucose (FBG), and glycosylated hemoglobin (HbAlc) in the treatment group were very significantly (P<0.001) better than those in the control group.[6]

Zhang et al conducted a RCT upon 117 T2DM cases with subclinical hypothyroidism, 58 cases as control group were given basic diabetes treatment, metformin-HCl and levothyroxine-Na tablets, while 59 cases as treatment group were in addition to the same treatment as control, given JKSQW orally. The treatment course for both groups was 12 weeks. Results after treatment showed the FPG, HbA1c, fasting insulin, fasting C-peptide, homeostatic model insulin resistance index (HOMA2-IR) and fatigue, soreness of waist and knees, chills, loss of libido, frequent urination at night and lower limb edema scores in the treatment group were significantly lower than those before treatment and the control group; while the total effective rate was significantly higher in the treatment group (94,83%) than the control group (83,05%) (all P < 0.05).[7] This RCT indicates that JKSQW can effectively improve the insulin resistance and clinical symptoms of T2DM patients, better than conventional treatment alone.

Lin ZH conducted a RCT to study the effects of JKSQW on the blood sugar fluctuation in 120 T2DM patients, divided randomly into a control group and a treatment group, each group consisted of 60 patients. The control group received conventional treatment, and the treatment group was treated with JKSQW on the basis of the control group. Before treatment, there were no significant differences in indicators of blood sugar variability or fluctuations, i.e., the mean of daily differences in blood glucose (MODD), standard deviation of blood glucose level (SDBG), and mean amplitude of glycemic excursions (MAGE) between the two groups (P>0.05). While after treatment, the above levels of the treatment group were significantly lower than those of the control group (P<0.05).[8] This RCT indicates that JKSQW can effectively reduce the daily blood sugar fluctuations, better than conventional treatment alone.

The aforementioned RCTs, systematic reviews and meta-analyses show that JKSQW can significantly improve the clinical efficacy, reduce the PBG, FBG, blood sugar variability, and HbAlc indicators of T2DM patients compared to conventional treatment alone, and without any adverse effects.

2. Effects of JKSQW on diabetic nephropathy.

Diabetic nephropathy (DN) caused by DM is one of the major causes of end-stage renal failure worldwide. It occurs in up to 50% of those living with diabetes.[9] Clinically, albuminuria is an important index to assess the progression of DN. There are four stages of albuminuria, i.e., normal (<20mg/l, GFR>110ml/min), microalbuminuria (20-200mg/l, GFR>110ml/min), macroalbuminuria (>200mg/l, GFR<100ml/min), and end-stage renal disease (>1.000mg/l, GFR<30ml/min).[10] However, not all diabetic patients who develop renal function failure have massive albuminuria. Therefore, in some diabetic patients, the severity of DN could only be assessed by biopsy, based on the pathologic features of glomerular lesions.[11]

There are many studies to assess the effectiveness of JKSQW in preventing progression of DN,

improving renal functions and clinical outcome. Some representative reports are elaborated as follows.

Rong HG et al conducted a systematic review and meta-analysis on the effectiveness of JKSQW either in pills or decoction forms, in the treatment of DN. A total of 22 RCTs with 1.686 cases were included. The results showed that the efficacy of JKSQW combined with conventional medicine in the treatment of DN was very significantly better than that of conventional Western medicine alone, including the total clinical effective rate, 24 h urine protein quantification (24hUP), urine albumin excretion rate (UAER), serum creatinine level (Scr) and urea nitrogen level (BUN) were better than those in the control group; subgroup analysis showed that JKSQW decoction was more effective than pills in reducing BUN.[12] The results show JKSQW is effective in improving the kidney functions in DN. This study might indicate that JKSQW in the decoction form may have better bioavailability than the pills form.

Zeng et al reported a RCT involving 120 DN cases randomly divided into a control group and a treatment group, each with 60 cases. The control group received conventional treatment, and the treatment group was treated with JKSQW on the basis of the control group. After treatment, the levels of blood sugar indexes in the observation group were significantly lower than those in the control group ($P<0.05$). The creatinine, urea nitrogen, 24 h urine protein, urine microalbumin and urine albumin/creatinine ratio in the treatment group were lower than those in the control group, and the glomerular filtration rate was higher than that in the control group, all the differences were statistically significant ($P<0.05$).[13] Similar results and conclusions are also reported by Jiao SP and Yang HJ who performed RCT on 74 stage II-III DN patients, and by Ma C et al who performed RCT on 100 stage III-IV DN patients.[14,15]

The aforementioned RCTs reiterate that JKSQW is effective not only in controlling blood sugar but also improving kidney functions in DN patients.

Another RCT by Hou WY et al involving 115 elderly DN patients randomly divided into a control group (n=57) and a treatment group (n=58). The control group was treated with candesartan cilexetil, and the treatment group was treated with JKSQW on the basis of the control group. Both groups were treated for 1 month. He showed that after treatment, both groups' 24hUP, UAER, BUN, and Scr levels decreased significantly, and the treatment group was significantly lower than the control group ($P<0.001$, $P<0.05$). Before treatment, there was no significant difference in serum homocysteine (Hcy), tumor necrosis factor (TNF)-α, and high sensitivity C-reactive protien (hs-CRP) levels between the two groups ($P>0.05$). After treatment, both groups decreased significantly, and the treatment group was significantly lower than the control group ($P<0.05$).[16] This study indicates that JKSQW combined with candesartan cilexetil has a good clinical efficacy in the treatment of elderly DN. It not only effectively improves the patients' renal function, but also their micro-inflammatory state.

Conclusions:

The renowned classic Chinese herbal formula JKSQW has been studied for the treatment of DM and DN on the basis of conventional medicine. The clinical effectiveness of JKSQW in the treatment of DM and DN has been consistently proven in many recent RCTs, systematic reviews and meta-analyses as being safe and capable of improving blood sugar, insulin resistance, and renal function indicators among DM and DN patients. The combined treatment using JKSQW on the basis of conventional treatment is significantly better than using conventional medicine alone.

References:

1. Hu Z, Liu X and Yang M. Evidence and Potential Mechanisms of Jin-Gui Shen-Qi Wan as a Treatment for Type 2 Diabetes Mellitus: A Systematic Review and Meta-Analysis. Front. Pharmacol. 2021,12:699932. doi: 10.3389/fphar.2021.699932.

2. Li LR, Yao HQ, Wang J, Li YS, Wang Q. The Role of Chinese Medicine in Health Maintenance and Disease Prevention: Application of Constitution Theory. The American Journal of Chinese Medicine, 2019, 47(03): 495-506. https://doi.org/10.1142/S0192415X19500253; https://www.worldscientific.com/doi/abs/10.1142/S0192415X19500253.

3. Danning Ma, Shanshan Wang, Yu Shi, Shenglou Ni, Minke Tang, Anlong Xu, The development of traditional Chinese medicine, Journal of Traditional Chinese Medical Sciences, Volume 8, Supplement 1, 2021, Pages S1-S9, https://doi.org/10.1016/j.jtcms.2021.11.002. (https://www.sciencedirect.com/science/article/pii/S2095754821000909).

4. Lam, W.C., Lyu, A. & Bian, Z. ICD-11: Impact on Traditional Chinese Medicine and World Healthcare Systems. *Pharm Med* **33**, 373–377 (2019). https://doi.org/10.1007/s40290-019-00295-y

5. Liang, D., Qi, Y., Liu, L. *et al.* Jin-Gui-Shen-Qi Wan ameliorates diabetic retinopathy by inhibiting apoptosis of retinal ganglion cells through the Akt/HIF-1α

pathway. *Chin Med* **18**, 130 (2023). https://doi.org/10.1186/s13020-023-00840-7.

6. Rong Hongguo, Wu Linyi, Li Xinyu, Geng Tianyu, Xing Yeyiyi, Guo Huijuan. Systematic review and meta-analysis of Jinkuishenqi Pills in the treatment of type 2 diabetes mellitus[J]. Chinese Journal of Drug Evaluation, 2024, 41(06): 501-508. doi:CNKI:SUN:YAPJ.0.2024-06-018.

7. Zhang Liping, Wang Fen, Wang Rui, et al. Effect of Jinkui Shenqi Pills on insulin resistance in patients with type 2 diabetes and subclinical hypothyroidism[J]. Modern Journal of Integrated Traditional Chinese and Western Medicine, 2023, 32(07): 974-978. doi:CNKI:SUN:XDJH.0.2023-07-022.

8. Lin Zhonghong. Effect of Jinkui Shenqi Pills in the treatment of type 2 diabetes with yin and yang deficiency and its effect on blood sugar fluctuation range[J]. Inner Mongolia Journal of Traditional Chinese Medicine, 2021, 40(05): 2-4. DOI: 10.16040/j.cnki.cn15-1101.2021.05.002.

9. Selby NM, Taal MW. An updated overview of diabetic nephropathy: Diagnosis, prognosis, treatment goals and latest guidelines. *Diabetes Obes Metab*. 2020; 22(Suppl. 1): 3–15. https://doi.org/10.1111/dom.14007.

10. Authoring Team. Stages of diabetic nephropathy. Last edited Nov. 2023. Available from: https://gpnotebook.com/pages/diabetes-and-endocrinology/diabetic-nephropathy/stages-of-diabetic-nephropathy.

11. Qi C, Mao X, Zhang Z, Wu H. Classification and Differential Diagnosis of Diabetic Nephropathy. *J Diabetes Res*. 2017;2017:8637138. doi:10.1155/2017/8637138.

12. Rong Hongguo, Xing Yeyi, Guo Huijuan, Li Hongkai. Systematic review and meta-analysis of Jinkui Shenqi Pills (Decoction) in the treatment of diabetic nephropathy[J]. Chinese Journal of Pharmaceutical Economics, 2024, 19(06): 33-44. doi:CNKI:SUN:ZYWA.0.2024-06-025.

13. Zeng Peihong, He Yun, Chen Meifen. Clinical efficacy of Jinkui Shenqi Pills in the treatment of diabetic nephropathy[J]. New World of Diabetes, 2024, 27(05): 171-174. DOI: 10.16658/j.cnki.1672-4062.2024.05.171. doi:10.16658/j.cnki.1672-4062.2024.05.171.

14. Jiao Shupei, Yang Huijie. Observation on the efficacy of Jinkui Shenqi Pills in the treatment of stage II-III diabetic nephropathy[J]. Journal of Practical Chinese Medicine, 2024, 40(02): 244-246. doi:CNKI:SUN:ZYAO.0.2024-02-024.

15. Ma Chao, Feng Xiao, Xu Lihua. Clinical efficacy analysis of Jinkui Shenqi Pills plus western medicine in the treatment of stage III-IV diabetic nephropathy[J]. World Composite Medicine, 2023, 9(06): 149-152. doi:CNKI:SUN: SJFH.0.2023-06-040.

16. Hou Wenyan, Song Wei, Wu Jing, Cui Can. Efficacy of Jinkuishenqi Pills combined with candesartan cilexetil in the treatment of elderly diabetic nephropathy and its effect on micro-inflammatory state[J]. Chinese Journal of Gerontology, 2023, 43(16): 3936-3939. doi:CNKI:SUN:ZLXZ.0.2023-16-029.

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