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基于临床实例的银屑病中医治疗方法探讨

祝柏芳¹

摘要

目的：探讨中医治疗寻常型银屑病的辨证思路与临床疗效，总结以“地土槐鲜方”为基础、联合外治及针灸的综合治疗方案在英国临床实践中的经验。

方法：选取三例具有代表性的寻常型银屑病病例，分别为血热湿毒证、血瘀风燥证和血热风毒证。采用以“地土槐鲜方”为核心的口服中药（随证加减），配合中药药浴（皮癣洗方）、外用膏剂（牛皮癣膏）、体针及刺络拔罐等综合疗法。观察皮损变化、瘙痒程度、全身症状及复发情况。

结果：三例患者经治疗后皮损均显著改善。血热湿毒证患者治疗2个月后皮损基本消退，5个月未复发；血瘀风燥证患者治疗5周后头皮皮损完全消失，其余部位皮损显著减轻；血热风毒证患者治疗3个月后皮疹消退90%以上。所有患者瘙痒、灼热等伴随症状明显缓解，未见严重不良反应。

结论：基于“凉血活血、解毒祛风、养血滋阴”原则，采用“地土槐鲜方”联合中药药浴、针灸及刺络拔罐的中医综合方案，治疗寻常型银屑病疗效确切、安全性高，个体化治疗优势明显，值得进一步推广与循证研究。

探讨背景与目的

银屑病全球患病率约2-3%，中国患病率约0.47%，患者人数庞大。英国银屑病患病率约1.7%。英国在全球银屑病发病率最高的国家中排名第21位，相当于大约110万人患病。大约90%的银屑病患者为斑块性银屑病。其中20%为中度或者重度患者。⁽¹⁾

银屑病会严重影响一个人的身心健康，并可能与抑郁症、心血管疾病和炎症性关节炎等合并症有关。⁽²⁾⁽³⁾⁽⁴⁾

本文旨在从中医对银屑病的理论认识以及诊疗优势和特点为出发点，通过对临床案例的展示和分析，探讨其诊疗思路和规律性。总结银屑病在英国的辨证特点及其治疗经验。通过分享交流诊疗体会，抛砖引玉，期望可以达到拓展中医治疗

银屑病的思路，增强临证信心，从而提高疗效的目的。

西医治疗方法⁽⁹⁾

局部药物：如糖皮质激素类药物（如丙酸氟替卡松）、维甲酸等，用于减轻症状和改善皮肤状况，可用于轻度至中度病例。

光疗：紫外线照射皮肤，可减少病变区域的细胞增殖。可用于治疗广泛或重度病例。

生物制剂：新一代的生物制剂如肿瘤坏死因子 α 抑制剂（TNF- α 抑制剂）和抗白介素-17抗体（IL-17抗体）在治疗中显示出良好的效果，适用于重度、难治性银屑病。

存在问题：治疗周期长，副作用明显，治疗效果不稳定，复发率高以及NHS医疗资源不足，私立皮肤专科费用高昂

¹ The TCM skin clinic UK

银屑病的中医治疗优势

1. 注重整体观念。中医在治疗皮肤损害的同时，重视内在脏腑气血功能的平衡和调理，对“银屑病共病”的治疗有明显的系统治疗优势
2. 强调病证结合及个体化施治，治疗手段丰富，治疗方法简便
3. 具有疗效确切、副作用小、复发率低等独特优势

临床实例介绍

（一）：血热湿毒证

Y Lee, 男, 45岁。 初诊：2024年8月23日

主诉：全身泛发红色鳞屑性斑丘疹瘙痒灼热9月，加重1周。

现病史：9个月前无明显诱因突然发病，皮疹迅速增多，色鲜红，瘙痒剧烈，咽喉肿痛，心烦口渴，小便黄，大便干。

皮科检查：头皮前后发际、耳后、颈背、四肢可见点滴状、斑块状鲜红色斑丘疹，上覆银白色鳞屑，刮除鳞屑后有明显的薄膜现象及点状出血（Auspitz征），皮疹尤其以双下肢为重，患处皮肤灼热发干。舌质鲜红，苔黄腻，脉滑数



诊断：寻常型银屑病（进行期）

中医辨证：血热风毒，湿热下注

治法：凉血清热，解毒祛风，兼清利湿热。

方药：地土槐鲜汤，二妙散加减

生地 15g, 土茯苓 20g, 槐花 8g, 白鲜皮 8g, 丹皮 8g, 紫草根 8g, 防风 8g, 生甘草 6g, 漏芦 8g, 黄柏 6g, 苍术 6g, 苦参 6g, 共 10 剂，日一剂，水煎服。

外治：“皮癣洗方”⁽⁶⁾药浴，隔日一次。

处方：防风 20g, 青蒿 15g, 路路通 20g, 白鲜皮 15g, 石菖蒲 10g, 艾叶 15g, 皮硝 20g, 明矾 15g, 桑枝 15g, 苦参 15g。

- 体针：百会、风池、合谷、曲池、血海、膈俞、委中、三阴交
- 刺络拔罐：大椎、膈俞、委中

复诊：2024年9月6日 未见新皮损，四肢、胸腹及头皮原有斑丘疹减少，红斑缩小，颜色变暗，鳞屑变薄变细，瘙痒减轻，咽痛消失，大便通畅。

方药：原方去紫草根，加丹参、莪术、当归、麦冬各 8g，活血养血。改用浓缩粉。

外治：“牛皮癣膏”⁽⁷⁾，每日 4-5 次，涂患处。

复诊：2024 年 10 月 31 日

头皮皮疹和鳞屑完全消退，四肢胸腹红斑丘疹及瘙痒完全消失，皮肤光滑润泽，仅在右小腿外下方少许暗红色色素沉着斑片。

方药：地土槐鲜丸，血府逐瘀丸，巩固治疗。

复诊：2025 年 4 月 5 日

原有银屑病已痊愈 5 个月，无复发。



（二）：血瘀风燥证

Jane, 女, 52 岁。初诊：2025 年 4 月 25 日

主诉：头皮、尾骶、四肢暗红色肥厚斑块 20 余年，瘙痒明显，反复不愈，加重 6 个月，伴月经不调及痛经。

现病史：患银屑病 20 多年来，用了包括激素、紫外线在内的各种内外治疗方法，都无效果。近六个月内，病情加重，皮疹扩散，出现月经不规则，血块多，痛经明显，胸胁胀痛，紧张易怒等更年期表现（在用 HRT）。

皮科检查：头皮大片灰白色厚层鳞屑，基底皮肤暗红色，部分呈苔癣样改变。双肘伸侧、腰骶部可见境界清楚的暗红色肥厚性斑块，鳞屑干燥紧固。舌质紫暗，边有瘀点，苔薄白，脉涩。



诊断：寻常型银屑病（静止期）

中医辨证：血瘀风燥型

治法：活血凉血，祛风解毒，兼养阴润燥。

方药：地土槐鲜丸 + 桃红四物丸

外治：牛皮癣膏，每日4-5次，外用。

- 体针：风池、百会、翳风、大椎、曲池、合谷、血海、膈俞、三阴交、阿是穴（皮损局部围刺），用泻法，每周一次。
- 刺络拔罐：大椎、膈俞、委中（针刺结束后施术，每周一次）。

复诊：2025年5月10日

头皮皮损明显减轻，鳞屑变薄变软，范围缩小，其余部位皮损也减轻，瘙痒基本消失。痛经减少，情绪好转。

治疗：继续针灸，内服地土槐鲜丸+桃红四物丸。

复诊：2025年5月30日

头皮皮损完全消失痊愈，发质恢复正常。肘部及腰骶部皮损缩小变软，表面平滑，颜色变淡，无鳞屑。瘙痒消失。

治疗：继续原来治疗方案，巩固疗效，防止复发。



（三）：血热风毒证

Helen, 女, 19岁。初诊：2025年2月22日

主诉：全身泛发性、弥漫性、鳞屑性红斑，伴瘙痒灼热3年，加重2个月。

现病史：患者3年前感冒后突发皮疹，医院诊断为寻常型银屑病，予以抗生素及皮质类固醇激素软膏外用。皮疹逐渐加重扩散。2月前皮损再次加重，瘙痒明显，伴咽痛、烦躁、口苦口干、睡眠差。皮疹以四肢严重，头皮红，头屑多而厚，瘙痒明显。

皮科检查：皮肤大片鲜红色斑丘疹，炎症浸润明显，上有糠秕状鳞屑，皮肤灼热，刺痒。皮损以四肢、头皮、背部尾骶部明显。头皮及耳后弥漫性鳞屑红斑，基底潮红。舌质红降而干，苔黄而干，脉滑数。



诊断：寻常型银屑病（进行期）

中医辨证：血热风毒型

治法：凉血清热，祛风解毒，活血化瘀

方药：地土槐鲜方加减（浓缩药粉）

生地 2g，知母 2g，土茯苓 2g，槐花 2g，白鲜皮 1g，赤芍 1g，丹皮 1g，紫草根 1g，漏芦 1g，防风 1g，莪术 1g，丹参 1g，甘草 1g，每日两次，开水泡服。

复诊：2025 年 3 月 15 日

头皮、四肢及背部皮肤炎症明显减轻，红斑变浅，新皮疹不再出现，皮肤瘙痒灼热减轻。咽痛口苦消失。

治法：清热凉血解毒，活血祛风润燥。

方药：生地 2g，知母 1g，土茯苓 1g，槐花 1g，白鲜皮 1g，赤芍 1g，丹皮 1g，漏芦 1g，防风 1g，莪术 1g，丹参 1g，当归 1g，麦冬 1g，玄参 1g，甘草 1g。

复诊：2025 年 5 月 17 日

治疗 3 月后，皮疹消退 90% 以上，红斑明显减轻变淡，鳞屑减少明显，皮肤干燥及瘙痒显著改善。

治法：继续原方巩固治疗。



银屑病的中医理论基础

1. **病名归属**：中医属“白疔”“松皮癣”“干癣”等范畴
2. **核心病机**：“血分蕴毒”为发病内在基础。
3. **主要病因**：
 - 外邪侵袭：风、寒、湿、热、燥毒邪客于肌肤。
 - 情志内伤：七情郁结，气机壅滞，郁久化火。
 - 饮食不节：过食辛辣腥发，脾胃失和，蕴湿生热。
4. **病机转化**：病初多属血热；病程日久，热毒耗伤阴血，致血虚血燥；或因气血运行不畅，致血瘀肌肤。

一般中医辨证分型（常见证型）

- 血热型 - 进行期，红色斑块伴灼热感
- 血瘀型 - 静止期，慢性肥厚斑块，颜色暗沉
- 血燥型 - 退行期，干燥、较薄的皮损，体质偏虚

治疗方法：

（一）：辨证施治

证型	治则	代表方剂	加减	主要目的
血热证 (进行期)	清热凉血解毒	白疕一号， 凉血五花汤	加青黛，白花蛇舌草， 土茯苓	控制新皮损
血瘀证 (静止期)	活血化瘀通络	桃花四物汤， 血府逐瘀汤	加莪术，鬼箭羽，蜈蚣， 全蝎	软化肥厚皮损
血燥症 (退行期)	养血活血， 滋阴润燥	当归饮子， 养血润肤汤	加何首乌，胡麻仁， 玄参，丹参	改善皮肤干燥

（二）：通用方 - “地土槐鲜方”

方名	地土槐鲜方（汤，丸）
来源	个人经验方（祝柏芳）
处方	生地黄 15g，紫草 6，槐花 10，赤芍 8，土茯苓 15，生甘草 6，漏芦 8，丹参 8，莪术 8，防风 8，白鲜皮 8，苦参 8，当归 8，玄参 8
功能主治	凉血解毒，活血祛风，去湿润燥，主治各期寻常型银屑病
方解	方中生地黄，紫草，槐花，赤芍凉血清热，土茯苓，生甘草，漏芦清热解毒消疮，丹参，莪术活血化瘀，防风，白鲜皮，苦参祛风清热利湿，当归，玄参养血滋阴润燥，共奏凉血解毒，活血祛风，去湿润燥之功



（三）：用药心得

- 基本原则：**辨主证，定大法。或辨证论治，或一方通用，随症加减。
- 针对性选择祛邪解毒药物（一般选择 2-3 味药）**
 - 清热利湿解毒：土茯苓、菝葜
 - 消肿利咽解毒：马齿苋、山豆根、金银花、玄参
 - 活血化瘀解毒：蚤休、土大黄
 - 清热泻火解毒：蒲公英、紫花地丁、黄连
 - 凉血解毒：板蓝根、大青叶、水牛角、青黛、紫草
 - 疏风解毒：忍冬藤、连翘、升麻、僵蚕、全蝎、蜂房
- 根据皮损部位加减**
 - 人体上部皮疹（头面部、颈部和上肢）：多风温风热，宜重祛风、清热、解毒。加牛蒡子、白芷、黄芩、蝉蜕。
 - 人体中部皮疹（胸胁、肩背、腰腹部）：多气郁火郁，肺胃积热，肝郁化火居多。宜疏肝泻火，清泻肺胃。加龙胆草、栀子、生石膏、柴胡。
 - 人体下部皮疹（下肢、臀部、前后二阴）：多湿热下注。宜清热利湿。加黄柏、薏苡仁、萹蓄、赤茯苓、泽泻。

4. 根据皮损特点加减

- 红斑明显：凉血清热解毒。白茅根、大青叶、板蓝根、槐花、玫瑰花、水牛角、羚羊角。
- 糠秕状鳞屑：养血润肤。熟地、沙参、麦冬、何首乌、胡麻仁、白芍。
- 头皮屑多：祛风润燥，除湿止痒。威灵仙、何首乌、桑枝、苍术。
- 皮肤灼热：滋阴清热。胡黄连、青蒿、鳖甲、枣皮、生石膏。
- 皮损肥厚苔癣样变：滋阴养血活血。玉竹、知母、首乌、川芎、鸡血藤。

（四）：外治法

1. 中药药浴疗法（6）

以全身药浴为主。银屑病各期都可以单独或者配合其他疗法使用，具有消炎、止痒、润肤、除屑等作用，减少复发，巩固疗效，提高临床治愈率。

处方：皮癣洗方（祝柏芳）

防风 20g，路路通 20g，楮桃叶 15g，晚蚕砂 15g，秦艽 15g，地肤子 15g，白鲜皮 15g，石菖蒲 10g，艾叶 15g，皮硝 20g。

功能主治：祛风活血，除湿解毒。

加减

- 进行期：辅以清热凉血，加千里光 30g，地榆、黄连各 10g，野菊花 15g，蚤休 15g。
- 静止期、退行期：辅以养血润肤，加当归 15g，杏仁 15g，何首乌 15g。
- 瘙痒剧烈者：加蛇床子 20g，摇竹消 30g，苦参 20g。

使用说明：上药冷水浸泡 20 分钟后煮沸 45 分钟，候温先熏患部，水温下降后，全身药浴，每次 20 分钟，每日或者隔日一次。连续 5 次为一疗程。

适用病症：本方适用于各期寻常性银屑病的治疗。

2. 牛皮癣膏（祝柏芳）（7）

主要成分（按比例）：硫磺 3、山豆根 6、杏仁 8、当归 6、五倍子 8、白藓皮 5、薄荷 4、紫草 6、血竭 6、苦参 6 等，麻油 360，黄蜡 120。

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

功用：解毒润燥，祛风活血。

主治：银屑病（静止期、退行期），手足癣（鳞屑角化型）、慢性湿疹。

（五）：针灸疗法

1. 体针

- 局部取穴：皮损周围围刺，浅刺为主。
- 辨证取穴：
 - 主穴：大椎、陶道、曲池、合谷、血海、委中、三阴交、膈俞。

• 配穴：头部皮损加四神聪、上星、头维；颈项加翳明；背部加天宗、肝俞、脾俞；上肢加肩髃、曲池；腰部加肾俞；下肢加环跳、梁丘、阳陵泉。

2. 放血疗法

刺血（十宣、委中、制污）或耳尖、耳背静脉点刺放血，清热凉血解毒。用于急性进行期皮损。

3. 刺络拔罐

- 穴位：大椎、肺俞、膈俞、至阳、灵台、委中。
- 操作：常规消毒后，三棱针点刺数下，拔罐，要求轻浅快，以拔出1~2毫升血液为宜，留罐约10~15分钟。头顶部穴位可点刺不拔罐。残留少数皮损，可沿皮损四周和中间点刺数下，然后拔罐。每次2~3处交替施术，每周2次，10次一疗程。
- 适用症：各期银屑病，血热、血瘀证。

（六）证型与疗效关系

- 血热证疗效最佳。进行期宜急则治标，及早开始中医介入治疗。
- 血瘀证疗程长，疗效较差。静止期用药需注重活血化瘀，解毒祛风。
- 血燥证取效慢，易复发。退行期宜缓则治本，标本兼顾。

讨论：

中医治疗的特色与优势

1. 中医治疗银屑病，建议在系统辨证的基础上，注重整体和局部皮肤损害的关联，辨证、辨皮损和辨病位相结合，制定完整的诊疗计划。
2. 血热、血瘀、血燥、风毒作为银屑病的主要病理因素，贯穿于其整个病变过程中，随病情的演变而消长变化。
3. “地土槐鲜方”立法凉血解毒、活血祛风、祛湿润燥，作为我们治疗各期寻常性银屑病基本处方，随症加减，效果满意。
4. 配合外用疗法（皮癣洗方、牛皮癣膏）可以起到消炎、止痒、润肤、除屑等作用，有助于减少复发，巩固疗效，提高临床治愈率。
5. 刺络拔罐对于血热血瘀型患者，操作简单，疗效显著，推荐和中药针灸疗法同时使用。⁽⁸⁾
6. 中医治疗优势
 - 疗效确切，作用温和持久，长期使用安全性高。
 - 病证结合，综合治疗，个体化程度高，有效实用，不产生耐药性。
 - 标本兼治，扶正祛邪，可以巩固疗效，减少复发。

存在问题与挑战

1. 辨证分型需要更多标准化和改进。
2. 疗程较长，起效相对较慢，需要医患双方的坚持。
3. 中药质量控制问题：药材产地、加工方法影响疗效。

4. 治疗重症患者的局限性：对于红皮病型、脓疱型等，应提倡中西医结合治疗。
5. 主要为临床经验总结，需要更多循证医学支持。

结论

1. 临床实例证实了中医个体化治疗寻常型银屑病综合方案的有效性和实用性。
2. 凉血活血、解毒祛风、养血滋阴应贯穿在银屑病的全程治疗中。在辨证处方或通用一方的基础上，随病情演变随症加减。结合药浴外治、针灸刺血拔罐，可以提高疗效且安全性高。

展望

1. 致力于银屑病中医辨证的标准化、客观化研究。
2. 开展前瞻性研究，扩大临床样本数，深化学术交流，逐渐研究出系统性治疗银屑病的有效方法和处方，进而探讨其有效成分和作用机制，提高近期和远期疗效。

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“滋阴养血，补肾填精”系列方剂在临床治疗中的意义 ——学习《丹溪学派与滋阴学说》的体会

The Clinical Significance of the "Nourish Yin and Enrich Blood" Formula Series in Treatment —Reflections on Studying "The Danxi School and the Theory of Nourishing Yin"

江丹¹

摘要

朱丹溪所创立的“滋阴养血，补肾填精”的中医用药原则，之所以在中医发展史上广为流传，是因为这的确是在中医临床常用的治则治法，涵盖着临床各科大量常见病症。作者再读丹溪的《格致余论》、《丹溪心法要诀》等原著，结合当今在海外的临床实践，对“滋阴养血，补肾填精”的中医用药原则进行了较为深刻的诠释。

对于临床常见感染性病症的后期，内科病症长时间应用抗生素，激素，慢性皮肤病，与妇科病都常表现为阴精虚损的中医病变证型，尤其是妇科内分泌失调的病症，中医的阴精阴血虚衰与现代医学的雌激素活力不足，功能低下相吻合，因此，滋阴养血的中医治则成为了调治内分泌失调，治疗不孕症中关键而重要的治则治法。此文，分析了丹溪所述病症治法，与当代临床常见病变的相应关系，推荐了中医滋阴养血的治法与典型方药，展示了在海外临床应用滋阴养血，补肾填精治则典型的治愈病案，充分诠释了丹溪提出的“阴常不足”，以及其滋阴养血中医药治则广泛的临床实用意义。

关键词：朱丹溪，“阳常有余，阴常不足”，中医，“滋阴养血，补肾填精”

Abstract

The principle of "nourishing yin and blood, strengthening the kidney and replenishing essence" established by Zhu Danxi has been widely recognized in the history of Traditional Chinese Medicine (TCM) because it represents a fundamental therapeutic approach frequently applied in clinical practice across various medical disciplines. Revisiting Zhu Danxi's original works, such as <Ge Zhi Yu Lun> (Supplementary Notes on the Inquiries into the Properties of Things) and <Danxi Xin Fa Yao Jue> (Essential Essences of Danxi's Therapeutic Methods), and integrating contemporary clinical experience overseas, the author provides a profound interpretation of this TCM therapeutic principle.

In the late stages of common infectious diseases, prolonged use of antibiotics or hormones in internal medicine, chronic dermatological conditions, and gynaecological disorders, the clinical manifestations often align with TCM patterns of yin and essence deficiency. Notably, gynaecological endocrine disorders, where TCM's concept of "yin-blood depletion" corresponds to modern medicines "oestrogen deficiency or hypofunction," highlight the critical role of "nourishing yin and blood" in regulating endocrine imbalances and treating infertility. Furthermore, this article analyses the correlation between Zhu Danxi's therapeutic methods and contemporary clinical conditions, recommends specific TCM formulas for nourishing yin and blood, and presents successful overseas case studies applying this principle. These examples fully demonstrate the clinical significance of Zhu Danxi's theory of "yin is frequently deficient" and the broad applicability of his yin-nourishing therapeutic approach.

Keywords: Zhu Danxi, "yang is often excessive, yin is frequently deficient," Traditional Chinese Medicine (TCM), "nourishing yin and blood,

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strengthening the kidney and replenishing essence" 近期,在学习中国医学史上著名学术流派的脉络,发展,及其诊断特点,并重点学习了金元著名中医名家朱丹溪的滋阴学说。朱丹溪所创立的“滋阴养血,补肾填精”的中医用药原则,之所以在中医发展史上广为流传,是因为这的确是在中医临床常用的治则治法,涵盖着大量临床常见病症。再读丹溪的《格致余论》,^[1]《丹溪心法要诀》^[2]等原著,细读他的临床验案,结合当今在海外的临床实践,对“滋阴养血,补肾填精”的中医用药原则有了更深刻的体会,故在此简述分析如下:

一. 滋阴养血,补肾填精治则的学术渊源及其含义:

朱丹溪,名朱震亨,字彦修,因来源于浙江丹溪,被后人称之为朱丹溪。朱震亨通过多年临床实践,自创新说,自成一家之言,创立了有名的“阳常有余,阴常不足”^[1],以及“相火论”学说,并对临床常见之杂病提出了以气、血、痰、郁为病机的辨证证型,及其治疗方法,对于中医学理论的发挥及各科杂病的治疗作出了贡献,被誉为“金元四大家”之一——“滋阴派”的传承代表医家。

“阳常有余,阴常不足”是朱丹溪学术思想的精华。“阳常有余”是指在人体中,阳气白日运行周身,主持人体正常生理与心理活动,因此,感受外邪,情绪久抑,饮食不洁,过度劳伤都会引起气血运行的郁滞,首先发病为气郁,血瘀,痰浊,火热,湿滞,食积等阳气炽盛郁积的病证,所以舒畅气机,清解郁热,化痰祛湿,消积导滞是常用的驱邪消滞,改善病症的首要的治疗法则;而阴精为阳气活动的基础,由于气滞,痰浊,火热,湿郁,食积过久都会伤及阴精,慢病,劳倦,久思,年长都会损伤阴气,耗损精血,因此丹溪提出“阴常不足”,就是指导我们,在治疗“阳常有

余”病症中,不能忽视对阴精的调治补养。而对于临床一些常见的病症,从调补阴精入手,也是必要的;在清热,解郁,驱邪,化痰等治疗之后,注重养阴护精往往是获得完全治愈功效的重要举措,是得以获得优秀远期疗效的必要治法;而滋阴养血,补肾填精在妇科,不孕症治疗的独特而重要的作用是需要我们予以重视,在临床正确选用的。

二. 滋阴养血治则在临床广泛的应用意义:

在一些临床常见病症,或是一定的病症阶段,滋阴往往中医重要的治疗法则,如果选用得当,常可以为患者带来彻底痊愈的功效。尤其我们在海外的中医临床,患者多已经接受了西医的常规治疗,一些抗生素,激素的应用常常控制病变的急性症状,却加重了,或是造成了患者本虚的表现,因此滋阴养血的中医治疗在以下的病症,或是病症阶段是常见的:

1 各种感染性病症后期:感冒,流感后期,长新冠引起失眠,慢性咽炎,慢性鼻炎等病症,患者会表现口干,鼻干,眼干,便秘,干咳,失眠,这就属于肺阴不足,肺脾阴虚,心肾不交等症,我们应予以养阴清肺,百合固金,清燥救肺,黄连阿胶汤等养阴生津,交通心肾之法以治之。

2 内科的慢病久病:如哮喘,喘息性支气管炎,慢性肺阻病,心肺功能低下,西医常年应用激素药喷,反复应用抗生素,激素之后,患者急性喘憋,咳嗽并不严重,但却表现为慢性久咳,口干,口苦,失眠,便秘,这就属于中医的肺阴不足,精血失濡之证,应该应用大补阴丸,养阴清肺丸,百合固金汤等予以育阴补肺,兼清虚热以治之。

消化道慢性病变,萎缩性胃炎,浅表性胃炎,消化道溃疡,西医长期应用止酸药;习惯性便秘,

患者长年应用西医通泻药；过敏性肠综合征/IBS，以及溃疡性结肠炎，西医已经应用激素治疗；这些患者，由于久病，西医治疗改善一些病症，却未能完全控制病状，又加上西药一定的毒副作用，患者常常会表现为脾胃阴虚，肝肾阴虚，脾肾气阴两虚等病症，所以育阴生津，益气养阴对于这些病症是必要的。益胃汤，沙参麦冬汤，一贯煎，芍药甘草汤等是应选的。

3 慢性皮肤病：如慢性变异性皮炎/慢性湿疹，慢性牛皮癣，西医常年用激素以后，患者呈现周身皮肤干燥，皴裂，皮肤脱屑等，这就属于肺脾阴虚，血不濡肤之证。中医养血润燥，育阴荣肤是我们重要的选用治则，古籍《证治准绳》^[3]有治疗皮肤病的滋阴十法，分别是滋阴宣解法，滋阴清气法，滋阴凉血法，滋阴除湿法，滋阴润肤法，滋阴通络法，滋阴降火法，滋阴平肝法，滋阴熄风法，与滋阴补肾法，可见，对于慢性皮肤病变，养阴当是首要，重要的中医治疗法则。

4 妇科病症：如更年期综合症，由于年龄增长，50岁左右的女士都要面临雌激素逐渐下降所破坏了人体固有的平衡状况，而出现临床症状。现代西医常年应用的激素替代疗法 HRT，虽然因为其能够很好地控制更年症状，由于人工雌激素的作用，使患者看着年轻，曾经是女性患者乐于接受的治疗方法，可其长期应用引起的生殖系统肿瘤高发的结果，又使女士，医生们都望而却步。而中药交通心肾，补肾养阴的知柏地黄丸可以具有对 HRT 完全的取代作用。在我与中国浙江大学妇产医院海内外 228 例临床观察的研究中，对知柏地黄丸与 HRT 的临床疗效分别进行了观察，除了不影响血液中雌激素的更年水平之外，对于临床症状的控制，知柏地黄丸表现有与 HRT 完全相同的治疗结果。^[4]而 HRT 中的人工雌激素正是导致其诱发生殖系统癌症的主要成分。因此我们的

研究证实：知柏地黄丸是控制更年期综合症安全有效的治疗方法。^[5]

我们在海外执业中医，有我们特定的医疗环境，因此，我们要正确认知，辩证，我们所面临的病患与他们所表现的中医证型。在英国，西医是主流医学，是患者的首选而且免费的治疗方法；这是我们所不能把控的医疗现象；患者就诊中医除了表现有原发病变的临床症状，还要考虑现代西医治疗之后的病症的特征，而西医治疗所带来的后遗症，往往也是患者求治于我们的原因。而中医辩证，是要根据患者就诊时的主要表现与体征做出，因此，西医治疗改善了主症，引发了兼症的情况是需要我们在中医辨证中予以考虑的。

对于各科慢性病变，经西医治疗之后出现脏腑阴伤，精血不足证是非常多见的，因此，丹溪提出“阴常不足”的经验，在我们今天的临床实践中仍然有十分重要的意义。

5 典型案例分享：

病例 1，慢性支气管炎，慢性阻塞性肺气肿，肺大部纤维化，经中医治疗 20 年，维持稳定状况。Ms HM，62 岁，英人教师，以常年发作性哮喘，动则气喘，口干，咽干，便秘，失眠就诊。西医诊断慢性支气管炎，慢性阻塞性肺气肿，肺大部纤维化；常年持续应用激素药喷，支气管解痉剂；稍感冒，喘息加剧，就得应用抗生素，激素。时常一个冬天，得应用数个疗程的抗生素与激素。X-光显示，右侧肺全部纤维化，左侧肺一半纤维化，也就是说她只有不到 30%的肺在工作，所以生活质量很差，完全不能工作，日常生活也有困难。就诊时，刚刚结束一个疗程的激素抗生素治疗。舌红无苔，脉弦细。

中医辨证：肺肾阴虚，痰湿未尽

中医治疗：滋阴解表，益肺补肾

针灸：百会，神庭，尺泽，鱼际，膻中，气海，风池，阴陵泉，三阴交，阴古，太溪，照海，合谷，太冲

中药：知柏地黄丸，小青龙汤丸

因为患者刚刚结束西医治疗，咳嗽喘闷症状基本可控，所以我们只用中成药。从此患者每两周一诊。持续针灸，中成药，每次根据她的病状，少许加减改变。开始，还会感冒使诸症加重，每当有新的感染，中药改汤药制剂 1-2 周，重症改善后再换中成药。患者逐渐不用激素，不用抗生素。生命指征大大改善。虽然患者有较广泛的肺纤维化改变，但通过中医治疗依然能维持患者肺通气功能基本正常。西医也很诧异。

这位患者从不间断两周一诊，坚持规律性针灸 20 年，82 岁了始终是初诊时的外观模样，看不出明显的衰老迹象。。由此中医养阴生津的美容抗衰老作用可见一斑。

评述：患者患哮喘，支气管炎几乎一生，更年以后，阻塞性肺气肿，肺大部纤维化已诊断，又常年在西医抗生素，激素的应用中，肺肾阴虚应该是她的本证主证。所以，这就是一个“阴常不足”的典型病案。我给予的滋阴补肾为主，兼解表邪为辅的治疗原则适应于她的病症。规律性针灸诱发了人体的自愈机制，补阴养精补充了人体物质的不足，因而使她达到了只有 30%肺组织，却完成了正常肺通气功能的诊治奇迹。而她本人对中医治疗的正确认知与信心，能够这么长时间从不间断的治疗，也是获得这个神奇疗效的重要因素。这个案例也使我们认识到适当中医治疗，养阴类的治本疗法的远期疗效是值得重视的。

病例 2：牛皮癣，红皮病，经中医治疗，三个月彻底痊愈。

Ms GH 52 岁，英人厨师。 牛皮癣，红皮病发作

三个月，周身满布大片红色斑块于躯干，四肢，灼热，搔痒，口干，口渴，便秘，失眠。患者已诊断牛皮癣 20 余年，时常发作，用西医激素外用，紫外线疗法可以减轻，但是未能够彻底痊愈，时甚时轻。近年，因面临更年期，伴随闭经，皮损发作越来越严重；近期由于家里矛盾焦虑紧张使得皮损大发为牛皮癣红皮病。由于常年用激素，激素已经不太有效；由于皮肤灼热搔痒，使其紧张难以入眠。听说中医有效，速来约诊要求治疗。舌红白腻厚苔，脉弦滑。

中医辨证：血热郁滞，风湿束表

中医治疗：清热解瘀，疏风利湿

土茯苓 30，泽泻 10，薏苡仁 30，茵陈 10，防风 10，荆芥 6 后下，赤芍 10，莱菔子 15，槐花 10，生地黄 30，白鲜皮 10，甘草 5

以上方辨证加减，患者服后皮肤搔痒减轻，睡眠改善；皮肤红斑颜色渐浅，增厚的皮肤减薄；患者渐感皮肤发干，皮肤的红肿减轻，但使干燥使脱屑可见。舌红少苔，脉弦细。中医修改证型：

中医辨证：阴虚血燥，虚热未尽

中医治疗：滋阴养血，熄风清热

生地黄 30，北沙参 15，玄参 15，麻子仁 10，山茱萸 10，牡丹皮 10，泽泻 10，土茯苓 30，赤芍 10，白蒺藜 10，五味子，甘草 5。

经三个月治疗，患者的皮肤红斑全部消除，皮肤完全恢复正常。患者高兴地送给我她治疗前后的皮肤状况的照片。

评述：对于这个患者的诊断治疗就可以诠释朱丹溪所提出的“阳常有余，阴常不足”。在发病阶段，焦虑压抑，更年使阳气郁而化热，肺主皮毛，肺经郁热泛发于表；肝经郁热克脾生湿，湿助热炽，使顽痒难耐；热瘀胃肠，便滞腹胀，使邪热越发炽盛，这就是“阳常有余”之病症，故我采用清热疏风利湿之法，解除在表的实热为首；

用药之后，便通眠好，皮损逐渐减轻，搔痒逐渐消退。可是如果一直守用此法，皮损会停止改善，因为清热过久，有可能遏制阳气；阴血不足，皮损也难于全退。

介于此患者恰遇更年期，肝肾之阴正是虚衰之际；又感患此皮疾日久，势必真阴已衰，经血不足，所以待湿热有除，我改方为滋阴养血，息风清热之法。阴精阴血得补，该皮肤病证方治得了根本。这就是“阴常不足”教导给予我的启迪。

三. 滋阴养血，补肾填精治法在不孕症中的特殊意义：

《丹溪心法》^[5]对于妇科病的诊治特色，针对当前常见的妇科月经不调诸症都有很好的指导意义。比如，丹溪明确提出：“妇人经水过期，血少也，四物加参、术”，“经水不及期而来者，血热也，四物加黄连”“血枯经闭者如用，以姜汁炒”是指的卵巢存储功能不全，卵巢早衰；

“（月经）过期……肥人不及日数而多者，痰多血虚有热，药中更加黄连、白术丸服带痰，加南星、半夏、陈皮之类”“肥胖饮食过度之人，而经水不调者，乃是湿痰，宜苍术、半夏、滑石、茯苓、白术、香附、川芎、当归”，是指多囊卵巢综合征；

“临经来时肚痛者，四物汤加陈皮、玄胡索、牡丹、甘草。痛甚者，豆淋酒；痛缓者，童便煮莎，入炒条芩末为丸”，是指子宫内膜异位症。

“经水去多不能住者，以三补丸加莎根龟板、金毛狗脊”，是指子宫肌瘤导致经血淋漓不止；

“阴虚，经脉久不通，小便涩，身体疼痛，以四物加苍术、牛膝、陈皮、生甘草”，是指更年期综合症。

丹溪在其临症医案中不仅指明了临床主症，同时点明了该病症的病机要点，与主要选药。比如对

于以月经推迟，肥胖为主症的多囊卵巢综合症，现代医学报道其发病占妊娠女青年的1 / 5-7，丹溪明确提出对其病症要考虑痰湿，要予以清热，这也是其“阳常有余”原则的临床体现；而对于以月经时长，但是量少，或是月经先期而至，甚至闭经，要考虑精血不足，虚热内生，因而要以养血滋阴的四物汤，加黄连以清虚热为治法，这就是其强调“阴常不足”在临床妇科病症中的具体应用。

1 女性以阴血，阴精为本的生理学基础：女子以阴血，阴精为其本。传统中医认为：月经的周期就是一个阴阳的消长转化的过程，从月经的第一天，阴气始生，阴血逐渐增长，相当于现代生理学的卵泡期，在阴血阴精/雌激素的滋养下，卵泡得以生长，这就是阴长阳消的过程；而卵泡长到足够大，实现了由阴转阳，在阳气的始盛/孕激素开始增长活跃的黄体期，在阳气的参与支持下，实现排卵，如果有精子介入，“阳化气，阴成型”，就可以进入妊娠的过程；如果没有遇到精子，月经来临，进入阳消阴长的下一个月经的周期表现。所以说，月经的周期变化就是一个以阴精为基础的阴阳不断消长转化的过程。^[6]

2 阴精虚损是许多妇科不孕病症的重要病机：由于阴血阴精和雌激素的运作规律并行是妇女重要的生理学基础，因此一些常见的卵巢病变，尤其是以雌激素活力不足，功能下降为病机的病症多属于中医的阴精，精血不足的病变；比如卵巢存储功能低下(DOR)，早发性卵巢功能不全(POI)，大多是以肾阴不足，阴精虚衰为主证；^[7]多囊卵巢(PCO)和多囊卵巢综合征(PCOS)也常以痰湿阻滞，因而遏制肾阴，损耗精血为主证。^[8]所以，滋阴养血，补肾填精是这些病症重要的临床治则。

3 滋阴养血治则的适应症：

临床常见：月经量少，月经周期过短，月经先期，

不规则闭经，月经延长/ 月经后期，月经不调伴有失眠，压抑，思虑过度等情绪症状等舌红，绛，瘦薄，少苔，无苔，沉，细，弱脉。

4 滋阴养血，补肾填精的常用方剂与特色：

* 四物汤：熟地黄/生地黄，当归，赤芍/白芍，川芎

特色：是滋阴养血基础方，在月经不调，不孕症治疗中是最为常用的底方。

* 人参归脾汤：人参，白术，党参，黄芪，当归，茯神，远志，木香，龙眼肉，干姜，大枣，甘草；
特色：是滋阴养血，益气健脾的主方，相比补中益气组方养血滋阴功效更好一些；

* 补肾促排卵汤：四物汤，六味地黄（去泽泻）+菟丝子，续断，鹿角胶/霜；五灵脂，红花

特色：四物养血，六味滋阴相合，故为滋阴养血，补肾填精基础方，加了菟，续，鹿也重在滋阴填精，是中药雌激素样作用的代表方，五灵脂，红花加用在月经周期的特定时段可以有效达到促排卵的功效。

* 归芍地黄汤：六位地黄，+当归，白芍

特色：是滋阴养血，补肾填精，仿雌激素样作用的基础方

* 知柏地黄汤：六味地黄+知母，黄柏

特色：据现代医学研究知柏地黄丸中，真正具有类雌激素样的作用的成分就是黄柏与知母，因此在六味地黄补肾滋阴的基础上，加强清虚热养阴精的功效，对雌激素活力不足，功能低下，具有良好的功效。

* 黄连阿胶汤：黄连，黄芩，白芍，阿胶，鸡子黄
特色：养阴生精，清解虚热，交通心肾，对于肾阴不足，虚火盛所导致的闭经，失眠，月经量少，月经先期都有积极的治疗作用。

5 典型案例分享：

病例 1， 无因性不孕，经中医针灸养阴生精治

疗而自然受孕

Ms C A 27 岁， 理疗师，婚后五年未孕。经妇科专家进行各项检查未见异常，月经量少，基本规律 3-4/23-28，故诊断为无因性不孕。妇科专家建议中医治疗。就诊时明显焦虑，经前紧张症，轻度痛经，便秘。舌淡红薄白苔，脉弦细。

中医辨证：肝肾阴虚，气滞胞宫。

中医治法：舒肝理气，补益肝肾之阴。

针灸：百会，灸神阙，关元，气海，子宫，阴陵泉，三阴交，足三里，太溪，照海，外关，足临泣。每 2 周针灸 1 次。

中药：知柏地黄丸和逍遥丸-月经至排卵期；

人参归脾丸和柴胡疏肝丸-排卵期至月经期。

每诊视病人状况，穴位与中成药稍有加减。

结果：针灸一次/每 2 周，经过五个月中成药调促月经周期，自然受孕，足月顺产一子。

评述：这是一位久试不孕，各项内分泌检查正常的亚健康状态的不孕症患者，由于久孕不随，工作也有压力，且肝郁内热；但是肾阴不足，精血亏虚当是本证。患者年轻，基本体健，因此，在滋养肝肾之阴基础上，疏肝养血。规律性针灸，用以激发生殖系统的功能活力，仅应用中成药养阴生精，疏肝益肾，调周促孕，即获成功，妊娠足月，诞下一健康男孩。

病例 2，卵巢储备功能下降，西医要求供卵 IVF，滋阴养血，补肾填精治疗，使内分泌指标恢复正常，自卵 IVF 成功。

Ms H C，36 岁的技术员，尝试怀孕 4 年没有结果。她曾经注射避孕药 10 年，4 年前停止。最初，月经周期非常不规则，后来逐渐变得规则，但周期变短：（6-7/21-23，2 天的经痛）。在生殖诊所检查后，她的卵泡刺激素 FSH 数值为 33 和血清抗苗勒激素 AMH 为 1.7，她被告知，在这样的生殖激素状况下，正常的试管受精是不可能的，但

通过捐献者卵子经体外受精对她来说才有希望。这个消息使她非常失望，她期盼获得完全自己的亲生孩子。所以他们来到我的诊所寻求中医帮助。临床表现：月经周期短，出血时间长：6-7/21-23天，痛经2天；紧张、焦虑、头痛、睡眠不好、腹痛、心绪烦乱。舌淡红裂纹，舌尖边红少苔，脉沉弦。

西医诊断：不孕症，卵巢存储功能不足中医辨证：肾阴不足，血虚内热

针灸：艾灸：神阙

针刺：中极，气海，子宫

百会，太阳，阴陵泉，三阴交；太溪，照海，然古，外关，足临泣。

中药处方：归芍地黄汤加味

熟地黄30，当归10，何首乌10，枸杞子10，女贞子10，旱莲草10，

柴胡10，郁金10，枳壳10，红花10，白芍10，茯苓10，赤芍10。

排卵前：将紫石英10、黄柏10、知母10加入上述处方中。

月经前：将艾叶10、菟丝子10-30、续断10等加入上述处方中。

以上药为中药浓缩粉，6-8g/次温开水送服，两次/一日。根据她的状态，每次处方会有些许调整。

结果：经过八个月的规律的针灸中医治疗后，患者的总体状况逐渐好转，月经周期恢复正常，4-5/26-30，FSH和AMH恢复正常。不孕不育诊所接受她用她自己的卵子做正常的体外受精。在接受体外受精的准备用药之后，她被取出2个卵母细胞体外受精，胚胎在4-5天后顺利植入到子宫中。她很快就怀孕了，足月后诞下一名健康的女婴。

评述：体外受精是一种典型的适合于大多数有生殖障碍女性的辅助生殖技术类型。这位妇女的不

孕可能与避孕药注射时间较长有关，因此她的卵巢功能过早退化。生殖细胞内抗苗勒氏激素——AMH较低，卵泡刺激素FSH较高，这就解释了为什么她月经周期更短，出血时间也较短。她属于肝肾阴虚，血热精伤的中医证型。因此，对她进行针刺和艾灸刺激卵巢功能，以及开具中药补益肾阴，兼清虚热，从而显著促进卵巢功能，提高了卵子的质量，生育功能有所改善。因为她还年轻，她的卵巢功能并没有完全崩溃，只是显出较弱的趋势。在中医药治疗后，她的病情明显改善，为试管婴儿做好准备。所以，她接受试管婴儿，一次成功。

病例3，由于已经闭经更年，被辅助生育拒绝的女性，经由中医备孕治疗，月经恢复，经由试管婴儿自卵受孕妊子。

Ms A A，公司经理52岁，妊有一女6岁。近一年IVF失败2次，业已闭经两个月，故不孕症诊所拒绝为其再次治疗。其生育一女之后，月经尚规律，尽管年过50，仍甚期有子，因而遍查遍治。经检查发现双侧输卵管堵塞，已经接受两次IVF，均未能成功，因而卵巢退化加剧，业已闭经两月余。但其仍希望能够受孕，故希中医以助。届时已52岁。疲惫、焦虑、耳鸣，并开始有潮热，闭经等症，舌质红少苔，脉弦细。

西医诊断：不孕症，更年期前

中医辨证：肾阴不足，肝郁脾虚。

中医治则：健脾补肾，疏肝养阴。

针灸：艾灸：神阙，针刺：百会，神庭，关元，气海，归来，合谷，太冲，阴谷，太溪，然谷，三阴交，足三里。

中药：补肾促排卵汤

熟地黄30，当归10，赤芍10，白芍10，牡丹皮10，山药10，菟丝子15，鹿角霜10，山茱萸10，茯苓10，续断10，柴胡10

第一周，加黄柏 10，知母 10，益智仁 10

第二周，加桃仁 10，红花 10

第三，四周，菟丝子 30，山茱萸 30

结果：患者一诊/周，以上药为汤药水煎服，每日一剂，6剂/周，按月经周期稍作调整。两个月月经复至，且规律而至。不孕症诊所接受，且进行正常 IVF，成功在彻底闭经之前妊得一子。

当然，在成功受孕之后，中医立即介入；通过益气养血，扶正固胎，帮助她完成了妊娠的全过程。产子之后，同样益气养阴，调畅气机，予以催乳下奶，仍然在中医的帮助之下完成。

评述：患者年过 50，又经由两次 IVF 治疗，使其雌激素水平骤降，而至闭经。但是，其仍然甚希有子，故请求中医以治之。此证乃肾阴精血不足，肝郁血瘀之证，故在针灸的同时，应用中药汤剂大补阴精，养血柔肝。将欲竭之肾精补回，月经恢复，说明已衰竭的雌激素回升。在生殖医学及时介入下，试管辅助成功，故在彻底闭经之前，喜得妊子。她在妊前已经闭经，所以受孕成功也出现了比较严重的先兆流产迹象，经过中医继续扶正固胎，妊娠得以最终完成。胎儿娩出之后，仍然在中医的帮助之下催乳下奶。所以，这个患者是中西医结合，各取所长，完成了她的妊子全过程。

总结：

朱丹溪提出阴常不足，在当今的临床实践中仍然具有重大的指导意义，因而，滋阴养血，补肾填精的中医治则治法，在对于各科杂病的治疗，尤其对导致不孕症的各种内分泌失调病症的治疗都是非常有效的治疗方法。

1 阴精，阴血是人体的物质基础，所以丹溪在强调“阳常有余”的同时，提出“阴常不足”，不仅强调阴常不足证型之临床常见，也提示后世医家在治疗过程中，千万不要忽视对阴精，阴血的

调护与滋养；

2 在现代医疗的环境中，阴常不足，常常表现为各科杂病的慢性病症阶段；经西医治疗之后，急症，诸症得以减轻，但是病症仍然未能全消，因而表现为阴精虚损的病变证型；中医注重养阴生津是扶正治本的有效治则，是使许多病症获得彻底治愈的重要法则。

3 阴精，阴血在女性的内分泌周期中，就相当于激素的生理功能；而肾阴不足，精血有伤，恰恰符合现代西医雌激素功能衰减，活力低下的生理学表现，所以养阴生津，补肾填精的治法是中医调周促孕治则中的基础治法，在中医治疗不孕症中具有重要意义。

4 中医注重养阴生津，滋阴养血，针灸可以调畅气机，刺激人体生理功能与内分泌的代谢活力；中药有效地滋养阴精，补肾养血，对缺损物质实现有效的补益，对于低下缺乏活力的激素有振奋激活的作用，因此针灸中药联合作用，既提升了患者的自愈功能，也加强了激素等生理物质的生理活性，因此，是使中医的综合疗效达到预定治疗标准的重要治则治法。

在进一步深入学习朱丹溪“阳常有余，阴常不足”的传统论述，对于阴常不足的临床应用特色，与在当前海外执业中医的特定环境中，对“滋阴养血，补肾填精”治则精准应用的点滴体会，这种治法的临床学意义，还需要较大样本的临床学研究以进一步的证实。

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血府逐瘀汤合六味地黄汤加减治疗乳腺癌术后顽固性失眠一例

陈伟雄¹

摘要

目的：探讨活血化瘀、养阴补肾法在乳腺癌术后顽固性失眠中的应用价值。

方法：对一例乳腺癌术后患者，因长期化疗及靶向治疗后出现顽固性失眠、胸部灼热等症状，辨证属气阴两虚、瘀血内阻，采用血府逐瘀汤合六味地黄汤加减治疗。

结果：患者服药当晚即能平卧入眠，胸部灼热感消失，睡眠时间明显延长，精神状态改善。

结论：顽固性失眠常与瘀血阻滞相关。活血化瘀、养血安神法可快速改善患者睡眠质量，为乳腺癌术后伴失眠患者提供了新的治疗思路。

关键词：乳腺癌术后、失眠、血府逐瘀汤、六味地黄汤、活血化瘀

病例资料

患者基本情况：梁某，女，57岁。

初诊时间：2025年7月18日。

主诉：乳腺癌术后失眠，胸部灼热4月余。

现病史：患者于2024年5月确诊乳腺癌晚期，先后行化疗、靶向治疗及手术切除，术后继续放疗共13次，病情趋于稳定。自服抗癌药物后，出现倦怠乏力，心烦易怒，潮热，夜间多汗，胸闷心悸，两眼干涩，右眼结膜下出血，入睡困难，尤以夜间平卧即觉胸部灼热，难以平躺入眠，每晚仅睡大约3小时。西医予安眠药疗效不佳，经朋友介绍来求治。

既往史：乳腺癌术后，已婚已孕2女，停经8年。

药物过敏史：暂未发现

体格查体与四诊情况：面色少华，脱发明显，情

绪不安。舌质黯，边有瘀斑，舌下脉络瘀胀，苔少，脉弦。

中医诊断：不寐病

证型：瘀血内阻，气阴两虚。

治法：活血化瘀，滋阴补肾，养血安神。

诊疗经过

处方（血府逐瘀汤合六味地黄汤加减）：

当归片 6g，生地 9g，赤芍 9g，川牛膝 9g，枳壳 6g，桔梗 3g，柴胡 3g，桃仁 5g，红花 3g，丹皮 6g，茯神 12g，泽泻 6g，山萸肉 6g，山药 9g，夜交藤 12g，甘草 3g。

血府逐瘀汤的巧妙之处在于，它不仅仅是活血化瘀，更兼顾了行气与养血。患者临床表现为：心烦易怒、入睡困难，尤以夜间平卧即觉胸部灼热，难以平躺入眠，每晚仅睡大约3小时。舌质黯，边有瘀斑，舌下脉络瘀胀，这些症状均是瘀血阻滞胸膈导致的。桃仁、红花、川芎、赤芍：为核心队伍，强力活血化瘀，破除胸中的瘀血。当归、生地：为佐助队伍，养血滋阴。使化瘀而不伤耗阴血，祛邪而不伤正。柴胡、枳壳、桔梗、牛膝：为关键引导队伍，调畅气机，升降通达。

柴胡：疏肝解郁，升达清阳。

枳壳：宽胸理气，降气下行。

桔梗：载药上行，入于胸中（血府）。

牛膝：活血通经，引瘀血下行。

这四味药共同构成了“升降气机”的结构，一升一降，打通气机，气行则血行，瘀血更易化解；甘草调和诸药。

¹ Hui Chun Clinic, Glasgow

患者临床表现有：倦怠乏力、心烦易怒、潮热、夜间多汗，苔少，脉弦。这些是肾阴不足，虚火上炎引起的，六味地黄丸中的“三补”（生地、山茱萸、山药）能够滋补肾阴、肝阴、脾阴，补充了不足的“肾水”；“三泻”（泽泻、丹皮、茯苓）能清泄虚火和湿浊。肾水充足，便能上济心火，使亢奋的心火降下来，心神得以安宁，失眠问题自然得到解决。其中茯神本身也有一定的宁心安神作用。

水煎分两次服，头煎药液：晚饭后半个小时左右温服；二煎药液：第二天早饭后 20 分钟左右温服。5 剂。

二诊（2025 年 7 月 25 日）：患者诉服首剂药后当晚即能平卧入眠，胸部灼热感消失，夜间熟睡 6 - 7 小时，精神好转，情绪安定，眼干涩明显好转，巩膜红色斑块消失，脉仍弦，舌质仍暗。效不更方，继服 5 剂以巩固疗效。

讨论：

血瘀致病，最早见于《黄帝内经》，“久病入络，久病必瘀”。乳腺癌术后患者长期化疗、放疗，气血皆伤，阴阳失调，常致气阴两虚而瘀血内阻。临床表现为失眠、胸部灼热等症，西药安眠药往往疗效有限。

王清任《医林改错》提出“夜不安者，血府血瘀也”。血府逐瘀汤治疗失眠的中医原理，核心在于“调气血，化瘀血”。是专门用于瘀血内阻、气血失和这一特定病机。

此患者的核心病机是：“瘀血阻于血府，阴阳交通之路闭塞”。

1. “血府”的概念：王清任在《医林改错》中提出“血府即人胸下膈膜一片，其薄如纸，最为坚实，前长与心口凹处齐，从两肋至腰上，顺长如坡……”现代中医多将其理解为胸中，是气血运行的关键通道，也是心（主神明）、肝（主疏泄、藏魂）所在之地。

2. 瘀血如何导致失眠？

心脉瘀阻，神不归舍：心主血脉，藏神。血是神志活动的物质基础。若胸中血瘀，阻塞心脉，则心神失养；同时，瘀血本身作为“污浊之邪”，也会扰乱心神，导致心神不宁、失眠不安。这就是“瘀血攻心”。

肝气不舒，魂不守舍：肝主疏泄，调畅气机，藏魂。气为血之帅，气行则血行。若情志不畅，肝气郁结，日久必然导致血行不畅，形成气滞血瘀。瘀血阻于肝经，会使肝失条达，魂不能安藏，从而出现失眠、多梦、甚至梦呓。

气血失和，阳不入阴：中医认为，人之所以能安睡，是阳气能顺利入于阴分（“阳入于阴则寐”）。瘀血作为病理产物，阻塞于气血运行的通道，使得阳气无法顺利潜藏入阴分，浮越于外，从而导致失眠。这种失眠往往表现为入睡困难、彻夜不寐，或胸部有憋闷、刺痛感。

本案患者证属瘀血内阻，肾阴虚，予血府逐瘀汤合六味地黄汤加减，活血化瘀兼补肾养阴，佐以夜交藤、茯神安神，药后当晚即效，显示其对顽固性失眠的独特优势。

结论

王清任的血府逐瘀汤治疗失眠的原理是：通过“活血化瘀、行气止痛”的方法，清除阻滞于“血府”（胸中）的瘀血，疏解郁滞的气机，使得气血调和，道路通畅。从而让心神得以安宁，肝魂得以潜藏，阳气得以入阴，最终恢复正常的睡眠。这是一种“通法治失眠”的典范，体现了中医“不通则病，通则病已”的深刻智慧。

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Modified Xuefu Zhuyu Decoction Combined with Liuwei Dihuang Decoction for Refractory Insomnia after Breast Cancer Surgery: A Case Report

Wei Xiong Chen

Abstract

Objective

To investigate the clinical efficacy of promoting blood circulation, removing blood stasis, nourishing yin, and tonifying the kidney in the treatment of refractory insomnia following breast cancer surgery.

Methods

A 57-year-old female patient developed persistent insomnia and chest burning sensation after chemotherapy, targeted therapy, surgery, and radiotherapy for advanced breast cancer. Based on Traditional Chinese Medicine (TCM) syndrome differentiation, the condition was diagnosed as qi and yin deficiency with internal blood stasis. A modified Xuefu Zhuyu Decoction combined with Liuwei Dihuang Decoction was administered.

Results

The patient was able to fall asleep in the supine position on the first night after taking the medication. The chest burning sensation resolved, sleep duration increased significantly, and mental status improved. Continued treatment consolidated the therapeutic effect.

Conclusion

Refractory insomnia in postoperative breast cancer patients is closely associated with blood stasis obstructing the chest. The combined approach of activating blood circulation, resolving stasis, nourishing yin, and calming the mind demonstrates rapid and significant efficacy, providing a valuable therapeutic strategy.

Keywords: Breast cancer (postoperative); insomnia; Xuefu Zhuyu Decoction; Liuwei Dihuang Decoction; blood stasis.

1. Introduction

Insomnia is a common complication in patients undergoing treatment for breast cancer, particularly after chemotherapy and radiotherapy. Conventional sedative medications often show limited efficacy in refractory cases. In TCM theory, prolonged illness leads to blood stasis and deficiency of qi and yin, which may disturb the heart and spirit, resulting in insomnia. This case report presents a successful treatment using a modified classical formula.

2. Case Presentation

2.1 Patient Information

Female, 57 years old.

2.2 Chief Complaint

Insomnia and chest burning sensation for over 4 months after breast cancer surgery.

2.3 Medical History

The patient was diagnosed with advanced breast cancer in May 2024 and underwent chemotherapy, targeted therapy, surgical resection, and 13 sessions of radiotherapy. Then the condition stabilized.

Subsequently, she developed fatigue, irritability, hot flashes, night sweats, chest oppression, palpitations, dry eyes, and subconjunctival hemorrhage in the right eye. She reported severe difficulty falling asleep, particularly when lying supine due to a burning sensation in the chest. Sleep duration was approximately 3 hours per night.

Sedative medications were ineffective.

2.4 Past History

Postoperative breast cancer; menopause for 8 years; two children.

No known drug allergies.

2.5 TCM Examination

- Complexion: dull
- Hair: significant hair loss
- Emotion: restless
- Tongue: dark with petechiae, engorged sublingual veins, scant coating
- Pulse: wiry

2.6 Diagnosis

TCM Diagnosis: Insomnia

Syndrome Pattern: Blood stasis with qi and yin deficiency

3. Treatment

3.1 Therapeutic Principle

Activate blood circulation, remove stasis, nourish yin, tonify kidney, and calm the mind.

3.2 Prescription

Modified Xuefu Zhuyu Decoction combined with Liuwei Dihuang Decoction:

- Dang Gui (*Angelica sinensis*) 6 g
- Sheng Di Huang (*Rehmannia glutinosa*) 9 g
- Chi Shao (Red peony root) 9 g
- Niu Xi (*Achyranthes bidentata*) 9 g
- Zhi Ke (*Citrus aurantium*) 6 g
- Jie Geng (*Platycodon grandiflorum*) 3 g
- Chai Hu (*Bupleurum chinense*) 3 g
- Tao Ren (*Prunus persica* seed) 5 g
- Hong Hua (*Carthamus tinctorius*) 3 g
- Mu Dan Pi (*Paeonia suffruticosa*) 6 g
- Fu Shen (*Poria with hostwood*) 12 g
- Ze Xie (*Alisma orientale*) 6 g

- Shan Zhu Yu (*Cornus officinalis*) 6 g
- Shan Yao (*Dioscorea opposita*) 9 g
- Ye Jiao Teng (*Polygonum multiflorum* vine) 12 g
- Gan Cao (*Glycyrrhiza uralensis*) 3 g

3.3 Administration

Decoction, taken twice daily.

- First dose: 30 minutes after dinner
- Second dose (herbal liquid from the second boiling): 20 minutes after breakfast

Five packets per week.

4. Results

At the second consultation (July 25, 2025), the patient reported:

- Able to fall asleep on the first night of treatment
- Resolution of chest burning sensation
- Sleep duration increased to 6–7 hours
- Improved mood and energy
- Resolution of dry eyes and subconjunctival hemorrhage

The pulse remained wiry and the tongue remained dark; the same prescription was continued for consolidation.

5. Discussion

The theory of blood stasis originates from the *Huangdi Neijing*, which states that chronic disease inevitably leads to blood stasis. In breast cancer patients, prolonged treatment damages qi and yin, leading to internal stasis and disturbance of the spirit.

Wang Qingren emphasized that insomnia is often related to blood stasis in the chest (“blood mansion”).

5.1 Pathogenesis

- Obstruction of heart vessels → disturbance of the mind
- Liver qi stagnation → instability of the hun (ethereal soul)
- Failure of yang to enter yin → inability to initiate sleep

5.2 Therapeutic Mechanism

Xuefu Zhuyu Decoction

- Invigorates blood circulation
- Regulates qi movement
- Removes stasis in the chest

Liuwei Dihuang Decoction

- Nourishes kidney yin
- Clears deficient heat
- Restores water-fire balance

Adjunct herbs such as Ye Jiao Teng and Fu Shen calm the spirit.

This combined approach addresses both root (deficiency) and branch (stasis), achieving rapid symptom relief.

6. Conclusion

This case demonstrates that modified Xuefu Zhuyu Decoction combined with Liuwei Dihuang Decoction can effectively treat refractory insomnia in postoperative breast cancer patients.

By removing blood stasis, regulating qi, and nourishing yin, the treatment restores the normal interaction between yin and yang, thereby improving sleep.

This reflects the fundamental TCM principle:

"Where there is free energy flow, there is no pain or disharmony."

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芍药地榆汤治疗溃疡性结肠炎 30 例临床观察

张超

摘要

目的：观察芍药地榆汤治疗溃疡性结肠炎的临床疗效。

方法：选取 2015 年 7 月至 2025 年 7 月在我诊所诊治的溃疡性结肠炎患者 30 例，采用芍药地榆汤加减治疗 8 周。比较治疗前后临床症状积分、Mayo 评分，并按疗效分级进行统计分析。

结果：治疗后患者腹痛、腹泻、黏液脓血便等临床症状明显减轻 ($P < 0.01$)，Mayo 评分降低 ($P < 0.01$)。临床治愈 6 例，显效 14 例，有效 6 例，无效 4 例，总有效率为 86.67%。

结论：芍药地榆汤治疗溃疡性结肠炎能有效改善临床症状，降低炎症反应，促进肠黏膜修复，疗效明显。

关键词：芍药地榆汤；溃疡性结肠炎；临床观察；中医药疗法

前言

溃疡性结肠炎 (ulcerative colitis, UC) 是一种病因未明的慢性非特异性炎症性肠病，其病变主要累及结肠粘膜和粘膜下层，范围多自远端结肠开始，逆向向近端发展，可累及全结肠及末端回肠，成连续性分布。以腹痛、腹泻、黏液脓血便为主要表现，病程迁延、易复发。现代医学认为其发生与环境，微生物感染，遗传，免疫等多种因素有密切关系(1)，治疗以氨基水杨酸类及糖皮质激素为主，但疗效有限、复发率高。中医认为本病多属“肠癖”“痢疾”“泄泻”等范畴。笔者根据溃疡性结肠炎的病机特点，用自拟方芍药地榆汤加减治疗本病，取得了较好的临床疗效，现报道如下。

1. 资料与方法

1.1 一般资料

30 例患者均为 2015.7–2025.7 年来我诊所求治的 UC 患者，均经正规医疗机构明确诊断并符合西医诊断标准，年龄 22–61 岁，病程 6 个月–12 年；女 17 例，男 13 例；

1.2 病例选择标准

30 例患者均为 2015.7–2025.7 年来我诊所求治的 UC 患者，均经正规医疗机构明确诊断；中医辨证参照《中医病证诊断疗效标准》(2017 版)(2)与《溃疡性结肠炎中西医结合诊疗共识意见(2017 年)(3)》，自愿参加研究并签署知情同意书。

1.3 排除标准

有手术指征者；合并克罗恩或肠结核；重度肝肾功能不全；妊娠或哺乳期。

1.4 治疗方法

以自拟处方芍药地榆汤加减治疗：

处方组成：川芎 10g，白芍 15g，地榆 15g，当归 10，大黄 9g，白头翁 12g，秦皮 9，黄芩 10g，黄连 6g，白花蛇舌草 10，薏米 12，木香 6，槐角 9，槐米 10，甘草 6g。

加减：腹痛加延胡索 10g；便血明显加槐花 10g、侧柏叶 10g；腹胀加厚朴 10g；缓解期无明显脓血便，以腹泻乏力等脾胃虚弱为主者祛黄芩，黄连，大黄，白头翁，秦皮，合参苓白术散加减。每日 1 剂，水煎 400mL，早晚分服，疗程 8 周。治疗期间保持清淡饮食，避免辛辣刺激。

2. 观察指标及方法

2.1 临床症状评分：包括腹痛、腹泻、便血、里急后重 4 项，每项 0~3 分，总分越高症状越重。

2.2 Mayo 评分：评估黏膜炎症程度(0~12 分)。

2.4 疗效判定标准：

参考《中医病证诊断疗效标准(国家中医药管理局, 1997)》制定：

- 临床治愈：腹痛、腹泻、便血等症状消失，肠镜黏膜正常，Mayo 评分下降 $\geq 90\%$ ；
- 显效：症状显著改善，肠镜炎症明显好转，Mayo 评分下降 60%~89%；
- 有效：症状改善，Mayo 评分下降 30%~59%；

- 无效：症状无明显改善或加重。

总有效率 = (临床治愈 + 显效 + 有效) / 总例数 $\times 100\%$ 。

2.5. 统计学方法

采用 SPSS 26.0 软件进行分析。

计量资料以 ($\bar{x} \pm s$) 表示，治疗前后比较用配对 t 检验；

计数资料用 χ^2 检验。

以 $P < 0.05$ 为差异有统计学意义。

3, 结果

3.1 临床症状改善情况，见表 1

表 1·治疗前后症状改善情况

项目	治疗前	治疗后	p
腹痛评分	2.4 \pm 0.5	0.9 \pm 0.5	<0.01
腹泻评分	2.2 \pm 0.6	0.8 \pm 0.4	<0.01
便血评分	2.3 \pm 0.4	0.8 \pm 0.5	<0.01

从表 1 可以看出，治疗后症状积分明显降低，和治疗前相比 $p < 0.01$ ，有统计学意义，提示治疗后症状明显改善。

3.2 Mayo 积分变化，见表 2

表 2, Mayo 积分变化

项目	治疗前	治疗后	p
大便次数	2.45 \pm 0.62	1.09 \pm 0.43	<0.01
直肠出血	2.23 \pm 0.59	0.99 \pm 0.38	<0.01
内镜表现	2.29 \pm 0.62	1.12 \pm 0.49	<0.01
医生评估	2.52 \pm 0.58	1.11 \pm 0.40	<0.01
Mayo 总积分	9.49 \pm 0.60	3.41 \pm 0.42	<0.01

从表 2 可以看出治疗后 Mayo 总积分及各项积分明显降低, 和治疗前相比 $p < 0.01$, 有统计学意义, 提示治疗后患者的炎症有明显改善。

3.3 临床疗效评定结果, 见表 3

表 3 临床疗效评定结果

疗效	例数(n)	百分比 (%)
临床治愈	6	20
显效	14	46.67
有效	6	20
无效	4	13.33
总有效率	30	86.67

从表 3 可以看到 30 例患者中临床治愈率为 20%, 显效率 46.67%, 有效率 20%, 总有效率为 86.67%

讨论

溃疡性结肠炎(UC)是一种常见的肠道炎症性疾病, 近年全球发病率明显升高, 被 WHO 列为现代难治病之一。其临床主要症状是腹痛, 下利, 脓血便反复发作, 伴里急后重。西医保守治疗或手术治疗效果均不理想, 且副作用大, 容易复发。该病当属于中医的“痢疾”, “泄泻”, “肠澼”的范畴; 《金匱要略》里的“下利”包括了“痢疾”和“泄泻”, 因此称为“下利”比较好。病机主要为湿热内蕴、气滞血瘀、肠络受损。芍药地榆汤由香参丸, 香连丸, 芍药汤和白头翁汤加减而成, 其中用大黄通因通用, 荡涤肠腑, 清热解毒, 祛瘀生新, 正如张子正云: “陈莖去而肠胃洁, 症痕尽而营卫昌; 不补之中有真补存焉”。香参丸系叶桂《临证指南医案·卷八种福堂公选良方》(4)所载, 原为治痢之方, 由木香和苦参两味药组成, 苦参入大肠, 小肠, 胃, 肝, 心经, 功擅清热燥湿, 祛风杀虫, 可用治湿热痢疾, 肠风痔血等。据亲身体会, 对于腹痛, 赤白下利, 里急后重属于湿热者, 用苦参与煨木香相配常能起到很好的效果; 香连丸由木香和黄连组成, 两者合用清湿热而不伤脾

胃正气, 行气滞而不助热邪; 加当归、白芍、黄芩合木香、大黄是取芍药汤之意: “行血则便脓自愈, 调气则后重自除”; 合白头翁汤, 以清热解毒, 凉血止痢; 加川芎以加强活血化瘀, 地榆以凉血止血, 白花蛇舌草以加强清热解毒; 薏苡仁淡渗利湿, 清热排脓; 槐角, 槐米均归大肠经, 以清利大肠湿热, 凉血止血。诸药合用以达到理气化湿, 清热解毒, 调理气血, 凉血止痢的作用, 从而取得了较好的临床疗效。30 例患者治疗后的总有效率为 86.67%, 其中腹痛, 腹泻, 便血症状的得分在治疗后有明显降低, 经统计学处理有显著性差异 ($p < 0.01$)。

Mayo 评分 (Mayo Score) 是评估 UC 活动程度最常用, 最经典的临床评分系统之一, 在诊断, 治疗决策和疗效评估中都发挥重要作用, Mayo 评分越高说明炎症越重。30 例患者在治疗后 Mayo 评分明显下降, 和治疗前相比有统计学意义 ($P < 0.01$), 说明治疗后炎症程度得到明显改善。

体会

1. 急则治其标，缓则治其本：UC 为本虚标实、虚实夹杂之证；急性期以清化湿热，调和气血，荡涤肠胃为主；缓解期以健脾益气，理气调肝为主；
2. 久病入络，注重活血化瘀：病程缠绵易致瘀血内阻，加重黏膜损伤；活血化瘀通络有助改善肠道微循环，促进溃疡愈合。
3. 通因通用，巧用大黄：六腑以通为用，必要时以大黄荡涤肠腑、祛瘀生新，往往可收意外之效。
4. 重视情志调理：情志失调、肝郁气滞常为复发诱因，治养结合、心情舒畅对康复至关重要。

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炙甘草汤及其临床应用

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Zhigancao Tang (Prepared Licorice Root Decoction) and Its Clinical Application

Professor Engin Can (Zhang Enqin)¹

摘要：炙甘草汤乃一经方，出自东汉医家张仲景之【伤寒论】。作者首先介绍了该方的原书指证、组成、方解和古今煎服方法，进而详细介绍了作者以及国内外同行运用此方的临床经验，如治疗心律失常（期前收缩、心房纤颤、病态窦房结综合征等）、心肌炎、心力衰竭以及失眠、便秘和肺痿等。文中特别提及了胆心综合症的发病机制和临床特点，运用炙甘草汤加利胆药治疗有效。文中最后还介绍了近年来有关炙甘草汤现代药理研究进展。

Abstract

Zhigancao Tang (Prepared Licorice Root Decoction) is a classic formula recorded in Zhang Zhongjing's [Treatise on Febrile Diseases/Shang Han Lun] in the Eastern Han Dynasty. The author of this article first introduces the original indications, composition, explanation, and ancient and modern methods of preparation and administration of this formula; and then describes the clinical experiences of the author and colleagues in using this formula, such as treating arrhythmias (premature contractions, atrial fibrillation, sick sinus syndrome, etc.), myocarditis, heart failure, as well as insomnia, constipation, and pulmonary fibrosis. The article specifically mentions the pathogenesis and clinical characteristics of cholecystocardiac syndrome, demonstrating the effectiveness of Zhigancao Tang combined with choleric herbs. Finally, the article also reviews the modern pharmacological research progress on Zhigancao Tang in recent years.

关键词：炙甘草汤，心动悸，脉结代，心律失常
Keywords: Zhigancao Tang, palpitations, irregular pulse, arrhythmia

一、来源：炙甘草汤出自于东汉·张仲景《伤寒论》第177条：“伤寒脉结代，心动悸，炙甘草汤主之。”

The source Zhigancao Tang (Prepared Licorice Root Decoction) was recorded at the book “*Shang Han Lu*” (*Treatise on Febrile Disease*) by famous physician Zhang Zhongjing in the Eastern Han Dynasty. He said in Clause 177: “if the patient has irregular pulse and severe palpitations during febrile diseases, the herbal formula ‘Prepared Licorice Root Decoction’ should be given”

二、组成：炙甘草四两(12克)；生姜，切，三两(9克)；人参二两(6克)；生地黄一斤(50克)；桂枝，去皮，三两(9克)；阿胶二两(6克)；麦门冬，去心，半升(10克)；麻仁半升(10克)；大枣，擘，三十枚(10枚)。

用法用量上以清酒七升，水八升，先煮八味，取三升，去滓，内胶烊消尽，温服一升，日三服。

Compose : 4 liang of roasted licorice (12 grams); 3 liang of ginger, cut into pieces (9 grams); 2 liang of ginseng (6 grams); 1 jin of dried rehmannia root (50 grams); 3 liang (9 grams) of cassia twig, peeled); 2 liang (6 grams) of donkey-hide gelatin ; half a sheng (10 grams) of ophiopogon japonicus, a core removed ; half a

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sheng (10 grams) of hemp seed; 10 pieces (10 grams) of jujube, broken.

Usage and Dosage: Take seven liters of sake and eight liters of water. Boil the eight ingredients first, filter out three liters, remove the dregs, and dissolve the donkey-hide gelatin in the decoction. Take one liter warm, three times a day.

三、现代用法：水煎服，阿胶烱化，冲服。英国目前主要使用中药浓缩颗粒，用量一般按 7/10:1 计算。

Modern usage: boil herbs in water in an earthenware pot for a decoction; dissolve the donkey-hide gelatin in the decoction, and take it as a drink. The UK currently mainly uses concentrated herbal granules, and the dosage is generally calculated as 7/10:1.

四、使用注意

1. 原方是采用水酒合煎，文火久煎；阴虚内热者慎用。

2. 由于英国药管局禁止使用动物来源的中药，方中的阿胶我是用玉竹代替。玉竹是百合科植物玉竹 *Polygonatum odoratum* (Mill) Druce 的根茎，别名：葳蕤。临床经验证明玉竹对治疗心悸、心律失常和心肌病等有良好的效果。

Note on usage

1. The original method was to decoct with water and wine, simmer over slow fire for a long time; use with caution in patients with yin deficiency and internal heat.

2. Since the British Food and Drug Administration prohibits the use of animal-derived traditional Chinese medicine, I used *Polygonatum*

odorifera instead of donkey-hide gelatin in the recipe.

Polygonatum odoratum is the rhizome of *Polygonatum odoratum* (Mill) Druce, a plant in the Liliaceae family. Its Chinese aliases is "Wei Rui". Clinical experience has proven that *Polygonatum odoratum* has good effects on treating palpitations, arrhythmias and cardiomyopathy.

五.方解:

本方是《伤寒论》治疗心动悸、脉结代的名方。其证是由阴血不足，阳气不振所致。阴血不足，血脉无以充盈，加之阳气不振，无力鼓动血脉，脉气不相接续，故脉结代；阴血不足，心体失养，或心阳虚弱，不能温养心脉，故心动悸。治宜滋阴阴，养心血，益心气，温心阳，以复脉定悸。

Explanation:

This formula is a famous prescription in "Treatise on Febrile Diseases" for treating palpitations and pulse knots (arrhythmia). The syndrome is caused by insufficient Yin blood and weak Yang Qi. Insufficient yin blood means that the blood vessels cannot be filled, and coupled with weak yang energy, the blood vessels are unable to incite, and the pulse qi is not continuous, so the pulses are intermittent; insufficient yin blood means that the heart and body are not nourished, or the heart yang is weak and cannot warm and nourish the heart vessels, so palpitation happens. Treatment should nourish the heart yin and the heart blood, benefit the heart qi, warm the heart yang, and restore the pulse to treat palpitations and irregular pulse (arrhythmia).

方中炙甘草甘温益气，通经脉，利血气，缓急养心为君；生地黄滋阴养心，养血充脉。二药重用，益气养血以复脉，共为君药。人参、大枣补益心

脾，合炙甘草益心气，补脾气，以资气血化生之源；阿胶、麦冬、麻仁滋阴养血补心，配生地黄滋心阴，养心血，以充血脉，共为臣药。

In the formula, prepared licorice root is sweet and warm, acting as jun (Monarch / principal herb), nourishes qi, unblocks the meridians, promotes blood and qi, relieves stress and nourishes the heart; dried rehmannia root, acting co-Monarch / principal herb, nourishes yin, the heart and the blood to fills the pulses.

The two herbal medicines are used repeatedly to replenish qi and nourish blood to restore the pulse, and together they are jun (Monarch / principal herbs).

Ginseng and red jujube nourish the heart and spleen, combined with roasted licorice to nourish the heart qi and spleen, as the source of qi and blood transformation;

donkey hide gelatin, ophiopogon japonicus, and hemp seeds nourish yin, blood and the heart, and combined with dried rehmannia root to nourish heart yin and replenish heart blood.

The all above are act as chen (the ministerial medicines / assistant herbs).

桂枝、生姜温心阳而通血脉，使气血畅通脉气接续有源，并使诸味厚之品滋而不腻，共为佐药。桂枝与甘草合用，又能辛甘化阳，通心脉而和气血，以振心阳。用法中加清酒煎服，温阳通脉，以助药力，为使药。诸药合用，滋而不腻，温而不燥，使气血充沛，阴阳调和，共奏益气养血，滋阴复脉之功。由于炙甘草、人参亦可补肺气，润肺止咳；阿胶、麦冬又善养肺阴，润肺燥；生地黄、火麻仁长于滋补肾水，与阿胶、麦冬合用，有“金水相生”之功，故可用于虚劳肺痿属气阴两伤者的治疗。但对阴伤肺燥较甚者，方中姜、桂、

酒应减少用量或不用，因为温药毕竟有耗伤阴液之弊，故应慎用。

Cinnamomum twigs and ginger warm the heart yang and unblock the blood vessels, making the qi and blood flow smoothly and the pulse qi continues to flow. They also make various thick-flavored ingredients nourish but not greasy, and together they are zuo (adjuvant herbs).

When used together with licorice, cinnamon twig can turn the pungent and sweet into yang, unblock the heart meridians and harmonize the qi and blood to invigorate the heart yang. Both act as shi (guiding herbs).

In the usage, adding sake when boiling herbs and taking the decoction warm can increase the yang and unblock the meridians to enhance the efficacy of the medicine.

The combined use of various medicines is nourishing but not greasy, warm but not drying, enriches qi and blood, and harmonizes yin and yang. Together they can nourish qi, blood and yin to restore regular pulse.

Because roasted licorice and ginseng can also nourish lung qi, moisten the lungs and relieve coughs; donkey-hide gelatin and ophiopogon japonicus are good at nourishing lung yin and moisturizing lung dryness; dried rehmannia and hemp seed are good at nourishing kidney water, so when combined with donkey-hide gelatin and ophiopogon japonicus, they have relationship of "metal water" with the power of "mutual generation", so it can be used to treat patients with consumptive lung disease and injuries of both qi and yin.

However, for those with severe yin-injured lung dryness, the dosage of ginger, cinnamon, and wine in the prescription should be reduced or eliminated, because after all, warm medicine has the

disadvantage of consuming yin fluid, so it should be used with caution.

六. 功效：

滋阴养血，益气复脉。为阴阳气血并补之剂。临床应用以心动悸，脉结代，虚羸少气，舌光少苔为辨证要点。

Efficacy

Nourishes yin and blood and replenishes qi to restores normal regular pulse. It is a tonic for yin and yang, qi and blood. In clinical application, the key points of syndrome differentiation are palpitations, knotted pulse (arrhythmia), deficiency and lack of qi, and glossy tongue with less coating.

七. 主治

1. 心悸及心律失常：阴血不足，阳气虚弱证脉结代，心动悸，虚羸少气，舌光少苔，或质干而瘦小。
2. 虚劳肺痿咳嗽，或吐涎沫，形瘦短气，自汗盗汗，虚烦不眠，咽干舌燥，大便干结，脉虚数。

Indications

1. Palpitation and arrhythmia due to Insufficient yin and blood, weak yang qi: Manifested by knotted pulse (arrhythmia), palpitations, deficiency and lack of qi, glossy tongue with less coating, or dry and thin body.
2. Fei Wei (pulmonary fibrosis) and coughing due to lung-deficiency: Manifested as cough, or spitting, thinness and shortness of breath, spontaneous sweating and night sweats, restlessness and insomnia, dry throat, dry stools, and weak and rapid pulse.

八、临床应用

1. 心律失常：本人自1982年来用此方治疗早搏、心房纤颤，效果良好，具体请见我编译的英文版【伤寒论研习指导】第65页。加苦参10克，茵陈15克，玉竹21克以抑制心脏的异位节律点。

对由冠心病引起的ST压低，T波地平凹陷或倒置的患者加栝楼15克，薤白10克，丹参15克，葛根15克。对胆心综合症引起的心律失常加金钱草、海金沙和郁金等以疏肝利胆。

附：胆心综合症的症是先有胆道系统症状，再出现心脏症状。心脏症状可表现为期前收缩；也可闷痛或绞痛，每次发作持续的时间较长，伴有心悸及心电图显示心肌缺血表现。心脏症状多由进食油腻食物诱发，含服硝酸甘油或速效救心丸症状不能缓解，应用阿托品或杜冷丁症状缓解。胆心综合症的诊断需除外冠心病，一般病人多有胆结石的病史、症状及体征。

Clinical application

1. Arrhythmia

I have used this prescription to treat premature beats and atrial fibrillation effectively since 1982.

For details, please see page 65 of the English version *Shang Han Lun Study Guide*.

Also add 10 grams of kushen (*Sophora flavescens*), 15 grams of yinchen (*Oriental wormwood*), and 21 grams of yuzhu (*Polygonatum odorifera*) to inhibit the ectopic rhythm point of the heart.

For patients with ST segment depression, T wave low, flat or bidirectional or inverted depressed ST or inverted ST bodipine caused by coronary heart disease, add 15 grams of gualou (*Trichosanthes miltiorrhiza*), 10 grams of xiebai (*Macrostrm onion*), 15 grams of danshen (*Salvia miltiorrhiza*), and 15 grams of gegen (*Pueraria lobata*).

For arrhythmias caused by cholecystocardiac syndrome, add jinqiancao (*Desmodium chinensis*), haijinsha (*Japanese climbing fern spore*), and yujin (*Curcuma root*) to soothe the liver and dredge the bile duct to promote the function of the gallbladder.

Attachment: Cholecystocardiac Syndrome

It usually manifests the biliary system symptoms at first, and then develops to cardiac symptoms.

Cardiac symptoms can manifest as premature contractions; they can also present dull pain or colic. Each episode lasts for a long time, accompanied by palpitations and electrocardiogram showing myocardial ischemia. Heart symptoms are mostly induced by eating greasy food. Symptoms cannot be relieved by taking nitroglycerin or suxiao jiuxin Pills, and symptoms can be relieved by atropine or pethidine. The diagnosis of cholecystocardiac syndrome requires the exclusion of coronary heart disease. Most patients have a history, symptoms and signs of gallstones.

此外,在中国还有很多关于炙甘草汤治疗心律失常的临床报道。如对炙甘草汤加减治疗心律失常患者的文献进行 Meta 分析,采用 Jadad 评分量表对纳入文献进行质量评定,对临床疗效进行 Meta 分析。结果:经筛选后纳入 8 篇随机对照临床试验文献。炙甘草汤随证加减治疗治疗心律失常、冠心病合并心律失常、缓慢性心律失常、室性期前收缩、心悸患者的总体疗效优于单纯西药组,且降低西药的不良反应。(《内蒙古中医药》2013 年第 28 期)

In addition, there are many clinical reports in China on the treatment of arrhythmia with Zhigancao Tang. For example, a meta-analysis was conducted on the literature on modified Zhigancao Tang for the treatment of patients with arrhythmia. The Jadad scoring scale was used to assess the quality of the included literature, and a meta-analysis was conducted on the clinical efficacy. Results: After screening, 8 randomized controlled clinical trial documents were included. The overall efficacy of Zhigancao Tang in patients with arrhythmia, coronary heart disease combined with arrhythmia, bradyarrhythmia, premature ventricular contractions, and palpitations is better than that of the simple Western medicine group, and the side effects of

Western medicine are reduced. (*Inner Mongolia Traditional Chinese Medicine*, Issue 28, 2013)

用本方随证加减治疗室性早搏 100 例,与盐酸美西律治疗 78 例对照,疗程为 2 个月。临床疗效评价以治疗后经动态心电图监测早搏消失,心电图恢复正常为治愈;动态心电图监测早搏次数减少 50%以上为好转。结果:总有效率治疗组为 96%,对照组为 89%,且治疗组 Holter 记录室早次数下降优于对照组。(《安徽医药》2007 年第 10 期。

100 cases of premature ventricular contractions were treated with this prescription according to the evidence, and 78 cases were treated with mexiletine hydrochloride for comparison. The course of treatment was 2 months. The evaluation of clinical efficacy is based on the disappearance of premature beats and return to normal on electrocardiogram after treatment; the improvement by more than 50% reduction in the number of premature beats on ambulatory electrocardiogram. Results: The total effective rate was 96% in the treatment group and 89% in the control group, and the number of Holter recordings in the treatment group was better than that in the control group. ("Anhui Medicine" Issue 10, 2007.

也可用此方加减治疗病态窦房结综合征。按人参、阿胶各 1 份,甘草、生姜、桂枝各 2 份,麦冬、麻仁、大枣各 3 份,地黄 5 份的比例配方,制成膏剂。每次服 15 克,每日 2 次,连服 3 周。本法对慢性心律失常也有较好疗效。

This recipe can also be used to treat sick sinus syndrome. Make an ointment based on the proportion of 1 part each of renshen (ginseng) and ejiao (donkey-hide gelatine), 2 parts each of gancao (licorice), shengjiang (fresh ginger), and guizhi

(cassia twigs), 3 parts each of maidong (*Ophiopogon japonicus*), huomaren (hemp seed), and dazao (jujube), and 5 parts of dihuang (*Rehmannia root*). Take 15 grams each time, 2 times a day, for 3 weeks. This method also has a good effect on chronic arrhythmia

2. 肺痿（肺纤维化）：我曾用此方治疗过 5 例肺纤维化病人有一定疗效。其中一位病人来自巴基斯坦。5 年来是一直靠口服激素类维持生存。使用炙甘草汤加“肺纤维方”后症状明显改善。

Fei Wei (pulmonary fibrosis): I have used this recipe to treat 5 pulmonary fibrosis patients with certain effects. One of the patients is from Pakistan. He has been relying on oral hormones to survive for five years. The symptoms were significantly improved after using Zhigancao Decoction and "Lung Fiber Recipe".

3. 失眠: 炙甘草汤加减治疗老年顽固性失眠 30 例, 与阿普唑仑治疗组 30 例对照, 疗程为 21 日。临床疗效评价以睡眠恢复正常, 每晚睡眠时间 6 小时以上, 睡眠深沉, 梦少无疲乏感为痊愈标准。结果: 总有效率治疗组为 93.33%, 对照组为 86.67%。且对照组有药物依赖性, 治疗组未出现药物依赖性。（《中国老年性杂志》2012 年第 17 期）

Insomnia: 30 cases of elderly patients with refractory insomnia were treated with modified Zhigancao Tang, and compared with 30 cases in the alprazolam treatment group. The course of treatment was 21 days. The clinical efficacy evaluation is based on the recovery criteria of sleep returning to normal, more than 6 hours of sleep per night, deep sleep, few dreams and no feeling of fatigue. Results:

The total effective rate was 93.33% in the treatment group and 86.67% in the control group. And the control group had drug dependence, while the treatment group showed no drug dependence. ("Chinese Journal of Aging" 2012 Issue 17)

4. 心力衰竭: 炙甘草汤联合西药治疗扩张型心脏病心力衰竭患者 25 例, 与西药（利尿剂、血管扩张剂、洋地黄及血管紧张素转换酶抑制剂等）治疗 24 例对照, 疗程为 3 周。临床疗效评价以症状、体征基本消失, 心功能改善 2 级以上为显效。并通过超声观察患者的左室舒张末容积、左室收缩末容积及左室射血分数等心功能指标变化。结果: 治疗组显效 17 例, 有效 6 例, 无效 2 例, 总有效率为 92%。对照组显效 11 例, 有效 8 例, 无效 5 例, 总有效率为 79.2%。（《辽宁中医药大学学报》2010 年第 4 期）

Heart failure: Zhigancao Tang combined with western medicine was used to treat 25 patients with heart failure due to dilated cardiomyopathy and was compared with 24 cases treated with western medicine (diuretics, vasodilators, digitalis and angiotensin-converting enzyme inhibitors, etc.). The course of treatment was 3 weeks. The clinical efficacy evaluation is based on the basic disappearance of symptoms and signs, and improvement of heart function by more than 2 levels. The changes in cardiac function indicators such as left ventricular end-diastolic volume, left ventricular end-systolic volume, and left ventricular ejection fraction were observed through ultrasound. Results: In the treatment group, 17 cases were markedly effective, 6 cases were effective, and 2 cases were ineffective. The total effective rate was 92%. In the control group, 11 cases were markedly effective, 8 cases were effective, and 5 cases were ineffective.

The total effective rate was 79.2%. ("Journal of Liaoning University of Traditional Chinese Medicine" 2010 Issue 4)

5. 便秘：炙甘草汤加味治疗习惯性便秘 42 例，疗程为 10 日。结果：38 例患者于治疗 5 日后正常排便，4 例患者于治疗 10 日后正常排便。（《山东中医杂志》2007 年第 1 期）

Constipation: 42 cases of habitual constipation were treated with Zhigancao Tang, and the course of treatment was 10 days. Results: 38 patients had normal defecation after 5 days of treatment, and 4 patients had normal defecation after 10 days of treatment. ("Shandong Journal of Traditional Chinese Medicine" Issue 1, 2007)

6 心肌炎：本方加减治疗病毒性心肌炎 45 例，与西药（ATP、辅酶 A、细胞色素 c、维生素 C）治疗 25 例对照，疗程为 4~6 周。临床疗效评价以症状和体征消失，心电图、心肌酶及心功能检查正常为痊愈标准。结果：治疗组痊愈 16 例，有效 6 例，无效 2 例，总有效率为 95.5%。对照组痊愈 5 例，显效 8 例，有效 7 例，无效 5 例，总有效率为 80%。（《云南中医中药杂志》2003 年第 3 期）

Myocarditis: This prescription was modified to treat 45 cases of viral myocarditis and was compared with 25 cases treated with western medicine (ATP, coenzyme A, cytochrome c, vitamin C). The course of treatment was 4 to 6 weeks. The clinical efficacy evaluation is based on the disappearance of symptoms and signs, and normality of electrocardiogram, cardiac enzymes and cardiac function tests as recovery criteria. Results: In the treatment group, 16 cases were cured, 6 cases were effective, and 2 cases were ineffective. The total effective rate was 95.5%. In the control group, 5

cases were cured, 8 cases were markedly effective, 7 cases were effective, and 5 cases were ineffective. The total effective rate was 80%. ("Yunnan Journal of Traditional Chinese Medicine" 2003 Issue 3)

九. 现代研究

本方具有抗心律失常、抗心肌缺血再灌注损伤的作用，能降低再灌注诱发的室性早搏和心律失常总发生率，并能缩小再灌注后心肌梗死的范围。能对抗实验性“阴虚”动物的心律失常，减慢心率、消除窦性心律不齐、降低室性早搏发生率，并能改善“阴虚”证候。此外，还有抗缺氧的作用。

实验研究表明，炙甘草汤可改善急性心肌缺血大鼠心肌超微结构，降低外周血肌钙蛋白含量及脑钠肽含量，以实现保护受损心肌的作用。

Modern research

This prescription has anti-arrhythmic and anti-myocardial ischemia-reperfusion injury effects, can reduce the overall incidence of premature ventricular contractions and arrhythmias induced by reperfusion, and can reduce the scope of myocardial infarction after reperfusion. It can combat arrhythmia in experimental "yin deficiency" animals, slow down the heart rate, eliminate sinus arrhythmia, reduce the incidence of premature ventricular contractions, and improve "yin deficiency" syndrome. In addition, it also has anti-hypoxic effects.

Experimental studies have shown that Zhigancao Tang can improve the ultrastructure of myocardium in rats with acute myocardial ischemia, reduce the content of peripheral blood troponin and brain natriuretic peptide, so as to protect the damaged myocardium.

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Author's introduction: Professor Engin Can (Zhang Enqin), was a 79-grade graduate student of Shandong University of Traditional Chinese Medicine, tutored by Professor Li Keshao, graduated in 1982 and stayed at the school to teach, with a master's degree in medicine; he was awarded a doctorate from the International Institute of Alternative Medicine in 1992. From 1982 to 1991, he served as a lecturer in the Shang Han Lun teaching and research department of Shandong University of Traditional Chinese Medicine, and director of the Department of TCM integrated Western Medicine. Currently he is now the dean of UK Academy of Chinese Medicine, a senior member of ATCM, and a senior member of the Royal Society of Medicine.

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A Recent Advancement of the Mechanisms of Acupuncture Treatment on Chronic Insomnia Disorder

Cailong Fang

Chronic insomnia disorder (CID) is a highly prevalent sleep disorder defined by persistent difficulties with sleep initiation, maintenance, or non-restorative sleep, occurring at least 3 nights/week for over 3 months. It causes significant daytime dysfunction including fatigue, mood issues, and cognitive impairment—despite adequate opportunity for sleep [1]. People with chronic insomnia reported more of the following than did people without insomnia: heart disease, high blood pressure, neurologic disease, breathing problems, urinary problems, chronic pain, and gastrointestinal problems [2]. It is the second-most common psychiatric condition and the pathophysiological brain changes are multi-scale [3]. Morphological, functional and neurochemical pathological changes have been found: first, Structural imaging studies have identified reduced gray matter volume in left orbitofrontal, prefrontal, precuneus, and temporal cortices in patients with insomnia [4,5,6]. Second: aberrant communication between different brain regions has been revealed in CID patients [7,8]. The Neuroimaging studies have found the functional changes in various brain regions in individuals with CID [9]. Recent studies have shown varied CBF patterns associated with insomnia [10,11,12]. Different subtypes and symptoms of insomnia have been linked to specific CBF alterations, such as decreased subcortical cerebral blood flow (CBF) in insomnia comorbid with depression [13] and increased CBF in the inferior occipital cortex in shift workers with insomnia [11]. The Third; Chronic stress often leads to sleep disturbances. Non-

neuronal cells, particularly astrocytes and microglia, play critical roles in the brain's response to stress and the regulation of sleep. Astrocytes influence sleep architecture by regulating adenosine signaling and glymphatic clearance, both of which can be disrupted by chronic stress, leading to reduced restorative sleep, which is essential for memory consolidation and neural recovery [14,15,16]. Microglia, activated under stress conditions, drive neuroinflammatory processes that further impair sleep and exacerbate brain dysfunction. Chronic stress often leads to elevated levels of pro-inflammatory cytokines, such as IL-6, TNF- α , and IL-1. The activation of the HPA axis under stress conditions results in the release of glucocorticoids, primarily cortisol. While cortisol initially dampens inflammatory responses, prolonged exposure can paradoxically increase pro-inflammatory cytokine production [17,18,19]. Research indicates that stress can induce a state of immune activation, where immune cells like macrophages and T cells become hyper-responsive, driven by stress-related neurotransmitters like norepinephrine, which can enhance the secretion of pro-inflammatory cytokines [20], which disrupt sleep homeostasis by interfering with the balance of γ -aminobutyric acid (GABA) and glutamate neurotransmission. IL-1 β and TNF- α , in particular, enhance glutamatergic excitotoxicity and reduce the inhibitory tone required for slow-wave sleep initiation. Both TNF- α and IL-1 β increase intracellular and extracellular glutamate levels [21,22]. Preclinical and clinical investigations have consistently observed elevated peripheral

blood levels of IL-6, IL-1 β , and TNF- α in insomnia patients [23,24].

Acupuncture has demonstrated clinical effectiveness in alleviating insomnia symptoms [25,26], offering significant benefits by minimizing the confounding influences of medication on brain function. It can modulate functional connectivity (FC) between the locus coeruleus and supramarginal gyrus to improve insomnia symptoms [27]. Simultaneously, acupuncture can modulate the activity of the neurotransmitter receptor to treat insomnia [28]. The acupoints with the highest frequency were shenmen (HT7), sanyinjiao (SP6), baihui (GV20), zusanli (ST36), neiguan (PC6), xinshu (BL15), taixi (KI3), and sishencong (EX-HN1) anmian (JLSXX-QX), shenshu (BL23). The most frequently used meridians were bladder meridian (BL), governor vessel (GV), and stomach meridian (ST). These points were selected based on traditional clinical theory, practices, and existing evidence, which suggest that their combined action has a synergistic effect in improving insomnia symptoms. Specifically, Baihui (GV20) is known for its ability to calm the mind and harmonize Qi, enhancing cerebral circulation and promoting relaxation [29]. Sishencong is used to calm the spirit and improve cognitive function, helping to promote restful sleep [30]. Anmian is a well-established point for insomnia, known for its sedative effects and ability to regulate the autonomic nervous system, thus reducing stress and anxiety [31]. Shenmen (HT7) calms the heart and mind, reducing anxiety and promoting deeper sleep [32]. Neiguan (PC6) is often selected for its calming effects on the mind and its ability to regulate the autonomic nervous system, especially in cases where insomnia is linked to anxiety [30]. Finally, Sanyinjiao (SP6) regulates internal organs, harmonizes the blood, and promotes

relaxation, which is particularly beneficial in cases of insomnia associated with hormonal imbalances [33].

The advanced research project Recently, Yu S et al team has carried out some advanced research on the mechanisms of acupuncture on CID [34, 35].

1. Research Procedure

A total of 108 patients diagnosed with CID were enrolled. Additionally, 96 health controls were recruited. The Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI) questionnaires from each participant and the Self - Rating Depression Scale (SDS) and Self - Rating Anxiety Scale (SAS) from patients with CID were collected. The acupuncture group received 20 sessions over 4 weeks (five sessions weekly), each lasting 30 min. A combination of acupuncture points was employed in the treatment of insomnia, including Baihui (GV20), Sishencong, Anmian, Shenmen (HT7), Neiguan (PC6), and Sanyinjiao (SP6). Treatments involved the use of disposable stainless - steel needles, with stimulation achieved through lifting, thrusting, twirling, and rotating the needle to elicit the “Deqi” sensation. Patients in the waitlist group did not receive acupuncture.

Combining ASL and neurotransmitter receptor density maps to elucidate the brain's mechanisms underlying CID and the modulation effects of treatment: ASL, a non - invasive perfusion MRI technique measures arterial blood delivery to brain tissues with neural function and metabolism and allows for rapid, quantitative data collection, was utilized for quantitative CBF measurement in the study and also further combined neurotransmitter receptor density maps to elucidate the brain's mechanisms underlying CID and the modulation effects of treatment. A comprehensive atlas of

neurotransmitter receptor densities across the brain constructed by Hansen [36]. It assumes that the magnitude of neurotransmitter - related activity correlates linearly with receptor distribution and availability across brain regions [37], providing a more flexible and less invasive method to map macroscopic brain alterations onto the distributions of target receptors.

Also neuroimaging-transcriptomic analysis were used to associate regional changes in brain activity with specific gene patterns

2. Results

The highlights key aspects of acupuncture's effectiveness in treating CID. First, patients receiving acupuncture showed considerable symptom relief, with notable improvements in PSQI, ISI, and SAS scores compared to the waitlist group. This indicates acupuncture's effectiveness in alleviating insomnia and anxiety symptoms. Second, the spatial patterns of CBF changes induced by acupuncture did not correlate significantly with those in the waitlist group, suggesting distinct underlying processes. The waitlist group showed a decrease in cortical CBF in the control network, salience network, and default mode network, likely reflecting the natural progression of insomnia [38]. In contrast, acupuncture appeared to halt or reverse these changes. Third, a negative correlation between acupuncture - induced CBF changes and case - control - related alterations were found. Regions showing elevated or reduced CBF in CID patients experienced a decrease or increase in CBF following 4 - week acupuncture treatment, respectively. The treatment effectively reverses the abnormal CBF patterns characteristic of CID, aligning brain function more closely with that of healthy individuals. And GABA_A and D1 were identified as major contributors to the abnormal patterns in CID

patients. In the longitudinal dataset, acupuncture enhanced subcortical CBF and alleviated insomnia symptoms, which were absent in the waitlist group. The CBF patterns induced by acupuncture were negatively correlated with the abnormal patterns in CID patients and were also significantly associated with GABA_A and dopamine - D1 receptor expressions. These findings provide a multiscale model of the brain, suggesting that the left putamen may be a diagnostic and therapeutic neuro biomarker for CID and that acupuncture may modulate this region's CBF through key neurotransmitter receptor expression, thereby ameliorating insomnia symptoms.

Further cell type enrichment analysis from same group showed that the reduction in global brain connectivity (GBC) values after acupuncture treatment was associated with high astrocyte expression. Astrocytes, one of the most abundant cell types in the central nervous system, play important roles in neuroinflammation, neuroprotection, and maintaining brain microenvironment stability [39]. During neuroinflammatory states, astrocytes become "activated" and express a variety of inflammatory factors such as IL-1 β , TNF- α , and others [40]. These factors and substances are key components of inflammatory signaling pathways, such as the NF- κ B signaling pathway, which acupuncture treatment has the potential to modulate. For example, acupuncture has been found to inhibit the activation of the NF- κ B signaling pathway, potentially reducing the production of inflammatory factors [41]. Additionally, acupuncture promotes the release of neuroprotective factors, such as brain-derived neurotrophic factor [42], which may help to inhibit the overactivation of astrocytes, thereby mitigating neuroinflammation.

This group's study shows that acupuncture signifi-

cantly alleviated clinical symptoms in patients with CID, and decreased GBC in several regions, including the pallidum and prefrontal cortex. In the acupuncture group, significant post-treatment decreases in IL-6, TNF- α and IL-1 β , the acupuncture-induced reductions in GBC spatially corresponded to brain areas with high expression of genes enriched in astrocytes and biological processes related to neuroinflammation. And these neuroinflammation-informed GBC-transcriptomic signatures were further validated by their significant correlation with reductions in IL-6 levels as insomnia symptoms improved [35, 43,44]

Conclusion

This review synthesizes recent advancements in understanding the mechanisms of acupuncture treatment for CID. The mechanisms of acupuncture treatment for CID have significantly moved beyond traditional clinical observations toward a multiscale neurobiological model. This research demonstrates that acupuncture not only alleviates core symptoms - such as poor sleep quality, insomnia severity, and anxiety - but also exerts measurable effects on brain function by reversing aberrant CBF patterns associated with CID. Specifically, acupuncture normalized CBF in key regions including the left putamen, with these treatment-induced changes negatively correlating with case-control abnormalities and being linked to GABA_A and dopamine D1 receptor distributions. Furthermore, acupuncture reduced global brain connectivity in areas enriched with astrocyte-related genes and lowered pro-inflammatory cytokines (IL-6, TNF- α , IL-1 β), suggesting a role in mitigating neuroinflammation. These findings collectively position the left putamen as a potential diagnostic and therapeutic neurobiomarker for CID, while highlighting that acupuncture may restore sleep-

related brain function through modulation of neurotransmitter receptor systems and astrocyte-mediated inflammatory pathways. Future research should focus on validating these mechanisms in larger cohorts and exploring how individual differences in receptor and gene expression profiles influence acupuncture response.

In summary, while Yu S. et al. have significantly advanced the mechanistic understanding of acupuncture for CID by integrating neuroimaging, receptor mapping, and inflammatory markers, the field now requires causal, pathway-specific, and multi-scale investigations to transform acupuncture from an effective therapy into a precisely targeted neuromodulatory intervention for chronic insomnia.

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《英国中医针灸杂志》征稿启事

《英国中医针灸杂志》为英国中医药学会主办的中英文双语学术期刊，每年5月和12月发行两期，并可在学会网上阅览。本会宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展的文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体会到中医之奇妙效果，从而提高中医之声誉，扩大中医之影响。

来稿中文或英文均可，中英双语更受欢迎。字数中文5000字以内，英文4000字以内，并附200字以内摘要。文章必须符合以下格式：标题，作者，摘要，关键词，概要，文章内容，综述/讨论或结论，以及参考文献。每篇文章也可附带一份单独的作者简介。

所有来稿必须是尚未在其它杂志上发表过的文章，也不得同时投稿于其它杂志。若编辑审稿后认为需做明显改动，将会与作者联系并征得同意。本会刊保留版权，未发表的文章将不退稿。投稿一律以电子邮件发往 info@atcm.co.uk。请注明“杂志投稿”字样，下期来稿截至日期为2026年10月01日。

调衡医学：贯通古今的中医整体诊疗新范式

王鹏¹ 戴立军²

摘要：调衡医学是由张文勇先生创立的中医整体诊疗体系。该体系以“病于内必形于外”为核心诊断理念，将传统阴阳五行、经络腧穴理论与人体形态结构、功能状态相结合，形成了涵盖针灸与药法的完整诊疗路径。在诊断层面，体系强调形态观察优先，建立了望诊、触诊、腹诊相结合的三维诊断方法，并将阴阳失衡明确区分为结构性失衡与功能性失衡。在治疗层面，调衡针灸以“扎跳得气”为客观化标准，采用套路化取穴方案；调衡药法则严格遵循“药食同源、无毒治病”原则，以病机十九条统摄性味配伍。此外，该体系提出的“卡点理论”为复杂病症提供了简便的治疗切入点。本文系统阐述调衡医学的理论架构、诊断方法、治疗体系及临床验证，为中医整体观的现代化转化提供新思路。

Tiaoheng Medicine (a.k.a. Balancing Medicine) is a holistic Chinese medicine system of diagnosis and treatment. The system was created by Zhang Wenyong. The core diagnostic principle is “when there is disease inside, it will certainly manifest outside.” The Tiaoheng system integrates traditional yin-yang, five elements and meridian-acupoint theories and focuses on the body’s structural, morphological and functional state, ultimately forming a complete diagnostic and therapeutic pathway for both acupuncture and herbal medicine. At the diagnostic level, the system prioritises morphological observation and establishes a three-tiered approach combining inspection, palpation, and abdominal diagnosis. Yin-yang imbalance is

categorised into structural and/or functional.

At the therapeutic level, Tiaoheng acupuncture adopts “needling-induced muscle twitching to achieve deqi” and employs a standardised, routine-based point-selection protocol.

Tiaoheng herbal medicine strictly follows the principle of “homology of medicine and food, treating disease without toxicity” and uses the “Nineteen Pathomechanisms” to guide the nature-flavour combination of herbs. The system’s “Blockage Point Theory” offers a simple and accessible therapeutic entry point for treating complex conditions.

The article below sets out the theoretical framework, diagnostic methods, treatment system, and clinical validation of Tiaoheng Medicine and provides new and valuable insights into the modernisation of the holistic view of traditional Chinese medicine.

关键词：调衡医学；整体观；阴阳失衡；形态诊断；卡点理论；药食同源

一、引言

中医之魂，在于整体观与动态平衡。自《黄帝内经》确立“阴平阳秘，精神乃治”之旨，历代医家莫不以此为圭臬。然而，如何将这一古老智慧转化为可操作、可重复的临床规范，始终是中医传承与发展的核心课题。调衡医学由张文勇先生所创，以“病于内必形于外”为诊断枢机，将传统阴阳五行、经络腧穴理论与人体形态结构、功能状态紧密结合，形成了一套针灸与药法并重的

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完整诊疗体系[1]。该体系不仅在临床疗效上屡有突破,更从全新视角打开了理解中医、运用中医的大门。

二、医学体系概述:以阴阳失衡为疾病之本

2.1 传统医学核心理论的现代诠释

调衡医学根植于中医经典,将人体视为阴阳动态平衡系统。阴阳五行学说阐释了五脏功能网络的生克制化关系,气血津液理论揭示了生命物质的运行规律,经络腧穴系统则构建了人体能量输布的通道网络。这些传统理论在调衡医学中被赋予新的临床意义:阴阳并非抽象概念,而是具体体现于人体形态结构与功能活动之中。

传统医学将疾病定义为阴阳失衡,而调衡医学进一步明确:“相对失衡即为病,不论有无症状。”此论直指临床关键——许多疾病早期并无明显症状,但机体已然失衡。如癌症早期,虽无疼痛不适,但形态结构已发生细微改变。调衡医学强调“粗守形,再守神”,认为形态是疾病诊断的首要切入点,唯有形正,守神方有意义。

2.2 现代医学定义的整合与超越

现代医学对机体的定义、身心相互影响的认知,以及内外致病因素的区分,在调衡医学体系中得到充分整合。环境、温度、工作等外来因素,与心理情绪变化引发的脑神经调控失常,均可纳入中医病因病机体系。调衡医学的突破在于,以中医阴阳理论统摄这些现代认识,提出“机体形态偏歪”是阴阳失衡的直观表现,并将骨关节的灵活与稳定分别对应阳与阴,进而提出“稳定关节代偿灵活关节缺失灵活度”的致病新观点,从力学代偿角度阐释了疾病的形成机制。

2.3 阴阳失衡的分类与整体平衡观

调衡医学将阴阳失衡分为结构性失衡与功能性失衡两类。结构性失衡主要指运动系统功能失常,

导致骨骼结构改变,引发疼痛及植物神经功能紊乱;功能性失衡则表现为交感与副交感神经、动脉与静脉循环的失谐,虽仪器检查无异常,但患者症状明显。两类失衡相互影响,共同构成疾病的全貌。

中医思维的“大道至简”在调衡医学中体现为整体平衡观。人体是一个有机整体,牵一发而动全身,长短腿、高低肩等形态异常,无论有无症状,均为疾病之征。调衡针灸正是基于这一认识,以针刺纠正形态偏歪,恢复人体生理功能的最佳状态,实现异病同治、舍症求本的治疗目标。

三、调衡针灸理论:激活自我修复的精准疗法

3.1 核心思想与取穴标准

调衡针灸以“动态平衡观”为核心,认为人体健康本质是内环境稳态与外环境适应的动态统一,通过神经-内分泌-免疫网络调节实现。其治疗目标并非简单对抗症状,而是激活人体自我修复潜能。

在取穴治疗方面,体系建立了明确的标准化体系。诊断以望闻问切为基础,其中望切尤为关键,通过观察组织结构形态、动作障碍与被动活动受限,结合压痛反应确定治疗点。主要治疗点包括应力点、阻力点和附着点。施力点选在肌腹,诊断标准为压痛加筋节条索,治疗原则是“以痛为腧,以跳为度”,手法操作遵循“以松治强、以收治弱”。

3.2 得气量化与优势特征

传统经络取穴效果不稳定的问题,根源在于缺乏标准化诊断。调衡针灸通过机体细节望形诊断与四诊合参,可迅速确定针刺部位。其得气标准清晰明确——针刺引发肌肉跳动,既符合传统“如鱼吞钩”的得气描述,又实现了定位准、得气标

准化的突破，大大提升了治疗的确信性和可重复性。

四、诊断与套路：形神同调的精准路径

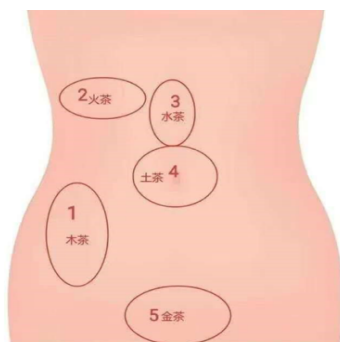
4.1 三维诊断体系

调衡针灸的诊断体系包含三个维度：形态失衡分析、三套失衡模式评估与四诊融合创新。通过中医望诊技术精确观察患者体态结构变化，如脊柱侧弯、含胸驼背等，将可视化形态异常直接对应为阴阳失衡的病理表现。结合现代解剖学基础，从静态结构、动态功能、气血运行三个维度综合分析代偿与失代偿连锁反应，定位核心损伤点与继发失衡链。

4.2 临床实用诊断技术

“4字试验”是调衡针灸临床最常用的诊断方法之一。患者仰卧平躺，一侧腿伸直，提起另一侧小腿置于伸直腿膝上弯曲下压，构成“4”字。正常情况下，盘起侧膝盖可轻易触及床面。若压时疼痛，外侧疼痛多为臀小肌问题，内侧疼痛则可能为耻骨肌问题，为腰腿痛、膝关节痛乃至肩痛患者提供了快速定位依据。

调衡腹诊同样具有重要临床价值。心区压痛对应肝之投影，肝区压痛对应升结肠投影，肾区压痛对应胃投影，肺区压痛对应膀胱投影，脾区压痛对应小肠投影。腹部触诊均痛，则直接定位于心。通过腹诊确定病变脏腑后，可灵活运用调衡针灸或药法进行治疗，腹部压痛点消失的同时，相关症状往往随之缓解。



4.3 治疗思路与套路应用

调衡医学的治疗思路清晰而实用：生理与运动形态问题以大肌肉为主治，情志与功能问题以小肌肉为关键。如过敏与胃酸过多相关者可针二腹肌，舌头干燥、舌苔多、伸舌困难者针背阔肌，口水多、齿痕舌、镜面舌者针二腹肌。这些对应关系将舌诊与肌肉治疗有机连接。

调衡针灸的套路体系包括开二、打旋、小六、小七、小九等。小六针调形体，包含头后大直肌、头下斜肌、腹内斜肌、腹外斜肌、比目鱼肌、胫骨后肌；小七针调神志，在小六基础上加胸锁乳突肌、上斜方肌、下斜方肌。纾困开心套路针胸小肌与腋下三肌。这些套路的优势在于，临床医生可不必拘泥于具体病名与症状，直接依据诊断结果选择相应套路，小六调形、小七调神，形神同调，标本兼顾。操作时注意男女左右之别，充分体现阴阳互根之理。

五、调衡药法：突破固化思维的全新用药体系

5.1 核心理念与安全原则

调衡药法跳出经方、经验方、成方的传统框架，忠实于药物酸苦甘辛咸之本味，灵活运用偏味。其核心理念是：药食同源，食材亦可治病，且坚持不用动物类、有毒类、有争议类药物。这一原则完全契合《黄帝内经》“大毒治病，十去其六；常毒治病，十去其七；小毒治病，十去其八；无毒治病，十去其九；谷肉果菜，食养尽之”的经典论述，体现了中医“无毒治病”的最高境界。

5.2 诊断依据与临床优势

调衡药法以病机十九条为纲，结合望诊、腹诊、舌诊、脉诊等诊断方法，形成了一套完整的辨证用药体系。其临床优势突出：用药精准、药量适中、见效快速、后期稳定。更重要的是，它打破

了中药使用的固化思维,使临床医生不再拘泥于特定方剂,而是根据病机诊断灵活选用药物。

病机十九条出自《素问·至真要大论》,涵盖五行六气为病,将复杂的临床表现归于木、火、土、金、水及风、热、湿、火、燥、寒。其具体内容为:“诸风掉眩,皆属于肝;诸寒收引,皆属于肾;诸气贖郁,皆属于肺;诸湿肿满,皆属于脾;诸热瞀瘵,皆属于火;诸痛痒疮,皆属于心;诸厥固泄,皆属于下;诸痿喘呕,皆属于上;诸禁鼓慄,如丧神守,皆属于火;诸痉项强,皆属于湿;诸逆冲上,皆属于火;诸胀腹大,皆属于热;诸躁狂越,皆属于火;诸暴强直,皆属于风;诸病有声,鼓之如鼓,皆属于热;诸病附肿,疼酸惊骇,皆属于火;诸转反戾,水液浑浊,皆属于热;诸病水液,澄澈清冷,皆属于寒;诸呕吐酸,暴注下迫,皆属于热。”(《素问·至真要大论》)此外,六气为病进一步细化了病机分类:厥阴风木之病见“诸暴强直、支痛纒戾、里急筋缩”;少阴君火之热见“诸病喘呕、吐酸、暴注下迫”;太阴湿土之湿见“诸痉强直、积饮痞隔”;少阳相火之火见“诸热瞀瘵、暴暗冒昧”;阳明燥金之燥见“诸涩枯涸、干劲皴揭”;太阳寒水之寒见“诸病水液澄沏清冷、癥瘕癰疽”(《素问·六元正纪大论》)。

临床时只要定准病机,即可根据药物性味灵活组方。

5.3 简化数字版药法

调衡药法还提供了一套极为简化的数字版用药法,以年尾数定五行,按“辛酸苦、咸苦甘、酸甘辛、苦辛咸、甘咸酸”的规律配伍。以年尾数一、六为例,用辛味(独活、九节菖蒲)、酸味(红景天)、苦味(白术),辛药阴阳并用,酸药为阴,苦药性平。药量方面遵循“轻五重八”原则,叶花类轻药用5克,根茎类重药用8克,

平性药用量不超过三味药中最低用量。这一简化方法虽不如精准辨证效果显著,但对于养生保健及轻症调理,简便有效,尤其适合初习者应用。

六、卡点理论:解锁疑难病症的万能钥匙

6.1 卡点的定义与意义

调衡医学提出“卡点理论”,指出人体诸多失衡表现源于全身气血经络的卡压阻塞。卡点即卡住、不通、阻塞之处,一旦某部位长期卡压,造成该部位气血流通障碍,所濡养的关联肌肉、脏腑出现代偿、失代偿或损伤,即会引发各种不适及相关病症反应。卡点理论的提出,为常见病、疑难病的治疗提供了一把万能钥匙。

6.2 主要卡点定位与应用

人体上中下分布诸多卡点,头颈部主要卡点包括胸锁乳突肌(扶突)、头后大直肌(风池)、头下斜肌(天牖);上肢胸背卡点包括胸小肌(屋翳)、腋下三肌(肩贞);下肢卡点包括耻骨肌(阴廉)、跖肌(委中)。临床应用时,通过触诊判断卡点两侧张力差异,张力高侧即为主要治疗点。操作时可根据具体情况选择细针或粗针,胸锁乳突肌常用1.5寸针,头后大直肌需用2寸以上粗针,胸小肌、腋下三肌、耻骨肌同样建议选用较粗针具以确保针感到位。

卡点理论的优势在于,即便诊断不够精准,依序疏通这些关键卡点,亦能明显改善气血运行,人体自调功能随之启动,形态与症状往往同步改善。

七、临床案例选析

调衡医学在临床实践中积累了大量验证案例,以下择典型者简述。

调衡经典范例:不问病名,不问症状,直接针刺调型,型正症消。

一次针刺治疗前后体态改变对比:



案例一：脊柱侧弯与高低肩的即时改善。

患者因长期肩颈不适、腰背酸痛就诊。初诊时可见明显高低肩，一侧肩胛骨隆起，脊柱轻度侧弯，站立时身体呈扭转姿态。虽未诉剧烈疼痛，但自觉周身不适，精神疲惫。

调衡针灸以形态诊断为第一要务。依据患者站立姿态照片，医者判断其失衡主要集中于胸廓与骨盆对位异常，核心问题涉及背阔肌、斜方肌及腹内外斜肌的张力失衡。治疗选取小六针套路，针刺头后大直肌、头下斜肌、腹内斜肌、腹外斜肌、比目鱼肌、胫骨后肌，双侧取穴。

针刺完毕，患者再次站立，肉眼可见高低肩明显改善，肩胛骨隆起趋于平复，脊柱外观较前规整。

患者自述肩颈松快，周身轻爽。医者未询问具体症状，亦未针对痛点施治，仅通过调整形态结构，便使整体功能状态显著改善。此案充分印证了“形正则气顺，气顺则神安”的中医理念，体现了调衡针灸“不问病名、但调其衡”的治疗特色。



案例二：肩痛患者的意外收获——4 四字试验诊断与远端取穴

患者以肩部疼痛为主诉就诊，疼痛位于肩前及外侧，抬举受限。医者常规检查肩部活动度后，并未急于针刺肩周穴位，而是嘱患者仰卧，进行四字试验检查。

患者仰卧，一侧腿伸直，另一侧小腿置于伸直腿膝上，下压成“四”字。压时患者诉髋外侧明显疼痛。医者判断此阳性体征提示臀小肌紧张。遂针刺臀小肌治疗点，未处理肩部任何穴位。针刺后嘱患者再次活动肩关节，患者惊讶地发现肩部疼痛明显减轻，活动范围显著增加。

此案中肩痛之病因并非肩部本身，而在于下肢肌群失衡导致的代偿性应力传导。若仅着眼于局部，或可暂时缓解，但难以根本解决。调衡医学通过四字试验精准定位原发失衡点，一针之下，远端

症状随之消解，充分体现了“头痛医脚”的中医整体观。

案例三：腹诊调治不明原因周身不适。

患者女性，无明显器质性病变，但长期自觉疲劳、睡眠不佳、情绪低落、胃肠功能紊乱。现代医学检查无异常，西药治疗收效甚微。

调衡腹诊时，医者按患者腹部，发现心区（肝投影点）压痛明显，肾区（胃投影点）亦呈阳性。依据“心区压痛——肝投影”“肾区压痛——胃投影”的对应关系，判断病位在肝、胃。治疗选用相应调衡方法，针刺相关经络与肌肉治疗点。针刺后腹部压痛显著减轻或消失，患者随即自觉情绪放松、腹部舒适。后续数日睡眠改善，胃肠功能趋于正常。

腹诊将五脏与腹部特定区域对应，通过触诊压痛即可判断脏腑失衡，为临床提供了直观的诊断依据。调衡医学将腹诊结果与针法、药法有机结合，不问症状而治其本，充分体现了“有诸内必形诸外”的中医原理。

案例四：卡点理论应用—肩胛骨内侧缘疼痛的通衢解郁

患者以左侧肩胛骨内侧缘疼痛为主诉，疼痛呈持续性，坐位加重，无法久坐。此前曾接受局部针刺治疗，效果不显。医者诊察后判断，疼痛虽在后背，原发却可能在胸前。触诊发现左侧胸小肌张力明显高于右侧，按压时患者有放射感。依据卡点理论，胸小肌为上部胸背重要卡点之一，其紧张可导致肩胛骨区域代偿性疼痛。

遂针刺左侧胸小肌卡点，针下得气，患者即感肩胛骨内侧疼痛缓解六至七成。未处理后背任何部位，一针之下，症状大减。此案验证了卡点理论的临床价值——卡点并非疼痛所在，而是气血经

络壅塞之处，疏通卡点，气血畅行，远端症状自消。

案例五：卡点通调法——多种不适的整体调理

患者多种不适并存，包括颈肩僵硬、胸闷、腰酸、下肢沉重，症状复杂，难以定位。医者采用卡点通调法，依次处理胸锁乳突肌、头后大直肌、胸小肌、腋下三肌、耻骨肌、跖肌等主要卡点。治疗后患者自述全身轻松，各部位症状均有不同程度改善。

卡点理论的提出，为复杂病症提供了系统的治疗路径。即便医者难以精准判断具体病机，只要系统疏通全身主要卡点，改善气血循环，人体自愈机制即可启动，实现多症状同步缓解。此法对于症状繁杂、辨证困难的病例尤为适用。

案例六：调衡药法治疗儿童脊柱侧弯

幼童患者，体态明显偏歪，高低肩，脊柱轻度侧弯。家长不欲针刺，求治于调衡药法。医者依据六合靶向诊断，定位于肝、肾两脏，选用相应性味药物组方。服药五剂后复诊，照片对比显示高低肩明显改善，脊柱侧弯减轻。继续调理，患儿体态渐趋端正。

调衡药法以病机十九条为纲，不执著于经方成方，而是根据诊断灵活选用性味相合之药。本案未用任何动物药、有毒药，仅以药食同源之品组方，却收改善骨骼结构之效，充分体现了“无毒治病，十去其九”的经典原则。

案例七：调衡药法治疗湿疹

患儿皮肤湿疹严重，局部皮肤增厚、颜色暗沉，瘙痒难忍，曾外用多种药膏效果不佳。调衡药法

辨证施治，以性味配伍组方，内服调理。十剂药后，湿疹基本痊愈，皮肤恢复光滑，瘙痒消失。家长欣喜之余，亦感叹中药之神奇。

湿疹虽在皮肤，病机关乎脏腑。调衡药法不以外症为唯一依据，而是通过整体辨证，调其脏腑，和其气血，内环境改善，外症自然消退。此案再次印证了“治病求本”的中医精髓。



案例八：调衡药法使用后舌象改善

患者舌苔厚腻，舌质紫暗，口干口苦。调衡药法依证选药，一周后复诊，舌苔变为薄白洁净，舌质转为淡红，厚腻苔与紫暗象均消失，患者自述口干口苦亦明显减轻。舌象变化直观反映了体内湿浊、瘀滞的改善，也验证了调衡药法“药证相应”的精准性。



以上案例虽病种各异、症状不同，但治疗思路高度统一：以形态诊断确定失衡，以调衡针法或药法恢复平衡，不问病名，舍症求本。调衡医学提供了一套可重复、可验证的诊疗路径，使中医整体观从理念转化为操作，从模糊走向清晰。

八、结语

调衡医学以“病于内必形于外”为诊断枢机，将中医阴阳五行、气血津液、经络腧穴理论与现代解剖学生理知识有机融合，形成了针灸与药法并重、诊断与治疗贯通的完整学术体系。其针灸疗法强调形态诊断、扎跳得气、套路规范，实现了从传统经验向标准化的跨越；其药法理论立足病机十九条、药食同源、性味配伍，打破了经方成方的固化思维；其卡点理论揭示了气血经络阻塞与疾病发生的直接关联，为临床治疗提供了简便高效的切入点。

调衡医学的价值不仅体现在临床疗效的提升，更在于它为中医现代化探索了一条可行之路——既忠实于经典理论内核，又吸纳现代医学认知；既强调诊断的客观化标准化，又保持治疗的灵活性与个体化。对于中医从业者而言，这一体系既提供了系统学习的完整框架，又为临床实践开辟了新路径。调衡医学为架设于古今中医之间的一座桥梁，在传承与创新的交响中，助力中医人感悟中医之真谛，践行济世之初心。

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Tiaoheng Chinese Medicine (TiaoHeng): A New Holistic Diagnosis and Treatment Paradigm of Chinese Medicine Bridging the Past and Present

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Abstract:

Tiaoheng Chinese Medicine (TiaoHeng), founded by Mr. Zhang Wenyong, takes "internal disease inevitably manifests externally" as its core diagnostic principle. It integrates yin-yang and five elements theory, meridian and acupoint theory, and human morphology and function, forming a complete diagnosis and treatment system that employs both acupuncture and herbal medicine in parallel. Diagnostically, it prioritizes morphological observation and establishes a three-tiered approach combining inspection, palpation, and abdominal diagnosis, classifying yin-yang imbalance into structural and functional types.

Therapeutically, TiaoHeng Acupuncture uses "needle induced muscle twitch" as the standard for obtaining Qi and adopts routine point protocols. Balance Regulation Herbal Medicine adheres to the principle of "homology of medicine and food, non-toxic treatment," using the nineteen pathogenic mechanisms to guide the combination of nature and flavour. The "KaDian Theory (KaDian, referring to points of sustained hypertonicity)" provides a simple entry point for complex disorders. This article elaborates on its theories, methods, and clinical verification of Tiaoheng-Chinese Medicine (TiaoHeng), offering new insights for the modernization of the holistic concept of Chinese medicine.

Keywords:

Tiaoheng Chinese Medicine (TiaoHeng); holistic view; yin-yang imbalance; morphological diagnosis; KaDian Theory; homology of medicine and food

1. Introduction

The soul of Chinese medicine lies in its holistic view and dynamic balance. How to transform ancient wisdom into actionable clinical norms is a central challenge in the development of Chinese medicine. Tiaoheng Chinese Medicine (TiaoHeng)-takes "internal disease inevitably manifests externally" as its pivot, tightly combines yin-yang and five elements, meridians and acupoints with morphology and function, and forms a system emphasizing both acupuncture and herbal medicine, achieving frequent clinical breakthroughs.

2. Overview of the Medical System: Yin-Yang Imbalance as the Root of Disease

2.1 Modern Interpretation of Traditional Theory

Tiaoheng Chinese Medicine is rooted in the classics and regards the human body as a dynamic yin-yang balancing system. Yin and yang are embodied in morphological structures and functional activities. Disease is defined as "relative imbalance is disease, regardless of the presence of symptoms," emphasizing "first attend to the physical form, then to the spirit," with morphology as the primary diagnostic entry point.

2.2 Integration and Transcendence of Modern Medicine

The system integrates internal and external pathogenic factors and psychosomatic cognition, all governed by yin-yang. It proposes that

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"morphological deviation of the body" is a visual manifestation of yin-yang imbalance. It matches the flexibility and stability of bone joints with yin and yang, putting forward the pathogenic view of mechanical compensation in which "stable joints compensate for the lack of mobility of flexible joints."

2.3 Classification of Yin-Yang Imbalance and the Holistic View

Structural imbalance refers to dysfunction of the locomotor system leading to skeletal changes, pain, and autonomic nervous system disturbances. Functional imbalance refers to disharmony of the sympathetic and parasympathetic nerves and circulation, with marked symptoms but no abnormal findings on examination. The holistic view emphasizes that morphological abnormalities such as leg length discrepancy and uneven shoulder height are all signs of disease. Based on this, TiaoHeng Acupuncture uses needling to correct deviations and restore function, thereby achieving "treating different diseases with the same method" and "focusing on the root rather than the symptoms."

3. Theory of TiaoHeng Acupuncture: Activating Self-Repair

Centered on the "dynamic balance concept," it regulates through the neuro-endocrine-immune network, aiming to activate the body's potential for self-repair. Diagnosis emphasizes inspection and palpation, observing morphology, movement dysfunctions, and tenderness. Treatment points include stress points, resistance points, and attachment points, following the principle of "taking pain points as acupoints, and muscle twitch as the criterion" and "using relaxation to treat hypertonicity, and contraction to treat weakness." The standard for obtaining Qi is a visible or palpable muscle twitch triggered by needling, achieving a

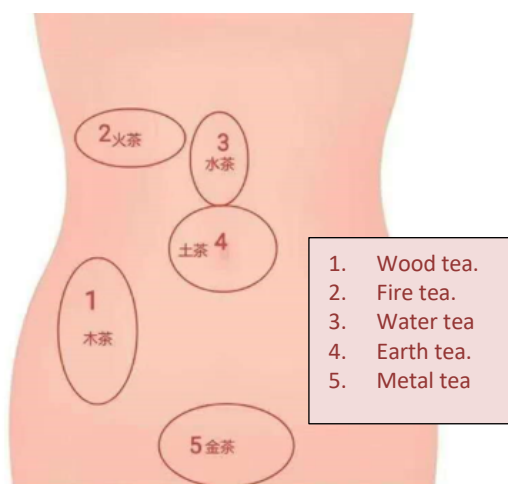
breakthrough in precise positioning and reproducibility.

4. Diagnosis and Routines: Harmonizing Form and Spirit

4.1 Three-tiered Diagnosis and Practical Techniques

The diagnostic system comprises morphological imbalance analysis, evaluation of three sets of imbalance patterns, and integration of the four examinations, locating injury points and secondary imbalance chains from the three tiers of static structure, dynamic function, and Qi-blood circulation. The "Figure-4 test" can quickly-identify problems of the gluteus minimus or pectineus, used for localization in lumbar-leg and shoulder-knee pain. In abdominal diagnosis, tenderness in the heart region (an abdominal diagnostic zone, not the anatomical heart) corresponds to the liver; in the liver region to the ascending colon; in the kidney region to the stomach; in the lung region to the bladder; and in the spleen region to the projection of the small intestine. Diffuse abdominal tenderness is localized to the heart. When tenderness disappears, symptoms are alleviated.





4.2 Treatment Approach and Routines

Physiological morphological problems mainly involve treating large muscles, while emotional and functional problems mainly involve treating small muscles. For example, allergies and excess stomach acid are treated by needling the digastric muscle; a dry tongue with thick coating and difficulty extending the tongue by needling the latissimus dorsi; drooling and tooth-marked tongue by needling the digastric muscle. Routines include the Six-Needle protocol (rectus capitis posterior major, obliquus capitis inferior, external and internal oblique muscles, soleus, tibialis posterior) for regulating form, and the Seven-Needle protocol (adding sternocleidomastoid, upper and lower trapezius) for regulating the spirit, along with the "Heart and Mind Relief" protocol. Based on the diagnosis, a routine is directly selected, harmonizing form and spirit, while paying attention to the yin-yang mutual rooting of the left and right sides in men and women.

5. TiaoHeng Herbal Medicine:

Precise Application of Medicine-Food Homology

It transcends fixed classical formulae, remains loyal to the taste of individual herbs, and flexibly utilizes their secondary flavours. It adheres to the principle of medicine and food being from the same source, avoiding animal products, toxic herbs, and

controversial substances, conforming to the "non-toxic treatment" principle of the *Inner Canon*. Taking the nineteen pathogenic mechanisms as the guiding principle, and integrating inspection, abdominal, tongue, and pulse diagnosis, once the pathogenesis is pinpointed, the formula can be composed based on nature and flavour. Its advantages are precision, rapid effect, and stability. There is also a simplified numerical version-determining the five elements by the last digit of the birth year, combining herbs according to rules such as "acid, sour, bitter," with dosages of "light five, heavy eight," suitable for health maintenance and beginners.

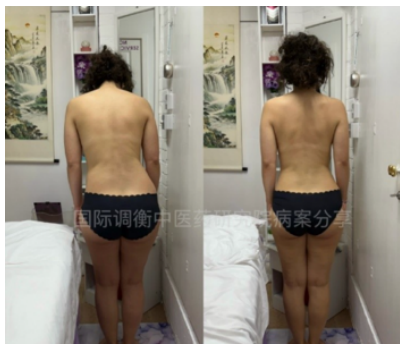
6. KaDian Theory: The Key to Unlocking Complex Diseases

A KaDian is a point where Qi, blood, and meridians become stuck and compressed. Long-term compression leads to compensatory actions or damage in associated muscles and internal organs. Major KaDian include: in the head and neck, the sternocleidomastoid, rectus capitis posterior major, and obliquus capitis inferior; in the upper limbs and chest-back, the pectoralis minor and the three muscles in the axillary region; in the lower limbs, the pectineus and plantaris. By palpation, tension is compared and the side with higher tension is needled. Sequentially opening these KaDian can improve Qi and blood circulation, initiate self-regulation, and simultaneously improve both morphology and symptoms.

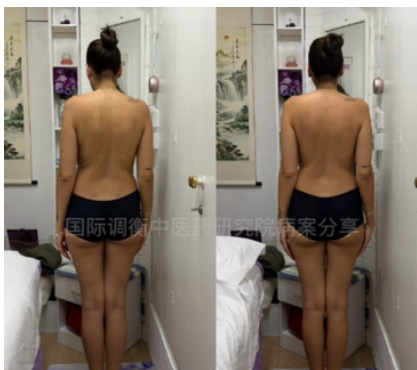
7. Selected Clinical Case Analyses

Classic TiaoHeng Example: Without asking the disease name or symptoms, direct needling to correct the form; when the form is corrected, symptoms disappear.

Comparison of postural changes before and after a single acupuncture treatment:



Result after one treatment



Result after one treatment

Case 1: Morphological TiaoHeng.

A patient with shoulder and neck discomfort, uneven shoulders, and scoliosis. After needling with the Six-Needle protocol, the shoulder height difference improved, the spine became straighter, and the patient felt relaxed, confirming that "when the form is correct, Qi flows smoothly."



Case 2: Figure-4 Test and Distal Point Selection.

A patient with shoulder pain had a positive Figure-4 test (tight gluteus minimus). Needling only the gluteus minimus treatment point significantly

reduced shoulder pain and improved mobility, demonstrating the holistic view.

Case 3: Abdominal Diagnosis Regulating Generalized Discomfort.

A patient with fatigue, insomnia, and gastrointestinal disturbances showed tenderness in the heart and kidney regions on abdominal diagnosis, localizing the problem to the liver and stomach. After acupuncture, the tenderness disappeared along with improvements in mood, sleep, and gastrointestinal function.

Case 4: KaDian Theory for Scapular Pain.

A patient with pain on the medial side of the left scapula was found on palpation to have high tension in the left pectoralis minor. After needling, the pain was relieved by sixty to seventy percent, demonstrating that unblocking the KaDian-causes distal symptoms to resolve spontaneously.

Case 5: KaDian General Opening Method.

A patient with multiple complaints was treated sequentially by opening KaDian such as the sternocleidomastoid, rectus capitis posterior major, and pectoralis minor. The patient felt overall relaxation, with symptoms improving synchronously.

Case 6: TiaoHeng Herbal Medicine Treatment for Childhood Scoliosis.

A young child with uneven shoulders and scoliosis showed noticeable postural improvement after taking five doses of medicine-food homologous herbs, demonstrating the effect of non-toxic treatment.



Before treatment

After TiaoHeng Herbal medicine treatment

Case7: TiaoHeng Herbal Medicine Treatment for Eczema

A child with severe eczema recovered completely from skin lesions after taking ten doses of TiaoHeng herbal medicine, showing that when the internal environment is regulated, external symptoms disappear.



Persistent itching for >5 months



Nearly resolved after 10 herbal prescriptions.



Case 8: Tongue Manifestation Improvement.

A tongue coating that was thick, greasy, purple, and dark turned to thin, white, and pale red after taking TiaoHeng herbal medicine, visually verifying the correspondence between the herbal formula and the syndrome.

8. Conclusion

Taking "internal disease inevitably manifests externally" as its pivot, Tiaoheng Chinese Medicine (TiaoHeng) integrates the past and present, forming a complete system that combines acupuncture and herbal medicine. Its acupuncture moves towards standardization through morphological diagnosis, twitch-based obtaining of Qi, and routine protocols. Its herbal medicine, based on the nineteen pathogenic mechanisms and homology of medicine and food, breaks away from fixed thinking. The KaDian Theory reveals the connection between Qi and blood obstruction and disease, providing a simple and efficient therapeutic approach. The system faithfully retains the core essence of the classics while absorbing modern understanding, realizing the transformation of the holistic concept from an idea into an actionable pathway, offering a viable path for the modernization of Chinese medicine.

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微针调脉治疗抑郁症

聂卉 英国

摘要：本文介绍了经典中医的天人合一理论及有关脉学，凭脉选穴针灸治疗抑郁症，其目的是提升针灸层次和疗效。脉诊和舌诊是中医主要诊断方法和中医特色，微针调脉是本文重点介绍的内容。目前针灸为世界人民所喜爱，是海外中医诊所的主要治疗手段，如何提高针灸疗效，是我们针灸从业者一直研究的主题，《黄帝内经灵枢·九针十二原》所言：“小针之要，易陈而难入，粗受形，上受神”，“欲以微针通其经脉，调其血气，营其逆顺出入之会。令可传于后世，必明为之法”。本文主要根据难经和内经脉法理论，以及加拿大经典中医研究者潘晓川的中医自洽学术思想，应用直径 0.2 毫米微针调脉（针灵）治疗抑郁证病人，取得了显著的临床疗效，分享在此仅供中医同仁参考。

Abstract: This article introduces the classical Chinese medicine theory of the unity of human and nature and related pulse diagnosis and discusses acupuncture point selection based on pulse diagnosis for the treatment of depression, aiming to enhance the level and efficacy of acupuncture.

Pulse diagnosis and tongue diagnosis are major diagnostic methods and characteristics of Chinese medicine, and improving pulses by micro-needle is the focus of this article.

Currently, acupuncture is popular worldwide and is a major treatment method in overseas Chinese medicine clinics. How to improve the efficacy of acupuncture is a topic that acupuncture practitioners have been researching continuously.

The 《Huangdi Neijing Ling Shu》 states: "It is the key point for acupuncture that it is easy to apply but difficult to master the high level. Some doctor only

directly improves patient's symptoms, but some knowledgeable doctor focus on patient's pathology and symptoms".

It further states, this article, based primarily on the pulse diagnosis theories of 《NeinJing and Nanjing》, as well as the self-consistent academic thought of TCM by Pan Xiaochuan, a Canadian researcher of classical TCM.

I improve patient's pulse by acupuncture with the 0.2 mm diameter micro-needles according to Neijing theory.

Significant clinical efficacy has been achieved, and this article is shared here for reference by fellow TCM practitioners.

关键词：经典中医 脉学 针灸 抑郁症

一，经典中医和传统中医，是我们目前中医学理论的两个基本概念，我们学校教课书里描述，传统中医是根据两千年前阴阳五行和皇帝内经的四诊八纲辨证论治指导临床的一门中国医学。那么黄帝内经形成之前的中医历史长河中，古人是如何养生的呢？这可能就是经典中医形成阶段，经典中医来源于古人望天，主张天人合一。伏羲一画天下，建立了古天文学，古人认为天体运行五大行星为五运，与地之呼应就是五行，即木火土金水。天地为阴阳，古人用太极图表示阴阳的关系，由此太极图的产生标志着中医雏形阶段，也可认为是经典中医阶段。

自从宇宙大爆炸的那一瞬间起，便产生了宇宙的信息和规律，不但控制宇宙天体发生和运动，也对天地相应的人体发挥决定性作用。这些信息和

规律，古中医人总结为太极规律，即宇宙双螺旋场的运动规律。太极为宇宙间双螺旋场基本规律的概括，大而无外，小而无内。河图为太极的数理模型，为中医形成体系的标志。三维结构的太极图及河图揭示了宇宙间能量运行的基本规律¹。

《素问·玄机原病式》：“夫医教者，源自伏羲，流于神农，注于黄帝，行于万世，合于无穷，本乎大道，法乎自然之理”。

经典中医学者潘晓川认为：经典中医特指以中国古代天文学为背景，以易经为哲学基础，以象数思维为特点，治疗上以调“气”为核心，以脉诊为重要诊断手段，汉唐时代发展到顶峰的独特医疗体系，经典中医是以自然界恒定现象为公理，根据象数规律进行推演运算所形成自治的系统²。

二，脉学一直是中医诊断的重点之一。千年来我们一般以王叔和的 24 部脉指导临床辨证。关于脉诊近年有许多的研究，大体总结有，1 气化脉诊，凭脉扎针调气，是以潘晓川为代表的逻辑气化辩证脉诊，无问其病，以平为期；2 微观脉诊，是摸形，可摸脉诊断出结节，肿瘤等疾病，与解剖相关，代表人物为许跃远和寿小云；3 太素脉诊，与象学理论相关，与看手相和看面相类似，代表人物张太素。

三，潘晓川的脉学理论，是以《皇帝内经·灵枢》和《难经》为指导思想的营卫调脉针法，称为灵枢微针调脉，也叫针灵，沿用古中医理论脉为气的窗口，脉诊为四诊之首的思路，无问其病，以平为期，脉中有穴，脉中有方，一脉相承³。治疗通过微针调脉改变脉象而达气至，从而跨越了繁杂的局部症状表象。微针调脉是根据难经理论，即脉有大小，有阴阳两层和五层脉（五脏）而诊断用针，如《难经三难》曰：“脉有太过，有不及，有阴阳相乘，有覆有溢，

有关有格，何谓也？”《难经十二难》曰：“经言五脏脉已绝于内，用针者反实其外；五脏脉已绝于外，用针者反实其内。内外之绝，何以别之。”

又如《皇帝内经素问·三部九候论》：“察九候独小者病，独大者病，独疾者病，独迟者病，独热者病，独寒者病，独陷下者病”。《皇帝内经素问·玉机真藏论篇》岐伯曰：“其气来盛去亦盛，此为太过，病在外；其气来不盛去反盛，此为不及，病在中”。这两个经文是对于“独处藏奸”选穴的依据。

潘晓川灵枢微针调脉有九大针法。其中汤液针法为常用针法，是以五脏为核心，本穴为主穴，盛者泻之，虚者补之。选穴原则是运用阴阳表里，男女左右，脉之太过和不及等因素。双手把脉，手下六指所按如同一个太极图（有五脏五行相生相克），查太过或不及，找出独处藏奸（所病之脏），根据河图与五脏五行相对应关系，找出下针穴即补泻相施，请看载图和病例分析。

选穴原则还依据《素问·阴阳应象大论篇第五》：“故善用针者，从阴引阳，从阳引阴，以右治左，以左治右，以我知彼，以表知里，以观过与不及之理，见微得过，用之不殆”。根据《皇帝内经素问·终始第九篇》，潘晓川还总结了终始针法调脉。把太极图，看成一个双螺旋图而创造了转中法调脉治病。根据命门元气三焦说创立了命门针法³。

四，抑郁症和焦虑症是一类常见的精神情绪障碍，女性患者比男性更多。表现为持续的情绪低落、对生活失去兴趣和乐趣，或焦虑，情绪易激动亢进，坐卧不宁，其深刻影响生活和工作各方面，病因复杂，可能涉及遗传、脑化学物质、激素、压力事件和心理因素。若不治疗，可能

加重并导致自残或自杀，目前除癌症和心脑血管病之外，抑郁症已成为全球危害健康的第三大杀手。

抑郁症的治疗主要包括心理治疗、药物治疗，以及生活方式调整（运动、睡眠、营养），其中针灸治疗已经成为海外中医诊所的第二大疾病范畴。我们常用的针灸穴位有百会，四神聪，神门，内关，三阴交，太冲等。

近年来笔者应用学者潘晓川创立的灵枢微针调脉针灸治疗抑郁症和焦虑症，收到了显著的临床疗效。从中医理论分析，抑郁症病位主要在肝，涉及心，脑，脾，病理主要是肝郁气滞；或肝阳上亢；或肝郁克脾，或肝火扰心，或肝火蒙蔽脑窍。在脉象的表现上，笔者经常触摸到肝位脉象太过，六位脉象中其它5位脉象不明显，符合了“独处藏奸”的理论，泻肝经之木穴，补肝表里经胆经的金穴达到平肝抑阳，使肝气舒畅，脉平症消。如肝位不及，反之。另外也根据病人的脉象浮沉阴阳两层脉象，有时也经常应用终始针法脉口人迎一盛一燥取穴，疏肝利胆调解肝经；或者经常配合转中法调节肝脾不合。

五、病例介绍及分析

病例一，女58岁，初诊2016年，主诉：抑郁和焦虑三年，由于家庭问题，咨询时就流泪，时有腹胀，没有口服抗抑郁药，外出购物社交时经常与人吵架，体态略胖，诊断为焦躁型抑郁症，属中医肝阳上亢型。脉象双关偏大，双尺双寸触摸微弱，调双关转中法，印堂转中双刺。一周后第二次复诊，脉象右关大于左关，按汤液针法和五行相生相克理论，泻左大墩，补右足巧阴。针刺时咳嗽进针，一是激发体内经气开始运行，增加针刺疗效；二是减轻针刺所带来的刺痛，因为所取之穴多数为井穴。针

具为直径0.20 X 13毫米，进针深度为大约3-4毫米，均留针30分钟，一周一次针灸。另外加入针刺其它腧穴：百会（头针顶中线），头维（头针额旁三线）。

第3次复诊，病人情绪稳定，心情愉悦，愿意以针代药，继续长期治疗，之后病人每周针灸一次，到2020年后，改为每2-3周针灸一次，持续针灸至今有10年针灸治疗复诊史，这10年期间曾经2次患带状疱疹，这样从一个侧面反映出患者的肝胆火盛体质。她的脉象变化是随着她情绪的好转有时趋于平和，但右关经常太过，所以不问其症，凭脉调针，平和体内阴阳。

病例一分析：此病人病位在肝，脉位右关经常太过，按男左女右定位，女右手关位为肝，五行属木，按五行相生相克和脏腑表里经的关系，肝木实胆木虚，泻木经木穴大墩，按太极图中的经气走行，一气周流，女取左侧大墩，补表里经胆经右侧足巧阴。汤液针法是以五脏为核心，本穴为主穴，盛者泻之，虚者补之为原则。此病人虽然基本病情好转，但脉象始终不能做到六脉合一，如《难经二十一难》曰：“经言人形病，脉不病曰生；脉病，形不病曰死，何谓也？”。可以理解此病人虽然症状好转，但脉象没有正常，说明色脉不一，即人体内在的生理状态比表面的症状更重要，需要继续调脉养生，以期达到身体的最佳状态。

病例二，女48岁，初诊2022年，主诉：焦虑二年，是单身母亲。由于新冠疫情隔离患病，咨询时就流泪，是亲属送来就医，因为有严重的焦虑情绪不能开车，双手颤抖，失眠，体重增加，有时潮热盗汗，没有口服抗抑郁药，家属介绍病人有自杀倾向，诊断为焦躁型抑郁症，中医肝肾阴虚肝阳上亢型。

脉象双脉六部均为沉脉，符合《难经四难》阴阳两层脉的理念，应用终始针法调脉治病。病人为脉口一盛，病在肝胆，补左足临泣和左侠溪，泻右行间，加巨阙，印堂，百会穴，留针 30 分钟。第二次复诊，病人自己开车复诊，述说不是太坏的。脉象右关大于左关，用汤液针法，泻左大墩，补右足窍阴。病人共治疗了 7 次，自我感觉基本好了，没有再约诊。

病例二分析，给此病人针灸治疗应用了汤液针法和终始针法，是根据脉象选择，其脉和病都与肝胆相关，病人基本表现右关太过，治疗机理与病例 1 基本相同。

病例三，男 46 岁，初诊 2025 年，主诉：抑郁和焦虑 20 年近两个月加重，一直口服抗抑郁药。目前症状是严重焦虑，社交恐惧，难以维持目前的工作，失眠多梦，食欲差，注意力不集中，头痛，记忆力差，身冷尿频，舌淡苔白，脉六部沉。诊断为焦躁型抑郁症，中医肝郁克脾，脾肾阳虚型。给此病人应用了终始针法脉口一盛，补右足临泣和侠溪，泻左行间；用命门针法双补左阳池右内关。另加关元和百会。同时给与中药浓缩粉口服柴胡疏肝散 7 天量。二诊情绪有一点好转，睡眠好转，脉象右弦左沉，仍用脉口一盛微针调脉，没有再给中药。四诊主诉明显好转；七诊主诉已经正常；八诊为巩固治疗，脉象六部和缓。

病例三分析，初诊此病人六脉沉，病邪在里，根据症状病在肝，所以应用终始针法脉口一盛，疏肝而健脾，用命门针法补元阳改善身冷尿频。二诊病人脉象右弦左沉，仍然是脉口一盛脉象，因为男性左脉弱于右脉，仍然认为病在里，所以还是用脉口一盛微针调脉。

六，总结

1，笔者临床应用灵枢微针调脉近 10 年，收获颇大，感觉到了经典中医的博大精深奥，为我们临床取之不尽用之不竭的治疗法宝，也是我们不断继承和学习的宝库，更是我们中医人的骄傲，因为我们应用了祖先们总结留下的宝贵知识造福于人类。

我们在大学学习到的传统中医针灸知识，如 14 经脉和 361 个腧穴，是我们临床应用的基础，是我们经常应用知识范畴，但是经典中医的灵枢微针调脉能够极大的提高针灸疗效，也是脉学理论的发展和继承，它可以扩大临床操作手段，提升针灸师的理论水平，从而提高临床疗效。

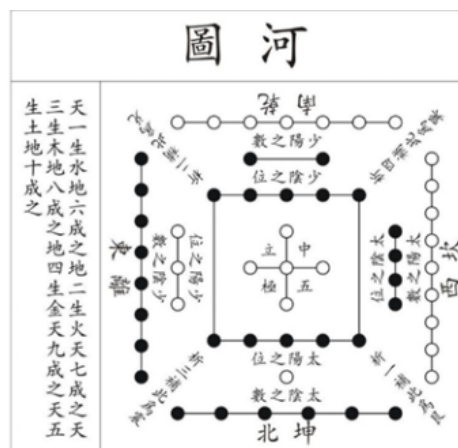
2，通过临床实践，笔者发现针灵对抑郁症的治疗有很好的疗效，是与其它治疗手段相比，也是针灸取穴上的一大优势，因为抑郁症是属于功能性疾病，非器质性病变，针灵有调节经气的作用，学者潘晓川认为“人就是一团之气”，如《内经素问·第二十五篇》曰“人以天地之气生，四时之法成”。《内经灵枢·第七十五篇》曰“真气者，所受于天，与谷气并而充身也”，“用针之类，在于调气，气积于胃，以通营卫，各行其道”。

《灵枢》针法的实质为营卫针法，摸脉扎针，扎针就是扎气，因为经络里的气血，是气态的气血⁴。所以按照经典中医理论或传统中医理论思考，我们针灸师扎的是什么？非神经；非血管；非筋膜；非细胞间质。扎的就是气和功能，人体的能量气场，摸不着，看不见，人死了，经络也就不存在了，因为中医本身就是一门哲学，是辩证法，是一门传统医学体系。

3，学者潘晓川认为：正常的脉象应该是形同橄榄，六脉如一，男顺脉为寸大，左大，尺软；女顺为尺大，右大，寸软⁵。多数抑郁症的脉表现在关脉上的变化，女右关脉大偏多，男左关脉大偏多。

按学者潘晓川的学术体系脉位与五脏的对应关系是男关脉为肝，女关脉为肝，所以针灵调脉也是以这个原则选穴调脉。笔者经常根据脉象，对于抑郁症常用汤液针法，终始脉法，转中穴。总之微针调脉治疗，加速病愈。

4, 个人体会，灵枢微针调脉的优势病种及适应症，首选情绪障碍，抑郁症，焦虑症，失眠，及养生保健。《难经一难》曰“十二经皆有动脉，独取寸口，以决五脏六腑死生吉凶之法，何谓也？”。这说明了微针调脉治病和保健的重要性。本篇所论述的某些观点，如有不当之处，欢迎中医同仁批评指正共勉。



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八卦腹针治疗郁证（抑郁症）的临床思路与应用

李艳¹，涂显琴²，彭雪洋¹，余依玲¹，熊远梅³，曾彦凝⁴

摘要：郁证为中医临床常见情志病，其病机多与肝气郁结、心神失养、脏腑功能失调有关，与现代医学中抑郁症高度相关。根据中国科学院心理研究所发布的《心理健康蓝皮书》等权威信息，中国抑郁症患者已突破 9500 万，WHO 更明确警示，全球每 4 个人中就有 1 人在一生中会遭遇精神或神经类疾病困扰！抑郁症已从“个人情绪”问题演变为公共卫生问题与社会问题，积极应对抑郁症、规范干预、中西医协同防治刻不容缓。针灸作为中医治疗情志病的特色疗法，在调节脏腑气机、安神定志方面具有独特优势。八卦腹针作为融合周易八卦理论、中医整体观念与腹针疗法的特色针刺技术，以神阙为中心进行腹部八卦定位，通过“落脏”思路调节脏腑气血，契合郁证的核心病机。本文结合中医经典理论梳理郁证的病因病机与辨证要点，阐述八卦腹针的理论基础与操作规范，并附临床案例的具体思路，为临床针灸治疗郁证（抑郁症）提供参考。

关键词：八卦腹针；郁证；抑郁症；针灸；疏肝解郁

1 郁证的中医理论溯源与临床特征

情志疾病的记载最早见于《黄帝内经》，其提出“人有五脏化五气，以生喜怒悲忧恐”，明确人的情志是心理活动最突出、最常见、最重要的表达方式，情志活动与脏腑气血密切相关，为郁证的病机奠定理论基础。郁证作为独立病名首见于明代虞抟《医学正传》，而在此之前历代医家对郁证相关症状已有了丰富的论述：汉代张仲景在《金匮要略·妇人杂病脉证论治》中首次对

脏躁、梅核气进行辨证论治，其中“妇人脏躁，喜悲伤欲哭，象如神灵所作，数欠伸，甘麦大枣汤主之”，其病位核心在心脾两虚、心神失养，心血不足则神失所养。“妇人气多郁闷，咽中如有炙脔，半夏厚朴汤主之”，为梅核气典型表述，病机属痰气郁结，为郁证常见证型。金元时期，医家将郁证病因病机从外感转向内伤，朱丹溪在《丹溪心法》中提出“气血痰火湿食”六郁之说，将郁证归为内伤杂病的重要病因；清代何梦瑶《医碥·杂症·郁》补充“六淫、七情足以致郁”，进一步丰富郁证的病因范畴。现代中医对郁证的认识承袭经典，王永炎主编《中医内科学》（第 6 版）将郁证定义为：以心情抑郁、情绪不宁、胁肋胀满、夜寐不安、易怒善哭，或咽内如异物梗塞不适等为主要临床表现，以情志怫郁、气机郁滞为核心病机的一类病症。

结合临床，郁证（抑郁症）多因情志不和、气郁不伸，逐渐导致脏腑失和、神明被扰，常见临床表现为：烦躁不安、心情抑郁、悲伤、胁肋胀痛、食欲不振、二便失调、头昏眩晕、精力下降等；其中脏躁、梅核气均好发于青中年女性。脏躁以情绪不稳定、无故哭泣、心神不宁为核心，伴心慌胸闷、失眠盗汗、腰膝酸软、月经紊乱等，各项理化检查无器质性病变；梅核气以咽中异物梗塞感为特征，梗塞感随情绪波动变化，无咽痛及吞咽困难，核心病机为痰气交阻于咽喉。

2 针刺疗法的发展与八卦腹针的理论基础

2.1 针刺针法的发展溯源

中国针灸学中针法如云，手法各异，形成了诸多流派纷呈、各具特色的技术体系。针刺疗法的起源可追溯到新石器时代的砭石疗法，《说文解字》载“砭，以石刺病也”，砭石为原始的针刺与切割用具，通过叩击皮肤、浅刺出血、割治排脓以疗疾，是针刺疗法的前身。1963年内蒙古自治区多伦旗头道洼出土的砭石，以及山东日照县出土的同类器物，均验证了砭石疗法的历史真实性，其形制兼具针刺与切割的功能，为后世针具的发展奠定了基础。

后世针灸医家以《黄帝内经》《难经》理论为理论指导，结合临床经验，不断丰富针刺手法与理论体系。元明时期为针灸发展的鼎盛阶段，窦默《针经指南》、徐凤《针灸大全·金针赋》、高武《针灸聚英》、杨继洲《针灸大成》等著作系统论述了针刺补泻、取穴规律、临床应用等内容；汪机《针灸问对》进一步阐述了针法补泻的原理及操作，上述经典均为现代针灸学发展的重要文献。

近代以来，针刺疗法与现代医学理念、传统中医特色理论深度融合，衍生出多种特色针刺技术，八卦腹针便是其中之一，该疗法 2022 年被列入贵州省贵阳市非物质文化遗产代表性项目（传统医药类），为临床治疗多种疾病提供了新的思路。

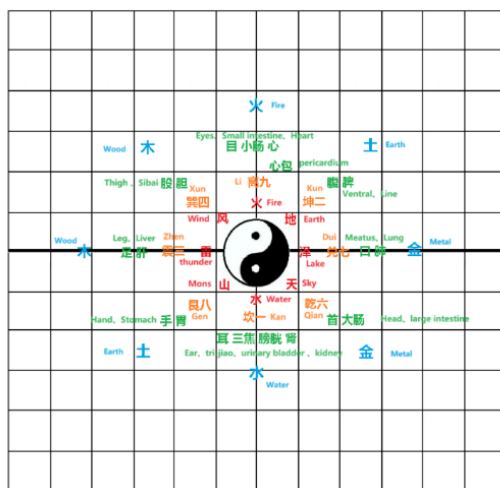
2.2 八卦腹针的理论核心

八卦腹针融合了周易八卦理论与中医针灸学，以“医易同源”为指导，将后天八卦与腹部脏腑定位相结合，辅以全息观念，实现“以腹调脏、以卦定位”的治疗目标。《周易》作为阐述宇宙万物运行规律的经典，其“易有太极，是生两仪，两仪生四象，四象生八卦”的理论，与中医“天人合一”“整体观念”高度契合；李时珍在《本草纲目》中运用八卦取象分析法阐述药物

特性，明确八卦与脏腑的对应关系：离卦属火，对应心与小肠；坎卦属水，对应肾与膀胱；坤卦属土，对应脾与胃，为八卦腹针的脏腑定位提供了理论依据。

八卦腹针以神阙穴为中心，将腹部划分为八个八卦对应区域，各卦位与脏腑密切关联，兼顾五行生克与脏腑表里，实现对脏腑功能的调节：中脘为离卦(火)，主心与小肠；关元为坎卦(水)，主肾与膀胱；左侧滑肉门为坤卦(土)，主脾胃；左腹大横为兑卦(金)，主肺；左外陵为乾卦(金)，主大肠；右侧滑肉门为巽卦(木)，主胆；右腹大横为震卦(木)，主肝；右外陵为艮卦(土)，主胃腑运化。各卦位相互关联，通过五行生克调节脏腑气血平衡，契合中医“治病必求于本”的原则。

八卦腹针的取穴与操作以整体观念为核心，通过有限的腹部穴位实现多脏腑的调理，减少针刺部位与次数，兼顾标本同治，充分体现了中医的“急则治其标，缓则治其本”的辨证施治理念，其理论与操作均根植于传统针灸学。



图一

2.3 八卦腹针的操作规范

2.3.1 针具选择

八卦腹针选用专用毫针，规格为 0.16mm×25mm、0.20mm×25mm、0.30mm×40mm，针体较常

规毫针更细，降低针刺刺激量与操作风险；采用专用套管进针，其在古典文献中称为“针管进针法”，又名“弹针速刺法”，可减少针刺痛感，降低晕针、滞针、弯针、断针的发生概率，同时有便于无菌操作。

2.3.2 进针深度

遵循宁浅勿深的原则，根据穴位部位与脏腑对应关系分为浅刺、中刺、深刺三级；浅刺（斜刺至皮下，约2分），适用于中脘、下脘等上部穴位；中刺（达脂肪层，约4分），适用于天枢、大横等腹部两侧穴位；深刺（达肌层，约5分），适用于气海、关元等下部穴位，避免过深针刺损伤腹腔脏器。

3 八卦腹针治疗郁证（抑郁症）的临床思路

3.1 郁证的核心病机与辨证要点

中医“郁”有两层含义，一为病机，指人体气血、脏腑功能郁滞不通的病理状态；二为病名，特指由情志怫郁导致气机郁滞为主要病机的一类病证，即郁证。郁证的核心病机为肝气郁结，情志不畅为其主要诱因，肝气郁结日久可累及多脏腑，衍生出神失所养、痰气郁结、心肾不交、心脾两虚等兼证，其中心神失养为郁证（抑郁症）的常见证型，与现代医学抑郁症的情感低落、失眠、注意力不集中等症高度契合。

现代医学认为，抑郁症是一种以情感性精神障碍为核心的疾病，伴多种精神与躯体症状，其发病与社会心理、生理、病理等多因素相关。中医郁证与抑郁症虽分属中西医不同理论体系，但临床表现高度重叠，抑郁症的情绪低落、失眠、心慌、食欲不振等症状，均可归属于中医郁证的范畴，采用中医针刺疗法可实现对躯体与精神症状的双重调节，且理法方穴完备，临床疗效确切。

3.2 八卦腹针治疗郁证的核心原则

八卦腹针治疗郁证（抑郁症）以疏肝解郁、安神定志为核心治法，兼顾调节脏腑气血、恢复脏腑功能，根据郁证的不同证型与兼证，采用“落脏”思路定位核心脏腑，结合八卦卦位与五行生克取穴，实现标本同治；针对肝气郁结之本，调畅肝胆气机（震卦、巽卦）；针对心神失养之标，补益心脾，沟通心肾（离卦、坎卦、坤卦）；兼顾痰气郁结、脾胃虚弱等兼证，调节肺脾功能（兑卦、坤卦），契合郁证“多脏腑受累，气机郁滞为核心”的特点。中医“落脏”理论是脏腑辨证的核心所在，其核心内涵在于明确疾病证候与脏腑机能之间的对应关联，是中医整体观念与脏腑学说在临床辨证中的具体应用。中医脏腑学说将人体以心、肝、脾、肺、肾五脏为核心，配合六腑、经络、气血等构成完整的机能系统，各脏腑各司其职且相互协调，共同维持人体生命活动与气机平衡：肝主疏泄，具备疏通气机、调畅情志、宣泄郁滞的生理功能，是调控人体气机升降出入的关键；心主血脉与藏神，主血脉即心气推动血液循行于脉道之中，濡养全身脏腑形体官窍，藏神则指心主宰人体的精神意识、思维认知及情志活动，为五脏六腑之大主；脾主运化、升清与统血，运化功能可腐熟水谷、吸收并输布水谷精微，为气血生化之源，同时能运化水湿，防止水液内停，升清与统血则维系脏腑位置恒定、保障血液循行于脉内而不外溢。人体处于病理状态时，脏腑机能失调所引发的各类病症，可通过经络传导、气血运行等途径，将病理变化与临床症状对应至相关脏腑，为临床“辨证求因、审因论治”提供核心依据。

3.3 临床案例分析

3.3.1 病例资料

患者程某，女，21岁，2024年10月28日就诊。患者4年前无明显诱因出现情绪低落、精

神恍惚、莫名哭泣，伴自伤行为，睡眠差、入睡困难，食欲降低，头晕头痛，兴趣减退，烦躁易怒，注意力不集中，有轻生念头，症状反复发作，偶有短暂亢奋。2024年4月中旬于某医院心理专科门诊诊断为“抑郁症”，予盐酸氟西汀胶囊(20mg, QD, 早餐后)、阿立哌唑口崩片(2.5mg, QD)、富马酸喹硫平片(1片, BID, 早晚餐后)口服治疗；服药后出现记忆力下降、大脑空白、夜间无睡意，后加服艾司唑仑片1片，效果不佳，近3月情绪低落加重，伴胸闷、心慌心悸，患者因惧怕西药不良反应，要求针灸治疗。刻下症：情绪低落，胸闷心慌，失眠，记忆力下降，疲惫虚弱，烦躁易怒；舌淡苔白腻，边有齿痕，脉细。

3.3.2 疾病诊断

中医诊断：郁证（心神失养症）；西医诊断：抑郁症。

3.3.3 治疗原则

养心安神、疏肝解郁、沟通心神、健脾和胃。

3.3.4 八卦腹针取穴与操作

3.3.4.1 核心处方

以“引气归元”为基础，以后天补先天，落脏于心（离卦，中脘）、肾（坎卦，关元），针对心烦失眠，心悸，焦虑不安，兼顾心肾相交、水火既济。

3.3.4.2 开腹四关

双侧滑肉门、双侧外陵，通调气血、舒经理气，使经气上下贯通；双侧滑肉门加用加强针1对，增强疏肝健脾之力。

3.3.4.3 辅穴配伍

阴都配健脑穴改善脑供血、醒脑安神；商曲配气旁，通调上下气血；大补肾气六针（关元、双侧气穴、关元下、双侧强肾穴），补益肾气、充养脑髓；双侧天枢、大横，疏肝健脾、调理气血。

3.3.4.4 对症配穴

针对失眠、亢奋暴躁，取腹部小八卦2针（地火明夷卦，先坤位后离位），以宁心安神，平调情志。

3.3.4.5 操作规范

选用0.20mm×25mm专用毫针，套管进针，按宁浅勿深原则进针（详见2.3.2），留针45分钟，每日一次。

3.3.5 治疗疗程与疗效

治疗3天：患者自觉胸闷心慌减轻，开始在专科医生指导下逐步减少西药用量；治疗7天：睡眠改善，情绪低落缓解，烦躁易怒减轻，记忆力下降症状好转；停药艾司唑仑片，改服枣仁安神胶囊以巩固疗效；治疗13天：改为隔天进行一次针灸治疗，11月20日在专科医生指导下全部停药抗抑郁西药，停药后无明显不良反应；巩固治疗：停药后予巩固治疗3次（每间隔3天进行一次针灸治疗），全程共治疗20余次，患者症状基本消失，情绪平稳，睡眠正常，恢复正常生活。

随访：停药后持续跟踪回访，患者病情稳定，无症状复发，未出现针刺相关不良反应。

4 讨论

郁证（抑郁症）的发病与情志、脏腑、气血密切相关，单一脏腑失调常累及多脏腑，治疗需兼顾整体与局部，标本与缓急。八卦腹针以神阙穴为中心，将八卦理论与腹部脏腑定位结合，通过“落脏”思路精准调节核心脏腑，兼顾五行生克与脏腑表里，实现对郁证多病机、多症状的综合调节。

本案患者为心神失养兼肝气郁结，八卦腹针以离卦、坎卦为核心调节心肾，配合开腹四关于疏肝健脾穴位，兼顾标实于本虚，实现养心安神、定悸止惊、疏肝解郁的治疗目标；套管进针降低

了痛感,提高了患者的依从性。同时,西药的减停全程在专科医生指导下进行,避免了突然停药引发的撤药反应,保障了治疗的安全性。但目前相关研究仍以临床案例为主,后续需开展大样本、多中心的临床对照研究,完善疗效评价,明确八卦腹针治疗郁证的取穴规律与作用机制,为其临床推广提供更加充分的依据。

5 结语

郁证(抑郁症)是临床高发的情志疾病,中医针灸治疗优势明显。八卦腹针以医易理论为基础,以整体观念为核心,通过调节脏腑安神定志、疏肝解郁,为郁证提供了安全高效的新思路。后续将进一步加强理论研究与临床验证,规范操作流程,使中医针灸在情志病的治疗中发挥更大的作用。

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Clinical Thoughts and Application Analysis of Bagua Abdominal Acupuncture in Treating Depression (Melancholia in TCM)

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【Abstract】 Melancholia is a common emotional disease in traditional Chinese medicine (TCM) clinical practice. Its pathogenesis is mostly associated with liver qi stagnation, malnourishment of the mind and spirit, and dysfunction of zang-fu organs, which is highly correlated with depression in modern medicine. According to authoritative data such as the Mental Health Blue Book released by the Institute of Psychology, Chinese Academy of Sciences, the number of patients with depression in China has exceeded 95 million. The World Health Organization (WHO) has further warned that one in four people worldwide may encounter mental health problems, with depression, anxiety disorders and substance abuse becoming three major mental health concerns. Depression has evolved from a personal emotional issue into a public health and social problem. Active intervention, standardized management, and integrated prevention and treatment with traditional Chinese and Western medicine are urgently needed.

Acupuncture, as a characteristic TCM therapy for emotional disorders, possesses unique advantages in regulating qi movement of zang-fu organs, calming the mind and stabilizing emotions. As a distinctive acupuncture technique integrating the I Ching Eight-Trigram theory, the holistic concept of TCM and abdominal acupuncture therapy, Bagua Abdominal Acupuncture adopts Eight-Trigram positioning on the abdomen centered on the Shenque (CV8) acupoint, and regulates qi and blood of zang-fu organs based on the theory of "targeting corresponding zang-fu organs", which conforms to the core pathogenesis of melancholia. Combining classic TCM theories, this paper sorts out the etiology, pathogenesis and syndrome differentiation key points of melancholia, elaborates the theoretical basis and operational specifications of Bagua Abdominal Acupuncture, and presents specific clinical treatment ideas with attached cases, so as to provide references for

clinical acupuncture treatment of melancholia (depression).

【Key words】 Bagua Abdominal Acupuncture; melancholia; depression; acupuncture; soothing the liver and relieving stagnation

1 Theoretical Origin and Clinical Characteristics of Melancholia in TCM

Records of emotional diseases were first found in Huangdi Neijing (The Yellow Emperor's Internal Classic), which states that "The five zang-organs generate five kinds of qi, which produce joy, anger, sorrow, anxiety and fear". It clearly indicates that human emotions are the most prominent, common and important manifestation of psychological activities, and emotional activities are closely related to qi and blood of zang-fu organs, laying a theoretical foundation for the pathogenesis of melancholia.

As an independent disease name, melancholia first appeared in Yi Xue Zheng Zhuan (Comprehensive Medical Records) compiled by Yu Tuan in the Ming Dynasty. Prior to that, physicians of successive dynasties had elaborated richly on symptoms related to melancholia.

In the Han Dynasty, Zhang Zhongjing diagnosed and treated visceral agitation and globus hystericus for the first time in Jin Kui Yao Lue· Synopsis of Prescriptions of the Golden Chamber · Pulse Manifestations and Treatments for Gynecological Miscellaneous Diseases. It records that "Women suffering from visceral agitation tend to grieve and cry involuntarily, as if possessed by spirits, and yawn frequently; Wheat and Jujube Decoction is indicated for this condition", with the core lesion located in deficiency of heart and spleen and malnourishment of the mind and spirit; insufficient heart blood leads to mental deprivation. For women with severe stagnation and a foreign body sensation in the throat like a piece of roasted meat, Pinellia and Magnolia Decoction is prescribed,

which is a typical description of globus hystericus with the pathogenesis of phlegm-qi stagnation, a common syndrome type of melancholia.

During the Jin and Yuan Dynasties, physicians shifted the etiology and pathogenesis of melancholia from external contraction to internal injury. Zhu Danxi put forward the theory of "six stagnations: qi, blood, phlegm, fire, dampness and food" in *Danxi Xinfu* (Danxi's Therapeutic Methods), classifying melancholia as an important disorder caused by internal injury. In the Qing Dynasty, He Mengyao supplemented that "six exogenous pathogenic factors and seven emotional factors can both cause stagnation" in *Yi Bian · Miscellaneous Diseases · Stagnation*, further enriching the etiological scope of melancholia.

Modern TCM inheritance of classical understanding defines melancholia in *Internal Medicine of Traditional Chinese Medicine* (6th Edition) edited by Wang Yongyan: a group of disorders mainly manifested as depressed mood, emotional instability, hypochondriac distension, insomnia, irritability and frequent crying, or a foreign body obstruction sensation in the throat, with the core pathogenesis of emotional depression and qi stagnation.

Clinically, melancholia (depression) is usually induced by emotional disharmony and unrelieved qi stagnation, which gradually leads to disharmony of zang-fu organs and disturbance of the mind. Common clinical manifestations include restlessness, depressed mood, sorrow, hypochondriac distending pain, poor appetite, abnormal defecation and urination, dizziness, fatigue and so on. Visceral agitation and globus hystericus are more prevalent among young and middle-aged women. Visceral agitation is characterized by emotional instability, involuntary crying and restlessness of the mind, accompanied by palpitations, chest tightness, insomnia, night sweats, soreness and weakness of the lower back and knees, menstrual disorders, with no organic lesions detected by physical and chemical examinations. Globus hystericus presents with a foreign body obstruction sensation in the throat that fluctuates with emotions, without sore throat or dysphagia, and its core pathogenesis is phlegm-qi binding in the throat.

2 Development of Acupuncture Therapy and Theoretical Basis of Bagua Abdominal Acupuncture

2.1 Historical Development of Acupuncture Manipulations

Acupuncture boasts diverse manipulations and numerous academic schools in Chinese acupuncture and moxibustion, forming distinctive technical systems. Acupuncture originated from stone needle therapy in the Neolithic Age. *Shuowen Jiezi* (Explaining Simple and Analyzing Compound Characters) records that "stone needles puncture diseases". As primitive tools for acupuncture and incision, stone needles were used to tap the skin, perform shallow pricking for bloodletting and incise to drain pus for treatment, serving as the prototype of acupuncture therapy.

Stone needles unearthed in Toudaowa, Duolun Banner, Inner Mongolia in 1963 and similar artifacts from Rizhao, Shandong have verified the historical authenticity of stone needle therapy. With both acupuncture and cutting functions, these relics laid the foundation for the development of modern acupuncture tools.

Guided by classic theories of *Huangdi Neijing* and *Nanjing* (Classic of Difficult Issues), later acupuncture physicians continuously enriched acupuncture manipulations and theoretical systems based on clinical experience. The Yuan and Ming Dynasties witnessed the golden age of acupuncture development. Classic works such as *Dou Mo's Zhen Jing Zhi Nan* (Guide to the Classic of Acupuncture), *Xu Feng's Complete Compendium of Acupuncture and Moxibustion · Golden Needle Ode*, *Gao Wu's Acupuncture Compendium*, and *Yang Jizhou's Great Compendium of Acupuncture and Moxibustion* systematically elaborated reinforcing and reducing manipulations, acupoint selection rules and clinical applications. *Wang Ji's Questions and Answers on Acupuncture and Moxibustion* further illustrated the principles of reinforcing and reducing manipulations, all of which are pivotal literatures for the development of modern acupuncture.

In modern times, acupuncture has been deeply integrated with modern medical concepts and characteristic traditional Chinese medicine theories,

deriving a variety of distinctive acupuncture techniques, among which Bagua Abdominal Acupuncture is included. This therapy was listed as an intangible cultural heritage representative project (traditional medicine category) in Guiyang City, Guizhou Province in 2022, providing a new approach for the clinical treatment of various diseases.

2.2 Core Theory of Bagua Abdominal Acupuncture

Integrating the I Ching Eight-Trigram theory with TCM acupuncture, Bagua Abdominal Acupuncture follows the principle of "homology of medicine and the I Ching", combines the acquired Eight Trigrams with abdominal zang-fu organ positioning, and applies the holographic concept to achieve the therapeutic goal of "regulating zang-fu organs via the abdomen and positioning via trigrams".

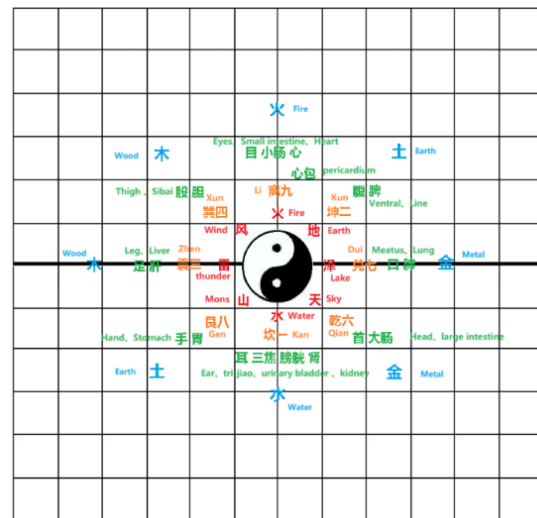
As a classic expounding the operation laws of all things in the universe, the I Ching puts forward that "Taiji generates two poles; two poles generate four images; four images generate eight trigrams", which is highly consistent with TCM's concepts of "harmony between human and nature" and "holism". Li Shizhen applied trigram analogy to explain medicinal properties in Compendium of Materia Medica, clarifying the corresponding relationship between eight trigrams and zang-fu organs: the Li trigram pertains to fire, corresponding to the heart and small intestine; the Kan trigram pertains to water, corresponding to the kidney and bladder; the Kun trigram pertains to earth, corresponding to the spleen and stomach, which provides theoretical evidence for zang-fu organ positioning in Bagua Abdominal Acupuncture.

Bagua Abdominal Acupuncture centers on the Shenque (CV8) acupoint, dividing the abdomen into eight regions corresponding to the Eight Trigrams. Each trigram position is closely associated with specific Zang-Fu organs, incorporating the inter-promotion and inter-restraint of the Five Elements and the exterior-interior relationships of the Zang-Fu organs to regulate their functions.

Zhongwan (CV12) corresponds to the Li Trigram (Fire), governing the Heart and Small Intestine;

Guanyuan (CV4) corresponds to the Kan Trigram (Water), governing the Kidney and Bladder; the left Huaroumen (ST24) corresponds to the Kun Trigram (Earth), governing the Spleen and Stomach; the left Daheng (SP15) corresponds to the Dui Trigram (Metal), governing the Lung; the left Wailing (ST26) corresponds to the Qian Trigram (Metal), governing the Large Intestine; the right Huaroumen (ST24) corresponds to the Xun Trigram (Wood), governing the Gallbladder; the right Daheng (SP15) corresponds to the Zhen Trigram (Wood), governing the Liver; the right Wailing (ST26) corresponds to the Gen Trigram (Earth), governing the transformation and transportation functions of the Stomach.

These trigram positions are interconnected, regulating the balance of Qi and blood in the Zang-Fu organs through the Five Elements' inter-promotion and inter-restraint, aligning with the TCM principle of "treating disease must seek its root cause."



The point selection and manipulation of Bagua Abdominal Acupuncture are centered on the concept of holism. It achieves the regulation of multiple Zang-Fu organs through a limited number of abdominal acupoints, reducing the number of needling sites and sessions, while simultaneously addressing both the root and branch manifestations. This fully embodies the TCM treatment philosophy of "treating the branch in acute conditions and treating the root in chronic conditions." Its theory and practice are both rooted in traditional acupuncture and moxibustion, representing an

inheritance and development of traditional abdominal acupuncture therapy as shown in Fig 1.

2.3 Operational Standards for Bagua Abdominal Acupuncture

2.3.1 Needle Selection

Bagua Abdominal Acupuncture utilizes specialized filiform needles with specifications of 0.16mm × 25mm, 0.20mm × 25mm, and 0.30mm × 40mm. The needle body is finer than conventional filiform needles, reducing the intensity of needling stimulation and operational risks. A specialized guide tube is used for insertion, referred to in classical literature as the "tube needle insertion method" or "snap-needle quick insertion method." This minimizes needling pain, lowers the probability of fainting, needle sticking, bending, or breaking, and facilitates aseptic technique.

2.3.2 Needling Depth

Adhering to the principle of "rather too shallow than too deep," needling depth is classified into three levels: shallow, medium, and deep, based on the acupoint location and its corresponding Zang-Fu organ relationship.

Shallow needling (oblique insertion to the subcutaneous layer, approx. 2 fen) is suitable for upper abdominal points such as Zhongwan (CV12) and Xiawan (CV10).

Medium needling (reaching the adipose layer, approx. 4 fen) is suitable for lateral abdominal points such as Tianshu (ST25) and Daheng (SP15).

Deep needling (reaching the muscle layer, approx. 5 fen) is suitable for lower abdominal points such as Qihai (CV6) and Guanyuan (CV4), avoiding excessively deep insertion that could damage abdominal organs.

3 Clinical Approach to Treating Yu Syndrome (Depression)

3.1 Core Pathogenesis and Pattern Differentiation

In TCM, "Yu" has two meanings: first, as a pathogenesis, referring to the pathological state of stagnation and blockage of Qi, blood, and Zang-Fu functions; second, as a disease name, specifically referring to disorders whose main pathogenesis is stagnation of Qi movement caused by emotional frustration, namely Yu Syndrome (BNG010).

The core pathogenesis of Yu syndrome (BNG010) is Liver Qi Stagnation, with emotional disharmony as the main trigger. Prolonged Liver Qi Stagnation can involve multiple Zang-Fu organs, leading to concurrent patterns such as Malnourishment of the Heart Spirit (BNG010.1), Phlegm-Qi Stagnation, Heart-Kidney Non-Interaction, and Heart-Spleen Deficiency. Among these, Malnourishment of the Heart Spirit (BNG010.1) is a common pattern in Yu syndrome (depression), highly consistent with symptoms of modern depression such as low mood, insomnia, and poor concentration.

Modern medicine considers depression a disease centered on affective mental disorders, accompanied by various emotional and physical symptoms. Its onset is related to multiple factors including social psychology, physiology, and pathology. Although TCM Yu syndrome (BNG010) and depression belong to different theoretical systems, their clinical manifestations overlap significantly. Symptoms such as low mood, insomnia, palpitations, and loss of appetite can all be categorized under Yu syndrome (BNG010). Acupuncture can achieve dual regulation of physical and emotional symptoms with complete principles, formulas, and acupoint selections, and has reliable clinical efficacy.

3.2 Core Treatment Principles

The core treatment principles of Bagua Abdominal Acupuncture for Yu syndrome (BNG010) are to soothe the Liver and relieve stagnation, calm the mind and stabilize the spirit, regulate Qi and blood in Zang-Fu organs, and restore visceral functions. According to different patterns and concurrent symptoms, the "Luo Zang" (organ-targeting based on trigrams) method is applied to locate the involved organs. Acupoints are selected combining trigrams and Five Elements theory to treat both root and branch.

For the root cause: Liver Qi Stagnation — regulate Liver and Gallbladder Qi (Zhen Trigram, Xun Trigram).

For the manifestation: Malnourishment of the Heart Spirit (BNG010.1) — tonify Heart and Spleen, promote Heart-Kidney communication (Li Trigram, Kan Trigram, Kun Trigram).

For concurrent symptoms: Phlegm-Qi Stagnation and Spleen-Stomach Deficiency — regulate Lung and Spleen (Dui Trigram, Kun Trigram).

This fully matches the feature of Yu syndrome (BNG010): multiple organs involved, with Qi stagnation as the core.

The theory of organ correspondence (Luo zang) in traditional Chinese medicine (TCM) refers to the correlation between diseases and zang-fu organs, and it is the core methodology of zang-fu organ syndrome differentiation. Guided by the theories of organ doctrine and holistic concept, TCM divides the human body into five core zang-organs: the heart, liver, spleen, lung and kidney, together with six fu-organs. Each zang-organ possesses its own independent functional system. The liver governs dredging and dispersion, which means the liver can regulate, dredge and smooth the movement of qi. The heart mainly functions to govern blood and vessels and store the spirit. Governing blood and vessels indicate that the heart propels blood to circulate within the vessels. Storing the spirit means the heart dominates mental activities, including human consciousness, thinking and emotional activities.

The spleen governs transportation and transformation, ascends clear qi, and controls blood circulation. Its function of transportation and transformation enables the spleen to digest food, absorb nutrients and transport cereal essence throughout the body. When diseases occur, clinical symptoms can reflect pathological changes of the corresponding zang-fu organs through the conduction of meridians, qi and blood.

3.3 Clinical Case Analysis

3.3.1 Case Data

Patient Cheng, female, 21 years old, first visited on 28th October 2024.

Four years ago, she presented with low mood, confusion, unexplained crying, self-injurious behavior, insomnia, poor appetite, dizziness, headache, loss of interest, irritability, poor concentration, and suicidal thought. Symptoms recurred with occasional brief episodes of hyperactivity.

In mid April 2024, she was diagnosed with depression at a psychological clinic. She was prescribed Fluoxetine Hydrochloride Capsules 20mg QD, Aripiprazole Orally Disintegrating Tablets 2.5mg QD, and Quetiapine Fumarate Tablets 1 tab BID. After medication, she developed memory loss, mental blankness, and sleeplessness. Estazolam was added but ineffective. In the past three months, low mood worsened with chest tightness and palpitations. She requested acupuncture due to worrying about side effects of her medication.

Current symptoms: low mood, chest tightness, palpitations, insomnia, memory decline, fatigue, irritability.

Tongue: pale, white greasy coating, tooth marks.

Pulse: thready.

3.3.2 Diagnosis

TCM Diagnosis: Yu Syndrome (Malnourishment of the Heart Spirit, BNG010.1)

Western Diagnosis: Depression

3.3.3 Treatment Principles

Nourish the Heart and calm the Spirit, soothe the Liver and relieve Stagnation, promote Heart-Kidney communication, strengthen the Spleen and harmonize the Stomach.

3.3.4 Acupuncture Points and Manipulation

3.3.4.1 Core Prescription

Based on "yin qi gui yuan (leading qi back to its source)" and using postnatal constitution to tonify prenatal constitution, the treatment targets the Heart (Li Trigram, Zhongwan) and Kidney (Kan Trigram, Guanyuan) to relieve vexation, insomnia, palpitations, and anxiety, and achieve Heart-Kidney interaction and Water-Fire harmony.

3.3.4.2 Opening the Four Gates of the Abdomen

Bilateral Huaroumen (ST24) and bilateral Wailing (ST26) are used to regulate Qi and blood, unblock the channels, and ensure free flow of channel Qi. One pair of reinforcing needles is added at bilateral Huaroumen to enhance the effect of soothing the Liver and tonifying the Spleen.

3.3.4.3 Adjunct Acupoint Combination

Yindu (KI19) paired with Jiannao acupoint improves cerebral blood supply, refresh the mind and calm the nerves; Shang Qu (KI17) with Qi Pang to regulate and harmonize the flow of Qi and blood; Six Acupuncture Points to Greatly Tonify Kidney Qi [Guanyuan (CV4)、 Bilateral Qi Xue (KI13)、 Below the Guanyuan 、 and bilateral Qiangshen Acupoints] to tonify kidney qi、 nourish the brain and marrow; bilateral Tianshu (ST25)、 Da Heng (SP15) to soothe the liver and strengthens the spleen, regulate Qi and blood。

3.3.4.4 Acupuncture point selection based on symptoms

For insomnia and irritability, take two needles at the small Bagua points on the abdomen (The Ming Yi hexagram of Earth over Fire, first in the Kun position, then in the Li position) to calm the mind and soothe the nerves, calm and regulate emotions。

3.3.4.5 Operating procedures

Use a 0.20mm × 25mm special hypodermic needles, cannula insertion , Insert the needle according to the principle of shallow rather than deep (see 2.3.2 for details) , leave the needles in for 45 minutes, once a day.

3.3.5 Treatment course and efficacy

Treatment for 3 days: The patient felt that chest tightness and palpitations were relieved and began to reduce the dosage of Western medicine gradually under the guidance of a specialist doctor. Treatment for 7 days: sleep improved, low mood alleviated, irritability reduced, anger eased, and memory loss symptoms improved; Discontinue Eszopiclone tablets and switch to herbal medicine zao ren an shen capsules to consolidate the therapeutic effect; Treatment for 13 days: acupuncture treatment was changed to every other day. On November 20, all antidepressant Western medications were discontinued under the guidance of a specialist, and no significant adverse reactions occurred after stopping the medication. Consolidation treatment: After stopping the medication, consolidation treatment was given 3

times (acupuncture treatment was performed once every 3 days), with a total of more than 20 treatments throughout. The patient's symptoms basically disappeared, emotions were stable, sleep was normal, and normal life was restored.

Follow-up: Continued tracking and follow-up after stopping medication. The patient's condition remained stable, with no symptom recurrence and no acupuncture-related adverse reactions.

4 Discussion

The onset of Yu Zheng (depression) is closely related to emotions, the zang-fu organs, and qi and blood. A disorder of a single zang-fu organ often affects multiple organs. Treatment needs to consider both the overall situation and local areas, as well as both root and branch, and both urgent and gradual aspects. The Eight Trigrams Abdominal Acupuncture centers on the Shenque point (CV08) , combining the theory of the Eight Trigrams with the anatomical positioning of the abdominal organs. Through the concept of 'settling the organs,' it precisely regulates the core zang-fu organs, takes into account the generating and restraining relationships of the Five Elements and the exterior-interior connections of the zang-fu organs, achieving comprehensive regulation of the various mechanisms and symptoms of Yu Zheng.

The patient in this case suffered from heart-mind deficiency combined with liver qi stagnation. Bagua abdominal acupuncture focused on the Li and Kan trigram points to regulate the heart and kidneys, combined with the four abdominal points to smooth the liver and strengthen the spleen, addressing both the external excess and internal deficiency. This approach aims to nourish the heart and calm the mind, stabilize palpitations and stop fright, and soothe the liver to relieve depression. Using the tube method for needle insertion reduced pain and increased patient compliance. At the same time, the tapering of Western medicine was conducted under the guidance of a specialist to avoid withdrawal reactions caused by sudden discontinuation, ensuring treatment safety. However, current research is still primarily based on clinical cases. Future studies need to conduct large-sample, multicenter clinical controlled trials to improve efficacy evaluation, clarify the point selection rules and mechanisms of Bagua

abdominal acupuncture in treating depressive syndrome, and provide a more solid basis for its clinical promotion.

5 Conclusion

and effective new approach for Yu Zheng by regulating the internal organs to calm the mind and stabilize will, and by soothing the liver to relieve depression. Further efforts will be made to strengthen theoretical research and clinical

Yu Zheng (Depression) is a clinically high-incidence emotional disorder, and Traditional Chinese Medicine acupuncture has obvious therapeutic advantages. Bagua abdominal acupuncture, based on the theory of Yi Medicine and centered on a holistic concept, provides a safe

validation, standardize operational procedures, and enable Traditional Chinese Medicine acupuncture to play a greater role in the treatment of emotional disorders

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Professional Boundaries in Traditional Chinese Medicine Practice: Ethical Principles, Regulatory Context, and Fitness to Practise Implications in the UK

ATCM Professional Conduct Committee

Abstract

Professional boundaries are a fundamental component of safe and ethical health-care practice. In Traditional Chinese Medicine (TCM), the nature of clinical interactions -including physical contact, holistic consultation, and long-term therapeutic relationships-introduces specific boundary challenges.

This paper critically examines professional boundaries within the UK context, exploring their ethical foundations, legal framework, and implications for **Fitness to Practise (FtP)**. It differentiates between boundary crossings and violations, analyses risk factors specific to TCM practice, and evaluates complaint scenarios through case-based discussion.

It further situates professional boundaries within regulatory decision-making, emphasising the role of professional judgement, insight, and proportionality in assessing impairment and determining outcomes.

The paper argues that effective boundary management requires not only adherence to rules, but also ongoing professional judgement, reflective practice, and ethical awareness. Maintaining professional boundaries is therefore a core clinical competency essential for patient safety, practitioner integrity, and public confidence.

1. Introduction

Professional boundaries define the limits that regulate practitioner-patient relationships, ensuring that interactions remain therapeutic rather than personal. They serve to protect both patients and practitioners by maintaining clarity of roles, expectations, and responsibilities.

In the UK healthcare context, professional boundaries are closely linked to patient safety, ethical practice, and public trust.

TCM presents distinctive challenges due to:

- repeated and long-term engagement with patients
- physical interventions such as acupuncture
- holistic consultations involving emotional and lifestyle dimensions

These characteristics increase the risk of boundary ambiguity and gradual boundary drift, making explicit boundary awareness essential.

2. Ethical Foundations of Professional Boundaries

Professional boundaries are grounded in core ethical principles, including:

- Autonomy – respecting patient independence and informed decision-making
- Beneficence – acting in the patient's best interests
- Non-maleficence – avoiding harm

- Justice – ensuring fairness and non-exploitation

Boundary violations often represent a failure to uphold one or more of these principles, particularly where power imbalance is exploited.

The practitioner–patient relationship is inherently asymmetrical, with the practitioner holding clinical authority. Boundaries therefore function as safeguards against misuse of this power.

3. Legal and Regulatory Framework

3.1 Data Protection and Confidentiality

Practitioners must comply with:

- *Data Protection Act 2018*
- *General Data Protection Regulation*

These frameworks require lawful processing, confidentiality, and secure storage of patient data.

In practice, these legal obligations directly inform clinical conduct, particularly in relation to confidentiality, record-keeping, and communication with patients.

3.2 Duty of Care

Under UK common law, practitioners owe a duty of care to their patients. Boundary violations may lead to negligence claims where harm results.

3.3 Safeguarding Responsibilities

Under the *Care Act 2014*, practitioners must identify and respond appropriately to risks involving vulnerable individuals.

3.4 Professional Regulation Context

TCM in the UK operates within a non-statutory regulatory environment, relying on professional self-regulation.

Professional organisations are expected to maintain governance systems that ensure:

- patient protection
- ethical standards
- transparent complaints handling

- fair and consistent FtP processes

This reflects broader expectations across UK healthcare practice.

4. Core Domains of Professional Boundaries

Professional boundaries operate across five interconnected domains:

4.1 Behavioural

Maintaining professional conduct and avoiding dual relationships.

4.2 Emotional

Managing emotional engagement while avoiding dependency.

4.3 Physical

Ensuring all contact is clinically justified and consented.

4.4 Temporal

Maintaining structured and appropriate consultation limits.

4.5 Informational

Protecting confidentiality and data security.

These domains often overlap; breaches typically involve multiple domains simultaneously.

5. Boundary Crossings vs Violations

A key distinction:

- **Boundary crossings:** context-dependent and potentially therapeutic
- **Boundary violations:** harmful, exploitative, or unethical

Assessment depends on:

- intention
- impact on the patient
- professional judgement
- repetition or pattern of behaviour

In a regulatory context, assessment of boundary concerns typically follows a structured approach:

- establishment of facts

- determination of misconduct
- assessment of impairment (current and future risk)
- consideration of appropriate and proportionate sanction

This structured approach ensures consistency, fairness, and transparency in Fitness to Practise decision-making.

6. Case-Based Analysis (FtP-Oriented)

Case 1: Progressive Boundary Drift

A practitioner gradually increases informal contact with a patient, including messaging outside clinic hours and discussing personal matters.

Analysis:

- initial boundary crossing → escalation → violation
- lack of self-awareness
- failure of reflective practice

Regulatory implication:

→ potential impairment due to poor professional judgement

From a regulatory perspective, the key issue is whether the practitioner demonstrates sufficient insight and remediation to reduce the risk of repetition.

Case 2: Physical Boundary Failure

Inadequate explanation and consent during acupuncture treatment.

Analysis:

- breach of autonomy
- failure of communication
- risk to dignity

Outcome:

→ misconduct with potential conditions on practice

From a regulatory perspective, the adequacy of consent and communication is central to assessing professional standards.

Case 3: Confidentiality Breach

Patient information shared via informal communication channels.

Analysis:

- systemic failure (not just individual lapse)
- lack of data governance

Outcome:

→ serious regulatory concern

From a regulatory perspective, both individual responsibility and organisational systems are relevant.

Case 4: Exploitation of Trust

Practitioner engages patient in financial arrangement.

Analysis:

- clear abuse of power imbalance
- intentional boundary violation

Outcome:

→ high-level sanction likely

From a regulatory perspective, this represents a serious breach of professional trust and integrity.

7. Risk Factors in TCM Practice

Boundary risks are increased by:

- long-term therapeutic relationships
- emotional disclosure in consultation
- physical treatment modalities
- practitioner isolation (solo practice)

Without safeguards, these may lead to the normalisation of inappropriate behaviour.

8. Professional and Regulatory Consequences

Failure to maintain boundaries may result in:

- complaints
- FtP proceedings
- legal liability
- reputational damage

Aggravating factors may include:

- lack of insight
- repeated behaviour
- failure to engage with the regulatory process

Mitigating factors may include:

- early admission
- evidence of reflection
- remediation and training

9. Practical and Reflective Strategies

Effective boundary management requires:

- clear communication frameworks
- documentation of informed consent
- structured consultation systems

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- reflective practice
- peer discussion or supervision

Boundary management is not static - it requires continuous professional judgement.

10. Conclusion

Professional boundaries are not merely ethical guidelines but a fundamental component of clinical competence and professional identity.

In TCM practice, where therapeutic relationships are often close and sustained, maintaining appropriate boundaries requires continuous awareness, reflective judgement, and ethical discipline.

Strengthening professional boundary awareness is therefore essential not only for individual practitioners, but also for the credibility, safety, and future development of the profession within the UK healthcare landscape.



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