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簡述《內經》對人體生理活動的調節的論述(一)

Discussion on the regulation of activity and movement in the living human body within the *Yellow Emperor's Inner Canon* (1)

徐廣文(Guangwen Xu)

摘要:《內經》和經典醫著,歷代醫家對人體生理功能,生理活動和運動調節,有豐富的理論。本文試從生殖調節、體溫調節、睡眠調節、神志調節、情志調節、呼吸調節、消化和吸收調節、血液循環調節、氣化調節、氣機調節、體液代謝調節、五官調節、運動調節、防禦調節等方面進行歸納整理和探討簡述。

Abstract: *Huang Di's Inner Classic* (also known as *The Yellow Emperor's Inner Canon*) and other classic medical works included extensive theories on the regulation of physiological functions, activities, and movements of the human body. This paper mainly summarizes and discusses the regulation of reproduction, body temperature, sleep, spirit-mind, affect-mind, respiration, digestion and absorption, blood circulation, qi transformation, body fluid metabolism, the qi dynamic, the five sensory organs, physical movement, and defense.

關鍵詞: 基礎理論 黃帝內經 生命人體 生理調節

《內經》生命人體是動態平衡的生理調節,生命人體的物質能量和生理功能,皆體現在生命活動和運動的調節過程中。

Key words: TCM theory; Living Human Body; Physiological Regulation.

In *The Yellow Emperor's Inner Canon* (also known as *Huang Di's Inner Classic*), the physiological activity of the living human body is regulated by dynamic balance. The physical energy and physiological functions of the living human body manifest in life activities and movements.

生殖生理調節

Physiological regulation of reproduction

人的生長發育,性機能 and 生殖器的成熟,女子月經來潮,男子泄精,男女交媾(陰陽合),孕育生子。到五臟皆衰,天癸盡竭,女子絕經,男子無精,不能孕育的生理全過程,始見於《黃帝內經·素問》的首篇,上古天真論:

“女子七歲腎氣……二七而天癸至,任脈通,沖脈盛,月事以時下,故有子。……七七任脈虛,太沖脈衰少,天癸竭,地道不通,故形壞而無子也。丈夫……二八腎氣盛,天癸至,精氣溢瀉,陰陽和,故能有子。……七八肝氣衰,筋不能動,天癸竭,精少,腎臟衰。……八八……今五臟皆衰,……天癸盡矣……而無子耳。”^[1]



Human growth and development includes the maturation of sexual function and the reproductive organs. Women menstruate, men ejaculate, and when men and women copulate (the union of yin and yang) this leads to pregnancy and birth. When the five viscera are debilitated, women enter menopause, while men no longer produce sperm, and they are no longer fertile. This whole process of human physiology is first seen in the first chapter of the *Inner Canon*, “Discourse on the True [Qi Endowed by] Heaven in High Antiquity”, which states:

“In a female, at the age of 7, the qi of the kidneys abounds. [···] With 2 times 7, the heaven gui [heavenly tenth or tian-gui] arrives, the controlling vessel is passable and the great thoroughfare vessel abounds [with qi]. The monthly affair moves down in due time and, hence, [a woman] may have children. [···] With 6 times 7, the 3 yang vessels weaken [···] With 7 times 7, the controlling vessel is depleted and the great thoroughfare vessel is weak and [its contents are] diminished. The heaven gui is exhausted. The way of the earth is impassable. Hence, the physical appearance is spoilt and [a woman can] no [longer] have children. In a male [···] With 2 times 8, the qi of the kidneys abounds; the heaven gui arrives and the essence qi flows away. Yin and yang find harmony. Hence, he can have children. ··· With 7 times 8, the qi in the liver weakens; the sinews can no longer move. The heaven gui is exhausted. The [remaining] essence is diminished. The kidney is weak. With eight times eight [···] [at this age] now the 5 viscera are all weak. [···] The heaven gui is used up entirely. [···] no [longer] has children.”^[1]

生殖生理調節與心肝腎、腎精、命門之火、沖任、厥陰肝經、宗筋、女子胞、(男子為睪丸)等關係最為密切。如上下經文：

1. 腎精調節生殖

經云“腎藏精”^[2]；“五臟主藏精者也。”^[2]“腎者主水，受五臟六腑之精而藏之。”^[1]“人始生，先成精”^[2]；“夫精者，身之本也”^[1]；“兩神相搏，合而成形，常先身生，是謂精。”^[2]說明腎藏五臟之精，腎精是促進生長發育和生殖之本(物質和能量)。故腎精調節生殖生理。

2. 經脈調節生殖

經云：“胞脈者，屬心而絡於胞中。”^[1]“胞絡者，繫於腎。”^[1]“肝主筋”^[1]；“肝者，筋之合也，筋者，聚於陰器。”^[2]“肝足厥陰之脈……入毛中，過陰器。……足厥陰之別，……其別者，經脛上臑，結於莖。”^[2]“厥陰脈循陰器而絡於肝。”^[1]“前陰者，宗筋之所聚。”^[1]《靈樞·經筋篇》：“足太陰之筋……其直者……聚於陰器。”^[2]“足厥陰之筋，……結於陰器。”^[2]“沖脈任脈皆起於胞中，……為經絡之海。”“出於會陰部。”^[2]“沖脈者，五臟六腑之海也，五臟六腑皆稟焉。”^[2]“任脈起於胞中，下出於會陰部，經陰阜。”^[2]

經脈經筋內屬心肝腎，連絡女子胞宮陰部，男子睪丸陰莖；沖任起於胞宮，受五臟精血之調養。故經脈調節生殖生理。



3. 命門之火的調節作用

命門之火調節性欲和促進孕育。命門之火是生命之根；是調節激發性欲的能量，是促進健康懷孕和發育成長的原動力。

There is a particularly close relationship between reproductive physiological regulation and the heart, liver, kidneys, essence, life gate fire, the thoroughfare vessel (Chong Mai) and the conception vessel (Ren Mai), the liver meridian of foot reverting yin, the sinews, the uterus, and the testicles. This is described in the following excerpts:

1. The essence of the kidneys regulates reproduction The Inner Canon states:

“The kidneys store essence”. “The 5 depots are responsible for storing the essence.”^[2]“The kidneys rule the water; they receive the essence from the viscera and 6 bowels and they store it.”^[1]“At the beginning of a person’s life, the essence is the first to form. Once the essence has formed, brain and marrow are generated.”^[2]“Now, the essence, it is the basis of the body.”^[1]“When two spirits strike at each other, their union results in the formation of a physical appearance. That which usually precedes the generation of a human body is called ‘essence’.”^[2] This explains that the kidneys store the essence of the 5 viscera; kidney essence is the foundation (substance and energy) that promotes growth and reproduction. Therefore, the kidney essence regulates reproduction.

2. The channel vessels regulate reproduction The Inner Canon says:

a. “The ‘uterine vessel’ is connected with the heart and forms a network inside the uterus.”^[1] b. “The network [vessel] of the uterus is tied to the kidneys.”^[1] c. “The liver governs the tendons.”^[1] d. “The liver and the sinews constitute one unit. The sinews meet in the yin organ [penis].”^[2] e. “The ceasing yin [qi] conduits of the liver [···] enter the [pubic] hair. They pass the yin organ [genitals]. [···] A branch [···] ascends into the testicles and links up with the penis.”^[2] f. “The ceasing yin vessels move along the yin organ [genitals] and enclose the liver.”^[1] g. “The front yin [pudendum] is where the basic sinews come together.”^[1] h. “The sinew of the foot major yin [conduit]. [···] Its straight course wraps. ··· Meets with the yin organ.”^[2] i. “The sinew of the foot ceasing yin connects with the yin organ.”^[1] j. “Both the Chong Mai [thoroughfare vessel] and the Ren Mai [controlling vessel] start from the [uterus] bladder. ··· They constitute a sea that supplies the channels and network [vessels].” “[They emerge] out of the pudendum.”^[2] k. “The thoroughfare vessel is the sea of the 5 viscera and bowels. All the 5 viscera and 6 bowels receive their supplies from there.”^[2] l. “The controlling vessel emerges from the [uterus] bladder, comes out of the pudendum below, and pass the mons pubis.”^[2]

The channel vessels and channel sinews are internally ascribed to the heart, liver, and kidneys; they connect to the uterus and the genital area in women, and to the testicles and penis in men. The thoroughfare and controlling vessels start at the uterus, and are nourished and regulated by essence and blood from the 5 viscera. Therefore, the channel vessels regulate reproductive physiology.

3. Regulatory role of the life gate fire

The life gate fire regulates sexual desire and promotes fertility; it is the root and foundation of life. The regulation and arousal of sexual desire depends on the energy of the life gate fire. It is the driving force that promotes healthy conception, growth, and development.

4. 心肝調節性欲

《素問·痿論》云：“思想無窮，所遠願不得，意淫於外，入房太甚，宗筋弛縱，發為筋痿，及為白淫。故下經曰，筋痿者，生於肝，使內也。”^[1]因“心藏神”^[1]，主思想情志。肝主疏泄，調節情志。當妄想縱欲，耗傷精血，則心肝失養，導致陽痿，而影響性欲和生育。說明心肝調節性欲和生殖。

根據《內經》相關男女生殖生理的經文，女子生殖，月經和性欲的生理調節軸是：

五臟—腎—天癸—沖任和肝經—女子胞（內生殖器）和外陰（外生殖器）

男子生殖和性欲的生理調節軸是：五臟—腎—天癸—肝經和沖任—睪丸陰莖

4. The heart and liver regulate sexual desire

Chapter 44 of *Elementary Questions*, entitled “Discourse on Limpness”, states: “When pondering is without limits, when one does not get what one had longed for, when [lewd] sentiments flow unrestrained to the outside and when one enters the [women’s] chambers excessively, [then] the basic sinew slackens. This develops into sinew limpness. It also causes white overflow. Hence, the Lower Classic states: “sinew wilting is generated by the liver sending inwards.”^[1] Because “the heart stores the mind”, the heart spirit controls thinking and mental activity. If one indulges in delusions, thereby damaging essence and blood, the heart will be deprived of nourishment, which then leads to impotence, and affects sexual desire and fertility. This explains how the liver and heart regulate sexual desire and reproduction.

According to passages from the *Inner Canon* regarding the reproductive physiology of men and women, the physiological regulatory axis of female menstruation, reproduction, and sexual desire is composed of: the 5 viscera—kidneys—tian-gui—the controlling vessel, the great thoroughfare vessel and the reverting yin liver channel—the ovaries and uterus (internal genitalia) and the external yin organ (external genitalia).

The physiological regulatory axis of male sexual desire and reproduction is composed of: the 5 viscera—kidneys—tian-gui—the reverting yin liver channel, the controlling vessel and the great thoroughfare vessel—the testicles and the penis.

體溫調節

Temperature regulation

人體的體溫是由陰陽、營衛、元氣、氣血、津液，和五臟等，相互作用，相互化生，相互調節，而共同調節人體正常的動態體溫。

1. 氣的溫煦作用

“氣主煦之”指氣有氣化生熱，溫煦人體，調節體溫的作用。尤其元氣為人體熱能的源動力。氣對人體臟腑、經絡、腠理三焦之生理活動，和血液、津液的運行與輸佈，均有溫煦推動作用。

2. 陰陽調節體溫

經云：“陰勝則寒，陽勝則熱”^[1]；“陽勝者則為熱，陰勝者則為寒。”^[2]“陽虛則外寒，陰虛則內熱；陽盛則外熱，陰盛則內寒。”^[2]陰陽偏盛偏虛，皆可引起寒熱變化，故體內陰陽調節體溫。調節陰陽可調節體溫。

3. 衛氣調節體溫

經云：“衛氣者，所以溫分肉，充皮膚，肥腠理，司開闔者也。”^[2]“上焦出氣，以溫分肉而養骨節，

The body’s normal dynamic temperature is collectively controlled by mutual action, transformation, engendering, and regulation among yin and yang, construction and defense qi, original qi, qi and blood, and fluids.

1. The warming function of qi

“Qi warms the body”. This refers to the fact that qi transformation engenders heat, thereby warming the body. In particular, original qi is the driving force for the body’s heat energy. Qi has a warming and promoting effect on the physiological activities of the viscera and bowels, the channels and network vessels, the interstices, and the triple burner, as well as the movement and distribution of blood and fluids.

2. Yin and yang regulate body temperature

The *Inner Canon* says: “When the yang dominates, then there is heat; when the yin dominates, then there is cold.”^[1] “When the yang is depleted, then the outside is cold, when the yin is depleted, then the inside is hot. When the yang abounds, then the outside is hot, when the yin abounds, then the inside is cold.”^[2] “In the case of yang [qi] domination, heat results. In the case of yin [qi] domination, cold results.”^[1] The relative exuberance or vacuity of yin and yang can cause changes between heat and cold. Thus, yin and yang can regulate body temperature.

3. Defense qi regulates body temperature

The *Inner Canon* says: “The defense qi serve to warm the partings of the flesh. They fill the skin, fatten the skin structures, and are responsible for their opening and closing.”^[2] “The upper burner releases qi (defense qi). It is

通腠理。”^[2]說明衛氣溫柔肌膚,調節腠理,司汗孔開合,而調節體溫。

4. 肺氣宣發調節體溫

“肺主氣”,“肺主皮毛”。葉天士《溫熱論》:“肺主氣屬衛,心主血屬營。”肺氣宣發輸佈衛氣和津液,以溫養和滋潤肌膚皮毛。肺調節衛氣,司汗孔開合,調節汗液排泄適度,以調節體溫。同時,肺主呼吸,肺吸入的清氣與脾胃所吸收的水穀精微之“悍氣”化生為衛氣;肺呼出濁氣和熱氣,調節體內溫度。

5. 汗孔和腠理三焦對體溫的調節作用

腠理通三焦,腠理三焦是津液、衛氣、元氣生成的氣化場所和運行通道^[3]。腠理三焦調節津液和衛氣運行,津液出於汗孔為汗液。故腠理之衛氣調節汗孔開闔和汗液的排泄,有調節體溫的作用。

6. 汗液調節體溫

經云:“腠理發泄,汗出溱溱,是謂津。”^[2]“五臟化液,心為汗。”^[1]故後世有“汗為心液”的說法。汗為津液所化,“陽加於陰,謂之汗”;“炅則腠理開,榮衛通,汗大泄,故氣泄。”^[1]“驚而奪精,汗出於心;持重遠行,汗出於腎,疾走恐懼,汗出於肝;搖體勞苦,汗出於脾。”^[1]

說明汗液調節體溫。汗出多為陽熱,致腠理汗孔開,津液外泄,散發熱氣,可使體溫下降。而腠理汗孔的開合,汗液的調節與五臟,和陰陽、營衛、元氣、氣血、津液的整體調節作用密切。陰陽平衡,營衛調和,元氣充足,津血充盈,五臟調和,腠理通調,汗孔開合有度,才能保證正常的體溫。



to them to supply the partings of the flesh with warmth, and to nourish the bones and the joints, as well as to penetrate the interstices.”^[2] This indicates that the defense qi helps to warm, moisten, and aid in nourishing the skin and muscles. It can also adjust the interstices and regulates body temperature by opening or closing the pores.

4. Lung qi diffusion regulates body temperature:

“The lung governs qi” and “the lung governs the skin and [body] hair”.^[1] Ye Tianshi’s text *On Warm Heat* says: “The [fact that the] lung governs qi pertains to defense [qi], [while the fact that] the heart governs blood pertains to construction [qi].” Lung qi diffuses and transports defense qi and fluids to warm and moisten the muscles, skin, and body hair. The lung regulates the defense qi, controlling the opening and closing of the pores to regulate the appropriate excretion of sweat and thereby adjust body temperature. At the same time, the lung controls respiration; the clear qi inhaled by the lung, along with the essence of grain and water absorbed by the spleen and stomach, transforms and engenders defense qi. The lung exhales turbid qi and hot qi to regulate body temperature.

5. The function of the pores, interstices, and triple burner to regulate body temperature

The interstices connect to the triple burner; the interstices and triple burner are the site of qi transformation and the passageway for fluids, defense qi, and original qi^[3]. The interstices and triple burner regulate the movement of fluids and defense qi, with fluids coming out of the sweat pores in the form of sweat. Thus, the defense qi of the interstices adjusts the opening and closing of sweat pores and the excretion of sweat, functioning to regulate body temperature.

6. The sweat can regulate body temperature

The *Inner Canon* says: “That which is released to flow out of the skin structures, when sweat leaves profusely, that is what is called ‘jin liquid’.”^[2] “The fluids are transformed by the 5 viscera. The heart generates sweat.”^[2] Therefore, in later times, it was said that “The sweat is regarded as the fluid of the heart”. The sweat is transformed from body fluids; “when yang is added to yin, this is called ‘sweat’.”^[1] “When one is hot, then the interstice structures open and the construction [qi] and defense [qi] pass through. Sweat flows out profusely. Hence, qi flows out.”^[1] “When one was frightened and has lost essence, the [resulting] sweat originates from the heart. When one bears a heavy load and walks over a long distance, the [resulting] sweat originates from the kidneys. When one runs fast and is in fear, the [resulting] sweat originates from the liver. When one agitates the body and works hard, the [resulting] sweat originates from the spleen.”^[1]

The above description explains how sweat can regulate body temperature. Sweating is mostly due to yang and heat causing the interstices and sweat pores to open; body fluids leak out and expel hot qi, which can reduce the body temperature. As for the opening and closing of the interstices and sweat pores, the regulation of sweat is closely linked to the 5 viscera, as well as the overall regulatory function of yin and yang, construction and defense, original qi, qi and blood, and fluids. Normal body temperature can only be guaranteed when yin and yang are balanced, construction and defense are harmonized, original qi is sufficient, fluids and blood are abundant, the 5 viscera are harmonized, the interstices are regulated, and the sweat pores open and close appropriately.

睡眠的生理調節

Physiological regulation of sleep

正常睡眠的生理調節，須五臟調節功能正常，營衛氣血精髓充盈調和，腦心神旺，陰陽平衡，則寐寤有常。

1. 陰陽調節睡眠

經云：“陽氣盡，陰氣盛，則目瞑；陰氣盡而陽氣盛，則寤矣。”^[2]“陽入於陰則寐，陰出於陽則寤。”^[2]簡明了人體陰陽的消長對睡眠調節的重要作用。

2. 營衛調節睡眠

經云：“衛氣晝日行於陽，夜半則行於陰，陰者主夜，夜者臥。”^[2]《類經》：“凡人之寤寐，由於衛氣。衛氣者，晝行於陽，則動而為寤；夜行於陰，則靜而為寐。”“衛氣不得入於陰，常留於陽。留於陽則陽氣滿，陽氣滿則陽蹻盛，不得入於陰則氣虛，故目不寐矣。”^[2]“夫衛氣者，晝日常行於陽，夜行於陰，故陽氣盡則臥，陰氣盡則寤。”^[2]

“衛氣者，……晝日行於陽，夜行於陰，……行於陽則陽氣盛，陽氣盛則陽蹻滿，不得入於陰，陰虛，故目不瞑。”^[2]“營衛之行，不失其常，故晝精而夜瞑。”^[2]

3. 肝調節睡眠

肝主疏泄調節情志，情緒好則睡眠質量好。肝陰肝血柔濡肝陽，抑制肝陽過升而干擾心神影響睡眠。人的寤寐調節肝藏血量：內經：“肝藏血”，王冰注解說：“肝藏血，心行之，人動則血運於諸經，人靜則血歸於肝臟。”故寐則血歸肝藏，寤則血運諸經。寐則肝血充盈，肝血可化腎精，精血足則心神得養而使睡眠安靜，醒後精力旺盛。



The physiological regulation of normal sleep requires the normal regulatory functions of the 5 viscera, as well as abundance and harmony of construction, defense, qi, blood, essence and marrow. When the brain, heart, and spirit are effulgent, and yin and yang are in balance, there will be normal sleep.

1. Yin and yang regulate sleep

The *Inner Canon* says: “When the yang qi are exhausted, while the yin qi abound, vision is dimmed [i. e. one falls asleep]. When the yin qi are exhausted, while the yang qi abound, one wakes up.”^[2] This simply and clearly describes the important function of the waxing and waning of the human body’s yin and yang in the regulation of sleep.

2. Construction and defense regulate sleep

The *Inner Canon* states: “The defense [qi] move through the yang [conduits] during daytime. At midnight they move into the yin [conduits]. The yin [qi] dominate during the night. During the night, [the people] are asleep.”^[2] The *Classified Canon* says: “All people go to bed or get up due to the defense qi. The defense qi move through the yang during the daytime, so their activity makes [one] awake; they move through the yin at night, so their calm makes [one] go to sleep.”^[2] “The defense qi must not enter the yin and generally stay in the yang. When they stay in the yang, the yang qi are full, and when the yang qi are full, the yang springing [vessel] is exuberant. They must not enter the yin, or else [there will be] yin qi vacuity [and] thus the eyes will not sleep.”^[2] “Now, the defense qi, during daytime they always pass through the yang realm; during night they pass through the yin realm. The fact is: When the yang qi are exhausted, then one falls asleep. When the yin qi are exhausted, then one is awake.”^[2]

“The defense qi [···] in daytime move through the yang, [and] in nighttime move through the yin, [···] when they move through the yang, the yang qi are full, and when the yang qi are full, the yang springing [vessel] is exuberant. They must not enter the yin; [if there is] yin vacuity, then the eyes will not sleep.”^[2] “The movement of their construction and defense [qi] never loses its regularity. Hence they are of a clear [mind] during daytime, and they close their eyes at night.”^[2]

3. The liver regulates sleep

The liver governs free coursing and regulates emotions; if one is in a good mood, then one will have high-quality sleep. The liver yin and liver blood nourish and moisten the liver yang, thereby preventing the liver-yang from rising excessively to disturb the heart spirit and affect sleep. People’s sleeping and waking habits regulate the liver blood; the *Inner Canon* states that “the liver stores blood,” which Wang Bing explains as: “The liver stores the blood and the heart moves [the blood]. When the body moves, blood circulates in the channels; when at rest, it flows back to the liver.” Thus, when one sleeps, the blood returns to the liver for storage, and when one wakes, the blood moves in the channels. When one sleeps, the liver blood is abundant and liver blood can transform into kidney essence. When blood and essence are sufficient, the heart spirit will be nourished, ensuring tranquil sleep and exuberant energy upon waking.

4. 心神調節睡眠

心為睡眠調節之主，經云：“心藏神”，“心者，君主之官，神明出焉。”^[2]心神安則易寐，心神動則始寤。心血心陰是心神的物質保證。心氣血充足、運行通暢，心神得養。心陰制約心陽，心神則安，神安則易入眠。

5. 心腎調節睡眠

1) 心火腎水相濟，使心腎相交，則心神安靜，夜臥易入眠。晝時心神活動，則人醒寤。

2) 心腎陰陽調和，夜則心陽入於腎陰，人臥入寐。

3) 腎精生髓充腦，精髓養腦，腦健則神安，神安則夜臥易入眠。

4. The heart spirit regulates sleep

The heart plays a key role in sleep regulation. The *Inner Canon* says: “The heart stores the spirit” and “the heart holds the office of monarch, from which the spirit light emanates”.^[2] If the heart spirit is calm, then one can sleep easily; when the heart spirit becomes active, one starts to wake up. Heart blood and heart yin are the material support for the heart spirit. When heart qi and blood are sufficient and their movements are smooth, the heart spirit is nourished. The heart yin restrains the heart yang so the heart spirit can be calm. When the spirit is calm, it is easy to fall asleep.

5. The heart and kidneys regulate sleep

(1) When the heart fire and kidney water help each other, they enable interaction between the heart and the kidneys; thus the heart spirit will be calm and when one lies down at night, it will be easy to fall asleep. During the daytime, the heart spirit is active, so one will wake up.

(2) When the heart and kidney yin and yang are harmonized, at night the heart yang will enter the kidney yin and one will lie down to sleep. (3) The kidney essence engenders marrow to fill the brain, and essence and marrow nourish the brain. When the brain is fortified, the spirit will be calm, and when the spirit is calm, it is easy to fall asleep when one lies down at night.

五臟調節神志

The 5 viscera regulate the spirit-mind

經云：“五臟者，所以藏精神魂魄者也。”^[2]“心藏神，肺藏魄，肝藏魂，脾藏意，腎藏志。”^[1]“氣得上下，五臟安定，血脈和利，精神乃居。”^[2]說明五臟藏神而調節神志。

神志活動與五臟有密切的相關，以心腎為主。因心藏神，腎藏志。

The *Inner Canon* says: “The 5 viscera, they serve to store the essence spirit, as well as the ethereal and corporeal souls.”^[2] “The heart stores the spirit. The lung stores the corporeal soul. The liver stores the ethereal soul. The spleen stores reflection [or the intellect]. The kidneys store the will.”^[1] “When the qi can ascend and descend, the 5 viscera are calm and stable, the blood vessels are harmonized and uninhibited, and the essence and spirit are sedentary.”^[2] This shows how the 5 viscera store the spirit in order to regulate the spirit-mind. There is a close relationship between the activities of the spirit-mind and the 5 viscera, primarily the heart and kidneys. This is because the heart stores the spirit and the kidneys store the will.

1. The production of spirit-mind activity is rooted in the kidneys

The *Inner Canon* states: “The mind serves to reign over the essence spirit. It controls the ethereal and corporeal souls.”^[2] Wang Bing commented on chapter 62 of *Elementary Questions*, entitled “Discourse on Regulating the Channels”, saying: “The mind generally refers to the 5 spirits [of the 5 viscera].” “At the beginning of a person’s life, the essence is the first to form. Once the essence has formed, brain and marrow are generated.”^[2] The marrow of the brain is produced from the earlier heaven (or prenatal) essence of one’s parents. The brain is the hub of the spirit light, which is the central regulator of spirit-mind activities. The essence of grain and water absorbed by the spleen and stomach transform into later heaven (or postnatal) essence, which is stored in the kidneys. “The kidneys store the essence. The essence hosts the will.”

1. 神志活動產生之根在於腎

經云：“意志者，所以御精神，收魂魄。”^[2]王冰注《素問·調經論》說：“志意者，通言五神之大凡也。”“人始生，先成精，精成而腦髓生。”^[2]源於父母的先天之精生成腦髓。腦為神明之樞，總調神志活動。由脾胃吸收的水穀精微所化生的後天之精藏於腎。

“腎藏精，精舍志。”而志是對神志活動的高度概括，是精神活動的集中體現，具有調節、控制各種精神心理活動的作用。^[4]

因“腎生骨髓”，髓貫脊通於腦，“腦為髓海”，“髓者，以腦為主。”^[1]故腦腎相通，腎精生髓通腦，腦為精髓神明，腎主志，神志合一，則腦腎調節神志，當精充髓盈則神旺。

2. 心主神志活動

經云：“心藏神”；“心者，君主之官，神明出焉。”^[2]“所以任物者謂之心。”^[1]說明心神統領和協調全身臟腑功能和人之神志活動，使人能對外界事物做出正確判斷和反應，並激發帶動一系列的“神”活動以適應之。

3. 肝主疏泄，調節神志

經云：“肝藏魂”“隨神往來者，謂之魂。”“肝藏血，血舍魂”^[1]“肝者，將軍之官，謀慮出焉。”^[1]心神主要通過肝調暢氣機來調節精神情志。心主神志和肝主疏泄，相輔相成，調節神志，協調人的神志活動，使人的神志活能夠正常的進行。

The will is a high-level overview of the activities of the spirit-mind; it is a concentrated expression of mental activity, possessing the function of regulating and controlling various mental and psychological activities.^[4] Because “the kidneys generate the bones and the marrow,” spinal marrow is connected to the brain, “the brain is called the sea of marrow,”^[1] and “the marrow is ruled by the brain,” the kidneys are connected to the brain. The kidney essence generates marrow, which connects to the brain. The brain consists of essence, marrow, and spirit light, while the kidneys govern the will. The spirit and will are unified as one, so the brain and kidneys regulate the mind. When essence is sufficient and marrow is abundant, the spirit will be effulgent.

2. The heart governs spirit-mind activity

The *Inner Canon* says: “The heart stores the spirit” and “the heart holds the office of monarch, from which the spirit light emanates”.^[2] “That which controls things is called the heart.”^[2] This shows that the heart spirit governs and coordinates the viscera and bowel functions of the whole body, as well as people’s spirit-mind activities. It enables people to make correct judgments about and responses to things in the external environment, and sets off a series of “spirit” activities to adapt to those things.

3. The liver governs free coursing and regulates the spirit-mind

The *Inner Canon* says: “The liver stores the ethereal soul.” “That which comes and goes following the spirit, that is called the ethereal soul.”^[2] “The liver stores the blood. The blood hosts the ethereal soul.”^[2] “The liver holds the office of general; it is responsible for making strategies.” The heart spirit primarily regulates the mind and emotions through the liver’s adjustment of the qi dynamic. The heart controls the spirit-mind and the liver governs free coursing, so they mutually reinforce each other to regulate the spirit-mind. They coordinate people’s spirit-mind activities, enabling the normal function of the spirit-mind.

呼吸運動的調節

The regulation of respiratory movement

《內經》認為肺主氣，司呼吸。肺是人體呼吸運動的主要器官，是體內外氣體交換的場所。腎和宗氣也對呼吸調節非常重要。

1. 肺主呼吸

經云：“肺主氣”，“司呼吸”；“諸氣者，皆屬於肺。”^[1]“肺者，氣之本。”^[1]“天氣通於肺。”^[1]

2. 宗氣行呼吸

經云：“宗氣積於胸中，出於喉嚨，以貫心脈，而行呼吸焉。”^[2]“其大氣搏而不行者，積於胸中，命曰氣海，出於肺，循喉咽，故呼則出，吸則入。”^[2]

According to the *Inner Canon*, the lung governs qi and is in charge of respiration. The lung is the main organ involved in respiratory movement, and is the place where air is exchanged in and out of the body. The kidneys and the ancestral qi are also important for respiratory regulation.

1. The lung controls respiration

The *Inner Canon* states: “The lung governs qi.” “All qi is tied to the lung.”^[1] “The lung is the basis of the qi.”^[1] “The qi of heaven communicate with the lung.”^[1]

2. The ancestral qi is responsible for exhalation and inhalation

The *Inner Canon* says: “The ancestral qi collect in the chest, they leave [the chest] through the windpipe. They penetrate the heart vessels, and they are responsible for exhalation and inhalation.”^[2] “In the case of a mutual beating of massive qi and their failure to move on, accumulations in the chest result. The [place where they accumulate] is called the ‘sea of qi.’ [The qi] emitted by the lung, they follow the throat. The fact is: When one exhales, then they are emitted. When one inhales, then they enter.”^[2]

3. 肺腎調節呼吸

《景岳全書·傳忠錄》：“肺出氣也，腎納氣也，故肺為氣之主，腎為氣之本也。”經云：“少陰屬腎，腎上連肺，故將兩臟。”^[2]說明肺腎相連，而調節呼吸。

4. 五臟對呼吸的調節作用

腎主納氣，肺所吸入之清氣有賴腎的攝納，防止呼吸淺表。“肺為氣之主，腎為氣之根，肺主呼氣，腎主納氣，陰陽相交，呼吸乃和。”（《類證治載》）肝主疏泄，調暢氣機。肝氣升於左，肺氣降於右，升降得宜則氣機舒展，呼吸順暢。脾胃運化的水穀精氣由脾上升，與肺的呼吸之氣相合而生成宗氣。宗氣走息道而行呼吸，貫心脈以行氣血。“心主血”，供血養肺以助呼吸。所以，五臟和宗氣共同調節呼吸運動。

3. The lung and kidneys regulate respiration

According to *Jing-Yue's Complete Compendium*: “The lung exhales qi and the kidneys absorb qi; therefore, the lung is the master of qi and the kidneys are the root of qi.” The Inner Canon says: “The minor yin [vessels] are associated with the kidneys. Upward, the kidneys are linked with the lung. Hence [the minor yin vessels] control 2 viscera [lung and kidneys].”^[2] This shows that the lung is connected to the kidneys and both regulate respiration.

4. The 5 viscera regulate respiration

The kidneys govern qi absorption; the clear qi inhaled by the lung depends on the kidneys' containment and absorption to prevent shallow respiration. “The lung acts as the controller of qi and the kidneys are the root of qi. The lung governs respiration and the kidneys govern qi absorption. [When] yin and yang interact, respiration is harmonious.” (*Systematized Patterns with Clear-Cut Treatments*). The liver governs free coursing and regulates the qi dynamic. The liver qi upbears on the left, while the lung qi downbears on the right. When there is appropriate upbearing and downbearing, the qi dynamic moves smoothly and respiration is unhindered. The spleen upbears the essence and qi of water and grain that is moved and transformed by the stomach and spleen; when this meets with the qi from the lung's respiration, it engenders ancestral qi. Ancestral qi moves through the respiratory tract to drive respiration; it penetrates the heart vessel to move qi and blood. “The heart governs blood”, providing blood to nourish the lung in order to aid in respiration. Therefore, the 5 viscera and ancestral qi collectively regulate respiratory movement.

五臟調節消化吸收

The 5 viscera regulate digestion and absorption

經云：“平人之常氣稟於胃，胃者平人之常氣也，……人以水穀為本。”^[2]“五臟者，皆稟氣於胃；胃者，五臟之本也。”^[1]

“人之所受氣者，穀也；穀之所注者，胃也；胃者，水穀氣血之海也。……胃之所出氣血者，經隧也。而隧者，五臟六腑之大絡也。”^[2]

“食氣入胃，散精於肝……食氣入胃，濁氣歸心，……飲入於胃，游溢精氣，上輸於脾，脾氣散精。”^[1]

脾胃者，食廩之官，五味出焉。大腸者，傳道之官，變化出焉。小腸者，受盛之官，化物出焉。”^[1]

“脾、胃、大腸、小腸、三焦、膀胱者，倉廩之本，營之居也，名曰器，能化糟粕，轉味而入出者也。”^[1]

The Inner Canon states: a. “The regular qi of a normal person is supplied by the stomach. The stomach [qi] is the regular qi of the normal person. [...] Man requires water and grain as his basis.”^[1] b. “The 5 viscera are supplied with qi by the stomach. [Hence] the stomach is the basis of the 5 viscera.”^[1] c. “That from which man receives his qi, that is the grain. Where the grain flows, that is the stomach. The stomach is the sea where water and grain, the qi and blood gather. [...] The qi and the blood leaving the stomach, they follow the channels. These channels constitute the big network [vessels] linking the 5 viscera and 6 bowels.”^[2] d. “The qi of food enters the stomach. [The stomach] spreads essence to the liver. [...] The qi of food enters the stomach. The turbid qi returns to the heart. [...] Beverages enter the stomach. Overflowing essence qi is transported upward to the spleen. The spleen qi spreads the essence.”^[1] e. “The spleen and the stomach are the officials responsible for grain storage. The 5 flavors originate from them. The large intestine is the official functioning as transmitter along the Way. Changes and transformations originate in it. The small intestine is the official functioning as recipient of what has been perfected. The transformation of things originates in it.”^[1]

人受氣於穀，穀入於胃，以傳與肺，五臟六腑，皆以受氣。”^[2]“中焦如漚”。

“中焦亦並胃中，……此所受氣者，泌糟粕，蒸津液，化其精微，上注於肺脈乃化而為血，以奉生身。”^[2]

“故水穀者，常並居於胃中，成糟粕，而俱下於大腸，而成下焦，滲而俱下，濟泌別汁，循下焦而滲入膀胱焉。”^[2]

“下焦者，別回腸，注於膀胱而滲入焉。”^[2]
“五味入口，藏於腸胃，味有所藏，以養五臟氣。氣和而生，津液相成，神乃自生。”^[1]



《內經》對消化吸收的生理過程已非常明確：中焦者，納脾胃肝膽，大小腸。脾胃主消化吸收水穀精微，化生氣血津液，上輸於心肺以營養全身。同時胃氣下降，大小腸分清別濁，下傳食物糟粕從肛門排出體外；而將濁水下滲入腎與膀胱。消化吸收以脾胃為主，各臟腑密切協調相助，保證了消化吸收生理功能正常。

f. “The spleen and the stomach, the large intestine, the small intestine, the triple burner, and the urinary bladder are the basis of grain storage. They are the location of the construction [qi]. They are named containers. They are able to transform the dregs. They are [the places] where the substances are turned and enter and leave.”^[1]g. “Man receives his qi from the grain. The grain enters the stomach, and from there [its qi] are transmitted to the lung. This is how all the 5 viscera and 6 bowels receive qi.”^[2]h. “The center burner is like foam.” i. “The [qi of the] center burner also merge with the center of the stomach. [···] The qi received there are discharged as dregs, steamed as body fluids, and transformed to refined essence. [The latter] pours upward into the lung vessel where it is transformed to blood, which in turn is supplied to the entire body.”^[2]j. “The fact is: Water and grain are regularly present together in the stomach. There they are transformed to dregs and together they descend into the large intestine. Where they constitute the lower burner, where its liquids seep in, a separate juice is secreted along the lower burner and seeps into the urinary bladder.”^[2]“The lower burner discharges into the curved intestine and pours into the urinary bladder, where its liquids seep in.”^[1]k. “The 5 flavors enter through the mouth and are stored in the intestines and in the stomach. When the flavors have a place where they are stored, this serves to nourish the 5 qi. When the qi are generated in harmony and when the body liquids complete each other, then the spirit will be a-live by itself.”^[1]

The *Inner Canon* provides a clear understanding of the physiological process of digestion and absorption. The center burner includes the spleen, stomach, liver, gallbladder, large intestine, and small intestine. The spleen and stomach govern digesting and absorbing the essence of water and grain, and transform them into qi, blood, and body fluids, transmitting them up to the heart and the lung. At the same time, the stomach qi descends, and the small and large intestines separate the clear from the turbid by conveying food dregs to the anus to be excreted from the body and letting turbid water seep down to the kidneys and bladder.

氣血循環調節

Regulation of blood circulation

2000 多年前《內經》就對氣血循環有了明確的認識。如經云：“食氣入胃，散精於肝，……濁氣歸心，淫精於脈，脈氣流經，經氣歸於肺，肺朝百脈，輸精於皮毛；毛脈合精，行氣於府，府精神明，留於四臟。”^[1]

Over 2000 years ago, the *Inner Canon* already included a definite understanding of blood circulation. The text states: “The qi of food enters the stomach. [The stomach] spreads essence to the liver. [···] The turbid qi turns to the heart. Excessive essence [flows] into the vessels. The qi in the vessels flows through the conduits. The qi in the conduits turns to the lung. The lung invites the 100 vessels to have an audience with it. They transport essence to the skin and the body hair. The hair vessels unite the essence and they move qi to the palaces. The essence of the palaces and the spirit brilliance remain in the 4 viscera.”^[1]

經文說明：脾胃運化吸收的水穀精微化生的氣血經肝臟注入心臟，血液流於經脈而歸於肺，肺朝百脈，肺氣助心推動血液運行，使血液精氣輸運於諸經及皮毛，和內至臟腑。由血脈和臟腑而回流心肺。向心與離心而循環不息。血液循環以心為主，但與肺脾肝腎四臟相助調節很重要。

心主血，《內經》云：“諸血者，皆屬於心。”；“心主身之血脈。”^[1]“心藏血脈之氣也。”^[1]故心氣推動全身的血液運行。“肝藏血”；“故人臥血歸於肝。”^[1]王冰注：“肝藏血，心行之，人動則血運於諸經，人靜則血歸於肝臟”。故肝調節全身血量，以助心調節血液循環。

“脾統血”，是指脾有統攝血液在經脈之中流行，防止逸出脈外的功能，“五臟六腑之血，全賴脾氣統攝”（《金匱要注》）。

“營行脈中，衛行脈外”；“血脈營衛，周流不休。”^[2]氣血相互調節，循環周身。

所以，正常氣血循行主要與心肺脾肝的共同調節作用密切。心氣是推動血液循行的原動力。肺主司一身之氣，肺朝百脈，和宗氣貫注入心脈以促進氣血的運行。脾氣統攝血液在脈管中循環，防止血液外溢。肝儲藏血液，調節血量；腎主藏精，精化血，同時精生髓，髓生血，保證血液充盈和循環正常；經絡運行和調節氣血。共同的協調作用保證氣血循環正常。

The text notes that the spleen and stomach move, transform, and absorb the essence of water and grain, which is transformed to engender qi and blood. This qi and blood then move through the liver into the heart. Blood flows through the channels and vessels, and returns to the lung, as the lung invites the 100 vessels to have an audience with it. The lung qi assists the heart to promote blood circulation, so that the blood, essence, and qi are transported to all the channels, the skin, and the body hair, as well as to the viscera and bowels. It then flows back to the heart and lung by means of the blood vessels, viscera, and bowels. Blood returns to and leaves the heart in an endless cycle. Blood circulation mainly relies on the heart, but the lung, spleen, liver, and kidneys are very important to help with its regulation.

The heart governs blood; the *Inner Canon* says: “All blood is tied to the Heart.” “The Heart governs the blood vessels.”^[1] “The Heart stores the qi of the blood and the vessels.”^[1] Thus, the heart qi drives blood circulation throughout the whole body. “The Liver stores blood”. Wang Bing commented: “The liver stores the blood and the heart circulates [the blood]. When the body moves, blood circulates in the channels; when at rest, it flows back to the liver.” So the liver regulates the amount of blood in the whole body to help the heart regulate blood circulation.

“The spleen controls blood”; this refers to the fact that the spleen controls blood circulation inside the vessels and prevents it from flowing out of the vessels. Therefore, “the blood of the 5 viscera and 6 bowels, they all rely on the spleen qi’s control and containment.” (From Shen Mingzong’s commentary on *Essential Prescriptions of the Golden Coffer*)

“The camp [qi] are in the vessels. The guard [qi] are outside the vessels.” “In the blood vessels the camp and guard [qi] flow without cease.”^[2] Qi and blood regulate each other and circulate throughout the body.

Therefore, normal blood circulation is primarily related to the heart, the lung, the spleen, and the liver. The heart qi is the fundamental motive power that propels blood circulation. The lung is in charge of the qi of the whole body, as the lung faces the hundred vessels and the ancestral qi enters the vessels of the heart to promote the movement of qi and blood. The spleen controls and contains the blood of the whole body, thereby keeping the blood circulating normally within the vessels and preventing it from extravasation. The liver stores blood and regulates the volume of blood in the body. The kidneys store essence, which can transform into blood. At the same time, the essence engenders marrow, which can transform into blood, ensuring an abundance of blood and normal circulation. The channels and network vessels move and regulate qi and blood. These collectively coordinated functions ensure normal qi and blood circulation.

津液水道的循環調節

Circulation and regulation of body fluids and waterways

對人體津液的生成、輸佈、排泄，《素問·經脈別論》概括為：“飲入於胃，游溢精氣，上輸於脾，脾

Regarding the formation, distribution, and excretion of body fluids, chapter 21 of *Elementary Questions*, entitled “Further Discourse on the Conduit Vessels”, gives the following overview: “Beverages enter the stomach. Overflowing

氣散精，上歸於肺，通調水道，下輸膀胱，水精四布，五經並行。”

“三焦者，決瀆之官，水道出焉。”^[1]“下焦者，別回腸，注於膀胱而滲入焉。故水穀者，常並居胃中，成糟粕而俱下於大腸，而成下焦，滲而俱下，濟秘別汁，循下焦而滲入膀胱焉。”^[2]

《內經》經文說明：

1. 津液由脾胃運化的水穀精微所化生、小腸進行分清別濁、脾氣散精，上歸於肺，通調水道，下輸腎和膀胱。

2. 津液的分佈全身和濁液的排泄體外是由五臟六腑，腠理三焦共同調節完成。如脾胃的運化升降功能、肺的宣發肅降，通調水道功能、腎陽的蒸發升清降濁功能。

3. 津液以腠理三焦為通道進行分佈和排泄，才能使“水精四布，五經並行”，輸佈於全身，以滋潤濡養臟腑筋骨，肌膚皮毛，和生化氣血，調節陰陽。

經絡調節津液運行：經云：“足太陽外合清水，內屬膀胱，而通水道焉”、“手太陽外合於淮水，內屬於小腸，而水道出焉。”^[2]故經絡運行和調節津液輸佈。

未完，下期繼續

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essence qi is transported upward to the spleen. The spleen qi spreads the essence, which turns upward to the lung. [The latter] frees and regulates the paths of the water, it transports [the water] downward to the urinary bladder. The essence of water is spread to the 4 [cardinal points], it moves through all the 5 conduits simultaneously.”^[1]

“The triple burner is the official functioning as opener of channels. The paths of water originate in it.”^[1] “The lower burner discharges into the curved intestine and pours into the urinary bladder, where its liquids seep in. The fact is: Water and grain are regularly present together in the stomach. There they are transformed to dregs and together they descend into the large intestine. Where they constitute the lower burner, where its liquids deep in, separate juice is secreted along the lower burner and seeps into the urinary bladder.”^[2]

These passages from the Inner Canon describe how:

1. Body fluid is formed from the essence of water and grain that is moved and transformed by the spleen and stomach, separated into the clear and the turbid by the small intestine, and spread as essence by the spleen qi. 2. The distribution and excretion of turbid body fluid are accomplished by the joint action of the 5 viscera, 6 bowels, interstices, and triple burner, including the moving, transforming, upbearing, and downbearing functions of the spleen, the diffusing and depurative downbearing functions of the lung, and the functions of the kidneys to regulate the waterways, as well as the kidney yang's function of steaming effusion that upbears the clear and downbears the turbid. 3. The interstices and triple burner are the passageways for the distribution and excretion of body fluid, so that “the essence of water is spread to the 4 [cardinal points], it moves through all the 5 conduits simultaneously.” The fluids are distributed throughout the body to enrich, moisten, and nourish the viscera, bowels, sinews, bones, muscles, skin, and body hair. They also engender and transform into qi and blood, and regulate yin and yang.

Channels and network vessels regulate the movement of body fluids: “The foot major yang [conduits], externally they link up with the clear waters of the Qing [river]; internally they are tied to the urinary bladder.”^[2] “The hand major yang [conduits], externally they link up with the water of the Huai [river]; internally they are tied to the small intestine, and the paths of water originate in it.”^[2] Thus, the channels and network vessels circulate and regulate body fluid distribution.

中醫裡的“神”

“Shen” (Spirit) in Chinese Medicine

程曉明 (Xiaoming Cheng)

摘要:“神”是中國醫學中表示“精神身體”的一個非常有代表性的命題，這個命題的主要表示是“神”，而“神”很大程度上代表的就是生命。

Abstract: Shen (spirit) is a concept that is highly representative of traditional Chinese medicine. It refers to the integration of mind and body. The main expression of this concept is “Shen,” which, to a large extent, represents life itself.

中醫裡的“神”

“Shen” (Spirit) in Chinese Medicine

神是宇宙自然天地間一切正常的狀態:

宇宙、自然、天地之間的氣候、環境、地理、季節變化，一切有序的活動和與人類融洽的生存關係，是一種天人相應的和諧狀態。在各自的規則範圍內有序地運行，從不顯像到顯像，從顯像再回歸到虛無。這就是變化，在變化中維持一個相對的穩定，這就是“神”。就是我們現在不清楚的造物主是如何創造宇宙、自然、生命的，是用什麼材料、什麼方法創造的，但是我們感受到的就是一個充滿“神機”的世界。

神是生物體生命存在的形式:

一般認為生命體存在形式為有“神機”意思是基本標誌是有呼吸、飲食、排泄、繁殖等“昇降出入”的氣機變化。表示的是生命生存的代謝過程，也是生物意識和對周圍環境自主的感覺並做出適應反饋。

神在描述人體生理功能的時候表示的是人體心身健康的外在表現:

“得神則昌，失神則亡”說的就是人生命總貌的概括是心身活動正常的表現，當然也指生理機能的正常活動。表現的是組成人體氣機(能量)的正常運行並且保持健康的平衡。

神可以表示人的精神、心理活動和情志:

是人的感覺、感應、意識、思維，心理，精神體(靈魂)健康的總稱。現代對神經系統的研究和一些抽象的描述包括“意念磁場”等都是對精神世界的探索。包括“神、魂、魄、心、意、志、思、智、慮、夢。”等一系列精神，心理活動的內容。比如，中國醫學認為，“魂”是一種可以離體而存在的精神，而“魄”就是認知的能力，古代描述為：“魄者，明白也”。

Shen is the state of regularity within the universe, nature, and between heaven and earth: the climate, environment, geography, seasonal changes, all orderly activities and in harmonious relationships with humanity. It is a harmonious state of correspondence between man and nature. It operates in an orderly way within its own rules, from the unmanifest to the manifest, and from the manifest back to the unmanifest. It is both change, and maintaining a relative stability within the process of change. This is Shen. The creator, whom we currently do not fully understand, is responsible for creating the universe, nature, and life. We are unaware of the materials and methods used in this creation process. However, what we perceive is a world filled with a divine mechanism.

Shen is the form of existence for living beings: It is generally believed that the form of existence for living organisms is characterized by a “divine mechanism,” which is essentially marked by the dynamic changes of respiration, nutrition, excretion, reproduction, and other processes related to the “ascending and descending, entering and exiting” of vital energy. This represents the metabolic processes of life’s sustenance, as well as the biological consciousness, autonomous perception of the surrounding environment, and adaptive feedback.

When describing the physiological functions of the human body, “Shen” refers to the external manifestation of one’s physical and mental well-being: The saying: “on attaining spirit then there is a flourishing of life, when the spirit is lost then there is death” summarizes the overall state of human life, which is the normal expression of physical and mental activities, as well as the normal functioning of physiological mechanisms. It represents the proper functioning and balanced maintenance of the vital energy qi within the human body, contributing to overall health.

The term “Shen” can represent a person’s spirit, psychological activities, and emotional state: It encompasses one’s sensations, perceptions, consciousness, thoughts, psyche, and overall mental and spiritual well-being. Modern studies on the nervous system and abstract concepts such as “mental magnetic field” are explorations of the spiritual realm. This includes a series of mental and psychological activities such as spirit, soul, intellect, heart, intention, will, thought, wisdom, consideration, and dreaming, among others. For example, in traditional Chinese medicine, hun refers to a spirit that can exist outside of the body, while po represents cognitive abilities and is described as the capacity for understanding.

神是靈感,是創造性思維的表現:

一種來自“高維空間”的提示,也有人稱爲是“直覺”,佛學中稱爲“念”。在三維世界的人時不時的可以感受到來自“高維”的信息,尤其是在有意識的訓練以後更爲明顯。我們稱爲那些可以偶爾窺測天機的人,在時空的發展中能敏感地抓住每一次“靈感”就是成功的機遇。人的成功與否很大程度上決定於在意不在意“靈感”,和能不能抓的住并且不放棄“靈感”。對大部分成功人士的訪談說明瞭這個問題,他們重大的決策很多都是來自“靈感”也就是“直覺”。

精神身体与物质身体

Spiritual body and material body

“心主神明”這個命題中把“心”描述成一個小朝廷的君主,統治着其它所有的臟腑。重要的是把心看成是一個精神、情志所在,這和世界上很多民族的認識相同,西方也是這樣。在愛情情志的表現中仍然如此,失戀了會說:我的心碎了,沒有人說我的肝碎了,我的腦子碎了,可以說“心”包括了所有的大腦的功能。

“心主神明”要表示的就是精神身體(靈魂)是主宰身體一切的根本,同時包括所有的物質身體都屬於“神明”的管轄之內,是精神體主導物質體最明確的命題。

生理上在“神明”的統治下保持健康,完善的統一,病理上治療的側重當然是應該放在“神明”上。在針灸的治療上更是如此。“心主神明”告訴我們精神身體和物質身體之間的關係,也是21世紀研究的主要課題(腦體結合)。

曾經一個畢業了十幾年我以前的學生來我家和我分享了他對“精神身體”和物質身體”的理解,告訴我一個他親手治療的病例:46歲的妻子在一次檢查中被診斷爲乳腺癌,從醫院回來後全家似乎天塌了,夫妻兩抱頭痛哭,孩子在邊上不知所爲也自願加入了悲傷的行列。他告訴我,因爲他妻子最使她驕傲的就是那對美麗的乳房,她寧願死,也不願意任何療法對自己的身體有所傷害。丈夫深愛着自己美麗的妻子,他緊緊地擁抱着她,用手輕輕地拍着,安慰着她。告訴她不要害怕,無論發生什麼他會一直陪伴在她身邊,但是那種對未知的疾病發展還是讓他們充滿了擔憂和恐懼。

Shen is inspiration, it is the manifestation of creative thinking: a kind of guidance from the “higher-dimensional world,” also referred to as “intuition” or “mindfulness” in Buddhism. People living in the three-dimensional world can occasionally perceive information from the “higher-dimensional” world, especially after conscious training, it becomes more evident. We refer to those who can occasionally glimpse the mysteries of the universe as individuals who can sensitively grasp each “inspiration” in the course of time and space, which is an opportunity for success. Whether a person succeeds or not largely depends on whether they pay attention to “inspiration,” whether they can seize it and not give up on it. Interviews with most successful individuals illustrate this point, as many of their initial decisions were derived from “inspiration,” also known as “intuition.”

In the saying “the heart governs the spirit”, the heart is described as the ruler of a small court, governing all other organs. It is important to perceive the heart as a spiritual entity, the seat of emotions and sentiments, which aligns with the understanding of many cultures all over the world. The same perspective is also prevalent in Western culture, particularly in the expression of love and emotions. When experiencing heartbreak, one would say, “My heart is broken,” rather than “My liver is broken” or “My brain is broken.” It can be said that the “heart” (and the spirit related to it in Chinese medicine) encompasses all the functions of the brain.

The proposition of the heart governing the spirit-brightness means to convey that the spiritual body (soul) is the fundamental ruler of the physical body, and it encompasses the governance of all material aspects of the body. It is the most explicit proposition that highlights the dominance of the spiritual entity over the physical entity. Physiologically, maintaining health and achieving a harmonious unity are under the governance of the “spirit-brightness”, and when it comes to pathological conditions, the focus of treatment should naturally be placed on the spirit. This principle applies particularly in acupuncture therapy:

“The heart governs the spirit-brightness” is a statement about the relationship between the spiritual body and the physical body, which is also a major subject of research in the 21st century (in terms of the integration of mind and body in medicine, etc).

One day, a former student of mine who had graduated over a decade ago came to my house to share his understanding of the “spiritual body” and the physical body. He told me about a case he personally treated: His 46-year-old wife was diagnosed with breast cancer during a check-up. When they returned from the hospital, it felt like their world had collapsed. The husband and wife were both in tears, holding their heads in anguish, and even their child, not knowing what to do, voluntarily joined the sorrowful atmosphere. He told me that what made his wife most proud was her beautiful breasts, and she would rather die than undergo any treatment that could harm her body. The husband deeply loved his beautiful wife and embraced her tightly, gently patting her with his hand, comforting her. He told her not to be afraid, assuring her that he would be by her side no matter what happened. However, the fear and worry about the unknown progression of the disease still filled them with apprehension and fear.

他給妻子解釋了整合醫學是如何對待癌症的,“整合醫學”的解釋就是八個字:

整體觀念:把人看成一個整體,這個整體的命名是“完整生命體”。當然,這個生命體還有天人合一的感應。完整生命體包括物質身體、精神身體、生命本源和獨立的個體能量屬性(性,命學說)。

療法集成:疾病的產生和疾病發生後不是單一的症狀,一定是各種機能紊亂和功能的改變。所以治療方法也一定不是單一的,也就是各種療法的整合。我們可以理解為:主流醫學的各種病理診斷、化療、放療等,同時配合非主流醫學的幫助,如:中藥、針灸或者其他的非主流醫學治療包括(能量療法、振動療法等)。然後是癌症的心理療法,癌症的飲食療法,癌症病人的鍛煉,癌症病人的社會活動,癌症病人的團體經驗交流和癌症病人的祈禱。目的是從生理、精神、生活、家庭關懷各方面促進癌症的好轉和幫助癌症病人在主流醫學治療過程中減少副作用和增加體力。

當然,他着重解釋了生命系統和生存系統的關係(自愈系統),也說對“神”的理解,那就是傳統中醫是如何理解身體各部是如何在“神”的主導下共同工作的,尤其是精神身體和物質身體之間是如何相互調節和相互作用的。

妻子是一個生物學家,工作就是科學研究,在唯物主義學習的主導下從來就沒有聽說過,身體居然是一個“完整生命體”,也沒有意識到身體可以通過自我平衡、自我調節的功能,可以提高自愈能力的發揮,從而恢復身體本來健康的狀態。在丈夫的慢慢講述中,她慢慢地覺悟到了“神”的作用,以及“神”對物質身體不可取代的生命功效。她接受丈夫的解釋,並且主動配合丈夫的積極治療。這位學生告訴我,在他的針灸治療處方中大部分的都是與“神”有關的穴位,比如:神庭(GV24),百會(GV20),四神聰(Sishenchong),神門(HT7),本神(GB13),以及膀胱經第二側綫那些都是與神、精神、意識有關的穴位。值得指出的是膀胱經第二側綫的穴位在乳腺癌疾患中明顯地有很多壓痛點,應對了胸痛及背的原則,傍刺、齊

He explained to his wife how integrative medicine approaches cancer. The explanation of integrative medicine can be summed up in two maxims:

Holistic perspective: Viewing a person as a whole, this wholeness is referred to as the “complete living organism,” which also encompasses the harmony between heaven and humanity. The content of the complete living organism includes the physical body, the spiritual body, the essence of life, and the independent individual energy attributes (such as theories of gender, and life).

Integrated Therapies: The emergence and occurrence of diseases are not solely attributed to single symptoms; they are inevitably accompanied by various functional disorders and changes. Therefore, the treatment approach cannot be singular either; it involves the integration of various therapies. We can understand this as a combination of mainstream medical practices such as pathological diagnosis, chemotherapy, radiation therapy, with complementary alternative therapies such as traditional Chinese medicine, acupuncture, or other non-mainstream medical treatments (including energy therapy, vibrational therapy, etc.). Additionally, psychological therapy for cancer, dietary therapy for cancer, physical exercise for cancer patients, engagement in social activities, group experiences and interactions, and prayer for cancer patients are also part of the integrative approach. The aim is to promote the improvement of cancer from physiological, mental, and lifestyle perspectives, provide comprehensive care for patients and their families, and reduce side effects and enhance physical strength during mainstream medical treatment.

Of course, he emphasized the relationship between the life system and the survival system (self-healing system) and explained the understanding of “shen” (spirit). He delved into how traditional Chinese medicine comprehends the collaborative functioning of various body parts under the guidance of “shen,” particularly how the mental and physical bodies mutually regulate and interact with each other.

The wife is a biologist whose work revolves around scientific research. Under the dominant influence of materialism, she had never heard of the concept of the body being a “complete living organism” in her husband’s explanation. She was also unaware of the body’s ability to self-balance and self-regulate, which can enhance its self-healing capabilities and restore its inherent state of health. As her husband slowly narrated the details, she gradually realized the role of “shen” and the irreplaceable vitality it brings to the physical body. She accepted her husband’s explanation and actively cooperated with his proactive treatment. The student shared with me that most of the acupuncture points in his acupuncture treatment prescription were related to “shen,” such as Shen Ting (GV24), Bai Hui (GV20), Si Shen Cong, Shen Men (HT7), Ben Shen (GB13), and the points along the second line of the Bladder meridian, which are all associated with spirit, mind, and consciousness. It’s worth noting that the points along the second line of the Bladder meridian exhibit tenderness in cases of breast cancer, and traditional needling

刺、楊刺等傳統刺法，可以在這些穴位上可以大展現其獨特的作用。他當然不會忘了中醫傳統的辨證施治的原則，配穴更是根據全身體質的變化而變。半年後的檢查，奇迹出現，他告訴我，自從妻子懂得了什麼是完整生命體以後，就非常知道如何調整自己的情緒，不是害怕而是積極面對，過好和珍惜自己的每一天。隨之而來的是家庭的融洽、快樂、幸福感隨着乳腺癌的好轉更加倍增。

techniques such as Bao Ci, Qi Ci, and Yang Ci can exert their unique effects on these points. Of course, he did not forget the principles of traditional Chinese medicine, especially the principles of syndrome differentiation and treatment. The selection of acupuncture points was adjusted based on changes in the overall constitution of the body. Half a year later, a miracle occurred. He told me that ever since his wife understood the concept of a complete living organism, she knew how to adjust her emotions, face the situation positively instead of fearing it, and cherish every day of her life. As a result, the family became more harmonious, joyful, and experienced an increased sense of happiness, amplifying the improvement in her condition of breast cancer.

總結

Conclusion

“神”是一種在人體內不顯像存在物質，它主導着精神身體和物質身體的運作。從唯物主義的觀點來看，理解這種無形的“神”是有一定困難的，因為唯物主義思想限制了我們，很難理解那些看不見但實際存在的物質。

“神”是一個真實存在的概念，也是無法在健康討論中迴避的話題。傳統中醫，通過從整體的角度來論述神在生命活動中各個方面意義和表現，對於指導我們理解精神活動、意識活動和心理活動在臨床上具有極其重要的意義。

“shen” (spirits) is a substance that exists unmanifested within the human body, and it governs the operations of both the mental and physical aspects. From a materialistic perspective, comprehending this intangible “shen” presents certain difficulties because materialistic thinking constrains us, making it challenging to grasp substances that are invisible but exist in reality.

“shen” is a concept that truly exists and is an unavoidable topic in discussions about health. Traditional Chinese medicine, by elaborating on the significance and manifestations of “shen” in various aspects of life activities from a holistic perspective, holds profound importance in guiding our understanding of mental activities, consciousness, and psychological activities in clinical practice.

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論經方的來源、內涵和藥味數量

On the Origins, Connotation, and Number of Ingredients of Classical Remedies

韓永剛(Yong gang Han)

摘要:根據《漢書·藝文志·方技略》，先秦中醫分為四大流派，經方派十一家，僅其中的《湯液經法》通過《傷寒雜病論》和《輔行訣》得以傳承。“經方”有四層內涵：經典、精選、精簡、精準。這四層內涵是區分“經方”和“非經方”的四大標準。經方組方的兩大規矩是“君臣佐使”與“七情和合”。經方的組方力求精簡、精準，筆者建議以13味藥物作為組方上限。

Abstract: According to the section on “Herbalists and Alchemists” in the “Treatise on Literature” in the *Han Shu* [Book of Han], pre-Qin dynasty traditional Chinese medicine was divided into 4 major schools. Among the 11 texts it mentions from the school of classical remedies, only the *Tangye Jingfa* [Canonical Methods for Brews and Decoctions] was passed on through *Shanghan Zabing Lun* [On Cold Damage and Miscellaneous Diseases] and *Fu Xing Jue* [Extraneous Secrets]. The term “classical remedy” or “Jing Fang” has 4 layers of connotation: classic, selected, simplified, and precise. These 4 connotations are the 4 criteria for distinguishing “classical remedies” from “non-classical remedies”. The 2 guidelines for creating classical remedies are “sovereign, minister, assistant, and envoy [i. e. the medicinal roles]” and “the harmony of the 7 affects”. Classical remedies strive to be concise and precise. The author recommends 13 ingredients as the upper limit for a prescription.

關鍵詞: 經方 湯液經法 傷寒雜病論 輔行訣 藥味

Keywords: Classical remedies *Tangye Jingfa* [Canonical Methods for Brews and Decoctions] *Shanghan Zabing Lun* [On Cold Damage and Miscellaneous Diseases] *Fu Xing Jue* [Extraneous Secrets] medicinal ingredients in a prescription

經方的來源

The origins of classical remedies

《漢書·藝文志·方技略》曰：“黃帝內經十八卷，外經三十九卷，扁鵲內經九卷，外經十二卷，白氏內經三十八卷，外經三十六卷。旁篇二十五卷。右醫經七家，二百一十六卷。醫經者，原人血脈、經絡、骨髓、陰陽、表裡，以起百病之本，死生之分，而用度箴石湯火所施，調百藥齊和之所宜，至齊之得，猶慈石取鐵，以物相使。拙者失理，以愈為劇，以死為生。



五藏六府疝十六病方四十卷，五藏六府痺十二病方四十卷，風寒熱十六病方二十六卷，泰始黃帝扁鵲俞拊方二十三卷，五藏傷中十一病方三十一卷，客疾五藏狂顛病方十七卷，金創癰癩方三十

The section on the “Domain of Herbalists and Alchemists” in the “Treatise on Literature” in the *Han Shu* [Book of Han] states: “[There are] 18 volumes in *Huangdi Neijing* [Yellow Emperor’s Inner Canon], 39 volumes in *Waijing* [Yellow Emperor’s Outer Canon], 9 volumes in *Bianque Neijing* [Bian Que’s Inner Canon], 12 volumes in *Waijing* [Bian Que’s Outer Canon], 38 volumes in *Baishi Neijing* [Bai’s Inner Canon], and 36 volumes in *Waijing* [Bai’s Outer Canon]. [There are] 25 volumes in the *Pangpian* [Side Treatise]. These 7 medical classic texts [contain a total of] 216 volumes. The medical classics examine the blood vessels, channels and network vessels, bones and marrow, yin and yang, and exterior and interior of the human body to reveal the root of the hundred diseases, and distinguish between life and death. They use needles, stones, decoctions, and fire as treatment methods, and adjust the hundred medicinal preparations appropriately. The best preparation is like a magnet attracting iron, bringing about a powerful response. Unskilled practitioners who fail to grasp these theories make [those who are in] recovery worse and bring death to the living.

[There are] 46 volumes in *Wuzang Liufu Shan Shiliu Bingfang* [Prescriptions for 16 Mounting Diseases of the 5 Viscera and 6 Bowels], 40 volumes in *Wuzang Liufu Dan Shier Bingfang* [Prescriptions for 12 Jaundice Diseases of the 5 Viscera and 6 Bowels], 23 volumes in *Qinshi Huangdi Bianque Yufu Fang* [Remedies of Qin Shi, Yellow Emperor,

卷,婦人嬰兒方十九卷,湯液經法三十二卷,神農黃帝食禁七卷。右經方十一家,二百七十四卷。經方者,本草石之寒溫,量疾病之淺深,假藥味之滋,因氣感之宜,辨五苦六辛,致水火之齊,以通閉解結,反之於平。”

《漢書·藝文志》是現存最早的一部文獻目錄專著,是漢代國家藏書的總目。班固以劉向、劉歆父子的《別錄》和《七略》為依據編寫而成,分六藝、諸子、詩賦、兵書、數術、方技等六略。中醫在當時類編於方技家,因此相關著作見於《方技略》。根據《方技略》,先秦中醫分為四大流派,即醫經派(七家)、經方派(十一家)、房中派(八家)、神仙派(十家)。

有現代學者提出了“廣義經方”和“狹義經方”的概念,所謂“廣義經方”,包括《方技略》所列舉的經方十一家,而“狹義經方”則特指張仲景《傷寒雜病論》。經方十一家,除了伊尹《湯液經法》通過《傷寒雜病論》和《輔行訣》得以傳承之外,其它均已經亡軼。

筆者認為,陶弘景《輔行訣》與張仲景《傷寒雜病論》同源於伊尹《湯液經法》,是現存經方的代表。我做個比喻,《湯液經法》是父母,《輔行訣》是長子,《傷寒雜病論》是次子。在中國古代社會,國家和家族中的長子的首要責任是繼承,次子則可以不拘一格地創新。因此,《輔行訣》作為長子,忠實地繼承了《湯液經法》;而《傷寒雜病論》作為次子,“博採眾方”,在《湯液經法》的基礎上做了創新。例如,《湯液經》只有“表裡”,《傷寒論》則增加了“半表半裡”。



Bian Que, and Yufu], 31 volumes in *Wuzang Shangzhong Shiyi Bingfang* [Prescriptions for 11 Diseases of Damage to the 5 Viscera], 17 volumes in *Keji Wuzang Kuangdian Bingfang* [Prescriptions for Visiting Diseases of the 5 Viscera, Mania, and Withdrawal], 30 volumes in *Jinchuang Zongchi* [Incised Wounds, Slackening, and Tugging], 19 volumes in *Furen Yinger Fang Prescriptions for Women and Infants*, 32 volumes in *Tangye Jingfa* [Canonical Methods for Brews and Decoctions], and 7 volumes in *Shennong Huangdi Shijin* [Dietary Contraindications of the Divine Husbandman and Yellow Emperor]. These 11 classical remedy texts [contain a total of] 274 volumes. Classical remedies [use] the cold and warm [properties of] roots, herbs, and stones. They measure the depth of disease [and] use the nourishment of medicinal ingredients in a way that is appropriate for the season and climate. They identify the 5 bitter and 6 acrid properties [i. e. the medicinal properties required by the viscera and bowels] to create formulas of fire and water [i. e. hot and cold] that open what is blocked and resolve what is bound, returning [the patient] to normal.”

The “Treatise on Literature” in the *Book of Han* is the earliest extant bibliographical treatise; it is a comprehensive list of the Han dynasty national library. The author, Bangu, based it on *Bielu* [Separate Records] and *Qilüe* [7 Domains], written by Liu Xiang and his son Liu Xin. Bangu divided the text into 6 domains: Confucians, philosophers, poets, militarists, astrologers and diviners, and herbalists and alchemists. At the time, TCM was considered part of the school of herbalists and alchemists, so related works are listed in the corresponding section. According to the “Domain of Herbalists and Alchemists”, pre-Qin dynasty TCM was divided into 4 major schools, namely the medical classics school (7 texts), the classical remedies school (11 texts), the bedchamber school (8 texts), and the spirit immortal school (10 texts).

Modern scholars have proposed the concept of “broad” and “narrow” definitions of classical remedies. The “broad” definition of classical remedies includes the 11 texts listed in the “Domain of Herbalists and Alchemists”, while the “narrow” definition specifically refers to Zhang Zhongjing’s *Shanghan Zabing Lun* [On Cold Damage and Miscellaneous Diseases]. Of the 11 texts on classical remedies, all have been lost to history except for Yi Yin’s *Tangye Jingfa*, which was preserved in *Shanghan Zabing Lun* and *Fu Xing Jue*.

I believe that both Tao Hongjing’s *Fu Xing Jue* and Zhang Zhongjing’s *Shanghan Zabing Lun* originate from Yi Yin’s *Tangye Jingfa*, and they are the existing representatives of the classical remedies school. Metaphorically speaking, *Fu Xing Jue* is the eldest son and *Shanghan Zabing Lun* is the second son of *Tangye Jingfa*. In ancient Chinese society, the primary responsibility of the eldest son was to serve as the successor of the nation or family, while the second son was free to innovate. Therefore, as the eldest son, *Fu Xing Jue* faithfully preserved *Tangye Jingfa*, while the second son, *Shanghan Zabing Lun*, drew from many sources to innovate on the foundation of *Tangye Jingfa*. For example, *Tangye Jing* only discusses “exterior and interior”, while *Shanghan Lun* adds the concept of “half-exterior, half-interior”.

經方的內涵

The connotations of classical remedies

筆者認為，“經方”有四層內涵：經典、精選、精簡、精準。這四層內涵是區分“經方”和“非經方”的四大標準。

第一，經方是經典處方。《湯液經法》是“經方十一家”中碩果僅存的經典著作，《傷寒雜病論》、《輔行訣》傳承着正宗的經方血脈。

第二，經方是精選處方。《輔行訣》原書載方60首，現存處方52首，均來源於《湯液經法》，都是真正的“經方”，是陶弘景從《湯液經法》365首經方中精心选择的處方，即精選的經方。

第三，經方是精簡處方。相對於很多現代中醫所開的動輒20味、30味以上的龐大處方，《輔行訣》的遣藥組方，味少而精。以臟腑大小補瀉方24首為例，小瀉方3味藥，小補方4味藥，大瀉方6味藥，大補方7味藥。《周易·系辭》“易則易知，簡則易從。易知則有親，易從則有功。”古人所謂的“大道至簡”並不是一句空話，簡單的方法、技術才容易掌握和運用。

第四，經方是精準處方。仍以《輔行訣》臟腑大小補瀉方24首為例，所有處方精確定位於病變的核心，小方以本臟為核心；大方兼顧母臟或者子臟，方中有方，母子同治，補虛瀉實，精準治療。現代西醫和現代中醫炒作的“精準醫療”，實際上就是幾千年前的中國古代先賢們所倡導的。

I believe that the term “classical remedy” has 4 layers of connotation: classic, selected, simplified, and precise. These 4 connotations are the 4 criteria for distinguishing “classical remedies” from “non-classical remedies”.

First, classical remedies are classic prescriptions. *Tangye Jingfa* is the only remaining classic text of the “11 texts on classical remedies”; *Shanghan Zabing Lun* and *Fu Xing Jue* have preserved this authentic classical remedy lineage.

Second, classical remedies are selected prescriptions. The original text of *Fu Xing Jue* recorded 60 formulas; the 52 that currently remain all originate from *Tangye Jingfa* and are true “classical remedies”. Because they were carefully chosen by Tao Hongjing from the 365 classical remedies in *Tangye Jingfa*, they are selected classical remedies.

Third, classical remedies are simplified prescriptions. Compared to the large formulas written by many modern TCM practitioners containing as many as 20 or 30 ingredients, the traditional medicinal formulations in *Fu Xing Jue* are concise with few ingredients. For instance, among the 24 major and minor formulas for supplementing and draining the viscera and bowels, minor drainage formulas have 3 ingredients, minor supplementation formulas have 4 ingredients, major drainage formulas have 6 ingredients, and major supplementation formulas have 7 ingredients. *Xici* [*Commentary on Appended Phases*] in *Zhou Yi* [*Classic of Changes*] says, “That which is simple is easy to understand; that which is concise is easy to follow. Ease of understanding yields familiarity; ease of following yields results.” The ancient saying that “the great way is the simplest” is not just empty words; simple methods and techniques are easy to master and apply.

Fourth, classical remedies are precise prescriptions. Still using the aforementioned 24 formulas from *Fu Xing Jue* as an example, all of them are precisely targeted at the core pathology. The minor formulas focus on the affected viscera. The major formulas also handle the mother or child viscera with “a formula within a formula” to treat the mother and child at the same time, supplementing vacuity and draining repletion in a precise treatment. The “precision medicine” sensationalized by modern western medicine and TCM is actually the same as what ancient Chinese practitioners promoted thousands of years ago.

經方的藥味數量

The number of ingredients in classical remedies

《張大昌醫論醫案集》：“盡管時方的學術造詣比經方差距很大，但尚有規矩，不致泛濫難收。總比今天國內某些醫家之處方好得多。一方用藥多至數十味，藥量輒重八九兩，性能主次不分，炮製多屬離奇。病重藥多，病奇藥精，量所當然，而考所施，實又非是。製寸錐之囊而殘匹帛，為杯水之飲而舉鼎釜，若初學之士，尚不足怪，赫赫耆宿

According to Zhang Dachang *Yilun Yian Ji* [*Collected Medical Treatises and Cases of Zhang Dachang*], “While there is a big difference between the academic achievements of post-antique formulas and classical remedies, at least the latter follow rules and do not lead to excess. Overall, they are much better than the prescriptions of some mainland Chinese practitioners today. A prescription may use dozens of ingredients in large doses, with no distinction between their primary and secondary functions, and most of the preparation techniques are absurd. The notion that one should use many ingredients for severe diseases,

亦復如是，豈非笑柄耶？古語說得好，不依規矩不能成方圓，不依六律不能定五音，老生常談，何竟忘之。”

在“《輔行訣》的藥對和角藥”一文中，筆者論述了經方組方的兩大規矩，也就是經方的兩大基本配伍原則：“君臣佐使”與“七情和合”。本文主要探討一下經方的藥味數量。

（清）汪昂《醫方集解》曰：“古人立方，分量多而藥味寡。譬如勁兵，專走一路，則足以破壘擒王矣。後世無前人之朗識，分量減而藥味漸多，譬猶廣設攻圍，以庶幾於一遇也。然品類太繁，攻治必雜，能無宜於此，而不宜於彼呼？”

宋代科學家沈括《蘇沈良方》曰：“藥之單用為易知，藥之復用為難知。”中藥的化學成分是很複雜的，一味中藥含有多種有機成分和無機成分，其本身的作用已不是單一的，再加上更多的未知因素，多味中藥配伍在一起，就組成了一個非常複雜的多成份系統。酸鹼中和反應、氧化反應、還原反應、取代反應、水解反應、聚合反應、縮合反應等都有可能發生，這些反應可以改變中藥原來的性質。

根據《輔行訣》的五味補瀉理論，五味中的任意一味都同時是一臟的用味和我克臟的體味，服用一味藥至少會同時作用於兩臟，本臟和我克臟（孫臟），也就是在補一臟的同時必然會瀉另一臟。具體而言，辛味補肝木而瀉脾土，鹹味補心火而瀉肺金，甘味補脾土而瀉腎水，酸味補肺金而瀉肝木，苦味補腎水而瀉心火。藥味越多，其產生的作用越難以掌握和控制。因此，傳承《湯液經法》的《輔行訣》，用藥力求簡潔，能用小方解決問題就不用大方，大方的藥味也不超過7味藥。



specially selected ingredients for unusual diseases, and adjust doses as one sees fit actually does not work in practice. This is like wasting a whole roll of silk just to make a sheath for a pocket knife or filling a giant cauldron of water just to drink a cupful. For beginners, such practices would not be surprising; if experienced practitioners continued to do this, would it not be a joke? The ancients said it best; nothing can be accomplished without following norms and standards. This is an old cliché, but should not be forgotten.”

In my paper “Medicinal Pairs and Trios in *Fu Xing Jue*”, I discussed 2 major rules for formulating classical remedies, which are also the 2 major principles for combinations in classical remedies: “sovereign, minister, assistant, and envoy [i. e. the medicinal roles]” and “the harmony of the 7 affects”. This paper primarily explores the number of ingredients in classical remedies.

Yifang Jijie [*Medical Formulas Gathered and Explained*], written by Qing dynasty practitioner Wang Ang, states: “When the ancients created formulas, they used few ingredients in large doses. This is like how a skilled soldier taking a single route is sufficient to breach barricades and capture the king. Later generations lacked the awareness of their predecessors; they decreased the doses and gradually increased the number of ingredients. This is like setting up a wide perimeter in hopes of possibly encountering the enemy. With so many components, attacking and taking control is sure to be complicated. Can one avoid benefiting the opponent if one does not succeed in this?”

In his text *Sushen Liangfang* [*Good Prescriptions of Su and Shen*], Song dynasty scientist Shen Kuo wrote: “It is easy to understand the use of individual medicinal ingredients and hard to understand their use in compounds.” The chemical components of Chinese herbal medicine are very complicated. A single medicinal ingredient contains multiple organic and inorganic components, so even on its own, it has more than a single effect. The addition of more unknown factors and the combination of multiple ingredients create an extremely complex multi-component system. Reactions such as acid-base neutralization, oxidation, reduction, substitution, hydrolysis, polymerization, and condensation may occur, all of which could change the original nature of the medicinal ingredients.

According to the 5-flavor supplementation and drainage theory in *Fu Xing Jue*, any of the 5 flavors could be the “functional flavor” for a given viscus and the “substantial flavor” for the viscus that it restrains, so taking a single medicinal ingredient will act on at least 2 viscera at once, namely the affected viscus and the viscus it restrains (the grandchild), which means that supplementing a given viscus necessitates draining another. Specifically, the acrid flavor supplements liver wood while draining spleen earth, the salty flavor supplements heart fire while draining lung metal, the sweet flavor supplements spleen earth while draining kidney water, the sour flavor supplements lung metal while draining liver wood, and the bitter flavor supplements kidney water while draining heart fire. The greater the number of medicinal ingredients, the harder it is to grasp and control the effects they cause. For this reason, *Fu Xing Jue*, drawing upon *Tangye Jingfa*, strives for simplicity in its use of medicinal ingredients. If a minor formula can be used to solve a problem, it does not use a major formula, and even the major formulas contain no more than 7 ingredients.

反觀現代中醫,根據中國科學院院士全小林主編的《方藥量效學》:“現代處方的平均藥味數為19味,其中大部分方劑的整方用量為200~250克。與經方比較,現代臨床處方的藥味數明顯增多,整方用量與經方差別不大,經計算可知現代處方單味藥的平均劑量(整方用量/藥味數)小於經方中單味藥的平均用量……國醫大師經方驗案,單劑平均(10.83±4.09)味藥物,11味藥物組成的處方最常見,共134方(13.3%)。平均整方劑量為(127.43±70.24)克,最小15克,最大678克。”可見,從整體上看,大部分現代中醫師的中藥處方藥味數明顯偏多;而國醫大師們做常見的11味藥物是符合中醫經典的要求的。

This presents a stark contrast to modern TCM. According to Fangyao Liangxiaoxue [Formula and Medicinal Dosimetry], edited by Tong Xiaolin, an academician of the Chinese Academy of Sciences: “Modern prescriptions contain an average of 19 ingredients; among these, the total dose of all ingredients in the majority of formulas is between 200 and 250 grams. Compared to classical remedies, the number of ingredients used by modern clinical prescriptions has noticeably increased, while there is no major difference in the total dose of all ingredients. Calculations show that the average dose of individual ingredients (total dose of all ingredients / number of ingredients) in modern formulas is less than that of classical remedies. [...] In proven cases of classical remedies used by expert TCM practitioners, a single formula contained an average of 10.83±4.09 ingredients, with 11 ingredients being the most common for a total of 134 formulas (13%). The average total dose of all ingredients was 127.43±70.24 grams, with a minimum of 15 grams and a maximum of 678 grams.” Overall, it is clear that the prescriptions written by the majority of modern TCM practitioners tend to contain a relatively large number of ingredients, while the 11-ingredient formulas typically written by expert practitioners fit the requirements of TCM classics.

《輔行訣》經方的臨床應用模式

Clinical application methods of classical remedies from Fu Xing Jue

筆者推荐《輔行訣》臟腑大小補瀉方24首的臨床應用模式如下:1,小方或大方單獨應用。2,小方或大方加味。3,小方合小方。4,小方合大方。

I recommend the following methods for clinical application of the 24 major and minor formulas for supplementing and draining the viscera and bowels from Fu Xing Jue: (1) Use a single minor or major formula. (2) Supplement a minor or major formula. (3) Combine 2 minor formulas. (4) Combine a minor formula with a major formula.

筆者不推薦大方合大方的模式。理由很簡單,藥味越多,藥物之間的相互作用越複雜,越難以掌控。不但不符合古人“大道至簡”的理念,也不符合現代“精準醫療”的理念。

I do not recommend combining 2 major formulas for a simple reason: the greater the number of ingredients, the more complicated the interactions between ingredients and the more difficult it is to maintain control. Not only does this fail to conform to the ancient concept that “the great way is the simplest”, it also deviates from the modern concept of “precision medicine”.

就處方藥味數量而言,筆者提倡中藥處方的藥味上限為13味藥。我的師爺,現代中醫大家方藥中先生始終強調“言必有據,無證不信”!我的倡議有沒有中醫經典的依據?

In terms of the number of ingredients in a prescription, I advocate for an upper limit of 13 ingredients in TCM prescriptions. My teacher, modern TCM master Fang Yaozhong, always emphasized that “words must be based in fact; believe nothing without evidence”; is there evidence for my proposal in the TCM classics?

《黃帝內經·素問·至真要大論》曰:“君一臣二,制之小也;君一臣三佐五,制之中也;君一臣三佐九,制之大也。”醫經派的《內經》,君臣佐三級用藥體系,其小方3味藥,中方9味藥,大方13味藥。

Chapter 74 of Huangdi Neijing Suwen [The Yellow Emperor's Inner Canon, Elementary Questions], entitled “Comprehensive Discourse on the Essentials of Utmost Truth”, states: “1 sovereign and 2 ministers is a small composition; 1 sovereign, 3 ministers, and 5 assistants is a mid-sized composition; 1 sovereign, 3 ministers, and 9 assistants is a large composition.” In Neijing, which belongs to the medical classics school, there is a 3-level system of medicinal roles consisting of sovereigns, ministers, and assistants. Small formulas have 3 ingredients, mid-sized formulas have 9 ingredients, and large formulas have 13 ingredients.

《神農本草經·序》曰：“藥有君臣佐使，以相宣攝合和者，宜用一君二臣五佐，又可一君三臣九佐使也。”經方派的《本經》，小方 8 味藥，大方 13 味藥。

經方派的《輔行訣》臟腑大小補瀉方 24 首，小瀉方 3 味藥，小補方 4 味藥，小方重點在本臟；大瀉方 6 味藥，重點在本臟和母臟；大補方 7 味藥，重點在本臟和子臟。

筆者在臨床系統使用《輔行訣》最初幾年，處方基本是 11 味藥，目前基本保持在每個處方 9 味藥。四川成都著名老中醫田鶴鳴(1883-1980)，享年 97 歲，生前謹遵仲景之法，用藥精而少，多喜用 8 味組方，人稱“田八味”。

在實際臨床中，筆者建議首選是單獨應用小方或者大方，可以加味。其次，可以聯合使用兩個小方，這樣藥味是 6 味至 8 味，或者聯合使用一個大方和一個小方，這樣最多是 11 味藥。盡可能不聯合使用兩個大方，理由一，兩個大方最多 14 味藥，超過了 13 味藥的上限；理由二，兩個大方就針對四臟，從而失去了重點和主次。中醫的高手猶如武林高手，在五臟之中立足於一臟，做重點補瀉，相當於武林高手的一劍封喉！如果病症複雜，難以在五臟中確定核心病臟，則以本臟為核心，或配合母臟、子臟，或配合克我之臟、我克之臟，行生克制化之術，仍不失為中上之選。若用藥立足於三臟，恐已落於中工。

另外，筆者在臨床上用藥多聯合使用兩個小方，一個小瀉方合一個小補方。為什麼一補一瀉兩個小方的合方效果好？



The preface to *Shennong Bencao Jing* [The Divine Husbandman's Herbal Foundation Canon] states: “Medicines consist of sovereigns, ministers, assistants, and envoys, which serve to mutually diffuse, contain, unify, and harmonize each other. It is best to use 1 sovereign, 2 ministers, and 5 assistants, or one can use 1 sovereign, 3 ministers, and 9 assistants and envoys.” In this text, which belongs to the classical remedies school, small formulas have 8 ingredients, while large formulas have 13 ingredients.

Fu Xing Jue, which belongs to the classical remedies school, contains 24 major and minor formulas for supplementing and draining the viscera and bowels. Minor drainage formulas have 3 ingredients and minor supplementation formulas have 4 ingredients; minor formulas focus on the affected viscera. Major drainage formulas have 6 ingredients, focusing on the affected viscera and the mother viscera. Major supplementation formulas have 7 ingredients, focusing on the affected viscera and the child viscera.

In my first few years of systematically using Fu Xing Jue in clinical practice, most of my prescriptions contained 11 ingredients. At present, I generally tend to use 9 ingredients in each prescription. Tian Heming (1883-1980), a famous TCM practitioner from Chengdu, Sichuan province, who lived to the age of 97, carefully followed Zhang Zhongjing's methods by using a small number of selected medicinal ingredients. He preferred to use formulas containing 8 ingredients, so people called him “Tian 8 Ingredients”.

In clinical practice, I suggest that the first choice should be to use a single minor or major formula, which can be supplemented with other ingredients. The second choice is to combine 2 minor formulas for a total of 6 to 8 ingredients, or combine 1 major formula with 1 minor formula for a maximum of 11 ingredients. Whenever possible, one should avoid combining 2 major formulas. The first reason for this is that 2 major formulas contain a total of up to 14 ingredients, which exceeds the limit of 13 ingredients. The second reason is that 2 major formulas would target 4 viscera, resulting in a lack of focus and prioritization. Expert TCM practitioners are like expert martial artists; among the 5 viscera, they choose one to focus on as a priority for supplementation or drainage, just like an expert martial artist's decisive final move! If the disease symptoms are so complex that it is hard to confirm which one of the 5 viscera is key to the pathology, then focus on the affected viscera, include its mother or child, or include the viscera that restrain or are restrained by it. Following the pattern of engendering, restraining, controlling, and transforming is still an acceptable choice. Using medicines that focus on 3 viscera at a time is likely to yield mediocre results.

In addition, I frequently combine 2 minor formulas in clinical practice by using 1 minor drainage formula and 1 minor supplementation formula. Why does the combination of 1 minor drainage formula and 1 minor supplementation formula yield good results?

《黃帝內經·素問·天元紀大論》：“帝曰：善。何謂氣有多少，形有盛衰？鬼臾區曰：陰陽之氣各有多少，故曰三陰三陽也。形有盛衰，謂五行之治，各有太過不及也。故其始也，有餘而往不足隨之，不足而往有餘從之，知迎知隨，氣可與期。”

可見，某個臟腑或者經絡的太過，必然伴隨着與其相關的某個臟腑或者經絡的不及！反之亦然！醫生需要做的就是通過四診，精準定位病變所涉及到的臟腑經絡！核心病變的臟腑經絡確定之後，再根據臟腑之間的母子關係、乘侮關係，對核心病變及其傳變的臟腑經絡進行補瀉，虛者補之，實者瀉之，這就是中醫“大道至簡”的實際應用！

According to chapter 66 of Huangdi Neijing Suwen, entitled “Comprehensive Discourse on the Arrangement of the Original [Qi] of Heaven”: “The emperor said, ‘Good. What is meant by “qi may be abundant or lacking; the [physical] form may be exuberant or debilitated”? ’ Gui Yuqu said, ‘[This refers to] the respective abundance or lack of the qi of yin and yang, so they are called the 3 yin and 3 yang. ‘The form may be exuberant or lacking’ refers to the treatment of the 5 phases, among which each may be excessive or insufficient. Hence, at the start, [a phase] may be in excess and insufficiency will follow it, or [a phase] may be insufficient and excess will follow it. If one knows that which has come up and that which follows, the qi can be predicted.”

It can be seen that the excess of a given viscus, bowel, channel, or network vessel inevitably accompanies the insufficiency of another viscus, bowel, channel, or network vessel that is associated with it, and the opposite is also true! What practitioners must do is use the 4 examinations to accurately locate the viscera, bowels, channels, and network vessels affected by the pathology. After the viscera, bowels, channels, and network vessels involved in the core pathology have been confirmed, one can supplement or drain them and those to which the pathology has shifted based on mother-child and overwhelming-rebellion relationships. Supplement vacuity and drain repletion; this is the actual application of the concept that “the great way is the simplest” in TCM!

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韓永剛,中國中醫科學院臨床醫學基礎研究所博士研究生,師從中國工程院王永炎院士和原北京中醫藥大學校長高思華教授。2009年赴英國工作至今,現就職於Chelsea Natural Health Clinic和倫敦中醫針灸學院。擔任世界經典中醫學會專家委員會委員,世界中聯方藥量效專業委員會常務委員,世界中醫五運六氣學會聯合會理事,歐洲中醫五運六氣學會副會長,英國中醫聯盟學會學術理事。

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Han Yonggang earned his doctoral degree from the Institute of Basic Research in Clinical Medicine at the China Academy of Chinese Medical Sciences. He studied under Wang Yongyan, a member of the Chinese Academy of Engineering, and Professor Gao Sihua, former president of Beijing University of Chinese Medicine. He has worked in the UK since 2009, where he is currently employed at Chelsea Natural Health Clinic and the London Academy of Chinese Acupuncture. He is a member of the World Classic Chinese Medicine Association Expert Committee, a standing member of the World Federation of Chinese Medical Societies Expert Committee on Prescription-Dose Effects, and a council member of the World Federation of Chinese Medicine Yunqi Societies.

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重症鼻炎慢性炎症的中醫臨床研究

Clinical Study of Severe Rhinitis with Chronic Inflammation By TCM

李紅艷 馮一帆 李紅梅(Hongyan Li Yifan Feng Hongmei Li)

患者:52歲,男,5尺6寸,156磅

患者患慢性炎症性鼻炎已超過25年,鼻炎嚴重時服用抗生素多年。因此他接受過鼻竇手術,但他的症狀很快復發。他有時鼻腔分泌物呈綠色或黃色。他不張開嘴就無法用鼻子呼吸。他甚至在大約10年的時間裡完全無法聞到氣味,最終,他的耳鼻喉科醫生將他轉介紹給我們的針灸研究。

PE:他的臉上、鼻子旁邊有暗紅色的斑點,很明顯是他擦鼻子所致。鼻竇區、兩側顴弓下緣各有5個壓痛點。

方法:鼻3針、竇頭針、穿刺蝶腭神經節。患者每週來2次,持續2週,然後每週來一次。

本草:辛夷散加減。一天2次

結果:3次治療後,患者開始有異味。6次就診後,患者痊癒。

討論:

針刺蝶腭神經節治療鼻炎是對針灸療法的重要創新和發展。為評價針刺蝶腭神經節治療中重度變應性鼻炎的臨床療效,許多研究通過針刺蝶腭神經節來檢測針刺是否可以調節常年性變應性鼻炎患者的某些功能。結果表明,穿刺蝶腭神經節對常年性、過敏性鼻炎有明顯療效,改善患者鼻腔通氣量,鼻癢、打噴嚏、流鼻涕、鼻塞、鼻總症狀等受試者症狀均有明顯改善。

然而,當患者有慢性炎症並發症時,鼻三針和鼻竇頭針是有效的。

由於手術和鼻竇分泌物,細菌和真菌很容易在長期鼻炎中生長,因此草藥對於去除濕氣和炎症很重要。

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Patient :52 years Male patient,5'6", 156 Lb

Patient has had rhinitis with chronic inflammation for more than 25 years, He had antibiotics for many years when his Rhinitis was severe. Therefore he had sinus Surgery, but his symptoms came back shortly. He had greenish or yellowish nose secretion sometimes. He is unable to breath by nose without opening his mouth. He was even unable to smell at all for about 10 years, Eventually his ENT doctor referred him to our Acupuncture study.

PE: on his face, by the nose there are dark-red spots, which is obviously he scraped his nose. There are 5 points of tenderness on the sinus areas, and lower border of the zygomatic arch on both side.

Method: Nose 3 needles (add 3 points locations or name of points), sinus head needle (add location or name of points), and puncturing Sphenopalatine Ganglion. patient comes 2 times a week for 2 weeks and then once a week.

Herbal: xin yi san plus and minus. 2 times a day.

Results: after the 3 treatments, the patient started to smell. After 6 visits, the patient recovered.

Discussion:

Treatment of Rhinitis by puncturing Sphenopalatine Ganglion is a great creation and development on acupuncture therapy. To assess the clinical efficacy of acupuncture at the sphenopalatine ganglion for the treatment of patients with moderate to severe allergic rhinitis, many studies was done to test whether the acupuncture can regulate some function on perennial allergic rhinitis patients by puncturing sphenopalatine ganglion. It is shown that puncturing sphenopalatine ganglion can bring with a distinct effects on perennial allergic rhinitis and improve patients nasal ventilation and subject symptoms such as Nasal itching, sneezing, running nose, nasal block and nasal total symptoms, which were significantly improved.

However when a patient has complications with chronic inflammation, Nose 3 needles and sinus head needles are effective.

Due to surgery and secretion on sinuses, bacteria and fungi are easily grown in long term rhinitis so the Herbs is important to remove the dampness and inflammation.

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偏頭痛的治療經驗

Migraine Treatment Experience Italy Qihuang College of Traditional Chinese Medicine

何樹槐 何駿 何斌 (Shuhua He Jun He Bin He)

調節衝任法：

偏頭痛的發作與月經週期有明顯關係，大多在月經來潮前一周內偏頭痛發作，也有少數病人在月經來潮之後發作，並具有偏頭痛的特點。許多患者是在月經初潮時患病，到絕經期之後偏頭痛緩解，還有在懷孕期間偏頭痛也可緩解。

中醫認為本病的發作源於肝血不足，腎精虧損；或由於肝氣鬱結瘀血阻滯，導致頭痛發作。月經來潮之前，胞宮需要有精血儲備，需要肝臟調動陰血輸入胞宮，因為肝藏血，即肝有儲存和調節陰血的功能。若肝血不足，可引起肝內陰陽失調，肝陽上亢導致頭痛發作；或腎之精血虧損，腦絡失養，也可引起頭痛發作；或由於肝氣鬱結，氣機不暢，血液運行受阻，致使頭痛發作。

主穴：百會、風池、太陽、大陵、關元、子宮、公孫、三陰交。

配穴：肝陽上亢者加太衝、合谷；腎精虧損者加曲泉、太谿、氣海；肝氣鬱結者加太衝。

刺灸法：太谿、曲泉採用捻轉補法，其餘諸穴平補平瀉法。

解析：關元、子宮是主穴，關元穴屬於任脈，又是足三陰經的交會穴，有調補肝脾腎的作用，為人身元陰元陽關藏之處，故名關元。《靈樞·五音五味》：“衝脈、任脈，皆起於胞中。”又《素問·舉痛論》說：“衝脈起於關元”，說明關元可通過任脈、衝脈作用於胞中，調節胞中的氣血盛衰和陰陽失調，所以關元是治療胞中病變的最重要穴位。子宮屬於經外奇穴，位於中極傍開3寸處，臨近卵巢，有調節卵巢功能的作用，是治療月經不調和不孕症的重要穴位，《千金方》：“子宮穴主治女人胞宮久冷，不受胎孕。”《針灸大成》：“治人久無子嗣”。關元與子宮配合是治療婦科病和卵巢功能紊亂的重要組合。內關和公孫屬於八脈交會配穴，內關屬於手厥陰心包經，通於陰維脈，有調節諸陰經及胞中的作用。公孫屬於足太陰脾經，通

Regulating the Chong and Ren Meridians Method :

The onset of migraines is often tied to the menstrual cycle. In most cases, migraines occur within the week before menstruation, while a small number of patients experience migraines after menstruation. Often patients will begin to have issues at menarche, and the migraines will spontaneously resolve after menopause. One can also have relief from migraine headaches during pregnancy.

Traditional Chinese medicine believes that this disease stems from insufficient liver blood and loss of kidney essence, or stagnation of liver qi and stagnation of blood, leading to headaches. During the premenstrual phase, the uterus is building up a reserve of essence and blood, while the liver needs to mobilize yin-blood to enter the uterus system, because the liver has the function of storing the blood and regulating the yin. Insufficient liver blood leads to an imbalance of liver yin and yang, and hyperactivity of liver yang leads to headache. In the case of vacuity, the loss of essence and blood of the kidneys and the lack of nourishment of the brain network can also cause headache. In the case of stagnation of liver qi, the movement of qi is not smooth, and blood circulation is blocked, resulting in headaches.

Main Acupoints: Baihui (GV 20), Fengchi (GB 20), Taiyang (Ex-HN-5), Daling (PC 7), Guanyuan (CV 4), Zigong (Extra point on abdomen), Gongsun (SP 4), Sanyinjiao (SP 6).

Additional Acupoints: For hyperactivity of liver yang, add Taichong (LV 3) and Hegu (LI 4); for deficient kidney essence, add Quchi (LI 11), Taixi (KD 3), and Qihai (CV 6); for liver qi stagnation, add Taichong (LV 3).

Needling Method: For Taixi (KD 3) and Quchi (LI 11), use twisting and reinforcing technique; for other acupoints, use even reinforcing and reducing technique.

Analysis: Guanyuan and Zigong are the main acupoints. Guanyuan point belongs to the Ren vessel, and it is also the confluence point of the foot three yin meridians, It has the effect of regulating the liver, spleen and kidney, . It is the place where the original yin and yang of the body are stored-up and conserved, so it is named “Guanyuan” (Locking the original). In the “Ling Shu · Five Sounds and Five Tastes,” it is stated: “The Chong Mai and Ren Mai both originate from the uterus.” Furthermore, in the “Su Wen · Discussion on Pain,” it is mentioned: “The Chong Mai originates from Guanyuan.” This explains why Guanyuan can affect the uterus via the Ren Mai and Chong Mai, regulating the qi and blood dynamics and yin-yang imbalance within the uterus. Therefore, Guanyuan is a crucial acupoint for treating uterine disorders. Zigong belongs to the extraordinary acupoints outside the meridians, located 3 inches away from Zhongji, near the ovaries, has the function of regulating ovarian function and is an important point for treating menstrual irregularities and infertility. In Sun Si Miao’s “Qian Jin Fang,” it is said: “The Zigong acupoint treats women with a cold uterus and inability to conceive.” In “Zhen Jiu Da Cheng,” it says: “[The point] treats people who have been

於衝脈，衝脈起於胞中，其經脈向上循行於頭部，下行至足，後行背部，在前佈於胸腹，其上行者行於脊內滲諸陽，下行者滲諸陰，能容納調節十二經脈及五臟六腑之氣血，故有“十二經之海”和五臟六腑之海“之稱。所以內關和公孫配合，可調氣血之虧損，補胞宮之營血，降肝陽之上逆，通脈絡之阻滯，再配以三陰交，更增其補陰潛陽之力。

驗案舉例

米萊娜，女，42歲，意大利人。

主訴：患偏頭痛11年。

病史：大約在11年前開始頭痛，經多位醫生檢查診斷為“偏頭痛”，治療無效。每於月經來潮前1~2天開始頭痛，或左或右，無固定部位，通常從頭頂部開始，劇烈後波及到額顳部，兼見流淚、噁心、腹脹、腰酸、乏力等症，月經量少、色淡。

檢查：脈沉細，舌質淡。

診斷：偏頭痛（氣血虛弱）。

治療：百會 太陽 風池 內關 中脘 關元 子宮 公孫 足竅陰

刺灸法：針刺補法，艾條灸關元、子宮各2分鐘，足竅陰用艾柱灸5壯，每周治療2次。

採用上述方法治療3次後月經來潮，頭痛有輕度發作，之後又針灸7次後，月經來潮頭痛無再發作，後改為每週針灸1次，連續治療5次後頭痛一直未作，停止針灸治療。一年後隨訪頭痛未再發作。

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childless for a long time.” The combination of Guanyuan and Zigong is essential for treating gynecological disorders and ovarian dysfunction. Neiguan and Gongsun are confluence points for the eight extraordinary vessels. Neiguan belongs to the Pericardium Meridian of Hand Jueyin, and connects with the YinWei Mai, regulating the various yin meridians and the uterus. Gongsun belongs to the Foot Taiyin Spleen Meridian and connects with the Chong Mai, which originates from the uterus. The Chong Mai travels upward through the head, down to the feet, runs along the back, and spreads in the chest and abdomen. The upper pathway runs along the spine and permeates the yang meridians, while the lower pathway permeates the yin meridians. It has the ability to accommodate and regulate the qi and blood of the twelve regular channels and the Zang-Fu organs. This is why it is referred to as the “Sea of the twelve channels” and the “Sea of the Zang-Fu Organs.” Therefore, the combination of Neiguan and Gongsun can help regulate deficiencies in qi and blood, nourish the essence and blood of the uterus, descend liver yang counterflow, alleviate meridian blockages, and when combined with Sanyinjiao, it can further increase its power of nourishing yin and suppressing yang.

Case Study:

Patient: Milena, Female, 42 years old, Italian.

Chief Complaint: Suffering from migraines for 11 years.

Medical History: Milena started to have headaches about 11 years ago, and it was diagnosed as “migraine” by many doctors. Their treatment was ineffective. Her headaches typically began 1-2 days before menstruation, on either the left or right side of her head, with no fixed location. The pain usually originated from the occipital area and then intensified, spreading to her forehead and temples. She also had symptoms such as tearing, nausea, abdominal bloating, lower back pain, and fatigue. Her menstrual flow was light and pale in color.

Examination: Pulse was deep and thin, tongue was pale.

Diagnosis: Migraine (due to qi and blood deficiency).

Treatment: Baihui, Taiyang, Fengchi, Neiguan, Zhongwan, Guanyuan, Zigong, Gongsun, Zuqiaoyin (GB 44).

Acupuncture Method: Using reinforcement method. Moxibustion on Guanyuan and Zigong for 2 minutes each. Moxibustion on Zuyin for 5 breaths. Treatment was conducted twice a week.

After 3 sessions, Milena experienced a lighter degree of headache during her menstrual period. Subsequently, after 7 additional acupuncture sessions, her menstrual-related headaches ceased. The treatment frequency was then adjusted to once a week. After receiving acupuncture 5 more times, her headaches did not recur, and acupuncture treatment was discontinued. At a one year follow up there was no recurrence of headache.

腰椎滑脫的診治風險

The Risks of Diagnosing and Treating Lumbar Spondylolisthesis

歐陽暉(Ouyang Hui)

在脊柱的手法整復中,相對於頸椎整復,腰骶椎的整復安全得多,但是仍有風險。脊椎滑脫(Spondylolisthesis),最常見的是由脊柱的退行性改變所導致的。退行性脊椎滑脫,是隨着人體的衰老,椎間盤脫水變薄,脊柱不穩,脊椎移位而致滑脫。脊柱退行性疾病,以脊柱最下段的承重最大的腰骶部最為常見,也最為嚴重。腰骶部以活動最大的腰骶連線處的腰5椎的滑脫為最多。退行性腰椎滑脫,通常病程慢長,移位較小。不少專家並不認為退行性腰椎滑脫是真正的脫位,所以稱之為假性腰椎滑脫。手法整復適用於這類(假性)腰椎滑脫。新鮮的外傷造成的腰椎滑脫,多有椎弓的斷裂。手法整復,可能加重滑脫,以及對脊髓和神經根的壓迫。腰椎真性滑脫嚴重者(III度以上)需要手術治療。陳舊性腰椎滑脫小於II度者,即使是真性滑脫,可以實施對症的非手術治療,包括謹慎的手法整復。針灸加活動,再加上拉伸按壓也可以復位軟硬組織結構,替代大部分整脊重手法的作用和功效。針灸對症治療腰椎滑脫,安全可靠,但是對結構整復不足,治療不夠徹底。優化技術,靈活運用,針灸整脊診療腰骶病症,不僅治標,而且治本。

下面就是一個真性腰椎滑脫的診療實例。

一名57歲、身高163cm、體重86kg的白人女性。

主訴:右側腰骶部慢性疼痛,3週前勞作後復發並加劇。

現病史:病人從小在德州農場從事重體力勞動。2005年,她從高臺上跌下後開始腰痛。當時右側腰臀部淤青疼痛,並未正規治療。3週前在庭院修剪花木後,主要是身體反復屈伸後,疼痛發作。這次發作是最嚴重的一次。疼痛是一種頻繁的(<75%但>50%的時間)腰骶部鈍痛,牽涉至右臀部,但無下肢放射痛。自發病以來病情加重,目前疼痛評分為9/10(疼痛評估量表0-10,10為最嚴重)。站直時緩解,向前彎曲時加重,臥倒

In corrective manipulation of the spine, correction of the lumbosacral vertebrae is much safer than cervical correction, but there are still risks. Spondylolisthesis is most commonly caused by degenerative changes in the spine. Degenerative spondylolisthesis occurs when intervertebral discs dry out and become thinner as the human body ages. The spine becomes unstable and vertebrae shift, causing them to slip. Degenerative diseases of the spine are most commonly seen and most severe in the lumbosacral area, which is the lowest part of the spinal column and supports the most weight. In the lumbosacral area, the fifth lumbar vertebra is most likely to slip as it is involved in the greatest range of motion in the lumbosacral line region. Degenerative spondylolisthesis often has a slow, long progression with relatively small vertebral shifts. Many experts do not believe that degenerative spondylolisthesis involves true dislocation, so they refer to it as pseudo-spondylolisthesis. Corrective manipulation is suitable for this kind of (pseudo) spondylolisthesis. In most cases of spondylolisthesis resulting from a new injury, there are vertebral arch fractures. Corrective manipulation can exacerbate the slippage, as well as the pressure on the spinal cord and nerve roots. Severe cases of true lumbar spondylolisthesis (grade III and up) require surgical treatment. Cases of old lumbar spondylolisthesis less than grade II can be treated with appropriate nonsurgical interventions, including careful corrective manipulation, even if they are true spondylolisthesis. Acupuncture plus movement, with the addition of stretching and compression, can reposition soft and hard tissue structures, replacing the actions and effects of most intensive chiropractic manipulations. Using symptom-based acupuncture to treat lumbar spondylolisthesis is safe and reliable, but it does not do enough to correct the structure and is not sufficiently thorough as a treatment. By optimizing techniques and applying them flexibly, AcuChiro Therapy for lumbosacral disorders can not only treat the branch, but can also resolve the root cause.

The following is an actual case of diagnosing and treating true spondylolisthesis.

The patient was a 57-year-old white female with a height of 163cm and a weight of 86kg. The chief complaint was chronic pain in the right lumbosacral area, which had recurred and worsened 3 weeks ago after work.

Current medical history: The patient had performed strenuous physical labor on farms in Texas since she was young. In 2005, she started to have lumbar pain after falling from a high platform. At that time, there was bruising and pain in the right lumbar and gluteal region; she did not seek professional treatment. The pain recurred 3 weeks ago after cutting flowers and trees in her yard, mainly due to repeated flexion and extension. This episode was the most

後起身特別困難,仰臥疼痛最甚。她自服非處方藥,沒有接受治療,經介紹直接到針灸整脊診所求醫。自發病以來,沒有近期影像檢查。她的腰痛,因仰臥困難而影響睡眠。她開始治療的目標是減輕疼痛並且解除功能受限。

手術史:她的手術史包括1964年的第三腎臟(右側)切除術,1985年的腎盂成形術,1986年的輸尿管殘端切除術。腎臟手術發生在幼年和青年,腰痛則始於中年。

檢查:脊柱檢查顯示胸腰椎前凸並向左側彎曲,腰骶部觸痛/壓痛波及右臀部,腰4/5和骶骨活動受限,右側腰骶椎和骶髂的肌肉組織張力高。沒有下肢放射痛。沒有馬鞍區感覺障礙,沒有大小便失禁。胸腰椎活動為中度減少,疼痛擴散至右臀部。

前屈:70°(正常90°)伴疼痛,

後伸:5°(30°)伴疼痛,

左側彎:15°(30°)有僵硬,

右側彎:10°(30°)有僵硬,

左旋轉:25°(30°)有僵硬,

右旋轉:10°(30°)有僵硬。

旋轉背伸直試驗陽性,提示包括腰骶部肌肉在內的腰骶椎功能障礙。背伸功能障礙是髂棘肌損傷;向對側旋轉並背伸障礙是多裂肌損傷。

診斷:

西醫診斷:

1. 腰(骶)椎退行性疾病
2. 髂棘肌和多裂肌損傷
3. 腰5,骶1 腰椎間盤突出症
4. 腰5 脊椎滑脫症(II度向前)

中醫診斷:

腰骶病症(淤血腎虛)

severe recurrence. The pain was frequent (<75% but >50% of the time) and dull in the lumbosacral region, and referred to the right gluteal region, but did not radiate to the legs. Her condition had worsened since the onset of the episode, with a current pain level of 9/10 (using a pain scale of 0-10, with 10 being the most severe). The pain was relieved by standing straight and worsened by bending forward. It was especially difficult for the patient to get up from a prone position and the pain was worst when she was supine. She had taken over-the-counter medication, but had not received treatment. She was recommended to come directly to the clinic for treatment. Since the onset, she had not undergone any recent imaging tests. Her lumbar pain affected her sleep because it was difficult to lie supine. Her goals for starting treatment were to alleviate the pain and remove functional limitations.

Surgical history: The patient's surgical history included the removal of a third kidney (on the right side) in 1964, pyeloplasty in 1985, and ureteral stump resection in 1986. The kidney surgeries occurred in childhood and adolescence, while the lumbar pain started in middle age.

Examination: A spinal examination showed lordosis and levoscoliosis of the thoracic and lumbar vertebrae, as well as tenderness/pressure-pain in the lumbosacral region that involved the right gluteal region. L4/5 and the sacrum had restricted range of motion; the lumbosacral vertebrae and sacroiliac muscle tissues were very tense on the right side. There was no pain radiating to the legs. There was no sensory disorder in the groin area, and no fecal or urinary incontinence. The thoracic and lumbar vertebrae showed a moderate decrease in range of motion, with pain extending to the right gluteal region.

Forward flexion: 70° (normal is 90°) accompanied by pain;

Backward extension: 5° (30°) accompanied by pain;

Bending to the left: 15° (30°) accompanied by stiffness;

Bending to the right: 10° (30°) accompanied by stiffness;

Left rotation: 25° (30°) accompanied by stiffness;

Right rotation: 10° (30°) accompanied by stiffness.

The extension-rotation test was positive, showing functional impairment of the lumbosacral vertebrae, including the muscles of the lumbosacral area. The functional impairment of extension was due to sacrospinalis muscle damage; the impairment of contralateral rotation with simultaneous extension was due to multifidus muscle damage.

Diagnosis

Western medical diagnosis:

1. Degenerative disease of the lumbar (sacral) vertebrae
2. Damage to the sacrospinalis and multifidus muscles
3. Herniated intervertebral discs at L5 and S1
4. Lumbar spondylolisthesis at L5 (grade II anterolisthesis)

TCM diagnosis:

Lumbosacral symptoms (blood stasis and kidney vacuity)

治療和結果

2019年3月26日(首次治療):根據“針灸整脊診療法”的安全第一的原則,針灸首先應用,解除痙攣和即時止痛。但對整脊推拿小心謹慎,尤其是重手法整復。同時開x線檢查單。“針脊三針”首先遠道取穴針刺水溝(GV26),同時讓病人做腰腿部的拉伸和活動。病人痙攣的肌肉放鬆之後,可以俯臥針灸。局部取穴,華佗夾脊穴的腰3-5,多裂肌和骶棘肌的扳機點;命門(GV4),腰陽關(GV3),十七椎下,腎腧(BL23),大腸腧(BL25),次髎(BL32)。

2019年3月27日(第二次治療):疼痛評分為7/10。自上次就診後,腰臀痛明顯減輕,(由於X線檢查過程中翻動過多),X線檢查後,腰痛及向右臀部的牽涉痛又回來了。

X線攝片(2019年3月27日):L5相對於S1有II度向前滑脫,大約1.5cm。雙側L5-S1椎弓峽部存在缺陷。L5-S1有退行性椎間盤疾病,伴有嚴重的椎間盤間隙狹窄和終板硬化。輕度彌漫性關節突關節病。

治療上,針灸活動後,實施腰骶椎整復手法,屈髖屈膝,牽壓復位。

2019年3月29日(第三次治療):右臀牽涉痛減輕,但是腰痛仍然存在。疼痛評分仍然為7/10。

2019年4月3日(第四次治療):疼痛評分為3/10。腰痛減輕,右臀牽涉痛已不明顯。

2019年4月12日(第五次治療):疼痛評分為2/10。腰痛減輕,無右臀痛。

2019年4月17日(第六次治療):疼痛評分為2/10。腰痛減輕。治療加上病人主動肌肉鍛鍊的“腰骶操”的旋髂運動,增強腰骶脊柱穩定性。

2019年4月26日(第七次治療):疼痛評分為1/10,腰痛基本緩解,有時膝蓋疼痛。

病人自2019年3月26日至4月26日開始接受針灸整脊診療法的診斷和治療。在首診治療後,病人疼痛明顯減輕。每次治療都有進步。治療停止後,病人在家主動鍛鍊“腰骶操”,增強腰骶脊柱穩定性。

Treatment and Outcomes

March 26th, 2019 (first treatment): In accordance with the safety-first principle of “AcuChiro Therapy”, acupuncture should be applied first to resolve spasms and relieve pain quickly, while chiropractic manipulation and tui na should be done with caution, especially intense corrective manipulation. At the same time, an x-ray exam should be requested. “Needle the Spine 3 Needles”: first, the distal point Shuigou (GV-26) was needled at the same time as the patient performed lumbar and leg stretches and movements. After the patient’s spastic muscles relaxed, acupuncture could be done in the prone position. Huatuoji points at L3-5 and trigger points for the multifidus and sacrospinalis muscles were selected as local points. Mingmen (GV-4), Yaoyangguan (GV-3), Shiqizhuixia, Shenshu (BL-23), Dachangshu (BL-25), and Ciliao (BL-32) were also needled.

March 27th, 2019 (second treatment): The patient’s pain level was 7/10. The lumbar and gluteal pain had decreased markedly since the previous treatment. After the x-ray exam, the lumbar pain and pain affecting the right gluteal area returned (because the patient had to turn over too much in the course of the exam).

X-ray image (March 27th, 2019): L5 showed grade II anterolisthesis relative to S1, approximately 1.5cm. Bilateral defects were present in L5-S1 vertebral arches. L5-S1 were affected by degenerative disk disease with severe intervertebral disc space narrowing and endplate sclerosis. There was also mild diffuse facet arthropathy.

In terms of treatment, after acupuncture and movements, corrective manipulation was performed on the lumbosacral vertebrae, with hip and knee flexion as well as traction, compression, and repositioning.

March 29th, 2019 (third treatment): The pain involving the right gluteal area had decreased, but the lumbar pain was still present. The pain level was still 7/10.

April 3rd, 2019 (fourth treatment): The pain level was 3/10. The lumbar pain had decreased and the pain involving the right gluteal area was no longer noticeable.

April 12th, 2019 (fifth treatment): The pain level was 2/10. The lumbar pain decreased and there was no pain in the right gluteal area.

April 17th, 2019 (sixth treatment): The pain level was 2/10. The lumbar pain decreased. A “lumbosacral workout” hip rotation movement for active muscle building was added to the treatment to increase the stability of the lumbosacral spine.

April 26th, 2019 (seventh treatment): The pain level was 1/10. The lumbar pain was essentially relieved. There was occasional knee pain.

From March 26th to April 26th, 2019, the patient was diagnosed and treated using AcuChiro Therapy. After the first treatment, her pain decreased markedly. She made progress with every treatment. After stopping treatment, the patient actively performed the “lumbosacral workout” exercises at home to increase the stability of the lumbosacral spine.

隨訪和預後：

2022年8月15日(電話隨訪)；現在腰痛可以忍受,不影響日常生活。自2019年4月26日治療之後,沒有再大發作,沒有手術意願。疼痛評分為2/10左右,偶有腰痛,不超過4/10,無需就診。疫情期間,運動較少,體重增加。病人仍然感覺腰肌無力,無法做仰臥起坐。

質疑與體驗：

安全第一。針灸和手法,急性期主要先用針灸,點穴,解痙止痛,少用強扳重手法;急性期之後,充分放鬆的情況下,適當實施完全手法整復。結果,x線檢查顯示II度的真性滑脫。不僅是治療,診斷檢查也可能加重病情。本例病人由於x線檢查過程中翻動過多腰臀痛反復。

高效第二。針灸加活動,再加上拉伸按壓也可以復位軟硬組織結構。這樣可以替代大部分整脊重手法的作用和功效。針灸師都可以做這些治療,而且可以優化技術提高效率。

脊柱的退行性改變,椎間盤病變,脊柱不穩,腰椎滑脫。最終導致脊柱深層肌肉的薄弱和損傷。多裂肌是脊柱深層肌肉中穩固脊柱的最重要肌肉,所以多裂肌是核心肌肉之一。

掌握核心,穩固基本。回復脊柱的穩定性,針灸整脊診療腰骶病症,不僅治標,而且治本。治療從被動的牽拉按壓到主動的活動鍛鍊,是一個循序漸進的康復過程。針灸在初期可以解痙止痛,在後期可以刺激肌肉,增強肌力。



(2019年3月27日):L5相對於S1有I度向前滑脫,大約1.5cm。雙側L5-S1椎弓峽部存在缺陷。L5-S1有退行性椎間盤疾病,伴有嚴重的椎間盤間隙狹窄和終板硬化。輕度彌漫性關節突關節病。

Followup and Prognosis:

August 15th, 2022 (phone followup): The lumbar pain was now bearable and did not impact daily activities. After the treatment on April 26th, 2019, there had been no subsequent major flare-ups and the patient had no intention of seeking surgery. The pain level was about 2/10 with occasional lumbar pain that did not exceed 4/10 and did not require treatment. During the pandemic, the patient exercised less and gained weight. The patient still felt that her lumbar muscles were weak and she was unable to do sit-ups.

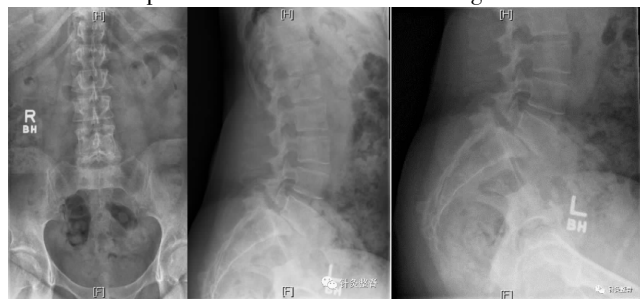
Questions and Experience:

Safety comes first. In terms of acupuncture and manipulation, during the acute phase acupuncture was used; vital points were needled to resolve tetany and relieve pain, and intensive manipulation was seldom used. After the acute phase, when the patient was fully relaxed, corrective manipulation was performed as appropriate. It turned out that the x-ray exam showed true grade II spondylolisthesis. Even diagnostic exams may aggravate the condition, to say nothing of treatment. The patient in this case experienced a recurrence of lumbar and gluteal pain after excessive turning over during the x-ray exam.

Efficacy comes second. Acupuncture plus movement, with the addition of stretching and compression, can reposition soft and hard tissue structures, thereby replacing the actions and effects of most intensive chiropractic manipulation. Any acupuncturist could perform these treatments; moreover, one could improve efficacy by optimizing one's techniques.

Degenerative changes in the spine cause disorders of the intervertebral discs, leading to spinal instability and spondylolisthesis. Ultimately, this makes the deep spinal muscles to become thin, weak, and damaged. Because the multifidus muscle is the most important deep muscle for stabilizing the spine, this muscle is one of the core muscles.

By grasping the core, one can stabilize the foundation. In restoring spinal stability, AcuChiro Therapy for lumbosacral disorders not only treats the branch, but also addresses the root. From passive stretching and compression to active movements and exercises, treatment is an orderly, gradual process of rehabilitation. Acupuncture can resolve tetany and relieve pain in the initial phase, and stimulate the muscles in later phases to increase muscle strength.



X-ray image (March 27th, 2019): L5 showed grade II anterolisthesis relative to S1, approximately 1.5cm. Bilateral defects were present in L5-S1 vertebral arches. L5-S1 were affected by degenerative disk disease with severe intervertebral disc space narrowing and endplate sclerosis. There was also mild diffuse facet arthropathy.

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浮針治療臨床疑難病例研究(一)

Study on Fu's Subcutaneous Needling in Treating Difficult Clinical Cases(1)

李紅梅(Hongmei Li) 李紅艷(Li Hongyan) 馮一帆(Yifan Feng)

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導言

Introduction

“浮針療法”是1996年,符仲華教授發明的。它是用一次性的浮針專屬針具在病痛的周圍或者遠處搜尋患肌,在皮下淺筋膜層進行掃散及再灌注等活動的針刺療法。浮針療法具有適應症廣、療效快捷確切、可與西醫打封閉療效相媲美、操作方便、沒有副作用等巨大優點。該法適用於臨床各科,特別是對疼痛科和內科、婦科良性慢性病痛的治療療效尤為卓著。尤其是臨床同類疾病治療效果,更是超越古今!

In 1996, Dr. Zhonghua Fu, M. D., Ph. D. invented Fu's subcutaneous needling (FSN). It is a type of acupuncture treatment in which single-use specialized subcutaneous needles are used to perform procedures such as sweeping and reperfusion within the subcutaneous superficial fascia of affected muscles in areas of pain or in distal areas. For the last 27 years, FSN has been used widely for pain management, internal medicine, gynecology and the treatment of benign chronic pain. [1] FSN has great advantages such as wide indications, fast and precise efficacy, easy operation, and no side effects.

浮針療法的概念:參照《浮針醫學綱要》

FSN Concepts: from FSN Medical Essentials

2016年10月,世界中醫藥學會聯合會浮針專業委員會成立大會之時,人民衛生出版社的《浮針醫學綱要》在南京首發。定義一(中醫):浮針療法是在皮下使用針具,大面積掃散,以通筋活絡,激發人體自愈能力,從而達到不藥而愈的目的,主要用於治療筋脈不舒、血滯不通所導致的頸肩腰腿疼痛和一些內科婦科雜病;定義二(康復):浮針療法是使用一次性浮針等針具在引起病痛的患肌周圍或鄰近四肢進行的皮下針刺法,和傳統針灸一樣,是一種非藥物治療方法。操作時,通常還配合再灌注活動。相對於傳統針刺方法而言,療效反饋速度快。

In October 2016, at the same time as the founding congress of the FSN Expert Committee of the World Federation of Chinese Medicine Societies, the first edition of FSN Medical Essentials was released in Nanjing by People's Publishing House. The first definition of FSN (TCM) is: FSN is the use of needles to perform wide-area sweeping subcutaneously so as to unblock the sinews, quicken the network vessels, and stimulate the self-healing ability of the human body, thereby achieving the goal of treatment without the use of medication. It is mainly used to treat neck, shoulder, lumbar, and leg pain as well as a number of internal medicine and gynecological conditions caused by sinew vessel blockage and blood stasis. The second definition (rehabilitation) is: FSN is a subcutaneous needling method that uses needle implements such as single-use subcutaneous needles in the area around the affected muscle that is causing pain or on nearby limbs. Like traditional acupuncture, it is a drug-free treatment method. When carrying out the treatment, it is often combined with reperfusion exercises. Compared to traditional acupuncture, treatment effects and feedback can be obtained more quickly.

2021年10月,人民衛生出版社的《氣血新論》橫空問世,這是一本基於浮針醫學的中西醫匯通。定義:浮針療法是用一次性使用浮針在皮下大面積持久牽拉皮下組織,通過松解相應肌肉,促進血液循環,改善新陳代謝,激發人體自愈能力,從而達到不藥而愈的目的。主要用於治療肌肉等軟組織緊張不舒、血滯不通所導致的頸肩腰腿疼痛和一些內科婦科雜病。

In October 2021, A New Theory of Qi and Blood was released by People's Publishing House. This is a book based on FSN medicine that integrates TCM and Western medicine. The definition of FSN in this text is: FSN uses single-use subcutaneous needles to perform wide-area, prolonged traction on subcutaneous tissues. By releasing the associated muscles, it promotes blood circulation, improves metabolism, and activates the human body's self-healing ability, thereby achieving the goal of treatment without the use of medication. It is mainly used for neck, shoulder, lumbar, and leg pain, as well as a number of internal medicine and gynecological conditions caused by tense muscles or other soft tissue, or blockage caused by blood stasis.

浮針和傳統針灸有什麼不同

How does FSN differ from traditional acupuncture

首先是針具，開始採用浮針療法時，使用的是傳統針灸針具—毫針，現在有些人用毫針作為針具，用浮針早期的操作方法，不過不叫浮針療法。符教授發明浮針是在傳統針基礎上的繼承、發展和創新。到目前為止，已經有最新的第五代浮針FSN5.0問世。

其次是進針點，傳統穴位常常是病理部位和治療部位的合二為一，位置多數是固定的，例如合谷穴在第二掌骨中央橈側肌肉豐厚處，而浮針療法的進針點僅僅是治療點，位置不固定。浮針療法對進針點的選擇是根據病痛部位尋找相應的患肌進而確定治療部位。比如腰背疼痛，腰椎間盤突出症，嫌疑肌查找：豎脊肌，腰方肌，腹外斜肌，多裂肌，股二頭肌，闊筋膜張肌，腰大肌，腹直肌，比目魚肌，腓骨長肌等，不找痛點找患肌，操作只在患肌外。

針刺部位：僅限皮下結締組織，這是浮針的主要特點。浮針療法一改常態，將通常的針刺激表皮、真皮、肌筋膜、肌肉乃至骨膜的垂直刺法改為僅刺皮下，結締組織和淺筋膜的平行刺法。

《靈樞·官針》中毛刺、直刺、浮刺、半刺等刺法是浮針療法皮下進針的理論來源和依據。

FSN 靶器官單一，僅僅為皮下疏松結締組織，治療的是肌肉，患肌可以導致臨床很多病痛。揭示了病深治淺的道理。

針刺手法：傳統毫針有提插捻轉迎隨，補瀉等手法；而浮針療法只有掃散，包括平掃和旋掃。

The first difference is in the type of needle used. Initially, when using FSN, traditional acupuncture needles were used, i. e. filiform needles. At present, some practitioners use filiform needles to perform early-stage FSN techniques, but this is not called FSN. The subcutaneous needle invented by Dr. Fu is an extension, development, and innovation based on the traditional needle. The most recent version of this needle is the fifth generation, FSN5.0.

The second difference is in the needle's point of insertion. Traditional acupuncture points often combine the area of pathology and that of treatment, and the majority have fixed locations. For instance, the point Hegu [LI-4] is located at the midpoint of the radial border of the second metacarpal bone on the bulge of the muscle. By comparison, the needle insertion point in FSN is just the area of treatment and its location is not fixed. In FSN, the needle insertion point is chosen based on searching for the affected muscle in the area of pain, from which the area of treatment is determined. For instance, if there is lumbar and back pain with a bulging disc, the muscles to examine include the erector spinae, quadratus lumborum, external obliques, multifidi, biceps femoris, tensor fasciae latae, psoas major, rectus abdominis, soleus, and peroneus longus. Instead of searching for pain points, one looks for the affected muscle and procedures are performed outside of this muscle.

The third difference is in the area of needling: which is limited to the subcutaneous connective tissues. This is the key feature of FSN. FSN is a change from the norm; while conventional needling stimulates the epidermis, dermis, muscular fasciae, muscle, and even the periosteum with a perpendicular insertion, FSN is a transverse needling method in which only the subcutaneous layer of connective tissue and superficial fasciae is needled.

Needling techniques listed in chapter 7 of Ling Shu [The Magic Pivot], entitled "Official Needles", such as hair needling, straight needling, surface needling, and half needling, are the theoretical origin and basis for the subcutaneous needle insertion technique of FSN.

FSN has a single target organ, the loose subcutaneous connective tissues. What it treats is the muscles, as affected muscles can cause many ailments in clinical practice. It reveals the reasoning behind the adage of treating a deep-rooted illness with shallow interventions.

The fourth difference is in the needling techniques used. Techniques used with traditional filiform needles include lifting and thrusting, twirling, adjusting the direction, and supplementation and drainage. In contrast, FSN only uses the sweeping technique, including level sweeping and spiral sweeping.



刺激強度與效應:傳統針灸學認為,得氣是臨床取效的一個重要手段和標誌,所以在臨床上大多數針灸醫生都追求得氣。如《標幽賦》所述的“氣之至也,如魚吞鈎餌之浮沉”。針灸醫生高明與否的評價標準之一,就是能否得氣。而浮針療法要求避免患者有酸脹重麻沉等得氣感。這對在我們國外行醫的針灸師來講,尤其實用。因為我們在臨床治療病人時往往會聽見病人的抱怨:“I do not like de qi”。

療效特點:簡便、安全、綠色、無毒,效果快。可與西醫打封閉療效比美,操作百分之百安全,沒有副作用。重複性強。

六大怪

不找痛點找患肌,操作只在患肌外。
掃散還要患肌動,病深刺淺患者愛。
打針不痛無傷害,立竿見影療效快。

The fifth difference is in the intensity and effects of stimulation: In traditional acupuncture, de qi [obtaining qi] is an important method and sign of clinical effectiveness, so in clinical practice, the majority of acupuncturists try to obtain qi as described in the text Biao You Fu [Song to Elucidate Mysteries]: “The arrival of qi is like the floating and sinking of a fish swallowing a baited hook.” One of the standards for evaluating an acupuncturist’s skills is whether or not they can obtain qi. By comparison, FSN requires one to avoid making the patient feel qi sensations like soreness, distension, heaviness, and numbness. This is especially useful for acupuncturists practicing outside of China, as we often find that in clinical practice, patients complain, “I do not like de qi.”

The sixth difference is in the unique characteristics of FSN treatment: it is simple, safe, natural, non-toxic, and yields quick results. Its efficacy is readily comparable to Western medicine, the procedures are 100% safe, and there are no side effects. It is also highly reproducible.

Six Unique Features

Find affected muscles instead of finding pain points and all procedures are performed outside the affected muscle. When sweeping, one must make the affected muscle move. Treating deep-rooted illness with shallow interventions increases patient satisfaction. The needling is painless and harmless, and treatment outcomes are obvious and immediate.

浮針操作

FSN Procedures

進針
運針
掃散
留管
出針

Inserting the needle
Transporting the needle
Sweeping the needle
Retaining the needle
Removing the needle

浮針療法治療思路

The Thought Process Behind FSN Treatment

明確診斷

在全面瞭解病因,病理,病情,病程長短,病變範圍大小,病變位置等情況的基礎上,對病痛的部位、程度性質等加以綜合分析,從而明確診斷,確定是否屬於浮針療法的治療範圍,這是在臨床中首先要考慮的問題。因為只有診斷正確,並屬於浮針療法的範圍,才能夠得到最好的治療效果。

Definitive Diagnosis

Based on a full understanding of the etiology, pathology, condition, and duration of an illness, as well as the size of the affected area and its location, one can take into account the location, severity, and quality of pain to perform a comprehensive analysis and thereby clarify the diagnosis to determine whether or not the case is within the scope of FSN treatment. This is the first question to consider in clinical practice because it is only possible to obtain the best clinical results if the diagnosis is correct and fits the scope of FSN treatment.

這裡要強調,任何一種治療方法都不是萬能的,浮針療法,也並非對所有的疾病病痛都有良好的效果。在臨床上,我們必須認真評估篩選適應症,在沒有見到患者,沒有做出相關檢查之前,不要隨意作出承諾。

1. 明確進針點

針刺的方向正確是保證療效的前提,針尖必須由遠而近的直對患肌。進針點的選取是根據病痛部位,尋找相應患肌,確定治療部位。原則是:

- 1) 範圍小,少患肌進針點宜近;大範圍多患肌宜遠,
- 2) 從遠到近,例如慢性腰部病痛多伴有下肢的異常,進針點的選取要從遠到近,
- 3) 多數情況下,進針點選取在患肌周邊上下左右都可以,
- 4) 儘量避開淺表血管,以免引起出血和刺痛。

2. 掃散

掃散動作是浮針療法的鮮明特色。是指運針完畢,到抽出針芯前,針身左右上下搖擺的系列動作。掃散動作要做到大幅度,平穩有節律。不要忽上忽下,忽快忽慢。掃散時神情專注。醫者要細心體會針下的感覺和患者的反應。

掃散有兩種:平掃和旋掃。

一個進針點的掃散時間:一般掃 100 次/分左右,2 分鐘。

浮針的很多特點,在《黃帝內經》已經有很多顯現,也就是說,浮針刺法諸多特徵已經散見在黃帝內經各種針法裡了。真正有發明的話,浮針掃散動作是前無古人的,當然還有特殊的針具。

“刺皮不及肉,任君掃左右。綠色再灌注,超愛療效快。”

3. 留針 24 小時為宜

出針最好用創可貼並按壓 1 分鐘,以免出血。

Here it is necessary to emphasize that no treatment method is universally effective. FSN is not effective for treating all illnesses and pain. In clinical practice, we must sincerely evaluate and screen for indications. If we have yet not seen the patient and the relevant examinations have not been done, we must not make any promises.

1. Definitive Needle Insertion Point

The correct direction for needle insertion is the prerequisite for treatment effectiveness. The tip of the needle must be inserted from the distal to the proximal end in vertical alignment with the affected muscle. The selection of the needle insertion point is based on finding affected muscles in the area of pain and confirming the area of treatment. The principles are:

- 1) If the area is small and there are few affected muscles, a proximal needle entry point is best, while a distal point should be used for a large area with many affected muscles.
- 2) Needling should be done starting from distal locations and moving to proximal locations, e. g. most chronic lumbar pain complaints are accompanied by abnormal findings of the lower limbs, so the selection of needle entry points should start in a distal area and then move to proximal areas.
- 3) In most situations, it is sufficient to choose a needle insertion point above, below, or to the left or right of the affected muscle.
- 4) Try to avoid superficial blood vessels, so as not to cause bleeding and pain.

2. Sweeping

The sweeping procedure is a distinctive feature of FSN. It refers to waving the body of the needle left, right, up, and down in a series of movements after the needle has been transported and before removing the needle. The sweeping motions should be large, steady, and rhythmic, not seesawing or varying in speed. One must maintain focus when performing the sweeping procedure. The practitioner must be closely aware of the sensation under the needle and the patient's reaction.

There are two kinds of sweeping: level sweeping and spiral sweeping.

Time for sweeping a needle entry point: usually about 100 sweeps/minute for 2 minutes

Many features of FSN are clearly present in Huang Di Nei Jing; this is to say that many of the characteristics of FSN are scattered throughout the various needling techniques in Huang Di Nei Jing. In terms of true innovation, the FSN sweeping method is completely new, as well as the special needling implements used.

“Pierce the skin without touching the muscle, then sweep left and right. Natural reperfusion boosts patient satisfaction and achieves quick results.”

3. Needle Retention for 24 Hours is Preferred

When removing the needle, it is best to use a bandage and press for 1 minute to prevent bleeding.

4. 再灌注: 抗阻運動, 有機會詳細討論。

在臨床上大膽實用的針灸針, 在許多情況下在雪松西奈醫療中心 (CSMC) 的醫院實施 FSN 或現代針灸。在某些情況下, 遵循程序 FSN: 插入, 運輸, 掃描, 保留和移除僅治療患者, 大多數患者應用傳統針灸結合現代針灸方法, 已經證實可以減輕疼痛和炎症。今天獲得的 FSN 病例數報告如下:

病例一 孕婦患顛下頷關節紊亂 (TMJ)

患者, 女性, 30 歲, 美國人。初診 2020 年 7 月 3 日。

主訴: 下頷關節肌肉僵硬酸痛 2 週。

現病史: 患者稱妊娠 16 週, 第二胎。兩週前開始覺得下頷關節肌肉僵硬酸痛, 疼痛指標 9/10, 下巴卡他作響, 耳邊響起啪啪聲。夜間疼痛無法睡眠。

既往病史: 2017 年因腰背痛到本診所就診痊愈。

體檢: 主要嫌疑肌為咬肌, 顛肌和胸鎖乳突肌。

觸診: 緊僵硬滑

鑑別診斷: 面肌痙攣, 三叉神經痛

初步診斷: 急性下頷關節炎

治療過程: 仰臥位, 選取咬肌及胸鎖乳突肌進行浮針治療。針尖對準患肌進針, 緩慢運針, 掃散采取平掃和旋掃。治療分上半場和下半場。分別掃散 100 次/分。共約 200 次/2 分鐘。治療全程 60 分鐘。

即時療效: 患者自述疼痛明顯減輕 90% 輕松多了。浮針很神奇!

醫囑: 建議近期復查一次。避免用涼水洗臉, 建議用溫熱水洗臉。加強營養: 高蛋白質, 高維生素飲食。

隨訪: 一週後打電話, 病人報告疼痛已控制, 摩擦響聲消失。一年復查病人的 TMJ 沒有反復。

病例分析及討論:

1. 顛下頷關節紊亂 - 可引起下頷關節和控制下頷運動的肌肉疼痛。而浮針療法治療的靶組織就是肌肉。所以是浮針療法治療的適應症。因此, 診斷是明確的。(TMJ 通常會導致咀嚼和說話困難。因此, 雖然這些疾病不是致命的, 但它們會影響一個人的生活質量。如果不加以控制, 症狀往往會惡化並導致慢性問題。)

4. Reperfusion: Resistance exercises, to be discussed in detail at a later time.

We have been implementing FSN in many cases at the hospital of Cedars-Sinai Medical Center (CSMC). In some cases, only FSN is used, although most patients are treated by FSN combined with traditional acupuncture. FSN has been able to help support certain pathways in the body that are associated with pain and inflammation. Several FSN case reports are provided below:

Case 1: Temporomandibular Joint (TMJ) in a Pregnant Patient

The patient was a 30-year-old American female. The initial intake was on July 3rd, 2020.

Chief complaint: Stiff, sore, and painful lower jaw muscles for 2 weeks.

History of present illness (HPI): The patient stated she was 16 weeks pregnant with her second child. Two weeks before, she started to feel stiffness, soreness, and pain in the muscle of the lower jaw, with a pain level of 9/10 as well as clicking and popping, and popping sounds in her ears. The pain made it impossible for her to sleep at night.

Past medical history: She previously came to the clinic in 2017 for lumbar pain, which was treated successfully.

Physical exam: Affected muscles were suspected to be the masseter, temporalis, and sternocleidomastoid. Palpation: Muscles were tense, stiff, hard, and slippery.

Differential diagnosis: Facial spasm, trigeminal neuralgia

Initial diagnosis: Acute mandibular arthritis

Treatment process: With the patient supine, the masseter and sternocleidomastoid were chosen for FSN treatment. The needle tip was aimed at the affected muscles and inserted, then slowly transported. Level sweeping and spiral sweeping procedures were used. The treatment was divided into two parts, each of which involved sweeping 100 times/minute, for a total of about 200 sweeps in 2 minutes. The whole treatment process lasted 60 minutes.

Immediate effects: After one session of FSN, the patient reported that her pain had decreased by 90% and she felt much more relaxed. She cheered: "It's a miracle!"

Medical advice: The patient was advised to come back soon for a follow-up. She was advised to avoid using cold water to wash her face, and use warm or hot water instead. She was also advised to enhance her diet by eating foods high in protein and vitamins.

Follow-up: After a week, the patient called to report that the pain was under control and the sounds were gone. At the time of follow-up 1 year later, the patient's TMJ complaints had not recurred.

Case Analysis and Discussion:

1. Temporomandibular joint disorders can cause pain in the mandibular joint and the muscles that control the mandible. The target tissue of FSN treatment is the muscles, so FSN is indicated in this case. Therefore, the diagnosis has been clarified. (TMJ disorders will often cause difficulty chewing and talking, so although these illnesses are not fatal, they will influence a person's quality of life. If they are not brought under control, symptoms will often worsen and cause chronic issues.)

2. 對比傳統針療法治療下頷關節紊亂,浮針的即時效果超越古今。一次浮針治療解決疼痛。

3. 浮針療法止痛機理尚不清楚。掃蕩刺激胸鎖乳突肌,有可能間接阻斷神經遞質的傳送,或者是直接阻斷神經根將痛症的信號傳到大腦,從而阻止疼痛感覺的傳出。是不是有相當於神經阻滯麻醉劑的作用? 這樣病人就會感覺疼痛減輕或消失。

4. 浮針治療 TMJ,療效肯定。可讓病患者避免手術創傷治療。在大多數情況下,與顫下頷關節紊亂相關的疼痛和不適是暫時的,可以通過自我管理護理或非手術治療來緩解。手術通常是保守措施失敗後的最後手段,但一些顫下頷關節紊亂患者可能受益於手術治療。

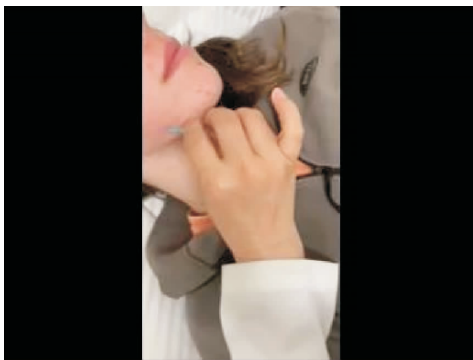


圖 1:孕婦患顫下頷關節紊亂,接受浮針治療

病例二:頸椎痛

美國女性,30 歲,初診 2021 年 6 月 15 日。

主訴:右頸部疼痛一年半。

現病史:患者是一位 30 歲的女性。因右側頸痛由西醫介紹而來尋求浮針治療。疼痛指標 6/10。2019 年 10 月,該病人介入一起車禍,當時她感覺頸部刺痛,並向右側肩部放射。頭部向左向右轉頭困難,有疼痛。當時沒有進急診室治療,後來就找西醫治療,服止痛藥,並接受可的松注射兩次,同時也進行物理治療。遺憾的是治療快兩年,疼痛有改善,但沒有顯著療效。

過去史:沒有任何受傷病史。

體檢:右側頸肩部緊張,有壓痛。活動受限。

嫌疑肌查找:斜方肌,肩胛提肌,頭夾肌,頸夾肌,胸鎖乳突肌,斜角肌,岡上肌,岡下肌甚至有時涉及三角肌,肱肌,肱饒肌等。

2. In comparison to traditional acupuncture treatment for TMJ disorders, FSN's immediate effects are unparalleled. One FSN treatment can fully resolve the pain.

3. At present, FSN's analgesic mechanism is unclear. Sweeping stimulates the sternocleidomastoid, so it may indirectly block the transmission of neurotransmitters or directly block the nerve roots from transmitting pain signals to the brain, thereby obstructing the feeling of pain. Could it have the same effect as a nerve-blocking anesthetic? This would cause the patient to feel the pain has decreased or disappeared.

4. Using FSN to treat TMJ will definitely yield results. It may enable the patient to avoid invasive treatments like surgery. In the majority of cases, the pain and discomfort associated with temporomandibular joint disorders is temporary, and can be mitigated with self-care and non-surgical measures. Although surgery is often a last resort after conservative measures have failed, a few patients with temporomandibular joint disorders may benefit from it.



Figure 1: Pregnant woman with TMJ symptoms treated by FSN

Case 2: Cervical Pain

The patient was a 30-year-old American female. The initial intake was on June 15th, 2021.

Chief complaint: Right-sided neck pain for 1.5 years.

HPI: The patient was a 30-year-old female who was referred to FSN by her Western medical provider for right-sided neck pain. The pain level was 6/10. In October 2019, after the patient was involved in a car accident, she felt sharp pain in her neck that radiated to the right shoulder. She had difficulty turning her head left and right, and felt pain while doing so. She did not go to the emergency room at that time. Later, she sought Western medical treatment, took pain medication, and had two cortisone shots, while also undergoing physical therapy. Unfortunately, while her pain had improved after nearly 2 years of treatment, there was no noticeable effect.

Past medical history: No other history of injury.

Physical exam: Right neck and shoulder tension with pressure-pain. Limited range of motion.

Muscle exam: Trapezius, levator scapulae, splenius capitis, splenius cervicis, sternocleidomastoid, scalenes, supraspinatus, infraspinatus; at times even the deltoid, brachialis, and brachioradialis are involved.

MRI 診斷: 頸椎病

治療過程: 坐位, 頭偏向手邊。選取胸鎖乳突肌, 斜方肌, 肩胛提肌, 岡上肌, 岡下肌進行浮針治療。針尖對準患肌, 緩慢進針, 掃散, 治療分上半場, 下半場。分別掃散 100/分。共 2 分鐘。全程治療 60 分鐘。

即時效果: 病人治療後訴疼痛明顯減輕 70%, 她說在所有治療中, 浮針是最有效的治療方法。所以她每次來, 都提出要“打槍”, 要浮針治療。

治療結果: 患者接受 5 次 FSN 治療後, 疼痛指標降為 1/10。

醫囑: 1) 避免提起或舉起重物。2) 保持頸部溫暖, 避免受涼。3) 適當運動。

病例分析討論:

採用的方法是: 遠處轟炸, 由遠及近, 先從三角肌, 岡上肌, 胸鎖乳突肌, 最後到肩胛提肌進行浮針治療。在頸部有頸神經和頸動、靜脈出入。由於浮針在皮下疏松結締組織中掃散, 可能是增加了頸部肌肉的血流量, 繼而也增加了面部的血供; 也可能是由於機械的刺激作用, 阻斷了頸神經根將疼痛的信號傳至大腦, 從而減輕了病人的疼痛。

病例三 腰椎間盤突出症

美國男性, 32 歲, 住院病人。

主訴: 腰背痛 2 年半

現病史: 患者是一位 32 歲的男性。因下背部疼痛, 腰椎間盤突出, 和不明原因的體重減輕而入院。患者表現為下背部疼痛加重和急性尿失禁。入院後給予止痛藥口服, 硬膜外注射 1 次, 並用 Ketamine 靜脈點滴, 疼痛有所緩解。

會診時, 病人躺在床上, 妻子坐在床旁邊。患者訴下腰背疼疼痛, 指數為 8/10, 並向腿部放射。尿頻, 14 次/天左右。並伴有體位性頭痛。

體檢: 有壓痛。活動受限。

MRI (核磁共振成像察看): 輕度頸椎炎, L5-S1 有嚴重的椎弓型行狹窄

MRI 頸椎、胸椎、腰椎脊髓造影察看: 小的上胸神經周圍袖囊腫

MRI diagnosis: Cervical spondylosis

Treatment process: The patient was seated with the head facing left. The muscles chosen for FSN treatment were the sternocleidomastoid, trapezius, levator scapulae, supraspinatus, and infraspinatus. The needle point was aimed at the affected muscles, slowly inserted, and swept. The treatment was divided into 2 parts, each of which consisted of 100 sweeps/minute, for a total of 2 minutes. The whole treatment process lasted 60 minutes.

Immediate effects: After treatment, the patient reported that the pain had decreased by 70%. She said that out of all her treatments, FSN was the most effective treatment method, so every time she came, she would mention wanting to “fire the gun”, i. e. she wanted to get FSN treatment.

Treatment outcomes: After 5 FSN treatments, the patient's pain level decreased to 1/10.

Medical advice: 1) Avoid carrying or lifting heavy objects. 2) Keep the neck area warm and avoid exposure to cold. 3) Exercise as appropriate.

Case Analysis and Discussion:

The method used here was: bombarding distal areas, starting from distal areas and moving to proximal ones. The FSN treatment started with the deltoid, supraspinatus, and sternocleidomastoid, and finally reached the levator scapulae. The cervical nerve and carotid vein and artery run through the neck area. Because FSN sweeps the subcutaneous loose connective tissues, it may increase the blood flow to the neck muscles, thereby also increasing the blood supply to the face. It may also be that the mechanical stimulus functions to block the cervical nerve roots from sending pain signals to the brain, thus decreasing the patient's pain.

Case 3: Bulging Lumbar Discs with Lower Back Pain and Urinary Incontinence

The patient was a 32-year-old American male hospital inpatient.

Chief complaint: Lower back pain for 2.5 years

The patient was a 32-year-old male. He was admitted as a hospital inpatient for lower back pain, bulging lumbar discs, and unintentional weight loss. The patient presented with worsening lower back pain and acute urinary incontinence. Upon admittance to the hospital, he was given oral analgesic medication, 1 epidural injection, and a ketamine IV drip, which reduced his pain.

At the time of intake, the patient was seen lying down on the bed, with his wife at the bedside. The patient reported lumbar pain that radiated towards his legs, with a pain level of 8/10, and frequent urination, about 14 times/day. He also reported positional headaches.

Physical exam: Pressure-pain, limited range of motion.

MRI (Magnetic Resonance Imaging): Mild cervical spondylitis, bilateral L5-S1 has severe foraminal narrowing.

MRI cervical, thoracic, and lumber myelogram: Small upper thoracic perineural sleeve cysts.

治療過程:因病人病情較複雜,給患者用焦氏頭針和符氏浮針治療。

1. 焦氏頭針選取足運感區,精神情感區

2. 符氏浮針:嫌疑肌查找:豎脊肌,腰方肌,腹外斜肌,多列肌,股二頭肌,闊筋膜張肌,腰大肌,腹直肌,比目魚肌,腓骨長肌等

診斷:腰椎間盤突出症

針尖對準患肌,豎脊肌,腰方肌,腹外斜肌,腹直肌,比目魚肌,腓骨長肌。緩慢進針,掃散,治療分上半場,下半場。分別掃散 100/分。共 2 分鐘。全程治療 60 分鐘。

即時效果:第一次針灸治療後,病人訴後背疼痛明顯減輕 70%,頭痛已基本得到控制。他能夠從床上起床,並站立當天並可自己洗澡。

二診:病人主訴腰背疼痛 2-3/10,疼痛好多了。但尿失禁,每天 14 次左右。要求用浮針治療。

治療結果:患者接受 2 次 FSN 治療後,疼痛指標降為 3/10。排尿次數減至每天 7 次左右。

三診:病人主訴腰背疼痛 2/10,疼痛顯著改善。尿失禁已被控制,恢復正常。

治療結果:患者接受 3 次 FSN 治療後,疼痛指標降為 3/10。排尿次數恢復正常。

醫囑:1)避免提起或舉起重物。2)保持背部溫暖,避免受涼。3)適當運動。4)高蛋白,維生素飲食,以增加體重。5)出院後繼續針灸治療,每週兩次。2-3 週後復查。

病例分析討論:

1. 本病例病情較複雜,所以給患者提供焦氏頭針和符氏浮針同時治療。因為是住院病人,所以我們中醫提供針灸治療;西醫提供藥物治療。中西結合,使病人達到最好的身心照顧。

2. 浮針主要是針對腰背部疼痛和尿失禁的問題。

1)下腰背疼痛:多數學者認為,關於椎間盤突出產生腰腿痛的可能機制有:A.機械型壓迫,突出的髓核的急性壓迫神經跟產生腰腿痛症狀,突出大小,直接影響疼痛程度。B.炎性反應,突出的髓核作為生物化學和免疫學刺激物,引起周圍組織及神經根的炎症反應。

Treatment Process: Because the patient's condition was relatively complicated, he was treated using Jiao's scalp acupuncture and FSN.

1. For Jiao's scalp acupuncture, the foot motor sensory area and psychoaffective area were selected.

2. FSN: Suspected muscles examined: erector spinae, quadratus lumborum, external obliques, multifidi, biceps femoris, tensor fasciae latae, psoas major, rectus abdominis, soleus, and peroneus longus.

Diagnosis: Bulging lumbar discs

The point of the needle was aimed at the affected muscles, namely the erector spinae, quadratus lumborum, external obliques, rectus abdominis, soleus, and peroneus longus. The needle was slowly inserted and then swept. The treatment was divided into 2 parts, each of which consisted of 100 sweeps/minute, for a total of 2 minutes. The whole treatment process lasted 60 minutes.

Immediate results: After the first FSN treatment, the patient reported that the pain had noticeably decreased by 70% and the headache was under control. He could get up from the bed and stand up, and he was able to take a shower unassisted the same day.

Treatment #2: The patient's main complaint was lumbar pain, 2-3/10, which had improved greatly. However, he experienced urinary incontinence about 14 times a day. He requested FSN treatment.

Treatment outcomes: After receiving 2 FSN treatments, the patient's pain level decreased to 3/10. Urinary frequency decreased to about 7 times a day.

Treatment #3: The patient's main complaint was lumbar pain, 2/10, with a noticeable improvement in the pain. The urinary incontinence was already controlled and returned to normal.

Treatment outcomes: After receiving 3 FSN treatments, the pain level had decreased to 3/10. Urinary frequency had returned to normal.

Medical advice: 1) Avoid carrying or lifting heavy objects. 2) Keep the back warm and avoid exposure to cold. 3) Exercise as appropriate. 4) Eat a diet high in protein and vitamins to gain weight. 5) After discharge, continue acupuncture treatments 2 times a week. Follow up in 2-3 weeks.

Case Analysis and Discussion:

1. This case was relatively complicated, so the patient was treated using Jiao's scalp acupuncture and Fu's FSN simultaneously. As he was a hospital inpatient, we provided acupuncture treatments in our capacity as TCM practitioners, while Western medical practitioners provided medication. This integration of TCM and Western medicine allowed the patient to receive the best physical and mental care possible.

2. FSN treatment mainly focused on the lumbar and back pain, as well as the urinary incontinence.

1) Low back pain: The majority of scholars believe that possible mechanisms by which bulging discs cause lumbar and leg pain include: A. mechanical pressure, i. e. the bulging vertebral pulp places acute pressure on the nerve roots, causing symptoms of lumbar and leg pain, with the size of the bulge directly affecting the level of pain; B. inflammatory response, i. e. the bulging vertebral pulp is a biochemical and immunological irritant that causes an inflammatory response in the surrounding tissues and nerve roots.

我們用浮針治療腰椎間盤突出症,腰腿痛,效果迅速。本病例治療3次都有明顯效果。其機制可能是浮針在皮下結締組織中大面積掃散,使患肌的血供改善,減輕了肌肉的收縮,使突出的椎間盤回縮,從而解除神經根的受壓而減輕疼痛。

腰部疼痛多為下段豎脊肌或腰方肌,一般使用“遠程轟炸”的方法,由遠及近多數在腓骨長肌,或者腓腸肌的下方,由下向上進針,用力抗阻做再灌注活動。

2)尿失禁:多因盆底肌肉和膀胱尿道括約肌不能夠正常工作所致,最明顯表現為當腹壓明顯增大,如咳嗽、打噴嚏大笑或運動時,即有從尿液從尿道排出。嚴重者行走、起立時即可發生。本病例因為有腰椎間盤突出症,有患肌,腹部壓力增高,導致尿液流出。

主要嫌疑肌有:腹直肌下段,大腿內收肌群,股四頭肌內側頭,比目魚肌等。

本例浮針治療比目魚肌和腹直肌下段,取得良好療效。

3. 浮針治療起到了定海神針的作用。即時效果好,高效,安全,無副作用。

4. 增加了醫院的床位週轉率;減少了病人住院天數。



圖2:住院病人患腰椎間盤突出症、尿失禁

We used FSN to treat bulging vertebral discs that caused lumbar and leg pain with swift results. In this case, 3 treatments achieved clear effects. The mechanism behind this may be that the wide-area sweeping of subcutaneous connective tissue in FSN improved the blood supply to the affected muscles and reduced muscle shrinkage, causing the bulging vertebral discs to retract and thereby relieving the pain by eliminating the pressure on the nerve roots.

Most lumbar pain is caused by the lower erector spinae or quadratus lumborum. Typically, the “remote bombardment” method is used, proceeding from the distal to the proximal, mostly on the peroneus longus or the lower portion of the gastrocnemius. The needle is inserted from bottom to top, and reperfusion exercises are done against resistance.

2) Urinary incontinence: This is usually due to the pelvic floor muscles and vesicourethral sphincter not functioning normally. It manifests most visibly when there is increased abdominal pressure, e. g. when coughing, sneezing, laughing, or doing physical activity, which causes urine to be discharged from the urethra. In severe cases, this may happen when walking or standing up. In this case, the bulging lumbar discs and affected muscles increased the abdominal pressure, causing urine to flow out.

The main suspected muscles include: the lower rectus abdominis, thigh adductor group, medial head of the quadriceps, and the soleus.

In this case, FSN treatment was performed on the soleus and lower rectus abdominis, yielding excellent results.

3. FSN treatment played a crucial role in this case. It yielded good real-time results with a high level of efficiency and safety, and had no side effects.

4. FSN increased the hospital bed turnover rate and decreased the duration of inpatient stays.



Figure 2: Inpatient with lower back pain and urinary incontinence

未完,下期繼續

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氣功練功反應和功效評估

Qigong Exercise Response and Efficacy Evaluation

陳超(Chao Chen)

摘要:本文通過調查式研究,收集氣功練功者練功反應的信息,證實了氣功訓練能夠改善人體的中樞神經系統,神經內分泌系統,呼吸系統和運動系統等,使人身心放鬆,精力充沛,喜樂安寧。通過對數據的統計學處理,制訂了氣功初習者和練功有素者練功效果的評估標準。

Abstract: This article presents an investigative study that collected information on the reactions of qigong practitioners during their practice. It confirms that qigong training can improve the central nervous system, neuroendocrine system, respiratory system, and motor system, resulting in relaxation of the mind and body, increased energy, and a sense of joy and peace. Through the statistical analysis of data, it establishes an evaluation standard of Qigong practice effect for beginners and advanced practitioners.

關鍵詞: 氣功 練功反應 功效評估

Keywords: Qigong Practice reactions Efficacy evaluation

中國氣功是一種練氣的功夫,具有悠久的歷史,歷代有靜坐,坐忘,坐禪,禪定,週天,內丹,行氣,服氣,調氣,導引等名稱,是中國文化和醫學寶庫中的一顆璀璨的明珠。從現代觀點來看,氣即是能量,通常分為先天之氣及後天之氣。先天之氣來自父精母血和宇宙能場,譬如真氣,元氣等;後天之氣來自呼吸的自然清氣和飲食中的水穀精微,譬如宗氣,營氣等等。氣功就是關於鍛練意念能量和生命能量的技術,與超覺靜坐,瑜伽,冥想,正念,以及自我催眠等技術有一定的關聯,在人類養生保健,康復醫療和潛能開發中發揮著重要作用。氣功的練功反應是指氣功練習者在氣功練習中或練習後所經歷的特殊感覺和現象,狹義上亦稱氣感。而氣感是個體的主觀感受,不同人身上的氣感表現也不盡相同。在傳統氣功的傳承中,氣感通常包括痛,癢,溫,涼,輕,重,松,緊,麻,跳等等,這些也作為判斷學員練功效果的指標,但各師各派,各門各法,未有統一的標準。氣功教育是中醫教育的重要組成部分。如何培訓氣功學員,評估學員的練功水平是氣功教師的基本技能和重要職責。由於感覺的主觀性和個體化,難以進行客觀精確的實驗求證,本研究通過對練功者的問卷調查,獲得關於練功反應的基本信息,數據通過統計學處理,期望建立一個比較明確的標準來評估學員的練功效果。

Chinese qigong is a kind of qi-training practice with a long history. The practice of qigong is quite broad, and it has had many names such as: 'sitting in oblivion', 'sitting meditation', 'meditative absorption', 'moving qi', 'regulating qi', and 'guiding and leading'. It is a shining pearl in the treasure house of Chinese culture and medicine. From a modern perspective, qi is energy, which is usually divided into innate (or congenital) qi and acquired qi. Innate qi comes from the combination of the parents' genetic material and the universal energy field, such as true qi, primordial qi etc.; acquired qi comes from the natural clear qi of breathing and the essence of water and grain in diet, such as Zongqi (gathering qi), nutritive qi, etc. Qigong is a method of exercising the mental and physical energy of the body. It is related to techniques such as Yoga, Meditation, Mindfulness, and Self-Hypnosis. It can play an important role in health care, rehabilitative medicine, and the development of human potential. 'Qigong practice reaction' refers to the sensations and phenomena that qigong practitioners experience during or after qigong practice, narrowly defined, it is also called "qi sensation". This feeling of qi is an individual's subjective feeling, and this can manifest quite differently from one person to the next. In the received tradition of qigong, qi sensations usually include pain, itching, warmth, coolness, lightness, heaviness, looseness, tightness, numbness, twitching, etc. and are also used as indicators to judge the effectiveness of a student's Qigong practice. However, different Qigong masters and schools may have different criteria and standards for evaluating these sensations. Qigong education is an important part of TCM education. How to train qigong students and evaluate the students' practice level are the responsibility of qigong teachers. Due to the subjectivity and individuality of sensations, it is difficult to conduct objective and precise experimental verification. In this study, basic information on practice reactions was obtained through a survey of practitioners, and the data was processed through statistical analysis. The aim is to establish a more precise standard for evaluating the effectiveness of Qigong practice for students.

一般資料

General Information

研究對象:34例氣功學員,均為美國人。
性別:男:13例;女:21例。
年齡分佈:26-59歲。9例在26-40歲之間;25例在41-60歲之間。
練功背景:初習者:24例;練功有素者:10例。

Research objects: 34 qigong students, All Americans.
Gender: 13 males; 21 females.
Age distribution: The participants were from 26-59 years old. 9 participants were under 40 years old, 25 participants were over 40 years old.
Practice background: 24 were beginners; 10 were experienced practitioners.

研究方法

Research Methods

所有學員均學習了放鬆功,築基功,強壯功,週天功,站樁功,動功等等,為期兩個月。在氣功研習班結束時,向每位學員發放了一份問卷,預先避免暗示效應。在問卷中列出了氣功的22種練功反應供學員選擇:1. 緊繃感;2. 放鬆感;3. 酸痛感;4. 瘙癢感;5. 輕盈感;6. 沉重感;7. 溫熱感;8. 清涼感;9. 麻木感;10. 肌肉跳動;11. 微微汗出;12. 唾液增多;13. 活力增強;14. 食慾增加;15. 睡眠改善;16. 情緒改善;17. 愉快感;18. 光亮感;19. 膨脹感;20. 縮小感;21. 空透感;22. 自發運動。

每種練功反應按3個級別進行評估:1. 輕度感受;2. 中度感受;3. 強烈感受。然後統計數據並進行統計學處理。

All students have learned relaxation exercises, foundation building exercises, strengthening exercises, Zhoutian exercises, standing posture exercises, moving exercises, etc., for two months. At the end of the Qigong workshop, a questionnaire was distributed to each participant, to avoid the suggestion effect in advance. In the questionnaire, 22 kinds of Qigong practice reactions are listed for students to choose: 1. Tension; 2. Relaxation; 3. Soreness; 4. Itching; 5. Lightness; 6. Heaviness; 7. Warmth/Heat sensation; 8. Cool sensation; 9. Numbness; 10. Muscle twitching; 11. Slight sweating; 12. Increased saliva; 13. Enhanced vitality; 14. Increased appetite; 15. Improved sleep; 16. Improved mood; 17. Pleasure; 18. Brightness; 19. Expansion; 20. Contraction; 21. Emptiness; 22. Spontaneous movement.

Each type of sensation was evaluated on a scale of 1 to 3, 1 being mild, 2 moderate, or 3 for a strong sensation. The data was then collected and statistically analyzed.

結果分析

Result Analysis

一、氣功初習者練功反應的總體分析

1. 70%以上的練功者體驗到放鬆,愉快,和輕盈感,自發運動,唾液增多,溫熱感。

2. 50%-69%的練功者體驗到活力增加,肌肉跳動,情緒改善,光亮感,出汗,沉重感,麻木感,緊繃感,睡眠改善,空透感,瘙癢感。

3. 15%-49%的氣功練習者體驗到酸痛感,清涼感,食慾增加,膨脹感,縮小感。其中,三分之一以上的氣功初習者能體驗到下列強烈的練功反應:

(1) 放鬆感: 91.7% (2) 溫熱感: 44.1% (3) 愉快感: 41.7% (4) 自發運動: 41.7% (5) 輕盈感: 33.3% (6) 睡眠改善: 33.3%

詳細分析見【表1】:

一、All analysis of the practice reactions of the beginning qigong practitioners:

1. More than 70% of practitioners experienced feelings of relaxation, joy, lightness, spontaneous movement, increased saliva, and warmth.

2. 50%-69% of practitioner's experienced increased energy, muscle twitching, improved mood, bright light sensation, sweating, heaviness, numbness, tension, improved sleep, hollow sensation, and itching.

3. 15%-49% of the practitioners experienced sensations such as soreness, coolness, increased appetite, or sensations of expansion or contraction. Among them, more than one-third of the beginners experienced the following strong reactions:

(1) Relaxation: 91.7% (2) Warmth: 44.1% (3) Pleasure: 41.7% (4) Spontaneous movement: 41.7% (5) Lightness: 33.3% (6) Improved sleep: 33.3%.

For detailed analysis, see [Table 1]:

【表 1】 氣功初習者練功反應分析

氣功效應	例數	有感覺	百分比	排序	有強烈感覺	百分比	排序
放鬆感	24	24	100%	1	22	91.7%	1
愉快感	24	21	87.5%	2	10	41.7%	3
輕盈感	24	20	83.3%	3	8	33.3%	5
自發運動	24	18	75.0%	4	10	41.7%	4
唾液增加	24	18	75.0%	5	7	29.2%	8
溫熱感	24	17	70.8%	6	15	44.1%	2
肌肉跳動	24	16	66.7%	7	11	32.4%	7
活力增加	24	16	66.7%	8	6	25.0%	12
心情改善	24	16	66.7%	9	5	20.8%	15
光亮感	24	16	66.7%	10	5	20.8%	16
出汗	24	15	62.5%	11	7	29.2%	9
沉重感	24	14	58.3%	12	7	29.2%	10
麻木感	24	14	58.3%	13	5	28.8%	11
睡眠改善	24	13	54.2%	14	8	33.3%	6
空透感	24	13	54.2%	15	4	16.7%	17
緊繃感	24	14	58.3%	16	6	25.0%	13
癢感	24	12	50.0%	17	6	25.0%	14
酸痛感	24	11	45.8%	18	4	16.7%	18
清涼感	24	10	41.7%	19	2	8.3%	19
食慾增加	24	8	33.3%	20	2	8.3%	20
膨脹感	24	7	29.2%	21	1	4.4%	21
縮小感	24	4	16.7%	22	1	4.2%	22

【Table 1】 Analysis of the Reactions of Beginner Qigong Practitioners during Practice

Qigong Effect	Cases	Feeling	Percentage	Ranking	Intense Feeling	Percentage	Ranking
Relaxation	24	24	100%	1	22	91.7%	1
Pleasure	24	21	87.5%	2	10	41.7%	3
Lightness	24	20	83.3%	3	8	33.3%	5
Spontaneous Movement	24	18	75.0%	4	10	41.7%	4
Increased Saliva	24	18	75.0%	5	7	29.2%	8
Warmth	24	17	70.8%	6	15	44.1%	2
Muscle Twitching	24	16	66.7%	7	11	32.4%	7
Increased Energy	24	16	66.7%	8	6	25.0%	12
Improved Mood	24	16	66.7%	9	5	20.8%	15
Bright Light Sensation	24	16	66.7%	10	5	20.8%	16
Sweating	24	15	62.5%	11	7	29.2%	9
Heaviness	24	14	58.3%	12	7	29.2%	10
Numbness	24	14	58.3%	13	5	28.8%	11
Improved Sleep	24	13	54.2%	14	8	33.3%	6
Hollowness	24	13	54.2%	15	4	16.7%	17
Tension	24	14	58.3%	16	6	25.0%	13
Itching	24	12	50.0%	17	6	25.0%	14
Soreness	24	11	45.8%	18	4	16.7%	18
Cooling	24	10	41.7%	19	2	8.3%	19
Increased Appetite	24	8	33.3%	20	2	8.3%	20
Expansion	24	7	29.2%	21	1	4.4%	21
Contraction	24	4	16.7%	22	1	4.2%	22

二、氣功初習組和練功有素組的練功反應比較

通過對氣功初習組和練功有素組練功反應的比較,並經過統計學處理,發現練功有素者在形,氣,意三方面與初習組有顯著性差異:練功有素者在練功時身體基本上沒有緊繃感,和酸痛感;精力明顯增強,光亮感強烈、情緒明顯改善;體驗到身體空透感,膨脹感或縮小感。詳細分析見【表2】:每項第一行是氣功初習組的數據;第二行是練功有素組的數據;第三行是兩組總體數據;第四行是統計學處理結果。

二、Comparison of Exercise Reactions between the beginners and Experienced Groups in Qigong

Through the comparison of the practice reactions between the group of beginners and the group of experienced practitioners in Qigong, and statistical analysis, it was found that there were significant differences between the two groups in terms of form, qi, and mind. Experienced practitioners had significantly less tension and soreness in their bodies when practicing, their energy was significantly enhanced, and they experienced a strong sense of brightness and improved mood. They also experienced a sense of emptiness, expansion, or contraction in their bodies. A detailed analysis can be found in [Table 2]: the first row in each item represents the data of the beginner group, the second row represents the data of the experienced group, the third row represents the overall data of the two groups, and the fourth row represents the statistical results.

【表2】 氣功初習組和練功有素組練功反應比較

項目	例數	有感覺	百分比	排序	有強烈感覺	百分比	排序
放鬆感	24	24	100	1	22	91.7	1
	10	10	100	1	10	100	1
	34	34	100	1	32	94.1	1
愉快感	X = 0	P > 0.05			X = 0.89	P > 0.05	
	24	21	87.5	2	10	41.7	2
	10	10	100	2	7	70.0	3
	34	31	91.2	2	17	50.0	2
輕盈感	X = 1.37	P > 0.05			X = 2.27	P > 0.05	
	24	20	83.3	3	8	33.3	5
	10	8	80.0	9	6	60.0	8
	34	28	82.4	3	14	41.2	5
自發運動	X = 1.43	P > 0.05			X = 1.29	P > 0.05	
	24	18	75.0	4	10	41.7	3
	10	9	90.0	5	6	60.0	7
	34	27	79.4	4	16	47.1	3
溫熱感	X = 0.97	P > 0.05			X = 0.96	P > 0.05	
	24	17	70.8	6	9	37.5	4
	10	10	100	4	6	60.0	6
	34	27	79.4	5	15	44.1	4
情緒改善 *	X = 3.67	P > 0.05			X = 0.96	P > 0.05	
	24	16	66.7	9	5	20.8	14
	10	10	100	3	7	70.0	4
	34	26	76.5	6	12	35.3	7
活力增強 *	X = 4.36	P < 0.05			X = 7.47	P < 0.01	
	24	16	66.7	7	6	25.0	10
	10	9	90.0	6	8	80.0	2
	34	25	73.5	7	14	41.2	6
光亮感 *	X = 1.97	P > 0.05			X = 8.82	P < 0.01	
	24	16	66.7	10	5	20.8	15
	10	8	80.0	8	7	70.0	5
	34	24	70.6	10	12	35.3	8
肌肉跳動	X = 0.60	P > 0.05			X = 7.47	P < 0.01	
	24	16	66.7	8	6	25.0	11
	10	9	90.0	7	5	50.0	9
	34	25	73.5	8	11	32.4	9

唾液增多	X = 1.97	P > 0.05			X = 2.02	P > 0.05	
	24	18	75.0	5	7	29.2	7
	10	7	70.0	11	2	20.0	16
	34	25	73.5	9	9	26.5	12
出汗	X = 0.09	P > 0.05			X = 0.31	P > 0.05	
	24	15	62.5	11	7	29.2	8
	10	7	70.0	10	4	40.0	11
	34	22	64.7	11	11	32.4	10
沉重感	X = 0.17	P > 0.05			X = 0.38	P > 0.05	
	24	14	58.3	12	7	29.2	9
	10	6	60.0	15	3	30.0	14
	34	20	58.8	12	10	29.4	11
睡眠改善	X = 0.008	P > 0.05			X = 0.002	P > 0.05	
	24	13	54.2	14	8	33.3	6
	10	7	70.0	13	1	10.0	17
	34	20	58.8	13	9	26.5	13
麻木感	X = 0.73	P > 0.05			X = 1.97	P > 0.05	
	24	14	58.3	13	5	20.8	16
	10	4	40.0	19	1	10.0	18
	34	18	52.9	15	6	17.6	15
清涼感	X = 0.95	P > 0.05			X = 0.57	P > 0.05	
	24	10	41.7	19	2	8.31	9
	10	6	60.0	16	3	30.0	15
	34	16	47.1	16	5	14.7	8
癢感	X = 0.95	P > 0.05			X = 2.64	P > 0.05	
	24	12	50.0	17	6	25.0	13
	10	2	20.0	20	0	0	20
	34	14	41.2	18	6	17.6	17
食慾增加	X = 2.62	P > 0.05			X = 3.04	P > 0.05	
	24	8	33.3	20	2	8.3	20
	10	5	50.0	17	0	0	21
	34	13	38.2	20	2	5.9	22
緊繃感*	X = 0.83	P > 0.05			X = 0.89	P > 0.05	
	24	14	58.3	16	6	25.0	12
	10	1	10.0	21	0	0	19
	34	15	44.1	17	6	17.6	16
酸痛感*	X = 6.69	P < 0.01			X = 3.04	P > 0.05	
	24	11	45.8	18	4	16.7	18
	10	1	10.0	22	0	0	22
	34	12	35.3	21	4	11.8	21
空透感*	X = 3.97	P < 0.05			X = 1.89	P < 0.05	
	24	13	54.2	15	4	16.7	17
	10	6	60.0	14	5	50.0	10
	34	19	55.9	14	9	26.5	14
膨脹感*	X = 0.097	P > 0.05			X = 4.03	P < 0.05	
	24	7	29.2	21	1	4.2	21
	10	7	70.0	12	4	40.0	12
	34	14	41.2	19	5	14.7	19
縮小感*	X = 5.39	P < 0.05			X = 7.23	P < 0.01	
	24	4	16.7	22	1	4.2	22
	10	4	40.0	18	4	40.0	13
	34	8	23.5	22	5	14.7	20
	X = 2.14	P > 0.05			X = 7.23	P < 0.01	

* 兩組的練功反應有顯著性差異或者非常顯著性差異

【Table 2】 The Comparison of the Practice Reactions between the Group of Beginners and the Group of Experienced Practitioners in Qigong

Project	Cases	Feeling	Percentage	Ranking	IntenseFeeling	Percentage	Ranking
Relaxation	24	24	100	1	22	91.7	1
	10	10	100	1	10	100	1
	34	34	100	1	32	94.1	1
Pleasure	X = 0	P > 0.05			X = 0.89	P > 0.05	
	24	21	87.5	2	10	41.7	2
	10	10	100	2	7	70.0	3
Lightness	34	31	91.2	2	17	50.0	2
	X = 1.37	P > 0.05			X = 2.27	P > 0.05	
	24	20	83.3	3	8	33.3	5
Spontaneous Movement	10	8	80.0	9	6	60.0	8
	34	28	82.4	3	14	41.2	5
	X = 1.43	P > 0.05			X = 1.29	P > 0.05	
Warmth	24	18	75.0	4	10	41.7	3
	10	9	90.0	5	6	60.0	7
	34	27	79.4	4	16	47.1	3
Improved Mood *	X = 0.97	P > 0.05			X = 0.96	P > 0.05	
	24	17	70.8	6	9	37.5	4
	10	10	100	4	6	60.0	6
Increased Energy *	34	27	79.4	5	15	44.1	4
	X = 3.67	P > 0.05			X = 0.96	P > 0.05	
	24	16	66.7	9	5	20.8	14
Bright Light Sensation *	10	10	100	3	7	70.0	4
	34	26	76.5	6	12	35.3	7
	X = 4.36	P < 0.05			X = 7.47	P < 0.01	
Muscle Twitching	24	16	66.7	7	6	25.0	10
	10	9	90.0	6	8	80.0	2
	34	25	73.5	7	14	41.2	6
Increased Saliva	X = 1.97	P > 0.05			X = 8.82	P < 0.01	
	24	16	66.7	10	5	20.8	15
	10	8	80.0	8	7	70.0	5
Sweating	34	24	70.6	10	12	35.3	8
	X = 0.60	P > 0.05			X = 7.47	P < 0.01	
	24	16	66.7	8	6	25.0	11
Sweating	10	9	90.0	7	5	50.0	9
	34	25	73.5	8	11	32.4	9
	X = 1.97	P > 0.05			X = 2.02	P > 0.05	
Sweating	24	18	75.0	5	7	29.2	7
	10	7	70.0	11	2	20.0	16
	34	25	73.5	9	9	26.5	12
Sweating	X = 0.09	P > 0.05			X = 0.31	P > 0.05	
	24	15	62.5	11	7	29.2	8
	10	7	70.0	10	4	40.0	11
	34	22	64.7	11	11	32.4	10

Heaviness	X = 0.17	P > 0.05			X = 0.38	P > 0.05	
	24	14	58.3	12	7	29.2	9
	10	6	60.0	15	3	30.0	14
	34	20	58.8	12	10	29.4	11
Improved Sleep	X = 0.008	P > 0.05			X = 0.002	P > 0.05	
	24	13	54.2	14	8	33.3	6
	10	7	70.0	13	1	10.0	17
	34	20	58.8	13	9	26.5	13
INumbness	X = 0.73	P > 0.05			X = 1.97	P > 0.05	
	24	14	58.3	13	5	20.8	16
	10	4	40.0	19	1	10.0	18
	34	18	52.9	15	6	17.6	15
Cooling	X = 0.95	P > 0.05			X = 0.57	P > 0.05	
	24	10	41.7	19	2	8.31	9
	10	6	60.0	16	3	30.0	15
	34	16	47.1	16	5	14.7	8
Itching	X = 0.95	P > 0.05			X = 2.64	P > 0.05	
	24	12	50.0	17	6	25.0	13
	10	2	20.0	20	0	0	20
	34	14	41.2	18	6	17.6	17
Increased Appetite	X = 2.62	P > 0.05			X = 3.04	P > 0.05	
	24	8	33.3	20	2	8.3	20
	10	5	50.0	17	0	0	21
	34	13	38.2	20	2	5.9	22
Tension *	X = 0.83	P > 0.05			X = 0.89	P > 0.05	
	24	14	58.3	16	6	25.0	12
	10	1	10.0	21	0	0	19
	34	15	44.1	17	6	17.6	16
Soreness *	X = 6.69	P < 0.01			X = 3.04	P > 0.05	
	24	11	45.8	18	4	16.7	18
	10	1	10.0	22	0	0	22
	34	12	35.3	21	4	11.8	21
Hollowness *	X = 3.97	P < 0.05			X = 1.89	P < 0.05	
	24	13	54.2	15	4	16.7	17
	10	6	60.0	14	5	50.0	10
	34	19	55.9	14	9	26.5	14
Expansion *	X = 0.097	P > 0.05			X = 4.03	P < 0.05	
	24	7	29.2	21	1	4.2	21
	10	7	70.0	12	4	40.0	12
	34	14	41.2	19	5	14.7	19
Contraction *	X = 5.39	P < 0.05			X = 7.23	P < 0.01	
	24	4	16.7	22	1	4.2	22
	10	4	40.0	18	4	40.0	13
	34	8	23.5	22	5	14.7	20
	X = 2.14	P > 0.05			X = 7.23	P < 0.01	

* There is a significant difference in the practice responses between two groups

討論

Discussion

氣功屬於身心科學。氣功鍛煉的三要素是：調神，調息，調身，通過對姿態，呼吸和意念的調節，使機體發生一系列的變化，從而產生一些特殊的感覺和現象。從現代醫學來看，下列系統在氣功鍛煉中起著特別重要的作用：中樞神經系統，神經內分泌系統，神經肌肉系統，交感和副交感神經系統和呼吸系統。

氣功練習的第一步是身體放鬆，心無外慮。練功時呼吸運動節律變慢，週期變長，幅度變大，入靜程度加深，練功者逐漸釋放出焦慮和壓力，體驗到全身輕鬆和輕盈的感覺。同時唾液分泌增多，這是由於調息時舌的上下起落，刺激了唾液腺的分泌。而腹式呼吸激發了胃腸活動，也反射性地刺激唾液分泌。身心放鬆，唾液增多，表明中樞神經系統改善了對內外分泌系統和肌肉系統的調整作用。第二步是全身或局部溫熱微汗。由於意念集中，呼吸深長，身體放鬆，導致末梢血管擴張，皮膚溫度上升。有研究表明，練功有素者，其意守部位的血流量可增加30%左右，皮膚溫度可提高攝氏2-3度。第三步是活力增強，肌肉跳動。由於血液循環的增強，新陳代謝的改善，練功後全身輕鬆，精力充沛，面色紅潤，皮膚光澤。當精氣不斷增強時，練功者也會體驗到全身和環境的光亮感。第四步是情緒改善，快樂平和。氣功鍛煉給練習者帶來快樂，並保持良好的情緒。愉快感和良好情緒來自以下三個方面：1) 身體放鬆引起的壓力減輕。2) 中樞神經系統和神經內分泌系統的新平衡。3) 由於能量的積累和調節，大腦功能形成新的秩序。因此，氣功修煉的初步成就可以用以下幾點練功反應來衡量：(1) 放鬆感，輕盈感及自發運動。(2) 溫熱感，微微汗出，唾液增多。(3) 活力增強，肌肉跳動，亮光感。(4) 愉快感，情緒好轉，睡眠改善。

Qigong belongs to the field of mind-body science. The three essential elements of qigong practice are regulating the mind, regulating the breath, and regulating the body. Through the regulation of posture, breathing and thoughts, the body undergoes a series of changes, resulting in special feelings and phenomena. From the perspective of modern medicine, the following systems play a particularly important role in qigong practice: the central nervous system, neuroendocrine system, neuromuscular system, sympathetic and parasympathetic nervous systems, and the respiratory system.

The first step in Qigong practice is to relax the body and have no external worries. During Qigong practice, the rhythm of breathing slows down, the cycle becomes longer, the range becomes larger, and the depth of meditation deepens. Practitioners gradually release anxiety and stress, and experience a feeling of relaxation and lightness throughout the body. At the same time, saliva secretion increases, which is due to the up-and-down movement of the tongue during breathing exercises stimulating the salivary glands. Additionally, abdominal breathing stimulates gastrointestinal activity, which reflexively stimulates saliva secretion. Relaxation of the body and mind, and increased saliva secretion can indicate that the central nervous system has improved the regulation of the endocrine and muscular systems. The second step is to warm and induce sweating over the whole body or a part of the body. Due to concentration of the mind, deep breathing, and relaxation of the body, peripheral blood vessels dilate, causing an increase in skin temperature. Research has shown that in experienced practitioners, blood flow to the area of concentration can increase by about 30%, and skin temperature can increase by 2-3 degrees Celsius. The third step is an increase in vitality and muscle twitching. As a result of the improved blood circulation and metabolism, the practitioner will feel relaxed, energetic, with a healthy complexion and shiny skin after the practice. When the vitality and energy increase, practitioners will also experience a brighter sensation throughout their body and surroundings. The fourth step is an improvement in emotions, leading to a state of joy and peace. Qigong exercise brings joy to practitioners and maintains a good mood. The sense of happiness and positive emotions come from the following three aspects: 1) relief of stress caused by body relaxation; 2) a new balance in the central nervous system and the neuroendocrine system; 3) the accumulation and regulation of energy leads to the formation of new order in brain function. Therefore, the initial achievements of Qigong practice can be measured by the following reactions to exercise: (1) feeling relaxed, light, and spontaneous movement; (2) warmth, slight sweating, and increased salivation; (3) increased vitality, muscle twitching, and a sense of brightness; (4) feeling joyful, improved mood, and better sleep.

如果有以上感受,說明練功者通過調身,調息,調神,初步達到練精化氣,練氣化神的效果。那麼,怎麼知道練功者達到了更高的修煉程度呢?根據本研究的數據分析,可以用以下幾點氣功效應來衡量:

(1) 強大的身心放鬆能力和氣機通達

氣功初習者雖然學習和體驗到放鬆和輕鬆感。然而,在練功時,他們仍然經歷身體酸痛,肌肉緊繃的感覺。而高階修煉者氣血旺盛,脈絡通暢,因此,他們很少有身體的酸痛感和緊繃感。

(2) 強大的精氣轉化能力和強烈光感

氣功初習者也會有精力增加、身體輕盈的感覺,但這些感覺是輕度和不穩定的。而高階修煉者能感受到強烈而穩定的元氣增幅和亮光感。這些光可能像眼前閃爍的光,也可能像身體裡的閃電,有時像光球,閃閃發亮地穿過脊柱進入大腦,或者全身浸泡在月光中的感覺等等。

(3) 強大的情緒調控能力和幸福安祥

情緒是一種相對持久的情感狀態,通常有積極情緒和消極情緒兩種。消極情緒包括壓力、抑鬱、焦慮和躁狂等。氣功初習者練功時的主要體驗是身體放鬆,壓力減輕,心情愉悅平和。但是這種感覺通常不能持久。而在高級階段,練功有素者可以改善消極情緒,進入喜悅安祥的狀態。氣功是練意練心的功夫,是鍛煉大腦的技術。氣功能態就是大腦處於特殊的入靜狀態。腦電研究顯示,練氣功加強了大腦兩半球的聯繫;能量強度顯著增加;腦電優勢頻率由 alpha 降至 theta 頻段,並由枕部向額部顳部轉移。

(4) 強大的高維冥想能力和天人合一

人腦分為左腦(左半球)和右腦(右半球)。左腦是理性腦,主管語言,文字,分析,數學,邏輯,推理等。它把五官的感覺轉化成語言信息來加工傳遞,和顯意識有關。右腦是感性腦,主管音樂,韻律,情感,圖畫,想像,創造等。它控制著自律神經與宇宙波動共振等,和潛意識有關。普通人的右腦受到左腦理性的控制和壓制,很難發揮應有的作用。氣功訓練加強了左腦和右腦的聯繫,開發出右腦的想像力,創造力等潛能。腦電波與宇宙波共振,練功者能夠體驗到“天人合一”的感覺。

If the practitioner experiences the above sensations, it indicates that they have achieved the initial effects of practicing Qigong, which involves refining essence to transform into energy, and transforming energy into spirit through adjusting the body, breath, and mind. But how can we tell if a practitioner has reached a higher level of cultivation? According to the data analysis of this study, the following Qigong effects can be used to measure it:

(1) Strong physical and mental relaxation ability and unobstructed Qi circulation

Beginners of Qigong learn and experience a sense of relaxation and ease. However, they still experience body soreness, the feeling of muscle tightness while practicing. However, high-level practitioners have strong qi and blood and unobstructed veins, so they seldom feel soreness and tightness in their bodies.

(2) Strong ability of converting essence into Qi and intense light sensation

Qigong beginners will also feel increased energy and light body, but these feelings are mild and unstable. Advanced practitioners can feel a strong and stable increase in vitality and a sense of light. These lights may appear as flashing lights in front of their eyes, or lightning-like sensations inside their bodies. Sometimes it feels like a ball of light, shining brightly through the spine into the brain, or a feeling of being immersed in moonlight throughout the body.

(3) Strong emotion regulation ability and happiness and tranquility

Emotion is a relatively long-lasting emotional state, usually in two types, positive and negative. Negative emotions include stress, depression, anxiety, and mania, etc. The main experience of qigong beginners when practicing is physical relaxation, pressure relief, and a happy and peaceful mood. But this feeling usually doesn't last. In the advanced stage, experienced practitioners can improve negative emotions and enter a state of joy and tranquility. Qigong is the kung fu of training the mind and consciousness, and it is a technique for exercising the brain. The functional state of qigong is a special state of meditation in the brain. Electroencephalography (EEG) studies have shown that practicing Qigong strengthens the connection between the two hemispheres of the brain; the energy intensity increases significantly; the dominant frequency of EEG decreases from alpha to theta frequency, and shifts from the occipital to the frontal and temporal regions.

(4) Powerful high-dimensional meditation ability and harmony between man and nature

The human brain is divided into left brain (left hemisphere) and right brain (right hemisphere). The left brain is the rational brain, in charge of language, writing, analysis, mathematics, logic, reasoning, etc. It converts the senses of the five sense organs into language information for processing and transmission, which is related to conscious consciousness. The right brain is the perceptual brain, in charge of music, rhythm, emotion, drawing, imagination, creation, etc. It controls the autonomic nervous system and cosmic fluctuation resonance, etc., and is related to the subconscious mind. The right brain of ordinary people is controlled and suppressed by the rationality of the left brain,

當真氣暢通,毛細血管擴張,身體各部有充滿和膨脹的感覺,練功者感到身體變得異常高大。當真氣由外入丹田時,練功者會有身體很小的感覺。當真氣循環到大腦主管空間的區域或者真氣變得非常強大且超過感覺閾值時,練功者會體驗到“無重力”的通透感覺。這些都是氣功鍛煉開發人體潛能的結果。

making it difficult to fully utilize its potential. Qigong training strengthens the connection between the left brain and the right brain, and develops the imagination and creativity potential of the right brain. Brain waves and cosmic waves resonate, and practitioners can experience the feeling of “unity between man and nature”. When the real qi is unblocked, the capillaries expand, and every part of the body feels full and swollen, and the practitioner feels that the body has become abnormally tall. When the true qi enters the dantian from the outside, the practitioner will feel that his body is very small. When the real qi circulates to the area of the brain governing space, or the real qi becomes very strong and exceeds the sensory threshold, the practitioner will experience the transparent feeling of “gravitylessness”. These are the results of Qigong exercise to develop the potential of the human body.

結論

Conclusion

氣功的練功反應並不神秘。即使初習者也可以通過短期的培訓來體驗到這些功效。在 22 種氣功反應中,半數以上的氣功練習者體驗到放鬆感,愉悅感,輕盈感,自發運動,唾液增加,溫熱感;活力增加,肌肉跳動,情緒改善,亮光感,出汗,沉重感,麻木感,緊繃感,睡眠改善,空透感,癢感。其中,三分之一以上的氣功初習者能體驗到下列強烈的練功反應:放鬆感,溫熱感,愉悅感,自發運動,輕盈感,睡眠改善,肌肉跳動和唾液增加。數據經過統計學分析,下列練功反應可以作為評估氣功練功初步成就的標準:

1. 形的改變:放鬆感,輕盈感,唾液增多。
2. 氣的改變:溫熱感,肌肉跳動,活力增強。
3. 意的改變:心情愉快和睡眠改善。而氣功

修煉的高階成就就可以通過以下練功反應作為評估標準:

- (1) 身體非常放鬆,基本沒有酸痛緊張感。
- (2) 身心精氣充沛,能夠感受到強烈亮光。
- (3) 情緒改善穩定,能夠感受到喜樂安祥。
- (4) 強大冥想能力,能夠感受到天人合一。

本研究證實了氣功訓練確實能減輕壓力,減少焦慮和增加愉悅;增強生命活力和免疫力;改善睡眠和情緒;提高想像力和創造力,能夠促進人類的健康、幸福與安寧,是一種開發身心潛能的傳統技術,也是一種養生保健,祛病強身的卓越療法。

The reactions to qigong practice are not mysterious. Even beginners can experience these effects through short-term training. Of the 22 qigong reactions, over half of qigong practitioners experience feelings of relaxation, joy, lightness, spontaneous movement, increased saliva, and warmth. Other reactions include increased vitality, muscle twitching, improved mood, light perception, sweating, heaviness, numbness, tension, improved sleep, transparency, and itching. Among them, more than one-third of qigong beginners can experience the following strong reactions: relaxation, warmth, joy, spontaneous movement, lightness, improved sleep, muscle twitching, and increased saliva. Based on statistical analysis, the following reactions can be used as standards to evaluate the initial achievements of qigong practice:

1. Physical changes: relaxation, lightness, increased saliva.
2. Qi changes: warmth, muscle twitching, increased vitality.
3. Mental changes: improved mood and sleep. Higher achievements in qigong practice can be evaluated based on the following reactions:
 - (1) Extremely relaxed body, without soreness or tension.
 - (2) Full of energy and vitality, able to perceive strong bright light.
 - (3) Improved and stable emotional state, feeling joy, peace, and tranquility.
 - (4) Powerful meditation ability, able to feel the unity of nature and man.

This study confirms that qigong training can indeed reduce stress, decrease anxiety and increase happiness; enhance vitality and immunity; improve sleep and emotions; and enhance imagination and creativity. It can promote human health, happiness and tranquility, and is a traditional technique for developing the potential of the mind and body, as well as a remarkable therapy for health preservation and disease prevention.

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探索中醫

Exploring Traditional Chinese Medicine

欄目簡介:“探索中醫”欄目是我們專注於中醫領域的對話欄目。

在每一期中,我們將邀請國內外醫學專家與讀者展開精彩對話,深入探討各種話題,比如中醫與哲學、方法論、宗教學等領域的交叉點和新穎觀點,分享他們獨到的見解和經驗。通過本欄目,我們希望為讀者呈現中醫的多維度、綜合性和現代意義。

Column Introduction: Exploring Traditional Chinese Medicine is our insightful dialogue platform dedicated to the realm of traditional Chinese medicine. With every edition, medical experts at home and abroad to engage in dynamic conversations with our readers. We embark on an exploration of diverse subjects, including the confluence and innovative perspectives of traditional Chinese medicine with philosophy, methodologies, religious contexts, and other domains. Shares their unparalleled insights and rich experiences. Through this column, we hope show the multi-faceted, holistic, and contemporary relevance of traditional Chinese medicine for our esteemed readership.

欄目特點:

1. 多位中醫專家:本期將訪談哈佛醫學院整會醫學研究所程曉明醫生,他將為讀者帶來深入的洞見和對中醫的獨特理解。

2. 多領域交叉:我們將圍繞中醫與哲學、方法論、唯象學說、宗教學等領域展開對話,探索新穎且有趣的話題。

3. 綜合性視角:通過跨領域的對話,我們旨在展現中醫的綜合性特徵,深入探討其在現代社會中的意義和應用。

Column Highlights:

1. Each Traditional Chinese Medicine Authority: This is an interview with the Dr. Xiaoming Cheng of Osher Center of Integrative medicine in Harvard University. His profound expertise promises readers an immersive journey into the intricate world of traditional Chinese medicine.

2. Interdisciplinary Discourse: Our conversations traverse the realms of traditional Chinese medicine, philosophy, methodologies, phenomenology, religion, and more. This diverse exploration unearths novel connections and captivating themes.

3. Holistic Insight: Through these interdisciplinary dialogues, our goal is to offer a panoramic view of traditional Chinese medicine's multifaceted nature. We aim to illuminate its profound significance and relevance within contemporary society.

唯象學說與中醫:傳統智慧與現代科學的交匯

Phenomenology and Traditional Chinese Medicine: Converging Ancient Wisdom and Modern Science

主持人:程教授,您能給我們介紹一下唯象學說嗎?

程教授:唯象學說是一種哲學思想和方法,強調我們應該專注於研究現象本身,超越預設的觀念和假設,從而揭示現象背後的真實本質。它主張通過直接的主觀體驗和詳細描述來研究現象,以獲得更深入的理解。你可以把它想象成一種從現象出發的方式,不受先入為主的理論框架的影響,而是通過深入觀察現象的特點、結構和內在意義來理解它。

Host: Professor Cheng, we are aware of traditional Chinese medicine, but could you please provide an introduction to phenomenological theory?

Professor Cheng: Phenomenology is a philosophical approach and methodology that underscores the significance of studying phenomena in their essence. It encourages us to transcend preconceived concepts and assumptions, and to uncover the authentic reality that lies beneath appearances. Phenomenology advocates direct exploration of subjective experiences and meticulous descriptions to attain a more profound comprehension. One could visualize it as an approach that starts from phenomena themselves, untainted by preconceived theoretical frameworks, and instead involves in-depth observation of the characteristics, structure, and inherent meanings of the phenomena to gain understanding.

主持人:聽起來有點玄,和中醫還挺像(笑)

程教授:其實很好理解,唯象學說是人類觀察、理解和探索世界的方法。從古至今,人類一直在有意或無意地運用這一方法。不論是在知識匱乏的古代,還是在信息爆炸的今天,人們都熟練地運用唯象學說來建立各種工作模式,以此瞭解學科、事物和社會。

主持人:這樣看來,唯象學說我們好像每天都在使用啊,那唯象學說是如何在中醫裡應用的呢?

程教授:在古代,由於信息獲取的限制,人們對於外界的認知主要依靠觀察和直覺。唯象學說在這個背景下具有特別重要的意義。古代哲學家 and 學者運用唯象學說的方法,通過對現象的直接描述和感知,來揭示事物的本質和規律。唯象學說強調現象的觀察和解釋,而中醫理論注重人體現象的整體觀察和調節。通過唯象學的視角,我們可以更深入地理解中醫理論中的陰陽學說、五行學說等,並解釋其與人體現象之間的關係。例如,中醫師通過觀察患者的面色、舌苔等象徵,判斷身體的健康狀況,制定治療方案。這種基於直覺和觀察的方法,實際上就是唯象學說的應用。

主持人:程教授,可以請您進一步介紹中醫理論中的唯象學說嗎?它在中醫中扮演着怎樣的角色?

程教授:在中醫理論中,唯象學說體現在三個方面。首先,它從人本位出發,即從中醫師自身的智慧、認知特點和對臨床經驗的總結以及觀察事物的方式入手。這使得中醫理論具有獨特的人文關懷。其次,唯象學說將中醫師所觀察到的存在進行歸納總結,舉個例子,我們共同的朋友楊老師,我從楊老師的思想、意識、行為和表現等方面,通過方法學的角度進行具體抽象,形成對楊老師的認知。第三,在傳統中醫象思維的認識特點上尤其獨特之處,比如對肝臟的描述,唯象思維的觀點表現的是肝臟這個器官在人體生命活動中表現出來各種動態的“象”來體會和理解這個臟器的

Host: It does have a certain air of mystery, and interestingly, it seems to share similarities with traditional Chinese medicine (laughter).

Professor Cheng: Indeed, the concept is rather graspable. Phenomenology serves as a tool for humans to observe, comprehend, and navigate the world around them. Across history, humans have employed this method either knowingly or unknowingly. Whether in times of limited knowledge during ancient civilizations or in today's age of information abundance, individuals have adeptly utilized phenomenological principles to create diverse frameworks for comprehending disciplines, objects, and societal dynamics.

Host: So, essentially, we are using phenomenological theories in our daily lives. Now, could you shed light on how phenomenological theory is employed within the realm of traditional Chinese medicine?

Professor Cheng: In ancient times, when information accessibility was limited, people largely relied on observation and intuition to understand the external world. In this context, the phenomenological theory gained significant prominence. Ancient philosophers and scholars utilized phenomenological approaches to uncover the essence and patterns of phenomena through direct descriptions and perceptions. While phenomenological theory underscores the scrutiny and interpretation of phenomena, traditional Chinese medicine theory centers on the holistic observation and regulation of human phenomena. Through the lens of phenomenology, we can delve deeper into the concepts of Yin and Yang, as well as the Five Elements in traditional Chinese medicine. This provides a means to elucidate their relationship with human experiences. For instance, in traditional Chinese medicine, practitioners assess an individual's health status and formulate treatment strategies by examining indicators such as facial complexion and tongue appearance. Interestingly, this practice, grounded in intuition and observation, can be seen as an application of phenomenological theory in action.

Host: Professor Cheng, could you please provide a more detailed insight into how the phenomenological theory operates within the framework of traditional Chinese medicine? What exact role does it play in this context?

Professor Cheng: Certainly. In the realm of traditional Chinese medicine theory, the phenomenological theory manifests itself in three key dimensions. Firstly, it adopts a human-centered perspective. It stems from the wisdom, cognitive traits, and accumulated clinical know-how of traditional Chinese medicine practitioners. Their distinctive modes of observation are also integral to this approach. This imbues traditional Chinese medicine theory with a distinctive sense of humanistic compassion. Secondly, the phenomenological theory distills the observed manifestations encountered by traditional Chinese medicine practitioners. For instance, consider the concept of Yang, a well-known principle in traditional Chinese medicine. I've distilled the essence of Yang by systematically abstracting its mental aspects, consciousness, behaviors, and outward expressions. This process forms the foundation of my understanding of Yang. Thirdly, the phenomenological approach significantly influences the unique imagery-based

作用以及和其他組織、器官、臟器之間的關係。在強調了身體的整體性和動態平衡,將身體的各個組成部分視為相互關聯的整體。肝臟的表現出來本身的工作表現,比如肝開竅於目、肝和膽相表裡、肝藏血等。通過將具體現象進行抽解、抽集和具象化,形成一種方法學的理论。當然,類似的方法也適用於腎、肺、脾等。同時還被認為與情緒、決策能力、血液循環等方面有關。當肝臟的能量平衡被打破時,可能會影響到身體其他部分的功能,導致不同的疾病。通過觀察和分析臟器在生命活動中的表現出來的“象”,可以獲得關於身體健康狀況的信息,進而制定治療計劃。這種方法強調了整體觀念,與現代醫學的以器官為中心的分析方法有所不同。

主持人:感覺這是一個非常龐大的話題。咱們一期訪談恐怕難以深入,不如這期咱們就開個頭,下期詳細探討兩個領域之間有趣而深刻的聯繫?

程教授:是的,我們今天只是觸及到了唯象學說與中醫的交匯點,還有許多更深入的探討有待展開。期待在下一期訪談中,能夠繼續探討這一領域,深入挖掘中醫與唯象學說的更多聯繫和可能性。無論是在知識匱乏的古代,還是在信息爆炸的今天,這種跨越時空的對話都能夠為我們帶來新的思考和啟發。讓我們期待着下一次訪談,繼續探索這個有趣而充滿潛力的話題。

主持人:非常感謝您,程教授。為我們帶來瞭如此有價值的見解。今天的訪談內容對我們的聽眾一定有很大的啟發。

程教授:不必客氣。下一期我們將詳細闡明唯象學說的特點、認識以及中醫理論是如何運用唯象學說呈現、表達及闡述的,那我們下期再見!謝謝大家!

cognition in traditional Chinese medicine. Take the description of the liver, for example. Employing a phenomenological perspective, the liver's dynamic “images” in various human life activities are revealed, leading to an enhanced comprehension of its functions and intricate relationships with other tissues and organs. Stressing the body's holistic nature and dynamic equilibrium, its various constituents are viewed as interconnected entities. The liver's performance, such as its influence on visual acuity, its physical appearances, and its blood reservoir function, reflects its dynamic activities. By extracting, aggregating, and concretizing these specific phenomena, a methodological theory is developed. Naturally, similar methods apply to other organs like the kidneys, lungs, and spleen. These methods are believed to relate to emotions, decision-making capabilities, and blood circulation. When the energetic equilibrium of the liver is disrupted, it may impinge upon the functions of other bodily parts, potentially giving rise to various ailments. By scrutinizing and analyzing the organs' “appearances” within life activities, we can amass valuable information about the body's health status and subsequently devise treatment strategies. It's noteworthy that this approach underscores a holistic outlook, setting it apart from the organ-centric analytical approach prevalent in modern medicine.

Host: It seems like we've just scratched the surface of a vast and intriguing topic today. Delving deeper into this subject might require more time. How about we initiate our exploration in earnest during our next interview?

Professor Cheng: Absolutely, our discussion today has merely brushed against the confluence of phenomenological theory and traditional Chinese medicine. There's an abundance of nuanced conversations yet to be embarked upon. I'm eagerly anticipating our upcoming dialogue, where we can further navigate the intricate connections and potentials between traditional Chinese medicine and phenomenological theory. Irrespective of whether it's the era of limited knowledge from the past or the present age of information overload, dialogues that span across time and space often usher in novel perspectives and inspirations. Let's eagerly await our next conversation as we continue this voyage into an engrossing and promising domain.

Host: Our sincere gratitude, Professor Cheng! Your insights have been incredibly enlightening. Today's conversation undoubtedly holds profound implications for our audience.

Professor Cheng: You're very welcome. In our next discourse, we'll delve further into the attributes and comprehension of phenomenological theory, alongside a comprehensive exploration of how traditional Chinese medicine theory aligns, manifests, and expands through the lens of phenomenology. Until then, take care and see you all in the next session! Thank you!

學習傳統中國醫學的體會

Insights into Studying Traditional Chinese Medicine

欄目介紹:這是我們雜誌新開的一個欄目,目的是為了介紹學習傳統中醫的體會和臨床經驗,文章來源於國外中醫學院的學生、中醫臨床的醫生和各種傳統中國醫學的經驗以及故事。為所有對中國醫學感興趣的讀者、醫生、學生們提供一個交流的園地。

Column Introduction: This is a new section in our magazine, aiming to introduce the experiences and clinical insights gained from studying traditional Chinese medicine. The articles are contributed by students from international schools of traditional Chinese medicine, clinical doctors in traditional Chinese medicine, and various individuals with experiences and stories related to traditional Chinese medicine. It serves as a platform for communication among readers, doctors, and students who are interested in Chinese medicine.

快樂和健康:情緒在維持健康中的作用

Happy and Healthy: Considering the Role of Emotions in Maintaining Health

杰弗裡·麥基恩(Jeffrey T. McKean) 楊冰(Bing Yang)

傳統中醫已經使用了數千年,由各種手法療法和草藥配方組成,其使用受到極其複雜和徹底的理論框架的指導和支持。該框架的優勢之一在於它對人體的整體看法,以及最佳健康和保健與我們的物質世界以及我們的精神和情感世界密切相關、交織和影響的方式。但目前的科學研究對中醫哲學的這方面有何看法呢?憑藉精密的研究設計和現代科學方法,這種“情緒作為病原體或治療力”的觀點是否經得起推敲?本文討論這些問題。

與西方的對抗療法不同,傳統中醫從一開始就認為情緒對健康有深遠的影響,無論是支持還是有害,取決於所經歷的特定情緒以及感受到這些情緒的頻率。最早提到情緒健康與整體健康之間的關係是在《黃帝內經》中,它代表了中國第一部醫學知識的匯編,也是中醫經典的開始。比如在第二章中,建議夏季“要心情舒暢,無怨氣,氣才能暢通,內外相通。這樣,秋天就可以避免疾病”(Ni, 1995, 第5頁)。此外,在同一章的後面,它指出“正如秋天的天氣變得嚴酷一樣,情緒也可能變得負面。因此,保持冷靜、平和,避免抑鬱,這樣才能順利過渡到冬季。此外,還應避免吸煙和悲傷(肺所主的情緒)。這將防止冬季出現腎臟或消化問題”(Ni, 1995, 第6頁)。這兩段話清楚地表明,從中醫的

Traditional Chinese medicine has been in use for thousands of years and is comprised of a variety of manual therapies and herbal formulations, the uses of which are guided and supported by an astonishingly complex and thorough theoretical framework. One of the strengths of this framework lies in its holistic view of the human body and the ways in which optimal health and wellness are intimately connected to, interwoven with, and affected by not just our physical world, but our spiritual and emotional worlds as well. But what does current research have to say about this aspect of Chinese medical philosophy? With the benefit of sophisticated study designs and the modern scientific method, does this view of “emotion as pathogen or therapeutic force” hold up to scrutiny? These questions are considered below.

Unlike Western allopathic medicine, traditional Chinese medicine has from its earliest beginnings considered emotions to have a profound effect on health, either in a supportive or detrimental way depending on the particular emotions experienced and with what frequency they are felt. The earliest reference to a link between emotional wellbeing and overall health is found in *The Huang Di Nei-jing*, which represents the first compilation of medical knowledge within China and the start of traditional Chinese medicine's canon of classic texts. In chapter two it is advised that in the summer “it is important to be happy and easygoing and not hold grudges, so that the energy can flow freely and communicate between the external and the internal. In this way illness may be averted in the fall” (Ni, 1995, p. 5). Furthermore, later in this same chapter it's stated that “just as the weather in autumn turns harsh, so does the emotional climate. It is therefore important to remain calm and peaceful, refraining from depression so that one can make the transition to winter smoothly... Also, one should refrain from both smoking and grief, the emotion of the lung. This will prevent kidney or digestive problems in the winter” (Ni, 1995, p. 6). These two passages make it clear that from

角度來看,積極的情緒有助於保持健康,而消極的情緒則容易導致疾病。這種醫學中的哲學不僅看到了情緒與健康之間的聯繫,而且還看到了健康與季節之間的聯繫,表明某些情緒更適合某些季節。令人驚訝的是,儘管這些概念是中國人在幾千年前提出的,但現代研究實際上似乎支持這些概念。劍橋大學研究人員進行的一項研究比較了英國和大洋洲的研究隊列,發現免疫細胞內發生基因變化以應對季節和氣候(Dopico et al., 2015)。這表明我們的自然免疫力確實會對季節的變化做出反應,確保我們的身體做好最好的準備來抵禦一年中某個時間可能比另一個時間更普遍的疾病。

《黃帝內經》第十三章也指出,歷史上人們的生活方式是“情志平和,無過多的欲望……保持精神內守”,以及思想和精神的集中,這阻止了病原體的入侵”(Ni, 1995, 第 50 頁)。在這裡,我們再次看到積極情緒和心理穩定具有促進健康和預防疾病的作用,而且這些想法似乎也得到了支持。一項隨機對照試驗的系統回顧研究了冥想和正念作為治療工具的功效,事實上,發現了一些證據表明這些做法與免疫系統活動的某些生物標誌物的變化有關,並且可能對健康產生積極影響(Black & Slavich, 2016)。

與支持情緒與健康之間聯繫的大量科學文獻相反,可靠的同行評審來源提供了相反的證據,情況似乎恰恰相反。然而,儘管總體上缺乏學術文獻,一項題為“接受消極情緒和想法的心理健康益處:實驗室、日記和縱向證據”的研究確實為相反的觀點提供了至少一些支持。總的來說,研究發現,那些接受自己的消極想法和情緒,而不是評判或試圖避免它們的人,從長遠來看可能會享有更好的心理健康。同樣,有證據表明,練習接受負面想法和情緒的人實際上可能會減少經歷這些負面想法和情緒。最後,研究發現,與沒有練習接受的參與者相比,練習接受的研究參與者對壓力情況的反應方式不會加劇與壓力源相關的負面想法或情緒(Ford et al., 2017)。所有這些發現都表明與中醫關於健康與情緒之間關係的觀點恰恰相反。然而,在中醫看來,經歷壓力會導致肝氣鬱結和與之相關的負面症狀,悲傷和悲傷會導致肺氣虛的症狀,上述研究支持的觀點是,經歷這些情緒,事實上,實際上會提高整體健康水平。

the traditional Chinese medicine point of view, positive emotions can help maintain health while negative emotions put one at risk of developing illness. Not only does this medical philosophy see a link between emotions and health, but it also sees a link between health and the seasons, suggesting that certain emotions are more appropriate for certain seasons. Amazingly, though these concepts were conceived of by the Chinese several thousand years ago, modern research does in fact seem to support these notions. One study conducted by researchers at the University of Cambridge compared study cohorts based in the United Kingdom and Oceania and found that genetic changes occurred within immune cells in response to the season and climate (Dopico et al., 2015). This suggests that our natural immunity does indeed respond to the changing of seasons, ensuring that our bodies are best prepared to fend off illnesses which may be more prevalent at one time of year than another.

In chapter thirteen of *The Huang Di Neijing*, it also states that, historically, people had lived in such a way so that “their emotions were calm and peaceful, and they were without excessive desires…they maintained jing shen nei suo, or inner peace and concentration of the mind and spirit. This prevented the pathogens from invading” (Ni, 1995, p. 50). Here again we see a reference to the health-promoting and illness-prevention qualities of positive emotions and mental stability, and again there does seem to be support for these ideas. One systematic review of RCTs looking into the efficacy of meditation and mindfulness as therapeutic tools did, in fact, find some evidence that these practices are associated with changes in certain biomarkers of immune system activity and could potentially have positive effects on health (Black & Slavich, 2016).

In contrast to what appears to be a wealth of scientific literature supporting the connection between emotions and health, the opposite seems to be true with respect to reliable peer reviewed sources providing evidence to the contrary. However, despite this overall dearth of academic literature, one study titled *The Psychological Health Benefits of Accepting Negative Emotions and Thoughts: Laboratory, Diary, and Longitudinal Evidence* did provide at least some support for the opposing view. In general, the study found that those who accepted their negative thoughts and emotions, instead of judging or attempting to avoid them, may enjoy better psychological health in the long run. Likewise, there was evidence suggesting that individuals who practice acceptance of negative thoughts and emotions might actually end up experiencing less of these as a result. And finally, study participants who practiced acceptance were found to respond to stressful situations in ways that did not exacerbate negative thoughts or emotions associated with the stressor(s) when compared to participants who did not practice acceptance (Ford et al., 2017). All these findings suggest that quite the opposite of traditional Chinese medicine’s view of the connection between health and emotions is true. Whereas, in traditional Chinese medicine, experiencing stress will lead to Liver Qi stagnation and the negative symptoms associated with it, and grief and sorrow will lead to symptoms of Lung Qi deficiency, the view supported by the above study would say that experiencing these emotions, in fact, will actually increase overall health and wellness.

儘管有證據支持和反對中醫關於情緒及其對健康和福祉的影響的理論,但支持每種觀點的證據數量之間存在巨大差異。為此,很難得出任何其他結論,只能說古代中國人已經能夠認識到健康與情緒之間的聯繫及其重要性,比西方對抗療法醫學開始懷疑是否存在這樣的聯繫要早上幾千年。即使沒有任何支持性的科學文獻,最終,也許證明這種聯繫存在的最佳指標是大量可以追溯到古代的從業者病例報告,以及許多世紀的患者經驗,表明這種聯繫確實存在。

Though there is evidence to argue both in favor of and against the theories found in traditional Chinese medicine regarding the emotions and their effect on health and well-being, the difference between amount of evidence supporting each view is drastic. To that end, it makes its quite hard to conclude anything other than that the ancient Chinese were able to recognize the connection between health and the emotions, as well as its importance, thousands of years before Western allopathic medicine began to even wonder at whether a connection existed at all. Even in the absence of any supportive scientific literature, in the end, perhaps the best indicator that such a connection exists are the voluminous number of practitioner case reports dating to antiquity which indicate it does, as well as many century's worth of patient experiences.

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傳統中醫是如何認識頭痛的

How Traditional Chinese Medicine Understands Headaches

雜誌編輯部

太陽病頭痛，屬於表證、熱證，若表虛者，必發熱、惡風、汗出、脈浮緩，用桂枝湯，後頭痛，項背強，用桂枝加葛根湯；若表實者，必發熱、惡寒、無汗、脈浮緊，用麻黃湯、大青龍湯，後頭痛用葛根湯。

少陰病頭痛，屬於表證、寒證，若表虛者，惡風寒，脈緩弱，用桂枝加附子湯；四肢厥冷，因為血行不暢，陽氣不能通達者，用當歸四逆湯；若表實者，惡風寒、反發熱、脈沉，用麻黃附子細辛湯。

陽明病頭痛，屬於裡證、熱證，若陽明腑實，則口渴，大便秘結，脈沉實，用承氣湯；若陽明經證，則汗多，口大渴，用白虎湯；若後頭痛，用葛根芩連湯；若陰虛有熱，則心煩不眠，用酸棗仁湯。

太陰病頭痛，屬於裡證、寒證，若干嘔、吐涎沫者，用吳茱萸湯，若有痛經，用溫經湯；四肢厥逆，用四逆湯。

少陽病頭痛，一般偏於頭部兩側，屬於半表半裡證，可用小柴胡湯、柴胡加龍骨牡蠣湯；偏實熱者，用大柴胡湯；偏虛寒者，用柴胡桂枝乾薑湯。

厥陰病頭痛，呈寒熱錯雜，或上熱下寒，可用烏梅丸、半夏瀉心湯等。外治法則有頭風摩散，用之治療陣發性頭痛。

疼痛屬於虛證者，一般是隱隱而痛；屬於實證者，一般是脹痛、劇痛；屬於痰濕者，一般是暈痛、昏痛；屬於血瘀者，一般是刺痛。這個規律也基本適合於其他疼痛症。



In traditional Chinese medicine, the understanding of headaches varies based on different patterns and underlying imbalances. Headaches in the Taiyang stage are considered exterior patterns with a heat imbalance. If the exterior is deficient, there will be fever, aversion to wind, sweating, and a floating and slow pulse. Gui Zhi Tang is used in this case. If the exterior is excess, there will be fever, aversion to cold, no sweating, and a floating and tight pulse. Ma Huang Tang or Da Qing Long Tang is prescribed, followed by Gui Zhi Jia Ge Gen Tang for post-headache stiffness.

Headaches in the Shaoyin stage are also exterior patterns, but with a cold imbalance. If the exterior is deficient, there will be aversion to wind and cold, weak pulse, and Gui Zhi Jia Fu Zi Tang is used. If the limbs are cold due to stagnation of blood circulation, Dang Gui Si Ni Tang is employed. If the exterior is excess, there will be aversion to wind and cold, alternating fever and chills, and a sinking pulse, requiring Ma Huang Fu Zi Xi Xin Tang.

Yangming stage headaches indicate interior patterns with a heat imbalance. If the Yangming organs are excessive, there will be thirst, constipation, and a deep and strong pulse, treated with Cheng Qi Tang. If the Yangming channels are involved, there will be excessive sweating and great thirst, treated with Bai Hu Tang. For posterior headaches, Ge Gen Qin Lian Tang is used. If there is Yin deficiency with heat, resulting in restlessness and insomnia, Suan Zao Ren Tang is prescribed.

Headaches in the Taiyin stage indicate interior patterns with a cold imbalance. If there is vomiting and frothy saliva, Wu Zhu Yu Tang is used. For cases with menstrual pain, Wen Jing Tang is employed. If there is cold in the limbs, Si Ni Tang is used.

Shaoyang stage headaches typically manifest on both sides of the head and involve both exterior and interior imbalances. Xiao Chai Hu Tang or Chai Hu Jia Long Gu Mu Li Tang can be used. For excess heat, Da Chai Hu Tang is prescribed. For deficient cold, Chai Hu Gui Zhi Gan Jiang Tang is used.

Jueyin stage headaches present a mix of cold and heat, often changing. Wu Mei Wan or Ban Xia Xie Xin Tang can be used. External treatments include head wind dispersion therapy, used to treat episodic headaches.

In cases of pain, dull pain is usually associated with deficiency, distending pain with excess, dizziness with phlegm-dampness, and stabbing pain with blood stasis. This pattern also generally applies to other types of pain conditions.

案例 1: 大青龍湯治療頭痛發熱

王某, 34 歲, 2011 年 4 月 25 日一診。患者發燒 39.5 ~ 40°C, 已經連續三天, 頭痛欲裂, 全身肌肉酸痛, 怕冷, 始終未出大汗, 煩躁, 口渴, 舌淡紅, 脈浮緊、滑數。目前住院治療, 正在“發熱待查”。

處方:

麻黃 18 克 桂枝 6 克 杏仁 10 克 炙甘草 10 克 石膏 50 克 生薑 10 克 紅棗 10 克 蒼朮 10 克 水 9 碗, 先煎麻黃 15 分鐘, 邊煎邊去掉浮在藥罐上面的泡沫, 再加入其他藥, 煎半小時左右, 煎至 3 碗水, 先喝一碗, 蓋被子取汗, 汗出熱退, 則停服。汗出不多, 仍然發熱者, 兩小時後, 繼續服第二碗。汗出太多, 則喝冷水一杯止汗。

患者服第一碗藥後, 持續出汗半小時, 熱退, 頭痛、身痛減輕, 四小時後, 又開始發熱至 38.2°C, 繼續服第二碗, 微微出汗, 熱退。第二天痊癒。

按語:

本案為太陽病頭痛, 屬於表証、熱証、實証, 以頭痛、怕冷、發熱、身熱、無汗、脈浮緊、煩躁為主要特徵, 在重感冒、流感患者中非常普遍。

患者除了頭痛劇烈之外, 發熱經常達到 39°C 以上。但只要屬於初起, 身上熱, 不出汗, 摸上去干干的, 或者出汗不多, 脈浮數、浮緊、滑數, 沒有劇烈咽喉疼痛, 都可以用此方。兼有身體肌肉酸痛者, 可加蒼朮 10 克。

在應用時候, 麻黃必須用到 18 克, 三歲的小孩, 可用 12 克, 只要煎煮得法, 不但沒有副作用, 而且往往一劑未盡, 就熱退身涼, 患者常常視為奇蹟。

本方煎煮法, 一概遵照《傷寒論》大青龍湯後的介紹, 不可違背, 否則無效。太陽病頭痛, 即使不發熱, 只要怕冷, 身熱, 不出汗, 脈浮緊, 煩躁或緊張, 仍然可以用大青龍湯。

Case Study 1: Treating Fever and Headache with Da Qing Long Tang

Patient Wang, 34 years old, presented on April 25, 2011. The patient had a high fever of 39.5-40°C for three consecutive days, with severe headache, body ache, aversion to cold, no sweating, restlessness, thirst, pale red tongue, and a floating, tight, and rapid pulse. The patient was admitted to the hospital for “fever awaiting diagnosis.”

Prescription:

Ma Huang 18g, Gui Zhi 6g, Xing Ren 10g, Zhi Gan Cao 10g, Shi Gao 50g, Sheng Jiang 10g, Hong Zao 10g, Cang Zhu 10g, water 9 bowls. First, decoct Ma Huang for 15 minutes, removing the foam on top of the decoction. Then add the other herbs and decoct for about 30 minutes until 3 bowls of liquid remain. The patient drinks one bowl, covers themselves to induce sweating, and stops taking the decoction if sweating relieves the heat. If sweating is insufficient, the patient can drink cold water to stop sweating.

After drinking the first bowl of the decoction, the patient sweated for half an hour, the fever subsided, and the headache and body ache decreased. Four hours later, the patient's fever returned to 38.2°C, and after drinking the second bowl of the decoction, they sweated slightly, and the fever subsided. The patient recovered the next day.

Commentary:

This case represents a Taiyang stage headache with exterior, heat, and excess patterns. The main features are headache, aversion to cold, fever, heat in the body, no sweating, a floating and tight pulse, and restlessness. This pattern is common in cases of severe cold or flu.

Apart from severe headache, the patient often had a fever exceeding 39°C. As long as it's in the early stages, there's heat in the body, little or no sweating, a floating and rapid pulse, and no severe sore throat, this formula can be used. If there's accompanying muscle soreness, Cang Zhu can be added.

The usage of Ma Huang needing to be at least 18g. Even for three-year-old children, 12g can be used. If prepared correctly, it not only has no side effects but often results in rapid cooling and recovery before the full dosage is finished, which patients often consider miraculous.

The preparation method for this formula follows the instructions in the “Treatise on Cold Damage” for Da Qing Long Tang and should not be deviated from; otherwise, it will be ineffective. For Taiyang stage headac

胞脈阻塞與荷爾蒙避孕

The Baomai, Obstruction, and Hormonal Birth Control

科琳·辛格(Corinne Singer) 楊冰(Bing Yang)

編者按:這是經絡學說在整體觀念上的具體表現,所有臟器,當然包括子宮都有自己的氣血流通和代謝的功能,這就是脈絡的作用,既屬於自己臟器的結構,也可以和相關聯的主要脈絡鏈接。胞脈不但屬於子宮本身的功能和氣機運行的結構通道同時也可以和心氣相通。在與主要經脈相連那就是“一源三岐”的定義了,也就是“任”“督”“冲”脈的起源之地。

Editor's Note: This is a specific expression of the theory of meridians in a holistic concept. All organs, including the uterus, have their own functions of Qi and blood circulation and metabolism. This is the role of meridians, which belong to the structure of their own organs and can also be linked to the relevant major meridians. The “Bao Mai” not only belongs to the function of the uterus itself and the structural channel of Qi movement but also connects with the Heart Qi. When connected with the major meridians, it is defined as the “origin of the One Source, Three Branches,” which refers to the origin of the Ren, Du, and Chong meridians.

導言

An Introduction

《黃帝內經》蘊含着難以想象的智慧,人們可能花費一生時間來研究,却只能勉強觸及其中一小部分。對於我們現代人來說,在現代環境中很難理解古代作者所體驗到的與自然和生命的連續性。醫學既是一門簡單的事務,又是一門無窮無盡的複雜學科。一切存在於微觀和宏觀之間,宛如一個分形。因此,幾乎不可能從現代的觀點來質疑古代文本的內容,因為幾乎可以確定我們並未解讀出其深度和意義的全部。然而,本文將嘗試探討胞脈的概念。

根據《內經》的記載,子宮脈絡必須保持暢通,否則月經將不會來潮,疾病將會發生。然而,根據當前的生物醫學模型,治療痛經的一種方法是使用荷爾蒙避孕藥來阻止月經來潮,從而阻塞子宮脈絡。如今,這個話題非常重要,因為許多前來針灸診所就診的患者正在處理月經和生育問題。而且,其中許多患者正在使用荷爾蒙避孕藥,或者正在考慮將其作為一個選擇。

The Yellow Emperor's Inner Classic of Medicine offers incredible wisdom that one could easily spend a lifetime studying and yet only just begin to scratch the surface of. It is difficult for many of us in modern contexts to understand the kind of continuity with nature and all of life that the authors experienced in ancient times. Medicine was a matter of simplicity, while also being endlessly complex. Everything existed in microcosm and macrocosm, a fractal. So, it is almost impossible to argue with what was written from a contemporary standpoint, as it is almost guaranteed that we are not interpreting the full depth and meaning of the text. This article however, will try to engage with the concept of the Bao Mai, or Uterus Vessel.

According to the Nei Jing, the Uterus Vessel must remain unobstructed, or the period will not come and illness will result. However, according to the current biomedical model, one way to treat painful periods is by using hormonal birth control to stop the period from coming, thereby obstructing the Uterus Vessel. This topic is so important today, as many patients come into the acupuncture clinic who are dealing with menstrual and fertility problems. And, many of these patients are on hormonal birth control or are considering it as an option.

《內經》

The Neijing

在《內經》中,作者強調暢通的胞脈作為女性生理的關鍵組成部分的重要性。在第33章中,作者寫道:“子宮脈者,屬心,下至子宮”以及“月不往來者,子宮脈阻也”(倪文祥,1995年)。因此,閉經是胞脈阻塞的結果。第44章中還胞括:“憂惱令子宮脈斷,脈斷則陽氣內動,心氣令崩”(倪文祥,

In the Neijing, authors emphasize the importance of an unobstructed Bao Mai as a key component of women's physiology. In Chapter 33, authors write, “The Uterus Vessel pertains to the Heart and extends to the Uterus” and “When the period does not come it means the Uterus Vessel is obstructed” (Ni, 1995). Amenorrhea, thus, is a result of Bao Mai obstruction. Chapter 44 also includes,

1995年)。儘管可能有許多不同的模式可以解釋痛經,但這一引用強調了子宮脈絡需要完整,以保持健康的月經。如果子宮“斷裂”或受阻,就會導致疾病。值得注意的是,胞脈的健康與情緒,或在這種情況下是“憂傷”,之間存在着關係。情緒的波動與胞脈和子宮的健康之間存在着循環關係。憂傷可以斷裂或阻塞脈絡,就像阻塞可能會引起憂傷或神氣紊亂一樣。

“Sadness leads to severance of the Uterus Channel; when this is severed Yang Qi is agitated in the Interior and the Heart causes menorrhagia” (Ni, 1995). Although there are many different patterns that may underlie painful periods, this quote emphasizes the fact that the uterus vessel needs to be intact in order for healthy periods to come. If the uterus is “severed,” or obstructed, illness results. Notably, there is also a relationship between the health of the Bao Mai and emotions, or in this case “sadness.” Emotional turbulence has a cyclical relationship with the health of the Bao Mai and uterus. Sadness can sever or obstruct the vessel, just as obstruction may create sadness or shen disturbance.

生物醫學方法

The Biomedical Approach

如今,在《內經》寫作多年之後,醫生們經常向痛經或月經困難的患者開處方,以使用荷爾蒙避孕藥。在一項研究中,醫學研究人員對使用荷爾蒙避孕藥治療子宮內膜异位症的情況進行了系統性回顧。根據醫學研究人員的研究,“聯合荷爾蒙避孕藥和單一孕激素避孕藥的治療與痛經明顯減輕有關,通常伴隨非週期性盆腔疼痛和性交痛的減少以及生活質量的改善”(格蘭迪,2018年)。根據研究,使用荷爾蒙避孕藥改變或停止月經已經顯示出改善子宮或盆腔疼痛、經前期綜合症症狀和情緒紊亂的證據。還有許多其他研究得出了類似的結論(法爾科尼,2011年)。

Nowadays, many years after the Neijing was written, medical doctors regularly prescribe hormonal birth control to patients who have painful, or difficult periods. In one study, medical researchers conducted a systematic review on the use of hormonal birth control in order to treat endometriosis. According to medical researchers, “CHC [Combined Hormonal Contraceptives] and POC [Progestin Only Contraceptives] treatments were associated with clinically significant reductions in dysmenorrhoea, often accompanied by reductions in non-cyclical pelvic pain and dyspareunia and an improvement in QoL [Quality of Life]” (Grandi, 2018). According to research, using hormonal birth control to alter or stop the periods has shown evidence of improving symptoms for patients experiencing uterine or pelvic pain, including PMS symptoms and emotional disturbance. There are many more studies that draw similar conclusions (Falcone, 2011).

需要認識到荷爾蒙避孕藥的工作原理。荷爾蒙避孕藥“阻止排卵”(約翰遜,2023年)。由於沒有排卵,月經也就不會來。即使在使用避孕藥的患者中出現了出血,這被稱為“撤退性出血”,而不是真正的月經(約翰遜,2023年)。藥物誘導出血以排除子宮內膜,但這不是真正的月經,因為沒有卵子形成或發育。生物醫學模型內的支持者認為,通過抑制排卵和真正的月經,他們可以解決患者的月經功能障礙。

It is important to recognize the way hormonal birth control works. Hormonal birth control “prevents ovulation” from occurring (Johnson, 2023). And, as ovulation does not occur, the period does not come. Even in patients who experience bleeding on their birth control, this is referred to as a “withdrawal bleed,” not a true period (Johnson, 2023). The pharmaceutical drug is inducing bleeding to shed the uterine lining, but it is not a true period, as no egg was ever formed or developed. Supporters of this approach within the biomedical model believe that by inhibiting ovulation and true menstruation, they can resolve patient’s menstrual dysfunction.

論點

The Arguments

在《內經》中,子宮是至關重要的神聖器官。它是天癸流注之處,也是生命的根源。胞脈,或子宮脈絡,將子宮與心臟相連接。這種連接暗示了月經與神,我們的情感,我們對周圍世界的感知以及我們精神活力的密切關係。一個女性的生理狀

In the Nei Jing, the uterus is a sacred organ of utmost importance. It is where the Tian Gui flows and where all of life originates. The Bao Mai, or Uterus Vessel, connects the Uterus to the Heart. This connection hints at how menstruation is so intimately related to shen, our emotions, our perceptions of the world around us, and the vibrancy of our spirits. A woman’s physiology depends upon the Bao

況取決於胞脈的通暢,血液蓬勃流動。即使在西方生物醫學模型中,我們也可以將其稱為下丘腦-垂體-卵巢軸,這意味着產生生殖激素的大腦區域與卵巢之間的通信綫路必須保持開放,以便進行健康的月經。這種哲學觀點是清晰合理的。

女性的生理構造是每個月都會不受約束地出血。子宮應該以血液、氣和精進行滋養,使女性能夠選擇在自己體內創造和維持生命,形成一個嬰兒的形式。

從荷爾蒙避孕藥的生物醫學模型的角度來看,臨床結果是最重要的。根據許多研究,荷爾蒙避孕藥已經幫助患者緩解了痛經和子宮內膜异位症的症狀。而且,再次強調,荷爾蒙避孕藥的工作方式基本上是通過根本性地阻塞或關閉下丘腦-垂體-卵巢軸,這與胞脈可能存在某種相似之處。可以提出這樣的論點:只要患者感覺更好,那就是最重要的。無需對胞脈的重要性產生哲學上的擔憂,甚至無需對脈絡阻塞產生生理上的擔憂,只要患者感覺更好即可。

結論

Conclusion

《黃帝內經》所闡述的哲學觀與生物醫學模型中的哲學觀直接相悖。這為全球婦女健康以及臨床診所帶來了巨大挑戰,因為從業者在與患者合作並提供建議時必須調和這兩種方法。通過針灸和草藥來開啓和滋養胞脈和子宮的策略現在必須與使用藥物來關閉女性生理和下丘腦-垂體-卵巢軸的策略競爭。然而,這種緊張關係為進一步的研究和討論提供了豐富的領域,尤其是隨着中醫在醫院環境中變得更加融合。

Mai being open with blood flourishing and moving smoothly. Even in the western biomedical model, we may refer to this as the hypothalamus-pituitary-ovarian-axis, whereby open communication lines between the areas of the brain that produce reproductive hormones and the ovaries must be open in order for healthy menstruation to occur. This philosophy makes clear sense.

Women are designed to bleed every month, uninhibited. The uterus is meant to be nourished with blood, qi, and essence, so that a woman may be able to create and sustain life within her in the form of a baby if she chooses.

From the perspective of the biomedical model of pharmaceutical birth control, clinical results are what matter. According to many studies, hormonal birth control has helped patients relieve their painful periods and endometriosis. And, once again, the way that hormonal birth control works is by fundamentally obstructing or shutting down the hypothalamus-pituitary-ovarian axis, which some may compare to the Bao Mai. One could argue that as long as patients are feeling better, that is all that matters. There does not need to be a philosophical concern about the importance of the Bao Mai, or even a physiological concern about vessel obstruction, as long as the patient feels better.

結論

The philosophy presented in the Neijing directly opposes the philosophy presented by the biomedical model. This poses an incredible challenge for women's health in the world and in the clinic, as practitioners have to reconcile these two approaches when working with patients and providing recommendations. Strategies of opening and nourishing the Bao Mai and uterus with acupuncture and herbs must now compete with strategies of shutting down women's physiology and the hypothalamus-pituitary-ovarian axis with pharmaceutical drugs. But, this tension offers a rich area for further research and discussion, especially as Traditional Chinese Medicine becomes more integrated in hospital settings.

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