



개 회 사 Opening Speech

안녕하십니까.

천고마비의 계절, 푸르른 한국의 가을 하늘 아래서 한국과 중국측 발표자 여러분과 연구자 및 회원 여러분들을 모시고 제16회 ICOM 학술대회의 대한한의학회 주관 한중학술대회를 개최하게 된 것을 매우 기쁘게 생각합니다.



1994년을 시작으로 16번째를 맞이하는 한중학술대회가 마침 때맞추어 열리는 제16회 ICOM 대회의 대한한의학회 session 중 대한한의학회와 대한한방신경정신과학회 공동주관 하에 “심신의학과 한의학”이라는 주제를 갖고 개최됨으로서 한중 양국 간의 전통의학 임상연구와 상호 협력과 우호의 기회를 더욱 돈독히 할 수 있는 기회가 될 것임을 확신합니다.

한국과 중국은 전통적으로 한의학을 발전 계승시킨 나라로서, 1994년 첫 번째 한중 학술대회를 기점으로 2012년까지 꾸준한 학문적 교류를 지속한 점에서 본 학술대회는 양국 간의 한의학 발전의 매우 미래지향적 교류라고 감히 말씀드릴 수 있겠습니다. 이러한 우호적인 학문 교류를 좀 더 한 단계 승화시켜 한의학을 통한 세계 인류의 보건 복지 발전의 큰 획을 긋는 초석이 되길 기대합니다.

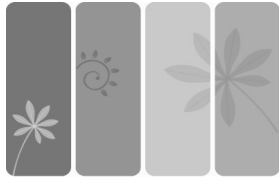
이번 한중학술대회의 주제인 “심신의학과 한의학”은 현대사회의 정신적 기조가 심하게 흔들리며 사회의 병리적 현상으로 표출되는 제반 문제점들이 개인 중심적인 이기주의적 고립에서부터 시작됨을 볼 때 한의학에서 삼대 병인으로서 중시하는 칠정 율화에 의한 심리적 불균과 부조화를 해소해 냄으로서 치유될 수 있는 한의학의 가장 오랜 견고한 치료 영역임을 자부하며 많은 학문적 성과를 기대하게 만드는 분야라고 생각합니다.

금번 한중학술대회를 통하여 양국 간의 학술 교류가 보다 더 친밀하고 깊이 있게 진행되어 세계 인류 보건 증진에 큰 보탬이 될 수 있기를 기대해 보며, 오늘 이 시간까지 행사의 차질 없는 준비를 위하여 많은 노력과 시간을 할애하며 희생해 주신 한방정신신경과학회와 한중학술대회 준비위원들께 머리 숙여 깊이 감사를 드리며, 내년에도 양국 간의 보다 발전된 상호 교류와 학술대회를 기대하면서 개회사를 대신하고자 합니다.

감사합니다.

2012년 9월 16일

대한한의학회 회장 김 갑 성



환영사 Welcome Speech

안녕하십니까? 대한한의사협회 회장 김 정 곤입니다.

한·중 전통의학계의 활발한 교류와 우호증진의 장으로 자리 매김한 한·중 학술대회 개최를 매우 뜻 깊게 생각하며, 참여하신 모든 참가자 여러분들을 진심으로 환영합니다.



특히, 이 자리를 위해 먼 거리를 마다하지 않고 참석해주신 중화중의약학회 시에중 부비서장님을 비롯한 중국 측 참가자 여러분들께 진심으로 감사드리며, 이번 학술대회를 준비하기 위해 애쓰신 중화중의약학회 및 대한한의사협회 관계자 여러분들과 대한한의학회 김갑성 회장님, 대한한방신경정신과학회 구병수 회장님을 비롯한 대한한의학회 여러분들께도 감사의 말씀을 드립니다.

올해로 16번째를 맞이한 이번 한·중 학술대회에서는 ‘심신의학과 한의학’이라는 주제로 한·중 양국의 전통의학 전문가들이 심혈을 기울여 연구한 주옥같은 학술논문들과 임상시험 결과들이 발표될 예정입니다.

현대 문명의 발달로 급변하는 사회를 살아가는 수많은 현대인들이 각종 스트레스로 인한 각종 심신증으로 고통을 받고 있는 가운데, 한의학 및 중의학에 기반을 둔 다양한 연구결과들을 통하여 이에 대한 해결방안을 제시하는 것은 매우 의미 있는 일이라고 생각합니다.

예로부터, 인체의 면역 증강을 통해 스스로 병을 이겨낼 수 있는 힘을 키워 사전에 질병을 예방하는데 힘써온 한의학과 중의학이 심신증에 대한 새로운 치료법을 제시함으로써, 인류의 건강증진과 삶의 질 향상에 크게 기여할 수 있도록 이 자리에 참석하여 주신 모든 연구자 여러분들과 전통의학 관계자 여러분들께서 더욱 노력해 주실 것을 당부 드립니다.

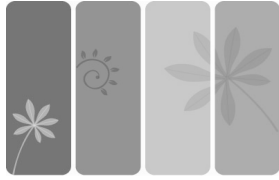
아울러, 이번 제16차 한·중 학술대회의 성공적인 개최를 기원하며, 양국의 전통의학 연구자들이 한 자리에 모여 그동안의 연구 성과를 공유할 수 있는 학술 교류의 장이 앞으로도 더욱 확대·발전하기를 희망합니다.

끝으로, 연구실과 임상현장을 씬 없이 오가며 성취한 각종 결과와 성과물들을 발표하실 모든 발제자 여러분의 노고에 깊이 감사드리며, 오늘 이 자리에 참석하신 모든 분들의 가정에 건강과 행운이 언제나 함께 하시기를 기원 드립니다.

감사합니다.

2012년 9월 16일

대한한의사협회 회장 김 정 곤



인 사 말 Greeting Message

안녕하십니까? 한방신경정신과 학회장 구병수입니다. 바쁘신 주말일정에도 불구하고 저희 추계학술대회에 이렇게 많이 참석하여 주시어 대단히 고맙습니다. 이번 저희 추계 학술대회를 중화중의약학회와 함께 “심신의학과 한의학”이란 주제로 코엑스에서 제 16회 한중 학술대회로 진행하게 된 것을 무한한 영광으로 생각합니다.



이번 한방신경정신과 추계 학회에서도 저희 한방신경정신과 회원님들을 비롯해서 임상에 관심이 많으신 여러 한의사분들을 위해 실질적인 내용 위주로 프로그램을 준비하였습니다. 오전 심포지움에서는 심신의학의 치료현황에 대한 강좌를 마련하였습니다. 먼저 심신의학의 치료현황에 대해 대전대학교 이상룡 교수, 影響身心健康的因素剖析라는 주제로 岳陽市古今醫藥研究所의 李穆, 심신증의 정신의학적 접근이라는 주제로 성모마음정신과 이정국 원장, “抗痛靈”藥線载体穴位埋植治療坐骨神經痛240例臨床觀察及實驗研究 《屠氏“長蛇灸”療法在“冬病夏治”中的應用》라는 주제로 湖北省潛江市城南頸肩腰腿痛專科門診의 李獻茂, 신경계 질환의 심신의학적 접근이라는 주제로 동국대학교 김근우 교수, 마지막으로 屠氏“長蛇灸”療法在“冬病夏治”中的應用이라는 주제로 河南省新鄉市紅旗區屠法玉中醫診所의 屠法玉 박사께서 발표해 주시겠습니다.

오후 심포지움에서는 심신증의 구체적인 응용에 대한 강좌를 마련하였습니다. 먼저 화병의 최신 지견이라는 주제로 경희대학교 김종우 교수, 治療分裂症兩例小結라는 주제로 山東濟南天慧中醫藥研究中心의 張荷升, 불변증의 한약물 및 비약물 치료라는 주제로 동의대학교 김보경교수, 中國傳統中醫經絡創新法“夾肌療法”라는 주제로 北京華承民泰夾肌醫學研究中心의 陳龍章, 마지막으로 Trauma 치료를 위한 한방정신요법이라는 주제로 원광대학교 강형원 교수께서 발표해 주시겠습니다.

마지막 심포지움으로 심신증의 임상시험이나 연구에 대한 강좌를 마련하였습니다. 먼저 우울증의 귀비탕 임상시험이라는 주제로 동국대학교 구병수 교수, 論陰陽이라는 주제로 江西省醫易技能培訓基地의 李漢輝, 신경증적 장애와 심신증에 대한 국내 한의약 임상시험 현황이라는 주제로 대전대학교 정인철 교수, 中藥治療弥漫性間質性肺病臨床經驗探討이라는 주제로 遼寧省阜新市細河區郭俊德診所의 郭俊德, 사상체질인 심리특성의 생물학적 기출 연구라는 주제로 우석대학교 김락형 교수, 마지막으로 論肝陽頭痛이라는 주제로 李順超 교수께서 발표해 주시겠습니다.

나름대로 열과 성의를 다해 준비한 저희 학회 프로그램을 통해 회원 여러분의 많은 소득이 있기를 진심으로 기대합니다.

끝으로 다시 한 번 이번 학술대회를 준비하기 위해 노력해주신 원광대 강형원 학술이사님을 비롯한 한방신경정신과학회 임원진 및 회원 여러분과 대한한의학회, 중화중의약학회 임원진과 관계자분들께 진심 어린 감사의 말씀을 드리며, 오늘 참석하신 모든 분들의 건강과 가정에 행운이 가득하시기를 기원하는 바입니다. 감사합니다.

2012년 9월 16일

대한한방신경정신과학회 회장 구 병 수

第16回 韓 · 中 學術大會

대회장	김정곤 대한한의사협회 회장	李俊德 中华中医药学会 秘书长
조직위원장	김갑성 대한한의학회 회장	谢 钟 中华中医药学会 副秘书长
공동집행 위원장	구병수 대한한방신경정신과학회 회장	장현진 대한한의학회 부회장
집행위원	장준혁 대한한의학회 기획총무이사	강형원 대한한방신경정신과학회 학술이사
	김용석 대한한의학회 국제교류이사	김종우 대한한방신경정신과학회 수석부회장
	김성철 대한한의학회 학술이사	김근우 대한한방신경정신과학회 기획이사
		김경옥 대한한방신경정신과학회 총무이사
사무국	김경영 차장 장아름 대리	임천재 담당

中國 參加者

중국 참가자	谢 钟	中华中医药学会 副秘书长	孙永章	中华中医药学会 国际部主任
	闫 铮	中华中医药学会 项目官员	陈 惠	北京市华夏发展基金会 副秘书长
	张建和	天津市宝坻区中医医院 院长	何宏继	黑龙江省五常市兴隆卫生院 院长
	路秀莲	辽宁省兴城市兴海北路路氏针灸诊所 所长	崔宽德	黑龙江省鸡东县鸡东镇新峰卫生所 所长
	李 穆	岳阳市古今医药研究所 所长	李顺超	河北省霸州市迎宾东路老中医李法拥 门诊 副所长
	周晓阳	浙江省义乌国际商贸城 总经理	金子清	浙江省义乌国际商贸城 总经理
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	马鹏举	辽宁省锦州市黑山县马鹏举中医诊所 诊所法人代表	杨际芳	福建省煤矿医院 主任
	周茂谷	北京宝芝堂医学研究院宁波分院 主任	李献茂	湖北省潜江市颈肩腰腿痛门诊 主任
	程 鹏	辽宁省生命科学学会养生培训中心 主任	陈龙章	北京华承民泰夹肌医学研究中心 主任医师
			郭俊德	辽宁省阜新市细河区郭俊德诊所 主治医师
	马玉萍	河北省保定第二中心医院 科主任	李 红	宁夏石嘴山市中医医院 副院长
	吴良勇	宁夏石嘴山市中医医院 副院长	晏合桢	江西省上高县上甘山林场医院 医师
	李国安	上海市松江区泗泾镇天乐按摩院 医师	黄景峰	佛山市顺德区勒流江众药店 医师
			陈素凤	
	李汉辉	进贤县本草国药中药堂 医师	赵君红	
	屠法玉			
	王惠珍			

제16회 한 · 중 학술대회 프로그램

주제 : 심신의학과 한의학

2012년 9월 16일

시 간	내 용	좌 장
09:00~09:30	개회식	
세션 1 (主題發表 및 一般發表)		
09:30~10:00	<한국한의학에서 심신증 치료현황> 이상룡(교수, 대전대학교 한의과대학 / 한국)	이승기 (상지대학교 한의과대학 교수) 孫永章 (中華中醫藥學會國際部主任)
10:00~10:30	<影響身心健康的因素剖析> 李 穆(所長, 岳陽市古今醫藥研究所 / 中國)	
10:30~10:50	<심신증의 정신의학적 접근> 이정국(원장, 성모마음정신과의원 / 한국)	
10:50~11:10	<“抗痛灵”藥線載体穴位埋植治療坐骨神經痛240例臨床觀察及實驗研究> 李獻茂(湖北省潛江市城南頸肩腰腿痛專科門診 / 中國)	
11:10~11:30	<신경계질환의 심신의학적 접근> 김근우(교수, 동국대학교 한의과대학 / 한국)	
11:30~11:50	<屠氏“長蛇灸”療法在“冬病夏治”中的應用> 屠法玉(所長, 河南省新鄉市紅旗區屠法玉中醫診所 / 中國)	
11:50~12:00	질의 응답	
12:00~13:20	오찬	

시 간	내 용	좌 장
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세션 2 (一般發表)

13:20~13:40	<화병치료의 최신지견> 김종우(교수, 경희대학교 한의과대학 / 한국)	유영수 (원광대학교 한의과대학 교수) 馬玉萍 (河北省保定第二中心医院 中医科主任)
13:40~14:00	<治療分裂症兩例小結> 張荷升(主任, 山東濟南天慧中医藥研究中心 / 中國)	
14:00~14:20	<근거중심의학을 위한 한방신경정신과학의 수면장애> 김보경(교수, 동의대학교 한의과대학 / 한국)	
14:20~14:40	<中國傳統中医經絡創新法“夾肌療法”> 陳龍章(北京華承民泰夾肌醫學研究中心 / 中國)	
14:40~15:00	<Trauma 치료를 위한 한방정신요법> 강형원(교수, 원광대학교 한의과대학 / 한국)	
15:00~15:10	질의 응답	
15:10~15:30	휴식	

시 간	내 용	좌 장
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세션 3 (一般發表)

15:30~15:50	<가미귀비탕의 중증도 우울증에 대한 효과> 구병수(교수, 동국대학교 한의과대학 / 한국)	김경옥 (동신대학교 한의과대학 교수) 李 穆 (岳陽市古今醫藥研究所 所長)
15:50~16:10	<論陰陽> 李漢輝(江西省醫易技能培訓基地 / 中國)	
16:10~16:30	<신경증적 장애와 심신증에 대한 국내 한의약 임상시험 현황> 정인철(교수, 대전대학교 한의과대학 / 한국)	
16:30~16:50	<中藥治療弥漫性間質性肺病臨床經驗探討> 郭俊德(遼寧省阜新市細河區郭俊德診所 / 中國)	
16:50~17:10	<사상체질인 심리특성의 생물학적 기초 연구> 김락형(교수, 우석대학교 한의과대학 / 한국)	
17:10~17:30	<論肝陽頭痛> 李順超(中國)	
17:30~17:40	질의 응답	
17:40~18:00	폐회식	

The 16th KOREA–CHINA Symposium on Traditional Medicine Program

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09:00~09:30	Opening Remarks	
Session 1 (Special Lecture & General Lecture)		
09:30~10:00	<Treatment Status of Psychosomatic Disease in Korean Medicine> Sang-Ryong, Lee(Professor, Daejeon University / Korea)	Seung-Gi Lee (Professor, Sangji University / Korea) Yong Zhang, Sun (China Association of Chinese Medicine / China)
10:00~10:30	<On the social basis of physical and mental health> Mu, Li(Yueyang ancient and Modern Medicine Research Institute / China)	
10:30~10:50	<Psychosomatic disorder, in the psychiatry> Jung-Kook, Lee(Director, St. Mary's Psychiatric Clinic · St. Mary's Oriental Medical Clinic / Korea)	
10:50~11:10	<The spirit of pain medicine line carrier " acupoint embedding in treating 240 cases of sciatica : clinical observation and experimental study> Xian Mao, Li(Hubei province Qianjiang City neck-shoulder pain specialty clinic / China)	
11:10~11:30	<Psychosomatic approach about Diseases of the Nervous system> Geun-Woo, Kim(Professor, Dongguk University / Korea)	
11:30~11:50	<Tu's "long snake moxibustion therapy" in the "winter disease being cured in summer" application> Fa Yu, Tu(China)	
11:50~12:00	Discussion	
12:00~13:20	Lunch	

Time	Contents	Moderator
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Session 2 (General Lecture)

13:20~13:40	<Recent Advances in the treatment of Hwabyung> Jong-Woo, Kim(Professor, Kyunghee University / Korea)	Yeoung-Su Lyu (Professor, Wonkwang University / Korea) Yu Ping, Ma (Hebei province Baoding the Second Center Hospital / China)
13:40~14:00	<Treatment of two cases of schizophrenia> He Sheng, Zhang(Shandong Ji'nan days Hui Chinese Medicine Research Center / China)	
14:00~14:20	<Sleep Disorder Focusing on EBM in Oriental Neuropsychiatry> Bo-Kyung, Kim(Professor, Dongeui University / Korea)	
14:20~14:40	<Traditional Chinese medicine method of main and collateral channels innovation "splenius therapy"> Long Zhang, Chen(Hua Chengmin Thai Beijing splenius Medical Research Center / China)	
14:40~15:00	<The oriental Psychotherapy for Trauma> Hyung-Won Kang(Professor, Wonkwang University / Korea)	
15:00~15:10	Discussion	
15:10~15:30	Break Time	

Time	Contents	Moderator
Session 3 (General Lecture)		
15:30~15:50	<The Effect of GamiGuibi-tang(加味歸脾湯), a Medicinal Herbal Formulation, on Moderate Depression> Byung-Soo, Koo(Professor, Dongguk University / Korea)	Kyeong-Ok Kim (Professor, Dongshin University / Korea) Mu, Li (Yueyang ancient and Modern Medicine Research Institute / China)
15:50~16:10	<Theory of yin and Yang> Han Hui, Li(Jinxian County Chinese medicine herbal country church / China)	
16:10~16:30	<Status of Korean medicine clinical trial for Neurotic disorder & psychosomatic disorder in Korea> In-Chul, Jung(Professor, Daejeon University / Korea)	
16:30~16:50	<Traditional Chinese medicine in the treatment of diffuse interstitial pulmonary disease clinical experiences> Jun De, Guo(Liaoning province Fuxin Xihe District Guo Junde clinic / China)	
16:50~17:10	<Biological Basis of Psychological Characteristics in Sasang Constitutional Medicine> Lak-Hyung, Kim(Professor, Woosuk University / Korea)	
17:10~17:30	<Treatment of headache disease case> Shun Chao, Li(China)	
17:30~17:40	Disssussion	
17:40~18:00	Closing Remarks	



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- 사상체질인 심리특성의 생물학적 기초 연구
- 论肝阳头痛

한국 한의학에서 심신증 치료현황

이상룡 (대전대학교 한의과대학 신경정신과학교실)



한국 한의학에서 심신증 치료현황

이상룡

대전대학교 한의과대학 신경정신과학교실

초록

배경

복잡한 현대사회에서 스트레스의 증가로 심신의학에 대한 관심이 점점 높아져 가고 있다. 심신증(心身症 psychosomatic disease 혹은 精神身體障礙 psychosomatic disorder)은 신체질환 중에서 그 발병이나 경과에 심리사회적 인자가 밀접히 관여하고 기질적 내지 기능적 장애가 인정되는 질병상태로 순환기계, 소화기계, 호흡기계, 근골격계 등에서 다양한 증상으로 나타난다.

한의학은 몸과 마음은 하나(心身一如, 身形一體)라는 관점에서 전체적·통합적 관점에서 질병을 이해하고 있으며 따라서 모든 질환이 심신증적 요소를 포함하고 있다고 볼 수 있다. 심신증 관련 질환에 대한 한국 한의학에서의 최근 치료 동향을 알아보고자 한다.

목적

본 연구의 목적은 현재 한국 한의학계에서 치료되고 있는 심신증 관련 질환의 현황을 알아보고 문제점을 파악하여 개선하기 위함이다.

방법

한 의사 전문의가 배출되는 한방신경정신과, 한방내과, 한방안이비인후피부과, 침구과, 한방재활의학과, 한방부인과, 한방소아과, 사상체질과 학회지와 대한한의학회지를 추가한 9개 학회지를 연구 대상으로 하였다. 2000년부터 2012년 3월까지 발표된 논문에서 암을 제외하고 심신증 관련 질환을 검색하여 내용을 분석하였다. 치료와 직접적 연관이 없는 실험적 연구 등은 제외하였다.

결과

한국 한의학에서는 심신증에 대한 진료와 연구가 다양하게 진행되고 있지만, 치료는 약물이나 침 등의 전통적 치료법에 의존하고 있다는 것을 알 수 있다. 심신증의 치료에서 중요한 요소인 체질·유전·신체·환경·감정 등에 대한 종합적인 치료가 부족한 실정이다.

결론과 제언

심신증의 치료는 신체적, 심리적, 사회적으로 상호작용하는 관점에서 병의 상태를 이해하고 접근해야 한다. 따라서 한방 신경정신과의 자문, 조정 역할이 중요하고, 심신증에 치료와 연구에서도 다른 진료과와의 협력과 융합이 필요할 것으로 판단된다. 또한 한의학의 전통적 방식에 국한되어 있는 치료법을 다양화하여 간이 정신요법, 상담, 다양한 요법(자율훈련, 암시요법, 행동요법, MBSR 등)과 환경과 생활습관 조정 등의 종합적이고 통합적 관점에서 질병을 이해하고 치료할 것을 제안한다.

핵심어

심신증, 정신신체질환, 한의학, 협력과 융합, 다양한 치료기술

감사의 글

본 연구는 대전대학교 교내연구비의 지원에 의해 수행되었음.

Treatment Status of Psychosomatic Disease in Korean Medicine

Sang-Ryong Lee

Dept. of Neuropsychiatry, College of Korean Medicine, Daejeon University, Daejeon, Korea

Abstract

Background

In complicated modern society, depending on increase of stress, the interest in psychosomatic medicine is increasing.

Psychosomatic disease means complex of symptoms that related with psychologic and social factors, including organic and functional disturbances. Psychosomatic disease appears as various symptoms in circulatory system, digestive system, respiratory system, and musculoskeletal system, etc.

Korean medicine understands the diseases from a integrated point of view that the body and mind is the same, so all the diseases contain psychosomatic factors.

We are going to investigate the latest treatment trend of Korean medicine in the psychosomatic medicine.

Objectives

The purpose of this study is to understand the current status and find out the problems in psychosomatic disorders which are treated in Korean medicine, and to make them better.

Methods

We searched for 9 Journals(Oriental Neuropsychiatry, Oriental internal medicine, The Korean Oriental Medical Ophthalmology & Otolaryngology & Dermatology, Korean Acupuncture & Moxibustion, Oriental Rehabilitation Medicine, Oriental Obstetrics & Gynecology, Korean Oriental Pediatrics, Sasang Constitutional

Medicine and Korean Oriental Medicine) as the subject of study.

We searched and analyzed the papers regarding psychosomatic disorders except cancer published from 2000 to March 2012 regarding to psychosomatic disorder. Not directly related to treatment and experimental studies were excluded from the study.

Results

The health care and studies of psychosomatic disorder were conducted variously in Korean medicine. However they tend to focus on traditional treatment methods like herbal medicine or acupuncture in each clinical departments, and lack of considering about many other factors like constitution, heredity, body, environment, emotions etc.

Conclusions & Suggestions

The treatments of psychosomatic disease needs to understand and access the disease from the point of view in the interaction of physical, psychological and social factors.

Therefore the role of consultation and liaison in Oriental Neuropsychiatry is important, and cooperation and convergence are needed with other departments in the treatment and research in the psychosomatic disease

Also, we suggest to understand and treat the diseases from integrated viewpoint using brief psychotherapy, consultation, various healing technique(autonomic training, suggestive therapy, behavioral therapy, MBSR, etc.) by diversifying the treatments confined to the traditional methods

Key Words

psychosomatic disease, Korean Medicine, cooperation and convergence, various healing technique

Acknowledgement

This study was supported by a grant of Daejeon University, Republic of Korea.

TREATMENT STATUS OF PSYCHOSOMATIC DISEASE IN KOREAN MEDICINE

Sang-Ryong Lee

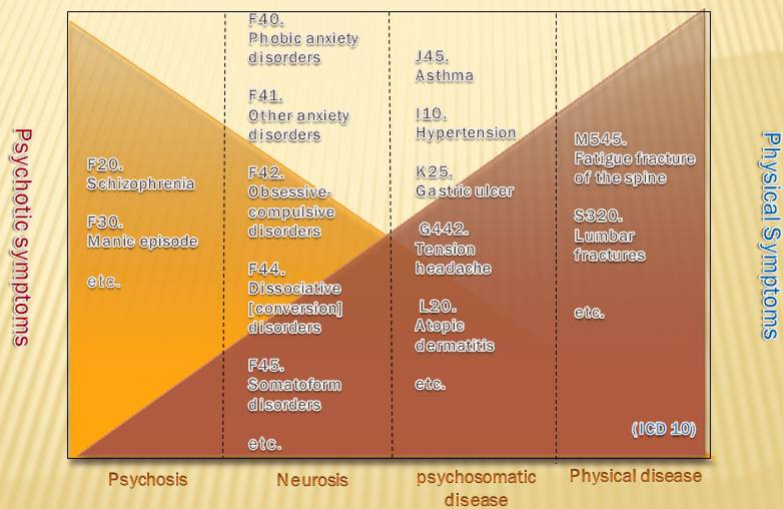
Daejeon University, Daejeon, Korea

INTRODUCTION

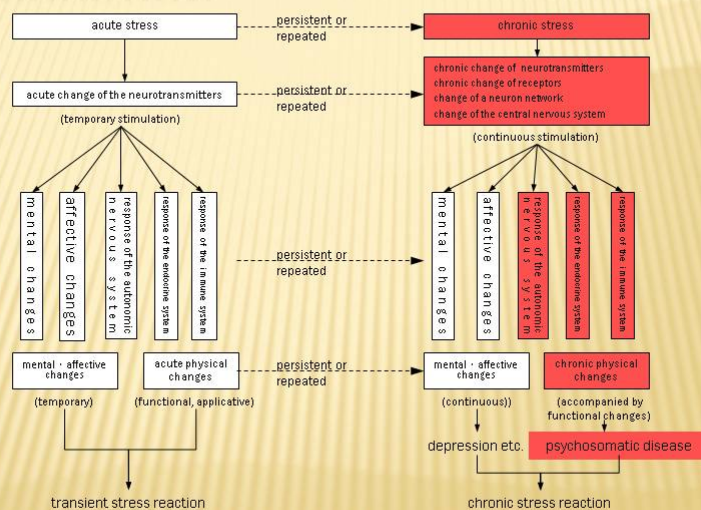
Psychosomatic disease(disorder)

- Physical diseases that do not accompany other mental disorders such as depression, neurosis
- Psychologic +Social factors
- Organic +Functional disturbances

INTRODUCTION



INTRODUCTION



Expression process of psychosomatic disease

INTERNATIONAL CLASSIFICATION OF PSYCHOSOMATIC DISEASE

ICD-10

- F4. Neurotic, stress-related and somatoform disorders
 - + F45.3. Somatoform autonomic dysfunction
- F5. Behavioral syndromes associated with physiological disturbances and physical factors
 - + F50. Eating disorders
 - + F52. Sexual dysfunction, not caused by organic disorder or disease
 - + F54. Psychological and behavioral factors associated with disorders or diseases classified elsewhere
 - asthma(F54-J45), dermatitis and eczema(F54-L23, L25), gastric ulcer(F54-K25), mucous colitis(F54-K58), ulcerative colitis(F54-K51), urticaria(F54-L50)

DSM-IV

- 316 Psychological factors affecting medical condition
 - There was no classification like a psychosomatic disease, neurosis
 - Symptoms were understood as a multifaceted, comprehensive
 - Considering the level of adaptive function, psycho-social stress

THE INCLUSION CRITERIA OF THE PSYCHOSOMATIC DISEASE

呼吸器系	asthma, hyperventilation, cough, pharyngospasm, COPD etc. / 氣嗽, 哮喘, 氣喘, 肺脹, 上氣
循環器系	hypertension, hypotension, angina pectoris, myocardial infarction, arrhythmia, raynaud's phenomenon etc. / 心痛, 胸痛, 動悸, 結胸, 氣鬱脇痛, 七情動血
消化器系	gastric-duodenal ulcer, chronic gastritis, functional dyspepsia, irritable bowel syndrome, ulcerative colitis, chronic hepatitis, vomiting, esophagism, esophageal achalasia etc. / 便秘, 泄瀉, 噎膈, 反胃, 吞酸, 嘈噦, 嘔吐, 惡心, 飲食傷, 食滯, 食鬱, 胃脘痛, 霍亂, 不思食
內分泌代謝系	anorexia nervosa, neurogenic hyperphagia, hyperthyroidism, hypothyroidism, obesity, diabete mellitus etc. / 肥滿, 糖尿, 尿崩證, 甲狀腺機能亢進症, 甲狀腺機能低下症, 癰瘤, 消渴
神經肌肉系	tension type headache, migraine headache, psychogenic pain disorder, torticollis, blepharospasm etc. / 頭痛, 頭風, 眩暈, 麻木, 不語, 肩臂痛, 項強證, 振顫, 眼瞼痙攣, 眼胞頻動, 斜頸, 心虛手戰, 口眼喎斜
泌尿生殖器系	enuresis, overactive bladder, psychogenic impotence, frequent urination etc. / 氣淋, 膏淋, 小便不利, 小便自利, 小便失禁, 夜尿, 遺尿, 小便淋瀝, 陽痿, 陰痿, 不感症
眼耳鼻咽喉皮膚系	atopic dermatitis, alopecia areata, chronic urticaria, rhinitis, sinusitis, tinnitus, amblyacusia etc. / 蕁麻疹, 癬疹, 肌膚, 牛皮癬, 胎毒, 浸淫瘡, 弄語, 喉瘡, 多汗, 盜汗, 心汗, 脫毛, 髮落, 油風, 耳鳴, 耳聾
其他	rheumatoid arthritis, autonomic dysfunction, climacterium, menstrual disorder etc. / 歷節風, 崩漏, 經行不調, 經行後期, 經行先期, 經行腹痛, 經行情志異常, 口瘡, 齒痛

TREATMENT STATUS OF PSYCHOSOMATIC DISEASE IN KOREA

- STATISTICS OF THE NATIONAL HEALTH INSURANCE CORPORATION(2010)

呼吸器系 2,558,993 名	喘息 : 2,197,461, 呼吸 異常 : 140,593, 咳嗽 : 220,939
循環器系 5,468,993 名	本態性(一次性)高血壓 : 4,837,033, 狭心症, 急性 心筋梗塞症 : 568,737, 失神, 虚脱 : 63,223
消化器系 17,784,872 名	胃炎, 十二指腸炎 : 10,571,348, 胃-食道 逆流病, 其他 疾患 : 2,888,016, 刺激性 腸症候群 : 3,074,675, 消化不良, 惡心嘔吐, 胃酸嘈雜 : 1,250,833
內分泌代謝系 2,861,746 名	糖尿 : 2,303,780, 甲状腺機能低下症 : 317,217, 甲状腺機能亢進症 : 240,749
神經肌肉系 2,406,944 名	頭痛 : 1,749,554, 眩氣症 : 595,712, 顔面神經障礙 : 61,678
泌尿生殖器系 523,838 名	泌尿系統的其他 障礙 : 430,163, 排尿 聯關痛 : 60,952, 多尿 : 32,723
眼耳鼻咽喉皮膚系 22,622,031 名	鼻炎, 副鼻炎 : 18,883,657, atopy 皮膚炎, 蕁麻疹, 搔痒症 : 3,192,066, 圓形 脫毛症 : 136,269, 難聽 : 410,039
其他 1,572,260 名	rheumatoid 關節炎 : 300,165, 月經異常 : 1,272,095

People who were treated (unit : Person)

INCREASING TREND OF THE PATIENTS

- STATISTICS OF THE NATIONAL HEALTH INSURANCE CORPORATION (2004 VS 2010)

分類	關聯傷病	變化 推移	
		2004	2010
消化障礙	胃炎, 十二指腸炎, 其他 疾患	7,853,769	10,571,348
	胃-食道 逆流病, 其他 疾患	1,008,745	2,888,016
	刺激性 腸症候群	2,251,462	3,074,675
	消化不良, 惡心嘔吐, 胃酸嘈雜	850,705	1,250,833
	total - 48% ↑	11,964,681	17,784,872
頭痛, 眩氣症	頭痛	1,261,579	1,749,554
	眩氣症	333,227	595,712
	total-47% ↑	1,594,806	2,345,266
鼻 炎, 副鼻洞炎	鼻 炎, 副鼻洞炎	15,294,795	18,883,657
	total-23% ↑	15,294,795	18,883,657

People who were treated (unit : Person)

METHOD



- ✕ Psychosomatic diseases except for cancer were searched and analyzed from the papers published from 2000 to March 2012 in 9 Korean medicine related Journals
- ✕ Not directly related to treatment studies were excluded from the research

THE NUMBER OF CASE REPORTS, AND CLINICAL OBSERVATIONS OF PSYCHOSOMATIC DISEASE

呼吸器系 : 15件	喘息(10), 呼吸不利(5)
循環器系 : 15件	高血壓(15)
消化器系 : 21件	機能性消化不良(9), 過敏性大腸症候群(7), 惡心嘔吐, 腹痛, 食欲不振(5)
內分泌代謝系 : 11件	糖尿(5), 肥滿(6)
神經筋肉系 : 49件	Tic(7), 頭痛, 眩氣症(22), 振顫, 眼瞼痙攣(10), 顏面神經麻痺(10)
泌尿生殖器系 : 16件	小便不利, 小便自利(7), 夜尿, 遺尿(6), 性障礙(3)
眼耳鼻咽喉皮膚系 : 60件	鼻炎, 副鼻腔炎(19), 多汗症(3), 皮膚炎(22), 脫毛(9), 耳鳴, 難聽(7)
其他 疾病 : 29件	顏面紅潮(1), Rheumatoid arthritis(10), 更年期障礙(4), 月經異常(14)

TREATMENT METHODS

- RESPIRATORY SYSTEM

呼吸器系			
	藥物	鍼灸	其他
喘息	麻黃定喘湯, 獨活地黃湯 藿香正氣散, 加減補肺湯 補中益氣湯, 清上補下湯 加味貝母湯	紫河車藥鍼(肺俞, 定喘, 合谷) 經穴(太淵, 尺澤, 中府, 中脘, 關元, 肺俞, 脾俞, 腎俞)	
呼吸不利	人參養榮湯合腎氣丸加減 定喘化痰湯, 甘桔湯 玉屏風散	舍岩鍼(肺正格) 耳鍼(肺, 神門, 脾, 氣管, 內鼻, 內分泌, 腎)	防感散 香囊

TREATMENT METHODS

- CIRCULATORY SYSTEM

循環器系			
	藥物	鍼灸	其他
高血壓	防風通聖散 三黃瀉心湯 清血丹	黃丘鍼法(後谿, 列缺, 外關, 內關, 照海, 申脈, 足臨泣, 公孫, 合谷, 少府, 陷谷, 太衝), 耳鍼(神門, 交感, 心, 耳尖, 降壓點) 谷雲鍼法 和針法 洞刺鍼 風池穴刺絡 五輸穴的木, 火穴 經穴(三陰交, 足三里)	

TREATMENT METHODS

- DIGESTIVE SYSTEM

消化器系			
	藥物	鍼灸	其他
機能性消化不良	藿香正氣散, 二陳湯加味方 內消和中湯, 加減錢氏白朮散 平胃散, 藿香抽出物, 半夏瀉心湯Ex	電鍼(足三里) 經穴(合谷, 足三里, 太衝, 三陰交, 天樞, 脾俞, 胃俞, 膈俞, 靈道, 神門, 上脘, 中脘)	
過敏性大腸症候群	藿香正氣散, 正傳加味二陳湯 六味地黃湯加味方 大七氣湯加減方 胃苓湯	電鍼(足三里, 上巨虛) 耳壓(肝, 脾, 腎, 心, 神門, 枕, 大腸, 小腸, 交感, 失眠) 溫鍼(關元, 三陰交, 大腸俞, 天樞, 上巨虛) 經穴(合谷, 足三里, 天樞) 灸治療(天樞, 中脘, 關元)	
惡心嘔吐, 腹痛, 食欲不振	歸脾湯加味方, 保生湯加味方 蘇合香元, 荊防敗毒散, 比和飲加味方 香砂六君子湯	耳鍼(神門, 枕, 胃, 交感) 舌岩鍼(胃脘痞) 灸治療(中脘)	

TREATMENT METHODS

- ENDOCRINE METABOLIC SYSTEM

內分泌代謝系			
	藥物	鍼灸	其他
糖尿	補中益氣湯加味方 五積散加減方 補氣除痛湯	電鍼(合谷, 外關, 太衝, 足三里, 八風穴, 八邪穴) 韓葉鍼(足三里, 陰陵泉, 三陰交) 經穴(足三里, 陰陵泉, 三陰交, 懸鐘, 承筋, 承山) 灸治療(足三里, 陰陵泉, 三陰交)	
肥滿	太陰調胃湯, 清心蓮子湯 調胃升清湯, 承氣調衛湯 薏糯飲, 生肝健脾湯 體減薏苡仁湯 藿香正氣散加味方	耳鍼(神門, 內分泌, 脾, 胃, 飢點, 肺), 舌岩鍼(肝正格) 經穴(風門, 肺俞, 厥陰俞, 心俞, 曲池) 灸治療(中脘, 關元)	

TREATMENT METHODS

- NERVOUS & MUSCULOSKELETAL SYSTEM(1)

神經肌肉系			
	藥物	鍼灸	其他
Tic	補心健兒湯, 養神湯, 黃芪健中湯加味方 芍藥甘草湯加味方, 柴胡加龍骨牡蠣湯加減 抑肝散, 烏藥順氣散加味方, 清肝逍遙散, 參出健脾湯Ex	耳鍼(神門, 枕, 心) 舍岩鍼(脾正格) 經穴(百會, 神門, 內關, 合谷, 太衝)	家族治療 韓方精神療法 (移情變氣療法, 至言高論療法)
頭痛, 眩氣症	澤瀉湯, 補虛飲, 防眩溫膽湯, 清肝二四湯 荊防瀉白散, 荊防導赤散, 半夏白朮天麻湯 滋陰健脾湯, 苓桂朮甘湯合平胃散 補中益氣湯加味方, 防風通聖散, 歸脾湯 順氣元, 甘遂末, 溫膽歸脾湯, 清肝逍遙散 涼膈散火湯, 葛根解肌湯, 助肝益腦湯 歸脾逍遙散加味方, 腦清血解毒湯 清心蓮子湯加味方, 清上瀉痛湯 烏藥順氣散, 加味活血湯, 桃仁承氣湯 十全大補湯, 補心健脾湯	舍岩鍼(腎正格, 肺正格, 膽正格) 電鍼(率谷太陽, 合谷列缺) 經穴(百會, 中脘, 氣海, 合谷, 神門, 內關, 足三里, 照海, 太衝, 肩井, 膽俞, 風池, 翳 風, 瘰門, 大椎, 風門, 大行, 腫子髎, 率谷, 曲池) aroma鍼(lavender, rosemary-百會, 四神 綫, 頭維, 太陽, 迎香, 翳風, 風池, 曲池, 足三里, 太衝) 灸治療(中脘穴)	氣功 冥想治療 aroma therapy (lavender, sweet almond, jojoba, cypress, juniper, lemon)

TREATMENT METHODS

- NERVOUS & MUSCULOSKELETAL SYSTEM(2)

神經肌肉系			
	藥物	鍼灸	其他
振顫, 眼瞼痙攣	熱多寒少湯, 清心蓮子湯 加味補中益氣湯, 抑肝散加味方 分心氣飲, 加味逍遙散加人蔘白 何首烏, 小兒安神湯, 牛黃抱龍丸 加減釣藤飲 加味千金調胃湯Ex, 補兒湯Ex 益氣補血湯Ex, 壯膽補心湯Ex	舍岩鍼(胃勝寒格) 電鍼(外關, 合谷, 風市, 陽陵泉) 經穴(神門, 內關, 合谷, 太衝)	肌肉弛緩法, 自律訓練法, neurofeedback, aroma therapy
顏面神經麻痺	川芎桂枝湯, 八物君子湯 涼膈散火湯, 理氣祛風散合牽正 散, 加味補益湯, 補中益氣湯 六味地黃湯, 逍遙散	藥鍼(紫河車, sweet EV-攢竹, 頰車, 地倉, 四白) 經穴(地倉, 頰車, 人中, 四白, 顴髎, 絲竹空, 陽白, 合谷, 足三里, 太衝)	光線治療 (carbon)

TREATMENT METHODS

- GENITOURINARY SYSTEM

泌尿生殖器系			
	藥物	鍼灸	其他
小便不利, 小便自利	當歸承氣湯加味方 八味地黃湯 歸脾湯加減方 大補湯加味方	耳鍼(皮膚下, 心, 神門) 藥鍼(會陰穴) 電鍼(次髎) 經穴(足三裡, 三陰交, 氣海, 水道, 關元, 中極)	
夜尿, 遺尿	歸元湯 加味夢芪湯 麻黃根	電鍼(中極, 關元) 灸治療(氣海, 關元) 經穴(氣海, 水道, 關元, 中極)	韓方精神療法 (移情變氣療法, 至言高論療法)
性障礙	八味地黃湯 大造丸, 保元丹	經穴(中極, 關元, 足臨泣, 中渚, 太衝, 後谿, 俠谿, 少商, 三間, 陷谷, 束骨)	

TREATMENT METHODS

- OPHTHALMOLOGY & OTOLARYNGOLOGY & DERMATOLOGY SYSTEM(1)

眼耳鼻咽喉皮膚系			
	藥物	鍼灸	其他
鼻炎, 副鼻洞炎	陽毒白虎湯, 加味通竅湯, 補中益氣湯加味, 通中湯加味, 理中湯合敗毒散, 葛根解肌湯, 葛根承氣湯, 清肺瀉肝湯 小青龍湯Ex, 荊芥連翹湯Ex, 蔓荊散Ex,	耳鍼(肺, 副腎, 內鼻, 內分泌, 額, 神門) 舍岩鍼(肺正絡) 八體質針 經穴(足三裡, 合谷, 太衝, 內庭, 血海, 風池, 阿是穴)	aroma therapy (eucalyptus, peppermint, cypress)
多汗症	養心湯加味方, 茯苓補心湯加味方, 白虎湯加味方	經穴(魚際, 復溜, 止汗, 合谷, 太衝, 足三裡)	
皮膚炎	葛根解肌湯, 清心蓮子湯, 消風散, 六味地黃湯 加味方, 半夏瀉心湯加石芎, 升麻葛根湯加味 方, 清肝健脾湯, 大柴胡湯, 茵陳蒿湯, 大黃黃 連瀉心湯, 黃連湯, 葛根湯, 梔子豉湯, 小柴胡 湯, 當歸飲子加味方, 黃芩湯加味方, 加味熱多 寒少湯, 內消和中湯加味方, 托裏消毒散, 柴胡 清肝散	舍岩鍼(肺正絡) 經穴(合谷, 曲池, 足三裡, 太衝, 翳風, 百會)	aroma therapy(lavender, roman camomile, peppermint, eucalyptus, clary sage, fennel, tea tree) 塗布治療(托裏消毒散, 苦參, 馬齒莧, 金銀花, 蒲公英, 青黛), 光線治療(carbon, 赤外線)

TREATMENT METHODS

- OPHTHALMOLOGY & OTOLARYNGOLOGY & DERMATOLOGY SYSTEM(2)

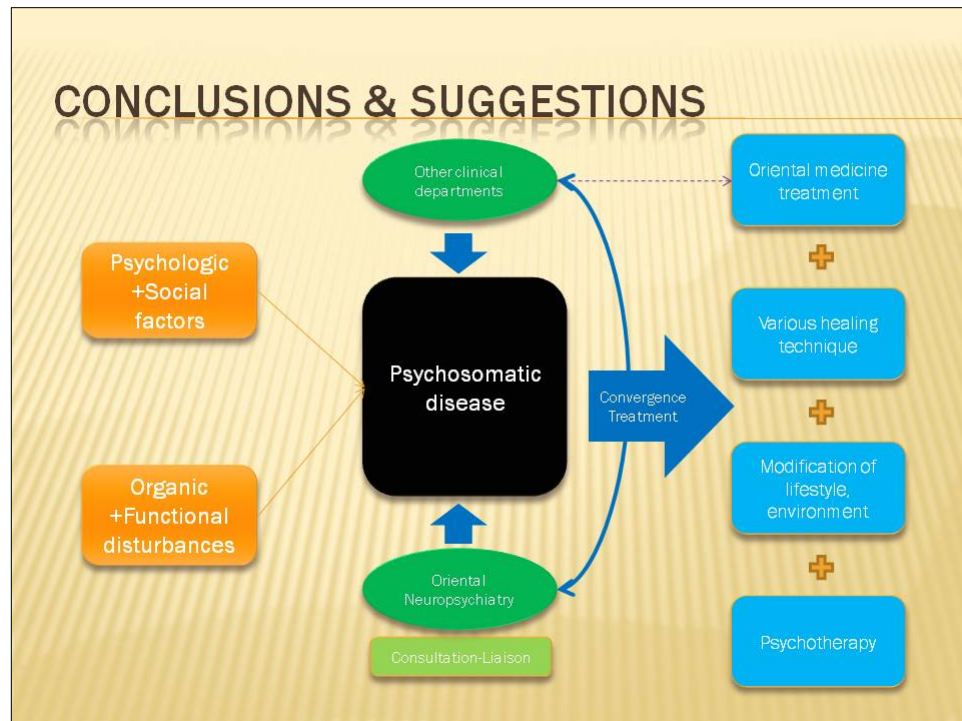
神經肌肉系			
	藥物	鍼灸	其他
脫毛	陽毒白虎湯 四物湯 六味地黃湯	葉鍼(蜂葉鍼,紅花,紫河車-脫毛部位) 經穴(頭維, 上星, 前頂, 百會, 承光, 四神)	韓方毛髮管理製品 (何首烏, 白芍藥, 熟地黃, 桂枝, 木通, 澤瀉, 天門冬 等)
耳鳴, 難聽	熱多寒少湯, 清心蓮子湯 烏藥順氣散, 補益養胃湯 清心地黃湯, 滋陰健脾湯 補中益氣湯, 益氣清明湯 加味通明利氣湯, 加味芎芷湯	葉鍼(黃連解毒湯-肩井, 翳風, 耳門 紫河車-關元, 翳風, 耳門 紅花-天突, 完骨) 經穴(百會, 翳風, 耳門, 聽宮, 聽會, 迎香, 外關, 合谷, 後溪, 商陽, 中衝, 足三里, 絕骨, 行間)	

TREATMENT METHODS

- OTHER PSYCHOSOMATIC DISEASES

其他			
	藥物	鍼灸	其他
顏面紅潮	二仙湯加味方		
Rheumatoid arthritis	小柴胡湯合四苓散, 五苓散合四物湯 加山茱萸五味子, 陶氏平胃散, 調胃升清湯加鎖陽, 桂枝加朮附湯, 小柴胡湯, 小活絡丹, 利濕活通湯, 二妙散	葉鍼(蜂葉鍼-痛處, 紅花, 熊膽牛黃葉鍼-曲池, 檀鼻, 肩中俞, 足三里)	Leech therapy
更年期障礙	荊防瀉白散, 苓桂甘肅湯 大造丸, 人蔘養榮湯	舍岩鍼(腎正格, 肝正格)	
月經異常	歸脾湯加味方, 清心湯 清心蓮子湯, 熱多寒少湯 四製香附丸, 桃核承氣湯加味方 導痰湯加減, 溫白元, 桂枝茯苓丸 玄附理經湯	耳鍼(子宮, 腎, 卵巢, 內分泌) 葉鍼(紅花, 紫河車-關元, 足三里, 陰陵泉, 三陰交) 舍岩鍼(小腸正格) 經穴(三陰交, 白芥子皮內鍼, 三陰交, 水道, 天樞, 太衝, 關元, 經渠, 太白, 陰谷, 大敦) 灸治庫(關元),	

CONCLUSIONS & SUGGESTIONS



THANK YOU !!



影响身心健康的因素剖析

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摘要

身心健康与否，与先天之本的体质有关，最重要的还是个体的后天。中医有脾为后天之本，后天的脾胃主要与饮食有关，而饮食的好坏又源于社会基础。从衣、食、住、行的柴、米、油、盐、酱、醋、茶到精神文化意识和行为等等，这些都与社会息息相关。故人的身心健康取决定作用的还是社会基础。社会基础是人类生存的最基本单位，社会困迫就会出现民不聊生，饥寒交迫，后天之本充养就会受到影响。社会文化的变更，人们的思想意识行为也随之改变，不良的生活习惯行为是影响人们身心健康的罪魁祸首。要提高人们的身心健康，必须改变不良的行为和生活习惯，改变行为习惯的方法，一是个人不良行为要与做好后代培养中改变自身的缺点结合起来；二是要把“天人合一”的人与自然环境结合起来认识；三是要普及食品卫生知识与改变饮食结构结合起来；四是加强人们的社会责任感教育，提高人们奉献精神，以此净化心灵减少精神压力，是提高身心健康的最好方法。

关键词

社会基础 身心健康

On the Social Basis of Physical and Mental Health

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Abstract

body and mind are healthy or not is related to natural born constitution, and more related to postnatal things. There is saying that spleen is the base of postnatal thing, and postnatal spleen is mainly related to diet of which bad or good originates from social foundation. All those things from basic necessities of life to consciousness of spiritual culture and behavior are closely interrelated to society. So the determinant factor for human's body and mind is still social foundation. Social foundation is the basic unit of humankind, poor and hunger come after social unrest, then impact the base of postnatal things. Thought, consciousness and behavior of humankind will change along with the changing of social culture, bad living habit and behavior is the worst factor for impacting body and mind of humankind. So if we want to improve body and mind of humankind, we have to change bad behavior and living habit, the method for changing behavior and habit is as follows: one is we need to change our shortcoming by combining bad behavior and making good training for offspring, second is we need to realize the harmony between humankind and environment, third is we need to combine universalizing knowledge of food sanitation and changing structure of diet, forth is we need to strengthen the education of social responsibility, enhance spirit of dedication so as to purify our heart to reduce stress, and this is the best method to improve body and mind.

身心健康与否决定的因素很多，有先天带来的，也有后天自身习惯养成的，更有社会因素造成的。先天带来的，按中医理论说法叫源于父母之精血，现在习惯叫遗传因素。后天的源于自身，自身一是源于脾胃，习惯叫后天之本，脾胃与饮食有关；二是源于个人行为，生活方式、情绪；三是源于社会风气、政治环境；四是源于生活物质来源、食品安全系数、环境污染程度等等。所以，社会因素是身心健康的基础，社会是个复杂体，有自然因素、人为因素、社会分工等等都会间接或直接影响到人们的身心健康。

一、影响身心健康的因素剖析

1、先天禀赋源于父母之精血，人的体质好坏是建立在先天禀赋足不足这个基础上，故有先天决定了人的一生命运之说。是不是先天就决定了人的一生呢？也不一定，在中医学中有一个治疗方法叫：“先天不足宜补肾，后天不足宜助脾”来达到调整人体的作用。也就是说人的身心健康与否，可以通过医疗保健来调整来达到健康。

2、后天对身心的影响取决于物质基础，中医有脾为后天之本。后天的气血来源全赖于后天摄取的饮食物，先天禀赋不足由后天来充养，如果脾胃虚弱，食纳无味，吃不进，消化功能减退，造成后天得不到补充。另一个是后天的充养受到社会供给的影响，处在饥寒交迫的环境下，气血生化就没有来源，造成人体自身的气血不足，严重影响身心健康，如营养不良性水肿。

3、社会基础是人类身心健康的第一个基本条件，也是一个较复杂的因素之一。先天源于父母，父母的身心健康决定后代的禀赋强弱，父母的身心好坏取决于社会经济和物质基础，所以身心健康社会基础是一个最复杂的因素和重要因素，前面两个因素都取决于社会基础，并且有依赖社会因素的好坏。先天不足可用后天来补充，后天又依赖饮食物的丰富，饮食物源于社会发展的好坏所决定，故本文重点讨论社会基础对人类身心健康的影响。

3. 1、不良的社会因素——行为

影响人体健康的第一个社会因素是行为。什么是行为？行为是一个人的社会最基本的活动表现形式。行为的好坏直接影响到一个人的身心健康，在医学上就出现了行为与健康这个词汇。行为分心态行为、运动行为、语言行为、社交行为、饮食行为、起居行为、职业行为、日常行为等等。

人类社会总是在矛盾中不断发展，在不同的文化和思想意识的背景下变化莫测。大多数人在无知的所谓命运摆布下随波逐浪，但少部份人总是在幻想中找到平衡心态的方法去战胜那些不平等的事情。故一个人的心态与社会背景息息相关，与一个人的欲望大小有关，与心胸宽窄有关，与气度大小有关，与见识眼光有关。有野心的人有成功者、有失败者，更有从失落中冲起来的成功者。纠结就此产生，习惯上叫行为学，行为正当与否，直接影响到身心健康。

一个人的行为正确与否，首先取决于家长，父母的行为直接影响到子女，所以说父母是子女的第一课堂。其次是学校，学校老师的行为同样影响到学生的行为，如现在学校以钱为主，培养出来的学生就唯利是图，成了现在培养凶杀抢劫犯的沃土。

科学研究表明，习惯对人的行为具有巨大的影响，人每天高达90%的行为出自习惯的支配。奥维德在《习惯的力量》中说："没有什么比习惯的力量更强大，习惯是一个人思想与行为的真正领导者。"培根说："既然习惯是人生的主宰，人们就应当努力求得好习惯。"

3. 1. 1、行为习惯与社会基础有很大的关系。如战争多的年代，人们的行为就以战争为主，思维的第一件事就是如何战胜对方。那时的心态就只有凶杀胜利的欲望，没有关爱和善良可言。在商家成长的人只认钱和利，从不言亲和理，故有在商言商之说。一个人习惯的养成犹如储蓄，日积月累，不断增加。培养文明服务的习惯需要他人的监督，但更主要的是靠自己平时一点一滴的养成。当我们认真地而不是轻率地、长久地而不是临时的、主动的而不是被动地培养一种良好的行为习惯，就是为健康打下基础。我们说保健，保健就是贮存生命和健康，这种贮存生命的方法之一就是有个良好的行为，不是吃保健品达到保健。特别是饮食行为，是当今血压、血糖、卒中、疼痛、痛风等病症的主要产生原因。因饮食物受农药污染，如果饮食不当，就会造成人们的慢性农药中毒，影响人的神经系统，造成暴力等不良的行为。

3. 1. 2、不正当的心态行为，一个人心态反应表现外在的行为。心理反应的正确与否，是造成身心健康与否的关键。我们对在官场的人作了个心理调查，发现权欲强的和贪心大的人，退休后失落感要比平常人要大，并且衰老的要比心态平和的人早，有的甚至患老年痴呆的要多。还有的人不学无术，想采用不正当手段来达到自己的目的，一旦手段被他人识破或所托行贿之人倒台，礼送了事没办成，心怀怨恨的心态就油然而生，并且成了一大社会公害性不良行为。本来送礼是一种正常的人情往来，现在却成了危害社会的一种方式。子女读书要行贿老师，办事找工作要行贿官员，看病要行贿医生，小官要行贿大官，大官要索贿小官。这种送礼风带来的是社会风气的败坏，人心扭曲。在临床医疗中就有因送礼出现精神恍惚的，有因送礼出现精神抑郁的，还有因送礼闹得家庭破裂的。是跟人送礼的人多，到底这个礼该不该送他不知道，只是看到别人都在送，他也就跟着送。对于这种人，我们是要从心理学去研究他的意识，还是应研究他的行为？我认为，此类人应该研究他的行为而不是研究他的意识形态。随人心动的行为不是个别现象，而是整个社会而此。所谓行为？就是有机体用以适应环境变化的各种身体反应的组合。这些反应不外是肌肉收缩和腺体分泌，它们有的表现在身体外部，表现的是愤愤不平，有的隐藏在身体内部，表现的是精神抑郁，受刺激的强度有大有小，这种行为也是影响身心健康的原因之一。

3. 1. 3、不正当的语言行为是导致打架斗殴的主要导火线。研究表明：人们的行为是内隐和轻微的身体变化。前者是全身肌肉，特别是言语器官的变化，后者是内脏和腺体的变化。20年代以来记录肌肉电位变化的技术不断提高，已经发现心理活动伴有轻微的肌肉收缩。但连带发生的事件并不一定就是同一事件。所以思维时有轻微的肌肉收缩，并不足以证明思维就是轻微的肌肉收缩。但情绪激动肯定会导致肌肉收缩加强甚至出现肌肉痉挛。故临床上经常出现有的人气得发抖的现象，严重时就会出现昏倒四肢抽搐等表现，

在医学叫癔病。

3. 1. 4、不正当的运动行为是造成身体损伤的主要因素。锻炼身体是人人都认可的一项强身健体活动，但有的人把锻炼身体当作一蹴而就的事，所以就出现了一些不正当的运动行为。第一种不当的运动行为超过自身的运动能力，超强度的剧烈运动，认为运动只要做一、二次就能保一生一世，就不考虑运动的大小与自身承受的能力。所以，有的人在运动时造成骨折，有的造成肌肉撕裂，有的造成骨关节肿痛，有的甚至造成终生残疾。第二种是现在室内电动足踏运动，这种行为根本达不到强身健体的作用，只能起到消耗少许能量的作用；还有的是靠用仪器来健身。这些运动行为都有碍身心健康的。

3. 1. 5、不良的社交行为带来不健康的身心损害。人生活在社会上，就免不了社交活动，但社交活动往往受到多方面因素的影响。特别在社会风气不正的社交活动中，带来的是心烦意乱，如吃毒、打牌、结交不三不四的酒肉朋友。正是这些社交活动中，有的醉生梦死，有的赌搏成癖，有的嗜毒如命，最终这些人就被这些黄、赌、毒的不良行为所害，造成家破人亡的悲惨局面。

3. 1. 6、饮食是人体后天的主要营养来源，但饮食行为的好坏直接或间接影响到人们的身心健康。在临床医疗中，因饮食不当引发的疾病占整个疾病的80%以上。特别是近年来的高血糖，痛风，不明原因的全身浮肿、疼痛，关节变形的所谓类风湿等等无一不是与饮食不当有关。

事实上行为是导致人体肌肉收缩和腺体分泌有很大的关系，而人体腺体分泌又都与体内的物理或化学变化有关；经过临床验证，人的心理现象受到个人行为的影响，不良的行为会带来人体腺体分泌紊乱，这就是我们经常说的内分泌紊乱，造成体内理化发生变化，这些理化变化直接影响到人的心理反应。因此，心理现象都能够用物理和化学的概念来说明。

二、促进人们身心健康的建议与方法

身心健康与否，决定的因素是多方面的。如果说先天决定体质，那么起了决定性的作用是后天的社会基础。因此，笔者认为，身心健康首先要从个人的行为开始，纠正不正当的行为，是提高人们身心健康的关健。而我们要做的是认识行为的任务就在于查明刺激与反应之间的规律性关系。这样就能根据刺激推知反应，根据反应推知刺激，达到预测和控制行为的目的。从人们的生活特性来看，要做好四个结合，是改变人们不良行为的有效措施。

2. 1、把纠正不良行为与教育后代结合起来

纠正不正当的行为是提高身心健康的关健，但一个人的行为成了一种习惯时，要纠正过来有相当大的难度。作为一个单身汉确实难以改正，但作为养育儿女和子孙后代的人来说就不是件难事。作为父母和爷爷奶奶，除了自身的身心健康外，还肩负着培养后代的责任。所以这部分人为了后代他（她）们都有决心改变不良的行为习惯，但需要人去指导他们，因此普及正确的行为，是促进身心健康的关健。

2. 2、普及“天人合一”的文化内涵，把自然环境与人们身心健康结合起来

人与自然的和谐是中医学的“天人合一”理论再现。要从自然环境中教育人们了解生活，懂

得生活，学会生活。特别工业化大生产后的工业三废、农药污染的饮食物给人们带来的是慢性中毒，这种危害是人们在不知不觉中发生的。这种当时看不见的慢性中毒，一时间人们很难接受和理解，当一些不明原因的慢性疾病的出现，现在对农药造成人们慢性中毒的事实逐步被人们所认识，为人们从不良的生活方式和行为习惯中摆脱出来有了认识基础。在新农村建设中，我们建议把改善农村卫生与新农村结合起来，发现改变环境对纠正人们不良的生活行为有很大的帮助。人们的生活观念在改变，行为在改变，一种讲卫生，爱清洁正在逐步形成，实现人与自然融为一体是提高身心健康的方法之一。

2. 3、普及食品卫生知识与改变人们不良的饮食生活习惯结合起来

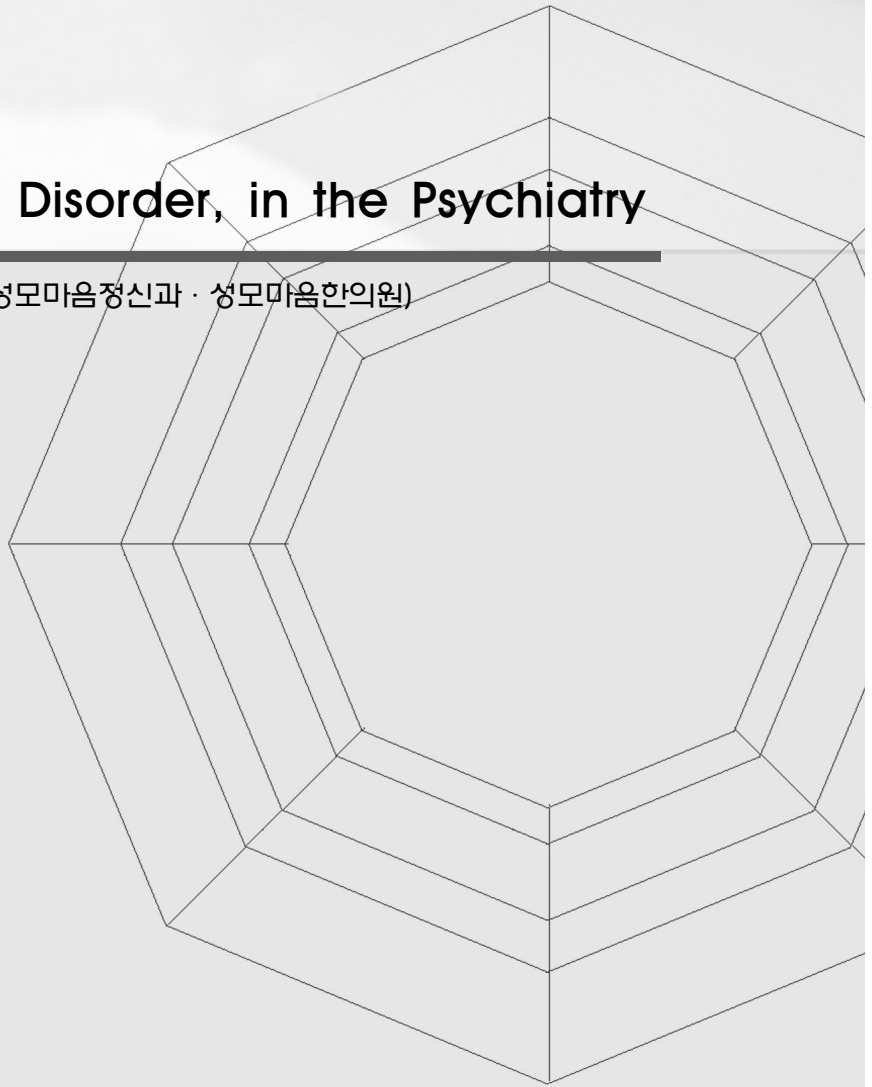
饮食是疾病产生的源头，90%的疾病是吃出来的，如现在的糖尿病、痛风、肝胆、胃肠疾患等等都是吃出来的，这就是中医说的“病从口入”。随着食品安全问题被广大人们所认识后，饮食结构的改变也在逐步被人们所认识。为配合人们改变不良的饮食生活方式，我编著出版了一部《食品安全与健康》一书，从食品安全卫生、食品包装材料和器具、常用食物的真伪鉴别、食品分类、食物中的营养成分、食物质量与数量对人体的影响、食物中的添加剂与配料、不同人群的饮食结构、饮食与疾病等都作了全面系统的介绍，为人们从不良的饮食行为中走出来提供了科学的理论支撑。

2. 4、加强社会责任感教育与改变不良的心态行为结合起来

奉献是净化灵魂的良药。要使人们从欲望中摆脱出来，首先就要人们认识幸福不单纯源于物质基础，真正的幸福源于正常的生活和成就感。正常的生活和成就感使人追求上进，有了积极向上的心态，就会改变一些不良的行为习惯，有利于促进人体身心健康。长江信息报对平江县百岁老人作了一个报道，要我从医学角度剖析长寿秘诀，根据被调查的7个人各自的特点，我作了一个大概的分析，总结为“青山绿水人寿长，心胸开朗无情伤。无求无欲感舒坦，仁德慈爱莫彷徨。粗茶淡饭富营养，精细食粮不养肠。肥甘厚味伤脾胃，雨露滋润体自康。”话只有八句，概括了一个人生活中的情感、思想意识、社会活动、饮食、生活环境、生活习惯、为人处世等方方面面。一位信佛的教徒看了报纸后打电话问我：“是不是信佛的，这种为人处世的教诲有佛的心胸和气魄，如果人们都能这样做，对于人们养生和身心健康很有指导性作用”。说明身心健康不是源于医疗行为，主要源于良好的行为习惯。

Psychosomatic Disorder, in the Psychiatry

이정국 (성모마음정신과 · 성모마음한의원)



Psychosomatic Disorder, in the Psychiatry

이정국

성모마음정신과 · 성모마음한의원

초록

심신의학은 사회 심리적, 행동 요인과 신체기능과 삶의 질의 관계를 연구하는 학제간 의료 분야이다.

심신증은 정신적인 스트레스가 생리적(신체적) 기능에 악영향을 끼쳐 유발되는 육체적 질병이나 증상으로, 고혈압, 호흡기 질환, 위장 장애, 편두통과 긴장형 두통, 성적 장애 및 피부질환 등이 포함될 수 있다.

심신증은 두 가지 가정을 기반으로 한다. 마음과 몸이 하나 (심신의학이라는 용어의 배경) 라는 것이다. 그러므로 모든 질병상태에서 심리적인 요인이 고려되어야 하며, 의사가 환자를 검사하고 치료할 때, 환자가 가지고 있는 질환만 고려할 것이 아니라, 전체적인 관점에서 치료에 임해야 한다는 것이다.

심신증의 역사를 살펴보면, 히포크라테스가 감정과 건강 간의 관계에 대한 언급한 이래로, 19세기에는 S. Freud 와 F. Alexander 가 질병의 발생에 있어서 정신적, 신체적, 심리적 요소의 상호 작용을 중시하였다. Adolf Meyer 는 심리적, 생리학적인 프로세스가 동적인 상호 작용 시스템을 가진다는 연구를 하였고, 앵겔(1977)는 건강 관리에 있어 생물학적 지식뿐만 아니라, 정신사회적 지식을 종합하는 모델로 변경할 것을 제안했는데, 이것이 바로 “생체심리사회적모델 (Biopsychosocial Model)” 로 정신신체의학의 기본모델이다.

DSM-IV-TR에서는 정신신체라는 용어 대신 “일반적 의학상태에 부정적 혹은 유의미한 영향을 주거나 부정적인 결과가 발생할 위험을 높이는 하나 또는 그 이상의 심리적, 행동적인 문제” 로 기술하고 있다.

신체는 스트레스에 대해서 심리적, 육체적으로 반응하는데, 스트레스가 신경전달물질, 호르몬, 면역계 등 인체 전반에 미치는 영향에 대해 활발한 연구가 진행되고 있다.

Psychosomatic Disorder, in the Psychiatry

Lee Jung Kook

St. Mary's Psychiatric Clinic · St. Mary's Oriental Medical Clinic

Abstract

Psychosomatic medicine is an interdisciplinary medical field studying the relationships of social, psychological, and behavioral factors on bodily processes and quality of life

Psychosomatic disorders are bodily ailments or symptoms, caused by mental or emotional disturbance, in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress. Psychosomatic disorders may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, sexual dysfunctions, and dermatitis. There are two basic assumptions. One is that mind and body are unity (reflected in the term mind-body medicine). So, psychological factors must be taken into account when considering all disease states. Doctors have to emphasize on examining and treating the whole patient, not just his or her disease or disorder. Hippocrates provided prescient guidance regarding possible connection between emotion and health. In 19th century, S. Freud and F. Alexander made importance to interaction of mental, physical, and psychological components which caused diseases. Adolf Meyer studied psychological and biological processes as dynamic interacting systems. Engel (1977) proposed a major change in our fundamental model of health care. The new model continues the emphasis on biological knowledge, but also encompasses the utilization of psychosocial knowledge. That is "Biopsychosocial Model".

The revised fourth edition of "Diagnostic and Statistical Manual of Mental

Disorders” (DSM–IV–TR) does not use the term psychosomatic instead it describes the psychological factors affecting the medical conditions as “one or more psychological or behavioral problems that adversely and significantly affect the course or outcome of a general medical condition, or that significantly increase a persons risk of an adverse outcome”

The body reacts to stress psychologically and physically. It has been studied the impact on human body of stress such as neurotransmitter, endocrine, and immune system.

PSYCHOSOMATIC DISORDER, IN THE PSYCHIATRY

Lee Jung Kook

St. Mary's Psychiatric Clinic ·
St. Mary's Oriental Medical
Clinic

Contents

- History of psychosomatic medicine
- View point of Psychosomatic medicine
- Disease model of psychosomatic medicine
- Overview : the concept of Psychosomatic disorder
- Stress : as a bridge of mind-body disorder
- Neuroendocrinology neuroimmunology ANS neurotransmitter
- Stressor
- Diagnosis
- Tx.
- Bridging of psychosomatic medicine and TKm

- **Psychosomatic medicine** is an interdisciplinary medical field studying the relationships of social, psychological, and behavioral factors on bodily processes and quality of life
- **Psychosomatic disorder** : Bodily ailment or symptom, caused by mental or emotional disturbance, in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress. Psychosomatic disorders may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, sexual dysfunctions, and dermatitis

Two basic assumptions:

- There is a **unity of mind and body** (reflected in the term mind-body medicine)
- Psychological factors must be taken into account when considering all disease states
- Emphasis on examining and treating **the whole patient**, not just his or her disease or disorder

History of psychosomatic

- Holistic approach : Hippocrates, Gallen
- Dualism:
 - philosopher - Descartes, Spinoza- splitted mind and body
 - scientist : R. Virchow - disease due to damage of the cells
- 19th century : interaction of mind-body –psychological cause of disease
 - **S. Freud** –conversion disorder
 - **F. Alexander** – specific theory : specific conflict in unconsciousness cause specific disorder

Holistic approach

Adolf Meyer –psychobiology : study psychological and biological processes as **dynamic interacting systems**.

Disease model in psychosomatic medicine

Biomedical Model:

The application of biological science to maintain health and treating disease.

Engel (1977) proposed a major change in our fundamental model of health care.

The new model continues the emphasis on **biological knowledge**, but also encompasses the utilization of **psychosocial knowledge**.

"Biopsychosocial Model"

- The Recent concept of psychosomatic medicine
 1. The study of interaction between psychological, social, and biological components in determining diseases or healthy conditions
 2. The comprehensive and holistic approach in health care
 3. consultation-liaison psychiatry
- The Function of psychosomatic medicine
 1. Based on Science
 2. Approaches for the prevention and treatment of physical illness
 3. Views on human nature
 4. Reform movements in medicine

Psychosomatic disorder

- **DSM-IV TR**

“Other Conditions That May Be a Focus of Clinical Attention” =>
“**Psychological Factors Affecting General Medical Condition**”
- **Diagnostic Criteria for Psychological Factors Affecting General Medical Condition**
 1. The presence of a general medical condition (coded on Axis III)
 2. Psychological factors adversely affect the general medical condition in one of the following ways:

- 1) The factors have influenced the course of the medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the general medical condition.
- 2) The factors interfere with the treatment of the general medical condition.
- 3) The factors constitute additional health risks for the individual.
- 4) The factors elicit stress-related physiological response that precipitate or exacerbate symptoms of a general medical condition.

- Mental Disorder Affecting medical Condition
→ (e.g.) major depressive disorder delaying recovery from a myocardial infarction
- Psychological Symptoms Affecting Medical condition
→ (e.g.) depressive symptoms delaying recovery from surgery; anxiety exacerbating asthma
- Personality trait or Coping Style Affecting Medical Condition
→ (e.g.) pathological denial of the need for surgery in a patient with cancer
- Maladaptive Health Behaviors Affecting Medical Condition
→ (e.g.) overeating, lack of exercise
- Stress related Physiological Response Affecting medical Conditions
→ (e.g.) stress-related exacerbation of ulcer
- Other or unspecified psychological factors affecting ...
Interpersonal, cultural or religious factors

Clinical Issues in Psychosomatic Medicine

Type of Clinical Problems

- Psychiatric symptoms secondary to a medical condition
- Psychiatric symptoms as a reaction to med. Condition
- Psychiatric complications of medical conditions
- Psychological factors precipitating med. symptoms.
- Medical complications of psychiatric conditions or tx.
- Co-occurring medical and psychiatric conditions
- Psychiatric/ psychosocial assessment

Examples

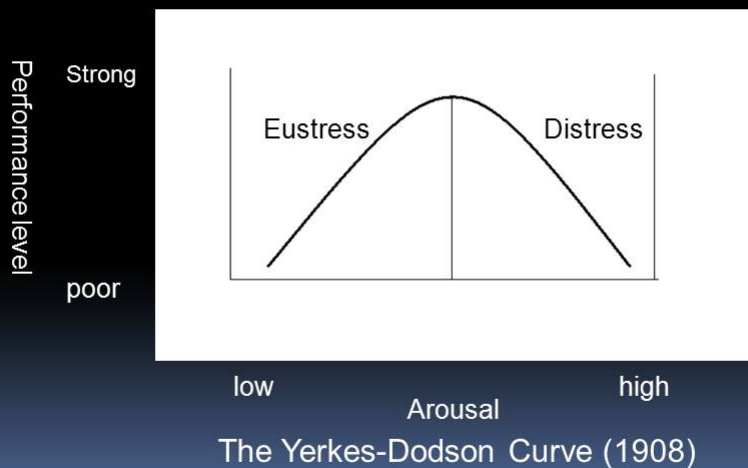
- Delirium, dementia
- Anxiety related to chemotherapy, depression related to limb amputation
- Depression secondary to interferon treatment
- Somatoform disorder
- Neuroleptic malignant syndrome, acute alcohol withdrawal
- Depression in cancer treatment, schizophrenia with end stage renal disease
- Capacity evaluation, evaluation prior to organ transplantation

Stress Theory

Stress can be described as a circumstance that **disturbs, or is likely to disturb**, the normal physiological or psychological functioning of a person.

The body reacts to stress in this sense defined as anything (**real, symbolic, or imagined**) that threatens an individual's survival by putting into motion a set of responses that seeks to **diminish the impact of the stressor and restore homeostasis**.

Distress vs Eustress



The Yerkes-Dodson Curve (1908)

- A psychosomatic framework.
- Two major facets of stress response.
- “Fight or Flight” response is mediated by hypothalamus, the sympathetic nervous system, and the adrenal medulla.
- If chronic, this response can have serious health consequences.
- The hypothalamus, pituitary gland, the adrenal cortex mediate the second facet.

The General Adaptation Syndrome

Stress reactions, and the diseases they are capable of creating, are a large part of what it means to be a human primate.

(It's in our *nature* to get stressed out!)

Alarm reaction:

Resistance : adaptation is ideally achieved

Exhaustion : acquired adaptation or resistance may be lost

Neurotransmitter Responses to Stress

- Stressors activate **noradrenergic** systems in the brain and cause release of catecholamines from the autonomic nervous system.
- Stressors also activate **serotonergic** systems in the brain, as evidenced by increased serotonin turnover.
- Stress also increases **dopaminergic** neurotransmission in mesoprefrontal pathways.

Endocrine Responses to Stress

- **CRF** is secreted from the hypothalamus.
- **CRF** acts at the anterior pituitary to trigger release of **ACTH**.
- **ACTH** acts at the adrenal cortex to stimulate the synthesis and release of **glucocorticoids**.
- Promote **energy use**, increase **cardiovascular activity**, and inhibit functions such as **growth, reproduction, and immunity**.

Immune Response to Stress

- **Inhibition** of immune functioning by **glucocorticoids**.
- Stress can also cause immune **activation** through a variety of pathways including the release of humoral immune factors (cytokines) such as interleukin-1 (IL-1) and IL-6.
- These cytokines can themselves cause further release of **CRF**, which in theory serves to increase glucocorticoid effects and thereby self-limit the immune activation.
- High level of **Cortisol** results in suppression of immunity which can cause susceptibility to **infections** and possibly also in many types of **cancer**.
- Changes in the immune system in response to stress are now very well established.

The essential challenge in psychosomatic-psychobiological research is to delineate the **mechanisms** by which experiences cause certain types of physiological reactions that result in **disease states**.

Cardiovascular System

- Psychological factors have been closely studied as part of the pathogenesis of the cardiovascular diseases.
- **Depression is an independent risk factor for the development of coronary artery disease.**
- Depression increases mortality rates following myocardial infarction (MI).
- **Hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis, immune activation with release of proinflammatory cytokines, and activation of the sympathetic nervous system and of corticotropin-releasing factor (CRF) pathways in the central nervous system (CNS).**

Take A “Stress Test”

On These Tests,
Chronic High Scores
Correlate With
a Higher Incidence of
Physical Diseases

Some Stress Tests That are Used:

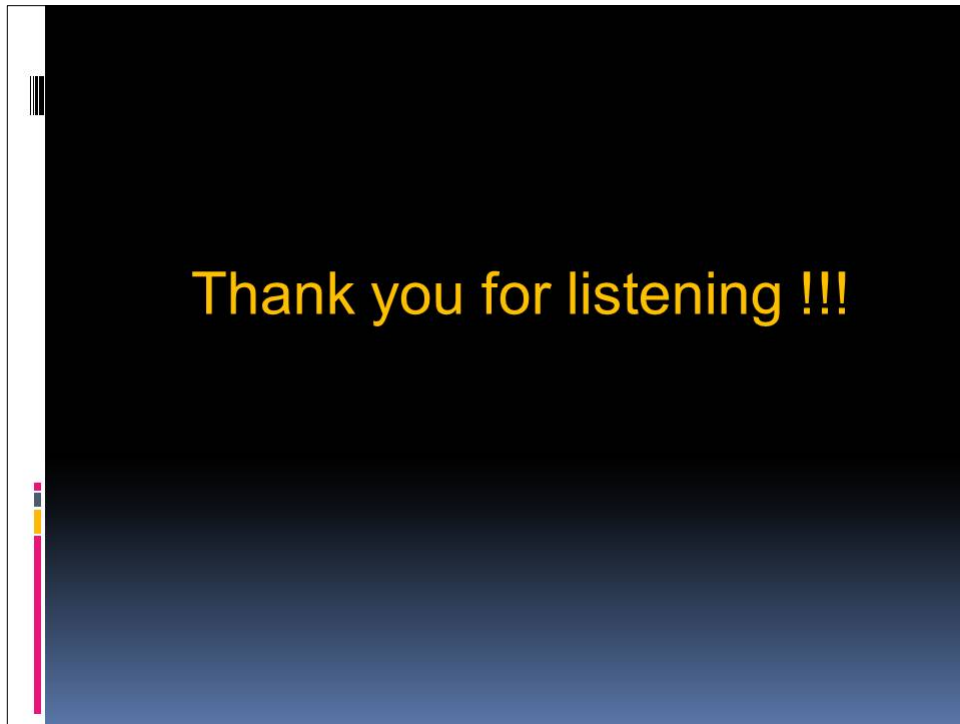
- Assess the degree of stress due to frustration and inhibition
- Assess our vulnerability to “overload”
- **Assess our degree of perfectionism and/or self-righteousness**
- Measure our compulsive, time-urgent, and aggressive behavioral traits
- **Assess whether we are fixated on outcomes or are more process oriented**

Stress Management:

Various Strategies and Therapies That Treat or Prevent Psychosomatic Diseases

Strategies and Therapies to Lessen Chronic Stress Responses:

- Bio-feedback or progressive muscle exercises to relieve residual tension
- Depression and anxiety medicines
- Aerobic exercise programs
- Proven methods to improve sleep patterns
- Techniques that let cognitive therapy change the way we think and react
- Meditation methods to help us become mindful and relax
- Nutritional practices to physically replenish us
- Spiritual practices that “feed” our inner spirit





“抗痛灵”药线载体穴位埋植治疗坐骨神经痛 240例临床观察及实验研究

李献茂 (湖北省潜江市城南颈肩腰腿痛专科门诊)

“抗痛灵”药线载体穴位埋植治疗坐骨神经痛 240例临床观察及实验研究

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湖北省潜江市城南颈肩腰腿痛专科门诊

摘要

坐骨神经痛是指在坐骨神经通路及其分布区内的疼痛，其主要表现为腰、臀、大腿后部及小腿后外侧足背酸、麻，胀痛，为一种常见病、多发病，属祖国医学痹症范畴。早在祖国医学《秦问·痹论》载有“风寒湿三气杂至合而为痹”的论述，说明风寒湿邪是导致本病的诱因，我们用中草药制成抗痛灵载体，经过动物实验研究，其镇痛作用强度明显优于阿斯匹林，载体植入后除产生机械刺激作用外，还与神经肌肉吻合，扩张外周血管，改善局部血液循环，缓解肌肉痉挛，以达消炎止痛作用，使之恢复正常的神经功能

关键词

抗痛灵载体 穴位埋植 坐骨神经痛

The Spirit of Pain Medicine Line Carrier "

Acupoint Embedding in Treating 240 Cases of

Sciatica : Clinical Observation and Experimental

Study

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Abstract

Sciatica is pain of sciatic path and their distribution. Its main appearance is tingle\paralysis、distend and ache of the waist、huckle、hip、back thigh、and crus. It's a common and frequently-occurring disease,belonging to category of arthritis of Chinese medical science. Its recorded that"Chill、cold and humid can be composed into arthritis"in Chinese ancient medical monography、

《Suwen·Bilun》,and explained that chill、cold and humid are the main cause of the disease.We produce the"Antipain carrier"with traditional Chinese herbal medicine.According to result of animal experiments,its easing pain function priors to aspirin. After the carrier embedding into body,excepts producing mechanical stimulus,it can coincide with nerve muscle and expand outer blood vessel、improve local blood circulation and mitigate muscle convulsion,so as to diminish inflammation and relieve pain and to restore normal nerval function.

坐骨神经痛是指在坐骨神经通路及其分布区内的疼痛，其主要症状表现为腰部、臀部、大腿后侧及小腿足背外侧酸、麻胀痛，为一种常见病、多发病，属祖国医学痛痹范畴。我科从2005年开始运用“抗痛灵药线载体”进行穴位埋植治疗，因各种原因所致腰椎间盘突出240例取得满意效果，并对镇痛作用进行了可行性实验研究现报导如下：

实验研究

（一）热板法实验

取预选合格的小白鼠28只，均为雌性，体重14~259，分为三组，第一组 9只，灌胃给抗痛灵 0.3g / kg；第二组9只，灌胃给水杨酸钠液0.15g / kg，第三组10只，灌胃给同容积生理盐水，给药一小时后，按热板法进行实验，测定小白鼠疼痛的潜伏时间（疼痛以小白鼠舐后腿后指标），再进行统计计算，结果见表1

	动物数	剂量	疼痛潜伏时间（秒） X ± SD	P
抗痛灵组*	9	0.3g/kg	17.94±4.20	<0.05
水杨酸钠组	9	0.15g/kg	26.64±19.17	<0.01
生理盐水组	9	20ml/kg	12.33±2.98	

*抗痛灵与水杨酸钠比较 $P>0.2$

上述结果表明抗痛灵和水杨酸钠都有镇痛作用，抗痛灵的镇痛作用与水杨酸钠相似（ $P>0.2$ ）。

（二）扭体法实验

取小白鼠23只，体重16—20g，雌雄均有，分为三组，第一组7只，灌胃给抗痛灵0.3g/kg，第二组7只，给阿司匹林0.25g/kg，第三组9只灌胃给同容积生理盐水，给药1小时后，每只白鼠腔注0.3%，醋酸0.1ml/10g，立即观察10分钟内小白鼠扭体次数，结果如下见表2

	动物数	剂量	疼痛潜伏时间（秒） X ± SD	P
抗痛灵组*	7	0.3g/kg	1.42±3.30	<0.05
水杨酸钠组	7	0.25g/kg	1.42±1.51	<0.05
生理盐水组	10	20ml/kg	8.88±8.06	

*抗痛灵的镇痛作用与阿司匹林相似（ $P>0.05$ ）

上述结果表明，抗痛灵和阿司匹林都有镇痛作用，抗痛灵的镇痛作用与阿司匹林相似（ $P>0.05$ ）

临床资料

（一）一般资料

本组240例中，男性158例，女性82例，年龄14—20岁11例，21—30岁32例；31—40岁

44例, 41-50岁60例, 50岁以上93例; 年龄最小14岁, 最大75岁, 病程最长21年, 最短20天, 按现代医学分型: 原发型117型, 继发型123型。

(二) 治疗方法

(1) 药物组成: 生马钱子, 生二乌, 生乳没, 麝香等八味中草药组成。用000号医用羊肠线配制备用。(制法略)

(2) 穴位选择: 按疼痛部位及放射路线循经取穴, 取督脉和足太阳, 足少阴为主。主穴: 肾俞、腰阳关、环跳、腰4-5夹脊穴、阳陵泉。配穴: 委中、承山、绝骨、殷门、秩边、昆仑。

(3) 操作方法: 选准穴位, 按常规消毒, 铺无菌孔巾, 取穿刺针一根, 将针芯抽出, 然后用镊子夹起药线穿入针孔前端, 右手持穿刺针对准穴位垂直刺入, 达到一定深度后, 待有酸胀麻等循经感应后, 将针缓缓拔, 一边退针, 一边用右手手指慢慢将针芯推出, 将药线埋植在穴位内, 用纱布敷盖, 胶布固定, 以防感染, 每次3-5穴, 六次为一疗程, 半月一次。

(4) 注意事项: 严格无菌操作, 药线最好植入在脂肪结缔组织肌筋膜层, 线头不可暴露在皮肤之外, 防止感染。根据人体不同部位确定其深度, 以免损伤内脏、神经、血管。

(三) 观察结果

疗效标准: 治愈: 疼痛完全消失, 能恢复正常工作和劳动, 随防未复发。

显效: 疼痛基本消失, 功能基本恢复正常, 遇阴雨天有不适感, 能从事一般工作。好转: 疼痛及功能明显改善, 遇阴雨天劳累后仍有不适感, 生活尚能自理。无效: 经治疗后疼痛无明显减轻, 功能无改善。

本组240例中, 治疗愈119例, 占49.6%, 显效32例, 占13.3%, 有效82例, 占34.2%, 无效7例占2.9%, 总有效率为97.1%。在有效患者中, 二周见效者占15.3%, 三周见效者占27.1%, 四周见效者36.5%。

讨论

目前, 本疗法是介于药物与针刺疗法之间第三个治法, 它是根据中医针灸学理论, 构思创新而来, 早在祖国医学《素问, 痹论》载有“风寒湿三气杂至合而为痹”的论述, 说明风寒湿邪是导致本病的诱因, 由于风寒湿邪入侵, 致使经气凝滞不行, 导致气滞血瘀, “不通则痛”, 根据这一病理变化, 采用温经通络, 活血化瘀祛风除湿中草药制成抗痛灵药线载体。经过实验研究, 其结果表明: 其镇痛作用强度与水杨酸钠0.15g/kg相当, 抗痛灵 0.3g/kg对醋酸引起的小白鼠腹痛有镇痛作用, 其镇痛作用强度明显优于阿司匹林, 所以治疗因寒湿阻滞引起的风湿性关节炎和神经痛, 都取得明显效果。经临床病例观察。药线植入体内后, 除产生机械性刺激外, 还与神经肌肉相吻合, 具有扩张周围神经和血管, 改善局部血液循环, 缓解肌肉痉挛, 达到消炎止痛, 并能起到针药合用双向调节作用。本疗法不仅对腰椎间盘突出疗效显著而且对肩周炎、颈椎病、网球肘、腰肌筋膜炎、风湿寒性关节炎疼痛、类风湿性关节炎、脑血栓偏瘫、面神经麻痹、胃下垂、风湿性关节炎慢性胃炎等难治

性疾病也有一定疗效。

本疗法操作简便，疗效可靠，适应症广，见效快，复发少，无毒副作用，而且患者乐于接受，是一种很有价值的新型疗法，为临床治疗多种风湿疾病提供了广阔的前景。为了揭示本疗法的可靠性，科学性，可行性及作用机理，有待进一步探讨。本疗法经省内外专家鉴定，系省内首创，国内先进，建议推广使用。

神經系 疾患의 心身醫學的 접근

김근우 (동국대학교 한의학과 신경정신과)



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김근우

동국대학교 한의학과 신경정신과

초록

목적

본 연구는 신경계 질환의 발생과 진행에 영향을 주는 心身症的 要素를 파악하여 신경계 질환의 치료에 도움을 주고자 한다.

방법

1. ICD-10 분류체계에서의 신경계의 영역별 질환을 파악한다.
2. 임상에서 다빈도로 볼 수 있는 신경계 질환 중 心因的 要素가 강하게 관여 할 수 있는 질환들을 영역별로 분류한다.
3. 연구 대상 질환은 頭痛, 眩暈, 中風, 癱瘓, 振顫, 癲癇, 口眼喎斜, 痿症 등으로 선정한다.
4. 선정된 질환의 발생과 진행에 관여된 心因的 要素를 한의학과 서양의학적으로 조사한다.

결과

1. 신경계 질환의 심신증적 접근에 대해, 서양의학에서는 중추 및 말초 신경장애에 영향을 주는 스트레스 인자에 중점을 두었다.
2. 신경계 질환의 심신증적 접근에 대해, 한의학에서는 그 질환의 유형 중 정신의학적 증상소견에 관련된 정서적 요인에 중점을 두었다.
3. 신경계 질환의 발병에는 생활사적 스트레스, 그리고 그 질병의 진행에는 증상으로 인해 정상적인 개인적 역할을 제대로 못하는데 대한 스트레스가 작용한다.
4. 신경계 질환에서의 심신증 발현에 관여하는 정신과적 요소는 우울과 불안이다.
5. 신경계 질환에 관여하는 한의학에서의 심신증적 요소는 內傷의 범주에서, 주로 心火와 肝鬱이 그 병리적으로 증상의 발생과 진행에 영향을 주었다.

결론

신경계 질환들은 다른 의학적 질환군에 비해 감정과 관련된 정신적인 요소가 그 질병의 형성과 증상의 진행에 상당부분 관여하고 있다.

핵심어

신경계 질환, 심신의학, 스트레스

Psychosomatic Approach about Diseases of the Nervous System

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Abstract

Objectives

This study is to help treatment of neurological diseases and to research the psychosomatic factors which influence the onset and progress of neurological disorders.

Methods

1. Research the category of nervous system disorders in ICD-10.
2. It is Classified by category in diseases of Nervous System which have a strong influence on psychogenesis factor and find Frequently in Clinic.
3. The Target disease are selected as follows, headache, vertigo, stroke, dementia, Tremor, Epilepsy, Facial palsy and Muscular atrophy.
4. Psychosomatic factors which involved in the onset and progress of selected diseases are studied by Oriental and Modern Medicine.

Results

1. For psychosomatic Approach of Nervous disorder, Modern Medicine is focused on stressor which is affect by the disorder of central and peripheral nerve system.
2. For psychosomatic Approach of Nervous disorder, Korean Medicine is focused on emotional factor which is associated with opinion of psychiatric symptom.
3. Onset of Nervous disorder interacts with stress of Life event, and progress of Nervous disorder interacts with stress which is the loss of individual role in the normal due to symptoms.

4. Depression and Anxiety are psychiatric factors which are related to expression of psychosomatic disorder in nervous system disorder.

5. Within the category of internal injury on Korean Medicine, Psychiatric factors which are related to nervous system disorder are Anger of the heart and Stagnation of the Liver Qi and they have a influence on onset and progress of Pathological symptoms.

Conclusions

nervous system disorders are interacted with psychotic factors related to emotion and have a influence on onset and progress of symptoms significantly. It is a important difference between other groups of medical disease and psychosomatic disorder.

Key Words

Diseases of the Nervous system, Psychosomatic disorders, Stressor.

神經系 疾患의 心身醫學的 接近

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김 근우

Diseases of the nervous system

ICD-10 Chapter VI

1. (G00-G09) Inflammatory diseases of the central nervous system
ex : Meningitis, Encephalitis, Intracranial and Intraspinal abscess and granuloma
2. (G10-G13) Systemic atrophies primarily affecting the central nervous system
ex : Huntington's disease, Hereditary ataxia
3. (G20-G26) Extrapyrarnidal and movement disorders
ex : Parkinson's disease

Diseases of the nervous system

ICD-10 Chapter VI

4. (G30-G32) Other degenerative diseases of the nervous system
ex : Alzheimer's disease
5. (G35-G37) Demyelinating diseases of the central nervous system
ex : Multiple sclerosis
6. (G40-G47) Episodic and paroxysmal disorders
ex : Epilepsy , Headaches(Migraine, Tension-type headache), Cerebrovascular diseases, Sleep disorders

Diseases of the nervous system

ICD-10 Chapter VI

7. (G50-G59) Nerve, nerve root and plexus disorders
ex : Disorders of trigeminal nerve (V), Facial nerve disorders (VII), Bell's palsy,
8. (G60-G64) Polyneuropathies and other disorders of the peripheral nervous system
ex : Hereditary and idiopathic neuropathy, Guillain-Barré syndrome
9. (G70-G73) Diseases of myoneural junction and muscle
ex : Myasthenia gravis and other myoneural disorders

Diseases of the nervous system

ICD-10 Chapter VI

10. G80-G83) Cerebral palsy and other paralytic syndromes

ex : Hemiplegia

11. (G90-G99) Other disorders of the nervous system

ex : Disorders of autonomic nervous system

神經系 疾患의 分類에 따른 障碍

1. Vascular disorder : stroke

2. Infection : meningitis, encephalitis, polio,

3. Structural disorder : brain and spinalcord injury, bell's palsy, brain and spinalcord tumors, peripheral neuropathy.

4. Functional disorder : headache, epilepsy, dizziness, Neuralgia

5. Degeneration : parkinson's disease, multiple sclerosis, amyotrophic lateral sclerosis, huntington's chorea, alzheimer's disease.

神經系心身症

psychosomatic disorders of neuromuscular system,

신경계 질환 가운데 신체정신의학적 취급이 필요한 질환을 말한다.

1. 기질적 질환에서 2차적으로 정신신경증상을 가져오는 질환,
2. 기질적 병변은 없이 심리적 요인으로 인해 발생하는 질환,
3. 심리사회적 배경이 증상의 경감 등에 영향을 미치는 질환 등이 포함된다.

편두통, 근수축성두통, 痙攣性斜頸, 書痙, 떨림, 틱, 안검경련, 心因性麻痺, 心因性痛症 등이 있다.

頭痛의 心身醫學的 접근

- 歷代醫家의 心身症의 頭痛 -

李東垣 <東垣十種醫書> “心煩頭痛者, 病在膈中, 過在手巨陽少陰, 濕熱頭痛也”

李梴 <醫學入門> “七情嘔.....七情 氣厥 心腹脹滿 嘔吐酸水”

吳謙 <醫宗金鑑> “氣鬱不伸痰嘔吐.....”

許浚 <東醫寶鑑> 十種頭痛 中 濕熱頭痛 : 濕熱內燠
특징증상은 心煩.

頭痛의 心身醫學的 접근

-心因性 頭痛의 病機-

- ▶ 外感六淫에 의한 頭痛과 內傷頭痛으로 나누었을 때 內傷은 肝, 脾, 腎의 3장과 관련을 가진다.
- ▶ 특히, 肝과 관련해서는 情志所傷 肝失疏泄 鬱而化火 上擾清空 導致頭痛의 病機이다.

頭痛의 心身醫學的 접근

-心因性 頭痛의 辨證論治-

1. 氣鬱痰滯：偏側頭痛而脹痛 重痛爲多 情緒激動則發作 精神抑鬱 胸悶惡心. 解鬱化痰. 散偏湯加減(辨證錄).
2. 肝氣鬱滯：頭部 緊束感 壓迫感 或麻木感, 時有鈍痛或脹痛 每因激動 焦慮而加重 煩燥易怒 失眠多夢 胸悶惡心. 疏肝解鬱 化痰通絡. 柴胡疏肝散(景岳全書) 合滌痰湯(濟生方)
3. 肝陽上亢：頭脹痛 時有跳痛 眩暈 心煩易怒 失眠多夢 或兼脇痛 面赤口苦 平肝潛陽 熄風通絡 天麻鉤藤飲(雜病證治新義)加減

頭痛의 心身醫學的 접근

-Stress性 頭痛-

心因性 頭痛(psychogenic headache) 혹은 神經性 頭痛(nervous headache)이라 불린다. 頭痛의 양상은 주로 緊張型 頭痛으로 발현되지만 偏頭痛이나 群發頭痛의 형태로도 나타날 수 있다. 대표적인 것이 偏頭痛과 緊張性 頭痛이다

- ▶ 偏頭痛과 緊張型 頭痛의 Stress관계 차이점 :
緊張型 頭痛은 stress를 받고 있는 동안에 발병하지만 偏頭痛은 stress를 받고 난 이후에 발생된다.

頭痛의 心身醫學的 접근

- 偏頭痛-

- ▶ 韓醫學的 偏頭痛 : 額角上痛(聖濟總錄) 左右偏頭痛에 따른 原因·治法·治方을 區別하여 理論展開.
- ▶ 西洋醫學的 偏頭痛 : 頭風과 臨床的으로 類似.
- ▶ 性格要因 : 야망이 많고, 권위적이며, 내성적이고, 억압적이며, 감수성이 예민하며 화를 잘 내는 특징.

頭痛의 心身醫學的 접근

-緊張型 頭痛-

- ▶ 緊張性 頭痛(Tension headache), 筋收縮性 頭痛 (Muscle contraction headache) 精神筋性 頭痛 (Psychomyogenic headache)
- ▶ 否定的 情緒的 要因으로 筋肉의 强直을 초래하여 頭痛 유발.
- ▶ 原因 : 心因社會性 스트레스(Psychosocial dysfunction), 不安(Anxiety), 憂鬱症(Depression), 妄想(Delusion), 筋肉 스트레스(Muscular stress)등

眩暈의 心身醫學的 접근

-歷代醫家의 心身醫學的 眩暈-

- ▶ 朱丹溪 <丹溪心法> : “因內動七情 氣虛眩暈”
- ▶ 龔廷賢 <萬病回春> : “氣鬱生痰 下虛上實” 內經에서 “上虛即眩”과 반대 개념으로 頭部の 鬱痰을 강조.
- ▶ 龔廷賢 <壽世保元> : “喜怒哀樂 悲恐憂思 鬱而生痰 隨氣上厥 七情致虛而眩暈也.”
- ▶ 林佩琴 <類證治裁> “情志鬱發”
- ▶ 周命新 <醫門寶鑑> “內傷七情鬱結 成痰之致也.”
- ▶ 許浚 <東醫寶鑑> : 六種眩暈 中 氣暈 “七情過傷氣 鬱生涎 痰涎米塞心竅而眩暈, 眉稜骨痛 眼不可開”

眩暈의 心身醫學的 접근

-心因性 頭痛의 辨證論治-

主要 病機 : 長期憂鬱惱怒 肝氣鬱滯 氣鬱化火傷陰
陰不制陽 致風陽內動 上擾清空 發爲眩暈.

- ▶ 肝氣鬱滯 : 眩暈時作 與情緒有關 頭目脹痛 胸脇脹悶 煩躁易怒 失眠多夢 心神不安. 疏肝解鬱 柴胡疎肝散(景岳全書)加減
- ▶ 肝陽上亢 : 眩暈耳鳴 頭脹痛 每因煩勞 或惱怒而發作 煩躁易怒 喜靜臥 口乾苦 少寐多夢. 平肝潛陽 熄風通絡 天麻鉤藤飲(雜病證治新義)加減

眩暈의 心身醫學的 접근

-眩暈의 心理的 要因-

- ▶ 眩暈 患者군의 전체 MMPI profile 조사결과 :
1-3 척도 쌍상승 형태(轉換形 神經症)

Hs, D, Hy의 神經症的 척도의 상승(62.5%)

☞ <어지럼증 患者의 MMPI 프로파일 특성과 韓醫學의 治療效果. 김진우 외, 동의신경정신과학회지, v.17, no.3, pp.67-75, 2006.>

中風의 心身醫學的 접근

- 心身醫學의 中風의 醫學史的 認識 -

- ▶ 宋代以前-外風이 原因
- ▶ 金元代 以後 外風以外의 다른 견해 즉, 劉河間의 “心火暴盛”
- ▶ 王安道 <醫經溯洄集> “因於風者 眞中風也. 因於火 因於氣 因於濕者 類中風而非中風也”- 外因性과 內因性으로 발병구분하며 心身症의 要所가 類中風의 형태로 發病에 관여.
- ▶ 張景岳 <景岳全書> 非風 “病此者 多以素不能 慎 或七情內傷....”

中風의 心身醫學的 접근

- 心因性 中風의 病因 病機 -

- ▶ 病因：情志過極 五志過極 心火爆甚 風火相煽 形神失養 致陰血暗耗 風陽搖動 追血上涌爲患
- ▶ 病機：五志化火 - 五志過極 化火傷陰而動風 火越旺 陰便傷 風欲動. 陰越傷 火越旺 致風火相煽 病情 加重.
- ▶ 劉河間 曰 “心火爆甚”, “五志過極”은 中風의 心因性 원인임을 강조.

中風의 心身醫學的 접근

- 中風患者의 精神科的 證狀 -

- ▶ 中風患者의 心理的問題 : 中風後憂鬱症 (Poststroke depression) 과 中風後不安症 (Poststroke anxiety)이 대표적이다.
- ▶ 발병 6개월 이내의 中風初期에는 23%가 不安, 19%가 憂鬱을 경험하며, 6개월 이후에는 25%가 不安을, 30%가 憂鬱을 경험.
- ▶ 中風後 憂鬱과 不安은 환자의 전체적 豫候에 부정적이며, 신체기능과 認知機能 및 自我尊重感이 낮아지며, 삶의 질을 저하시킨다.

痴呆의 心身醫學的 접근

- 痴呆의 心因의 要素와 辨證 -

- ▶ 情志所傷 <辨證錄> “大約其始也 起于肝氣之鬱” : 七情內傷을 의미 或鬱怒憤恚而隱含不泄 或陰曲之事難以后齒, 或事不如愿無處申請 或大怖驚恐 或久思積慮 以致氣鬱于內 久必釀成神情癡呆之患
- ▶ 心肝火旺 : 神情緊張 胡言亂語, 聲高氣粗, 喋喋不休, 目赤心煩 失眠多夢 咽乾口燥 性急易怒 躁動不寧 坐臥不安, 漸至痴愚.
清熱瀉火 鎮靜安神 黃蓮解毒湯(外臺秘要)

振顫의 心身醫學的 접근

－ 振顫의 心因的 原因 －

- ▶ 許浚 <東醫寶鑑> : “心虛手振” 補心丸
- ▶ 張璐 <張氏醫通> : “心血虛少而振.....心氣虛熱而振.....心虛挾痰而振.....心虛挾血而振”
- ▶ 振顫 발생에 心虛가 중요한 病因으로 인식.

振顫의 心身醫學的 접근

－ Parkinson ds의 精神科的 症狀－

- ▶ 우울증상의 동반빈도 : 40-70%
- ▶ 파킨슨병의 우울증 진단 : 우울증의 임상 증상이 파킨슨병의 정신적 증상과 부분적으로 중복(정신운동성지체, 정서반응의 감소, 체중저하, 피로감, 건강염려증, 집중의 장애, 의욕저하).
- ▶ 파킨슨병 환자의 우울증의 특징 : 원발성 우울증에 비해 자기비하, 죄책감, 망상, 자기 파괴적인 생각과 자살의 빈도가 적다.

振顫의 心身醫學的 접근

- 振顫의 心因的 辨證 -

- ▶ 震顫麻痺(parkinson ds)
- ▶ 情志不遂 氣機不暢 至肝氣疏泄調達 則氣機運行不利 肢體舒縮功能失常 見肢體震顫強直
- ▶ 肝鬱血虛 虛風內動：肢體震顫強直 動作不利 表情呆板 伴胸悶不舒 喜歎息 情懷不悅 肢體酸痛乏力 健忘多夢
舒肝養血 止癱平顫 逍遙散(太平惠民和劑局方)加味

癲癇의 心身醫學的 접근

- 癲癇의 心因的 原因 -

- ▶ 驚恐：
- ▶ 陳言 <三因極一病證方論 癲癇敘論> “夫癲癇者 皆由驚動 使臟氣不平 鬱而生涎 閉塞諸經 厥而乃成”
- ▶ 李用粹 <證治彙補> “或卒然聞驚而得 驚則神出舍空 痰涎乘間而歸之”
- ▶ 張仲景 <景岳全書> 小兒癇症 “有從胎氣而得者 有從生後受驚而得者 皆小兒神氣當弱 驚則肝膽氣脫而神不守舍 舍空則正氣不能主而痰邪足而亂之”
- ▶ 鬱火：火由五志過極 鬱怒而生肝火，火邪煎熬津液 釀成熱痰 痰隨火升 阻廢心包 可使癇發

癲癇의 心身醫學的 접근

- 癲癇의 心因의 辨證 -

1. 痰迷心竅：痰多煩躁 突然昏倒 嘔吐涎沫 神志不清
豁痰開竅 熄風定癇. 白金丸(醫方考)加減
2. 肝火痰熱：焦急鬱怒 煩躁失眠 口苦咽乾 咯痰膠稠 突然昏
仆抽搐 嘔吐涎沫 或有吼叫
清肝瀉火 豁痰開竅 定驚止癇 龍膽瀉肝湯(蘭室秘藏)合滌
痰湯(濟生方)加減
3. 肝陽橫逆：短暫 出現 無意識的 動作, 精神亢奮不安 發呆
煩躁易怒
平肝潛陽 熄風定癇 柴胡龍骨牡蠣湯(傷寒雜病論)加減
4. 心血虧虛：突然從工作 或睡眠中 徘徊或出主 屋內主動 挪
動東西, 或發作時意識混亂 精神活動障礙 失眠多夢 心悸多
夢 口苦咽乾
養心安神 天王補心丹(攝生秘剖)加減

口眼喎斜의 心身醫學的 접근

- 口眼喎斜의 心因의 要因 -

- ▶ 陳自明 <校主婦人良方 婦人中風諸症方論第一> :
一婦人因怒仆之 言語蹇澁 口眼歪斜 四肢拘急 汗出遺溺 皆
肝火燦盛
一婦人因怒 口眼歪斜 痰涎狀湧 口噤發搐. 此脾肺氣虛而肝
木旺.
- ▶ 외래환자 : 과로 40%, 스트레스 26% ,
- ▶ 입원환자 : 스트레스 34%, 과로 25%, 원인불명 22%,

☞ <구안와사 환자 254명에 대한 임상적 고찰. 박수은 외, 한방안이비인후과피부학회지, v.18, no.3, pp.75-83, 2005>

☞ <구안와사 입원환자 100례에 대한 임상적 고찰. 김민정 외, 한방안이비인후과피부학회지 v.22, no.2, pp.128-138, 2009>

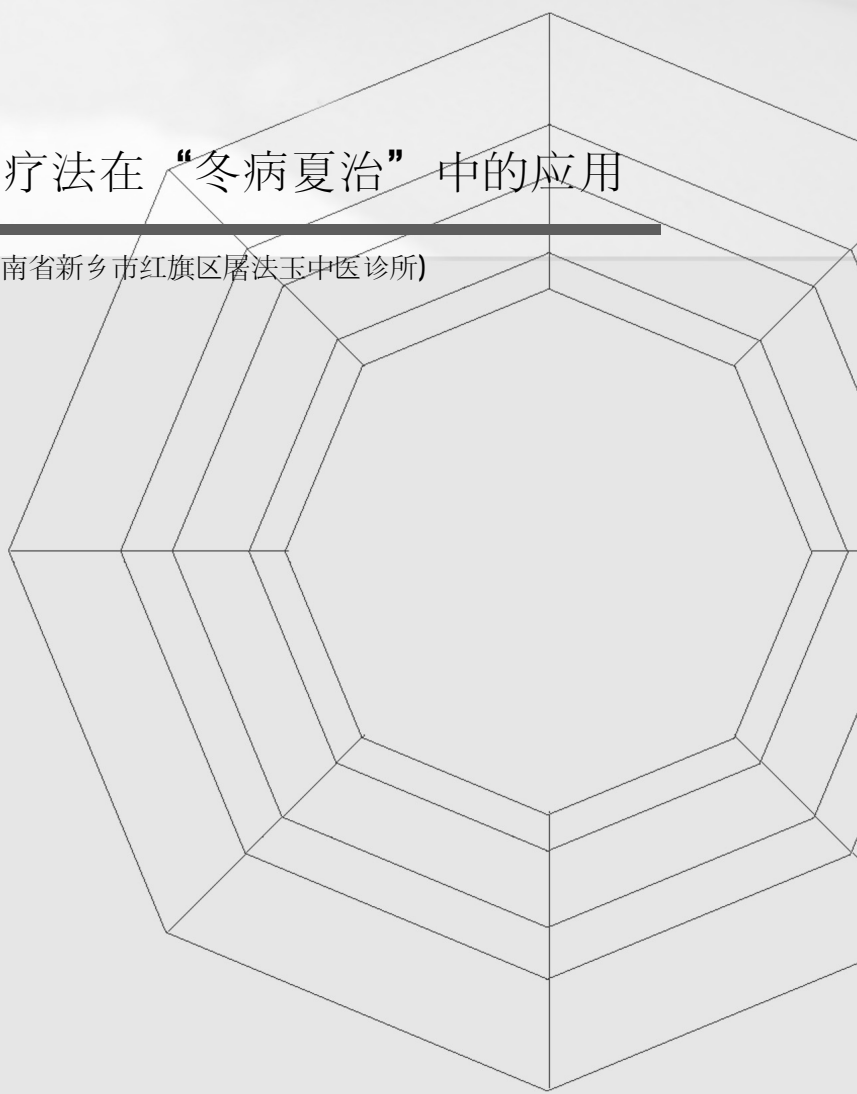
痿症의 心身醫學的 접근

- 痿症의 心因的 要因 -

- ▶ 痿症 : Myasthenia gravis, Guillain-Barre syndrome, amyotrophic lateral sclerosis ALS(筋萎縮性 側索硬化症), Hysterical paralysis
- ▶ 張景岳 <景岳全書> “悲哀太甚則 胞絡絕傳爲脈痿, 所願不得 發爲筋痿.....陳無擇曰.....若髓情妄用 喜怒勞跌 以致內臟精血虧損 使血脈筋骨肌肉痿弱無力以運動 故致痿痺”
- ▶ 李梴 <醫學入門> “悲哀失志 上發喘下洩血 乃心熱下虛也 筋痿,”

屠氏“长蛇灸”疗法在“冬病夏治”中的应用

屠法玉（河南省新乡市红旗区屠法玉中医诊所）



屠氏“长蛇灸”疗法在“冬病夏治”中的应用

屠法玉

河南省新乡市红旗区屠法玉中医诊所

提要

屠氏“长蛇灸”疗法应用在“冬病夏治”中已有10年的历史，收治患者860人次，年龄最大者86岁，最小者6岁。经临床疗效观察，该法对老年慢性支气管炎及合并轻型肺气肿、肺心症、冬季易发作者，习惯性感冒者，小儿急性支气管炎，退热后及用抗生素治疗无效，仍久咳不止者，以及产后血虚受风，阳虚背寒症者疗效很好。而对支气管扩张并发咯血，重症肺气肿，肺心症以及过敏性哮喘，春、夏季易发作者疗效较差。有阴虚内热者禁用。该疗法操作简单，无毒副作用，治疗后患者感到全身舒服，不但远期疗效好，而且近期疗效也好，特别是对于儿童急性气管炎有立竿见影之效，为丰富“冬病夏治”提供了一套新疗法。

Tu 's " Long Snake Moxibustion Therapy " in the " Winter Disease being Cured in Summer " Application

Fa Yu, Tu
China

Abstract

Tu 's " Hydra " moxibustion therapy applied in " winter disease being cured in summer " has a history of 10 years, admitted in 860 cases of patients with age at the age of 86, maximum, minimum 6 years. The clinical observation, the method of senile chronic bronchitis and emphysema, pulmonary heart disease complicated with mild winter, prone to author, habitual cold, acute bronchitis, fever and ineffective treatment with antibiotics, still cough than those from the wind, and postpartum blood deficiency, Yang deficiency cold syndrome curative effect good back. The bronchiectasis complicated with hemoptysis, severe pulmonary emphysema, pulmonary heart disease and allergic asthma, spring, summer is prone to poor curative effect author. There are internal heat due to yin deficiency is disabled. The therapy has the advantages of simple operation, no toxic side effect, patients feel comfortable, not only the long-term curative effect is good, and good curative effect in the near future, especially for the children with acute tracheitis has to get instant results effect, for the rich " winter disease being cured in summer" provides a set of new therapies.

屠氏“长蛇灸”疗法 是一种创新疗法

“长蛇灸”又称“督脉灸”、“铺灸”。资料显示，最先由杭州市中医院罗诗荣医师应用于临床，他用的铺灸材料为大蒜泥及麝香，铺在人体脊背正中，上用艾绒点燃灸之，因形似长龙，故名“长蛇灸”。用于治疗强直性脊柱炎，灸后皮肤起大水疱，后期护理换药，数周方能复元。

屠氏“长蛇灸”疗法是如何形成的呢？2000年9月中旬的一天，在新乡市中医院气管炎科上班时，送来一位病人，名叫朱来喜，市平原商场总经理，省劳模，46岁。他患的是咳嗽昏厥病，即陈发性咳嗽、干咳、少痰，咳甚时伴突发性昏厥，一天犯数次，在本市一家大医院住院一周，作了各项检查，用了各种药物治疗无效，花费近一万元。抱着试试看的心情求医上门。经检查，确诊为风寒型咳嗽，因操劳过度，正气虚弱，复感风寒，寒邪袭肺所致，应该给以解表散寒温肺止咳。当时，“冬病夏治”穴位贴敷治疗气管炎时机已过，况且，穴位贴敷只是作为预防治疗，力量较弱，是治未病之法，服中药又来不急。用什么办法能立竿见影呢？

忽然，脑海里闪现出一个电视画面：一周前在一家电视节目中播出的一个画面，即杭州市中医院罗诗荣老医生用隔蒜“长蛇灸”疗法治疗强直性脊柱炎，取得良好效果。

能不能把隔蒜灸改成隔姜灸呢？那时我采用穴位针刺、贴药、艾灸三位一体综合疗法进行“冬病夏治”气管炎已有13年的历史，深知生姜具有发表散寒、温肺、止咳化痰之力。于是，赶快买来2斤生姜，用豆浆机打成姜末，从大椎穴沿脊柱正中一直铺到腰骶部，上面放艾绒，灸之。奇迹出现了，当灸完第一壮时，患者即感到有一股暖流从背部一直渗透到胸部，顿感舒服，呼吸顺畅，连灸三壮，全身暖烘烘的，微有汗出，患者提出让盖上毛巾被再捂一会，约半小时去掉。

第二天，患者及其家属面带笑容，连声称奇，中医真神奇，当晚没有咳嗽，安安稳稳睡了一觉，连续灸了五次，临床治愈，花费不足200元。于是，一种新的中医外治法，隔姜“长蛇灸”疗法应运而生，作为一种“冬病夏治”新疗法就这样诞生了。为了区别罗诗荣大夫的“长蛇灸”疗法，故起名为屠氏“长蛇灸”疗法。至今已经沿用10年，近千人收益。2002年退休以后，开办个体诊所，在每年夏季作为特色疗法应用在“冬病夏治”之中，从单一的呼吸系统疾病扩展到多种疾病中，取得了良好的社会效益和经济效益。

屠氏“长蛇灸”疗法操作规程

施灸材料：鲜生姜、督灸粉（附子、肉桂、冰片）装瓶备用。

操作步骤：

一、制取姜泥：

取新鲜洗净晾干的生姜打成姜泥，把渗出的姜汁装瓶备用，姜泥必须现打现用。

二、施灸步骤：

- 1.患者俯卧，露出脊背，先给以背部经络推运三遍，而后点刺大椎、定喘、风门、肺俞、心俞、膈俞、脾俞、肾俞等穴；手蘸姜汁在背部擦一遍，以防患者突遇凉的姜泥感到身上不舒服，之后再在背上沿脊柱撒上一层督灸粉。
- 2.铺姜泥：沿脊柱铺姜泥，从大椎一直铺到腰骶部，宽6~8cm,高1.5~2cm，两端用卷成条的卫生纸围起来，以防姜汁溢出。
- 3.放艾绒：把艾绒捏成三角形放到姜上，底宽3~3.5cm，尖高3~3.5cm，从头端到尾依次点燃，待燃尽无烟时稍停3分钟，再在原艾灰的上面放第二遍，如此共灸3遍。
- 4.盖毛巾被保温20~30分钟。第三遍燃尽后，把余火压灭，用旧报纸折叠成宽12~15cm的长条复盖在姜灰上，报纸上再用塑料薄膜盖上（防止污染毛巾被），而后盖上毛巾被，保温20~30分钟.此一闷非常重要，是取效之关键。
- 5.依次揭掉复盖物，把姜泥取下装入塑料袋中，让患者带回家煎水泡脚。
- 6.全部结束后，让患者喝一杯热水。
- 7.术后医嘱：勿受凉、远离空调、电风扇、勿冷饮。

屠氏“长蛇灸”疗法适用范围

- 一．老年慢性支气管炎，轻度肺气肿、肺心症，冬季及受凉易发作者。
 - 二．习惯性感冒患者。
 - 三．小儿急性支气管炎，不发热或热退后、以及用抗菌素治疗无效，仍咳嗽不止者，往往一次见效。
 - 四．产后阳虚背寒症。
- 以上四种疗效较好。

疗效较差的有：

- 一．支气管扩张：反复感染或伴有咯血者。
- 二．老慢支合并肺气肿、肺心症，症状较重，反复感染，四季皆咳嗽，动则喘息，不能长久俯卧治疗者。
- 三．过敏性哮喘；春夏季易发作者。

注意事项：

- 一．五岁以下小儿不能配合，不宜用。
- 二．重症肺气肿，肺气症患者，不能久趴，不宜用。
- 三．阴虚体质不宜用。

四、为控制艾柱火力大小，防止火力太大灼伤皮肤，可用隔热板隔热。

屠氏“长蛇灸”疗法的时间要求

该疗法对时间的要求比较宽松。只要室内温度达到摄氏20℃以上即可采用。一般从夏至（6月20前后）开始，到秋分结束。一般可延长到9月20日。每天一次，连续六次为一个疗程，每月治疗一个疗程，连续治疗三个月。

体 会

屠氏“长蛇灸”疗法是一种将经络推运法，针刺、敷药、隔姜灸四位一体的综合疗法。首先在背部进行经络推运，不但能疏通督脉和膀胱经，而且还能查出患者所患的病症，所涉及到的脏腑，然后进行辨证施治，在背部选穴针刺。在背部正中撒督灸粉可以加强温阳效果，但本疗法的关键还是隔姜长蛇灸。把隔蒜改成隔姜灸，虽说是在铺灸材料上一次改动，更确切地说是一种疗法的创新，虽说是一次偶然的发现，倒不如说是在中医理论指导下的智慧结晶。这正是，一位特殊的病人，在一个特定的时间和一个特定的条件下，成就了一种新疗法的诞生，为什么这么说呢？一位特殊的病人：是一位新乡市名人患了一种特殊的病，在大医院住院一周，花费一万元，未确诊、未见效，而我按中医理论确诊为正气虚弱、复感风寒所致的气管咳嗽。肺失肃降，浊气上逆而导致之咳嗽昏厥，温肺止咳当为第一要务。在特定的时间：是指将近十月，冬病夏治贴药膏治疗气管炎已经结束，虽气温下降，但还不太冷，暴露背部治疗还能接受。在特定的条件下：一是我已有13年的冬病夏治的经验。二是在此一个月前曾用隔蒜长蛇灸法治疗过一位患阳痿病的年轻人。三是在此一周前曾在电视中闪过一组镜头，即杭州市中医院罗诗荣大夫用隔蒜灸治疗强直性脊柱炎的画，在这一闪念中，为什么不能把隔蒜灸改成隔姜灸呢？生姜味辛性温，发表散寒，温肺止咳，肺喜温而恶寒，药症相符。加上艾之辛香，通十二经，善入脏腑，能消阴翳，温通能力很强，艾姜配合相辅相成，温通能力更强。何不试一试？一试，效果果然很好，立竿见影。于是隔姜长蛇灸疗法就这样诞生了。在此，感谢罗诗荣大夫抛砖引玉之功。屠氏“长蛇灸”疗法，综合了各种疗法的优点，协同作用、全面疏通、整体调节、辨证施治，因铺灸面广，艾柱长而大，火力足，故有很强的温通作用。能够强督脉、壮元阳，强健五脏六腑功能，扶正祛邪，对各种类型的虚寒性疾病有很好的疗效，能防能治，方法简单易学，病人在舒舒服服中得到治疗，为冬病夏治增添了一种新疗法，有一定的推广使用价值。

화병 치료에 대한 최신 지견

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화병 치료에 대한 최신 지견

김종우, 정선용
경희대학교 한의과대학 한방신경정신과

초록

배경

화병은 다양한 정신증상과 신체 증상을 가지고 있을 뿐 아니라, 그 질병 양상이 한의학에서 정신장애의 원인으로 설명되는 ‘화’를 핵심개념으로 받아들이고 있어 한의학의 접근이 용이하다. 이 보고는 화병에 대한 한의학에서의 다양한 치료 방법에 대하여 근거 중심으로 접근한 최근 지견에 대하여 소개하고자 한다.

목적

화병에 대한 치료 효능을 평가하기 위하여 약물 임상 연구, 침 임상 연구, 정신치료 임상 연구를 수행하였고, 기타 치료에 대하여는 전문가 의견을 종합하여 정리하였으며, 이를 임상 진료지침에 반영하였다.

방법

1. 화병에 대한 한약물의 치료에 있어서는 화를 조절하는 치료와 함께, 화병 환자가 주로 호소하는 임상증상에 대한 치료 목표를 설정하여 임상연구를 진행하고 있다.
2. 화병에 대한 침 치료는 화병의 증상에 대한 임상연구와 침법(사암침)의 임상연구를 진행하여 의미 있는 결과를 얻을 수 있었다.
3. 화병에 대한 정신요법은 명상 치료와 음악 치료에 대한 임상연구를 진행하여 의미 있는 결과를 얻을 수 있었다.
4. 화병에 대하여 표준적인 치료 이외에 다양한 치료가 모색될 필요성이 전문가에 의해 제기되었다.

결과

화병은 억울함과 분함이라는 핵심적인 심리 문제와 열감, 치밀어 오름 등의 신체 증상을 가진 복합증후군으로서 다양한 한의학의 치료 방법의 활용이 요구된다.

핵심어

화병, 정신장애, 분노, 진료지침, 심신의학

Recent Advances in the Treatment of Hwabyung(火病), Anger Syndrome

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Abstract

Objectives

Hwabyung has various mental and physical symptoms. The concept of Hwabyung is based on 'Fire(火)' which in Korean Medicine is a cause of mental disorders. Therefore, it has an advantage to treat and care for Hwabyung with Korean Medicine. The purpose of this report is to show that there are evidences of Hwabyung being treated by Korean Medicine.

Methods

For evaluating the effects of Korean Medical treatments on Hwabyung, Clinical trials of Herb, Acupuncture, and psychotherapy were performed. Also, the opinions of experts in the field of Hwabyung were collected, evaluated and arranged accordingly. Based on these results, a clinical guideline was made for the treatment of Hwabyung.

Results

1. In the herbal medicine clinical trials, we are still in the process of carrying out the trials. The trials focus on managing the heat sensation and treating the symptoms which Hwabyung patients chiefly complain about.
2. In the acupuncture clinical trials, we observed significant improvement on Hwabyung symptoms by various acupuncture methods including the Sa-am method.
3. In the Korean medical psychotherapy clinical trials, we carried out a meditation trial and a music therapy trial. We noticed that meditation and music

therapy are both significantly effective on Hwabyung symptoms

4. It is important to consider the various treatment methods of Hwabyung experts.

Conclusions

Hwabyung is a complex syndrome with mental problems and physical symptoms. The build up of unresolved anger and mortification are the mental issues, while the heating sensation in the upper body with chest discomfort is the main physical symptom. Hwabyung needs to be treated by various Korean medical treatments.

Key Words

Hwabyung, Mental disorder, anger, Clinical guideline, Mind-body medicine

Recent Advances in the treatment of **Hwa-byung** (火病), Anger syndrome



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Information on Hwa-byung

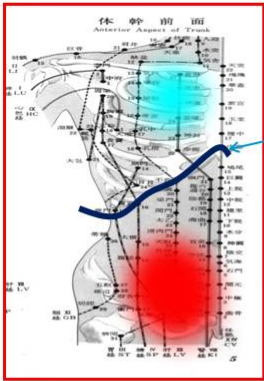
- Hwa-byung is thought that anger have been chronically suppressed, accumulated and become dense. It is characterized by psychotic, reactive, chronic neurotic disorder
- Inducer – repetition - inescapability- accumulation – explosion (+) or resignation (-) - out of control - repetitive symptom
- parameter – stress factor, perception, repetitive stress, insoluble environment, character, attitude, menopause

components	Contents
prevalence	4.3% of population , higher rate in 40-50 yrs women, low socioeconomic status
pathology	Emotional reaction was suppressed incompletely and accumulated for long time.
Change of emotion	Initial period : anger, rage, chagrin Late period : anxiety, agitation, depression, hopelessness, inertia
Culture relation	The concept of 'Hwa' in oriental medicine. Haan' in psychological field
treatment	antidepressant, herbal medicine, acupuncture
Management and prevention	Stress management, anger management, self-esteem

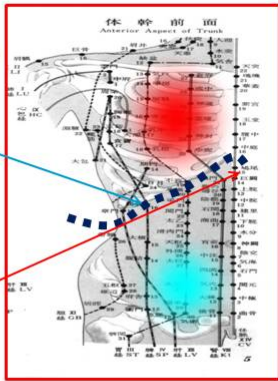
- Chronic suppression of anger and regarded as anger “accumulated and intensified”
- Complex of anger
 - psychotic symptoms such as subjective anger, expressed anger, feeling of unfairness and hate, haan, aggression
- Complex of Hwa
 - somatic symptoms such as heat sensation, dry mouth, epigastric mass, respiratory stiffness, palpitation, pushing-up in the chest, going-out
- Dual cyclic repetition
 - A hyperactive hwa emotion period
 - A withdrawal, hopeless period
- high comorbidity with depressive disorder, anxiety disorder, somatoform disorder

General Concept of Hwabyung in Oriental Medicine(OM)

•Healthy person



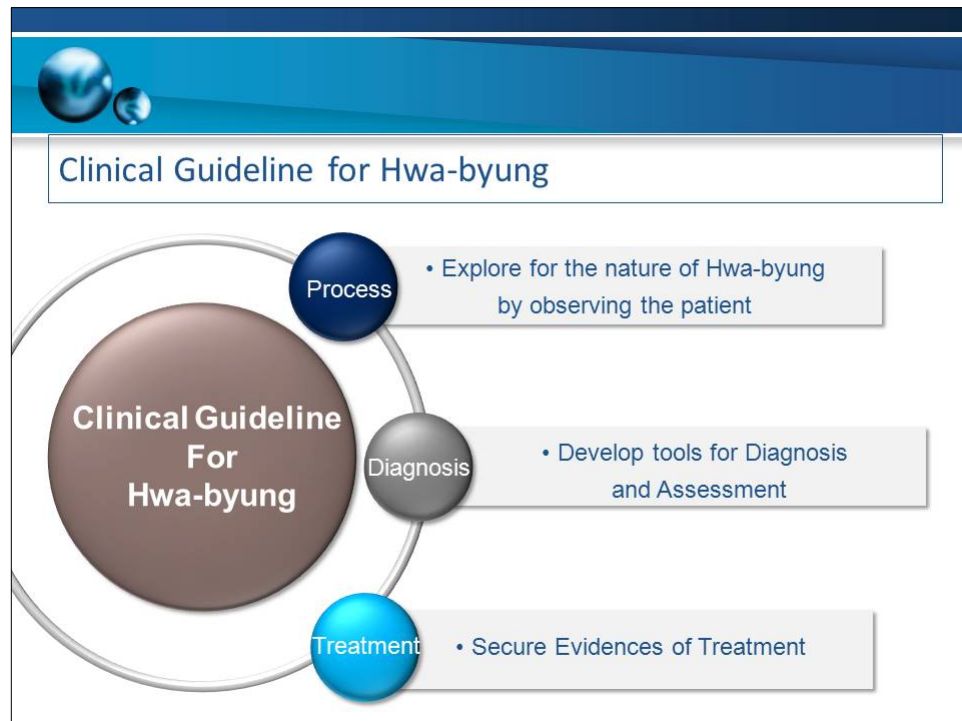
•Hwa-byung Patient



Borderline Between Heat & Cold

Problems occur At “anticardium”

- Kim JW. Hwa-byung, 1997 & 2007



Result – Clinical trial (1) –

- **Pattern Identification (OM) of Hwa-byung**

Pattern Identification	Ratio	
肝氣鬱結	Stagnation of Liver Qi	45.2%
肝火上炎	Flare-Up of the Liver Qi	4.3%
心腎不交	Disharmony between Heart (heat)& Kidney (cold)	38.7%
氣血兩虛	Deficiency of Both Qi and Blood	4.3%
肝鬱痰擾	Malfunction of Gallbladder Due to Phlegm Stagnation	6.5%

Cheong MH, Lee SR, Knag WC, Jung IC. Preliminary Study to Develop the Instrument of Oriental Medical Evaluation for Hwa-byung, j Oriental Neuropsychiatry, 2010;21(2):141-155

- Kim JW et.al. The Characteristics of Hwa-byung Patients base on Hwa-byung Epidemiologi Data, j Oriental Neuropsychiatry, 2010;21(2):157-169



Result – Clinical trial (2) –

The effects of Sa-am acupuncture Simpojeongkyeok treatment on Hwa-byung : Randomized, patient-assessor blind, placebo-controlled acupuncture, pilot clinical trial

Woo-jin Choi, Seung-Gi Lee, In-bong Son, Seung-Ho Sun
J. of Oriental Neuropsychiatry 2011;22(2):1-13

Method :

a patient-assessor blind, randomized, placebo-controlled trials
50 volunteers were divided into a trial and a control group, each of which consisted of 25 subjects. The trial group was treated with Sa-am acupuncture Simpojeongkyeok, while needle insertion at non-acupoints was given to the control group
Evaluative instrument : the Likert scale for major symptoms of Hwa-byung, STAXI-K, STAI-K, BDI-K.

Result

In the Likert scale comparison of major symptoms, total scores in both groups were decreased after treatment. However, a more significant decrease was found in those of trial group compared to control group from a statistical perspective
The result measured by BDI scores also decreased significantly in the trial group.



Result – Clinical trial(3) –

Effects and cost-effectiveness assessment of acupuncture treatment on the insomnia of Hwa-byung patients (ongoing)

Research Institution : Wonkwang Univ. Sanbon Hospital

Method : Randomized, single center, controlled trial

- Trial group: 視區(頭城), 安眠(HN108), 申脈(BL62), 照海(KI6), 3 times per week, for 2 weeks
- Control Group : no treatment

Evaluative instrument : ISI(Insomnia Severity Index), Likert scale for major symptoms, Hwa-byung scale, PSQI(Pittsburgh Sleep Quality Index), STAXI, STAI, BDI, EQ-5D(EuroQol-5 Dimension), Overall health condition VAS(Visual analogue scale, VAS) scale, ANS [BVP/HR(beats/min), Respiration(breath/min) rate, Peripheral Temperature(°C), Skin Conductance(uS), EMG(uV)] measured with Biofeedback instrument



Result – Clinical trial(4) –

Single group, unblind, single center clinical trial : Effectiveness assessment of acupuncture for the anxiety of Hwa-byung patients

Research institute : Semyung Univ. Chungju oriental medical hospital

Subject : Patients diagnosed as Hwa-byung by HBDIS

Duration : 2010. 5. 28 ~ 2011. 12. 31

Method

Acupoints : 神門(H7), 三陰交(Sp6), 印堂, 膻中(CV17)

Subjects are enrolled to the trial after screening and consent process.

They are tested by questionnaires of HBDIS, STAI, VAS, BDI and educated about the treatment procedure

After stabilizing for 10 minutes, HRV and vital sign are measured and acupuncture treatment is conducted for 20minutes. The patients visit at 3-5 day intervals. After 4th treatment session, patients are tested by HRV, HBDIS, STAI, VAS, BDI questionnaires again.



Result – Clinical trial (5) –

The Effect of Oriental Medicine Music Therapy on Hwabyung(火病) Patients

Research Institution : Kyunghee Univ. Gangdong Hospital

Method : 48 volunteers divided into the trial group and control group. The patients of trial group are treated with Oriental Music Therapy for 4 weeks(8 sessions) while the patients of control group are treated with placebo music therapy.

Conclusion : The result suggest that OMMT is an effective method to decrease Hwabyung symptoms and improve patient's physical and psychological health.

Result – Clinical trial (6) –

A clinical trial for evaluation the effects of the Compassion Meditation program on the symptoms and emotion of Hwabyung; pilot study.

Research Institution : Kyunghee Univ. Gangdong Hospital

Method : single-centre, randomized, single-blind, and controlled trial with two parallel arms: Compassion Meditation (CM) group and Based Stress Reduction program (MBSR) group as a control group.

Conclusion : The result suggests that the effect of CM on Hwabyung patients is similar to that of MBSR.

Result – Clinical Guideline for Hwa-byung (draft) –

- Review and Confirmation of academy for Korean and English version
- Notice on the website of Hwa-byung Research Center



보건복지부 보건안전정책
한국보건과학진흥사업
한국보건과학진흥사업
한국보건과학진흥사업

확병염상진료지침 (각언)

2020년 1월 27일

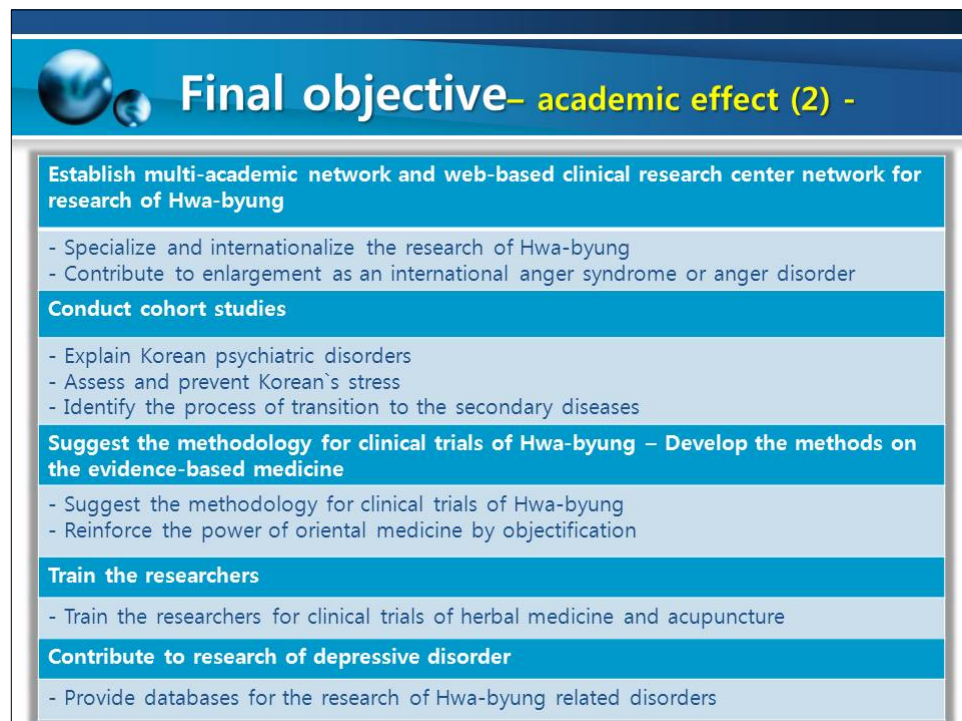
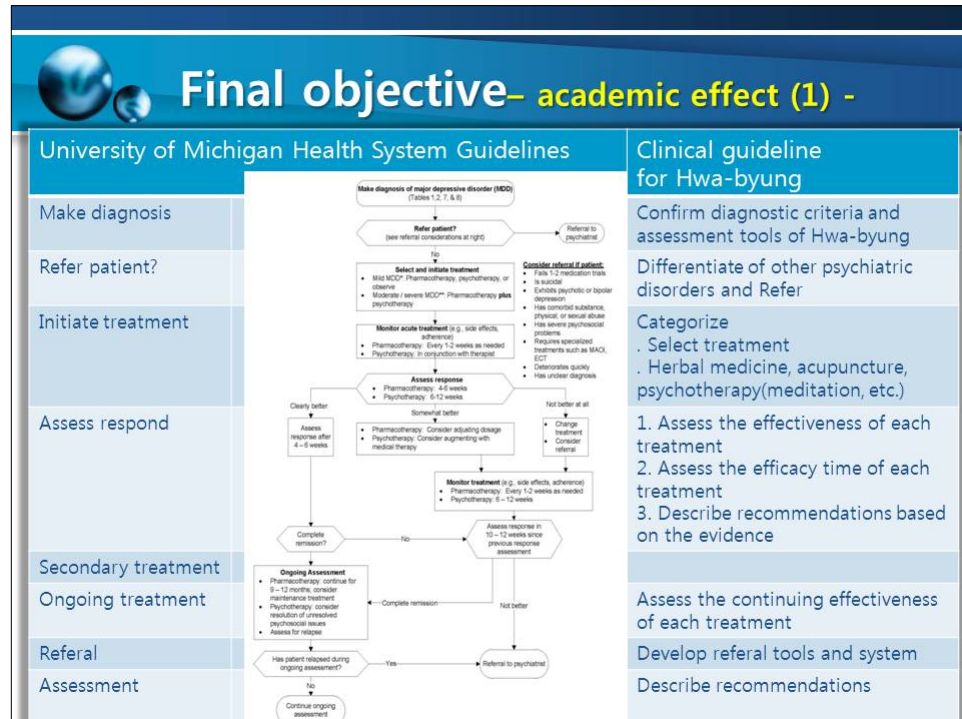
한국보건과학진흥사업
확병염연구센터
Clinical Research Center for Hwa-Byung

Ministry of Health and Welfare, KHEDI
Health & Medical Technology Research Development Project for Oriental
Medical Technology
Research Development Project for Clinical Guideline of Oriental Medicine
(No. 00000000)

**Clinical Guideline for Hwa-Byung
(Draft, English Edition)**

December 31, 2020

Clinical Research Center for Hwa-Byung





Final objective – practical effect-

- Develop and Distribute the standard clinical guideline for Hwa-byung**
 - Estimate the effect of standard therapies and Create an effective treatment system
 - Confirm the clinical criteria of herbal medicine and acupuncture for Hwa-byung and Improve the cure rate at clinical practice
- Develop and Distribute tools for diagnosis and assessment of Hwa-byung**
 - Develop and distribute the diagnostic criteria and assessment recommendations to primary medical clinics
 - Develop self-assessment tools that help people to self-diagnose and get early treatment
- Develop the guideline for nonpharmacological therapy**
 - Contribute to prevention and education of Hwa-byung with the guideline
 - Help patients to select various therapies



Final objective – public effect -

- Share oriental medical treatment in the society**
 - Share the effectiveness of oriental medicine for Hwa-byung and other psychological disorders
 - Demonstrate the excellence of oriental medicine and Enlarge its clinical area
- Enhance the nation's competitiveness with oriental medicine**
 - Improve the oriental medical technology by conducting evidence-based medical researches
- Decrease the medical cost**
 - Help clinics and patients to find out the proper treatment by using standard medical methods
- Improve the public health**
 - Prevent the Hwa-byung related diseases by understanding the pathophysiology of Hwa-byung



治疗分裂症两例小结

张荷升（济南天慧中医药研究中心）



治疗分裂症两例小结

张荷升

济南天慧中医药研究中心

摘要

目的

探索调味丸、妇科宝配合小柴胡汤治疗精神分裂症的临床疗效。

方法

应用中医传统的望、闻、问、切，充分了解熟悉病情，用药理顺气血和谐。

结果

治疗两例患者均痊愈，患者精神状态稳定，工作生活一切正常。

结论

用传统中医的方法，关注病人的病因及个体情绪，以人为本，治疗效果显著。

关键词

精神分裂症；调合术；小柴胡汤

Summary of Treatment of Schizophrenia in Two Cases

He Sheng, Zhang

Shandong Ji'nan days Hui Chinese Medicine Research Center, China

Abstract

Objectives

To investigate the clinical effectiveness of Tiaowei pill, Fuke Bao and matching up with Minor Chaihu Decoction on schizophrenia.

Methods

Applying The four traditional methods of diagnosis: observation, listening, interrogation, and pulse-taking, understanding and being familiar with patient conditon adequately, then taking medicine to achive the harmony of Qi and blood.

Results

the treatment of patients in two cases has recoved, and the patient's condition is stable, living and working normally.

Conclusions

people-oriented traditional Chinese medical therapy ,paying attention to the pathogeny and individual sentiments ,has significant efficacy .

Key Words: schizophrenia ; Harmonic operation; Minor Chaihu Decoction

以中医的内、易经的阴阳理论，阳代表功能，而阴代表物质；以天干地支而论，人体天干主神气功能、地支主血肉功能，系自然协调。故气血即相互依赖又各有不同分工，因此，气血和谐为精神健康首要。

精神病系常见病。多数轻症，可自行缓解。重症，如分裂症，则需要药物以调和。分裂症多因七情、六淫的刺激使脏腑出现冲撞障碍、气神无所依附游离离舍不归而至，治疗中，掌握调解冲、撞的调合术，理顺气血和谐，是提高治愈率的捷径。小柴胡汤为首选。

通过上述理论治疗此类病例两例如下：

例一：男，48岁。2007年，地产投标竞争中，三起三落。半年内，身体严重透支。刚中标，又遇突发之变，到手的批文、文件、合同、全部失效。逼迫从头再来。又经几个月努力，终于如愿以偿。一切落实后，08年初，出现时哭时笑，焦躁不眠，半月不睡，不可自治。进京被某院诊断为“严重抑郁症”西药治疗无效，“冬眠灵”睡前肌注100mg可睡一小时。又转某院被诊为“轻燥狂型精神分裂症”。治三个月疗效不显。后开药三剂，腹泻三天，无果。被迫返济，找到本部。

切脉：六脉均浮、数、芤。舌苔偏黄燥。舌中有裂沟。口臭，自语呢喃，时哭时笑。双目有光无神。

分析：连续透支，情绪波涛起伏跌宕，近一年。大悲大喜，心力交瘁。正所谓，喜伤心，怒伤肝，思伤脾，恐伤肾，悲伤肺。五脏俱伤。使血耗气神浮游离舍，而精神失常。又大泻三天，更是雪上加霜。使魂魄无所归附。时值春季。以平肝、解郁，调和五脏气血，引火归元养血为宜，小柴胡汤加味和解

R：调胃丸一粒，开通十二经。柴胡10g牡蛎15g紫石英15g苍术、郁金、胆南星各10g川贝10g枳实5g黄连10g肉桂3g甘草20g枣十枚、浮小麦30g泄叶6g水煎服。三剂后，可睡6小时，自语，哭笑，明显减少。7剂后，精神状态恢复。自述，眠差，梦多，少气乏力。

改R：甘麦大枣汤，加枣仁20g黄芪30g当归30g生山楂15g生地30g黄连10g肉桂3g柴胡10g补中、生血祛燥，引火归元，调合营卫。辅六味地黄丸6g，3次/日，饭前服。大睡七日后，药服两月痊愈，至今，工作、生活一切正常。

例二，女，28岁，农民，06年5月初诊。家属代述：身体偏弱，婚后四年，顺产一女。婆婆盼子心切，骂媳妇：“无能、无用、不如养猪……。”此后，患者精神抑郁，双目直视，寡言。舌质紫黯，苔白腻，痴呆，叫不应。被某院诊为“脑垂体功能障碍精神病。”治疗三月疗效不显。前来求诊；

查：脉缓沉迟，舌暗紫苔白厚腻，手足凉，面色黑斑，属：脾胃中湿寒，运化无力，肝郁气滞，疾迷心窍。治则：暖胃祛痰解郁，小柴胡，二陈加味。调胃丸1粒/日

R：陈皮15g半夏30g枳实15g；礞石20g柴胡6g牡蛎、紫石英15g苍术10g鳖甲15g郁金10g胆南星10g川军10g干姜60g（三剂）水煎服。

三剂后，神志转清，知喂奶，十剂后，面有表情，饮食增，自述浑身无力。改金匱肾气汤+玉屏风，白术、当归、防风、黄芪、川芎，干姜增至80g，继服二个月巩固疗效。后听说

已买房独过。一直良好。

小结：依据气血关系，血为气母。和谐条件下神所依附归属之居。多因七情刺激，使某脏腑出现冲撞故障，使所归属脏腑之神魄，不能依附归居，而出现失常。依据经训：“心怔神，肝怔魂，肺怔气，肾怔志……。”的七情归居，看患者表现，不难找出被淤阻冲撞的脏腑。例一，竞标，本就胜负参半，绞尽脑汁近一年，精血严重透支，气血难说和谐。加之三次反复，大悲大喜，反复跌宕。可谓五脏俱伤，阴血大损，血不含气，而七情均不归居而浮游，使母无力抱子，故喜怒哀悲轮现。绝非安眠药可解。又泄三天，更系误治。依仗元阳尚实。故以甘麦大枣除虚热，补中，以枣仁定心魂，黄连，肉桂交泰心肾，小柴胡汤本就调合营卫，五脏并调。使神有所依附。善后中，依《叁同契》所指：“黄中渐通理，润泽达肌肤”重补后天之本，生血凉血，引火归元。使七情各归所居。和谐安详。

例二，身体阳弱偏寒，寒则气下，气神同根。生产之后先惊后恐，惊则气乱、恐则气散，使神气浮游离舍，又怒伤肝。引起肝郁气滞。呆、迟。归根乃阳弱寒凉，使血无力充盈养脑，使神无依不归。以柴胡调和二陈祛痰轻泻解郁。独加干姜，暖补中阳。故效如击鼓。后改金匱加玉屏风、川芎，意为产后脾肾双补。加干姜80g是按《度人云》之理“中理五炁，混合百神，可见中黄丹肩，为万化统会之地。”

人在社会活动红尘中，必须有适者生存的休养。人体正如小宇宙，每天遇到的繁琐人事，不可能天天都是晴空万里，遇不如意事，正如阴天下雨，电闪雷鸣。调整好自身的心态，见怪不怪。学会一分为二的辩证法，实为健康之首要。

精神病主因，七情六淫的刺激、破坏了气血的和谐。使气神无所依附游离离舍而至。只要理顺气血和谐，小柴胡汤为首选，此病比偏瘫肿瘤均易治愈。除久服安眠药抑制，使脑沟神经传导改变，一般恢复较快。若患者愈后，再加强自我休养，胸怀开阔，无复发之虑也。

근거 중심의학을 위한 한방신경정신과학의 수면장애

김보경 (동의대학교 & 동의의료원)



근거 중심의학을 위한 한방신경정신과학의 수면장애

김보경

동의대학교 & 동의의료원

초록

목적

한방신경정신과학회지는 현재 일년에 4번 발간되며, 1990년부터 2012년 까지 총 49권 709편의 논문을 포함하고 있다. 근래 의학 과학 분야의 연구에서는 근거중심의 의학, 근거중심의 시술이 중요시되고 있다. 수면 장애는 임상에서 매우 보편적으로 접하는 질환으로 이에 관한 많은 보고와 논문들이 있다. 수면장애와 관련된 근거중심의학 지향을 위해, 현재 한방신경정신과 학회지에 발표된 수면 관련 연구 현황을 세밀히 분석하여, 임상 현실에서 행해지는 치료법을 확인하고 기본치료법의 가이드라인의 바탕을 만들고자 하였다.

방법

1990년부터 2012년까지의 한방신경정신과 학회지 49권을 하나씩 확인하면서, 수면장애와 관련된 논문을 수집하였다. 검색도구를 사용하지 않은 이유는 검색어 혹은 제목으로 인하여 누락될 수 있는 우려 때문이었으며, 검색된 논문은 문헌연구, 증례보고, 다중 증례 분석보고, 실험연구, 임상시험의 5가지 분야로 나누어 세부 정리하였다.

결과

1. 1990년부터 1999년까지 한방신경정신과학회지에서 수면관련 보고는 나타나지 않았으며, 2000년부터 매년, 3-6편 정도의 보고가 수록되었으며, 점차 늘어나고 있는 추세이다.
2. 한방신경정신과학회지에서 총 39편의 수면관련 논문을 찾았으며, 그 중에는 4편의 체계적 고찰을 포함한 9편의 문헌연구, 11편의 단일증례보고, 각종 척도를 이용한 수면과의 연관성 상관성 연구를 포함한 13편의 다중 증례 분석연구, 4편의 실험연구, 2편의 임상연구가 있다.

3. 발표된 논문의 대부분은 불면증과 관련되어 있었다.
4. 침구치료에 관하여서, 사암침법의 다양한 방식(肝正格, 脾正格+行間穴泻 中衝穴补, 肝大腸勝格, 心膀胱正格, 心包正格 心正格, 大腸勝格, 小腸正格, 胆正格 叁焦正格)과 빈용혈위(申脉穴泻 照海穴补/ 四白, 魚膠, 攢竹, 絲竹空/神門, 叁陰交, 安眠, 合谷, 曲池, 太衝, 中脘, 天樞, 百會, 后谿, 足叁里, 内关)는 이와 같다.
5. 약침(紫河車药鍼-(安眠穴 白劳穴), 酸枣仁炒-(0.3cc 左侧 心俞穴), 전침(神門, 叁陰交, 百會, 四神聰), 야노증을 위한 전침(中极, 关元, 叁陰交, 肾俞, 膀胱俞)도 사용되어 졌다.
6. 이침의 빈용혈위는 耳-神門 腎 枕 心, 皮质下 額이며, 대부분의 논문들이 이침치료가 불면증에 매우 효과적이라고 보고하였다.
7. 자주 사용된 처방은 柴胡加龍骨牡蛎汤, 紫圓, 六味地黄汤加味, 滋陰降火汤, 黃芪建中汤加味 芍药甘草汤加味, 柴胡加龍骨牡蛎汤加減方, 溫胆归脾汤, 清肝逍遙散 加減归脾汤, 加味溫胆汤, 归脾汤加味, 叁黃泻心汤, 补骨丹, 人蔘養营汤, 供辰丹, Distillated 加味归脾汤, 归脾溫胆汤, 溫胆汤加味, 归脾汤, 四物归脾汤, 补中益氣汤이다.
8. 사상체질 중 소음인과 태음인의 일상적인 수면 패턴에 대한 보고가 있었다.
9. 연구에는 다양한 평가 방법이 사용 되었는데, 평가도구들은 ISI, PSQI, IQ, SQ, SMH, sleep diary/ SCL-90-R, STAI, STAXI, BDI/ HRV, INBODY, MMPI, MMPI-II, YGTSS/ SCQ, DSOM), 3 grade evaluation(Excellent, good, no change) 등등과 같았다.
10. 추가적으로 사용된 치료법은 사하법, 건부항, 습부항, 뜸치료(中脘, 关元, 臍中), 상담요법(移精变氣療法, 至言高論療法), 추나, 최면요법, 마음챙김명상, 점진적 근육이완법, 수면제한요법, 수면위생 등의 방법이 있었다.
11. 실험연구로는 天王补心丹去朱砂, 天王补心丹, 溫胆汤, 归脾汤, 龍眼肉, 酸枣仁炒, 龍骨, 牡蛎, 分心氣飲加味方에 대한 보고가 있으며, 멜라토닌의 발현정도를 보거나, 동물의 행동관찰로 수면시간의 변화를 측정하는 방법이 사용되었다.
12. 2개의 임상시험이 보고되었는데, 하나는 화병 환자의 불면증에 대하여, 두침법, 신맥, 조해, 안면혈에 침치료 하고 그 결과를 확인하는 방법으로 시행되었으며, 나머지는 노인불면증 환자에서 ETF-I의 효용을 살펴보는 예비연구였다.

결론

한방신경정신과학회지에 게재된 수면관련 보고는 거의 모두 불면증에 관한 것이었다. 논문들은 한의학 임상 장면에서 사용 되어진 다양한 치료 방법들과 효과를 보고하였다. 그러나, 동시에 우리의 시야를 하지불안증후군, 렘수면행동장애, 폐색성 수면무호흡증 등등과 같은 다양한 수면장애로 넓혀야 할 필요성을 보여주었다. 근거중심의학의 관점에서 보았을 때, 근거의 수준은 약한 편이었으며, 이를 위해서는 더 많은 임상시험과, 실험연구 등이 더 많이 필요할 것으로 생각된다.

핵심어

수면장애, 한방신경정신과학회지, 불면증, 침치료, 처방

Sleep Disorder Focusing on EBM in Oriental Neuropsychiatry

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Abstract

Objectives

The Journal of Oriental Neuropsychiatry(JON) published Quarterly, have 49 issues containing 709 articles from 1990 to 2012. In these days, Evidence-Based Medicine or Evidence-Based Practice gets hot spotlights in scientific medical parts. Sleep Disorders are very common in clinical stages, and there are many reports and papers. I try to know the present state of sleep research in JON for the benefits of clinical practice.

Methods

I searched and read every JON from 1990 to 2012 and selected articles relating to Sleep Disorder, then analysed the data to 5 categories like literature study, case study, multi-case study, experimental study, clinical trial.

Results

1. There were no reporting about sleep disorder from 1990 to 1999. But after 2000, JON published 3~6 articles for a Year.
2. I Found 39 articles relating to sleep disorder in JON, and there were 9 literature studies(containing 4 systematic reviews), 11 case studies, 13 multi-case studies(including study about correlation and association), 4 experimental studies, 2 clinical trials.
3. The Major part of the published JON relating to sleep disorder was Insomnia.
4. About Acupuncture Treatment, There were used many kinds of Sa-Am Acupuncture Method(肝正格, 脾正格+行间穴泻 中衝穴补, 肝大肠胜格, 心膀胱正格, 心

包正格 心正格, 大肠胜格, 小肠正格, 胆正格 叁焦正格), and Frequent Used Acupoints were like this(申脉穴泻 照海穴补/ 四白, 鱼髎, 攒竹, 丝竹空/神门, 叁阴交, 安眠, 合谷, 曲池, 太衝, 中脘, 天枢, 百会, 后谿, 足叁里, 内关).

5. There were Pharmacopuncture(紫河車药鍼-(安眠穴 白劳穴), 酸枣仁炒-(0.3cc 左侧 心俞穴), electroacupuncture(神门, 叁阴交, 百会, 四神聰), The electroacupuncture for Nocturnal Enuresis (中极, 关元, 叁阴交, 肾俞, 膀胱俞) too.

6. Auricular acupuncture points(耳-神门 肾 枕 心, 皮质下 额) were frequently used and Most of studies reported that Auricular acupuncture treatment of insomnia were very effective.

7. Frequently used prescriptions were like these(柴胡加龍骨牡蛎汤, 紫圆, 六味地黄汤加味, 滋阴降火汤, 黄芩建中汤加味 芍药甘草汤加味, 柴胡加龍骨牡蛎汤加減方, 温胆归脾汤, 清肝逍遥散 加減归脾汤, 加味温胆汤, 归脾汤加味, 叁黄泻心汤, 补骨丹, 人蔘养营汤, 供辰丹, Distillated加味归脾汤, 归脾温胆汤 , 温胆汤加味, 归脾汤, 四物归脾汤, 补中益气汤)

8. They reported the ordinary sleep pattern of Soeumin and Soyangin too.

9. They used these kind of measuring tools in their sleep researches(ISI, PSQI, IQ, SQ, SMH, sleep diary/ SCL-90-R, STAI, STAXI, BDI/ HRV, INBODY, MMPI, MMPI-II, YGTSS/

SCQ, DSOM), 3 grade evaluation(Excellent, good, no change).

10. There were many additional treatments like Purgative Therapy(泻下法), Dry Cupping, Wet Cupping, Aroma therapy, Moxibustion(中脘, 关元 , 臍中), counseling therapy(移精变气療法, 至言高论療法) , Chu-na, Hypnotherapy, MBSR, progressive muscle relaxation , Sleep Restriction Therapy, sleep hygiene.

11. In Experimental study, the researched prescriptions were these below(天王补心丹去朱砂, 天王补心丹, 温胆汤, 归脾汤, 龍眼肉, 酸枣仁炒, 龍骨, 牡蛎, 分心气飲加味方)

12. There were 2 clinical trials, one for Hwabyung-patient with insomnia by acupuncture Treatment and another for insomnia in the elderly by ETF-I program.

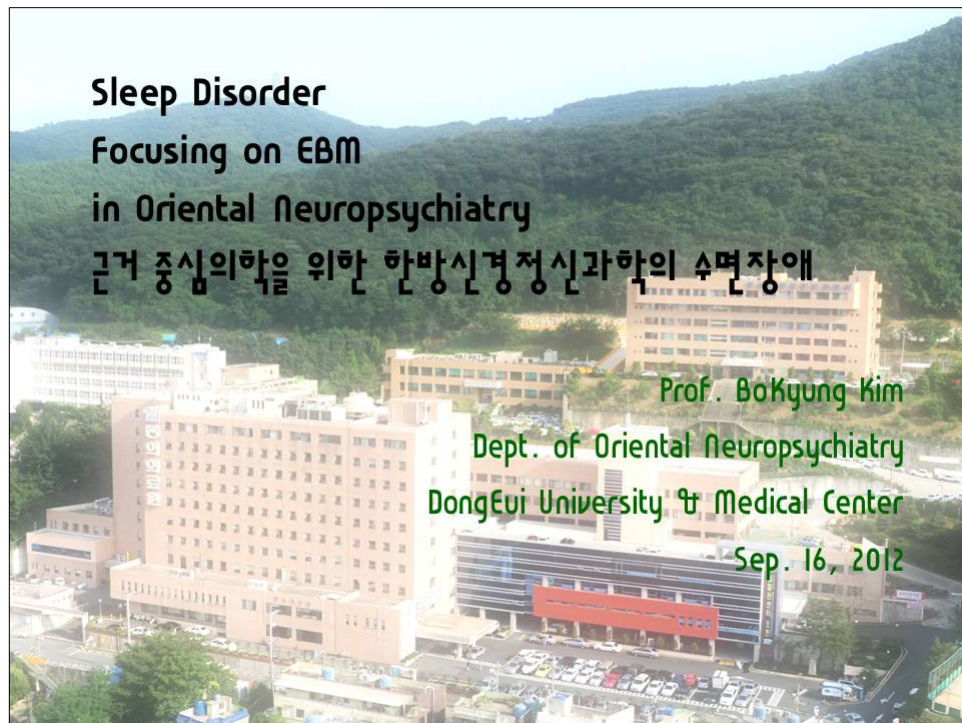
Conclusions

In JON about Sleep Disorder, the most majority was insomnia. They reported the effectiveness of Oriental Medicine and practical methods for insomnia for clinical situations. But we also have to expand our sight into other sleep diseases like Restless Legs Syndrome, REM Sleep Behavioral Disorder, Obstructive Sleep Apnea, etc.

We need more clinical trials and experimental researches for the construction of EBM Sleep Disorder in Oriental Neuropsychiatry.

Key Words

Sleep Disorder, Journal of Oriental Neuropsychiatry, Insomnia, Acupuncture, Prescription



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The Articles about Sleep Disorder in Journal of Oriental Neuropsychiatry

	1990 - 1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	total
LS +SR			1(LS)	1(LS)							1(LS) 2(SR)	1(SR)	2(LS)	1(SR)	5+4
CS					1	1		3	1	2	2		1		11
MCS		1	2		1	1	2			2	1	2	1		13
ES		2							1			1			4
CT													1	1	2
total	0	3	3	1	2	2	2	3	2	4	6	4	5	2	39

Literature Studies & Systematic Reviews

- 9 Articles

LS & SR	type	publis h	Search Period	Tools	Data (N)	conclusion
A Review of Scalp Acupuncture on Patients with Insomnia -Focusing on Chinese Journals-	SR	2012	1994-2011	CNKI	19	9 RCTs and 2 case control studies showed that scalp acupuncture therapy reported better results than routine acupuncture, western medicine, and herbal medicine therapy. 8 case reports described a significant improvement in patients with insomnia by scalp acupuncture.
A Literature Study on the Dream in Oriental Medicine	LS	2011	2002-2011	CNKI KISS NDSL	8	1. The Recognitions about the dream of Oriental Medicine is based on "黃帝內經 淫邪發夢". 2. By each era, There are a variety of etiological causes, stages. 3. Dreams are generated by the internal stimuli Physiological activities of the "臟腑", Deficiencies of "陰陽", Pathological changes in the "臟腑", Pathology products, external stimuli "六淫", "飲食傷", and unusual feelings. 4. Spirit(神) comes from brain(腦), not heart(心). So what we call brain spirit(腦神) is right. Dreams are the mental activity related to the brain. 5. Dreams are the reflection of the pathological changes of the human body. And it shows the development, changes and prognosis of disease. Dreams sometimes illustrate the incidence of the disease
The Literature Review on Medications of Insomnia in Chapter Mong(夢) of Donguibogam	LS	2011				1. Banha-tang(banxiatang) of "Hwangjenaegyong Youngchu" was the first-recorded prescription used for insomnia. 2. The chapter of insomnia appeared in "Chunkeumyobang" at first. 3. Ondam-tang(Wendantang) was most cited prescription in medical books. It was recorded totally 19 books from "Chunkeumyobang" to "Hyeoljeungwon". 4. We suspects indications, components, dosage of medication of insomnia in Donguibogam were revised according to author's clinical experience and circumstances. The electroacupuncture points frequently used were 中極, 關元, 三陰交, 腎俞, 膀胱俞, etc. G8805 electroacupuncture instrument was most frequently used in those studies and the treating methods of electroacupuncture were various according to each study.
A Review of Electroacupuncture on Patients with Nocturnal Enuresis in Chinese Medicine	SR	2010	1994-2010	CNKI	18	The electroacupuncture points frequently used were 神門, 三陰交, 百會, 四神聰, etc. G8805 electroacupuncture instrument were mostly used in those studies and the treating methods of electroacupuncture were various according to each study.
A Review of Electroacupuncture on Patients with Insomnia in Chinese Medicine	SR	2009	1994-2009	CNKI	17	The electroacupuncture points frequently used were 神門, 三陰交, 百會, 四神聰, etc. G8805 electroacupuncture instrument were mostly used in those studies and the treating methods of electroacupuncture were various according to each study.

LS & SR	type	publis h	Search Period	Tools	Data (N)	conclusion
Auricular Acupuncture Treatment of Insomnia in Traditional Medicine	SR	2009	2005-2009	PubMed, ScienceDirect, CNKI, KMBASE, Korea Antk.	18	Auricular acupuncture points frequently used were 神門, 心 and acupuncture points frequently used were 百會(GV20), 神門(HT7). According to specific parts of symptom, some points were added. Most of studies reported that Auricular acupuncture treatment of insomnia were very effective.
A Comparison Research of Eastern and Western Medication on the Insomnia	LS	2009	After 1975	Degree papers, KCI, Pubmed, Neuropsychiatry Books		In Oriental Medicine, Insomnia is treated according to "思結不睡證" type, "榮血不足證" type, "陰虛內熱證" type, "心膽虛怯證" type, "痰涎鬱結證" type, and "胃中不和證" type etc. In Western Medicine, Insomnia has been treated by Barbiturate over 60's and BZ over 70's. According to recent treatment on Insomnia, Zolpidem or Zaleplon, which is short-lived and has less side effects, is used much, and tricyclic antidepressants are prescribed on a chronic psychophysiological insomnia.
Study of dream on clinical application	LS	2002				The contents of dreams reflect the dreamer's unique psychic situation, we can view them from category of Yin and Yang and the Five Elements(陰陽五行). Also dreams are characterized by an objectivity that provides whatever is necessary for psychic balance, regardless of the ego's wishes. Hence dreams are objective sources of psychotherapy. The images of dream are classified as the deficiency and excessiveness of Yin-Ki and Yang-Ki of the internal organs, an property and source of stimulus. Dream applies to diagnose the disease of internal organs and to decide to the method of medical treatment.
Literatural Study on Pathology of Insomnia	LS	2001			30	Early literature like Huangjaenankyung(黃帝內經), Sanghanon(傷寒論) referred to insomnia as accompanying symptom. on the other hand, Myung(明), Chung(淸)'s literatures referred to that as chief symptom or distinguished chief symptom from accompanying symptom.

Case Studies

- 11 articles

Case Study	publis h	Cas e (n)	A-Tx & Acupoint	herbal medicine	tools	remarks
A Case Report of Insomnia Improved by Jawon(Ziuan)'s Purgative Action	2011	1	肝正格(1 time/1Day)	柴胡加龍骨牡蠣湯, 紫圓	PSQI	瀉下法
A Case Report of Miller Fisher Syndrome	2009	1	四白, 魚鰾, 攢竹, 絲竹空 (electric A-Tx:2 times/Day)	六味地黃湯加味 滋陰降火湯	.	Miller Fisher Syndrome, facial palsy grade, vision observation
A Case Report of Sleepwalking Disorder with Hypnotherapy	2009	1	.	.	BDI, SDS STAI, MMPI	Hypnotherapy
One Case Report of Chronic Motor Tic Disorder Patient with Extreme Headache and Insomnia.	2008	1	脾正格+行間穴瀉 中衝穴補 (1time/1Day)	黃芪建中湯加味 芍藥甘草湯加味 柴胡加龍骨牡蠣湯加減方	MMPI-II YGTSS	Tic Disorder, dry cupping, progressive muscle relaxation
An improved case by operating the traditional oriental medical remedy with mindfulness to the Hwa-Byung patient suffering from insomnia and physical symptoms	2008	1	肝大腸膀胱格 心膀胱正格 (2times/1Day)	溫膽歸脾湯 清肝逍遙散 加減歸脾湯	BDI, SDS STAI, STAXI SCL-90-R, MMPI-II	MBSR, 中腕, Moxibustion
Oriental Medical Treatment and Sleep Restriction Therapy of the Simdamhugub type of chronic insomnia patients	2007	1	膽正格(1time/1Week)	加味溫膽湯	sleep diary, ISI	Sleep RestrictionTherapy

Case Study	publish	Case (n)	A-Tx & Acupoint	herb med	tools	remarks
A case of insomnia incurable by neuropsychiatric medication alone, but made possible with Sam-Hwang-Sa-Sim-Tang	2006	1	膽正格 三焦正格 (1time/1Day)	歸脾湯加味 三黃瀉心湯	BDI SDS SCL-90-R, sleep diary	constipation, 中脘, 關元, moxa, aroma therapy
A case of insomnia incurable by neuropsychiatric medication alone, but made possible with Sam-Hwang-Sa-Sim-Tang	2006	1	神門, 三陰交, 安眠, 合谷, 曲池, 太衝, 中脘, 天樞, 百會, 後谿, 足三里 (2times/1Day)	人蔘養營湯 供辰丹	MMPI BDI	中脘, moxa, aroma therapy, dry cupping, sleep hygiene
A case of distillation Herbal medicine and Counseling on insomnia)	2006	1	心包正格 (1time/1Day, 九六補瀉)	distillated 加味歸脾湯	.	distillation Herbal medicine, counseling therapy (移精變氣療法 至言高論療法)
A Clinical Report of Insomnia due to deficiency of Yang	2004	1	合谷, 後谿, 百會, 內關, 足三里 + 心正格, 胃正格 or 大腸勝格, 胃正格 or 小腸正格, 胃正格	歸脾湯加味 補腎丹	.	wet cupping, 中脘, 關元, 臍中, moxa
The Case of regulation of Insomnia with Jahageo Herbal acupuncture	2003	1	紫河車藥鍼 (安眠穴 白勞穴) 申脈穴瀉, 照海穴補	.	.	Pharmacopuncture

Multi-Cases Study

- 13 Articles

Multi-Case Study	publi sh	Case (N)	A-Tx. & Acupoint	herb med	tools	remarks
A Case Series of Insomnia Patients Treated with Ondam-tangami(Wendan-tang jiawei)	2011	3	心正格(twice/1Day)	溫膽湯加味	SCL-90-R STAI, STAXI BDI, ISI	evaluation f/u after 2 weeks
Study on the Characteristics of Heart Rate Variability, Body component analysis and accompanying symptoms in 175 Insomnia Patients	2010	175	.	.	HRV, INBODY	
Study on the Association of DSOM Pathogenic Factor in the Insomnia Patients	2010	92	.	.	PSQI, DSOM	
Study on the Association of PSQI, IQ, BDI and DSOM in the Insomnia Patients(1)	2009	37	.	.	PSQI, BDI, DSOM	
A Clinical report on insomnia following hospitalization improved by the China Manual Relaxation Therapy	2008	5	individual application	individual application	ISI	Chu-na
The Relation of HRV, PSQI and IQ with Symptoms of Insomnia Patients	2008	43	.	.	PSQI, IQ, HRV	
A Clinical Study on the Ordinary Sleeping Patterns of Soyangin	2005	229	.	.	SCQ, SQ	

Multi-Case Study	publis h	Case (N)	A-Tx. & Acupoint	herb med	tools	remarks
A Clinical Study on the Ordinary Sleeping Patterns of Soeumin	2005	489	.	.	SCQ, SQ	
Clinical study on 20 cases of insomnia patients with auricular acupuncture therapy	2004	20	Auricular A-Tx. therapy (1time/2Day * 3times) 耳(神門腎 枕心)	.	SMH, SQ	A-Tx, Herb, Pharmacopuncture
Symptom Checklist-90-Revision(SCL-90-R) in Inpatients on Tension headache and Insomnia	2003	40	.	.	SCL-90-R	
A clinical study of acupuncture and auricular acupuncture effect on insomnia	2001	40	male-left, female-right A-Tx:照海補 申脈鴻(九六補鴻), 神門 三陰交 內關: Auricular A-Tx: 耳(神門腎 枕心)	.	SQ	After 1time Tx. comparison between A-Tx group and Auricular A-Tx Group
A Clinical Study of Insomnia in 33 Admission Cases	2001	33	太極 鍼法 according to constitution 三陰交 神門 心竅, 足三里 內關 申脈, 百會, 太谿 耳針(神門腎 枕心 皮質下 額)	歸脾溫膽湯 溫膽湯加味 歸脾湯 四物歸脾湯 補中益氣湯	3 grade evaluation (優秀 良好 別無好轉)	A-Tx. Herb med aroma therapy, etc.
A clinical study of Sanjoincho-induced injection on insomnia patients	2000	30	酸棗仁炒藥鍼 (0.3cc 左側心竅穴)	.	SQ.	Pharmacopuncture

The Characteristics of the Ordinary Sleeping Patterns for Constitutions

- **Soeumin** has a tendency
 - that he wouldn't snore well,
 - that he will dreams more,
 - that he will sleep longer than 6-7hours,
 - that he will struggle during sleeping in contrast with the other constitutions.
- **Soyangin** has a tendency
 - that he wouldn't dreams more,
 - that he wouldn't sleep longer than 6-7hours,
 - that he will sleep well in contrast with the others.

Studies about Correlation and Association

- The types of insomnia of the entire insomnia patients were onset insomnia (73.1%), maintenance insomnia (20.6%), termination insomnia (17.1 %), shallow sleep (52.6%), listed by order of frequency.
- When compared the priority of the function of the ANS, it showed that the proportion of HF was the most, and then VLF, LF the least.
- Both sexes showed that insomnia patients had more abdominal fat than the standard, and female (93.1%) had more fat than male (77.97%).

Studies about Correlation and Association

- In the entire patients, headache(41.14%) was the most accompanying symptom. Female had more dry mouth, alternative periodic chill and fever, and hot flush symptoms than male. Higher age groups had more dizziness and constipation as accompanying symptoms than lower age groups. Patients who takes hypnotics had more anorexia than those who don't.
- Blood-deficiency(血虛) is the most frequent pathogenic factor and frequency of nightmare has positive correlation with that factor including heart(心) in total insomnia patients.

Experimental Study

- Experimental prescriptions:
 - 天王補心丹去朱砂, 天王補心丹,
 - 溫膽湯, 歸脾湯
 - 龍眼肉, 酸棗仁炒, 龍骨, 牡蠣
 - 分心氣飲加味方
- Tools:
 - melatonin receptor expression(in vitro),
 - rat's activities observation(in vivo)

Experimental Study	publi sh	herb med	Type	methods	results
Effects of Tianwangbuxin-dan, Wendan-tang, Guipi-tang on the expression of MT1 and MT2 melatonin receptors in C6 glial cells	2010	天王補心丹 去朱砂 天王補心丹 溫膽湯 歸脾湯	in vitro	MT1 and MT2 melatonin receptors using C6 glial cell model. treatment, under non-cytotoxic condition.	Tianwangbuxindan, qu zhush and Tianwangbuxindan induced the levels of melatonin receptor expression in a dose-dependent manner. However, the treatment with Wendantang, Guipitang don't effect melatonin receptor expression.
Effects of several herbs on the expression of MT1 and MT2 melatonin receptors in C6 glial cells	2007	龍眼肉, 酸棗仁炒, 龍骨, 牡蠣	in vitro	MT1 and MT2 melatonin receptors using C6 glial cell model. treatment, under non-cytotoxic condition.	The water extracts of Dimocarpus long (WEDL) induced the levels of MT2 melatonin receptor expression: (WEZV) induced MT1:(WEFO) or (WEOC) induced MT1 as well as MT2: The combination (WEDL and WEZV) induced MT1, MT2, but the synergic effects were not detected in C6 cells.

Experimental Study	publish	herb med	Type	methods	results
The Effects of Punsimgieumgamibang on Insomnia and Anxiety in Rat	2000	分心氣飲 加味方	in vivo	rats' sleeping period has been reversed, measured its activity rate during the sleeping period, and submitted the elevated plus-maze test.	1) The sleeping ratio of the Punsimgieumgamibang group was higher than the control group on the whole, 2) No statistical information in all of the 4 anxiety related behavior of the elevated plus-maze experiment.
The Effect of Punsimgieumgamibang on Sleep Disorder and Emotionality in Animals	2000	分心氣飲 加味方	in vivo	1. Rats were given caffeine to induce insomnia, 2. One group are exposed under 60W light to stimulate rats' emotion, and the other group was not. The five indexes: walking, rearing, grooming, excretion and start latency, daytime activity amounts of two groups were compared.	1. In peripheral and central partition, meditation group walked more than control group. The difference between two groups was statistically significant. 2. In rearing and grooming frequency, there was difference between two groups, but it was not statistically significant.

Clinical Trial

• 2 Clinical Trial

Clinical Trial	publish	type	Subject (N)	tools	target	methods	result
The Effects of Acupuncture Treatment on Hwa-byung patient's Insomnia: Patient-assessor blind, Randomized, Placebo-controlled Clinical trial	2012	Patient-assessor blind, Randomize, Placebo-controlled	19test Group 18 control Group	ISI LikertScale PSQI BDI STAI STAXI	Hwabyung & insomnia	視區(頭鍼), 安眠(HN108), 申脈(BL62) 迎隨 九六瀉法, 照海(KI6) 迎隨 九六補法 (3times/week 6 times in 2 wks.)	Showed significant decrease in evaluation tools except for STAXI
A Preliminary study for the evaluation of the effects of EFT-I (EFT program for insomnia) for insomnia in the elderly	2011	Pre-liminary study	10	sleep scale SGDS STAI life satisfaction scale	Insomnia in the elderly	EFT-I (2times /week 4wks, 1hour at each time)	Showed significant decrease in all evaluation tools

Digests

Literature Study

- Early literature (黃帝內經), (傷寒論) referred to insomnia as accompanying symptom. (明), (清)'s literatures as chief symptom or distinguished chief symptom from accompanying symptom.
- The first-recorded prescription used for insomnia : Ban ha-tang(banxiatang 半夏湯) in 黃帝內經.
- The chapter of insomnia appeared in 千金要方".
- Ondam-tang(Wendantang 溫膽湯) was most cited prescription in medical books(千金要方~血證論).
- Scalp Acupuncture, Medication of Donguibogam, Pathology, Auricular Acupuncture, Electroacupuncture for Nocturnal Enuresis, Electroacupuncture, The Dream

Literature Study –About Dream

- The Recognitions about the dream of Oriental Medicine is based on "黃帝內經 淫邪發夢".
- By each era, There are a variety of etiological causes, stages.
- Dreams are generated by the internal stimuli Physiological activities of the "臟腑", Deficiencies of "陰陽", Pathological changes in the "臟腑", Pathology products, external stimuli "六淫", "飲食傷", and unusual feelings.
- Spirit(神) comes from brain(腦), not heart(心). So what we call brain spirit(腦神) is right. Dreams are the mental activity related to the brain.
- Dreams are the reflection of the pathological changes of the human body. And it shows the development, changes and prognosis of disease. Dreams sometimes illustrate the incidence of the disease.

Acupuncture Tx.

- Sa-Am Acupuncture :
 - 肝正格, 脾正格+行間穴瀉 中衝穴補, 肝大腸勝格
 - 心膀胱正格, 心包正格 +心正格 胃正格
 - 大腸勝格 胃正格, 小腸正格 胃正格, 膽正格 三焦正格
- Frequent Used Acupoints
 - 申脈穴瀉 照海穴補
 - 四白, 魚膠, 攢竹, 絲竹空
 - 神門, 三陰交, 安眠, 合谷, 曲池, 太衝, 中脘, 天樞, 百會, 後谿, 足三里, 內關,
- Pharmacopuncture
 - 紫河車藥鍼 (安眠穴 白勞穴), 酸棗仁炒 (0.3cc 左側 心俞穴)

Acupuncture Tx.

- The electroacupuncture
- 神門, 三陰交, 百會, 四神聰,
- acupuncture points
- 百會(GV20), 神門(HT7).
- According to specific parts of symptom, some points were added.
- 太極 鍼法 according constitutions
- The electroacupuncture for Nocturnal Enuresis
- 中極, 關元, 三陰交, 腎俞, 膀腧

Auricular A-Tx.

- Auricular acupuncture points 神門, 心
- Auricular A-Tx. 耳(神門 腎 枕 心, 皮質下額)
- Most of studies reported that Auricular acupuncture treatment of insomnia were very effective.

Scalp Acupuncture

- In 1 Article
- 9 RCTs and 2 case control studies showed that scalp acupuncture therapy reported better results than routine acupuncture, western medicine, and herbal medicine therapy.

Frequently used prescription

- 柴胡加龍骨牡蠣湯, 紫圓, 六味地黃湯加味, 滋陰降火湯, 黃芪建中湯加味
- 芍藥甘草湯加味, 柴胡加龍骨牡蠣湯加減方, 溫膽歸脾湯, 清肝逍遙散
- 加減歸脾湯, 加味溫膽湯, 歸脾湯加味, 三黃瀉心湯, 補骨丹, 人蔘養營湯, 供辰丹
- **Distillated** 加味歸脾湯,
- 歸脾溫膽湯, 溫膽湯加味, 歸脾湯, 四物歸脾湯, 補中益氣湯

Tools

- ISI, PSQI, IQ, SQ, SMH, sleep diary
- SCL-90-R, STAI, STAXI, BDI,
- HRV, INBODY, MMPI, MMPI-II, YGTSS
- SCQ, DSOM
- 3 grade evaluation(優秀 良好 別無好轉)

Other Treatment:

- 瀉下法, dry cupping, wet cupping,
- Aroma therapy
- Moxa. : 中脘, 關元, 臍中,
- counselling therapy(移精變氣療法, 至言高論療法)
- Chu-na
- Hypnotherapy,
- MBSR, progressive muscle relaxation
- Sleep Restriction Therapy, sleep hygiene

Experimental Study

- Experimental prescriptions:
 - 天王補心丹去朱砂, 天王補心丹,
 - 溫膽湯, 歸脾湯
 - 龍眼肉, 酸棗仁炒, 龍骨, 牡蠣
 - 分心氣飲加味方
- Tools:
 - melatonin receptor expression(in vitro),
 - rat's activities observation(in vivo)

Clinical Trial

- 視區(頭鍼) 安眠(HN108), 申脈(BL62) 迎隨·九六 瀉法, 照海(KI6) 迎隨·九六補法(3times /week 6 times in 2 weeks) Improve Hwab yung patient's insomnia
- EFT-I(2times /week 4weeks, 1hour at each time) improve the insomnia of the elderly.

EBM & EBP in Oriental Neuropsychiatry

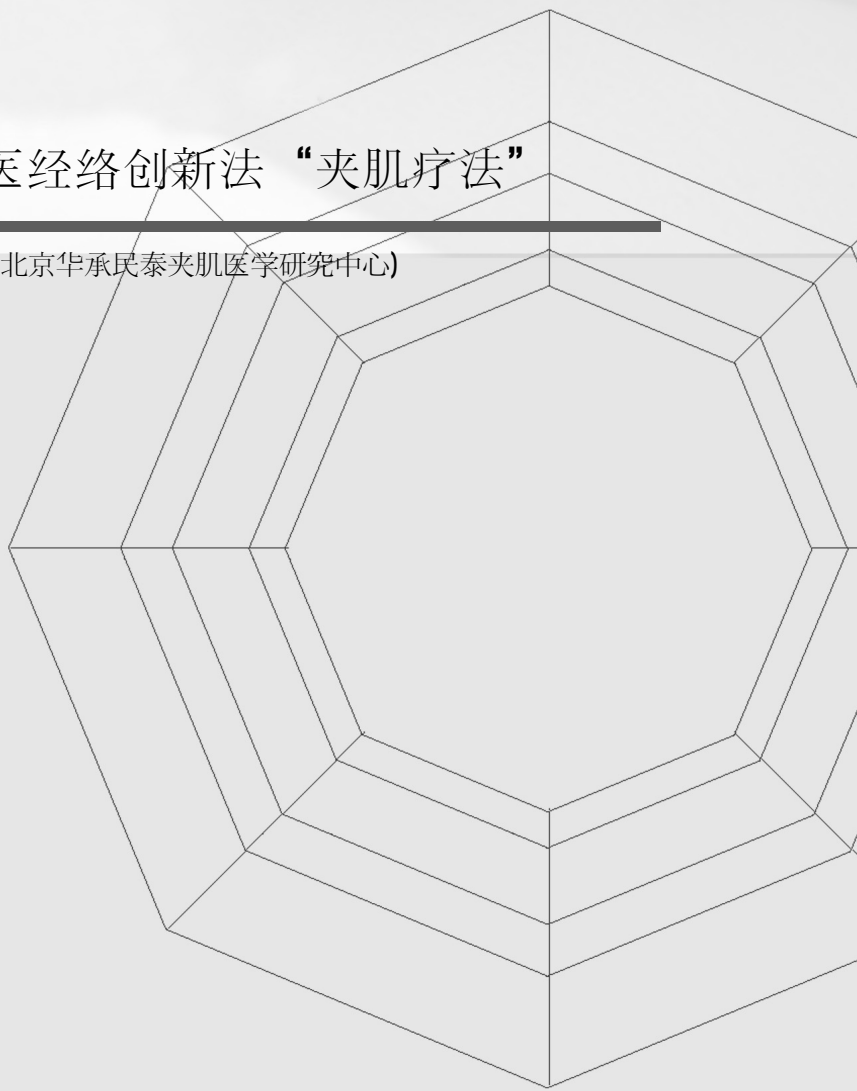
- Level 1-2~
- Needs more Clinical trial
- Expansion into various sleep relating problems like RBD, OSA, RLS, Hypersomnia

Table of Abbreviations

A-Tx	Acupuncture-Treatment	NDSL	National Discovery for Science Leaders (www.ndsl.kr)
BDI	Beck Depression Inventory	PSQI	Pittsburgh Sleep Quality Index
CNKI	China National Knowledge Infrastructure (www.cnki.net)	RCT	Random Controlled Study
DSOM	Diagnos System of Oriental Medicine	PubMed	www.ncbi.nlm.nih.gov/pubmed
EFT-I	Emotional freedom techniques - Insomnia	SCL-90-R	Symptom Checklist-90-Revision
Herb.med	Herbal Medicine	SCQ	Sasang Constitution Questionnaire
HRV	Heart rate variability	Science Direct	www.sciencedirect.com
INBODY	Body Composition analyzer		
IQ	Insomnia Questionnaire	SDS	Sheehan Disability Scale
ISI	Insomnia Severity Index	SGDS	Short Form of Geriatric Depression Scale
KCI	Korea Citation Index	SMH	Saint's Mary Hospital (Sleep Questionnaire)
KISS	Koreanstudies Information Service System (kiss.kstudy.com)	SQ	Sleep Questionnaire
Kmbase	Korean Medical Database(kmbase.medic.or.kr)	SR	Systematic Review
Koreantk	www.koreantk.com	STAXI	State-Trait Anger Expression Inventory
LS	Literature Study	STAI	State-Trait Anxiety Inventory
MBSR	Mindfulness-Based Stress Reduction	YGTSS	Yale Global tic Severity Scale
MMPI	Minnesota Multiphasic Inventory		

中国传统中医经络创新法“夹肌疗法”

陈龙章（北京华承民泰夹肌医学研究中心）



中国传统中医经络创新法“夹肌疗法”

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摘要

人是怎样产生过来的。在六千多万年前，从海洋里的一种鱼类爬到陆地上，以草类为食物，慢慢脱落身体背部两侧的外表鱼鳞，皮肤又出现不断的变色再进化成为汗腺毛囊孔，前前后后经过数千万年进化演变，成为现代人类。皮肤和毛囊孔与人的生死都有直接的关系。患病也是如此：全身患病态，源头先从小腿皮肤和毛囊孔发生病态，五脏六腑必会发生病变，先有其外病、必有其内病，最终决定生命死亡的还是其内病。有人类存在就有环境污染，有环境污染就没有健康皮肤，身体就会生病。

Traditional Chinese Medicine Method of Main and Collateral Channels Innovation "Splenius Therapy"

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Abstract

One is how to generate. About sixty million years ago, from the ocean in a fish to climb to the land, to grass for food, slowly falling back on both sides of the body appearance of scales, skin appears constantly change and evolve into sweat gland pore, and after several million years of evolution, become the modern human. Skin and hair follicle hole and death has a direct relationship. Prevalence is also true: systemic risk source of morbid, first from calf skin and hair follicle hole pathological lesions occur in the viscera, will, first outer disease, must have its internal disease, eventually decided to death or the disease. Human existence has the environmental pollution, the environmental pollution is no healthy skin, the body will be sick.

一、“夹肌疗法”为什么有100%的疗效呢？因为它是一种全方位的整体体表夹肌法，该疗法是陈龙章先生经集数十年临床经验，以中医的阴阳平衡理论为基础，根据传统中医学捏脊法的理论和手法，结合祖传治疗乳腺疾病的绝技进行衍生的、独创的新疗法。这种疗法是不吃药、不打针、不手术、不敷药物、内病外治的物理整体疗法，也是全世界独一无二的科学疗法。夹肌疗法主要是通过疏通皮肤下层坏死经络及组织，与增强整体气血的理念相同，效果奇特显著。通过几十年临床验证了几千例患者，他们大多数患病都到了生命垂危的时候才相信这个疗法。夹肌疗法成功的治愈了各种疑难杂症，又无任何副作用，验证了该疗法的独特性。目前全世界的医学界都攻不破的癌症，夹肌疗法完全攻破了各种癌症，均见到很好的疗效，大多数患者已治愈。陈龙章先生特地写出临床经验著有一书，2012年10月份在中国新华书店销售，供有关读者及各位医学界同行们参考（书内附有治疗前后病人对比照片）。

从中医的观点来看，人体的四肢及五官能显现身体各个部位的疾病发生，皮肤的状态与五脏六腑有着直接的连带关系。大多数医生治疗各种疾病时，把注意力集中在症状的消失，而不太关注寻找疾病的源头，不把病根找到，并且直接消除病灶，就算一时消除了症状，过一段时间，疾病还是会复发。因此治疗疾病不能只从局部病灶下手，而是要根据整体病情进行整体治疗。夹肌疗法就是对人体的整体治疗才有效果，并且对身体不会产生任何副作用。

陈龙章先生认为：人体患上任何疑难病症大多是由经络不畅、气滞血淤、湿邪内蕴引起皮肤、汗腺毛孔的组织闭塞等，它是人体一身之表帅，都归根于皮肤与肌肉之症。依据中医“痛则不通、通则不痛”的理论。人体在正常健康的情况下，人的皮肤致密度高、毫毛有光泽，表皮光滑、白里透红，汗液排泄正常，肌肉柔软有弹性。但是，在患病的情况下，人的皮肤会变质呈黑色、黄色、绿色，松懈或发硬，汗腺毛孔起鸡皮疙瘩，有的像鱼鳞状，肌肉僵硬成板状，表面高低不平，有块状物，疼痛，还会引起肋骨变型等等。陈先生通过观察病人的不同部位的皮肤色泽和肌肉形态变化，可以诊断某些内脏、经络的病变程度，对人体经络构造有很高的研究价值。夹肌疗法就是通过特制的器械钳，从人体整体肌肉状态及全身皮肤外观等治起，对患者全身体表肌肉组织沿经络进行夹肌，将人体基底部粘连的筋膜直击破碎，只有一秒钟的痛感，“破就是立、不破不立”攻破的病理组织及皮肤下层的坏死经络与肿物，有各种各样的响声特别太，夹肌达到应有的力度和深度结缔组织才会松解。夹肌的原理：“刺激血液则通、血液阻塞则痛”，夹完后患者全身感到特别轻松与舒服，个别患者天天想来夹肌，医生与患者治疗时要一边与他们聊天，一边讲解夹肌对身体的疗效原理，使患者没有恐惧感，才会乐意接受治疗，让患者和家属都把医生当作自己的亲人一样，医生才感到自豪，心理谈心对患者特别有疗效。但医生要做到医德高尚患者才会有100%的坚持治疗。夹肌治到有突出的疗效时，坏死组织从体内排泄的邪毒，通过皮肤汗腺毛孔，阴道、尿道、肠道、呼吸道等排出时，会出现各种不同的效果反应，这时病在断根。个别部位仍然存在后遗症，再经过反复整体治疗和不断的新陈代谢，最终消除

病源，恢复整体应有的健康皮肤与肌肉。运用了“夹肌疗法”在治疗中没有任何癌症的概念，特别是对早、中期各种疑难怪病及癌症，包括癫痫、抑郁症、白血病、瘫痪、儿童脑瘫、戒毒等都有特殊效果。治疗前只要患者没有做过手术及损伤内脏器官，检查未穿刺者，用夹肌疗法可以治愈全身并发症。

二、总体来看“夹肌法”能治愈病态有两个重要原因，①、这种疗法能够解决人体虚弱及毛孔闭塞、不出汗液的问题，并将坏死的组织（如淤血，坏死经络）直接打碎加快新陈代谢，②、夹肌能直接激发人体自身的潜能，帮助患者实现自愈功能。“夹肌疗法”发展了中医的阴阳生命学《黄帝内经》论：人体阴阳力，则内为阴，外为阳，论人身之阴阳，则背为阳，胸为阴。这是中医应用阴阳力学原理，解释人体的生命内病表现在外观皮肤。局部生病就是人体整体的阴阳不平衡，整体的不平衡就会导致整体发生病变。生命体的外部（包括皮肤、汗腺、毛囊孔）是生命的主要器官，它属“阳性”，内部器官它属“阴性”。生命体的构成有背部和胸脯两个部分构成的组织与内部器官紧密相联，就是说，整体皮肤汗腺及背部肌肉对整体生命至关重要。如果背部脊椎骨和肌肉产生失调时，人体必然会产生病态。“夹肌疗法”首先治疗的就是全身体表皮肤与汗腺毛囊孔是最为重要部位，而患病起点就是背部的皮肤与肌肉发生病变后，全身就会患并发症。古人云：“病来如山倒、祛病如抽丝”这就是夹肌疗法为了彻底治愈的抽丝逻辑。比如：治疗一般普通早期乳腺癌需要8个月才能够痊愈，如果全身患并发症者治愈时间就无法定期。也就是说，要首先调整人体整体“阴阳”的部分，通过阴阳平衡发奋汗毛孔的代谢作用，才能够达到整体治愈的目的。

现代医学治疗的逻辑是：“生病如抽丝、祛病如山倒”比如：一般普通早期乳腺癌就要将乳房全部摘除，只需要半个月左右就能全治愈。这种快速粗暴的疗法，等于治病如山倒的逻辑，这样逻辑只能起到生命绝望、速断寿命，因此现代医学界治疗疑难疾病，都是纸上谈兵，不会起到任何疗效。

三、当人体经络坏死不通，排毒不畅，体质就会呈现酸性病毒反映，这时血液里的恶毒物质，就是现代医学界所谓的病例癌细胞，这种癌细胞最喜欢生长在胸脯及乳房、小腹部、背心部位与肩膀，它在这些部位就像是如鱼得水般的在体内自由游动，还要污染很多健康的细胞。癌细胞刺激皮肤、汗毛孔、肌肉、使血液浓度很高，流动缓慢，导致经络、肋骨变形、皮肤变色，如局部有肿块是晚期癌症，周围肌肉没有再生的生命力了。由于癌细胞超重就会产生人体气血两亏，容易感冒，病人一旦去医院检查、发现有肿块，就采用手术、器官摘除、放疗，化疗还要用化学元素烧死癌细胞（人体本身伤害了血管和内脏器官），在这样的情况下，难道比治疗前更能恢复健康吗？。陈先生在临床上得到的认定，癌细胞它本身就是坏死的组织沉淀在人体的基底部，慢慢的结成板状形或肿块，并且没有了新陈代谢功能，这些组织只能起到破坏作用，不起任何健康作用。用夹肌疗法可以把癌细胞夹死，癌细胞坏死后浮在皮肤表面上呈黄色或局部有包块，再将包块继续夹肌，直到包块自行消失，消失后再夹皮肤表面上不会出现黄色，癌细胞彻底消失后永不复发。

古代：中医治病为什么效果好呢？过去的人大多是靠体力劳动为生活，且吃的都是些粗茶

淡饭，加之又没有环境和空气的污染，患病后服的中草药又是纯天然的植物品种，体内又没有受过任何化学元素的污染，更不会手术治疗，人体在没有破坏的前提下，因此，身体内吸收的毒素就很少见，患恶毒的病人就更加少有。就是患上了病灶，只要服上几剂中药就能够痊愈，所以古代中医治病效果特别好，治愈率高。

如果用古代中医的医术来医治现代人类的病态，效果就不会有那么容易了。因为现在的人类从母亲怀孕起就受到环境污染及化学药物的影响，加上父母身体内也接受了不少化学毒素遗传给下代人，小孩子出生后吃的、用的都是化学原材料制品，由于多种因素使体内毒素积累过多，自身的修复能力就变弱了，一旦患病就是根深蒂固，再加上其它不该用的治疗方法，所以病情越治越重。加上现代中成药纯天然的很少了，多数是人工种植的药材，生长时间短，药力不够力度，因此，现在的中草药治疗病态达不到理想的效果。另外，现在地球上生态不平衡，气候出现异常变化、人类体质也在变，全球经常出现意想不到的疾病发生。

四、现代女性多数都戴着钢丝托胸罩，由于胸罩捆绑胸脯，裤腰带及紧身内衣都很紧，使上身扩大，造成全身血液的堵塞肌肉硬化，使身材变形，与整体完全不协调。通过夹肌治愈后，完全可以恢复应有的苗条身材，“肥胖者变瘦、肌肉萎缩者变胖、乳房也是这样变化”。如果胸罩及裤腰带捆绑很紧，使全身血液流动缓慢，坏死组织细胞堆积在乳腺与肌肉内，引起胸脯闷气，肺腔闭塞咳嗽，头晕目眩，患者本人也不知道怎样患上的病态，因此目前患乳腺病的人群中很普遍现象，青少年还会引起发育不良，造成静脉血管阻塞变成曲张，月经来潮时乳房胀痛，容易患乳腺肿瘤，子宫肌瘤及卵巢囊肿，大多数人都会导致全身并发症。现代医学界发现有肿物，检查还要做穿刺抽血作细胞化验，穿刺后容易扩散更容易发展病变。其中包括患者及其家属都认为穿刺作细胞化验是科学。大多数人一听医学专家确诊的病例是癌症，病人听后精神一下崩溃。一个人患上了病，去医院求医生治疗，用劣性化学药剂注射到静脉血管，对人体的伤害实在无法挽回，因为手术破坏了血管和器官，从而失去了再生功能，就是用“夹肌疗法”去医治，也无法把病人的全身病灶治愈。人患上了任何局部病灶，都是全身病态，人未死，“小腿皮毛与肌肉先死”，最后才会往上身发展，直至心脏停止跳动。

陈先生为了保护广大人民群众的身心健康，特此著有人体结构与实践经验一书，不是现代医学书本上的理论。请读者读懂书的内容，才能够懂得患病源头，有病就不会去乱投医，并会按照书内的建议去做自我保护，对人体健康有一定的帮助。

二、治疗烧伤、烫伤有充足的临床经验，疗效显著

我治疗烧伤、烫伤不需对创伤伤口进行消炎处理，更不需服用任何中药、西药，只需要用我自制的草药，也不用住院治疗。对烧伤、烫伤部位只要在患处皮肤表面上撒少许药粉，45分钟之内药性就会生效，患者马上就没有了疼痛感觉。连后再在患处外敷凉药及收功药末，对烧伤、烫伤治愈高。

一度烧伤后皮肤当时就有发红色及疼痛难忍，但是还没有起水泡又没有进行过其它治疗，当初我只需要在患处撒点药粉再过45分钟患处就会痊愈。如烧伤处起了水泡，在患处撒上药粉和外敷凉药只需要一至二天就可痊愈。

治疗二度烧伤，在患处撒上药粉过45分钟就会愈合50%左右，再在患处外敷凉药，过24个小时，再敷收功药，大约七天左右就能痊愈。

治疗大面积三度烧伤，在患处撒上药粉过45分钟愈合20%左右，然后在患处外敷凉药过24个小时后，再换敷药前后根据病情的轻重再换原药，大约16天左右就能痊愈。陈龙章治疗烧伤、烫伤疗效显著效果非凡，既安全又可靠。大面积烧、烫伤引起全身感染，甚至内脏患并发症，我用祖传中草药能够快速治愈伤口，不会发生感染及并发症。治愈后不留疤痕，治疗烧伤、烫伤的疗效是世界医学领先。也许很多人包括医务人员在内，大家都会认为我说的话不真实，这我完全可以理解，因为你们没有亲眼见到我治疗过烧伤，毕竟做事情都是口说无凭，眼见为实，如果有机会我可以在现场治疗给大家看，证明烧伤、烫伤的真实性(也是我的绝技)



Trauma 治療를 위한 韓方精神療法

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Trauma 治療를 위한 韓方精神療法

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초록

목적

트라우마란 외상 또는 외상적 사건으로, 사람들의 생명과 신체적 안녕을 위협하는 엄청난 재난 및 사건을 말한다. 트라우마로 인해 과각성, 재경험, 회피/정서적 마비 등의 증상을 겪게 되는 PTSD를 중심으로 한방정신요법의 임상적 활용에 대해 살펴보았다.

방법

PTSD 기본적인 기전과 증상들과 기존 심리치료에서 실시되고 있는 주요기법들에 알아보고 한방정신요법의 종류와 그 기법에 따른 PTSD 치료적 개입을 살펴보았다.

결과

PTSD에 사용되는 한방정신요법으로는 허심합도의 의식상태에서 이정변기, 경자평지, 오지상승, 지언고론요법, 기공요법들이 사용되었다. 특히, 이정변기요법은 고통스러운 기억과 체험을 직면하기 위해 안전하고 지지적인 환경제공을 하고 정신의 신체화로 인한 몸의 감각을 느끼고 경험함으로써 기의 변화를 유도한다는 점에서 매우 유용한 방법으로 임상적 활용가치가 높다. 그 외에 외상적 기억과 상황에 대한 일상화 기법으로 경자평지요법, 울체된 감정에 대한 오지상승요법, 외상의 의미에 대한 인지적 재구성으로 교육적 차원의 지언고론요법이 사용되며, 일상의 심신수련을 도모하는 기공요법이 효과적이다.

결론

한방정신요법은 수천년의 경험을 통해 정립된 치료방법으로 관찰하는 의식상태에서 음평양비의 원리에 따라 신형일체적 통합을 추구한다는 점에서 PTSD의 새로운 치료법으로 임상적 활용이 클 것으로 기대된다.

Key Words

Trauma, PTSD, Oriental psychotherapy. Yíjīngbiàrqìliáofǎ 移情變氣療法,
wǔzhìxiāngshèngliáofǎ 五志相勝療法

Acknowledgement

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The Oriental Psychotherapy for Trauma

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Abstract

Objectives

Trauma is an accident or traumatic event, which is a catastrophic disaster and an accident threatened our life and physical wellness. In this article, there is clinical modification of Oriental psychotherapy about PTSD, which has the symptoms of hyperarousal, re-experience, avoidance / emotional paralysis by Trauma.

Methods

First of all, we find the basic mechanism of PTSD and the primary method in general psychotherapy. Then examine the kinds of Oriental psychotherapy and therapeutic intervention to PTSD in that.

Results

As using oriental psychotherapy on PTSD, there are yíjīngbiànrì 移情變氣, jīngzhěpíngzhī 驚者平之, wǔzhìxiāngshèng 五志相乘, zhìyángāolùn 至言高論, qìgōngliáofǎ 氣功療法 in the state of consciousness “xūxīnhédào 虛心合道”. Specially, yíjīngbiànqìliáofǎ 移情變氣療法 is clinically very useful and highly valuable in respect that provides comfort and supportive environment in order to confront painful memories and experiences, and leads the changes of Qui by feeling the Body sensation. In addition, jīngzhěpíngzhī liáofǎ 驚者平之療法 as a pendulation work about the traumatic memories and situations, wǔzhìxiāngshèng 五志相勝 about stuck emotions, zhìyángāolùn 至言高論 as cognitive re-organization of the trauma's meaning on the level of education, qìgōngliáofǎ 氣功療法 in support of engaging ordinary mind-body training.

Conclusions

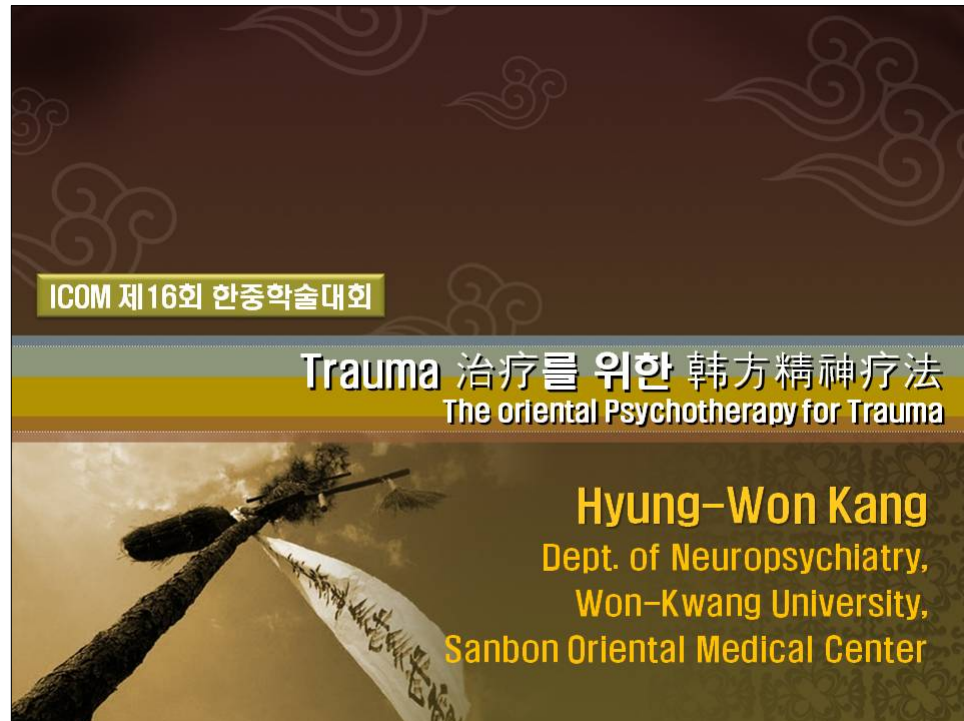
As an experiential treatment constructed for thousands of years, Oriental Psychotherapy facilitates mind-body integration following the principle of yīnpíngyángbì 陰平陽秘 in the state of observing consciousness. From this point of view, clinical application might be expected as breaking treatment method of PTSD.

Key Words

Trauma, PTSD, Oriental psychotherapy. Yíjīngbiàrqìliáofǎ 移情變氣療法, wǔzhìxiāngshèngliáofǎ 五志相勝療法

Acknowledgement

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Contents

- The Definition of Trauma and related diseases
- The Symptoms and treatments of PTSD
- General psychotherapy of PTSD
 - Limits of present psychotherapy
- Oriental psychotherapy
 - Types
 - Application to PTSD

The Definition of Trauma

➤ Trauma or traumatic event

- Massive disaster and event that threat people's lives and physical peace
 - In case of severely threatening to personal lives
 - In case of severely threatening to personal physical intactness
 - In case of being danger or being possible to be danger to person, children, spouse, relatives and friends
 - In case of cause to sudden destroying of personal family/community
 - In case of being caused physical violence
 - In case of knowing that there are severe threats or injuries to their relative or friend

➤ Surely certain traumatic events cause disease.

- Not all the people that experienced traumatic events are caused by this disease.
- The danger of causing PTSD is based on the interaction between the trauma of impairing threats to lives and bodies and the fact of existing vulnerability



The Definition of Trauma

➤ Common three believes of post-traumatic stress disorder patients: Janoff-Bulman(1989)

- safety "It can't happen to me"
- meaningful world "This world is controllable, predictable and fair"
- worthful self "I'm valuable person that won't be a victim of the accident like that"

☞ The traumatic events destroy these believes in a flash, by putting them in chaos and helplessness and cause post-traumatic stress disorder.



Trauma-Related Disorder

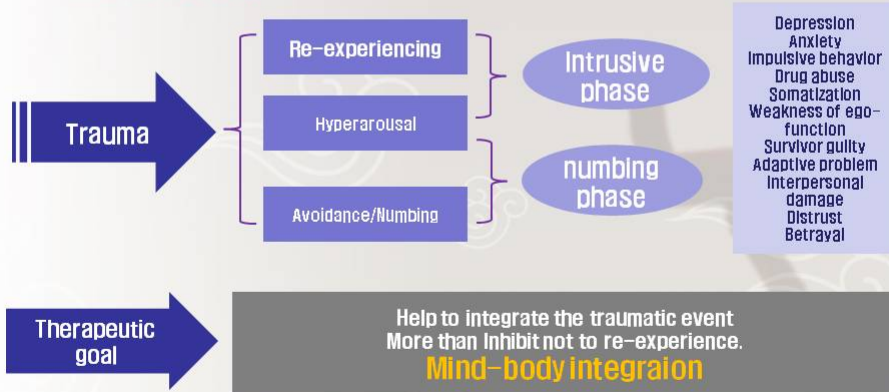
Event	Emotion	Features	Disease
Traumatic event	Anxiety		PTSD
Usual negative events	Embitterment	Unfair treat self-contempt, revenge(울분증상) Instant emotinal reaction, western culture	PTED
Repeated and ongoing stressful events	Anger, 火(恨)	Unfairness, anger constant delayed emotinal reaction. Korean culture	火病
Panic attack event	Fear, panic		Panic disorder

The changes of diagnosis of PTSD and suggestion of PTED

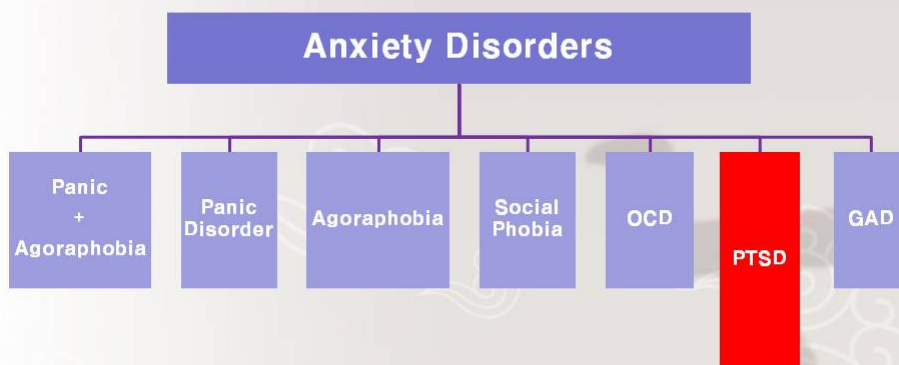
DSM-III (APA, 1980)	Extreme stressors that is out of the range of usual experience; eg. war, rape, earthquake
DSM-IV (APA, 1994)	The person experienced or witnessed the events that involved a threat to the physical integrity of self or others; eg. witness of traffic accident, dead body or death of parents
PTED제안 (Linden, 2003)	Appeals emotions of rage, anger, frustration after negative events like unemployment, divorce or separation.
DSM-V (APA, 2011)	Revised into Trauma and Stressor-Related disorder separated from anxiety disorder. Involves simple and multiple trauma. Changes symptom groups into re-experiencing, negative changes of emotion and perception and hyperarousal.

The definition and major symptoms of PTSD in DSM-IV

- A kind of anxiety disorder with sympathetic arousal after traumatic event
- **Definition in DSM-IV : duration more than one month**
 - **acute**(less than 3 months), **chronic**(more than 3 months), delay (at least six months after the stressor)



Anxiety Disorders: DSM-IV Classification



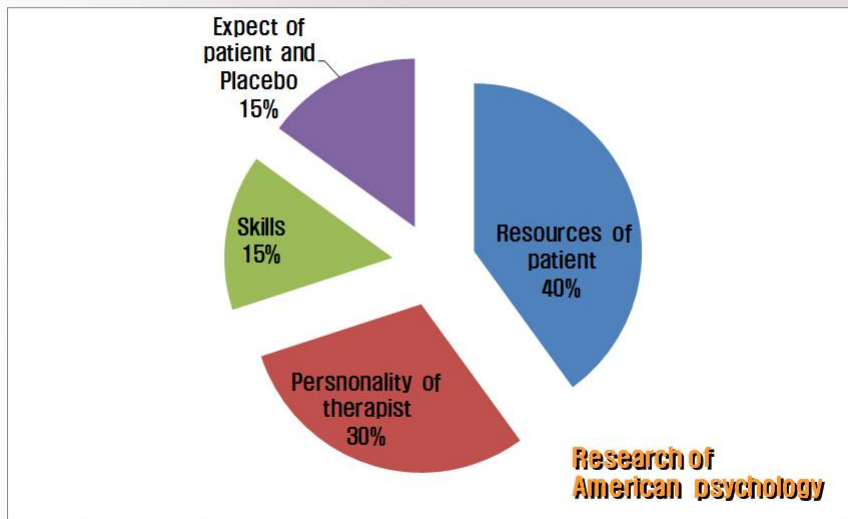
Medication and psychotherapy of PTSD

- Guideline in American Psychiatric Association
 - Medication : SSRI
 - Psychotherapy: cognitive behavior therapy, eye movement desensitization and reprocessing(EMDR)
- Limits of Medication
 - Only medication, recovery impossible
- Significance of Trauma-centered psychotherapy more than medication
 - 1. CBT → EMDR, or EMDR → CBT suggestion
- Oriental treatment
 - Herbal medicine, Acupuncture within 惊悸怔忡
 - Variable application of Oriental psychotherapy
 - 이정변기, 경자평지, 지언고론, 오지상승, 허심합도

Limits of present treatments on PTSD

Limits of medication	Limits of existing psychotherapy	Excellence of Oriental psychotherapy
Partially recovery or not-recovery	Cognitive behavior therapy	Resolve secondary anger, emotional problem by active management like as 五志相乘
	No concrete treatment on PTSD. No efficacy on complex trauma. Many dropouts.	
No difference between psychotherapy or placebo	Mindfulness meditation, Yoga	Somatization, clinical approach to patient' s subjective symptoms (神形一体的 接近)
	Needs for high attention and awareness. Static state.	

The Factors influencing on the Effects of Psychotherapy



Window of Tolerance

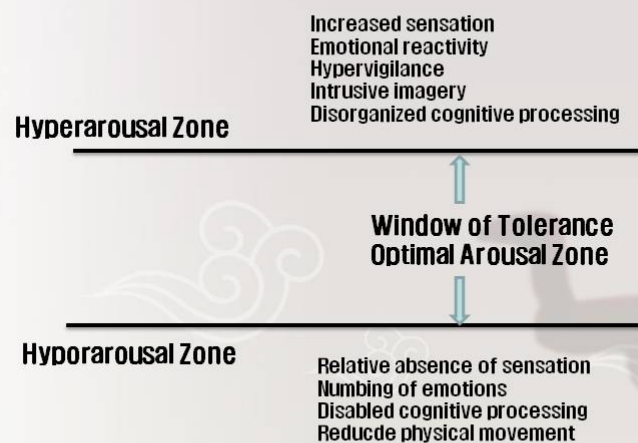


Fig. The three zones of arousal: A simple model for understanding the regulation of autonomic arousal Source: Pat Ogden, Kekuni Minton, Clare Pain. Trauma and the body. p.27.

Psychotherapy depending on the states of consciousness

Ordinary consciousness: CBT

Mindfulness state: MBSR, Hakomi therapy

Unconsciousness: Hypnotherapy



韩医 学的 Mechanism of Trauma



虛心合道 and observing awareness

“ If a sort of thoughts is going up, it works only where the awareness is ..”

■ Mindfulness

- Awareness of present experience in here and now
- Sensation, Images, Thoughts → Emotion → Feeling in the body → Awareness about sensation, emotion → Stay in the Body.
- Connection to relaxation
- Nonjudgmental observation and unconditional acceptance of whatever manifests

The Types of Oriental psychotherapy and PTSD

- Significance of 七情伤
- Main emotion of PTSD : 恐 · 惊
- But also 怒悲忧思 on processing
 - 『素问·舉痛论』“惊则心无所倚 神无所归 虑无所定 故气亂矣”
 - 『素问·至真要大论』“惊者平之”，
 - 『儒门事亲』“惊者平之 平者常也 平常见之必无惊”
 - 平 means making it like as ordinary events
 - Freeing beyond past trauma by accepting it as ordinary event making equilibrium in terms of traumatic psychological sickness
 - This is 惊者平之療法
 - Similar to ‘systematic desensitization’
: adapt the sequential stimulation of causes

- The principle of 思胜恐 in 五志相胜疗法
 - overflowing emotion treated by inhibiting emotion in the principle of 五行 相生相极
- 移情变气疗法
 - Representaion on the characteristic of 神形一体 by governing 气 and 精
 - 精神转移法 and 情緒导引法
- 至言高论疗法
 - Conversational treatment using guarantee, persuasion and re-education
- Expansion of new field in oriental medicine and systematic study of oriental psychotherapy for PTSD

Major method of oriental psychotherapy for PTSD

Symptoms of PTSD	Helpful method
Anxiety, extreme thought	惊者平之, 思胜恐 in 五志相胜疗法
Re-experience, difficult management	气功療法, 移情变气
Avoidance	惊者平之
Unreality, guilty, sense of difference	至言高论, 移情变气
Subjective symptoms	鍼灸治療, 韓藥治療

- ➡ 移情变气疗法: providing comfort and supportive environment in order to confront painful memories and experiences
- ➡ 至言高论疗法: cognitive re-organization of the trauma's meaning
- ➡ 五志相胜疗法: 思胜恐, resolving suppressed emotion
- ➡ 惊者平之: exposure about about traumatic memories and avoided situations
- ➡ 气功療法: 虚心合道, 先天道 惩忿窒慾, 調神, 調息, 調心 经络 疎通 气血 調和, reinforcement of 精, 气, 神, strengthening of constitution, improvement of resistance

Significance of Oriental psychotherapy and Trauma treatment

- Constructed through experiences for thousands of years
- The principle of Non-violence
 - 移精变气, 虚心合道
- The principle of 阴平阳秘
 - Healing is ‘an act of self-recreation’
 - Healing is in the client’s internal and client-therapist interrelationship.
 - Self-directed psychotherapy, Significance of therapist’s mental condition through 道
- The principle of 神形一体
 - 精气神 保养

가미귀비탕의 중증도 우울증에 대한 효과

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가미귀비탕의 중증도 우울증에 대한 효과

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초록

목적

이 연구는 우울증 환자의 치료에 있어서 한국 전통한약처방 가미귀비탕(GGBT)의 효과를 평가하기 위해 시행되었다.

방법

무작위 이중맹검, 플라시보효과 통제군으로 진행되었다. 본 연구에서는 우울증 병력이 있으며 해밀턴 우울진단척도(HAM-D)에서 13점 이상을 얻고 DSM-IV에서 주요우울장애나 기분저하장애의 진단 기준을 충족하는 19세에서 80세 사이의 남녀 모두 164명의 환자를 선택하였다.

환자들은 가미귀비탕 그룹(n=82) 혹은 플라시보 그룹(n=82)에 무작위로 배정되었다. 가미귀비탕 그룹의 피실험자는 날마다 가미귀비탕 캡슐 3개(1일 4000mg)가 투여됐고, 플라시보 그룹은 날마다 플라시보 캡슐 3개씩 투여됐다. 1일과 8주째에 우울지수(HAM-D17 척도), 삶의 질(SF-36 설문지), 아침 타액에서의 코티졸 농도를 측정함으로써 가미귀비탕의 효과를 평가하였다.

결과

한약 추출물에 영향을 줄 수 있는 심각한 부작용은 보고되지 않았다. Ham-D17 척도에 있어서는 두 그룹 모두 뚜렷한 차이 없이 상당한 수준으로 감소한다는 사실이 관찰되었다. 하지만, SF-36 설문의 세부항목인 '전신통증' 지수에서는 플라시보 그룹에서 가미귀비탕 그룹에 비해 상당히 높게 나왔고, 이는 8주 후 플라시보 그룹에서 격심한 전신통증이 있다는 사실을 시사한다. 아침의 평균 코티졸 농도는 가미귀비탕 그

룹에서 보다 높게 측정되었다.

결론

HAM-D17 척도에서는 플라시보와 가미귀비탕 그룹에서 뚜렷한 차이가 나타나지 않았다. 하지만, 플라시보 그룹에 비해서 가미귀비탕 그룹에서 아침 코티졸 농도증가를 보였고, 이는 우울증 환자의 전신통증을 개선한 점과 관련지을 수가 있다.

핵심어

우울증, 아덱토젠, 가미귀비탕, 전신통증, 코티졸

The Effect of GamiGuibi-tang(加味歸脾湯), a Medicinal Herbal Formulation, on Moderate Depression

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Abstract

Objectives

This study was conducted to assess the efficacy of GamiGuibi-tang(加味歸脾湯), a mixture of Korean traditional medicinal herb extracts, in the treatment of patients suffering from moderate depression.

Methods

A randomized, double-blind, placebo-controlled clinical trial was conducted. A total of 164 male and female patients, between 19 and 80 years of age, who suffered from moderate depression and fulfilled the condition of > 13 of the Hamilton depression (HAM-D) rating scales and the diagnostic criteria for major depressive disorder or dysthymic disorder according to Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV), were selected for the present study. Patients were randomized into either GGBT (n=82) or placebo (n=82) groups. Subjects in the GGBT group were given 3 capsules of GGBT daily (4,000 mg extracts/day), whereas the placebo group received 3 placebo capsules daily. The effects of GGBT were evaluated on day 1 and at week 8 of treatment by assessing depression (HAM-D17 scale), quality of life (SF-36 questionnaires)

and morning salivary cortisol levels.

Results

No serious side effects that could be attributed to the herb extract were reported. Considerable reductions in Ham-D17 scales were observed in both groups but without any significant difference between them (placebo effect). However, increases in the score of subscale Bodily Pain in SF-36 questionnaire was significantly higher in placebo group compared to GGBT group, indicating more intense Bodily Pain in the placebo group after 8-weeks. Change in mean morning salivary cortisol level was significantly higher in GGBT group than that in placebo group.

Conclusions

There was no significant difference in the reduction of HAM-D17 scales between the placebo and GGBT groups. However, compared to placebo, GGBT treatment increased morning cortisol level which could be associated with the improvement in Bodily Pain in these patients suffering from moderate depression.

Key Words

Depression, Adaptogens, Gami Guibitang(加味歸脾湯), Bodily pain, Cortisol.

中症度憂鬱症患者的加味歸脾湯의 投藥指針 開發 및 效能 評價

The Effect of *Gami Guibitang* (GGBT), a questionnaire
for building the guidelines on Moderate Depression

2012. 9 .16

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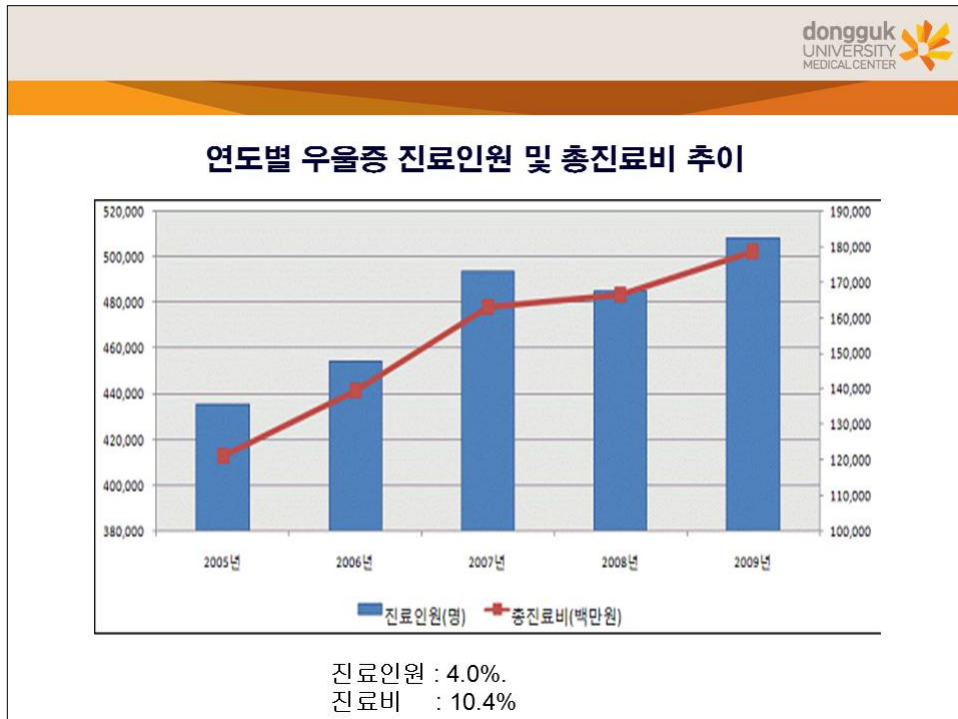
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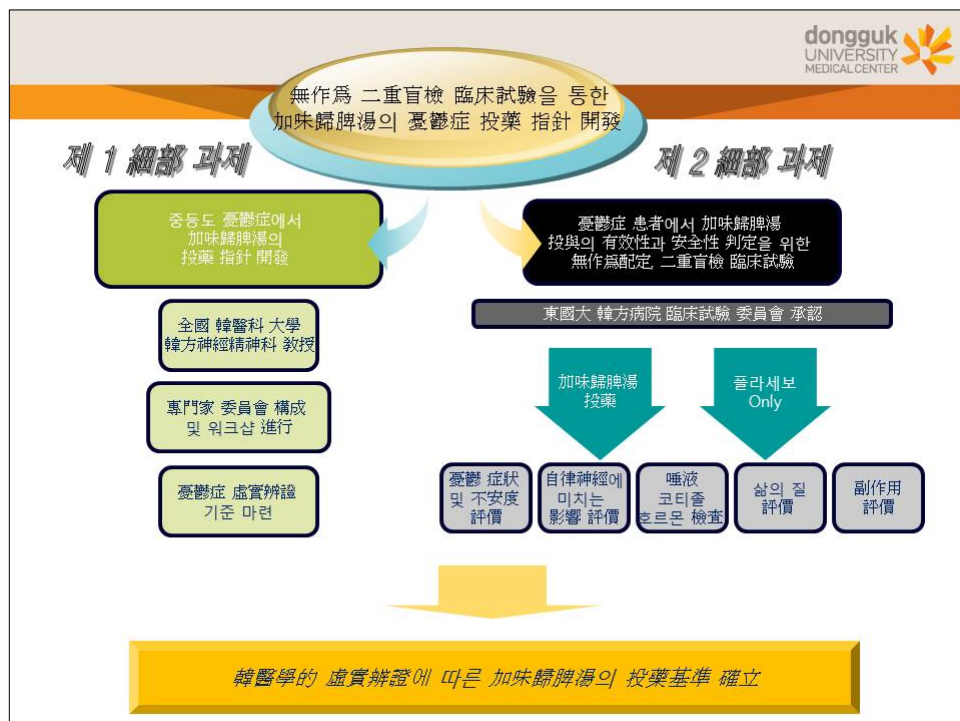
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研究의 必要性



- ❖ 處方을 決定짓는 標準化된 基準未備
- ❖ 憂鬱症에 加味歸脾湯을 辨證하여 處方할 수 있는 客觀的이고 標準化된 指標의 開發이 要求됨.
- ❖ 文獻 考察 및 安면타당도 確保 - 憂鬱症의 辨證과 관련한 21 問項의 設問 問項 確定
- ❖ 信賴度 및 妥當度 分析



方法

dongguk
UNIVERSITY
MEDICAL CENTER

憂鬱症 辨證 設問紙 基礎 模型 設定

(Depression Pattern-Identification Questionnaire : DPIQ)

1. 段階

文獻 考察

問項의 一般化, 問項抽出 및 修訂

80 問項

2. 段階

專門家 妥當度 調査

妥當度 評價 (無關聯 1점, 多少關聯 2점, 아주 關聯 3점, 매우 關聯 4점)

問項再選定 46 問項

3. 段階

專門家를 통한 妥當度 의 再評價

妥當度 評價를 통한(上同) 問項의 再選定

39문항

4. 段階

專門家 意見 收斂 39 問項 중 7人 以上 이 3점, 4점을 問項 選定 (21문항)

21 問項 最終 選定

憂鬱症 辨證 設問紙 (DPIQ) 基礎模型		dongguk UNIVERSITY MEDICAL CENTER				
이름 _____ 연령 _____ 세 성별 남 / 녀 작성일 _____ 년 _____ 월 _____ 일						
☞ 최근 당신의 상태를 가장 잘 나타낸다고 생각되는 응답에 √ 표를 해 주십시오.						
항 목	전혀 그렇지 않다	그렇지 않다	보통이다	그렇다	매우 그렇다	
1	기분이 우울하다	0	1	2	3	4
2	매사에 의욕이 없고, 흥미가 없다	0	1	2	3	4
3	집중이 잘 안 된다	0	1	2	3	4
4	미래에 대해 비관적인 생각이 든다	0	1	2	3	4
5	자살에 대해 생각하게 된다	0	1	2	3	4
6	불안 초조한 느낌이 든다	0	1	2	3	4
7	꿈이 많은 편이다	0	1	2	3	4
8	잠들기가 힘이 드는 편이다	0	1	2	3	4
9	자다가 자주 깨는 편이다	0	1	2	3	4
10	목소리에 힘이 없고 소리가 작은 편이다	0	1	2	3	4
11	누워 있기를 좋아하고 움직이기 싫어한다	0	1	2	3	4
12	자주 피곤하다	0	1	2	3	4
13	식욕이 없다	0	1	2	3	4
14	가슴이 답답하다	0	1	2	3	4
15	이유없이 가슴이 두근거릴 때가 있다	0	1	2	3	4
16	목에 무엇인가 걸린 듯한 느낌이 든다	0	1	2	3	4
17	한숨이 나온다	0	1	2	3	4

結果

❖ 臨床妥當度

Items of DQIQ	Mean (Standard deviation)	
	Depression patient (n=41)	Normal control (n=78)
1 기분이 우울하다** (feel blue)	2.94(0.63)	1.40(1.02)
2 버사에 의욕이 없고 흥미가 없다** (no desire and interest)	2.94(0.75)	1.46(0.98)
3 집중이 잘 안 된다** (hard to concentrate)	3.18(0.68)	1.82(1.04)
4 미래에 대해 비관적인 생각이 든다** (think gloomily of future)	2.79(0.81)	1.15(0.93)
5 자살에 대해 생각하게 된다** (think of committing suicide)	1.94(1.14)	0.39(0.69)
6 불안 초조한 느낌이 든다** (feel nervous)	2.91(0.81)	1.32(1.01)
7 꿈이 많은 편이다** (dream a lot)	2.45(1.18)	1.79(1.27)
8 잠들기가 힘이 드는 편이다** (hard to fall asleep)	2.75(1.09)	1.45(1.28)
9 자다가 자주 깨는 편이다** (wake up several times during the night)	2.84(1.00)	1.05(1.07)
10 목소리에 힘이 없고 소리가 작은 편이다** (weak and undertone voice)	2.15(1.02)	1.27(1.12)
11 누워 있기를 좋아하고 움직이기 싫어한다** (like lying down and dislike moving)	2.72(1.10)	2.13(1.12)
12 자주 피곤하다** (tired often)	3.28(0.78)	2.25(1.05)
13 식욕이 없다** (off my oats)	2.09(1.01)	0.97(0.93)
14 가슴이 답답하다** (feel heavy in the chest)	2.56(0.82)	1.49(1.08)
15 이유없이 가슴이 두근거릴 때가 있다** (sometimes leap up with no reason)	2.79(0.87)	1.38(1.12)
16 목에 무엇인가 걸린 듯한 느낌이 든다** (seem to get something in my throat)	2.21(1.09)	0.94(0.93)
17 한숨이 나온다** (heave a sigh)	3.01(0.82)	1.38(1.14)
18 얼굴에 열이 오른다**	2.54(1.01)	1.90(1.15)

臨床研究 計劃書

	• 우울증을 유발할 수 있는 신체질환에 따른 2차성 우울증 환자 • 이전 우울상화, 혹은 이번 우울상화에 항우울제를 충분히 기간 동안, 충분한 용량으로 사용하였으나 효과가 없었던 환자 • 현재 심각한 자살 위험이 있다고 판단되는 환자 • 연구에 참여하기 12개월 이내에 알코올이나 약물남용의 가능성이 있었던 환자 • 임산부, 수유부, 또는 적절한 피임을 하고 있지 않은 가임연령의 여성					
목표한 피험자 수	군당 84명					
	군	가미귀비탕 투여군	위약 투여군	계		
	피험자수	67명	67명	134명		
	탈락률(20%)을 고려한 수	84명	84명	168명		
St. John's wort를 사용한 우울증의 임상시험결과에 근거 d= 0.18, 유의수준 5%, 검정력 80%로 가정하고, 공식에 대입함						
<독립된 두 집단의 유효율 우위성 임상시험을 위한 피험자 산출 공식>						
$n_A = \frac{\left(z_{1-\frac{\alpha}{2}} \sqrt{2pq} + z_{1-\beta} \sqrt{p_A q_A + p_B q_B} \right)^2}{\Delta^2}$						
여기서 $p = \frac{p_A + p_B}{2}$, $q = 1 - p$						
피험자 산출 근거	Two Independent Proportions (Null Case) Power Analysis					
	Numeric Results of Tests Based on the Difference: P1 - P2					
	H0: P1-P2=0. H1: P1-P2=D1>0. Test Statistic: Z test with pooled variance					
Power	Sample Size Grp 1 N1	Sample Size Grp 2 N2	PropH1 Grp 1 or Treat P1	Prop Grp 2 or Control P2	Diff if H0 D0	Diff if H1 D1

臨床研究 計劃書

	하고 투약을 중단한다. 이후 4주간의 추가 관찰 기간을 가진 후 다시 3차 평가를 한다. 단, 환자의 추적은 매 2주마다 시행한다.
평가기준	1. 우울증상 및 주관적 불안정도의 개선정도 2. 바이오피드백을 통한 자율신경에 미치는 영향 평가 3. 타액 코티솔 호르몬 검사 4. 삶의 질 평가 5. 혈액 간기능 검사를 통한 부작용 평가
통계학적 고찰	양적변수에 대해 측정값과 표준편차에 대한 t-test 시행
임상시험 흐름도	전환 또는 직접 방문하여 스크리닝 1차 방문 (0주) 건강문진, 기해현상 등으로 적합여부 판별 중요성 위험 우울증상 평가, 삶의 질 등 설문평가 혈액검사 2차 방문 (2주차) 우울증상 평가, 삶의 질 등 설문평가 바이오피드백 검사 호르몬 검사를 통한 문제 혈액검사 무작위 배정 후 약물 분배 2주분 A군 가미귀비당 4g B군 플라세보 4g 2차 방문 하루 후 집 또는 직장에서 자가 타액 채취 가상 직후, 오후 4시경, 취침 직전 3회 3차 방문 (4주차) 자가 부작용 보고 타액검사 부분 수거 4차 방문 하루 후 집 또는 직장에서 자가 타액 채취 가상 직후, 오후 4시경, 취침 직전 3회 5차 방문 (8주차) 자가 부작용 보고 타액검사 부분 수거 연습 약물 분배 2주분 6차 방문 (10주차) 우울증상 평가, 삶의 질 등 설문평가 바이오피드백 검사 호르몬 검사를 통한 문제 혈액검사 6차 방문 하루 후 집 또는 직장에서 자가 타액 채취 가상 직후, 오후 4시경, 취침 직전 3회 7차 방문 (14주차) 우울증상 평가, 삶의 질 등 설문평가 바이오피드백 검사

患者의 評價 變數

憂鬱症狀 評價 (해밀턴 憂鬱尺度)

**Primary
outcome**

自律神經 活性度 (Biofeedback)
唾液 호르몬 檢査 (cortisol)
自家 不安 評價 (STAI-1)
삶의 質 評價 (SF -36)

**Secondary
outcome**

身體檢診, 活力徵候, 臨床病理學的 檢査,
主觀的 異狀反應, 客觀的 異狀反應

**Safety
evaluation**

This clinical experimental design was a randomized, double-blind, placebo-controlled procedure

Methodology

A total of 164 male and female patients, between 19 and 80 years of age, were selected.

condition of > 13 of the Hamilton depression (Ham-D) rating scales

Patients were randomized into either GGBT (n=82) or placebo group (n=82).

Subjects in GGBT group were given 3 capsules of GGBT daily (4,000 mg extracts/day), whereas the placebo group received 3 placebo capsules daily.

The effects of GGBT were assessed on day 1 and at week 8 of treatment with respect to depression (Ham-d17 scale), quality of life (SF-36 questionnaire) and

加味歸脾湯 處方 構成

Table 1. Formulation of GGBT

Full name	Part used	Amount (g)
Ginseng Radix 人蔘	Root	1
Atractylodes Macrocephalae Rhizoma 白朮	Root stock	1
Poria cocos 茯苓	Root	1
Longanae Arillus 龍眼肉	Testa	1
Astragali Radix 黃芪	Root	1
Angelicae Gigantis Radix 當歸	Root	0.67
Polygalae Radix 遠志	Root	0.67
Bupleuri Radix 柴胡	Root	1
Gardeniae Fructus 梔子	Fruit	0.67
Glycyrrhizae Radix 甘草	Root stock	0.33
Aucklandiae Radix 木香	Root	0.33
Jujubae Fructus 大棗	Fruit	0.67
Zingiberis Rhizoma Siccus 生薑	Root stock	0.33
Zizyphi Spinosae Semen 酸棗仁	Seed	1
Moutan Cortex Radicis 牡丹皮	Root skin	0.67
Total amount		11.34g

Efficacy Analysis of GGBT							
	GGBT			Placebo			P value
	Baseline (n=82)	Week 8 (n=81)	Change	Baseline (n=82)	Week 8 (n=81)	Change	
HAM-D17	14.96 ± 1.84	9.23 ± 3.23	-5.71 ± 3.23	15.18 ± 1.98	8.47 ± 3.41	-6.71 ± 3.41	0.082
SF-36							
Physical Functioning	21.67 ± 4.28	23.59 ± 3.55	1.37 ± 4.21	21.91 ± 3.58	24.11 ± 4.88	2.24 ± 3.53	0.1969
Role Physical	5.09 ± 1.22	5.60 ± 1.43	0.44 ± 1.50	5.47 ± 1.42	6.26 ± 1.45	0.79 ± 1.24	0.1169
Bodily Pain	6.62 ± 1.93	7.23 ± 1.77	0.578 ± 1.89	6.42 ± 2.04	7.74 ± 2.32	1.31 ± 1.79	0.0241*
Vitality	9.56 ± 3.81	11.57 ± 2.93	2.15 ± 3.64	9.37 ± 3.52	12.38 ± 4.06	2.93 ± 3.75	0.2998
Social Function	5.12 ± 1.54	6.17 ± 1.32	0.86 ± 1.84	5.04 ± 1.47	6.18 ± 1.71	1.11 ± 1.87	0.6441
Role Emotional	3.79 ± 1.10	4.44 ± 1.28	0.56 ± 1.61	4.02 ± 1.37	4.67 ± 1.23	0.63 ± 1.74	0.7695
Mental Health	13.15 ± 4.14	17.26 ± 4.35	3.93 ± 5.11	12.99 ± 4.18	17.32 ± 4.81	4.10 ± 5.11	0.8352
General Health	10.93 ± 3.19	13.24 ± 3.95	2.20 ± 3.87	12.67 ± 4.04	14.31 ± 4.48	1.68 ± 3.71	0.0795
Salivary cortisol (nM)	8.22 ± 7.01	8.56 ± 6.01	0.23 ± 1.20	7.52 ± 4.17	6.75 ± 4.63	-0.71 ± 1.04	0.0343*

Note: Values are expressed as mean±DE. Group differences in changes from baseline were tested by student's t-test ($\alpha = 5\%$). *P

Determination of salivary cortisol	
Salivary cortisol samples were collected in the morning (within 30 min after awakening). Subjects were instructed to avoid eating, drinking, chewing gums or brushing teeth before sampling. Upon arrival, samples were kept in the -80°C deep freezer at least overnight. Samples were thawed, mixed carefully and then centrifuged at 3,000 g for 5 min. Supernatants were used to determine the cortisol concentration by ELISA using commercially available kit (DRG Instruments GmbH, Germany).	
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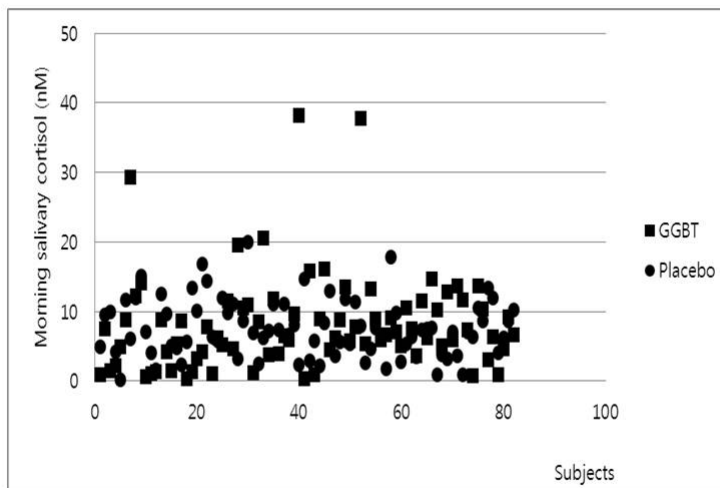
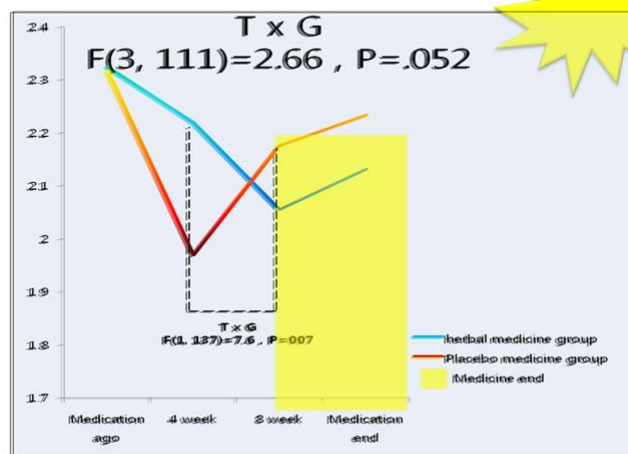


Figure. 1. Individual data points for morning salivary cortisol. Square represents cortisol data for GGBT and circle for placebo

Biofeedback의 EMG 4-8周 限定 效果



- **Change of EMG**

- GGBT group show decrease of muscle tension during stressful task
- Placebo group show increase of muscle tension during the identical task
- The decreasing effect described above were only found on active treatment phase and the effect was disappeared after ceasing treatment

- **Change of psychophysiological activities were not found on other psychophysiological measures(ex. Breathing, Skin conductance, skin temperature ...)**

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Conclusion

- **a mixture of Korean-traditional medicinal herb extracts, GGBT, may be used to increase morning **cortisol levels** and relieve **Bodily Pain** in the depressive patients with hypoactivity of HPA axis.**
- GGBT group show decrease of muscle tension during stressful task

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摘要

阴阳生就太极宫，疾病来自脏腑中，
五行无情体则病，气血平衡经络通。

Theory of Yin and Yang

Han Hui, Li

Jinxian County Chinese medicine herbal country church, China

Abstract

Yin Yang Tai Chi house born, from internal organs in diseases,
Five lines of ruthless body disease, Qi and blood balance main and collateral
channels.

一、剖 释 阴 阳 气 血

只要是学中医的，一翻开书就布满了金木水火土和阴阳二字，说起阴阳，大家又会联想到易经八卦。所以医家一致认为，不懂易不可以言医。因为：阴阳学说和太极是分不开的。太极与九宫八卦也是分不开的，阴阳与大自然中的日常生活更是分不开。所以说医易相通所为众医家所共识。我代表个人观点谈谈对中医对阴阳二字的认识：什么样的状态才是属于我们人体正常的阴阳平衡，气血运行又是怎么样一个循环过程，把阴阳水火气血的平衡与失衡的状态向各位同行做一个简单的汇报。

人们常说的气血二字就代表着阴阳，也是中医阴阳学说的焦点问题，古代医学家唐容川，在《血证论》一书中，谈到，阴阳水火气血论，讲得很明确。气血，是中医用来说明人体能量物质的一个名词，并不是代表什么实质性的东西。是由，血和气，合化为一体，组成一种在体内育化人体脏器的能量物质。就象大自然中的云雾和空气氤氲万物一样。而又是相对抗又统一协调，相辅相成分不开的关系。所以，中医称之为；气为血帅，血为气之母，血气，相生又相克，也就是说：阴阳即相合又相冲。无阳不长，无阴不生，阴助阳长，阳助阴生，相互依存的脏腑与经络的平衡关系。阴阳合起来，就会互化成一种很玄乎的物质能量在脏腑内支配着人的生命。

有很多行家误解了中医的大道理，说中医是伪科学，不能跨进科学之门。认为古代中医只要背熟经典著作，药性，汤头歌诀就可以行医了。药王神孙思邈说得好，“读方三载便为天下无病可治，行医三年，认为天下无方可用”。特别是这个年头，中西理论混杂一气，完全脱离了同症不同方的阴阳辩证原则。花钱买个什么学历证书就是专家。还有的人说：古代的名典医学著作“不明脏腑，是痴人说梦”。实际上中医重点是讲人体经络学，人体解剖学是西医的知识。只要对尸体做过解剖的医生，就能看到有一些线路遍布全身，即，血管和神经干。西医大夫就误认为这就是中医的经络。实际不能这样理解，中医经络是通过对活人的动态来感应的一种象。西医解剖在血管里又能看到实质性的血液，只不过里面的血，有清有浊有多有少，就认为这是中医说的血。这样又误认为所谓经脉就是指血管的意思了。《内经》又有“脉者，血之府也”的定义，此后的中医经典著作也经常见到“血之随气，循环经络、血循经脉”等说法。所以有人误认为：经脉就是血管。神经就是经络。如果这样理解，气功大师说的全身经脉已断，可以理解是全身血管断了。实际上，经脉就象航空线路一样，也是看不到的。如果西医解剖死人看，动脉血管中的血迅速排空了。因此在解剖尸体时，会发现动脉血管里是空的，没有血。只有静脉中含有血。这就让研究者误以为动脉不是运输血液的，而是运输气的解释了。很多搞中医的也就被西医的这种理论误解了。认为动脉的作用是供“气”的，静脉的作用就是供血的。所以就把动脉的搏动当成是中医的号脉了。如果是这种思维方式来理解阴阳气血，中医就还没有学到家。就不能拿到一个博士证书称专家。大家想一想，解剖能看到血，而看不到气。这是为什么呢？因为：中医讲的气血是指人体内不可缺少，又看不见又存在的一种能量物质。血中有气，气中有血。阳中有阴，阴中有阳。并非某些人说的，动脉的起伏搏动就是号脉，什么叫把脉，什

么是号脉，什么是切脉你分辨得清楚吗？人体动脉到处都是，祖先传下来的技术为什么偏偏在手上把脉。中医号脉只是感应的一种象，信息的传递。一种象数感应的技巧，号脉就象艺术家拉二胡掌握多种音律。我们用耳朵听到各种声调，分辨出多种歌曲一个道理，中医号脉是通过神门穴道。神门。神，与鬼相对，气也。门，神鬼出入的门户。该穴名意：指心经体内经脉的气血物质由此交于心经体表经脉。本穴因有孔隙与心经体内经脉相通，气血物质为心经体内经脉的外传之气，其气性同心经气血之本性，为人之神气，故名神门。只有在这个神出鬼没之门，能了解到各条经络发出来的频率信号，医生通过脉象信号来判断脏腑疾病的归属地。民间叫神门脉诊法。我在《信息脉学》一文中说得很清楚，在此只论阴阳不论脉学，暂不谈脉象学…

所以：气和血也是一种摸不到看不见的能量物质。中医说的血，并非完全理解为西医说的血管里的血液，如果这样解释，就不用阴阳辨证了，直接叫气血辨证不就行了吗？。为什么中医把表理寒热虚实阴阳为八纲辨证法。唐容川为什么说，“阴阳水火气血”论。还加上了水火两个字。说明了气血两个字不容易解释。气血也就象电线里的电流，和空气中的氧分子一样的道理。在现实生活中我们看不到而又存在的东西有很多，大自然的空气，农药的毒气，煤气，各种腐烂的东西散发的气味，电脑副射力，声波震动力，都是我们看不见的。就象我们说的灵魂一样，虽然看不见，但一定有，只要有感应的东西都存在。不知诸位曾记得八十年代初用电池容量的录音机，当电力不足时你听到的声音跑板走调特别难听。你看电池的外表根本就看不出好坏，这大概可理解为中医说的元气不足。

因为：在认识人体的这个观点上，中医和西医就开始有差异。西医是从解剖学上研究人体的，是静态的。中医是从经络学说研究人体的，是动态的。解剖的是死人，死人与活人之间，就有着大不相同的奥秘之差，死人没有任何情绪，活人有千百万种的复杂动态，精神情绪的变化，对人体的生理影响非常大，情绪变化会引发人体的很多慢性疑难怪病，目前，再高级的西医仪器，也查不到精神情绪方面实质性的病变。所以，西医就也无法入手治疗人的情志病。

比如：一个人受了大刺激，先引起了失眠，后造成了精神病。仪器检查，脑神经细胞一个都没有损坏，根本没有实质性的病变，找不到病根，所以就也无法医治，中医认为，人体经络里存在着无数的精微体液在活动，目前根本没有什么仪器能观察到人体经络是怎样运行的。从这个观点来看，中医是研究活人的科学为标准，西医是解剖死人的科学为依据，活人是动态的，死人是静态的，中医论述的是，看不到的无形之气在运动，西医论证的是解剖学，看得见摸得着的，实质性的东西。中医看病，就象电工检查电线故障一样，断开电源就看不出电路故障在那里，因为电线里，也暗藏着无数精微的电流在运行，这种无形的力量，发明电的人也是无法看见的，人体经络运行就等于电线里的电流电压一样，而且威力巨大。这就说明了中医和西医，从认识人体这方面，就开始与西医有不同的科学。当然、在治疗方法上，也自然有不同的治疗手段，中医看病，讲的是阴阳辩证法，中医用药讲究的是，君臣佐使搭配，使药物在人体内起到输通气化的功能。西医是看实质性，现实

的问题，对某种病制造出，特定的专项药品，来控制或消除疾病某种症状的发生，所以有的人，不去医院，参照西药的说明书，自己当自己的医生，也能解决一些小毛病。中医就不可以照书行方，更不可以头痛医头，脚痛医脚，中医强调辨证施治，很少单一用药，都是一组一组的方剂，西医用药比较单纯，是真对性的疗法，就象一颗子弹打中一个地方，治疗肺部的药又不能治疗大肠病。比如，扩张脑血管的药，就是扩张脑血管，扩张心血管的药，就是扩张心血管，西比灵，是扩张脑血管的，就不扩张心血管，硝酸甘油，是扩张心血管的，又不能扩张脑血管，西医是研究如何控制某种症状，把症状控制了，再由人体本能的免疫系统来自行修复，万一控制不住，发现了那里有实质性的问题，（肿瘤、息肉、溃烂）就在那里一刀子解决。你把实质性的东西切除了，也没有解决根本问题，就好比用镇压的强制手段制服了一个人，但没有解决思想问题。就象西药降糖、降压的药一样，治标不治本。实际上有很多病症目前也是无法手术的，如：、癫痫病，失眠，精神病，过敏症，月经不调，高血压，糖尿病等一些慢性并发症，都是目前手术无法解决的。我国的中医，是研究怎样防止疾病的发生，一旦有了疾病，千方百计也要找到病源的归属地，再用药物来调整和控制疾病的发展，所以就存在了，我国几千年来，祖先给我们留下来的药食同源中医药养生文化。

首先我们必须知道人体在什么状态下是属于正常的阴阳平衡状况，才能懂得什么状态下就是失去了平衡。人体阴阳平衡的正常状态，按中医脏腑经络的理论，结合易经中的解释为：以心肾为主体，水火为阴阳代表的一个名词。丁火属心，为手少阴、癸水属肾，为手少阳、常人丁火下降，以温癸水，所以下寒不生，癸水上承、滋润心火，因而心家清凉，上热不作。阴阳转换互化，上通下达形成了一个水火相济的状态，就象大自然白天的阳热黑夜的阴寒育化万物一样。这就是正常人体阴阳互化运动的平衡状态。

什么叫互化？易经爻辞有一句话，见群龙无首吉。在中医说来就是五行运动，至极则生变，阴阳不断反复循环，无首无尾生生不息。就象自行车的链条一个紧挨着一个的一种良性循环，这样才符合人体气血平衡的自然规律。包括大自然的风雨雷电，春夏秋冬，晴雨昼夜都一样。此为正常的大自然的阴阳平衡状态。地震就可以说是大自然有失了平衡之处。中医把心肾相交称之为阴阳平衡的最佳状态。

在日常生活中，我们可以发现，有的人一睡下去就不容易叫醒，这种的睡眠质量算是最高效率。也就说明是心肾相交得非常紧密。易经中有一卦叫，水火既济，也就是阴阳和谐之象，人体脏腑经络上下相通，就达到了人体气血运行平衡。

俗话说：水火不相容，此为天地表象之说，人体中，就是以心肾代表着阴阳，人体水火若不相济，心肾就不相交、心肾不相交，下焦必生寒，下焦有寒，上焦定有热，这就叫寒从脚下起，无寒不生火。下焦有寒，上焦就会有虚火，虚火上升，心火就难以下达肾经，肾水就无法上承，就好比一把火没有在灶里烧，而在锅盖上烧起来。火在上而水在下。形成了一个火水未既之象，人体自然寒热不分。一到夜深，大自然的温度低下，外寒加内热，人心烦躁无法入睡。就失眠了。虚火上升就很容易引起慢性咽喉炎、口腔溃疡、脸颊生脓

疮，慢性支气管炎，上呼吸道疾病等…

我们在临床中，也经常会遇到一些，上呼吸道感染，感冒发烧，扁桃体炎，久咳不愈的小孩，有些小孩，稍受一点风寒就感染肺部，发烧，慢性支气管炎。中医称之为，肝火犯肺，而且打一星期的抗生素都不奏效。我在临床中就经常用一些，益肺通便的中药，却十分灵验。为什么？因为，中医治病，重视脏腑经络阴阳表里关系。当寒气进入人体或寒气从人体排出时，人体的相应器官会有感应信息。比如：当肺部受寒或排寒时，大肠就会有相应的同步反应，有些人，通常在感冒咳嗽期间，有时候也会出现便秘现象。如果，当大便通畅时，感冒也就不知不觉的好了。为什么？这就是中医的阴阳表里对应关系，这也是中医认识人体，和西医认识人体的差异之分。中医讲究阴阳辩证表里关系。因为，中医确认，肺与大肠是脏腑阴阳相表里的关系，人们常说：表里如一，也就是这个道理。中医治病的原则是，把疾病从里治到外，把阴病转化为阳症，使病情向好的方向转变，阴阳会通，达到治愈的目的。这就是中医脏腑经络之间的五行生克制化的原理，和西医说的免疫系统修复细胞的一个转换过程是一个意思。这就叫人们常说的治病要治本，每个脏腑经络都是有着紧密联系的，中医讲究的是，脏腑经络内外联通，“金、木、水、火、土”五行气化的平衡运动，人体脏腑来源以十二条经络为主线，相应的十二正经包括：心，小肠，肝，胆，脾，胃，肺，大肠，肾，膀胱，心包和三焦。每个经络联系都十分密切。中医在认识人体经络，和西医人体解剖学的观点上，就有天壤之别的差距。完全用西医的理论来解释中医，会误入歧途，难着边际。

举个例子说：2008年在南昌，徐博士的一个亲戚，整个下巴长满了脓疱疮，有的已经破溃流脓，红肿得很高。西医叫感染性炎症。按照常规治疗，打点消炎药不就行了吗。那个人说，我都打了三个多月的消炎药了。一年多也没有睡过一天好觉。

徐茨芬（女）中医世家，国际医学博士，马来西亚大使，不仅精通西医，中医方面也有独到之处。以前也开了很多清热解毒的，凉血活血的：银花，连翘，蒲公英，紫花地丁，板蓝根，大青叶，还有黄芩，黄连，黄柏之类，苦寒的中药。吃得胃都疼了，为什么会吃得胃痛呢？医家有一句名言。“莫待苦寒伤胃腑，阳明无热不轻攻”。我看了徐博士开的药方，对症没有治本。因为：辨证还没到位。所以：药不凑效，中医对脸部是有分区的，下巴这个地方属于肾。

徐博士说：“他患的是毛囊炎，细菌感染，这属于肾吗？”。小李，“化脓感染的都是属于实证”。我说：凭什么说是实证呢？你问问他病了多长时间。那个人说：有一年半了，开始比较轻，最近三四个月越来越严重。现在快两年了，这是慢性炎症还是急性？徐博士说：“炎症就是炎症，急慢都一样消炎”。我说，治疗原则上是没有错，就是辩证虚实有误。很多医生容易犯这样的错误，对症不对病，治表不治本。所以就治不好。为什么？因为：急则治其表，缓则治其本，久病多虚，初病多实。徐博士说：“这究竟是实证还是虚证？从你的这个角度来看，能不能辨成肾阴虚呢？”“虚阳上亢，虚火上炎”。我说：行，有点门了。如果说是肾阴虚，就养阴。开个知柏地黄汤，补肾阴，加知母，黄柏，泻虚阳。这就对了。开

完药方后，我看了看徐博士开的药方。帮她加了三味药：一个是热药，肉桂六克，另一个是麦冬六十克，牛膝十克。徐博士说，你加肉桂干什么？他是个炎症呀，你还加热药干吗？我说，引火归源呀。他上面虚火上来了下不去，再在底下给它点把火，牛膝正好引血下行，把火引下去不就消了上面的炎热吗。她说，这理论是真的还假的呀？那你又加麦冬干什么？麦冬没有补肾阴的功能呀？我说，现在是肾阴虚了，虚火上炎，所以，我们在补肾阴虚的基础上，重用麦冬来养肺阴，这就叫：虚则补其母，儿病母受苦。治病要治本，虚实辨清楚。西医治病，治的是人得的病，不管什么炎症，都用抗生素，用得时间长了病菌很快就会产生抗药性，所以，有些感染性疾病很难治愈。而中医治病，治的是得病的人。根据中医理论，人的很多病症都可能与阴阳失衡有关，所以要利用药物调整阴阳，抗生素没有调平阴阳的作用，这个病人吃了一个多月的中药就完全好了。一切证明了中医不是伪科学。

在这个病例上，涉及到肾阴虚，虚阳上亢，也涉及到阴阳的问题。在这个病例里，还涉及到虚则补其母，又涉及到五行中金水相生的问题，也就涉及到了阴阳五行互化的真气运动。

那么，这阴阳五行到底是怎么一回事呢？

张仲景在他的《伤寒论》里，用阴阳对脉象进行了分类，用阴阳对证候进行了分类。阴阳和谐是健康的保证，阴阳失调就会产生疾病。治疗疾病，就是运用各种方法，用各种不同性质的中草药，使人体的阴阳重新达到平衡和谐的目的，病就好了。

在我们日常生活中，阴阳几乎无处不在，无处不有。一个国家，如果君王昏庸无能，定会出现奸臣。可能发生政变。一个家庭，如果女士在事业上名气比较旺大，男士稍差一点，人家就会说，这个家庭阴盛阳衰。可能第三者插入，容易婚变。一个人体，如果阳气不盛，外邪就容易进入，容易病变。

人体就是一个九宫八卦图，看懂了这张图就能辨证阴阳看准病。太极八卦图大家都见过，太极分阴阳，一个大圆圈里有两条鱼，一条白的，一条黑的，黑白分明，代表着阴阳两道，两条鱼中都有眼睛，黑鱼的眼睛是一个小白点，代表阳，白鱼的眼睛是一个小黑点，代表阴，这就是阳中有阴，阴中有阳，人体也就是一个八卦图，这两条鱼的眼睛，在人体中就代表着人体内的真阴真阳，用我们的人体来比喻，手掌心的劳宫穴，就代表着太极八卦中的，白鱼眼睛，为真“阴”。脚掌心的涌泉穴，就代表着太极八卦中的。黑鱼眼睛，为真“阳”。比如：一个手掌心经常会发热的人，中医理论是：热为火，火为阳，那么这个人是否是阳病呢？实际不是的，是阴病，因为阳不可藏，阴不可露，阴盛则阳病，阳盛则阴病，阴阳是相互相成助长的。

什么是重阴重阳症，重阳必阴，重阴必阳，严重失去平衡的重阴重阳症。比如说：一个风寒感冒的人打吊针，本身就是风寒乘虚而入，寒湿过重，闭住肺经，未能发散，西医是不讲究阴阳辩证的，不分什么风寒风热感冒。无论什么感冒西医治疗，只有大量输入寒冷的水液进入血液，如果阳虚体质的人，内寒不出，就有可能造成寒极生热、阴到极度就会向

阳的方向发展，寒邪入内化热为阳，突然高烧。并非细菌病毒而至，实际上我们在临床中碰见的输液反应就是这个道理，这就叫重阴必阳。又比如说：大暑热天，中暑的人，大自然外界的温度太高，人体内热无法排出，内热不散，就会热极生寒，这就是阳盛到了极度就会自然向阴的方向发展，所以，中暑的人就会出现四肢冰凉，没有体温，血压下降，这就叫重阳必阴。这些物极必反的表现都是因条件而变化的。所以中医治病就和西医有区分，就不能头痛医头脚痛医脚，就有阴症阳治，阳症阴治的方法，当人体发生严重阴阳失调时，五脏六腑就会出现恶性循环，造成恶疾。

因为有了阴阳，才有了生命，阴阳就是化育生命的本源，那是我们的祖先发明的。所以，古人在画阴阳太极图的时候，要沐浴更衣，深居密室，闭关修炼，诚心涤虑，认认真真地来画这个阴阳太极图。现在有些人把这门科学看作是迷信。

大自然阴阳协调，则风调雨顺，万物生长，如果因为某种原因打乱了这种阴阳协调的常规，就会产生自然灾害，从而会危及大自然中的各种生命。根据天人相应的观点，我们人体中，如果打破阴阳协调的常规，饮食不节，起居无常，则会产生疾病。那么，中医是用什么办法来协调人体内阴阳平衡的呢？

自然界阴阳二气的协调，不断运动和变化，才有了生命，对人体的生命来说，阴阳二气的协调，就是健康的保证。《黄帝内经》中说，“阴平阳秘精神乃治。阴离阳决精神乃绝”。对阴阳平和协调的关系，以“阴平阳秘，精神乃治”来表述。阴精宁静不耗，阳气固密不散，阴阳双方保持动态平衡，才能使人精神旺盛，生命活动正常。故李中梓在《内经知要·阴阳》说：“阴血平静于内，阳气秘密于外，阴能养精，阳能养神，精足神全，命之曰治。”就是说：若阴阳的动态平衡被破坏，任何一方出现偏盛和偏衰，即为病态。原文并以四季变化为比喻作了形象的说明。指出：“两者不和，若春无秋，若冬无夏。若发展到阴阳离决的地步，就会导致精气乃绝的严重后果。阴阳平衡不仅关系到人体的健康与疾病、而且关系到万事物万的生存与死亡。

如何正确理解“阴平阳秘”现代学者对“阴平阳秘”的诠释有：阴阳动态平衡，以及非平衡稳态等不同的解释，且常常引起中医界的争议。究其原因何在，就在于诠释者所采用的理论基础不同。天资悟道不同，认识观点就不同。从圆点哲学的角度而言，我个人观点是：平衡是指阴阳在相对的矛盾中发展，既统一又协调与不平衡相对的一种表象，是事物发展稳定性和有序性的标志之一。而阴阳在矛盾的事物发展过程中，又是对立而又统一的关系。比如：心为火，肾为水，水火本为相克，却偏偏是这种对抗性的东西为和谐发展，表面上可以说水火不相容，是相克的关系，实际上是克中带合最为平衡。就象男女结婚生子一样的道理，如果俩个男的或俩个女的，同性是不可能结婚生子的。故“阴平阳秘”。也可以说就是指阴阳的平衡发展，在平衡发展之间又有相互监督的意思。阴者藏精而起极也，阳者卫外而为固也。真阴要有收敛收藏阴精的作用，并能滋养真阳收敛真阳，就象一个女人（妻子）会管家（阴平）。真阳要有生长生发抵御外邪并不让真阴外泄的一个作用，就象男人（丈夫）会保护女人又会赚钱（阳密）。也就是阴阳互根，阴阳在各司其职的情况下，才

能做到精神内守，心肾相交的境界。阴阳就平衡了，协调了，这个人的身体就是健康的。

什么叫疾病？阴阳乖戾，疾病乃起。乖戾是什么意思？就是阴阳将要失调了，好比君臣都在为了国家和人民利益着想，但是观点不一，没有统一部署，又言行不一，不合情理。阴差阳错，阴阳完全对抗了，没有相互起长补缺，互惠互利的融业，偏执一气就会产生疾病。读过易经的人就会知道，天干地支中就有合化，丙辛合化“水”，丙代表着五行中的火，辛代表五行中的金，金火为相克的五行。丁壬合化“木”，丁在五行中为火，壬在五行中为水，也是相克的五行。地支中有合化，巳申合化水，都是克中带合的五行组合，这些五行的属性都是在相克中合化，完全证明了阴阳是在对抗性，又统一性，协调性保持着和谐共存的关系。包括社会科学的各行各业发展也是一样，都是在阴阳对抗中协调互化前进的。

我们中医在治病的时候，采取的又是什么方法呢？总原则是调和阴阳，使之归于平衡。张仲景在他的《伤寒论》说过，凡病，若发汗，若吐，若下，若亡血，亡津液，阴阳自和者必自愈。就是说：凡是各种疾病，经过汗法，吐法，下法，这种方法医治后，致病的邪气虽然已经过去，可是正气还有所损伤，在这种情况下，只要通过肌体的生活调节和适当的调养，体内阴阳和谐了，自调了，剩下的不舒服就自然好了。也就是说，中医治病的目的是，调和人体阴阳。为了调和阴阳，就要涉及到各种方法的手段，其中像针灸，按摩，都是用来帮助人体调和阴阳的。但是，大家最关心的是：配个什么好方子，怎么用药物来调整人的阴阳平衡。因此本草纲目就从此问世了。

其实，中药是我们的祖先在认识食物的过程中，同时认识了药物的。我们远古的祖先，来到这个自然界，他首先要寻找食物来生存。在寻找食物的过程中，他发现了某种东西味道不错，吃完后感觉人体很舒服，就把这种植物当食物了。比如：大米，小麦，五谷杂粮和一些有益人体的营养果子。可以用来充饥。如果某种东西味道不太好，吃了以后会上吐下泻，或者苦涩，酸辣，这种植物平时就不能拿来当食物。但是，这种植物的偏差性，却可以用来纠正我们失去了平衡的偏差，这就是中草药。对于植物中的药物，都是通过千百年来老祖宗采集，回来试吃流传至今，有的可以让人拉肚子，有的可以让人催吐，有的可以让人发汗，其实，在很多情况下，古人是通过观察植物的生态环境，大体上可以知道，它是什么功能和属性。这就是古人发明创造的中草药。

比如：夏天的西瓜，都在那太阳下直射，敞胸露怀，西瓜能在炎热的夏天生存。那么就可以肯定，在西瓜体内肯定有非常耐高温抗热的成份，从而达到与大自然内外阴阳的平衡才能生存。所以人们发现可以用西瓜来解暑热。夏天，自然界的阳气强盛，我们人体的阳气也浮盛于外，加上出汗，津液大量消耗，口渴心烦，这就是说，人体的阳气偏亢，人体不能耐热了，就需要从自然界中，获取富有水分的，能够抗热的食物，来纠正身体的平衡。西瓜就是其中一种。西瓜是在水分充足，阳光充足的地方生长，在暑热的时候成熟，我们在暑热的时候吃它，就能起到生津，止渴，消炎，祛热，抗热，解暑的效果。现在冬天也有人吃。实际上西瓜相当于中药的白虎汤。冬天吃西瓜就不合时令。大自然中的所有物

质，都是分阴性和阳性的，当人体阴阳失调的时候，中医就用自然界中，属阴的物质去调阳，用属阳的物质去调阴，也是一种相抗性的协调关系来调整人体的阴阳。

那么，大自然中的物质为什么会形成阴阳之别呢？

看看中药黄芩等清热的药就知道了，夏天山上的石头都晒得滚烫，寒凉的药能抗热，偏性凉。生长在背阴的山坡上，大多是养阴的药，像沙参，玉竹，麦冬。在太阳直射的向阳坡上，它们反而长不好，在背阴的山坡，半见太阳的地方，却能茁壮成长。

如果在深山沟里终年不见太阳的地方，会长出什么样的药物呢？在深山沟里冰雪不化的地方生长的，就肯定是热性的，一定能抗寒。附子就生长在深山沟里，练就了一身抗寒的能力。如果我们人体阳气虚了，就要用自然界中的这种植物来吃，纠正阴阳失调。

一切证明了，大自然不仅化育了我们人类，而且也化育了万紫千红的植物，动物和矿物。食物能保证我们正常能量代谢的需要，是我们延续生命的必要物质。药物，能纠正我们人体阴阳失调，保证我们的健康。古人说的：药食同源，就是这个道理。

人和自然是统一的，是协调的，人体的各个器官也是统一的，协调的。所以，五行学说，不仅把人和自然联系起来了，也把脏腑，形体，社会，人的情感也联系起来了。中医的七情变化，就是人体各系统气血的运动特征，和五行相顺应。张仲景和古代的中医圣贤们，所采取的仰观天文，俯察地理，中知人事的研究方法，属于综合性的，整体性的研究方法。这个研究方法，将会对世界未来的科学研究，提供更多的思路和借鉴。中医学中的许多观点，会为未来生命科学研究提供更多的课题。所以，张仲景和中医学，在未来人类科技发展史上将会产生巨大的影响。这一点，我们当代人，恐怕不一定能完全估计得到。

有一次，朱老师找我看病，他说，民和派出所处事不公平，气得我阴虚阳亢了，帮我开点药。我说，你怎么知道你是阴虚阳亢？他说：我眼睛干燥，嘴巴干，鼻子干，这不是阴虚吗？我一阵烘热，脸红了，胸口一阵热闷，随后出汗，心里烦，急躁，看谁都不顺眼，夜里睡不着觉，这不是阳亢吗？实际上他是和干警吵架怒不可遏。可见，阴阳渗透在我们日常生活的方方面面，是一个处处可见的术语。

阴阳二字，对搞中医的人来说并不陌生，但是，在中医理论中，阴阳究竟是什么意思呢？何为阴？何为阳？为什么说，阴阳是生命的本源？在论述阴阳中，就不见得大家都是统一的观点了。

其实，中文里的阴和阳这两个字本身，就包含了阴阳的本意。就拿中国一个文字“打”来比方一下阴阳，我们平常说的，打架，是不和睦的意思，打伙，是友好合作的意思，伟大毛主席说，“打击一切反动派，是要对付敌人。干部和群众要打成一片”是要团结。这一个“打”字就有阴阳两面的用法。中国有一本最早的字典，是东汉时期许慎编写的《说文解字》，对阴阳二字，是这么解释的：阳，高明也。就是在山坡上，向阳的那一面，明亮的地方，就叫阳。阳代表火性是向上运动的，在事业发展有起色，升官发财，我们就会说这个人红火。阴，水之南，山之北也。山坡上的水是向下流的，一个人事业搞垮了，我们就会说：败北，没有谁会说败南的，只会说走了下坡路。

古人云：天倾于西北，地陷于东南。天高一丈，地长一尺，中国大地，在地球的北半球，西高东低，我们的山川河流，大多是由西向东走向，重要山脉大多也是自西向东走向。太阳在我们的南边天空，所以，水的南边，山的北边，就是我们说的背阳的地方。阴阳的本意是：向阳的就属于阳，背阳的就属于阴。推而广之，凡是明亮的，温暖的，积极向上的，进取的，具有这些特征的事物，都属于阳。反过来，凡是属于黑暗的，寒冷的，消极向下的，退行的事物都属于阴。

对事物进行阴阳属性划分的时候，一定要注意是处在同一级别的两个事物。比如一个家庭，一对夫妻，一男一女，男为阳女为阴，如果是两兄弟呢？两姐妹呢？你就分不出谁是阴谁是阳了。

天人相应的理论说，大自然中有什么，人体内就应该有什么，那么，人体中的阴阳是怎么划分的呢？人体处处有阴阳，大家伸出手看一看，一个手心，一个手背，我们说手心手背都是肉，但手心手背颜色一样吗？结构一样吗？不一样。我们肺的呼和吸，心脏的收缩和舒张，细胞的同化与异化。什么叫同化？我们吃的营养物质，吸的氧气变成我们细胞能用的东西，叫同化。细胞通过代谢，把一些废物排出来，叫异化。我们内分泌活动，常常是两种激素既对抗又协调地完成某一项功能，就象国共合作抗日。肌肉的收缩和伸张，人体精神的兴奋和抑制，觉醒和睡眠，一静一动，都是阴阳给我们打上的烙印。

2004年在九九九药店，我遇到一个心绞痛的病人，这个老头脾气很大，四处求医问药不见疗效，想了此残生。朋友引荐找到我，此人的心绞痛，干活累了不发作，只有生气以后它就发作。医院做心电图，确实有心肌供血不足，但是做冠状动脉造影，没有明显的冠状动脉狭窄，很多医生按照一般的治疗冠心病的方法，效果都不好。这时候，我就想到了，这可能是木不生火的缘故，因为肝木乃是心脏的通关用神。因此，在治疗上，我就用了疏肝的养肝阴，养肝血，疏肝解瘀的方式，药量特别大，然后调畅心气，很快，他的心绞痛症状缓解了，心电图也有所改善。

顺便说说什么是木生火的道理，中医运用五行学说，通过比类、取象，五行中的木火相生关系在人体的正常生理过程中，即表现为肝脏对心脏的滋养关系：肝贮藏血液和调节血流量的功能正常，有助于心主血脉功能的正常发挥；肝的疏泄升发也有助于心阳的旺盛；此外，肝的疏泄功能正常，肝气条达，就能辅助心主神志的功能，达到气血和顺，心情舒畅。如：《素问·灵兰秘典论》所云：“主明则下安，以此养生则寿，殁世不殆，以为天下则大昌。”肝虚不能温养心脏，则表现为血亏和生气不强、心血和心阳以及心神衰弱，病理表现为消瘦、胆怯、心悸、惊惕、健忘、失眠、脉象细弱或结代脉或寸脉不静等。肝又为藏血之脏，内寄相火为肝的生发之气，心主生血而司君火，君为君王，君主不明百姓不安，火明神则清，火暗神志昏，故肝木不生心火的虚证，多见神情澹荡不收，意志消索，没有勇气面对现实生活，常有自杀的念头。《黄帝内经》云：肝藏寒气移于心，心主火而藏神，神为寒气所薄，薄则乱，故而狂、膻中穴闭门不开。就象一个暴君掌管天下，搞得民不了生。如果又没有勇气自杀，一定是情志病的开端。根据《难经·六十九难》“虚则补

其母，实则泻其子”的原则，某脏发生病变时，如为虚证，则在补该脏的同时，还应补其母脏，因为肝木是心脏的母亲。五脏六腑也有六亲关系，生我者为印枭，我生者为子孙，克我者为官鬼，我克者为财，同我者为兄妹。五行中如果出现了一个六亲不认的五行，就能出现，紧弦涩三合一的脉象，可以断定是癌症，肿瘤，子宫肌瘤，淋巴瘤等脉象的信号。在此不只讲阴阳，不讲脉法，因而不做脉象的祥解。中医具体治法有：滋水涵木法、益火补土法、培土生金法、金水相生法，而历代医家却很少提及木生火的治疗方法，也没有形成一个统一的名称。认清木与火的关系，对于完善中医治法具有重要的理论意义。见议学者研习《穷通宝鉴》《奇门遁甲》和毛泽东的著作对中医的阴阳辩证会大有提高。

《黄帝内经》中说，“阴阳者，天地之道也，万物之纲纪，变化之父母，生杀之本始，神明之府也，生之本，本于阴阳”。阴阳是大自然，是天地间的最大道理，最大规律。大自然之所以有万紫千红，千姿百态的生命世界，有万紫千红，千姿百态的各种事物，这些事物的产生和灭亡，这些事物的变化过程，它的本源，它的父母，都是由阴阳始灭。地球上为什么有生命？生之本，本于阴阳。有了阴阳，才有了生命。没有阴阳，就没有生命。明白了这个道理，就知道了天入地的六亲关系论。搞清楚了阴阳之间的关系，就会明白是非，明白了是非，就不会糊涂官断糊涂案。我们继续来看张仲景在《伤寒论》说的，天布五行以运万类，人禀五常以有五脏，经络府俞阴阳会通，玄明幽微变化难极。人类是大自然所生化的，天地是人类的父母，所以中医学在研究人的生理病理的时候，要仰观天文，俯察地理，中知人事，这就叫天人相应，医易相通的大道理。

中华大地人杰地灵，神秘文化极其广泛，起源于我国的易经，就是包罗万象的一部天书。把很多大智慧的博士生导师也搞得昏头昏脑。走不出九宫八卦迷魂阵。中医只是易经中的一小部份。很多阴阳五术方面的文化而今将要失传了。

因为：中医和相术、占卜、风水学都是五术方面的一种学问，所以中医叫玄学。在古代就流传着很多民间神医救死扶伤的传奇故事。自从西医进入我国后，民间中医就逐渐打入了冷宫。认为中医是伪科学，甚至说成是迷信。为什么？因为：对确江湖上某些庸医，不仅没有参加过正规的中医培训班，从师又未得真诀，又不刻苦学习，没有真才实学，还装腔作势。不懂阴阳辩证，拿到药书抄一个方子，结果误人子弟。也有某些有一技之长的医生，不讲医德，索取他人财物。然而不声不响地就给中医戴上了“伪科学”的黑帽子。所以：中国只有百分之一的人相信中医，百分之九十九的人崇拜西医，各大中医院也形成了西医化。

真诀一句话——破读万卷书

真正的中医本源于民间秘传，就象中国武术一样，只是中国人思想保守，世家相传不教外人。

我今揭开医易的神秘面纱。也是中医界一大幸事，诸位纵观古今所有医学著作，没有几个医家论述了医易相通的原理，大部分是以药方为主体。因为古代真诀只能口传秘授，不能写书编册，如果一发现谁写了一个什么秘籍，可能又要干戈四起有人遭殃。所以现在的中

医一代不如一代，对确没有西医发展得快。

我的讲稿，通俗易懂，一目了然，简便实用。最低级的知识，你入不了门，也会认为是最高级的理论。最高级的理论你弄懂了，也会认为是最低级的知识。万丈高楼平地起，中医入门有真诀。

中医辩证论五行，次察脏腑精气神。

心肾不交阴阳错，安脏镇腑济世人。

百病心生毒为源。轻病重症观色门，

七情六欲主神志。寒热虚实有假真。

今天，我毅然打破传统门规，将尘封在民间隐秘深藏的，从来不立文字，师承口传的千古绝学整理讲稿，毫不保留地公诸于世，道出乾坤玄机。复兴中医。有人说：人生只有三天，昨天、今天、和明天。是的。人是天地之心，万物的灵长。人从生下来就被命运所困惑，人的一生并不漫长，人生要求，是否过得充实，有意义，有价值。实际上命运掌握在自己手中。

但愿，不管是中医还是西医，都不能够用一种排斥的方式来相互攻击对方；中医和西医，应该有一个和谐共存的思想。各取所长，优势互补，坚定共同努力发展的良好局势，才能真正达到，攀登医学高峰的最高境界。寄言中华儿女，把华夏国粹宏扬四海。人法地，地法天，天法道，道法自然，人类和谐，社会和谐，心身和谐，保重身体，开拓未来，千家万户，健康长寿，财源滚滚，平平安安。

二，五行运动

我们这个地球，得天独厚，如果地球离太阳的距离再近上1%，我们的地面上也许是一片火热，阳气太亢，不能化育生命。如果我们的地球，再远离太阳1%，我们地球上也可能是一片寒冷，阴气太盛，也不能化育生命。白天，阳气不亢不烈，夜间，阴气不冰不寒，地面上昼夜交替，就出现了阴阳交替，平衡协调稳定的现象。也可以说，正是由于地球上有了这阴阳二气，有规律的，平衡协调稳定的交替运动，才有了昼夜。

再说，地球绕太阳的基本稳定的旋转，地面上就出现了四季的阴阳二气的变化。冬季阴气偏盛，夏季阳气偏盛，这种稳定的变化，经过几十亿年的氤氲演化，才化育了万紫千红的生命世界。因此，地球上的所有的生命，都被打上了阴阳五行的烙印。

阴阳，是大自然留给我们人类的一个“遗传密码”。

阴阳这么重要，我们不能不说说神秘莫测的太极图，我把它叫做阴阳消长变化图。古人是怎么画出这个图的，我不知道。我们以一年二十四个节气来看昼夜时间的差别为依据，看大地阴阳消长的变化。根据奇门遁甲定局，从冬至这一天开始，奇门讲究置闰。夜间比白天多6个小时，冬至过后，每过一天白天增加2分钟，夜间缩短2分钟，到了下一个节气，也就是15天的时候，到了小寒，和冬至相比，白天增加半个小时，夜间缩短半个小时，一直到春分这一天，白天夜间相等，过了春分，仍然是每过一天，白天增加2分钟，夜间缩短

2分钟，到了夏至这一天，白天时间最长，夜间时间最短，白天比夜间多6个小时。

从夏至以后，每过一天，白天缩短2分钟，夜间增加2分钟，到了秋分这一天，昼夜时间相等。然后白天继续逐渐缩短，夜间继续逐渐延长，一直到冬至，夜间最长，白天最短。所以人们常说：短到冬至，长到夏至。如果把这些点连起来，就形成一个反着的S曲线。这样一个图，在古代，把它看作是生命的象征，把它看作是生命的图腾。风水大师们都懂得此法，就是罗经。

中医学说是怎样用五行来解释人体的健康问题？

五行是什么？就是人们说的金，木，水，火，土，中医把它们和大自然，以及人体的健康联系在一起，形成了中医的特色理论，千百年来，指导着中医的理论思维和临床实践。

然而，这种五行学说为什么被一些人说成是迷信呢？在现代社会，古老的中医学说，还能不能发挥作用呢？这就要看你的中医五行怎样理解，如果用西医的方法来解释中医就会误入歧途难着边际。

有一次，我从北京开会回来，一个朋友跟我说，我们那儿有一个风水大师，他对阴阳五行特别了解。我到他家去看，在他家里布置着五行：

在东边的墙上，挂着一块木料，说这是代表东方甲乙木。西边墙上挂着一把宝剑，说这代表西方金庚辛金。南墙边放着个火炉，说这代表南方丙丁火。靠北墙边放着个大水缸，里面装满水，说这代表北方壬癸水。中央，没有铺地板，露出一片黄土，说这是中央戊己土。

我说，这个风水大师就这样理解五行啊？朋友问我，那应该怎么理解五行啊？其实，在民间，我们有很多人对五行到底是怎么回事，真的有很多人误解了。包括了很多学中医的。

张仲景用他的五行生克理论，通过脉象和病证的关系，来判断病证的愈合，用五行生克的思想来预测疾病的发展趋势，他说：见肝之病，知肝传脾，当先实脾。你要见到肝病，你就会知道，肝病容易影响消化系统，容易影响脾胃，你要先把脾胃给它补好，肝病就不会影响脾胃了，这个病也就容易治好，这里运用的就是五行理论。

五行，就是木，火，土，金，水这五个字。在中医学里，是指我们日常生活中能看得见，摸得着的五样东西呢？还是另有所解呢？

在古代，木，火，土，金，水这五个字，本来就有两个层次的概念。一个层次叫五材，指五种具体不同的材料，五种具体的物质。这是我们看得见，摸得着的五种东西。《尚书大传》中说，水火者，百姓之所饮食也。金木者，百姓之所兴作也。土者，万物之所资生，是为人用。

水和火，是百姓们做饭必须的，家家要做饭，谁家不用水，谁家不用火，这里指的是具体的东西。金属和木材，是百姓盖房子做家具，下地干活，制作劳动工具所需用的具体的东西。土壤，化育万物，为人耕种所用。那个风水先生挂的是五材，而不是中医理解的五行。

千百年来，人们对五行学说，存在着很多的误读，的确有人用它来看风水，算命，卜卦。

那么，中医学中的五行，究竟指的是什么呢？

阴阳五行学说，因为它用古代文字来表述的，离我们现在已经非常遥远。今天，我们中医界有很多人，对这个学说有不少的误解，或者是不理解，但是，它是古代圣贤，包括张仲景在内，他们通过研究大自然规律，和研究生命规律而得出的结晶。在客观上，阴阳五行学说，已经渗透到中国传统文化的方方面面。当然，像那些风水先生，星象学家，算命卜卦，相术大师。也在运用阴阳五行学说的哲理来改变一点什么，然而，他们所运用的阴阳五行学说，与中医学所运用的阴阳五行学说，根本就不是一码事。在这里，我讲的是中医的阴阳五行学说。

为什么叫五行？“行”是什么意思？在东汉许慎的《说文解字》里说，行，人之步趋也。在现代汉语辞典里，“行”，仍然是迈步往前走的意思。人行道，步行街，自行车，行，就是运行，运动的意思。在中医学里，五行也是指一种看不见摸不着的，五种阴阳真气的运动方式。

在《伤寒论》里，医圣张仲景一开始就说，天布五行，以运万类。人秉五常，以有五脏。乾为天，坤为地。指大自然，大自然抚育了气的五种不同的运动方式，才使万事万物，有生长收藏的生命节律。人秉五常，这个五常也是指五行，人体秉受了五种常规的真气运动方式，才有了以五脏为核心的五大生理系统。

在《黄帝内经》里，多次提到天有四时五行，大自然有四季，有五行，以生长收藏，才使植物有了生长收藏的生命阶段，才有了寒暑湿燥风，这样一些不同的气候变化。可见，同是这金、木、水、火、土五个字，五行和五材不是一回事。五行，是指自然界的气的运动规律，它支配着自然界万事万物的生长壮老已。五行，易经里有一张，生旺死绝表。甲长生在亥，旺在卯，死在午，绝在申，参看表格以此推类。

在夏季，是气的上升运动为主导，支配着自然界。古人用哪一个字来代表气的上升运动是气呢？“火”字，因为火性延上。

在五行中，火，代表气的上升运动。

我们都看过电视《西游记》唐僧师徒一不小心被妖魔抓住。小妖对老妖说，大王，咱们把他们全都蒸一蒸吃了吧！猪八戒皮糙肉厚，不容易熟，放到笼屉的最下层。唐僧皮肉比较嫩，容易烂，把他放到笼屉的最上层。这样一锅就全熟了。

孙悟空一听，跟猪八戒说：这小子是外行，它不知道火性延上的道理。在密闭的笼屉里，上边的温度高，师傅可受不了。你看，孙悟空他学过五行。孙悟空最初的师傅是道家，道家最讲五行的，孙悟空一心想跳出三界外不在五行中。什么叫不想在五行中？五行是大自然的规律，孙悟空不想再受大自然的支配，无拘无束还长生不老。

如来佛是怎么教育孙悟空的？孙悟空一个跟斗，觉得自己可能跳到天边了，有五根肉红的柱子，撑着一股青云。如来佛呀，如来佛，你说我跳不出你的手心，现在我已经跳到天边了。我要留下一个记号，于是拔下一根头发，变成一支笔，在柱子上写下齐天大圣到此一游几个字。还不解气，又撒了一泡尿作个记号。然后，一个跟斗又翻回来了。如来佛祖不

动声色，伸出五个指头，孙悟空大吃一惊，齐天大圣到此一游怎么写在如来佛的中指上，闻了一闻尿味还在。如来佛就把孙悟空扣在了五行山下。中国名山大川那么多，为什么要把孙悟空扣在五行山下呢？就是要让孙悟空懂得这大自然的五行规律，你跳得再远，也跳不出五行自然规律。考虑了五百年。所以，孙悟空懂得五行，懂得火性延上的道理。

秋季气候凉爽，树木的根须干枯了，枝条也干枯了。秋季我们看到动物的生长状况，比如秋后的兔子，它拼命地吃，吃得肥肥壮壮的，积聚营养，准备过冬。你看秋季的狗熊，也是拼命地吃，秋天的狗熊是最胖的，它积聚脂肪，准备过冬。古代人观察到秋季的这些现象，认为秋季，自然界是一种气的内收运动。用什么字来表示气的内收运动呢？“金”字。在五行中，金，代表气的内收运动。

当北斗七星的斗柄，指着北方的时候，俯察地理，地面是冬季，这时气候寒冷，万物深藏，种子埋在土里千万不要发芽，发芽就会被冻死。那树叶的小幼芽，藏在芽胞也不露头，一露头就会被冻死。冬眠的动物藏到山洞里，古代的人类也过着早睡晚出的猫冬生活。古人观察到冬天动物植物的生长状况，认为这是气的下降和潜藏运动支配着自然界，支配着一切生物的生命活动，用什么字来代表气的下降运动呢？“水”字。在五材中，水是哗哗的向下流的。在五行中，水，代表气的下降运动。火代表气的上升运动，所以人们常说：人往高处走、水往低处流。在日常生活中，当某个人们升官发财之时，我们就会说，他走红运了，真是跑火、也说明火是向上行的。

随着天空的斗转星移，以及地面上季节的更替，气的展放运动和气的上升运动，气的内收运动和气的下降运动，周而复始地交替变化，最初，只有四行。可是，当五行和阴阳结合起来的时候，因为气的展放运动和气的上升运动，是气的阳性运动。气的内收运动和气的下降运动，是气的阴性运动。气的运动由阳性转为阴性的时候，它会有一段平稳的过渡。这种平稳的过渡，发生在夏末秋初。也就是夏季的最后18天，大地上，阴雨连绵，暑热未退，秋风未到，气候闷热潮湿。大家都觉得这个季节不好过，是桑拿天，不像春天那么舒展，不像夏天那么火热，不像秋那么清爽，不像冬天那么凛冽。这个时候，植物已经开花结果，果实正在长大。动物已经怀孕，胎儿正在孕育。自然界处在一个相当平衡的化育下一代的过程。这个时候，气的上升和下降相对均衡，气的展放和内收也相对均衡，自然界的气处于一个相对稳定的平衡状态。古人就用“土”字，来代表这种气的运动方式。在五材中，土是指化育万物的肥沃土壤。在五行中，土，代表气的相对稳定运动。五行是指不同季节，气的不同的运动方式，五行之间的关系，包括了相生和相克。有人曾错误地理解生与克的关系，有的算命先生说：水命的女人，不能与火命的男人结婚，因为水克火，这个女人会克夫。这样来理解五行的生克就象是侯宝林说的相声刘公战秦琼。五行生克究竟是怎么回事呢？

这就要引入五行生克的概念。春季过后是夏季，春季气的展放运动，为夏季气的上升运动提供了前提，创造了条件，这就叫木生火。这木生火并不是像我们普通所理解的，用木头来取火。如果今年春季气温比较低，植物的根长得不好，枝条也长得不好，就会影响夏季

植物地面部分的生长。这叫木气虚，就不能生火。

那么，秋季气的内收，种子成熟了，主干的营养贮存得多，它就有利于植物的过冬。秋季气的内收运动，为冬季气的潜藏运动提供了前提，创造了条件，这叫金生水。

以前有人解释，什么叫金生水？就是把金属放到炼铁炉里，化成了铁水。如果有人问，什么叫水生木啊？你说水浇在树根，树木就活了，这就叫水生木。那么，再请问，金属化成的铁水浇树根上能活吗？可能就不好回答。

五行的相生，是按照季节的次序相生的，生得过头行不行？不行！这就要引进五行的相克。夏季上升的气运动太过头了，也不行。比如说：夏季雨水多，种的葡萄长得又肥又大，葡萄枝都长疯了，这样下去可不行啊，会影响秋天结葡萄的果实。要怎么办？要把它的大脑剪了，用下降的气来制约它，使它的上升运动控制在一定水平上，这就叫水克火。

水克火，不是用一盆水，把火浇灭，那是从五材的角度来讲五行相克。

五行有相生，不至于导致某种气的运动不足。五行有相克，也不至于导致某种气的运动太过。这种生克制化，保证了五行之气，平衡，稳定，协调的年复一年的交替运动，经过几十亿年的氤氲演化，就化育了万紫千红千姿百态的生命世界。所以，世界上所有的生命都被打上五行的烙印。五行的烙印，随处可见。我们的家俱，好多是木材做的，木材有木纹，木纹就是树木的年轮，年轮是什么？那就是五行打上的烙印。

春季是气的展放运动，所以春季生长的细胞逐渐变大，夏季气上升，树的细胞变得最大，秋季气内收，细胞变小，冬季气潜降，细胞变得更小，甚至不长了。细胞大的时候颜色浅，细胞小的时候，颜色深，这样就留下了一圈年轮。

岂止树木有年轮，马牛羊的牙齿上也有年轮，你到市场上去买牛和马的，你去问主人，这马几岁了？人家一听你这句话就知道你是外行。你只要掰开牛马的嘴，看一看它的牙齿，那上面有年轮。鱼的鳞片上有年轮，乌龟的贝壳上有年轮。五行学说是揭示大自然气的运动方式，及其变化规律的学说。五行学说是沟通人类和万物与天地之间关系的纽带，也可以看成是大自然这一生命的摇篮，所赋予人类和万物的一个“遗传密码”。大自然抚育的气的五种运动方式，才使万事万物有了生长收藏的生命节律，才使人有了五脏与五行相对的一个系统。

大自然有木，火，土，金，水，在人体内有肝，心，脾，胃，肾五脏，五脏又配胆，小肠，胃，大肠，膀胱五腑，五脏还配经，脉，肉，皮毛，骨五体。在这个配属过程中，肾是配着骨，肾和骨骼有什么关系？中医认为，肾是藏精的，精是生髓的，髓是养骨的，所以，先天性肾病的孩子，大多有骨骼先天发育不良的情况。

我有一个徒弟，给我打电话说：一个骨折的人，手术后固定了100多天，到医院一透视，骨折原封不动，一点也没长。对于骨折病人，西医不重视用药，后来我开了一些补肾的中药，吃了三个星期，再去医院一透视，长住了。中医用补肾的药，就可以使骨折提前愈合。这里运用的就是五行的理论。人和自然是统一的，是协调的，人体的各个器官也是统一的，协调的。所以，五行学说，不仅把人和自然联系了起来，也把脏腑，形体，社会，

情感联系了起来。人体的各系统气的运动特征，也和五行相顺应。

主疏泄、主藏血，肝藏魂，为谋虑所出，开窍于目，肝主筋，其华在爪，在志为怒，在声为呼，在液为泪。

主血脉，心藏神，开窍于舌，其华在面，在志为喜，在声为笑，在液为汗。

主运化，布津液，主统血，主肌肉和四肢，脾藏意，开窍于口，其华在唇，在液为涎，在声为歌，在志为思。

主气，司呼吸，主皮毛，主治节，主宣发肃降，开窍于鼻，在液为涕，在声为哭，在志为悲。

藏精，主生殖，主水，主纳气，主骨生髓，为先天之本，司二阴，开窍于耳，其华在发，在液为唾，在声为呻。

五行之间存在相生的关系，金能生水，水能生木，木能生火，火能生土，土能生金，这就好比一个周而复始的循环，有了这个循环，人体脏腑的能量才能循环往复，如果一个环节出现了障碍，这个循环就会被打破，以致出现病理变化。上面谈到肾虚的问题是因为肺不生肾，也就是金不生水，临床中除了金不生水的病机外，还有“水不生木”“木不生火”“火不生土”“土不生金”，这都是一类的疾病，看似不相关，其实都是一个理。



신경증적 장애와 심신증에 대한 국내 한의학 임상시험 현황

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신경증적 장애와 심신증에 대한 국내 한의약 임상시험 현황

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초록

배경

근거중심의학과 임상시험의 중요성이 대두되면서 한의학계에서의 임상시험의 증가하는 추세에 있다. 신경정신과 영역에서도 한의약 임상시험의 증가하고 있으나 여러 가지 제한점들이 존재한다. 따라서 최근의 신경증적 장애, 심신증 영역의 임상시험 현황을 비교함으로써 향후 신경정신과 영역의 임상연구의 연구방향에 대해 고민하고자 한다.

방법

2000년도 이후 2012년 3월까지 발표된 논문을 NDSL 검색 데이터베이스를 기반으로 화병, 우울, 불안, 불면, 천식, 비염, 소화불량, 다한증, 피부염, 탈모, 안면홍조, 두통, 현훈, 어지럼, 진전, 비만, 경향통, 요통, 등의 검색어로 논문을 선정하고 임상연구가 아닌 것, 증례논문, 후향적 연구, 심신증 이외의 신체질환 연구 등은 제외하였다.

결과

대부분 연구가 단일기관에서 진행되었고 평행설계, 무작위 배정, 위약대조군 형태가 가장 많았다. 한약 임상시험의 경우 이중맹검이, 침 임상시험은 환자 단일맹검이 주로 시행되었다.

신경증적 장애의 대상질환은 주로 화병, 불면증, 우울증, 범불안장애 등이었고 중재로는 침, 약침, 한약, 정신요법 등이 사용되었다. 진단도구로 환자의 호소, HBDIS, SCID-1, HAM-D, Oh's sleeping score 등이 사용되었고 평가도구로는 화병척도, 우울, 불안, 불면 관련척도, Likert scale 및 HRV가 활용되었다.

심신증의 대상질환은 비만, 기능성 소화불량, 긴장성두통, 원발성 월경곤란증, 아토피 피부염 등이었고 중재로는 주로 약, 침이 사용되었다. 진단도구로는 Complaint, BMI,

Rome II criteria, IHS 2nd edition chronic tension-type headache criteria, MMP, Hanifin & Rajka criteria가 사용되었다.

결론

아직까지 신경정신과 영역의 임상시험이 부족한 편이다.

신경증적 장애에 대한 임상연구는 주로 한방신경정신과 학회지에서, 심신증에 대한 임상시험은 신체의학 관련 학회지에 주로 게재되어 왔다. 현재까지 한방신경정신과 연구자들은 신경증적 장애에 대한 임상시험에 주력해 왔고 신체의학 연구자들은 심신증적 관점으로 신체질환을 바라보는 시각이 부족했다.

감사의 글

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Status of Korean Medicine Clinical Trial for Neurotic Disorder & Psychosomatic Disorder in Korea

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Abstract

Background

As the importance of the evidence-based medicine and clinical trial came to the fore, clinical trials in the Oriental medicine are on an increasing trend. The Clinical trials of neuropsychiatry in Oriental medicine are also increasing, however there are still a variety of limitations.

Objectives

By comparing the present condition of the clinical trials in neurotic disorder and psychosomatic disorder in Oriental medicine, we are going to deliberate on the future directions in research on the Oriental neuropsychiatry.

Methods

We searched the papers published from 2000 to March of 2012 in the NDSL database, by using search word of Hwabyung, depression, anxiety, insomnia, asthma, rhinitis, dyspepsia, hyperhidrosis, dermatitis, alopecia, hot flush, headache, dizziness, tremor, obesity, nuchal pain, back pain, clinical trial and so on, and excluded the non-clinical studies, case reports, retrospective studies and physical illness studies except psychosomatic disease.

Results

Most of the trials are conducted in the single center. Parallel design, randomized, placebo-controlled studies occupied most of them.

In the cases of clinical trials using the herbal medicines, double blind studies mainly were designed, and when it comes to clinical trials using acupuncture, the single blind studies were designed.

There were Hwabyung, insomnia, depressive disorder, GAD and as the main target disease of neurotic disorder, and interventions are acupuncture, pharmacopuncture, herbal medicines, psychotherapy.

Symptoms, HBDIS, SCID-1, HAM-D, Oh's sleeping score as the diagnosis tools, and Hwabyung scale, psychological scales of depression, anxiety, insomnia, likert scale and HRV as the assessment tools were used.

There were obesity, functional dyspepsia, tension headache, primary dysmenorrhea, atopic dermatitis as the main target disease of psychosomatic disorder and in most of studies herbal medicine and acupuncture was used as intervention. And Complaint, BMI, Rome II criteria, IHS 2nd edition chronic tension-type headache criteria, MMP, Hanifin & Rajka criteria were used as diagnosis.

Conclusions

There is shortage of the clinical trials in the Oriental neuropsychiatry.

The clinical researches in neurotic disorder were commonly published in Journal of oriental neuropsychiatry journal, and those in psychosomatic disorder were in the journals related physical medicine.

So far, Oriental neuropsychiatric researchers have concentrated on clinical trials in the field of neurotic disorder, and physical medicine researchers have been lacking in psychological perspectives in the field of psychosomatic disease.

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Status of Korean medicine clinical trial for neurotic disorder & psychosomatic disorder in Korea

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Background

- Importance of the evidence-based medicine & clinical trial
- Increasing trend of clinical trials in the Oriental medicine
- Limitations of the clinical trials of neuropsychiatry in Oriental medicine



Objectives

- Compare
 - the present condition of the clinical trials in neurotic disorder and psychosomatic disorder in Oriental medicine
- Deliberate
 - on the future directions in clinical research on the Oriental neuropsychiatry



Inclusion

- Searched the papers
 - Published from 2000 to March of 2012
 - In the NDSL database
 - www.ndsl.kr <Korea Institute of Science and Technology Information>
 - Korean medicine-related journals
- Key word
 - Hwabyung, depression, anxiety, insomnia, asthma, rhinitis, dyspepsia, hiperhidrosis, dermatitis, alopecia, hot flush, headache, dizziness, tremor, obesity, nuchal pain, back pain



Exclusion

- Non-clinical studies
- Case report, case series
- Retrospective studies
- Studies on Physical illness except psychosomatic disease

Papers	N
Searched papers	1108
Final selected papers	26



Papers on Neurotic disorder

Title	Disease	Intervention	Diagnosis	Assessment	N	Design of trial	Result
1	Insomnia	Pharmacopuncture	Symptom	total sleep time average delaying time before sleep quality of sleep	30	single arm	effective
2	Insomnia in stroke patients	Auricular & common acupuncture	symptom	total sleep time average delaying time before sleep quality of sleep SMH sleep questionnaire	20/20	two arm positive-controlled study	not effective between groups effective within group
3	Insomnia	Pharmacopuncture	Symptom	total sleep time quality of sleep	34	single arm	effective
4	Hwa-byung	Acupuncture	HBDIS	Likert scale STAI-1, STAI, BDI HRV	13/13	two arm randomized, single blind, placebo-controlled study	not effective between groups effective within group
5	Hwa-byung	music-listening intervention program	HBDIS	Hwa-byung scale STAI, STAI-1, BDI	7	single arm	effective
6	Hwa-byung	Acupuncture	HBDIS	Likert scale STAI-1, STAI, BDI HRV	26/26	two arm randomized, single blind, placebo-controlled study	partially effective between groups effective within group
7	Hwa-byung	Herbal medicine	HBDIS	100 mm VAS Likert scale STAI-1, STAI, BDI HRV, pattern identification	73/71	two arm randomized, double blind, placebo-controlled study	Interim Report



Papers on Neurotic disorder

Title	Disease	Intervention	Diagnosis	Assessment	N	Design of trial	Result
8	Post-stroke depression (PSD)	Pharmacopuncture	HAM-D	BDI, HAM-D, MMT, LFT	15	single arm preliminary study	effective
9	Generalized anxiety disorder	Herbal medicine	SCID-I	HAM-A, STAI, PSWQ, BDI, SCL-90R, WHOQOLBREF, HRV, pattern identification	49/49/49	three arm randomized, double blinded, placebo-controlled study	Interim Report
10	Insomnia of Cancer Patients	Auricular acupressure Therapy	Oh's sleeping Score	Oh's sleeping Score, Numeric rating scale	6/6	two arm Randomized, single blinded, placebo-controlled study	not effective
11	Insomnia	EFT	Symptom	Korean sleep scale, SGDS, STAI, life satisfaction scale	10	single arm preliminary study	effective
12	Hwa-byung	Acupuncture	HBDIS	Likert scale, STAI, BDI	25/25	two arm patient-assessor blind, randomized, placebo-controlled study	effective
13	Hwa-byung	Acupuncture	HBDIS	ISI, PSQI, Likert scale, Hwa-byung scale, BDI, STAI, STAI	18/19	two arm patient-assessor blind, randomized, placebo-controlled study	effective
14	Hwa-byung	Acupuncture	HBDIS	STAI, BDI, VAS, HRV	15	single-arm open label	effective



Papers on Neurotic disorder

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Papers on Neurotic disorder

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Papers on Psychosomatic disorder

Title	Disease	Intervention	Diagnosis	Assessment	N	Design of trial	Result
1	Obesity	Herbal medicine	BMI	anthropometric factor LFT	41	single arm	effective
2	Obesity	Herbal medicine	BMI, body fat %	anthropometric factor LFT BIA, DXA	38	single arm	effective
3	Functional dyspepsia	Acupuncture	Rome II criteria, symptom	NDI FD-QOL	34/34	two arm randomized, single blind, placebo-controlled study	not effective between groups effective within group
4	Chronic tension-type headache	Acupuncture	IHS 2nd edition chronic tension-type headache criteria	VAS HDI likert scale	13/13	two arm preliminary study randomized, single blind, placebo-controlled study	not effective between groups effective within group
5	Atopic Dermatitis	Herbal medicine	Hanifin & Rajka criteria	skin humidity transepidermal water loss skin melanin skin erythema Clinic Index of Atopic Der matitis	13/10	two arm randomized, double blind, placebo-controlled study	effective within group
6	primary dys-menorrhea	Acupuncture	symptom MIMP	MIMP MSSL-D	25/22	two arm randomized, single blind, placebo-controlled study	not effective between groups effective within group



Papers on Psychosomatic disorder

Title	Disease	Intervention	Diagnosis	Assessment	N	Design of trial	Result
7	Chronic tension-type headache	Acupuncture	IHS 2nd edition chronic tension-type headache criteria	VAS, HDI Likert scale algometer score	17/15	two arm randomized, single blind, placebo-controlled study	partially effective between groups effective within group
8	Functional Dyspepsia	Herbal Medicine	Rome II criteria symptom	NDI	15/15	two arm randomized, single blind, placebo-controlled study	not effective between groups effective within group
9	Functional Dyspepsia	Herbal Medicine	Rome II criteria symptom	NDI FD-QOL	14/14/14	three arm randomized, double blind, placebo, positive-controlled study	not effective between groups effective within group
10	Obesity	Herbal Medicine	BMI	anthropometric factor CT scan LFT KOQOL	23/18	two arm randomized, double blind, placebo-controlled study	effective within group
11	Obesity	Herbal Medicine	BMI waist circumference	anthropometric factor BIA, CT scan LFT Pattern Identification QSCC II KEAT-26 SRI , KOQOL	18/18	two arm parallel design randomized, double blind, placebo-controlled study	partially effective between groups effective within group
12	Obesity	Herbal medicine	BMI	anthropometric factor BIA, RMR LFT pattern Identification	55/55/56	three arm parallel design randomized, double blind, placebo-controlled study	effective within group



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Papers on Psychosomatic disorder

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Result

- Design of clinical trials
 - single center
 - parallel design, randomized, placebo-controlled study
 - Herbal medicines trials : double blind study
 - Acupuncture trials : single blind study
 - Pharmacopuncture trials : single arm study



Result

• Neurotic disorder - Total 14 trials

Target disease	Hwabyung	7
	insomnia	5
	depression	1
	GAD	1
Interventions	acupuncture	6
	pharmacopuncture	3
	herbal medicine	2
	psychotherapy	2
Diagnosis tools	symptom, HBDIS, SCID-1, HAM-D, Oh's sleeping Score	
Assessment tools	mainly questionnaire	
Design	single arm	6
	(more than) two arms	8
Result	mainly effective(within group)	



Result

• Psychosomatic disorder - Total 12 trials

Target disease	obesity	5
	functional dyspepsia	3
	tension headache	2
	primary dysmenorrhea	1
	atopic dermatitis	1
Interventions	herbal medicine	8
	acupuncture	4
Diagnosis tools	BMI, Rome II criteria, IHS 2nd edition chronic tension-type headache criteria, MMP, Hanifin & Rajka criteria, symptom	
Assessment tools	disease-specific instrument	
Design	single arm	2
	(more than) two arms	10
Result	mainly effective(within group)	



Conclusion

- Lack of the clinical trials in the Oriental neuropsychiatry
- Journals
 - neurotic disorder : Journal of oriental neuropsychiatry
 - psychosomatic disorder : journals related physical medicine
- Researchers
 - Oriental neuropsychiatric researchers have concentrated on neurotic disorder
 - Physical medicine researchers have been lacking in psychological point of view



Suggestion

- In Clinical trial of psychosomatic disorder
 - Evaluation for psychological symptoms
 - Adoption of psychotherapy as intervention
- Specific evaluation based on pattern identification, constitution and so on



Thank you!



中药治疗弥漫性间质性肺病临床经验探讨

郭俊德 (辽宁省阜新市细河区郭俊德诊所)



中药治疗弥漫性间质性肺病临床经验探讨

郭俊德

辽宁省阜新市细河区郭俊德诊所

摘要

目的

探讨中药自拟【郭氏抗肺纤维化 I 号】（以下简称【郭氏 I 号】。由于知识产权原因，药物成分不能公布，请谅解！）治疗弥漫性间质性肺病的临床疗效及安全性。

方法

对18例弥漫性间质性肺病的患者进行治疗。治疗前这些患者均在省市级医院进行过系统治疗，均应用糖皮质激素及常规治疗后，仍不能明显控制肺纤维化病程进展的情况下，采用【郭氏 I 号】，对各期弥漫性间质性肺病进行3个月到5年的治疗，症状及体征消失时间及不良反应。

结果

应用中药【郭氏 I 号】治疗弥漫性间质性肺病，疗效显著、迅速、可靠且无任何不良反应。

结论

应用中药【郭氏 I 号】治疗弥漫性间质性肺病，有计划地递减糖皮质激素，并有效地改变其自然病程，使病变发生逆转，患者临床症状明显减轻或消失，直至痊愈，安全性高，且无任何副作用。

Traditional Chinese Medicine in the Treatment of Diffuse Interstitial Pulmonary Disease Clinical Experiences

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Abstract

Objectives

Explore the traditional Chinese medicine [Guok anti-lung fibrosis I](Here after referred to as [Guok No. 1].intellectual property reasons, the pharmaceutical ingredients can not be published, please forgive!) Clinical efficacy and safety of treatment of diffuse interstitial lung disease.

Methods

Treatment of 18 cases of diffuse interstitial lung disease. These patients before treatment at the provincial and municipal hospital system in the treatment, both glucocorticoids and conventional treatment, still can not obviously control the progression of pulmonary fibrosis, [Guo No.1], for each of the diffuse interstitial lung disease three months to five years of treatment, symptoms and signs disappeared, and adverse reactions.

Results

Application of traditional Chinese medicine 【 Guok I】 treatment of diffuse interstitial lung disease, a significant effect, quickly, reliably and without any adverse reaction.

Conclusions

Application of traditional Chinese medicine [Guo No. 1] treatment of diffuse interstitial lung disease. Lesions reversed the clinical symptoms reduced or disappeared, until it healed safely without any side effects.

关键词：

弥漫性间质性肺病

自拟中药【郭氏 I 号】

疗效观察

弥漫性间质性肺病是以肺泡病变为主，包括肺泡周围组织及其相邻的支撑结构病变的一组疾病群，并随着病程的进展，病变可波及到整个肺部组织及其附属组织。由于细支气管及肺泡壁的纤维化，使肺的顺应性降低，导致肺容量减少和限制性通气功能障碍。此外，细支气管纤维化及肺小血管闭塞，引起通气/血流比例失调和弥散功能降低，血氧饱和度下降，最终发生低氧血症和呼吸功能衰竭，导致死亡。

近年来，随着弥漫性间质性肺病的发病率的增高，已明病因亦突显出来，有害的工作环境，长期吸入烟尘及有害气体，长期接触石棉类物质，二氧化硅 粉尘，矿物质粉尘等。加之又没有规范的防护措施；一些药物的应用，放射线；吸入性肺炎，急性呼吸窘迫综合症，另外，最不能忽视的一个病因，就是机体免疫缺陷，极易导致该疾病的发生。

肺纤维化是弥漫性间质性肺病中最常见的代表性疾病，临床上多表现为长期的慢性干咳，进行性的呼吸困难，口唇发绀，双肺可闻及干、湿罗音及喘鸣音，合并感染后，更为明显，并且极易合并哮喘发作。胸部x线表现双肺弥漫性网状阴影，CT表现为典型的毛玻璃样改变和条索样增生改变，

肺功能为限制性通气功能障碍。病情一般呈进行性发展。大量应用糖皮质激素，可控制病情发展进程，最终因呼吸衰竭导致死亡。大部分患者存活时间为3—5年。

中医理论对肺纤维化病因病机的认识，肺纤维化属‘肺痹’范畴，痹者不通也。由于‘燥邪犯肺’或‘痰热壅肺’亦或‘痰湿阻肺’所表现出的症候，其病理改变为肺毛细支气管及肺毛细血管的瘀塞不通，病理产物为瘀血与痰湿。因肺主宣发肃降，为储痰之器，水上之源。故肺失宣降，则生痰湿浊邪，痰湿与瘀血交织，痹阻于肺络间质，日久则肺气虚弱。表现为肺功能逐渐受损，故以咳嗽、喘憋、呼吸困难为主要临床表现。随着病程的延长，“肺痹”加重，表现为上述症状进行性加重。

资料与方法：

1.一般资料：自2007年11月至2011年9月，来我诊所就诊并治疗的患者有18例，均在省市级医院明确诊断和治疗。其中男性患者3例，女性患者15例，最高年龄78岁，最小年龄34岁，平均年龄42岁。所有患者均经呼吸内科或风湿免疫科系统治疗。方法为：1.糖皮质激素治疗。2. 免疫抑制剂治疗。3. 抗炎及对症支持治疗。吸氧疗法，治疗低氧血症。所有患者全部失去劳动能力和基本生活能力。

2. 选择标准：来我诊所就诊患者共有的症状体征：干咳、呼吸困难、运动后喘息、气促无力、口唇紫绀、大量长时间的用糖皮质激素后的脂肪重新分布。肺部听诊，干、湿罗音，X线见典型的结节及网状影，CT见典型的毛玻璃样改变（有片，附后）。

3.治疗方法：根据肺气亏虚，痰瘀痹阻不通的主要病机，以益气活血通络开痹，辨证施治

为治疗总则。选择具有明确的逆转纤维化及具有调节免疫功能的药物，组合成中药方剂：自拟【郭氏抗纤维化1号】。因大多数病人呈慢性进展过程，根据其症状表现及病理改变，治疗从提高机体免疫力入手，分期用药。1，缓解期：症状表现为气虚血瘀，肺失宣降。2，急性发作期：症状为痰热瘀阻，肺失宣降。3，停激素期：长期大量应用糖皮质激素后停药反应。由于患者免疫功能紊乱及病程较长，伴有气虚或阴虚等不同，最后阶段呈阴阳两虚，痰瘀内阻的虚实兼夹状态。中药自拟【郭氏1号】，改善微循环，血液流变，抗肺纤维化形成，抗氧化清除自由基，增强机体抵抗力。

病案举例：

病例1，辛爱娟 女 44岁 山东省安丘市工商银行，职员 联系电话 18678028585 来我诊所前经山东省几家省级医院确诊并治疗。病情未能得到控制。2007年11月20日来我诊所就医。经询问病史8余年，已不能工作。（有CT片 附后）显示双肺大部分纤维化。当时口服强的松维持量每日已达40mg，2007年11月20日开始服用【郭氏1号】，并有计划地停用强的松。于2010年初病灶基本消失，恢复工作。（肺CT片 附后）

病例2，张凤英 女 53岁 辽宁省阜新市细河区北新花园。联系电话 13019869739 发病日期：2011年1月。自觉症状：咳嗽、呼吸困难进行性加重。于2个月后在当地某医院住院治疗，未见好转。于同年3月转沈阳某省级医院确诊为急性间质肺，并应用大量的糖皮质激素治疗，于同年5月17日出院并来我诊所就诊。当时的激素维持量为：强的松50mg / 每日，生活不能自理。同日开始口服【郭氏1号】，并有计划的递减激素直至停用激素。到今年5月15日拍肺CT片病变部位已明显好转，生活基本自理。（肺CT片 附后）

病例3，将艳华 女 49岁 辽宁省朝阳市退休工人，联系电话 15142165275 15541695000 发病日期：2011年3月18日。曾在沈阳、北京等几家大医院确诊并治疗。来我诊所时糖皮质激素的维持量为25mg / 每日，生活基本不能自理。2011年10月14日开始服用【郭氏1号】，并有计划停用强的松。现肺功能明显改善，生活基本自理。（肺CT片 附后）

以上3例患者自就诊之日起，开始服用【郭氏1号】，同时开始减糖皮质激素用量。具体方法：每10天减强的松5mg，减到每日用量10mg时，每10天减强的松0.5mg直至停用强的松。所有患者均在服药期间停用了糖皮质激素，且没有任何停药反应。

所有患者均在服药3—6个月后肺部病变组织发生逆转，且临床症状明显改善或基本消失。

上述3例患者的肺CT片已明确显示（附后）。所有患者均在不间断地服用【郭氏1号】，经反馈没有任何不良反应，截止发稿之日上三例患者肺功能已基本得以恢复。服药后且不易患感冒，身体自然状况较服药前明显好转，说明该药可增强机体的免疫力。

分析：【郭氏1号】，在治疗特发性肺间质纤维化的过程中，能充分发挥其药物特点，能明显提高患者的免疫系统功能，推陈致新，强壮神经，促进肺组织细胞的营养恢复，使肺纤维化的病变组织发生逆转，使病变的肺组织在形态结构及生理机能上得以复原，增强机体免疫力，消除病邪的有害反应，从而达到益气、活血、开痹、通络，改善血液循环，使

病变的组织得以逆转、再生，最终恢复其正常生理功能。



四象體質人 心理特性의 生物學的 基礎 研究

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四象體質人 心理特性的 生物學的 基礎 研究

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초록

목적

사상의학은 한국 전통의 체질의학으로서 이제마에 의해 동의수세보원에서 이론체계가 완성되었으며, 한국의 한의사들의 임상에서 중요한 부분으로 자리잡고 있다. 사상의학에서는 모든 인간은 태양인(TY), 태음인(TE), 소양인(SY), 소음인(SE)의 4가지 체질 중 하나로 나누어지며, 각 체질은 고유한 정신, 신체적 특징과 생리 병리의 차이점을 가지고 있다. 본 연구에서는 사상체질인의 심리적 특성의 생물학적 기초에 대해 실험적 방법을 통해 살펴보고자 하였으며, 성격에 대한 생물학적 이론과의 관계를 살펴보았다.

방법

(1) 동서양의 의학적 유형론을 사상의학과 비교하여 살펴보았다. (2) Eysenck의 외향성 및 신경증적 경향성과 사상체질의 관계, Cloninger의 성격이론과 사상체질의 관계에 대한 연구들의 결과를 살펴보았다. (3) 사상체질 유형의 심리특성과 관련된 생물학적 기초와 관련된 뇌파, 심박변이도, 유발전위뇌파, 연속수행검사 등의 실험적 방법을 이용한 연구들의 결과를 살펴보았다.

결과

동서양의 인간 유형론들 사이에 여러 가지 유사점 및 관련점을 살펴볼 수 있었다. 소양인은 높은 외향성 및 낮은 신경증적 경향성을 나타내며, 소음인은 이와 반대의 모습을 나타내었다. 소양인은 높은 자극추구, 사회적 민감성과 낮은 위험회피를, 소음인은 낮은 자극추구, 사회적 민감성과 높은 위험회피를, 태음인은 높은 사회적 민감성과 낮은 위험회피를 나타내었다. 공포 영화에 대한 반응을 측정한 뇌파와 심박변이도 연구에서 사상체질인 간의 일부 차이를 살펴볼 수 있었다. 청각 연속수행검사에서 소양

인은 소음인에 비해 짧은 반응시간을 나타내었다. 유발전위뇌파 연구에서 P300의 잠재시간이 태음인에서 소양인, 소음인에 비해 길었다.

결론

이러한 결과들은 각 사상체질인의 심리적 특성 차이와 관련된 생물학적 차이를 보여준다고 할 수 있으며, 사상체질인의 심리적 특성의 생물학적 기초에 대한 향후 추가적인 연구가 이루어져야 할 것이다.

핵심어

사상의학, 체질, 생물학적 기초, 성격, 심리

Biological Basis of Psychological Characteristics in Sasang Constitutional Medicine

Kim Lakhyung

Department of Neuropsychiatry, College of Korean Medicine, Woosuk University

Abstract

Objectives

Sasang Constitutional Medicine (SCM) (四象醫學) – a traditional Korean medical typology – was systematically theorized by LEE, Jeama (李濟馬) in his book 『Longevity & Life Preservation in Oriental Medicine』 (東醫壽世保元) in 1894. It is widely used by Korean Medicine Doctors in the clinical practices. All people belong to one of the four constitutions based on the four emotional energies of sorrow, anger, gladness and enjoyment – TaeYang-In(太陽人, TY), TaeEum-In(太陰人, TE), SoYang-In(少陽人, SY), SoEum-In(少陰人, SE). The objective of this study is to investigate the relations between the biological theories of personality and SCM, and the biological basis of psychological characteristics in Sasang constitutional types.

Methods

(1) The relations and the similarities between medical typological theories in West as well as East were investigated. (2) Eysenck's Extraversion, Neuroticism Factors and C.R. Cloninger's trimensional model were investigated in Sasang constitutional types. (3) Electroencephalography (EEG), heart rate variability (HRV), event related potential (ERP), continuous performance test (CPT) were done to discover the biological basis of psychological characteristics of Sasang constitutional types.

Results

There were some relations and similarities between typologies in West and East. SY scored high on Extraversion dimension and low on Neuroticism dimension, while the SE scored low on Extraversion dimension and high on Neuroticism dimension. SY scored high in Novelty Seeking (NS), high in Reward Dependence (RD), low in Harm Avoidance (HA), SE scored low in NS, low in RD, high in HA, TE scored high in RD, low in HA. There were some differences of the biological changes (EEG and HRV) to the horror film between Sasang constitutional types. In the auditory CPT, the average of response time in SY was significantly shorter than SE. In the auditory ERP study, the latency of P300 was extended in TE compared with SY and SE.

Conclusions

These results suggest that the psychological characteristics of SCM could be based on the biological differences. Further studies are needed to reveal the fundamental biological basis of psychological characteristics in SCM.

Key Words

Sasang Constitutional Medicine (SCM), Biological basis, Personality psychology

Acknowledgement

This research was supported by Basic Science Research Program through the National Research Foundation of Korea(NRF) funded by the Ministry of Education, Science and Technology(2010-0023718)

Biological Basis of Psychological Characteristics in Sasang Constitutional Medicine

四象體質人 心理特性의 生物學的 基礎 研究

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金 洛 煙

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Sasang Constitutional Medicine

四 象 醫 學

- Sasang Constitutional Medicine -a traditional Korean medical typology- was systematically theorized by 李濟馬 LEE, Jeama in his book 『東醫壽世保元』 (Longevity & Life Preservation in Oriental Medicine) in 1894.
- It is widely used by Korean Medicine Doctors in the clinical practices.
- "All people belong to one of the four constitutions based on the four emotional energies of sorrow, anger, gladness and enjoyment."
- 太陽人 **TaeYang-In (TY Type)** 太陰人 **TaeEum-In (TE Type)**
- 少陽人 **SoYang-In (SY Type)** 少陰人 **SoEum-In (SE Type)**

• Lee JM. In: Choi SH (tr). Longevity & Life Preservation in Oriental Medicine. Seoul: Kyung Hee University Press, 1996.

Sasang Constitutional Medicine 四象醫學

體形氣像 Physical Appearance

容貌詞氣 Features and way of speaking

性質材幹 Temperament and Talent

恒心 Constant State of Mind

完實無病 Healthy State

素證 Ordinary Symptom

病證藥理 Pathological Syndromes and Pharmacology

Current Researches on the Methods of Diagnosing Sasang Constitution

- It is possible to classify an individual's constitution based on their external appearance, temperament and various symptoms.
- **External appearance** includes the **body shape**, as well as **facial configuration** and **skin tactile**.
- **Temperament** includes **personality** and **abilities** corresponding with the four emotional energies.
- **Symptoms** can be **physiological** or **pathological**.

• Si-Woo Lee, Eun-Su Jang, Jeon Lee and Jong Yeol Kim. **Current Researches on the Methods of Diagnosing Sasang Constitution: An Overview**. 1eCAM 2009;6(S1)43-49
doi:10.1093/ecam/nep092

Psychological Characteristics of Sasang Constitutions - Tae-Yang, So-Yang

	Tae-Yang	So-Yang
Descriptive psychological features -Skills and Talents -Constant State of Mind -Personality -Mental Desires	Urgent mind, quick temper; Rush forward without looking back, masculine rather than feminine, very courageous and positive, rash without introspection, strong without tenderness or sensitivity	Strong and quick, exhibit strength and a positive attitude, do not hesitate nor worry over details, active demeanor and quick movements, highly spirited Start without organizing or completing them, focus on external affairs and neglect domestic matters

Song Il-byung : Joseph K Kim & Huh Mahn-hoi (t). An introduction to Sasang Constitutional Medicine. Seoul:Jimoondang. 2005; 26-33

Psychological Characteristics of Sasang Constitutions - Tae-Eum, So-Eum

	Tae-Eum	So-Eum
Descriptive psychological features -Skills and Talents -Constant State of Mind -Personality -Mental Desires	Persistent and calm, Talent for adjusting to their own environment, sit still for a long time, complete work, Stay calm and conservative, dislike moving and changing, Maintain their own boundaries, Conservative and courteous	Courteous and calm, Prudent and kind, Sensitive to the needs of others, Constantly nervous, timid or fainthearted, Easily feel anxious and nervous, Prefer staying home than going out, Introversion and passiveness, More feminine than masculine, Pessimistic and lack of drive to start things,

Song Il-byung : Joseph K Kim & Huh Mahn-hoi (t). An introduction to Sasang Constitutional Medicine. Seoul:Jimoondang. 2005; 26-33

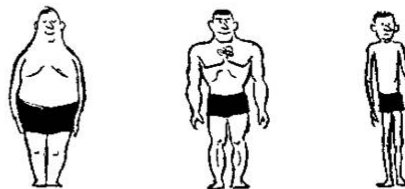
History of East / West Typology

- 陰陽二十五人 <靈樞·陰陽二十五人>
- 木型之人；火型之人；土型之人；金型之人；水型之人
- 五態之人 <靈樞·通天>
- 太陰之人；少陰之人；太陽之人；少陽之人；陰陽和平之人
- Four Humors of Hippocrates
- The four temperament types of Galen
- Body and Temperament Types of William Sheldon

Ancient Greek
Temperaments



Body and
Temperament
Types of William
Sheldon



Sasang
Constitutional
Medicine



Ancient Greek Temperaments, Biological Theories of Personality and Sasang Constitutional Medicine

- Relations and similarities between Ancient Greek Temperaments, William Sheldon's Body and Temperament Types, Biological Theories of Personality and Sasang Constitutional Medicine
- Eysenck's Extraversion and Neuroticism and Sasang Constitutional Types
- C.R. Cloninger's Tridimensional model (three biologically based personality traits) and Sasang Constitutional Types

Eysenck's Extraversion and Neuroticism and Sasang Constitutional Types

- **So-Yang type** : high Extraversion and low Neuroticism
- **So-Eum type** : low Extraversion and high Neuroticism

Chae H, Park SH, Lee SJ, Kim MG, Wedding D, Kwon YK. Psychological profile of Sasang typology: a systematic review. Evid Based Complement Alternat Med. 2009 Sep;6 Suppl 1:21-9.

Cloninger's Novelty Seeking, Harm Avoidance, Reward Dependence and Sasang Constitutional types

- **So-Yang type** : High NS, High RD, Low HA
- **So-Eum type** : Low NS, Low RD, High HA
- **Tae-Eum type** : High RD, Low HA

Choi DS, Kim LH, Sung WY, Han SJ, Shin DY, Song JM. Characteristics of Sasang Constitution by Temperament and Character Inventory (TCI). J of Sasang Constitutional Medicine 23(3); 351-350

Ancient Greek Temperaments, Eysenck's Extraversion and Neuroticism Factors and Sasang Constitutional Types

Greek humors	Excess of yellow bile	Excess of black bile	Excess of blood	Excess of phlegm
Greek temperament	Choleric	Melancholic	Sanguine	Phlegmatic
Description	Irritable	Depressed	Energetic, optimistic	Apathetic
Eysenck factors	Unstable (high Neuroticism) Extravert (high Extraversion)	Unstable (high Neuroticism) Introvert (low Extraversion)	Stable (low neuroticism) Extravert (high Extraversion)	Stable (low Neuroticism) Introvert (low Extraversion)
Sasang Constitutional Types		SoEum type	SoYang type	
	(TaeEum type ?)			(TaeYang type ?)

Hans Eysenck's Biological Personality Theory

- Hans Eysenck's theory is based primarily on physiology and genetics. He considers personality differences as growing out of our genetic inheritance.
- Temperament is that aspect of our personalities that is genetically based, inborn, there from birth or even before.
- Eysenck Personality Questionnaire (EPQ)

Psychoticism	Extraversion	Neuroticism
Aggressive	Sociable	Anxious
Assertive	Irresponsible	Depressed
Egocentric	Dominant	Guilt Feelings
Unsympathetic	Lack of reflection	Low self-esteem
Manipulative	Sensation-seeking	Tense
Achievement-oriented	Impulsive	Moody
Dogmatic	Risk-taking	Hypochondriac
Masculine	Expressive	Lack of autonomy
Tough-minded	Active	Obsessive

C.R. Cloninger's trimensional model proposes three biologically based personality traits

- C.R. Cloninger's trimensional model proposes three biologically based personality traits, each resulting from the relative level of a particular neurotransmitter in a person's central nervous system
- **Novelty seeking NS** is proposed to be related to levels of **dopamine** which serves as **a behavioral activation system**.
- People with higher Novelty seeking scores reported greater mood elevation to amphetamine than those scoring low.
- **Harm avoidance HA** is related to high level of **serotonin** which serves as **a behavioral inhibition system**.
- **Reward dependence RD** results from low levels of **norepinephrine** which serves as **a behavioral maintenance system**.

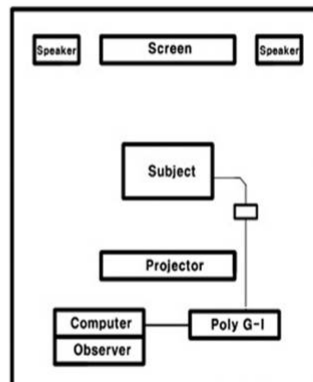
Susan C. Cloninger. Theories of Personality: Understanding Persons Prentice Hall, 2007

Biological Basis of Psychological Characteristics in Sasang Constitutional Medicine

- **Studies about the cognitive, behavioral, emotional characteristics in Sasang constitutional types**
- **Psychophysiological Study of Horror Film**
 - Self-Report Questionnaire
 - Heart Rate Variability (HRV) Study
 - Power Spectral Analysis of EEG
- **Continuous performance test (CPT) in Sasang Constitutional Groups**
- **Event Related Potential in Sasang Constitution**

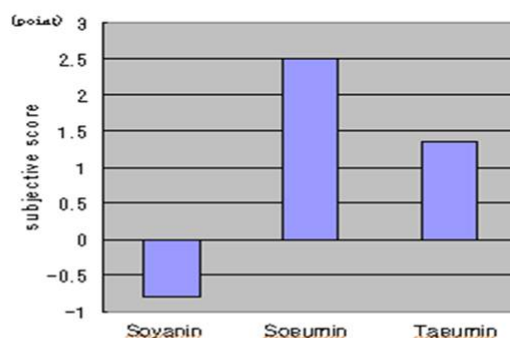
Psychophysiological Study - Horror Film "The Ring"

- 44 healthy volunteers -10 Soyangin, 14 Soeumin and 20 Taeumin
- Self-Report Questionnaire and HRV, EEG were assessed
- 100 sec Horror film- "The Ring"



Psychophysiological Study of Horror Film Self-Report Questionnaire

- "Disgust" in the questionnaire was reported significantly high in Soeumin group compared to other groups

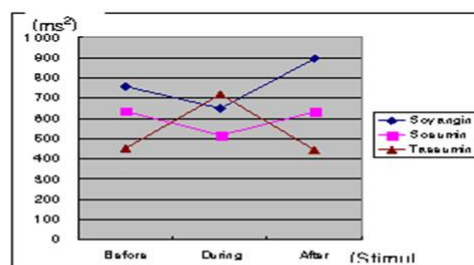


- Gyung-Ro Lee, Dong-Yun Shin, Young-Won Kim, Ja-Hyeong Yi, Jung-Mo Song, Lak-Hyung Kim. Changes of HRV according to Emotional Stimulus in Sasang Constitutional Groups. J. of Oriental Neuropsychiatry 18(2), 2007; 25-34

Psychophysiological Study of Horror Film Heart Rate Variability (HRV) Study

- (1) There were no significant difference in Mean-RR , SDNN between each groups.
- (2) LF of Taeumin group significantly increased by the emotional stimulation compared with other groups.
- (3) There was no significant difference in TP, HF, normalized LF, normalized HF, but the variation of each period in Taeumin group was bigger than those of other groups.

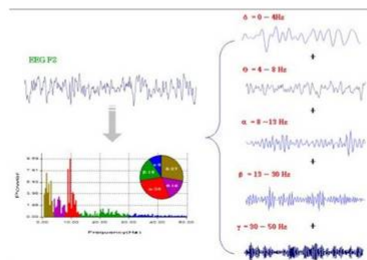
- Taeumin group showed significant changes of HRV index by fear stimulus film.



• Gyung-Ro Lee, Dong-Yun Shin, Young-Won Kim, Ja-Hyeong Yi, Jung-Mo Song, Lak-Hyung Kim. Changes of HRV according to Emotional Stimulus in Sasang Constitutional Groups. J. of Oriental Neuropsychiatry 18(2), 2007; 25-34

Psychophysiological Study of Horror Film Power Spectral Analysis of EEG

- relative alpha of TE was significantly decreased compared with SY
- relative alpha of SE was significantly decreased in T3 compared with TE
- relative beta of TE was significantly increased in Fp2 compared with SE
- relative high beta of SY was significantly decreased in F3 in post-stimulus rest period compared with SE
- alpha/beta ratio of SE was significantly increased compared with SY and TE

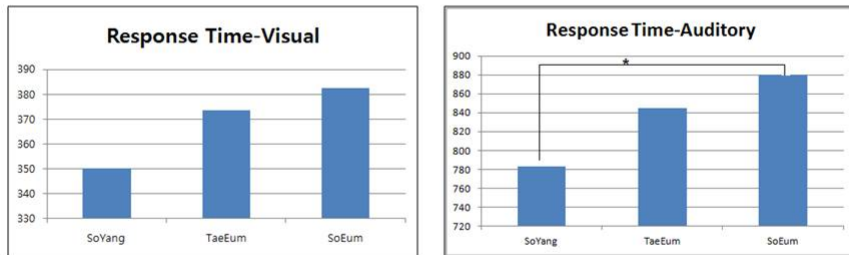


- Lee SK, Kim YW, Shin DY, Lim MG, Lee JH, Song JM, Kim LH. The Changes of Electroencephalography According to Emotional Stimulus in Sasangin. J of Sasang Constitutional Medicine 19(2), 2007; 113-126

Continuous performance test (CPT) in Sasang Constitutional Groups

- **Objectives :**
 - to investigate the differences of response to visual or auditory stimulus in Sasang Constitutional groups.
- **Methods :**
 - Continuous performance test (CPT) –Omission error, Commission error, Mean and SD of Response time were measured in 44 females.
- **Results :**
 - The average of response time to auditory stimulus : SY<TE<SE, Soyangin was significantly shorter than Soeumin.
 - The average of response time to visual stimulus : SY<TE<SE (p>0.05)
 - There was no significant difference in the Omission error, commission error, SD of response time between Sasang Constitutions.

- **Conclusion :**
- Soyangin response quickly to auditory stimulus compared to Soeumin.
- In the future study, more difficult and complex tasks should be studied to investigate of cognitive and behavioral the characteristics in Sasang Constitutions



Shin DY, Kim YW, Song JM, Yoo G, Park HC, Kim LH, A Study on the Differences of Response to the Visual or Auditory Stimulus in Sasang Constitutional Groups. J of Sasang Constitutional Medicine 17(3), 2005; 76-81

Event Related Potential in Sasang Constitution

- **Objectives :**
- Is there difference of auditory ERP (P300) between Sasang Constitutions?
- **Methods :**
- Auditory ERPs were measured in 32 healthy males. Latency and amplitude of P300 component were analyzed and compared between Sasang Constitutional groups
- **Results :**
- latency of P300 : Taeumin > Soeumin > Soyangin
- amplitude of P300 : Soyangin > Soeumin > Taeumin

• **Conclusion:**

- There could be differences of ERP between Sasang Constitutional groups. The sample size of this study was too small, further studies are needed in the future.

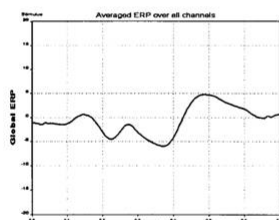


Fig 2. Averaged ERP over all channels in Taeumin

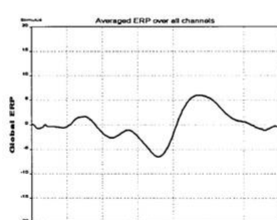


Fig 4. Averaged ERP over all channels in Soyangin

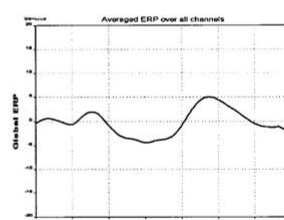


Fig 3. Averaged ERP over all channels in Soeumin

Kim JH, Song JM, Kim LH. A Study on the Auditory ERP measured in Sasang Constitutionally Classified Three Groups. J of Sasang Constitutional Medicine 16(2), 2003; 65-70

Biological Basis of Psychological Characteristics in Sasang Constitutional Medicine

四象體質人心理特性의 生物學的 基礎 研究

金 洛 煙

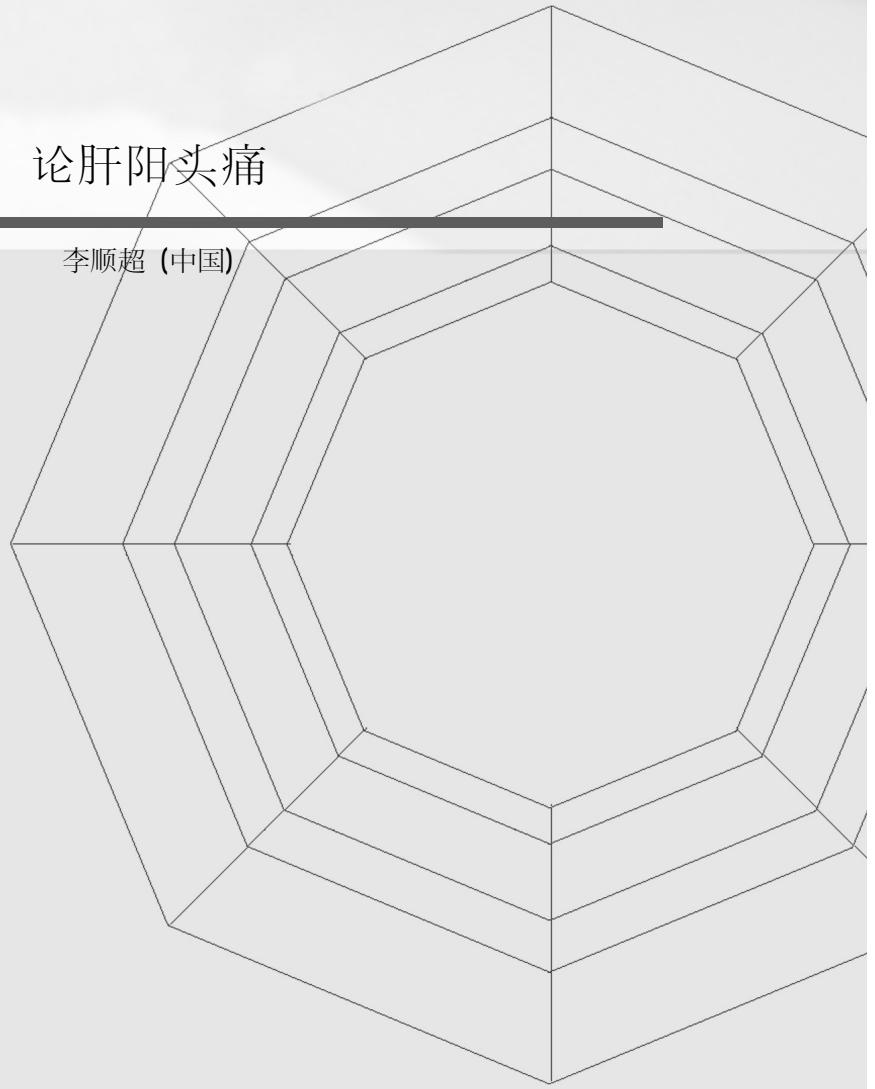
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论肝阳头痛

李顺超 (中国)



论肝阳头痛

李顺超

中国

摘要

我国的中医药学是一个伟大的宝库，有着悠久的历史。几千年来，人民在同疾病作斗争中，不断总结经验，推动发展，今天已成为全人类共同拥有的珍贵的文化遗产。翻开光辉的中医史，不难看出，历代医家继承祖国医学遗产，发展创新，做出卓越贡献的辉煌业绩。新中国成立后，党的中医政策为中医的发展提供了广阔的前景，中医学界，开拓创新的有识之士，更是层出不穷。为发展中医事业计，总结工作甚为重要。

老中阪李法拥出生于河北省霸州市中医世家，毕生严守祖训、刻苦钻研，倾尽任心仁术，为广大患者除却疾病的痛苦，积累了丰富的经验，尤其在疑难杂证的研究和诊治森面，有其独到之处。年近古稀，仍不忘自身承上启下的责任，志在弘扬奇葩，推动中医药学的发展而发挥余热。故倾其终身积累，择其精华，奉献于世，以启迪新学，与同道共研讨。现就其治疗顽固性头痛的经验总结如下。

Treatment of Headache Disease Case

Shun Chao, Li

China

Abstract

China's traditional Chinese medicine is a great treasure house, has a long history. For thousands of years, people in the fight against disease, sum up experience ceaselessly, promote development, today has become a common humanity has precious cultural heritage. Open the glorious Chinese history, see not hard, dynasties inherited the motherland medicine heritage, development innovation, make outstanding contributions to the brilliant achievements. After the founding of new China, the party 's policy for the development of traditional Chinese medicine provides a broad prospect, Chinese academia. Innovation is a person with breadth of vision, emerge in an endless stream. For the development of Chinese business plan, summarize the work is very important.

The old hillside Li Fayong was born in Hebei province Bazhou City family medicine, lifelong adherence to the teachings, assiduously, try any heart charity, for the majority of patients suffering from the disease, and has accumulated rich experience, especially in the study of diagnosis and treatment of difficult and complicated diseases and Sen, has its one's own knack in. Approaching seventy years of age, still did not forget their own important responsibility, aimed at promoting flower, push the development of Chinese medicine and play heat. It empties his lifelong accumulation, choose its elite, dedicated to the world, to inspire new fellow, and total research. The treatment of intractable headache experience is summed up as follows.

肝阳头痛

患者；陶秋伟、男、15岁、河北省霸州市辛店人于1998年12月8日。初诊。

主诉：患头痛五年不愈，曾去天津、北京等专科医院就诊，经CT和核磁共振等多项检查，最后诊断为癫痫性头疼。以近期疼痛加重，呈持续性剧痛来我处就诊。

主证：头痛而双眉紧锁，痛苦面容，口苦口干，食少欲饮，尿黄，大便干燥，二日一行，六脉弦细数左关尤甚。

辨证：肝肾阴亏、肝风内动、风火上扰、气血止攻而头痛。

治法：滋水涵木、平肝熄风、通络止痛

处方：生地12g 丹皮10g 北沙参10g 白芍20g 女贞子15g 菟丝子15g
山芋肉10g 寸冬8g 天冬8g 充蔚子12g 天麻15g 双钩藤10g 白僵蚕8g
大蜈蚣条甘草3g 当归10g(石决明30g灵磁石50g单包先煎30分钟)。首次服5剂。

二诊：头胀痛见轻、脉有缓和之象。原方加楮实子20g再服五剂。

三诊：头胀痛大减，夜间可以安睡，食量大增，大便一日一行，已不干燥，舌润不干，苔薄黄，脉见洪大而不弦，有阴复风熄之象。

其服药32剂。服药期间，方中时有加龙骨20g。1212日复诊，六脉和甲，大小便正常，近20日一切如常人，头不再疼痛。停药中药。随访三年未发。

按语：此患者头痛五年余，久治不愈。究其根源，患者禀赋不足，素体阴虚。今外感风寒，治之得当，予辛温解表，则风寒之邪随汗而解。病可痊愈。令治之不当，过用辛温香燥之品，髓阴劫液，致肾阴亏虚愈甚，水亏不能涵木，肝风内动，虚火上炎，隧头痛难忍。今以当归、白芍、生地、丹皮、沙参、二冬、女贞子、菟丝子、山芋肉等大剂补益肝肾之闭、滋阴降火，天麻、双钩藤、僵蚕、石决明、灵磁石，平肝熄风、重镇潜阳，蜈蚣解痉熄风、通络止痛，致使阴复火降、气胤和调，头痛自愈。

风湿头痛

患者；刘树果、男、45岁、河北省高碑店大义店人。1994年12月18日来我门诊治疗。

主诉：自1983年始两太阳穴痛，呈交替性发作。1992年后，疼痛加剧，冷热均可诱发。其发痼时间，多则八九天，少则四五天。好发于早晨七八点钟，下午痛缓，病史十年有余，以疼痛加剧，连续半月不止来诊。

主证：头痛剧烈、以两太阳穴为显，伴有乏力，肢体困重，口T口苦不思饮食，胸闷憋气，面黄无华，舌质红，矧黄腻，脉沉、濡、细。

辨证：外感风湿、阻滞经络、上蒙清窍而头痛。湿邪阻滞经络，气机不畅而不思饮食、口干口苦、胸闷憋气。湿邪重着，则肢体困重乏力。舌红苔黄腻，脉沉濡细，均为风湿头痛之征，且有湿邪久稽化热之象。

治法：祛风胜湿、疏通经络

处方：羌活6g 防风8g 辽细辛3g 菊花8g 桑叶15g 当归10g 川芎8g 蔓荆子6g 鸡血藤15g 充蔚子10取3剂水煎服。

二诊：自觉疼痛有缓解，因大便干，三日一行，口干苦，原方加元参10g生石膏15g再服3剂。

三诊：主诉疼痛又有所加重，考虑生石膏寒凉太过，于原方去石膏加生姜6g再取3剂服用。

四诊：主诉头痛已止，诊查脉象和缓，二便通畅，系以四物汤去熟地、加女贞子、蔓荆子、双叶、菊花、鸡血藤，服6剂善其后。自此随访五年，未见头痛复发。

按语：凡风湿头痛，因湿邪粘腻，留连不去，治疗切忌滋腻。邪体虚患者亦不可过早补益。尤其养阴补血之剂要慎用，待邪去痛止，方可作病后调理。但是，对体虚患者，发散也要注意，不可太过，以免耗伤阴血，更虚其体。该病例首用羌活、防风、细辛、蔓荆子祛风燥湿，菊花、桑叶疏散风热，川芎引药上行、直达病所，为头痛要药，鸡血藤、充蔚子、当归活血通络，服药九剂，头痛即愈。而后用四物汤去掉过于滋腻的熟地，加女贞子等药，服6剂作调理，恰到好处。

肝郁化火头痛

患者：陈淑英、女、35岁、坊芒店人、于2001年11月22日来诊。

主诉：患头痛十年之久，里偏头痛，多在发怒生气时发作，痛时哭叫不止，头眼胀痛欲裂。曾去北京几个大医院治疗未愈。

主证：头痛剧烈，面红耳赤，白睛赤丝满布，帙食如常，尿色黄，火便下燥，两三日一行，舌红无苔少津，脉诊两关沉、弦、有力。

辨证：大怒伤肝、气郁化火、肝阳上亢、气血瘀滞而头痛。肝火上炎，致而红目赤。木火刑金、肃降不行、肠腑燥结而大便干燥，三日一行。舌红无苔少津、脉沉弦有力，均为肝郁化火之征。

治法：疏肝理气、平肝潜阳、化瘀止痛

处方：柴胡6g 郁金8g 香附米8g 夏枯草5g 草决明10g 生石膏25g元胡10g 白芍15g 何首乌12g 女贞子15g 菟丝子12g 充蔚子15g 坤草15g 元参8g 怀牛膝15g 生龙骨20g 地龙8g 土鳖虫6g(石决明40g单包先煎30分钟)

一诊：拿五剂，水煎服，嘱忌食酒肉和辛辣食品，避免生气发怒等情志变化。

二诊：头痛见轻，时间缩短，考虑药已对症，效不更方。原方继服20剂(中间有时加泽兰、丝瓜络)，头痛消先，情终波动时，亦未发作，遂停药中药，随访二年未发。

按语：此病例为长期肝气郁结，郁久化火，肝火上炎而头痛。以柴胡、郁金、香附子疏肝解郁，夏枯草、草决明、生石膏清肝泻火，龙骨、石决明、玄参、平肝潜阳、引火归元治其本。以白芍、牛膝缓急止痛，地龙、土元、坤草活血化瘀，减轻疼痛治其标。以女贞子、何首乌、菟丝子滋养肝肾、滋水涵木，更添潜镇之力。致使十年之久的偏头痛得以治愈。

三焦实热、火邪漫延之头痛

患者：荣荣、女、14岁、河北省霸州市人、2000年12月20日来我处就诊。

主诉：头痛反复发作两年有余，每于早晨加剧，吃西药止痛，并卧床休息一小时可以缓解剧痛。西医诊断为青光眼早期。最近疼痛加剧，只能休学在家治病。两月来头痛无休止，遂慕名来门诊。

主证：晨起头痛剧烈，两太阳穴尤著，伴双目胀痛，痛剧时口吐黄水，有时伴腰痛，神疲懒言，口干，便秘七日一行，舌苔黄薄质红，脉肝肾虚浮小数，肝微有弦象，肺胃脉沉洪有力。

辨证：此案病机在于三焦实热，火邪弥漫，上扰清空，故头痛剧烈于阳旺之时。上焦肺热，不主肃降，其相表里之大肠腑气不通便秘、七日一行，致使邪无出路，火热愈甚。中焦胃热灼津，致口舌干燥。胃气不降而逆，故口吐黄水。下焦肝胆实火上炎，经络不通，血行不畅，故双目胀痛、太阳穴痛尤著。其舌脉之象均为三焦实热之征。

治法：清泻三焦、通络止痛

处方：双皮10g 知母10g 生石膏15g 沙参10g 白蒺藜10g 菊花10g 瞻葶荆子5g 马齿苋15g 拿6剂水煎服。

二诊：脉不弦数，有缓和之象，舌红减轻，头痛不剧，头目胀如固。于原方加入茺蔚子15g 夏枯草15g 毛冬青10g 泽兰12g 丝瓜络8g 鸡血藤20g 云苓10g等活血通络、清肝明目之品。取5剂水煎服。

三诊：5剂服完后患者告愈，已三天无头痛症，余症也已消失，舌苔薄白。六脉缓和流畅，于是停药中药。随访五年—未有复发。

按语：该患应为肺胃实热发展而来。故以生石膏、知母、双皮清肺胃实火，宣通气机，使腑气通、邪有出路。夏枯草，茺蔚子清泻肝胆，菊花、蔓荆子、毛冬青、夏枯草清肝明目、降低眼压。泽兰、丝瓜络、鸡血藤活血通络。共奏清泻三焦、通络止痛之目的。

肝风胃上火犯三叉神经(偏头痛)

患者：高雅如，女，56岁，河北省霸州市人，于1996年4月25日初诊。

自诉：患头右侧偏头痛，三月余，痛剧时头顶、太阳穴、牙都痛，经本市第一医院检查，诊断为三叉神经痛，痛时多在说话，洗面，吃饭，活动时诱发。剧痛时像生蝎蛰，锥刺样的痛法。痛苦万分。

初诊：舌苔黄厚而躁，大便七日一行，小便黄少，口干苦，脉右脉沉涩而数。一息六至。左关沉涩而有弦象。

辨症：此肝郁化火，火动生风，加胃之气火相并上逆。攻冲脉道，淤阻不通，耗伤阴血，神经失养，神经敏感性增强。动则剧痛。

治法：平肝降逆通络熄风。

处方：知母10g，元参10g，生石膏40g，生赭石12g，怀牛膝20g，生果8g，生地10g，赤芍15g，乳香6g，没药6g，丹参10g，蜈蚣2条，条夏枯草15g，拿三剂。

二诊：脉症如初，知非药不中，因病程日久，近日难效，原方加入姜蚕10双勾藤10土鳖虫8白芍12拿三剂。

三诊：痛减轻，大便通畅，日一次，脉不数一息四至，病有好转，原方又加木瓜6g，薏米20g，生龙骨20g，拿三剂。

四诊：近二日没痛，可洗面，吃饭，没诱发，原方又拿三剂。告愈，停药中药，随后二年未发。

按语：凡三叉神经痛多与肝风胃火有关，有加外受风寒，内有风火。或加湿热是致痛的主要原因。上至巅顶，下至后牙，此属阳明厥阴所到之处，此处神经受风火刺激，敏感性增强，稍受震动，痛如刀剐锥刺，治去火熄风化痰通络兼养神经，此法治数十例效果良好。

通补兼施治行经前后头痛

患者：张萍，女，35岁，住霸州市内。于1998年11月18日来诊。

自诉：患头疼三年之久，多治无效，每经前三至五天头痛发作，头痛部位固定，痛如锥刺。经行不爽，量少，色紫，有少量血块。同时伴有小腹疼痛。经后小腹疼痛减，头空痛又发作。牵制眼眶，眉棱骨，头晕目眩。不思饮食，大便干燥，三日一行。小便黄，口干。

初诊：面色萎黄，舌红紫，苔薄黄不润。舌边有淤点。脉弦细涩。

辨证：根据脉症，是因虚至淤，脉道不充，留滞难去，血虚是本，淤滞是标。经前头痛是经血下行不畅，气血上攻头胀痛。经血满溢必走下行出路时，头不痛，待经血夹少量血块下后小腹不痛，此时血虚更甚，头空痛，目眩，因血虚不能养脑，脑髓不足头空痛目眩发作。

治法：通补兼施，经前用药，疏通为要，经后以补为先。

处方：当归12g，赤芍10g，白芍10g，丹参12g，坤草15g，香附8g，郁金8g，怀牛膝15g，桃仁8g，元胡10g，女贞子15g，菟丝子10g，山芋肉8g，黄柏10g，红花8g，三剂水煎服日一剂。

二诊：头痛差，失眠。加首乌15g，夜交藤15g，柴胡6g，拿三剂。

三诊：经血以下有少量血块头不痛，小腹痛差。三剂。

四诊：12月1号，头、小腹不痛，原方去黄柏、红花、桃仁、郁金。加党参10g，麦冬8g，川芎10g，三剂。

五诊：头空痛轻微，原方续服。以后少有加减。到下次经期头腹没痛。经量颜色恢复正常。停药中药，一年未发。

按语：妇女经前后，气血的变化，处于由满而盈，由盈而溢，由溢而虚的特殊时期。根据虚淤的道理，经前后头痛的症状不一，性质不同，治法各异。

补水行舟法治大便干燥狂躁症

患者：焦书庄，男，37岁，雄县南张庄村民。

于2007年3月25日来我门诊治疗。

自诉：患大便干燥十余年之久，近半年，性情暴躁，常有疯狂之举，性欲亢进。阳强不衰。到处求医，去火，通便，镇静安神，16年来药已尝遍，但无寸效。

诊查：患者面红耳赤，双目圆睁直视。血丝包睛，一派怒象，舌干红，苔如烟熏燥黄，脉浮大空数。

诊断：阴虚阳亢，乙癸同源，相互为用。火动生风，上扰清窍。冲击神志，肝举目睁，如疯似狂。暴跳如雷，病发之因，水不治火也。

治法：大补真阴，以水治火，达阴平阳秘，阳有所依。

处方：生地15g，熟地20g，丹皮10g，元参15，知母10g，白芍12g，当归10g，川芎8g，黄柏10g，龙胆草6g，沙参8g，寸冬8g，石菖蒲8g，怀牛膝15g，生龙骨20g，甘草5g，加小麦50g，大枣4枚

10剂煎药机煎服。

二诊：脉空数差有缓下之象，自述近几日无发作，遇心情不顺时可忍之。头脑较前清醒。效不更方拿10剂煎服如前。

三诊：脉已不空数一息四至。有缓和之象，阳强已平，二便正常，不燥，食量大增，精神清爽。每日上班干活。为固疗效，再尽10剂。停药，日后少食辛辣、酒、羊肉、韭菜等助阳之物。

按语：此患者久病不愈，皆因以上，治疗时，多以问病吃药。忽视切脉。只知便躁即道，有火去火，精神亢进则安神，如此失了中医的四诊合参的治疗特点。

增水行舟也是中医治疗便干燥的一种法则。只要脉见空数。补阴重剂用之甚效。

水能治火，火自平息。阳自不亢，诸症痊愈。

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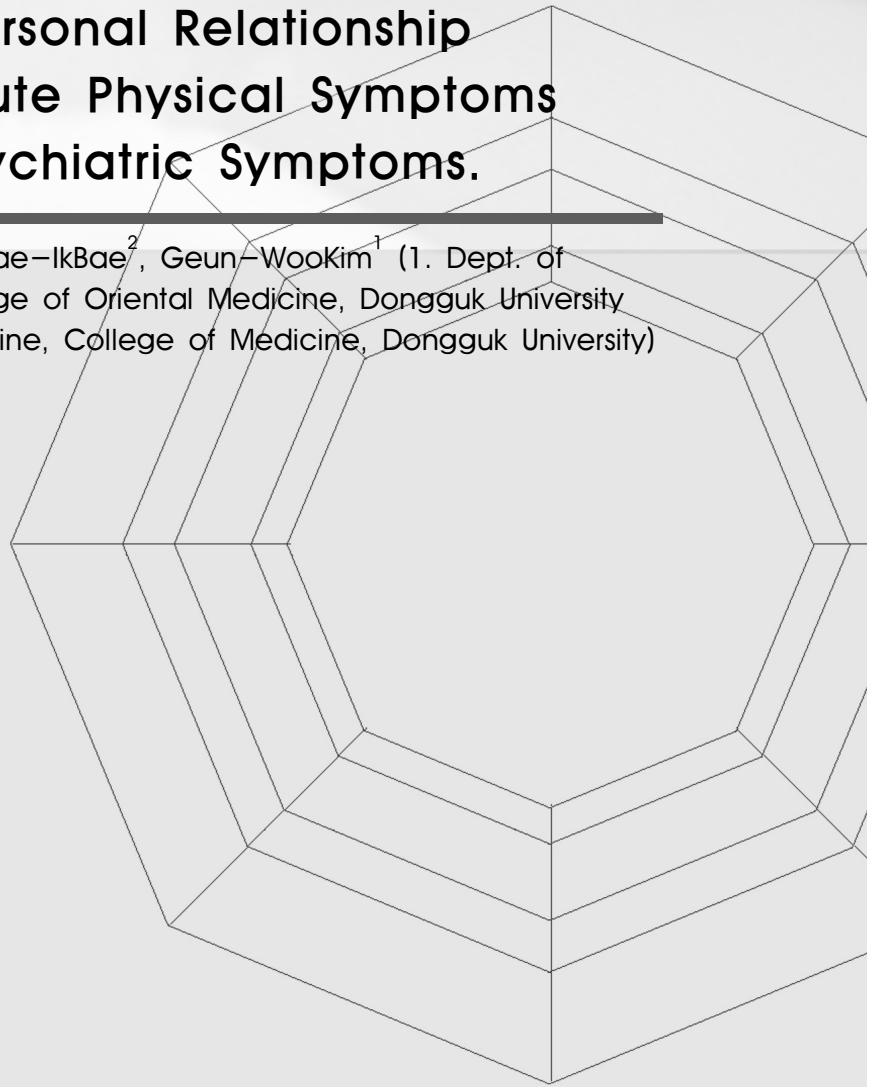
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A Case Report on Onset of Psychosomatic Disorder due to Stress of Interpersonal Relationship to Transmute Physical Symptoms into Psychiatric Symptoms.

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A Case Report on Onset of Psychosomatic Disorder due to Stress of Interpersonal Relationship to Transmute Physical Symptoms into Psychiatric Symptoms.

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Abstract

Objectives

This study was designed to research the effect of oriental treatments for Psychosomatic disorder with Psychological conflicts.

Methods

1. We selected a 51-year-old female patient who has been suffered by stress of interpersonal relationship in cooperation.
2. We estimated the patient's stress with Minnesota Multiphasic Personality Inventory, Social Avoidance and Distress Scale, Heart rate variability, Questionnaire of Beck's Depression, State-Trait Anxiety Inventory and State-Trait Anger Expression Inventory.
3. The patient was treated with Oriental medical treatment (acupuncture, moxibustion, cupping and aroma therapy, oriental psychotherapy and Herbal medication).
4. We follow the changes of patient's stress index to measure Heart rate variability, Questionnaire of Beck's Depression, State-Trait Anxiety Inventory and State-Trait Anger Expression Inventory for 3 times, before, middle and after treatment.

Results

chest pain, hyperventilation syndrome, general myalgia, insomnia, headache, dizziness, anxiety, anger were improved by oriental medical treatments. But, patient's anorexia was remain slightly.

Conclusions

These result suggest that oriental treatments have an effect on Psychosomatic disorder due to stress of interpersonal relationship to transmute Physical symptoms into psychiatric symptoms.

Key Words

Psychosomatic disorder, Oriental treatment, interpersonal relationship



The Effect of Lotus Root to Ameliorate AD-like Pathology of Tg-APPswe/PS1dE9 Mice.

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The Effect of Lotus Root to Ameliorate AD-like Pathology of Tg-APPswe/PS1dE9 Mice.

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Abstract

Objectives

This study was designed to show the effect of Lotus Root to ameliorate AD-like pathology of Tg-APPswe/PS1dE9 mice.

Methods

Western blot analysis, Amyloid beta assay, Passive avoidance test, Y maze test and Immunohistochemical staining were performed.

Results

The results of this study can be summarized as follows;

1. LRE decreased the PARP-1(cleavage)/PARP-1(pro) protein ratio in PC12 cells induced neuronal cells death by H₂O₂. It was inhibited dose dependently by pre-treatment with LRE.
2. LRE increased AKT and mTOR phosphorylation known as a survival signal in PC12 cells induced neuronal cells death by H₂O₂.
3. The latency time of TG mice fed on LR increased compared to that of normal and other TG mice not fed on LR in passive avoidance test.
4. The spontaneous alteration of TG mice fed on LR increased compared to that of normal and other TG mice not fed on LR in Y maze test.
5. A β (1-40) and A β (1-42) in the brain of TG mice fed on LR decreased compared to those in the brain of normal and other TG mice not fed on LR.
6. The plaque deposition of A β (1-42) in cortex and hippocampus of the TG

mice fed on LR decreased compared to that of normal and other TG mice not fed on LR.

7. The AKT phosphorylation and CREB phosphorylation in cortex of the TG mice fed on LR increased compared to that of normal and other TG mice's brain not fed on LR.

Conclusions

This study showed that Lotus Root would inhibit neuronal cells death in Alzheimer's disease. And Lotus Root could be useful for amelioration of space perception ability and memory learning to a patient of Alzheimer's disease.

Key Words : Alzheimer's disease, Lotus Root, Passive avoidance test, Y maze test, PARP-1, Amyloid beta, AKT, mTOR, CREB

**스트레스 관련 신경정신과적 질환에 대한
심리척도의 유용성과 상관성에 대한 임상연구
- 우울, 불안, 불면 환자를 중심으로**

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스트레스 관련 신경정신과적 질환에 대한 심리척도의 유용성과 상관성에 대한 임상연구 - 우울, 불안, 불면 환자를 중심으로

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초록

목적

본 연구는 우울증, 불안장애, 불면증으로 진단된 환자에게 BDI, STAI, STAXI, ISI, SCL-90-R 심리척도의 유용성과 상관성을 알아보기 위하여 시행되었다.

방법

총 39명의 우울증, 불안장애, 불면증으로 진단된 환자를 대상으로 BDI, STAI, STAXI, ISI, SCL-90-R을 실시하고 통계적으로 분석하였다.

결과

1. 우울증 환자군의 BDI 점수는 불안장애와 불면증을 합한 환자군보다 유의하게 높았다.
2. 우울증 환자군의 BDI 점수는 STAI-S, STAI-T 점수와 강한 양적 선형관계가 있었다.
3. 불안장애 환자군의 STAI-S 점수는 BDI, ISI 점수와 뚜렷한 양적 선형관계가 있었다.
4. 우울증 환자군의 SCL-90-R 우울척도 점수는 신체화척도, 강박증척도, 대인예민성척도, 불안척도, 적대감척도, 공포불안척도, 편집증척도, 정신증척도, 전체심도지수, 표출증상합계 점수와 강한 양적 선형관계가 있었다.
5. 불안장애 환자군의 SCL-90-R 불안척도의 점수는 신체화척도, 강박증척도, 우울척도, 공포불안척도, 전체심도지수 점수와 강한 양적 선형관계가 있었고 공포불안척도 점수는 불안척도, 전체심도지수, 표출증상합계 점수와 강한 양적 선형관계가 있었다.

결론

본 연구는 향후 우울증, 불안장애, 불면증 등 스트레스 관련 신경정신과적 질환의 한 방 치료를 위해 내원하는 환자의 질환 선별 및 치료 효과 판정에 사용될 수 있는 의미 있는 결과를 얻었으며 향후 임상시험 및 증례 보고 등에 근거로 쓰일 수 있을 것으로 사료된다.

핵심어

BDI, STAI, STAXI, ISI, SCL-90-R, 우울, 불안, 불면

감사의 글

본 연구는 대전대학교 교내 연구비 지원에 의하여 수행되었음.

The Correlation of Psychological Scale Measurements in Stress-Related Depression, Anxiety, and Insomnia and its Value

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Abstract

Objectives

The aim of this study was to investigate the value and efficacy of BDI, STAI, STAXI, ISI, and SCL-90-R in correlation with depression, anxiety, and insomnia.

Methods

A total of thirty-nine patients who were diagnosed with depression, anxiety, and insomnia were evaluated using BDI, STAI, STAXI, ISI, and SCL-90-R. They were then statistically analyzed.

Results

1. BDI scores of depression patients were significantly different from other patients.
2. BDI scores of depression patients had strong positive correlation with STAI-S, STAI-T scores.
3. STAI-S scores of anxiety patients had positive correlation with BDI, ISI scores.
4. SCL-90-R depression subscale scores of depression patients had strong positive correlation with somatization, obsessive compulsive, interpersonal sensitivity, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, global severity index, and positive symptom total subscale scores.

5. SCL-90-R anxiety subscale scores of anxiety patients had strong positive correlation with somatization, obsessive compulsive, depression, phobic anxiety, and global severity index subscale scores. Phobic anxiety subscale scores had strong positive correlation with anxiety, global severity index, and positive symptom total subscale scores.

Conclusions

The result findings are expected to serve as a useful resource in future stress-related depression, anxiety, and insomnia case reports and clinical research in oriental neuropsychiatry.

Key Words

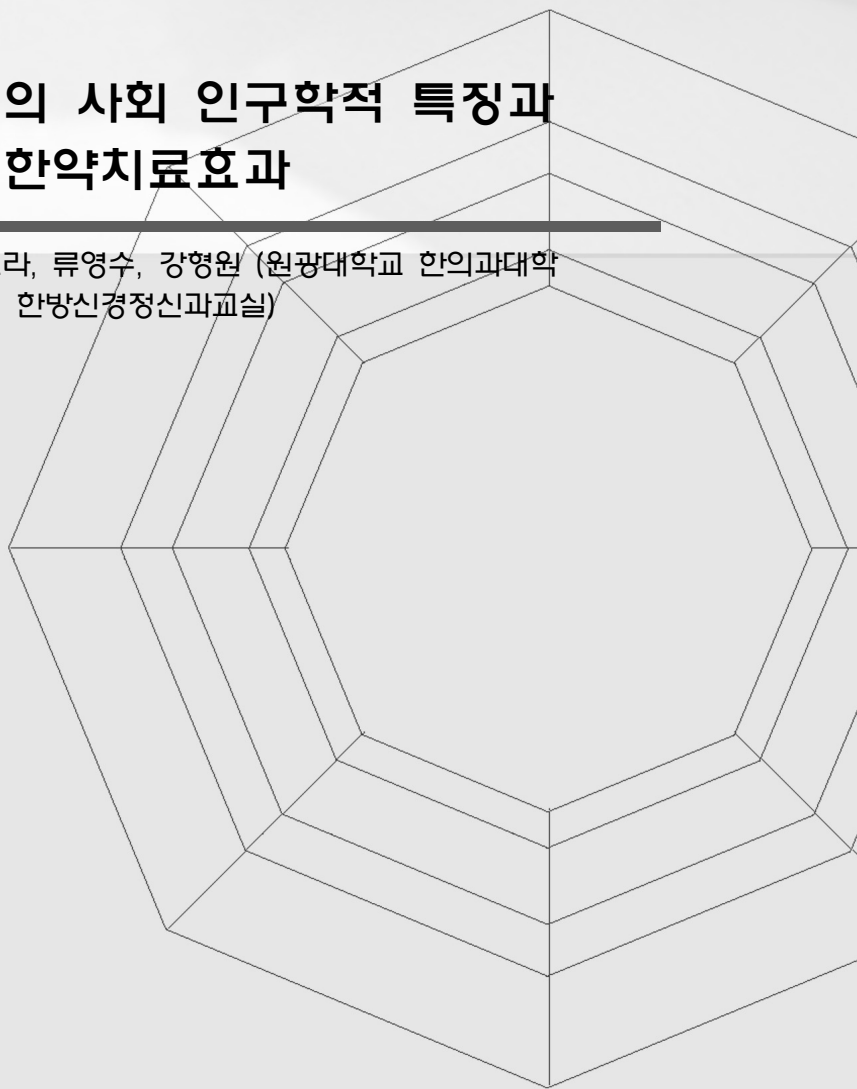
BDI, STAI, STAXI, ISI, SCL-90-R, depression, anxiety, insomnia

Acknowledgement

This study was supported by a grant of Daejeon University.

틱장애 아동의 사회 인구학적 특징과 한약치료효과

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한방신경정신과교실)



틱장애 아동의 사회 인구학적 특징과 한약치 료효과

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초록

목적

본연구는 틱장애 아동의 사회 인구학적 특성과 한약치료 효과를 평가하기 위한 목적이다.

방법

2006년 1월부터 2011년 4월까지 서울 소재 H한의원에 틱장애를 주 증상으로 내원한 환자들 중에서 설문지를 성실히 응답하고, 임상 한의사 및 숙련된 임상심리사가 임상 면접 및 심리검사를 실시한 뒤 틱장애로 진단된 200명을 대상으로 인구사회적으로 통계처리하였고, 한약치료효과는 이를 중 3개월 이상 복용한 52명을 대상으로 분석하였다.

결과

1. 틱장애 아동 중 일과성 틱장애(43.3%)가 가장 많았고, 남아의 발생 비율(5.45:1)이 더 높았으며, 뚜렛장애 유형의 내원 나이(9.03세)가 가장 많았다.
2. 최초 시작 운동 틱 증상은 눈증상(63.5%), 음성 틱 증상은 헛기침(16%)이 가장 많았고, 증상 심각도와 위장가능성, 괴롭힘 정도는 운동틱보다는 음성틱에서 더 심하며, 특히 음성틱의 경우 뚜렛장애 유형에서 가장 심했다.
3. 3개월 이상 한약을 복용한 틱장애 아동을 대상으로 한 한약치료효과에 대한 분석결과(N=52), 운동틱의 발생 수, 발생 빈도, 심각도, 복잡성, 음성틱의 발생 수, 발생 빈도, 심각도, 그리고 운동틱과 음성틱을 종합한 틱의 장애수준 그리고 전체 진단 점수 항목에서는 최초 진단 후 한약을 복용한 결과 유의미한 감소한 것으로 나타났다.

결론

이상의 결과로 본 연구는 한의원에 내원한 틱장애 아동을 대상으로 인구학적 특성을 파악하고 한약복용의 유효성을 통계분석적으로 살펴본 연구로 틱장애 치료에 있어서 한의학적 임상적 활용에 도움이 될 것으로 기대된다.

핵심어

틱장애, 한약치료효과, 한의학

The Demographic Characteristics and the Effectiveness of Herbal Treatments of Tic Disorders

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Abstract

Objectives

The goals of the present study were to assess children's demographic characteristics with tic disorders and to prove the effectiveness of herbal treatments of tic disorders.

Methods

The present study was conducted from January 2006 till April 2011 with 200 out-patient children diagnosed with tic disorder, between age 6 - 12 (after excluding 10 children who could not be clearly diagnosed) at the "H" herbal medicine clinic located in Seoul. Of these 200 children, we have evaluated epidemiology, clinical manifestation, and analyzed the results of herbal medicine treatments.

Results

1. Among children diagnosed with tic disorder, Transient Tic Disorder was most prevalent (43.3%) and males were more likely than females to express tics (5.45:1). Children with Tourette's Disorder sought help significantly later (average age of 9.03 years) than other types.
2. As an initial symptom, eye symptoms (63.5%) were most prevalent among motor tics and coughing (16%) was among vocal tics. The degree of severity, complexity and disturbance was significantly greater in motor tics than vocal tics.

Specifically, vocal tics were most severe in Tourette's Disorder.

3. The analysis results of herbal medicine treatments are as follows. Compared to pre-treatment assessment, children who received herbal medicine treatment for more than three months (n=52) showed a marked decrease in symptoms of motor tics (the number of motor tics, frequency, severity, complexity) and vocal tics (the number of vocal tics, frequency, severity), in the impairment level of combined tics (motor and vocal tics together) and in the overall score.

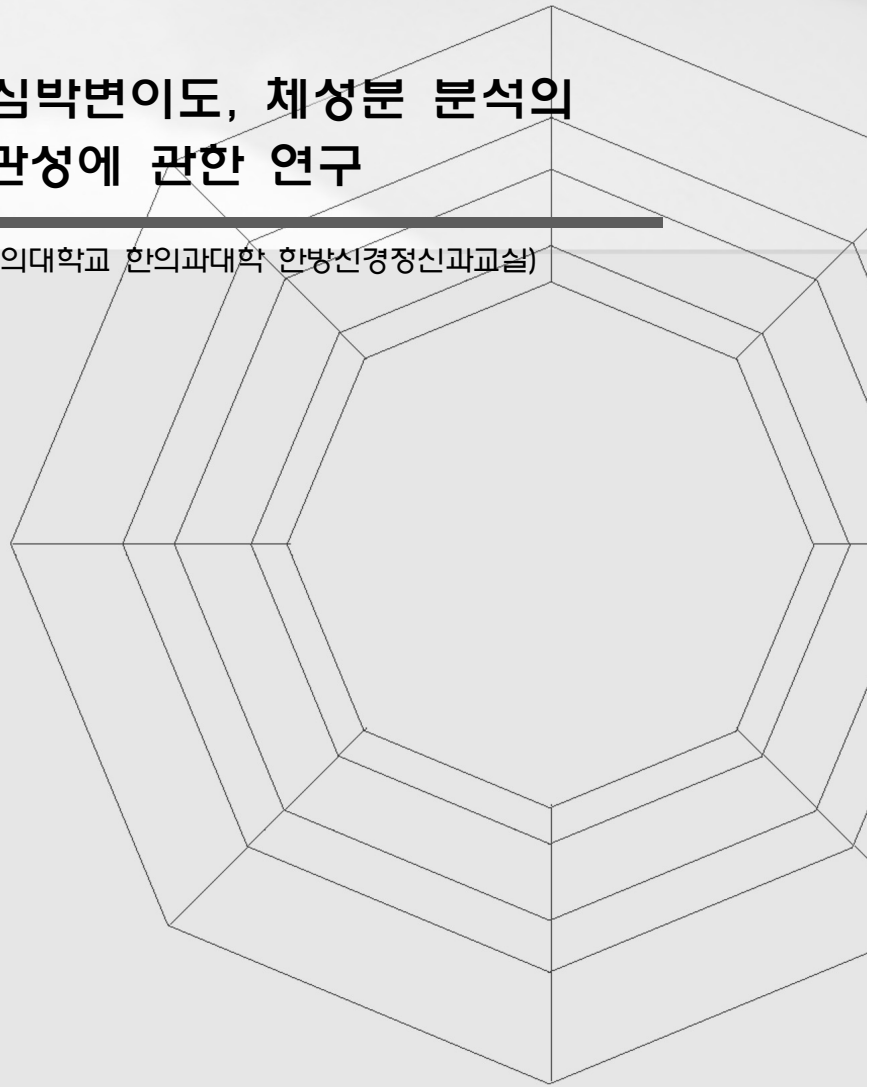
Conclusions

In conclusion, we apprehended demographic and clinical characteristics of tic disorder patients visited in Korean traditional medicine clinic by analyzing psychological assessment results. Furthermore, we identified effectiveness of herb formula in tic disorder. We hopefully suggest that future standardization of pattern diagnosis tools and prompt development of clinical guideline on tic disorder would be followed.

Key Words : Tic disorders, Effectiveness of herb formula, Korean Medicine

불면환자의 심박변이도, 체성분 분석의 연관성에 관한 연구

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불면환자의 심박변이도, 체성분 분석의 연관성에 관한 연구

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초록

연구대상

대상자는 2008년 1월부터 2012년 4월까지 ○○대학교부속한방병원 신경정신과에 처음 내원한 환자 중, 주요 상병명이 수면개시 및 유지장애(G470), 비기질적 불면증(F510)인 환자를 선별한 후, 연령 20대 미만이거나, 맥박이 약하거나 부정맥이 있어 HRV가 측정되지 않는 환자, 면담 기록 정보가 충분하지 않은 환자를 제외하였다.

방법

불면증을 호소하며 내원한 환자 350명을 대상으로 하여 이들의 심박변이도(Heart Rate Variability;HRV)검사와 초진시 면담기록을 바탕으로 동반증상을 조사하였고, 이들 중 체성분 검사가 시행된 346명 환자의 결과를 분석하였다.

결과

1. HF는 여성이 남성보다 유의하게 높았고, LF/HF ratio는 남성이 여성보다 유의하게 높았으며 PR, LF, VLF는 성별에 따른 유의한 차이가 없었다. 39세 이하의 저연령그룹과 40세 이상의 중, 고연령 그룹을 비교했을 때, 저연령 그룹에서 HF, LF, VLF, LF/HF ratio가 모두 유의하게 높았다.
2. 대상 불면증 환자의 LF, VLF, HF의 평균값 간에는 유의한 차이가 있었고 HF가 가장 크고 다음이 VLF이며 LF가 가장 작았다.
3. 연령이 증가할수록 BMI와 내장지방 수치가 유의하게 증가하며, 성별에 따른 유의한 차이는 없었다. 연령이 증가할수록 내장지방 수치도 유의하게 증가하나, 성별에 따른 유의한 차이는 없었다.
4. BMI가 높을수록 PR과 LF는 낮아지며, 내장지방이 많으면 많을수록 PR, HF, LF, VLF의 수치들은 유의하게 낮아졌다.

5. 전체 환자에서 불면환자의 동반증상은 두통 두불청, 식욕부진, 소화불량, 불안, 심계정층, 흥민, 상열과 구건, 변비, 피로, 현훈, 빈뇨, 건망증, 신체통증, 설사, 한열왕래, 이경 순으로 나타났다.
6. 남자는 두통 두불청, 흥민, 불안, 소화불량과 식욕부진이 많았으며, 여자는 두통두불청, 식욕부진, 소화불량, 심계정층, 불안증세가 많았다.
7. 40세 이하 그룹에서 소화불량, 두통 두불청, 불안, 심계정층, 식욕부진 등이, 40~60세 그룹은 두통 두불청, 불안, 심계정층, 흥민, 식욕부진 등이, 60세 이상 그룹은 두통두불청, 식욕부진, 소화불량, 심계정층과 구건 등이 많았다.
8. 각 동반증상 유무와 HRV간의 관계는, HF 수치와 LF/HF ratio는 각 동반증상의 유무에 따른 유의한 차이가 없었고, LF 수치는 불안증상이 있는 환자군이 없는 환자군에 비해 유의하게 높았고, VLF 수치는 피로증상이 있는 경우가 없는 경우보다, 신체통증이 있는 경우가 없는 경우에 비해 유의하게 높았다.

결론

이 연구에서 불면증 환자의 연령이 증가할수록 HF, LF, VLF, LF/HF 비도 유의하게 증가했으며 BMI와 내장지방은 유의하게 감소했다. HF, LF, VLF, LF/HF 비, BMI, 내장지방 모두 불면환자의 성별과는 유의한 관계가 없었다.

BMI가 증가할수록 PR와 LF는 감소했다. 반면에 내장지방이 증가할수록 PR, HF, LF, VLF는 감소했다. 불면환자의 체지방률은 대개 표준이상이었다(91%). 불면환자의 BMI의 평균과 골격근량은 표준이었다.

가장 빈도가 높은 동반증상은 두통이었다. 불안 증세가 있는 환자가 없는 환자보다 LF가 유의하게 높았다. 피로증세를 가진 환자가 그렇지 않은 환자보다, 신체 통증이 있는 환자가 없는 환자보다 VLF가 높았다. HF나 LF/HF 비는 특정 동반증상과 유의한 관계가 없었다.

핵심어

심박변이도, 체성분 분석, 불면증

A Correlation Study between Heart Rate Variability and Body Component Analysis with Insomnia

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Abstract

Objectives

This study aims to investigate the relations among the heart rate variability(HRV), body component analysis and accompanying symptoms with insomnia.

Methods

We evaluated Heart Rate Variability(HRV) and body component analysis of 350 insomnia patients who visited D-oriental hospital from January 2008 to March 2012. We studied the relation of the insomnia patients' accompanying symptoms, age and gender with HRV and body component analysis. Regarding the accompanying symptoms, data were collected from each patient's progress note.

Results

1. There was no difference between Pulse Rate(PR), Low Frequency(LF) and Very Low Frequency(VLF) of male and female groups. HF was higher in the patients' of female group and LF/HF ratio was higher in the patients' of male group. The patients' group of age under 39 had higher HF, LF, VLF and LF/HF ratio than the patients' group over 39.
2. The average of LF, VLF and HF showed significant differences in between. The average of LF was the smallest, and the average of VLF was in the middle, while the average of HF was the largest.

3. As the patients' age increased, their BMI increased significantly, while the patients' gender did not affect on their BMI. The amount of visceral fat increased significantly with the patients' age, but was not dependent on the patients' gender.
4. As the patients' BMI increased, PR and LF decreased significantly. As the patients' amount of visceral fat increased, PR, HF, LF and VLF decreased noticeably.
5. The most frequent accompanying symptoms of the insomnia patients are observed in the order from the most to the least as follows; headache, anorexia, dyspepsia, anxiety, palpitation, chest discomfort, hot flush, dry mouth(same frequency with hot flush), constipation, fatigue, dizziness, urinary frequency, amnesia, physical pain, diarrhea, alternative periodic chill and fever, easily startled.
6. Male patients tend to show headache, chest discomfort, anxiety, dyspepsia and anorexia in general, while female patients tend to show headache, anorexia, dyspepsia, palpitation and anxiety usually.
7. The patients' group of age under 40 usually showed dyspepsia, headache, anxiety, palpitation and anorexia. The patients' group of age 40~60 showed generally headache, anxiety, palpitation, chest discomfort, anorexia. The patients' group of age over 60 showed headache, anorexia, dyspepsia, palpitation, dry mouth in general.
8. Neither HF nor LF/HF ratio was dependant on any of the accompanying symptoms. Patients with anxiety showed significantly higher LF than those without anxiety. Patients with fatigue and physical pain showed significantly higher VLF than those without either of them.

Conclusions

The study showed that as the insomnia patients age increased, the HF, LF, VLF, LF/HF ratio significantly decreased, but the BMI and visceral fat significantly increased. The HF, LF, VLF, LF/HF ratio, BMI, or the visceral fat was independent of the gender of insomnia patients.

As BMI increased, PR and LF decreased. As visceral fat increased, however, PR HF, LF and VLF decreased. The body fat ratio of the insomnia patients was mostly above normal(91%). The average BMI and the average amount of skeletal muscle of the insomnia patients were normal.

The most frequently observed accompanying symptom was headache. Patients

with anxiety had higher LF than those without anxiety. Patients either with fatigue or physical pain had higher VLF than those without fatigue or physical pain. Neither HF nor LF/HF ratio had any significant correlation with any of the accompanying symptoms.

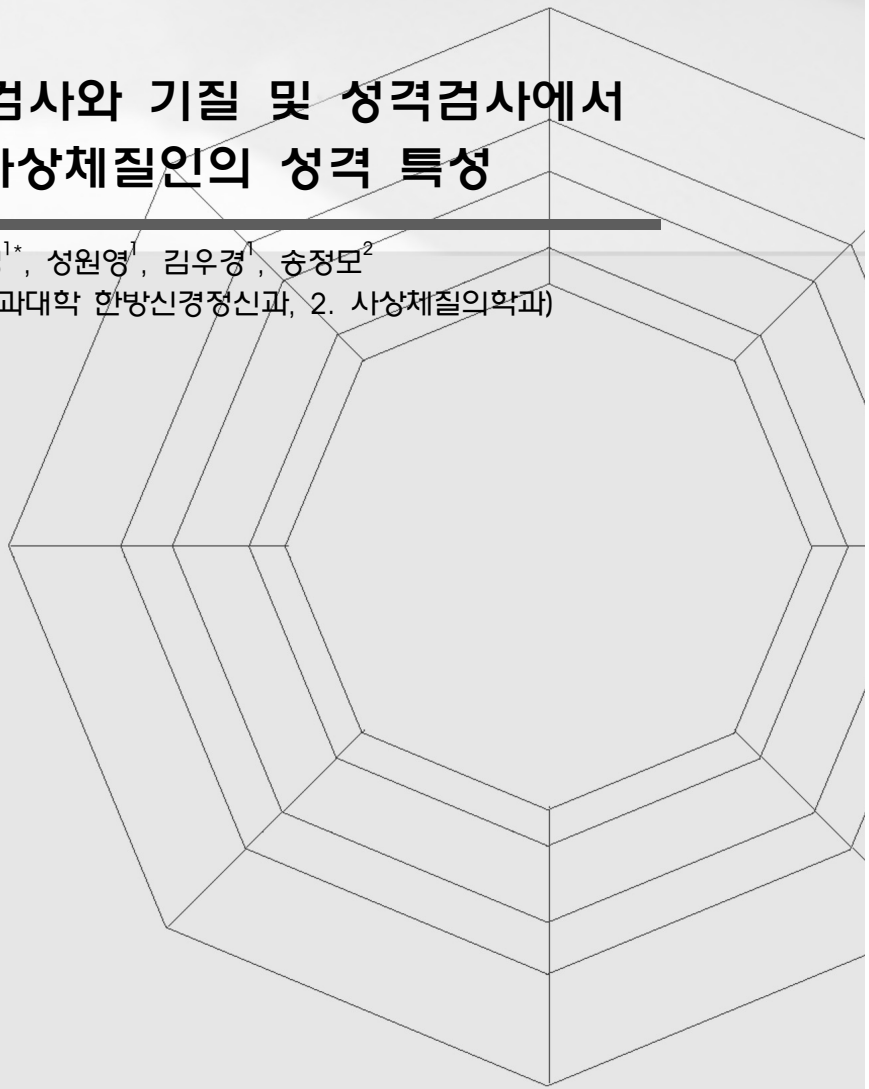
Key Words

HRV, Body Component Analysis, Insomnia

아이징크 성격검사와 기질 및 성격검사에서 나타난 사상체질인의 성격 특성

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아이젠크 성격검사와 기질 및 성격검사에서 나타난 사상체질인의 성격 특성

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초록

목적

사상의학에서는 사람은 태양인(TY), 소양인(SY), 태음인(TE), 소음인(SE)의 네가지 유형으로 나누어지는데, 각각의 체질은 구분되는 심리적, 신체적 특징으로 가지며, 생리 및 병리, 약물에 대한 반응의 차이를 가지고 있다. 본 연구의 목적은 아이젠크 성격검사(EPQ)와 기질 및 성격검사(TCI) 결과를 비교하여 각 체질의 성격특성을 비교하는데 있다.

방법

건강한 성인(20-40세) 남녀 110명이 본 연구에 참여하여 EPQ 및 TCI 검사지를 작성하였으며, 사상체질 전문의의 면담을 통해 체질을 진단하였다(2 TY, 45 TE, 32 SY, 31 SE). 태음인, 소양인, 소음인에서 TCI와 EPQ 검사결과의 차이를 ANOVA를 통해 살펴보았다.

결과

TCI의 기질 차원에서 소양인은 자극추구(NS)와 사회적 민감성(RD)에서 소음인에 비해 유의하게 높았으며, 소음인은 태음인, 소양인에 비해 위험회피(HA)에서 유의하게 높았다. 태음인과 소양인은 소음인에 비해 인내심(P)에서 유의하게 높았다. 성격차원의 자율성, 연대감, 초월에서는 차이를 보이지 않았다. EPQ 에서 태음인과 소양인은 외향성(E)에서 소음인에 비해 유의하게 높았으며, 소음인은 소양인에 비해 허위성(L)에서 유의하게 높았다. 소양인은 태음인과 소음인에 비해 충동성(Imp)에서 유의하게 높게 나타났다.

결론

소양인, 태음인, 소음인에서 의미 있는 성격 특성을 살펴볼 수 있었다. 본 연구의 결

과는 사상체질인의 이해와 임상에서 활용될 수 있을 것이다.

핵심어

사상의학, 체질, TCI, EPQ

Eysenck's Personality Questionnaire (EPQ) and Temperament and Character Inventory (TCI) Profiles of Sasang Constitutional Types in Healthy Adults

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Abstract

Objectives

Sasang constitutional medicine, a traditional Korean constitution-based medicine classifies human beings into four constitutions: TaeYang type(Greater Yang person-TY), SoYang type(Lesser Yang person-SY), TaeEum type(Greater Yin person-TY), and SoEum type(Lesser Yin person-SE). Each Sasang type has typical psychological, physical characteristics, physiological, pathological features and response to a certain drugs. The purpose of this study was to study Sasang constitutions by comparing the profiles of Temperament and Character Inventory(TCI) and Eysenck Personality Questionnaire(EPQ).

Methods

One hundred and ten healthy people(20 to 40 years old) participated in this study. They fulfilled TCI and EPQ and their constitutional types were diagnosed by a Sasang constitutional medicine specialist(2 TY, 45 TE, 32 SY, 31 SE). The dimensions of TCI and EPQ were compared among TE, SY and SE using analysis of variance(ANOVA).

Results

Among four temperament dimensions of TCI, SY showed significantly higher score than SE in Novelty Seeking(NS). SE showed significantly higher score than TE and SY in Harm Avoidance(HA). SY showed significantly higher score than SE in Reward Dependence(RD). TE and SY showed significantly higher score than SE in Persistence(P). There were no significant differences in the character dimensions of TCI. Among seven dimensions of EPQ, TE and SY showed significantly higher score than SE in Extraversion(E). SE showed significantly higher score than SY in Lie(L). SY showed significantly higher score than TE and SE in Impulsiveness(Imp).

Conclusions

There are some significant differences of the personality traits among Sasang constitutions, and these results could be used in diagnosing Sasang constitution and understanding the differences of Sasang constitutional types.

Key Words

Sasang constitutional medicine, TCI, EPQ

Acknowledgement

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초록

목적

화병은 분노의 억압으로 인해 발생하는 정신장애로 한의학적인 질병 개념을 가지고 있다. 화병은 한의학 임상에서 정신장애 가운데 가장 많이 접하는 장애로 임상진료지침의 개발이 요망된다.

방법

화병 임상 진료지침 개발을 위해 학회에서 연구팀을 구성하고, 핵심 주제를 도출하였고, 전문가의 의견을 취합하였다. 또한 화병환자를 대상으로 한 역학적 관찰과 임상 연구를 수행하여 근거를 확립하였다.

결과

1. 화병환자를 대상으로 역학연구를 진행하여, 화병 환자의 특성을 분석하였다. 환자의 특성을 고려하여 한의학적인 관점에서의 진단과 치료의 기초를 제공하였다.
2. 화병환자를 대상으로 하는 진단 및 평가 도구를 개발하였다. 화병환자를 진단하기 위한 도구와 화병환자의 치료 선택을 객관적으로 하기 위한 변증 도구의 개발되었다.
3. 화병환자를 대상으로 하는 치료 근거를 확보하기 위해 다양한 임상연구를 수행하였다. 임상연구를 통해 한약물, 침, 정신요법, 기타 치료에 대한 치료 근거를 제공하였다.

결론

화병 임상 진료지침 개발로 인하여 임상에서 한의사가 활용할 수 있는 가이드라인이 제작되었다. 이러한 진료지침의 개발은 한의학의 치료 효능을 밝히고, 공공적 활용에도 기여할 수 있다.

핵심어

화병, 진료지침, 정신장애, 분노

Development of Hwabyung Clinical Guideline

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Abstract

Objectives

Hwabyung is a mental disorder which occurs when anger is suppressed and comes from disease concepts of Korean medicine. Hwabyung is one of the most frequent diseases in the Korean medical clinical fields. Therefore, the development of a clinical guideline is needed for Hwabyung.

Methods

For developing the clinical guideline for Hwabyung, the society of oriental neuropsychiatry organized a team who selected key topics and collected expert opinions. Moreover, they engaged in an epidemiological study and many clinical trials on Hwabyung patients to establish evidences based treatment.

Results

1. A epidemiological study on Hwabyung patients revealed their characteristics, which gave Korean medicine basic data for diagnosis and treatment.
2. Diagnostic and Evaluational tools for Hwabyung were developed. With these tools, an objective Pattern Identification for Hwabyung was developed.
3. Various clinical trials were carried out to establish the evidence based treatment of Hwabyung. As a result, herbal medicine, acupuncture, and psychotherapy showed evidence of treating Hwabyung.

Conclusions

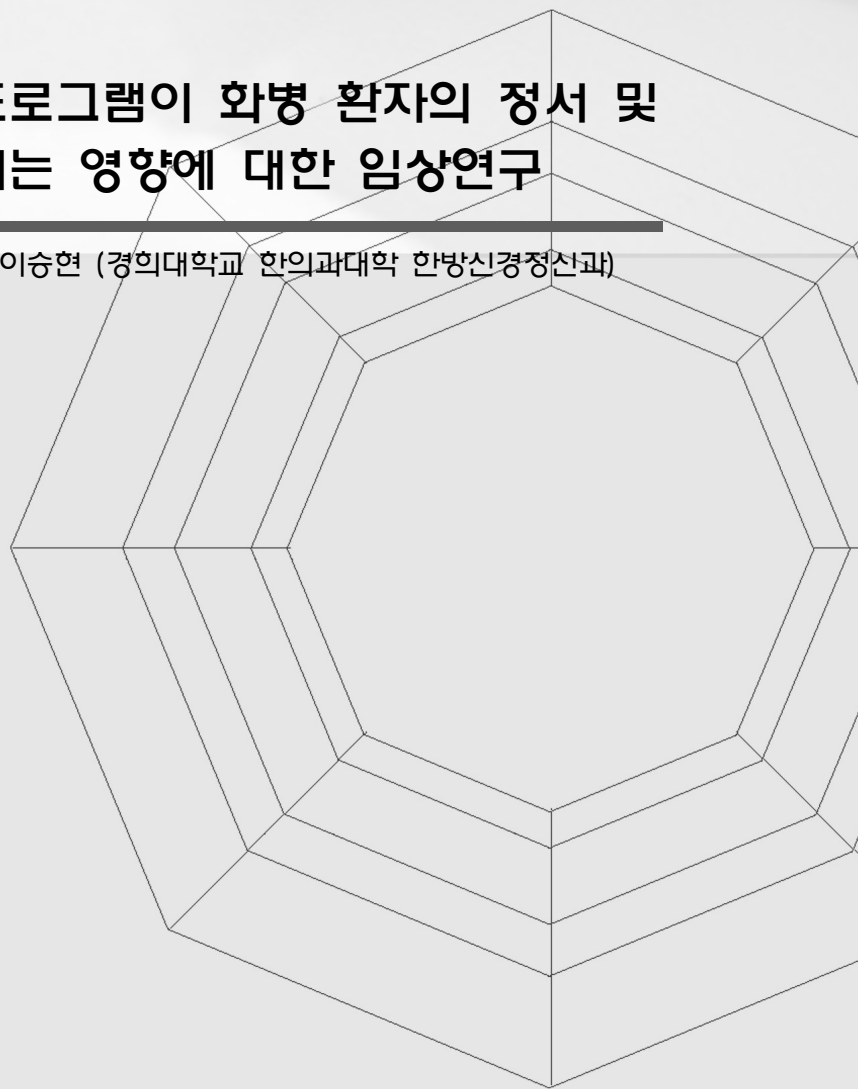
A Hwabyung clinical guideline was developed. The guideline can be used by Korean medical doctors in the clinical field. The clinical guideline can help reveal the efficacy of Korean medicine and use it for the public purpose.

Key Words

Hwabyung, Clinical guideline, Mental disorder, Anger

한방 음악치료 프로그램이 화병 환자의 정서 및 증상에 미치는 영향에 대한 임상연구

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한방 음악치료 프로그램이 화병 환자의 정서 및 증상에 미치는 영향에 대한 임상연구

김종우, 정선용, 김상영, 이승현
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초록

목적

화병(火病)은 정신적 증상과 신체적 증상이 함께 나타나는 한국의 문화 증후군으로 일반적으로 “분노 증후군”으로 알려져 있다. 한의학적으로 화병은 마음 또는 심(心)의 병으로 알려져 있으며, 정서적으로는 격분이나 억울함에 대한 분노와 연관되어 있는데, 이러한 감정들을 해소하는 데에 실패하여 좌절하는 상황이 반복되면서 누적된 스트레스가 화(火)의 양상으로 폭발하게 되는 질환이다. 한방 음악치료(OMMT)는 음에 의한 자극으로 기를 조절하여 마음과 신체의 균형을 조절하는 것을 목적으로 하는 치료 방법이다. OMMT는 기존의 음악치료와 달리 능동적이고 활동적인 치료 방법으로서 도구를 사용하여 몸을 움직이는 활동을 포함한다. 이 연구의 목적은 OMMT가 화병환자의 불안과 기타 핵심 증상에 미치는 영향을 규명하고자 하는 것이다.

방법

본 연구는 단일기관, 무작위화, 대조군 연구로 피험자들을 OMMT 실험군과 국악 청취 대조군의 두 군으로 나누어 진행하였다. 모든 지원자들은 연구 시작 전 사전 선별 검사를 받았으며, 선정기준에 부합하고 제외기준에 해당되지 않는 64명의 지원자가 실험군 31명, 대조군 33명으로 무작위 배정되었다. 각 군을 대상으로 4주간 주 2회씩 총 8회기의 치료 프로그램을 시행하였다. 일차 평가 지표는 상태-특성 불안 척도(STAI)이며, 이차 평가 지표는 화병 척도(H-scale), 한국판 역학연구센터 우울 척도(CES-D), 화병핵심증상에 대한 시각적 상사척도(H-VAS), 상태-특성 분노 표현 척도(STAXI) 및 세계보건기구 삶의 질 간편형 척도(WHOQOL-BREF) 및 타액 코티졸(salivary cortisol)이었다. 1회기 시작 전, 9회기 종료 후 및 임상시험이 종료된 지 4주 후에 각 설문 검사를 실시하였으며, 타액 코티졸은 시작 전 및 치료 종료 후 2회

에 걸쳐 채취하였다.

결과

임상시험이 종료되는 시점에서, 치료군 중 25명과 대조군 중 21명, 총 45명의 피험자가 임상시험계획의 중대한 위반사항 없이 모든 과정을 최종적으로 완료하였다. 그 결과 OMMT 실험군은 대조군에 비해, 화병 척도와 WHOQOL-BREF의 2가지 하위 척도(신체적 건강, 심리적 건강)에서 통계적으로 유의한 개선을 보였다. 그러나 STAI, STAI, CES-D, Hwabyung VAS, STAXI 및 WHOQOL의 다른 하위 척도와 타액 코티졸에서는 대조군에 비해 유의한 차이가 나타나지 않았다.

결론

OMMT는 화병 환자의 증상을 줄이고, 신체적, 심리적 건강에 따른 삶의 질을 개선시키는 효과를 보였다. OMMT는 기존의 음악치료와 달리 음에 의한 자극뿐만 아니라 신체적 활동이 포함되어 있으며, 이러한 요소들이 환자들의 감정을 효과적으로 표현할 수 있게 함으로써 효과적으로 화병 환자의 호전을 나타낸 것으로 사료된다.

Key Words

Hwabyung, Oriental Medicine Music Therapy, OMMT

The Effect of Oriental Medicine Music Therapy on Hwabyung(火病) Patients

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Abstract

Objectives

Hwabyung (火病), a Korean culture-bound syndrome with both psychological and somatic symptoms, is known as “anger syndrome”. Oriental Medicine Music Therapy(OMMT) aims to control Qi(氣) through stimulations by music, and eventually pursue to balance the mind and body. Hwabyung is a disease of the mind, or Heart(心). It is linked with emotions such as fury or anger about unfairness. When a person is unable to release such emotions to the level of frustration, it is accumulated and explodes in a form that resembles fire. OMMT is an active movement therapy that includes movement of the body with instruments. Therefore in this study, the aim is to find the effectiveness in anxiety and other core symptoms of Hwabyung.

Methods

This study of OMMT is a single-centre, randomized, controlled trial with two parallel arms: OMMT group and the control music therapy group. 64 patients were enrolled to the trial. At baseline (Visit 2), all participants fulfilling both the inclusion and the exclusion criteria were randomized into two groups. At randomization, 31 patients were placed in the OMMT arm, and the other 33 patients were placed in the control arm.

Each group received treatment sessions over the course of four weeks, two times per week, for eight sessions in total. The primary outcome is STAI, and the secondary outcomes are Hwabyung scale, CES-D, Hwabyung VAS, STAXI,

WHOQOL-BREF and salivary cortisol. Patients were asked to complete questionnaires at baseline (visit 2), after treatment sessions (visit 9), and at four weeks after the end of all trial sessions (visit 10). Also, the samples of salivary cortisol were collected at baseline and after treatment sessions.

Results

At the end of all trial sessions, 25 patients of trial group and 21 patients of control group, total 45 patients completed treatment sessions without protocol violations. In the Hwabyung scale and 2 subscales of QOL (Physical and Psychological health), more significant decreases were found in OMMT group compared to those of the control group. However, in STAI, CES-D, Hwabyung VAS, STAXI, the other subscales of QOL and salivary cortisol, there was no significant change compared to the control group.

Conclusions

The result suggest that OMMT is an effective method to decrease Hwabyung symptoms and improve patient`s physical and psychological health.

In comparison with general music therapies, OMMT is composed with not only the stimulations of sound, but also the physical activities. It gives patients more chances to express their emotions. This difference makes OMMT more effective for Hwabyung patients.

Key Words

Hwabyung, Oriental Medicine Music Therapy, OMMT

제16회 한·중학술대회

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- 편집인 : 구병수(대한한방신경정신과학회 회장)
장현진(대한한의학회 부회장)
- 발행일 : 2012년 9월 16일
- 발행처 : 대한한의학회
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