

Virtue is not alone, there must be neighbors

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In the golden autumn of October in 2020, the National Day and Mid-Autumn Festival coincide on the same day. The year of the COVID-19 pandemic is coincidental and profound. It is like using facts to carry out the grand narrative of having a country first and then having a family, and it also seems to demonstrate the inseparable philosophy of the inseparable harmony between the country and the family under the pandemic. At this point in time, Europe, the United States and other regions outside of China are still in the midst of the COVID-19 pandemic. The peace of the country and home on the land of China is suddenly very precious. The Chinese nation can survive the catastrophe of the COVID-19 pandemic. In addition to the national government's wholeheartedly working for the welfare of the people, more importantly, China has the national quintessence of "Chinese medicine".

In the century since the west wind spread to the east during the period of the Republic of China, Chinese medicine has not only been denied by many senior intellectuals in China, more Chinese people have been washed away by Western culture for decades, and they no longer know the real Chinese medicine. You can't complain about these people's chaotic minds. After all, in the process of social history, under the high-sounding reasons of "breaking the four olds" and "modernization of Chinese medicine", Chinese medicine has been obscured intentionally or unintentionally or deliberately. What is a real Chinese medicine practitioner? In order to use facts to settle disputes, the

famous doctor on the cover of this issue launched Zhang Yande. Zhang Yande advocated using effects to wipe the dust of Chinese medicine. Zhang Yande has comprehensive medical skills and noble medical ethics, with the fairy wind of ancient Bianque and Hua Tuo doctors. Zhang Yande is one of the typical representatives of real Chinese medicine practitioners in China.

In this issue, the key word in the column content is diabetes in clinical disease, classic medical records, acupuncture and moxibustion. There are researches on the medication rules of masters of traditional Chinese medicine in the treatment of diabetes from a modern perspective, as well as the analysis of the etiology, pathogenesis and disease location of the medical records of the first-line doctors in the diagnosis and treatment of diabetes, as well as the valuable goods of acupuncture points or combined needles in clinical acupuncture and moxibustion.

There is unexpected and reasonable "new knowledge" in the column of famous experts and "Medical Forest Talents" in this issue. In order to protect the freshness of reading, there is no "spoiler" here.

At the end of this article, I would like to give special thanks to Zhou Renfu, Pan Huayun, and Ma Zhiguang for their free funding to support the editing work of this issue. Special thanks to the leaders of the Chinese Yanhuang Culture Research Association for their strong support of this journal.

The ancients said: "If virtue is not alone, there must be neighbors." This is true.

Hope to go hand in hand with more people who are interested in reviving the cause of Chinese medicine!🙏

October 2020. Beijing

德不孤，必有邻

◎李善举

2020的金秋十月，国庆和中秋两个节日重合在同一天。疫情之年巧合，韵味深远。像是在用事实进行先有国后有家的宏大叙事，又像是在彰显大疫之下国与家水血交融不可分割的哲理。在这个时间点，中国之外的欧美等地区还处在新冠疫情的肆虐之中，华夏大地上国与家的安宁，突显得十分珍贵。华夏民族能平安度过新冠一劫，除了国家政府在一心为民谋福利，更重要的是中国有“中医药”这个国粹。


自民国时期西风东渐的百年来，中医药不仅被中国很多的高级知识分子否认，更多的中国民众在西方文化几十年的冲洗下，已经不知道真正的中医药和中医人为何物。不能抱怨这些人心智浑沌，毕竟在社会历史进程中，在“破四旧”及“中医药现代化”这些冠冕堂皇的理由下，中医药已经被人有意无意或是处心积虑模糊得面目全非。什么是真正的中医人？为了用事实息纷争，本期封面名医推出的是张廷德。张廷德主张用疗效擦净中医的尘埃。张廷德医术全面，医德高尚，有古代扁鹊、华佗等大医的仙风。张廷德是中国现有的纯粹中医人典型代表之一。

本期在病临床、经典医案、针灸实战等栏目内容的关键词是糖尿病。有现代视角下对国医大师治疗糖尿病的用药规律研究，还有一线明医们辨治糖尿病医案病因、病机和病位解析，及针灸临床时取穴或组合用针的干货。

本期的名家心得及杏林英才栏目中都有出人意外又合乎情理的“新知”，为了保护阅读的新鲜感，这里不再”剧透“。

本文的最后，向周仁富、潘华云、马智广三位先生特别致谢，感谢他们无偿出资支持本期采编工作。还特别感谢中华炎黄文化研究会领导们对本刊的大力支持。

古人说：“德不孤，必有邻”，此言不虚。

期望与更多的有志于复兴中医药事业的志士携手同行！

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Analysis of the etiology, pathogenesis and location of Lv Renhe's medical records of diabetes

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Abstract: Objective To summarize the academic thoughts of Professor Lu Renhe on the diagnosis and treatment of diabetes by stages through the statistical analysis of the elements of TCM syndrome differentiation in Lu Renhe's medical records of diabetes. Methods 128 cases of diabetes medical records diagnosed and treated by Professor Lu Renhe were preprocessed by "analysis and indexing", and with the help of the statistical analysis function of the "Traditional Chinese Medical Records Database", the medical records were classified according to the spleen Dan, Xiao Ke, and Xiao Dan Stage. In the three phases, statistical analysis of its etiology, pathogenesis, and location were performed. The results indicate that Over-thinking and depression are the main causes of Spleen Dan Stage. Spleen, stomach, liver and kidney are the main organs of Spleen Dan Stage. Overeating grease food and anger injury are important causes of Xiao Ke Stage. Liver, kidney, stomach, and spleen are the main organs of Xiao Ke Stage. Except for liver and kidney yin deficiency, damp-heat stasis, liver stagnation and heat, gastrointestinal heat accumulation, and yin deficiency Pathogenesis such as internal heat and restlessness are more prominent in Xiao Ke Stage. A weak old body is an important cause of Xiao Dan Stage, blood stasis blocking the collaterals is the most important pathogenesis of Xiao Dan Stage, followed by deficiency of qi and blood, yin and yang deficiency, phlegm and blood stasis, collateral blockage, meridian blockage, Xiao Dan Stage statistics It shows that the internal organs and meridians of this stage can be affected.

Conclusion: The etiology, pathogenesis, and location analysis of the three-stage diabetes medical records are in good agreement with each other, and it is consistent with Professor Lu Renhe's theory of diabetes TCM staging.

Keywords: diabetes; medical records; etiology; pathogenesis; disease location; analysis.

Professor Lu Renhe, chief physician and doctoral supervisor, has worked in medicine for 50 years and has rich experience and has made many achievements in the research field of diabetes and its complications. Professor Lv Renhe divided diabetes into three stages: Spleen Dan Stage, Xiao Ke Stage, and Xiao Dan Stage based on the relevant expositions in the "Huang Di Nei Jing" and according to the law of occurrence, development and evolution of diabetes itself. He advocated the treatment of diabetes and its complications. Carry out staged syndrome differentiation and comprehensive treatment. In order to objectively summarize Lu Renhe's speculative characteristics and academic thoughts in treating diabetes, we Use the database to research and analyze the data of Chinese medicine records related to diabetes, and provide some ideas for the research of Chinese medicine records.

1 Materials and methods

1.1 Collection of medical records

Selected from January 2005 to December 2006, patients with diabetes who were treated in the expert clinic of Professor Lu Renhe of Dongzhimen Hospital of Beijing University of Chinese Medicine. The contents of the medical

records are recorded in the unified format of the National "Tenth Five-Year Plan" Scientific and Technological Research Plan "Research on the Academic Thoughts and Experience Transmission of Famous and Old Experts", with the focus on maintaining the original appearance of Professor Lu Renhe's diagnosis and treatment process. Patients who were diagnosed as diabetes in the outpatient department and had complete records of syndrome differentiation, prescription and medication were included in this study.

1.2 Inclusion criteria

According to Professor Lu Renhe's academic thoughts on the diagnosis of diabetes staging, Spleen Dan Stage is equivalent to pre-diabetes; Xiao Ke Stage is equivalent to the onset of diabetes, with blood sugar rising to the diagnostic criteria for diabetes; Xiao Dan Stage is the stage of complications of diabetes. The diagnostic criteria for pre-diabetes and diabetes refer to the relevant diagnostic criteria of the "Guidelines for Prevention and Treatment of Diabetes in China".

1.3 database construction

(1) "Medical Record Data Preprocessing System"

was developed by the Chinese Medicine Information Research Office of Beijing University of Chinese Medicine. The system can contain all the information of all medical records, and can standardize the treatment of TCM syndrome differentiation elements such as disease name, etiology, disease location, pathogenesis, syndromes, symptoms and signs, disease characteristics, legislation, drug composition, and drug dosage. The content of the standardization process is defined as: on the basis of document analysis, use the "Chinese Medicine Thesaurus" for indexing, that is, "analysis and indexing".

(2) The "Database of Traditional Chinese Medicine Medical Records" was developed by the Institute of Traditional Chinese Medicine Information, Beijing University of Chinese Medicine. When the database was designed and implemented, the input data was preprocessed by "analysis and indexing" in advance, and the storage was in accordance with the logical relationship of traditional Chinese medicine knowledge, so that the system can not only complete routines such as disease types, drugs, symptoms, etc. Query, it can also query and analyze any TCM syndrome differentiation element in the medical record. The system passed the technical achievement appraisal organized by the Ministry of Education in 2001, and was evaluated as "leading domestic level".

1.4 Medical record preprocessing.

Through the "medical record data preprocessing system", each textual medical record involved in TCM disease name, cause, location, pathogenesis and other syndrome differentiation elements are subjected to the standardized processing of "analysis and indexing".

1.5 Medical case analysis

Through the "Traditional Chinese Medical Records Database", the collected Lv Renhe medical records related to the treatment of diabetes are inquired about the elements of TCM differentiation. Set the query keywords as "Diagnosis of Chinese Medicine-Spleen Dan Stage", "Diagnosis of Chinese Medicine-Xiao Ke Stage", "Diagnosis of Chinese Medicine-Xiao Dan Stage", and statistics found that among 128 cases of diabetes, Spleen Dan Stage 5 Examples: 33 cases of Xiao Ke Stage medical records; 90 cases of Xiao Dan Stage medical records. Then analyze the etiology, pathogenesis, and location of the three phases of medical records.

2 results

2.1 Cause analysis of diabetes medical records

The results are shown in Table 1

表1 糖尿病医案病因分析结果

分期 Stages	病因 Causes	频数 Frequency	%
脾虚期 (n=5)	劳心	3	33.33
	食伤	3	33.33
	过食厚味	2	22.22
	郁火	1	11.11
消渴期 (n=33)	过食厚味	25	26.04
	怒伤	23	23.96
	失治	12	12.50
	久病正虚	9	9.38
	禀赋不足	5	5.21
消瘵期 (n=90)	久病正虚	86	25.00
	过食厚味	60	17.44
	失治	55	15.99
	怒伤	31	9.01
	年老体衰	26	7.56

注:消渴期、消瘵期依序选取 5%以上病因。

Note: The causes with frequency over 5% were chosen in Xiao ke stage and Xiaojian stage.

It can be seen from Table 1 that the cause of Spleen Dan Stage is grease food, which makes people obese, that is, "over weight is from over eating". In the etiology statistics, eating injuries and overeating grease food are consistent with this understanding. "Su Wen. Yin and Yang Discourses": "The disease of the two yang causes the heart and the spleen." The statistics in Table 1 show that fatigue and depression are important causes of Spleen Dan Stage. Tips: In addition to dietary factors, emotional illness is an important cause of Spleen Dan Stage.

Xiao Ke Stage: According to Professor Lu Renhe's theory of TCM staging of diabetes, Xiao Ke Stage appeared after Spleen Dan Stage, because "Spleen heat does not decrease, the diet is vigorous, the two yang is stagnant, the stool is not smooth, and the mental tension is added to make it sweet. Overflowing and overflowing." In Xiao Ke Stage's etiology statistics, overeating grease food and anger are ranked first and second, suggesting that in addition to dietary factors throughout the entire process of Spleen Dan Stage and Xiao Ke Stage, emotional Factors have an important influence on the progression of Xiao Ke disease, which is in line with Professor Lu's understanding of the cause of Xiao Ke Stage. Incurable disease ranks third, suggesting that regular diagnosis, treatment and prevention are very important in the entire treatment of diabetes. Once incurable, it will become an important cause of disease progression.

Xiao Dan Stage: According to "Lingshu. Ben Zang" chapter: "Heart is fragile, the disease is Xiao Dan, hot. The lung is fragile, then the disease is Xiao Dan, easy to hurt. The liver is fragile, then the disease is Xiao Dan, easy to hurt If the spleen is fragile, the disease is Xiao Dan, which is easy

to hurt. The kidney is fragile, then the disease is Xiao Dan, which is easy to hurt." Professor Lu believes that congenital fragile viscera are prone to first disease. The causes of different complications of Xiao Dan Stage are related to the various viscera. The degree of fragility is related to". Chronic illness and deficiency occupies the first place, and the frequency of incurable disease and old age has also increased significantly compared with the previous two stages. This is certainly related to Xiao Dan Stage's diabetic complications and a longer course. At the same time, it also suggests that the visceral deficiency and decline may increase significantly in the late stage of diabetes than in the earlier stage. Professor Lu believes that "Xiao Dan's symptoms are clustered if the aging body is weak, the viscera is weak, and the viscera is fragile", which is consistent with the actual medical records. Grease food is the second cause of Xiao Dan Stage, indicating that dietary factors run through the occurrence and development of diabetes and are the cornerstone of diabetes treatment.

2.2 Pathogenesis analysis of diabetes medical records.

The results are shown in Table 2. It can be seen from Table 2 that a total of 5 medical records from Spleen Dan Stage participated in the analysis, involving 19 pathologies, which were scattered overly distributed and no special analysis was performed. Statistical analysis will be performed after accumulating more Spleen Dan Stage medical records in the future. Xiao Ke Stage: In essence deficiency, liver and kidney yin deficiency is the most common, and spleen deficiency is also seen. In the real deficiency, two types of pathogenesis such as gastrointestinal accumulation of heat, damp-heat stasis, liver stagnation and heat, restlessness, and internal heat of yin deficiency are more prominent. The above-mentioned Xiao Ke Stage etiology statistics show that overeating grease food and anger are ranked first and second. Overeating grease food can damage the spleen and stomach, and the spleen is inadequate, so the stomach and intestines accumulate heat, damp-heat and stasis, which is called "Su Wen. "Wonderful Diseases" says: "This grease food is also made, this person must eat sweet and grease food, overweight makes the inside hot, sweet one makes people full, so its qi overflows and turns into Xiao Ke." The factors of depression and anger hurt the liver, causing the stagnation of the liver to turn into heat, and it will spread in the heat; or exhausted, uneasy.

Depressed mood, internal fire spontaneous combustion",

all cause yin deficiency and internal heat, and become a "Xiao Ke serious illness" ("Lu Syndrome Guide Medical Records. Three Xiao"). Xiao Dan Stage: Blood stasis blocking the collaterals ranks first in the pathogenesis of Xiao Dan Stage. It is a significant feature of the pathogenesis of this period. The reason is that the pathogenesis of blood stasis blocking the collaterals is closely related to the highest probability of Xiao Dan Stage's chronic body deficiency. Because of chronic illness entering the collaterals, blood stasis blocking the collaterals is more common; Professor Lu Renhe The "mini-church hide" pathological hypothesis of diabetic nephropathy also points out that the blood stasis in the pathogenesis of Xiao Ke disease runs through, sometimes it gathers and disperses in the early stage, but is fixed in the late stage. The body deficiency pathogenesis, from the perspective of qi, blood and yin and yang, is qi Insufficiency of blood and deficiency of both yin and yang are only located after blood stasis blocking the collaterals; meridian blockage is derived from blood stasis blocking the collaterals and phlegm stasis blocking the collaterals, that is, turbidity and internal cessation. The etiology and pathogenesis statistics of Xiao Dan Stage's medical records, and Professor Lu Renhe pointed out that the qi and blood and yin and yang all are deficiency, and the pathogenesis of turbidity and internal cessation is similar.

表 2 糖尿病医案病机分析结果
Table 2 Pathogenesis in medical records of warmland first

分期 Stage	病机 Pathogenesis	频数 Frequency	%
脾虚期 (n=5)	肝肾阴虚	2	10.53
	经脉痹阻	2	10.53
	经气不舒	2	10.53
	血瘀化热	2	10.53
	阴虚血瘀	2	10.53
消渴期 (n=33)	肝肾阴虚	9	4.46
	燥热痹阻	8	3.96
	肝郁化热	7	3.47
	肝郁脾虚	7	3.47
	脾胃积热	6	2.97
	心神不宁	6	2.97
	阴虚内热	6	2.97
	气滞血瘀	6	2.97
	肝肾两虚	6	2.97
	偏嗜伤体	5	2.48
	气血不足	5	2.48
	肾气不固	5	2.48
	阴虚肝旺	5	2.48
	血瘀阻络	5	2.48
	肾阴亏虚	5	2.48
消瘕期 (n=90)	血瘀阻络	52	6.86
	肝肾两虚	33	4.35
	气血不足	32	4.22
	阴阳两虚	29	3.83
	肝肾阴虚	26	3.43
	经脉痹阻	26	3.43
	气阴两虚	20	2.64
	痰瘀阻滞	19	2.51
	阴虚内热	17	2.24
	阴血亏虚	17	2.24
	血虚血瘀	16	2.11
	血瘀痰阻	16	2.11
	肾阳虚损	15	1.98
	瘀血阻水	15	1.98
	湿浊阻滞	14	1.85

注：脾虚期依序选取前 5 位病机；消渴期、消瘕期依序选取前 15 位病机。
Note: The top five pathogenesis were chosen in Spleen stage and the top fifteen pathogenesis were chosen in Xike stage and Xiaojie stage.

2.3 Diabetes medical records analysis

The results are shown in Table 3

表 3 糖尿病医案病位分析结果 Table 3 Location in medical records of diabetes disease			
分期 Stadium	病位 Location	频数 Frequency	%
脾虚期 (0-5)	肝	4	33.33
	脾	4	33.33
	胃	3	25.00
	肾	1	8.33
消渴期 (6-33)	肝	43	35.54
	胃	34	28.10
	肾	15	12.40
	脾	8	6.61
	大肠	7	5.79
消痞期 (34-90)	胃	166	34.87
	肝	120	25.21
	心	60	12.61
	脾	21	4.41
	经络	20	4.20

注：脾虚期依次选取 20 岁以上病位；消渴期、消痞期依次选取前 8 位病位。
Note: The locations with frequency over 20 were chosen in Spleen stage, and the top five locations were chosen in Xukao stage and Xipi stage.

According to Lu Renhe's theory of diabetes staging, there are three common clinical syndromes in patients with Spleen Dan Stage: deficiency of both qi and yin, yin deficiency and hyperactivity of the liver, and yin deficiency and yang hyperactivity. The disease locations are mainly spleen, stomach, liver, and kidney. It is consistent with the statistical results in Table 3. Combined with the statistical results of Xiao Ke Stage pathogenesis in Table 2, it can be seen that the liver, kidney, stomach, and spleen are the main disease locations of Xiao Ke Stage, which are consistent with the statistical results of Xiao Ke Stage disease locations. "Su Wen. "Yin and Yang": "The two yang knots are called Xiao." The two yangs are the meridians of the Yangming, which form the heat knot. The two yang knots "Ten Books of the East Wall" note: "All dryness and heat are diseases." Professor Lu thinks: XiaoKe The disease is caused by stagnation of the two yang (foot-yangming stomach, hand-yangming large intestine), which causes heat to become stagnant, stomach heat causes craving and easy hunger, and large intestine fever causes dry stool." Therefore, the statistics of Xiao Ke Stage medical records Compared with Spleen Dan Stage, the importance of the large intestine is significantly increased, which is in line with Professor Lu Renhe's understanding of "two yang knots".

In the Xiao Dan Stage disease position statistics, the order of the heart is significantly advanced, and the meridian obstruction is significantly increased. It is suggested that compared with Spleen Dan Stage and Xiao Ke Stage, Xiao Dan Stage has more severe damage to the viscera, unfavorable meridians, more obvious stasis of the collaterals, and more disease locations. Professor Lv Renhe believes that Xiao Dan Stage was "reversed in anger, causing the blood to fail, and turning to heat, which hurts the skin and becomes

Xiao Dan". At this time, the disease reaches the blood vessels, so the whole body skin, muscles, veins, muscles, bones, internal organs and various orifices can be involved and damaged. The statistical results of the disease position this time are in line with this understanding.

3 Discussion:

The key part of TCM syndrome differentiation and treatment is "examination of syndromes and seeking causes", and it is very important to explore the cause of disease. But furthermore, the so-called "seeking the cause" is essentially "seeking the mechanism of the disease." The so-called "examination of evidence, seeking mechanism and treatment" refers to the overall and dynamic analysis of the complex signs of the disease, and comprehensively summarizes the causes and development of the disease. This view of etiology, etiology and pathogenesis are actually integrated. This research focuses on the etiology, pathogenesis, and location of diabetes in the medical records of diabetes. It is to follow the principle of "examination of syndromes, seeking pathogenesis and treatment" in traditional Chinese medicine, to study the law of speculation and academic thoughts of TCM for the treatment of diabetes by stages by Professor Lu Renhe. This study introduces the method of "analysis and indexing" of medical records, with the help of the system of "Chinese Medical Records Database", through the inquiry and statistics of the etiology, pathogenesis, and disease location elements in the medical records, explores and summarizes Professor Lu Renhe's academic research on diagnosis and treatment of diabetes View.

Xiao Dan Stage statistics show that hard work and depression are the main causes of disease, and heart and liver heat have an important role in the onset of Spleen Dan Stage, suggesting that "emotional disease" is an important cause of TCM diabetes considered by Professor Lu Renhe. According to the three basic syndrome types of Spleen Dan Stage summarized by Professor Lu, the analysis of the spleen, stomach, liver, and kidney is the main disease location of Spleen Dan Stage, which is consistent with the statistical results of the TCM medical record database. But overall, there are 5 cases of Spleen Dan Stage, which is a small number, so the pathogenesis results are not analyzed in detail. The statistical results will be more convincing when the number of cases increases in the future.

The results of Xiao Ke Stage showed that over-eating grease food and anger were ranked first and second in the (下转第14页)

吕仁和辨治糖尿病医案病因、病机和病位解析

◎肖永华

摘要：目的通过对吕仁和治疗糖尿病医案中医辨证要素的统计分析，总结吕仁和教授分期辨治糖尿病的学术思想。方法128例经吕仁和教授诊治的糖尿病医案，经过“解析和标引”的预处理之后，借助“中医医案数据库”的统计分析功能，将医案按照脾瘅期、消渴期、消瘅期三期，分别对其病因、病机、病位进行统计分析。结果劳心、郁火是脾瘅期主要病因，脾、胃、肝、肾是脾瘅期主要病位。过食厚味、怒伤是消渴期重要病因，肝、肾、胃、脾是消渴期主要病位，除肝肾阴虚外，湿热瘀阻、肝郁化热、肠胃积热、阴虚内热、心神不宁等病机在消渴期较突出。年老体衰是消瘅期的重要病因，血瘀阻络是消瘅期最重要的病机，其次为气血不足、阴阳两虚、痰瘀滞络、经脉痹阻，消瘅期病位统计显示此期五脏六腑、经脉均可受累。结论糖尿病三期医案的病因、病机、病位分析内在吻合度良好，且与吕仁和教授糖尿病中医分期理论相符合。

关键词：糖尿病；医案；病因；病机；病位；解析

吕仁和教授，主任医师，博士生导师，从医50年来，经验丰富，在糖尿病及其并发症的研究领域建树颇多。吕仁和教授依据《黄帝内经》中的相关论述，并按照糖尿病自身的发生、发展和演变规律，将糖尿病分为脾瘅期、消渴期、消瘅期三期，主张对糖尿病及其并发症进行分期辨证、综合治疗。为了客观总结吕仁和治疗糖尿病的思辨特点和学术思想，我们利用数据库对相关糖尿病中医医案资料进行研究和分析，并为中医医案的研究提供一些思路。

1 资料与方法

1.1 医案采集

选择2005年1月—2006年12月，在北京中医药大学东直门医院吕仁和教授专家门诊就诊的糖尿病患者。医案内容按国家“十五”科技攻关计划“名老专家学术思想、经验传承的研究”统一格式记录，重点在于保持吕仁和教授诊疗过程的原貌。门诊诊断为糖尿病，辨证、用方、用药记录完整的患者纳入本研究。

1.2 纳入标准

根据吕仁和教授糖尿病分期学术思想分期诊断标准：脾瘅期相当于糖尿病前期；消渴期相当于糖尿病发病期血糖升高至糖尿病诊断标准；消瘅期则为糖尿病出现并发症期。糖尿病前期、糖尿病诊断标准均参照“中国糖尿病防治指南”相关诊断标准。

1.3 数据库建设

（1）“医案数据预处理系统”由北京中医药大学中医学信息研究室研制。该系统能包容所有医案的全部信息，并能对病名、病因、病位、病机、证候、症状体征、发病特征、立法、药物组成、药物剂量等中医辨证要素进行标准化处理。标准化处理的内容界定为：在文献解析基础上，利用《中医学主题词表》进行标引处理，即“解析和标引”。

（2）“中医医案数据库”由北京中医药大学中医学信息研究室研制。该数据库在设计和实现时，由于事先对输入数据进行了“解析和标引”的预处理，并且进行了符合中医知识逻辑关系的存储，使系统不仅能够完成关于病种、药物、症状等常规查询，还能够对医案中任一中医辨证要素进行查询和分析。该系统在2001年通过国家教育部组织的技术成果鉴定，评价为“国内领先水平”。

1.4 医案预处理

通过“医案数据预处理系统”将每则文本式医案中涉及的中医病名、病因、病位、病机等辨证要素进行“解析和标引”的规范化处理。

1.5 医案分析

通过“中医医案数据库”对采集的吕仁和治疗糖尿病医案相关中医辨证要素进行查询。分别设定查询关键词为“中医诊断-脾瘅期”、“中医诊断-消渴期”、“中医诊断-消瘅期”，统计发现:128例糖尿病医案中，脾瘅期医案5例;消渴期医案33例;消瘅期医案90例。然后分别对三期医案的病因、病机、病位等中医辨证要素进行分析。

2 结果

2.1 糖尿病医案病因分析

结果见表1

表1 糖尿病医案病因分析结果

分期 Stages	病因 Cause	频数 Frequency	%
脾瘅期 (n=5)	劳心	3	33.33
	食伤	3	33.33
	过食厚味	2	22.22
	郁火	1	11.11
消渴期 (n=33)	过食厚味	25	26.04
	怒伤	23	23.96
	失治	12	12.50
	久病正虚	9	9.38
	禀赋不足	5	5.21
消瘅期 (n=90)	久病正虚	86	25.00
	过食厚味	60	17.44
	失治	55	15.99
	怒伤	31	9.01
	年老体衰	26	7.56

注:消渴期、消瘅期依序选取≥5%以上病因。

Note: The causes with frequency over 5% were chosen in Xjiaohe stage and Xjiaodian stage.

由表1可知，脾瘅期的病因是数食甘美厚味，使人肥胖，即“肥美之所发”。病因统计中食伤、过食厚味，与此理解符合。《素问·阴阳别论篇》：“二阳之病发心脾。”表1数据统计显示劳心、郁火是脾瘅期重要病因。提示:除饮食因素外，情志致病是脾瘅期的重要病因。

消渴期:根据吕仁和教授糖尿病中医分期理论，消渴期出现在脾瘅期之后，因“脾热不减，饮食旺盛，二阳结滞，大便不畅，复加精神紧张，使甘甜

之气过满上溢而成”，消渴期的病因统计中，过食厚味、怒伤分列第1、2位，提示除饮食因素贯穿脾瘅期、消渴期全程之外，情志因素对消渴病的进展有重要影响，符合吕教授的对消渴期病因的认识。失治列居第3位，提示糖尿病的全程治理中，规律诊治和预防非常关键，一旦失治，将成为病情进展的重要原因。

消瘅期:依据《灵枢·本脏》篇:“心脆，则善病消瘅，热中。肺脆，则善病消瘅，易伤。肝脆，则善病消瘅，易伤。脾脆，则善病消瘅，易伤。肾脆，则善病消瘅，易伤。”吕教授认为先天脆弱之脏易先发病，消瘅期不同并发症出现的原因与各个脏腑的脆弱程度有关。“久病正虚占第1位，失治、年老体衰的出现频度也较前两期明显增加，这固然与消瘅期处于糖尿病并发症阶段、病程较长相关，同时也提示脏腑虚衰在糖尿病后期可能较前期明显增多。吕教授认为“年老体衰，脏腑虚损，何脏脆弱，则消瘅症状丛生”，与实际医案的统计结果符合。过食厚味位于消瘅期病因的第2位，说明饮食因素贯穿糖尿病发生、发展的始终，是糖尿病治疗的基石。

2.2 糖尿病医案病机分析

结果见表2由表2可知，脾瘅期共计5则医案参加分析，涉及的病机共19条，分布过散，不作特殊分析。有待今后积累更多的脾瘅期医案后再进行统计分析。消渴期:消渴期本虚以肝肾阴虚最为常见，兼见脾虚;标实则以肠胃积热、湿热瘀阻和肝郁化热、心神不宁、阴虚内热等2类病机较为突出。前文消渴期病因统计显示过食厚味、怒伤分列第1、2位。过食厚味，损伤脾胃，脾虚不运，故肠胃积热、湿热瘀阻，即《素问·奇病论篇》说:“此肥美之所发也，此人必数食甘美而多肥也，肥者令人内热，甘者令人中满，故其气上溢，转为消渴。”精神因素之郁怒伤肝，使得肝郁化热，火热内播;或劳心竭虑，心神不宁，则心境愁郁，内火自燃”，均致阴虚内热，成“消症大病”(《陆证指南医案·三消》)。消瘅期:血瘀阻络居于消瘅期病机首位，是本期病机的显著特点。究其原因，血瘀阻络病机与消瘅期久病正虚病因几率最高密

切相关。因久病入络，故血瘀阻络多见；吕仁和教授糖尿病肾病“微型庙癭”病理假说，也指出消渴病病机中血瘀贯穿始终，早期尚聚散有时，晚期则固定不移。正虚病机，从气血阴阳角度分析，则为气血不足、阴阳两虚，仅位于血瘀阻络之后；经脉痹阻，源自血瘀阻络及痰瘀滞络，即浊毒内停。消瘴期医案的病因、病机统计，与吕仁和教授指出的气血阴阳俱虚，浊毒内停的病机很类似。

表 2 糖尿病医案病机分析结果 Table 2 Pathogeneses in medical records of wastage disease			
分期 Stages	病机 Pathogeneses	频数 Frequency	%
脾瘴期 (n=5)	肝肾阴虚	2	10.53
	经脉痹阻	2	10.53
	经气不舒	2	10.53
	血瘀化热	2	10.53
	阴虚血瘀	2	10.53
消渴期 (n=33)	肝肾阴虚	9	4.46
	湿热痹阻	8	3.96
	肝郁化热	7	3.47
	肝郁脾虚	7	3.47
	肺胃和热	6	2.97
	心神不宁	6	2.97
	阴虚内热	6	2.97
	气滞血瘀	6	2.97
	肝肾两虚	6	2.97
	偏嗜伤体	5	2.48
	气血不足	5	2.48
	肾气不固	5	2.48
	阴虚肝旺	5	2.48
	血瘀阻络	5	2.48
	肾阴亏虚	5	2.48
消瘴期 (n=90)	血瘀阻络	52	6.86
	肝肾两虚	33	4.35
	气血不足	32	4.22
	阴阳两虚	29	3.83
	肝肾阴虚	26	3.43
	经脉痹阻	26	3.43
	气阴两虚	20	2.64
	痰瘀滞络	19	2.51
	阴虚内热	17	2.24
	阴血亏虚	17	2.24
	血虚血瘀	16	2.11
	血瘀痰凝	16	2.11
	肾阳虚损	15	1.98
	瘀血阻水	15	1.98
	湿浊阻滞	14	1.85

注：脾瘴期依序选取前 5 位病机；消渴期、消瘴期依序选取前 15 位病机。
Note: The top five Pathogeneses were chosen in Pkion stage and the top fifteen Pathogeneses were chosen in Xjoke stage and Xjoke stage.

2.3 糖尿病医案病位分析
结果见表3

根据吕仁和糖尿病分期理论，脾瘴期患者临床常见3种证型：气阴两虚证、阴虚肝旺证、阴虚阳亢证，涉及的病位主要在脾、胃、肝、肾，与表3的统计结果相一致。结合表2中消渴期病机的统计结果，可知肝、肾、胃、脾是消渴期的主要病位，与消渴期病位统计结果相符。《素问·阴阳别论篇》：“二阳结谓之消。”二阳为阳明经，结为热结，二阳结《东垣十书》注释曰：“皆燥热为病。”吕教授认为：消渴发病是二阳（足阳明胃、手阳明大肠）有结滞，结则化热，胃热则消谷善饥，大肠热则大便干”。因此，消

渴期医案病位统计结果与脾瘴期相比，大肠重要度明显提高，符合吕仁和教授关于“二阳结”的认识。

表 3 糖尿病医案病位分析结果 Table 3 Locations in medical records of wastage disease			
分期 Stages	病位 Locations	频数 Frequency	%
脾瘴期 (n=5)	肝	4	33.33
	脾	4	33.33
	胃	3	25.00
	肾	1	8.33
消渴期 (n=33)	肝	43	35.54
	肾	34	28.10
	胃	15	12.40
	脾	8	6.61
	大肠	7	5.79
消瘴期 (n=90)	肾	166	34.87
	肝	120	25.21
	心	60	12.61
	脾	21	4.41
	经络	20	4.20

注：脾瘴期依序选取 5%以上病位；消渴期、消瘴期依序选取前 5 位病位。
Note: The locations with frequency over 5% were chosen in Pkion stage and the top five locations were chosen in Xjoke stage and Xjoke stage.

在消瘴期病位统计中，心的排序明显提前，经络不通明显增加。提示与脾瘴期、消渴期两期相比，消瘴期的脏腑损伤程度加重，经脉不利、脉络瘀滞更加明显，涉及病位更多。吕仁和教授认为，消瘴期因“怒气上逆，致血脉不行，转而为热，热则消肌肤，成为消瘴”。此时病至血脉，故全身皮、肌、脉、筋、骨、五脏六腑、诸窍均可被涉及而受损害。本次的病位统计结果符合这一认识。

3 讨论

中医辨证论治的关键一环是“审证求因”，对病因的探讨非常重要。但进而言之，所谓“求因”，实质上是“求机”，所谓“审证求机论治”即从整体和动态分析疾病的复杂征象，综合归纳疾病发生发展的原因、病变的机理。这种病因观点，病因和病机实际是融为一体的。本研究着眼于糖尿病医案中病因、病机、病位，就是遵从中医“审证求机论治”原则，研究吕仁和教授分期治疗糖尿病中医思辨规律和学术思想。本研究引进医案“解析和标引”方法，借助“中医医案数据库”系统，通过对医案中病因、病机、病位辨证要素的查询统计，探索并总结吕仁和教授辨治糖尿病的学术观点。

脾瘴期统计显示劳心、郁火为主要病因，心、肝热盛在脾瘴期发病中有重要作用，提示“情志致病”是吕仁和教授考虑的中医糖尿病的重要病因。根据吕教授总结的脾瘴期3种基本证型，（下转第 58 页）

Research on the Law of Chinese Medicine Used by Masters of Chinese Medicine in the Treatment of Diabetes Based on Data.

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Abstract Purpose: To dig deeper into the law of traditional Chinese medicine for treating diabetes by Master of Chinese Medicine Doctors. **Method:** A comprehensive collection of prescriptions for treatment of diabetes by 18 masters of traditional Chinese medicine Doctors in three years, using the association rule Apriori algorithm and complex system entropy clustering method to determine the frequency of single Chinese medicine, the frequency of Chinese medicine combination, and the difference between Chinese medicines in 63 prescriptions Association rules and core combinations, etc. **Results:** High-frequency Chinese medicines include Chinese yam, Radix Rehmanniae, Astragalus, Zhimu and so on. The prescription drugs are mostly cold and sweet, and their return channels are mostly lung, kidney, liver, spleen and stomach meridians. High-frequency Chinese medicine combination (Chinese medicine pair) includes Anemarrhena-Trichosanthis; Astragalus-Chinese yam; Trichosanthes-Rehmannia glutinosa. The new prescriptions include Poria + Rehmannia glutinosa + Scrophulariaceae + Salvia miltiorrhiza; Rehmannia glutinosa + peach kernel + safflower + ghost arrow feather + rigid silkworm, etc. **Conclusion:** Chinese medicine masters in the treatment of diabetes mellitus are mainly based on products that nourish qi and nourish yin, clear heat and promote fluid, follow the treatment rules of nourishing yin, clearing heat, and replenishing qi and promoting fluid. Activating blood and removing blood stasis are mostly used throughout the treatment of diabetes, which is in line with the symptoms and root causes of TCM in principle.

Key words: diabetes; masters of traditional Chinese medicine; clinical experience; medication analysis; association rules; clustering algorithm; pairs of traditional Chinese medicines.

In recent years, with the aging of our country's population and changes in lifestyles, the incidence of diabetes has continued to rise, from 0.67% in 1980 to 10.4% in 2013. Diabetes has now become one of the main diseases that threaten human health and affect the quality of life. Diabetes mostly belongs to the category of Xiao Ke Disease of Chinese medicine, which plays an important role in the treatment of Xiao Ke Disease. The three selected masters of traditional Chinese medicine are leading figures in the contemporary Chinese medical field. They have unique insights and clinical experience in the treatment of Xiao Ke Disease. This study uses various statistical methods to fully excavate the rules of traditional Chinese medicine used by masters of traditional Chinese medicine to treat diabetes, in order to provide clinical reference.

1 Materials and methods

1.1 Information source

Documents from China Knowledge Network (1979-2018), China Wanfang Medical Network (1990-2018), Chongqing Weipu Information Resource System (1989-2018) were used as the search source. Search method: keyword, full text search. Use Diabetes, Xiao Ke, and Xiao Ke Disease as the search portal to retrieve relevant literature on diabetes treatment by Chinese medicine master.

1.2 Inclusion and exclusion criteria

Inclusion criteria: ① Relevant medical records of 90 masters of traditional Chinese medicine from the first to the third selected by the Ministry of Human Resources and Social Security, the National Health and Family Planning Commission, and the State Administration of

Traditional Chinese Medicine; Those with traditional Chinese medicine compound mainly and with complete drug composition and dosage; ③If there are multiple diagnoses, the first diagnosis is "diabetes" or "Xiao Ke Disease"; ④If the medical records are repeated, only one is selected. Exclusion criteria: ① those who are not diagnosed as "diabetes"; ② those who have incomplete prescriptions or lack of dosage; ③ those who have important complications of diabetes, and prefer to treat complications rather than diabetes itself.

1.3 Analysis software

Use the traditional Chinese medicine inheritance auxiliary system (V2.5) software and SPSS 22.0 statistical software for statistical analysis. TCM Inheritance Aid System (V2.5) is provided by the Institute of Chinese Materia Medica, China Academy of Chinese Medical Sciences.

1.4 Prescription entry and Chinese medicine name specification

Enter the collected prescription Chinese herbal medicines into the TCM inheritance auxiliary system. After the entry is completed, two people will review the entered data again to ensure the accuracy and completeness of the data and provide a reliable guarantee for the data results.

Standardization of inputting Chinese herbal medicines: Regarding the name, function classification, nature, taste and return of prescription Chinese herbal medicines, standardize according to the standard of the national higher Chinese medicine hospital school planning textbook "Chinese Materia Medica", if a certain medicine is like silk, ghost arrow Yu, Toobushi, Akagi, etc. are not included in the "Chinese Materia Medica", they are regulated by referring to the "Chinese Materia Medica Dictionary" (2006 Second Edition) [3]; for the same Chinese medicine using different processing methods, it is easy to carry out Data processing is standardized according to the following principles, such as unifying the raw rehmannia, dried rehmannia, and rehmannia glutinosa into "rehmannia glutinosa", unifying rehmannia glutinosa and rehmannia glutinosa into "rehmannia glutinosa", and unifying yam, raw yam and fried yam into yam ", Qing Pinellia, Pinellia, French Pinellia, and Jiang Pinellia are unified as "Ban Xia", making rhubarb, rhubarb, and ripe rhubarb are unified as "Rhubarb", and Xian Shijie and Shijie (Fengdou) are unified as "Shijie" and so on.

1.5 Data analysis

In this study, we used the traditional Chinese medicine inheritance auxiliary platform to perform statistical analysis of drug frequency, statistical analysis of herbs properties and meridians, analysis of prescription rules, and analysis of new prescriptions for the sorted and entered prescription herbs, and used SPSS 22.0 statistical software to analyze the statistical results of herbs frequency. The statistical results of herbs properties and flavors, and the core combination statistical results are subjected to chi-square tests to determine whether there is a qualitative difference in frequency of application.

2 Result analysis

2. General information

This study collected and compiled the experience of 18 masters of traditional Chinese medicine. They were from the first session of Deng Tietao, Zhu Liangchun, Ren Jixue, Li Yuqi, He Ren, Zhang Qi, Zhou Zhongying, Xu Jingfan, Guo Ziguang, Lu Zhizheng, Yan Zhenghua, and Yan Dexin. Liu Shangyi, Duan Fujin, Li Diangui, Yang Chunbo, Mei Guoqiang, Ge Linyi in the third session. A total of 63 first-visit prescriptions were collected, a total of 149 herbs were included, and 813 times were recorded.

2.2 Statistics of herbs frequency

The 63 prescriptions for the treatment of diabetes were collected and analyzed statistically, and the order of the frequency of the treatment of diabetes was obtained from high to low. Among them, there were 17 herbs with 15 times of use (Table 1). In order to further confirm the preferred herbs and commonly used herbs, this study used SPSS 22.0 chi-square test to perform statistical analysis on the selected herbs. The specific steps are as follows: Carry out the chi-square test of the 2X2 contingency table on the above herbs to investigate whether there are qualitative differences in the frequency of herbs use. The results showed that the P values of yam, Shengdihuang, Huangmao, Zhimu, and Trichosanthes at different frequencies were 0.476, 0.285, and 0.721, respectively, indicating that there was no statistically significant difference in the frequency of use of the above five herbs ($P > 0.05$). There was no significant difference in the frequency of use of Ophiopogon japonicus and its 11 herbs ($P > 0.05$). In summary, it can be seen that Chinese yam, Shengdihuang, Huangmao, Zhimu, and Trichosanthes are the first choice drugs for the treatment of diabetes by

masters of traditional Chinese medicine. Other herbs are commonly used herbs.

2.3 The statistical results of herbs properties, taste and meridian tropism are shown in Figure 1 to Figure 3. According to the summary results of the properties, taste, and meridian of the herbs, a statistical analysis of the selected herbs through the Chi-square test can clearly conclude that the masters of traditional Chinese medicine Doctors prefer cold and sweet herbs in the treatment of diabetes. The meridians of herbs mostly belong to the lung meridians, kidney meridians, liver meridians, spleen meridians and stomach meridians.

2.4 Analysis of formula rules based on association rules: Apply association rules to find methods, set the "number of support" and "confidence" to 12 and 0.6 respectively, and get 31 core combinations (Table 2), core combination association rules (Table 3). The "networked display" of the association between herbs (Figure 4) is an objective judgment of the preferred drug combination of Chinese medicine masters, and the chi-square test is used to perform statistical analysis on the selected core combination. There was no statistically significant difference between the 31 core combinations in the frequency of application ($P>0.05$). The results suggest that the above combinations are the first choice core herbs combinations for the treatment of diabetes by masters of traditional Chinese medicine.

2.5 Analysis of new combinations and new prescriptions based on the original method.

According to the number of prescriptions for this treatment of Xiao Ke and the pre-reading of the data extracted from different parameters, the correlation coefficient is 7 and the penalty coefficient is 2, and cluster analysis is performed to obtain 14 potential core combinations (Table 4), new combinations.

"Network display" of herbs associations (Figure 5) 0 aggregated into 7 new prescriptions (Table 5), and new prescription herbs "Network display" (Figure 6).

3 Discussion:

Diabetes is a common endocrine and metabolic disease. In the past ten years or so, the research on the treatment of diabetes with traditional Chinese medicine has gradually become standardized and systematic. A series of evidence-based studies carried out have obtained certain clinical evidence, providing more options for

the prevention and treatment of diabetes. At present, the diagnosis and treatment experience of Chinese medicine masters scattered in clinical cases and clinical reports is a precious wealth accumulated over the years. Its summary and inheritance can not only enrich the academic theoretical system of Chinese medicine, but also an important way to better cultivate the next generation of outstanding Chinese medicine talents. Therefore, an in-depth study of the rules of traditional Chinese medicine masters has great application value and theoretical significance for the transmission of traditional Chinese medicine and improving group understanding.

The application of data analysis methods provides support for deeper analysis of the laws of Chinese medicine. Nowadays, data analysis mainly uses analysis methods such as frequency itemsets, cluster analysis, association rules and Bayesian networks. In this study, we use association rules to realize explicit empirical analysis with frequency as the core with the aid of the traditional Chinese medicine inheritance auxiliary system. At the same time, the integrated direct hierarchical clustering method is used to realize the invisible empirical analysis with association as the core to obtain new combinations and new prescriptions.

Through statistical analysis, the first choice of single medicine, common medicine and high-frequency medicine combination for the treatment of diabetes shows that the masters of traditional Chinese medicine first choose medicines for replenishing yin and replenishing qi, clearing heat and promoting body fluid in the treatment of diabetes. The therapeutic concept of tonic is consistent with the conclusion that the core syndrome of diabetes in traditional Chinese medicine is the deficiency of both qi and yin. High-frequency herbs and high-frequency formula combinations obtained from the study of the prescription rules for the treatment of diabetes with deficiency of both qi and yin are similar [L4-5]n.

Although the results of this study are inconsistent with the treatment of Xiao Ke by physicians before the Ming Dynasty in terms of preferred herbs and preferred herb combinations^[6], the classification of herbs is mostly the same. According to the statistical results of herb properties, taste and meridian tropism, it is known that masters of traditional Chinese medicine take sweet and cold products in the treatment of diabetes. In "Materia Medica", the sweet flavor "can nourish and relieve

energy", Jin Yuan physician Zhu Danxi uses sweet and cold products to nourish yin and clear away heat, and has many creative ideas for yin essence deficiency. The application of the product of "sweet and cold" hits the pathogenesis of Xiao Ke Disease "Yin deficiency and dry heat".

Studies have shown that the onset of diabetes in recent years is closely related to the liver and spleen [7]. Wei Zhixiu in the Qing Dynasty believed that "the liver is the thief of all diseases". "Suwen·Zang Qi Fa Shi Lun" said: "Spleen disease, heavy body, easy hunger". Zhang Xichun's "Medical Integrity in Chinese and Western Records" says: "Xiao Ke is a syndrome that was divided into upper, middle and lower in ancient times. Its syndromes all originated in Zhongjiao and extreme in the upper and lower parts, and tracked down to the disease and the spleen. Spleen Qi cannot disperse body fluids to reach the lung, there will be less body fluid, and if you cannot tune the waterway, you will have trouble urinating, so you will be thirsty and drink more." The pathogenesis theory of Xiao Ke caused by spleen deficiency and Xiao Ke caused by liver failure is gradually becoming more and more popular in Chinese medicine. Popular, the proposed method of strengthening the spleen and treating Xiao Ke and the method of treating the liver from the theory of liver have been successfully tried in clinical practice [10]. In addition to the lung and kidney meridians, the meridians used by the masters of traditional Chinese medicine in the treatment of diabetes also belong to the liver and spleen meridians. This carries the treatment thinking of the masters of traditional Chinese medicine who pay attention to regulating the liver and spleen when choosing prescriptions and medications.

According to the efficacy of the new prescription herbs, it is roughly divided into tonic type and blood circulation type. Most of the tonic herbs exist in the new prescriptions 1, 2, 4, and 7, but the new prescriptions include medicines for activating blood and dredging collaterals, invigorating the spleen and liver, and clearing heat and dampness. A large number of modern pharmacological researches on Coptis in the new prescription 7 show that berberine (smallamine) has the function of promoting the repair of damaged islet cells, and by reducing serum free fatty acid levels, correcting lipid disorders and improving insulin resistance and increasing insulin sensitivity. In the new prescription 4, Bupleurum,

"Shen Nong's Materia Medica" says that it "bitter and flat, mainly heart and abdomen...cold and heat evil, promote the old to bring forth the new", it can be seen that the new prescription has the meaning of soothing the liver, but also promotes metabolism. In the new prescriptions 3, 5, and 6, there are not only activating blood drugs, but also embodying the treatment principle of clearing away heat and generating fluid, taking into account the strengthening of the spleen and dehumidification. With the development of social economy and the improvement of living standards, people's eating and resting habits have undergone tremendous changes. Physical fitness has also changed accordingly.

There are many clinical studies on the distribution of diabetic constitution, and the results are not the same, but yin deficiency and qi deficiency are still the main physiques, among which blood stasis and phlegm dampness also have an upward trend [13-14]. Diabetes constitution type does not necessarily have a single physique, there may be multiple physiques coexisting, that is, both physiques. Xiao Ke does not heal, and the symptoms of "qi deficiency and stagnation" and "yin deficiency and blood stagnation" are intertwined. The old one cannot go. The new one can't live, and the already sick Xiao Ke worsens. From the new combination and the new prescription, it can be inferred that the masters of traditional Chinese medicine still use nourishing yin, moisturizing dryness, nourishing qi and promoting fluid in the treatment of diabetes throughout.

This study uses the statistical analysis software of the traditional Chinese medicine inheritance auxiliary platform to statistically analyze the 63 prescription medications of 18 masters of traditional Chinese medicine. The conclusions drawn reflect the concentration of medication and the diversity of herbs combinations, and contain the rules of the masters of traditional Chinese medicine to treat diabetes. , I hope to provide an important reference for today's clinic, and look forward to more discoveries in the future. Its evolutionary potential core combination and candidate new prescriptions provide prescription reference and guidance for further clinical screening. Its clinical value needs to be tested by tracing the source and clinical efficacy research.

[references]

基于数据挖掘国医大师治疗糖尿病用药规律研究

◎红俊杰 郑曙琴

摘要 目的：深层次挖掘国医大师治疗糖尿病的用药规律。**方法：**全面搜集整理三届 18 位国医大师治疗糖尿病的处方，采用关联规则 Apriori 算法和复杂系统熵聚类方法，确定 63 首处方中单味药物频次、药物组合频次、药物之间的关联规则和核心组合等。**结果：**高频药物包括山药、生地黄、黄芪、知母等。处方药物多为寒性、甘味，归经多属肺经、肾经、肝经、脾经、胃经。高频药物组合（药对）包括知母－天花粉；黄芪－山药；天花粉－生地黄等。新处方包括茯苓＋熟地黄＋玄参＋丹参；生地黄＋桃仁＋红花＋鬼箭羽＋僵蚕等。**结论：**国医大师治疗糖尿病用药多以益气养阴、清热生津之品为主，遵循滋阴清热、益气生津的治疗法则，活血化瘀多贯穿于糖尿病治疗始终，符合中医标本兼治的用药原则。

关键词：糖尿病；国医大师；临床经验；用药分析；关联规则；聚类算法；药对；益气养阴

近年来随着我国人口老龄化与生活方式的改变，糖尿病的发病率不断攀升，已从1980年的0.67%飘升至2013年的10.4%。糖尿病现已经成为威胁人类健康、影响生活质量的主要疾病之一。糖尿病多归属于中医消渴病范畴，中医药在消渴病治疗上发挥着重要的作用。已评选的三届国医大师是当代中医学界的领军人物，他们在消渴病治疗方面具有独到的见解与临床经验。本研究通过各种统计学方法充分挖掘国医大师治疗糖尿病的用药规律，以期为临床提供参考。

1 资料与方法

1.1 资料来源

以中国知网（1979–2018年）、中国万方医学网（1990–2018年）、重庆维普信息资源系统（1989–2018年）的文献为检索源。检索方式：关键词、全文检索。以糖尿病、消渴、消渴病为检索入口逐一国医大师治疗糖尿病的相关文献进行检索。

1.2 纳入与排除标准

纳入标准：①由人力资源和社会保障部、国家

卫生和计划生育委员会、国家中医药管理局共同组织评选出的第一届到第三届90位国医大师的相关医案；②首诊处方以中药复方为主且具有完整药物组成及剂量者；③出现多个诊断，以第一诊断为“糖尿病”或“消渴病”者；④医案重复者，只取其一。排除标准：①诊断不属于“糖尿病”者；②方药介绍不完整或缺少剂量者；③合并糖尿病重要并发症，偏向治疗并发症而非糖尿病本身者。

1.3 分析软件

应用中医传承辅助系统（V2.5）软件及SPSS 22.0 统计软件进行统计学分析。中医传承辅助系统（V2.5）由中国中医科学院中药研究所提供。

1.4 处方录入与药名规范

将收集的处方药物录入中医传承辅助系统，在录入完毕后。由两人再一次对录入数据进行审核。以确保数据的准确性与完整性，为数据挖掘结果提供可靠保障。

录入药物的规范化与标准化：对于处方中药物的药名、功效分类、性味及归经以全国高等中医院校规划教材《中药学》[1]为标准进行规范，若某药如缥

丝、鬼箭羽、乌不宿、赤木等未被收录在《中药学》中,则参照《中药大辞典》(2006年第2版)3]予以规范;对采用不同炮制方法的同一药物,为便于进行数据处理按以下原则进行规范,如将酒生地黄、干地黄、生地黄统一为“生地黄”,炒熟地黄、炒熟地统一为“熟地黄”,山药、生山药、炒山药统一为“山药”,清半夏、半夏、法半夏、姜半夏统一为“半夏”,制大黄、大黄、熟大黄统一为“大黄”,鲜石斛、石斛(枫斗)统一为“石斛”等。

1.5数据分析

本研究通过中医传承辅助平台将整理录入的处方药物分别进行药物频次统计分析、药物性味及归经统计分析、组方规律分析及新处方分析,并应用SPSS 22.0统计软件分别对药物频次统计结果、药物性味归经统计结果、核心组合统计结果进行卡方检验以明确是否应用频次上具有质的差异。

2结果分析

2.1一般情况

本研究共搜集整理18位国医大师的经验,他们分别来自第一届邓铁涛、朱良春、任继学、李玉奇、何任、张琪、周仲瑛、徐景藩、郭子光、路志正、颜正华、颜德馨,第二届刘尚义、段富津,第三届李佃贵、杨春波、梅国强、葛琳仪。共汇总63首首诊处方,共纳入药物149味,记813次。

2.2用药频次统计

对搜集整理到的治疗糖尿病的63首处方进行统计分析,得到治疗糖尿病用药频次从高到低的排序,其中使用频率15次的药物有17味(表1)。为了进一步确认首选药物及常用药物,本研究应用SPSS 22.0的卡方检验对遴选出的药物进行统计分析。具体操作步骤如下:对以上药物进行2X2列联表的卡方检验,以考察药物使用频次不同是否具有质的差异。其结果山药、生地黄、黄芩、知母、天花粉不同频次之间两两比较结果显示P值分别为0.476, 0.285, 0.721,说明上述5味药在使用频次上比较差异无统计学意义(P>

0.05)。麦冬与其下11种药物两两之间用药频次比较差异无统计学意义(P> 0.05)。综上可知山药、生地黄、黄芩、知母、天花粉为国医大师治疗糖尿病的首选药物,而其他药物则为常用药物。

表 1 使用频次 ≥15 次的药物统计

序号	中药名	频次	序号	中药名	频次
1	山药	35	10	玄参	19
2	生地黄	35	11	枸杞子	18
3	黄芩	31	12	山茱萸	18
4	知母	31	13	五味子	17
5	天花粉	29	14	丹参	16
6	麦冬	23	15	地骨皮	16
7	葛根	22	16	牡丹皮	15
8	黄连	22	17	泽泻	15
9	茯苓	20			

2.3药物性、味及归经统计统计结果见图1—图3

据药物的性、味、归经归纳结果,通过卡方检验对遴选出的药物进行统计分析,可明确得出国医大师在糖尿病治疗过程中偏于应用寒性、甘味的药物。而药物归经多属肺经、肾经、肝经、脾经、胃经。

2.4基于关联规则的组方规律分析

应用关联规则挖掘方法,将“支持度个数”与“置信度”分别设置为12和0.6,得到核心组合31个(表2)、核心组合关联规则(表3)、药物之间关联的“网络化展示”(图4)。为客观判断国医大师首选药物组合,应用卡方检验对遴选出的核心组合进行统计分析。31个核心组合在应用频次上两两之间比较差异均无统计学意义(P> 0.05),结果提示以上组合皆为国医大师治疗糖尿病首选核心药物组合。

2.5基于熵方法的新组合及新处方分析

根据本次治疗消渴的处方数量和不同参数提取数据的预读,选择相关系数为7,惩罚系数为2,进行聚类分析,得到潜在核心组合14个(表4),新组合药物间关联进行“网络展示”(图5)。聚合成新处方7个(表5),新方药物间关联进行“网络展示”(图6)。

3讨论

糖尿病是一种常见的内分泌代谢疾病。近十余年来中医药治疗糖尿病研究逐渐规范化、系统化,所开展的一系列循证研究获得了一定临床证据,为糖尿病

表2 处方中核心药物组合(药对与药组)

序号	药物组合	出现频次
1	知母-天花粉	21
2	黄芩-山药	21
3	天花粉-生地黄	20
4	知母-山药	17
5	生地黄-山药	17
6	知母-生地黄	16
7	山药-枸杞子	16
8	山茱萸-山药	16
9	生地黄-黄芩	15
10	麦冬-生地黄	15
11	黄芩-枸杞子	15
12	知母-天花粉-生地黄	15
13	天花粉-山药	14
14	天花粉-黄芩	14
15	生地黄-玄参	14
16	葛根-知母	13
17	葛根-山药	13
18	知母-黄芩	13
19	知母-黄连	13
20	麦冬-天花粉	13
21	生地黄-地骨皮	13
22	山药-五味子	13
23	山药-茯苓	13
24	黄芩-五味子	13
25	黄芩-山药-枸杞子	13
26	黄芩-山药-五味子	13
27	葛根-天花粉	12
28	知母-玄参	12
29	生地黄-丹参	12
30	山药-泽泻	12
31	山茱萸-黄芩	12

表3 处方中药物组合关联规则(置信度≥0.6)

序号	规则	置信度
1	山药-五味子→黄芩	1
2	黄芩-五味子→山药	1
3	知母-生地黄→天花粉	0.9375
4	枸杞子→山药	0.888888889
5	山茱萸→山药	0.888888889
6	黄芩-枸杞子→山药	0.866666667
7	枸杞子→黄芩	0.833333333
8	地骨皮→生地黄	0.8125
9	山药-枸杞子→黄芩	0.8125
10	泽泻→山药	0.8
11	五味子→山药	0.764705882
12	五味子→黄芩	0.764705882
13	五味子→黄芩-山药	0.764705882
14	丹参→生地黄	0.75
15	天花粉-生地黄→知母	0.75
16	玄参→生地黄	0.736842105
17	天花粉→知母	0.724137931
18	枸杞子→黄芩-山药	0.722222222
19	知母-天花粉→生地黄	0.714285714
20	天花粉→生地黄	0.689655172
21	知母→天花粉	0.677419355
22	黄芩→山药	0.677419355
23	山茱萸→黄芩	0.666666667
24	麦冬→生地黄	0.652173913
25	茯苓→山药	0.65
26	玄参→知母	0.631578947
27	黄芩-山药→枸杞子	0.619047619
28	黄芩-山药→五味子	0.619047619

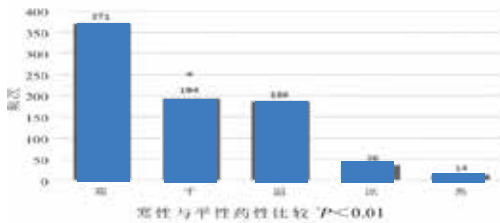


图1 药物四气统计结果

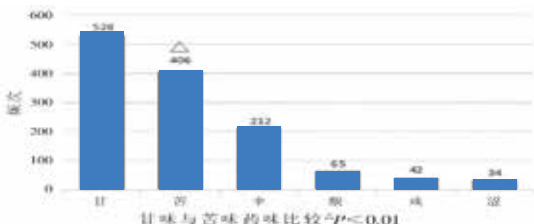


图2 药物五味统计结果

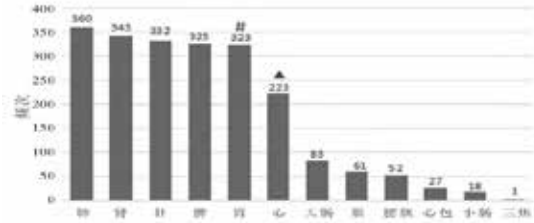


图3 药物归经统计结果

表4 用于新方类聚的核心组合

序号	核心组合	序号	核心组合
1	茯苓-熟地黄-苦参	8	茯苓-玄参-丹参
2	党参-枸杞子-麦冬	9	何首乌-蔓越子-人参
3	泽兰-水蛭-葛根	10	泽兰-鬼骨根-地骨皮-玉米须
4	当归-柴胡-山药	11	柴胡-枸杞子-山药
5	生地黄-桃仁-红花	12	生地黄-鬼骨根-葛根
6	半夏-藜芦-天花粉	13	半夏-桃仁-赤芍-石菖蒲-红花
7	山茱萸-黄芩-山药	14	黄芩-枸杞子-山药

的防治提供了更多的选择。目前散在于临床个案、临床报道中的国医大师诊疗经验与心得是经过岁月沉淀的宝贵财富,对其总结与传承不仅能丰富中医学的学术理论体系,也是更好培养下一代优秀中医人才的重要途径之一。因此深度研究国医大师的用药规律对中医药薪火相传、提高群体认识具有重大应用价值与理论意义。数据挖掘方法运用为更深层次充分挖掘中医药规律提供支持。现今数据挖掘主要采用频次项集、聚类分析、关联规则及贝叶斯网络等挖掘方法。本研究借助中医传承辅助系统采用关联规则实现以频次为核心显性经验分析,同时应用集成的嫡层次聚类方法,

实现以关联为核心的隐性经验分析,挖掘得到新方组合及新方。

通过统计分析得出的治疗糖尿病的单味首选药物、常用药物及高频药物组合,可知国医大师在治疗糖尿病中首选补阴益气、清热生津类药,充分体现了滋阴清热、气阴双补的治疗理念,这与相关证候研究得出糖尿病中医核心证候为气阴两虚的结论相一致,以及中医药治疗糖尿病气阴两虚型组方用药规律研究得出的高频药物及高频药物组合相类似[L4-5]n

本研究结果虽与明代以前医家论治消渴在首选药物及首选药物组合方面具体用药不一致^[6],但药物分

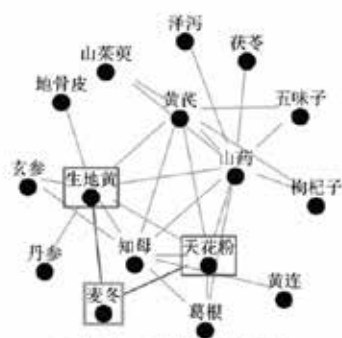


图4 核心药物组合网络展示图

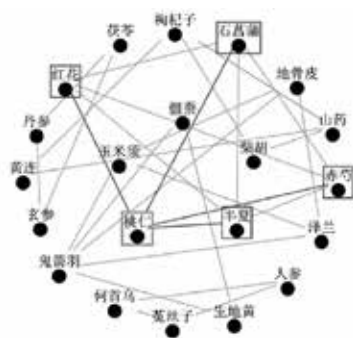


图5 用于厘处方聚类的核心组合网络图

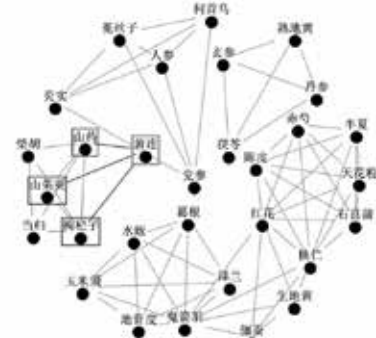


图6 新处方药物网络图

类多数较为相同。据药性、味及归经的统计结果显示可知国医大师在治疗糖尿病本证中多取甘寒之品。

《本草备要》云甘味“能补能和能缓”，金元医家朱丹溪善用甘寒之品养阴清热，对阴精亏虚多有创见。甘寒之品的应用正中消渴病“阴虚燥热”之病机。

有研究表明，近20年消渴病发病与肝、脾密切相关^[7]，清代魏之秀认为“肝为万病之贼”，《素问·脏气法时论》曰：“脾病，身重善饥”。张锡纯《医学衷中参西录》云：“消渴一证，古有上中下之分，为其证皆起于中焦而极于上下，迨至病及于脾，脾气不能散津达肺则津液少，不能通调水道则小便无节，是以渴而多饮多饮也。”叫目前脾虚致消、肝失疏泄而致消的病机理论在中医界日渐盛行，所提出的健脾治消法、从肝论治法在临床实践中获得成功尝试^[10]。国医大师在治疗糖尿病过程中用药归经除归肺、肾经外，还隶属肝、脾经。这承载着国医大师选方用药时注重调理肝脾的治疗思路。

根据新方药物功效大体分为补虚类、活血类。补虚类药大部分存在于新方1,2,4,7中，但新方中不失参入活血通络、健脾疏肝、清热燥湿之药。新方7中黄连大量现代药理研究显示：黄连素(小檗碱)具有促进损伤的胰岛细胞修复的功能，以及通过降低血清游离脂肪酸水平，纠正脂紊乱从而改善胰岛素抵抗增加胰岛素敏感性等作用^[11]。新方4中柴胡，《神农本草经》谓其“味苦平，主心腹……寒热邪气，推陈致新”，可知新方配其既有疏肝之意，又达推陈致新之功。在新方3,5,6中既多见活血类药物，亦体现着清热生津的治疗法则，兼顾着健脾除湿。随着社会经

表5 基于层次聚类的新处方

序号	新方组合
1	茯苓+熟地黄+玄参+丹参
2	党参+菟丝子+芡实+何首乌+人参
3	泽兰+水蛭+葛根+鬼箭羽+地骨皮+玉米须
4	当归+柴胡+山药+枸杞子
5	生地黄+桃仁+红花+鬼箭羽+僵蚕
6	半夏+陈皮+天花粉+桃仁+赤芍+石菖蒲+红花
7	山茱萸+黄连+山药+枸杞子

济的发展、生活水平的提高，人们的饮食作息习惯发生了巨大的变化。体质也随之发生了变化。糖尿病体质分布临床研究较多，结果不尽相同，但阴虚质、气虚质仍为主要体质，其中癖血质、痰湿质亦存在上升趋势^[13-14]。糖尿病体质分型不一定存在单一体质，可能存在多种体质并存即兼夹体质，消渴不愈，所现“气虚癖留”“阴虚血滞”交相为患，陈者当去不能去，新者当生不能生，而使已病消渴愈甚，从新组合及新方中，可以推知国医大师在治疗糖尿病中仍以滋阴润燥、益气生津为根本法则，而活血化瘀多贯穿于糖尿病治疗始终。

本研究借助中医传承辅助平台统计分析软件对18位国医大师63首处方用药进行统计分析，得出的结论体现了用药的集中性及药物组合的多样性特点，蕴含着国医大师治疗糖尿病的用药规律，希冀为当今临床提供重要参考，同时期待今后有更多的发掘。其演化的潜在核心组合与候选新处方，为临床进一步筛选提供处方参考和指导。其临床价值还需要经过追本溯源、临床疗效研究进行检验。

[参考文献] ①

Professor Guanjie Fan's "Eight Methods of Fixed-Unfixed sequence"

Experience in treating obesity type 2 diabetes as a whole balance.

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Abstract: Through consulting domestic and foreign literature, combined with Professor Fan Guanjie's clinical experience, the treatment of obesity T2DM. Point out the core pathogenesis of obesity T2DM and the measurement indicators of diet and exercise regulation, and believe that the overall treatment plan combining TCM syndrome differentiation and diet and exercise regulation is effective, and the effect is obvious.

Keywords: Fan Guanjie; the eight methods of Fixed-Unfixed sequence; obesity; type 2 diabetes; diet; exercise

In the medical theory of the motherland, the relationship between diabetes and obesity has actually been discussed in the "Huang Di Nei Jing": "Fatty man, grease food causing the disease", "The disease is named as the "spleen Dan", and this is from the grease foods", and the person "must be sweet and rich grease". The so-called Spleen Dan covers the course of modern T2DM from the discovery of insulin resistance to the symptoms (eating more, drinking more, urinating more, and being weight-loss). It has been clear that the cause of Spleen Dan is overeating grease food or from junk food. Yu Jiayan, a famous doctor in the Qing Dynasty, said: Obesity, who does not like to move, should be limited over drunk and greasy food. Long-term grease food causes internal heat, and body fluid dries up. As the Xiaoke (diabetes) becomes more thirsty, the Xiaoke (diabetes) becomes more and more exhausted, and the disease of Zhongxiao becomes. It is even more certain that overweight people overeating grease food and junk food can cause the disease of diabetes. Medication alone is not very effective in curing obese T2DM patients.

"Famous Chinese Medicine in Guangdong and Guangxi" Fan Guanjie is a professor at Guangzhou University of Traditional Chinese Medicine, a doctoral tutor, a chief physician of Guangdong Provincial Hospital of Traditional Chinese Medicine, an academic leader of the key endocrinology department of the State Administration of Traditional Chinese Medicine, and the vice chairman of the World Federation of Chinese Medicine Societies Diabetes Professional Committee. Diabetes, obesity and other endocrine and metabolic diseases have achieved significant clinical effects. Through relevant clinical research, the original theory of "the eight methods of Fixed-Unfixed

sequence" has been formed. He summed up a set of holistic treatment plans for obesity T2DM combined with Chinese medicine differentiation and treatment and diet and exercise regulation, which proved effective. The theoretical methods of differentiation and treatment and clinical experience are introduced as follows.

1 Using Fixed-Unfixed-sequential thinking method to understand the core pathogenesis of obesity T2DM.

1.1 "Motion-definite sequence" simply puts "Fixed-Unfixed sequence" as a thinking method that can be used to guide modern Chinese medicine clinical practice. Its founder, Professor Fan Guanjie, followed Professor Lu Renhe, Wang Yongyan, and Professor Xiong Manqi successively. Based on the classics and integrating the strengths of each teacher, combined with the clinical thinking model formed by the three factors. It observes the regularity of the disease at a certain stage based on various clinical symptoms, and continuously enriches the knowledge of traditional Chinese medicine on herbs, etiology and pathogenesis, syndrome differentiation, and treatment methods from medical practice. "Unfixed" refers to the dynamic thinking and practice of treating existing diseases in a constantly changing global environment. The manifestations of various diseases and corresponding medical methods need to be constantly and flexibly changed. "Fixed" refers to the principle of following the fixed law of disease development and the efficacy of medication during the treatment process, and achieving the ultimate goal of the treatment effect. Sequential refers to the continuity throughout the entire course of disease development. In other words, the holistic thinking of Unfixed, Fixed and sequential is to continuously refresh the original

fixed model to achieve the purpose of treatment, grasp the internal law development of human diseases as a whole, and adopt treatment methods without sticking to the stereotypes in the overall disease process, so as to achieve treatment. Clinical thinking on disease effects.

1.2 The core pathogenesis of obesity T2DM is mostly phlegm turbidity and stagnation, damp-heat stagnation. Professor Fan believes that due to the advanced technology of modern blood glucose monitoring and various forms of hypoglycemic drugs, there are currently no "three" clinically common T2DM patients. More cases are more manifested in abnormal test indicators and some discomforts, such as increased blood sugar levels, C-peptide dysfunction, insomnia, and eye discomfort. But most T2DM patients are accompanied by obesity symptoms.

Due to the complex clinical conditions, diverse symptoms, overlapping syndromes, and difficulty in identifying related syndrome types, Master Fan summarized and sorted out eight common syndrome types mainly including "damp heat internal stagnation" and "qi and yin deficiency" in T2DM.

Different syndrome types have corresponding core symptoms. The core symptoms of the disease can be grasped first through the patient's symptoms, signs, tongue and pulse, so as to determine the core pathogenesis. When performing specific clinical syndromes, it is necessary to identify the core symptoms and determine the core pathogenesis according to the specific conditions of the patient. There may not be only two types of syndromes, and there may be more forms of mixed pathogenesis. In Professor Fan's long-term clinical experience, it has been found that obesity T2DM is more common because of the "turbid phlegm and stagnation of damp-heat" in the patient's body, which triggers the "damp-heat internal resistance and the deficiency of both qi and yin" in the eight methods of dialectics. The core symptoms of yin deficiency syndrome are mostly low-grade fever, fatigue, dry mouth, and thin pulse; the core symptoms of damp-heat internal resistance syndrome are mostly fullness of the abdomen, stool, yellow and greasy coating, and slippery pulse. The type corresponds to the use of the corresponding herbal medicine formula in conjunction with diet exercise therapy, which can achieve more obvious therapeutic effects.

2 Using Fixed-Unfixed-sequential eight methods to treat obesity T2DM as a whole.

2.1 A string of Chinese medicine is used to treat the

syndrome. Professor Fan is accustomed to administering different combinations of medicines based on different syndromes of corresponding diseases. The common "damp-heat internal resistance" and "qi and yin deficiency" syndromes of obesity T2DM correspond to the treatment of clearing damp-heat, replenishing qi and nourishing yin medicine string together with Buzhaye. The heat-clearing and dampening herbal medicinal string is composed of 10 g of Atractylodes Rhizome, 10–15 g of Phellodendron chinense, 20–30 g of Coix Seed, and 15–30 g of Mian Yin Chen. The herbal medicine string for replenishing qi and nourishing yin is composed of 15–30g of North Astragalus, 15–30g of Rehmannia glutinosa and 15–30g of Digu Bark. The conventional dosage of Buzhaye is 20–45 g. Specific conditions need to be combined with the specific conditions of the patient to cooperate with other traditional Chinese medicine for conditioning, such as the Jie Dai pulse, severe sublingual collateral stasis add Zedoary and turmeric, and poor mood with stagnation of liver qi adds Bupleurum and White Peony. In the clinical process, it was discovered that Chinese herbal medicine treatment combined with dietary adjustment and exercise to control body weight can significantly shorten the medication time for the treatment of obesity T2DM and improve the effect of pancreatic function faster. It should be noted that the clinical practice of traditional Chinese medicine emphasizes the differentiation of disease syndromes according to the specific symptoms of patients, and the corresponding treatment of Chinese medicines according to different syndromes. Therefore, the specific clinical symptoms must be treated according to the individual. Although in our findings, obese T2DM patients are more common with "damp-heat internal resistance" and "qi and yin deficiency" syndromes, but it does not mean that obese T2DM patients only have these two syndromes. The specific medication plan should be based on the actual situation of the patient. Make adjustments.

2. 2 Diet adjustment. Professor Fan emphasized the importance of diet adjustment during the treatment of obesity T2DM. Due to the inconvenience of some patients' work and other special characteristics to carry out exercises, diet adjustment plays an irreplaceable role in the process of weight control.

2.2. 1 People who are suitable for diet adjustments. The current international weight measurement is still based on the Body Mass Index (BMI). The calculation formula = weight

(kg) / [height (m)]². When obese T2DM patients go to the clinic, they usually use this standard to measure the degree of obesity of the patient, and then prescribe different dietary adjustments according to the severity of the situation. It should be noted that according to the standards of the World Health Organization, the BMI standards in Asia and Europe and the United States are not the same. The BMI in Asia is considered to be overweight at 23–24.9 and obese if it exceeds 25. Under normal circumstances, in order to facilitate follow-up treatment, weight control should be restored to standard weight within three months before the medication. Most of these patients need diet control, and the weight loss effect of exercise therapy alone is not ideal. A recently published study on diabetes showed that after weight loss through a low-calorie diet, most T2DM patients can be successfully reversed. The degree of remission of the disease is closely related to the number of weight loss. The more weight loss, the more likely the disease is to get relief.

2.2.2 The specific implementation of diet adjustment: Dietary calorie intake requirements are strict. Generally, the low-calorie diet that reduces the intake of lipids and carbohydrates, but does not reduce the intake of other nutrients (LCD). According to China's low-calorie diet, energy intake is 30%–50% less than normal free-eating energy. In the morning and evening, mainly fruit and vegetable vegetarian food, 120g rice at noon or a staple food with 130kJ calories, and a small amount of vegetable meat. For patients who cannot be combined with exercise therapy due to special circumstances, the dietary adjustment requirements are more stringent, but it is recommended that those who strengthen diet control should be carried out under the advice of a dietitian. Do not blindly on diet and cause the disease to worsen. In the process of reducing food, if the patient has a strong sense of hunger, he can drink Chinese medicine decoction or water. According to most patients, it is difficult to adapt during the first three days of diet reduction. Those who persist for more than three days under the action of Chinese medicine basically adapt to a light diet and can adhere to diet control. Sustained and adequate exercise time in the later stage of the overall treatment is also the key. The diet can increase fish, beef, eggs and other high-protein and low-fat foods to supplement energy according to the improvement of pancreatic function or body needs. When the blood sugar and pancreatic function are adjusted to normal, follow-up inspection is normal for one year, and the diet can

be gradually increased until normal.

2.3 Exercise therapy:

2.3.1 The origin of exercise therapy "Lu Shi Chun Qiu" says: "The running water does not rot, the gate posts are not moth-eaten, so does the shape and energy, the shape does not move, the essence does not flow, and the essence does not flow, the qi is stagnant." The thing is that the flowing water will not rot, and the frequently rotating door shaft will not be bitten by insects. This is due to the constant movement of the object. Our body and spirit are the same. If you don't do much activity, the body's essence will not run smoothly, and the body's qi will stagnate. After a long time, it will be easy to get sick. Therefore, exercise has been one of the important measures to prevent and treat diseases since ancient times. In Sun Simiao's "Prescriptions for One Thousand Golds", it is said: "The way to nourish nature is to want small labor, but it is too strong to be able to bear it." He pointed out that the degree of activity must be mastered and not overwork. It can be seen that during the Tang Dynasty there were certain requirements for details such as exercise intensity.

2.3.2 The specific implementation of the therapy: During the treatment, Professor Fan emphasized that patients who are able to participate in physical activities require sufficient time for exercise. For obese T2DM patients with




exercise conditions, when their BMI does not meet the standard, Professor Fan usually uses two kilograms a week as the weight loss requirement, until the weight reaches the standard. Exercise methods can be adjusted according to the different ages and physical fitness of obese T2DM patients. Choose jogging, climbing, swimming, table tennis, aerobics, Tai Chi, etc. However, with enough time and intensity of exercise, the treatment of obese T2DM patients will be effective. Relevant studies have shown that 4 weeks of exercise can reduce pathological factors such as glycosylated hemoglobin and insulin resistance in obese people. For most patients, Professor Fan recommends the exercise form of striding and brisk walking. During the initial weight loss period, exercise for more than two hours a day and sweat slightly. Then the exercise duration can be adjusted according to the weight control situation, but the minimum exercise time is still more than 40 minutes per day to achieve the

exercise goal. Because it is a long-time and intense exercise, it is necessary to pay attention to the professionalism of sports equipment, especially sports shoes, and the preliminary warm-up activities during the exercise to avoid secondary injuries during the exercise.

3 summary

In the treatment of obese T2DM patients, in addition to traditional Chinese medicine treatment, combined with diet and exercise therapy is the best way to achieve the therapeutic effect. In clinical observation, weight loss can be used as an indicator to measure the effect of weight control.

references:(This article is selected from Lishizhen Medicine and Materia Medica, Volume 29, Issue 7, 2018. The authors are Guangzhou University of Traditional Chinese Medicine, Guizhou University of Traditional Chinese Medicine, and Guangdong Provincial Hospital of Traditional Chinese Medicine).


(上接第9页)

cause of disease, suggesting that diet and emotional factors play an important role in the occurrence and development of diabetes, which is consistent with Professor Lu's understanding of the cause of Xiao Ke Stage. The emphasis on the analysis of Xiao Ke Stage's "incurable" etiology also reflects Professor Lu Renhe's concept of focusing on prevention of diabetes treatment. The pathogenesis analysis of Xiao Ke Stage showed that in addition to the inherent deficiency of liver and kidney yin deficiency, the pathogenesis of damp-heat stasis, liver stagnation and heat transformation, gastrointestinal heat accumulation, yin deficiency and internal heat, restlessness and other pathologies are also prominent in this stage. Combined with the results of the disease location statistics, it is in line with Professor Lu Renhe's understanding of "two yang hot". The etiology statistics of Xiao Dan Stage show that the importance of aging body failure has increased significantly, which is consistent with the longer course of Xiao Dan Stage. Blood stasis blocking the collaterals is the most important pathogenesis of Xiao Dan Stage, which is consistent with Professor Lu Renhe's "Mini Church Hide" theory. In the disease position statistics, the importance of the heart and meridians has increased significantly, suggesting that Xiao Dan Stage's disease reaches the blood vessels, so

the five internal organs and the six orifices of the meridians can be affected. The whole is in line with Professor Lu's understanding of Xiao Dan. In short, the analysis of the etiology, pathogenesis, and location of the Spleen Dan, Xiao Ke, and Xiao Dan three clinical medical records shows that the analysis of the cause, pathogenesis, and location of the medical records of each phase is in good agreement with Lu Renhe. Professor Diabetes TCM staging theory is consistent. On the one hand, future research should accumulate more medical records. Increasing the number of cases can enhance the credibility of the statistical results; on the other hand, it can also study the symptoms and signs, syndromes, treatment rules and other factors of differentiation in medical records.

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范冠杰教授“动定序贯八法” 整体调治肥胖2型糖尿病经验

◎田梦源 范冠杰 冯惠燕

摘要：通过查阅国内外文献，结合范冠杰教授临床实践经验，对肥胖T2DM的治疗进行探讨。指出肥胖T2DM核心病机与饮食运动调节衡量指标，认为结合中医药辨治与饮食运动调节的整体治疗方案有效，且效果明显。

关键词：范冠杰；动定序贯八法；肥胖；2型糖尿病；饮食；运动

在祖国医学理论中，对于糖尿病与肥胖的关系其实早有论述《黄帝内经》有云：“肥贵人，膏粱之疾也”，“病名脾瘕，此肥美之所发也”，其人“必数食甘美而多肥也”。所谓脾瘕，涵括的就是现代的T2DM从发现胰岛素抵抗直至产生三多一少症状的这段病程，已明确脾瘕病因是过食甘美膏粱之品而致。清代名医喻嘉言谓之：“肥而且贵，醇酒厚味，孰为限量哉！久之食酿成内热，津液干涸，……，愈消愈渴，其高粱愈无已，而中消之病遂成矣。”更是确定肥人过食醇酒厚味能够引发消渴之病。单纯的药物治疗对于肥胖T2DM患者的治愈效果不是非常明显。

“两广名中医”范冠杰系广州中医药大学教授，博士研究生导师，广东省中医院主任医师，国家中医药管理局重点内分泌专科学术带头人，世界中医药学会联合会糖尿病专业委员会副会长，专攻糖尿病、肥胖等内分泌与代谢性疾病，取得较显著临床疗效，通过相关临床研究验证形成“动-定序贯八法”中医原创理论。他总结出来一套针对肥胖T2DM结合中医药辨治与饮食运动调节的整体治疗方案，行之有效。现将其辨治理论与临证经验介绍如下。

1运用动-定序贯思维方法认识肥胖T2DM核心病机

1.1 “动-定序贯”简单地说“动-定序贯”就是一种可用来指导现代中医临床实践的思维方法。其创

立者范冠杰教授先后拜吕仁和、王永炎、熊曼琪教授为师，在立足经典，融会贯通各师所长的基础上，结合三因制宜所形成的临床思维模式。其根据各种临床症状观察疾病在某一阶段的规律性，并从医疗实践中不断丰富中医对药物、病因病机、辨证规律及治法方药的认识。“动”是指在不断变化的全球大环境中，各种疾病病情表现与对应医药手段需不断灵活变化，不以固定不变的思维对待现有疾病的动态思辨习。

“定”是指治疗过程中遵照固定不变的疾病发展规律与用药疗效，一切以达到治疗效果为最终目的的原则；序贯指的是贯穿整个疾病发展全程的持续性。也就是说，动定序贯的整体思维是以达到治疗目的而不断刷新原有固定模式，从总体上把握人体疾病的内部规律发展，在整体疾病过程中不固守陈规采取治疗方法，从而达到治疗疾病效果的临床思维。

1.2肥胖T2DM核心病机多是痰浊瘀滞，湿热郁蕴范教授认为，因为现代血糖监控技术的先进并且有各种形式降糖药物，所以目前临床上多见的T2DM患者并没有“三多一少”症状，更多是表现在检测指标不正常与自身一些不适上，比如血糖值升高，C肽功能失调，失眠，眼部不适等。但大部分的T2DM患者都伴见有肥胖症状。因临床病情复杂，症状多样，证候互相交叉，鉴别相关证型比较困难，故范师总结整理出T2DM常见以“湿热内阻”“气阴两虚”等为主的八种常见证型。不同证型有对应核心症状，可以通过患者的症状、体征、舌脉等首先把握疾病核心症状，

从而确定核心病机。当具体临证时要根据患者具体情况鉴别核心症状，确定核心病机，不一定光有两种证型，还可能更多其它各个病机相互夹杂的形式。在范教授长期临床中发现，肥胖T2DM多见是因患者体内“痰浊淤滞，湿热郁蕴”引发八法辩证中的“湿热内阻”，“气阴两虚”两种证型。其中的气阴两虚证型核心症状多见为低热，倦怠乏力，口干，脉沉细；湿热内阻证型核心症状多为脘腹痞满，便塘，苔黄腻，脉滑数。辨别其证型对应使用相应药串配合饮食运动治疗，能够达到较为明显的治疗效果。

2运用动-定序贯八法整体调治肥胖T2DM

2.1对证运用药串治疗 范师惯于对应疾病的不同证型基础上施以不同药串加减施治。肥胖T2DM常见的“湿热内阻”、“气阴两虚”证型对应多使用清利湿热，益气养阴药串配合布渣叶进行辨证治疗。清热利湿药串由苍术10g，黄柏10-15g，薏苡仁20-30g，绵茵陈15-30g组成。益气养阴药串用北黄芪15-30g，生地黄15-30g，地骨皮15-30g组成。布渣叶的常规用量为20-45g。具体需结合患者的具体情况加以配合其他中药进行调理，如有脉结代，舌下络脉瘀滞严重者加莪术三棱，伴情绪不佳肝气郁结者加柴胡白芍等。临床过程中发现，中医药治疗加上饮食调摄与运动配合控制体重，对于肥胖T2DM的治疗有明显缩短用药时间，能更快改善胰岛功能的效果。需注意的是，中医药临床强调根据患者具体症状辨析疾病证型，再根据不同证型对应使用中药治疗，所以，具体临证时必须因人而治。虽在我们的发现当中肥胖T2DM患者多以“湿热内阻”、“气阴两虚”证型多见，但不意味着肥胖T2DM患者只有这两种证型，具体用药方案需根据患者实际情况进行调整。

2.2饮食调摄范师在肥胖T2DM的治疗过程中非常强调饮食调摄的重要性。因某些患者工作与其他特殊性不便开展运动治疗，故饮食调摄在其体重控制过程中有着不可替代的作用。

2.2.1适合饮食调摄人群 现在国际体重衡量还

是以身体质量指数(Body Mass Index, BMI)为标准，计算公式=体重(kg)。当肥胖T2DM患者临床就诊时，多先以此标准测算患者的肥胖程度后，根据情况严重不同开不同的饮食调摄医嘱。需要注意的是，按照世界卫生组织的标准，亚洲与欧美的BMI标准不一样，亚洲地区BMI在23-24.9视为过重，超过25算肥胖。一般情况下，为有助于后续治疗，在用药前三个月内需把体重控制恢复至标准体重。这部分患者多需饮食控制，单纯运动疗法减重效果不太理想。最近公布的一项关于糖尿病的研究显示，通过低热量饮食减重后，可成功逆转大部分T2DM患者，其病情的缓解程度与体重减量数紧密相关，体重减重越多，病情越有可能得到缓解

2.2.2饮食调摄具体实施 饮食上热量摄入要求严格，一般选择通过减少脂质，糖类的摄入量而减少摄入热量，但也不减少其他营养素摄入的低热量饮食方式(LCD)。按照中国低热量饮食标准，摄入能量较正常自由进食的能量少30%-50%。早晚多以果蔬素食为主，中午120g米饭或者相当130kJ热量的主食，再搭配少量蔬菜肉类即可。如因特殊情况不能搭配运动治疗的患者，饮食调摄要求更为严格，但建议加强控制饮食者，需在营养师的意见下进行，不可盲目节食导致病情反而加重。在减食过程中，患者若有强烈饥饿感，饮用中药汤剂或水均可。据大多患者反映，进行减食的前三天较难适应，坚持三天以上者在中药作用下，基本对清淡饮食适应，能坚持饮食控制。整体治疗后期的持续充足运动时间也是重点，饮食可根据胰岛功能改善情况或者身体需求适当增加鱼肉，牛肉，鸡蛋等高蛋白低脂肪的食物以补充能量。当血糖与胰岛功能调整正常随访检查正常一年后，可逐渐加量饮食直至正常。

2.3运动疗法

2.3.1运动疗法源流《吕氏春秋》中有云：“流水不腐，户枢不蠹，形气亦然，形不动则精不流，精不流则气郁。”说的是流动着的水不会腐烂，经常转动着的门轴不会被虫蛀咬，这都是由于物体在不断运动的原因。（下转第64页）

Analysis of Li Saimei's Experience in Treating Diabetes with "Yang Deficiency and Yang Hyperactivity" Syndrome

© Liu Qiong Supervisor: Li Saimei

Abstract: Professor Li Saimei believes that the syndrome of Yang deficiency and Yang hyperactivity is a common syndrome of Diabetes. The treatment of damp-heat, soothing liver qi, and invigorating the spleen and kidney can make some Xiao Ke patients stop using western medicine and gradually change to traditional Chinese medicine. It opens up new ideas for the control of Xiao Ke disease by Chinese medicine.

Keywords: Xiao Ke type 2 diabetes mellitus Yang deficiency Yang hyperactivity Famous doctor's experience Li Saimei

Li Saimei (1960–), female, famous traditional Chinese medicine doctor in Guangdong Province, second-level professor of Guangzhou University of Chinese Medicine, chief physician, doctoral tutor, and instructor for the sixth batch of national old Chinese medicine experts to inherit academic experience. Academic leader of the national key disciplines of TCM clinical basic disciplines, the leader of the key disciplines of the State Administration of Traditional Chinese Medicine on Febrile Diseases, the national model teacher, and the first batch of "outstanding TCM clinical talents" in China. Engaged in classical Chinese medicine clinical theoretical teaching and clinical research for more than 30 years. He is good at using Jingfang to treat diabetes, hyperthyroidism and intractable diseases. He presided over the "National Jingfang Class" and became a well-known continuing education brand project at home and abroad. Advocate the use of pure Chinese medicine to treat early type 2 diabetes, and gradually stop the drug.

Yin deficiency is the root, dryness and heat as the target is the common pathogenesis of diabetes, namely yin deficiency and yang hyperactivity. With the development of the disease, especially when the patient has damage to target organs such as heart, brain, kidney, eye, and nerve, it shows both afraid of cold and heat, coldness, cold limbs, numbness of the limbs and other symptoms of yang deficiency, coldness, dry mouth, bitter mouth, pale red tongue, yellow and greasy coating, and other damp-heat or aggressive symptoms, Professor Li thinks this It is because the whole body of the patient with Xiao Ke disease is in a state of depletion, and the local manifestation of fire toxin hyperactivity, from "yang micro-junction"

to a clinical manifestation of "yang deficiency and yang hyperactivity" syndrome, probably due to yang deficiency and inability to promote the circulation of qi and blood, Qi does not disturb fluid, but gathers to become wet, Yang qi stagnates, depression to heat, and heat toxins accumulate. Therefore, the patient is afraid of cold and heat.

Yin deficiency and Yang hyperactivity, Yang deficiency and Yang hyperactivity are two common syndrome types of diabetes. Yang Deficiency and Yang Hyperactivity Syndrome is a summary of the pathogenesis of Xiao Ke's disease in the middle and late stages of cold and heat, which is a combination of lower deficiency and cold and upper damp heat. "Suwen · Tiaojing Theory" says: "Some fatigue, less physical and qi decline, food Qi is not strong, upper coke is not good, lower stomach is blocked, stomach qi is hot, and heat smokes in the chest, so internal heat."

In modern medicine, complications such as diabetic foot, diabetic retinopathy, and diabetic macrovascular disease that are secondary to progressive diabetic lesions are also caused by hyperglycemia and hyperlipidemia (internal injury of the spleen and stomach, Yin fire aggressive) caused by abnormal metabolism. Glucose toxicity and lipotoxicity (hide fire in the blood, turbid blood stasis to cause toxin) cause many changes. This pathological process can also be understood from the theory of hiding fire in the blood, turbid blood stasis and phlegm, and poisoning blood collaterals.

For these patients with Yang deficiency and Yang hyperactivity, Professor Li uses three methods to treat:

1 Yang deficiency and yang hyperactivity are present

simultaneously.

To clear up the heat and toxins, warm the Xia Jiao deficiency and cold. Zheng Qin'an pointed out in "The True Biography of Medical Principles": "Xiao syndrome was born in the wind wood of Jueyin, the main qi, covered by Jueyin down the water and fired up, the wind and fire instigated each other, which gave birth to the various diseases of Xiao Ke." Liver–yang deficiency, Xian fire rises. Therefore, the sour plum is used to restrain the liver qi, the pungent dried ginger, aconite, asarum, cassia twig warms the liver yang, the sweet angelica nourishes the liver and blood, ginseng nourishes the liver qi and calms the mind, and the bitter coptis and phellodendron are both clear Fire, five flavors are available, cold and heat are used together, acid can converge, pungent can diverge, bitterness can reduce ejaculation, sweet can nourish, sour and sweeten for yin, pungent sweetness for yang, rise and fall balance each other, disperse has harvest, yin and yang depend on each other, and Yang birth and Yin growth, to help Shaoyang spring up. Modern related pharmacological studies of Wumei Pills show that Wumei Pills can not only prevent the destruction of alloxan and repair the damaged pancreatic β cells, thereby increasing the body's insulin level, but also may be achieved by increasing the utilization of glucose by peripheral tissues and other comprehensive effects for hypoglycemic. Professor Li often used Wumei pills to treat diabetes patients with Yang deficiency and Yang hyperactivity syndrome and patients with chronic fatigue syndrome, and achieved good results.

2. Yang hyperactivity is greater than Yang deficiency.

Yang hyperactivity is mainly manifested as the main clinical symptoms such as dry mouth and bitterness, dry stool, yellow and greasy tongue coating, fear of heat, etc. In the treatment of Diabetes, Professor Li adhered to the principle of "lowering blood sugar not far from cold" and "strengthening liver, spleen and kidney". Commonly used Huanglian Ejiao Decoction, Gegen Qinlian Decoction, Taohe Chengqi Decoction, Rhubarb Huanglian Xiexin Decoction, Wendan Decoction, Sanren Decoction, Yinchenhao Decoction, Ganlu Weidan and other prescriptions or combination of prescriptions to treat the damp–heat syndrome. Because of its depressed heat, the fire is about to disperse, add the products for dispersing the

fire, such as Dachaihu Decoction, Xiao Chaihu Decoction, Sini San, Chaihu Guizhi Ganjiang Decoction, Chaihu Jia longmu Decoction, Chaihu Guizhi Decoction, etc. Dachaihu Decoction uses ginseng and licorice to help the internal weakness. Just as Wu Qian said in Volume 8 of "The Golden Mirror of Medical Zong · Extension and Supplement of Famous Medical Prescriptions": "The Chaihu syndrome is present, and there is also the inside, so the two solutions of Shaoyang are also established. Those who use Xiaochaihu Decoction with Citrus aurantium and Peony, for release exterior and balance interior. remove Ginseng and licorice for no deficiency interior. add a little rhubarb, to reduce heat. double ginger for vomiting. Bupleurum gets double ginger, which is the best solution for half exterior. Trifoliate orange and peony get little rhubarb, which has the effect of attacking half interior. Although purge, it also neutralizes purge. The evil of dampness and heat can easily hinder the circulation of qi and blood, so more activating blood prescriptions such as Taohe Chengqi Decoction, Guizhi plus Shaoyao Decoction, and Danggui Shaoyao San are added to promote blood circulation and clear collaterals. The method of dispelling dampness and lowering fire, invigorating stagnation and promoting blood circulation is to calm Yang hyperactivity, and to replenish the liver, spleen and kidney, so as to induce fire and return to the origin.

3. Yang deficiency prevails over Yang hyperactivity.

Deficiency of Yang Qi promotes blood circulation. The main clinical manifestations of patients are chills with cold limbs, thirst for warm drinking, sore waist and knees, blurred vision, and loose urine. Long–term illness must be deficient. Professor Li believes that diabetes is mainly caused by deficiency of lung, spleen, liver, and kidney. Upper Xiao, middle Xiao, and lower Xiao are all fired by yin deficiency. Over time, yin will damage yang and yang deficiency will appear. Deficiency replenishes the child, and the child replenishes the mother, the liver and kidney are homologous, so the liver and kidney can nourish the lung and the spleen. Professor Li pays more attention to invigorating the liver, spleen and kidney yang, and often uses Jinkuishenqi Pills, Kidney Siwei, Zhenwu Decoction, Fuzi Lizhong Pill, and Fuzi Decoction. And in line with the principle of "qi and blood circulation is precious", Huangqi Guizhi Wuwu Decoction and Danggui Sini Decoction are often added to invigorate Qi and activate blood.

Among the three types of Yang deficiency and Yang hyperactivity syndromes, for long-term disease, blood stasis and depression are necessary for chronic disease, so products for promoting blood circulation and regulating qi and products for soothing liver and regulating qi can be added. As Zhao Yuhuang said: "The liver is anxious and angry, its qi goes up and goes smoothly, when it goes down, it will be depressed, and if it is depression, it will be hot, and all diseases are coming. Through promoting blood circulation to relieve depression, to circulate qi and blood, qi and blood can improve dampness and evil will hardly gather, and dampness will not hurt yang, and yang will "nourish the mind with essence and nourish muscles with softness". The symptoms of chills, cold limbs, and numbness were relieved.

Professor Li believes that the onset of diabetes has undergone three stages: accumulation of heat toxins, insufficient Yang stagnation, and loss of spleen and kidneys. In the middle and late stages of Diabetes disease, the cold and heat of "yang deficiency and yang hyperactivity" are mixed, deficiency and excess are mixed, and the external and internal diseases are the same. Yin and Yang are against chaos. In the treatment, due to the difference of partial qi stagnation, blood stasis, phlegm and dampness, pay attention to the differentiation of symptoms during the clinical trial, and the disease will stop. The treatment method is to remove dampness and heat stasis, relieve liver qi, and warm the spleen and kidney to achieve good therapeutic effects. , So that many patients can gradually stop the drug, for the Chinese medicine to create a precedent in the treatment of diabetes.

4. Typical medical records.

The patient, female, 63 years old, was first diagnosed on April 22, 2017. Main complaint: easy hunger and polyphagia with weight loss for one year. The patient is a type 2 diabetic. He usually takes 0.5 mg of metformin tablets three times a day, and 50 mg acarbose three times a day. The blood sugar can be controlled and the fasting blood sugar is 5.5–6mmol/L. He has a history of hypertension and hyperlipidemia for more than 7 years. He has been treated with oral candesartan and Lipitor, and his blood pressure and lipids can be controlled. The patient wants to control blood sugar with Chinese medicine, so he comes to the clinic. Instant diagnosis: easy to hungry and excessive food,

stomach distending and stuffiness, occasionally dry mouth, bitter mouth, blurred vision, dryness, appetite, dreams and easy awakening, skin pruritus, nasal congestion, sneezing and runny nose in the morning, stool adjustment , Small. The tongue is pale, the fur is white and greasy, the left pulse string is thin, and the right pulse is slippery. Height: 150CM, Weight: 44KG, Abdomen: 83CM, Hip: 87CM. Blood pressure: 137/63mmHg, HR: 67 beats/min. Diagnosed as (Xiao Ke) Diabetes, the dialectical is a mixture of cold and heat, Yang deficiency and Yang hyperactivity. The treatment is to soothe the liver and regulate qi, replenish spleen and kidney. Prescription: Beibuhu 10g, Scutellaria baicalensis 10g, Faxia 10g, Codonopsis 30g, Black Date 10g, Roasted Licorice 6g, Cinnamon Twig 10g, White Peony Root 10g, Xinyi 10g, Kochia scoparia 15g, White Fresh Bark 15g, Perilla Stem 10g, 15g psoralen, 15g dodder, 30g epimedium, 15g medlar. 10 doses, decocted in water, one dose per day.

In the second consultation on August 16, 2017, FBG: 6.19 mmol/L, glucose tolerance test (OGTT): 6.12–8.17–10.81–10.49–8.15 mmol/L, insulin release test (INS): 4.05–17.37–31.21–39.71–38.95 mU/L, glycosylated hemoglobin (HbA1c): 6.2%, take the first dose of the upper dose and go to the toilet 5 times, watery stools, the later symptoms are resolved. Blurred vision, congested nose, sneezing and runny nose in the morning, occasionally coughing a small amount of yellow and sticky sputum, aggravated by eating fried food, no dry mouth, no bitterness, no sweat, narciness, dreaminess, urine and stool are normal, pale tongue Red, coating thin and white, pulse thread rapid. Blood pressure: 139/78mmHg, heart rate: 72 beats/min. Height: 150CM; Weight: 45KG; Abdomen: 77CM, Hip: 80CM. The patient's blood sugar can be controlled, and metformin and acarbose are suspended. Take Chinese medicine and proprietary Chinese medicine to control blood sugar. Prescription: Roasted licorice 6g, Codonopsis 30g, bran-fried Baizhu 15g, dried ginger 10g, skullcap 10g, coptis 10g, poria cocos 20g, trichosanthes 15g, corn silk 30g, kudzu root 60g, angelica 15g, chuanxiong 15g, cooked rehmannia 20g, red yeast rice 10g , Epimedium 30g, Amomum villosum 6g (after the next), 10 doses, decocted in water, one dose every three days. Chinese patent medicine: 4 tablets of Jinkui Shenqi tablets, orally twice a day, 3 tablets of berberine hydrochloride, orally three times a day, 8 tablets of Jiangtang Sanhuang tablets, orally three times a day.

The third visit on September 6, 2017 and the fourth visit on November 18, 2017. The patient will be reviewed every two to three months. OGTT: 6.29–8.10–9.18–8.49–6.69 mmol/L, INS: 5.44–19.74–25.93–38.04–30.06mU/L, HbA1c: 6.3%, sometimes dry stools, the rest have no special discomfort, pale tongue, yellow thick greasy coating, smooth pulse. The patient took Chinese medicine and Chinese patent medicine for half a year, the glucose tolerance test, insulin release was stable, and the blood sugar lowering Chinese patent medicine was reduced to twice a day. Prescription: Raw Rehmannia 20g, Raw Rhubarb 10g, Coptis 10g, Scrophulariae 15g, Peach Kernel 10g, Faxia 10g, Ophiopogon 30g, Platycodon grandiflorum 10g, Xianling Pi 30g, Beiqi 30g, Trichoderma 30g, Spring Amomum villosum 6g Bottom), red yeast rice 10g, 10 doses, decocted in water, one dose every three days.

Five consultations on January 27, 2018, six consultations on April 21, OGTT: 5.71–8.42–10.05–8.22–6.00 mmol/L, INS: 4.99–20.04–39.67–36.24–30.06 mU/L, HbA1c: 6.3–6.5%, patients with appetite, hard stools, dreams, occasional bitter mouth, drinking warm water, catching a cold for the past week, occasionally sneezing, fatigue, red tongue, greasy coating, thin pulse. Suspended taking Jinkui Shenqi Tablets due to a cold, and took 4 Jinkui Shenqi Tablets after the cold was cured, orally twice a day, 3 berberine hydrochloride tablets, orally twice a day, 8 Jiangtang Sanhuang tablets, Orally twice a day. Prescription: Beibuhu 10g, Scutellaria baicalensis 15g, Faxia 10g, Red Ginseng 10g, Black Date 15g, Licorice 6g, Forsythia 15g, Fritillaria 10g, Scrophulariaceae 15g, Silkworm 10g, Polygonum cuspidatum 30g, Weeping Grass 30g, Schisandra 10g, red peony 20g, turmeric 15g, Gallus gallus domesticus 15g, 10 doses, decocted in water, one dose every three days.


Seven consultations on June 14, 2018, eight consultations on September 1, and October 13, 2018.

OGTT: 6.21–12.96–9.94–6.64–3.58 mmol/L, INS: 6.22–39.75–54.01–29.94–7.60 mU/L, HbA1c: 6.4%–6.6%, total cholesterol (CHOL): 6.28–6.92mmol/L, Low-density lipoprotein (LDL-C): 4.36 mmol/L, alanine aminotransferase (ALT): 50 u/L, after taking the upper part, the stool and defecation improved, the dry mouth and the bitter mouth improved, the morning runny nose, no coughing and swallowing pain. Yellow sputum, headache at night, nausea, dreaminess, stool 1–2 times a day, urination,

dry and blurred vision, pale red tongue, white coating, thick and greasy coating, sinking pulse. BP: 145/70mmHg, HR: 73 beats/min. The patient took Chinese patent medicine twice a day for one year. The glucose tolerance test and insulin release were stable. Now the Chinese patent medicine is stopped. Continue to use traditional Chinese medicine control, prescription: Beibuihu 10g, Scutellaria baicalensis 10g, Faxia 10g, Codonopsis 30g, Black date 15g, Moxibustion licorice 10g, Cassia twig 10g, White peony 20g, Chinese wolfberry 10g, Denim flower 10g, Polygalaceae 10g, Dannanxing 10g, keel 20g, oyster 20g, Xinyi 10g, dried ginger 10g. Decoction in water, one dose every three days.

Ten consultations on November 10, 2018, 11 consultations on January 5, 2019, 12 consultations on February 16, 2019, 13 consultations on March 16, 2019, 14 consultations on June 22, 2019, patients Follow up every two to three months. He has stopped hypoglycemic western medicine for two years, stopped hypoglycemic Chinese patent medicine for August, and now takes a pack of decoction for three days for conditioning, check FBG: 6.1–6.4mmol/L.

Note: This patient is a type 2 diabetic patient. Although the onset time is short, but the body has a deficiency of yang, it belongs to the syndrome of yang deficiency and yang hyperactivity caused by a mixture of cold and heat. During the two years of treatment, after discontinuing hypoglycemic drugs, Chinese medicine combined with commercial herb products was used. Professor Li used Chaihu Guizhi Decoction, Sini Decoction, Gegen Decoction, etc. to clear up damp-heat, relieve qi, and combine with Guifu Rehmannia pill warms the kidney and yang, and adds epimedium, medlar, psoralen, and dodder to nourish the kidney. The patient's glucose tolerance and insulin level can remain normal. After one year, he can stop and gradually stop using the hypoglycemic Chinese patent medicine, and take a pack of decoctions for three days. It is suggested that under the overall regulation of the syndrome of "yang deficiency and yang hyperactivity" with mixed cold and heat, under the overall regulation of removing dampness, smoothing qi, and invigorating the liver and kidney, the patient's blood sugar can be restored to normal, and the yin and yang can be suppressed, so the drug can be stopped.

Reference omitted. 

李赛美治疗“阳虚阳亢”证消渴病经验浅析

◎刘琼 指导：李赛美

摘要：李赛美教授认为，阳虚阳亢证是消渴病常见的证型，采用祛湿热、舒肝气、补脾肾的治疗大法，可使部分消渴病人停用西药，逐步改为中药及中成药控制，甚至完全停药，为中医药控制消渴病开辟出新的思路。

关键词：消渴；2型糖尿病；阳虚阳亢；名医经验 李赛美

李赛美（1960-），女，广东省名中医，广州中医药大学二级教授，主任医师，博士研究生导师，第六批全国老中医药专家学术经验继承工作指导老师。国家重点学科中医临床基础学科学术带头人，国家中医药管理局重点学科伤寒论学科带头人，全国模范教师，全国首批“优秀中医临床人才”。从事中医临床经典理论教学与临床研究30余年，擅长运用经方辨治糖尿病、甲亢及疑难病症；主持“全国经方班”成为享誉海内外继续教育品牌项目。倡导用纯中医治疗早期2型糖尿病，并逐渐停药。

阴虚为本，燥热为标是糖尿病常见的病机，即阳虚阳亢，随着病程的发展，特别是病人出现心、脑、肾、眼、神经等靶器官的损害时，表现出既怕冷又怕热，出现畏寒、肢冷肢麻等阳虚寒凝的表现，还会出现口干口苦，舌淡红，苔黄腻等湿热或火毒亢奋的表现，李教授认为这是由于消渴病患者全身处于虚损状态，而局部表现火毒亢奋状态，由“阳微结”继而发展成为“阳虚阳亢”证的临床表现，概因阳虚无力推动气血的运行，气不布津，聚而为湿，阳气郁结，郁而为热，热毒积聚，故而出现病人既怕冷又怕热的“阳虚阳亢”证。

阴虚阳亢、阳虚阳亢是糖尿病常见的两种证型。阳虚阳亢证是消渴病中晚期出现下虚寒上湿热的寒热错杂、虚实夹杂病机的概括。《素问·调经论》云：“有所劳倦，形气衰少，谷气不盛，上焦不行，下脘不通，胃气热，热气熏胸中，故内热。”现代医学

中糖尿病进展性病变继发的糖尿病足、糖尿病视网膜病变、糖尿病大血管病变等并发症也是由于机体代谢失常所致高血糖、高血脂（脾胃内伤，元气亏虚，阴火鸱张）所产生的糖毒性与脂毒性（血中伏火，浊瘀酿毒）而导致诸多变症，这一病理过程也可从血中伏火，浊瘀酿痰，毒损血络理论来认识。

对于这部分阳虚阳亢证的病人，李教授采用三种方法来治疗：

1.阳虚与阳亢并重

清上亢之热毒，温下焦之虚寒。郑钦安在《医理真传》中指出：“消证生于厥阴风木主气，盖以厥阴下水而上火，风火相煽，故生消渴诸症”。肝阳大虚，相火上浮。故重用味酸之乌梅敛肝气，味辛之干姜、附子、细辛、桂枝暖肝阳，味甘之当归补肝血，人参补肝气兼安神定志，味苦之黄连、黄柏兼清相火，五味具备，寒热并用，酸能收敛，辛可发散，苦能降泄，甘能补缓，酸甘化阴，辛甘化阳，升降相因，散中有收，阴阳相依，阳生阴长，以助少阳春升之气。乌梅丸现代相关药理研究表明乌梅丸不仅可以阻止四氧嘧啶破坏、并修复已损伤的胰岛β细胞，从而提高机体胰岛素水平，而且可能通过增加外周组织对葡萄糖的利用等多方面的综合作用而实现降糖。李教授常用乌梅丸治疗糖尿病阳虚阳亢证患者及慢性疲劳综合症患者，取得良好效果。

2. 阳亢盛于阳虚

阳亢主要表现为以湿热亢盛等标实证为主要临床症状，如口干口苦多饮，大便干结，舌苔黄腻，怕热等表现。李教授在治疗消渴病的过程中本着“降糖不远寒”、“扶正重肝脾肾”的标本兼顾原则。常用黄连阿胶汤、葛根芩连汤、桃核承气汤加减、大黄黄连泻心汤、温胆汤、三仁汤、茵陈蒿汤、甘露消毒丹等方或合方以治其湿热证。因其郁热，火欲散之，加用开郁散火之品，如大柴胡汤、小柴胡汤、四逆散、柴胡桂枝干姜汤、柴胡加龙牡汤、柴胡桂枝汤等加减。大柴胡汤不去人参、甘草，因其里虚故也。正如吴谦在《医宗金鉴·删补名医方论》卷8所云：“柴胡证在，又复有里，故立少阳两解法也。以小柴胡汤加枳实、芍药者，仍解其外以和其内也。去参、草者，以里不虚。少加大黄，以泻结热。倍生姜者，因呕不止也。斯方也，柴胡得生姜之倍，解半表之功捷。枳、芍得大黄之少，攻半里之效徐，虽云下之，亦下中之和剂也。”湿热之邪易阻碍气血运行，故多加活血方如桃核承气汤、桂枝加芍药汤、当归芍药散等以活血通络。通过祛湿降火，开郁活血的方法以平阳亢，并兼顾补益肝脾肾，以引火归元。

3. 阳虚盛于阳亢

阳气虚无力推动血脉运行，病人以畏寒肢冷，渴欲饮暖，腰膝酸软，视物模糊，尿多便溏为主要临床表现。久病必虚，李教授认为消渴病以肺、脾、肝、肾亏虚为主，上消、中消、下消皆因阴虚而火旺，日久阴损及阳，出现阳虚的表现。虚则补其子，子令母实，肝肾同源，故补肝肾能养肺健脾，李教授临证多注重补肝脾肾阳气，常用金匱肾气丸、肾四味、真武汤、附子理中丸、附子汤加减。并本着“气血贵流通”的原则，常加黄芪桂枝五物汤、当归四逆汤以补气活血。

在这三种阳虚阳亢证中，因久病必瘀，久病必

郁，故均可加用活血理气之品及疏肝理气之品。正如赵羽皇所云：“盖肝性急而善怒，其气上行则顺，下行则郁，郁则火动，而诸病生矣”[5]。通过活血舒郁，以流通气血，气血通利则湿邪难聚，湿不伤阳气，则阳气“精则养神，柔则养筋”。畏寒、肢冷、肢麻等症状遂得以缓解。

李教授认为糖尿病的发病过程经历了热毒积聚、阳郁不达、脾肾亏损三个阶段，消渴病中晚期多呈现“阳虚阳亢”的寒热错杂，虚实夹杂，表里同病的阴阳逆乱局面。在治疗时因偏气郁、血瘀、夹痰夹湿的不同，临证时注意辨证侧重，中病即止，采用祛湿热瘀结，舒畅肝气，温补脾肾为治疗大法，取得良好的治疗效果，令许多患者能逐步停药，为中医药在消渴病的治疗道路上开创了先河。

4. 典型医案

患者，女，63岁，2017年4月22日初诊。主诉：易饥多食伴消瘦一年。患者为2型糖尿病人，平素口服二甲双胍片0.5mg，一日三次，阿卡波糖50mg，一日三次，血糖控制可，空腹血糖在5.5-6mmol/L。既往有高血压病、高脂血症史7年余，口服坎地沙坦、立普妥治疗，血压血脂控制可。患者希望通过中药控制血糖，故来门诊就诊。刻诊：易饥多食，胃脘胀闷，偶有口干口苦，视物模糊、干涩，胃纳可，多梦易醒，皮肤瘙痒，遇寒鼻塞，晨起喷嚏流涕，大便调，小便可。舌淡暗，苔白腻，左脉弦细，右脉滑。身高：150CM，体重：44KG，腹围：83CM，臀围87CM。血压：137/63mmHg，HR:67次/分。诊断为消渴病，辨证属寒热错杂，阳虚阳亢。治以疏肝理气，补益脾肾。处方：北柴胡10g，黄芩10g，法夏10g，党参30g，黑枣10g，炙甘草6g，桂枝10g，白芍10g，辛夷10g，地肤子15g，白鲜皮15g，紫苏梗10g，补骨脂15g，菟丝子15g，淫羊藿30g，枸杞子15g。10剂，水煎服，每日一剂。

2017年8月16日二诊，查FBG:6.19 mmol/L，糖耐量试验（OGTT）：6.12-8.17-10.81-10.49-8.15mmol/L

L, 胰岛素释放试验 (INS): 4.05-17.37-31.21-39.71-38.95 mU/L, 糖化血红蛋白 (HbA1c): 6.2%, 服上方首剂如厕5次, 水样便, 后诸症向愈。视物模糊, 遇寒鼻塞, 晨起喷嚏流涕, 偶咳少量黄粘痰, 食煎炸食物加重, 无口干口苦, 无汗, 纳可, 多梦, 二便调, 舌淡红, 苔薄白, 脉细数。血压: 139/78mmHg, 心率: 72次/分。身高: 150CM; 体重: 45KG; 腹围: 77CM, 臀围80CM。患者血糖控制可, 暂停二甲双胍、阿卡波糖。服中药及中成药控制血糖。处方: 炙甘草6g, 党参30g, 麸炒白术15g, 干姜10g, 黄芩10g, 黄连10g, 茯苓20g, 天花粉15g, 玉米须30g, 葛根60g, 当归15g, 川芎15g, 熟地黄20g, 红曲10g, 淫羊藿30g, 砂仁6g (后下), 10剂, 水煎服, 三日一剂。中成药: 金匱肾气片 4片, 一日两次口服, 盐酸小檗碱 3片, 一日三次口服, 降糖三黄片8片, 一日三次口服。

2017年9月6日三诊, 11月18日四诊, 患者每二至三个月复诊一次, 查OGTT: 6.29-8.10-9.18-8.49-6.69 mmol/L, INS: 5.44-19.74-25.93-38.04-30.06mU/L, HbA1c: 6.3%, 时有大便干结, 其余无特殊不适, 舌淡苔黄厚腻, 脉细滑。患者服中药及中成药半年, 糖耐量试验、胰岛素释放平稳, 降糖中成药减为一日二次。处方: 生地20g, 生大黄10g, 黄连10g, 玄参15g, 桃仁10g, 法夏10g, 麦冬30g, 桔梗10g, 仙灵脾30g, 北芪30g, 瓜蒌子30g, 春砂仁6g (后下), 红曲10g, 10剂, 水煎服, 三日一剂。

2018年1月27日五诊, 4月21日六诊, 查OGTT: 5.71-8.42-10.05-8.22-6.00 mmol/L, INS: 4.99-20.04-39.67-36.24-30.06 mU/L, HbA1c: 6.3-6.5%, 患者胃纳可, 大便偏硬, 多梦, 偶有口苦, 多饮温水, 近一周感冒, 偶打喷嚏, 乏力, 舌红苔白腻, 脉弦细。因患者感冒暂停口服金匱肾气片, 待感冒愈后再服金匱肾气片 4片, 一日两次口服, 盐酸小檗碱 3片, 一日两次口服, 降糖三黄片8片, 一日两次口服。处方: 北柴胡10g, 黄芩15g, 法夏10g, 红参10g, 黑枣15g, 甘草6g, 连翘15g, 浙贝母10g, 玄参15g, 僵蚕10g, 虎杖30g, 垂盆草30g, 五味子10g, 赤芍20g,


郁金15g, 鸡内金15g, 10剂, 水煎服, 三日一剂。

2018年6月14日七诊, 9月1日八诊, 10月13日诊, OGTT: 6.21-12.96-9.94-6.64-3.58 mmol/L, INS: 6.22-39.75-54.01-29.94-7.60 mU/L, HbA1c: 6.4%-6.6%, 总胆固醇 (CHOL): 6.28-6.92mmol/L, 低密度脂蛋白 (LDL-C): 4.36 mmol/L, 谷丙转氨酶 (ALT): 50 u/L, 服上方后大便排便好转, 口干口苦好转, 晨起流黄涕, 无咳嗽咽痛。痰黄, 夜间头痛, 纳可, 多梦, 大便日1-2次, 小便调, 视物干涩模糊, 舌淡红, 苔白厚腻, 脉沉弦。BP: 145/70mmHg, HR: 73次/分。患者服中成药一日两次服用一年, 糖耐量试验、胰岛素释放平稳, 现停中成药。继续用中药控制, 处方: 北柴胡10g, 黄芩10g, 法夏10g, 党参30g, 黑枣15g, 炙甘草10g, 桂枝10g, 白芍20g, 枸杞子10g, 密蒙花10g, 制远志10g, 胆南星10g, 龙骨20g, 牡蛎20g, 辛夷10g, 干姜10g。水煎服, 三日一剂。

2018年11月10日十诊, 2019年1月5日十一诊, 2019年2月16日十二诊, 2019年3月16日十三诊, 2019年6月22日十四诊, 患者每二至三月复诊一次, 已停降糖西药两年, 停降糖中成药八月, 现服汤药三日一包调理, 查FBG: 6.1-6.4mmol/L。

按: 该患者为2型糖尿病患者, 虽发病时间短, 但素体阳虚, 属寒热错杂之阳虚阳亢证。在治疗的二年中, 停用降糖西药后采用中药配合中成药治疗, 李教授用柴胡桂枝汤、四逆汤、葛根汤等方加减以清利湿热、疏理气机, 并合桂附地黄丸以温补肾阳, 加用淫羊藿、枸杞子、补骨脂、菟丝子等四味补肾之阴阳。患者糖耐量、胰岛素水平能保持正常, 一年后能停逐渐停用降糖中成药, 服汤药三日一包调理, 患者糖耐量、胰岛素水平仍能保持稳定, 提示寒热错杂的“阳虚阳亢”证患者在祛湿邪, 畅气机, 补肝肾的整体调节下, 患者血糖能得以恢复正常, 阴平阳秘, 故能停药。

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4 cases of Liang Pingmao's treatment of diabetes complications

©Liu Qian Supervisor: Liang Pingmao

Abstract: Introduce four medical records of Professor Liang Pingmao's treatment of type 2 diabetes complicated with gastrointestinal autonomic dysfunction, arterial occlusive disease of the lower extremities, peripheral neuropathy, and mental disorders, and analyze their characteristics of differentiation and treatment.

Keywords: Diabetes complications; Diabetes with mental disorders; Traditional Chinese medicine therapy; Medical records; Liang Pingmao.

Teacher Liang Pingmao is the chief physician and professor of the Endocrinology Department of the First Affiliated Hospital of Tianjin University of Traditional Chinese Medicine. Master Liang highly praised "reading classics and doing clinical work", and studied the "Internal Classics", "Treatise on Febrile Diseases", "The Synopsis of the Golden Chamber", and "Differentiation of Febrile Diseases". Here are four medical records of Master Liang's treatment of diabetes complications and complications, and the analysis is as follows.

1 Diabetic gastrointestinal autonomic dysfunction

Wang, female, 54 years old. Date of first visit: June 18, 2009. The patient has a history of diabetes for 6 years. She often has diarrhea and constipation alternately. Recently, She has abdominal pain and diarrhea more than 10 times a day, accompanied by full abdominal distension, lack of food, irritability; pale red tongue, white slippery coating, and stringy pulse. The syndrome is spleen deficiency and liver vigor, and the treatment is to invigorate the spleen and relieve the liver. Prescription: White Peony 15g Atractylodes 15g Fangfeng 10g Tangerine Peel 15g White Plum Blossom 15g Tangerine Leaf 15g Poria 20g Yunmuxiang 10g Amomum 15g Saut é ed Shell 15g Coke Malt, Jiaoshanzhi, Jiao Shenqu 10g each 10g Gallus gallus domesticus 15g, 7 doses. Take 1 dose a day, decocted in water.

Second visit (June 25): The frequency of bowel movements was significantly reduced, once a day, the quality was thin, no diarrhea and constipation appeared alternately; still irritable, pulse stringy. Add lotus leaf 15g raw yam 20g Bupleurum 15g raw malt 10g, 7 doses on top.

Third visit (July 2): stool was basically normal, abdominal pain disappeared; appetite increased, irritability decreased; tongue was pale red, coating thin white, and pulse

slippery. Take 14 doses from above to consolidate the effect.

According to the patient's gastrointestinal dysfunction, it belongs to diabetic autonomic dysfunction. Due to stagnation of the liver and spleen deficiency, the deficiency of the soil and the depressing of the wood, the rising and falling abnormalities lead to abdominal pain and diarrhea. Wu Hegaoyun: "The diarrhea blame to spleen, abdominal pain blame to liver, spleen deficiency and liver excess, so pain and diarrhea." Based on the addition and subtraction of the essential prescriptions for pain and excretion, the liver is practical with white peony medicine for nourishing blood, softening the liver and purging the liver, Bupleurum, Tangpi soothes the liver and regulates qi. Fangfeng disperses the liver and soothes the spleen; spleen deficiency causes dampness and prone to cause diarrhea. Therefore, Atractylodes macrocephala is used to dry the dampness and invigorate the spleen, and then add Poria cocos to invigorate the spleen. Ye Tianshiyun: "Healing the liver can calm the stomach." So white plum blossoms and orange leaves are used to soothe the liver and stomach. Insufficiency of the spleen causes poor digestion, so add Muxiang, Amomum, Citrus aurantium to wake up the spleen and regulate qi, Jiao malt, Jiaoshan zha, Jiao Shenqu, Gallus gallus domesticus for digestion and stomach. "Su Wen. "Yin and Yang Ying Xiang Da Lun" says: "Clear qi at the bottom, then diarrhea, turbid qi at the top, then swelling." When re-visiting, add lotus leaves and raw yam to promote yang, invigorate the spleen and stop diarrhea, add Bupleurum, Raw malt soothes the liver and relieves depression to treat irritability.

2 Diabetic lower extremity arteriosclerosis obliterans.

Li Mou. Female. 71 years old. Date of first visit: July 27, 2009. The patient has a history of diabetes for 10 years. Now the lower limbs are cold, afraid of the cold. It

is midsummer, and She still needs to cover her clothes to feel comfortable. Gastrocnemius pain, numbness, slight swelling of both lower limbs; lower abdomen swelling, difficulty in urination; pale tongue, white coating, heavy pulse. The syndrome is spleen and kidney yang deficiency, water dampness accumulation, the treatment is to invigorate the spleen and kidney, warm yang and promote water. Prescription: Aconite (first decoction) 5g Poria 20g Baizhu 20g 3 pieces of ginger, White peony 15g Polyporus 15g Alisma 10g Cinnamon sticks 10g Raw Astragalus 20g Angelica 15g Codonopsis 15g Cohosh 10g Bupleurum 10g Tangerine peel 15g Magnolia 10g Black medicine 15g Hu 10g, 7 doses. Take 1 dose a day, decocted in water.

Second visit (August 3): The lower limbs were less afraid of cold, the lower abdomen swelled, the urine improved, the upper limbs, shoulders and back pain and numbness. Keep on the same formula, change the aconite (decoction first) 7g and add 20g Qingfengteng and 20g turmeric after 14 doses. After 14 doses, the coldness of the lower limbs and difficulty in urination disappeared, and other symptoms improved.

According to the patient's lower extremity coldness, numbness, combined with the lower extremity arterial color Doppler ultrasound diagnosis of lower extremity arteriosclerosis obliterans. TCM syndrome differentiation is spleen and kidney yang deficiency, water dampness accumulation, bladder dysfunction. The prescription uses "Treatise on Febrile Diseases" Zhenwu Decoction, Wuling Powder and Dongyuan Buzhong Yiqi Decoction. Zhenwu Decoction warms yang and diuresis water, the prescription of aconite pungent heat warms the kidney and invigorates yang, Poria invigorates the spleen and removes dampness, ginger helps aconite to warm the yang and dispels cold, assists Poria promote and disperses water. White peony nourishes blood and relieves cramping and pain with restricting the pungent nature of aconite.

The spleen and kidney are treated at the same time in all prescriptions, with emphasis on warm kidneys. Poor urination is water accumulation in Xia Jiao, so use Wulingsan invigorating and running water. The lower abdomen bulge is caused by the depression of the middle qi, so the Yang Qi is lifted with Buzhong Yiqi Decoction. Adding Houpu to regulate qi and dampness, Wuyao warms the body; the lung controls, so add Qianhu to promote the lungs, add Poria oozes water and dampness, which means opening the gate and spending the river, and can also treat lower limb edema.

At the re-visiting, the patient's symptoms were significantly reduced. Therefore, a small amount of aconite was added to consolidate the effect. The numbness and pain of the upper limbs and shoulders were caused by collateral failure. Therefore, Qingfengteng and turmeric tablets were added to relieve the pain.

3 diabetic peripheral neuropathy.

Zhang, female, 58 years old. Date of first visit: June 5, 2009. The patient had a history of diabetes for 5 years, complained of pain in both lower limbs for nearly half a year, and even felt pain when touching clothing, numbness in the upper limbs and fingertips; skin pain throughout the body, with acupuncture sensation; fear of cold and bad wind, pain in both sides Depression; pale tongue, white coating, wiry slow pulse. The syndrome is a disharmony between Ying and Wei, blood deficiency and vessel stagnation, and the treatment is intended to nourish blood and relieve the pain. Prescription: raw astragalus 20g cassia twig 10g white peony root 20g ginger 3 pieces, 3 jujubes, roasted licorice 10g angelica 20g Trachelospermi Caulis 15g salamander 10g gecko 5g rose 15g corydalis 15g chuanjianzi 15g, 7 doses. Take 1 dose a day, decocted in water.

Second visit (June 12): Skin pain, fear of cold and bad wind were significantly relieved, and the spirit also improved; feet were burning sensation, and both sides were still painful; red tongue, less coating, wiry pulse. remove Bihu from above formula, add 10g raw malt of Anemarrhena, 7 doses.

Third visit (June 19): The numbness and pain of the lower limbs and the burning of the feet were greatly relieved. He also complained of itching on the skin of the lower extremities, with erythema visible; the tongue was pale red, coating white and slightly greasy. Add 20 g of Kochia scoparia on the top, 20 g of white fresh peel, 20 g of Leixiang, and after 7 doses, all the above symptoms improved.

According to the patient's symmetrical pain, numbness, burning, and tingling in both lower and upper limbs, She was diagnosed as diabetic peripheral neuropathy. The syndrome is blood numbness, imitating the addition and subtraction of Huangqi Guizhi Wuwu Decoction in the Synopsis of the Golden Chamber. "Su Wen. "Bizheng" says: "Ying Qi deficiency, numbness." Use Astragalus, White Peony, Guizhi, Angelica to nourish blood and Ying, increase Qi and warm meridians.

If the meridians are blocked, it will cause pain, so Trachelospermi Caulis, Gecko is used to dispel wind, dredge the collaterals and relieve pain; Roses, Corydalis, Rhizoma

Chuanjianzi soothes the liver and regulates qi. When revisiting the feet, the burning heat increases, so add Zhimu to clear the heat; the two sides are painful, pulse wiry, and malt is added to relieve the liver and relieve depression. In the third visit, skin rash and itching were seen, plus Kochia scoparia, white fresh skin to dispel wind and itching; coating white and slightly greasy. Add aroma to humidify. The prescriptions and syndromes are consistent, so the symptoms get better.

4 Diabetes with mental disorders.

Chen, male, 56 years old. Date of first visit: October 12, 2009. The patient has a history of diabetes for 6 years, presenting depression and anxiety, dizziness, chest tightness, sputum, and fatigue; bitter mouth, dry mouth, thirsty and polydipsia, dry stool; red tongue, coating yellow thick and greasy, and slippery pulse. The syndrome is damp-heat intrinsic, and the treatment is to clear away heat and promote dampness. Prescription: Talcum powder (decoction) 20g Yin Chenzhu 20g Scutellaria 15g Leixiang 20g White Bean Coat 15g Shichangpu 20 Forsythia 15g Shegan 15g Chuan Fritillaria 15g Mint (Back) 10g Atractylodes 15g Almond 7g Magnolia 15g Poria 20 7 Agent. Take 1 dose a day, decocted in water.

Second visit (October 19): Thirst, fatigue, dry stools improved significantly; still depression, anxiety and insomnia; chest tightness, less food, abdominal distension; dark red tongue, tooth marks on the sides, yellow thick greasy coating, slippery pulse. Remove the shegan, fritillaria, mint from the formula, add Polygala 20g amber, 1.5g calcined lapis lazuli, 30 g calcined cold water stone, 15g raw gypsum, 15g gallicum 15g, 7 agents.

Third visit (November 2): All the above symptoms were improved after taking the medicine, and the medicine was stopped for 1 week. Recently, due to mental stimulation, He has severe insomnia (only 2 hours sleep per night), irritability, red face; red tongue, yellow greasy coating, slippery pulse. The syndrome is heat closure of the pericardium, phlegm-heat internal resistance, and the treatment is intended to clear away heat, resolve phlegm and resuscitate. Prescription: Angong Niu Huang Pills take 1 pill a day, with 15g of honeysuckle and 10g of mint decoction. 3 doses. Returned to the clinic 3 days later, the patient was refreshed, his upset disappeared, and his sleep was normal.

According to the mental disorders of diabetic

patients, depression and anxiety are the most common. The initial diagnosis of depression and anxiety in this patient is based on internal damp-heat, pervading the triple-burner, so the treatment is to clear away heat and eliminate dampness, dissipate and dispel, and use "Warm Jingwei" Ganlu Disinfection Dan and Xingpuling method to add and subtract. Damp heat blinds the orifice, so the spirit is not good, dizziness; damp evil blocks the skin, so the limbs fatigue. Damp heat is full and pervades, so you see dry mouth, red tongue, yellow greasy coating, slippery pulse. Wang Mengying called Ganlu Disinfecting Pill "the main prescription for treating humidity and temperature epidemic." Yinchen, talcum powder, scutellaria baicalensis clearing away heat and promoting dampness, Shishoupu, Baidoukou, Leixiang, peppermint aromatize turbidity, shegan and Chuan Fritillaria reduce lung qi and relieve throat. Apricot Puling method divides and eliminates three jiao, almond opens shang jiao, magnolia smooth reaches zhong jiao, and tuckahoe ooze benefits xia jiao. When revisiting, the patient is depressed, anxious and insomnia, so add Polygala, amber to soothe the nerves, calcined blue sputum stone to relieve phlegm and resuscitation; add calcined cold water stone, raw gypsum, talcum powder, almonds, and take the meaning of "Three Stone Decoction" Clear damp heat, Xuanton Triple Burner. Wet resistance to zhong jiao and poor air flow, that is, "Wet closed Qingyang road" mentioned by Wu Jutong, so there is chest tightness and less food. The damp evil tends to sluggish the spleen and stomach, so add Gallus gallus domesticus to invigorate the spleen and digest the stomach. At the third visit, due to mental stimulation, anxiety and insomnia increased, face flushed and irritable, red tongue, yellow greasy coating, slippery pulse. The syndrome is phlegm-heat obstructing the pericardium, so use Angong Niu Huang Pills to clear away heat, dissipate phlegm and open up orifices. According to the original method of Wujutong, "Pulse is excess, using Yin Hua and peppermint soup, one pill per serving", Allow the pericardial heat to penetrate outward, So after the medicine, the spirit is suddenly refreshed, and the heart is calm and peaceful.

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梁莘茂治疗糖尿病并发症及合并病医案4则

◎刘倩 指导：梁莘茂

摘要：介绍梁莘茂教授治疗2型糖尿病并发胃肠植物神经功能紊乱、下肢动脉硬化闭塞症、周围神经病变、合并精神障碍4则医案，并分析其辨治特色。

关键词：糖尿病并发症；糖尿病合并精神障碍；中医药疗法；医案：梁莘茂

梁莘茂老师系天津中医药大学第一附属医院内分泌科主任医师、教授，从事中医内科、内分泌科临床研究近30年。梁师十分推崇“读经典、做临床”，精研《内经》《伤寒论》《金匱要略》《温病条辨》，并将其中的理法方药灵活运用于临床，疗效良好。现介绍梁师治疗糖尿病并发症、合并病的4则医案，并分析如下。

1糖尿病胃肠植物神经功能紊乱

王某，女，54岁。初诊日期：2009年6月18日。患者有糖尿病史6年，常腹泻和便秘交替出现，近日腹痛、腹泻，每日10余次，伴腹胀痞满、食少、易怒；舌淡红、苔白滑，脉弦。证属脾虚肝旺，治拟补脾泻肝。处方：白芍药15g白术15g防风10g陈皮15g白梅花15g橘叶15g茯苓20g云木香10g砂仁15g炒枳壳15g焦麦芽、焦山楂、焦神曲各10g鸡内金15g，7剂。每日1剂，水煎服。

二诊（6月25日）：大便次数明显减少，每日1次，质稀，无腹泻和便秘交替出现；仍易怒，脉弦。于上方加荷叶15g生山药20g柴胡15g生麦芽10g，7剂。

三诊（7月2日）：大便基本正常，腹痛消失；食欲增，易怒减轻；舌淡红、苔薄白，脉滑。守上方继服14剂，以巩固疗效。

按该患者所出现的胃肠道功能障碍属于糖尿病

植物神经功能病变。因肝郁脾虚，土虚木乘，升降失常，导致腹痛、泄泻。吴鹤皋云：“泻责之脾，痛责之肝，脾虚肝实，故令痛泻。”以痛泄要方为基础加减，肝实用白芍药养血柔肝泻肝，柴胡、陈皮疏肝理气，防风散肝疏脾；脾虚则湿盛，易致泄泻，故用白术燥湿健脾，再加茯苓健脾渗湿。叶天士云：“治肝可以安胃。”故用白梅花、橘叶疏肝和胃。脾虚运化不利，故加木香、砂仁、枳壳醒脾理气，焦麦芽、焦山楂、焦神曲、鸡内金消食和胃。《素问·阴阳应象大论》云：“清气在下，则生飧泻，浊气在上，则生肿胀。”再诊时于上方加荷叶、生山药升阳健脾止泻，入柴胡、生麦芽疏肝解郁以疗易怒。

2糖尿病下肢动脉硬化闭塞症

李某，女，71岁。初诊日期：2009年7月27日。患者有糖尿病史10年。现下肢凉、怕冷，时值盛夏仍需盖衣被方觉舒适；腓肠肌酸痛、麻木，双下肢微肿；小腹坠胀，小便不利；舌淡、苔白，脉沉细。证属脾肾阳虚、水湿内停，治拟健脾补肾、温阳利水。处方：附子（先煎）5g茯苓20g白术20g生姜3片，白芍药15g猪苓15g泽泻10g桂枝10g生黄芪20g当归15g党参15g升麻10g柴胡10g陈皮15g厚朴10g乌药15g前胡10g，7剂。每日1剂，水煎服。

二诊（8月3日）：下肢怕冷明显减轻，小腹坠

胀、小便不利亦有好转，上肢及肩背疼痛麻木。守上方，改附子（先煎）7g再加青风藤20g片姜黄20g继服14剂后，下肢怕冷、小便不利消失，其他症状均见好转。

按该患者下肢发凉怕冷、麻木，结合双下肢动脉彩超诊断为下肢动脉硬化闭塞症。中医辨证为脾肾阳虚，水湿内停，膀胱气化不利，方用《伤寒论》真武汤、五苓散合东垣补中益气汤加减。真武汤温阳利水，方中附子辛热温肾壮阳，茯苓健脾渗湿，白术健脾燥湿；生姜助附子温阳散寒，佐茯苓宣散水气；白芍药养血和营，缓急止痛，又可制约附子辛燥之性。全方脾肾同治，着重温肾。小便不利为水蓄下焦所致，故用五苓散化气行水。小腹坠胀因于中气下陷，故用补中益气汤升举阳气。再加厚朴理气燥湿，乌药温暖下元；肺主制节，故加前胡宣肺，合茯苓渗下水湿，寓启上闸、开支河之意，又可疗下肢水肿。再诊时患者症状明显减轻，故稍加附子用量以巩固疗效，上肢及肩背麻木疼痛为络脉不通，故加青风藤、片姜黄宣痹通络止痛。

3糖尿病周围神经病变

张某，女，58岁。初诊日期：2009年6月5日。患者有糖尿病史5年，诉近半年双下肢疼痛，甚则接触衣被时亦感疼痛，上肢及指尖麻木；全身皮肤疼痛，有针刺感；怕冷恶风，两胁胀痛，精神抑郁；舌淡、苔白，脉弦缓。证属营卫失和、血虚脉滞，治拟养血和营、通络止痛。处方：生黄芪20g桂枝10g白芍药20g生姜3片，大枣3枚，炙甘草10g当归20g络石藤15g蕲蛇10g壁虎5g玫瑰花15g延胡索15g川楝子15g，7剂。每日1剂，水煎服。

二诊（6月12日）：皮肤疼痛、怕冷恶风明显减轻，精神亦好转；足部灼热感，两胁仍然胀痛；舌红、少苔，脉弦。上方去壁虎，加知母10g生麦芽10g，7剂。

三诊（6月19日）：下肢麻木疼痛、足部灼热大为缓解。又诉下肢皮肤瘙痒，可见红斑；舌淡红、苔白

微腻。上方加地肤子20g白鲜皮20g藜香20g，继服7剂后，以上诸症均好转。按该患者出现对称性双下肢及上肢疼痛、麻木、灼热、刺痛等感觉异常，诊断为糖尿病周围神经病变。证属血痹，仿《金匮要略》黄芪桂枝五物汤加减。《素问·痹证》曰：“营气虚，则不仁。”用黄芪、白芍药、桂枝、当归养血和营，益气温经；脉络不通，不通则痛，故用络石藤、蕲蛇、壁虎祛风通络止痛；玫瑰花、延胡索、川楝子疏肝理气。再诊时足部灼热加，故加知母清热；两胁胀痛、脉弦，加生麦芽疏肝解郁。三诊见皮肤红疹瘙痒，加地肤子、白鲜皮祛风止痒；苔白微腻加藜香化湿。方证相合，故诸症好转。

4糖尿病合并精神障碍

陈某，男，56岁。初诊日期：2009年10月12日。患者有糖尿病史6年，现精神抑郁焦虑，头晕，胸闷痞痞，肢体倦怠；口苦咽干，口渴多饮，大便干燥；舌红、苔黄厚腻，脉弦滑。证属湿热内蕴，治拟清热利湿。处方：滑石粉（包煎）20g茵陈蒿20g黄芩15g藜香20g白豆蔻15g石菖蒲20g连翘15g射干15g川贝母15g薄荷（后下）10g苍术15g杏仁7g厚朴15g茯苓20 7剂。每日1剂，水煎服。

二诊（10月19日）：口渴、肢体倦怠、大便干燥明显好转；仍精神抑郁，焦虑失眠；胸闷食少，腹胀；舌暗红、边有齿痕、苔黄厚腻，脉弦滑。上方去射干、贝母、薄荷，加远志20g琥珀1.5g煅青蒙石30g煅寒水石15g生石膏15g鸡内金15g，7剂。

三诊（11月2日）：诉服药后以上诸症均有好转，自行停药1周。近日因受到精神刺激，失眠严重（每晚只能睡2 h），烦躁不安，面红；舌红、苔黄腻，脉滑数。证属热闭心包、痰热内阻，治拟清热化痰开窍。处方：安宫牛黄丸每日1丸，用金银花15g薄荷10g煎汤送服。3剂。3日后复诊，患者精神清爽，心烦消失，睡眠正常。

按：糖尿病患者的精神障碍以抑郁症和焦虑症最常见。（上接第43页）

Theoretical Discussion on the Application Mechanism of Bitter Chinese Herbal Medicine in the Treatment of Diabetes

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Abstract: Traditional Chinese medicine believes that diabetes belongs to the category of Diabetes. Its basic pathogenesis is yin deficiency and dryness. The organs involved are mainly lung, spleen and stomach, and kidneys. There are different opinions on its pathological mechanism. In recent years, TCM treatment of diabetes has been widely recognized, but there is no consistent conclusion on the mechanism of TCM treatment of diabetes. At present, most doctors believe that two kinds of traditional Chinese medicine, sweet and bitter, are widely used in the treatment of diabetes. According to statistics, the frequency of use of bitter Chinese medicine in the treatment of diabetes ranks second, second only to sweet medicine. Bitter Chinese medicine can vent, dryness, and firmness, and can be used in the whole process of the occurrence and development of Diabetes and various syndrome types. Ancient physicians have no consistent conclusions on the mechanism of bitter Chinese medicine in treating diabetes. Modern pharmacological research cannot unify the role of bitter Chinese medicine in the treatment of diabetes. The author discusses the role of bitter Chinese medicine, the mechanism of bitter Chinese medicine in treating diabetes, and the bitter taste. The application mechanism of traditional Chinese medicines with four flavors: acid, sweet, pungent, and salty in the treatment of diabetes, and the application of typical bitter Chinese medicines (danshen, radix rehmanniae, rhubarb, trichosanthes, self-operated, and scrophulariaceae) in the treatment of diabetes. The application mechanism of bitter Chinese medicine in the treatment of diabetes and the list of some modern pharmacological research results provide theoretical support, and provide theoretical references for scholars to apply bitter Chinese medicine in the treatment of diabetes in clinical practice.

Key words: bitter traditional Chinese medicine; diabetes; application mechanism; theoretical discussion

Diabetes is a group of metabolic diseases characterized by hyperglycemia. Over the past 30 years, the prevalence of adult diabetes in my country has risen from 0.67% in 1980 to 10.40% in 2013, and diabetic patients have experienced a series of serious life-threatening health problems. The risk of diabetes increases, which leads to an increase in medical expenses, a decline in quality of life and an increase in mortality. Doing a good job in the prevention and treatment of diabetes has always been our direction of efforts. In clinical treatment, the method of integrated traditional Chinese and western medicine is often used. In the process of treating diabetes with traditional Chinese medicine, traditional Chinese medicine has a comprehensive effect of multiple links, multiple components, and multiple targets. Bitter Chinese medicine can be used in the whole process of the occurrence and development of Diabetes and many different types of syndromes. In ancient China, there was a saying "Bitter overcomes sweet", that is, the application of bitter Chinese medicine to treat diabetes. In clinical practice, many doctors do use bitter Chinese medicine lowers blood sugar, treats diabetes complications, and has significant effects.

However, there is no consistent conclusion on the application mechanism of bitter Chinese medicine in the treatment of diabetes. The author consulted books and literature and based on what I have learned the application mechanism in treatment.

The effect of bitter Chinese medicine and its mechanism in treating diabetes

"Jin Gui Yao Lue Xin Dian" said: "Bitter taste, can be purging, dry and strong". "Xie" refers to "purge". For example, rhubarb can treat Xiao Ke disease with dry stool. "Down and purge", such as Pingbaye can treat Xiao Ke disease and lung and stomach qi upside-down, "Qingxie" For example, Danshen can treat diabetes and heat-disturbing people; "Dry" means remove dampness, such as Atractylodes macrocephala to invigorate the spleen and dry dampness; "Jian" means sticking to the meaning of retaining yin fluid, such as Phellodendron amurense and Anemarrhena can be used to clear heat and relieve fire to nourish kidney yin. Traditional Chinese medicine has the attributes of four qi and five tastes, and the odors are consistent to form the medicinal properties. The bitter Chinese medicine is the

most bitter and cold, and the bitter and warm, the bitterness is flat, the bitterness is cool, and the bitterness and heat are rare. Among the meridians tropism, bitter Chinese medicine has the most liver meridians and the spleen meridian ranks third. Most Chinese medical practitioners agree with the basic pathogenesis of Xiao Ke Disease' s dry heat and yin injury, while bitter Chinese medicine has the effect of clearing and strengthening yin. The traditional Chinese medicine of bitter cold has the effect of clearing and relieving dry heat to protect the yin liquid, and it is against the basic pathogenesis of diabetic disease of dry heat and yin deficiency. Some Chinese medicine practitioners recognize that spleen deficiency is the key to the onset of diabetic disease. There are various opinions on its mechanism. The author believes that physique, old age, chronic illness, spleen deficiency or emotional unhappy, liver depression hitting the spleen, or poor diet can cause spleen deficiency, in which spleen deficiency causes insufficient body fluid production, and yin fluid Deficiency then yin deficiency generates internal heat. Bitter medicine mostly enters the liver and spleen meridian, and has the effect of releasing heat and storing yin. Therefore, bitter Chinese medicine can not only soothe the liver and invigorate the spleen, but also has a better effect on the treatment of Xiao Ke Disease of Yin deficiency and internal heat caused by liver depression and spleen deficiency. On the other hand, spleen depression causes abnormal body fluid transport and transformation, combined with liver Qi dysfunction in smooth, body fluid infusion disorder, resulting in phlegm-dampness internal resistance type diabetes mellitus, bitter medicine can dry, combined with "disease from phlegm and water, using warm medicine ", the bitter-tasting and warm Chinese medicine can be used for people with phlegm-dampness accumulation type diabetes mellitus in the body. If the phlegm-dampness does not get rid of for a long time and heat, and eventually cause phlegm-heat internal resistance, bitter cold Chinese medicine can also be used to clear heat and resolve phlegm. Traditional Chinese medicine believes that fat people have more phlegm and dampness, which is especially suitable for people with phlegm dampness or phlegm-heat resistance, especially obesity diabetes.

The application mechanism of bitter Chinese medicine with other Chinese medicines in the treatment of diabetes.

1 bitter and sour overcomes sweet method:

Diabetes is characterized by too much sugar in the blood that cannot be consumed by body tissues or converted

into other substances, causing the sugar in the blood to exceed the normal value. Therefore, it is necessary to neutralize and reduce excessive sugar to ensure that blood sugar is within the normal range. We all know that sugar is sweet. The opposite of sweetness is bitterness, and that which neutralizes sweetness is sourness. According to the philosophical thinking of "Taofa Nature" and the thinking mode of analogy, bitter and sour medicines can neutralize it. , Reduce excess sugar in the body. Li Zhongmin and others believe that "bitterness is used to release heat, acid is used to produce body fluid", "bitter is used to nourish qi, acid is used to condense qi", "bitter is used to dry dampness, and acid is used to overcome sweetness". During the treatment of Diabetes, it is necessary to follow the main points of treatment with "peace for a period of time".

2 Pungent relieve and bitter reduce method:

Clinically, it is more common in diabetic patients with physical obesity, especially abdominal obesity. Most of these people are due to excessive intake of grease, fat and sweet food, trapping the spleen and obstructing the stomach, and too little exercise to block the spleen and stomach. The mechanism prevents the ingested food from being transformed into the subtle substances needed by the human body, forming various pathological products, such as phlegm heat, ointment, etc. Therefore, the basic pathogenesis of diabetes, especially obesity, is spleen and stomach dysfunction, phlegm dampness and turbid toxin. The "Clinical Guide to Medical Records" proposes the combination of pungent bitterness, and its theoretical basis is "pungent to relieve" and "bitterness to decrease", pungent herbs can act and disperse, bitter herbs can relieve dryness, and regulate the rise and fall of spleen and stomach qi. , And composed of multiple "Xiexin Decoctions", used to treat the stagnation of the spleen and stomach mechanism and the resulting phlegm dampness, phlegm-heat internal obstruction syndrome, and subtly express the compatibility mechanism of pungent relieve and bitter reduce method in the treatment of diabetic disease. Professor Quan Xiaolin aimed at the clinically dysfunctional spleen and stomach, the pathogenesis of Xiao Ke Disease, which contains turbid phlegm, dampness and heat, treated diabetic patients with the method of pungent to relieve and bitterness to reduce method and transformed the spleen and stomach with remarkable results.

3 Sweet and bitter synthesis method:

The pathogenesis of Xiao Ke Disease, which is based

on yin deficiency and dryness and heat is the target, is recognized by most doctors in ancient and modern times. Yin deficiency and dry heat are mutually cause and effect, yin deficiency generates internal heat, and heat belongs to yang to injure yin, so the weaker the yin fluid, the more dry and hot, and the more dry and hot, the weaker the yin fluid. Therefore, clearing away heat and moisturizing dryness, nourishing yin and promoting body fluid is the best treatment. Combination of sweetness and bitterness is found in Wu Jutong's "Differentiation of Febrile Diseases". It is rarely seen in clinical practice to treat diabetic disease. It was originally used to treat Yangming Febrile Disease. It is a unique method to treat diseases with reasonable compatibility of two different medical herbs to nourish yin in winter with sweet and cold and three Huang of bitter and cold to clear away heat. Sweet and bitter are combined, sweetness can produce fluid and nourish qi, bitterness can relieve heat and strengthen yin, sweet medicine is compatible with bitter medicine but not greasy, and bitter medicine is compatible with sweet medicine but not dryness, which is in line with yin deficiency and dryness of the underlying pathogenesis of disease. Wang Hongqing summed up the experience of Shandong Provincial Hospital of Traditional Chinese Medicine and used the prescriptions and referred to ancient and modern medical books. According to the principle of the combination of sweet and bitter, he formulated a prescription to treat 1 case of diabetic patients with deficiency of both qi and yin and fire. , Nourishing yin and clearing away heat are used together, curing both symptoms and root causes, with remarkable results.

4 Combination of salt and bitter method:

The method of combining salt and bitter to treat diabetes is not commonly used clinically. "Su Wen" says: "Kidney desires to be firm, urgent eat bitterness to firm it, bitter to replenish it, and salty to relieve it", "kidney suffers dryness, urgent eating pungent to moisturize..." In this regard, bitter medicines such as Anemarrhena can stick to the yin fluid and prevent the loss of body fluid, which reflects the use of bitter to supplement it. The salty medicine can lead the fluid downward. If the yin fluid does not flow out smoothly, use the salty medicine to relieve it. The kidney is a strong official, which is produced by tricks, and the kidney is a water organ, which is moist and suffering from dryness. The pungent medicines such as Sanleng, zedoary turmeric, and Eupatorium are used to moisturize them. Although

the pungent medicine cannot directly replenish the yin liquid, it can be used to fill the body fluid through the xuan ventilator. It can be seen that the compatibility of bitter and salty traditional Chinese medicines can both invigorate the kidney and vent the kidneys. With the addition of the pungent medicine Xuan Ventilator, the compatibility of salty and bitter pungent medicines should be considered for patients with diabetic nephropathy and should be used in clinical practice.

Application mechanism of typical bitter traditional Chinese medicine in the treatment of diabetes

1 Salvia

According to the law of modern doctors applying traditional Chinese medicine in the treatment of diabetic disease, it is concluded that the use frequency of Danshen ranks second. "Huiyan of Materia Medica" said: "Salvia, good treatment of blood, to eliminate stagnation and regeneration..." "Ming Theory" said: "With Danshen as one thing, there are four powers... ". Danshen, bitter in taste, slightly cold, human heart, liver meridian, has the effects of activating blood circulation and eliminating fatigue, clearing menstruation and relieving pain, etc., and people with long-term disease have symptoms of fatigue. Therefore, clinical physicians often use Danshen to promote blood circulation and eliminate fatigue. Chinese medicine treatment. Studies have shown that salvianolic acid can effectively control the level of inflammatory cytokines by regulating the TGF- β 1, MCP-1 in elderly patients with diabetic nephropathy and peripheral neuropathy, so as to achieve the effect of increasing peripheral nerve conduction velocity; Tanshinone II A can protect the kidneys and delay the occurrence and development of diabetic nephropathy. The mechanism may be through the action of antioxidant activity to improve the oxidative stress response in diabetic nephropathy rats.

2 Rehmannia

"Materia Medica Huiyan": "Rehmannia, the top grade for replenishing yin, clearing heat and cooling blood, invigorating blood and resolving fatigue". Rehmannia glutinosa, bitter and sweet in taste, cold in nature, enters the heart, liver, and kidney meridians, has the effects of nourishing yin and nourishing body fluid, clearing heat and cooling blood, and promoting blood circulation and removing blood stasis. It is used in Xiao Ke Disease's syndrome differentiation, such as dry heat, yin injury, and blood stasis. Ancient physicians used Rehmannia

to treat diabetes of yin deficiency and body fluid loss, such as Xiaoke Fang, Yunvjian, and Shuquan Wan and so on. Few people have used Rehmannia to promote blood circulation and remove blood stasis. The "Shen Nong's Materia Medica" says: Rehmannia can "dispel blood, and those with congestion in the late stage of diabetes can be treated with Rehmannia. Modern pharmacology shows that Rehmannia water extract, Polysaccharides, oligosaccharides, have the functions of improving insulin resistance, regulating the self-balance of cellular glucose, and restoring the function of islet cells.

3 rhubarb:

"Suwen · Yin and Yang" says: "The combination of two yang is called Xiao", which points out the pathogenesis of gastrointestinal heat buildup and body fluid deficiency. Diabetes patients often have symptoms such as gastrointestinal dryness and heat. In the middle and late stages of Xiao Ke Disease, there are more cases of blood stasis. "Medical Chinese and Western Records": "Rhubarb, bitter taste... cool in nature. It can enter the blood and break all blood congestion. Although the medicinal properties are going down, it is good for clearing up the heat...". It is pointed out that rhubarb has the functions of clearing heat and purging fire, purging the accumulation of blood, removing blood stasis and clearing meridians, etc. Clinical physicians often use traditional prescriptions such as Rhubarb Huanglian Xiexin Decoction and Dahuang Zhechong Pills to treat diabetes and complications. A number of pharmacological studies have shown that emodin may significantly improve diabetic peripheral neuropathy by improving the metabolism of sorbitol and reducing the level of inflammatory cytokines in the spinal cord in diabetic rats; rhein can control blood sugar and antioxidant effects. Stimulates and anti-fibrosis, improves insulin resistance, reduces proteinuria and other ways to protect the kidneys.

4 Trichosanthin:

"Compendium of Materia Medica" records: Trichosanthes is the "Holy Medicine for Diabetes". Trichosanthes, sweet and slightly bitter, slightly cold in nature, enters the lung and stomach meridians, is good at clearing the fire of the lungs and stomach, and is good at nourishing the yin of the lungs and stomach. It is a good medicine for fever, injures the body fluid and internal heat Xiao Ke. Trichosanthes is often used in classic prescriptions such as Xiao Ke formula, Yunvjian and Yuquan pills. In

clinical practice, Xiao Ke Disease is often divided into upper, middle and lower Xiao for syndrome differentiation and treatment. Among the three Xiao, regardless of Shang Xiao's lung dryness and Zhong Xiao's stomach heat, Xia Xiao for kidney deficiency, Trichosanthes powder is used as the main medicine of the treatment prescription, which is worthy of being called the "Holy Medicine for Diabetes". Looking at the current literature, it is found that the water extract of trichosanthes and its compound have a significant effect on improving diabetes and its complications. Among the effective components of trichosanthes, the main ingredients with obvious hypoglycemic activity are lectins. Trichosanthes agglutinin may improve the body's antioxidant capacity And effectively lower blood sugar and improve the symptoms of diabetes.

5 Atractylodes

Many traditional Chinese medicine practitioners in ancient and modern times proposed the theory of "spleen deficiency cause diabetes", such as Li Dai, Zhao Xianke, Li Zhongzi, Zhang Xichun, etc., and respectively proposed "Qian's Baizhu Powder plus Gegen", "Yiqiwei Baizhu Powder" and "Shenquan Baizhu Powder". "Yiqiweibaizhusan" and other treatments for spleen deficiency type diabetes. Diabetes patients are often accompanied by diarrhea, which belongs to the category of Chinese medicine diabetic diarrhea. Atractylodes macrocephala has a sweet and bitter taste, warm in nature, and returns to the spleen and stomach meridians. It has the functions of invigorating the spleen, eliminating dampness and diuresis. It can be used to treat symptoms of spleen deficiency, abdominal distension and diarrhea, and for patients with spleen deficiency, phlegm-dampness, and diarrhea. Atractylodes macrocephala polysaccharide may reduce the fasting blood glucose level, postprandial blood glucose level and plasma insulin level of db/db type 2 diabetic mice by increasing the sensitivity of peripheral target organs to insulin and improving insulin resistance, and improve glucose tolerance.

6 Scrophulariaceae:

"Medical Zhong Shen Xi Lu" said: "Scrophulariaceae, sweet and slightly bitter, cool in nature and liquid, originally used to clear the kidney meridian. Diabetes is a disease, except for lung dryness, stomach heat, and kidney deficiency, and the three are often present at the same time. Scrophulariaceae can enter the lungs, stomach and kidneys at the same time, which is cool in nature but not cold, and


has beneficial effects. The power can nourish the kidney and yin to cure the root cause, nourish the yin and moisturize the lungs, produce fluids to quench thirst, clear the stomach fire to cure the symptoms, and cure both the symptoms and the root causes. It is a good medicine for the treatment of diabetes. Experimental results show that during the development of diabetes, Scrophulariaceae extract can treat and improve diabetes mellitus in multiple ways by improving the body's glucose metabolism, lipid metabolism, anti-oxidant free radical damage, and protecting pancreatic islet cells.

Discussions:

Ancient Chinese physicians have no consistent conclusions on the mechanism of bitter Chinese medicine in treating diabetes. Modern pharmacological research cannot unify the role of bitter Chinese medicine in the treatment of diabetes. However, in recent years, the effectiveness of bitter Chinese medicine in treating diabetes has been increased. It is recognized by more and more doctors. Based on this, the author discusses the treatment of diabetes with bitter Chinese medicine from the perspectives of the role of bitter Chinese medicine and its mechanism for treating diabetes, the application mechanism of bitter Chinese medicine with other Chinese medicines in diabetes treatment, and the application mechanism of typical bitter Chinese medicine in diabetes treatment. At present, the clinical medicines


for treating diabetes are mainly western medicines, and all kinds of western medicines have certain adverse reactions and limitations, and are not effective in improving diabetes-related symptoms. Traditional Chinese medicine has unique advantages in the treatment and prevention of diabetes. , And shows a good prospect for development. Modern pharmacology shows that bitter Chinese medicine has a variety of hypoglycemic mechanisms, and at the same time it can prevent the complications of diabetes and improve the symptoms of diabetes. Its mechanism of action may be related to regulating the self-balance of cell glucose, It is related to protecting pancreatic islet cells, restoring pancreatic islet cell functions, anti-oxidative stress, improving insulin resistance, improving body glucose metabolism, lipid metabolism, and anti-oxidative free radical damage. I believe that with the in-depth research on the pharmacology of Chinese medicine, the mechanism of bitter Chinese medicine in treating diabetes will gradually be elucidated, providing experimental evidence and theoretical support for doctors to treat diabetes with bitter Chinese medicine.

References Omitted

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(上接第38页)该患所出现的精神抑郁和焦虑初诊辨证为湿热内蕴,弥漫三焦,故治以清热利湿、分消走泄,用《温热经纬》甘露消毒丹合杏朴苓法加减。湿热蒙蔽清窍,故精神欠佳,头晕;湿邪客于肌肤,则肢体倦怠。湿热俱盛,故见口干苦、舌红、苔黄腻、脉滑。王孟英称甘露消毒丹为“治湿温时疫之主方”。茵陈、滑石粉、黄芩清热利湿,石首蒲、白豆蔻、藿香、薄荷芳香化浊,射干、川贝母降肺气而利咽。杏朴苓法分消三焦,杏仁开宣上焦,厚朴畅达中焦,茯苓渗利下焦。再诊时,患者抑郁,焦虑失眠,故加远志、琥珀安神,煅青礞石豁痰开窍;再加煅寒水石、生石膏,合滑石粉、杏仁,取《温病条辨》三

石汤之意以清利湿热,宣通三焦。湿阻中焦,气机不畅,即吴鞠通所云“湿闭清阳道路”,故出现胸闷食少。湿邪易呆滞脾胃,故加鸡内金健脾消食和胃。三诊时由于受到精神刺激,焦虑失眠加重,面红烦躁,舌红、苔黄腻,脉滑数。证属痰热壅闭心包,故用安宫牛黄丸清热化痰开窍,宗吴鞠通原法,“脉实者银花、薄荷汤下,每服一丸”,使心包邪热向外透达,故药后精神豁然,心静寐安。

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苦味中药在糖尿病治疗中应用机制的理论探讨

◎孙梦莹 李小娟

摘要：中医认为糖尿病属于消渴病范畴，其基本病机是阴虚燥热，所涉及的脏腑主要是肺、脾胃、肾，其病变机理众说纷纭。近年来，中医中药治疗糖尿病得到广泛认可，但对于糖尿病的中医药治疗机制尚无一致性结论。目前大多数医家认为甘、苦两种性味中药在糖尿病治疗中应用广泛，根据统计结果，苦味中药在糖尿病治疗中使用频率居第二味，仅次于甘味药。苦味中药能泄、能燥、能坚，可用于消渴病发生发展的全过程及多种辨证分型中。古代医家对于苦味中药治疗消渴病的机制尚无一致性结论，现代药理学研究目前也不能统一苦味中药在治疗糖尿病中发挥的作用，作者从苦味中药的作用、苦味中药治疗糖尿病的机制、苦味配伍酸、甘、辛、咸四种性味的中药在糖尿病治疗中应用机制、典型苦味中药(丹参、生地黄、大黄、天花粉、自术、玄参)在糖尿病治疗中的应用等角度出发探讨苦味中药治疗糖尿病的应用机制及列举一些现代药理学研究结果提供理论支持，为各位学者在临床实践中应用苦味中药治疗糖尿病时提供理论参考。

关键词：苦味中药；糖尿病；应用机制；理论探讨

糖尿病是一组以高血糖为特征的代谢性疾病，30多年来，我国成人糖尿病患病率从1980年的0.67%上升到2013年的10.40%，且糖尿病患者发生一系列严重危及生命的健康问题的风险增加，从而导致医疗费用增加、生活质量下降和死亡率增加，做好糖尿病的预防和治疗工作一直是我们努力的方向。在临床治疗中常采用中西医结合的方法，在中医中药治疗糖尿病的过程中，中药具有多环节、多成分、多靶点等综合作用。苦味中药可用于消渴病发生发展的全过程及多种辨证分型中，我国古代即有“苦能制甜”之说，即应用苦味中药治疗糖尿病，在临床实践中，确有诸多医家应用苦味中药降低血糖、治疗糖尿病并发症，且疗效显著，但对于苦味中药治疗糖尿病的应用机制尚无一致性结论，笔者查阅书籍文献，根据所学所见，从以下几个方面浅谈苦味中药在糖尿病治疗中的应用机制。

苦味中药的作用及治疗糖尿病的机制

《金匱要略心典》曰：“苦者，能泄，能燥，能

坚”。“泄”指“通泻”，如大黄可治疗消渴病兼大便燥结不通者，“降泄”，如批把叶可治疗消渴病兼肺胃之气上逆者，“清泄”如丹参可治疗糖尿病兼热扰心神者；“燥”即燥湿，如白术健脾燥湿；“坚”，即坚守留存阴液之意，如黄柏、知母可通过清热泻火的作用起到滋养肾阴的功效。中药有四气和五味的属性，气味相合才组成药性，苦味中药以苦寒最多，再者为苦温，味苦性平、味苦性凉次之，味苦性热少见。在归经中，苦味中药入肝经最多，脾经居第三位。大多中医家认同消渴病燥热阴伤的基本病机，而苦味中药具备清泄、坚阴的功效，其本身的泄热、存阴作用，再结合“热者寒之”的理论，可见味苦性寒的中药具有清解燥热以顾护阴液的功效，正对消渴病燥热标实、阴虚本虚的基本病机。部分医家认可脾虚是消渴病的发病关键，其机理众说纷纭，笔者认为，其一方面，素体、年老、久病脾虚或情志不遂肝郁乘脾、或饮食不节致脾虚，脾虚津液生成不足，阴液亏耗，阴虚生内热，苦味药入肝、脾经，具有泄热存阴作用，故苦味中药不仅可以疏肝健脾，对于治疗肝

郁脾虚导致阴虚内热型消渴病效果更佳;另一方面,脾郁津液运化失常,加之肝失疏泄,津液输布障碍,导致痰湿内阻型消渴病,苦味药能燥,结合“病痰饮者,多以温药和之”理念,味苦性温的中药可用于体内痰湿蕴结型消渴病人,若痰湿郁久不除而化热,终致痰热内阻者,也可用味苦性寒中药清热化痰,中医学认为肥人多痰湿,对于有痰湿或痰热内阻型尤其是肥胖的糖尿病者尤为适用。

苦味中药配伍其他性味中药在糖尿病治疗中的应用机制

1 苦酸制甜法

糖尿病的特点是血液中过多的糖分没能被机体组织消耗或转化成其他物质,导致其血液中糖分超过正常值。故需要中和、减少过多的糖分来保证血糖在正常范围内。我们都知道,糖是甜味,与甜对立的是苦味,与甜中和的为酸味,依据中医“道法自然”的哲学思想以及取类比象的思维方式,苦味药和酸味药可以中和、减少体内多余的糖分。黎忠民等人认为可以从“用苦泄热、以酸生津”,“用苦养气、以酸敛气”,“用苦燥湿、以酸胜甘”等中医理论解释苦酸制甜法可以用于消渴病治疗过程中,但要遵“以平为期”的施治要点。

2 辛开苦降法

临床上以形体肥胖、尤其是腹型肥胖的糖尿病患者多见,此类人多数是由于过多摄入嗜食肥甘,困脾碍胃,加之运动过少气机阻滞,则脾胃气机壅遏,食入之物不能转化为人体所需要的精微物质,形成各种病理产物,如痰热、膏浊等。因此消渴病尤其是肥胖者基本病机为脾胃功能失调,痰湿、浊毒内生。《临证指南医案》中提出辛苦合用法,其理论依据为“辛以开之”、“苦以降之”,辛味药能行能散,苦味药能泄能燥,调理脾胃气机升降,并组成多个“泻心汤”,用来治疗脾胃机制郁滞及其导致的痰湿、痰热内阻证,精妙地表达了辛开苦降法在消渴病治疗中的配伍机理。全小林教授针对临床上脾胃升降失常,痰

浊湿热内蕴的消渴病病机,采用辛开苦降、运化脾胃法治疗糖尿病患者,收效显著。

3 甘苦合法

阴虚为本,燥热为标的消渴病机是古今大多数医家所认同的。阴虚与燥热,二者互为因果,阴虚生内热,热属阳伤阴,故阴液越虚则燥热越盛,燥热越盛则阴液越虚,故清热润燥兼滋阴生津为最佳治疗方法。甘苦合法,见于吴鞠通《温病条辨》,在临床中较少见到应用此法治疗消渴病,原为治疗阳明温病之法,冬地三黄汤为其典型代表方剂,是运用甘寒之冬地滋阴和苦寒之三黄清热,两种不同药性的药物合理配伍来治疗疾病的一种独特方法,以甘寒生津之品补益阴液,苦寒清热之品祛除热邪,甘苦合法,甘能生津益气,苦以泄热坚阴,甘味药配伍苦味药而不滋腻,苦味药配伍甘味药而不刚燥,符合消渴病阴虚为本、燥热为标的基本病机。王鸿庆总结山东省中医院经验用方并参阅古今医籍,根据甘苦合法的原则自拟组方,治疗气阴两虚兼火旺型消渴病患者1例,方中采用甘苦合法的思路,养阴与清热同用,标本兼治,收效显著。

4 咸苦合用法

关于咸苦合用法治疗消渴病的方法临床上并不常用。《素问》中说道:“肾欲坚,急食苦以坚之,用苦补之,以咸泻之”,“肾苦燥,急食辛以润之……”肾脏以坚守阴津为本,苦味药如知母能够坚守阴液,防止津液流失,体现了以苦补之。咸味药泻下,能够导液下行,若阴液流出不畅,即用咸味药泻之。肾为作强之官,伎巧所出,肾为水脏,性润而恶燥,辛味药如三棱、莪术、泽兰以润之,辛味药虽不能直接补阴液,但可以通过宣通气机使津液满布。可见,苦味与咸味中药配伍可一补肾一泄肾,加之辛味药宣通气机,对于消渴病合并肾病患者可以考虑咸苦辛味药配伍,应多用于临床实践中。

典型苦味中药在糖尿病治疗中的应用机制

1 丹参

从现代医家应用中药治疗消渴病规律得出丹参使用频率居第二位。《本草汇言》言：“丹参，善治血分，去滞生新……”《明理论》言：“以丹参一物，而有四物之功……逐瘀生新，性倍芎藭”。丹参，味苦、微寒，入心、肝经，有活血祛瘀，通经止痛等功效，病久入络，在糖尿病中后期，多兼有瘀血表现，故临床医家常用丹参等活血化瘀中药治疗。研究表明：丹参酚酸盐可以通过调节糖尿病肾病合并周围神经变的老年患者的TGF- β 1, MCP-1, 使炎性细胞因子水平得到有效控制，以达到提高周围神经传导速度的效果；丹参酮II A可以保护肾脏和延缓糖尿病肾病的发生发展，其机制可能是通过抗氧化活性的作用来改善糖尿病肾病大鼠体内氧化应激反应。

2 生地黄

《本草汇言》：“生地，益阴上品，清热凉血，活血化瘀”。生地黄，味苦甘、性寒，入心、肝、肾经，具有养阴生津，清热凉血，活血化瘀的功效，在消渴病燥热、阴伤、血瘀等辨证分型中均可应用。古代医家多配伍生地治疗阴虚津伤型消渴病，如消渴方、玉女煎、缩泉丸等。鲜少有人应用生地黄活血化瘀的这一作用，《神农本草经》言：生地能“逐血痹”，在消渴病后期兼有瘀血者可酌情加人生地治疗。现代药理学表明，生地黄水提液、多糖、低聚糖，具有改善胰岛素抵抗程度，调节细胞葡萄糖自身平衡，恢复胰岛 β 细胞功能等作用。

3 大黄

《素问·阴阳别论》谓：“二阳结谓之消”，指出胃肠热结、津液亏虚的发病机制，消渴病患者常有胃肠燥热等症状，且久病人络，在消渴病中后期，又多兼有瘀血证。《医学衷中参西录》：“大黄，味苦……性凉。能入血分，破一切瘀血。性虽趋下而又善清在上之热……”指出大黄具有清热泻火、泻下攻积、逐瘀通经等功效。临床医家常应用大黄黄连泻心汤、大黄蛰虫丸等经方治疗糖尿病及并发症。多项药理学研究表明，大黄素可能通过改善糖尿病大鼠体内山梨醇代谢和降低脊髓致炎细胞因子水平，对糖尿病周围神经病变起到明显的改善作用[7]；大黄酸可通

过控制血糖、抗氧化应激及抗纤维化、改善胰岛素抵抗、减少蛋白尿等途径起到对肾脏的保护作用。

4 天花粉

《本草纲目》中记载：天花粉为“消渴圣药”。天花粉，味甘微苦、性微寒，入肺、胃二经，善清肺胃之火，擅滋肺胃之阴，为热病伤津及内热消渴之良药。天花粉常用于消渴方、玉女煎、玉泉丸等经典方剂中，临床上常将消渴病分成上、中、下三消来辨证论治，三消之中，不论上消肺燥、中消胃热、下消肾虚都以天花粉为其治疗组方的主药，不愧对“消渴圣药”之称。查阅当前文献发现，天花粉水提物连同其复方对于改进糖尿病及其并发症具有显著效果，天花粉成分中具有明显降糖活性的主要是凝集素类化合物，天花粉凝集素可能通过提高体抗氧化能力而有效降低血糖，改善糖尿病症状。

5 白术

古今诸多医家提出“脾虚致消”学说，如李杲、赵献可、李中梓、张锡纯等，并分别提出“钱氏白术散倍加葛根”“一七味白术散”“参苓白术散”“一七味白术散”等治疗脾虚型消渴病。糖尿病患者常伴有腹泻症状，属中医消渴泄泻范畴。白术味甘苦、性温，归脾、胃经，具有健脾燥湿利水等功效，可用于治疗脾虚腹胀泄泻等症状，针对脾虚痰湿型消渴泄泻的患者。白术多糖可能是通过提高外周靶器官对胰岛素的敏感性[8]，改善胰岛素抵抗而起到降低db/db 2型糖尿病小鼠的空腹血糖水平、餐后血糖水平、血浆胰岛素水平，改善糖耐量。

6 玄参

《医学衷中参西录》谓：“玄参，味甘微苦，性凉多液，原为清补肾经之药”。消渴之为病，不外肺燥、胃热、肾虚，且三者往往同时存在，玄参可同时入肺、胃、肾三脏，取其性凉而不寒之性，且具有补益之功，可补肾阴之不足以治本，又可滋阴润肺，生津止渴，清泄胃火以治标，标本兼治，是治疗消渴病的佳肴。实验结果表明，在糖尿病发生发展过程中，玄参提取物可以通过改善机体糖代谢、脂代谢、抗氧化自由基损伤、保护胰岛 β 细胞等方面，多途

径、保护性地治疗和改善糖尿病病情。

讨论

古代医家对于苦味中药治疗消渴病的机制尚无一致性结论，现代药理学研究目前也不能统一苦味中药在治疗糖尿病中发挥的作用，但近年来，苦味中药治疗糖尿病的有效性已经被越来越多的医家所认可。据此，笔者从苦味中药的作用及治疗糖尿病的机制、苦味中药配伍其他性味中药在糖尿病治疗中应用机制、典型苦味中药在糖尿病治疗中的应用机制等角度出发浅谈苦味中药治疗糖尿病。目前临床上治疗糖尿病的药物以西药为主，而各种西药都有一定的不良反应和局限性，且在改善糖尿病相关症状方面效果不明显，中医中药在糖尿病的治疗和预防方面有其独特优势，

并显示出了良好的发展前景，现代药理学显示，苦味中药具有多种降糖机制，且同时又能预防糖尿病的并发症，改善糖尿病的症状，其作用机理可能与调节细胞葡萄糖自身平衡、保护胰岛β细胞、恢复胰岛β细胞功能、抗氧化应激、改善胰岛素抵抗、改善机体糖代谢、脂代谢、抗氧化自由基损伤等有关。我相信随着中药药理研究的深入，苦味中药治疗糖尿病的机制会逐渐被阐明，为医家用苦味中药治疗糖尿病提供实验证明和理论支持。

参考文献略

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（上接第80页）或者该睡觉的时候，人不困，不该睡觉的时候打瞌睡，人的这个神的节奏乱了；该排泄的时候不排泄，也不行。所以先把患者生活和生命的节奏调好，非常重要。人体自己的节奏调好后，还要和四季的节奏合拍。

四季的节奏是春夏秋冬，气候的节奏是寒热温凉，生命的节奏是生老病死。万事万物都有自己的节奏，人不可能离开节奏孤立的生存。一个人只想生不想死，这怎么可能呢？只要夏天，不要冬天，怎么可能呢？生命节奏顺天者昌，该睡觉不睡觉，该吃饭不吃饭，那就是逆天者亡。

正视个体疾病产生的根源

生命，由生和命两部分组。生有两个层次。第一个层次是生存，任何的生命现象在这个地球上出现以后，首先就要生存，生存包含两个方面，第一个是食，要有食物，要有能量支撑；第二个是色，要满足繁殖的需求，所以生存和繁殖，是一个生命现象要保持下去的基本属性，也是人性，任何的疾病的产生，

也就是围绕这两个方面。另外还有什么情之类，是根据这个延伸出来的。儒家说食色性也，也是人之大欲，欲望掌握不好，释放不出来，压抑会得病，释放的太过也会得病。

人的生存问题解决了以后，开始生活。从生存的满足到生活的品味人就开始讲究起来。但是讲究过了，反而对生命形成伤害。所以庄子曾经说过，虽富贵不以养伤生，意思是富贵的人不要用养生来伤生。现在有很多人生活富裕了，每天吃那些保健品比饭还多。生活也养人，也毁人。人对生命应该有一个正确的认识，如人生有很多种无奈，有的人天生体质就不好，如五脏六腑有衰弱的迹象，这是人生的短板，应该学会接受，接受了以后再想办法去弥补它。弥补不了，那就接受弥补不了的现实。有的人不甘心，成天折腾，本来已经匹配了的脏腑，又被他弄的不平衡。观念出了问题，也是疾病出现的重要因素之一。

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Effect of balanced acupuncture and moxibustion on the treatment of type 2 diabetes

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Abstract: Purpose: To study the effect of balancing acupuncture and moxibustion on Hypoglycemic acupoints during the clinical treatment of type 2 diabetes (T2DM). **Methods:** 100 cases of T2DM patients were enrolled, all of them were admitted in March 2019 — February 2020. According to the random method, they were divided into study groups and comparison groups, each with 50 cases. The control group was given conventional treatment, and the research group was given balanced acupuncture and moxibustion on the basis of conventional treatment. Both groups were treated continuously for 3 weeks. The blood glucose of the patients was measured, and the symptoms of thirst, hunger, polyuria, and other symptoms were observed. The weight changes were compared and the therapeutic effects of the two treatment options were observed. **Results:** The total effective rate of treatment in the study group was 96.00% lower than that in the control group ($P < 0.05$). After treatment, the blood glucose index of patients in the study group was significantly improved and was better than that in the control group ($P < 0.05$). After treatment, the daily water intake, daily food intake, daily urine output and BMI indexes of the patients in the study group were better than those of the pre-treatment and control groups ($P < 0.05$). **Conclusion:** Using balanced acupuncture and moxibustion to treat T2DM can effectively control the patient's blood sugar, improve thirst, polyuria, and hunger, and promote weight loss.

Keywords: type 2 diabetes; balanced acupuncture and moxibustion treatment of hypoglycemic points; clinical symptoms; effects; blood sugar; BMI.

Type 2 diabetes (T2DM) is a multiple type of diabetes, which is a common clinical metabolic disease. In patients with this type of disease, the amount of insulin produced in the body is too high, but the amount of binding to the receptor is relatively small, resulting in poor insulin action ability and unable to function effectively. The American Diabetes Association will have polyuria, polydipsia, and uncaused weight loss, and the random blood glucose value will be higher than 11.1 mmol/L, fasting blood glucose (FBG) higher than 7.0 mmol/L, and glycosylated hemoglobin (HbA1c) higher than 6.5%. 5% of patients are diagnosed with T2DM. Clinically, oral drugs are mainly used to stimulate the secretion of insulin in patients. For those with no significant effect on drug treatment, insulin therapy is used. Although the patient's blood glucose is controlled for a certain period of time, there is currently no radical drug treatment for T2DM. In traditional Chinese medicine research, it is believed that the method of acupuncture and moxibustion stimulation at hypoglycemic acupoints can effectively control the blood sugar effect of patients, improve their clinical symptoms, and reduce the damage to the patient's body caused by drug treatment. In order to confirm the authenticity of the above-mentioned research, this study used balanced acupuncture and moxibustion to treat T2DM with the method of lowering

blood sugar points, and observed the application effect. The report is as follows.

1 Materials and methods

1.1 General information

Enrolled 100 patients with type 2 diabetes, all of them were admitted on 2019-03-2020-02. According to the random method, they were divided into study group and comparison group, each with 50 cases. In the study group, there were 28 males and 22 females, aged 39 to 75 years old, with a median of 54.52 years old. In the comparison group, there were 30 males and 20 females, aged 38-73 years old, with a median of 55.26 years old. Diagnostic criteria: (1) Patients have typical symptoms such as polyuria, polydipsia, and weight loss without inducement, and fasting blood glucose ≥ 7.0 mmol/L blood glucose 2h after meal (2hPG, ≥ 11.1 mmol/L, HbA1c $\geq 6.5\%$). (2) The patient does not have the above typical symptoms, FBG, ≥ 7.0 mmol/L or 2h postprandial blood glucose (2hPG) ≥ 11.1 mmol/L, but the glucose tolerance test 2h blood glucose, ≥ 11.1 mmol/L. Inclusion criteria: (1) Patients meet the diagnostic criteria for type 2 diabetes; (2) Oral hypoglycemic drugs are ineffective; (3) Patients and their families are informed and signed a consent form. Exclusion criteria: (1) Patients with heart,

liver, kidney and other organ diseases; (2) Women during pregnancy and lactation; (3) Those with high blood glucose levels caused by other reasons; (4) Those who cannot cooperate with diet during the study period And living habits instructor. There was no statistical difference in baseline data between the two groups ($p>0.05$).

1.2 method

1.2.1 Comparison group

The comparison group made a treatment plan based on the clinical examination results of the patients. Use biguanide, sulfonylurea, thiazolidinedione, benzoic acid derivatives, α -glucosidase inhibitor hypoglycemic drugs for treatment. If the effect of single treatment for blood sugar control is not good, a combined treatment plan can be adopted. If the combined oral hypoglycemic drugs are still unable to achieve the desired hypoglycemic effect or have adverse reactions, subcutaneous insulin injections can be used. During treatment, instruct patients to control blood sugar through diet and lifestyle changes, and increase appropriate exercise to reduce weight. The patient took the medicine for 3 weeks.

1.2.2 Study Group

(1) Method of selecting points. The research group implemented balanced acupuncture and moxibustion on the basis of conventional treatment. First, select hypoglycemic acupoint targets, which are located on the palm side of the forearm and the muscle space between the elbow joint and the lower 2/3 of the wrist joint. This site is where the medial cutaneous nerve of the forearm, the median nerve and the interosseous nerve of the palm of the forearm meet. In the process of selecting acupoints, according to different genders, the selected hypoglycemic acupoint targets are also different, and the principle of selecting acupuncture points of male left and female should be followed. It is also possible to select acupoints crosswise on the left and right sides or the same acupoints on both sides.(2) Acupuncture methods. It is advisable to use the method of lifting and inserting needles up and down to move the needles. When the hypoglycemic acupoints of acupuncture patients are located, it is advisable to subjectively feel acupuncture and moxibustion at the acupuncture site. For those who are weak, elderly, or chronically ill, need to use needle-stasis therapy. The treatment is performed once a day for 3 consecutive weeks. (3) Matters needing attention. Before acupuncture treatment, physicians need to teach patients about type 2 diabetes, so that patients have a deeper understanding of

the disease. Analyze the reasons for the poor effect of oral hypoglycemic agent insulin after treatment, and clarify the principle and effectiveness of balanced acupuncture in the treatment of type 2 diabetes. And explain to the patient the precautions in acupuncture treatment and the reaction during the process in advance to obtain the patient's cooperation. During the treatment, the needle was immediately closed after the patient had a noticeable needle sensation. And use disposable acupuncture needles for treatment to avoid cross-infection. Use 75% alcohol cotton balls to disinfect the skin of the acupuncture site. Adopt fast needle insertion and fast needle narrowing methods to reduce patient discomfort. After the acupuncture is completed, use an alcohol cotton ball to compress the acupuncture site to prevent bleeding and infection.

1.3 Observation indicators

1.3.1 Count the treatment effects of the two groups. Significantly effective: the patient's symptoms such as polyuria and thirst disappeared, and the blood glucose index was controlled within the normal reference value range; effective: the patient's above symptoms were greatly improved, and the blood glucose level gradually recovered but did not reach the normal reference value. Invalid: The patient's clinical symptoms and blood glucose indicators have no obvious changes or the condition has large fluctuations. The effective rate is the sum of the apparent efficiency and the effective efficiency.

1.3.2 Before and after treatment, test the patient's blood glucose indicators. Including FBG, 2hPG, HbA1c.

1.3.3 Statistics on the improvement of typical symptoms of the two groups of patients. The evaluation methods were as follows: thirst was assessed by daily water intake, hunger was assessed by daily food intake, polyuria was assessed by daily urine output, and body weight was assessed by body mass index (BMI).

1.4 Statistical methods

SPSS 22.0 software was used to analyze the data. Use ($\bar{x} \pm s$) to represent the measurement data, the test value is t , and n (%) to represent the count data, and the test value is χ^2 . $P<0.05$ indicates that the difference is statistically significant.

2 results

2.1 Comparison of treatment effects between the two groups

There were 28 cases in the study group that were

effective, 20 cases were effective, and 2 cases were ineffective. The total effective rate was 96.00%. The relevant indicators in the comparison group were 23, 19, and 8 cases, and the total effective rate was 84.0%. , The study group is higher ($\chi^2=4.000$, $P=0.046$).

2.2 Comparison of changes in blood glucose levels between the two groups

Before treatment, there was no significant difference in blood glucose indicators between the two groups ($P>0.05$). After treatment, the blood glucose indicators of the study group were significantly improved and were better than those in the comparison group ($P<0.05$). See Table 1.

表1 两组患者血糖水平变化比较 ($\bar{x} \pm s$, $n=50$)

组别	时间	FBG (mmol/L)	2hPG (mmol/L)	HbA1c (%)
研究组	治疗前	9.70 \pm 1.15	15.11 \pm 1.42	9.88 \pm 1.40
	治疗后	6.18 \pm 0.55	8.80 \pm 0.15	6.25 \pm 1.10
对比组	治疗前	9.65 \pm 1.20	15.08 \pm 1.50	8.20 \pm 1.75
	治疗后	7.32 \pm 0.65	9.45 \pm 0.32	136.30 \pm 12.10

2.3 Comparison of improvement of typical symptoms between the two groups.

Before treatment, the daily water consumption of the study group was (2162.30 \pm 1602.36) mL, and the comparison group was (2226.26 \pm 548.65) mL. There was no significant difference between the groups ($t=0.556$, $P=0.580$); After treatment, the study group was (1670.48 \pm 485.74) mL, and the control group was (2088.48 \pm 440.56) mL. The daily water consumption of the study group was significantly reduced, and was lower than the control group ($t=4.756$, $P=0.00000$, $t_2=4.210$, $P_2=0.00000$). Before treatment, the daily food intake of the study group was (350.23 \pm 92.36) g, and the comparison group was (348.38 \pm 86.66) g. The difference between the groups was not significant ($t=0.103$, $P=0.918$); After treatment, the daily food intake of the study group was (300.26 \pm 50.18) g, and the comparison group was (329.56 \pm 55.58) g. The daily food intake of the study group was lower than before treatment and lower than the comparison Group ($t_1=3.362$, $P_1=0.001$, $t_2=2.767$, $P_2=0.007$); before treatment, the daily urine output of the study group was (2385.33 \pm 456.58) mL, and the comparison group was (2402.63 \pm 466.68) mL, the difference between the groups was not significant ($t=0.187$, $P=0.852$); after treatment, the daily urine output of the study group was (1856.36 \pm 449.68) mL, and the comparison group was (2040.26 \pm 1402.69) mL, the study group's daily urine output was

lower than before treatment and lower than the comparison group ($t_1=5.837$, $P_1=0.00$, $t_2=2.154$, $p_2=0.034$); before treatment, study group BMIX30 26 ± 1.02 , the comparison group was (29.85 \pm 1.25), the difference between the groups was not significant ($t=1.797$, $P=0.075$); after treatment, the BMI of the study group was (23.52 \pm 1.45, the comparison group was (26.02 \pm 1.50), the BMI of the study group was lower than before treatment and lower than the comparison group ($t_1=26.883$, $p_1=0.000$, $t_2=8.473$, $p_2=0.000$).

3 Discussion.

Diabetes is a clinically common metabolic disease, in which T2DM accounts for more than 90% of the clinical incidence. In recent years, the changes in people's living environment, eating habits and living habits have caused the incidence of T2DM to increase. The clinical diagnosis of T2DM is not difficult, but the control of blood glucose indicators is not easy, and so far no thorough treatment has been found. For the clinical treatment of T2DM, oral diabetes drugs are currently used clinically for treatment. Combination medication has a certain effect on blood sugar control, but patients need to take the medication for life. After the medication is stopped, blood sugar returns to a high level, which can be said to treat the symptoms rather than the root cause. For patients whose oral hypoglycemic drugs are ineffective, subcutaneous injection of insulin can better regulate the patient's insulin levels, but still cannot get rid of the consequences of relapse after stopping the drug. In addition, western medicine is prone to cause systemic adverse reactions during treatment. In addition, long-term medication can cause a great burden on the gastrointestinal tract of patients. The metabolism of drugs through the liver and kidney can also cause damage to the gastrointestinal function of the patient. In the process of western medicine manufacturing, resource consumption and environmental pollution will also be caused to the entire global environment, which has a great negative impact. For this reason, the application of traditional Chinese medicine has begun to be widely used in clinical practice. Acupuncture and moxibustion of Chinese medicine is the crystallization of the medical culture of Chinese medicine for thousands of years. Through the clinical application of Chinese medicine acupuncture and moxibustion, it has produced good effects on many diseases. For this reason, this study applied balanced acupuncture and moxibustion to reduce blood sugar points in

the treatment of T2DM.

The treatment method of balanced acupuncture hypoglycemic points is a treatment method summed up from many years of clinical experience. By finding the corresponding brain nerve center regulation target in the peripheral nerve, peripheral nerve acupuncture can be used to regulate the brain central nerve. According to the different lesions of the patient, the goal of treatment can be achieved by using balanced needle target positioning and acupuncture target points. Generally speaking, the target is selected far away from large blood vessels and important organs to ensure the safety of treatment. Compared with conventional acupuncture methods, the selected target points are significantly reduced and more precise, the operation is convenient and the treatment effect is better.

Years of studies have shown that the hypoglycemic acupoints can be treated by balancing the target points of acupuncture and moxibustion. Related studies have shown that after one week of acupuncture and moxibustion target points, the patient's blood sugar level began to improve. After 3 weeks of acupuncture, the patient's symptoms of thirst, polyuria, and hunger were significantly controlled. And balancing hypoglycemic acupuncture points can greatly improve the weight of patients. The results of this study showed that the total effective rate of 96.00% in the study group was lower than the 84.0% in the comparison group ($P < 0.05$). After treatment, the blood glucose indicators of the study group were significantly improved and were better than those of the control group ($P < 0.05$). After treatment, the daily water intake, daily food intake, daily urine output and BMI indexes of the patients in the study group were better than those of the pre-treatment and comparison groups ($P < 0.05$). This is consistent with the above-mentioned research results. Analyzing the principles of hypoglycemic acupuncture therapy with balance acupuncture, it is found that balance acupuncture can stimulate the target point to stimulate the corresponding brain nerve central system, promote the activation of the patient's self-repair system in the body, and stimulate its self-repair ability. From the perspective of the process of acupuncture, it is a treatment method that strengthens the information transmission function of central neuron cells and stimulates the central nervous system to play a role. From the perspective of traditional Chinese medicine, acupuncture at hypoglycemic acupoints is an accurate positioning of the human anatomical structure.



This acupuncture point is located on the palm side of the forearm, from the wrist joint to the elbow joint 2/3. Balanced acupuncture and moxibustion are carried out by lifting and inserting up and down, which can determine the strength of acupuncture and moxibustion through the patient's obvious acupuncture sensation, which is more safe. Moreover, it is more convenient to find acupuncture points, which can avoid the defects of traditional acupuncture and moxibustion that are too many and difficult to grasp.

In summary, T2DM is a common clinical metabolic disease. Insulin cannot function effectively in the patient's body, resulting in abnormally high blood sugar levels. Although oral hypoglycemic drugs and insulin therapy have a certain control effect on patients' blood sugar levels. However, taking medicines can cause toxic side effects and damage to gastrointestinal function. After stopping the drug, the condition is easy to recur. The use of balanced acupuncture and hypoglycemic acupoint therapy, through the stimulation of the target point, can improve the function of the corresponding brain central nervous system and promote the recovery of insulin function. The treatment method is simple to operate and can be effectively applied to the clinic.

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平衡针灸降糖穴在2型糖尿病治疗的效果

◎王冬梅

摘要：目的：研究在2型糖尿病（T2DM）临床治疗的过程中使用平衡针灸降糖穴治疗的效果。方法：入组100例T2DM患者，均于2019—03——2020—02收治。按照随机抽签法，分为研究组和对比组，各50例。对比组给予常规治疗，研究组在常规治疗基础上给予平衡针灸降糖穴法治疗。两组均连续治疗3周，对患者血糖进行检测，并对患者口渴、饥饿、多尿等症状进行观察，对其体重改变情况进行对比，观察两种治疗方案的治疗效果。结果：研究组治疗总有效率96.00%低于对比组的84.00%（ $P<0.05$ ）。治疗后，研究组患者血糖指标有显著改善且优于对比组（ $P<0.05$ ）。治疗后，研究组患者每天饮水量、每天进食量、每天尿量及BMI指标均优于治疗前及对比组指标（ $P<0.05$ ）。结论：采用平衡针灸降糖穴法治疗T2DM，可有效控制患者血糖，改善其口渴、多尿、易饥等症状，促进其体重减轻。

关键词：2型糖尿病；平衡针灸降糖穴治疗；临床症状；效果；血糖；BMI

2型糖尿病（T2DM）是糖尿病的一种多发类型，属于临床常见代谢异常疾病。该类疾病患者，其体内胰岛素生成量过高，但与受体结合量比较少，导致胰岛素作用能力比较差，不能有效发挥作用。美国糖尿病协会将出现多尿、烦渴以及无诱因体重下降，并且随机血糖值高于11.1 mmol/L，空腹血糖(FBG)高于7.0 mmol/L、糖化血红蛋白(HbA1c)高于6.5%的患者诊断为T2DM。临床主要采用口服药物刺激患者体内胰岛素的分泌，对于药物治疗无显著疗效者，采用胰岛素治疗。尽管患者血糖在一定时间内受到控制，但目前还没有针对T2DM的根治性药物治疗方法。中医学研究中认为，采取降糖穴针灸刺激的方法可有效控制患者血糖效果，改善其临床症状，可以降低药物治疗对患者机体的损伤。本研究为证实上述研究的真实性，采用平衡针灸降糖穴法治疗T2DM，观察应用效果。现报道如下。

1 资料与方法

1.1 一般资料

入组100例2型糖尿病患者，均于2019—03——

2020—02收治。按照随机抽签法，分为研究组和对比组，各50例。研究组，男28例，女22例，年龄39—75岁，中位54.52岁。对比组，男30例，女20例，年龄38—73岁，中位55.26岁。诊断标准：(1)患者有多尿、烦渴以及无诱因体重下降等典型症状，且空腹血糖 >7.0 mmol/L餐后2h血糖(2hPG) >11.1 mmol/L，HbA1c $>6.5\%$ 。(2)患者无上述典型症状，FBG >7.0 mmol/L或餐后2h血糖(2hPG) >11.1 mmol/L，但糖耐量实验2h血糖 >11.1 mmol/L。纳入标准：(1)患者符合2型糖尿病诊断标准；(2)口服降糖药物无效；(3)患者及家属知情并签订同意书。排除标准：(1)合并心、肝、肾等脏器疾病者；(2)妊娠期及哺乳期女性；(3)其他原因导致的血糖水平值过高者；(4)研究期间不能配合饮食及生活习惯指导者。两组基线资料，无统计学差异($p>0.05$)。

1.2 方法

1.2.1 对比组

对比组根据患者临床检查结果，为其制定治疗方案。采用双胍类、磺尿类、噻唑烷二酮类、苯甲酸衍生物类、一葡萄糖苷酶抑制剂降糖药物进行治疗。单独治疗血糖控制效果不佳者，可采取联合治疗方案。应用联

合口服降糖药物治疗仍无法达到理想的降糖效果或者产生不良反应者,可采用皮下注射胰岛素类药物治疗。治疗期间,指导患者通过饮食以及生活方式的改变配合控制血糖,并增加适当的运动锻炼,以降低体重。患者连续服药3周。

1.2.2 研究组

(1)选穴方法。研究组在常规治疗基础上实施平衡针灸降糖穴法治疗。首先选择降糖穴靶点,分别位于前臂掌侧以及肘关节至腕关节下2/3处的肌肉间隙。该部位是前臂内侧皮神经、正中神经以及前臂掌侧骨间神经的交汇位置。取穴过程中,根据性别不同,选取的降糖穴靶点也不同,需遵循男左女右的取穴原则。也可于左右两侧交叉取穴或者取双侧同样穴位。(2)针灸方法。采用上下提插方法运针,针灸患者降糖穴位置时,以患者针灸部位主观感到有针灸感为宜。对于身体虚弱、高龄或者长期患病者,需采用滞针治疗。每天治疗1次,连续治疗3周。(3)注意事项。针灸治疗前,治疗医师需对患者进行2型糖尿病知识的健康宣教,使患者对疾病有更深入的认识。对口服降糖药剂胰岛素治疗后效果不佳的原因进行分析,并明确平衡针灸治疗2型糖尿病的原理以及有效性。并向患者提前解释针灸治疗中的注意事项以及过程中出现的反应,获得患者的配合。治疗过程中,患者有明显的针感后立即收针。并采用一次性针灸针进行治疗,避免交叉感染。使用75%的酒精棉球进行针灸部位皮肤的消毒。采取快速进针、快速收针方法减少患者不适感。针灸完成后,使用酒精棉球压迫针灸部位,防止出血及感染。

1.3 观察指标

1.3.1统计两组治疗效果。显效:患者多尿、口渴等症状消失,血糖指标控制在正常参考值范围;有效:患者上述症状有较大改善,且血糖值逐渐恢复但未达到正常参考值。无效:患者临床症状及血糖指标无明显变化或病情有较大波动。有效率为显效率与有效率之和。

1.3.2治疗前后,对患者血糖指标进行检测。包括FBG、2hPG、HbA1c。

1.3.3统计两组患者典型症状改善情况。评价方法为口渴采用每天饮水量评估,易饥采用每天进食量评

估,多尿采用每天尿量评估,体重采用身体质量指数(BMI)评估。

1.4 统计学方法

采用SPSS 22.0软件分析数据。以()表示计量资料,检验值为t值,以n(%)表示计数资料,检验值为 χ^2 。P<0.05为差异有统计学意义。

2 结果

2.1 两组治疗效果对比

研究组有28例治疗显效,20例治疗有效,2例治疗无效,总有效率为96.00%,对比组相关指标分别为23例、19例和8例,总有效率为84.00%,研究组更高($\chi^2=4.000$, P=0.046)。

2.2 两组患者血糖水平变化比较

治疗前,两组患者血糖指标无显著差异(P>0.05)。治疗后,研究组患者血糖指标有显著改善且优于对比组(P<0.05)。见表1

表1 两组患者血糖水平变化比较($\bar{x} \pm s$, n=50)

组别	时间	FBG (mmol/L)	2hPG (mmol/L)	HbA1c (%)
研究组	治疗前	9.70 ± 1.15	15.11 ± 1.42	9.88 ± 1.40
	治疗后	6.18 ± 0.55	8.80 ± 0.15	6.25 ± 1.10
对比组	治疗前	9.65 ± 1.20	15.08 ± 1.50	8.20 ± 1.75
	治疗后	7.32 ± 0.65	9.45 ± 0.32	136.30 ± 12.10

2.3 两组患者典型症状改善情况比较

治疗前,研究组每天饮水量为(2162.30 ± 1602.36) mL,对比组为(2226.26 ± 548.65) mL,组间无显著差异(t=0.556, P=0.580);治疗后,研究组为(1670.48 ± 485.74) mL,对比组为(2088.48 ± 440.56) mL,研究组每天饮水量明显降低,且低于对比组($\chi^2=4.756$, P=0.000, $\chi^2=4.210$, P=0.000)。治疗前,研究组每天进食量为(350.23 ± 92.36) g,对比组为(348.38 ± 86.66) g,组间差异不显著(t=0.103, P=0.918);治疗后,研究组每天进食量为(300.26 ± 50.18) g,对比组为(329.56 ± 55.58) g,研究组每天进食量低于治疗前且低于对比组($\chi^2=3.362$, P=0.001, $\chi^2=2.767$, P=0.007);治疗前,研究组每天尿量为(2385.33 ± 456.58) mL,对比组为(2402.63 ±

466.68) mL, 组间差异不显著($t=0.187$, $P=0.852$);治疗后, 研究组每天尿量为(1856.36 ± 449.68) mL, 对比组为(2040.26 ± 1402.69) mL, 研究组每天尿量低于治疗前且低于对比组($t=5.837$, $P=0.000$, $t=2.154$, $P=0.034$);治疗前, 研究组BMI为(30.26 ± 1.02), 对比组为(29.85 ± 1.25), 组间差异不显著($t=1.797$, $P=0.075$);治疗后, 研究组BMI为(23.52 ± 1.45 , 对比组为(26.02 ± 1.50), 研究组BMI低于治疗前且低于对比组($t=26.883$, $P=0.000$, $t=8.473$, $P=0.000$)。

3讨论

糖尿病是临床多见代谢类疾病, 其中T2DM占临床发病率90%以上。近些年来, 人们生活环境、饮食习惯及生活习惯的改变, 使得T2DM的发病率有所上升。T2DM的临床诊断并不难, 但是对血糖指标的控制却不容易, 且目前为止尚未找到彻底治疗的方法。临床对于T2DM的治疗, 目前临床采用口服糖尿病药物进行治疗。联合用药对血糖有一定的控制效果, 但患者需要终身服药, 停药后, 血糖又恢复到高水平, 可以说是治标不治本。而对于口服降糖药物无效的患者, 采取皮下注射胰岛素方式, 可以起到较好的调节患者体内胰岛素水平的作用, 但仍摆脱不了停药后复发的后果。加上西药在治疗过程中易引发全身性不良反应。并且长期服药过程中, 可给患者胃肠道造成很大的负担。药物通过肝肾代谢也会导致患者胃肠功能受到损伤。西药制造过程中, 对整个地球环境也会产生资源的耗费以及环境的污染, 产生了很大的负面影响。为此, 中医疗法的应用在临床上开始得到广泛的利用。中医针灸是中医几千年医学文化的结晶。通过中医针灸在临床上的应用, 对多种疾病产生了较好的疗效。为此, 本研究将平衡针灸降糖穴法应用在T2DM的治疗中。


平衡针灸降糖穴的治疗方法是多年临床经验中总结出来的一种治疗方法。通过于外周神经中找寻与之相对应的大脑神经中枢调控靶点, 可采用外周神经针灸的方式, 对大脑中枢神经进行调控。根据患者不同病灶, 采取平衡针靶点定位并针灸靶点, 可达到治疗的

目的。一般来说, 靶点选取远离大血管以及重要脏器部位, 可保证治疗的安全。与常规针灸方法相比较, 选取的靶穴位明显减少且更加精确, 操作方便且治疗效果更好。

多年研究显示, 采取平衡针灸靶点穴位的方式, 可单独针对降糖穴进行治疗。有相关研究显示, 针灸靶穴位1周后, 患者血糖水平即开始改善。针灸3周后, 患者口渴、多尿、易饥等症状得到明显控制。并且平衡针灸降糖穴, 对患者的体重水平也有很大的改善。本研究成果显示, 研究组治疗总有效率96.00%低于对比组的84.00% ($P<0.05$)。治疗后, 研究组患者血糖指标有显著改善且优于对比组($P<0.05$)。治疗后, 研究组患者每天饮水量、每天进食量、每天尿量及BMI指标均优于治疗前及对比组指标($P<0.05$)。这与上述研究结果有较高的一致性。对平衡针灸降糖穴治疗的原理进行分析, 发现, 平衡针灸可通过刺激靶点, 对相应的大脑神经中枢系统进行刺激, 促进患者在体内自我修复系统被激活, 激发了其自我修复能力。从针灸的过程来看, 是通过刺激中枢神经细胞的信息传递功能进行强化, 刺激中枢神经发挥作用的一种治疗方法。从中医角度来讲, 针刺降糖穴, 是对人体解剖结构的准确定位。该穴位位于前臂掌侧, 腕关节至肘关节2/3处。平衡针灸法通过上下提插法进行针灸治疗, 可通过患者有明显的针刺感来确定针灸的力度, 更具有安全性。且寻找穴位比较方便, 可以避免传统针灸穴位较多且不易把握的缺陷。

综上所述, T2DM是临床常见代谢类疾病。患者体内胰岛素不能有效发挥作用, 导致血糖水平异常升高。虽然口服降糖药物以及采用胰岛素治疗对患者血糖水平有一定的控制效果。但服药药物会对患者产生毒副作用以及对胃肠功能的损伤。停药后, 病情还容易反复。而采用平衡针灸降糖穴治疗, 通过靶点的刺激, 可提升相应大脑中枢神经系统的功能, 促进胰岛素功能恢复。该治疗方法操作简单, 可有效应用于临床。

参考文献略

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Clinical Study on Treatment of Type 2 Diabetes with Warm Needle Moxibustion at Guanyuan Point.

©Yang Qiang, Yang Huan, Deng Ru, Wang Dong

Abstract: Objective: To observe the effects of warming acupuncture at Guanyuan point combined with metformin on fasting blood glucose (FBG), 2h postprandial blood glucose (PBG), glycosylated hemoglobin (HbA1c) and body mass index (BMI) in patients with type 2 diabetes. Methods: 80 patients with type 2 diabetes who met the inclusion criteria were randomly divided into a control group and an acupuncture group, with 40 cases in each group. Both groups were treated with acupuncture and selected acupoints (Zhongwan, Xiawan, Guanyuan, Qihai, Tianshu, Liangmen, Huaroumen, Zusanli, Sanyinjiao, Daheng); the control group was given the western medicine metformin on this basis; the acupuncture group was given warm acupuncture and moxibustion at Guanyuan point on the basis of the control group. After 2 months of treatment, compare the differences of FBG, PBG, HbA1c and BMI between the two groups before and after treatment. Results: After two months of treatment, the blood glucose changes and BMI index of the two groups of patients were improved. The FBG, PBG, HbA1c and BMI levels of the patients in the treatment group decreased significantly, and were better than the control group; the total effective rate of the treatment group (87.50%, 35/40) was significantly better than the control group (67.50%, 27/40), and the difference was statistically significant ($P < 0.05$). Conclusion: Oral metformin combined with warm needle moxibustion at Guanyuan point can significantly improve and control fasting blood glucose (FBG), 2h postprandial blood glucose (PBG), glycosylated hemoglobin (HbA1c) and body mass index (BMI) in patients with type 2 diabetes. It is worthy of clinical research and application.

Keywords: warm needle moxibustion; Guanyuan point; type 2 diabetes

Type 2 diabetes (non-insulin-dependent diabetes) is clinically manifested as a large amount of insulin secretion, which the human body fails to recognize and use, resulting in a gradual increase in blood sugar, and its incidence and disability rate are high. If blood sugar is not well controlled, multiple complications are prone to occur. The milder affects the patient's quality of life, and the severer threatens life and health. In recent years, with the improvement of living standards, phlegm and dampness accumulation caused by heavy drinking, overeating, fat and sweet taste, accounted for the majority of type 2 diabetes, and long-term clinical observation has found that the pathogenesis of phlegm and dampness often runs through type 2 Diabetes always. At present, western medicine treatment is still based on oral hypoglycemic drugs, which are prone to drug resistance. Acupuncture and moxibustion is unique in the treatment of this disease, especially warm acupuncture therapy, which is safe, reliable, economical, cheap, simple to operate, and has outstanding efficacy. Therefore, the author chooses to treat this disease based on oral metformin plus warming needle moxibustion at Guanyuan point, and has achieved good results. The report is as follows.

1 Materials and methods

1.1 General information

From June 2017 to June 2018, 80 patients with type 2 diabetes were admitted to the Second Affiliated Hospital of Shaanxi University of Traditional Chinese Medicine. They were randomly divided into a control group and a treatment group, with 40 cases in each group. Comparing the general information of the two groups of patients, the difference was not statistically significant. See table 1

表1 两组患者一般资料比较 ($\bar{x} \pm s$)

组别	例数	性别(例)		年龄(岁)	病程(年)	体质量(kg)
		男	女			
对照组	40	18	22	48.8 ± 4.7	5.5 ± 5.0	65.5 ± 23.8
治疗组	40	19	21	49.6 ± 3.5	7.0 ± 3.5	67.5 ± 21.6

1.2 Diagnostic criteria

1.2.1 The diagnostic criteria of traditional Chinese medicine refer to the "Technical Guidelines for Clinical Research of New Drugs (Traditional Chinese Medicine) Treating Xiao Ke Diseases (Diabetes)": Diagnosis can be made with symptoms such as thirsty and polydipsia, polyphagia and hunger, polyuria and sweetness.

1.2.2 Western medicine diagnostic criteria ①Patient body mass index (BMI) requires 25 kg/m²; ②According to the relevant diagnostic criteria of the Chinese Type 2 Diabetes Prevention and Control Guidelines: Those who meet the symptoms of diabetes plus fasting blood glucose (FBG) 7.0 mmol/L or meal After 2h blood glucose (PBG) 11.1 mmol/L or random blood glucose 11.1 mmol/L can be diagnosed.

1.3 Inclusion criteria

①Meet the above diagnostic criteria; ②Automatically sign informed consent; ③Patients who have not received other treatments; ④Patients who have good compliance and voluntarily receive treatment.

1.4 Exclusion criteria

①Patients with type 1 diabetes; ②Patients who take other antidiabetic drugs; ③Patients with high blood glucose during pregnancy or lactation; ④Patients with malignant tumors or other serious primary diseases; ⑤Patients with high blood sugar caused by drugs; ⑥Not meeting the inclusion criteria Other cases.

1.5 Treatment methods

1.5.1 Conventional acupuncture treatment Both groups of patients received conventional acupuncture treatment, and carried out education on diabetes health knowledge, diet control, and appropriate exercise. Select the acupoints Zhongwan, Xiawan, Guanyuan, Qihai, Tianshu, Liangmen, Huaroumen, Zusanli, Sanyinjiao, and Daheng. The acupoints are all acupuncture with 0.3 mm x 0.40 mm needles with conventional acupuncture. Insert the twisting technique, keep the needle for 20 minutes after getting the breath, and needle the needle once every 10 minutes, once per day.

1.5.2 The control group was given oral metformin treatment on the basis of acupuncture, 0.5 g/time, 2 times/day, after meals.

1.5.3 On the basis of the control group, the acupuncture group was treated with warm needle moxibustion at Guanyuan point (Guanyuan point, located at the front midline, 3 inches below the umbilicus). Operation: After routine disinfection, a 0.3 mm x 0.40 mm milli-needle is inserted into the Guanyuan acupoint. After getting qi, put a stick of pure moxa on the needle handle to light it, and spread a diameter of 5 cm on the skin. To prevent the moxa ash from falling and scalding the skin, replace the moxa stick with a moxa stick and treat 3 sticks in total. 1 time/day.

1.6 course of treatment

Both groups were treated for 2 months, and all drugs

that affected the efficacy of this study were stopped before the treatment period.

1.7 Clinical efficacy criteria

According to the criterion of efficacy in the "Guiding Principles for Clinical Research of New Chinese Medicines". Significantly effective: the patient's fasting blood glucose (FBG), 2h postprandial blood glucose (PB G), and glycosylated hemoglobin (HbA1c) were all normal, and Xiao Ke's symptoms disappeared; effective: compared with before treatment, the patient's fasting blood glucose (FBG), after meal 2h blood glucose (PB G) was reduced by 20%, glycosylated hemoglobin (HbA1c) was reduced by 10%, Xiao Ke's symptoms improved; Ineffective: the patient's fasting blood glucose (FBG), postprandial 2h blood glucose (PB G), glycosylated hemoglobin (HbA1c) and No improvement in symptoms.

1.8 Observation indicators

The fasting blood glucose, 2h postprandial blood glucose, glycosylated hemoglobin and body mass index of the two groups of patients were comprehensively scored and compared before and after treatment. The body mass index (BMI) is equal to the square of body mass/height (kg/m²).

1.9 Statistical methods

The SPSS19.0 statistical analysis system was used for statistics. The count data were calculated by chi-square test, and the measurement data were expressed as examples/%. The comparison between groups was made by t test, and P<0.05 was regarded as statistically significant.

2 results

2.1 Comparison of the efficacy of the two groups of patients

It can be seen from Table 2 that after 2 months of treatment, the total effective rate of patients in the treatment group (87.5%) was significantly higher than that of the control group (67.50%), and the difference was statistically significant (p<0.05).

表2 两组患者疗效比较 (例)

组别	例数	显效	有效	无效	总有效率(%)
治疗组	40	16	19	5	87.50 [*]
对照组	40	12	15	13	67.50

注:与对照组比较,* P<0.05。

2.2 Comparison of FBG, PBG, HbA1c between the two groups

It can be seen from Table 3 that there was no significant

difference in FBG, PBG, and HbA1c between the two groups of patients before treatment ($P>0.05$); after 2 months of treatment, the levels of FBG, PBG, and HbA1c in the two groups were significantly reduced, and the treatment group was significantly lower than the control group, the difference was statistically significant ($P<0.05$).

表3 两组患者FBG、PBG、HbA1c比较 ($\bar{x} \pm s$)

组别	例数	时间	FBG (mmol/L)	PBG (mmol/L)	HbA1c (%)
对照组	40	治疗前	9.68 ± 2.23	11.56 ± 2.06	9.47 ± 1.89
		治疗后	7.64 ± 1.21 ^a	10.12 ± 0.98 ^a	8.50 ± 0.16 ^a
治疗组	40	治疗前	9.67 ± 2.19	11.98 ± 1.89	9.12 ± 1.46
		治疗后	6.67 ± 0.26 ^a	7.63 ± 1.24 ^a	7.20 ± 0.32 ^a

注:与治疗前比较,^a $P<0.05$;与对照组比较,^b $P<0.05$ 。

2. Comparison of BMI between the two groups

It can be seen from Table 4 that there was no statistically significant difference in BMI between the two groups of patients before treatment ($P>0.05$); after 2 months of treatment, the BMI of the two groups were significantly reduced, and the treatment group was significantly lower than the control group. There is statistical significance ($P<0.05$).

表4 两组患者BMI比较 ($\bar{x} \pm s$)

组别	例数	BMI (kg/m ²)	
		治疗前	治疗后
治疗组	40	28.38 ± 2.21	25.45 ± 2.23 ^a
对照组	40	29.10 ± 3.13	27.16 ± 2.79 ^a

注:与治疗前比较,^a $P<0.05$;与对照组比较,^b $P<0.05$ 。

3 Discussion

In recent years, Western medicine has used oral metformin and other drugs to treat patients with type 2 diabetes. Although it can temporarily control blood sugar, it has very limited curative effect on patients' BMI. A large number of clinical data show that although oral hypoglycemic drugs can lower blood sugar, they may increase the incidence of obesity in patients and a series of complications will occur. The warm needle moxibustion therapy can not only effectively control and stabilize blood sugar, but also reduce the patient's BMI.

Type 2 diabetes belongs to the category of "Xiao Ke Disease". "Suwen · Qi Disease Theory" says: This disease is from grease food, this person must eat sweet and have a lot of fat, fat people make the inside hot, sweet and grease food make people full, So its qi was reversed and turned into Xiao Ke Disease. "Traditional medicine believes that it is mainly related to yin deficiency and dryness. However, in long-term

clinical practice, patients with type 2 diabetes have a phlegm-damp physique, and the age of onset is getting younger. The Annotation to the Difficult Scriptures says: "Those who are energized between the kidneys under the umbilical cord, the pubic region, the pubic region, the root of man, the hiding of the spirit, the root of the five qi, the root of man, the carrying of the spirit, the one of the five qi Basically, the Prince's House is also. "Guanyuan acupoint is most closely related to the vital energy of the human body. It is the place where Yuanyin and Yuanyang Guan can enter and exit. It has the power of nourishing Yuanyin and Yuanyang, helping the kidney qi, the spleen transforming and the liver smooth, so it is the main point of the body. Water transforming by Yang, warming acupuncture and moxibustion at Guanyuan acupoint can warm Yang and transform drink, phlegm and dampness will disperse by Yang, phlegm eliminates then qi movement, qi movement then addition away, so the meridian is open and smooth, body fluid infusion runs without obstruction, and blood flow is not blocked, Then the spleen and stomach is invigorating, phlegm and turbidity are scattered but not congested. Type 2 diabetes is mostly due to relatively insufficient insulin secretion, that is, insulin resistance. Traditional medicine classifies the pancreas as the spleen. The spleen governs transportation and turbidity. Therefore, the secretion and action mechanism of insulin should be attributed to the transport function of the spleen. Acupuncture at Guanyuan acupoint can improve insulin resistance and increase the responsiveness of peripheral tissues to insulin sensitivity, so that glucose is fully decomposed and utilized. For example, Fei Boxiong's "Medicine Alcohol. Diabetes" said: Shang Xiao should be in a large amount of moisturizing, accompanied by clearing and disperse sputum; Zhong Xiao, it is appropriate to clear the heat of Yang Ming, with moisturizing and disperse sputum. "And put forward the point of "resolving phlegm and dampness" to treat Xiao Ke, so adding acupoints for promoting spleen to remove dampness and water can significantly improve the therapeutic effect. Acupuncture Zhongwan, Xiawan, Guanyuan, Qihai, Tianshu, Liangmen, Huaroumen, Zusanli, Sanyinjiao, and Daheng can invigorate the spleen and stomach, induce qi and return to the origin, and can dry dampness and invigorate the spleen, Promoting qi and transforming addiction, regulating qi and peace Zhong Jiao. All points are used together, the channels and collaterals are unblocked without stagnation, and the effect of Yin and Yang balance.

Modern studies have shown that warm acupuncture and

moxibustion at Guanyuan acupoint can penetrate inwardly through mechanical stimulation and warming, thereby stimulating the deep abdominal plexus, gastrointestinal nerves and parasympathetic nerves, affecting the adrenal glands, and affecting the secretion of adrenal cortex hormones. The connection of the upper "nervous fluid-endocrine" network system can promote the production and transportation of complex substances such as neuronal cells, neurotransmitters, and proteins. When blood enters the brain to stimulate the hypothalamus and pituitary gland, it can regulate the secretory function of each gland, act on the islet cells, promote the increase of insulin secretion, and facilitate the decomposition, utilization and metabolism of sugar, so that the glucose in the peripheral blood is converted into glycogen or Muscle sugar is stored to achieve the purpose of lowering blood sugar. Secondly, acupuncture and moxibustion at Guanyuan point can also dilate and hyperemia of blood vessels in the abdomen and body surface, accelerate circulation, consume a large amount of blood sugar in the body, and lower peripheral blood sugar, thereby achieving the effect of lowering blood sugar. Furthermore, warming acupuncture at Guanyuan point can adjust the function of hypothalamus-pituitary-gonad axis, improve neuroendocrine function, and lower blood

sugar.

According to this study, the blood glucose changes and body mass index (BMI) of the two groups of patients have been improved. After treatment with warm needle moxibustion at Guanyuan point on the basis of the control group, the patients' FBG, PBG, HbA1c and The BMI level decreased significantly, and the difference was statistically significant compared with the control group ($p < 0.05$). It shows that oral metformin combined with warm needle moxibustion at Guanyuan point has a significant clinical effect in the treatment of type 2 diabetic patients. It can improve and control the fasting blood glucose (FBG), 2 h postprandial blood glucose (PB G), glycosylated hemoglobin (HbA1c) and Body mass index (BMI) not only solves the suffering of patients, but also reduces the cost of therapy and reduces the financial burden of patients' families. It is worthy of clinical research, application and promotion.

Reference omitted

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(上接第12页)分析脾、胃、肝、肾是脾瘵期的主要病位,与中医医案数据库统计结果相符。但整体而言,脾瘵期病例共5例,数目偏少,故未详细分析病机结果。待今后病例数目增加,统计结果才更有说服力。

消渴期结果显示过食厚味、怒伤分列病因第1,2位,提示饮食和情志因素在糖尿病发生、发展中的重要地位,符合吕教授对消渴期病因的认识。对消渴期“失治”病因的重视分析,还反映吕仁和教授对糖尿病治疗重视预防的观念。消渴期病机分析显示除肝肾阴虚之本虚外,湿热瘀阻、肝郁化热、肠胃积热、阴虚内热、心神不宁等病机在此期也很突出。结合病位统计结果,符合吕仁和教授关于“二阳结热”的认识。消瘵期病因统计显示年老体衰重要度明显增加,与消瘵期病程较长相符。血瘀阻络是消瘵期最重要的病机,与吕仁和教授的“微型庙癰”学说一致。病位

统计中,心、经络的重要度明显增加,提示消瘵期病至血脉,故五脏六腑、经脉诸窍均可受累。整体均符合吕教授对消瘵的认识。总之,对脾瘵、消渴、消瘵三期临床医案的病因、病机、病位分析结果显示,每期医案的病因、病机、病位分析内在吻合度良好,且与吕仁和教授糖尿病中医分期理论相符合。今后研究一方面应该积累更多医案,增加病例数目可以增强统计结果的可信度;另一方面还可以针对医案中的症状体征、证候、治则等其他辨证要素进行研究。

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温针灸关元穴治疗2型糖尿病临床研究

◎杨强 杨欢 邓茹 王东

摘要：目的:观察温针灸关元穴结合二甲双胍对2型糖尿病患者的空腹血糖(FBG),餐后2h血糖(PBG)、糖化血红蛋白(HbA1c)及体质指数(BMI)的影响。方法:将符合纳入标准的80例2型糖尿病患者随机分成对照组与针刺组,各40例,两组患者均行针刺治疗,选取穴位(中脘、下脘、关元、气海、天枢、梁门、滑肉门、足三里、三阴交、大横);对照组于此基础上口服西药二甲双胍;针刺组于对照组基础上加予温针灸关元穴治疗。治疗2个月后,比较两组患者FBG,PBG,HbA1c及BMI在治疗前、后差异。结果:经两月治疗后,两组患者的血糖变化情况 & BMI指数均有所改善,治疗组患者FBG,PBG,HbA1c及BMI水平均明显下降,且优于对照组;治疗组总有效率(87.50%, 35/40)明显优于对照组(67.50%, 27/40),差异有统计学意义($P < 0.05$)。结论:口服二甲双胍结合温针灸关元穴治疗,能明显改善、控制2型糖尿病患者的空腹血糖(FBG),餐后2h血糖(PBG)、糖化血红蛋白(HbA1c)及体质指数(BMI),值得临床应用。

关键词：温针灸;关元穴;;2型糖尿病

2型糖尿病(非胰岛素依赖型糖尿病)临床上主要表现为胰岛素大量分泌,人体自身未能识别和利用,导致血糖逐渐升高,其发病率、致残率较高。若血糖控制不佳,易出现多种并发症,轻者影响病者生活质量,重者危及生命健康。近年来,随着生活水平的提高,大量饮酒、过食肥甘厚味而引起痰湿蕴结型消渴病占2型糖尿病大多数,经长期临床观察发现痰湿病机往往贯穿于2型糖尿病始终。目前,西医治疗仍以口服降糖药为主,易产生耐药性。而针灸疗法在本病的治疗中独具特色,尤其是温针灸疗法,安全可靠、经济廉价、操作简单、疗效突出。故笔者选用在口服二甲双胍基础上,加用以温针灸关元穴为主治疗本病,取得了良好的疗效,现报道如下。

1资料与方法

1.1一般资料

选取2017年6月—2018年6月于陕西中医药大学第二附属医院收治2型糖尿病患者80例,随机分为对照组

和治疗组,各40例。对两组患者的一般资料进行比较,差异无统计学意义。见表1

表1 两组患者一般资料比较 ($\bar{x} \pm s$)

组别	例数	性别(例)		年龄(岁)	病程(年)	体质量(kg)
		男	女			
对照组	40	18	22	48.8 \pm 4.7	5.5 \pm 5.0	65.5 \pm 23.8
治疗组	40	19	21	49.6 \pm 3.5	7.0 \pm 3.5	67.5 \pm 21.6

1.2诊断标准

1.2.1中医诊断标准参照《新药(中药)治疗消渴病(糖尿病)临床研究的技术指导原则》:凡符合口渴多饮,多食易饥,多尿而甜等症状即可诊断。

1.2.2西医诊断标准①患者体质量指数(BMI)要求 25 kg/m^2 ;②根据中国2型糖尿病防治指南相关诊断标准:凡符合糖尿病症状加上空腹血糖(FBG) 7.0 mmol/L 或餐后2h血糖(PBG) 11.1 mmol/L 或随机血糖 11.1 mmol/L 即可诊断。

1.3纳入标准

①符合上述诊断标准;②自动签署知情同意书者;③未接受其他项目治疗的患者;④依从性较好,自愿接受

治疗的患者。

1.4排除标准

①1型糖尿病患者;②口服其他降糖药物者;③妊娠或哺乳期血糖偏高者;④恶性肿瘤或其他严重原发性疾病患者;⑤药物引起的血糖偏高者;⑥不符合纳入标准的其他病例。

1.5治疗方法

1.5.1常规针刺治疗两组患者均行常规针刺治疗,并开展糖尿病健康知识的宣教,控制饮食,适当锻炼。选取穴位中脘、下脘、关元、气海、天枢、梁门、滑肉门、足三里、三阴交、大横,穴位均用0.3 mm x 0.40 mm毫针常规针刺,行提插捻转手法,得气后留针20 min,每间隔10 min行针1次,1次/天。

1.5.2对照组在针刺基础上给予口服二甲双胍治疗,0.5 g/次,2次/天,餐后服。

1.5.3针刺组在对照组基础上加用温针灸关元穴(关元穴,位于前正中线,脐下3寸)治疗。操作:常规消毒后,将0.3 mm x 0.40 mm毫针刺入关元穴,得气后,于针柄上套以纯艾绒的艾柱点燃,在皮肤上铺一直径为5 cm的纸片,防止艾灰掉下烫伤皮肤,待艾条燃尽,换下一个艾柱,共治疗3柱。1次/天。

1.6疗程

两组疗法均治疗2个月,治疗期前停用一切影响本研究疗效的药物。

1.7临床疗效标准

根据《中药新药临床研究指导原则》中疗效判定标准。显效:患者的空腹血糖(FBG)、餐后2h血糖(PBG)、糖化血红蛋白(HbA1c)均正常,消渴表现症状消失;有效:与治疗前相比,患者空腹血糖(FBG)、餐后2h血糖(PBG)降低20%,糖化血红蛋白(HbA1c)降低10%,消渴表现症状改善;无效:患者空腹血糖(FBG)、餐后2h血糖(PBG)、糖化血红蛋白(HbA1c)及症状均无改善。

1.8观察指标

在治疗前、后分别对两组患者的空腹血糖、餐后2h血糖、糖化血红蛋白及体质指数等进行综合评分及比较。体质指数(BMI)等于体重/身高的平方(kg)。

1.9统计方法

采用SPSS19.0统计分析系统进行统计,计数资料采用卡方检验,计量资料以例/%表示,组间比较采用t检验,均以 $P < 0.05$ 表示为差异有统计学意义。

2结果

2.1两组患者疗效比较

由表2可知,经2月治疗后,治疗组患者总有效率(87.5%)明显高于对照组(67.50%),差异有统计学意义($P < 0.05$)。

表2 两组患者疗效比较 (例)

组别	例数	显效	有效	无效	总有效率(%)
治疗组	40	16	19	5	87.50 [*]
对照组	40	12	15	13	67.50

注:与对照组比较,^{*} $P < 0.05$ 。

2.2两组患者FBG,PBG,HbA1c比较

由表3可知,两组患者在治疗前FBG、PBG、HbA1c比较,差异均无统计学意义($P > 0.05$);经2个月治疗后,两组患者FBG、PBG、HbA1c水平均明显降低,且治疗组均明显低于对照组,差异有统计学意义($P < 0.05$)。2.3两组患者BMI比较

表3 两组患者FBG、PBG、HbA1c比较 ($\bar{x} \pm s$)

组别	例数	时间	FBG(mmol/L)	PBG(mmol/L)	HbA1c(%)
对照组	40	治疗前	9.68 ± 2.23	11.56 ± 2.06	9.47 ± 1.89
		治疗后	7.64 ± 1.21 [*]	10.12 ± 0.98 [*]	8.56 ± 1.16 [*]
治疗组	40	治疗前	9.67 ± 2.19	11.98 ± 1.89	9.12 ± 1.46
		治疗后	6.07 ± 0.26 ^{ab}	7.63 ± 1.34 ^b	7.30 ± 0.32 ^{ab}

注:与治疗前比较,^{*} $P < 0.05$;与对照组比较,^a $P < 0.05$ 。

表4 两组患者BMI比较 ($\bar{x} \pm s$)

组别	例数	BMI(kg/m ²)	
		治疗前	治疗后
治疗组	40	28.38 ± 2.21	25.45 ± 2.23 ^{ab}
对照组	40	29.10 ± 3.13	27.16 ± 2.79 ^a

注:与治疗前比较,^{*} $P < 0.05$;与对照组比较,^b $P < 0.05$ 。

由表4可知,两组患者在治疗前BMI比较,差异无

统计学意义($P > 0.05$);经2个月治疗后,两组患者BMI均明显降低,且治疗组明显低于对照组,差异有统计学意义($P < 0.05$)。

3讨论

近年西医以口服二甲双胍等药物对2型糖尿病患者进行治疗,虽暂时可达到控制血糖的目的,但对患者BMI疗效极其有限。大量临床资料表明口服降糖药物后虽能降低血糖,但可能增大患者肥胖的发生率,也会出现一系列并发症。而温针灸疗法不仅可有效控制、稳定血糖,还能降低患者的BMI。

2型糖尿病属“消渴病”范畴《素问·奇病论》曰:此肥美之所发也,此人必数食甘美而多肥也,肥者令人内热,甘者令人中满,故其气上逆,转为消渴。”传统医学认为其主要与阴虚燥热相关,但在长期临床实践中2型糖尿病患者却以痰湿体质为著,且发病年龄日趋年轻化。《难经集注》云:“脐下肾间动气者,丹田也,丹田之者,人之根本也,精神之所藏,五气之根元,人之根源也,精神之所载,五气之根本,太子之府也。”关元穴与人体元气最为密切,为元阴元阳关藏出入之所,具有补益元阴元阳之气,助肾气化、脾运化、肝疏泄之功,从而为人体之要穴。水得阳则化,温针灸关元穴可温阳化饮,痰湿得阳则散,痰消则气行,气行则癖散,故经络通利、津液输布运行无阻、血行无滞,则脾胃健运、痰浊癖血散而不结。

2型糖尿病多为胰岛素分泌相对不足,即胰岛素抵抗,传统医学把胰腺归为脾,脾主运化,主升清降浊,故胰岛素的分泌和作用机制应归属于脾的运输功能,所以温针灸关元穴提高脾主运化及升清降浊的功效即可改善胰岛素抵抗,增加外周组织对胰岛素的反应性

和敏感性作用,从而使葡萄糖充分分解和利用。如费伯雄《医醇义·消渴》曰:上消者,当于大队清润之中,佐以清润化痰之品;中消者,宜清阳明之热,润燥化痰。”并提出“化痰利湿”以治疗消渴的观点,故在治疗中加入运脾化湿、温化水饮的穴位,可明显提高治疗效果

果。针刺中脘、下脘、关元、气海、天枢、梁门、滑肉门、足三里、三阴交、大横,即可健脾和胃、引气归元,又能燥湿行脾、行气化痰、理气和中。诸穴合用,经络气血畅通而无痹滞达阴平阳秘之效。

现代研究表明,温针灸关元穴可以通过机械刺激及温热作用向内渗透,从而刺激深层的腹部神经丛、胃肠神经和副交感神经,影响肾上腺,导致肾上腺皮质激素分泌量受到影响,再加上“神经-体液-内分泌”网络系统的联系,可促进神经元细胞、神经递质、蛋白质等复杂物质的生成和运输。当血液进入大脑刺激下丘脑和垂体时,能调节各腺体分泌功能,作用于胰岛细胞,促使胰岛素分泌增加,有利于糖的分解、利用、代谢,使得外周血中的葡萄糖转化为糖原或肌糖储存起来,达到降低血糖的目的。其次针刺加艾灸关元穴还可以使腹内及体表血管扩张、充血,加速循环,从而消耗体内大量的血糖,使得外周血糖降低,从而达到降糖的作用。再者温针灸关元穴可以调整下丘脑-垂体-性腺轴功能,改善神经内分泌功能,从而起到降低血糖的目的。

由本次研究而言,两组患者的血糖变化情况及体质量指数(BMI)均有所改善,在对照组的基础上加用温针灸关元穴治疗后,患者的FBG, PBG, HbA1c及BMI水平平均明显下降,与对照组比较差异具有统计学意义($P < 0.05$)。表明口服二甲双胍结合温针灸关元穴,治疗2型糖尿病患者临床疗效显著,能改善、控制2型糖尿病患者的空腹血糖(FBG),餐后2 h血糖(PBG)、糖化血红蛋白(HbA1c)及体质量指数(BMI)不仅解决患者病痛之苦,还降低诊费用,减轻患者家庭经济负担,值得临床应用与推广。

参考文献略

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Introduction to the establishment of infrared medicine discipline and the application of intelligent TCM visualization

©Yuan yun e

Abstract:

1. Infrared medicine is a new type of multi-disciplinary interdisciplinary subject that studies health-related people, the environment, and the self-organizing complex system of the human body, including information, energy, matter and its changing laws. It decomposes the complex self-organizing system of people into information flow, energy flow and material flow, and is closely related to traditional Chinese medicine theories: among them, spiritual activities such as emotion, morality, and potential are classified as information flow category; yin and yang Physiological activities such as the five elements, cold and heat, external and internal, asthenia and real are classified as energy flow; activities at the anatomical level of tissue structure such as qi and blood, body fluid, meridian system, and viscera system are classified as material flow. Information flow, energy flow and material flow interact with each other and transform into each other under certain conditions.

2. The TCM visualization system is an important image and data measurement tool for energy medicine, which provides experimental basis and methods for energy medicine research. It uses the spatial positioning and quantitative technology of infrared energy to reveal the functional state of the human body based on the sequence of human energy presentation and spatial distribution characteristics from a holistic perspective with quantitative data. In addition, it restores classic prescriptions, Chinese patent medicines, medicinal and food homogenous prescriptions, and food ingredients into digital energy expression methods, and uses artificial intelligence to automatically match them with the characteristics of the ups and downs of the human body's energy. The purpose of correcting the energy bias of the human body by the energy bias of the medicine and food homologous prescriptions, ingredients, etc., to verify the pharmacy characteristics and laws of the millennium classic prescriptions, and realize the automatic and accurate compatibility of Chinese medicine prescriptions.

Keywords: Infrared medicine; Infrared medical science; Infrared medical imaging omics; Energy medicine; Information flow; Energy flow; Material flow; Spatial positioning and quantification

Professor Yuan Yun'e graduated from the Department of Medicine of the Third Military Medical University in 1976. She was formerly the director of the Institute of Basic Medicine of the General Hospital of the People's Liberation Army, and is currently the director of Beijing Modern Digital Infrared Imaging Technology Research Institute. She persistent in clinical research on infrared imaging technology for nearly 20 years, during which she developed a series of automatic analysis technologies for the spatial distribution and positioning of human energy, edited and published the first domestic monograph "Introduction to Medical Digital Infrared Thermal Imaging Technology", and published many related papers. Leading her technical R&D team to complete the human body three-dimensional infrared technology analysis software, and put forward a new concept of TCM visualization, combining the material basis, biological effects, data evaluation of human metabolism with the basic theories of TCM, four type consultations and prescription application

research, utilization, mining process are associated. In 2014, the establishment of the infrared medical discipline was proposed, combined with Internet technology to provide data, standardization, visualization and intelligent auxiliary tools for the clinical quantitative application of traditional Chinese medicine, and at the same time to provide full life cycle functional data and image detection services for modern information medical applications.

Infrared medical science is established through the concept of infrared medical imaging omics. It is a hypothesis and evidence-based research on the structure of the human cell system and its interaction with various cell tissues, organs, and systems from the perspective of human overall functional metabolism. The interaction between systems and between man and nature reflects the state of human tissues, organs and metabolic functions through overall analysis, providing new ideas and methods for exploring the pathogenesis and early prevention and treatment of human

diseases. As a young subject with great development potential, infrared medicine is divided into two parts: basic research and subject application construction:

(一) Taking healthy people, sub-healthy people and people with diseases as the research objects, through accurate and quantitative measurement of human thermal spatial distribution, Yuan Yune's team established the physiological and pathological metabolic functions of human cell tissues, tissue organs and organ systems. Thermal spatial distribution characteristics database; In-depth research has been conducted on the disorder of the thermal spatial distribution sequence of healthy and diseased people.

In recent years, relying on the Beijing Institute of Infrared Medicine, the creation of infrared medical disciplines is aimed at international frontiers and national needs, forming a basis for infrared medical imaging, traditional Chinese medicine visualization of clinical basic medicine, infrared diagnostics, and infrared spectrum therapeutic medicine. The development trend of modern holistic functional medicine based on the metabolic function status of organs and organ systems, and in-depth research and discussion on the pathology, pathogenesis and physiology of important diseases and vital organ life activities, and certain results have been achieved. The establishment of infrared medicine can enable human beings to observe and study the changes of energy metabolism and thermal sequence state in the pathophysiological state of the human body as a whole from a macroscopic and microscopic perspective for the first time. Modern computer technology is used to make it digitized and visualized. Under the new coordinate system of big data and multi-system parameters, we will re-explore and review all the related disciplines that have been established and developed in the entire health and medicine field, so as to drive and promote the technological innovation and revolution in multiple fields of human life and health.


Infrared medicine uses modern physical thermodynamics, molecular biology, biochemistry, medical anatomy and physiology, many scientific theories, traditional Chinese medicine theories such as Yin and Yang, five elements, zangxiang, meridians, and qi, blood, body fluid, etc., to put forward the basic sequence information and functional information of life for the first time. The yin and yang, five elements, cold and heat, deficiency and excess, external and internal, meridian, nature and flavor, yin and yang, thickness theory and hypothesis are related to medicine.

The TCM visualization information intelligent service cloud platform interprets and quantifies the basic theories of TCM over the past thousands of years: "Life born on the earth, suspended in the sky, heaven and earth combine qi, fate is called human", "man is born by the qi of heaven and earth. The "Facheng" concept of the unity of nature and human life is composed of modern life science theories and hypotheses, macroscopic celestial dynamics (electromagnetic field negative entropy dissipation, rise and fall into and out of space structure) and microscopic chemical molecular clusters (protein conformation space). People's birth, old age, sickness and death are the ultimate result of order, disorder, deviation, and imbalance of this open huge and super-complex self-organizing system. The establishment and research of infrared medicine disciplines has improved the clinical diagnosis and treatment of traditional Chinese medicine to a whole new field. At the same time, the research of evidence-based medicine in traditional Chinese medicine has its own scientific tools.

The core of TCM theory is the overall syndrome differentiation and dynamic balance. Infrared medical TCM visualization technology uses infrared waves as the carrier of continuous dynamic human metabolic energy spatial distribution positioning and quantitative information corresponding to the basic theories of TCM and clinical diagnosis and treatment practice data: 1. Use infrared TCM visualization technology to study the basics of TCM Theories, such as the theory of Tibetan elephant meridians and the study of syndrome differentiation, are consistent in methodology; 2. The characteristic of infrared medical TCM visualization technology is the positioning and quantification of the three-dimensional energy transmission and distribution of the human body, which is also in line with TCM Diagnosis thoughts of "external appearance must be formed", "diagnosis inside the outside, and observing the internal organs with images"; 3. Infrared medicine for the first time demonstrated and quantified the modern scientific interpretation of the meridian, flavor, yin and yang, and the thickness of traditional Chinese medicine compound drugs. The target and its chemical characteristics are in a matching form with the spatial thermal bias of the disease cell tissue organ system. The meridian flavor composed of complex chemical components is a small probability event that affects the specificity of human cell tissues at the molecular level of receptors to drug molecular groups. However, through

the adjustment of the dose ratio and the time process, the internal and external five-yun six-qi time and space are not Intermittent stimulation, from cell system protein spatial conformation adjustment to mobilization of cell tissue self-organization system self-repair has become one of the decisive factors for the cure of chronic non-communicable diseases; Infrared medical intelligent Chinese medicine energy matching system, using quantitative data to prove that traditional compound Chinese medicine prescriptions that do not meet modern pharmaceutical standards have neither purity nor technical standards for drug manufacturing processes, but they are in clinical treatment of various diseases and modern Drugs manufactured by technology are equally effective. This is a reflection between TCM drugs and modern drugs with modern pharmaceutical standards.

In 2019, the infrared medical intelligent Chinese medicine service cloud platform was created, and nearly 200 base stations went through O2O(Online to offline) interactive tests and 20 business application tests were completed. This research result combines modern infrared detection technology, artificial intelligence information

technology, modern physics and thermodynamics, molecular biology, molecular biochemistry and the relationship model of traditional Chinese medicine, a treasure of Chinese culture. It will drive the rapid development of a large health industry chain such as functional medicine multi-parameter health assessment standard system services with traditional Chinese medicine theory as the core, advanced chronic disease comprehensive prevention and treatment port forward standard system services, and traditional Chinese medicine diagnosis and treatment standard system services. It will provide material and technical guarantees for the rejuvenation of the Chinese nation. The Infrared Medical Intelligent Chinese Medicine Service Cloud(IMICMSC) empowers the digitization and standardization of the clinical diagnosis process of Chinese medicine, reappearing the ancient Chinese medicine once again brilliantly on the main battlefield of mankind defeating various major diseases in the 21st century, and enabling people all over the world to appreciate the ancient oriental philosophy of health preservation And medical wisdom..

（上接第29页）我们人的形体与精气也是一样。不多活动，体内精气就运行不畅，人体之气就会滞积，滞积时间久了就容易生病，所以自古运动就是防治疾病的重要措施之一。孙思邈《千金药方》中有曰：“养性之道，常欲小劳，但莫大疲极强所不能堪而。”指出活动的度要掌握好，不可过劳。可以看出，唐代时期对于运动强度等细节已有了一定要求。


2.3.2疗法具体实施范师在治疗过程中强调，有条件进行体育活动的患者要求配合足量时间的运动。对于有运动条件的肥胖T2DM患者，在其BMI未达到标准时，范师多以一周两公斤为减重要求，直至体重达到标准。运动方式可根据肥胖T2DM患者的不同年龄与身体体质进行调整，选择慢跑，爬山，游泳，乒乓球，健身操，太极等，但是配合足够时间与足够强度的运动，对于肥胖T2DM患者治疗才有促进效果。相关研究表明，4周时间的运动就能够降低肥胖者糖化血红蛋白和胰岛素抵抗等病理因子。在大多数患者的运动形式上，范师多推荐以大步快走的运动形式，初

减重期每天运动时间两小时以上，微微出汗为效。然后可根据体重控制情况调整运动时长，但最低运动时间仍然要在每天40min以上，才够达到运动目的。因是长时间强力度的运动，故在运动的过程中需要注意运动装备尤其运动鞋的专业性和前期的热身活动，避免运动过程中的二次受伤。

3总结

在肥胖T2DM患者的治疗过程中，除中医药治疗而外配合饮食调摄与运动疗法是达到治疗效果的最佳方式。在临床观察中，可以用体重下降作为指标观测，衡量体重控制效果。

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红外医学学科创建与智能中医可视化应用综述

◎袁云娥

摘要：

1. 红外医学是研究与健康相关的人与环境、人体自组织复杂系统，包括信息、能量、物质及其变化规律的多学科交叉新型学科。它将人这一复杂的自组织系统分解为信息流、能量流及物质流，并与传统中医理论紧密相关联：其中，情志、道德、潜能等精神层面的活动归为信息流范畴；阴阳、五行、寒热、表里、虚实等生理层面的活动归为能量流范畴；气血、津液、经络系统、脏腑系统等组织结构解剖层面的活动归为物质流范畴。信息流、能量流及物质流三者之间彼此作用，并在一定的条件下相互转化。

2. 中医可视化系统是能量医学的重要影像及数据测量工具，为能量医学研究提供实验依据和方法。它运用红外能量的空间定位及定量技术，以量化的数据，从整体观的视角，根据人体能量呈现的先后序列及空间分布特征揭示人体的功能状态。此外，它还将经方、中成药、药食同源方、食材等还原为数字能量表达方式，运用人工智能使之与人体能量的升降沉浮通透宣发特点进行自动匹配，达到以方药、药食同源方、食材等能量的偏性纠治人体能量偏性的目的，验证千年经方药学特点规律，实现自动精准配伍中药方剂。

关键词：红外医学；红外医学科学；红外医学影像组学；能量医学；信息流；能量流；物质流；空间定位与定量

袁云娥教授1976年毕业于第三军医大学医学系，原任解放军总医院基础医学研究所所长，现任北京现代数字红外成像技术研究院院长。执着红外影像技术临床研究近20年，致力于红外成像技术的临床研究近20年，期间研发了系列人体能量空间分布定位定量自动分析技术、主编出版了属国内第一本《医学数字红外热成像技术概论》专著，发表多篇相关论文，并带领她的技术研发团队完成了人体三维红外技术分析软件，提出了中医可视化新概念，将人体新陈代谢的物质基础、生物效应、数据评价与中医药基础理论、临床四诊和方剂应用研究、利用、挖掘过程相关联。2014年提出红外医学学科创建，并结合互联网技术为中医药临床量化应用提供数据化、标准化、可视化和智能化的辅助工具，同时为现代信息医学应用提供全生命周期的功能数据和影像检测服务。

红外医学科学是通过红外医学成像组学的概念而建立的，它是从人类整体功能代谢的角度研究人类细胞

系统的结构及其与各种细胞组织，器官，系统等相互作用的假设和循证。并通过系统之间以及人与自然之间的相互作用整体分析反映了人体组织，器官和代谢功能的状态，为探索人类疾病的发病机理和早期预防与治疗提供了新的思路和方法。红外医学作为一门年轻而极具发展潜力的学科，分基础性研究和学科应用建设两大部分：（一）以健康人群、亚健康人群和疾病人群为研究对象，通过精确的人体热态空间分布定位定量测量，袁云娥研究团队建立完成了人体细胞组织、组织器官系统生理和病理新陈代谢功能热态空间分布特征数据库；对健康人群和疾病人群的热态空间分布序列的失序性进行了深度研究。近年来，以北京现代数字红外成像技术研究院为依托，红外医学学科创建瞄准国际前沿和国家中医药发展需求，形成以红外医学影像学、中医可视化临床基础医学、红外诊断学、红外频谱治疗医学为基础，以细胞组织、器官系统的代谢功能状态为参照的现代整体功能医学的发展态势，并围绕重要疾病和重要器

官生命活动的病理、病机和生理学问题进行深入研究探讨,取得了一定的成果。红外医学的建立,可以第一次使人类同时从宏观和微观的视角,整体上观察研究人体在病理生理状态下能量代谢、热序列状态的改变,利用现代计算机技术,实现数字化,可视化,在大数据和多系统参数的新坐标体系下,重新探索和审视健康医学领域内已经建立和发展的相关学科,从而带动和推进人类生命健康方面的多领域的技术创新与革命。(二)红外医学运用现代物理热力学、分子生物学、生物化学、医学解剖生理学诸多科学理论、中医阴阳五行、藏象、经络和气血津液等中医药传统理论,首次提出生命能量的基础序列信息和功能信息变化,与中医药的阴阳五行、寒热、虚实、表里、归经、性味、阴阳、厚薄理论相关联。中医可视化信息智能服务云平台诠释量化了几千年来的中医基础理论:“人生于地,悬命于天,天地合气,命之曰人”、“人以天地之气生,四时之法成”的天人合一生命观,由现代生命科学理论和假说宏观天体动力(电磁场负熵耗散升降出入空间结构)与微观化学分子团(蛋白质构象空间)共同组成。人的生老病死均是这一开放的巨大超复杂自组织系统的有序、失序、偏离、失衡的终极结果。红外医学学科创建研究把中医临床诊断治疗提高到了一个全新的领域,同时中医学的循证医学研究有了属于自己的科学工具。

中医学理论的核心是整体辨证观和动态平衡观。红外医学中医可视化技术通过以红外波为载体的连续动态人体新陈代谢能量空间分布定位和定量信息,与中医药基础理论和临床诊疗实践数据相对应:1.用红外医学中医可视化技术来研究中医学的基本理论,如藏象经络学说和辨证诊断研究,在方法论二者是吻合的;2.红外医学中医可视化技术的特点是对人体能量三维空间传递和分布的定位与定量,也符合中医“有诸内必形诸外”、“司外揣内、以象察脏”的诊断思想;3.红外医学首次展示和量化了中医复方药的归经性味阴阳厚薄的现代科学,诠释靶目标与其化学特性与疾病细胞组织器官系统的空间热态偏颇状态呈匹配形式。其中复杂的化学成分构成的归经性味是影响人体细胞组织在分子水平上受体对药物分子团特异性的小概率事件,通过剂量的



袁云娥教授

比例调整和时间过程的内外五运六气时空的不间断刺激,从细胞系统蛋白质空间构象调整到调动细胞组织自组织系统的自我修复,则成为了慢性非传染性疾病被治愈的决定因素之一;4.红外医学智能中医药能量匹配系统,用量化数据证实了不符合现代制药标准的传统复方中药方剂既没纯度,又不具备药物制造流程工艺标准,但在各种疾病的临床治疗中与现代技术生产制造的药物同样有效,这是对现代制药标准的反思。

2019年创建了红外医学智能中医服务云平台,完成了近200个O2O交互基站测试和20个业态应用测试。这一研究成果集现代红外探测技术、人工智能信息技术、现代物理热力学,分子生物学,分子生物化学与中华文化的瑰宝中医药学关联模型于一身,将带动中医药学理论为核心的功能医学多参数健康评估标准体系服务、慢病综合防治端口前移标准体系服务、中医诊疗标准体系服务等大健康产业链的快速发展。将为中华民族的复兴提供了国强民壮的物质和技术保障。红外医学智能中医服务云赋能中医临床诊断流程的数字化和标准化,将古老的中医学又一次辉煌再现在21世纪人类战胜各种重大疾病的主战场上,使全世界人民领略古老东方的养生哲学与医学智慧。·my

Editor's note:

What is a real Chinese medicine practitioner? One thousand people asked, one thousand answers. Ten thousand people asked, ten thousand answers. In this age when authority is questioned and mixed, it seems more difficult for one person to persuade another, especially those who are not on the same level of ideology. Why is it so difficult? Regarding what a true TCM practitioner is, it is necessary to unify people with different opinions? Because Chinese medicine is the quintessence of the Chinese nation, Chinese medicine practitioners are the ones who are best at using Chinese medicine. Excellent Chinese medicine practitioners have not only made strong guarantees to the health of the descendants of Yan and Huang, now and in the future, the people of our country and the world Health still needs the strong care of Chinese medicine practitioners. The long-term slander of Chinese medicine and Chinese medicine practitioners by fake Chinese medicine practitioners and Chinese medicine practitioners has left too many Chinese people wondering what a real Chinese medicine practitioner is. Facts speak louder than words. We launched Zhang Yande's interview in the hope of stopping disputes with facts. I am convinced that after seeing the real jade, people will pretend to be jade inferior stones, and no matter how sophisticated they are, they will be seen as inferior stones. The traces of today's Chinese medicine education imitating Western medicine are very obvious, learning the shape of Western medicine, and losing the soul of Chinese medicine. Zhang Yande is a true Chinese medicine practitioner in the traditional sense. He has the fairy wind of Bian Que Hua Tuo and other great doctors. The curative effect made many high-ranking officials in Beijing become his "Fans". His emphasis on cultivating the heart and virtue is also very rare among modern Chinese medicine practitioners. I hope that all Chinese medicine practitioners can cultivate their hearts and virtues like him, and make progress in the curative effect of Chinese medicine.

Zhang Yande, wipe the dust of Chinese medicine with curative effect

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Everyone was surprised to meet the "fairy"

The first time I saw Teacher Zhang Yande was at a dinner. The host is the vice president of the unit. The vice-president's daughter was studying in the United States and had acne on her face, and she did not want to go out. Because She didn't want to go out, there was more acne on her face, so She didn't want to go out. The vice president was anxious, visited famous doctors and found Zhang Yande on the recommendation of a leader of the Ministry of Public Security. Zhang Yande medicine had removed the acne. The vice president's joy and gratitude were beyond words, so he invited Teacher Zhang Yande to dinner to thank him for his kindness. He also called me to accompany him to a seat in order to write a report for Zhang Yande. The usually awe-inspiring vice president, because of the appearance of Teacher Zhang Yande, he seemed to be a different person, humble

and nice, with a gentle speech. There were several media colleagues from the People's Daily and Xinhua News Agency. Teacher Zhang Yande is tall and fat with a big beard. He is quiet and reticent. If you ask questions, he will speak; if you do not ask questions, he will sit there quietly. You look at him, he will also look at you while you look at him, and give a charity and friendly smile.

The vice president suggested that everyone in the audience ask a teacher Zhang Yande a question, any question is fine, about health, or about relatives, or about the past, or about the future. Teacher Liu from the People's Daily was the first to question. Teacher Liu had just undergone a physical examination in the hospital, and his intention to embarrass Zhang Yande was obvious. Teacher Zhang Yande glanced at Teacher Liu, and then began to talk about his physical condition, what it was like in the past and what it is

now, especially which part, what caused it, what needs to be paid attention to, otherwise, what consequences will occur. Although the Hubei Yichang dialect spoken by Teacher Zhang Yande was difficult to understand, it still shocked Teacher Liu, who understood it, because Zhang Yande said that the current situation is the same as that of Teacher Liu, as if living with him every day.

When I asked Zhang Yande a question, I said that I wanted to know the current situation of my mother. Because I haven't returned to my hometown for many years, I miss her very much. Zhang Yande said lightly, your mother has a headache now. After he finished speaking, I don't quite believe it. I know that my mother's fingers often hurt because of rheumatism, and I haven't heard her have a headache. In order to verify what Teacher Zhang Yande said, I went outside the restaurant to ask my mother about it. After the call was dialed, I said: Mom, do you have a headache now? On the other side of the phone, my mother was very surprised, and asked straightforwardly: How do you know?

After talking to my mother, I returned to my seat in the room, faced Zhang Yande, and repeated the words of my mother: How did you know? Zhang Yande just smiled kindly, which was regarded as an answer.

Effect is the top priority of Chinese medicine

Qian Xuesen had organized a group of people with special abilities in the army to do life science research. Zhang Yande was one of the invited participants. Zhang Yande's grandfather is a famous local doctor who specializes in acupuncture. When he was a child, Zhang Yande liked to follow his grandfather on medical visits. His motive for his liking was very simple because he "has delicious food." Under the influence of his grandfather, Zhang Yande learned acupuncture and moxibustion early on. Because of the remarkable curative effect of acupuncture and moxibustion, a well-known calligrapher in Beijing wrote the calligraphy "One Needle Zhang" in large characters and presented it to Zhang Yande. In his youth, Zhang Yande sat in a cave in his hometown like Bodhidharma for nine years. His X-ray-like human body perspective function was acquired after practicing. Zhang Yande can treat any disease, especially all kinds of modern intractable diseases.

I once asked him about the specific methods of treating people with a video camera. Zhang Yande said that there is

no specific method, and the method is alive, because people's diseases do not occur according to textbooks, and the methods of treatment are ever-changing. Just like a bowl, it is a tea bowl with tea, a wine bowl with wine, and what it is loaded with is what it is. Human diseases have different causes and treatment methods. The mechanical method is used to treat people's illnesses, causing patients to spend more money and suffer more, and it also destroys the image of Chinese medicine practitioners.

Zhang Yande believes that the fundamental reason for the decline of Traditional Chinese medicine lies in its "curative effect." The weakening of the effectiveness of Chinese medicine is not because of problems with Chinese medicine, but because a large number of doctors who are engaged in Chinese medicine have not really grasped the essence of the application of Chinese medicine. Traditional Chinese medicine is a treasure of the Chinese nation. All those who have a certain degree of knowledge in traditional Chinese medicine research have the responsibility to wipe the dust of traditional Chinese medicine and use "curative effect" to justify the name of Chinese medicine.

Zhang Yande said that traditional medicine has been used in my country for thousands of years, and a systematic, complete and independent knowledge system has been formed. However, traditional knowledge of Chinese medicine is being lost along with the changes in people's lifestyles and the process of modernization. Traditional Chinese medicine treatment is a kind of experience-accumulated knowledge. The traditional way of inheriting it is from teacher to apprentice. Generally, it takes 3-5 years of long-term clinical follow-up to have an in-depth understanding of the basic theories and clinical practice of Chinese medicine. Since the diagnosis method of Chinese medicine mainly relies on direct observation of symptoms and signs, such as tongue examination during inspection and pulse examination during palpation, it is necessary to observe and judge the patient's physical condition based on experience and feeling. Subjective knowledge and experience are very much related. Traditional Chinese medicine diagnosis knowledge and experience are difficult to master through written knowledge and short-term clinical training compared with modern medicine that relies on more accurate data from laboratories and modern testing instruments to perform diagnosis. However, the current social reality is that it is difficult for students to master the knowledge of traditional Chinese

medicine in a short time due to the university education of integrated Chinese and Western medicine and the limited clinical practice time. When a large number of such "pseudo Chinese medicine" who bear the name of Chinese medicine took up the position of Chinese medicine treatment, many of them were skeptical about the effect of Chinese medicine treatment themselves, and expected these people to play the value and efficacy of Chinese medicine. It is tantamount to fishing for the moon in the water. Therefore, to play the effect of traditional Chinese medicine, it is also necessary to unite true Chinese medicine practitioners with deep knowledge in traditional Chinese medicine, so that Chinese medicine can exert practical curative value in the treatment of diseases in today's society. More people have mastered the treatment methods of Chinese medicine, allowing more patients to benefit from the curative effects of Chinese medicine.

Nowadays, many people in China speak for themselves: "How do foreigners do it?" It is said that the West now advocates personalized treatment, that is, doctors perform treatment based on the specific analysis of the patient's specific condition. In fact, Chinese medicine has been personalized treatment from the day it was born. It treats different patients with additions and reductions in prescriptions, and there is a dialectic of deficiency and reality for different diseases. Chinese medicine can only play its therapeutic role under the correct guidance of Chinese medicine theory. In the near future, Chinese medicine treatment will become a healthy fashion.

Essentials of Diabetes Treatment

Diabetes is one of the common diseases of modern people in modern society. Zhang Yande talked about his experience in treating diabetes. He said that diabetes is a chronic, systemic, and metabolic disease caused by the long-term action of genetic and environmental factors. It is characterized by increased plasma glucose levels, mainly due to sugar and fat caused by insufficient insulin secretion or impaired function in the body. , A disease of protein metabolism disorder. Western medicine treatment has many side effects, often causing unnecessary side effects and complications. TCM treatment of diabetes is safe and has few side effects.

Chinese medicine believes that diabetes is the disease of Three Xiao, and the disease of Sanjiao. 1. It is a syndrome

of thirst. If you are thirsty, you can drink it at any time. The body fluid of the above burns dries up. The ancients said: The disease lies in the lungs, but the heart and spleen are not known. , So it is also called Diabetes. 2. Zhongjiao disease, which belongs to Zhongxiao, eats more for good hunger, not for muscles, but increases weight loss every day, and its disease lies in the spleen and stomach, which is also called Zhongxiao. 3. Lower Jiao disease of low Xiao. Urine is yellow and red, which is caused by drenching or turbidity, such as ointment such as fat, black face, ear scorch, and weight loss. In these three Xiaos, Chinese medicine believes that there is a real fire in the fire syndrome, and the evil heat is more than that, there is a virtual fire, and the true yin is insufficient. However, if you do not distinguish between the false and the true in the treatment of diabetes, you must make mistakes.

The occurrence and prevention of cancer

Cancer is now common, like a cold. Zhang Yande pointed out that the increase in cancer patients has a clear relationship with the increase in meat consumption by patients. Since the reform and opening up, earth-shaking changes have taken place in all aspects of the Chinese people, especially the obvious "Westernization" of the dietary structure. The proportion of animal foods (fish, meat, milk) has increased significantly, and the proportion of plant foods has decreased significantly. Related data show that in 1998, China's meat consumption level was nearly twice the average of developing countries, surpassing high-income Asian countries such as South Korea and Japan, and close to the world's meat consumption such as France, the United States, Argentina, and Brazil. The largest country. Corresponding data show that the mortality rate of colorectal cancer in Shanghai alone increased by 75% from 1972 to 1989. After 2000, the incidence of colorectal cancer was 1.45 times higher than that in the 1980s.

Medical research has shown that the reason why people have pleasure when eating meat is that the liver tries to eliminate the illusion caused by excessive protein in an emergency; the other is that meat contains metabolic toxins, one of which is xanthine, its nature It is very close to the alkaloids contained in coffee and cigarettes, and is exciting, irritating and addictive. Some people feel meaty, which is essentially an illusion. The essence of meat is a corpse. The

meat is not fragrant. It is a seasoning that is cooked with the meat. People admire the deliciousness of the meat, but they are deceived by the tongue. The meat that people eat into the intestines and stomach will produce toxins that are invisible to ordinary people in three stages:

One is the poison produced during breeding. In order to minimize the cost of the modern feedlot, it has been exhausted in space and time. In terms of individual animal space, minimization is achieved. The smaller the individual animal space, the greater the output. The harsh environment makes the animal's physiology and psychology in an abnormal growth state. It can be said that when the animal is alive, the body has begun to secrete toxic substances. In order to sell animals in the shortest time and reduce mortality, animals were forced to eat or inject various stomach medicines, antibiotics, sedatives, chemical mixed feed, growth hormones, etc., a large amount of these chemical substances remained in the animals' bodies. Produce new toxins.

The second is the poison produced during and after slaughter. When animals are slaughtered, "negative emotions" will stimulate the body's cells to produce new toxins, which quickly enter the animal's blood, and then flow with the blood to every part of the body. After the animal is slaughtered, the cells immediately stop working, and the protein begins to condense and secrete enzymes for self-decomposition, which causes the muscles to rot and produce toxicity, called corpse poison, which cannot be removed even after high temperature treatment.

The third is the artificially added poison at the time of sale. When merchants sell meat, whether it is raw or cooked meat, in order to store it for more time to avoid deterioration, chemical preservatives are added, such as toxins such as borate that may cause cancer.

For many years, animal protein has meant health, strength, progress, and even civilization and hope. This "myth" has long been deeply rooted in the hearts of the people, and it has become a common sense. After half a century of occupation, Americans have rethought their meat-based diet and began to switch to a vegetarian diet. On April 28, 1992, the US government announced dietary recommendations: mainly vegetables, fruits, grains, beans, and nuts should account for more than 9/10, while the ratio of meat, milk, and eggs should be less than 1/10. And during treatment, American cancer patients consume less protein

than usual, especially animal protein, which is about 1/3 reduced. In our country, both normal people and cancer patients simply ignore the medical rule that "protein accounts for 10% of total caloric intake. In addition, a lot of animal protein is inherently toxic. Normal people will get cancer after eating. Cancer patients After eating, there is only one result: death fast, death miserable.

Incorrect lifestyle and carnivorous diet are the chief culprits for cancer outbreaks among the people. If we have the right lifestyle and the right way of eating, we can naturally stay away from cancer. So, what is the right way of life? "Suwen • Ancient Innocence" has long given the correct way of life: "Eat and drink regularly, daily life, do not work rashly". What is the correct way of eating? It is to return to the traditional Chinese eating habits.

Zhang Yande pointed out that Chinese people's traditional diet is based on whole grains. The Chinese gastrointestinal system has been digesting whole grains for thousands of years. Regardless of the natural digestion capacity of the Chinese people's gastrointestinal tract, they eat westernized foods. Various cancers will naturally occur. One after another. Therefore, the panacea and thaumaturgy for preventing and curing cancer are not on the scalpel, radiation, Chinese and Western medicine, but on the people's table. The right diet can not only prevent the occurrence of diseases, but also stop unconscious harm to your body. When we follow the original diet, the body can live a long and healthy life, otherwise it will be more sick and shorter. If a person has cancer, it is not too late to be able to adjust their lifestyle and diet in time to make up for it. Many people worry that eating vegetarian food can't keep up with nutrition. Zhang Yande, for example, said that cows and elephants only eat grass, and they are so strong and powerful. This is a strong proof that a vegetarian diet is not lacking in nutrients.

Improving curative effect is outside the book


The new crown epidemic has given people all over the world, especially many Chinese people, a new understanding of Chinese medicine. Many people begin to love Chinese medicine and learn Chinese medicine, but when they see that many Chinese medicine practitioners who graduated from colleges have poor clinical ability, they feel afraid of difficulties. Zhang Yan said that it is necessary for a practitioner of Chinese medicine or a lover of Chinese

medicine to learn the basic theoretical skills of Chinese medicine, but to improve the clinical efficacy, there are more important extra-book skills to practice. There are two parts to this extra-book skill: one is to cultivate the mind, and the other is to cultivate morality. As long as the heart and virtue are cultivated, the clinical effect will be improved.

The purpose of cultivating the heart is to calm the mind, and the calmer the mind, the more likely the root cause of the disease can be found in the clinic. The ancients said that Tao is born by quietness. As long as a person really calms down and his heart is like a mirror, it is a good clinical state. Chinese medicine practitioners are clinically like war. If a person cannot calm down, he will go to the battlefield. There are only two possibilities, one is to find the enemy, and the other is to die. High-level cultivation of the mind can not only calm the mind, but also generate wisdom in one's life. It has a higher than ordinary understanding of people's qi and blood, acupoints, yin and yang, and medicinal properties, and can do well when facing human diseases. The surgery is equally focused, and the effect is remarkable. In ancient China, famous doctors such as Hua Tuo and Bian Que were

all Taoist disciples, and they were very skilled in cultivating the mind. When the mind-cultivation skill reaches its maximum, it can have the special function of seeing the human body. When a person has the ability to see through the human body, is there any disease in this world that cannot be cured or dared to cure?

The purpose of cultivating morality is also to calm the mind. If a Chinese medicine practitioner does not cultivate morality, he will have a lot of ideas to make money from the patient. If he always thinks about how to make money, his mind and energy will not focus on the patient's condition, and the effect will be very good. If the effect is poor, there will be fewer patients and no money, and even more thinking about how to make money on patients, thus forming a vicious circle.

A TCM practitioner who has good morals and calm mind will improve the clinical effects. Naturally, there will be more and more patients, and money is just a by-product after the clinic. The happiness of treating one patient and the sense of accomplishment of treating hundreds of patients cannot be bought with more money. 



● 莲子药用价值

《本草纲目》：“莲之味甘，气温而性涩，稟清芳之气，得稼穡之味，乃脾之果也。土为元气之母，母气既和，津液相成，神乃自生，久视耐老，以其权舆也。昔人治心肾不交，劳伤白浊，有清心莲子饮；补心肾，益精血，有瑞莲丸，皆得此理。”

《玉楸药解》：“莲子甘平，甚益脾胃，而固涩之性，最宜滑泄之家，遗精、便溏，极有良效。”

编者按

什么是真正的中医人？一千个人回答，有一千个答案。一万个人回答，有一万个答案。在这个权威被质疑、鱼龙混杂的年代，一个人说服另一个人，尤其是不在一个思想意识层次上的人，似乎比登天还要难。为什么这么难，关于什么是真正的中医人，还要对意见不同的人进行意识观念上的统一？因为中医药是华夏民族的国粹，中医人是最擅长使用中医药的人，优秀的中医人不仅在历史上对炎黄子孙的健康做出过有力的保障，现在及未来，我国民众乃至世界人民的健康依然需要中医人有力的呵护。伪中医和中医黑们对中医药及中医人长时期的诋毁，已经让太多的中国人不知道真正的中医人为何物。事实胜于雄辩，我们推出张延德的访谈，就是希望以事实止纷争。我深信，人们看见了真正的玉后，冒充玉的劣石，再狡辩也会被看清是劣石。今天的中医教育模仿西医的痕迹十分明显，学了西医的形，丢了中医的魂。张延德是传统意义上的真正中医人，他的身上有扁鹊华佗等大医的仙风。疗效使北京城内很多达官贵人成为他的“铁粉”。他对修心修德的重视，在现代中医人中也十分罕见。愿所有的中医人，都能像他一样修心修德，在中医临床疗效上，百尺竿头，更进一步。

张延德，用疗效擦净中医的尘埃

◎李善举

举座皆惊遇“神仙”

第一次见到张延德老师，是在一个饭局。请客作东的人是单位的副社长。副社长的女儿在美国留学，脸上长了痘，不愿意出门。因为不愿意出门，脸上长了更多的痘，因此更不愿意出门。副社长急了，遍访名医，在国家公安部的一位领导推荐下，找到了张延德。张延德药到痘除。副社长的欣喜、感激之情难以言表，就请张延德老师吃饭以谢医恩，还特意喊上我陪座，为的是给张延德老师写篇报道。

平常威风八面的副社长，因为张延德老师的出现，仿佛变了一个人，谦虚恭卑，言语温和，席间还有几位人民日报和新华社的媒体同行。张延德老师身材高大肥胖，一脸的大胡子。他恬静寡言，你问

话，他就说话，你不问话，他就安静的坐在那里。你看他，他也会在你看他的同时看你，并报以慈善友好的微笑。道德经中描述得道的人时说：“豫兮若冬涉川，犹兮若畏四邻，俨兮其若客，涣兮其若释，敦兮其若朴，旷兮其若谷，混兮其若浊”，张延德老师的言谈举止，让我深刻的领悟了这段话。

副社长提议在座的人都问一个张延德老师问题，什么问题都可以，关于健康的，或是关于亲人的，或是关于过去的，或是关于未来的。人民日报的刘老师最先问话，刘老师刚在医院做过体检，要为难张延德的意图十分明显。张延德老师看了一眼刘老师，然后就开始说他的身体状况，过去是什么样，现在是什么样，尤其是哪个部位，什么原因导致，需要注意什么，否则会出现什么后果。张延德老师一口的湖北宣

昌方言，虽然难以听懂，但还是让听懂的刘老师大惊失色，因为张延德所说，和刘老师的现状所处所遇相同，仿佛每天和他生活在一起。

临到我问张延德问题时，我说想知道我母亲的现状。因为很多年没有回老家，十分想念她老人家。张延德淡淡的说，您母亲现在头疼呢。他说完，我不太相信，我知道母亲的手指因为风湿常疼，没有听她说过头疼。为了验证张延德老师的话，我走到餐厅外给母亲打听话。电话拨通后，我说：妈，你现在头痛？母亲在电话的那头十分吃惊，连问直问：你咋知道的？你咋知道的？

和母亲通完话，我回到房间的坐位，面对张延德，重复了我母亲的那句话：你咋知道的？张延德只是和蔼的笑了笑，算是作了回答。

疗效是中医重中之重

钱学森生前曾在部队组织过一批有特异功能的人，做生命科学研究，张延德是被邀请参与人之一。张延德的爷爷是当地的名医，擅长针灸。小时候的张延德，喜欢跟着爷爷出诊，喜欢的动机十分简单，因为“有好吃的”。在爷爷的耳濡目染下，张延德很早就学会了针灸医术。由于针灸医术疗效显著，有位京城十分知名的书法家写了书法作品“张一针”几个大字，赠与张延德。张延德青年时期在家乡的山洞中像达摩一样静坐过九年，他像X光一样的人体透视功能就是修炼之后具备的。什么病张延德都能治，尤其擅治各种现代疑难杂症。

我曾带着摄像机问他给人治病的具体方法，张延德说没有什么具体的方法，方法是活的，因为人的病不会按照教科书上产生，治的方法也是千变万化。就像一个碗，装上茶是茶碗，装上酒是酒碗，装上什么就是什么碗。人的疾病产生的原因不一样，治疗方法也不一样。生搬硬套的方法给人治病，让患者多花钱多受罪，还坏了中医人的形象。

张延德认为，中国传统中医之所以日渐没落，根本原因还是在于“疗效”。中医疗效的减弱并不是



因为中医出了问题，而是大量从事中医的医生并没有真正掌握中医的应用真谛。中国中医是中华民族瑰宝，所有对中医研究有一定造诣的人都有责任擦净传统中医的尘埃，用“疗效”为中医正名。

张延德说，传统医药在我国应用有数千年的历史，已经形成了一个系统、完整、独立的知识体系。但是，中医药传统知识正随着人们生活方式的变化及现代化的进程而流失。中医治疗是一种经验积累型知识，其传承的传统方式是师带徒，一般多需要3~5年的长期临床跟师才能对中医基础理论及临床有深入的领会。由于中医的诊断方法主要依赖于直接观察症状和体征，如望诊中的舌诊和触诊中的脉诊，需要凭借经验和感觉来观察和判断病人的体病情，辨证诊断结果与每个医生的主观认识及经验有很大的关联。传统的中医诊断知识和心得与依赖实验室和现代检测仪器的较精确的数据来施行诊断的现代医学相比，很难通过书面知识及短时间的临床培训掌握。但是，现在

的社会现实是：中西医结合式的大学教育及有限的临床实践时间，很难让学生在短时间内掌握传统中医知识。当大量的这种背负中医之名的“伪中医”走上中医治疗岗位时，他们中间很多人自己本身对中医治疗的效果都是将信将疑，指望这些人发挥出中医的应有的价值和疗效，无异于水中捞月。因此发挥中医疗效，还需要让中医造诣较深的真正的中医人联合起来，让中医在当今社会的疾病治疗中发挥出实用的疗效价值，并通过应用师带徒等传统的教育方式，让更多的人掌握中医治疗方法，让更多的病患受惠于中医的疗效。

现在的中国，很多人言事必西：“人家外国人是怎么办”。据说现在西方提倡个性化治疗，即医生根据病人具体病情具体分析进行治疗。其实中医从诞生之日起就是个性化治疗，对待不同的病人，药方有增减，对待不同的病，也有虚实之辩证。中药只有在中医理论的正确指导下使用，才能发挥其应有的治疗作用，在不久的将来，中医治疗会成为健康时尚。

糖尿病治疗要点

糖尿病是现代社会现代人的常见病之一，张延德谈了他治疗糖尿病的心得。他说，糖尿病是一种遗传因素和环境因素长期共同作用所导致的慢性、全身性、代谢性疾病，以血浆葡萄糖水平增高为特征，主要是因为体内胰岛素分泌不足或作用障碍引起的糖、脂肪、蛋白质代谢紊乱的一种疾病。西医治疗会有很多副作用，常常引起不必要的副作用和并发症。中医治疗糖尿病，安全，副作用少。

中医认为糖尿病是三消之病，三焦受病。一、属上消是渴证，大渴引饮，随时饮随时渴，以上焦的津液枯涸，古人说：其病在肺，而不知心、脾，阳明之火都能熏炙而然，故又谓之膈消也。二、属中消的中焦病，多食善饥，不为肌肉，而日加消瘦，其病在脾胃，又谓之消中也。三、属下消的下焦病。小便黄赤，为淋为浊，如膏如脂，面黑耳焦，日渐消瘦，其病在肾，故又名肾消也。这三消，中医认为火证，有实火

的，以邪热有余，有虚火，以真阴不足。但是治糖尿病三消如果不辨虚实，肯定要犯错。

癌症的产生与预防

癌症现在像感冒一样，具有普发性。张延德指出，癌症患者的增加，和患者肉食的食用量增加有明显的关系。自改革开放以后，我国人民的各个方面都发生了翻天覆地的变化，尤其是膳食结构明显的“西化”，动物性食物（鱼、肉、奶）的比重明显增加，植物性食物比重明显降低。相关数据显示，1998年时，中国的肉食消费水平是发展中国家平均值的近两倍，超过了韩国和日本等高收入的亚洲国家，接近法国、美国、阿根廷和巴西等世界上肉食消耗量最大的国家。与之相应的相关数据显示，仅上海地区大肠癌的死亡率，从1972年到1989年增加了75%，2000年以后，大肠癌发病人数比80年代高出1.45倍。

医学研究显示，人之所以吃肉时会产生快感，一是肝在紧急状况下，设法排除过量的蛋白质所产生的错觉；二是肉类含有新陈代谢的毒素，其中之一是黄嘌呤，其性质非常接近咖啡和烟内所含的生物碱，具有兴奋性、刺激性和成瘾性。有人感到肉香，本质上是一种错觉。肉的实质是尸体，肉并不香，是和肉一起下锅的调料香，人们赞叹肉的美味，是被舌头给欺骗了。人吃进肠胃里的肉，在三个阶段会产生普通人看不见的毒素：

一是饲养时产生的毒。现代的饲养场，为了最大化降低成本，在空间和时间上可谓费尽了苦心。动物个体空间上，实现最小化，动物个体空间越小，产量越大。恶劣的环境使动物的生理和心理都处在非正常的生长状态，可以说动物在活着的时候，身体已经开始分泌有毒物质。为了使动物在最短的时间内进行销售并降低死亡率，动物很早就被迫食用或注射各种胃药、抗生素、镇静剂、化学混合饲料、成长激素等，这些化学物质大量残留在动物体内并产生新的毒素。

二是宰杀时和宰后的产生的毒。动物在被屠宰时，“负面情绪”会刺激身体细胞产生新的毒素，迅

速进入到动物的血液中，再随血液流经到身体的每个部位。动物被宰后，细胞立刻停止工作，蛋白质开始凝结而分泌出用于自我分解的酵素，使肌肉腐烂，产生毒性，称为尸毒，即使经过高温处理也无法去除。

三是出售时人为添加的毒。商家在出售肉类时，不论是生肉还是熟肉，为了存放更多的时间而避免变质，会加入化学防腐剂，如加入可能致癌的亚硝酸盐等毒素。

多少年来，动物蛋白意味着健康、强壮、进步乃至文明和希望，这一“迷思”早已深入人心，根深蒂固，成为天经地义的常识。半个世纪以来，美国人反思了以肉食为主的饮食习惯，开始往素食转变。1992年4月28日，美国政府就公布了饮食建议：蔬菜、水果、五谷、豆类、坚果为主，宜占9/10以上，而肉、奶、蛋的比例应小于1/10。并且美国癌症患者在治疗期间，摄入比平常更少的蛋白质，特别是动物蛋白，约减少1/3。而在我国，不论是正常民众，还是癌症患者，根本无视“蛋白质占到总热量摄入的10%的医学规则。加之相当多的动物蛋白自带毒性，正常人吃后会得癌，癌症患者吃后只有一个结果：死的快，死的惨。

不正确的生活方式和嗜肉的饮食方式是导致癌症在民众中暴发的罪魁祸首。如果我们有了正确的生活方式和正确的饮食方式，自然能远离癌症。那么，什么是正确的生活方式呢？《素问·上古天真论》中早就给出了正确的生活方式：“饮食有节，起居有常，不妄劳作”。什么是正确的饮食方式？就是要回归到中国传统的饮食习惯上来。

张延德指出，中国人的传统饮食方式是以五谷杂粮为主，中国人的肠胃几千年来都在消化五谷杂粮，不顾中国人肠胃的固有消化能力，去食用西化的食物，各种癌症自然会接踵而来。因此，预防和根治癌症的灵丹妙药、绝招奇术，不在手术刀，放射线和中西药上，而在民众的餐桌上。正确的膳食不仅可以预防疾病的发生，还可以停止对自己身体的不自觉的伤害。当我们遵守原有饮食方式时，身体能健康长寿，反之则会多病命短。如果一个人得了癌症，能够及时


的调整生活方式和饮食方式，亡羊补牢，还不晚。很多人担心吃素营养跟不上，张延德举例说，牛和大像只吃草，体形还是长那么健壮，那么有力量，这能有力证明吃素是可以不缺营养的。

提高疗效功夫在书外

新冠疫情让全世界人民，尤其是很多中国人对中医药有了重新认识。很多人开始爱中医，学中医，但是一看到很多院校毕业的中医人临床能力欠佳，就产生了畏难情绪。张延说，一个中医从业者，或是中医爱好者，学习中医的基本理论技能很有必要，但是要提高临床疗效，还有更重要的书外功夫要修炼。这个书外功夫有两部分：一是修心，二是修德。只要把心和德修好，临床时疗效就上去了。

修心的目的是让心静下来，心越静，在临床时越能找到病根病因。古人说，道由静生。一个人只要真正的静下来，心如明镜，才是一个好的临床状态。中医人临床如战，一个人如果心静不来就上战场，只有两种可能，一是找不到敌人，二是去送死。高层次的修心，不仅能让心静，还能让人的生命产生智慧，对人的气血，穴位，阴阳、药性等问题有高于常人的理解，面对人的疾病时能做到道术并重，有的放矢，疗效显著。在中国古代，如华佗、扁鹊等名医大家，都是道教的门徒，在修心的功夫上很高。修心的功夫达到极致时，可以具备透视人体的特殊功能。当一个人有透视人体的能力时，这世上还有什么病不能治、不敢治？

修德的目的也是让心静下来，一个中医不修德，就会有很多从病人身上捞钱的想法，总想着怎么捞钱，心思和精力就集中不到患者的病情上，疗效就会很差。疗效差，病人就少，就更没有钱，就更想着怎么去在患者身上挣钱，从而形成一种恶性循环。

一个中医人，德好，心静，临床疗效就上去了，患者自然会越来越多，钱不过是临床后的副产品。治好一位病人所带来的快乐感，及治好成百上千病人的成就感，再多的金钱也买不到。 

Liu Hongyi, the real Chinese medicine doctor, stands on the height of life.

©Li Shanju

In China, some people believe in TCM. They benefit from TCM and admire TCM. Whoever denies TCM, they seem to have a hatred of the same. Others question Chinese medicine and deny it. They think that Chinese medicine is a decayed and decadent culture. Whoever affirms Chinese medicine, they think who is helping the swindlers to help the gangsters. There is no love for no reason, and no hate for no reason. For those who are sure of Chinese medicine, the health of individuals or family members must be escorted by Chinese medicine. Those who deny Chinese medicine must be victims of Chinese medicine, and they or their relatives have been harmed by Chinese medicine. Why do some people benefit from Chinese medicine while others suffer from it? Praising Chinese medicine or criticizing Chinese medicine is all related to the level of skill of the Chinese medicine practitioners they met, and has nothing to do with Chinese medicine. So, what kind of Chinese medicine is a real Chinese medicine? In ancient China, why did great doctors emerge in large numbers? How can China today produce the same great doctors as in ancient times?

As an important part of Chinese traditional culture, Chinese medicine seems to require a scholar to answer from a cultural perspective. Mr. Liu Hongyi was born in Beijing in 1955. After graduating from a bachelor's degree in Chinese medicine, he has been hanging a pot sign for more than ten years before going abroad to study. In 1977, he studied under Li Xikun, a famous alchemy master at home and abroad, and gained the true teachings of Taoism. After that, he studied Chinese and Buddhist studies with Nan Huaijin. He has lectured in the United States, Canada, New Zealand, Australia, Taiwan and other places, and is known as the evangelist of Chinese culture in the West. Mr. Liu Hongyi believes that true Chinese medicine stands on the top of life. If you cannot stand at the height of life, you will not see the three levels of TCM practitioners, the three classifications of people's diseases, the three basic points of human health, and the main source of individual diseases.

Three levels of Chinese medicine practitioners

Mr. Liu Hongyi believes that practitioners of Chinese medicine, like practitioners in all industries, have different levels. Many Chinese medicine practitioners today are criticized because too many Chinese medicine practitioners, medical techniques and techniques, are at a lower level. Such low-level Chinese medicine practitioners account for a large proportion of Chinese medicine practitioners. Chinese medicine is not China's medicine called Chinese medicine. It is Zhong Dao (middle way) medicine. In the words of Confucianism, it is the medicine of the golden mean. The golden mean is not a mean of neither Chinese nor Western nor lukewarm. Its original intention here is to surpass. There are three levels of science that humans are concerned about today: matter, energy, and information. These three levels actually correspond to the essence, qi, and spirit in Chinese medicine culture. Essence is visible and belongs to the material level. Qi is flowing, has its body, and is intangible. It can be felt through special instruments, and it belongs to the energy level. God is information, even higher than information.

According to the spirit and energy, the level of TCM practitioners is correspondingly divided into these three levels. Traditional Chinese medicine practitioners who advocate some medicine are at the material level and belong to the most general practitioners of Chinese medicine. TCM at the energy level uses acupuncture, Tuna therapy, qigong, massage, etc. As for the practitioners of Chinese medicine at the level of gods, they are very rare. The ancient Huatuo Bianque is among them. They can not only use herbs, but also use Qi, and use methods like Zhuyou and witchcraft to treat people. And like Zhu You, in most people's minds it is feudal superstition. If our values remain the same, our understanding will not change, nor will our attitude. Therefore, due to the shortcomings of the cognition of the three views, most of the practitioners of traditional Chinese medicine today are in the material layer, and the three-layer realm of traditional



Chinese medicine has also been reduced to one layer due to cognitive limitations, and the treatment scope of traditional Chinese medicine has therefore become very narrow. In simpler terms, Chinese medicine can be divided into upper medicine, traditional Chinese medicine, and lower medicine. The main thing of Chinese medicine is qi, and it is the material thing. The success rate of medical treatment is only 50%. Chinese medicine treats Qi to get a success rate of 80 to 90%. At the level of going to spirit therapy, healing is like catching a chicken in a cage.

Many Chinese medicine practitioners today can only be regarded as professional doctors. Professional doctors use a prescription handed down from generation to generation to cure people's diseases. Doctors rely on this prescription to survive. Nowadays, there are more TCM practitioners in the main part, not even professional doctors. They are educated by colleges and universities, and they are learning Westernized TCM, and their ability to see a doctor is very weak. These people are usually the spokespersons of TCM in the eyes of the people. And the image of traditional Chinese medicine, the ineffectiveness of traditional Chinese medicine and the image of slow doctors are mainly established by these people.

Chinese medicine is the study of life. Real Chinese medicine stands on the height of life. The real Chinese medicine practitioners stand from the perspective of life, not the disease. Real Chinese medicine practitioners do not simply stand on the health perspective and see the doctor. Angle. A truly outstanding Chinese medicine practitioner must stand at the height of life in the same culture as Chinese medicine. He has not only profound knowledge, but also rich clinical experience, especially the practice of great virtue. The majority of TCM practitioners educated in today's colleges and universities not only lack knowledge, but also have very limited clinical experience. As for the practice of virtue, too many people regard them as feudal superstitions. Regarding traditional Chinese medicine, inheritance and innovation have always been shouted very loudly as slogans, but due to the cognitive limitations of the three views, the real Chinese medicine has not been completely inherited by the vast majority of practitioners. Most of the so-called innovations in the Chinese medicine community. Just westernized.

Three classifications of people's diseases

There are three levels of differences among medical practitioners, and correspondingly, there are also three categories of people's diseases. The first type of disease can be treated by ordinary doctors with drugs. These diseases are essentially lifestyle problems. As long as patients adjust their lifestyles, most of these diseases can be cured on their own without treatment by doctors. The second is what the Buddhists say is brought about by karma. The third type is genetic disease of parents. In the face of inborn diseases, if it does not affect the quality of life, don't treat it. Modern doctors are basically helpless, and the patients are just spending money. There is no cure for karmic diseases; no cure for causal diseases; no cure for those who believe in witches but not doctors. The disease that ordinary doctors can treat is about 25%, not more than 30%. Most of the remaining diseases do not need to be diagnosed by a doctor, you have to be clear. If you can't find a higher-level Chinese medicine or go to a doctor, don't toss yourself, don't say that you feel uncomfortable, and let the Chinese doctors bear the infamy of "no". Illness reflects a state of life. Illness is a friend wearing a mask. Illness is a reminder that there is a problem with your lifestyle. You must reflect on it in time. In daily life, people often say, "If Western medicine can't cure diseases, seek Chinese medicine, and if they can't cure diseases, please seek Tao doctors." Western medicine can't solve the problem

at the material level. If you ask Chinese medicine for energy level help, the symptoms can often be solved. If you say that Chinese medicine is not good enough to find a Taoist doctor, Taoism is to solve the problem at the level of God, draw amulets, recite mantras, or teach you to guide and vomit. Taoism cures diseases from the aspects of material, energy, and information. Many people today, when they talk about energy and gods, they think they are playing mystery. What people don't know doesn't mean it doesn't exist. It's like you didn't know Li Si before, but Li Si has always existed, but you haven't known it yet.

Three basic points of human health

There are three basic points for a healthy body: First, the body needs sufficient energy, the human body needs enough energy to support the continuation of life, the qi, blood, and energy must be sufficient, and the nutrition must be sufficient; second, the logistics channels must be unblocked so that energy can be transported. , The garbage can be excreted. Channels such as meridians, blood vessels, lymphatics, and intestines all need to be unblocked; thirdly, God has concentration. Uncertainty means that there is no master in the body. In these three aspects, the first energy is sufficient, which is healthy, and the second channel is open. Kang, the third one is sacred concentration, only three points can constitute the most basic health state of the human body.

If the three basic points of human health coexist at the same time, we must follow the rhythm of life. TCM treatment depends first on whether the patient's life rhythm is correct. If the rhythm is disordered, the patient must be treated later, and the rhythm of his life must be adjusted first, that is, eating, sleeping, and excretion. Does the patient have three meals a day? Do you feel hungry when it's time to eat? If you are not hungry when you should eat, and you should not eat when you should, then the rhythm is chaotic. Or when it's time to sleep, people are not sleepy, and when they shouldn't sleep, they doze off, the rhythm of this god of people is chaotic; when it's time to excrete, it doesn't work. Therefore, it is very important to adjust the patient's life and the rhythm of life first. After the body's own rhythm is adjusted, it must be in harmony with the rhythm of the four seasons.

The rhythm of the four seasons is spring, summer, autumn and winter, the rhythm of the climate is cold and hot, and the rhythm of life is birth, old age, sickness and death. Everything has its own rhythm, and it is impossible for people to live in isolation without the rhythm. How can this


be possible if one only wants to live and not die? As long as summer, not winter, how can it be possible? Those who live in harmony with the rhythm of life prosper, those who should sleep or not, and those who should eat or not eat, will die.

Face up to the root causes of individual diseases

Life consists of two parts: life and life. There are two levels of birth. The first level is survival. After any life phenomenon appears on this earth, it must first survive. Survival includes two aspects. The first is food, which requires food and energy support; the second is physicality. To meet the needs of reproduction, survival and reproduction are the basic attributes of a life phenomenon to be maintained, and it is also human nature. The occurrence of any disease is around these two aspects. In addition, what kind of sentiment is based on this extension. According to Confucianism, food and sex are also the great desires of human beings. If desires are not controlled well and cannot be released, they will get sick if they are suppressed, and too much will get sick.

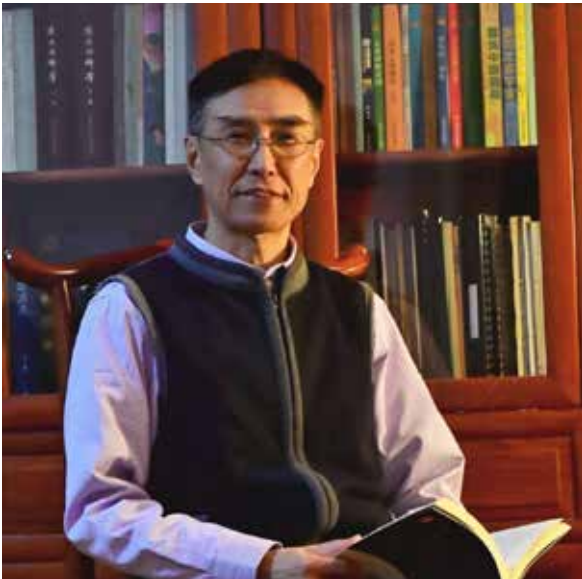
After the problem of human existence is solved, life begins. From the satisfaction of survival to the taste of life, people begin to pay attention to it. However, if it is over-exhausted, it hurts life instead. Therefore, Zhuangzi once said that although wealth should not be used to heal one's health, it means that wealthy people should not use one's health to harm one's health. Nowadays, many people are rich and eat more health care products than meals. Life also feeds and destroys people. People should have a correct understanding of life. For example, there are many kinds of helplessness in life. Some people are born with bad physique. For example, there are signs of weakness in the internal organs. This is the shortcoming of life. You should learn to accept it and think again. Ways to make up for it. If you can't make up, then accept the reality that can't be made up. Some people are not reconciled, tossing all day long, the viscera that had already been matched are imbalanced by him. The concept has a problem, which is also one of the important factors in the appearance of the disease.

Introduction of Liu Hongyi:

Liu Hongyi has lectured in the United States, Canada, New Zealand, Australia, Taiwan and other places, and is known as the evangelist of Chinese culture in the West. He advocates practicing Chinese learning, reusing classics to open up wisdom, opposes book reading, and must have morals, Buddhist aspirations, and Confucianism. 

刘宏毅，真正的中医站在生命高处

◎李善举



中医在中国，有的人深信不疑，他们受益中医，崇尚中医，谁否定中医，他们和谁似乎就有不共戴天的仇恨。还有的人质疑中医，否定中医，他们认为中医是没落的腐朽旧文化，谁肯定中医，他们就认为谁是在帮助江湖骗子们助纣为虐。这个世上没有无缘无故的爱，也没有无缘无故的恨。肯定中医的人，一定是个人或家人的健康在被中医保驾护航。否定中医的人，一定是中医的受害者，自己或是亲人受过中医的祸害。为什么有的人因中医受益，而有的人又因中医受害？赞誉中医，或诟病中医，都和他们遇到的中医人医术高低有关，和中医无关。那么，什么样的中医是真正的中医？在古代的中国，为何大医辈出？今天的中国，如何才能产生出古代一样的大医？

中医作为中国传统文化的重要组成部分，似乎需要一个学者从文化的角度来解答。刘宏毅先生1955年生于北京，自中医本科毕业后，悬壶十余载，后赴海外求学。1977年师从闻名海内外的丹道大家李锡堃先生，深得道家学问真传，后随南怀瑾先生学习国学、佛学，数十年笃行如一日，以仁自律，以礼自束。曾

在美国、加拿大、新西兰、澳洲、台湾等多地讲学，被西方称为中华文化的布道者。刘宏毅先生认为，真正的中医站在生命的高处。如果不能站在生命的高处，就看不到中医从业者的三个层次，民众疾病的三种分类，人体健康的三个基本要点，及个体疾病产生的主要根源。

中医从业者的三个层次

刘宏毅先生认为，中医从业者同所有行业的从业者一样，都是有层次分别的。今天的很多中医人之所以被人诟病，是因为太多的中医从业者，医道医技和医术，都处在一个较低的层次，这样的低层次中医人在中医从业者中占有很大的比例。中医不是中国的医学叫中医，它是中道医学，用儒家的话讲是中庸医学，中庸不是不中不西，不冷不热的一个均值，它在这里的本意是超越。现在人类所有关注的科学有三个层面：物质、能量、信息。这三个层面其实对应着中医文化里面的精、气、神。精是看得见的，属物质层面。气，是流动的，有本体，无形，通过特殊的仪器，能感受到它的存在，属能量层面。神，是信息，甚至比信息还要更高一些。

依据精气神，中医从业者的水平也相应分属在这三个层面。提倡吃点什么药的中医，处在物质层面，属最一般的中医从业者。处在能量层面的中医，会用针灸、吐纳、气功、按摩推等来进行治疗。至于在神的层面的中医从业者，十分稀少，古代的华佗扁鹊均在此列，他们不仅能用草药，还会用气，还会用类似祝由、巫术等方法给人治病。而类似祝由之类，在绝大部分人的观念里是封建迷信。如果我们的价值观不变，认识就不会变，我们的态度也不会变。所以，由于三观认知的缺陷，今天的中医从业者大部分处在物

质层，中医的三层境界也因为认知的局限被退缩成一层，中医的治疗范围因此变得十分狭小。再通俗一些的简而言之，中医有上医、中医、下医之分。上医医神，中医医人，中医主要医的是气，下医医病，医的是物质层面的东西。下医的成功率只有百分之五十。中医医气，有百分之八九十的成功率。上医医神，在上医的层面，治病就如笼里抓鸡。

今天的很多中医只能算是业医，业医就是用一辈一辈传下来一个方子给人治病，医生靠这个方子生存。现今更多的主体部分中医从业者，连业医都算不上，他们受的是院校教育，学的是西化后的中医，看病的能力十分微弱，这些人通常是民众眼里中医的代言人和中医形象，中医没有效和慢郎中的形象，主要就是这些人树立起来的。

中医是对生命的研究，真正的中医是站在生命的高处，真正的中医人是站在生命的角度，而不是疾病的角度，真正的中医人不是简简单单站在健康的角度和看病的角度。一个真正的优秀中医人，一定同中医这个文化一样，立在生命的高处，不仅有渊博的学识，还有丰富的临床经验，尤其有大德的修行。今天的院校教育出来的中医从业者，绝大部分人不仅学识不够渊博，临床经验也十分有限，至于德性的修行，更是被太多的人当成封建迷信不屑一顾。关于中医，继承和创新，一直被当作口号喊的十分响亮，但是由三观的认知局限，真正的中医并没有被绝大多数从业者完整的继承，中医界绝大部分所谓的创新，只是被西化而已。

民众疾病的三种分类

中医从业者有三个层次的分别，与之相应的民众疾病也存在三个类别。第一种疾病是普通医生可以用药物治疗的，这些疾病在本质上是生活方式出了问题，患者只要调整生活方式，这些疾病不用医生治疗，多数也可以自愈。第二种是佛家所说是业障带来的。第三种是父母遗传病。面对与生俱来的疾病，如果不影响生命质量，就不要去治它，现代医生基本上

是束手无策，患者徒费钱财而已。业障病，没法治；因果病，没法治；信巫不信医的，没法治。普通医生能治疗的疾病的就是百分之二十五左右，不会超过百分之三十。剩下大部分疾病不用医生诊断，你自己得清楚。如果不能找到高层次一些的中医或上医，就不要折腾自己了，自己难受不说，还让中医背上“不行”的骂名。疾病反映的是生命的一个状态，疾病是戴着面具的朋友，疾病是提醒你生活方式出了问题，要及时反省。

在生活中，人们常说“西医治不好的找中医，中医治不好的病找道医”，西医在物质层面上解决不了的，找中医进行能量层次的帮助，病症往往能迎刃而解。说中医治不好的找道医，道医就是在神的层面解决问题，画符，念咒，或是教你导引吐纳。道医治病，是从物质、能量、信息几个方面治。今天的很多人，一说到能量和神，就认为在故弄玄虚了。人们不知道的，并不等于不存在。就像你没有认识李四之前，但是李四一直存在，只是你还没有认识而已。

人体健康的三个基本要点

健康的身体有三个最基本的要点：第一，能源要足，人体需要足够的能量支撑生命的继续，气血能量要足，营养必须够；第二，物流的通道要畅通，能量能运上去，垃圾能排泄出去。经络，血管，淋巴，肠道等管道，都需要畅通；第三，神得定，神不定就是身体里没有主；这三方面，第一个能源足，是健，第二个管道通，是康，第三个是神定，只有三点具足才能构成人体最基本的健康状态。

要想人体健康的三个基本要点同时共存，就要遵循生命的节奏。中医治病，首先会看患者生命的节奏是不是对，如果节奏乱了，治病先往后放一放，必须先调他的生命的节律，就是吃饭、睡觉、排泄。患者是不是一日三餐？是不是到了该吃饭的时候，有饥饿感？如果该吃饭时不饿，该吃饭时不吃饭，那就是节奏乱了。（下转第47页）