

中 医 药 人 的 国 际 精 神 家 园

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Clinic Specialists

临床名医

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LuFuHong:

To be a excellent TCM doctor is
to keep up with the times

路富红：
与时俱进的中医才是好中医

Treating the coronary pneumonia
cases by TCM in China
治疗新冠肺炎的中国中医方案

A review on the status of treatment
of the coronavirus pneumonia with
TCM
中医药治疗新型冠状病毒肺炎现状
综述

The three peaks of pandemics
in history and the pace of clinical
TCM.
历史上疫病的三个高峰与中医临床
的步伐





Song Depei is well known for his treatment femoral head necrosis and any bone-related diseases. He is an expert on bone injury and disease in China. Song Depei has practiced for more than 50 years and has treated tens of thousands of patients with various types of bone injuries throughout the country ranging from those in a position of power to the common fold. See page for details 59.

宋德培擅长治股骨头坏死，和一切与骨头相关的病，全国著名中医骨伤病专家。宋德培有50余年的从医生涯，他治疗治愈的各类骨伤病病人有数万之多，遍及全国，上至中央部委领导，下至黎民百姓。详见59页。

Chinese medicine does not have to show off its name

©Li Shanju

The new virus is still raging across the world. As of 10 a.m. on April 22, 2020, the number of patients outside China has exceeded the 2.4 million mark. The most developed regions of Western medicine belongs to countries in Europe and North America. However, in the face of the new coronavirus, Western medicine practitioners have taken a more "hands-off" approach, and that has lead to the number of infected patients to increase with no signs of stopping. In China, due to the use of traditional Chinese medicine, the state of the novel coronavirus is beginning to die down and the economy has began to resume throughout the country.

Through the process of globalization, the dispute between Chinese medicine and Western medicine has become more common. Chinese medicine has a efficacy and the cost is relatively low. Because of this, traditional Chinese medicine has always been loved by people who may not have a lot of money. Under the market-oriented medical environment, traditional Chinese medicine has been marginalized for a long time, and it has not been favored and valued by medical capital. It has even been intentionally or unintentionally suppressed, so that the practitioners of the traditional Chinese medicine industry are becoming scarce and are shown more hostility, become despised, neglected, and even forgotten.

The emergence of the new coronavirus has made people all over the world see the magic of traditional Chinese medicine. It is not an exaggeration to say that Chinese medicine is a treasure of the Chinese nation. Things that are good don't need to be shown off. They can let the results speak for themselves.

Good things become better when shared. It is time for traditional Chinese medicine to build on its own legacy and serve the health of people around the world. However, the correct and effective use of Chinese medicine has become a special skill, and this special skill is only in the hands of a few Chinese medicine practitioners. The bilingual "Clinical Doctors" that are fluent in both Chinese and English was born in Canada and they shouldered these two missions. One is to let the people of the world see the best

Chinese medicine practitioners in the world, and two, let the people of the world see the most effective and practical clinical practice of traditional Chinese medicine Medicine.

In this issue of the magazine, the key word in the clinical column of serious diseases is "novel coronavirus". Around this keyword, we have published several articles to introduce how Chinese front-line health workers face and overcome this novel coronavirus. "Treatment of New Coronary Pneumonia" China's TCM program "," with the Xiaolin team announced three new crown research results "," was discharged and "Fuyang"? Why can Chinese medicine achieve "zero reyang" ", and" Chinese medicine treatment of new coronavirus pneumonia Summary " are all articles that talk about this pandemic. There are in-depth descriptions of the treatment methods used for the new coronavirus.

In this issue of the magazine, we introduced two Chinese medicine practitioners, both of whom are private orthopedic doctors(Song Depei and Lu Fuhong). One is the cover character Lu Fuhong. He is the 19th generation descendant of the Lu's orthopedic technique. His view is that "Chinese medicine that advances with the times is considered good Chinese medicine". In China, there are not many excellent TCM people like Lu Fuhong and Song Depei. They are deeply buried in society and are not commonly known.

There is a saying in the West: "Friends who appear when they are needed are real friends." Chinese medicine and Chinese medicine practitioners are true friends that appear when the global human health crisis comes. Thanks for reading the Chinese and English bilingual "Clinical Doctors" magazine, in this magazine, we will meet real Chinese traditional Chinese medicine and outstanding Chinese medicine people! 🇨🇳

中医药不必自炫求名

◎李善举

新冠病毒还在全球肆虐。截止2020年4月22日上午十时许，在中国以外的地方，患者数量已经突破240万大关。西医最发达最完善的地域，属欧美等西方国家。但是面对新冠病毒，西医界的西医人已经 “手忙脚乱”，似乎 “无技可使”，以至于患者数量一升再升，没有要停止的迹象。然而在东方的中国，因为中医药的存在，新冠病毒基本状态是偃旗息鼓，无迹可藏，全国各地都已经复产复工。

在全球经济一体化的过程中，中医西医之争，一直存在。简便验廉，是中医药的特点，简便验廉的等意语是，治病疗效好花钱少。因为这个特点，中医一直深受经济不宽裕的基层百姓的喜爱。因为这个特点，在市场化医疗环境下，中医药长期处在边缘化地带，不被医疗资本看好和重视，甚至被有意无意的打压，以至于中医药行业的从业者日渐稀少，并且被很多人，尤其是被很多思想西化的中国人敌视、轻视、忽视、甚至淡忘。

事实总是胜于雄辩。新冠病毒的出现，让全世界人民看到中医药彰显出的神奇。说中医药是中华民族的瑰宝，不仅不为过，还是名至实归，言符其实。好东西，真的是不必自炫求名。

好东西，大家分享，才会更好。在全球人民共命运同呼吸的今天，中医药立足本国，为全世界民众的健康服务，是时候了。然而，正确有效的使用中医药，已经成为一门绝技，这门绝技只掌握在少数中医人手中。中英双语《临床名医》杂志在加拿大应运而生，肩负这两个使命：一，让全世界人民看见最好的中国中医人，二，让全世人民看见中医临床实践中最有效最实用的医术。

在本期杂志中，大病临床栏目的关键词是“新冠病毒”，围绕这个关键词，我们刊发了数篇文章来介绍中国一线临床医生是怎么迎战并战胜新冠病毒的：如“治疗新冠肺炎的中国中医方案”，“仝小林团队公布三项新冠研究成果”，“出院了又‘复阳’？中医为何能做到‘零复阳’”，还有“中医药治疗新型冠状病毒肺炎现状综述”。对新冠病毒的中医药治疗方法，从整体到局部，都有着精彩的描述。

在本期杂志中，我们推出了两位中医人亮相，两位都是民间的骨科大夫。一位是封面人物路富红，他是路氏正骨的第十九代传人，他的观点是“与时俱进的中医才是好中医”。另一位是封二人物宋德培。在中国像路富红和宋德培这样优秀的中医人并不是很多，他们就像夜明珠一样，深埋民间，不为人知，但是一旦破土而出，就必定光芒四射。中国中医人究竟有多优秀？请看杂志内关于他们的报道。杂志内还有更多精彩，这里不再一一赘述。

西方有句俗语：“在需要时出现的朋友才是真正的朋友”，中国中医和中国中医人，就是全世界人类健康危机到来时，出现的真正朋友。让我们关注中英双语《临床名医》杂志，在这个杂志内，我们将遇到真正的中国中医和优秀中医人！🇨🇳

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Lu Fuhong, TCM that Advances with the Times is Considered Good TCM

©Li Shan Ju

Lu Fuhong is an orthopedic doctor in the Tongzhou area of Beijing. He is the 19th generation studying Lu's orthopedic Chinese Medicine. There are not only ordinary people that are patients, but also many famous CCTV presenters and film stars. When Lu Fuhong's son got married, many socialites came to the wedding to congratulate him. But Lu Fuhong never talks about these "celebrities". In Lu Fuhong's eyes, they are all patients, no different than the common folk. Lu never uses celebrities to promote himself, because he already has many patients. Using the reputation of celebrities to attract patients is unreliable. Relying on the efficacy of treatment, and the affordable low-cost consultation fees that ordinary people can afford instead, is an effective strategy.

When a reporter tried to interview Lu Fuhong, many of his patients expressed their concerns to the reporter: "If you interview him many powerful individuals will know of him. The common folk need a doctor like him, can you not interview him?"

A good doctor is hard to come by. It is the heartfelt wishes of people suffering from a disease that when they meet a good doctor, they will feel that the health of the family is guaranteed. "All the people in our family come to see the doctor. If Dr. Youlu is here, our entire family feels relieved" said a patient who couldn't wait to express his inner feelings to reporters.

Faced with the patient's dependence, Lu Fuhong

showed a trace of happiness that was hard to detect. At this time, he really understood his father. Lu Fuhong's father used to be a military doctor for the Kuomintang troops. After surrendering, he treated the locals, and was deeply loved by the people due to the remarkable curative effects and his profound virtue of trying to help. Lu Fuhong's orthopedic technique is the ancestral technique of the Lu family. In the face of poor people, Lu Fuhong's father often didn't collect money, but still showed a willingness to help. Currently, Lu Fuhong often does not collect money from patients who may not be able to pay. He feels that the joy of getting rid of illness is the greatest happiness a doctor can feel, and it has nothing to do with money. Society is developing and the times are changing. Lu Fuhong requires his medical skills to keep pace with his own benevolence. He believes that Chinese medicine that advances with the times is considered good Chinese medicine. Compared with his ancestors, Lu Fuhong has done a lot of work in understanding the psychology of the patient and seeking the cause of the patient in addition to pursuing medical excellence.

Insight into the psychology of orthopedic patients

As the saying goes, "A good doctor must heal his patient's heart first." Lu Fuhong paid close attention to

the patient's psychology when he went to the clinic. Lu Fuhong pointed out that compared with patients with other diseases, patients with bone injuries are very specific. Most of the patients suffered from acute injuries because of bone injuries. Most patients suddenly changed from a healthy life state to a state of inconvenience and pain. The physical appearance can be restored but it is harder to heal the fear. In addition, there are concerns about the long-term course of restoring health and the state of recovery. Therefore, while suffering from pain in the affected area, the patient also suffered from mental illness. They are anxious and very afraid of reality and the unknown.

At this time, psychological counseling and comforting based on the patient's personality and conditions is more conducive to the patient's recovery than excellent medical techniques and valuable medicinal materials. The theory of traditional Chinese medicine pointed out that "anger hurts the liver, overthinking hurt the spleen, and sadness hurts the lungs". At this time, the doctor should not make the patient's emotions worse, and should adopt methods such as "empathy and guidance" to relieve the patient's depression, ease the patient's emotions, and carry out timely psychological care before formulating and implementing specific treatment measures.

There are Many orthopedics patients in the summer

The patients who come to see Lu Fuhong for medical treatment, whether male or female, young or old, have a common condition: bone problems. In addition to cervical spondylosis, many of them have a displaced lumbar spine. Lumbar spine displacement is clinically manifested as a sore waist, heavy fatigue, cannot endure the same posture for a long period of time, sore hips and knees, cannot bear weight, forward flexion relieves pain, posterior flexion increases pain, and there is the appearance of a stepped sign of the spinous process in the displaced segment.

Dr. Lu Fuhong demonstrated the characteristics of

"easy and clean" of TCM orthopedics. Many patients come in lying down in pain and are able to walk out pain free. There are three treatment methods for Lu Fuhong: one is kicking the foot, the other is massage, and the third is acupuncture. When he kicked the patient with his foot, he always attacked suddenly. The patients were extremely stunned. When he was kicked, I would suddenly find that the lumbar spine had been reset. The dramatic expression of the patient changing from surprise to joy is usually drowned by the admiration of the onlookers. Bystanders are shocked like they are witnessing a wonderful plot in a film and or television show.

Common misconception is that patients with lumbar spine displacement occur in people over 50 years old. Degenerative lumbar spondylolisthesis is a common and frequent disease of lumbar spine displacement. However, in the hot summer, there are no age boundaries for patients with lumbar spine displacement. Many young men and women between the ages of 18 and 40 may have lumbar spine displacement. The main manifestations are: lumbar vertebral body instability, forward movement of the spinal body after spondylolisthesis causing the corresponding nerve roots to be compressed, and in severe cases there is lower back pain or paralysis and pain in the lower extremities. In severe cases, incontinence may also occur. Lu Fuhong pointed out that most of the pathogenesis for lumbar spine displacement in summer are due to overexertion and cold, thus summer is the high season for lumbar spine displacement.

Greedy or "great trouble"

After entering the summer, when many people get up in the morning, they bend over or lean over to pick up something, and suddenly find that their lumbar spine cannot move, and then they cannot walk or stand. They try to move their waist or get angry. The waist can't move

and it will cause severe pain. Inhalation or exhalation will also cause severe pain. When these patients faced the doctor's statement, the first sentence was: I didn't do anything, why is there a problem with the lumbar spine? There is a look of innocence.

Is there really nothing done? Everything has a cause and effect, and the damage to the lumbar vertebrae is indeed done, but the patient does it without knowing it: this is considered greed!

At 2 p.m. on September 6, 2018, Dr. Lu Fuhong received a male patient, only 19 years old, tall and strong, who had the physique of around 27 years old. This patient was working in a hotel, and there were many guests staying in the hotel the night before. He could only succumb to the storage room to sleep at night. Because the storage room is a place for debris and there is no air conditioning, he opened the door and was on the ground.

"I spread the bed mat and laid in the wind. After a short sleep, I still felt hot. I took a cold beer and drank it. It was still very hot, so I brought an electric fan and slammed it against myself. The guy was cool and comfortable all night" said the patient. After waking up in the morning, he went sideways to get something. The lumbar spine shifted instantly and he collapsed to the ground. When he was carried to Dr. Lu Fuhong's clinic, he was already incontinent. When the patient saw the doctor, he said that he did nothing. But in fact he did too much, what he did is in fact greed! The principle of thermal expansion and contraction, applies tp everything, is very obvious on the human skeleton. Greed causes changes in the lumbar spine, and the vertebral body slip becomes inevitable. This patient was able to apply chinese medicine to the bones in a timely manner. If it exceeded 24 hours, he will have to find a Western medicine hospital.

Western medicine will first use nerve decompression, mainly for moderate to severe patients with neurological symptoms. The method of decompression includes

total laminectomy, semi-laminectomy, and segmental fenestration. Second, lumbar spine fusion is used. The main purpose is to remove the unstable parts of the lumbar spine through fusion, so as to relieve back pain. Methods of spinal fusion include intervertebral fusion, posterolateral fusion, and 360 ° circumferential fusion of the vertebral body. At present, the transpedicular screw internal fixation reduction system and dynamic non-fusion system are commonly used in Western medicine. There are many reports on the application of bone morphogenetic protein to improve the fusion rate and efficacy, but due to its short clinical application and lack of long-term efficacy, further clinical research is needed.

Compared with Western medicine, traditional Chinese medicine orthopedics is mainly based on manipulation and acupuncture, which can achieve satisfactory results. The treatment mechanism is: first, directly or indirectly act on the vertebral body to reduce or partially reduce the vertebral body of spondylolisthesis, to solve the root cause of the disease. Second, to relax the spasm of muscle tissue, reduce ligament folding, adhesion, and reduce nerve compression. *Yellow Emperor's Internal Classic* said: "The cold person needs to warms up", a slow, gentle and deep technique of repeated rubbing on fixed acupuncture points or parts, so that the energy penetrates deep into the patient's body to achieve the purpose of warming and dispelling cold; in addition, the technique will To relieve muscle spasms, regulate nerve reflexes, balance the spine mechanics, strengthen local blood and lymph circulation, and increase tissue metabolism. The therapeutic effect of manipulation depends on the doctor's grasp of factors such as the bone's structure and strength. If the doctor can achieve rigidity, strength, deep penetration, and a delicate touch, the patient's displaced joint will quickly reset, and the effect of rehabilitation is also immediate.

Strengthen the lumbar muscles to protect the lumbar spine

Although the incentives for lumbar spine displacement are mostly due to greed and cold, but after the people avoid greed and cold, does the lumbar spine not shift anymore? The answer is no. Dr. Lu Fuhong said that with the increase of people's age, the lumbar spine bone quality changes, the lumbar muscles changes, and the possibility of lumbar spine displacement still exists. The only feasible way to protect the lumbar spine is to strengthen the lumbar muscles to protect the lumbar spine through exercise.

Dr. Lu Fuhong pointed out that spinal muscles are divided into two categories. The starting point and the end point of a muscle are in the spine, such as the multifidus muscle, interspinous process muscle, and intertransverse process muscle. Their role is mainly to maintain the spine's physiological curvature and stability in the sagittal and coronal planes. The other is the muscle groups' directly loaded between the thorax and pelvis, such as the sacral spinal and abdominal muscles. These muscles are very thick and their main role is to maintain the overall stability of the spine and resist external gravity.

The balance of the human torso requires the muscles of the waist and abdomen around the spine to maintain a certain tension and elasticity. Muscles are important stabilizers of the lumbar spine. Related scientific experiments have shown that effective muscle control can maintain the structural stability of the lumbar spine segment. It can adjust the range of motion of the lumbar spine, effectively limits the excessive flexion of the spine and participates in maintaining the normal alignment of the vertebrae, and can also play a role in buffering and balancing the load in the process of spinal flexion with the intervertebral disc. The more developed the lumbar

muscles, the better the protection of the lumbar spine. Dr. Lu Fuhong pointed out that senile lumbar spondylolisthesis is irreversible, and delaying lumbar spondylolisthesis is a high psychological demand. Patients should strengthen the lumbar muscles to protect the lumbar spine and prevent lumbar spine displacement. Strengthening the lumbar muscles is important to protect the lumbar. At the same time, we must adjust the patient's mentality, not to compare, to balance the diet, exercise moderately, and avoid being overweight. Once the lumbar spine is displaced, you should find a skilled Chinese medicine doctor to perform a manual reduction on the displaced lumbar spine, which can not only minimize the pain of the patient, but also minimize the cost of medical treatment.

Fuluhong Introduction

Ancestor Xu Chang, male, was born on October 15, 1966. He is the 19th generation descendant of Zhenggu Lu's Chinese medicine. His father is a military doctor of the former Kuomintang army. After his surrender, he settled in Datong, Shanxi. Lu Fuhong was from July 1987 to July 1990 Studying at Datong Medical College in May. In May 2006, he went to Tongzhou, Beijing, where he has been engaged in clinical work of orthopedics. Its orthopaedic technique is characterized by fast and accurate, and its curative effect is remarkable, and it is well received by patients. Lu Fuhong is currently seen at 752 Yinhua Road, Zhuhai City, Guangdong Province. His son is seen at the Lu's Ancient Method Clinic in the West District of Taiyuyuan, Zhangjiawan, Tongzhou District, Beijing, contact number: 13260999995.



路富红，与时俱进的中医才是好中医

◎李善举

路富红是北京通州地区的骨科明医，是路氏古法正骨的第十九代传人，患者中不仅普通百姓多，中央电视台的著名主持人和电影界的明星，也有很多。路富红的儿子结婚时，很多社会名流都到现场祝贺。但是路富红从不拿这些“名人”说事，在路富红的眼里，他们都是患者，和普通的病人没有什么分别。利用名人扬自己的名，没有这个必要，因为自己的患者已经够多的了。吸引患者前来就诊，名人的名声靠不住，靠的是治疗的疗效，及老百姓承受得起的低价诊金。

记者采访路富红时，有不少患者向记者表达了担忧：“你们这一报道，路医生被达官贵人等权势人物承包了怎么办？老百姓需要这样的好大夫，你们能不

能不报道他？”

良医难遇，是被疾病折磨的痛不欲生的人的心声。遇到一位良医，会感到一家人的健康都有了保障。“我们家所有的人有了病都来找路医生看，有路医生在这，我们一家人的心里都特别踏实。”一位患者迫不及待的向记者表达他内心的感受。

面对病人的依赖，路富红脸上露出一丝不易察觉的幸福感。这个时候，他真正理解了自己的父亲。路富红的父亲曾是国民党部队的军医，投诚以后，在地方给百姓看病，以疗效显著和深厚的德行深受百姓们敬爱。路富红的骨科正骨手法是路氏祖传的技法，轻易不出手，出手病必除。面对穷苦百姓，很多时候路富红的父亲不收钱，但还是面露喜滋滋的神情。现在

的路富红也常常不收穷困患者的钱，他觉得手到病除的快乐是一个医生最大的幸福，和金钱无关。社会在发展，时代在变化，路富红在医者仁心不变的同时，要求自己的医术与时俱进，他认为，与时俱进的中医才是好中医。路富红和祖辈们相比，除了追求医术上精益求精外，在洞察患者心理，寻求患者病因方面，做足了很多的功夫。

洞察骨科患者心理

俗话说“善医者，必先医其心。”路富红在出诊时，十分关注患者的心理。

路富红指出，骨伤病人同其它疾病患者相比，具有很强的特殊性。因为患者之所以骨伤，多数属于突发性事件，大部分患者是在一些突发性事件中，从健康的生活状态，突然转变为行动不便且疼痛难忍的状态。面对是不是可以恢复，心存恐惧。另外，对于恢复健康的长期病程，及愈后的状态都有顾虑。因此，病人在遭受患处疼痛的同时，还遭受着心理疾病的折磨。他们焦虑不安，对现实和未知都十分恐惧。

这个时候，根据病人的性格特点和病情进行精神上的疏导和安慰，比出色的手法及名贵药材更有利于患者的康复。中医理论指出“怒伤肝、思伤脾、忧伤肺”，医生这个时候不能让患者情绪上雪上加霜，要采取“移情、疏导、暗示”等方法，解除病人郁结，欢悦病人情志，对病人进行及时的心理护理，然后才是拟定和实施具体的治疗措施。

夏天骨科患者多

来找路富红看病的患者，不论是男是女，还是老、中、青、少，都有一个共同的病情：骨骼出了问题，除了颈椎病以外，以腰椎移位者居多。腰椎移位临床上表现为腰部酸胀，沉重乏力，同一姿势不能持久，臀部及膝部以上酸痛，不能负重，前屈位疼痛缓解，后伸位疼痛加重，移位段棘突阶梯征等。

路富红医生将中医正骨“简便验廉”的特色发挥

到了极致。很多患者躺着进来，走着出去。路富红的治疗手段有三种，一是脚端，二是按摩，三是针炙。他用脚端患者时，总是突然袭击，患者在极度愕然，不知为什么被端时，会猛然发现腰椎已经复位。患者由惊到喜的戏剧性神情转换，通常会淹没在围观者的一片赞叹声中。旁观者无不为之震撼，一切都像影视中的精彩情节。

在人们的印象中，腰椎移位的患者应该集中在50岁以上的人群，退行性腰椎滑脱是腰椎移位的常见病和多发病。但是在炎热的夏季，腰椎移位的患者已经没有年龄界线，很多18岁至40岁左右的青壮年男女都会出现腰椎移位，主要表现为：腰椎椎体失稳，导致椎体向前或向后滑脱，严重时压迫相应神经根，出现腰痛或下肢麻痹、疼痛，严重者还会出现大小便失禁。路富红指出，夏季腰椎移位的诱因多数是贪凉，夏季是腰椎移位的高发季节。

贪凉贪出“麻烦”

进入夏季以后，很多人早上起床时，弯腰或是探腰去拿件东西，忽然发现自己的腰椎不能动弹，接下来不仅不能行走，也不能站立，俗语称闪了腰或是岔了气，特点是不能动，动就剧烈疼痛，大口的吸气或出气都引发剧烈痛疼。这些患者在面对医生陈述病情时，第一句话就是：我没有做什么呀，怎么腰椎就出了问题？一脸的无辜状。

真的是没有做什么吗？凡事有因必有果，损害腰椎的事的确是做了，但是患者做在自己也没有察觉的不知不觉中：贪凉！

2018年9月6日下午2时许，路富红医生接诊了一位男性患者，只有19岁，体形高大强壮，貌似27岁左右。这个患者在一家旅馆工作，先一天晚上入住旅馆的客人多，他只能屈尊到储藏室去夜睡，由于储藏室是摆放杂物的地方，没有空调，他就敞开了房门，在地上摊了床凉席，迎风而卧，睡了一会还是觉得热难耐，就拿来冰镇的啤酒痛饮，依然还是很热，就拿来电风扇对着自己猛吹。小伙子凉快舒服了一夜，早上

醒来后，侧身去拿一件东西，腰椎瞬间移位，瘫倒在地上。抬到路富红医生诊所时，已经小便失禁。患者见到医生时，说自己什么也没有做，但实质上是 he 做的太多，做了些什么，总结就是两个字：贪凉！热胀冷缩的道理，适应于万事万物，在人的骨骼上依然表现的十分明显。贪凉使腰椎出现变化，出现椎体滑移成为必然。这个患者送来中医正骨非常及时，如果超过24小时，就要找西医手术了。

西医首先会用神经减压术，主要针对有神经症状的中重度患者，减压的方法包括全椎板切除、半椎板切除以及节段性开窗。其次用腰椎融合术，主要目的是通过融合来去除腰椎不稳定因素,从而缓解腰背痛。脊柱融合的方法包括椎间融合、后外侧融合、椎体环周360°融合等。目前西医临床上常用经椎弓根螺钉内固定复位系统及动态非融合系统。应用骨形态发生蛋白提高融合率及疗效的报道也较多，但是由于其应用于临床时间较短，缺乏长期疗效观察，因此还需进一步临床研究。

同西医相比，中医正骨以手法为主，配合牵引、针灸，就能取得满意的疗效。其治疗机理就是：首先直接或间接作用于椎体，使滑脱的椎体复位或者部分复位，解决病变根源；其次是松解痉挛的肌肉组织，减少韧带折叠，粘连，减轻神经压迫。《黄帝内经》说：“寒者温之”，缓慢柔和而又深沉的手法在固定的穴位或部位上进行反复摩擦，使能量深入于患者躯体达到温热驱寒的目的；此外，手法会起到缓解肌肉痉挛，调节神经反射，使脊柱力学平衡，加强局部血液及淋巴循环，增进组织新陈代谢。手法的治疗效果取决于医生对骨相、力度等因素的把握；如果医生能做到刚柔并济，柔和有力，深透持久，患者的移位关节就会很快复位，康复的效果也是立竿见影。

增强腰肌护腰椎

虽然腰椎移位的诱因多数是因为贪凉，但是民众在不贪凉后，是不是腰椎就不移位了呢？答案显然不是。路富红医生说，随着人们年龄的增加，腰椎骨质

发生变化，腰肌发生变化，腰椎移位的可能性依然存在。如何有效保护腰椎呢？唯一可行的办法是，通过运动，增强腰肌护腰椎。

路富红医生指出，脊柱肌肉分成两大类，一类肌肉的起点与止点都是在脊柱，比如多裂肌、棘突间肌、横突间肌等，它们的作用主要是维持脊柱的生理弧度和在矢状面、冠状面的稳定；另一类是直接负荷于胸廓和骨盆间的肌群，比如骶棘肌和腹肌，这些肌肉十分粗壮，主要作用是维持脊柱的整体稳定和抵抗外来重力。

人的身体躯干的平衡需要脊柱周围腰腹的相关肌肉保持一定的张力和弹性来维持，肌肉是腰椎重要稳定器，相关的科学实验表明，有效的肌肉控制能维持腰椎节段的结构性稳定，能调节腰椎活动范围，能有效限制脊椎过度前屈及参与维持椎骨的正常对位，还能在脊柱屈曲过程中和椎间盘共同起着缓冲和平衡载荷的作用。腰肌越发达，对腰椎的保护就会越到位。

路富红医生指出，老年性腰椎关节退变是不可逆的，延缓腰椎关节退变是正当的心理诉求，患者要通过运动增强腰肌来爱护腰椎预防腰椎移位,增强腰肌是保护腰椎的重要举措。同时要调整心态，不攀比，饮食平衡，适量运动，不超体重。一旦发生腰椎移位，应尽快找到医技熟练的中医对移位腰椎进行手法复位，不仅能将患者痛苦降到最低，还能将就医成本降到最低。

路富红简介

祖籍许昌，男，1966年10月15日出生，中医正骨路氏第十九代传人，其父为原国民党部队军医，投诚后落户于山西大同，路富红于1987年7月至1990年7月在大同医专就读。2006年5月赴北京通州，从事中医正骨临床工作至今。其正骨手法以快、准为特色，疗效显著，深得患者好评。现今路富红在广东省珠海市银桦路752号出诊，其子在北京市通州区张家湾太玉园西区的路氏古法诊所内出诊，联系电话：13260099995。

Discharged and a positive retest? Why Chinese medicine can achieve zero positive retests

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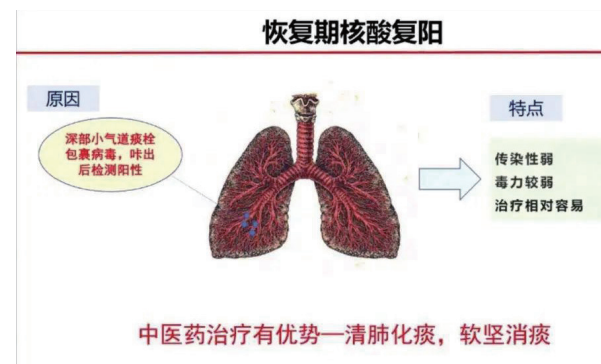
It is well known that the patients of Wuhan Traditional Chinese Medicine Cabin (Jiangxia Square Cabin) have experienced symptoms ranging from mild to severe, but few people know that the patients with new coronary pneumonia who have recovered have had zero relapses. On March 29, 2020, Zhang Boli, an expert from the Central Steering Group and an academician of the Chinese Academy of Engineering, gave an online lecture in the Wudaokou Online Lecture Hall. He gave a detailed explanation of the zero positive retest phenomenon from the aspects of TCM principles and medication. "Of the 564 patients admitted to the TCM cabin, none of their symptoms became more severe, and there were no cases of a positive retest, because we added some medical herbs to the treatment prescription to specifically solve this problem" Academician Zhang Boli said.

Why is someone testing positive again? Is it due to a faulty testing kit?

According to the current diagnosis and treatment plan, the recovered patients need to meet certain indicators such as a negative nucleic acid test, a pulmonary inflammation absorption rate that is considered healthy, and normal a body temperature for at least 24 hours. However, some patients had a positive viral nucleic acid test during re-

examination after discharge from the hospital, this is considered a positive retest. "Some patients have relapsed, what's going on? Now academics basically recognize that a positive retest is not a secondary infection, but that the viral infection was not completely cured", as stated by Zhang Boli. So, why is there a negative test if the patient has not been entirely cured? Is it possible that the test reagent is not working properly, and the discharge standard is too low? Zhang Boli presented a diagram explaining why the new coronavirus is still present in the human body, but the nucleic acid test can be negative. "The damage done in patients with the new coronary pneumonia is mainly localized in the small airways in the lower lung. Inside the bronchioles, there are sputum plugs wrapped with viruses." Zhang Boli said that these viruses stayed deep in the lungs, and not outside of them. At the time of the testing, only the sputum in the throat was tested, and no virus was detected, indicating that the viral nucleic acid in the patient's body was not present. Zhang Boli further explained that after the patient's body had slowly improved, lung function had also improved including some improved bronchial functions, especially in the small airways, and this allows the sticky to be coughed out the lungs. The sputum in the depths of the lungs came out, and along with it the virus, which caused a positive retest. The reason why patients with the novel

coronavirus infection experienced such a phenomenon, and SARS patients did not is related to the clinical symptoms caused by coronavirus in humans. "From a practical point of view, the symptoms of SARS mainly cause pulmonary fibrosis, and the damages of the novel coronary pneumonia is in the deep airways. There are many mucus secretions in the alveoli and small airways. This mucus is very thick, which is why many people are put on ventilators and the reason why their respiratory conditions are not improving is that they are blocked by mucus. " Therefore, from the perspective of Chinese medicine, the novel coronary pneumonia is a "damp" epidemic, and SARS is considered a warm epidemic. The characteristics of moisture are very typical and apparent. Dampness and humidity can manifest into cold, heat, and dryness. Mucus is very viscous and not easy to discharge. Therefore, the novel coronavirus behaves very differently than SARS.



Removing phlegm in patients can help to prevent a positive retest.

Using traditional Chinese medicine during treatment that incorporates phlegm-reducing effects, can eliminate the "silence" of the viscous sputum. Zhang Boli explained that some herbs in traditional Chinese medicine that help clear the lungs and remove phlegm, such as dried tangerine peel and Chinese Honeylocust Spine, can help patients cough out and expel deep viscous sputum. Xuan Fei Bai

Du Decoction comes from classic Traditional Chinese Medicine recipes such as Ma Xing Shi Gan Decoction, and Ma Xing Barley Decoction. In the scope of clinical practice when treating the novel coronary pneumonia, after screening the components in the component library of traditional Chinese medicine, Zhang Boli and professor Liu Qingquan found that there are two kinds of medicinal materials that are "effective" in eliminating the symptoms of the novel coronary pneumonia. One is *Polygonum cuspidatum*, which has the strongest inhibitory effect on the coronavirus. The second is *Verbena*, which is very active against preventing lung damage caused by the coronavirus, especially microthrombus or small airway damage. "These two components come from the traditional Chinese medicine component library. After more than ten years of accumulation, the component library has built more than 60,000 components. Including the chemical structure, activity, and other characteristics of the effective cost of traditional Chinese medicine." Zhang Boli said that according to the symptomatic search, *Verbena* improves circulation, opens up the meridians, and eliminates stagnations helping to clear the lungs and

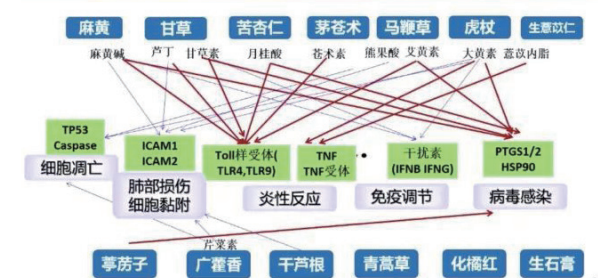
中药新药研发

利用**组分中药国家重点实验室**开展抗新型冠状病毒中药活性筛选研究，目前从中药组分库数据库中采集2691条化学成分信息，围绕3CLpro, PLpro, RdRp, Spike靶点进行虚拟筛选。

联合广州呼吸疾病国家重点实验室、中科院上海药物所开展体外活性验证,通过研究发现**黄芩、桑叶、诃子、菊花、头花蓼、紫苏叶、金银花、木通、白茅根、车前草**等具有较好抗新型冠状病毒活性。其中还发现了具有强活性的组分化合物。



宣肺败毒汤药材-成分-通路关系图



collaterals. As an adjuvant, it has played a very important role in preventing the positive retest phenomenon. The same research team has also provided a role in the movement of Chinese medicine discussion. From the aspects of inflammatory response and immune regulation, they found that the 286 key targets, some suppress the coronavirus and some suppress the inflammatory factor storm which play a comprehensive role in the treatment of the novel coronavirus.

A Message from Zhang Boli to those born in the new millennium: TCM contains philosophical wisdom

“In the 1980s, my school (Tianjin College of Traditional Chinese Medicine) had many international students attend. Some of them come from very wealthy families. I asked them: You come from families that own such big companies, are you planning on opening a Chinese medicine clinic after you graduate? They said of course not. They came to learn Chinese philosophical wisdom and gain experience in the Chinese Medical health care system. After studying, they will oversee the family industry and will also gain the knowledge to maintain good health for life. I was puzzled and surprised at the time, but I understand now, Chinese medicine is a culture and a gem of the Chinese nation. Therefore, as a Chinese medicine practitioner, we should know our own culture. Chinese medicine culture is one of the parts of Chinese culture. Some people have asked me, Chinese medicine has been around for 2000 and 3000 years, don't you think it is too old? There is a misunderstanding here. The old and unchanging ways of traditional Chinese medicine refers to its unchanged philosophical thinking, including the holistic view of man, emphasizing that man and nature should be harmonious and that there should be a unity of nature and man. These ideas are regarded as advanced

ideas by modern science. For example, in this new epidemic, many ancient books have already talked about viruses and how to combat them. We now can summarize the new experience and will add it to the succession and development for our predecessors. Therefore, TCM is advancing with the times, and is both ancient and young in terms of the specific technical aspects and knowledge of the diseases.”

“It is good medical practice to prevent people from getting sick, delaying getting sick, minimizing sickness, and not letting sickness turn serious. Traditional Chinese medicine is precisely this kind of medicine. It is simple, cheap, and has relatively few side effects. As a person of Chinese heritage, you should understand your culture. Therefore, I hope that the younger generation loves the culture of their motherland and has some knowledge of Chinese medicine. They can maintain their own health, care for the health of others, and educate friends and family to provide them with some understanding. Some overseas friends often ask, how do you treat this disease with Chinese medicine? It is very popular to bring Chinese medicine when visiting abroad. (This is also true for foreigners) We should be proud of our national culture. I have seen many abuse and vilify Chinese medicine. I suspect that it is organized and driven by interests. I hope that through this epidemic, everyone will realize that the motherland medicine is a treasure trove and it is worth digging.”

三药三方：疗效确切，证据成链



出院了又“复阳”？中医为何能做到“零复阳”

◎张佳星

武汉中医方舱（江夏方舱）的患者“无一人轻症转重症”已为人熟知，但鲜有人知道在这个方舱进行治疗的新冠肺炎患者至今“零复阳”。

2020年3月29日，中央指导组专家、中国工程院院士张伯礼在清华五道口在线大讲堂在线授课，对于日前出现的复阳现象，他从原理、用药等方面做了详解。

“中医方舱收治的564例患者当中，没有一例轻转重，也没有一例复阳，是因为我们在治疗处方中加了些药，专门来解决这个问题。”张伯礼说。

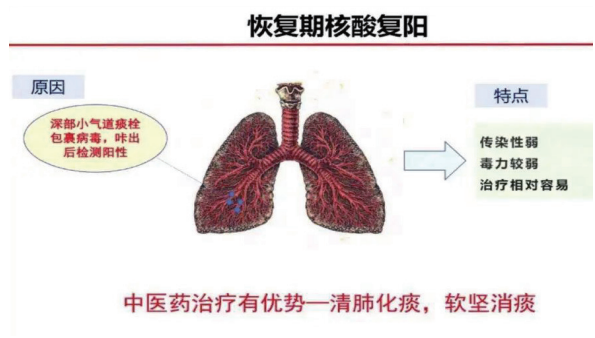
为什么有人复阳？难道真是检测试剂不灵？

根据现行诊疗方案，治愈患者需满足间隔24小时核酸阴性、肺部炎症吸收、体温正常等指标。但有部分患者在出院后的复检过程中出现了核酸呈阳性的情况，即出院后“复阳”。

“有些病人出现复阳了，是怎么回事？现在学界基本公认‘复阳’并不是二次感染，而是原来没治彻底。”张伯礼说。

那么，没治彻底为什么检测阴性，难道真的是检测试剂不灵，出院标准太松吗？

张伯礼院士给出一张图示清晰地解释了新冠病毒还在人体内，核酸检测却能呈现阴性的原因。



“新冠肺炎患者的损伤主要是肺深部的小气道，在细支气管里边，里面有痰栓包裹着病毒。”张伯礼说，这些病毒被痰栓裹着，呆在肺的深部，不往外排，所以在检测的时候，检测的是咽喉部的痰液，就检测不到病毒，显示出来患者体内的病毒核酸转阴了。

张伯礼进一步解释，患者身体慢慢好转之后，肺的功能在慢慢恢复，特别是小气道，包括一些支气管的功能都在恢复，慢慢的把这些粘痰往外排往外咳出去，咳嗽的过程肺深处的痰出来了，也就裹着病毒出来了，表现得是一个“复阳”的现象。

可见，新冠病毒感染的患者之所以有这样的现象，而例如SARS患者则没有复阳现象，是和冠状病毒造成人体内的临床症状有关联的。

“从实践来看，SARS的症状主要造成肺纤维化为主，而新冠肺炎的损伤在深部气道，肺泡、小气道里边有很多粘液性的分泌物，这些粘液非常的粘稠，这也是为什么很多人上了呼吸机，呼吸状况也得不到改善的原因，就是被粘液堵住了。”张伯礼说，因此，从中医的角度看，新冠肺炎属于湿毒疫，而SARS是温疫，新冠湿气的特点非常典型，湿会寒化、热化，还有燥化，有粘液、非常粘稠不容易排出来，因此和非典有非常明显的区别。

对症化痰，治疗时就能预防“复阳”

针对粘稠的痰液，在中药的药方中，加入相应的有化痰药效的成分能够避免粘稠痰液在治疗过程中“沉寂”到深处。

张伯礼解释，中药中有些清肺化痰的药材，比如橘红、皂刺等都能够帮助把深部的粘稠痰给咳出来、排出来。在治疗的时候，加上这些药，就会让治愈者

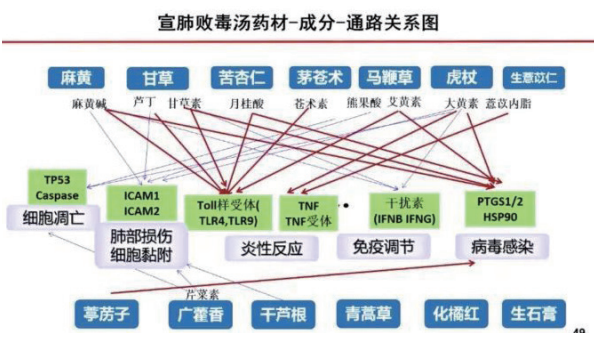
不“复阳”。

以宣肺败毒方为例，它来源于麻杏石甘汤、麻杏薏甘汤等经典名方。针对这次新冠肺炎的临床实践，经过在中药组分库中的组分筛选，张伯礼院士和刘清泉教授发现有两种药材对新冠肺炎“对症”。一个是虎杖，其中的虎杖苷对冠状病毒的抑杀作用最强。第二个就是马鞭草，对于冠状病毒引起的肺部的损伤，特别是小气道的损伤，微血栓，有很强烈的活性。



“这两个组分来源于中药组分库，组分库经过十几年的积累，已经建有6万多的组分，包括中药有效成分的化学结构、活性等特性。”张伯礼说，根据对症寻找，马鞭草活血通络散结，助清肺活络，作为佐药，在避免复阳现象方面起到了很好的效果。

相关研究团队也在中药方作用机理方面做了探讨，从炎症反应、免疫调节等方面分析，发现调控286个关键靶标，有的抑杀冠状病毒，有的抑制炎症因子风暴……起到综合的作用。



张伯礼院士寄语00后：中医蕴含哲学智慧

在网络授课的最后，在清华五道口科学企业家项

目中授课的张伯礼院士寄语00后，附录音整理：


上世纪80年代，我们学校（天津中医学院）因为有国际学院，有很多海外的学生来求学，他们有的是亿万富翁的富二代来学习。我问他们：你们那么大的公司，那么有钱，你是来学中医以后开中医诊所的吗？他们说当然不是，是来学习中国的哲学智慧，学习中医里边的养生保健经验。学习中医对以后掌管家族产业，对一生的身体健康会有好处。

我当时感到不解、感到吃惊，但是我现在理解了。中医是一种文化，是中华民族瑰宝。所以我们作为一个中医人，应该知道自己这种文化。中医药文化是中国文化的代表之一。

有人说你们中医药2000年、3000年了，你不觉得太老了吗？这里有一个误会，中医的老和不变指的是它的哲学思维不变，包括人的整体观，强调人和自然要和谐、天人合一，而在治疗时是非常讲究辨证论治、因人而异的。这些理念都被现代科学认为是先进的理念。比如这次新冠疫情，古代很多书都讲了疫病，新的经验我们总结出来，会补充进去，做到对前人传承和发展。所以中医在具体的技术层面、对病的认识方面，是与时俱进、古老又年轻的。

让人不得病、晚得病、少得病，不得大病，这种医学才是好医学。而我们中医药正是这种医学，它的简便廉价、副作用相对少，作为一个中国人，对自己的优秀文化应该有所了解，起码不应该去贬低它，去抹黑它。所以我希望年轻的一代热爱自己祖国的文化，知道一些中医的知识，可以自己养生、保健、维护自己的健康，也可以让朋友、亲戚有所了解。

有海外的朋友经常会问，这个病你们中医怎么治？出国访问的时候，带点中药也非常受欢迎。（外国人尚且如此）我们也应该为自己的民族文化感到自豪，感到骄傲。我看到很多“中医黑”不断谩骂、诋毁中医，我怀疑是有组织的、是受利益驱使的。

希望通过这次疫情，大家更加认识到祖国医学是个大宝库，值得我们更好地挖掘。（见15页图）（作者单位：科技日报）


The Tong Xiaolin team announced three new crown research results

©Wang Junping

Recently, the Tong Xiaolin academic team disclosed three scientific research results. The results of the studies showed that the treatment of new coronary pneumonia with traditional Chinese medicine has not aggravated the condition of mild patients, the risk of death in severe / critically severe patients has been reduced by more than 80%, and the rate of symptom relapses in rehabilitating patients is low. Tong Xiaolin stated that patients experiencing mild to severe / critical conditions as well as those that are rehabilitating, experience three different stages in the treatment of new coronary pneumonia, which constitutes a complete chain. In the treatment of new coronary pneumonia, the whole process of Chinese medicine has produced beneficial therapeutic results, showing its unique advantages and functions, while contributing Traditional Chinese wisdom in the global fight against the epidemic. The first study of mild patients, without aggravating the disease, was the intervention of the cold and damp syndrome using the epidemic prescription (Wuhan Anti-epidemic Recipe) for new patients in the Wuchang community. The research was carried out by Guanganmen Hospital of China Academy of Chinese Medical Sciences together with Xiaolin's team, the Wuchang District Government, the Hubei Provincial Hospital of Traditional Chinese Medicine, Liu Baoyan's team of the China Academy of Chinese Medical Sciences, and Liu Jianping's team from the

Beijing University of Chinese Medicine. They targeted the patients' diagnosis of new coronary pneumonia and treated them in their own homes in the isolated area of Wuchang. They took the Hanshi Epidemic Recipe (Wuhan Anti-epidemic Recipe) as the experimental group. The patients that took the decocted formula's granules were the control group. The rate of weight loss and the factors influencing the patients' weight were analyzed. 721 cases were included in the analysis, with 430 cases in the cold and damp experimental group and 291 cases in the control group. The main outcome indicators were the aggravation rate of the new coronary pneumonia: 0 cases (0.0%) in the cold and damp experimental group and 19 cases (6.5%) in the control group. This difference was statistically significant. The mean age of the patients was 48.5 ± 14.4 years, and the median age was 48 years. The number of cases with some form of underlying diseases was 334, accounting for 46.3%, and the number of cases that used any amount of proprietary Chinese medicine was 452, accounting for 62.7%. Studies have shown that prescribing the cold and damp epidemic prescriptions in the community had a protective effect on the control of the exacerbation of symptoms for the new coronary pneumonia. Tong Xiaolin introduced that after taking into account factors such as gender and age, and using a stratified analysis and propensity score matching to account for the difference in exacerbation rates

between the cold and damp experimental group and the control group. This yielded a result that was statistically significant. There was more than 80% reduction in the risk of death in severe/critically ill patients. This study was conducted in a designated hospital for patients in severe medical condition. It was completed in cooperation with the Wuhan Integrated Traditional Chinese and Western Medicine Hospital and the Guang'anmen Hospital of China Academy of Chinese Medical Sciences. There were 1476 cases of new coronavirus pneumonia at the Wuhan Integrated Traditional Chinese and Western Medicine Hospital, including 662 cases of severe / critical new coronary pneumonia (484 cases in Chinese medicine decoction group and 178 cases in non-Chinese medicine decoction group). The results showed that there were 71 deaths, including 15 deaths in the Chinese medicine decoction group; 56 deaths in the untreated Chinese medicine decoction group. Statistical analysis showed that the mortality risk of the Chinese medicine decoction group decreased by 87.7%, which was statistically significant compared with the non-Chinese medicine decoction group. Tong Xiaolin demonstrated that with the three influencing factors of age, gender, and progression of disease as the different variables, the 312 cases were successfully matched using the propensity score. There were 49 deaths, including 13 deaths in the traditional Chinese medicine decoction group and 36 deaths in the untreated traditional Chinese medicine decoction group. The results of multiple regression analysis showed that the mortality risk of the traditional Chinese medicine decoction group decreased by 82.2%, and the difference was still statistically significant. The symptom relapse rate of patients after discharge was low. The study was carried out in the Wuhan Rehabilitation Station and was completed in cooperation between the Hubei Provincial Hospital of Traditional Chinese Medicine and the Guang'anmen Hospital of China Academy of

Chinese Medical Sciences. Follow-up questionnaires for patients that had recovered, found that a small number of recovered patients had nucleic acid discharge, causing concern. Whether the decoction can reduce the rate of rejuvenation in patients has attracted attention. The recovered patients were analyzed and observed in six rehabilitation stations in Wuhan, and the average isolation observation time of all observers was about 10 days. A total of 420 discharged personnel were observed. Among them, 325 people received comprehensive intervention of traditional Chinese medicine, including "recovery period granules", Baduanjin exercises, acupoint application of moxibustion, foot baths, and other Traditional Chinese Medicine techniques. 95 people did not receive any intervention. The results showed that after comprehensive intervention of Chinese medicine, the symptoms of coughing, chest tightness, shortness of breath, fatigue, palpitations, insomnia, and sweating were significantly reduced. The reversion rate of the comprehensive intervention group of traditional Chinese medicine was 2.8% (9/325); the reversion rate of the control group was 15.8% (15/95). The comparison of Fuyang rate between the two groups was statistically significant. Tong Xiaolin used single factor analysis and found that the factors that may affect the discharge of nucleic acid in discharged patients include age, underlying diseases, and method of intervention of traditional Chinese medicine. In multi-factor analysis, after adjusting for 8 factors such as age, gender, combined underlying diseases, and treatment course, comprehensive intervention of traditional Chinese medicine is an independent influencing factor for nucleic acid discharge. This conclusion is still limited to the rehabilitation stations we have observed, and we cannot use this to infer any other situations in Wuhan, Hubei, and even across the country. 

全小林团队公布三项新冠研究成果

◎王君平



日前，全小林院士团队披露三项科研成果。研究显示：中医药治疗新冠肺炎，轻症患者病情无一加重，重型/危重型患者死亡风险降低八成多，康复患者症状改善复阳率低。全小林说，从轻症、重症/危重症到康复期，是治疗新冠肺炎的三个不同阶段，构成一个完整链条。治疗新冠肺炎，中医药全过程起效，彰显其独特的优势和作用，为全球抗击疫情贡献了中国智慧。

轻症患者病情无一加重

第一项研究，是在武昌社区开展的新冠肺炎轻症患者使用寒湿疫方（武汉抗疫方）干预。该研究由中国中医科学院广安门医院全小林团队、武昌区政府、湖北省中医院、中国中医科学院刘保延团队、北京中医药大学刘建平团队等共同完成。他们以武昌区隔离

点居家治疗的确诊新冠肺炎患者为目标人群，以寒湿疫方（武汉抗疫方）为暴露因素，服用寒湿疫方的患者为暴露组，未服用任何中药（包括汤药、配方颗粒）的患者为非暴露组，分析两组患者的转重率及患者转重的影响因素。

研究结果显示，最终进入分析的共有721例，寒湿疫方组430例，对照组291例。主要的结局指标新冠肺炎病情加重率：寒湿疫方组为0例（0.0%），对照组为19例（6.5%），差别有统计学意义。患者总体年龄的均数为48.5±14.4岁，中位年龄为48岁。有合并基础疾病的例数为334人，占46.3%，合并使用中成药的例数为452人，占62.7%。研究表明：在社区推行寒湿疫方对控制新冠肺炎病情的加重具有保护作用。

全小林介绍，在考虑了性别、年龄等影响因素，分别采用分层分析、倾向性评分匹配后，寒湿疫方组与对照组加重率的差别仍有统计学意义。

重型/危重型患者死亡风险降低八成多

该研究是在重症定点医院开展的研究，由武汉市中西医结合医院和中国中医科学院广安门医院合作完成。武汉市中西医结合医院所有住院新型冠状病毒肺炎病例1476例，其中，重症/危重症新冠肺炎患者662例（中药汤剂组484例，非中药汤剂组178例），分析重症/危重症新冠肺炎患者的死亡风险。结果显示，共死亡71例，其中中药汤剂组死亡15例；未用中药汤剂组死亡56例。统计分析表明，中药汤剂组的死亡风险下降了87.7%，与未用中药汤剂组的差异具有统计学意义。

全小林介绍，以年龄、性别和病情程度这三个影响因素为匹配变量，采用倾向性评分最终匹配成功的病例为312例。死亡49例，其中，中药汤剂组死亡13例，未用中药汤剂组死亡36例。多元回归分析结果显示，中药汤剂组的死亡风险下降了82.2%，差异仍具有统计学意义。

患者出院后症状改善复阳率低

该研究在武汉康复驿站开展，由湖北省中医院

和中国中医科学院广安门医院合作完成。新冠肺炎痊愈患者追踪观察时发现，少数治愈患者复查核酸检测结果复阳，引发了人们担忧。能不能降低患者的复阳率，引起大家的关注。

他们对武汉6个康复驿站观察的治愈出院新冠肺炎患者进行分析，所有观察人员平均隔离观察时间约为10天。共观察有420名出院人员。其中，325人接受中药综合干预，包括恢复期颗粒、八段锦、穴位贴敷灸、足浴等。95人未接受任何干预。结果显示：经中医综合干预后，观察人员的咳嗽、胸闷气短以及乏力、心悸、失眠、出汗等症状得到明显改善。中医综合干预组的复阳率为2.8%（9/325）；对照组复阳率为15.8%（15/95）。两组复阳率比较，差异有统计学意义。

全小林介绍，采用单因素分析发现，可能影响出院人员核酸检测复阳的因素包括年龄、合并基础疾病以及中医综合干预。多因素分析，在校正了年龄、性别、合并基础疾病、疗程等8个因素之后，中医综合干预是核酸复阳的独立影响因素。

“这一结论，还仅限于我们所观察的几个康复驿站，还不能以此来推论武汉、湖北乃至全国复阳的情况。”全小林说。

（作者单位：人民日报）



A review of the current status of traditional Chinese medicine in the treatment of new coronavirus pneumonia

©Wang Xiaojun, Li Xiaohong, Wang Hongwu, Zhang Guojun, Jia Yingjie

Abstract: Since December 2019, a novel coronavirus pneumonia (COVID-19) outbreak in Wuhan, China has become a public health emergency of international concern (PHEIC) due to its highly infectious nature. Chinese medicine has accumulated thousands of years of experience in the prevention and treatment of infectious diseases. In this treatment of the novel coronary pneumonia, Chinese medicine has fully demonstrated its characteristics and advantages, and can play a role in the process. Currently, Chinese medicine has changed from a participant to a main force in the prevention and treatment of the novel coronary pneumonia. This review analyzes the TCM treatment process from the perspective of TCM disease names, three-factor analysis, analysis of etiology, pathogenesis analysis, differentiation, treatment, and common prescriptions (ranging from general prescriptions: Qingfei Paidu Decoction, classical prescriptions, modern Chinese patent medicines, and traditional Chinese medicine decoctions) The current state of the novel coronary pneumonia is summarized, and the advantages and prospects of the traditional Chinese medicine treatment of the novel coronary pneumonia are described in this article.

Keywords: Novel Coronary Pneumonia, Traditional Chinese Medicine, Comprehensive Analysis, Pathogenesis

Since December 2019, the pneumonia caused by the novel coronavirus has developed rapidly, and provinces and cities across China have launched a first-level response to this major public health emergency. On January 30, 2020, the World Health Organization (WHO) officially announced that this epidemic constitutes as an "emergency public health incident of international concern" (PHEIC). On February 7, the National Health and Health Commission temporarily named the novel coronavirus pneumonia (NCP), and on February 11 the World Health Organization (WHO) proclaimed it COVID-19. Compared with the 2015 Middle East Respiratory Syndrome (MERS) and the 2003 Severe Acute Respiratory Syndrome (SARS), the novel coronary pneumonia was more widely spread and infectious. As

of March 03, 2020, a total of 80,270 cases of the novel coronavirus pneumonia was diagnosed in China. There are currently 520 suspected cases, 49,856 recovered cases, and a total of 2,981 deaths.

Chinese medicine has accumulated thousands of years of experience in the prevention and treatment of infectious diseases. In response to the epidemic, Chinese medicine has increasingly shown its advantages and characteristics in combating the disease. At present, the National Health Commission of the United States has issued six editions of the "Novel Coronavirus Infection Pneumonia Diagnosis and Treatment Program". Since the third edition, Chinese medicine content has been added and updated constantly. Various regions have also formulated local TCM intervention programs. As of

February 22, 2020, data from the State Administration of Traditional Chinese Medicine showed that there were more than 60,000 confirmed cases of the novel coronary pneumonia using Chinese medicine as treatment. The epidemic is not over yet, and the war against the disease has entered a critical moment. This article will review the current state of the treatment of the novel coronary pneumonia using traditional Chinese medicine.

1. Discussion on the name of Chinese medicine for the novel coronary pneumonia

According to Su Wen Shang Fa Lun Pian, "The five epidemics are all contagious, no matter the size, the symptoms are similar." The book describes the characteristics of outbreaks of infectious diseases that are highly contagious and have similar symptoms. Chinese medicine calls such diseases "epidemic diseases". The novel coronary pneumonia belongs to the category of "epidemic disease" in Chinese medicine. Xiaolin and other experts examined patients with the novel coronary pneumonia in detail and found that their tongue coating generally showed a thick and greasy layer. The patients' conditions were heavily wet and turbid. In addition, the climate in Wuhan was humid, and the overall appearance of external and internal humidity in the patients was present [5]. There are also similar descriptions in The Warm Longitude and Latitude · Volume Three · Yexiangyan Exogenous Warmth. "Temporal epidemic white tongue coating is as thick as accumulated powder, and its filth is heavy, ... wet epidemic is one of the five epidemics". Combined with a comprehensive analysis of clinical symptoms and geographical characteristics, most experts believe that this "epidemic" is more accurately classified traditionally as a "wet epidemic".

At present, experts have reached a consensus that the novel Coronary Pneumonia is an "epidemic disease" and can be classified as a "humid epidemic disease". However,

there are different interpretations of what constitutes a cold and wet epidemic, wet poison epidemic, and damp heat epidemic. Wang Yuguang, Miao Qing and others believed that the novel Coronary Pneumonia should belong in the category of "wet poison epidemic", and pointed out that wet poison is the disease's pathogenicity, and the basic pathological characteristics are "wet, poisonous, causing stasis, and causes closure within the patient". But Tong Xiaolin, Wang Yongyan, Xue Boshou, and others believed that the novel Coronary Pneumonia is a "cold and damp epidemic". The disease is yin and damages yang. Dong Guoju believes that this epidemic is a hot and humid epidemic. He points out that since winter is yin and cold is also yin, that heavy yin will transform into yang, and the patients' fever, thick tongue coating, dry mouth, bitter mouth, diarrhea, sticky stool and other symptoms are also consistent with damp heat.

2. Analyzing the cause from the perspective of three different measures

The invasion of the human body by the epidemic is the cause of novel coronary pneumonia. In Wu Youke's The Epidemic Theory · Primary Disease, he states "the epidemic, feels the guilt of the sky." In the Epidemic Theory · Self-report it states "the husband's epidemic is a disease, not a wind or a cold nature, it's not considered a summer or wet nature, but there is a sense of strangeness between heaven and earth. It is easily spread." The following analysis of the scholars' understanding of the etiological characteristics of the novel coronary pneumonia is from the perspective of three different measures.

2.1 A measure of time-from the theoretical analysis of the five movements and the six qi

The occasional outburst is an important factor in studying the outbreak. Yuan Zhudanxi has stated "spring should be warm and not cold, summer should be hot and

not cold, autumn should be cold and not hot, and winter should be cold and not warm. This is not always the case, there are occasional outbreaks of epidemic disease when the rules aren't followed. 2019 is considered a Jihai year which results in an uneven movement of soil. The Jueyin wind Musitian, and Shaoyang fire are present in the spring, and the overall climate is hot and windy. The end of the Jihai year is the hottest year in the 60 years of Jiazi. This novel coronary pneumonia started in the late Hai Dynasty. At the end of the Jihai year, the weather was cold and the water was supposed to be cold, but there was a "wind and heat boom". When the cold came too late, an outbreak occurred. 2020 is the year of the Gengzi, the year of the Geng is the year of the golden movement, and the year of the dry Yang. "Dry cough is one of the main symptoms of this novel coronary pneumonia, which is consistent with the theory of movement. Gu Zhishan integrated various movement factors and thought that this epidemic was intricate and complicated, with properties of dryness, dampness, fire, cold, and wind. From the theory of the five movements and the six Qi's, it was pointed out that this epidemic's pathogenesis is considered fuzao and muli. This epidemic can also transform into fire, dampness, cold, or any other property at any time.

2.2 How the local environment affects the epidemic-an analysis of the regional climate of Wuhan

The regional climate of Wuhan are the external factors of the outbreak. Wuhan is in the center of the hinterland of China, at the confluence of the Yangtze River and the Han River. It is one of the cities in the world with the most abundant water resources and is known as the "City of a Thousand Lakes". Wuhan has a subtropical humid monsoon climate, with abundant rainfall and plenty of sunshine. Wuhan's special combination of geographical location and humid climate are the conditions needed for the pathogenicity of dampness and epidemic diseases. Therefore, the novel coronavirus pneumonia can be considered "wet". Wuhan is the largest land, water, and

air transport hub in China's inland. It is known as the "the main strett of nine provinces" and its population is constantly in transit. This is also a key factor in the rapid spread of the outbreak throughout the country and even the world.

2.3 An analysis of a patient's physical characteristics-physical factors analysis

Deficiency of the body and heavy moisture are the intrinsic factors that can cause the manifestation of the novel coronary pneumonia. Su Wen · Tang Fa Lun Pian states "if righteousness exists inside, evil external factors cannot enter." Lingshu · The beginning of a hundred diseases states "external wind, rain, cold, or heat factors cannot hurt individuals alone. The lack of righteousness in an individual is the decisive factor that causes the epidemic qi to invade the human body." Although the population is generally susceptible to this epidemic, the elderly with underlying diseases and a weaker body have the highest mortality rate. The locals of Wuhan have irregular diets and prefer to eat fatty and heavy flavors, which hinders the spleen from transporting dampness, and this results in internal dampness being heavily present. Yang Jiayao and 90 other patients with the novel coronary pneumonia had TCM syndromes and physical analysis performed on them. The results indicated that there was dampness, their middle energerizer was scorched, there was cold and dampness attacking the lungs, and there was presence of phlegm, qi deficiency, blood stasis, and heat. The novel coronary pneumonia patients have experienced very heavy humidity, which leads to the onset of internal and external wetness. Zhang Zailiang analyzed the understanding of the "epidemics" of medical doctors in the past, and believed that the "Six Classics" is a legislation for all diseases, and that the six classical treatments include the methods of warming the blood, protecting the blood and sanjiao are good methods in the treatment of the disease. He believes that it is difficult to classify the epidemic within the six meridians in clinical practice, and points out that Liuhe

's fang feng tong sheng san, Wu Youke 's da yuan yin, Yang Lishan 's sheng san san, and Wang Qingren 's jie du huo xue decoction are all descendants of the sixth modifications to the Prescriptions and Treatments book. Yang Jin believes that the novel coronary pneumonia can be treated by differentiating according to the theory of wei qi ying blood syndrome, the theory of the sanjiao syndrome, and the differentiation of warm disease. Then the development of the novel coronary pneumonia can be analyzed according to the six-meridian theory. In addition, there are many established syndrome types in traditional Chinese medicine, and many traditional medical formulas can be considered in the treatment.

3. Pathogenesis analysis

The coronavirus enters through the nose and attacks the lungs first. The pathogenesis of this epidemic is mainly wet, and the disease is located mainly in the lungs. Many Chinese medicine practitioners disagree with this view, but there are some differences in the characteristics of the novel coronary pneumonia compared with other diseases.

3.1 disease characteristics

"National New Coronavirus Infection Pneumonia Diagnosis and Treatment Program (Trial Version 3)" points out that the basic pathogenesis of the novel coronary pneumonia is "wet, heat, poison, fatigue". The fourth and fifth and sixth editions have removed the disease location and basic disease Related content of machine features. Zheng Wenke waited to analyze the "plan" of each region, and the "cold" is not obvious in the "plan" of each region. The epidemic is characterized by "wet, heat, poison, fatigue, and deficiency". Although there are differences in the expressions of the plans in various regions, they basically conform to the pathological characteristics of "wet, hot, poisonous and addicted".

In addition to the "damp-heat poisoning fatigue" pathogenesis characteristics, some scholars believe that

there are other pathogenesis characteristics. Professor Jiang Liangduo pointed out that "qi without fluid" is the key pathogenesis and pointed out that the current treatment does not pay enough attention to "qi without fluid". This testimony emphasizes that the treatment of novel coronary pneumonia should not be immersed in the ancient training of "treating the upper energizer as delicate". For those with qi deficiency and lung closure, the heavy dose of Huang Mao should be used to turn the tide.

3.2 Location of the disease

① Judging from the location of the five internal organs, the disease is mainly in the lungs, and most scholars believe that the disease is in the lungs and spleen. The lungs are delicate and susceptible to injury caused by epidemic-type dryness and coldness. Dryness and lung qi uprising mostly manifest as a dry cough. The spleen does not like being wet, and an unbalanced spleen and stomach causes an improper up and down movement of qi causing poor appetite and sticky stool. In severe cases, phlegm can be trapped in the pericardium, and this then affects the lungs, heart, and mind. Some scholars believe that the disease is in the lungs, spleen, liver, and gallbladder, and the epidemic is mainly due to dampness and heat. ② Judging from the positioning of the six meridians, the disease is located in the shaoyin and jueyin levels. ③From the perspective of the wei qi yin blood theory, the epidemic evil mainly stays in the qi layer. Those that are critically ill have their blood divided. Some scholars believe that the initial stage of the disease is located in the upper energizer.

4. Differentiation and treatment

The existence of a variety of syndrome differentiation theory systems such as the six-meridian syndrome differentiation theory, wei qi ying blood syndrome differentiation theory, sanjiao syndrome differentiation theory, and zang fu organ syndrome differentiation theory better guide the differentiation and treatment of this epidemic. Xue Boshou pointed out that the epidemic must

follow Zhang Zhongjing's six meridian theory, and he believed that the epidemic was a cold and wet epidemic in the Zhang Zhongjing era, emphasizing that cold and wet epidemic must use ephedra. Yang Jiezuan believes that the sun typhoid syndrome is the initial stage of the novel coronary pneumonia and emphasizes the use of a micro-sweat solution method, such as Guizhi decoction, ephedra decoction, or lei xiang zheng qi san, in conjunction with hot porridge. Cold medicines are prohibited at this time to prevent epidemic poisoning. Lin Juzhi analyzed the confirmed cases in Guangdong and believed that the epidemic followed the rule of transmission of the wei qi ying blood theory. It believed that the epidemic was spread throughout the disease. The rules are as follows: 1) The disease is divided into spleen and stomach syndromes in the early stage, and the spleen and stomach syndromes are divided into the spleen and stomach syndromes; Pulmonary syndrome, epidemic heat camp two broadcast card; 3) mostly epidemic fever camping liver syndrome, epidemic heat trapped blood pericardial card; 4) during the recovery period, the disease is located mostly in the lung and spleen. There is Qi deficiency syndrome, as well as Qi and Yin deficiency syndrome. Zhang Zailiang analyzed the understanding of the "epidemics" of medical doctors in the past, and believed that the "Six Classics" is a legislation for all diseases, and that the six classical treatments include the methods of warming the blood, protecting the blood and sanjiao are good methods in the treatment of the disease. He believes that it is difficult to classify the epidemic within the six meridians in clinical practice, and points out that Liuhe 's fang feng tong sheng san, Wu Youke 's da yuan yin, Yang lishan 's sheng san san, and Wang Qingren 's jie du huo xue decoction are all descendants of the sixth modifications to the Prescriptions and Treatments book. Yang Jin believes that the novel coronary pneumonia can be treated by differentiating according to the theory of wei qi ying blood syndrome, the theory of the sanjiao syndrome, and the

differentiation of warm disease. Then the development of the novel coronary pneumonia can be analyzed according to the six-meridian theory. In addition, there are many established syndrome types in traditional Chinese medicine, and many traditional medical formulas can be considered in the treatment.

5. Common Prescriptions

The "Novel Coronavirus Pneumonia Diagnosis and Treatment Program (Sixth Edition Trial)" divides the disease into a medical observation period and a clinical treatment period. It is recommended that processed Chinese medication should be used during the medical observation period. The common prescription "Qing Fei Detox Decoction" is recommended during the clinical treatment period, and the clinical treatment period is divided into light, ordinary, heavy, critical, severe, and recovery periods.

5. 1 General Recipe: Qing Fei Detox Decoction

The composition of Qing fei Detox Decoction is: ephedra 9g, roasted licorice 6g, almond 9g, raw gypsum 15-30g (first fried), Guizhi 9g, Alisma 9g, Polyporus 9g, Atractylodes 9g, Poria 15g, Bupleurum 16g, Huang Su 6g, ginger pinellia 9g, ginger 9g, asters 9g, winter flower 9g, shot dry 9g, asarum 6g, yam 12g, accumulated fruit 6g, orange peel 6g, leixiang 9g. It is recommended that you can take half a bowl of congee every time you take the medicine, and those who are deficient and have a dry tongue can take an extra bowl. He Qinghu and others believed that the whole prescription of the qing fei detox decoction is composed of four classic recipes which are the ma xing shi gan decoction, wu ling powder, xiao chai hu decoction, and she gan ma huang decoction, all of which were aimed at cold, heat, dampness, poison, and deficiency. The detox decoction has the properties of warm, cool, sweet, and fragrant, and can be used in multiple ways. The strengths of the prescription is in it 's

ability to be sparse and to be able to block, highlighting the idea of casting away evil qi. The prescription plays the role of expelling coughs, clearing heat and dampness, detoxifying and eliminating evil. Xue Boshou believes that "Qing Fei Detox Decoction" is an innovative compound based on the fusion of jing fang ma huang decoction and wu ling powder. Zhao Jing et al. Confirmed that qing fei detox decoction can balance immunity and eliminate inflammation by regulating proteins and a series of signaling pathways shared with angiotensin converting enzyme 2 (ACE2); and can target ribosomal proteins and Play an anti-viral effect. ACE2 is an important target for SARS-CoV-2 infection, which is consistent with the target of SARSCoV infection. The sequence of SARS-CoV-2 is similar to that of SARS-CoV.

5. 2 Classical Formula

Comprehensive analysis of the "National New Coronavirus Infection Pneumonia Diagnosis and Treatment Program (Trial Version 3)" and regional diagnosis and treatment programs. Commonly used classic prescriptions are Ma Xing Yi Yi Gan Decoction, Shengjiang San, Da Yuan Yin, Yin qiao San, Xuan Bai Cheng qi Decoction, Huang lian detox Decoction, detox Huo xue Decoction, Si ni plus Ginseng Decoction, An gong niu huang wan, Zi xue san, etc.

5. 3 Proprietary Chinese medicine

The Chinese patent medicines recommended during the medical observation period of the "New Coronavirus Pneumonia Diagnosis and Treatment Program (Trial Sixth Edition)" are Lei xiang Zheng qi Capsules (pills, water, oral solution), Jin hua Qing gan Granules, Lian hua Qing wen Capsules (granules), Shu feng Jie du capsule (granule); Xi yan ping injection, Xue bi jing injection, Re du ning injection, Tan re qing injection, Xing nao jing injection are recommended for severe treatment during clinical treatment; Ning injection, Tan re qing injection, Xing nao jing injection, Shen fu injection, and Sheng mai injections.

Among the diagnosis and treatment programs in various regions, the Chinese patent medicine an gong niu huang Pills has the highest frequency of application, followed by Xue bi jing injections and Lian hua qing wen capsules (granules). Xue bi jing injections, Shen fu injections, Sheng mai injections, and Xi yan ping injections have significant curative effects on critically ill patients and have been adopted by many local clinics.

5. 4 Chinese medicine decoctions

"The Novel Coronavirus Pneumonia Diagnosis and Treatment Program (Sixth Edition Trial)" divides the clinical treatment period into light, normal, heavy, critical, and recovery periods. In addition to the general prescription "Qing fei Detox Decoction", prescriptions were recommended for each syndrome type. ①Light: Recommended prescription for cold dampness lung syndrome: raw ephedra 6g, raw gypsum 15g, almond 9g, Qiang Huo 15g, Cao Dangzi 15g, Guanzhong 9g, Dilong 15g, Xu Changqing 15g, Leixiang 15g, Peilan 9g, Atractylodes 15g, Yun Bo 45g, Sheng Baizhu 30g, Jiao Sanxian each 9g, Magnolia officinalis 15g, Jiao betel nut 9g, feeding grass fruit 9g, ginger 15g; recommended prescription for damp heat syndrome lung card: betel nut 10g, grass fruit 10g, Magnolia 10g, empress 10g, Huang Su 10g, Bupleurum 10g, Paeonia lactiflora 10g, Forsythia suspense 15g, Qingyi 10g (below), Atractylodes 10g, Daqingye 10g, raw licorice 5g ② Common type: Dampness and lung depression recommended prescription: Raw ephedra 6g, Bitter almond 15g, raw gypsum 30g, Shenghui Yinren 30g, Mao Cangzhu 10g, Guanglei fragrant 15g, Ginger grass 12g, Polygonum cuspidatum 20g, verbena 30g, dried reed root 30g, grass dangzi 15g, orange 15g, raw licorice 10g; Cold and damp lung obstruction syndrome recommended prescription: Atractylodes 15g, orange peel 10g, Magnolia officinalis 10g, Leixiang 10g, grass fruit 6g, raw ephedra 6g, Qiang Huo 10g, ginger 10g, betel nut logo ③ heavy: epidemic closed lung syndrome recommended prescription: Raw

ephedra 6g, loquat stand, raw gypsum 15g, licorice 3g, bud incense 10g (after the lower), Magnolia 10g, Atractylodes 15g, grass fruit 10g, Pinellia 9g, get bodhisattva 15g, raw rhubarb 5g (after the lower), Huangmao 10g, Cao Dangzi 10g, red peony 10g; recommended prescription for air camp two–broadcasting certificate: raw gypsum 30–60g (first decoction), eminent mother 30g, habitat 30–60g, buffalo horn 30g (first decoction), red peony 30g , Scrophulariaceae 30g, Forsythia suspense 15g, Paeonol 15g, Coptis chinensis 6g, Bamboo leaf 12g, Cao Dangzi 15g, raw licorice 6g Dangerous (inner and outer closure) recommended prescription: ginseng 15g, Heisun tablets 10g Jian), 15g of cornel, take Su Hexiang Pill or Angong Niu Huang Pill.

6. Advantages and Prospects of Traditional Chinese Medicine in Treating the Novel Coronary Pneumonia

The academic controversy of various medical experts has greatly promoted the development of the theory of traditional Chinese medicine diseases. Qing fei Detox Decoction is written as a general prescription in the national diagnosis and treatment plan, which means that Chinese medicine acts as a sword in the combat against the novel coronary pneumonia. Academician Zhang Boli pointed out that Chinese medicine can play a role in the treatment of novel coronary pneumonia, which fully demonstrates the characteristics and advantages of Chinese medicine. At present, the advantages of traditional Chinese medicine are mainly reflected in the following aspects: ① For light and ordinary patients: Not only can improve symptoms and shorten the course of disease, but also reduce the possibility of the light and ordinary type changing to heavy or critical; ② For severe, Critically ill patients: Chinese medicine has played a role in reducing lung exudation, inhibiting the release of inflammatory factors, stabilizing blood oxygen saturation, reducing respiratory support and antibiotic use; ③ For patients in the recovery period: viral nucleic acids in this period Although the test is

negative, the inflammation of the lungs is not completely absorbed. There are cases of unexhausted evil and qi and yin deficiency. The use of traditional Chinese medicine to help the right qi, remove the residual evil, and tonify the fatigue can reduce adhesion, promote inflammation absorption, and accelerate Rehabilitation process. ④ Traditional Chinese medicine has obvious advantages in improving human immunity. It can stimulate the body's own disease resistance and recover quickly.

Academician Zhang Boli pointed out that the prevention and treatment of the novel coronary pneumonia by Chinese medicine has changed from a participant to a main force. The participation of traditional Chinese medicine can help shorten the hospital stay, improve symptoms such as fever, cough, fatigue, dry throat, loss of appetite, improve immunity, and reduce mortality. Therefore, traditional Chinese medicine treatment of the novel coronary pneumonia should be early and full intervention. At present, many clinical studies on the prevention and treatment of the novel coronary pneumonia by traditional Chinese medicine are also ongoing. The research design is mainly based on interventional trials. Intervention measures include Chinese patent medicines (Lotus Qing wen Capsule and Lei xiang Zheng qi Dropping Pills.), decoctions, and Tai Chi therapy. It is believed that with the further publication of the research results, the advantages of Chinese medicine in the prevention and treatment of infectious diseases will be increasingly recognized. In addition, due to the multi–component and multi–target characteristics of traditional Chinese medicine, network pharmacological analysis, experimental verification and multi–omics can be used to further clarify the specific mechanism of action of traditional Chinese medicine.

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中医药治疗新型冠状病毒肺炎现状综述

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摘要：2019年12月以来我国武汉市爆发新型冠状病毒肺炎（COVID–19），因其传染性强已成为国际关注的突发公共卫生事件（PHEIC）。中医药在传染病的防治方面，已经积累了数千年的经验。在本次新冠肺炎治疗中，中医药充分彰显出特色和优势，并可在全程发挥作用。目前，中医药防治新冠肺炎已由从参与者变成了主力军。本综述从中医病名探讨、三因制宜角度分析病因、病机分析、辨治思路、常用方药（通用方剂：清肺排毒汤、经典名方、中成药、中药汤剂）方面对中医药治疗新冠肺炎的现状进行总结，并阐述了中医药治疗新冠肺炎的优势和展望。

关键词：新型冠状病毒肺炎；中医药；综述；病机

2019年12月以来，新型冠状病毒所引起的肺炎，疫情发展迅速，各省市迅速启动重大突发公共卫生事件一级响应，2020年1月30日世界卫生组织（WHO）在日内瓦正式宣布此次疫情构成“国际关注的突发公共卫生事件”（PHEIC），2月7日国家卫健委暂命名为新型冠状病毒肺炎（简称新冠肺炎，NCP），2月11日世界卫生组织（WHO）命名为 COVID–19。此次新冠肺炎与2015 年的中东呼吸综合征（MERS）、2003 年的严重急性呼吸综合征（SARS）相比传播性更强、感染人数更多。截至 2020 年 3月03日24 时，中国新型冠状病毒肺炎累计确诊 80270 例，现有疑似病例520例，累计治愈49856例，累计死亡2981例。

中医药在传染病的防治方面，已经积累了数千年的经验。针对此次疫情，中医药越来越彰显出优势与特色，目前国家卫生健康委员会联合国家中医药管理局已经持续发布了六版《新型冠状病毒感染的肺炎诊疗方案》，从第三版开始新增了中医内容，并不断更新。各地区结合本地实际情况也先后制定了地方性中医药干预方案。截至 2020 年 2 月 22 日国家中医药管理局数据显示，全国中医药参与救治的新冠肺炎确诊病例已经超过 6 万例。疫情还未结束，抗疫战争已经

进入攻坚时刻，现将目前中医药对新冠肺炎的治疗现状进行综述。

1.新冠肺炎中医病名探讨

《素问·刺法论篇》道：“五疫之至，皆相染易，无问大小，症状相似。”描述了传染病暴发流行的特点为传染性强、病状相似。中医学将此类疾病称之为“疫病”。毋庸置疑新冠肺炎属于中医学“疫病”范畴。仝小林等专家详细诊察新冠肺炎患者后发现舌苔普遍呈现厚腻腐苔，湿浊之象很重，加之武汉地区气候湿润，整体呈现外湿与内湿一致的现象[5]。《温热经纬·卷三·叶香岩外感温热篇》也有相关描述：“温疫白苔如积粉之浓，其秽浊重也，……此五疫中之湿疫”。结合临床症状、地域特点等综合分析，多数专家认为本次“疫病”归为“湿疫”更为精确。

目前专家就新冠肺炎属于“疫病”“湿疫”已经达成共识，但又有寒湿疫、湿毒疫、湿热疫等不同的认识。王玉光、苗青等认为新冠肺炎当属于“湿毒疫”范畴，指出湿毒为本病的病性，基本病机特点为



“湿、毒、瘀、闭”。而仝小林、王永炎、薛伯寿等认为新冠肺炎当属“寒湿疫”，认为是感受寒湿疫毒而发病，病性属阴，以伤阳为主线。董国菊认为本次疫情属于湿热疫，其指出冬天属阴，寒亦属阴，重阴必阳，且患者发热、舌苔厚腻，口干、口苦，腹泻、大便粘滞不爽等症状亦符合湿热疫的表现。

2.从三因制宜角度分析病因

“疫戾”之气入侵人体是新冠肺炎的病因。吴又可《温疫论·原病》道“疫者，感天行之疠气也。”《温疫论·自叙》中提到：“夫温疫之为病，非风，非寒，非暑，非湿，乃天地间别有一种异气所感，其传有九，此治疫紧要关节。”可见疫邪为天行戾气，传染性强、传变形式多、病变迅速。下面从三因制宜角度分别分析学者对新冠肺炎病因特点的认识。

2.1 因时——从五运六气理论分析

非其时而有其气是此次疫情爆发的重要因素。

元·朱丹溪道“春应温而反寒，夏应热而反凉，秋应凉而反热，冬应寒而反温，此非其时而有其气。是以一岁之中，长幼之病皆相似者，名曰瘟疫病也。”指出非其时而有其气易爆发疫病。2019 年为己亥年，土运不及，厥阴风木司天，少阳相火在泉，气候整体风热偏盛。己亥年终之气是六十甲子年中风热最盛的年份。此次新冠肺炎始于己亥末，己亥年终之气太阳寒水，气候本应寒冷，却出现“风热偏盛”的情况，寒令当至未至，遂爆发疫情。2020 年为庚子年，庚年化金运，庚为阳干，岁运太过，燥行其政，即《素问·气交变大论篇》所言“岁金太过，燥气流行”，干咳为本次新冠肺炎的主要症状之一，与运气理论吻合。顾植山综合各个运气因子，认为此次疫情错综复杂、六淫陈杂，燥、湿、火、寒、风都有，并从五运六气理论指出本次疫情不管湿热还是寒湿，“伏燥”和“木疝”是病机之本，并贯穿始终，火、湿、寒等是病机之标，随时变化。

2.2 因地——武汉地域气候特点分析

武汉的地域气候特点是此次疫情发生的外部因素。武汉位于我国腹地中心、长江与汉江交汇处，是全世界水资源最丰富的特大城市之一，被誉为“千湖之城”。武汉属于亚热带湿润季风气候，具有雨量充沛、日照充足、降水集中、气候湿润等特点。武汉特殊的地理位置和潮湿的气候特点，是湿邪疫疠之气致病的外在条件。因此 2019 新型冠状病毒肺炎是以“湿”为主。武汉是中国内陆最大的水陆空交通枢纽，被誉为“九省通衢”，人口流动性极大，这也是导致此次疫情在全国乃至全球迅速扩散的关键因素。

2.3 因人——体质因素分析

素体亏虚、湿气重是感染新冠肺炎的内在因素。《素问·刺法论篇》中道：“正气存内，邪不可干。”《灵枢·百病始生》中言：“风、雨、寒、热，不得虚，邪不能独伤人。”正气亏虚是导致疫戾之气入侵人体的决定因素。本次疫情虽人群普遍易感，但合并基础疾病的素体亏虚的老年人死亡率最高。当地人饮食不节，喜食肥甘厚味，碍脾运湿，普遍内湿较重。杨家耀等对 90 例普通型新冠肺炎患者进行中医证候与体质分析显示湿阻中焦、寒湿袭肺为主要中医证型，痰湿质、气虚质、血瘀质、湿热质为主要体质类型，可见新冠肺炎患者多湿气重，导致内湿与外湿相合而发病。张再良详细分析了历代医家对“疫病”的认识，认为六经为百病立法，不容置疑，六经证治既囊括了温病卫气营血和三焦的方法，也包含了金元医家以及吴又可的方法。其认为在临床上六经与温疫难以分离，并指出刘河间的防风通圣散、吴又可的达原饮、杨栗山的升降散、王清任的解毒活血汤等都是后人在六经治法方药上的变通。杨进则认为可按照温病的卫气营血辨证和三焦辨证理论去辨治新冠肺炎，并用六经辨证理论分析发展规律，此外中医有许多既定的证型，并可参照传统的理法方药去论治。

3.病机分析

疫房之气，从鼻而入，首先犯肺。此次疫情病

机特点主要以湿为主，病位主要在肺，中医学者大多对此无疑议，但在其他病机特点和病位上仍然稍有分歧。

3.1病机特点

《国家新型冠状病毒感染的肺炎诊疗方案(试行第三版)》指出新冠肺炎基本病机特点为“湿、热、毒、瘀”从第四、五、六版删除了对病位和基本病机特点的相关内容。郑文科等到对各地区的《方案》进行分析，“寒”在各地区《方案》中体现并不明显，此次疫病以“湿、热、毒、瘀、虚”为主要特点。虽然各地方案表述有差异，但基本符合“湿、热、毒、瘀”的病机特点。

除外“湿热毒瘀”病机特点外，有学者认为还有其他病机特点。姜良铎教授提出“气不摄津”是其关键病机，指出目前治疗对“气不摄津”不够重视，认为气不摄津不仅出现虚证，更可出现痰湿、痰热痹阻气机之证，其强调新冠肺炎的治疗不可泥于古人“治上焦如羽”之训，对于气虚肺闭者应使用重剂黄芪才能力挽狂澜。

3.2病位认识

①从五脏定病位来看，病位主要在肺已达成共识，多数学者认为病位在肺、脾。肺为娇脏，易被疫邪类燥类寒之性所伤，燥性刑金、肺气上逆多表现为干咳；脾恶湿，易受疫邪类湿之性所犯，脾为湿困，脾胃升降失调，多见纳差、便塘等。重症患者湿热疫毒挟痰可内陷心包，病位由肺及心，神明失用。也有学者认为病位在肺、脾、肝、胆，认为此次疫情以湿热为主，肝胆湿热则出现口干、口苦等症。②从六经定位来看，轻症多病在太阳或太少合病，危重患者多病及少阴、厥阴。③从卫气营血定位来看，疫邪主要留恋在气分，危重症患者多病及营血分。④亦有学者认为病位初期在上焦膜原。

4.辨治思路

六经辨证、卫气营血辨证、三焦辨证、脏腑辨证等多种辨证论治理论体系的存在更好的指导了本次疫情的辨治。薛伯寿指出此次疫情须遵从张仲景的六经辨证，其认为此次疫情为张仲景时代的寒湿疫，强

调寒湿疫必须运用麻黄。杨介钻认为太阳伤寒证是多数新冠肺炎的初始阶段，并强调使用微汗解表法，如桂枝汤、麻黄汤、藿香正气散等，配合热粥，此时禁用寒凉药物以防疫毒内陷。林举择等对广东确诊病例进行分析，认为此次疫情遵循卫气营血的传变规律，形成了卫气营血辨证和脏腑辨证相结合的中医诊疗方案，其认为本次疫病传遍的规律为：1)初期多见疫热袭卫分肺证，疫热袭卫分脾胃证，疫热直中气分脾胃证；2)中期多见疫热壅气分肺证，疫热闭营分肺证，疫热气营两播证；3)后期多为疫热灼营分肝证，疫热陷血分心包证；4)恢复期多为肺脾气虚证，气阴两虚证。张再良详细分析了历代医家对“疫病”的认识，认为六经为百病立法，不容置疑，六经证治既囊括了温病卫气营血和三焦的方法，也包含了金元医家以及吴又可的方法。其认为在临床上六经与温疫难以分离，并指出刘河间的防风通圣散、吴又可的达原饮、杨栗山的升降散、王清任的解毒活血汤等都是后人在六经治法方药上的变通。杨进则认为可按照温病的卫气营血辨证和三焦辨证理论去辨治新冠肺炎，并用六经辨证理论分析发展规律，此外中医有许多既定的证型，并可参照传统的理法方药去论治。

5.常用方药

《新型冠状病毒肺炎诊疗方案(试行第六版)》中将疾病分为医学观察期和临床治疗期。医学观察期推荐使用中成药；临床治疗期推荐了通用方剂“清肺排毒汤”，并将临床治疗期分为轻型、普通型、重型、危重型、恢复期。

5.1通用方剂——清肺排毒汤

清肺排毒汤组成为：麻黄9g、炙甘草6g、杏仁9g、生石膏15–30g(先煎)、桂枝9g、泽泻9g、猪苓9g、白术9g、茯苓15g、柴胡16g、黄芩6g、姜半夏9g、生姜9g、紫菀9g、冬花9g、射干9g、细辛6g、山药12g、枳实6g、陈皮6g、藿香9g。推荐每次服完药可加服大米汤半碗，舌干津液亏虚者可多服互一碗。何清湖等认为清肺排毒汤全方是由麻杏石甘汤、五苓



散、小柴胡汤、射干麻黄汤四个经方组合而成，全方针对寒、热、湿、毒、虚诸邪，用药辛温又辛凉，甘淡又芳香，多法同用，全方重点在疏不在堵，凸显给邪气以出路的思想，全方共奏宣肺止咳、清热化湿、解毒祛邪之功效。薛伯寿认为“清肺排毒汤”是在经方麻黄汤和五苓散融合的基础上进行创新的复方。赵静等证实清肺排毒汤能通过调控与血管紧张素转化酶2 (ACE2)共达达的蛋白及一系列信号通路，起到平衡免疫、消除炎症的作用；并能靶向核糖体蛋白而起到抗病毒作用。ACE2是SARS–CoV–2感染的重要靶点，这与SARSCoV感染机体的靶点一致，SARS–CoV–2的序列与SARS–CoV具有高度的相似性。

5.2经典名方

综合分析《国家新型冠状病毒感染的肺炎诊疗方案(试行第三版)》和各地区诊疗方案，常用的经典名方有麻杏薏甘汤、升降散、达原饮、银翘散、宣白承气汤、黄连解毒汤、解毒活血汤、四逆加人参汤、安宫牛黄丸、紫雪散等。

5.3中成药

《新型冠状病毒肺炎诊疗方案(试行第六版)》医

学观察期推荐使用中成药有藿香正气胶囊(丸、水、口服液)、金花清感颗粒、莲花清瘟胶囊(颗粒)、疏风解毒胶囊(颗粒)；临床治疗期重型推荐喜炎平注射液、血必净注射剂、热毒宁注射液、痰热清注射液、醒脑静注射液；危重型推荐血必净注射剂、热毒宁注射液、痰热清注射液、醒脑静注射液、参附注射液、生脉注射液、参麦注射液。

在各地诊疗方案中，中成药安宫牛黄丸应用频次最高，其次为血必净注射剂和莲花清瘟胶囊(颗粒)。中药注射剂血必净注射剂、参附注射液、生脉注射液、喜炎平注射液等对于危重症疗效显著，被多个地方诊疗方案采纳。

5.4中药汤剂


《新型冠状病毒肺炎诊疗方案(试行第六版)》将临床治疗期分为轻型、普通型、重型、危重型、恢复期。除推荐了通用方剂“清肺排毒汤”外，分别对各证型推荐了处方。①轻型：寒湿郁肺证推荐处方：生麻黄6g、生石膏15g、杏仁9g、羌活15g、草薢子15g、贯众9g、地龙15g、徐长卿15g、藿香15g、佩兰9g、苍术15g、云苓45g、生白术30g、焦三仙各9g、厚朴15g、焦槟榔9g、喂草果9g、生姜15g；湿热蕴肺证推荐处方：槟榔10g、草果10g、厚朴10g、知母10g、黄芩10g、柴胡10g、赤芍10g、连翘15g、青蒿10g(后下)、苍术10g、大青叶10g、生甘草5g。②普通型：湿毒郁肺证推荐处方：生麻黄6g、苦杏仁15g、生石膏30g、生慧饮仁30g、茅苍术10g、广藿香15g、青蒿12g、虎杖20g、马鞭草30g、干芦根30g、草薢子15g、化橘红15g、生甘草10g；寒湿阻肺证推荐处方：苍术15g、陈皮10g、厚朴10g，藿香10g、草果6g、生麻黄6g、羌活10g、生姜10g，槟榔10g。③重型：疫毒闭肺证推荐处方：生麻黄6g、杏仁15g、生石膏15g、甘草3g，藿香10g(后下)、厚朴10g、苍术15g、草果10g、法半夏9g，茯苓15g、生大黄5g(后下)、生黄芩10g，草薢子10g、赤芍10g；气营两播证推荐处方：生石膏30–60g(先煎)、知母30g、生地30–60g、水牛角30g(先煎)、赤芍30g、玄参30g、连翘15g、丹皮15g、黄连6g、竹叶12g，草薢子15g、生甘草6g。④危重型

(内闭外脱证)推荐处方：人参15g、黑顺片10g(先煎)、山茱萸15g，送服苏合香丸或安宫牛黄丸。

6.中医药治疗新冠肺炎优势与展望

各医家的学术争鸣极大地促进了中医疫病理论发展。清肺排毒汤作为通用方写进国家诊疗方案中，意味着中医药向新冠肺炎亮出利剑。张伯礼院士指出中医药可在新冠肺炎治疗的全过程发挥作用，充分彰显了中医药的特色和优势。目前中医药发挥的优势主要体现在以下几个方面：①对于轻型、普通型患者：不仅能改善症状，缩短病程，还能减少轻型、普通型转变为重型或危重型的可能性；②对于重症、危重症患者：中医药在减少肺渗出、抑制炎症因子释放、稳定血氧饱和度、减少呼吸支持力度和抗生素使用程度等方面都发挥了作用；③对于恢复期患者：此期患者病毒核酸检测虽为阴性，但肺部炎症并未完全吸收，存在余邪未尽、气阴两虚的情况，采用中药扶助正气、清除余邪、通络化痰，可减少粘连，促进炎症吸收，加快康复进程。④中医药在提高人体免疫力方面优势显著，能激发机体自身的抗病能力而早日康复。

张伯礼院士指出，中医药防治新冠肺炎已由从参与者变成了主力军。中医药的参与有助于缩短住院时间，改善发热、咳嗽、乏力、咽干、食欲减退等症状，提高免疫力，降低死亡率等，因此中医药治疗新冠肺炎应该早期、全程介入。目前大量中医药防治新冠肺炎的临床研究也在进行中，研究设计多以干预性试验研究为主，干预措施包括中成药(莲花清瘟胶囊、藿香正气滴丸等十余种)、汤药、太极拳疗法等。相信随着研究结果的进一步公布，中医药在防治传染病方面的优势会越来越被认可。此外，由于中药具有多成分、多靶点的特点，可以利用网络药理学分析、实验验证和多组学的结合，进一步阐明中药的具体作用机制。

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Chinese Traditional Chinese Medicine Treatment for New Coronary Pneumonia

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According to statistics from Liang Jun, an expert in medical history research at the Chinese Academy of Chinese Medical Sciences, at least 321 outbreaks occurred in China from the Western Han Dynasty to 1840 AD. Chinese medicine has accumulated rich experiences in the prevention and treatment of epidemics. In the 1950s, Japanese encephalitis was prevalent, and TCM clinician Pu Fuzhou rescued a large number of critically ill patients, making important contributions to enriching and developing TCM clinical medicine. In 2003, the SARS virus spread across China. Under the leadership of Chinese medicine master Deng Tietao, the first affiliated hospital of Guangzhou University of Traditional Chinese Medicine at that time admitted 73 patients infected with SARS virus and was able to maintain "zero transfers" and "zero deaths". The achievement of "zero infections" and no repeat episodes after the patient is cured has produced valuable experience for the treatment of infectious diseases by traditional Chinese medicine. In this new coronary pneumonia fight, Wang Rongbing, chief physician of Beijing Ditan Hospital, said: "From our previous research, it has been confirmed that traditional Chinese medicine has adjusted the human body's overall response to viral infections in another aspect of disease occurrence. The immune state has a clear role, inhibiting the release of inflammatory factors and changing the stress state of the person. In this way, Chinese medicine can improve symptoms and actually inhibit the progress of inflammation. Therefore, early use of Chinese medicine in an infection may reduce the incidence of severe illness.

"Many people do not understand why Chinese medicine does not have the theory of bacteria and viruses, but it can treat infectious diseases, especially when dealing with viral infectious diseases. It has a prominent therapeutic effect. This is because traditional Chinese medicine takes another path, the occurrence of infectious diseases is the result of the interaction of bacteria and viruses within the human body. The focus of traditional Chinese medicine is to adjust and change the "internal environment" of the human body, so that bacteria and viruses lose their survival conditions or also known as Self-extinguishing ". Even today, the rich experience accumulated by Chinese medicine in the prevention and treatment of epidemics still shows great strength. At 4: 00 pm on March 23, 2020, the State Council Information Office held a press conference in Wuhan, Hubei to introduce the importance of Chinese medicine in preventing and treating new coronary pneumonia and effective drugs. Yu Yanhong, a member of the Central Guidance Group and a member of the Party Health Committee as well the Secretary of the Party Committee of the Chinese Medicine Bureau, introduced at the meeting, that in the prevention and control of the epidemic, the community believes that traditional Chinese medicine has played an important role and has become "The big bright spot" . More than 4,900 Chinese medicine personnel were transferred to Hubei, accounting for 13% of the total number of medical personnel as well as 3 academicians and hundreds of experts. The scale and strength of the Chinese medicine aid team this time is unprecedented. Of the number of

confirmed cases of new coronary pneumonia in the country, 74,187 people used traditional Chinese medicine. This accounted for 91.5% of the total number of cases in China. Of which, 61,449 people in Hubei Province used traditional Chinese medicine, accounting for 90.6% of the total number of cases in hubei. Observation of clinical efficacy shows that the total effective rate of traditional Chinese medicine has reached more than 90%. Traditional Chinese medicine can effectively relieve mild to heavy symptoms, can improve the cure rate, reduce the mortality rate, and can help the recovery of sick individuals. For the medicines and prescriptions that have been included in the fifth, sixth, and seventh editions of the treatment plan, we have carried out simultaneous observation of clinical efficacy. At present, Jinhua Qinggan Granules, Lianhua Qingwen Capsules, Xuebijing Injection, and Qingfei have been screened. Paidu Decoction, Huashi Baidu Decoction, Xuanfei Baidu Decoction, and the other "three medications and three prescriptions" have obvious therapeutic effects. The "New Coronavirus Pneumonia Diagnosis and Treatment Program (Trial Version 7)" pointed out that this disease belongs to the category of "epidemic" disease in traditional Chinese medicine classifications. Because the disease appears to be "epidemic", the method of treatment can vary based on environmental conditions, local climate characteristics, and different physical conditions. Refer to the following plan for syndrome differentiation and treatment. If pharmacopoeia is used, it should be used under the guidance of a physician. The following are the different treatment strategies for the different stages of the novel coronary pneumonia, which are official Chinese medicine programs. During the clinical observation period, the different clinical manifestations can be: Fatigue with gastrointestinal discomfort Recommended Chinese medicine: Huoxiang Zhengqi capsule (pill, taken orally) or fatigue with fever Recommended Chinese medicine: Jinhua Qinggan Granules, Lianhua Qingwen

Capsules (or granules), Shufeng Jiedu Capsules (or Granules). During the clinical treatment period (confirmed cases) Qingfei Paidu Decoction is used. Combined with the clinical observation of doctors in different areas, it is suitable for patients showing light, ordinary, or heavy symptoms. Situationally, It can be used in the treatment of critically ill patients. This decoction includes: ephedra 9g, roasted licorice 6g, almond 9g, raw gypsum 15 ~ 30g (fried), Guizhi 9g, Alisma 9g, Polyporus 9g, Atractylodes 9g, Poria 15g, Bupleurum 16g, Scutellaria baicalensis 6g, Ginger Pinellia 9g, 9g ginger, 9g aster, 9g winter flower, 9g dry, 6g asarum, 12g yam, 6g citrus aurantium, 6g tangerine peel, 9g patchouli. Take twice a day, once in the morning and then once in the evening (forty minutes after a meal). Warm clothes should be worn at all times for the patient. If conditions persist, half a bowl of plain congee should be taken alongside each dosage of Chinese medicine. If the patient presents a dry tongue coating and has fluid buildup, then one bowl should be consumed along with the dosage of Chinese medicine. (Note: If the patient does not have a fever, the amount of gypsum should be small. Those with fever or strong heat can increase the amount of gypsum used). If the symptoms are improved but not cured, a second course of treatment should be taken. If the patient has special conditions or other underlying medical issues, the second course of treatment can be modified according to the situation.

If the patients' symptoms disappear, medication can be stopped. Prescription source: Office of the State Health and Health Commission, Office of the State Administration of Traditional Chinese Medicine, "Notice on Recommend Use of" Qingfei Paidu Decoction "in the Treatment of New Coronavirus Infected Pneumonia with Integrated Traditional Chinese and Western Medicine"] number 22). Those that present with a mild type of clinical manifestation of cold dampness lung syndrome can have symptoms of fever, fatigue, soreness around the body,

cough, sputum, tightness in the chest, anorexia, nausea, vomiting, and sticky and unpleasant stool. The tongue is pale with large marks or reddish in color. There is a white coating that is thick and greasy or simply just greasy as well as slippery pulse. The recommended prescription: raw ephedra 6g, raw gypsum 15g, almond 9g, Qiang Huo 15g, Tinglizi 15g, Guanzhong 9g, Dilong 15g, Xu Changqing 15g, Huoxiang 15g, Perrin 9g, Atractylodes 15g, Yunling 45g, Shengbaizhu 30g, Jiao Sanxian 9g, Magnolia officinalis 15g, Jiao betel nut 9g, simmering grass fruit 9g, and ginger 15g. Take 3 times a day after meals, in a 600mL decoction. Patients that present with a manifestation of damp heat lung syndrome have symptoms such as a low fever or no fever, slight chills, fatigue, a heavy head and body, muscle soreness, a dry cough and phlegm, sore throat, dry mouth but thirsty, chest tightness, no sweating or poor sweating, nausea and vomiting, and loose or sticky stools. The tongue red with a thick white coating or a greasy or thin yellow coating, as well as a slippery pulse or 濡 pulse. The recommended prescription: Betel nut 10g, grass fruit 10g, Magnolia officinalis 10g, Astragalus 10g, Scutellaria baicalensis 10g, Bupleurum 10g, red peony root 10g, forsythia forsythia 15g, Artemisia annua 10g (lower), Atractylodes 10g, Daqingye 10g, and raw Licorice 5g. Take twice a day (in the morning and evening), in a 400mL decoction. Patients who present with a clinical manifestation of damp–toxin depression lung syndrome may appear with symptoms such as fever, coughing with little sputum or yellow sputum, a shortness of breath, bloating, and constipation. The tongue is dark red, and fat, with a greasy or yellow tongue coating, accompanied with a slippery or stringy pulse. The recommended prescription: Raw ephedra 6g, bitter almond 15g, raw gypsum 30g, raw coix seed 30g, Atractylodes macrocephala 10g, patchouli 15g, artemisia annua 12g, knotweed 20g, verbena 30g, dried reed root 30g, scallion

15g, 15g of orange, and 10g of raw licorice. Take twice a day (in the morning and evening), in a 400mL decoction. Patients presenting with a clinical manifestation of cold dampness lung syndrome may have symptoms such as a low fever, a dry cough, less sputum, feelings of burnout, fatigue, chest tightness, epilepsy, vomiting, and loose stools. The tongue is pale or reddish, with a white or greasy tongue coating. The recommended prescription: Atractylodes 15g, Tangerine peel 10g, Magnolia officinalis 10g, Agastache rugosa 10g, Grass fruit 6g, Raw ephedra 6g, Qiang Huo 10g, Ginger 10g, and Betel nut 10g. Take 400mL of decoction twice a day (once in the morning and once in the evening). Patients presenting with severe clinical manifestations of closed lung syndrome due to epidemic poison may have symptoms such as a fever with rosy cheeks, coughing, little yellow sticky sputum or blood in the sputum, a shortness of breath, fatigue, tiredness, a dry and bitter tasting mouth, nausea, incontinence, and little urine. Patient has a red tongue with a greasy, yellow tongue coating and a slippery pulse. The recommended prescription is a basic prescription of Huashi Baidu prescription: raw ephedra 6g, almond 9g, raw gypsum 15g, licorice 3g, patchouli 10g (after the bottom), Magnolia officinalis 10g, Atractylodes 15g, grass fruit 10g, pinellia 9g, Poria 15g, Raw rhubarb 5g (below the bottom), raw astragalus 10g, Tinglizi 10g, and red peony 10g. Take 100mL to 200mL of decoction two to four times a day either orally or through the nasal passage. Patients presenting with a clinical manifestation of Qiying have symptoms such as a fever, feelings of thirst, panting, a shortness of breath, and dizziness. They may also have symptoms such as a spotted rash, vomiting blood, epistaxis, or convulsions of the limbs. The tongue has little or no coating, and the veins underneath the tongue are thin and depressed or bulge. The recommended prescription is raw Gypsum 30 ~ 60g (first fried), Anemarrhena 30g, Habitat 30 ~ 60g, Buffalo Horn 30g (first fried), Red

Peony 30g, Scrophulariaceae 30g, Forsythia 15g, Paeonol 15g, Coptis chinensis 6g, bamboo leaves 12g, Tinglizi 15g, and raw licorice 6g. Take 100mL to 200mL of decoction two to four times a day either orally or through the nasal passage. Drugs with similar efficacy can be selected according to the individual’s conditions, or they can be used in a combination according to the clinical symptoms shown. Chinese medicine injection can be used in combination with Chinese medicine decoction. Patients that present with a critical manifestation of severe internal and external syndromes have symptoms such as difficulty breathing, frequent asthma or need of mechanical ventilation, accompanied by dizziness, irritability, cold sweating of the limbs, a dark purple tongue, thick or dry tongue coating, and a pulse that feels large without roots.

The recommended prescription is 15g of ginseng, 10g of Heishun tablets (fried first), 15g of dogwood, and take Suhexiang pills or Angong Niu Huang pills. In the case of mechanical ventilation usage with abdominal distension or constipation or poor stool, 5 ~ 10g of raw rhubarb can be added to the mixture. In the case of sedation and muscle relaxants used, 5 ~ 10g of raw rhubarb followed by 5 ~ 10g of nardites are added. Some recommended Chinese medicines that can be used are: Xuebijing injection, Reduning injection, Tanreqing injection, Xingnaojing injection, Shenfu injection, Shengmai injection, and Shenmai injection. Drugs with similar efficacy can be selected according to the individual’s conditions, or they can be used in a combination depending on the clinical symptoms. Chinese medicine injection can be used in combination with the Chinese medicine decoction. Note: The recommended usage of heavy–duty and critical–duty traditional Chinese medicine injections is to follow the principles of drug instructions, starting from a small dose and increasing dosage based on dialectical adjustments. The recommended usage is as follows. Those with a viral infection or combined mild bacterial infection need

250mL of 0.9% sodium chloride injection, 100mg bid of Jiayi Yanping Injection, or 250mL of 0.9% Sodium Chloride Injection, 20mL of Heated Ning Injection, or 250mL of 0.9% Sodium Chloride Injection, and 40mL bid of Tanreqing Injection. Those with a high fever with a disturbance of consciousness require 250mL of 0.9% sodium chloride injection plus 20mL bid of Xingnaojing injection. Those with a systemic inflammatory response syndrome and/or multiple organ failure require 250mL of 0.9% sodium chloride injections plus 100mL of Xuebijing injection bid. Those that have immune suppression require 250mL of glucose injection plus 100mL of ginseng wheat injection or 20 ~ 60mL bid of Shengmai injection. During the recovery period patients that present a clinical manifestation of a deficiency of lung and spleen qi have symptoms such as a shortness of breath, fatigue, anorexia, vomiting, fullness, and weak and loose stools. The tongue is pale, with a greasy coating. The recommended prescription is 9g of Pinellia, 10g of tangerine peel, 15g of Codonopsis, 15g of astragalus, 10g of fried Atractylodes, Poria 15g, Huoxiang 10g, Amomum 6g (below), and 6g of licorice. Take 400mL of decoction twice a day, once in the morning and then once in the evening (forty minutes after a meal). Those in the recovery phase that present with a clinical manifestation of deficiency of Qi and Yin have symptoms of fatigue, shortness of breath, dry mouth, thirst, palpitations, excessive sweating, anorexia, low or no fever, a dry cough, and less sputum. The tongue is dry, and the pulse is thin or weak. The recommended prescription is 10g each of Ginseng, 15g of Ophiopogon japonicus, 6g of American ginseng, 6g of Schisandra chinensis, 15g of raw gypsum, 10g of light bamboo leaf, 10g of mulberry leaf, 15g of reed root, 15g of salvia miltiorrhiza, and 6g of raw licorice. Take 400mL of decoction twice a day, once in the morning and then once in the evening (forty minutes after a meal). (Author: China Journal of Traditional Chinese Medicine)

治疗新冠肺炎的中国中医方案

◎王志翔

据中国中医科学院医学史研究专家梁峻统计，按史料记载，从西汉到公元1840年，中国至少发生了321次疫病。中医药在防治疫病方面积累了丰富的经验。

20世纪50年代，乙型脑炎流行，中医临床大家蒲辅周救治了大量危重病人，为丰富、发展中医临床医学作出了重要贡献。

2003年，SARS病毒在我国蔓延，在国医大师邓铁涛的带领下，当时他所在的广州中医药大学第一附属医院共收治了73例感染SARS病毒的病人，取得“零转院”“零死亡”“零感染”的成绩，且患者治愈后没有后遗症，为中医药治疗传染性疾病积累了宝贵经验。

在这次新冠肺炎的阻击战中，北京地坛医院主任医师王融冰在介绍说：“从我们以往的研究中已经证实，中医药对于疾病发生的另一个方面，调整（人体）整体应对病毒感染时候的免疫状态有明确作用，抑制炎症因子的释放，改变人的应激状态。这样，（中医药）就可以改善症状，实际也抑制了炎症的进展。所以，早期治疗，早期用上中药，有可能减少重症的发生率。”

很多人不理解为什么中医没有细菌、病毒理论，却可以治疗传染性疾病，尤其在应对病毒性传染病时，有突出的治疗效果。因为中医走的是另一条路：传染病的发生是细菌、病毒，与人体相互作用的结果，中医的重心，在于调整和改变人体的“内环境”，使细菌和病毒失去生存的条件而“自灭”。直到今天，中医药在防治疫病方面所积累的丰富经验，依然展现了强大的力量。

2020年3月23日下午4时，国务院新闻办公室在湖北武汉举行新闻发布会，介绍中医药防治新冠肺炎的

重要作用及有效药物。

中央指导组成员、卫生健康委党组成员、中医药局党组书记余艳红在会上介绍，在这次疫情防控中，社会各界认为，中医药发挥了重要作用，成为了这次疫情防控的一大亮点，这里有一组数据：

全国调来4900余名中医药人员驰援湖北，约占援鄂医护人员总数的13%，其中有院士3人，数百名专家。这次中医药援助队伍规模之大、力量之强，是前所未有的。全国新冠肺炎确诊病例中，有74187人使用了中医药，占91.5%，其中湖北省有61449人使用了中医药，占90.6%。临床疗效观察显示，中医药总有效率达到了90%以上。中医药能够有效缓解症状，能够减少轻型、普通型向重型发展，能够提高治愈率、降低病亡率，能够促进恢复期人群机体康复。

对已经纳入第五、第六、第七版诊疗方案的中成药和方剂，我们进行了临床疗效的同步观察，目前已筛选出金花清感颗粒、莲花清瘟胶囊、血必净注射液和清肺排毒汤、化湿败毒方、宣肺败毒方等有明显疗效的“三药三方”。

《新型冠状病毒肺炎诊疗方案（试行第七版）》中指出，本病属于中医“疫”病范畴，病因为感受“疫戾”之气，各地可根据病情、当地气候特点以及不同体质等情况，参照下列方案进行辨证论治。涉及到超药典剂量，应当在医师指导下使用。下文是新冠肺炎的不同时期的不同治疗策略，是官方发布的中国中医方案：

1.医学观察期

临床表现1：乏力伴胃肠不适

推荐中成药：藿香正气胶囊（丸、水、口服液）

临床表现2：乏力伴发热

推荐中成药：金花清感颗粒、连花清瘟胶囊（颗粒）、疏风解毒胶囊（颗粒）

2. 临床治疗期（确诊病例）

2.1清肺排毒汤

适用范围：结合多地医生临床观察，适用于轻型、普通型、重型患者，在危重型患者救治中可结合患者实际情况合理使用。

基础方剂：麻黄9g、炙甘草6g、杏仁9g、生石膏15~30g（先煎）、桂枝9g、泽泻9g、猪苓9g、白术9g、茯苓15g、柴胡16g、黄芩6g、姜半夏9g、生姜9g、紫菀9g、冬花9g、射干9g、细辛6g、山药12g、枳实6g、陈皮6g、藿香9g。

服法：传统中药饮片，水煎服。每天一付，早晚各一次（饭后四十分钟），温服，三付一个疗程。

如有条件，每次服完药可加服大米汤半碗，舌干津液亏虚者可多服至一碗。（注：如患者不发热则生石膏的用量要小，发热或壮热可加大生石膏用量）。若症状好转而未痊愈则服用第二个疗程，若患者有特殊情况或其他基础病，第二疗程可以根据实际情况修改处方，症状消失则停药。处方来源：国家卫生健康委办公厅国家中医药管理局办公室《关于推荐在中西医结合救治新型冠状病毒感染的肺炎中使用“清肺排毒汤”的通知》（国中医药办医政函〔2020〕22号）。

2.2轻型

（1）寒湿郁肺证

临床表现：发热，乏力，周身酸痛，咳嗽，咯痰，胸紧憋气，纳呆，恶心，呕吐，大便粘腻不爽。舌质淡胖齿痕或淡红，苔白厚腐腻或白腻，脉濡或滑。推荐处方：生麻黄6g、生石膏15g、杏仁9g、羌活15g、葶苈子15g、贯众9g、地龙15g、徐长卿15g、藿香15g、佩兰9g、苍术15g、云苓45g、生白术30g、焦三仙各9g、厚朴15g、焦槟榔9g、煨草果9g、生姜15g。

服法：每日1剂，水煎600ml，分3次服用，早中晚各1次，饭前服用。

（2）湿热蕴肺证

临床表现：低热或不发热，微恶寒，乏力，头身困重，肌肉酸痛，干咳痰少，咽痛，口干不欲多饮，或伴有胸闷脘痞，无汗或汗出不畅，或见呕恶纳呆，便溏或大便粘滞不爽。舌淡红，苔白厚腻或薄黄，脉滑数或濡。

推荐处方：槟榔10g、草果10g、厚朴10g、知母10g、黄芩10g、柴胡10g、赤芍10g、连翘15g、青蒿10g（后下）、苍术10g、大青叶10g、生甘草5g。

服法：每日1剂，水煎400ml，分2次服用，早晚各1次。

2.3 普通型

（1）湿毒郁肺证

临床表现：发热，咳嗽痰少，或有黄痰，憋闷气促，腹胀，便秘不畅。舌质暗红，舌体胖，苔黄腻或黄燥，脉滑数或弦滑。

推荐处方：生麻黄6g、苦杏仁15g、生石膏30g、生薏苡仁30g、茅苍术10g、广藿香15g、青蒿草12g、虎杖20g、马鞭草30g、干芦根30g、葶苈子15g、化橘红15g、生甘草10g。

服法：每日1剂，水煎400ml，分2次服用，早晚各1次。

（2）寒湿阻肺证

临床表现：低热，身热不扬，或未热，干咳，少痰，倦怠乏力，胸闷，脘痞，或呕恶，便溏。舌质淡或淡红，苔白或白腻，脉濡。

推荐处方：苍术15g、陈皮10g、厚朴10g、藿香10g、草果6g、生麻黄6g、羌活10g、生姜10g、槟榔10g。

服法：每日1剂，水煎400ml，分2次服用，早晚各1次。

2.4 重型

（1）疫毒闭肺证

临床表现：发热面红，咳嗽，痰黄粘少，或痰中带血，喘憋气促，疲乏倦怠，口干苦粘，恶心不食，

大便不畅，小便短赤。舌红，苔黄腻，脉滑数。

推荐处方：化湿败毒方

基础方剂：生麻黄6g、杏仁9g、生石膏15g、甘草3g、藿香10g（后下）、厚朴10g、苍术15g、草果10g、法半夏9g、茯苓15g、生大黄5g（后下）、生黄芪10g、葶苈子10g、赤芍10g。

服法：每日1~2剂，水煎服，每次100ml~200ml，一日2~4次，口服或鼻饲。

（2）气营两燔证

临床表现：大热烦渴，喘憋气促，谵语神昏，视物错愕，或发斑疹，或吐血、衄血，或四肢抽搐。舌绛少苔或无苔，脉沉细数，或浮大而数。

推荐处方：生石膏30~60g（先煎）、知母30g、生地30~60g、水牛角30g（先煎）、赤芍30g、玄参30g、连翘15g、丹皮15g、黄连6g、竹叶12g、葶苈子15g、生甘草6g。

服法：每日1剂，水煎服，先煎石膏、水牛角后下诸药，每次100ml~200ml，每日2~4次，口服或鼻饲。

推荐中成药：喜炎平注射液、血必净注射液、热毒宁注射液、痰热清注射液、醒脑静注射液。功效相近的药物根据个体情况可选择一种，也可根据临床症状联合使用两种。中药注射剂可与中药汤剂联合使用。

2.5危重型

内闭外脱证

临床表现：呼吸困难、动辄气喘或需要机械通气，伴神昏，烦躁，汗出肢冷，舌质紫暗，苔厚腻或燥，脉浮大无根。

推荐处方：人参15g、黑顺片10g（先煎）、山茱萸15g，送服苏合香丸或安宫牛黄丸。

出现机械通气伴腹胀便秘或大便不畅者，可用生大黄5~10g。出现人机不同步情况，在镇静和肌松剂使用的情况下，可用生大黄5~10g和芒硝5~10g。

推荐中成药：血必净注射液、热毒宁注射液、痰热清注射液、醒脑静注射液、参附注射液、生脉注射液、参麦注射液。功效相近的药物根据个体情况可选

择一种，也可根据临床症状联合使用两种。中药注射剂可与中药汤剂联合使用。

注：重型和危重型中药注射剂推荐用法

中药注射剂的使用遵照药品说明书从小剂量开始、逐步辨证调整的原则，推荐用法如下：

病毒感染或合并轻度细菌感染：0.9%氯化钠注射液250ml加喜炎平注射液100mg bid，或0.9%氯化钠注射液250ml加热毒宁注射液20ml，或0.9%氯化钠注射液250ml加痰热清注射液40ml bid。

高热伴意识障碍：0.9%氯化钠注射液250ml加醒脑静注射液20mlbid。

全身炎症反应综合征或/和多脏器功能衰竭：0.9%氯化钠注射液250ml加血必净注射液100ml bid。

免疫抑制：葡萄糖注射液250ml加参麦注射液100ml或生脉注射液20~60ml bid。

2.6 恢复期

（1）肺脾气虚证

临床表现：气短，倦怠乏力，纳差呕恶，痞满，大便无力，便溏不爽。舌淡胖，苔白腻。

推荐处方：法半夏9g、陈皮10g、党参15g、炙黄芪30g、炒白术10g、茯苓15g、藿香10g、砂仁6g（后下）、甘草6g。

服法：每日1剂，水煎400ml，分2次服用，早晚各1次。

（2）气阴两虚证

临床表现：乏力，气短，口干，口渴，心悸，汗多，纳差，低热或不热，干咳少痰。舌干少津，脉细或虚无力。

推荐处方：南北沙参各10g、麦冬15g、西洋参6g，五味子6g、生石膏15g、淡竹叶10g、桑叶10g、芦根15g、丹参15g、生甘草6g。

服法：每日1剂，水煎400ml，分2次服用，早晚各1次。

（作者单位：中国中医药报社）

Cao Dongyi's "Hezhou Dock Theory"

◎Cao Xiaoyun Chen Peng Wu Ning

A new coronavirus pneumonia broke out around New Year's Day in 2020 (referred to as "new coronary pneumonia"). As the epidemic gradually spread to the whole country, the disease was classified as a Class B infectious disease. According to the management of Class A infectious diseases, Wang Yuguang and others proposed this disease as a "wet poison epidemic" and then the State Administration of Traditional Chinese Medicine launched the "Qingfei Detox Decoction". Traditional Chinese medicine has played an important role in the mobile cabin hospitals and the designated Emergency hospitals that were built in accordance to the pandemic. It has created a unique Chinese experience in cooperation with Western medicine and has attracted worldwide attention. However, in the face of the widespread spread of the new coronavirus, there are still many different opinions on how to understand this infectious disease and how to integrate the syndrome differentiation system of Treatise on Cold Damage Diseases(TCDD), Epidemic Febrile Diseases (EFD) and Plague, and give full play to the advantages of traditional Chinese medicine.

Cao Dongyi conducted an in-depth study on "Song Jinyuan's academic source of Treatise on Cold Damage Diseases". His proposed "Disease Syndrome Combined with Stratified Diagnosis and Treatment" (DSCSDT) is a new theory of traditional Chinese medicine diagnosis and treatment that embraces ancient and modern open infectious diseases. It is referred to as "Hezhou Dock Theory", which is Mr. Deng Tietao , Zhu Liangchun and other predecessors' further development of the idea of "Integration of Treatise on Cold Damage Diseases with

Epidemic Febrile Diseases (ITCDDEFD) " a theoretical innovation of "a combination of EFD and TCDD, that is Disease– Syndrome Combined with Stratified Diagnosis and Treatment system". This provides a guide for Chinese medicine practitioners to treat new coronavirus infections and future infectious diseases.

The unfinished wish of Deng Tietao and Mr. Zhu Liangchun

Mr. Deng Tietao's "Prospect of Epidemic Febrile Diseases" published in the "New Chinese Medicine" journal in 1990, vol 11. pointed out that "The Book of Silk manuscript unearthed from ancient tomb "Ma Wangdui" has a record of "Induced Epidemic Febrile Diseases”， Zhong Jing according to the Yellow Emperor’ s inner Classic Su Wen stated "fevers are all cold damage diseases ", also further elaborated in Treatise on Cold Damage Diseases. From then on, the syndrome differentiation treatment of exogenous fever has been used according to the Treatise on Cold Damage Diseases. There is a saying that "the six Qis are all epidemic febriles " (Liuhejian), and there is a theory that ancient herbal prescriptions cannot cure new diseases (Zhang Element). The official issued herbal pharmacopoeia used multi-warm herbs, and many medical professionals used multi-warm herbal medicines, which caused many malpractices. Therefore, there are two groups in treating cold damages and treating febrile in the treatment of Epidemic Febrile Diseases. Dr. Wu of the Ming Dynasty was the first to propose that the Plague was more than ten times greater

than stated in the Treatise on Cold Damage Diseases. His epidemic febrile disease theory was the first of its kind. In the Qing Dynasty, Ye Tianshi cumulated the achievements of his predecessors, and combined with his rich clinical experience, he created a theory of Epidemic Febrile and put forward the theory of "epidemic febrile first offending the lungs and then passing into the pericardium". The process of syndrome differentiation and treatment first uses the Wei–Qi–Ying–Xue differentiation, and then uses the differentiation of six meridians, followed by the Treatise on Cold Damage Diseases. Dr. Ye’ s differentiation is different from Cold Damage by first starting from the exterior and then spreading to the six meridians. The Epidemic Febrile theory began to be self–contained by the Ye family, and then supplemented by Wu Jutong's "Diagnosis of Epidemic Febrile Diseases" and Wang Mengying's "Wen–Re–Jing–Wei". This period allowed the theory to mature. Wu ’ s advocacy of Sanjiao differentiation was different from that of Wang ’ s emphasis on the differentiation of Wei–Qi–Ying–Blood. In addition, there are theories of Xue Shengbai and other famous scholars, each with their own theories, but no scholars have fully unified them. This has lead many scholars to suffer from multiple problems. To combat this, the School of Epidemic Febrile Diseases was formed. However it has been criticized by the Jing Fang family for being considered a subpar school of medicine, and the prevalence of the Epidemic Febrile Disease Theory can no longer be stopped.

Zhang Zhongjing's Treatise on Cold Damage Diseases Treating Epidemic Febrile Disease has made an impact in the field of exogenous fever research. But Zhang Zhongjing's "Six Classics System" is a closed system, and there are no more effective herbal prescriptions discovered in recent generations. As Master Deng Lao said, the establishment of the School of Epidemic Febrile Diseases has gone through thousands of years of history. Although

there are some unsatisfactory places, its achievements are incredible. If the experience of Treatise on Cold Damage Diseases and the school of epidemic febrile illness are combined to form a unified system, it is necessary to establish an open system that can cover ancient and modern ideas in order to have "sustainable development."

This is a brand new theoretical idea and an academic innovation that is not easy to achieve. In 1981, Deng Lao published Discussion of Doctrine and Clinical Syndrome and Examination of Exogenous Fever and and raised the issue once again. What is the method of dialectical unity between Cold damage diseases and Epidemic Febrile disease? This issue became the center of discussion in the 1980s, and the "Beijing Journal of Traditional Chinese Medicine" has initiated a debate on this issue. Master Deng believes that the differentiation of syndromes of Wei–Qi–Ying– Xue is inadequate, so it can be used as a basis but not the whole. In 1988, The book Practical TCM Diagnostics proposed that there are shortcomings in unification.

Mr. Deng Tietao failed to fulfill this wish of unifying TCDD(cold) and EFD(warmth). After accepting Cao Dongyi as an apprentice, he explained this dream to Cao Dongyi for future research.

During the middle of the last century, Mr. Zhu Liangchun used the herbal prescription of exterior–interior relieving to treat Typhus. The curative effect was very outstanding. During the SARS period, Mr. Zhu Liangchun reviewed the historical literature and believed that Dayuanyin and Laxative methods were very important. Sanren decoction, Huo Puxialing decoction, Maxing Shigan decoction, Qingying decoction, Xijiao Dihuang decoction, Wenbao Sanbao and other prescriptions have all proposed that they can be selected according to the needs of the disease and should not be biased. He warned that "all Chinese medicine colleagues are active contributors, this kind of care and enthusiasm

is good, but in the selection process, you must attach instructions to the indications to avoid misuse and avoid undesirable consequences” . China is an expansive territory. Different climates not only need to be adapted by the people, but herbal medicine needs to be adjusted to the local conditions. For example, if a newspaper uploaded the "Xian Fang Kang SARS" according to Dr. Harbin Xu, it may be more suitable for the northern region than the South. 40 grams of Chuanxiong and 20 grams of Schisandra chinensis should be used with caution.

Cao Dongyi, under the guidance of two masters of traditional Chinese medicine, proposed a brand new "River of the River Dock" Program.

The "Hezhou Dock Theory" and Its Important Value

Cao Dongyi believes that SARS and the New Coronary Pneumonia are both TCDD and EFD, and can also be called a plague and a fever. The Yellow Emperor's Internal Classic states "the five epidemics are highly contagious, regardless of size, and the symptoms are all similar” . This is also stated in The Plague. This means that different epidemic pathogens should use the same differentiation and treatment principle.

According to the Treatise on Cold Damage Diseases, cold is considered a poison. It is able to kill Qi the greatest . "Although the cold damage disease is mainly in winter, the difference from Epidemic Febrile diseases is mainly in the treatment of relieving exterior by dispelling cold or heat (Xin Wen or Xin Liang).

Although the Febrile diseases mentioned by Ye Tianshi's Wen Re Lun and Wu Jutong's Wen Bing Tiao Bian differs from Zhang Zhongjing's concept of Febrile Diseases, they are all studying the pathology of various infectious diseases and cannot treat Treatise on Cold Damage Diseases with The difference between febrile

diseases and Western medicine study is equal. And in the later stages of various infectious diseases, most of them are circulatory failure due to toxemia, and there is diffuse intravascular coagulation and toxic shock. Therefore, in the later stage of Epidemic Febrile disease, there will be "Sanyin death stage" that Zhang Zhongjing said, not always the febrile differentiation.

Cao Dongyi proposed that exogenous fever can "change suddenly from cold deficiency to internal organs disorder". Therefore, it is a common treatment principle to strengthen Qi and restore yang in the later stages of infectious diseases. Epidemic Febrile doctors do not have this three–yin differentiation.

Cao Dongyi proposed in his book The New Theory of Epidemic Febrile that "the disease is like a river, the differentiation is like a boat, and the series of herbal prescriptions are like the pier." The disease (river) and differentiation(boat) are further discussed in Unification of Cold damages diseases and Epidemic Febrile diseases for the Treatment of Exogenous Diseases. The relationship between differentiation (boat) and prescription herbal medicine (pier) points out that infectious diseases are a dynamically changing process that flows like a river. The theory indicates that the pathological state of the body at a certain time, just like a small boat in the river, can change at will. Traditional Chinese medicine is like a pier along the coast. To ensure the smooth docking of the boat, the boat must be still so that the diseases can be released from the body.

Both the TCDD and the EFD school of thought are summaries of experience in treating infectious diseases and plagues, forming a mature system of syndrome differentiation and treatment. There is no correct way of treating and either can be used according to the situation at hand.

The theory of “River–boat–Pier or Hezhou Matou” provides a reference for solving the academic

controversy of Treatise on Cold Damage Diseases and febrile illness, guiding the treatment of traditional Chinese medicine, emancipating the mind, and improving efficacy. The theory of Hezhou Matou is a combination of disease, differentiation, stratified diagnosis, treatment, and a unification of EFD and TCDD. It explains the relationship between the prescriptions of differentiations and the prescriptions of diseases, and also provides a basis for communication between Chinese medicine and Western medicine. Chinese medicine is not limited by one principle, one method, one formula, or one herbal medicine. Zhang Zhongjing advocated "observing the symptoms and pulse, knowing what is wrong, and treating according to differentiation". Wen Re Lun said, "In the general sense, Epidemic febrile develops in four stages: Wei-Qi-Ying-Xue". Depending on the stage, different therapies are used. Perspiration is used in the Wei stage. Heat clearing is used in the Qi stage. Detoxification is used in the Ying stage. Finally, cooling blood and dissipating stasis is used in the Xue stage. Chinese medicine treatment of the new coronary pneumonia, or other infectious diseases, does not need to take into consideration the pathogenic microorganisms or viruses, but should start from the constitution and differentiation of the patient. It needs to consider its infection characteristics and observe the characteristics of the current pathogenesis. This breaks the barriers of the prescribed conception of Treatise on Cold Damage Diseases and Febrile Diseases and instead relies on the observation and differentiation. This allows for a close relationship between differentiation and prescription allowing for a greater healing effect.

Traditional Chinese Medicine Must Combine Diseases with Diagnosis and Treatment

The names of diseases in traditional Chinese medicine are overlapping. When Cold Damage Diseases

are diagnosed without further differentiation, a herbal remedy soup cannot simply be prescribed. When Greater Yang Disease is diagnosed without differentiation, a herbal remedy prescription cannot be prescribed. The diagnosis must be further divided into Channel or Fu. Is it exterior deficiency or exterior excess? Only when it is classified in a more detailed manner can herbal prescriptions be given. According to the theory of Hezhou-Matou, Febrile is a disease name created by "Su Wen". which is not only the subjective feeling symptom of the patient, but also the objective basis of the doctor. It takes Febrile as the disease name and ranks it as the highest level. The doctrine of Febrile Diseases under the name of the highest level is considered generalized infectious disease, the second class names are generalized Treatise on Cold Damage Diseases, generalized Epidemic Febrile Diseases, and generalized Plague; The third class names are generalized as the six-channel diseases, We-Qi-Ying-Xue diseases and Three burners diseases. It is the pattern as name of class four under the diseases, such as Great Yang Disease Exterior Excess Pattern, Great Yang Disease wind strike exterior vacuity Pattern, Great Yang water amassment, Great Yang blood amassmen, Yang brightness channel pattern, Yang brightness bowel pattern, Lesser Yang disease half exterior half interior pattern. Great Yin Disease Spleen Vacuity Pattern, Lesser Yin Diseases depletion of Yang Pattern, Construction-defense Disharmony, Evil heat invading lung pattern, Hot in Ying-Xue Pattern. The formula and herbs are from the guidance of patterns, from diseases in four classes.

The patient's condition can be changed at any time depending on the balance between the evil Qi and one's defense Qi. Change and invariance are regular and are related to the patient's constitution. They are closely related to the characteristics of external evil Qi, climate conditions, and treatment measures. Just like a moving target, this process is highly random and is a complex

system. TCM responds to this complicated process by combining disease and differentiation, stratifying diagnosis and treatment, highlighting differentiation, and treating with both identification and differentiation.

Cao Dongyi integrated the ideas of Treatise on Cold Damage Diseases and febrile illness through different generations with effective prescriptions in a system that combines cold damages diseases with Epidemic fever diseases. This combination of cold damage diseases patterns and Epidemic febrile diseases patterns, unifies diagnosis and treatment. This way, it is conducive to clinical TCM to grasp the patient's condition and unify the thinking of diagnosis and treatment. This will not lead to panic when choosing a treatment method. This will also help to introduce the characteristics of Chinese medicine to the world.

"Qingfei Detox Soup" and Hezhou Pier Theory

All kinds of infectious diseases spread from the exterior to the interior and progress from light to severe. In the early stages of the disease, Chinese medicine describes that evil Qi is on the exterior. When it invades the lungs' defense or the bladder channel, there may be signs such as a mild headache, chills, fever, sore throat, stuffy nose, or runny nose. This can be divided into exterior cold or exterior heat. The corresponding treatment such as warming the exterior - Xin Wen, or cooling the exterior- Xin Liang can be used. Prescriptions such as Guizhi formula prescription, ephedra formula prescriptions, Bupleurum formula prescription, Yinqiaosan, Sang Juyin are commonly prescribed. Both Xinliang and Xinwen, are for "expelling or dispelling the exterior(Xin San Wai Xie)" and follow "sweating to relieve the exterior". By fixing the exterior quickly, this resolves the patient's symptoms, and it expels the pathogen's evil, and stops the infection progress. This is

why early intervention using traditional Chinese medicine is highly advocated.

The "Qingfei Detox Decoction" promoted by the National Coronary Pneumonia National Bureau is composed of ephedra 9g, licorice 6g, almond 9g, raw gypsum 15-30g (pre-fried), Guizhi 9g, Alisma 9g, Polyporus 9g, Baizhu 9g, Poria 15g, Bupleurum 16g, Scutellaria baicalensis 6g, Pinellia ternata 9g, Ginger 9g, Aster 9g, Winter Flower 9g, Shegan 9g, Asarum 6g, Yam 12g, Citrus aurantium 6g, Tangerine 6g, Huoxiang 9g.

Conclusion

In the course of the treatment of infectious diseases for thousands of years, Chinese medicine has gradually formed a system of differentiation and treatment of febrile diseases. The difference between them is not in the types of disease but rather the difference between differentiation of a patient's conditions. The guideline of infectious diseases has its own advantages and disadvantages. The TCDD and EFD can be integrated into one and established to be inclusive from ancient to modern times. The open system, called the "Hezhou Matou Theory" for short, will enrich the system of diseases and differentiation and treatment of TCM, save more lives, and benefit the public.

References

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曹东义的“河舟码头学说”

◎曹晓芸 陈鹏 武宁

2020年元旦前后爆发了新型冠状病毒肺炎（简称“新冠肺炎”），随着疫情的逐渐蔓延到全国，这一疾病被列为乙类传染病，按甲类传染病管理，王玉光等提出本病属“湿毒症”，国家中医药管理局推出“清肺排毒汤”，中医药在方舱医院和定点救治医院发挥了重要作用，与西医合作创造了独特的中国经验，引起世界瞩目。然而，面对新型冠状病毒的广泛传播，如何认识这个传染病，以及怎样整合伤寒、温病、瘟疫辨证体系，充分发挥中医药优势，仍然存在很多众说不一的见解。

曹东义对“宋金元伤寒学术源流”进行了深入研究，他提出的病证结合分层诊疗思想，是一个包容古今开放的传染病中医诊治新体系，简称“河舟码头学说”，它是邓铁涛先生、朱良春等前辈“寒温统一”思想的进一步发展，是“以热病统寒温、病证结合分级诊治体系”的理论创新，对于指导中医界治疗新型冠状病毒感染，以及未来的传染病，具有划时代的意义。

邓铁涛、朱良春先生的未完心愿

邓铁涛先生于《新中医》1990年11期刊登的“展望温病学”指出：“马王堆出土之帛书《导引图》已有‘引温病’的记载。《内经》有《热论篇》，仲景根据《内经·素问》：‘热病者皆伤寒之类也’，而名其著作作为《伤寒杂病论》。从此千百年来对外感热病的辨证论治，以《伤寒论》为宗师，自金元以降，有‘六气皆从火化’（刘河间）之说，又有古方不能治新病（张元素）之论，宋代《和剂局方》这一官颁药典多用温热之剂，医界治病多用温药，流弊不少，因此治发热性疾病开始有寒温两派。明代吴又可独树一帜



帜，提出瘟疫多于伤寒十倍，遂开温病学说之先河。清代叶天士集前人之大成，加上他有丰富的临床经验，创造了温热之论，对病因病机提出‘温邪上受，首先犯肺，逆传心包’说，辨证论治以卫气营血为提纲，遂与伤寒派寒邪自皮毛而入沿六经而传变之旨大异。温病学说至叶氏开始自成体系，脱离《伤寒论》之藩篱，再经吴鞠通之《温病条辨》和王孟英之《温热经纬》之补充整理，乃进入成熟时期。当然吴氏主张三焦辨证，与王氏强调卫气营血辨证有所不同。此外还有薛生白等名家之论，各有发明，但终未有学者全面地加以统一，成为一个完整的学科，使后之学者有多岐之患。但温病学派已经形成，虽屡受经方家的批评，讥为果子药派，而温病学说之流行已不能遏止了。”

张仲景《伤寒论》在外感热病研究领域具有划时

代的意义，但是张仲景的“六经辨证体系”是一个封闭的系统，后世再有多少有效方药，也不能成为“经方”，进不了张仲景的体系。如邓老所说，温病学派的创立经历了几千年的历史过程，尽管有某些不尽如人意的地方，但是，其成就是巨大的。如果把伤寒与温病学派的经验融合在一起，形成一个统一的体系，就必须建立一个能包容古今开放的体系，以便为未来发展预留空间，以便“可持续发展。”

这是一个崭新的理论构思，也是不容易实现的学术创新。他又于1981年发表《学说探讨与临证·外感发热病辨证刍议》，再次把这一问题再提出来，并加以补充修正。“寒温统一到底以什么法统一辨证？这一问题上世纪80年代成为讨论的中心，《北京中医学院报》曾就此问题展开了辩论，见仁见智未有定论。邓老认为卫气营血辨证仍有不足之处，故可以以此为基础，吸收部分伤寒六经辨证及吴鞠通三焦辨证就较为完整了，故于1988年在《实用中医诊断学》一书中提出统一有不足之处，故可以以此为基础，吸收部分伤寒六经辨证及吴鞠通三焦辨证就较为完整辨证方案。”

邓铁涛先生没能完成这个统一寒温的心愿，他收曹东义为徒后，把这一梦想交待给曹东义研究。

朱良春先生在上世纪中叶，用表里双解的方药治疗斑疹伤寒，疗效非常突出，在非典时期，朱良春先生回顾历史文献，认为达原饮与通下法很重要，对清瘟败毒饮、三仁汤、霍朴夏苓汤、麻杏石甘汤、清营汤、犀角地黄汤、温病三宝等方剂，都提出可以根据病情需要，辨证选择，不可偏废。并告诫各位献方者“各位中医同仁积极献方，这种关心与热情是好的，但在审选时，必须详附适应证说明，以免误用，产生不良后果。中国幅员辽阔，南方北方气候不同，不仅要因人、因时制宜，还需因地制宜用药。如贵报5月19日6版右上载‘献方抗非典’哈尔滨徐医师所献之方，可能对北方地区比较适合，对南方就不大适宜，其中川芎40克，五味子20克，应予慎用，建议专家论证时多加酌定。”曹东义在两位国医大师的指导下，提出了一个崭新的“河舟码头学说”方案。

“河舟码头学说”及其重要价值

曹东义认为，非典、新冠肺炎既属于伤寒，也属于温病，还可以称之为瘟疫、热病，这是从不同角度认识的结果。

《黄帝内经》说“五疫之至，皆相染易，无问大小，病状相似。”强调了疾病的传染性、流行性，说明致病人群的普遍易感性和症状的相似性。这与《瘟疫论》所载的内容也有相同的含义，“疫者，感天行之疠气也。”疫气、戾气、异气都是为试图说明不同的流行病病原不同，治疗离不开表里寒热虚实的辨证论治。

《伤寒杂病论》载“以伤寒为毒者，以其最成杀伤之气。”虽然患病以冬季为主，但是与温病的区别主要是辛温解表与辛凉解表的差异。

叶天士《温热论》、吴鞠通《温病条辨》所说的温病，虽然与张仲景所说的温病概念有差异，但是他们也是研究各种传染病的共性规律，不能把伤寒与温病的区别和西医的疾病对应起来。并且各种传染病后期，大多因为毒血症陷入循环衰竭，出现弥漫性血管内凝血、中毒性休克，因此，温病后期也会有张仲景所说的“三阴死证”，不是始终都是热证。

曹东义为此提出，外感热病都可以“突变虚寒，转为内伤”，因此，传染病后期益气回阳是一个普遍的法则。温病学家没有三阴病证的论述，是其缺憾。

曹东义在他的著作《热病新论》中提出“病像河流，证如舟，系列方药似码头。”进一步在《寒温统一辨治外感病》中详细论述了疾病（河）、证候（舟）、方药（码头）之间的关系，指出传染病是一个动态变化的过程，像河流一样流动不止；证表示某一时间身体的病理状态，就像河里的小船，可以顺流而下，也可逆流而上，或者原地不动；中医的方药就像沿岸的码头，为确保小船顺利靠岸，必须船靠码头，使病证得以解除，病人过河上岸。

伤寒学派和温病学派都是治疗传染病、瘟疫的经验总结，形成了成熟的辨证论治体系。这一系列的方

药（码头），没有贵贱好坏之分，需要辨证论治，就近上岸，可以吸取各家之长。

河舟码头学说为解决伤寒、温病的学术争鸣，指导中医治疗，解放思想，提高疗效，提供了借鉴。河舟码头学说是病证结合、分层诊疗、寒温统一的理论模型，它说明了疾病发生、发展、变化的病证方药关系，也为沟通中西医学术提供了依据，中医治病不能固守一理、一法、一方、一药，一成不变。张仲景主张“观其脉证，知犯何逆，随证治之”。《温热论》说“大凡看法，卫之后方言气，营之后方言血。在卫汗之可也，到气才可清气，入营犹可透热转气，入血就恐耗血动血，直须凉血散血。”

中医治疗新冠肺炎，或者其他新发传染病，不需要考虑病原微生物，而应该从患者的整体状态出发，考虑其传变特点，谨守当前的病机特点，打破教材规定的伤寒、温病病种不同的概念壁垒，有是证用是药，才能让病证与方药紧密相和，效如桴鼓相应。

中医必须病证结合分层诊治

中医的疾病名称是层层重叠的，不是单一平列的。当诊断为伤寒的时候，不能开具汤药，诊断为伤寒太阳病的时候，仍然不能开具处方，必须进一步划分是在经，还是在腑？是表虚，还是表实？只有到了“处方层级”，才算到了最底层。这是一个病证结合、分层诊疗的诊治模式。

按照河舟码头学说，热病这一《素问》创立的病名，它既是病人的主观感觉，也是医生的客观依据，把发热作为病名，列为最高级别（一级名称），下面统领伤寒学说、温病学说；在热病（传染病）的一级病名下，再划分广义伤寒病、广义温病、广义瘟疫的二级病名；再进一步，把伤寒的六经病，温病的卫气营血病、三焦病分为三级病名。病下设证，如太阳伤寒表实证、太阳中风表虚证、太阳腑实蓄水证、太阳腑实蓄血证、阳明经证、阳明腑证、少阳半表半里证、太阴脾虚证、少阴亡阳证、卫表不和证、邪热犯肺证、热入营血证等第四级名称，与具体的方药连在

一起，形成体系，提纲挈领，纲举目张。

患者病情可以根据邪正斗争的情况，时刻发生变化，病证随之变化；变与不变，都是有规律可循，与患者体质相关，与外邪特点、气候条件、治疗措施也有密切关系，就像移动靶射击与固定靶不一样，是高度随机的复杂变化体系。中医应对这个复杂过程，就是病证结合，分层诊疗，突出辨证，“随证治之”，不能一劳永逸，用一个药物解决所有问题。

证候是中医最基本的诊治单元，《内经》说：“候之所始，道之所生。”证是某一时刻的整体状态，是病机（关键）的集中体现，就像载着病人而移动的小船，需要对应就近的码头（方药），使其尽快上岸获得救治。

曹东义把伤寒和温病历代辨证思路，与有效方药都融合在以热病居高临下，统辖伤寒、温病的病证结合、分层诊治的体系中，这样一来就有利于临床中医把握病情，统一诊疗思维，不致发生选择伤寒与温病的慌乱，也有利于向世界介绍中医学学术特点，与中西医一起交流和总结，协同作用。

“清肺排毒汤”与河舟码头学说

各类传染病都有由表入里、由轻到重、由重转危的传变基本规律。疾病早期，或潜伏期，或新型冠状病毒核酸检测阳性确诊之前，中医认为邪气在表，影响肺卫或膀胱经，都可能会出现表证，也就是轻微的头痛、恶寒、发热、咽痛、鼻塞、流涕等表现，表证阶段根据患者的体质不同，分为表寒证和表热证，可选择相应的辛温解表、或者辛凉解表的方药，比如桂枝类方、麻黄类方、柴胡类方、银翘散、桑菊饮等，无论辛凉与辛温，都是为了“辛散外邪”，遵循“其在皮者，汗而发之”“善治者，治皮毛”的原则，迅速解其表，透其邪，救其萌芽。这也是为什么主张中医早期介入治疗的原因。

新冠肺炎国家局推广的“清肺排毒汤”，方药组成为麻黄9g、炙甘草6g、杏仁9g、生石膏15~ 30g（先煎）、桂枝9g、泽泻9g、猪苓9g、白术9g、茯苓

15g、柴胡16g、黄芩6g、姜半夏9g、生姜9g、紫菀9g、冬花9g、射干9g、细辛6g、山药12g、枳实6g、陈皮6g、藿香9g，介绍说其中包含着张仲景《伤寒杂病论》的四个方剂：麻杏石甘汤，射干麻黄汤，小柴胡汤，五苓散。其实，其中还含有麻黄汤、大青龙汤等，也可以是桂枝汤加减，是一个广泛覆盖的“大水漫灌”，涵盖了邪在三阳阶段的很多证候，具有相当广泛的普适性。通治方与辨证论治相结合，一直是中医诊治传染病的“活法巧治”，因此在很多病人的治疗中，取得了很好的疗效。

如果患者出现乏力等表现，是属于正气不足与邪实蕴结，正邪交争，处于焦灼难解之困局，需要扶正祛邪，而不应该单纯祛邪；如果继而出现高热、干咳、腹泻、呼吸困难和/或低氧血症的时候，需要结合湿热、痰瘀、热毒等，可选用白虎汤、达原饮、清瘟败毒饮、大柴胡汤、三仁汤、甘露消毒丹、理中汤、

（上接第56页）

Dr. Guo Zhichen has been studying traditional Chinese medicine since he was 9 years old. He has been sitting in a doctor's office at the age of 16 and has been to various provinces, cities and regions around the world. With the increasing number of consultations and even scholars, Dr. Guo has opened many hospitals and schools. He not only uses clinical medical treatment to treat patients, but also dedicated his self-study and sharing of clinical experience to his patients. Thed escendants of his knowledge are countless, and they are spread all over the world. With the continuous deepening of research and the accumulation of experience, in the face of the development and changes of the physical quality and diseases of the current population, Dr. Guo is also constantly innovating in the clinical application theories and methods of

蕾香正气汤、千金苇茎汤等，也需要根据病证结合、分层治疗，也就是按照“河舟码头学说”进行治疗。

结语

中医几千年在与传染病斗争的过程之中，逐渐形成了伤寒、温病两大辨证论治的体系，它们的区别，不是西医病种的差异，而是发病类型和证候的差异，是一切传染病的共有规律，各有优势，也各有不足，在“热病统寒温，病证结合，分层诊疗”的思想指导下，就可以将两大法宝合为一体，建立可以包容古今的开放体系，简称“河舟码头学说”，必将丰富中医辨证论治体系，拯救更多的生命，造福大众。

参考文献略

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traditional Chinese medicine.

Guo's fire moxibustion therapy has been included in the "National Fourth Chinese Medicine Resources Census Series Series (Hebei Province)-Xinglin Treasure Protection Traditional Chinese Medicine Hebei Province Traditional Chinese Medicine Traditional Knowledge Protection Research Project Report" and "Traditional Medicine Handbook-World "Science Press" (English version). It is also a part of the "National Traditional Chinese Medicine Administration Traditional Medicine International Exchange Center High-tech Suitable Technology Promotion Project". As the heir to Dr. Guo Zhichen, we have the confidence and determination to carry forward the medical treasures of human space medicine and Guo's fire moxibustion therapy to benefit human health.

Acupuncture and Chinese medicine are natural therapies loved by Canadian patients

©Zhao Liye

Zhao Liye, MD. has established a traditional Chinese medicine center in Calgary, Alberta, Canada since 1998. He has an acupuncture license from Alberta as well as a license from Health Canada with GMP standards for the production of herbal products. Dr. Zhao graduated cum laude from the Beijing University of Chinese Medicine, Peking University, and Hunan University of Chinese Medicine. He is educated in both Chinese and Western medicine, and has been practicing medicine in Canada and China for more than 30 years. He has extensive academic and clinical experience in the treatment of diabetes, hypertension, hyperlipidemia, and obesity. Due to his background in integrated Chinese and Western medicine, Dr. Zhao has infused the essence of Chinese and Western medicine into the research and development of patented Chinese herbal medicine. Since opening the clinic in Calgary in 1998, Dr. Zhao has helped more than 10,000 patients and also fulfilled their aspirations for patient health and wellness. He has used acupuncture and Chinese medicine to treat various chronic pains, high blood pressure, high blood sugar, infertility, hypothyroidism, and menopausal syndromes. Dr. Zhao is also a director of the Alberta Acupuncture Association. He often participates in various aspects of the provincial government's acupuncture legislation, as well as overseeing examination and licensing exams, and has received a certificate of recognition from the Provincial Health Minister. Dr. Zhao often explains comprehensive TCM knowledge to other professionals and patients by promoting the use of TCM. Most of Dr. Zhao's patients suffer from excess phlegm and dampness caused by obesity and chronic metabolic

diseases due to factors such as a poor diet and lifestyle choices and over reliance on pharmaceutical drugs. These patients present with obese bodies, full and soft abdomens, excess body fat, and white greasy tongues. They often have a pulse that is slipper. Patients often feel heavy and have sore limbs, chest tightness, insomnia and depression. According to Su Wen · Zhi Zhen Yao Da Lun, "Wetness leads to swelling and is related to the spleen." Dr. Zhao interprets this classical text differently. The essence of phlegm and dampness produced by the spleen can be seen as insulin resistance. Combined with modern scientific research, he effectively uses acupuncture and Chinese medicine treatment to quickly improve blood sugar, blood pressure, blood lipids, and uric acid level within one to two weeks. This in turn leads to effective weight loss and also improves physical strength and sleep. After years of hard work, Dr. Zhao's effect is well received and recognized by many locals. He has some specialty in treating insulin resistance. Insulin is a hormone secreted by the pancreas. Insulin binds to cells and stores glucose in the muscle as glycogen (muscle's energy source) or fat. It also converts blood glucose into hepatic glucose and intracellular glucose. Lack of effective insulin can cause high blood sugar and diabetes. If you are in good health, your body prefers to replenish glycogen first, and only store excess glucose as fat. Excessive fat accumulation in the abdomen will cause insulin resistance. The folks call it belly, which is a typical diagnostic sign of insulin resistance. Most of the patients have qi-deficiency and yang-deficiency physiques, and they often have fatigue and sweating symptoms. After Reaven first proposed the

insulin resistance syndrome in 1988, people linked these manifestations with insulin resistance, and believed that the basis of the pathogenesis was insulin resistance: the body's responsiveness or sensitivity to the physiological effects of insulin decreased. Insulin resistance in a narrow sense refers to a decrease in the reactivity of tissue cells to insulin-mediated glucose utilization. The main sites of insulin resistance are liver, muscle and adipose tissue. People with type 2 diabetes and obesity often have insulin resistance. Clinical studies have found that about 25% of normal people have insulin resistance, 75% of people with impaired glucose tolerance (IGT) have insulin resistance, and the incidence of insulin resistance in patients with type 2 diabetes is about 85%. The key points of acupuncture and traditional Chinese medicine treatment are smooth Qi and warming up or increasing the metabolism, taking more points of the stomach meridian and spleen meridian and traditional Chinese herbal medicine to improve spleen qi, improving spleen and stomach functions and partial eating habits. Some insulin resistance is similar to antibiotic resistance and is the result of long-term use of insulin. Just like when a bacterium keeps using antibiotics, it will become resistant to antibiotics, that is, resistant. Long-term use of insulin will inevitably lead to insulin resistance. For obese people, insulin resistance is more likely to occur. These patients are mostly mixed with phlegm and dampness, heat and blood stasis. On the basis of pulse, tongue and ear are needed for diagnosis and treatment. Weight loss and abdominal belly reduction is the focus of treatment. A special diet combined with specific acupuncture and Chinese herbal medicine can improve insulin resistance in the course of several weeks of treatment. Once the symptoms of this insulin resistance are lifted, the body's metabolism of sugar returns to normal, and abdominal fat will disappear. Insulin resistance or phlegm can also cause inflammation and microcirculation disorders in the body,

causing a series of health problems: chronic pain, sleep apnea syndrome, nerve problems, intestinal problems, eye and foot problems and so on. Use acupuncture and Chinese medicine to regulate the relationship between insulin and obesity, improve insulin sensitivity by improving transforming, dissipation, weight loss, blood stasis treatment, liver conditioning, muscle and fat tissue to effectively control obesity, and treat type 2 Diabetes, effective control of blood sugar and blood pressure, elimination of chronic inflammation of the body and improvement of blood vessel elasticity and microcirculation are the characteristics of Dr. Zhao Liye in the treatment of chronic metabolic diseases: improving insulin resistance, improving glucose metabolism problems, reducing fat synthesis and storage of blood vessels Invades and improves arteriosclerosis. Dr. Zhao's Chinese herbal medicine products are certified by Health Canada. The curative effect is remarkable, and you can see the decline of the three high indicators within a few weeks.

1 Chinese medicine that can improve insulin sensitivity: Yin Yang balance capsules. Insulin resistance makes the body's blood glucose metabolism no longer circulate naturally, resulting in increased tumor necrosis factor alpha (TNF- α), which worsens insulin resistance and hyperinsulinemia. In recent years, it has been found that adipocytes can secrete resistin. Resistin can reduce glucose uptake after insulin stimulation. After neutralizing resistin, tissue uptake of glucose rises. Others such as leptin resistance and reduced or attenuated adiponectin levels are also associated with insulin resistance. Increased triglyceride (TG) content in skeletal muscle cells is also considered to be one of the causes of insulin resistance. The Ganoderma lucidum in Yin-Yang Balance Capsule can stimulate the secretion of insulin and reduce the concentration of blood sugar; accelerate blood microcirculation, improve blood oxygen supply capacity, reduce the ineffective oxygen consumption of


the body at rest, eliminate free radicals in the body, and increase the insulin sensitivity of the body cells .

2 Chinese medicine that can lower blood sugar: One Down(Yijiangling). Once insulin resistance occurs, glucose in the blood cannot be fully absorbed by the cells. When most of the glucose stays in the blood, the blood sugar rises, and excess glucose in the blood can only be excreted through the kidneys and urine, and this is how diabetes occurs. Since there is not enough glucose in the cells to supply the body with energy, diabetics always feel hungry and tired. One Down (Yijiangling) Traditional Chinese Medicine optimizes the quality and formulation of traditional Chinese medicines such as Tian Hua Feng, pueraria lobata and Coptis chinensis, which can lower blood sugar to normal within a few weeks.

3 Chinese medicine IRR tea that can improve inflammation and improve vascular microcirculation: UKPDS reports that current traditional anti-diabetic drugs (such as sulfonylurea drugs, biguanide drugs or insulin, etc.) cannot prevent the deterioration of diabetes with the extension of the course of diabetes With the long-term stable control of blood sugar, most patients gradually increase HbA1c after 2 to 3 years with the extension of the course of disease. In recent years, studies have shown that the inflammatory response also plays a role in the occurrence and development of vascular disease, especially macrovascular disease In order to play an important role, when vascular lesions occur, the levels of systemic markers of inflammation such as C-reactive protein (–RP) and interleukin–6 (IL–6) increase. Puerarin flavonoids in IRR tea can prolong and increase the effect of lowering blood sugar, and protect blood vessels, reduce myocardial oxygen consumption, dilate coronary blood vessels and cerebral blood vessels, so that coronary blood flow and cerebral blood flow increase; It can also improve the regeneration of liver cells, restore normal liver function, promote the secretion of bile, avoid the

accumulation of fat in the liver, and increase the insulin sensitivity of liver cells.

Chinese medicine that can lose weight: Wisdom Weight Loss Capsule (Lianzi Qianshi): A Japanese research team divided 210 experimental subjects with excess body weight into three groups. Each person then consumes 7 ounces of fermented milk per day, and the fermented milk that the two groups drink has added different amounts of the probiotic Lactobacillus SBT2055. This probiotic has been found to be related to weight loss in past studies. After 12 weeks, people who daily consume fermented milk containing probiotic formula lose about 8% to 9% of visceral fat—around your heart and other internal organs and their unhealthy fat types. At the same time, the study also showed that people who consumed probiotic fermented milk in both groups lost 1% to 3% of abdominal fat. At the same time, as long as the body has muscles, it will continue to consume about 70% of the glucose in the blood, which helps to lose weight. The weight-loss capsules of the traditional Chinese medicine lotus seed and Qianshi formula can improve the blood sugar consumption of muscles through the mechanism of strengthening the spleen. Experiments have shown that Qianshi extract has the clinical effect of lowering blood sugar. Kinds of trace elements can help the body to metabolize proteins, fats, sugars and maintain acid-base balance, have a certain effect on the diuretic symptoms of diabetes, and eating lotus seeds can also regulate the body's secretion, soften blood vessels, reduce blood pressure and blood lipids Role, eating lotus seeds, helps prevent diabetes and its complications, and improves gastrointestinal probiotics by improving spleen to improve obesity and physical fitness.

4 Acupuncture treatment adjusts endocrine. Tianshu, Shuidao.In Summary, Acupuncture and Chinese herbal medicine as a traditional and natural therapy has been accepted and loved by the effects and less side effects in Canada. 

针灸中药自然疗法受加拿大患者热爱

◎赵立业医学博士，加拿大

赵立业医学博士，自1998年在加拿大阿尔伯塔省卡尔加里创建传统中医药中心，拥有阿尔伯塔省的针灸执照和加拿大卫生部草药产品许可证和生产基地，GMP 标准。赵博士先后毕业于北京中医药大学, 北京大学，湖南中医药大学。受中西医学的严格教育，在加拿大和中国行医30余年，拥有丰富的治疗糖尿病、高血压、高血脂及肥胖的学术和临床经验。由于中西医结合的背景，赵博士将中西医的精华注入到专利中草药的研究与开发。自从1998年在卡尔加里开诊所以来，赵博士已经帮助超过万名患者，实现患者健康和保健的的愿望。用针灸中医药方法，治疗各种慢性疼痛，高血压，高血糖，不孕不育，甲状腺功能低下，更年期综合症等。赵博士是阿尔伯塔省针灸协会理事，常参与省政府针灸立法、考试和执照的多方面工作，并得到省卫生厅长的嘉奖证书。赵博士经常对专业人士和患者团体讲解全面的中医药知识，推广中医药的使用。赵博士的患者主要群体是当地的洋人，因为饮食和生活习惯及药物等因素所致肥胖和慢性代谢疾病的痰湿体质占大多数。望诊体形肥胖，腹部肥满而松软，舌体胖大，舌苔白腻。切诊脉多濡或滑。患者常感到肢体酸困沉重，胸闷，失眠抑郁。《素问·至真要大论》：“诸湿肿满，皆属于脾”。赵博士灵活运用经典，从脾生痰湿的实质是胰岛素抵抗来论治，结合现代科学机理研究和指标，有效地运用针灸和中药治疗，在一至二周内快速改善血糖，血压，血脂，尿酸指标，有效地减肥和改善体力和睡眠。经多年的努力，赵博士的疗效深受当地患者的欢迎和认可。借此机会进行简单介绍。

胰岛素是由胰腺分泌的一种激素。胰岛素与细胞结合，将葡萄糖储存在肌肉中作为糖原（肌肉的能量

来源）或脂肪。亦即将血糖转为肝糖和细胞内的葡萄糖。缺乏有效的胰岛素会导致血糖过高、糖尿病。如果身体健康，身体更喜欢先补充糖原，只储存多余的葡萄糖作为脂肪，过度的脂肪堆积在腹部会出现胰岛素抵抗现象，民间称为肚腩，是典型的胰岛素抵抗的诊断体征。病人多是气虚、阳虚的体质，多出现 疲劳和多汗症状。1988年Reaven首先提出胰岛素抵抗综合征后，人们把这些表现与胰岛素抵抗联系在一起，认为发病病理基础为胰岛素抵抗：机体对胰岛素的生理作用的反应性降低或敏感性降低。狭义的胰岛素抵抗是指组织细胞对胰岛素介导的葡萄糖利用的反应性降低。产生胰岛素抵抗的主要部位在肝脏、肌肉和脂肪组织。二型糖尿病和肥胖人群多有胰岛素抵抗现象。临床研究发现，约25%的正常人群存在胰岛素抵抗，糖耐量低减(IGT)人群75%存在胰岛素抵抗，2型糖尿病患者胰岛素抵抗的发生率为85%左右。针灸和中药治疗的重点是调理气机和温补，多取胃经和脾经的穴位及中药提升脾气，改善脾胃运化和偏食习惯。有些胰岛素抵抗和抗生素的抵抗差不多，是长期使用胰岛素的结果。就好比细菌不断用抗生素的时候，它就会对抗生素产生抵抗，也就是耐药。长期使用胰岛素必然发生胰岛素抵抗现象。对于肥胖者来说更容易出现胰岛素抵抗。这些患者多是痰湿、湿热、瘀血体质混杂。需要在脉诊的基础上，结合舌诊和耳诊进行诊断和治疗。减肥减腹是治疗的重点，特色的饮食结合特定的针灸和中药在数周的治疗过程中就可以改善胰岛素抵抗，这种胰岛素抵抗的症状一解除，机体对糖的代谢恢复正常，腹部脂肪就会消失。胰岛素抵抗或痰湿又会在体内产生炎症和微循环障碍，引起一系列的健康问题：慢性疼痛，睡眠呼吸暂停综合症、神经问

题、肠道问题、眼睛和足部问题等等。用针灸和中药来调控胰岛素和肥胖之间的关系，通过提升运化，消散，减肥，祛瘀治疗，疏理肝脏、调理肌肉和脂肪组织来提高胰岛素敏感性从而有效地控制肥胖，治疗二型糖尿病，有效地控制血糖和血压，消除身体慢性炎症和改善血管弹性和微循环是赵立业博士治疗慢性代谢疾病的特色：改善胰岛素抵抗，改善糖异常代谢出现问题，减少脂肪的合成和储存对血管的侵害并且改善血管硬化。赵博士的中药产品有加拿大卫生部的认证资质。疗效显著，数周就可以看到三高指标下降。

1 能改善胰岛素敏感性的中药：阴阳平衡胶囊

胰岛素抵抗使机体血糖代谢不再自然循环，导致肿瘤坏死因子 α (TNF- α)增多，从而恶化胰岛素抵抗和高胰岛素血症。近年来尚发现脂肪细胞能分泌抵抗素(resistin)，抵抗素可降低胰岛素刺激后的葡萄糖摄取，中和抵抗素后组织摄取葡萄糖回升。其他如瘦素抵抗和脂连素水平的降低或活性减弱也与胰岛素抵抗有关。骨骼肌细胞内甘油三酯(TG)含量增多也被认为是胰岛素抵抗的原因之一。阴阳平衡胶囊中的灵芝可以刺激胰岛素的分泌，降低血糖浓度；加速血液微循环，提高血液供氧能力,降低机体静止状态下的无效耗氧量，消除体内自由基，提高机体细胞的胰岛素敏感性。

2 能降低血糖的中药

一降灵。一旦胰岛素抵抗发生，血液中的葡萄糖就不能充分地被细胞吸收。当大多数的葡萄糖滞留血液中，血糖就升高，血液中过剩葡萄糖只能经肾脏随尿液排出体外，糖尿病就是这样发生的。由于细胞内得不到充分的葡萄糖供给身体作为能量，所以糖尿病患者总是感到饥渴和疲乏。一降灵中药优化天花粉，葛根和黄连等中药的质量和配方，可以在数周内就可以降低血糖至正常。

3 能改善炎症，改善血管微循的中药IRR


茶：UKPDS报告目前传统的抗糖尿病药物(如磺酰脲类药物、双胍类药物或胰岛素等)随着糖尿病病

程的延长均不能阻止糖尿病病情的恶化和血糖的长期稳定控制，多数患者在2~3年后随着病程的延长，HbA1c渐升高.近年来研究显示，炎症反应在血管病变，尤其是大血管病变的发生和发展过程中也起了重要作用，血管发生病变时，炎症的全身性标志物如C-反应蛋白(–RP)和白介素–6(IL–6)等水平升高。IRR 茶中的葛根黄酮类化合物，可以延长和增加降低血糖的作用，并且保护血管，降低心肌耗氧量，扩张冠脉血管和脑血管，使得冠脉血的流量和脑血的流量增加；葛根还能够提高肝细胞的再生能，恢复肝脏正常机能，促进胆汁的分泌，避免脂肪在肝部的堆积，提升肝脏细胞的胰岛素敏感性。

能减肥的中药：智慧减肥胶囊（莲子芡实）：

一组日本研究团队将210位体重超标的实验对象分成三组。然后每个人每天摄入7盎司的发酵乳，其中两个组喝的发酵乳分别添加了分量不同的益生菌乳杆菌SBT2055，这种益生菌在过去的研究被发现和体重减轻有关。12周后，每日摄入含有益生菌配方发酵乳的人们减掉了大约8%至9%的内脏脂肪——在你的心脏和其他内脏器官周围及其不健康的脂肪类型。同时研究还表明，这两组摄入益生菌发酵乳的人们都减去了1%至3%的腹部脂肪。同时只要身体有肌肉的存在，就会持续消耗血液中的70%左右的葡萄糖，有助于减肥。中药莲子和芡实组方的减肥胶囊可以通过健脾的机理来改善肌肉的消耗血糖作用，实验证明芡实提取物有降血糖的临床效果，莲子含有莲子碱，莲子糖，蛋白酶，黄酮类化合物以及多种微量元素，可以帮助机体进行蛋白质，脂肪，糖类的代谢和维持酸碱平衡，对糖尿病的多尿症状有一定的疗效，而且吃莲子还可以调节人体内分泌，有软化血管，降低血压血脂的作用，食用莲子，有助于防治糖尿病及其并发症，并通过健脾来改善胃肠道益生菌来改善肥胖和体质。

4 针灸治疗调整内分泌。天枢，水道

简单总结，由于针灸和传统中医药的疗效和减少毒副作用，得到越来越多的加拿大的患者接受和热爱。

Doctor Guo Zhichen and his moxibustion therapy.

◎Guo Meiyao

Guo's fire moxibustion therapy is an external form of traditional Chinese medicine treatment that has been developed through decades of painstaking effort. It has been used on patients in more than 20 provinces and cities throught China, as well as in countries and regions such as the United States, Canada, Indonesia, Singapore, Hong Kong and Taiwan. It is effective in treating many different kinds of diseases.

The Yellow Emperor's Internal Classics talks of situations where moxibustion techniques are appropriate where as acupuncture is not. Dr. Guo Zhichen believes that any medical method is produced and perfected through clinical testing and modification, as long as it can effectively relieve the suffering of the patients. Therefore, "Guo's Fire Moxibustion Therapy" is exactly the medical method that Dr. Guo Zhichen has inherited, researched, perfected, and has been proven by decades of successful clinical results.

Guo's fire moxibustion therapy is based on tongue diagnosis. It uses fire, herbal medicine, alcohol, and the different smells as its main tools. Traditional Chinese medicine believes that "qi is the son of blood, and blood is the mother of qi". Guo's fire moxibustion therapy is based on this principle.

Although the therapy is easy to learn, and the skills required to operate is simple, its theory and level of understanding is very rigorous. First of all, it is necessary to correctly diagnose and treat clinical syndromes through diagnosis, so as to accurately determine the operation site in a targeted manner. Plus, there needs to be an understanding of the patient's condition to correctly be able to tonify or remove and control the duration of the fire in order to

make sure the therapy is as effective as possible.

The diagnosis of Guo's fire moxibustion therapy is based on the tongue diagnosis theory and method of "Human Compartmentalization Medicine" created by Dr. Guo Zhichen. This tongue diagnosis theory is reflective of a human's comprehensive and delicate characteristics.

Guo's fire moxibustion therapy focuses on the regulation of the human body's qi, that is, the energy regulation between the cells and the viscera space. The energy of the human body is transformed from the part with high density and high pressure to the part with low energy density and low pressure. As the overall movement of the human body's energy can be channeled and transformed to purge or tonify. The dynamic balance of the body's qi and blood movement can be achieved, and the role of "qi is the son of blood" can also be achieved.

The tip of the tongue represents the upper energizer which is comprised of the heart, lungs, and cells of the back. In particular, how lung qi (gold) descends through the taiyang area of the back to promote the movement of the kidneys (water), is reflected by the thickness, hardness, size and tongue coating on the tip of the tongue. Among them, the Dazhui and the right scapular space are portals for the operation of the lung's qi. Therefore, enlightening and clearing the vertebral and scapular space is one of the important parts for the regulation of fire moxibustion. Those who have thick, tight, red, or purple tongue tips, or any symptoms relating to the head and chest should use moxibustion on the vertebrae and the right scapula to channel the energy to help in the treatment of the patient. Therefore, the upper coke energy should be evacuated.

The energy of the upper energizer is converted to the taiyang region, thereby reducing the pressure of the upper energizer, and the dampness and turbidity of the middle and lower energizers will evaporate to the upper energizer and relieve the pressure on the outside of the cells. The materials inside the cell can then move naturally outwards and turn into energy. This restores the vitality of cells. The same is true for energy in the middle energizer and the changes in the substances in the cells. This is the effect produced by the fire moxibustion of Dazhui and the right shoulder blade.

The base of the tongue corresponds to the lower energizer. The lower energizer is the place where energy in humans manifests. The source, especially the energy driving force of the huiyin is particularly important. Therefore, through the moxibustion of the coccyx (or lower abdomen), it can increase the movement ability of the lower abdomen increasing the function of the triple energizer and promote the overall movement of the human body's energy. At the same time, it drives the body's overall qi and blood movement. Therefore, no matter what the situation, the middle energize will be able to change in the overall operation, and the middle energizer position will be adjusted accordingly.

As for the problems of the head and limbs, the focus should be on conditioning of the organs. As long as the physiological functions of the internal organs are normal, the head and limbs can naturally be adjusted. Of course, any treatment is should be done according to the side affected. Fire moxibustion is a method of external treatment. Although it can be adjusted from the outside to the inside, if it is used alone, it is not enough achieve a strong effectiveness, and over time, the patient will suffer more from the pain. If combined with the internal adjustment methods, such as oral administration of traditional Chinese medicine, the internal and external conditioning benefits, the clinical effect will be more ideal.

Guo's fire moxibustion is not only performed on the above-mentioned parts, but can also be used on the feet and head. All should be used according to thge tongue diagnosis. Depending on the specific situation of the patient to determine the best plan of action.

An example of treatment would be to pour medicated wine (specially made in traditional Chinese medicine) into a vessel and ignite it. Put on gloves (soaked in water and wrung dry) and dip the ignited medicinal wine with fire. It can be divided into two methods: sweeping fire technique and slapping fire technique.

1. Fire-sweeping moxibustion is the contact between the open flame and skin, which can achieve the effect of removing wind and heat. The frequency of the hand sweep and the size of the flame needs to be grasped properly. It combines the effects of medicine, wine, and fire. The medicine takes advantage of the fire, fire increase the efficacy of the medicine, and the wine can dispel wind and open meridians as well as improve circulation, to increase the absorption of medicine by the human body. It not only relaxes the vitality, tendons and meridians, but also opens acupuncture points and orifices. The important thing is to open the human space and promote energy movement. The medicinal scent produced as well as the duration of the flame can help to control the amount of purging or tonifying that occurs.

2. slapping-fire moxibustion is a method of covering a fire moxibustion with a towel and slapping the towel. This method has a long-lasting warming effect and is suitable for dispelling wind and cold.

The application of Guo's Fire Moxibustion lies in the Chinese character 活 (living/life). For different conditions, being flexible can often achieve better results. This therapy has benefited thousands of patients. The method is simple and easy to learn, and the medicine is cheap and easily applicable.

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郭志辰大夫和他的“郭氏火灸疗法”

◎郭美彦

郭氏火灸疗法，是中国河北省石家庄市正定县三辰康复理疗院郭志辰大夫呕心沥血数十年，通过中医临床实践并完善形成的一种中医外治疗法。已经被全国20多个省市以及美国、加拿大、印尼、新加坡、港台等国家和地区的病患者应用，对各种人体常见病均有着理想的疗效。

《黄帝内经》中有对灸法的论述——针所不为，灸之所宜。郭志辰大夫认为，任何一种医疗方法都是经过临床检验并加以变通而产生和完善起来的，只要能够切实地为人类解除病痛之苦的就是好方法。因此，“郭氏火灸疗法”正是郭志辰大夫抱着一个医者之心，传承、研究和完善并经数十年临床实践验证而确立的医疗方法。

郭氏火灸疗法以舌诊为诊断依据，以火为使，以药与酒的气、味为用。

传统中医认为“气为血之帅，血为气之母”，气运则血行，气血畅通，病自可愈。郭氏火灸疗法正是依此理而行之外治方法。

该疗法虽然易学易掌握，操作亦简单，但其理论与临床却十分严谨。首先必须通过诊断，正确地掌握临床辨证施治，才能有的放矢准确地确定操作部位，并根据患者体质之虚实，掌握补泻、时间以及火候等方面的尺度，方可达到事半功倍的效果。

郭氏火灸疗法的诊断，依据于郭志辰大夫创立的“人体空间医学”的舌诊理论和方法，此舌诊体现了它的直观、全面、细腻等特点。

郭氏火灸疗法重点着眼于对人体空间气的调节，即细胞之间、脏腑空间的能量调节。使人体空间能量由密度高压力大的部位，向能量密度低压力小的部位转化。随着人体能量整体的运动得以疏导、转化，达



到行中有泻，行中有补，实现人体气血运动的动态平衡，亦充分发挥了“气为血之帅”的作用。

从舌上看，舌尖区域是上焦空间及心肺、背部细胞群之缩影。尤其是肺气（金）通过背部太阳区域空间下行推动两肾（水）运动是否顺畅，取决于舌尖的虚实、软硬、大小和舌苔的多少。其中，大椎部位和右肩胛空间是肺气运行的门户，因此，开导、疏通大椎和肩胛空间是火灸调节的重要部位之一。通常情况下，凡是舌尖胖大、淤紧、色红或紫者，或者头胸部的一切症状，皆宜火灸大椎、右肩胛部位，以疏导上焦能量，使之得以正常转化。故，上焦能量宜疏散之。上焦的能量向太阳区域转化，从而降低了上焦的

压力，而中、下焦空间的湿浊必然向上焦蒸腾转化而舒缓了细胞外侧的压力，胞内的物质自然向胞外转化为能量，达到恢复细胞的活力。中焦区域空间的能量与细胞内物质的变化亦如此。这就是火灸大椎与右肩胛所产生的效应。

而舌根部位对应于下焦。下焦是人体能量生发之地，动力之源，特别是会阴区空间的能量推动力尤为重要。因此，通过火灸尾闾（或少腹）部位，可以增加少腹动力，以增强三焦能量的清升浊降，推动了人体能量的整体运动。同时，带动人体整体气血的运动。所以，无论中焦是何种情形，都会在整体运行中而得以改变，中焦部位随之调理。

至于头部和四肢的问题，主要应着眼于对脏腑的调理。只要五脏六腑生理功能正常，头部和四肢自然能够得到调节。当然，任何疗法都具有片面性。火灸疗法是外治之法，虽然可以调外而动内，但是，如果单一地运用火灸疗法调理，不足以获得全效，且时间久延，患者会多承受病痛之苦。若配合内调法，如中药内服，使得内外调理两相助益，临床疗效则会更为理想。

郭氏火灸疗法所操作的部位不仅仅是上述几个部位，还有足部和头部也可以火灸。皆当依据舌诊诊断，视患者具体情况来确定最佳方案。

操作方法：将药酒（中药特制）倒入器皿中点燃，戴上手套（用水浸湿、扭干）蘸取点燃的药酒带火操作。具体可分为扫火式和拍火式两大方法。

一、扫火式火灸，是明火与皮肤相接触，可以达到祛风散热的作用。操作时，在火灸部位做扫火动作，以手扫动的频率和控制火苗的大小来恰当地掌握热度。将药物、酒与火三者的效应荣威一体，药借火势，火助药力，加上酒的祛风活络、活血的作用，增进人体对药物的吸收。既舒活腠理、筋络、经脉，又开通穴位、关窍。重要的是疏通了人体空间，推动了能量运动。三者之中，以药物气、味的浓淡来决定补与泻，以火灸部位面积的大小和时间决定补、泻的强度。

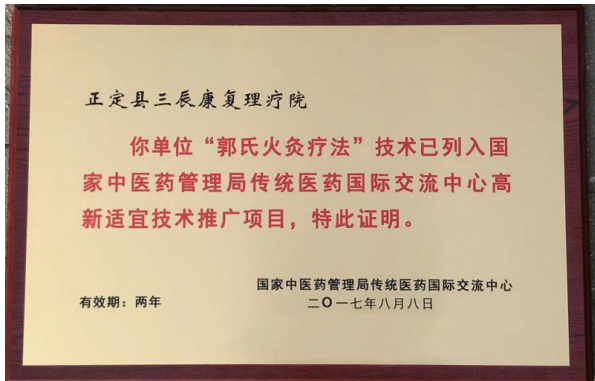
二、拍火式火灸，是在火灸部位盖上毛巾，在

毛巾上拍火的操作方式。此法热度持久，适于祛风散寒，大椎、肩胛和尾闾、少腹部位皆适用此法。

郭氏火灸疗法的应用在于一个“活”字。针对不同病情，灵活运用往往能达到奇特的效果。该疗法已经使得上千、万患者得其所益。方法简单易学，药物价廉适用，实为居家百姓之福荫。

郭志辰大夫自9岁起拜师学习传统中医学，16岁即坐堂问诊，前来求诊者遍及到了各省市和地区。随着求诊乃至求学者的不断增加，于是，郭大夫独自创建了医院和学校，他不但在临床上用医术救治患者，还把自己的所学和临床经验无私地奉献给了大家，可谓从学如流。其传人无数，亦遍及国内外。随着研究的不断深入和经验的积累，面对当下人群的身体素质和疾病的发展变化，郭大夫也在不断地创新传统中医学的临床应用理论和方法，进而推出了智能医学，最终定位在了人体空间医学的系列理论和方法。郭氏火灸疗法就是其外治疗法之中的一个。

目前，郭氏火灸疗法已纳入“全国第四次中药资源普查系列丛书（河北省）——杏林寻宝 保护中医 河北省中医药传统知识保护研究项目汇报”一书和“传统医学手册——世界科学出版社”（英文版），并成为“国家中医药管理局传统医药国际交流中心高新适宜技术推广项目”。我们作为郭志辰大夫的传人，有信心和决心把人体空间医学和郭氏火灸疗法这一医学瑰宝传承发扬光大，造福人类的健康事业。📖



The Great Folk Orthopedic Doctor Song De Pei

◎Suizhenling

Femoral head necrosis is a common disease. In the past, elderly individuals with this disease only had one one outcome, which was waiting to die. Professor Song Depei is good at treating femoral head necrosis and all diseases related to bone.

Song Depei, male, was born in Huaxian County, Henan Province on December 5, 1949. He is a nationally renowned expert on bone injury and disease. He is the head of the specialized outpatient department of Shandong University of Chinese Medicine. He is also the head of the Beijing Chinese Disease orthopedic treatment centre as well as the head of the Chinese Academy of Orthopedics Traditional Chinese Medicine Acupuncture Research. Song Depei has more than 50 years of medical knowledge, and he has treated tens of thousands of patients with various types of bone injuries throughout the country, from the leaders of the central ministries and commissions to the common folk.

Song Depei's treatment of ischemic femoral head necrosis is based on the Song family history of trauma, fracture, nonrecoverable fracture, ankylosing spondylitis, rheumatism, rheumatoid arthritis, cervical spondylosis, and lumbar disc herniation. There are only two causes of femoral head necrosis: one occurs when the fracture of the femoral neck is poorly reduced, and the load-bearing trabecula in the femoral head turns to the weight-bearing area to reduce the bearing stress and stress damage occurs, leading to necrosis after walking. The other is due to the bone tissue changing. The most common bone necrosis is caused by excessive

use of glucocorticoids causing the body's inability to regenerate and repair bone tissue. In addition, it also includes children's long-term femoral head germinal center-femoral skull epiphyseal necrosis, also known as children's femoral head necrosis or flat hip. Song has been treating trauma fractures for a long time, and the central plains folks have long said that "if you're looking for folding waist and breaking hips, looki for Song's trauma department".

On the basis of inheriting family history for the treatment of bone injuries, Song Depei has used traditional Chinese medicine to effectively treat various types of bone injuries after more than 50 years of unremitting exploration and clinical practice. For example, he has made outstanding achievements in the treatment of ischemic osteonecrosis. In 1991, when Mr. Zhao Zhongxiang, a famous program host of CCTV, interviewed Song Depei, he personally presented a calligraphy that said "Song's Therapy, Unique and Rejuvenating". In 1992, Song Depei's research project on "Treatment of Avascular Necrosis of the Femoral Head with Traditional Chinese Medicine" passed after expert appraisal from Henan Province. In the same year, this scientific research project won the "Second Prize of Henan Traditional Chinese Medicine Science and Technology". On March 3, 1993, "People's Daily" published an article titled "Song Depei to overcome the medical problem of ischemic osteonecrosis", the full text is as follows: "This newspaper reported that China's traditional Chinese medicine treatment

of ischemic osteonecrosis has made gratifying progress in clinical research. Zhengzhou, Henan's Hospital of science and technology personnel used plaster to overcome this scientific research topic, which can relieve pain without causing more pain. After more than 2,600 clinical trials, the total effective rate for treating bone necrosis and other bone diseases is 95.5%. Relevant experts believe that the results are at the leading level in the research of osteonecrosis in traditional Chinese medicine at home in China and abroad. The main developer that helped to overcome this problem is Song Depei, director of the Department of Orthopaedics at the Zhengzhou National Hospital in Henan Province. It is reported that Henan Province has approved the special development and application of this achievement a few days ago, benefiting the vast majority of Patients with bone disease (Han Yaping)". In addition to the news published in the "People's Daily" and the National "Health News", newspapers and radio stations in various regions have also reported on this research achievement.

Cui Yueli, the former minister of the Ministry of Health, suffered severe paralysis when he was living in the countryside during the Cultural Revolution. He invited Song Depei to diagnose and treat him when various treatments in the hospital were ineffective. Song Depei used pure Chinese medical methods for his treatment and the effects were remarkable. Mr. Cui has complete pain relief. Later, Mr. Cui recommended Song Depei to the Chinese medicine master Lu Bingkui. Mr. Lu loved Song Depei very much. On March 26, 1995, he held the Song Depei Apprenticeship in the Great Hall of the People. Lu Bingkui officially accepted Song Depei as his disciple.

Wu Jingzhi, the former wife of the Central

United Front Department Minister, Li Weihuan, was hit by a motorbike in May 1989. The X-ray showed a femoral neck fracture. The fracture was healed after being treated by the Chinese Academy of Chinese Medicine but the pain returned after a year. Replacement surgery was required. At that time, Wu Jingzhi was 83 years old and was not suitable for surgery. The National United Front Department invited Song Depei to go to Beijing to diagnose and treat the elderly Wu Jingzhi. Song Depei used traditional Chinese medicine to treat Mrs. Wu. After three days of treatment, the pain was significantly alleviated. Two months later, X-rays showed that the new bone had grown her actions were essentially normal. After recovering, Mrs. Wu's sons, Li Tielin and Li Tieying visited Song Depei on behalf of his family when he went to Henan to investigate.

March 26, 1995 was Song Depei's most precious day. On this day, the "Lu Bingkui Academic Thought Seminar and Song Depei's Teacher Appreciation Meeting" was held in the Hubei Great Hall of the People. The Chinese medicine practitioner Lu Bingkui officially accepted Song Depei as a disciple and issued Song Depei with a "Teacher Approval Certificate" and "Teacher Training". Former Vice President Li Desheng attended the meeting and cordially received Song Depei. Cui Yueli, the former minister of the Ministry of Health, attended the meeting and wrote the inscription "Facilitate fearless dedication and promote the development of Chinese medicine." Chinese medicine leader Lu Bingkui wrote an inscription for Song Depei, "The god pastes the haze and the dead wood shows vitality." Cheng Xinnong, an academican of the Chinese Academy of Engineering, wrote an inscription for Song Depei: "Glorious Chinese Medicine" at the ceremony. 

民间骨科大家宋德培

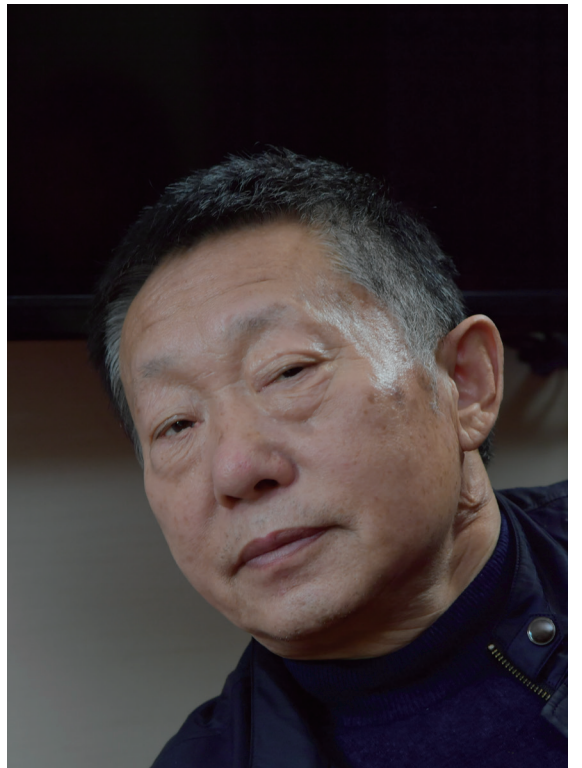
◎隋振玲

股骨头坏死大家知道吧，得这种病的老人在过去，只有一个结局，那就是等死。宋德培老师擅长治股骨头坏死，和一切与骨头相关的病。

宋德培，男，生于1949年12月5日，河南滑县人，全国著名中医骨伤病专家，曾任山东中医药大学专家门诊主任、全国专科疾病北京中医药治疗中心骨伤病科主任、中国中医研究针灸骨伤学院客座教授等职务。宋德培有50余年的从医生涯，他治疗治愈的各类骨伤病人有数万之多，遍及全国，上至中央部委领导，下至黎民百姓。

宋德培治疗缺血性股骨头坏死是在宋氏家传治疗外伤、骨折、骨折不愈合、强直性脊柱炎、风湿、类风湿性关节炎、颈椎病、腰椎间盘突出症的基础上总结发展而来。股骨头坏死病因不外有两种：一种发生在股骨颈骨折复位不良，股骨头内的负重骨小梁转向负重区承载应力减低，出现应力损伤，所以坏死总是发生在患者骨折愈合，负重行走之后。另一种是骨组织自身病变，如最常见的服用糖皮质激素类药物引起的骨坏死及骨组织的再生修复能力障碍。此外还包括儿童发育成长期股骨头生发中心-股骨头骨骺坏死，又称儿童股骨头坏死，扁平髋。宋氏治疗外伤骨折年代已久，民间中原一带早就有“折腰断胯、找宋氏骨科”之说。

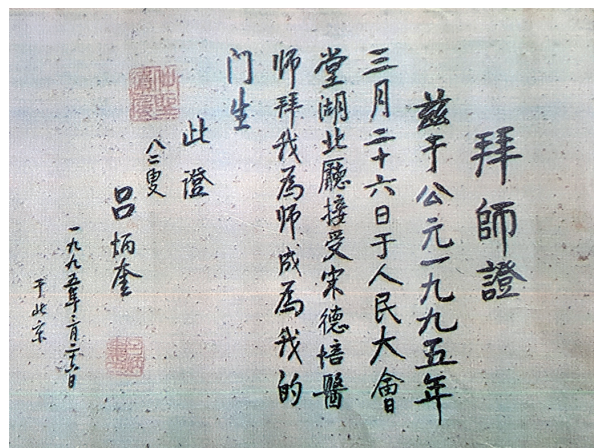
宋德培在继承家传治疗骨伤的基础上，经过50余年的不懈探索和临床实践，利用传统中医中药有效治疗各类骨伤病，如在治疗缺血性骨坏死方面取得了突出成绩。1991年中央电视台著名节目主持人赵忠祥先生对宋德培进行采访时，亲自为其题赠墨宝“宋氏疗法，独树一帜、妙手回春”1992年，宋德培“用中医中药治疗股骨头缺血性坏死”科研课题通过了河南



省专家鉴定，同年，这一科研项目获得“河南省中医药科技二等奖”。1993年3月3日《人民日报》报道标题为“宋德培攻克缺血性骨坏死医学难题”，全文如下：“本报讯我国中医治疗缺血性骨坏死临床研究获得可喜进展。河南郑州市国医院科技人员采用膏贴攻克这一国家重点科研课题，能于无痛苦中解除病痛，经2600多例临床试验，对治疗骨坏死等骨病总有效率达95.5%。有关专家鉴定认为，这一成果在国内外中医治疗骨坏死研究中处领先水平。攻克这一难题的主要研制者是河南省郑州市国医院骨科主任宋德培。据悉，河南省日前已批准专项开发应用这一成果，造福广大的骨病患者。（韩亚萍）”，除了《人民日



原国家中央政治局常委、中央委员会副主席李德生参加宋德培拜师会




报》、国家《健康报》刊登消息外，各地报纸及电台也相继对这一科研成果进行了报道。

原国家卫生部部长崔月犁，文革时下乡蹲牛棚期

间，在农村得了严重的痹症，后在医院多方治疗无效的情况下，邀宋德培为其诊治。宋德培采用纯中药方法为其治疗，效果显著，解除了病痛。后来崔老把宋德培推荐给中医泰斗吕炳奎，吕老十分喜爱宋德培，并于1995年3月26日在人民大会堂隆重举行宋德培拜师会，吕老正式收宋德培为其弟子。

原中央统战部部长李维汉夫人吴景之，1989年5月被三轮车撞到，拍片检查为股骨颈骨折，经中国中医研究所治疗，骨折愈合，但一年后疼痛难忍，经检查为股骨头坏死，需做置换手术。当时吴景之已是83岁高龄，不宜手术。国家统战部邀请宋德培进京为吴景之老人诊疗。宋德培采用传统中医药为吴老治疗，用药三天后疼痛明显减轻，两个月后，X光片显示，新骨明显生长，行动基本正常。痊愈后，李维汉之子、李铁映之弟、原中组部副部长李铁林到河南调研时曾代表家人看望宋德培。

1995年3月26日，是宋德培最珍贵的日子。这一天，“吕炳奎学术思想研讨会暨宋德培拜师会”在人民大会堂湖北厅举行，中医泰斗吕炳奎正式收宋德培为徒，向宋德培颁发了《拜师证》和《师训》。原国家副主席李德生出席会议并亲切接见宋德培。原国家卫生部部长崔月犁出席会议，并题词“发扬无畏献身精神，推动中医事业发展”。中医泰斗吕炳奎为宋德培题词“神贴扫阴霾，枯木显生机”。中国工程院院士程莘农在拜师会上为宋德培题词“中医光辉”。

（上接第73页）行文至此，必须回答：为什么中医在疫病的临床中形成的治法方药可以运用到所有的疾病中去？为什么今天中医临床更多面对的已经不是传染病了，但是伤寒的方剂、金元的方剂、明清温病的方剂，还能够被现代临床各科广泛运用，并且照样能有疗效呢？一句话，六经为百病立法，道理简单，做起来复杂。因为辨证规律也必须依据不同的疾病变通，纵观历史，从金元到明清直到今天，变化仍不会完结。

中医临床的看家本领原本是在与疫病的长期抗争中形成的，今天仍然有效地运用在新型冠状病毒肺炎的治疗中。只是在现代医学为主的背景下，中医临床应该怎么做，对传统应该坚守什么、舍弃什么、变通什么……诸多问题仍有待认识 and 解决。读经典，做临床。可以毫不夸张地说，我们对经典有多少了解，就有多少运用；了解到什么程度，就能运用到什么程度。

回顾历史，面对现实，现代中医的责任不轻！

Three peaks of epidemics in history and the pace of Chinese medicine clinic

◎Zhang Zailiang

This article is based on the three peaks of epidemic disease in history. The outbreak cycles of these three epidemics are not short, and basically extend for two to three hundred years. The three peaks are both clear and vague: what is clear is that each occurrence of the epidemic has a huge impact on the clinic; what is vague is that today's review of the actual situation at that time, it is a lot more difficult to understand the relevant issues. The farther, the more doubts. But reviewing the history of the epidemic helps us face reality.

In order to facilitate the description, please first look at the following table:

表1 历史上疫病的三个高峰			
时代	背景	流行区域	学术集成
汉末魏晋	战乱(疫病 ?)	中原地区	《伤寒论》
金元	战乱(疫病,鼠疫)	中原地区	火热论、《脾胃论》
明清	战乱(疫病,多种)	中原移向江南地区	《温疫论》《温热论》

There have been three relatively long-lasting wars in the history of the North and South, namely the late Han and Wei Jin, the Jin and Yuan Dynasties, and the late Ming and early Qing. Along with the war, the epidemic also presents three peaks. Outstanding medical experts have emerged at different stages, resulting in epoch-making medical classics. This article summarizes the epidemic epidemic in history into three peaks, just for the convenience of narrative. In addition, it should be noted that from a clinical perspective, the diseases experienced by medical doctors in each era should be specific. Therefore, personal experience and insights as a medical doctor inevitably have limitations. The following discussion will be conducted from three different periods.

The topics involved are too large, and there are 10,000 leaks. Personal opinions are for reference only.

Epidemic Diseases and "Treatise on Febrile Diseases" in the Late Han and Weijin Periods

In the late years of the Eastern Han Dynasty, the Central Plains was in great chaos, with high incidence of epidemics. According to Ge Jianxiong's "Chinese Population History", the country's population was 56.48 million in 157 AD. By 217, only 15 million were left, which was the time Zhang Zhongjing lived. The high mortality rate of typhoid fever in the late Han Dynasty can only be roughly estimated. The title of typhoid fever was once mentioned in the "Small Pieces": "Cloudy typhoid fever is the word of the gentry, and the Yuntianxing plague is the ear of the farmhouse." Typhoid fever and the plague are regarded as the same thing.

The exploration of the law of diagnosis and treatment has a gradual process, and typhoid fever is no exception. Typhoid fever was initially summarized by the "can and can't" treatment, that is, it was strictly controlled whether sweat, vomiting, and spitting could be used, and the rougher or even the treatment of typhoid fever day by day. Typhoid is at the end, and the method of implementing the syndrome of the Six Meridians reflects the survival of the fittest. Things always exist in comparison, and practice shows true knowledge. The method of the Six Classics cannot be a preset. In the medical books of the Wei and Jin Dynasties, such as "Small Essence", "Elbow Reserve Urgent Formula", "Fan Wangfang", "Shenshifang" and

"Jifangfang", all traces of prescriptions for typhoid fever were left. Standing side by side with typhoid fever, there are generally warm disease, fever or natural plague, etc., which indicates the complexity of clinical diseases and can also reflect the ancients' awareness of disease identification. In the medical books of the Sui and Tang Dynasties, the clinical records of typhoid fever were relatively complete. The current edition of "Treatise on Febrile Diseases" and "A Brief Introduction to the Golden Chamber" was published in the Northern Song Dynasty. As a text, the dust settled and has been circulating to this day.

The first peak of the epidemic was "Treatise on Febrile Diseases". There are all kinds of suspense around typhoid fever. In addition to what kind of disease is typhoid fever, we will also consider what kind of book "On Typhoid fever" is, how to grasp the essence of typhoid fever today, as a clinical classic of traditional Chinese medicine, how to learn and understand and so on. Here may look at how Xu Lingtai of the Qing Dynasty grasped "Treatise on Febrile Diseases". Xu Lingtai claimed to be "exploring typhoid fever for thirty years, and then realized why it was." His approach is to get rid of the specific Six Meridian Disease Syndrome, and classify the typhoid fever prescriptions into Guizhi, Ephedra, Pueraria, Bupleurum, Gardenia, Chengqi, Xiexin, Baihu, Wuling, etc. There are 11 kinds of four inverses and two types of rationality (there are other types of mixed recipes). In the middle, Xu Lingtai explained: "Fang Zhi's cure is fixed, and the change of the disease is indefinite. Knowing its certain cure, it is uncomfortable to apply with the ever-changing of his disease." This approach and his "typhoid fever are reasonable, "Everything is common" echoes.

The method of the Six Classics is the core of "Treatise on Febrile Diseases", and the Six Classics has very specific prescriptions and prescriptions, which makes it easy to focus on prescriptions. Yun Tieqiao lamented:

"The first important point of" Treatise on Febrile Diseases "is the Six Classics, and the first difficult point is also the Six Classics." Once the method of identifying and treating the six classics of typhoid fever is determined, there are advantages and disadvantages because of its value, Its usage is not clear to everyone. In fact, Liu Hejian mentioned long ago that Zhong Jingshu "can make use of the scholars of the future. But although the disease is not prepared, it is still the most important way. If you can push it with your mind, you will have to think about it." Ye Jinqui in Shanghai during the Republic of China made a straightforward speech. He said that the core of Chinese medicine, "Treatise on Febrile Diseases" is very similar. The book "Treatise on Febrile Diseases" can be renamed as "Comprehensive Book of Internal Medicine of Traditional Chinese Medicine". He pointed out: "In the" Treatise on Febrile Diseases ", there was no mystery at all, but I had to follow the habit of a thousand to note Du and five hundred to note South Korea, so I was entangled with a lot of vines and vines, but lost its original value. It feels more difficult to study. "

The clinical accumulation in "Treatise on Febrile Diseases" is very heavy. In the practice of epidemic diseases, not only the basic laws of clinical syndrome treatment are found, but also the beginning of internal illness and disease syndrome is initiated. Later generations of "Golden Chamber" will be established separately, creating a syndrome of miscellaneous diseases New areas of governance.

The first peak of the epidemic can be seen as the beginning of the clinical practice of traditional Chinese medicine. The classic "Treatise on Febrile Diseases", which has been handed down forever, is unprecedented, and no clinical medical book can match it. From the clinical understanding, "Treatise on Febrile Diseases" is not a simple personal monograph. The differentiation of the six syndromes cannot be achieved overnight. It

requires continuous and unremitting efforts of several generations. "Treatise on Febrile Diseases" should be regarded as the crystallization of collective wisdom.

Epidemics and "Hot Theory" in the Jin and Yuan Dynasties, "Spleen and Stomach Theory" and "Internal and External Injuries"

During the Jin and Yuan Dynasties, the Central Plains was again in chaos, and the people were hungry and cold, displaced, and heavily conscripted. It is said that from 1207 to 1270 AD alone, there were about 25.7 million people killed by the plague. The severity of the disease is evident. According to reports, there were as many as 15 pandemic epidemics between 1213 and 1362, resulting in a sharp decline in the population in the north. Liu Hejian mentioned in "Treatise on Typhoid Fever": "Typhoid fever is a serious illness, and the death is between six and seven days." The name is still typhoid, but this typhoid is no longer the other. At that time, it was called typhoid fever, typhoid fever, and big head skywalk.

When Liu Hejian was born when Jin Bing went south and entered the Central Plains, the plague spread among the mountains in Hebei. The disease was called "evil nucleus" during the Jin and Tang Dynasties, and Jin Yuan was also known as "the epidemic pimple swelling poison". Liu Hejian emphasized that typhoid fever is a heat syndrome, and believes that "fever can only be treated with heat, not from cold medicine", "six qi is from cremation" and so on. In the early stage of the disease, double dissolution (Fangfeng Tongsheng San and Liuyi San) is used to release the table, which is different from the treatment of "Treatise on Febrile Diseases". Zhang Element also pointed out: "Unlucky, different from ancient times to modern times, ancient diseases can not be matched." The trend of the entire medicine in the Jin and Yuan dynasties, no doubt, can not get rid of the

clinical background of the disease. Later, Wang Andao put forward: "Zhong Jingfang is specially designed for typhoid fever, not both for warmth and heat that is not ill." Warm disease "can never treat all typhoid fever syndromes". Typhoid fever and febrile illness were completely opposite in his tone, so he got rid of typhoid fever, syndrome differentiation of febrile illness was logical.

The epidemic in the Jin and Yuan period was the most devastating of the Bianjing (Kaifeng) epidemic that occurred in 1232. In April of that year, the Japanese yen soldiers were besieging the siege on April 14, and the Japanese yen soldiers suddenly withdrew in April 30 (an epidemic occurred in the army). On May 5, Bianjing was lifted, and people left the city. On June 1, the cold current went south, and Bianjing was as cold as winter. The epidemic is estimated to break out in mid-May and subside in early July. "Golden History" has records: "In May Xinmao, the cold was like winter, the Bianjing epidemic, every fifty days, there were 900,000 people who died. The poor cannot be buried, and there are not many." Li Dongyuan is in the book. There is a similar record, and it is pointed out: "Does this million people all feel cold and wounded? It is probably that people in the siege, unhealthy diet and injuries caused by labor, need not know." Li Dongyuan observed: "Since the first chaos in Renchen There are many people with fever in the country, fever, phlegm, cough. Doctors do not know the time change, re-invest Pinellia, Nanxing, in order to benefit their dry heat, and then to coughing up blood, phlegm and saliva, endless vomiting, dry muscles and died Excessive. "

In 1202, at the time of the epidemic, Li Dongyuan was in Jiyuan, Henan Province. He plans to prepare a disinfectant drink for Puji. Later, "The Theory of Discrimination of Internal and External Injuries", after the Bianjing epidemic, established the Buzhong Yiqi Decoction for the treatment of symptoms, and repeatedly

emphasized that internal injuries should not be treated as external feelings. In response to the epidemic of plague, Xin Wen did not diverge, and bitter cold and heat were ineffective. What Li Dongyuan saw was people who were suffering from eating disorders and labor hardship. It is correct to use Buzhong Yiqi Decoction. Limited by the conditions, he could not really understand what disease people had. Fan Xingzhun pointed out in "A Brief History of Chinese Medicine" that Li Dongyuan's so-called internal injury was what the medical doctors called "new disease" at that time, namely the plague.

To deal with the epidemic is not only a way to detoxify and attack evil. The doctors in the Qing Dynasty also understood this problem. For example, "Sensitive Treasure Raft Plague Datou Tianxing" said: "Year-old patients with famine should not be dispensed with drugs, and should be used to correct the evil and regulate the spleen and stomach Mainly. Those who have been sweating and are puzzled, sweating from body stains, right right veins are weak, tongue is white and tender, and limbs are burnt out. This is weak in qi and weak in heat after sweating. Pointing out that the weak body should be mainly based on regulating the spleen and stomach, and it should be treated with Buzhong Yiqi, Six Gentlemen and the like, and the surface medicine is slightly added. It can be seen that even if the plague is still standing side by side with cold and warm, the attack and supplement can not be partial. As Wang Mengying said: "Truthfulness talks about Wen, Feng Kui talks about summer heat, but also talks about epidemic disease. Although the words are innovative, they are all within the scope of Zhongjing." The six classics can be tasted.

In epidemic diseases, there is a distinction between cold and heat, and there are false and real responses. Here can be seen the remarks made by Wei Xiemeng in the 30th chapter of Medical Theory in the Qing Dynasty: "Typhoid fever has no way to supplement, it means that

the law should be dispersed and not supplemented. .Gai takes Bu as a supplement, the right is attributed to Bu, and it is still tonic; Zhang Buyue as a powder, the right is attributed to San, and it is still Bu. Zhang Jingyue argues that there is no such thing as a Bufa , That is, Zu Dongyuan fills the meaning of Yiqi and expands it. However, the ancient Fang Xiaochaihu soup and ginseng defeat poisonous powder, why would it be necessary to supplement and use ginseng? "Zhang Jingyue said in the" Question Record ": " What is that? Typhoid fever has no way to do it? Now people who suffer from typhoid fever have six or seven in ten cases, chanting typhoid fever has no way to do it. "It is not good tonic." It can be seen that tonic is a relative concept, and our understanding of the relevant treatment methods should not be too rigid.

At the same time as Li Dongyuan, there is Wang Haogu's "A Brief Example of Yin Zheng". The book emphasizes the treatment of Yin syndrome, and attaches importance to the application of warm and dry medicine and warm yang medicine. Specific prescriptions such as Fuzi San, Zheng Yang San, Huo San San, Cinnamon San, Hui Yang Dan, Hui Yin Dan, Tian Xiong San, Bai Zhu San , Zhengyuan San, Yuan Yang Dan, Tui Yin San, Yun Yang San, Po Yin Yin, etc. Liu Hejian advocated coldness ahead, and Wang Haogu emphasized that warmth is behind. Also in the Jin and Yuan Dynasties, coldness and warmth remained the same, and there were two aspects to one thing. There are many Jinyuan doctors in the north, such as Liu Hejian, Zhang Element, Zhang Congzheng, Li Dongyuan, Wang Haogu, Luo Tianyi, etc. They have lived in similar years, suffering more than a hundred years, feeling deeply about the disease, leaving the doctor There are also many discussions.

The second peak of the epidemic appears to be genre contention. The reason behind it cannot be ignored, that is, the doctors encountered an epidemic different from typhoid fever, rushing left and right, struggling. Looking

back from the Jin Yuan to the Wei and Jin Dynasties in the late Han dynasty, nearly a thousand years ago, people only saw typhoid fever in written records, and may not be able to truly understand the clinical reality at that time. The separate portal of Jinyuan medical practitioners is related to personal education and clinical experience. Xie Guan once pointed out: The medical practitioners before the Tang Dynasty emphasized the technique, and the medical practitioners after the Song Dynasty thought the technique was unsustainable, and they must be reasonable. Jin Yuan medical doctors Liu Hejian and Li Dongyuan are no exception, and have followed this trend.

Epidemic Diseases in the Ming and Qing Dynasties and "On the Epidemic", "On the Warm" and "On Popular Typhoid"

In the late Ming and early Qing dynasties, the Central Plains was in chaos again. The bubonic plague, which occurred between summer and autumn in 1643, was transformed into pneumonic plague in the spring of the following year, and the population of Jingshi was killed by about 40% or more. According to historical records, Tongzhou "Chongzhen's July 16th epidemic, called pimples, infection than the house, there were family members died, but there was no convergence." Changping "16 years of the epidemic, called pimples, and then die , There are those who destroy the gate. "Hejian Fujing County" 16 years of the epidemic, the patient vomited blood like watermelon water, and died. "The epidemic at that time was called" different disease, ten dead eight or nine. " Thousands of miles, north to the outside of the Sai, and the Yellow River to the south, those who lived in the ten rooms were free. " According to the text description, it can be roughly broken into plague.

Wu Youke was born at the right time, and there were major epidemics in Hebei, Shandong, Jiangsu, Zhejiang

and other places in 1641. Wu Youke realized that "one disease must have one gas". Although special effects have not yet been explored, the clinic also has to deal with it, so he first used Dayuanyin (or Sanxiaoyin) to warm up and cold down, to drive out the evil. Membrane original, then use sweat to get rid of evil and go out. As mentioned in "The Epidemic of Warm Epidemic Disease", "As for melon plague and lump plague, those who are slow will die early, and those who are anxious will die instantly. This is the most serious of the plagues. Fortunately, it is rare for hundreds of years. The common plague is also "there are more than one hundred houses in one lane, and no one is only exempt. There are dozens of people in one door, and only one survives." This is undoubtedly a plague. According to the Six Channels, the medications are ineffective, and Wu can neither use cold or diarrhoea to cure the fever nor remove the heat, nor follow the old path of the Jinyuan medical family.

The plague in history has the biggest problem with plague. Coming all the way from Jin Yuan, the South China Plague at the end of the Qing Dynasty has spawned a series of clinical monographs, such as "The Plague Control Law", "The Plague Compilation", "The First Aid Method for Plague Infection", "The Questions and Answers to the Disease", "The Plague Covenant" and "Vicious Nuclear" "Resolving doubts in good recipes" "The Plague Decision" and so on. At that time, the treatment of plague was commonly used in prescriptions such as Jiamin Jiedu Huoxue Decoction, Xiaoxie Xiong Di Xiejiao Dihuang Decoction, Qingying Decoction, Angong Niuhuang Wan, Bamboo Leaf Gypsum Soup, Plague Toxin Disinfectant Soup and so on. In fact, there is only one direction, which is biased towards clearing away heat and detoxifying. According to Guangdong's experience at the end of the Qing Dynasty, it seems that Wang Qingrenfang, which combines heat and detoxification with promoting blood circulation and removing blood stasis,

works better. It is not difficult to understand that severe infectious diseases are special, so a complete system of syndrome differentiation and treatment like the Six Classics cannot be produced.

Even in the clinic of epidemic diseases, even with special prescriptions, the treatment of syndrome differentiation is still inseparable. Jiangnan in the Qing Dynasty was highly densely populated, with a warm and humid climate, distinct seasons, and a marked increase in various infectious diseases. The main problem is not only the plague, but the change from epidemic to infestation becomes inevitable. The epidemics at that time, such as plague, smallpox, cholera, malaria, and epidemic encephalitis, etc., also included infectious diseases (pneumonia, enteritis), but in fact they were not the same in terms of medication. The specific remedies are different from those of the Six Classics of Typhoid Fever. At the beginning, they paid great attention to the application of cold medicine. What better method should be used to standardize the medication, and to explore the clinical law of the syndrome of warm fever? It is necessary to provide a more convenient method in the syndrome differentiation law, so Weiqiyingxue and Sanjiao syndrome differentiation methods came into being. It is about 100 years away from Wu Youke to Ye Tianshi, and about 50 years away from "Thermophilia" to "Diagnosis of Warm Diseases". "Diagnosis of Warm Diseases" is not limited to personal experience, and has relatively general guiding significance, so it can be typhoid fever to some extent. The school of febrile disease in the Qing Dynasty was at its peak, leaving a large number of famous works, such as "Shangshu Quanshu", "On the Epidemic Diseases", "Shang On Articles", "Meaning of Grass", "On the Plague", "On the Warm", and "Three Seasons" "External Feelings", "Damp-heat Disease", "Public Typhoid Theory", "Typhoid fever epidemic", "Epilepsy", "Typhoid", "Temperature Diseases", "Warm and Warp",

"Revisiting the cholera theory with interest" "On the Disease", "Six Reasons", "Fu Xie's New Book", "Warm and Fever", according to statistics, from 1623 to 1949 when the "Shangshu Quanshu" was published in the late Ming Dynasty, there were as many as 276 monographs on temperature sickness Species.

Open the field of vision and take a look at "The Theory of Popular Typhoid Fever" by Yu Genchu in the Qing Dynasty. The book integrates the treatment of typhoid fever with the clinical treatment of febrile disease, and it has come out with a common and practical typhoid fever. Take a look at the chapter structure of the book, including the essentials of typhoid fever, the prescription of the Six Classics, the cold and heat in the surface, the deficiency of qi and blood, the diagnosis of typhoid fever, the typhoid fever tongue, the typhoid syndrome, the typhoid syndrome, the typhoid fever card syndrome, the typhoid fever syndrome, the typhoid fever recovery Proof and conditioning methods. The name of typhoid fever is still the same, but the content is almost completely updated. Typhoid fever is no longer the typhoid fever of the late Han Dynasty, and it has become enough to face the entire exogenous fever.

In the Qing Dynasty, from the Central Plains to Jiangnan, epidemics occurred frequently. From plague to febrile disease, from severe infectious diseases to more infectious diseases, and even general infectious diseases, the types are also increasing. The head of the disease is typhoid fever, and the tail is typhoid. If the former is a typhoid fever, or if it is a small typhoid fever, the latter is a big typhoid fever, which refers to all fevers, and includes the relevant contents of warm diseases and warm epidemics. Scratching typhoid fever throughout the middle of the headband. The Jinyuan medical practitioner in the middle, the Ming and Qing dysfunction or the school of fever, basically played in the treatment of the six classics of typhoid fever. The popular typhoid fever

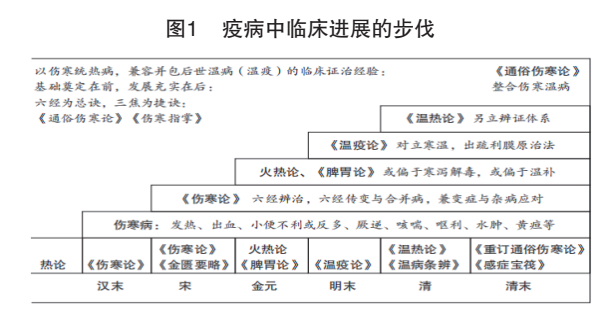
that finally came out provides the basic framework for clinical response, and is not limited to the original content of "Treatise on Febrile Diseases". Keeping up with innovation and advancing with the times, so is the ancients.

The epidemic has come to this point. On the surface, warm disease has become the mainstream. Due to the inadequate understanding of typhoid fever and the Six Classics, the cold temperature in reality is opposite or juxtaposed. The third peak is closest to today, and the most available literature is also available. Move from the Central Plains to the south of the Yangtze River. The differentiation of Weiqiyingxue and Sanjiao is essentially a phased and hierarchical correspondence method, which is not essentially different from the Six Classics, but has a clear tendency. There are more syndrome classifications for febrile diseases, and each syndrome has its own different treatment rules. The ancients did not understand the cause of the disease, but the awareness of diagnosis and treatment of diseases was available, and the clinical diagnosis and treatment had also been exploring the law.

Conclusion

Chinese medicine walks in the epidemic, the clinical steps are difficult, and the footprint is clear and legible. After the peak of the epidemic, three monuments were left: "Treatise on Febrile Diseases" at the end of the Han Dynasty; "Hot Theory" in the Jin and Yuan Dynasties and "On the Spleen and Stomach" on "Discrimination on Internal and External Injuries"; "On Heat" and "On Popular Typhoid". Expanding the content on these three nodes, the clinical changes are brilliant and dazzling. There have been hundreds of written records of epidemics in history, and there may be tens of thousands of doctors participating in them. The clinical scene of the epidemic is the largest, lasts the longest, the monographs left are the

most, and the prescriptions and prescriptions are also the most systematic. The relevant main content is outlined in the following way:



So far in writing, we must answer: Why can the traditional Chinese medicine in the clinical practice of epidemics be applied to all diseases? Why today's Chinese medicine clinics are more likely to deal with infectious diseases, but the prescription of typhoid fever, the prescription of Jinyuan, and the prescription of warm disease in Ming and Qing dynasties can still be widely used by modern clinical departments and can still have curative effects? In a word, the Six Classics is legislation for all diseases, the reason is simple, and it is complicated to do. Because the rules of syndrome differentiation must also be adapted to different diseases, and throughout history, from Jin Yuan to Ming and Qing dynasties to today, the changes will not end.

The traditional Chinese medicine connoisseurship was originally formed in the long-term struggle against the epidemic, and it is still effectively used in the treatment of new coronavirus pneumonia today. Only in the context of modern medicine, what should traditional Chinese medicine do, what should be adhered to, what should be abandoned, what can be modified ... Many problems still need to be understood and resolved. Read classics and do clinical. It is no exaggeration to say that we can use as much as we know about the classics; we can use it as much as we know.

Looking back at history and facing reality, the responsibility of modern Chinese medicine is not light!

历史上疫病的三个高峰与中医临床的步伐

◎张再良

本文以历史上疫病的三个高峰为根据展开论述。这三次疫病的发作周期都不短暂，基本上要绵延二三百年。三个高峰既明确又模糊：明确的是，每次疫病的发生对临床都产生了巨大影响；模糊的是，今天回顾当时的实际情况，想要搞清楚相关的问题，困难不少，年代愈远，疑惑愈多。但重温疫病的历史，有助于我们面对现实。

为了方便叙述，请先看下表：

表1 历史上疫病的三个高峰			
时代	背景	流行区域	学术集成
汉末魏晋	战乱(疫病 ?)	中原地区	《伤寒论》
金元	战乱(疫病,鼠疫)	中原地区	火热论、《脾胃论》
明清	战乱(疫病,多种)	中原移向江南地区	《温疫论》《温热论》

历史上的南北相争，有三次相对持久的战乱时代，即汉末魏晋、金元时期和明末清初。与战乱相随，疫病也呈现三个高峰，不同的阶段都出现了杰出的医家，产生了划时代的医学典籍。本文将历史上的疫病流行归纳为三个高峰，只是为了叙述方便。另外要注意，从临床的角度看，每个时代的医家所经历的疾病都应该是具体的。因此，作为医家的个人经验和见解不可避免地存在局限。以下分别从三个不同时期展开议论，涉及的话题太大，挂一漏万，个人见解，仅供参考。

汉末魏晋时期疫病与《伤寒论》

东汉末年，中原大乱，疫病高发。根据葛剑雄的《中国人口史》记载，公元157年，全国人口为5648万，到217年，仅存1500万，时值张仲景生活的年代。汉末伤寒的死亡率有多高，只能约略估计。伤寒

的称呼，《小品方》中曾经这样提到：“云伤寒是雅士之辞，云天行瘟疫是田舍间号耳。” 伤寒与瘟疫，被当作一回事。

诊疗规律的摸索，有一个逐步的过程，伤寒也不例外。伤寒最初有“可与不可”的治法归纳，即对于是否能用汗、吐、下有严格把握，更加粗糙的甚至有伤寒逐日治法。伤寒走到最后，落在六经病证的方法，体现优胜劣汰。事物总是相比较而存在，实践出真知，六经的方法不可能是事先的预设。在魏晋时期的医书中，如《小品方》《肘后备急方》《范汪方》《深师方》《集验方》等，都留有伤寒治疗方药的痕迹。与伤寒并立，一般还有温病、热病或天行瘟疫等，提示了临床上疾病的复杂性，同时也能反映古人的疾病鉴别意识。在隋唐时期的医书中，有关伤寒的临床记载相对完整些。现行的《伤寒论》《金匱要略》校订刊行在北宋，作为文本，尘埃落定，流传至今。

疫病的第一个高峰，诞生了《伤寒论》。围绕伤寒，有种种悬念。除了伤寒是什么病，我们还会考虑《伤寒论》是一本什么样的书，今天如何把握伤寒的精髓，作为中医的临床经典，应该如何学习和理解等等。这里不妨看一下清代徐灵胎是如何把握《伤寒论》的。徐灵胎自称“探求伤寒论三十年，而后悟其所以然”。他的做法是摆脱具体的六经病证，不类经而类方，把伤寒方主要归类为桂枝、麻黄、葛根、柴胡、栀子、承气、泻心、白虎、五苓、四逆、理中等11种（另立杂法方类），以法统方，简洁明了。个中道理，徐灵胎解释：“方之治病有定，而病之变迁无定，知其一定之治，随其病之千变万化而应用不爽。”这样的做法和他“伤寒理明，则万病皆通”的

说法呼应。

六经的方法是《伤寒论》的核心，六经又有十分具体的证治方药，这样就容易使人专注方证。恽铁樵感叹：“《伤寒论》第一重要之处为六经，而第一难解之处亦为六经。” 伤寒的六经辨治方法一经定下，有利也有弊，因为它的价值、它的用法并非人人都能清楚。刘河间其实早就提到，仲景书“使后之学者，有可依靠。然虽所论未备诸病，仍为要道，若能以意推之，则思过半矣”。民国时期上海的叶劲秋讲得直截了当，他说中医的核心，《伤寒论》差堪近似。《伤寒论》一书，实在可改名为《中医内科全书》。他指出：“全部《伤寒论》，原无什么神秘，怎奈蹈了千家注杜、五百家注韩的习气，于是乎缠上了不少的藤蔓瓜葛，反而损失了它本来的真价值，愈感它不易研究。”

《伤寒论》中的临床积淀厚重，在疫病的实践中不仅摸到临床证治的基本规律，同时还带动了内伤病证起步，后世将《金匱要略》另立，开创了杂病证治的新领域。

疫病的第一个高峰，可以看作是中医临床的开局，开局艰难。传世之作《伤寒论》空前绝后，没有一本临床的医书可以和它相媲美。从临床理解，《伤寒论》不是一本简单的个人专著，六经病证的辨治方式，也不可能一蹴而就，需要经过数代人持续不懈的努力。《伤寒论》完全应该视为集体智慧的结晶。

金元时期疫病与“火热论”、《脾胃论》《内外伤辨惑论》

金元时期，中原再度大乱，百姓饥寒交迫，流离失所，征役亦重。据称仅从公元1207年到1270年，因鼠疫而死亡的人口就有大约2570万，疫病的厉害，可见一斑。据载在1213年至1362年间疫病大流行就多达15次，导致北方人口锐减。刘河间在《伤寒直格》中提到：“伤寒谓之大病者，死生在六七日之间。” 名称还是伤寒，但此伤寒已非彼伤寒了。当时有伤寒大头、大头伤寒、大头天行等称呼。

刘河间生于金兵南下入主中原之时，河北山野间鼠疫蔓延。该病晋唐时期称“恶核”，金元也称为“时疫疙瘩肿毒病”。刘河间强调伤寒皆是热证，认为“热病只能作热治，不能从寒医”“六气皆从火化”等。在疾病初期多用双解散（防风通圣散合六一散）解表通里，这与《伤寒论》的治法先表后里，病初辛温发散不同。张元素也曾指出：“运气不齐，古今异轨，古方新病不相能也。” 金元时期整个医学的走向，毫无疑问，摆脱不了疫病的临床背景。到后来王安道提出：“仲景方专为即病之伤寒设，不兼为不即病之温暑设。” 温病“决不可以伤寒六经病诸方通治”。口气中伤寒和温病完全对立，于是脱却伤寒，辨证温病，顺理成章。

金元时期的疫病，最惨烈的莫过于发生在1232年的汴京（开封）大疫。当年4月14日元兵围城，4月30日元兵突然撤退（估计军内发生疫情）。5月5日汴京解严，人们出城。6月1日，寒流南下，汴京大寒如冬。疫病估计在5月中旬暴发，至7月上旬平息。《金史》有记载：“五月辛卯，大寒如冬，汴京大疫，凡五十日，诸门出死者九十万人。贫不能葬者，不在是数。” 李东垣在书中也有类似记载，并指出：“此百万人岂俱感风寒外伤者耶？大抵人在围城中，饮食不节及劳役所伤，不待言而知。” 李东垣观察到：“壬辰首乱以来，民中燥热者多，发热、痰结、咳嗽。医不识时变，复投半夏、南星，以益其燥热，遂至咳血、痰涎逆涌、咯吐不已、肌肉干枯而死者多矣。”

1202年，值疫病流行之时，李东垣在河南济源，拟方普济消毒饮，活人甚众。以后写《内外伤辨惑论》，则是在汴京大疫以后，立补中益气汤的证治，反复强调莫将内伤当外感。针对鼠疫的流行，辛温发散不行，苦寒清热乏效，李东垣看到的尽是饮食失节和劳役困乏的人群，用补中益气汤应对没错。限于条件，他无法真正了解人们得的是什么疾病。范行准在《中国医学史略》中提出：李东垣所谓的内伤，就是当时医家所称之“新病”，即鼠疫。

对付疫病并非只有解毒攻邪一条途径，清代医家

也明白这个问题，如《感证宝筏·瘟疫·大头天行》曰：“岁荒普患者，不宜峻剂，宜扶正祛邪、调理脾胃为主。有已汗而热不解，身渍渍汗出，右关脉大无力，舌苔白嫩，四肢倦怠者，此中气虚弱，汗后虚热也，补中益气汤主之。”指出虚弱之体，当以调补脾胃为主，用补中益气、六君子之类，微加表药治之。可见即便鼠疫，仍是寒温并立，攻补不能偏废。正如王孟英所说：“守真论温，凤逵论暑，又可论疫，立言虽似创辟，皆在仲景范围内也。”六经的厉害，从中可以品味。

疫病中有寒热的辨别，有虚实的应对，这里可以看清代韦协梦在《医论三十篇》中的议论：“伤寒无补法，谓法宜散而不宜补，非谓不用补药也。盖以散为补，义归于补，仍是补法；以补为散，义归于散，仍是散法。张景岳力辩无补法之非，制大温中饮、大补元煎二方，即祖东垣补中益气之遗意而扩充之。然古方小柴胡汤、人参败毒散，何尝不消中有补而用人参乎？”张景岳在《质疑录》中言：“孰谓伤寒无补法耶？今人患夹虚伤寒者十尝六七，传诵伤寒无补法者十之八九，虚而不补，且复攻之，不可胜纪，故力辩之，欲以救时弊，非好补也。”可见补泻都是相对的概念，我们对于相关治法的理解不可过于死板。

与李东垣同时，有王好古的《阴证略例》。该书强调阴证的论治，重视温燥药、温阳药的运用，具体方药如附子散、正阳散、火焰散、肉桂散、回阳丹、返阴丹、天雄散、白术散、正元散、元阳丹、退阴散、运阳散、破阴丹等。刘河间倡导寒凉在前，王好古强调温热在后，同样是在金元时期，寒温持平，攻补相对，一件事情有两个方面。金元医家在北方的多，如刘河间、张元素、张从正、李东垣、王好古、罗天益等，他们生活的年代相近，一百多年的磨难，对疫病的感受深，留下的医论也多。

疫病的第二个高峰，表面看是流派争鸣。其背后原因不能忽略，即医家遇到了和伤寒不同的疫病，左冲右突，苦苦挣扎。从金元回看汉末魏晋，相隔已近千年，人们看到的只是文字记载中的伤寒，未必能够真正理解当时的临床实际。金元医家分立门户，与个

人的师承学养和临床经验有关，谢观曾经指出：唐以前的医家重术，宋以后的医家以为术不可持，而必推求其理。金元医家刘河间、李东垣也不能例外，顺应了这一潮流。

明清时期疫病与《温疫论》《温热论》《通俗伤寒论》

明末清初，中原又大乱。1643年夏秋间发生的腺鼠疫，至次年春转化为肺鼠疫，京师人口死亡约40%，甚至更多。史书记载，通州“崇祯十六年七月大疫，名曰疙瘩病，比屋传染，有阖家丧亡，竟无收敛者。”昌平“十六年大疫，名曰疙瘩病，见则死，至有灭门者。”河间府景县“十六年大疫，病者吐血如西瓜水，立死。”当时的疫病称为“异疾，十死八九”“大疫，南北数千里，北至塞外，南逾黄河，十室鲜一脱者”。根据文字描述，大致可以断为鼠疫。

吴又可生逢其时，1641年河北、山东、江苏、浙江等地均有大疫。吴又可意识到“一病必有一气”，尽管尚未摸索到特效方药，但临床也要应对，于是起病就先用达原饮（或三消饮）温升寒降，驱使外邪出膜原，再用汗、下祛邪外出。《温疫论》中所说的“至于瓜瓢瘟、疙瘩瘟，缓者朝发夕死，急者顷刻而亡。此又诸疫之最重者，幸而几百年来罕有之，不可以常疫并论也”“一巷百余家，无一家仅免。一门数十口，无一口仅存”这种情况，属于鼠疫无疑。按照六经套路用药无效，在治疗用药上吴又可既不直接寒凉泻火，也不甘温除热，不走金元医家的老路。

历史上的疫病，鼠疫的问题最大。从金元一路过来，清末的华南鼠疫先后催生了一批临床专著，如《治鼠疫法》《鼠疫汇编》《急救鼠疫传染良方》《时症良方释疑》《鼠疫约编》《恶核良方释疑》《鼠疫抉微》等。当时鼠疫的治疗，常用方剂如加减轻毒活血汤、小陷胸合犀角地黄汤、清营汤合安宫牛黄丸、竹叶石膏汤、鼠疫毒核消毒汤等。其实方向只有一个，即偏于清热解毒祛邪。根据清末广东的经

验，好像还是清热解毒与活血化瘀合用的王清任方效果较好。不难理解，烈性传染病特殊，所以出不了像六经这样完整的辨证论治体系。

疫病的临床，即便有了特效方药，治疗中仍然离不开辨证应对的方法。清代的江南人口高度密集，气候温暖潮湿，四季分明，各种传染病明显增多。主要的问题也不仅是鼠疫，疫病由温疫转向温病成为必然。当时的疫病，如鼠疫、天花、霍乱、疟疾、流行性脑炎等，也包括感染性疾病（肺炎、肠炎），其实在用药上并非千篇一律。具体的治法方药和伤寒六经的套路有了明显的不同，即一开始就非常注意寒凉药的运用。用什么更好的方法规范用药，摸索温热类病证的临床规律，需要在辨证规律上提供更加简便的方法，于是卫气营血和三焦辨证的方法应运而生。从吴又可到叶天士相距100年左右，从《温热论》到《温病条辨》相距约50年。《温病条辨》不限于个人经验，相对而言具备了普遍的指导意义，所以在某种程度上可以羽翼伤寒了。清代的温病学派鼎盛，留下了一大批名著，如《伤暑全书》《温疫论》《尚论篇》《寓意草》《广瘟疫论》《温热论》《三时伏气外感篇》《湿热病篇》《通俗伤寒论》《伤寒温疫条辨》《疫疹一得》《伤寒指掌》《温病条辨》《温热经纬》《随息居重订霍乱论》《时病论》《六因条辨》《伏邪新书》《温热逢源》等，据统计，从明末《伤暑全书》面世的1623年到1949年，温病专著多达276种。

打开视野，看看清代俞根初的《通俗伤寒论》。该书将伤寒的证治与温病的临床互相融合，走出了一个大通俗实用的大伤寒。试看该书的篇章格局，分别有伤寒要义、六经方药、表里寒热、气血虚实、伤寒诊法、伤寒脉舌、伤寒本证、伤寒兼证、伤寒夹证、伤寒坏证、伤寒复证、调理诸法等。伤寒的名称依旧，但内容几乎全部更新。伤寒已经不是汉末的伤寒，而成了足以面对整个外感热病的伤寒。

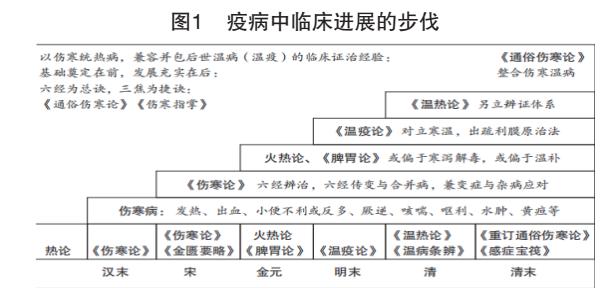
清代由中原到江南，疫病频繁发生。由瘟疫到温病，由烈性传染病扩展到更多的传染病，乃至一般的感染症，种类也在增多。疫病证治的头在伤寒，尾还

是伤寒。如果说前者是个伤寒病，或者说是小伤寒的话，后者就是个大伤寒，泛指所有热病，包容了温病以及温疫中的相关内容。抓两头带中间，伤寒贯穿始终。中间的金元医家也好，明清的温疫或温热学派也好，基本上都是在伤寒六经证治中发挥。最后出来的通俗伤寒，提供了临床应对的基本框架，已经不限于《伤寒论》原来的内容了。守正创新，与时俱进，古人亦如此。

疫病走到这一步，从表面上看，温病成为主流。由于对伤寒以及六经理解的不到位，产生了现实中的寒温对立或并立。第三个高峰离今天最近，可供参阅的文献也最多。从中原移步江南，温疫和温病合一。卫气营血和三焦辨证，在本质上还是分阶段、分层次对应的方法，和六经没有本质上的区别，只是带有了明显的倾向。温病有更多的病证分类，每个病证又有各自不同的证治规律。古人不懂病原，但是疾病鉴别诊疗的意识具备，临床诊疗中也一直在摸索规律。

结语

中医学在疫病中行走，临床步步艰辛，足迹清晰可辨。疫病高峰过后，留下三座丰碑：汉末的《伤寒论》；金元时期的“火热论”和《脾胃论》《内外伤辨惑论》；明清时期的《温疫论》《温热论》和《通俗伤寒论》。把这三个节点上的内容扩展开来，临床变化精彩纷呈，琳琅满目。历史上的疫病，有文字记载的不下数百次，参与其中的医家也许千万计。疫病的临床场面最大，历时最久，留下的专著最多，理法方药也最成系统。下面用图示的方式把相关的主要内容再作勾勒：（下转至第62页）



Ji Shiren's Heart-Ganlin

©Lu Wei

The Zunyi Tianyuan Biomedical Research Institute (hereinafter referred to as the Medical Research Institute) is located in the suburbs of Suiyang County under the jurisdiction of Zunyi City, Guizhou Province. Although it is located in a small town, the name is unknown, but there are two little-known treasures: Jiujiu Tianyuan wine, the second is Tianyuan feed additives and feed. These two treasures are using the life long energy of Mr. Chen Yuanwei devoted himself to studying traditional Chinese herbal Medicine for healing the suffering in his life.

Jiujiu Tianyuan Wine

Jiujiu Tianyuan Wine (hereinafter referred to as Tianyuan Wine) was in the 1990s the same name as Guizhou Moutai Liquor, which is now well-known overseas. Not only is it designated by some local government agencies, it is also popular in Hong Kong. The reason why Tianyuan Wine was so popular at that time was because she helped the Chinese National Weightlifting Team achieve unprecedented good results in many important events. In 1995, the national weightlifting team was at a low point and its performance was hovering. According to the introduction of the relevant person of the National Sports Commission, Tianyuan wine maker Chen Yuanwei sponsored the national weightlifting team. The National Weightlifting Team first sent the wine to the National Doping Test Center for doping test. As a result, Tianyuan Wine did not contain any stimulants, hormones and antibiotics, which met the strict requirements for athletes to drink. Subsequently, the national weightlifting

team conducted a one-month test. At that time, dozens of male athletes all participated in the test, and the individual performance athletes generally increased by 5-10 kg! Then at the Guangzhou World Weightlifting Championships held at the end of 1995, it won the total score of hardware, five silver, six bronze and team, and made a historic breakthrough! The national weightlifting team's previous performance was ninth in the group. The national weightlifting team fully affirmed the three major effects of drinking Tianyuan wine: one is that the players fall asleep fast and sleep is normal; the second is to recover from training fatigue, and it plays a good role in insisting on heavy exercise training the next day; third is to increase Athlete muscle strength training works well. With the help of Tianyuan Wine, the National Weightlifting Team achieved brilliant results in the 1996 Atlanta and 2000 Sydney Olympic Games.

Tianyuan wine is so amazing, how did she brew it? Who made her again? Here is about Mr. Chen Yuanwei, the founder of the Institute of Medicine. Mr. Chen Yuanwei came to Chengdu in Sichuan Province at the age of 11 when he was only 11 years old. He studied Chinese medicine with his grandfather Weng Guqiu, who is already a famous doctor in Chengdu. In the 1960s, under the instruction of Mr. Shi Yusheng, the legendary doctor of Zunyi, during which he received guidance from many famous experts, the route of “Qihuang” Chinese Medicine practitioner was opened.

Yu Ruyucheng, Mr. Chen Yuanwei, who has become more and more sophisticated in medicine, has given himself the name "Qianbei Beggar Doctor" with a kind

heart in the ensuing years of medical treatment. I only hope to help the poor of wasteland in the world and I have in mind that there are ways for the non governmental public to be able to prevent and control diseases without having to see a doctor. Finally, he thought of wine. Replacing wine with herbal medicine will definitely benefit the health of millions of people. In 1984, Mr. Chen Yuanwei went to Qingcheng Mountain, Sichuan Province, where he received an old master to teach the secret of longevity health wine, which is composed of 17 Chinese herbal medicines. Its main function is beneficial sleep and longevity health. In order to increase the efficacy, Mr. Chen continued to add herbal medicinal materials on the basis of original herbal formula, and repeated experiments to enrich and enhance the function of herbal medicinal wine. After ten years of hard work, he finally successfully developed a herbal medicinal wine integrating natural herbal medical treatment, health care and health preservation in the mid-1990s. The wine uses ginseng, wolfberry, cordyceps and other traditional Chinese herbal medicines and Yiduoyun, Wanshouzhu and other folk herbs with a total of 99 flavors, and uses Maotai Town sauce-flavor liquor as the base wine, which is refined by traditional techniques. To commemorate his father Chen Xiangsun, he used his father's name as the "Xiangsun" brand, and in order to express his gratitude and awe for the culture of Chinese medicine, he named the wine "Jiujiu Tianyuan". After the product was finalized, it was found by the Guizhou Provincial Physical and Chemical Testing and Analysis Research Center, the Beijing Institute of Technology’s Biofunctional Materials Research Laboratory, the Food Hygiene Supervision and Inspection Institute of the Ministry of Health and other units that Tianyuan Liquor contains not only various trace elements but also very rich Saponins, chlorogenic acids, amino acids, succinic acid and other elements with special effects on the human body.

Related research also found that Tianyuan wine contains 8 kinds of essential amino acids and 11 kinds of non-essential amino acids, of which arginine has the effect of improving the vitality of lymphocytes and phagocytic cells, which can activate the cellular immune system and regulate the immune function.

Mr. Chen Yuanwei never regarded himself as a winemaker, let alone as a businessman, because he felt that his true identity was a TCM doctor, hangs the herbal pot to save the world, and Tianyuan wine is only one of his weapons for healing and saving lives. Therefore, in the process of brewing wine, he strives for excellence, at all costs, and concentrates on making wine instead of selling wine. But even good wine with unpopularity is afraid of the alley. With the changes in the world, after the great popularity of Tianyuan wine in the 1990s, due to various social circumstances, it has not been able to become popular all over the country like Moutai, but it has quieted down. However, the medicinal and health benefits have shined in Mr. Chen’s clinical example, especially in the help of cancer, lupus erythematosus, psoriasis and other diseases caused by immune system problems, Tianyuan wine is often used in conjunction with the other medical uses, you may receive strange effects. A lot of clinical practice shows that Tianyuan wine is very effective for improving kidney deficiency such as low libido. Drinking 25-50 ml daily for more than one month has a significant effect on improving sexual function or impotence. Many middle-aged and elderly people who are dissatisfied with their own sexual abilities have significantly improved their sexual abilities after continuous drinking. Some elderly people who have basically lost their sexual abilities can lead a sexual life after drinking. After drinking for a long time, many people who know Tianyuan wine not only increase muscle weight and decrease fat, but also become very well-balanced under the condition of unchanged body weight. The appearance of the human body is getting

better and better, the hair turns black, and the skin is smooth and soft. Old people are spirited, young people are ruddy and radiant.

Mr. Chen Yuanwei is now in his 70s and 60s. His main daily job is to seek natural herbal medicine treatment for patients who come to seek natural medical attention. When he is free, he often goes to the Tianyuan wine cellar where he has stored more than 50 tons for more than 20 years. The expression of self-joy is overwhelming, and he firmly believes that Tianyuan Wine will eventually benefit the health of more people.

Tianyuan feed additives and feed

Tianyuan feed additives and Tianyuan feed are the by-products of Mr. Chen Yuanwei's research and development of Tianyuan wine. According to the theories of "human and animal homology, physiological similarity" and "medicine supplement is not as good as food supplement" in Chinese traditional medicine, he believes that it is feasible to use Guizhou's abundant Chinese herbal medicine resources to make Tianyuan feed additives with Chinese characteristics, instead of chemical products . As long as this additive is developed, the development and matching of compound feed will come into being.

In 1993, the Institute of Herbal Medicine combined with the research and development experience of Xiangsun Brand Jiujiu Tianyuan Liquor, selected dozens of hundreds of edible and herbal plants, and made additives based on scientific formulas of their functions. At the end of 1993, the additive sample was sent to the Guizhou Provincial Physical and Chemical Testing, Analysis and Research Center for inspection. The test results showed that the additive sample contained more trace elements and free amino acids. These ingredients can play a good role in the growth and development of livestock and poultry, healthy body and disease resistance.

Immediately, the Institute of Herbal Medicine made a small amount of compound feed with this additive, the lees of Tianyuan Wine, and cornmeal silage for a small sample test. Observation results of the feeding process show that chickens and pigs like to eat the feed and grow well. After slaughtering, cooking and eating found that the taste was fresh and fragrant, which was obviously different from the quality of chicken and pork sold in the market. So far, the project development has achieved initial results. Subsequently, on this basis, from 1994, the project was transferred to the production process research of additive mass production and the research of suitable feed formula, and the five indicators of the development project were clearly proposed, namely:

- 1. The weight gain effect of livestock and poultry individual is not lower than the existing compound feed;
- 2. Feed cost does not exceed existing compound feed;
- 3. Livestock and poultry meat, protein (including taste) is better than using existing feed;
- 4. The disease resistance of livestock and poultry exceeds the use of existing compound feed;
- 5. The food consumption ratio is lower than the existing compound feed.

In 1995, feeding experiments were conducted mainly at the Medical Research Institute and nearby farmers, and the feed formula was adjusted according to the observation results. In order to reduce food consumption, boldly expand the range of other raw materials according to nutritional needs. In particular, a large proportion of lees of Tianyuan wine are developed and processed using certain technological techniques. After nearly a year of research, it was finally determined to produce feed according to two formulas, that is, TY-I type feed for poultry, young mothers and TY-II type feed for fattening pigs and vegetable cattle. According to these two formulas, different amounts of lees are used instead

of grain, and the grain consumption ratio is undoubtedly lower than that of the existing compound feed.

In 1997, the Zunyi District Science and Technology Bureau presided over the organization of relevant experts to organize industrial production verification and livestock and poultry breeding comparative tests according to this formula. The production verification results show that the feed has good manufacturability, and can be produced using the processing equipment of general feed mills. The price calculation of the trial production in the middle batch is completed, and the pricing is based on the principle of high quality and low price. The average unit price of the two feeds is lower than the market feed price per kilogram. After entering the batch, the cost is more likely to decrease.

The feeding experiment was conducted on chickens and pigs in the experimental breeding farm of the institute. The test results show that the weight gain of the individual is similar or higher than that of the existing compound feed and conventional farm feed; the meat quality of livestock and poultry has obvious advantages and strong resistance to disease; the meat and eggs taste fresh and fragrant, the meat quality is tight and delicate, the pork skin is thin, More lean meat, less fat, and thin eggshell. The test results show that the developed TY-I type TY-II type functional compound feed has reached the expected five items.

After the test, the Pharmaceutical Research Institute formulated the enterprise standard for this product based on the formula produced by the organization, and went through the standard filing procedures with the Zunyi Regional Technical Supervision Bureau in accordance with the law and the prescribed procedures. The technical indicators proposed by this standard comply with the national recommended standards for feed and the national mandatory feed hygiene standards. The product is sampled and sent to the Zunyi region for product quality

supervision and inspection, which meets the product standard requirements.

In the trial production process, in order to further confirm that the feed additive was harmless, the Institute of Medicine sent the feed additive to the Food Hygiene Supervision and Inspection Institute of the Ministry of Health in August 1996. The test results showed that the content of harmful substances in the feed additive was far lower The limit specified in the national compulsory feed hygiene standards shall be harmless. In 2008, the Institute of Medicine applied for the Guizhou Provincial Department of Science and Technology to check the introduction of Chinese herbal medicine feed additives. After investigation, so far, no molded Chinese herbal medicine feed additives have been seen on the market.

Today, there are not many people who know about Tianyuan Feed Additives and Tianyuan Feed. This other baby born from the research and development of Tianyuan Liquor has been in the boudoir for 20 years. I look forward to having someone to come together and form a win-win alliance. Benefit the people and create greater social value. 🍷

(Author: Zunyi Biomedical Research Institute of Guizhou Province)



济世仁心化甘霖

◎ 吕巍



遵义天源生物医药研究所（以下简称：医药研究所）位于贵州省遵义市下辖绥阳县县城近郊，虽然地处偏乡名不见经传，但是却有两个鲜为人知的宝贝：一是九九天源酒，二是天源饲料添加剂及饲料。这两个宝贝是陈远维先生倾毕生之精力深研中国中医药文化后的心血结晶，也是他的济世仁心所化成福泽苍生的甘霖。

九九天源酒

九九天源酒（以下简称：天源酒）在上世纪九十年代曾与当今蜚声海外的贵州茅台酒齐名，不仅是一些地方政府机构指定用酒，还在香港地区热销。天源

酒之所以在那时受到如此的热捧，是因为她助力中国国家举重队在诸多重要赛事中取得了前所未有的好成绩。一九九五年，国家举重队处于低谷期，成绩徘徊不前。经国家体委相关人士介绍，天源酒的酿造者陈远维先生赞助了国家举重队这款酒。国家举重队首先将酒送到国家兴奋剂检测中心进行兴奋剂检测，其结果是天源酒不含任何兴奋剂，激素和抗生素等，符合运动员饮用的严格要求。随后，国家举重队进行了一个月的试验，当时数十名男运动员全部参加了试验，单项成绩运动员普遍提高了5-10公斤！随后在一九九五年底举行的广州世界举重锦标赛上，获得了五金、五银、六铜及团体总分第一，取得了历史性突破！之前国家举重队的成绩是团体第九名。国家举重

队充分肯定了饮用天源酒的三大作用：一是队员入睡快，睡眠正常了；二是对恢复训练疲劳，对第二天坚持大运动量训练起到很好作用；三是对增加运动员肌肉力量训练起到很好作用。在天源酒的助力下，国家举重队在一九九六年亚特兰大和二零零零年悉尼奥运会上取得了辉煌的成绩。

天源酒这么神奇，她是如何酿造出来？又是谁酿造的她？这里就要说到医药研究所创办人陈远维先生。陈远维先生出生于一九四四年，年仅11岁时即奉母命只身前往四川成都，师从已身为成都名医的外公翁古秋先生学习中医。上世纪六十年代，又师从遵义传奇名医石玉生老先生，其间又得到多位名家指点，岐黄之路由此开启。

玉汝于成，医术日渐精进的陈远维先生，在随后的从医岁月中，怀着一颗济世的仁心，给自己取号“黔北丐医”。唯望济世于草野，心中念想有什么方法能让普罗大众不用看医，就能未病防病、有病治病呢？最后，他想到了酒。以酒代医，必定能让千万人的健康受益。一九八四年，陈远维先生到四川青城山，得到一位老道长传授延年养生酒秘方，该方由十七味中药构成，主要功效为有益睡眠，延年养生。为了加大功效，陈先生在该方基础上不断添加药材，反复进行试验，丰富并提升药酒功能。十年磨一剑，上世纪九十年代中期他终于成功研制出一款集医疗、保健、养生于一体的药酒。该酒采用参、茸、龟、枸杞、虫草等中药及一朵云、万寿竹等民间草药共99味，以茅台镇酱香型白酒做基酒，采用传统工艺精制而成。为了纪念他的父亲陈相孙，他用父亲的名字将酒定为“相孙”牌，而为了表达对中医药文化的感恩和敬畏，将酒取名为“九九天源”。产品定型后，经贵州省理化测试分析研究中心，北京理工大学生物功能材料研究室，卫生部食品卫生监督检验所等单位检测发现，天源酒除了含有各种微量元素外，还含有非常丰富的皂甙，绿原酸，氨基酸，琥珀酸等对人体有特殊功效的元素。

相关研究还发现，天源酒中含有8种人体必须的氨基酸和11种非必需氨基酸，其中精氨酸具有提高淋

巴细胞、吞噬细胞活力的作用，能激活细胞免疫系统，调节免疫功能。

陈远维先生从没有把自己当成造酒人，更没有把自己当成一个商人，因为他觉得自己的真正身份是医生，悬壶济世，天源酒只是他治病救人的利器之一。所以在酒的酿造过程中，他精益求精，不惜成本，专心酿酒而无心卖酒。但纵是好酒也怕巷子深。随着世事变幻，天源酒在九十年代大红之后，由于种种社会的因缘际遇，并没有能够像茅台酒一样红遍全国，反而沉寂了下来。但是药用及保健功效，却在陈先生的临床实例中大放异彩，尤其在治疗癌症、红斑狼疮、银屑病等诸多因免疫系统出问题而导致的疾病时，常常用天源酒配合药物使用，总是能收到奇特疗效。大量临床实践表明，天源酒对于改善肾虚十分有效，每日饮用25-50毫升，连续一个月以上，对改善性功能低下或阳痿有显著效果。许多对自身性能力不满意的中老年人连续饮用后，性能力即有明显提高，一些已基本失去性能力的老年人饮用后又能过上性生活。很多知道天源酒的人长期饮用后，不仅人体肌肉重量增加，脂肪减少，身体在体重不变的情况下还变得十分匀称，人的气色越来越好，头发转黑，皮肤光滑柔润，老年人精神矍铄，年轻人气色红润，神采奕奕。

陈远维先生如今已经七十有六了，主要的日常工作是给慕名而来求医的患者看病，空闲时会经常到藏了二十多年五十多吨的天源酒客房转转，自足自乐的神情溢于形色，他坚信天源酒终将会让更多群众的健康受益。

天源饲料添加剂及饲料

天源饲料添加剂和天源饲料是陈远维先生研发天源酒时的副产品。根据中国传统医学中“人畜同源、生理相近”和“药补不如食补”的理论，他认为利用贵州丰富的中草药资源制作具有中国特色的天源饲料添加剂，取代化工产品的饲料添加剂是可行的。只要研制出这种添加剂，进行研制与相匹配的复合饲料就会应运而生。

一九九三年内，医药研究所结合相孙牌九九天源酒的研制心得，从数百种食药两用植物中优选出数十种，按其功能作用科学配方，制作添加剂。九三年底，该添加剂样品送贵州省理化测试分析研究中心检测，检验结果表明，该添加剂样品中含有较多的微量元素和游离氨基酸。这些成分，对畜禽生长发育和健体、抗病均能起到良好作用。

随即，医药研究所以此添加剂和天源酒的酒糟、玉米粉青贮饲料制作成少量复合饲料进行小样试验。对饲养过程观察结果表明，鸡、猪喜食该饲料，且生长发育良好。宰杀后烹调用发现口感鲜、香，与市面销售的鸡、猪肉质有明显差异。至此，项目研制取得初步成效。随后，以此为基础，从一九九四年起，项目转入添加剂批量生产的生产工艺研究和适宜的饲料配方研究，并明确提出该研制项目的五项指标，即：

1. 畜禽单体增重效果不低于现有配合饲料；
2. 饲料成本不超过现有配合饲料；
3. 畜禽肉、蛋白质（含品感）优于使用现有饲料；
4. 畜禽抗病能力超过使用现有配合饲料；
5. 耗用粮食比低于现有配合饲料。

一九九五年内，主要在医药研究所和附近农户进行饲养试验，并依据观察结果调整饲料配方。为了减少粮食用量，根据营养需要大胆拓宽其他原料的取材范围。特别是较大比例开发选用天源酒的酒糟，采用一定的工艺技术进行处理。经过近一年的研究，最后确定按两种配方生产饲料，即用禽类，仔母畜的TY-I型饲料和用于育肥猪、菜牛的TY-II型饲料。按此两种配方，均使用不同量的酒糟代替粮食，耗用粮食比无疑低于现有配合饲料的耗粮比。

一九九七年内，由遵义地区科技局主持组织有关专家按此配方组织工业生产验证和畜禽饲养对比试验。生产验证结果表明，该饲料的生产工艺性好，使用一般饲料厂的加工设备即可生产。中批试生产价格核算结束，按质优价廉的原则定价，两种饲料的平均单价，每公斤低于市场饲料价格。上批量以后，成本

更有可能降低。

饲养试验在研究所实验养殖场以鸡、猪为对象进行。试验结果表明，单体增重相似或高于现有配合饲料和农家常规饲料；畜禽肉质具有明显优势，抗病变能力强；肉、蛋口感鲜、香，肉质紧密细嫩，猪肉皮薄、瘦肉多、肥肉少、蛋壳薄。试验结果表明，所研制的TY-I型TY-II型功能型复合饲料达到了预期的五项目标。

试验结束后，由医药研究所依据组织生产的配方制定了本产品企业标准，并依法按规定程序在遵义地区技术监督局办理了标准备案手续。该标准提出的技术指标，符合饲料的国家推荐性标准和国家的强制性饲料卫生标准。产品经取样送遵义地区产品质量监督检验，符合该产品标准要求。

试生产过程中，医药研究所为进一步确认该饲料添加剂无害，又于1996年8月将饲料添加剂送卫生部食品卫生监督检验所检验，检验结果表明，该饲料添加剂中有害物质含量远远低于国家强制性饲料卫生标准中规定的限量，应属无害。医药研究所于2008年申请贵州省科技厅对中草药饲料添加剂引进技术查新。经查对，到目前为止，市场上未见成型的中草药饲料添加剂。

今天，天源饲料添加剂和天源饲料知道的人并不多，这个因研发天源酒而诞生的另一个宝贝待字闺中已经有二十年，期待有缘人来珠联璧合，结秦晋之盟，从而造福于民，创造更大的社会价值。📺

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郭氏
火灸疗法

Guo Shi's fire moxibustion therapy has been used by patients in more than 20 cities across different provinces in China as well as different countries and regions such as the United States, Canada, Indonesia, Singapore, Hong Kong and Taiwan. See page for details 55.

郭氏火灸疗法，已经被全国20多个省市以及美国、加拿大、印尼、新加坡、港台等国家和地区的病患者应用，对各种人体常见病均有着理想的疗效。详见55页。



Chen Yuanwei never regarded himself as a winemaker, let alone as a businessman, because he felt that his true calling was that of a doctor. He used his passion for wine as one of his weapons for healing and saving lives. See page for details 74.

陈远维先生从没有把自己当成造酒人，更没有把自己当成一个商人，因为他觉得自己的真正身份是医生，悬壶济世，九九天源酒只是他治病救人的利器之一。详见74页。