

Past and Future Development of Integrated Western-Chinese Medicine in Hong Kong 香港中西醫結合治療發展

NEW ERA OF CHINESE MEDICINAL NURSING

CHINESE MEDICINAL NURSING SYMPOSIUM 2023.6.10

余秋良 中醫西醫 DrCMP YU Chau-Leung, EDWIN

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Registered Chinese Medicine Practitioner

Director, HK InteMed

Adjunct Professor, HKIIM, The Chinese University of Hong Kong

Hon. President, HK Association for Integration of C-W Medicine

Member, Committee on Assessment of Chinese Medicine Degree Courses, CMCHK, HKSAR

Member, Expert Panel of Central Research Working Group, Chinese Medicine Department, Hospital Authority

Chief Coordinator, Integrative Joint Organizational Platform,

務實觀 - 醫學

Pragmatic view - Medicine

身體功能醫學

Medicine for body function

生活醫學

Medicine for living

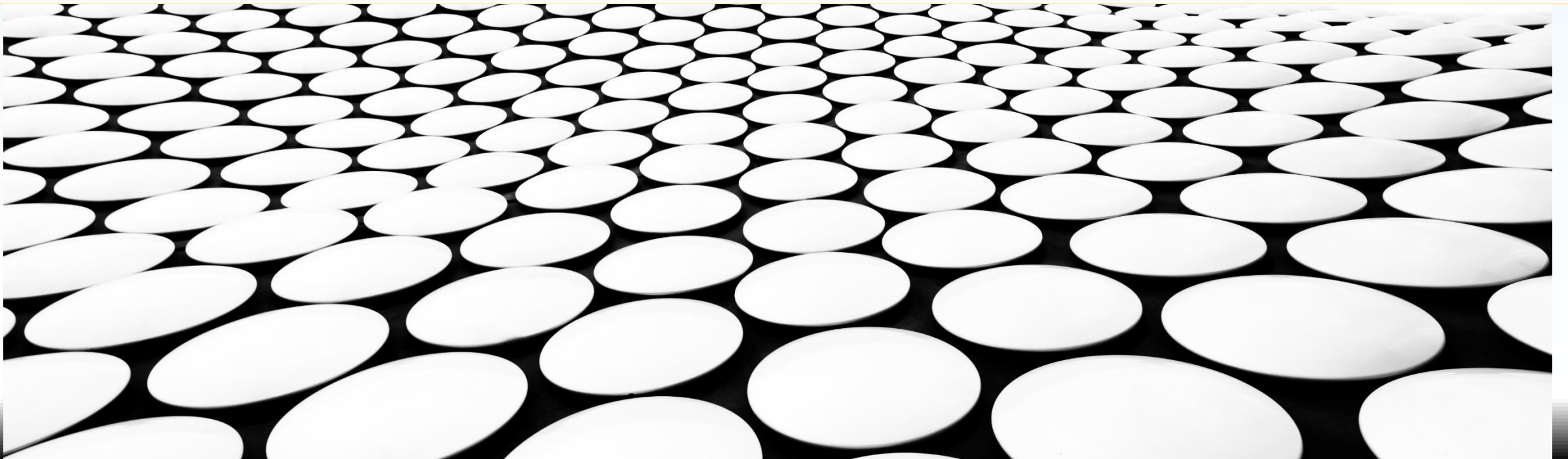
生命醫學

Medicine for life

可能已看到中西醫之必要

Past Development

過往發展



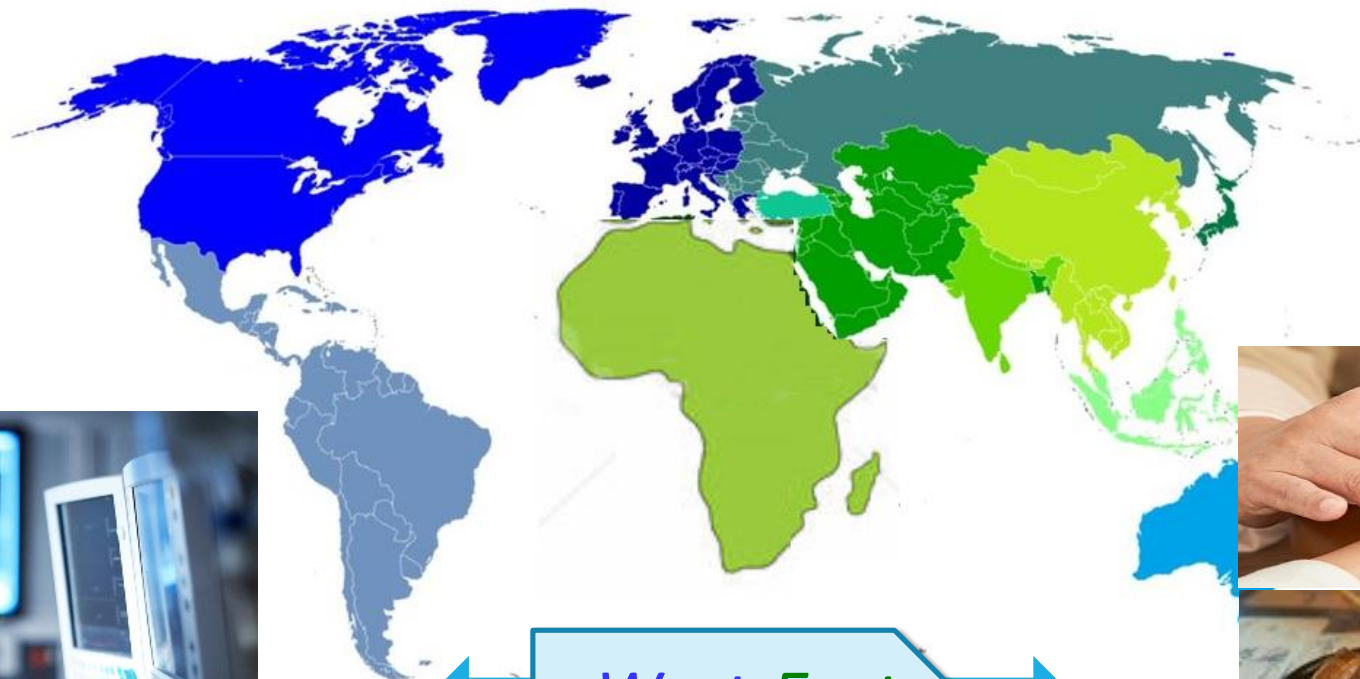
西醫

中醫

Western Medicine and Chinese Medicine

West

East



reaching international level 達到國際水平



Ideologies
思想體系

Perspectives
觀點角度

Methods of Practice
實踐規範

Medicines
藥物劑形

歷史衍生 中醫·西醫

中國式

- 中西醫
- 一齊學
- 一起用

中國香港式

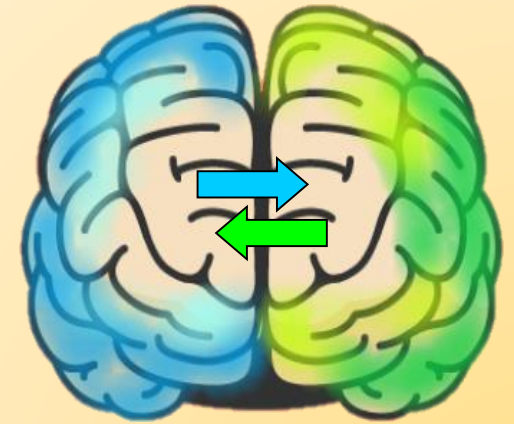
- 中醫西醫
- 分別學
- 分別用
- 中西醫協作

分頭式

- 中醫主力
 - 西醫協作
- 西醫主力
 - 中醫發展
 - 改進

新醫學式

- 西醫中醫元基礎
- 主力拓展



WM → CM
西醫 ← 中醫

恽铁樵1929年在上海医学院的讲座标题：

- 一、中医是符合国情的医学
- 二、西医自有长处
- 三、中西医化合是必然的趋势

中醫面對西醫

轉變的力量雖頗複雜，此期間在西方文化衝擊下，由挫折屈辱的肯定、反思與回應
中西醫融合、匯通之方向還是

中國式

- 中西醫
- 一齊學
- 一起用

明朝,意大利傳教士利馬竇,把西方天文和數學知識傳入,介紹了腦神經學的新觀點。

- 唐宗海(1851—97), 张锡纯 (1860-1933) 進行中西醫理論融合
 - 清末：「融合」、「結合」、「一元」
 - 後人將此時其與後結合西說的醫家，稱為「中西融合派」

继承了前人的汇通思想，抛弃了崇古思想；自觉地接受了近代实验科学的研究方法；著《医学衷中参西录》，提出“衷中参西”的主张；“采西人之所长，以补吾人之所短”。

清.王清任

明.李時珍

- “西醫好
- 中醫好
- 中西醫更好”

- 1958年時就由毛澤東（1893-1976）令下：「中國醫藥學是一個偉大的寶庫，應當努力發掘，加以提高」
 - 「西醫離職學習班」的人才：陳可冀、李經緯
 - 進行中醫理論探討，發掘理論與實際療效

「中西醫匯通」、
「中醫科學化」、
「中醫現代化」、
「中西醫結合」



中國式

- 1981年11月，中國中西醫結合研究會在北京成立
 - 掛靠在中國中醫研究院。
- 1990年，更名為中國中西醫結合學會
- 2001年10月20日至22日，中國中西醫結合學會成立20周年暨《中國中西醫結合雜誌》創刊20周年紀念大會

理事會會長		
第一屆 1981~1985	季鐘樸	
第二屆 1985~1989	崔月犁	衛生部原部長
第三屆 1989~1995	吳咸中	中國工程院院士
第四屆 1995~2000	陳可冀	中國科學院院士
第五屆 2000~2008	陳可冀	中國科學院院士
第六屆 2008~2015	陳凱先	中國科學院院士
第七屆 2015---	陳香美	中國科學院院士

中國式

• 2000 年之前，中國的學術界
一直在努力彌合中醫和西醫

• Before 2000,
academics in China
tried much to bridge

新醫學式

• 西醫中醫元基礎
三力拓展

沈自尹院士对“中西医结合”概念的看法

一是用现代科学，主要是用现代医学的方法，研究中
医理论和临床实践，探讨其理论本质，阐明其作用机
理；

二是发挥中西医学各自的优势和长处，在临床实践中
将中西医两种方法有机结合，达到提高医疗水平，改
善病人生活质量，降低医疗成本的目的。

中西醫結合是在中西醫交流和互補過程中產生的具有中國特點的新興學科。近代的「中西醫匯通」、「中醫科學化」和革命根據地時期的中西醫團結合作，為現代「中西醫結合」提供了思想基礎和經驗。

- 1950~80
- 中西醫結合學科的創建時期。中西醫結合研究綱領的確立，臨床和基礎研究成果的湧現，學術共同體的形成，教育系列《中西醫結合雜誌》的創刊研究會的成立等
- 中國中西醫結合學科的創立和發展，都是在國家大力支持下實現的。以「病證結合」為重要特色的中西醫結

2002王振瑞《中国中西医结合史论》

——认为“中西医结合”的概念到1960年已基本形成；

陈可冀院士对“中西医结合”概念的看法

中西医结合思想有三个层次：

第一团结中西医，中西医团结是中西医结合的最初含义；

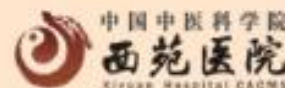
第二中西医治疗方法在服务方面取长补短，互相补充；

第三理论上的有机结合。



- ❖ 中医医师、中西医结合医师除了开中药饮片、中成药之外，也可以开西药处方药；
- ❖ 西医医师也可以开中成药；经过“西学中”培训的西医医师可以开中药饮片处方（汤剂）。

17



- ❖ 对于西医特色鲜明的科室，也倡导中医药技术的整合使用，譬如围手术期病人的中医治疗、术后病人的中医康复治疗等。
- ❖ 相对于综合医院（西医医院），中医医院慢性病人较多，而手术病人、危重病人较少；中医医院强调门诊中药饮片的处方比例、中药院内制剂使用、中医特色疗法（针灸、外治法等）的使用，鼓励突出中医特色、发挥中西医结合的优势。

Gaps between Western Medicine and Chinese Medicine

中醫及西醫交流鴻溝

- Different conceptual framework and terminology
不同概念架構及術語
- No unified basis to exchange clinical diagnosis
沒有統一基礎交換臨床診斷
- Path to derive diagnosis more or less fixed for each heritage
各自各診斷途徑大概定形
- Different pharmacy method, and treatment goals
用藥方法治療目的不同

InteMedicine Advance

Inheritable
承傳

中國

- 中西醫
- 一齊學
- 一起用

Innovative
創新

發展研究

- 中醫的概念點、
將好多現代醫學
認識放進去。

Practicable
實踐

中國式

- 把中醫西醫
最好的：找
論點配合用

Consolidative
歸納

發展臨床

- 中西醫臨床診療
指引

交叉科研

重大疑難疾病、重大傳染病防治的聯合攻關突破

守正

創新

Progress

- 2019年12月,廣東省中醫院成爲首批國家 *中醫藥* 服務出口基地。
- 澳門大學中華醫藥研究院有五個研究中心,粵澳 *中醫藥* 科技產業園 有扶植企業發展的載體孵化區,可容納300-400家企業,面積12.8萬平方米。
- 2020年8月28日,粵港澳中醫藥政策與技術研究中心

中醫藥. 香港

- 中藥

- 港大蘇國輝院士，有關枸杞子研究文章。
- 科大葉玉如院士，評估中藥產品功效，調查基本機制，確定具有治療潛力的有效分子用於新藥開發。
- 港大支志明院士，開發了可應用於藥物合成的催化劑，找中醫藥具生物活性的天然化合物應用在癌症治療。

中醫藥. 香港

- 中醫

- 中大梁秉中教授有**10**篇關於糖尿病腳潰瘍。
- 浸大呂愛平教授，明確了類風濕關節炎（**RA**）中醫寒證和熱證的分子生物學基礎，構建了第一張**RA**寒熱證候分子網絡圖，
- 中大胡志遠教授與浸大卞兆祥教授團隊合作，由美國**NIH**資助，研究中藥複方治療腸易激綜合征。
- 浸大卞兆祥教授，是發表於《**Annals of Internal Medicine**》的《中藥複方臨床隨機對照試驗報告規範**2017**：CONSORT聲明的擴展、說明與詳述》主要起草者。
- 理大黃文秀教授**1.**採用臨床前實驗平台，驗證了多種補腎中藥（如淫羊藿、骨碎補等）的骨保護功效；**2.**發現了女貞子可以調節鈣平衡和維生素**D**代謝，提示其可用於改善骨鈣流失及預防老年性骨質疏鬆症；**3.**評價了中藥複方當歸補血湯和二仙湯對更年期綜合症的療效及安全性。

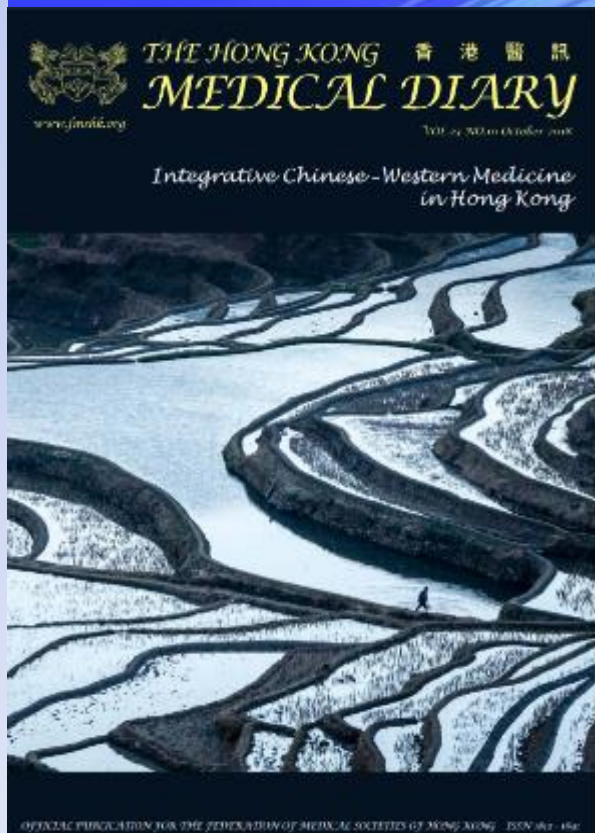
中醫藥. 香港

- 2013年,世界性的「中醫藥規範研究學會」(GPTCMRA) 成立,現任會長是呂愛平 - 浸會大學院長。
- 香港政府
 - 世界衛生組織的傳統醫藥合作中心(中醫藥進行規範管理、中醫藥健康服務、制訂中藥材標準、聯繫國際)•
 - 政府中藥檢測中心(檢測科研,安全、質量及檢測方法,建立國際認可的參考標準)
 - 創科局下有中藥研究及發展委員會
- 六所大學. 國家重點實驗室
- 2025 香港旗艦中醫院

Past Development of Integrated Western-Chinese Medicine In Hong Kong

中國香港式

- 中醫西醫
- 分別學
- 分別用
- 中西醫協作



Chin J Integr Med 2019, Jun;25(6):493-498



Perspective A Formative History of Integrative Medicine in Hong Kong

YU Edwin Chau-leung and BIAN Zhao-xiang

With Chinese medicine (CM) deeply rooted in Hong Kong's Chinese culture, empirical practice of CM has been the norm since the early days of Hong Kong, China. Western medicine (WM) had its humble beginnings in Hong Kong in the form of established services for colonial government staff; WM was subsequently extended to the Chinese population through missionary efforts. The scourge of the



Prof. YU Edwin Chau-leung

The Association gained steady momentum under the leadership of its successive presidents. The first president was Prof. Chow SP, after being appointed as the first Dean of the Faculty of Medicine and started serving as the first Vice-Chancellor of the University of Hong Kong. Prof. Chow was appointed a Justice of the Peace (JP) in 1995 and awarded the Silver Bauhinia Star in 2012. He is world-renowned for his contributions to orthopaedic surgery, particularly in upper limb and microsurgery, with hundreds of publications. Prof. Chow was also appointed as honorary advisors on international journals. Prof. Chow's clinical skills involved CM and confirmed acupuncture to be superior to traditional medical methods for the



醫西

Universities
大學

Associations
學會

Government
政形

Practice
行醫



醫務所

生意

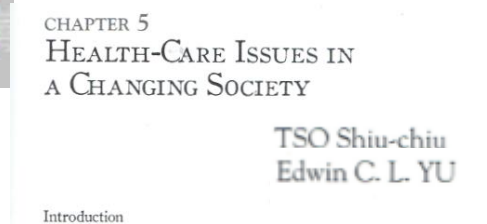
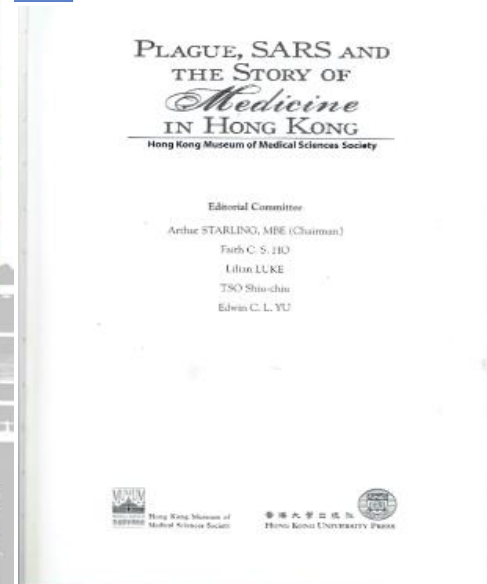
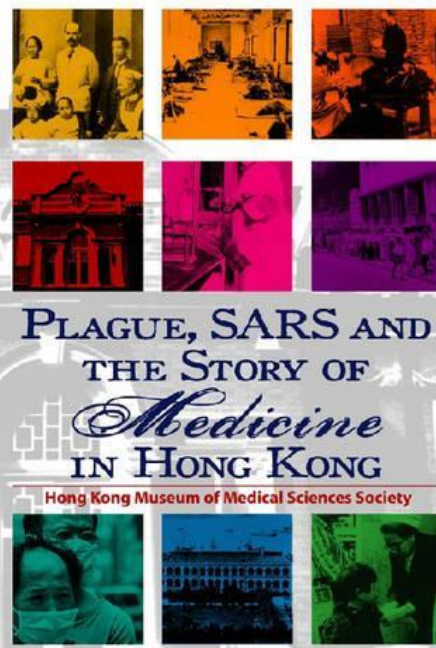


香港醫務委員會
1984 成立

香港中醫藥管理委員會
1999 成立

Governance

- 西醫主力
- 中醫發展
- 改進



病人在中醫西醫間
自行結合

醫西

Universities
大學



謝志偉博士擔任1995中醫藥發展籌備委員會的主席
1999出任新成立的香港中醫藥管理委員會主席



香港中醫藥管理委員會
1999 成立

范兆津

香港中醫藥發展籌備委員會
委員 兼中醫專責小組副主席
1995-1998 范兆津

香港中醫藥管理委員會
中醫組主席
1999 張大釗
2001 陳慧瓊



局長

會長

AND
F
e
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Society

UE, SARS AND
E STORY OF
Medicine
HONG KONG
Museum of Medical Sciences Society

Editorial Committee
STARLING, MBE (Chairman)
Fark C. S. HO
Lifton LUKE
TSO Shiu-chiu
Edwin C. L. YU

醫 西

Universities
大學

Associations
學會

Government
政形

Practice
行醫

Medical
醫

Medicine
藥

PMP Park Lane Medical Practice
Tel 2301 2418 Fax 2301 2414
136A Nathan Road 3/F Tsimshatsui Hong Kong

Oct 19, 1998
To Dr Ko Wing Man
From: Edwin C. Y. Yu
Tax: 2881 4658 Fax: 2904 7613

Dear Dr. Ko:
Nice to know you have interest to start a group discussion amongst doctors with c Med backgrounds. For a start, a short list follows:
Dr. 區詠成 Kowloon Hospital
Dr. 區詠冲 QEH, Anaesthesia
Dr. 楊樂賢 G.P. ortho.
Dr. 盧合陵 Dept Comm. Med. C. Univ.
Dr. 朱顯達 C Med. Material Research Centre
Dr. 陳家康 G.P. → J. Yu

There are others in the classes by HKU/ICM
I feel you will add on as you like it.
Feel free to act that we may meet.
Best wishes
Edwin

CWEMED Centre of Western & Eastern Medical Exchange and Development
March 25, 2000.

Fellows
TCM Interest Group

Dear Fellows,

There has been some time lapse since we last met. I was caught in a plane. Sorry for the delay.

In the mean time, there has been much going on in the field. It would be good to meet again.

There are a few issues to discuss:

1. Review of the events around TCM in Hong Kong.
2. What CWEMED and the group can do, and how to restructure our group.
3. Invited involvement in the session: "Round Table Discussion" on "CM and Successful Aging" on 17th June, 2000 co-organized by the Chinese Academy of Traditional Chinese Medicine, Baptist University IACM, Chinese Academy of Traditional Chinese Medicine TCM.
4. Any other business

Please keep your dates open in April that our secretary Miss Amy Au can arrange a suitable date to meet.

Best regards,
Yours sincerely,
Dr. Edwin Yu

ps. Note to members

CWEMED Centre of Western & Eastern Medical Exchange and Development
1998

November, 1998

Dear Professor Chen,

We would like to request your participation and discussion in the seminar "TRADITIONAL CHINESE MEDICINE FOR GOOD USE: RESEARCH DIRECTIONS" specially organized for our medical profession towards the better understanding of making the best use of our resources.

Date: 17 August 1999, Tuesday
Time: 6:30 p.m. - 8:30 p.m.
Venue: M Block, 2/F, Room 5, Queen Elizabeth Hospital (subject to change)
Chairmen: Dr. Yu Chau Leung, Edwin Chan

The Way Forward for Research in Chinese Medicine
Professor Kelvin Chan, Ph.D., D.Sc., FIBiol, FCP, FRPharms.
Research Director Zayed Complex for Herbal Research & Traditional Medicine
Evidence Based Medicine and Research Priorities in Traditional Chinese Medicine
Dr. Jinling Tang, MD, PhD
Associate Professor in Community Medicine,
Department of Community & Family Medicine, CUHK
Scientific Perspective for Traditional Chinese Medicine
Dr. Edwin CL Yu, MBBS, DCH, FRCP(Glas), FHKCP, FHKAM
Honorary Associate Clinical Professor, HKU
Honorary Consultant, Hospital Authority
Panel Discussion

Professor Chen is willing to accept to support this in capacity, please sign and return to us the enclosed form at your earliest convenience.

Yours sincerely,
Edwin C. L. Yu
M, FRCP (Glas)

Dear Dr. Yu,
Thanks for your invitation, Ke-ji

Signature: *Ke-ji Chen*
Name: *Ke-ji Chen 許志堅*
Date: *Nov. 21, 1998*

香港中文大學崇基學院生物系
胡秀英
香港中文大學中藥研究中心
江潤祥

香港中文大學中醫學院
1998創院院長江潤祥

香港中文大學中醫中藥研究所
(ICMCUHK)

醫 西



香港中西醫結合醫學會於二零零一年七月二十五日成立。
 學會成立的目的是推廣鑽研及發揚中、西醫學知識，促進中、西醫學交流，互相補充，結合運用及發展中西醫結合臨床應用，以促進人類健康。



HKAIM會長

2001 ~ 2004	周肇平教授
2004 ~ 2006	高永文醫生
2006 ~ 2008	高永文醫生
2008 ~ 2010	黃譚智媛醫生
2010 ~ 2012	黃譚智媛醫生
2012 ~ 2014	余秋良醫生
2014 ~ 2016	余秋良醫生
2016 ~ 2018	卞兆祥教授
2018 ~ 2020	柯加恒醫生
2020 ~ 2022	林志秀教授
2022 ~ 2024	林志秀教授



Traditional Chinese Medicine School of Chinese Medicine joined the Faculty of Medicine CUHK Jul 2013

The University of Hong Kong officially opened March 11, 1912
香港大學醫學院

香港華人西醫書院
Hong Kong College of Medicine
Oct 1, 1887

Arts,

pre1900 1



瑪麗醫院 1937



威爾斯親王醫院 1984
{基督教聯合醫院 United Christian Hospital}

2000

2010



Chinese Medicine Hospital
將軍澳中醫醫院 2025



1997 Curriculum Planning CM — Science Department , HKBU

高永文

陳可冀

梁榮能

張大釗

梁榮能

余秋良



教

- Development of IM in Hong Kong
- Education: Magnifying CM Expertise and WM Understanding
 - since 2004: HA, since 2003: HKAIM, courses and seminars, conferences
 - since 2002: International Conference & Exhibition of the Modernization of Chinese Medicine & Health Products
 - since 2013: ITC seminars on CM developments

醫

- From CM to WM
 - From WM to CM
 - Services
 - Service Provision
 - Patient-Driven IM Service and Referral Systems
- 廣華醫院制定了臨床中西醫規範協議
2014醫管局中西醫結合試驗先導計劃
用於腰痛、中風和癌症
中西臨床協作規範升級

研

- Research
 - Seeking Good Evidence-Based CM
 - Promoting Evidence-Based Practice of CM
 - Opening Wider Perspectives for CM Research
 - Supported with Funders
 - Future: Applying IM For Community Use
- 2013 : 政府啟動中醫醫院計劃



自2003年起，HKAIM與醫管局合作，聯合舉辦廣東大型會議

通過互動研討會在促進臨床中西醫方面取得突破，其中西醫中醫混合小組提供專家主導的臨床和案例說明性有效討論

[Chin J Integr Med 2019, Jun;25\(6\):408-408](#)



Perspective

A Formative History of Integrative Medicine in Hong K

YU Edwin Chau-leung and BIAN Zhao-xiang



With Chinese medicine (CM) deeply rooted in Hong Kong's Chinese culture, empirical practice of CM has been the norm since the early days of Hong Kong, China. Western medicine (WM) had its humble beginnings in Hong Kong in the form of established services for colonial government staff; WM was subsequently

The Association gained steady momentum under the leadership of its successive presidents. The first president was Prof. Chow SP, after being appointed as the first Vice-Chancellor of the Faculty of Medicine and started serving as the first Chancellor of the University of Hong Kong. Prof. Chow was appointed a Justice of the Peace (JP) in 1995 and awarded the Silver Bauhinia Medal (SMB) in 2012. He is world-renowned for his contributions to orthopaedic surgery, particularly in upper limb surgery and microsurgery, with hundreds of publications. He was appointed as honorary advisors and

2006 first primary care clinic with CM-WM joint consultation:
HKBU in Queen Elizabeth Hospital

2014 CUHK香港中西醫結合研究所診所
配備中醫和西醫相互轉診

Patient-Driven IM Service and Referral Systems

- 30%–40% of chronically ill patients use both CM and WM at the same time
- 患者自己進行整合 Patients doing integration themselves
- CM practitioners not only use techniques from traditional CM theory and practice but also utilize modern CM research results.
- 中醫不僅使用傳統中醫理論和實踐中的技術，而且利用現代中醫研究成果
 - e.g. CM oncologists will take into account patients' WM data and will use CM and coordinate herbal actions according to the tumor types, stages, and stage of WM treatment.
- CUHK HKIIM clinics staffed by both CM and WM professionals; mutual referrals are facilitated by specialized nurses 中醫西醫；由專業護士協助相互轉診

[Chin J Integr Med 2019 Jun;25\(6\):403-408](#)

 Chinese Journal of Integrative Medicine

Available online at link.springer.com/journal/11655
Journal homepage: www.cjim.cn/zxyjhen/zxyjhen/
E-mail: cjim_en@cjim.cn

Perspective

A Formative Histor

YU

With Cr

Who
am I ?





醫徹中西：做好翻泥人為中西醫互通鋪路

文：余秋良



【明報專訊】特首《施政報告》出爐前，中醫界討論氣氛早已升溫。

• 為人送好泥來築成

大願撥款推行中醫。

我請纓分析，政府遲早要作分局的思維，但說是容易，做起來實在複雜，理論和實際操作兩者需謹慎配合，要明白市場和香港面向國際，需取得各方合作才有。麼多年來，我就像一個翻泥的人，把最好的泥土給予醫學各方各界，希望把其他人考慮不地方，都仔細考量。現在輪到年輕一代爭取，自己專心教化寫書，把應說未說，中西醫可的，道下流砥。

中西結合說易行難，香港即使將設立中醫醫藥管理局，但會有不少矛盾；中西醫不通則中用，而另一方面，中西醫不通西醫也難耐，所以首要中西醫互通。

翻泥的人，是做好鋪平工作。中醫西醫各有好的泥土，多年教學遇上優秀的中西醫學生，以一言詳盡說明的中西醫學，自己悉心解說，看病又給予我很多經驗，學生跟我實習時看真實的生命作參考，以我新作的身體圖則作根據，也給他們看我自己行醫整理出來的筆記。使我將經驗和科學，一步一篇從最基礎開始編寫，留給學生臨牀和治療的指導。

希望中醫在香港發光，政府建一個中西醫協調中心，並在社區推行中醫西醫民間學而自圓，甚或建出基層中西醫管理局；希望將香港帶領打造成國際中西醫中心，讓世界仿效。

1. 營造一個信念

中西醫

中醫醫院

START

教學

中西醫 InteMedicine

香港中西醫結合醫學會創會

醫衛集策
Some IM Mentees 門生

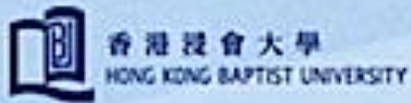
局長 周肇平

陳可冀

中西醫專科中心總監。
中西醫結合醫學會的創會董事及榮譽會長。

余秋良

醫療衛生界候選人對談會
中西醫



中醫醫院

《香港中醫優勢病種臨床實踐指南及經驗分享》

研討會

2022年12月3日

下午2:30-5:30

推展

釋他們的理念和綱領, 亦藉這個機會讓...

大會主席 余秋良醫生 (香港中西醫結合醫學會榮譽會長)



中西醫結合治療泌尿系統疾病研討會

Integrative Medicine Treatment for Urological Disorders Symposium

日期 | 2021年11月7日 (星期日)

時間 | 下午2時至6時

形式 | 網上ZOOM直播



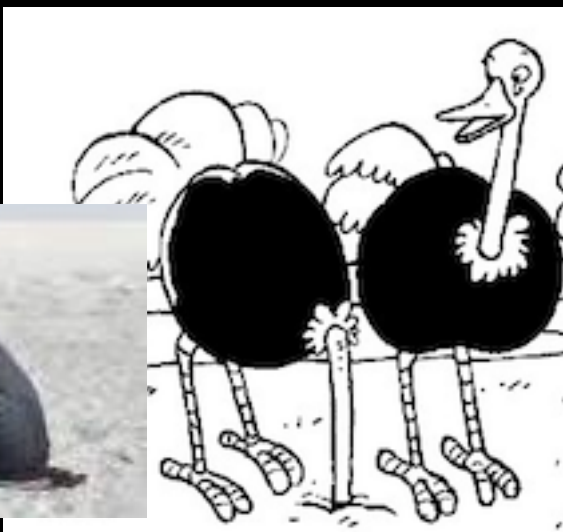
香港：中醫+西醫

- 有見本港中醫和西醫處於不協調的狀態，造成許多社區人士病患及病苦中未能及時得到最妥善的處理。
- Many good lectures, yet no action among the professions
- 40-70% patients visiting CM practitioners while attending WM Drs
- Patients need WM Diagnosis while attending CM practitioners

患者看西醫時也同時找中醫

患者尋求中醫治療時需要西醫診斷

聰明不覺曉
處處問題了



做西醫、中醫可能滿足現狀
做中西醫結合太慢了。
國內人說的，說比德國的

爭論 Contentions

香港中醫藥管理委員會
1999 成立

香港醫務委員會
1984 成立



2015

2023

IJOP - I



余秋良西醫中醫師
Dr. Edwin CL Yu
IJOP 項目統籌

香港中西醫結合醫學會 · 2013-16會長
香港政府中醫中藥發展委員會 · 委員



π 創新科技署
Innovation and Technology Commission

香港中西醫結合治療之路

Possibilities for Integrative Medicine in Hong Kong

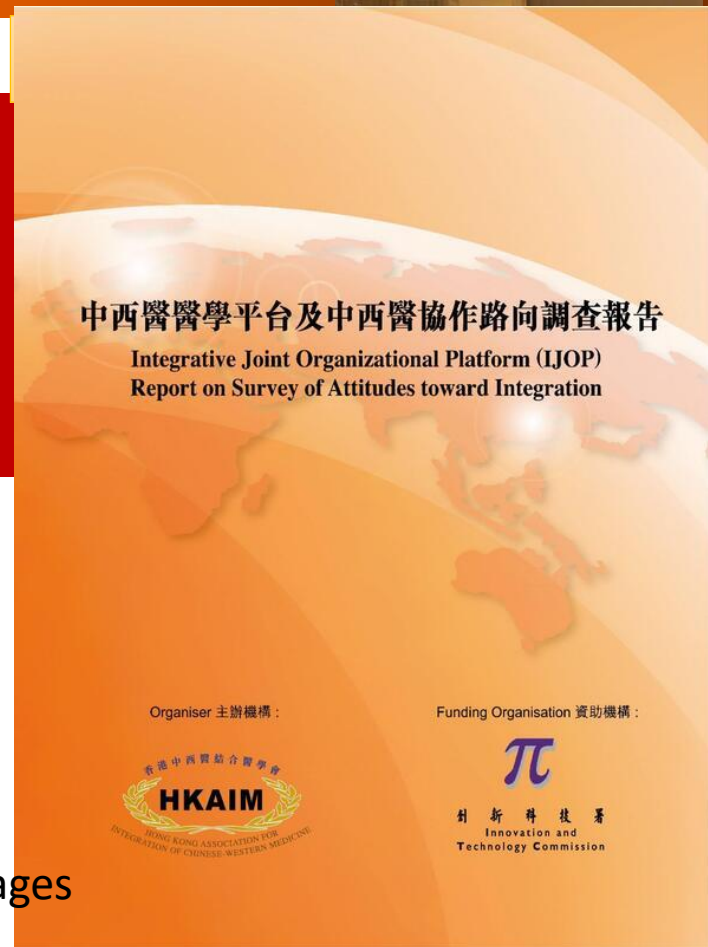


深究結合
Real Integration

循證醫學
Evidence Based
Medicine

103 pages

Collaboration
聯手治療



中西醫醫學平台及中西醫協作路向調查報告
Integrative Joint Organizational Platform (IJOP)
Report on Survey of Attitudes toward Integration

Organiser 主辦機構:



Funding Organisation 資助機構:



創新科技署
Innovation and
Technology Commission

337人

「中西醫醫學平台」

IJOP 網上培訓課程 ①

課程名稱 「中醫和西醫應對皮膚反應與疾病」
SKIN REACTIONS AND DISEASES: Chinese and Western Medicine

課程對象 中醫、西醫及醫療衛生業界

開課日期 2022年3月7日

授課時數 15小時 (共10堂, 每堂1.5小時)

授課語言 廣東話/國語為主, 英語為輔

費用 課程費用全免

上課形式 網上平台課程影片播放, 學生自定時間

中醫西醫實在有必要兼併汲取雙方的知識和經驗, 亦在建立中。發展仍需努力耕耘, 分析中西醫各獨特優勢, 是「中西醫醫學平台」IJOP成立的目的, 正正是為了構建讓各方專長人士群策群力、各盡其才、發揮創意。為此, IJOP平台, 採用嶄新課程管理模式, 推出網上培訓課程系列。參訪專家學者, 更有中西醫學基礎講座, 彰顯中醫、西醫及中擴闊、提升整體醫療效果, 才能達到對病人真正的醫治。目架, 共同推進中西醫結合醫學, 彌補在香港市場上中西醫結

報名 本課程現正接受報名, 首輪報名截止日期為2022年3月7日

*在皮膚病防治工作上具備三年或以上臨床經驗

課程細則

- 名額 30 名
- 需完成每堂的選擇題考核, 並在全課程中取得平均分數

查詢 香港中西醫結合醫學學會行政及秘書處
如有任何查詢, 請電 3575 8603 或電郵至 ijob@hkaim.org.hk



710人

「中西醫醫學平台」IJOP 網上培訓課程 ②

課程名稱 「中醫和西醫應對中風」
STROKE AND RELATED DISORDERS: Chinese and Western Medicine

課程對象 中醫、西醫、護士及醫療衛生界

開課日期 2022年9月5日

授課時數 15小時 (共10堂, 每堂1.5小時)

授課語言 廣東話/國語為主, 英語為輔

費用 團隊優惠每位100元* (正價每位200元)

上課形式 網上播放影片, 學生自定時間

中醫西醫實在有必要兼併汲取雙方的知識和經驗, 亦在建立中。發展仍需努力耕耘, 分析中西醫各獨特優勢, 是「中西醫醫學平台」IJOP成立的目的, 正正是為了構建讓各方專長人士群策群力、各盡其才、發揮創意。為此, IJOP平台, 採用嶄新課程管理模式, 推出網上培訓課程系列。參訪專家學者, 更有中西醫學基礎講座, 彰顯中醫、西醫及中擴闊、提升整體醫療效果, 才能達到對病人真正的醫治。目架, 共同推進中西醫結合醫學, 彌補在香港市場上中西醫結合醫學相關課程的

報名 本課程現正接受報名, 首輪報名截止日期為2022年9月5日

*FPS繳費後上傳收據, 或上傳支付學費已包括CME證書及課程證書

繳費須知

CME證書 經香港中西醫結合醫學會行政及秘書處

課程證書 學員修畢後可獲得課程證書, 以

優惠條款* 三位或以上學員同行報名課程, 醫/西醫/護士或醫療衛生業界人士

查詢 致電 3575 8603 或 Whatsapp至 +852 3575 8603

478人

「中西醫醫學平台」IJOP 網上培訓課程 ③

課程名稱 「中醫和西醫應對癌症病患」
CANCER AND PROBLEMS: Chinese and Western Medicine

課程對象 中醫、西醫、護士及醫療衛生界

修讀期 2023年2月20日 - 5月1日

授課時數 13.5小時 (共9堂, 每堂1.5小時)

授課語言 廣東話/國語為主, 英語為輔

費用 每位200元

上課形式 網上播放影片; 修讀期內學生自主時間上課

中醫西醫實在有必要兼併汲取雙方的知識和經驗, 亦在建立中。發展仍需努力耕耘, 分析中西醫各獨特優勢, 交流凝聚共識。是「中西醫醫學平台」IJOP成立的目的, 正正是為了構建一個有利具體落實讓各方專長人士群策群力、各盡其才、發揮創意。為此, IJOP平台於今年增設, 採用嶄新課程管理模式, 推出網上培訓課程系列。參課者可見, 其中匯聚專家學者, 更有中西醫學基礎講座, 彰顯中醫、西醫及中西醫結合治療擴闊、提升整體醫療效果, 才能達到對病人真正的醫治。目標提供指導, 營建架, 共同推進中西醫結合醫學, 彌補在香港市場上中西醫結合醫學相關課程的

報名 現正接受網上報名, 報名連結 <https://www.ijopmed.org/cancer>

截止日期 2023年2月6日

繳費方式 以FPS轉數快或支票付款, 必須上傳收據或支票相片到報名系統

專業認證 由香港中西醫結合學會(HKAIM)發出之註冊中醫持續進修學分證書(CNE-2200系列最高13.5分), 或註冊護士持續護理教育學分證書(CNE-2200系列最高13.5分)。西醫學分申請中。

課程證書 學員修畢後可獲得課程證書, 以考核成績為評定準則。

查詢 致電 3575 8603 或 Whatsapp至 +852 3575 8603

*大會保留修訂課程內容、上課形式及其他一切更改或解釋上述規則及條款之權利。

Webinar 400-600人



「中西醫如何攜手共同抗疫」

"Developing deep collaboration with Chinese and Western medicine against epidemic"

17 April 2022 (Sunday) 2:00-5:00pm

持續中醫進修學分: CME-PP0029-22003 (3學分)

持續西醫進修學分: 申請中

Chairmen 主席



余秋良中醫西醫
香港中西醫結合醫學會榮譽會長、
中西醫醫學平台總辦



林顯潮醫生
香港中西醫結合抗疫大聯盟總發起人
立法會議員、港區全國人大代表



高永文醫生
前香港食物及衛生局局長、
香港中西醫結合醫學會榮譽會長

A. Keynote Lectures 主題演講



1. Impact of Covid on Integrative Practice
- Experience in AsiaWorld Expo
亞博於新亞博中西醫實踐的影響
張忠建院長 廣東省中醫學院院長



2. Scientific research on prevention and treatment of COVID-19 with traditional Chinese medicine 中醫藥防治新冠病毒的科學研究
高洪才教授 北京中醫藥大學東直門醫院副院長



3. Scientific Basis · Diversity of Clinic Manifestations of Omicron to CM pathophysiology 從Omicron多樣性看中醫藥防治奧密克戎的科學性
沈則剛教授 香港大學中醫藥學院



4. Clinical management and research for Covid-19 新冠疫病的臨床管理與研究
孔潔教授 國立中藥研究所副所長
廣州中醫學院
香港中西醫結合醫學會副會長



5. The Collaboration of Chinese Medicine and Western Medicine in HA Hospitals 醫院管理層下開展的中西醫合作
高振聲醫生 醫院管理層行政總裁



6. Collaborative Chinese medicine and western medicine program in Kaitak 康達國際醫藥集團有限公司技術總監

B. Integrated Medicine Open Forum 中西結合醫學論壇

Challenges of Integrative Medicine for Management of the Covid-19 Epidemic: Problems & Solutions
中西醫合力治理疫病的挑戰: 問題與解決方案



1. Primary Healthcare 基層醫療
黃譚智強教授
香港大學醫學院榮譽教授
香港中西醫結合醫學會榮譽會長



2. Early Treatment 早期治療
林志秀教授
香港中西醫結合醫學會副會長、
香港中西醫結合醫學會會長



3. CM may have a bigger role in treating and preventing Omicron infection 中醫藥在預防及治療Omicron新毒株上的作用
林顯潮醫生
香港中西醫結合抗疫大聯盟總發起人



4. Bridging and Sharing Medical Experience 醫學專業經驗交流與傳承
余秋良中醫西醫
香港中西醫結合醫學會榮譽會長、
中西醫醫學平台總辦

5. Open Discussion 公開討論

Collaborating Organisations



Supporting Organisations



無須報名, 掃碼或輸入以下資料即可參加

加入 Zoom 會議:
<https://us06web.zoom.us/j/810413095191?pwd=VWVwOWZlZWtVbVhUVEpYUjZkdzZkdz01>
會議 ID: 810 4130 9519
密碼: 551919

推行病患問題主題交流

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Series: Where Chinese medicine and Western medicine expertise matters

Free of charge 免費

ECZEMA:
where Chinese medicine and Western medicine expertise matters
中醫和西醫如何有效應對濕疹
17-Jan-2021 Sunday 星期日

Click: for registration of webinar and become a member of UIOP
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PROFILE	Session 場次	Topics 講題	Speakers 講者
HKAIM 香港中西醫結合學會 AIAM 香港中西醫美容醫學學會		Registration 註冊	
Chairpersons: Prof. YU Chau Leung, Edwin Prof. LIN Zhiku 主席: 余秋良教授 林志秀教授	09:30AM-09:45AM	Opening Speech 開幕致辭	
	09:45AM-10:25AM	EcZema: pathologies and management update 濕疹: 病因及治理的發展	Dr. YEUNG Chi Keung 楊志強醫生 The University of Hong Kong 香港大學
Language 語言: Cantonese 廣東話 English 英文	10:25AM-11:10AM	Treatment of Atopic Dermatitis with Integrative Medicine 結合醫學如何治理異位性皮膚炎	Prof. CHEN Dacan 陳達燦教授 Guangdong Provincial Hospital of

Free of charge 免費

STROKE:
where Chinese medicine and Western medicine expertise matters
中醫和西醫如何有效應對中風後治理
18-Oct-2020

Click: for registration of webinar and become a member of UIOP
點擊 註冊網絡研討會並成為平台會員: <https://www.iopmed.org/iop-seminar-registration.html>

ME for doctors proceeding application
西醫進修學分申請中

PROFILE	Session 場次	Topics 講題	Speakers 講者
HKAIM 香港中西醫結合學會		Registration 註冊	
Chairperson: Dr. YU Chau Leung, Edwin 主席: 余秋良醫生 沈劍剛教授	09:30AM-09:40AM	Opening Speech 開幕致辭	
	09:40AM-10:10AM	Stroke Management 中風管理	Prof. CHEUNG Tak Fai Raymond 張德輝教授 The University of Hong Kong 香港大學
Language 語言: Cantonese 廣東話 Putonghua 普通話 English 英文	10:10AM-10:50AM	Cerebral tissue oxygenation and blood brain barrier damage in ischemic stroke 缺血性腦卒中中的腦組織氧合和血腦屏障損害	Prof. LIU Ke-jian Jim 劉克建教授 The University of New Mexico 新墨西哥州大學
	10:50AM-11:30AM	Treatment of brain Locked-in Syndrome with Integrative Medicine	Prof. GAO Li 高利教授 IM specialist

Free of charge 免費

BREAST CANCER:
where Chinese medicine and Western medicine expertise matters
中醫和西醫如何有效應對乳癌
21-Mar-2021 Sunday 星期日

Click: for registration of webinar and become a member of UIOP
點擊 註冊網絡研討會並成為平台會員: https://www.iopmed.org/bc_reg.html

活動將同時在網上和現場直播
必須登記/現場觀眾名額有限, 不設即場登記。

PROFILE	Session 場次	Topics 講題	Speakers 講者
HKAIM 香港中西醫結合學會		Registration 註冊	
Chairpersons: Prof. FENG Yibin Prof. YU Chau Leung, Edwin 主席: 馮奕斌教授 余秋良教授	09:30AM-09:50AM	Opening Speech 開幕致辭	
	09:50AM-10:30AM	Breast Cancer overview - current situation in Hong Kong and the world, cancer detection and diagnosis, multidisciplinary treatment and surgery. 乳癌概述-在世界和香港的現狀, 癌症檢測和診斷, 多學科治療和手術	Dr. CHEUNG Suk Yee Polly 張淑儀醫生 The University of Hong Kong 香港大學
Language 語言: Cantonese 廣東話 Mandarin 普通話 English 英文	10:30AM-11:00AM	Updates on Systemic Therapy for Breast Cancer in 2021 2021年乳癌最新藥物治療	Dr. TSANG Wing Hang, Janice 曾詠恆醫生 Founding Convener, Hong Kong Breast Oncology Group (HKBOG) 香港乳腺癌研究組召集人
CME for doctors proceeding application 西醫進修學分申請中	11:00AM-11:40AM	Chinese medicine management of adverse effects from breast cancer treatment 乳癌治療不良反應的中醫藥管理	Prof. LIN Lizhu 林麗珠教授 Guangzhou University of Chinese

線上研討會 Webinar
中醫和西醫如何有效應對濕疹
17-Jan-2021

中西醫學平台 **ECZEMA:** where Chinese medicine and Western medicine expertise matters
中醫、西醫、護士 都有學分

Speakers 講者

Dr. YU Chau Leung Edwin
余秋良教授
中醫結合專家

Dr. YEUNG Chi Keung
楊志強醫生
The University of Hong Kong
香港大學

Prof. CHEN Dacan
陳達燦教授
Guangdong Provincial Hospital of Chinese Medicine
廣東省中醫院

Dr. LOO King Fan Steven
盧景勳醫生
The Chinese University of Hong Kong
香港中文大學

Prof. HON Kam Lun Ellis
韓錦倫教授
The Chinese University of Hong Kong
香港中文大學

Ms. CHING Yuet
程月玲女士
The Chinese University of Hong Kong
香港中文大學

Mr. SUM CMP
蘇子謙
The Chinese University of Hong Kong
香港中文大學

林志秀教授
余秋良教授

大會主席

線上研討會 WEBINAR
中醫和西醫如何有效應對中風後治理
18-OCT-2020

中西醫學平台 **STROKE:** WHERE CHINESE MEDICINE AND WESTERN MEDICINE EXPERTISE MATTERS
中醫、西醫、護士 都有學分

Speakers 講者

Prof. GAO Li
高利教授
IM specialist
中國醫藥科學院
中醫藥博士大學

Prof. LIU Ke-jian Jim
劉克建教授
The University of New Mexico
新墨西哥州大學

Prof. CHEUNG Tak Fai Raymond
張德輝教授
The University of Hong Kong
香港大學

Prof. SHEN Jiangang
沈劍剛教授
The University of Hong Kong
香港大學

Dr. LAU Yuk Lun Alexander
劉玉麟醫生
The Chinese University of Hong Kong
香港中文大學

Prof. LIU Ke-jian Jim
劉克建教授
The University of New Mexico
新墨西哥州大學

A. Prof. ZHANG Lidana Linda
鍾麗丹博士
Hong Kong Baptist University
香港浸信會大學

Dr. YU Chau Leung Edwin
余秋良醫生

沈劍剛教授
余秋良醫生

大會主席

線上研討會 Webinar
中醫和西醫如何有效應對乳癌
21-Mar-2021 Sunday (星期日上午9:30 a.m.)

中西醫學平台 **BREAST CANCER:** where Chinese medicine and Western medicine expertise matters
中醫、西醫、護士 都有學分

Speakers 講者

Dr. CHEUNG Suk Yee Polly
張淑儀醫生
The University of Hong Kong
香港大學

Prof. LIN Lizhu
林麗珠教授
Guangzhou University of Chinese Medicine
廣州中醫藥大學

Dr. TSANG Wing Hang, Janice
曾詠恆醫生
Founding Convener, Hong Kong Breast Oncology Group (HKBOG)
香港乳腺癌研究組召集人

Dr. CHEN Jianping, CMP
陳進萍博士
The University of Hong Kong
香港大學

Dr. WONG Wendy
黃韻婷博士

Dr. SO Tsz-him
蘇子謙醫生
The University of Hong Kong
香港大學

Prof. FENG Yibin
馮奕斌教授

Prof. YU Chau Leung Edwin
余秋良教授

大會主席

in Collaboration with Universities, Schools and Academy

YU talk 2023

三個選定疾病 3 Chosen Diseases

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The Chinese University Hong Kong 香港中文大學

Hong Kong Baptist University 香港浸會大學

The University Hong Kong 香港大學

RESEARCH

Open Access

Integrated Chinese and western medicine interventions for atopic dermatitis: a systematic review and meta-analysis

Chi Him Sum¹, Jessica Ching^{1,2}, Hongwei Zhang^{1,2}, Steven Loo², Cho Wing Lo¹, Mei Kwan Lai¹, Pui Kuan Cheong¹, Chau Leung Yu¹ and Zhi-xiu Lin^{1,2*}

Abstract
Background: Atopic dermatitis (AD) is a chronic relapsing skin disease characterized by recurring episodes of itchy skin with erythema and surface damages. Chinese medicine (CM) is widely used in China not only by its own, but also used in combination with conventional Western medicine (ICWM). Although many clinical trials on the effectiveness of ICWM on AD have been conducted, how up to date, no sound evidence has been established on the clinical effectiveness and safety of ICWM for AD.
Objectives: To systematically review the currently available clinical evidence on the clinical effectiveness and safety of ICWM for AD.
Methods: Randomised and quasi-randomised controlled trials, which investigated the effectiveness of ICWM with one control group using the same conventional interventions, no treatment or placebo, were searched in four English (CENTRAL, MEDLINE, EMBASE, AMED) and three Chinese (CNKI, CBM, WanFang Med) databases we searched. Risk of bias was assessed according to the Cochrane's tool. Meta-analysis was performed to pool the results.
Results: From 1473 entries, 55 studies were included, involving 5953 participants aged 1 to 77 years old. Duration of treatment ranged from 1 to 24 weeks. Only 2 studies were found to have low risk of bias, and the other 50 studies were with high risk of bias. No sound evidence was found to be superior to WM alone in improving clinical severity of AD (measured by EASI, SCORAD, and quality of life (r over by CDLQI, DLQI), long term control of AD (recurrence rate), patients/investigator global score (clinical effectiveness rate), and serum IgE level. Adverse events associated with ICWM were found to be comparable with WM alone. ICWM seems to produce superior treatment response than WM alone in managing AD without increased risk of adverse events. However, the current available evidence remains weak to make a confident decision.
Keywords: Atopic dermatitis, Integrated Chinese-Western medicine, Chinese medicine, systematic review, meta-analysis

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Full list of author information is available at the end of the article

Background
Atopic Dermatitis (AD) is a chronic relapsing skin disease characterized by recurring episodes with skin erythema, dryness, thickening and swelling. AD skin lesions usually appear on the face, neck of the hands and feet, and itchiness and sleep loss



Systematic Review

系統性審慎研究

Questionnaire to Experts

問卷專家對專病

Clinical Strategic Framework

策略性臨床醫療框架

Open access Review

Would integrated Western and traditional Chinese medicine have more benefits for stroke rehabilitation? A systematic review and meta-analysis

Linda LD Zhong¹, Ya Zheng¹, Alexander Y Lau², Norman Wong¹, Liang Yao³, Yiyao Wu¹, Te-jeng Shao⁴, Zhenxing Lu⁵, Huijuan Li⁶, Chun Sun Yuen⁷, Yanyan Chen⁸, Yata Chau⁹, Kam Wa Chan¹⁰, Yanyan Chen¹¹, Yanyan Chen¹², Yanyan Chen¹³, Yanyan Chen¹⁴, Yanyan Chen¹⁵, Yanyan Chen¹⁶, Yanyan Chen¹⁷, Yanyan Chen¹⁸, Yanyan Chen¹⁹, Yanyan Chen²⁰

Abstract
Background: Stroke is a leading cause of death or long-term disability. Stroke rehabilitation is a complex process. The integration of Western medicine (WM) and traditional Chinese medicine (TCM) in stroke rehabilitation has been widely used. However, there is no available evidence on the effectiveness of the combined use of WM and CM interventions in stroke rehabilitation.
Aims: The purpose of this meta-analysis is to evaluate the results of all individual studies to assess the combined use of CM and WM in stroke rehabilitation compared with WM only.
Methods: The Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines were followed. Databases searched include MEDLINE, EMBASE, Cochrane and China National Knowledge Engineering Support System Database. The inclusion criteria were: (1) randomised controlled trials comparing WM with WM plus CM; (2) studies published in English; (3) studies published between 1980 and 2020. The quality of publication bias was assessed using funnel plots.
Summary of review: 58 studies and 6339 patients were included in the meta-analysis. Subgroup analysis revealed that the combined use of WM and CM was superior to WM alone in improving clinical severity of stroke (measured by mRS, Barthel's ADL, and FIM), long-term control of stroke (recurrence rate), patients/investigator global score (clinical effectiveness rate), and serum IgE level. Adverse events associated with ICWM were found to be comparable with WM alone. ICWM seems to produce superior treatment response than WM alone in managing stroke without increased risk of adverse events. However, the current available evidence remains weak to make a confident decision.
Keywords: Stroke, Integrated Chinese-Western medicine, Chinese medicine, systematic review, meta-analysis

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Review Article Systematic Review with Meta-Analysis: Efficacy of Acupuncture as Adjuvant Therapy for Solid Drug Therapy-Receiving Breast Cancer

Yau-Tuen Chan¹, Ning Wang¹, Chi-Wing Tam¹, Hor-Yi Edwin Chau-Leung Yu³, Lixing Lao⁴, and Yibin Feng¹

¹School of Chinese Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, Hong Kong; ²Department of Clinical Oncology, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong, Hong Kong; ³Hong Kong Association for Integration of Chinese-Western Medicine, Hong Kong, Hong Kong; ⁴Virginia University of Integrative Medicine, 9401 Mathy Dr, Fairfax, VA, USA

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Objective: To investigate the potential benefits and safety of acupuncture on patients with breast cancer using a PRISMA standard systematic review controlled trials from nine databases in English and Chinese language were searched. The primary outcome was the efficacy of acupuncture in relieving side-effects of chemotherapy-induced side-effects in the treatment of breast cancer. The secondary outcome was the safety of acupuncture. **Results:** From 1473 entries, 55 studies were included, involving 5953 participants aged 1 to 77 years old. Duration of treatment ranged from 1 to 24 weeks. Only 2 studies were found to have low risk of bias, and the other 50 studies were with high risk of bias. No sound evidence was found to be superior to WM alone in improving clinical severity of AD (measured by EASI, SCORAD, and quality of life (r over by CDLQI, DLQI), long term control of AD (recurrence rate), patients/investigator global score (clinical effectiveness rate), and serum IgE level. Adverse events associated with ICWM were found to be comparable with WM alone. ICWM seems to produce superior treatment response than WM alone in managing AD without increased risk of adverse events. However, the current available evidence remains weak to make a confident decision.

1. Background
Breast cancer is the fifth leading cause of cancer mortality worldwide [1]. Current treatment strategies include surgical excision, hormonal therapy, radiation therapy, chemotherapy, and antibody treatment [2]. Adjuvant treatments are often offered to patients after mastectomy. However, side effects are commonly observed from the patients, especially

milder side effects such as infertility, amenorrhea, and menopause [3, 4]. Acupuncture is a traditional Chinese medicine (TCM) intervention. It has been widely used in the treatment of various conditions, including pain, nausea, and vomiting [5]. Acupuncture has been found to be effective in relieving side-effects of chemotherapy-induced side-effects in the treatment of breast cancer. The primary outcome was the efficacy of acupuncture in relieving side-effects of chemotherapy-induced side-effects in the treatment of breast cancer. The secondary outcome was the safety of acupuncture.

Hindawi

frontiers in Oncology

Chinese Herbal Medicine for Reducing Chemotherapy-Associated Side-Effects in Breast Cancer Patients: A Systematic Review and Meta-Analysis

Sha Li^{1*}, Tsz-him So^{2*}, Guoyi Tang¹, Hor-Yue Tan¹, Ning Wang¹, Bacon Fung Leung Ng³, Chris Kam Wa Chan⁴, Edwin Chau-Leung Yu^{5*} and Yibin Feng^{1*}

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Background: Chemotherapy usually induces a variety of side-effects in cancer treatment, as it cannot tell normal cells apart from cancer cells and kills both. Chinese herbal medicine (CHM) has been regarded as a potential effective intervention for relieving the side-effects of chemotherapy in breast cancer patients.

Objective: This study aims to conduct a comprehensive systematic review and meta-analysis to evaluate the efficacy of CHM as adjuvant therapy for reducing the chemotherapy-induced side-effects in the treatment of breast cancer.

Methods: Main electronic databases were searched up to May 2020 for Randomized Controlled Trials (RCTs) evaluating the effect of CHM on breast cancer patients with chemotherapy. The PRISMA statement was adopted in this study and meta-analysis were performed.

Results: The included studies showed unsatisfactory quality. Results based on available literature indicated that the adjunctive use of CHM with chemotherapy may reduce the chemotherapeutic agents-associated adverse events, including nausea and vomiting, diarrhea, alopecia, myelosuppression, and impaired immune function.

Conclusion: A confident conclusion could not be had due to the lack of large scale and high quality trials.

Keywords: herbal medicine, chemotherapy, side effect, breast cancer, meta-analysis

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frontiersin.org

1

Result and Conclusion

When disease is moderate to severe, CM+WM is better than exclusive CM or WM medicine for patient care.

[中醫+西醫]
好 > 單用中醫/單用西醫

- 尋找誘發原因及確立治法。中醫考慮的原因可能與西醫不同，有內因也有外因，審因論治，根據原因再確立治療方法。
- Patient preference has to be considered

大學-系統性評審研究
Systematic Review
by Universities

Evidence
證據

Experience
專家經驗

Questionnaire on
Specific Diseases
問卷專家對專病

- **Strokeancer**
- **中風後治理** 中西醫有用

rt-PA (Actilyse) 為目前唯一被認為治療急性缺血性中風有效的藥物，但僅限於發病3小時內使用。

安宮牛黃丸與rt-PA聯合有效用藥治療

:

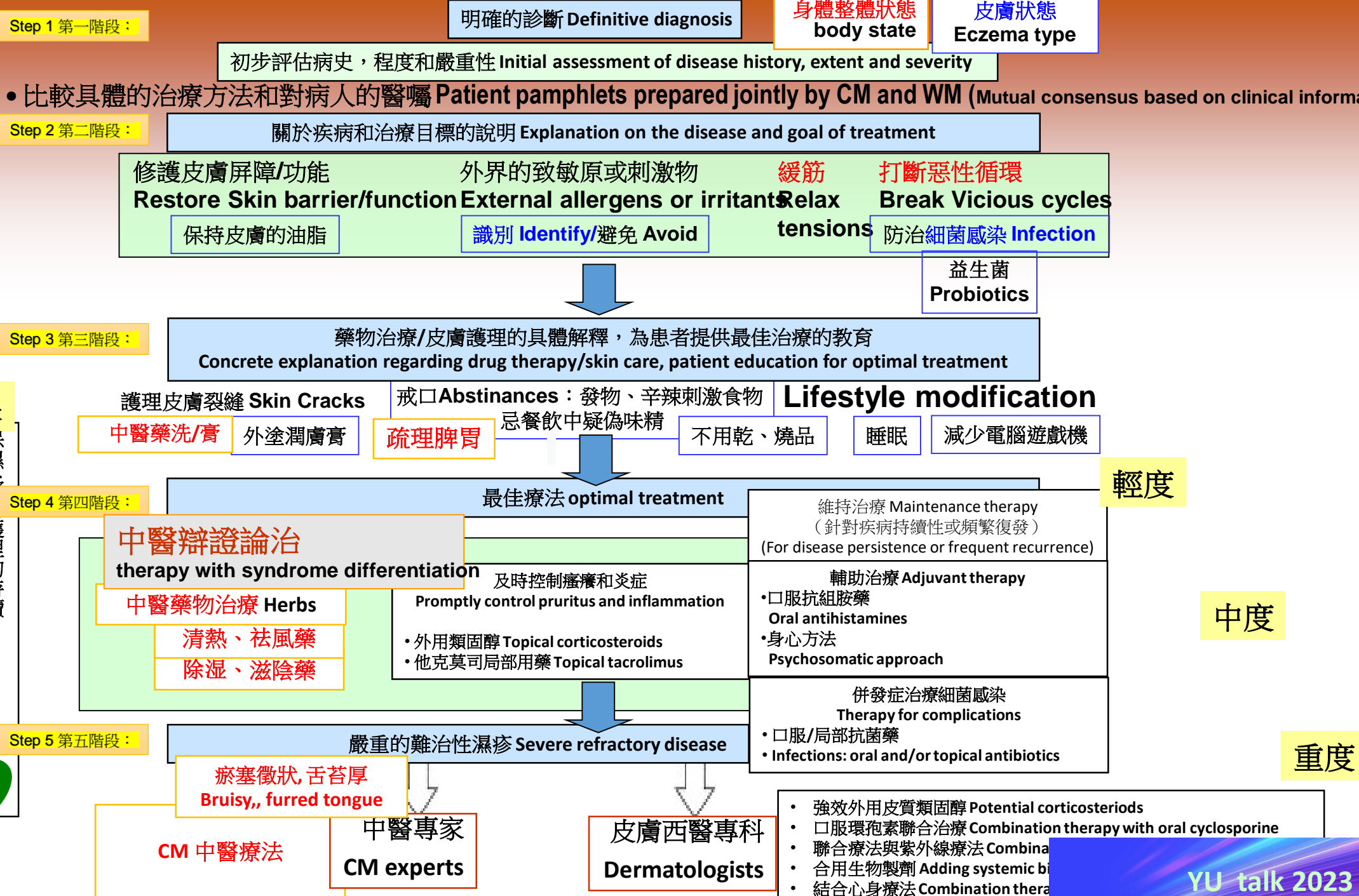
阻斷過氧亞硝基介導的血腦屏障破壞, 減少溶栓出血及死亡率新機遇

Angong Niu Huang Pill as an Adjunct Therapy : A new opportunity for thrombolytic therapy to reduce peroxynitrite-mediated hemorrhagic transformation and mortality in ischemic stroke

策略性醫療
Refined
Clinical
Strategic
Framework
on Eczema

中醫 CMed 紅Red
西醫 WMed 藍Blue

Eczema
濕疹



- Eczema

- 濕疹 中西醫可治

F/50

Y26406

Eczema since infancy 從小就濕疹

眼乾, 耳鳴

Seen many dermatologists

看過很多皮膚科醫生 中醫

BO 1/2d

用更輕的藥 (副作用少) 治療難醫的病

Using more gentle medicine to treat difficult diseases

治療 — RX

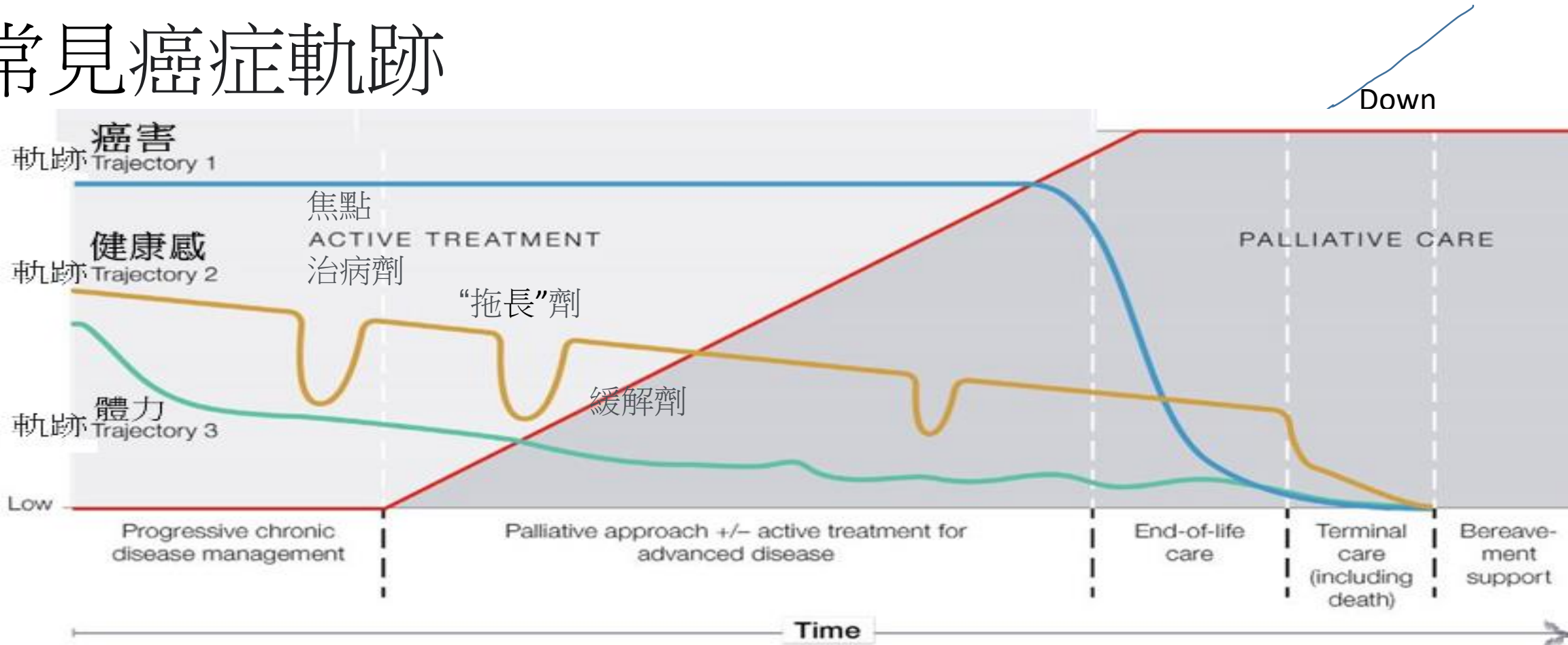


Local 外用 Just Moisturizer 只用保濕



Y26406

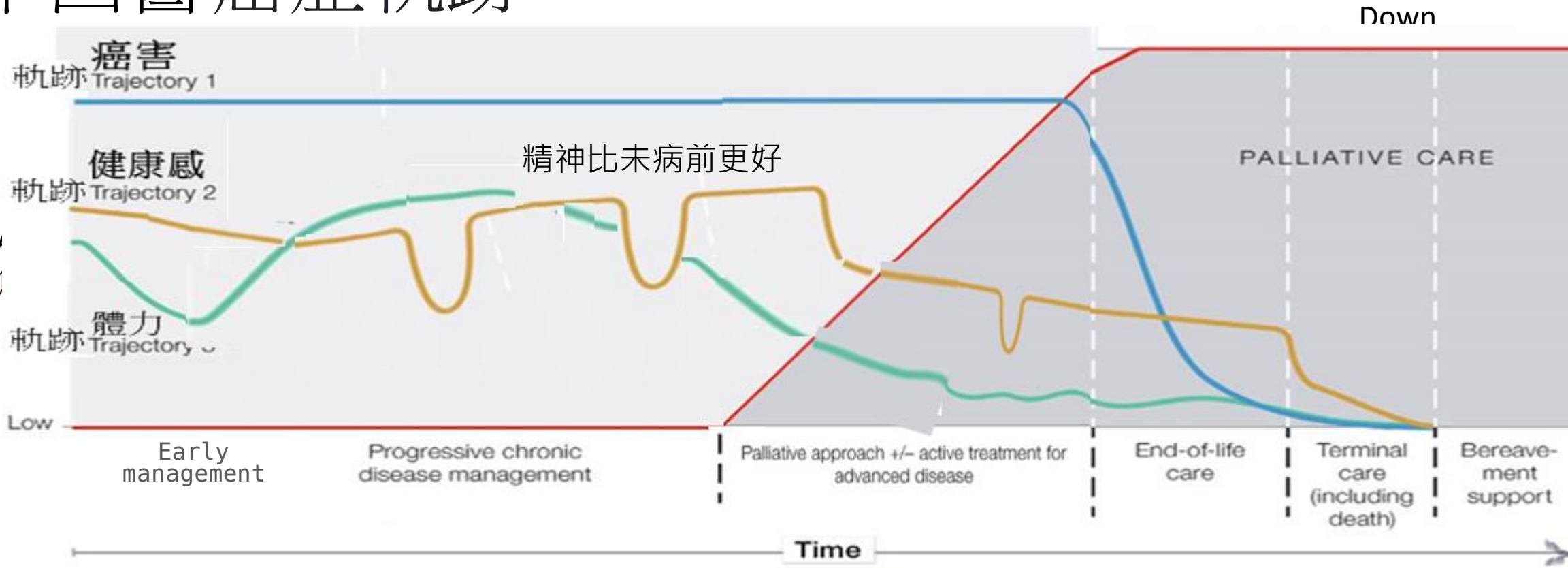
常見癌症軌跡



Changed Lifestyle 生活方式苦改

New triggers 新觸發增加

中西醫癌症軌跡



Changed Lifestyle 生活方式苦改

New triggers 新觸發增加

A case to illustrate 一個案例來說明

colon cancer大腸癌 pT3N1b(3/15) mod diff adenoCa

- F/52 Y25188
- 2015.3 Dx colon cancer stage 3 + obstructed (splenic flexure) 大腸癌 + 腸梗阻
- Operation + 40% colon resected
結腸切除 clear margins
- ChemoRx化療 8x → numb hand + leg手 + 腿麻, memory reduced記憶減少
- PH: gout Lt knee左膝痛風 Nov 2015.11 x2, then Rt ankle右膝
- BP 150/80 started HBP med
- 2020 Diabetes noted

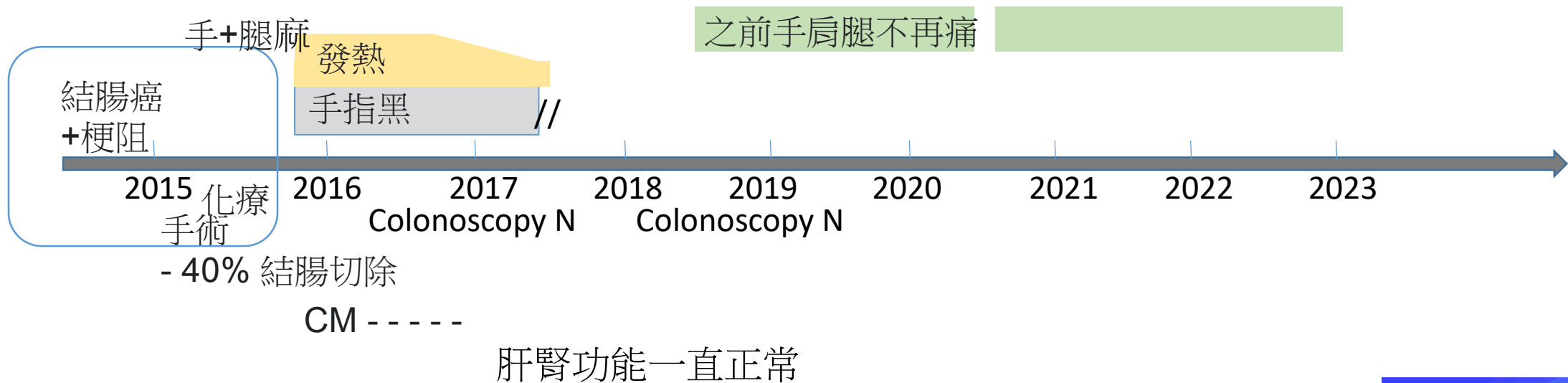
腸梗阻是晚期腹癌的常見並發症，尤其是結腸癌。
Bowel obstruction is a common complication of late-stage abdominal cancer, especially colon cancer.

Winner M. (2013) Dis Colon Rectum.56(7): 834–843.

Unexpected Results 意想不到的結果

- 癌治癒

- 「防癌復發」



Another case to illustrate 另一個案例來說明

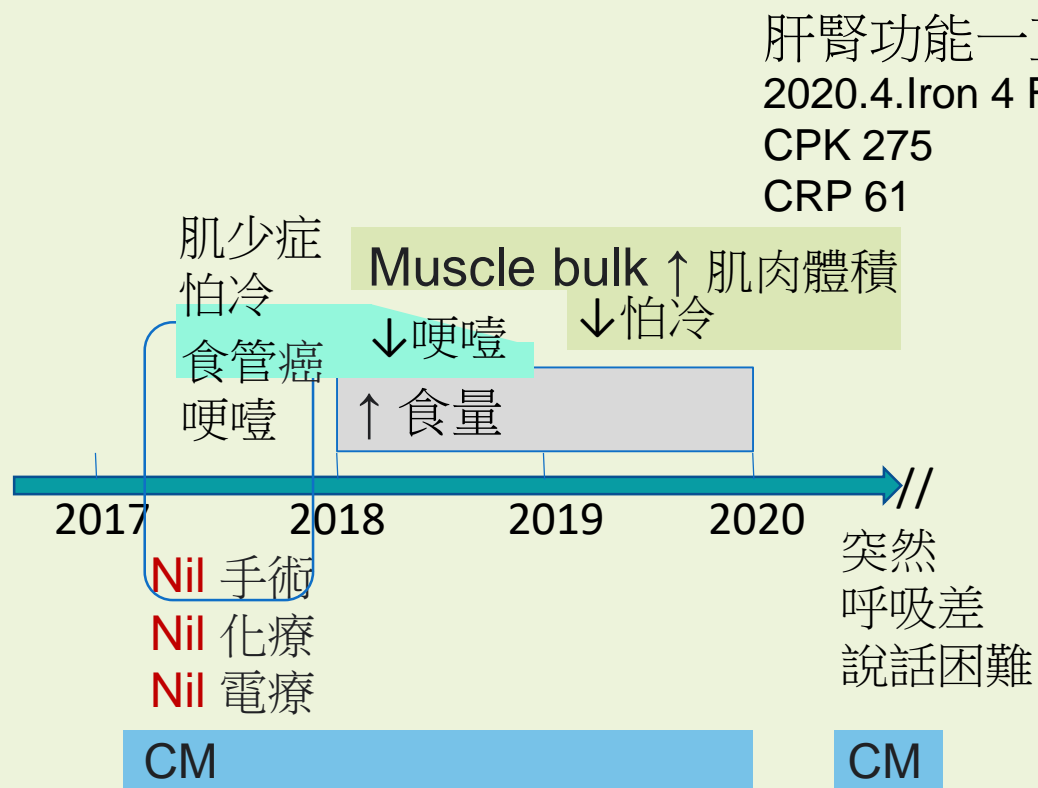
- Y31823 F/83
- Poor physique 體質非常差
- 2017.7 Poor control for saliva, choking 哽噎, feed less,
- 2017.10 gastroscopy TMH, Ca oesophagus 食管癌, planned radioRx
- PET:局部localized at oesophagus + Lt parotid adenoma 腮腺瘤
- PH: 2010頸動脈狹窄 Carotid stenosis, Tremor, weak and sarcopenia 肌少症, 怕冷
- On losartan, simvastatin, aspirin

Unexpected Results 意想不到的結果

- 癌無法治癒

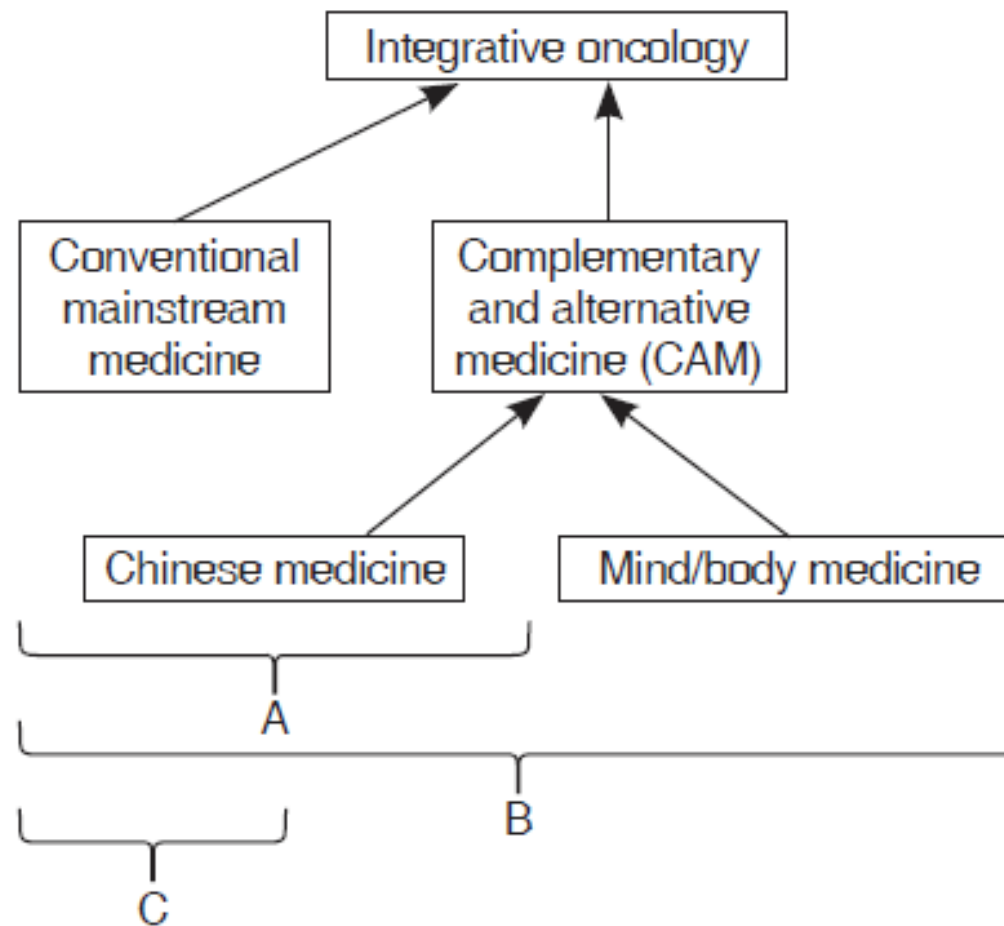
「身體精神比未病前更好」

- Dx 2017.10 Ca oesophagus 食管癌
- Died 2022.4 延長好的生命



Integrative as Addition ? 加法？為整合

- 中醫
- 西醫



Three Models of Integrative Oncology in the West (A) and (B) and in China (C) according to the Definition of IM⁽¹⁾

癌症是個多面化的病症

西醫不斷有新的發現 vs 中醫不斷有新的啟發

change the tumor size 大小
change the tumor properties 屬性
change the microenvironment 微環

• 明天的會蓋過今天的

• 化療是癌症患者藥物治療的基石

→

Cancer Subtypes
Precision Medicine
精準醫學
+ Target Therapy
靶向治療

Physical 物理
Chemical 化學
+ Mimics 模擬劑
+ Inhibitors 抑製劑
Immunological 免疫
Biological 生物
? Stem Cells 幹細胞移植

新的治療方法

毒性中藥
活血化瘀類中藥
利水滲濕類中藥
疏肝理氣類中藥

新的治療中藥

清熱解毒類中藥
化痰軟堅散結類中藥
祛風濕類中藥
補益類中藥

中醫藥在癌綜合治療中的作用

• 以毒攻毒中藥抗癌的現代解釋
• 新的研究揭示各種草藥機制
• 配合形式

• 病因，病理，治法

Carcinogenesis 病始

1. 生長信號的自給自足
2. 對身體生長抑制信號不敏感
3. 避開細胞凋亡
4. 無限的複製潛能
5. 持續有血管生成供應
6. 侵襲性和轉移性
7. 能量代謝的重新編程
(AMPK 和神經鈣蛋白, CRTC-1 和 CREB)
8. 逃離開身體免疫破除它
9. 腫瘤+促進炎症

Concepts on carcinogenesis 病理

- 大多數 clonal 起源
- 涉及多重步驟
- 發生在增殖組織中
- 宿主因素(衰老,炎症)重要影響

中醫病因: 毒, 瘀, 痰, 濕, 鬱, 虛

STRATEGIZING 運籌帷幄

WM + CM

Orthodox 普遍接受的 Advance 驅步趨上 New Developments 新的研究揭示各種草藥機制

疾病的本質
靶點
經絡氣血
祛瘀新生

• Precision 精準

矛盾歸結

新的機制
New Mechanisms

• 中西醫

中西醫BodyMap
身體圖位

收集各種資訊

• 中醫

四診法
炎症治療

生物方法治病

• 西醫

精確探測

引入細胞資訊科技

科學方法治病

- 借系統論，統一整體邪、正、消、長
- 結合人體互相作用的特性

IJOP 中西醫醫學平台及中西醫協作路向調查

Survey 問卷普查

2. 營造一個環境氛圍

2015年以來、中醫西醫大大
放開懷抱！

Profile similar to a randomly
selected small group WM and CM

Both	Learn	Gap	Confuse	Popular	Open	EBM	(alone)	Institution	Support	Refer
------	-------	-----	---------	---------	------	-----	---------	-------------	---------	-------

Doctor's Response Distribution 西醫問卷回應之

28	101	49	189	58	121	231	50	95	90	63
105	153	132	198	143	181	171	91	188	163	168
152	135	147	69	161	131	71	93	134	152	151
85	51	82	33	70	35	31	119	48	49	57
5	53	83	28	54	33	19	116	31	41	30
5	37	39	14	45	31	9	62	35	37	34
A1	A2	A3	A4	A5	B1	B2	B3	B4	B5	C1

多了中醫西醫唱中西醫不見外。

0	55	110	80	123	94	20	109	88	64
159	136	132	134	134	233	132	211	175	40
162	171	152	159	204	115	136	100	142	80
38	62	62	73	62	25	84	23	40	173
25	46	52	47	28	8	53	21	22	132
31	25	46	39	17	3	7	16	21	46
D11)	D1	D2	D3	D4	D5	D6	D7	D8	D9

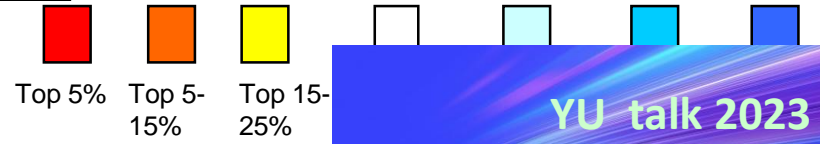
#2

CMP's Response Distribution 中醫問卷回應之分佈:

6	288	352	211	115	277	300	196	67	304	284	276	283	283	256	72	128	180	208	103	25	30	126	191	79	65	79	17
5	98	72	131	93	101	114	101	62	91	114	114	125	104	119	85	105	97	122	81	33	33	110	133	74	83	118	47
4	62	32	61	88	49	42	65	95	54	52	52	38	45	48	104	83	101	81	93	63	71	88	81	74	102	95	62
3	15	12	29	69	26	11	41	80	20	18	10	12	19	18	78	70	55	25	80	81	82	54	28	40	56	63	79
2	13	7	20	56	17	10	26	76	7	12	2	4	6	9	54	33	14	16	53	97	110	33	13	70	65	50	108
1	7	9	30	60	12	6	43	101	7	4	11	2	7	7	62	39	13	10	46	154	126	41	8	118	79	39	135
A5	A4	A3	A2	A1	B1	B2	B3	B4	B5	C1	C2	C3	C4	C5	C6	C7	C8	(D4)	D1	D2	D3	D5	D6	D7	D9	D10	

Both	Learn	Gap	Confuse	Popular	Open	EBM	(Danger alone)	Institution	Support	Referral	Care better	Share	Institution	Guide	(Insurance)	Education	Platform	Enhance
------	-------	-----	---------	---------	------	-----	----------------	-------------	---------	----------	-------------	-------	-------------	-------	-------------	-----------	----------	---------

WM 西醫 18common + 13 Qs
CM 中醫 18common + 9 Qs





Review in WHO up to 2022

Real world study, n (%)

Case report, Case series
247 (40.62%)

Cross-sectional study
181 (29.77%)

Cohort study
76 (12.5%)

Clinical trial
104 (17.11%)

• 新冠肺炎〔中國中醫抗疫傳說〕



WHO Expert Meeting on Evaluation of Traditional Chinese Medicine in the Treatment of COVID-19
(28 February – 2 March 2022)

香港醫療政策在中西醫結合中有了定向

解決行醫矛盾

- 要為個別中醫西醫建立個人單位的中西醫結合醫行訣、
- 要為中醫西醫合作單位建設成團隊協作的模式、
- 要鋪平醫療思維框架不使中醫西互為見外辟而不合、
- 要把中西難通的不同語法鬆綁、

中國香港式

- 中醫西醫
- 分別學
- 分別用
- 中西醫協作

- 行政會議中有高永文醫生，是香港中西醫醫學會前會長；
- 立法會有西醫林哲玄、中醫陳永光，兩位對中西醫療互動互補十分支持；
- 港區全國人大代表中亦有醫學界的中西醫藥界代表，人才完備。
- 醫管局下的西醫院，及快建成的中醫醫院；中西醫基層配套，以社區為中心的體制，為更多中醫西醫建立在基層醫療服務的融合方法和機制
- 。

解決政制矛盾

- 推動政府政策的中醫西醫；
- 中醫更專業化，並更融合香港醫療體系
- 容許中醫師可轉介病人予放射技師和醫務化驗師，以作診斷成像檢測及化驗檢查/*vs*/中醫與普通科醫生應具備相同轉介權
- 中醫治療慢性疾病的優勢，而加入「一人一中醫」
- 設立中醫藥發展專員
- 「醫健通」互通範圍涵蓋
- 公營醫療中醫人員 \$ 薪級

賽馬會健康護理學院 Open U



- 公開大學
- 將開辦全港首個中醫護理碩士課程. 何文田常盛街的土地興建新校舍. 2020年落成
- 兩年制兼讀課程，與廣州大學和浙江大學的中醫學院合辦
- 專為註冊護士而設，教授中藥藥理、把脈、針灸甚至氣功等，學生有機會到內地中醫院實習，
- 預計每年收生約40人，全期學費共約8萬至9萬元，

醫療界同事們

- 應把握當下的環境，在這個中西滙聚的地方，打造一個香港獨特的中西醫結合的模式，更勝於國內國外，因而創造榜樣，面向世界。到最好的標準配合

各位市民

- 我們這一代，尤其是在香港，中西醫文化相得益彰是幸福的。醫學既可藉西方科研方法學來研究分析，又可從中醫累積千年的思維及經驗中琢磨觀點。可望求同存異，

從事服務的

- 推行醫療健康服務的，應了解不論中西醫學，其醫學本質均以增強人體健康、減少疾患之苦，使人類生活應付裕如，得以長壽為首要目的。

專家們

- 為醫學精益求精，要明白疾病與身體底子互相制化，身體不好之時有疾病與身體本身好的會治理重點不同，另外疾病轉化併發症亦與身體體本變壞多了編位錯配表現

- 我們應該倡議更多的團結，從香港走向世界。通過良好的路線圖將專家、患者和商界聚集在一起：願景、價值觀、可操作性；以健康和患者為中心。
- We should provide a good initiative to bring more unity. From Hong Kong to go global.
- Coming together of experts, patients, business men by a good roadmap with vision, values, and actionables, being health and patient focused.

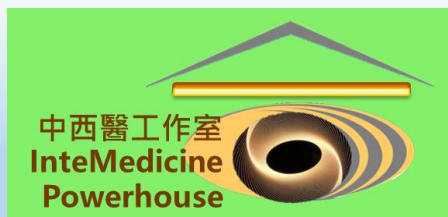
重組醫療流

Reorganized medical stream

重組患者資源

Reorganized patient resources

Join hands @
imed3pwhouse@gmail.com



解決矛盾

現有細則

大開懷抱

1. 協作思維
2. 中西治理框架
3. 協作：策略性醫療框架 Clinical Strategic Framework

1. 協作思維

痛症

• 為什麼肌肉骨骼疼痛問題未能解決

黃河山醫生

• 中西醫結合治理頭痛 (包括頸源性及其他頭痛)

張忠德教授

• Primary Reference Framework 基層醫療常見肌骨問題 - 腰痛和膝關節骨關節炎：基層參証框架的重要

林敬熹醫生

• 針灸治療肌骨痛症

楊君軍博士

• 使用包括局部麻醉劑注射藥物治療疼痛

李靜芬醫生

• 水中太極治療痛症之成效

蘇俊龍博士

• 如何達致舒穩適身模式

余秋良教授

設計

于專病不是單單只拉上中醫西醫而是--有目標據有效圖則去設置



主辦機構

香港浸會大學
HONG KONG BAPTIST UNIVERSITY

中醫藥學院
School of Chinese Medicine

合作機構

「中西醫基層醫療肌骨痛症」研討會

Seminar on Integrated Musculoskeletal Pain Management In Primary Care

2023年3月26日(星期日) 2:00pm – 5:30pm

PROFILE

主講：
香港中西醫結合醫學會
中西醫學平台
香港浸會大學中醫藥學院

會議組織委員會：
大會主席
呂慶平教授
余秋良醫生
會議主持
林志秀教授
卜兆祥教授

語言：
廣東話及普通話為主 (英語為輔)

學分：
註冊中醫進修學分: 3學分
針灸進修學分: 3學分
註冊西醫進修學分: 申請中
物理治療/職業治療進修學分: 申請中

行政費：
領取「註冊中醫進修學分冊」及「進修醫藥人員進修證書」之行政費為港幣300元正。行政費必須於活動開始前全數繳付。否則本會有關不作進修相關證書。
(所有已繳費者恕不發還)

INTERESTS

Musculoskeletal Pain
CM-WM collaborative skills
針灸療法
中醫西醫合作技巧

CONTACT

活動查詢
電郵: icjqs@hkaim.org.hk
電話: 3575 8603
WhatsApp: 4624 2367

學分查詢
電郵: info@hkaim.org.hk
電話: 3119 1858

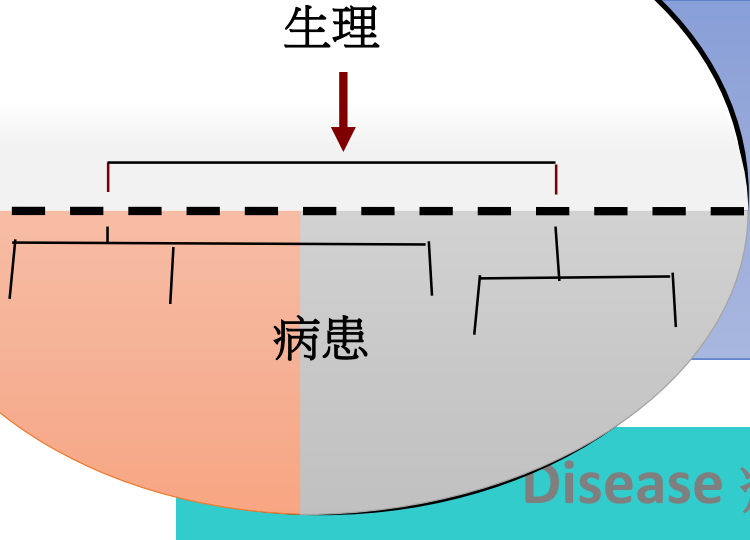
詳情及報名
(3月23日截止報名)

支持機構

資助機構

Any opinions, findings, conclusions or recommendations expressed in this material/cover (or by members of the project team) do not reflect the views of the funder. Support programme of the Innovation and Technology Fund. 任何意見、發現、結論或建議均屬個人或小組意見，與資助機構無關。

日期 2023年3月26日(星期日)		
時間 2:00pm – 5:30pm		
形式 實體會議及網上ZOOM同步		
場地 香港浸會大學 夏利萊博士演講廳 (WLB 103室) (地圖見附頁)		
01:30pm-02:00pm	登記入場	
02:00pm-02:05pm	開幕致辭	
02:05pm-02:20pm	主禮嘉賓致辭	
02:25pm-02:50pm	Current gaps in understanding about musculoskeletal pain and its management 為什麼肌肉骨痛疼痛問題未能解決	Dr. WONG Ho Shan Steven 黃河山醫生 香港疼痛學會會長
02:50pm-03:15pm	Integrated management of headaches 中西醫結合治理頭痛 (包括頸源性及其他頭痛)	Prof. Zhang Zhongde 張忠德教授 廣東省中醫藥院院長
03:15pm-03:40pm	Common Musculoskeletal Problems in primary care: Low back pain and OA Knee - Role of Primary Reference Framework 基層醫療常見肌骨問題 - 腰痛和膝關節骨關節炎：基層參証框架的重要	Dr Lam King Hei, Stanley 林敬熹醫生 香港肌骨醫學研究中心主席
03:45pm-04:10pm	Use of acupuncture for musculoskeletal pain 針灸治療肌骨痛症	Dr YANG Junjun 楊君軍博士 香港浸會大學中醫藥學院 臨床部副主任
04:10pm-04:35pm	Using drugs including local anaesthetics injections for pain 使用包括局部麻醉劑注射藥物治療疼痛	Dr. Li Ching Fan, Carina 李靜芬醫生 香港肌肉骨痛病學會會長
04:35pm-05:00pm	Effect of Water Tai Chi (Ai Chi) for musculoskeletal pain 水中太極治療痛症之成效	Dr. SO Chun Lung, Billy 蘇俊龍博士 香港理工大學康復治療科學系 助理教授
05:00pm-05:15pm	Being Snug and fit 如何達致舒適適身模式	Prof. YU Chau Leung Edwin 余秋良醫生 中西醫學平台總監 香港中西醫結合醫學會榮譽會長
05:15pm-05:25pm	Q&A 問答環節	
05:25pm-05:30pm	閉幕致辭	

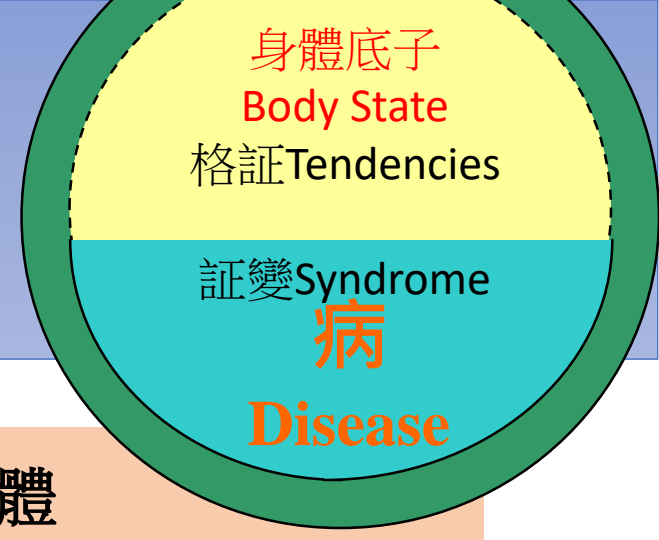


治理概要

Body Management

中醫西醫適用

2. E.Yu 2022 中西治理框架



Disease 病變

Body 身體

病變

病變

身體

身體

Local - 局部

General - 整體

Body State - 底子

Elaboration – 體緻

- 局部病變
Local disease

- 整體病變
General disease

- 証conglomerate
profile : -

- Feature Setup
組合編列

- 格証Tendencies
 - (Constitution 體質)
- 証變Syndrome

- Fascia 筋膜
 - adhesions 粘連
derangement 亂序

- Injury 傷
(甲)

- Toxic 毒
(乙)

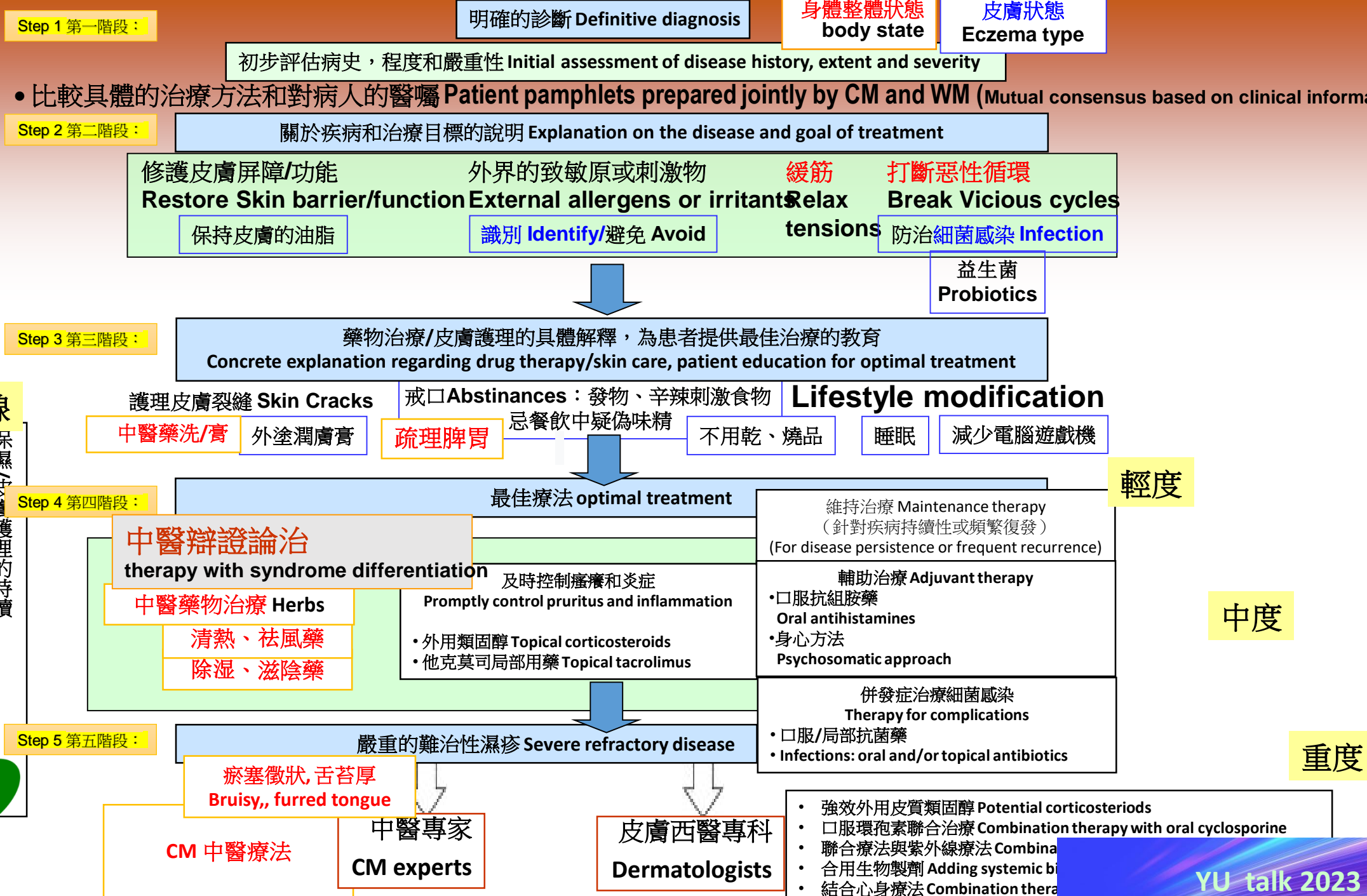
- Wrecked 殘
(丙)

- Processes 錯亂
(丁) 積、聚、癥、瘕

3. 策略性醫療框架 Refined Clinical Strategic Framework on Eczema

中醫 CMed 紅Red
西醫 WMed 藍Blue

Eczema
濕疹



基線
保濕/皮膚護理的持續
Continuation of moisturizers/skin care

輕度

中度

重度

一起工作 Working together

- 輔助醫療人員的力量 The power of paramedics
- 急症護理：針灸及外治 Acute care: acupuncture, moxibustion and external remedies
- 新技術越來越依賴輔助醫療人員

解決矛盾

現有細則

大開懷抱

1. 協作思維
2. 中西治理框架
3. 協作：策略性醫療框架 Clinical Strategic Framework

1. 新技術 New technology
2. 中醫西醫比效
3. 醫學思維範式轉移 New medical paradigm

中西醫一體

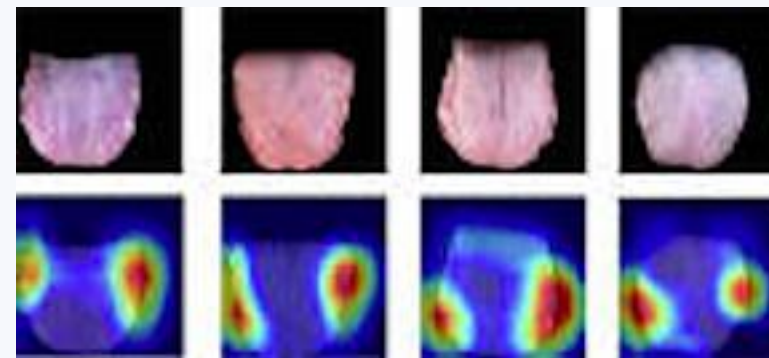
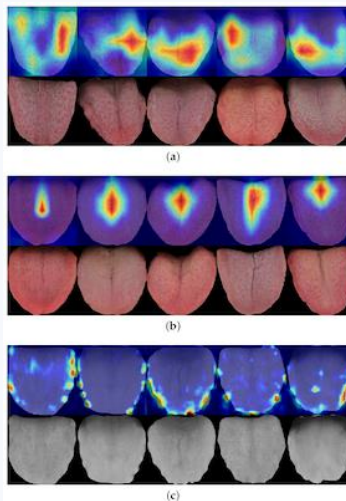
輔助醫療人員的力量 The power of paramedics

中醫 IT 工具

Imaging 舌象儀



Hypertaste, IBM
AI assisted eTongue



AI tongue diagnosis

Xu Wang et al 2020

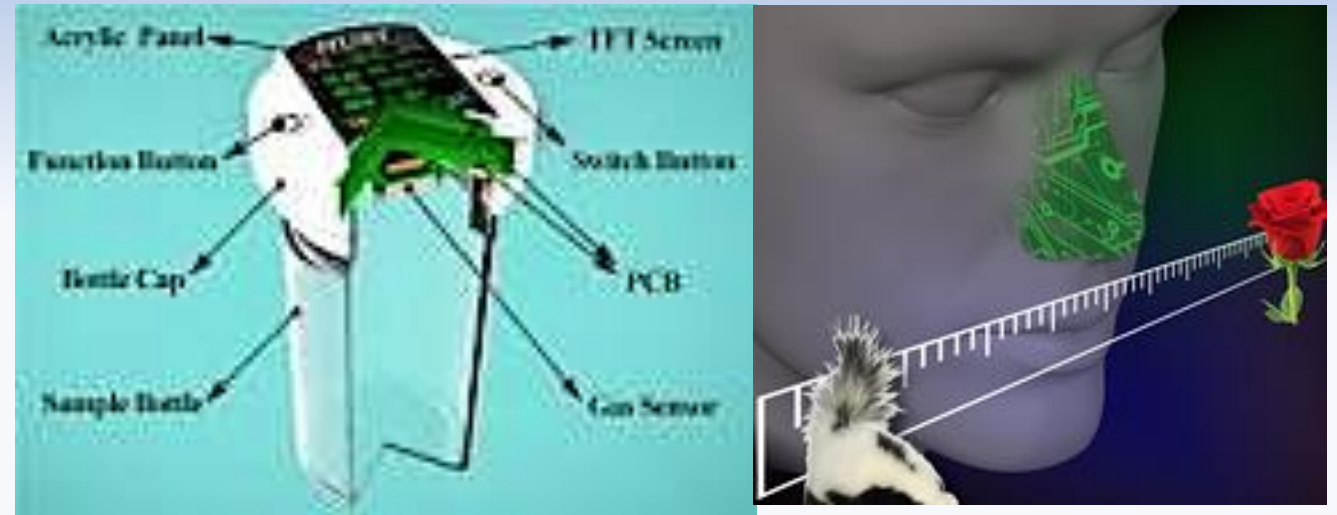
Artificial intelligence in tongue diagnosis: Using deep convolutional neural network for

Yang Z. et al. An Intelligent Tongue Diagnosis System via Deep Learning on the Android Platform. Diagnostics 2022, 12:2451
Struct Biotech J. 18:973-980

中草藥品質控制 Herb Q.C.



Centre for Chinese Herbal Medicine Drug Development



machine olfaction as applied to the identification of Chinese Herbal Medicines

a new quantitative index for quality control of CHMs and drug discovery

A novel headspace integrated E-nose and its application in discrimination of Chinese medical herbs

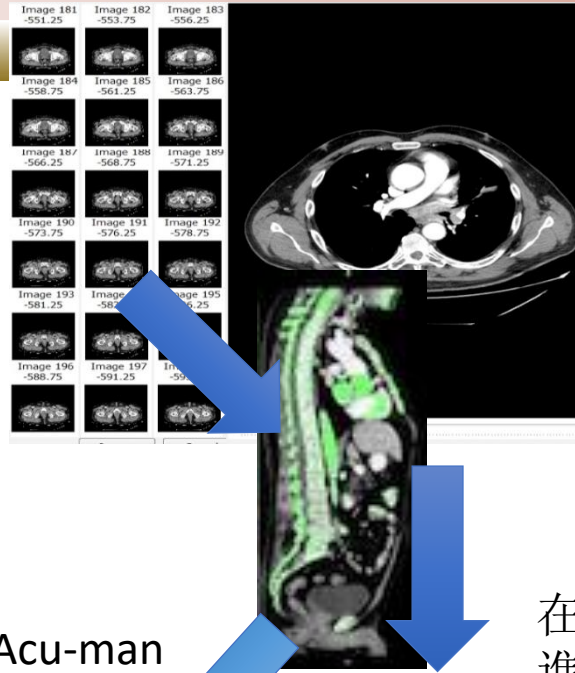
Dong Li, Tao Lei, Shunping Zhang, Xuyuan Shao, Changsheng Xie 2015

3D Acu-Man

3D Printed Copper Acupuncture Human Model

3D 針灸銅人

The Need for Acupuncture Model
現今所需針灸的模型



電腦斷層掃描全身體

數據3D重構影像技術
3D reconstruction

3D Printed Copper Acu-man
2020 3D針灸銅人
真實尺寸的數碼模型

立體打印

在3D軟件的影像
進行穴位精準定位
Precision 3D
acupoint mapping



新技術

New technology

未必持久



醫學轉思維範式

A。耀眼的壯舉 Dazzling feats



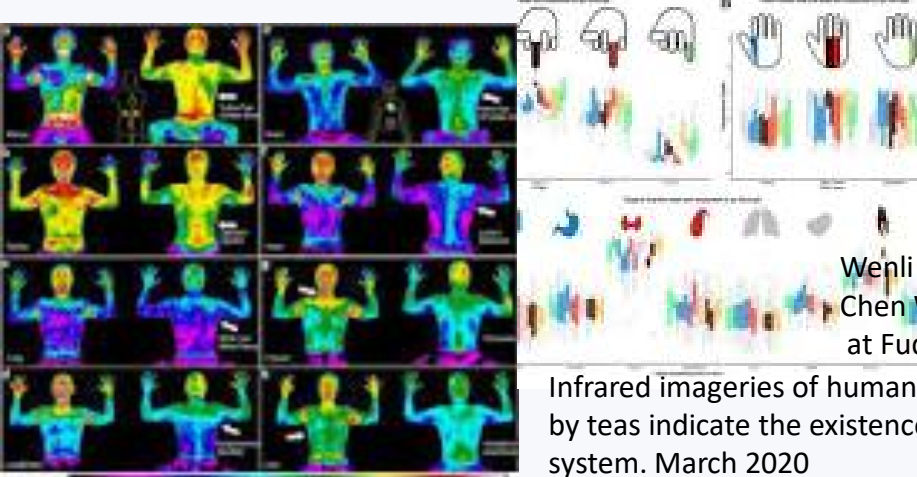
B。思維範式轉移 "Paradigm shifts" occur when situations or "anomalies" occur which no longer fit the expected pattern to such an extent that the original "paradigm" needs to be rethought.

醫學思維範式轉移

- 耀眼的壯舉 Dazzling feats



Different teas reveal meridians



Wenli Jin, Yichen Tao
Chen Wang, Lufei Wang
at Fudan University

Infrared imageries of human body activated by teas indicate the existence of meridian system. March 2020

「榫卯」



上海世博會中國館傳承了傳統建築中斗拱「榫卯穿插，層層出挑」的構造方式，同時加入現代技術形成建築形態的文化表達，是偉大的榫卯建築結構文化的縮影。



瑞士蘇黎世，建築師傳承了這一「榫卯」絕學建造了驚艷世界的Tamedia媒體大廈。外觀看它就是一座普通的現代建築，但當人們走入其中，卻會驚訝發現房屋的主體結構全部用木材架構。

醫學思維範式轉移

- 耀眼的壯舉 Dazzling feats

中醫西醫比效

CM RECOGNIZED

- 2022- 3月31日 世界衛生組織發佈了《世界衛生組織中醫藥救治新冠肺炎專家評估會報告》

WHO Expert Meeting on Evaluation of
Traditional Chinese Medicine
in the Treatment of COVID-19

(28 February – 2 March 2022)

- 大陸中科院院士仝小林率援港抗疫中醫專家組赴港



中西醫結合有效例子

增加了解典範

- 補氣作用 / 免疫增強作用
- 針刺鎮痛 / 腦啡體和內啡體等的釋放
- 活血化瘀 / 血小板功能狀態與血管增新
- 三氧化二砷治療 / 白血病機理

特长，譬如带状疱疹、中风康复、肿瘤康复

解决部分现代难治病

青蒿素的发明

砷制剂的解明

臨床效用

- 滋陰補氣減少癌症化療或電療的副作用
- 合治癌腫
 - 前列腺癌 • 胃癌 • 胰臟癌
- 治療急性心肌梗塞
- 開闢惡性肝炎，病毒腦炎，老人退化等新治療門徑
- 增加非手術治療急性腹痛的範例

A case to illustrate 一個案例來說明

- Y26644 M/10

Dx thrombocytopenica 低血小板,

- Hong Kong Children's Hospital on Eltrombopag 75 mg + Prednisone
- Onset 2020.11. bruises
- Tried IVIG and Eltrombopag + Prednisone
→ platelet 270 only transiently
- platelet continuously 4 or 1
 - aDNA +
 - Trace mineral Normal

InteMed CM 2021.05.3

	platelet			-
2021.04	4			
2021.05	<3		2022.06	23
2021.05.6	6		2022.07	24
2021.05.7	51		2022.09	66
2021.11	86		2022.10	304
2021.12	27		2022.11	270
2022.01	90		2022.12	211
2022.03	13		2023.01	291
2022.02	3		2023.02	438
2022.03	1		2023.03	553
2022.03	14		2023.05	328

「治療難症好」

Another case to illustrate 另一個案例來說明

- Y25620 M/53 specialist doctor
- 2011. Dx NPC 鼻咽癌,
- ChemoRx
- and RadioRx → MRI @6mo temporal lobe (Rt medial) necrosis 顳葉(右內側)壞死
- @2Yr gradually to 2015 temporal bone Osteonecrosis Rt+Lt 顳骨壞死
- @5Yr 2016 voice worse Dx vocal cord partial palsy 聲帶癱瘓. progressive, gingival discomfort/pain 牙齦疼痛
- 2017 tried 西洋參+石斛 no help
- PH. Sleeping pill since 2007
- On harnal (前列腺), trental (治療血脈循環不正常)

鼻咽癌, 聲帶癱瘓, face sunken, can't talk loud 不能大聲說話, swallow difficult 吞嚥困難, choke 哽噎, regurg 逆流, dry mouth

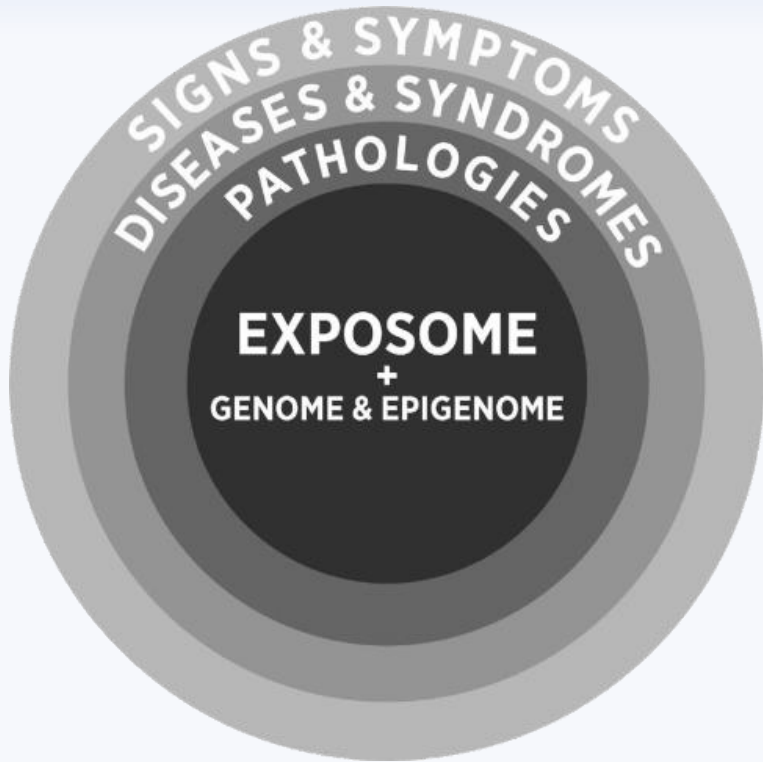
CM 2017.5

- 2017.5 sleep somewhat better
- .7 voice clearer
- .8 voice felt much better
- .9 talk easy and loud, face sunk less,
- 2017.9 bite crepitus ↓ 咬口發撚音
2017.12 all ok, except sleep need half tab
Lexapro, choke 哽噎+
- 2018.3 only occ choke ↓ ↓ 哽噎

「癌治療不治後遺症 - 治療好轉」

醫學思維範式轉移

- 新思維範式 New Paradigms
- root cause model 本因模型

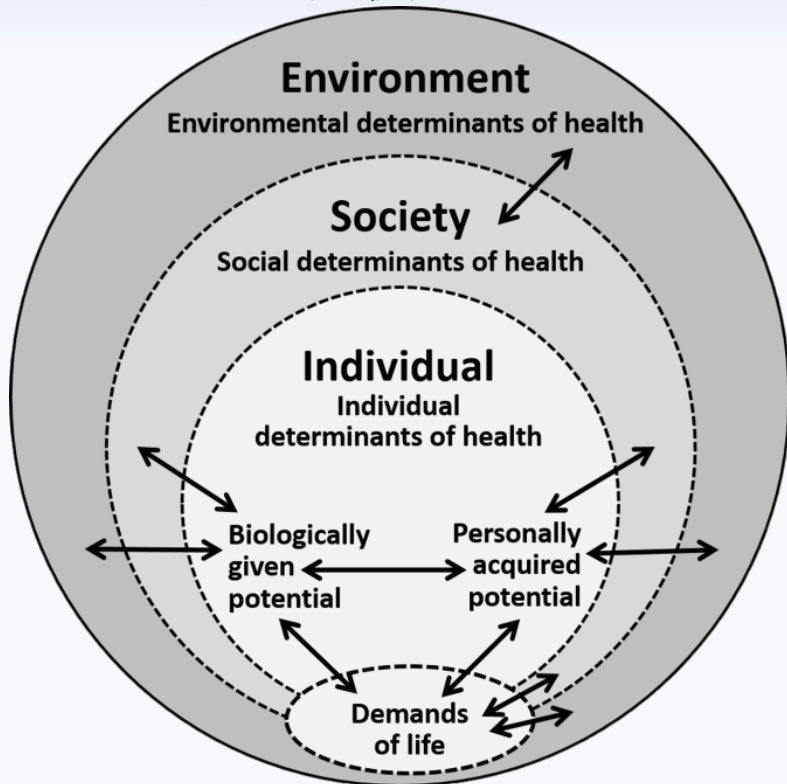


- 思維範式轉移：當情況或“異常”發生時，不再符合預期模式，以至於需要重新考慮原來的“範式”
- "Paradigm shifts" occur when situations or "anomalies" occur which no longer fit the expected "paradigm"

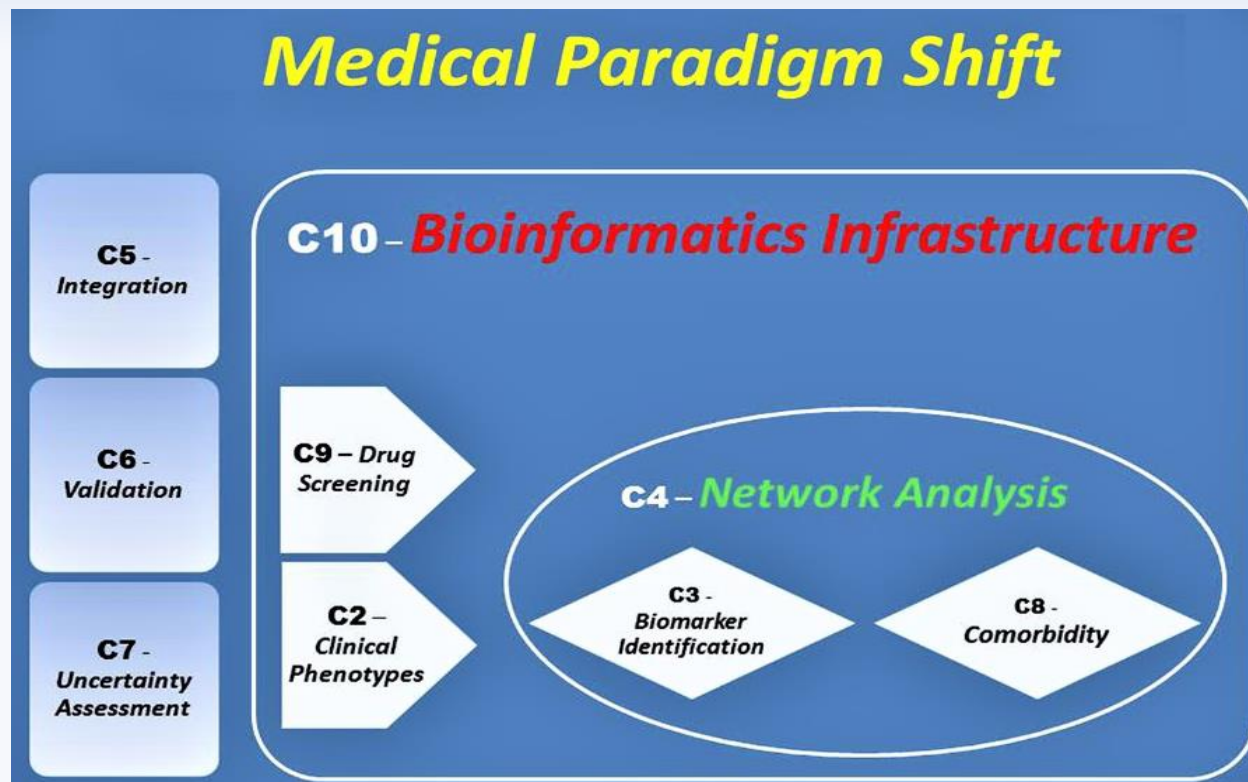
Functional Medicine	Conventional Medicine
Optimizes health	Manages disease
Collaborative, patient-centered model	Expert, doctor-centered model
Biochemical individuality	Everyone is treated the same way
Holistic	Specialized
Cost effective	Expensive
Relieves symptoms by addressing cause	Suppresses symptoms with drugs
Preventative approach	Early detection of disease
High touch/High tech	High tech

醫學思維範式轉移

- 新思維範式 New Paradigms
- 天地人模型



- 思維範式轉移：當情況或“異常”發生時，不再符合預期模
慮原來

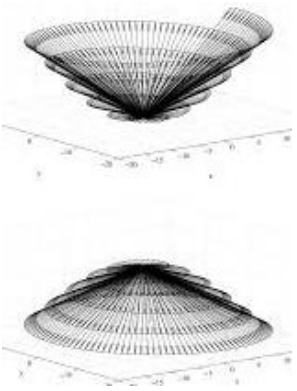


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中醫和西醫 協作不易

香港式：中醫和西醫 協作

Two Populations



中醫和西醫 協作不易

中醫 Chinese Medicine

- a. Body constitution (體質)
- b. Syndromes (証) of different phases of illness
- c. Standardization & Individualization of clinical practice

基於體變
Body-based



Bloatedness



Stagnate
stains

Y24707 2014-0723面

中醫和西醫 協作不易

- 西醫 WM Disease Model

1. Etiological / Risk Factors
2. Pathological Processes
3. Physiological System Derangements
4. System Failures

基於病害
Lesion-based



Fungal nails 灰甲
(Poor dorsum skin)

What's best to treat ?

- 中醫或西醫 Chinese / Western Medicine



Fungal nails Treated – WM西醫 Rx
Improved dorsum skin – CM中醫Rx
Remain symmetrical nail changes

Same patient later

Y24635_201

Furred Tongue

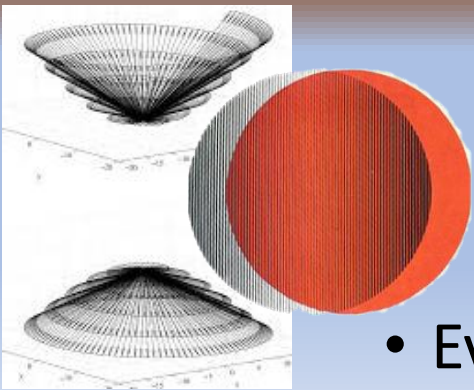
中醫和西醫 協作不易

- Withering nails 甲枯
 - Symmetrical 對稱
- Strength of Chinese Medicine 中醫



Withered nails 甲枯
對稱 Symmetrical nail darkening

ANOTHER patient
Y17182-20120505 雙腳面

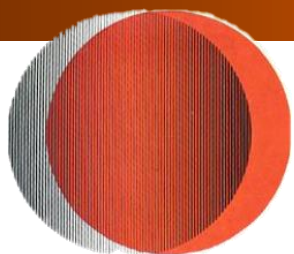


To seek what is best for advancing medicine 為醫學尋找可更進一步的空間

- Evidence based Medicine ≠ **randomized controlled trial**
- EBM ≠ **RCT**

	MODERN MEDICINE		TCM	
	基於病害 Lesion-based	法於多因 Multicausal approach	法於整體 Holistic approach	法於單元 Integral Approach
<i>Basis</i>	Lesion	Causal relationship	Whole person. Multifaceted.	Succinctly and saliently fitted and targeted
<i>Approach</i>	One lesion one disease	Cause-oriented - solving the problem through analysing the root, pertinent and associated causes	Full coverage of “listable” problems of the whole person	The complex solved at a key <i>impact point</i>
<i>Operational focus</i>	Pathophysiology of the lesion	Multiple factors searched for and weighed in terms of “significance”	<i>Macro</i> - physical, psychological and social aspects <i>Micro</i> - genetic, biochemical, cellular, structural	Find critical line of approach, cracking the problems, with nothing lacking – use insight-directing tools
<i>Management</i>	Directing towards the LESION	Handling the CAUSES all together	Multidisciplinary - correct EVERY deviation from the balanced state	Addressing the KEY imbalance
<i>Limitations</i>	When not too exact, not able to address the underlying problem	Difficult to really identify the most significant cause to handle the problem effectively	Expensive to be comprehensive. Some “problems” may be missed out and not handled	Difficult - required <i>insight</i> enhanced by insight tools
<i>Nature</i>	STANDARDIZED		PERSONALISED	
<i>Validation</i>	Randomized Control Trials (RCT)	RCT with matching statistics	Systemic Biology	Abduction and Simulation

Yu ECL (2020). J Altern Complement Integr Med 2020, 6: 129, 11 pages



兩方發展不同而孕育出各自的長處。
所以，中西醫文化相得益彰是幸福的。

InteMedicine

The trend of the times

中西醫是世界大勢所趨

在醫學中，既可藉西方科研方法學來研究分析，又可從中醫累積千年的思維及經驗中琢磨觀點。可望求同存異，發展和擴闊醫學精準療效，讓智慧重新，共識疾病治療和健康調理。

Join hands @
imed3pwhouse@gmail.com



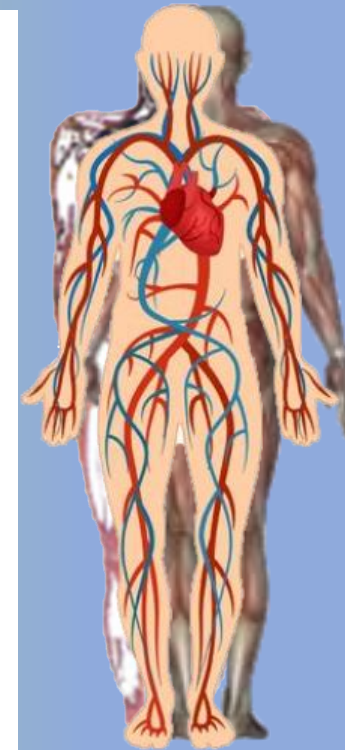
Yu ECL (2020). J Altern Complement Integr Med 2020, 6: 129, 11 pages

Yu ECL (2021) Neuro-vascular reserve in developing snug and fit buildup.

J Integ Med. 10(02), 49-59.

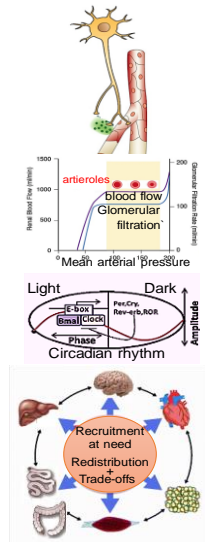
以科學看通 氣血

- 整個身體形成，是由神經網絡(N)、灌注循環網絡(P)、和互連組織網絡(I)來充滿的



功能體

- 在組織水平
 - 神經血管耦合
- 在區域層面
 - 自動調節
- 模式化代謝和灌注
- 在全身水平
 - 徵補動態



有利優勢

- 盡及時提供實際需要的設計；提高效率
降低成本、和減少耗費

氣為血之帥、血為氣之母！

氣血不暢就會酸麻脹痛

Yu ECL (2021) Body NPI Dimensions, the Neural, Perfusional, and Interconnective Matrix. ACAM 9: 71-7

Yu ECL (2021) From Core and Mantle to Primary Integrality - A Brief Introduction of the Fit and Snug States. J Altern Complement Integr Med 7: 177.



Neurovascular View 神經血流觀

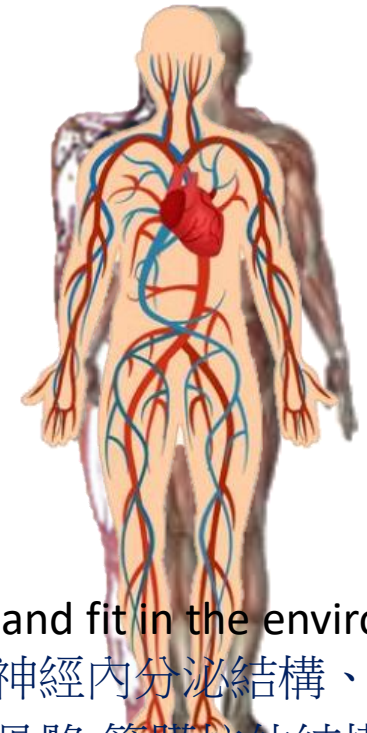
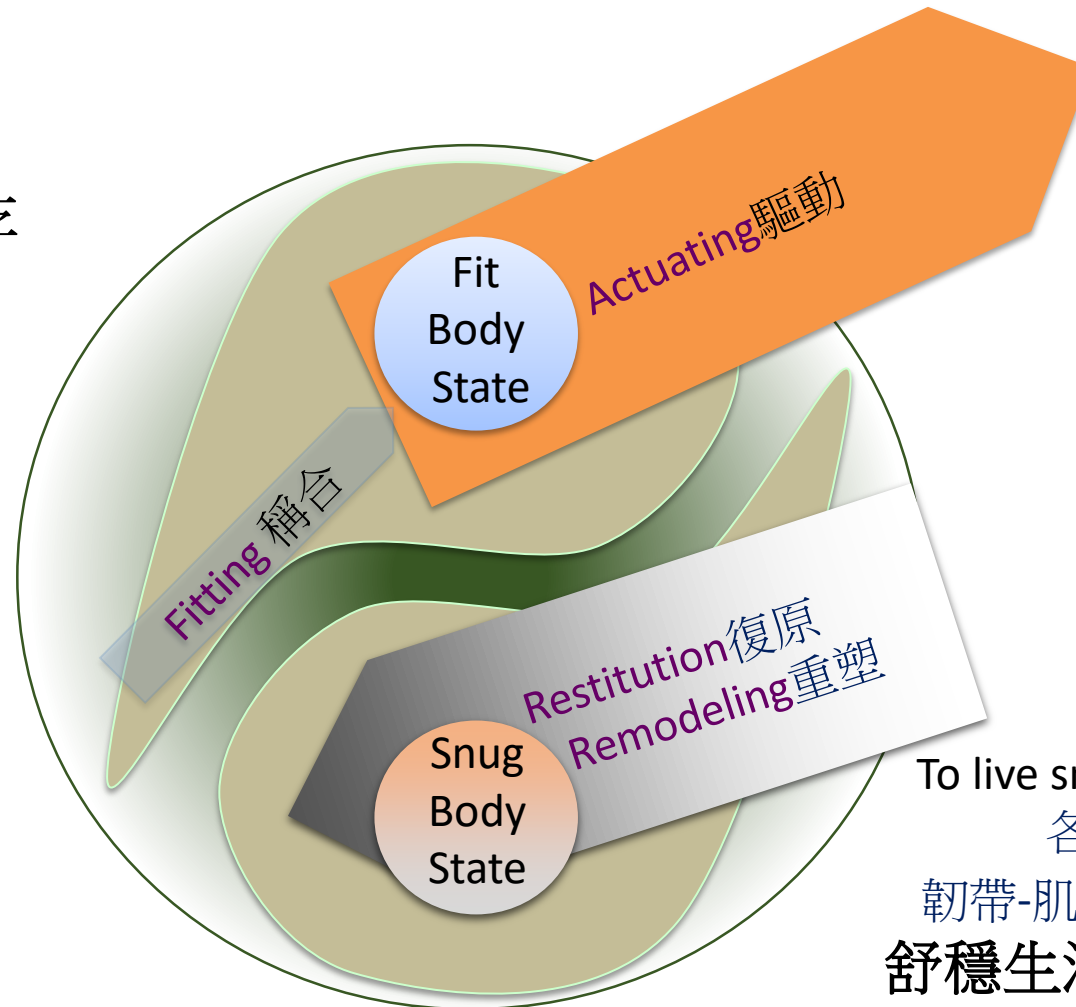
NEEDs, external and internal 外部和內部需要

Nervous + Circulatory directives go together 神經 + 循環指令齊頭並進

• Snug-Fit States

舒穩狀態-適應生存

- YinYang analog
陰陽模似
正面 Positive or
負極 Negative



To live snug and fit in the environment
各種神經內分泌結構、循環結構、
韌帶-肌肉-骨骼-筋膜拉伸結構，為人類
舒穩生活和環境適應力的必要條件

Layering - from external to internal 層次 - 從外部到內部

西醫學

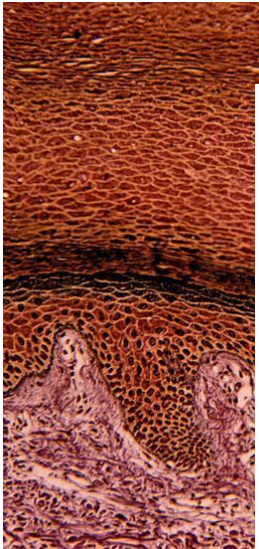
中醫學

Mantle 體表層

Skin, Dermis,
Connective tissue

衛

Borderzone 界區



Under-Interface 界層

Vessels, Lymphatics
Fascial tissue

氣

• Interchange 交流



Hard Core 體組織核

Organs,
Systems

臟腑

Core activities 活力核心

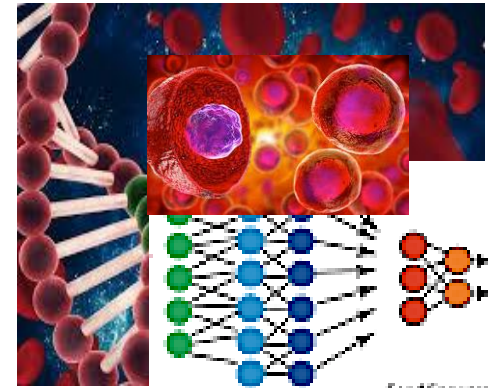


Biostratum 深層

Network elements
Blood, Stem Cells

營血

Resources 資源



Body systems
器官系統

Organ clusters !
器官群



Big body systems
大體系統

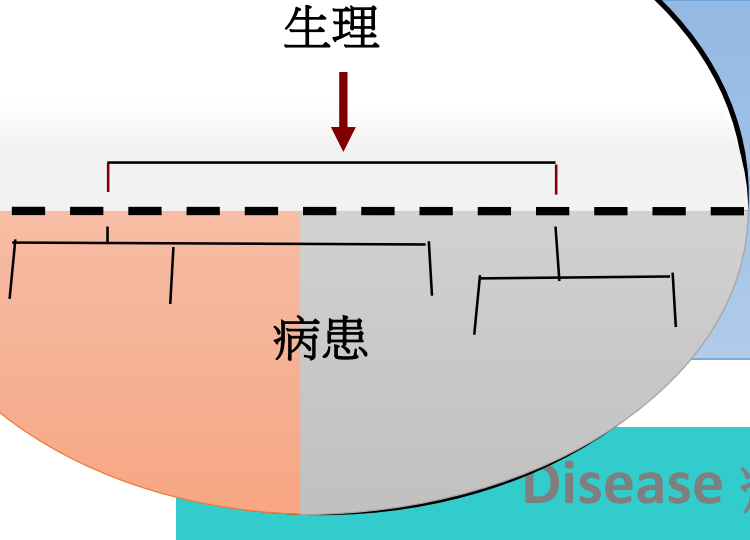
• Anchorage 支柱

Soft + springy

Loosely structured, connecting

Firm, unique function

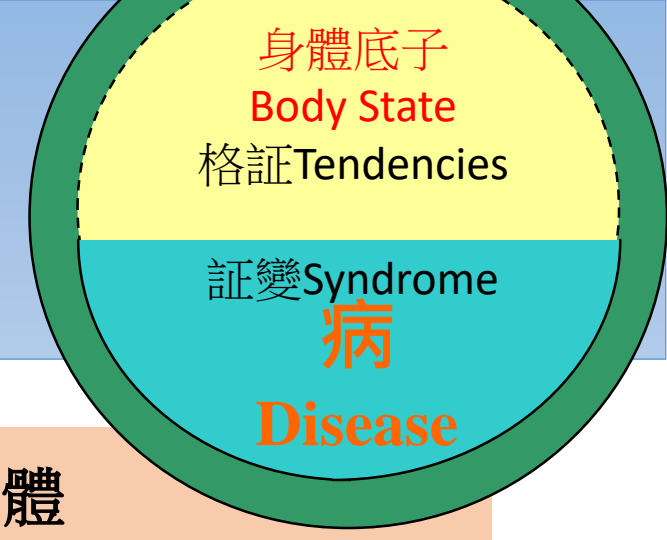
Specific function, general use



治理概要 Body Management

中醫西醫適用

2. E.Yu 2022 中西治理框架



Disease 病變

Body 身體

病變

身體

病變

General - 整體

身體

Elaboration – 體緻

Local - 局部

Body State - 底子

- 局部病變
Local disease

- 整體病變
General disease

- 証conglomerate profile :-

- Feature Setup
組合編列

- 格証Tendencies
 - (Constitution 體質)

- Fascia 筋膜
 - adhesions 粘連
derangement 亂序

- Injury 傷

- Toxic 毒

- Wrecked 殘

- Processes 錯亂

(甲)

(乙)

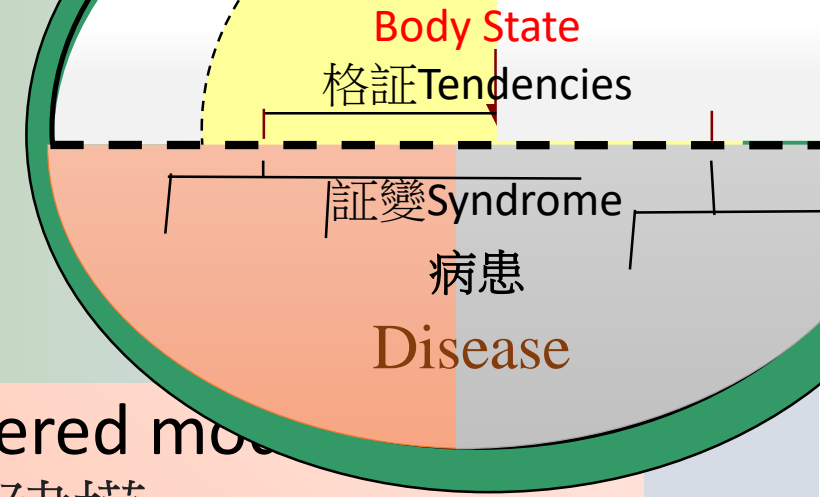
(丙)

(丁)

積、聚、癥、瘕

用更輕的藥 (副作用少) 治療難醫的病
Using more gentle medicine to treat difficult diseases

醫未可醫的病
Treating diseases others find difficult



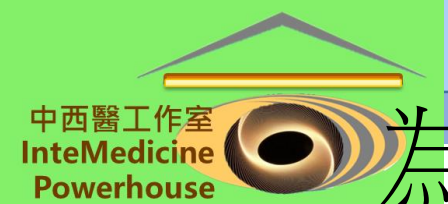
• Orthodox modelling
慣常建模

• Patient-centered modeling
患者中心的建模

- Moving from a disease data to health rich data
從疾病數據轉向健康的豐富數據
- an important dimension to medical informatics endeavor
 - 醫學應力求的重要醫學資訊

Join hands @
imed3pwhouse@gmail.com

然後為得出精確和預測能力



為人類健康努力