

善用血府逐瘀系列治疗子宫内膜异位症及其所致不孕症

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摘要:祖国医学对子宫内膜异位症的认识传统上尚无专论, 古医籍将其归属于痛经与癥瘕。在英国大约有200万妇女患有子宫内膜异位症, 其中大部分发病年龄在25到40岁之间 [1]。其中子宫内膜异位症的主要并发症是难以受孕或无法怀孕。中医与西医之针对临床症状用药从理论认识到临床实践颇为不同。中国传统医学的优势在于整体观念与针对个体的辨证论治并重, 在临床实践中, 善用王清任的血府逐瘀系列活血化瘀, 随证灵活加减, 中医对子宫内膜异位症及其引起不孕症的治疗效果颇显。

关键词: 子宫内膜异位症, 不孕症, 中医, 中草药, 针灸, 推拿, 辨证论治, 活血化瘀。

概述

子宫内膜异位症 (endometriosis, EMT) 指在子宫体外出现子宫内膜组织 (腺体和间质)。最常见的种植部位是盆腔器官和腹膜。据估计在美国该病发生于7%的育龄妇女, 常伴有腹腔疼痛和不孕 [2]。子宫内膜异位症的发病率近年明显增高, 是妇科常见疾病之一。不孕与盆腔疼痛的患者中的发病率为20%-90%。发病率差异较大与诊断方法、医师的经验等因素有关[3]。发生在6%至10%的育龄妇女中 [4-5]。约25%到50%有子宫内膜异位症的妇女患有不孕症 [6]。台湾赵瑞华等医生做的随机对照试验RCT (Randomized Controlled Trial) 结果证明中药在提高子宫内膜异位症患者的术后生活质量上比西药有明显优势 [7]。余医生等在2010年临床观察桂枝茯苓丸及失笑散加减对照口服米非司酮, 总有效率对比为92.11%与73.68%, 结论为活血化瘀中药治疗子宫内膜异位症具有较好的临床疗效[8]。本文着重探讨中西医对子宫内膜症之认识异同及各自的治疗方法, 尤其是中医活血化瘀治疗此症及其引起的不孕症。

西医对子宫内膜异位症及相关不孕症的认识

西医早在19世纪就开始对子宫内膜异位症和体征进行了描述, 认为子宫内膜异位症是一种雌激素依赖性疾病, 但对其发病机制尚未完全阐明。目前普遍认为应该用多因素发病理论来解释, 如子宫内膜种植学说、淋巴及静脉播散学说、体腔上皮化生学说、遗传因素、免疫因素和炎症等。其发病机制与不孕症的病理生理学以及自发性进展仍需进一步研究[2]。子宫内膜异位症主要见于育龄妇女, 有报道在青春期和绝经后接受激素替代治疗的妇女中也有发生[9]。子宫内膜异位症在组织学上虽然属于良性病变, 但具有类似恶性肿瘤的种植侵蚀及远处转移的能力[3]。

在有盆腔疼痛或不孕的妇女中, 有报道子宫内膜异位症发病率比较高 (低至20%, 高至90%) [10,11]。在无症状已

进行输卵管结扎的妇女中, 子宫内膜异位症的发病率为3%-43% [12-17]。各报道中发病率差异较大有几个方面的原因, 如诊断方法不同, 手术医生经验差异等等。说明在对子宫内膜异位症的发现和确诊方面亟需改进。

临床表现及检查

在临床上, 对有生育能力降低、痛经、性交痛或慢性盆腔疼痛的妇女应疑有子宫内膜异位症。但是, 子宫内膜异位症也可能是无症状的。从疼痛症状发生到手术确认子宫内膜异位症之间的平均时间很长: 在英国为±8年, 美国为±9-12年。近年随着科技进步诊断手段的提高, 诊断延误已经持续下降。患者对子宫内膜异位症的认识也在逐步增加。许多子宫内膜异位症的患者在临床检查时未发现异常。现代西医越来越多的运用影像学, 腹腔镜, 组织学确认子宫内膜异位症。在自然演变方面, 在相当比例的 (30%-60%) 患者中, 子宫内膜异位症呈进展性[2]。

<1> 疼痛: 继发性痛经是子宫内膜异位症的典型症状, 且随局部病变加重而逐年加剧。疼痛多位于腹部及腰骶部, 可放射至阴道、会阴、肛门或大腿, 常于月经来潮前1-2日开始, 经期第一天最剧烈, 以后逐渐减轻, 月经干净时消失。少数患者可能长期少腹痛, 经期甚。

<2> 月经失调: 15%-30% 患者有经量增多, 经期延长或月经淋漓。

<3> 不孕: 子宫内膜异位症患者不孕率高达40% [3]。中度以上的内膜异位症可因盆腔内器官和组织广泛粘连和输卵管蠕动减弱, 影响卵子排出、摄取和受精卵的运行。子宫内膜异位症的排卵障碍发病率为17%-27%, 可能与腹腔液中前列腺素 (PGs) 升高而影响卵泡发育和排卵有关。子宫内膜异位症患者体内B淋巴细胞产生的抗子宫内膜抗体可干扰早期受精卵的输送和着床, 腹腔内巨噬细胞增多亦可吞噬精子和干扰卵细胞的分裂而导致不孕。

<4> 性交痛。

<5> 卵巢子宫内位异位囊肿破裂。

<6> 其它特殊症状：

肠道异位症：腹痛、腹泻、便秘或肠黏膜充血致周期性少量便血。

泌尿系异位症：异位内膜侵犯膀胱肌壁可在经期出现尿频和尿痛，罕见压迫输尿管时还可出现一侧腰痛和血尿。

手术后腹壁瘢痕异位症：手术后数月或数年出现周期性瘢痕处疼痛和逐渐增大的肿块。

身体其他部位如肺、脑组织、四肢等的内膜异位症尽管少见但也有报道，其症状在病变部位出现周期性疼痛、出血或肿块。

体征：卵巢子宫内位异位囊肿在妇科检查时可扪及与子宫相连的包块，且包块多固定或有轻压痛。典型的盆腔异位症在妇科检查时，可触及后位子宫，活动度差，直肠子宫陷凹、子宫骶韧带或子宫后壁下段等部位可扪及触痛性结节。若病变累及直肠阴道隔，阴道后穹部或肛查时均能触及，甚至有时可看到局部隆起的蓝色斑点或结节。诊断时需注意与卵巢恶性肿瘤、盆腔炎性包块和子宫腺肌病相鉴别。

治疗与复发

有研究报道服用口服避孕药的妇女发生子宫内膜异位症的危险增加[18]。手术或者西药治疗子宫内膜异位症只能获得暂时缓解，但几乎不能消除子宫内膜异位症的病变。药物治疗方面主要有口服避孕药，孕激素，孕激素拮抗剂如米非司酮及奥那斯酮等，孕三烯酮，丹那挫，GnRH激动剂，芳香化酶抑制剂，非激素药物等等。但副作用较大，降低生育能力。除非进行了根治性的手术，否则子宫内膜异位症倾向于复发。复发率约为每年5%-20%，5年后累及复发率达到40% [2]。

中医学对子宫内膜异位症及其相关之不孕症的认识

祖国医学对子宫内膜异位症的认识传统上尚无专论，古代医学典籍主要将其归属于“痛经”与“癥瘕”中，现代中医教材在中药治疗方面亦参照此二症治疗方法。朱丹溪云“求子之道，莫如调经”。《女科要旨》云：“妇人无子，皆由经水不调，经水所以不调者，皆由内有七情之伤，外有六淫之感，或气血偏盛，阴阳相乘所致。种子之法，即在于调经之中”。

徐福松和莫蕙医生根据本症发病特点总结为：肝郁气滞，经行不畅，或素体气虚、肾虚，运血无力，或寒邪与血搏结，凝涩于胞脉，或孕产频多，损伤胞脉，使胞宫“离经之血”蓄积胞中，形成瘀血。瘀阻冲任，胞脉、胞络不通，则痛经；

瘀阻胞脉，新血不得归经，则月经过多；瘀滞日久，积而成癥，胞宫、胞络阻滞，则不能摄精成孕，以致不孕[19]。

河北张淑亭医生在《延嗣医案》中提到本病的病机，多责之肝、肺、肾之郁热、阴虚、气滞、血瘀等。言：治之之法，辩证施治，实属棘手。又言：总之，要思求经旨，演其所知，辩证施治，方可病愈能孕[20]。

中医对子宫内膜异位症及其相关之不孕症的辩证论治

1, 寒凝血瘀型：经期下腹冷痛，得热痛减，四肢发冷，唇色淡暗，面色青寒。

投少腹逐瘀汤等温经活血药以化瘀。

2, 气滞血瘀型：经前1-2日或经期小腹胀痛，拒按，经色紫暗有块，血块排出后痛减，经净后疼痛消失。舌紫暗或有瘀点，脉弦滑。

膈下逐瘀汤理气化瘀止痛。

3, 气虚血瘀型：经后1-2日或经期小腹隐隐作痛，或小腹及阴部空坠，喜按，经量少色淡质薄，神疲乏力，面色无华。舌质淡，脉细弱。

圣愈汤化裁益气补血止痛。

4, 瘀热蕴结型：经前、经期少腹灼热疼痛，拒按，经期或前后发热，经色深红，有血块，口苦口渴，烦躁，尿黄便秘，舌红或暗红，或有瘀点瘀斑，舌苔黄，脉细数。

血府逐瘀汤清热理冲，活血祛瘀。

5, 肾虚血瘀型：经期或后期少腹隐痛，喜温喜按，腰酸膝软，头晕耳鸣，月经先后不定期，经色淡暗，或有血块，或量少淋漓，神疲欲寐，性欲冷淡，难以受孕，肛门重坠，大便溏薄，面色晦暗，或面额暗斑，舌淡暗或有瘀斑，苔白，脉沉细或细涩。

以桃红四物汤和归肾丸加减，补肾调冲，活血祛瘀 [19,21]。

典型病例二则：

病例一 子宫内膜异位症与不孕

May, 女, 36岁, 市场营销

病史：试孕4年半未果，诊为子宫内膜异位症，单侧输卵管堵塞。经前及经期痛甚，几欲昏厥，冷汗淋漓，需卧床并服用大量止痛药方可度过。两次手术清理输卵管及子宫内膜，但很快即复发。两次IVF失败。医院诊断低于0.3%的受孕几率，故拒绝再次提供IVF。同时因为子宫内膜异位症复发严重，建议摘除输卵管及子宫，并将其列入申请收养名单。患者拒绝手术，不肯放弃生育，遂求诊中医。自述自14岁初潮即有痛经，经色黑，血块多，经量大。月经周期29-32天，经行4-5天。纳可，白带正常，二便调，月经初期时有便秘，

喜热恶寒，手足冷。血六项激素检查结果，促卵泡激素FSH等指标均在正常范围内。排卵期少腹两侧痛，但排卵规律，第10天左右排卵。长期精神紧张，思想压力大。舌淡红，无苔，脉数弦。

辨证：寒凝血瘀，胞宫阻滞

治则：活血化瘀，温经通腑，补肾调经。

治疗：草药汤剂，配合针推。随月经周期不同，调整用药及取穴。

初诊：少腹逐瘀汤，温经汤，失笑散三方合用化裁

针灸取穴：百会，双手单针补法同刺足三里、血海、天枢；右手双针补法刺针及留针中极、中脘。补法留针大赫、归来、三阴交、太冲、肝俞、肾俞、次髎。灸关元俞、命门穴。

推拿：病人仰卧，双膝屈，摩腹揉脐，点按关元、气海、天枢，三阴交、肾俞、志室和涌泉穴，擦法腰骶部、推膀胱经，胆经，脾经。打通经络，恢复周身气机运行，气行则血行。

术后患者自述周身气血通畅，感觉身心轻松，如释重负。

再次来潮已无痛经，情绪亦见轻松。遂少腹逐瘀汤，定坤丹化裁。三月后顺利怀孕，投磐石散化裁，固肾安胎。足月剖腹产一健康男婴。

产子后月经来潮数次，皆无痛经。

按：其夫精子质量差，数量少，五子衍宗丸加减投之。

王清任指出：少腹逐瘀汤种子如神。古人不予欺也，实感勤求古训之重要。

病例二 子宫内膜异位症

Maria, 女, 24岁, 硕士研究生

病史：严重子宫内膜异位症2年余。腰腹痛甚，几乎不能直立，疲劳，寒热往来，头疼，位置不定，潮热盗汗，口渴，眠差，无食欲，便秘，需每晚服用西药泻药，大便二日一行，小便痛且数频而色黄，排卵期腹痛，白带多。月经短，周期为21天，经行4-5天，经前及经期腹痛难忍，血块多，量大。一年前，医院手术清除子宫内膜，术后诸症状略减，但两个月后复发如初。舌红苔黄，脉象滑数。

辨证：瘀热蕴结，少阳不和

治则：清热化瘀，和解少阳

治疗：草药汤剂，配合针推。随月经周期不同，调整用药及取穴。

初诊：血府逐瘀汤，清热调血汤，大柴胡汤，失笑散四方合用化裁；

按：在大量活血化瘀药中，配散寒破血见长之失笑散，破散症积宿血，定痛理血。子宫内膜异位症的痛经往往不因瘀下痛减，因故不应仅祛瘀，更应促使瘀血溶化内消，通则不痛。大柴胡汤和解少阳，内泻热结，缓急止痛。

针灸取穴：百会、上星、风池、率谷，双手单针补法同刺足三里、血海、内关、天枢、肝俞、肾俞、关元俞、八髎、腰阳关穴。右手双针补法刺针中极、中脘。

推拿：点按百会、上星，开天门，揉太阳，拿风池；病人仰卧，双膝屈，摩腹揉脐；点按关元、血海、三阴交、肾俞、志室和涌泉穴；擦法腰骶部、推膀胱经、胆经、脾经，疏通经络，活血化瘀。

针推后诸痛即刻缓解，可直立。感觉放松。

复诊：自述腰腹痛减轻，诸症好转。三诊诸症基本消失，少腹及腹股沟仍偶有轻微疼痛，口渴，尿频。随症加减。数周后已无痛经及腹痛。

总结

在临床实践中，中医对子宫内膜异位症及其所致不孕症的治疗效果颇显，与西医之对症用药从理论认识到临床实践颇为不同。历代医家对于此类症状及所致不孕，善用活血化瘀，随证灵活加减，积累了宝贵的理论及实践经验。

张景岳在《妇人规》中明确提出：“种子之法，本无定轨，因人而药，各有所宜”。《内经 素问》疏五过论篇云：“圣人之治病也，必知天地阴阳，四时经纪，五脏六腑，雌雄表里，针灸砭石，毒药所主，从容人事，以明经道，贵贱贫富，问年少长，勇怯之理”。根据1995年元月一日实施的国家中医药管理局发布的《中医病证诊断疗效标准》，将不孕症分为肾阳亏虚、肾阴亏虚、肝气郁结、瘀滞胞宫、痰湿内阻五个证型进行论治。子宫内膜异位症所致不孕症属于瘀滞胞宫，但临床因人而异，常见附加其它症状。吾辈勤求古训，细察个体，理清标本，因人而药，必能迅速改善症状，解除病痛及治愈不孕。然而如何根治子宫内膜异位症而不复发，尚待同道共同努力探索。

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Discussion on Senile Constipation with Hypertension

Lin Cai (London)

Abstract: Symptoms of constipation are common and the prevalence is approximately 16 percent in adults overall and 33 percent in adults older than 60 years. These statistics are according to a newly released position statement on Constipation by American Gastroenterological Association (Bharucha *et al.*, 2013). Traditional Chinese Medicine (TCM) is a growing area of public interest and a common complementary therapy used by patients with constipation in China for many centuries. There were 152,564 subjects who visited TCM clinics only for constipation in Taiwan during 2004 and received a total of 387,268 CHM prescriptions (Jong *et al.*, 2010).

The aim of this study is to investigating the clinical therapeutic effects of using the TCM procedure and principles of diagnosis and treatment of internal diseases to treat elderly constipation accompanied by hypertension using a typical case.

General information

Mr. D, 75 years old, British, retired worker.

Date of visit: Oct. 2013

Chief complaint(s): Constipation with hypertension for 11 years and getting worse one month ago

History of current illness using four inspections

The patient first noticed constipation 11 years ago and he has been seeking medical help such as taking bulk laxatives, osmotic laxatives, non-absorbable sugar, cholinergic agents and other prokinetic agents from his GP or pharmacy on an ad-hoc basis. These treatments did relieve his condition but over time he became more reliant on them. Even with those medicines, he has now started experiencing severe constipation (1 month ago) which was 1 or 2 times a week and difficulty to pass faeces which are like hard and round – shaped chestnuts. He also had his blood pressure taken (160/100 mmHg) and started taking thiazide diuretics or calcium channel blockers 8 years ago. He is still on medicine in order to control his blood pressure. He often felt pain in left

abdominal area with small masses in the lower abdominal area but relieved after defecation. He also experienced a poor appetite and abdominal bloating after eating. He feels thirsty all the time and attempts to drink a lot of water.

Symptoms and signs

Patient is particularly thin. His physical symptoms are: pale and lusterless complexion; dark skin under the eyes; thinning and loose hair, along with continued hair loss; skin is dry and pale. Patient also has poor memory, blurred vision, dizziness, tiredness and no energy. He lacks vitality.

Accompanying symptoms are feeling cold all the time especially hands and feet. Passing urine frequently especially at night, which resulted in a disturbed sleep. He sometimes suffers light palpitations and shortness of breath. And his chest often felt heavy and he suffers headache.

Pertinent physical examination & laboratory findings

Patient has cold limbs. Temperature 36.0°C; pulse rate 85/min, regular; blood pressure 180/110 mmHg; irregular

cardiac rhythm, heart beat rate 89/min. ECG results: slightly ventricular proisystole and sinus tachycardia. Small masses in lower abdominal area, pain when pressed. He had Barium enema X-ray and examination of the rectum and lower, and sigmoid, colon done 11 years ago but nothing was abnormal. Evaluation of intestinal muscle suggested there might be dysfunction because of old age. There were not any other abnormal findings with the lungs, liver and spleen.

GP diagnosis: Chronic senile constipation and hypertension.

Inspection of Tongue: pale and dry tongue with no coating.

Pulse condition: Thready

TCM diagnosis: Constipation with hypertension due to blood & fluid deficiency and kidney deficiency

Treatment principle: Nourish blood and moisturize dryness, tonify kidneys

Formulae and modifications

Run chang wan, and Tian ma gou teng yin.

Prescription

<i>Dang gui 15g</i>	<i>Sheng shou wu 10g</i>	<i>Mai dong 10g</i>
<i>Yu li ren 12g</i>	<i>Sheng di huang 10g</i>	<i>Xing ren 8g</i>
<i>Ma zi ren 10g</i>	<i>Rou cong rong 15g</i>	<i>Tao ren 8g</i>
<i>Xuan shen 8g</i>	<i>Nu zhen zi 10g</i>	<i>Tian ma 15g</i>
<i>Bai shao 10g</i>	<i>Cao jue ming 10g</i>	<i>Gou teng 15g</i>
<i>Zhi shi 8g</i>	<i>Gan cao 6g</i>	<i>Feng mi 10g</i>

One dose per day and for 7 days

Discuss the syndrome differentiation — bian zheng lun zhi (Analysis with evidences Aetiology and pathology in TCM)

In TCM diagnosis and treatment for internal diseases there are five steps which include, recognising the disease based on the information from the diagnostic methods (wang - inspection, wen-olfaction and auscultation, wen - interrogation, qie - palpation), identify the location and nature of a disease, infer the cause and judge the path of genesis of the disease. Choose herbs and formulate a prescription according to Wang et al. (2006)

We should not use strong laxative medicine such as Xuanming fen, Dahuang etc. on elder deficient patient to avoid further damage the Zheng qi. This is a common mistake in many treatments today.

In this case, patient's stools are dry and in hard and round – shaped like chestnuts. Bowel movements are difficult, less than 2 times a week. These are typical symptoms of constipation as defined in Medicine theory and practice (Huang et al., 2009). All symptoms, as previously described, indicate that this patient was suffering from blood and body fluid deficiency, which lead to constipation as suggested by Wang et al. (2009). Because he is insufficient in yin blood and body fluid they fail to moisten the intestines and causes excessive dryness in the intestines according to Wang et al. (2006). Therefore, moistening herbs are needed for the dry

bowels.

Patient is a 75 years old man. In general, elder people are lacking qi and blood, and especially have kidney deficiency. There are 90.81% elder people who were 75-79 years old have kidney deficiency in a research by Lu et al., (2002). 'male...eight eight... tian kui jie, essence less, kidney weaker...' was stated in the 'Yellow Empire Classical' text (Long and Long, 2004). 'Eight eight' means 64 years old. 'Tian kui jie' means body essence runs out. Kidney is in charge of water and qi transformation, which directly affect body fluids and blood formation and distribution suggested by Guo et al. (2008). In this case, because of the accompanying symptoms, considering patient's age, we need to nourish his kidneys to improve the body fluids and blood forming and distribution, as well as his night urine to stop losing body fluid abnormally.

Patient is also suffering with hypertension, which very likely links to the constipation. A health study (Anon., 2009) suggested if elderly patients apply too much force when defecating, muscle tension will overcome the whole body, blood vessels contract, which leads to a sudden jump in blood pressure resulting in an occurrence of cerebro-vascular rupture, hemorrhage, even death.

Patient's illness history is 11 years long, which suggests there is certain qi or blood stagnation, according to ancient TCM theory 'jiu bing bi yu'. Therefore qi and blood moving herbs are needed when we nourishing his blood.

Formular herbs discussion

Dang gui, Sheng di huang, Bai shao and Sheng shou wu nourish blood and moisten the intestines.

Rou cong rong tonifies the kidneys and moistens the intestines. Nu zhen zi also tonifies the kidneys and it is a special herb which particularly benefits constipation in elderly people with deficiency. It has the function of reducing blood pressure. As well as Cao jue ming, for moistening the intestines and reducing blood pressure and lipids.

Tao ren, Ma zi ren, Yu li ren, Xing ren are rich in fat, protein, minerals and vitamins, for strong effect in moistening dryness to lubricate intestines. Feng mi moistens intestines.

Mai dong and xuan shen tonify the yin and body fluids which help moistening the bowel and intestines.

Tian ma, Gou teng help nourish the liver and reduce hypertension.

Zhi shi breaks stagnation and moves the qi in his intestines, which helps the bowel movement.

Gan cao tonifies the qi and harmonizes other herbs.

Treatment plan

Consultation and prescription review once a week

Following up

Patient had 3 bowel movements without much difficulty passing stools in 7 days whilst on herbs. His blood pressure dropped to 160/90. As the prescription worked well, it is better to stay with it without changing, according to TCM theory 'xiao bu geng fang'.

3 months later, patient is able to pass defecation 5

times a week and blood pressure was stable at 140/90. No other accompanied symptoms found.

Experience discussion

Constipation in the elderly is very common. Approximately 16 percent in adults overall and 33 percent in adults older than 60 years according to a newly released position statement on Constipation by American Gastroenterological Association (Bharucha et al., 2013). Many elderly constipation cases have been prescribed laxative medicine inappropriately in both modern medicine treatment and TCM medicine without a comprehensive review of the patients' condition. This has resulted in some Doctors and practitioners prescribing strong laxative medicine or herbs to elderly clients, over a long period. This method of treatment may bring a quick result but can damage the qi and blood of the body. That is why in many cases, constipation becomes chronic and patients have to rely on laxative medicine on a daily basis.

Many elderly people experience organ functions slowing down as they grow old, especially the function of the lungs, spleen and kidneys. The lungs and large intestines are paired organs in TCM. The large intestines can lack in the required energy for moving the bowels when the lung qi is not descending strongly enough. Also spleen and kidney deficiency can lead to qi and blood deficiency, causing the intestines to dry and slow bowel movements - 'No water for boat to float'! Therefore, the nourishing of blood and yin, tonifying qi and moistening the intestines are key in elderly constipation treatment. Improving bowel movements will help reduce or eliminate the symptoms. In order to do this the functions of spleen and kidneys need to be improved and are the foundation for the success of the treatment. If the constipation is accompanied by hypertension, when the constipation symptoms are removed, hypertension will also be improved in many cases. Finally, we can add herbs to reduce the hypertension, such as Tian Ma Gou

Teng Yin. And if the kidneys are significantly deficient, we can also add herbs to tonify the kidneys such as Jin Gui Shen Qi Wan.

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征稿启事

《英国中医针灸杂志》为中英文双语学术期刊，每年三月和九月发行两期，并可在学会网上阅览。本刊宗旨着重在于为大家提供一个平台和论坛，借此互相沟通学习，不断提高学术水平和质量，从而推动中医针灸的发扬光大。欢迎诸位会员，中医同仁及各界读者慷慨赐稿，与大家共同分享你们的临床经验，典型病例分析，行医心得，理论探讨，中医教育和发展的文献综述和研究报告。并建议大家推荐本刊给病人及其周围之人阅读，让更多英国民众看到并亲身体会到中医之奇妙果效，从而提高中医之声誉，扩大中医之影响。

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