

無疾而終: 传统中醫哲學和探索 Dying without suffering: TCM philosophy and approaches

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中醫哲學:健康地老去 TCM philosophy: healthy aging

上古之人,其知道者,法於陰陽, 和於術數,食飲有節,起居有常, 不妄作勞。故能形與神俱,而盡終 其天年,度百歲乃去。

《素問•上古天真論》

何謂天年,何謂夭折 (1) Happy longevity & unexpected death

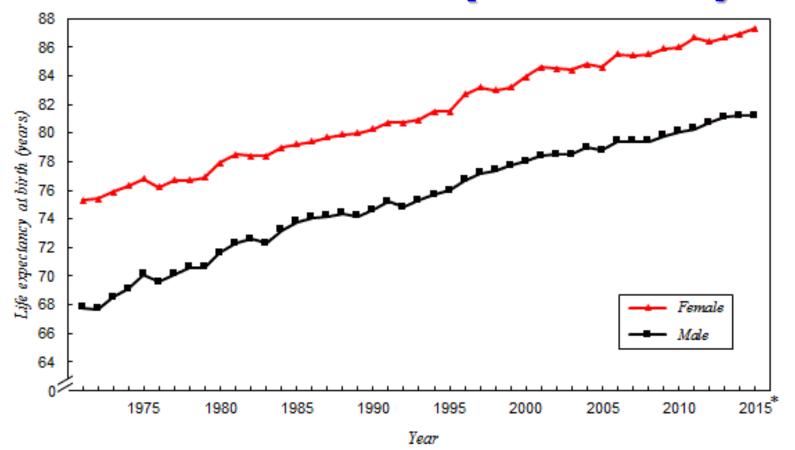
- 口 天年: 天賦的壽命。
- 口 天年: 120歲 = 兩個甲子。
- 口 頤養天年: 很開心地活到老。
- □ 一甲子 = 60 歳。
- □ 夭(原意):未成年而亡。

何謂天年,何謂夭折 (2) Happy longevity & unexpected death

- 口 天年: 120歳
- □ 九折: 108歳 (茶壽)
- □ 八折:96歳(高壽)
- □ 七折:84歳
- □ 六折:73歳(虚歳)
- □ 夭折:不到60歲而亡。
- □ 人生七十三、八十四,閻王不叫自己去。
- □ 73歲後多有病痛纏身。



香港人口預期壽命 (1971-2015)



□ The life expectancies at birth for both sexes have steadily increased during the past 45 years, from 67.8 years for males and 75.3 years for females in 1971 to 81.2 years and 87.3 years respectively in 2015 (Source: Centre for Health Protection, Department of Health, HKSAR)

"夭折"是如何釀成的?

今時之人不然也,以酒為漿,以妄為常,醉以入房,以欲竭其精,以耗散其真,不知持滿,不時禦神,務快其心,逆于生樂,起居無節,故半百而衰也。

《素問•上古天真論》

如何才能安樂而終?

- □ 虚邪賊風,避之有時,恬惔虚無,真氣從之, 精神內守,病安從來。
- □ 是以志閑而少欲,心安而不懼,形勞而不倦, 氣從以順,各從其欲,皆得所願。
- □ 故美其食,任其服,樂其俗,高下不相慕,其 民故曰樸。
- □ 是以嗜欲不能勞其目,淫邪不能惑其心,愚智 賢不肖,不懼於物,故合於道。
- □ 所以能年皆度百歲而動作不衰者,以其德全不 危也。

《素問•上古天真論》

我們可以無疾而終嗎? Can we die without suffering?



2013年香港按十大死因劃分的登記死亡人數

死 因	死亡人数	%
1. 惡性腫瘤	13 727	30.0
2. 肺炎	7 431	16.3
3. 心臟病	6 361	13.9
4. 腦血管病	3 328	7.3
5. 疾病和死亡的外因(意外)	1 513	3.3
6. 慢性下呼吸道疾病	1 740	3.8
7. 腎病	1 671	3.7
8. 痴呆	1 108	2.4
9. 敗血病	881	1.9
10. 糖尿病	388	0.8
11. 所有其他原因	<mark>7 562</mark>	<mark>16.5</mark>
12. 所有原因	45 710	100

少於16.5%似乎可以"無疾"而終!

2013年香港男性十大常見癌症

Rank	Site	No.	Rel. freq.	Crude rate*
排名	部位	發病數字	百分比	粗發病率*
1	Lung 肺	2,994	20.1%	89.9
2	Colorectum 大陽	2,737	18.4%	82.2
3	Prostate 前列腺	1,655	11.1%	49.7
4	Liver 肝	1,407	9.4%	42.2
5	Stomach 胃	670	4.5%	20.1
6	Nasopharynx 鼻咽	655	4.4%	19.7
7	Non-Hodgkin lymphoma 非霍奇金淋巴瘤	509	3.4%	15.3
8	Non-melanoma skin 非黑色素瘤皮膚	506	3.4%	15.2
9	Lip, oral cavity and pharynx except nasopharynx 唇 - 口腔及咽(鼻咽除外)	409	2.7%	12.3
10	Kidney and other urinary organs except bladder 腎及其他泌尿器官(膀胱除外)	366	2.5%	11.0
	All Sites 所有部位	14,914	100.0%	447.8

資料來源: 醫院管理局香港癌症資料統計中心。* 粗發病率: 按每10萬人口計算。

2013年香港女性十大常見癌症

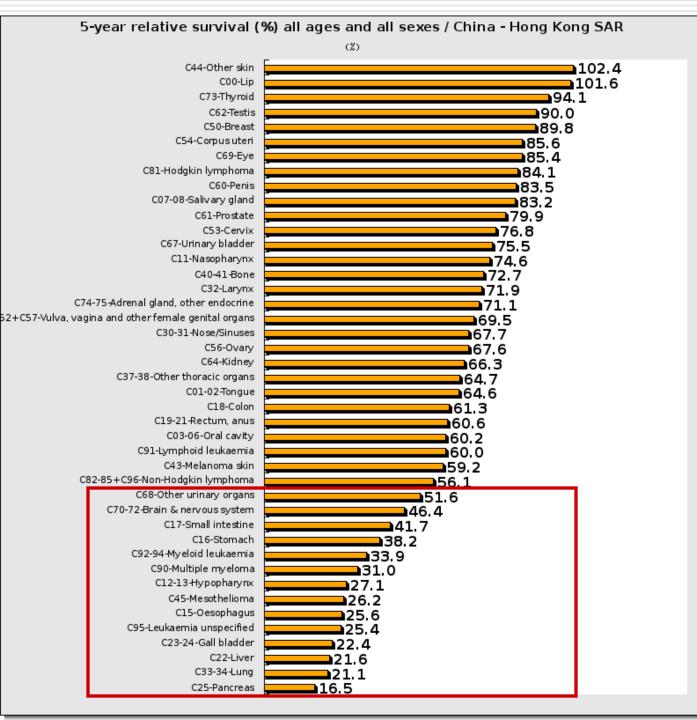
Rank	Site	No.	Rel. freq.	Crude rate
排名	部位	發病數字	百分比	粗發病率*
1	Breast 乳腺	3,524	25.1%	91.4
2	Colorectum 大腸	2,032	14.5%	52.7
3	Lung 所	1,637	11.7%	42.4
4	Corpus uteri 子宮體	942	6.7%	24.4
5	Thyroid 甲狀腺	604	4.3%	15.7
6	Ovary etc. 卵巢等	526	3.8%	13.6
7	Cervix 子宫頸	503	3.6%	13.0
8	Non-melanoma skin 非黑色素瘤皮膚	491	3.5%	12.7
9	Liver 肝	445	3.2%	11.5
10	Stomach 贤	430	3.1%	11.1
	All Sites 所有部位	14,022	100.0%	363.6

資料來源:醫院管理局香港癌症資料統計中心。*粗發病率:按每10萬人口計算。

2013年香港十大癌症死亡情況

Rank	Site	No.	Rel. freq.	Crude rate
排名	部位	死亡數字	百分比	粗死亡率*
	. No.		20.50	50.0
1	Lung 肺	3,867	28.5%	53.8
2	Colorectum 大腸	1,981	14.6%	27.6
3	Liver 肝	1,524	11.2%	21.2
4	Stomach 罚	625	4.6%	8.7
5	Breast 乳腺	600	4.4%	8.3
6	Pancreas 胰腺	584	4.3%	8.1
7	Prostate 前列腺	372	2.7%	5.2
8	Non-Hodgkin lymphoma 非電奇金淋巴瘤	352	2.6%	4.9
9	Oesophagus 食管	329	2.4%	4.6
10	Nasopharynx 鼻咽	312	2.3%	4.3
	All Sites 所有部位	13,589	100.0%	189.1

資料來源:醫院管理局香港癌症資料統計中心。*粗死亡率:按每10萬人口計算。



香港癌症患者五年相對生存率, 1996-2001

Law SC, Mang OW: IARC (Ch5), WHO, 2011.

香港腦血管疾病(中風)發病情況 (2012年資料)

Number and rate of episodes of in-patient discharges and deaths in public and private hospitals due to stroke by sex and age group, 2012

A = = =====	Male		Female Tota			tal
Age group	Number	Rate [#]	Number	Rate [#]	Number	Rate [#]
24 and below	109	12.6	97	11.7	206	12.2
25-44	562	60.4	405	31.0	967	43.3
45-64	4 370	404.8	2 491	213.0	6 861	305.1
65 and above	8 976	1 968.4	8 719	1 663.0	17 695	1 805.1
Total	14 017	421.3	11 712	306.0	25 729	359.6

Note: # Per 100 000 population of the respective age group.

Sources: Hospital Authority, Department of Health and Census and Statistics Department.

□ 絕大部份存活下來的中風病人成為不同程度的傷殘,而需他人照料。

香港老年癡呆發病情況

Table 3.4 Projected numbers of people with dementia living in the community in Hong Kong, 2010 and 2036

		2010		2036				
Age group	Male	Female	Total	Male	Female	Total		
60-74	7,588	10,237	17,824	11,876	26,582	38,458		
75-84	13,652	27,650	41,302	36,514	75,173	111,686		
85+	9,856	17,420	27,276	31,101	43,787	74,887		
60+	31,096	55,307	86,402	79,490	145,542	225,032		

Note: Individual cells may not sum to total due to rounding.

Yu et al., 2010.

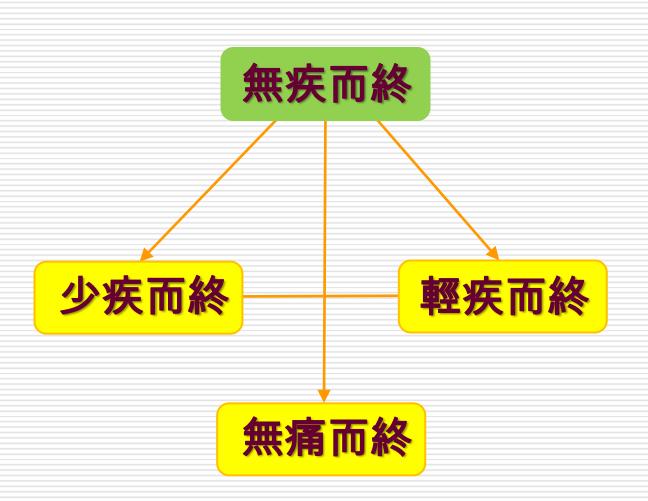
中國大陸老年癡呆發病情況

Table 3.11 Prevalence rates of clinically diagnosed dementia in urban and rural China, by age group, sex and diagnostic criteria, 2003-2007

		10/66 dementia			DSM-IV			
_	Urban		Rural		Urban		Rural	
Age group	Male	Female	Male	Female	Male	Female	Male	Female
65-69	0.0%	2.9%	1.6%	1.6%	0.9%	2.0%	0.1%	1.6%
70-74	3.7%	3.0%	3.1%	4.2%	2.5%	0.5%	2.3%	1.8%
75-79	6.0%	8.0%	9.1%	9.6%	3.4%	2.2%	2.6%	4.8%
80+	14.7%	24.4%	19.6%	14.7%	5.5%	10.1%	8.7%	2.7%
65+ (crude)	7.	0%	5.	6%	3.	.0%	2	.4%
65+ (age-sex- education-adjusted*)	8.	0%	4.	8%	3.	.1%	2	.0%

^{*}The standardised rates used the whole 10/66 survey sample as the standard population. Data source: Llibre Rodriguez et al. (2008)

退而求其次



常用中<mark>醫療法</mark> Common TCM therapies

- □ Herbal medicine 中藥
- □ Acupuncture 針刺
- □ Acupressure 穴位按摩
- Moxibustion 灸療
- □ Cupping 拔罐
- □ Scraping 刮痧
- □ Tuina/massage 推拿按摩
- □ Dietary therapy 食療
- □ TCM psychological therapy 中醫心理療法

- □ Aromatic therapy 芳香療法
- Bathing therapy 洗浴療法
- □ Exercise therapy (tai-qi) 傳統運動療法 (太極)
- Meditation/Mindfulness(qi-gong) 坐禪, 氣功
- Laughter and humor therapy 笑聲幽默療法
- □ Folk music therapy 傳統音樂療法

中西醫治療癌症各有優勢: 綜合和協同

中醫原則: 扶正祛邪

- □ 發病原因
 - 情志鬱結
 - 六淫之邪
 - 髒腑失調
 - 飲食不節
- □ 治療原則
 - 局部與整體
 - 扶正與袪邪
- □ 治療方法
 - 中藥
 - 針刺(減痛、西藥副作用)
 - 氣功
 -

西醫原則: 殺死癌細胞

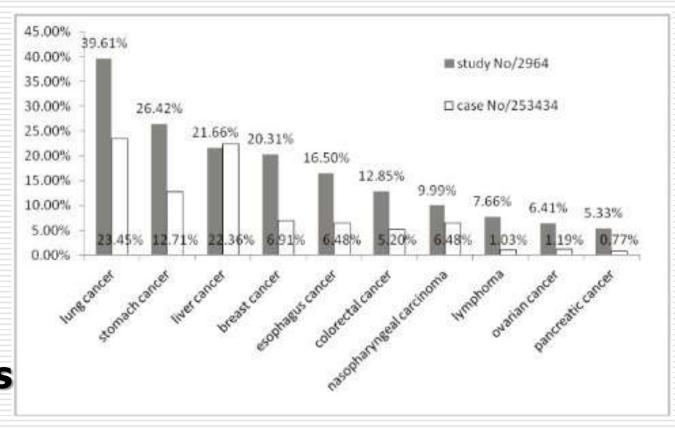
- □ 手術療法 (surgical therapy)
- □ 化學療法 (chemotherapy)
- □ 放射療法 (radiation therapy)
- □ 免疫療法 (immunotherapy)
 - 癌症疫苗
 - 單株抗體療法
 - 免疫細胞療法
- □ 標靶治療 (targeted therapy)

帶瘤生存 (survive with tumor)?

國內中藥治療癌症的研究(截止2011年11月)



- □ liver
- □ stomach
- □ breast
- esophagus
- colorectal
- nasopharyngeal



Li et al., 2013

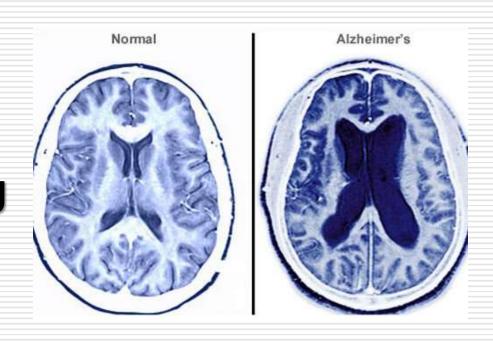
針灸及相關療法治療癌症

- □ Acupressure (proven)
 - Fatigue in lung cancer patients
- Acupuncture related therapies (proven)
 - Pain
 - Fatigue
 - Improving quality of life
- Acupuncture and related therapies (uncertain)
 - Anorexia
 - Constipation
 - paresthesia & dysesthesia
 - Insomnia
 - Limb edema

中醫防治老年性癡呆

重在預防和早期干預 (preventive and early intervention)

- □ Yoga
- Meditation
- Acupuncture
- Diet
- Chorus singing
- Cross-word puzzles
- Swimming



(Downloaded from internet)

Ashford et al., 2015 Zhou et al., 2015

針灸用於中風後康複

- □ 肢體癱瘓 Limbic paralysis (Zhang et al., 2014)
- □ 言語障礙 Dysphasia/aphasia (Sun et al., 2012)
- □ 吞咽困難 Dysphagia (Xie et al., 2008)
- □ 二便失禁 Incontinence (Thomas et al., 2008)
- □ 精神症狀 Mental symptoms (Zhang et al., 2010)
- 呃逆 Hiccups (Yue et al., 2016)
- 疼痛 Pain (Mulla et al., 2015)

中藥可改善中風所致的神經功能缺陷

Review: TCPM for Ischemic Stroke
Comparison: 01 TCPM vs Control (no TCPM)

Outcome: 02 Neurological deficit improvement after treatment

Study or sub-category	TCPM n/N	Control n/N	Peto OR 95% CI	Weight %	Peto OR 95% CI
Acanthopanax	501/532	402/495		4.13	3.39 [2.33, 4.93]
Da Huo Luo	27/30	26/30		0.24	1.37 [0.29, 6.56]
Dan Shen	674/739	434/616		7.59	4.02 [3.05, 5.30]
Deng Zhan Hua Su	221/234	172/220		2.00	4.04 [2.35, 6.92]
Deng Zhan Xi Xin	121/138	86/138		1.97	3.85 [2.23, 6.63]
Ginkgo biloba	1026/1118	744/961		9.91	3.11 [2.44, 3.96]
Ligustrazine	731/894	496/758		11.87	2.35 [1.88, 2.93]
Mai Luo Ning	1141/1252	750/1132	-	14.77	4.55 [3.73, 5.55]
Milk vetch	2128/2316	1477/1905	-	19.73	3.16 [2.66, 3.75]
Nao Xin Tong	181/190	107/131	: 	1.09	4.34 [2.09, 9.02]
Nao Xue Kang	70/80	55/79		1.02	2.88 [1.35, 6.13]
Puerarin	460/514	345/473		5.61	3.00 [2.18, 4.14]
Qing Kai Ling	268/292	206/278		3.03	3.53 [2.27, 5.47]
Shen Mai	194/205	141/184		1.76	4.49 [2.53, 7.98]
Sheng Mai	106/119	85/118		1.41	2.96 [1.56, 5.63]
Shu Xue Tong	21/24	14/24		0.37	4.25 [1.20, 14.97]
Wei Nao Lu Tong	205/260	93/160		3.10	2.73 [1.77, 4.21]
Xiao Shuan Tong Luo	160/168	57/74	(0.72	7.08 [2.89, 17.36]
Xing Nao Jing	35/42	16/36	W-27	0.67	5.45 [2.15, 13.82]
Xue Se Tong	592/643	424/564		6.06	3.55 [2.60, 4.84]
Xue Shuan Tong	141/152	88/106		0.95	2.65 [1.21, 5.79]
XueShuanXinMaiLing	399/412	309/354	-	2.02	3.91 [2.29, 6.69]
Total (95% CI)	10354	8836	•	100.00	3.39 [3.14, 3.65]
Total events: 9402 (TCPM), 6	1. '우리 시시를 통해 교육되는 보다를 보고 있다면서 보고				
Test for heterogeneity. Chi?=		1?=32.8%			
Test for overall effect: Z = 31.	34 (P < 0.00001)		.n		
	**	0.	1 0.2 0.5 1 2 5	10	
-			Favours control Favours TCF	M	

Study or sub-category	Treatment n./N	Control n/N	Peto OR 95% C1	Weight %	Peto OR 95% CI
11 Qing Kai Ling			200		
Yu-1999	1/20	7/20	•	20.66	0.16 [0.03, 0.74]
Huo-2004	1/68	1/60		6.22	0.88 [0.05, 14.32]
Subtotal (95% CI)	66	80		26.88	0.24 [0.06, 0.91]
Total events: 2 (Treatment),		0.404			
Test for overall effect: Z = 2.	'= 1.10, df = 1 (P = 0.29), l?=: 10 (P = 0.04)	7.179			
2 Acanthopanax					
Kuang-2001	0/52	2/52		6.23	0.13 [0.01, 2.15]
Subtotal (95% CI)	52	52		6.23	0,13 [0.01, 2.15]
Fotal events: 0 (Treatment),					
est for heterogeneity. not a est for overall effect: Z = 1.					
3 Xue Se Tong					
Yuan-2003	0/32	1/30 4-		3.14	0.13 [0.00, 6.39]
Subtotal (95% CI)	32	30		3.14	0.13 [0.00, 6.39]
Total events: 0 (Treatment),	1 (Control)	17700		0.000	ownest in the New New York
l'est for heterogeneity, not a					
Test for overall effect: Z = 1.	03 (P = 0.30)				
04 Ligustrazine			20		
Gu-2002	1/65	2/62	-	9.29	0.48 [0.05, 4.74]
Subtotal (95% CI)	65	62		9.29	0.48 [0.05, 4.74]
Total events: 1 (Treatment),					
Test for heterogeneity: not a			ı		
Test for overall effect: Z = 0.	62 (P = 0.53)				
05 Dan Shen Pan-1992	2/187	2/187		12.49	1.00 [0.14, 7.16]
Geng-2000	0/40	1/30	1	- 3.08	0.10 [0.00, 5.09]
Subtotal (95% CI)	227	217		15.57	0.63 [0.11, 3.67]
Total events: 2 (Treatment),		221		12,007	0103 (0111, 3107)
	= 1.07, df = 1 (P = 0.30), l?=1	8 596	ı		
est for overall effect; Z = 0.		0.074			
6 Puerarin			100		
Chao-2004	4/48	4/50		23.35	1.04 [0.25, 4.41]
Subtotal (95% CI)	48	50		23,35	1,04 [0.25, 4.41]
otal events: 4 (Treatment),			ı		
est for heterogeneity, not a est for overall effect: Z = 0.					
7 Milk vetch					
Tang-2000	1/75	1/72		6.25	0.96 [0.06, 15.50]
Zhou-2003	1/60	2/60		9.28	0.51 [0.05, 4.97]
Subtotal (95% CI)	135	132		15.53	0.66 [0.11, 3.83]
otal events: 2 (Treatment).		- C			2011년에 [마음에기기기기
	= 0.12, df = 1 (P = 0.73), l?=	0%	I		
est for overall effect: Z = 0,					
otal (95% CI)	647	623		100.00	0,46 [0,23, 0,93]
Total events: 11 (Treatment					
l'est for heterogeneity. Chi?	= 5.92 df = 9 (P = 0.75), 1?=	0%	I .		

Favours TCPM Favours control

Review:

TCPM for Ischemic Stroke

中藥可能降低 中風死亡率

Wu et al. 2007

結 束 語

- □ 在傳統中醫文化里,無疾而終是死亡的最佳境 界。
- □ 中醫有著多種方法達到少疾、輕疾、無痛乃至 安樂而終。但确切疗效尚需进一步研究证实。
- □ 腫瘤、中風和癡呆是導致香港老齡人群有疾而 終的主要疾患。
- 中醫、西醫和其它醫護專業應開展專業間合作, 建立一套適合香港本地特殊文化和需求的"無 疾而終"關懷項目。

Thank you!