



NEDERLANDS TIJDSCHRIFT VOOR ACUPUNCTUUR

OFFICIEEL ORGAAN VAN DE NEDERLANDSE ARTSEN ACUPUNCTUUR VERENIGING

The 7th World Congress of Chinese Medicine



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NAAV Targets

The Dutch Acupuncture Society for Doctors in Medicine is aiming for integration of acupuncture into healthcare, according to the patients wishes.

The NAAV stimulates and supports scientific research. We seek cooperation with epidemiologists and statisticians. Like in the United States, China, Germany and the UK, acupuncture research in Holland should also be in close cooperation with acupuncture specialists. The NAAV organizes a yearly scientific meeting.

Acupuncture as a peoples health care is accepted by patients and health insurance companies. We do need the scientific research more in order to convince university and government of the cost effectiveness of acupuncture. The results of scientific research outside and in the Netherlands will be presented at scientific meetings and international congresses organised by the NAAV.



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EDITORIAL

Frederike C. Moeken, MD.

Secretary of the NAAV

Just like the last two years, we are glad to offer you the yearly *Nederlands Tijdschrift voor Acupunctuur (NtvA)* 2010. This volume includes the publication of three oral presentations of the keynote lecturers at the 7th WCCM-Congress of Chinese Medicine. We herewith thank them for their contribution to the Congress and to our magazine. The local organizing committee of the Congress will present the CD with the total of the 78 presentations at the Congress. We also thank the other writers very much for their articles. So members of the NAAV, we look forward to get your articles on practise based and evidence based medicine for the next issue of our NAAV-journal!

Despite of the fact that acupuncture is a relatively new medical treatment in the Netherlands, we already seek contact with

other countries. For example, we very much agreed to participate in the international ISO-standardisation for TCM. We have a new training commission that has the ambition to work out a trainingprogram in Dutch, in close coöperation with our Belgian colleagues. We are working towards a NAAV-institute for research and education. Our scientific commission has been extended with 3 students, a candidate member doing his thesis and a regular scientist.

Acupuncture in the Netherlands is increasingly coming out and it is getting more and more accepted as a complementary medicine, as an addition to regular medicine. Many patients have experienced the beneficial effects of acupuncture, such as diminishing complaints and lowering dosage of medication needed. Costs of healthcare can decrease if acupuncture is combined with schoolmedicine.



At last the press has found the space to write some positive words about acupuncture! In a radio broadcasting this year a sceptical journalist even said that acupuncture is not harmful and that it could work! He pointed out that research on the effectiveness is therefore very important!

The NAAV agrees very much to work together on that research. Professor Jan van de Greef from TNO has set the first step in the university of Leiden, as is published in this journal.



WELCOME TO THE WCCM!

IN CONCERT WE SHALL SUCCEED

ChunLee Oei-Tan, MD., PhD.

President of the local organizing committee
President of the NAAV

WELCOME

On behalf of the four collaborating Dutch acupuncture and TCM societies, it is an honour for us to welcome you at this 7th world-congress of the WFCMS, World Federation Chinese Medicine Societies. It may surely be called unique that the whole field is represented in the organizing committee; that is from acupuncture medical doctors to acupuncture therapists, Chinese practitioners and TCM-specialists. It could be the first time in history that the acupuncture- and TCM-societies work together in hosting a congress. While pioneering as a small country we have been supported by the City of Den Haag, where traditionally many of the Chinese

herbal medicines are being prescribed and where facilities for trade with China are expanding. The welcome reception is offered by the city and it will be held in the big Atrium of the city hall.

Today we have met a big delegation of nearly 250 WFCMS-delegates from China and as many from the rest of the world. And of course from our four Dutch societies. With this big network of experienced practitioners and TCM-doctors our research should manage to take a big step forward. That is what currently medicine, insurance companies and politicians are calling for. We must meet this research-requirement for the benefit of the patient.

In June this year the ISO, the International Standardisation Organisation, has launched a big normalization effort of the standards in TCM. It is quite an achievement that



around the world scientists and managers are working on our TCM-standards. As recently as the eighties there were not even courses on Chinese herbal medicine in the Netherlands and twenty years later we have become so specialized that we need standardisation for the safety of our patients.

On behalf of the local organizing committee I wish you good congress days in networking and talented wisdom.



Minister v. Econ.Zaken Maria van der Hoeven in gesprek met de ambassadeur van China, de heer Zhang Jun tijdens het openingscongres van het Sino-Dutch Center for Personalized Medicine van Prof. dr. Jan van de Greef. (foto van Influence Communications)

● SYSTEMS SCIENCE, THE BRIDGE BETWEEN CHINESE AND WESTERN MEDICINE

Prof.dr. Jan van der Greef

The health care system in Western societies and one of its pillars, modern medicine, are increasingly under debate. The increasing costs of health care are reaching the level where it will not be sustainable in the near future. Recent estimates for the US health care system show an increase from 17% of the gross domestic product (GDP) in 2009 to over 20% of the GDP in 2018, when the total cost will reach 4.35 trillion USD [1]. At the same time, hopes for developing medicines that are more effective are fading away, since the pharmaceutical industry produces fewer new chemical entities (NCE's) that reach the market every year.

In this era, crucial global issues have surfaced in various domains, including the financial, ecological, political, educational, religious/spiritual and social realms. Mechanisms that previously functioned effectively must be replaced by new approaches. These challenges are not local, but global, and system thinking will be mandatory in the future. In such times of change, one must reflect and focus on the driving force of the system that needs to evolve. In health care, there must be a shift from an emphasis on

economics, technological developments and political agendas back to a patient-centred health care environment.

In health care, the paradigm of system thinking has emerged as systems biology. It is limiting to develop interventions on how a single compound interacts with single target that is linked to a specific symptom. This "one-drug-fits-all" paradigm has shifted to an idea that patients require personalized medicines. However, a thorough systems approach has not yet been applied to design new drugs. Moreover, the patient is not yet seen as a unique individual. Treatments focus on a disease or a disease phenotype rather than the person, even though effective treatments rely on a proper system diagnosis. This is exactly where Chinese medicine can contribute extensively to improve our current Health care system in Western societies.

The systems approach to medicine that is now developing in the West has the potential to integrate with Chinese medicine [2,3]. In particular, the systems biology approach of patient profiling using modern genomics, proteomics and metabolomics technologies is a perfect match for the



systems diagnosis in Chinese medicine. Integration of these approaches may reveal different groupings or sub-phenotypes of patients, which require different treatments. Additionally, knowledge about the biological mechanisms behind the personalized herbal formulas used in Chinese medicine is expanding through modern herbal chemical profiling techniques [4,5].

Figure 1 illustrates the Western systems biology [6] view of the body and the Chinese view of the body as a landscape. The correlation network in the left panel shows the relationships between metabolites, proteins and genes during an early stage of atherosclerosis. In the right panel, shows the Neijing Tu, a chart of the inner landscape of the body. By zooming in elements can be found that have a relationship with Western perspectives. For example, the fire in the cauldron in the lower part in Figure 1 is called MingMen (the gate of life), which can be compared to the adrenal glands. MingMen catalyses and supports processes in the body, such as temperature and metabolism, which is similar to adrenal hormone function.

Both Chinese and Western science describe life as a complex, dynamic, non-linear system [7]. As Western scientists discovered the non-linear behaviour of cytokine networks, Chinese practitioners have recognized non-linear patterns in how symptoms change in patients. The fractal properties of the arteries, lungs and heart rate resemble the fractal thinking in Chinese medicine. In both sciences, life is considered a self-organizing system that is far from equilibrium. Systems thinking can build the cultural, philosophical and

Prof.dr. Jan van der Greef

Scientific director Systems Biology & Personal Health within TNO Quality of Life, Professor of Analytical Biosciences at Leiden University Chairman of the Sino-Dutch Center for preventive and personalized Medicine (SD-PPM)

Jan van der Greef, born in 1952, obtained his PhD at the university of Amsterdam in the field of mass spectrometry. He has published over 300 papers in international journals and has given opening, plenary and keynote lectures (> 250) at major life sciences, analytical and pharmaceutical and TCM based conferences.

He is considered as a pioneer in LC/MS, metabolomics, systems biology and building bridges between Western and Chinese medicine.

He is co-founder of innovative companies and inventor of several patents.

He received several awards for major scientific contributions, as by the Belgium Society of Pharmaceutical sciences and he was granted the prestigious Scheele award by the Swedish Academy for Pharmaceutical Sciences.

He became doctor honoris causa at Ghent University and also received a honorary professorship from the Chinese Academy of Sciences at the Dalian Institute of Chemical Physics and visiting professorship from the Chinese Academy of Engineering at the Jiao Tong university in Shanghai and the university of Westminster.

scientific bridges that are necessary to share understanding between the two sciences. By studying tools and techniques developed in both the Chinese and Western medical systems, new insights will emerge that are necessary to heal the patient, his environment, and the world he lives in.

Traditionally, the focus of the systems view in Chinese medicine has been directed towards health promotion. In recent Western terminology, this is known as strengthening the resilience of the homeostatic process, or salutogenesis. Typically, Western medicine has focused on disease management.

System-based diagnosis, a crucial step in building the bridge

Diagnosis is a description of a person at a given point in time, knowing the person's history and addressing his current condition, which is expressed as a disease. People with different cultural backgrounds will have different views, and consequently have different needs. The aim of the diagnosis is

to find a way to support a person by relieving him from disabling factors or making him aware of necessary lifestyle changes, including changes in psychological thinking patterns.

In Chinese medicine, diagnosis is highly related to the above contextual description. A person is seen as unique, but also as part of a whole. Both the patient and the doctor grow during their interaction in their knowledge of life and its purpose. The modern technologies developed in Western medicine have become valuable for obtaining a deep insight into the physiological mechanisms of disease. Chinese medicine can be enriched enormously by adding this wealth of new diagnostic aspects. The systems biology technology has allowed for an additional bridge between the "seen and the unseen." In fact, the current situation is rich in opportunities. Descriptive diagnosis can be linked to a systems-based medical system. Additionally, technological capabilities have opened up new insights into biology. The next step in modern medicine will

form from a combination of both strategies in a synergy of global knowledge.

From a Western perspective, systems biology research can improve the "one-drug-fits-all" interventions based on reductionist diagnoses. A first step towards a more targeted approach in which subtype classes are recognized is currently being made but still the basis for this approach is disease-orientated. However, current medicines can be optimized for a better efficacy/safety ratio for a given subtype. The last and largest step towards personalized health care is diagnosis support to provide a patient-centred wellness approach. The health care ecosystem must fully utilize this potential for personalized medicine. To do so, a major driving force could be the combination therapy strategy outlined previously [8]. Chinese medicine is already based on a personalized approach, so improvements to this system must come from refining and expanding the current Western medicine options, focusing on quality control and providing scientific

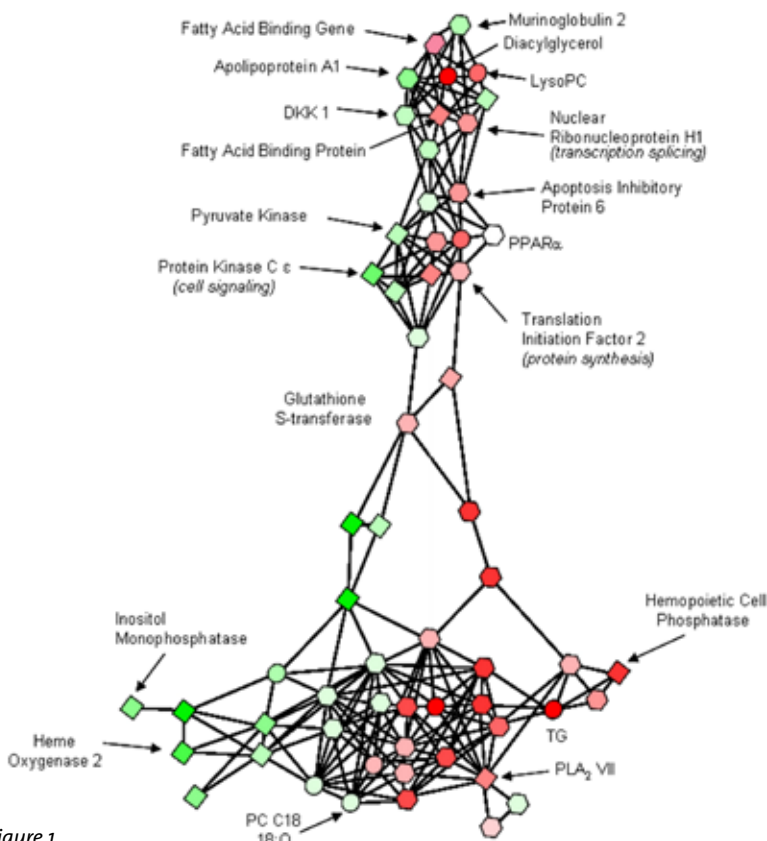


Figure 1



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evidence to create a global acceptance of its practices outside Chinese culture.

In Western medicine, the step to improved subtyping (targeted care) can be strongly enhanced using knowledge from Chinese medicine. Currently, many studies are underway to detect subtypes by profiling cohorts with –omics technologies and systems biology platforms, but these evaluations must be based on non-supervised procedures or drug response profiling for specific drugs. Gathering data from these methods is limited, since individual variation is high, as outlined above. Consequently, Chinese medicine is an attractive alternative to subtype cohorts diagnosed using Western diagnosis methods. For instance, rheumatoid arthritis (RA) [9] could be sub-typed using pattern recognition techniques based on systems biology guided by knowledge of bi-syndrome. This allows a subset of variables to be obtained and validated, which can serve as a new diagnostic principle when developing interventions. This strategy is the basis of the Sino-Dutch Centre for Preventive and Personalized Medicine.

Future trends in research and development will be more patient-centred, and the patient-physician relationship will be recognized more and more as a key element for providing the health care in the future. Health promotion and preventive approaches must be revised in Western medicine, since the development process is not geared towards health challenges where strengthening homeostasis is the key approach and subtle subtyping is the basis. Chinese medicine is likely to provide a variety of options based on the available diagnostic opportunities. In line with systems theory, the scale and complexity of a solution should match that of the problem. This theory indicates that combination therapy is an option, and diagnostic principles should utilize a personalized approach. Additionally, Chinese medicine can be used to strengthen the biological system, maintain a better basic health and reduce side effects. These approaches can be developed further when Chinese-based diagnostic principles are scientifically proven and translated into biochemical fingerprints.

Systems biology-based diagnostics and particularly metabolomics will be essential in this merging process, since it captures relevant phenotype information. Studying the dynamics of systems might become mandatory to provide early, more preventive diagnoses [10]. Health care is expected to change fundamentally in the next 25 years based on these new insights and the driving force from both the quality of life and health care cost perspectives. The Sino-Dutch Centre for Personalized and Preventive Medicine is contributing to these developments by stimulating education and through scientific research that applies metabolomics-based systems biology that is guided by the principles of Chinese medicine-based diagnostics. Disease sub-typing is believed to improve the understanding of responder and non-responder challenges in Western medicine, to optimize cohort selection in clinical trials, and to underpin the current understanding of the combined use of Chinese and Western medicine. Most importantly, sub-typing will provide a scientific basis to understand and globally integrate the complementary Chinese and Western medical systems.

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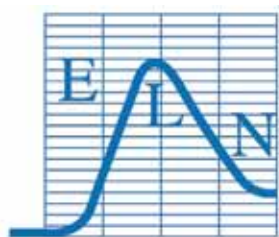
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● CONSTITUTIONAL DOCTRINE (HUMAN-BODY CONSTITUTION DOCTRINE) OF TRADITIONAL CHINESE MEDICINE

Prof. Qi Wang, MD.

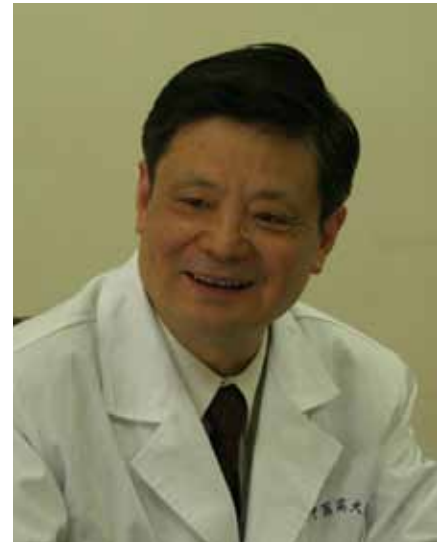
Traditional Chinese Constitutional Medicine involves 3 key theories. The first is that "human constitution can be classified into 9 basic constitutional types (somatotype)". The second is that "certain somatotype has close relationship with certain diseases". It is to reveal certain somatotype can lead to certain diseases. The third is that "unbalanced somatotype can be regulated to equilibrium". It prefers certain intervention can rebalance the human constitution and return to health. The theory of "three levels of prevention of human constitution" developed by Professor Wang can be used to institute the health care measures for different people, and it provides approach and methods to follow the prognosis of disease.

A number of scholars and experts from Harvard Cornell and other world renowned institutions claimed in an international medical conference: "What we in the West call 'holistic medicine' only begins to consider these questions but without a specific paradigm or well-defined construct. TCM constitutional doctrine is an important part of life science and a time-tested methodology of Chinese medicine that has potential applicability for the prevention and the treatment of disease that will greatly benefit the public health globally." It is also believed that TCM constitutional doctrine possesses significant implication in solving two fundamental problems of "intervention of Sub-standard health" and "prevention and remedy for current chronic epidemics". Developing and applying the TCM constitutional doctrine is essential in understanding basic inherent characteristic of all Chinese; promoting health preservation; advancing disease prevention, diagnosis and treatment, elevating total quality of life. Therefore, such development and application would move forward social and economical progress significantly. It also revealed the interactions and interdependencies between science and humanities, enriched medical

sciences and offered remarkable contribution on implementation of individualized health care service.

TCM constitutional doctrine has won noticeable recognition by scholars from both east and west for its contribution in medical science. It is re-directing the observation of medicine. Ever since its establishment, "disease" has been the focal point of western medicine, all efforts emphasized on "what made a man" sick, but not the "man". So far, over ten thousand various diseases have been identified, however, therapeutic measures developed in against isolated cause of such diseases often unable yielding satisfactory result. For example, in treatment of allergies, auto-immune diseases, metabolic disorders and mental illness. Moreover, large sub-standard health population are roving between sickness and health. Proven in the past practices that "disease" centered medical model could not actively resolve most health problems and tangled in predicament of medical science maze. The medical model for healthcare service should be shifted from "disease treatment" to "preventive medicine", convert "popular medicine" to "individualized care". The objectives of health care will be individual needs based service.

TCM constitutional doctrine probes in the relationship of individual composition, construction and its health status. Individual difference among resided groups and the constitutive status of human being in different times have congregated as a complex phenomena in life science, and become essential subjects of "population and health" for today's world. It has also drawn considerable attention from the world medical field and become a common focused topics of the professionals. While studying individual difference, TCM constitutional doctrine explores the relationship of human constitutive status and diseases, effects of intervention in regulating body constitution, and preventing and treating diseases. Such progresses will advance the



efforts of individualized health care and be beneficial to the world public health.

The research of TCM constitutional doctrine focuses primarily on three critical scientific questions. First, analyzing and examining the body constitution theory is perfectly justified, as phrased "In real world, there is no two leaves appeared absolutely same face, and it's applied to two persons as well". The exploration of the individual difference has long been closely watched from all directions for thousands of years. However, lacking of integrated and systematic methods, all works have yet to introduce unambiguous and definitive standard of the body constitutional classification. Through near three decades of research and extracting past accomplishments. It is concluded the separation of human body constitutive status into nine categories for basic constitutional configurations, they are A (balanced constitution), B (Qi-deficiency constitution), C (Yang-deficiency constitution), D (Yin-deficiency constitution), E (phlegm-dampness constitution), F (dampness-heat constitution), G (Blood stagnation constitution), H (Qi-stagnation constitution) and I (Inherited differential constitution). Based on the nine categories of constitutive configurations, we formulated the "Chinese Standard Definitions of Nine Constitutional Status of TCM". The theory has been recognized by the Chinese Traditional Medicine Association, and recommended as Association's standard measurement. Now the "Nine Body Constitutive Status" has been introduced to national TCM professionals as standardized working tool of the TCM assessing and evaluating individual constitutive status. The standard of constitutional classification may add valuable tool to assess body constitutional characteristics. This tool can also be applied directly to the health evaluation for

general population. It may provide guidance for health risk factor management, life-style and behavior modification for sub-standard health population, chronic illness, or rehabilitating stage patients, preserving and invigorating public health, improving health care, medical intervention and promoting individualized health care management service.

Second, the theory of Constitutional classification revealed the relationship between body constitutive status and diseases. The researches from TCM constitutional doctrine unveiled that occurrence of majority of illnesses, even certain group or category of disease is related to individuals' constitutional configuration. For example, hypertension, diabetes, hyperglycemia, coronary artery disease and stroke belong to the E constitution (phlegm-dampness constitution). Therefore, E type constitution becomes "the common soil" of these diseases. Previously, treatment of illness often "led by the nose", much attention only is paid to their specific signs and symptoms of individuals rather than common background and causes of such diseases. To hold the constitution equals to hold the basis. Also in the case of "metabolic syndrome" presented by current medical field, explanation of the cause would only be focused on metabolic impediment (impairment) and insulin resistance. Other applications of body constitutional theory including concepts of "the calcification or concretive constitution", "the phthisic or tubercular constitution", "the gouty constitution",

"the diabetics constitution" and more, all of such efforts in the area have been studying the relationship of constitutional status and disease from various view points and observation angles.

Thirdly, the theory recognizing the body constitution would be rigorously regulated and adjustable. Human body constitution possesses the nature of stability but also alterable when influence present. With effective intervention, disordered and imbalanced body condition may be reinvigorated and improved through such adjustment, and eventually, the health may be restored in the individuals. The body constitutional theory may have even fundamentally changed the concept of health care. In the case of treating allergic illness, for instance, the treatment focused on only the "allergens" rather than "hyper-sensitive individuals" ever since all therapies applied, however, Professor Wang Qi in his research of the treatment of asthma and allergy with collaboration of the Research Center of Asthma and Allergy, John. Hopkins University in the United States, has proven that the causes of allergic reactions were body constitutional configuration other than the "allergens or allergic sources". Therefore modulating such individuals' body constitution could meliorate the condition more effectively than only targeting the "allergens or allergic source". Nonetheless, the therapy could eliminate the "predicament of allergy" from its root source; thus achieving ultimate condition improvement.

Researches in the Prevention Center of Harvard School of Public Health have shown that since middle 1970s US public began to notice the role of individual behavior and environmental factors in general health. Since then the whole society gradually built a solid foundation for health education, which promoting "suitable diet", "proper exercise", "quit smoking", "moderate alcohol consumption" for improving the population health. As the result, the morbidities of hypertension dropped by 55%, stroke reduced by 75%, diabetes decreased by 50%, and all cancers reduced by 1/3. Americans' lifespan extended almost 10 years. However, the total cost of achieving such result was only 1/10 of the medical expenditures in the same period. The theory of "dealing with and tackling all health problems before illnesses grown" or "treat the illness beforehand" could be considered as not only expanded the theoretical basis of modern medicine, but also injected whole new meaning and broadened its far reaching application domain. Therefore based upon above conclusion drawn from wide range practices, Professor Wang Qi proposed general practice guideline of "three stages of illness prevention based upon individual constitutive classification". The guideline offers specific health preservation and prevention measures for various groups in the population.

At present, aging population and the aggregated illnesses burden have become a social and economical problem. Demanding implementation of prioritizing prevention as primary component of health care strategy and the service model has favored as aspiration of the public. The essence of moving the preventive strategy forward to far advanced stage is intend to manage all diseases before their impact grown to harm individuals, so called "nip in the bud". Therefore, answering questions of applying "dealing with illness beforehand" to health individuals, intervening "sub-standard health condition" must lead all attention to focus on the studies in relationship of various illnesses corresponding to different individual constitutions; and individual constitution would lead to variation of disease incidents. Nonetheless, preventive intervention should be engaged early on with individual's constitution status. A note "A person would not be sick while body is healthy" drawn from ancestors' phrase.

Qi Wang

Prof. Qi Wang (1943-) is director of the Constitution and Reproductive Medicine Research Center of Beijing University of Chinese Medicine, managing director of China Association of Chinese Medicine, vice Chairman of China Association of Promoting Traditional Chinese Medicine, the member of Steering Committee of experts for the excellent TCM clinical training program of talents, fellow of the Royal Society of Medicine, and member of the Japanese Society for Oriental Medicine.

Professor Wang, having been engaged in clinical practice, scientific research, and educational work for 40 years, has presided many national graded subjects in China which include National Natural Science Foundation (NNSF), Beijing Science and Technology Projects, Eleven-five National Scientific Subject, 211 Project, as well as a National Basic Research program of China. He has also acquired six patents and many scientific awards including National Science and Technology Progress. In addition, he is the editor in chief of 29 medical books, and has published 181 professional papers.

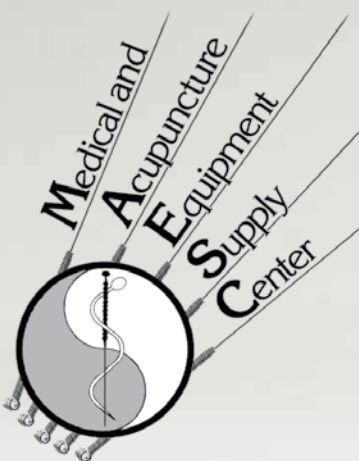
As such “holly-man controls adversities and tribulations in advance as superior physicians treat illnesses beforehand” {HuiNanZi-Vol.16}. TCM constitutional doctrine provided theoretical and operational foundation for carrying through the individualized medical care and prevention of health management. The core design of the doctrine is “to provide preservative, therapeutic and preventive measures in complying with individual constitutional configuration”, such idea is conforming to the requirement of “Nation Long-term Science and Technology Development Program Plan” (2006-2020). The plan mandates “moving forward the center of focus in preventing and treating all illnesses; insisting on implementation of prevention first guideline; facilitating the integration of effective prevention and treatment in all health care practices”. The TCM constitutional doctrine may also add strategic importance to the development of the new

health care system with TCM demonstrated advantages and superior characteristic in health preservation and restoration, in order to meet the present and future health care demand of 1.3 billion Chinese populations; and to establish new health care service system of China.

In near three decades, employing fully with inter-disciplinary science and technology applications in investigations of body constitutional configuration and classification, including informatics, philology, epidemiology, statistics, psychology, genetics, molecular biology, my team has achieved numerous valuable discoveries and innovations. The TCM constitutional doctrine research project have received many national and ministerial research grants and funds. Results produced through these research projects won various prizes and approvals from the authority. The doctrine has also been recorded in “Chinese

Encyclopedia” and “General History of Chinese Medicine”. The doctrine has reached an important achievement in the history of TCM development.

WIJ BIEDEN U ALLES OP HET GEBIED VAN ACUPUNCTUUR AANVERWANTE ARTIKELEN EN LITERATUUR



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● THE DEVELOPMENT AND PRACTICE OF TCM IN EUROPE

Dr. med. Carl-Hermann Hempen

Although the first news about acupuncture in Europe was recorded 300 years ago, the examination of Chinese Medicine as a comprehensive medical system only began in the mid-1900s.

First of all it was necessary to create the linguistic and scientific requirements that are essential to understand Chinese medicine. Subsequently, in the 1960s and 70s, basic works regarding the five pillars of Chinese medicine had to be developed, covering:

- Acupuncture
- Phytotherapy
- Chinese dietetics
- Tuina
- Taiji, Qigong

Today, many schools offer comprehensive education in all areas. I will demonstrate this using the example of the SMS in Germany.

In Germany, a doctor can earn an ancillary degree in acupuncture. After having funded large, randomized scientific studies on acupuncture, health insurance companies now recognize this medical qualification and cover acupuncture for their clients.

We will illustrate the modern application of all aspects of Chinese medicine in a modern European practice. This practice offers various specializations (internal medicine, gynecology, ophthalmology, etc.) and in diagnostics we consistently employ both methodologies equally, i.e. modern Western medical instruments, as well as Chinese diagnostics.

Generally, the therapy is based solely on Chinese medicine, comprising Chinese phytotherapy and acupuncture, among others.

We will also demonstrate a modern computer program, that completely addresses Chinese medicine practitioners' needs and enables consistent treatment employing the tools of Chinese medicine. In particular, we will demonstrate how individual phytotherapeutic formulations can be assembled

quickly, then sent to pharmacies via modern information paths, allowing the doctor to then provide the patient with the complete formulation with its correct dosage after her/his visit.

All this is an ideal complementary addition for us doctors and a consolidation of efficient and exact Western diagnostics with more differentiated Chinese diagnostics, which leads to the consistent application of the highly specific, individual Chinese therapy possibilities.

History

Acupuncture as a method of treatment first became known in Europe in 1657. It was in this year that the Dutchman De Bond first reported on observations he had made during his visit to Japan. In 1683 Dr. Wilem Ten Rhyne, who worked as a doctor for the Dutch East India Company, introduced the term "Acupuncture" (Latin: acus pungerere = needle puncturing).

The first theoretical presentation was provided in 1682 by Andreas Cleyer in his work "Specimen Medicinae Sinicae." In France the Parisian doctor Louis Berlioz, the father of the famous composer, began very extensive clinical studies around the beginning of the 1800s and about 100 years later, again in France, Soulie de Morant really achieved the breakthrough by providing the fundamental components that make up the theoretical background of Chinese medicine.

More recent interest was aroused particularly as a result of the visit by the American President Nixon to China in 1972 which inspired a more extensive study of Chinese medical methods by the Western world. Already in the 1960s Manfred Porkert had begun to explore the linguistic and scientific background of Chinese medicine and the results were published in his post-doctoral lecturing thesis "The theoretical foundations of Chinese Medicine" (1973). His work provided the basis for thoroughly coherent and scientifically profound examination of the subject.



The WHO took up the possibility of acupuncture treatment in a specially dedicated booklet and published a list of medical conditions for which it recommended the use of acupuncture therapy.

Foundations of Western knowledge

On the subject of acupuncture there have been a number of significant publications such as "Systematic Acupuncture" (Porkert/Hempfen 1985) or the "DTV Pocket Atlas of Acupuncture" (Hempfen 1995). The subject of phytotherapy was first focused on in a publication by Manfred Porkert in 1978 entitled "Clinical Chinese Pharmacology" later to be complemented by other works such as "Chinese Herbal Medicine Materia Medica" (D. Bensky 1986). Chinese dietary practices were examined in the publication "Chinese Dietetics" (Engelhardt, Hempfen 1997).

A sound and thorough presentation of the subject of Tuina, Chinese manual therapy, is given in Han Chaling's book "Guidelines of Tuina" published in 2002.

And finally, with regard to the movement therapies of Taiji and Qi Gong, the names of Catharine Despeux and Ute Engelhardt ("The Classic Tradition of Qi Exercises") are also to be mentioned.

Only after the preparatory work represented by these publications was it possible to begin with the correct and well-founded teaching of the subject of Chinese Medicine (TCM) and, equipped with this fundamental knowledge, practising doctors were then enabled to administer Chinese medicine properly, comprehensively and effectively.

Chinese Medicine in the European Health System.

Among the complementary alternative methods, acupuncture is the one that is most widely practised. In view of the historical development (as explained above, acupuncture was the first element of Chinese medicine to reach Europe and only later did people get to know the full spectrum of TCM) it is not surprising that there are a number of doctors among the acupuncture practitioners who are now able to apply the full range of therapy offered by TCM.

Let me give you a few figures, first of all: approximately 180,000 doctors in Europe have completed a training programme in complementary / alternative medicine; of these, about 80,000 in acupuncture. Of the 1.65 million doctors practising in Europe, approximately 5% have received training in acupuncture.

The national organisations, Medical Associations and the health insurance companies have recognised the demand for Chinese medicine and the authorities in the various countries have responded to this in different ways.

The status of complementary / alternative medicine, and thus also of acupuncture and TCM, is complicated by the various models which are applied in the different Member States of the EU. For example, in central and southern Europe these forms of therapy are offered only by doctors, whereas in northern Europe they are also offered by practitioners who are not qualified medical doctors. Acupuncture is officially recognised in 12 out of 29 European states. In seven of the 29 countries, the state awards a national degree qualification in acupuncture to doctors.

Research activities

Naturally, the health insurance companies which finance the health services, also had an interest in verifying the effectiveness of acupuncture. It was possible to provide clear evidence of the effectiveness of acupuncture therapy, and this has meant that the costs for this therapy are now covered to a limited extent by the insurance companies.

When it comes to Chinese medicines, the TCM practitioners in the Western world are confronted with quite different requirements. The quality controls for compliance with Western standards demand:

- unambiguous identification

- evaluation of toxicological safety
 - testing for traces of heavy metals, pesticides or other harmful substances
- In this context, for these practitioners in the Western world, it would be desirable to achieve:
- standardised extracts
 - or the extraction of active compounds (for example: Artemisinin from the herb *Artemisiae annuae* (annual wormwood))

Acupuncture in the universities

In a number of countries, e.g. Germany and The Netherlands, acupuncture is offered as part of a programme of complementary / alternative medicine studies at universities. In six other countries it is offered as a special subject of its own, and in two countries as part of TCM studies.

Countries such as Austria, Bulgaria, Hungary, France, Germany, and Switzerland already have, or are planning to create, a university faculty of acupuncture.

Acupuncture in hospitals

An increasing number of hospitals are creating departments for TCM, yet there are still only very few clinics in Germany which specialise in TCM, currently only five. This is mainly due to the funding policies of the health insurance companies.

Insurance coverage

The health-care costs for certain illnesses and treatments are covered by the national health insurance companies in at least ten of the member states of the European Union; by contrast, private health insurance companies generally offer more extensive coverage which may amount in some cases to as much as 100% in Germany and Switzerland. In The Netherlands, these companies offer partial coverage of additional costs.

For the last 10 to 15 years the costs for medical prescriptions for Chinese herbs have been covered by national health insurance companies in Austria, France and Spain, and by the private health insurance companies in Austria, Bulgaria, France, Hungary, Italy, Portugal and Spain and by some in Germany and also in Switzerland.

Training in Munich, Germany

Our society, in collaboration with the University of Witten-Herdecke, offers the CPC qualification (Certified Physician of

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1966 - 1972: Medical Studies

1974 - 1975: 2 Years as scientific associate at the Institute for Statistics and Biomathematics of the LMU Munich (Prof. Überla)

Ancillary degree "Medical Information Systems"

1976-1984: Internal Medicine Specialization in Munich

1982: Ancillary Degree "Naturopathic Medicine"

since 1975: Student and Associate of Prof. Dr. M. Porkert (Associate Professor for the Theory of Chinese Medicine at the LMU Munich)

1978: Founder and Vice President of SMS (International Association for Chinese Medicine)

since 1978: Educational Director of SMS 1984: elected President of SMS (until 2002)

since 1984: various publications about Chinese Medicine

Publisher of the Journal "Chinesische Medizin", Publisher: Urban und Vogel, Munich

since 1978: Ongoing work as Instructor for acupuncture and Chinese medicine, with at least 20 events a year

Member of the board of directors for SAGA (Swiss Doctors' Association for Acupuncture) Assistant lecturer at the University Witten-Herdecke Several educational trips to China

since 2002: Expansion of the Practice Association "Dr. Hempen & Kollegen"

Focus: Chinese Medicine, Acupuncture (3 internal specialists, 1 gynecologist, 1 ophthalmologist, 3 general practitioners, 1 doctor for TCM & tuina, 1 dietician)

since 1995: Development of the comprehensive software for Chinese medicine, "TCM-SOFT" (in collaboration with Daniel Hüttenberger)



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Chinese Medicine) involving at least 1,000 training hours. This programme covers all the aspects of Chinese medicine and devotes at least

- 200 hours to the fundamental principles of TCM, physiology and diagnostics
- 250 hours to Chinese phytotherapy
- 200 hours to acupuncture therapy
- 300 hours to clinical subjects
- An additional 200 hours are devoted to dietetics, movement therapies, Qigong, Tuina

The total range of subjects in our training portfolio naturally goes far beyond this summary. The aspects mentioned here include only the minimum compulsory hours for TCM students.

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- 3 "Akupunktur" U & S Maps for Clinic & Practice, Urban & Schwarzenberg Munich 1992, ISBN 3-541-12481-4
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- 8 "Chinesische Diätetik" 724 pages, in collaboration with Ute Engelhardt, Verlag Urban & Schwarzenberg Munich 1997, ISBN 3-541-11871-7
- 9 "Atlas van de acupunctuur" 304 pages, Verlag Sesam HB uitgevers, ISBN 90-5574-290-2
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- 19 "A Materia Medica for Chinese Medicine" 1007 pages, in collaboration with Toni Fischer (Zurich, Churchill Livingstone – Elsevier, Edinburgh London New York Oxford Philadelphia St. Louis Sydney Toronto 2009, ISBN 978-0-443-10094-9

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● FOOD, MOVEMENT AND LONGEVITY – DIETETICS AND QIGONG FOR THE ELDERLY

Dr. Ute Engelhardt

Adequate nutrition, breathing and gymnastic exercises, which are known as Qigong today, play an important role in nourishing life (yangsheng) and in Chinese Medicine especially for elderly people. The Chinese have been experts at maintaining health and longevity for more than 2000 years. Their methods, documented in ancient manuscripts, medical textbooks, and self cultivation manuals, form a multi-layered yet integrated system of personalized health care. This is of increasing importance in the West as the average age of our population rises and technological development increases the speed and stress of our life. In this workshop, I shall trace out the historical development of nourishing life (yangsheng) for elderly people and discuss the physiological changes of aging and its possible prevention by dietetics and Qigong exercises. Moreover, I will look at some selected geriatric diseases and recommend foodstuffs and dietetic recipes as well as Qigong exercises, which we shall practice together, for their treatment.

Adequate nutrition, breathing and gymnastic exercises, which are known as Qigong today, play an important role in nourishing life (yangsheng) and in Chinese Medicine especially for elderly people. The Chinese have been experts at maintaining health and longevity for more than 2,000 years. Their methods, documented in ancient manuscripts, medical textbooks, and self cultivation manuals, form a multi-layered yet integrated system of personalized health care. This is of increasing importance in the West as the average age of our population rises and technological development increases the speed and stress of our life.

In the first part of this workshop, I shall trace out the historical development of nourishing life (yangsheng) for elderly people beginning with definitions of the terms “nourishing life” (yangsheng 養生) and “nourishing the elderly” (yanglao 養老). The first author who emphasized dietary treatment in Chinese Medicine including special care for elderly

people was the famous physician Sun Simiao 孫思邈 (581?-682). In his groundbreaking medical encyclopedia Qianjin yaofang 備急千金要方 (Essential prescriptions worth a thousand pieces of gold, around 652 CE.) he recommended a dietary regimen to be applied before using medical drugs. In his Qianjin yifang 備急千金翼方 (Supplementary prescriptions worth a thousand pieces of gold, around 680 CE.), he showed the importance of soothing the moods and emotions of the elderly. In the eleventh century Chen Zhi 陳直 (fl. 1078-1085) wrote the first extant example of a work dealing exclusively with “nourishing the elderly” (yanglao 養老). His Yanglao fengqin shu 養老奉親書 (Book on Nourishing the elderly and Taking Care of One's Parents) was quite popular and deals predominantly with dietetics, drugs to be taken by the elderly and various instructions regarding daily routine, such as clothing, sleep and hygiene. Moreover, it is the first specialized work devoted exclusively to the needs and practices of older people and thus opens an entirely new category of dietetic and medical literature.

The second part of the workshop will investigate the physiological changes during the process of aging, which will lead us to cosmological considerations. Chinese Medicine portrays the stages of life as a process that can be seen in correlation with the waxing and waning of the different phases of the macrocosm, like sunrise and morning, spring and summer for youth and growth or afternoon and night time, fall and winter for maturity and aging. Thus the process of aging is generally without negative connotations. After quoting relevant descriptions of this process in medical works like the Lingshu 靈樞 (Divine Pivot, around 100 A.D.), it becomes clear, that dietetics for the elderly should be focused on replenishing the splenic and stomach systems as well as the renal system. In this context, physical exercises and foodstuffs are recommended, which traditionally can be considered as aiming at longevity. Moreover we shall present some dietetic recipes and some practical advices especially for elderly people.



The third and last part of this workshop is devoted to some common geriatric diseases (like incontinence) and its supplementary treatment by Chinese Medicine in terms of Yangsheng exercises and dietetics. Adequate foodstuffs and indicated recipes will be provided as well as Qigong exercises for their treatment, which we shall practice together. The workshop will conclude with some considerations of the practicability of these measures of Chinese Medicine in the treatment of elderly people in Western countries.

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She is author of "Die Klassische Tradition der Qi-Übungen" (Qigong)1987, 2. Auflage 1998 ML-Verlag Uelzen, and co-author (with C.H. Hempen) of "Chinesische Diätetik", Urban & Fischer, Elsevier, München, 2006, (with Hildenbrand, Gisela; Zumfelde-Hüneburg, Christa (Hrsg.) "Leitfaden Qigong – Gesundheitsfördernde und therapeutische Übungen der chinesischen Medizin", Urban & Fischer, Elsevier, München, 2007; (with Rainer Nögel) "Rezepte der Chinesischen Diätetik" Urban & Fischer, Elsevier, 2008.

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1974 Abitur

1974-1976 University studies in Freiburg: medicine, sinology and japanology

1976-1977 University studies in Taiwan at Furen University: Chinese language and Chinese movement therapy (Taijiquan and Qigong)

1977-1985 University studies in Munich: sinology, japanology and Chinese art and archaeology

1978 to present Instructing and lecturing in Chinese movement therapy

Taijiquan, Qigong and Chinese dietary therapy

1981 Magister Artium awarded with honors

1982-1985 Grant awarded for doctoral studies from the Studienstiftung des Deutschen Volkes

1984 to present Elected to the board of the International Association of Chinese Medicine (SMS)

1985 PhD awarded

1985 Two months studies in Japan, mainly continuing studies in Chinese medicine and Qigong

1986-1988 Postdoctoral grant from the DFG (German Research Association)

1986 Two months study trip to China supported by the DFG

1986 to present Chief-Editor of the journal "Chinese Medicine", publisher Urban&Vogel

1988/89 to present Lecturer at the Department of Asian Studies, University of Munich

1990-1993 project "dietetics in TCM", sponsored by Johnson Foundation, Bern, Switzerland

1994-1997 grant for habilitation from the DFG (German research Association)

since 1996 vicepresident of the International Association for Chinese Medicine (SMS)

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● “RCT OF MENOPAUSE”, a comparative study between hormone treatment, TCM and Placebo.

Kwee Swan Hoo, MD
HH Tan, A Marsman, C Wauters

In most women, aged between 40 and 55 years, the body slowly produces less of the hormones oestrogen and progesterone, the lifephase of ‘peri-menopause’ and ‘menopause’ later on. Until quite recently, the standard treatment for menopausal symptoms was Hormone Replacement Therapy (HRT). Because of the negative findings of Women’s Health Initiative (WHI) long-term HRT trial published in 2002, and the ongoing research afterwards, menopausal women nowadays are advised to take HRT medication at the lowest dose and for the shortest duration needed. The East West research group of the NVF (Dutch Phytotherapy Association) conducted a double-blind and double-dummy randomised controlled pilot trial to evaluate the efficacy of Chinese Herbal Medicine (CHM) prescriptions on reduction of menopausal symptoms compared to HRT and Placebo. The chosen trial methodology herein, with its TCM differential diagnosis after the orthodox medicine diagnostic procedure, is fully compatible with TCM practice and hence acceptable for western and Chinese medical practitioners. This study (although classified as phase I) proved clearly that CHM could help women with their menopausal problems. Most women in the West experience hot flushes for 3 – 5 years before the symptoms taper off and many of them (on average) do not like to use HRT for much longer than 1 to 2 years. Therefore CHM could supplement HRT for the remaining problematic years. To ascertain the positive result a larger trial is necessary. (publication in Maturitas 58 (2007) 83-90).

Introduction

For most women, aged between 40 and 55 years, the body slowly produces less of the hormones oestrogen and progesterone and the frequency of their period starts to alter. At onset it is called ‘peri-menopause’, then, when the period has stopped for 12 months, it is known as ‘menopause’. Besides alteration in periods, other symptoms can occur:

hot flushes and night sweats, insomnia, depressed feelings, urogenital complaints etc. Until quite recently the standard treatment for menopausal symptoms was oestrogen-plus- progesterone combination therapy. Due to the negative findings of a sizeable Women’s Health Initiative (WHI) long-term trial, published in 2002 (1), and the research afterwards, menopausal women nowadays are advised to take Hormone Replacement Therapy (HRT) at the lowest dose and for the shortest duration needed.

The negative findings were increased risk of heart disease, blood clot formation and, after longer use, stroke, gallbladder disease and breast cancer. There were positive findings such as reduced risk of colorectal cancer and less bone-fractures. Although current research shows that the potential absolute risks of oestrogen only (ET)/ combined oestrogen-progestogen (EPT) therapies are small, particularly for the ET arm (2), (except stroke for EPT for which the figure is above the rare category), many women find the risks are still unacceptable and look for non-hormonal therapies to manage their hot flush problems (3).

Traditional Chinese Medicine (TCM) could be such an option since TCM has a long history of successful treatment for gynaecological disorders. Yet for menopausal syndromes in TCM, women are directed more toward modern practices rather than traditional ones. The medical classic Neijing Suwen (~ 100 BC) described the changes of women’s bodies more in terms of aging process and loss of fertility (4). According to Margaret Lock, the term ‘menopause’ (gengnian qi) in TCM today is in fact a product of 19th bioscience transported to Asia. Furthermore, while western doctors define menopause as stemming from oestrogen deficiency, in TCM oestrogen along with other hormones is subsumed within the larger category of the substance Essence (Jing) (5). Stored in ‘Kidney’ (both as substance and as function) entity in TCM, Jing, is the origin of all Yin (substance : blood and moisture) and Yang (dynamics : energy and activities).



Menopausal problems result from the diminution of Jing and consequently a deficiency of both Yin and Yang. It could easily lead to a balance derangement between the two, with its manifold of symptoms. Hot flushes are signals of Yin’s inability to restrain Yang activities.

Study design

The East West research committee of the NVF designed a double-blind and double-dummy randomised controlled trial to evaluate the efficacy of CHM prescriptions on reduction of menopausal symptoms compared to HRT and Placebo. In contrast to most performed trials on the subject matter, all participants had to be diagnosed twice. First conforming to western medicine menopause criteria and then in accordance with TCM differential diagnosis. Following the TCM characteristics, in time-course, TCM diagnosis had to be re-evaluated and herbal formulae modified accordingly.

The Dutch medical ethical committee Metopp approved the protocol and participants had to give their informed consent before the trial start. They were instructed to record their menopausal symptoms in a diary, continuously for 16 weeks. A numeric score of hot flushes including night sweats were to be noted 4 times each day. At the start, a minimum of 20 hot flushes in a week was a requirement and intervention is considered effective if the frequency is reduced for at least 50 %. In addition to the diary, participants had to fill-in the SF-36 (‘quality of life’) questionnaire.

Participants recruitment

Participants were recruited several times by the Dutch local newspapers in 2 cities. Out of 50 applicants, 31 passed the stringent selection process (app.1).

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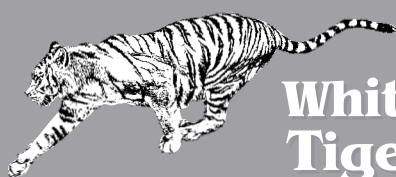


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Inclusion criteria were :

- a minimum of 20 hot flushes or night sweats in a week
- unimpaired uterus and aged 45 – 65 years
- FSH (follicle stimulating hormone) level > 30 IU /L
- at least in their peri-menopausal period
- no other complaints except those of menopause
- able to comprehend the context of the trial.

Exclusion criteria were :

- the intake of hormones or medications, that could affect the vasomotoric symptoms
- serious diseases, like cancer, (auto) immune system diseases, thrombosis and thrombophlebitis
- blood pressure higher than 160/90
- endocrinal diseases
- liver function scores > 1.5 of normal values
- obesity (body weight > 30 % of normal values)
- hormone intake in interval between first consultation and trial's start
- refusal to take hormone medication Premelle ® Cycle '5'
- lactation and porphyria (contraindicated to Premelle ® Cycle '5')

Treatment intervention and medications

The 'medications' administered were herbal and placebo extracts, HRT and placebo capsules.

The basic herbal prescription was a slightly modified classical formula "Zhi Bai Di Huang Wan" from 18 © Zheng Yin Mai Zhi literature (app.2). This formula was prescribed for the condition of kid-yin-deficiency, since all women at menopause suffer from this functional problem. Besides this impairment the person could develop several 'TCM categorical problems', among which are kid-yang-deficiency, hyperactivity of liver-yang stemming from liver-yin-deficiency, heart-blood-emptiness, weakness of spleen & stomach and phlegm stagnation (app.3). So, all patients received additional herbs following the individualised TCM differential diagnosis.

The extracts in this trial were Hydrophilic Concentrate ® solutions. HRT was Wyeth Premelle ® '5' (0.625 mg conjugated oestrogen plus 5 mg medroxy-progesterone). The double-dummy placebos were a glycerine/water solution with similar colour and taste as the Premelle and a crystalline cellulose. All herbs were screened for arsenic and heavy metal contamination by Moos-Pharma laboratory in Belgium. No products were from animal origin or from endangered species. Patients were instructed to take 1 capsule and 3 times 90 drops of liquid extract a day for 12 weeks. The last 4 weeks were a follow-up period without any medication. Remedies and placebos were of same taste and colour.

Outcome measures

Primary end-point of the trial was the reduction of vasomotor symptoms quantitatively and as night sweat counts during night-time were not always reliable, we only chose the reduction of hot flushes during morning, daytime, evening and before bedtime. We noticed that 50 % of the women developed their maximum number of hot flushes not at baseline but 2 weeks after start or even longer. For this reason we decided to evaluate the effect of intervention as the flush reduction percentage compared to the maximum number encountered.

Secondary end-point was the difference in health indicators between baseline and end of intervention period, measured by the SF-36 (2nd Dutch edition) quality of life questionnaire. It is composed of 36 questions, organised into 8 multi item scales within 2 main categorical components. The 'Physical': physical functioning (PF), role limitations due to physical health problems (RP), bodily pain (BP) and general health perceptions (GH). And the 'Mental': general mental health (MH), role limitations due to emotional problems (RE), social functioning (SF) and vitality (VT). All raw data was converted to a 0 to 100 scale, a higher score indicating a better level of functioning.

Statistical Analysis

Analysis of the primary and secondary endpoints was performed using the SPSS 12.0 program. For 16 weeks, percentage changes in frequency of hot flushes of each participant was calculated compared to the maximum number encountered.

Quality of life SF-36 secondary outcome scores were compared between baseline and week 12 data using the Student's t-test. Extra Analysis of Covariance was done to see the interaction effect of baseline and maximum hot flush frequencies on the final effect of the interventions.

Finally, for a power of 80 % and alpha = .05 (1-tailed test), we estimated that 50 participants in each group were needed to detect a minimum of 25 % difference on the primary outcome scores between the CHM and Placebo groups. This is a set-up for the follow-up trial.

Kwee Swan Hoo

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1979-85 Licentiate /Advanced Acupuncture/Chinese Herbal Medicine graduate, U.K.

1985 Advanced Acupuncture training, Nanjing, China (WHO program)

1985-91 part-time acupuncturist in Pain Clinic of Amsterdam MC Hospital (AMC)

1996 M.D. graduate, Medical University of Amsterdam, Holland

1996 onwards MD/acupuncturist at 2 private clinics in Holland

2005-07 Research Methodology courses at Geneva Foundation for Medical Education and Research /WHO/ Erasmus, Utrecht & Rome Universities

2009-10 Chinese Medical Classics (Shang Han Lun/Jin Gui Yao Lue), Holland/China

Publications:

2000: 'Is there a place of Integrated Medicine in the Western World', EJOM, vol 3. Nr3

2007: 'The effect of Chinese Herbal Medicines on menopausal symptoms compared to Hormone Replacement Therapy and Placebo', Maturitas, vol.58, 1, 83-90

2006/10: 'Integrated Medicine'/'Looking for a better Health', Tibetan seminars, Holland

Activities:

tai ji teacher, 1973-1988 in Holland

founding member of Pefots, a European Federation of TCM Societies

founding member of the Dutch Tai Ji Quan Association.

Results

1. Hot flushes

On average, Placebo scored 30 % effective in reduction of hot flushes. Compared to Placebo, CHM had a 29 % higher average score ($p < 0.05$ and 95% CI: 1.2-56.0 %) and HRT 50 % higher ($p < 0.01$ and 95% CI: 24.0-76.1 %). In time-course, the significant effect of CHM was seen for weeks 5 – 11 (with the exception of week 6) and HRT for week 4 – 13 (figure).

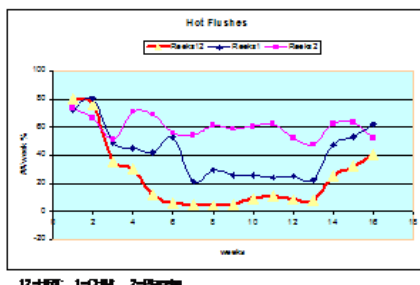
2. Quality of life scale SF-36

Although quantitatively there was a significant difference in hot flush reduction between groups, qualitatively there was no overall improvement at all by the end of trial intervention.

3. Adverse events

For all interventions, no serious adverse events were reported. Some patients disliked the taste of the extracts, but it was without any consequence.

Primary end-point: hot flushes



Discussion

This pilot (although classified as phase I) study proved clearly that CHM could help women with their menopausal problems.

The chosen trial methodology with its TCM differential diagnosis after the orthodox medicine diagnostic procedure is fully compatible with TCM practice and hence acceptable for western and Chinese medical practitioners.

We could not detect any oestrogen content in our herbal formulae. Oestrogen level is associated with thermoregulatory stability in the body and when the level declines this stability is compromised.

One possible explanation is that a low oestrogen level may increase brain catecholamine, norepinephrine. The higher norepinephrine concentration narrows the hypothalamic thermoneutral regulation zone of a body's core temperature, hence an increase in hot flush frequency.

But several epidemiological studies reported, that external factors could – direct or indirect – influence this thermoregulation as well. Therefore, one reasonable explanation for the CHM positive effect was, that individualised treatment might modify the women's complex mind-body imbalance, since the herbal composition chosen were in accord with the exhibited overall symptoms and signs. This statement would need further researching.

Emotional factors, like stress, excitement and fear, can strengthen or induce flushes. The modification of these psychic elements might for the greater part be responsible for the high score of the Placebo intervention, a score that corresponds with figures in the literature on the subject matter (6).

In western societies, vasomotor symptoms are the main complaints of menopausal women. But epidemiological and symptomatic data across cultures report quite a different pattern. For example, in Malaysia up to 70 % of menopausal women never suffer from vasomotor symptoms. And in Japan their main complaint is shoulder stiffness, while hot flushes count as number four, after fatigue and headache (7). Having this knowledge, socio-economic and cultural factors need to be taken into consideration for an appropriate medical intervention.

Most women in the West experience hot flushes for 3 – 5 years before they taper off and many of them do not like to use HRT for such a long period (8). In The Netherlands, the recommended HRT intake according to the Dutch General Practitioner standard practice is for 6 months up to 1 year, and longer use should be based on individual symptoms severity. Therefore CHM could supplement HRT for the remaining problematic years, but to ascertain our positive result we need

to conduct a larger trial with a more menopause specific questionnaire, like the Menopause Rating Scale (see: www.menopause-rating-scale.info).

* Acknowledgements

The trial was supported by a research grant from the Dutch Phytotherapy Association (NVF). 'NatuurApotheek' offered all medications free and 'Dong Xi' foundation financed the physicians costs. The authors are indebted to Dr. A v d Kuy for his general supervision, to J v Bolhuis, emeritus assistant professor of Amsterdam Free University in the Netherlands, for his statistical advice, to Mrs. N Hermans for her contribution to protocol design and trial organization and to Ms. Li Boying for data typing. Finally, we thank all the women who participated in this study.

For the unabridged article, see: *Maturitas* 58 (2007) 83-90

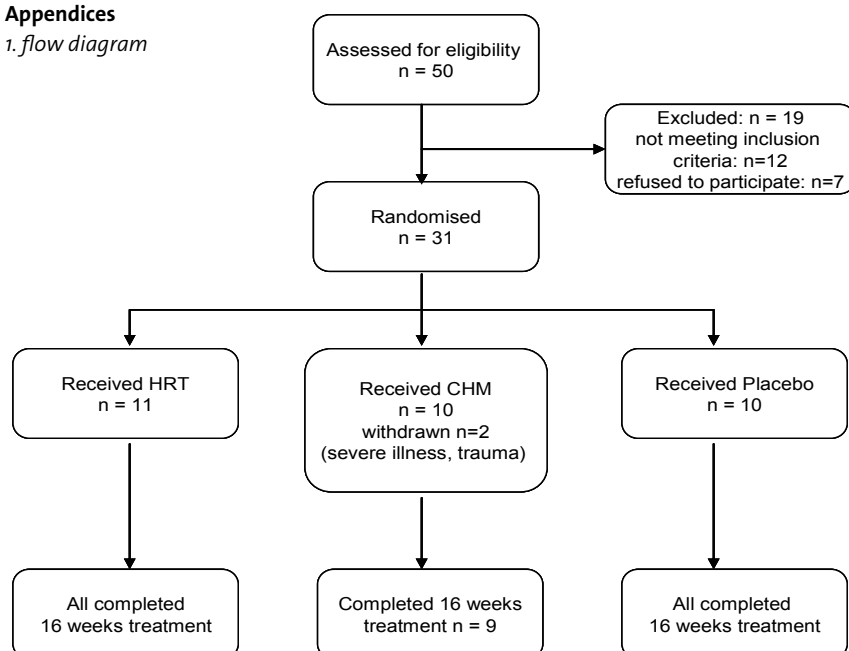
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Appendices

1. flow diagram



2. The basic Chinese herbal formula 'Zhi Bai Di Huang Wan' or 'Anemarrhena, Phellodendron and Rehmannia combination' modified by Dr. Kwee Swan Hoo :

Rhizoma Anemarrhenae, ZHI MU	5.1 %
Cortex Phellodendri, HUANG BAI	5.1 %
Radix Rehmanniae Praeparata, SHU DI HUANG	20.5 %
Fructus Corni, SHAN ZHU YU	10.3 %
Rhizoma Dioscoreae Oppositae, SHAN YAO10.	3 %
Sclerotium Poriae Albae, FU LING	7.7 %
Os Draconis Ustum, DUAN LONG GU	10.3 %
Concha Ostreae Usta, DUAN MU LI	10.3 %
Cortex Moutan Radicis, MU DAN PI	7.7 %
Rhizoma Alismatis, ZE XIE	7.7 %
Fructus Lycii, GOU QI ZI	5 %

Additional materia medica following the TCM differential diagnosis (see Treatment intervention).

For individuals who are interested herein, please contact the author.

3. Menopause – TCM differential diagnosis (9)

Key clinical symptoms & signs.

- 1 Kidney-yin-deficiency: night sweating, backache, tinnitus, dry mouth at night, etc.
tongue: normal colour without coating
pulse: floating-empty
- 2 Kidney-yang-deficiency: backache, feeling of cold, abundant clear urination, weak legs and knees, etc.
tongue: pale and wet
pulse: deep-weak
- 3 Hyperactivity of Liver-yang: headache, irritability, insomnia, outburst of anger, etc.
tongue: pale or slightly red on sides
pulse: wiry
- 1 Heart-Blood-deficiency: palpitations, insomnia, poor memory, anxiety, etc.
tongue: pale, thin and slightly dry
pulse: choppy or fine
- 2 Spleen/Stomach-Qi-deficiency: poor appetite, epigastric discomfort, tiredness, pale complexion, etc.
tongue: pale
pulse: empty, especially on right middle position
- 3 Phlegm stagnation: (among others) a feeling of oppression of the chest, heaviness of body, nausea, dizziness, etc.
tongue: swollen with sticky coating
pulse: slippery or wiry.

● GRACIOUS LONGEVITY WITH CHINESE HERBS AND ACUPUNCTURE

Roël Koole, MD.

Chinese herbs and acupuncture may play a crucial role in achieving longevity. To be vital and healthy in old age it is essential to have the right mental attitude towards deterioration of the body. With the right attitude towards life with its emotional and physical burden one may reach a high age without suffering from atherosclerosis, artrosis, osteoporosis, dementia and other problems and diseases.

The mind may suffer from emotional and physical burden; this can lead to these diseases.

In this presentation the main issue is the role of the use of important acupuncture points and Chinese herbs to assist the mind in achieving the right life-attitude towards old age.

Beside diet, physical exercise, meditation and a right environment, the use of Chinese herbs and acupuncture may play a crucial role in preventing the effects of emotional and physical burden on the body.

Not only the acupuncture points, but also the theory of the acupuncture meridians and their interaction with the mind will be an issue in this presentation.

Life is not easy, but the secret for longevity is to make an uneasy life to become the easy way of life.

Longevity is the science that studies how to be healthy at old age. Health at old age seems to be a special gift of the inner nature of the person involved. The question here is what old age means. And what health means. Old age can be categorized in three main groups of age: from 70-80 years, from 80-90 years and older than 90 years. In these groups there are many health problems. The science of health problems at old age is not so much called longevity, but more the science of geriatrics.

Old people suffer from typical geriatric problems like dementia, osteoporosis, artrosis, atherosclerosis, diabetes, and many other problems. The question of the science of longevity is not so much how to treat these problems, but more how to prevent them. Except the prevention of disease, the science of longevity also studies how to consolidate health. A person who has no medical problems at old age may take action to consolidate his situation. A third aspect of longevity is the science that studies how to have a beautiful body at old age. Here the question arises of what is a beautiful body? This is mainly a social question, related to the group on which the question is projected.

So I will consider these three main aspects of longevity. Prevention of geriatric problems, maintaining health at old age and how to be beautiful at old age. This according to the theory of TCM and also according to personal practice based experience in my practice for acupuncture and Chinese herbal therapy.

Prevention of geriatric problems

Physical health in old age is attacked by certain problems. Osteoporosis or artrosis are common problems in old people. We see problems like coxartrosis and artrosis of the spinal column, the shoulder and the pulse. In general, I want to pay attention to the most important aspect of our lifestyle to prevent artrosis or osteoporosis. To say it short, this is movement against gravity. Daily movement should be like walking to the top of a hill. People who live in the mountains have less problems like osteoartrosis or osteoporosis. The main acupuncture point to assist in this, is the most popular point in acupuncture, which is Stomach 36 or Zu San Li. Regular moxa on this point is a good habit to adopt when you become older.

Walking also prevents weakness and exhaustion of the heart muscle. Here it is important to walk a long distance. Minimal five miles, three times a week.



That should be enough. If we walk, the legs are our second heart. They assist to pump the bloodstream back to the heart in the thorax. Walking is also good for the adrenals. They become stronger and stronger. We know that the adrenals are the key to survival in case of acute stress.

The main herb in this context is the use of Ginseng. Here American Ginseng (*panax quinquefolius*) is better for long term use. Chinese Ginseng (*panax ginseng*) is better for the treatment of deficiency of Qi. Chinese people use Ginseng in the winter. They combine it with moxa on Zu San Li. And as the kidney is the root of life, we can use acupuncture points like Kidney3, Tai Xi, and Bladder23, Shen Shu. Walking against gravity and long distance walking is a life style attitude which can sustain vitality at old age.

Another geriatric problem is the development of atherosclerosis. Diseases related to this problem are hypertension, infarction of the brain or the heart muscle and renal failure. Prevention of atherosclerosis is mainly a question of food and emotions. Also smoking is an important causal factor. At old age we carry the burden of bad habits in younger life. Especially eating, drinking and smoking may become self-destructive when we grow older with bad habits. But what is life without enjoyment and relaxation? As for food we concentrate too much on the quality. We should concentrate more on the quantity. In general we need less sugars and fatty food when we grow older. At old age we should concentrate on proteins, vitamins and minerals.

A Chinese herbal formula to treat and prevent atherosclerosis is Xue Fu Zhu Yu Tang. This formula may also help to recover from a heart attack. But the formula is not so good to treat post CVA-problems. CVA is mainly prevented and treated by acupuncture on the scalp and the extremities. For prevention a simple approach is the 3-needle technique from dr. Yin. For This 3-needle technique we can use Du24 and Ga13. For treatment or prevention of CVA one can also puncture other points on the scalp, like Shishencong. This is a set of extra points on top of the head. The combination of the 3-needle technique with Shishencong is a perfect one to prevent and also to treat mental problems related to the brains. As for mental problems we can also use the needle techniques for the prevention of dementia. I would like to focus now on the second part of this article.

Maintaining health at old age

Here the question is not so much the prevention of disease, but more how to maintain good health at old age. This group of old people do not have health problems. They have the right mental attitude towards life events. And they also have a strong genetic protection against disease. Most of them have strong genetic ancestors. Now they want to know how to consolidate

their physical condition with acupuncture and Chinese herbs. The classical old books of acupuncture tell us about how to cope with this question. The TCM Classics tell us the story of acupuncture for every season. They tell us about healthy old people who consult acupuncturists to adjust the body to the corresponding season. The old books also emphasize the importance of living according to the seasons.

In this context I would like to emphasize the importance of the pulse diagnosis. It is about regulating the acupuncture system according to the pulse. In every season the pulse changes. The old doctors recognized these changes on the pulse and brought balance into these changes by puncturing acupuncture points. Nowadays we use the Yuan-Luo to balance differences between Yin and Yang on the pulse. As for herbal approach I would like to announce the family tradition on this issue.

Herbal therapy as a family tradition has a long history in Chinese culture. Some families have developed a main formula to maintain health at old age. These so called "secret formulas" are not yet available for concrete scientific research. The tradition of secrecy is the main resistance in the research. So here we have to trust the generations of tradition in the use of a formula.

Maintaining beauty

What is beauty? It is all about how one is looked upon by others in his or her group, or about how you look upon yourself when you look into the mirror. What does beautiful at old age mean? To me this is more than just physical beauty, but more beauty in personal appearance. Of course it is about the face and its wrinkling at old age. But wrinkling in the face has something to do with the mental attitude towards emotional experience of life. Also there may be some genetic factors involved. Here we should take the skin of the face and all the way down to the toes and the nails in consideration. This is called the way of gracious longevity. The most important in this issue is the mental attitude towards the body and its deterioration at old age. Here meditation and positive day-dreaming are most important. As we become older we should know how to enjoy dreaming. To take our time for transcendental dreaming of beautiful and nice things about life. Our mind will then relax and this relaxation will spread itself all the way down to the fingers and the toes. Transcendental mental energy which is full of positive energy will keep the skin and the nails in a good condition. The dream should be loaded with the energy of a smile. This smile will be first experienced in the face, secondly in the organs and also on the body and the skin all the way down to the nails and the toes. There are no specific acupuncture points on this. But the philosophy of acupuncture is one of which we can learn about the mind and its influences on the meridians and the organs. The face is a reflection of the heart. The heart is the residence of the mind. So inner beauty corresponds with outer beauty. Happiness is most important for the heart to be beautiful. Life has its events which can or will attack the inner happiness. Meditation and positive daydreaming may help to transform negative energy of life-events into the energy of inner beauty.

Roël Koole

Roël Milton Koole, geboren op 5 mei 1957, werkt nu Alkenoord 328, in 2903XN Capelle a/d IJssel (tel 010-4582007). In 1987 deed hij met de full-time opleiding klassieke Chinese Acupunctuur (TCM) met als speciale interesse de relatie tussen psychologie en acupunctuur. Sinds 1995 is hij docent aan de acupunctuuropleiding voor artsen van SNO (Stichting NAAV Onderwijs). Hij doceert vooral diagnostische vaardigheden, waaronder de Chinese tong- en polsdiagnostiek, en psychogene acupunctuur. Tevens is hij vanaf 2006 onderwijscoördinator en bestuurslid van SNO. Hij is lid van de KNMG en de NAAV. Publicaties in het NTvA betroffen vooral de zeven emoties en Interne Hitte.

Opleiding:

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1986-1990 Opleiding Nederlandse Artsen Acupunctuur Vereniging (NAAV te Akersloot)

Werkervaring:

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1990-heden Fulltime zelfstandig acupunctuurarts

Docent/Opleider/examinator Traditional Chinese Medicine

● CHINESE PULSE-DIAGNOSIS FROM THE PERSPECTIVE OF MODERN MEDICINE

Nico Westerman, MD.

Author of: 'De Chinese pols. Een westerse interpretatie van de polsdiagnostiek volgens de traditionele Chinese geneeskunde.' SATAS, Brussels 1998.

*Acceptance of acupuncture
Further increase in the acceptance of acupuncture demands not only proven effectiveness, but also an explanation of its functioning in terms of Western science. This especially concerns traditional Chinese pulse-diagnosis, generally considered as the most important method of diagnosis in acupuncture and the starting point of almost any tradi-tional Chinese treatment.*

*Physiological explanations
Palpation of the pulse (usually at the radial artery) according to traditional principles involves many different parameters. Many of these are physiologically explainable on the basis of differences in contraction and relaxation of the smooth muscular lining of the artery.*

*The pulse connection
Less easy to explain is how the radial artery receives the information with which it reflects the condition of the patient. The autonomic nerve system has barely any function with regard to arteries in the extremities and is broadly regionalized. Recently evidence has come to light that electro-magnetic processes play a physiological role in the body. This leads to some intriguing questions: Might the pulse connection be based on electro-magnetic transmission? Is pulse-diagnosis electromagnetic medicine? Do meridians really exist and could it be so that acupuncture does work through the meridian system? Just as Chinese medicine has always assumed?*

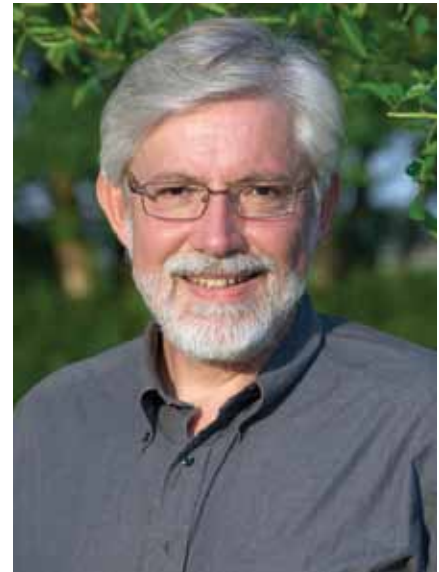
World-wide acceptance of TCM and acupuncture

Over the last twenty years Traditional Chinese Medicine (TCM) and acupuncture have achieved a huge increase in global acceptance. So much so that nowadays acupuncture is regarded by many as part

of ordinary mainstream medicine. All round the world there are now hospitals, both academic and peripheral, offering acupuncture treatment. This means that today acupuncture is widely considered, not only by patients but also by medical professionals, as effective medicine.

However, complete acceptance of any medical treatment requires not only proven effectiveness, but also an explanation of its functioning that is understandable within the common principles of Western science. And here lies a problem: in accordance with the usual physiological assumptions, many concepts and applications of TCM are not so easily explained. Fundamentally, traditional acupuncture is based entirely on energetic principles. Traditional Chinese taxonomy consists of a few hundred energetic disturbances. The complaints and symptoms of the patient are categorized in terms of one or more of these energetic anomalies and are treated as such. Thus, in terms of Western medicine, migraine could be classified in TCM as an energetic condition designated traditionally as 'stagnation of the qi of the liver' and treated by acupuncture points that have been used for this indication for hundreds of years. In fact the Western diagnosis is 'translated' in terms of a matching energy diagnosis.

In this energy diagnosis the concept of 'organs' plays an important role. Traditionally six major 'organ systems' are recognized: heart, lungs, liver, spleen, kidneys and pericardium. This concept has been responsible for a great deal of misunderstanding about traditional Chinese medicine. This is because these 'organs', due to translational errors in the past, were (and sometimes still are) thought to be the same anatomical organs as known in Western medicine. However, there is an enormous difference between Western and traditional Chinese medicine in the physiological functions that are allocated to these organs. Chinese 'organs' are by no means the same as the Western organs carrying the same names. They are merely energy patterns throughout the body, only loosely related to



the anatomical organs whose names they carry. Chinese energy diagnoses carrying the name of one of these 'organs', for instance as 'stagnation of the qi of the liver', refer to disturbances within these energy patterns. In each of these patterns a wide range of possible disturbances is distinguished. Of course, these disturbances are also completely energetic and informative in nature. TCM refers to these disturbances as Wind, Cold, Damp, Phlegm, Dryness and Fire, imbalances in yin and yang and shortage or stagnation of qi and blood. TCM has an experience based on centuries how to determine and how to treat these disrupted energy patterns with needles and herbs.

But as mentioned before, in spite of the proven effectiveness of this diagnostic and therapeutic approach, and the great length of time over which it has been applied, Western medicine demands profound and understandable explanations for any method that is not familiar or customary. But to start with: any concept of 'energy principles' is largely unknown in Western physiology. Western medicine does not know anything about energy in the body other than high-energy phosphate compounds responsible for metabolic conversions. The whole idea of a flowing energy stream in the body is completely foreign to Western medical thinking. So if TCM is ever really to become part of mainstream medicine, it is first extremely important to find plausible Western physiological explanations for the energy concepts on which Chinese medicine is based.

The Chinese pulse

A major example of this energy quandary concerns traditional Chinese pulse-diagnosis, widely considered as the most important method of diagnosis in

TCM. Palpation of the pulse (usually at the radial artery) offers extremely detailed and extended insight into the energy condition of the patient. The interpretation of the findings during palpation results in an energy-diagnosis that forms the starting point of almost any form of traditional Chinese treatment. Because the role of traditional pulse-diagnosis is so basic to TCM and the method is so embedded in the heart of traditional Chinese medicine, explanations in terms of Western physiology might well make a real contribution to understanding and accepting TCM. Such explanations should concern a wide range of different concepts on which traditional Chinese pulse-diagnosis is based.

In publications dealing with traditional pulse diagnostics various authors describe a variety of pulse types each of them associated with specific clinical features. The numbers of pulse types that are discerned vary from twenty to over thirty or more. The clinical implications of the various pulse types also differ somewhat from author to author. At first glance this classical typology may seem a little inconsistent. But we must realize that Chinese pulse diagnostics covers a medical history of more than 2000 years and that China is a vast country with, until recently, an extremely difficult system of communications. In this light it is in fact astonishing how consistently Chinese pulse-diagnostics are described in the literature.

Although its clinical importance has declined, of course also within mainstream

Western medicine palpation of the pulse is a diagnostic standard procedure. Unlike in TCM where the pulse provides information about the whole body, Western pulse-diagnosis mainly concerns the pulse rate and the strength of the pulsations and its significance is restricted to the functioning of the heart. Another major difference is that Western medicine assumes that the findings on all spots where the pulse is felt are the same. Only one pulse position is recognized. In contrast, TCM assumes that the pulse findings, as traditionally defined, may vary with different locations alongside the radial artery. On both wrists three distinct positions are identified, which are associated with various Chinese energy patterns. And on each of these positions three different layers are recognized where the perception may vary, independent of the other positions and layers. This means no more and no less than that an individual patient might exhibit different pulse types on each of the three levels at the six different locations.

Although identification of an individual patient's pulse type(s) usually provides useful clinical information, generally in the practice of TCM pulse-diagnosis is not so much focused on the classical typology. This has a number of reasons. First, the classical Chinese pulse types are very heterogeneous. Some pulse types are based upon one characteristic that deviates from the standard. Other types on a variety of different deviating pulse characteristics; and again other types are highly complex

composites of different characteristics. While there are also a number of pulse types which derive their existence from nothing else than being a variant of another type. Second, the traditional pulse types are a difficult 'differentiation tool'. Virtually any type of pulse may exist in combination with a broad spectrum of Chinese energy disturbances. This brings about that the identification of a particular pulse type does not say much about the presenting TCM diagnosis. Third, the pulses of individual patients usually consist of composites of various classical types. Something that brings down the differentiation potential of the detection of pulse types even further. Pulse-diagnostics is much more logical and gives much more insight, when the Chinese pulse is unraveled in basic parameters that concern the whole group of pulse types and the diagnostician focuses on the examination of these parameters.

Pulse parameters

The most important parameters in which traditionally pulse-types can be split up are:

1. *Frequency*. Pulse rate may be faster than normal: Rapid pulse (*Shu Mai*, related with the disturbance 'heat'), or slower: Slow pulse (*Chi Mai*, connected with the condition 'cold').
2. *Equality*. An unequal pulse is interpreted as 'irregularities in the flow of qi and blood'. *Cu Mai* is fast and irregular, *Jie Mai* is slow and irregular, *Dai Mai* is an irregular pulse with a normal rate.
3. *Length* – the range alongside the artery where the pulse can be felt may be shorter or longer than customary. Normally the pulse can be felt under three palpating fingers. In *Duan Mai* the perception range is shorter, only below two or even one finger. The meaning is 'a deficiency of qi'. In *Chaung Mai* the range where pulsations are felt is longer than normal. This pulse indicates 'an excess of qi', which significance can be an abundance of 'normal qi' or a pathological excess condition.
4. *Depth* – in relation to the surface, vertical diameter. In the normal situation all levels of the pulse give about the same power sensation in the range from skin into the depth. In the Superficial or Float-

Nico Westerman, MD

During almost twenty years Dr. Westerman worked as a general practitioner. After he became more and more interested in complementary medicine, during the last 15 years of this period, he combined general practice with acupuncture, electro-acupuncture, or-thomolecular medicine, homeopathy and bioresonance therapy. In 1998 he ended his general practice and since then practices exclusively complementary medicine. Since 1990 he published intensively on the scientific basis of acupuncture and other complementary therapies. This has resulted in three books and over 100 papers on various subjects including electromagnetic processes in the body in relation to various alternative medical methods. ("De Chinese pols. Een westerse interpretatie van de polsdiagnostiek volgens de traditionele Chinese geneeskunde", "The Chinese Pulse, a Western interpretation of pulse diagnostics according to traditional Chinese Medicine", Satas n.v. Brussel 1998, ISBN: 2-87293-032-9, "Biofysische regulatie, Elektromagnetische processen binnen het menselijke lichaam & alternatieve geneeskunde van nu in het licht van de geneeskunde van de toekomst", in eigen beheer 1992, "Introductie Rathegasysteem" sinds 1995, papers in "Tijdschrift voor Integrale Geneeskunde", "Tijdschrift voor Biologische Tandheelkunde", "Nederlands Tijdschrift voor Acupunctuur").



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Co-enzym Q10 is essentieel voor de energievoorziening van het lichaam. Deze stof is betrokken bij de energieproductie van elke lichaamscel. Naarmate we ouder worden kan de lichaamseigen productie van co-enzym Q10 door het lichaam veranderen.

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REDUQUINOL MET UBIQUINOL

In het lichaam komt co-enzym Q10 vooral voor als ubiquinol, de actieve vorm van Q10. Tot voor kort was deze variant van Q10 niet stabiel voor gebruik in een voedingssupplement, omdat de stof zeer gevoelig is voor licht en lucht. Door een

gepatenteerde nieuwe technologie is ubiquinol nu stabiel voor gebruik in het voedingssupplement ReduQuinol.

Ubiquinol wordt beter opgenomen door het lichaam dan de gangbare ubiquinone, omdat het direct beschikbaar is. Een dosis van 100 mg geeft een goede concentratie co-enzym Q10 in het lichaam.

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Co-enzym Q10 in olievorm kristalliseert en bemmert de opname van Q10 uit de capsule. Een zeer recente ontwikkeling is de combinatie van de gepatenteerde stabiele vorm van ubiquinol met d-limoneen, waardoor deze olie kristalvrij blijft. Co-enzym Q10 in kristalvorm wordt slecht door het lichaam opgenomen en vermindert de beschikbare Q10 in het supplement.

D-limoneen is een vluchtige olie uit citrusvruchten. Hierdoor wordt kristalvorming voorkomen. Door toevoeging van alfa-liponzuur worden ubiquinol en d-limoneen effectief beschermd tegen oxidatie. ReduQuinol bevat de gepatenteerde vorm van ubiquinol en d-limoneen, waardoor al het co-enzym Q10 in het voedingssupplement beschikbaar blijft en zorgt voor een snelle afgifte na inname. Binnen vijf minuten komt meer dan 90% co-enzym Q10 vrij uit de capsule.

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ing pulse (*Fu Mai*) only the top levels give a perception, the deep layers are empty. The pulse may even be perceived as being much closer to the skin than normal. This indicates a relative or absolute domination of yang over yin, or a pathological condition ('external cause') in the superficial energetic layers of the body. In the Deep pulse (*Chen Mai*) the upper layers of the pulse give no sensation at all and the finger has to be pressed deep into the tissue to get a pulse perception. Here yin is considered to dominate over yang, or a pathological condition is thought to have its epicenter in the deep (energetic) layers.

5. *Filling, substantiality, force.* A strong pulse (Full pulse, *Shi Mai*) suggests 'abundance of qi and/or blood'. A pulse is called 'weak' when there is almost nothing to feel, for instance the Empty pulse (*Xu Mai*) which indicates 'deficiency of qi and/or blood'.
6. *Horizontal diameter, width.* This concerns the diameter of the pulse perception during the systolic phase. The Fine or Thin pulse (*Xi Mai*) has an abnormal small diameter. The Minute pulse (*Wei Mai*) even more so. The meaning is 'deficiency of blood and qi'. Pulses with a wide diameter may be strong, like the before mentioned Full pulse (*Shi Mai*). But wide pulses can also be weak. The classical Empty pulse, although almost no pulse sensation is evoked, is often extremely wide.
7. The perception of the *characteristic* of the wall and the content of the artery. A number of different sensations are discerned. The most important are:
 - *Overflowing (Hang Mai): the pulse is wide and impressive when it reaches the palpating finger, but the downward wave in contrast is much less impressive. The indication is 'heat with exhaustion'.*
 - *Wiry (Xua Mai) gives the feeling when the pulse arrives of a tense string against the finger. There is no ascending and descending curve, but an elongated sensation which eliminates the individual waves at different pulse positions. In many cases even between pulse waves, during diastole, the artery is still palpable as a cord. Wiry is indicative of 'stagnation' and by this especially for 'disturbances of the Chinese liver', the organ that is considered like no other to be involved in stagnation processes.*

- *Tight (Jiu Mai). Pulses with this characteristic give the feeling of a strong counter pressure, but quite different than in 'wiry pulses': not tight and stiff, but elastic, springy and vibrating. Jiu Mai is considered indicative for the condition 'cold'.*
- *Slippery (Hua Mai): the pulse waves are very smooth, firm and regular. This pulse indicates the disturbances 'Damp' and 'Phlegm'.*
- *Choppy (Se Mai): the pulse gives a rough feeling; the waves seem to pass under the palpating finger with difficulty, evoking friction. 'Choppy' is particularly indicative of 'deficiency of blood and fluids'.*

Pulse physiology

What is the pulse actually and on what is the feeling of the pulse based? What is felt is not the bloodstream, which is not palpable. The pulse is the palpable perception caused by the pressure and volume changes in the artery, which occur in response to the systolic pressure wave. Emphatically: 'in response to', because what is felt at the pulse depends scarcely on the heart or the great vessels. Systolic pressure waves propagate themselves from the heart at a relatively high pace. The speed is far greater than that of the blood flow. This is a principle similar to that of the waves in a river as a boat passes by; the waves are much faster than the water that is flowing. At an average heart rate the left ventricle launches a new pulse wave approximately every 800 milliseconds. In less than one second, the pressure wave reaches the pulse. This creates a large temporary increase in pressure locally. In response to this, the smooth muscle in the wall of the artery relaxes. This relaxation is a fully active process. Unlike for instance the passive expanding of a garden hose under pressure. Blood is now pushed into the expanded lumen. The pulse, impalpable during the diastole, becomes palpable now. After some time the degree of muscle contraction in the wall of the artery increases again, causing the expansion of the lumen to halt. The artery reaches its systolic diameter and a plateau phase comes into being. After about 100-200 milliseconds, the systolic pressure wave decreases in strength. The smooth muscle in the wall responds to this with fiber shortening. This adapts the diameter of the blood vessel to the decreasing blood volume. Finally the diastolic fiber

length and contraction rate are reached. During diastole the smooth muscle in the arterial wall still produces pump force, allowing the bloodstream to reach the micro vascular system equally and evenly as possible. This is an extremely dynamic fluid transport. Through the meticulous interplay between the smooth muscle in the artery wall and the systolic pressure wave the overall efficiency is many times greater than in any other advanced technical system whatsoever.

Pulse parameters such as pulse rate and abnormalities of rhythm can be explained on the basis of general physiological principles such as heart rate and heart equality. However, for most types of pulses based on the other parameters, this is not the case. The same is true for mutual differences in pulse perception between positions and levels. However for all these parameters physiological explanations are offered by the behavior of the local vessel wall. Variations in parameters such as the depth of the pulse, the amount of force that is felt, the diameter and the specific characteristics the pulse offers, may be seen as entirely based upon local variables. This means that the strength of the contraction and relaxation of the smooth muscular lining of the artery in reaction to the systolic pressure wave, as well as the (relative) timing of these processes, can be fully responsible for these parameters.

As an example the Superficial pulse (*Fu Mai*) and the Deep pulse. Differences in perceived depth can be explained by differences in the timing of the relaxation of the smooth muscle in the wall of the artery at the moment the systolic pressure wave arrives on site. If at the beginning of the systolic pressure wave the inferior wall relaxes a bit slower than the upper wall, the whole pressure and volume movement during early systole will take place in the upper segment of the vessel. In order to accommodate the extra blood volume the upper segment will be stretched more than normal, causing the pulse to be palpable closer to the skin than usual. The latter is exacerbated by the effect of the pressure wave itself. For if the blood does not move uniformly, but more upwards because the inferior wall (temporarily) resists, the moving fluid stream creates a one-sided jet effect that pushes the entire vessel upwards. This results in an – even

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extreme – superficial perception of the pulse. Correspondingly a Deep pulse results when the relaxation of muscles in the upper wall of the artery is delayed. The initial volume displacement will pass by the inferior segment of the vessel, while a jet created by the unilateral flow is pointed downwards.

Another example is the emergence of the perception 'wiry'. This type of pulse is physiologically explained as a systolic plateau phase that lasts longer than normal, while the wall of the artery supplies a contraction force that is relatively too large for the height of the systolic pressure wave. The arterial wall takes up a position as a sort of armor against the contents of the vessel, and does not or insufficiently adapts to the normal fluctuations in systolic pressure. This physiological explanation shows a nice parallel with the clinic here. The main significance of the Wiry pulse (*Xua Mai*) within the TCM is 'stagnation of liver qi'. This is a disorder with numerous physical features, including migraine, abdominal pain, menstrual disorders, stomach ulcers and a so called globus sensation in the throat area ('plum stone feeling'). Typical psychological symptoms associated with 'stagnation of liver qi' are irritability, frustration, anger, the feeling of being easily attacked and resentment. The patient with 'stagnation of liver qi' lives more or less at odds with the environment and reacts to the world as little pliable, non-anticipatory and armored as – within the physiological explanation of the Wiry pulse – the wall of his artery behave towards the systolic pressure wave.

As mentioned before the pulse can – and in most people will – show mutual differences between the six positions and the tree levels on every position in any pulse parameter except frequency and irregularities. This might concern extreme dissimilarities between spots localized no more than a few millimeters beside or above each other. That these differences actually exist is confirmed over and over again for hundreds of years by all authorities in the field of Chinese pulse-diagnostics. And day after day daily practice shows the clinical diagnostic relevance of these localized dissimilarities. How close to each other these differences may occur, the physiological explanation is no different than the general explanation for the emergence of these pulse parameters as described before.

This means the existence of highly localized differences in contraction and relaxation behavior in the wall of the artery.

The pulse connection, a biophysical explanation

If the pulse reflects physiological processes in the body of the patient, information about these processes must be transmitted to the arterial wall where the pulse is palpated. According to Western physiology, the only transmission route available is the autonomic nerve system. However, the sympathetic and parasympathetic systems have almost no function with regard to arteries in the extremities. Moreover, these autonomic nerve systems are so poorly differentiated and so broadly regionalized that they could never be considered responsible for the profound and subtle reflection and the extremely localized differences of the artery on which Chinese pulse diagnosis is based. Thus a neuro vegetative explanation of Chinese pulse diagnosis is highly implausible. Furthermore an endocrine connection is out of the question. This means in fact that Western physiology can explain the processes in the local arterial wall on which the perception of traditional Chinese pulse-diagnostics is based. However, the same Western physiology in her current state simply cannot explain how these processes are transmitted to the local artery. Which in fact means that the current molecular paradigm of medicine is not sufficient to explain Chinese pulse diagnostics?

However, recently medicine has been enriched with a completely new branch based on the existence of physiological, biological electromagnetism – biophysical medicine. This new – still mainly complementary specialism – has principles that are very similar to the energetic principles of traditional Chinese medicine. It is worthwhile trying to see if biophysical medicine can give plausible explanations for the issue of the physiologic transmission of what is perceived in traditional Chinese pulse-diagnostics. Such an attempt may lead to interesting questions: Might the pulse connection is based on electromagnetic transmission? Is pulse-diagnosis in fact electromagnetic medicine? Other intriguing questions in line are: If the information, upon which TCM pulse-diagnostics is based, is transmitted by electromagnetic signals, could it be that this transmission passes by

the meridian system? Do meridians actually exist? Does acupuncture not, as has widely been believed, work so much through the nervous system as through the meridian system? Is acupuncture itself based on bio-energetic principles, just like Chinese medicine has always assumed?

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● PROSTATE CANCER 前列腺癌

John D. Setyo, MD.

As TCM practitioners we once in a while are dealing with patients suffering from prostate cancer. We need to have sufficient knowledge about this matter, both on the Western and TCM treatments. We also need good communication with the specialist or GP. Prostate cancer is the commonest cancer in men, but, despite this frequency, the clinical course is often unpredictable. Most prostate cancers grow slowly and do not manifest during the life of the man. In fact, many men have been found to have occasional microscopic foci of prostate cancer in post-mortem examination. So, many men rather die with- than die from prostate cancer; however some forms of the cancer are very aggressive, with a rapidly deteriorating course.

Statistics

The Netherlands: approximately 10.000 patients/ year. United States: the second most common cause of cancer deaths in American men. In 2008 186.320 new cases and 28.660 deaths estimated. International: incidence and morbidity vary widely around the world. The highest incidence exists in Afro-American men: blacks 100 cases/ 100.000, whites 70 cases/ 100.000. South American countries and the Scandinavian countries have also reported a high incidence. On the contrary, Asian countries such as Japan and China, also among Hispanics there is low incidence. Morbidity: the risk analysis in a man of 50 years with microscopic prostate cancer is about 42%, the risk of clinical prostate cancer 10%, and the risk of fatal prostate cancer is 3%. Maximum mortality is in the age of 85 years and older. Incidence increases significantly, even exponentially, with age. Thanks to better results in the treatment of heart disease, stroke and other malignancies, men live longer. This change in life expectancy increases the risk of having and dying from prostate cancer. It is very rare in men younger than 50 years. Half of all cases occur in men older than 75 years.

Pathophysiology

Approximately 95% of prostate cancers are adenocarcinomas that develop in the acini of the prostate tunnels. Other rare histopathological types of prostate cancer originate in approximately 5% of the patients, including small cell lung carcinoma, mucinous carcinoma, endometrioid carcinoma, transitional cell carcinoma, squamous cell carcinoma, basal cell carcinoma, adenoid cystic carcinoma, signet ring cell carcinoma and neuroendocrine carcinoma. Prostate cancer is often multifocal within the prostate. 70% of prostate cancers occur in the peripheral zone (PZ) and approximately 25% are found in the transitional zone (TZ). Some authors have suggested that TZ cancers are relatively non-aggressive, while PZ cancers are more aggressive and tend to invade periprostatic tissues. Approximately 15% of the cases had capsular penetration, 2.7%, seminal vesicle invasion and 3.4%, lymph node metastases. The prostate has no real capsule, but an outer fibromuscular band called the capsule. Tumor spreads beyond the prostate capsule by means of penetration, invasion of the seminal vesicles or local extension along the neurovascular bundles. The usual sites of metastasis are the lymph nodes, bones and lungs. The lymphatic spread of prostate cancer is to the lymph nodes of the Obturator nodes, then to the Common iliac and Para-aortic lymph nodes. Pelvic lymph nodes are initially involved, the Inguinal canal nodes are not involved. Skeletal metastases are common in patients with advanced prostate cancer. This occurs as sclerotic osteoblastic metastases. Osteolytic metastases are occasionally seen. Liver and brain metastases are uncommon.

Grading

Different classification systems have been proposed, but the Gleason system is one of the most widely used internationally. It recognizes primary and secondary sections and five patterns in each section. The sum of the two patterns in the Gleason score has prognostic significance. Patients with a Gleason score of 4 or less will be doing well clinically, while patients with a score of 8-9 will probably be very ill and will have the



worst prognoses. The TNM (tumor, node, metastasis) staging system (version 2002) is considered as the international standard for prostate cancer staging.

Symptomatology

Clinical presentations: nocturia, polyuria, dysuria, stranguria, epididymitis, haematuria, or even asymptomatic. Patients with asymptomatic prostate cancer will survive better. Some patients may present with symptoms of advanced disease, including weight loss, listlessness, obstruction of the bladder, and bone pain.

Causes

According to *Western Medicine*: the human prostatic adenocarcinoma depends on dihydrotestosterone (DHT) and not on testosterone (T) for growth. Hence, androgen ablation therapy should be directed toward eliminating DHT with retention of circulating

Testosterone.

According to *TCM*: causes can be depletion of Shen Jing by age, lavish lifestyle, nightlife, excessive sex, industrial environment, insufficient diet, excessive stress, emotion etc., in combination with (Gan) Xue- and Qi-stagnation (Xue Yu/ Qi Yu) or Phlegm-Heat/ -Cold stagnation in the Lower Jiao with underlying chronic deficiencies of Xue, Qi or (Kidney) Yin/ Yang deficiency, as constitutional pathological patterns. Possible risk factors for prostate cancer include dietary, genetic, occupational, racial, and other factors. High fat consumption is a possible risk factor; diets low in animal fat and protein all decrease the risk. Substances that may offer some protection include: vitamin E, selenium, lycopene from tomato and zinc rich food (e.g. seafood, spinach,



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sunflower seeds and mushrooms). Some authors have postulated that high soy consumption may give a high protection, due to the plant phyto-estrogens. Green tea, pygeum africanum, turmeric (antioxidant: curcumin), buchu, carnivora, echinacea, goldenseal, pau d'arco, suma, pomegranate, damiana and garlic will also do. A family history of prostate or breast cancer is a risk factor, also farming and exposure to radiation or cadmium. Neither alcohol nor cigarette is associated with risk of prostate cancer.

Investigation/ Diagnosis

Prostate cancer is generally localized sub-capsular, hence some of them are easy to feel on DRE (digital rectal examination/ rectal touche). This should be conducted in men suspected of having prostate cancer as part of a focused physical examination. Consideration should be given to the low sensitivity and low predictive value of DRE in prostate cancer, especially in an unselected population (screening). The diagnosis is usually made when elevated PSA levels are investigated. Alternatively, cancer can be detected in tissue obtained during transurethral resection (TUR) during the treatment for a urinary outflow tract obstruction. PSA screening is currently the single best test for prostate cancer and is widely used in the diagnosis of prostate cancer, but it does not help to determine whether the cancer will be identified clinically as a serious disease. Whereas PSA is an excellent marker for follow-up of patients with prostate cancer found in a number of men with prostate cancer, normal PSA levels and a moderate increase in PSA levels (4-10 ng/mL) has a low specificity for prostate cancer, and an elevated PSA level is not specific for prostate

cancer. An elevated serum PSA level can also be associated with BPH, prostatitis, prostate infarction, PIN, prostate biopsy, transurethral resection (TUR) of prostate and urethra. Serum PSA level increases with age. The traditional upper limit of the reference level of PSA is 4 ng/mL, but age-specific PSA reference levels developed by Ling et Oyster can also be used. Age-related PSA reference levels are determined as follows:

- Patients aged 40-49 years, from 0 to 2.5 ng/mL
- Patients aged 50-59 years, from 0 to 3.5 ng/mL
- Patients aged 60-69 years, from 0 to 4.5 ng/mL
- Patients aged 70-79 years, from 0 to 6.5 ng/mL

Men with newly diagnosed prostate cancer and PSA values less than 20 ng/mL are unlikely to have skeletal metastases caused by prostate cancer. Serum PSA level decreases by finasteride treatment of benign prostatic hyperplasia (BPH). This should be considered when PSA values are evaluated and before the decision to perform prostate biopsy. The advent of molecular diagnostics has led to the promise of a specific test for prostate cancer: the urinary PCA3 gene test. Early studies indicate that this new marker has a much greater specificity than the PSA test. A family history should be taken for each patient younger than 55 years suspected of having prostate cancer. Patients with a family history indicative of hereditary prostate cancer should undergo periodic review in accordance with the recommendations formulated by the Netherlands Foundation for the detection of hereditary tumors ("Foundation Investigation Hereditary Tumors"). Different kinds of investigations such as: transrectal ultrasound (TRUS),

histopathological evaluation, CT scan, endorectal MRI, conventional MRI, skeletal scintigraphy, sextant (6 core) biopsy, serial needle biopsy, TUR prostate and color Doppler sonography are beyond the scope of this work.

Treatment Policy

In the case of localized prostate cancer, active monitoring is preferred for patients at low risk (T1c-T2a, Gleason <7, PSA <10 ng/mL) or with advanced age (> 75 years). With this approach, the patient should be informed that life is not determined by the prostate and that any treatment is associated with a risk of side effects. Active monitoring can also be considered for patients with moderate or high risk of disease, when the obvious advanced age and co-morbidity have such a negative impact on life expectancy. Radical prostatectomy is a treatment option for patients with localized prostate cancer, preferably carried out in institutions that routinely perform this procedure. They check the advantages and disadvantages of different treatment options, including external radiotherapy and brachytherapy. These therapies must be weighed against active monitoring. The laparoscopic procedure should be routinely performed by an established team to obtain and maintain good results. Adjuvant or neoadjuvant hormone therapy is not recommended for patients with low or moderate risk localized prostate cancer. The choice of treatment will be determined after consultation with the patient, who should be thoroughly informed regarding the efficacy and toxicity of each treatment modality. Patients' age and general condition are taken into account in every decision, especially when considering the possibility of withholding treatment. To support decision making, the patient must be well informed about quantitative details of the results and consequences of different options that are specific to the treatment of the treating clinic.

In addition to the treating doctor, the nurse and the specialist play an important role in guiding and educating men with prostate cancer. A structured multidisciplinary (including an experienced TCM-practitioner) research is desirable for the treatment of patients with prostate cancer. Counseling and education after treatment for localized prostate cancer should be tailored to individual preferences and needs of the patient.

J D Setyo

As a young scholar, after earning my doctoral degree at the Erasmus University in Rotterdam, I began to study acupuncture at the NAAV. Immediately after passing the medical exam at the same university in 1990, the NAAV-C degree was achieved. Soon after I learnt Taiji, Qigong and Meditation from world famous masters: Fei Yu Liang, Yang Yue Ming, Wong Kiew Kit and Shen Hong Xun. Meanwhile I started to practice and fit these relatively unknown treatment techniques in my own TCM clinics in Rotterdam and Maassluis (Zuid Holland). Qi-induced treatment is very practical and effective in helping sick children without using any needles.

In 2005, after following the Chinese herbal module by Yang Yifan and a clinical internship in a Chinese hospital in Hangzhou (with special interest in treating cancer), I obtained the Master degree in TCM. In my daily practice knowledge and skill in TCM integrated in Western Medicine means a deeper dimension in helping and coaching sick people changing their lifestyles.

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Agenda

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Ooracupunctuur deel 1

Data: zondag 9 en zondag 16 januari 2011

Dianne Sommers

Gynaecologie: Infertiliteit (tweedaagse)

Data: zaterdag 12 en zondag 13 februari 2011

Martine Cornelissen

Treating the side-effects of medical drugs

Data: zaterdag 5 en zondag 6 maart 2011

Jeremy Ross

Nutrition in TCM

Datum: zaterdag 19 maart 2011

Daverick Leggett

Psyche, emotions and spirit

Datum: zaterdag 2 en zondag 3 april 2011

Robin Tiberi-Eisen

One needle cures 1000 diseases

Data: zaterdag 9 en zondag 10 april 2011

Dr. Yair Maimon

Abdominal massage according to the Nan Jing

Data: 2 opeenvolgende weekenden, start 7 mei 2011

Josef Müller

Acupuncture for Children

Data: 3 x 3 dagen, start vrijdag 2 september 2011

Julian Scott

Chinese taal: acupunctuurpunten

Datum: zaterdag 3 september 2011

Martine Cornelissen

Thai Massage and Mindfulness: a practical experience

Data: zaterdag 3 en zondag 4 september 2011

Richard Gold

Pulse Balancing

Datum: zondag 4 september 2011

Alex Tiberi

Advanced classical needling

Data: 4 weekenden, start 17 september 2011

Prof. Dr. Li Jie

Veterinary Medicine

Data: zaterdag 12 en zondag 13 november 2011

Robin Tiberi-Eisen

Studiereizen

Stage ziekenhuis QingDao

Data: juni/juli 2011

Prof. Dr. Li Jie, Ki-Jan Go

Master trip Jinan

Data: oktober 2011

Shandong University of TCM

Studiereis San Diego, stages en congres

Data: november 2011

Pacific College of TCM

Vervolgopleidingen

Start september

Westers Medische Basiskennis, Kruidengeneeskunde, Zhineng Qigong level 1 + 2, Voedingsleer, Feng Shui, Tuina voor Acupuncturisten en Chinese Taal

Bovenstaande is slechts een beperkte selectie uit ons programma. Voor actuele informatie en inschrijving kijk op www.TCMbijscholing.nl



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Particular attention should be paid to the presence of postoperative pain, urinary symptoms, catheter, tiredness, anemia, incontinence and erectile dysfunction. The medical record should include the guidance and what was discussed. The treatment options and expected side effects that were discussed should be documented. It is advisable to assume that men with prostate cancer will have some specific psychosocial problems due to disease or treatment related to sexual dysfunction, urinary symptoms, gastrointestinal symptoms, and the slow progress of the disease. Men with prostate cancer should be provided with sufficient guidance regarding the disease, treatment options, and possible side effects of treatment. Men and their partners should be made aware of the availability of instructional materials, time and location of educational meetings, the services of patient organizations, and contact information for the discussion groups. Involving the partners in treatment decisions is recommended. Specialized (oncology or urology) nurses can play an important role in the detection of psychosocial problems and counseling.

Prostate cancer in T.C.M.

In TCM the prostate itself is not described as a separate organ but as a part of the Shen (Kidneys). Exhaustion of the Shen-system can therefore affect the prostate. The Kidneys store Jing substances, produce Marrow, and control the development of bones. They also control hearing, respiration (inhalation), reproduction, growth, development and aging, and govern the Body Fluids (Jin Ye). The Kidney Jing is the biological basis for woman's menstrual blood and man's semen. The Kidneys are the root of the Yin and Yang of all body organs. They are sometimes called the Minister of Ingenuity and Vitality, and "the controller of water in the lower 2 Yin organs" (urethra and anus).

The ability to maintain sufficient urine in the bladder is a Yin function. If there is too little Kidney Yin, the bladder may not control and hold urine and can lead to stress and urge incontinence. Stress incontinence occurs when the bladder leaks while laughing, coughing or sneezing, while urge incontinence is the sudden and urgent need to urinate. Other symptoms of Kidney Yin deficiency besides polyuria are hot feelings, night sweats, red face, thirst,

frequent nocturia, a rapid surface pulse, and a red tongue. The ability to easily urinate is a Yang function. If there is too little Kidney Yang, the Kidney cannot control the opening of the urethra, which can result in inhibited urination. A problem with Kidney Yang can lead to overflow incontinence, defined as difficulty in starting to urinate and after that, dribbling. Other signs of Yang deficiency are a feeling of cold in the body, possibly loose stools, fatigue, slow deep pulse and pale tongue. Impotence and very low libido are signs of Kidney Yang emptiness. Like the presence of many forms of incontinence at the same time, it is common for both Kidney Yin and Yang to be damaged simultaneously and the symptoms are more complex.

The Kidney associated organ is the Bladder and its element is Water. Kidney Yin flows to the Liver, Heart, and Lungs. It is responsible for the body's (fluid-like) Essences and rules softness, but also birth, growth, maturation, reproduction cycle and aging. Kidney Yang flows to the Liver, Heart, Lungs and Spleen. It supports the Yang of all the organs via the Mingmen. The Marrow produced from the Kidney Jing flows into the brain. The thinking ability is strengthened when Qi and Blood in the cerebral cortex are abundant. Kidney's essential Qi is derived from the reproductive Essence of the parents (congenital/ pre-Heaven Essence) out of which the embryo develops. After birth, it is gradually nurtured by the Essence of food (acquired/ post-Heaven Essence) and reaches fullness in puberty, when men are able to produce semen.

In old age Kidney essential Qi weakens, so that the reproductive function gradually fades away and the body degenerates. Elementary Questions (Su Wen: Shang Gu Tian Zhen Lun 上古天真论) states: "At the age of 2x8 (16 years old) the Kidney is exuberant, the heavenly tenth (Tian Gui) arrives, essential Qi flows forth, Yin and Yang are in harmony and man can beget offspring; (etc.) at the age of 7x8 (56 years old) heavenly tenth is exhausted, the Essence diminishes, the Kidney grows weak, and the body loses its tone; at 8x8 (64 years old) the teeth and hair fall out".

The Kidneys house the body's will power (Zhi). They control the short-term memory and store data. The Kidneys provide the capacity and drive for survival, strength,

skill and hard work. A patient with strong Kidneys can work hard and purposefully for long periods of time. Consequently when the Kidneys are in a state of disharmony, the patient can sometimes be driven to a state of excessive-compulsive working habits (a workaholic). A patient with weak Kidney Qi will therefore lack strength and endurance.

The Kidney's positive psycho-emotional attributes are wisdom, clear perception, tenderness and self understanding. The negative attributes are fear, loneliness, insecurity and shock (which attack the Heart first, then descends into the Kidneys to become fear). Prostate Cancer and BPH (benign prostate hyperplasia) are obviously two different diseases with different behavioral manifestations, but they show in fact many similarities. Often we thought there were no cases of cancer in the past. But nothing is further from the truth! There actually are many TCM syndromes that can be referred to as cancer in terms of differentiation, diagnosis and treatment. In the light of TCM we consider all *swellings* due to various conditions, both by (Liver) Xue- or Qi-*stagnation* (Xue Yu/ Qi Yu) or by Phlegm Heat or -Cold stagnation, in this case *in the Lower Jiao*, and with *underlying* Xue-/ Qi-deficiency or (Kidney) Yin-/ Yang-deficiency. The good news is that prostate cancer has a very good prognosis when diagnosed and treated early. That is why regular screening and early detection is so important. However, surgery can result in side effects such as frequent and nighttime urination, incontinence and erectile dysfunction. In an advanced stage of prostate cancer, where only conventional palliative care is to be applied: Acupuncture, Herbs, Tuina and Taiji/ Qigong/ and Meditation will still work very well.

Acupuncture and Chinese herbal treatment aim at correcting the underlying imbalance in the body. The treatment is usually one or two times a week with acupuncture (combined with Chinese herbs!) and a treatment series is usually 10 to 12 sessions. Treatment should first increase the ability to hold urination, decrease the nocturia, decrease urinary urgency and smooth the urinary stream flow. Improvement of sexual function can also be seen in this period. Without metastases PSA level will decline within 6 weeks to levels under 10. The level seldom rises again. If so, herbal treatment should be

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changed. Treatment after the initial sessions is only needed to keep the result or to treat other complications.

Acupuncture is very useful to support a patient with prostate cancer who undergoes radical prostatectomy, chemotherapy, radiotherapy or hormonal therapy. Treatment should be adapted to the specific presentations such as to nourish Yin or Yang, stimulate Qi or Blood and to clear Heat. Points such as RM 4 and 6 on the lower abdomen and BL 23 and DM 4 on the lower back all tonify the Kidney Qi. Ki 7 can be added to tonify the Yang, whereas Ki 6 will be used for Yin deficiency. Other issues, such as BL 64 and RM 3 can directly help in tonifying the bladder and solve incontinence. If the Spleen is involved, Sp 3 and 9 will be useful. If the Liver is in disharmony, Liv 8, 5, 3 or 2 can help the Qi flow and open the channels in the genitals. Many points on the lower back and sacrum can help in case of Qi and Blood stagnation, such as BL 32 and 33. Sp 6 and 10 helps to move Qi and Blood and can also be used.

Moxibustion is useful for incontinence and libido problems. Warming of the abdomen and lower back can be very effective for this problem because Heat moves and feeds the Yang Qi and dissolves Blood stagnation. Contra indications: Kidney-, Liver- or Heart-Yin deficiencies! **Herbal formulas**, such as modified Liu Wei Di Huang Tang can be used to cases of prostate cancer with Kidney Yin deficiency as constitution, while modified Ba Wei Di Huang (Jin Gui Shen Qi) Tang is effective for prostate cancer with underlying Yang deficiency. If the root of the imbalance is in the Spleen, modified Bu Zhong Yi Qi Tang or Shen Ling Bai Zhu San are highly effective formulas. For Blood stagnation herbs like Dan Shen, Chi Shao Yao and Wang Bu Liu Xing can be added. When taking Chinese herbs, it is very important to make the right diagnosis first, then to do the strategy in this sequences: Clearing the Cold or Heat Dampness or Phlegm stagnation's to resolve the urinating problems first, after that Removing the Blood or Qi stagnation, then Strengthening to improve the constitutions. The treatment should be done by an experienced practitioner of Chinese medicine. As already mentioned above, cooperation between TCM practitioners, the treating specialists and the GP's is very important for successful treatment. Our treatment strategies should not only be determined by

history or TCM symptoms and observations alone, but also by the Western clinical presentation and investigation results from the hospital.

Combination of Traditional Chinese Medicine and modern Western treatments can improve therapy results and prognoses, achieve medical costs control and improve life quality! Some Chinese herbs with anti (prostate) cancer properties:

** Breaking & Expelling Blood Stasis:*
Shui Zi (Hirudo)/ also for Activating Blood Circulation
E Zhu (Curcuma rhizoma)/ also for Removing Qi Stagnation, Stopping Pain
Tu Bie Chong (Eupolyphaga, Steleophaga)/ also for Promoting Bone Healing
Dan Shen (Salviae miltiorrhizae radix)/ also for Stopping Pain, Clearing Heat in Blood and Calming the Spirit
Chi Shao Yao (Paoniae radix rubra)/ also for Activating Blood Circulation, Cooling Heat in Blood and Calming Pain
Chuan Niu Xi (Achyranthis bidentatae)/ also for Moving Blood, Draining Damp Heat, Promoting Urination, Tonifying Liver and Kidney
San Qi (Notoginseng radix)/also for Stopping Pain
Ling Zhi (Reishi/ Ganoderma Lucidum)/ also with anti-oxidant properties
Ju Zong Lu (Saw palmetto/ Serenoa repens/ Sabal serrulata)/ also as Phyto-estrogen
Da Ji (Cirsii japonici herba sive radix) and Xiao Ji (Herba cephalanoplos) / also for Cooling the Blood, Stopping Bleeding, Promoting Wound Healing and Urination
Chuan Shan Jia (Manitis squama)
She Xiang (Moschus)

** Clearing Heat and Toxicity:*
Bai Hua She She Cao (Hedyotis diffusa herba)/ also for Promoting Blood Circulation, Breaking Blood Stasis, Clearing Dampness, Promoting Urination
Long Kui (Solani nigri herba)/ also for Promoting Urination
Ban Zhi Lian (Scutellariae barbatae herba)/ also for Eliminating Blood Stasis and Stopping Bleeding, Promoting Urination
Pu Gong Ying (Taraxaci herba)
Yu Xing Cao (Houttuyniae herba)/ also for Clearing Dampness
Ya Dan Zi (Bruceae fructus)

Shan Dou Gen (Sophorae tonkinensis radix)
Zi Cao (Arnebiae/ Lithospermi radix)/ also for Invigorating Blood, Moistening Intestines
Zao Xiu (Paridis rhizoma)/ also for Calming Pain

** Transforming Phlegm , Expelling Dampness and Water Retention, Promoting Urination:*
Fu Ling (Poria)/ also for Expelling Heat
Yi Yi Ren (Coicis semen)/ also for Eliminating Pus
Zhu Ling (Polyporus)
Qu Mai (Dianthi herba)/ also for Eliminating Blood Stasis
Tian Nan Xing (Arisaematis rhizoma)
Hai Zao (Sargassum)
Kun Bu (Eckloniae thallus)
Hu Zhang (Polygoni radix et rhizoma)/ also for Cooling & Draining Downward Heat
Wei Ling Xian (Clematidis radix)/ also for Opening Channels and Stopping Pain

** Expelling Cold and Toxicity, Calming Pain:*
Chan Su (Bufonis venenum)

** Tonifying Qi:*
Xi Yang Shen (Panacis quinquefolii radix)
Gan Cao/ Licorice (Glycyrrhiza Glabra)/ also with anti-oxidant properties

** Tonifying Yang:*
Bu Gu Zhi (Psoraleae fructus)
Yin Yang Huo (Epimedii herba)

** Tonifying Yin:*
Nu Zhen Zi (Ligustri lucidi fructus)

** Tonifying Kidney Jing:*
Shan Zhu Yu (Corni fructus)

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● AN INTEGRATIVE APPROACH IN TREATING THYROID PATHOLOGY

Lily Luzina Chju, MD. and Camilla Luzina, MD.

Thyroid diseases are very common in Russia. In some regions up to 70 % of the adults suffer from different thyroid disorders. The problem is becoming more and more urgent, especially in women. It is known that thyroid pathology can cause infertility, lead to a miscarriage or health problems in the baby.

In our experience, medication treatment can be complemented by the traditional Chinese medicine. The results are encouraging for its use for preventing and treating thyroid diseases.

We apply complex therapy based on the TCM and inspired by modern integrative medicine. We combine different methods to enhance the effect of the treatment. We apply auricular and classic acupuncture, moxibustion, the su jok therapy. We use the following auricular points: 45-thyroid gland, 22-internal secretion glands, 28 – pituitary, 55- shen men, 51- sympathetic nerve, 34 – cerebral cortex, 23 –ovary,

97 – liver, 95 – kidney. The choice of the points depends on the symptoms and pain sensibility of the points on the ear conch. We also apply classic points on the body. We put needles in the frontal lateral projection zones of the thyroid gland on the neck. We apply moxibustion to strengthen the patient's immune system.

We have had 82 women aged from 25 to 35 under observation. In all the cases there were positive changes of the patient's condition. Irrespective of its initial index, thyroid status had a tendency to normalize. The characteristic clinical manifestations of hypo and hyper functional thyroid gland conditions diminished after the treatment. Repeated ultrasound examinations showed positive changes in the thyroid gland. The organ's structure improved. Some women's menstrual cycle normalized. We didn't find out any acupuncture contraindications. We can come to the conclusion that our complex therapy is an organ-friendly integrative approach to treat thyroid pathology and has a definite positive influence on the recovery of the natural hormonal function of the thyroid gland.



Camilla LUZINA

Neurologist, graduate of the Sechenov Moscow Medical Academy. Currently she is post-graduate student at the Beijing University of Chinese Medicine, reading a course in neurology. She is interested in integrative medicine, thyroid research and TCM. She has taken part in a number of national conferences and international congresses. She has many publications.



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Lily LUZINA-CHJU

General Director and Head Physician of the Centre for Chinese Medicine "Sin-Ya-Chju", Moscow, Russia.

Guardian of the Association of cardiologists of Moscow.

She has been assistant to a Member of the Council of Federation of the Federal Assembly of the Russian Federation.

She has been awarded a nomination as the Woman-Doctor of the Year (The Golden Fund of Russia).

She has been awarded the "Elite" prize for sincere and disinterested help to people of moderate means.

She has been awarded the Pirogov order for charity work with disabled children

She is involved in charity work in the Rehabilitation Centre for patients with spinal cord and brain traumas and in a school for children suffering from cerebral spastic infantile paralysis.

She has published articles, manuals and books on TCM.

Hwa To Chinese Medical Center B.V.

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Hwato Acupunctuur Naald Eenmalig Gebruiken (100/doos)

€ 4.00 / doos

0.16 x 10 mm	0.20 x 13 mm	0.22 x 13 mm	0.20 x 15 mm	0.20 x 25 mm
0.22 x 25 mm	0.25 x 25 mm	0.26 x 25 mm	0.30 x 25 mm	0.30 x 30 mm
0.20 x 40 mm	0.22 x 40 mm	0.25 x 40 mm	0.26 x 40 mm	0.30 x 40 mm
0.32 x 40 mm	0.25 x 50 mm	0.26 x 50 mm	0.30 x 50 mm	0.32 x 50 mm

TONY Acupunctuur Naald Eenmalig Gebruiken (100/doos)

€ 2.50 / doos

0.20 x 13 mm	0.22 x 13 mm	0.25 x 13 mm	0.30 x 13 mm	0.20 x 25 mm
0.22 x 25 mm	0.25 x 25 mm	0.30 x 25 mm	0.20 x 40 mm	0.22 x 40 mm
0.25 x 40 mm	0.30 x 40 mm	0.32 x 40 mm	0.25 x 50 mm	0.30 x 50 mm
0.26 x 60 mm	0.30 x 60 mm	0.30 x 75 mm	0.32 x 75 mm	

SHUICHENG Acupunctuur Naald Eenmalig Gebruiken (100/doos)

€ 2.00 / doos

0.16 x 10 mm	0.20 x 13 mm	0.22 x 13 mm	0.25 x 13 mm	0.20 x 25 mm
0.22 x 25 mm	0.25 x 25 mm	0.25 x 30 mm	0.30 x 30 mm	0.20 x 40 mm
0.22 x 40 mm	0.25 x 40 mm	0.30 x 40 mm		

TONY Acupunctuur Naald Eenmalig Gebruiken (500/doos)

€ 9.50 / doos

0.22 x 13 mm	0.25 x 13 mm	0.22 x 25 mm	0.30 x 25 mm	0.20 x 40 mm
0.25 x 40 mm	0.30 x 40 mm			

Hwato Acupunctuur Naald Met Buis Eenmalig Gebruiken (100/doos)

€ 3.90 / doos

0.16 x 30 mm	0.25 x 40 mm	0.30 x 50 mm	0.35 x 70 mm
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APOTHEKER CHARLES WAUTERS INNOVEERT TCM

Nicole Hermans, Pharmacist

Charles Wauters is als apotheker sinds 1982 werkzaam in de TCM en heeft een robot ontworpen, die menselijke fouten in de bereiding van magistrale receptuur uitsluit. Veiligheid en efficiëntie wordt groter en "personalised medicine" nog meer bereikbaar voor de patiënt.

Veel van het werk van Wauters steunt op zijn engagement en scherpe analyseren. Hij kent de werkelijkheid. Hij is een apotheker pur sang. Bereiden zit hem in het bloed en het maken van perfecte receptuur is nog steeds één van zijn stokpaardjes. Hij wil ook de essenties van de farmacie en zijn vak hoog houden, aangepast aan onze tijd. Hij is thuis in twee werelden, die van de allopathie en die van de traditie. Al 28 jaar verdiept hij zich innovatief in de traditionele Chinese en westerse natuurgeneeskunde en farmacie, alsook in de orthomoleculaire recepturen.

Recepteerkunde beschouwt hij nog steeds als één essentie in zijn vakgebied, omdat men daar leert hoe een medicijn of recept bereid (gemaakt) dient te worden. Hierbij houdt men onder andere rekening met de volgende aspecten: rationaliteit van het recept, fysisch-chemische eigenschappen van het farmacon (geneeskrachtige stof of voedingssupplement), onverenigbaarheden (of twee stoffen in een preparaat geen reactie met elkaar aangaan), houdbaarheid, microbiologische zuiverheid, veiligheid en patiëntengemak. Dit laatste is essentieel

voor de therapietrouw en het begrijpen van werkingen, interacties en contra-indicaties van het gemaakte.

Situatie in Nederland. Speciale bereidingsapotheken.

Nederland heeft na de tweede wereldoorlog een modernistisch beleid gevoerd, waarbij de farmacie op hoog niveau, onder controle van het LNA, recepten controleerde. Tegelijkertijd ontwikkelde zij zich steeds meer naar het doorschuiven van wat de industrie aanbood. Nog steeds kunnen in Nederland medicijnen in de apotheek bereid of aangepast worden. Het gaat dan vooral om dermatica, capsules, zepillen en drankjes. Steeds meer heeft de industrie het maken van preparaten overgenomen. In een apotheek van gemiddelde grootte worden niet meer dan ongeveer 6 preparaten per dag door de apotheek zelf bereid; hiervan is de helft een dermaticum. Sommige preparaten vereisen speciale kennis en kunde. Dus ook een reden dat er speciale bereidingsapotheken ontstonden.

NatuurApotheek.

Een dergelijke speciale bereidingsapotheek is in Nederland de NatuurApotheek, door Charles Wauters opgezet en aangepast aan de hedendaagse ontwikkelingen in 1982. Daar maakt men geen zes maar honderden recepten per dag. Van tincturen tot oogdruppels, van tabletten en capsules tot samengestelde "persoonlijke" magistrale receptuur en dit alles vakmatig, met natuurlijke gecontroleerde grondstoffen en protocols.

"Personalised" magistrale receptuur.

Magistrale bereiding is de aanduiding voor het bereiden van de receptuur in de apotheek. Niet dus het verstrekken van voorverpakte medicijnen, gekocht bij een fabrikant, maar het ouderwetse handwerk. Dit werd steeds zeldzamer. Tot de steeds grotere ontwikkeling en vraag naar preventieve "personalised medicine", niet alleen in de TCM, maar ook in de westerse natuurgeneeskunde. Die maakt het bereiden weer interessant en doelmatig. Om deze trend op een professionele manier vorm te geven, ontwikkelde Charles Wauters deze recepteermachine, die in staat is honderden individuele recepten per dag in een korte tijd "veilig" te maken.

TCM en de MIXROBOT

In tegenstelling tot de moderne westerse fytotherapie komt binnen de TCM een voorschrift met een enkelvoudig kruid niet voor. Een voorschrift bestaat dan dus uit meerdere componenten, variërend van 3 tot wel 18 ingrediënten per formule. De TCM kent duizenden formules die in de literatuur worden beschreven. Enkele honderden zijn basis formules, die –met variaties- in de standaardliteratuur steeds worden beschreven.

Op grond van een differentiaaldiagnose wordt voor een enkele persoon de formule aangepast door componenten toe te voegen, de formule zelf te wijzigen, formules samen te voegen of al deze mogelijkheden tegelijk. In een aantal gevallen wordt een specifiek magistraal recept geheel uitge-

2010 Volautomatische robot ontworpen door Ch. Wauters, apotheker, als innovatie binnen de TCM.



schreven. Dit is wat TCM 'personalised' maakt. Ieder voorschrift is uitsluitend bedoeld voor één bepaalde persoon in die specifieke omstandigheden.

Het is duidelijk dat voor ieder voorschrift dientengevolge een aantal handelingen moeten worden uitgevoerd: na het inbrengen in het AIS (Apotheek Informatie Systeem, het z.g. aanschrijven) van het voorschrift verschijnt een bereidingsvoorschrift aan de hand waarvan iedere component moet worden (1) gepakt, (2) gecheckt, (3) afgewogen en (4) teruggezet. Bij iedere 100 voorschriften met gemiddeld 10 componenten zijn dat 4000 menselijke handelingen. En een menselijke handeling is een mogelijke foutenbron.

Om dat foutenrisico te elimineren en dus de kwaliteit en zekerheid van deze individuele farmaceutische bereiding te verhogen is de MIXROBOT ontwikkeld.

De belangrijkste problemen die moesten worden overwonnen waren (1) het grote aantal componenten: 400 (de mengmachine met het grootste aantal componenten tot nu toe is de verfmengmachine met 30 componenten), (2) de stabiliteit en nauwkeurigheid van de weegeenheid en (3) de individuele vloeieigenschappen van de extracten ("granulaten").

De nieuwe gang van zaken.

Na het aanschrijven van het voorschrift gaat er een bereidingsvoorschrift in de vorm van een digitaal bestand naar de MIXROBOT.

De MIXROBOT neemt een voldoende grote pot uit de 4 beschikbare maten op in de weegeenheid en berekent de kortste route om de componenten op te halen. De weegeenheid gaat achtereenvolgens naar de container met de juiste component, stabiliseert zich en de gewenste hoeveelheid wordt afgewogen. De snelheid van wegen is mede afhankelijk van de vloeieigenschappen van de component. Die vloeieigenschappen plus de ideale weegcurve worden met een reeks proefweringen gemeten en softwarematig

in de MIXROBOT opgeslagen van iedere component afzonderlijk (!).

Eventuele contaminatie ("overwaaien") van componenten onderling wordt voorkomen door puntafzuiging.

De MIXROBOT kan niet ruiken of zien. Om een component op te halen kan hij alleen naar een bepaalde, vooraf gedefinieerde plaats gaan. Zo'n plaats heeft een nummer in de vorm van een barcode.

In de grondstoffendatabase is bij iedere component de barcode van de producent opgenomen. Dat is dus ook de barcode op het etiket van een binnenkomend product. Deze barcode is in de MIXROBOT gekoppeld aan de barcode van de container(s) met dat product (component). En die barcode is weer gekoppeld aan de barcode van de plaats.

Indien een container wordt gevuld, wordt er bij het vullen gecontroleerd middels het scannen van de fabrieksbarcode en de containerbarcode of het juiste product in de juiste container gaat. Daarna kan de container pas op zijn plaats gezet worden na controle of de plaatscode en de containercode bij elkaar horen middels een scan van die codes. Indien één van die controles niet overeenkomt wordt door de MIXROBOT niets verder geaccepteerd en staat alles stil. Een driedovoudige check dus op juistheid van product.

De MIXROBOT zorgt zo voor precisie (zuiverder wegen is menselijkerwijs niet mogelijk) en zekerheid. Door de MIXROBOT wordt kwaliteit en veiligheid van uw zorg geoptimaliseerd.

Toekomst in de farmacie.

De positie van (traditionele) kruiden(genees)middelen en de toepassing ervan nemen wereldwijd toe, ook in Nederland.

Steeds meer artsen en herbalisten schrijven magistraal, omdat ze de werking van plantenformules leren vanuit twee geneeskundige systemen: die van de allopathie en

die van de holistische natuurgeneeskunde. Niet alleen omdat planten en voeding de genetische expressies, die regelmatig problemen veroorzaken, kunnen corrigeren, maar ook omdat multi-target gebruik maken van de traditionele geneeswijzen en voeding nu ook bewezen kunnen worden middels de systeembioïologie.

Steeds meer chronische patiënten vinden baat bij de differentiële diagnoses en behandelingen van deskundige natuurgeneeskundigen en steeds meer onderzoek naar complexe plantensystemen is beschikbaar. Onderzoeken maken het mogelijk om kleine veranderingen in een vroeg stadium van een ziekte, bijvoorbeeld in de stofwisseling of de hormoonhuishouding, op te sporen met geavanceerde analysetechnieken in combinatie met computermodellen en de invloed hierop van (traditionele) kruiden(genees)middelen te kwantificeren.

Het is de innovatieve blik van Wauters en de motivatie van patiënten die, zonder tussenkomst van verzekeringen tot nu toe, de werking van de TCM ervaren, die maken dat de NatuurApotheek bestaat en groeit.

In het licht van deze ontwikkelingen is de MIXROBOT een welkome innovatie, niet alleen voor Nederland!

De Natuurapothek® zet zich al meer dan 25 jaar actief in, in samenwerking met het hele zorgveld, om de kwaliteit van de farmaceutische zorg te verhogen op innovatieve wijze met klassieke receptuur.

Het is een uniek concept en de naam spreekt voor zich: de Natuurapothek® (AGB-code 10040), gespecialiseerd op het gebied van receptuur ten dienste van de natuurgeneeskunde, om de zorgwaarde van de patiënten te verhogen.

De Natuurapothek® bereidt recepten op maat: Oosters, of Westers, enkelvoudig of samengesteld en in iedere gewenste vorm en juiste hoeveelheid vanuit de filosofie: kwaliteit en veiligheid, daar waar traditie en wetenschap samengaan, in dienst en uit respect voor de patiënt.

In 1982 begon Charles Wauters binnen een reguliere apotheek met het verstrekken van kruidenbereidingen, hetgeen uiteindelijk resulteerde in de volwaardige zelfstandige vestiging in Pijnacker van de NatuurApotheek® in augustus 2002.

Dhr. Ch. Wauters wordt in de NatuurApotheek® bijgestaan door een team van apothekers-assistenten. Verder vervult hij allerlei functies in nationale en internationale organisaties, die de Fytotherapie of de natuurgeneeskunde kritisch stimuleren. Zo is hij bestuurslid van de NVF (Nederlandse Vereniging van Fytotherapie).

In hoofdzaak bereidt men magistrale receptuur in alle hedendaagse toedieningsvorm op basis van Westerse of Oosterse traditie of andere natuurgeneeskundige principes.

De NatuurApotheek® levert droge extracten (o.a. granulaten), vloeibare extracten (o.a. hydrofiel concentraten en tincturen), ruwe kruiden (gesneden of gemalen). Capsules, tabletten, crèmes en zalven, oog- neus- en oordruppels, siroop etc.

De tincturen van de NatuurApotheek® zijn bijzonder. In de Europese Fytotherapie is een verhouding 1:10 gebruikelijk, overeenkomend met de sterkte van een moedertinctuur (MT).

De NatuurApotheek® hanteert echter standaard 1:5, zoals men gewend is in de Angelsaksische wereld. Het voordeel is drievoudig: met deze verhouding kan beter worden gedoseerd, het is prijstechnisch voordeliger en vooral is het alcoholpercentage niet hoger dan noodzakelijk. Een grote groep gebruikers stelt dat zeer op prijs.

De NatuurApotheek® heeft inmiddels ong. 3000 items van natuurlijke 'gecontroleerde' grondstoffen, van analyse certificaat voorziene grondstoffen, op voorraad.

De analyses moeten voldoen aan monografieën van de Europese Farmacopee, andere in Europa erkende farmacopeeën of een monografie, die voldoen aan de laatste wetenschappelijke maatstaven. Daardoor wordt de veiligheid optimaal verzekerd. Interacties en contra-indicaties worden zoveel mogelijk meegegeven met de aflevering.

De filosofie is dat de patiënt wordt geholpen met de juiste diagnose, de juiste therapie en de juiste preparaten. Kennis van 2 werelden (NatuurApotheek® en 'gewone' apotheek) maakt een hechte samenwerking tussen het reguliere veld en het alternatieve veld mogelijk.

Trouwens 'regulier', 'additief' en 'alternatief' zijn normale begrippen; wat wij hier 'alternatief' noemen, wordt in China 'regulier' genoemd.

De NatuurApotheek® staat verder open voor advies en informatie over producten, receptuur, veiligheid of contra-indicaties, voor apothekers en beroepsbeoefenaars en wil in een efficiënte samenwerking het reguliere en het natuurgeneeskundige veld met elkaar op een zinvolle manier verbinden en laten communiceren en discussiëren.

De NatuurApotheek® zou een steentje willen bijdragen aan een pluralistisch model binnen de gezondheidszorg, waarin de ordeningen geleidelijk zullen worden gehergroepeerd tot werkbare en kundige geheelen, die het welzijn van de patiënt verbeteren.

Hiervoor is openheid nodig en moeten we elkaar laten zien waar we mee bezig zijn, onze twijfels, kunde en flaters delen.

Meten met 2 maten is daarbij leuker dan alleen!



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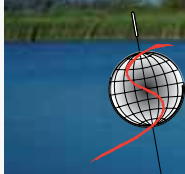
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Important dates

1 June 2010:

Call for abstracts

1 November 2010:

Deadline abstract submission

5 January 2011:

Notification of abstract acceptance for presentation

6 January 2011:

Deadline early registration fee.

Registration Fees

NAAV Members:

Early registration (before 06-01-2011)	€ 370,-
Late registration (after 06-01-2011)	€ 410,-
After 30-4-2011 and onsite	€ 450,-
One-day	€ 275,-

not NAAV Members:

Early registration (before 06-01-2011)	€ 410,-
Late registration (after 06-01-2011)	€ 450,-
After 30-4-2011 and onsite	€ 490,-
One-day admission	€ 325,-

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