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全球中醫藥醫學會聯合會

3rd Global Traditional Chinese Medicine Academic Conference 2026

2026第三屆全球中醫藥學術大會

全球中醫藥大健康論壇

Global Traditional Chinese Medicine & Health Forum

中醫藥科技與國際結合展望

Annual Report

全球中醫藥醫學會聯合會 出版

Global Federation of
Traditional Chinese Medicine Associations



總統賀電

華總二榮電：115080019 號

全球中醫藥醫學會聯合會林理事長源泉
暨全體與會人士公鑒：

欣悉訂於本（115）年 9 月 12 至 13 日舉行「2026 第 3 屆全球中醫藥學術大會」，特電致賀，謹向遠道而來各國貴賓表達誠摯歡迎之意。至盼藉由此項盛事，匯聚全球醫藥資源，接軌前瞻照護趨勢，維護民眾健康福祉，攜手為營造安和樂活之現代化社會而努力。敬祝活動圓滿成功，諸位平安愉快。

賴 清 德



中 華 民 國 1 1 5 年 8 月 7 日

副總統賀電

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會」，特電申賀。貴會自成立以來，積極
踐履創會宏旨，構築專業研習平臺，厚實
傳統診療效益，體現人文關懷涵養，宣勤
戮力，殊值嘉勉。際此，敬祝活動順利成
功，諸君健康如意。

蕭 美 琴



賀

中華民國 115 年 8 月 7 日

全球中醫藥醫學會聯合會

2026 第三屆全球中醫藥學術大會誌慶

濟世仁心

行政院院長 卓榮泰



2026 第三屆全球中醫藥學術大會

國粹流芳

立法院
院長

韓國瑜



敬賀

全球中醫藥醫學會聯合會
第三屆全球中醫藥學術大會紀念

岐黃濟世

衛生福利部

部長 石崇良



全球中醫藥醫學會聯合會第三屆全球中醫藥學術
大會致賀

仁術濟世

內政部
部長

劉世芳敬題



全球中醫藥學會聯合會第三屆全球中醫藥學術大會誌慶

杏林弘道
福澤蒼生

外交部部長 林佳龍



敬題

全球中醫藥醫學會聯合會
二〇二六第三屆全球中醫藥學術大會紀念

博愛濟眾

蔣萬安



敬題

萬安用箋

凝聚國際力量共創中醫藥新局

全中聯林理事長(源泉)，各位貴賓、中醫藥界先進、各位女士、先生，大家好：

非常榮幸能應邀參加全球中醫藥學會聯合會（以下簡稱全中聯）舉辦之「2026 第三屆全球中醫藥學術大會」，感謝主辦單位的邀請及各位來賓的參與，謹代表衛生福利部中醫藥司感謝大家長久以來，為臺灣中醫藥的發展努力。



本次大會匯聚國內外中醫藥專家學者，透過學術交流及經驗分享，促進傳統醫藥的交流與合作。對於長期投入中醫藥學術研究及國際交流的各界先進，在此表達誠摯的肯定與感謝。

為健全中醫藥發展，我國於 2019 年公布施行「中醫藥發展法」，確立國家中醫藥發展的基本方針。近年來，本部持續完善中醫藥相關法規及制度，精進中醫師臨床訓練制度，推動中醫醫院評鑑改革及多元醫療照護模式，並持續精進「臺灣中藥典」、推廣本土中藥藥用植物種植，以及辦理上市中藥監測及中藥廠確效等工作，從醫療、人才、藥品品質及產業等不同面向，建構更完善的中醫藥發展環境，讓民眾享有更安全、優質的中醫藥服務。

在國際交流方面，本部鏈結國際佈局，近年亦積極配合新南向政策，推動本部與新南向國家進行傳統醫藥交流，召開多場國際研討會及交流會；同時也協助中醫藥產業掌握國際法規及市場趨勢，推動外銷諮詢及海外參展，並深化國際人才培訓與法規對話，全面拓展臺灣中醫藥全球能見度。

今天這場大會，正是促進國際交流的重要平台。透過國內外專家學者的經驗分享，我們不僅能了解不同國家在中醫藥臨床應用、研究及產業發展上的最新趨勢，也能讓國際社會更加認識臺灣中醫藥的發展成果。期待未來能有更多跨國學術交流及合作，透過彼此學習與共同研究，讓傳統醫藥在現代醫療及全球健康照護中發揮更大的價值，讓臺灣中醫藥的經驗與成果走向世界。

未來仍有賴中醫藥先進鼎力支持，一同為國人提供更優質的醫療照護，達到健康臺灣的願景。最後，祝福各位身心健康、平安快樂，敬祝活動圓滿成功！

衛生福利部 中醫藥司

司長 黃怡嘉

大會歡迎詞

尊敬的各位長官、各位貴賓、來自海內外的學者專家，以及各位中醫藥界先進與同道，大家早安、大家好：

非常榮幸能與各位齊聚臺北，共同參與「2026 第三屆全球中醫藥學術大會」。首先，我謹代表全球中醫藥醫學會聯合會，向各位貴賓、講者及與會同道，致上最誠摯的歡迎與感謝。

全球中醫藥醫學會聯合會成立的宗旨，是推動中醫藥學術研究與臨床應用，聯合國內外中醫藥團體，促進國際交流與合作。我們期望透過學術研究、產學合作及跨國交流，讓中醫藥在全球醫療舞臺上發揮更大的影響力。

本屆大會以「中醫藥科技與國際結合展望」為核心，匯聚來自十八個國家的專家學者，針對人工智慧、大數據、精準醫療及中藥現代化等重要議題進行交流，共同探討新科技如何應用於中醫臨床、研究及人才培育，為中醫藥的創新發展開啟更多可能。

同時，中藥產業的升級也是本屆大會的重要主題。從藥材品質、製程管理、科學驗證到國際規範，都需要產官學研各界共同合作。透過現代科技與標準化制度的導入，我們期待提升臺灣中藥產品的品質、安全性及國際競爭力，推動中藥產業朝向現代化、科技化與國際化發展。

科技不是取代醫者，而是協助我們提升診療品質、深化學術研究，並將傳統醫學的智慧轉化為國際社會能夠理解的現代語言。唯有以臨床實踐為根、以學術實證為基、以科技創新為助力、以國際交流為橋梁，中醫藥才能持續向前發展，為全球健康作出更大的貢獻。

最後，衷心感謝所有指導、協辦及合作單位，也感謝各位講者、工作團隊、志工夥伴與所有與會貴賓的支持。因為有大家的共同努力，才能成就今天這場國際盛會。

讓我們攜手推動中醫藥科技創新與產業升級，讓傳承千年的中醫藥智慧，在新時代中持續發展、走向世界。

敬祝「2026 第三屆全球中醫藥學術大會」圓滿成功，祝各位海內外中醫藥同道身體健康、交流豐碩、萬事如意，全球中醫藥事業蓬勃發展。

謝謝大家！



全球中醫藥醫學會聯合會理事長
第三屆全球中醫藥學術大會主席
大會主席 林源泉

9/12(六)

203廳

AI在中醫藥臨床應用研討會

時 間	主 題 Topic / 主 講 人 Presenter
09:00-09:20	大會開幕及來賓致詞 Grand Opening 主持人：全球中醫藥醫學會聯合會 / 張立德 副秘書長
09:20-10:10	從天然物化學到分子網絡與 AI 整合代謝體學與機器學習的中藥活性成分探索平台：品質鑑別、活性優選、機制探討 衛福部國家中醫藥研究所中藥化學研究組 / 盧重光教授
10:10-11:00	人工智慧於修格蘭氏症及乾眼症之多模態評估 國立陽明交通大學傳統醫藥研究所 / 張清賢副教授
11:00-11:50	醫療院所應用人工智慧之治理原則 臺北醫學大學人文暨社會科學院 / 醫療暨生物科技法律研究所 / 李崇僊院長
12:00-16:30	台灣AI智能中西牙醫整合醫學學會 成立大會

9/12(六)

205廳

第二屆中藥現代化論壇

時 間	主 題 Topic / 主 講 人 Presenter
09:00-09:20	大會開幕及來賓致詞 Grand Opening 主持人：中國醫藥大學中國藥學暨中藥資源學系 / 張文德 教授
09:20-10:20	臺灣中藥之品質管制 中國醫藥大學中國藥學暨中藥資源學系 / 張永勳 教授
10:20 - 11:10	藥學視角下的中醫藥應用與品質管理：臨床安全與療效評估 臺北醫學大學藥學系 / 王靜瓊教授
11:10 - 12:00	中藥理化鑑別 衛生福利部國家中醫藥研究所 / 廖家慶副研究員
12:00 - 13:30	中午休息 主持人：中國醫藥大學中國藥學暨中藥資源學系 / 張永勳 教授
13:30 - 14:10	中藥資源開發與品質提升：推動現代中藥科學化發展 中國醫藥大學中國藥學暨中藥資源學系系主任 / 張文德 教授
14:10 - 15:10	臺灣市售易混淆中藥之探討 弘光科技大學護理系 何玉鈴 副教授

時 間

主 題 Topic / 主 講 人 Presenter

主持人：臺北醫學大學藥學系 / 王靜瓊 教授

15:10 – 15:50

台灣現代中藥行轉型之路 – 華陀扶元堂

華陀扶元堂生藥科技股份有限公司/朱溥霖 董事長

15:50 – 16:30

台灣現代中藥行轉型之路 – 登義DenYi

登義參藥行吳孟宸/營運長

16:30 – 17:10

中藥產業現況分析

中華民國中藥商業同業公會全國聯合會/謝慶堂 理事長

9/13(日) 201廳

全球中醫藥大健康論壇

時 間

主 題 Topic / 主 講 人 Presenter

09:00 – 10:00 大會開幕及來賓致詞 Grand Opening

主持人：全球中醫藥醫學會聯合會理事長 大會主席 / 林源泉 理事長
中國醫藥大學董事 / 孫茂峰 特聘教授

10:00 – 10:40

從台灣清冠一號發展看 21 世紀中醫藥願景與挑戰
衛生福利部中醫藥司前司長/黃怡超教授

10:40 – 11:20

韓醫學 2050：韓國韓醫研究院的過去現在及未來展望

韓國科學技術翰林院院士、韓國韓醫藥研究院院長/高成奎教授

11:20 – 12:00

智慧中醫藥對抗失智症：從天然多酚到精準標的
國際東洋醫學會榮譽總會長 / 陳旺全講座教授

11:20 – 12:40

智慧醫療與創新科技在資訊安全的實務挑戰與未來機會

中央研究院資訊創新科技研究中心主任、行政院數位發展部前部長/黃彥男教授

12:40 – 13:30

中午休息

主持人：國際東洋醫學會前總會長 / 陳旺全 講座教授

13:30 – 14:10

健康臺灣深耕計畫下的中醫藥新願景：

從在地照護到全齡健康-以肌少症計畫為例

中華民國中醫師公會全國聯合會名譽理事長/孫茂峰特聘教授

14:10 – 14:50

NRICM201 改善認知功能之臨床實證研究

衛生福利部國家中醫藥研究所 / 蕭永基研究員

主持人：台灣中醫醫學教育學會理事長 / 林宜信 教授

14:50 – 15:30

近二十年臺灣中醫方藥臨床研究之回顧

中國醫藥大學中西醫結合研究所/張恒鴻特聘教授

15:30 – 16:10

從針灸到神經免疫：中醫周邊感覺神經免疫調控平台的建構

中國醫藥大學中醫學院/副院長陳易宏教授

16:10 – 16:50

我們可以為台灣的癌症防治做些什麼？

中國醫藥大學前校長/中央研究院院士/洪明奇講座教授

9/13(日)

301廳

中醫藥與針灸在急重症的應用論壇

時 間

主 題 Topic / 主 講 人 Presenter

09:50 – 10:10 大會開幕及來賓致詞 Grand Opening

主持人：全球中醫藥醫學會聯合會常務監事 / 胡文龍 教授

10:10 – 10:50 血液腫瘤疾病的中醫藥輔助治療

台北榮民總醫院傳統醫學部 / 龔彥穎部主任

10:50 – 11:30 中西醫結合與葛森療法治療攝護腺癌骨轉移之臨床實證研究

台中慈濟醫院中西整合治療中心副主任 / 王人澍教授

主持人：全球中醫藥醫學會聯合會副理事長 / 洪裕強 院長

11:30 – 12:10 針灸及中醫藥在重症照顧中的角色：臨床經驗與案例

林口長庚紀念醫院中醫部針灸科主任 / 陳玉昇主任

12:10 – 12:40 一次見效的針刺療法

美國加州聯合針灸公會理事長 / 李安岳博士

12:40 – 13:30 中午休息

主持人：全球中醫藥醫學會聯合會副理事長 蔡嘉一部主任

13:30 – 14:00 雷射針灸於早期療育之科學實證與臨床應用

台北馬偕紀念醫院中醫部 / 張絜閔主任

14:00 – 14:30 心導管術後慢性放射性皮膚損傷之中醫治療：個案報告

臺中榮總傳統醫學部 / 江佩蓉主治醫師

14:30 – 15:00 中醫針灸於長照機構之應用

台大醫院北護分院護理之家、初蘊中醫診所 / 褚衍強院長

主持人：全球中醫藥醫學會聯合會理事 / 陳俊良教授

15:10 – 15:40 小柴胡湯衍生方治療乳癌

臺北市立聯合醫院林森中醫昆明院區 / 廖麗蘭主任

15:40 – 16:10 雷射針灸與光生物調節在老年性黃斑部病變中的應用

歐洲雷射學會會長 / Dr. Michael Weber 教授※

16:10 – 16:40 雷射針灸治療頑固性疼痛

高雄長庚紀念醫院中醫針灸科主任 / 胡文龍教授

9/13(日)

401廳

國際經方臨床應用論壇

時 間

主 題 Topic / 主 講 人 Presenter

09:50 – 10:00 大會開幕及來賓致詞 Grand Opening

主持人：財團法人張仲景文教基金會 / 張閔運 執行長

10:00 – 10:50 經方的研究與臨床教育是中醫發展的重要契機

中國醫藥大學中醫學院前副院長 / 張東迪教授

註記※用視訊或錄影發表專題

9/13(日) 401廳

國際經方臨床應用論壇

時 間	主 題 Topic / 主 講 人 Presenter
10:50 – 11:40	黃連阿膠湯辨治老年危重症心悸 廣州中醫藥大學傷寒論博導 / 李賽美教授 ※
11:40 – 12:30	攝護腺癌 (Prostate cancer) 之攝護腺特異性抗原 (Prostate-Specific Antigen, PSA) 上升之經方治療臨證體悟 中國醫藥大學附設醫院中醫部一品堂豐原中醫診所 / 張永明院長
12:30 – 13:00	仲景麻黃劑運用舉隅 北京中醫藥大學中醫臨床基礎專業博導 / 陳明教授※
13:00 – 13:30	中午休息
	主持人：全球中醫藥醫學會聯合會副理事長 / 徐慧茵 副理事長
13:30 – 14:20	使用移光定位針灸配合經方術數用藥治療大腦相關疾病 美國加州五系中醫藥大學副校長 / 吳奇教授※
14:20 – 15:10	經方蟲類藥於婦科病證之應用 愛群醫療集團總院長 / 賴榮年教授
15:10 – 16:00	經方在腎臟疾病應用 天津南開醫院副院長、太湖學院創辦人 / 吳雄志教授 ※
	主持人：全球中醫藥醫學會聯合會 常務理事/謝福德院長
16:00– 16:50	內分泌卵巢代謝症候群心悸 中華民國中醫婦科醫學會創會理事長 / 徐慧茵院長

9/13(日) 205廳

中醫藥實證研究成果發表研討會

時 間	主 題 Topic / 主 講 人 Presenter
09:50 – 10:00	大會開幕及來賓致詞 Grand Opening 主持人：全球中醫藥醫學會聯合會理事 / 陳光偉 教授
10:00 – 10:30	紅麴治療高脂血症的臨床實證研究 台北市立聯合醫院林森中醫昆明院區院長/洪裕強教授
10:30 – 11:00	整合中西醫治療修格蘭氏症及乾眼症 臺北榮民總醫院傳統醫學部整合醫學科/張清賢副教授
11:00 – 11:30	中醫失智與失能的臨床治療與研究 台灣中醫家庭醫學醫學會理事長林舜毅/助理教授
11:30 – 12:00	針刺治療慢性腎衰竭的臨床經驗 台北市立聯合醫院和平院區泌尿科主治醫師/陳證文醫師
12:00 – 12:30	熱療與電針治療發炎性疼痛小鼠模型之協同效應 馬來西亞太醫院傳統醫學聯合門診總院長/張文開教授
12:30 – 13:00	中午休息

時 間	主 題 Topic / 主 講 人 Presenter
主持人：全球中醫藥醫學會聯合會常務監事 / 陳朝宗 主任	
13:00 – 13:30	全球醫療性刺青與中醫針灸起源之比較研究 天主教若瑟醫院中醫科主任/杜逸龍醫師
13:30 – 14:00	雷射針灸作為偏頭痛預防性治療之經驗及隨機分派試驗 臺中榮總傳統醫學部/吳奐昀主治醫師、臺中榮總神經內科主任/周啟庠醫師
14:00 – 14:30	中醫藥協助呼吸衰竭住院病人脫離呼吸器的經驗探討 奇美醫學中心中醫部顧問醫師/許堯欽博士
14:30 – 15:00	腫瘤免疫微環境與中醫藥抗癌新策略 廣州中醫藥大學博士後研究員 深圳市寶安中醫院/張帆研究員
全球中醫藥醫學會聯合會副理事長/洪裕強院長	
15:00 – 15:30	「功能性內皮儲備」的臨床啟示： 稜鏡效應顏面針法改善白內障術後角膜內皮失代償之個案報告 中華經絡美容醫學會理事長/方志男醫師
15:30 – 16:00	中藥複方對乾眼症動物實驗的療效研究 門諾醫院中醫科主任/楊成湛助理教授
16:00 – 16:30	Integrated Experimental, Network Pharmacology, and AI-Assisted Molecular Design of DiethylPhthalate Isolated from <i>Sepioteuthis lessoniana</i> Ink for Ovarian Cancer Therapy Professor Sital Khandelwal Department of Animal Health and Management, Alagappa University, INDIA
16:30 – 17:00	溫氏現代針灸輔助極低 AMH 女性凍卵成功之病例報告： 生殖內分泌變化與取卵結果觀察 基隆生基生殖中心中醫院院長/劉夢薇醫師

9/13(日) 402D廳

中藥產業升級論壇

時 間	主 題 Topic / 主 講 人 Presenter
10:00-10:20	大會開幕及來賓致詞 Grand Opening
主持人：臺灣製藥工業同業公會監事長 / 李威著 教授	
10:20-10:40	從傳統製藥到智慧製造：中藥產業升級展望 臺灣製藥工業同業公會監事長、勝昌製藥廠股份有限公司總經理 / 李威著教授
10:40-11:40	台灣十大名中藥廠 專家報告
11:40-12:00	綜合討論、頒獎

9/13(日) 402D廳

中醫國際醫療服務研討會

時 間

主 題Topic / 主 講 人Presenter

13:30 – 14:00 大會開幕及來賓致詞 Grand Opening

主持人：全球中醫藥醫學會聯合會理事 / 黃碧松 醫師

14:00 – 14:20 從喜馬拉雅山到世界：長庚中醫的不丹義診之路
長庚紀念醫院中醫部/黃澤宏部長

14:20 – 14:40 越南國際醫療合作與教學傳承實務分享
臺北榮總傳統醫學部/彭溫雅醫師

14:40 – 15:00 印尼民丹島中醫保健醫學活動
義大醫療中醫部/張瑋純醫師

15:00 – 15:20 馬光醫療網，讓愛無國界：尼泊爾義診行
馬光醫療網信義院區/陳宜民醫師

15:20 – 15:40 從中醫到全球醫療：中醫師建構國際醫療中心之實務經驗
天主教耕莘醫院國際醫療中心中醫科/黃書濤主任

15:40 – 16:00 臺中醫院西非醫療合作實務分享
衛生福利部臺中醫院中醫科/楊士樑主任

16:00 – 16:20 明醫懷恩堂醫療宣教隊：馬來西亞與印尼婆羅洲中醫偏鄉之愛
明醫懷恩堂醫療網/黃英傑總院長

16:20 – 16:40 超越診間：從翻譯志工的生命故事看柬埔寨義診
台北慈濟醫院中醫部/廖振凱醫師

16:40 – 17:00 看見需要，跨國傳愛：門諾中醫的孟加拉義診之路
門諾醫院中醫科/楊成湛主任

17:00 – 17:10 綜合討論、頒獎

2026 第三屆全球中醫藥學術大會

3rd Global Traditional Chinese Medicine Academic Conference 2026 Annual Report

大會時間：2026 年 9 月 12 日（星期六）、9 月 13 日（星期日）

大會地點：台北市中正區徐州路 2 號／台大醫院國際會議中心

大會主題：中醫藥科技與國際結合展望 — 全球中醫藥大健康論壇

指導單位：衛生福利部

主辦單位：全球中醫藥醫學會聯合會

合辦單位：中華民國中醫內科醫學會、中華民國中醫婦科醫學會、中華民國中醫兒科醫學會、台灣中醫兒童暨青少年科醫學會、中華黃庭醫學會、中華針灸醫學會、台灣針刀醫學會、台灣中醫家庭醫學醫學會、財團法人張仲景文教基金會、中華民國中藥商業同業公會全國聯合會、臺灣製藥工業同業公會、台灣 AI 智能中西牙醫整合醫學學會（籌備會）。

協辦單位：新北市中醫師公會、基隆市中醫師公會、宜蘭縣中醫師公會、桃園市中醫師公會、新竹市中醫師公會、台中市中醫師公會、雲林縣中醫師公會、大台南中醫師公會、台南市中醫師公會、大高雄中醫師公會、屏東縣中醫師公會、花蓮縣中醫師公會、中華民國中醫內科醫學會、中華民國中醫婦科醫學會、中華民國中醫兒科醫學會、台灣中醫兒童暨青少年科醫學會、台灣中醫男科學會、台灣顏面針灸醫學會、台灣針刀醫學會、中華針灸醫學會、台灣浮針醫學會、台灣醫事法律學會、台灣鳳陽門正骨醫學會、台灣中醫疼痛醫學會、台灣中醫美容醫學會、台灣中醫皮膚科醫學會、中華民國傳統醫學會、中華中醫學會、台灣中醫醫學會、中華民國中西結合神經醫學會、台灣中西醫結合復健醫學會、中華經絡美容醫學會、莊氏新頭針醫學會、世界董氏奇穴針灸學會、臺北市立聯合醫院中醫醫學部、中國醫藥大學附設醫院、中國醫藥大學中醫學院（中醫學系、學士後中醫學系、中國藥學暨中藥資源學系）、林口長庚紀念醫院北院區中醫部、長庚大學中醫學系、義守大學義大醫院中醫部、義守大學學士後中醫學系、花蓮慈濟醫學中心中醫部、慈濟大學學士後中醫學系、國立陽明交通大學中醫學系、財團法人中國醫藥研究發展基金會、財團法人張仲景文教基金會，以及國外 16 個結盟中醫藥公會團體。

一、大會議程

二、全球中醫藥學術大會

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AI 在中醫藥臨床應用研討會

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912-203-1 C

從天然物化學到分子網絡與 AI 整合代謝體學與機器學習的中藥活性成分探索平台： 品質鑑別、活性優選、機制探討

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摘要

從天然物化學到分子網絡與 AI

整合代謝體學與機器學習的中藥活性成分探索平台：品質鑑別、活性優選、
機制探討

傳統中藥提供了複雜且豐富的有效成分，以中藥益母草為例，展示整合非標定 LC-MS/MS、分子網路、AI 輔助標靶預測與機器學習的平台。鑑別上，即使傳統指標成分（益母草鹼、水蘇鹼）無差異，分子網路仍能區辨台灣與越南來源及不同藥用部位，建立藥用部位專一化學型以利品管；XGBoost 抗衰老模型篩選代謝體，四個預測化合物中三個（環益母草 D/B、樺木酸）對衰老 IMR-90 細胞具選擇性活性，對接指出 cyclophilin 與 Na⁺/K⁺-ATPase 機制；機制上，細胞代謝體學與對接顯示 Leonurusoleanolide J 為 HK2/G6PD 雙重抑制劑，驅動肝癌 DNAJA3 相關粒線體凋亡。此平台提供可推廣的「化學到 AI」天然物新藥發現流程。

From Natural Product Chemistry to Molecular Networking and AI An Integrated Metabolomics–Machine Learning Platform for Bioactive Discovery from Medicinal Herbs: Authentication, Prioritization, and Mechanistic Exploration

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Abstract

Traditional Chinese medicine provides a complex and rich reservoir of bioactive constituents. We present an integrated metabolomics and machine learning platform that couples untargeted LC-MS/MS, molecular networking, in silico target prediction, and ML classification, demonstrated on the medicinal herb *Leonurus japonicus* (Yimucao). For authentication, molecular networking distinguished between Taiwan/Vietnam origins and botanical parts, even when classical markers (leonurine, stachydrine) were identical, thereby defining organ-specific chemotypes for quality control. For prioritization, an XGBoost senolytic classifier screened the metabolome; three of four predicted compounds (cycloleonin peptide D/B, betulinic acid) showed selective senolytic activity against senescent IMR-90 cells, with docking suggesting mechanisms involving cyclophilin and Na⁺/K⁺-ATPase. For mechanistic exploration, cellular metabolomics and docking analyses revealed Leonurusoleanolide J as a dual HK2/G6PD inhibitor that drives DNAJA3-associated mitochondrial apoptosis in liver cancer. The platform offers a generalizable chemistry-to-AI pipeline for accelerating natural-product discovery.

912-203-2 C

人工智慧於修格蘭氏症及乾眼症之多模態評估

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摘要

人工智慧於修格蘭氏症及乾眼症之多模態評估

修格蘭氏症與乾眼症臨床表現具有高度異質性，單一檢查往往難以完整反映患者的眼部症狀、全身狀態及中醫證候。本研究整合人工智慧舌象辨識、眼乾量表及體質量表，建立修格蘭氏症與乾眼症之多模態評估架構。透過舌色、舌苔、舌形及裂紋等影像特徵，結合眼部症狀嚴重度與中醫體質分型，分析不同疾病族群之特徵差異與相關性。研究期望提升修格蘭氏症及乾眼症的早期辨識與分層能力，並提供客觀化中醫診斷及個人化整合醫療之應用基礎。

關鍵詞：修格蘭氏症、乾眼症、人工智慧、舌象分析、中醫體質、多模態評估

Multimodal Assessment of Sjögren's Syndrome and Dry Eye Disease Using AI-Based Tongue Analysis and Traditional Chinese Medicine Constitution

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Abstract

Sjögren's syndrome and Dry Eye Disease are characterized by highly heterogeneous clinical manifestations, and a single assessment tool is often insufficient to comprehensively reflect patients' ocular symptoms, systemic conditions, and traditional Chinese medicine patterns. This study integrates artificial intelligence-based tongue image analysis, the Dry Eye-related Questionnaire and the Traditional Chinese Medicine Constitution to establish a multimodal assessment framework for Sjögren's syndrome and dry eye disease. Tongue image features, including tongue color, tongue coating, tongue shape, and fissures, are combined with the severity of ocular symptoms and the traditional Chinese medicine constitution types to investigate characteristic differences and correlations among different disease groups. This approach is expected to improve the early identification and clinical stratification of Sjögren's syndrome and dry eye disease, while providing a foundation for the objectification of traditional Chinese medicine diagnosis and the development of personalized integrative medical care.

Keywords: Sjögren's syndrome; dry eye disease; artificial intelligence; tongue image analysis; traditional Chinese medicine constitution; multimodal assessment

醫療院所應用人工智慧之治理原則

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摘要

有鑑於醫療院所近年普遍應用人工智慧在輔助診斷治療及臨床流程管理，主管機關陸續頒佈相關指引，促進醫療院所正確使用人工智慧及健全風險治理。除食藥署已頒佈人工智慧軟體醫材之查驗登記相關技術指引外，衛福部亦已頒佈生成式人工智慧應用指引。本次演講以衛福部之生成式人工智慧應用指引為主題，闡述其重視之風險治理原則及醫療院所在實踐上可採行之管理策略。

Governance Principles for the Application of Artificial Intelligence in Healthcare Institutions

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Abstract

In recent years, healthcare institutions have widely adopted artificial intelligence to assist in diagnosis and treatment as well as clinical workflow management. In response, competent authorities have successively issued relevant guidelines to promote the appropriate use of artificial intelligence in healthcare institutions and to establish sound risk governance. In addition to the technical guidelines issued by the Taiwan Food and Drug Administration for the registration and market approval of artificial intelligence-based software as a medical device, the Ministry of Health and Welfare has also issued guidelines on the application of generative artificial intelligence. This presentation focuses on the Ministry of Health and Welfare's guidelines on the application of generative artificial intelligence, explaining the risk governance principles emphasized therein and the management strategies that healthcare institutions may adopt in practice.



第二屆中藥現代化論壇

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臺灣中藥之品質管制

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摘要

本報告將對台灣中藥典第二版、第三版及第四版(中英文版)，台灣中藥典圖鑑，市售易誤用混用中藥品種圖鑑之編修。藥典中藥檢驗規格之方法開發，包括性狀鑑別、顯微鑑別、薄層層析(TLC)、高效液相層析(HPLC)等。異常物質限量也將加以討論。

作者也分享自 2011 年起應邀參加香港衛生署中藥材標準化計畫之研究，也分享參與美國藥典 USP 草藥彙編東亞專家小組委員(EP)及美國藥典 USP 植物膳食補充及中草藥專家委員會委員(EC)的經驗，也分享歐洲藥典(EDQM)中藥工作小組之經驗。

關鍵詞：中藥、品質管制、臺灣中藥典

Quality Control of TCM in Taiwan

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Abstract

Traditional Chinese Medicine has been very popular in Taiwan in the past. TCM was incorporated in the National Insurance since 1995. Currently, TCM only accounts for less than 4% of total National Health Insurance annual budget.

By September 30, 2006, all herbal pharmaceutical companies in Taiwan were upgraded to GMP standard. Currently there are 78 GMP herbal pharmaceutical companies in Taiwan. Among them, 38 produce extracted granule preparations. All pharmaceutical companies will be upgraded to PIC/S GMP in 2028.

In this paper, the compilation of Taiwan Herbal Pharmacopeia (THP) (II, III, IV) (Both Chinese and English), Color illustrations of THP, Illustrations of Commonly Misused Chinese Crude Drug Species in Taiwan, etc., will be covered. The method development of microscopic identification, TLC and HPLC will be introduced. The safety limit of sulfur dioxide residue, heavy metal contents, Organochlorine pesticides residues and aflatoxins will also be discussed.

The authors also like to share some of the works they did in the Hong Kong Chinese Materia Medica Standard Project since 2011. The work in USP Herbal Medicine Compendium, USP Botanical Dietary Supplements and Herbal Medicine Expert Committee and EDQM TCM Working Party, European Pharmacopeia will also be shared.

Keywords: traditional Chinese medicine; quality control; Taiwan Herbal Pharmacopeia

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中醫藥在甘肅的傳承、創新與發展

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摘要

中醫藥學包含中華民族數千年的健康養生概念及實踐經驗，是中華文明的瑰寶。推動中醫藥傳承創新發展，不僅攸關人民健康福祉，更關乎文化自信的涵養與民族精神的弘揚。甘肅作為中國西部中醫藥大省，歷史累積深厚，道地藥材資源豐富，應立足自身優勢，遵循中醫藥發展規律，堅持守正創新，走出一條具有甘肅特色的中醫藥高品質發展之路。運用現代科學技術豐富發展中醫藥。要依托現代製藥技術開發適應現代生活方式的中藥產品，利用人工智慧等新技術輔助辨證論治，加強中藥品質控制技術研究，推動品質評估從單純檢測化學成分向綜合評估生物活性延伸，加速建立符合中醫藥特性的品質標準體系。

優化事業格局，建構中西醫互補的健康醫療服務體系。甘肅將繼續推動中醫藥事業、產業、文化「三位一體」高質量發展，擦亮「厚道甘肅·道地隴藥」品牌，為健康中國建設作出更大貢獻，造福人類的健康！

Inheritance, Innovation, and Development of Traditional Chinese Medicine in Gansu

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Abstract

Traditional Chinese Medicine (TCM) encompasses thousands of years of health and wellness concepts and practical experience of the Chinese nation and is a treasure of Chinese civilization. Promoting the inheritance, innovation, and development of TCM not only concerns the health and well-being of the people, but also relates to fostering cultural confidence and carrying forward the national spirit. As a major province of TCM in western China, Gansu has a profound historical foundation and abundant resources of authentic medicinal materials. It should build upon its own strengths, follow the principles governing the development of TCM, uphold fundamental principles while pursuing innovation, and establish a path toward high-quality TCM development with distinctive Gansu characteristics. Modern science and technology should be utilized to enrich and advance TCM. Modern pharmaceutical technologies should be employed to develop Chinese medicine products suited to contemporary lifestyles, while new technologies such as artificial intelligence should be used to assist syndrome differentiation and treatment. Research on quality control technologies for Chinese medicines should be strengthened, promoting the extension of quality evaluation from the simple detection of chemical constituents to the comprehensive assessment of biological activity, and accelerating the establishment of a quality standards system consistent with the characteristics of TCM.

The overall development framework should be optimized to establish a healthcare service system in which Traditional Chinese Medicine and Western medicine complement each other. Gansu will continue to promote the high-quality, integrated development of TCM healthcare, industry, and culture, further enhance the brand of “Honest Gansu · Authentic Long Medicines,” make greater contributions to the Healthy China initiative, and benefit human health!

Translated by the Conference Organizing Committee

912-205-3 C

藥學視角下的中醫藥應用與品質管制： 臨床療效與安全評估

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國際東洋醫學會 (ISOT) 理事

摘要

中醫藥具有長期的臨床經驗，而從現代藥學視角而言，中藥因來源、產地、採收、炮製及製程等因素影響，其品質一致性、療效再現性與安全風險仍有待建立更完善的科學評估與管控體系。本演講將探討中藥由傳統經驗走向實證應用的轉譯歷程，內容涵蓋藥材鑑別、化學組成分析及人工智慧輔助品質管制，並以天然物研究案例說明從活性成分、藥理機轉、動物試驗至人體研究的療效證據建構。同時探討電腦模擬毒理於安全風險評估應用，期望建立「品質可控、療效可證、安全可評」的中醫藥現代藥學架構，促進其科學化、標準化與合理臨床應用。

關鍵詞：中醫藥、品質管制、臨床療效、安全評估

A Pharmaceutical Perspective on Traditional Chinese Medicine: Quality Control, Clinical Efficacy, and Safety Assessment

Ching-Chiung Wang

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Professor, School of Pharmacy, Taipei Medical University

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Expert Member, Group 13B, European Pharmacopoeia Commission

Member, TCM Preparations Panel, Ministry of Health and Welfare (2007–present)

Abstract

Traditional Chinese medicine (TCM) has a long history of clinical use. From the perspective of modern pharmaceutical sciences, however, variations in botanical sources, geographical origins, harvesting conditions, processing, and manufacturing procedures may affect the consistency of quality, reproducibility of efficacy, and safety of Chinese medicines. Therefore, more systematic scientific approaches to evaluation and quality control are needed. This presentation will discuss the translational pathway of Chinese medicines from traditional experience to evidence-based application, covering herbal authentication, chemical profiling, and artificial intelligence-assisted quality control. Natural product research will be used to illustrate the development of efficacy evidence from active constituents and pharmacological mechanisms to animal studies and human investigations. The application of in silico toxicology to safety and risk assessment will also be addressed. Ultimately, this presentation aims to establish a modern pharmaceutical framework for TCM characterized by controllable quality, demonstrable efficacy, and assessable safety, thereby promoting its scientific development, standardization, and rational clinical use.

Keywords: traditional Chinese medicine; quality control; clinical efficacy; safety assessment

中藥制劑的應用與發展

邵新

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原山東中醫藥學會中醫藥制劑專業委員會委員

摘要

中醫藥作為重要的醫療資源，憑藉其多樣化的劑型優勢——湯劑吸收迅速、丸散緩釋持久、顆粒劑方便攜帶、膏方滋補綿長——在調養體質、輔助慢病管理方面發揮著日益重要的作用。膏方作為傳統制劑中的「貴族」，以「一人一方、量身定制」為特色，藥味較多、濃煎成膏，兼具治療與滋補雙重功效。本次宣講將圍繞中藥制劑的核心工藝、質量標準與現代應用展開，重點分享膏方的制備要點與臨床應用心得。

Application and Development of Traditional Chinese Medicine Preparations

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Abstract

As a vital healthcare resource, Traditional Chinese Medicine (TCM) plays an increasingly prominent role in constitution conditioning and chronic disease management, leveraging the unique advantages of its diverse dosage forms—decoctions for rapid absorption, pills and powders for sustained release, granules for portability, and herbal pastes (Gaofang) for long-term nourishment. Regarded as the "aristocrat" among traditional preparations, Gaofang is characterized by customized formulas tailored to individual health conditions. Prepared through long-time concentrated decoction of multiple ingredients, it serves a dual therapeutic and tonic purpose. This presentation focuses on the core processing techniques, quality standards, and modern applications of TCM preparations, with a specific emphasis on key preparation protocols and clinical insights regarding Gaofang.

中藥理化鑑別

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中藥材發展組 副研究員

摘要

中藥材正確鑑別是確保臨床用藥安全、品質一致性及療效的重要基礎，其中，其中理化鑑別為中藥品質管制的重要環節，藉由說明藥典相關規範與常用試驗方法，如薄層層析、高效液相層析及質譜分析等技術在雜質與污染物評估、指標成分確認、化學指紋建立及整體品質評估上的應用，並介紹國家中醫藥研究所建置之中藥品質分析資料庫。此外，將透過實際案例，探討正品及誤混品的差異，提升中藥鑑別與品質管制的基本概及實務應用能力。

關鍵詞：中藥、理化鑑別、品質管制

Physicochemical Identification and Authentication of Traditional Chinese Medicine

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Associate Research Fellow*

Abstract

Accurate identification of traditional Chinese medicines (TCM) is fundamental to ensuring clinical safety, consistent quality, and therapeutic efficacy. Physicochemical identification is an essential component of quality control for TCM. This presentation will introduce relevant pharmacopoeial requirements and commonly used analytical methods, with emphasis on the applications of TLC, HPLC, and MS in the evaluation of impurities and contaminants, identification of marker compounds, establishment of chemical fingerprints, and overall quality assessment. The qaTCM database established by the National Research Institute of Chinese Medicine (NRICM) will also be introduced. In addition, practical cases will be presented to illustrate the physicochemical differences between authentic and mistakenly substituted materials, thereby enhancing the fundamental knowledge and practical skills of professionals involved in the identification and quality control of TCM.

Keywords: traditional Chinese medicine; physicochemical identification; quality control

912-205-6 C

中藥資源開發與品質提升：推動現代中藥科學化發展

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中國醫藥大學立夫中醫藥博物館 副館長

摘要

中藥產業正面臨全球供應鏈變動、藥材品質不一、資源依賴進口及產業轉型等多重挑戰。臺灣具備豐富的植物資源、完整的中醫藥學術研究能量與成熟的生技產業基礎，如何將這些優勢轉化為具有自主性與競爭力的中藥資源，是推動產業現代化的重要課題。本演講將從臺灣中藥資源開發出發，探討特色藥用植物、種源、栽培與加工等資源的整合，並進一步結合傳統本草鑑識與現代分析技術，建立科學化、標準化的品質管控模式。同時，透過產官學協作，串聯藥農、產業、研究機構與政府部門，建構從種源、生產、加工、檢驗到產品開發的全生命週期品質管理與數位追溯機制。最終提出「資源自主化、品質科學化、供應鏈數位化、產品現代化」的發展方向，打造具有臺灣特色、符合國際標準的現代中藥產業。

關鍵詞：中藥資源、品質管理、數位追溯、產業現代化

Development of Traditional Chinese Medicinal Resources and Quality Enhancement: Advancing the Scientific Modernization of Traditional Chinese Medicinals

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Deputy Curator, Lifu Museum of Chinese Medicine, China Medical University, Taiwan

Abstract

The traditional Chinese medicine (TCM) industry is facing multiple challenges, including disruptions in global supply chains, variations in the quality of medicinal materials, dependence on imported resources, and the need for industrial transformation. Taiwan possesses rich botanical resources, a strong academic foundation in TCM research, and a well-developed biotechnology sector. How to transform these strengths into autonomous and competitive TCM resources is therefore a critical issue in advancing the modernization of the industry. This presentation explores the development of TCM resources in Taiwan, focusing on the integration of medicinal plants, germplasm resources, cultivation, and processing. It further examines how traditional materia medica knowledge and identification methods can be integrated with modern analytical technologies to establish scientific and standardized approaches to quality control. Through collaboration among industry, government, and academia, the presentation proposes connecting farmers, industry, research institutions, and government agencies to build a full life-cycle quality management and digital traceability system covering germplasm, production, processing, testing, and product development. Ultimately, it proposes a development framework centered on resource self-reliance, scientific quality management, digitalized supply chains, and modernized products, with the goal of building a modern TCM industry rooted in Taiwan and aligned with international standards.

Keywords: TCM resources; quality management; digital traceability; modernization

臺灣市售易混淆中藥之探討

何玉鈴

弘光科技大學護理系副教授
臺灣中藥典檢驗規格組計畫主持人

摘要

中藥自古流傳至今已有數千年的歷史，其品種繁雜，加上各地域相沿襲用之藥材名稱和使用習慣差異，造成中藥材同物異名、同名異物及品種混亂現象普遍，直接影響到藥材品質及用藥安全，因此中藥材真偽辨識為品質管制之第一防線。中藥藥材取自動物、植物及礦物等天然物，易受產地、栽種、採收時期及貯存條件影響，致使藥材的品質差異性大。中藥材之真偽及優劣直接影響到化學成分、藥理作用等研究的科學性和臨床應用之正確性及療效，為了保證中藥材的使用安全，強化中藥專業人才藥材鑑定能力，運用性狀鑑別、組織鏡檢及化學鑑定方法，澄清品名，制定鑑別標誌，以求基原正確明晰，互不混淆。

關鍵詞：中藥材、真偽鑑別、品質管制

The Compilation of Color Illustration of Taiwan Herbal Pharmacopeia

Yu-Ling HO

Associate Professor, Department of Nursing, Hungkuang University

Principal Investigator, Testing Specification Subcommittee, Taiwan Herbal Pharmacopoeia

Abstract

Traditional Chinese medicine has been passed down for thousands of years and encompasses a wide variety of medicinal materials. Differences in the names and customary uses of medicinal materials across regions have resulted in the widespread occurrence of multiple names for the same substance, different substances sharing the same name, and confusion among varieties. These issues directly affect the quality and safety of medicinal materials. Therefore, the authentication and identification of Chinese medicinal materials constitute the first line of defense in quality control.

Chinese medicinal materials are derived from natural sources, including animals, plants, and minerals, and are readily affected by factors such as geographical origin, cultivation, harvesting period, and storage conditions, resulting in considerable variations in quality. The authenticity and quality of Chinese medicinal materials directly affect the scientific validity of research on their chemical constituents and pharmacological effects, as well as the accuracy and therapeutic efficacy of their clinical applications. To ensure the safe use of Chinese medicinal materials and strengthen the identification capabilities of professionals in Chinese medicine, methods including macroscopic identification, microscopic examination, and chemical identification are employed to clarify nomenclature and establish identification characteristics, thereby ensuring that the botanical, zoological, or mineral origins are accurate and clearly defined, without confusion.

Keywords: Chinese medicinal materials; authentication; quality control

台灣現代中藥行轉型之路 - 華陀扶元堂

朱溥霖

華陀扶元堂董事長

摘要

華陀扶元堂的發展，展現了臺灣傳統中藥產業走向現代生技與品牌化經營的轉型歷程。其母集團國峰製藥早期以中藥材進出口及製藥為核心，累積原料採購、藥材鑑別與製程管理能力；2000 年成立華陀扶元堂後，逐步由上游原料供應者轉向面對消費者的漢方保健品牌。

面對健康觀念與消費型態改變，華陀扶元堂將傳統人參、燕窩、珍珠粉、龜鹿與四物等養生素材，轉化為膠囊、錠劑、粉包及機能飲品，並導入 GMP 生產、原料溯源、標準化製程與現代檢驗技術，使中藥產品更便利、更符合現代市場需求。此後，品牌進一步拓展益生菌、葉黃素與美容保健等領域，並透過電視購物及電子商務建立全國通路。疫情期間成為臺灣清冠一號授權製造廠，更象徵其由傳統藥材商，逐步轉型為結合製藥、生技研發、品牌行銷與國際市場的現代漢方企業。

關鍵詞：中藥材、中藥行轉型、標準化製、中藥檢驗技術

The Transformation Path of Modern Traditional Chinese Medicine Stores in Taiwan- Hua To Fu Yuan Tang

Pu-Lin Zhu

Abstract

The development of Hua To Fu Yuan Tang reflects the transformation of Taiwan's traditional Chinese medicine industry toward modern biotechnology and brand-oriented management. Its parent company, Kuo Feng Pharmaceutical Group, initially focused on the import and export of Chinese medicinal materials and pharmaceutical manufacturing, accumulating extensive expertise in raw material procurement, medicinal material authentication, and production process management. Following the establishment of Hua To Fu Yuan Tang in 2000, the company gradually evolved from an upstream raw material supplier into a consumer-oriented herbal healthcare brand.

In response to changing health awareness and consumer preferences, Hua To Fu Yuan Tang transformed traditional health-promoting ingredients—including ginseng, bird's nest, pearl powder, tortoise shell and deer antler preparations, and Si-Wu formulations—into capsules, tablets, powder sachets, and functional beverages. The company also introduced GMP-compliant production, raw material traceability, standardized manufacturing processes, and modern testing technologies, making traditional Chinese medicine products more convenient and better suited to contemporary market needs. It subsequently expanded into probiotics, lutein supplements, and beauty and wellness products while establishing nationwide distribution channels through television shopping and e-commerce. During the COVID-19 pandemic, the company became an authorized manufacturer of Taiwan Chingguan Yihau (NRICM101), marking its transformation from a traditional medicinal-material supplier into a modern herbal medicine enterprise integrating pharmaceutical manufacturing, biotechnology research and development, brand marketing, and international market expansion.

Keywords: Chinese medicinal materials; transformation of traditional Chinese medicine pharmacies; standardized manufacturing; testing technologies for Chinese medicines

台灣現代中藥行轉型之路 - 登義 Deng-Yi

吳孟宸

登義參藥行 營運長

摘要

面對現代生活型態與消費習慣的劇烈轉變，傳統中藥產業面臨的困境往往不在於藥材缺乏價值，而是中藥逐漸脫離了現代人的日常「使用場景」。許多傳統藥行在轉型初期，常誤以為年輕化僅是視覺包裝的重塑或進駐現代百貨通路；然而實務經驗顯示，硬體的更新僅是起點，若無法回答消費者「為什麼需要」的核心問題，仍難以形成持續的使用習慣。

傳統中藥行真正的轉型，核心在於重塑「中藥與現代人的關係」。本研究與演講從深耕業界十五年的實務實驗出發，提出三大落地策略：第一、產品提案化，將傳統方劑轉譯為現代生活易懂、易用的生活型態提案；第二、場域生活化，主動走出傳統藥街，走入百貨、觀光與多元文化場景創造日常接觸點；第三、關係現代化，將傳統藥行深厚的人情信任轉化為標準化、持續性的服務體驗。

本場演講亦將進一步探討轉型過程中的核心挑戰，包含傳統炮製與選材經驗的人才斷代、產業制度化與標準化門檻，以及如何從單點品牌創新走向整體中藥產業的共好與傳承，期望讓傳統漢方文化不再只是被保存，而是能真正成為下一代人願意持續使用的生活日常。

關鍵詞： 中藥行轉型、漢方生活化、品牌創新、文化傳承、使用場景

The Transformation Path of Modern Traditional Chinese Medicine Stores in Taiwan-Deng-Yi

Wu, Meng-Chen

Chief Operating Officer, Deng-Yi Chinese Medicine

Abstract

In the context of rapid shifts in modern lifestyles and consumer behavior, the fundamental challenge confronting the Traditional Chinese Medicine (TCM) retail sector is not a lack of inherent medicinal value, but rather the gradual disappearance of everyday "usage scenarios". In the early stages of modernization, many traditional dispensaries assume that revitalization merely entails aesthetic redesigns, packaging upgrades, or entering department store channels. However, practical market feedback demonstrates that hardware improvements alone cannot answer the essential consumer question: "Why do I need this in my daily life?"

The true transformation of modern TCM dispensaries lies in fundamentally reconstructing the relationship between traditional herbs and modern consumers. Drawing from fifteen years of hands-on industry practice and brand transformation, this presentation outlines three strategic pillars: (1) Product Translation: Transforming classical formulas into accessible, convenient lifestyle solutions; (2) Spatial Integration: Expanding beyond traditional apothecary streets into department stores and cultural venues to establish proactive lifestyle touchpoints; (3) Relationship Modernization: Converting traditional interpersonal trust into consistent, modern customer service systems.

Furthermore, the presentation addresses crucial structural challenges within the industry, including talent succession, the systematization and standardization of experiential knowledge, and the collaborative evolution of the TCM ecosystem. The ultimate objective is to ensure that TCM culture is not merely preserved as a historical relic, but actively embraced and sustained as an essential wellness habit by future generations.

Keywords: TCM Store Transformation, TCM Lifestyle, Brand Innovation, Cultural Succession, Usage Scenarios

中藥產業現況分析

謝慶堂

中華民國中藥商業同業公會全國聯合會 理事長

高雄市進出口商業同業公會 理事長

摘要

臺灣中藥產業發展歷史悠久，隨著社會環境、消費習慣及市場需求逐步改變，產業經營型態亦持續調整。本講座將從中藥產業目前的發展情形出發，介紹傳統中藥行的經營現況，以及人才培育、經營模式與市場需求等面向的變化，並分享產業在實務發展過程中的觀察與經驗。透過現況分析，進一步了解中藥產業所處的環境及發展趨勢，並思考如何在既有專業基礎上，因應時代變化，持續累積產業發展的能量。

Analysis of the Current Status of the Traditional Chinese Medicine Industry

Ching-Tang Hsieh

President, National Federation of Chinese Medicine Merchants Associations, R.O.C.

President, Kaohsiung Importers and Exporters Chamber of Commerce

Abstract

Taiwan's traditional Chinese medicine industry has a long history of development. As the social environment, consumer habits, and market demands have gradually changed, the industry's business models have also continued to evolve. This lecture will begin with the current development of the traditional Chinese medicine industry, introducing the present operating conditions of traditional Chinese medicine shops, as well as changes in talent cultivation, business models, and market demand. It will also share observations and experiences gained through the practical development of the industry. Through an analysis of the current situation, the lecture will provide a further understanding of the environment and development trends of the traditional Chinese medicine industry and explore how the industry can respond to changes of the times while building upon its existing professional foundation and continuously strengthening its capacity for future development.



全球中醫藥大健康論壇

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	201大會廳	Hall 201

913-201-1 C

從台灣清冠一號發展 看 21 世紀中醫藥願景與挑戰

黃怡超

國立陽明交通大學中醫學系教授

英國格拉斯哥大學臨床藥理所 / 博士 (1991)

摘要

報告就：(1) 世界衛生組織 (WHO) 制定的國際疾病分類 (International Classification of Diseases, ICD) 第十一次修訂本將傳統醫學納入 ICD-11 中之第二十六補充章節，於 2019 年 5 月通過，2022 年 1 月起正式生效；(2) 臺灣中醫藥發展法業於民國 2019 年 12 月 6 日立法院三讀通過，同年 12 月 31 日總統公布實施，該法已確立國家中醫藥發展之基本原則，建立臺灣中醫藥發展新的里程碑；(3) 2020-2023 年嚴重特殊傳染性肺炎 (COVID 19) 衝擊下，臺灣衛生福利部國家中醫藥研究所研發治療中藥「臺灣清冠一號」，衛生福利部於 2020 年 9 月至 2023 年 1 月核發「臺灣清冠一號濃縮顆粒」14 張外銷專用中藥藥品許可證於 GMP 中藥廠，將研發成果拓展至歐洲及新南向國家。亦因應國內疫情之需要，於 2021 年 5 月起核准 13 件國內專案製造該藥品，藥品類別為「須由醫師處方使用」，有效期限至 2023 年 6 月 30 日止。又於 2021 年 12 月訂頒「公費 COVID-19 治療用臺灣清冠一號申請補助方案」為提供 COVID-19 確診個案適當之中西醫整合醫療照護，公費補助「臺灣清冠一號」。經統計至 2023 年 5 月止，計有 1,515 家醫療機構提供約 180 萬人使用公費藥品，申報金額約新台幣 28 億元；以評估此契機與正向發展趨勢，並前瞻未來。

關鍵詞：世界衛生組織、中醫藥發展法、COVID-19、臺灣清冠一號

Prospect And Challenge of Chinese Medicine-Lesson of NRICM-101

Yi-Tsau Huang

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National Yang-Ming Chiao-Tung University, Taiwan*

Ph.D. , University of Glasgow, United Kingdom

Abstract

In this presentation, I will assess three recent developments of Chinese Medicine in Taiwan and world wide and provide some perspective on the future. (1) In May 2019, World Health Organization (WHO) issued the eleventh edition of International Classification of Diseases (ICD-11), with a supplementary chapter of traditional medicine, taking effects in January 2022. (2) In December 2019, the Legislative Yuan (Parliament) passed the Chinese Medicine and Pharmacy Development Act in Taiwan, and days later the President of Taiwan announced it as an edict. This is a policy landmark for Chinese Medicine, with mandate to support and strengthen Chinese medicine in Taiwan, mainly through the Ministry of Health and Welfare. (3) During the COVID-19 pandemic (2020-2023), Prof. Yi-Chang Su Director of National Research Institute of Chinese Medicine (NRICM), Ministry of Health and Welfare devised NRICM-101 (臺灣清冠一號) as a herbal formulation for symptom relief in infected patients. Between September 2020 and January 2023, the Ministry of Health and Welfare issued 14 export licenses of concentrated powder formula of NRICM-101 after expert review with significant export output. The 14 export licenses of NRICM-101 concentrated powder have reached more than 60 nations worldwide. The expert review of the first emergency use authorization (EUA) of NRICM-101 concentrated powder was convened in April 2021, and with issuance of first EUA license as a prescription drug in May 2021, later a total of 14 EUA licenses of NRICM-101 have been granted in Taiwan. After a prospective controlled trial in the latter half of 2022, the first license of NRICM-101 was issued after expert review to Sun Ten Pharmaceutical Co. (順天堂藥廠) in May 2023. It is estimated that until June 2023, among a total of 10 to 11 million Taiwanese have been infected by the virus SARS-CoV-2, around 18% (1.8 million) have been prescribed with the NRICM-101 concentrated powder paid by the Government. It is a unique and good example of Chinese medicine development for the symptom relief and health care during the COVID-19 pandemic.

Keywords: WHO, Chinese Medicine and Pharmacy Act, COVID-19, NRICM-101

韓醫學 2050： 韓國韓醫學研究院的過去、現在與未來願景

高成奎

韓國韓醫學研究院院長

摘要

本演講將透過主要成果回顧韓國韓醫學研究院的發展歷程，探討當前韓醫學研發（R&D）現況與面臨的課題。隨後，將介紹本院針對韓醫學研發所提出的未來發展方向，並藉此展望韓醫學未來的發展前景。

Korean Medicine 2050: The Past, Present, and Future of the Korea Institute of Oriental Medicine

Seong-Gyu Ko

President, Korea Institute of Oriental Medicine(KIOM)

Chairman, Korea Drug Development Foundation

Member, The Korean Academy of Science and Technology

Abstract

This presentation reviews KIOM's development through its major achievements, examines the current status and challenges of Korean medicine R&D, and presents KIOM's future R&D direction and vision.

913-201-3 C

智慧中醫藥對抗失智症：從天然多酚到精準標的

陳旺全

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義守大學學士後中醫學系講座教授

摘要

阿茲海默症是最常見的失智症，其病理特徵包括類澱粉蛋白 β (amyloid- β , A β) 堆積、神經發炎及認知功能退化。本研究以現代藥理學、成分分析及 AI 人工智慧輔助研究方法，探討由天麻、赤芍及小孢子靈芝免疫調節蛋白 GMI 組成之中醫藥複方，對阿茲海默症病理的改善作用。

研究結果顯示，該複方可改善 APP/PS1 阿茲海默症模式小鼠的日常行為及空間學習能力，並降低腦中神經膠細胞活化、促進海馬迴神經新生。進一步分析發現，可溶性 A β 約降低 30%，毒性及聚集能力較高的焦麩胺酸化 A β 約降低 50%。

成分與作用機轉分析顯示，赤芍中的天然多酚五沒食子醯葡萄糖 (pentagalloylglucose, PGG) 可有效抑制人類麩醯胺醯環化 (human glutaminylation, hQC)；單寧酸亦具有相似作用。hQC 是促進高毒性焦麩胺酸化 A β 形成的重要酵素，因此可能成為阿茲海默症的潛在精準治療標的。

本研究呈現智慧中醫藥的發展概念，透過現代科技解析中醫藥複方的有效成分、作用機轉與疾病標的，使中醫藥研究由傳統經驗逐步走向成分明確、機轉可驗證及標的可追蹤的精準藥物開發。

關鍵詞：中藥、失智症、阿茲海默症、天然多酚

Smart Traditional Chinese Medicine Against Dementia: From Natural Polyphenols to Precision Therapeutic Targets

Wang-Chuan Chen

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Abstract

Alzheimer's disease is the most common form of dementia and is characterized by the accumulation of amyloid- β ($A\beta$), neuroinflammation, and progressive cognitive decline. This study employed modern pharmacological approaches, bioactive constituent analysis, and artificial intelligence (AI)-assisted research methods to investigate the potential effects of a traditional Chinese medicine formula composed of *Gastrodia elata*, *Paeonia lactiflora* root, and the immunomodulatory protein GMI derived from *Ganoderma microsporum* on Alzheimer's disease-related pathology.

The results demonstrated that the formula improved behavioral performance and spatial learning ability in APP/PS1 transgenic mouse models of Alzheimer's disease. It also reduced glial cell activation in the brain and promoted hippocampal neurogenesis. Further analyses showed that soluble $A\beta_{1-42}$ levels were reduced by approximately 30%, while the more toxic and aggregation-prone pyroglutamate-modified $A\beta_{3-42}$ was reduced by approximately 50%.

Analyses of the active constituents and underlying mechanisms revealed that pentagalloylglucose (PGG), a natural polyphenol derived from *Paeonia lactiflora* root, effectively inhibited human glutamyl cyclase (hQC). Tannic acid exhibited a similar inhibitory effect. Because hQC is a key enzyme involved in the formation of highly toxic pyroglutamate-modified $A\beta$, it may serve as a potential precision therapeutic target for Alzheimer's disease.

This study illustrates the emerging concept of smart traditional Chinese medicine, in which modern technologies are applied to identify the active constituents, mechanisms of action, and disease-related molecular targets of traditional Chinese medicine formulas. This approach facilitates the transformation of traditional Chinese medicine from experience-based practice toward precision drug development characterized by defined active constituents, experimentally validated mechanisms, and traceable therapeutic targets.

Keywords: traditional Chinese medicine, dementia, Alzheimer's disease, natural polyphenols

913-201-4 C

智慧醫療與創新科技在資訊安全的實務挑戰 與未來機會

黃彥男

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中央研究院資安專題中心執行長

中華民國數位發展部第二任部長

摘要

AI 最近技術的進步十分的迅速，已經對我們的工作及生活產生重大的影響。在這個演講，將解最近 AI 的發展，特別是在醫學及健康的應用。但 AI 也帶來很多的風險，很容易被駭客攻擊，我也將討論 AI 會帶來那些風險及治理方法包括可信度的評估及 AI 基本法的制定。最後，我將描述中研院在 AI 資安的幾個研究計劃。

Practical Challenges and Future Opportunities of Smart Healthcare and Innovative Technology in Information Security

Yen-Nun Huang

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Academia Sinica*

*Executive Director, Research Center for Information Technology Innovation Cybersecurity Center,
Academia Sinica*

Second Minister of Digital Affairs, Republic of China (Taiwan)

Abstract

Recent advances in AI technology have been extremely rapid and have already had a significant impact on our work and daily lives. In this presentation, I will explain recent developments in AI, particularly its applications in medicine and healthcare. However, AI also brings many risks and is vulnerable to cyberattacks. I will also discuss the risks associated with AI and approaches to AI governance, including trustworthiness assessment and the formulation of a fundamental AI law. Finally, I will describe several AI cybersecurity research projects at Academia Sinica.

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健康臺灣深耕計畫下的中醫藥新願景： 從在地照護到全齡健康—以肌少症計畫為例

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中華民國中醫師公會全國聯合會 榮譽理事長

摘要

因應我國人口結構變遷與醫療照護需求增加，並促進健保永續，政府啟動「健康臺灣深耕計畫」（114-118 年），從優化醫療工作條件、多元人才培育、智慧科技醫療、社會責任醫療永續四大範疇，提出落實分級醫療與垂直整合、醫事人力人才培育留任、醫療環境再造等之創新規劃。

本報告以「大台中地區肌少症之中醫預防暨照護計畫」為例，提出中醫整體觀與個體化特色的預防與治療模式。研究數據顯示中醫的介入對於肌少症有積極正面的影響，能降低肌肉衰弱程度、提升身體功能與生活品質，針灸對於提升肌力、平衡能力與生活品質具正面效益。太極拳在改善長者步態、增強肌耐力與協調性方面具有顯著助益。

The New Vision for Traditional Chinese Medicine in the HTSP: From Local Care to Lifelong Health. For example, TCM Prevention and Care Program for Sarcopenia

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Abstract

In response to demographic shifts and rising healthcare demand, the government launched the "Healthy Taiwan Deep Cultivation Program" (2025–2029). It focuses on four major domains: optimizing working conditions, talent cultivation, smart healthcare, and sustainable social responsibility, driving innovative reforms in tiered healthcare and workforce retention.

Traditional Chinese Medicine (TCM) Prevention and Care Program for Sarcopenia. TCM, with its holistic and individualized approach, provides an alternative option for prevention and treatment. Research results suggested that TCM interventions have positive effects on sarcopenia. Acupuncture has shown beneficial effects in improving muscle strength, balance, and quality of life, while Tai Chi practice significantly enhances gait, muscle endurance, and coordination among older adults.

913-201-6 C

NRICM201 改善認知功能之臨床實證研究

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衛生福利部國家中醫藥研究所研究員

摘要

阿茲海默氏症 (AD) 的特徵是腦內類澱粉 β 蛋白 ($A\beta$) 的沉積和斑塊形成。目前，基於抗體的療法是唯一可用的治療選擇，其透過促進 $A\beta$ 斑塊清除來緩解症狀。然而，這些療法費用高昂且副作用眾多。因此，傳統中醫 (TCM) 製劑可能是一種更容易取得且潛在更安全的 AD 治療替代方案。在篩選的幾種臨床常用中藥抗阿茲海默症活性中，NRICM201 脫穎而出，成為最有希望的候選藥物。在 APP/PS1 基因轉殖小鼠模型中，NRICM201 顯著改善了小鼠的掘穴、築巢、新物體辨識和空間學習等行為表現。這些功能改善伴隨著 $A\beta$ 斑塊累積的減少、微小膠細胞吞噬活性的增強以及海馬迴神經新生的增加。為了進一步闡明其作用機制，本研究採用正子斷層掃描 (PET) / 磁共振造影 (MR) 影像技術評估了體內類澱粉斑塊的動態變化。結果表明，斑塊的形成可能涉及由微小膠細胞相互作用介導的澱粉樣蛋白聚集體的結構波動。基於這些發現，我們提出了 NRICM201 介導 $A\beta$ 清除的兩種潛在機制：(1) 活化斑塊周圍的微小膠細胞，增強對周圍 $A\beta$ 沉積物的吞噬作用，從而縮小斑塊體積；(2) 斑塊結構破壞促進血管周圍引流，從而清除可溶性 $A\beta$ 。本研究提示，NRICM201 有望開發成為治療阿茲海默症的新藥。總之，NRICM201 透過靶向 $A\beta$ 沉積和微小膠細胞功能，展現出治療阿茲海默症的治療潛力。接下來，在一個探索性臨床研究中發現 NRICM201 成功的改善阿茲海默症患者的認知功能。

關鍵詞：NRICM201、阿茲海默氏症、 $A\beta$ 、 $A\beta$ 清除、APP^{swe}/PS1^{dE9}、微小膠細胞、PET/MR

Clinical Empirical Study on the Improvement of Cognitive Function by NRICM201

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Abstract

Alzheimer's disease (AD) is characterized by the deposition and plaque formation of amyloid-beta ($A\beta$) peptides in the brain. Currently, antibody-based therapies are the only available treatment options that alleviate symptoms by promoting $A\beta$ plaque clearance. However, these treatments are associated with high costs and a range of side effects. Therefore, traditional Chinese medicine (TCM) formulations may represent a more accessible and potentially safer alternative for AD therapy. Among several clinically used TCM prescriptions screened for anti-Alzheimer's activity, NRICM201 emerged as the most promising candidate. In the APP/PS1 transgenic mouse model, NRICM201 significantly improved behavioral performance in burrowing, nesting, novel object recognition, and spatial learning tasks. These functional improvements were accompanied by a reduction in $A\beta$ plaque accumulation, enhanced microglial phagocytic activity, and increased hippocampal neurogenesis. To further elucidate its mechanism of action, Positron Emission Tomography (PET)/magnetic resonance (MR) imaging was employed to assess amyloid plaque dynamics in vivo. The results suggested that plaque formation may involve structural fluctuations of amyloid aggregates mediated by microglial interactions. Based on these findings, two potential mechanisms were proposed for NRICM201-mediated $A\beta$ clearance: (1) activation of microglia surrounding plaques to enhance phagocytosis of peripheral $A\beta$ deposits, thereby reducing plaque size, and (2) the removal of soluble $A\beta$ through perivascular drainage facilitated by disruption of plaque architecture. Through this study, NRICM201 can be developed into a new drug for the treatment of Alzheimer's disease. In conclusion, NRICM201 demonstrates therapeutic potential for the treatment of Alzheimer's disease by targeting both $A\beta$ deposition and microglial function. Next, an exploratory clinical study found that NRICM201 successfully improved cognitive function in AD.

Keywords: NRICM201, Alzheimer's disease, $A\beta$, $A\beta$ clearance, APPswe/PS1dE9, microglia, PET/MR.

近二十年臺灣中醫方藥臨床研究之回顧

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摘要

近二十年台灣學者刊登 1463 篇中醫藥臨床研究相關 SCI 論文，其中在消化道疾病、慢性腎病、自體免疫疾病、糖尿病、神經退化性疾病以及各種癌症的輔助療法方面都有重要成果，且顯示使用中醫藥者的族群死亡率普遍較低。

從基礎研究到隨機雙盲對照臨床試驗的成果，包括黃芩湯、青黛、黃耆、神麴、牛樟芝、辛夷散、吳茱萸湯、BNG-1 乃至台灣清冠一號方的實證研究、均展現中藥的臨床療效。

台灣的中西醫專業人員從教育訓練到臨床整合，建立了醫療團隊溝通合作的良好基礎，全民健保資料庫成為重要的實證研究資源，而各種中醫診斷輔助儀器之研發，以及全國中草藥不良反應通報系統，均為臨床研究建立極具特色的堅實基礎。

20 Years of TCM Herbal Medicine Research in Taiwan

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Abstract

Over the past two decades, Taiwanese scholars have published 1,463 SCI-indexed papers on clinical research in Traditional Chinese Medicine (TCM). Significant achievements have been reported in the treatment of gastrointestinal diseases, chronic kidney disease, autoimmune diseases, diabetes, neurodegenerative diseases, and as adjunctive therapies for various cancers. These studies have also generally indicated lower mortality rates among populations using TCM.

Evidence ranging from basic research to randomized, double-blind, controlled clinical trials—including studies on Huangqin Decoction, Qingdai, Astragalus membranaceus, Shenqu, Taiwanofungus camphoratus, Xinyisan, Wuzhuyu Decoction, BNG-1, and Taiwan Chingguan Erhao—has demonstrated the clinical efficacy of Chinese herbal medicine.

Taiwanese medical professionals specializing in both Western and traditional Chinese medicine have established a strong foundation for communication and collaboration within multidisciplinary healthcare teams, from professional education and training to clinical integration. Taiwan's National Health Insurance database has become an important resource for evidence-based research. In addition, the development of various diagnostic and decision-support instruments for TCM, together with the nationwide reporting system for adverse reactions to Chinese herbal medicines, has provided a distinctive and robust foundation for clinical research.

913-201-8 C

從針灸到神經免疫： 中醫周邊感覺神經免疫調控平台的建構

陳易宏

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摘要

本針灸與電針（electroacupuncture, EA）是中醫藥的重要治療方式，但若要以現代科學加以詮釋，研究重點需要從單純的症狀改善，進一步轉向以機制為導向的神經免疫調控。本演講提出一個「周邊感覺神經—免疫調控平台」的概念，將針灸、電針、TRPM8 介導的感覺訊號、膠質細胞調控，以及非鴉片性止痛路徑整合為一個中醫藥研究的統一架構。

我們的研究顯示，電針可活化周邊傳入神經訊號，並在脊髓與脊髓上位中樞迴路中，同時啟動鴉片性與非鴉片性止痛機制。除了經典的內生性鴉片系統之外，我們進一步發現一條由食慾素（orexin）—內生性大麻素（endocannabinoid）所介導的止痛路徑，此路徑可獨立於鴉片系統發揮作用，且在鴉片類藥物耐受狀態下仍能維持療效。我們亦辨識出 TRPM8——一種對低溫與薄荷醇敏感的離子通道——是調節止痛路徑選擇的重要周邊感覺神經閘門。當 TRPM8 訊號完整時，電針可招募內生性鴉片機制；而當 TRPM8 受到抑制或基因剔除時，止痛作用則轉向以大麻素訊號為主。這些結果顯示，周邊感覺受器不僅是感覺刺激的偵測器，更可能扮演調控性開關，將皮膚層級的刺激連結至中樞神經化學與免疫反應。

在免疫層面，電針可抑制微膠細胞與星狀膠質細胞的活化，降低促發炎介質，恢復抑制性神經迴路的平衡，並減輕中樞敏化、觸誘發痛、痛覺過敏與疼痛慢性化。這些神經免疫調控作用也可延伸至神經保護，在中風、創傷性腦損傷以及嚴重牙科疼痛等模型中展現治療潛力，顯示電針的轉譯價值並不僅限於止痛。

透過整合周邊感覺神經活化、TRPM8 依賴性的路徑轉換、食慾素—內生性大麻素訊號、膠質細胞調控以及神經保護，本平台重新將針灸定位為一種可測量、具明確機制基礎的周邊神經免疫介入策略。此架構可作為發展實證中醫藥的重要科學基礎，並進一步應用於非鴉片性疼痛控制、慢性疼痛預防、神經保護，以及精準支持照護。

From Acupuncture to Neuroimmunology: Construction of a Peripheral Sensory Nerve Immune Regulation Platform in Chinese Medicine

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Abstract

Acupuncture and electroacupuncture (EA) represent core therapeutic modalities in Chinese medicine, but their modern scientific interpretation requires a shift from symptom-based efficacy toward mechanism-guided neuroimmune regulation. This lecture proposes a peripheral sensory nerve–immune regulation platform that integrates acupuncture, EA, TRPM8-mediated sensory signaling, glial modulation, and non-opioid analgesic pathways into a unified framework for Chinese medicine research.

Our work demonstrates that EA activates peripheral afferent inputs and engages both opioid and non-opioid mechanisms within spinal and supraspinal circuits. In addition to classical endogenous opioid signaling, we identify an orexin–endocannabinoid pathway that mediates EA-induced analgesia independently of opioids and remains effective under opioid-tolerant conditions. We further identify TRPM8, the cold- and menthol-sensitive ion channel, as a peripheral sensory gate that modulates analgesic pathway selection. When TRPM8 signaling is intact, EA can recruit endogenous opioid mechanisms; when TRPM8 is inhibited or deleted, analgesia shifts toward cannabinoid-dependent signaling. These findings suggest that peripheral sensory receptors function as regulatory switches linking skin-level stimulation to central neurochemical and immune responses.

At the immune level, EA reduces microglial and astrocytic activation, suppresses pro-inflammatory mediators, restores inhibitory circuit balance, and attenuates central sensitization, allodynia, hyperalgesia, and pain chronification. These neuroimmune effects also contribute to neuroprotection in models of stroke, traumatic brain injury, and severe dental pain, supporting the broader translational potential of EA beyond analgesia alone.

By integrating peripheral sensory activation, TRPM8-dependent pathway switching, orexin–endocannabinoid signaling, glial regulation, and neuroprotection, this platform reframes acupuncture as a measurable and mechanism-based peripheral neuroimmune intervention. It provides a foundation for developing evidence-based Chinese medicine strategies for non-opioid pain control, chronic pain prevention, neuroprotection, and precision supportive care.

913-201-9 C

我們可以為台灣的癌症防治做些什麼？

洪明奇

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中央研究院院士

摘要

台灣為達成 2030 年癌症死亡率降低 1/3 的目標，應發揮科研優勢，引領癌症精準醫療創新。演講聚焦癌症治療的「抗藥性」挑戰，剖析標靶藥物耐藥機制的分子解方；分享透過「傘狀試驗」精準篩選病患的成果；改善人類癌細胞 MTAP 缺陷，合併使用 STING 激動劑與 DMSO 將冷腫瘤轉為熱腫瘤以抑制腫瘤生長；探討 RNase 家族作為受體酪胺酸激新配體的潛力。在 AI 的輔助下，開創抗癌新藥的藍海。透過臨床中西醫師與基礎科學家的「強強聯手」，串聯 AI 與生技產業，將科研創新推向世界舞台。

關鍵詞：標靶藥物耐藥機制、STING 激動劑、RNase 家族、AI、
中醫師與基礎科學家

What we can contribute to cancer in Taiwan?

Mien-Chie Hung

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Abstract

To achieve Taiwan's goal of reducing cancer mortality by one-third by 2030, the nation should capitalize on its strengths in scientific research to lead innovation in precision oncology. This presentation focuses on the challenge of drug resistance in cancer treatment and examines molecular strategies for overcoming resistance to targeted therapies. It will highlight the use of umbrella trials to precisely identify patients most likely to benefit from specific treatments; explore strategies for addressing MTAP deficiency in human cancer cells, including the combined use of STING agonists and DMSO to convert immunologically “cold” tumors into “hot” tumors and thereby suppress tumor growth; and discuss the potential of RNase family members as novel ligands for receptor tyrosine kinases. With the support of AI, these advances may open up new frontiers in anticancer drug discovery and development. By fostering close collaboration among clinicians in conventional and Chinese medicine, basic scientists, AI experts, and the biotechnology industry, Taiwan can bring its research innovations to the global stage.

Keywords: Drug resistance, STING agonists, RNase family, AI,
Clinicians and Basic scientists



中醫藥與針灸在急重症的應用論壇

2026.09.13	星期日	Sunday
	301 廳	Hall 301

913-301-1 C

血液腫瘤疾病的中醫藥輔助治療

龔彥穎

臺北榮民總醫院傳統醫學部部主任

摘要

血液腫瘤常見疾病包括急性骨髓性白血病（AML）、淋巴瘤（Lymphoma），治療方式涵蓋化學治療、標靶治療、免疫治療與造血幹細胞移植，但常伴隨疲倦、感染、骨髓抑制及移植物抗宿主疾病（GVHD）等併發症。中醫藥可依辨證論治，運用中藥、針灸等輔助療法，改善治療相關副作用、緩解 GVHD 症狀、促進免疫調節提升生活品質。本演講將介紹血液腫瘤常見治療及中醫藥輔助應用，以整合醫學概念闡述中西醫協同照護於 AML、淋巴瘤及移植後照護潛力並探討相關臨床證據與未來發展方向。

The Complementary Therapies of Traditional Chinese Medicine for Hematological Malignancy

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Abstract

Common hematologic malignancies include acute myeloid leukemia (AML) and lymphoma. Treatment modalities include chemotherapy, targeted therapy, immunotherapy, and hematopoietic stem cell transplantation; however, these treatments are often associated with complications such as fatigue, infection, bone marrow suppression, and graft-versus-host disease (GVHD). Traditional Chinese Medicine (TCM) can provide adjunctive therapies, including Chinese herbal medicine and acupuncture, based on syndrome differentiation and treatment, to improve treatment-related side effects, alleviate GVHD symptoms, promote immune regulation, and enhance quality of life. This presentation will introduce common treatments for hematologic malignancies and the adjunctive applications of TCM. From the perspective of integrative medicine, it will discuss the potential of collaborative care combining Western medicine and TCM for AML, lymphoma, and post-transplant care, as well as explore relevant clinical evidence and future directions.

Translated by the Conference Organizing Committee

913-301-2 C

中西醫結合與葛森療法治療攝護腺癌骨轉移 之臨床實證研究

王人澍

佛教慈濟醫療財團法人臺中慈濟醫院副院長

摘要

一名退休的電力公司員工被診斷出罹患攝護腺癌，且無法接受手術、化療或放射線治療。考量到家屬的意見與規劃，患者採取西醫的抗雄性素（抗睪固酮）荷爾蒙療法。由於患者同時患有慢性大腸發炎，且有惡性肉鄰近並影響攝護腺腫瘤，我們也採取了葛森咖啡灌腸療法。此外還實施了多管齊下的方法，包括使用蜂膠、當季水果療法，以及低鹽、低糖、高纖維且富含植化素的飲食。其病理惡性度評分為 4+3（格里森分數），平均預期存活時間僅有三年；然而，該名患者在接受中西醫整合醫療結合葛森療法後，存活了約十年。

Clinical Evidence and Research on Bone Metastasis Prostate Cancer Integration of Chinese Medicine and Western Medicine with Gerson Therapy

Jen-Shu Wang

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Abstract

A retired power company employee was diagnosed with prostate cancer and was unable to undergo surgery, chemotherapy, or radiotherapy. Taking into account the opinions and planning of his family, the patient adopted Western medicine's anti-androgen hormone therapy. Due to the patient's chronic colon inflammation and malignant polyps adjacent to and affecting the prostate tumor, we also adopted the Gerson coffee enema therapy. A multi-pronged approach was used, including the use of propolis, seasonal fruit therapies, and a low-salt, low-sugar, high-fiber, and phytochemical-rich diet. With a pathological malignancy score of 4+3, the average expected survival time was only three years; however, this patient survived for about ten years after receiving a combination of traditional Chinese and Western medicine along with the Gerson therapy.

913-301-3 C

針灸及中醫藥在重症照顧中的角色： 臨床經驗與案例

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摘要

針灸及中醫藥在重症醫療中逐漸展現整合照護的臨床價值。將分享醫學中心之中醫藥與針灸於加護病房及住院重症患者之經驗，涵蓋術後中風、腦外傷、意識障礙、呼吸器依賴、癌症疼痛、縮短住院時程等臨床情境。透過中西醫整合照護實際病例與臨床研究，探討早期針灸介入對神經功能與意識恢復、疼痛緩解及呼吸器脫離之潛在效益。期望藉由臨床經驗與研究實證，呈現中醫藥在重症治療中的角色，拓展其於現代重症醫療體系的應用與發展。

Role of Acupuncture and Traditional Chinese Medicine in Critical Care: Clinical Experience and Case Reports

Yu-Sheng Chen

Chang Gung Memorial Hospital

Abstract

Acupuncture and traditional Chinese medicine (TCM) have demonstrated growing clinical value as part of integrative care in critical care medicine. This presentation will share our experience with TCM and acupuncture for critically ill patients in intensive care units and inpatient settings at a medical center, including postoperative stroke, traumatic brain injury, impaired consciousness, ventilator dependence, cancer-related pain, and reduction of hospital stay. Through clinical cases and studies of integrative Chinese and Western medicine, we will explore the potential benefits of early acupuncture intervention in neurological and consciousness recovery, pain relief, and ventilator weaning. By integrating clinical experience with research evidence, this presentation aims to highlight the role of TCM in critical care and explore its future application and development within modern critical care systems.

一次見效的針刺療法

李安岳

美國加州聯合針灸公會理事長

摘要

A. 1. 十二經脈、奇經八脈傳統經絡的循經取穴療法

2. 各家奇穴療法

3. 頭針療法

4. 耳穴療法

核心主題：選擇很多，如何精準取穴，一次見效，是這次的主題。

B. 針刺作用的機理研究從 1985 年至今，對神經 (N) 傳導路線及介質的反應已經很清楚，告訴我們副交感神經 (N) 的重要角色。

C. 生物電的傳導：因 $3 \uparrow \text{Na}^+$ (鈉離子) 及 $1 \downarrow \text{Ca}^{2+}$ (鈣離子) 釋出細胞，造成一連串的電位傳導。

D. 肌皮神經 (N) 分布決定穴位選擇。頭針刺激最強，影響最大，手足針次之。

E. 胚胎的發育，決定手足同名經穴位的選取。

The Effective Acupuncture Treatment at each procedure

AnYork Lee

Director of the Board, United Acupuncture Association (U.A.A.)

Abstract

A. ● Selection of acupoints along the traditional 12 Primary Meridians and 8 Extraordinary Vessels.

- Therapies using Extra-Meridian Points (Qi Xue) from various acupuncture schools.
- Scalp Acupuncture Therapy.
- Auricular Acupuncture Therapy.

Core theme: With numerous options available, how to select acupuncture points with precision to achieve immediate therapeutic results in a single treatment is the core theme of this Discussion.

B. Research into the mechanisms of acupuncture action from 1985 to the present has clearly elucidated neural (N) conduction pathways and mediator responses, highlighting the critical role of the parasympathetic nervous system (N).

C. Bioelectric Conduction: The efflux of 3 Na⁺ (sodium) ions and the influx of 1 Ca²⁺ (calcium) ion from the cell triggers a cascade of potential conduction.

D. The distribution of musculocutaneous nerves (N) determines acupoint selection. Scalp acupuncture produces the strongest stimulation and maximum effect, followed by hand and foot acupuncture.

E. Embryonic development determines (coincides with) the selection of same-named meridian acupoints on the hands and feet.

913-301-5 C

雷射針灸於早期療育之科學實證與臨床應用

張紮閔

馬偕紀念醫院中醫內兒科主任

摘要

本演講聚焦近五年（2021-2026）SCI 核心文獻，探討低能量雷射針灸（LLLT）於兒童早期療育之實證與應用。雷射針灸具無痛、無創與高順從性特點，透過光生物調節促進粒線體合成 ATP，並降低神經發炎與氧化壓力。臨床證實其能顯著改善自閉症（提升 BDNF 與社交語言）、腦性麻痺（降低異常肌張力）及過動症（調節前額葉血流與腦波）。作為無痛前置調節工具，雷射針灸能無縫銜接物理、職能及語言復健，發揮跨領域早療的最佳協同效果。

關鍵詞：雷射針灸、早期療育、光生物調節、神經調節、跨領域團隊協作

Scientific Evidence and Clinical Applications of Laser Acupuncture in Early Intervention

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Department of Traditional Chinese Medicine, MacKay Memorial Hospital*

Abstract

This presentation reviews recent SCI literature (2021–2026) on low-level laser therapy (LLLT) in pediatric early intervention. Non-invasive and painless, laser acupuncture enhances child compliance and triggers photobiomodulation to boost ATP production and reduce neuroinflammation. Clinical evidence demonstrates significant benefits in autism spectrum disorder (BDNF regulation, social/speech progress), cerebral palsy (muscle tone reduction), and ADHD (improving prefrontal cortex blood flow and Beta wave activity). Serving as a painless pre-conditioning tool, laser acupuncture synergizes seamlessly with physical, occupational, and speech therapies to optimize early intervention outcomes.

Keywords: Laser Acupuncture / Low-Level Laser Therapy, LLLT, Early Intervention, Photobiomodulation, PBM, Neuromodulation, Interdisciplinary Collaboration

913-301-6 C

心導管術後慢性放射性皮膚損傷之中醫治療： 個案報告

江佩蓉

臺中榮民總醫院傳統醫學部主治醫師

摘要

心導管手術引發之慢性放射性皮膚炎（RISI），常因微血管損傷與組織纖維化導致傷口遷延難癒。本案例呈現一例病程長達六年餘、經中醫介入治療四個月後完全癒合之臨床醫案。

一名 56 歲男性於 2018 年 3 月因心肌梗塞接受心導管支架置放手術，同年 7 月右側後脅肋部（X 光射線入口處）出現慢性潰瘍與滲液，歷經多年四處求醫罔效，於 2023 年在長庚醫院確診為慢性放射性皮膚炎。患者於 2024 年 8 月至臺中榮總傳統醫學部就診，經中醫辨證施治，於 2024 年 12 月右後脅肋部位之潰瘍與滲液已完全癒合。

Traditional Chinese Medicine for Chronic Radiation-Induced Skin Injury Following Cardiac Catheterization: A Case Report

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Taichung Veterans General Hospital*

Abstract

Chronic radiation-induced skin injury (RISI) following cardiac catheterization often leads to recalcitrant, non-healing wounds due to microvascular damage and tissue fibrosis. This report presents a clinical case of refractory RISI, spanning over six years, that achieved complete healing following Traditional Chinese Medicine (TCM) intervention.

A 56-year-old male underwent coronary stent placement for acute myocardial infarction in March 2018. In July 2018, a chronic ulcer with persistent exudation developed on his right postero-lateral thoracic wall (the X-ray beam entrance port). Despite seeking medical care across multiple institutions over several years without improvement, he was formally diagnosed with chronic RISI at Chang Gung Memorial Hospital in 2023. In August 2024, the patient presented to the Department of Traditional Chinese Medicine at Taichung Veterans General Hospital. Following syndrome differentiation and tailored TCM treatment, the ulcer and exudation on the right postero-lateral thoracic wall achieved complete healing in December 2024.

中醫針灸於長照機構之應用

褚衍強

初蘊中醫診所院長

摘要

隨著台灣長照政策從 1.0、2.0 演進至即將實施的 3.0，中醫長照網絡在跨團隊醫療銜接中扮演愈發關鍵的角色。本演講彙整了超過 5,000 名受試者的臨床數據，透過實證醫學（EBM）視角探討針灸於長照常見疾病的療效。

研究重點包括：

1. 失智症與認知障礙：針灸能顯著改善 MMSE（簡易精神狀態檢查）與 MoCA（蒙特利爾認知量表）分數，具備延緩認知退化的明確證據。
2. 睡眠障礙：針對失智患者，針灸（如：神門、百會、印堂）能大幅降低 PSQI（睡眠品質指數），與常規藥物併用效果更佳。
3. 腦傷與中風復健：在亞急性期介入精準電針（2/100Hz）能促進神經修復；台灣追蹤研究更指出，中風後針灸能顯著降低患者因意外傷害住院的風險。

最後，本演講將強調針灸的高安全性（不良反應率 < 6%）與經濟高效能，並提出「模組化取穴」的臨床建議，旨在為長照機構提供一站式的非藥物介入方案，提升高齡者的照護品質。

The Application of Traditional Chinese Medicine Acupuncture in Long-Term Care Facilities

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Abstract

As Taiwan's Long-Term Care (LTC) policies evolve from versions 1.0 and 2.0 toward the upcoming 3.0, the TCM LTC network is playing an increasingly vital role in integrated healthcare. This presentation synthesizes clinical evidence from over 5,000 participants, exploring the efficacy of acupuncture for prevalent LTC conditions through the lens of Evidence-Based Medicine (EBM).

Key research highlights include:

1. Dementia and MCI: Acupuncture significantly improves MMSE and MoCA scores, with conclusive evidence supporting its potential to delay cognitive decline.
2. Sleep Disorders: For patients with dementia, acupuncture (focusing on HT7, GV20, and EX-HN3) effectively reduces PSQI scores, showing superior stability when combined with conventional treatments.
3. TBI and Stroke Recovery: Precise electroacupuncture (2/100Hz) intervention during the subacute phase facilitates neurological repair. Furthermore, longitudinal studies in Taiwan indicate that post-stroke acupuncture significantly lowers the risk of hospitalization due to accidental injuries.

In conclusion, this presentation emphasizes the high safety profile of acupuncture (adverse reaction rate < 6%) and its cost-effectiveness. By proposing "Modular Acupoint Strategies," we aim to provide LTC facilities with a robust non-pharmacological intervention to enhance the quality of life for the elderly .

913-301-8 C

探討東益方 (小柴胡湯衍生方) 透過 EGFR/AXL 訊息傳導途徑抑制三陰性乳癌之作用

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臺北市立聯合醫院林森中醫昆明院區中醫婦科主任

摘要

三陰性乳癌 (Triple-negative breast cancer, TNBC) 是一種侵襲性較高的乳癌亞型，目前可用的治療選擇有限。本研究探討東醫方 (Tung-Yi Fang, TYF) 對三陰性乳癌的抗腫瘤作用及其潛在機制；東醫方為源自小柴胡湯的減糖配方。研究使用反相高效液相層析法 (reverse-phase high-performance liquid chromatography, RP-HPLC) 分析東醫方的化學成分特徵，並透過細胞存活率、集落形成、遷移與侵襲、細胞週期及細胞凋亡試驗評估其抗腫瘤作用。進一步利用受體酪胺酸激 (receptor tyrosine kinase, RTK) 陣列、西方墨點法 (Western blotting) 及免疫螢光分析探討其分子作用機制，並以 4T1-螢光素 (4T1-luciferase) 小鼠模型驗證東醫方的體內療效。東醫方可選擇性抑制三陰性乳癌細胞生長，誘導 G2/M 期細胞週期停滯及細胞凋亡，並透過抑制 FAK/Src、EGFR/AXL 及其下游 AKT、ERK 與 STAT3 訊息傳遞，降低細胞遷移與侵襲能力。東醫方亦可在體內顯著抑制腫瘤生長及轉移負荷，且未觀察到明顯的全身性毒性。值得注意的是，補充葡萄糖會減弱東醫方的抗腫瘤活性。這些研究結果顯示，控制傳統中藥方劑中的糖分含量可能有助於提升其治療潛力，而東醫方可能成為三陰性乳癌治療中具有潛力的輔助治療策略。

Investigation of Tung-Yi Fang (a Xiao Chai Hu Tang-derived formula) in suppressing triple-negative breast cancer via EGFR/AXL-mediated signaling pathways

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Abstract

Triple-negative breast cancer (TNBC) is an aggressive breast cancer subtype with limited therapeutic options. This study investigated the anti-TNBC effects and underlying mechanisms of Tung-Yi Fang (TYF), a sugar-reduced formula derived from Xiao Chai Hu Tang. The chemical profile of TYF was characterized using reverse-phase high-performance liquid chromatography (RP-HPLC). Its antitumor effects were evaluated by cell viability, colony formation, migration and invasion, cell-cycle, and apoptosis assays. Molecular mechanisms were further investigated using receptor tyrosine kinase (RTK) arrays, Western blotting, and immunofluorescence analysis, and the *in vivo* efficacy of TYF was validated in a 4T1-luciferase mouse model. TYF selectively inhibited TNBC cell growth, induced G2/M cell-cycle arrest and apoptosis, and reduced migration and invasion by suppressing FAK/Src, EGFR/AXL, and downstream AKT, ERK, and STAT3 signaling. TYF also significantly inhibited tumor growth and metastatic burden *in vivo* without apparent systemic toxicity. Notably, glucose supplementation attenuated the antitumor activity of TYF. These findings suggest that controlling the sugar content of traditional Chinese medicine formulas may enhance their therapeutic potential and that TYF may represent a promising adjunctive strategy for TNBC treatment.

913-301-9 C

雷射針灸與光生物調節在 老年性黃斑部病變中的應用

Dr. Michael Weber

歐洲雷射學會 (ISLA) 會長

德國《疼痛與針灸》醫學期刊主編

摘要

老年性黃斑部病變 (Age-related Macular Degeneration, AMD) 是一種進行性的視網膜疾病，涉及粒線體功能障礙、氧化壓力、慢性發炎、視網膜色素上皮 (Retinal Pigment Epithelium, RPE) 功能受損，以及脈絡膜微循環改變。光生物調節 (Photobiomodulation, PBM) 已成為一種可能針對上述機制的非侵入性治療方法。

紅光與近紅外光可調節粒線體活性、改善三磷酸腺 (ATP) 的生成、調控活性氧物種 (Reactive Oxygen Species, ROS)，並影響如 NF- κ B 等發炎相關訊息傳遞路徑。臨床研究，尤其是採用 590、660 及 850 nm 波長的 LIGHTSITE 試驗，已顯示在非滲出型 AMD 患者中，視覺功能及視網膜相關結果可獲得一定程度的改善。

針灸應用於 AMD 的研究顯示，其可能對眼部微循環、自律神經調節、發炎訊息傳遞，以及可能與血管內皮生長因子 (VEGF) 相關的路徑產生作用。經常被研究的穴位包括 BL1 (睛明)、BL2 (攢竹)、ST1 (承泣)、GB1 (瞳子)、GB20 (風池)、GB37 (光明)、LI4 (合谷) 及 LR3 (太衝)。此外，依據 Bloel 的 Acunova 針灸療法，亦有其他具有高度療效的穴位。

雷射針灸結合穴位刺激與光生物調節的生物學效應，提供一種可取代眼周針刺刺激的非侵入性選擇。因此，所提出的複合治療策略可望同時針對視網膜代謝、神經血管調節、氧化壓力及發炎等多重機制發揮作用。

然而，儘管光生物調節 (PBM) 在乾性 AMD 方面已有隨機臨床試驗的證據支持，雷射針灸的直接證據仍然有限；然而，在許多患者身上顯示出非常良好的療效！未來仍需要更大規模的對照試驗，以確立最佳波長、針灸穴位、劑量設定及臨床療效。

Laser Acupuncture and Photobiomodulation in Age-Related Macular Degeneration

Dr. Michael Weber

*Professor, President of the International Society for Laser Applications,
Editor of the Medical Journal "Pain and Acupuncture"*

Abstract

Age-related macular degeneration (AMD) is a progressive retinal disease involving mitochondrial dysfunction, oxidative stress, chronic inflammation, impaired retinal pigment epithelium (RPE) function, and altered choroidal microcirculation. Photobiomodulation (PBM) has emerged as a potential non-invasive approach targeting these mechanisms.

Red and near-infrared light can modulate mitochondrial activity, improve ATP production, regulate reactive oxygen species (ROS), and influence inflammatory pathways such as NF- κ B. Clinical studies, particularly the LIGHTSITE trials using 590, 660, and 850 nm wavelengths, have demonstrated modest improvements in visual function and retinal outcomes in non-exudative AMD.

Acupuncture studies in AMD suggest potential effects on ocular microcirculation, autonomic regulation, inflammatory signaling, and possibly VEGF-related pathways. Frequently investigated points include BL1, BL2, ST1, GB1, GB20, GB37, LI4, and LR3. Additional highly effective points come by Acunova acupuncture according to Bloel.

Laser acupuncture combines acupoint stimulation with the biological effects of photobiomodulation, providing a non-invasive alternative to needle-based periocular stimulation. A proposed combined strategy could therefore target retinal metabolism, neurovascular regulation, oxidative stress, and inflammation simultaneously.

However, while PBM has randomized clinical evidence in dry AMD, direct evidence for laser acupuncture remains limited, however very effective in many patients! Larger controlled trials are required to establish optimal wavelengths, acupuncture points, dosimetry, and clinical efficacy.

雷射針灸治療頑固性疼痛

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摘要

目的：評估雷射針灸治療頑固性疼痛的療效。

方法：本研究納入了 7 例頑固性疼痛患者：坐骨神經痛、顳顎關節障礙、全膝關節置換術後疼痛、肋骨骨折折、第 11 胸椎壓迫性骨、癌痛及帶狀疹後神經痛。患者接受砷化鋁鐳雷射針灸治療，急性疼每天治療一次，慢性疼痛每週治療三次。在治療過程中評估患者的疼痛視覺模擬量表和相關功能障礙。

結果：雷射針灸在以上七種病情均能有效緩解疼痛，單一治療後疼痛減輕 50% 以上，而常規醫療無法有效減輕患者的疼痛和相關功能障礙。

結論：雷射針灸結合了針灸和低強度雷射的優點，可活血行氣、緩解疼痛和抗發炎。由熟練醫師施行的雷射針灸可以減輕疼痛。

關鍵詞：雷射針灸、頑固性疼痛、中醫學

Laser Acupuncture in the treatment of refractory pain

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Abstract

Objective: To evaluate the therapeutic effectiveness of laser acupuncture in the treatment of pain unresponsive to standard interventions.

Methods: This research included seven individuals with intractable pain: sciatica, temporomandibular disorders, post-total knee replacement discomfort, rib fracture, T11 compression fracture, cancer pain, and post-herpetic neuralgia. Patients received GaAlAs laser treatment for acute pain once daily or for chronic pain three times weekly. The gadget administered 0.375 joules of energy to each acupoint and 3 joules to Ashi points, with durations of 5 seconds and 40 seconds, respectively. The pain visual analog scale and the associated disability of the patients were assessed during the treatment.

Results: Laser acupuncture therapy successfully alleviated pain in all seven cases, achieving more than 50% pain reduction after a single session. Standard medical treatment proved inadequate in relieving the patients' discomfort and related restrictions.

Conclusion: Laser acupuncture integrates the advantages of traditional acupuncture with low-level lasers to enhance circulation, facilitate qi movement, and alleviate pain and inflammation. Laser acupuncture administered by a proficient physician may alleviate physical ailment. Further investigation is required to determine the appropriate wavelength, dose, and intensity for physiological benefits and cost efficiency.

Keywords: laser acupuncture, refractory pain, traditional Chinese medicine



國際經方臨床應用論壇

2026.09.13	星期日	Sunday
	401 廳	Hall 401

913-401-1 C

經方的臨床研究與教學是中醫發展的重要契機

張東迪

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摘要

「經方」是中醫學出現頻率極高的詞彙，「經方」一詞的出現已有 2000 餘年，人們對經方有多種不同的理解和解釋。

「經方」一詞最早見於西漢劉向、劉歆所著《七略》，原書已佚，內容錄入《漢書藝文志》而得以保存。從古至今，研究經方、使用經方者眾多，但對於經方的概念至今無統一的認識，但有數種說法

一說古代尊《傷寒論》、《金匱要略》等醫籍中的方劑為經方，遵此說法者眾。後世醫生，凡主張宗用其方者，稱為經方派。時方為方劑學名詞，與經方相對，指張仲景以後的醫家所製的方劑，以唐宋時期盛行的方劑為主。陳修園《時方歌括小引》曰：“經方尚矣，唐宋以後始有通行之時方。”時方派為中醫學術派別，張仲景後世醫生凡主張不拘泥於《傷寒雜病論》既定的成方，而自行處方用藥者，稱為時方派。

作為中醫學術派別的一種，無論在臨床，或中醫教育上，經方有其特殊性，本文即從世界不同角度探討經方臨床之優越性及其推廣與教育，探究其對中醫發展之時代性契機。

關鍵詞：經方、臨床、中醫教育、契機

Clinical Research and Teaching of Classical Formulas as an Important Opportunity for the Development of Traditional Chinese Medicine

Tung-Ti Chang

Professor, China Medica University

Abstract

Classical Formulas is a high-frequency term in Chinese medicine. The term has existed for over 2,000 years, and various interpretations and explanations of it have emerged over time. It first appeared in Seven Epitomes by Liu Xiang and Liu Xin during the Western Han Dynasty. Although the original book was lost, its content was preserved in the History of the Han Dynasty: Treatises on Literature. Since ancient times, numerous practitioners have studied and applied Classical Formulas, yet no unified consensus on its precise concept exists. Instead, several interpretations have been proposed.

As a unique academic school of thought in Chinese medicine, Jingfang holds distinct characteristics in both clinical practice and Chinese medicine education. From various international perspectives, this paper explores the clinical superiority of Jingfang, as well as its promotion and education, to investigate its contemporary opportunities for the development of Chinese medicine.

Keywords: Classic formulas (Jingfang), clinical practice, TCM education, opportunity

913-401-2 C

黃連阿膠湯辨治老年危重症心悟

李賽美

廣州中醫藥大學 二級教授

摘要

本講座以李賽美教授治療的一例高齡心衰病例為切入點，展開交流。患者為93歲女性，既往有冠心病、高血壓及腦梗塞病史，此次因進食噎咳引起吸入性肺炎，繼發心衰急性加重入院。雖經強心、利尿、抗生素等常規西藥治療，但胸悶心悸、睡眠障礙等臨床表現緩解不理想，療效欠佳。

李教授抓住患者為“心煩、不得臥”所苦這一主訴，兼見舌紅少苔，判斷核心病機屬少陰熱化、心腎不交，遂選用《傷寒論》黃連阿膠湯，以清熱瀉火、滋補腎陰。患者服藥當晚，睡眠即有改善；其後舌象亦由舌紅少苔漸轉為淡紅舌、薄白苔，提示虛熱漸退，水火漸交。經治後，患者病情顯著好轉，最終撤除病危通知。

通過該病例的診療過程可見，在高齡危重癥的綜合管理中，中醫辨證論治與西醫常規治療能夠形成良好互補。同時，該案例也提示，《傷寒論》經典方劑在面對現代老年多病共存的覆雜局面時，在改善癥狀、提升生活質量方面具有明顯優勢。

本次講座將重點回顧此病案的診療記錄，並圍繞老年心衰的臨床特點、經方應用的辨證要點，以及中西醫協同配合的實踐體會，與各位同道進行客觀、詳實的分享與交流。歡迎批評指正。

Reflections on Treating Critical Illness in an Elderly Patient with Huanglian Ejiao Tang

Li Saimei

Level 2 Professor, Guangzhou University of Chinese Medicine

Abstract

This lecture takes a case of heart failure in an extremely elderly patient treated by Professor Li Saimei as a point of departure for academic exchange. The patient, a 93-year-old woman with a history of coronary heart disease, hypertension, and cerebral infarction, was admitted due to aspiration pneumonia caused by choking during eating, which subsequently triggered an acute exacerbation of heart failure. Despite conventional Western medical therapy including inotropic agents, diuretics, and antibiotics, her symptoms—chest tightness, palpitations, and sleep disturbance—responded poorly, and the clinical outcome was less than satisfactory.

Professor Li focused on the patient's chief complaint of vexation and inability to lie down peacefully (which corresponds to the classical description "心煩、不得臥"), together with a red tongue with scanty coating. She identified the core pathogenesis as Shaoyin heat transformation with disharmony between the heart and kidney, and accordingly prescribed Huanglian Ejiao Tang (Coptis and Donkey-hide Gelatin Decoction) from the Treatise on Cold Damage Disorders, a formula designed to clear heat, purge fire, and nourish kidney yin. On the very night after taking the first dose, the patient's sleep improved notably. Subsequently, her tongue appearance gradually changed from a red tongue with scanty coating to a pale red tongue with thin white coating, indicating gradual resolution of deficient heat and restoration of water-fire equilibrium. After continued treatment, her condition improved substantially, and the critical-condition notice was eventually lifted.

This case demonstrates that, in the comprehensive management of critical illness in very elderly patients, TCM treatment based on syndrome differentiation and conventional Western medicine can complement each other effectively. It also suggests that classical formulas from the Treatise on Cold Damage Disorders have distinct advantages in alleviating symptoms and improving quality of life when dealing with the complex reality of multimorbidity in modern geriatric practice.

In this lecture, we will review the diagnosis and treatment records of this case in detail, and share objective, evidence-based insights with colleagues on the clinical characteristics of senile heart failure, key diagnostic points for applying classical formulas, and practical experience in integrating Chinese and Western medicine. We welcome your critical comments and suggestions.

913-401-3 C

攝護腺癌 (Prostate cancer) 之攝護腺 特異性抗原 (Prostate-Specific Antigen, PSA) 上升之經方治療臨證體悟

張永明

一品堂豐原中醫診所院長

中國醫藥大學附設醫院中醫部主治醫師

摘要

國民健康署 112 年癌症登記年報，攝護腺癌發生率為男性癌症的第三名，發生年齡中位數 72 歲；標準化死亡率每 10 萬人 7.8 人，死亡率排名第六。

攝護腺癌早期沒有顯著症狀，當逐漸侵犯尿道、膀胱頸時，則出現解尿不順，一直有尿意，但尿液難以排空，嚴重者可出現血尿、尿失禁等。若晚期發生癌細胞骨轉移時，會骨頭疼痛、甚至行動不便。目前攝護腺篩檢方法，包括經由肛門指診、經直腸超音波檢查以及血清攝護腺特殊抗原 (PSA) 檢查等三種。

現代醫學治療攝護腺癌包括觀察追蹤、手術、放射治療、化學治療、局部定位治療、荷爾蒙治療，或以上幾種療法合併運用，結合中西醫治療攝護腺癌逐漸成為患者選擇模式之一，臨床採用《傷寒論》《金匱要略》中白頭翁湯化裁有效控制攝護腺特殊抗原 (PSA) 上升，並改善臨床頻尿，急尿，灼熱與疼痛等症狀，提高生活品質。

Clinical Reflections on Classical-Formula Treatment for Rising Prostate-Specific Antigen in Prostate Cancer

Yung-Ming Chang

*Director, Yipintang Fengyuan Chinese Medicine Clinic
Attending Physician, China Medical University Hospital*

Abstract

According to the 2023 Cancer Registry Annual Report published by the Health Promotion Administration, the incidence of prostate cancer ranked third among male cancers in Taiwan, with a median age at diagnosis of 72 years. The age-standardized mortality rate was 7.8 per 100,000 population, ranking sixth among cancer-related deaths in men.

Early-stage prostate cancer is usually asymptomatic. As the tumor gradually invades the urethra and bladder neck, patients may experience lower urinary tract symptoms, such as difficulty urinating, persistent urinary urgency, and incomplete bladder emptying. In severe cases, hematuria and urinary incontinence may occur. In more advanced disease with bone metastasis, patients may develop bone pain and even impaired mobility. Current screening methods for prostate cancer include digital rectal examination, transrectal ultrasonography, and serum prostate-specific antigen (PSA) testing.

Modern medical treatment options for prostate cancer include active surveillance, surgery, radiotherapy, chemotherapy, focal therapy, hormone therapy, or a combination of these approaches. Integrative treatment combining Traditional Chinese Medicine and Western medicine has gradually become one of the therapeutic options chosen by patients with prostate cancer. In clinical practice, modified Baitouweng Tang, derived from the classical formulas recorded in the Shang Han Lun and Jin Gui Yao Lue, has been used to effectively control rising PSA levels and improve urinary frequency, urgency, burning sensation, and pain, thereby enhancing patients' quality of life.

913-401-4 C

仲景麻黃劑運用舉隅

陳明

北京中醫藥大學中醫臨床基礎專業博導

摘要

麻黃湯為醫聖張仲景傷寒論中治外感的代表方劑之一，功效辛溫發汗，宣肺平喘，歷代以來應用廣泛。主治外感風寒表實證。惡寒重、發熱輕、頭痛、骨節疼痛、無汗而喘、苔薄白、脈浮緊。方中麻黃苦辛而溫，發汗解表，宣肺平喘；桂枝解肌祛風，助麻黃發汗；杏仁宣降肺氣，增強麻黃平喘之力，炙甘草調和諸藥，且防大汗傷津。諸藥合用，發汗解表，祛風散寒，使毛竅腠理開通，肺氣宣暢，邪得汗出而解。

本方的現代應用為發汗，退熱，止咳平喘，增強肺的換氣功能，緩解氣管（支氣管）平滑肌痙攣。用於感冒、流感、支氣管炎、上呼吸道感染、神經痛、關節炎。

Selected Examples of Zhang Zhongjing's Use of Ephedra-Based Formulas

Ming Chen

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Abstract

Ephedra Decoction (Ma Huang Tang) is one of the representative formulas for treating exogenous febrile diseases in Zhang Zhongjing's Treatise on Febrile Diseases (Shang Han Lun). Its effects include inducing sweating with pungent and warm properties, clearing the lungs, and relieving asthma. It has been widely used throughout history. It is primarily used to treat exogenous wind-cold syndrome with exterior excess. Symptoms include severe chills, mild fever, headache, joint pain, shortness of breath without sweating, thin white tongue coating, and a floating and tight pulse. In the formula, ephedra (Ma Huang) is bitter, pungent, and warm, inducing sweating to relieve exterior symptoms, clearing the lungs, and relieving asthma; cinnamon twig (Gui Zhi) relieves muscle tension and dispels wind, assisting ephedra in inducing sweating; apricot kernel (Xing Ren) promotes the downward flow of lung qi, enhancing the asthma-relieving effect of ephedra; and prepared licorice root (Zhi Gan Cao) harmonizes the other herbs and prevents excessive sweating from damaging body fluids. The combined effects of these herbs induce sweating to relieve exterior symptoms, dispel wind and cold, open the pores, and promote the smooth flow of lung qi, thus expelling the pathogenic factor through sweating.

Modern applications of this formula include inducing sweating, reducing fever, relieving cough and asthma, enhancing lung ventilation, and relieving tracheal (bronchial) smooth muscle spasms. It is used for colds, influenza, bronchitis, upper respiratory tract infections, neuralgia, and arthritis.

913-401-5 C

使用移光定位針灸配合經方術數用藥治療大腦相關疾病（偏頭痛、阿茲海默症、帕金森氏病）

吳奇

美國加州中醫藥大學副校長、博士生導師

摘要

講者以細胞訊號轉導為核心，探討如何結合移光定位針灸、經方與術數用藥應對疑難大病。內容強調物理訊號源於太陽節律信號與頻率共振，化學訊號則透過中草藥調節，兩者結合可望提升療效。講者引用 2017 與 2020 年等諾貝爾獎觀點，並分享多個臨床隨訪病例。例如食道癌術後持續惡心患者在治療 4 週後顯著改善，及若干典型疑難病例，並針對癌症幹細胞、胰島素阻抗及微管相關腦部病變等核心機制，提出具體治療思路與得失利弊。

Using Sunlight-Switching Positioning Acupuncture Combined with TCM formulas to Treat Brain-Related Diseases (Migraine, Alzheimer's Disease, Parkinson's disease)

Wu Qi

Vice President and Doctoral Advisor, Five Branches University, California, USA

Licensed Acupuncturist (L.Ac.), California, USA

Abstract

Centering on cell signal transduction, the speaker explores how to tackle complex, major diseases by combining Sunlight-Shifting Positioning Acupuncture and classic formulas with I-Ching-based ideology. The content emphasizes that physical signals originate from circadian rhythms and frequency resonance, while chemical signals are regulated by Chinese herbs; combining both can potentially enhance efficacy. Citing Nobel Prize concepts from 2017 and 2020, the speaker shares multiple clinical follow-up cases. For instance, a patient with persistent post-operative nausea from esophageal cancer showed significant improvement after 4 weeks with several challenging cases. Specific therapeutic approaches, along with their pros and cons, are proposed for core mechanisms related to brain lesions, such as cancer stem cells, insulin resistance, and the role of microtubules.

經方蟲類藥於婦科病證之應用

賴榮年

愛群醫療機構總院長

摘要

蟲藥（Chong Yao，蟲類藥）是中藥中一類具有獨特藥理特性的藥物，其主要作用包括活血化癥、消癥散結、抗發炎及調節組織重塑等。蟲藥在中國傳統醫學典籍中已有廣泛記載，尤其在張仲景所建立的經方體系中具有重要地位。然而，相較於植物性中藥，蟲藥在現代臨床上的應用日益受到忽視，尤其是在婦科疾病的治療領域。

許多難治性婦科疾病，包括子宮肌瘤、子宮腺肌症、子宮內膜異位症、慢性骨盆腔疼痛、子宮腔沾黏，以及與血瘀相關的不孕症等，在中醫病機上具有若干共同特徵，可歸屬於血瘀、癥瘕及絡脈瘀阻等病理範疇。蟲藥具有特殊且多元的生物活性，能夠活血化癥、軟堅散結、通經活絡及促進組織修復，因此在這類複雜及難治性疾病的治療中具有潛在的重要價值。

本次演講將回顧經方中具有代表性的蟲藥，包括土鱉蟲（Eupolyphaga）、虻蟲（Tabanus）、水蛭（Leech）、僵蠶（Silkworm）及地龍（Earthworm）等，並介紹其傳統中醫藥理論與臨床適應證，同時結合現代研究對其活性成分及藥理作用的最新認識。相關藥理作用包括抗纖維化、抗發炎、抗血管新生、抗凝血、免疫調節、抗氧化及組織再生與修復等。

本演講特別強調將經典中醫理論與現代生物醫學研究相互整合，藉此探討蟲藥治療婦科疾病可能涉及的作用機制。透過經方理論與現代藥理學證據的銜接，期望重新彰顯蟲藥在整合醫學婦科中的治療潛力，並促進其以辨證論治、科學研究及循證醫學為基礎，合理且安全地應用於難治性婦科疾病的臨床治療。

關鍵詞：經方；蟲藥；婦科疾病；血瘀；子宮肌瘤；子宮內膜異位症；整合醫學；中醫藥

The Application of Jingfang Medicinal Insects in Gynecological Disorders

Jung-Nien Lai

Chief Dean of IHMED

Abstract

Medicinal insects (Chong Yao, 蟲藥) constitute a distinctive category of traditional Chinese medicines characterized by potent blood-activating, stasis-resolving, anti-inflammatory, and tissue-remodeling properties. Although they have been widely documented in classical Chinese medical literature, particularly in the Jingfang (Classical Formula) tradition established by Zhang Zhongjing, their clinical application has become increasingly limited in modern practice, especially in the management of gynecological disorders.

Many refractory gynecological diseases—including uterine fibroids, adenomyosis, endometriosis, chronic pelvic pain, intrauterine adhesions, and infertility associated with blood stasis—share common pathological features described in Traditional Chinese Medicine (TCM) as blood stasis, abdominal masses (Zheng Jia), and collateral obstruction. Medicinal insects possess unique biological activities that enable them to disperse blood stasis, soften masses, unblock the channels and collaterals, and promote tissue repair, making them particularly valuable for these complex conditions.

By bridging classical Jingfang principles with modern pharmacological evidence, this presentation aims to highlight the therapeutic potential of medicinal insects in integrative gynecology and to encourage their rational, evidence-informed application in the treatment of refractory gynecological disorders.

Keywords: Jingfang; medicinal insects; gynecology; blood stasis; uterine fibroids; endometriosis; integrative medicine; Traditional Chinese Medicine

913-401-7 C

經方在腎臟疾病應用

吳雄志

天津南開醫院副院長

太湖學院創辦人

摘要

詳細論述了經方治療腎病水腫的溫陽補腎與發表利水兩大原則及其適應癥，比較了麻黃附子甘草湯、麻黃附子湯與麻黃附子細辛湯的異同，指出了麻黃附子湯、越婢加術附湯與桂枝芍藥知母湯的各自使用時機，討論了真武湯與腎氣丸溫陽行水與溫補利水的異同，介紹了家傳四制熟地法在腎病中的應用。

Application of Classical Formulas in Kidney Diseases

Xiong-Zhi Wu

Vice President, Tianjin Nankai Hospital; Founder, Taihu Academy

Abstract:

This presentation provides a detailed discussion of the two major principles of treating edema associated with kidney disease using classical formulas: warming Yang and tonifying the kidneys, and releasing the exterior and promoting urination, together with their respective indications. It compares the similarities and differences among Mahuang Fuzi Gancao Tang, Mahuang Fuzi Tang, and Mahuang Fuzi Xixin Tang, and identifies the appropriate occasions for the use of Mahuang Fuzi Tang, Yuebi Jia Zhu Fu Tang, and Guizhi Shaoyao Zhimu Tang. It also discusses the similarities and differences between Zhenwu Tang and Shenqi Wan in terms of warming Yang and promoting water metabolism versus warming and tonifying while promoting urination, and introduces the application of the family-inherited method of Four-Processed Prepared Rehmannia Root in kidney diseases.

Translated by the Conference Organizing Committee

內分泌卵巢代謝症候群心悟

徐慧茵

長青傳統中醫診所院長

摘要

多囊性卵巢症候群病因多端、表現多樣。中醫認為，氣虛、血虛、血瘀、痰濕及情志失調等，雖病因各異，最終皆可能造成氣血失和、升降失常、樞機不利，進而影響沖任、胞宮與卵巢功能，形成月經失調、不孕及代謝異常等臨床表現。此一病機思維，與現代醫學所揭示之胰島素阻抗、代謝失衡及內分泌失調等機轉，實有相互呼應之處。本演講將從中醫「樞機」觀點重新審視多囊性卵巢症候群，結合現代內分泌代謝醫學之發展，分享臨床辨證與治療之體悟。

Polyendocrine Metabolic Ovarian Syndrome: Clinical Insights and Reflections

Hui-Yin Hsu

Ph.D., Certified TCM Practitioner

Abstract

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is a complex disorder with diverse etiologies and clinical manifestations. From the perspective of Traditional Chinese Medicine (TCM), qi deficiency, blood deficiency, blood stasis, phlegm-dampness, and emotional disturbances may represent distinct pathogenic factors; however, they may ultimately converge on a common pathomechanism characterized by impaired pivotal regulation and disordered qi dynamics. Such disturbances may further disrupt the harmonization of qi and blood, affect the Chong and Ren Vessels and the uterus (Bao Gong), and impair ovarian and reproductive function, manifesting as menstrual irregularities, infertility, and metabolic abnormalities. This traditional pathophysiological framework resonates with the contemporary understanding of PMOS as a disorder involving endocrine dysregulation, insulin resistance, and metabolic dysfunction. This lecture will explore PMOS through the TCM concept of impaired pivotal regulation, integrate traditional pattern-based understanding with modern endocrine and metabolic perspectives, and share clinical insights into pattern identification and individualized treatment.



中醫藥實證研究成果發表研討會

2026.09.13	星期日	Sunday
	205 廳	Hall 205

紅麴治療高脂血症的臨床實證研究

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摘要

目的：紅麴是一種由米與酵母菌發酵而成的天然產物。本研究旨在探討紅麴的益處，並比較其與史他汀類藥物在高血脂症上的治療效果。

方法：我們分析了長庚研究資料庫世代的數據。研究中採用了傾向分數配對法與Cox 比例風險迴歸模型。

結果：本研究共收案紅麴組 1,197 人及史他汀類藥物組 4,787 人。患者亦被分層為單用史他汀類藥物組與合併使用組，以進行進一步的比較。經過一年的治療後，紅麴組與史他汀類藥物組的總膽固醇與三酸甘油酯數值皆呈現下降。在合併患有糖尿病、高血壓、腎臟病或肝臟疾病的患者中，紅麴與史他汀類藥物在急診就醫、中風及心肌梗塞的風險上表現相當。然而，紅麴與史他汀類藥物的合併使用，不僅能降低糖尿病、高血壓及腎臟病患者的中風相關住院率，亦能降低高血壓及腎臟病患者的心肌梗塞相關住院率。

結論：紅麴能有效降低血脂數值。紅麴與史他汀類藥物合併使用，在降低高血壓及腎臟病患者因中風和心肌梗塞的急診就醫及住院率方面顯示出潛力。此外，在腎臟病族群中，全死因死亡率亦較低。

關鍵詞：紅麴；史他汀類；高血脂；中醫

Clinical Evidenced Study of Red Yeast Rice in the Treatment of Hyperlipidemia

Yu-chiang Hung

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Abstract

Objective: Red yeast rice (RYR) is a natural product that originates from the fermentation of rice with a yeast. This study aimed to investigate the benefit of RYR and compare it with statins in the hyperlipidemia.

Methods: We analyzed data from the Chang Gung Research Database cohort. Propensity score matching and the Cox proportional hazards regression model were employed.

Results: The study encompassed 1,197 in the RYR group and 4,787 in the statin group. The patients were also stratified into statin or combined use groups for further comparison. Following one year of treatment, both the RYR and statin groups exhibited reductions in total cholesterol and triglyceride levels. In patients with comorbid diabetes, hypertension, kidney, or liver diseases, RYR and statins demonstrated comparable risks for emergency room visits, stroke, and myocardial infarction (MI). However, the combination of RYR and statins was associated with reduced stroke-related hospitalizations in patients with diabetes, hypertension, and kidney disease, as well as decreased MI-related hospitalizations in patients with hypertension and kidney disease.

Conclusion: RYR effectively lower lipid profile levels. Combination of RYR and statins shows potential in reducing ER visits and hospitalization for stroke and MI in patients with hypertension and kidney disease. Moreover, all-cause mortality is lower in the population with kidney disease.

Keywords: Red Yeast Rice; Statin; Hyperlipidemia; Chinese medicine.

913-205-2 C

整合中西醫治療修格蘭氏症及乾眼症

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摘要

修格蘭氏症為自體免疫性疾病，常以乾眼、口乾及全身性疲倦、疼痛為主要表現。西醫治療著重人工淚液、局部抗發炎藥物、免疫調節與系統性併發症監測；中醫則依陰虛、燥熱、氣血失調等證型，運用中藥、針灸及生活調養改善症狀。整合中西醫可同時兼顧疾病控制、腺體功能、眼表穩定與生活品質，並依個別病程建立更精準、持續且安全的治療策略。

關鍵詞：修格蘭氏症、乾眼症、針刺、中醫藥

Integrative Chinese and Western Medicine for the Management of Sjögren's Disease and Dry Eye Disease

Ching-Mao Chang

Director, Division of Integrative Medicine, Center for Traditional Medicine, Taipei Veterans General Hospital, Taipei, Taiwan

Abstract

Sjögren's disease is a systemic autoimmune disorder characterized by dry eye, dry mouth, fatigue, pain, and potential multiorgan involvement. Conventional management focuses on tear replacement, topical anti-inflammatory therapy, immunomodulation, and surveillance for systemic complications. Traditional Chinese medicine approaches treatment through individualized pattern differentiation, commonly addressing yin deficiency, dryness-heat, and disturbances of qi and blood with herbal medicine, acupuncture, and lifestyle regulation. An integrative strategy may combine the strengths of both systems: Western medicine provides disease assessment, organ protection, and evidence-based control of inflammation, while Chinese medicine may help relieve persistent symptoms, improve tear secretion, support ocular surface stability, and enhance overall well-being. Treatment should be tailored to disease activity, glandular function, comorbidities, and patient-reported outcomes. Through coordinated multidisciplinary care, integrative Chinese and Western medicine may offer a more comprehensive, precise, and sustainable model for managing Sjögren's disease and associated dry eye disease while maintaining safety and quality of life.

Keywords: Sjögren's syndrome; dry eye disease; Acupuncture; traditional Chinese medicine

913-205-3 C

中醫失智與失能的臨床治療與研究

林舜毅

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摘要

人口高齡化使失智症與功能失能成為相互加乘的臨床與公共衛生問題。失智照護若僅聚焦認知量表，容易忽略吞嚥、營養、肌力、步態、跌倒、精神行為症狀及照顧者負荷等影響預後的功能結局。本文以敘述性綜述整合輕度認知障礙、阿茲海默症、血管性失智，以及吞嚥困難、肌少症與虛弱之中醫臨床研究與整合照護經驗，並討論中藥、針灸、穴位按摩與功能訓練在現代照護路徑中的定位。

現有系統性回顧、隨機試驗與真實世界研究顯示，中醫藥與針灸可能改善部分患者的認知功能與精神行為症狀，並在吞嚥困難、肌少症、虛弱及日常生活功能方面呈現臨床效益。針灸與穴位按摩研究顯示，可改善吞嚥表現與進食能力；中藥及針灸相關研究亦觀察到肌力、步行速度與整體身體功能的提升。健保資料庫研究則提示，接受中醫照護的失智患者可能具有較低的肺炎住院、長期管灌與導管使用風險。這些結果顯示，中醫失智與失能照護的評估不宜只看認知分數，亦應涵蓋日常生活活動、吞嚥與營養、跌倒風險、照顧負荷及生活品質。臨床實作可結合辨證論治、針灸、穴位按摩、營養、運動及認知與吞嚥訓練，建立以功能恢復與生活參與為導向的照護模式。

現有研究仍有樣本數偏小、介入方式與成效指標不一等限制。未來應建立標準化處方與核心結局，並以大型、長期研究驗證臨床效益與安全性。

關鍵詞：失智症、中醫藥、針灸、失能、整合照護

Clinical Treatment and Research on Dementia and Disability in Traditional Chinese Medicine

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Abstract

Population ageing has made dementia and functional disability mutually reinforcing clinical and public-health challenges. A dementia-care model focused only on cognitive scores may overlook swallowing, nutrition, muscle strength, gait, falls, behavioral and psychological symptoms, and caregiver burden, all of which influence prognosis and quality of life. This narrative review synthesizes clinical research and integrative-care experience concerning mild cognitive impairment, Alzheimer's disease, vascular dementia, dysphagia, sarcopenia, and frailty, and examines the role of Chinese herbal medicine, acupuncture, acupressure, and function-oriented training within contemporary care pathways.

Systematic reviews, randomized trials, and real-world studies suggest that traditional Chinese medicine may improve cognition and behavioral symptoms in selected patients, while also showing clinical benefits for dysphagia, sarcopenia, frailty, and activities of daily living. Studies of acupuncture and acupressure have reported improvements in swallowing performance and oral intake, whereas research on herbal medicine and acupuncture has observed gains in muscle strength, walking speed, and overall physical function. Analyses of Taiwan's National Health Insurance database further suggest that dementia patients receiving Chinese medicine care may have lower risks of hospitalization for pneumonia, long-term tube feeding, and chronic catheter use. These findings indicate that evaluation should extend beyond cognitive scores to daily activities, swallowing and nutrition, falls, caregiver burden, and quality of life. Clinical practice may combine pattern-based herbal treatment, acupuncture, acupressure, nutrition, exercise, and cognitive or swallowing training in a function-oriented model of care.

Current studies remain limited by small samples and inconsistent interventions and outcome measures. Future research should establish standardized treatments and core outcomes and verify long-term effectiveness and safety in larger studies.

Keywords: dementia; traditional Chinese medicine; acupuncture; disability; integrative care

913-205-4 C

針刺治療慢性腎衰竭的臨床經驗： 戰略及戰術

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摘要

慢性腎臟病，它的醫療支出佔我國健保一個很大的比例。扣除已經洗腎的病人，在還沒有透析之前，有相當的數量，這應該是腎臟科醫師。以及針刺治療可以介入的項目。個人以針刺治療，慢性腎衰竭已將近 20 年，累積至少有千例以上的治療經驗及心得。這次會議我將以戰略（腎前，腎中 腎後之原因）以及戰術（肌酸酐小於 4 肌酸酐 4 到 8，肌酸酐大於 8 等數據的用針方式。）。來跟各位同道做經驗的分享。

關鍵詞：健保、洗腎 / 透析、腎前、腎中（內）、腎後、肌酸酐。

Clinical Experience in Acupuncture for Chronic Renal Failure: Strategies and Tactics

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Abstract

Chronic kidney disease (CKD) accounts for a substantial proportion of our National Health Insurance (NHI) medical expenditure. Excluding patients who are already undergoing dialysis, there remains a considerable pre-dialysis population—representing a critical window where both nephrologists and acupuncture therapy can intervene.

I have utilized acupuncture to treat chronic renal failure for nearly 20 years, accumulating clinical insights and experience from over a thousand cases. In this presentation, I will share my experience with fellow colleagues through both a strategic approach (addressing prerenal, intrinsic renal, and postrenal etiologies) and a tactical approach (specific acupuncture protocols stratified by serum creatinine levels: $<4\text{ mg/dL}$, $4\text{--}8\text{ mg/dL}$, and $>8\text{ mg/dL}$).

Keywords: ational Health Insurance (NHI);Dialysis;Prerenal,
Intrinsic renal (or Intrarenal), Postrenal;Creatinine / Serum creatinine

913-205-5 C

熱療與電針治療發炎性疼痛小鼠模型之協同效應

張文開

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摘要

背景：熱療（HT）與電針（EA）是廣泛用於緩解疼痛的方法；然而，兩者聯合應用背後的鎮痛機制目前仍不清楚。

方法：在醋酸（AA）誘發的扭體試驗與完全弗氏膠體（CFA）誘發的發炎性疼痛試驗中，小鼠接受以下三種治療之一：雙側足三里穴（ST36）電針、使用保持在 45 ° C 的加熱墊進行熱療，或是電針結合熱療（EA + HT）。為探討其潛在機制，實驗組別分別預先給予咖啡因、DPCPX（選擇性腺 A1 受體拮抗劑）或納洛酮（鴉片受體拮抗劑）。並透過蛋白質印跡法（Western blotting）與免疫螢光法，檢測脊髓中膠質纖維酸性蛋白質（GFAP）與磷酸化 p38（p-p38）的表達水平。

結果：單獨使用 EA 或 HT 均能減少 AA 誘發的扭體反應，而聯合治療（EA + HT）產生了最強的鎮痛效果。EA 的鎮痛作用可被咖啡因和 DPCPX 阻斷，並可被納洛酮部分阻斷；而 HT 的鎮痛作用可被咖啡因和 DPCPX 阻斷，但不受納洛酮影響。注射 AA 會增加脊髓中 p-p38 和 GFAP 的表達，而 EA 或 HT 均能減弱此表達，其中以 EA + HT 組別的抑制效果最為顯著。在 CFA 模型中，EA 和 HT 均緩解了機械性痛覺過敏，且聯合治療產生的鎮痛效果顯著高於任一單獨治療。

結論：EA 與 HT 的結合在 AA 及 CFA 誘發的疼痛模型中發揮了協同增效的鎮痛作用，且此作用與減少脊髓發炎及星形膠質細胞的活化有關。EA 的鎮痛機制似乎涉及腺 A1 受體途徑，並在較小程度上涉及鴉片受體機制；而 HT 的鎮痛效果則主要涉及腺 A1 受體途徑。

The Synergistic Effect of Heat Therapy and Electroacupuncture Treatment in Inflammatory Pain Mouse Models

Boon Khai Teoh

Professor: Yi-Hung Chen

Abstract

Background: Heat therapy (HT) and electroacupuncture (EA) are widely used methods for pain relief; however, the analgesic mechanisms underlying their combined application remain unclear.

Methods: In acetic acid (AA)-induced writhing and complete Freund's adjuvant (CFA)-induced inflammatory pain tests, mice received one of three treatments: EA at bilateral ST36, HT using a heating pad maintained at 45 °C, or a combination of EA and HT (EA + HT). To investigate the underlying pathways, separate groups were pretreated with caffeine, DPCPX (a selective adenosine A1 receptor antagonist), or naloxone (an opioid receptor antagonist). Spinal expression levels of glial fibrillary acidic protein (GFAP) and phosphorylated p38 (p-p38) were examined using Western blotting and immunofluorescence.

Results: Both EA and HT individually reduced AA-induced writhing, with the combination treatment (EA + HT) producing the greatest analgesic effect. The analgesic effect of EA was reversed by caffeine and DPCPX and partially reversed by naloxone, whereas the analgesic effect of HT was reversed by caffeine and DPCPX but was unaffected by naloxone. AA injection increased spinal p-p38 and GFAP expression, which was attenuated by either EA or HT, with the most pronounced suppression observed in the EA + HT group. In the CFA model, both EA and HT alleviated mechanical allodynia, while the combined treatment produced significantly greater analgesia than either treatment alone.

Conclusions: The combination of EA and HT synergistically enhances analgesia in both AA- and CFA-induced pain models and is associated with reduced spinal inflammation and astrocyte activation. The analgesic effects of EA appear to involve adenosine A1 receptor pathways and, to a lesser extent, opioid receptor mechanisms, whereas the effects of HT appear to involve adenosine A1 receptor pathways.

全球醫療性刺青與中醫針灸起源之比較研究

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摘要

本研究旨在探討全球跨洲域醫療性刺青文化的發展，並比較其與中國針灸醫學形成歷程之異同，以釐清兩者在醫療技術演進上的本質差異。

本文採文獻考證與比較研究法，整理奧茲冰人、日本繩文文化、西伯利亞斯基泰人等全球跨洲域醫療性刺青的文獻，並結合馬王堆帛書、《刺數》醫簡老官山髹漆人像等中國出土文物，探析針灸理論形成的過程。

結果顯示醫療性刺青廣泛存在於不同時空文化，多以疼痛部位或疾病相關位置施作，但各文化皆未發展出完整醫學理論。相較之下，中國針灸歷經由經脈、刺法、穴位至經絡理論的持續演進，約於西元前後完成系統化醫學體系之建立。醫療性刺青在空間上跨全球洲域；在時間上跨越數千年，仍無法形成高度理論化的針灸科學，其應僅能視為不同文化各自獨立演化的「泛人類現象」，而非針灸的直接起源。中醫針灸則以經絡理論、腧穴概念及辨證論治為核心，形成獨立且完整的醫學體系，其理論化與系統化發展具有不可取代的醫學史價值。

關鍵詞：醫療性刺青、奧茲冰人、針灸、經絡理論

A Comparative Study of Global Therapeutic Tattooing and the Origin of Traditional Chinese Acupuncture

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Abstract

This study aimed to investigate the development of therapeutic tattooing across prehistoric cultures and to compare it with the evolution of traditional Chinese acupuncture, thereby clarifying the fundamental differences between these two medical traditions.

A literature review and comparative historical analysis were conducted. Literatures of therapeutic tattooing from Ötzi the Iceman, the Japanese Jomon culture, the Pazyryk culture of Siberia, and so on was systematically reviewed. These findings were compared with excavated Chinese medical artifacts to examine the developmental process of acupuncture theory.

Therapeutic tattooing was found to have emerged independently across multiple prehistoric cultures. These practices were primarily applied to painful or diseased body regions for pain relief and healing. In contrast, Chinese acupuncture evolved progressively from meridian and needling techniques to the concepts of acupoints and meridian theory, ultimately establishing a systematic medical framework around the beginning of the Common Era. Therapeutic tattooing represents a parallel medical tradition that independently emerged in different cultures rather than the direct origin of acupuncture. Traditional Chinese acupuncture developed into a unique and highly systematized medical discipline through the integration of meridian theory, acupoint concepts, and syndrome differentiation. Its theoretical development and systematization constitute a distinctive milestone in the history of medicine.

Keywords: Therapeutic tattooing, Ötzi the Iceman, Acupuncture, Meridian theory

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雷射針灸作為偏頭痛預防性治療之經驗及隨機分派試驗

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摘要

背景：雷射針灸是一種非侵入性治療，既往研究顯示其在不同類型頭痛中的療效可與傳統針灸相近。然而，對於成人慢性偏頭痛（chronic migraine, CM），目前相關證據仍不足。本研究旨在評估雷射針灸（laser acupuncture, LA）作為慢性偏頭痛附加預防治療之療效與安全性。

方法：本研究為一項單盲隨機對照試驗，於2022年1月至2023年11月期間進行。納入藥物治療效果不佳之慢性偏頭痛患者，並以1:1比例隨機分派至LA組或假治療組。受試者於4週內接受共8次治療。共同主要結果為每月偏頭痛天數（monthly migraine days, MMD）及每月急性頭痛藥物使用天數相較於基線之變化。評估時間點包括基線期、治療完成時第4週、第8週及第12週。

結果：共60位患者納入意向治療分析，兩組各30位。兩組基線頭痛特徵相近。相較於假治療組，LA組在第8週及第12週之MMD顯著下降幅度較大（第8週：5.2天 vs. 1.5天， $p=0.015$ ；第12週：7.3天 vs. 1.8天， $p=0.001$ ）。此外，LA組每月急性頭痛藥物使用天數亦顯著減少（第4週：3.1天 vs. 0.4天， $p=0.007$ ；第8週：3.2天 vs. 0.0天， $p=0.005$ ；第12週：3.9天 vs. 0.0天， $p<0.001$ ）。兩組皆未觀察到嚴重不良事件。

結論：雷射針灸可有效減少慢性偏頭痛患者之每月偏頭痛天數及急性頭痛藥物使用天數，且安全性良好。值得注意的是，LA的療效在追蹤期間呈現逐漸增強的趨勢。本研究結果顯示，LA可作為慢性偏頭痛具潛力的附加預防治療，未來值得進一步探討其作用機轉及長期預防效果。

關鍵詞：偏頭痛、雷射針灸、預防性治療、隨機對照試驗

Laser Acupuncture as an Add-on Treatment for Refractory Chronic Migraine: Experience in Integrating Traditional Chinese Medicine and Western Medicine Treatment for Chronic Migraine

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Abstract

Background : Laser acupuncture (LA) is a proven non-invasive treatment with effects comparable to traditional acupuncture in different types of headaches, but there is still insufficient evidence for chronic migraine (CM) in adults. We aim to investigate the efficacy and safety of LA as an add-on preventive therapy on CM.

Methods : A single-blind randomized controlled trial was conducted from January 2022 to November 2023. CM patients with unsatisfactory pharmacological effects were randomly assigned in a 1:1 ratio to receive either LA or sham treatment over a course of 8 sessions spanning 4 weeks. The co-primary outcomes were changes in monthly migraine days (MMD) and acute headache medications usage days per month from baseline. Evaluations were taken at baseline (12 weeks before randomization), at 4th week (treatment completed), 8th week and 12th week from baseline.

Results : A total of 60 patients (30 in each group) were included in the intention-to-treat analyses. Baseline headache characteristics between trial groups were similar. Compared with the sham group, the LA group had a significant reduction in MMD (5.2 vs. 1.5 days at 8th week, $p = 0.015$; 7.3 vs. 1.8 days at 12th week, $p = 0.001$), and acute headache medications usage days per month (3.1 vs. 0.4 days at 4th week, $p = 0.007$; 3.2 vs. 0.0 days at 8th week, $p = 0.005$; 3.9 vs. 0.0 days at 12th week, $p < 0.001$). No serious adverse event was observed in both groups.

Conclusions : LA was effective in reducing MMD and acute headache medications usage with promising safety. Specifically, the efficacy of LA exhibited a progressively more pronounced effect within the follow-up period. We suggested that LA is a promising add-on preventive therapy for CM, and trials focused on investigating the mechanism of LA's effect and its long-term effects on CM prevention are justified.

Keywords: Migraine, Laser acupuncture, Prevention, Randomized controlled trial

中醫藥協助呼吸衰竭病人脫離呼吸器的經驗探討

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摘要

86 歲老年男性病患，於 112-10-17 因急性失代償性心臟衰竭併發急性肺水腫、雙側胸腔積水、雙側肺炎入院治療。經抗生素和利尿劑治療，插管並使用呼吸器，肺炎肺水腫得到控制，但仍無法脫離呼吸器，建議氣切，而家屬拒絕，要求會診中醫幫助脫離呼吸器。初診時患者嗜睡疲倦。PSP mode 呼吸器使用，痰量少，色白，質黏稠。大便質黃軟糊量少。右脈沉弱無力、左脈沉滑短無力，舌尖質紅。中醫辨證為心肺腎氣陰兩虛，腎不納氣。治則採健脾益肺，心腎氣陰雙補，納氣歸元。服藥五帖，患者呼吸器指數順利改善，順利脫離呼吸器，六日後轉入一般病房，再二周後順利出院。

71 歲女性診病患，十日前因肺炎引發肺部膿瘍、敗血性休克併發急性呼吸衰竭，收住加護病房。經胸腔外科評估：因病人年老、體力不佳，且有食道疝氣病史，故不建議手術，但因肺部膿瘍未順利改善，難以脫離呼吸器，會診中醫。初診時病人面黃暗無華，身倦乏力，咳痰無力，痰黃白量多。左脈沉無力，右脈濡滑數按之無力寸弱。辨病為肺癰，辨證為肺脾氣虛，兼有痰熱蘊肺。治以健脾益氣，佐以清肺化痰。服藥三帖後，患者精神明顯進步，後加入溫腎納氣藥物，再服四帖後順利脫離呼吸器，又三日患者轉入普通病房，可在攙扶下站立步行，胸部 X 光顯示肺積水情況改善，肺膿瘍區塊縮小。之後順利出院。

臨床上諸多住院驗案顯示：中西醫跨領域合作，確實有助於各種不同病因之呼吸衰竭病人脫離呼吸器。

關鍵詞：呼吸衰竭、心臟衰竭、肺部膿瘍、心腎氣陰雙補、健脾益氣

Helping Admitted Patients with Respiratory Failure Wean Off Mechanical Ventilator by Chinese Medicine

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Abstract

An 86-year-old male patient was admitted on October 17, 2023, due to acute heart failure complicated by acute pulmonary edema, bilateral pleural effusions, and bilateral pneumonia. Following treatment with antibiotics and diuretics, together with endotracheal intubation and mechanical ventilation, both the pneumonia and pulmonary edema were successfully controlled. However, repeated attempts to wean the patient from mechanical ventilation were unsuccessful. Although tracheostomy was recommended, the patient's family declined the procedure and requested a consultation with Traditional Chinese Medicine (TCM) to facilitate ventilator weaning.

At the initial TCM consultation, the patient appeared somnolent and fatigued. He was receiving pressure support ventilation (PSV). Sputum production was scant, white, and viscous. Stool was scant, soft, and yellowish. Pulse examination revealed a deep, weak pulse on the right and a deep, slippery, short, and weak pulse on the left. The tip of the tongue was red. According to TCM syndrome differentiation, the patient was diagnosed with simultaneous deficiency of qi and yin involving the Heart, Lung, and Kidney, with failure of the Kidney to grasp qi. The treatment principle was to strengthen the Spleen and benefit the Lung, tonify both qi and yin of the Heart and Kidney, and restore the Kidney's function of receiving qi. After five doses of herbal medicine, the patient's ventilatory parameters improved steadily, allowing successful liberation from mechanical ventilation. Six days later, he was transferred to a general ward and was discharged smoothly two weeks thereafter.

A 71-year-old female patient was admitted to the intensive care unit with acute respiratory failure secondary to pneumonia complicated by lung abscess and septic shock. After evaluation by the thoracic surgery team, surgical intervention was not recommended because of the patient's advanced age, poor physical condition, and history of hiatal hernia. As the lung abscess failed to improve satisfactorily and the

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patient remained dependent on mechanical ventilation, a TCM consultation was requested.

At the initial TCM evaluation, the patient presented with a sallow, lusterless complexion, generalized fatigue, weak expectoration, and copious yellow-white sputum. Pulse examination demonstrated a deep, weak pulse on the left and a soft, slippery, rapid, yet weak pulse on the right, with particular weakness at the cun position. The disease was identified as lung abscess (Feiyong), with syndrome differentiation indicating Lung and Spleen qi deficiency accompanied by phlegm-heat obstructing the Lung. Treatment focused on strengthening the Spleen and replenishing qi, supplemented with therapies to clear the Lung and resolve phlegm. After three doses of herbal medicine, the patient's mental status improved markedly. Kidney-warming and qi-receiving herbs were subsequently added to the prescription. Following an additional four doses, the patient was successfully weaned from mechanical ventilation. Three days later, she was transferred to a general ward, where she was able to stand and ambulate with assistance. Chest radiography demonstrated improvement of pleural effusion and reduction in the size of the lung abscess. The patient was subsequently discharged in stable condition.

Numerous inpatient clinical cases have demonstrated that interdisciplinary collaboration between conventional Western medicine and Traditional Chinese Medicine, with the appropriate application of TCM interventions, can effectively facilitate successful weaning from mechanical ventilation in patients with respiratory failure resulting from a variety of underlying etiologies.

Keywords: Respiratory failure; Heart failure; Lung abscess; Dual supplementation of Heart and Kidney qi and yin; Spleen-strengthening and qi-tonifying.

腫瘤免疫微環境與中醫藥抗癌新策略

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摘要

腫瘤免疫微環境是大腸直腸癌 (CRC) 轉移與進展的核心。我們的研究整合單細胞轉錄體、空間轉錄體與 ATAC-seq, 鑑定促轉移的 SPP1+ TAMs 亞群, 證實腫瘤源性 MIF/SPP1+TAMs 訊息軸與 CRC 轉移高度相關。從中藥鵝不食草中篩得活性成分短葉老鸛草素 A(BrA), 可抑制 MIF、阻斷 SPP1+TAMs 活化, 體內外證實其透過抑制血管新生發揮抗轉移作用, 體現「成分-標靶-微環境」篩選策略。針對中藥藥動藥效數據稀缺問題, 引入 ChemProp 圖神經網絡與 PRnet 模型預測藥物屬性與微環境效應, 未來將建構一體化篩選平台, 加速標靶腫瘤微環境的中醫藥抗癌新策略開發。

913-205-9 E

Tumor Immune Microenvironment and Novel Anticancer Strategies of Traditional Chinese Medicine

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Abstract

The tumor immune microenvironment is central to the metastasis and progression of colorectal cancer (CRC). Our study integrates single-cell transcriptomics, spatial transcriptomics, and ATAC-seq to identify a pro-metastatic SPP1+ TAMs subpopulation and demonstrates that the tumor-derived MIF/SPP1+ TAMs signaling axis is highly associated with CRC metastasis. The active compound Brevilin A (BrA) was screened from the Chinese medicinal herb *Centipeda minima*. BrA inhibits MIF and blocks the activation of SPP1+ TAMs. Both in vitro and in vivo studies confirmed that BrA exerts anti-metastatic effects by inhibiting angiogenesis, demonstrating a “compound–target–microenvironment” screening strategy. To address the scarcity of pharmacokinetic and pharmacodynamic data for Chinese medicines, the ChemProp graph neural network and PRnet model were introduced to predict drug properties and microenvironmental effects. In the future, an integrated screening platform will be established to accelerate the development of novel Traditional Chinese Medicine anticancer strategies targeting the tumor microenvironment.

Translated by the Conference Organizing Committee

「功能性內皮儲備」的臨床啟示：稜鏡效應顏面針法改善白內障術後角膜內皮失代償之個案報告

方志男

國興中醫診所院長

稜鏡效應顏面針法創始人

中華經絡美容醫學會理事長

摘要

背景與目的：角膜內皮細胞不具再生能力，白內障術後內皮流失可致角膜失代償及視力障礙。本案提出「功能性內皮儲備」概念——角膜透明取決於殘存內皮之整體幫浦（去水腫）功能而非細胞密度，並觀察稜鏡效應顏面針法之療效。

方法：一名 1945 年生男性，左眼白內障術後第三天視力驟降、角膜水腫。4 月 21 日鏡面顯微鏡（TOMEY EM-4000）因角膜混濁無法取得可分析之內皮影像；就診西醫師告知預後不佳、改善困難。術後併用類固醇、高滲 NaCl 及抗生素眼藥水，均於 5 月 19 日停用。患者於 4 月 24 日本院初診，接受稜鏡效應顏面針法合併中藥，密集施針二個月。

結果：治療約二個月後左眼角膜轉清，內皮細胞密度約 690 cells/mm、中央角膜厚度 552 μ m 近乎正常，未見明顯水腫。台大醫院竹北院區最佳矯正視力由術後模糊回復至 5 月 19 日 0.5、6 月 16 日 0.6，屬非預期之良好結果；同側右眼內皮密度同期穩定（約 2,000 cells/mm）。

結論：本案於極低內皮密度下仍維持角膜透明並改善視力，支持「功能性內皮儲備」概念。併用之類固醇與高滲 NaCl 為干擾因子，惟均於 5 月 19 日停用後視力仍持續改善，提示中醫或具附加效益。本法或可作為此類病症之輔助療法，惟屬單一個案，仍需對照研究驗證。

關鍵詞：角膜內皮細胞、功能性內皮儲備、白內障術後、稜鏡效應顏面針法、視力恢復

Clinical Implications of “Functional Endothelial Reserve”: The Prismatic Effect Facial Acupuncture Method for Corneal Endothelial Decompensation After Cataract Surgery — A Case Report

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Originator of The Prismatic Effect Facial Acupuncture Method

Abstract

Background and Objective: Corneal endothelial cells lack regenerative capacity; endothelial loss after cataract surgery may cause corneal decompensation and visual impairment. This report proposes the concept of “Functional Endothelial Reserve”—corneal transparency depends on the overall pump (deturgescence) function of the residual endothelium rather than cell density—and observes the effect of The Prismatic Effect Facial Acupuncture Method.

Methods: A male patient born in 1945 had an abrupt drop in left-eye vision with corneal edema on the third day after cataract surgery. On April 21, specular microscopy (TOMEY EM-4000) could not obtain analyzable endothelial images owing to corneal opacity; the ophthalmologist advised a poor prognosis for improvement. Corticosteroid, hypertonic NaCl, and antibiotic eye drops were used, tapered, and all discontinued on May 19. From the initial visit on April 24, the patient received the method combined with Chinese herbal medicine, with intensive needling over two months.

Results: After about two months, the left cornea cleared, with an endothelial density of ~690 cells/mm² and a near-normal central corneal thickness of 552 μm without marked edema. At National Taiwan University Hospital Hsinchu Biomedical Branch, best-corrected visual acuity recovered from postoperative blur to 0.5 (May 19) and 0.6 (June 16)—an unexpectedly favorable outcome—while the fellow right eye remained stable (~2,000 cells/mm²).

Conclusion: Despite an extremely low endothelial density, this case maintained corneal transparency and improved vision, supporting the “Functional Endothelial Reserve” concept. The concurrent corticosteroid and hypertonic NaCl are confounders; however, vision continued to improve after their discontinuation on May 19, suggesting a possible additive benefit of TCM. The method may serve as an adjunctive therapy for this condition, though as a single case it warrants controlled studies.

Keywords: corneal endothelial cells; functional endothelial reserve; post-cataract surgery; The Prismatic Effect Facial Acupuncture Method; visual recovery

中藥複方對乾眼症動物實驗的療效研究

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摘要

乾眼症 (Dry Eye Disease, DED) 是一種常見的眼科疾病，與淚膜異常及眼表病變相關，會引起眼部刺激感、乾澀、視力障礙以及角膜受損。我們假設中藥能改善眼部刺激感並降低角膜中的發炎因子。本研究旨在探討乾眼症的分子機制，並尋求降低角膜發炎的治療策略。

材料與方法：我們建立切除額外淚腺 (ELG) 的乾眼症小鼠模型，以由枸杞等五種中藥組成的煎劑對小鼠進行為期 3 個月的給藥治療。評估淚液滲透壓與眼表染色作為乾眼症指標，並透過免疫組織化學染色 (IHC) 檢測角膜的發炎程度。

結果：經過 3 個月的中藥煎劑治療後，小鼠角膜上皮糜爛與脫落情形顯著減少，角膜內皮細胞維持完整，且眼部淚液滲透壓恢復正常。此外，乾眼症模型角膜中與 IL-1 β 相關的發炎反應亦明顯降低。

結論：研究結果表明，此傳統中藥複方煎劑具有作為治療乾眼症新策略的潛力。

913-205-11 E

Traditional Chinese Medicine Formula for Dry Eye Disease in Animal Model

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Abstract

Dry Eye Disease (DED) is a common ophthalmic disorder associated with abnormalities of the tear film and ocular surface lesions, causing ocular irritation, dryness, visual disturbances, and corneal damage. We hypothesized that Chinese herbal medicine could alleviate ocular irritation and reduce inflammatory factors in the cornea. This study aimed to investigate the molecular mechanisms of dry eye disease and identify therapeutic strategies for reducing corneal inflammation.

Materials and Methods: We established a dry eye mouse model by excision of the extraorbital lacrimal gland (ELG). The mice were treated for three months with a decoction composed of five Chinese medicinal herbs, including *Lycium barbarum*. Tear osmolarity and ocular surface staining were evaluated as indicators of dry eye disease, and immunohistochemical staining (IHC) was performed to assess the degree of corneal inflammation.

Results: After three months of treatment with the Chinese herbal decoction, corneal epithelial erosion and shedding were significantly reduced, corneal endothelial cells remained intact, and tear osmolarity returned to normal. In addition, IL-1 β -related inflammatory responses in the corneas of the dry eye disease model were significantly reduced.

Conclusion: The results indicate that this traditional Chinese herbal formula decoction has the potential to serve as a novel therapeutic strategy for dry eye disease.

Translated by the Conference Organizing Committee

整合實驗、網絡藥理學與 AI 輔助分子設計：萊氏擬烏賊墨汁中鄰苯二甲酸二乙酯之卵巢癌治療潛力

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摘要

本研究以實驗與計算方法探討萊氏擬烏賊墨汁所分離活性成分對卵巢癌的治療潛力。經 HPLC、GC-MS、TLC、柱層析及光譜分析，鑑定出鄰苯二甲酸二乙酯 (DP)。DP 具 92% 過氧化氫自由基清除活性，並對 PA-1 卵巢癌細胞呈劑量依賴性細胞毒性，螢光染色證實其可誘導凋亡、粒線體功能障礙與氧化壓力。網絡藥理與生物資訊分析辨識出 75 個共同標靶，以 ACE、CTSB 與 GSK3B 為關鍵，其中 CTSB 可能為重要生物標記；分子對接、動力學模擬及 qRT-PCR 驗證 DP 與 CTSB 的穩定作用。另以 REINVENT4 生成相關類似物，拓展未來先導化合物優化空間。（依英文原文翻譯整理）

關鍵詞：尚未提供萊氏擬烏賊、鄰苯二甲酸二乙酯、烏賊墨汁、網絡藥理學、CTSB

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Integrated Experimental, Network Pharmacology, and AI-Assisted Molecular Design of Diethyl Phthalate Isolated from *Sepioteuthis lessoniana* Ink for Ovarian Cancer Therapy

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Abstract

This study investigated the therapeutic potential of a bioactive compound isolated from the ink of *Sepioteuthis lessoniana* against ovarian cancer using integrated experimental and computational approaches. Chromatographic techniques, including HPLC (High Performance Liquid Chromatography), GC-MS (Gas Chromatography-Mass Spectrometry), TLC (Thin Layer chromatography), and column chromatography, followed by UV-visible, FT-IR (Fourier Transform Infrared Spectroscopy), and ¹³C/¹H NMR (Nuclear Magnetic Resonance) analyses, identified Diethyl Phthalate (DP) (C₁₂H₁₄O₄; molecular weight 222.24) as a purified compound. DP exhibited strong antioxidant activity, with 92% H₂O₂ radical scavenging activity, and showed dose-dependent cytotoxicity against PA-1 ovarian cancer cells (IC₅₀ = 80 ± 0.05 µg/mL). Fluorescence staining assays confirmed apoptosis, mitochondrial dysfunction, and oxidative stress in DP-treated cells. Binding studies with bovine serum albumin (BSA) using UV-visible, fluorescence spectroscopy, and molecular docking demonstrated a strong interaction, suggesting favourable drug-like properties. Encouraged by these promising biological findings, the study was further extended to investigate the molecular mechanisms underlying the anticancer activity of DP using integrated network pharmacology, bioinformatics, and experimental validation. To elucidate the molecular mechanism of DP, network pharmacology and integrated bioinformatics analyses identified 75 overlapping target genes associated with DP and ovarian cancer. Functional enrichment, protein-protein interaction, and hub gene analyses highlighted ACE (Angiotensin-Converting Enzyme), CTSB (Cathepsin B), and GSK3B (Glycogen synthase kinase-3 beta) as key therapeutic targets, with CTSB emerging as a promising biomarker due to its high expression and drug resistance profile. Molecular docking, molecular dynamics simulation, and qRT-PCR (Quantitative Reverse Transcriptase- Polymerase Chain Reaction) validation confirmed the stable interaction of DP with CTSB and its ability to modulate gene expression in PA-1 cells. In addition, AI-driven molecular generation using REINVENT4 expanded the chemical space of diethyl phthalate by generating structurally related analogs, enabling future lead optimization. Overall, this study demonstrates the potential of integrating marine natural product research, network pharmacology, and generative artificial intelligence to accelerate the discovery of novel therapeutic candidates for ovarian cancer.

Key words: *Sepioteuthis lessoniana*; Diethyl Phthalate; Squid ink; Network pharmacology; CTSB

溫氏現代針灸輔助極低 AMH 女性凍卵成功之病例報告：生殖內分泌變化與取卵結果觀察

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摘要

AMH 0.041 ng/mL 對有凍卵需求的女性而言，常代表卵巢儲備極低、取卵困難，甚至可能面臨無卵可取的困境。本病例報告一名 37 歲女性，曾接受純西醫治療約兩年仍未能成功取卵，後接受依月經週期分期之溫氏現代針灸輔助調理。第一階段自 2019 年 10 月 26 日開始，每週針刺 1-2 次，依週期分別選用額中線 (MS1)、額旁一線 (MS2)、百會 (GV20)、四神聰 (EX-HN1)、眼針八穴、C14，以及耳穴神門、下視丘、腦下垂體、內分泌、子宮、卵巢等穴區，以調節神經 - 內分泌 - 卵巢反應。針灸 6 次後，E2 由偏高狀態下降至較適合取卵之區間，並成功取得第一顆卵；後續於 7 個月經週期中累積取得 7 顆卵子。一年後患者再度回診，第二階段共接受 13 次針灸，FSH 由 51.6 mIU/mL 下降至 18.4 mIU/mL，並於針灸 11 次後降至 6.3 mIU/mL；然而後續取卵時雖見成熟濾泡，濾泡內卻無卵母細胞。本病例顯示，溫氏現代針灸可能有助於調節極低 AMH 女性之生殖內分泌與卵巢反應，並於部分週期創造取卵機會；但 FSH 或 E2 改善並不必然等同於可取得成熟卵子，臨床仍須結合 AMH、FSH、E2、AFC、超音波與實際取卵結果綜合判讀。

關鍵詞：溫氏現代針灸、低卵巢儲備、AMH、凍卵、生殖內分泌

913-205-13 E

Successful Oocyte Cryopreservation Assisted by Wen's Modern Acupuncture in a Woman with Extremely Low AMH: A Case Report of Reproductive Endocrine Changes and Oocyte Retrieval Outcomes

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Abstract

An AMH level of 0.041 ng/mL in women seeking oocyte cryopreservation usually indicates extremely diminished ovarian reserve, poor ovarian response, and a high risk of failed oocyte retrieval. This case report describes a 37-year-old woman who had undergone approximately two years of conventional reproductive treatment without successful oocyte retrieval and subsequently received Wen's Modern Acupuncture as an adjunctive intervention according to different phases of the menstrual cycle. The first treatment stage began on October 26, 2019, with acupuncture performed once or twice weekly. The selected points and regions included the midline of the forehead (MS1), the first lateral line of the forehead (MS2), Baihui (GV20), Sishencong (EX-HN1), the eight eye-acupuncture points, C14, and auricular points including Shenmen, Hypothalamus, Pituitary Gland, Endocrine, Uterus, and Ovary, aiming to modulate neuroendocrine and ovarian responses. After six acupuncture sessions, estradiol (E2) decreased from an elevated level to a range more favorable for oocyte retrieval, and the first oocyte was successfully retrieved. Over the following seven menstrual cycles, a total of seven oocytes were obtained. One year later, the patient returned for a second treatment stage and received 13 additional acupuncture sessions. Her FSH level decreased from 51.6 mIU/mL to 18.4 mIU/mL and further to 6.3 mIU/mL after 11 sessions. However, during a subsequent retrieval procedure, mature follicles were observed but no oocyte was obtained, indicating empty follicles. This case suggests that Wen's Modern Acupuncture may help modulate reproductive endocrine function and ovarian response in women with extremely low AMH, potentially creating opportunities for oocyte retrieval in selected cycles. Nevertheless, improvement in FSH or E2 does not necessarily indicate successful recovery of mature oocytes. Clinical interpretation should integrate AMH, FSH, E2, antral follicle count, ultrasound findings, and actual oocyte retrieval outcomes.

Keywords: Wen's Modern Acupuncture; diminished ovarian reserve; AMH; oocyte cryopreservation; reproductive endocrinology

中藥產業升級論壇

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從傳統製劑到智慧製造：中藥產業升級展望

李威著

臺灣製藥工業同業公會監事長

摘要

台灣中藥製劑市場在經歷疫情期間「清冠一號」外銷多國的成功經驗，能見度已經大幅提升。由於台灣中藥濃縮製劑必須在 2028 年全面完成確效作業四階段，傳統製造的思維必須改變，因此傳統劑型也面臨製造秩序的新挑戰，所以台灣中藥產業現在正處於升級的關鍵轉折點。

1. 製程標準化與品質升級

藥廠積極導入確效作業規範，透過嚴格的指標成分定量、重金屬與農藥殘留檢驗，確保濃縮製劑的品質均一性。

2. 本土藥材的臨床納入與供應鏈韌性

台灣中藥材目前高達近九成仰賴進口，存在極大的供應鏈斷鏈風險。所以台灣中藥產業正積極推動藥材在地培植，並投入研究如何將台灣本土生產的特色民間草藥，透過科學化驗證納入中醫的臨床使用體系，從源頭掌握品質與穩定性。

3. 從處方用藥向日常保健延伸

因應高齡化社會的慢性照護需求，中藥製藥廠正積極開發非處方用藥、日常保健食品甚至寵物保健市場。透過改良劑型，讓中藥更容易進入現代人的生活。

From Traditional Formulations to Smart Manufacturing: A Prospect for the Upgrading of the Chinese Medicine Industry

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Abstract

The visibility of Taiwan's Chinese medicine (TCM) formulation market has significantly increased following the success of exporting "Ching Kuan No. 1" to multiple countries during the pandemic. However, as Taiwan's concentrated TCM formulations must complete all four phases of efficacy verification by 2028, traditional manufacturing thinking must change. This presents new challenges to the manufacturing order of traditional dosage forms, placing Taiwan's TCM industry at a critical turning point for upgrading.

1. Process Standardization and Quality Upgrading :

Pharmaceutical companies are actively implementing efficacy verification standards, ensuring the uniformity of concentrated formulation quality through rigorous quantitative analysis of key components, heavy metal testing, and pesticide residue testing.

2. Clinical Inclusion of Local Herbs and Supply Chain Resilience :

Taiwan currently relies on imports for nearly 90% of its TCM herbs, posing a significant risk of supply chain disruptions. Therefore, Taiwan's TCM industry is actively promoting the local cultivation of herbs and investing in research on how to scientifically validate and incorporate locally produced traditional herbal medicines into the clinical use of TCM, controlling quality and stability from the source.

3. Expanding from Prescription Drugs to Daily Healthcare :

In response to the chronic care needs of an aging society, Chinese medicine manufacturers are actively developing over-the-counter drugs, daily health supplements, and even the pet healthcare market. By improving dosage forms, they are making Chinese medicine more accessible to modern people.



中醫國際醫療服務研討會

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從喜馬拉雅山到世界：長庚中醫的不丹義診之路

黃澤宏

林口長庚紀念醫院 中醫部部主任

長庚體系 中醫醫療發展召集人

摘要

黃澤宏教授率長庚中醫團隊，長期深入不丹、青海、緬甸、印度、蒙古、吉爾吉斯及泰北邊境等醫療資源極度匱乏的偏鄉地區。在海拔數千公尺的高山與邊陲村落，團隊克服交通與物資困難，運用針灸迅速緩解居民因長期勞動導致的關節退化與肌肉疼痛，輔以傷科整復手法矯正筋骨錯位，並就地教導採集野生艾草、自製艾絨進行艾灸，溫經散寒；同時針對孩童嚼食檳榔、衛生習慣不足等問題，提供衛教宣導與文獻警示。

每一次義診皆因地制宜，累計服務數千人次，將台灣中醫的專業與關懷送至世界角落。這份跨越國界的無私奉獻，具體實踐「人飢己飢、人溺己溺」的悲憫胸懷，更充分展現中醫「簡、便、效、廉」的獨特優勢。從喜馬拉雅山到中亞草原，從東南亞叢林到蒙古高原，長庚中醫以實際行動讓傳統醫學智慧走向全球，為國際醫療平權貢獻關鍵力量，彰顯中醫在當代健康照護體系中不可取代的價值。

關鍵詞：國際義診、傳統中醫（中醫藥）、人道精神（悲天憫人）

From the Himalayas to the World: Chang Gung TCM's Medical Mission to Bhutan

Tse-Hung Huang

*Director, Department of Chinese medicine, Chang Gung Memorial Hospital,
Linkou, Taipei and Taoyuan Branches
General convener of traditional medicine, Chang Gung Medical foundation*

Abstract

Professor Huang Tse-Hung leads the Chang Gung Traditional Chinese Medicine team on long-term medical missions to underserved regions including Bhutan, Qinghai (Tibet), Myanmar, India, Mongolia, Kyrgyzstan, and the Thai-Myanmar border area. In remote high-altitude mountain villages and frontier communities with scarce healthcare access, the team overcomes logistical challenges by applying acupuncture to rapidly relieve chronic joint pain and muscle stiffness from years of heavy labor, combined with manipulative therapy to correct musculoskeletal misalignments. They also teach local residents to identify wild mugwort and prepare moxa for moxibustion to promote circulation and dispel cold. Health education on betel nut chewing—especially among young children—and basic hygiene practices is provided alongside supporting literature.

Each mission is tailored to the local climate, prevalent diseases, and cultural context, collectively serving thousands of patients. This cross-border humanitarian effort embodies the compassionate spirit of "sharing others' hardships as one's own" and fully demonstrates TCM's strengths: simplicity, convenience, efficacy, and affordability. From the Himalayas to the Central Asian steppes, from Southeast Asian jungles to the Mongolian plateau, Chang Gung TCM is taking traditional medical wisdom to the world. Through concrete action, the team proves TCM's indispensable contributions to global health equity and its vital role in modern healthcare systems, advancing the international recognition of Chinese medicine.

Keywords: International Medical Mission, Traditional Chinese Medicine (TCM),
Humanitarian Spirit (Compassion)

913-402D-3 C

越南國際醫療合作與教學傳承實務分享

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摘要

本演講以「越南國際醫療合作與教學傳承」為主軸，分享台灣中醫教育如何透過國際學生培育，在越南落地並形成跨國合作模式。台灣在中西整合醫療領域具備成熟的臨床經驗，尤其在癌症照護中，中醫藥能有效減少化放療副作用、提升生活品質、延長無病存活期，已成為國際醫療合作的重要基礎。

演講者於陽明交通大學傳統醫學研究所長期參與國際學生教學，培育的越南學生返國後，於越南國家大學醫學院及健康科學大學推動傳統醫學教育改革，建立完整課程架構、臨床訓練系統、OSCE 評量模式，並與多家公立醫院合作，形成越南中醫臨床與研究的新典範。其研究方向涵蓋非藥物治療、中醫臨床創新與中醫藥物研發，展現台灣中醫教育的國際影響力。

本演講將從台灣的整合醫療經驗、國際學生培育成果、越南中醫教育現況與挑戰，進一步探討跨國合作的可行模式，展望台越在中醫教育、臨床與研究上的長期合作潛力。

Vietnam International Medical Collaboration and Traditional Medicine Education: Practical Sharing

Wen-Ya Peng

*Center for Traditional Medicine, Taipei Veterans General Hospital; Institute of Traditional Medicine
and School of Chinese Medicine, National Yang Ming Chiao Tung University*

Abstract

This presentation focuses on “International Medical Collaboration and Educational Transmission in Vietnam,” highlighting how Taiwan’s Traditional Medicine (TM) education has successfully cultivated international talents who later contribute to the development of TM in Vietnam. Taiwan has established a mature model of integrative oncology, where Traditional Chinese Medicine (TCM) plays a significant role in reducing chemotherapy and radiotherapy side effects, improving patients’ quality of life, and potentially prolonging disease-free survival. These clinical achievements form a strong foundation for international medical cooperation.

As a faculty member at the Institute of Traditional Medicine, National Yang Ming Chiao Tung University, the speaker has been actively involved in training international students. After completing her master’s and doctoral training in Taiwan, a Vietnamese student returned to Vietnam and became a key leader in TM education. She helped establish a comprehensive curriculum framework, clinical training system, OSCE/OSPE assessments, and hospital partnerships at Vietnam National University and the University of Health Sciences. Her work demonstrates how Taiwan’s TM education can influence and elevate TM development abroad. Her research focuses on non-pharmacological therapies, innovation in TM practice, and TM drug development.

This presentation will integrate Taiwan’s clinical experience, the outcomes of international student training, and the current development of TM education in Vietnam. It will further explore feasible models for cross-border collaboration and envision future opportunities for Taiwan–Vietnam cooperation in TM education, clinical practice, and research.

913-402D-4 C

印尼民丹島中醫保健醫學活動

張瑋純

丞水中醫診所醫師

義大大昌醫院中醫醫療團隊

摘要

2026年6月2日至6日，義大大昌醫院／癌治療醫院蔡金川中醫師、高雄醫學大學香粧品學系顏峰霖教授、丞水中醫診所張瑋純中醫師、大仁科技大學藥學系同學等組成醫療團隊，至印尼民丹島辦理「2026印尼民丹島中醫保健醫學活動」。

活動含中醫看診、中藥與針灸推拿等服務，協助當地改善急慢性健康問題。

印尼合作單位表示，透過國際義診與健康促進活動，提供偏遠地區健康服務，促進雙方醫療交流與民間友誼。參與醫師及人員也從中體會醫療人員社會責任，落實服務精神。

未來將持續「關懷生命、服務人群」理念，推動更多國際健康服務，跨越國界到需要幫助的角落。

關鍵詞：國際義診、國際健康服務、中醫保健、醫療交流、醫療團隊

Traditional Chinese Medicine Healthcare and Medical Event in Bintan Island, Indonesia

Dr. Wei-Chun Chang

Cheng Water Traditional Chinese Medicine Clinic

Abstract

From June 2 to June 6, 2026, a medical team comprising Dr. Chin-Chuan Tsai from E-Da Dachang Hospital / Cancer Specialty Hospital, Professor Feng-Lin Yen from the Department of Fragrance and Cosmetic Science at Kaohsiung Medical University, Dr. Wei-Chun Chang from Cheng Water Traditional Chinese Medicine Clinic, and students from the Department of Pharmacy at Tajen University traveled to Bintan Island, Indonesia, to conduct the "2026 Traditional Chinese Medicine Healthcare and Medical Event in Bintan Island, Indonesia."

The event provided healthcare services including Chinese medicine consultations, herbal treatments, acupuncture, and therapeutic massage, assisting local residents with acute and chronic health issues.

The Indonesian host partner noted that providing health services to remote areas through international free clinics and health promotion activities fosters cross-border medical exchanges and civil friendship. The participating physicians and personnel also gained a deeper appreciation of the social responsibility of healthcare professionals and embodied the spirit of service.

Moving forward, the team will continue to uphold the philosophy of "Caring for Life, Serving Humanity" and promote further international health services, extending their reach across borders to help communities in need.

Keywords: International Free Clinic, International Health Services, Traditional Chinese Medicine Healthcare, Medical Exchange, Medical Team

913-402D-5 C

馬光醫療網，讓愛無國界：尼泊爾義診行

陳宜民

馬光醫療網

摘要

神山之約：馬光醫療網受奧明院邀約，連續第三年參與尼泊爾義診，一週的義診行程有前譯學校與高山佛學院，四位中醫師帶著近百公斤的藥物、針具、醫材，在相對落後的尼泊爾提供中醫醫療協助。清晨隨車隊出發，於考驗身心靈的顛簸山路前行，在神山喜馬拉雅腳邊，萬里無雲時能看見世界之巔。儘管營養不良導致疾病叢生，每個孩子澄澈的眼中看不出貧瘠，經由中醫的補養，今年山區民眾已健康不少。在山神的見證下，我們乘著風塵而來，留下純粹的愛。

Ma Kuang Beyond Borders: A Medical Mission to Nepal

Yi-Min Chen

Physician, Ma Kuang Healthcare Group

Abstract

An Appointment at the Sacred Mountain: At the invitation of Aomin Hospital, Ma Kuang Healthcare Group participated in a medical mission in Nepal for the third consecutive year. The one-week medical mission included visits to a school and a Buddhist academy in the highlands. Four Traditional Chinese Medicine physicians brought nearly 100 kilograms of medicines, acupuncture supplies, and medical materials to provide Traditional Chinese Medicine healthcare assistance in relatively underdeveloped areas of Nepal. Setting out with the convoy in the early morning, we traveled along rugged mountain roads that tested the body, mind, and spirit. At the foot of the sacred Himalayas, when the sky was completely clear, we could see the summit of the world. Although malnutrition has contributed to the prevalence of various illnesses, there was no sign of deprivation in the clear and innocent eyes of the children. Through the nourishing care of Traditional Chinese Medicine, everyone was noticeably healthier this year. Under the witness of the mountain gods, we arrived through the wind and dust, leaving behind pure love.

Translated by the Conference Organizing Committee

從中醫到全球醫療： 中醫師建構國際醫療中心之實務經驗

黃書濤

天主教耕莘醫療財團法人耕莘醫院國際醫療中心主任、中醫科主任

摘要

本報告分享中醫師擔任國際醫療中心主任，規劃建立具中醫特色之國際醫療中心的實務經驗。中心整合國際病人接待、遠距醫療、海外義診及國際交流；國際遠距醫療涵蓋家醫、神經、整形、核醫及中醫科，並完成通訊診察許可、視訊同意與跨科整合。透過遠距服務，持續追蹤加拿大、非洲及澳洲個案，改善中醫用藥與回診。國際交流則以中醫體驗為特色，接待國際學生與外賓，並參與海外義診，將中醫服務延伸國際。

關鍵詞：中醫國際化、中醫國際醫療、遠距醫療、醫療行政管理

From Traditional Chinese Medicine to Global Healthcare: A TCM Physician's Experience in Building an International Medical Center

Shu Yun Huang

Cardinal Tien Hospital Chief, International Medical Center

Abstract

This presentation shares the practical experience of a physician trained in Traditional Chinese Medicine (TCM) who serves as the director of an International Medical Center and has led the development of an international healthcare program with TCM as a distinctive feature. The center integrates international patient reception, telemedicine, overseas medical missions, and international exchange. The international telemedicine service was developed through regulatory approval, informed consent procedures, and cross-departmental coordination, covering Family Medicine, Neurology, Plastic Surgery, Nuclear Medicine, and TCM. Through telemedicine, TCM follow-up care has been provided to patients in Canada, Africa, and Australia, facilitating medication management and follow-up consultations. International exchange programs feature TCM experiences for international students from the Department of Healthcare Administration at Taipei Medical University and medical students from various countries, as well as an exchange with a bishop from Indonesia. The center also participates in medical missions in Thailand, extending TCM services overseas.

Keywords: Internationalization of Traditional Chinese Medicine (TCM);
International TCM Healthcare; Telemedicine; Healthcare
Administration and Management

913-402D-7 C

臺中醫院西非醫療合作實務分享

楊士樑

衛生福利部臺中醫院中醫部主任

臺中醫院國際醫衛中心主任

摘要

臺中醫院自 95 年起深耕西非醫療合作，與迦納多家重要醫療機構建立長期夥伴關係，包括 KBTH、CPMR(植物藥物研究中心)、CCTH、HTH、UGMC 及 ACM 等，並持續推動高層互訪、醫療人才培訓及臨床合作。多年來，本院成功促成臺迦醫衛高層交流、創辦雙年舉辦之「臺灣－西非健康論壇」，成為臺灣與西非重要的整合醫療學術交流平台。疫情期間亦捐贈防疫物資協助迦納抗疫，展現人道關懷。透過「Training of Trainers (ToT)」模式，結合來臺研習與當地工作坊，持續提升合作醫院醫療量能，建立永續且互惠的國際醫療合作模式，深化臺灣與西非國家的醫療夥伴關係。

Practical Experience in Taichung Hospital's Medical Cooperation with West Africa

Yang Shih-Liang

*Chief, Department of Traditional Chinese Medicine, Taichung Hospital,
Ministry of Health & Welfare, Taiwan*

Abstract

Since 2006, Taichung Hospital has developed a long-term medical partnership with Ghana, establishing collaborative agreements with major healthcare institutions, including KBTH, CPMR(Centre for Plant Medicine Research), CCTH, HTH, UGMC, and ACM. The partnership has promoted high-level official exchanges, healthcare workforce training, and clinical collaboration. Major achievements include facilitating bilateral health dialogue, establishing the biennial Taiwan–West Africa Health Forum as a leading platform for academic exchange, and providing humanitarian assistance during the COVID-19 pandemic. Through the Training of Trainers (ToT) model, which combines professional training in Taiwan with on-site workshops in Ghana, Taichung Hospital has strengthened local healthcare capacity and fostered a sustainable, mutually beneficial model of international medical cooperation, further enhancing Taiwan–West Africa healthcare partnerships.

明醫懷恩堂醫療宣教隊： 馬來西亞與印尼婆羅洲中醫偏鄉之愛

黃英傑

中國鍼灸學會理事長

摘要

明醫懷恩堂中醫醫療宣教隊(九家聯合診所醫護人員與客家神學院牧師傳道與宣教士)自2017年起至十年期間,深入西馬(雪邦、芙蓉、波德申、日叻務等等七大鄉鎮)、東馬(古晉)與印尼無數偏鄉叢林部落與孤兒院義診與實務經驗。醫療宣教隊以中醫醫療與福音為核心,推行全人醫療。在當地教會(超過20於處)持續多年義診,並曾結合當地中西牙護理等醫療人員進行聯合醫療、探訪長照中心老人,進入山地鄉巡迴醫療;在印尼透過原住民部落領袖與牧長引導克服熱帶雨林氣候,地形叢林河川阻隔與語言等重重障礙,進入多處山地教會、孤兒院、深耕基層中醫醫療與灑種偏鄉部落福音。發揮「簡便廉驗」為就醫不便的部落原住民和長期慢性病倚賴西藥的馬來西亞,提供認識中醫的選擇。團員面臨登革熱,當地傳染病,與疫情(團員返台確診、白血球降至 $1,700/\mu\text{L}$)。

建議未來能有更多支援已持續長期中醫深耕,透過教會與部落等據點與網絡,繼續推動中醫全人照護與全球化影響力。

Healing Across Borders: The Ming-Yi Huai-En Medical Mission's Traditional Chinese Medicine Outreach in Rural Malaysia and Indonesia

Huang Yiech Chieh

President of The Chinese Acupuncture and Moxibustion Society

Abstract

Since 2017, the Ming-Yi Huai-En Medical Mission—comprising healthcare professionals from nine affiliated clinics alongside pastors and missionaries from Hakka Theological Seminary—has been actively serving underserved regions through a long-term initiative. The team has conducted decision-making and extensive outreach across Peninsular Malaysia (including Sepang, Seremban, Port Dickson, and Jelevu), East Malaysia (Kuching), and numerous remote indigenous jungle villages and orphanages in Indonesia. Grounded in both Traditional Chinese Medicine (TCM) and spiritual support, the mission has partnered with over 20 local churches to ensure sustained healthcare delivery. Services have included multidisciplinary joint clinics with local medical, dental, and nursing professionals, visits to long-term care facilities, and mobile medical tours to mountainous areas. In Indonesia, guided by indigenous tribal leaders and local pastors, the team navigated formidable tropical rainforests, rugged terrains, and river crossings, while overcoming language barriers to reach remote churches and orphanages, successfully establishing primary TCM care and community health engagement.

Leveraging TCM's core strengths—simplicity, convenience, affordability, and proven efficacy—the mission provided critical healthcare alternatives for indigenous villagers with limited medical access, as well as for Malaysian communities heavily dependent on long-term conventional Western medications. Despite significant exposure to local infectious diseases and epidemic risks—including one member who contracted dengue fever (with a white blood cell count dropping to 1,700/ μ L) after returning to Taiwan—the team remained steadfast in its service.

To sustain and expand this long-term TCM presence, continued institutional and logistical support is recommended. By utilizing established church and tribal networks, the mission aims to further advance holistic

TCM care and extend its global impact in medically marginalized regions.

913-402D-9 C

超越診間：從翻譯志工的生命故事看柬埔寨義診

廖振凱

台北慈濟醫院中醫部主治醫師

摘要

2 本文分享 2024 年柬埔寨馬德望省及 2026 年菩薩省兩次義診，六日服務 7,427 人次，中醫約占三分之一。藉由一位歷經戰爭、飢荒與十四位至親離世的翻譯志工之生命故事，呈現當地疾病與歷史創傷、貧窮、地理阻隔及醫療資源不足的交織。義診除處理骨折、體內彈片及慢性病，也透過手術、跨國轉介與追蹤延續照護。國際醫療不應止於短期診療，更需結合文化翻譯、信任建立與在地人才培育，使醫療成為彼此看見、相互學習並共同建構可持續照護的過程。

Beyond the Clinic: Lessons from a Volunteer Interpreter in Cambodia's Medical Missions

Chen-Kai Liao

Attending Physician, Traditional Chinese Medicine Department, Taipei Tzu Chi Hospital

Abstract

This presentation reflects on two large-scale medical missions conducted in Battambang Province in 2024 and Pursat Province in 2026, Cambodia. Over six service days, the teams provided 7,427 patient visits, approximately one-third involving traditional Chinese medicine. The presentation centers on a volunteer interpreter who survived war, forced displacement, famine, and the deaths of fourteen close family members, yet continued to serve others with remarkable resilience.

Her story revealed how illness in Cambodia is intertwined with historical trauma, poverty, geographic isolation, and limited access to health care. Clinical encounters included long-untreated fractures, retained bullet or shell fragments, chronic illnesses in remote floating communities, and pain that had persisted for forty years. Coordinated care also enabled surgery, cross-border referral, and follow-up for patients requiring further treatment.

These experiences demonstrate that international medical service should not be measured solely by consultation numbers or short-term interventions. Effective service depends on interpreters who foster cultural understanding and trust, alongside systems connecting screening, treatment, referral, follow-up, and local capacity building. By listening to the life histories of patients and volunteers, clinicians can move beyond the one-way delivery of medical expertise and build reciprocal, culturally grounded, and sustainable partnerships in care.

913-402D-10 C

看見需要，跨國傳愛： 門諾中醫的孟加拉義診之路

楊成湛

門諾醫院中醫科主任

摘要

2023 年 3 月 26 日至 31 日，門諾醫院中醫科主任楊成湛醫師參與由北美路加傳道會主辦的「孟加拉醫療義診團」，展開一場跨越國界的醫療行動。由台灣出發的醫療人員除門諾醫院楊醫師（中醫）外，還有台東基督教醫院院長陳志成兒科醫師、台東基督教醫院王敬維婦科醫師、美國鄭博仁兒科醫師、美國蕭俐俐腎臟科醫師、美國李大為牙科醫師，共六人專業醫師團隊，結合孟加拉當地醫護人員，共組成約 20 人跨國醫療團隊，前往孟加拉首都達卡貧民區與社區，進行三天的義診服務。本次義診涵蓋內科、兒科、牙科及中醫科，總計服務約 356 人次，其中中醫科看診 95 人次，展現台灣醫療團隊的專業實力與溫暖人心的服務精神。透過針灸、推拿與中藥諮詢，中醫團隊為當地民眾提供多元且貼近生活的照護方式，不僅照顧弱勢族群，更展現台灣在國際醫療合作上的積極角色，也將愛心傳遞至醫療資源不足地區，實踐「醫療無國界」的崇高願景。

Seeing the Need, Spreading Love Across Borders Mennonite TCM Medical Mission to Bangladesh

Cheng-Chan Yang

Director, Department of Traditional Chinese Medicine, Mennonite Christian Hospital

Abstract

From March 26 to 31, 2023, Dr. Cheng-Chan Yang, Director of the Department of Traditional Chinese Medicine at Mennonite Christian Hospital, participated in the “Bangladesh Medical Mission” organized by the North America Luke Christian Medical Mission, embarking on a cross-border humanitarian medical initiative. The medical professionals departing from Taiwan included Dr. Yang of Mennonite Christian Hospital (Traditional Chinese Medicine), Dr. Chih-Cheng Chen, pediatrician and Superintendent of Taitung Christian Hospital, Dr. Ching-Wei Wang, gynecologist at Taitung Christian Hospital, Dr. Po-Jen Cheng, pediatrician from the United States, Dr. Li-Li Hsiao, nephrologist from the United States, and Dr. David Lee, dentist from the United States. Together, the six physicians joined local healthcare professionals in Bangladesh to form an international medical team of approximately 20 members. The team traveled to impoverished neighborhoods and communities in Dhaka, the capital of Bangladesh, to provide three days of free medical services.

The medical mission covered internal medicine, pediatrics, dentistry, and Traditional Chinese Medicine, serving approximately 356 patient visits in total, including 95 visits to the Traditional Chinese Medicine service. This demonstrated both the professional capabilities of the Taiwanese medical team and its compassionate spirit of service. Through acupuncture, Tui Na, and Chinese herbal medicine consultations, the Traditional Chinese Medicine team provided local residents with diverse and practical forms of healthcare. The mission not only provided care for disadvantaged populations but also demonstrated Taiwan’s active role in international medical cooperation, extending compassion to areas with limited medical resources and fulfilling the noble vision of “Healthcare Without Borders.”

Translated by the Conference Organizing Committee



— 論文 —

論文 1

全球醫療性刺青與中醫針灸起源之比較研究

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摘要

本研究旨在探討全球跨洲域醫療性刺青文化的發展，並比較其與中國針灸醫學形成歷程之異同，以釐清兩者在醫療技術演進上的本質差異。

本文採文獻考證與比較研究法，整理奧茲冰人、日本繩文文化、西伯利亞斯基泰人等全球跨洲域醫療性刺青的文獻，並結合馬王堆帛書、《刺數》醫簡老官山髹漆人像等中國出土文物，探析針灸理論形成的過程。

結果顯示醫療性刺青廣泛存在於不同時空文化，多以疼痛部位或疾病相關位置施作，但各文化皆未發展出完整醫學理論。相較之下，中國針灸歷經由經脈、刺法、穴位至經絡理論的持續演進，約於西元前後完成系統化醫學體系之建立。醫療性刺青在空間上跨全球洲域；在時間上跨越數千年，仍無法形成高度理論化的針灸科學，其應僅能視為不同文化各自獨立演化的「泛人類現象」，而非針灸的直接起源。中醫針灸則以經絡理論、腧穴概念及辨證論治為核心，形成獨立且完整的醫學體系，其理論化與系統化發展具有不可取代的醫學史價值。

關鍵詞：醫療性刺青、奧茲冰人、針灸、經絡理論

一、前言

1991 年於歐洲阿爾卑斯山區發現的奧茲冰人（tzi the Iceman），距今約 5300 年（西元前 3300 年），是目前世界上已知最古老且帶有刺青的人類木乃伊^[1-3]。現代多光譜影像技術證實，冰人全身共有 19 組、多達 61 條幾何線條刺青^[2]。這些深入真皮層的刺青並非出於裝飾或美學目的，而是具有高度針對性的「醫療

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性刺青 (Therapeutic Tattoos) 」^[1-2]。冰人身上的刺青精準地分佈於其患有退化性關節炎與腰椎病變的位置，且與傳統中醫針灸穴位與經絡（如膽經、膀胱經）重合^[1-2]。也因此 Dorfer et al.(1999) 指出，冰人的刺青顯示一種類似針灸的療法早在 5200 年前的中歐就已存在，這比古代中國已知使用針灸的時間（約公元前 1000 年）早了兩千多年，因而提出了「針灸可能起源於歐亞大陸」的假說。

但近來研究指出，醫療性刺青並非單獨起源於某一區域，而是全球各地原住民與古代文化平行出現的醫療技術^[4]。據此，本研究擬採文獻考證與比較研究法，首先探析西元前後跨洲域的醫療性刺青現象，並結合中國出土文獻、經脈木人漆雕與經穴髹漆人像等實體考古證據，探析中國系統化的針灸療法，與全球醫療性刺青，在醫療技術演進上的不同。

二、奧茲冰人身上的刺青

奧茲冰人自 1991 年發現以來，多種方法如放射學、電腦斷層掃描、同位素分析和基因分析，均被嘗試用來理解冰人的生活、身體疾病的狀況^[1,2,5,6]。Dorfer et al.(1999) 先將冰人身上相鄰近的刺青分為 15 組，經與中醫針灸圖譜比對後，發現其中有 9 組落在膀胱經、3 組在膽經，且分別位於腰椎兩側、膝關節附近、小腿部位、踝關節周邊。

且配合放射線檢查發現冰人的腰椎、膝蓋、腳踝關節炎，以及腸道鞭蟲感染等腹部疾病，因而 Dorfer et al.(1999) 提出冰人部落可能已經掌握了類似「阿是穴」(locus-dolendi) 的簡單針刺療法，並指出針灸在歐亞大陸的起源可能比先前所公認的時間至少早了 2000 年^[1]。

三、全球跨洲域的醫療性刺青

日本國立民族學博物館教授，吉田集而 (2000) 認為針灸與刺青的起源相同，其並指出「最初是為了治療而以針刺向疼痛部位，再將木炭揉入針孔之中以起到止血作用，這被認為是刺青的開端 [7]。」本研究亦整理出，除了奧茲冰人外，西元前與西元後全球跨洲域具醫療性質的刺青文化。

(一) 西元前跨洲域的醫療性刺青

1. 西伯利亞的帕澤雷克文化 (Pazyryk culture, 西元前 600 年至前 200 年)

在俄羅斯西伯利亞的草原地帶的遊牧民族部落木乃伊，被稱為斯基泰人 (

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Scythian)，該具木乃伊在腰椎兩側與右腳踝上帶有圓點狀的刺青，這些位置與傳統針灸穴位高度重合，被認為與奧茲冰人一樣，是為了治療風濕或關節疼痛所留下的醫療性標記^[1,3,9]。

2. 古埃及第 11 王朝（約西元前 2000 年）考古學家發現女祭司 Amunet 木乃伊肚臍下、劍突下、股部和手臂上，有點狀或短線狀的刺青圖案，經分析後這些刺青與宗教或裝飾無關，而可能具有治療骨關節以及緩解疼痛的作用^[3,9]。
3. 北美洲的美國田納西州中部 Fernvale 遺址（北美地區的古風時期，西元前 3500 年 - 前 1600 年）出土的火雞骨器，是目前全球考古記錄中已知最古老的刺青工具，墓主人為一名 25 - 55 歲的成年男性，沒有直接斷言他生前幫別人刺青、或別人幫他刺青是用於「治療關節炎」，但這套工具組緊貼著他患有病變的「上脊椎旁」^[10]。

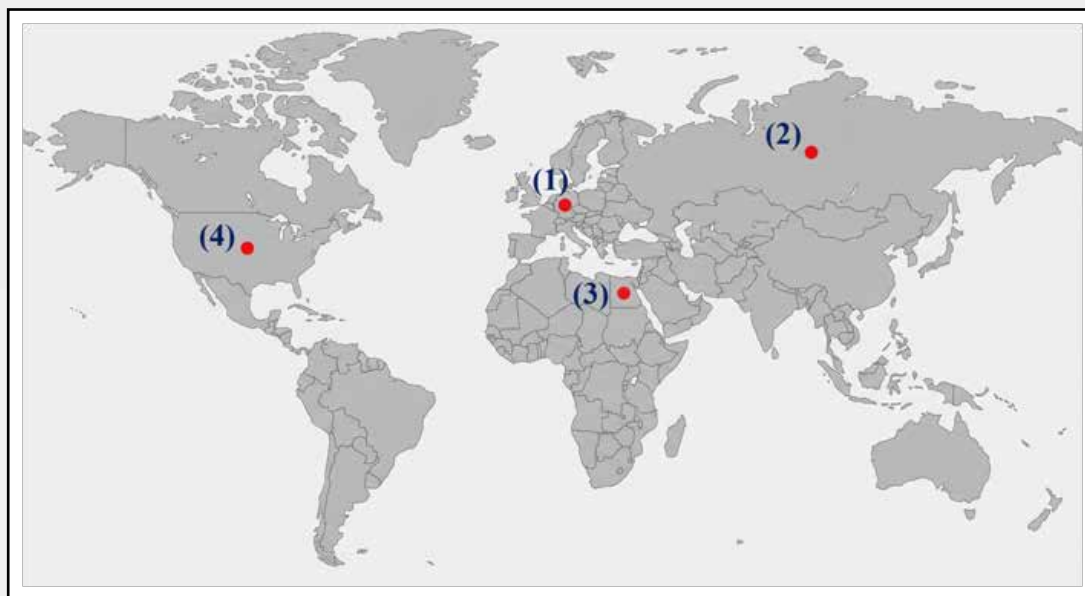


圖 1. 西元前具有醫療性刺青文化發現地點示意圖，其中

- (1) 歐洲阿爾卑斯山區的奧茲冰人 (2) 西伯利亞的斯基泰人 (Scythian)
(3) 古埃及第 11 王朝的女祭司 Amunet 木乃伊 (4) 北美洲 Fernvale 遺址的刺青工具

(二) 西元後跨洲域的醫療性刺青

除了西元前具有醫療性刺青的文化記錄外，西元 1990 年在秘魯南部 Chiribaya Alta 沙漠遺址出土的女性木乃伊（距今約 1000 年），係首次在同一具木乃伊身上，證實「裝飾性刺青」與「醫療性刺青」在物質原料、顆粒微觀結構、身體位置以及能見度上，皆存在截然不同的系統性差異^[11]。

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另外，1972 年考古學家在阿拉斯加附近白令海峽的聖勞倫斯島 (St. Lawrence Island, Alaska) 發現了一具保存完好的冰凍女性木乃伊 (約生活在西元 880 至 1175 年之間)，其皮膚上保留了極其清晰、與老白令海 (OBS) 風格一致的線條刺青 (linear tattoos)，這些刺青是用來防止引發關節炎與疾病的惡靈侵入人體，是一種系統性的防禦性醫療^[12]。

而 1972 年在格陵蘭 Qilakitsoq 發現的木乃伊 (約生活在西元 1475 年)^[13]，研究人員指出許多刺青是高度「針對特定病症」進行定點刺激的，例如心臟問題在胸骨 (sternum) 上方刺上特定標記來治療，眼部疾病在雙眼上方各刺一條細微的直紋來進行治療^[14]。



圖 2. 西元後具有醫療性刺青文化發現地點示意圖，其中
(5) 秘魯南部出土的女性木乃伊 (約西元 1000 年) 人
(6) 聖勞倫斯島 (St. Lawrence Island, Alaska) 女性木乃伊 (約在西元 880 至 1175 年之間)
(7) 格陵蘭 Qilakitsoq 發現的木乃伊 (約生活在西元 1475 年)

四、西元元年前後中醫針灸的發展

雖然 Dorfer et al.(1999) 提出「針灸可能起源於歐亞大陸」的假說，亦或是 Krutak (2013) 指出刺青並非單獨起源於某一區域，而是全球各地原住民與古代文化各自獨立出現的泛人類現象 (pan-human phenomenon)。但是中醫針灸的發源有其獨特性，並非純粹醫療性刺青發展演變而成。

西元前 168 年下葬的馬王堆三號漢墓帛書《足臂十一脈灸經》與《陰陽十一脈灸經》，這兩部最古老的脈書中，雖然描繪了十一條在體內向心循行的脈路，

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但其上完全沒有任何穴位的記載與概念^[15]。在此階段，治療手段完全採用「灸法」作用於整條經脈循行區域，不需要點狀精確定位^[15]。西元前 118 年的「綿陽雙包山經脈木人漆雕」，其身體表面僅鐫刻有紅色漆線的 19 條經脈循行路徑，卻完全沒有任何文字、腧穴或點狀標記，這提供了中醫發展上走過只有經脈的證據，這在整個全球醫療性刺青發展史所沒有的。

老官山漢墓出土的《刺數》醫簡（西元前 188 年 - 西元前 87 年），是現今發現最早有刺法和針方的專書。該書記載了 32 首標有穴位的針方，計有 25 個穴位^[15]。《刺數》規定了針對特定病症要在哪個局部部位「刺幾下」。這是一種高度物理局部刺激技術操作標準，且與早期「十一脈」是相對脫鉤的。

老官山髹漆人像（西元前 188 年 - 西元前 87 年）該漆人身上不僅繪有 29 條白色與 22 條紅色的複雜經脈線，更首次在經脈線條上繪製了 119 個清晰可見的穴點^[15]。這種穴位與經脈的交會，標誌著中醫醫家突破了單純的痛點反射，在學術上形成了「腧穴是經脈循行路徑上臟腑經絡之氣匯聚的特殊部位^[16]」的科學假說與認識。此時，經脈不再只是馬王堆時期的古樸通道，穴位也不再只是《刺數》中的孤立刺點，「針刺穴位」與「經脈」的結合之後，《黃帝內經》與《針灸甲乙經》（成書於西元 259 年）則將中醫針灸高度的理論化與系統化。

五、結語

全球跨洲域的醫療性刺青，時間跨度由西元前 3000 年的奧茲冰人至西元 1500 年的格陵蘭木乃伊，經過 4500 年的發展，仍無法在某一地區產生具有理論性的醫學技術或學說。而中醫針灸在西元 259 年《針灸甲乙經》，即完成了系統化的針灸與經絡的醫學學說。若將全球古人基於身體本能對抗關節疼痛的刺青行為一概稱作「針灸的起源」，這可能抹殺了科學理論化進程的歷史價值。中醫針灸作為一門高度系統化的醫學科學，其獨立孕育與理論化的過程，具有不可取代的醫學史價值。

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A Comparative Study of Global Therapeutic Tattooing and the Origin of Traditional Chinese Acupuncture

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Abstract

This study aimed to investigate the development of therapeutic tattooing across prehistoric cultures and to compare it with the evolution of traditional Chinese acupuncture, thereby clarifying the fundamental differences between these two medical traditions.

A literature review and comparative historical analysis were conducted. Literatures of therapeutic tattooing from Ötzi the Iceman, the Japanese Jomon culture, the Pazyryk culture of Siberia, and so on was systematically reviewed. These findings were compared with excavated Chinese medical artifacts to examine the developmental process of acupuncture theory.

Therapeutic tattooing was found to have emerged independently across multiple prehistoric cultures. These practices were primarily applied to painful or diseased body regions for pain relief and healing. In contrast, Chinese acupuncture evolved progressively from meridian and needling techniques to the concepts of acupoints and meridian theory, ultimately establishing a systematic medical framework around the beginning of the Common Era. Therapeutic tattooing represents a parallel medical tradition that independently emerged in different cultures rather than the direct origin of acupuncture. Traditional Chinese acupuncture developed into a unique and highly systematized medical discipline through the integration of meridian theory, acupoint concepts, and syndrome differentiation. Its theoretical development and systematization constitute a distinctive milestone in the history of medicine.

Keywords : Therapeutic tattooing ; Ötzi the Iceman ; Acupuncture ; Meridian theory

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論文 2

溫氏現代針灸介入極低 AMH 女性凍卵前卵巢功能調節之病例報告

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聖璽中醫集團創辦人

摘要

目的：觀察溫氏現代針灸介入極低抗穆勒氏管荷爾蒙（AMH）女性凍卵前調理之內分泌與取卵結果。方法：37 歲女性，AMH 0.041 ng/mL，依月經週期接受額中線、額旁一線、百會、四神聰、眼針及耳穴等治療。第一階段自 2019 年 10 月 26 日至 2020 年 6 月 18 日共 33 次；2021 年 8 月 15 日起第二階段共 13 次。結果：患者於六個週期取卵成功，合計取得 7 顆卵子，其中 2020 年 12 月 5 日取得 2 顆成熟卵子。第二階段 FSH 由 51.6 mIU/mL 降至 18.4 及 6.3 mIU/mL，但兩年後再次取卵仍出現空卵泡。結論：週期化溫氏現代針灸可能作為極低 AMH 女性凍卵前之輔助調節策略，但內分泌數值改善不等同於卵母細胞一定可取得，仍須結合年齡、基礎卵泡數、超音波與實際取卵結果判讀。

關鍵詞：溫氏現代針灸；抗穆勒氏管荷爾蒙；卵巢儲備低下；凍卵；耳針

一、前言

AMH 由卵巢成長卵泡之顆粒細胞分泌，常用於評估卵巢儲備與預測促排反應，但不能單獨代表卵子品質或臨床妊娠率^[1,9,10]。極低 AMH 患者常伴隨可募集卵泡數少、促排反應不佳及取卵取消風險。近年研究顯示，針灸可能透過自律神經、下視丘－腦下垂體－卵巢軸及卵巢血流調節，影響卵泡發育與輔助生殖結果，但研究異質性仍高^[2-8]。本病例整理一名 AMH 0.041 ng/mL 女性接受週期化溫氏現代針灸後之內分泌與取卵紀錄。

二、病例資料

患者 37 歲，因生育力保存需求至生殖中心接受治療，既往兩年未見濾泡成熟，且服用黃體素控制雌激素時副作用明顯。2019 年 3 月 1 日檢驗：AMH 0.041 ng/mL、FSH 8.1 mIU/mL、E2 289.2 pg/mL；肝腎功能與 CA125 無明顯異常。月經週期早期 E2 偏高可能藉負回饋抑制 FSH，使 FSH 數值低估卵巢儲備下降程度^[11]。治療目標為改善睡眠與自律神經狀態、協助內分泌週期穩定，並配合生殖醫學中心促排與取卵。

三、治療方法

治療頻率以每週 1 至 2 次為主。第一階段自 2019 年 10 月 26 日至 2020 年 6 月 18 日，共 33 次；第二階段自 2021 年 8 月 15 日起，每 1 至 2 週 1 次，共 13 次。依月經週期分期選穴如下。

時段	主要穴區	傳統功效與適應症	本病例治療意圖
經後至排卵前	中線、額旁一線、百會、四神聰、眼針八區；耳穴交感、下視丘、腦下垂體、內分泌、子宮、卵巢	百會與四神聰傳統上用於醒腦開竅、寧神益智，常見於頭暈、失眠與神志病證；耳穴交感常用於調節自主神經、止痛與改善臟腑功能；子宮、卵巢及內分泌區多用於月經不調、痛經與婦科內分泌失衡。	以自律神經與內分泌調節為核心，配合卵泡募集與成熟期。
排卵後至行經期	額中線、額旁一線、百會、四神聰、眼針八區；耳穴神門、下視丘、腦下垂體、內分泌、子宮、卵巢	神門傳統上具寧心安神、鎮靜止痛之用，常用於失眠、焦慮與疼痛；下視丘、腦下垂體及內分泌區常用於月經週期、壓力與內分泌相關症狀。	著重睡眠、壓力與週期穩定，作為黃體期與下次週期銜接之輔助。

本研究將其轉譯為神經－內分泌－自律神經調節的臨床假說。治療期間未記錄嚴重不良反應，患者主觀表示睡眠改善（見證影片連結：<https://youtu.be/NVpfMaWLn08?si=3ieL27Pdr1-7kDkn>）。

四、結果

（一）生殖內分泌變化

第一階段中，E2 由 289.2 pg/mL 降至 186 及 45.1 pg/mL；同期間 FSH 由 8.1、6.2 升至 18.7 mIU/mL，顯示 E2 下降後 FSH 可能較能反映真實卵巢儲備。

論文 2

2021 年第二階段恢復針灸後，FSH 由 51.6 降至 18.4 及 6.3 mIU/mL。惟 FSH 與 E2 受採血週期日、卵泡活動及藥物影響，不能僅以單次數值推論卵巢功能逆轉。

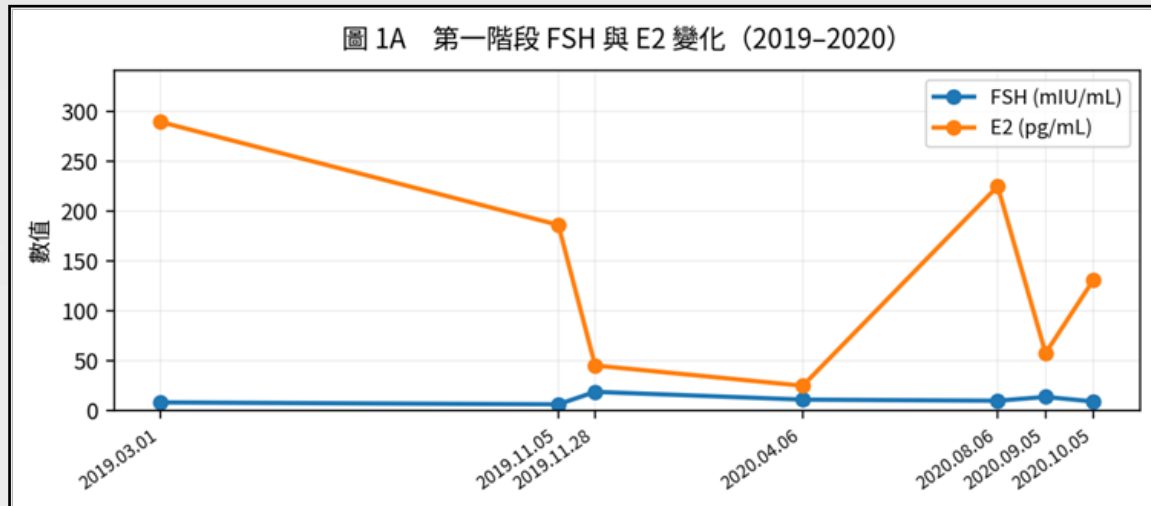


圖 1A 第一階段 FSH 與 E2 追蹤曲線。

患者自從 2020 年 6 月 18 日停止針灸後可觀察到雌激素略上升，但是注意睡眠後仍能在停止針灸後半年連續取卵成功。

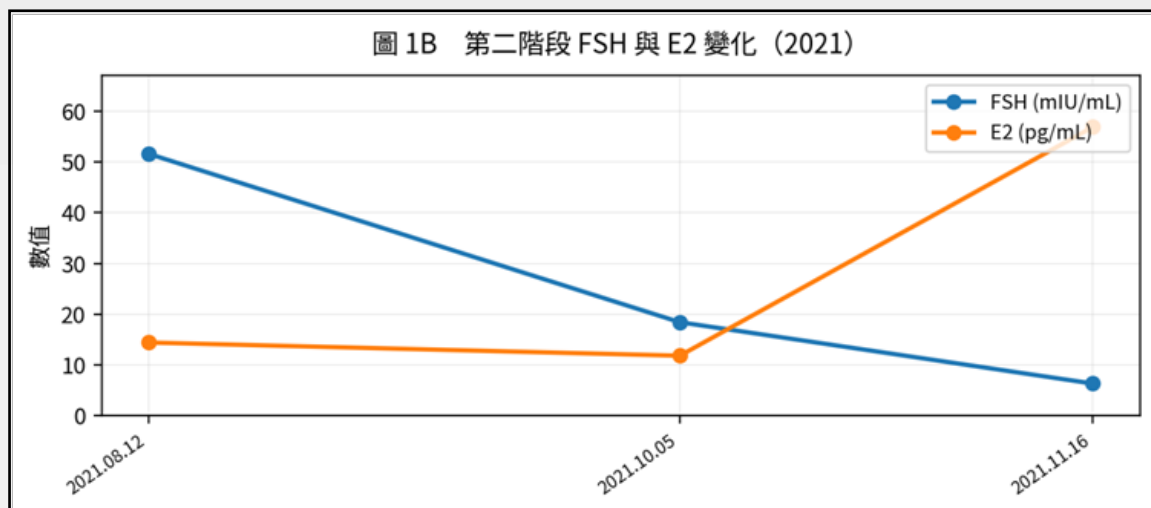


圖 1B 第二階段 FSH 與 E2 追蹤曲線

(二) 取卵結果

患者於 2019 年 12 月 9 日、2020 年 1 月 9 日、4 月 22 日、9 月 17 日及 11 月 7 日各取得 1 顆卵子；2020 年 12 月 5 日取得 2 顆成熟卵子，六次取卵合計 7 顆。第二階段雖見 FSH 下降，但兩年後再次進入取卵流程時，超音波可見濾泡，取出後卻為空卵泡，未獲得可用卵子。

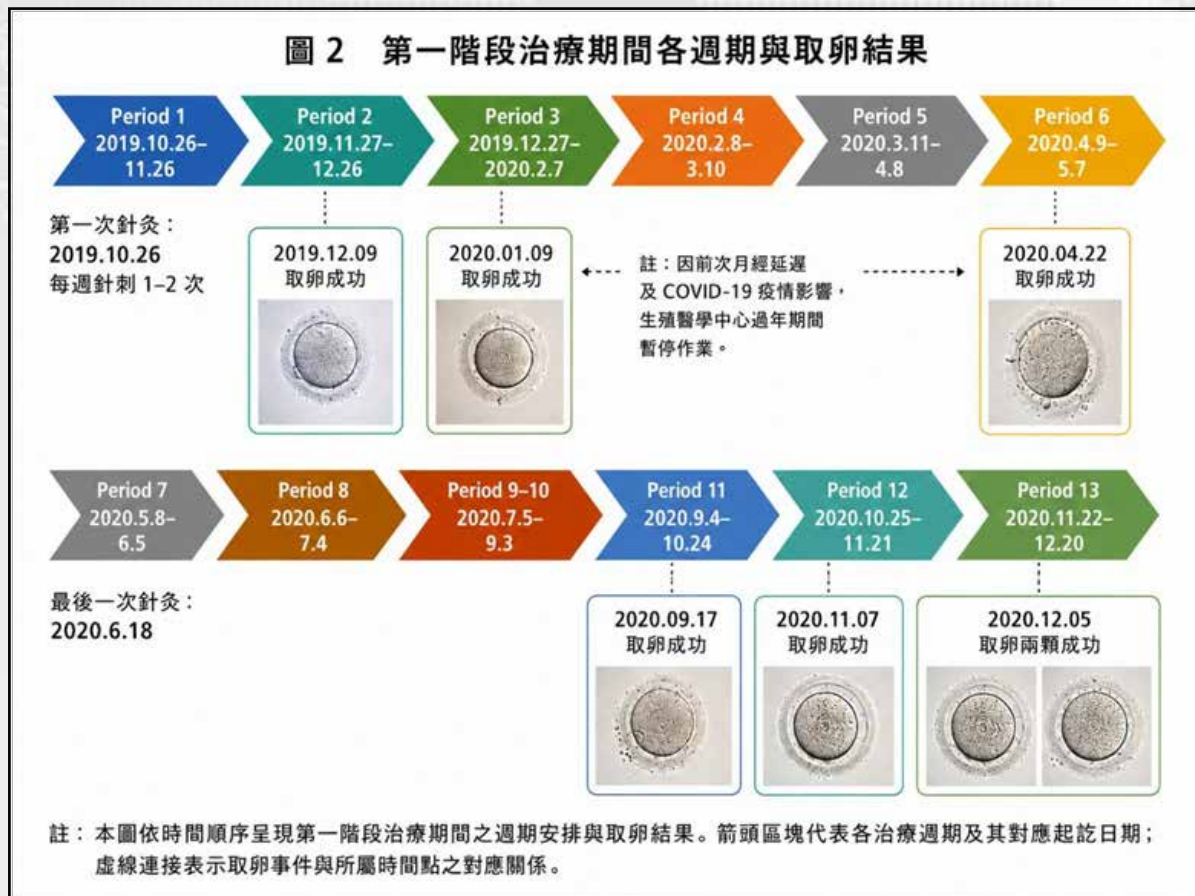


圖 2 第一階段治療期間各週期與取卵結果；2020 年 12 月 5 日取得 2 顆成熟卵子。

五、討論

本病例在 AMH 極低的情況下仍於多個週期取得卵子，顯示 AMH 主要反映卵泡庫存與促排反應機率，而非絕對判定能否取卵^[1,9,10]。然而，單一病例無法證明取卵結果由針灸造成，亦不能排除自然週期波動、促排藥物與生殖中心治療的影響。較適當的解讀是：若仍存在零星可募集卵泡，針灸可能作為療程前後的輔助調節手段。

溫氏現代針灸強調以頭皮、眼針與耳穴共同調節神經系統。傳統理論中，百會位居諸陽之會，常用於頭痛、眩暈、失眠、健忘及情志相關症狀；四神聰常與百會配伍以醒腦安神。耳穴神門常用於焦慮、失眠與疼痛；交感穴常用於調整自主神經與內臟功能；內分泌、下視丘、腦下垂體、子宮與卵巢區則常見於月經失調、痛經及婦科內分泌相關治療。上述傳統主治可支持選穴合理性，但其對卵巢儲備或卵母細胞成熟的特異效果仍需臨床試驗驗證。

現代研究提供若干可能機制。動物研究顯示，電針可影響卵巢交感神經活性、腎上腺素受體表現、卵巢血流與血管新生，並與卵泡發育相關^[6-8]。女性不孕

論文 2

與 IVF 之系統性回顧則呈現部分臨床效益，但介入時點、穴位、刺激方式與對照設計差異甚大^[2-5]。因此，本文所提出的「神經—內分泌—卵巢血流」路徑屬生理學上可理解的假說，而非由本病例直接證實。

本病例亦提醒 FSH 下降不等同卵子可取得。FSH 受 E2 負回饋、採血時間、殘存卵泡活動及藥物影響；尤其高齡且 AMH 極低者，即使某次 FSH 回到較低範圍，卵泡仍可能缺乏卵母細胞或無法成熟。臨床諮詢應將年齡、AMH、FSH、E2、基礎卵泡數、促排反應及實際取卵結果整合，避免以單一數值給予過度樂觀預期。

從週期化選穴觀點而言，經後至排卵前以耳穴交感取代神門，臨床意圖在於提高覺醒與自主神經調節，並配合卵泡募集；排卵後則改用神門，著重安神、減輕焦慮與改善睡眠。睡眠與心理壓力並非卵巢儲備的直接替代指標，但可能影響患者對療程的耐受度、用藥依從性及下視丘—腦下垂體訊號。故本病例的週期化設計重點不在宣稱單一穴位能促使卵子生成，而在依不同生理時段調整治療目標。

額中線與額旁一線屬頭皮針常用刺激區，溫氏現代針灸將其用於中樞神經與自律神經調節；眼針八區則依眼周分區理論對應臟腑功能。由於目前針對這些特定刺激區與卵巢儲備的高品質研究有限，本文僅記錄實際臨床處方及其理論依據，不將傳統對應關係視為已建立的因果機制。未來研究應完整記錄進針深度、留針時間、刺激手法、治療頻率與週期日，以提升可重複性。

取卵結果方面，本病例在第一階段六個週期共取得七顆卵子，呈現「少量、分次累積」的生育力保存特徵。對極低 AMH 患者而言，臨床目標常不是一次取得大量卵子，而是在仍有可募集卵泡時爭取每一個可能的成熟卵母細胞。因此，治療成效評估除 FSH 與 E2 外，更應以取消週期率、可見卵泡數、實際取得卵母細胞數及成熟度為主要終點。

六、限制

本研究為單一回溯性病例，無對照組，患者同時接受生殖醫學療程；部分資料依檢驗、影像與臨床紀錄回溯整理，缺乏每一週期完整的基礎卵泡數、促排藥物劑量、卵母細胞成熟度及後續受精資料。未來宜建立標準化治療方案與前瞻性病例登錄。

七、結論

極低 AMH 女性在週期化溫氏現代針灸輔助及生殖醫學治療配合下，仍可能

於部分週期取得成熟卵子。本病例六次取卵合計取得 7 顆，其中 2020 年 12 月 5 日取得 2 顆成熟卵子；但後續 FSH 下降後仍發生空卵泡，說明針灸不應被解讀為可逆轉卵巢衰退。其臨床定位應為改善睡眠、自律神經及週期狀態的輔助策略，並以多項卵巢儲備與取卵指標綜合評估。

倫理聲明

本文已移除可辨識個人資訊；投稿與公開發表前應取得患者書面知情同意，並依主辦單位及醫療機構規範辦理。

利益衝突與經費來源

作者聲明無與本文相關之利益衝突；本病例整理未接受外部研究經費補助。

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— 專文 —

台灣的力量：台灣中醫對美國與世界的影響

—應邀出席美國華美中醫學院與 2026 全球全人醫療會議之學術交流心得與展望

黃英傑

全球中醫藥醫學會聯合會理事

壹、前言

台灣的下一座護國神山 — 台灣中醫的使命

台灣晶片，掌控現代人工智慧與數位文明命脈，成就驅動世界科技的「硬實力」；台灣中醫，融合千年醫家智慧與科學實證制度，展現守護全球健康的「軟實力」。

「健康台灣」，台灣的下一波「護國神山」正牽動全世界¹「《中醫藥發展法》及國家健康政策中所揭示，台灣中醫憑藉全民健保（NHIRD）的真實世界數據與嚴謹的中西醫雙軌體系，已從傳統經驗醫學轉化為具備國際學術話語權的科學體系。中醫藥不僅是國人健康的基石，更是台灣醫療輸出的另一大亮點」。^{2,3}正如賴清德總統所說：「讓世界擁抱臺灣，『中醫藥』扮演了重要角色」！⁴

貳、本文

1. 台灣中醫對世界窗口：全中聯成立與使命

鑑於世界衛生組織（WHO）對傳統醫學的高度重視，中醫藥國際化與在地全球化已成大勢所趨。早在 2003 年，北京即成立『世界中醫藥學會聯合會』，率先佈局全球中醫發展戰略；2023 年，全球中醫藥醫學會聯合會在台北成立。2025 年 1 月 12 日，林源泉理事長更攜手黃秀芳立委及多位中醫界領袖，首度於立法院召開「促進中醫藥全球化」座談會，推動台灣中醫與國際接軌，⁵「中研院院士林昭庚揭示：『醫療外交冷落中醫』，並迅速獲外交部、衛福部回應」：⁶當日決議全中聯成立中醫國際醫療服務群組，規劃海外醫療及義診服務等相關計畫，

1. 台灣下一個護國神山在哪？蕭美琴讀「這產業」讓世界看見 [Internet]. 台北：Yahoo 奇摩新聞；2024-08-18 [引用於 檢索日期]. 引用日期：https://tw.news.yahoo.com/share/574f5c83-d924-3f0b-b8eb-2f7e4db91825

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4. 中華民國總統府．賴清德總統出席國際東洋醫學學術大會盼攜手中醫藥界共同推動全方位醫療照護 [Internet]. 台北：中華民國總統府；2025-08-31 [引用日期：檢索日期]. 引用日期：https://www.president.gov.tw/News/39414.

5. 林昭庚院士、中醫藥司長蘇奕彰、中醫師全聯會林永農、孫茂峰名譽理事長，縣市公會理事長等

6. 全球中醫藥醫學會聯合會．《推動中醫醫療外交促進中醫藥全球化》座談會．台北：全球中醫藥醫學會聯合會 [網頁]；2025 年 1 月 [引用於 2026 年 7 月 11 日]. 取自：https://www.gftcma.org.tw/publicUI/H/H102.aspx



以期提升台灣中醫在國際敦睦邦誼，外交部長林佳龍：「中醫藥，不只是台灣帶來健康，也是我們與世界的橋樑」！⁷

2025 年 8 月 13 日，全中聯由林理事長親自帶團十七名中醫專家學者「中醫醫療外交隊」，參與加拿大卑詩省中醫師公會 (BCTCM) 主辦第三屆溫哥華中醫國際學術會議，授課分享台灣臨床與研究成果，深獲好評。⁸

7. 林佳龍 (2025 年 5 月 3 日)。外交部長林佳龍：中醫藥不只是台灣帶來健康，也是我們與世界的橋樑。

Facebook。 <https://www.facebook.com/share/p/1AZXdtLK5w/>

8. 黃憶欣 (2025 年 8 月 16 日)。溫哥華中醫國際學術會議 加中港台 17 位專家授業交流。加拿大星島日報。

<https://www.singtao.ca/7242355/2025-08-16/news-溫哥華中醫國際學術會議++加中港台17位專家授業交流-st-topic/>

2026 年 3 月 28 日，因應美國・華美中醫學院邀請，全聯會委由國際事務部三位三位理監事，前往美國休士頓擔任「華美中醫學院及 ACAOM（針灸和東方醫學認證委員會）」的「2026 全球全人醫療會議 (Global Holistic Medicine Conference)」講師：廖昭銘主委以《手持式超音波助針灸與針刀之臨床應用 (Visualizing Tradition: The Integration of Handheld Ultrasound with Acupuncture & Acupotomy)》，回應林昭庚院士在針灸安全深度議題在臨床的實踐；鄧欣怡秘書長（中國鍼灸學會）：《心腦共振：針藥並施治療身心症相關焦慮與失眠之臨床療效研究》(Heart-Brain Resonance: Clinical Efficacy of Combined Acupuncture and Herbal Medicine for Anxiety and Insomnia in Patients with Somatic Symptom Disorder)》、黃英傑理事長（中國鍼灸學會）以《高惡性血癌 (AML) 與腦癌 (GBM) 在中西醫結合的全人醫療》。三位臨床專題從身（安全深度），到心（焦慮失眠），到靈（西醫停止治療轉安寧癌末案例），深獲校方與來自全美的醫師熱烈迴響與肯



定，並梁慎平校長（僑委會資深委員）引薦拜會台灣駐美經濟文化處處長蕭伊芳、主任王盈蓉、副主任房亭好，建議未來可加強醫學與文化交流，讓台灣的優雅與韌性在主流社區中發揚光大。⁹

2. 從台灣到全球：中醫國際化的先行者

中醫在台灣，薪火相傳，不僅未在當代醫學與現代科技浪潮中缺席，在「中

9. 大紀元．休士頓 115 年度僑務榮譽職聘書頒發茶會圓滿舉行 [網際網路]. 2026 年 [引用於 2026 年 7 月 11 日].

取自: <https://www.example.com/article/123456>

醫外交」、「中醫實證」與「中西醫全面整合」走出一條的獨特道路，目前正持續不段發揮影響世界的力量。這樣的發展不只是臨床醫術的傳承，更多位指標性領袖的接續努力，在國際外交、科學實證及教育法制化上產生了深遠影響。本文將依年代順序，詳述吳惠平博士、林昭庚院士與梁慎平校長如何將台灣的針灸實力推向世界，轉化為改變美國乃至於全球中醫界的關鍵力量。

一、吳惠平博士：銀針外交與 WHO 認可的國際拓荒者（1959 - 1979s）

吳惠平博士（1916－1991）是台灣針灸走向國際舞台的奠基者。他於 1953 年創立「中國鍼灸學會」並出任首任理事長，¹⁰ 奠定了台灣針灸法統與國際接軌的基礎。¹¹

1. 領導國際組織與教育先行：1955 年，代表台灣出席日本東洋醫學會第六屆年會，開創中醫師出國宣揚國粹、弘揚中醫鍼灸醫術於海外之先例。¹² 1959 年，吳博士遠赴法國出席世界國際針灸學會，高票當選國際鍼灸學會（International Society of Acupuncture）會長，¹³ 成為首位中醫國際組織的領導人。在台北創辦中國針灸醫院與研習班，培訓持續培訓了來自約 62 個國家的 5,000 多名洋弟子，¹⁴ 這些種子回到歐美後，成為當地傳播針灸的核心力量。
2. 促成 WHO 歷史性認可：1961 年，吳理事長電請世界衛生組織（WHO）研究針灸。經過長達 18 年的奔走，WHO 終於在 1979 年正式承認針灸治療 43 種疾病的合法地位，成為全球針灸學術化的重要里程碑。¹⁵
3. 國際驚艷的「銀針外交」：1971 年，吳博士受邀赴高棉（今柬埔寨）救治中風癱瘓的龍諾總統，不到一個月即告病癒，療效顯著，轟動國際。¹⁶ 吳惠平因此獲高棉共和國頒發衛國勳章及獎狀。¹⁷ 這次成功的醫療外交直接引起美國總統尼克森（Richard Nixon）對針灸的關注，進而促成其 1972 年訪華時參觀針灸臨床，徹底引發全美的針灸熱潮。

10. 國家文化記憶庫·台北市鍼灸學會成立大會【網際網路】·2020【引用 2026 Jul 9】·
可獲自：<https://tcmb.culture.tw/zh-tw/detail?id=560205&reference:0>

11. 吳惠平·鍼灸學概要·台北：中醫出版社

12. 吳安祥、黃碧松、廖炎智·回顧中國鍼灸學會成立簡史與創會理事長吳惠平博士的一生[J]. 台灣中醫醫學雜誌, 2017, 16(1): 1-10. DOI: 10.6528/CAMS.2017.0001.

13. 細說近現代常武金澤走出的針灸名家（二）：國際針灸學會會長【網際網路】·2020【引用 2026 Jul 9】·
可獲自：<http://mp.weixin.qq.com>

14. 惠平（1916—1991）【網際網路】·常州地方志，2016【引用 2026 Jul 9】·可獲自：<http://fzg.changzhou.gov.cn/reference:3>

15. 惠平（1916—1991）【網際網路】·常州地方志，2016【引用 2026 Jul 9】·可獲自：<http://fzg.changzhou.gov.cn/reference:6>

16. 張婉茹·鍼灸——潤澤蒼生揚國粹·師友月刊，1986；(227)：35-37

17. 吳惠平鄉長已函請政府制止西醫使用中醫針灸·武進鄉訊，1991；(276)

4. 全球宣揚的「中醫行者」：吳理事長行腳全球，為英、美、德、法、日、韓、越、新、馬、菲、泰、寮、印、沙、加以及中南美諸國之政要以針灸醫術治癒之人數甚多，多次到世界各地宣揚，為中醫奔走，可謂不遺餘力。¹³

二、林昭庚院士：美國加州立法與科學實證之父（1980s - 現代）

林昭庚（Jaung-Geng Lin）院士對美國中醫發展與世界衛生組織（WHO）、聯合國教科文組織（UNESCO）等國際組織貢獻深遠。林昭庚中央研究院院士是台灣第一位中醫針灸博士，於2022年當選中央研究院第33屆院士，他以「無私資助」與「科學數據」實質改變了美國中醫的法規環境與專業地位，影響中醫在美國制度化的推動；並且在國際中醫藥界，特別是與世界衛生組織（WHO）、聯合國教科文組織（UNESCO），扮演了極為關鍵的橋樑角色。

林院士對美國中醫界在合法化、制度化、科學化以及臨床認可上，同樣有著極為深遠的歷史性貢獻。

1. 慨捐十萬美金：¹⁹ 隱形推手，托起美國加州針灸法制化

美國加州雖然在1975年通過針灸合法化，但到了1980至1982年間，美國加州針灸正處於立法轉折點。當地針灸業仍處於沒有統一考試、缺乏標準教育與保險不給付的「真空混亂期」。1981年林院士到國科會上班，沈明琛（國科會禮聘的美國歸國學人）對針灸醫學有濃厚興趣和研究，想跟隨林院士學習針灸，於是開啟一段師生緣，數年後，沈明琛回到美國加州行醫，並創立「加州針灸協會」，因他在美國政界亦具有影響力，透過國會遊說，促使美國國會通過「針灸師立法」，讓針灸師能夠合法行使醫療診治，加州針灸協會也成為加州針灸師的考試及發照單位，此為東方針灸醫學在美國醫界立足的先河。沈明琛返美推動立法改革卻面臨巨大資金缺口時，剛隨沙烏地阿拉伯醫療團返台的林昭庚院士本著成就中醫國際化的胸懷，在毫無協議或要求名分的情況下，陸續慷慨資助沈明琛累計捐助約十二萬美元（當時報導為十萬美元），²⁰ 這筆資金被視為加州針灸合

18. 中央研究院·院士簡歷——林昭庚【網際網路】·2022【引用 2026 Jul 9】·可獲自：[https://academicians.sinica.edu.tw](https://academicians.sinica.edu.tw/reference:7) [reference:7]

19. Shen MC (沈明琛), Lin JG (林昭庚). The Historical Movement of Acupuncture Legislation and Regulation in California: A 40-Year Retrospective. *American Journal of Chinese Medicine*. 2025;53(8):1945-1952. (備註：此篇回顧文獻與2025年底美國加州《美華商報》之歷史檔案披露相呼應，詳細記載1980年代林昭庚院士在毫無協議下慨捐十萬美金，資助其北美弟子沈明琛博士推動加州《針灸認證法案》（Acupuncture Certification Act）立法、建立加州州考制度，並因此獲美國聯邦參眾兩院表揚與蒙特利市榮譽公民之始末。）

20. 于家山. 俠義相助，十萬美金托起加州針灸走向正軌：林昭庚院士與沈明琛博士的時代紐帶[N]. 美華商報, 2025-12-09(29). [ed.cmu.edu.tw](https://www.ed.cmu.edu.tw/reference:9) [reference:9]

21. 中國醫藥大學中醫學系·發揚中國傳統醫學～林昭庚院士早年捐款十萬美金托起美國加州針灸走向正軌【網際網路】·2025【引用 2026 Jul 9】·可獲自：<https://chm>

法化的「行動燃料」，用於支付法律遊說與舉辦科學聽證會，成功遊說州議會落實《針灸認證法案》（Acupuncture Certification Act），²¹使針灸師能取得合法執照，建立起統一的州考、執照和教育時數標準（L.Ac.）將針灸納入正規醫療與保險體系，將美國針灸從亂象推向專業與規範，成為推動加州針灸制度化「最歷史性也最隱形的個人資助」。

2. 科學實證突破：²²「針刺止痛、安全深度」奠定美國主流醫學信任

(1) 針刺安全深度之父：林院士針灸臨床實證經驗豐富，其「針刺穴位安全深度研究」為醫學史上首位以屍體解剖及活體電腦斷層掃描研究穴位安全深度並提供臨床應用，是針灸學上，對於針刺深度安全性研究的一大突破。^{23, 24}這項研究消弭了西方醫界對於針刺損傷器官（如氣胸）的恐懼，為針灸進入美國主流醫院與保險公司提供了堅實的科學依據。

(2) 針灸止痛國際巨擘：2010年及2012年，Springer出版社因林昭庚院士之針灸止痛研究受到國際學術界肯定，邀請林院士共同編著《Supportive Cancer Care with Chinese Medicine》、《Acupuncture and Moxibustion as an Evidence-based Therapy for Cancer》等書，因此西元2014年哈佛大學教授邀請林院士共同編著《Acupuncture for Pain Management》乙書，受到廣大迴響；2018年林院士受Nature出版集團(Springer Nature出版社)邀請，主編《Experimental Acupuncturology》，為全世界目前唯一一本英文實驗針灸學書籍。其客觀數據有力地回應了美國醫學界對針灸安全性的質疑。這些成果不僅被美國國家衛生院(NIH)及哈佛、史丹佛等頂尖醫學中心的針灸研究計畫引用，擔任《美國綜合醫學雜誌》等重要學術期刊的編輯委員，提升台灣學者在美國的學術話語權。

3. 外交實力展現：²⁵獲美國總統參眾兩院表揚與榮譽公民

1985年，美國洛杉磯舉行世界中華醫藥學術大會，榮獲最傑出針灸醫師，美

22. Lin JG (林昭庚), Benoussan A, eds. *Experimental Acupuncturology*. 1st ed. Cham, Switzerland: Springer Nature; 2023: pp. 45-88, 112-145. doi:10.1007/978-3-031-16282-4. (備註：此為林院士受 Springer Nature 邀請主編之國際權威針灸工具書。書中第三章與第五章詳細載錄其運用電腦斷層掃描(CT)建立之胸背部「針刺安全深度」客觀數據，該數據被美國 NCCAOM 執照考試及全美主流整合醫學中心廣泛引用與遵循。)

23. 葉海濤·台灣針灸博士林昭庚先生對針灸的研究·上海針灸雜誌·1994; 13(2): 90-91

24. 林昭庚·電腦斷層掃描照相術探討人體胸背部各穴位安全深度之研究[博士論文]·台中：中國醫藥學院中國醫學研究所；1991

25. Pi GL (皮國立), Chen CZ (陳倩姿). *Being a Man, Doing Things, and Academic Pursuit: The Intellectual and Biographical Journey of Jaung-Geng Lin, the Father of Integrative Medicine* (做人做事做學問：中西醫結合之父——林昭庚的學思歷程). Taoyuan: National Central University Press; 2023: pp. 210-235. ISBN 978-986-5658-94-6. (備註：本書由歷史學者皮國立教授團隊透過口述歷史與檔案文獻編著，第6章「醫療外交與國際舞台」詳實收錄其為陳香梅女士等美國政要針灸、獲美國布希副總統夫婦簽名賀照致意之原始檔案與照片紀錄。)

國布希 (George H. W. Bush)) 總統致贈親筆簽名照片，鼓勵其對傳統中醫藥之貢獻，同年，其接受美國參、眾兩院議員表揚其科學貢獻，並獲得美國加州蒙特利 (Monterey) 市長頒發的美國榮譽公民證。

4. 世界衛生組織 (WHO) 與聯合國教科文組織 (UNESCO) 之關鍵貢獻

(1) 導正 WHO 標準穴位圖譜錯誤

林昭庚院士 2009 年編撰針灸教科書《新編彩色針灸學》時，發現 WHO 於 2008 年出版的權威教科書《西太平洋地區標準針灸穴位》中，肩中俞、京門、水泉、中瀆、中封等五處穴位的圖譜標示有誤。他隨即行文 WHO 總部建議修正，並獲得官方正式回函致謝，承諾在後續改版時採納其修正建議。²⁶ 並因此於 2012 年，獲邀參加 WHO 在香港舉辦的「西太平洋區傳統醫學策略論壇」。

(2) 台灣首位受邀 WHO 演講的學者

聯合國教科文組織 (UNESCO) 顧問與演講：林院士自 2013 年起受聘為聯合國教科文組織 (UNESCO) 之諮詢顧問。2014 年，他以 UNESCO 顧問與世界中醫藥學會聯合會 (WFCM) 專家身份，出席在法國巴黎舉行的「保護非物質文化遺產第九次會議」，並發表主題演講「針灸實證醫學在促進人類健康所扮演之角色」，成為台灣首位獲邀出席 UNESCO 相關會議演講的學者。²⁷

(3) 針灸緊急救援全球視野：

2017 年 1 月，林院士代表世界針灸學會聯合會 (WFAS) 前往瑞士日內瓦總部，出席 WHO 第 140 屆執行委員會 (Executive Board) 年會，並發表主題演講「針灸列入世界衛生組織緊急救援醫療團隊的可行性及重要性」，將針灸推向全球急診與災難醫療的視野。

林昭庚院士獲得國際學術界高度肯定，1979 年委身中醫國際醫療受派前往沙烏地阿拉伯王國，1980 年榮獲沙國最高榮譽—「金袍獎」。近年常受邀參加聯合國教科文組織 (UNESCO) 及世界衛生組織 (WHO) 所舉辦之會議，為台灣首位以學者身分接受聯合國教科文組織 (UNESCO) 及世界衛生組織 (WHO) 邀請者，由於他

26. Lin JG (林昭庚). Integration of Chinese and Western Medicine and the Globalization of Acupuncture: From WHO Standards to ICD-11. Chinese Journal of Integrative Medicine. 2018;24(3):163-167. doi:10.1007/s11655-018-2902-1.

27. Ministry of Foreign Affairs, Republic of China (Taiwan) (中華民國外交部). Professor Jaung-Geng Lin Awarded the Friend of Foreign Service Medal for Outstanding Contributions to WHO and UNESCO Affairs. MOFA Official Statements. Published online December 21, 2021. Available from: <https://www.mofa.gov.tw/> [Accessed 2026-07-04]. (備註：官方公告載明其於 2012 年獲 WHO 官方回函致謝修正圖譜、2014 年以專家顧問身份出席 UNESCO 巴黎年會，以及 2017 年於 WHO 第 140 屆執行委員會發表主題演講之歷史紀錄。)

多年來致力於針灸研究、教學與臨床工作，並戮力國際醫療外交而促成中醫藥國際化，因此外交部於 2021 年頒贈「外交之友貢獻獎章」，以表彰其對中醫藥學術與國際醫療外交之卓越貢獻。

三、梁慎平校長：美國中醫教育主流大學化與全球領袖（1990s - 現代）

梁慎平校長（Shen Ping Liang）致力於將中醫教育在美國推向「主流學術地位」，並於 1991 年在德州休士頓創立華美中醫學院（ACAOM）。

1. 美國權威區域認證（SACS-COC）的突破：梁校長帶領華美中醫學院成功通過了美國南部大學校院協會（SACS-COC）的區域認證。這是美國最具權威的大學認證，意味著中醫教育在美國正式與一般綜合大學享有同等學術地位，徹底打破中醫是「民間偏方」的刻板印象。
2. 中西醫整合與國際領導：梁校長是首位出任世界針灸學會聯合會（WFAS）執行主席的台灣籍中醫領袖，在國際舞台上極力為台灣與中醫爭取話語權。他積極推動中醫進入美國頂尖醫療體系，曾受邀加入癌症整合醫學顧問委員會，推動針灸應用於癌症輔助治療。²⁸
3. 跨國結盟（MOU）中西醫整合實習網絡：華美中醫學院與中國醫藥大學、台北醫學大學等多所知名大學締結姊妹校，並與「全球中醫醫藥學會聯合會」簽訂合作備忘錄（MOU），建立跨國臨床實習網絡，使美國中醫學生能深入台灣大型中醫附設醫院進行實體臨床見習，體會嚴謹的中西醫整合醫療模式。²⁹
4. 科研回饋母校：梁校長於 2014 年慷慨捐贈基金回饋母校台北醫學大學，設立專項獎學金與研究基金，鼓勵年輕學者投入中醫藥現代化與科學化研究，深化台美兩地的科研合作與人才育成。³⁰

參、結論：讓臺灣中醫成為全球健康的護國神山

面對當代複雜多元的疾病挑戰，全球醫學界正積極尋求跨領域的全人照護方案。醫學不應自絕於國際地球村，更不可自外於全球整合醫療的大趨勢。

回顧台灣中醫國際化的歷程——從吳惠平博士以「銀針外交」開啟世界衛生組織對針灸的認可、林昭庚院士以科學實證與無私奉獻奠定美國加州立法及

28. 世界針灸學會聯合會（WFAS）. 世界針灸學會聯合會歷屆執行委員會會議紀錄與國際傳統醫學推動報告 [R]. 北京：WFAS 秘書處，2019.

29. 華美中醫學院. 華美中醫學院辦學歷史與美國南方大學校院協會（SACS-COC）區域認證評鑑報告 [R]. 休士頓：華美中醫學院出版，2016.

30. 台北醫學大學秘書處. 華美中醫學院梁慎平校長捐贈母校學術發展基金暨台美跨國雙聯合作備忘錄（MOU）簽署紀實 [J]. 台北醫學大學校友訊，2014, (185): 4-6.

WHO 標準，到梁慎平校長推動中醫教育進入美國主流大學體系——先輩們筚路藍縷，以卓絕的智慧與胸懷，為台灣中醫打下堅實的國際基石。

承襲這份厚重的歷史使命，林源泉創會理事長帶領「全球中醫藥醫學會聯合會（全中聯）」應運而生，貫徹「促進台灣中醫在地全球化，推動台灣中醫與國際接軌」的宏願。台灣中醫憑藉全民健保（NHIRD）大數據、嚴謹的中西醫結合臨床實踐，以及極具人文底蘊的全人醫療，正展現出無可取代的軟實力。願台灣中醫之光照亮全球，為全人類的健康福祉締造新局，「為天地立心，為生民立命，為往聖繼絕學，為萬世開太平」，讓中醫成為守護全球健康的護國神山！

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— 壁報 —

雷射針灸作為偏頭痛預防性治療之經驗及隨機分派試驗

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摘要

背景：雷射針灸是一種非侵入性治療，既往研究顯示其在不同類型頭痛中的療效可與傳統針灸相近。然而，對於成人慢性偏頭痛（chronic migraine, CM），目前相關證據仍不足。本研究旨在評估雷射針灸（laser acupuncture, LA）作為慢性偏頭痛附加預防治療之療效與安全性。

方法：本研究為一項單盲隨機對照試驗，於 2022 年 1 月至 2023 年 11 月期間進行。納入藥物治療效果不佳之慢性偏頭痛患者，並以 1:1 比例隨機分派至 LA 組或假治療組。受試者於 4 週內接受共 8 次治療。共同主要結果為每月偏頭痛天數（monthly migraine days, MMD）及每月急性頭痛藥物使用天數相較於基線之變化。評估時間點包括基線期、治療完成時第 4 週、第 8 週及第 12 週。

結果：共 60 位患者納入意向治療分析，兩組各 30 位。兩組基線頭痛特徵相近。相較於假治療組，LA 組在第 8 週及第 12 週之 MMD 顯著下降幅度較大（第 8 週：5.2 天 vs. 1.5 天， $p=0.015$ ；第 12 週：7.3 天 vs. 1.8 天， $p=0.001$ ）。此外，LA 組每月急性頭痛藥物使用天數亦顯著減少（第 4 週：3.1 天 vs. 0.4 天， $p=0.007$ ；第 8 週：3.2 天 vs. 0.0 天， $p=0.005$ ；第 12 週：3.9 天 vs. 0.0 天， $p<0.001$ ）。兩組皆未觀察到嚴重不良事件。

結論：雷射針灸可有效減少慢性偏頭痛患者之每月偏頭痛天數及急性頭痛藥物使用天數，且安全性良好。值得注意的是，LA 的療效在追蹤期間呈現逐漸增強的趨勢。本研究結果顯示，LA 可作為慢性偏頭痛具潛力的附加預防治療，未來值得進一步探討其作用機轉及長期預防效果。

關鍵詞：偏頭痛、雷射針灸、預防性治療、隨機對照試驗

Laser Acupuncture as an Add-on Treatment for Refractory Chronic Migraine: Experience in Integrating Traditional Chinese Medicine and Western Medicine Treatment for Chronic Migraine

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Abstract

Background: Laser acupuncture (LA) is a proven non-invasive treatment with effects comparable to traditional acupuncture in different types of headaches, but there is still insufficient evidence for chronic migraine (CM) in adults. We aim to investigate the efficacy and safety of LA as an add-on preventive therapy on CM.

Methods: A single-blind randomized controlled trial was conducted from January 2022 to November 2023. CM patients with unsatisfactory pharmacological effects were randomly assigned in a 1:1 ratio to receive either LA or sham treatment over a course of 8 sessions spanning 4 weeks. The co-primary outcomes were changes in monthly migraine days (MMD) and acute headache medications usage days per month from baseline. Evaluations were taken at baseline (12 weeks before randomization), at 4th week (treatment completed), 8th week and 12th week from baseline.

Results: A total of 60 patients (30 in each group) were included in the intention-to-treat analyses. Baseline headache characteristics between trial groups were similar. Compared with the sham group, the LA group had a significant reduction in MMD (5.2 vs. 1.5 days at 8th week, $p = 0.015$; 7.3 vs. 1.8 days at 12th week, $p = 0.001$), and acute headache medications usage days per month (3.1 vs. 0.4 days at 4th week, $p = 0.007$; 3.2 vs. 0.0 days at 8th week, $p = 0.005$; 3.9 vs. 0.0 days at 12th week, $p < 0.001$). No serious adverse event was observed in both groups.

Conclusions: LA was effective in reducing MMD and acute headache medications usage with promising safety. Specifically, the efficacy of LA exhibited a progressively more pronounced effect within the follow-up period. We suggested that LA is a promising add-on preventive therapy for CM, and trials focused on investigating the mechanism of LA's effect and its long-term effects on CM prevention are justified.

Keywords: Migraine, Laser acupuncture, Prevention, Randomized controlled trial

雷射針灸治療頑固性疼痛

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摘要

目的：評估雷射針灸治療頑固性疼痛的療效。

方法：本研究納入了 7 例頑固性疼痛患者：坐骨神經痛、顳顎關節障礙、全膝關節置換術後疼痛、肋骨骨折折、第 11 胸椎壓迫性骨、癌痛及帶狀疹後神經痛。患者接受砷化鋁鐳雷射針灸治療，急性疼每天治療一次，慢性疼痛每週治療三次。在治療過程中評估患者的疼痛視覺模擬量表和相關功能障礙。

結果：雷射針灸在以上七種病情均能有效緩解疼痛，單一治療後疼痛減輕 50% 以上，而常規醫療無法有效減輕患者的疼痛和相關功能障礙。

結論：雷射針灸結合了針灸和低強度雷射的優點，可活血行氣、緩解疼痛和抗發炎。由熟練醫師施行的雷射針灸可以減輕疼痛。

關鍵詞：雷射針灸，頑固性疼痛，中醫學

Laser Acupuncture in The Treatment of Refractory Pain

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Abstract

Objective: To evaluate the therapeutic effectiveness of laser acupuncture in the treatment of pain unresponsive to standard interventions.

Methods: This research included seven individuals with intractable pain: sciatica, temporomandibular disorders, post-total knee replacement discomfort, rib fracture, T11 compression fracture, cancer pain, and post-herpetic neuralgia. Patients received GaAlAs laser treatment for acute pain once daily or for chronic pain three times weekly. The gadget administered 0.375 joules of energy to each acupoint and 3 joules to Ashi points, with durations of 5 seconds and 40 seconds, respectively. The pain visual analog scale and the associated disability of the patients were assessed during the treatment.

Results: Laser acupuncture therapy successfully alleviated pain in all seven cases, achieving more than 50% pain reduction after a single session. Standard medical treatment proved inadequate in relieving the patients' discomfort and related restrictions.

Conclusion: Laser acupuncture integrates the advantages of traditional acupuncture with low-level lasers to enhance circulation, facilitate qi movement, and alleviate pain and inflammation. Laser acupuncture administered by a proficient physician may alleviate physical ailment. Further investigation is required to determine the appropriate wavelength, dose, and intensity for physiological benefits and cost efficiency.

Keywords: laser acupuncture, refractory pain, traditional Chinese medicine

壁報 3 C

低能量 810 奈米雷射針灸用於減少慢性偏頭痛患者的頭痛持續時間：隨機對照試驗之追蹤階段

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摘要

在我們先前的隨機對照試驗中，雷射針灸已顯示出對慢性偏頭痛的預防療效。此追蹤的開放標籤延伸階段旨在評估，對於最初分配至假治療組的患者，雷射針灸是否能減少其頭痛持續時間（ClinicalTrials.gov 註冊編號：NCT06219694）

隨機對照試驗的參與者被隨機分配至雷射針灸組或假治療組。兩組在一個月內均接受了八次治療，隨後進行為期三個月的追蹤期。在距初始治療平均 14.03 個月的洗脫期後，最初被分配至假治療組的參與者接受了開放標籤延伸的雷射針灸治療，隨後進行了額外三個月的追蹤。雷射針灸及開放標籤延伸雷射針灸均使用 LaserPen-Expert 511A，波長為 810 奈米，輸出功率密度為 5 W/cm，並使用相同的穴位進行治療。每個穴位在連續模式下接受 150 mW 的輸出功率，持續 30 秒，提供 4.5J 的刺激能量。結果評估指標為假治療或開放標籤延伸雷射針灸治療後三個月內，頭痛持續時間（小時）的變化。

本次追蹤階段共納入 35 名患者；其中 74.3% 為女性，平均年齡為 43.00±14.28 歲，平均頭痛病史為 14.71±10.03 年。基礎值的頭痛持續時間為 8.00±6.14 小時，在接受開放標籤延伸雷射針灸前為 8.08±5.78 小時，兩者在統計學上並無顯著差異（ $p = 0.092$ ）。從基礎值至假治療後三個月的頭痛持續時間變化為 0.12±2.11 小時，而從開放標籤延伸雷射針灸前至雷射針灸後三個月的變化為 -2.46±2.08 小時；此兩期間的差異具有統計學顯著意義（ $p < 0.001$ ）

這些發現表明，低能量 810 奈米雷射針灸可作為慢性偏頭痛的輔助預防性治療，且與先前的假治療階段相比，開放標籤雷射針灸治療後可減少患者的頭痛持續時間。

關鍵詞：雷射針灸、偏頭痛、開放標籤延伸階段

Low-level 810-nm Laser Acupuncture for Reducing Headache Duration in Patients with Chronic Migraine: A Follow-up Phase of a Randomized Controlled Trial

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Abstract

Laser acupuncture (LA) has shown preventive efficacy for chronic migraine (CM) in our previous randomized controlled trial. This follow-up, open-label extension phase aimed to evaluate whether LA reduces headache duration in patients originally assigned to sham treatment (ClinicalTrials.gov registration: NCT06219694).

Participants in the parent randomized controlled trial were randomly assigned to either the LA group or the sham treatment group. Both groups received eight treatments over one month, followed by a three-month follow-up period. After a mean washout interval of 14.03 months from the initial treatment, participants originally assigned to the sham group received open-label extension LA treatment, followed by an additional three-month follow-up. LA and open-label extension LA were performed using the LaserPen-Expert 511A at an 810-nm wavelength with an output power density of 5 W/cm², using the same acupoints. Each acupoint received 150 mW of output power in continuous mode for 30 seconds, delivering 4.5 J of stimulation energy. The outcome was the change in headache duration (hours) over three months after sham treatment or open-label extension LA treatment.

This follow-up phase included 35 patients; 74.3% were female, with a mean age of 43.00 ± 14.28 years and a mean headache history of 14.71 ± 10.03 years. Headache duration was 8.00 ± 6.14 hours at baseline and 8.08 ± 5.78 hours before open-label extension LA, with no statistically significant difference ($p = 0.092$). The change in headache duration from baseline to three months after sham treatment was 0.12 ± 2.11 hours, whereas the change from before open-label extension LA to three months after LA was -2.46 ± 2.08 hours; the between-period difference was statistically significant ($p < 0.001$).

These findings suggest that low-level 810-nm LA may serve as an adjunctive preventive treatment for CM and may reduce headache duration after open-label LA compared with the prior sham-treatment phase.

Keywords: Laser acupuncture, migraine, open-label extension

壁報 4 C

加味二仙湯可降低氧化壓力及提升雌激素含量於 順鉑誘導早發性卵巢功能不全細胞

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摘要

加味二仙湯之酒精萃取物相比於水萃取物對 COV434 卵巢顆粒細胞具有較佳的生長刺激及細胞保護作用。此外，加味二仙湯萃取物能夠有效降低順鉑或過氧化氫所造成的細胞內氧化壓力，降低的比例分別為 60 % 及 58.4 %。從 RNASeq analysis 結果中也發現，加味二仙湯能夠刺激並提升 COV434 細胞內與降解 ROS 相關的 NRF2 及 CAT 基因的表現量。在細胞雌激素含量的部分，加味二仙萃取物處理能夠提升 COV434 細胞內雌二醇的濃度由 239 pg/mL 提升至 740 pg/mL；先以順鉑處理而後將加味二仙湯萃取物與 COV434 細胞共同培養，實驗結果發現細胞內雌二醇含量可從 16 pg/mL 恢復到 384 pg/mL。與雌激素相關的基因表現方面，包含 CYP19A1 及 CTNNB1 這兩個能夠增加雌激素生成的基因，其表現量皆呈現上升的趨勢；反之，抑制雌激素生成的基因 FOXO3a，其表現量則呈現下降的趨勢。此外本研究結果發現，順鉑造成 COV434 細胞內雌激素含量降低，是由於芳香的酵素活性受到抑制。從實驗結果發現，順鉑處理的組別其芳香酵素活性為 1.44 μ U/mg，相比於控制組的 2.33 μ U/mg 有顯著的下降，順鉑處理後以加味二仙湯萃取物培養的組別，其酵素活性則恢復至 2.02 μ U/mg，這說明了加味二仙湯萃取物具有可逆轉因順鉑降低的芳香活性的能力。綜合以上所述，推測加味二仙湯能夠藉由降低細胞內 ROS 含量以減緩卵巢顆粒細胞的死亡，同時恢復細胞內芳香活性及提高雌激素的含量，進而減緩早發性卵巢功能不全的症狀。

關鍵詞：加味二仙湯、人類卵巢顆粒細胞、早發性卵巢功能不全

Modified Erxian Decoction Can Reduce Oxidative Stress And Increase Estradiol Level In Cisplatin-induced Premature Ovarian Insufficiency Cells

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Abstract

This study found that ethanol was a more effective extract solvent than was water. Ethanol stimulated the growth of, and protected, human ovarian granulosa cells (cell line COV434). Furthermore, mEXD extract significantly reduced cisplatin-induced oxidative stress (by 60%) or hydrogen peroxide (by 58.4%). RNASeq analysis revealed that mEXD increased NRF2 and CAT gene expression. These genes are related to reactive oxygen species regulation. mEXD extract increased estradiol concentration from 239 pg/mL to 740 pg/mL. Estradiol concentration increased from 16 pg/mL to 384 pg/mL in cells treated with cisplatin and mEXD. Expressions of CYP19A1 and CTNNB1, genes that increase estrogen production, were upregulated, and expression of FOXO3a, a gene that inhibits estrogen production, was downregulated. The decrease in estrogen secretion in COV434 cells caused by cisplatin was due to the inhibition of aromatase enzyme activity. Aromatase enzyme activity was 1.44 μ U/mg in a cisplatin-treated group, 2.33 μ U/mg in a control group, and 2.02 μ U/mg in a cisplatin + mEXD group. These results indicate that mEXD reverses the cisplatin-induced decrease in aromatase activity. In conclusion, mEXD reduces intracellular reactive oxygen species concentrations, ameliorates granulosa cell death, restores aromatase activity, and increases estrogen concentration, thereby alleviating the symptoms of premature ovarian insufficiency.

Keywords : modified Erxian decoction; human ovarian granulosa cell;
premature ovarian insufficiency

壁報 5 C

「功能性內皮儲備」的臨床啟示：稜鏡效應顏面針法改善白內障術後角膜內皮失代償之個案報告

方志男

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摘要

背景與目的：角膜內皮細胞不具再生能力，白內障術後內皮流失可致角膜失代償及視力障礙。本案提出「功能性內皮儲備」概念——角膜透明取決於殘存內皮之整體幫浦（去水腫）功能而非細胞密度，並觀察稜鏡效應顏面針法之療效。

方法：一名 1945 年生男性，左眼白內障術後第三天視力驟降、角膜水腫。4 月 21 日鏡面顯微鏡（TOMEY EM-4000）因角膜混濁無法取得可分析之內皮影像；就診西醫師告知預後不佳、改善困難。術後併用類固醇、高滲 NaCl 及抗生素眼藥水，均於 5 月 19 日停用。患者於 4 月 24 日本院初診，接受稜鏡效應顏面針法合併中藥，密集施針二個月。

結果：治療約二個月後左眼角膜轉清，內皮細胞密度約 690 cells/mm、中央角膜厚度 552 μ m 近乎正常，未見明顯水腫。台大醫院竹北院區最佳矯正視力由術後模糊回復至 5 月 19 日 0.5、6 月 16 日 0.6，屬非預期之良好結果；同側右眼內皮密度同期穩定（約 2,000 cells/mm）。

結論：本案於極低內皮密度下仍維持角膜透明並改善視力，支持「功能性內皮儲備」概念。併用之類固醇與高滲 NaCl 為干擾因子，惟均於 5 月 19 日停用後視力仍持續改善，提示中醫或具附加效益。本法或可作為此類病症之輔助療法，惟屬單一個案，仍需對照研究驗證。

關鍵詞：角膜內皮細胞、功能性內皮儲備、白內障術後、稜鏡效應顏面針法、視力恢復

Clinical Implications of “Functional Endothelial Reserve”: The Prismatic Effect Facial Acupuncture Method for Corneal Endothelial Decompensation After Cataract Surgery — A Case Report

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Effect Facial Acupuncture Method

Abstract

Background and Objective: Corneal endothelial cells lack regenerative capacity; endothelial loss after cataract surgery may cause corneal decompensation and visual impairment. This report proposes the concept of “Functional Endothelial Reserve”—corneal transparency depends on the overall pump (deturgescence) function of the residual endothelium rather than cell density—and observes the effect of The Prismatic Effect Facial Acupuncture Method.

Methods: A male patient born in 1945 had an abrupt drop in left-eye vision with corneal edema on the third day after cataract surgery. On April 21, specular microscopy (TOMEY EM4000) could not obtain analyzable endothelial images owing to corneal opacity; the ophthalmologist advised a poor prognosis for improvement. Corticosteroid, hypertonic NaCl, and antibiotic eye drops were used, tapered, and all discontinued on May 19. From the initial visit on April 24, the patient received the method combined with Chinese herbal medicine, with intensive needling over two months.

Results: After about two months, the left cornea cleared, with an endothelial density of ~ 690 cells/mm² and a near-normal central corneal thickness of 552 μ m without marked edema. At National Taiwan University Hospital Hsinchu Biomedical Branch, best-corrected visual acuity recovered from postoperative blur to 0.5 (May 19) and 0.6 (June 16)—an unexpectedly favorable outcome—while the fellow right eye remained stable ($\sim 2,000$ cells/mm²).

Conclusion: Despite an extremely low endothelial density, this case maintained corneal transparency and improved vision, supporting the “Functional Endothelial Reserve” concept. The concurrent corticosteroid and hypertonic NaCl are confounders; however, vision continued to improve after their discontinuation on May 19, suggesting a possible additive benefit of TCM. The method may serve as an adjunctive therapy for this condition, though as a single case it warrants controlled studies.

Keywords: corneal endothelial cells; functional endothelial reserve; post-cataract surgery; The Prismatic Effect Facial Acupuncture Method; visual recover.

壁報 6 C

北半球地表—土壤溫度季節變化 與中醫圓運動升降浮沉之物理對應

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摘要

目的：中醫圓運動理論以升、降、浮、沉描述四季氣機及陽氣運行的季節性變化。

本研究以現代地球物理熱環境資料為基礎，探討地表、近地面空氣及不同深度土壤溫度之季節變化，並評估其與「冬沉、春升、夏浮、秋降」概念之可能物理對應關係。

方法：以 ERA5-Land 再分析資料為主要資料來源，分析北半球 30–60°N 之亞洲、歐洲及北美洲三個緯度帶，包括 2 m 空氣溫度、地表皮膚溫度及 0–7、7–28、28–100 與 100–289 cm 四層土壤溫度。研究期間為 1981–2023 年。另參考 Lembrechts et al. (2022) 全球土壤—空氣溫度 oAset 資料，以及日本氣象廳 (JMA) 世界主要測站氣候常態值作為外部比較。

結果：現有稿件所報告之分析顯示四季溫度差異達統計顯著 (Friedman $\chi^2 = 82.44$ ， $p < 0.001$ ，Kendall's $W = 0.916$)；夏冬溫差具有緯度效應 ($F = 9.652$ ， $p = 0.001$ ， $p = 0.479$)，三洲季節振幅亦存在差異 (Kruskal-Wallis $H = 9.99$ ， $p = 0.007$)。三洲中亞洲夏冬溫差最大、歐洲最小。文獻資料另顯示高緯度冬季可出現明顯正向 soil–air temperature oAset。

結論：本案於極低內皮密度下仍維持角膜透明並改善視力，支持「功能性內皮儲備」概念。併用之類固醇與高滲 NaCl 為干擾因子，惟均於 5 月 19 日停用後視力仍持續改善，提示中醫或具附加效益。本法或可作為此類病症之輔助療法，惟屬單一個案，仍需對照研究驗證。

關鍵詞：地表溫度；土壤溫度；ERA5-Land；圓運動理論；升降浮沉；thermal lag；土壤—空氣溫度 oAset

Seasonal Variations in Land Surface and Soil Temperatures in the Northern Hemisphere: A Physical Correspondence with the TCM Concepts of Ascending, Descending, Floating, and Sinking

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Abstract

Objective: This study explores whether seasonal variations in land-surface, near surface air, and multi-layer soil temperatures provide a physically comparable framework for the Traditional Chinese Medicine (TCM) concept of winter sinking, spring ascending, summer floating, and autumn descending.

Methods: ERA5-Land was defined as the primary dataset for analysis of 30–60°N across Asia, Europe, and North America. Variables include 2 m air temperature, skin temperature, and four soil layers (0–7, 7–28, 28–100, and 100–289 cm). Lembrechts et al. (2022) and Japan Meteorological Agency station climatologies were used as external reference datasets.

Results: The current manuscript reports significant seasonal temperature differences (Friedman $\chi^2 = 82.44$, $p < 0.001$, Kendall's $W = 0.916$), a significant latitude effect on summer–winter amplitude ($F = 9.652$, $p = 0.001$, $\eta^2p = 0.479$), and significant continental differences in seasonal amplitude (Kruskal-Wallis $H = 9.99$, $p = 0.007$).

Conclusion: Seasonal soil–air thermal structure provides a potentially useful physical reference for discussing the TCM circular-motion framework. The findings should be interpreted as a structural correspondence rather than proof that thermal energy is identical to qi or that circular-motion theory constitutes a physical law.

Keywords: Land surface temperature; Soil temperature; ERA5-Land; TCM theory of circular motion; Ascending, descending, floating, and sinking; Thermal lag; Soil–air temperature offset

壁報 7 C

從臺灣人體生物資料庫分析中醫體質與代謝功能障礙 相關脂肪性肝病之關聯

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摘要

背景：代謝功能障礙相關脂肪性肝病 (Metabolic dysfunction-associated steatotic liver disease, MASLD) 是全球最常見的慢性肝病，對公共衛生造成極大負擔。目前對於中醫體質與 MASLD 風險的關聯，仍缺乏大規模的實證研究。本篇旨在藉由大型資料庫數分析據，探討特定中醫體質與 MASLD 風險的相關性。

材料與方法：本研究以臺灣人體生物資料庫 (Taiwan Biobank, TWB) 分析，共納入 9,579 名成年參與者的臨床數據與影像學檢查。其中 MASLD 的診斷標準為超音波顯示有脂肪肝、無過量飲酒，且合併至少一項心血管代謝危險因子。中醫體質評估採用經過信效度檢驗之體質量表 (Body Constitution Questionnaire, BCQ)，將受試者分為陽虛、陰虛和瘀滯體質。

結果：分析結果顯示，臺灣患有 MASLD 的整體盛行率為 43.8%，且有男性多於女性之趨勢 (男性 52.0%，女性 38.0%)。與 MASLD 其他相關文獻分析一致，較高的身體質量指數 ($BMI \geq 23 \text{ kg/m}^2$) 為最主要的危險因子 (校正後勝算比 [aOR] = 5.057，95% 信賴區間 [CI]: 4.568 - 5.598， $p < 0.001$)；規律運動則為顯著的保護因子 (aOR = 0.751，95% CI: 0.682 - 0.827， $p < 0.001$)。在中醫體質方面，經過嚴格校正生活型態及各項代謝危險因子後，發現同時具有「陽虛和瘀滯」的複合性體質，其罹患 MASLD 的風險顯著低於其他體質族群 (aOR = 0.565，95% CI: 0.393 - 0.811， $p = 0.002$)。

結論：特定中醫體質與 MASLD 的風險具有獨立相關性，將中醫體質評估納入常規臨床診斷，不僅能落實中西醫結合的全人照護概念，更能作為臨床風險分層的輔助工具，為患者提供更精準的個人化治療方式。

關鍵詞：代謝功能障礙相關脂肪性肝病、中醫體質、臨床評估工具、精準醫療、臺灣人體生物資料庫

Association Between Traditional Chinese Medicine Body Constitution and Metabolic Dysfunction–Associated Steatotic Liver Disease: A Population-Based Study from the Taiwan Biobank

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Abstract

Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most prevalent chronic liver disease worldwide, posing a severe global health burden. This study aimed to evaluate whether specific TCM body constitutions are independently associated with the risk of MASLD within a large-scale Taiwanese cohort.

Materials and Methods: A population-based analysis was conducted utilizing data from 9,579 adult participants sourced from the Taiwan Biobank (TWB). The diagnosis of MASLD was based on the presence of hepatic steatosis concurrent with cardiometabolic risk factors. TCM body constitutions (Yang-deficiency, Yin-deficiency, and Stasis) were quantified using the validated Body Constitution Questionnaire (BCQ).

Results: The overall prevalence of MASLD within the study population was 43.8%, demonstrating a pronounced male predominance (52.0% in males vs. 38.0% in females). As anticipated, an elevated BMI ($\geq 23 \text{ kg/m}^2$) emerged as the predominant risk factor (adjusted odds ratio [aOR] = 5.057, 95% CI: 4.568–5.598, $p < 0.001$), whereas regular physical activity was corroborated as a significant protective factor (aOR = 0.751, 95% CI: (0.682–0.827, $p < 0.001$). Crucially, after rigorous adjustment for lifestyle and metabolic variables, individuals with a Yang-deficiency and Stasis body constitution exhibited a significantly reduced risk of MASLD (aOR = 0.565, 95% CI: 0.393–0.811, $p = 0.002$) compared with other TCM body constitutions.

Conclusion: Integrating body constitution-based evaluation into routine diagnosis can facilitate holistic management and provide targeted lifestyle interventions.

Keywords: Metabolic dysfunction-associated steatotic liver disease, traditional Chinese medicine, body constitution, clinical assessment tool, Taiwan Biobank

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