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中西整合醫學會 會訊

Taiwan Society for Integration of Chinese and Western Medicine

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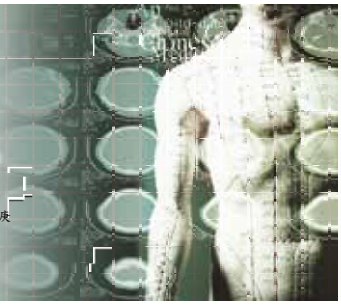

會務公告

1)本月2位新會員加入學會。

2)**會員資料更新** ：若您最近聯絡資料有異動，敬請您填寫以下google表單，以確保您能及時收到學會各項最新消息。(若無異動，不用回覆)

➢ **會員資料更新表單:**https://goo.gl/forms/dIevknSUsTOf6lv52

展覽訊息

中國醫藥大學 立夫中醫藥博物館「中醫與武俠線上特展」

以金庸武俠小說為發想，從中藥、中醫內科、針灸科及傷科等層面解密小說創作與中醫藥文化的連結，更加客觀看待武俠小說中的故事情節、招式與療法，各世代皆能有所收穫，津津樂道。

觀展 ：https://lf2021.mystrikingly.com/

衛生福利部 公告

健保醫字第1110772052號

主旨：檢送衛生福利部發布修正「全民健康保險醫療服務給付項目及支付標準」部分診療項目（附件），並自中華民國一百十一年三月一日生效，請轉知各特約醫事服務機構知悉，請查照。
說明：依衛生福利部111年2月15日衛部保字第1110105209號令辦理。

依據健保醫字第1110772052號，附件3-111-1修正規定之中醫部分:中醫專任醫師申報針灸傷科及針灸合併傷科之合理量上限由45人調升至60人。

公告連結: https://www.nhi.gov.tw/BBS_Detail.aspx?n=73CEDFC921268679&sms=D6D5367550F18590&s=F3CECB82F679ABF7

中西癌症合作
—從臨床到學術研討會

時間：111年4月10日(星期日) 08:00～12:00
地點：中國醫藥大學英才校區-立夫教學大樓104教室(台中市北區學士路91號)
主辦單位：臺灣中西整合醫學會、中國醫藥大學附設醫院/中醫部
協辦單位：台中慈濟醫院中醫部、台中慈濟醫院癌症中心、
行動基因生技股份有限公司、科達製藥股份有限公司

時間	研討主題	主講者	座長
08:00-08:25	報 到		
08:25-08:30	引言致詞		王人澍 副院長 台中慈濟醫院
08:30-09:20	中西醫整合癌症治療	李典錕 主任 & 莊佳穎 主任 台中慈濟醫院	張東廸 主任 中國醫藥大學附設醫院
09:20-10:10	次世代基因在癌症發展 -精準醫療在臺灣的進展與經驗	劉祈瑞 博士 & 李典錕 主任 行動基因生技公司 台中慈濟醫院	張東廸 主任 中國醫藥大學附設醫院
10:10-10:20	茶 敘		
10:20-11:10	中西醫合診民間藥用植物在不同癌症的應用	王人澍 副院長 台中慈濟醫院	陳建仲 主任 中西醫臨床整合研究中心
11:10-12:00	癌症最新診斷和治療	李典錕 主任 台中慈濟醫院癌症中心	黃進明 院長 佑生堂中醫診所
12:00	閉 幕	邱國樑 醫務秘書 台中慈濟醫院	

☛線上報名連結: https://forms.gle/rQvgJx45tYvXmZko7

繼續教育積分申請:
✓中西整合醫學會教育積分費4點= 400元
✓中醫師繼續教育積分4點= 400元
✓台灣內科醫學會繼續教育積分
✓中華民國癌症醫學會繼續教育積分

報名注意事項:
1.報名截止日:111年04月04日(一)止。
2.報名費及學分費用繳費方式:請於111年04月04日(一)前劃撥繳費，再傳真或email郵政劃撥收據影本。

Researchers use an integrated approach to reveal constituents in a multi-herb Chinese medicine

Reviewed by Emily Henderson, B.Sc.

https://www.news-medical.net/news/20220218/Researchers-use-an-integrated-approach-to-reveal-constituents-in-a-multi-herb-Chinese-medicine.aspx

Rooted in ancient knowledge and principles, traditional Chinese medicine (TCM) has been used to treat many diseases, sparking the interest of pharmaceutical researchers. TCM formulas are quite complex, requiring multiple herbs for their formulation. These herbs act synergistically, targeting different aspects of a disease's pathology.

Due to their complexity, analyzing the active ingredients (the components of a drug that are biologically "active") in TCM formulations is challenging. Hence, the identification of effective constituents and proper quality control of these formulations remains to be established, with much scope for improvement in these areas.This knowledge gap caught the attention of scientists from China, who tried to analyze a specific TCM-;Xiaoer-Feire-Kechuan (XFK), with an 11-ingredient formula used to treat cough and lung inflammation in children. In their article, made available online on 29th January 2021, and published in Volume 11, Issue 6 of the Journal of Pharmaceutical Analysis in December 2021, the team describes how they identified the active components in XFK.

The team, led by Dr. Xue Qiao from Peking University, China, used an integrated approach to reveal which constituents cause XFK to exert its anti-inflammatory action. We spoke to Dr. Qiao to understand the methodology better. "We applied the parallel reaction monitoring scan mode built in quadrupole (Q)-Orbitrap-MS, which has the combined benefit of mass isolation capability with high resolution, so it lessens the chances of false readings while assessing analytes in a sample," she tells us.

Using ultra performance liquid chromatography and ultra-high performance liquid chromatography/Q-Orbitrap-MS, two immensely popular sample analysis methods, they screened 18 different formulations of XFK to reveal 35 analytes.

"*We then leveraged our knowledge of cyclooxygenase-2 (COX-2), which we know plays a role in inflammation. These 35 analytes were put through an in vitro COX-2 inhibition assay to see which ones were potent anti-inflammatory agents,*" Dr. Qiao continues.Their experiments revealed interesting results. They found that 4 analytes, baicalin and forsythosides H, I, and A, had significant anti-inflammatory activity. These inhibited COX-2 by more than 80%!

"*These analytes are, most probably, what contribute most to XFK's method of action,*" Dr. Qiao explains. "*And now, our method can be used to discover effective ingredients and analytes in other complex herbal remedies as well!*"

Decoding traditional therapies like TCM is an uphill task because it is difficult to identify which of their multiple ingredients is the most important one. "*It took a while to figure out that caffeine was the active ingredient in coffee*," Dr. Qiao smiles, "*So you can imagine how difficult it is to analyze every herbal remedy*." She makes a valid point. The 2015 edition of the *Chinese Pharmacopoeia* (a book containing the 'recipes' for each remedy) had 1,933 TCM formulas!

Therefore, this novel analytical method is a big step forward for the pharmaceutical industry: understanding which ingredient is the most effective can help improve quality control standards. This could result in better remedies, 'actively' contributing to this ancient school of medicine.

Source: Peking University

Journal reference:

Shang, Z., *et al.* (2021) Simultaneous determination of 35 constituents and elucidation of effective constituents in a multi-herb Chinese medicine formula Xiaoer-Feire-Kechuan. *Journal of Pharmaceutical Analysis.* doi.org/10.1016/j.jpha.2021.01.003.

Metformin Use Was Associated With Reduced Risk of Incidental Sjögren's Syndrome in Patients With Type 2 Diabetes: A Population-Based Cohort Study

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Abstract

Purpose: Previous studies have shown that metformin exhibits an anti-inflammatory effect and may decrease the risk of incidental diabetes. But the effect of metformin on incidental Sjögren's syndrome is unknown. The aim of the study was to examine the association between metformin exposure and Sjögren's syndrome in diabetic patients.

Methods: The dataset in this retrospective cohort study was obtained from the National Health Insurance Research Database (2000-2013) in Taiwan. In total, 15,098 type 2 diabetic patients under metformin treatment and an equivalent number without metformin treatment matched for comparison were included. The primary endpoint was the incidence of Sjogren's syndrome. Univariate and multivariate Cox proportional hazards models were used for data analysis. A subgroup analysis and sensitivity test were also performed.

Results: The incidence rate of Sjögren's syndrome in non-metformin controls was 40.83 per 100,000 person-years and 16.82 per 100,000 person-years in metformin users. The adjusted hazard ratio (aHR) in diabetic patients under metformin treatment was 0.46 (95% CI, 0.23 to 0.92). In subgroup analysis, men had a lower risk of developing Sjögren's syndrome than women [aHR = 0.15, 95% CI = (0.05, 0.41)]. After prescribing metformin to type 2 diabetic patients aged 60 years or more, those patients had a lower risk of developing Sjögren's syndrome [aHR = 0.34, 95% CI = (0.12, 0.96)].
Conclusion: In this large population-based cohort study, metformin exposure was associated with a reduced risk of developing Sjögren's syndrome in type 2 diabetic patients.

Keywords: National Health Insurance Research Database (NHIRD); Sjögren's syndrome; cohort; metformin; retrospective.