



中西整合醫學會

Taiwan Society for Integration of Chinese and Western Medicine

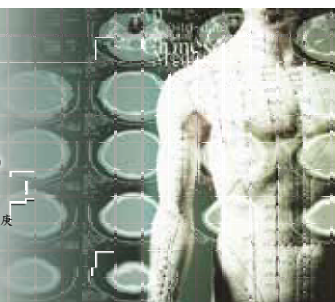
會訊

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【多專科疾病研討會】線上視訊會議

新鴉片類藥物誘發性便秘的新治療選擇

Opioid-induced Constipation (OIC) - Definition

Opioid-induced constipation: a change in baseline bowel habit or defecation patterns following initiation, alteration, or increase of opioid therapy

Panel: The Rome IV diagnostic criteria for opioid-induced constipation*

- 1 New or escalating symptoms of constipation when initiating, changing, or increasing opioid therapy that must include two or more of the following:
 - a) Straining during more than a quarter of defecations
 - b) Lumpy or hard stools (Bristol Stool Form Scale 1-2) more than a quarter of the time
 - c) Sensation of incomplete evacuation more than a quarter of the time
 - d) Sensation of anorectal blockage or obstruction in more than a quarter of defecations
 - e) Manual manoeuvres to facilitate more than a quarter of defecations
 - f) Fewer than three spontaneous bowel movements per week
- 2 Loose stools rarely present without the use of laxatives

*Reproduced from Mearin F and colleagues, by permission of Elsevier.

Lancet Gastroenterol Hepatol. 2018 Mar;3(3):203-212

林盈利 主任
彰化基督教醫院
安寧緩和療護科

面臨人口老化，高齡人口代表多重疾病與複雜照護的需求，絕非傳統醫療模式所能因應。

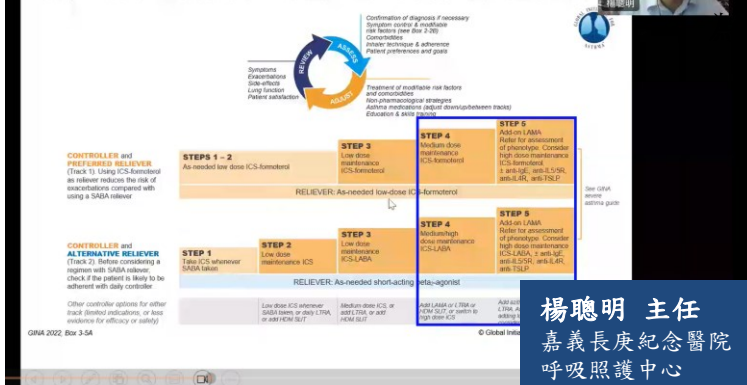
為能協助治療病患多重疾病問題，透過全人整合醫療服務，才能打破過去專科各自為政的習性，以跨醫療團隊整合，做到以病患為中心的全人整合型服務。

多專科疾病研討會所講述的主題看似沒有關聯，卻增進了不同專科的專家學者交流的機會，切磋專業知識。

鴉片類藥物廣泛應用在治療癌症病患。希望藉由新的藥物選擇可以緩解病患 Opioid-induced constipation, OIC之副作用，臨床上也有病患使用中草药緩解OIC，中藥與西藥可以依病患狀況調整。

氣喘治療指引4-5階： 治療新藥物及生物製劑應用趨勢

成人及12歲以上青少年氣喘治療策略



楊聰明 主任
嘉義長庚紀念醫院
呼吸照護中心

生物製劑對airway disease產生革命性的影響，針對中重度氣喘的治療：增加吸入型類固醇用量、增加LAMA藥物、使用生物製劑，並用biomarker作為decision making的工具。

肢端肥大症病患可能併發其他共病症，包含糖尿病、睡眠呼吸中止症甚至癌症，在治療過程中，需要其他領域專家之共同照護而提升病患的生活品質。

感謝彰化基督教醫院林盈利主任、嘉義長庚紀念醫院楊聰明主任以及臺中榮民總醫院鄭文郁主任所帶來病案分享以及精彩的討論。

本次會議由臺中榮民總醫院內分泌新陳代謝科王俊興主任、臺中榮民總醫院臨床試驗科傅彬貴主任擔任座長。希望透過多專科討論，讓單一專科醫師不再單打獨鬥，使病患及其家屬也能與醫師共同討論醫療決策，並提供給病患更好的醫療照護。

症狀多變的內分泌疾病之：肢端肥大症(大肢症)

Pharaoh Akhenaton



Acromegaly: limestone portrait head of akhen, XVIIIth dynasty, ca. 1365 bc [By kind sion of Staatliche Museen zu Berlin, 102 Berlin]



鄭文郁 主任
臺中榮民總醫院
神經醫學中心微創性神經外科





第十九屆中藥全球化聯盟會議 The 19th Meeting of CGCM



19th Meeting of the Consortium for Globalization of Chinese Medicine

Chengdu University of Traditional Chinese Medicine

Chengdu

22-24 August, 2023

轉知會議訊息：

第十九屆CGCM實體年會訂於2023年8月22-24日假四川成都中醫藥大學舉行。

The 19th Consortium for Globalization of Chinese Medicine (CGCM) will be held on 22-24 August, 2023 in Chengdu University of Traditional Chinese Medicine.

➤ 官方網站(Official Website):

<http://www.cgcm2023.com/>

➤ 注册指南(Registration):

<http://cgcm2023.com/weben/newslis.asp?1,29,56>

報名截止日期:8/19(六)

Registration deadline: Aug 19th

➤ 投稿資訊(Call for Abstracts):

<http://www.cgcm2023.com/weben/newslis.asp?26>

摘要受理到2023年5月31日(三)止。

Abstract submission deadline: May 31st

➤ 投稿指南(Abstracts Submission Guidelines):

<http://www.cgcm2023.com/weben/newslis.asp?1,29,55>

August 22, 2023 (Tuesday)

08:00 – 09:00	Registration		
09:00 – 10:15	Opening Ceremony		
10:15 – 10:35	Break		
10:35 – 12:05	Evolution of TCM Research & Development in Southwest Region of China – Situation and Prospect (Organized by Chengdu University of Traditional Chinese Medicine)		
12:05 – 13:50	Delegate Lunch		
13:50 – 15:10	Regional Reports		
15:10 – 15:30	Break		
15:30 – 18:00	Regulation and Interregional Collaborations in Academia, Government and Industry Part (I) Regulation Part (II) Industry Collaboration	TCM Diagnosis, Preventive Medicine & Healthcare	Poster Presentation
			14:00-15:00 Group I
			15:00-16:00 Group II
			16:00-17:00 Group III
			17:00-18:00 Group IV
19:00	Banquet		

August 23, 2023 (Wednesday)

09:00 – 11:30	Natural Products I (Cancer, Virus and Immunoregulation)	Polychemical Activities and Mechanism Study I (Cancer, Immunomodulation and Inflammation, Antibiot)	Clinical Investigation I (Internationally Recognized Criteria of Clinical Trial and Challenges, Cancer, Viral diseases, Inflammatory disease)
11:30 – 13:15	Delegate Lunch		
13:15 – 15:45	Natural Products II (Identification, Biotransformation, Metabolism & other Biological activities)	Polychemical Activities and Mechanism Study II (Neurological, Metabolic, Renal and Cardiovascular Diseases)	Clinical Investigation II (Cardiovascular, neuronal, kidney disease and metabolic disease)
15:45 – 16:00	Break		
16:00 – 18:30	Natural Products III (Biosynthesis, modification, chemical library and novel new usage)	Polychemical Activities and Mechanism Study III (Microbiota, exosome, system biology, tissue action specificity)	Resources I (Cultivation and Manufacture) (1) Continuous Crop (2) Endangered Species (3) Chemical Manufacturing and Control (4) Quality Control of Herbs

August 24, 2023 (Thursday)

09:00 – 11:30	Acupuncture, massage, exercise, mind & body	Bioinformatics: "Omics" Approach and Data Analysis "AI" approach in TCM	Resources II (1) Issue of Genuine Regional Drug being the Best Herb for Drug Development (2) Regional development of each local herbs (3) Role of CGCM in Promoting Herbal Study by Establishing Examination Centers of Herb Identity and Safety
11:30 – 13:00	Delegate Lunch		
13:00 – 16:00	Summary Reports of Discussion Sessions & Closed Door Meeting		

Poster Presentation

Group I : Clinical Investigation I, Clinical Investigation II, Polychemical Activities and Mechanism Study III, Acupuncture and Massage Regulation and Interregional Collaborations in Academia, Government and Industry

Group II : TCM Diagnosis and Preventive Medicines, Bioinformatics: "Omics" Approach and Data Analysis, Resources I

Group III : Natural Products I, Polychemical Activities and Mechanism Study I, Resources II

Group IV : Natural Products II, Natural Products III, Polychemical Activities and Mechanism Study II



醫藥新聞專區

50歲大叔肩痛以為五十肩 沒想到已是肝癌晚期

2023-05-11 聯合報健康事業部／記者蘇湘雲／台北報導

<https://health.udn.com/health/story/122421/7153333>

賴醫師，這怎麼可能？我是肩痛，然後右邊腹部有點痛痛的，怎麼檢查報告說是肝癌晚期？」

在中國醫藥大學附設醫院消化系肝膽科主任賴學洲醫師的診間，一名50歲大叔驚慌失措地詢問醫師，起初他以為是五十肩而至復健科就診，但情況一直未見改善，後來甚至出現右腹疼痛，經檢查才發現，他的肝臟竟長了顆十多公分的腫瘤，且已是晚期肝癌，在醫師耐心解說後，這位大叔終於冷靜下來，並與醫師討論後續治療計畫。

即使進入肝癌晚期 依然有活命希望

賴學洲醫師表示，肝臟沒有神經，即使長了腫瘤，病患也不會感覺疼痛，在初期，多數病患沒有明顯症狀，當腫瘤長到直徑五公分以上，或位置比較邊緣壓迫到腹膜，才可能引發腹痛，此時往往已是中晚期，在初診病患中，約50%-60%確診已是肝癌中、晚期，其中晚期病患接近30%，像上述50歲病患就是其一。

肝癌晚期症狀包括腹水、黃疸、倦怠、體重減輕等，這些症狀一旦出現，代表治療更棘手。此外，有些病患會在下午、晚上發燒，或以右肩疼痛方式表現。賴學洲醫師說，當病患進入肝癌晚期階段，只要肝功能還維持良好或中等程度，便有已納入健保的多種治療藥物可供選擇，因此病患依然有活命的希望。

「標靶接續治療」納健保 病患存活期大幅增長

以標靶藥物治療為例，根據目前健保給付規定，對於12個月內已接受3次或3次以上局部治療的病患，可有條件給付標靶藥物，當第一線標靶藥物無法控制腫瘤生長，還有第二線標靶藥物可使用，治療可持續下去。

賴學洲醫師援引中國醫藥大學附設醫院數據指出，過去有些病患狀況比較不好，黃疸指數、白蛋白指數比較不樂觀，存活期可能只有不到一年，但現在接受第一線、第二線標靶接續治療後，存活期可大為提升至2年又4個月，另外如果患者身體狀況比較好的話，搭配肝臟局部治療，存活期甚至可達4、5年以上。

有些病患接受標靶治療，可能產生手足皮膚反應、腹瀉、高血壓等副作用，此時，中國醫藥大學附設醫院照護團隊、個管師會耐心教導病患預防性擦拭乳液，或建議用藥控制腹瀉或高血壓等治療副作用困擾，當治療副作用明顯改善，標靶藥物的劑量便可給足、給滿，病情控制也就更順利，腫瘤失控機率也大幅減少。

B、C肝合併肝癌 一定要好好接受治療

賴學洲醫師叮嚀，B肝、C肝病患為肝癌高風險族群，當B肝、C肝沒有得到控制，肝功能就會逐漸低下，肝癌治療便更為困難，治療選項也會縮減，反之若B肝、C肝受到控制，肝癌治療才會事半功倍。另外，病患千萬不要再喝酒，飲食上也要減少油炸、高油食物，才能減輕肝臟負擔，肝臟健康才不會一再受到損害。



賴學洲醫師叮嚀，B、C肝病患為肝癌高風險族群，一旦確診罹患肝癌，B、C肝要先受控制，肝癌治療才會事半功倍。記者黃仲裕／攝影



Integration of Chinese Herbal Medicine into Routine Care Was Related to Lower Risk of Chronic Kidney Disease in Patients with Rheumatoid Arthritis: A Population-Based Nested Case–Control Study in Taiwan

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IF:2.919

Abstract

OBJECTIVE

Non-steroidal anti-inflammatory drugs (NSAIDs) are frequently used as the first-line agents for the symptomatic relief of rheumatoid arthritis (RA), but it may insidiously provoke the onset of renal diseases, especially chronic kidney disease (CKD). While Chinese herbal medicine (CHM) has become an increasingly popular adjunctive therapy among RA groups, there are currently no available data on the effect of CHM use towards risk of CKD. This study aimed to explore on a population-level whether CHM use decreases sequent CKD risk among them.

METHODS

In this nested case–control study retrieved from the nationwide insurance database of Taiwan from 2000 to 2012, we looked at the association between CHM use and the likelihood of developing CKD, with a focus on usage intensity. Cases with CKD claims were defined and matched to one randomly selected control case. Conditional logistic regression was then applied to estimate odds ratio (OR) of CKD from CHM treatment measured before the index date. For each OR, we calculated a 95% confidence interval for CHM use relative to the matched control.

RESULTS

This nested case–control study included 5464 patients with RA, where after matching comprised 2712 cases and 2712 controls. Among them, there were 706 and 1199 cases that ever received CHM treatment, respectively. After the adjustment, CHM use in RA individuals was related to a lower likelihood of CKD, with an adjusted OR of 0.49 (95% CI: 0.44–0.56). Additionally, a dose-dependent, reverse association was found between the cumulative duration of CHM use and risk of CKD.

CONCLUSION

Integrating CHM into conventional therapy may reduce the likelihood of developing CKD, which could be a reference in instituting novel preventive strategies to improve treatment outcomes and reduce related fatalities for RA subjects.

KEYWORDS

rheumatoid arthritis, chronic kidney disease, Chinese herbal medicine, nested case–control study

