

Восточная медицина





П 15/484 / Р 17-НО
П 15/484д / Р 17-НО

Разгрузочно-диетическая терапия и традиционная медицина = Fasting therapy and traditional medicine :
сборник / под ред. А. Н. Кокосова; [пер. с англ. М. М. Горшковой]. - СПб. : Медкнига Элби-СПб., 2010. - 382, [1] с.



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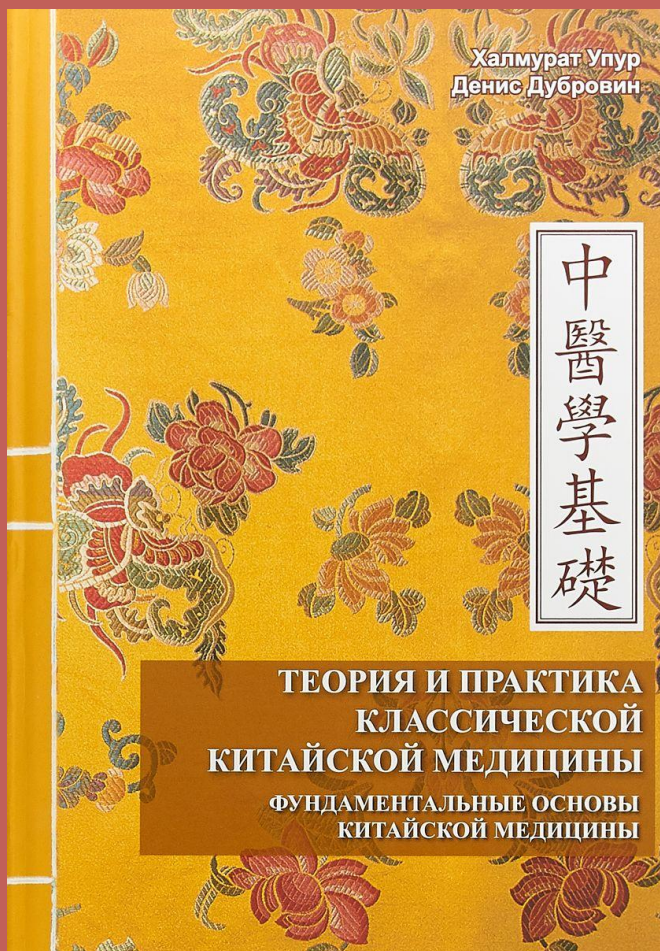
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П 15/718д / X 91-НО

УК 1650 / X 91-УО

Хрестоматия по истории медицины : учеб. пособие / сост.: Е. Е. Бергер, М. С. Тутурская ; под ред. Д. А. Балалыкина. - М. : Литтерра, 2012. - 617 с.



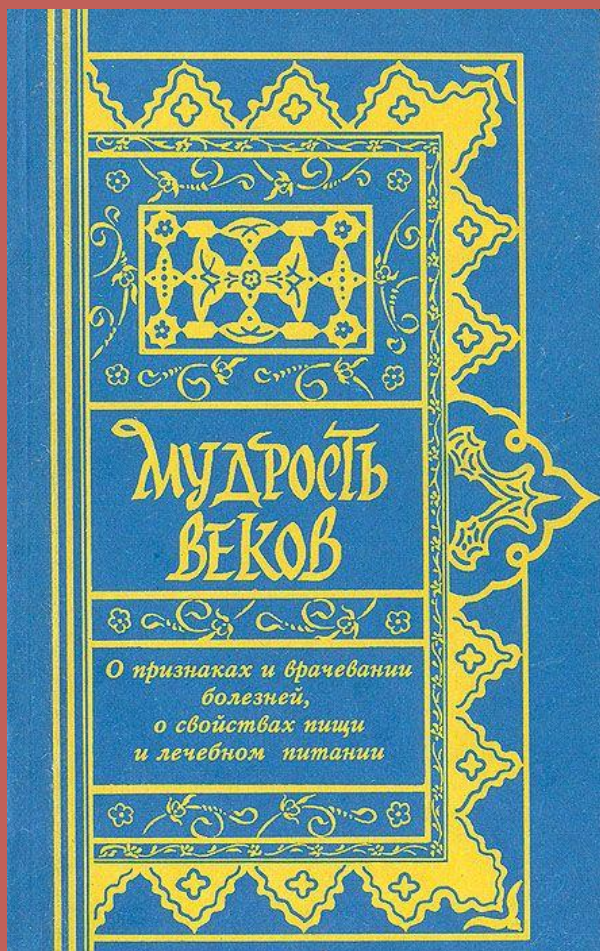
Ш/2427 / У 67-НО
Упур, Халмурат

Теория и практика
классической
китайской медицины
[Текст] / Х. Упур, Д.
А. Дубровин. - М. :
Абрис, 2017 - . -
(Мед. науки
Шелкового пути).

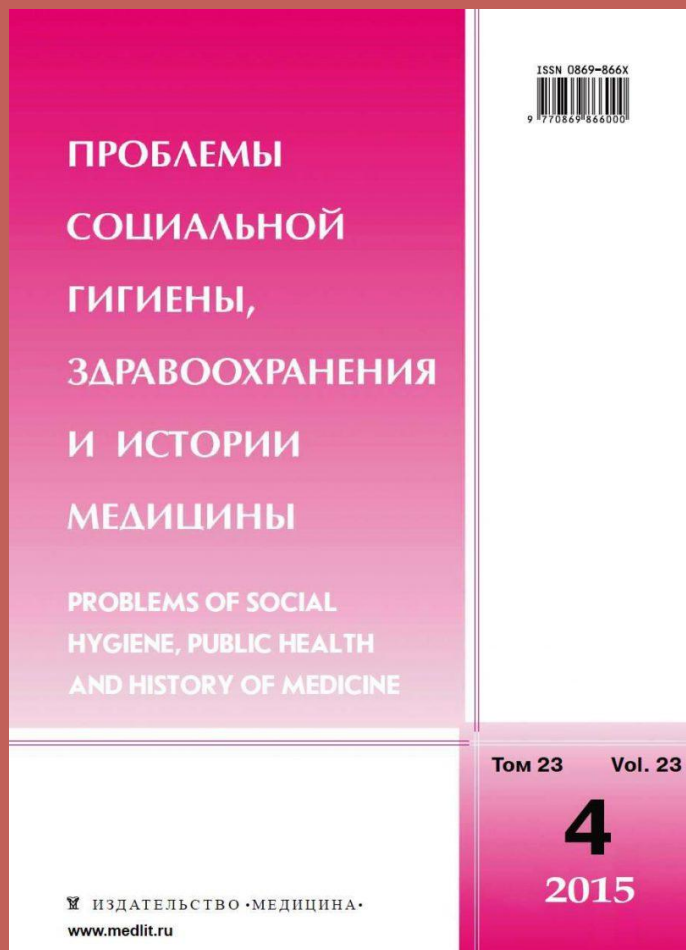
Т. 1 :

Фундаментальные
основы китайской
медицины. - 595 с.



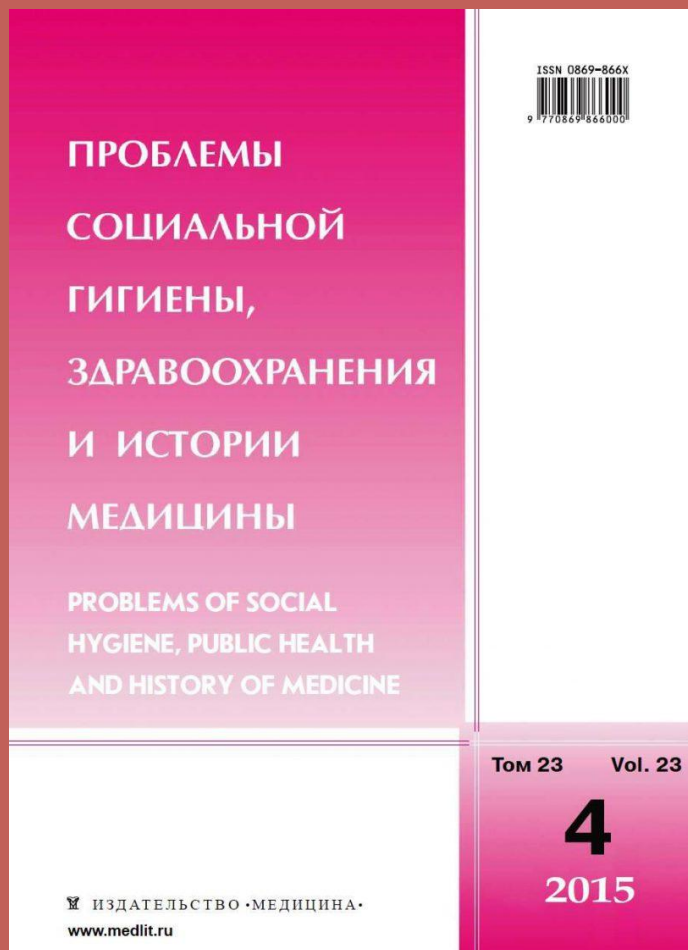


■ **Мудрость веков:**
древняя
восточная
медицина / ред.
И. Силина ; авт.
вступ. ст. В.
Капранова. -
Москва : Дружба
народов, 1992. -
271 с.



- Субботина, М. А.
Этапы развития
аюрведической
- медицины / М. А.
Субботина, Т. С.
Сорокина, В. Ю.
Дружинин // Проблемы
социальной гигиены,
здравоохранения и
истории **медицины.** -
2013. - **№ 2.** - С. 57 -
60.





Батоев, С. Д.

Народная медицина в Забайкалье / С. Д. Батоев // Проблемы социальной гигиены, здравоохранения и истории **медицины.** - 2011. - **№ 3.** - С. 53 - 55



http://www.1spbgmu.ru/images/home/universitet/izdatelstvo/uchenie_zapiski/1_13.pdf

© И. А. Гоголь, Халмурат Упур, Д. А. Дубровин, 2013 г.
УДК 616.8:(31+38.)

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Д. А. Дубровин**

ВЗАИМООТНОШЕНИЯ ТРЕХ МЕДИЦИНСКИХ ДОКТРИН – СОВРЕМЕННОЙ, КИТАЙСКОЙ И ГРЕЧЕСКОЙ – В ИССЛЕДОВАНИИ ФУНКЦИОНАЛЬНОГО СОСТОЯНИЯ ЦЕНТРАЛЬНОЙ НЕРВНОЙ СИСТЕМЫ

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ВВЕДЕНИЕ

Бронхиальная астма (БА) – всевозрастное хроническое заболевание дыхательных путей, связанное с воспалительным процессом [15] и характеризующееся обратимой обструкцией бронхов. Проблема лечения бронхиальной астмы является одной из сложнейших задач мировой медицинской науки [10, 16, 21].

Также следует сказать несколько слов о доктринах китайской и греческой медицины. Классическая греческая медицина, вслед за своей философией, видела человека состоящим из первоэлементов. Огонь в человеке – это желчь, воздух – это

дицина и разделение больных по типам сангвиник, холерик, флегматик, меланхолик было общепринятым учением в европейской медицине до середины XIX в. В XX в. эта типизация была отнесена только к личности человека, а затем вытеснена из психологии за малозначимость. Умение определять соотношение нормальных и патологических гуморов при клинической диагностике было утрачено в европейской медицине, но сохранилось на Востоке. В частности, греческую медицину переняли уйгуры – древний народ, проживающий на северо-западе современного Китая, через земли которого в древности проходил Великий Шелковый путь, а соответственно, имелись активные связи с культурными народами Запада, с теми же греками. За две тысячи лет уйгурская медицина превратилась в весьма развитую дисциплину, которая активно изучается и совершенствуется благодаря политике поддержки науки в современном Китае.

Та же самая научная политика касается и собственно китайской медицины. Ее философская концепция строится на тех же первоэлементах, однако главный акцент ставится не на их сочетании или смещении, а на динамику их взаимодействия. Принципиальные различия в методах постановки диагноза в трех медицинах. Современная медицина определяет заболевание по его локализации примерно так: боли в горле называют по-латински – «фарингит» и т. д. В классической уйгурской медицине диагноз описывает взаимосвязь целостного

Гоголь, И. А.

**Взаимоотношения трех
медицинских доктрин –
современной, китайской и
греческой – в
исследовании
функционального
состояния центральной
нервной системы / И. А.
Гоголь, Х. Упур, Д. А.
Дубровин // Ученые
записки Санкт-
Петербургского
государственного
медицинского
университета им. акад. И.
П. Павлова. - 2013. - Том
20, N 1. - С. 78-84.**



АНАЛИЗ ТИБЕТСКОЙ ТРЕХФАКТОРНОЙ КОНСТИТУЦИОНАЛЬНОЙ МОДЕЛИ ЧЕЛОВЕКА В СПОРТЕ

УДК/UDC 796.011.1

Поступила в редакцию 13.10.2015 г.



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ANALYSIS OF TIBETAN THREE-FACTOR HUMAN CONSTITUTIONAL MODEL IN SPORT

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Аннотация

Восточные медицинские технологии на основе целостного подхода к организму человека, на наш взгляд, имеют ясную перспективу для более широкого внедрения в современный отечественный спорт. И в свете этого цель данного исследования – изучить взаимосвязь между конституциональными типами спортсменов по тибетской системе и показателями западной общепринятой психофизиологической диагностики. В результате установлена и формализована тесная взаимосвязь восточной трехфакторной конституциональной модели с двухфакторной моделью Айзенка, а также личностными свойствами спортсменов по Кеттелу. Выявлена и описана связь конституциональных типов с индексом массы тела (ИМТ) спортсмена как показателя телосложения и развитости мускулатуры. Полученные данные эмпирически подтверждают восточные описания конституциональных типов человека в тибетских трактатах Джуд-ши. Таким образом, применение основопологаю-

Annotation

The authors believe, oriental medical technology based on the holistic approach to the human body has a clear perspective for the wider introduction into modern national sport. So, the goal of the present study was to examine the relationship between constitutional types of athletes by the Tibetan system and the psycho-physiological indicators of Western conventional diagnostics. As a result, a close relationship of the eastern constitutional three-factor model with the two-factor model of Eysanck was established and formalized, as well as with personal properties of athletes by Cattell. The connection of the constitutional types with the body mass index (BMI) as an indicator of body and muscle development was identified and described. The findings confirmed empirically the eastern description of the human constitutional types in Tibetan treatises Jude-Shi. Thus, the application of the fundamental eastern human constitutional model will contribute to using medical resources of the East in the national system of

Калмыков, С. В.

Анализ тибетской
трехфакторной
конституциональной
модели человека в
спорте / С. В.
Калмыков, А. С.
Сагалеев, А. С.
Цыбиков // Теория и
практика физической
культуры. - 2016. - N
1. - С. 59 -61.

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МЕТОДЫ ТРАДИЦИОННОЙ КИТАЙСКОЙ МЕДИЦИНЫ В ЛЕЧЕНИИ ПАЦИЕНТОВ С ИНТЕРСТИЦИАЛЬНЫМ ЦИСТИТОМ/СИНДРОМОМ БОЛЕЗНЕННОГО МОЧЕВОГО ПУЗЫРЯ

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Применение альтернативных (комплементарных) методов лечения интерстициального цистита/синдрома болезненного мочевого пузыря (ИЦ/СБМП) в последние годы вызывает все больший интерес. Это связано как с большой частотой ИЦ/СБМП, так и с недостаточной эффективностью методов традиционной медицины. Одним из направлений альтернативного лечения является применение методов традиционной китайской медицины, основными из которых считаются специальная диета, использование в лечебных целях различных веществ животного и растительного происхождения, дыхательная гимнастика и акупунктура. В данном обзоре проанализирован накопленный опыт использования методик традиционной китайской медицины при лечении больных ИЦ/СБМП. Представленные данные указывают на целесообразность использования данных методов, поскольку они эффективны для значительного числа больных, приводят к улучшению качества их жизни, неинвазивны и хорошо переносятся. При этом из-за недостаточного числа клинических исследований требуется подтверждение эффективности данного лечебного направления.

Ключевые слова: интерстициальный цистит/синдром болезненного мочевого пузыря, традиционная китайская медицина, акупунктура

Авторы заявляют об отсутствии конфликта интересов. Для цитирования: Игнашов А.Ю., Дэн Б., Кузьмин И.В., Слесаревская М.Н. Методы традиционной китайской медицины в лечении пациентов с интерстициальным циститом/синдромом болезненного мочевого пузыря. Урология. 2018;1:134–137
Doi: <https://dx.doi.org/10.18565/urof.2018.1.134-137>

Методы традиционной китайской медицины в лечении пациентов с интерстициальным циститом/синдромом мочевого пузыря / А. Ю. Игнашов [и др.] // Урология. - 2018. - N 1. - С. 134 - 137.



Review article

Oriental herbal medicine for generalized anxiety disorder: A systematic review of randomized controlled trials



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ARTICLE INFO

Keywords:

Herbal medicine
Anxiety disorders
Mental disorders
Systematic review
Meta-analysis

ABSTRACT

Introduction: Generalized anxiety disorder (GAD) requires long-term pharmacotherapy, and its recurrence rate is high. Due to several limitations of Western medicine (WM), there are increasing needs for complementary and alternative medicine. The purpose of this review is to examine the effectiveness and safety of Oriental herbal medicine (OHM), medicinal herbs or decoctions prescribed based on Eastern Asian medicine, for GAD.

Method: We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) assessing the efficacy of OHM for GAD. Twelve electronic databases were searched from inception to 29 January 2018. **Results:** A total 109 RCTs were included. Methodological assessments found unclear risks of bias in most studies. OHM as an alternative monotherapy or adjunctive therapy showed favorable effects: 1) The OHM group had lower Hamilton Rating Scale of Anxiety (HAMA) score than the placebo group, with a mean difference (MD) of -8.35 (95% confidence interval: -12.21 to -4.49 ; $P < 0.0001$). 2) The OHM group had lower HAMA score than the WM group, with a MD of -1.46 (-2.25 to -0.66 ; $P = .003$). 3) The OHM plus WM group had lower HAMA score than the WM group, with a MD of -2.90 (-3.54 to -2.27 ; $P < 0.00001$). There were fewer adverse events in the OHM group than in the WM group.

Conclusions: The results suggest that OHM may have benefits for treating GAD, however, the reliability is severely limited by the overall low quality and marked heterogeneity of the included studies. RCTs of higher quality and longer follow-up periods should be performed.

1. Introduction

Generalized anxiety disorder (GAD) is a common mental disorder with a high rate of relapse. Persons suffering from this condition feel uneasy about almost everything, experiencing feelings of anxiety extremely broadly along with various physical symptoms [1]. GAD has a lifetime prevalence of 4–12% and a 12-month prevalence of approximately 2–6% globally [2–4]. GAD is the most prevalent in high-income countries and has a high comorbidity with mood disorder, especially with major depressive disorder [5–6]. Additionally, the economic

treatment for GAD in many clinical practice guidelines (CPGs), and benzodiazepines and buspirone as second-line treatments. However, long-term pharmacotherapy lasting more than 6 to 12 months is needed to avoid relapse [9–12]. Early discontinuation of SSRIs and SNRIs is related with high risk of relapse, and high dosage of benzodiazepines is associated with a number of adverse events (AEs) and risk of abuse [11,13]. GAD has a high recurrence rate, and AEs associated with pharmacotherapy lead to poor compliance [14].

Considering these limitations of Western medicine (WM), there are increasing needs for complementary and alternative medicine (CAM)

Oriental herbal medicine for generalized anxiety disorder: A systematic review of randomized controlled trials / Ch.-Y. Kwon et al. // Eur. J. Integrat. Med. - 2018. - Vol. 20. - P. 36-62.



<https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0885392418308005>

the patients' treatment preferences longitudinally.

P036
End-of-Life Care Communication Training Programs for Long-Term Care Staff: A Scoping Review

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P041
Oriental Medicine Technique in the Treatment of Stress and Quality of Life in Patients with Chronic Problems

Fagner Luiz Pacheco Salles, Denise Maciel Ferreira, Ellem Teixeira dos Santos,



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Vol. 56 No. 6 December 2018

Selected Abstracts

e81

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Introduction: Ear therapy has been increasing and has greater popularity in Brazil, because of the ease of the procedure and low cost and rapid response. The use of non-pharmacological therapies for pain management has been a promising medium in the care of patients with chronic pain. This study evaluated the effect of auriculotherapy on the level of stress and quality of life of patients with chronic pain.

Methods: The study included 47 subjects with chronic pain that were treated once a week for 5 weeks. Evaluations were held before the first session and the fifth session. The results are presented with the comparison between the initial media and the fifth session. For the stress assessment, the inventory of stress symptoms for adults Lipp (ISSL) was used. This questionnaire assesses stress classifying it into 3 parts: alarm, resistance and exhaustion. The evaluation of quality of life was

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Introduction: Mucositis is a systemic inflammatory process which may affect the oral cavity to the anus due to antineoplastic therapies. The low level laser therapy (LLLT) has significant therapeutic properties, such as anti-inflammatory and analgesic effects in addition to modulation of cellular activity, which improve clinical response of mucositis.

Objectives: To report the use of LLLT to reduce oral mucositis injuries in a female patient, 56 years old, affected by a Multiple Myeloma, under palliative care, chemotherapy (bortezomib and cyclophosphamide) associated with the administration of Pamidronate Intravenous and head/neck radiotherapy. This case report was conducted by dental residents of oncology and palliative care in a city in the

Oriental Medicine Technique in the Treatment of Stress and Quality of Life in Patients with Chronic Problems / F. L. Pacheco Salles et al. // J. Pain Symptom Management. - 2018. - Vol. 56, No 6. - P. e80-e81.



<https://www.clinicalkey.com/#!/content/journal/1-s2.0-S1876382018305729>

Systematic review

Efficacy of the Oriental herbal medicine, Jie Yu Dan, for alleviating post-stroke aphasia: A Systematic Review and meta-analysis of randomized clinical trials



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ARTICLE INFO

Keywords:
Jie Yu Dan
Post-stroke
Aphasia
Efficacy
Meta-analysis
Systematic Review

ABSTRACT

Introduction: Jie Yu Dan(JYD), a traditional Chinese medicine, is used to promote circulation and has been used for people experiencing speech and language difficulties with post-stroke aphasia. The objectives of this study were to systematically evaluate randomized clinical trials (RCTs) to assess the efficacy of JYD for improving post-stroke aphasia.

Methods: All RCTs that studied JYD treatment in post-stroke aphasia were selected from English, Korean and Chinese language databases until February 2018. Studies of participants with post-stroke aphasia were divided into 2 groups that had common treatments with JYD and placebo or Western medicine, respectively. Risk ratio and mean differences with 95% confidence intervals (CI) were calculated for the pooled RCTs with a fixed or random model in the meta-analysis. Since the RCTs had some heterogeneity in JYD prescriptions, duration of the therapy and the control group, some subgroup analysis was conducted. Risk of bias and publication bias was assessed for all included RCTs.

Results: The JYD with conventional therapy (n = 439) additionally improved the overall efficacy of post-stroke aphasia by 1.34 fold in comparison to the conventional therapy (n = 370) in the fixed effect model including 10 RCTs(P < 0.00001). JYD plus conventional therapy (n = 374) was more effective for improving aphasia by 4.88 fold (95% CI = 2.87-6.78) than the conventional therapy (n = 307) as a control group in pooling 8 RCTs (P < 0.00001). There were no differences in JYD efficacy according to treatment duration and original and modified JYD treatments in subgroup analysis. No adverse effects were observed in any of the studies. All 10 studies used an appropriate method for randomization of the subjects but about 25% did not include allocation concealment and blinding of patients and practitioners. The 10 studies included had low to moderate risk of bias. There was no significant publication bias in the meta-analysis.

Conclusions: JYD might improve the efficacy of conventional therapy and/or acupuncture for treating post-stroke aphasia considering the quality of RCTs included. However, larger and highly controlled RCTs are needed to confirm the results.

Efficacy of the Oriental herbal medicine, Jie Yu Dan, for alleviating post-stroke aphasia: A Systematic Review and meta-analysis of randomized clinical trials / T. Zhang, X. Wu, Sh. Cao, S. Park // Eur. J. Integrat. Med. - 2018. - Vol. 24. - P. 35-48.



<https://www.clinicalkey.com/#!/content/journal/1-s2.0-S1876382012011067>

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Editorial

Oriental and traditional medicine – Supporting the vision for integrated health



Traditional medical whole systems as reflected in traditional Chinese medicine (TCM), Korean medicine (KM) and Ayurveda are unique integrated approaches to health which are rarely experienced in their entirety in the West. In this issue half of the articles are from countries in Asia, particularly Korea, where such integrated practices are commonly used as alternatives to western medical practice.

The 16th International Congress of Oriental Medicine 'The future of medicine – traditional medicine', took place September 17 to 19 in Seoul. With 16,000 delegates mainly from Korea, China, and Taiwan, the breadth of laboratory, experimental and clinical trial research was impressive. The conference, which initially began in 1976, attracted international speakers from all over the world; USA, Russia, New Zealand, Norway, Egypt, Australia, India, Austria etc. As part of the conference, the Korean Medical Association hosted a round table meeting

their article before submission. Please note, the aims, scope and audience for *EurJIM* have been recently re-defined and are given at the end of this editorial.

In 2008 in Korea, Pusan National University opened as the first government funded university to include a school of Korean medicine, as well as Western and dental medicine, and nursing schools. The School of Korean medicine has both inpatient and outpatient facilities and a remarkable purpose-built clinical trials centre. The Korean Institute of Oriental medicine (KIOM) was established under the Ministry of Health and Welfare in October 1994 and is still the only government funded oriental medicine research institute in Korea (now under the Ministry of Education, Science and Technology). It became a WHO collaborating centre for traditional medicine in 2011. We took part in the first International Clinical Practice Guidelines symposium on Traditional Medicine at KIOM on the 17th September 2012

Robinson, N.
Oriental and traditional medicine – Supporting the vision for integrated health / N. Robinson, J. Liu // *Eur. J. Integrat. Med.* - 2012. - Vol. 4, № 4. - P. e363-e365.



<https://www.clinicalkey.com/#!/content/journal/1-s2.0-S1878875010002354>

Commentary on:
*Risks and Causes of Cervical Cord
and Medulla Oblongata Injuries due
to Acupuncture*
by Miyamoto et al. pp. 735-741.



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Japanese Oriental Medicine

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Acupuncture is the favorite procedure of the Japanese population, especially for those older than middle age. If they have a stiff neck or neck pain, they go to the acupuncture practice clinic to be treated by a therapist. Some therapists want to put acupuncture needles into the deep neck muscle for several days to improve the neck problem. Sometimes the accidental straying of the needle will occur deep into the neck and it may even migrate into the central nervous system. Sometimes insufficient sterilization of the needle will cause infection or contamination. This will cause a serious infection with disastrous abscess formation in the body. There is no severe regulation of acupuncture practice in Japan. The procedure itself should be severely controlled by the Ministry of Health and Welfare. The Japanese people in general love Oriental medicine, and the combined use of Oriental and Western drugs is very popular. All Japanese medical doctors can freely access Oriental or Chinese medicines and can prescribe Oriental drugs freely without any special license. Patients who complain of nonspecific symptoms, such as head-heaviness, dizziness, nausea, appetite loss, can be prescribed Oriental drugs without scientific evidence of their worth. When a patient is suffering

from a chronic subdural hematoma, Japanese neurosurgeons often prescribe Goreisan, especially for patients showing recurrent small amount of subdural hematoma or hygroma, although there is no scientific evidence of its effectiveness. Sometimes it is very effective to reduce the hematoma or fluid collection without further surgical procedure. Japan is a mysterious country mixed with Western and Oriental cultures. Sometimes, it is very dangerous, and sometimes it is very effective. Scientific evidence is difficult to obtain.

Conflict of interest statement: The author declares that the commentary was composed in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Citation: *World Neurosurg* (2010) 73, 635R.
DOI: 10.1016/j.wneu.2010.05.033

Journal homepage: www.WORLDNEUROSURGERY.org

Available online: www.sciencedirect.com

1878-8750/\$ - see front matter © 2010 Published by Elsevier Inc.

Key words

- Acupuncture
- Goreisan
- Oriental medicine



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Hori, T. *World Neurosurgery* / T. Hori // Japan. *Oriental Med.* - 2010. - Vol. 73, No 6. - P. 638-638.

