

編號：CCMP99-RD-040

## 國際醫學會議中醫英文培訓計畫

侯俊成

財團法人彰化基督教醫院

### 摘 要

隨著中醫學受到世界各國的重視，越來越多的另類醫學研討會開始增闢單元，提供中醫針灸研究者發表相關研究。為了順應潮流，提昇臺灣國際競爭力，臺灣中醫學者亟需如何參與國際研討會之相關培訓課程。本研究以彰化基督教醫院過去三年之經驗為藍圖，進行中醫國際會議文培訓課程。研究設計六個月週末英文教學課程共 36 小時。延請中醫與英文專家授課，包含基本中醫英文教學、國際會議經驗分享、英文期刊會議、投稿教學與模擬發表。自 100 年 3 月 6 日起招收二十名學員，進行每月一次六小時課程，至 100 年 8 月 21 日完成全部課程。課程錄製成 EAR 光碟片，訓練教學輔導種子教師五名。輔導學員投稿至 8 個國際研討會共 21 篇會議論文，其中 9 篇已被收錄為口頭報告或壁報發表。本計畫透過小班教學與互動演練，成功培訓中醫師投稿並參加國際會議。此套課程可推廣到各中醫系所與中醫醫療機構，達到臺灣中醫國際化之目標。

關鍵詞：中醫英文、國際研討會、中醫教學

Number: CCMP99-RD-040

# **A Training Program for Participating the International Conference of Traditional Chinese Medicine**

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## **ABSTRACT**

Traditional Chinese medicine (TCM) as a branch of Complementary and Alternative medicine (CAM) has getting more and more attention lately. Many important international conferences started to provide special sessions for CAM. To grasp the chance and promote Taiwan's TCM in the world, the practitioners of TCM need a bilingual training program. This study tries to set up a training program for TCM practitioners by using the experiences of Changhua Christian hospital. The program provides a six months weekend bilingual course, thirty-six hours in total. The major courses are TCM English 101, ABC for international conference, journal presentation, and tutor consultation. The program has successfully help trainees to submit 21 papers to several international conference and 9 papers are accepted. The program is proved to be good for training of conference participation. It should be promote and introduce to more TCM practitioners of TCM schools and hospital.

Keywords: English for Traditional Chinese mde, International conference, TCM education

## 壹、前言

國內過去培育不少中醫藥專業人才，在臨床及研究上也都發揮其長才，唯這些畢業生大都欠缺外語能力，無法用英文將其中醫藥專業與國際友人分享。目前臺灣中醫系所的中醫英文相關課程，以講師授課為主，但是師資不足、且缺少具國際會議報告實務經驗之輔導教師。目前上課內容以中醫英譯學習為主，尚缺乏針對國際會議報告的模擬演練課程。

臺灣過去也偶有國際人士前來作短期進修，唯實際上能以英文講授中醫藥課程之師資不多。根據臺北市立中醫醫院醫療長許中華於 2005 年為 Brazilian Acupuncture Research and Study Groups 舉辦之”Training Course for Foreign Doctors”的實務經驗，發現合適之師資極度缺乏。國外常有許多傳統醫學之研討會，唯國內因這方面專家普遍欠缺英文演講能力，使得臺灣常在這些國際團體中缺席，至為可惜。

年度	會議國家	會議學科	彰基與 會人數	臺灣出席人數
2008	捷克	內分泌	2	2
2008	韓國	中醫針灸	2	3
2009	印度	內分泌	1	1
2009	美國	另類醫學	1	1
2009	希臘	中醫針灸	1	4
2009	韓國	中醫針灸	2	2
2009	西班牙	中醫針灸	1	1
合計			10	14

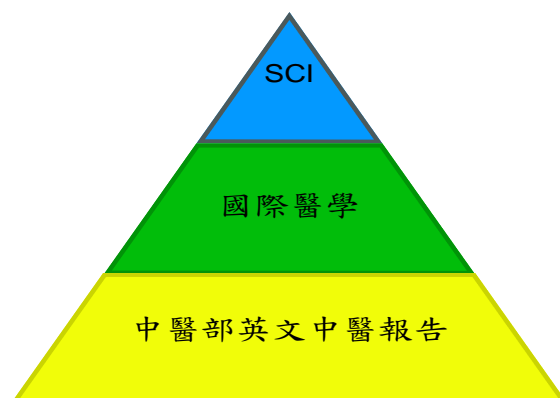
表一、2008-2009 國際會議臺灣出席人數

從國際會議臺灣出席人數可以發現，在國際性中醫相關會議中的臺灣參與人數極少。

此外，World Health Organization 於 2007 所發表之重要文獻”WHO International Standard terminologies on traditional medicine in the Western Pacific region”，其中參與制定內容之國家，臺灣未能參與其中。顯示臺灣中醫界參與國際外文研討會仍有困難，以致無法在國際中醫社會中發揮應有的影響力。

鑑於過去中醫研究對於國際期刊發表並無一套循序漸進的訓練方法，使得臺灣中醫界之研究無由為國際學界所知曉。彰基中醫部希望經由階段性的教學來培養年輕學者投稿並參與國際會議之能力。

訓練計畫分為三部分以三年時間完成。第一年以中醫部醫師經過每月定期全英文訓練，達到以英文進行會議報告之能力。第二年實際進行國際研討會投稿與實地發表。第三年將研討會發表內容撰寫成文章，投稿至 SCI 期刊。



圖一、研究訓練架構圖

實施時間由 2007 年開始，先對所有住院醫師進行中醫相關語詞教學，包含中醫專有名詞英文使用方法、診療患者之英文應用、如何用英文向訪客介紹中醫及參加國際研討會之注意事項。其中包含課堂即席交互練習與問答。

完成後繼續進行中醫英文期刊演練報告。依照正式國際會議議程進行。英文部分完成後，再進行中文內容討論及缺點改進指導。所有醫師經過練習後，改以本部執行中之研究進行英文報告。並將完成之報告於 2007 下半年起陸續投稿至國際醫學研討會。

自 2007 年起，三年內彰基中醫部經由此培訓方式，已經成功完成 16 人次，前往 12 個國家，共計發表 21 篇會議論文，成果豐碩。由參加人員職務與學歷分布，可以發現此種訓練能有效幫助全體受訓人員一起進步，而非獨厚一兩位英文優秀之受訓者，所有有心參與之受訓者都可以有信心投稿並以英語參與國際會議。

職務	人數	學歷	人數
主治醫師	3	博士	1
住院醫師	4	碩士	3
藥師	2	學士	5
合計	9		9

表二、發表會議論文人員職務學歷

年度	會議國家	會議學科	與會人數	發表篇數
2007	臺灣	東洋醫學	1	1
2008	捷克	內分泌	2	1
2008	韓國	中醫針灸	2	1
2009	印度	內分泌	1	1
2009	美國	另類醫學	1	1
2009	希臘	中醫針灸	1	3
2009	巴西	中醫針灸	1	5
2009	韓國	中醫針灸	2	2
2009	泰國	神經內科	1	1
2009	西班牙	中醫針灸	1	2
2009	澳洲	生醫	1	1
2010	日本	東洋醫學	2	2
合計			16	21

表三、2007-2010 彰基參與國際會議與發表文章數

依據以上經驗得知，只要經過適切的訓練，可以大大提高中醫師投稿國際會議並實際參加國際會議的能力。因此，我們將所有必要訓練內容融合成為 36 小時之課程，提出一個完整之國際會議中醫英文培訓課程，進行為期一年之研究計畫。

本研究計畫目的預定達到以下幾點成果：

1. 國際會議論文投稿 5 篇(SAMS 針灸與經絡研討會、ICMART 針灸與相關技術醫學會、ICOM 東洋醫學會、NACCOM 另類醫學年會、世界醫學針灸會議 SAME 等)。
2. 中醫英文教學種子教師 5 名。
3. 教學課程紀錄光碟。

## 貳、材料與方法

工作項目：

### 一、完成課程目標與內容

培訓中醫藥國際人才。使中醫研究學者能自信地參與國際性研討會，將臺灣中醫藥推展至國際，增加臺灣中醫競爭力。

### 二、聘請教師

#### (一) 主要背景分為兩類

中醫專家教授：

- 長庚醫學院中醫所、長庚中醫分院
- 陽明大學傳醫所、臺北市立中醫醫院
- 彰化基督教醫院中醫部

跨領域專家教授：

- 國立彰化師範大學英語系
- 國立交通大學電控所
- 國立中正大學電機系
- 國立中興大學化學系
- 國立臺中護專護理系

講員包括長庚中醫分院張恆鴻副院長、臺北市立醫院中醫醫院醫療長許中華醫師、國立臺中護專校長周守民、臺中榮民總醫院陳甫州教授、國立交通大學電機系黃聖傑助理教授、國立交通大學 Dr. Steve Wallace、國立彰化師範大學郭鳳蘭教授、國立中正大學李順裕副教授等專家學者。

#### (二) 訓練曾出國發表之醫師成為教學輔導種子教師，主要工作為協助學員進行會議模擬與提供投稿建議。

### 三、招募學員

印製報名表，招生說明。招收有興趣出國發表之中醫師或中醫科系學生，需繳交報名費五千元（全勤結業退回）與研究構想書一份，經過審核通過始得參加。共計招收學員二十人，依照學員專科背景分成五組，每組四人。由一位輔導教師負責。

### 四、進行中醫英文基礎課程與中醫英文期刊會議

#### (一) 安排課程進度表。

#### (二) 制訂授課講義。

#### (三) 課程進行方式：除專家學者授課外，另外進行互動教學課程。

1. 進行四次英文中醫相關語詞教學（四小時），包含中醫專有名詞英文使用方法、診療患者之英文應用、如何用英文向訪客介紹中

醫及參加國際研討會之注意事項。其中包含課堂即席交互練習與問答。

2. 完成後繼續進行中醫英文期刊演練報告。自 PubMed 等英文期刊資料庫中選取中醫相關文章，進行文章拆解，重新組合，使之合於會議發表形式，於教學會議中以英文發表 15 分鐘，隨後由所有學員以英文提問，進行內容討論 5 分鐘。完全依照正式國際會議議程進行。英文部分完成後，再進行 30 分鐘，中文內容討論及缺點改進指導。
3. 所有學員經過一輪練習後，改以研究計畫進行英文報告。研究計畫主要由學員撰寫之構想書出發，彼此討論並依照各研討會性質予以調整。對於學員中無具體方向者，將建議以中醫藥委員會近年所完成之各項中醫政策為材料，如九十七年施政報告中所提及辦理中醫臨床教學計畫、落實中醫門診會診教學訓練計畫、推廣中藥藥材標示等，在研討會中向國際中醫學者介紹臺灣優良的中醫藥管理政策。

#### 五、輔導學員投稿至國際研討會

學員完成之報告於 2011 下半年起陸續投稿至國際醫學研討會。（包括 SAMS 針灸與經絡研討會、ICMART 針灸與相關技術醫學會、ICOM 東洋醫學會、NACCOM 另類醫學年會、世界醫學針灸會議 SAME）由輔導教師提醒並輔導學員，依照各國會議投稿標準於截稿日期前投出摘要，並將大會確認回函寄回本計畫備查。

論文若為大會接受，提供出國相關諮詢，並請學員回國後提供大會手冊影本一份備查。

## 參、結果

本培訓課程成果包含（依工作項目）：

### 一、完成課程目標與內容

完成課程內容主題，匯整講師講義教材，包括臺灣中醫參加國際會議之重要性、中醫藥國際會議之見聞、會議報告中常用英語、參加國際會議應具備之英文能力等。並將教材上傳至網路教室 (<http://mslin.ee.ntut.edu.tw>) 供學員下載研讀。另建置專屬網站 (<http://cchtcmlclass.blogspot.com/>) 將 2011-2012 世界各地舉辦相關國際醫學會資料公告並傳送給學員(圖二)，鼓勵投稿參加。

### 二、聘請教師

員包括長庚中醫分院張恆鴻副院長、臺北市立醫院中醫醫院醫療長許中華醫師、國立臺中護專校長周守民、臺中榮民總醫院陳甫州教授、國立交通大學電機系黃聖傑助理教授、國立交通大學 Dr. Steve Wallace、國立彰化師範大學郭鳳蘭教授、國立中正大學李順裕副教授、國立虎尾科技大學胡念祖教授等專家學者。

種子教師培訓方面選取曾實際出國進行會議報告之中醫師，進行會議英文教學與技巧演練。培訓教學於 100 年 1 月 8 日、15 日、22 日進行，地點為彰基 10 樓中醫會議室，主要培訓內容包括中醫英文教學及分組報告導師訓練。三次培訓課程結束後，由計畫主持人進行口頭測試。共有劉育德醫師、陳文娟醫師、陳嘉允醫師、陳瑩陵醫師、張順昌醫師五人完成訓練，成為種子教師。種子教師負責一堂經驗分享課程，以及一堂學員模擬演練之協同指導教師。同時需要與學員聯絡進行投稿之協同輔導。

種子教師主講內容：

#### (一) 2008 韓國大田 陳文娟 針灸與經絡研討會 SAMS

Adverse Events in Warm Needling Treatments: Experiences of a medical center

#### (二) 2009 印度孟買 劉育德 ACCO 亞太肥胖醫學會

The usage of Acupuncture and Chinese herb on Obesity and Sleep apnea in Taiwan: experiences of a medical centre

#### (三) 2009 韓國首爾 陳嘉允 針灸與經絡研討會 SAMS

The prescriptions patterns of Traditional Chinese medicine for insomnia in Taiwan

#### (四) 2009 泰國曼谷 張順昌 世界神經醫學年會 WCN



The jointed usage of conventional medicine and alternative medicine for migraine in Taiwan: a ten-year retrospective study

(五) 2009 西班牙巴塞隆納 陳瑩陵 第四屆世界醫學針灸會議 SAME  
Seebeck Effect And The Biomedical Mechanism Of Warm Needling

### 三、招募學員

透過網路郵件、實體郵件、校園海報對全國中醫師及中醫學院進行招生。共計 59 人報名本課程，為確保教學品質，根據計畫招收 20 名學員參加本次課程。學員須先繳交研究構想書，主持人審閱後給予建議後，方完成報名手續。學員最高學歷分佈：大學占 57%、碩士 29%、博士 14%；年齡由 20 至 50 歲，學員背景涵蓋醫院主任、主治醫師、住院醫師、診所開執業醫師及中醫醫學生(圖三-圖六)。

### 四、進行中醫英文基礎課程與中醫英文期刊會議

課程正式上課時間為：100 年 3 月 6 日、4 月 10 日、5 月 15 日、6 月 12 日、7 月 17 日、8 月 21 日；每次上課前以電子郵件通知學員上課日期，並催繳作業。

三十六小時上課之課程表如附件一。課程中參考 WHO 中醫標準術語編撰成中醫國際會議常用中醫詞句中英文翻譯表，參見附件二。

#### (一) 錄製高品質教學光碟

使用 EAR 系統 (Electronic Advanced Recorder,數位內容即時全紀錄系統)，可以將教學內容、影音、數位教材和週邊器材所播放資料原音重現，在不影響授課人員的情況下主動式的即時同步、完整清晰的記錄下來，成為數位檔案並可供光碟保存、網路放映等功能，錄製高品質的教學影片。

#### (二) 寄送課程電子報

每次課後經由電子郵件發送電子報給未能報名之中醫界同道(附件三)。

### 五、輔導學員投稿至國際研討會

於課程進行中不斷鼓勵學員進行投稿準備，同時設定投稿目標會議，持續進行投稿。截至計畫結束為止，獲致以下成果。計畫結束後，仍持續追蹤學員投稿結果。

#### (一) 預定投稿之 9 個目標會議項目(網底表示已投稿)

1. EMBC 第 33 屆醫學與生物科技工程國際會議，舉辦地點：美國波士頓，舉辦日期：2011 年 8 月 30 日至 9 月 3 日(投稿人數：1 人)。

2. Cochrane Colloquium 第 19 屆考科藍實證醫學座談會，舉辦地

點：西班牙馬德里，舉辦日期：2011 年 10 月 19 日至 10 月 22 日(投稿人數：2 人)。

3. 第 8 屆世界中醫學會(WCCM)，舉辦地點：英國倫敦，舉辦日期：2011 年 9 月 2 日至 9 月 13 日(投稿人數：6 人)。
4. ECIM 第 4 屆歐洲整合醫學會議，舉辦地點：德國柏林，舉辦日期：2011 年 10 月 7 日至 10 月 8 日(投稿人數：5 人)。
5. ISAMS 國際針灸暨經絡研討會，舉辦地點：美國加州，舉辦日期：2011 年 10 月 7 日至 10 月 9 日(投稿人數：2 人)。
6. IMACB 第 5 屆巴塞隆納國際醫學針灸大會，舉辦地點：2011 年 11 月 5 日至 11 月 6 日(投稿人數：3 人)。
7. NARCCIM 北美輔助暨整合醫學研討會，舉辦地點：俄勒岡州波特蘭，舉辦日期：2012 年 5 月 15 日至 5 月 18 日，截稿日期：2011 年 11 月 15 日(投稿人數：1 人)。
8. CMART 國際針灸暨相關技術研討會，舉辦地點：雅典，舉辦日期：2012 年 5 月 25 日至 5 月 27 日，截稿日期：2012 年 1 月 25 日。
9. 第二屆國際整合醫學會議，舉辦地點：耶路撒冷，舉辦日期：2012 年 3 月 13 日至 3 月 15 日，截稿日期：2011 年 12 月 10 日(投稿人數：1 人)。

(二)合計已投稿文章 21 篇至 8 個國際會議：

1. EMBC 第 33 屆醫學與生物科技工程國際會議 1 篇
2. Cochrane Colloquium 第十九屆考科藍實證醫學座談會 2 篇
3. WCCM 第八屆世界中醫學會 6 篇
4. ECIM 第四屆歐洲整合醫學會議 5 篇
5. ISAMS 國際針灸暨經絡研討會 2 篇
6. IMACB 第五屆巴塞隆納國際醫學針灸大會 3 篇
7. NARCCIM 北美輔助暨整合醫學研討會 1 篇
8. 第二屆國際整合醫學會議 1 篇

(三)被接受之會議論文共計 9 篇。

1. Cochrane Colloquium 第十九屆考科藍實證醫學座談會 1 篇  
■ Tung, Yi-Jung: Geographic and language distribution of trials in Cochrane systematic reviews related to Acupuncture.
2. WCCM 第八屆世界中醫學會 1 篇  
■ Lee, Fen-Jen: The application of the circulation of Central Meridian on treating cough of external contraction.

3. ECIM 第四屆歐洲整合醫學會議 3 篇

- Lee, Chia-ying: Effects of Auricular Acupressure on the Degree of Anxiety and Heart Rate Variability of Primiparous Women in Labor.
- Chang, Li-Hsin: An assessment for the occurrences of cardiovascular disease associated with Ephedra: a Population-Based Case-Control Study.
- Kuo , Ta-Wei: The Immediate Effect of Electro-acupuncture on Balance and Gait in Stroke Patients with Spastic Hemiplegia.

4. ISAMS 國際針灸暨經絡研討會 1 篇

- Chen, Jia-Ming: Study The Temperature Difference between Palm and Finger in Sjogren's syndrome –A pilot study.

5. IMACB 第五屆巴塞隆納國際醫學針灸大會 3 篇

- Chen, Wei-Ling: Electroacupuncture can improve Sudden Hearing Loss.
- Uen, Bin-shone: Effect of acupressure of nei guan on chest distress.
- Pan, Tien-Chien: Evaluation of efficacy of laser acupuncture in children and adolescents with Asthma.

(四)已投上之會議回覆接受信與摘要，及兩位學員參加國際會議返國報告書(柏林、倫敦)，參見附件四。

## 肆、討論

原課程計畫部分設定之目標國際會議(如 ICOM 東洋醫學會、NACCOM 另類醫學年會、SAME 世界醫學針灸會議)舉辦時間與課程時間不符,學員受訓期間無法投稿到上述會議。故將目標會議略作調整改投稿至 SAMS 針灸與經絡研討會、ICMART 針灸與相關技術醫學會、ECIM 第四屆歐洲整合醫學會、19th Cochrane Colloquium 實證醫學會及 NARCCIM 北美另類醫學年會。

本次課程除一般會議論文寫作課程,特別針對國際會議特性,開設國際禮儀與國際醫療工作者所需能力兩部分課程,邀請多次國際會議經驗的周守民校長與前外交部國合處高小玲博士來主講,試圖開啟學員另一扇不同領域之學習。因為參加國際醫學會議,不同於投稿國際醫學期刊(conference paper 與 journal paper)。研討會論文在國際上的影響力和期刊相比是不同的。期刊發表是千古文章,做得好又寫得好會一直被引用,影響深遠,是建立學術地位不二法門。而研討會發表重在人的來往。在研討會上,可以面對面跟其他的研究者來往、溝通、交朋友。參加國際會議最大的意義就是在於表現影響力。因此與其他學者交談來往時,除了中醫專業與研究能力以外,必備的國際禮儀與國際共同關心的議題,也是外國人認識臺灣中醫人內涵的重要指標。本課程首次強調這個部分的學習,學員反應良好,可以提供未來相關學程設計的參考。

小班教學雖然無法大量把課程提供給許多中醫同仁,但卻是本計畫成功執行不可或缺的一環。以往中醫繼續教育都是短期、大堂教學。講員與學員之間的互動少,距離遙遠。此次課程由於限制二十人,每位授課老師都可以立即感受到學員的認真與近距離的反應回饋,好幾位老師(如 Dr. Wallace)都說這是一個非常溫馨親切的講課經驗。當最後舉行成果展研討會,課程再度邀請授過課的老師回來講課,老師們都非常樂意再度給我們指導。因此我們認為此類課程學員招收數量上必須在精不在多。

課程進行發現原先設定學員上台模擬報告次數總共每人兩次。因此有時會出現一整天課程中有 6-10 人次的模擬報告。如此一來,所有學員與輔導教師都感到疲累不堪。過多的模擬報告造成課程內容不能維持緊湊,降低學習興趣。我們一發現這個問題後就調整後面三次課程,將模擬報告減為一次,其他改為投稿報告。如此一來,總次數減少,學員的反應就馬上改善。因此未來新課程設計時,不宜在一天的課程中安排五人以上的模擬報告。

學員投稿內容除博碩士研究內容外，對於沒有學校資源的學員，課程另外使用其他時間加以輔導，針對學員臨床專長來撰寫摘要，亦有很好的成果。我們發現利用臺灣中醫自己發展的東西如健保經驗、鼻炎、腦中風、癌症調理，甚至產婦坐月子等都可以提供很好的題材。此外中醫現代化的研究也不少。西醫院附設的中醫部門很多，這也是國外少見的。這些臺灣特色都值得我們透過國際會議的方式，不斷向國際介紹臺灣中醫所擁有的軟實力。另類醫學界每年不斷的舉行不少優質的國際會議，值得我們去參與。

本課程不但給學員參加會議的必備知識，也提供給大家可以參加的各種會議，讓學員以自己可以做到的程度量力而為。此次課程我們投出二十篇論文，被接受發表的篇數總共 9 篇。其中在學歷方面，碩士、學士居多，還有一位在學學生被接受為口頭報告。因此善用這一套培訓方法，不需要學歷高、不需要經歷豐富，只要努力就可以了。透過這些彼此聯絡，禮尚往來，臺灣的中醫就不再侷促一嶼，而是世界村的一員。這是參加國際研討會與一般研究投稿最大的不同，對於臺灣的中醫界更是意義重大。

因此我們要呼籲國內各大中醫醫院或西醫醫院附設中醫部，請多多鼓勵醫師出國參加會議發表。此次學員自費前往歐美參加會議並報告研究內容，每人至少都花費台幣十萬元以上。若不能提供公費補助，至少公假鼓勵是做得到的事情，這是對臺灣中醫界最好的投資。若有需要，可以把課程方法具體到各醫院去示範，讓大家都能有機會練習，以便準備好出國爭光。我們也認為這個內容很適合國內中醫系所採用為教材。在學生的時代，若能藉由國際會議拓展視野，更能培養臺灣中醫未來不得了的人才。希望各大學系主任能考慮這個建議。

課程結束後依照以下方式鼓勵學員繼續完成投稿。

- 一、由主持人與輔導教師提醒並輔導學員，依照會議投稿標準繼續於 2011-2012 截稿日期前投出摘要。
- 二、建立電子信箱訊息網，定期交換聯絡會議時程與相關訊息。已出國完成報告之學員，請其完成心得報告，轉發給其他學員激勵士氣，持續投稿。
- 三、已報告之學員鼓勵其繼續完成期刊投稿。根據報告時觀眾的提問與建議修改後，可請課程授課專家如陳甫州教授加以指點，轉投相關期刊如 *Alternative Therapies in Health and Medicine*、*E-CAM*、*Journal of Ethnobiology and Ethnomedicine*、*Physiological Measurement*、*European Journal of Integrative Medicine*、*Chinese Medicine of BMC* 等 SCI 國際期刊以擴大成果。

半世紀以來，臺灣以海島移民特性，向全世界開展，成功在世界舞台上佔有一席之地。臺灣的中醫師們也要跟其他行業一樣，不應只專注於患者，應該把精采的臨診心得跟全世界的同好分享。只要走出去，中醫的世界何等寬廣。

## 伍、結論與建議

透過本計畫課程專家授課、小班教學、互動演練，針對如何參加國際會議創造出一套優良的中醫應用英文教育課程。經由此課程於半年內產生 21 篇國際研討會論文投稿至 8 個歐美國際會議，並有 9 篇被接受為會議論文。不但達到計畫之預期效益，更由於部分學員身兼中醫院校、中醫醫院、中醫師公會主管或幹部，更將此套訓練方法帶回單位，達到成效擴散之良性結果，使得計畫效益超過預期目標。課程同時培訓五名課程種子教師及錄製高品質 EAR 教學光碟以供未來相關課程之需要參考。

九篇被國際研討會接受之論文：

1. Tung, Yi-Jung: Geographic and language distribution of trials in Cochrane systematic reviews related to Acupuncture. Cochrane Colloquium 第十九屆考科藍實證醫學座談會
2. Lee, Fen-Jen: The application of the circulation of Central Meridian on treating cough of external contraction. WCCM 第八屆世界中醫學會
3. Lee, Chia-ying: Effects of Auricular Acupressure on the Degree of Anxiety and Heart Rate Variability of Primiparous Women in Labor. ECIM 第四屆歐洲整合醫學會議
4. Chang, Li-Hsin: An assessment for the occurrences of cardiovascular disease associated with Ephedra: a Population-Based Case-Control Study. ECIM 第四屆歐洲整合醫學會議
5. Kuo, Ta-Wei: The Immediate Effect of Electro-acupuncture on Balance and Gait in Stroke Patients with Spastic Hemiplegia. ECIM 第四屆歐洲整合醫學會議
6. Chen, Jia-Ming: Study The Temperature Difference between Palm and Finger in Sjogren's syndrome –A pilot study. ISAMS 國際針灸暨經絡研討會
7. Chen, Wei-Ling: Electroacupuncture can improve Sudden Hearing Loss. IMACB 第五屆巴塞隆納國際醫學針灸大會
8. Uen, Bin-shone: Effect of acupressure of nei guan on chest distress. IMACB 第五屆巴塞隆納國際醫學針灸大會
9. Pan, Tien-Chien: Evaluation of efficacy of laser acupuncture in children and adolescents with Asthma. IMACB 第五屆巴塞隆納國際醫學針灸大會

為維持投稿動力與鼓勵更多中醫同仁參與國際會議，特提出以下幾點建議：

- 一、持續追蹤每年中醫相關醫學會議舉行時間，將相關訊息公布於課程網

站上 (<http://cchtemclass.blogspot.com/>)。同時將訊息轉知中醫全聯會、中醫師公會與各大學中醫系所辦公室，以便中醫師與中醫學生能掌握會議時間，順利投稿並參與會議。

- 二、建議中醫師全聯會設置國際會議獎助金或中醫藥委員會新年度計畫案可仿教育部方式編列國際會議補助，每年提供一些名額補助國際會議註冊費(1-3 萬元)，以鼓勵中醫師代表臺灣中醫界參與國際會議，提高臺灣中醫界的國際能見度。
- 三、提供課程內容給各大中醫系所開辦相關課程，從在學學生即培養參與國際會議之能力與眼光。

## 誌謝

本研究計畫承蒙行政院衛生署中醫藥委員會計畫編號 CCMP99-RD-040 提供經費贊助，使本計畫得以順利完成，特此誌謝。



## 陸、參考文獻

1. 葉純甫/九十四年承辦衛生署中醫藥委員會「中醫藥國際化人才培訓計畫」。
2. 張永勳/九十五年承辦衛生署中醫藥委員會「中醫藥國際化人才培訓計畫」。
3. 張永勳/九十六年承辦衛生署中醫藥委員會「中醫藥國際化人才培訓計畫」。
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6. 長庚大學傳統中國醫學研究所/<http://www.cgu.edu.tw/GTCM/index.htm>.
7. Taiwan International Medical Training Center/ Chinese medicine training program/ [http://www.ptph.gov.tw/timtc/en\\_page0204b.html](http://www.ptph.gov.tw/timtc/en_page0204b.html).
8. WHO/ WHO International Standard terminologies on traditional medicine in the Western Pacific region.
9. Pang B, Zhang D, Li N, Wang K/Computerized tongue diagnosis based on Bayesian networks/The Cochrane Library/51(10) : 1803-10/2004 Oct.
10. 臺北市立聯合醫院陽明院區（中醫科）/中醫實證訓練課程計畫/ 95 年。

## 柒、圖、表

表一、2008-2009 國際會議臺灣出席人數

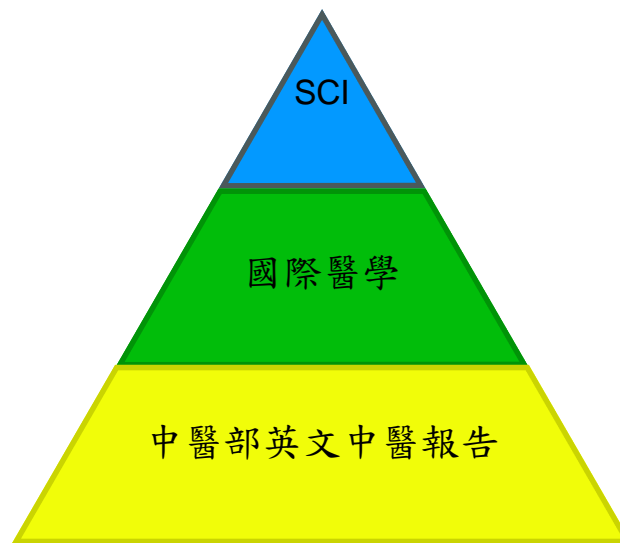
年度	會議國家	會議學科	彰基與會人數	臺灣出席人數
2008	捷克	內分泌	2	2
2008	韓國	中醫針灸	2	3
2009	印度	內分泌	1	1
2009	美國	另類醫學	1	1
2009	希臘	中醫針灸	1	4
2009	韓國	中醫針灸	2	2
2009	西班牙	中醫針灸	1	1
合計			10	14

表二、發表會議論文人員職務學歷

職務	人數	學歷	人數
主治醫師	3	博士	1
住院醫師	4	碩士	3
藥師	2	學士	5
合計	9		9

表三、2007-2010 彰基參與國際會議與發表文章數

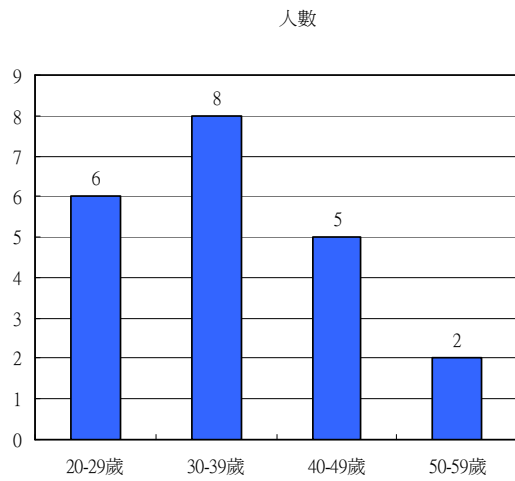
年度	會議國家	會議學科	與會人數	發表篇數
2007	臺灣	東洋醫學	1	1
2008	捷克	內分泌	2	1
2008	韓國	中醫針灸	2	1
2009	印度	內分泌	1	1
2009	美國	另類醫學	1	1
2009	希臘	中醫針灸	1	3
2009	巴西	中醫針灸	1	5
2009	韓國	中醫針灸	2	2
2009	泰國	神經內科	1	1
2009	西班牙	中醫針灸	1	2
2009	澳洲	生醫	1	1
2010	日本	東洋醫學	2	2
合計			16	21



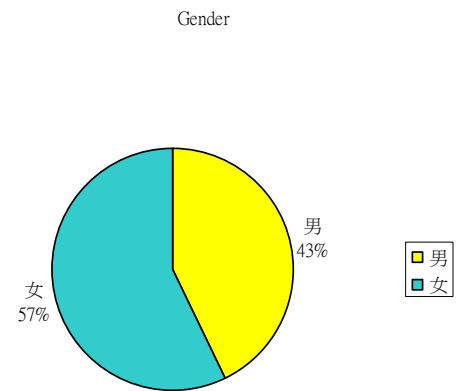
圖一、研究訓練架構圖



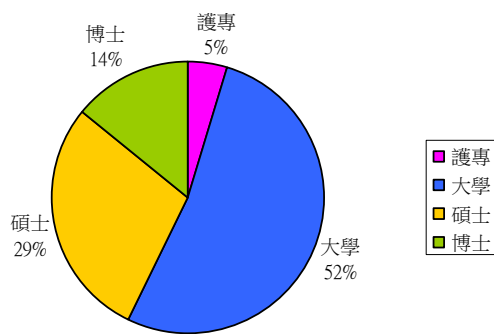
圖二、專屬網站與電子網路教室



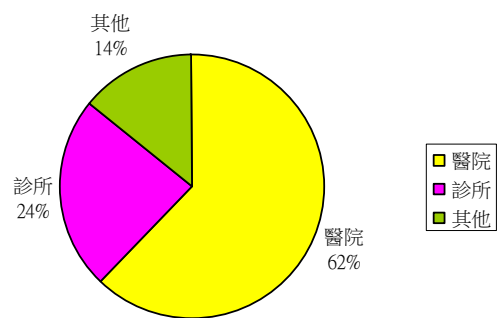
圖三、學員年紀分析



圖四、學員性別分析



圖五、學員學歷分析



圖六、學員工作機構分析

## 捌、附件

## 附件一、各次上課之課程表

100 年 3 月 6 日(星期日)第一次上課

日期/時間	3 月 6 日(星期日)	
	課程內容	講師
08:00-08:20	貴賓致詞 周賢彰 彰化基督教醫院副院長 黃林煌 行政院衛生署中醫藥委員會主委 施明昭 彰化縣中醫師公會理事長 羅綸謙 彰化基督教醫院中醫部主任 侯俊成 計畫主持人彰化基督教醫院中醫內科主任	
08:20-08:50	中醫藥健保制度之回顧與展望	黃林煌 主委 行政院衛生署中醫藥委員會
08:50-10:30	臺灣中醫參加國際會議之重要性	許中華 醫務長 臺北市立中醫醫院
10:30-12:10	國際醫療工作者能力建構與提昇	高小玲 執行長 彰化基督教醫院 海外醫療中心
午餐		
13:00-14:40	參加國際會議應具備之英文能力	郭鳳蘭 教授 國立彰化師範大學英語系
14:40-15:40	國際會議之彰基經驗	侯俊成 主任 彰化基督教醫院中醫內科
15:40-16:40	會議英文互相問答練習(英)	侯俊成 主任 彰化基督教醫院中醫內科

## 100 年 4 月 10 日(星期日)第二次上課

日期/時間	4 月 10 日(星期日)	
	課程內容	講師
08:20-08:50	彰基走出去，世界走進來	羅綸謙 主任 彰化基督教醫院中醫部
08:50-10:30	中醫藥國際會議之見聞	張恆鴻 副院長 長庚中醫分院
10:30-12:10	國際會議禮儀重要性	周守民 校長 臺中護理專科學校
午餐		
13:00-14:40	健保資料庫之介紹與應用	胡念祖 助理教授 國立虎尾科大資管系
14:40-15:40	中醫適合參加之國際醫學會議	侯俊成 主任 彰化基督教醫院中醫內科
15:40-16:40	會議報告中常用英語練習(英)	侯俊成 主任 彰化基督教醫院中醫內科

## 100 年 5 月 15 日(星期日)第三次上課

日期/時間	5 月 15 日(星期日)	
	課程內容	講師
08:20- 08:50	期刊報告 第 1 組(英)	
08:50-10:30	國際會議論文發表的撰寫、投稿注意事項、報告方式	中正大學 電機工程系副教授 李順裕
10:30-12:10	A new therapy for the patients in hospital-for improving their vomiting and nausea condition.	彰化基督教醫院 中醫部主治醫師 劉育德
午餐		
13:00-14:40	國際會議介紹與經驗分享—19th World Congress of Neurology.	彰化基督教醫院 中醫部總醫師 張順昌
14:40-15:40	期刊報告第 2 組(英)	
15:40-16:40	期刊報告第 3 組(英)	

## 100 年 6 月 12 日(星期日) 第四次上課

日期/時間	6 月 12 日(星期日)	
	課程內容	講師
08:20- 08:50	期刊報告 第 4 組(英)	
08:50-10:30	國際會議型式及如何從中獲取更多	彰化基督教醫院 粒線體醫學研究室 主持人 張瑞芝
10:30-12:10	Auditory processing of Music in Vegetative State with the assessment of heart rate variability.	前交通大學 研究助理 顏聖致
午餐		
13:00-14:40	The rescriptions patterns of Traditional Chinese medicine for insomnia inTaiwan	彰化基督教醫院 中醫部總醫師 陳嘉允
14:40-15:40	期刊報告 第 5 組(英)	
15:40-16:40	研究報告 第 1 組(英)	

## 100 年 7 月 17 日(星期日)第五次上課

日期/時間	7 月 17 日(星期日)	
	課程內容	講師
08:20-08:50	參加歐美國際會議之策略	交通大學電控所 助理教授 黃聖傑
08:50-10:30	Adverse Events in Warm Needling Treatments: Experiences of a medical center	彰化基督教醫院 主治醫師 陳文娟
10:30-12:10	ECIM 第 4 屆歐洲整合醫學會議、 WCCM 第 8 屆世界中醫學會 入選論文 模擬報告	
午餐		
13:00-14:40	Seebeck Effect And The Biomedical Mechanism Of Warm Needling	彰化基督教醫院 中醫部總醫師 陳瑩陵
14:40-15:40	Cochrane Colloquium 第 19 屆考科藍實證醫學座談會 入選論文 模擬報告	
15:40-16:40	投稿國際會議 reviewer 審查流程意見回覆	彰化基督教醫院 中醫內科主任 侯俊成



## 100 年 8 月 21 日(星期日)第六次上課

日期/時間	8 月 21 日(星期日)	
	課程內容	講師
08:20- 09:50	ECIM 第 4 屆歐洲整合醫學會議 WCCM 第 8 屆世界中醫學會 ISAMS 國際針灸暨經絡研討會 入選論文 模擬報告	
09:50- 12:10	Common Grammer Errors in Taiwanese Biomedical Writing	交通大學、華樂斯學術英文編修 Steve Wallace
午餐		
13:00-14:40	投稿摘要 reviewer 意見與課程心得分享 全體學員	
14:40-15:40	英文論文寫作技巧	臺中榮總幹細胞中心、中興大學化學系教授 陳甫州
15:40-16:40	結業式 頒發結業證書	

## 附件二、中醫國際會議常用詞彙

中醫國際會議常用詞彙中英文翻譯	
中國醫藥學 Traditional Chinese Medicine	治未病 prevention of disease
中醫基礎理論 Basic theory of traditional Chinese medicine	臟腑 zang-organs and fu-organs, viscera
臨床經驗 clinical experience	功能活動 functional activities
辨證論治 treatment based on syndrome differentiation	形神統一 unity of the body and spirit
本草 materia medica, herbs	陰陽失調 imbalance of yin and yang
中藥 Chinese materia medica, Chinese medicinal herbs	條達舒暢 free development
四氣五味 four properties and five tastes	延年益壽 prolonging life, promising longevity
針灸 acupuncture and moxibustion, acumox	養生防病 cultivating health to prevent disease
各家學說 theories of different schools	正氣 healthy qi, vital qi
汗法 diaphoresis, sweating therapy	病邪 pathogenic factor
下法 purgative therapy, purgation	整體觀念 concept of holism
吐法 emetic therapy, vomiting therapy	疾病的本質與現象 nature and manifestations of disease
補土派 school of invigorating the earth	陰陽的相對平衡 relative balance between yin and yang
病因學說 etiology	疾病的發生與發展 occurrence and development of disease
養生 health-cultivation,	同病異治 treating the same disease with different therapies
醫療實踐 medical practice	異病同治 treating different diseases with the same therapy
治療原則 therapeutic principles	五臟 five zang-organs, five zang-viscera
寒涼藥物 herbs of cold and cool nature, cold-natured herbs	六腑 six fu-organs, six fu-viscera
滋陰降火 nourishing yin to lower/reduce fire	經絡系統 system of meridians and collaterals
滋水涵木 enriching water to nourish wood	餘熱未盡 incomplete abatement of heat
瘀血致瀉 disease caused by blood stasis	有機整體 organic wholeness/integrity
先天之精 congenital essence	表裏關係 exterior and interior relation
形與神俱 inseparability of the body and spirit	開竅 opening into
開胃 promoting appetite	自然現象 natural phenomena

脈象 pulse conditions, pulse pattern	哲學概念 philosophical concept
邪正關係 states of pathogenic factors and healthy qi	對立統一 unity of opposites
發熱惡寒 fever and aversion to cold	相互消長 mutual waning and waxing
頭身疼痛 headache and body pain	相互轉化 mutual transformation
久痢脫肛 proctoptosis due to prolonged dysentery	陰陽屬性 nature of yin and yang
養陰清熱 nourishing yin and clearing away heat	相互聯繫 interrelation
清肺熱 clear away lung-heat	相互制約 mutual restraint, mutual restriction/interaction
濕邪犯肺 pathogenic dampness invading the lung	動態平衡 dynamic equilibrium
清熱瀉火 clearing away heat and reducing fire	陰平陽秘 yin and yang in equilibrium
腠理 muscular interstices, striae, interstitial space	陰陽的互根互用 interdependence of yin and yang
水濕停滯 retention of water and dampness, water retention	相互依存 interdependence
癃閉 retention of urine	陰陽離絕 separation of yin and yang
氣血運行 circulation/flow of qi and blood	相反相成 opposite and supplementary to each
陰陽轉化 transformation between yin and yang	生理功能 physiological functions
陽消陰長 yang waning and yin waxing	病理變化 pathological changes
陰勝則陽病 predominance of yin leading to disorder of yang	臨床診斷 clinical diagnosis
陰勝則陽病 an excess of yin leads to deficiency of yang	陽勝生外熱 exuberance of yang leading to exterior heat
陽勝則熱 predominance of yang generating heat	陽中求陰 obtaining yang from yin
詳細資料請參考： <a href="http://www.med126.com/yingyu/tcm yy/">http://www.med126.com/yingyu/tcm yy/</a>	

## 附件三、電子報

### 國際醫學會議中醫英文培訓課程(雙英計畫)電子報第一期

第一次的課程已於三月六日完滿結束。共有學員 17 位出席，三位因故請假。講員們從多元的角度切入國際會議的各種面向，學員也相互練習實用臨床英語，收穫非常豐碩。謹提供上課摘要與部分上課內容給大家參考。下次課程將於四月十日舉行，敬請期待會後第二期電子信之精彩報導。

中醫藥委員會主委黃林煌

講題: Modern Health Insurance  
applied Traditional Medicine in  
Taiwan

近年來傳統醫藥(中醫藥)已成為世界各國最具潛力的新興熱點，各國莫不競相投入大量之人力、物力及財力，研究發展，長久以來，我國在中醫藥之發展上居於領先地位，由其是中醫藥納入全民健康保險制度之內，提供全民除西醫藥外之另一種醫療保健管道，此項系統制度，由為各國所稱道及參訪、學習之對象，此報告中將介紹我國健保制度之發展歷史、制度之設計、全民對中醫藥之接受度及中醫藥所能提供之服務及接受度，為持續我國之優勢，制定多項法規及措施、培訓多重專業人才，教、考、訓、用各層面制定規則，以切實維護民眾之就醫安全及品質。中醫健保制度之各項規定及配套措施，係經由產、官、學、研各方面之討論及研析而制定，本報告亦提出目前各方所提出之數項爭議，期望中醫界得以藉由各種研討會之討論獲得完善之解決。



台北市立中醫醫院醫務長許中華

講題: Taiwan International  
Traditional Chinese Medicine  
Training Center

PDF 檔




彰基海外醫療及醫學倫理中心執行長  
高小玲

講題: 國際醫療工作者能力建構與提昇

隨著科技的發達，政治、經濟、文化等逐步朝向全球化發展，在全球化的影響之下，有越來越多的醫事人員有興趣參與國際事務，擔任國際志工，共同為人道援助工作而努力。但參與國際事務之前，是否知道國際間重視與倡議的議題為何？國際援助計畫的指標與依歸為何？什麼是千禧年發展目標？為何國際組織進行援助要以千禧年發展目標為依據？參與國際醫療需具備那些基本要件、特質、能力與態度？中醫專長的醫事人員可以在國際醫療方面做那些事工？本課程可透過國際合作經驗的分享，增進國際醫療工作者參與能力，讓國際志工事務更有意義及具體成果，也為人生開拓另一夢想。

附件四、會議回覆接受信、摘要與返國報告書

Cochrane Colloquium 第 19 屆考科藍實證醫學座談會

 <div> <b>19<sup>TH</sup> COCHRANE COLLOQUIUM</b>  <b>VI INTERNATIONAL CONFERENCE ON PATIENT SAFETY</b>  <small>• X Annual Meeting of the Iberoamerican Cochrane Network • VIII Annual Meeting of the Iberoamerican Network-GPC                      • XII LatinCLEN Congress (the Latin American branch of INCLEN-International Clinical Epidemiology Network)</small> </div>	
<p>Scientific evidence for healthcare quality and patient safety</p> <p><b>19-22 OCTOBER 2011 MADRID</b></p>	
Tung, Yi-Jung	Geographic and language distribution of trials in Cochrane systematic reviews related to Acupuncture.

Subject: The 19th Cochrane Colloquium - your abstract has been accepted as a r

Geographic and language distribution of trials in Cochrane systematic reviews related to Acupuncture

Decision:

Dear Tung,

Congratulations! Your abstract has been chosen as poster at this year's 2011 Cochrane Colloquium from 19-22 October in Madrid.

We would like to remind you that you are responsible for your own registration and travelling expenses for the Colloquium. You are also responsible for any expenses associated with printing or transport of the actual poster. We will be in touch in the future about the time and location of your presentation, and the poster requirements.

When you are logged in to your Colloquium account, an additional menu will appear on the top left of the screen. Within this internal menu, click on 'Registration'. The registration process consists of five simple steps asking for:

- Personal information and preferences (name, affiliation, country, name badge details etc.)
- Registration fee (an overview of the available fees can be found above)
- Submission of billing and payment information

Once you have completed this process successfully you will receive an email confirmation.

Just a reminder that the early bird registration ends July 25th

Best wishes,

Abstract Committee  
 19th Cochrane Colloquium, 19-22 Oct 2011, Madrid [abstracts@cochrane.org](mailto:abstracts@cochrane.org)  
 Abstract:

## Geographic and language distribution of trials in Cochrane systematic reviews related to Acupuncture

### Background:

In the Cochrane Library, the systemic reviews of trials should be as global as possible and with no limitation of language or geography. When the topic is related to acupuncture, some basic diagnostic criteria of acupuncture must be included.

### Objectives:

To study whether the Cochrane Database Systematic Reviews (CDSR) places language and geographical restrictions on searching for acupuncture, and whether the trials used the diagnostic criteria of “pattern identification” in their researches.

### Methods:

We searched “acupuncture” published in the CDSR, years from 2009 to 2011 were all included. First examined the published country and whether any language restrictions existed. Then examined the reviews descriptions and whether the pattern identification was mentioned on their researches. We excluded the studies without direct relevance to acupuncture. Moxibustion, transcutaneous electrical nerve stimulation and Chinese herb are excluded.

### Results:

There are 56 results out of 6,602 records for: “acupuncture” in Record Title. One of the reviews in CDSR had imposed language restrictions in Chinese. The other review had language restrictions in English and Chinese. There are 25 reviews had no language restrictions. And the remaining reviews had unclear restriction on language. We also noticed all 56 studies are from two continents and 7 countries. There is one review from Germany, one from Norway, three from Canada, six from USA, eight from Australia. With literal inspection on the type of participants, all of the included trials in 56 studies processed without basic diagnostic criteria of pattern identification.

### Conclusions:

There appears to be most of the reviews do not have any language restrictions on searches. And all the reviews are from very few countries. It reminds us there might not have enough diversity to show the real world. Besides pattern identification is not addressed enough, which would reduce the accuracy of the reviews for acupuncture.



第 8 屆世界中醫學會(WCCM)



Lee, Fen-Jen	The application of the circulation of Central Meridian on treating cough of external contraction.
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Abstract:

The application of the Central Meridian on Cough of external contraction

The aim of this study is to demonstrate the application of the Central Meridian using two cases of cough. Wind is the head of six excesses and the leader of various diseases. It could induce many kinds of illnesses if it's not been handled properly. Supposing inward invasion of pathogenic wind transforms into heat or cold enveloping fire, it usually will cause severe cough. Therefore, the management of the external contraction in the initial stage is very important. According to the edification of Nan Jing and Zhang Zhong-jing, the Central Meridian is the pathway of Qi and blood circulated in body and is also the intrusive way of external pathogen which can be used to expel external pathogen from the human body in practice.

The ideation rely on Shang Han Lun that illustrates specific herb will move to specific part of human body. We may use such herb to break stagnation and expel the pathogen out of the body through Central Meridian. Remedial medicine involves the recipe containing Chai Hu (ex. Sih Ni San) which has the effect of dispersing yang pathogen out of each Zang-fu and spreading round the circulation of Central Meridian. The recipe of discharging excess heat and releasing exterior pathogen of lung meridian (ex. Ma Sing Gan Shih Tang) will also be used. The patient with serious heat blocking the lung can sip half bowls of fresh radish juice honey before taking herbal medicine. The result is satisfied for the cough of external contraction.

Key words:

Central Meridian, external contraction, Shang Han Lun (Treatise on febrile disease)

ECIM 第4屆歐洲整合醫學會議



**The Future of Comprehensive Patient Care**  
07 – 08 October 2011, Berlin

in conjunction with the  
German Congress for Integrative Medicine

Lee, Chiu-Shan	Effects of Auricular Acupressure on the Degree of Anxiety
Lee, Chia-ying	and Heart Rate Variability of Primiparous Women in Labor.

主旨: ECIM-2011 - Submission decision result, Id: 51

Dear Ms. Chia ying Lee

Congratulations: Your submission Auricular Acupressure can regulate the autonomic nerve system of Primiparous women in Labor (Id=51) was finally accepted from SPC.

You will receive another email with the details within the next days.  
Don't forget to book your congress ticket before June 30, 2011 (end of earlybird rate)!

If there are any questions left, please contact [ecim@charite.de](mailto:ecim@charite.de)

Yours sincerely

4th European Congress for Integrative Medicine

Best regards,  
Margit Cree (Congress Administration)



## Abstract

Auricular Acupressure can regulate the autonomic nerve system of Primiparous women in Labor

**Purposes:** The purpose of this study was to evaluate the effects of Ear shenmen point( TF4 )auricular acupressure on the intensity of anxiety and Heart Rate Variability(HRV) among primiparous women in labor.

**Methods:** An experimental study with a pretest-and-posttest-control-group design was utilized. They were randomly assigned to either the experimental or the control group. The experimental group received Ear Shenmen point acupressure intervention and the control group received Ear Eyes point acupressure intervention. The intensity of anxiety perception between the two groups was compared in three check points: before intervention, 6~7cm cervical dilation (active phase) and full cervical dilatation. The data were analyzed by Mixed Model in SPSS for Window 17.0 software.

**Results:** The effectiveness of the Ear Shenmen point( TF4 ) acupressure was as follows: First, the experimental group had significantly decrease intensity of anxiety perception at 6~7cm cervical dilation (active phase) and full cervical dilatation than the control group. Second, the result proved that acupressing the Ear Shenmen point could increase the activity of parasympathetic nerve system and it could regulate the activity of autonomic nerve system.

**Conclusion:** The Ear Shenmen point acupressure during the delivery period for primiparous women not only reduced their anxiety at the active phase and full cervical dilation phase, but also calm their HRV by regulating the activity of autonomic nerve system.

Chang,Li-Hsin	An assessment for the occurrences of cardiovascular disease associated with Ephedra: a Population-Based Case-Control Study.
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Subject: ECIM-2011 - Submission decision result, Id: 91

Dear Ms. LI-HSIN CHANG

Congratulations: Your submission An assessment for the occurrences of cardiovascular disease associated with Ephedra: a Population-Based Case-Control Study (Id=91) was finally accepted from SPC.

You will receive another email with the details within the next days.

Don't forget to book your congress ticket before June 30, 2011 (end of earlybird rate)!

If there are any questions left, please contact [ecim@charite.de](mailto:ecim@charite.de)

Yours sincerely

4th European Congress for Integrative Medicine

Best regards,  
Margit Cree (Congress Administration)

Abstract:

An assessment for the occurrences of cardiovascular disease associated with Ephedra: a Population-Based Case-Control Study

Introduction:

While a large number of adverse event reports, such as cardiovascular disease, regarding herbal ephedra-containing dietary supplements has been filed with FDA, an informed judgment about the potential relationship between ephedra use and the adverse event is relatively unexplored. It was the objective of this paper to determine the risk of cardiovascular disease associated with ephedra-containing products.

Material and Method:

The registries for patients with last two years newly diagnosed cardiovascular disease (CVD) in the reimbursement database of illnesses from National Health Insurance in Taiwan during 1996-2005 were collected as the cases, while a simple random sample of 50,000 people would be used as controls after excluding patients with cardiovascular disease, including myocardial infarction, stroke, arrhythmias, or death. Potential risk factors, including age, sex, residence, indications for prescribing such ephedra-containing herbs of Chinese herbal products (CHP), and cumulative doses of adulterated herbal supplements potentially containing ephedrine before the development of CVD, were assessed for independent association with occurrences of CVD through construction of multiple logistic regression models. Odds ratios (ORs) and 95% confidence intervals (CIs) were estimated for the association between CHP containing ephedra and the occurrence of CVD.

Results :

A total of 49,119 persons (22,481 men and 23,212 women) were included in the final analysis. There were 1,120 newly diagnosed CVD cases and 48,001 controls. Older age and resident in urban area were associated with CVD development. There was a significant reduce of CVD development for consuming ephedra-related CHP.

(OR=0.6, CI=0.5-0.6). Only one(Si Shen Tang) out of total 28 CHP was associated with the risk of CVD development. (OR=1.2, p=0.03)

Conclusions: Consumption of ephedra-containing CHP does not increase the occurrence of CVD.

Kuo , Ta-Wei	The Immediate Effect of Electro-acupuncture on Balance and Gait in Stroke Patients with Spastic Hemiplegia.
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Subject: ECIM-2011 - Submission decision result, Id: 87

Dear Mr. Ta-Wei Kuo

Congratulations: Your submission The Immediate Effect of Electro-acupuncture on Balance and Gait in Stroke Patients with Spastic Hemiplegia (Id=87) was finally accepted from SPC.

You will receive another email with the details within the next days.  
Don't forget to book your congress ticket before June 30, 2011 (end of earlybird rate)!

If there are any questions left, please contact [ecim@charite.de](mailto:ecim@charite.de)

Yours sincerely

4th European Congress for Integrative Medicine

Best regards,  
Margit Cree (Congress Administration)

# ISAMS 國際針灸暨經絡研討會

**isams 2011 USA**  
International Scientific Acupuncture and Meridian Symposium

**Invitation** **Program** **On-line Registration** **Future Dates**

**Date** October 7-9, 2011  
**Venue** Beckman Center, Irvine, California, USA  
**Title** Research in Acupuncture and Oriental herbal medicine, Modernization of Ancient therapy

**Further Information**  
Please Contact isams2011 Organizing Committee

**Email** Isams2011@uci.edu (USA)  
Info@samsams.org (KOREA)

**SUSAN SAMUELI CENTER FOR INTEGRATIVE MEDICINE**  
UNIVERSITY of CALIFORNIA • IRVINE

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Phone: (949)824-5763 | Fax: (949)824-2812 | isams2011@uci.edu

Korean Pharmacopuncture Institute: 157-209, AKOM Building 4F, Gayang-dong, Gangseo-gu, Seoul, K  
Phone: 82-2-2658-0061 | Fax: 82-2-2658-0138 | eMail: info@samsams.org

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**Links**  
KPI SSCIM IPI

Chen, Jia-Ming | Study The Temperature Difference between Palm and Finger to Identify Yin Deficient Constitution.

主旨: 2011 ISAMS Abstract Submittal

Dear Jia-Ming Chen,

We are pleased to inform you that your abstract submitted to iSAMS 2011 has been accepted. Your abstract has been accepted based on consensus of the review panel.

All accepted abstracts in the form of a poster will be displayed throughout the iSAMS conference and are eligible for consideration for poster awards, to be presented during the conference.

To receive a poster award the presenting author must be present at the conference to discuss their poster during the poster viewing sessions and to accept the award during the ceremony. Poster awards will be decided at the conference and presented on the final day of the conference.

To register for the conference, please visit the conference web site at: <http://www.sscim.uci.edu/ISAMS.htm>.

Thank you,

Denise Pooler  
Development Assistant  
Susan Samueli Center for Integrative Medicine

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## Study The Temperature Difference between Palm and Finger in Sjogren's syndrome –A pilot study

### Background.

The five center heat which is heat manifesting on the Yin surfaces of the body, such as the palms of hands, soles of feet and in the chest is one symptom of Yin deficiency syndrome. However, the five center heat is considered as a personal subjective feeling. The aim is an objective analysis by using an infrared thermometer to measure the difference of palm temperature and finger temperature.

### Method.

Thirty persons were assigned to two groups: Under room temperature 25°C, the experimental group contained 15 persons with SS (Sjogren's syndrome) measured the temperature of palm (Laogong, PC8) and finger (Zhongchong, PC9); the control group contained 15 persons excluded from the above diseases and measured the temperature of palm (Laogong, PC8) and finger (Zhongchong, PC9) under the same conditions. Besides, dry mouth, night sweating, palpitation, heat vexation, five center heat, dark yellow urine, dry stool, insomnia were assessed.

### Result.

There were significant differences on temperature difference between of palm (Laogong, PC8) and finger (Zhongchong, PC9) among the two groups. The temperature difference of higher than 3 degrees (3°C) has the tendency to identify Yin deficient constitution ( $P < 0.05$ ). There were significant differences on these symptoms of nightsweating, palpitation, heat vexation, five center heat considered as Yin deficient syndrome ( $P < 0.05$ ).

### Conclusion.

The results of this study indicated that the five center heat was strongly relating to Sjogren's syndrome. Through this study, comprehensive normative data of the temperature difference of higher than about 3°C was considered as the Yin deficient constitution. There may also be a potential role for the thermal examination and other TCM diagnostic assesses in identifying Yin-deficient patients.

IMACB 第5屆巴塞隆納國際醫學針灸大會



Chen, Wei-Ling	Electroacupuncture can improve Sudden Hearing Loss.
----------------	---

Subject: Oral presentation accepted

Abstract Title: Electroacupuncture can improve Sudden Hearing Loss

Chen, Wei-Ling

Dear colleague,

We are pleased to inform you that the abstract above indicated has been accepted by the Scientific Committee for ORAL presentation at the 5th International Medical Acupuncture Congress of Barcelona, to be held in the Official Medical College of Barcelona, on 5-6 November, 2011.

It will be presented in the Main Auditorium, during the free papers session scheduled on Saturday 5 in the evening. Soon, we will inform you about the exact time of your presentation.

We would like to inform that your speech should be done in English or Spanish, the official Meeting languages. There will be simultaneous translation into both languages.

Each speech is allotted 10 minutes for oral presentation (time for questions and discussion is included). In order to ensure that the Congress runs smoothly, we ask all oral speakers to keep strictly within these time constraints.

The lecture room will be equipped with a computer and a data projector (beamer) for PowerPoint presentations. The use of personal laptops will not be allowed. Presentations should be written using Microsoft PowerPoint (Macintosh files cannot be accepted). The PowerPoint

version installed in the lecture room's computers is Windows XP, PowerPoint 2007.

Bear in mind that if you are including a video into your PowerPoint presentation, you should save in the same folder the video file and the PowerPoint file and deliver to us a copy of this folder. If you only deliver us the PowerPoint presentation file, the part of the video will not be working.

PowerPoint presentations must be handed in USB Memory Stick or CD ROM at the "Secretariat Desk". It is essential for the Congress good running that presentations are handed in the "Secretariat Desk" on Saturday morning, or better if you can, on Friday evening.

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Name of the presenting author (that must be registered and have paid the registration):

If we do not receive this complete information within the deadline, September 28, we will understand that you are not interested in presenting your paper and will withdraw it.

Please do not hesitate to contact us if you have any question.

Yours sincerely,

Olga Núñez

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## Electroacupuncture can improve Sudden Hearing Loss

Sudden Hearing Loss (SHL) is an emergency in ENT practice. The major diagnostic criteria of SHL is that one suffered from hearing loss more than 30 dB of PTA over 3 Frequency within 3 days. The golden time of recovery is one month according to standard treatment. The nerve damage is not easy to recovery. Only one-third of cases of SHL can be cured; one-third of cases can be improved, but the rest one-third of are irreversible in Taiwan.

Acupuncture were used to treat SHL in Ancient China and got good outcome. The acupuncture helps many patients avoid fear of disability. If you can combine using electroacupuncture on special points with traditional treatment, the chance of recovery will increase. Acupuncture can improve the hearing ability of the patients continuously, even those suffered from SHL for many years.

There are two effective points 聽宮穴(Tinggong ) and 翳風穴( Yifeng ). 聽宮穴 is the cave in the front of Tragus. 翳風穴 is the cave in the back of earlobe. Patients need to open their mouths when you want to put needle inside. We use 1 or 1.5 inch needle to get through the points and give mild electrical stimulation at the same time. It will be more effective if the patients feel the sensation of soreness and fullness while receiving acupuncture. Why the electroacupuncture can work? Because these points are very close to cochlea and vestibula of the 8th cranial nerve. The electroacupuncture might promot the microcirculation of cochlea and vestibula. It can improve tinnitus, vertigo and hearing ability quickly. I strongly recommend you to try acupuncture treatment on your patients.

Key words: Electroacupuncture , Sudden Hearing Loss

Uen, Bin-shone

Effect of acupressure of nei guan on chest distress.

Subject: Oral presentation accepted

Abstract Title: EFFECT OF ACUPRESSURE OF NEI GUAN ON CHEST DISTRESS

Uen Bin-shone

Dear colleague,

We are pleased to inform you that the abstract above indicated has been accepted by the Scientific Committee for ORAL presentation at the 5th International Medical Acupuncture Congress of Barcelona, to be held in the Official Medical College of Barcelona, on 5-6 November, 2011.



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## The Effect of Acupressure of Nei Guan on Chest Tightness

### Abstract

Chest tightness is a very common complaint in practice. Acupressure of Nei Guan can substantially relieve chest tightness from the theory of Traditional Chinese medicine. One hundred visiting patients with chest tightness were recruited from our clinic. The patients were first taught the method of acupressure of Nei Guan and latter on practiced by themselves. The effect of improvement was evaluated on site by a physician. The patients' age, sex, major disease and method of acupressure were recorded and analyzed. The result shows 82 female and 28 male completed the evaluation. Sixty-six percent of the patients were in the middle age. The top 3 major diseases of the patients were cough, insomnia and cardiovascular disease. All the patients experience the relief of the chest tightness, especially on the left-hand side, by Acupressure of Nei Guan. Acupressure of Nei Guan is a very useful and effective way to health and heart maintenance and can greatly reduce the occurrence of chest tightness.

### Introduction

Nowadays, most people live in a stressful environment and have an uneasy life. The stress could induce chest tightness almost anytime and anywhere. Two months after major earth quack in Japan, the chest tightness incidences were greatly increased. Busy people have no time to visit doctor, besides, some people are afraid of medical treatments. Acupressure on Nei Guan can substantially relieve chest tightness from our clinical experiences<sup>0</sup>. This study is to evaluate the efficacy of the acupressure of Nei Guan.

### Materials and Method

#### 1. Study Subject

All patients who came to MinHuei Chinese Medical Clinic, in spite of age and disease, as long as he or she mentioned chest tightness, were taught how to acupressure on Nei Guan, then the result was observed and recorded.

## 2. Method

- (1) Acupressure on Nei Guan with thumb. The pressure was applied at the extent that the patient felled a little sour and numb.
- (2) Acupressure on Nei Guan, plus deep breath.
- (3) Acupressure on Nei Guan, plus deep breath, plus turning the wrist.
- (4) If the patient who was treated as above didn't relieve chest tightness, his or her Pericardium Meridian was stirred from Nei Guan to Chi Zer (see Video 2)
- (5) The patient who was treated as above didn't relieve chest distress, his or her. Pectorals major were pinched. (See Video 3)

## 3. Conclusion

- (1) Acupressure on Nei Guan could relieve the chest distress.
- (2) Acupressure on left Nei Guan could get better result than on right Nei Guan.
- (3) For those who were not respond to acupressure on Nei Guan could relieve chest distress by stirring Pericardium Meridian. It also could improve the respiration.
- (4) For those who were not respond to acupressure on Nei Guan could relieve chest distress by stirring Pericardium Meridian. It also could improve the soreness of neck, shoulders and arms.

Pan, Tien-Chien	Evaluation of efficacy of laser acupuncture in children and adolescents with Asthma.
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主旨：

5th International Medical Acupuncture Congress of Barcelona-ABSTRACT  
RECEIVED

## ACKNOWLEDGEMENT OF RECEIPT

Abstract ID: 26

Preferred type of presentation: Oral

We acknowledge receipt of the below abstract submitted to the 5th International Medical Acupuncture Congress of Barcelona, due to be held in the Official Medical College of Barcelona, on 5-6 November 2011.

## EVALUATION OF EFFICACY OF LASER ACUPUNCTURE IN CHILDREN AND ADOLESCENTS WITH ASTHMA

Authors: Tien-Chien Pan, Tai-Xiang Huang, Ko-Huang Lue, Jhih-Rong Jian, Chuang-Chien Chiu

This will be evaluated by the Scientific Committee and you will be notified by e-mail of acceptance / rejection and presentation format (oral or poster)

on September 19, 2011.

If you have any request, do not hesitate to contact us.

Sincerely,

Olga  
Núñez

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## EVALUATION OF EFFICACY OF LASER ACUPUNCTURE IN CHILDREN AND ADOLESCENTS WITH ASTHMA

**Introduction:** Asthma is a debilitating respiratory disease and a major public health problem in the world. Acupuncture has been used in the treatment of airway diseases, including bronchial asthma, for several centuries. Therefore, meta-analyses found only poor evidence for efficacy of acupuncture in the treatment of bronchial asthma. Laser acupuncture, a painless technique, is commonly practiced in the treatment of pediatric patients.

**Objectives:** We want to assess the efficacy and safety of laser acupuncture in children and adolescents with intermittent to persistent-mild asthma.

**Methodology:** Five patients who satisfied all the inclusion and exclusion criteria received 12 treatments of laser acupuncture once weekly. Patients was followed for 4 weeks to see if there is any rebound in asthma symptoms. The points chosen for laser acupuncture weekly consisted of Chize (Lu-5), Lieque (Lu-7), Taixi (KI-3), Zusanli (ST-36). The efficacy endpoint will be the asthma control test (ACT) and Methacholine challenge test.

**Results:** The score of asthma control test were significantly reduced from 17.8 to 20.2 ( $p < 0.05$ ). Methacholine challenge test were significantly increased tolerance from 3.02 mg to 6.04 mg ( $p < 0.05$ ).

**Conclusion:** We observed better results of asthma control test and Methacholine challenge test. Thus, laser acupuncture may be an effective treatment for intermittent to persistent-mild asthma.

# 第四屆歐洲整合醫學會議ECIM 德國·柏林 2011/10/7-8

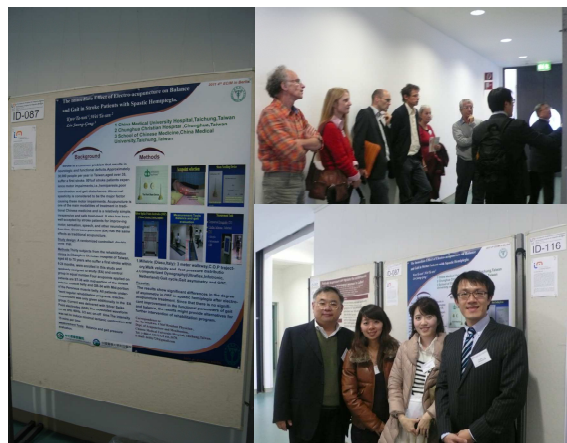


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## 大維學長的海報



## MY ORAL PRESENTATION



我的救命恩人--香港浸會大學卞教授

## 台灣代表隊於會場門口合照



## 參觀雷射針灸公司 R & J MEDICAL LASER TECHNOLOGY



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英國倫敦市  
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2011

2011年9月2-3日，星期五、星期六  
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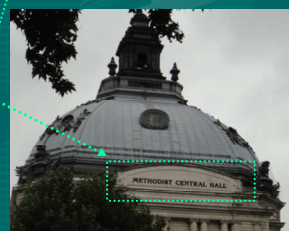
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### 宗脉循行在外感咳嗽之应用

李分壬<sup>1</sup> 溫煥春<sup>2</sup>

**真阴** 是指接近或宗脉的游行方向将外邪由体内逐出的应用概念。根据《难经》及张仲景所论：宗脉的游行是正常生理活动下全身气血运行的路线，同时也是病邪侵入的管道。风为六淫之首，百病之长，外感诸病多往往先受风邪，所以风邪气化的游行途径，常为病邪侵入的通道，故风邪侵入人体后将导致诸病发生，外感诸病亦往往因风邪而起。风邪侵入人体，并掌握于郁蔽及由风引邪出的病理，方药以祛风方（如四逆散）周旋潜行于宗脉，使风邪乘虚而解，引邪外出疏解，合以降内蕴实热，发散行经外邪之方（如麻黄甘石汤），闭邪甚者则先服半麻半石膏量闭解，行效如桴鼓。

**关键词** 宗脉; 外感; 伤寒论

### The application of the Central Meridian on Cough of external contraction

Grace Fen-jen Lee<sup>1</sup> Uen Bin Zone<sup>2</sup>

(1 D.TCM, Lai Pen-fei Chinese Medical Clinic, Changhua, Taiwan; 2 D.TCM, MinHuei Chinese Medical Clinic, Taichung, Taiwan)

**Abstract** The aim of this study is to demonstrate the application of the Central Meridian using two types of cough. Wind is the head of its excesses and the leader of various diseases. It could induce many kinds of illnesses if it's not been handled properly. Supporting upward invasion of pathogenic wind transforms into heat or cold evolving form, it usually will cause severe cough. Therefore, the management of the external contraction in the initial stage is very important. According to the edification of Nan Jing and Zhang Zhong-jing, the Central Meridian is the pathway of QI and blood circulated in body and it also the intrusive way of external pathogen which can be used to expel external pathogen from the human body in practice. The decision rules on Shang Han Lun that illustrates specific herb will move to specific part of human body. We may use such herb to beat stagnation and expel the pathogen out of the body through Central Meridian. Remedial medicine involves the

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## 與會代表820人大合照



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