

(梁銘強醫生主講)

中國食療概念和常用食用草藥抗癌例子

梁醫生以全班最優異成績 (most outstanding graduate of the year) 畢業於香港大學醫學院。在習西醫期間已對中藥針灸有所認識。畢業後受聘為港大醫學院講師。其後得英聯邦醫科獎學金，往英國深造。期間正是美國尼克遜總統訪華後帶起全球針灸中藥熱，所以在英國已教授其他外國醫生中藥針灸學。移民加拿大十多年，領有香港、英國、加拿大西醫執照，也是加拿大中醫藥針灸學會會員、英國針灸學會會員，並曾在廣東中山醫學院腫瘤醫院中西合診部深造為高等研究員。1999年11月接受了士嘉堡恩澤醫院 (Scarborough Hospital, General Division) 華人外展委員會資助成立了全加拿大第一個華人癌症病人及親屬互助小組，幫助病人和親屬以傳統中醫醫術和食療，配合西醫手術、電療化療方法，和互助小組討論方式，幫助病者及親人減少癌病帶來的痛苦和不便。

An INTEGRATIVE APPROACH

to TCM and ONCOLOGY

DR. KEVIN LEUNG

TCM could help cancer patients in the following manners:

- 1. To potentiate Western treatment technique**
- 2. To decrease side effects of Western treatment**
- 3. To strengthen the physical and mental health of the patient**

There are five major ways that TCM could achieve the above goals :

1. To “clear away heat and toxic substances” 清熱解毒

e.g. Dandelion, Lonicera Japonica, Herba Houttuyniae

蒲公英 金銀花 魚腥草

2. To “ promote blood circulation and remove stasis” 活血化瘀

(needs to be used with other anti-cancer agents,

otherwise it could promote metastasis;

could also help potentiate the effect of chemotherapy

and radiotherapy)

e.g. Radix Notoginseng, Heavenly Tree

田七 喜樹

3. To “build up the body’s defence mechanism” to fight

cancer (by herbs, acupuncture, or qigong) 扶正培本

a. “benefiting qi and strengthening the spleen” – 益氣健脾

Astragalus, milk-vetch, Poria Cioca, Astractylodes

北芪 黨參 茯苓 白朮

b. “nourishing yin and resplenishing blood” – 滋陰補血

Angelicas, Foti, Colla Corii Asini, Paeonia

當歸 熟地 阿膠 白芍

c. “protecting yin and increasing saliva” – Rhizoma 養陰生津

Polygonati Odorati, Radix Asparagi

玉竹 天冬

d. “warming the kidney and strengthening yang”: 溫腎壯陽

Radix Morindae, Fructus Psoraleae

巴戟 破故子

4. To “soften hard masses and disperse the lumps”

(cell division of cancerous lump stopped in
experimental studies) 化痰软坚散结

e.g. Thallus Laminariae Japonica, Thallus

昆布

Sargassum, Concha Cylinae

海藻 海蛤壳

5. To “use poison against poison” 以毒攻毒

(for cautious use)

e.g. Scorpion, Scolopendra

全蝎 蜈蚣.

In Western terms, our defence mechanism could be strengthened by -

a. improving the immune system e.g. Reishii

mushroom 靈芝 (云芝)

b. strengthening hormonal function e.g. Licorice, 甘草
Ginseng, Rhizoma Curculiginis

人參 仙茅

c. strengthening the haemopoietic system: e.g, Cernu

Cervi Pantotrichum, Fructus Ligustri Lucidi, Caulis Spatholobi
鹿茸 女貞子
雞血藤

Examples of herbal formulations for cancer patients

1. Four Rulers' Decoction 四君子

Radix Codonopsis, Atractylodis, Poria Cocos,

Licorice

2. Six Mild Drugs with Aucklandiae and Amomi 香砂大君子

Decoction (from Dictionary of Chinese Medicine)

Four Rulers plus Citri Reticulatae, Pinelliae, Radix

Aucklandiae, Fructus Amomi, Zingiberis Recens

木香

陳皮

半夏

砂仁

生薑

3. Combined Western and Chinese Medicine

Formulation

食療歷史和癌症食療簡介

自古有云「醫食同源，藥食同宗」，中國傳統醫學，對飲食非常注重。

〈山海經〉載「神農嘗百草之滋味，水泉之甘苦，令民知所避就」。西周時代〈周禮〉已有“食醫”的分科，並把“食醫”列為“四醫”之首一食醫、疾醫、瘍醫和獸醫，專為帝王配膳。〈黃帝內經〉可有「五穀，五味養其病」之說，〈靈樞經〉記「穀氣有五味，其入五臟」，後代跟著有很多巨著如〈食經〉、〈千金食治〉、〈食療本草〉等。可見食療在中國文化中佔有很重要的地位。

俗說「凡病三分治，七分養」，「藥補不如食補」。唐代名醫孫思邈云「凡是治病，應先食療，如食療不癒，然後命藥」。對治癌症而言，西醫使用手術、電療、化療，有一定的成就，但不是每個病人都可以接受得到，所以傳統中國人的家庭，便往往向中醫求助。可惜加拿大對中醫沒有管制，各中醫的醫術醫德參差不齊，往往令病人和家屬不知何去何從。

以下為大家一起分享一些簡單的中醫理論和食療方法，希望在座有中醫界前輩多多指點。

食療例一

- | | |
|--|---------|
| 1. 昆布 (Laminariae sar Eckloniae) | 10 gram |
| 2. 海藻 (Sargassum) | 10 gram |
| 3. 猴頭菇 (Sporophore of Hericum erinaseus) | 30 gram |
| 4. 黃芪 (Astralagus) | 10 gram |
| 5. 雞血藤 (Caulis Spatholohi) | 30 gram |
| 6. 黨參 (Codonopsis) | 30 gram |
| 7. 大棗 (Fructus Ziziphi Jujubae) | 30 gram |
| 8. 銀耳 (Tremella fuciformis) | 10 gram |
| 9. 冬虫草 (Cordyceps) | 10 gram |
| 10. 菟絲子 (Cuscuta chinensis) | 10 gram |

以上10種草藥可作湯療用。以2公升水，煲至1公升左右，可以分4次用完，並可加瘦肉半磅一起煮食。

昆布、海藻 有化痰軟堅之效，對甲狀腺和乳癌功效最佳。

猴頭菇 益氣健脾養胃，能抑制腫瘤細胞的生長。

黃芪 補氣健脾，利水清腫，生津止渴，益氣活血。能增加血液中白血細胞的數量，促進淋巴細胞功能。擴張冠狀動脈和全身毛細血管血液流通。

雞血藤 舒筋活絡，補血行血。能減輕放射電療和化療所致的白細胞減少症。

黨參 補氣益肺，生津養血。可促進吞噬細胞的吞噬功能，增加小鼠對高溫、低溫、缺氧、和放射電療的耐受。

大棗 補益脾胃，護肝降壓，養血安神。可改善過敏性紫癍和哮喘等病，並有平解藥毒的功能。

銀耳
(白木耳) 滋陰潤肺，益氣和血。可防治高血壓，血管硬化，白細胞減少症和癌症等。

冬虫草 補腎益精，納氣平喘。並可抗炎鎮靜，增加耐缺氧能力，治理心率不正，又能提高身體免疫功能，對抗癌細胞的生長。

菟絲子 有提高身體免疫功能和誘生干擾素的作用。宋代〈日華子本草〉介紹該品可「補五勞七傷，治鬼交泄精，尿血，潤心肺」，久服明目輕身延年。



M.D., F.R.C.P.(C), F.C.C.P., F.A.C.P.



ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF TORONTO

THE TORONTO HOSPITAL, DIVISION OF RESPIROLOGY

December 20, 1995

Dr. Kevin Leung
204B-4040 Finch Avenue East
Scarborough, Ontario
M1S 4V5

Dear Kevin:

RE:

I saw Mr. Cheung again after a period of two months. His breathing has been fine. He has developed a little bit more asides but his weight has been stable. I gather his latest problem is that of a high potassium level but that is probably related to Aldactone.

He has not developed any cough and the breathing, even lying down, doesn't seem as bad.

On assessment he still has clinical evidence of some effusion in the high diaphragm on the right side but otherwise the breath sounds are quite clear. His chest x-ray continues to show the multiple nodules but they do not appear to have increased in size significantly and effusion certainly has not worsened.

In light of the situation being stable I don't see a need to do anything drastic such as drainage or sclerosing therapy. I will see him again in about three months. I told him if his breathing worsens he should contact me.

I should mention that his blood gases show that his PO₂ was 80 breathing room air back in October.

Best regards.

Sincerely,

CKC:mlc/Dictated but not read

[REDACTED]
Scar. Ont.
M1W 2K5

June 12, 1995

TO: THE CHINESE MEDICINE AND ACUPUNCTURE ASSOCIATION OF CANADA

I am a medical technologist now working in Scarborough Grace Hospital. I used to do medical research for the Professor of Pathology at the Chinese University in Hong Kong before coming to Canada.

Dr. Leung was introduced to me by some lecturers at the University of Hong Kong Medical School. In May 1990, I had a bleeding ulcer and should have had hospitalization and blood transfusion. I refused both because I had to attend important job interviews. Dr. Leung treated me with the most modern methods (which became standard treatments only in the last two years). He also gave me advice based on Chinese medicine and my ulcer was cured. In fact, I recovered so fast that I did not need hospitalization or a blood transfusion.

In February 1994, I was diagnosed to be suffering from advanced nasopharyngeal cancer with a cancer mass of 3 cm inside the nose. I suffered a lot from the side effect of radiotherapy. I requested Dr. Leung to give me alternate treatment. Dr. Leung visited me in my house and gave me acupuncture and Chinese herbal medications. He knew I had financial difficulties and gave all the treatments free. I recovered much faster than the other cancer patients I met in the hospital. When examined by specialists in June 1995, I was free from any cancer. I am still taking Chinese herbs, prescribed by Dr. Leung. I would recommend Dr. Leung to become a member of the Chinese Medicine and Acupuncture Association of Canada without hesitation.

Yours truly,

致癌症病者及其親友的信

親愛的癌症患者：

你們好！因為我在臨床上看到很多“毫無希望”的患者，他(她)們有旺盛堅強的求生意志，又堅持接受中西醫結合治療，得到了意外的緩解，甚至治癒。病人的積極態度和求生意志，成了存活的關鍵因素。所以，我們必須通過各種方法，消除恐懼、焦慮、喪失自信感、抑鬱、孤僻、失望等精神心理因素。

我也看到許多腫瘤患者，不是死於腫瘤本身，而是由於蛋白質和熱量的攝入不足，造成營養不良、體重減輕、體力不足、活動困難，甚至臥床不起、抵抗力下降，逐漸處於極度虛弱和衰竭的狀況。因此，保持良好的營養，對腫瘤病人是一個特別主要的問題（但要注意攝取何種營養及禁忌）。

腫瘤病人必須要獲得充份的夜間休息，不要在睡眠時去想各種煩惱的事情。

平時，要進行積極的康復鍛鍊，維持良好的體質狀態，產生一種健康的感覺，能幫助樹立信心，又可避免過度勞累，使身體不斷好轉。

癌症不是“不治之症”，“窮途非末路，絕處可逢生”，只要方法正確，好轉、康復的機會是很大的，千萬要努力爭取！

祝

早日康復！

Rehabilitation for patients with advanced cancer

Martin Chasen MBChB MPhil(Pall Med), Ravi Bhargava MD, Neil MacDonald CM MD

Physicians embrace the concept of rehabilitation, but may think of it only as it relates to restoring function through exercise. We use a broader definition that applies to patients with advanced cancer. Cancer rehabilitation is a process that assists a person with a cancer diagnosis to obtain optimal physical, social, psychological and vocational functioning within the limits created by the disease and its treatment.¹

This article describes the rationale for combining exercise, nutritional counselling and symptom control in articulated programs for patients with advanced cancer and their families. We present results of prospective single-institution studies (Box 1) and discuss the role of these studies in cancer research and treatment. Initially, all research reports were included, regardless of study design. Many either describe outcomes for single-modality programs or are descriptive accounts of issues faced by patients and their families. Some reports discuss the need for multimodal therapy or recommendations, or both, but do not include outcome data.²⁻⁴ We identified one randomized and five nonrandomized trials that studied the outcomes of a combined exercise, nutritional counselling and symptom-control program.

Why is rehabilitation for patients with advanced cancer important?

Patients with advanced cancer and their families highly value control of symptoms, maintenance of function and nutrition, and improvement in quality of life, as do physicians.⁵⁻⁷ Yet, although drug protocols for cancer are clearly outlined, formal programs addressing symptoms and function are not common. To achieve these goals, a multimodal approach that includes the full spectrum of rehabilitation from the onset of advanced cancer is essential.^{2,8}

There is clear evidence that certain dietary patterns, exercise and a healthy psychosocial status influence cancer incidence and early progression.⁹⁻¹⁴ "Survivorship" programs that embrace

these entities are well accepted.¹⁵ However, few centres provide comprehensive care models that include patients with advanced cancer.

What are the components of an effective rehabilitation program?

Exercise

Physiologic changes associated with exercise provide a rationale for its use throughout the progression of cancer, both to alleviate symptoms and possibly to prolong life.¹⁶⁻¹⁸ These include a reduction in the chronic inflammatory state associated with a poor prognosis, a reduction in insulin-like growth factor and insulin resistance, a reduction in muscle proteolysis and an improvement in muscle synthesis, thus reducing cancer cachexia.¹⁶

Few studies on the benefits of exercise in patients with advanced cancer have been pub-

Competing interests: None declared.

This article has been peer reviewed.

Correspondence to: Martin Chasen, mchasen@bruyere.org

CMAJ 2014; DOI:10.1503/cmaj.131402

Box 1: Evidence for this review

We searched PubMed, CancerLit, The Cochrane Collaboration, the library catalogues of Bruyère Continuing Care and The Ottawa Hospital Library, the grey literature and CINAHL (Cumulative Index to Nursing and Allied Health Literature) from 2008 to 2013. Search terms included the following: "advanced cancer," "stage III cancer," "stage IV cancer," "incurable cancer or late stage cancer," "rehabilitation," "multidisciplinary, interdisciplinary or interprofessional," "nutrition or diet," "cachexia or anorexia or loss of appetite," "weight loss or loss of weight," "psychosocial aspects," "physical aspect," "physiotherapy," "physical therapy" and "exercise or occupational therapy." Articles were screened for relevance using a PICO (population, intervention, context, outcome) framework (population: all adult patients with stage III and IV cancer; intervention: rehabilitation delivered by the following professionals: medical oncologists/palliative care physicians, dietitians, physiotherapists, occupational therapists, nurses, psychologists and social workers; context: hospital, hospice, cancer centre and palliative care unit).

KEY POINTS

- Palliative care programs should be expanded to include formal exercise and nutrition components.
- From diagnosis, patients with advanced cancer should have access to palliative care.
- Further research is needed to determine whether rehabilitation will improve survival in patients with advanced cancer.



愛心能治病
信主可活人

梁銘強

香港大學內外全科醫學士
加拿大醫學執照
安大略西醫學會執照
安省中醫師及針灸師執照
蘇格蘭公共衛生學文憑