



How to develop evidence-based practice in Chinese medicine?

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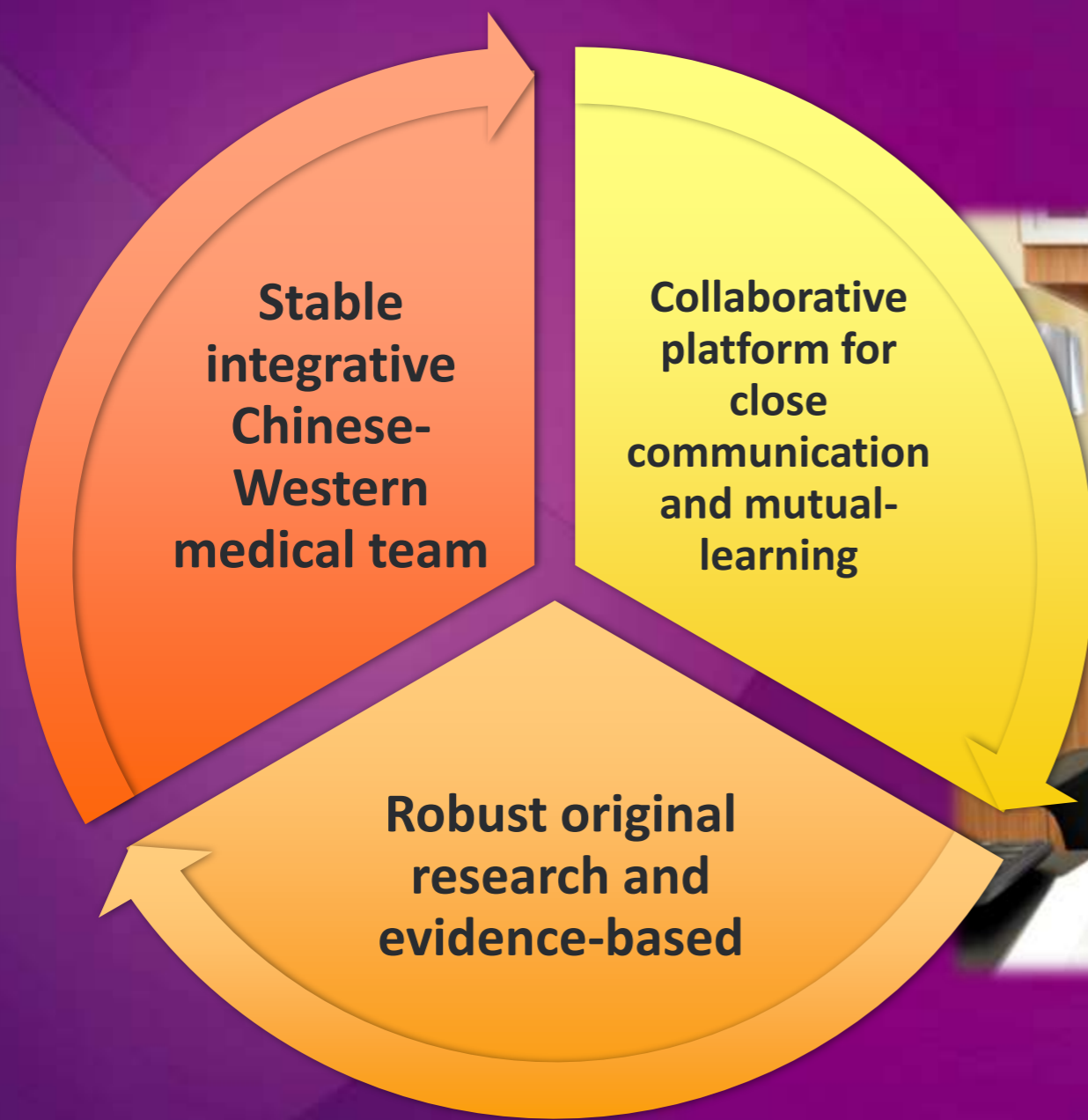
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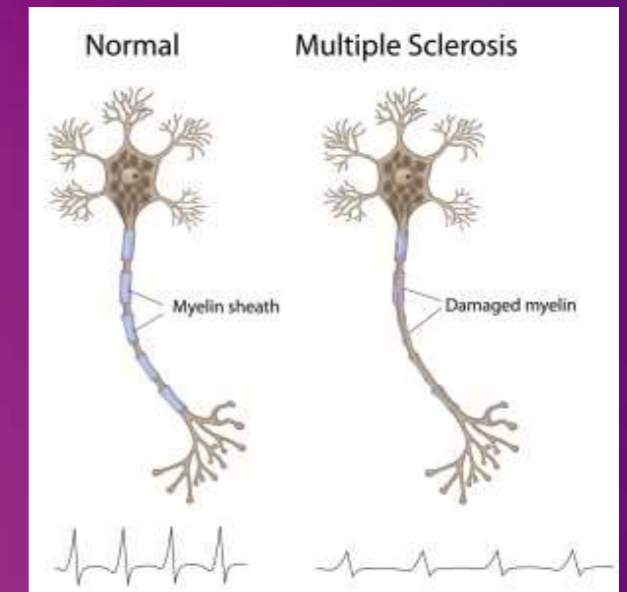
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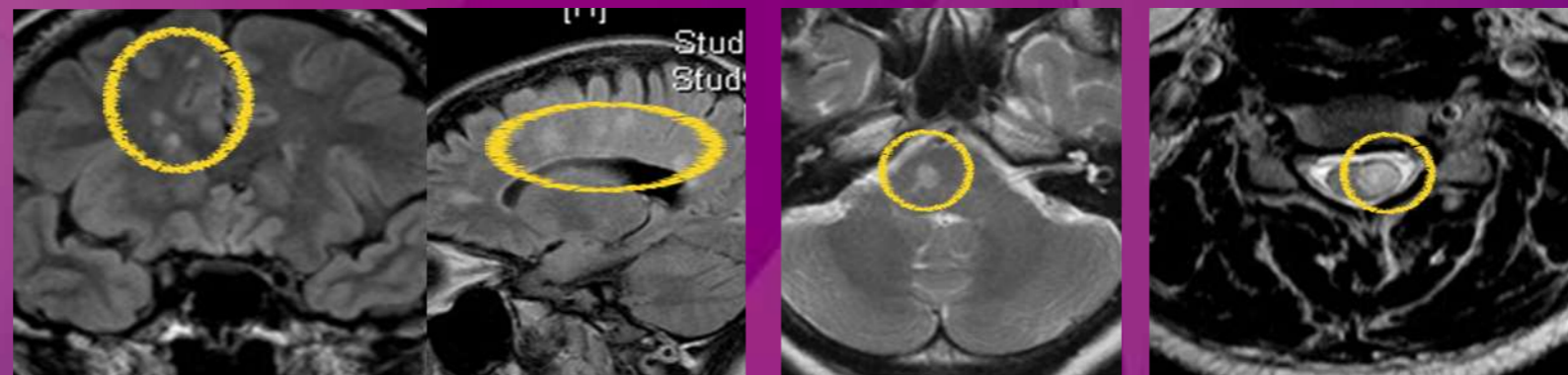
Multiple Sclerosis (MS)

- Chronic recurrent neurological disease of immune origin
- Demyelination and sclerosis of nerves
- Impaired neural transmission



Brainstem

Dysphagia
Dysarthria
Facial palsy



Brain

Cerebellum and brainstem

Spinal cord

Brain

Impaired mobility
Cognitive
impairment
Mood disorder

Cerebellum

Ataxia and limb
incoordination

Optic nerve

Blurred vision

Spinal cord

Urinary
frequency and
constipation

Clinical features and updated epidemiology data of multiple sclerosis and neuromyelitis optica from the Hong Kong Multiple Sclerosis Registry

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Rising incidence of MS in HK

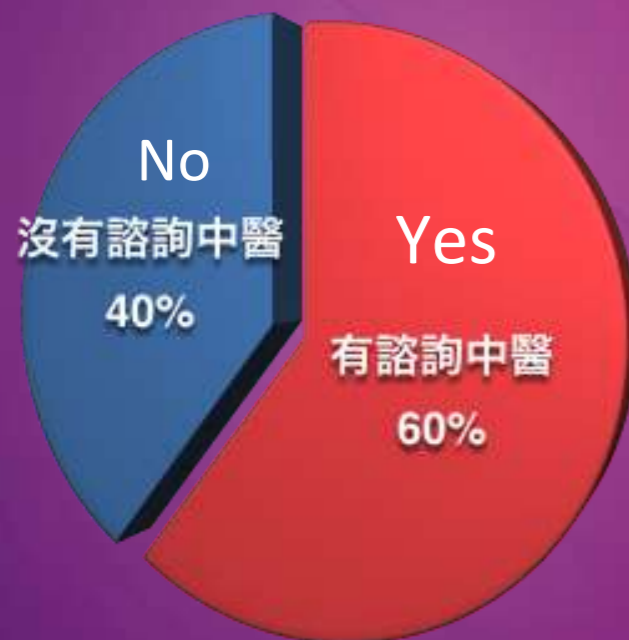


Yu et al. *Brain* 1998; 112: 1445-67
Lau et al. *HKMJ* 2002; 6: 221-3
Lau et al. *J Neurol Sci.* 2008;15: 78-82
Lau et al. *Mult Scler.* 2015;21: 108-9

60% of MS patients consult CM practitioners

- 43 MS patient interviewed by CU Medicine from 12/ 2015 to 1/2016

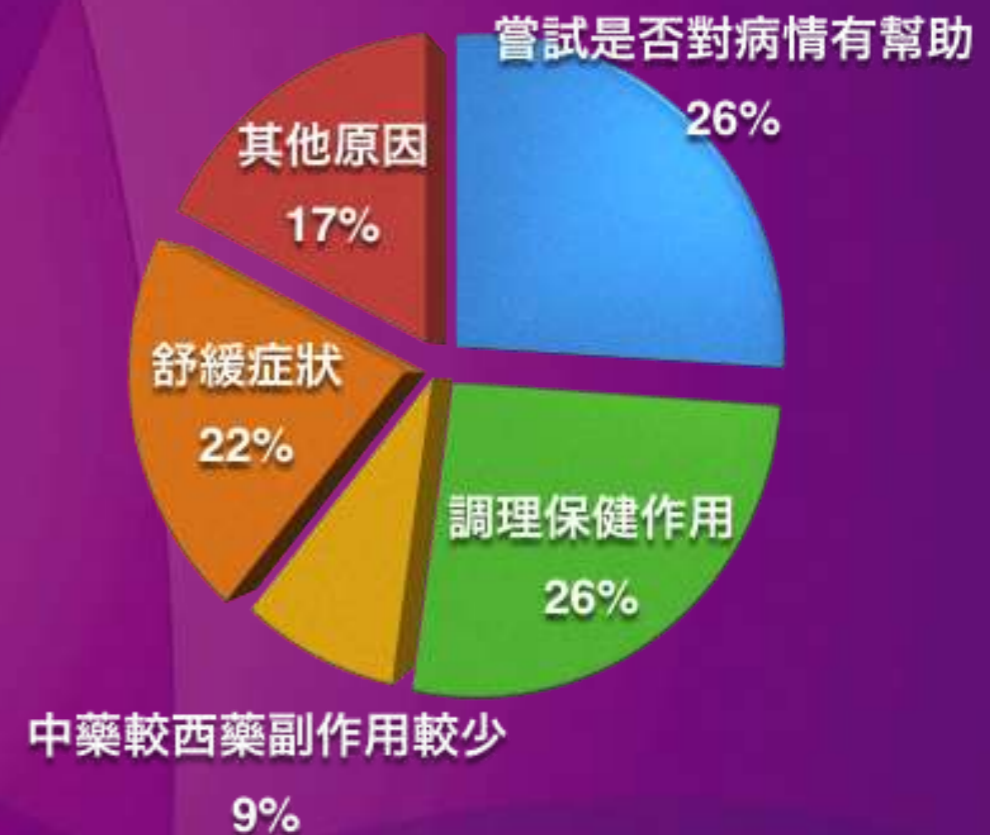
Have you consulted
CMP for MS?



Have you taken Chinese
medicine for MS?



Reasons for CM
consultation





- >80% of patients have sensation of weakness and exhaustion
- 40-60% of patients have cognitive impairment
- 22% of patients have (HK-MOCA) score of ≤ 23 (performance of aged 65-69)

Do we have enough supportive evidence
for the use of Chinese medicine in MS?

Clinical data support the effectiveness of Chinese herbal medicine in the treatment of MS

- In a cohort of 138 MS patients, there is significant clinical improvement in 1 year after 3-6 weeks of conventional Western medicine combined with CM that helps strengthen the spleen and kidneys

Index	Mean score	95% Confidence Interval	
Disability index	-0.88	-1.26 to -0.50	 Disability
Clinical relapse	-0.34	-0.52 to -0.16	 Relapse

Clinical data support the effectiveness of acupuncture for fatigue in the treatment of MS

- In a cohort of 20 amantadine non-responders who received acupuncture treatment, there is significant improvement in fatigue symptoms

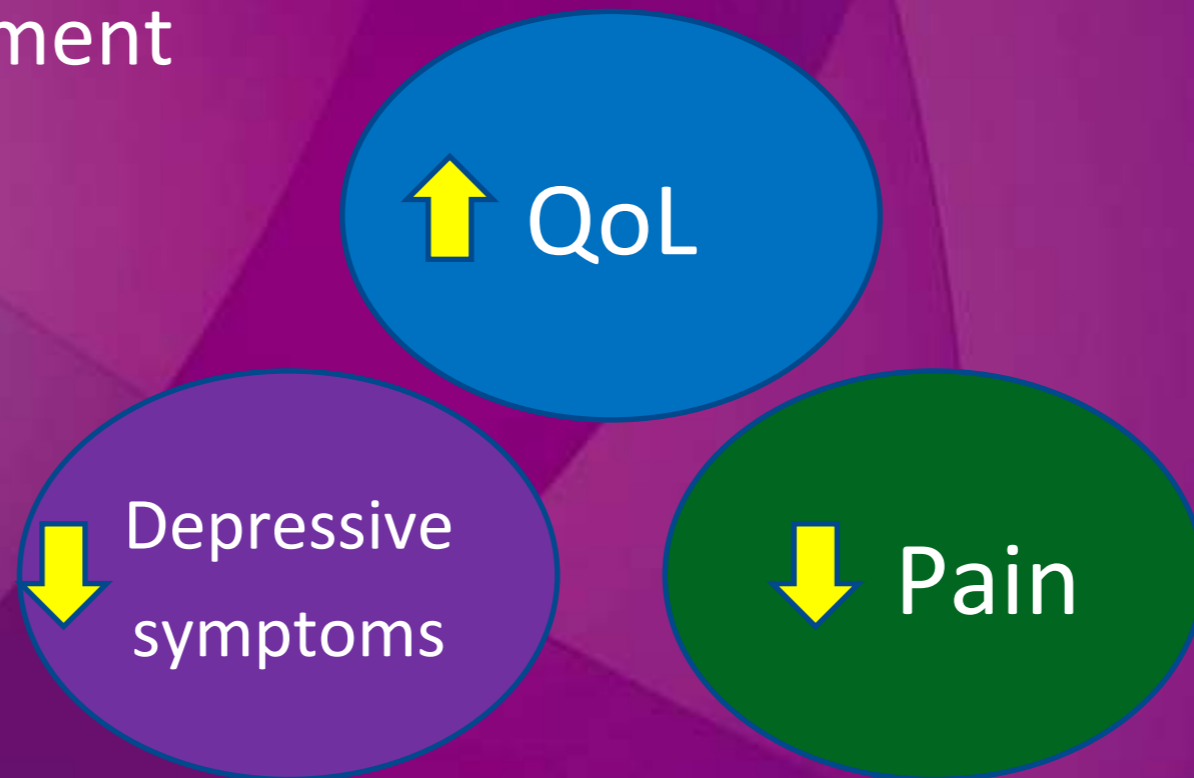
Fatigue score
(pre-acupuncture)
 49.1 ± 8.9



Fatigue score
(Post-acupuncture)
 35.1 ± 9.9

Clinical data support the effectiveness of acupuncture for pain, depression and quality of life

- In a randomized controlled trial of 31 interferon-treated patients with Relapsing-Remitting MS who received acupuncture treatment



- BMC Complementary and Alternative Medicine 2012 12:209

Do we have enough supportive mechanistic basis from Chinese medicine for the treatment of MS?

Multiple sclerosis: Chinese medicine perspective



Fatigue and lack of energy - **Deficiency**

疲倦、精神差為主症 - 「虛損」

Limb numbness and pain - **Arthralgia**

手足麻痺或疼痛為主症 - 「痺證」

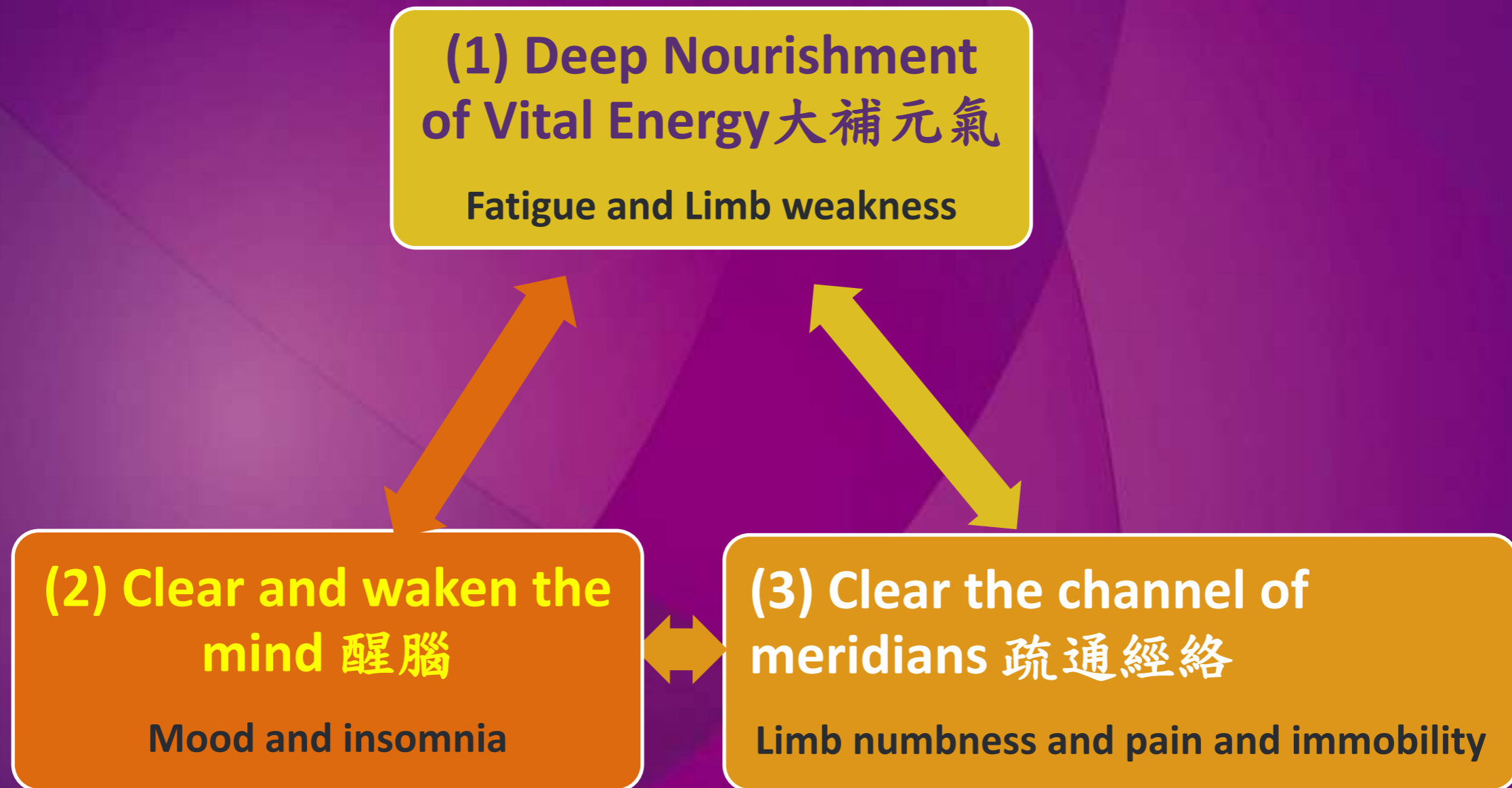
• Limb weakness and paralysis – **Flaccid paralysis**

• 肢體乏力，甚至癱瘓為主症 - 「痿證」

Clinical approach of Chinese medicine for MS

	Syndrome	Treatment approach
Early acute phase	Kidney Yin Deficiency 腎陰虛症狀 Limb weakness, dizziness and insomnia	Supplement Kidney Yin Reduce heat and extinguish internal fire 「養腎陰、清熱降火」
Chronic remitting phase	Qi Deficiency 氣虛症狀 Fatigue, lack of energy	Deep nourishment of vital energy 「大補元氣」
Chronic relapsing phase	Kidney Yang Deficiency 腎陽虛症狀 Lower limb weakness and coldness or paralysis	Supplement Kidney Yang Nourish brain essence 「補腎陽、益腦髓」

Treatment strategies of Chinese medicine for MS



- Chinese herbal medicine supplemented by acupuncture
- Chinese medicine for tonic purpose for those who have severe deficiencies

How to treat MS with integrative Chinese-Western medicine?

Possible integrative healthcare model

- Multidisciplinary team approach
- Joint consultation
- Bi-directional referral

Multi-disciplinary Team



Pilot integrative treatment programme for MS

8-week integrative treatment

- Joint consultation and diagnosis
- Imaging and investigation
- Assessment: Fatigue (MFIS)
QoL(SF-36)
Cognitive function

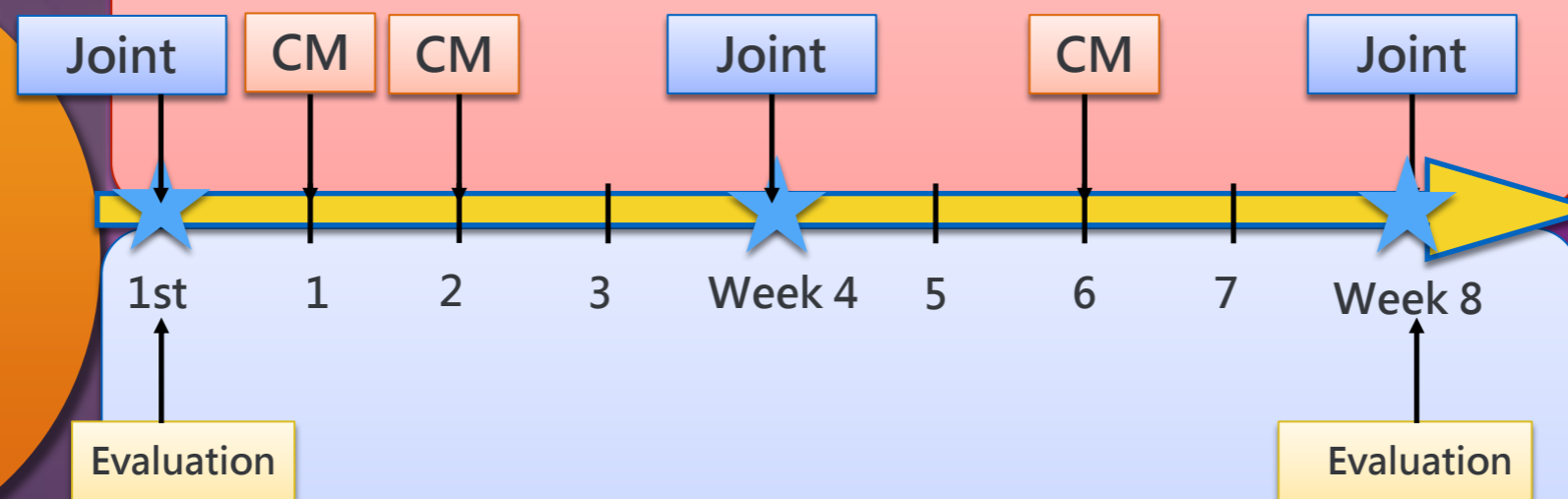


Recruitment

- Aged 18 or above
- MS related disease
- HK Resident

Follow Up

Joint consultations,
safety monitoring
and blood tests



- Daily Chinese herbal treatment with individualized titration by CMP ± Twice-weekly Acupuncture
- Safety monitoring and follow-up by nurses with blood test monitoring

2016年1月26日 星期二 www.metro.hk metro

醫 for Event 22

西醫搭針灸 治多發性硬化症



據中大資料顯示，多發性硬化症的患病率在2008年至2015年間，由每十萬人中有4.8人急劇升中有6.8人急劇。估計香港已有500人確診為多發性硬化症患者。有見及此，中大醫學院中西醫結合醫學研究所，提出首個針對「多發性硬化症」的中西醫結合治療先導計劃，同時接受中藥及針灸治療，幫助患者控制病情。



多發性硬化症為最常見的中樞神經系統疾病。患者會出現視力模糊、肢體無力、情緒障礙等病徵。多發性硬化症在發病初期，病徵大多會於每次發病後緩解，若不及早診治，嚴重病徵會使患者出現不同程度的殘障。

現時，一些新式的口服藥物和靜脈注射式生物製劑，有效降低復發率（50%）。不過，有逾八成患者於用藥後仍感到疲勞，四至六成患者仍感到認知能力受影響，嚴重者更未能自行下階行走，自理能力也大受阻礙。

有見本港多發性硬化症的治疗主要以西藥為主，中大醫學院中西醫結合醫學研究所與香港中醫藥管理委員會合作，自2014年8月起開始，為合病患者進行中西醫並軌治療。

中大醫學院中西醫結合醫學研究所為東亞區同業領袖，表示：「多發性硬化症的病灶在腦部，中醫指腦髓為腎所化生，此病多屬腎虛之證——針灸能具醒腦及疏通經絡作用，能為患者改善睡眠、疲勞、四肢乏力等問題。」

中大醫學院中西醫結合醫學研究所與香港中醫藥管理委員會合作，自2014年8月起開始，為合病患者進行中西醫並軌治療。

多發性硬化症資料庫的最新數據顯示

28 (13-51)	首次受影響的中樞神經系統區域 (百分比)	
78%	大腦	44
	視神經	19
	腦幹及小腦	15
1.8 (0.2-31.1)	脊髓	22

中大醫學院中西醫結合醫學研究所與香港中醫藥管理委員會合作，自2014年8月起開始，為合病患者進行中西醫並軌治療。

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病人「行得耐咗順咗」

中西合璧療法治多發性硬化症

視力模糊、肢體無力、記憶力減退和排尿障礙等，都是患上多發性硬化症的病徵，此症為最常見的中樞神經系統疾病，一般以西藥治療為主，香港中文大學醫學院結合西藥、中藥和針灸治療，有病人這種中西合璧療法後，病情改善。



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中大推全港首個「多發性硬化症」中西醫結合治療先導計劃

CUHK Launches HK's First Pilot Integrated Traditional Chinese and Western Medicine Programme in Multiple Sclerosis

Integrative Medicine: CUHK Model

- High-quality original research
- Robust Chinese medicine theoretical basis
- Stable multi-disciplinary specialist team with close communication
- Collaborative platform
- Treatment protocol jointly established by both Western and Chinese doctors