



Analysis of Chinese Traditional Medicine Treatment of Epilepsy

中医药治疗癫痫现状分析

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I. BACKGROUND

一、背景



Chinese traditional medicine treatment of epilepsy has been playing a role in clinical practice. It has acquired results in the prevention of attacks, improving efficacy, reducing side effects of antiepileptic medicine but there are still some issues to be resolved.

中医药治疗癫痫一直在临床发挥着作用，并在预防发作，提高疗效，减少抗癫痫西药的毒副作用等方面都取得了成果，但存在一些问题尚待解决。





I. Overview of traditional Chinese medicine treatment of epilepsy



一、中医药治疗癫痫概况

➤ Epilepsy commonly called as “yangxianfeng” and “Fetal diseases” belongs to the category of “disorder of head” in 《Yellow Emperor's Canon of Medicine》 and called as “epilepsy” in 《Thousand Golden Essential Prescriptions》.

➤ 癫痫俗称“羊痫风”，《内经》称“胎病”，属“巅疾”范畴，《千金要方》称为“癫痫”。





➤ **Epilepsy is one of paroxysmal and abnormal consciousness disease that mainly manifested as: suddenly falling on the ground, unconsciousness, staring upwards, tonic convulsion, spitting saliva, strange shouting, even urinary and fecal incontinence, regaining consciousness some time later, and all as usual after waking besides fatigue weakness.**

➤ **癲癇是以突然意识丧失，甚则仆倒，不省人事，两目上视，强直抽搐，口吐涎沫，或口中怪叫，甚则二便失禁，移时苏醒，除疲乏无力之外，一如常人为临床特征的一种反复发作性的神志异常疾病。**



Characteristics of Traditional Chinese Medicine treatment of epilepsy



中医论治癫痫特点

- 1.The discussion in Han Dynasty and before;
- 1.汉代及之前时代有相关论述和单方、复方；
- 2.The Sui ,Tang, Jin and Yuan Dynasties: syndrome performance had been classified carefully, the phlegm, fire and panic had been recognized as the important pathogenesis, comprehensive treatment measures had been established.
- 2.隋唐金元时期，对证候表现详细分类，认识到痰、火、惊是重要病机，治疗措施完善；





- **3.The concept had been identified, the theory, treatment, prescription and medicine had been founded completely since Ming and Qing Dynasties.**
- **3.明清以后，概念认识更加明确，理法方药亦趋齐备；**
- **4.The theory, treatment, prescription and medicine had been united, syndrome differentiation and treatment had been perfect, the research of therapeutic mechanism and combination of disease and syndrome were found gradually in the last 20 years after the People's Republic of China has been founded. It shows the characteristics and advantages of traditional Chinese medicine.**
- **4.建国后特别最近20年来，理法方药逐渐统一，辨证论治日益规范，中医疗效机理和病证结合研究逐步深入，显示了中医的特色和优势。**



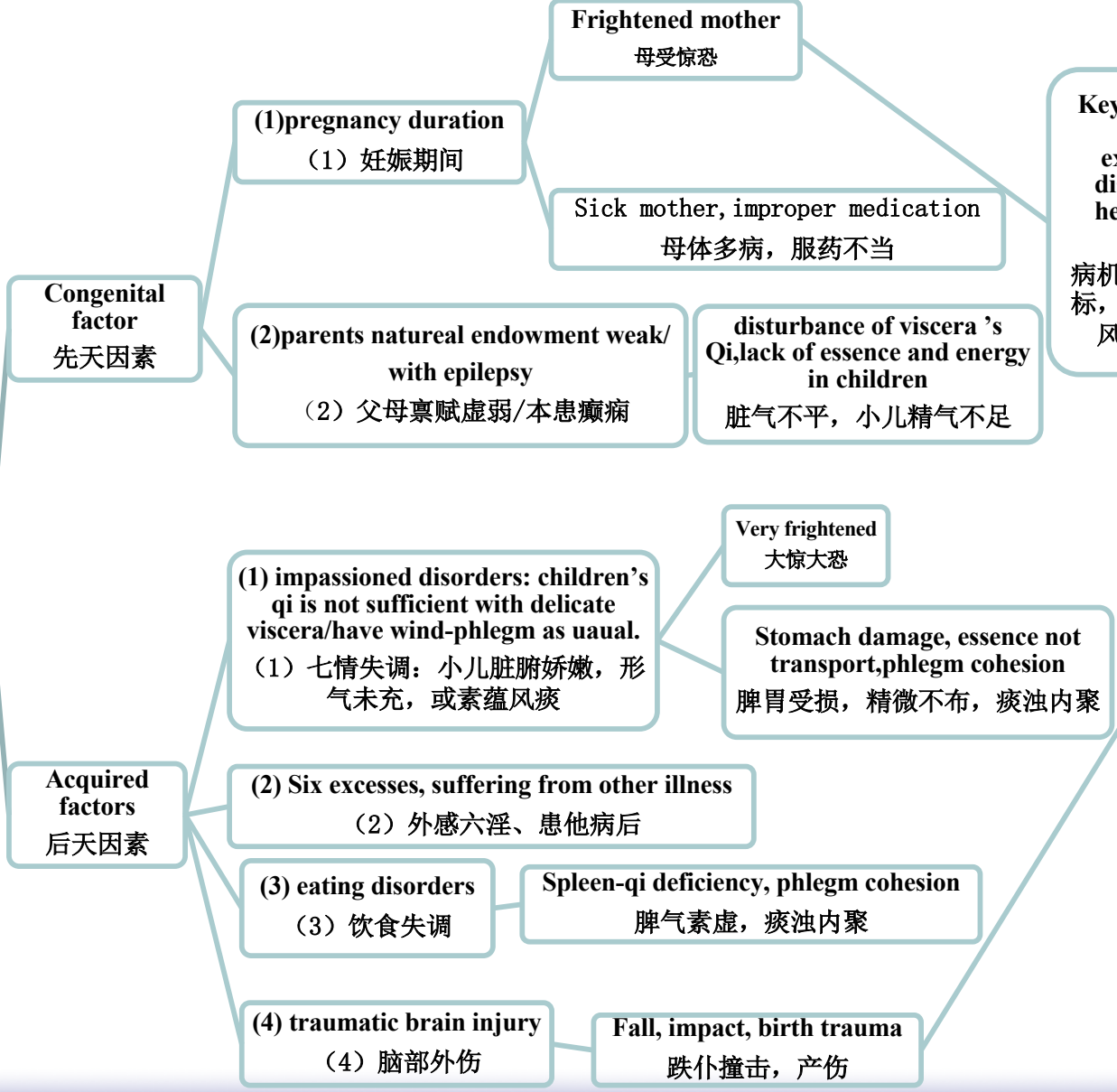


Etiology and Pathogenesis

病因病机



Etiology and pathogenesis 病因病机



Key to pathogenesis:Damage of heart and brain as foundation,function of viscera disorder as expression,disturbance of viscera 'Qi,yin-yang disharmony,phlegm blockade the orifices of the heart,Liver-wind stirring,damage of spleen and kidney,spirit loss of control

病机关键：以心脑神机受损为本，脏腑功能失调为标，其脏气不平，阴阳偏胜，顽痰闭阻心窍，肝经风火内动，累计脾肾，神机受累，元神失控。

Pathogenesis change:(1) depends on:balance between evil factors and health principle of body;(2) duration of disease.

病机转化：（1）取决于：正气盛衰、痰邪深浅；（2）患病新久：①病初属实，易于康复；②病久虚实夹杂，难以治愈。





Therapeutic principle and method of Traditional Chinese Medicine



中医治则治法

therapeutic principle:

治疗原则:

- Seizure:eliminating phlegm for inducing resuscitation;
- 发作时：以开窍醒神豁痰治其标；
- Usual:treating deficiency and excess.
- 平时：病缓则去邪补虚以治其本。

therapeutic method:

治疗方法:

- Seizure:subdue pathogenic fire in liver,eliminating phlegm for calming endogenous wind,consciousness restor resuscitat;
- 发作时：以治标为主，多以清肝泻火，豁痰熄风，开窍定痫为法；
- Usual:Eliminating Phlegm and Strengthening the Spleen,Reinforcing liver and kidney,mental-tranquilization.
- 平时：以治本为主，宜健脾化痰，补益肝肾，养心安神法治之。

nurse health as usual:

生活调养:

- self mental care
调养精神
- dietetic and health-care
注意饮食
- rest and sports appropriately
劳逸适度

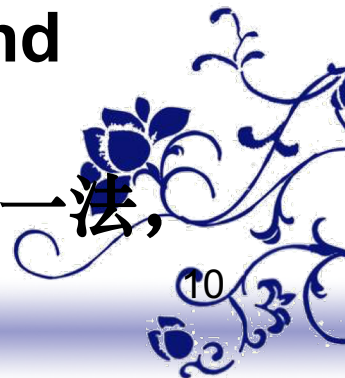


Standard treatment of Traditional Chinese Medicine

中医论治规范



- **Disease location: heart, liver, spleen, kidney, brain**
- **病位: 心、肝、脾、肾、脑**
- **Disease character: wind, fierce, phlegm, deficiency, stasis.**
- **病性: 风、火、痰、虚、瘀**
- **Doctor can determine all kinds of syndrome types flexible, sometimes emphasizing on one of treatments, sometimes using variety of treatments in combination, then combined therapies to be effective, according to the principle of combination of disease location and disease character.**
- **根据病位与病性组合的原则, 灵活确定各证型或侧重一法, 或多法并用, 综合治理, 方能获效。**





II. Distribution of patients

二、病人就诊分布

The researches of Traditional Chinese Medicine treatment of epilepsy show the distribution of patients:



目前中医药治疗癫痫的临床研究表明，病人就诊主要分布：

➤ the national central Chinese Traditional medicine hospital :

provincial/Municipals/tertiary hospital

➤ 国家大型中医院：省级/市级/三甲级别医院

➤ medium-sized Chinese Traditional medicine hospital: county/private/general hospital of level II

➤ 中型中医院：县级/民营/二甲

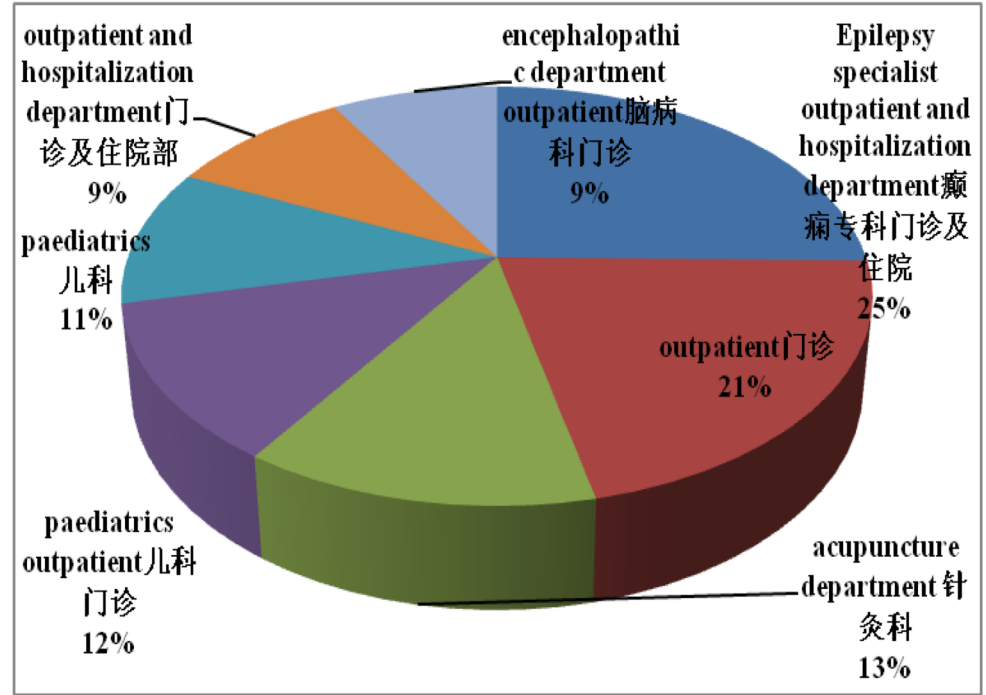
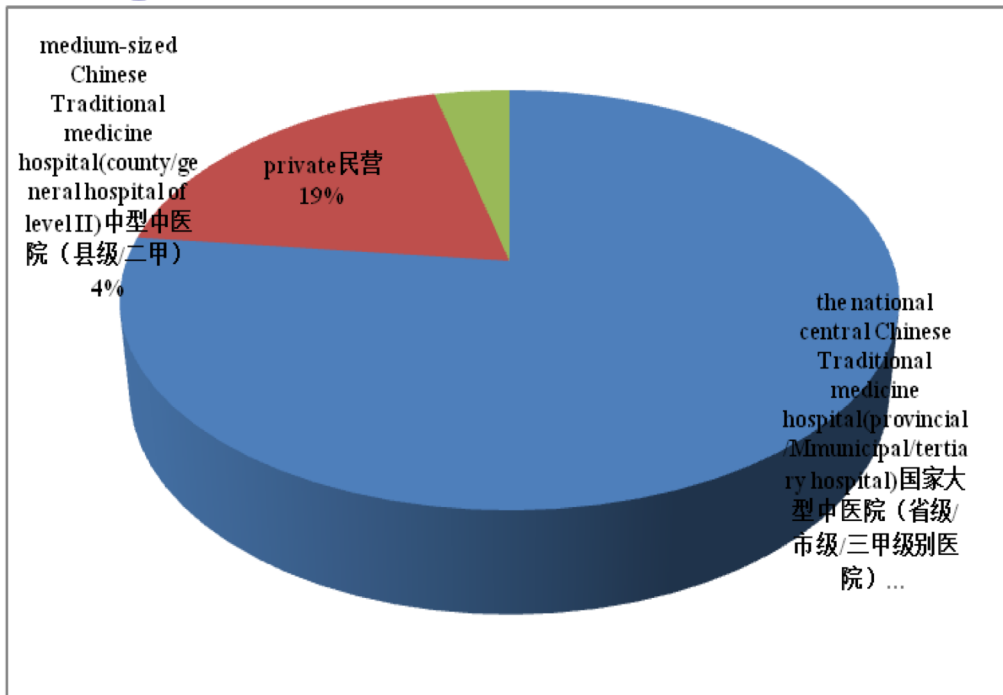
➤ Distribution of department : paediatrics, encephalopathic department, acupuncture department

➤ 科室分布：儿科、脑病科、针灸科

➤ outpatient and hospitalization

➤ 门诊及住院部





• The relationship between the distribution of patients and hospital grade
病人就诊分布与医院等级关系

• The relationship between the distribution of patients and treatment department
•病人就诊分布与就诊科室关系





III. Currently treatment status

三、治疗现状



1. The traditional Chinese medicine commonly used

1. 常用中药

Radix Bupleuri, V Ligusticum chuanxiong Hort, Salvia miltiorrhiza, Acorus tatarinowii Schott, Ganoderma lucidum, Scorpion, Rhizoma Curcumae, Uncaria, Gastrodia elata, Piper nigrum, Valeriana officinalis L. var. latifolia Miq, Stelleria chamaejasme L, Datarametel L, Ginkgo biloba leaves, Periostracum Cicadae, Cynanchum otophyllum, Cortex moutan, Ramulus Cinnamomi, ruddle, Rhizoma Arisaematis, bone fossil of big mammals, oyster, Concha haliotidis, Cinnabar.

常用药有柴胡、川芎、丹参、石菖蒲、灵芝、全蝎、莪术、钩藤、天麻、胡椒、宽叶缬草、瑞香狼毒、洋金花、银杏叶、蝉蜕、青阳参、丹皮、桂枝、代赭石、天南星、龙骨、牡蛎、石决明、朱砂。



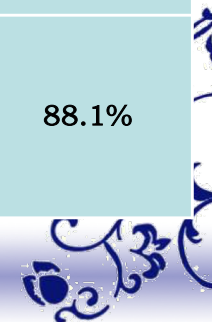


2.Chinese patent medicine commonly used clinical research

2.常用中成药临床研究



Number 序号	Name 药方	Number of samples 例数	Recovery or control 痊愈或控制	Excellent 显效	Effectiveness 有效	Improvement or Poor 改善或 效差	Ivalid 无效	Total effective Rate 总有效率
1	The stability of epilepsy tablets 痫宁片	98		21 (15.2%)	56 (40.6%)	45 (32.6%)	16 (11.6%)	88.4%
2	Antiepileptic granule 抗痫冲剂	63	46 (73.02%)		14 (22.22%)		3 (4.76%)	95.24%
3	The mixture removing stasis and quieting epilepsy+the capsule of Scorpion and Centipede 祛瘀定痫合剂+蝎蜈胶囊	89	15 (16.9%)	27 (30.3%)	19 (21.3%)		28 (31.5%)	68.53%
4	The capsules of Gastrodia elata to quieting epilepsy 天麻定痫胶囊	178		125 (70.2%)	44 (24.7%)	6 (3.4%)	3 (1.7%)	94.94%
5	Antiepileptic capsules 抗痫胶囊	301		180 (59.8%)	42 (13.9%)		79 (26.2%)	73.8 %
6	Discharge dirt pills 泻青丸	42		31 (73.8%)	6 (14.3%)	4 (9.5%)	1 (2.4%)	88.1%





3. Classical prescription commonly used epilepsy

3. 常用中医经方治癫痫



Number 序号	Name 药方	Number of samples 例数	Recovery 治愈	Excellent 显效	Effectiveness 有效	Improvement 好转	Ivalid 无效	Total effective rate 总有效率
1	Decoction of Radix Bupleuri plus bone fossil of big mammals and Oyster 柴胡加龙骨牡蛎汤	50	25 (50%)			19 (38%)	6 (12%)	88%
2	Decoction of Modified Radix Bupleuri and Cinnamon Twig 柴胡桂枝汤加味	23	12 (52.2%)	2(8.7%)		4 (17.4%)	5 (21.7%)	79.3%
3	Decoction of guiding wind direction 风引汤	50		18 (36%)	19 (38%)		13 (26%)	74%
4	Semen persicae regulating Qi Decoction 桃仁承气汤	135	48 (35.6%)	52 (38.5%)		17 (12.6%)	8 (5.9%)	94%
5	Tonifying brain Decoction 补脑汤	23	12 (52.2%)			6 (26.1%)	5 (21.7%)	78%
6	Paeonia Lactiflora Palland Glycyrrhiza uralensis Decoction 芍药甘草汤	38	18 (47.4%)		17 (44.7%)		3 (7.9%)	92.1%
7	Decoction for clearing away gallbladder heat 温胆汤	46		33 (71.7%)	10 (21.7%)		3 (6.5%)	93.47%

Classical prescription have complete mechanism, rigorous composing prescriptions , remarkable curative effect.

经方立意机理完备、组方严谨、疗效显著。



4. Therapy of meridians and points

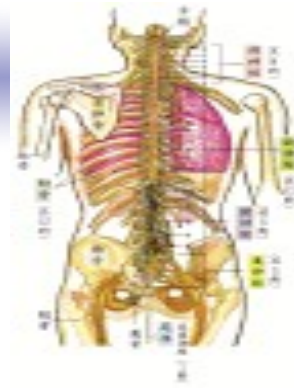
4. 经络穴位疗法



- Main Including: acupuncture, embedding thread, digital point pressure, massage.
- 有针刺、埋线、点穴推拿、中药贴敷。
- The acupuncture therapy have different therapeutic methods of routine acupuncture, dredging DU meridian, scalp point, Electro acupuncture, three acupuncture on back, slip stitch, three acupuncture of Jin and so on.
- 针刺治疗包括普通针刺、通督、头穴、电针、背三针、挑针、靳三针、四神针等疗法。

Advocate combined use of acupuncture and medicine, combined use of acupuncture and Chinese medicinal herb adhesive plaster navel, combined use of small needle knife, cupping and embedding thread, combined use of Point Embedding Therapy and oral traditional Chinese medicine, combined use of oral drug and external treatment.

提倡针药并举、针刺配合药物贴脐、小针刀拔罐加埋线、穴位埋线联合口服中药、内服药物结合外治法。



➤ Studies have reported that acupuncture can inhibit discharge of epileptic, improve abnormal electroencephalogram, increase the GABA content in brain and immunoglobulin to enhance cellular immunity function, increase monoamine substance in brain and decrease the acetylcholine content, adjust opioid substance in brain, promote recovery of recurrent inhibition. It provides a scientific basis for acupuncture treatment of epilepsy.

➤有研究报道：针刺可抑制癫痫放电，改善异常脑电图，增高脑内GABA含量，提高患者的免疫球蛋白，增强细胞免疫功能，增加脑内单胺类物质，降低乙酰胆碱(Ach)含量，调整脑内阿片类物质，促进回返抑制的恢复，为针灸治疗癫痫提供了科学依据。





In summary, the treatment epilepsy of Traditional Chinese Medicine has remarkable achievements, colorful therapeutic methods, cheap medical expenses, reliable and stable curative effects, fewer toxicity and adverse reaction, and bring a good message for many patients with epilepsy. The innovation in scientific research has made encouraging results, but there are still some problems.

综上所述，中医药治疗癫痫成绩斐然，手段丰富多彩，治疗费用低廉，疗效稳定可靠，毒副作用较少，为众多的癫痫病患者带来了福音。在科研方面也不断创新，取得了可喜的成绩，但仍存在一些问题。





IV .Problems and countermeasure

四、问题与对策

1.Criteria and problem and countermeasure

1. 标准问题与对策

The problems of diagnostic criterion
诊断标准问题

The problems of syndrome differentiation
辨证分型标准问题

The problems of Evaluate criteria
疗效评定标准问题

2.Therapy problem and countermeasure

2. 治疗问题与对策

Drug Problem
药物问题

The problem of formulation
剂型问题

The problem of effective prescription
有效方剂问题

withdrawal problem
撤药问题

The problem of drug interaction
药物相互作用问题

The problem of Syndrome Differentiation
辨证论治问题

the low-level of syndrome differentiation and treatment, emphasis on the period of seizure
辨证论治水平降低, 重视发作期治疗, 缺乏缓解期治疗

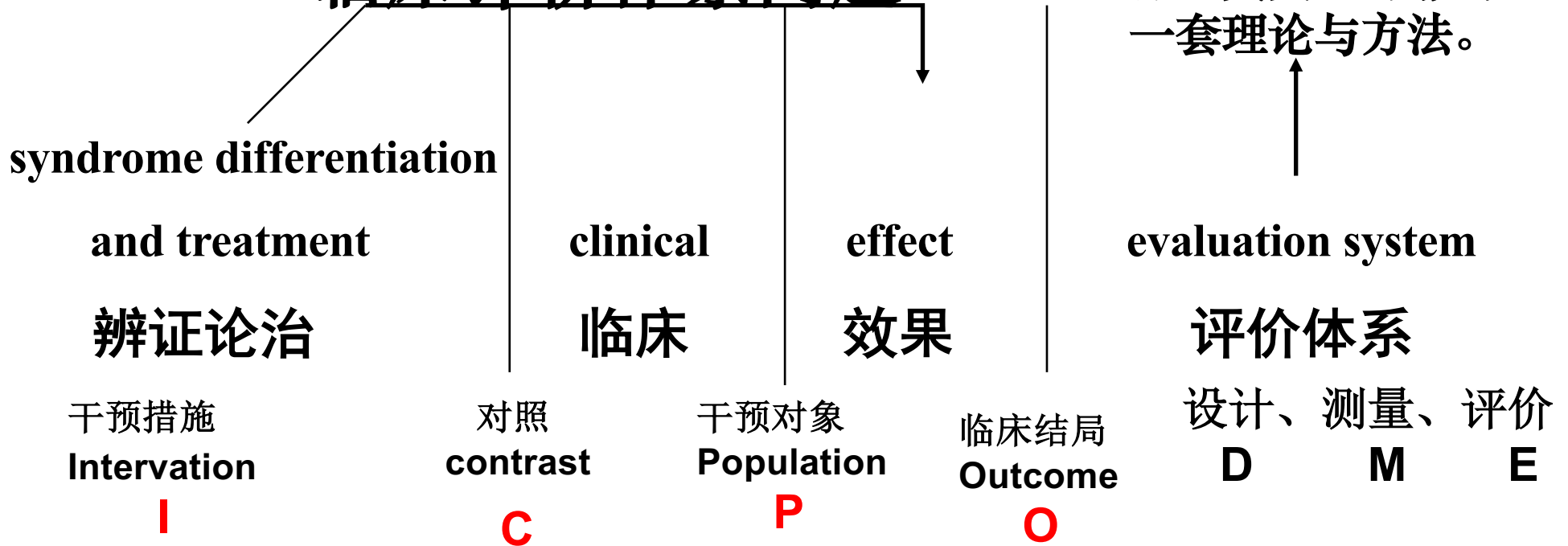
The problem of treatment modality
治疗方式问题

Lack of systematic research for combined modality therapy
缺乏综合疗法的系统研究



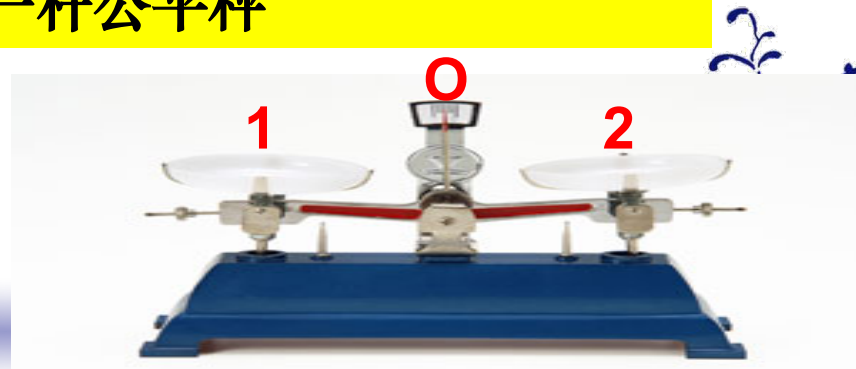
3. The problem of Clinical evaluation system

3、临床评价体系问题



- Western Medicine 西医药
- Surgical Treatment 手术治疗
- Radiotherapy 放射治疗
- Homoeopathy 顺势疗法
- Chinese Patent Medicine 中成药
- Traditional Chinese Medicine Decoction 中药汤剂

evaluation system should be a fair balance
评价体系应该是一杆公平秤





Traditional Chinese Medicine is the earliest practitioners of "contrast observation" 中医是“对照观察”的最早实践者



- It recorded the earliest Control study in the year 1061 of 《Bencao Tujing》 :
- 在公元1061年的《本草图经》中就记载最早的对照研究：
- The ways identify Shangdang ginseng according to legend (I) :
Make Two people walk together (P) , one with Shangdang ginseng in mouth, another without Shangdang ginseng (C) , all go about three to five miles or so. The one without Shangdang ginseng has panting (O) , another with Shangdang ginseng breath with facility (O) .So the Shangdang ginseng is true (conclusion).
- 相传欲试上党人参 (I) 者，当使二人同走 (P) ，一与人参含之，一不与 (C) ，度走三五里许，其不含人参者，必大喘 (O) ，含者气息自如者 (O) ，其人参乃真也。 (结论)





The efficacy and safety research of DianxianningTable (Chinese Herbal patent medicineas for epilepsy) as an add-on therapy 中成药癫痫宁片作为添加治疗的 疗效与安全性评价研究

To observe the influence of the Dianxianning Table(Herbal patent medicine for epilepsy) as an added medicine on the epileptic seizure frequency of 206 patients. Methods:By using the prospective multi-centered randomiz-controlled trial design, observing main index for epileptic seizure times and rate, 206 cases were treated with anti-epilepsy drugs, based on which, the experimental group with 137 cases in it was administered Dianxianning Tablet and the controlgroup with 69 cases was given Dianx ianning placebo, observing curative effect finally.

观察中成药癫痫宁片对206例患者癫痫病发作率的影响。方法：采用前瞻性多中心临床随机对照试验设计，以癫痫的发作次数和发作率为主要观测指标，在西医抗癫痫治疗基础上，治疗组137例用癫痫宁片，对照组69例用癫痫宁安慰剂，最终观察治疗效果。





Conclusion: Dianxianning Tablet, as an added medicine, its therapeutic action better than the pure western medicine control group for controlling epileptic seizure, it shows exact curative in relieving epileptic seizure times and rate.

结论：癫痫宁片作为添加治疗，在控制癫痫发作方面的治疗作用优于纯西药对照组，表明其对癫痫病的发作次数和发生率均有确切疗效。





Curative Effect Evaluation

疗效评价



1.The influence of epileptic paroxysm rate:By the end of the 3rd month of treatment, comparing the changing of the frequency of the number of seizure, experimental group decreased 37.84%, control group decreased 13.18% in average, significant difference of two groups of attack rate by rank sum test with pretherapy and post-treatment (P< 0.05) .

1.对癫痫发作率的影响：治疗后3个月累计发作次数的频率变化比较，试验组平均下降了37.84%，对照组平均下降了13.18%，治疗前后经秩和检验，两组发作率有显著性差别 (P< 0.05) 。

2.The influence of changes in seizure times: Dynamic observation the changes in seizure times, two groups at each time point the number of seizure have varying degrees reduce after treatment, between the two groups showed statistical difference at the end of three months (P< 0.05) .

2.对癫痫发作次数变化的影响：动态观察癫痫发作次数的变化，治疗后各时间点两组癫痫发作次数都有不同程度的减少，在第三个月时两组差异有统计学意义 (P< 0.05) 。





3. The influence of the severity of epileptic paroxysm: By the end of the 3rd month of treatment, the comparison between the total score of epileptic paroxysm and the analysis of covariance of the baseline changing difference showed a statistical difference between the experimental and control groups ($P < 0.01$).

3. 对癫痫发作严重程度的影响：在治疗3个月末，用癫痫发作严重程度量表总分与基线变化差值的协方差分析的比较，试验组与对照组比较有统计学差异($P < 0.01$)。

4. The comparison of the scores of accompanied symptoms of the two groups before and after treatment, and scores of loss of consciousness, whole body convulsion, premonition, manic and depression, chest stuffiness, and dizziness showed statistical difference ($P < 0.01$ or $P < 0.05$).

4. 两组患者治疗前后伴随症状评分比较，不省人事、全身惊厥抽搐、预感、癫狂、胸闷、眩晕等评分差异有统计学意义($P < 0.01$ 或 $P < 0.05$)





RESEARCH ARTICLE

Reevaluation of the effect of Dianxianning on seizure rate of refractory epilepsy as additive treatment in clinical practice

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Abstract We observed the effect of Dianxianning, which was used as additive treatment to treat 206 epilepsy patients, on the epilepsy seizure rate. Based on a multicenter, prospective, randomized, and controlled clinical trial design, we used the seizure rate of epilepsy as the main index. For the treatment group comprising 137 patients, we combined Dianxianning with chemical medicine, which is the basic treatment. For the control group with 69 patients, we added placebo. The results showed that 1) Effect on seizure rate: After a three-month treatment, the seizure rate of the treatment group decreased by 37.84% on average, whereas that of the control group decreased by 13.18% on average. Statistically comparing the two groups, there was a significant difference between these groups ($P < 0.05$). 2) Effect on seizure frequency: As time passed, the frequency in each group gradually decreased. After a three-month treatment, there was a significant difference between the two groups ($P < 0.05$). 3) Comparison between the before and after treatment of each group: There was a very significant difference between the two groups ($P < 0.0001$). The results indicated that, as an additive treatment, Dianxianning has a good effect on controlling the epilepsy seizure rate and frequency management. It is more effective than using chemical medicine alone.

Keywords Dianxianning; epilepsy seizure; evaluation

癫痫宁片作为添加治疗对癫痫发作严重程度的影响

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[摘要] 目的 观察中成药癫痫宁片作为添加治疗,对癫痫患者发作严重程度的影响。方法 采用前瞻性多中心随机对照试验设计,206例癫痫患者在西医抗癫痫治疗基础上,试验组137例用癫痫宁片,对照组69例用癫痫宁安慰剂,用“成人癫痫发作严重程度量表”进行评分及对伴随症状评分。结果 在治疗3个月末,用癫痫发作严重程度总分与基线变化差值的协方差分析的比较,试验组与对照组比较有统计学差异($P < 0.01$)。两组患者治疗前后伴随症状评分比较,不省人事、全身惊厥抽搐、预感、癫狂、胸闷、眩晕等评分差异有统计学意义($P < 0.01$ 或 $P < 0.05$)。结论 癫痫宁片作为添加治疗,对癫痫病的发作严重程度有确切疗效。

[关键词] 癫痫; 癫痫宁片; 癫痫发作程度

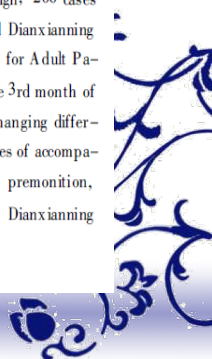
Influence of Dianxianning Tablet as an Added Medicine on the Severity of Epileptic Paroxysm

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ABSTRACT Objective To observe the influence of Dianxianning Tablet (Herbal patent medicine for epilepsy) as an added medicine on the severity of epileptic paroxysm. **Methods** By using the prospective multi-centered randomized-controlled trial design, 206 cases were treated with anti-epilepsy drugs, based on which, the experimental group with 137 cases in it was administered Dianxianning Tablet and the control group with 69 cases was given Dianxianning placebo. The Scale of Severity of Epileptic Paroxysm for Adult Patients was applied to score the epileptic paroxysm and accompanied symptoms of the patients. **Results** By the end of the 3rd month of treatment, the comparison between the total score of epileptic paroxysm and the analysis of covariance of the baseline changing difference showed a statistical difference between the experimental and control groups ($P < 0.01$). The comparison of the scores of accompanied symptoms of the two groups before and after treatment, and scores of loss of consciousness, whole body convulsion, premonition, manic and depression, chest stuffiness, and dizziness showed statistical difference ($P < 0.01$ or $P < 0.05$). **Conclusion** Dianxianning Tablet, as an added medicine for epilepsy, is effective in relieving the severity of epileptic paroxysm.

Key Words Epilepsy; Dianxianning Tablet (Herbal patent medicine for epilepsy); Severity of epileptic paroxysm



Thank you 谢谢!



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