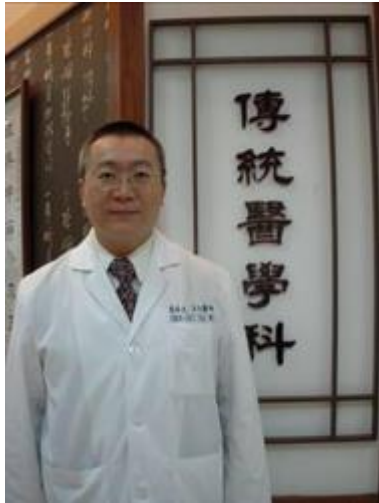


北醫附醫傳統醫學科戴承杰主任發表榮登《癌症整合療法》國際期刊

臺北醫學大學附設醫院傳統醫學科戴承杰主任發表之「十全大補湯對乳癌病患化療期間提升血球的功效」論文，於 2012 年 7 月刊登於國際期刊《癌症整合療法》（INTEGRATIVE CANCER THERAPIES）。



戴承杰主任指出，中藥裏有著很重要的寶藏，可以提升我們的抵抗力及白血球數目。十全大補湯就是很有名的方劑。「十全大補湯」出自宋代《太平惠民和劑局方》，其為第一部由國家頒布的藥典，是由補氣劑「四君子湯」（黨參、白朮、茯苓、甘草），與補血方「四物湯」（當歸、川芎、白芍、地黃）合併而成的「八珍湯」，再加黃耆、肉桂二藥而成。方劑中，參、苓、白朮、草為四君俱益氣補中，健脾養胃之功，是治療脾胃氣虛、運化乏力之方；歸、芎、芍、地為四物俱補血調經之效，有補而不滯，活瘀而不破之功，加黃耆補氣升陽，固表止汗；肉桂溫補命門，填補真元。

2012 年 7 月間我們在國際期刊「INTEGRATIVE CANCER THERAPIES」發表一篇以十全大補丸劑協助病人順利度過化療黑暗期的成果，文中報導當病人白血球少於每微升 4000 個時，便給與大補丸，比較接受治療及未給大補丸的數百次化療療程，發現十全大補丸劑明顯能提升白血球數目及血紅素，而且不影響病人之腫瘤指數，此一結果提供了中西醫合併癌症治療的實證基礎。【圖：戴承杰主任】

【原文摘錄】：

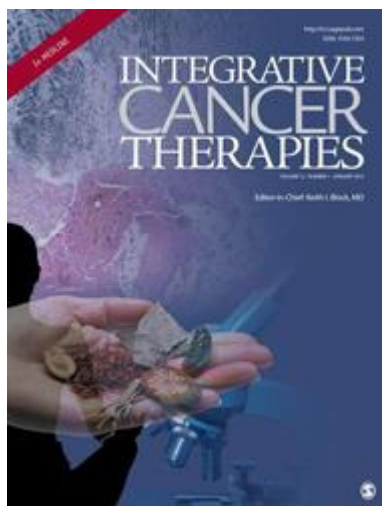
Effectiveness of 3-Week Intervention of Shi Quan Da Bu Tang for Alleviating Hematotoxicity Among Patients With Breast Carcinoma Receiving Chemotherapy.

Huang SM, Chien LY, Tai CJ, Chiou JF, Chen CS, Tai CJ.

Integr Cancer Ther. 2012 Jul 16.

Abstract

PURPOSE: Although Shi Quan Da Bu Tang (SQDBT) has been used to treat cancer patients clinically, very few studies evaluating the effectiveness of SQDBT using objective indicators have been published. The study objectives were to examine the effectiveness of SQDBT for alleviating hematotoxicity, as indicated by white blood cell (WBC) counts and hemoglobin (Hb) levels, among patients with breast carcinoma receiving chemotherapy.



METHODS: The authors identified patients with breast carcinoma who received chemotherapy in a teaching hospital in Taipei in 2008 through a chart review process. Only patients with initial WBC counts of $<4000/\mu\text{L}$ were included. The case group was composed of 47 chemotherapy courses treated with SQDBT, whereas the comparison group included 257 courses without SQDBT. The complete blood count test was done before start of a chemotherapy course and 1 week after chemotherapeutic drugs were given.

RESULTS: Age, cancer stage, cancer status, use of granulocyte colony-stimulating factor, and chemotherapy drugs were controlled in the model. Patients who took SQDBT had significantly increased WBC counts, especially neutrophils, and Hb after chemotherapy (adjusted $\beta = 1202.51$, 95% confidence interval [CI] 440.45-1964.57 for WBC; $\beta = 834.83$, 95% CI = 197.35-1472.31 for neutrophils; $\beta = 0.34$, 95% CI = 0.05-0.63 for Hb). There were no significant differences in tumor markers CEA and CA153 between patients given SQDBT or not after chemotherapy.

CONCLUSION: SQDBT is effective in alleviating hematotoxicity among patients with breast carcinoma receiving chemotherapy, without affecting the presentation of tumor markers in the short term. More study is needed to determine long-term outcomes such as recurrence and survival. (文/北醫附醫)