CORE



中医浆衣

Metadata, citation and similar papers at core.ac.uk

Publisher Connect

Online Submissions: http://www.journaltcm.com info@journaltcm.com

J Tradit Chin Med 2013 February 15; 33(1): 19-26 ISSN 0255-2922 © 2013 JTCM. All rights reserved.

CLINICAL STUDY

Traditional Chinese Medicine syndrome-related herbal prescriptions in treatment of malignant tumors

Zhizhen Liu, Songyi Chen, Jing Cai, Enda Zhang, Lan Lan, Junting Zheng, Lianming Liao, Xuemei Yang, Changen Zhou, Jian Du

Zhizhen Liu, Jing Cai, Enda Zhang, Lan Lan, Lianming Liao, Xuemei Yang, Changen Zhou, Jian Du, The Academy of Integrative Medicine of Fujian University of TCM, Fuzhou 350122, China

Songyi Chen, Department of Traditional Chinese Medicine, The People's Hospital Affiliated Fujian University of TCM, Fuzhou 350004, China

Junting Zheng, Fujian Medical University, Fuzhou 350108, China

Supported by National TCM Project Application in the 11th Five-Year Period (NO. 2007BAl10B01-041), International Science Joint Project of the Ministry of Science and Technology of the People's Republic of China (No. 2008DFA32200), and Natural Science Foundation of Fujian Province, China (No. 2010J01197).

Correspondence to: Prof. Jian Du, The Academy of Integrative Medicine of Fujian University of TCM, Fuzhou 350122, China. dujian@fjtcm.edu.cn Telephone: +86-591-22861180 Accepted: February 16, 2012

Abstract

OBJECTIVE: To investigate the distribution characteristics of TCM syndromes and the related herbal prescriptions for malignant tumors (MT).

METHODS: A clinical database of the TCM syndromes and the herbal prescriptions in treatment of 136 MT patients were established. The data were then analyzed using cluster and frequency analysis.

RESULTS: According to the cluster analysis, the TCM syndromes in MT patients mainly included two patterns: deficiency of both *Qi* and *Yin* and internal accumulation of toxic heat. The commonly-prescribed herbs were Huangqi (*Astraglus*), Nüzhen-

zi (Fructus Ligustri Lucidi), Lingzhi (Ganoderma Lucidum), Huaishan (Dioscorea Opposita), Xiakucao (Prunella Vulgaris), and Baihuasheshecao (Herba Hedyotidis).

CONCLUSION: Deficiency of *Qi* and *Yin* is the primary syndrome of MT, and internal accumulation of toxic heat is the secondary syndrome. The herbs for *Qi* supplementation and *Yin* nourishment are mainly used, with the assistance of herbs for heat-clearance and detoxification.

© 2013 JTCM. All rights reserved.

Key words: Carcinoma; Syndromes; Benefiting *Qi* for nourishing *Yin*; Complementary therapies; Cluster analysis; Data mining

INTRODUCTION

With the advancement of modern industry and the aging of population, the annual incidence of malignant tumors is increasing. Malignant tumors have always been a serious threat to human health. Complementary and alternative medicine (CAM) has gradually gained popularity in the United States and European countries over the last decades.1 Traditional Chinese Medicine (TCM), a CAM originated in China, has been widely used for treatment of malignant tumors in China. As an adjuvant therapy, TCM can reduce the toxicity and adverse reactions induced by surgery, chemotherapy and radiotherapy, and can act synergistically with them. So, TCM is often used together with or after these therapies to prolong survival time of the patients and improve their quality of life.^{1,2} Even though TCM has been widely used in treatment of MT, it still

falls behind modern Western Medicine in terms of mechanism elucidation and evidence-based data. Data mining, a novel research approach, has appeared with the development of database and artificial intelligence technology. Data mining of TCM has been reported to analyze how herbal medicines are prescribed for MT patients based on the syndrome differentiation, which will help to explore the implicit, previously unknown rules about the "disease syndrome differentiation herb-al prescription".^{3,4}

Cluster analysis and association rule are the two useful tools used for TCM data mining.^{5,6} They can be used to discover the relationships between the valuable descriptive data and minimize the subjective errors, which will increase the validity of the results. In the present study, a clinical database of TCM syndromes and herbal prescriptions was established. So, we can then classify the common-seen syndromes of MT using cluster analysis and frequency analysis, and have further discussions on MT pathogenesis and the therapeutic methods.

METHODS

General data

The data for the 136 pathologically confirmed MT patients with 379 visits from November 2005 to January 2011 at the Second People's Hospital Affiliated to Fujian University of TCM were retrieved, and the records for the patients' symptoms, tongues, pulses and use of Chinese herbs (a structured data analysis) were analyzed.

These patients visited the outpatient department of our hospital for a total of 379 person/times to receive TCM treatment after informed consent. Eighty one of the 136 cases were male (59.56%) and 55 were female (40.44%), with an age range from 15-81 years old (mean, 55). The patients had a variety of tumors, including gastrointestinal cancer (74/136, 54.41%), head and neck cancer (14/136, 10.29%), lung cancer (15/ 136, 11.03%), breast cancer (8/136, 5.88%), urogenital cancer (7/136, 5.15%), and hematopoietic malignancy (18/136, 13.24%). The treatment regimens included surgery and TCM (35/379, 9.23%), chemotherapy and TCM (157/379, 41.42%), radiotherapy and TCM (15/379, 3.96%), targeting therapy and TCM (12/379, 3.17%), and TCM therapy alone (160/379, 42.22%).

Diagnostic criteria

All the diagnoses were pathologically confirmed. The diagnosis and treatment of malignant tumors was based on guidelines issued by Chinese Anti-Cancer Association.⁷

Diagnostic criteria for TCM syndromes: Definition of TCM syndromes: the TCM syndromes fall into 9 primary patterns,⁸⁻¹³ that is, *Qi* deficiency, phlegm-damp,

blood stasis, *Qi* stagnation, *Yin* deficiency, *Yang* deficiency, blood deficiency, phlegm-heat, and toxic heat. The diagnostic criteria are as follows:

1) *Qi* deficiency: these patients are usually low in spirit and reluctant to talk, accompanied by fatigue, low speaking tone, enlarged tongue, and vacuous pulse.

2) Phlegm-damp: these patients usually have cough, white sputum, chest tightness, fluid retention of the chest, pale tongue with greasy coating, and soft pulse.

3) Blood stasis: these patients usually have tingling pain, dry stool, purple and blue tongue with stasis maculae or spots, and stringy-like or rough pulse.

4) *Qi* stagnation: these patients usually have tightness of the chest, abdominal distention, likes to sigh, red tongue with white coating and stringy-like pulse.

5) *Yin* deficiency: these patients usually feel hot in the heart, palms, and soles, with dry mouth and throat, night sweating, red tongue with thin coating, and thin and rapid pulse.

6) *Yang* deficiency: these patients usually have a cold feeling. The temperature of the upper and lower extremities is low. Swelling of the face, light red tongue with moist coating, and deep and slow pulse can be observed. They may also have nocturia.

7) Blood deficiency: these patients usually present with pale face, palpitation, poor sleep, light red tongue with thin coating, and thin and weak pulse.

8) Phlegm-heat: cough, yellow sputum, dry stool and brown yellowish urine, red tongue with yellow-greasy coating, slippery and rapid pulse.

9) Toxic heat: these patients usually present with fever, soreness and pain of the whole body, dry mouth, constipation, scanty urine, hot flash, red tongue with yellow-greasy coating, thin and stringy-like pulse.

Classification of syndromes: the patients may have one of the above 9 patterns if they present with at least 3 symptoms of the corresponding pattern, and one patient may have one or more patterns at the same time.

Statistical analysis

The patients were first classified by simple syndrome differentiation and then by complex syndrome differentiation. Microsoft Excel 2003 (Microsoft Corporation, Redmond, WA, USA) was used for data entry, and SPSS 12.0 statistical software (Statistical Product and Service Solutions Inc., Chicago, IL, USA) for data analysis.

If a same syndrome was described with different words by different physicians, the words used in the Diagnostics of TCM¹⁴ were adopted. Similarly, when different names were used by different physicians for a same herb, the name used in the Science of Chinese Pharmacology was adopted.¹⁵ The frequencies of each TCM symptom and Chinese medicinal herb were calculated. The SPSS 12.0 software was applied for hierachical clustering analysis (HCA) when the frequency of Chinese medicine was greater than 30%. HCA involves hierarchically grouping¹⁶ of samples on the basis of similarity without using previous information about these groupings.

TCM terms are transformed into Boolean value in order to seek frequent sets of herbal prescription compatibility by employing Aprioir algorithm in data mining technology so that the rules implied in malignant tumors can be found. Association rule refers to: the rule R: A=>B, which satisfies $A \cap B= \varphi$ & sup (R)≥min_sup & conf (R)≥min_conf. A and B are item (or attribute) sets; sup (R) is the support of rule R; min_sup is the minimum support threshold; conf (R) is the confidence of the rule R; min_conf is the minimum confidence threshold. Antecedent and consequent are Chinese medicines, support was greater than 10%, confidence was greater than 80%.

RESULTS

Distribution of TCM syndromes

Of 379 visits by the 136 MT patients treated with TCM, simple syndrome appeared only in 4.22% (16/379), while complex syndromes were found in 95.78% (363/379). The patients with malignant tumors in this series had a variety of syndromes, including Qi and Yin deficiency complicated by toxic heat (298/379, 78.63%), Qi stagnancy complicated by blood stasis (41/379, 10.82%), deficiency of Qi complicated by phlegm - dampness (25/379, 6.60%), and damp-heat complicated by stagnancy of toxin (15/379, 3.96%). These results indicated that the physical condition of the patients with malignant tumors was poor due to metastasis of the tumors and multiple treatments. Hence these patients usually had complex syndromes (Table 1).

Frequencies of Chinese herbs the prescribed and the characteristics of their combination

210 species of Chinese medicinal herbs were prescribed 4882 species/times. Among them, 32 species were used in more than 30% of the prescriptions, altogether 3740 species/times (Table 2). These herbs were classified by using HCA. The results showed that they could be mainly divided into 2 groups (Figure 1). The Figure

1 dendrogram shows that Huangqi (Astraglus), Lingzhi (Ganoderma Lucidum), Huaishan (Dioscorea Opposita) and Nüzhenzi (Fructus Ligustri Lucidi) form a cluster, and then aggregate with Xiakucao (Prunella Vulgaris) and Baihuasheshecao (Herba Hedvotidis). This indicates a focus on "nourishing Qi, blood and Yin", and "clearing toxic heat" and "supplementing gastrointestinal functions". According to TCM theory, this combination has the characteristic of "treating both the symptoms and the root cause". Furthermore, with the moderate property, Gancao (Glycyrrhiza Uralensis) has the effect of "harmonizing" the other herbs, therefore, it appears in all the prescriptions. The first group includes the herbs for Reinforcing Qi and Yin, i.e., Huangqi (Astragalus), Nüzhenzi (Fructus Ligustri Lucidi), Lingzhi (Ganoderma Lucidum) and Huaishan (Dioscorea Opposita). The second group includes the herbs for clearing heat and detoxifcation, i.e., Xiakucao (Prunella Vulgaris) and Baihuasheshecao (Herba Hedyotidis). Table 3 shows the association rules of the 6medicinal herbs. Support and confidence are the major statistics computed for the association rule. This framework is known as the support confidence framework for association rule mining. The support value indicates the frequency in which A occurs with B. Confidence indicates the probability of B occurring under the condition that A is also present. These are defined as follows: sup(R) = P(AUB)(1)

conf(R)=P(B|A)(2)

For example: Huangqi (Astragalus) ->Nüzhenzi (Fructus Ligustri Lucidi) (support=89.71%, confidence= 96.47%). "Astragalus" is the antecedent and "Fructus Ligustri Lucidi" is the consequent. This shows that there is a 89.71% probability that Astragalus will appear with Fructus Ligustri Lucidi in the herbal prescriptions. Furthermore, there is a 96.47% probability that Fructus Ligustri Lucidi will be prescribed after Astragalus.

Use of herbs in patients with different tumors: when the between-group linkage was greater than 25, it was not clustered in any specific grouping. This result may indicate that the selected 32 herbs were all commonly-used for patients with different types of malignant tumors.

Table 1 Distribution of different TCM syndromes in different tumors

	TCM syndrome (<i>n</i>)					
Туре	<i>Qi</i> and <i>Yin</i> deficiency due to heat-toxic	<i>Qi</i> Stagnancy and blood stasis	Deficiency of <i>Qi</i> and phlegm and dampness	Damp-heat stagnancy toxin		
Head and neck cancer	21	4	0	1		
Lung cancer	43	5	3	0		
Breast cancer	12	3	4	0		
Gastrointestinal cancer	171	25	15	7		
Urogenital cancer	8	1	2	2		
Hematopoietic malignancy	27	3	1	5		

Note: TCM: Traditional Chinese Medicine.

JTCM | www. journaltcm. com

Liu ZZ et al. / Clinical Study

Table 2	2 Frequency distribution of comm	nonly used Ch	inese medical	herbs fo	or malignant tumors		
No.	Chinese medical herb	Frequency	Percentage (%)	No.	Chinese medical herb	Frequency	Percentage (%)
1	Gancao (<i>Radix Glycyrrhizae</i>)	346	9.25%	17	Dangshen (<i>Radix</i> Codonopsis Pilosulae)	61	1.63%
2	Huangqi (<i>Astragalus</i>)	342	9.14%	18	Banxia (<i>Rhizoma Pinelliae,</i> <i>Tuber Pinelliae</i>)	57	1.52%
3	Nüzhenzi (Fructus Ligustri Lucidi)	338	9.04%	19	Shengdi (<i>Radix</i> <i>Rehmanniae Exsiccata</i>)	54	1.44%
4	Huaishan (<i>Dioscorea Opposita</i>)	333	8.90%	20	Danggui (<i>Radix Angelicae</i> <i>Sinensis</i>)	47	1.26%
5	Lingzhi (<i>Ganoderma Lucidum</i>)	297	7.94%	21	Kushen (<i>Sophora</i> <i>Flavescens</i>)	47	1.26%
6	Baizhu (<i>Rhizoma Atractylodis</i> Macrocephalae)	203	5.43%	22	Baishao (<i>Radix Paeoniae</i> <i>Alba</i>)	46	1.23%
7	Fuling (<i>Radix Cynanchi Atrati</i>)	178	4.76%	23	Shancigu (<i>Pseudobulbus</i> <i>Cremastrae Seu Pleiones</i>)	44	1.18%
8	Baihuasheshecao (<i>Herba Hedyotidis</i>)	156	4.17%	24	Yuanhu (<i>Rhizoma</i> <i>Corydalis</i>)	43	1.15%
9	Shengshaishen (<i>Panax Ginseng</i>)	147	3.93%	25	Yujin (<i>Curcuma Aromatica</i> Salisb)	41	1.10%
10	Xiakucao (Prunella Vulgaris)	147	3.93%	26	Chenpi (<i>Pericarpium Citri</i> <i>Reticulatae</i>)	38	1.02%
11	Jiaogulan (Herba seu radix gynostemmatis)	140	3.74%	27	Fushen (<i>Radix Pini in</i> <i>Poria</i>)	38	1.02%
12	Shancigu(Cornus Officinalis)	102	2.73%	28	Qianshi (Semen Euryales)	36	0.96%
13	Gouqi (<i>Lycium Chinense</i>)	98	2.62%	29	Shashen (Radix Glehnia)	35	0.94%
14	Shihu (<i>Herba Dendrobii</i> <i>Nobilis</i>)	88	2.35%	30	Shudi (<i>Radix Rehmanniae</i> <i>Preparata</i>)	35	0.94%
15	Maidong (<i>Radix Liriopes</i> <i>Spicatae</i>)	72	1.93%	31	Wuyao (<i>Radix Linderaei</i>)	33	0.88%
16	Yiyiren (Semen Coicis)	67	1.79%	32	Zhike (Fructus Aurantii)	31	0.83%

Note: percentage of occurring = (frequency of Chinese medicine+total times)×100%.

Use of herbs in patients with different TCM syndromes: Figure 2 shows the dose of the six herbs used for different TCM syndromes. The large dose of the tonic prescriptions (*Astragalus, Fructus Ligustri Lucidi, Ganoderma Lucidum, Dioscorea Opposita*) were mostly used for patients with *Qi* and *Yin* deficiency complicated by toxic heat, whereas the large dose of the prescriptions for clearing away heat and detoxification (*Prunella Vulgaris, Herba Hedyotidis*) were mostly used in the patients with damp-heat complicated by stagnancy of toxin.

DISCUSSION

Cancer is a disease with complex etiologies. It may develop in different organs and tissues of the human body.¹⁷ Treatment of cancer is still a great challenge. Modern medicine divides cancer into various types according to their location of growth, for example, nasopharyngeal cancer, lung cancer, breast cancer, gastrointestinal cancer, and leukemia, etc. Instead of focusing on the specific type of the disease, TCM puts greater emphasis on the specific pattern of TCM "syndromes". TCM syndrome, a profile with a series of symptoms

and signs as the clinical phenotype, plays an important role in understanding the human homeostasis and guiding the application of Chinese herbs and acupuncture. TCM treatment begins with "syndrome differentiation". A specific disease may show different TCM syndromes, and different diseases may have an identical syndrome. So, the classical TCM therapeutic principle, i.e., "same disease treated by different therapies" or "different diseases treated by same therapy",¹⁸ is usually adopted. Based on the principle of "different diseases treated by same therapy", the patients who have undergone tumor resection, postoperative chemotherapy, radiotherapy or immunotherapy, or even the patients who can not tolerate the above therapies can be treated by TCM based on syndrome differentiation.¹⁹

From the results of the analysis on use of different herbs for different cancers and syndromes, we found that there was no direct relationship between the herbs used and the cancer types, but there was close relationship between the herbs used and the syndrome patterns. 45.25% of the patients received the combined treatment of TCM and radio- or chemotherapy. Radioor chemotherapy is targeting the "disease (cancer)", and TCM treatment is adopted for the toxic reduction

Liu ZZ et al. /	Clinical	Study
-----------------	----------	-------

Table 3 Association rules of Chinese medical herbs

	Association rule	Support(%)	Confidence(%)
Astragalus	Fructus Ligustri Lucidi	89.71	96.47
U	Dioscorea Opposita	88.39	97.91
	Dioscorea Opposita + Fructus Ligustri Lucidi	85.49	99.07
	Ganoderma Lucidum	78.89	99.00
	Ganoderma Lucidum + Fructus Ligustri Lucidi	78.36	98.99
	Ganoderma Lucidum + Dioscorea Opposita	77.84	98.98
	Ganoderma Lucidum + Dioscorea Opposita + Fructus Ligustri Lucidi	77.31	98.98
	Rhizoma Atractylodis Macrocephalae	54.35	92.23
	Rhizoma Atractylodis Macrocephalae + Dioscorea Opposita	49.34	98.40
	Rhizoma Atractylodis Macrocephalae + Fructus Ligustri Lucidi	49.08	97.85
Fructus	Astragalus	90.50	95.63
Ligustri Lucidi	Dioscorea Opposita	88.39	96.72
	Dioscorea Opposita + Astragalus	86.54	97.87
	Ganoderma Lucidum	78.89	99.33
	Ganoderma Lucidum + Astragalus	78.10	99.32
	Ganoderma Lucidum + Dioscorea Opposita	77.84	99.32
	Ganoderma Lucidum + Dioscorea Opposita and Astragalus	77.05	99.32
	Rhizoma Atractylodis Macrocephalae	54.35	90.29
	Rhizoma Atractylodis Macrocephalae + Astragalus	50.13	95.79
	Rhizoma Atractylodis Macrocephalae + Dioscorea Opposita	49.34	97.33
Ganoderma	Astragalus	90.50	86.30
Lucidum	Fructus Ligustri Lucidi	89.71	87.35
	Dioscorea Opposita	88.39	88.06
	Fructus Ligustri Lucidi and Astragalus	86.54	89.63
	Dioscorea Opposita + Astragalus	86.54	89.02
	Dioscorea Opposita + Fructus Ligustri Lucidi	85.49	90.43
	Dioscorea Opposita + Fructus Ligustri Lucidi + Astragalus	84.70	90.34
	Rhizoma Atractylodis Macrocephalae	54.35	82.04
	Rhizoma Atractylodis Macrocephalae + Astragalus	50.13	87.90
	Rhizoma Atractylodis Macrocephalae + Dioscorea Opposita	49.34	89.84
Dioscorea	Astragalus	90.50	95.63
Opposita	Fructus Ligustri Lucidi	89.71	95.29
	Fructus Ligustri Lucidi + Astragalus	86.54	97.87
	Ganoderma Lucidum	78.89	98.66
	Ganoderma Lucidum + Fructus Ligustri Lucidi	78.36	98.65
	Ganoderma Lucidum + Astragalus	78.10	98.65
	Ganoderma Lucidum + Fructus Ligustri Lucidi + Astragalus	77.57	98.64
	Rhizoma Atractylodis Macrocephalae	54.35	90.78
	Rhizoma Atractylodis Macrocephalae + Astragalus	50.13	96.84
D	Rhizoma Atractylodis Macrocephalae + Fructus Ligustri Lucidi	49.08	97.85
I runella Valacuio	Herba Hedyotidis	41.43	83.44
vulgaris	Herba Hedyotidis + Astragalus	40.11	83.55
	Herba Hedyotidis + Fructus Ligustri Lucidi	39.84	85.43
	Herba Hedyotidis + Fructus Ligustri Lucidi + Astragalus	39.05	85.14
	Herba Hedyotidis + Dioscorea Opposita	39.05	84.46
	Herba Heayotiais + Dioscorea Opposita + Astragaius	38.79 28.26	84.35
	Herba Hedyotidis + Dioscorea Opposita + Fructus Ligustri Lucidi	38.26	86.21
	Herba Hedyotidis + Dioscorea Opposita + Fructus Ligustri Lucidi + Astragalus	38.00	86.11
	Herba Hedyotidis + Ganoderma Lucidum	37.20	85.82
	Herba Hedyotidis + Ganoderma Lucidum + Fructus Ligustri Lucidi	36.94	86.43
U ou lo a	Herba Hedyotidis + Ganoderma Lucidum + Astragalus	36.94	85./1
Hednotidis	Prunella Vulgaris Devende V. I. anice Encoder Licenstei Lecci di	39.05	88.51
1 ICH JOURIS	i runcuu vuiguris + Fructus Ligustri Luciui Duunalla Valganie - Actuanalus	28.00	07.20
	Prunella Vulgaris + Astragalus	3/.4/	89.44
	1 runeuu vuiguris + Frueius Ligustri Luciai + Astragalus Duunalla Valaania - Diacconna Ortacita	37.20 26.04	89.30
	1 runeuu vulgaris + Dioscorea Opposiu Dminolla Valaavis - Dioscorea Opposita - Emiotus Licustui Lusi di	26.04	09.29 80.20
	runcuu vuiguris + Dioscorea Opposita + Fructus Ligustri Luciai Drunalla Valaarie - Dioscorea Opposita - Actuandus	26.69	07.27 80.21
	1 runcuu vulgaris + Dioscorea Opposita + Astragatus Dminalla Valaanis - Dioscorea Opposita - Emiatus Liaustui Liusidi - Astra-slive	26.60	80.21
	1 runcuu vuigaris + Dioscorea Opposia + Fracius Ligustri Luciai + Astragalus Prunella Vulaaris + Canoderma Lucidum	2/ 57	07.21
	Prunella Vulgaris + Ganoderma Lucidum + Fructus Ligustri Lucidi	34 57	92.37

Case	0		5	10	15	20	25
Label	No.						
RL	27 -	1					
RC	31 —	⊢,					
CAS	30 -	1					
SF	15 —	1					
PCSP	21 -	11					
RPTP	4 -	++					
PCR	5 -	11					
FA	32 —	11					
RPA	2 -	11					
RAS	6 –	1 ר					
SE	19 🗕	-					
RRP	26 –	-					
RPP	9 -						
RLS	7 -						
RGL	20 -	' I Fi					
RRE	23 -	- 11					
RCP	7 -	H	_				
D	25 -		1				
LC	11 -	'	Ь				
CO	22 —	1	11				
SC	29 —						
RAM	3 -		1			1	
RCA	8 -	H	— I			1	
PG	24 —		Ч				
FGH	14 —					1	
PV	28 —					1	1
HD	1 –						1
А	13 -						1
GL	16 —						
DO	12 -			1	1		
FLL	18 —	1	1				
RG	10 -			1 L			

Figure 1 Dendrogram hierarchical analysis for Chinese medicinal herbs

RL: Radix Linderaei; RC: Rhizoma Corydalis; CAS: Curcuma Aromatica Salisb; SF: Sophora Flavescens; PCSP: Pseudobulbus Cremastrae Seu Pleiones; RPTP: Rhizoma Pinelliae, Tuber Pinelliae; PCR: Pericarpium Citri Reticulatae; FA: Fructus Aurantii; RPA: Radix Paeoniae Alba; RAS: Radix Angelicae Sinensis; SE: Semen Euryales; RRP: Radix Rehmanniae Preparata; RPP: Radix Pini in Poria; RLS: Radix Liriopes Spicatae; RGL: Radix Glehnia; RRE: Radix Rehmanniae Exsiccata; RCP: Radix Codonopsis Pilosulae; D: Dendrobium; LC: Lycium Chinense; CO: Cornus Officinalis; SC: Semen Coicis; RAM: Rhizoma Atractylodis Macrocephalae; RCA: Radix Cynanchi Atrati; PG: Panax Ginseng; FGH: Fiveleaf Gynostemma Herb; PV: Prunella Vulgaris; HD: Herba Hedyotidis; A: Astragalus; GL: Ganoderma Lucidum; DO: Dioscorea Opposita; FLL: Fructus Ligustri Lucidi; RG: Radix Glycyrrhizae.

and symptom alleviation. For the post-operative MT patients in the early stage and the elderly patients with poor physical conditions, the TCM alternative treatment can be adopted. For the patients with refractory cancer or in the late stage but with stable condition the

TCM replacement therapy can be used alone.

Through a long-term clinical observation and follow up, we have found that most of the MT patients may have complex syndromes, that is, "*Qi* and *Yin* deficiency" complicated by "internal accumulation of toxic



Liu ZZ et al. / Clinical Study

Figure 2 Dose of Chinese medical herbs used for four TCM syndromes TCM: Traditional Chinese Medicine.

heat". Based on this finding, we suggest that TCM treatment of tumors should be mainly focused on strengthening *Qi* and nurturing *Yin*, and clearing the heat and detoxification.

The cluster analysis and association rule mining of the herbs used for MT patients showed that Astragalus, Fructus Ligustri Lucidi, Ganoderma Lucidum, Dioscorea Opposita, Prunella Vulgaris and Herba Hedyotidis were the 6 frequently-used herbs for "energy-strengthening and toxic, heat- clearing". Astragalus is sweet in flavor and warm in nature. "Sweet flavor" can replenish the deficient, so it can replenish the diminished Qi after surgery; and "Warm nature" can amend the impaired, so it can reduce the toxic reactions of post-operative radio- or chemotherapy, removing residual poison and promoting wound healing. After several treatment by chemotherapy or radiotherapy; the patients may have severe deficiency of kidney-Yin, so, Fructus Ligustri Lucidi is used to reinforce the kidney-Yin. Astragalus and Fructus Ligustri Lucidi are the "sovereign herbs", exerting the main effects of the prescription (Sovereign, minister, assistant and attendant are the terms generalizing the effects of the herbs within one prescription in the order of importance). Ganoderma Lucidum and Dioscorea Opposita are the "minister herbs" with the effect of "strengthening energy" and "nurturing foundation". These effects may help the sovereign herbs in restoring energy, leading to recovery of the physical condition. Prunella Vulgaris and Herba Hedyotidis are the "assistant and attendant" herbs with "bitter and cold" property, so they have the "heat-clearing and detoxification" and "pain-alleviating" effects. They are able to reduce or control the tumor size. The combined use of the above herbs may give the effects of "Qi supplementation and Yin nourishment" along with "heat-clearance and detoxification".20-21 We constructed previously a three-dimensional structural spectrum of the possible 285 existing compounds of the "nurturing" herbs (Fructus Ligustri Lucidi and Ganoderma Lucidum) and the "heat-clearance and detoxification" herbs (Prunella Vulgaris and Herba Hedyotidis). We ran the Ligandfit docking module on Cerius 2 molecular simulation software by Accelrys, and found a successful docking of epidermal growth factor receptor, B-cell lymphoma-extra large, tumor necrosis factor- α , interleukin-2, and cyclooxygenase 2.²² We propose here the possible mechanism that "energy-strengthening and heat-clearing" may at least induce activation of the immune cells.

REFERENCES

- Wong LC, Chan E, Tay S, Lee KM, Back M. Complementary and alternative medicine practices among Asian radiotherapy patients. Asia Pac J Clin Oncol 2010; 6(4): 357-363.
- 2 **Cao ND**, Zhao AG, Yang JK. Survival time of advanced gastric cancer patients treated with integrated traditional Chinese and Western Medicine therapy. Zhong Yi Za Zhi 2010; 8(2): 116-120.
- 3 **Tindle HA**, Davis RB, Phi11ips RS, Eisenberg DM. Trends in use of complementary and alternative medicine by US adults:1997-2002. Altern Ther Health Med 2005; 11(1): 42-49.
- 4 Wu WY. Alternative and complementary effect of chinese

medicine in treating malignant tumors. Zhong Guo Zhong Xi Yi Jie He Za Zhi 2011; 31(1): 111-114.

- 5 **Sun YQ**, Liu JP, Liu SF. Research on the Experience and Inheritance of Famous TCM Doctors Based on Data Mining Technology. Liaoning Zhong Yi Yao Da Xue Xue Bao 2010; 12 (1): 223-224.
- 6 Weng XH, Xiao LR, Yang XM, Yang CB. Regularity of medication for spleen-stomach damp-heat syndrome in the Ming and Qing dynasties. Zhong Yi Za Zhi 2007; 48 (5): 440-442.
- 7 Chinese Anti-Cancer Association. A new coursebook on the diagnosis and treatment for common malignant tumors (Primary bronchogenic carcinoma). 1st ed. Beijing: Peking Union Medical College Press, 1999: 9-14.
- 8 **Zheng XY.** Principle guidelines for clinical trials of novel Chinese medicine.1st ed. Beijing: China Medical Science Press, 2002: 216-224.
- 9 State Administration of TCM of China. Diagnostic and efficacy guidelines of TCM diseases and syndromes. Jiangsu: Nanjing University Press, 1994: 36.
- 10 **Leng FN**. TCM differential diagnostic guidelines. Beijing: People's Medical Publishing House, 1991: 40.
- 11 **Shen ZY**, Wang WJ. TCM deficiency syndrome diagnostic guidelines. Zhong Guo Zhong Xi Yi Jie He Za Zhi 1986; 6(10): 598.
- 12 Guidelines for diagnostic criteria of blood-stasis syndrome. Zhong Guo Zhong Xi Yi Jie He Za Zhi 1989; 9 (2): 111.
- 13 State Administration of TCM of China. PRC TCM indus-

try standards. 1st ed. Jiangsu: Nanjing University Press, 1994: 18.

- Deng TT. Diagnostics of traditional Chinese Medicine.
 2nd ed. Shanghai: Shanghai Scientific & Technical Publishers, 2006: 142-152.
- 15 Gao XM. Science of Chinese pharmacology. 2nd ed. Beijing: Chinese Press of Traditional Chinese Medicine, 2007: 543.
- 16 **Sun ZQ**. Medicine statistics.1st ed. Beijing: People's Medical Publishing House, 2008: 400-404.
- 17 **Swaminathan R**, Lucas E, Sankaranarayanan R. Cancer survival in Africa, Asia, the Caribbean and Central America: database and attributes. IARC Sci Publ 2011; (162): 23-31.
- 18 Jing L. Thinking on syndrome differentiation treatment and personalized therapy for tumors. Zhong Guo Jie He Yi Xue Za Zhi 2009; 7(4): 306-308.
- 19 **Chen LD**, Du Jian. Academic views and clinical experiences. 1st ed. Beijing: Science Press, 2008: 10.
- 20 **Zheng JT**, Yang JL. The application of Professor Du's "energy-strengthening and tumor-suppressing" method in gastrointestinal cancer. Fu Jian Zhong Yi Yao Da Xue Xue Bao 2009; 19(2): 13-14.
- 21 Du J. Progress in anti-tumor mechanism of Traditional Chinese Medicine. Fu Jian Zhong Yi Yao Da Xue Xue Bao 2009; 19(4): 1-5.
- 22 **Chen LW**, Zheng CS, Du J. Using molecular docking to discuss the tumor-suppressing mechanism of the "heat-clearing and stasis-eliminating" decoction. Zhong Guo Lin Chuang Yao Li Xue Yu Zhi Liao Xue 2007; 12 (3): 324-328.