



如何合理運用中西醫方法 控制體重？

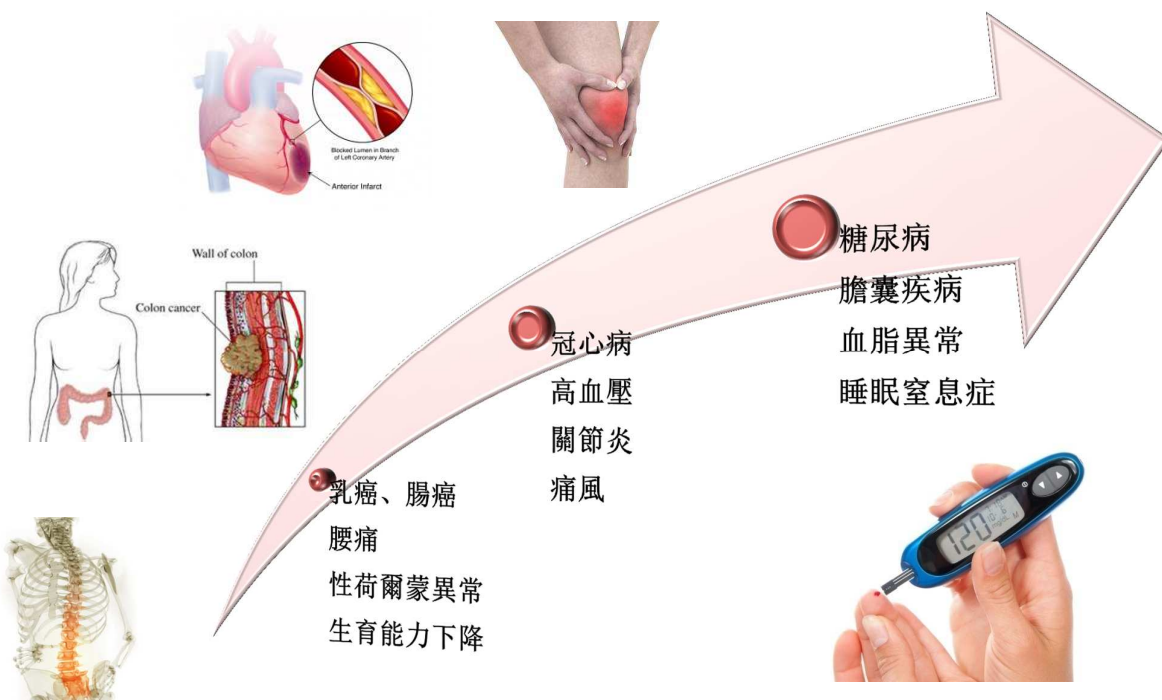


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減磅點止貪靚咁簡單！



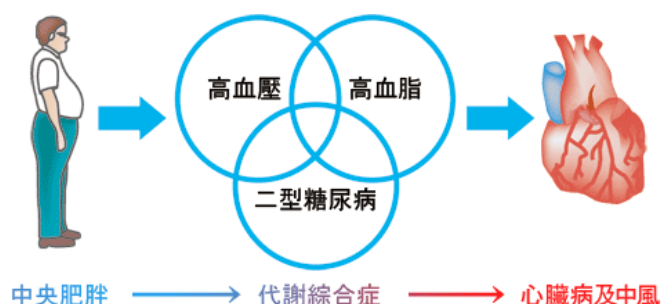
World Health Organization. *Obesity: preventing and managing the global epidemic. Report of a WHO consultation on obesity.* Geneva: WHO; 2000.

代謝綜合症

- **腰圍偏高/中央肥胖：** 亞洲男性>90cm；女性>80cm。
 - **三酸甘油酯偏高：** $\geq 1.7\text{mmol/L}$ ，或需服用降血脂藥物。
 - **高密度脂蛋白膽固醇偏低：** 男性 $< 1.03\text{mmol/L}$ ；女性 $< 1.29\text{mmol/L}$ ，或需服用降膽固醇藥物。
 - **血壓高：** 上壓 $\geq 130\text{mmHg}$ ；下壓 $\geq 85\text{mmHg}$ ，或需服用降血壓藥。
 - **空腹血糖偏高：** 血糖在 5.6mmol/L 或以上，或需服用降血糖藥物。



中央肥胖人仕若同時兼具以上 (除中央肥胖外) 兩項徵狀，即定義為代謝綜合症。



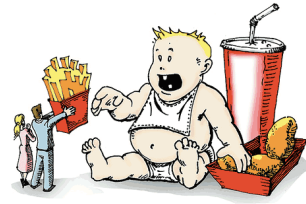
肥胖是一種慢性疾病！

“Although obesity should be considered a **disease** in its own right, it is also one of the **key risk factors** for other chronic diseases together with smoking, high blood pressure and high blood cholesterol.”



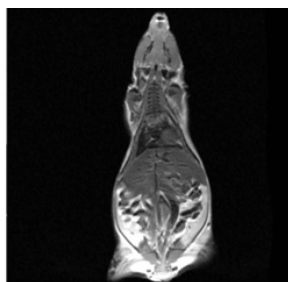
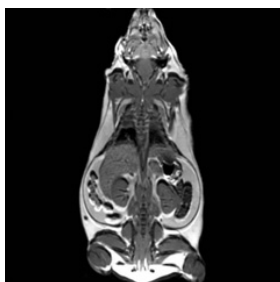
肥胖的病因

- 遺傳
- 不良飲食習慣：高脂、高熱量飲食、零食等
- 缺乏運動
- 藥物：胰島素、SU類降糖藥、類固醇、精神科藥物等
- 內分泌疾病：甲狀腺功能減低、垂體瘤、Cushing syndrome等



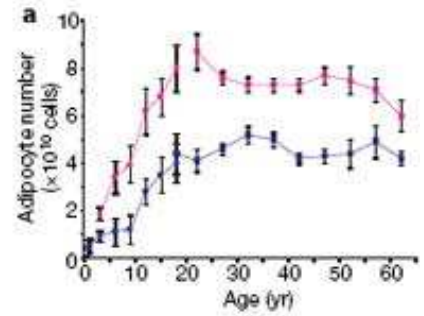
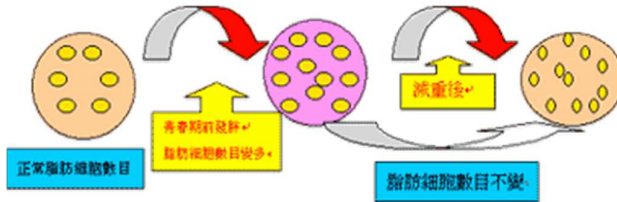
飲食與肥胖的關係

- 肥胖老鼠模型
進食高脂食物10周：
體重 10% ↑
脂肪 50% ↑
瘦素 (leptin) ↑
胰島素 (insulin) ↑
血糖 ↑

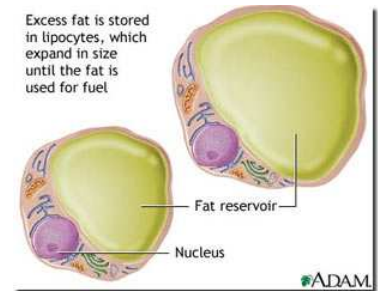
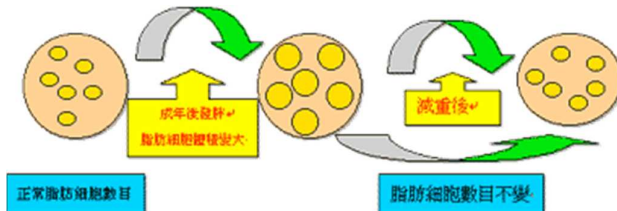


兒童肥胖 Vs 成人肥胖

- 脂肪細胞數目過多：兒童肥胖
 - 脂肪細胞數目增長最快：妊娠最後3個月、1歲內、青春期



- 脂肪細胞體積增大：成人肥胖、產後肥胖、老年肥胖



* 減重只是把脂肪細胞變小，不會把脂肪細胞變不見

http://www.ctaso.org.tw/dietmethod_b4.html

肥胖的測量方法（一）

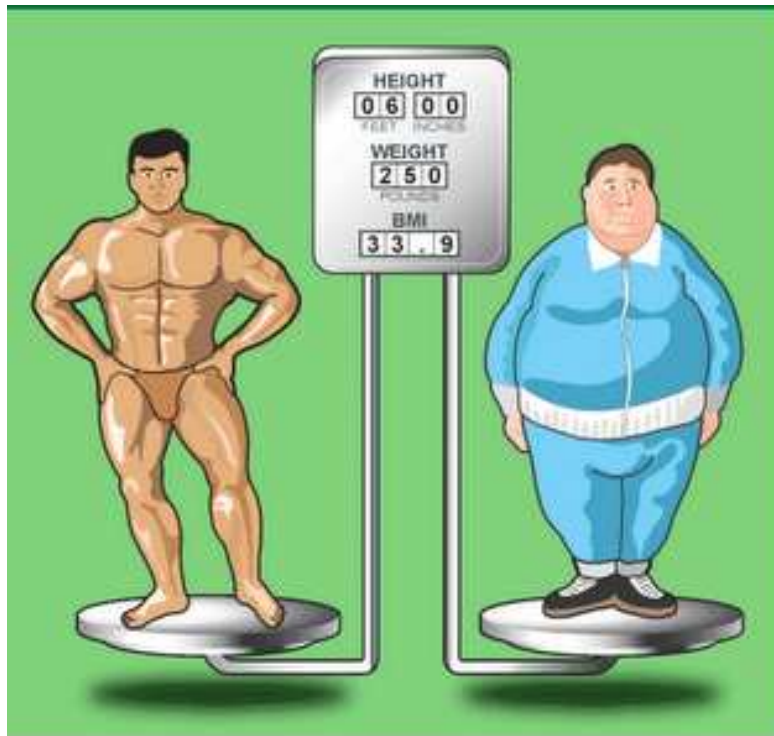
體質量指數(Body Mass Index, BMI)

$$BMI = \text{體重(kg)} / \text{身高平方(m)}^2$$

- e. g $65 \text{ (kg)} \div 1.75 \text{ (m)}^2 = 21.2$

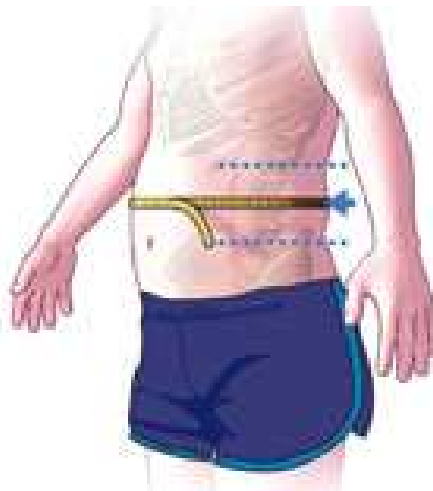


定義	亞洲人標準	健康危險性
過輕	小於18.5	
正常	18.5-23.9	
過重	24.0-26.9	輕度增加
肥胖（第一度）	27.0-29.9	中度增加
肥胖（第二度）	30.0-34.9	嚴重增加
肥胖（第三度）	35.0以上	極嚴重增加



肥胖的測量方法（二）

腰圍(Waist circumference)

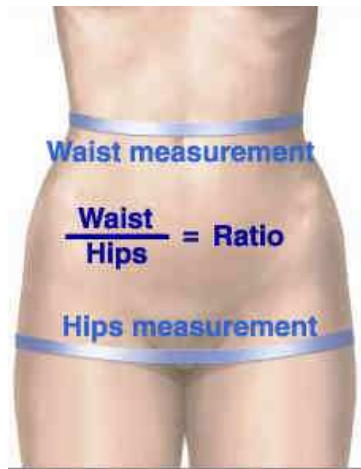


中國男性:>90cm

中國女性:>80cm

肥胖的測量方法 (三)

腰臀比(waist-to-hip ratio, WHR)



男性:>1.0

女性:>0.8

其他肥胖測量方法

體脂肪率(Body Fat Percentage, BF%)

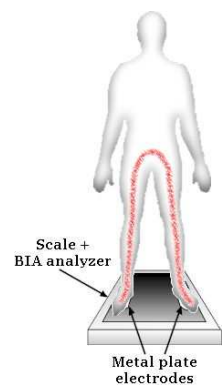
20~39歲 40~59歲 60歲以上

男 8~20% 11~22% 13~25%

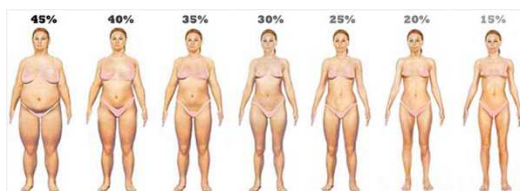
女 21~33% 23~34% 24~36%



DEXA Scan



Body Fat Monitor Scale



Body Fat % by Picture



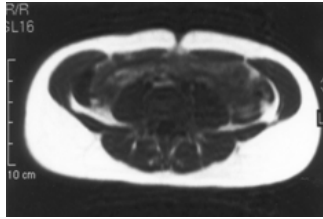
Skin Fold Caliper

<http://www.linear-software.com/online.html>

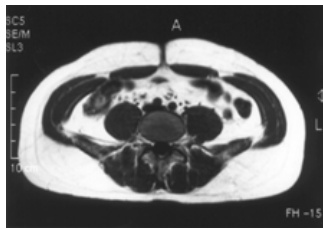
Online Body Fat Calculator for Men and Women

其他肥胖測量方法

核磁共振 (Magnetic Resonance Imaging MRI)



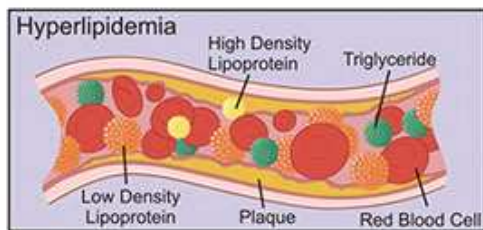
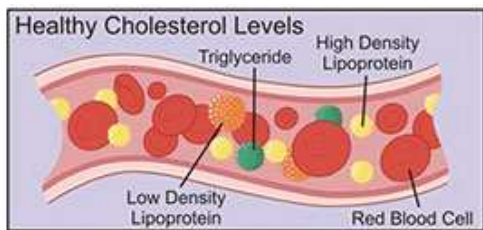
皮下脂肪積聚



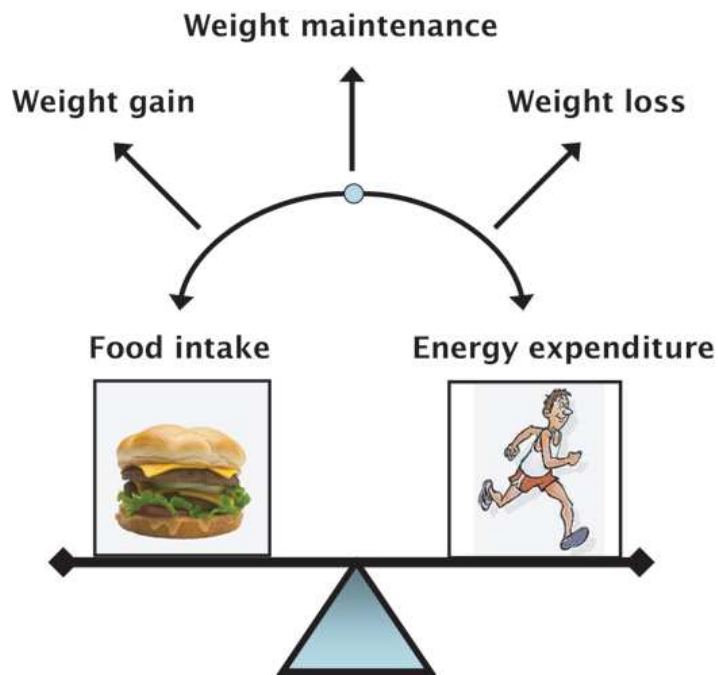
內臟脂肪積聚



不要忘了血液中的脂肪



體重與熱能平衡關係



告別「腹愁」必殺技

- 飲食控制
- 運動
- 中醫治療（針灸、中藥）
- 西醫治療（藥物、手術）



- 每天熱量需要（中等活動量）：
 - 男性：2000卡路里
 - 女性：1500卡路里



LOWER ENERGY DENSITY

This 450-gram breakfast delivers 500 kcalories, for an energy density of 1.1 (500 kcal ÷ 450 g = 1.1 kcal/g).



HIGHER ENERGY DENSITY

This 144-gram breakfast also delivers 500 kcalories, for an energy density of 3.5 (500 kcal ÷ 144 g = 3.5 kcal/g).

飲食控制要點

減磅期間，每日建議進食量：



- 卡路里攝取<消耗量
- 減磅不應過快。如：-500 卡路里/天，每週-3500卡路里，約可減少1磅。
- 飲食均衡，保障身體基本的生理需要
- 高纖低脂
- 適量補充水與微量元素
- 持之以恆
- 不應出現疲勞、面色蒼白、思維緩慢、精力不足等症狀。

運動原則



運動頻率：3-5 次/週（最好每天）

運動時間：30-50 分/次

運動種類：3-5 種；持續性、規
率性、大肌肉運動，如快走、騎腳
踏車、游泳、有氧舞蹈等

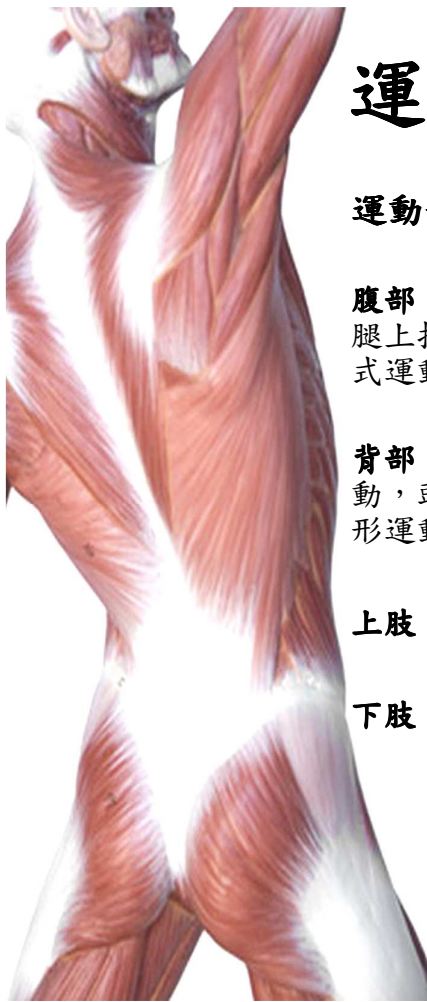
運動強度：中度（長期缺少運動者，
由輕度運動開始，漸進式增強；有
慢性疾病者須諮詢醫療人員意見）



運動強度與心率範圍

- 中度體能活動時呼吸加速、流汗，以及心跳加快，但仍可持續應付而不至辛苦。

		EXERCISE ZONES											
		AGE											
		20	25	30	35	40	45	50	55	65	70		
BEATS PER MINUTE	100%	200	195	190	185	180	175	170	165	155	150	VO2 Max (Maximum effort)	
	90%	180	176	171	167	162	158	153	149	140	135	Anaerobic (Hardcore training)	
	80%	160	156	152	148	144	140	136	132	124	120	Aerobic (Cardio training / Endurance)	
	70%	140	137	133	130	126	123	119	116	109	105	Weight control (Fitness / Fat burn)	
	60%	120	117	114	111	108	105	102	99	93	90	Moderate activity (Maintenance / Warm up)	
	50%	100	98	95	93	90	88	85	83	78	75		



運動原則

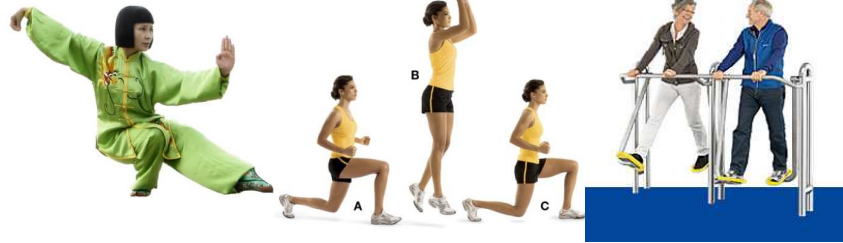
運動部位：

腹部：仰臥起坐、仰臥雙直腿上抬運動、直腿上下打水式運動。

背部：俯臥雙直腿後上抬運動，頭肩腿同時後上抬的船形運動。

上肢：引體向上、俯臥撐

下肢：弓步



ExRx.net 



上臂（後）



上臂（前）



前臂



胸肌



背肌



背肌



腹肌（收腰）



臀部+大腿



臀部+大腿

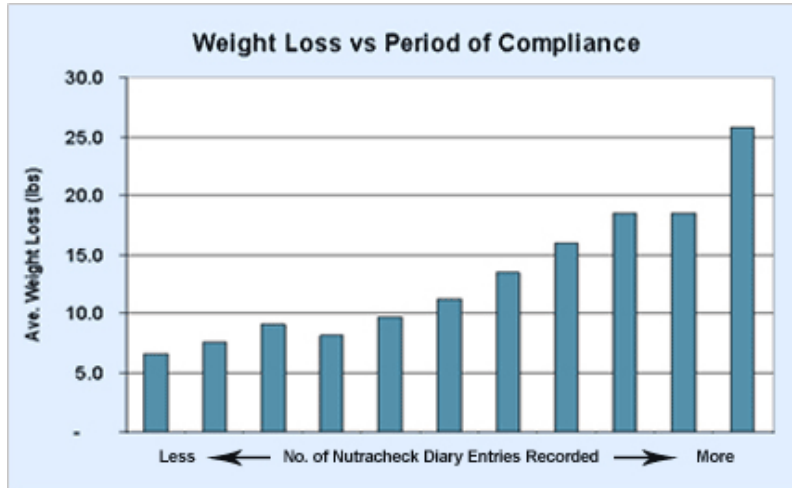


小腿

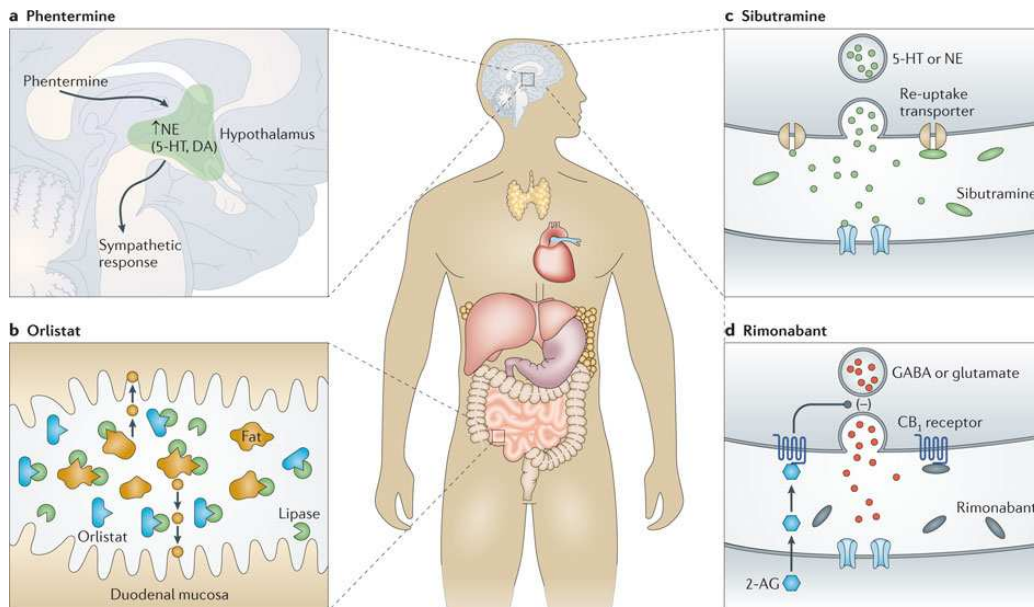


減磅日記

- 食物：種類、份量、熱量水平（高、中、低）
- 運動：種類、時間、身體感覺
- 體重
- 腰圍
- 臀圍
- BMI



藥物減肥法



Marcelo O. Dietrich & Tamas L. Horvath; Limitations in anti-obesity drug development: the critical role of hunger-promoting neurons; Nature Reviews Drug Discovery 11, 675-691

手術適應症

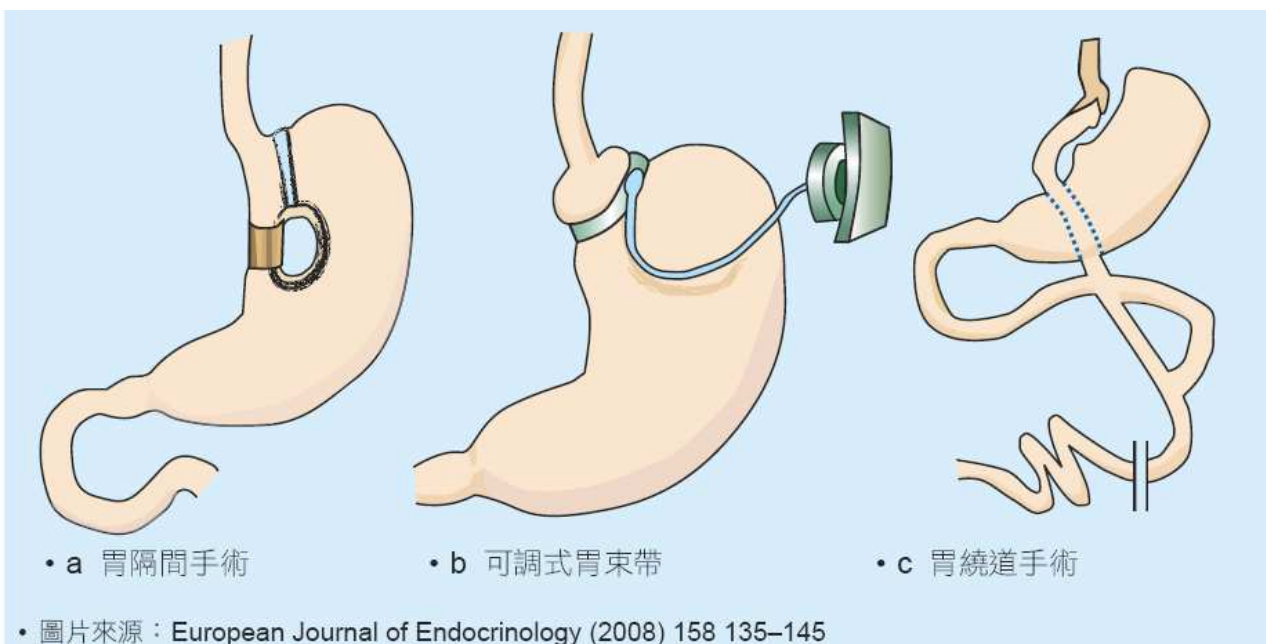
BMI>40kg/m²或>35kg/m²但合併有顯著的併發症。

曾經嘗試飲食控制等保守治療失敗。

年齡介於18至55歲中間。

無嗜睡或主要精神障礙。

無內分泌或合併重大心肺機能障礙。



實證醫學與療效評價



不同減磅方法的療效

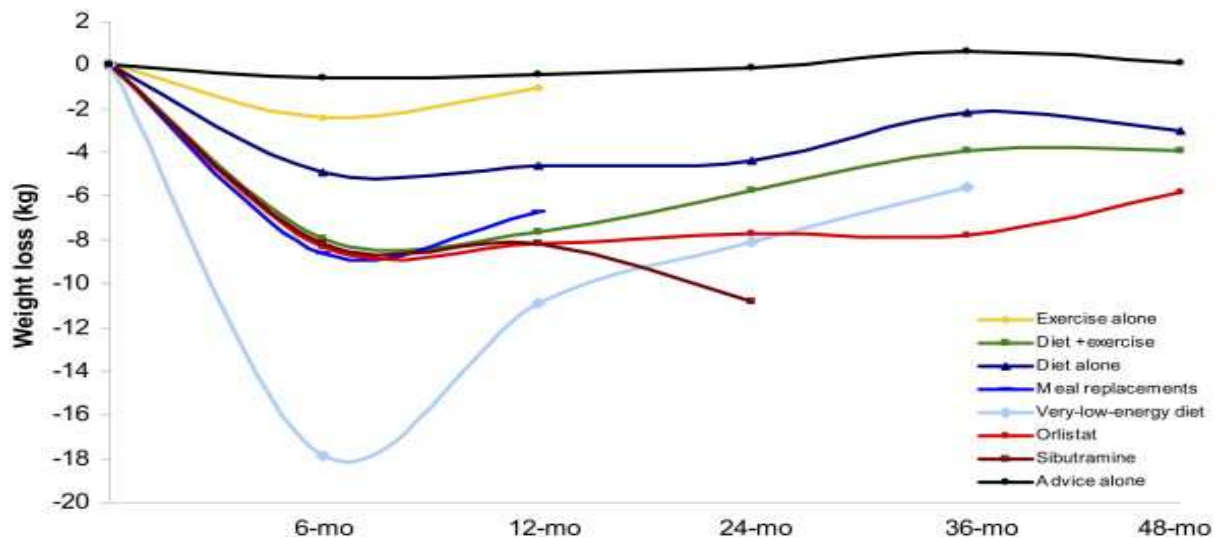
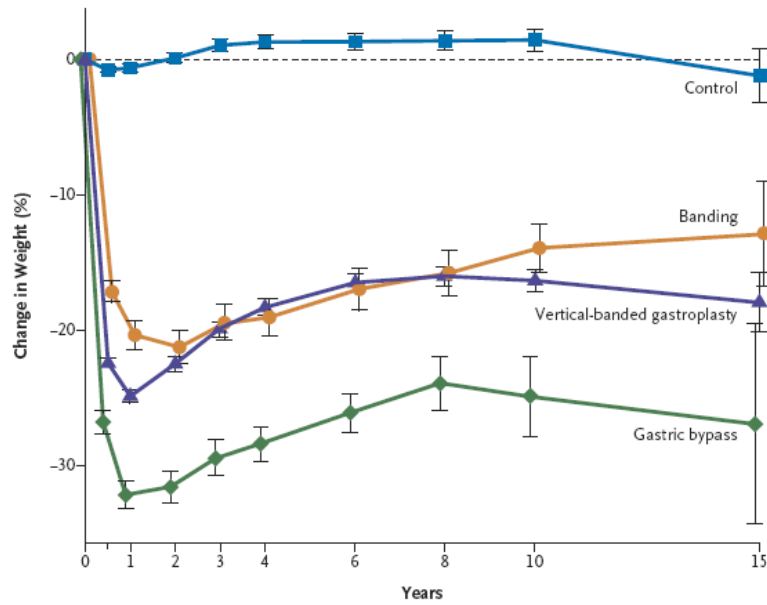


Figure 1 Average weight loss of subjects completing a minimum 1-year weight-management intervention; based on review of 80 studies (N=26,455; 18,199 completers [69%]).

Marion J. Franz, Jeffrey J. VanWormer, A. Lauren Crain, Jackie L. Boucher, Trina Histon, William Caplan, Jill : Weight-Loss Outcomes: A Systematic Review and Meta-Analysis of Weight-Loss Clinical Trials with a Minimum 1-Year Follow-Up ; Journal of the American Dietetic Association Volume 107, Issue 10 2007 1755 - 1767

外科手術與體重減輕



No. Examined	2037	1768	1660	1553	1490	1281	982	886	190
Control									
Banding	376	363	357	328	333	298	267	237	52
Vertical-banded gastroplasty	1369	1298	1244	1121	1086	1004	899	746	108
Gastric bypass	265	245	245	211	209	166	92	58	10

Figure 1. Mean Percent Weight Change during a 15-Year Period in the Control Group and the Surgery Group, According to the Method of Bariatric Surgery.

I bars denote 95% confidence intervals.

Sjöström et al. N Engl J Med 2007;357:741-52.

抽脂有效嗎？



It is concluded that the quality of evidence of **positive health effects** for patients having abdominoplasty is **very low** concerning all studied outcomes.

A systematic review of outcomes of abdominoplasty. J Plast Surg Hand Surg. 2012 Sep;46(3-4):139-44.

Obesity Treatment

A systematic review on use of Chinese medicine and acupuncture for treatment of obesity

Y. Sui^{1*}, H. L. Zhao^{1*†}, V. C. W. Wong², N. Brown³, X. L. Li¹, A. K. L. Kwan², H. L. W. Hui², E. T. C. Ziea² and J. C. N. Chan^{1,4,5}

CHM and acupuncture were more effective than placebo or lifestyle modification in reducing body weight. They had a similar efficacy as the Western anti-obesity drugs but with fewer reported adverse effects. However, these conclusions were limited by small sample size and low quality of methodologies.

REVIEW

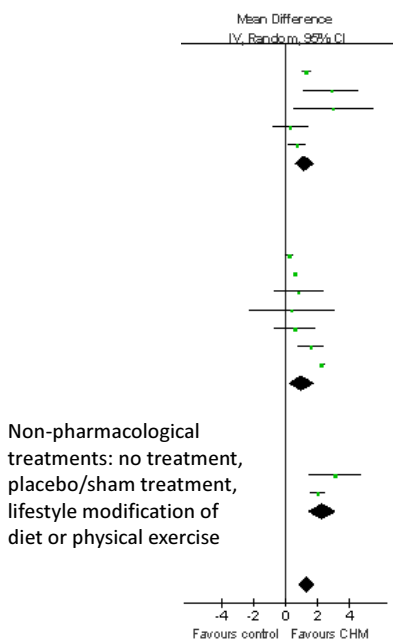
Acupuncture for obesity: a systematic review and meta-analysis

S-H Cho¹, J-S Lee², L Thabane^{3,4} and J Lee^{2,4}

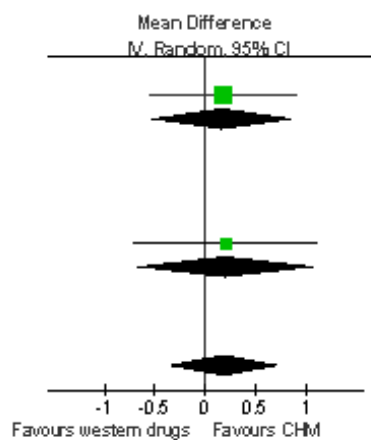
Conclusions: Our review suggests that acupuncture is an effective treatment for obesity. However, the amount of evidence is not fully convincing because of the poor methodological quality of trials reviewed. In conclusion, there is an urgent need for well-planned, long-term studies to address the effectiveness of acupuncture for treating obesity.



中藥減磅的療效



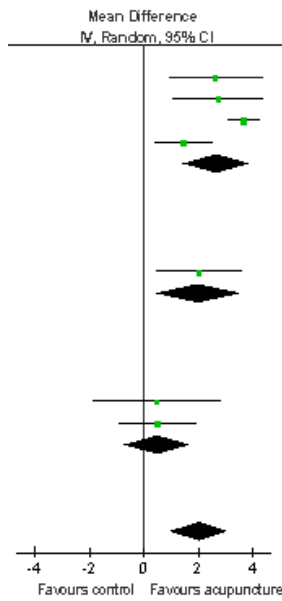
Pooled analysis of mean difference in BMI reduction (kg/m²) with CHM versus non-pharmacological treatments



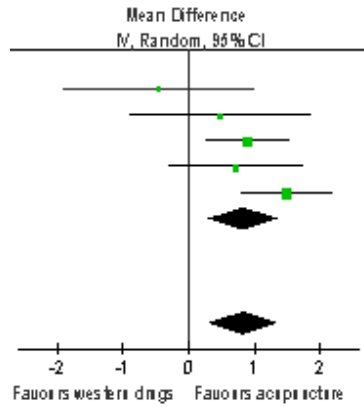
Pooled analysis of mean difference in BMI reduction (kg/m²) with CHM versus pharmacological treatments



針灸減磅的療效



Pooled analysis of mean difference in BMI reduction (kg/m²) with acupuncture versus non-pharmacological treatments



Pooled analysis of mean difference in BMI reduction (kg/m²) with acupuncture versus pharmacological treatments

Sui Y, Zhao HL, Wong VC, Brown N, Li XL, Kwan AK, Hui HL, Ziea ET, Chan JC. A systematic review on use of Chinese medicine and acupuncture for treatment of obesity. [Obes Rev](#). 2012 May;13(5):409-30.

10種最常用的減肥中藥



黃耆



茯苓



白朮



蒼朮



陳皮



荷葉



山楂



澤瀉



大黃



丹參

Sui Y, Zhao HL, Wong VC, Brown N, Li XL, Kwan AK, Hui HL, Ziea ET, Chan JC. A systematic review on use of Chinese medicine and acupuncture for treatment of obesity. [Obes Rev](#). 2012 May;13(5):409-30.

10個最常用的減肥穴位



Sui Y, Zhao HL, Wong VC, Brown N, Li XL, Kwan AK, Hui HL, Ziea ET, Chan JC. A systematic review on use of Chinese medicine and acupuncture for treatment of obesity. *Obes Rev*. 2012 May;13(5):409-30.

DIABETES, OBESITY AND METABOLISM A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

review article

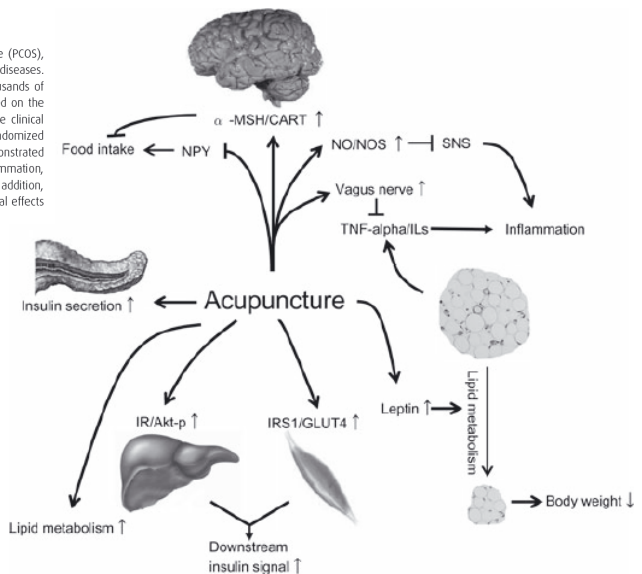
Diabetes, Obesity and Metabolism 12: 555–569, 2010.
© 2010 Blackwell Publishing Ltd

Acupuncture: is it effective for treatment of insulin resistance?

F. Liang^{1,2} & D. Koya¹

¹Department of Endocrinology & Metabolism, Kanazawa Medical University, Ishikawa, Japan
²Department of Acupuncture & Moxibustion, Hubei University of Traditional Chinese Medicine, Hubei, Wuhan, China

Insulin resistance (IR) is closely associated with obesity, type 2 diabetes mellitus (T2DM), hypertension, polycystic ovary syndrome (PCOS), non-alcohol fatty liver diseases (NAFLD) and metabolic syndrome and is also a risk factor for serious diseases such as cardiovascular diseases. Pharmacological treatments available for IR are limited by drug adverse effects. Because acupuncture has been practiced for thousands of years in China, it has been increasingly used worldwide for IR-related diseases. This review analyses 234 English publications listed on the PubMed database between 1979 and 2009 on the effectiveness of acupuncture as a treatment for IR. These publications provide clinical evidence, although limited, in support of the effectiveness of acupuncture in IR. At this stage, well-designed, evidence-based clinical randomized controlled trial studies are therefore needed to confirm the effects of acupuncture on IR. Numerous experimental studies have demonstrated that acupuncture can correct various metabolic disorders such as hyperglycemia, overweight, hyperphagia, hyperlipidemia, inflammation, altered activity of the sympathetic nervous system and insulin signal defect, all of which contribute to the development of IR. In addition, acupuncture has the potential to improve insulin sensitivity. The evidence has revealed the mechanisms responsible for the beneficial effects of acupuncture, though further investigations are warranted.



Liang F, Koya D. Acupuncture: is it effective for treatment of insulin resistance? *Diabetes Obes Metab*. 2010 Jul;12(7):555-69.

中醫辯證調理肥胖病體質 (代謝綜合症)



氣滯濕阻證

• 行氣化濕

痰瘀互結證

• 祛痰化瘀

脾腎氣虛證

• 補脾益腎

氣陰兩虛證

• 益氣養陰



中醫食療原則

※《黃帝內經》"五穀為養、五果為助、五畜為益、五菜為充"

※《飲膳正要》"善養性者,先饑而食,食勿令飽,先渴而飲,飲勿令過,食欲數而少,不欲頓而多,蓋飽中饑,饑中飽....."

➡ 每餐只吃七八分飽，以素食為主，營養均衡

※《遵生八箋》："五味之於五臟,各有所宜,若食之不節,必致虧損"

➡ 根據體質選擇食物:

- 熱性體質--清涼類食物，如苦瓜
- 虛寒體質--溫補類食物，如生薑、肉桂燉羊肉、牛肉等
- 陰虛體質--養陰類食物，如黃瓜、百合、生菜等



中醫食療方舉例

• 番茄山楂湯

- 番茄**200克**，山楂**30克**，陳皮**10克**。
- 山楂、陳皮分別洗淨，山楂切片去籽，陳皮切碎，放入碗中備用；
- 將番茄放入溫水中浸泡片刻，洗淨，切碎，剁成番茄糊，待用；
- 鍋內加清水適量，調入山楂、陳皮，中火煮**20分鐘**，加入番茄糊，攪拌均勻，改用小火煮**10分鐘**即成。
- 胃酸較多者慎用



中醫食療方舉例

• 消脂健身飲

- 焦山楂**15克**，荷葉**8克**，生黃芪**15克**，生薑**2片**，生甘草**3克**。
- 以上各味同煎湯。
- 代茶飲或每日**3次**

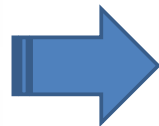


中醫食療方舉例

- 山楂銀菊茶
- 山楂**10**克，銀花**10**克。菊花**10**克。
- 山楂拍碎後同菊花、銀花入紫砂杯中，以沸水沖泡、代茶飲。



心動不如行動！





Thank You!
😊

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