

DOCTORAL THESIS

The Distribution of Body Constitutions and Evaluation of the Preventive Effectiveness with Chinese Medicine Approaches in Hong Kong Elderly Population

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Abstract

Qi-deficiency Constitution is a non-pathological state of the elderly regarding their individual morphological structure, physiological function, and psychological condition. This state is integrated and relatively stable throughout the elderly's life. The elderly with the Qi-deficiency Constitution tends to have loose muscles, excessive sweating, lower voice frequency, shortness of breath, lassitude, easy to get tired and catch colds. The "Nine Body Constitutions" cross-sectional study revealed that 1,303 out of 5,382 Hong Kong (HK) senior citizens with Qi-deficiency Constitution were susceptible to frequent incidences of the common cold annually, specifically ≥ 5 times per year. Based on the concept of "Zhi Wei Bing (preventive treatment of disease)" of the Traditional Chinese Medicine (TCM) constitution theory, targeting the Qi-deficiency Constitution may reduce the common cold incidence and enhance survival rates. We administered the 3-month prophylactic modified Jade Wind-Barrier formula (MJWB) to the elderly aged 65 or above with Qi-deficiency Constitution who encountered at least one incidence of the common cold annually.

In the current controlled trial, we found that our MJWB significantly improved the clinical features of the Qi-deficiency Constitution compared to that in the control arm. MJWB particularly improved the three clinical features: (1) "Easily get tired", (2) "Shortness of breath", and (3) "Lack of energy". MJWB also significantly improved IgG level compared with its baseline level among the participants in the MJWB arm. This trial established a foundation for TCM prevention study. It contributes to (1) the primordial prevention, i.e., addressing the root cause (Qi-deficiency Constitution) of the common cold; (2) primary prevention i.e., administrating of a prophylactic MJWB to the susceptible population; and (3) secondary prevention i.e., conducting an individual level yearly assessment of Qi-deficiency Constitution, to prevent the progression to symptomatic common cold, and to relieve the common cold complications among HK elderly population. There are still challenges to overcome. The incidence, persistence and symptoms severity of the common cold observed no statistical significance between the MJWB users and the non-users. We anticipate a larger sample size (more participants) to find a truly significant relationship if one exists.

In future, to illuminate the concept of "Zhi Wei Bing (preventive treatment of disease)", we would continue our efforts to various aspects. These are including but not limited to (1)

performing well-designed clinical trials, such as pragmatic randomized controlled trial on promising TCM preventive strategies; (2) enhancing the diagnosis and differentiation of the common cold from other acute upper respiratory tract infections for the clinicians and participants; (3) following up on the long-term improvements of the elderly participants.