

- [12] Li ping, sha ai-guo, zhang ling-hao. Magnifying glass microscope after surgery for tubal sterilization recanalization. [J]. Foreign Medical Journal of Obstetrics and Gynecology Volume, 1997, 24(6) : 366.
- [13] Mc-Canslaud A1 Endosalpingiosis following laporoscopie tubal coagulat ionas an et iologie factor of ect opic pregnancy[J]1 Am J Obstet Gyneco, 1982,143: 12.
- [14] Zheng Huaimei.Obstetrics and Gynecology[M].3 edition.Beijing: People's Medical Publishing House,1992:100.
- [15] Liu Chunmei.New advance in etiology and treatment of ectopic pregnancy (review)[J].Maternal and child health,2010,1:107-108.
- [16] Strandell A,thorburn J,Hamberger L.Risk factors for ectopic pregnancy in insisted reproduction,Fertil Steril,1999;71(2):282-286.
- [17]Cao ze-yi Journal of Obstetrics and Gynecology[M].beijing: People's Health Publishing House,2003:13151.
- [18] Saraiya M, Berg CJ, Kendrick JS , et al1Am JObstet Gynecol, 1998, 178: 493- 4981.

The development of traditional Chinese Herbal Medicine treatment for the ovarian cancer: A systematic review

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Abstract: A systematic review was conducted to the effect and safety of traditional Chinese medicinal herbs (TCMHs) (one formulation) in the treatment of ovarian cancer. Three independent researchers searched the China Journals Full-text Database and 7 English databases. During the research we only included in the studies of randomized controlled trials.

Keyword: traditional Chinese Herbal Medicine treatment, ovarian cancer, systematic review

1.Introduction

Description of the condition

Ovarian cancer is the sixth most common cancer of women (Ferlay 2002). Each year, world-wide, during the 200,000 diagnosed patients 125,000 women will die, which is equal to an annual incidence of 6.6 cases per 100,000 women, an annual mortality rate of 4.0 deaths per 100,000 and a cumulative lifetime risk of 0.5% (GLOBOCAN 2002). The median age of the ovarian cancer diagnosed is 63 years. A woman's risk of developing cancer of the ovary by age 75 years varies between the countries, ranging from 0.5% to 1.6%, corresponding to an age-standardized rate of 5 to 14 cases per year in 100,000 women (IARC 2002). While, the main dead reason of gynaecological cancer due to the ovarian cancer in Europe. Only a third of women are alive beyond five years after diagnosed ovarian cancer (Sant 2003). That is because most of women with ovarian cancer are diagnosed at an advanced stage and the surgical cure is usually impossible (Jemal 2008). While for Chinese people, some research suggest that ovarian cancer is the most easily location for tumor. The benign and malignant ratio is 4:1, that is the incidence of malignant ovarian cancer accounts for 20% of the women's gynaecological malignant tumor. Recent years because early ovarian cancer couldn't be found, it has the first mortality rate, Which is more than the sum of the cervical and corpus cancer. From 1995 to 1997 the incidence of malignant ovarian cancer accounts for 4.6% of all malignant tumor in Beijing city. Which rose by 45% from 1991 to 2000 in Shanghai urban and 26% from 1991 to 2005 in Hong Kong (He 2009) .

Due to the often asymptomatic nature of the early stages of the disease, almost 70% of the women with common epithelial ovarian cancer are not diagnosed until the disease is at the

advanced stage - i.e. has spread to the upper abdomen (stage III) or beyond (stage IV). The five years survival rate of these women is 15% to 20%, whereas the five years survival rate of those patients approaches 90% at stage I and approaches 70% at stage II (ACS 2005; NOCC 2004).

The costs associated with the cancer impact both the affected individual and the healthy system. Healthy care costs have risen dramatically and now exceed 17% of the United States gross domestic product (GDP) [Kaiser 2010]. One study had search that the average hospital expenses of ovarian cancer patients with hospitalized medical insurance were 9 824.59yuan from 2003 to 2007 in Tianjin. These above prove that ovarian cancer patients have heavy economic burden at home and abroad [Ke 2011]. Ovarian cancer treatment in particular is susceptible to rising costs due to the constant influx of novel chemotherapeutics and biologics, most of which are more costly than the established front-line therapies but have limited proven benefit. The costs associated with care of ovarian cancer patients are considerable and highest during the first year of diagnosis and the last year of life [Yabroff 2008]. The costs associated with death (defined here as the cost of six cycles of salvage outpatient chemotherapy plus palliative care) are varied from \$14,000 to \$42,000 with no change in results. Results are insensitive to variation of cost-to charge ratio from 0.4 to 0.8.

2. Material and Methods

Criteria for considering studies for this review

Types of studies

We will include randomized controlled trials (RCT) .

Types of participants

Into standard

- (1) Women with the advanced ovarian cancer at III or IV stages.
- (2) ovarian cancer diagnosed by pathological clearly
- (3) Primary with ovarian cancer, without the second uncurable malignant tumor at the same time.
- (4) Karnofsky score above the 60 points,
- (5) focused on the women aged between the 20-70.
- (6) without serious heart, liver, brain, kidney and other organs organic damage.
- (7) Patients accept the TCM treatment voluntarily.
- (8) In the first four months of treatment not receive any other antineoplastic therapy

Exclusion standardb

- (1) Do not conform to the standards diagnosis
- (2) Women with the age below 20 and above 70 years
- (3) Lactation women.
- (4) The mental patient (in episode of mental patients) or patients don't cooperate with the treatment process.
- (5) With a serious heart, brain, liver, kidney disorders or other important organ failure.
- (6) With the drug allergy
- (7) Participants compliance is poor, with serious adverse events, complications or special physiological change unfavorable continuing to accept the test, to exit by itself etc. are regarded as fall off cases.

Types of interventions

Traditional Chinese medicinal herbs (TCMHs) are defined as preparations derived from plants, or parts of plants, including single herbs or mixtures of different herbs. We will include any types of preparation, such as decoction, oral liquid, tablet, capsule or powder. We will also include single chemicals extracted from a plant, or synthetic chemicals based on plant constituents.

We will consider the following comparisons:

1. Traditional Chinese Herbal Medicine alone versus placebo after chemotherapy or/and radiotherapy.
2. Traditional Chinese Herbal Medicine combined with chemotherapy or/and radiotherapy versus chemotherapy or/and radiotherapy.

Types of outcome measures

The primary outcomes:

(1) Overall survival (OS);

(2) Quality of life (QOL):

(3) Progression-free survival (PFS)

The secondary outcomes:

(1) Adverse effects (including adverse reactions of Chemotherapy drugs)

(2) Symptom control (including abdominal mass, ascites)

(3) Laboratory parameter (including CEA, CA125)

Search methods for identification of studies

Electronic searches

Search methods for identification of studies

A comprehensive and exhaustive search strategy will be formulated in an attempt to identify all relevant studies regardless of language or publication status (published, unpublished, in press, and in progress).

We will screen the list of the titles from the results of searching by two authors.

We will try to identify additional studies by searching the reference lists of relevant trials and reviews identified.

We will also search databases of ongoing trials:

Current Controlled Trials (www.controlled-trials.com)

The National Research Register (www.update-software.com/National/nrr-frame.html)

WHO ICTRP Search Portal (<http://apps.who.int/trialsearch/>)

The principal authors of the identified RCTs will be approached and asked about additional RCTs they might know.

This review is based on individual patient data obtained directly from the responsible trialist or data centre. The methods used were prespecified in a protocol.

3.Results

General description of the reviewed studies

The search yielded 4499 potentially relevant citations, of which 4224 citations were excluded for reasons of irrelevance or duplication. A total of 275 articles that were related to the TCM treatment for ovarian cancer, But in the end through the verification only 18 articles are real RCTs. During the 18 articles, 12 articles are TCM combination with chemotherapy treatment for the ovarian cancer, the content including the improvement of clinical curative effect, the reduction of abdominal water and the adjustment of the immune staging. The clinical curative effect specific include the near future curative effect, the improvement of the symptoms, the quality of life score, reducing the side effects of chemotherapy, And the clinical symptoms criteria including CR, PR, NC, and PD. 5 articles introduce Chinese traditional medicine contrast placebo for the treatment of ovarian cancer, also including the improvement of the quality life, the reduction of abdominal water and the adjustment of the immune staging. Only one article mention Chinese traditional medicine, chemotherapy, combination with surgical treatment for ovarian cancer. Which treatment effect reflected in the recent curative effect and reducing side effects.

A total of retrieval to 4499 articles, through reading topic, abstract and reading the full text, a 18 article are included in the study, all the studies are published in Chinese, carried in China; Not searching the requirements of English literature. In the 18 real randomized controlled trials, there are one systematic review about traditional Chinese medicine treatment of ovarian for reference.

4.References

Ferlay 2002 Ferlay J, Bray F, Pisani P, Parkin DM. GLOBOCAN 2002. Cancer Incidence, Mortality and Prevalence Worldwide. IARC CancerBase No. 5, version 2.0. Lyon: IARC Press, 2004.

GLOBOCAN 2002

Ferlay J, Bray F, Pisani P, Parkin DM. GLOBOCAN 2002: Cancer Incidence, Mortality and Prevalence Worldwide. *IARC CancerBase*. Lyon: IARC Press, 2004, issue No.5. version 2.0.

IARC 2002

Parkin DM, Whelan SL, Ferlay J, Teppo L, Thomas DB. Cancer Incidence in Five Continents. IARC Scientific Publication No. 155, Lyon 2002; **VIII**.

Sant 2003

Sant M, Aareleid T, Berrino F, Bielska Lasota M, Carli PM, Faivre J, et al. EURO CARE-3: survival of cancer patients diagnosed 1990-94- results and commentary. *Annals of Oncology* 2003;14:v61-v118. [: Supplement 5]

Jemal 2008

Jemal A, Siegel R, Ward E, Hao Y, Xu J, Murray T, et al. Cancer Statistics, 2008. *CA: A Cancer Journal for Clinicians* 2008;58:71-96.

He 2009

He JR, Gao X Global Incidence Patterns of Female Breast and Ovarian Cancers Chinese cancer, 2009,3(18):169-172

ACS 2005

American Cancer Society. Detailed Guide: Ovarian Cancer. <http://www.cancer.org> 2005 2005.

NOCC 2004

National Ovarian Cancer Coalition. What Is Ovarian Cancer?. <http://www.ovarian.org> 2004.

Kaiser 2010

Kaiser Family Foundation. Trends in Health Care Costs and Spending. March 2009. http://www.kff.org/insurance/upload/7692_02.pdf. Accessed October 11, 2010.

Ke 2011

Ke H Li CP In charge of be in hospital of insurance of medical treatment of ovarian cancer patients and influence factors Chin J Pubic Health Mar 2011 Vol.27 No.3 343-344

Comparative study and evaluation of traditional Chinese and Western medicine in methods for the treatment of subhealth state

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【Abstract】 With the increased stress in social and daily life, more and more people in modern society are suffering subhealth. A latest predictive survey announced by WHO showed that 75% population in the world are in the state of subhealth and only 5% are in the state of real health. Doctors from both traditional Chinese medicine and western medicine have study and taken a lot of interventions to prevent subhealth, many of which have shown good results. However, methods for the treatment of subhealth state from traditional Chinese medicine have shown advantages obviously. These methods, which comply with the theory of preventive treatment in TCM, are diversified and vary from people to people according to their syndromes.

【Keywords】 Subhealth state; Intervention; Advantages of TCM

Introduction

WHO named the state of body with functional changes but without Organic disease as “The thire state”, firstly proposed by Berkman from the former Soviet Union in 1980s. It is also known as inferior health, intermediate state and wavering state. We call it subhealth in China. Wang Yuxue^[1] in China is the first researcher who use the title subhealth. It means a state of low quality and