

and vital energy deficiency, the residual heat was not cleared, qi-yin insufficiency, qi deficiency with blood stasis, qi function stagnates, Pi deficiency to generate dampness, Xin spirit not calmed down, and others. Before and after discharging, no Shen deficiency syndrome in TCM was observed.

Glucocorticoid is the key drug in treating SARS, which should be used for the confirmed patients in clinical practice as early as possible, to block the hypersensitive response and reduce the damage, alleviate toxic symptoms for improving the prognosis, the dosage should be individualized to adjust in time. We used 4 grades of MP SL 80, 160, 240, 320 mg, diluted with normal saline 100 ml, every day intravenous dripping for once or twice, middle and small dosage of CS can control the disease. According to the situation of remission or chest film absorption the dosage should be gradually withdrawn, 40–80 mg in 3–4 days, but when the dosage was high (4–8 mg/kg body weight), then the reduction could be decreased for half dosage.

About using orally taken CS to replace intravenous dripping, we observed 2 patients, who after intravenous dripping MP SL for 240 mg, twice a day, reduced to

160 mg MP SL, once daily, 3 days later stopped the medication without CS orally taken, but the condition kept stable. When MP SL used, H<sub>2</sub> ceptor inhibitor or proton pump inhibitor and antibiotics (intravenous dripped or orally taken, often used were macrolides or Quinolones) should be used to prevent the peptic ulcer bleeding, infection or immuno-suppression induced secondary infection. If flora imbalance appears, temporarily cease the medication or change to other kinds of antibiotics could adjust the flora imbalance.

On the whole, at present people's understanding deepens day after day, to summarize the experience of clinical practice, using ICWM to combine the superiority of both medicines and enrich the therapeutic measures, aiming at different stage with different situation to control the disease, remit the symptoms, raise the quality of life and promote the rehabilitation. Owing to the limitation of time and conditions, it is unable to evaluate the clinical efficacy of SARS with evidence based medicine and using the prospective randomized controlled assay which awaits further analysis, comparison and exploration.

(Received June 4, 2003)

## NEWS

### Audio-Vision Symposium on Preventing and Treating SARS by Integrative Medicine between Taiwan and the Mainland Held in Beijing and Taipei

In order to jointly fighting SARS so as to promote the academic exchange between both sides of Taiwan Straits, a SARS Prevention and Treatment with Integrative Chinese and Western Medicine (ICWM) Televised Informative Symposium between both sides of Taiwan Straits was convened in Beijing on June 9, 2003, which was sponsored by Chinese Association of Integration of Traditional and Western Medicine (CAIM) and Taiwan Association of Integrative Chinese and Western Medicine (TAICWM) at the site of Beijing and Taipei simultaneously. The symposium was co-chaired by Prof. Ying-shiung Lee, President of Taiwan Chang Gung University Medical College and Prof. Wei Beihai, Vice President of CAIM. Prof. Chen Keji, Academician of Chinese Academy of Sciences, President of CAIM. Prof. Sze Piao Yang, Honorary President of TAICWM, former President of Taiwan University Medical College, Prof. Minghe Huang, President and Director—General of Taiwan counterpart addressed the meeting. The symposium invited part of specialists from both sides of Taiwan Straits who participated the fight against SARS to deliver speeches on the experiences about using ICWM in treating SARS, the appropriate opportunity of TCM in intervening the treatment, the TCM in preventing pulmonary fibrosis and how to prevent iatrogenic infection, particularly the infection of medical professionals. The participants expressed their views freely and each has his own say, the discussion was warmly, friendly and lively.