

伦敦国王学院 整合中医药学 中心

整合智慧，催化创新



King's CICM定位

- 伦敦国王学院(King's)及其教学医院联合成立的国王学院健康科学合作伙伴(KHP)旗下跨学科研究机构，致力于通过传统中医药学与现代医药学的创新融合，解决英国国民医疗服务体系(NHS)面临的重大挑战。

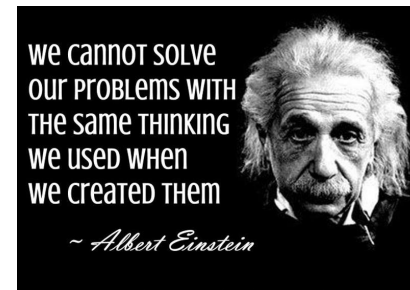
方法论

- 打破学科壁垒，促进对话，建立协作网络
- 融合两种历史悠久的医学哲学体系
- 整合中医药学、现代医药学与尖端科技资源

必要性： 解决NHS面临的危机需要新思路、新方法，呼唤功能与解剖导向思维兼容、整体论与还原论方法协同的新健康、医药模式。

- **NHS面临重大挑战，疫情后候诊名单失控**
(《新英格兰医学杂志》2023;389:100)
- **NHS公众满意度骤降至21%，不满率达59%**
(2025年英国社会态度调查)
- **NHS治疗、护理或照护缺失造成的伤害比例已上升至9.7%** (2001年4.8%、2013年2.5%)
(《英国医学杂志·质量与安全》2025；Medscape 2025年数据)
- **英国五分之一医生考虑离职** (GMC 2025年度调查)
- **罢工住院医生遭遇讥讽与声援** (BMJ 2025;390:r1575)

“我们无法用制造问题时的同一思维来解决问题。”
——阿尔伯特·爱因斯坦



“他山之石，可以攻玉”
《诗经·小雅·鹤鸣》



King's CICM 的发展战略与以下三大纲领高度契合：

- 世界卫生组织 《2025-2034年传统医学战略》
- 英国国民医疗服务体系 (NHS) 优先发展事项
- 伦敦国王学院 《2029愿景》 与 《2030战略》

King's CICM 将基于以下三大支柱构建发展体系：

- 逐步成熟的国际标准体系
- 日渐完善的国际规范指南
- 已经建立的全球合作网络

——这一框架不仅推动中医药与现代医学的融合，更将为其他民族医学智慧融入未来医疗体系提供范式支撑。

我们的愿景：

打造国际化平台以

- 促进KHP人员参与整合中医学创新
- 吸引慈善资金支持重要的创新项目
- 支持全球合作网络



学术根基

- 依托伦敦国王学院顶尖健康科学研究实力与传统医药研究传统
- 继承欧盟FP7 GP-TCM项目成果与国际合作网络

2026年QS全球大学学科排名*

- 护理学 全球第1
- 牙医学 全球第4
- 生命科学与医学 全球第11

* QS: 夸夸雷利·西蒙兹，负责该全球大学学科排名的公司之名称缩写。



伦敦国王学院



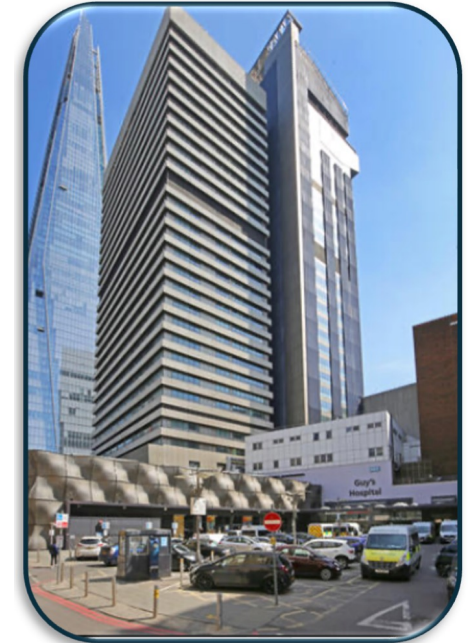
圣托马斯医院



莫兹利医院



国王学院医院



盖伊医院



Pioneering better health for all

Graham Lord教授：草药安全性研究

- 马兜铃酸肾病与致癌机制开创性研究发表于《柳叶刀》、《英国医学杂志》等



Graham Lord教授

伦敦国王学院资深副校长（健康科学）
国王学院健康科学伙伴行政主任

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徐启河博士：草药肾毒性管控、防治急慢性肾病、风险效益平衡的综合策略与国际合作

- 代表作发表于《科学》、*Phytomedicine*、*NDT*、*J Ethnopharmacol*、*BMC Complement Altern Med*、*WJTCM* 等
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 - Uzuner H, ...**Xu Q**. Traditional Chinese medicine research in the post-genomic era: good practice, priorities, challenges and opportunities. *J Ethnopharmacol* 2012;140:458-68.
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Dr Qihe Xu

King's CICM主任

Peter Hylands、Peter Houghton与Robert Hider教授 奠定了生药学、药物化学研究基础



Peter Hylands教授†

King's CICM共同创建人、联席主任
伦敦国王学院药物研究所前所长



Peter Houghton教授†

伦敦国王学院药物研究所
前生药学教授



Robert Hider教授

伦敦国王学院药物研究所
荣休药物化学教授



主持了欧盟第七框架计划《后基因组时代传统中医药研究的良好实践》项目(FP7 GP-TCM)，建立了全球合作网络，发表了系列高影响论文



- 为期3.5年的国际合作协调计划，致力于开发、推广和实施中医药研究的国际规范，为可持续的国际合作搭建平台。
- 向欧盟委员会提交117份政策报告，积极推动中医药成为欧-中未来健康领域合作的优先领域。
- 发表47篇高质量学术论文，系统阐述中医药研究的规范、重点方向、机遇与挑战，以及组学技术的前沿应用。
- 创新构建FP7 GP-TCM全球合作网络，实现三大跨越式发展：基础建设期：成功整合24个国家、110所研究机构的200余位顶尖专家资源；机构转型期：主导成立中医药规范研究学会（GP-TCM RA）；平台升级期：实现三重国际认证：英国慈善委员会注册（编号1153356）；EMA/HMPC官方认可咨询机构；拥有全球300+会员的跨国学术组织。



徐启河博士



Bruce Hendry教授



Peter Hylands教授 †



Peter Houghton教授 †

参与领导FP7 GP-TCM项目的伦敦国王学院专家



FP7 GP-TCM协作组成员在欧盟以及世界各地的分布

[Uzuner H, et al. J Ethnopharmacol 2012](#)

GP-TCM RA Membership	
	As of 12 December 2024
Corporate Members	5
Institutional Members	8
Life Members	45
Honorary Members	15
Ordinary Full Members	251
Student Members	36

承蒙中医药规范研究学会前会长、King's CICM荣誉顾问委员会联席主席香港大学刘碧珊教授惠允

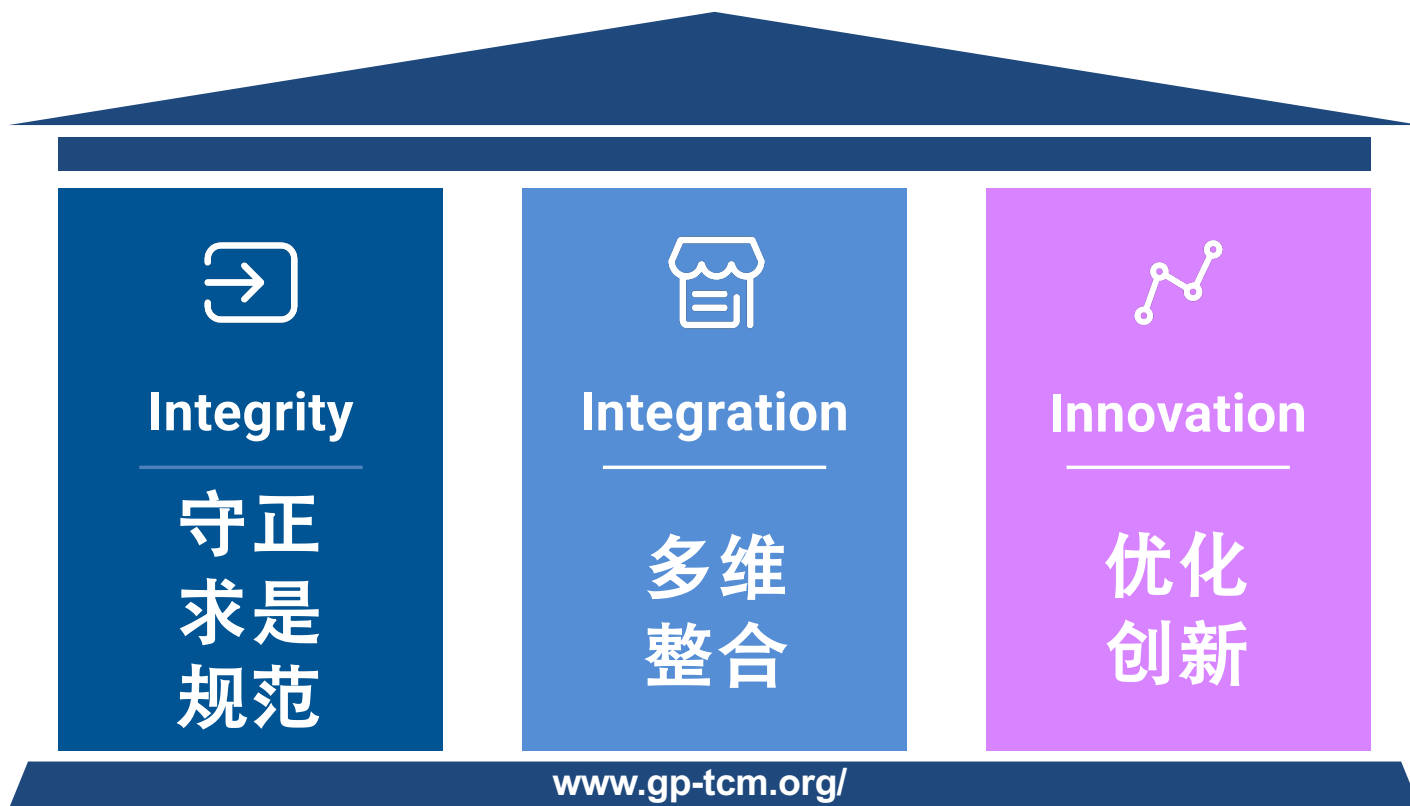


FP7 GP-TCM项目的总结论：
“现代医学应向传统智慧学习”

The screenshot shows the CORDIS website interface. At the top, there is the European Commission logo and navigation options like 'Log in' and 'English'. The main header is 'CORDIS - EU research results' with a '30' anniversary logo. Below the header, there are navigation tabs: Home, Thematic Packs, Projects & Results, Videos & Podcasts, News, Datablab, and Search. The breadcrumb trail reads: Home > Projects & Results > FP7 > Good Practice in Traditional Chinese Medicine Research in the Post-genomic Era. A yellow banner indicates 'Content archived on 2024-06-18'. The project title is 'Good Practice in Traditional Chinese Medicine Research in the Post-genomic Era'. Below the title are tabs for Fact Sheet, Results in Brief (selected), Reporting, Results, and News & Multimedia. There are language selection icons for DE, EN, ES, FR, IT, and PL. A red-bordered box highlights the main finding: 'Modern medicine can learn from traditional practices'. Below this, a text block states: 'Researchers have finalised a picture of current traditional Chinese medicine (TCM) research practices in the EU and on the use, safety and efficacy of this ancient medical system.' There is a 'HEALTH' tag and an image of traditional Chinese medicine ingredients. On the right, a 'Project Information' box contains the following details: Project name: GP-TCM; Grant agreement ID: 223154; Status: Project closed; Start date: 1 May 2009; End date: 31 October 2012; Funded under: Specific Programme "Cooperation": Health; Total cost: € 1 117 778,00; EU contribution: € 995 100,00; Coordinated by: KING'S COLLEGE LONDON, United Kingdom.

Traditional Chinese medicine research in the post-genomic era: good practice, priorities, challenges and opportunities.
Uzuner H, et al. *J Ethnopharmacol.* 2012;140:458-68.

中医药规范研究学会(GP-TCM RA) 提出了3I's原则——其中，“守正、求是、规范”是创新的基础，“多维整合”是实现“优化创新”的主要路径与核心策略



The quest for modernisation of traditional Chinese medicine.

Xu Q, *et al.* *BMC Complement Altern Med* 2013;13:132

(234 citations)



构建整合中医药学理论框架

- 徐启河博士与Hylands教授联合构建整合中医药学创新理论体系（2017）
- 徐博士将整合中医药学理论应用于肾病领域，研究“正气”、“阳气”理论指导下的肾脏病防治新策略（2019）
 - Xu Q, Hylands PJ. Integrative Chinese Medicine. *GP-TCM RA Newsletter*, 2017
 - Xu Q. Professor Peter Hylands' contributions to integrative Chinese medicine. *GP-TCM RA Newsletter*, Oct. 2019.
 - Xu Q. Let traditional wisdom inspire: a nephrologist's view. *GP-TCM RA Newsletter*, Aug. 2019

The March 2017 Newsletter of The GP-TCM Research Association

Editorial

Integrative Chinese Medicine

Dr Qihé Xu, Editor-in-chief & BoD Member, GP-TCM RA; Co-Director, Centre for Integrative Chinese Medicine, King's College London. qihexu@kcl.ac.uk

Professor Peter Hylands, Treasurer & BoD Member, GP-TCM RA; Head of Institute of Pharmaceutical Science and Co-Director, Centre for Integrative Chinese Medicine, King's College London. peter.2.hylands@kcl.ac.uk

According to Professor Tu (*Nat Med* 2011;17:1217-1220), her groundbreaking discovery of artemisinin was inspired by the works by Ge Hong (283-343), who is also widely acknowledged as the earliest to describe faecal transplantation as a useful therapy (*Nature* 2016;540:S110). It was not until very recently that FDA came to appreciate the importance of faecal transplantation and that scientists came to understand the underlying mechanisms, involving gut flora. Ge Hong was also the earliest to document the health benefits of intermittent fasting, which is now understood to have health benefits by inducing autophagy, reprogramming pancreatic cells to restore insulin generation in islets, and reducing risk factors for aging and age-related disorders (*Nature* 2009;457:726-730; *Cell* 2017;168:775-788; *Sci Transl Med* 2017;9:eaa1070).

In early February, Academician Professors Zhu Chen and Saijuan Chen published a *Cell* Leading-Edge Stories article on their journey of TCM-inspired discovery of arsenic dioxide as a new cure for leukaemia (*Cell* 2017;168:556-560). Entitled *Poisoning the Devil*, the article concluded: "Looking back to our scientific career, we have benefited a lot from the integration of western and eastern wisdoms." Integration of western and eastern wisdoms is exactly the approach that GP-TCM RA should adopt for the future.

This is particularly timely as the **Development Plan of the Belt and Road for TCM (2016-2020)** has just been jointly issued by China's State Administration of TCM and the National Development and Reform Commission. According to the Plan, China will build 30 centres for TCM around the world, formulating 20 international standards of TCM, registering 100 kinds of TCM products and setting up 50 exchange and cooperation bases of TCM by 2020. Five cooperation priorities have been proposed: policy coordination, resource sharing, people-to-people bonds, technology connectivity and unimpeded trade. Particularly relevant to the GP-TCM RA, it proposed to:

- **Collaborate with renowned universities along the route to bring TCM into the higher education of these countries**, expand diploma and postgraduate education and enhance quality of teaching. In countries that are ready, open more TCM-featured Confucius Institute.
- **Support TCM research organisations and higher education institutions to establish joint laboratories and research centres** in countries along the route, to apply internationally advanced modern scientific technologies and methodologies to large-scale scientific collaborations in research of TCM fundamental theories, TCM clinical practice and TCM products, etc. Focusing on common, prevalent and major diseases in countries along the route, carry out evidence-based research, so as to support and guide TCM products to gain entrance to the mainstream market of these countries.

"The Plan" written in Chinese 《中医药“一带一路”发展规划（2016-2020年）》 can be found here: <http://mp.weixin.qq.com/s?biz=MzA5NzU0NDkxOQ==&mid=2649649922&idx=2&sn=d48b00736ab6e264b26be39495b04e0d8c8kshk>

A few weeks ago, China's State Council published a **medium- and long-term plan to prevent and treat chronic diseases (2017-2025)**. The plan aims to improve people's health, lower the onset risks

The October 2019 Newsletter of The GP-TCM Research Association

Editorials

1. **Professor Peter Hylands' contributions to integrative Chinese medicine**
—A tribute to our Founding Treasurer at his Memorial Service in London, 9th Oct. 2019¹

Dr Qihé Xu
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Chairman, Steering Committee, The FP7 GP-TCM Consortium (2009-2012)
King's College London
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Dear Debbie & family,
Dear Principals,
Dear colleagues & friends,
It's no secret that Peter loved China. He first lectured in China when I was still in medical school. And he had been there numerous times ever since.
As a pharmaceutical scientist, of course, he understood the huge value of Chinese Medicine as a source for drug development.
Passionate about international collaboration, Peter knew that Chinese Medicine is an integral part of mainstream medicine in China. If we wish to develop a truly engaged partnership with China in the field of health sciences, Chinese Medicine ought to be an important player!
Hence, it's completely natural that Peter had championed the King's Centre for Integrative Chinese Medicine initiative, which aims to integrate wisdoms from the West and the East to catalyse innovation and to promote collaboration.
It was Peter who first coined the name "King's Centre for Integrative Chinese Medicine". The name indicates that Chinese Medicine will be the focus of our study and that we will do this via an integrative approach.
It was also Peter who brought the new centre to life. In 2012, upon my annual appraisal, I proposed that my long-term goal was to found a new centre at King's, dedicated to Chinese Medicine-inspired research, education and care. My appraiser Professor Bruce Hendry advised that, if we believed in its value, we should work on it ASAP! And this was agreed by Peter. Together, we worked hard to convey our messages to stakeholders, and one year later, we were invited to present our case to the decision-makers. An excellent speaker, Peter was naturally the best person to present our case. He did. And we were officially accepted a King's new initiative in May 2013!
In the following years, Peter chaired 14 follow-up meetings and led the development of a business plan. We conducted on-site-guided research of Chinese Medicine, offered Chinese Medicine-related teaching, and trained the first PhD student of our new Centre. By 2016, we have won King's fundraising priority!
Peter had also played important roles nationally and internationally. He was a senior leader of the FP7 GP-TCM Project. Funded 1m Euro by the EU in 2009, it was the 1st ever major EU-China cooperation on Chinese Medicine and it was widely acclaimed a success. As a member of the Steering Committee and Coordination Office, Peter chaired the Scientific & Technological Advisory Committee and one of our ten work packages. Three years later, the GP-TCM Research Association was founded. It quickly grew into a UK-based charity, a reputable international society and an

¹ A report of Peter's Memorial Service is available in the "Special Features" column

Open-access archives since 2008: www.gp-tcm.org/news-list/

The August 2019 Newsletter of The GP-TCM Research Association

Editorials

1. **Let Traditional Wisdom Inspire: A Nephrologist's View**

Dr Qihé Xu
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Board Member and Newsletter Editor-in-chief, GP-TCM RA
Chairman, Steering Committee, The FP7 GP-TCM Consortium (2009-2012)
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Acute kidney injury (AKI) and chronic kidney disease (CKD) are interconnected conditions. They cause end-stage kidney failure, which needs expensive and painful treatments such as dialysis and renal transplantation. The incidence of AKI is on the rise and mortality associated with AKI is high¹. Data from the USA, for instance, indicate that burden of CKD increased 53% from 2002 to 2016, outpacing any other noncommunicable diseases² and by 2030, the burden of end-stage kidney disease will once again increase 29-68%³. Indeed, CKD is predicted to become a top-5 cause of mortality by 2040 worldwide⁴.

As a nephrologist and a renal scientist for thirty years, I have been frustrated by the fact that existing strategies are failing to prevent AKI, to stop AKI transition to CKD and to prevent CKD progression to end-stage kidney disease.

"Modern medicine can learn from traditional practices", concluded the FP7 GP-TCM consortium, EU's first Coordination Action on modernisation of TCM⁵. As the PI of the project, I have been invited to contribute a TCM-inspired Special Article to *Nephron*⁶, in which I propose that innovation in nephrology can be catalysed by the wisdom from *Yellow Emperor's Inner Canon*: "When there is sufficient protective qi inside, pathogenic factors have no way to hurt the body; when pathogenic factors cause damage, the internal qi must be deficient". Herein, qi means the internal mechanisms of the body that defend against attack⁷.

I propose that a deep understanding of renal defence mechanisms is a key blind spot in modern nephrology and the collecting duct meets many criteria as a critical renal protector against injury: It is ideally located to protect the entire kidney; it has specialised defending cells, molecules and signalling; it senses and responds to danger; and it appears to be a convergence point of regulation by mediators of AKI and CKD. Hence, AKI/CKD must be considered in light of not only attacks to nephrons, but also changes of defence mechanisms in the collecting duct⁸. To protect endogenous defence and to normalise repressed defence can then be developed as novel strategies for prevention and treatment of AKI/CKD, as the Nobel-Prize winning cancer immunotherapies do⁹.

Nephron is the original journal of nephrology that has been published continuously ever since 1964 and was the original official journal of the International Society of Nephrology¹⁰. An invited TCM-inspired Special Article by the journal indicates that, if properly communicated, a TCM-inspired innovation can be welcomed internationally and this, in turn, may make a special contribution in forging tomorrow's medicine.

After publishing my hypothesis as a poster at the UK Kidney Week (UKKW) 2018, the hypothesis was chosen as the theme of a standalone 60-minute session at the UKKW June 2019 in Brighton. Commenting on my talk, Mrs Elaine Davies, Research Director of Kidney Research UK, tweeted: "Interesting though, 'provoking talk', followed by Dr Mark Dockett, a renal scientist: "Real lateral thinking and a unique approach to a common problem".

www.gp-tcm.org/news-list/

The August 2019 Newsletter of The GP-TCM Research Association

Dr Mark Dockett: "Real lateral thinking and a unique approach to a common problem."

Kidney Research UK Director: "Interesting though 'provoking talk'"

The Xu's hypothesis was well received at the UKKW2019 in Brighton

"A hypothesis is only as good as the experiments you can design to test it," advised Prof. Sir Robert Lecler, Senior Vice-President of King's College London and President of the Academy of Medical Sciences. I have designed a series of exciting proof-of-concept and translational studies and devised novel tools to enable these experiments¹. I cordially invite talented students and fellows to join me at King's College London in an epic effort to develop novel diagnosis measures on the defending capacity of the kidney and novel, TCM-inspired, science-based means to "tonify" the kidney so as to prevent and treat AKI and CKD.

What are the implications of my hypothesis to future R&D of TCM and Chinese materia medica? Despite differences between the function-oriented concept of "kidney" in TCM and the anatomical kidney, many functions of the TCM "kidney" have been scientifically proven as functions of the anatomical kidney: regulating water homeostasis, governing the bone through modulating vitamin D activation, controlling hematopoiesis through producing erythropoietin and serving as "the fountain of youth" by producing the anti-ageing hormone Klotho. What are the impacts of "kidney-tonifying TCM drugs on functions of the anatomical kidney? Can some "kidney-tonifying TCM drugs boost defence of the anatomical kidney and thus play important roles in AKI/CKD prevention and treatment?

To the wider biomedical and pharmaceutical community, what are the implications of the hypothesis? "Given that non-immune defence mechanisms are generally overlooked in modern medicine, it is hoped that this Special Article will inspire not only nephrologists, but also other physicians and medical scientists alike, to perceive health and disease in light of the balance and imbalance between attack and defence," as I concluded in the *Nephron* article.

The *Nephron* Special Article and this editorial are dedicated to the late Prof. Peter Hylands, co-founder of King's Centre for Integrative Chinese Medicine and the founding Treasurer of GP-TCM RA, for "his irreplaceable mentorship, invaluable collaboration and inspirational encouragement and support". I had talked with Peter for a number of times on this hypothesis and he had always been highly supportive of publishing it to enhance awareness, arouse interest and build collaboration. A Memorial in celebration of Peter's great academic and non-academic contributions will be held at King's College London on 9th October. Should you wish to attend, please do let me know.

Finally, to read the *Nephron* paper, please visit: <https://www.karger.com/Article/FullText/502452>

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1. Mehta RL, et al. *Lancet* 2015;385:2616-2643
2. Bowe B, et al. *JAMA Netw Open*. 2018;1:e184412
3. McCullough KP et al. *J Am Soc Nephrol* 2019;30:127-135
4. Foreman KJ, et al. *Lancet* 2018;392:2052-2090
5. <https://cordis.europa.eu/project/id/930107/en/>
6. Xu Q. *Nephron* 2019, DOI: 10.1159/000502452.
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www.gp-tcm.org/news-list/

核心团队（由KHP专家组成，主要研究人工智能以及肾脏、心血管、癌症、老龄化临床与基础研究）
荣誉顾问委员会：53位全球顶尖专家（提供中医、中药、针灸、临床试验、生药学、药理学等专长）
合作伙伴：WHO、NHS、产业界及患者组织

TCM

KHP

指导委员会：从KHP、荣誉顾问、合作伙伴中遴选专家，负责质量控制

整体观指导下的个性化功能诊断体系
 中医四大诊法（望、闻、问、切）构成其诊断核心



涵盖草药及多种天然药物疗法
 药用资源逾11,000种植物、1,600种动物及80种矿物



一门拥有两千年文字记载的传统医学
 截至1911年，已出版医典410卷、本草著作800余部



非药物疗法包括针灸、太极、推拿等
 其他非药物疗法还涉及拔罐、刮痧、打坐、气功、冥想等



伦敦国王学院



圣托马斯医院



莫兹利医院



国王学院医院



盖伊医院



King's CICM 1.0 2013-2024

第一阶段成果 (2013-2024)

- 中医药国际合作中的领导作用(Peter Hylands 教授/徐启河博士)
- 开发21世纪中药数据库与质量控制专利 (Peter Hylands 教授)
- 2020年度中华中医药学会“岐黄国际奖” (徐启河博士，表彰其在中医药研究规范化、国际合作方面的突出贡献)
- 25篇高质量中医药相关论文 (徐启河博士， 3篇引用超200次)
- 组织3届英国肾脏周整合中医药学相关专题会议 (徐启河博士)

挑战

- 疫情期间筹资中断(直到2024年初，即WHO于2023年5月宣布终止疫情为国际关注的突发公共卫生事件数月后，才得以恢复)
- 痛失Hylands与Houghton教授

2016年，King's CICM 入选 KHP资金募集优先项目

2013

2015

2017

2019

2021

2023

2014

2016

2018

2020

2022

2024

2013年，King's CICM 获 KHP研究委员会批准立项

Peter Hylands 教授仙逝

King's CICM疫情期间筹资中断

Peter Houghton 教授仙逝

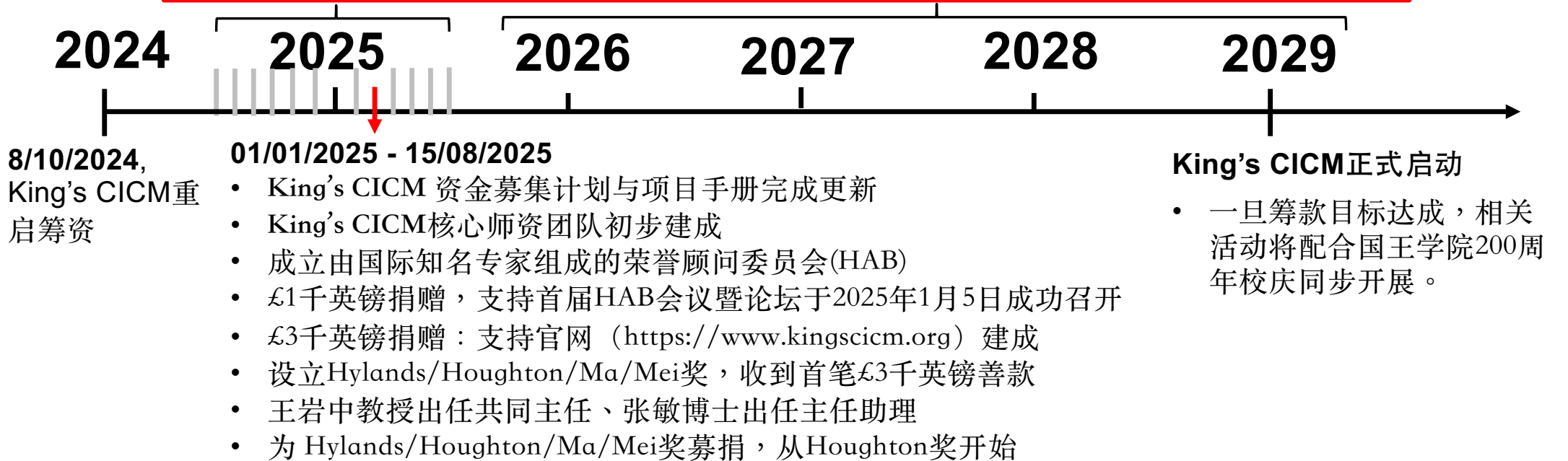


King's CICM 2.0, 2025-2029

筹资目标

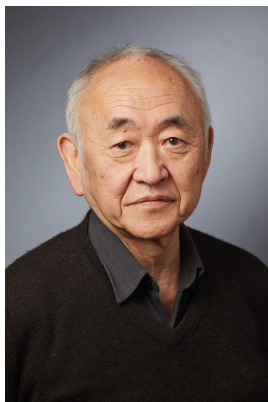
- 第一阶段（2025）：50万英镑King's CICM建设基金
- 第二阶段（2029）：500万英镑突破基金

里程碑：如下。



享有盛誉的名誉顾问委员会

- 联席主席：郑永奇教授和刘碧珊教授
- 55位国际领军人物提供中医药、针灸、临床研究、药物科学等领域的专业支持



主席

耶鲁大学郑永奇教授（美国）



共同主席

香港大学刘碧珊教授（中国香港）

领导、赋能与协调



徐启河博士

主任，全面负责、肾脏研究



王岩中教授

联席主任，临床、大数据、AI研究



张敏博士

主任助理，心血管、基础与转化研究

核心团队专长： 临床研究、人工智能、生物医学科学；肾脏病、心血管疾病、癌症、药理、医学人文。
荣誉顾问团队主要专长： 中医学、中药学、针灸、药理学、生药学、临床与生物医学科学。

核心团队	
肾脏病学	医学统计、人工智能与健康
徐启河博士、Iain Macdougall和Luigi Gnudi教授、Mazhar Noor	王岩中教授、霍志强博士、李云鹏博士
心血管生物学	癌症与药理学
张敏博士、顾昊天、Richard Siow、张秋萍博士	Khuloud Al-Jamal、Miraz Rahman、Eric So教授
医学人文	中医药临床
Fay Bound Alberti、Chris Berry教授	Titta M. Laattala女士
患者与公众参与 平等、多元与包容兼生物影像、表型组学顾问	筹款事务
Deborah Johnston女士 Po-Wah So博士	Alex Page、Oliver Mangham先生

荣誉顾问委员会：
 由耶鲁大学郑永齐教授及香港大学刘碧珊教授共同主持，汇聚全球53位顶尖家提供跨领域学术指导。

- 研究重点：肾脏病、心脑血管疾病、癌症；临床研究、人工智能、中医药启发的生物医药创新
- 逐步拓展，涵盖患者和公众、世卫组织、NHS迫切关注的健康问题，比如糖尿病、呼吸系统疾病、精神健康



Executive Board
156th session

Agenda item 7

EB156(20)

10 February 2025

2. REQUESTS the Director General:

(1) to advance kidney disease as a noncommunicable disease of increasing global priority, in addition to cancer, cardiovascular diseases (heart disease and stroke), diabetes and respiratory diseases, as well as mental health, which have been recognized as the major causes of death and disability;


[https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_\(20\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_(20)-en.pdf)

结论：伦敦国王学院在现代医学与健康科学领域久负盛名。而今，我们正以开拓者之姿，创建研究引领型整合中医学平台。这一创举必将为破解当代医疗健康难题提供全新范式。若您为我们的愿景所感召，并希望：

- 鼎力支持这项开创性事业
- 携手推进研究或建立合作
- 加入我们的团队共同成长

欢迎垂询！

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鸣谢

□ 资金支持



培力博士生奖学金、中英奖学金信托、Bogue奖学金信托、国际肾脏病学学会、美国国立卫生研究院、英国多囊肾慈善基金、英国中医药中心、江丹大夫，以及匿名的捐款人赵先生。

□ 合作伙伴

- 名誉顾问委员会55位成员（由耶鲁大学郑永奇教授及香港大学刘碧珊教授共同担任主席）
- 不断壮大的国王学院核心团队：徐启河博士（主任）、王岩中教授（联席主任）、张敏博士（主任助理）、FB Alberti教授、K Al-Jamal教授、C Berry教授、顾昊天博士、霍志强博士、TM Laattala女士、D Johnston女士、李云鹏博士、IC Macdougall教授、M Noor先生、KM Rahman教授、R Siow博士、ECW So教授、Po-Wah So博士、张秋萍博士。特别致谢KHP筹款团队，尤其是O Mangham先生与A Page先生
- 不断壮大的内外合作者网络：K Brown教授（伦敦国王学院）、何朝华先生（英国中医药中心）、JB Kopp博士（美国国立卫生研究院）、MSJ Simmonds博士（皇家邱园）、赵中振教授（香港浸会大学）、付璐博士（中国中医科学院）、彭成教授（成都中医药大学）、吴青教授、刘文斌博士（北京中医药大学）、PD Wilson教授（伦敦大学学院）、F. Tam教授（帝国理工学院）、D Fraser教授（卡迪夫大学）



伦敦国王学院 整合中医学中心 (King's CICM)

整合智慧，催化创新

