

the same fixture as the EA group for 20 min each day. Systolic blood pressure was measured one day before the start of acupuncture and on the 6th, 12th, 18th, 24th, and 30th day of the acupuncture. Echocardiographic was used to detect the left ventricular hypertrophy and function including left ventricular posterior wall thickness (LVP-WT), interventricular septum thickness (IVST), left ventricular end-diastolic diameter (LVEDD), and left ventricular ejection fraction (LVEF), and left ventricular mass index (LVMI). The myocardial morphology was observed by HE staining, and phosphatidylinositol kinase (PI3K), protein kinase B (Akt), mammalian rapamycin target of rapamycin (mTOR), homologous phosphatase tensin (PTEN), atrial natriuretic peptide (ANP) protein and mRNA expression in myocardial tissue of each group were detected by RT-PCR and Western blot. **Results** Compared with the normal control group, LVMI, LVP-WT and IVST in the model group were significantly increased, LVEDD and LVEF significantly decreased ($P < 0.01$). Compared with the model group, LVMI, LVP-WT, and IVST of EA group were significantly decreased, LVEDD and LVEF significantly increased ($P < 0.05$ or $P < 0.01$). Compared with the normal control group, the myocardial cells in the model group were relatively disordered, the cross-sectional area of the cells was significantly enlarged, the cell spacing was widened, and the nucleus was enlarged and deeply stained. Compared with the model group, the number of nuclei in the unit visual field of EA group increased, the cross-sectional area of the cardiomyocytes was relatively small, and the cell spacing was relatively narrow. Compared with the normal control group, the expression of PI3K, Akt, mTOR protein and mRNA in the myocardial tissue of the model group was significantly decreased, and the expression of PTEN protein and mRNA was increased ($P < 0.05$ or $P < 0.01$). Compared with the model group, the expression of PI3K, Akt, mTOR protein and mRNA in the EA group was significantly increased, and the expression of PTEN protein and mRNA was decreased ($P < 0.05$ or $P < 0.01$). **Conclusion** EA at "Baihui" (DU20) and "Taichong" (LR3) could effectively improve cardiac hypertrophy of SHR, and activation of PI3K/Akt pathway by EA may be one of its mechanisms.

Keywords spontaneous hypertension; myocardial hypertrophy; electroacupuncture; PI3K/AKT signal transduction pathway

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第 42 次全国特色医疗名医暨第三届中医世家名医学术交流会通知

本次会议是由中国民间中医药研究开发协会特色医疗分会、北京聚医杰医药科学研究院、北京聚英杰国际文化中心联合主办的学术会议, 定于 2019 年 6 月 11—14 日 (10 日会议报到) 在陕西省西安市召开。会议主题是: 弘扬中医药特色医疗, 发挥中医世家优势。欢迎各级中医特色医疗名医和中医世家名医及乡村中医、民间中医参会。

一、会议内容: 1. 学习《中华人民共和国中医药法》的主要亮点及民间中医参加中医医术确有专长人员考核医师资格有关政策解读和报考方法培训; 2. 特邀有关专家作中医药特色医疗治疗常见病及疑难病的学术讲座及培训; 3. 交流中医世家经验及传承优势; 4. 代表们作经验交流; 5. 表彰特色医疗研究优秀论文及中医世家优秀人才; 6. 会后参观西安市有关景点及历史文物。

二、有关说明: 1. 6 月 10 日全天为会议报到时间, 11—12 日两天为会议时间, 13—14 日两天为参观时间, 15 日返程; 2. 每位代表需交参会报名费 300 元, 会务及资料培训费 1500 元, 会期食宿参观统一安排, 费用自理; 3. 三代以上从事中医医疗者为“中医世家”, 会期可优先申请加入《中华中医世家人才信息库》入库认定发证。

三、报名方式: 请在 6 月 1 日前将参会交流论文 (无论文也可以报名) 或中医世家入库认定申请及中医世家介绍材料、本人登记相片四张、报名费 300 元, 快递寄北京市 100036-98 信箱, 叶续宗收, 邮编 100036。电话联系报名, 联系电话: 010-83210238、18511329528、18515917952、18500577884, 也可以加微信 j570405 报名。详情登录 www.zgtsyl.com, www.ylwsxx.com