

可称之奇恒之腑,确有必要与女子胞(子宫)相并提出,同以立论,免于理论之貽误,为其皆隶属于肾,为肾所主,可以认为女子胞、精室同为肾主生殖的效应之器。

3 精室与脏腑经络

胞与冲、任、督、带四脉关系甚为密切,冲、任、督三脉皆始于胞而出于会阴,故有“一源三歧”之谓;带脉下系于胞而主束诸脉,故又有“冲、任、督皆络带脉”之说。既往因限于“胞即子宫”,历代医家多强调四脉对女子生理病理作用,其生理病理活动具体体现在经、孕、产、乳等方面;而男子精室亦受其四脉作用,其生理病理活动具体体现在精液的贮藏、生殖能力诸多方面。

女子胞,精室皆赖“天癸”之作用而发生生理效应,从脏腑经络生理功能来说,心、肝、肾、冲任与女子胞关系最密切;男子之精室和肝、脾、肾、心、任督二脉更息息相关。女子胞、精室其藏泄功能皆以气血调和,脏腑经络功能之正常为基础。

4 精室之病证

女子胞、精室之病皆有虚实寒热,女子胞之病

变,历代论述甚多,而男子精室之疾患也日趋被认识,其主要病变有:精冷、精少、精液粘稠不化、不育、精子活动率低、精子畸形、精浊、早泄、遗精、滑精等等;其临床证型主要有:精关不固,精室亏虚,精室血瘀,精室虚寒,湿注精室,热扰精室,精室壅毒等。诸多男子之疾患,从任督、肝肾,精室着手施治,每可收到良好效果^[3]。

历来对奇恒之腑的生理病理讨论较少^[4],往往只将其附于五脏之中略加提及,有人将辜纳于女子胞,认为女子胞包括子宫、辜两个部分,更使概念含糊不清,故溯其根源,考之临证,力倡“精室当为奇恒之腑”之说,使其男女皆有“六者”,甚有辨析之必要。

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(收稿日期:1995-12-12)

吴鞠通治血特点探微

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摘要 作者就吴鞠通《温病条辨》、《吴鞠通医案》、《医医病书》中的治血思想进行了探讨,认为活络降气、三焦分部用药、泻火止血、健中温脾是其主要治血特点。

关键词 基础理论 吴鞠通 血证治疗

近来温习了吴鞠通的《温病条辨》、《吴鞠通医案》、《医医病书》三部著作。现就其有关血证的论述与医案,初步分析吴鞠通的治血思想。

1 重肝郁,活络降气

吴鞠通在《医医病书》中谈到:“肝郁则血瘀,血瘀则失其常行之路,非吐血、咳血,即溺血矣。如不吐、不溺,其胁必痛,皆宜活肝络为要”。指出了肝气郁结引起的血行瘀滞,而造成吐血、咳血或溺血的病理机制。因此在治疗中十分重视活肝络这一治疗大法。在血证的 24 个案例中,就有 6 个案例是用活肝络这一法则的。常用药物有:新绛纱、郁金、降香、桃仁、归须、丹皮。同时吴氏亦十分重视气分药的使用。如他在《温病条辨·治血论》中指出:“故善治血

者,不求之有形之血,而求之无形之气”。并且认为“血滞者调其气而血自通,血外溢者,降其气而血自下”。他在《医案》中有关血证的案例,多处使用降气之味,并且多是与活肝络药合并使用。如《医案·吐血》岳案:乙酉十一月十二日,岳,二十岁,怒伤吐血,两胁俱痛,六脉弦紧,误补难愈,凡怒伤肝郁,必有瘀血,故证见胁痛。一以活络为主俟瘀血去净,而后可以补虚。新绛纱三钱,桃仁三钱,苏子霜二钱,旋复花(包)三钱,归须三钱,丹皮炭五钱,广郁金二钱,降香三钱,煮三杯,分三次服,四帖后,未再诉有吐血,唯胁痛大减而未除,故于原方出入而差。方中即是以活络药与降气药为主配合使用而取效的。有的病案还可加用紫石英重镇降逆,以加强降气的作用。

2 重三焦,分部用药

《温病条辨·治血论》中指出:“治之大法,上焦之血责之肺气或心气;中焦之血,责之胃气或脾气;下焦之血,责之肝气、肾气、八脉之气”。提出根据出血部位之不同分部位用药的原则,在临床实践中有一定的指导意义。如咳血、衄血、吐血多从上中焦治疗,而便血多以下焦治疗。并且先生对“阳络伤则血上溢”有深刻的认识,如他说:“其伤络者岂尽阴哉,君、相二火司令,与风温、湿热、三阳实火吐血固属阳邪,自宜凉润,宜用苦寒,若怒郁胁痛吐血,则属阴邪,非温经不可。痰饮震动肺经咳血,脉洪大者,宜用石膏、茯苓皮之类,脉弦细者,则用于姜炭、橘皮炭矣……”。指出了同是上焦出血,还应针对不同病因用药。从《医案》中也可发现,先生的治法用药比较灵活,不拘泥于一方一法。又如他在便血的论述中分近血、远血,认为近血以湿热为主,远血以虚寒为主,从而驳斥了“今人舍槐花、地榆、丹皮别无他法”的单纯以凉血止血的思想。从其用药来看,上焦药亦以轻清为主,下焦药则偏重于阴柔粘滞。笔者曾应用先生的治血思想,治一严姓,男性患者,自 1984 年 1 月 18 日酒后鼻中衄血不止,日达 200ml 左右,经天天鼻腔堵塞迫止血无效,并经多种抗生素、止血剂等治疗仍不能止血,直至 2 月 13 日,停所有西药,改投中医中药治疗,观察面色晄白,舌质淡,但口渴引饮,大便干,3 日未解,口中秽气浓,此乃肺热内蕴,逼血妄行,正气已衰,但邪热不去,正气难复,故仍以急以去实,以桑白皮、地骨皮、沙参、百合、生地、人中白、桑叶清肺气,以生大黄通大便,肺与大肠相表里,1 剂后出血明显减少,再剂得大便 3 次,鼻血停止。说明吴鞠通先生的分三焦、辨证用药的思想在临床上是效果卓著的。

3 重辨证,泻火止血

先生在他的三部著作中,强调辨证,“何者当温经,何者当补阴,何者当通络,何者当补络”(《医医病书·吐血论》),强调根据病情的不同需要“分别治之”、“各有条理”。在《医案》中有数例关于用泻火、宁血的记载。如史案,五十四岁,酒客,脉洪面赤,吐衄血不止,仍然饮食如常,议《金匱》大黄黄连泻心汤急泻三阳实火,而血自止,复诊改用甘凉法,三诊血复来,议再用泻心法,减其制,四诊虽见效而血未尽,今日仍照原方服两日大效,永不再发。例中说明了大黄黄连泻心汤是泻三阳实火的有效方剂,不用不

行,减少剂量也不行,热迫血妄行,非得直折其火势不可,热去则血自静,而达到止血的目的,从现在临床来看,大黄黄连泻心汤亦是清热泻火的代表方剂,是倍受推崇的。而且还有单用大黄治疗消化道出血的临床报道,经过数百例临床观察,取得了良好的效果。所以说用活了古方可以起到事半功倍的效果。

4 重阳气,健中温脾

气为血帅,血随气行,气虚失却统摄的功用,则可能发生血液不循常道的出血证。因此说,补气摄血法是治疗阳气虚弱而不能统血导致出血的首要大法,在《医案·吐血》的 18 个病例中,有 4 个病例使用小建中汤或小建中汤加味,建复中阳而达止血,取得了很好的效果。如《医案·吐血》胡案,乙酉四月廿八日,三十一岁,吐血,汗多足麻,六脉弦细不数,小建中汤主之,白芍六钱,甘草(炙)三钱,生姜五钱,桂枝四钱,胶饴(后下)一两,大枣(去核)三枚,煮三杯,去渣后将胶饴化入,上火二、三沸,搅合匀,分三次服。服 14 帖诸证皆愈。值得一提的是桂枝辛温,在诸多方药书籍及讲义中,均有各种出血患者及孕妇忌服的记载,以免“愈致伤阴动血”。而先生则认为桂枝是“补中益气之要药,用处最多”(《医医病书·桂枝论》)。在吐血的几个案例中,均用桂枝达三钱,取得的效果都很满意,可见先生有十分丰富的临床经验。笔者在气虚崩漏中亦常用桂枝至 10 克,使崩漏向愈。

吴鞠通在便血的几个病例中,记载的均是远血,均是用黄土汤加减,考黄土汤亦是出自仲景,为温脾止血之剂,治疗因脾气虚寒之便血、吐血、衄血、妇人血崩,见血色暗淡,四末不温、脉沉细无力者,虚寒远较建中汤证为重,方中主要以灶心土、白术、附子温阳健脾以止血,地黄、阿胶滋阴养血而止血,佐以黄芩苦以坚阴,方中刚柔相济,相得益彰。吴鞠通在使用中还往往去柔药加刚药,如川椒、苍术、桂枝等,有时附子加重至一两而取效。可见他是十分重视温脾阳建中气以摄血止血这一重要法则的。

总之,吴氏在血证的治疗中重视辨证,恪守治则,用古方而不泥于古方,所著之书均不是血证专著,但据所记载的记述及病案来看,吴鞠通先生的治血思想是很丰富的,有其独到的临床经验,很值得我们学习。

(收稿日期:1996-02-10)

Abstracts of Orainal Articles

Inheritance: On Development of Traditional Chinese Medicine into 21st Century

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Inheritance is the permanent subject in TCM development. It should be based on the clinical experience accumulated and insight into the human body and diseases. An attitude of study, speculation, scepticism, criticism and surpassing should be adopted with the ultimate goal of increasing clinical therapeutic effect. The inheritance in modern TCM should be characterized by open-mindedness, comprehensive creativeness and free competition.

KEY WORDS: inheritance, development, traditional Chinese medicine

(Original article on page 3)

On Wu Jutong's Distinctive Treatment of Blood Disorders

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The author made an investigation into Wu Jutong's methods in treating blood disorders based on *Treatise on Differentiation and Treatment of Epidemic Febrile Diseases*, *Wu Jutong's Medical Records*, and *Medical Book* written by Wu Jutong and believes that Wu's treatment of blood disorders is characterized by activating and descending qi, application of drugs in separate areas of the triple warmer, purging fire to arrest blood and invigorating the middle warmer to warm the spleen.

KEY WORDS: Wu Jutong, treatment of blood disorders, methods of treatment

(Original article on page 9)

Differentiation According to Qi and Blood and Immune System in Liver Fibrosis due to Schistosomiasis

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Both the qi-deficiency and blood stasis syndrome and qi-stagnation and blood stasis syndrome in liver fibrosis due to schistosomiasis are characterized by reduced activity of the receptor of erythrocyte membrane C₃b, increase of immune compounds of erythrocyte, reduction in the ratio of T-lymphocyte subgroup CD₂, CD₄, CD₄/CD₈, increase of CD₈ and decrease of positive rate of lymphocyte ANAE. In the former syndrome, the receptor of erythrocyte membrane C₃b, T-cell subgroup CD₄, CD₄/CD₈, and the lymphocyte ANAE changed more significantly than in the latter syndrome; while in the latter syndrome, the immune compound of erythrocyte increased more significantly. All this may serve as criteria for micro-differentiation of the two syndromes.

KEY WORDS: liver fibrosis due to schistosomiasis, micro-differentiation, qi-deficiency and blood stasis, qi-stagnation and blood stasis, T-lymphocyte, receptor of erythrocyte membrane C₃b, ANAE

(Original article on page 12)

Syndrome Differentiation and Brain CT Examination for 114 Cases of Hemorrhagic Apoplexy

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An investigation was conducted into the syndrome differentiation and brain CT examination of 114 cases of hemorrhagic apoplexy. The results showed that in the apoplexy patients those whose channels were affected had more attacks than those whose zang-fu organs were affected, the ratio being 3:1. CT examination suggested that the symptoms of those whose zang-fu organs were affected tended to be more severe than those whose channels were affected, which was identical to the clinical manifestations. In patients whose zang-fu organs were affected, the age of onset of the disease and the amount of hemorrhage tended to be greater than those whose channels were affected, and these patients tended to be accompanied by median, small or very small amount of hemorrhage when other brain disorders were present. Both the two types of the disease were mostly excessive in nature.