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Deduction of SHANG HAN LUN

(on the ILLnesses from Cold)

附：陶弘景 辅行诀（藏府用药法要）

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内 容 提 要

《伤寒论》是我国古代医学文献中第一部理、法、方、药齐全，理论与临床相结合的著作，历来被视为医学必读之经典。

《推演伤寒论》是运用现代的观点和方法，对外感病学进行理论研究、方药推导并指导临床治疗工作的一部著作。本书有如下独特之处：

一、坚持《内经》六因平列之旨

与一般现代出版的外感病学论著不同的是，作者反复强调，必须坚持《内经》六因平列分论之旨，不但反对伤寒与温病混淆，而且也反对把温、暑、湿、燥混为一谈。认为它们各自一门，应当深入研究其各自的特殊规律。

二、首次明确提出六因皆有气与邪之分

在讨论风寒暑湿燥火六因时，作者又将风因分为风气与风邪，将寒因分为寒气与寒邪，……气与邪之分论，乃是作者通过长期反复的临床观察，认识到气与邪的发病规律和治疗用药各不相同，而在理论上提出的新论点。

气，指的是物理（气象）因子；邪，指的是各种致病性微生物。

这样明确地提出气与邪分论，在中医界是首次。（详见上篇《邪气论》）

三、用现代的观点结合临床实际和中医固有的理论来研究和推导《伤寒论》内容

本书分为上、中、下三编及附编。

上编为7篇论文；中编为《伤寒论》及推演而得的条文；下编为31则临床医案。

上编7个论题分别研究了外感病学基础理论（邪与气分论及其发病机制的不同），伤寒的三种含义，六经的两种含义，古伤寒热病是现在的什么病，少阳证的现代解释，单纯寒气伤于肌表为何不能用原书之麻黄汤，如何推导治疗单纯寒气伤于肌表的新麻黄汤，如何将《伤寒论》处方与中医内科学方法相结合来运用，等等。

中编撰写了原书自〈伤寒例〉至〈劳复病篇〉的绝大部分条文。依据气与邪为病不同这种观点，以气之为病的浅深（不同病型）及邪之为病的发展阶段（初、中、末期），以及一些特殊病型，对条文重新归类和编排，推演补充其断落不续之处，并补充推演其方剂的变化运用。共推演补撰了283条条文（撰文），和175首

处方（撰方）。自杂病（《金匱》）部分移入了〈狐惑〉，作为中编之结束。

为了帮助读者阅读和理解本编的内容，作者在各章之前都写了“要点说法”，并在部分条文左侧加了“眉注”。

下编选载了 31 则作者运用《伤寒》方之病案并加分析，其中灌注了作者宝贵的临床经验。

四、附编刊载了在敦煌石窟中发现的梁·陶弘景著作之唐代抄本

陶弘景之《辅行诀（藏府用药法要）》内容精奇古奥，保存了古《汤液》的不少处方。按其书之记载，仲景书中之麻黄汤，本《汤液》之小青龙汤方，其竹叶石膏汤本《汤液》之大白虎汤方，……这份珍贵的医籍乃是首次刊行，它是学习《伤寒》而溯其源的必读资料。

五、本书具许多独特见解

本书集中了作者 36 年之学识与经验，具有许多独特见解。

例如，自清代医家提出病在三阴有“寒化”与“热化”之论后，现代一般医家皆从此说，而本书作者却从气与邪分论中发现，原宋代之病在三阴，“中为寒，传为热”之说，真正揭示了疾病的本质与规律，因此，作者认为，“中为寒，传为热”才是正确的，值得学习的正宗的观点。

又如麻黄汤方证的订正（前已提及），禹余粮丸的补入，麻黄升麻汤的分解，五苓散去桂枝加麻黄方证，皆前人未有者。又如，四逆汤与吴茱萸汤皆治厥逆，其本质之不同在于，四逆汤治寒气中于里，吴茱萸汤则治风气中于里。并总结出了鉴别方法。这也是前所未有之独特经验。此外，还有许许多多处方的分解组合运用，皆是作者独特的研究心得与经验。

因此，本书可说是作者集中精力研究《伤寒论》与外感病学 36 年之总结，对于各级医学研究人员、教学人员、各级临床医务工作者，以及中医学院学生来说，这是一部极好的参考书。

序

魏甫贤大夫任职于汕头大学医学院，于教学诊病之余，偕其夫人吴秀娥大夫撰著《推演伤寒论》一书，行将持稿付梓，问序于余。《泊宅编》方勺云：朱肱潜心二十年而活人书成，尝过洪州携以就见宋道方，宋坐中指驳数十条皆有考据，肱惘然自失。方于文尾云：由是观之，人之所学固异耶（各人平时所学不同），将朱氏之学亦有所未尽耶，后之用此书者，能审而慎择之则善矣！朱肱以二十年之心力尚为宋道方所指摘，方勺疑为学派不同，或作者本身未善，二者皆有可能，于是请“用者能审而择之”。余学术浅陋，负虚誉于医界，魏大夫既委作序，而余又以病目力不耐读，乃略述鄙意代序。

魏大夫已五十许人，年力具富，又能绩学覃思，有为之材也。余谓学术应发展，新说宜创造，顾新出创造往往不为持成见者所容，如赵养葵之命门学说，为徐灵胎所不许，王清任之尸体解剖，为陆九芝所讥讽。今命门研究已能肯定其物质基础，尸体解剖已成医学必修之科。凡一新创，其始多为世所诟病，其后容之，再后尊之奉之。盖从实践中觉其可尊奉耳。

中医学自《内经》《伤寒卒病论》书外，后之作者，汗牛充栋，皆由实践而创理论，由理论而指导实践。如是反复扩充，乃有今日丰富之宝库。若不由扩创新理论新实践，则至今只《内经》《伤寒卒病论》两书耳，安在其汗牛充栋乎？或曰，信如是，人可自为说自为创耶。余曰，是又不然，创一新说，必有创见，有创见尚未也，又必须论证合理，能指导实践创一经验。实例，又必须能复验，我验人亦验，如是乃得成立。未有实验之理论，未经反复之经验，吾以为不信者，可容其存疑。

魏大夫研究《伤寒论》三十余载，参考诸家《伤寒》论注，参以现代知识，参以自己临床，对原书重新整理，或订正删削，或推演补

充，或移掇，或撰新方，力求方剂与条文吻合，推演方剂变化配伍，使之更明确易用，并附临床医案以供参考。

至于书中新创内容，颇可参考。余举方勺之言曰“审而慎择之，则善矣。”更益以新理论有待论证，新经验有待于重复，魏大夫虽已自验自证，并能得广大读者更为之验证，则益完善。余寄厚望于读者。

1987年8月姜春华

导 言

一

根据编者的研究，中医学中的全部致病因子可以归纳为风、寒、暑、湿、燥、火、气、血、痰、食、虫、伤、毒十三个字。其中的风、寒、暑、湿、燥、火属于外感病的病因，一般称之为六因，总称为邪气。

古代说的外感病，用现代的观点来看，指的是下列两大类疾病：

一是指由物理因素（主要是气象因素）所引起的以机体功能障碍为主要表现的疾病；

二是指由病原微生物所致的各种感染性疾病。

因此，从病因学的角度来说，六因就包括了物理因子和病原微生物。例如，风因包括风这种物理（气象）因子，和属于风因类的一些细菌、病毒和原虫；寒因，则包括低温这种物理（气象）因子，和属于寒因类的那些细菌、病毒和原虫；……

由此可知，用中医的观点来看，不但致病的外界物理因子有六大类；致病的微生物亦有六大类。不同的病原微生物，各有不同的六因属性。亦就是说，应当对病原微生物进行分类（分成六大类），它们各属于风因类、寒因类、……

古代中医将六因统称为邪气。为了使概念精确，本书特将物理（气象）因子称为气，而将病原微生物称为邪。因此，风因中有风气与风邪两类，寒因亦有寒气与寒邪两类；……

气与邪不但是两类不同的致病因子，而且致病的机制亦不同。例如：

寒气乃是指低温，它是无形无质的一种致病因子，因为它无形无质，就不能说它侵入人体，它只能作用于人体的某部或全部，从而引起该部的机能障碍（失调）：体表受寒太过，引起体表的机能障碍（失调）；腹部受寒（或冷饮冷食过度），则引起胃肠的机能障碍（失调）；……这些疾病，一般皆无发热，脉亦不数。

寒邪是指某些病原微生物（如肺炎球菌等），它不是作用于人体，而是侵入人体。侵入何处则在何处引起炎症性疾病：侵入肺则引起肺炎，侵入胃肠则引起胃肠炎，侵入关节则引起关节炎，侵入胸膜则引起胸膜炎，……因为它们是一类炎症性疾病，所以，病者一般皆有发热，脉数，而且小便赤。正因如此，所以，中

医把它们称为外感热病。

不论气还是邪，都可单独致病，然而，临床上气和邪联合致病的情况更为多见。治疗时必须仔细分辨它是何气、何邪单独致病，或者是何气何邪联合致病，才能准确地给予治疗。

二

《伤寒论》一书是一千七百年前张机（仲景）所撰的《伤寒杂病论》的前半部。由于战乱等原因，原书（竹简）已残缺而错乱。虽然经过晋代王叔和重编，这种损失仍未能得到弥补（王氏距张氏约 60 年左右）。后来有些医家甚至认为，王叔和没有能极力保存其原简的顺序，却凭己意重编此书，是一种错误的行为，它使后人再亦无法看到该书的原貌。致使其后的 500 家对《伤寒论》的注解和论著都只能在这种原文更加混乱的状态中进行。因此，《伤寒论》一直无法得到全面而正确的阐释。即使如此，它对中国医学界的影响之巨大，仍然是无与伦比的。如果说《伤寒论》是中国古代医学皇冠上的一颗明珠，亦绝不过分。张氏被尊为医中之亚圣，书中文字亦被分条编号，视为经典。由于此书在理论上与实用上的重大价值，所以，历来被奉为临床医学之基础与圭臬。编者反复研读此书至今已 36 年，15 年前，又扩展研究整个外感病学理论。依照外感病学中气与邪分论的观点研究《伤寒论》，结果，大有收获。

《伤寒论》论述的主线就是寒气所致的各种疾病和寒邪所致的各种疾病。

书中所述的寒气为病包括下列内容：寒气伤于体表所致的病，寒气伤肺所致的病，寒气伤胃肠及脾（胰）、心、肾、肝的经脉及其本藏所致的病。此外，还有寒气伤人导致人体气机失调抵抗力降低而诱发的诸邪（主要是冬寒季节繁殖旺盛的寒邪）入侵肺藏而致的病，及诸邪侵入胃肠、血液、……各处而引起的疾病。（根据编者的研究，认为肺炎球菌乃是最主要的一种寒邪。）

然而，在人的实际生活环境中，不但有寒气，而且有风气、湿气，……风气、湿气亦可以伤人而致病。并且，风气、湿气伤人亦可诱发寒邪（及其他诸邪）之侵入为病。风寒湿三气还可以相兼伤人而致病。若其相兼伤人，导致人体气机失调抵抗力下降时，寒邪（及其他诸邪）亦可乘机入侵为病。并且，在风寒湿相兼为病之过程中，亦可并发寒邪（及其他诸邪）之病。邪病的过程中又可再感诸气而成兼病。

考虑到实际存在的上述情况，张氏采用了横向和纵向综合论述的方法。所以，

《伤寒论》一书是一个十分复杂的体系。以至一千七百多年来，能读个半通的亦不多。实际运用时，几乎全凭医师个人的学识和经验。用对了，则疗效卓著，若用错了，不但没有效，有时还会出现副作用。因此，在医学界，掌握《伤寒论》的水平，就成了评价一个医师在医学经典方面造诣的重要标准。

三

编者所编著的《推演伤寒论》，与过去历代医家的注解和论著大不相同。运用的是以前医学家们从来未运用过的独特的现代的观点和方法：

将六因分为气与邪，将寒因亦分为寒气和寒邪，以此观点对原书的条文进行重新归类，然后再依寒气为病发生的类型和寒邪为病发展的顺序进行编排。这就是本书的中编。用这种办法可以使原书条文排列紊乱的情况变为有序，以解决错简的问题。至于某些条文缺失而致的前后不相衔接的情况，编者则推演补撰了一些新的条文（文后都有注明），同时亦补撰了一些新的处方。

本书依据原书〈伤寒例〉的精神，重撰了〈推演伤寒例〉作为中编之总论。

本书撰用了绝大部分原宋本《伤寒论》的条文，并参考康平本、《玉函经》、《千金备急要方》和《翼方》，以及各家之研究，作了必要的订正。

总计本书共推演补撰了 283 条条文，推撰处方 175 首。这些条文和处方分别列入中编的各章之中。

在中编的各章之前，编者皆写了该章的“要点说法”。为了帮助读者阅读和理解，在一些条文左侧加了“眉注”。

本书上编所载的则是近 15 年来编者撰写的 7 篇论文，论文分题阐述编者对《伤寒论》研究的主要进展。这些论文是本书的基础，其中的〈邪气论〉则是最重要的论文。

下编选载了 31 则各种类型的病案。虽然未能做到书中所述的所有的疾病类型都有病案举例，但是，仍可从中看到编者在实际临床中如何运用本书中的观点和方法。每则病案之后都有长短不一的“分析讨论”，这是一个比较自由的篇幅。在这里，编者尽可能对所用的理法方药进行说明，并旁及一些其他的医学观点和临床经验。希望这些粗浅的经验和各种见解对于新学者将来运用仲景的法和方时能有所帮助。

1987 年，有一些医界的先辈名家在听过编者较全面的阐述和看过一部分书稿之后，就曾鼓励出版此书。但是，正如杜甫诗中所云：“文章千古事，得失寸心知。”

编者对此书总是觉得不甚满意。因为原书有些地方实在弄不通，加之个人所接触的病例到底有限，有些无法在临床上运用和验证，只能在理论上进行推导。为此，又反复披阅五载，修订四遍。总计撰写时间历十一年，稿凡七易，下了很多功夫。由于每个人的智力都是有限度的，到现在编者自己对这本书亦只能大体满意。古人所谓“天不足西北，地不满东南。”天地尚如此，世界上还有什么能十全十美呢?!书中倘有谬误不当之处，实乃编者才智所不逮，姑待后人评论订正，俾仲景之学不断发扬。

编者自己认为：经过三十六年的努力，用了许多精力来攻这个一千七百多年的难题，有时，为推导一条处方，历时三载，其艰难的程度是内行人都有体会的，现在，只是向《伤寒论》理论现代化迈出了艰难而必要的一步。

在本书即将出版之际，编者特别怀念已故的程祖培教授、刘赤选教授、姜春华教授、颜公辰老师和何志雄教授。十分感谢一直在关怀和支持编者研究工作的邓铁涛教授，欧明教授，梁文若教授，孙同郊教授，靳瑞教授，原广州中医学院院长刘汝琛院长，以及汕头大学医学院院长沈忠英教授。

今后五年内，编者拟再编著《虫病论》和《师传方论》两书。

魏甫贤

1992年11月16日

INTRODUCTION

I

Based on my theoretical study and clinical experience, the whole of pathogeny, from the view point of traditional Chinese medicine, can be expressed by the following 13 Chinese characters, each representing a particular pathogenetic factor, that is: feng (wind), han (cold), shu (summer heat), shi (humidity), zao (dry), huo (non seasonal heat), qi (vital energies), xue (blood), tan (phlegm or unusual secretion), shi (diet), chong (parasites), shang (wound or injury) and du (poison or toxin).

Among them the first six, known as "the six factors", are external pathogenetic factors. They can be reduced to xieqi (Xie means pathogenetic microorganisms, while qi * means meteorological factors).

In modern terms, the diseases caused by so called external factors can be classified into two major groups: One refers to diseases caused by physical factors (mainly, meteorological factors). Their usual symptoms are functional disorders of organisms. The other refers to various infectious diseases caused by pathogenetic microorganisms.

Thus, from the viewpoint of pathogeny, the above mentioned six factors include physical factors and pathogenetic microorganisms.

Analysed in detail, the factor of feng (wind) involves wind — a physical (meteorological) factor and relevant bacteria, viruses and protozoa, while the factor of han (cold) involves low temperature (a physical meteorological factor) and relevant bacteria, viruses and protozoa. . .

It can be deduced that all the bacteria, viruses and protozoa are divided into six categories: the feng category, the han category and so on.

As mentioned above, the six pathogenetic factors were called xieqi. In order to make the concept precise, this book deals with the physical (meteorological) factors as "qi" and the pathogenetic microorganisms as "xie".

Accordingly, the feng factor can be divided into feng qi (wind as a meteorological factor) and feng xie (pathogenetic microorganisms of the feng category, such as tetanus bacillus, urticaria viruses. . .), while the han factor can be divided into han qi (cold as a meteorological factor) and han xie (pathogenetic microorganisms of the han category, such as pneumonia diplococcus, flu viruses. . .).

Qi and xie are different in their pathogeny and pathogenetic mechanisms. For example, han (cold) qi refers to low temperatures. Affected by it, the human body will suffer from a partial functional disorder. If the exterior parts of the body undergo too low temperatures, functional disorders occur in those parts. If the abdominal section is exposed to too low temperatures (too much cold drink or food has the same effect), functional disorders occur in the stomach or intestine. With such diseases, no fever is usually observed and the frequency of pulse does not speed up.

On the contrary, han (cold) xie refers to some pathogenetic microorganisms, for instance, pneumonia diplococcus. It invades the human body instead of just acting on a certain area of the body. And inflammatory diseases are certain to occur in whatever area the han xie invades. If it invades the lungs, pneumonia will occur. If it enters the stomach or intestine, enterogastritis follows. And, if the joints or pleura are invaded, arthritis or pleurisy will occur. With such diseases, in most cases, fever is observed, the frequency of pulse speeds up, and urine is of a smaller amount and looks darker in color. Such inflammatory diseases are also called fevers (caused by external factors).

Either xie or qi can cause diseases independently. However, the combination of a certain kind of qi and a certain kind of xie is more often observed in clinical practice. So, in order to treat a particular complaint, judgement has to be made about the factors (separate qi or xie of a certain kind or their combinations) causing particular diseases.

I

The book Shang Han Lun (On Diseases Caused by Harmful Cold Factors) was the first half of Shang Han Za Bing Lun written by Zhang Ji (Zhang

Zhongjing) about 1, 700 years ago.

Owing to wars or riots, the original copy (composed of bamboo slips) has been found incomplete and in disorder. Although Wang Shuhe made great efforts to revise it, the missing parts were gone forever. In the opinion of some medical experts, it was unforgivable that Wang failed to keep the bamboo slips in the original order. As a result, it has been impossible for researchers to have a distinct view of Zhang's original. About 500 successors were involved in making comments on Zhang's book. The pity is that their efforts were made on the basis of the bamboo slips rearranged by Wang. Hence, it has remained impossible to make complete and perfect explanations of Zhang's original. Even so, the influence that Zhang's book made on the Chinese medical circle has been immeasurable. He was regarded as the second sage in the history of Chinese medicine. All the items in his bamboo slips were divided into paragraphs and numbered. His classical book was regarded as the bright pearl on the imperial crown of Chinese ancient medicine. Because of its theoretical and practical value, the book was looked up to as the basis and standard for clinical practice in China. It is worthy of such high praise.

My first contact with Zhang's book can be traced to my college life. It was 15 years ago that my interest in Zhang's theory began to expand to a complete theory of diseases caused by external factors, and a distinction between qi and xie was drawn based on my painstaking study. With such a distinction in mind, I succeeded in further studying Zhang's book, whose dominant idea was the treatment of diseases caused by han qi and those caused by han xie.

Zhang's description of diseases caused by the pathogenetic han qi included diseases harming the exterior of the body, lungs, the jingluo (passages through which vital energies circulate, regulating bodily functions) of the stomach, intestine, pancreas, heart, kidney and liver and the organs themselves; also diseases caused when the lungs are invaded by xie (mainly, han xie during the prime of winter) which is induced by han qi leading to functional disorders and the reduction of resistance to diseases; and diseases caused by han qi invading the lungs, stomach, intestine, blood, etc.

Based on my study, pneumococcus is considered to be the leading han xie.

In our environment there exists not only han qi, but also feng qi and shi qi,

which also can cause diseases. In addition to this, feng qi and shi qi harming the human body can induce han xie and other variants of xie and cause diseases. Also, feng qi, han qi and shi qi can be combined to do harm and cause functional disorders and the reduction of resistance, thus inducing han xie and other variants of xie to cause diseases. In the course of diseases caused by feng qi, han qi and shi qi, those diseases caused by han xie and other variants of xie may also occur. On the other hand, in the course of diseases caused by variants of xie, those diseases caused by variants of qi can also occur.

Having taken the above into consideration, Zhang adopted a synthetic method of discussion in length and breadth, making his system a very complicated one. That is why readers have had great difficulty understanding the system since Zhang's book appeared 1,700 years ago. So, in clinical practice, the curative effect depends on the individual doctors' learning and experiences. The effect will be distinguished when the doctor understands Zhang's system properly. Otherwise, he or she cannot get satisfactory results. Sometimes, even side effects occur.

From the above we may conclude that the faculty of understanding Zhang's book has become a criterion by which the faculty of understanding classical Chinese medical science is evaluated.

III

The book Deduction from Shang Han Lun which I compiled is quite different from the annotations or treatises of the Chinese medical experts of the past. New viewpoints are taken and new methods of study are adopted in this book.

Reducing the six pathogenetic factors into qi and xie (also, han is divided into han qi and han xie), rearranging the items of the original book, compiling the text according to the varieties of diseases caused by han qi and their developments caused by han xie—all this comprises the Second Chapter of this book. Thus, the confusions arising from the wrong arrangement of the bamboo slips can be avoided, hopefully. In this chapter, meanwhile, I have added a number of new items (with marks) necessary for making the text much more coherent and making up for the lost bamboo slips. And a number of new

prescriptions have been offered. At the beginning of this chapter, by imitating the Outlines of Shang Han of the original, I have added Deduction from the Outlines of Shang Han as the generalization of the whole chapter.

Most items in this book are based on the Shang Han Lun of the Song Dynasty edition. Necessary corrections have been made according to the Kang Ping edition, Yu Han Jing, Qian Jin Bei Ji Yao Fang and Yi Fang and research works of many other medical experts. Items and prescriptions based on my deduction have also been added to the respective units of this chapter. A brief description can be found before the beginning of each unit. With a view to helping readers, notes are given at the top of many items.

The first chapter is a collection of seven papers which I wrote during the past 15 years. They reflect the advances of my research concerning Shang Han Lun. Careful reading of these papers (particularly, the paper on xie and qi) is a prerequisite for a better understanding of Zhang's Shang Han Lun.

The Third Chapter has collected 32 cases of different types. Although they cannot cover all the types of diseases concerned, my viewpoints and methods adopted in this book can be seen clearly. At the end of each case an analytical discussion of different length is provided. In those discussions, I have made every effort to explain the treatment and prescriptions, and at the same time touched on some other medical viewpoints and clinical experiences as well. All these efforts, hopefully, will help beginners to apply Zhang's method and prescriptions in their future medical careers.

It was in 1987 that several eminent and senior medical scientists were kind enough to allow me to present a more or less comprehensive introduction to my viewpoint about Zhang's theory and even skimmed some of my draft. They encouraged me to publish my book. As Du Fu once pointed out in his poem, "Despite your immortal writings, be always aware of your shortcomings." I am afraid that I have left much to be desired. For one thing, some points of Zhang's are beyond my comprehension. For another, the number and types of cases I have dealt with have been limited, thus some of Zhang's points cannot be examined in my clinical practice. What I have mostly done is to make theoretical deductions. In order to limit my possible misunderstandings of Zhang's points, I kept reading my draft during the past five years and made four revisions. After