国家科技部国际合作与交流专项项目资助

International Collaboration & Exchange Project Sponsored by the Ministry of Science & Technology of the People's Republic of China

汉英对照

中医古方治疗糖尿病精粹

Chinese–English Edition

A Collection of Classical Formulae for Diabetes

主编 喇万英 白素芬 喇孝瑾
Chief Compilers La Wanying Bai Sufen La Xiaojin



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人民卫生出版社 PEOPLE'S MEDICAL PUBLISHING HOUSE

图书在版编目 (CIP) 数据

汉英对照中医古方治疗糖尿病精粹/喇万英等主编.

一北京:人民卫生出版社,2011.10 ISBN 978-7-117-14486-5

I. ①汉··· Ⅱ. ①喇··· Ⅲ. ①糖尿病-验方-汇编 Ⅳ. ①R289. 5

中国版本图书馆 CIP 数据核字 (2011) 第 128841 号

门户网: www.pmph.com 出版物查询、网上书店

卫人网: www.ipmph.com 护士、医师、药师、中医

师、卫生资格考试培训

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汉英对照中医古方治疗糖尿病精粹

主 编: 喇万英 白素芬 喇孝瑾

出版发行: 人民卫生出版社 (中继线 010-59780011)

地 址:北京市朝阳区潘家园南里 19 号

邮 编: 100021

E - mail: pmph @ pmph.com

购书热线: 010-67605754 010-65264830

010-59787586 010-59787592

印 刷:北京中新伟业印刷有限公司

经 销:新华书店

开 本: 850×1168 1/32 **印张:** 14 **字数:** 369 千字 **版 次:** 2011 年 10 月第 1 版 2011 年 10 月第 1 版第 1 次印刷

标准书号: ISBN 978-7-117-14486-5/R • 14487

定价: 32,00元

打击盗版举报电话: 010-59787491 E-mail: WQ @ pmph. com (凡属印装质量问题请与本社销售中心联系退换)

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内容提要 Summary

本书是选录唐代至清代中医治疗消渴病的复方的专著,所 选古方具有验、廉、简、便的特点,处方中所用药物均为植物药, 药材易得,制作简便,疗效显著。

全书正文为古方精粹,按照首字笔画顺序排序,每个处方依次注明【方源】、【组成】、【用法】、【功用】、【主治】、【备注】六个项目,其中【功用】、【备注】是本书编者补充的,供读者参考。附录内容介绍了单味中草药防治糖尿病现代研究,现行中成药治疗糖尿病精选,古今衡、量制对照。本书适合国内外医疗、教学、科研人员,糖尿病患者,中医爱好者阅读。

The book is of selective prescriptions of Traditional Chinese Medicine for diabetes chosen from ancient medical literature dated from the Tang Dynasty to the Qing Dynasty. In these formulae all ingredients are herbs that are readily available. The recipes require simple preparation but prove to be quite effective. In addition, the products are inexpensive and convenient to administer.

In the text of this book are ancient prescriptions in order of the number of strokes of their first characters. Under each prescription there is a description of its source, ingredients, administration, actions, indications, and remarks, of which the actions and remarks do not exist in literature but are added by the present compilers

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for the sake of the reader's reference. Apart from the text of the book there are three appendices containing an inventory of antidiabetes herbal medicinals in light of modern research, selections of Chinese patent medicines for diabetes available currently at market, and metrological conversion between the ancient and the modern times. It will be an indispensable reference book for medical workers, teachers and scientific researchers in the province of diabetes as well as the diabetic patients and traditional Chinese medicine enthusiasts.

序 Foreword

糖尿病是一种严重危害人类健康的内分泌代谢性疾病。据WHO报道,目前全世界逾2.2亿人患有糖尿病,80%的糖尿病死亡病例发生在中低收入国家。糖尿病以其发病率高、并发症多成为仅次于心血管疾病和肿瘤的威胁人类生命与健康的又一杀手。因此认真研究和积极寻找有效防治糖尿病的药物已成为当前医学界亟待解决的重大课题之一。

中国是世界上最早认识和防治糖尿病的国家之一。糖尿病属于中医"消渴"范畴,早在两千多年前中医经典医籍《黄帝内经》中便有消渴病名、症状及治疗的记载,历代医家在治疗消渴病方面积累了大量宝贵经验,其独特的疗效受到了广泛关注。系统整理和挖掘古代治疗消渴病的有效方药,对当前防治糖尿病具有极其重要的现实意义和实用价值。

本书作者喇万英教授、主任医师、硕士研究生导师,多年来致力于中草药治疗糖尿病研究,近两年承担了国家科技部国际科技合作与交流项目——筛选治疗2型糖尿病中药复方有效单体及有效单体最佳配伍的实验研究,在糖尿病治疗研究方面具有较深造诣。此次主编的《汉英对照中医古方治疗糖尿病精粹》一书,是从唐代至清代的古代医籍中精选出的全部由植物药组成的古方选粹。凡原书处方中含有矿物药、动物药、有毒药以及药味较多者均未选录,目的是为了临床应用安全简便。同时在附录中设有"单味中草药防治糖尿病现代研究",为应用本书所

选古方治疗糖尿病提供了现代研究依据。全书采用中英文对照的编写体例,也可供国际友人参考。

本书是一本具有较高学术价值的中医治疗糖尿病的古方精选,是从事糖尿病医疗、教学、科研人员的有益参考书籍,爰为之序。

吴以岭 2010年11月16日

Diabetes, which is an endocrine metabolism disease, constitutes severe threat to the health of human beings. According to a report by WHO, there are more than two hundred and twenty million diabetes victims in the world and 80% of deaths of the plague occur in countries of low or medium revenues. Because of its high incidence and multiple complications, it is the worst killer next to angiocardiopathy and neoplasm. It is, therefore, an urgent, major mission for the medical circle to carry out intense research of it and pay vigorous efforts to seek out efficacious anti-diabetes drugs.

China is one of the earliest countries that recognized and put into practice prevention and treatment of wasting thirst in traditional Chinese medicine (TCM), which approximately falls into the category of diabetes in modern medicine. As early as above two thousand years ago, in the Yellow Emperor's Cannon of Medicine, a most authentic medical magnum opus, we can find not only the term wasting thirst (i.e., diabetes) but also a description of its symptoms and therapies. Later generations of medical workers have contributed a lot to the opulent accumulation of valuable

experience in treating it. The somewhat miraculous effect on it unique to traditional Chinese medicine (TCM) has arrested wide attention in the globe. It is of realistic and practical import for combating diabetes to make a systematic study of and exploit the effective formulae from the pre-modern medical classics.

The chief compiler, Prof. La Wanying, a senior doctor and supervisor of master candidates, who has been for many years engaged in research of treatment of diabetes with herbal medicinals and for the recent two years has been devoted to the international collaboration and exchange anti-diabetes project sponsored by the Ministry of Science & Technology of the People's Republic of China (Experimental Study to Select Medicinals in the Formulae for Treating Type 2 Diabetes and Their Most Efficient Compatibilities), is known for his high attainment in the research of diabetes treatment. This work Chinese-English Edition — A Collection of Classical Formulae for Diabetes is a choice collection of anti-diabetes recipes made up of herbal medicinals that are selected from medical classics dated from the Tang Dynasty to the Qing Dynasty. Formulae containing elements of minerals, animals and toxicants or formulae of complex compositions are excluded with a view of simplification in clinical application. The authors make available an appendix Inventory of Anti-diabetes Herbal Medicinals in Light of Modern Research, which provides scientific evidence for the efficacy of the anti-diabetes formulae in the medical classics. The book is written in Chinese-English to be beneficial to the foreign readers.

This collection of TCM anti-diabetes formulae proves to be of much academic value and hence, it will be an indispensable

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referential handbook for medical workers, teachers and scientific researchers in the province of diabetes. That is why I am glad to write the foreword.

Wu Yiling 16th of Nov., 2010

前言 Preface

糖尿病是一种常见的内分泌代谢性疾病,其发病率逐年上升,在全世界已成流行之势,严重威胁着人类的健康,给人们的身心和经济带来了极大的损害,糖尿病的防治已成为全世界研究的热点之一。糖尿病属于中医"消渴"范畴,两千年前我国就开始对消渴病进行治疗,以后历代均有治疗消渴病的有效方药问世,为我们治疗糖尿病留下了一笔宝贵的财富。

中医消渴病是以多饮、多食、多尿、乏力、消瘦,或尿有甜味为主要临床表现的一种疾病。消渴作为病名,首见于《素问·奇病论》,根据病因病机及症状的不同,《黄帝内经》还有消瘅(《灵枢·五变》),肺消、鬲消(《素问·气厥论》),消中、热中(《素问·腹中论》)等名称的记载。后世医家亦有不同的称谓,诸如三痟、消肾(《太平圣惠方》),消上、消浊、消肌(《幼科铁镜》),消证(《杂病广要》),消脾(《证治要诀》),膈消(《东垣试效方》),阴消、阳消(《景岳全书》),三消(上消、中消、下消)(《丹溪心法》),脾瘅、急消(《简易方·消渴》),等等。

消渴理论渊源于《黄帝内经》,辨证论治出自于《金匮要略》,证候分类起始于《诸病源候论》,体系形成于唐宋。唐宋以后医家,从不同的侧面对消渴理论及治法等作了补充和发展,为我们研究消渴病提供了宝贵的文献资料。多数医家根据消渴"三多"症状的偏重不同而分上、中、下三消。上消(膈消、肺消)以口渴多饮为特征;中消(消中、热中)以消谷善饥为特征;下消

(肾消、消肾)以小便频数为特征。其病因有先天禀赋不足,素体阴虚(五脏虚弱);过食肥甘炙烤,生热化燥伤津;情志失调,郁火伤津;房劳过度,耗伤肾精。其病机为阴虚燥热,阴虚为本,燥热为标,病久兼瘀。其病变的脏腑主要在肺、胃、肾,尤以肾为关键。其治疗原则为清热润燥,养阴生津。亦有根据标本轻重缓急,或以养阴为主,清热为辅;或清热为主,养阴为辅;或清热养阴并重。对上、中、下有侧重润肺、养胃(脾)、补肾之别。

上消,多由肺中燥热伤阴所致,病位在肺。症见口渴多饮,口舌干燥,尿频量多,烦热多汗,舌边尖红,苔薄黄,脉数。治宜清热润肺,生津止渴。偏于阴虚者,可选用川黄连丸、麦门冬汤、栝楼汤等;偏于燥热者,可选用石菖蒲散、栝蒌丸等。

中消,多由胃中燥热伤津所致,病位在脾胃。症见多食易饥,口渴、尿多,形体消瘦,大便干燥,苔黄,脉滑数。治宜清胃泻火,养阴增液。可选用三神汤、顺气散等。若气阴两虚者,治宜益气养阴,可选用七味白术散等。

下消,多由肾中阴精亏虚所致,病位在肝肾。症见小便频数,混浊如膏脂,或尿甜,腰膝酸软,乏力,头晕耳鸣,口干唇燥,皮肤干燥,舌红苔少,脉细数。治宜滋肾阴,固肾精,可选用六味地黄丸、杞元膏、地黄煎等。若阴阳两虚者,治宜滋肾阴、补肾阳,可选用八味丸等。

综上所述,中医防治消渴病历经汉、晋、唐、宋、金、元、明、清,积累了非常宝贵的经验和有效验方。本书为把中医古方治疗糖尿病的精华介绍给国内外读者,故采用中英文对照体例编写。

在本书的编写过程中,得到了人民卫生出版社、河北联合大学及其中医学院诸位领导的多方面的帮助。中国工程院院士吴以岭教授对本书的编写工作也给予了大力支持,并在百忙中审阅书稿和为本书作序,英文主审由著名翻译家杨守忠教授、袁聚祥教授担纲,马燕、吴金环、顾红岩、张晶、郭锦龙、杨芳在本书

的编写中给予了帮助,在此一并致以衷心的感谢。

Diabetes, which is an endocrine metabolism disease, constitutes severe threat to the health of human beings and results in psychosomatic disorder and economic burden. Because of its incidence increasing year by year and its pandemic worldwide, prevention and treatment of diabetes have become the focus of research. As early as more than two thousand years ago, Chinese recognized and put into practice prevention and treatment of wasting thirst in traditional Chinese medicine (TCM), which approximately falls into the category of diabetes in modern medicine. Later generations of medical workers have contributed a lot to the opulent accumulation of valuable experience in treating it and created many effective prescriptions, which is sure to be a boon for treatment of diabetes.

Wasting thirst is clinically characterized by polydipsia, polyphagia, diuresis, fatigue, emaciation, and possibly a sweet flavor of the urine. The term wasting thirst first appeared in the Treatise on Extraordinary Diseases, the Plain Questions. Because of the difference in disease pathology and symptoms, the Yellow Emperor's Cannon of Medicine names it pure heat wasting thirst in the Five Changes, the Spiritual Pivot; lung wasting thirst and diaphragm wasting thirst in the Treatise on Qi Counterflow, the Plain Questions; center wasting thirst and center heat in the Treatise on the Abdomen, the Plain Questions. The later generations of physicians, too, gave it different names, such as triple wasting thirst and kidney wasting thirst in the Holy Benevolent Prescriptions in Times of Peace & Harmony; upper

wasting thirst, wasting thirst with turbidity and muscle wasting thirst in the Iron Mirror of Pediatrics; wasting thirst pattern in the Comprehensive Essence of Miscellaneous Diseases; spleen wasting thirst in the Key to Diagnosis and Treatment; diaphragm wasting thirst in the Dongyuan's Proven Prescriptions; Yin wasting thirst and Yang wasting thirst in the A Complete Collection of Works by Jingyue; triple wasting thirst (upper, middle and lower) in the Danxi's Experiential Therapy; pure heat spleen wasting thirst and acute wasting thirst in the Wasting Thirst, the Simple Formulae.

The basic theoretic framework of wasting thirst took shape in the Yellow Emperor's Cannon of Medicine, and the differentiation of symptoms and signs was first recorded in the Synopsis of the Golden Chamber. The classification of wasting thirst according to discrimination of the patterns was initiated in the General Treatise on the Causes and Symptoms of Diseases. Since the Tang and Song Dynasties, generations of physicians, without whose efforts the knowledge of wasting thirst as we now have would be impossible, have been continuously enriching and developing the theory and therapeutics of the disease. In accordance with the severity of polydipsia, polyphagia, or diuresis and the affected location, it is categorized into the upper, middle and lower types. Upper wasting thirst (diaphragm and lung wasting thirst) is featured by thirst with polydipsia; middle wasting thirst (center wasting thirst and center heat) by swift digestion with rapid hungering; lower wasting thirst (kidney wasting thirst) by diuresis. The causes of the disease are congenitally weak physique and enduring Yin vacuity (vacuity and weakness of the five viscera); large intake of fat, sweet or roast food, which generates heat and causes dryness to damage fluid;

emotional disturbance with depressing fire damaging fluid; frequent sexual taxation exhausting kidney essence. The disease mechanism is Yin vacuity and dryness heat, Yin vacuity being the root while dryness heat, the branch. In enduring disease, there may be the complication of stasis. The involved viscera and bowels are mainly the lungs, stomach and kidneys, the kidneys being the key. The strategy of the treatment is to clear heat, moisten dryness; nourish Yin and help engender fluid. In consideration of the comparative severity and urgency of the root and the branch, the priority may be to nourish Yin while it is auxiliary to clear heat, or vice versa, or equal importance is given to heat clearing away and Yin nourishing. Because there are three different types, upper, middle and lower wasting thirst, the priority of the treatment is accordingly to moisten the lungs, nourish the stomach (spleen) and replenish the kidneys.

Upper Wasting Thirst: It is usually caused by dryness heat in the lungs damaging Yin, with the symptoms of thirst and polydipsia, dry mouth and tongue, frequent urination and voiding of large amounts of urine, vexing heat and hyperhidrosis, reddened tip and edge of the tongue, yellow thin tongue fur, and a rapid pulse. It requires clearing away heat to moisten the lungs and helping generate fluid to quench thirst. For the pattern with Yin vacuity weightier, one may prescribe such as Sichuan Coptis Pills, Ophiopogon Decoction and Trichosanthes Decoction, while for the pattern with dryness heat weightier, the recipes like Acorus Powder and Trichosanthes Pills can be administered.

Middle Wasting Thirst: Contributed to it usually is dryness heat in the stomach damaging fluid, and the clinical manifestations

include polyphagous and swift digestion with rapid hungering, thirst, diuresis, emaciation, dry stools, yellow tongue fur, and a rapid slippery pulse. It requires clearing the stomach to precipitate fire and nourishing Yin to increase fluid. The formulae that can be prescribed include, for example, Three-spirit Decoction and Qi-regulating Powder. Suppose both Qi and Yin appear vacuous, it is proper to boost Qi and nourish Yin at the same time, and the prescriptions can be Seven-ingredient Ovate Atractylodes Powder and the like.

Lower Wasting Thirst: It usually results from insufficiency and vacuity of Yin essence in the kidneys, and its clinical manifestations include diuresis with the urine turbid like a cream or sweet flavor of urine, aching and limp lumbus and knees, lack of strength, dizziness and tinnitus, dry mouth and lips, dry skin, red tongue with little fur, and a rapid thin pulse. It requires enriching kidney Yin and securing kidney essence and the formulae that can be prescribed include, for example, Six-ingredient Rehmannia Pills, Lycium and Longan Flesh Decocted Extract and Rehmannia Decoction. Suppose both Yin and Yang appear vacuous, it is proper to enrich kidney Yin and replenish kidney Yang at the same time. For the pattern, one may prescribe Eight-ingredient Pills and the like.

In conclusion, generations of medical workers from Han to Qing dynasties have contributed to the opulent accumulation of prevention and treatment of wasting thirst in TCM. This book written in Chinese/English bilingual version for the readers both at home and abroad is an elucidation of the essence of TCM in the treatment of diabetes.

Sincere gratitude should be extended to leaders of People's Medical Publishing House, Hebei United University, and its TCM College, who have contributed a lot to the compilation of this book. And we are also greatly indebted to Prof. Wu Yiling, academician of Chinese Academy of Engineering, who, in spite of a heavy schedule, spared time to give a review to the manuscript and write the preface. Finally, Our grateful thanks are also due to the well-known translator Prof. Yang Shouzhong and Yuan Juxiang, who are responsible for reviewing the English version. We should also give thanks for the help from Ma Yan, Wu Jinhuan, Gu Hongyan, Zhang Jing, Guo Jinlong and Yang Fang.