PRACTICAL TRADITIONAL CHINESE INTERNAL MEDICINE

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Translated by Zhang Shengxin, Sun Lijuan, Gao Fan

实用中医内科学



凤凰出版传媒集团 ★ 江苏科学技术出版社

PHOENIX PUBLISHING AND MEDIA GROUP
JIANGSU SCIENCE AND TECHNOLOGY PUBLISHING HOUSE

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凤凰出版传媒集团江苏科学技术出版社

图书在版编目(CIP)数据

实用中医内科学:英文/尤松鑫著;张盛心译.一南京: 江苏科学技术出版社,2009.9

ISBN 978 -7 -5345 -6723 -0

Ⅰ. 实… Ⅱ. ①尤…②张… Ⅲ. 中医内科学-英文 IV. R25

中国版本图书馆 CIP 数据核字(2009)第 071621 号

Practical Traditional Chinese Internal Medicine

Practical Traditional Chinese Internal Medicine				
主	——— 编			
责任组	扁辑	孙连民		
责任村	交对	胡多佳		
责任出	监制	张瑞云		
出版	 发行	江苏科学技术出版社(南京市湖南路1号A楼,邮编: 210009)		
网	址	http://www.pspress.cn		
集团均	也址	凤凰出版传媒集团(南京市湖南路1号A楼,邮编: 210009)		
集团	网址	凤凰出版传媒网 http://www.ppm.cn		
经	销	江苏省新华发行集团有限公司		
照	排	南京展望文化发展有限公司		
ED	刷	江苏凤凰数码印务有限公司		
开	本	787 mm × 1092 mm 1/16		
印	张	30		
字	数	550 000		
版	次	2009年1月第1版		
EP	次	2009 年 1 月第 1 次印刷		
标准书号		ISBN 978 -7 -5345 -6723 -0		
定	价	180.00 元		
图书	—— 如有印			

Foreword

Today there has appeared a world-wide upsurge in the studying and researching of TCM. For promoting even more vigorous development of exchange between Western medicine and traditional Chinese medicine, affording convenience for the foreign physicians to study and research TCM and providing data for TCM lecturers or physicians going abroad to give lectures, Practical Traditional Chinese *Internal Medicine* is compiled and published.

The book consists of two parts—the general part and the respective part. The general part includes introduction of development of internal medicine of TCM, common diagnostic methods, principles of treatment, and the concept of disease of viscera, six channels, wei, qi, ying and xue and tri-jiao as well as corresponding therapeutic principles. And there is brief introduction of nursing methods in TCM. The respective part lists 61 common diseases named after terms of traditional Chinese medicine plus chapter acquired Immuno- deficiency Syndrome as a new one. Each disease is named after terms of traditional Chinese medicine, having the corresponding terms of Western medicine. Therefore, the book is very convenient for foreign readers. In the book the principle of treatment with syndrome differentiation is stressed and characteristics of TCM are embodied.

In the book clinical practice has been given close attention and great efforts have been made to ensure that the content is scientific, practical, comprehensive and concise. Each disease is elaborated in detail by classifying it into several common categories. The book is convenient for beginners because it lists medicinal herbs without TCM formula names, acupuncture prescriptions and commonly used Chinese patent medicines following each disease, so this book can be studied as a clinical manual book with obvious effect. The user can give treatment according to the syndrome or disease, and give acupuncture or herbal medicine by using this

book. The book will be a practical reference book for exchange between traditional Chinese medicine and Western medicine.

Because of being short of experiences in compilation and translation of this kind of books, I believe that inaccuracies in the book are unavoidable. I hope that my readers will oblige me with timely corrections.

Chief Editor
You Songxin
Nanjing University of TCM

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I General Part

Chapter 1 Introduction

Internal medicine of TCM is a clinical science of expounding and researching diseases in the circle of internal medicine and the principles of prevention and cure on the base of TCM theory and methods. It is a base of the other clinical sciences, playing an important role in TCM.

Since the written language in our country was founded, including inscriptions on bones or tortoise shells of the Yin Dynasty (2100 - 1600 B. C.), records of such diseases in internal medicine as headache and cardiac pain have been found. The Yellow Emperor's Internal Classic was the earliest medical classic extant in China, which appeared in the Warring States Period (475 - 221 B.C.). The book dealt mainly with pathogenic factors, pathogenesis, diagnosis and treatment of diseases in internal medicine, summarizing basic theories and clinical practice of TCM at that time. Treatise on Febrile and Miscellaneous Diseases, a classic medical work, was written by the outstanding physician Zhang Zhongjing in the East Han Dynasty (3rd century A.D.). The book laid a solid foundation of internal medicine, perfected the pattern of theories, methods, prescriptions and materia medica and founded principles of diagnosis and treatment based on overall analysis of symptoms and signs, the cause, nature and location of the illness and the patient's physical condition according to the basic theories of TCM, making great contribution to the development of internal medicine. In the Sui and Tang Dynasties (581 - 907 A.D.) with the knowledge of diseases in internal medicine deepening and the experiences in clinical practice developing increasingly General Treatise on the Causes and Symptoms of Diseases was compiled by Chao Yuanfang et al (610 A.D.). It was the earliest systematic book dealing with the etiology and symptomatology of diseases. In Prescriptions Worth a Thousand Gold written in 650 A.D. and

The Medical Secrets of an Official written in 752 A.D., a disease corresponds to diabetes in Western medicine, one of whose symptoms is described as sweet urine. This discover demonstrated the development of diagnosis at that time. In the Song and Yuan Dynasties (960 - 1368 A.D.), due to the active atmosphere of academic research in medical science in our country rich and varied medical schools appeared. The medical schools enriched the content of TCM and promoted the development of internal medicine. Among them there were the cold and cool medical school represented by Liu Yuansu, purgationist school represented by Zhang Congzheng, the school of invigorating the earth (spleen) represented by Li Dongyuan and nourishing vin school represented by Zhu Danxi. In the Ming Dynasty (1368 – 1648 A. D.) Summary of Internal Medicine written by Xue Yi was the earliest book whose title touched upon internal medicine. In the Ming and Oing Dynasties (1368 - 1911 A. D.), due to the practice and summary of physicians in various dynasties the concept of epidemic febrile disease in internal medicine became ripe. Wei, qi, ying and xue systems and the doctrine of Tri-jiao were formed and sect of epidemic febrile disease was founded. The sect of epidemic febrile disease enriched the content of treatment in various epidemic febrile diseases, complementing Treatise on Febrile and Miscellaneous Diseases with each other. At that time the representative physicians were Ye Tianshi, Xue Shengbai, Wu Jutong and Wang Mengying. In addition, some simple and practical books of internal medicine had a great influence. Among them there were Complement of Diagnosis and Treatment, Pure Medical Materials and Medicine Comprehended.

Since the Qin and Han Dynasties (2-nd century B. C.) traditional Chinese medicine has spread all over the world through the countries around with the knowledge of foreign medicines enriching the content of TCM. Based on the theories and methods of TCM for researching diseases of the human body internal medicine has a great influence which is deepening gradually in Korea, Japan, countries in Southeast Asia, Europe and America. Today internal medicine of TCM is making its contributions to the health of all mankind.

Chapter 2 Diagnostic Methods

The diagnostic methods of TCM include the four techniques of diagnosis and the eight principles. These methods are applied in clinic of traditional Chinese medicine, being as basic processes. The four techniques of diagnosis refer to inspection, auscultation and olfaction, interrogation, pulse-feeling and palpation, which are used for knowing and grasping the disease course. The eight principles refer to exterior and interior, cold and heat, deficient and excessive syndromes, yin and yang, in each group the two elements countering each other. The application of the four techniques of diagnosis and the eight principles cannot be separated from each other. These methods should be applied in combination with each other. In order to grasp the nature of diseases and make correct diagnoses it is necessary to master the special feature of each method and distinguish truth from false and simplicity from complexity.

Section 1 The Four Techniques of Diagnosis

The four techniques of diagnosis are unique methods manifested as diagnosing diseases from outside to inside, from normalcy to abnormality and from symptom to disease. With them TCM understands and grasps histories of diseases, symptoms and physical signs. After that by applying the theory and principles of the syndrome differentiation—mainly the eight principles, TCM analyses and summarizes diseases in order to provide correct basis for the clinical treatment.



A. Inspection

Inspection is a method of observing the patient's mental state, complexion, physical condition, behavior and the tongue texture and coating by the doctor's eye to gain clinical data concerning the disease. It is more necessary for the doctor to observe the change of the patient's mental state, complexion and the coating of the tongue.

a. General Inspection

1. Inspection of Vitality and Complexion

An exhaustion of the vital-qi is characterized by weakness of vitality, dull eyes, and dull complexion and facial expressions. Pale complexion and lips suggest deficiency of blood. Yellow complexion will occur when the spleen is deficient. Darkness on the face indicates deficiency of the kidney. Zygomatic flushing and afternoon fever occur as the result of internal heat due to yin deficiency.

2. Inspection of Body Figure and Behavior

Emaciation, lassitude and dry skin is due to deficiency of qi and blood. Individuals of obese figure having a poor appetite are due to spleen deficiency resulting in phlegm accumulation. Those of emaciated figure having a poor appetite are due to deficiency of stomach-qi while those of emaciated figure having a good appetite is due to hyperactivity of stomach fire. Edema all over the body is wind edema due to wind attack. Edema of lower limbs with abdominal distention and loose stool suggests insufficiency of the spleen-yang. Edema of lower limb with lassitude in loin and legs is caused by insufficiency of the kidney-yang.

3. Inspection of Complexion

The complexion or the skin color of a patient in a morbid state is called sick complexion, which are normally classified into five categories and can indicate the properties of the disease.

1) Pale

Pale complexion indicates insufficiency of qi and blood, deficient cold and bleeding. For instance, a pale and puffy face is due to insufficiency of yang-qi. A light pale and thin face is due to blood deficiency. Pale



complexion and cold limbs suggest cold syndrome caused by insufficiency of yang.

2) Yellow

Yellow complexion is a manifestation of dysfunction of the spleen in transport leading to retention of water within the body or deficiency of qi and blood. The yellow complexion and eyes with bright hue are caused by steaming of dampheat in the body. The dim yellow complexion without hue suggests the stagnation of cold-dampness. Sallow complexion reflects qi deficiency of the spleen and stomach. Yellow and puffy complexion is brought about by dysfunction of the spleen with water dampness.

3) Blue

Blue complexion is caused by cold of the Liver Channel, an impeded circulation of qi and blood and up-stirring of liver wind. Blue complexion indicates severe pain due to traumatic injury, blood stasis in the chest and abdomen and convulsion of child.

4) Red

Red complexion indicates heat syndrome. Red face with aversion to wind is due to fever caused by an exopathogen; red face and thirst is due to the sthenic heat syndrome related to excess heat of the stomach. Zygomatic flushing occurs as the result of internal heat of yin deficiency. If red macular eruption is on the patient's skin, it is due to invasion of ying and xue system by pathogenic heat.

5) Black

Black is the kidney color, and indicates the kidney essence asthenia. Putty and pale black complexion is caused by insufficiency of the kidney-yang with retention of water within the body; a black and dry complexion is caused by over consumption of kidney yin and essence.

b. Inspection of the Tongue

TCM pays close attention to the change of tongue. By inspection of the tongue a physician can predict deficiency and excess of the viscera, the vicissitudes of qi and blood, the profit and loss of the body fluid, the nature, severity and prognosis of a disease.

1. Inspection of the Tongue Texture

The tongue texture or the tongue body is closely related to many viscera.

Different parts of the tongue correspond to various internal organs, namely, the tip of the tongue reflects the heart and lung; both sides of the tongue, the liver and gallbladder; its middle part, the spleen and stomach; its root, the kidney.

For clinical diagnosis attention should be paid to changes in the color, humidity, shape and behavior of the tongue to analyze the change of tongue.

1) The Color and Humidity of the Tongue

The normal picture of the tongue is characterized by light red, moist and bright body.

A tongue lighter than normal is known as pale tongue which principally indicates deficiency of both blood and yang or cold syndrome of insufficiency type. The pale tongue without any fur is often due to deficiency of both qi and blood; the pale and moist tongue suggests cold syndrome. The bright red and dry tongue is caused by deficiency of vin while the bright red tongue without any fur, upward invasion of asthenic heat. The crimson tongue indicates heat of excess type, being a manifestation of intrusion of the pathogenic heat from the qi system into the blood system during a febrile disease. The crimson tongue with red papilla is due to excessive heat in the blood system. The crimson and bright red tongue is due to intrusion of the pathogenic heat into the pericardium. The crimson-purplish color with dryness is a manifestation of intrusion of the pathogenic heat into the blood system. The dark purplish color suggests blood stasis. The bright purplish color with moisture is caused by cold syndromes. The blue tongue is a manifestation of exhaustion of qi and blood. The blue color without any fur suggests unfavourable prognosis.

2) The Shape and the Behavior of the Tongue Proper

Attention should be paid to changes in the size, tenderness, dryness, moisture, fissures and behavior of the tongue proper. The pale red, puffy and tender tongue with tooth marks on its margin is usually attributable to deficiency and cold syndromes, and the bright red and enlarged tongue, to intense heat in the heart and spleen. The small and thin tongue with bright red color mainly indicates deficiency of qi and blood, and with crimson color, a manifestation of consumption of body fluid. The tight and rough tongue is attributed mostly to excess and heat syndromes. Soft papilla seen on