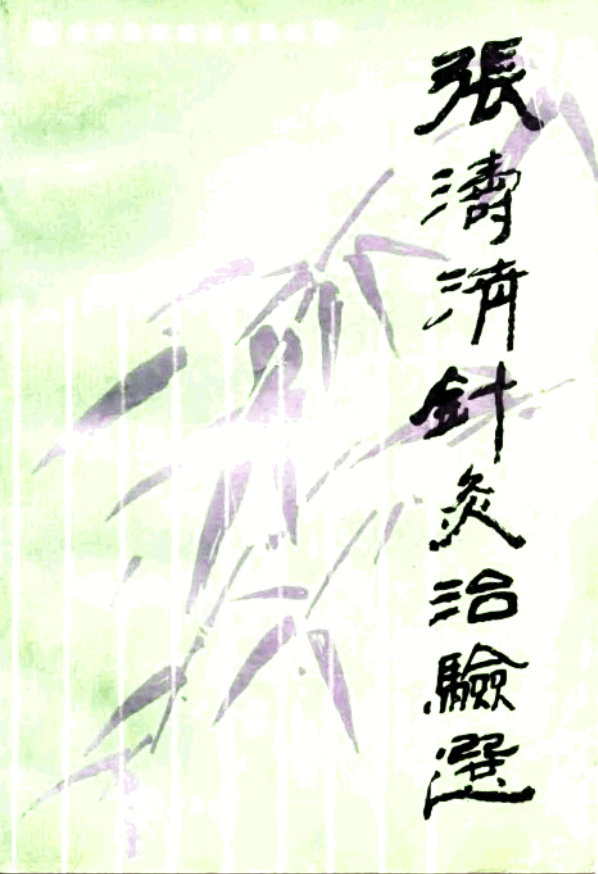


張清濟針灸治療



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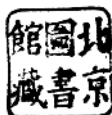
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张涛清针灸治验选

刘福金 安德

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ZHANG TAO-QING,S
SELECTION ON
THERAPEUTIC EXPERIENCE
OF
ACUPUNCTURE AND
MOXIBUSTION
REORGANIZERS
LIU FU VJIN AN-DE

SCIENTIFIC AND TECHNOLOGICAL
PUBLISHING HOUSE OF GANSU,CHINA

前 言

抢救和整理名老中医的经验，是继承和发扬祖国医学遗产的一项重要内容。祖国医学除古今文献外，有许多宝贵的经验，掌握在各地活着的名老中医手里，他们或承家学，或受师传，渊源有自，被群众誉谓绝招。这些可贵的招数，是前人经验与自己多年实践相结合的结晶，珍贵的活宝，总结整理出来，可以使读者从中得到启发性的指导，掌握一些常见病的治疗规律，解决一些疑难病的施治方法。

主任医师张涛清同志，擅长针灸术，有陇原神针之称。“张涛清针灸验选”是张氏从始针灸研、救、医50余年医论和医案的总结，由门人整理而成。由于张师健在，集有病历，临床疗效论述确切。

本书内容分为针灸临床论治，针灸临床验案选录，针灸手法的临床应用，甘肃医史人物研究四个部分。其特点是融汇中西医理一体，病证结合，针灸施治。因此，本书既可为患者和一般读者提供有关疾病的治疗、预防和保健常识；又可作为针灸临床、教学工作者的参考。

本书整编过程中承蒙杜福天、吕人奎、李生来、柳盈科、王俊英等同志做了部分病历的收集工作；刘亚清、姜丽、伏国义、武凤香等同志帮助撰写稿件及校对，在此一并致谢。

由于整编者限于文墨之暗，论中对张师的学术思想难免有欠全面表达其精深之处，书末甘肃医史人物研究，仅一管之见，裨误之处，敬请读者批评指正。

Preface

The task of saving and systemizing the experiences of famous veteran physicians is one of great importance. In order that the Traditional Chinese Medicine in Chinese medical heritage is carried on and developed, a wealth of valuable experience in Chinese medicine has been mastered by living famous veteran physicians except those of ancient and modern literatures. Their experiences were either run in the family from generation to generation or received from their teachers. Their own creations are famed for their **unique skills**. These valuable skills are the crystallization which combined predecessor's experiences with practices in many years. If these valuable walking wealth accumulated by famous veteran physicians be summarized and systematized, the readers would obtain an illuminating guidance, handle the treating laws of some common diseases and resolve the methods of treating difficult and complicated cases.

Chief physician Zhang Tao-qing is an expert in acupuncture and moxibustion, and he is known as a mystical acupuncturist in Long Yuan. Zhang Tao-qing's «Selection on Therapeutic Experiences of Acupuncture and Moxibustion» is a summary of his medical theory and

medical records which was he engaged in studying, teaching and medicining practice in acupuncture and moxibustion over fifty years and has been systemized by his disciples. Bicause of Doctor Zhang is still living and well-being, and all of the manuscripts were gone over by him, the medical records collected and the statements of curative effects are reliable.

The contents of the book divide into four parts; the thirty lectures on clinical treatment of acu-moxitherapy, the selected records on clinical investigation of acu-moxitherapy, clinical uses of acupuncture and moxibustion manipulation, and the investigation von personage of medical history in Gansu. The characteristics of this book are to merge the medical theory of traditional chinese medicine with modern medicine into a single whole, combine disease with symptom, and apply treatment with acupuncture and moxibustion. Therefore this book may both provide the knowledge of treating, preventing disease and health care for patients or act as reference for clinical and teaching workers in acupuncture and moxibustion.

In the course of reorganization, We were fortunate in having the assistance of a group of distinguished contributors. Such as Mr. Du Fu-tian, Lu Ren-kui, Li Sheng-li, Liu Ying-ke, and Mrs. Wang Jun-ying et al, they have made some works of collectting medical records; Mrs. Liu Ya-qing, Jiang Li, Wu Feng-xiang^{ku} and Mr. Fu Guo-yi et al they have helped to copy the manu-

script and readproofs, we hereby express heartfelt thanks.

Due to Editor's limited style of writing level, it is impossible to express Dr. Zhang's profound academic ideology completely. The end of this book, in regard to the investigation on the personage of medical history in Gansu, that is only a limited view. It is sincerely hoped that readers could criticize shortcomings and mistakes and kindly give us your advice.

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-

针 灸 临 床 论 治

细 菌 性 痢 疾

细菌性痢疾简称菌痢，俗称痢疾。它是一种由痢疾杆菌所引起的、以脓血便为主要症状的常见的肠道传染病。病变部位和性质是结肠瘀血、溃疡的化脓性炎症，并伴有全身中毒症状，以发热、腹痛、腹泻、里急后重和排脓血等为主要临床表现。在世界上广泛流行，大流行时会带来严重危害，如1959年印度菌痢大流行，引起死亡96,000多人；1960年墨西哥菌痢大流行，引起死亡16,000；1968~1970年中美洲六国发生大流行，仅危地马拉发病的人就有12万多，死亡12,500多人。我国虽多为散在发病，有时也有小爆发，但发病人数还占各种传染病发病数的首位。在许多城镇和农村，菌痢仍是危害较大的肠道传染病。

菌痢的传染源是病人及带菌者粪便排出的痢疾杆菌。无论男女老幼对本病有普遍的感受性。儿童感染菌痢的机会较成人为多，占发病总数的一半以上。尤其中毒性菌痢比较集中发生于儿童，其发病率与菌痢相比，约为1:20。本型偶见于老年患者。由于菌痢全年均有散发，7~9月呈季节性高峰，所以对人类危害大而且较难控制。《大肠肛门疾病问答》从以下四个方面阐述了原因。

第一方面：痢疾杆菌的型别极多，在流行和临床表现上各不相同，菌型又经常变迁，较难控制。痢疾的菌型依其抗原的结构不同可分为A、B、C、D四个亚群，每个亚群中又有许多不同的

血清群型，例如A亚群，即志贺氏痢疾杆菌，有10个血清型；B亚群，即福氏痢疾杆菌，有6个主要血清型和xy两个变种；C亚群，即鲍氏痢疾杆菌，有15个血清型；D亚群，即宋氏痢疾杆菌，既可有光滑型（S型），也可有粗糙型（R型）。由于型别多，各有其差别和特点，所以使痢疾的治疗也就较为复杂化了。不仅如此，而且菌型随时间的变迁在发病上经常有所差别。例如本世纪四十年代以前，A群志贺氏痢疾杆菌引起的痢疾占30~40%。以后A群减少，到五十年代以B群福氏痢疾杆菌占主要地位，1965年以来D群宋氏痢疾杆菌又上升到主要地位。

在我国A群1943年占54.8%，1957~1962年降至4.0~5.6%，B群1943年占44.9%，1957~1963年增到62.8~71.8%；D群1943年占1.3%，1957~1963年增到21.5~32.6%。最近三年仍以B群占多数。这种变迁给治疗也带来了一定困难。我院收治的菌痢患者，也发现了菌型的变迁，如1979~1981年三年，收治217例菌痢患者，粪便细菌培养阳性者139例，其中福氏痢疾杆菌发病123例，占88.48%；鲍氏痢疾杆菌发病6例，占4.32%；宋氏痢疾杆菌发病7例，占5.03%；史氏痢疾杆菌发病2例，占1.44%；志贺氏痢疾杆菌发病仅在1981年发现1例，占0.72%。值得引起注意的是，1982年我院又收治127例菌痢患者，其中福氏菌痢29例，占38.67%；鲍氏菌痢1例，占1.33%，而贺氏菌痢患者45例（全部为志贺氏1型）。

第二方面：痢疾杆菌易产生耐药性。如1961年北京友谊医院报告，大部分痢疾杆菌对氯霉素、金霉素、土霉素和合霉素耐药，其中高度耐药者占44.4~64.5%，痢疾杆菌耐药性的增加，也给控制它带来了困难。

第三方面：痢疾杆菌的抵抗力较强。在煮沸过的水中，宋内氏菌可存活2~3个月，福氏菌1~2个月，志贺氏菌1~2周；在牛奶中宋内氏菌可存活17天，福氏菌11天；在蔬菜水果上