

理 论 探 讨

论分消走泄是湿热病的基本治则

周长虹¹ 赵绍琴²

摘要 本文从湿热病邪的性质和病变部位等特点出发,论述了分消走泄的涵义、立法依据和应用范围,进而分析了分消走泄的运用规律,并交代了使用禁忌。

主题词 湿热(中医)/中医药疗法 @分消走泄

分消走泄是清代温病学家叶天士提出的治疗湿热性温病的方法,数百年来,一直有效地指导着临床实践。本文拟从理论和临床两方面就分消走泄的概念和应用规律进行探讨。

1 分消走泄的涵义

分消走泄之名始见于叶天士《温热论》第七条:“再论气病有不传血分而邪留三焦,亦如伤寒中少阳病也。彼则和解表里之半,此则分消上下之势,随证变法,如近时杏、朴、苓等类,或如温胆汤之走泄。”可见分消走泄是由“分消”与“走泄”相合而成,两者涵义本不相同。叶氏举杏、朴、苓以释分消,举温胆汤以释走泄,示人以规矩也。王孟英注曰:“其所云分消上下之势者,以杏仁开上,厚朴宣中,茯苓导下。”即以杏仁宣肺气开上焦,使邪从上出;以厚朴行脾气畅中焦,燥湿于中;以茯苓化膀胱之气利下焦,导邪下达。诸药合用,三焦并治,使邪气从上中下三部分头消除。陈光淞为本条注曰:“温胆汤……均属宣导之品,所以谓之走泄也。”综观温胆汤全方,均由走而不守之品构成,能化痰行水,宣气化湿,开郁泻热,使邪气外泄。

通过以上分析,可以这样理解分消走泄:分,即分开、分别。消,即消除、消散。分消,即分

消上下之势,就是从上中下三部把湿热邪气消除。走,此处可作“动”或“通”解,指使用走而不守、流动不居的药物。泄,即外泄、外散。走泄,即通过“动”或“通”的手段使邪气外达。具体言之,就是宣畅气机,开郁行滞,疏通三焦,使水 and 气运行之路通达,驱邪外出。泄邪的途径有汗、小便、大便等。分消与走泄是同一法则的两个方面,立论角度不同,分消以施治部位言,走泄从用药特点论,即分部而消邪,走动而泄邪,两者相辅相成。分消与走泄又是互相交错,不可分割的。如杏、朴、苓之走动不居,宣气渗利,温胆汤开肺运脾利膀胱,兼治上下。分消与走泄既有区别又有联系,共同构成了外感湿热病的主要治疗法则。总之,就是通调三焦气机,开郁行滞,使湿热或痰热邪气从上中下三部得以消除。

分消走泄原为湿热留连三焦而设,三焦属少阳经,其罹病与《伤寒论》中少阳病有相似之处,故叶氏说“亦如伤寒中少阳病也”,但两者实不相同。前者为湿热弥漫三焦,气机被阻,水道不通,治疗当分消走泄,疏通气机,使湿热邪气从上中下各部分头消弭;后者为风寒邪气由表内侵,正邪力量相当,相持于半表半里部位,少阳枢机不利,故治疗当和解表里,助正达邪,解其对峙之势。叶氏明言“彼则和解表里之半,此则分消上下之势”,就是要人们把二者区别开来,分消走泄不得混称和解。

吴鞠通继承了叶天士的衣钵,治疗外感湿热病也以分消走泄为指导,指出“三焦均受者,则用分消”(《温病条辨》)。但因其著《温病条辨》时只见过叶氏《临证指南医案》,尚未见到叶氏之学术著作《温热论》,虽然较全面地继承了

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叶氏学术思想,却未能准确理解分消走泄之概念。如《温病条辨》中焦篇56条云:“先以芳香通神利窍,安宫牛黄丸;继用淡渗分消浊湿,茯苓皮汤。”并注曰:“牛黄丸不能利湿分消,故继以茯苓皮汤。”吴氏以茯苓皮汤来释分消,而茯苓皮汤由茯苓皮、生薏仁、猪苓、白通草、淡竹叶、大腹皮组成,功专渗湿利尿。这实际上是对叶氏原意的曲解。考该条取材于《临证指南医案》湿门一病案,原案写道:“当以芳香通神,淡渗宣窍,俾秽湿浊气由此可以分消。”显然叶氏所讲“分消”是指“芳香通神”之牛黄丸与“淡渗宣窍”之茯苓皮汤配合使用,使湿浊之邪从上下分头而解,并非单指渗湿利尿一途。

有人据薛生白“湿热两分,其病轻而缓;湿热两合,其病重而速”(《湿热病篇》)之论,认为分消就是将湿热两邪分开而消除。此说亦非。湿为阴邪,其性粘腻,热为阳邪,性喜熏蒸,湿热相合则如油入面,难解难分。治湿当用温,治热当用凉,用温则助热,用凉则遏湿,“徒清热则湿不退,徒祛湿则热愈炽”。欲使湿热分开而解几乎不可能,只能分消走泄,宣通三焦气机,使湿热从上中下三部分消。故薛氏在上文后紧接着便提出“湿多热少则蒙上流下,当三焦分治”,亦分消走泄之意。

2 分消走泄的立法依据

治湿热必须分消走泄,是由病邪的性质和病变的部位决定的。病邪的性质是湿热,病变的部位多在三焦(包括所属脏腑)。分消走泄用于湿热病主要在于:其一,就近祛邪。湿性散漫,湿热为病常布散全身,故须多种治法配合运用,使邪从上下内外分部消散以加快邪气外达速度,且不留邪。其二,疏调三焦。三焦为阳气和水液之通道,经历于五脏六腑,任何一处堵塞都可使气、水运行受阻,故除针对病变之处治疗外,尚须兼理它处,疏通三焦之道路,使气水运行通畅。若病位局限者,因三焦相连,仍可分消三焦,引湿热从多向溃散,以求速愈,不必囿于“三焦均受”。其三,流气化湿。湿易阻气,气能化湿。选用走泄之品,使气机流通则湿易化,热易透。

3 分消走泄的适用范围

由于杏、朴、苓和温胆汤均为行气化痰祛湿之品,故王孟英认为分消走泄“似指湿温,或其人素有痰饮者而言”,凌嘉六认为“分消等法是三焦湿温之治”。理固然矣,但不够全面。

3.1 分消走泄适用于各种湿热性温病,并不限于湿温一病。

既然杏、朴、苓和温胆汤是行气化痰祛湿之品,那么不管何种温病只要是湿热阻滞者均可用之,如湿温、暑湿、伏暑偏湿、温热夹湿等。而且湿热、湿温和暑湿等病,古时概念模糊,界限不清,治法互同。叶天士认为“暑邪必挟湿”,《临证指南医案》暑门所收医案均为暑湿之证。吴鞠通畅发其义,认为“暑兼湿热”,把暑温和伏暑中属暑湿的证候与湿温病一同归入湿热病范畴。薛生白《湿热病篇》所论湿热以湿温为主,兼及温热夹湿、暑湿等证。

3.2 分消走泄适用于湿热性温病气病不传血分,邪留三焦。

叶氏在论述分消走泄时已经说明其适用范围是“气病有不传血分而邪留三焦”,这是湿热性温病的基本病理变化。由于湿邪易阻气机,故外感湿热病主要表现为邪在气分,有时可兼及卫分。卫分和气分均以气的功能失调为主,可统称为“气病”。湿热相合,胶结难解,伤津化热较慢,很少深入营血,即“不传血分”之意。且湿热病邪易犯三焦,并循“上焦→中焦→下焦”之序移行,形成“邪留三焦”,弥漫上下之证。叶薛吴王诸家论著和医案中,外感湿热病每以三焦分证,较少用卫气营血,此之故也。因而可认为分消走泄适用于湿热性温病的全过程。待邪已化燥深入营血时,病性已变为温热或燥热,可视为湿热性温病之变证或坏证,自不宜分消走泄。

4 分消走泄使用禁忌

笔者将《临证指南医案》暑门和湿门,《吴鞠通医案》暑温、伏暑、湿温三门以及《湿热病篇》中那些不属分消走泄法则的医案和条文作了归纳,其共同点可视为分消走泄之禁忌证。①温热病。分消走泄专为湿热病而设。②湿热病已经化燥或即将化燥。此时病性已变或将变,不可再用或滥用温燥之品助纣为虐。③邪入营血。④

阴伤。分消走泄之品性多燥,不可单用之重伤阴津。⑤气伤。流动气机之品必耗气,只能用于气郁之实证,不能用于气伤之虚证。⑥阳伤。分消走泄旨在祛湿泄热,药多辛窜,用之可使愈阳益衰。⑦体质薄弱者亦当慎用。这也反证了分消走泄的运用要点:①病性属湿热。②病位在三焦(包括所属脏腑)。③未入营血。④正气(气、阴、阳)未伤。

需要说明的是,湿热病气、阴、阳已伤者忌分消走泄,是指处方遣药时不再以之为主导思想,当在益气、养阴、温阳的基础上参以祛湿之品。因指导思想已变,故曰“忌”。这与前述分消走泄适用范围互为补充。

5 分消走泄与祛湿清热的关系

祛湿清热为治疗湿热病之总则已为众所周知,而本文提出分消走泄为基本法则人或不识。二者皆为治疗湿热病之准绳,只是立论角度有所不同。祛湿清热是针对病邪性质而言,分消走泄是祛湿清热的方式。从这一点讲,分消走泄是祛湿清热的具体化。在指导处方遣药时,祛湿清热指导药物性质的选择,分消走泄是药物配伍组方的法度。治疗时,在分消走泄指导下,根据病变部位之侧重,“随证变法”,灵活选用宣肺渗湿,苦辛通降,行气开郁,泄湿透热等等具体治法。

6 分消走泄的运用规律

分消走泄应用甚广,举凡湿热性温病,无论病在表里上下,脏腑经络,只要湿未化燥,未入营血,正气(阴津、气、阳)未伤,均可灵活运用。叶天士所说“如近时杏、朴、苓等类”之“近时”二字,即说明了分消走泄在当时应用的广泛性。

因为分消走泄由叶天士提出,《温病条辨》是采撷叶氏医案之精华归纳而成,《湿热病篇》是论述外感湿热病的代表性专著,故笔者曾以吴、薛此二书为基础,旁参他家有关湿热性温病之论,根据湿热邪气之偏盛,按照上、中、下三焦及其连属脏腑组织之偏受,对 56 个不同的湿热病类型所用方(法)药进行了统计(表略)、分析、归纳,发现无论湿热偏于上焦、中焦抑或下焦,其处方用药绝大多数可分为开上、畅中、导下三

部分,即“杏、朴、苓等类”,此即分消走泄之体现。当然并不是说每个方中这三部分药物必须俱全。根据病情需要,有时开上与畅中合用,有时开上与导下合用,有时畅中与导下合用。病偏于上者,用药以开上和导下者为多,畅中者较少;病偏于中者,用药畅中者最多,其次是导下药和开上药;病偏于下者,用药以导下者独多,开上者最少。这是针对病变重心用药相应有所侧重。从三类药分布来看,无论病偏上中下焦,大多都用导下药,这反映了诸医家在治疗湿热性温病时对利尿泄浊的重视。

从药物使用频次来看,开上之品使用最多者是杏仁、藿香(梗),其次是菖蒲、桔梗、豆豉等,性味多辛温芳香,主要着眼于:①宣降肺气,助一身气机运行,畅水之上源。②开腠理,使邪从微汗出。③芳化湿浊,开清窍之郁闭。畅中之品使用最多者是半夏、厚朴和陈皮,其次是枳壳(实)、白蔻仁等。湿重配草果。湿热并重或热重于湿且病偏中焦者,多加入芩、连。中焦用药,性味多芳香走窜,辛苦且温,主要在于化中焦痰湿,复脾胃运化,助气机升降。导下之品使用最多者是茯苓、滑石、通草、薏苡仁,其次是猪苓、大腹皮等。主要在于淡渗利湿,助膀胱气化,导湿热从小便出。若湿热阻滞大肠,肠道气闭者则配入槟榔、大黄、皂荚子、晚蚕砂等理气导滞、祛湿利窍。导下就是通利膀胱和肠道,使湿热前后分消。

开上、畅中、导下三者相合,构成了分消走泄的主要内容。

有些药物虽不能单以开上、畅中、导下归类,亦多为轻清宣泄、通利三焦之品,如香附、柴胡、旋覆花疏理三焦气机,银花、连翘、青蒿轻清宣泄湿中蕴热等,均体现了走泄原则。

本 刊 启 事

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ABSTRACTS OF ORIGINAL ARTICLES

The Methods of Tributary Elimination and Removal, the Basic Treating Principle for Damp — Heat Syndrome

Zhou Changhong Zhao Shaoqin

This paper deals with the definition of the methods of "tributary elimination and removal", the background for its establishment and scope of application based on the sorts, properties and location of damp—heat. Furthermore, it also discusses the rules for its application and its contraindications as well.

Author's Address: Beijing College of TCM, Beijing 100029, PRC

Key Words: Damp — heat (TCM)/TCM therapy @Tributary elimination and removal

A Preliminary Exploration on Dr. Yan Yonghe's Theory of Qi Circulation and His Idea of Regulating Qi

Liu Xiaozhuang

Basing on Dr. Yan's discourse on regulating Qi, one of his important academic idea, this paper explores his theory of Qi circulation, pathological mechanism of "Qi — channel", treating principles, and application of remedies, expounds the clinical significance of "Qi — channel of human body prefers smooth circulation" and "put smooth Qi circulation first".

Author's Address: Jiangxi College of TCM, Nanchang, Jiangxi 330006, PRC

Key Words: Regulation of Qi @Theory of Qi circulation @Yan Yonghe

Comparative Study Between Scalp Needling and Body Needling in the Treatment of Apoplectic Hemiplegia

Shi Ying Song Zhaoying

By applying "withdrawing and adding method" for points — penetrating scalp needling, 100 cases of apoplectic were treated with a cured rate of 45%, the total effective rate being 97%. As compared with 50 cases treated with body needling at the same period, the effective rate revealed significant difference.

Author's Address: General Hospital of Beijing Military Area, Beijing 100700, PRC

Key Words: Apoplexy (TCM)/acupuncture — moxibustion therapy hemiplegia/acupuncture — moxibustion therapy

Observation on the Therapeutic Effect of Mayi Yiganning on the Transformation of HBV — M: Report of 480 Cases

Wu Zhicheng Li Shuangxi Li Yuanzhai, et al.

The effect of Mayi Yiganning on the transformation of HBV — M was observed in 480 cases, with a control group of 460 cases treated with other remedies and immune products. Results showed that the rates of transformation for 5 indices of HBV — M were significantly higher than the control group (all $P < 0.01$). Among them, HBsAg, HBeAg, anti — HBe changes were especially distinctive, with the rate of negative HBsAg as high as 37.92%. The effects on amelioration of symptoms, recovery of liver functions were also satisfactory.

Author's Address: Jinling Center for Rheumatism Treated with Mayi (ant), Nanjing 210003

Key Words: B — hepatitis Virus/actions of drug @Mayi Yiganning

Clinical Study Chemotherapeutic Renal Failure Treated with Wuling Powder with Additives

Cheng jianghua Long Hao Zhao Dehui, et al.

24 cases of renal failure induced by chemotherapy were treated with Wuling powder plus additives. The result of clinical amelioration was 87.5%, with a total effective yielded marked actions of promoting appetite in animals, lowering serum urea nitrogen, creatinine, 2 microglobulin. It also decreased the inhibition of PDD on the enzyme activity of renal $\text{Na}^+ - \text{K}^+$ ATP. Microscopic exam revealed the pathological lesion of kidney to be milder in the tested group.

Author's Address: Jiangxi Hospital of Oncology, Nanchang, Jiangxi 330029, PRC

Key Words: Combined use of multiple — remedies/side effect renal failure, acute/TCM therapy wuling powder/therapeutic application.