

针 灸 经 络

子午流注纳甲法开穴之我见

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主题词 子午流注纳甲法

子午流注纳甲法的开穴,昔贤论述很多,但一般多宗徐凤《针灸大全》所载“子午流注逐日按时定穴诀”。其规律是阳日阳时开阳经穴,阴日阴时开阴经穴,即2个时展开1穴。为此,1日之中就有一半的时辰无开穴。徐氏在“论子午流注之法”中虽提出按天干逢五相合的原则,以“合日互用”之法,增加开穴,来补其不足,但在5天之中仍有12个时辰无开穴,即所谓“闭穴”。近代单玉堂氏按五行化生的规律提出了井、经、荣、合、输、纳、零的法则,将“闭穴”变为“开穴”,但是又出现了重叠与重复开穴的现象。因此,多少年来对子午流注纳甲法的开穴及闭穴众说纷纭,莫衷一是。《针灸治疗学》专论中“子午流注针法”所载“子午流注计算盘”及“两日互用开穴表”述及纳甲法的开穴是目前公认的,而且是临床应用最多的,具有一定的权威性。但细究其开穴仍有商榷之处,现分述如下。

其一,是重叠穴 如甲日、己日之己巳时开商丘、隐白,而在戊日、癸日之己未时也开商丘;甲日、己日之辛未时开尺泽、鱼际,而在戊日、癸日之辛酉时也开尺泽;甲日、己日之癸酉时开中冲、太溪、太白,而在乙日、庚日之癸未时也开太溪;乙日、庚日之庚辰时开阳溪、商丘,而在甲日、己日之庚午时也开阳溪;乙日、庚日之壬午时开委中、通谷,而在甲日、己日之壬申时也开委中;乙日、庚日之甲申时开临泣、合谷,而在丙

日、辛日之甲午时也开临泣;丙日、辛日之乙未时开劳宫、太冲、太渊,同时该日之乙丑时开太白、太冲,而丁日、壬日之乙巳时也开太冲;丙日、辛日之辛卯时开经渠、少商,而在乙日、庚日之辛巳时也开经渠;丙日、辛日之癸巳时开阴谷、然谷,而在丁日、壬日之癸卯时也开然谷;丁日、壬日之壬寅时开昆仑、至阴,而在丙日、辛日之壬辰时也开昆仑;丁日、壬日之甲辰时开阳陵泉、侠溪,而在戊日、癸日之甲寅时也开侠溪;丁日、壬日之丙午时开中渚、后溪、京骨、阳池,而在戊日、癸日之丙辰时也开后溪。上述商丘、尺泽、太溪、阳溪、委中、临泣、太冲、经渠、然谷、昆仑、侠溪、后溪计12穴恰恰是徐氏纳甲法的12个闭穴,后为单氏所补变之为开穴。这些穴位因“合日互用”所以与其他开穴相重叠。

其二,是重复穴 即指六阴经之太渊、大陵、神门、太白、太冲、太溪6个原穴。根据《子午流注针经》所载,“阳经有过原,而阴经无过原”之说,则阳经逢输必过其原,因其输穴之外另置一原穴;而阴经逢输无过原之必要,因其输穴即是原穴。然而徐氏则加阴经过原,从而造成开穴的重复。比如甲日之丁卯时开神门、过太溪、大陵,而在乙日、庚日之癸未时开太溪,戊日、癸日之丁巳时开大陵,另丁日之辛亥时又过神门,己日之癸酉时又重复开太溪,且过太白,丙日之己丑时开太白,过太冲,而丁日、壬日之乙巳时却开太冲,且辛日之乙未时也重见太冲,还过太渊,值丁日之辛亥时又开太渊也是重复出现。

其三,是逢输过原 即返本还原之有关的6个阳经的原穴,指丘墟、腕骨、冲阳、合谷、京骨、阳池。阳经开输穴时必须同开其原穴。指本日的值日经,原是指值日经的原穴。按其时天

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干配属经脉的五行与其所开输穴及原所属经脉的五行,彼此为相克的关系。如乙日、庚日之戊寅时开胃经(土)之输穴陷谷,返本还原过胆经(木)之原穴丘墟,为木克土;丁日、壬日之庚子时开大肠经(金)之输穴三间,返本还原过小肠经(水)之原穴腕骨,为火克金;戊日、癸日之壬戌时开膀胱经(水)之输穴束骨,返本还原过胃经(土)之原穴冲阳,为土克水。以上3穴没有疑议。而丙日、庚日甲申时依“合日互用”当开液门、临泣并过合谷;丁日、壬日丙午时依“合日互用”当开中渚、后溪并过京骨、阳池则似欠妥。其中液门之时干为甲申,且为三焦经之荥穴,不涉及过原;而临泣虽为输穴但属前边述及的重叠之,乃12个闭穴变开穴的1个,其日时干支应为丙日、辛日之甲午时,其时干甲系胆经(木),返本还原过大肠经(金)之原穴合谷;中渚时干为丙午,虽是三焦经之输穴,但系为“纳穴”,三焦为阳气之父,是根据“他生我”的规律,在开五输穴之后,日干重见所开之穴,阳池亦属三焦经,且为原穴,《子午流注针灸》中便述于输穴中

渚之所过,与其他阳经原穴有所不同,没有五行相克的关系;另后溪亦是输穴,与临泣同属重叠之闭变开穴,其日时干支应是戊日、癸日之丙辰时,其时干丙系小肠经(火),故返本还原过膀胱经(水)之原穴京骨,与逢输过原的规律一致。

鉴于上述,我们根据金·阎明广撰《子午流注针经》中有关纳甲法开穴的最早记载,将徐氏子午流注开穴、合日互用取穴与近代单玉堂氏提出的开穴规律相互对照,并参考有关的文献论述,将《针灸治疗学》专论中所述的开穴进行了必要的调整,即删去其在同一时辰里相互重叠的开穴,又除去《子午流注针经》中所未述及系徐氏所加入的重复开穴,充实了单氏所补的闭变开穴,特别是依五行的生克制化规律明确了逢输过原的日时干支,既解决了闭穴问题,又避免了开穴的重叠与重复,使十二经气血依日时干支而流注于5日周期之中,并与井、荥、输、原、经、合66穴相吻合,周而复始,往返无穷。从而完善了子午流注纳甲法的开穴。现将其调整后的具体日时干支及其穴位列表如下。

甲日己日开穴	乙日庚日开穴	丙日辛日开穴	丁日壬日开穴	戊日癸日开穴
时辰 小时 开穴	时辰 小时 开穴	时辰 小时 开穴	时辰 小时 开穴	时辰 小时 开穴
甲子 23~1 阳辅	丙子 23~1 前谷	戊子 23~1 足三里	庚子 23~1 三间 过腕骨	壬子 23~1 关冲
乙丑 1~3 行间	丁丑 1~3 少海	己丑 1~3 太白	辛丑 1~3 曲泽	癸丑 1~3 复溜
丙寅 3~5 小海	戊寅 3~5 陷骨 过丘墟	庚寅 3~5 天井	壬寅 3~5 至阴*	甲寅 3~5 侠溪
丁卯 5~7 神门	己卯 5~7 间使	辛卯 5~7 少商*	癸卯 5~7 然谷	乙卯 5~7 曲泉
戊辰 7~9 支沟	庚辰 7~9 商阳*	壬辰 7~9 昆仑	甲辰 7~9 阳陵泉	丙辰 7~9 后溪 过京骨
己巳 9~11 隐白*	辛巳 9~11 经渠	癸巳 9~11 阴谷	乙巳 9~11 太冲	丁巳 9~11 大陵
庚午 11~13 阳溪	壬午 11~13 通谷	甲午 11~13 临泣 过合谷	丙午 11~13 中渚过 阳池	戊午 11~13 厉兑*
辛未 13~15 鱼际	癸未 13~15 太溪	乙未 13~15 劳宫	丁未 13~15 少冲*	己未 13~15 商丘
壬申 15~17 委中	甲申 15~17 液门	丙申 15~17 少泽*	戊申 15~17 解溪	庚申 15~17 二间
癸酉 17~19 中冲	乙酉 17~19 大敦*	丁酉 17~19 灵道	己酉 17~19 大都	辛酉 17~19 尺泽
甲戌 19~21 劳阴*	丙戌 19~21 阳谷	戊戌 19~21 内庭	庚戌 19~21 曲池	壬戌 19~21 束骨 过冲阳
乙亥 21~23 中封	丁亥 21~23 少府	己亥 21~23 阴陵泉	辛亥 21~23 太渊	癸亥 21~23 涌泉*

* 徐氏值日经所开的井穴。表中甲日己日、乙日庚日、丙日辛日、丁日壬日、戊日癸日为“合日互用”,故二者的开穴时间相同。又因合日互用,故五日为一期,周而复始。

ABSTRACTS OF ORIGINAL ARTICLES

Viewing the Problem of Jueyin from a Historical Perspective

Wan Lanqing

This paper deals with the contemporary recognition of the nature, pathogenesis, treatment and prognosis of Jueyin disease in a rather systematic way by tracing its history from Neijing to those dealt with in Shanghan and seasonal febrile diseases through a clinical and practical approach on exogenous febrile diseases.

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

Key Words: Jueyin Disease

My Personal Opinion on the Opening Point of Najia Method (Day — prescription of acupoint) in Ziuliuzhou

Cao Yiming Guo Zongren

Adjustments are made on the Opening Point of Najia method in chronological flowing of Qi in selection of acupoint in acupuncture therapy, the overlapping and repetition of such points. It clarifies the days, times and heavenly stems and earthly branches for passing through the Shu—and Yuan points.

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Key Words: Ziuliuzhu (chronological flowing of Qi in the selection of acupoint in acupuncture therapy)

Clinical Observation on 235 Cases of Hemorrhagic Apoplexy Treated Mainly by TCM

Xie Daozhen Yang Weibin Dou Shurong, et al.

By adopting the combination of dividing stages with differentiation of syndromes for the treatment of 235 cases of the disease, 40.85% were basically cured with a total effective rate of 94.89%. Such method of treatment increases the efficacy and lowers the mortality and rate of disability.

Author's Address: Xiyuan Hospital, China Academy of TCM, Beijing, 100091

Key Words: Cerebral hemorrhage/TCM therapy Apoplexy (TCM)/TCM therapy

Clinical Observation on Prevention of Neonatal Hyper

—bilirubinemia with Chinese Materia Medica

Zhou Anshan Luo Liling Chen Changchun, et al.

30 cases of neonatal hyper — bilirubinemia were treated and prevented by *Herba Artemisia Scopariae*, *Fructus Gardeniae*, *Radix Scutellariae*, *Processed Radix et Rhizoma Rhei*. Results revealed that the peak values of serum total bilirubin and incidence of hyper — bilirubinemia were lower than that of the control group.

Author's Address: Department of Pediatrics, Second Affiliated Hospital, Chinese Medical University, Shenyang, 110003

Key Words: Erythroblastosis, fetus prevention and control @ Neonatal hyper — bilirubinemia

Reciprocity Between the Indices of Hemorheology and Blood Stasis Syndrome. A Test on the In Vitro Thrombosis and Rate of Platelet Adhesiveness

Yuan Jingshan

It is unreliable to diagnose blood stasis solely on the basis of in vitro thrombosis and rate of platelet adhesiveness. Though the positive rate reached as high as 93.33%, the negative rate also amounted to 87.27%. Changes of these two indices and differences among diseases was far higher than that among syndromes, suggesting, when studying syndrome, the necessity of excluding the specificity of syndrome from diseases.

Author's Address: First Affiliated Hospital, Jiangxi College of TCM, Nanchang, 330006

Key Words: Blood stasis/blood, hemorheology

Analysis on the Lingual Picture of 127 Cases of Chronic Primary Glomerulo — nephropathy

Cheng Xiaoxia

Analysis of these pictures (texture of the tongue) found that the lingual pictures were different in different types of nephrosis in TCM syndrome differentiation and stages of kidney functions. Certain regularities can be followed as a measure for the diagnosis and recognition of pathogenesis.

Author's Address: Hangzhou Hospital of TCM, Zhejiang, 310006

Key Words: Nephropathy diagnosis Lingual pictures glomerulus of kidney