

# 甘温除热法管见

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**摘要** 金·李东垣针对当时的外感热病气虚毒强发热证,提出了甘温除热法,体现了扶正灭毒的治疗原则,创立了补中益气汤、当归补血汤等一系列名方和补中升阳泻火的用药法度,示人根据正邪斗争的具体情况来辨证施治,切不可一见发热便滥用攻伐,至今仍有现实指导意义。

**主题词** 甘温 清热 @ 甘温除热

甘温除热法为金·李东垣所创,数百年来一直有效地指导着临床实践。然李氏以“内伤”立论,以“阴火”释理,古今医家见仁见智,莫衷一是。本文就甘温除热法的适应证、大热产生的机理和甘温除热法的用药法度略陈管见。

## 1 甘温除热法的适应证是外感热病中的气虚毒强发热证

1.1 从历史背景看:甘温除热法是李东垣经历了3次外感病大流行后,在《内外伤辨惑论》中首次提出来的。《内外伤辨惑论·辨阴证阳证》篇中叙述了金哀宗天兴元年(1232年)大梁外感病大流行的情况:一是发病率高,“都人不受病者,万无一二”。“此百万人”几占居民的全部。二是季节分布在春末至秋初,“三月下旬……解围之后……几三月”。三是地域局限在大梁。四是发病原因:内因是正气不足,抗病能力下降,“胃气亏乏久矣”;外因是感受了“毒”(病原微生物)邪,“一旦饱食太过,感而伤人”。五是临床表现中,部分病人出现了“结胸发黄”。根据以上5个特点推断,当属外感热病范畴,符合经接触疫水传播的传染病流行特点,可能包括传染性肝炎或钩端螺旋体病。篇中还追忆了金宣宗贞祐元年(1213年)、金宣宗兴定元年(1217年)东平、太原、凤翔等地疾病流行的情况。

## 1.2 从内外伤的鉴别点看:《内外伤辨惑论》对

内伤和外伤从阴证阳证、脉象、寒热、手心手背热、口鼻、气少气盛、头痛、筋骨四肢、恶食不恶食、渴与不渴、表实表虚、劳役发热与阳明中热等12个方面进行鉴别。归纳其内伤的表现为:发热恶风寒,寒热间作,得衣被或阴阳调和,汗出而解。手足心热。口失谷味,多睡,鼻中清涕,口鼻中皆短气、少气、上喘、懒言、气怯、声低。头痛时作时止。怠惰嗜卧,四肢沉困不收。恶食。轻者不渴,重者口渴。壮热恶热,渴而饮,身痛气短,喘。是虚邪犯表,劳役发热,正气不足之证。其外伤的表现为:发热恶寒,寒热并作,恶寒不因衣被而解,必待表邪去或转里而恶寒乃罢。手背热。鼻气不利,声重有力,口中和。言高声壮而有力。常有头痛。筋骨疼痛,不能动摇,着床枕非扶不起。虽不能食,亦不恶食,口中和,知五味,亦知五谷味。表证不渴,里证口渴。壮热谵语,语声有力。是外中贼邪,阳明中热,邪气有余之证。由此可见,李东垣所列的内伤证候中,既有发热恶寒及壮热恶热,渴饮气喘等毒强火热亢盛症状,又有气怯声低,少气懒言,怠惰嗜卧,恶食,口失谷味等正虚脾胃气虚症状,属外感热病中的气虚毒强证;而其外伤证候则属毒强正不衰之证。所谓“内外伤”之“内”与“外”,应是指感受“毒”邪的部位而言。内指脾胃,部位在里,躯壳之内,故称因脾胃气虚而感受毒邪发生的传染病为内伤,相当于现代的消化道传染病;外指肺系,合于皮毛体表,部位在外,故称因肺系感受毒邪而发生的为外伤,相当于现代的呼吸道传染病。

1.3 从补中益气汤的适应证看:补中益气汤是甘温除热法的代表方剂。《内外伤辨惑论·饮食劳倦论》载其适应证为:“脾胃之证,始得之则气高而喘,身热而烦,其脉洪大而头痛,或渴不止,皮肤不任风寒而生寒热”,“以手扪之而肌热者,表证也,只服补中益气汤一二服,得微汗则已”。

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《脾胃论·饮食劳倦所伤始为热中论》云:补中益气汤“始病热中则可用之,若未传寒中则不可用也”。不难看出,上述临床表现均是毒强火热亢盛症状,相当于传染病发病期的初始阶段。当然,这些症状是在“饮食失节、寒温不适则脾胃乃伤,喜怒忧恐、劳倦过度而损耗元气”而又感受毒邪的病人身上发生的。因此,补中益气汤这一甘温除热法的代表方剂是针对脾胃受伤、元气损耗而又感受毒邪导致的气虚毒强发热证而设立的。明·赵献可《医贯》曾指出:东垣“创立此方,以为邪之所凑,其气必虚,内伤者多,外感者间有之。纵有外邪,亦是乘虚而入。但补其中、益其气而邪自退乎!不必攻邪,攻则虚者愈虚,而危亡随其后矣。倘有外感而内伤不甚者,即于本方中酌加对证之药,而外邪自退,所谓仁义之师,无敌于天下也”。清·纪昀等编《四库全书·医家类》时,在《内外伤辨惑论》的按语中说:李杲“特制补中益气汤,专治饮食劳倦,虚人感冒”。清·王泰林《王旭高医书六种·医方证治汇编歌诀》更明确地指出:“补中益气汤原为外感中有内伤一种者设,所以补《伤寒》之未及,非补虚方也。今人于外感中毫不敢用,而于内伤辄任意用之,则失东垣之遗意矣”。

## 2 大热产生的机理是气虚而又奋起抗毒,正毒剧争

关于大热产生的机理,历来见解不同,说法不一。江平安等归纳为以下几种观点<sup>[1]</sup>:一是脾胃虚弱,气血虚损而发热;二是阳气下陷阴中而发热;三是素体阳虚,感受外邪而发热;四是劳役伤气,气不内敛而发热;五是中阳外越而发热。众所周知,感染性发热是指各种病原微生物侵入人体内产生病变后引起的发热。笔者认为:在外感热病(感染性发热性疾病)中,“毒”(包括现代认识到的各种病原微生物)邪是发热的原因,发热是毒强而正气奋起抗毒,产生特异性抗毒能力的表现<sup>[2]</sup>。毒侵入人体之后,正气奋起抗毒;若正气胜而灭毒或排毒外出则不病;正毒相持则毒留体内滋生繁殖,毒强则病发,毒弱则未必骤发,其后因饱食劳倦,或忧思恼怒,或外感六淫致正气受伤,毒无所制而发病。因此,人体

正气弱而不能灭毒或排毒外出是发病的内在因素。正气弱又奋起抗毒,与毒相争越激烈,则发热越高。其结果,若正气胜而灭毒或排毒外出,则热除;若正毒相持,力量相当,再不及时扶正灭毒,则可长期发热或低热不止;若正不胜毒,又治疗不当,正被邪伤,则变证蜂起,甚至造成死亡;若正气太虚,无力抗毒,正气不能与毒相争,则不能发热。所以,只有正气虚而又奋起抗毒,正毒剧争,才能产生大热。

李东垣把疾病发生的主要原因归结为脾胃气虚、元气损耗这一内在因素方面;把正气弱又奋起抗毒,正毒相争,正被毒伤的病理变化称为“阴火”(或相火、心火);把正毒斗争激烈而出现大热等症状的初期病证称为“热中”;把正气衰微,无气抗毒,不能与毒相争,也就不能发热的后期病证称为“寒中”。这是李东垣 50 余年临床实践经验的结晶,说明外因是通过内因而起作用的。其学术思想不仅在当时具有一定的进步意义,而且现在仍有现实意义。

## 3 甘温除热的用药法度是补中升阳除湿泻火

在外感热病(感染性发热性疾病)中,毒是发热的原因,发热是正毒斗争的外在表现。在治疗方面应始终以灭毒为主。但根据病人正毒斗争的具体情况,而有多种不同治法。当毒强正不衰时,急当灭毒,毒灭正自安;当正虚毒强,不任攻伐时,当扶正灭毒,或扶正即所以灭毒。李东垣创立的除热方剂中,既有治疗毒强正不衰的普济消毒饮(《东垣试效方》)、龙胆泻肝汤(《兰室秘藏》)、清胃散(《脾胃论》)等,也有治疗毒强正虚的升阳散火汤(《内外伤辨惑论》)、补脾胃泻阴火升阳汤(《脾胃论》)等,更有治疗正虚毒强的补中益气汤、当归补血汤、清暑益气汤、调中益气汤、升阳益胃汤(以上方剂均载于《内外伤辨惑论》)等。

甘温除热法作为诸多除热法的一种,是李东垣针对脾胃气虚、清阳下陷、湿浊内生、阴火上冲这 4 个外感热病气虚毒强发热的主要病理环节而提出的,并创立了补中、升阳、除湿、泻火的用药法度,属扶正灭毒的一种治法。气虚毒强的发热,在恶寒发热、气高而喘、身热而烦、渴而

脉洪大等火热亢盛症状的同时,必有身体沉重、四肢不收、怠惰嗜卧、气短懒言、恶食、口失谷味等脾胃气虚症状。李东垣认为这“与外感风寒所得之证颇同而理异。……惟当以甘温之剂补其中,升其阳,甘寒以泻其火则愈”(《内外伤辨惑论·饮食劳倦论》)。补中多选用人参、黄芪、白术、当归、炙甘草等甘温之品以益气健脾;升阳多选用升麻、柴胡、葛根、羌活、防风等,既能升清阳之气,又能散火解表;除湿多选用陈皮、苍术、木香、半夏、白豆蔻仁、神曲、茯苓、泽泻等,以行气化浊利湿;泻火多选用黄芩、黄连、栀子、黄柏、白芍、麦冬、五味子、石膏等寒凉之品以灭毒排毒。李东垣所谓的甘寒泻火,是将少量的寒凉泻火之品配入大剂的甘温药中,“借用大寒之气于甘味中,故曰甘寒泻热火也”(《脾胃论·随时加减用药法》)。

李东垣创立的甘温除热方剂中,均体现了这一用药法度。如当归补血汤以黄芪甘温补气升阳,配当归补血养血,“治肌热燥热,因渴引饮,目赤面赤,昼夜不息,其脉洪大而虚,重按全无”,得于饥困劳役之血虚发热。补中益气汤用甘温补气养血之芪、参、术、归、草,与升阳解表之升麻、柴胡,行气除湿之陈皮相互配合,共奏

益气升阳,解表退热之功,治脾证始得之热中。白术易苍术以渗湿,当归易木香以调气,使湿化则中调,则变为调中益气汤,治湿盛脾虚证。若阴火偏亢时,再配合寒凉之品,如补中益气汤可加黄芩、黄柏、黄连、麦冬、五味子,甚至可以加大黄、玄明粉等,即可达到泻火之目的。他如升阳益胃汤是在甘温之芪、参、术、草,升阳之羌、独、柴、防,化湿之夏、苓、陈、泽相配的同时加黄连、白芍;升阳散火汤是在升阳解表散火之升、柴、羌、防、葛、独,甘温之参、草相配的同时加生甘草、白芍;清暑益气汤是在甘温之芪、参、术、归、草,升阳之升、葛,化湿之苍、泽、曲、橘、青相配的同时加麦冬、五味子、黄柏;补脾胃泻阴火升阳汤是在升阳之柴、升、羌,补中之参、芪、术、草配合的同时,加芩、连、石膏。

李东垣创立的甘温除热法,体现了扶正灭毒的治疗原则,弥补了在外感热病的治疗中张仲景侧重温热、刘河间偏重寒凉、张子和偏于攻邪之不足,示人根据正毒斗争的具体情况来辨证施治,至今仍有现实指导意义。

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## 血府逐瘀汤加减治愈功能性子宫出血 1 例

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胡××,女,42岁,初诊日期1993年11月27日。主诉:行经期延长已24年,反复发作,加重50天。

现病史:患者月经初潮17岁,月经周期3~6个月,行经7天。自1970年始,因生气及劳累后行经期延长,每次行经30~40天,经刮宫方可止血,但反复发作。某大医院诊断为功能性子宫出血。本次月经自1993年10月7日来潮至11月27日就诊时已50天,量多,色暗红,血块多,伴乳房胀痛,腰腹痛,乏力,服用云南白药治疗无效。舌质暗,布满瘀斑点,苔薄白,脉滑,面部布满黄褐斑。证属气滞血瘀,气虚不摄血,予理气活

血化瘀,补气摄血治法。用血府逐瘀汤加减:当归10g,生熟地各12g,桃仁10g,红花10g,枳壳10g,赤白芍各12g,柴胡10g,桔梗10g,川芎6g,牛膝15g,炙黄芪30g,炒白术30g,升麻炭10g,莲房炭10g。服上方3剂后月经量和血块明显减少,乳房胀及腰腹痛均消失,服6剂后月经净,四肢有力。舌尖瘀点消失,舌面瘀点明显减少,苔薄白,脉滑,面部黄褐斑基本消失。1993年12月27日月经准时来潮,改用胶艾四物汤调理,行经6天,量中等,色红,有少许小血块,经期无腰腹痛,舌质略暗红,苔薄白,脉滑,病情向愈。

体会:通过临床实践笔者认为,该患者虽为崩漏,系因气滞血瘀,气虚不摄血所致,有明显的血瘀指征,故采用血府逐瘀汤加减,共奏理气而不伤阴,活血又养血,去瘀生新,益气摄血,使功血病向愈。

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## ABSTRACTS OF ORIGINAL ARTICLES

### **My Personal Opinion on the Method of Antipyresis by Drugs of Sweet and Warm Nature.**

*Cui Wencheng*

In responding to febrile syndrome of Qi—deficiency and exuberant poisoning due to exogenous causes. Li Dongyuan of the Jin Dynasty proposed the method of antipyretic method with drugs of sweet and warm nature, embodying the treating principle of supporting body resistance and anti—poisoning. Thus, he established the principles of invigorating the interior, ascending the Yang—principle and reducing fire by formulating a series of celebrated recipes including Decoction of Invigorating Qi and Nourishing Interior, Decoction of Bloodtonic with Radix Angelica Sinensis, demonstrating the treating principle varied on the concrete condition of body—pathogen conflict, warning the use of attacking methods in febrile disease regardless of whatever the conditions.

**Author's Address:** Municipality Hospital of TCM, Jinan, Shandong Province 250012

**Key Words:** Drugs of Sweet—warm nature antipyresis (heat clearing) @ antipyresis with drugs of sweet—warm nature

(Original article on page 460)

### **Comparative Observation on Chronic Atrophic Gastritis Complicated with Atypical Hyperplasia and Intestinalization Treated by the Method of Lump—softening and Mass—Dissipating.**

*Wang Wenzhong, Chen Daquan, Zhao Junhong, et al.*

During this therapy, both clinical symptoms and pathology in gastroscopic exams were all improved. The results were better than the control group treated with western drugs. Experiments revealed that this therapy yielded an action of treating and preventing the pathological changes of atypical hyperplasia of gastric mucous membrane induced by carcinogenic chemical agents.

**Authors' Address:** First Affiliated Hospital, Tianjin College of TCM, Tianjin 300000

**Key Words:** Gastritis, chronic/TCM therapy Lump—softening and mass—dissipating mucous membrane of stomach/pathology

(Original article on page 477)

### **Superior Vena Caval Syndrome (SVCS).**

*He Yonghe*

All the cases were treated with the major principles of eliminating phlegm, removing blood stasis, dispersing lung to facilitate water excretion, supporting body resistance for anti—cancer purpose. Eleven cases were markedly ameliorated in symptoms and signs, 4 of them subsided. Except 1 case, the remaining 17 cases had an average survival period of 116.4 days, with a 62 days mid—survival rate.

**Author's Address:** Guanganmen Hospital, China Academy of TCM, Beijing 100053

**Key Words:** Tumor of lung/complications Vena cava, Superior Syndrome

(Original article on page 479)

### **Chronic Renal Failure Treated by Hemodialysis Coordinated with Yanshen Decoction.**

*Li Yuying, Ren Xiufen, Yang Guiying*

Results showed that the total effective rate for the treating and control groups were 92.9% and 60% respectively, demonstrating that the former is superior to the latter.

**Authors' Address:** Hospital for Free Medical Service, Shangqiu County, Henan Province 476000

**Key Words:** Renal failure, chronic/therapy Dialysis

(Original article on page 483)

### **Textual Research on Bian Que's Writings.**

*Cao Dongyi, Guo Shuanggeng, Wang Zhenrui, et al.*

The authors advocate that Bian Que lived in the end of Spring—Autumn Period. Although personal writing first appeared in the Warring States, there were medical officials in all the States, the achievements of whom were examined by their the authority based on their own original records. Moreover, Chang Sangjun, Bian Que's tutor, "left all his secret books on recipes to Bian Que". Hence, the likelihood of appearance of medical monographs in Bian Que's age is very high. His discussions on morbid pulse and normal pulse were also inherited and developed.

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**Key Words:** Bian Que Textual Research Literatures of TCM

(Original article on page 496)

### **Eighteen Cases of Lung Carcinoma Complicated with**