THE ENGLISH-CHINESE ENCYCLOPEDIA OF PRACTICAL TRADITIONAL CHINESE MEDICINE

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英漢實用中醫藥大全

趙棣和題

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ESSENTIALS OF
TRADITIONAL
CHINESE MEDICINE

中醫學基礎

高等教育出版社

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趙樸初題

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The English-Chinese

Encyclopedia of Practical TCM

Chief Editor Xu Xiangcai

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Chief Editors Chen Xingjian Fang Xuwu

Liu Chengcai

英汉实用中医药大全

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陈行健 方续武

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Preface

I am delighted to learn that THE ENGLISH–CHINESE ENCYCLOPEDIA OF PRACTICAL TRADITIONAL CHINESE MEDICINE will soon come into the world.

TCM has experienced many vicissitudes of times but has remained evergreen. It has made great contributions not only to the power and prosperity of our Chinese nation but to the enrichment and improvement of world medicine. Unfortunately, differences in nations, states and languages have slowed down its spreading and flowing outside China. At present, however, an upsurge in learning, researching and applying Traditional Chinese Medicine (TCM) is unfolding. In order to maximize the effect of this upsurge and to lead TCM, one of the brilliant cultural heritages of the Chinese nation, to the world for it to expand and bring benefit to the people of all nations, Mr. Xu Xiangcai called intellectuals of noble aspirations and high intelligence together from Shandong and many other provinces in China and took charge of the work of both compilation and translation of THE ENGLISH–CHINESE ENCYCLOPEDIA OF PRACTICAL TRADITIONAL CHINESE MEDICINE. With great pleasure, the medical staff both at home and abroad will hail the appearance of this encyclopedia.

I believe that the day when the world's medicine is fully

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developed will be the day when TCM has spread throughout the world.

I am pleased to give it my preface.

Prof. Dr. Hu Ximing

Deputy Ministerof the Ministry of Public Health of the People's Republic of China,

Director General of the State Administrative Bureau of Traditional Chinese Medicine and Pharmacology,

President of the World Federation of Acupuncture-Moxibustion Societies,

Member of China Association of Science & Technology,

Deputy President of All-China Association of Traditional Chinese Medicine,

President of China Acupuncture & Moxibustion Society.

December, 1989

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Preface

The Chinese nation has been through a long, arduous course of struggling against diseases and has developed its own traditional medicine—Traditional Chinese Medicine and Pharmacology (TCMP). TCMP has a unique, comprehensive, scientific system including both theories and clinical practice. Some thousand years since ito—beginnings, not only has it been well preserved but also continuously developed. It has special advantages, such as remarkable curative effects and few side effects. Hence it is an effective means by which people prevent and treat diseases and keep themselves strong and healthy.

All achievements attained by any nation in the development of medicine are the public wealth of all mankind. They should not be confined within a single country. What is more, the need to set them free to flow throughout the world as quickly and precisely as possible is greater than that of any other kind of science. During my more than thirty years of being engaged in Traditional Chinese Medicine(TCM), I have been looking forward to the day when TCMP will have spread all over the world and made its contributions to the elimination of diseases of all mankind. However it is to be deeply regretted that the pace of TCMP in extending outside China has been unsatisfactory due to the major difficulties in expressing its concepts in foreign languages.

Mr. Xu Xiangcai, a teacher of Shandong College of TCM, has sponsored and taken charge of the work of compilation and

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translation of The English–Chinese Encyclopedia of Practical Traditional Chinese Medicine–an extensive series. This work is a great project, a large–scale scientific research, a courageous effort and a novel creation. I deeply esteem Mr. Xu Xiangcai and his compilers and translators, who have been working day and night for such a long time, for their hard labor and for their firm and indomitable will displayed in overcoming one difficulty after another, and for their great success achieved in this way. As a leader in the circles of TCM, I am duty–bound to do my best to support them.

I believe this encyclopedia will be certain to find its position both in the history of Chinese medicine and in the history of world science and technology.

Mr. Zhang Qiwen
Member of the Standing Committee of
All–China Association of TCM,
Deputy Head of the Health Department
of Shandong Province.
March, 1990

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Publisher's Preface

Traditional Chinese Medicine(TCM) is one of China's great cultural heritages. Since the founding of the People's Republic of China in 1949, guided by the farsighted TCM policy of the Chinese Communist Party and the Chinese government, the treasure house of the theories of TCM has been continuously explored and the plentiful literature researched and compiled. As a result, great success has been achieved. Today there has appeared a world-wide upsurge in the studying and researching of TCM. To promote even more vigorous development of this trend in order that TCM may better serve all mankind, efforts are required to further it throughout the world. To bring this about, the language barriers must be overcome as soon as possible in order that TCM can be accurately expressed in foreign languages.

Thus the compilation and translation of a series of English-Chinese books of basic knowledge of TCM has become of great urgency to serve the needs of medical and educational circles both inside and outside China.

In recent years, at the request of the health departments, satisfactory achievements have been made in researching the expression of TCM in English. Based on the investigation into the history and current state of the research work mentioned above, the English-Chinese Encyclopedia of Practical TCM has been published to meet the needs of extending the knowledge of TCM around the world.

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The encyclopedia consists of twenty—one volumes, each dealing with a particular branch of TCM. In the process of compilation, the distinguishing features of TCM have been given close attention and great efforts have been made to ensure that the content is scientific, practical, comprehensive and concise. The chief writers of the Chinese manuscripts include professors or associate professors with at least twenty years of practical clinical and / or teaching experience in TCM. The Chinese manuscript of each volume has been checked and approved by a specialist of the relevant branch of TCM. The team of the translators and revisers of the English versions consists of TCM specialists with a good command of English professional medical translators, and teachers of English from TCM colleges or universities. At a symposium to standardize the English versions, scholars from twenty—two colleges or universities, research institutes of TCM or other health institutes probed the question of how to express TCM in English more comprehensively, systematically and accurately, and discussed and deliberated in detail the English versions of some volumes in order to upgrade the English versions of the whole series. The English version of each volume has been re—examined and then given a final checking.

Obviously this encyclopedia will provide extensive reading material of TCM English for senior students in colleges of TCM in China and will also greatly benefit foreigners studying TCM.

The assiduous efforts of compiling and translating this encyclopedia have been supported by the responsible leaders of the State Education Commission of the People's Republic of China, the State Administrative Bureau of TCM and Pharmacy, and the Education Commission and Health Department of Shandong

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Province. Under the direction of the Higher Education Department of the State Education Commission, the leading board of compilation and translation of this encyclopedia was set up. The leaders of many colleges of TCM and pharmaceutical factories of TCM have also given assistance.

We hope that this encyclopedia will bring about a good effect on enhancing the teaching of TCM English at the colleges of TCM in China, on cultivating skills in medical circles in exchanging ideas of TCM with patients in English, and on giving an impetus to the study of TCM outside China.

Higher Education Press

March, 1990

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Foreword

The English–Chinese Encyclopedia of Practical Traditional Chinese Medicine is an extensive series of twenty–one volumes. Based on the fundamental theories of traditional Chinese medicine(TCM) and with emphasis on the clinical practice of TCM, it is a semi–advanced English–Chinese academic works which is quite comprehensive, systematic, concise, practical and easy to read. It caters mainly to the following readers: senior students of colleges of TCM, young and middle–aged teachers of colleges of TCM, young and middle–aged physicians of hospitals of TCM, personnel of scientific research institutions of TCM, teachers giving correspondence courses in TCM to foreigners, TCM personnel going abroad in the capacity of lecturers or physicians, those trained in Western medicine but wishing to study TCM, and foreigners coming to China to learn TCM or to take refresher courses in TCM.

Because Traditional Chinese Medicine and Pharmacology is unique to our Chinese nation, putting TCM into English has been the crux of the compilation and translation of this encyclopedia. Owing to the fact that no one can be proficient both in the theories of Traditional Chinese Medicine and Pharmacology and the clinical practice of every branch of TCM, as well as in English, to ensure that the English versions express accurately the inherent meanings of TCM, collective translation measures have been taken. That is, teachers of English familiar with TCM, pro-

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fessional medical translators, teachers or physicians of TCM and even teachers of palaeography with a strong command of English were all invited together to co-translate the Chinese manuscripts and, then, to co-deliberate and discuss the English versions. Finally English-speaking foreigners studying TCM or teaching English in China were asked to polish the English versions. In this way, the skills of the above translators and foreigners were merged to ensure the quality of the English versions. However, even using this method, the uncertainty that the English versions will be wholly accepted still remains. As for the Chinese manuscripts, they do reflect the essence, and give a general picture, of traditional Chinese medicine and pharmacology. It is not asserted, though, that they are perfect, I whole-heartedly look forward to any criticisms or opinions from readers in order to make improvements to future editions.

More than 200 people have taken part in the activities of compiling, translating and revising this encyclopedia. They come from twenty-eight institutions in all parts of China. Among these institutions, there are fifteen colleges of TCM:Shandong, Beijing, Shanghai, Tianjin, Nanjing, Zhejiang, Anhui, Henan, Hubei, Guangxi, Guiyang, Gansu, Chengdu, Shanxi and Changchun, and scientific research centers of TCM such as China Academy of TCM and Shandong Scientific Research Institute of TCM.

The Education Commission of Shandong province has included the compilation and translation of this encyclopedia in its scientific research projects and allocated funds accordingly. The Health Department of Shandong Province has also given financial aid together with a number of pharmaceutical factories of TCM. The subsidization from Jinan Pharmaceutical Factory of

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TCM provided the impetus for the work of compilation and translation to get under way.

The success of compiling and translating this encyclopedia is not only the fruit of the collective labor of all the compilers, translators and revisers but also the result of the support of the responsible leaders of the relevant leading institutions. As the encyclopedia is going to be published, I express my heartfelt thanks to all the compilers. translators and revisers for their sincere cooperation, and to the specialists, professors, leaders at all levels and pharmaceutical factories of TCM for their warm support.

It is my most profound wish that the publication of this encyclopedia will take its role in cultivating talented persons of TCM having a very good command of TCM English and in extending, rapidly, comprehensive knowledge of TCM to all corners of the globe.

Chief Editor Xu Xiangcai

Shandong College of TCM

March, 1990

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1 Introduction

1.1 Traditional Chinese Medicine (TCM)

Traditional Chinese Medicine is a discipline dealing with human physiology and pathology, diagnosis, treatment and prevention of diseases. TCM has a specific, integrated system of theory with a history of several thousands of years rich in clinical experience. As an important constituent of the Chinese cultural treasure-house, TCM summed up the experience of the Chinese people in their long struggle against diseases, evolving into a peculiar system of medical theory through long-term clinical practice under the influence and direction of ancient simple materialism and dialectics. As a result, it has contributed much to the promotion of health and prosperity of the Chinese nation and the further development of medical sciences all over the world as well.

1.2 Theoretical System of TCM

The theoretical system of TCM consists of the doctrines on *Yin*(阴)-*Yang*(阳) and the five elements(五行), phase of *Zang-Fu* organs(脏腑 viscera), meridians(经络), pathogenesis, syndrome, techniques of diagnosis, therapeutic principles, health preserving, and five elements' motion and six natural factors. It is a theoretical system much influenced by ancient materialism and dialectics, with the doctrine on *Yin-Yang* and the concept of

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wholism as its guiding principle, the physiology and pathology of the *Zang–Fu* organs and meridians as its basis, and *Bianzheng Lunzhi*(辨证论治 selection of treatment based on differential diagnosis) as its diagnostic and therapeutic features

1.3 Characteristic Features of TCM

TCM is characterized mainly by its interpretation of physiological functions and pathological changes of the human body, and its specific diagnostic techniques and therapeutic principles. For instance. TCM regards the body as an integral whole closely interconnected by *Zang–Fu* organs, channels and collaterals(经络) and maintaining close link with the outer world. It also stresses the important role played by both endogenous pathogenic factors(namely, seven abnormal emotions 七情) and exogenous pathogenic factors (namely, six exogenous pathogens 六淫) in the development of diseases. In the recognition of diseases, TCM has four diagnostic techniques as its principal method, eight principles as its guideline, and "differentiation of diseases according to the theory of *Zang–Fu* organs"(脏腑辨证) "differential diagnosis according to the theory of Six Channels" (六经辨证), "differential diagnosis by the analysis of *Wai, Qi, Ying* and *Xue*" (卫气营血辨证) and "differential diagnosis by the analysis of tri–*Jiao*" (三焦辨证) as its basic contents. In the combat against diseases, TCM attaches great importance to prevention and preventive treatment of disease, and has put forward the principles of "searching for the primary cause of a disease in treatment", and of "treatment in accordance with the physique of an individual, seasonal and local conditions", etc. In short, the above characteristic features can be summarized as: (1) the concept of wholism, and (2) selection of treatment on the basis of differential diagnosis.

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1.4 The Concept of Wholism

It refers to a general view of the human body proper as an integral whole and the inter-relationship between man and nature. The human body is composed of a variety of tissues and organs, each performing a particular function, which is itself a component part of the life activities of the whole body. The human body is an integral whole in that its constituent parts are inseparable in structure, connected with and conditioned by one another in physiology, and interact on one another in pathology. Man's close connection with nature is manifested by the fact that man lives in nature which provides conditions indispensible to man's survival and whose changes may influence the human body directly or indirectly, thereby causing its corresponding responses.

1.5 *Bianzheng Lunzhi*

Bian(辨) means comprehensive analysis, while *Zheng*(证 syndrome) refers to symptoms and signs. *Zheng* is not a mere combination of symptoms, but a pathological generalization of a disease in a certain stage, including location of the lesion, etiology and nature of the disease, and the relation between body resistance and pathological agents. *Lunzhi*(论治) means selection of treatment.

By *Bianzheng* is meant that the clinical data collected by the four diagnostic techniques and the patient's symptoms and signs detected are analyzed and summarized in order to identify the etiology, nature and location of the lesion, and the relation between body resistance and pathological agents, thus establishing a

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diagnosis.

By *Lunzhi* is meant that a proper therapeutic programme is drawn up according to the diagnosis made.

To sum up, selection of treatment on the basis of differential diagnosis is known as "*Bianzheng Lunzhi*", which is the fundamental principle of TCM in recognizing and treating diseases, and also its universal method in studying and handling diseases.

1.6 Treatment of the Same Disease with Different Therapeutic Methods

A disease in different stages may manifest itself by different syndromes and, therefore, be treated with different therapeutic methods. For instance, measles in its various stages is treated differently. That is to say, in the early stage, when the appearance of the skin eruption is delayed and incomplete, the principle of promoting eruption must be applied; in its middle stage, when the lung-heat is its main syndrome, the practice of clearing away the lung-heat is indicated; and in its late stage, when lingering heat impairs "*Yin*" in the lungs and stomach, the method of nourishing "*Yin*" to clear away the lung-heat has to be adopted.

1.7 Treatment of Different Diseases with the Same Therapy

The same therapy can be employed to treat different diseases manifesting themselves by the same syndrome. For example, both prolapse of rectum due to protracted illness and uterine prolapse can be treated by the therapy of elevating the spleen-*Qi* if the two ailments manifest themselves by sinking of *Qi* of the middle-*Jiao*.

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2 *Yin*–*Yang* And The Five Elements

2.1 *Yin*–*Yang* Doctrine

Yin and *Yang* are two opposite categories in ancient Chinese philosophy. In the beginning, their connotations were quite simple, meaning turning away from or facing the sunlight respectively. Afterwards, *Yin* and *Yang* were extended to describe weather (cold or warm), position (downward or upward, right or left, internal or external), moving condition (mobile or static), etc. Thinkers in ancient times observed that each phenomenon has two aspects ——negative and positive. So they referred to *Yin* and *Yang* as two opposite forces in nature, which wane and wax alternatively, and they also believed that the opposition and alternative wax and wane of *Yin* and *Yang* are inherent in all things just as is said in 《*Yi Zhuan*》(易传): "*Dao* refers to *Yin* and *Yang*", (*Dao* means the basic law of opposition and unity in the universe), laying emphasis on that the opposition and alternative wax and wane of *Yin* and *Yang* are the basic law in the universe.

Yin and *Yang* summarizes the two opposite aspects of some mutually related things and phenomena in nature, thus forming the concept of the unity of opposites. *Yin* and *Yang* can not only represent two opposite things but also be used to analyse the two oppostie aspects existing in the interior of a thing. Generally speaking, things active, external, upward, hot, bright, functional,

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and hyperfunctional are of *Yang* nature, while those static, internal, downward, cold, dark, substantial and hypofunctional have a *Yin* quality.

Yin–*Yang* doctrine is a simplified theory of the law of the unity of opposites in ancient China, which is used to illustrate the sources and primary forms of movement of all things in the universe and the causes of their genaration and destruction.

As a theoretical tool in TCM, *Yin*–*Yang* doctrine was applied in ancient times to the study of physiology and pathology of the body, and to diagnosis and treatment of diseases, etc., thus promoting remarkable development of the theory of TCM.

2.2 The Unity of *Yin* and *Yang* as Two Opposites

Every thing and phenomenon in nature has two opposite aspects——*Yin* and *Yang*, which is manifested mainly in their mutual restraint and struggle. For example, the motions of celestial bodies, including the sun and the moon, the climatic changes of the four seasons, the alternations of days and nights, and the phenological changes of the living being in nature, such as growing in spring, exuberating in summer, declining in autumn and getting hidden in winter, all of these are the specific manifestations of the unity of opposites between *Yin* and *Yang*.

The chapter《*Lei Jing Fu Yi* • *Yi Yi Yi*》(类经附翼·医易义 Unity of Thoughts of Medicine and Book of Changes, Illustrated Supplementary to the Classified Canon)says: "violent motion should be suppressed by tranquility, and hyperactivity of *Yin* restrained by *Yang*", which implies that there is a relation of mutual restraint and mutual struggle between motion and

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tranquility, *Yin* and *Yang*. In other words, two mutually opposite aspects of a thing always restrain one another through struggle.

Even when the human body is in a normal physiological condition, *Yin* and *Yang*, the two opposites, do not coexist in a single steady entity, they are opposed to and struggle with each other. Through this kind of opposition and struggle the dynamic equilibrium is established. It is only through constant restraint and struggle that all things can develop and undergo changes.

2.3 Interdependence between *Yin* and *Yang*

On the one hand, *Yin* and *Yang* are opposed to each other, and on the other, they are interdependent. Without its opposite aspect, neither can exist independently, so each of the two opposite aspects is the condition for the other's existence. This kind of relation between *Yin* and *Yang* is generaly known as "interdependence". The chapter "*Yin Yang Ying Xiang Da Lun*" (阴阳应象大论 Great Treatise on *Yin*–*Yang* Classification of Natural Phenomena) of 《*Su Wen*》(素问 Plain Questions) says: "*Yin* is installed in the interior as the substantial basis of *Yang*, while *Yang* remains on the exterior as the manifestation of the function of *Yin*", which best illustrates the relation of interdependence between *Yin* and *Yang*. Here *Yin* and *Yang* refer to substance and function respectively. Substance exists within the body, while function manifests itself on the exterior of the body. *Yang* on the exterior is the manifestation of the activities of the substance within the body, while *Yin* within the body serves as the substantial basis of functional activities. If each of the two opposite aspects ceases to be the condition for the other's existence, no generation or growth is likely to occur.

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2.4 Wane and Wax of *Yin* and *Yang*

The opposition, mutual restraint, interdependence, and interaction between *Yin* and *Yang* are not in a static or unchangeable condition. Rather they are constantly moving and changing. That is to say, within certain limits and during a certain period of time exists the alternation of "wane of *Yin* followed by wax of *Yang* "and "wane of *Yang* followed by wax of *Yin* " to maintain a relative balance between *Yin* and *Yang*. Take the climate for example. From winter till spring and summer, the climate turns gradually from cold to warm and hot. This process is known as " wane of *Yin* and wax of *Yang*" .On the contrary, from summer till autumn and winter, it turns from hot to cool and cold ——a process known as "wane of *Yang* and wax of *Yin*". Take the physiological function of the human body as another example. In daytime. *Yang* is overabundant, so the physiological function of the human body is characterized mainly by excitement, while at night, *Yin* prevails, it is marked by inhibition. After middle night, *Yang* begins to grow, at noon, *Yang–Qi* will be excessive and the body's function turns gradually from being inhibited into exciting. This is a process of "wane of *Yin* and wax of *Yang*". Conversely, from noon till dusk, *Yang–Qi* wanes while *Yin–Qi* waxes, and the body's physiological function will turn from exciting to being inhibited. This is a process of "wane of *Yang* and wax of *Yin*". Therefore, the wane and wax of *Yin* and *Yang* help to maintain a dynamic equilibrium.

2.5 Transformation of *Yin* and *Yang*

In given conditions, *Yin* or *Yang*, the two opposite aspects,

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can transform themselves into each other. That is, *Yin* can be transformed into *Yang* and vice versa. The process of "wane and wax of *Yin and Yang*" may be said to be a quantitative change, while that of their transformation into each other a qualitative one on the basis of quantitative change. This process is mostly a gradual one from quantitative to qualitative change.

From the viewpoint of vicissitudes of seasons, the hottest point in summer which gradually comes from the warm climate of spring is the beginning of transformation into cold, the coldest point in winter (which gradually comes from the cool climate of autumn) is the beginning of transformation into hot. If the hot reaches the climax, the process of transformation into cold begins, and vice versa. Physiologically, in the course of life activities of the body, the process of metabolism between substance and function represents the process of transformation between *Yin* and *Yang*. For example, nourishing substance (*Yin*) is constantly transformed into functional activity (*Yang*), and vice versa. It must be pointed out that certain conditions are required during the transformation between *Yin* and *Yang*, without which the transformation of *Yin* and *Yang* into each other is not likely to occur.

2.6 Classification of the Structures of the Body in Terms of *Yin* and *Yang*

The human body as an integral whole is permeated with relationship of unity of the two opposites. In the chapter 《*Bao Ming Quan Xin Lun*》(宝命全形论 Treatise on Keeping Healthy Body) of the book 《*Su Wen*》(素问 Plain Questions) is stated: "The configuration of human life cannot be separated from *Yin* and

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Yang".

It is generally assumed that the upper part of the body is often described as pertaining to *Yang*, its lower part to *Yin*, its surface to *Yang;* its interior to *Yin*; the back to *Yang*; the abdomen to *Yin*; the external sides of the extremities to *Yang*; their internal sides to *Yin;* the five *Zang*–organs(which store essence and energy) to *Yin*, and the six *Fu*–organs (which transport or digest substance) to *Yang*. As to each *Zang*–organ or *Fu*–organ, it can be further classified into *Yin* or *Yang*. For instance, the heart is classified as heart–*Yin* and heart–*Yang*, and the kidneys as kidney–*Yin* and kidney–*Yang*, etc.

2.7 Equilibrium of *Yin* and *Yang*

Equilibrium of *Yin* and *Yang* refers to a state of perfect harmony between *Yin* and *Yang*. The normal life activities of the body result from harmonious relationship of the unity of the two opposites, *Yin* and *Yang*. Take function and substance for example. The former belongs to *Yang*, while the latter to *Yin*. The relation between function and substance embodies the relation of the unity of opposites. Physiological activities of the body are based on the movement of substance, without which no physiological functions can be perfomed. Physiological activities, in turn, constantly promote the metabolism of substance. The relation between function and substance of the body is one of interdependence, and alternate wane and wax of *Yin* and *Yang*. The dynamic equilibrium between *Yin* and *Yang* is indicative of good health. That is why TCM stresses the physiological relation of equilibrium between *Yin* and *Yang* in the human body.

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2.8 Relative Excessiveness of *Yin* or *Yang*

An excess of *Yin* or *Yang* beyond its normal level brings about a pathological change. According to the principle of dynamic equilibrium between *Yin* and *Yang*, an excess of each of the two opposite aspects will result in relative deficiency of the other. The main contradiction of diseases resulting from an excess of *Yin* or *Yang* lies in the relative excess of *Yin* pathogens or *Yang* pathogens.

2.9 An Excess of *Yang*

An excess of *Yang* (or *Yang* pathogen) is a pathological change resulting from *Yang*'s excess beyong normal level, as has been pointed out in the chapter *Yin Yang Yin Xiang Da Lun* of the book 《*Su Wen*》(素问 Plain Questions): "An excess of *Yang* causes disorder of *Yin*," and "An excess of *Yang* produces heat syndrome".

2.10 Disorder of *Yin* Due to An Excess of *Yang*

This means that the *Yang* pathogen, when in a state of absolute excessiveness, serves as a factor contributing to illness, because excessive *Yang* will certainly impair *Yin*.

2.11 An Excess of *Yang* Producing Heat

By "An excess of *Yang* produces heat" is meant that since *Yang* stands for heat, excessive *Yang* will give rise to heat syndrome, namely, excessive heat syndrome.

2.12 An Excess of *Yin*

An excess of *Yin* (or *Yin* pathogen) is a pathological change

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resulting from *Yin's* excess beyond normal level. As is stated in the same chapter of the same book: "An excess of *Yin* leads to disorder of *Yang*," and "An excess of *Yin* produces cold syndrome".

2.13 Disorder of *Yang* Due to An Excess of *Yin*

By "An excess of *Yin* leads to disorder of *Yang*" is meant that the *Yin* pathogen in a state of absolute excessiveness is a factor contributing to illness. Excessive *Yin* will certainly injure *Yang*.

2.14 An Excess of *Yin* Producing Cold

"An excess of *Yin* produces cold" means that since *Yin* is associated with cold, excessive *Yin* will cause cold syndrome of excess type.

2.15 Insufficiency of *Yin* or *Yang*

Insufficiency of *Yin* or *Yang* is a pathological change in which either *Yin* or *Yang* is below normal level. As is stated in the chapter *Tiao Jing Lun*(调经论 Treatise on Regulating Channel–*Qi* of the book 《*Su Wen*》(素问 Plain Questions), "Deficiency of *Yang* leads to superficial cold syndrome, while that of *Yin* to interior heat syndrome".

According to the principle of dynamic equilibrium between *Yin* and *Yang*, deficiency of either will necessarily lead to hyperactivity of the other. The main contradiction of diseases due to insufficiency of *Yin* or *Yang* lies in deficiency of *Yin*–essence or *Yang*–*Qi*.

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2.16 Deficiency of *Yang*

Deficient *Yang* is unable to restrain *Yin*, thus leading to relative hyperactivity of *Yin* and cold syndrome of insufficiency type. As the saying goes: "Deficiency of *Yang* brings about cold syndrome of asthenic type."

2.17 Insufficiency of *Yin*

When *Yin* is deficient, it is unable to restrain *Yang*, leading to relative hyperactivity of *Yang* and asthenic heat–syndrome. So deficiency of *Yin* is said to bring about heat–syndrome of asthenic type.

2.18 Deficiency of *Yang* Affecting *Yin*

There normally exists the relation of interdependence between *Yin* and *Yang*. However, in a morbid state, the *Yang–Qi* of the body is too weak to promote the production of *Yin* fluid, thereby resulting in insufficiency of *Yin*.

2.19 Deficiency of *Yin* Affecting *Yang*

There normally exists the relation of interdependence between *Yin* and *Yang*. However, in a morbid state, the *Yin* fluid of the body is too weak to promote the production of *Yang–Qi*, thus leading to insufficiency of *Yang*.

2.20 Reestablishment of *Yang* from *Yin*

It is a method of treatment for *Yang* deficiency syndrome. As *Yin* and *Yang* are interdependent, yang–invigorating drugs should be administered in combination with *Yin*–nourishing drugs in the treatment of *Yang*–deficiency syndrome, so as to

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promote the production of *Yang–Qi*.

2.21 Reestablisliment of *Yin* from *Yang*

– It' s a method for treating *yin* deficiency syndrome. As *Yin* and *Yang* are interdependent, *yin*–nourishing drugs should be administered concomitantly with *Yang*–invigorating drugs in the treatment of *Yin* deficiency syndrome, so as to promote the production of *Yin* fluid.

2.22 Classification of Drugs in Terms of *Yin* and *Yang*

In TCM medicinal substances are differentiated by their nature, odour, taste and action in of *Sheng Jiang Fu Chen* the light of *Yin–Yang* doctrine.

Properties of Medicinal Substances: Properties of medicinal substances refer mainly to their four pharmacological features, namely, cold, hot, warm and cool. Among them, cold and cool belong to *Yin* (cool is next to cold), while warm and hot to *Yang*(warm is next to hot). Generally speaking, drugs that can relieve or clear away the hot–syndrome are of cold or cool nature, such as skullcap, Capejasmine, etc.; on the other hand, those that can relieve or clear away cold–syndrome are of hot or warm nature, such as Mankshood, dried ginger, etc.

Five Tastes: Five different tastes are recognized, namely, acrid, sweet, sour, bitter and salty. Besides, there is a bland taste. Among them, acrid, sweet and bland tastes belong to *Yang*, while sour, bitter and salty tastes to *Yin*.

Sheng Jiang Fu Chen(升降浮沉 lifting, lowering, floating and sinking): Lifting, lowering, floating and sinking are the tenden-

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cies of the action of drugs in the body. Among them, lifting and floating belong to *Yang*, whereas lowering and sinking to *Yin* . Drugs that produce the effects of elevating *Yang*, inducing diaphoresis, dispelling wind, expelling cold, inducing vomiting and resuscitation act upwards and outwards Their mechanisms of action are lifting and floating. On the other hand, those that are used for purgation, clearing away heat, inducing diuresis, tranquilization, suppressing *Yang* and stopping wind, promoting digestion and relieving dyspepsia, lowering adverse flow of *Qi*, and astringency act downwards and inwards. Their mechanisms of action are lowering and sinking.

Clinically, to correct the imbalance of *Yin* and *Yang*, appropriate drugs are selected in accordance with their nature, depending upon excessiveness or deficiency of *Yin* and *Yang* in a disease.

2.23 Five–Element Theory

Five elements refer to wood, fire earth, metal and water. The Five–element doctrine was used as a theoretical tool by ancient scholars to illustrate the nature of things and the relation between them on the bases of the properties, movements and interactions of these five kinds of substances. It was part of simple systematic theory in ancient times.

The Five–element doctrine illustrates the connections existing between all things by the relationship of inter–generation and inter–restriction among the five elements. It holds that nothing is in an isolated or static state, that is, everything is in a state of harmonious balance maintained by the constant motion of inter–generation and inter–restriction. This is the basic contents of

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the five–element doctrine and also forms the main basis for dialectical materialism in ancient China.

In the course of its development, the theoretical system of TCM was profoundly influenced by the five–element doctrine, which as an important component of the unique theoretical system of TCM played an important role in its development. In TCM the five–element theory is chiefly used to explain the properties of viscera of the human body, their mutual relations and pathological changes.

2.24 Generation in the Five Elements

It implies that one kind of thing can promote, increase or generate another.

Ancient thinkers found in actual practice that there exists in nature such a universal phenomenon: one thing often closely followed by another or one thing positively influenced by another, thus they formulated the theory of generation in the five elements. This phenomenon is universally found in the course of life as well as in nature. It is precisely from this kind of positive generation that arises the luxuriance of the natural world and the vitality of life.

The regular order of generation in the five elements is: wood generates fire, fire does earth, earth does metal, metal does water, and water in turn generates wood.

2.25 Restriction in the Five Elements

It implies that one kind of thing can inhibit or restrict another.

In addition to the principle of generation in nature, ancient

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thinkers also realized that an opposite universal phenomenon exists in nature: one thing often inhibited or restricted by another They summarized this universal phenomenon into the doctrine on restriction in the five elements. It is precisely due to this inhibitive and restrictive action that nature and life processes are full of vitality on the one hand and free from excess on the other.

The regular order for the restriction in the five elements is: wood restricts earth, earth does water, water does fire, fire does metal, and metal in turn restricts wood.

2.26 Encroachment in the Five Elements

It implies that one element over-restricts the other. Therefore, it is also called "double restriction". For example, excessive wood may over-restrict earth, resulting in insufficiency of earth so called "wood encroaches earth".

2.27 Violation in the Five Elements

It implies that one element reversely restricts the other which should restrict the former. It is also known as " reverse restriction". For instance, wood should be restricted by metal, however when wood is excessively strong, it is not restricted by metal, on the contrary, restricts metal, which is known as "wood violates metal".

2.28 Properties of the Five Elements

These are the theoretical concepts derived by ancient people from their simple cognition of the five kinds of matter (namely, wood, fire, earth, metal and water) By abstracting they constituted a basic principle with which to analyse various things and

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their properties, and to study the inter relation between them.

The properties of the five elements are as follows:

(1)Wood has the property of growing freely and unfolding.

(2)Fire has the property of warming and flaring up.

(3)Earth has the property of generationg, thansforming and receiving.

(4)Metal has the property of purifying, descending and astringing.

(5)Water has the property of nourishing and flowing downwards.

2.29 Reinforcing the Mother-Organ in Case of Deficiency-Syndrome

It is a therapeutic principle for treating deficiency-syndrome, based on the concept of the mother-child relationship of inter-generation of the five elements.

It is applied mainly to deficiency-syndrome with mother-child relationship. For instance, in treating a deficiency-syndrome of the liver (wood) due to inability of the kidneys (water) to nourish the liver (This is known as "water failing to nourish wood."), the kidneys, not the liver, are to be nourished, because the kidneys (water)——the mother organ of the liver-when nourished, promote the liver (wood). It also holds true for acupuncture. In the treatment of deficiency-syndrome of the child-organ, points pertaining to the mother-channel or mother-points are needled with reinforcing manipulation. For instance, in the case of a deficiency-syndrome of the liver, *Yingu*(阴谷 a point of the kidney channel——the mother-channel of the liver) is to be needled. In this sense, the disease of the child-organ is said to he got rid of by reinforcing the mother-organ.

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2.30 Reducing the Child-Organ in Case of Excess-Syndrome

This is a therapeutic principle for treating the excess-syndrome, based on the theory of the mother-child relationship of inter-generation of the five elements.

It is applied mainly to excess-syndrome with mother-child relationship. For instance, an excess-syndrome due to exuberance of the liver-fire can be treated by purging the fire of the heart (child-organ of the liver), because purgation of the heart-fire helps to reduce the liver-fire. In acupuncture, in the case of an excess-syndrome of the mother organ, points pertaining to the child-channel are needled with purging manipulation. For instance, in the treatment of excess syndrome of the liver, either *Shaofu*(少府 H8, a point of the heart channel) or *Xingjian*(行间 Liv2, the child-point of the liver channel) is to be needled. In this sense, the disease of the mother-organ is said to be cured by purging the child-organ.

2.31 A Method of Providing Water for the Growth of Wood

Here water refers to the kidneys, while wood to the liver. This is a method of restoring the liver(wood)-*Yin* by nourishing the kidney (water)-*Yin*, which is indicated for the relief of deficiency of the liver-*Yin* due to consumption of the kidney-*Yin*. It is also known as a method of nourishing the kidneys and the liver.

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2.32 Benefiting Fire to Reinforce Earth

The fire in the five elements originally represents the heart of the five *Zang*—organs, but since the doctrine of *Mingmen*(命门 gate of life) sprang up, the fire from *Mingmen* has much been said to warm the whole body. In this way, here by fire is meant the fire from *Mingmen* i.e. the kidney—*Yang*. Earth corresponds to the spleen. This is a method of warming the kidney—*Yang* to invigorate the spleen—*Yang*, also called the method of warming the kidneys to invigorate the spleen, which is indicated in hypofunction of the spleen—*Yang* due to decline of the kidney—*Yang*.

2.33 Mutual Promotion of Metal and Water

This is a method of reinforcing or nourishing the lungs (metal) and the kidneys(water) simultaneously in order to promote each other, based on their mother—child relationship. It is indicated in failure of the lungs to distribute fluid to nourish the kidneys due to deficiency of the lungs, or failure of the kidneys to nourish the lungs due to insufficiency of the kidney—*Yin*, thus leading to deficiency of both the lung—*Yin* and the kidney—*Yin*.

2.34 Supplementing Metal by Way of Building up Earth

This is a method of replenishing and restoring the lung(metal) *Qi* by invigorating the spleen(earth) and replenishing *Qi*. It is indicated in deficiency of the lungs and spleen caused by failure of the spleen and stomach to nourish the lungs.

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2.35 Warming Earth to Restrain Water

Here earth refers to the spleen and water to the kidneys. This is a method of treating retention of water within the body by warming the spleen–*Yang* or warming the kidneys to invigorate the spleen, and also called the method of warming the kidneys to invigorate the spleen. It is usually used to treat edema and distention resulting from the overflow of pathogenic water dampness due to dysfunction of the spleen. If retention of water within the body is caused by failure of the kidney–*Yang* to warm the spleen–*Yang*, priority must be given to warming the kidneys, supplemented by invigorating the spleen.

2.36 Inhibiting Wood to Support Earth

Here wood and earth refer respectively to the liver and spleen. This is a method of treating hyperfunction of the liver and insufficiency of the spleen by soothing the liver and invigorating the spleen, which as the method of dispersing the stagnated liver–*Qi* or calming the liver to normalize the stomach–*Qi* or coordinating between the liver and spleen. It is indicated for the relief of hyperactivity of the liver(wood) which over–restricts the spleen (earth).

2.37 Assisting Metal to Subdue Hyperactivity of Wood

Here metal and wood seperatedly represent the lungs and liver. This is a method of checking hyperactivity of the liver by purifying the lung–*Qi* also called the method of purifying the lungs to reduce the liver, which is indicated in exuberance of the

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liverfire caused by the failure of the lung–*Qi* to keep pure and descent.

2.38 Purging the Heart–Fire(South) to Nourish the Kidney–Water(North)

It is a therapy to nourish the kidney–water(located in the North) by purging the heart–fire (located in the South) indicated in the syndrome marked by excessive heart–fire and breakdown of the normal physiological coordination between the heart and kidneys, caused by insufficiency of the kidney–*Yin*. As the kidneys are an organ responsible for both water and fire, deficiency of the kidney–*Yin* may also give rise to over abundant ministerial fire, which differs from the heart–fire according to the five–element doctrine.

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3 Phase of Viscera

3.1 Phase of Viscera

"*Zang*" (脏 viscera) refers to internal organs of the body; "*Xiang*" (象 phase or appearance) here refers mainly to the outward physiological and pathological manifestations. Zhang Jingyue, a famous physician in the Ming Dynasty said in his 《Classified Canon》 (*Leij ing* 类经) :"*Zang* implies storage;…… while *Xiang*, figure and appearance. Since viscera are located within the body and their phase is observed from the outside of the body, these two characters"*Zang*" and "*Xiang*" put together denote phase of viscera".

3.2 Viscera–Phase Doctrine

By viscera–phase doctrine is meant a theory that by observations on the physiological and pathological manifestations of the human body, a study can be made of the physiological functions and pathological changes of its various viscera, their interactions and the interrelationship between visceral organs and structures of the body and the external environment.

3.3 Five *Zang*–Organs

The heart, lungs, spleen, liver and kidneys are together known as the five *Zang*–organs. The *Zang*–organ was described in 《*Huangdi Neij ing*》 (黄帝内经 The Yellow Emperor's Inter-

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nal Canon of Medicine) as an internal organ for storing and reserving. The common physiological property of the five *Zang*—organs is to produce and store vital essence.

3.4 Six *Fu*—Organs

The gallbladder, stomach, small intestine, large intestine, urinary bladder and tri—*Jiao* (triple energizer or warmer) are known collectively as the six *Fu*—organs. The *Fu*—organ was referred to in 《*Huangdi Neij ing*》 as a container or a warehouse. The common functional property of the six *Fu*—organs is to take in, transport and transform foodstuffs.

3.5 *Qiheng* (奇恒Extraordinary) *Fu*—Organs

The two characters *Qi* (unusual) and *Heng* (ordinary) , put together, imply "extraordinary".

Extraordinary *Fu*—organs, unlike ordinary ones, comprise six organs, namely, the brain, marrow, bone, vessel, gallbladder and uterus. Like the six *Fu*—organs morphologically, they are hollow in shape; and like the *Zang*—organs functionally, they have the ability to store vital essence, but inability to take in and transport foodstuffs. They are, therefore, called extraordinary *Fu*—organs.

3.6 The Heart

The heart in TCM refers to both its anatomical entity and specific functions. The heart as an anatomical entity, located in the thorax above the diaphragm, is round at one end and a little sharp at another, just like an unopened lotus flower placed upside down and protected by the pericardium externally.

The heart governs the vessels and blood circulation and the

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mind takes *Qi*–blood as its material basis. Therefore, the heart controls mental activities. In other words, it houses the mind. The heart, equivalent to the "fire" of the five elements, is thought to be sunlight *Yang* organ among the five *Zang*–organs, performing the function of coordinating life activities of the whole body. The heart possesses two main functions, namely, the control of blood and vessels and the regulation of mental activities. It has its body opening in the tongue, its outward manifestations on the face, its particular emotion in joy and its associated secretion in sweat. The heart and the small intestine are exterior–interiorly related because of interconnection–interpertaining of the Heart Channel of Hand–*Shaoyin* (手少阴) and the Small Intestine Channel of Hand–*Taiyang* (手太阳).

3.7 The Heart in Charge of Blood and Vessels

This function involves two aspects: the maintenance of blood circulation and the control of vessel movement. The normal circulation of all the blood in the vessels depends on the impulse of the heart–*Qi*, by which blood is transported to all parts of the body for nutritive purpose. Repletion of the heart–*Qi* can maintain normal strength, rate and rhythm of the heart. On the contrary, if the heart–*Qi* is insufficient, various cardiovascular diseases may ensue. The vessels, also called channels, are the house of blood. They are also the passageway through which blood circulates.

3.8 The Heart in Charge of Mental Activities

This function consists in that the heart houses the mind or the heart governs *Shen* (神). The character "Shen" has two meanings in TCM. In a broad sense, it is a general term for out-

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ward manifestations of life processes of the human body, commonly referred to as vitality. In a narrow sense, it refers to mental activities controlled by the heart, such as spirit, consciousness and thinking. In modern physiology, all these are thought of as the physiological functions of the cerebrum or its reflection of outward things.

3.9 The Heart Responsible for Joy

This denotes that the physiological functions of the heart are related to joy, one of man's seven modes of emotion. Literally, joy means happiness or pleasure. Usually, joy is a response to external favorable stimuli beneficial to the heart's performance of the function of governing blood and vessels. As a result, the vessels are made unblocked and *Qi*–blood harmonized. However, excessive joy tends to impair the functioning of the heart. As far as the heart's function of controlling mental activities is concerned, there are two kinds of pathological changes: hyperactivity and hypoactivity. Generally, the former gives rise to incessant laughing, and the latter to sorrow.

3.10 The Heart Connecting Vessels and Its Condition Reflected in Complexion

The connection of vessels by the heart implies that the movement of blood vessels in the body is dominated by the heart. The heart has its outward manifestations on the face, which is extremely rich in blood vessels. Thus, the physiological functions of the heart can be detected through the changes in both colour and luster on the face. For instance, when the heart–*Qi* is exuberant and the blood supply is sufficient, the complexion will be rosy

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and lustrous; while insufficiency of the heart–*Qi* will lead to pale and dark–turbid complexion; deficiency of blood, to pallid complexion; and stagnation of blood, to darkish or purplish face.

3.11 Sweat Derived from Blood Regulated by the Heart

Sweat is a kind of body fluid discharged from pores under the steaming function of *Yang Qi*.The discharge of sweat relies upon the opening–closing action of defensive *Qi* on the striae of skin and muscles. When the striae are open, the sweat is let out; while they are closed, no sweating occurs. The sweat is transformed from body fluids,and,what is more,blood and body fluids are derived from food and drink, as the saying goes:"Blood and sweat are from the same source". The former is governed by the heart, and the latter is said to be "the fluid of the heart".

3.12 The Heart with Its Specific Orifice in the Tongue

The heart–*Qi* travels upward and reaches the tongue. Therefore it is believed that the heart opens into the tongue, which is said to be "the sprout of the heart". The tongue serves two main functions: that of discriminating tastes and that of aiding in speech, the performance of which depends on the heart's physiological functions in governing blood and vessels and in controlling mental activities. Moreover, the tongne is also richly supplied with blood vessels. Therefore, if the heart functions properly, the tongue must be ruddy–lustrous and soft–nimble, taste sensations keen and speech fluent. On the contrary, if the heart fails to work properly, its physiological and pathological changes can also be

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reflected on the tongue. Consequently, the functional state of the heart can often be detected through observation of the tongue.

3.13 The Lungs

The lungs are situated in the thorax one on each side. They are compared to the roof of a carriage due to its uppermost location among all the *Zang–Fu* organs. They are also known as "delicate visceral organs" because their lobes are very delicate and tender, intolerant of cold and heat, and predisposed to invasion by pathogenic agents.

The lungs, equivalent to "metal" of the five elements, are the house of soul and dominator of *Qi*. Their main jobs are to dominate *Qi* and respiration, fulfil the dispersing and descending functions, participate in regulating water metabolism, and communicate with numerous vessels to achieve coordination of functional activities of the whole body, assisting the heart in maintaining normal circulation of *Qi*–blood. The lungs, which extend upward to the larynx and open into the nose, are related outward to the skin and its hairs. They are responsible for melancholy and have their associated secretion in nasal discharge. The lungs and the large intestine are exterior–interiorly related due to interconnecting–interpertaining of the Lung Channel of Hand–*Taiyin* (手太阴) and the Large Intestine Channel of Hand–*Yangming* (手阳明).

3.14 *Qi* and Respiration Dominated by the Lungs

This function involves two aspects: the regulation of *Qi* of the whole body and the control of respiration. The latter denotes

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that the lungs are visceral organs where interchange of *Qi* inside and outside the body takes place, i.e., the exchange of gases between the body and its environment occurs through the breathing movements of the lungs. By continuously exhaling stale gas and inhaling fresh air instead, the lungs promote the formation of pectoral *Qi* and regulate the lifting–lowering and entering–exiting movements of *Qi*, thereby maintaining normal metabolism of the human body, as is said in the chapter *Yin Yang Yin Xiang Da Lun* (阴阳应象大论 Treatise on *Yin–Yang* Classification of Natural Phenomena) of the book《*Su wen*》(素问 Plain Questions), "The atmosphere communicates with the lungs". The former is a two–fold process concerned basically with the formation of pectoral *Qi* and the regulation of *Qi* of the whole body. Pectoral *Qi* is mainly produced by combination of fresh air inhaled into the lungs with food essence derived from the spleen and stomach. Whether or not the lungs function properly directly influences the formation of pectoral *Qi* and *Qi* of the whole body as well. The breathing movement of the lungs itself is a manifestation of lifting–lowering and entering–exiting of *Qi*, in which the lungs play an important regulatory role by their rhythmical respiration.

3.15 Dispersing and Descending Functions of the Lungs

Literally, dispersing, here, means upward diffusion and outward sending of lung–*Qi*, and descending, lowering of lung–*Qi* and keeping the respiratory tract clean. The dispersing function of the lungs consists mainly in the following: (1) discharging the stale gas from the body by its functional activities; (2) distrib-

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uting the food essence and body fluids transported by the spleen to all parts of the body and to the skin and its hairs externally; and (3) spreading defensive *Qi* so as to control the opening–closing action of the striae of skin and muscles, thereby converting the metabolized body fluids into sweat to be removed from the body.

The descending function of the lungs, on the other hand, lies in: (1) inspiring fresh air from the external environment; (2) sending down the fresh air inspired and the body fluids as well as food essence transported from the spleen; and (3) purifying the foreign bodies in the lungs and the respiratory tract in order to keep the latter clean.

3.16 Water Metabolism Regulated by the Lungs

Water metabolism, here, refers to a physiological process by which body fluids are produced, distributed and discharged. The lungs can regulate this process by maintaining normal flow, distribution and discharge of body fluids due to their dispersing and descending functions. By their dispersing function the lungs not only spread body fluids and food essence to all parts of body, but also control the discharge of sweat as well as the opening–closing action of the striae of skin and muscles. By their descending function the lungs send down fresh air into the kidneys, and also continuously send down a part of body fluids, which was converted into urine to be excreted from the body under the functioning of the kidneys and urinary bladder.

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3.17 Convergence of Blood Vessels in the Lungs

By convergence of blood vessels in the lungs is meant that all the blood flows along the vessels to all parts of the body through the lungs where the exchange of gases takes place. The circulation of blood relies upon the impulsion of *Qi* and with the lifting–lowering of *Qi* the blood flows to all parts of the body. Since the lungs dominate *Qi* of the whole body and control respiration, the circulation of blood depends to a certain extent on the spread and coordination of the lung–*Qi*.

3.18 The Lungs in Charge of Coordination of Functional Activities

This function may be summerized as follows: (1) the lungs make rhythmic breathing movements; (2) by means of their breathing movements, the lungs regulate the functioning of *Qi* of the whole body, or the lifting–lowering and entering–exiting movements of *Qi*; (3) they assist the heart in promoting and regulating blood circulation; and (4) they help to maintain normal flow, distribution and discharge of body fluids. Actually, this function is fully reflected in the above main jobs done by the lungs.

3.19 The Lungs Responsible for Melancholy

Melancholy and sorrow as two modes of emotion, though slightly different from each other, exert roughly the same influence on physiological functions of the human body. Therefore they both belong to the emotions of the lungs. After all, melancholy and sorrow are the emotional responses to unfavorable

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stimuli, bringing about a consuming effect on the *Qi* of the body. As the lungs dominate *Qi*, melancholy and sorrow are apt to impair the lungs. On the other hand, when the lungs are deficient, the body's tolerance to unfavorable stimuli is diminished and melancholy or sorrow is likely to occur.

3.20 The Lungs Connected with the Skin and Their Condition Reflected on Vellus Hairs

Here the skin and vellus hairs refer to the entire body surface including the skin, sweat glands, pili, etc. The skin with its hairs must be warm–nourished and moist–replenished by defensive *Qi* and body fluids respectively, thus forming a protective barrier against external pathogens. Since the lungs dominate *Qi* and perform the functions of dispersing outward defensive *Qi* and sending the essence to the skin and vellus hairs, they are closely related to the skin and its hairs.

When the lungs function normally, the skin becomes compact and body resistance enhanced. Otherwise body resistance against foreign pathogens becomes weakened and such phenomena as hyperhidrosis, predisposition to common cold, wan, dry and lustreless skin and hairs, etc are likely to occur. Conversely, the invasion of the skin and its hairs by foreign pathogenic agents causes closure of the striae of skin and muscles with stagnation of defensive *Qi*, frequently followed by failure of the lung–*Qi* to disperse and descend, which, in turn, leads to such pathological changes as occlusion of the striae of skin and muscles, stagnation of defensive *Qi* and so on.

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3.21 Nasal Discharge Derived from the Lungs

Nasal discharge is the mucus secreted from muscous membrane of the nose, which performs the function of moistening nasal meatus. The nose is regarded as the orifice of the lungs and under normal circumstances its discharge moistens nasal meatus instead of running out. In case of an attack of the lungs by pathogenic cold, the lucid nasal discharge flows from the nose; in case of an attack by heat the nasal discharge becomes yellowish–thick; and in case of an invasion by dryness, the nasal cavity becomes dry.

3.22 The Nose As the Window of the Lungs

The nose connects with the larynx and further communicates with the lungs, the nose and laryx are the passageway of respiration, as the old sayings go:"The nose is the external orifice of the lungs"and "The larynx is the gateway of the lungs". The sense of smell and pronunciation in the larynx are both concerned with the lung–*Qi* . The sound lung–*Qi* with smooth breathing is accompanied by a keen sense of smell and sonorous voice. If foreign pathogens which invade the lungs come mostly from the nose and larynx, such symptoms as stuffy nose, running nose, sneezing, itching of the throat, hoarseness and aphonia may occur as a result.

3.23 The Spleen

The spleen is located in the middle–*Jiao* (or middle warmer) below the diaphragm.

Its main physiological functions are: (1) to transport,

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transform and send up the nutrients, and (2) to keep the blood flowing in the vessels. It is a chief visceral organ of the digestive system, upon the physiological functions of which the digestive activities of the body depend. Since the nutrients transported and transformed by the spleen and stomach are used for production of *Qi*–blood and body fluids as well as for maintenance of life activities of the body, the spleen and stomach as "the source of *Qi*–blood" are also known as "the material basis of the acquired constitution". The spleen which opens into the mouth and has its outward manifestations on the lips, corresponds to earth according to the theory of the five elements. It has its specific emotion in anxiety and its associated secretion in saliva. It also nourishes the muscles and limbs. In addition, the spleen and the stomach are exterior–interiorly related due to interconnecting–interpertaining of the Spleen Channel of Foot–*Taiyin* (足太阴) and the Stomach Channel of Foot–*Yangming* (足阳明).

3.24 The Spleen in Charge of Transportation and Transformation

This function of the spleen involves digestion of food and drink and absorption and transportation of the nutrients contained in them. It is chiefly manifested by transportation and transformation of the essential substances from drink as well as from foodstuffs. By the transporting–transforming action of the spleen on the foodstuffs is meant that the foodstuff in the stomach is digested, its nutrients are absorbed and then distributed to all parts of the body. All of the above–mentioned processes are achieved under the control of the spleen. If the spleen functions normally, the organism can obtain adequate nutrients to main-

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tain its normal functioning. Conversely, if the spleen fails to carry on its functions of transportation and transformation, normal digestion and absorption of foodstuffs do not take place and there occurs instead such a morbid condition marked by abdominal distension, diarrhea, poor appetite, lassitude, emaciation, or even other symptoms due to insufficient *Qi* –blood supply.

By the transporting–transforming action of the spleen on water we mean the spleen's function of absorbing, conveying and spreading body fluids. That is to say, the spleen can in time transport the fluids absorbed from food and drink to the lungs to be distributed to all parts of the body, thereby fulfilling its nourishing–moistening role. The surplus fluids are turned into sweat and urine to be removed from the body under the functioning of the lungs and kidneys. Thus, normal functioning of the spleen in this respect can prevent body fluids from accumulating and such pathological changes as dampness, phlegm and water–retention from occurring. On the contrary, dysfunction of the spleen in transporting–transforming fluids will lead to retention of body fluids and development of the pathological changes mentioned above, or even to edema.

3.25 The Spleen in Charge of Sending up Essential Substances

This function of the spleen refers to all processes concerned with the absorption of nutrients from food and drink and their upward transport to the heart, lungs, head and eyes. In the meantime, these nutrients are transformed into *Qi* –blood to nourish the whole body by the action of the heart and lungs.

The ability to send nutrients upward is the functional feature

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of the spleen just as that to send digested food downward is the functional property of the stomach. When this function of the spleen is carried on properly, the nutrients from food and drink can be absorbed and conveyed normally, and plenty of vital *Qi* eventually makes the body full of vigour and vitality. In addition, the spleen has the function of keeping the internal organs in their fixed positions. On the contrary, dysfunction of the spleen leads to failure to transport–transform the nutrients from foodstuff regularly and failure to supply *Qi*–blood, thus giving rise to such symptoms as listlessness, weakness, dizziness, abdominal distension, and loose stool. If inability of the spleen to uplift results in sinking of the spleen–*Qi*, there may appear such pathological changes as prolapse of rectum due to protracted diarrhea, or even prolapse of other internal viscera.

3.26 Blood Flow Controlled by the Spleen

This function refers to the spleen's capacity to keep the blood flowing within vessels and prevent it from extravasating.

The main mechanism of the spleen's control of blood flow is attributable to the commanding action of the spleen–*Qi* on blood circulation and is closely related to its capacity as the source of growth and development of *Qi*–blood. In case of the spleen's dysfunction in transportation and transformation, the *Qi*–blood will be insufficient and the commanding action be reduced, thereby producing various kinds of chronic hemorrhage.

3.27 The Spleen Responsible for Anxiety

Anxiety, here, refers to an anxious state of man. Though anxiety is considered as the emotion of the spleen, it is concerned

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with the function of the heart in controlling mental activities as well. Moderate anxiety doesn't exert any unfavorable influence on physiological functions of the organism. However, excessive anxiety or failure in an attempt may disturb its proper functioning, thus resulting in such pathological manifestations as stagnation and depression of *Qi*. If *Qi* is depressed in the middle-*Jiao* due to excessive anxiety, such symptoms as anorexia, epigastric stuffiness and distress, dizziness, etc, are likely to occur due to impairment of the spleen's function to transport, transform and send up nutrients.

3.28 The Spleen Related to the Muscles

As the spleen and stomach are the source of growth and development of *Qi* -blood, the muscles in the whole body rely on the supply of nutrients from foodstuffs transported by the spleen and stomach, whereby they are rendered well-developed and strong. Therefore, the development and strength of the muscles of the body are related to the function of the spleen and stomach in transport. For instance, if the spleen and stomach fail to function properly, the muscles will become emaciated, weak, and even paralysed.

3.29 Saliva Derived from the Spleen

Saliva is a clear watery fluid in the mouth. Its functions are to moisten the oral cavity, to protect the mucous membrane of the mouth, and to help to swallow and digest food. In case of incoordination between the spleen and stomach, saliva will increase rapidly and profusely, and spontaneous salivation will ensue as a consequence. For this reason, saliva is referred to as the

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secretion of the spleen.

3.30 The Spleen Having Its Body Opening in the Mouth and Its Outward Manifestations on the Lips

The oral cavity is the uppermost end of the digestive tract. By the spleen having its body opening in the mouth is meant that appetite and taste are closely related to the function of the spleen in transportation and transformation. When the spleen and stomach function properly in transport, taste and appetite will be normal. On the contrary, dysfunction of the spleen in transport may give rise to abnormal tastes, such as tastelessness, sweet taste with sticky sensation in the mouth, and hence poor appetite.

The colour and lustre of the lips depend on the adequate supply of *Qi*–blood transported by the spleen. Therefore, the functional state of the spleen is reflected on the colour and lustre of the lips.

3.31 The Liver

The liver is situated at the right hypochondriac region below the diaphragm in the abdomen. It is the house of mood, the storehouse of blood and the controller of tendons as well. It corresponds to wood in the five elements and is characterized by ascending–spreading movement.

Its main physiological functions are concerned with the control of normal flow of *Qi* and the storage of blood. It opens into the eyes and controls the tendons with its outward manifestations reflected on the nails. It has its specific emotion in anger and its associated secretion in tears. Moreover, the liver and gallbladder

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are exterior–interiorly related due to interconnecting–interpertaining of the Liver Channel of Foot–*Jueyin* (足厥阴) and the Gallbladder Channel of Foot–*Shaoyang* (足少阳).

3.32 Normal Flow of *Qi* Governed by the Liver

The liver is a solid visceral organ responsible for ascending–spreading movement, which is regarded as the physiological basis for its control of normal flow of *Qi*. This function of the liver is an important link in regulating functional activities of *Qi* and promoting circulation of blood and body fluids. The liver's function of governing normal flow of *Qi* is threefold.

(1) It regulates functional activities of *Qi*, by which are meant here its lifting–lowering and entering–exiting movements. The liver plays a part in regulating and balancing the lifting–lowering and entering–exiting movements of *Qi*. If the liver functions properly in this respect, the normal functioning of *Qi* as well as *Qi*–blood, free flow of channels, and the proper functioning of *Zang–Fu* organs and other structures will ensue as a result. Conversely, dysfunction of the liver may manifest itself by two kinds of morbid conditions, hyperactivity and hypoactivity. In the latter case, the functioning of *Qi* must be impeded and may bring about distending pain of the chest, hypochondrium, breasts or lower abdomen, and mental depression, etc; in the former case, there may occur such pathological changes as upward adverse flow of the liver–*Qi*, characterized by distending pain of head and eyes, flushed face with congested eyes, irritability, restlessness, and so on, or upward overflow of blood due to adverse flow of *Qi*, marked by hematemesis, hemoptysis and even sudden

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syncope with unconsciousness.

(2) It promotes the transporting–transforming function of the spleen and stomach. The proper functioning of the liver in governing normal flow of *Qi* greatly influences the lifting–lowering function of the spleen and stomach. For instance, dysfunction of the liver can impair the function of the spleen and stomach in lifting clear *Qi* and lowering turbid *Qi* , resulting in the symptoms due to an attack of the spleen or stomach by the hyperactive liver–*Qi*. As the bile is the aggregation of the surplus liver–essence, normal functioning of the liver leads to regular secretion and excretion of the bile, thus facilitating the function of the spleen and stomach in transportation and transformation of nutrients. On the contrary, stagnation of the liver–*Qi* will bring about irregular secretion and excretion of the bile and further impair the function of the spleen and stomach in transportation and transformation.

(3) It adjusts emotional activities. The emotional activities are chiefly dominated by the heart, but they are also closely related to the liver. Therefore, the normal functioning of the liver will lead to normal functional activities of *Qi* , harmony of *Qi*–blood and proper functioning of the five *Zang*–organs, thus, resulting in normal emotional activities. Conversely, hypofunction of the liver may lead to depression of the liver–*Qi*, manifested as liability to melancholy and inextricable gloomy mood induced by a slight stimulation; while hyperfunction of the liver to the adverse ascension of *Yang Qi*, manifested as restlessness and irascibility after a slight stimulation. Repeated or persistent emotional abnormality will, in turn, impair the functioning of the liver, resulting in morbid changes such as stagnation of the liver–*Qi* or hyperactivity of

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the liver–*Yang*.

3.33 The Liver Storing Blood

This function is concerned with the liver's capability in storing blood and regulating the volume of circulating blood. Firstly, a certain amount of blood stored in the liver can restrain the liver–*Yang* from going up excessively. If the liver fails to function properly in storing blood, such pathological changes as deficiency of the liver–blood or bleeding will ensue. When the liver–blood is not adequate enough to nourish the eyes, dryness and discomfort of the eyes with blurred vision, or night blindness are likely to occur. If the liver–blood fails to nourish the tendons, the contracture of tendons with vessels, numbness of limbs and inflexible joints will appear; if the liver–blood is unable to replenish the reservior of blood, scanty menstruation or even amenorrhea may occur in women. To sum up, the failure of the liver to store blood may give rise to such symptoms as menorrhagia or even metrorrhagia and metrostaxis.

Regulating the volume of circulating blood is the principal role played by the liver in distributing the blood to all parts of the body, especially to the peripheral portion of the body. Under normal conditions, the volume of circulating blood in every part of the body remains relatively constant, but varies with the amount of activities the body engages in, and with emotional as well as climatic changes, etc. During strenuous activity or intense excitement the liver timely releases the stored blood to the peripheral portion of the body to meet its demands, while during rest or in a calm mood, part of the circulating blood returns to the liver to be stored due to reduced amount of activities of the

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whole body and relatively diminished demand for the peripheral blood.

The mood is a sort of mental activities derived from the mind. Only when the liver functions properly in storing blood, can it house the mood regularly. If the mood is unable to be housed in the liver due to shortage of blood in the liver and deficiency of the heart–blood, such symptoms as dreaminess with liability to be frightened, insomnia with restlessness, somnanbulism, somniloquy, etc., may ensue as a result.

3.34 The Liver Responsible for Anger

Anger is an emotional response of the human body to an unfavorable stimulation. With regard to its action on the functioning of *Qi* of the body, anger can make *Yang Qi* go up and hence *Qi*–blood ascend adversely. Since the normal flow of *Qi* and the ascension of yang qi are governed and promoted respectively by the liver, anger is referred to as the emotion of the liver. On the one hand, rage can cause excessive ascension of the liver–*Yang*, resulting in illness, as the saying goes: "Excessive anger impairs the liver". On the other hand, deficiency of the liver–*Yin* or liver–blood in conjunction with hyperactivity of the liver–*Yang* leads to irascibility after a slight stimulation.

3.35 The Liver Related to Tendons with Its Outward Manifestations on the Nails

The tendons, attached to the bones and aggregating around the joints, are a kind of tissue joining muscles to the joints. The tendons rely upon the liver for blood supply. Replete liver–blood nourishes the tendons, which, in turn, make the body move ac-

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wind, etc. Besides, extreme grief can also greatly increase lacrimal secretion.

3.37 The Liver Having Its Specific Body Opening in the Eyes

As the liver channel connects upward with the ocular connectors and vision depends on the normal flow of the liver–*Qi* and the nutritive function of the liver–blood, the liver is said "to open into the eyes." In addition, the essence and *Qi* of the five *Zang*–organs and six *Fu*–organs all flow upward into the eyes, so there exist intrinsic relations between the eyes and the *Zang–Fu* organs.

Owing to the extremely close relation between the liver and the eyes, the former's functional state is usually reflected on the latter. For example, inadequacy of the liver–*Yin* or liver–blood leads to dryness and uncomfortable feeling of the eyes, blurred vision or night blindness; wind–heat in the liver channel, to conjunctival congestion, itching and pain of the eye; flaming–up of the liver–fire, to conjunctivities with nebula; hyperactivity of the liver–*Yang*, to dizziness with dim eyesight; and up–stirring of the liver, to strabismus or squinting upward, etc.

3.38 The Kidneys

The kidneys are situated in the waist, one on either side of the spinal column. They store the congenital essence which is considered as the origin of *Yin–Yang* of *Zang–Fu* organs and the source of life of the human body, hence they are called "The origin of congenital constitution". They correspond to water according to the theory of the five elements.

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The main functions of the kidneys are: (1) to store essence, (2) to dominate growth, development and reproduction, and (3) to govern water metabolism and reception of air. The kidneys produce marrow which nourishes the bones. They have their outward manifestations on the hairs, and their specific body openings in the ears and the two *Yin*–orifices. They have their emotions in fear and fright, and their associated secretion in spittle. The kidneys and the urinary bladder are exterior–interiorly related due to interconnecting–interpertaining of the kidney channel of foot–*Shaoyin* and the urinary bladder channel of foot–*Taiyang*.

3.39 Essence Stored by the Kidneys

This function of the kidneys refers to the storage of vital essence in the kindeys, which provides a favorable environment in which vital essence in the body can be brought into full play, that is to say, plentiful essence is preserved without being unnecessarily eliminated so as to promote and maintain the growth, development and reproduction of the body.

As far as its source is concerned, the essence stored in the kidneys falls into two kinds: the congenital essence and acquired essence. The former, inherited from the parents before birth, is the original substance which aids in the development of the embryo. Because of its function of reproducing offspring it is also known as "reproductive essence." The latter, transported and transformed by the spleen and stomach, is derived from foodstuffs, and thus is also named "food essence." Part of the food essence is supplied for the proper functioning of the *Zang–Fu* organs, while its remainder is stored in the kidneys. Although the

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congenital essence and acquired essence do not have a common source, they are together stored in the kidneys, depending and reacting on each other. The congenital essence relies upon the acquired essence for a constant supply of nutrients, thereby smoothly performing its physiological functions; and the acquired essence. in turn, depends upon the congenital essence for activation of its function of production and transformation.

Since the essence stored in the kidneys is the major material foundation for the body's growth, development and reproduction, hypofunction of the kidneys in storing the essence may not only lead to such symptoms as spermatorrhea, nocturnal emission and premature ejaculation due to unconsolidation of the kidney–*Qi*, but also impair normal growth, development and reproduction of the body resulting from deficiency of the kidney–essence.

3.40 The Kidneys Domination Growth and Development

One of the chief physiological functions of the kidney–essence is to promote the growth and development of the body. In the chapter *Shang Gu Tian Zhen Lun* (上古天真论 Treatise on Innate Vital Essence in Ancient Times) of《*Suwen*》, it has been clearly pointed out that the birth, growth, full development, senility and death of a man are closely related to the vicissitudes of the kidney–essence. As the congenital essence is being continuously nourished and replenished by the acquired essence after birth, the kidney–essence gradually becomes abundant, thereby giving rise to some physiological phenomena, such as growth of both permanent teeth and fine hairs during childhood.

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In the wake of wax and wane of the kidney–essence, the body goes through from childhood to puberty, then to the prime of life, and finally to old age. Throughout one's whole life, the growing conditions of the teeth, skeleton and the hairs are taken as the important signs for vicissitudes of the kidney–essence as well as for individuals of all ages.

3.41 Reproduction Dominated by the Kidneys

This is another main physiological function of the kidney–essence. The reproductive power of the human body bears a close relation to the state of the kidney–essence. When the essence in the kidney is replenished to a certain degree during youth, inside the body may be produced a kind of substance named "*Tian Gui*" (天癸 the Kidney–*Yin*), which promotes the development and maturity of sex gland. Then, a male begins to produce and ejaculate semen, while a female starts to have a regular menstruation with ovulation, that is to say, he or she has possessed the reproductive power due to maturity of sex gland and is, therefore, said to reach puberty. After this, with the gradual change of abundant kidney–essence into deficient, the production of Tian Gui gradually slows down till its utter consumption, and the reproductive power is also reduced accordingly till its complete loss due to gradual atrophy of the sex gland. Meanwhile, the person shifts from middle age to old age.

3.42 Water Metabolism Governed by the Kidneys

This important function of the kidneys is concerned with the regulation of conveyance, distribution and discharge of body flu-

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ids, and with maintenance of the balance of water metabolism within the body through the functioning of the kidney—*Qi*.

Metabolism of body fluids is achieved through ingestion of the stomach, transportation and transformation of the spleen, the dispersing and descending functions of the lungs, and steaming and ascending actions of the kidneys with tri—*Jiao* as the water passage through which body fluids are transported to all parts of the body. The metabolized body fluids are converted into sweat, urine and gas to be eliminated from the body. Steaming and ascending actions of the kidney—*Qi* govern metabolism of all body fluids, because the regulation of body fluids by the spleen, lungs and other viscera relies upon the steaming and ascending actions of the kidney—*Qi*. This is especially ture of the formation and excretion of urine, which bear direct relation to the steaming and ascending actions of the kidney—*Qi*, and the formation and excretion of urine, in turn, play a most important role in the maintenance of the balance of water metabolism.

3.43 The Kidneys Governing Reception of Air

This function implies that the kidneys can receive and absorb fresh air inhaled by the lungs and make it go down to the kidneys so as to prevent shallow breathing and guarantee normal exchange of gases between the body and its environment.

Though the respiratory function of the human body is dominated by the lungs, it must rely on the receiving action of the kidneys, which is actually an embodiment of storing function of the kidneys in respiratory movement, Therefore, the kidneys' function of receiving gas must be accomplished in order that the lungs' deep breathing may occur. For instance, if the kidneys

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function normally, breathing would be even, moderate and harmonious. Hypofunction of the kidneys, however, will give rise to a morbid condition marked by shallow breathing, liability to dyspnea on slight exertion, prolonged expiration and shortened inspiration. This morbid condition is called "Failure of the kidneys in receiving gas".

3.44 The Kidneys Responsible for Fear

Fear is a psychic reaction to something dread. It is similar to fright in implication, but fright, not known to oneself, arises all of a sudden; while fear, known to oneself, is also referred to as cowardice. Both fright and fear are attributed to the kidneys as their emotions. However, they are in general related to the heart, which controls all mental activities, and impairment of the heart–mind may bring about fear with timidness.

3.45 The Kidneys Dominating Bones with their Physiological States Reflected on Hairs

The bones depend for their nourishment on the marrow, which is produced from the kidney–essence, so the kidneys are said to be "in charge of the bones." The growth, development and repair of the skeleton requires the nourishment of the kidney–essence. As a result, abundance of the kidney–essence leads to the plenitude of the bone marrow, resulting in the sturdy–robust skeleton and agile–powerful motions of the limbs. On the contrary, deficiency of the kidney–essence brings about the depletion of the bone marrow, giving rise to dysostosis, infantile metopism and debility of bones. Owing to the progressive decline of the old people's kidney–*Qi* and hence inability of the bones to obtain

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adequate nourishment of the bone marrow, they must show osteoporosis, liability to fracture and difficulty in reduction after fracture as well.

Teeth as the remainder of the bone are nourished by the kidney–essence. When the kidney–essence is replete, the teeth would be solid and unlikely to shed. Besides, as the *Yang ming* Channels of both hand and foot reach the teeth, some morbid conditions of the teeth are also related to those of the stomach and intestines.

The growth of the hairs completely relies on the supply of the essence and blood. The kidneys store the essence, so their condition may be reflected on the hairs. Since blood has the function of nourishing the hairs, the latter are called "the remainder of blood." Generally speaking, premature senility, dry and withered hairs and premature greying or loss of hairs are all related to insufficiency of the kidney–essence or deficiency of blood.

3.46 Spittle Derived from Kidneys

Spittle is a thicker fluid in the mouth. It is transformed from the kidney–essence and then swallowed instead of being spit out. It has the function of moisturizing the kidney–essence. So a great deal of spitting or long–standing spitting easily impairs the kindey–essence. In addition, spittle also bears some relation to the spleen and stomach.

3.47 The Kidneys Having Their Openings in the Ears and Two *Yin*–Orifices

Hearing of the ear depends upon whether the kidney–essence is replete or not. For instance, repletion of the kidney–essence brings about plenitude of the marrow and fullness of the

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brain, and sharp and quick hearing follows as a result. Conversely, depletion of the kidney–essence results in hypoacusis or tinnitus, even deafness. This is why the kidneys are said "to open into the ears."

Two *Yin*–orifices refer to anterior *Yin*–orifice and posterior *Yin*–orifice, the former being an organ for micturition and reproducion, and the latter an excretory opening for defecation. The excretion of urine is related to the function of the urinary bladder, but depends on the functioning of the kidney–*Qi* for its accomplishment. Therefore, frequent micturition, enuresis, oliguria or anuresis are all related to dysfunction of the kidney–*Qi*. Defecation is concerned with the transportation of the large intestine, but with the functioning of the kidney–*Qi* as well For instance, deficiency of the kidney–*Yin* may lead to constipation due to dryness of the intestinal juice; insufficiency of the kidney–*Yang* brings about constipation or diarrhea due to disturbance in *Qi* transformation; and failure of the kidneys to store essence and control urination and defecation gives rise to protracted diarrhea or incontinence of faeces. So the kidneys are also said"to open into two *Yin*–orifices: urethra and anus."

3.48 The Gate of Life

The term "Gate of life" was first found in the chapter *Gen Jie Pian* (根结篇 On the Root and Knot of Channel) of 《*Lingshu*》(灵枢 Miraculous Pivot) . It pointed out:"The gate of life is the eye." However, 《*Nan Jing*》(难经·三十六难 《Classic on Medical Problems, Problem 36》) claimed that "There are two kidneys in a human body, the left one being the kidney proper and the right the gate of life. The gate of life is the

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house of essence and mind and also the lodgement of primordial *Qi*. It is thus the viscus where man's semen is stored or woman's uterus is linked up". Since then, this thesis had attracted considerable attention of physicians in later ages who advanced various opinions on the location and physiological functions of the gate of life. Now most scholars hold that fire from the gate of life is roughly equivalent to the kidney–*Yang* and water from it, to the kidney–*Yin*.

3.49 The Gallbladder

Attached to the liver and located in between the hepatic lobes, the gallbladder is the first of the six *Fu*–organs. It is exterior–interiorly related to the liver because of the interconnection between their channels.

The gallbladder is one of the extraordinary *Fu*–organs as well as of the six *Fu*–oragns, because like the *Fu*–organs, it excretes bile to help digest foodstuff, but unlike such ordinary *Fu*–organs as the stomach and the intestines, it doesn't receive and transport food and water. Instead, it stores "refined juice" (bile) . In this sense, it is described as belonging to the extraordinary *Fu*–organs.

3.50 The Gallbladder as a *Fu*–Organ for Containing Refined Juice

This denotes that the gallbladder stores a clear and pure fluid, or bile, which being bitter in taste and yellow–green in colour, derives from the essence–*Qi* of the liver, converges into the gallbladder, and is excreted to the small intestine to help digestion. This functional activity of the gallbladder is an impor-

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tant basis for normal functioning of the spleen and stomach in transporting–transforming foodstuff.

3.51 The Gallbladder Storing and Excreting Bile

The main function of the gallbladder is to store and excrete bile, whose production and excretion are controlled and regulated by the liver' s function in governing normal flow of *Qi*. Consequently, if the liver functions properly, the gallbladder will excrete bile regularly and freely, and the spleen and stomach will also conduct the transportation and transformztion functional activities normally. When depression of the liver–*Qi* leads to the obstruction of excretion of bile, there may appear distending pain in the hypochondriac region, poor appetite, abdominal distension. loose stool, etc. If the bile flows upward, there may appear bitter taste in the mouth and vomiting of yellow–green and bitter fluid. In case of an overflow of the bile. Jaundice may ensue as a result.

3.52 The Stomach

The stomach, located in middle–*Jiao*, also known as gastric cavity, is divided into three parts: upper middle and lower. The upper part of the gastic cavity refers mainly to the cardia, its middle part to the body of stomach, and its lower part to the pylorus. The main function of the stomach is to receive and decompose foodstuff and the functional feature of the stomach–*Qi* is descending. The stomach is exterior–interiorly related to the spleen due to interconnection between their channels.

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3.53 The Stomach Performing the Function of Receiveing and Decomposing Foodstuff

The food mass coming from the mouth through the esophagus enters the stomach via the cardia. and is received and contained by the stomach. Under the actions of the stomach–*Qi* and stomach–fluid the food mass in the stomach is preliminarily digested into the chyme and then is carried into the small intestine to be further digested. This is how the stomach functions to receive and decompose foodstuff. This function of the stomach is of great importance in maintaining the body's life activities and enhancing its resistance against disease. This is because of the fact that foodstuff is the source for the production of *Qi* –blood which is the material basis for vital functions of the *Zang–Fu* organs. As mentioned in the chapter *Ping Ren Qi Xiang Lun* (平人气象论 On Pulses of Healthy People) of 《*Suwen*》, "Man depends for survival on food and water, without which man cannot live long."

3.54 The Stomach as the Reservoir of Foodstuff

Food passes from the mouth through the esophagus into the stomach, i.e., the stomach receives and contains all kinds of foodstuff. It is, therefore, also known as "big barn" or "reservoir of foodstuff". As the *Qi* –blood of the human body originates from the food and drink, the stomach is also called "the reservoir of *Qi*–blood from foodstuff". As already stated in the chapter *Yu Ban* (玉版 Plate) of 《*Ling shu*》, "The vital *Qi* existing within the human body comes from the food which is reserved and transformed in the stomach, so the stomach is regarded as the

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reservoir of *Qi*–blood from foodstuff."

3.55 Descending Function of the Stomach

The decomposed food mass in the stomach must move down to the small intestine to be further digested and absorbed. In this sense, sending foodstuff downward is a normal functional activity of the stomach. According to the viscera–phase doctrine, the descending function of the stomach, along with the ascending function of the spleen, is used to denote the functions of the whole digestive system of the body. In fact, the descending function of the stomach includes the activity of the small intestine to transfer the residues of food to the large intestine and that of the large intestine to turn the wastes into feces to be excreted out of the body. The regular descending action of the stomach is the prerequisite for its functioning to recieve foodstuff. So failure of descending of the stomach–*Qi* may cause the adverse rising of the stomach–*Qi*, marked by belching with acid regurgitation, nausea, vomiting, hiccup, etc.

3.56 The Stomach–*Qi*

The term "stomach–*Qi*" usually has two senses: narrow and broad. In a narrow sense, it refers only to the physiological functions of the stomach, particularly those of receiving and decomposing foodstuff. In a broad sense, however, it signifies the common physiological functions of both the spleen and stomach in receiving, digesting, transporting and transforming foodstuff. Since the spleen and stomach are the source for the production of *Qi*–blood, the vicissitudes of *Qi*–blood of the body can be reflected in the pulse condition. Therefore, the moderate and

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smooth pulse is referred to as "pulse with the stomach–*Qi*". The stomach–*Qi* is of great importance in the human body. Clinically, doctors attach much importance to it and usually regard "preserving the stomach–*Qi*" as an important principle of treatment.

3.57 The Small Intestine

The small intestine is a much longer tube–like organ in the abdomen, with its upper outlet connected by the pylorus with the lower outlet of the stomach and its lower outlet communicating with the upper outlet of the large intestine through the ileocecum. The main physiological functions of the small intestine are to temporarily store and further digest the preliminarily digested food, and to separate the useful substances from the waste ones. The small intestine has the exterior–interior relation with the heart because of the interconnection between their channels.

3.58 The Small Intestine Storing and Digesting Food

The function of the small intestine in storing has two basic implications. Firstly, it denotes that the small intestine receives the preliminarily digested food from the stomach. Secondly, it indicates that the food received in the small intestine temporarily remains there for a certain time in order to be further digested and absorbed. On the other hand, the function of the small intestine in digesting means that this organ further digests the foodstuff partially digested in the stomach and converts it into refined nutritious substances. Hence, a passage from chapter *Ling Lan Mi Dian Lun* (灵兰秘典论 Secret Classic in Emperor's Library) of 《*Suwen*》 says: "The small intestine is an organ for re-

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ceiving foodstuffs where they are further digested."

3.59 The Small Intestine Separating the Useful Substances from the Waste Ones

This chief function of the small intestine may be summarized in three aspects. Firstly, the small intestine separates the digested foodstuff into two parts, the refined nutritious substances and the residues of the food. Secondly, it absorbs the refined nutritious substances and transfers downward the residues of the food to the large intestine. Thirdly, it also absorbs a considerable amount of fluid while absorbing the refined nutritious substances.

As a result of its ability to absorb fluid, the small intestine functions properly in separating the refined nutritious substances from the waste ones, thereby promoting regular urination and defecation. However, if the small intestine does not function well in this respect, loose stool and oliguria may result. This is known as "Small intestine diarrhea", which is often treated by diuresis to dry the feces. As this function of the small intestine is quite important in the process of forming the refined nutritious substances from food, it also furnishes an essential basis for the functioning of the spleen in sending up essential substances. For this reason, dysfunction of the small intestine may cause diarrhea resulting from "sinking of clear *Qi*."

3.60 The Large Intestine

The large intestine is situated in the abdomen, with its upper end connected with the small intestine by the ileocecum and its lowest end being the anus. The main function of the large intestine is to convey and transform waste products. It is

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exterior–interiorly related with the lungs due to the interconnection between their channels.

3.61 The Large Intestine Conveying and Transforming Waste Products

The large intestine receives food residues sent down from the small intestine and, in the process of conveying them, absorbs a part of the surplus fluid and then turns them into feces to be eliminated from the body by the anus. Thus, it is stated in the chapter *Ling Lan Mi Dian Lun* (灵兰秘典论 Secret Classic in Emperor's Library) of the book 《*Suwen*》 says: "The large intestine is an organ for conveyance accompanied by formation of feces."

3.62 The Urinary Bladder

The urinary bladder situated in the center of the lower abdomen is an organ for storage of urine. Its main function is to store and discharge urine. It communicates directly with the kidneys, to which it is exterior–interiorly related due to the interconnection between their channels.

3.63 The Urinary Bladder Storing and Discharging Urine

The main function of the urinary bladder in storing and discharging urine is accomplished through the functioning of the kidney–*Qi*. Urine is formed from body fluids through the action of the kidney–*Qi* and then sent down to the urinary bladder, where it is retained to a certain amount, and automatically discharged from the body in time. The disordor of the urinary bladder usually manifests itself by frequency and urgency of

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a passageway for ascending–descending and entering–exiting of *Qi*, which is actually distributed to five *Zang* and six *Fu*–organs and further to all parts of the body through Tri–*Jiao*.

3.66 Tri–*Jiao* as a Pathway for Circulation of Fluid

The chapter *Ling Lan Mi Dian* says: "Tri–*Jiao* is an organ in charge of water circulation where body fluids flow smoothly." It is thus clear that Tri–*Jiao* performs the function of dredging water passages, thereby serving as the pathway for lifting–lowering and entering–exiting of body fluids. Water metabolism is accomplished through the coordination of many viscera such as the lungs, spleen, stomach, intestines, kidneys and urinary bladder, with Tri–*Jiao* as its passageway so that body fluids can ascend–descend and enter–exit normally. If the water passages namely, Tri–*Jiao*, are blocked, the distributive and regulative functions of the lungs, spleen, kidneys and others are hard to fulfil.

3.67 The Upper–*Jiao*

The upper–*Jiao* refers mainly to the thorax above the diaphragm, including the heart, lungs and head as well. The upper limbs are sometimes also grouped into the upper–*Jiao*. Its physiological function is to distribute the vital essence throughout the body. As pointed out in the chapter *Ying Wei Sheng Hui* (营卫生会 Production and Convergence of Nutritive *Qi* and Defensive *Qi*) of 《*Lingshu*》:"The upper–*Jiao* resembles a sprayer". That is to say, the upper–*Jiao* is responsible for upward dispersion and outward spread of the nutrients, and its functional state is com-

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pared to the natural fog–dew which permeates throughout the earth to nourish all things.

3.68 The Middle–*Jiao*

The middle–*Jiao* refers usually to the epigastrium below the diaphragm and above the umbilicus, including such viscera as the spleen, stomach, liver and gallbladder. Its physiological functions are to digest foodstuff and to transport and transform the nutrients, just as the old saying goes: "The middle–*Jiao* resembles a fermentation tun", which "separates the useful substances from the waste ones and steams the essentials of food and water". Here the functions of the spleen and stomach in decomposing, transporting and transforming foodstuff are compared to a fermentative process.

3.69 The Lower–*Jiao*

The lower–*Jiao* refers generally to the lower portion of the body cavity below the stomach, consisting of the small intestine, large intestine, kidneys, urinary bladder, etc. Its physiological function is to excrete food residues and urine. By "the lower–*Jiao* resembling water passages" is meant that its excretory function is similar to the drainage system in a city.

3.70 The Brain

The brain located in the cranium is composed of the converging marrow. The doctrine of visceral phase, attributing the physiological functions and pathological changes of the brain to the heart and respectively to the five *Zang*–organs, holds that "Like a king, the heart governs all the vital functions of the whole

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body, including mental activities", and "as the dominator of the five *Zang*—organs and six *Fu*—organs, it houses the mind". In the meantime, the spirit, consciousness and thinking of the human body are connected with the five *Zang*—organs. For instance, the heart houses spirit and is in charge of joy, the liver houses mood and is in charge of anger; the spleen houses idea and is in charge of anxiety; the lungs house soul and are in charge of sorrow; and the kidneys house will and are in charge of fear. A passage from chapter *Da Huo* (大惑 Great Puzzle) of 《*Ling shu*》 says: "The vital essence of the five *Zang*—organs and six *Fu*—organs all flows up into the eyes and provides the material basis for visual function", and the ocular connectors "communicate with the brain". It is also said in the chapter *Kou Wen* (口问 Oral Instruction) of the same book that "Insufficiency of vital essence of the head leads to the empty feeling in the brain, tinnitus, hung head with debility and vertigo". Thus, the morbid conditions of vision, hearing and mental state are related to the brain. During the Ming Dynasty the medical specialist Li Shizhen explicitly related the brain with mental activities, claiming that "The brain is the house of mental activities". Wang Ang of the Qing Dynasty said: "The faculty of memory of the human body is derived from the brain". Afterward, Wang Qingren of the Qing Dynasty attributed the functions of memory, vision, hearing, smell, speech, etc to the brain on the basis of the predecessors' cognition.

3.71 The Marrow

The marrow is classified into bone marrow, spinal cord and the brain, all of which are manufactured by the kidney—essence. The spinal cord upward connects with the brain which is formed

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by the convergence of marrow. Therefore, the brain is called "the reservoir of marrow". In case of exuberance of the kidney–essence the "reservoir of marrow" is replenished, the brain is well developed, and the head can fully fulfil its function as "house of intelligence." Conversely, in case of deficiency of the kidney–essence the "reservoir of marrow" fails to be nourished, hence resulting in a series of pathological changes. A passage from the chapter *Ling Lan Mi Dian* says:"The kidneys are responsible for staunchness of the body and intelligence of a person". In fact, this is the concrete manifestation of the function of the kindeys in dominating the bones and producing the marrow.

3.72 The Uterus

The uterus, or womb, situated in the lower abdomen posterior to the urinary bladder in women, is a reversed pear–shaped organ for occurrence of menstruation and breeding of the fetus. The occurrence of menstruation and the pregrancy of the fetus are both complex physiological courses in which "*Tiangui*" (天癸 the kidney–*Yin*) plays the most important role. *Chong* channel and *Ren* channel both originate from the uterus. In addition, the heart governs blood circulation, the liver stores blood and the spleen keeps the blood flowing within the vessels, serving as the source of *Qi*–blood. All of them are closely related to the uterus in physiological functions and pathological changes.

3.73 The *Tiangui*

The *Tiangui* is a kind of refined nutritious substances transformed from the kidney–essence and performs the function of promoting and maintaining the growth, development and repro-

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duction of the body.

3.74 The Interior–Exterior Relationship between the Heart and the Small Intestine

The channels of the heart and the small intestine are interrelated to each other, so "The heart and the small intestine are said to be interior–exteriorly related". Pathologically, in case of excessive fire in the heart. the heat may be transferred to the small intestine, resulting in oliguria, burning sensation during urination, pain in micturition, etc. Conversely, the pathogenic heat of the small intestine may bring about flaring–up of the heart–fire along its own channel, manifested by dysphoria, crimson tongue, oral ulceration and so on.

3.75 The Interior–Exterior Relationship between the Lungs and the Large Intestine

The channels of the lungs and the large intestine are interrelated to each other. Therefore, "The lungs and the large intestine are said to be interior–exteriorly related". The purifying and descending functions of the lung–*Qi* help the large intestine to perform its transporting function, and proper functioning of the large intestine, in turn, aids the lung–*Qi* in fulfilling its purifying and descending functions. Pathologically, the lungs and the large intestine can affect each other. For example, the impairment of purifying and descending functions of the lungs may give rise to difficulty in defecation and, conversely, the stagnation of large intestine–*Qi* can impede the purifying and descending functions of the lung–*Qi*.

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3.76 The Interior–Exterior Relationship between the Spleen and the Stomach

As the channels of the spleen and the stomach are interrelated to each other, "the spleen and the stomach are said to be interior–exteriorly related". The stomach dominates the reception of food, while the spleen governs its transportation and transformation. The relationship between them may be summarized as follows: "The spleen transports the nutrients for the stomach", both organs jointly accomplishing the digestion of food and absorption and distribution of food essence which nourishes the entire body. Therefore,the spleen and the stomach together "provide a material basis for the acquired constitution". The spleen–*Qi* tends to elevate while the stomach–*Qi* to lower. It is suitable for the spleen to send up but for the stomach to send down. The spleen corresponds to dampness, while the stomach to dryness. Thus, the spleen is fit to be dried but intolerant of dampness, whereas the stomach is fit to be moistened but intolerant of dryness. Pathologically, hypofunction of the spleen due to dampness leads to failure to vigorously transport and elevate, thus impairing the functions of the stomach in receiving and lowering, and there may appear poor appetite, nausea, epigastric distension, etc. On the contrary, the retention of food in the stomach due to intemperance of food intake brings about dysfunction of the stomach–*Qi* in descending and that of the spleen in elevating and transporting, and such symptoms as abdominal distension, diarrhea and others are likly to occur.

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3.77 The Interior–Exterior Relationship between the Liver and the Gallbladder

The channels of the liver and the gallbladder are interrelated to each other, so these two organs are said to be interior–exteriorly related". The bile in the gallbladder is formed by the surplus of the liver–essence. Furthermore, the storage and excretion of bile is closely concerned with the function of the liver in controlling normal flow of *Qi*. If this function of the liver is abnormal, the secretion and excretion of bile would be harmfully affected. Conversely, obstructed excretion of bile may also impair the function of the liver in controlling normal flow of *Qi*.Besides, the liver and the gallbladder are also closely involved in mental activity, because the liver is in charge of deliberation and the galbladder, in charge of judgement. The matter after deep deliberation needs to be judged and the judgement to be formed, in turn, must be based on the deliberation.

3.78 The Interior–Exterior Relationship between the Kidneys and the Urinary Bladder

Owing to the interrelation between the kidneys and the urinary bladder through channels, both are said to be "interior–exteriorly related". The functions of the urinary bladder in storing and excreting urine depend on the functioning of the kidney–*Qi*. In case of sufficiency of the kidney–*Qi*, the kidneys fulfil their reserving function normally and the urinary bladder functions to open and close at the right moment. However, in case of insufficiency of the kidney–*Qi*, disturbance in *Qi* transformation will occur, followed by failure of the kindeys to fulfil

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their reserving function and by abnormal opening–closing of the urinary bladder, marked by oliguria or incontinence of urine, or enuresis, frequent urination, etc.

3.79 Relationship between the Heart and the Lungs

Since the heart governs blood and blood circulation while the lungs dominate *Qi* and respiration. The link between these two *Zang*–organs embodies the interdependence and interaction between *Qi* and blood. This relationship between the heart and the lungs is brought about through the functional activities of pectoral *Qi* in linking up the heart and the lungs and in promoting breathing. Thus, the coordination and balance between blood circulation and respiration can be enhanced. In addition, convergence of vessels in the lungs can aid the heart in maintaining blood circulation. Therefore their relationship can be briefly summarized in the following quotation:" *Qi* being the commander of blood".

As to pathological interaffection, dysfunction of the lungs may lead to abnormal flow or retardation of blood, manifested as oppressive sensation in chest, changes in rate or rhythm of the heart, or even bluish purple lips, as well as purplish tongue due to blood stasis. On the other hand, insufficiency of the heart–*Qi* and weakness of the heart–*Yang* may bring about not only irregular flow of blood due to blockage of the heart–vessels, but also impairment of function of the lungs in dominating *Qi* and respiration, resulting in a morbid condition marked by cough, rapid breathing, etc.

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3.80 Relationship between the Heart and the Spleen

The heart governs blood, and the spleen keeps blood flowing within the vessels and provides *Qi*–blood as the source of growth and development. Therefore, the relation between the heart and the spleen can be manifested chiefly in two aspects: formation of blood and its circulation. In the first aspect, normal function of the spleen in transport makes the growth exuberant and blood replete, hence furnishing adequate blood supply for the heart. In the second aspect, vigorous spleen–*Qi* guarantees normal function of the spleen in controlling blood flow within the vessels instead of escaping from them.

Pathologically, the heart and the spleen often influence each other. For instance, excessive thinking gives rise both to internal consumption of the heart–blood and to impairment of function of the spleen in transport. Insufficiency of the spleen–*Qi* causes hypofunction of the spleen in growth and development, and thus leads to deficiency of blood which must further weaken the function of the heart in governing blood, and the failure of the spleen to keep the blood flowing within the vessels will bring about the improper flow of blood as well as deficiency of the heart–blood. All the above pathological changes result in a morbid condition known as "deficiency of *Qi* and blood in the heart and spleen", marked by palpitation, Insomnia, dreaminess, anorexia, lassitude, sallow complexion, etc.

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3.81 Relationship between the Heart and the Liver

As the heart governs blood and the liver stores it, their relationship may be viewed from two aspects: (1) blood circulation and (2) mental activities. Firstly, only when normal functioning of the heart brings about normal blood circulation, can the liver store what it should store. Meanwhile, only when the liver functions properly in controlling normal flow of *Qi*, accompanied by regular functioning of *Qi*, can the blood flow smoothly. Secondly, the heart controls mental activities and the liver adjusts emotional activities. Therefore, spirit, consciousness, thinking and emotions are controlled by the heart, but they are closely related to the liver's dredging function.

Pathologically, inability of the liver to store blood leads to failure of the heart to govern blood, thus resulting in irregular flow of blood. If the extreme emotions produce the pathogenic fire, or further damage *Yin*, there may appear such morbid conditions as "excessive fire of both the heart and liver" and "deficiency of both the heart–*Yin* and the liver–*Yin*".

3.82 Relationship between the Heart and the Kidneys

The heart corresponding to fire is situated in the upper part of the body, while the kidneys corresponding to water in the lower. Therefore, the relation between them is one of "coordination and mutual assistance between fire and water". The heart–fire needs to go down to the kidneys while the kidney–water needs to go up to the heart. Only in so doing can their functional activities

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be maintained in a harmonious state. This is what is known as "coordination between the heart and the kidneys", or "mutual assistance of fire and water". The discordance between water and fire may bring about a morbid condition named "breakdown of the balance between the heart and the kidneys", marked by insomnia, palpitation, dysphoria, lassitude in the loins and legs, or nocturnal emission in men, coition during dream in women, and so on. Furthermore in the course of disease there can be the pathological inter-affection of the heart and kidneys due to the close relation between their *Yin* and *Yang*. For example, the water overflow due to insufficiency of the kidney-*Yang* can spread upward to the heart, manifested by edema, palpitation with fright, etc. This is what is called "impairment of the heart by retained fluid". On the other hand, deficiency of the heart-*Yin* can also involve the kidney-*Yin* below, thereby resulting in excessive fire due to *Yin* deficiency.

3.83 Relationship between the Lungs and the Spleen

The relationship between the lungs and the spleen is chiefly manifested in two aspects (1) formation of the essence-*Qi*, (2) and metabolism of body fluids. In the former case, owing to respiratory function of the lungs and transporting-transforming function of the spleen, fresh air inhaled in the lungs and food essence derived from the spleen and stomach provide the main material basis for the formation of vital *Qi* of the body. Therefore, their functional conditions are concerned with the vicissitudes of vital *Qi*. In the latter case, the functions of the lungs in dispersing, descending and maintaining unobstructed water

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passages are beneficial to the transporting–transforming function of the spleen, while the physiological activities of the spleen in transporting nutrients and fluids to the lungs not only are the prerequisite for the lungs' function in clearing and regulating water passages, but also provide the lungs with necessary nutrients.

As for pathological connections, insufficiency of the spleen–*Qi* usually brings about insufficiency of the lung–*Qi*; dysfunction of the spleen in transport leads to disorder of water metabolism and stagnancy of fluids, accumulated into phlegm and fluid–retention which mostly impair the dispersing and descending functions of the lungs, resulting in a morbid condition marked by dyspnea and cough with copious sputum. As the saying goes: "The spleen serves as the source of sputum and the lungs as its container". The protracted lung–disease can also affect the spleen–*Qi*, accompanied by abdominal distension, poor appetite, loose stool and so on.

3.84 Relationship between the Lungs and the Liver

The relationship between the lungs and the liver is mainly reflected in the regulation of functional activities of *Qi*. Since the lungs tend downwards and the liver tends upwards, both of which are an important link in the regulation of functional activities of *Qi*. For instance, excessive ascent of the liver or deficient descent of the lungs may lead mostly to cough with dyspnea, or even hemoptysis, a syndrome known as "the lungs attacked by excessive liver–fire". On the other hand, impairment of the lungs' purifying and descending function together with overabundance of

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inner dryness–heat may also affect the liver, resulting in stagnation of the liver–*Qi*, manifested as cramping pain and distension in the chest and hypochondrium, dizziness, headache, flushed face, with congested eyes, etc, at the time of cough.

3.85 Relationship between the Lungs and the Kidneys

The relationship between the lungs and the kidneys may be viewed mainly from two aspects: water metabolism and respiratory activities. In regard to water metabolism the lungs, as "the upper source of fluid" rely upon the kidney–*Qi* for support (especially its steaming activity) . Conversely, the kidneys which dominate metabolism of body fluids also require support from the lungs (especially their function in descending *Qi* and clearing water passages) . As for respiratory activities, since the lungs govern the exchange of gases and the kindeys the reception of air, sufficiency of the kidney–*Qi* helps the inhaled air sent down from the lungs to be received in the kidneys, as the saying goes "The lungs are the dominator of *Qi* and the kidneys its root".

As to pathological changes, impairment of the dispersing and descending function of the lungs and their failure to clear and regulate water passages must affect the kindeys, thus giving rise to oliguria and even edema; while disturbance in functioning of the kidney–*Qi* with the retained fluid overflowing upward results in dyspnea, or gasping cough with inability to lie flat. Either insufficiency of the kindey–essence or deficiency of the lungs with kidneys involved can bring about failure of the kidneys to receive air, marked by dyspnea on slight exertion, and so on. In addition, the lungs correspond to metal and the kidneys to water. Thus,

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there exists the relation of "mutual promotion between the lungs (metal) and the kidneys (water)". That is to say, the lung–*Yin* can replenish the kidney–*Yin* downward, which, in turn, can nourish the lung–*Yin* upward. Pathologically, deficiency of *Yin* fluid of the lungs and that of the kidneys can frequently occur simultaneously, thereby giving rise to flushing of zygomatic regions, hectic fever like coming out from the bones, night sweat, dry cough with hoarseness, lassitude in the loins and legs, etc.

3.86 Relationship between the Liver and the Spleen

The liver stores blood and governs normal flow of *Qi*, while the spleen controls blood flow and dominates transportation and transformation, serving as the source of generating *Qi*–blood. Therefore, their relation is chiefly one between the normal flow of *Qi* and the transporting–transforming function. That is to say, the transporting–transforming function of the spleen is dependent on the dredging function of the liver, whose normal functioning, in turn, aids the spleen in transport. For example, dysfunction of the liver in governing normal flow of *Qi* may affect the spleen, resulting in a morbid condition called "incoordination between the liver and the spleen". Conversely, dysfunction of the spleen in transport may bring about the retention of damp–heat in the interior and further interfere with the function of the liver to maintain the unrestrained flow of *Qi* and with the excretion of bile, giving rise to jaundice. Moreover, there is a close relation between the liver and spleen as far as formation, storage and circulation of blood are concerned. For instance, when the spleen functions well in transport, and the blood in

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abundance doesn't extravasate, the liver has enough blood to store, otherwise deficiency of the liver–blood is likely to occur.

3.87 Relationship between the Liver and the Kidneys

Since the liver stores blood and the kidneys store essence. and the blood and essence promote each other and transform themselves into each other, the liver and the kidneys form a close relationship with each other because of the fact that they come from the same source. As the saying goes;"*Yi* (the liver) and *Gui* (the kidneys) being from the same source"or "Essence and blood have a common source". Pathologically, they can affect each other, thus resulting in deficiency of both essence and blood.

The liver governs normal flow of *Qi* and the kidneys, storage of essence, so both restrain and oppose each other and yet complement each other, all mainly manifested by such physiological functions as menstruation and seminal emission. For this reason, disorder of either may give rise to irregular menstruation in females and seminal emission or priapism without ejaculation in males.

There is also a mutual restraining and coordinating relation between *Yin–Yang* of both the liver and the kidneys. Deficiency or excess of one will lead to excess or deficiency of another. For instance, deficiency of the kidney–*Yin* may bring about hyperactivity of the liver–*Yang*, resulting in a morbid condition called "water failing to nourish wood"; while overabundance of the liver–fire may consume the kidney–*Yin*, giving rise to deficiency of the kidney–*Yin*. Besides, both of them house the ministerial fire, hyperactivity of which requires appropriate treatment

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for both organs.

3.88 Relationship between the Spleen and the Kidneys

As the source of acquired constitution, the spleen governs the transportation and transformation; while the kidneys, as the origin of congenital constitution, are thought of as the root of *Yin–Yang* of the body. Therefore, the relation between the spleen and the kidneys can be considered chiefly in two aspects: one being innate and postnatal link, another the connection of the transporting–transforming function of the spleen and the warming–invigorating action of the kidney–*Yang*.

Physiologically, the spleen as the source of growth and development provides the material basis for the acquired constitution, while the kidneys as the origin of congenital constitution store vital essence and energy. Consequently, production of *Qi*–blood by the spleen depends on the warming–invigorating action of the kidneys. On the other hand, the essence stored in the kidneys relies also on the replenishment of *Qi*–blood transformed from foodstuff. That is to say, the acquired nutrients take the congenital essence–*Qi* as their dominator, and the innate essence–*Qi* takes the postnatal nutrients as its supplier. The function of the spleen in transportation–transformation can't be accomplished without the warming–invigorating action of the kidney–yang. In addition, aided by other *Zang–Fu* organs, the spleen and the kidneys coordinate their respective functions (in conveying fluid and dominating water) so as to maintain the balance in metabolism of body fluids.

Pathologically, the spleen and the kidneys or acquired es-

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sence and congenital essence influence each other, and act on each other as cause or effect alternately. For example, congenital defect and weakness of the warming–invigorating action of the kidneys may impair the function of the spleen in generating *Qi*–blood, whereas lack of proper care after birth and deficiency of *Qi*–blood produced by the spleen may lead to deficiency of the kidney–essence caused by failure of the kidneys to store the essence from other *Zang–Fu*–oragns. In respect to transportation and transformation of food essence and water metabolism, failure of the kidney–*Yang* to warm and invigorate the spleen–*Yang*, or protracted insufficiency of the spleen–*Yang* with the root of *Yang–Qi* involved, may lead to insufficiency of *Yang* of both the spleen and the kidneys.

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4 *Qi*, Blood and Body Fluid

4.1 *Qi*

TCM holds that the term *Qi* refers to the essential substance which constitute the human body and maitain its life activities. Because *Qi* has the properties of powerful vigour and constant movement and prossesses the quite important physiological functions for the human body, TCM often explains the life activities of the human body with the movement and change of *Qi* .

The physiological functions of *Qi* include impulsing, warming, defending, communicating and regulating, etc. For this reason, Zhang Jingyue said: "The life of a human being relies totally upon *Qi* ".

4.2 Formation of *Qi*

The *Qi* in the human body derives from the integration of three kinds of *Qi* , that is, the congenital *Qi* inherited from the parents, *Qi* from essence of foodstuff and fresh air inhaled from the external atmosphere, through the comprehensive action of the lungs, spleen, stomach, kidneys and other *Zang–Fu* organs. As regards the source or formation of *Qi* , it is closely related to the physiological functions of the kidneys, spleen, stomach and lungs in addition to innate andowment, acquired diet nutrition, and natural environment. Among them the transporting–transforming function of the spleen and stomach is particularly impor-

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tant, for man after birth must depend on the spleen and stomach for absorption of nourishment from foodstuff so as to maintain life activities; meanwhile, the congenital essence—*Qi* also relies on essential substances from foodstuff for replenishment.

4.3 Impulsing Function of *Qi*

Qi, as a vigorous essential substance, plays a promoting and activating role in the growth and development of the body, the physiological activities of various *Zang–Fu* orangs, channels and collaterals, the production and circulation of blood, the formation, distribution and excretion of body fluids, etc.

4.4 Warming Function of *Qi*

《*Nan Jing*》(难经·二十二难 Classic on Medical Problems, Problem 22) says: "*Qi* is responsible for warming the body." That is to say, it is the source of body heat. Only through the warming action of *Qi* can the body's temperature be kept constant, can all *Zang–Fu* organs, channels and collaterals and other structures perform their respective physiological functions, and can such liquid substances as blood and body fluids carry on regular circulation. As the saying goes: "blood flows in warm circumstances but coagulates in cold".

4.5 Defending Function of *Qi*

The defense mechanism of the body against disease is very complicated and involves the coordinated action of *Qi*, blood, body fluids and *Zang–Fu* organs, channels, collalerals and other structures. However, *Qi* plays a role of considerable importance here. The defensive function of *Qi* is reflected mainly in pro-

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tecting the body surface against external pathogens.

4.6 Controlling Function of *Qi*

This function refers chiefly to the action of *Qi* in reserving liquid substances, such as blood and body fluids. i, e.,keeping the blood flowing within the vessels so as to prevent its extravasation, controlling the amount of the secretion and excretion of sweat, urine, saliva, stomach–fluid, intestine–fluid, semen, etc, to prevent their wasteful consumption.

4.7 Transforming Function of *Qi*

Transformaing function implies various forms of conversions due to the movement of *Qi* . namely, respective metabolism of the essence, *Qi* , blood or body fluids and their mutual transformations. For instance, the essence derived from the food and drink is transformed into *Qi* , blood and body fluids, the body fluids after being metabolized are converted into sweat and urine, and the residues of food after digestion and absorption are turned into feces, etc. All these processes are concrete manifestations of the transforming action of *Qi* .

4.8 Primordial *Qi*

The Primordial *Qi* is also called "original *Qi* ". It is the primary motive force for life activities of the human body and also the most essential substance for maintaining vital functions. The primordial *Qi* possesses the functions of promoting growth and development of the body, warming and activating all *Zang–Fu* organs, channels and collaterals and other structures. It is formed by the kidney–essence but depends on food essence transported

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by the spleen and stomach for nourishment and replenishment, It flows throughout the body via Tri–*Jiao*, as is stated in 《Classic on Medical Problems • problem 66》: "Tri–*Jiao* is the passage–way for the primordial *Qi*".

4.9 Pectoral *Qi*

The pectoral *Qi* is composed of fresh air the lungs inhale from nature and the refined essence of food conveyed by the spleen. It forms by the combination of both of them in the thorax.

The pectoral *Qi* performs two main functions: (1)It acts on the respiratory tract to complete breathing process and its vicissitudes bear relation to the strength of speech, voice and respiration. (2) It runs through the vessels into the heart so as to keep *Qi* –blood circulating. Therefore, the flow of *Qi* –blood, the temperature and motility of the trunk and limbs, the perceptibility of visual and aural sensations, the strength and rhythm of the heart beat and so on, are all related to the vicissitudes of the pectoral *Qi*.Since it accumulates in the thorax(also called *Tan Zhong*). the position of *Xuli* (corresponding to the location where cardiac apex beats)is usually used to detect the vicissitudes of the pectoral *Qi* .

4.10 *Qi* of the Middle–*Jiao*

Qi of the middle–*Jiao* refers to the functions of the spleen and stomach. As the spleen is in charge of sending up and the stomach of sending down, both of them are the centre of ascending–descending and exiting–entering movements of *Qi* of the body. The ascending function of the spleen enables some internal organs of the body to keep themselves at their respective posi-

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tions. Thus, sinking of *Qi* of the middle–*Jiao* may result in lassitude, loose stools, or protracted diarrhea with prolapse of rectum, even prolapse of internal organs.

4.11 Nutritive *Qi* (*Ying–Qi*)

It is a vital essence circulating with the blood in channels. The nutritive *Qi*, as its name implies, is highly rich in nourishment and is mainly formed by the pure and pliable parts of the food essence transported by the spleen and stomach. It is distributed in the vessels as the component parts of blood. It has two physiological functions: (1) It nourishes the whole body, and (2) It is transformed into blood. In other words, the finest parts of essential substances from the foodstuff constitute the major components of the nourishing *Qi* which are nutrients necessary for the *Zang–Fu* oragns, channels and collaterals, etc, to carry on their physiological activities.

4.12 Defensive *Qi* (*Wei–Qi*)

The defensive *Qi*, characterized by swiftness and toughness, is also transformed from the essential substances of foods, but flows outside the vessels. Its physiological functions may be considered in three aspects: (1) It protects the body surface against exogenous pathogens; (2) It warms and nourishes the *Zang–Fu* organs, muscles, skin with hairs, and so on; (3) It regulates and controls the opening–closing of pores for the discharge of sweat so as to maintain a relatively constant body temperature. The defensive *Qi* is so named because of its protective action. By comparison, the nutritive *Qi* belongs to *Yin* and the defensive *Qi* to *Yang*, so they are also termed "nutritive *Yin*(or *Ying–Yin*)" and

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"Defensive *Yang* (or *Wei–Yang*)" respectively.

4.13 Vital *Qi* (Genuine *Qi*)

It permeates all parts of the body and consists of the congenital *Qi* and the acquired *Qi*, The chapter *Ci Jie Zhen Xie Pian* (刺节真邪篇 Principles of Puncture and Relation Between Vital *Qi* and Pathogens)in 《*Lingshu*》 says: "The vital *Qi* inherited from the parents, reproductive essence combines with the essential substances from foodstuff to fill the entire body". As opposed to pathogens, the vital *Qi* is the healthy *Qi* of the body.

4.14 Functioning of *Qi*

The movements or functional activities of *Qi* are called "functioning of *Qi*". Though the movements forms of *Qi* are varied in form they can be summarized in four basic forms as follows: asending, descending, out–going and in–going.

4.15 Blood

The blood is a red liquid substance rich in nutrients, circulating in the vessels. It is one of the essential substances constituting the human body and maintaining the body's life activities, which possesses highly nourishing and moisturizing effects.

4.16 Formation of Blood

The nutritive *Qi* and body fluids are regarded as the principal material basis for blood formation. Since they both are derived from the food essence, the quality of the nutrients taken in and the functional state of the spleen and stomach directly influence the formation of blood. Moreover, the essence can also be

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transformed into blood.

4.17 Blood Serving Nutritive Function

Blood circulates ceaselessly through the vessels, by which it is carried to the *Zang–Fu* organs internally and to the skin, musles, tendons and bones externally, to exert fully nourishing and moisturizing effects on all the organs and tissues of the body, thereby maintaining its normal physiological activities. As is said in 《*Nan Jing*》(难经·22 难 Classic on Medical Problems, Problem22): "The blood is responsible for nourishing the body". This is a brief summary of the nourishing and moisturizing effects of the blood.

4.18 Blood As Material Basis for Mental Activities

To be full of vigour and to have perfect consciousness, keen perception and free movement, the human body depends on the blood for nourishment. For this reason, it is stated in the book 《*Suwen*》: "The blood is regarded as the material base of vitality of the human body and has to be nursed with caution."

4.19 Circulation of Blood

Normal circulation of the blood depends upon the coordination and balance between the propelling action and controlling action of *Qi*. In the course of blood criculation the heart beat gives an impetus to blood. The dispersing–descending action of the lungs and convergence of vessels in the lungs as well as the control of normal flow of *Qi* by the liver are important factors contributing to the circulation of blood. On the other hand, the

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function of the spleen in keeping blood flowing within the vessels and that of the liver in storing blood are also the important factors governing blood circulation. In addition, unobstructed flow of *Qi* through the vessels and the temperature of blood are closely related to the circulation of blood. As the blood flows within the vessels, they are known as "The house of blood". The circulation of blood in the channels starts from the lung channel of hand—*Taiyin* and ends at the liver channel of foot—*Jueyin*, thus forming a circuit or a circle-like movement without terminal point.

4.20 Body Fluid

The body fluid is a general term for all normal liquid components of the body, including the inner fluids existing in various organs and tissues and their normal secretions, such as the gastric juice, intestinal juice, saliva and tears, etc, Likd *Qi* and blood, the body fluid is also a kind of essential substance constituting the human body and contributing to the maintenance of its life activities.

4.21 Formation, Distribution and Excretion of Body Fluid

A passage from the chapter *Jing Mai Bie Lun* (经脉别论 Another Exposition of Channel) in 《*Suwen*》 says: "The nutritious part of the drink taken is absorbed in the stomach, then transported upward into the lungs by the spleen, afterwards dispersed to the whole body and partly sent down to the urinary bladder by the action of the lungs in regulating water metabolism, and in so doing the body fluid can be extensively spread out and

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flow in all channels". From the above it can be seen that the body fluid derived from food and drink is formed by the preliminarily digestive action of the stomach, that of the small intestine in separating the refined substances from the dross and that of the spleen in transport. The distribution and excretion of the body fluid are accomplished by the joint action of many *Zang–Fu* organs, chiefly the transportation of the spleen, dispersion and descent of the lungs, and warming–steaming and lifting clear–lowering turbid of the kidneys. The body fluid takes the Tri–*Jiao* as its passageway for distribution and excretion.

4.22 Functions of the Body Fluid

The body fluid performs two functions: moistening and nourishing. For instance, when distributed in the body surface, it moistens the muscles and skin with hairs, when permeating through the body orifices, it moistens and protects eyes, nose, mouth and other openings; when infiltrating into the vessels, it nourishes and smooths the vessels as the basic component of blood; when pouring into the internal organs, it nourishes and moistens them and when seeping into the joint cavities, marrow cavities and the skull, it lubricates the joints, nourishes and moistens the bone marrow, spinal cord and brain.

4.23 *Qi* As the Commander of Blood

As commander of blood, *Qi* performs three main functions: 1)the production of blood, 2)the propelling of blood, and 3)the control of blood circulation. By the production of blood is meant that the formation of blood relies on the functional activities of *Qi*. By the propelling of blood we mean that *Qi* is

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the motive force for blood flow. And lastly by the control of blood circulation is meant that the flow of blood within the vessels instead of extravasating depends mainly upon the dominant action of *Qi* .

4.24 Blood As the Mother of *Qi*

The blood serves as the carrier of *Qi* , supplying *Qi* with adequate nutrients. Since *Qi* is full of vigour and easy to flee, it must attach itself to both blood and body fluid. Thus blood is said to be "the mother of *Qi* ".

4.25 Body Fluid and Blood Derived from the Same Source

Both body fluid and blood are derived from food essence, hence they are said to have "a common source". Under pathological conditions, blood and body fluid usually influence each other. Therefore, for patients with excessive bleeding the practice of diaphoresis is not indicated. On the other hand, for patients with deficient body fluid due to profuse sweating the treatment by removing blood stasis with drastic drugs is not indicated, either. As is said in the chapter *Ying Wei Sheng Hui* (营卫生会 Production and Convergence of nutritive *Qi* and Defensive *Qi*)of 《*Lingshu*》 : "Diaphoresis is contraindicated in the case of consumption of blood, and consumption of blood is contraindicated in the case of excessive sweating ".

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5 Meridian

5.1 Meridian Doctrine

The doctrine of meridian, or the theory of channels and collaterals, deals with the physiological functions, pathological changes of the system of the channels and collaterals and their relationship with the *Zang–Fu* organs. It is one of important components of the theoretical system of TCM.

5.2 Channels and Collaterals

Literally, the character"经"(channel), means the route and "络"(collateral), the network. The channel is the cardinal conduit of the meridian system and the collateral its branch. The "meridian"is a general term for both the channel and collateral. The meridian system acts as specific passageways for the circulation of *Qi* and blood throughout the body, the interconnection between visceral organs and extremities, and the communication of the upper with the lower and of the interior with the exterior. The channels take a definite route, but the collatrals are widely distributed throughout the body like an interlacing network which combines all such structures of the body as the *Zang–Fu* organs, body orifices, skin, muscles, tendons and bones, into an integral whole.

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5.3 Meridian System

The meridian system consists of the channels, collaterals and their connective tissues. This system links the *Zang–Fu* organs internally and joins the tendons, muscles and skin externally.

The channels may be classified into two categories: regular channels and extra channels. There are twelve regular channels, i. e. , the three *Yang* channels of both hand and foot as well as the three *Yin* channels of both hand and foot, known collectively as "twelve regular channels" which are the main passages for the circulation of *Qi* and blood. There are eight extra channels, i. e. , *Du* channel, *Ren* channel, *Chong* channel, *Dai* channel, *Yingjiao* channel, *Yangjiao* channel, *Yinwei* channel and *Yangwei* channel, known under the general name of "eight extra channels" which perform the functions of governing, connecting and regulating the twelve regular channels. Moreover, the branches of the twelve regular channels can strengthen the links between every two exterior–interiorly related regular channels and complement the inadequate aspects of the regular channels due to the capability of these branches to reach all the organs and bodily areas that the regular channels can't reach.

The collaterals which are the minor branches of the channels are classified into three groups: major, superficial, and minute. The major collateral is the larger and main collateral of each channel. Each of the twelve regular channels as well as the *Du* and *Ren* channels possesses a major collateral, plus an extra large splenic collateral. They are known collectively as the "Fifteen major collaterals". They can strengthen the relation between every

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two exterior-interiorly related channels on the body surface. The superficial collaterals are those which are located superficially and often emerge on the skin. And the minute collaterals refer to all the tiny collaterals.

The connective tissues of the meridian system involve the channel-musculatures and skin areas. They are the muscular system and the body surface respectively which are distributed along the routes of the twelve regular channels.

5.4 Nomenclature of Twelve Regular Channels

All the names of the twelve regular channels are as follows:

The lung channels of hand-*Taiyin*

The pericardium channel of hand-*Jueyin*

The heart channel of hand-*Shaoyin*

The large intestine channel of hand-*Yangming*

The tri-*Jiao* channel of hand-*Shaoyang*

The small intestine channel of hand-*Taiyang*

The spleen channel of foot-*Taiyin*

The liver channel of foot-*Jueyin*

The kidney channel of foot-*Shaoyin*

The stomach channel of foot-*Yangming*

The gallbladder channel of foot-*Shaoyang*

The urinary bladder channel of foot-*Taiyang*

5.5 Trends and Connexions of Twelve Regnlar Channels

The orientational and connective law of the twelve regular channels is : the three *Yin* channels of hand travel from the chest to the hands, connecting with the three *Yang* channels of hand at

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the ends of the fingers; the three *Yang* channels of hand from the ends of the fingers to the head, connecting with the three *Yang* channels of foot at the ends of the head and face; the three *Yang* channels of foot from the head to the feet. connecting with the three *Yin* channels of foot at the ends of toes; and the three *Yin* channels of foot from feet to the abdomen, connecting with the three *Yin* channels of hand at the thoracic and abdominal cavities.

5.6 Distributive Law of Twelve Regular Channels

In the region of the upper and lower limbs, the three *Yin* channels run along the medial aspect and the three *Yang* channels along the lateral aspect. In general, *Taiyin* and *Yangming* channels are located in the anterior part (taking the radial surface as the anterior part of the upper limbs and the tibial surface as the anterior part of the lower limbs), *Shaoyin* and *Taiyang* in the posterior part, and *Jueyin* and *Shaoyang* on the middle line. In the region of the head alone, *Yangming* channels run on the face and forehead, *Taiyang* channels on the cheek, vertex and occiput, and *Shaoyang* channels on the temporal. As to the trunk, the three *Yang* channels of hand run in the scapular region; among the three *Yang* channels of foot, *Yangming* channel runs along the frontal body (chest and abdominal side), *Taiyang* channel along the posterior body (back or dorsal side), and *Shaoyang* channel along the lateral body; the three *Yin* channels of hand all come out from the axillae the three *Yin* channels of foot go upward along the ventral aspect. Further, the order of the foot channels running along the ventral aspect from the medial to the lateral is

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Shaoyin, *Yangming*, *Taiyin* and *Jueyin* (note: as regards the medial sides of the two lower limbs, 8*Cun* above the medial malleoli, *Jueyin* is located in the anterior, *Taiyin* in the middle and *Shaoyin* in the posterior part.)

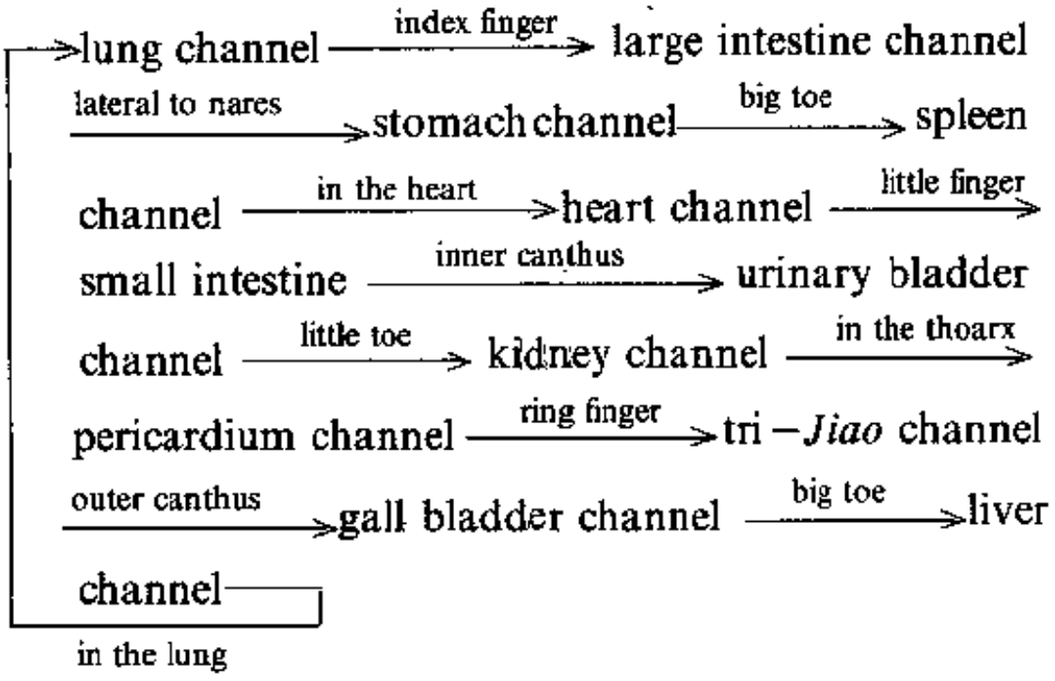
5.7 Exterior–Interior Relations of Twelve Regular Channels

The three *Yin* channels and three *Yang* channels of both hand and foot are mutually linked up by their branches and major collaterals, forming six pairs of exterior–interior relations. Among them, the *Taiyang* channel and the *Shaoyin* channel of foot are related exterior–interiorly, and so are the *Shaoyang* channel and the *Jueyin* channel of foot, and the *Yangming* channel and *Taiyin* channel of foot. This is what is known as "*Yin–Yang* of foot". The *Taiyang* channel and the *Shaoyin* channel of hand are related exterior–interiorly, and so are the *Shaoyang* and the *Jueyin* channels, and the *Yangming* and the *Taiyin* channels of hand. This is what is called "*Yin–Yang* of hand".

5.8 Order of Circulation of *Qi* –Blood in Twelve Regular Channels

The twelve regular channels are distributed interiorly and exteriorly over the body. *Qi* and blood in the channels flow circularly in a definite order: from the lung channel of hand–*Taiyin* , to the liver channel of foot–*Jueyin* and back to the lung channel in an endless way. The order of circulation is shown in the following table.

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5.9 Eight Extra Channels

The "eight extra channels" is a collective term for *Du, Ren, Chong, Dai, Yinqiao, Yanqiao, Yinwei* and *Yangwei* channels. Unlike the twelve regular channels, they are not regularly distributed, nor are they directly connected with *Zang-Fu* organs . They are not exterior-interiorly related to each other, either. That is why they are named "eight extra channels", as distinct from the twelve regular ones. They perform the following three functions: firstly, they further streng then the close relations between the twelve regular channels; secondly, they regulate *Qi* -blood in the channels; and thirdly, they constitute the physiological and pathological media for connections between some *Zang*-organs, such as the liver and kidneys, and the extraordinary *Fu*-organs, such as the uterus, brain and spinal cord.

5.10 *DuMai* (督脉 *Du* Channel)

Du , in the true sense of the Chinese character, means gov-

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erning and commanding. The *Du* channel goes along the middle line of the back, frequently meeting the three *Yang* channels of both hand and foot and *Yangwei* channel as well, and governs all the *Yang* channels of the entire body. That is why it is also named "The sea of *Yang* channels". Next, the *Du* channel runs within the spinal column, ascends into the brain, and divides into two branches pertaining separately to the two kidneys. As a result, it is closely concerned with the brain, spinal cord and the kidneys.

5.11 *Ren Mai* (任脉 *Ren* Channel)

Literally the character *Ren* means assuming or loading. The *Ren* channel goes along the midline of the ventral side of the body, frequently meeting the three *Yin* channels of both hand and foot and *Yinwei* channel, and is loaded with the *Qi*– blood of all the *Yin* channels of the body. Hence it is said to be "The sea of *Yin* channels". The character *Ren* also means pregnancy. The *Ren* channel arising from the uterus in woman is related to conception. As the saying goes: "The *Ren* channel is responsible for the supply to fetus in the uterus".

5.12 *Chong Mai* (冲脉 *Chong* Channel)

Chong, in the sense of the character, means thoroughfare. The *Chong* channel ascends to the head and descends to the foot, permeating throughout the whole body and serving as the communication centre for the circulation of *Qi*–blood. It can regulate the *Qi*– blood of the twelve regular channels. Therefore, it is said to be "The sea of the twelve regular channels". The *Chong* channel is also known as "The reservoir of blood". since it is closely related to menstruation in female.

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5.13 *Dai Mai* (带脉*Dai* Channel)

Literally, the character *Dai* means belt. The *Dai* channel (also known as the belt channel)originates from the hypochondriac region, goes obliquely downward through the *Daimai* point, and then runs transversely around the waist like a belt. And it can restrain all the channels running vertically.

5.14 *Yinwei Mai*(阴维脉 *Yinwei* Channel)and *YangweiMai* (阳维脉 *Yangwei* Channel)

The character *Wei* denotes connection. The function of the *Yinwei* channel is to connect all the *Yin* channels and that of the *Yangwei* channel, all the *Yang* channels.

5.15 *Yinqiao Mai* (阴跷脉 *Yinqiao* Channel)and *Yangqiao Mai* (阳跷脉 *Yangqiao* Channel)

The character *Qiao* denotes agility. The *Yinqiao* and *Yangqiao* channels originate from the heel and perform the functions of nourishing the eyes and governing the opening and closing of the eyelids and the movement of the lower limbs. About this, there is also an old saying that "*Yinqiao* and *Yangqiao* are in charge of *Yin* and *Yang* of either side of the body respectively".

5.16 Branches of Twelve Regular Channels

The branch of channel is a major branch of the regular channels. The branches of the twelve regular channels originate respectively from the elbows and knees of the limbs where just the twelve regular channels pass through. The three physiological functions they perform are as follows. Firstly, they strengthen the

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inner connexion between each pair of the exterior–interiorly related channels: secondly, they promote the inner relation of the body proper because of their dominant action on the collaterals; and lastly, they convey *Qi*–blood to nourish the whole body.

5.17 *Fu Luo* (浮络 Superficial Collaterals)

The collaterals distributed on the body surface are named "superficial collaterals". They are what is described in 《*Lingshu*》 as "the shallow and often emergent collaterals".

5.18 *Sun Luo* (孙络 Minute Collaterals)

The tiny collaterals branching off from the big ones are named "minute collaterals". As is described in the chapter *Mai Du* (脉度 Measurement of Channel) of 《*Lingshu*》, "The little branches of the collaterals" are called minute collaterals.

5.19 Twelve Skin Areas

The skin areas refer to the divisions on the skin of the body surface according to the distribution of the meridians. The twelve regular channels and their associated collaterals are fixedly distributed over the body surface, and accordingly, the skin of the whole body is also divided into twelve parts, known as the twelve skin areas. These skin areas are the site where *Qi* of the twelve regular channels disperses. They are of some help in the treatment as well as diagnosis of disease. For instance, observing the morphological changes and discoloration on different skin areas helps to diagnose some disorders of *Zang–Fu* organs and meridians. And applying application method, mild moxibustion and hot medicated compress to certain areas on the skin also helps to cure

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some morbid conditions of internal orgnas.

5.20 Twelve Channel–Musculatures

The channel–musculatures are the channels and colaterals where the muscular system is attached respectively to the twelve regular channels. The functions of the channel–musculatures rely on the nourishing action of *Qi*– blood in the meridians and are coordinated by the twelve regular channels. Consequently, they are divided into the twelve systems known as " the twelve channel–musculatures" Their main function is to bind the bones to make possible the flex–stretch movement of the joints.

5.21 Physiological Functions of Meridian

The functional activities of the meridians are called "channel–*Qi*" ,whose physiological functions may be summarized mainly in the following four aspects: (1)connecting all the *Zang–Fu* organs with other structures and linking up the exterior with the interior and the upper with the lower, (2)circulating *Qi*–blood to nourish the whole body, (3)playing the inductive and conductive roles in pathological and therapeutic courses. (4)regulating the functional activities of the *Zang–Fu*–organs.

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6 Etiology and Occurrence of Disease

6.1 Disease

A disease is commonly considered to be the outcome of imbalance between *Yin* and *Yang*, organic trauma and abnormality in physiological functions of the human body. Its concept comprises the following points: (1)A disease is the outcome of pathogenic factors acting upon the human body; (2)It manifests itself as a life process of imbalance between *Yin* and *Yang*, and (3)It is a process undergoing constant changes,during which from beginning to end exists the struggle of opposites between the impairment and repairment, and obstruction and readjustment of the body. To summarize, it may be assummed that a disease occurs when a certain kind of pathogenic factor acts upon the human body, manifested in a life process of imbalance between *Yin* and *Yang*, which is permeated by the struggle of opposites between the impairment and repairment, and obstruction and readjustment.

6.2 Occurreuce of Disease

The occurrence of a disease refers to the condition in which under action of some pathogenic factors the human body loses the balance between *Yin* and *Yang*, its *Zang–Fu* organs are impaired and its normal physiological functions distrubed. Living

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in nature, man is always affected by variations in weather and environmental factors. In the struggle of his adaptation to and transformation of nature, he maintains a relative balance between *Yin* and *Yang* within the body and its normal physiological functions. A disease may occur when radical or abnormal changes in natural environment go beyond the ability of the human body to readjust itself to them, or when the body can't adapt itself to them due to insufficiency of vital essence, thereby bringing about the imbalance between *Yin* and *Yang*, impairment of *Zang–Fu* organs and their dysfunction.

6.3 Cause of Disease

It refers to the cause or condition leading to the occurrence of a disease. That is, all the causes or conditions leading to imbalance between *Yin* and *Yang* in the body, impairment of the *Zang–Fu* organs and abnormality in their physiological functions are known collectively as the cause of disease. For instance, a disease can be caused by such pathological products as six climate conditions in excess (wind, cold, summer–heat, dampness, dryness and fire), epidemic pathogenic factors, impairment due to seven emotions (joy, anger, melancholy, anxiety, grief, fear and terror), improper diet, overwork, various kinds of traumatic injuries, phlegm retention and blood stasis, all of which, therefore, constitute pathogenic factors. The science dealing with the nature, characteristics and laws of various kinds of pathogenic factors and clinical manifestations of the disease they produce is called etiology. The etiology of traditional Chinese medicine reveals the cause of a disease not merely by means of visual observation, but most important, traces it by analysis of symptoms and

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signs on the basis of clinical manifestations of the disease. This procedure is known as " Tracing the cause of a disease by differentiation of symptoms and signs", which is a method of recognizing the cause of a disease characteristic of traditional Chinese medicine and also a distinguishing feature of the etiology of traditional Chinese medicine.

6.4 The Theory of Three Categories of Etiologic Factors

It refers to the famous theory of the etiologic taxology put forward by Chen Yan of the Song Dynasty in his book 《*San Yin Ji Yi Bing Zheng Fang Lun*》(三因极一病证方论 Prescriptions Assigned to the Three Categories of Pathogenic Factors of Disease). By combining pathogenic factors with the channels of the occurrence of disease, he developed the etiological classification of *Xie* (邪 pathogenic factor) into harmful *Yin* and harmful *Yang* advanced in 《*NeiJing*》 and that of " the three categories of etiologic factors accounting for all causes of hundreds of diseases" put forward by Zhang Zhong Jing of the Han Dynasty, thereby proposing the theory of the three categories of etiologic factors, i. e. , exopathic, endopathic and non-endo-exopathic. That is to say, six pathogenic factors invading the body from the outside, with a resultant disease are known as exopathic causes, whereas seven excessive emotions causing a disease by directly damaging internal organs are said to be endopathic causes. As to other pathogenic factors, such as improper diet and overwork, injuries caused by fall and stumble and knives and spears, and those caused by insects and animals, they are grouped into the third non-endo-exopathic ones. The introduction of " the theory of

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the three categories of etiologic factors", though far from perfect, gave an enormous impetus to the research into the etiology in later ages.

6.5 *Liu Yin* (六淫Six Climate Conditions in Excess as Pathogenic Factors)

This is a general term for six exopathic pathogenic factors, namely, wind, cold ,summer–heat, dampness, dryness and fire. By *Yin* (淫 excess) is meant overabundance, or excess of atmospheric influence which cause disease. Under normal circumstances such six different climatic conditions as wind, cold, summer–heat, dampness, dryness and fire are spoken of as *Liu Qi* (六气 six kinds of natural factors), which are prerequisite for the growth of all things on earth and therefore, do no harm to the human body. However, when the six natural factors are excessive or deficient due to abnormal changes in weather; or when these factors change so rapidly (such as sudden attack of cold or hot weather) as to exceed the body's resistance; or when the body's resistance declines so rapidly owing to deficiency of the vital *Qi* as to be unable to adapt itself to the changes in weather, these natural factors turn out to be pathogenic agents, known as " six climatic conditions in excess as pathogenic factors". Consequently, they are the exogenous pathogenic factors brought about by the changes of the six kinds of natural factors and wide variations in bodily constitution.

6.6 Characteristics of the Six Climatic Conditions in Excess as Pathogenic Factors

The six climatic conditions in excess, pertaining to exopathic

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pathogenic agents, generally possess the following features: (1)Illness is commonly related to seasonal climates and natural environment one lives in. For instance, diseases due to pathogenic wind occur more frequently in spring, and summer–heat disorders in summer. One is more likely to suffer from arthritis when he lives long in a damp place and suffer from diseases due to dryness–heat and pathogenic fire when he works in hot environment. (2)Each of the six exogenous pathogenic factors can cause disease alone or more than two can do so simultaneously, e. g. , "wind, cold and dampness combined as a pathogen causing stagnation–syndrome of *Qi* and blood" , common cold of wind–cold type, and damp–heat diarrhea, etc. (3)They can not only interact on one another in the course of the occurrence of a disease, but can also transform themselves into one another in given conditions and the nature of its pathogensis and syndromes change accordingly. For example, the pathogenic cold that invades the body from the exterior into the interior is liable to be transformed to heat due to the constitution of *Yang* type, while chronic summer–dampness to be transformed to dryness and then impaired. (4)They cause disease through the following channels: by way of superficial muscles or through the mouth and nose or by way of both at the same time. For instance, the cold–stroke syndrome of *Taiyang* Channel is often caused by the entry of wind–cold pathogen from the exterior into the interior of the body and an epidemic febrile disease is due chiefly to the invasion of exogenic pathogens via the mouth and nose.

6.7 Wind–Pathogen

Wind, prevailing in spring, exists all the year round. Wind in

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excess, called wind pathogen, can cause disease. The wind pathogen posseses the following features: (1)Wind, characterized by upward and outgoing dispersion, is the pathogenic agent of *Yang* nature, which usually brings about symptoms marked by perspiration. It may also invade the *Yang* portion and often attack the upper portion of the body, the *Yang* channels or superficial muscles. (2)Wind pathogens are characterized by constant movement and rapid change. By constant movement is meant that pathogenic wind tends to move constantly, causing diseases marked by migratory pain in the part involved. For instance, rheumatic fever is manifested by migratory pain in the joints of limbs, known as "wind arthralgia". As for rapid change, it implies that pathogenic wind tends to change rapidly and frequently, causing diseases characterized by abrupt onset and variable changes. For example, urticaria is marked by migratory itches of skin and their alternate appearance. This is what is termed " German measles" in traditional Chinese medicine. (3)Wind–pathogen is the predominant pathogenic factor. As the first one of the six exogenic pathogenic agents, wind–pathogen is the predisposing factor contributing to exopathic diseases while all the other pathogenic factors, such as cold–pathogen, damp–pathogen, dry–pathogen, usually invade the human body in association with wind pathogen.

6.8 Cold–Pathogen

Cold, though prevalent in winter, is also very common in other seasons. Cold in excess, causing disease, is referred to as pathogenic cold, which possesses the following characteristic features: (1)As a pathogenic agent of *Yin* nature, cold is liable to

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impair *Yang–Qi*. It is a manifestation of excessive *Yin–Qi* and therefore, "an excess of *Yin* leads to disorder of *Yang*". The restraint of the function of the skin by cold–pathogen oppresses the defensive *Yang* with manifestations of extreme cold and high fever; and direct attack of pathogenic cold on the spleen and stomach impairs their *Yang–Qi*, thus resulting in abdominal pain and diarrhea. (2)Stagnation of cold nature; invasion by pathogenic cold brings about retardation of circulation of *Qi* and blood in the body and block of channels and collaterals, from which pain results. There may often appear rheumatic arthritis manifestated by the symptoms of severe pain in the joints and aversion to cold, known as "arthralgia due to attack of cold". (3)Contraction due to cold means that attack of pathogenic cold results in disturbance of visceral function, closure of sweat pores and contraction of muscles manifested by anhidrosis, spasm of muscles, etc.

6.9 Summer–Heat Pathogen

Summer–heat exists only in summer,resulting from fire. Summer–heat in excess, causing disease, is known as pathogenic summer–heat. Diseases so produced are obviously seasonal: they occur mainly after the summer solstice and before the beginning of autumn. The features characteristic of summer–heat are as follows: (1)As a pathogenic agent of *Yang* nature, summer–heat is of scorching nature. Attack of summer–heat pathogens usually presents a series of *Yang* heat symptoms, such as high fever, vexation, flushed face, rapid and rashing pulse, etc. (2)Upward flow and dispersion of summer–heat pathogens lead to consumption of *Qi* and body fluid. Invasion of summer–heat pathogens often causes excessive sweating due to the opening of

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sweat pores, which, in turn, leads to consumption of more body fluid and *Qi*, often accompanied by some *Qi*– deficiency symptoms, such as shortness of breath, and lassitude. (3)Summer–heat pathogens often invade the body in combination with dampness. As in summer it is rainy and therefore damp, pathogenic summer–heat invades the body together with pathogenic dampness, clinically marked by some summer–heat symptoms and by some dampness ones as well, such as lassitude in the limbs, stuffy sensation in the chest, nausea, vomiting, etc.

6.10 Damp–Pathogen

Dampness, prevalent in the long summer, is also very common in other seasons. Dampness in excess, causing disease, is said to be pathogenic dampness. It possesses the following features: (1)As a pathogenic agent of *Yin* nature, dampness is prone to disturb visceral functions and damage *Yang–Qi*. It is a pathogenic factor, substantial, heavy and turbid, and stagnant in nature, so its invasion most likely brings about disturbance in visceral functions, retardation of the ascening and descending and incoming and outgoing functions, and stagnation of *Yang–Qi*, from which result the symptoms of stuffiness and distention in the epigastrium and abdomen, nausea, vomiting, diarrhea, etc. Because the spleen is in charge of transporting and transforming fluid, excessive dampness inside the body is liable to disturb the function of spleen–*Yang*, thereby resulting in retention of water in the body, which in turn brings about generation of more dampness inside the body. In addition, since dampness is a pathogen of *Yin* nature, an excess of *Yin* may lead to disorder of *Yang*. Therefore, damp–pathogen also often impairs the body's

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Yang–Qi. (2)Dampness is characterized by heaviness and turbidity. By the word "turbidity" is meant "foulness" or "dirt" in traditional Chinese medincine. Dampness is a pathogenic factor, substantial, heavy and turbid in nature. Its invasion of the body often gives rise to such symptoms as heaviness in the head as if it were tightly bound, numbness and heaviness in the joints as well as turbid excretions and secretions. For example, the syndrome of arthritis manifested by fixed pain, numbness and heaviness in the limbs and joints involved, is generally known as "damp anthralgia". Such symptoms as excessive secretions in the eyes, dirty complexion, pus–bloody stool, turbid urine and massive leukorrhea, eczema and stranguria with turbid urine are characteristic of diseases due to invasion of damp pathogen. (3)It is characterized by viscosity and stagnation. This feature of damp disease refers to: a) damp syndrome marked by stickiness such as slimy and greasy stool and urine, greasy fur of the tongue, etc; b) a lingering disease difficult to cure, characterized by longer duration of illness or repeated attack, as often seen in eczema, damp arthralgia, etc.

6.11 Dry–Pathogen

Dryness, prevalent in autumn, can also be seen in other seasons. Dryness in excess, causing disease, is known as pathogenic dryness. It possesses the following features: (1)Pathogenic dryness, being dry in nature, is liable to impair body fluid. The consumption of body fluid due to invasion by pathogenic dryness brings about a morbid condition due to consumption of *Yin* and body fluid marked by dryness and crack of the skin, dry mouth with cracked lips, dryness of nasal cavity and throat, dry stool,

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etc. (2)Pathogenic dryness is apt to impair the lungs. Since the lungs as one of the delicate *Zang*– organs, prefer purity and moistness rather than dryness and communicate with the external atmosphere, dry pathogens, entering the body through the mouth and nose, tend to impair the lungs. The impairment of the lungs and consumption of body fluid by dry pathogen result in impairment of dispersing, purifying and descending functions of the lungs, marked by such symptoms as dry cough, sticky phlegm difficult to be coughed up, phlegm with blood, and gasping pain in the chest.

6.12 Fire (Heat)–Pathogen

Fire–heat, brought about by an excess of *Yang*, is interchangeably called fire or heat. However, heat is an exogenic pathogenic factor while fire an endogenic one. The features characteristic of fire–pathogen are summarized as follows. (1)As a pathogenic agent of *Yang* nature, fire–pathogen is scorching in nature and its manifestations are high fever, scorching heat, dysphoria, thirst, sweating, red tongue with yellow coating, full pulse, etc. Fire tends to flare up. That is to say, the symptoms caused by fire tend to appear in the upper portion of the body. For example, the flaring–up of the heart–fire shows fire symptoms of the Heart Channel marked by oral ulceration, and that of the liver–fire presents such symptoms as conjunctival congestion with painful swelling, and mental disturbance due to flaring–up fire pathogen flaring–up fire pathogen accompanied by coma, delirium, etc. (2)Fire–pathogen is apt to consume *Qi* and body fluid. It tends to dispel body fluid and burn and consume *Yin*–fluid, clinically manifested by thirst with an inclination for drink,

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dry mouth and throat, etc. The outflow of body fluid also results in consumption of *Qi*. Moreover, fire–pathogen tends to impair vital *Qi*, thus leading to general hypofunction and overfatigue. (3)Fire–pathogen is liable to stir up wind and disturb blood circulation. Invasion by fire–pathogen often leads to burning of the Liver Channel, exhaustion of *Yin*– fluid, malnutrition of the tendons and channels and stirring up of the liver. This is what is known as "occurrence of wind syndrome in case of extreme heat". Its clinical manifestations are high fever accompanied by coma and deliriumtic of limbs, opisthotonos, etc. Furthermore, fire–pathogen may speed up blood flow, burn the channels and collaterals or even cause extravasation of blood, thereby bringing about various types of hemorrhage. (4)It tends to cause painful swelling on the body surface. Accumulated in a local spot, fire–pathogen is apt to bring about the stagnation of *Qi* and blood. Meanwhile, excessive fire will damage muscles and blood, thus resulting in large carbuncles and painful swelling on the body surface marked by localized swelling and burning pain in the wound or even suppuration and ulceration in it.

6.13 Epidemic Pathogenic Factor

It is a highly infectious exogenic pathogen, which also bears the names of "*Li Qi* (戾气 or 疠气 epidemic pathogenic factor)", "*Du Qi* (毒气 poisonous *Qi*)", or "*Yi Qi* (异气 extraordinary *Qi*)", etc. Infected with an epidemic pathogen, a person will develop some epidemic diseases. Following are some special features of epidemic pathogenic factor: (1)It is obviously infectious and epidemic. Epidemic pathogens are spread through the air or by contact and enter the body by way of the mouth and nose. Once in-

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fected, "one will infect other persons susceptible to the infection", and the epidemic disease will prevail rapidly in the community, thus leading to its onset among large population. (2)The onset of epidemic disease is sudden, its transmission and progress rapid, and its morbid conditions severe and fierce, often manifested by similar symptoms.

6.14 Internal Impairment by Seven Emotions

According to tradtional Chinese medicine, seven emothions refer to the seven emotional manifestations, namely, joy, anger, melancholy, meditation, grief, fear and terror. They are emotional responses of the body to environmental stimuli since they are, in fact, normal mental activities. They cause no disease under normal conditions. Only when sudden, violent and persistent emotional stimuli which exceed the body's adaptability and endurance limit give rise to dysfunction of *Qi* and blood in the *Zang–Fu* organs and imbalance between *Yin* and *Yang*, do they become pathogenic factors. This is what is known as "internal impairment by seven emotions".

6.15 Emotions and *Qi* and Blood in Internal Organs

Emotions are closely related to *Qi* and blood in internal organs. Briefly speaking, emotional activities originate from *Qi* and blood in five *Zang*– organs, but emotional stress can also impair their *Qi* and blood. On the one hand, their functional activities bring about relevant changes in emotions, as is stated in *Yin Yang Ying Xiang Da Lun* (阴阳应象大论 Treatise on *Yin–Yang* Classification of Natural Phenomena), a chapter of 《*Suwen*》 :

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"Man has five organs to generate five *Qi* with, from which arise the five emotions, namely, joy, anger, anxiety, melancholy and fear". Therefore, the dysfunction of *Qi* and blood in the five *Zang*– organs will bring about abnormality of emotional activities accordingly. For instance, anger is seen when the liver's function in controlling normal flow of *Qi* is impaired. On the other hand, emotional stress, acting on the relevant *Zang*– organ, causes its dysfunction, disorder of *Qi* and irregular flow of blood. For example, rage impairs the liver, causing adverse and upward flow of *Qi* and blood, and, therefore, such symptom as hematemesis, or even syncope in serious case, is likely to occur.

6.16 Features of Seven Emotions as Pathogenic Factors

The characteristics of seven emotions as pathogenic factors are as follows: (1)They directly affect five *Zang*– organs and, first of all, the heart–*Qi*. Unlike the six exogenic pathogenic factors, which invade the body through the mouth, nose and skin pores, seven emotions cause disease by directly acting on corresponding internal organs. The heart, as the commanding one of *Zang*–*Fu* organs, houses the mind. The impairment of emotions will first affect the heart–*Qi* and then other organs. For example, excessive anxiety may cause retention of the heart–*Qi* and give rise to accumulation of the spleen–*Qi*. (2)They affect the functional activities of *Zang*–*Fu* organs. For example, anger injures the liver. and rage causes adverse or smooth flow of the liver–*Qi*; joy impairs the heart, and excessive joy tends to cause unsteadiness of the heart–*Qi* and mental derangement; anxiety impairs the spleen, and excessive anxiety leads to accummulation

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of the spleen–*Qi* and anorexia; fear impairs the kidneys and lungs, and excessive fear gives rise to unconsolidation of the kidney–*Qi* and incontinence of urine and stool; melancholy injures the lungs and excessive melancholy leads to insufficiency of the lung–*Qi*, shortness of breath and weakness of muscles; terror impairs the heart, and excessive terror brings about dysfunction of the heart–*Qi*, utter stupefaction of all the six vital organs and flusteration. (3)Fluctuations in emotional activities may affect or aggravate some morbid conditions. In the course of a disease, any fluctuation in a patient's emotion often aggravates his condition or even abruptly deteriorates it.

6.17 Improper Diet

Improper diet, such as underfeeding, overeating, insanitary food or food preference, is often the factor predisposing to disease. Insufficient nourishment intake due to underfeeding brings about lack of the source of *Qi* and blood. Prolonged scantysupply of food results in malnutrition and insufficiency of *Qi* and blood with a resultant disease. Furthermore, insufficiency of *Qi* and blood gives rise to deficiency of vital *Qi* and lowered body resistance, easily followed by other disorders. On the other hand, excessive nourishment intake due to overeating, which exceeds the transporting and transforming capabilities of the spleen and stomach, also causes disease, marked by such symptoms as indigestion, epigastric distention, eructation with fetid odor and nausea, anorexia, vomiting, diarrhea. As the chapter *Bi Lun* (痹论 On Stagnation–Syndrome of *Qi* and Blood) of 《*Suwen*》 says, "Overeating tends to impair the gastrointestinal organs." Intake of insanitary food may also cause many different gastrointestinal

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diseases or parasitic ones, manifested by abdominal pain, vomiting, diarrhea etc. Intake of stale food or food containing poison usually brings about such poisoning symptoms as severe abdominal pain, vomiting and diarrhea, or even coma or death in severe cases. Finally, preference for superheated or supercooled food, or habital preference for one of the five flavors, may result in imbalance between *Yin* and *Yang* or disorders due to malnutrition.

6.18 Imbalance between Work and Rest

Imbalance between work and rest, referring to overwork or undue leisure,may turn out to be a pathogenic factor. Again, overwork can be classified into three types: undue physical exertion, undue mental exertion, and intemperance in sexual life. Undue physical exertion refers to constant overwork from which one breaks down and results in impairment and exhaustion of *Qi*, as is stated in the chapter *Ju Tong Lun* (举痛论 Treatise on Enumeration of Various Pains) of 《*Suwen*》 : "Exhaustion of *Qi* is due to strenuous labour". By undue mental work are meant excessive meditation and anxiety which impair the heart and spleen. Too much mental work and meditation consume the heart—blood and impair the spleen—*Qi*, thereby producing such symptoms as palpitation due to denutrition of the heart, insomnia, amnesia and anorexia and abdominal distention due to stagnation of the spleen—*Qi*. Finally, by intemperance in sexual life is meant excessive sexual activity, which results in consumption of the kidney—essence accompanied by lassitude in the loins and knees, vertigo, tinnitus, listlessness and sexual hypofunction such as spermatorrhea,prospermia,and impotence.

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Undue Leisure refers to excessive easiness and comfort without participation in labor or other physical activities. Long-term divorce from physical activities tends to cause retardation of circulation of *Qi* and blood and hypofunction of the spleen and stomach manifested by anorexia, acratia, lassitude and weakness of the limbs, obesity or palpitation, shortness of breath and sweating on slight exertion. That is why the chapter *Xuan Ming Wu Qi Pian* (宣明五气篇 A Writing of Expounding of Five *Qi)* of 《*Suwen*》 says, "Prolonged bed rest injures *Qi*".

6.19 Traumatic Injury

Included in this section are gunshot injuries, incised wounds, contusions, sprains, scalds and burns, cold injury, and injury inflicted by animal stings or bites.

Such traumatic injuries as gunshot injuries, incised wounds, contusions, sprains and others may lead to blood stasis and painful swelling on the skin and muscles, bleeding or laceration of muscles and tendons, fracture and dislocation. In serious cases, internal organs may be affected or coma, tic, *Yang* depletion and prostration syndrome may occur as a result of massive hemorrhage.

Burns and scalds are usually caused by high temperature objects, boiling water, scorching oil or fire, etc. Slight burns and scalds only injure the skin, manifested as redness, swelling, fever or pain in the affected area while severe ones, if the surface of the wound is too large, are complicated by such symptoms as dysphoria, fever, thirst or oliguria or even death due to severe pain in the wound, internal invasion by fire-toxin, and evaporation or exudation of body fluid.

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Cold injury refers to general or local traumatic wound due to attack of low temperature. The former results from failure of *Yang–Qi* to warm the body and to promote blood circulation due to its impairment and consumption by cold pathogens, accompanied by gradual lowering of the body temperature, pale face, bluish purple lips, tongue and finger nails, shallow breathing. slow and faint pulse, etc. It may even cause death, if not promptly treated. And the latter is often seen on the hand, feet, auricullae, etc. At the very start, the affected areas fail to be warmed and nourished by *Qi* and blood which are obstructed by pathogenic cold. Its clinical manifestations are local pale skin and cold numbness, followed by swelling and itching pain and scorching heat or blisters of various size.

Insect or animal stings and bites include bites by poisonous snakes, wild beasts, rabid dogs or stings by scorpions and bees. In mild cases, local injury occurs, accompanied by painful swelling and bleeding. In severe cases, however, some of the internal organs may be involved or even death ensues as a result of massive hemorrhage.

6.20 Phlegm Retention

It is a pathological product resulting from disturbance in water metabolism. It is also referred to as a pathogenic factor because after its formation it may act directly or indirectly upon certain parts of the body, producing some new pathological changes in *Zang–Fu* organs and tissues manifested by various symptoms and signs. The phlegm–retention is a combined term for phlegm as well as fluid–retention, with the dense, viscid and thicker dampness called phlegm and the thinner one named fluid–reten-

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tion. Phlegm retention is further subdivided into tangible and formless. The former is a kind of mucoid substance visible, palpable or vocal and the latter, an invisible fluid stagnating in *Zang-Fu* and channel tissues but presents clinical manifestations, according to which it can be determined and cured with an expectorant.

6.21 Formation of Phlegm Retention

Phlegm retention is formed by accumulation of water-dampness due to dysfunctions of the lungs, spleen, kidneys and tri-*Jiao* resulting from invasion by the six exogenic pathogenic factors, improper diet or impairment by the seven emotions, etc. These organs and tri-*Jiao* are closely related to circulation, distribution and excretion of water and fluid. For instance, the spleen governs transportation and transformation of water and fluid, as the saying goes: "Essence is sent upward to the lungs by the spleen-*Qi*". The lungs perform dispersing,purifying and descending functions, regulate water passages and promote diffusion of body fluid. And the kindeys dominate water metabolism, in which clean fluid is retained and turbid fluid flows down into the urinary bladder to form urine for excretion. The coordination amomg functions of the spleen,lungs and kidneys and unobstructed water passages in the region of tri-*Jiao* lead to "distribution of nutrients to all parts of the body and simultaneous functioning of the five main channels." In case of dysfunction of the spleen, lungs, kidneys and tri-*Jiao*, the body fluid stagnates and accumulates to form phlegm.

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6.22 Pathogenic Characteristics of Phlegm Retention

When phlegm is formed, it flows together with *Qi* to all parts of the body, that is, internally to the *Zang–Fu* organs and externally to muscles and skin, thereby producing a variety of syndromes. Hence, the saying goes: "Most diseases are caused by the phlegm retention". Its pathogenic characteristics are summarized as follows: (1)It obstructs the circulation of *Qi* and blood in the channels and vessels. The retention of phlegm in the channels may block the circulation of *Qi* and blood, thus causing numbness of limbs, hemiplegia, etc. due to stagnation of *Qi* and blood. Accumulated in the heart, it causes obstruction of circulation of the heart blood, accompanied by such symptoms as choking sensation in the chest, palpitation, etc. (2)It prevents the *Qi* from ascending or descending, and entering or exiting. Flowing into the *Zang–Fu* organs, phlegm may disturb the ascending or descending and entering or exiting functions of *Qi*, thus giving rise to other diseases. For example, stagnation of phlegm in the lungs may interfere with their dispersing and descending functions, accompanied by dyspnea or cough, whereas that in the stomach may cause the failure of descending of the stomach–*Qi*, manifested by such symptoms as serious vomiting, fullness in the stomach, etc. (3)It affects water metabolism. Phlegm is formed by disturbance in water metabolism. Once stagnated, it can interfere with *Qi* in the performance of its ascending and descending functions. Since *Qi* promotes the circulation of water, stagnation of *Qi* leads to retention of water in the body. Which in turn, further aggravates disturbance in water metabolism. (4) It tends to dis-

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turb mental activities. Stagnation of phlegm retention in the heart may block the heart orifice and bring about impairment of mental activities, marked by such symptoms as coma and dementia. What is more, manic-depressive psychosis may also occur as a result of mental disturbance due to phlegm-fire.

6.23 Blood Stasis

It is a pathological product resulting from abnormal circulation and stagnation of blood. It refers to the extravasated blood accumulated within the body and the blood stagnated in channels and vessels and *Zang-Fu* organs due to impeded blood circulation. Its formation may exert a further influence upon the circulation of *Qi* and blood, thereby bringing about dysfunction of *Zang-Fu* tissues and some new pathological changes, accompanied by a variety of symptoms. Consequently, it is also considered as a pathogenic factor.

6.24 Formation of Blood Stasis

The factors contributing to blood stasis are numerous and varied, but it is due chiefly to stagnation of *Qi*, deficiency of *Qi*, blood-cold, blood-heat, etc. It can be formed either by accumulation of stagnant blood in certain spots due to impeded circulation of blood or by inability of blood to be dispersed or eliminated due to internal bleeding as a result of traumatic injury and other factors. The main contributing factors are listed as follows: (1)Stagnation of *Qi*. It may result from the impairment of emotions, accumulation of the liver-*Qi*, and disturbance in functional activities of *Qi*. Impeded circulation of blood due to stagnation of *Qi* leads to blood stasis. (2)Deficiency of *Qi*. Defi-

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ciency of *Qi*, the commander of blood, leads to slow transportation and sluggish flow of blood or to loss of control of flow of extravasated blood from the vessels into the tissues without being timely dispersed, thereby resulting in blood stasis. (3)Blood–cold. Exogenic pathogenic cold or excessive *Yin*– cold in the interior due to deficiency of *Yang*, and stagnation of blood due to accumulation of pathogenic cold and impeded circulation of blood bring about blood stasis. (4)Blood–heat. Blood stasis can be formed by invasion of the blood system by heat leading to exhaustion of *Yin* fluid and stagnation of blood, or impeded flow due to combination of blood with heat, or adverse flow and accumulation of blood in *Zang–Fu* organs and tissues without being timely dispersed due to injury of superficial venules by heat. (5)Bleeding due to traumatic injury. Contusions, sprains squeezing, pressing, etc can externally injure muscles and internally impair *Zang–Fu* organs, breaking blood vessels with blood escaping from them and making extravasated blood retained in *Zang–Fu* organs and tissues without being timely eliminated or dispersed. And blood stasis occurs as a result. (6)Improper diet. Crapulence may impair the collateral branches of the large channels in the intestines and stomach. In addition, " internal escape of blood due to impairment of *Yin* collaterals" without being timely eliminated or dispersed also leads to blood stasis.

6.25 Pathological Characteristics of Blood Stasis

When blood stasis is formed, blood not only fails to perform its nutritive function but instead hinders its systemic or local circulation, thereby producing various syndromes. Its main patho-

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logical characteristics can be summed up as follows: (1)Pain. This may be stabbing pain, which is confined to a fixed area and is usually milder during the day than in the night. (2)Lump. Lump on the body surface is of a bluish-purple color and that inside the body is a mass limited to a fixed location and tender on pressure. (3)Bleeding. Escaping blood, dark purplish in color, is mixed with clots. Retention of extravasated blood may present many hemorrhagic symptoms such as hematemesis, hemoptysis bloody stool and urine, purpura on the skin, menorrhagia, metrorrhagia, etc. That is what is known as "no removal of stagnated blood, no hemostasis." (4)Cyanosis. This is usually seen on the face, mouth and lips and finger nails. (5)Dark purple tongue with ecchymosis or petachiae. These assume the form of purplish spots on the skin or the tongue accompanied by thready but deep thready, hesitant and taut pulse. In addition, prolonged stagnation of blood may be accompanied by such symptoms as darkish complexion, squamous and dry skin (scaly with a rough sensation). As the saying goes: "If the stagnated blood is not removed, no new blood is formed." Also, mental disturbance due to blood stasis may produce some mental symptoms,such as mania, coma, etc.

6.26 Vital *Qi*

Vital *Qi*, also known as genuine *Qi* refers to the body's functional activities (including the functions of *Zang-Fu* organs, channels and collaterals, *Qi* and blood, etc.), and disease-resistant and rehabilitating capabilities, including its adaptation to natural environment, defense against exogenic pathogens, self-repair of injuries as well as readjustment to func-

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tional disturbance, etc.

6.27 Pathogenic Factor

Pathogenic factor, called pathogen for short, refers in a broad sense to all disease-producing factors, such as six climatic consitions in excess, epidemic pathogenic factors, emotional irritation, phlegm retention, blood stasis, etc.

6.28 Insufficiency of Vital *Qi* as the Intrinsic Factor in the Causation of Disease

A disease is the outcome of a struggle between pathogenic factors and vital *Qi* in which the former act upon the latter. Therefore, the onset of a disease involves two aspects: vital *Qi* on the one hand and pathogens on the other. Insufficiency of vital *Qi* is the intrinsic factor in the onset of a disease. When vital*Qi* is sufficient, it is difficult for the pathogens to invade the body and no disease occurs. As has been commonly said, "sufficient vitai *Qi* inside the body can prevent invasion by pathogens". However, when vital *Qi* is not sufficient enough to resist the invasion of pathogens, that is, when the body resistance is lowered, they manage to enter the body and cause disease. It has also been commonly said that "Intrusion of pathogens certainly results from insufficiency of vital *Qi*."

6.29 Pathogens as the Predominant Factor in the Causation of Disease

As is known, insufficiency of vital *Qi* is the intrinsic factor in the causation of disease. However, if there were no invasion of pathogens, no disease whatever would occur. So pathogens are

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said to be the predominant factor in the causation of disease. A disease may occur if pathogens are too exuberant for vital *Qi* to overcome because its resistance is rather limited. For example, epidemic pathogenic factor, traumatic injury and others often play a leading role in the causation of disease independent of the condition of vital *Qi*.

6.30 No Occurrence of Disease—the Outcome of the Victory of Vital *Qi* over Pathogens

The struggle between vital *Qi* and pathogens has not only a bearing on the causation of disease but also an influence upon its development and termination. When pathogens invade the body, vital *Qi* immediately rushes to the site of invasion to fight them off. If vital *Qi* is powerful enough to guard against invasion, it's very hard for pathogens to get into the body, or even though they do enter the body, the invaders are likely to be repelled without causing any trouble. That is why not all persons exposed to various kinds of pathogens in nature contract disease. This is said to be an outcome of the victory of vital *Qi* over pathogens.

6.31 Occurrence of Disease—the Outcome of the Victory of Pathogens over Vital *Qi*

If, in the course of the struggle between vital *Qi* and pathogens, the latter are exuberant and the former relatively deficient, the latter will win a victory over the former, thus giving rise to imbalance between *Yin* and *Yang*, and *Qi* and blood in the *Zang-Fu* organs with a resultant disease. When the disease occurs, it will manifest itself by different syndromes, depending on the disease-resisting power of vital *Qi*, virulence of pathogens,

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and severity of the disease as well as depth of the part affected. For instance, an excess syndrome is present when vital *Qi* is powerful enough to destroy pathogens in desperate struggle against them while a deficiency syndrome occurs when vital *Qi* is insufficient or too weak to resist pathogens. An excess–heat syndrome is often produced by invasion of the body by *Yang* pathogens, which tends to cause consumption of yin fluid due to a relative excess of *Yang*, whereas a syndrome of interior cold of excess type or damp–cold symdrome, by invasion of the body by *Yin* pathogens, which is liable to bring about impairment of *Yang–Qi* due to a relative excess of *Yin*. In general, slight invasion by pathogens leads to mild disorders while serious invasion by pathogens, to severe ones. Moreover, diseases vary with the locations or parts affected. For exmaple, attack of the skin by pathogens generally presents exterior syndromes whereas invasion of the *Zang–Fu* organs produces interior ones. Exterior invasion by pathogens leads to mild and superficial disorders while interior invasion, to deep and serious ones.

6.32 Environment as a Factor in the Causation of Disease

The occurrence of disease is closely related to internal and external environment. External environment refers mainly to living and working surroundings, including climatic variations, geographical features, environmental sanitation, etc. Closely bound up with nature, man gradually adapt himself to it in a protracted struggle with it. However, abnormal changes in weather or pollution of living and working surroundings predispose man to disease. By internal environment is mainly meant vital *Qi* of the

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body proper. The strength of vital *Qi* is closely linked with the constitutional and mental state of the body. For instance, a strong and vigorous constitution (euthesia) is a manifestation of sufficient vital *Qi* while a weak or feeble constitution, a manifestation of deficient vital *Qi*. However, a strong constitution relies on natural endowment, diet and nutrition and physical exercise. Generally speaking, those who have substantial natural endowment, an adequate supply of nutrients and proper physical exercise certainly turn out to be persons of sturdy physique; otherwise, they turn out to be persons of weak physique. In addition, mental state is directly affected by emotional factors. Joyful emotions and mental happiness bring about balance between *Qi* and blood, coordination between functions of *Zang–Fu* organs and exuberance of vital *Qi*. Conversely, sad emotions and mental depression lead to imbalance between *Yin* and *Yang*, and *Qi* and blood, dysfunction of *Zang–Fu* organs and weakended vital *Qi*. Therefore, a sturdy constitution and happy emotions are usually accompanied by exuberance of vital *Qi* and strong resistance to disease. Consequently, it's difficult for pathogens to invade the body. Even if they manage to do so, the disease they produce can be easily warded off. Conversely, a weak physique and emotional depression will bring about decreased vital *Qi* and weakened resistance, both of which, in turn, make possible occurrence of disease due to invasion by pathogens and often aggravate it once it occurs.

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7 Pathogenesis

7.1 Pathogenesis

It denotes the mechanism of occurrence, development and change of a disease, all of which are closely related to the strength of vital *Qi* and nature of pathogenic factors. On invasion by pathogens, vital *Qi* of the body rises up against them, and a struggle is going on between vital *Qi* and pathogens. The invasion of *Yang* pathogens tends to consume the body's *Yin* –fluid and that of *Yin* pathogens to impair the body's *Yang*–*Qi*, thereby disturbing the relative balance between *Yin* and *Yang*. Meanwhile, the resultant dysfunction of the *Zang*–*Fu* organs and channels and collaterals or derangement of *Qi* and blood can, in turn, bring about a variety of general or local pathological changes, manifested by everchanging clinical symptoms. Therefore, the general pathogenesis of a disease is inseparable from wax or wane of vital *Qi* and pathogens, imbalance between *Yin* and *Yang*, disorder of *Qi* and blood, dysfunction of *Zang*–*Fu* organs and channels and collaterals, etc.

7.2 Wax or Wane of Vital *Qi* and Pathogens

By wax or wane of vital *Qi* and pathogens are menat changes in prosperity or decline occurring in the mutual struggle between vital *Qi* and pathogens in the course of a disease. Victory or failure in the struggle between them has not only a bearing on the

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causation of disease, (ie. a disease occurs as a result of the victory of pathogens over vital *Qi* or conversely, no disease occurs as a result of the victory of vital *Qi* over pathogens), but also a direct influence upon the development or recovery(i.e. a disease or even death may ensue as a result of the victory of pathogens over vital *Qi* or ,conversely, improvement or complete recovery may occur as a result of the victory of vital *Qi* over pathogens). Meanwhile, wax or wane of pathogens and vital *Qi* also determines the nature of pathological changes: the sthenia-nature(实 excess syndrome) or the asthenia-nature(虚 deficiency syndrome).This is what is meant by "Differentiation between the sthenia nature and the asthenia-nature according to wax or wane of pathogens and vital *Qi* ".Therefore, the process of many diseases in a certain sense is that of a struggle between vital *Qi* and pathogens and that of the vicissitudes they undergo, which is said to be one of the pathogeneses.

7.3 Excess Syndrome

The chapter *Tong Ping Xu Shi Lun*(通评虚实论) Treatise on General Comment on Deficiency and Excess of 《Suwen》 says, "An excess syndrome results when the invading pathogens are exuberant." By syndrome of excess nature is meant mainly exuberance of pathogens,or a pathological reaction with excessive pathogens as the principal aspect of the contradiction.That is to say,the invading pathogens are exuberant while the body defensive *Qi* is also strong or though the pathogens are excessive,the body defensive *Qi* does not decline yet.As a result,a fierce struggle is going on between them and obvious reactions appear with a series of pathological reactions of excess,known as excess

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syndrome.It is often observed in the early or middle stage of an exogenic disease of in cases due to stagnation of phlegm,food,blood,water,etc.in the body.Its clinical manifestations are:high fever,mania,high voice and strong breath,abdominal pain and tenderness,constipation,replete and forceful pulse,etc.in addition to some morbid conditions marked by excessive accumulation of phlegm and fluid–retention, indigestion of food,reverse flow of water within the body,stagnant blood,etc.

7.4 Deficiency Syndrome

The chapter *Tong Ping Xu Shi Lun*(通评虚实论) Treatise on General Comment of Deficiency and Excess of 《Suwen》 also points out:"Exhaustion of vital essence brings about deficiency syndrome." By syndrome of deficiency nature is meant deficient vital *Qi* ,or a pathological reaction with deficient vital *Qi* ,as the principal aspect of the contradiction.That is to say,vital *Qi* is exhausted, *Yin* and *Yang*, *Qi* and blood are all insufficient,*Zang–Fu* organs and channels and collaterals fail to function properly and the body resistance is lowered while the pathogens are no longer excessive or are declining.Under these circumstances a struggle between vital *Qi* and pathogens is going on,followed by a series of pathological reactions of deficiency,known as deficiency syndrome.It is mostly seen in debilitated patients or in the later stage of a disease and in many chronic cases,clinically marked by lassitude and thin and pallid complexion,palpitation,shortness of breath,spontaneous perspiration and night sweat,or dysphoria with feverish sensation in the chest,palms and soles,or aversion to cold,cold extremities,weak pulse,etc.

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7.5 A Combination of Deficiency and Excess Syndromes

Wax or wane of vital *Qi* and pathogens can bring about not only pure excess syndrome or pure deficiency one,but also pathological changes of excess syndrome mixed with deficiency syndrome in some persistent and complicated diseases.A combination of excess and deficiency syndromes comprises mainly two kinds of pathological changes: deficiency syndromes complicated with excess ones and excess syndromes complicated with deficiency ones.Deficiency syndromes complicated with excess ones often result from inability to fight off pathogens due to insufficiency of vital *Qi* or due to stagnation of such pathological products as phlegm,food,blood and water within the body while excess syndromes complicated with deficiency ones are caused by impairment of vital *Qi* due to long term invasion by pathogens.Hence,excess aspect or deficiency aspect of pathogenesis is merely relative,not absolute in the course of the development of a disease.A combination of excess and deficiency syndromes is an inevitable tendency in the development of some disease.

7.6 Genuine or Pseudo-Excess or Deficiency Syndrome

The genuine or pseudo-excess or deficiency syndrome falls into two types of pathological changes:genuine excess with pseudo-deficiency syndrome and genuine deficiency with pseudo-excess syndrome.On the one hand,the appearance of genuine excess with pseudo-deficiency symptom, or appearance of deficiency

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in extreme excess",is caused by obstruction of the channels and collaterals and failure to transport *Qi* and blood outward due to accumulation of excess pathogens in the body.For example,the morbid condition marked by accumulation of heat in the intestine and stomach is accompanied by"fecal impaction due to heat with watery discharge."This is what is known as a genuine excess with pseudo-deficiency syndrome.On the other hand,genuine deficiency with pseudo-excess syndrome or "symptoms of excess in extreme deficiency",usually results from the dysfunction of the *Zang-Fu* organs and their failure to transport and transform nutrients.Pseudo-excess symptom such as abdominal distention due to dysfunction of the spleen in transport pertains to a genuine deficiency with pseudo-excess syndrome.From the above it can be seen that in analyzing an excess or deficiency syndrome of pathogenesis,we must see through the appearance to get at the essence and only in so doing,can we not be misled by false phenomena and have a good grasp of logical changes of excess or deficiency syndrome.

7.7 Recovery from Disease as a Result of Victory of Vital *Qi* over Pathogens

After the onset of a disease.its recovery or development depends on the outcome of the struggle between vital *Qi* and pathogens.The victory of vital *Qi* over pathogens tends towards improvement or even complete recovery of a disease.This is because the patient's vital *Qi* is sufficient and his or her resistance against the pathogens is rather strong,or because he or she receives timely treatment,which makes it hard for them to develop further so as to help bring to an end their action upon the

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body,thereby leading to gradual repair of pathological lesions of *Zang–Fu* tissues,gradual restoration of exhausted essence,*Qi* , blood and body fluid,and a new balance between *Yin* and *Yang* on a new basis. As a result,the disease ends in a complete recovery.Taking the febrile disease caused by exogenic pathogens for example,if vital *Qi* is adequate enough to put up a powerful resistance against pathogens which invade the body through skin pores or via the mouth or nose,it can not only slow down further development of a disease and confine the lesions to superficial muscles or to channels and collaterals,but also expel the pathogens by means of its action on them.Once superficial syndrome is relieved by means of diaphoresis,the pathogens will be removed,harmony between nutritive *Qi* and defensive *Qi* reestablished and the disease will end in a complete cure.

7.8 Development of Disease as a Result of Victory of Pathogens over Vital *Qi*

The outcome of the fight between vital *Qi* and pathogens determines the development of termination of a disease.As is known,recovery due to vital *Qi* 's victory over pathogens is a common termination of a number of disorders; but if the pathogens are sufficient and vital *Qi* deficient, the former will win a victory over the latter and a reverse termination may happen to the disease,that is ,the disease tends to deteriorate or to end fatally.This is because vital *Qi* is deficient and pathogens are excessive and the body's resistance against pathogens is getting weaker and weaker with each passing day that vital *Qi* has difficulty checking their pathogenic action and further development and pathological lesions inflicted on the body are getting more serious,

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Consequently, the disease gradually deteriorates or aggravates.What is worse, if vital *Qi* is exhausted,*Qi* and blood,*Zang* –*Fu* organs and channels and collaterals all fail to function property as a result of dissociation of *Yin* and *Yang*,life activities of the body come to an end, and death ensues immediately. For instance, in the course of a febrile disease, there exist such pathological changes as yin depletion and yang depletion—a typical manifestation of vital *Qi* 's failure to defeat pathogens or pathogens' victory over vital *Qi*.

7.9 Imbalance between *Yin* and *Yang*

It refers to a morbid state of the breakdown of *Yin* –*Yang* equilibrium.In other words, in the course of occurrence and development of a disease, the body loses its relative balance and harmony between *Yin* and *Yang* under the action of various pathogens, thus leading to such morbid conditions as relative excessiveness or deficiency of *Yin* and *Yang*, mutual impairment, abnormally gigantic pulse and exhaustion of *Yin* and *Yang*.Meanwhile,the theory of *Yin* and *Yang* can be used to summarize the interrelations between *Zang* –*Fu* organs.channels and collaterals,*Qi* and blood,nutritive *Qi* and defensive *Qi* and the functions of ascending or descending ,intake or output of *Qi*, and therefore, imbalance of *Yin* and *Yang* can be regarded as a summary of the disharmony of the interrelations between *Zang–Fu organs, channels and collaterals, Qi* and blood, nutritive *Qi* and defensive *Qi* and of the disturbances of functional activities of *Qi*, interior or exterior directions of intake and output, downward or upward directions of flow, etc. A disease is a life process in which pathogens act on the body to bring about

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imbalance between *Yin* and *Yang*,which is ,therefore, the basic pathogenesis and general principle of pathology in traditional Chinese medicine as well.Imbalance between *Yin* and *Yang* is primarily manifested by such pathological changes as cold or heat, excess or deficiency, and genuine or pseudo-excess or deficiency syndromes.As the saying goes,"cold or heat syndrome determined by imbalance between *Yin* and *Yang*" and cold caused by an excess of *Yin* and heat, by an excess of *Yang*.

7.10 Relative Excessiveness of *Yin* or *Yang*

Relative excessiveness of *Yin* or *Yang* may lead to an excess syndrome resulting from exuberant invading pathogens. The invasion of pathogens certainly brings about a specific syndrome. For example, the invasion of yang pathogens results in the relative excessiveness of yang ,leading to a heat syndrome of excess type while that of *Yin* pathogens gives rise to the relative excessiveness of *Yin*, leading to an interior cold syndrome of excess type.As is said in the chapter *Yin Yang Yin Xiang Da Lun*(阴阳应象大论 Great Treatise On *Yin-Yang* Classification of Natural Phenomena) of 《*Suwen*》 :"An excess of yang brings about heat syndrome and that of *Yin*, cold syndrome".

Yin and *Yang* are mutually restrainable in that growth of *Yang* leads to consumption of *Yin* while that of *Yin* to consumption of *Yang* Preponderance of *Yang* will inevitably act on *Yin*, thereby causing decline of *Yin*, whereas that of *Yin*, will inevitably affect *Yang* ,thus leading to decline of *Yang*. The chapter *Yin Yang Yin Xian Da Lun* of 《*Suwen*》 says:"An excess of *Yang* leads to disorder of *Yin* and that of *Yin*, to disorder of *Yang*", definitely pointing out the inevitable trend of the relative

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excessiveness of *Yin* or *Yang*.

7.11 Heat Syndrome Due to an Excess of *Yang*

The theory of heat syndrome of excess type caused by an excess of *Yang* is a generalization of its pathogenesis.The main reason why excessive *Yang* is formed is that the body is affected by warm—heat yang pathogens or by *Yin* pathogens but with heat transformed from excess *Yang* .An excess of yang can also result from interior impairment by emotional stress, or disorders of five emotions or from stagnation of *Qi* and blood,retention of food, etc. all of which are transformed into heat pathogens. Heat syndrome of excess type can also be caused by preponderance of *Yang—Qi*, hyperfunction, and production of excessive heat. An excess of *Yang*, which is characterized by heat, movement and dryness, is inevitably accompanied by such heat syndromes as high fever,flushed face, congested eyes, etc.

With *Yin* and *Yang* being mutually opposite and restrainable, an excess of *Yang* leads inevitably to consumption of *Yin*, as the saying goes:"An excess of *Yang* brings about disroders of *Yin*" .When association of pathogens with *Yang* causes an excess of *Yang*, *Yin* is relatively inadequate and a heat syndrome of excess type occurs as a result. In case of consumption of the body' s *Yin*—fluid due to an excess of *Yang*, *Yin* is absolutely inadequate, thus leading to an excessive heat syndrome complicated by *Yin*—deficiency or developing into a *Yin*—deficiency syndrome.

7.12 Cold Syndrome Due to an Excess of *Yin*

"A cold syndrome brought about by an excess of *Yin*" is a of

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interior cold syndrome of excess type due to relative excessivensess of *Yin* in the body.An excess of *Yin* is mostly caused by affection of *Yin* pathogenic cold and dampness, profuse intake of cold or raw food,or retention of cold and fluid in the middle–*Jiao* due to stagnant cold. Hence, inhibition of *Yang–Qi* due to relative excessiveness of *Yin* may produce some pathological metabolic products such as stagnant phlegm, accumulated blood, thereby giving rise to a cold syndrome of excess type.An excess of *Yin* marked by cold, inertia and dampness is certainty followed by such cold symptoms as chilliness, cold limbs, pale tongue, etc.

Since *Yin* and *Yang* are mutually opposite and restrainable, an excess of *Yin* is bound to consume *Yang–Qi,* as the saying goes:"An excess of *Yin* leads to disorders of *Yang.*"Theoretically, relative inadequacy of *Yang* is a cold syndrome of excess type,absolute inadequacy of *Yang* is an excessive cold syndrome complicated by yang–deficiency. Because *Yang–Qi* is liable to move and easy to be dispersed out, the excessiveness of *Yin* is simultaneously accompanied by *Yang* inadequacy in varying degrees. Clinically, it's very hard to make a clear distinction between its relative inadequacy and absolute inadequacy of *Yang* or to distinguish pure cold syndrome of excess type from that complicated by *Yang*–deficiency syndrome.

7.13 Relative Deficiency of *Yin* or *Yang*

Relative deficiency of *Yin* or *Yang* can lead to "deficiency syndrome brought about by exhaustion of vital essence". "Exhaustion of vital essence"actually embraces not only deficiency of some basic substances such as essence of life,*Qi*,blood, fluid of the

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body and their physiological hypofunction, but also physiological hypofunction and dysfunction of *Zang–Fu* organs, channels and collaterals, etc. In normal circumstances, there exist the relations of mutual restraint, interdependence, interaction mutual growth–decline, and mutual transformation between *Yin* and *Yang*, in which *Yin* and *Yang* maintain their relative balance. Therefore, these relationships between *Yin* and *Yang* can be used to expound body organs and structures such as essence of life, *Qi*, blood, body fluid, *Zang–Fu* organs, channels and collaterals and their physiological functions. If for one reason or another, there exists reduction of some substance of *Yin* or *Yang* or its hypofunction,one aspect certainly can not restrain the other, thus giving rise to relative excessiveness of the latter and some morbid conditions marked by a cold syndrome due to *Yang*–deficiency (cold of insufficiency type) of by a heat syndrome due to Yin–deficiency (heat of insufficiency type).

7.14 Cold Syndrome Due to *Yang*–Deficiency

Cold syndrome due to *Yang*–deficiency is a generalization of the pathogenesis of insufficiency of the body's *Yang–Qi* and production of endogenic cold of deficiency type. The inadequacy of *Yang–Qi* is usually caused by poor natural endowments, improper diet after birth, internal injury due to overfatique or consumption of *Yang–Qi* due to chronic illness. If *Yang–Qi* is inadequate, it can not restrain *Yin*, thus giving rise to relatilve excessiveness of *Yin* and production of endogenic cold of deficiency type.Moreover, if *Yang–Qi* is deficient, decline of its warming function will result in dysfunction of *Zang–Fu* organs, channels and collaterals,slow flow of blood and body fluid, and

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excess of endogenic *Yin* cold due to retention of water and fluid, clinically manifested by such deficiency symptoms as huddling up of the body with preference for inertia,diarrhea with undigested food in the stool, etc.as well as some cold symptoms such as pale complexion,aversion to cold, cold limbs ,pale tongue, slow pulse, etc. This is what is known as "cold syndrome of insufficiency type".

7.15 Heat Syndrome Due to *Yin*–Deficiency

Heat syndrome due to *Yin*–deficiency is a generalization of the pathogenesis of inadequacy of the body's *Yin*–fluid (including essence of life, blood and body fluid) and production of endogenic heat of deficiency type. The inadequacy of the body's *Yin*–fluid results mostly from impairment of *Yin* by *Yang*–heat pathogens, by fire transformed from five emotions in excess or by exhaustion of *Yin*–fluid due to chronic illness. If *Yin* fluid is insufficient, it cannot restrain *Yang*, thus resulting in the relative excessiveness of *Yang*, debilitating hyperactivity and production of endogenic heat–fire of deficiency type. This morbid condition due to *Yin*–deficiency is often clinically manifested by dysphoria with feverish sensation in the chest ,palms and soles, hectic fever and tidal fever ,night sweat, dry throat and mouth, reddened tongue with little or no fur, thready and rapid pulse, etc. That is the so called "fever of deficiency type".

7.16 Mutual Impairment of *Yin* and *Yang*

It refers to the pathogenesis in which on condition that either *Yin* or *Yang* is impaired, its pathological changes will affect its opposite aspect, thus leading to deficiency of both *Yin* and *Yang*.

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Yin–deficiency followed by *Yang*–deficiency is termed "deficiency of *Yin* affecting *Yang*." and,conversely, *Yang*–deficiency followed by *Yin*–deficiency is named deficiency of *Yang* affecting *Yin*. Some morbid conditions due to yang–deficiency affecting *Yin* or vice versa, occur only because of the imbalance between *Yin* and *Yang* of the kidneys due to the deficiency of *Yin* or *Yang* of the other *Zang*–organs or of the kidneys themselves, for the kidenys are the foundation of *Yin*–fluid and *Yang*–*Qi* of the whole body.

7.17 Deficiency of *Yin* Affecting *Yang*

Deficiency of *Yin* affecting *Yang* denotes the pathogenesis of deficiency of both *Yin* and *Yang* with *Yin*–deficiency as the primary one ."*Yang* can not be generated without *Yin*".So consumption of *Yin*–essence leads to insufficiency of *Yang*–*Qi* or loss of the carrier upon which it depends, thereby causing the dispersion of *Yang*–*Qi*. Hence, *Yin*–deficiency followed by *Yang*–deficiency results in syndromes due to deficiency of both *Yin* and *Yang* with *Yin*–deficiency as the primary one ,as is often seen in the case of hyperactivity of the liver–*Yang*. Its pathogenesis is chiefly characterized by hyperactivity of *Yang* due to *Yin*–deficiency caused by failure of water to nourish wood, but its further development may again consume the kidney–*Yin* with the kidney–*Yang* involved. As a result, a *Yang* deficiency syndrome marked by aversion to cold, cold limbs deep and weak pulse, etc, may occur and develop into the syndrome of deficiency of both *Yin* and *Yang* caused by deficiency of *Yin* affecting yang.

7.18 Deficiency of *Yang* Affecting *Yin*

Deficiency of *Yang* affecting *Yin* represents the pathogenesis

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of deficiency of both *Yin* and *Yang* with deficiency of *Yin* as the primary one. As has already been said,"*Yin* can't grow without *Yang*." So, impairment of *Yang—Qi* leads to inadequate production of *Yin*—essence. That is , deficiency of *Yang* followed by deficiency of *Yin* produces the syndrome of deficiency of both *Yin* and *Yang* with deficiency of *Yang* as the primary one as is often seen in the case of edema. Its pathogenesis is mainly marked by deficiency of *Yang—Qi*, leading to dysfunction in *Qi* transportation, disturbance in water metabolism, stagnation of body fluid leading to production of endogenic water and dampness which flow over the skin and muscles; but its development may lead to ever—increasing consumption of *Yin* due to no generation of *Yang*. As a result, *Yin*—deficiency syndrome marked by emaciation, irritability with the sensation of flaming up of fire, etc. often occurs and may further develop into syndrome of deficiency of both *Yin* and *Yang* brought about by deficiency of *Yang* involving *Yin*.

7.19 *Geju*(格拒 Opposition and Exclusion) of *Yin* and *Yang*

Geju of *Yin* and *Yang* denotes that *Yin* and *Yang* oppose and exclude each other, causing the pathogenesis of genuine or pseudo—cold or heat syndrome, which is a comparatively specific one of imbalance between *Yin* and *Yang*. Being extremely excessive, either *Yin* or *Yang* stagnates inside the body,expels the opposite aspect from it and makes *Yin* and *Yang* unable to hold each other together, thereby resulting in a cold syndrome with pseudo—heat symptoms or a heat syndrome with pseudo—cold symptoms. To sum up, the pathogenesis of opposition and exclusion of *Yin* and

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Yang comprises two aspects:(1)*Yang* kept externally by *Yin*–excess in the interior, and (2) *Yin* kept externally by *Yang*–excess in the interior.

7.20 *Yang* Kept Externally by *Yin*–Excess in the Interior

The expression"*Yang* kept externally by *Yin*–excess in the interior",or simply"*Yang* kept externally", is a generalization of the pathogenesis of a cold syndrome with pseudo–heat symptoms. Stagnation of excessive *Yin*–cold inside the body compels *Yang–Qi* to flow externally and makes *Yin* and *Yang* unable to communicate by keeping each other apart, thereby producing a cold syndrome with pseudo–heat symptoms. Of course, excessive *Yin*–cold inside the body is the essence of disease. But because *Yang* is kept externally, such pseudo–heat symptoms as flushed face, dysphoria with smothery sensation, thirst and large pulse. are likely to occur.

7.21 *Yin* Kept Externally by *Yang*–Excess in the Interior

The expression"*Yin* kept externally by *Yang*–excess in the interior", or simply "*Yin* kept externally", is a generalization of the pathogenesis of a heat syndrome with pseudo–cold symptoms. Blocked inside the body, extreme *Yang*–heat can' t be transported externally to the limbs with *Yin* kept externally so that *Yin* and *Yang* can' t communicate with each other, thereby producing a heat syndrome with pseudo–cold symptoms. Here, excessive *Yang*–heat inside the body is the essence of disease. But because *Yin* is kept externally, there may appear such pseudo–cold symp-

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toms as cold limbs, deep and hidden pulse, etc.

7.22 *Yin* Depletion

It is a morbid state in which sudden massive consumption or loss of *Yin*—fluid leads to severe general function failure. Generally speaking, it is caused by an excess of pathogenic heat or its long stagnation leading to decocting and burning of a lot of body fluid or by massive loss of *Yin*—fluid resulting from profuse sweating, severe vomiting, massive bleeding, etc. *Yin* depletion is often accompanied by some critical symptoms such as dyspnea, thirst, dysphoria, and profuse sweating with warm hands and feet.

7.23 *Yang* Depletion

It is a morbid state in which sudden exhaustion of *Yang—Qi* leads to general functional failure abrupt and severe. Generally, it is caused by sudden exhaustion of *Yang—Qi* due to an excess of pathogens which vital *Qi* is unable to fight off, or due to deficiency of *Yang* and overfatigue, or due to profuse sweat and excretion of *Yang* together with sweat, or due to *Yang* exhaustion as a result of chronic consumptive diseases, external floating of *Yang* in deficiency condition, etc.This morbid state is usually manifested by some critical symptoms, such as profuse sweat, cold limbs and weak indistinct pulse.

Because *Yin* and *Yang* are interdependent and act upon each other, depletion of *Yin* leads to outward dispersion of *Yang* which loses the foundation to depend upon, thus bringing about *Yang* depletion. On the other hand, depletion of *Yang* makes *Yin* lose the power upon which the production of *Yin* to rely, thereby giving rise to *Yin* depletion. Finally, "*Yin* and *Yang* are dissociated

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from each other ,leading to exhaustion of vital essence and *Qi*" .As a result, all life activities cease to go on and death ensues.

7.24 Derangement of *Qi* and Blood

It refers to a morbid condiltion due to insufficiency of Qi and blood and abnormality of their respective physiological functions and dysfunction of their interdependence and interaction as well. On the one hand, *Qi* and blood are the material basis for physiological activities *Zang–Fu* organs, channels and collaterals perform. Therefore, the derangement of qi and blood will inevitably affect various physiological functions of the body, resulting in a disease. On the other hand, *Qi* and blood are the products of the fucntional activities of *Zang–Fu* organs, and, therefore, any pathological change they undergo will certainly influence *Qi* and blood, thus giving rise to pathological changes of *Qi* and blood. For this reason, the pathogenesis of *Qi* and blood, like that of the prosperity and decline of vital *Qi* and pathogens of the imbalance of *Yin* and *Yang*, is not only the foundation of various pathological mechanisms of *Zang–Fu* organs, channels and collaterals but also the basis for analyzing and studying the pathogenesis of various diseases.

7.25 Deficiency of *Qi*

It is a morbid state due to consumption of *Qi* of the whole body, its dysfunction, hypofunction of the *Zang–Fu* organs and lowered resistance against diseases. The main reason for this is inadequate generation and excessive consumption of *Qi*. The former results from congenital defect, lack of proper care after birth or dysfunction of the lungs, spleen and kidneys while the

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latter, from internal injury due to overfatigue or severe protracted illness. Deficiency of *Qi*, leading to hypofunction of various organs, is manifested by such symptoms as listlessness, lassitude, spontaneous sweating, and susceptibility to cold. Since *Qi* bears a close relationship with blood and body fluid, deficiency of *Qi* is bound to affect the generation, transportation and distribution of blood and body fluid, thereby giving rise to many pathological changes of blood and body fluid. For instance, deficiency of *Qi* results in inability to transport blood or diffuse body fluid, thus leading to their stagnation; inability to control blood and body fluid, thereby incurring their loss; and inability to generate them, thus bringing about their inadequate production.

7.26 Disorder of *Qi*

It refers to such pathological changes as stagnation of *Qi*, its reversed flow, collapse, obstruction, and exhaustion due to disturbance in its ascending–descending and incoming–outgoing functions. Ascending descending and incoming outgoing movements are *Qi*'s basic form of motion, upon which functional activities of *Zang–Fu* organs and channels and collaterals, but also correlations between *Zang–Fu* organs and the channel system and *Qi* and blood, and *Yin* and *Yang* rely for their relative balance. The disturbance in ascending–descending and incoming outgoing flow of *Qi* will disturb their functional coordination and balance, thus bringing about various morbid conditons. Generally speaking, disorder of *Qi* may include the following five pathological changes: stagnation of *Qi* (its impeded circulation), reversed flow of *Qi* (its excessive upward flow and inadequate downward flow),collapse of *Qi* (its inadequate upward flow and

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excessive downward flow of *Qi*), blockage of *Qi* (obstruction of its external flow), and exhaustion of *Qi* (its external depletion instead of its retention inside the body).

7.27 Stagnation of *Qi*

It is due chiefly to emotional depression or stagnation of such pathological products as phlegm, food, blood, water, etc., which hinders the flow of *Qi* thus bringing about general or local disorders of disturbances of its functional activities with the resultant dysfunction of some *Zang–Fu* organs, channels and collaterals. Stagnation of *Qi* at a certain spot will bring about abdominal distention and pain. *Qi* in motion enables blood and body fluid to circulate normally. Stagnated *Qi*, however, will make blood and water stop flowing, thereby producing such morbid products as blood stasis and phlegm retention. Therefore, blood stasis, phlegm and stagnation of *Qi* turn out to be the cause and effect of each other in turn. Generally, stagnancy of blood and retention of phlegm will inevitably lead to stagnation of *Qi*, which, in turn, well bring about the formation of the former. Since the liver(responsible for ascending function), the lungs (for descending function), the spleen(for ascending function) and the stomach (for descending function) all play an extremely important role in the regulation of functional activities of the human body, dysfunction of these organs often causes the stangnation of *Qi*, as is often seen in obstruction of the lung–*Qi*, and stangation of the liver–*Qi*, of the spleen and stomach–*Qi*.

7.28 Reversed Flow of *Qi*

It indicates a morbid condition in which the upward and

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downward flow of *Qi* is disturbed, marked by an upward adverse flow of *Qi* of the *Zang–Fu* orgnas. The reversed flow of *Qi* is due mainly to emotional upset, improper cold or warm factors or stagnation of phlegm, etc., as is most frequently found in the lungs, stomach, liver, etc. For example, adverse rising of the lung–*Qi* due to impairment of the lung' s purifying and descending function is manifested by cough with dyspnea, adverse rising of the stomach–*Qi* due to its failure in descending, by nausea, vomiting, belching, hiccup etc., and the upward invasion of the hyperactive liver–qi due to its excessive flow by headache, fullness of the head, flushed face and congested eyes, and irritability. The liver, an energetic *Zang*–organ, maintains potency for the flow of *Qi* and storage of blood, therefore. upward invasion of the hyperactive liver–*Qi* leads to hemoptysis and haematesis due to the reversed flow of *Qi*, or even to syncope due to disturbance of *Qi* in the brain. Generally, the reversed flow of *Qi* belongs to an excess syndrome, but is occasionally found in a deficiency syndrome. Impairment of purifying and descending function due to deficiency syndrome of the lungs or failure of the kidneys in receiving *Qi* leads to the upward flow of *Qi*, as often seen in asthma of insufficiency type. This is the pathogenesis of the reversed flow of *Qi* due to deficiency syndrome.

7.29 Collapse of *Qi*

Collapse of *Qi*, one of the pathogeneses of deficiency of *Qi*, is a morbid condition mainly characterized by invigorous ascending and descending of *Qi*. Since the *Zang–Fu* organs depend on coordination of *Qi*' s ascending or descending and incoming or outgoing movements for their relatively fixed positions in the

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body, in case of decreased ability to ascend due to deficiency of *Qi*, ptoses of some of the *Zang*–organs will ensue, such as gastroprosis, nephroptosis, uterus ptosis and proctoptosis. Because the spleen, as the source of growth and development of *Qi* and blood, performs the function of sending up essential nutrients, its insufficiency is more likely to cause *Qi* collapse, commonly known as collapse of the spleen–*Qi* or sinking of *Qi* of the middle–*Jiao*(a general term for the spleen and the stomach). *Qi*–collapse brought about by deficiency syndrome, is usually manifested by some symptoms of deficiency type, such as abdominal distention with tenesmus, frequent feeling of stool, shortness of breath, listlessness. weak voice, weak pulse, etc. in addition to ptoses of some of the *Zang*–organs.

7.30 Blockage of *Qi*

It refers to a morbid state in which *Qi* is blocked up because of sudden obstruction of its external flow. This syndrome is the result of external obstuction by turbid pathogens or obstruction of external flow by excessive stagnation of *Qi*, as manifested by syncope resulting from affection of *Qi* by turbid pathogens, that resulting from excessive heat in exogenic febrile diseases, and that resulting from sudden mental injury. The pathogenesis of this morbid condition lies in that blockage of *Qi* is caused by impediment of its external flow.

7.31 Exhaustion of *Qi*

It refers to a morbid state characterized by sudden functional failure of *Qi* resulting from failure to be kept internally due to its external exhaustion. The external exhaustion of *Qi* due to its

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inability to stay internally reuslts from failure of vital *Qi* to ward off pathogens or from prolonged weakening of vital *Qi* or from exhaustion of *Qi* caused by massive bleeding or profuse sweat, etc. Since *Qi* is the most fundamental substance to maintain vital fucntional activities, the loss of a large amount of *Qi* gives rise to sudden failure of visceral function. Actually, exhaustion of *Qi* is the leading pathogenesis of various prostration syndromes.

7.32 Deficiency of Blood

It refers to a morbid state due to insufficiency of blood and hypofunction of its nourishment. It is attributable chiefly to insufficient blood formation or its excessive consumption. For instance, weakness of the spleen and stomach, malnutrition and no substance from which blood is generated result in inadequate formation of blood; while the resultant massive hemorrhage or slow and unconscious consumption of nutritive *Qi* and blood due to chronic illness brings about excessive consumption of blood, thereby leading to deficiency of blood. Since the *Zang-Fu* organs and tissues, channels and collaterals depend on blood for their nourishment, deficiency of blood may lead to such weak syndromes of deficiency type as general or localized malnutrition, gradual decline of functinal activities, etc. Its clinical symptoms are:pale complexiom, pale lips, dizziness, palpitation, lassitude, listlessness, emaciation, numbness of the extremities, impeded stretch and contraction of the joints, dryness and uncomfortable feeling of the eyes, vertigo, etc.

7.33 Blood Stasis

It refers to a morbid state caused by obstructed or sluggish

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flow of blood. It is due chiefly to stagnation of *Qi*, deficiency of *Qi*, blood–cold, blood–heat and retention of phlegm in the interior as well. Specifically, stagnation of *Qi* leads to impeded circulation of blood; deficiency of *Qi*, to its sluggish circulation; invasion of blood by cold pathogens, to its coagulation due to blood–cold;that of blood by heat pathogens, to its decoction and sticky stagnation; and retention of phlegm in the channels and collaterals results in obstruction of blood circulation. Any one of the above five cases is enough to cause blood stasis and even resultant stagnant blood. Since stagnant blood is the pathological product of blood stasis, it may be obstructed in channels and collaterals after its formation, thus serving as one of the causes of blood stasis. Therefore, the pathological changes caused by it, such as pain, mass, are basically similar to those of stagnant blood. And blood stasis may in turn aggravate the obstruction of functional activities of *Qi*, thereby forming a vicious cycle in which stagnation of *Qi* leads to blood stasis, which, in turn, leads to stagnation of *Qi*. Consequently, stagnation *Qi* and blood stasis are often simultaneously seen in the course of a disease.

7.34 Blood–Heat

It is a morbid state due to heat in the blood system and speeding up of blood flow. It is caused by attack of blood by heat pathognes and by fire pathogen transfomed by emotional disorders due to mental depression. Heat in the blood system and forced flow of blood by heat may speed up the flow of blood and burn channels and vessels. resulting in various kinds of bleeding due to blood–heat. Meanwhile, invasion of blood by heat pathogens decocts blood and body fluid. Therefore, blood–heat

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is clinically characterized not only by heat symptoms, but by consumption of blood, bleeding and impairment of *Yin* as well.

7.35 Stagnation of *Qi* and Blood Stasis

This is a morbid condition due to simultaneous occurrence of stagnation of *Qi* and blood stasis. Specifically, it may be caused by blood stasis due to stagnation of *Qi*, or stagnation of qi due to accumulation of blood in the interior or simultaneous formation of both due to trauma by sprain and contusion.Since the liver's dredging function plays a key role in the regulation of the functional activities of *Qi*, stagnation of *Qi* and blood stasis are closely concerned with the physiological dysfunction of the liver. Again, with the heart responsible for the circulation of blood, its physiological dysfuncion leads first to blood stasis and then to stagnancy of *Qi*, both marked by such symptoms as distending pain, ecchymosis and abdominal mass.

7.36 Failure of *Qi* to Control Flow of Blood

This is a morbid condition marked by various kinds of bleeding, in which the blood flow fails to be controlled due to the deficiency of *Qi* and extravasation results. Because *Qi* is derived from the spleen, its dysfunction in transport will cause deficiency of *Qi* due to inadequate production of *Qi*. Since *Qi* can control the blood circulation, deficiency of *Qi* will bring about bleeding because it's too weak to control the flow of blood. In addition, since the spleen dominates upward flow of *Qi* deficiency of *Qi* in the middle–*Jiao* and its sinking will bring about escape of blood from the lower part of the body, as is often seen in such symptoms as metrorrhagia and blood stool.

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7.37 Exhaustion of *Qi* Resulting from Hemorrhage

It is a morbid state showing exhaustion of *Qi* caused by massive bleeding with resultant deficiency and exhaustion of both *Qi* and blood. It's usually brought about by massive loss of blood due to trauma or metrorrhagia and postpartum hemorrhage. With blood as the carrier of *Qi*, exhaustion of blood leads to the loss of the carrier on which qi depends, and therefore, *Qi* is exhausted together with blood. As a result, exhaustion of *Qi* and blood brings about sudden severe functional failure of the human body.

7.38 Deficiency of Both *Qi* and Blood

It is a morbid state showing coexistence of deficiency of both *Qi* and blood, resulting from consumption of both *Qi* and blood after protracted illness, or loss of blood followed by consumption of *Qi*, decreased production of blood due to deficiency of *Qi*. Clinically, it is manifested simultaneously by such deficiency syndromes as pale or yellowish complexion, shortness of breath, disinclination for talk, fatigue and weakness, emaciation, palpitation, insomnia or numbness of the limbs.

7.39 Failure of *Qi* and Blood to Nourish Channels

It refers to a morbid state of abnormal movement or abnormal sensation of the limbs, tendons, muscles, etc.,caused by deficiency of *Qi* and blood or derangement of *Qi* and blood. The tendons, muscles and skin depend for their nourishment on *Qi* and

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blood, which circulate through channels. If *Qi* and blood are sufficient enough to interact on each other, tendons and muscles, well nourished, can function to facilitate movements of the limbs, and the skin, well nourished, can experience sensattions normally. Conversely, if the channels, tendons, muscles and skin are not properly nourished due to deficiency of *Qi* and blood, or derangement of *Qi* and blood dyskinesia or paresthesia,e.g.numbness of the limbs, or even paralysis of the limbs, itching, and dryness of the skin, or even dry and squamous skin may ensue as a result.

7.40 Disturbance in Fluid Metabolism

Fluid metabolism is practically a process of constant production, distribution and excretion of body fluid. By disturbance in fluid metabolism is meant disturbance of its distribution and imbalance between its production and excretion, thus resulting in insufficiency of body fluid due to reduced production, excessive consumption and excretion, or in such pathologic changes as fluid retention, stagnation and overflow brought about by sluggish fluid circulation within the body. Normal production, distribution and excrection of body fluid are inseparable from ascending or descending and incoming or outgoing movements of *Qi* and its functional activities, transporting and transforming function of the spleen, dispersing and descending function of the lungs, water-regulating function of the kidneys and clearance and regulation of water passage by tri-*Jiao*. Disharmony and imbalance of the movement of *Qi*, or functional disturbance of *Qi*, the spleen, lungs, kidneys or tri-*Jiao* all may give rise to disturbance in fluid metabolism, thus producing such pathological changes as

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insufficiency of body fluid or retention of phlegm and accumulation of dampness.

7.41 Insufficiency of Body Fluid

It refers to a pathologic state marked by dryness, resulting from failure of body fluid (which is insufficient in quantity) to moisten and nourish the zang-organs, pores, skin and hairs. Insufficiency of body fluid is mostly attributable to consumption of body fluid by pathogenic dryness-heat and disorders of five emotions, or profuse perspiration, vomiting, diarrhea, loss of blood or excessive intake of drugs of acrid taste and drying effect. etc. From the viewpoint of pathogenesis, insufficiency of body fluid is divided into two phases: (1) impairment of *Jin* (津 thin and clear body fluid) and (2)exhaustion of *Ye*(液 thick body fluid). As *Jin* is highly mobile, it is easily consumed and supplied. Profuse sweat in hot weather, or thirst due to impairment of *Jin* by high fever, sunken eye and spasm due to severe vomiting, severe diarrhea and diuresis all are manifestations of impairment of *Yin*. On the contrary, *Ye* is sluggish in motion and not easily consumed. Once consumed, it is not easily replenished in time. Exhaustion of *Yin*-fluid or wind stirring due to *Yin*-deficiency in the late stage of a febrile disesase or after prolonged illness, marked by reddish tongue with little or no coating, emaciation, withered muscles and skin, dryness of the hairs, or even cramp, involuntary movement of the limbs, are all regarded as clinical manifestations of exhaustion of *Ye*. After all, body fluid is a single entity. Impairment of *Jin* is not necessarily accompanied by exhaustion of *Ye*, which, however, is certainly to be followed by impairment of *Jin*. From the above it follows that impairment of

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Jin is a gradual start of exhaustion of *Ye*, which, in turn, is the climax of impairment of *Jin*.

7.42 Disturbance in Distribution and Discharge of Body Fluid

Distribution and discharge of body fluid are the two important links in the process of matabolism of body fluid, and functional disturbance of these links may lead to retention of body fluid within the body, which is then transformed into phlegm and dampness. By disturbance in distribution of body fluid is meant that it cannot be normally distributed, leading to sluggish circulation and local accumulation of dampness, which is transformed into phlegm retention. The factors contributing to this disturbance are numerous But it results mainly from dysfunction of the lungs, spleen, and liver, and obstruction of tri–*Jiao* as passageway.of these factors, the most important one is dysfunction of the spleen in transporation and transformation as the saying goes, "Such syndromes as dampness, swelling and distentim are all attributable to dysfunction of the spleen."

By disturbance in discharge of body fluid is meant edema resulting from water retention due to weakened function of in ternal organs to transform fluid into sweat and urine. Body fluid depends on the lungs' dispersing and descending function for its transformation into sweat to be excreted, and on the functioning of the kidney–*Qi* for its transformation into urine to be discharged. Therefore, discharge disturbance of body fluid resuls mainly from functional disturbance of the lungs and kidneys. Owing to the fact that in case of disturbance in sweat discharge, waste fluid left after metabolism still can be transformed into

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urine to be discharged from the body, the kidneys are said to govern the excretion of body fluid. To sum up functional disturbance of the kidneys and disturbance in formation and discharge of urine will eventually lead to water retention thus forming edema.

7.43 Water Retention Leading to Stagnation of *Qi*

It refers to the pathologic state characterized by stagnation of *Qi* due to metabolic disturbance of body fluid and retention of water and phlegm. Water retention and stangation of *Qi* can be the cause or effect of each other alternatively in that the former can give rise to the latter and vice versa. For example, water retention in the lungs may impede functional activities of the lung–*Qi*, manifested as fullness of the chest, cough and asthma and orthopnea, water–retention in the heart may obstruct the heart–*Qi* and inhibit the heart–*Yang*, manifested as palpitation, pain in the heart; and water retention in the middle–*Jiao* may hinder functional activities of the spleen and stomach, leading to failure of clear *Qi* to ascend and of turbid qi to descend, manifested by such clinical manifestations as dizziness, fatigue, distension and fullness in the epigestrium, and anorexia.

7.44 Exhaustion of *Qi* Resulting from Depletion of Body Fluid

It is a morbid state showing depletion of *Qi* due to loss of lodgement of body fluid, resulting from massvie loss of body fluid. Its common causes are: consumption of body fluid by high fever, or profuse perspiration, or severe vomiting, or diarrhea. As body fluid and blood are the carrier of *Qi*, loss of body fluid will

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deprive *Qi* of its lodgement and *Qi* will be exhausted externally as well. As the saying goes: "*Qi* cannot be kept intact after vomiting or diarrhea".

7.45 Blood Inadequacy Due to Exhaustion of Body Fluid

It refers to the pathologic state showing extreme exhaustion of body fluid, leading to production of heat of deficiency—type inside the body and production of wind due to blood inadequacy. Body fluid and blood, derived from the same source, are mutually permeable. Body fluid is an important component of blood. Depletion of body fluid due to various reasons, such as impairment of body fluid by high fever, consumption of body fluid by fever in chronic consumptive diseases, loss of blood and fluid, etc., leads to hypovolemia and inadequacy of blood, resulting in heat of *Yin*—deficiency type inside the body, manifested as restlessness, or dysphoria with feverish sensation in the chest, palms and soles, dryness of the nose and throat, etc.; or production of wind, manifested as itch, squamous and dry skin, etc.

7.46 Blood Stasis Due to Loss of Body Fluid

It refers to a morbid condition characterized by stagnancy of blood due to loss of body fluid. As body fluid and blood, derived from the same source, are mutually permeable, loss of body fluid because of high fever, burns, vomiting, diarrhea, profuse perspiration, etc., will cause hypovolemia and sluggish circulation of blood, leading to blood stasis. In addition to clinical manifestations, such as insufficiency of body fluid, there are such symptoms of blood stasis as purplish tongue, or petechia ecchymosis,

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or skin eruption.

7.47 Five Endogenous Pathogens

They refer to the five pathologic changes, namely, wind–transformation cold–transformation dampness–transformation dryness–transformation and fire–transformation resulting from disturbance in physiological functions of *Qi*, blood, body fluid and *Zang–Fu* organs. As the transformation occurs inside the body, they are also referred to as endogenous wind, endogenous cold, endogenous dampness, endogenous dryness, and endogenous fire, respectilvely coming under the general term "five endogenous pathogens". They are, therefore, five comprehensive changes of pathogenesis rather than pathogenic factors.

7.48 Endogenous Wind

Endogenous wind, also referred to as "wind stirring inside the body", is a morbid condition caused by hyperactivity and adverse flow of *Yang–Qi*. During the course of a disease, hyperactivity of *Yang* transforms into wind–syndrome due to excess of *Yang*, or inability of insufficient *Yin* to inhibit hyperactive *Yang*, marked by such pathological changes as tremor, dizziness and convulsion. This is the so–called "endogenous wind". It is also referred to as liver–wind or liver–wind stirring inside the body, for its occurrence is closely related to the liver. Wind syndrome of this type may be caused by hyperactivity of the liver–*Yang*, extreme heat, deficiency of *Yin*, deficiency of blood, etc.

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7.49 Wind Syndrome Due to Hyperactivity of the Liver—*Yang*

This syndrome is caused by deficiency of the liver—*Yin* and kidney—*Yin* due to their impairment by disorders of five emotions or overstrain, lending to exuberant liver—*Yang*, manifested as tremor, dizziness, or wry mouth with distorted eyes, or hemiplegia in mild cases, and sudden fainting or even syncope accompanied by cold limbs in severe cases.

7.50 Occurrence of Wind Syndrome in Case of Extreme Heat

It is caused by over-abundance of pathogenic heat which consumes body fluid, impairs blood and the liver channel, leading to malnutrition of the muscles and tendons. Its clinical manifestations are: convulsion, hyperphoria, accompanied by high fever, coma, delirium, etc., ofter seen in the climax of a febrile disease.

7.51 Wind Syndrome Due to *Yin*—Deficiency

It is brought about by depletion of *Yin*—fluid, which leads to malnutrition of the tendons and vessels, manifested as muscular twitching and cramp, involuntary movement of the limbs, often seen in the late stage of a febrile disease in which *Yin*—fluid is severely impaired. Windsyndrome due to *Yin*—deficiency pertaining to stirring-up of endopathic wind of deficiency type is different from wind syndrome due to hyperactivity of the liver—*Yang* or to extreme heat in the light of its pathogenesis and clinical manifestations.

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7.52 Wind Syndrome Due to Blood–Deficiency

It indicates endopathic wind of deficiency type stirring up inside, brought about by failure of insufficient liver blood to nourish tendons and vessels, or failure of blood to nourish collaterals, resulting from decreased production of blood, or massive loss of blood, or protracted illness which impairs blood. Its clinical manifestations are: numbness of the limbs, muscular subsultus, or even muscular constricture.

7.53 Wind Syndrome Due to Blood Inadequacy

It is brough about by depletion of body fluid and insufficient blood, resulting from consumption of blood by protracted illness, or insufficiency of blood and essence in old people, or decreased production of blood due to chronic malnutrition, or disturbance in blood production due to blood stasis. Its clinical manifestations are: dryness of the skin or dry and squamous skin, accompanied by itching or desquamation of skin, etc.

7.54 Endogenous Cold

It is a morbid condition of internal cold or excess of *Yin*–cold due to deficiency of *Yang–Qi* and its weakened warming function. Deficiency of *Yang* results in relatilvely excessive *Yin*, leading to internal cold, manifested as insufficiency of *Yang*–heat, or dormancy, e. g., cold limbs, vascular spasm, sluggish blood circulation, etc. As the kidneys are the root of *Yang–Qi*, deficiency of the kidney–*Yang* plays a key role in the production of internal cold. Deficiency of *Yang–Qi* leads to reduced functional activities of *Qi*, thus resulting in accumulation

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of pathologic products of *Yin*–cold type, such as water and phlegm, manifested as frequent micturition with copious urine, diarrhea, edema, etc.

7.55 Endogenous Dampness

It indicates the morbid condlition of retention of water and phlegm within the body, caused by disturbance of the spleen's transporting and distributing function. As the spleen has the function to transport and transform water, dysfunction of the spleen in transport is a leading cause of production of turbid dampness in the interior. Therefore, it is also known as endogenous dampness due to deficiency of the spleen. Impairment of the spleen and stomach due to various causes leads to functional disturbance in water transport and distribution, and to retention of dampness, water and phlegm, which, in turn, is likely to block the spleen–*Yang* and middle–*Jiao*, thus aggravating the disturbance of the spleen's transporting function and forming a vicious cycle of production of dampnenss by the spleen and blockage of the latter by the former. In addition, Blockage of the middle–*Jiao* by dampness is marked by abdominal distention, poor appetite, greasy taste or sweat taste in the mouth, thick greasy fur of the tongue, etc.

7.56 Endogenous Dryness

Endogenous dryness, also known as syndrome of dryness, is a morbid condition characterized by insufficiency of body fluid, which fails to moisten the zang–fu organs, tissues and pores. Insufficiency of body fluid, resulting from impairment of *Yin* and consumption of body fluid by protracted illness or pathogenic

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heat, or profuse perspiration, severe vomiting, severe diarrhea, loss of blood or essence of life leads to failure to irrigate ***Zang–Fu*** organs internally and to moisten striae of skin and outer openings externally, thereby giving rise to endogenous dryness–heat, manifested by interior heat symptoms due to dificiency of *Yin*, such as dryness and lustrelessness of the skin, desquamation, even crack, dry mouth and throat, parched lips, dryness of the tongue, constipation and scanty dark urine. Endogenous dryness is commonly seen in the lungs, stomach and large intestine. In addition to the symptoms mentioned above, lung–dryness as the main symptom is also accompanied by dry cough without sputum, or even hemoptysis, while stomach–dryness as the main symptom is followed by reddened tongue without fur. Lastly, in case of intestine–dryness there will be constipation.

7.57 Endogenous Heat

Endogenous heat, also known as pathogenic fire accumulated in the interior, is a pathologic state characterized by invasion of interior by pathogenic fire or hyperfunction due to excess of *Yang*, hyperactivity of *Yang* due to *Yin* deficiency, or stagnation of *Qi* and blood, or accumulation of pathogenic factors inside the body. The pathogeneses of endogenous heat may be summarized as follows:(1) Hyperfunction of *Yang–Qi* produces interior fire. This is what is known as "fire resulting from overabundance of *Qi*" .Hyperactivity of *Yang–Qi* or hyperfunction will certainly give rise to increased consumption of materials, thereby leading to consumption of *Yin*–fluid. This pathological hyperactivity of *Yang–Qi* is referred to as *Zhuanghuo* (壮火, sthenic fire) (2)Accumulation of pathogenic

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factors produces interior fire. Firstly, six pathogenic factors, i. e. wind, cold, summer–Heat, dampness, dryness and fire can accumulate to produce interior heat. For example, cold accumulates to be transformed into fire, and so does dampness. Secondly, pathologic products of the body, such as phlegm,stagnated blood, malnutrition due to parasitic infestation, food retention, all can accumulate to be trasformed into fire. Its mechanism lies in that all the above factors can lead to stagnation of *Yang–Qi*, thus producing heat to be transformed into fire. (3)Five emotions in excess produces endogenous heat: Emotional upsets result in stagnation of *Qi*, producing interior heat. For instance, stagnation of liver–*Qi* gives rise to liver–fire. (4)Hyperactivity of fire due to deficiency of *Yin* leads to interior accumulation of fire of deficiency type, Consumption of *Yin*–essence gives rise to hyperactivity of *Yang*, with resultant accumulation of fire of deficiency type in the interior of the body.

7.58 Pathogenesis of *Zang–Fu* Organs

It indicates the intrinsic mechanism of disturbance in normal physiological functions of *Zang–Fu* organs in the process of a disease. A disease, whether due to external affection or internal injury, is likely to lead to disturbance in physiological fucntions of *Zang–Fu* organs, and dysfunction of *Yin–Yang*, *Qi* and blood of *Zang–Fu* organs. Therefore, pathogenesis of *Zang–Fu* organs occupies an important place in the theory of pathogenesis, and forms the foundation of " treatment based on differential diagnosis".

Pathogenesis of functional disturbance of *Zang–Fu* organs is manifested as dysfunction of *Yin*, *Yang*, *Qi* and blood of

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Zang–Fu organs. Generally speaking, yin and yang of *Zang–Fu* organs represent the functional state of physiological activities of *Zang–Fu* organs, i. e., exciting or inhibiting, ascending or descending, dispersing or storing, etc., while *Qi* and blood of *Zang–Fu* organs are the material basis of physiologic activities of various visceral organs. Therefore, there is considerable difference between imbalance of *Yin* and yang of *Zang–Fu* organs and that of their *Qi* and blood.

7.59 Relative Excessiveness of Heart–*Yang*

It is indicative of the heart–fire, usually resulting from pathogenic heat, stagnation of phlegm–fire, and disorders of five emotions. The main influence it has on the physiologic functions of the heart may be summarized as follows:(1) It disturbs the mind. As *Yang* is responsible for activity and ascent, exuberance of the heart–*Yang* may disturb the mind and cause excessive excitement which cannot be inhibited, marked clinically by such pathological manifestations as palpitation, restlessness, insomnia, frequent dream during sleep. polylogia, or even mania. (2)It causes blood–heat and swift blood flow. Exuberance of *Yang* gives rise to heat, excess of which, in turn, disturbs the heart's function in governing the blood and vessels,thus keeping blood circulating swiftly under the action of blood–heat, manifested by such symptoms as palpitation, rapid pulse, purplish red tongue with prickle–like fur, even bleeding of various types due to extravasation of blood. (3) It gives rise to flaring–up or moving–down of the heart–fire. As the tongue is the orifice of the heart, it can reflect the physiological and pathological states of the latter. If the heart–fire flames upward along the large

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collaterals. there will be such symptoms as ulceration of the mouth and tongue, burning pain at the tip of the tongue, dry mouth and nose, etc. On the other hand the heart is interior–exteriorly related to the small intestine. If the heart–fire moves downward along the channels to the small intestine, there will be such symptoms as deep–colored urine, pain and burning sensation during urination.

7.60 Relative Deficiency of Heart–*Yang*

It refers to deficiency of *Yang–Qi* in the heart, resulting from constant consumption by chronic diseases. It can also be seen at the critical stage of an acute disease in which vital *Qi* is overwhelmed by exuberant pathogens leading to sudden collapse of *Yang–Qi*. The main effects it has on physiological functions of the heart are as follows: (1) Reduced mental activities: When *Yang–Qi* is on the decline, it is unable to invigourate spirit, leading to weakened mental consciousness and thinking activities. As a result, one is liable to inhibition than to excitement. Clinically, there appears to be listlessness, weakened mental state, slow response, drowsiness, disinclination to talk, low voice, etc. (2) Blood stagnation due to cold. When the heart–*Yang* is insufficient, it can hardly promote blood circulation, and insufficiency of *Yang* gives rise to cold. When cold attacks blood, blood circulation becomes sluggish, leading to blood stasis, or even stagnation of the theart blood, marked by chilliness, cold limbs, pale or dark purplish complexion, palpitation, oppressed feeling and stabbing pain in the chest, spontaneous perspiration, even profuse sweating, *Yang* depletion, prostration syndrome, weak uneven pulse, or slow pulse, or rapid pulse, or slow pulse

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with irregular intervals.

7.61 Insufficiency of Heart–*Yin*

Insufficiency of heart–*Yin*, or deficiency of heart–*Yin*, is caused mainly by consumption of heart–*Yin* due to mental overstrain, improper care after chronic disease, or emotional upsets, or exuberance of the heart–fire and liver–fire which impairs the heart–*Yin*. When heart–*Yin* is insufficient, it fails to counterbalance *Yang*, leading to relatively excessive heart–*Yang* and fire of deficiency type. When fire of deficiency type disturbs the mind, there may appear such manifestations as irritability and insomnia. When fire of deficiency type attacks the blood vessels, there will be such symptoms as red tongue and small rapid pulse. When fire disturbs inside the body and body fluid is expelled together with *Yang–Qi*, *Yin*–fluid cannot be kept within the body, marked by night sweat, and other pathological manifestations.

7.62 Impairment of the Heart–Blood

Impairment, or deficiency, of the heart–blood, is often caused by loss of blood, or insufficiency of blood formation, or due to internal impairment by emotions, etc. Deficiency of the heartblood leads to reduced blood circulation marked by small weak pulse, and to neurosis due to inability to nourish the mind, manifested as inability to concentrate attention, or even trance. Blood is attributable to *Yin*. When blood is not sufficient enough to nourish and retain heart–*Yang*, mental activities will lose their lodgement, resulting in mental derangement, manifested as insomnia and dreaminess. Poor supply of nutrition to the face due to blood deficiency is manifested by dim complexion and dryness

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of the tongue. And as a result of failure of blood to noursh the heart, there may appear such symptoms as palpitation, or even panic.

7.63 Stagnation of the Heart–Blood

Stagnation of the heart–blood, or blockage of the heart vessels, refers to the pathologic changes marked by stagnation of blood in the heart vessels due to impeded circulation of blood. The common causes of stagnation of the heart blood are : (1) insufficiency of heart *Yang*, which gives rise to cold blood and impeded blood circulation; (2) accumulation of phlegm, which impedes blood circulation; and (3) blood stasis, which obstructs the heart vessels and impedes blood circulation. The disease is often induced or aggravated by overstrain, catching cold, or emotional upsets. Due to obstruction of the heart vessels and impeded blood circulation, there may appear such symptoms as oppressed sensation and pain in the chest. In severe cases, there may appear stagnation and blockage of *Qi* and blood, manifested by severe palpitation, sudden attack of pain in the precardium, even cold limbs in severe cases, deep–sited pulse, and syncope after profuse sweating.

7.64 Deficiency of the Lung–*Qi*

It usually results from consumption of the lung–*Qi* by protracted illness or overstrain, or from prolonged impairment of the lung's dispersing and descending function. Insufficiency of the lung–*Qi* leads to weakened respiratory function, marked by shortness of breath. When it affects distribution and metabolism of body fluid, it gives rise to phlegm retention, even edema. When

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deficiency of the lung–*Qi* leads to obstruction of the defensive *Qi*, the protective *Yang*–*Qi* is debilitated and superficies is weakened, marked by spontaneous perspiration, which is an exterior symptom of deficiency syndrome.

7.65 Impairment of the Lung's Dispersing and Descending Function

It is usually caused by such factors as attack of the superficies and the lungs by exogenous pathogens, or obstruction of the pulmonary vessels by phlegm, or upward invasion of the lungs by the hyperactive *Qi* and fire of the liver,or insufficiency of the lung–*Qi* or lung–*Yin*. Generally speaking, exogenous pathogens often impair the lung's dispersing function, leading to obstruction of the lung–*Qi*, while internal injury affects the lung's purifying and descending function, leading to their dysfunction.Obstruction of the lung–*Qi* results in dysfunction of the lung–*Qi* and impairment of the lung's respiratory function, marked by nasal obstruction, chest stuffiness, or anhidrosis due to stagnation of the defensive *Qi* and obstruction of superficies. If reduced dispersing function of the lung's results from deficiency of the lung–*Qi*, it is manifested by spontaneous perspiration due to lowered the body resistance. The deficiency of the lung–*Yin* leads to failure of *Yin* to retain *Yang* and the consumption of body fluid following *Yang* letting out, marked by night sweat. When the lungs' function of descending and purifying respiratory tract is impaired, there will be abnormal rising of the lung–*Qi*, marked by cough with copious sputum, dyspnea, etc. However,weakened dispersing function and impairment of purifying and descending function of the lungs may influence each

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other in the pathologic process, either of which may cause abnormal rising of the lung–*Qi*, giving rise to cough and dyspnea, or disturbance in water metabolism manifested by edema and oliguria. Further development of the functional disturbance of the lungs may impair the lung–*Qi* or lung–*Yin*, leading to insufficiency of the lung–*Qi* or deficiency of the lung–*Yin*.

7.66 Deficiency of the Lung–*Yin*

Deficiency, or insufficiency, of the lung–*Yin* is mainly due to impairment of the lungs by pathogenic dryness–heat, or stagnation of phlegm –fire inside the body, or disorders of five emotions in excess, or to consumption of the lung–*Yin* by protracted cough. Insufficiency of the lung–*Yin* results in decrease of moistening function and in dryness syndrome, leading to abnormal rise of the lung–*Qi* due to disturbance of the lungs' ascending and descending function, and in relative excess of *Yang*, which gives rise to fire and heat of deficiency type. Clinically, it is manifested by a series of symptoms of lung–*Yin* deficiency type, such as dry cough with no sputum or with scanty sticky cheeks, dysphoria with feverish sensation in the chest, palms and soles, even blood–stained sputum resulting from damage of pulmonary vessels by fire of deficiency type.

7.67 Insufficiency of the Spleen–*Qi*

Insufficiency of the spleen–*Qi*, also refered to as *Qi*–insufficiency of the middle–*Jiao*, is mostly caused by dysfunction of the spleen due to improper diet, by congenital weak constitution, by consumption after prolonged illness, or by overstrain. Deficiency of the spleen–*Qi* results in impaired trans-

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porting–transforming function of the spleen, manifested as indigestion and tastelessness in the mouth, while deficiency of the spleen proper also leads to impairment of its function in sending up essential substances, which , in turn, affects the function of the stomach to send digested food downward, manifested in the upper part of the body as dizziness, in the middle part as distension in epigastrium, and in the lower part as loose stool and diarrhea. Dysfunction of the spleen due to its deficiency deprives *Qi* and blood of their source, of growth and development, leading to systemic insussiciency of *Qi* and blood. Moreover, deficiency of the spleen also impairs its function in governing blood, manifested by loss of blood, such as hemafecia, metrorrhagia, metrostaxis, etc. Finally, deficiency of the spleen–*Qi* also weakens its lifting function, or even causes its collapse, manifested by such pathological manifestations as prolapse of rectum due to lingering diarrhea, ptosis of internal organs, etc.

7.68 Deficiency of the Spleen–*Yang*

It is a morbid state further deteriorated from deficency of the spleen–*Qi*, or resulting from disturbance of the warming function of the spleen due to decline of the fire from "the gate of life". Deficiency of the spleen–*Yang* leads to endogenous cold of insufficiency type, manifested as cold–type pain of the abdomen, diarrhea with undigested food in stool, diarrhea before dawn, etc. In addition, it also impairs the transporting and transforming function of the spleen, resulting in retention of phlegm and edema due to accumulation of water within the body.

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7.69 Insufficiency of the Spleen–*Yin*

It is mainly caused by consumption of body fluid, resulting from dysfunction of the spleen due to deficiency of the spleen–*Qi*. As a result of impairment of the spleen's transporting and transforming function, there may appear such symptoms as abdominal distention, loose stool, indigestion, etc. As a result of insufficiency of body fluid, there may appear symptoms such as dry mouth and tongue, and reddish tongue with little fur. Insufficency of the spleen–*Yin* also results in dysfunction of the stomach, leading to failure of the stomach–*Qi* to descend and to its adverse rising, marked by retching and hiccup.

7.70 Stagnation of the Liver–*Qi*

It is caused by sluggish functional activities of the liver–*Qi* due to dysfunction of the liver resulting from emotional upset or depression. In the affected area there may appear distending pain, e. g., bilateral hypochondriac fullness, or pain in the right hypochondrium etc. If stagnation of *Qi* combines with that of phlegm or blood, in the affected area there may appear lumps, manifested in the upper part as goiter and globus hystericus; in the middle part as lumps with distending pain in the breast, in the lower part as lower abdominal pain, bearing–down and distending pain in the testis, etc. Moreover, stagnation of the liver–*Qi* and its transverse invasion of the stomach lead to adverse rising of the stomach–*Qi*, manifested as belching, and acid regurgitation. In case of transverse invasion of the spleen by the hyperactive liver–*Qi* diarrhea with pain occurs as a result.

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7.71 Flaming Up of the Liver–Fire

It is brought about by upward movement of the liver–fire which is transformed from the depressed liver–*Qi*, by violent rage which impairs the liver, leading to the rise of the liver–fire ;or by the movement of the liver–fire transformed from five emotions in excess. As a result of extreme hyperfunction of the liver–*Yang*, there may appear such symptoms as distention of the head, headache, flushed face, congested eyes, irritability, excitability and sudden attack of tinnitus or deafness. Excessive rising of the liver–*Qi* activates the stagnated fire, which is likely to impair *Yin*–blood, leading to *Yin*–deficiency and hyperactivity of fire. If the liver–fire impairs the channels and vessels of the lungs and stomach, such symptoms as hemoptysis, hematemesis, and epistaxis are likely to occur. Excessive rise of *Qi* and fire may lead to stagnation of both *Qi* and blood in the upper part of the body, resulting in syncope due to emotional upset.

7.72 Insufficiency of the Liver–Blood

It is mostly caused by excessive loss of blood or weakened function of the spleen and stomach in blood production or consumption of blood by protracted illness. Since the liver is an organ storing blood, it is generally the first to be affected by insufficiency of blood. Deficiency of the liver blood leads to malmutrition of tendons and vessels, manifested as numbness of the limbs, and restricted flexion and extension of joints, and also to poor supply of blood to the head and eyes, marked by dizziness, dim eyesight, dryness and uncomfortable feeling of the two eyes as if there were foreign body in them , and blurred vision.

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Moreover, deficiency of blood may also give rise to dryness–transformation leading to stirring up of wind of deficiency type, manifested by such pathological manifestations as itch, clonic spasm of muscle due to trauma or cramp.

7.73 Hyperactivity of the Liver–*Yang*

It is a morbid state characterized chiefly by abnormal ascending and floating action, hyperactivity and adverse flow of the liver' s *Yang–Qi* due to insufficiency of the liver–*Yin* which is unable to counterbalance *Yang*. It may also result from the deficiency of the liver–*Yin*, which is caused by the impairment of upward flow of *Qi* and fire due to emotional disturbance. It may also develop into hyperactivity of *Yang* due to *Yin* deficiency.Since the liver and the kidneys have a common source, insufficiency of the kidney–*Yin*, which fails to nourish the liver, also leads to hyperactivity of the liver–*Yang* in the upper part of the body. This morbid condition often manifests itself by symptoms of excess type, such as dizziness, tinnitus, flushed face, congested eyes, dim eyesight, irrtability, and taut rapid pulse, and by those of deficiency type, such as lassitude in the loins and legs.

7.74 Up–Stirring of the Liver

It is caused by a vaviety of factors, such as exuberant pathogenic heat which can be transformed into wind–syndrome, or excessive liver–*Yang* which can also be transformed into wind syndrome, or massive consumption of *Yin*–blood of the liver, leading to malnutrition of tendons and vessels and stirring–up of endogenous wind of deficiency type. Its pathological manifestations are: tremor of the limbs, convulsion, or muscular twitching

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and cramp, or involuntary movement of the limbs, all of which are said to be attributable to domination of pathogenic wind.

7.75 Insufficiency of the Kidney–Essence

It is mainly due to congenital deficiency, essence reduced with age, consumption of essence by protracted illness, or lack of proper care after birth. Insufficiency of the kidnely–essence may retard the growth and development of infants, or delay the beginning of menstrual function and impede the development and maturiity of sexual glands at puberty, or lead to senilism and hyposexuality among the middle–aged, marked by impotence and spermatorrhea. If insufficiency of the kidney–essence affects the sea of marrow (brain), there may appear such clinical manifestations as mental retardation, bradypragia, flaccidity of the legs, etc.

7.76 Unconsolidation of the Kidney–*Qi*

It is a morbid state mainly due to deficiency of the kidney–essence in children or decline of the kindey–essence in the aged, or chronic consumption of the kidney–*Qi* owing to early marriage or intemperance in sexual life, or protracted illness. As a result of dysfunction of the kidneys, unconsolidation of the kidney–*Qi* leads to inability to control defecation and urination, manifested as fecal and urinous incontinence and enuresis. Due to dysfunction of the kidneys, the kidnely–essence is easily lost, thus leading to seminal emission and spermatorrhea. This morbid state impairs the air–receiving function of the kidneys, and dyspnea occurs even on slight exertion.

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7.77 Deficiency of the Kidney—*Yin*

It is a morbid condition chiefly due to consumption of the *Yin*—fluid of internal organs and subsequent impairment of the kidney—*Yin* by protracted illness. It may also be attributed to loss of blood and fluid. to excessive intake of drugs for warming the kidneys to invigorate *Yang*, or to consumption of the kidney—*Yin* by intemperance in sexual life. Deficiency of the kidney—*Yin* gives rise to hyperactivity of kidney—*Yang* leading to hyperactivity of fire and interior heat—syndrome, marked by emaciation, dysphoria with feverish sensation in the chest, palms and soles, hectic fever, flushed cheeks, night sweat, reddened tongue with little fur and thready rapid pulse.

7.78 Insufficiency of the Kidney—*Yang*

It is a morbid condition mainly due to enduring deficiency of the heart—*Yang* and spleen—*Yang* with the kidneys affected, which consumes the kidney—*Yang*. It may also be attributable to i pairment of the kidney—*Yang* by intemperance in sexual life.Deficiency of kidney—*Yang* gives rise to yin—cold in the interior, clinically manifested by obvious cold syndrome. For instance, it can impede the reproductive function, causing impotency, and sterility due to cold sperm; it can impair metabolism of water, resulting in edema. or even attack of the heart by retained fluid. Finally, as a result of deficiency of the kidney—*Yang*, the spleen is not properly warmed, leading to weakened transporting and transforming function of the spleen, marked bly diarrhea with undigested food in stool, diarrhea before dawn, etc.

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7.79 Insufficiency of the Stomach–*Qi*

It is a morbid condition resulting chiefly from impairment of the stomach–*Qi* by a long–term improper diet, or congenital weak constitution, or instability to recover from a protracted illness, etc. It leads to weakened function of the stomach in receiving and transforming food, thereby resulting in such pathological manifestations as poor appetite, tastelessness in the mouth, or even anorexia. It also leads to dysfunction of the stomach in transporting food downward marked by fullness in epigastrium or even belching nausea, vomiting, and hiccup due to adverse rising of the stomach–*Qi*.

7.80 Deficiency of the Stomach–*Yin*

It refers to exhaustion of fluid in the stomach due to consumption of the *Yin*–fluid by lingering pathogenic fever at the late stage of a febrile disease and by a protracted illness.It leads to extreme dysfunction of the stomach in receiving and transforming food, manifested by such pathological manifestations as anorexia, red and dry tongue, or even mirror–like tongue (tongue without fur).In addition, it leads to dysfunction of the stomach in transporting food downward, marked by symptoms of adverse rising of the stomach–*Qi*, such as fullness in epigastrium, repeated nausea, retching, etc.

7.81 Stomach–Cold

It is a morbid state due to impairment of the stomach–*Yang* resulting from excessive intake of cold and raw food, or drugs of cold nature, or due to congenital insufficiency of *Yang* complicat-

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ed by an attack of pathogenic cold on the middle–*Jiao*. The stomach–cold leads to sluggish functional activities of *Qi* and contraction of meridians, often marked by severe epigastric pain which is relieved by warmth. It also leads obviously to dysfunction of the stomach in transforming food into chyme, marked by indigestion.

7.82 Stomach–Heat

It is mainly due to attack of the stomach by pathogenic heat; or to indulgence in alcoholic drinks, preference for hot, pungent food, excessive intake of food rich in fat, which produces heat; or to accumulation of heat in the stomach which is transformed from stagnated *Qi*, blood stasis, and retention of phlegm or food. The stomach heat gives rise to hyperfunction of the stomach, marked by unpleasant hungry sensation, polyorexia, etc. The exuberant stomach–heat consumes body fluid, resulting in accumulation of pathogenic dryness–heat, and dysfunction of the stomach in transporting food downward, marked by bitter taste in the mouth, thirst, constipation, etc., or even resulting in deficiency of the stomach–*Yin* due to impairment of *Yin* by the stomach–heat. When the fire transformed from the stomach–heat flares up, it leads to adverse rising of the stomach–*Qi*, marked bly nausea and acid regurgitation. When the fire flares up along the channels, it gives rise to gingivitis or gingival hemorrhage. Furthermore when the fire impairs the vessels of the stomach, the blood flows upward to produce hematemesis.

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8 Diagnostic Method

8.1 Diagnostic Method

The diagnostic method refers to the four basic techniques for diagnosis, namely, inspection auscultation and olfaction, interrogation and palpation. TCM holds that the human body is an organic whole whose component parts are physiologically interconnected and pathologically interacted and that the local lesions may affect the entire body and disorders of internal organs, in turn, may manifest themselves in various aspects of the body surface, such as the five sense organs, the extremities and so on. The diagnostic method aims at collecting various symptoms and signs manifested by a disease by means of the four diagnostic techniques and then at finding out its cause and pathogenesis, thereby providing a basis for selection of treatment.

8.2 Inspection

Inspetion is a method of observing the patient' s mental state, complexion, physical condition and behavior by the doctor' s eye to gain clinical date concerning the disease. All visible signs related to the disease are within the scope of inspection. Since the face and the tongue have close relation to the five *Zang*–organs and the six *Fu*–organs, and the vicissitudes of the *Zang*–*Fu*–organs can be most easily reflected by the appearance and colour of these location, they are the commonest and the most principal places for observation. Inspection of the superfi-

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cial venules of the infant's index finger, as a special diagnostic method in peadiatrics, is of great significance in the diagnosis of childhood diseases.

8.3 Observation of Vitality

This refers to inspection of patient's vicissitudes of vitality, vitality, a general term for life processes of the human body, involves two aspects: (1) the outward manifestations of all life activities, and (2) thought and consciousness, vitality exists in the physique without which there will be no vitality. Hence, sound vitality dwells in healthy physique, and , conversely, diseased physiqe can certainty lead to abnormal vitality. As a result, the vicissitudes of vitality are an important mark of whether or not the physique is healthy. Vitalty may be manifested in manifold aspects, especially in the eyes. Therefore, observation of vitality is focused on the patient's eyes, facial expression and behavior.

8.4 Possession of Vitality

Possession of vitality or vigour, is a manifestation of abundant *Qi*–blood of the *Zang–Fu*–orangs, commonly seen in a healthy person. When seen in a patient, it implies a mild illness without serious damage of the vital *Qi*, often accompanied by a favorable prognosis. Its manifestations are: full consciousness, clear utterance, bright eyes, lustrous face, sharp response, natural posture, easy breath, fine–looking flesh, and regular urination and defecation. Among them, full consciousness and clear utterance result from sufficient vital essence of the heart; bright eyes, sharp response and natural posture from abundant vital essence of the liver and kidneys; and easy breath and fine–looking flesh

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from abundant vital essence of the spleen and lungs. In short, possession of vitality is a manifestation of abundant vital essence and active life activities.

8.5 Loss of Vitality

Loss of vitality is a manifestation of the impairment of the vital essence and *Qi* in the *Zang–Fu* organs. When observed in a patient, it indicates a very serious case. Its main manifestations are: unconsciousness, apathetic expression, dull look in the eyes, lustreless complexion. sluggish response, faint breath, emaciation Among them, unconsciousness, apathetic expression and lustreless complexion are caused by exhaustion of vital essence of the heart; dull look in the eyes and sluggish response by exhaustion of vital essence of the live and kidneys; faint breath by exhaustion of vital essence of the lungs; and emaciation by exhaustion of vital essence of the spleen.

8.6 Pseudo–Vitality

Pseudo–vitality is the false appearance of transient alleviation in a critically ill patient at his last gasp. For example, in a chronically or seriously ill patient increased speech and bright eyes are noted instead of original feeble voice and dull eyes; good appetite and raised food intake instead of original poor appetite; or flushing of zygomatic region like wearing make–up instead of original pale or sallow complexion. Because of inability of the depleted *Yin*–essence to keep *Yang* within the body, dissociation of *Yin* and *Yang* due to the outward floating of the asthenic *Yang* which has lost its basis and consumption of the remnants of the *Yin*–essence at the same time, pseudo–vitality occurs as a result.

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8.7 Observation of Complexion

Observation of complexion refers to watching the colour and lustre of the patient's face. Colour and lustre are regarded as the outward manifestation of ability of *Qi*–blood in the *Zang– Fu* organs to nourish body surface. TCM holds that the complexion of a healthy person is shiny and lustrous, and is considered normal, as long as it remains so even though it differs much in different races, natural endowment and some physiological functions. The complexion of a patient in a morbid state is said to be sickly, which is characterized by darkness and lustrelessness, or excessive brighteness and distinctness, or failure to correspond to appropriate seasons and relevant regions of the *Zang–Fu*–organs in spite of its brightness and lustre. Physicians in ancient China classified the complexion into five categories, white, yellow, red, blue and black, corresponding to different diseases respectively, consequently the face is the chief location for observation of colour.

8.8 White

The white complexion is manifestation of deficiency of both *Qi* and blood and their poor supply to the face, indicating deficiency syndrom, cold sydrome and loss of blood. It is mostly due to sluggish blood circulation resulting from insufficiency of *Qi*, failure of the face to be nourished as a result of deficiency of both *Qi* and blood, depletion of the vessels caused by sudden profuse bleeding, or contraction of the vessels invaded by pathogenic cold. In general, the tender white or white with lusterlessness is mostly attributed to insufficiency of *Yang–Qi*, light white to

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weakness of *Qi*, pale or sallow complexion to deficiency or loss of blood, and pale complexion with acute abdominal pain or shivers to severecase of interior-cold syndrome.

8.9 Yellow

The yellow complexion is frequently related to a spleen disorder and is a manifestation of dysfunction of the spleen in transport, retention of water within the body or deficiency of *Qi* and blood. Among them, the yellowish complexion with lustrelessness is attributable to deficiency of *Qi* and blood, sallow and puffy face to inner retention of pathogenic dampness and yellow-brown pigmentation of the skin of the whole body and sclera to jaundice, which is ciassified into two types: *Yang* jaundice and *Yin* jaundice. The former is characterized by bright yellow color like the orange peel, caused by steaming of damp-heat in the body; and the latter by dim yellow color like being smoked, resulting from the stagnation of cold-dampness. The dark yellow complexion accompanied by expanded abdomen and venous engorgement is attributable to the disease tympanites and sallow and swollen face, or bluish-yellow complexion or complexion in yellow and white cheek, accompanied by the dried and withered hairs knotted like the ears of grain and abdominal dilation in children, to infantile malnutrition.

8.10 Red

The red complexion is due to the upward replenishment of the face with the *Qi* and blood in their quick flow resulting from invasion of the pathogenic heat. Heat syndrome is of two types excess-heat syndrome and deficiency-heat syndrome. The for-

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mer is characterized by flushing on the entire face accompanied by thirst and dark urine, seen in exogenous disease or febrile disease affecting *Zang–Fu* organs, while the latter by flushed tender cheeks resulting from hyperactivity of fire due to deficiency of *Yin*. In chronically or seriouly ill patients there appear flushes or light red with white on the face in gusts and in migratory way after the original pallor known as "floating *Yang*", or upward floating of *Yang* in deficiency condition, a critical syndrome marked by internal cold syndrome with external pseudo–heat symptoms and failure of *Yin* and *Yang* to connect with each other.

8.11 Blue

The bluish complexion results from constracture of channels and stagnation of *Qi* and blood due to invasion of the pathogenic cold. Moreover, stagnation of *Qi* and blood. leads to pain and malnutrition of the tendons and vessel, to convulsion and spasm. Therefore, the bluish complexion is a sign of cold syndrome, pain syndroms, blood stasis and convulsion. The bluish colour appears in different facial regions with different disorders. For example, with infantile convulsion or a tendency towards convulsion, the bluish colour often appears between the eyebrows, on the bridge of the nose, or around the lips. Bluish–purplish lips and bluish–grey face may be seen in patients with insufficiency of the heart–*Yang* and stagnation of the heart blood. The bluish face with flushed ears is mostly attributable to the liver fire, the bluish–red and lusterless–dark complexion, to the depressed fire, and bluish complexion in women accompanied by dysphoria with irritability, distending pain of the breast or irregular menstruation, to prolonged stagantion of the liver–*Qi*.

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8.12 Observation of Bodily Fignre

The aim of observation of bodily figure is to see whether the patient is strong or weak, obese or thin and to find out other conditions concerning the trunk and limbs, and body type. For instance, the strong body build implies sound internal organs and exuberance of *Qi* and blood, while the weak body build denotes fragiie internal organs and deficiency of *Qi* and blood. Individuals of obese figure are liable to production of phlegm–dampness and apoplexy and sudden syncope, and those of emaciated figure to phthisical cough due to deficiency or *Yin* and hyperactivity of fire. Congenital malformation of the body is attributable to congenital defect, while its acquired deformity, such as the barrel chest due to prolonged cough, tympanites with a emaciated body, is frequently caused by disease. Those of long and slender figure pertaining to the constitution of deficient *Yin* and excessive *Yang* are known as *Yang*–organ persons or persons with the constitution of *Yang* hyperactivity, white those short and far figure pertaining to insufficient *Yang* and excessive *Yin* as *Yin*–organ persons or persons with the constitution of *Yin* hyperactivity, and those of moderate figure are said to have *Yin* and *Yang* in equilibrium.

8.13 Observation of Behavior

Different diseases may manifest themselves by specific behaviors, therefore they may be diagnosed by inspecting the patient's posture, gesture, motion, etc. For example a patient with dexterous limbs able to toss about in bed and often facing outward while lying, is commonly described as having excess

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syndromes of *Yang*–heat; one with the heavy body, unable to toss about in bed and often facing inward while lying, is frequently thought of as having cold syndrome of *Yang* deficiency; one lying on one's back with stretched legs and often taking the clothes and bedding off with disgust toward fire mostly as having heat syndrome; one sitting with one's chin up and dyspnea with abundant expectoration as having accumulation of phlegm–dampness in the lungs; one sitting with a hung head, shortness of breath and reluctance to speak as having insufficiency of the lung–*Qi* and the kidney–*Qi;* and one sitting with inability to lie flat and dyspnea due to reversed flow of *Qi* while lying as hsving an upward attack of the heart–*Yang* by retained fluid due to the kidney disorder. Cough with dyspnea and inability to lie flat due to latent fluid–retention within the lungs usually occur in autumn and winter, and muscular tremors of the body are mostly seen in wind syndrome

8.14 Observation of the Head and Hair

The oversized or undersized skull in children is due generally to natural endowment, deficiency of the kidney–essence, or congenital hydrocephalus. Severe vomiting and diarrhea, deficiency of *Qi* and blood, or inherent defect may cause a sunken fontanel in infants. A protruding fontanel may result from the upward attack of the brain by pathogenic heat (warm). However infantile metopism is frequently seen in infantitle rachitis. Involuntary shaking of head is mostly brought about by wind syndrome or malnutrition of the brain due to deficiency of *Qi* and blood. The dense black hairs with luster is an indication of adequacy of vital essence few yellow hairs with dryness and withering is mostly seen

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after a seriouse disease. Sudden and extensive loss of hair is usually caused by the blood–heat with the invasion of wind. Few and scattered hair in teen–agers due to trichomadesis is attributable to the kidney deficiency or blood–heat, and the withered hair knotted like the ears of grain in children is a sign of infantile malnutrition

8.15 Observation of the Eyes

Bright eyes indicate the possession of vitality and are easy to cure even when they are diseased, while lustreless and dull eyes suggest loss of vitality and are difficult to cure when diseased. Persons with flaring hear–fire often have flushed canthi, and those with flaring lung–fire, hyperemia of bulbar conjunctive. Yellow sclera is largely due to retention of damp–heat in the interior; exophthalmous, to flaming of the liver–fire; marginal blepharitis, to accumulation of damp–heat in the spleen; and red and swollen eyes with burning pain, to the wind–heat of the liver channel. Slight puffiness of eyelids is seen probably in the early stage of edema and atrophy of eyeball, in the depletion of the vital essence. Strabismus and hyperphoria with fixed eyeballs are regarded as critical symptoms. Sleeping with eyes half–closed is attributable to hypofunction of the spleen–*Yang;* mydriasis to exhaustion of the kidney–essence, and miosis, to flaring–up of the fire in the liver and gallbladder of poisoning.

8.16 Observation of the Ears

Observation of the ear, the specific orifice of the kidneys, refers mainly to inspection of its colour, shape and changes of its excretion. For instance, thin and withered auricle is due to defi-

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ciency of the kidney—essence and dried and sallow auricle, to depletion of the kidney—*Yin* as seen in the later stage of febrile disease. The red collateral at the back of the auricle, accompanied by the cold sulcus auriculae posterior, is often considered as a premonitory symptom of measles. Squamous and dry helix is seen in blood stasis formed in a protracted disease or in acute appendicitis. Profuse cerumen blocking external acoustic meatus is known as ceruminosis, and pus flowing in the ear, yellow, white or reddish in colour as otopysis, or otitis media suppurative, resulting mostly from the upward invasion of wind—heat or damp—heat in the liver and gallbladder.

8.17 Observation of the Nose

The nose serves as the window of the lungs. The red and swollen nose with sores is a sign of blood—heat. A stuffy nose due to nasal polyp is attributable to extreme heat in the lungs or stagnation of wind—dampness. The flushing apex nasi with acnes, named rosacea, is usually caused by the pathogenic heat in the spleen and stomach spreading to the blood stream. Ulcerative bridge of the nose is frequently seen in patients with syphilis. Sunken bridge of the nose accompanied by sparse eyebrows is attributed to leprosy. The flaring of nares, to excessiveness of the lung—heat. Dyspnea with flaring of the nares and sweating in a prolonged disease is probably the dying manifestation of the exhaustion of lung—*Qi*.

8.18 Observation of the Lips

Ruddy and lustrous lips indicate sufficiency of the stomach —*Qi* and the balance between *Qi* and blood. Pathologically, light

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white lip is often due to loss of blood which brings about malnutrition of the lips; deep red lip, mostly to excess–heat; cherry–like red lip, to gas poisoning; bluish–purplish lip, to stagnancy of *Qi* and blood; dry and cracked lip, to consumption of body fluid, and involuntary salivation, to insufficiency of the spleen with overabundance of dampness, or stomach–heat as seen in patients with apoplexy. The itching, red and swollen lip with liquid oozed out from the cleft lip is called exfoliative inflammation of lips resulting from the upward attack of the pathogenic fire in *Yangming* channel, and the hard tender lip nodute as big as a silkworm cocoon is caused by the spread of phlegm–fire in the stomach to the lips.

8.19 Observation of the Teeth

Observations are made mainly to examine the luster, colour and shape of the teeth and gums. The spotlessly white and moist teeth suggest plenty of body fluid, the dry teeth, the consumption of body fluid due to excessive heat in the stomach, and the lustreless teeth as dry as the dead bone, the exhaustion of the kidney–*Yin*. As to the motility of the teeth, the lockjaw indicates the obstruction of collaterals by wind–phlegm or occurrence of wind syndrome in case of extreme heat; the grinding of teeth during sleep, indigestion or malnutrition due to parasitic infestation, and the loose and sparse teeth with exposure of the tooth root suggest the kidney deficiency. In the case of gums, pale color indicates deficiency of blood, red and swollen gums (or inflammation of gums), flaring up of the stomach–fire; the bluish lines appearing on the edges of the gums, lead poisoning; bleeding from the red swollen and painful gums, impairment of collaterals due to the

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stomach–heat; and slightly puffy gums without redness and pain, deficiency of *Qi* or deficiency of *Yin*.

8.20 Observation of the Throat

The disorders of the lungs, stomach and kidneys may be reflected on the throat, observation of which aims chiefly at finding out whether there are redness and swelling, white membrane and its liquid secretion on the pharynx and larynx. For example, the red, swollen and painful throat, even accompanied by ulceration with pus indicates tonsillitis due mostly to excessive pathogenic heat in the lungs and stomach; the reddish, slightly swollen and painful throat, hyperactivity of fire due to deficiency of *Yin;* and the light red and slightly painful throat without swelling but liable to repeated attacks, deficiency of both *Qi* and *Yin*. Meanwhile, the loose and thick pseudomembrane on the throat, easy to be wiped out, most Likely suggests stomach–heat; however, the tough pseudomembrane, difficult to be wiped out, but easy to bleed and regenerate while forcedly stripped off, indicates diphtheria due to excessive pathogenic heat in the lungs and stomach. The red and prominently swollen throat with the sensation of fluid wave suggests ripeness of suppuration; but whitish and hard swelling of the throat, immaturity of purulence. In addition, yellow and thick pus is frequently attributed to excess–heat; while thin and filthy pus, to degeneration of vital *Qi*.

8.21 Observation of the Skin

Being dominated by the lungs, the skin is most closely related to them. The bright paint–like red skin is seen in erysipelas due to invasion of blood by the heart–fire and pathogenic wind

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–heat. The red and swollen lower limbs indicate the downward flow of damp–heat; and the yellow–brown pigmentation of the skin can be seen in jaundice. The moist and lustrous skin suggests plenty of body fluid in the lungs, but, on the contrary, the dry skin with shedding of the vellus hairs, inadequacy of body fluid. The squemous and dry skin like the scales of a dried fish results mainly from blood stasis or formation of large carbuncle.Swelling of the whole body is described as edema, while only swelling of the abdomen, as abdominal distension.

8.22 Observation of Skin Eruption

Skin eruptions are commonly seen in patients with exogenous febrile diseases.The red discolored patch on the skin that is located not above it is known as macula by the outward dispersion of the pathogenic heat in the lungs and stomach from the muscles, white the red and millet–like spots located above the skin, as papula caused by outward dispersion of the pathogenic heat in the lungs and stomach from the skin. The ruddy and lustrous rashes distributed evenly indicate favorable prognosis; the deep red ones, overabundance of the noxious heat, and the dark purple ones, extreme noxious heat with large consumption of *Yin* fluid, and the light red or light purple ones, deficiency of *Qi* and blood or decline of *Yang Qi*. The scattered and thin rashes are seen in mild and shallow illness, while the dense and thick ones, in severe and deep disease. In addition rashes uneven in density or quickly disappearing are generally regarded as the critical symptom due to insufficiency of vital *Qi* and invasion of the interior of the body by pathogens.

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8.23 Observation of the Miliaria Alba

The miliaria alba ia a crystalline and mittet–like vesicle, protruding from the skin, oozing watery fluid after being broken, and largely distributed over the skin of the neck, chest and nape. It is mostly seen in patients suffering from the disease of summer–heat and dampness and the damp–warm syndrome both caused by damp stagnation on body surface with impeded perspiration.Therefore, miliaria alba is referred to as a manifestation of outward flow of the stagnated dampness.In morbid condition, the plump–eared miliaria, whitish in color and small in size, is called crystalline miliaria suggesting a favorable prognosis because of the abundance of vital *Qi*, conversely, the shrivelled miliaria without any fluid in it is called dried miliaria indicating an unfavorable prognosis of a serious case due to exhaustion of body fluid.Moreover the miliaria occurring in the damp–warm syndrome probably repeatedly, because it is difficult for miliaria alba to erupt thoroughly due to blockage of the retained heat by dampness.

8.24 Observation of the Tongue

The tongue, as the sprout of the heart, is related directly or indirectly to a lot of *Zang–Fu* organs through the meridians. Therefore the vital essence of the *Zang–Fu* organs can nourish the tongue and any pathological changes of these organs may be reflected on the tongue. Observation of the tongue includes inspection of the tongue proper, which consists of muscles, vessels, etc and that of the tongue fur, a layer of fur–like substance covering the surface of the tongue and formed by steaming of the

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stomach–*Qi*. By observation of the tongue a physician can predict the vicissitudes of vital *Qi*, detect the depth of the location of illness, determine the nature of pathogenic factors, and infer the severity of disease.Hence, it plays an extremely important role in diagnosis in TCM.

8.25 Observation of the Tongue Proper

The tongue proper or the tongue body, consists of muscles, vessels, channels and collaterals in the tongue Owing to its connections with many viscera through the meridians, the tongue proper relies on *Qi* and blood and body fluid transformed by the *Zang–Fu* organs for warmth and nutrition, thus the condition of vital essence of the *Zang–Fu* organs can be learned by observing the mobility colour, size, shape of the tongue proper.As a result, inspection of the tongue body is of great importance in making diagnosis and predicting of disease.

8.26 The Pale Tongue

A tongue lighter than normal is known as pale tongue which principally indicates cold syndrome of insufficiency type and deficiency of both *Qi* and blood. In other words it results from the decline of *Yang Qi* leading to insufficient production of *Yin*–blood or inability of blood to reach the tongue due to its diminished flow. In general, the pale and moist tongue with a puffy and tender body suggests cold syndrome due to insufficiency of *Yang* while the pale tongue with an emaciated body, deficiency of both *Qi* and blood.

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8.27 The Red Tongue

A tongue with red colour deeper than normal is named the red tongue,indicating heat syndrome. It is a manifestation of fullness of collateral vessels with blood surge due to overabundance of heat. For instance, the bright red tongue with rough and prickly fur, or with thick and yellowish fur mostly suggests excess–heat syndrome, while the red tip of the tongue accompanied by aphtha, flaring–up of the heart–fire. The red margin and tip of the tongue with thin and yellowish fur is caused by the exogenous wind–heat, and bright red tongue with little fur , or fissured tongue, or the glossy tongue without any fur, is a manifestation of the heat syndrome of insufficiency type resulting from upward invasion of asthenic heat as a result of deficiency of the liver–and kidney–*Yin*.

8.28 The Crimson Tongue

A dark red colour of the tongue proper is known as the crimson tongue, indicating heat syndrome and blood stasis, it may be found in two types of disease, exogenous affection and endogenous injury. The crimson tongue or the crimson spot with prickle–like fur on the surface of the tongue seen in exogenous disease is a manifestation of intrusion of the pathogenic heat into the blood system during a febrile disease, eruptions, etc. The crimson tongue with little or no fur, or with fissures, seen in endogenous disease,suggests hyperactivity of fire due to deficiency of *Yin*, while the moist and crimson tongue coated with little fur, mostly blood stasis.

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8.29 The Purplish Tongue

A tongue purplish in colour is seen in either cold or heat syndromes.The purplish tongue observed in heat syndrome usually shows the crimson–purplish colour with dryness resulting from the consumption of body fluid due to excessive heat and the stagnation of *Qi* and blood, while that seen in cold syndrome frequently shows light purple or bluish–purple colour with moistness caused by the stagnancy of blood due to cold which impairs *Yang Qi*, thereby leading to retention of body fluid. That is why the tongue becomes moist. On the other hand, cold impairs channels, thus leading to sluggish flow of blood, or even blood stagnancy. That is why the tongue becomes light purple or bluish purple.

8.30 The Enlarged Tongue

The tongue body large in size or even filling up the whole mouth is called enlarged, or swollen longue. For example, the pale, puffy and tender tongue with moist fur and tooth marks on its margin is usually attributable to insufficiency of the spleen–*Yang* and accumulation of the phlegm–damp, the pink and corpulent tongue with yellow and greasy fur to damp–heat in the spleen and stomach; the bright red, swollen and painful tongue, to intense heat in the heart and spleen, the purplish and enlarged tongue, to upward attack of the damp–heat with alcoholic toxicity, and the puffy, bluish–purple and lustreless tongue, to stagnation of blood frequently seen in poisoning.

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8.31 The Emaciated Tongue

A tongue smaller than normal in size is called emaciated tongue, a manifestation of failure of the collateral vessels in the tongue body to be replenished and nourished by the *Qi* and blood and *Yin* fluid. The emaciated tongue mainly indicates deficiency of *Qi* and blood or hyperactivity of fire due to deficiency of *Yin*. Therefore, the emaciated, thin and pale tongue is attributed mostly to deficiency of both *Qi* and blood, marked by dizziness, palpitation, sallow complexion, listlessness, lassitude, etc, whereas the emaciated, dark red and dry tongue generally indicates hyperactivity of fire due to deficiency of *Yin* leading to consumption of *Yin* fluid manifested by soreness and weakness in the loins and knees, dysphoria with feverish sensation in chest, palms and soles, dry mouth and throat, tidal fever with flushing of the zygomatic region, thready and rapid pulse, etc.

8.32 The Fissured Tongue

The fissured tongue refers to fissures of different depths on the surface of the tongue and is a manifestation of failure of the tongue surface to be nourished and moistened with *Yin*—blood. It suggests three morbid conditions, namely, (1) consumption of *Yin*—fluid due to excessive pathogenic heat, (2) inability to supply nourishment due to deficiency of blood and (3) retention of water within the body due to insufficiency of the spleen—*Qi*. For example, the dark red tongue with fissures most probably indicates consumption of body fluid due to intense heat or exhaustion of *Yin* fluid, the pate tongue with fissures, deficiency of blood and the pale, puffy, tender and fissured tongue with tooth marks on

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its margin, insufficiency of the spleen with retention of dampness, often accompanied by poor appetite, epigastric and abdominal fullness and distension or loose stool, etc.

8.33 The Indented Tongue

The tongue with tooth prints at its borders is known as the indented, or teeth-printed tongue as a result of the pressure of dental coronae upon the puffy tongue. Therefore, the indented tongue often coexists with the puffy one. Since the puffiness of the tongue is due to retention of water-damp within the tongue body caused by dysfunction of the spleen in transport the indented tongue mainly indicates hypofunction of the spleen and excessive dampness. For instance the pale and moist tongue with tooth prints at its borders usually suggests an excess of cold-dampness whereas the pink tongue with tooth marks on its margin, hypofunction of the spleen or insufficiency of *Qi*.

8.34 The Prickled Tongue

The hyperplastic lingual papillae, protruding like the thorns and causing a prickly sensation when they are palpated with finger are known as the prickled tongue, which is always attributable to an excess of the pathogenic heat, no mattor where the pathogenic heat is and what stage the disease is in. Generally speaking, the prickted tongue with scorching brown fur suggests excessive heat in the *Qi* system and the crimson and prickted tongue without fur indicates consumption of *Yin* fluid due to invasion of the blood system by heat. The occurrence of prickles only on the tip of the tongue is often a result of the heart-fire accompanied by irritability, thirst, scanty dark urine, rapid pulse

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and so on, that on the margin of the tongue, a result of the fire of the liver and gallbladder, probably marked by flushed face with conjunctival congestion, bitter taste in the mouth, dry throat, wiry and rapid pulse, etc., and that in the middle of the tongue surface, a result of intense heat in the intestines and stomach, usually accompanied by such symptoms as thirst with a desire to take fluids, constipation and brown urine.

8.35 The Stiff Tongue

The rigid tongue body with inability to move freely is called the stiff tongue. As the tongue participates in the articutation of voice, the patient with stiff tongue frequently suffers from dysphasia owing to consumption of body fluid by exuberant exogenous heat which leads to malnutrition of the tongue body, or owing to the heart attacked by phlegm with failure of the tongue to be dominated by the mind, or the obstruction of the collaterals by wind–phlegm caused by the hyperactive liver –*Yang*. This morbid tongue is chiefly seen in appolexy or premonitory symptoms of apoplexy due to an attack of the pericardium by excessive heat with body fluid involved and stagnation of phlegm in the interior. To sum up, the deep red and stiff tongue usually indicates intense heat, the puffy and stiff tongue with the thick greasy fur often suggests phlegm –dampness, and pink or bluish–purplish tongue with rigidity is mostly seen in apoplexy.

8.36 The Flaccid Tongue

The weak tongue unable to protrude and curt is called flaccid tongue resulting mostly from failure of the tongue body to

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be nourished due to protracted deficiency of *Qi* and blood or consumption of *Yin* fluid. This morbid tongue is mainly produced by the following three pathogenic states: (1) consumption of body fluid due to excessive heat; (2) deficiency of both *Qi* and blood, and (3) extreme depletion of *Yin* fluid. For instance, the abruptty flabby and red–crimson tongue most probably indicates extremely intense pathogenic heat with impairment of *Yin* fluid, often associated with high fever, thirst, dry lips, scanty dark urine, rapid pulse, etc. The gradually flabby and pale tongue suggests debility after protracted illness or extreme deficiency of *Qi* and blood, frequently accompanied by lassitude, weakness, dizziness, palpitation, pale and lusterless lips etc; and progressively flabby, dry and red tongue often associated with tinnitus, blurred vision and so on, most likely attributable to malnutrition of muscles and vessels due to deficiency of the liver–*Yin* and kidney–*Yin*.

8.37 The Wagging Tongue

The wagging tongue is a collective term for the protruding tongue and played tongue, both of which are caused by pathogenic heat in the heart and spleen, with the former referring to frequent protrusion of the tongue and the latter to slight protrusion and frequent draw back of the tongue, or lick of the lips and corners of the mouth by the tongue. Generally speaking, the tongue moving incessantly indicates the excessive heat in the heart and spleen leading to occurrence of eind syndrome with consumption of body fluid. The frequent protrusion of the tongue is usually seen in cases of attack of the heart by the pestilential heat or exhaustion of the vital *Qi* often accompanied by

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the bluish-purplish tongue proper, and playing with the tongue is considered as a sign of wind syndrome, mostly seen as a premonitory sign of convulsions or in infants with congenital hypoplasia with poor mental development, or in idiotic infants with mental retardation.

8.38 The Wry Tongue

A tongue turning to one side involuntarily while protruding is called the wry tongue, in most cases with marked inclination of the anterior half of the tongue to either the left or the right side. This morbid tongue is mostly caused by obstruction of the collaterals on one side of the tongue body due to the liver-wind stirring up inside the body with upward stagnation of phlegm or phlegm-blood stasis. Since the muscles on the affected side of the tongue are sluggish and weak and those on the healthy side contract normally, the tongue turns to the healthy side while protruding, indicating apoplexy or a premonitory sign of apoplexy. Pathologically, the purplish-red and wry tongue, associated with acute symptoms, most probably suggests convulsions due to intense liver-wind, while the reddish and wry tongue, accompanied by chronic symptoms, usually indicates hemiplegia due to apoplexy.

8.39 Observation of the Tongue Fur

The tongue fur is a layer of fur-like substance covering the surface of the tongue and formed under the steaming action of the stomach-*Qi*. Observation of the tongue fur includes that of the proper of the fur and that of color of the longue coating. A normal fur, white in colour and even in distribution is spread

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thinly on the surface of the tongue, with its root underneath preventing it from being sticky and greasy. On the other hand, a morbid tongue fur is caused by invasion by exogenous pathogens or retention of phlegm and food inside the body. Inspection of the tongue fur is mainly made by observing its colour, moisture, thickness, appearance and distribution in combination with observation of the tongue proper. It is one of the important parts of tongue inspection, which furnishes information about the condition of body fluid as well as the nature and location of pathogens.

8.40 The White Fur

The whitish and thin fur is usually seen in an exterior syndrome or a cold syndrome. In the former case it appears at the onset of an exogenous disease whose pathogens haven't been transferred into the interior of the body with the tongue fur unaffected. In the latter case, however, the white, moist fur spreading over the tongue like the heaped powder, but not being dry while palpated is called the powder-like fur, as a result of affection by exogenous filthy-turbid pathogens or excessive pathogenic heat in the body. It is often seen in pestilence of abscess of internal organs. In addition, the white and dry fur like sand, being rough while palpated, is due to sudden onset of internal heat and swift consumption of body fluid, leading to failure of the white fur to be in time transformed into yellow because of rapid conversion of the epidemic febrile disease into heat.

8.41 The Yellow Fur

The yellow fur, resulting from steaming of the pathogenic

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heat, chiefly indicates heat syndrome. The deeper the yellow of the tongue fur, the more intense the pathogenic heat. That is to say, the degree of yellow of the fur is related to the degree of heat. For instance, the light yellow and thin fur indicates invasion by exogenous wind–heat, the yellow, thick and dry fur, consumption of body fluid due to the stomach–heat, often associated with thirst and constipation, the dark yellow, dry and cracked fur suggests extreme heat, often seen in *Yangming Fu*–organ disease, and the yellow, thick and greasy fur, damp–heat in the spleen and stomack or the accumulation of heat in the gastrointestinal tract. In addition the pale tongue with yellowish and moist fur is frequently due to hypofunction of the spleen with retention of dampness, whereas light yellow, moist and thick fur, known as turbid fur, to accumulation of dampness.

8.42 The Grey Fur

The grey fur indicates an interior syndrome, which may be cold or heat in nature. In general, the grey and dry fur usually occurs in exogenous febrile disease, marked by fever, dysphoria and so on, and may also be seen in patients with hyperactivity of fire due to deficiency of *Yin*, probably accompanied by lassitude in the loins and knees, dysphoria with feverish sensation in the chest, palms and soles, emaciated appearance, dry throat, flushed cheek, tidal fever, etc. The grey and moist fur, however, suggests accumulation of damp–phlegm or retention of cold–dampness in the interior of the body, often associated with stuffiness and choking sensations in the chest and epigastrium, heaviness sensation in the limbs, fatigue and so on.

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8.43 The Black Fur

The black fur usually appears in the critical stage of an epidemic febrile disease, indicating the interior syndrome, either cold or heat in nature. The black and dry fur, even with prickle-like coating, is a manifestation of extreme heat and exhaustion of body fluid, often accompanied by such symptoms as high fever, flushed face, thirst with preference for cold drink, constipation, dark urine, even coma, delirium, etc. The black and moist fur, however, is attributable to extreme *Yin*-cold syndromes, associated with symptoms, such as cold limbs, cold-pain in the epigastrium and abdomen, watery diarrhea with indigested food in the stool, deep and slow pulse, etc.

8.44 Thickness of the Fur

The thin fur refers to a thin layer of coating through which the tongue body can be indistinctly seen. The thick fur, however, to a thick layer of coating through which the tongue body can't be seen at all. The former is formed by upward aggregation of body fluid on the tongue surface due to upward steaming of the stomach-*Qi*, and the latter, however, by upward retention of phlegm-dampness and food-drink on the surface of the tongue due to rising up of the stomach-*Qi*. The former is mostly seen in a healthy person or a patient having an exterior syndrome with the fur left unchanged, while the latter, in most cases, suggests an interior syndrome due to retention of phlegm, dampness, food and others in the gaslrointestinal tract. Generally speaking, the thin fur indicates a mild disease, whereas thick fur a severe

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disease. The fur gettig thicker and thicker indicates uniavorable pronos is due to aggravation of a disease owing to exuberant pathogens. On the contrary, the fur getting thinner and thinner suggests a favorable prognosis due to predominance of vital *Qi* and gradual decline of the pathogen. In short, the severity and location of the pathogens can be judged by the thickness of the tongue fur.

8.45 Moisture of the Fur

The amount of body fluid may be estimated by observing the moisture of the fur. The lustrous fur, coated with moderate moisture, is thought of as normal, indicating plentiful and regular distribution of body fluid. The fur looking excessively moist, even profusely slavering white protruding the tongue, is named glossy fur, suggesting upward over-flow of the retained dampness along the channels due to insufficiency of *Yang Qi*. The dry fur is caused by consumption of body fluid due to intense heat and consumption of *Yin*-fluid, or inability of body fluid to be transformed and transported due to insufficiency of *Yang*, or failure of body fluid to reach up the tongue surface due to impairment of the lungs by pathogenic dryness, and the fur with rough grains spreading over the tongue and offensive while touched is known as rough fur, frequently seen in cases of consumption of body fluid due to excessive heat. In some special circumstances, the dry fur may also be seen in dampness syndrome, and the glossy fur in dryness syndrome. As a result, the data obtained by the four methods of diagnosis should be comprehensively analyzed.

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8.46 The Greasy and Curdy Fur

The loose and bigger grain–like fur like the bean curd dregs heaped on the tongue surface is called teh curdy fur, which usually results from the ascent of stale and turbid substances and pathogens in the stomach steamed by excessive *Yang*–heat. It indicates retention of food in the gastrointestinal tract or stagnation of phlegm in the interior often seen in abscess of internal organs. On the other hand, the compact and little grain– like fur, thinner on the margin and thicker in the middle of the tongue surface, and difficult to be scraped off, is named the greasy fur like grease covering the tongue surface. It is a result of retention of pathogenic dampness in the interior and on the tongue due to depression of *Yang– Qi*, marked by dampness, phlegm, indigestion, damp–heat and son on. To sum up, the curdy fur is attributable to overabundance of *Yang–Qi*, whereas the greasy fur, to retention of pathogenic dampness in the interior and depression of *Yang–Qi*.

8.47 The Exfoliative Fur

The tongue fur, exfoliating completely or partiatly, is known as exfoliative. A furless tongue as smooth as a mirror is mnaed mirror–like tongue; the partly exfoliating fur only with the center of the tongue surface coated is called chicken heart–like fur; the exfoliating fur as interlocking as a map is known as a map–like tongue; and a scanty and scattered fur on the tongue surface is called lingua geographica. In general, the exfoliative fur is formed as a result of impairment of both the stomach–*Qi* and the stomach–*Yin*, with which therefore, the exfoliative fur varies in shape.

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Moreover, the change from the presence of fur to its absence is a manifestation of deficiency of *Qi* and *Yin* and gradual weakness of vital *Qi*. On the contrary, the regeneration of a thin and white fur after being stripped off is regarded as favorable sign of conquest of pathogens by vital *Qi* and gradual recovery of the stomach–*Qi*.

8.48 Observation of the Discharges

This refers to inspection of the secretions and excretions. Fluids secreled from the ears, nose, mouth and eyes are known as secretions, whereas waste materials eliminated from the body as excretions. Discharges actually include both, namely, saliva, vomit, stool, urine, vaginal discharge, nasal disharge, tears and so on. Observation of discharges aims chiefly at examining their changes in appearance, colour, amount and nature, so as to find out pathological changes of the *Zang–Fu* organs. Generally speaking, the clear and watery discharges indicate deficiency syndrome and cold syndrome, whereas the dark (or red) and thick discharges, heat syndrome and excess syndrome. In addition, the blackish discharges mingled with some lumps of objects are usually attributable to blood stasis.

8.49 Observation of the Sputum

The sputum is a pathological product formed in the course of water metabolism of the body, closely related to the lungs and spleen. The sputum can be classified as follows. The profuse, whitish and thin sputum easily expectorated is referred to as damp–phlegm resulting from relention of fluid due to hypofunction of the spleen: the sputum as whitish and dilute as

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froth, as wind–phtegm caused by failure of body fluid to disperse regularly owing to invasion of the exogenous wind–cold pathogens or deficiency syndrome of the lungs due to protracted illness; the yellowish, thick and even lump–like sputum, as heat–phtegm resulting from the concentration of body fluid by the pathogenic heat; the white, clear and dilute sputum, or mixed with some black spots, as cold–phlegm, which is due to impairment of *Yang Qi* by the pathogenic cold; and the scanty and viscid sputum difficult to be spit, as dryness–phlegm brought about by damage of the lungs by pathogenic dryness. In addition, the sputum mixed with bright red blood indicates injury of the blood vessels by heat; and the expectoration as stinking as purulent pus–blood or as thick as porrrdge is seen in pulmonary abscess.

8.50 Observation of the Vomitus

The phlegm and food coming out of the mouth owing to adverse rising of the stomach–*Qi* are named vomitus. Vomiting due to different causes can produce vomitus of different shape and nature and different accompanying symptoms and signs. For instance, clear, thin and odourless vomitus pertains to the cold –type vomiting due to insufficiency of stomach–*Yang*, and sour, foul, viscid and thick vomitus to the heat–type vomiting due to invasion by pathogenic heat. Vomiting of thin and profuse fluid accompanied by dry mouth and aversion to drink results usually from phlegm–retention; sour and fetid vomitus mixed with indigested food, from retention of retained food; intermittent vomiting accompanied by hypochondriac distension and

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eructation, from an attack of the stomach by the hyperactive liver–*Qi*; vomiting bright red blood or dark purple mass mixed with food residues, from accumulation of stomach–heat or attack of the stomach by the liver–fire; and vomitus mixed with pus and blood, from stomach abscess.

8.51 Observation of the Stool

Abnormal colour and nature of stool may reflect pathologic changes in the spleen, stomach and intestines and cold–syndrome or heat–syndrome, deficiency–syndrome or excess–syndrome of a disease as well. Loose stool and diarrhea with indigested food or stool resembling duck feces are due to disturbance of the spleen by cold–dampness or insufficiency of *Qi* of both the spleen and the stomach, bringing about their dysfunction in transportation and transformation and retention of body fluid in the intestines due to their failure to receive and transport foodstuffs; dark yellow, foul and sticky stool indicates accumulation of damp–heat in the intestines; red–white mixed and mucous stool is brought about by dysentery due to accumulation of pathogenic damp–heat in the large intestine and intrusion upon both *Qi* and blood; the whitish stool with profuse pus indicates excessive dampness in the *Qi* system; and the dark purplish blood defecated following feces implies bleeding from distant part known as "distant bleeding" due to weakness of the spleen and stomach, while bright red blood defecated before feces is called " nearby bleeding", often seen in hemorrhage from hemorrhoids, and anal fissure or hemalochezia due to impairment of the lung collaterals by pathogenic wind–heat.

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8.52 Observation of the Urine

Normal urine is a light yellowish fluid. Clear and copious urine accompanied by aversion to cold and cold limbs often pertains to cold syndrome due to impairment of *Yang* which fails to function properly; urine mixed with bright red blood is caused by sthenic heat in the small intestine or impairment of the collaterals of the small intestine by the descending hyperactive heart–fire, and light red urine denotes the hyperactivity of fire due to *Yin* deficiency. Urine mixed with blood is called "stranguria complicated by hematuria" ; cloudy urine like oil is often known as "stranguria marked by chyluria"; and urine mixed with sand–like or stonelike objects accompanied by burning pain in the urethra on micturition and urinary stuttering is often referred to as "stranguria due to urinary stone".

8.53 Observation of Superficial Venules of the Infant's Index Fingers

The superficial venules of the infant' s fingers refer to collateral vessels emerging on the palmar aspect of the index fingers of a child, which are the branches of the Lung Channel of Hand–*Taiyin*, so they may reflect the changes of *Qi* and blood of *Zang–Fu* organs. This method is mainly used in children under three years of age because of their tender skin, which makes the venules quite visible. Therefore, observation of superficial venules is a unique diagnostic method of pediatrics, which includes observation of their colour, location and shape. Normal superficial venules of the index finger are near the transverse crease between the palm and the index finger, and extending from the proximal

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to the outside are *Fengguan* (wind–pass). *Qiguan* (*Qi*–pass) and *Mingguan*(life–pass) refering to the superficial venules visible on the proximal, middle and distant segment of the infant's index finger, and becoming reddish and faintly visible on the proximal middle and distant segment respectively.

8.54 Colour of the Superficial Venules of the Fingers

The colour of the venules may be described as red, purple, blue, black and pale. For instance, bright–red venules usually indicate attack of exogenous pathogens such as wind and cold; purplish–red venules, heat–syndrome; bluish venules, wind–syndrome or pain–syndrome; bluish–purple, or purplish–black venules denote a critical stage due to blockade of superficial venules, and pale venules, deficiency of the spleen.

8.55 Length of Superficial Venules of the Fingers

Length of the Superficial venules of the fingers is related to the region affected. Generally speaking, the collateral venules only visible at *Fengguan* indicate that the pathogens invade collaterals and the disease is mild; when the collateral venules dark in colour extending from *Fengguan* to *Qiguan* denote an invasion of channels by pathogens, a serious disease ensues. If the collateral venules are visible at *Mingguan* that implies that the pothogens go into *Zang–Fu* organs and the condition is dangerous; if the collateral venules directly reach the tip of the index finger, known as "Superficial venule visible from guan to the nail of index Finger", that indicates a critical stage of disease most prob-

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ably followed by an unfavourable prognosis. To sum up, the superficial venules emerging at *Fengguan*, *Qiguan* and *Mingguan* are indicative of a mild, serious and critical condition respectively.

8.56 Emerging Degree of the Superficial Venules of the Fingers

The emerging degree of the superficial venules may reflect the depth of the location of a disease. Visible venules indicate the exterior syndrome, often seen in diseases due to exogenous pathogens; and invisible venules, the interior syndrome. Thin and light–coloured venules often denote deficiency syndrome and thick and dark–coloured venules, excess syndrome. The emerging degree of the superficial venules is also affected by the thickness and colour of skin, and the type of build as well. For example, the thin skin, where venules are easily visible, shows supersficial venules, and the thick skin, deep venules. A fat person presents deep venules while a thin person, superficial ones. Consequently diagnosis can only be made in combination with other clinical data.

8.57 Auscultation and Olfaction

Auscultation and olfaction are the diagnostic method of detecting the clinical status of a patient by listening (to his voice, breathing, coughing) and smelling (odor of his secretion and excretion). According to traditional Chinese medicine, all the sounds and odors from the human body, produced in the course of physiological and pathological activities of *Zang–Fu* organs, may reflect their physiological and pathological changes. Here, listening consists mainly of that of various changes of the patient's

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speech or voice (high or low, strong or weak), as well as abnormal sounds accompanying cough, vomiting, hiccup or eructation, etc. in order to determine the nature of a disease, such as cold or heat syndrome, and deficiency or excess syndrome; while smelling involves that of various odors of the patient's body, mouth and such excretions as sweat and phlegm in order to differentiate diseases.

8.58 Listening to the Voice

Voice is produced by coordinative activities of the larynx, epiglottis, tongue, lips, teeth and nose, etc. and by functional activities of vital *Qi* in particular. Since the lungs control the *Qi* of the body, the kidneys regulate inspiration and the heart governs speech, the voice is most closely related to the organs mentioned above. The pectoral *Qi* has also a close relation with the voice due to its capability of promoting respiration. Once normal activities of *Qi* are affected whether by exogenous pathogens or by internal injury, or vocal organs are affected, the voice is likely to become abnormal. As a result, listening to the voice can detect changes of internal organs and the body as a whole.

8.59 Listening to the Speech Souuds

A loud and sonorous speech sound often indicates excess syndrome, or heat syndrome, while a low and faint speech sound or disinclination to talk usually denotes deficiency syndrome or cold syndrome, as a result of the serenity of *Yin* and the mobility of *Yang*. Low voice speaking accompanied by stuffy and running nose and chilliness without sweating are indicative of affection by exogenous wind–cold; deep and indistinct voice associated with

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the feeling of oppression over the epigastrium and heaviness sensation of the limbs are caused by retention of pathogenic dampness; moaning and screaming are seen in pain–syndrome; hoarseness in a new disorder is due to invasion of the epiglottis by pathogens; phónia after prolonged disease suggests insufficiency of the lungs and kidneys, and huskiness during pregnancy is mostly considered normal.

8.60 Listening to the Breath

Since the lungs control respiration and the kidneys regulate inspiration, abnormal breathing is mainly related to the lungs and kidneys. For instance, feeble breathing with lack of strength for respiration is called insufficiency of *Qi*, often due to deficiency of vital *Qi* of both the lungs and kidneys. Strong coarse and loud breathing is called rude respiration brought about by accumulation of pathogenic heat in the lungs; rapid shallow breathing or difficulty in respiration, even with opened mouth and elevated shoulders, flaring of nares and inability to lie flat, is called dyspnea which is classified into excess–type and deficiency–type, the former referring to loud and coarse breathing with comfortable sensation upon expiration and the latter to weak and low breathing with difficulty in going on respiration. Paroxymal rapid respiration with wheezing is named asthma; breathing shorter and quicker than that of normal people, with difficulty in going on respiration like dyspnea but without elevated shoulder, and with rapid breath but without wheezing, is called shortness of breath, oppressive and stuffy sensation in the chest with frequent moaning and groaning is named sigh due to stagnation of the liver–*Qi*.

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8.61 Listening to Cough

Cough is a manifestation of impairment of purifying and descending function of the lungs leading to adverse rising of the lung–*Qi*. Listening to cough, a doctor should focus his attention on cough sound and changes in amount, colour and quality of the sputum in order to differentiate cold or heat syndrome, and deficiency or excess syndrome of a disease. Deep and raucous cough is often thought of as excess syndrome, while weak and clear cough as deficiency syndrome. Dry cough with little viscid sputum or no sputum and with difficulty in expectorating pertains to dry cough due to attack of the lungs by pathogenic dryness. or dryness of the lungs because of deficiency of *Yin*; cough with copious whitish sputum easily expectorated. to phlegm cough due to accumulation of phlegm–dampness in the lungs; and deep cough with thick and yellowish sputum not easily expectorated, to heat cough due to invasion of the lungs by pathogenic heat. In addition, the children's cough characterized by spasmodic paroxysm with an inspiratory wheezing sound like a bird's voice at its end is referred to as whooping cough.

8.62 Smelling the Odours

Foul breath is due to indigestion or dirty mouth, belching with sour and fetid oder or disgust for the odour of food denotes food stagnancy. The smell of sweat given off from the body implies having a perspiration; sweating with smelling of fish or mutton is caused by accumulation of damp–heat in the skin. Fetid odor from nose, with continual turbid nose discharge is often indicative of sinusitis; and expectoration of foul sputum with pus

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and blood indicates the lung abscess. Fetid stool pertains to heat syndrome while stinking stool to cold syndrome. Scanty, foul and dark yellow urine frequently indicates damp–heat syndrome and urine smell in the ward is often seen in the late stage of serious edema. Lastly, foul smell like the odour of rotten apple from the mouth is attributable to diabetes.

8.63 Inquiring (Questioning)

This is a diagnostic method of asking patients or their relatives about their trouble which plays an important role in the four diagnostic methods. Through inquiring, doctors can know the patient's case history, subjective symptoms, family history, therapeutic measures already taken, and especially some kinds of diseases without signs which can only be detected by questioning. During questioning, a doctor should first watch out for the patient's main sufferings, around which he carries on the interrogation purposefully step by step with special emphasis on comprehensive study as well as on key information. When questioning, a doctor must be amiable without dropping any hint and avoid upseting the patient.

8.64 Questioning about Chilliness and Fever

Chilliness is the patient's subjective symptom, and fever refers to an undue rise in body temperature or to the patient's sensation of heat. Generally speaking, a disorder due to pathogenic cold, which is chilly in nature, leads to the patient's chilliness, while that due to pathogenic heat, which is of scorching nature, leads to the patient's fever. During imbalance of *Yin* and *Yang*, excess of yang leads to fever, whereas excess of *Yin* to chilliness.

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On the other hand, excess of *Yang* due to *Yin* deficiency can also cause fever, and excess of *Yin* due to *Yang* deficiency, chilliness. Cold and heat due to exogenous pathogens often occur simultaneously, while either due to internal injury appears separately. In a word, cold symptom belongs to the category of *Yin* and heat symptom, to that of yang.

8.65 Chilliness and Fever

This indicates that both symptoms occur at the same time as a result of accumulation of exogenous pathogens on the superficies with a consequent combat between them and defensive *Qi*. A serious chilliness with slight fever is seen in exterior wind–cold syndrome, in which the predominance of chilliness is caused by stagnation of defensive *Qi*, due to invasion of pathogenic cold, because cold as a kind of *Yin* pathogen easily damages *Yang Qi*, and a slight fever occurs during the combat between defensive *Qi* and the pathogens. Conversely, a higher fever with slight chilliness is seen in exterior wind–heat syndrome, in which excess of *Yang* due to *Yang* pathogens gives rise to high fever, and inability of defensive *Qi* to warm the body surface results in slight chill. Low fever with aversion to wind and spontaneous perspiration are seen in exterior syndrome due to invasion by pathogenic wind, because wind opening in nature can loose the striae of skin with a resultant slight stagnation of *Yang Qi* on the superficies of the body.

8.66 Chilliness without Fever

This is a symptom indicating that the patient only ofen has a subjective aversion to cold but no heat sensation often due to

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insufficiency of *Yang* for a long time, leading to lack of warm on the skin, or due to invasion of pathogenic cold. New chilliness is often due either to invasion of pathogenic cold on the superficies or to direct attack on the *Zang–Fu* organs, the former marked by no relief from getting warmth resulting from failure of stagnated defensive *Qi* to reach the body surface due to attack of the superficies by pathogenic cold; and the latter often accompanied by abdominal pain with cold sensation, and deep slow pulse. Chilliness due to a protracted illness, characterized by relief from getting warmth, is brought about by loss of body heat due to insufficiency of *Yang–Qi* in the body. Keeping the patient warm can prevent *Yang–Qi* from being consumed, and, therefore, chilliness is likely to subside.

8.67 Fever without Chilliness

This is a symptom suggesting that the patient with fever has an aversion to heat but not to cold, which pertains to interior heat syndrome; resulting from excess of *Yang* or hyperactivity of *Yang* due to deficiency of *Yin*. Persistent high fever is called sthenic fever, a critical stage of the interior heat–syndrome due to formation of heat by exogenous pathogens involving the interior or to invasion of pathogenic wind–heat into the interior often accompanied by excessive sweating, and excessive thirst, etc. An intermittent fever attacking or aggravating at regular intervals like the rise and fall of tidal water is called tidal fever. The tidal fever in afternoon is mostly caused by accumulation of dryness–heat in the stomach and intestines, whereas remarkable fever at night is called night tidal fever. The latter in combination with recessive fever pertains to damp–warm syndrome, and that in combination

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with dysphoria with feverish sensation in the chest, palms and soles or hectic tidal fever indicates deficiency–heat syndrome resulting from hyperactivity of *Yang* due to *Yin* deficiency. Finally, prolonged low fever can be seen in insufficiency of both *Qi* and *Yin* or in stagnated heat of the liver channel.

8.68 Alternate Attacks of Chills and Fever

Alternate spells of chills and fever are manifestations of half exterior and half interior syndrome seen in *Shaoyang* syndrome or malaria. Alternate chills and fever at irregular intervals. often accompanied by bitter tasle in the mouth, dry throat, dizziness, etc, are due to a lingering of the pathogens between the exterior and the interior with a stalemating conflict between the vital *Qi* and pathogens. The alternate attack of shivers with cold and high fever once a day, or every other day or every three days is called malaria, accompanied by a serious headache, thirst and profuse sweating etc. Since the pathogen of malaria lingers between half exterior and half interior, entering to combat *Yin*, it causes chilliness, and going out to struggle with *Yang* it produces fever.

8.69 Questioning about Perspiration

Sweat, originating from body fluid, comes out of pores on the skin while being evaporated by *Yang Qi*. Normal sweating has the functions of moistening the skin and its hairs and regulating nutrient *Qi* and defensive *Qi*. Anhidrosis or hyperhidrosis occurs due to invasion of pathogens or deficiency of vital *Qi* during the disease. Since abnormal perspirations vary with the nature of pathogens and degree of deficiency of vital *Qi*, questioning about perspiration may help the doctor to differentiate the varied mor-

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bid states, such as asthenic or sthenic syndrome, superficial or interior syndrome and cold or heat syndrome. Interrogation of perspiration consists mainly of hyperhidrosis or anhidrosis, the site, time, amount, colour and nature of sweating.

8.70 Spontaneous Perspiration

Frequent sweating, which intensifies on exertion, is known as spontaneous perspiration, mostly caused by deficiency of both *Qi* and *Yang* bringing about lowering superficial resistance and letting out of body fluid due to loose of the striae. On exertion, *Yang–Qi* must be consumed, leading to more profuse sweating, Spontaneous perspiration is often accompanied by such symptoms of *Qi*–deficiency as faint breathing, lassitude, shortness of breath, disinclination to talk, and those of yang–deficiency such as aversion to cold, cold limbs, and polyuria with watery urine etc.

8.71 Night Sweating

This refers to sweating during sleep but no sweating while awake. There are two common causes. One is heat–syndrome in the interior due to *Yin*–deficiency because during sleep defensive *Qi* enters the interior and overabundance of *Yang*–heat steams body fluid to let it out, and while awake sweating stops because defensive *Qi* leaves for the superficies. Another is deficiency of both *Qi* and *Yin*, often accopmpanied by spontaneous sweating.

8.72 Profuse Perspiration

Excessive sweating is seen in patients with overabundance of pathogenic heat or sudden collapse of *Yang Qi*, the former char-

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the middle–*Jiao* and inward retention of damp–heat steaming body fluid upwards, often accompanied by heaviness sensation in the head and limbs, epigastric distention, greasy fur of the tongue, etc. Next comes pathogenic heat stagnated in the upper–*Jiao* and overabundance of *Yang–Qi* evaporating body fluid upwards, usually accompanied by restlessness, thirst and red tip of the tongue. Thirdly, it results from the floating up of asthenic *Yang* due to consumption of vital *Qi* after a prolonged disease and blood leading to separation of *Yin* and *Yang*, accompanied by oily sweat over the head, cold limbs, dyspnea and feeble rapid pulse. Finally comes internal accumulation of *Yang–Qi* after intake of pungent, hot food, boiling soup and wine.

8.75 Hemihidrosis

Sweating just from one side of the body, either right or left, upper or lower, is called hemihidrosis. The sweating side is in a healthy condition, which indicates normal functioning of nutrient *Qi* and defensive *Qi* which can govern the open–close of pores regularly, while the side without sweating is the affected one, caused by blockage of channels, and obstruction of nutrient *Qi* and defensive *Qi* as well as incoordination between *Qi* and blood. The pathogenic agents contributing to it may be wind–phlegm, or blood stasis phlegm, or wind–dampness, often seen in patients with apoplexy, flaccidity syndrome or paralysis.

8.76 Polyhidrosis of Palms and Soles

It can be divided into two states: normal and abnormal.

A little perspiration over the palms and soles is a normal state, whereas excessive sweating, an abnormal state. Its first pos-

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sible cause is dysfunction of the spleen and stomach in transporting and transforming nutrients leading to lateral seepage of body fluid to the extremities. The second possible cause is the steaming of stagnated heat in *Yin* channels, because the channel of hand–*Jueyin* and channel of foot–*Shaoyin* pass through the palm and sole respectively. Therefore, stagnation of heat in these two channels results in sweating of the palm and sole, usually accompanied by dry mouth and throat, constipation, dark urine, thready and rapid pulse, etc.

8.77 Questioning about Pain

A healthy person has unobstructed channels and sufficiency of *Qi* and blood, without any discomfort. However, deficiency of *Qi* and blood or blockage of channels will lead to pain, which is one of the most common clinical symptoms, occurring in any part of the body. There are two causes for pain. Firstly, it is caused by stagnant *Qi* and blood due to blockage of the meridians. In most cases, it is brought about by invasion of exogenous pathogens or *Qi* stagnancy and blood stasis, or coagulated phlegm all of which lead to pain of excess type. Secondly, it results from malnutrition of *Zang–Fu* organs and tissues due to deficiency of *Qi* and blood. This is pain of deficiency type. Different nature, location and intensity of pain reflect different nature of pathogens and affected portions of the body. From the above it follows that the stress of questioning should be laid on nature, location, intensity of questioning pain and the patient's likes or dislikes as well.

8.78 Headache

The head is the confluence of all *Yang*–channels and the

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brain is known as the sea of marrow, both being closely related to the kidney–essence. Headache may be caused by either exogenous pathogens or internal injury. The pain in forehead involving supra–orbital bone is located in the *Yangming* Channel; that in the temple or migraine, in the *Shaoyang* Channel; and that in the vertex, in the Jueyin Channel. Owing to different distribution of the channels in the head, the affected channel can be detected according to the location of pain. The acute headache involving the nape and back which is aggravated by exposure to wind mostly suggests exogenous disease due to invasion of pathogenic wind–cold; distending headache accompanied by flushed complexion and conjunctival congestion is due to exogenous attack of pathogenic wind–heat, and heaviness sensation in the head like being tightly bound, accompanied by chilliness and fever, is caused by exogenous attack of pathogenic wind–dampness. Moderate intermittent headache running a long course usually pertains to pain caused by internal injury, lingering headache, aggravated on exertion, to headache due to *Qi*–insufficiency; pain accompanied by dizziness and pale complexion, to headache due to blood–deficiency, and that accompanied by an empty sensation in the head and lassitude in the loins and knees, to headache due to kidney–deficiency which is caused by insufficiency of kidney–essence and inability of the brain to be nourished.

8.79 Chest Pain

Since the chest is the place where the heart and the lungs are located, pain in the chest is mostly related to these two organs. Choking pain in the chest, sometimes extending to the back indi-

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cates chest *Bi*–syndrome, caused by hypofunction of *Yang* in the chest and retention of paroxysmal phlegm or stagnation of *Qi* and blood leading to obstruction of *Qi* and blood in the heart channel; and severe precordial pain accompanied by bluish discoloration of face and feeling dying himself is reat heart–pain or angina pectoris due to sudden blockage the of heart channel. Chest pain accompanied by flushed face, high fever, shortness of breath with flaring of nares mostly indicates excess syndrome of the lung–heat and that accompanied by tidal fever, night sweat, expectoration of bloody sputum denotes deficiency of the lung–*Yin*. Stuffy pain in the chest with profuse sputum signifies invasion of the lungs by phlegm–dampness; chest pain accompanied by fever and cough with discharge of foul purulent sputum suggests lung abscess; migratory pain with sigh and eructation indicates stagnation of *Qi* and, finally, locatized pricking pain pertains to blood stasis.

8.80 Hypochondriac Pain

Since the liver and gallbladder are situated in the hypochondriac region, hypochondriac pain is related to these two organs. Hypochondriac distending pain with sighing and irritability indicates stagnation of the liver–*Qi*; burning pain with flushed face and pink–eye (conjunctival congestion) implies accumulation of the liver–fire; hypochondriac and costal distending pain with yellow skin and sclera is jaundice due to steaming of dampness and heat in the liver and gallbladder; hypochondriac pricking pain in a fixed area denotes blood stasis; dull aching in the hypochondrium is usually due to deficiency of the liver–*Yin;* fullness over the hypochondriac region and referring pain occur-

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abdomen is often related to these organs. The latter, located below umbilicus, comprises the kidneys, bladder, large and small intestines, and the uterus. Pain in the lower abdomen is often related to the above-mentioned organs, while that in the bilateral lower abdomen, which the liver channels pass by, is usually related to the liver.

8.83 Lumbago

Since the loins are referred to as the residence of the kidnes, lumbago is usually related to kidney diseases. Lingering pain in the loins with weakness is the lumbago due to kidney-deficiency; pain and feeling of cold and heaviness in the waist aggravated on cloudy and rainy days pertain to *Bi* syndrome due to invasion of cold-dampness, blockage of channels leading to the obstructed circulation of *Qi*-blood; pricking and fixed pain in the loins and tenderness with a limited movement of waist result from blood stasis; and lumbago radiating to the lower limbs is frequently due to blockage of channels.

8.84 Pain of Extremities

Arthralgia is a *Bi*-syndrome often resulting from attack of the meridians by pathogenic wind, cold and dampness or heat-transformation from persistent stagnation of the three pathogens. Wandering pain in the joints known as migratory arthralgia is predominantlly due to pathogenic wind; acute and intolerable pain called painful arthnalgia is mainly caused by attack of the pathogenic cold; heavy feeling of the affected area and localized pain called fixed arthralgia is due chiefly to pathogenic dampness; and redness, swelling, heat and pain of the joint, ac-

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companied by fever and thirst, called heat-type arthralgia is due to heat transformation from dampness. There is also pain of limbs which fail to be nourished due to weakness of the stomach and spleen. If the pain is located only in the heel with lassitude and soreness in the loins and legs, it is usually attributable to deficiency of the kidneys.

8.85 Distending Pain

Pain with distension is indicative of stagnation of qi. Intermittent and migrating distending pain of the chest, hypochondrium, epigastrium and abdomen is usually due to the stagnation of *Qi* which is closely related to the function of the liver to govern normal flow of *Qi*. Distending headache accompanied by slight aversion to cold, high fever, thirst and dark urine is caused by upward attack of wind-heat; and distending pain of the eyes mostly indicates hyperactivity of the liver-*Yang*.

8.86 Heavy Pain

Pain with heaviness sensation is usually caused by stagnation of *Qi* due to pathogenic dampness often appearing in the head, limbs and loins, because dampness is liable to block the functioning of *Qi* due to its properties of turbidity and viscosity. Heaviness sensation over the head, as if tightly bound, results from attack of exogenous pathogenic wind-dampness. If the dampness enters the joints, *Bi*-syndrome with heavy and painful joint may occur. At the early stage of dampness-warm syndrome, there must be pain and heaviness of the body, and downward flow of damp-heat may bring about the heaviness of lower limbs and difficulty in walking.

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8.87 Pricking Pain

Pricking pain like stabbing with a thorn is a clinical characteristic of blood stasis, often caused by trauma or stagnation of *Qi* leading to accumulation of blood in localized regions. Pricking headache suggests blood stasis in the head due mostly to trauma, stabbing pain in the chest usually indicates obstruction of the heart blood; twinge in the hypochondrium mostly indicates long depression of liver–*Qi* and obstruction of blood circulation; and prickle in the lower abdomen is indicative of blood stasis in the lower–*Jiao*, often associated with disorders of menses in women.

8.88 Colicky Pain

Violent pain as if cutting by knife is generally caused by sudden blockage of *Qi* due to substantial pathogens or coagulation by pathogenic cold. Colicky pain in the precordial area is called "real cardiac pain" due to obstruction of heart channels; abdominal colicky pain with visible mass, even vomiting of roundworms results from upward disturbance of ascaris, and colicky pain in the lower abdomen accompanied by urine with sand and stone or a sudden stop of urination indicates stranguria due to urinary stone. In addition, attack of the stomach and intestines by pathogenic cold can also give rise to colicky pain in the abdomen.

8.89 Burning Pain

Pain with burning sensation is caused by the flow of pathogenic fire in collaterals or hyperactivity of fire due to *Yin* deficiency. Burning pain in the stomach indicates excessiveness of stomach–fire, often accompanied by hyperorexia, halitosis, and

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constipation; burning pain in the hypochondrium, marked by irritability and acid regurgitation, suggests stagnation of the liver–fire. Lastly, painful and dripping urination with burning sensation is indicative of stranguria.

8.90 Cold Pain

Pain with cold sensation results from inability of the body to be warmed due to weakness of *Yang–Qi* or inner overabundance of *Yin*–cold or attack of meridians by pathogenic cold resulting in contraction of the affected vessels, which can be alleviated by warmth. Cold pain due to insufficiency of *Yang* pertains to deficiency syndrome often accompanied by cold limbs and intolerance of cold, pale complexion, profuse and watery urine, slow deep and weak pulse, which can be treated by warming *Yang* and activating *Qi*, while cold pain due to excess of *Yin*, to excess syndrome. often accompanied by aversion to cold, tastelessness, no thirst, deep and slow pulse, etc, which can be treated by warming yang, expelling cold and relieving pain.

8.91 Dull Pain

Dull and mild pain is due to deficiency of *Qi* and blood leading to inability of organs and tissues to be warmed, belonging to deficiency syndrome, often seen in chronic consumptive diseases which are characterized by lingering pain and a long course.

8.92 Radiating Pain

Radiuating pain or referred pain is usually caused by blockage of meridians with a resultant deficiency of *Qi* and blood. Chest pain radiating to the back or back pain to the chest, accom-

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panied by sweating, cold limbs and faint indistinct pulse indicates chest *Bi*–syndrome, and distending pain in the right hypochondrium radiating to the right shoulder, is indicative of dampness and heat in the liver and gallbladder.

8.93 Questioning about Condition of Sleeping

The condition of sleeping is closely linked with circulation of defensive *Qi* and ups and downs of *Yin* and *Yang*. In the normal condition, defensive–*Qi*, running into *Yang* parts of the body during the day, makes people awake; when running into yin parts of the body during the night it makes people asleep. *Yang–Qi* is exuberant by day and so is *Yin–Qi* at night. During illness, the condition of sleeping is abnormal due to incoordination between *Yin* and *Yang*. Deficiency of *Yin* and hyperactivity of *Yang* lead to insomnia, whereas *Yang*–deficiency and overabundance of *Yin*, to drowsiness. Consequently, abnormal sleeping condition may reflect the wane and wax of *Yin* and *Yang*.

8.94 Insomnia

Difficulty in falling asleep during the night or waking easily from sleep or even inability to sleep all night long is known as insomnia. It is a manifestation of hyperactivity of *Yang* due to deficiency of *Yin* leading to defensive *Qi* failling to enter the *Yin* parts of the body and mental derangement. Difficulty in falling asleep, accompanied by dysphoria, hectic fever, lassitude in the loins and knees, is indicative of breakdown of the functional coodination between the heart and kidneys, often caused by deficiency of the kidney–*Yin* or overabundance of the heart–fire; waking easily from sleep, accompanied by lassitude, palpitation and feeble

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pulse suggests asthenia of both the heart and spleen; frequent awaking, accompanied by dizziness, chest stuffiness, restlessness and bitter taste in the mouth, indicates stagnation of the gallbladder–*Qi* and disturbance of phlegm, and, finally, inability to sleep well at night, accompanied by epigastric distension and eructation suggests retention of indigested food in the stomach.

8.95 Drowsiness

Drowsiness, referring to frequent uncontrollable sleepiness, accompanied by dizziness and heavy head, is caused by excess of *Yin* due to *Yang*–deficiency or impairment of the spleen–*Yang* by dampness, often seen in epidemic febrile disease characterized by attack of the pericardium by heat. Drowsiness accompanied by lethargic state of the head and eyes results from disturbance of the spleen due to phlegm–dampness, that accompanied by the body's debility, poor appetite and anorexia indicates insufficiency of the spleen–*Qi*; that accompanied by extreme exhaustion and unconsciousness suggests deficiency of yang in the heart and kidneys, and, lastly, that accompanied by delirium and skin eruptions is indicative of attack of the pericardium by pathogenic heat.

8.96 Questioning about Diet and Taste

Since the spleen and stomach perform the function of receiving and digesting food, the appetite and taste are related to the functional condition of the spleen and stomach. Dysfunction of the spleen and stomach or affection of the spleen by other diseases are reflected on diet and taste. Questioning should focus more attention on thirst, amount of drink taken drinking prefer-

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ence for hot or cold beverages, appetite, amount of food taken, and abnormal sense of taste or odour from mouth.

8.97 Thirst and Drinking

Thirst and drinking can reflect the vicissitudes and distribution of body fluid. Disease without thirst indicates no consumption of body fluid usually seen in cold-syndrome. while extreme thirst with desire for cold drink, consumption of body fluid by excessive heat. A disease characterized by polydipsia, polyphagia and polyuria with emaciation is diabetes. Dry mouth without desire for drink is attributable to yin-deficiency; thirst but drinking only a little is due to damp-heat, desire for little hot drink or vomiting immediately after drinking is caused by retention of phlegm and fluid in the interior. Lastly comes dry mouth with desire to gargle with water but no desire to swallow them, suggesting accumulation of blood stasis.

8.98 Appetite and Amount of Food

Poor appetite with tastelessness shows deficiency of the spleen *Qi* and stomach *Qi*; loss of appetite with epigastric distention, and lassitude and heaviness in the head and limbs indicates impairment of the spleen by pathogenic dampness; anorexia with disgust at greasy food; accompanied with juandice and hypochondriac pain, is due to dampness-heat of the liver and galibladder; disgust at smell of food accompanied by eructation and abdominal distension suggests indigestion; hyperorexia with halitosis and constipation indicates excessiveness of the stomach-fire; and anorexia with hunger sensation and gastric discomfort is indicative of deficiency of the

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stomach–*Yin*.Preference for eating strange things is often seen in malnutrition due to parasitic infestation in children. On the other hand, improvement of appetite in a course of disease indicates gradual recovery of the stomach–*Qi* and a favourable prognosis, otherwise an unfavourable prognosis is expected.

8.99 Taste

Tastelessness in the mouth is caused by deficiency of the spleen–*Qi* and stomach–*Qi*; sweet taste with stickiness in the mouth suggests accumulation of dampness–heat in the spleen and stomach; sour taste in the mouth indicates the depressed heat in the liver and stomach: acid regurgitation with foul breath signifies indigestion; and, finally, bitter taste in the mouth is usually indicative of overabundance of the gallbladder–fire.

8.100 Questioning about Defecation

Interrogation is conducted mainly on frequency, amount and character of feces and feeling during defecation. Constipation accompanied by high fever and abdominal distending pain pertains to excess–heat syndrome. Dry stool accompanied by red tongue with a little fur is caused by *Yin*–deficiency, and habitual constipation in the elderly, mostly by deficiency of *Qi*. Poor appetite accompanied by abdominal distention and diarrhea is attributed to insufficiency of the spleen, morning diarrhea with abdominal pain, mostly to insufficiency of kidney–*Yang*; diarrhea with offensive odour and abdominal pain relieved after diarrhea, to dyspepsia; and lienteric diarrhea often to deficiency of both the spleen and the kidneys. Lastly, frequent passage of bloody stool with pus and tenesmus is described as dysentery.

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8.101 Questioning about Urination

Increased amount of urine with intolerance of cold and preference for warmth pertains to deficiency–cold syndrome. If accompanied by polydipsia, polyphagia and emaciation, it is known as diabetes. Oliguria with scanty dark urine pertains to heat –syndrome. Dysuria with the puffy body is a condition called edema. Frequent urination is often due to retention of dampness in the lower–*Jiao* or unconsolidation of the kidney–*Qi*. Retention of urine leads to a condition known as anuria often caused by dampness–heat, blood stasis or urinary stone, whereas difficult and painful urination is called stranguria. Usually frequent and dripping urination is seen in the elderly.

8.102 Questioning about Menstruation

Menstruation occurring earlier for more than one weak at every cycle is known as preceded menstrual cycle, often due to pathogenic heat or *Qi*–deficiency, and that occurring later for more than one weak at every cycle as delayed menstrual cycle, often brought about by coagulation of pathogenic cold, blood stasis, deficiency of *Yin*, or inadequacy of blood. On the other hand, irregular menstruation, or menstruation occurring at irregular intervals, usually results from stagnation of the liver–*Qi* or injury of both the spleen and the kidneys. Scanty menstruation is due mostly to blood–deficiency; coagulation of cold or phlegm–dampness; and menorrhagia is chiefly due to deficiency of *Qi*, blood–heat, or blood stasis. As to its colour, light red and thin discharge indicates blood–deficiency, deep red and viscous menses suggests blood–heat; and a dark purplish menstrual flow

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with blood clots is caused by blood stasis due to coagulation of cold.

8.103 Questioning about Leukorrhea

Under normal conditions little discharge from the vagina is odourless and milky white liquid. However, excessive or continuous vaginal discharge is said to be abnormal. Profuse or persistent vaginal disharge with whitish and clear tinge, called leukorrhea is seepage of dampness due to spleen–asthenia; yellowish, viscid and foul discharge from the vagina, called yellowish leukorrhagia, to downward flow of damp–heat; and leukorrhagia with blood and pus, called reddish leukorrhagia, mostly to stagnated heat of the liver channel.

8.104 Questioning about the Condition of a Child

Besides routine interrogation, questions concerning general status before and after the birth, the history of vaccination, the history of infectious diseases and factors contributing to them are also necessary. In case of neonatal disorders, the pregnant women should be questioned as to her nutritive state and delivery condition; in case of infant diseases the feeding habit and growth condition must be inquired into. The child who has already got vaccination or acquired a long–term immunity to the disesase after having had it previously will not contract it a second time. Otherwise he or she is liable to contract the disease if he or she is exposed to it recently. The infants are liable to be frightened since their minds are not fully developed. They are also susceptible to indigestion because of weakness of the spleen and stomach; and

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are prone to be affected by seasonal pathogens due to inadaptability to changes in the weather.

8.105 Palpation

Palpation is one of the four methods of physical examination, including pulse–taking and palpation of the body. The latter is a diagnostic procedure by which a doctor can gain clinical data by touching and pressing certain area of the patient's body with his or her hand and fingers.

8.106 Pulse–Taking

It is also a diagnostic method whereby a doctor can examine pulse condition, detect condition of illness and gather clinical data through palpating the pulsation of the radial arteries with his or her finger–tips.

8.107 Three Portions and Nine Pulse–Takings

This term has two meanings in TCM. Firstly, it refers to a diagnostic method of general pulse–feelings described for the first time in 《*Huangdi Neijing*》("Yellow Emperor's Internal Classic of Medicine"). The three parts of the body to be palpated are; the head, the hand and the foot, each of which, in turn, is subdivided into three portions, namely, upper, middle and lower. In other words there are altogether nine parts of the body to be palpated for diagnostic purposes. The concrete portions are: in the head portion, the upper (heaven) temporal artery at point *Taiyang* (Extra2) to detect the temporal *Qi*. the middle (human) auricular artery at point *Ermen*(SJ2) to detect the *Qi* of eye and ear, and the lower (earth) buccal artery at point Nose–*Ju Liao* (S3) to detect

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the *Qi* of mouth and tooth, in the hand portion; the upper (heaven) radial artery of Lung Meridian at Cunkou to detect the lung *Qi*, the middle (human) ulnar artery of Heart Meridian at point *Shenmen* (H7) to detect the heart–*Qi*, and the lower (earth) artery of large Intestine Meridians at point *Hegu*(LI4) to detect the pectoral *Qi*; and in the foot portion, the upper (heaven) artery of Liver Meridian at point *Wuli* (Liv 10) or *Taichong*(Liv 3) to detect the liver–*Qi*, the middle (human) artery of Spleen Merdian at point *Jimen* (S 11) or *Chongyang* (S 42) to detect the *Qi* of the spleen and stomach; and the lower (earth) artery of kidney Meridian at point *Taixi* (K 3) to detect the kidney *Qi*.

Secondly. it refers to the pulse–taking on *Cunkou*,which is a general term for the three pulse locations on the wrist over the radial artery, namely *Cun, Guan,* and *Chi,* and each location is palpated with light, moderate and heavy pressure respectively to get nine aspects of the pulse condition.

8.108 *Cun, Guan* and *Chi*

Cun, Guan and *Chi* (inch, bar and cubit) are the three places on the wrist over the radial artery where the pulse is felt. Concretely, *Guan* is located over the prominent head of the redius at the wrist, *Cun* is adjacent to it on the distal side, while *Chi* is on the proximal side. The three pulse conditions are known as the *Cun* pulse, *Guan* pulse and *Chi* pulse respectively.

8.109 Correspondence between *Cun, Guan* and *Chi* and Viscera

The three pulses of *Cun, Guan* and *Chi* may indicate the states of the five *Zang*–organs and six *Fu*–organs. The three

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pulses of the left hand can reflect conditions of the heart, (the pericardium). the liver (the gallbladder and diaphragm) and the kidneys (especially kidney–*Yin*), and the lower abdomen respectively and those of the right hand, conditions of the lungs (thorax), the spleen (the stomach) and the kidneys (especially kidney–*Yang*) and the lower abdomen.

8.110 Method of Feeling the Pulse

(1)Time

The best time for pulse–feeling is the early morning because the patient is then less affected by food intake and other activities and *Qi* and blood in meridians are less disturbed so that it is easy to recognize patient's real pulse. However, in other times, pulse can also be felt. Generally speaking, pulse–feeling requires a quiet environment and a patient in a calm mood with stable *Qi* and blood in order for an accurate diagnosis to be made.

(2) Position of the body

The patient is required to sit or lie flat on the back with the arm extending, the palm facing upward, and the forearm being on nearly the same level as the heart in order to keep *Qi* and blood flowing freely. Meanwhile, the cloth pillow should be placed under the patient's wrist for convenience of pulse–feeling.

(3) Arrangement of the fingers

The physician should put his or her index, middle, and ring fingers on the patient's three pulse portions of *Cun, Guan* and *Chi* for adults. The tip of the middle finger is first put over *Guan* region, then that of the index finger over the *Cun* region and that of the ring finger over the *Chi* region. The distances among the three fingers should be adjusted according to the patient's height.

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Use just one finger (index finger or thumb) to feel the pulse for children over 3 years, and observation of the superficial venules of their index fingers is made instead of pulse-feeling for infants under 3 years.

(4) Manipulations

Pulse-taking is made by pressing the arteries with the palmar surfaces of the three fingers which are slightly bent like bows so that the tips of the three fingers are at the same level. Recognition of pulse condition is made usually through applying three grades of finger forces on the three pulse regions. Firstly, the finger force is exerted lightly, a procedure named touching, then moderate force is applied, which is called searching, and finally heavier pressure is exerted i. e. pressing. Another meaning of "searching" is to vary the force or move the fingers to get a more distinct pulse-reading. The three fingers are simultaneously used to feel pulse; this procedure is called general pressing. In order to recognize the pulse condition of one particular portion, one of the three fingers can be used alone to feel pulse. This is known as individual pressing. Clinically, general pressing is often applied in combination with individual pressing.

(5) Duration of pulse-taking

3-5 Minutes are enough for each feeling and the minimum time for pulse-feeling should be no less than one minute.

8.111 Normal Pulse

Normal pulse refers to the pulse condition of a healthy person, characterized by its stomach-*Qi*, vitality and root, When the pulse is moderate, unhurried, calm and regular, it is said to have the stomach-*Qi*. The soft, even and forceful pulse indicates the

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vitality. If the forceful pulse can be taken on deep palpation, especially at the *Chi*, it is said to have root. Normal pulse must have these three features, which indicate adequacy and harmony of *Qi*–blood as well as sound mind and body. Therefore, detection of the stomach–*Qi*, vitality and root in pulse condition has certain clinical significance in the improvement or deterioration and favorable or unfavorable prognosis of a disease. Meanwhile, with changes in internal and environmental factors of the body, normal pulse often undergoes corresponding physiological changes. For example, owing to seasonal variations, the pulse in spring is somewhat taut; in summer somewhat full; in autumn somewhat floating and in winter somewhat deep. Strenuous exercise, emotional excitement, eating and drinking often cause the pulse to speed up. An anatomic anomaly of the radial artery which makes the pulse beat running from the *Chi* (cubit) area laterally and obliquely to *Hukou* (near point *Hegu*) on the back of the hand is called slantly located radial pulse, while radial pulse palpable at the dorsum of the wrist in an anomaly of the radial artery is named ectopic radial pulse. All these pulses mentioned obove are thought of as physiological variations rather than abnormal pulses.

8.112 Abnormal Pulse

The pulse condition reflectilng various pathological changes of a diseased body is known as abnormal pulse.

8.113 Floating Pulse

Floating pullse is one which can be felt only by light touch and grows faint on pressing hard, usually indicating exterior

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syndrome and deficiency syndrome as well. It is often seen in the common cold and in the early stage of some acute febrile diseases, in which the defensive *Qi* resists outwards the pathogens on the body surface and thus channel–*Qi* becomes more superficial. In a weak patient with a prolonged illness, the floating pulse suggests the consumption of essence–*Qi*, bringing about failure of *Yin* to keep *Yang* well or outward letting of insufficient yang, so the floating pulse must turn cut to be large, hollow and forceless, which must not be misdiagnosed and treated as a disease due to exogenous pathogens.

8.114 Hollow Pulse

A pulse that feels floating, large and hollow like a scallion stalk, is mainly seen in cases marked by severe hemorrhage or exhaustion of body fluid due to profuse sweating, resulting in outward floating of *Yang–Qi* which loses its foundation due to abrupt consumption of blood or *Yin*–fluid.

8.115 Scattered Pulse

Scattered pulse is a pulse condition with scattered and disordered beats but without root which can be felt only by light touch and become impalpable by heavy pressure, seen in critical cases, showing depletion of primordial *Qi* and exhaustion of *Qi* of *Zang–Fu*–organs.

8.116 Deep Pulse

Deep pulse is a pulse condition in which the beats are located deeply and hardly felt by light touch but become distinct by hard

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pressure, indicating interior syndrome. The deep and forceful pulse indicates an interior–excess syndrome in which. the pathogens accumulate in the interior and *Qi* and blood are stagnated, while the deep and forceless pulse suggests an interior–deficiency syndrome, in which weakness of *Zang–Fu* organs and insufficiency of *Qi* and blood lead to inability of channel–*Qi* to be activated.

8.117 Hidden Pulse

Hidden pulse is one felt only on pressing the bone hard located even deeper than deep pulse, and seen in cases of syncope, severe pains resulting from accumulation of pathogens in the interior of the body which bring about the obstructions of *Qi* and blood. If a pulse can not be felt on *Cunkou* of both the left and right sides and nor can it be felt on points *Taixi* and *Fuyang*, it is indicative of a critical case.

8.118 Firm Pulse

Firm pulse is one forceful, large, taut and long, felt only by pressing hard, and usually seen in obstinate diseases with accumulation of yin cold, such as abdominal mass, and hernia, etc. The firm pulse which results from the sunking of *Yang–Qi* coagulation of *Yin* cold inside the body, reflects solidity and excessiveness of pathogens, belonging to excess syndrome. It is divided into the *Qi* system and the blood system, the former referring to the visible tumor and the latter to the invisible and moveable mass. If a firm pulse occurs in a disease with loss of blood or yin–deficiency, it indicates a critical condition.

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8.119 Slow Pulse

Slow pulse is one with less than four beats to a normal cycle of respiration (less than sixty beats per minute), indicating cold syndrome. Slow and forceful pulse indicates excess syndrome due to accumulation of cold causing the stagnation of *Qi*; while slow and feeble pulse because of the insufficiency of *Yin–Qi*, deficiency–cold syndrome. Sometimes slow pulse also suggests aggregation of pathogenic heat leading to the stagnancy of *Qi*–blood, as seen in excess–heat syndrome of *Yangming Fu*–organs. Slow but vigorous pulse palpated in a well–trained athlete is considered as normal.

8.120 Moderate Pulse

Moderate pulse is one characterized by four beats to one cycle of respiration, with even rhythm and moderate tension, and seen in damp syndrome in which dampness obstructs *Qi*–blood in circulation, or weakness of the spleen and stomach which fail to promote the normal flow of *Qi*–blood. The pulse of a patient beating gently and moderately indicates the recovery of the patient's vital *Qi*, and that beating unhurriedly, gently and regularly is said to be a pulse condition of a healthy person.

8.121 Rapid Pulse

Rapid pulse is one with 5–6 beats to a normal cycle of respiration (from 91–120 beats per minute), generally indicating heat syndrome. Rapid and strong pulse indicates excess–heat syndrome; while rapid and feeble pulse, deficiency–heat

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syndrome. In case of swift flow of *Qi* and blood due to excess of pathogenic heat, a rapid pulse is felt; in case of accumulation of heat of excess type in the interior leading to a fierce struggle between heat pathogens and the undiminished body resistance, a rapid and forceful pulse is likely to occur, and in case of heat of deficiency type in the interior resulting from *Yin* deficiency due to protracted illness, a rapid and forceless pulse is indicated. If a rapid pulse appears in a disease marked by outward floating of deficient *Yang*, it must be rapid, large, forceless and hollow on pressure.

8.122 Swift Pulse

Swift pulse is one felt hasty and swift, with over seven beats to a normal cycle of respiration (more than 121 beats per minute), indicating exhaustion of yin or prostration of primordial *Qi* due to overabundance of *Yang*, often seen in the climax of a febrile disease and a consumptive disease with exhausted *Yin* failing to keep *Yang*. Swift and hard pulse suggests extreme consumption of yin due to hyperactivity of yang beyond control. whereas swift and feeble pulse indicates immediate prostration of vital *Qi*. In a word, swift pulse is indicative of an extremely critical condition.

8.123 Feeble Pulse

This is a general term for all forceless pulses that feel soft, weak and hollow, when either lightly pressing or heavily pressing on *Cun*, *Guan* and *Chi*, indicating deficiency syndrome, often seen in deficiency of both *Qi* and blood and weakness of *Zang–Fu* organs, especially in insufficiency of *Qi* which is unable to promote circulation of blood, further leading to emptiness of

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vessels.

8.124 Replete Pulse

Replete pulse, a general term for all vigorous pulses, feels vigorous and forceful at the three portions on both light and hard pressure, indicating excess syndrome, in which overabundant pathogens struggle against the strong vital *Qi*, giving rise to stagnation of *Qi* and blood and excessive repletion of the channels.

8.125 Slippery Pulse

Slippery pulse is one coming and going smoothly, feeling slick to the finger like beads rolling on a plate, indicating excess–heat syndrome, phlegm retention and dyspepsia. The slippery and moderate pulse occurring in a healthy person suggests plentitude and free flow of nutritive *Qi* and defensive–*Qi*. In addition, it is also seen in a pregnant woman and shows the adequacy and harmony of *Qi* and blood.

8.126 Hesitant Pulse

A pulse, coming and going unsmoothly, like scraping bamboo with a knife, is called hesitant pulse, the condition of which is just the opposite of slippery pulse. A pulse, hesitant and forceless, indicates deficiency of essence and blood which leads to the emptiness of vessels and obstruction of flow of blood; and one hesitant and forceful is indicative of stagnancy of *Qi* and blood stasis or persistent retention of phlegm or food which hinder *Qi*–blood from free circulation but vital *Qi* still strong.

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8.127 Thready Pulse

Thready pulse, also called small pulse, is as thin as a silk thread, feeble, yet easily perceptible, usually indicating deficiency of both *Qi* and blood, and chronic deficiency syndromes, because inability of inadequate blood to replenish the vessels and failure of weak *Qi* to impel blood to flow. The thread pulse may also be attributed to dampness disease in which the pathogenic dampness constricts the vessels and impedes the channel *Qi*. Thready and feeble pulse is often seen in blood–deficiency syndrome, and thready and rapid pulse, in *Yin*–deficeincy sydnrome. If a thready and rapid pulse appears in cases with seasonal febrile disease, accompanied by coma and delirium, it indicates invasion of *Ying*(nutrient) system and *Xue* (blood) system or attack of the pericaridium by pathogenic heat.

8.128 Soft Pulse

A pulse, felt floating, thready and forceless by light touch, but faint on heavy press, is called soft pulse, indicating both deficiency sydnrome and dampness syndrome. In the former, deficient nutritive *Qi* and blood failling to replenish the vessels and outward floating of *Qi* due to inadequacy of blood, thus floating, thready and soft pulse occurs; in the latter, the soft pulse is formed by original insufficiency of *Qi*–blood and invasion of exogenous dampness resulting in outward dispersing of *Yang*–*Qi*.

8.129 Indistinct Pulse

A pulse with extremely thready and soft beats, only palpable faintly, is called indistinct pulse, indicating depletion of *Qi*, sud-

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den prostration of yang and other severe deficiency syndromes. When an indistinct pulse occurs in a protracted disease, it is indicative of exhaustion of vital–*Qi* often seen in patients with decline of kidney–*Yang* and heart–*Yang*, and when it appears in a recent attack of disease, it indicates abrupt collapse of *Yang–Qi*.

8.130 Weak Pulse

A pulse, felt extremely soft, deep and thready, is called weak pulse seen in deficiency of both *Qi* and blood because of deficiency of blood leading to the thin and small shape of the pulse and weakness of *Qi* to the soft and deep shape. Weak pulse appearing in a prolonged disease indicates a favorable prognosis due to correspondence of a pulse to a syndrome, while it appears in a new disease due to excessive pathogens, the disease will have an unfavorable prognosis due to failure of the pulse to correspond to the syndrome.

8.131 Full Pulse

A pulse that is felt full and forceful like waves surging, coming vigorously and going gently with a large volume, is called full pulse, usually indicating preponderance of pathogenic heat in *Qi* system. Because excessiveness of heat inside the body brings about accumulation of *Qi* and blood and dilation of the vessels, the pulse becomes large, floating and forceful, and the beat comes vigorously and goes gently. If full pulse appears in a protracted disease with consumption of *Qi*, loss of blood, or protracted diarrhea etc, it suggests a crisis due to violence of pathogens and deficiency of vital *Qi*.

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8.132 Large Pulse

A pulse with a wave, that lifts the finger tip to a greater height but does not tend to surge high as does full pulse, is called large pulse. A pulse, large and forceful, suggests excess syndrome of pathogenic heat and one, large and weak, indicates deficiency syndrome marked by failure of vital *Qi* to be kept inside the body.

8.133 Taut Pulse

A taut pulse is one that feels straight and long, hard like the string of a musical instrument, usually seen in cases of the liver and gallbladder troubles, various pain syndromes, and retention of phlegm and fluid. The liver keeps the free flow of *Qi* and this function must be moderate in normal conditions. When the liver and gallbladder are troubled, the function may be impaired, losing the moderation of the liver–*Qi*, thereby, forming the taut pulse. When pains and phlegm exist, the taut pulse, as the signs of the stagnation of *Qi*, may also appear. It is also seen in malaria, consumptive disease or internal injury, insufficiency of *Qi* of middle–*Jiao* and attack of the spleen by hyperactive liver–*Qi*. If a pulse feels taut, thready and rapid like the edge of a knife, it indicates a disease difficult to treat because of complete loss of the stomach–*Qi*. However, if a soft, moderate and taut pulse often appears in a healthy person in spring it is considered as normal.

8.134 Tense Pulse

A tense pulse is one felt tense and forceful, like a stretched twisted cord, usually indicating cold syndrome. Pathogenic cold

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in the exterior often manifests itself by floating and tense pulse and that in the interior by deep and tense pulse. Yet a tense pulse also appears in cases of acute pain, or retention of indigested food.

8.135 Tympanic Pulse

An extremely taut and hollow pulse, giving the feeling just like touching the surface of a drum, is called tympanic pulse, often seen in patients with depletion of blood or spermatorrhea, abortion, metrorrhagia or metrostaxis, which all lead to outward floating of *Qi* resulting from exhaustion of essence and blood.

8.136 Intermittent Pulse

A slow and weak pulse pausing at regular intervals is called intermittent pulse, often seen in cases of visceral dysfunction, especially weakness of the heart–*Qi* giving rise to inability of the channel–*Qi* to continue regularly. It also appears in wind syndrome, pain syndrome, persistent and violent emotions and trauma due to suspension of channel–*Qi*, which should not be considered as severe conditions.

8.137 Running Pulse

A pulse felt hasty and rapid (more than 90 beats per minute), with irregular intermittence, is called running pulse. Running and forceful pulse usually suggests sthenic heat–sydnrome due to overabundance of *Yang*, caused by stagnancy of *Qi* and blood, retention of phlegm or indigestion, etc. It also indicates carbuncle. Attention should be paid to the running, thready and

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weak pulse, which is indicative of prostratin syndrome.

8.138 Knotted Pulse

A slow and uneven pulse (less than 90 beats per minute), pausing at irregular intervals, is called knotted pulse, indicating stagnation of *Qi* due to excess of *Yin*, such as cold–phlegm syndrome, blood stasis, and abdominal mass, etc. The pulse is caused by the obstruction or aggregation of *Qi* and blood, coagulation of phlegm by cold, and blackage of channel–*Qi*.

8.139 Long Pulse

This refers to a pulse with long extent and prolonged stroke. A long and gentle pulse reflecting sufficiency of *Qi* of middle–*Jiao* and free flow of *Qi* and blood is thus considered normal, while a long and taut pulse indicates an excess syndrome, such as hyperactivity of the liver *Yang* or accumulation of pathogenic heat in the interior due to overabundance of *Yang*.

8.140 Short Pulse

A pulse with short extent, only palpable at the *Guan* site but indistinct at *Cun* and *Chi* sites, is called short pulse, the condition of which is just opposite to a long pulse. A short and forceful pulse which is formed by the obstricted channel–*Qi* to extend normally, indicates stagnation of *Qi*, blood stasis, and retentilon of phlegm or dyspepsia, while a short and weak pulse which is brought about by inability of weak *Qi* to promote blood flowing with vigour suggests consumption and deficiency of *Qi*.

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8.141 Tremulous Pulse

A pulse, that feels short, slippery, quick and forceful like a bouncing pea, is called tremulous pulse, seen in cases of terror and pain syndrome, and resulting from incoordination between *Yin* and *Yang*, and disorder of both *Qi* and blood.

8.142 Coexisting Pulse

A pulse composed of two or more pulse conditions existing simultaneouly is called coexisting pulse. Generally speaking, a coexisting pulse indicates a collection of diseases that each single pulse is indicative of. For example, floating and tense pulse indicates exterior cold syndrome, and deep, thready and rapid pulse suggests interior heat sydnrome of deficiency type.

8.143 Deteriorated Pulse

A pulse without the stomach–*Qi*, vitality and root is known as deteriorated pulse, indicative of the depletion of vital *Qi* of *Zang–Fu* organs and exhaustion of the stomach–*Qi*, usually seen at the stage of a patient's dying. Therefore,it is also known as moribund pulse. Since its condition is peculiar and quite different from ordinary pulse condition, it is also named strange pulse.

8.144 Pulse Condition Indicating the Decay of *Zang–Qi*

It is another name for deteriorated pulse condition.

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8.145 Seven Moribund Pulses

Seven moribund, or fatal, pulses refer to the pulse conditions seen in critical cases, i. e, bubble-rising pulse, fish-swimming pulse, shrimp-darting pulse, roof-leaking pulse, bird-pecking pulse, rope-untying pulse and knocking-stone pulse.

8.146 Ten Strange Pulses

Wei yilin, a distinguished physician of the Yuan Dynasty, described ten strange, or moribund, pulses in his work 《*Shi Yi De Xiao Fang*》(世医得效方 Effective Prescriptions Handed down for Generations). They include knife edge pulse, pea-rolling pulse and confused running pulse, in addition to the above seven moribund pulses.

8.147 Bubble-Rising Pulse

This refers to a floating pulse beating like bubbles rising to the surface of boiling water, one of the ten moribund pulses. It indicates exhaustion of *Yin*-fluid due to extreme overabundance of heat of three-*Yang* channels.

8.148 Fish-Swimming Pulse

This is one of the ten moribund pulses appearing in dying patients, which is hardly perceptible, like a swimming fish. It is indicative of outward depletion of *Yang* due to extreme overabundance of cold of Three-*Yin* channels.

8.149 Shrimp-Darting Pulse

This refers to a nearly imperceptible pulse with occasional

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dartilng beats which resemble a shrimp darting in water, one of the ten moribund pulses. It indicates outward floating of solitary *Yang* and exhaustion of *Qi* of the large intestine.

8.150 Roof-Leaking Pulse

This refers to a quite slow and arrhythmic pulse like the drops of rain passing through a leak of the roof, one of the ten moribund pulses, which indicates the exhaustion of the stomach-*Qi*.

8.151 Bird-Pecking Pulse

A pulse beating with rapid, irregular rhythm and intervals like a bird pecking food, is called bird-pecking pulse, one of the ten moribund pulses, indicative of exhaustion of the spleen-*Qi*.

8.152 Rope-Untying Pulse

This is an irregular and rhythmless pulse resembing the untying of a knotted rope, one of the ten moribund pulses, which indicates depletion of both the kidney-*Qi* and *Qi* of *Mingmen*, or the gate of life.

8.153 Knocking-Stone Pulse

This is one of the ten moribund pulses, deep solid yet forceless, resembling flicking a stone with finger tips, which indicates exhaustion of the kidney-*Qi*.

8.154 Prognosis according to Relation between Pulse and Symptoms

The pulse condition corresponding to the symptoms indicates a favorable prognosis while that which does not correspond

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to the symptoms, an unfavorable prognosis. For instance, a full, rapid and replete pulse occurring in an excess syndrome is a favorable case showing that the strong body resistance preponderates over the pathogens; while a small, indistinct and weak pulse appearing in an excess syndrome is a deteriorating case with the body resistance overpowered by the pathogens. A floating, full, rapid and replete pulse occurring in a newly-contracted or acute disease indicates that the pulse corresponds to the symptoms and the strong vital *Qi* can defeat the pathogens; while a deep, small, indistinct and weak pulse occurring in a recently-developed or acute disease suggests that the pulse does not correspond to the symptoms and the vital *Qi* has declined. A deep, indistinct, thready and weak pulse appearing in a prolonged disease indicates that the pulse corresponds to the symptoms and the vital *Qi* recovers with retreat of the pathogens; while a floating, full, rapid, and replete pulse in a protracted disease indicates that the pulse does not correspond to the symptoms and the vital *Qi* declines without retreat of the pathogens.

8.155 Palpation

Palpation is a diagnostic procedure by which a doctor can palpate his or her patient's skin, limbs, chest, abdomen and other affected regions of the body to detect local abnormal changes, thereby determining the location and nature of the disease.

8.156 Palpation of the Skin

The fever getting higher at the first palpation, but lower after a long press indicates heat-syndrome of superficies, and low fever

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at the beginning of press but higher after long palpation, heat-syndrome of the interior. The swelling skin caved in after press with inability to recover immediately indicates edema, whereas the skin pit disappearing at once after the hand has been withdrawn is indicative of edema due to *Qi* stagnation. In addition, by palpation the moisture, dryness of the skin and cutaneous and surgical diseases can also be detected.

8.157 Palpation of the Extremities

The nature of a disorder can be detected by palpating, or feeling, the extremities. For instance, cold of both hands and feet indicates excess of *Yin* due to *Yang*-deficiency, pertaining to cold syndrome. Furthermore, cold limbs may also be caused by failure of *Yang-Qi* to reach the limbs due to accumulation of interior heat. Fever in both hands and feet is indicative of either overabundance of *Yang* or *Yin*-deficiency, pertaining to heat syndrome. By palpating the extremities a doctor is also able to differentiate diseases due to exogenous pathogens from those due to internal injury. The fever in dorsal surface of the hands and feet is due to affection by exogenous pathogens; while the fever of palms and soles higher than that of the forehead, to internal injury. Moreover, by palpating the temperature of limbs a doctor can also detect the presence or depletion of *Yang-Qi* and predict prognosis of disorders due to *Yang*-deficiency. A *Yang*-deficiency syndrome with warm limbs is curable because of presence of *Yang Qi*, while that with cold limbs often has an unfavorable prognosis.

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8.158 Palpation of *Xuli*

This refers to a diagnostic method of palpating the *Xuli* area over the apex of the heart, where the pectoral *Qi* converges and the stomach–*Qi* accumulates. Under normal conditions *Xuli* pulse is vigorous but not tense, moderate but not rapid, indicating accumulation of the pectoral *Qi* in the chest. The small and weak *Xuli* pulse is due to internal insufficiency of pectoral *Qi* and the excessively strong *Xuli* pulse leading to vibration of the under–clothes of the patient suggests letting out of pectoral *Qi*. The blockage of the pericardium by retained fluid may also cause indistinct *Xuli* pulse.

8.159 Palpation of Epigastrium

By palpating the epigastrium for its hardness and tenderness upon pressure a doctor is in a position to differentiate the syndrome of fullness from the syndrome due to agglomeration of pathogens in chest. For example, a feeling of epigastric pain, distension and rigidity upon pressure is referred to as a syndrome of agglomeration of pathogens in chest; while that of fullness in the epigastrium with softness and no pain sensation on pressure is described as a syndrome of fullness.

8.160 Palpation of Abdomen

Abdominal distension with tympanic note on percussion but with normal urination indicates *Qi*–distention, while that like a water bag upon pressure with dysuria suggests ascites. The mass found in the abdomen, hard and immovable, and with fixed pain belongs to the disease of the (blood) system due to blood stasis;

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whereas that appearing or disappearing alternatively, movable but without fixed pain, pertains to disease of the *Qi* system due to stagnation of *Qi*. In addition, by palpation of abdomen a doctor can differentiate abdominal pain of deficiency type from that of excess type and detect acute appendicitis, malnutrition due to parasitic infestation and dry stool in the large intestine, etc.

8.161 Palpation of Acupoints

Because acupoints are the small pools of the circulating *Qi*–blood of meridians in the superficies and the sites where *Qi* of *Zang–Fu*–organs passes through, palpation of acupoints provides us with information as to their changes and responses, thereby facilitating the diagnosis of diseases of some internal organs. Their changes are mainly manifested by nodes and strip–like things, while their abnormal responeses are chiefly tenderness and sensitive reactions. For example, in lung disease the nodes and tenderness can be palpated in point *Feishu* (B 13) and in point *Zhongfu* (L1) point respectively. The tenderness in points *Ganshu* (B18) and *Qimen* (Liv14) suggests liver disease, while that in point *Weishu* (B 21) or *Zusanli* (S 36) indicates stomach disease, and that in point *Shangjuxu* (S37) is indicative of acute appendicitis. In addition, palpation of acupoints may also be applied in a tentative treatment for the purpose of differential diagnosis. For instance, pressing bilateral *Danshu* (B 39) points can relieve abdominal pain due to biliary ascariasis, but proves of no effect in other cases of abdominal pain.

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9 Differential Diagnosis

9.1 Differential Diagnosis in Accordance with the Eight Principal Syndromes (*Bagang Bianzheng* 八纲辨证)

The eight principal syndromes are: *Yin* or *Yang*, exterior or interior, cold or heat, and deficient or excessive. *Bagang Bianzheng* is a method of differential diagnosis used to determine the nature and location of the pathological changes, and the conflict between body resistance and pathogens in terms of the eitht principal syndromes, based on a comprehensive analysis of all the data obtained by means of inspection, auscultation and olfaction, interrogation, pulse feeling and palpation.

9.2 Differential Diagnosis of Interior or Exterior Syndrome

It is a method of differential diagnosis used to determine the location of pathological changes and the development tendency of a disease.

9.3 Exterior Syndrome

It refers to a syndrome caused by an attack of the superficies by six exogenous pathogens through the skin, hair, mouth and nose. It is sudden in onset, superficial and mild in nature, and short in duration without affecting the function of *Zang-Fu* or-

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gans in most cases.

9.4 Interior Syndrome

It is a syndrome contrary to the exterior one and is characterized by pathological changes of the internal organs caused by pathogens. In general, it includes almost all the syndromes other than the exterior syndrome. The interior syndrome may be produced by the exogenous pathogons which either enter the interior from the superficies or directly invade the *Zang–Fu* organs; or by some other factors, such as emotional upset, improper diet or overstrain, which affect the functions of *Zang–Fu* organs.

9.5 Invasion from the Exterior to the Interior

It refers to the invasion of pathogens from the superficial part of the body to the deep, or the replacement of exterior syndrome by interior one. A patient with exterior syndrome may have such symptoms as fever, chilly sensation, thin fur of the tongue and floating pulse. If chilly sensation is replaced by aversion to heat, there may appear such symptoms as thirst, scanty dark urine, redness of the tongue with yellowish fur and rapid pulse, indicating that the disease has manifested itself by interior heat syndrome due to invasion of pathogenic agents from the superficial part of the body to the deep.

9.6 Invasion from the Interior to the Superficies

It refers to the condition in which the pathogenic agent is brought out from the interior to the body superficies. For example, in case of an interior syndrome due to interior heat, first appear restlessness, shortness of breath, cough and chest stuffiness,

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then fever and sweat, and the interior syndrome subsides with restlessness relieved or exthanthema developed, indicating that the pathogenic agent has been brought out. It usually results from proper and prompt treatment and appropriate nursing, which help to build up body resistance. The transmission of pathogens from the interior to the superficies is indicative of convalescence of a disease in which the Pathogens have been in expelling and condition of the illness has abated.

9.7 Co-Existence of Exterior Syndrome and Interior Syndrome

It refers to simultaneous appearance of both exterior syndrome and interior syndrome in a patient. It may result from the follwing conditions: (1) Both exterior syndrome and interior syndrome appear in the initial stage of an illness. For example, in late summer or early autumn, due to invasion by external pathogenic cold and internal pathogenic damp, there may appear symptoms characteristic of exterior syndrome, such as fever, chilly sensation, headache, and general aching, as well as symptoms characteristic of interior syndrome, such as epigastric stuffiness, anorexia, diarrhea, thick whitish fur of the tongue, etc. (2) The illness involves the exterior first, and then affects the interior. (3) Interior syndrome is complicated by an attack of exogenous pathogens, or initial invasion by exopathogens is complicated by improper diet.

9.8 Differential Diagnosis of Cold and Heat Syndromes

It is a method of differentiating the nature of a disease. It is

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identical with the differentiation of excess and deficiency of *Yin* and *Yang*, because cold and heat are the manifestations of excess and deficiency of *Yin* and *Yang* in the body.

9.9 Cold Syndrome

It is a syndrome caused by invasion of the pathogenic cold, or hypofunction of the body due to insufficiency of *Yang* and excess of *Yin*, marked by aversion to cold, or preference for warmth, no thirst, pale complexion, huddling up with cold, copious clear urine, loose stools, pale tongue with whitish fur tense or slow pulse.

9.10 Heat Syndrome

It is a syndrome caused by invasion of pathogenic heat or hyperactivity of the body due to deficiency of *Yin* and excess of *Yang*, marked by fever, aversion to heat and preference for cool, thirst with preference for cold drinks, flushed face, congested eyes, fidgets, scanty dark urine, constipation, reddened tongue with dry brownish fur and rapid pulse.

9.11 Simultaneous Occurrence of Cold and Heat Syndromes

It means that cold syndrome is intertwined with heat syndrome in one and the same patient. It is usually classified into two types: (1) In case of a pure interior syndrome, it is characterized by heat syndrome in the upper part with cold syndrome in the lower part of the body, or vice versa. (2) In case of simultaneous occurrence of exterior and interior syndrome, it is marked by heat syndrome in the exterior with cold syndrome in the inte-

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rior, or vice versa.

9.12 Transformation of Cold Syndrome and Heat Syndrome

It refers to a change of the nature of a disease, i.e., conversion from cold syndrome to heat syndrom, or vice versa. For example, a disease at its onset manifests itself by cold syndrome followed by heat syndrome,and the former vanishes as soon as the latter appears. This is what is known as transformation of cold syndrome into heat syndrome, as in the case of exterior cold syndrome due to exogenous pathogens, marked by such symptoms as fever, chilly sensation, no sweat, headache, general aching, thin whitish fur of the tongue, tense floating pulse, etc. Later, owing to further development of the pathological changes, chilly sensation disappears but fever does not abate, and an aversion to heat rather than cold occurs.Moreover,such symptoms appear one after another as irritability, thirst and yellowish fur of the tongue, indicating that the exterior cold syndrome has transformed into interior heat syndrome.On the other hand.If a disease at its onset manifests itself by heat syndrome followed by cold syndrome, the former dies away as soon as the latter appears. This is what is called transformation of heat syndrome into cold syndrome, as in the case of a patient with high fever who, due to delayed treatment or misdiagnosis, may be overcome by pathogenic factor which prevails over vital *Qi* and suddenly develops such symptoms as cold limbs, profuse cold sweat, listlessness,and faint indistinct pulse.

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9.13 Heat Syndrome with Pseudo-Cold Symptoms

It denotes that the disease itself is of heat nature, but exhibits some cold symptoms, such as, cold limbs, deep pulse. etc. It is different from cold syndrome in that the patient's body is warm in spite of cold limbs, and he or she has an aversion to heat instead of cold, and his or her pulse is deep, but also rapid and forceful. The pateint may also have the following symptoms: excessive thirst, preference for cold drink, dry throat, foul breath, delirium, scanty dark urine, dry stool or dysentery of heat type with rectal tenesmus, dark reddish tongue with dry yellowish fur.In this case, cold limbs and deep pulse are false appearances, while overabundant interior heat is essence of the disease. This condition is attributable to excessive heat inside the body, which keeps *Yin* superficially.This is what is known as "*Yin* kept externally by excessive *Yang* in the interior".

9.14 Cold Syndrome with Pseudo-Heat Symptoms

It denotes that the disease itself is of cold nature, but exhibits some heat symptoms, such as fever, flushed face, thirst, and large pulse, It differs from heat syndrome in that the patient runs a fever, but has a desire for being covered up, he or she feels thirsty, but prefers to hot drinks, and his or her pulse is large, but weak.There can be observed symptoms of cold nature, such as cold timbs, clear urine, loose stool, pink tongue with whitish fur. This syndrome is caused by excessive *Yin*-cold inside the body which keeps *Yang* externally. This is what we call "*Yang* kept ex-

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ternally by excessive *Yin* in the interior."

9.15 Differential Diagnosis of Deficiency and Excess

It is a method of differential diagnosis used to determine the strength of vital *Qi* of the body and the virulence of pathogenic agents.

9.16 Deficiency Syndrome

It refers to a morbid state manifested by deficiency of vital *Qi*. It may result from congenital defects and lack of proper care after birth, the latter being the main cause. For example, improper diet may lead to weakness of the physique; emotional upsets may impair *Qi* and blood of *Zang-Fu* organs; sexual indulgence may consume the kidney *Qi*; and prolonged illness may impair vital *Qi*. All these factors may result in various deficiency syndromes, which include insufficiency and impairment of *Yin*, *Yang*, *Qi*, blood, essence of life, body fluid, and *Zang-Fu* organs, manifested as pale or yellowish complexion, listlessness, emaciation, fatigue and weakness, disinclination to talk, palpitation, shortness of breath, lassitude in loins and knees, spontaneous perspiration, night sweat, incontinence of stool and urine, pain relieved by pressing, pink tongue with little or no fur, and feeble or weak pulse.

9.17 Excess Syndrome

It refers to a morbid condition marked by exuberant pathogens. It may result from rampancy of pathogens with vital *Qi* not declining, there by leading to an intense struggle between

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them. Its main manifestations are: strong physical constitution, high fever, agitation, loud voice, abdominal distension, pain and tenderness,constipation, oliguria, rough pale tongue with thick and greasy fur, replete and forceful pulse, etc.

9.18 Deficiency Syndrome Complicated with Excess Syndrome

It refers to simultaneous occurrence of deficiency syndrome and excess syndrome in one and the same patient at the same period of time. It may be classified into three types:

(1)Deficiency syndrome is dominant, complicated with excess symptoms.

(2)Excess syndrome is predominant accompanied by deficiency symptoms.

(3)Co—existence of excess syndrome and deficiency syndrome .

Treatment must vary, depending on the type the syndrome pertains to.

9.19 Transformation of Excess Syndrome to Deficiency Syndrome

The disease is characterized by excess syndrome in its initial stage. Due to delayed treatment or misdiagnosis, it evolves into deficiency syndrome as a result of decline of pathogens and impairment of vital *Qi* during the protracted course of disease. For example, if not properly treated, an excess heat syndrome characterized by high fever, thirst, perspiration,and large full pulse may consume body fluid and *Qi* during the protracted course of disease, and give rise to such symptoms as

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emaciation,pale and lustreless complexion, poor appetite, weakness, shortness of breath, pale tongue with little or no fur, and thready weak pulse. This is what is known as transformation of excess syndrome to deficiency syndrome.

9.20 Transformation of Deficiency Syndrome to Excess Syndrome

The disease is characterized by a deficiency syndrome in its early stage. Due to insufficiency of vital *Qi*, substantial pathogens gradually accumulate inside the body and give rise to some excess symptoms .This is known as excess syndrome due to deficiency syndrome. For example, deficiency of the spleen–*Qi* and lung–*Qi* leads to dysfunction of the spleen and lungs manifested by formation of substantial pathogens, such as phlegm, fluidrelen–tion,water and dampness.Take, as another example, *Qi* deficiency in old people or excessive loss of blood in lying–in women. The former may impair the conducting function of the large intestine,while the latter may cause exhaustion of body fluid and dryness of the intestine, both of which may lead to excess syndrome manifested by constipation.

9.21 Excess Syndrome with Pseudo–Deficiency Symptoms

It is a syndrome of excess type characterized by accumulation of pathogens, but accompanied by symptoms similar to deficiency symdrome. It is also known as "appearance of deficiency in extreme excess." For example, accumulation of heat or retention of phlegm and food in the stomach and intestines may lead to blockage of channels and stagnation of *Qi* and blood, giving

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rise to symptoms simitar to deficiency syndrome, such as lassitude, chilliness and cold limbs, slow deep hidden pulse, etc. Upon careful examination other symptoms may be found, such as loud voice, rough breath, deep and slow or hidden, but vigorous pulse, indicating that accumulation of pathogens in the interior is the real essence of disease, while symptoms similar to deficiency syndrome are merely false phenomena.

9.22 Deficiency Syndrome with Pseudo-Excess Symptoms

It is a syndrome of deficiency type, but accompanied by symptoms similar to excess syndrome. It is also called "signs of excess in extreme deficiency". For example, dysfunction of *Zang-Fu* organs in digesting and transporting nutrients due to insufficiency of *Qi* and blood may produce symptoms similar to excess syndrome, such as abdominal fullness, distension and pain, taut pulse, etc. However, upon careful examination it may be found that abdominal distension, which is not persistent, now slight, now severe, can be relieved by pressure, and that the patient's pulse is taut but weak, indicating that insufficiency of *Qi* and blood of *Zang-Fu* organs is the real essence of disease, whereas symptoms similar to excess syndrome are but false phenomena.

9.23 Exterior Syndrome of Excess Type

It is a syndrome resulting from tight closure of striae of the skin and muscles due to invasion of the superficies by exogenous pathogens manifested by fever, chills, headache, general aching, stuffy nose, no sweat, and tense floating pulse.

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9.24 Exterior Syndrome of Deficiency Type

It has two connotations: (1) One refers to a syndrome as opposed to exterior syndrome of excess type due to invasion of body surface by pathogens, complicated with disharmony between nutritive *Qi* and defensive *Qi* and loose muscular striae. Its clinical manifestations are: fever, aversion to wind, sweating, and slow floating pulse. (2) The other connotation is that it is a condition of failure of superficial *Qi* to protect the body owing to deficiency of the spleen–*Qi* and lung–*Qi*. As a result of *Qi*–deficiency and weakened superficies, the patient has spontaneous perspiration and is susceptible to an attack by exogenous pathogens.

9.25 Cold Syndrome of Deficiency Type

It is a syndrome caused by deficiency of *Yang–Qi*, manifested by lassitude, pale complexion, aversion to cold and cold limbs, abdominal pain relieved by pressing, loose stool, copious clear urine, shortness of breath and weakness, pale tongue, feeble or deep slow and weak pulse, etc.

9.26 Cold Syndrome of Excess Type

It is a syndrome due to excessive *Yin*–cold inside the body and stagnation of *Yang–Qi* of *Zang–Fu* organs, resulting from excessive intake of cold or raw food or direct invasion of the interior by pathogenic cold, manifested as aversion to cold and cold limbs, epigastric chilliness and pain, abdominal pain and tenderness, vomiting watery fluid, borborygmus, chronic diarrhea, cough with profuse thin and whitish sputum, asthma, whitish slippery fur of the tongue, and slow or tense pulse.

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9.27 Differential Diagnosis of *Yin* and *Yang*

Differential diagnosis of *Yin* and *Yang* is the general guiding principle underlying differential diagnosis by the eight principal syndromes, which governs the other six. For instance, exterior, heat, and excess syndromes are classified into the category of *Yang*, while interior, cold and deficiency syndromes into that of *Yin*. The manifestations, etiology, pathogenesis and treatment of the six principal syndromes have already been dealt with respectively in the previous sections. All diseases can be classified into either *Yin* or *Yang* according to the pathologic characteristics manifested by clinical syndromes, and as is stated in the book 《*Su Wen*》:"A good doctor first determines the nature of a disease in terms of *Yin* and *Yang* by observing the complexion and feeling the pulse". However, it must be pointed out that differential diagnosis of *Yin* and *Yang*, though of great value in the diagnosis of disease, is by no means sufficient for clinical purposes. It has to be employed in combination with other methods of diagnosis, such as differential diagnosis according to the theory of *Zang–Fu* organs, differential diagnosis according to the theory of *Qi*, blood and body fluid, etc.

9.28 Differential Diagnosis according to the State of *Qi*, Blood and Body Fluid

It is a diagnostic method with which to analyse the pathologic changes of *Qi*, blood and body fluid, and identify the nature of a disease according to the part of *Zang–Fu* doctrine dealing with *Qi*, blood and body fluid.

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9.29 *Qi*–Deficiency Syndrome

It is a morbid state due to hypofunction of *Zang–Fu* organs, resulting from general debility due to protracted illness, senile debility, overstrain, improper diet, etc, manifested as dizziness, shortness of breath, disinclination to talk, low voice, lassitude, spontaneous perspiration, aggravation of the above symptoms on exertion, pale tongue, weak or feeble pulse.

9.30 *Qi*–Collapse Syndrome

It refers to a morbid condition of inability of *Qi* to lift, usually resulting from further development of *Qi*–deficiency. Its clinical manifestations are: fainting, shortness of breath, lassitude,chronic diarrhea, abdominal distention with tenesmus, prolapse of the rectum, prolapse of the uterus,pale tongue with whitish fur, and weak pulse. The main characteristics of *Qi*–collapse syndrome are symptoms of *Qi*–deficiency and ptosis of internal organs.

9.31 *Qi*–Stagnation Syndrome

It refers to a morbid condition due to stagnation of *Qi* in a certain area or organ, resulting from functional disturbance of *Zang–Fu* organs and disorder of *Qi* as a result of emotional upset, improper diet and invasion by exogenous pathogens. The main clinical manifestations of this syndrome are: distention, distress and pain. *Qi*–stagnation in different locations may give rise to different manifestations. For example, stagnation of the liver–*Qi* is marked by hypochondriac distending pain, accompanied with emotional depression, frequent sighing, taut pulse;

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that of the stomach–*Qi* is manifested by epigastric distending pain; and that of the intestine–*Qi* is characterized by abdominal distention and wandering pain.

9.32 Syndrome of Adverseness of *Qi*

It refers to a morbid condition of adverse ascending of *Qi* due to its dysfunction. This syndrome is mostly used to denote functional disturbance of the lungs, stomach and liver, for it often involves these organs. Abnormal ascending of the lung–*Qi* is manifested as cough and dyspnea; that of the stomach–*Qi* as hiccup, belching, nausea and vomiting; and that of the liver–*Qi* as distending pain of the head and eyes, dizziness, or even syncope and hematemesis.

9.33 Blood–Deficiency Syndrome

It refers to a morbid condition due to deficiency of blood, resulting in failure to nourish *Zang–Fu* organs and channels. It is usually caused by profuse bleeding, weakness and dysfunction of the spleen and stomach, mental overstrain, consumption of *Yin*–fluid, etc, manifested as pale or sallow complexion, pale lips and nails, dizziness, palpitation, insomnia, numbness of limbs, oligomenorrhea and pale menses, postponed menstrual cycle or menopause, pale tongue, and thready weak pulse.

9.34 Blood Stasis Syndrome

It is a morbid condition resulting from coagulation of the extravasated blood in a certain region of the body which is not discharged or dissipated in time, or stagnation of blood due to its sluggish flow. The common causes of the syndrome are: coagula-

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tion of cold, stagnation of *Qi*, deficiency of *Qi*, or trauma. Its clinical manifestations are: localized cutting or stabbing pain aggravated by pressing or during the night, fullness and tenderness of the abdomen, repeated bleeding with dark purplish blood or clots, or melena, dimmish blackish complexion, squamous and dry skin, purplish lips and nails, or purpura, or capillary congestion, or engorged veins visible over the surface of the abdomen, or varicose veins of the lower limbs with distending pain, menopause or dysmenorrhea with dark purplish menses with clots in female patients, dark purplish tongue or ecchymosis over the tongue. and hesitant pulse.

9.35 Blood-Heat Syndrome

It refers to spontaneous bleeding resulting from extravasation of blood due to exuberant heat within *Zang-Fu* organs and its attack on *Xuef en* (blood system) manifested as bleeding and symptoms indicative of blood heat, such as hematemesis, hemoptysis, hematuria, hematochezia, (all of which show) bright red blood, red tongue, and rapid pulse.

9.36 Syndrome of Blood Stasis Due to Stagnation of *Qi*

It refers to blood stasis due to stagnation and depression of *Qi*, related mainly to dysfunction of the liver caused by emotional upsets. It is manifested by syndromes of both *Qi*-stagnation and blood stasis, such as restlessness, irritability, or emotional depression, hypochondriac distension and wandering pain, distending pain in the breast with masses, dysmenorrhea and discharge of dark purplish menses with clots in women, dark purplish tongue

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or ecchymosis over the tongue, and hesitant pulse. This syndrome is more frequently seen in females.

9.37 Deficiency of Both *Qi* and Blood

It refers to co-existence of *Qi*-deficiency and blood-deficiency, usually caused by inability of weak *Qi* to promote the production of blood, or inability of inadequate blood to transform into *Qi* due to protracted illness, manifested as sallow or pale complexion, dizziness, shortness of breath, disinclination to talk, lassitude, spontaneous perspiration, palpitation, insomnia, pale tongue, and thready weak pulse.

9.38 Syndrome of Loss of Blood Due to Deficiency of *Qi*

It refers to loss of blood due to deficiency of *Qi*, which results in inability to govern blood flow marked by hematemesis, hematochezia, epistaxis, metrorrhagia, lassitude, shortness of breath, pale complexion, pale tongue, and thready weak pulse.

9.39 Syndrome of Massive Hemorrhage Followed by Exhaustion of *Qi*

It refers to a morbid condition of collapse of *Qi* after sudden massive hemorrhage, usually due to trauma, or metrorrhagia, or profuse bleedding after childbirth, manifested as suddenly appearing pallor during profuse bleeding, cold limbs, profuse perspiration, even loss of consciousness, and hollow or indistinct pulse, or large but scattered pulse. Clinically, it is often seen in hemorrhagic shock.

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9.40 Insufficiency of Body Fluid

It refers to a morbid condition due to insufficiency of body fluid which leads to its inability to nourish the whole body or some *Zang–Fu* organs. It is usually caused by profuse sweating, massive bleeding, severe vomiting, frequent diarrhea, polyuria, and consumption of body fluid due to excessive heat. Its clinical manifestations are: dry mouth and throat, dry, or even cracked, lips, dry or withered skin, dysuria, constipation, red tongue with little saliva, and thready rapid pulse.

9.41 Wind–Phlegm Symdrome

It refers to occurrence of phlegm syndrome provoked by an attack of wind–pathogen. It is caused by wind–*Yang* stirring up inside the body due to excess of *Yang* and deficiency of *Yin* and accumulation of phlegm resulting from excessive intake of fleshy, sweet and greasy food, manifested as dizziness, laryngeal rales, sudden faint, wry mouth with distorted eyes, stiff tongue and dysphasia, numbness of the limbs, of hemiplegia, greasy fur of the tongue, and taut slippery pulse.

9.42 Heat–Phlegm Syndrome

It is a syndrome caused by phlegm combined with heat, resulting from production of heat due to accumulation of phlegm–dampness, from invasion by *Yang*–heat or excess of *Yang* in the body or transformation of body fluid into phlegm by pathogenic fire, which is formed by stagnation of the liver–*Qi*. Its clinical manifestations are: feverish and restless sensation in the thorax, cough with thick yellowish sputum, or mania, or dry

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stool, or inflammation of the throat, yellowish greasy fur of the tongue, and rapid slippery pulse.

9.43 Cold–Phlegm Syndrome

It is a syndrome caused by pathogenic cold combined with phlegm, and by abundant expectoration accompanied by cold manifestations. It results from invasion of pathogenic cold and impairment of *Yang–Qi* ,or excess of *Yin* and deficiency of *Yang* leading to stagnation of body fluid with formation of cold–phlegm. Its clinical manifestations are: chilliness and cold limbs, whitish, clear and thin phlegm, stabbing pain due to rheumatism involving the bone, inability to raise the limbs. whitish greasy fur of the tongue, deep slow pulse, or deep slippery pulse.

9.44 Damp–Phlegm Syndrome

It is a syndrome marked by abundant expectoration accompanied by dampness manifestations. It results from formation of phlegm–dampness due to hypofunction of the spleen, or affection by exogenous cold–dampness leading to disturbance of the spleen and stomach and especially dysfunction of the former with phlegm formed from accumulated dampness. Its clinical manifestations are: chest oppression and epigastric stuffiness, anorexia, vomiting, nausea, profuse expectoration, heaviness sensation in the limbs and sleepiness, thick greasy fur of the tongue, and slippery pulse.

9.45 Dry–Phlegm Syndrome

It is a syndrome of phlegm accompanied by dryness manifestations, resulting from production of phlegm from accumulated

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body fluid due to dysfunction of the lungs which are impaired by pathogenic dryness or from burning and consumption of body fluid by exuberant heat with formation of phlegm. Its clinical manifestations are: cough with little viscid and thick sputum not easily expectorated or with blood streaks, dry mouth and nasal cavity, dryness and pain of the throat, dry stool, dry tongue with little saliva, and thready slippery and rapid pulse.

9.46 Gastrointestinal Fluid Syndrome

It is a morbid condition due to fluid-retention in the stomach and intestines, manifested as fullness sensation in the chest, splashing sound in the stomach, vomiting clear thin saliva, dizziness, palpitation, shortness of breath, whitish slippery fur of the tongue, and taut slippery pulse. It can be seen in gastric retention due to pyloric obstruction, intestinal obstruction due to dropsy, and functional disturbance of the stomach and intestines.

9.47 Pleural Effusion Syndrome

It is a syndrome of fluid-retention in the hypochondrium, manifested as pain over the hypochondriac region, which is aggravated by coughing or spitting, dragging pain upon turning over in bed or breathing, fullness sensation over the chest, shortness of breath, deep taut pulse, often seen in exudative pleuritis.

9.48 Anasarca Syndrome

It is a morbid condition of accumulation of fluid in the subcutaneous tissue, manifested as heaviness and pain in the limbs, even edema, oliguria, or fever and aversion to cold, no sweat, cough with frothy sputum, whitish fur of the tongue, and

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taut tense pulse.

9.49 Superior–Phrenic Fluid Syndrome

It is a mordid condition of accumulation of excessive fluid above the diaphragm manifested as oppression sensation in the chest, shortness of breath, cough with dyspnea, difficulty in assuming a supine position, cough with whitish frothy sputum, facial edema, whitish greasy fur of the tongue, and taut tense pulse.

9.50 Differential Diagnosis according to Theory of *Zang–Fu* Organs

It is a method of differential diagnosis to determine the pathogenesis, nature and site of a disease and the conflict between body resistance and pathogens based on the analysis and comprehension of the symptoms in light of the physiological functions and pathological manifestations of the *Zang–Fu* organs. As an important component of the differential diagnosis system, it serves as the basis of diagnosis for all clinical specialties of TCM. Since the methods of differential diagnosis employed in clinical practice are many and varied, each having its own characteristics, they must first be applied to *Zang–Fu* organs so as to definitely determine the site and nature of a disease and adopt a treatment accordingly. This method, which lays the foundation for all other methods of differential diagnosis, includes differential diagnosis of *Zang*–organ diseases, of *Fu*–organ diseases, and of diseases of both *Zang*–organs and *Fu*–organs.

9.51 Deficiency of Heart–*Qi* Syndrome

(See 9.52 Deficiency of Heart–*Yang*.)

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9.52 Deficiency of Heart–*Yang* Syndrome

Deficiency of heart–*Qi* and deficiency of heart–*Yang* are due to general asthenia resulting from prolonged illness, consumption of *Qi* and impairment of *Yang* by sudden onset of a serious illness, visceral dysfunction in the aged, or congenital defects. The former deficiency is manifested by palpitation, shortness of breath, spontaneous sweat, aggravation of all the above symptoms on exertion, pale complexion, lassitude, pale tongue with whitish fur, and weak pulse, while the latter one is marked by the following symptoms in addition to the symptoms mentioned above: aversion to cold, cold limbs, dull complexion, pain and oppressed feeling in the precordial region, and flabby, pale or dark purplish tongue. If such symptoms as profuse sweating, cold limbs, dark purplish lips, weakness of breath, thready and indistinct pulse, delirium, or even unconsciousness are observed, they may be indicative of a critical condition of exhaustion of the heart–*Yang*.

9.53 Deficiency of Heart–Blood Syndrome

(See 9.54 Deficiency of Heart–*Yin* Symdrome.)

9.54 Deficiency of Heart–*Yin* Syndrome

Deficiency of heart–blood syndrome and deficiency of heart–*Yin* syndrome refer to a morbid condition due to insufficiency of the heart blood, insufficiency of the heart–*Yin*, and lack of nourishment of the heart, usually caused by impairment of *yin*–blood by protracted illness, or profuse loss of blood, or insufficient production of *Yin*–blood, or emotional up-

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sets leading to stagnation of *Qi* and fire, and consumption of *Yin*—blood. The main manifestations of heart—blood deficiency syndrome are: palpitation, insomnia, frequent dreams, dizziness, poor memory, lustreless complexion, pale lips, pale tongue, and thready weak pulse. In addition to palpitation, insomnia and poor memory, heart—*Yin* deficiency syndrome is also manifested by dysphoria with feverish sensation over the palms, soles and the chest, night sweat, dry mouth and throat, reddish tongue with little saliva, and thready rapid pulse.

9.55 Hyperactivity of Heart—Fire Syndrome

It refers to a morbid condition due to hyperactivity of the heart—fire in the interior, usually resulting from production of fire due to emotional upsets and stagnancy of *Qi*, or invasion of the interior by the pathogenic fire, or excessive intake of hot—natured food of acrid taste or warm—natured tonics, and manifested as dysphoria with feverish restless sensation in the thorax insomnia, flushed face, thirst, ulcers of the mouth and tongue, or difficult and painful urination with dark urine, hematuria or mania and delirium, redness of the tip of the tongue, or even rough and prickle—like fur of the tongue, and rapid forceful pulse.

9.56 Syndrome of Mental Confusion Due to Phlegm

It refers to impairment of consciousness caused by invasion of the heart by phlegm, usually resulting from production of phlegm due to emotional upsets, and stagnation of *Qi*, or coagulation of the pathogenic dampness in the heart, manifested as mental depression, apathy, aphrenia, soliloquy, improper

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behaviour, or sudden falling down with loss of consciousness, laryngeal rales, whitish greasy fur of the tongue, and slippery pulse.

9.57 Syndrome of Phlegm–Fire Attacking the Heart

It is a morbid condition of mental disturbance due to phlegm–fire, caused by emotional upsets, mental depression and anger, leading to stagnation of qi and production of fire which transforms fluid into phlegm, or by invasion of the heart by pathogenic heat which converts fluid into phlegm. Its clinical manifestations are: fever, raucous breathing, flushed face, congested eyes, expectoration of yellowish thick phlegm, laryngeal rales, delirium, red tongue with yellowish greasy fur, slippery rapid pulse, or insomnia, irritability, profuse sputum, feeling of oppression in the chest, dizziness, or paraphasia, and various manifestations of mania. If the syndrome is caused by invasion by the pathogenic heat, the chief signs for differential diagnosis are high fever, abundant expectoration, and unconsciousness. If the syndrome is brought about by internal injury, the main ones for diagnosing mild cases are restlessness and insomnia, and those for diagnosing severe cases are mania.

9.58 Syndrome of Stagnation of Heart–Blood

It is a morbid condition due to obstruction of collaterals of the heart, resulting from insufficiency of the heart–*Qi* or heart–*Yang*, or coagulation of phlegm which obstructs the collaterals, manifested as palpitation, intermittent choking sensation or stabbing pain in the chest, dragging pain over the

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shoulder, back and arm, dark purplish tongue even with petechiae and ecchymosis, small hesitant pulse, or slow weak pulse with irregular intervals. In severe cases there may appear sudden attack of intolerable pain, cyanosis of the mouth, lips and nails, cold limbs, coma, and faint indistinct pulse.

9.59 Syndrome of Deficiency of Lung–*Qi*

It is a morbid condition of hypofunction of the lungs, usually resulting from impairment of the lung–*Qi* due to protracted illness and dyspneic cough, or insufficiency of *Qi*–production, marked by cough with dyspnea, shortness of breath aggravated on slight exertion, clear thin sputum, low weak voice, pale complexion, lassitude, or spontaneous perspiration, aversion to wind, susceptibility to cold due to exogenous pathogens, pale tongue with whitish fur, and feeble pulse.

9.60 Syndrome of Deficiency of Lung–*Yin*

It refers to a morbid condition of insufficiency of the lung–*Yin* and production of heat of deficiency type inside the body, usually resulting from impairment of *Yin* by prolonged cough, injury of the lungs by pathogens, or impairment of *Yin*–fluid in the late stage of a febrile disease, marked by dry cough with no sputum or with scanty viscid sputum, dry mouth and throat, emaciation, afternoon fever, dysphoria with feverish sensation in the chest, palms and soles, flushed cheeks, night sweat, or even bloody sputum, hoarseness, reddish tongue with little fur and thready rapid pulse.

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9.61 Syndrome of Wind–Cold Pathogen Tightening the Lungs

It is a morbid condition due to invasion of the lungs by the wind–cold pathogen leading to obstruction of the lung–*Qi*, manifested by cough with whitish thin sputum, stuffy nose with watery discharge, slight aversion to cold, mild fever, no sweat, whitish fur of the tongue, and floating tense pulse.

9.62 Syndrome of Cold–Pathogen Attacking the Lungs

It is a morbid condition of accumulation of the pathogenic cold in the lungs, manifested as cough with dyspnea, and thin whitish sputum, chilliness and cold limbs, pale tongue with whitish fur, and slow or moderated pulse.

9.63 Syndrome of Retention of Pathogenic Heat in the Lungs

It refers to a morbid condition due to stagnation of the pathogenic heat in the lungs and dysfunction of the lung–*Qi*, usually caused by the pathogenic heat attacking the lungs or accumulation of heat in the lungs which is converted from wind–cold or wind–heat resulting from *Yang*–excess. Its clinical manifestations are: dyspnea, cough with thick yellowish sputum, high fever, thirst, irritability, even flaring of nares, chest pain, blood and pus–stained sputum with stinking smell, constipation, scanty dark urine, reddish tongue with yellowish fur, and slippery rapid pulse.

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9.64 Syndrome of Attack of the Lungs by Pathogenic Dryness

It is a syndrome due to affection by pathogenic dryness with impairment of fluid in the lungs in autumn, manifested as dry cough with no sputum or with scanty viscid sputum difficult to be expectorated, chest pain due to violent cough, dry mouth, lips, nose and throat, or fever, slight aversion to wind and cold, thin dry fur of the tongue, and thready rapid pulse.

9.65 Syndrome of Accumulation of Phlegm–Dampness in the Lungs

It is a morbid condition of stagnation of phlegm–dampness in the pulmonary system, usually resulting from impairment of dispersing and descending function of the lungs due to attack by pathogenic cold and dampness or accumulation of phlegm–dampness due to impairment of the lungs by protracted cough and dysfunction of the lungs, or stagnation of phlegm in the lungs transformed from water–dampness due to inability of the spleen–*Qi* to transport body fluid. Its clinical manifestations are: cough with copious whitish and thin sputum which is easily expectorated, feeling of oppression in the chest, of dyspnea, laryngeal rales, pale tongue with whitish greasy fur, taut and slippery or soft and floating pulse.

9.66 Syndrome of Damp–Heat in the Large Intestine

It is a syndrome due to invasion of the large intestine by damp–heat, usually resulting from retention of dampness and

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heat in the large intestine because of affection by exogenous damp–heat pathogen, or intake of unclean food. Its clinical manifestations are: abdominal pain, diarrhea with purulent and bloody stool, tenesmus, or sudden onset of diarrhea with discharge of yellowish stinking stool, accompanied by burning sensation in the anus, dry mouth without desire for drink, scanty dark urine, or fever with or without aversion to cold, red tongue with greasy yellwish fur, soft and rapid, or slippery and rapid pulse.

9.67 Syndrome of Deficiency of Fluid in the Large Intestine

This is a morbid condition caused by failure of insufficient fluid to moisten the large intestine, which results mainly from *Yin*–deficiency in the aged, consumption of *Yin* by chronic disease, consumption of body fluid by febrile disease or hemorrhage after delivery in women. Its clinical manifestation are: constipation (difficult defecation, even one bowel movement in several days), dry mouth and throat, dry red tounge, thready and hesitant pulse: often accompanied by halitosis, dizziness, etc.

9.68 Syndrome of Insnfficiency of the Spleen–*Qi*

This is a morbid state showing inabitity of the spleen to transport or transform nutrients due to insufficiency of the spleen–*Qi* usually caused by improper diet, fatigue, internal injury and consumption of the spleen–*Qi* by other acute of chronic disorders.Its clinical manifestations are: poor appetite, abdominal distention aggravated after meals, diarrhea or loose stool, sallow complexion, shortness of breath, disinclination to talk due to

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mental fatigue, lassitude of limbs, pale tongue with whitish fur, slow and weak pulse.

9.69 Syndrome of Deficiency of the Spleen–*Yang*

This is a syndrome of overabundance of *Yin*–cold due to insufficiency of the spleen–*Yang*, resulting from insufficiency of the spleen–*Qi* or from excessive intake of raw or cold food or cold–natured medicine, all of which may injure spleen–*Yang*. Its clinical manifestations are: abdominal distention, poor appetite, abdominal pain relieved by pressing, preference for warmth, clear thin and loose stool, cold limbs, or general dropsy, dysuria, or profuse thin leucorrhea, pale and swollen tongue with whitish glossy fur deep, slow and weak pulse.

9.70 Syndrome of Collapse of the Spleen–*Qi*

It is a syndrome of inability of insufficient spleen–*Qi* to rise, resulting mostly from insufficiency of the spleen–*Qi* or from chronic diarrhea and dysentery, or overstrain. Its clinical manifestations are: distention and bearing down sensation of the epigastrium aggravated after meals, frequent micturition, tenesmus of the anus, chronic diarrhea or dysentery, or even prolapse of the rectum and uterus. It is often accompanied with shortness of breath, disinclination to talk, lassitude, dizziness, pale tongue with whitish fur and weak pulse.

9.71 Syndrome of Failure of the Spleen to Control Blood Flow

It is a syndrome of inability of the spleen to keep blood flow-

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ing within the vessels owing to insufficiency of the spleen–*Qi*. It is mainly caused by injury to the spleen due to chronic disease or overfatigue. Its clinical manifestation are: hemafecia, metrorrhagia, metrostaxis, hematuria, hematohidrosis, gingival hemorrhage; often accompanied with tassitude. shortness of breath. disinclination to talk, poor appetite, loose stool, pale complexion, pale tongue with whitish fur, and thready and weak pulse.

9.72 Syndrome of Retention of Cold and Dampness in the Spleen

This is attributed to excessive cold and dampness in the body and impairment of *Yang* of the middle–*Jiao*.This syndrome is caused by the formation of damp and cold pathogens due to the following: excessive intake of raw or unripe fruits, exposure to cold, preference for cold drinks, or braving the rain and wading across a river, cold and damp living conditions and cold and dampness accumulated in the body, all of which check the *Yang* of the middle–*Jiao*. Its clinical manifestations are: epigastric distention and stuffiness, poor appetite, nausea, flat taste in the mouth, no thirst, abdominal pain, loose stool, heavy sensation in the head and body, or dim yellow complexion like being smoked, edema of the limbs, oliguria, pale swollen tongue with whitish and greasy fur and soft slow pulse.

9.73 Syndrome of Retention of Damp–Heat in the Spleen

This is attributed to the accumulation of pathogenic damp–heat in the middle–*Jiao*, which results from an attack by

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exogenous pathogenic damp–heat and excessive intake of fatty, sweet and greasy food, leading to generation of dampness and heat in the body. Its clinical manifestations are: abdominal distention, poor appetite, nausea, loose stool, yellowish urine, heavy sensation in the limbs, or bright orange complexion of the skin and sclera, irregular paroxysm of fever, not relieved by profuse sweating, red tongue with yellowish and greasy fur, and soft rapid pulse.

9.74 Syndrome of Stomach–Cold

This is a syndrome due to stagnation of pathogenic cold in the stomach, usually caused by improper mode of living,exposure of the abdomem to cold, or excessive intake of raw or cold food. Its clinical manifestations are: cold–pain in the epigastrium and abdomen——mild or severe, but relieved by warmth and aggravated by cold, flat taste in the mouth,absence of thirst; often accompanied with rumbling in the stomach,salivation,whitish and slippery fur of the tongue, slow or taut pulse. In case of repeated and protracted attacks of the disorder with resultant damage of the *Yang–Qi*, such symptoms as lassitude, listlessness, cold limbs with desire for warmth and others are likely to ensue.

9.75 Syndrome of Stomach–Heat

It is a syndrome of excessive pathogenic heat in the stomach, caused by invasion of pathogenic fire as a result of excessive intake of acrid fatty and sweet food. stagnation of *Qi* or emotional depression, etc. Its clinical manifestations are: burning pain in the epigastrium, gastric discomfort with acid regurgitation, thirst with desire for cold drinks, halitosis, vomiting immediately after

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meals, polyorexia, inflamed, ulcerated or bleading gums, constipation, scanty dark urine, red tongue with yellowish fur and slippery and rapid pulse.

9.76 Syndrome of Retention of Indigested Food in the Stomach

This is a syndrome indicative of retention of food in the stomach due to its dysfunction in digesting food. generally caused by indigestion due to immoderate eating and drinking. Its clinical manifestations include: epigastric distention and stuffiness or even pain, eructation with fout taste and smell, vomiting acid and rotten food with distention and pain relieved after vomiting. or flatulence, loose stool with acid, rotten and foul smells, thick and greasy fur on the tongue and slippery pulse.

9.77 Syndrome of Deficiency of the Stomach—*Yin*

This syndrome results from failure of *Yin*—fluid to be restored after prolonged febrile disease or impairment of stomach—*Yin* by excessive intake of pungent food. Its clinical manifestations are: dull pain of the epigastrium, hunger with disinclination to eat, belching, hiccup, dry mouth and throat, constipation, red tongue with thin dry fur, and thready rapid pulse.

9.78 Syndrome of Stagnation of the Liver—*Qi*

This is a syndrome characterized by inability of the liver to disperse *Qi*. It usually results from emotional depression, abrupt mental irritation and invasion by other pathogens. Its clinical manifestations are: emotional depression, irritability, stuffiness in

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the chest, frequent sighing, wandering pain with distension in the chest, hypochondrium and lower abdomen; or sensation of foreign body in the throat which cannot be swallowed or coughed up, goiter, abdominal mass; in women distending pain in breasts, dysmenorrhea. and irregular menstruation. whitish fur on the tongue, and taut pulse.

9.79 Syndrome of Flaring Up of the Liver–Fire

This is a syndrome marked by adverse rising of *Qi* and fire from the liver. It results mostly from an attack of fire due to emotional upsets, stagnation of liver–*Qi* and excessive intake of acrid, fatty and sweet food, and transformation of accumulated heat into fire. Its clinical manifestations are: dizziness, distending headache, flushed face, conjunctival congestion, bitter taste. dry mouth, restlessness and irritability, insomnia, nightmare, burning pain in the hypochondrium, constipation, dark urine, tinnitus, otopyorrhea, hematemesis, epistaxis, red tongue with yellow fur, and taut rapid pulse.

9.80 Syndrome of Deficiency of the Liver–Blood

This is a syndrome due to shortage of blood in the liver, resulting mostly from deficiency of both the spleen and kidneys, massive loss of blood or consumption of liver blood because of chronic disorders, Its clinical manifestations are: pallor, dizziness, tinnitus, dryness and discomfort of the eyes, poor sight, night blindness. numbness of the limbs. contracture of the tendons and muscles, muscular twitching, colorless nails; scanty light–colored menstrual discharge or even amenorrhea in females, pale tongue, and thready taut pulse.

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9.81 Syndrome of Deficiency of the Liver–*Yin*

This is a syndrome of deficiency of *Yin*–fluid of the liver, resulting primarily from fire transformed from stagnated liver–*Qi* due to emotional upsets, or impairment of liver–*Yin* in a prolonged liver disorder or febrile disease in the late stage, clinically manifested by dizziness, tinnitus, dryness and discomfort of the eyes, feeling of extreme heat on the face, distending or burning pain in the hypochondrium, dyspharia with feverish sensation in the chest, palms and soles, hectic fever, night sweating, dry mouth and throat, involuntary movement of the limbs, red and dry tongue, and thready, taut and rapid pulse.

9.82 Syndrome of Hyperactivity of the Liver–*Yang*

This is a syndrome caused by deficiency of *Yin*–fluid in the liver and the kidneys (i.e. the kidney–water fails to moisten the liver–wood), which results mostly from liver–fire due to anger and anxiety, stagnation of liver–*Qi*, consumption of *Yin*–fluid and failure of *Yin* to counterbalance *Yang*. Its clinical manifestations are: dizziness, tinnitus, distending pain in the head and eyes, flushed face, conjunctival congestion, irritability, palpitation, amnesia, insomnia, dreaminess, weakness of the loins and kness, vertigo, red tongue, and taut forceful pulse or thready, taut and rapid pulse.

9.83 Syndrome of Up–Stirring of the Liver–Wind

A morbid condition clinically manifested by tendency to fall

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owing to dizziness, by tremor, convulsion, and others is known as syndrome of up-stirring of the liver-wind, Generally, the following three types are recognized.

(1) Syndrome of interior wind transformed from the sthenic liver-*Yang* This is a symdrome due to failure to suppress the hyperactivity of the liver-*Yang* Its clinical manifestations are: tendoncy to fall owing to dizziness, head-shaking due to distending pain, stiff neck, tremor aphasia, numbness of the limbs, abnormal gait or sudden syncope, unconsciousness, facial distortion, hemiplegia, red and stiff tongue laryngeal rales, and taut forceful pulse or thready, taut and rapid pulse.

(2) Syndrome of interior wind resulting from over-abundance of heat This is a syndrome occurring in case of extreme hyparactivity of pathogenic heat. Its clinical manifestations are: high fever, coma, restlessness, convalsion of the limbs, stiff neck, eyeballs turning upwards, lockjaw, or even opisthotonos, red or crimson tongue, and taut rapid pulse.

(3) Syndrome of interior wind caused by deficiency of blood This is a morbid condition due to lack of nourishment to the tendons and muscles owing to deficiency of blood stored in the liver. For clinical monifestations refer to the section on "the syndrome of deficiency of the liver-blood".

9.84 Syndrome of Dampness and Heat in the Liver and the Gallbladder

This is a morbid condition due to retention of pathogenic dampness and heal in the liver and the gallbladder, mainly caused by the exogenous damp-heat pathogen or by the damp-heat pathogen produced by excessive intake of fatty, sweet and

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indigestible food or by accumulation of pathogenic dampness in the body which is transformed into heat due to dysfunction of the spleen in transporting. Its clinical manifestations are the following:distending pain in the hypochondrium, or abdominal mass, anorexia, abdominal distention, bitter taste, nausea, abnormal stool, scanty dark urine, red tongue with yellowish greasy fur. taut and rapid pulse, or alternate attacks of chills and fever, icteric skin and sclera, eczema of the scrotum with intolerable itching, swollen testes with a sensation of pain and heat, foul and yellowish leukorrhea, and pruritus of vulvae.

9.85 Syndrome of Accumulation of Cold in the Liver Channel

This is a syndrome due to retention of pathogenic cold in the liver channel. resulting chiefly from invasion of the liver by pathogenic cold. Its clinical manifestations are: cold pain in the lower abdomen, with bearing–down or distending pain in the testes or dragging pain in the scrotum upon contraction, aggravated by cold and reli eved by heat, whitish and glossy fur on the tongue, and deep and taut or slow pulse.

9.86 Syndrome of Attack by Phlegm Due to Stagnation of the Gallbladder–*Qi*

This is a morbid condition of attack by phlegm and heat due to dysfunction of the gallbladder in dispersion.

It results mainly from emotional upsets, depression of *Qi*, failure of the gallbladder to perform its dispersing function,and then production of phlegm and pathogenic heat due to stagnation of *Qi*. Its clinical manifestations are: palpitation, insomnia,

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restlessness, stuffiness in the chest and distention of the hypochondrium, bitter taste, nausea, dizziness, yellow and greasy fur on the tongue, and taut slippery pulse.

9.87 Syndrome of Deficiency of the Kidney—*Yang*

This is a syndrome due to insufficiency of *Yang—Qi* of the kidneys. It results mainly from kidney—deficiency in the aged, injury of the kidneys due to chronic disorders and intemperance in sexual life. Its clinical manifestations are: pallor, aversion to cold, cold limbs, listlessness, weakness or cold—pain in the loins and knees, impotence, sterility in females due to cold womb, pesistent diarrhea with indigested food in the stool or diarrhea before dawn, edema more serious in lower limbs, pale and swollen tongue with whitish coating, and deep, thready and weak pulse more abvious in the *Chi* position of the pulse.

9.88 Syndrome of Deficiency of the Kidney—*Yin*

This is a syndrome due to insuficiency of *Yin*—fluid in the kindeys. It results mainly from injury of the kindeys due to chronic disorders, intemperance in sexual life and excessive intake of acrid, dry food, which leads to consumption of *Yin*. Its clinical manifestations are: weakness of the loins and kness, dizziness, tinnitus, insomnia, dreaminess, frequent erection of the penis or emission in men, scanty menstruatuin or amenorrhea in women, emaciation, tidal fever, night sweat, dysphoria with feverish sensation in the chest, palms and soles, flushed cheeks, dry throat, constipation, red tongue with little fur, and thready rapid pulse.

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9.89 Syndrome of Unconsolidation of the Kidney–*Qi*

This is a morbid condition due to insufficiency of the kindey–*Qi* with decreased renal function. It usually results from kidney–deficiency in the aged, or insufficient kidney–*Qi* in infants, and consumption of kindey–*Qi* by chronic disorders or intemperance in sexual life. Its clinical manifestations are: lassitude, listlessness, weakness of the loins and knees, frequent micturition with light–coloured urine, continuous dripping after urination, or enuresis, urinary incontinence, nocturia, spermatorrhea or premature ejaculation in men, clear leukorrhea or spontaneous abortion in women, pale tongue with whitish fur, and deep weak pulse.

9.90 Syndrome of Insufficiency of the Kidney–Essence

This refers to a syndrome due to consumption of the kidney–essence. It is caused mainly by congenital defects, improper care after birth, or intemperance in sexual life and injury of the kidneys due to chronic disorders. Its clinical manifestations are: in infants, retarded development, marked by microsoma low intelligence. bradypragia, tardy closure of fontanel, and dysostosis; in adults, sterility due to spermacrasia in males and due to amenorrhea in females, premature senility, baldness and odonteseisis, tinnitus, deafness, amnesia, trance, flaccidity of feet, hyponea and bradypragia.

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9.91 Syndrome of Damp–Heat in the Urinary Bladder

This is a morbid condition due to retention of pathogenic damp–heat in the urinary bladder. It usually results from the accumulation of exogenous damp–heat pathogen in the urinary bladder or downward flow to the urinary bladder of the damp–heat pathogen deriving from immoderate diet. Its clinical manifestations are: Frequent and urgent micturition, scanty urine and dysuria, brownish red cloudy urine or hematuria, urinary calculus, often accompanied with fever and lumbago, red tongue with yellowish and greasy fur, and slippery rapid pulse.

9.92 Syndrome of Breakdown of the Normal Physiological Coordination between the Heart and the Kidneys

This is a morbid condition attributable to inccordination between water (the kidneys) and fire (the heart). It results mainly from consumption of kidney–*Yin* due to chronic disorders, intemperance in sexual life, and from production of fire due to over–anxiety or emotional depression.

Its clinical manifetetions are: Vexation, insomnia, palpitation, dizziness, tinnitus amnesia, soreness of the waist and knees, seminal emission, dysphoria with feverish sensation in the chest, palms and soles, dry throat and mouth, red tongue, thready and rapid pulse; sometimes accompenied with lassitude and feeling of cold in the loins and knees.

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9.93 Syndrome of Deficiency of *Yang* in the Heart and the Kidneys

This syndrome indicates insufficiency of *Yang*–*Qi* in the heart and the kidneys or overabundance of *Yin*–cold pathogens in the body. It results mainly from protracted illness or internal injury due to overstrain. Its clinical manifestations are: aversion to cold, cold limbs, palpitation, dysuria, edema in the face and especially in the lower limbs, cyanotic lips and nails, pale, dark and cyanotic tongue with whitish and glossy fur, and deep thready and feeble pulse.

9.94 Syndrome of Deficiency of *Qi* in the Heart and the Lnngs

This is a morbid condition due to insufficiency of the heart–*Qi* and the lung–*Qi*. It is usually brought about by overstrain or consumption of *Qi* in the heart and the lungs due to chronic cough with dyspnea. Its clinical menifestations are: palpitation, shortness of breath, cough with dyspnea, thoracic stuffiness, weakness with spontaneous sweating especially on exertion, pallor or dark complexion, or even cyanotic lips, pale tongue with whitish fur and thready weak pulse.

9.95 Syndrome of Deficiency of *Qi* in the Lungs and the Kidneys

This is a syndrome of insufficiency of the lung–*Qi* and the kidney–*Qi*. It usually results from consumption of the lung–*Qi* and injury of the kidney–*Qi* by cough with dyspnea due to protracted illness. Its clinical manifestations are: dyspnea,

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shortness of breath with prolonged exhalation and shortened inhalation, difficulty in breathing more obvious on exertion, spontaneous sweating, lassitude, leptophonia and shortness of breath, weakness of the lions and knees, pale tongue with whitish coating, deep and weak pulse, or severe dyspnea, cold limbs, cyanotic complexion, severe clammy sweat, and floating, large, unrooted pulse (easily felt on light pressure but disappearing on heavy pressure).

9.96 Syndrome of Deficiency of *Yin* in the Lungs and the Kidneys

This is a morbid condition due to insufficiency of *Yin*–fluid in both the lungs and the kidneys. It results mostly from consumption of the lung–*Yin* due to chronic cough, leading to deficiency of the lungs with the kidneys affected, or from injury of the kidney–*Yin* due to protracted illness or excess of sexual intercourse, leading to deficiency of the kidneys with the lungs involved. Its clinical manifestations are: cough with scanty sputum or blood–tinged sputum, dry throat and mouth, hoarseness, emaciation, weakness of the lions and knees, hectic and regular recurrent fever, flushed cheeks, night sweating, seminal emission in males, irregular menstruation in females, red tongue with little fur, and thready rapid pulse.

9.97 Syndrome of Deficiency of *Yin* in the Liver and the Kidneys

This is a syndrome referring to insufficiency of *Yin*–fluid in both the liver and the kidneys. It is usually brought about by consumption of essense and blood owing to intemperance in sexual

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life or internal injury by the seven emotions, or by consumption of *Yin* in both the liver and the kidneys due to protracted illness. Its clinical menifestations are: Dizziness, tinnitus resembling the sound of a cicada, dull pain in the hypochondium, amnesia, insomnia, weakness of the loins and knees, dry throat and mouth, dysphoria with feverish sensation in the chest, palms and soles, flushed cheeks, night sweating, seminal emission in males, scanty menstruation in females, red tongue with little fur and thready rapid pulse.

9.98 Syndrome of Deficiency of *Yang* in the Spleen and the Kidneys

This is a morbid condition characterized by insufficiency of the spleen–*Yang* and the kidney–*Yang*. The syndrome is usually due to the following causes: comsumption of *Yang* and *Qi* owing to chronic disorders of the spleen and the kidneys, failure to warm and nourish the spleen–*Yang* due to chronic diarrhea, disentery and persistent stagnation of water pathogen, or failure to fill and nourish the kidney–*Yang* due to chronic deficiency of the spleen–*Yang*. Its clinical manifestations are: pallor, aversion to cold, cold limbs, feeling of cold–pain in the waist, knees and lower abdomen,chronic diarrhea and dysentery, diarrhea before dawn or diarrhea with indigested food in the stool, dysuria, puffy face and edema of the limbs, severe abdominal distention resembling shape of a drum, pale and swollen longue with whitish and glossy fur, and deep weak pulse.

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9.99 Syndrome of Deficiency of *Qi* in the Spleen and the Lungs

This syndrome refers to insufficiency of the spleen–*Qi* and the lung–*Qi*. It usually results from deficiency of the lungs due to chronic cough with dyspnes which, in turn, affects the spleen, or from injury of the spleen due to improper diet and overstrain leading to its failure to transport essence to the lungs. Its clinical manifestations are: protracted cough, shortness of breath with dyspnea, expectoration of profuse clear sputum, poor appetite, abdominal distention, loose stool, lassitude, debility with disinclination to talk, pallor, or even puffiness of face and feet, pale tongue with whitish fur, and thready weak pulse.

9.100 Syndrome of Incoordination between the Liver and the Spleen

This syndrome is the result of stagnation of the liver–*Qi* and dysfunction of the spleen in transport. It results mostly from impairment of the liver by emotional upsets and enduring anger leading to dysfunction of the liver which, in turn, affects the spleen's transporting function, or from impairment of the spleen by improper diet and overstrain leading to its deficiency which, in turn, gives rise to stagnation of pathogenic dampness in the body with the liver's function affected. Its clinical manifestations are: distending and wandering pain in the chest and hypochondrium, sighing, emotional stress, irritability, poor appetite, abdominal distention, loose stool, borborygmus, flatulence, inclination to diarrhea due to abdominal pain ralieved after diarrhea whitish fur on the tongue, and taut pulse.

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9.101 Syndrome of Incoordination between the Liver and the Stomach

This syndrome is indicative of dysfunction of both the liver and the stomach. It usually results from emotional depression and the stagnation of hyperactive liver–*Qi* attacking the stomach transversely. Its clinical manifestations are: chest stuffiness, distention and pain in the hypochondriac region and the epigastrium, hiccup, eructation, gastric discomfort with acid regurgitation, anxiety and irritability, whitish, yellowish and thin fur on the tongue, and taut pulse.

9.102 Syndrome of Deficiency of *Qi* and Blood in the Heart and the Spleen

This refers to a morbid condition characterized by insufficiency of the heart–blood and deficiency of the spleen–*Qi* .It results mainly from improper care after protracted illness, worries, fatigue, and chronic hemorrhage. Its clinical manifestations are: Palpitation, insomnie, dreaminess, dizziness,amnesia, sallow complexion, poor appetite, abdominal distention, loose stool, lassitude and weakness, subcutaneous hemorrhage, scanty light coloured menstruation of a prolonged period, pale and tender tongue, and thready weak pulse.

9.103 Syndrome of Invasion of the Lungs by the Liver–Fire

This is a syndrome due to upward invasion of the lungs by the *Qi* and fire in the liver leading to pulmonary dysfunction in purification and descent. It usually results from the fire produced

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by the stagnation of the liver–*Qi* due to emotional depression or from invasion of the lungs by the adverse rising fire produced by the stagnation of pathogenic heat in the liver channel. Its clinical manifestations are : burning pain in the chest and hypochondrium, irritability, dizziness, conjunctival congestion, dysphoria with smothery sensation, bitter taste, paroxysmal cough or even hemoptysis, red tongue with yellow and thin fur and taut rapid pulse.

9.104 Differential Diagnosis in Accordance with the Theory of Six Channels

This is one of the methods of differential diagnosis for exopathic diseases, put forward in the book *Shang Han Lun*(伤寒论 Treatise on Febrile Diseases)by Zhang Zhongjing, a distinguished physician in the Easten Han Dynasty. In accordance with the general guiding principle of *Yin* and *Yang*, this theory divides all the symptoms and signs appearing in exopathic diseases into two main categories: diseases of three *Yang* channels and diseases of three *Yin* chennels, thereby providing a basis for differential diagnosis and treatment.

According to their nature, diseases of three *Yang* channels can be further divided into *Taiyang* disease. *Yangmin* disease and *Shaoyang* disease . while those of three *Yin* channels into *Taiyin* disease. *Shaoyin* disease and *Jueyin* disease. The six channels diseases are manifestations of the pathologic changes in *Zang–Fu* organs, channels and collaterais, among which the pathologic changes of the six *Fu*–organs are taken as dominant factors in diseases of three *Yang* channels, and so are those of the five *Zang*–organs in diseases of three *Yin* channels. This theory re-

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veals, to some extent, the laws governing the development and changes of exopathic diseases.

9.105 Syndromes of *Taiyang* Disease

The *Taiyang* channels which serve as a fence protecting the human body, dominate the skin and muscles and govern nutritive *Qi* and defensive *Qi*. The syndrome resulting from dysfunction of the defensive *Qi* due to invasion of the skin and musles by exogenous pathogens is called *Taiyang* disease, whose main symptoms and signs are fever, aversion to cold, rigidity of the nape with headache and floating pulse. When exogenous pathogens invade the body, the defensive *Qi* goes to the superficies to resist them and a conflict between the vital *Qi* (defensive *Qi*) and the pathogens ensues, thereby leading to fever. Since the defensive *Qi* has consumed on the superficies, it fails to warm the body and the symptom of aversion to cold appears as a result. As the defensive-*Qi* stimulates the pulse to the exterior it feels floeting. The channel of foot-*Taiyang* originates from the inner canthus, goes up to the forehead, and then to the vertex, where it turns back into the head to link with the brain, and then goes down along the nape and back. When exogenous pathogens invade the body, the chennel ceases to function properly and the symptom of rigidity of the nape with headache occurs. Depending on the nature of exogenous pathogens and the patient's constitution, *Taiyang* disease can be classified into two types: *Taiyang* wind-affection syndrome and *Taiyang* cold-stroke syndrome.

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9.106 *Taiyang* Wind–Affection Syndrome

Because of lowered reisetance of the superficies of the body, when wind pathogen attacks the body, there appears perspiration due to loosening of the striae, which may be accompanied by other symptoms, such as fever, aversion to wind, headache, floating and moderate pulse, etc. This is what is known as *Taiyang* wind–affection syndrome. Since the striae of the skin are loose, the pores will open during attack of the skin and muscles by pathogenic wind, thereby resulting in such symptoms as spontanesous sweating, floating and slow pulse. Owing to the looseness of striea of the skin and muscles and symptom of perspiration, this syndrome is also referred to as an exterior deficiency syndrome.

9.107 *Taiyang* Cold–Stroke Syndrome

The morbid condition in which the striae of the skin and muscles close during attack of the human body by pathogenic cold, and no perspiration occurs, clinically manifested by such symptoms as fever, aversion to cold, rigidity of the nape with headache, general aching, anhidrosis, dyspnea, floating and tense pulse, is known as *Taiyang* cold–stroke syndrome. When the exopathogen attacks the skin, the defensive *Qi* is abstructed and a conflict occurs between the vital *Qi* and the exopathogens, thus bringing about such symptoms as fever and aversion to cold. Failure of the striae to open causes anhidrosis, which, in turn, results in obstruction of flow of the channel–*Qi*, and general aching occurs as a result. And it is also the closure of striae of the skin that causes block and abnormal rising of lung–*Qi*, thereby lead-

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ing to dyspnea. The skin contracts while it is being attacked by the exopathogens, hence the pulse feels floating and tense. Therefore, a syndrome characterized by closure of the striae of the skin and anhidrosis is also known as an exterior excess syndrome.

9.108 Syndromes of *Yangming* Disease

Yangming disease is regarded as an interior heat syndrome of excess type. Owing to delayed or erroneous treatment of *Taiyang* disease, the pathogens entering the interior of the body convert into heat, which not only comsumes body fluid, but also produces pathogenic dryness, which, in turn, accumulates to produce excess syndrome. The exopathogens attacking the body may also turn into heat due to the hyperactivity of *Yang* of the body. According to the location of the lesion and characteristics of the symptoms and signs, *Yangming* disease can be classified as *Yangming* channel syndoeme and *Yangming Fu*-organ syndorme.

9.109 *Yangming* Channel Syndrome

This is a morbid condition characterized by overabundance of heat in the *Yangming* channel, and no stercoroma in the intestinal tract despite spread of pathogenic heat throughout all parts of the body. Its clinical manifestations are: high fever, profuse sweating, extreme thirst, full and large pulse, dysphoria, flushed face, yellow and dry fur on the tongue. Spread of pathogenic heat all over the body brings about high fever, evaporation of internal heat forces body fluid to flow outward, thereby inducing profuse sweating, and overabundance of heat and profuse sweating, both of which consume body fluid, result in ex-

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treme thirst. When the excessive heat prompts the flow of qi and blood in the body, the pulse will become full and large. Heat disturbing mental activities causes dysphoria. And finally, excessive heat steamingand consuming body fluid leads to yellow and dry fur on the tongue.

9.110 *Yangming Fu*—Organ Syndrome

This is a morbid condition of formation of stercoroma in the intestinal tract as a result of combination and accumulation of pathogenic heat and stool. Its clinical manifestations are: afteroon fever, panhidrosis or polyhidrosis of handsand feet, abdominal distension with pain and tenderness, constipation of solid fecal material in the large intestinal tract or watery stool with a foul smell, restlessness, delirium, yellow, thick and dry fur on the tongue, or even burnt black, fissured and prickly tongue, deep, slow and forceful pulse. Since the *Qi* of *Yangming* channel becomes most vigorous at the time *Shen* (or the period of a day from 3–5 p.m.), the internal pathogenic heat spreads quickly to the superficies, causing afternoon fever. The heat forces body fluid to flow out, and symptoms such as panhidrosis or polyhidrosis of hands and feet occur as a result. The accumulation of stercoroma and the obstruction of *Fu–Qi* bring about constipation and abdominal distension with pain and tenderness. The overabundant heat forcing the intestinal fluid flowing downward beside the agglomerated stool instead of mutual, combination in the intestinal tract, causes watery diarrhea with a foul smell. Since body fluid is consumed by excessive heat, the fur of the tongue appears yellow, thick and dry, or even burnt black, cracked and thorny. Lastly, the pulse feels deep and slow as a result of reten-

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tion of pathogenic heat and stagntion of stercoroma in the intestinal tract.

9.111 Syndrome of *Shaoyang* Disease

This is a morbid condition with the pathogens located in the half-superficies and half-interior of the body. Its clinical manifestations are: bitter taste in the mouth, dry throat, dizziness, sensation of pain and fullness in the chest and hypochondrium, alternate attacks of chills and fever, taciturnity, poor appetite, vexation, vomiting,whitish or thin and yellowish fur on the tongue, and taut pusle. Since the facial orifices are affected by the fire flaring upward from the stagnation of *Shaoyang* caused by the attack of exopathogens, such symptoms as bitter taste, dry throat and dizziness appear. The accumulation of the pathogens in the *Shaoyang* channel causes a sensation of fullness and discomfort in the chest and hypochondriac region. In case of inhibition of the *Yang-Qi* due to inward invasion of pathogens, aversion to cold occurs, in case of accumulated *Yang-Qi* strong enough to expel the pathogens from the body, fever appears. Accordingly, alternate attacks of chills and fever occur. The symptom of taciturnity happens as a result of disturbance of freely flowing *Qi* due to stagnation of *Shaoyang*. When mental activities are affected by stagnation of fire, vexation ensues. When the stomach is affected by disorder of *Qi*, the patient will have poor appetite, Failure of the stomach-*Qi* to descend leads to vomiting and taut pulse is indicative of *Shaoyang* disease.

9.112 Syndrome of *Taiyin* Disease

This is an interior cold syndrome of deficiency type brought

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about by insufficiency of the spleen–*Yang*. Its clinical manifestations are: abdominal fullness, vomiting, anorexia, diarrhea, no thirst, frequent abdominal pain, whitish fur on the tongue, weak and moderate pulse. Insufficiency of the spleen–*Yang* and deficient cold in the middle–*Jiao* result in abdominal pain, relieved by warmth and pressure. Dysfunction of the spleen in transportation leads to anorexia. Failure of lucid *Yang* to rise due to disturbance in ascending and descending brings about diarrhea, while that of turbid *Yin* to descend results in abdominal fullness. Vomiting is caused by the adverse rising of the stomach–*Qi*. No feeling of thirst, whitish fur on the tongue, and weak moderate pulse are all indicative of overabundance of *Yin* due to *Yang*–insufficiency.

9.113 Syndromes of *Shaoyin* Disease

This is a syndrome due to hypofunction of the heart and the kidneys both of which are, according to TCM, the viscera of fire and water respectivety and the sources of *Yin* and *Yang*. The invasion of the exopathogens on the *Shaoyin* channel results in the hypofunction of the heart and the kindeys characaterized by excess of *Yin* due to *Yang* insufficiency or hyperactivity of fire due to *Yin* deficiency. The former indicates cold syndrome of *Shaoyin*, while the latter, its heat syndrome. However, so far as exogenous febrile diseases are concerned, cold syndrome of *Shaoyin* is seen more frequently in *Shaoyin* disease.

9.114 Cold Syndrome of *Shaoyin*

This refers to a systemic asthenia–cold syndrome due to hypofunction of *Yang–Qi* in the heart and the kidneys.

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Its clinical manifestations are: Aversion to cold, curling up during sleep, listlessness, cold limbs, diarrhea with indigested food in the stool, poor appetite, vomiting after meals, and faint indistinct pulse. Hypofunction of the *Yang* in the heart and the kindeys and overabundance of cold–*Yin* cause aversion to cold, curling up during sleep, tistlessness and cold limbs. Because of no activation due to hypofunction of *Yang*, the stomach fails to digest foodstuff and the spleen to warm and transport foodstuff, hence there appears diarrhea with indigested food in the stool. The adverse rising of *Qi* from cold–*Yin* or failure of the stomach–*Qi* to descend leads to poor appetite and vomiting after meals. Again, hypofunction of the *Yang–Qi* leads to failure of the blood vessels to work properly. As a result, the pulse feels faint and indistinct.

9.115 Heat Syndrome of *Shaoyin*

This is a syndrome of deficiency of both genuine *Yin* and kidney–fluid. Its clinical manifestations are: vexation, insomnia, dry throat and mouth, reddish tongue tip or crimson tongue with little fur, and thready rapid pulse. Deficient kindey–fluid fails to moisten the heart–*Yang*, which, in turn, becomes hyperactive, thus causing such symptoms as vexation and insomnia. Again, deficient kidney–*Yin* is unable to moisten and nourish the mouth and throat, both of which turn out to be dry. The reddened tongue tip is indicative of overadundance of the heart–fire. As to the signs such as crimson tongue with thin fur and thready rapid pulse, they are characteristics of the interior heat syndrome due to *Yin*–deficiency.

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9.116 Syndrome of *Jueyin* Disease

The *Jueyin* channel lies at the end of *Yin* and the beginning of *Yang*. This is a morbid condition caused by an attack of the *Jueyin* channel by the pathogens, leading to exhaustion of vital *Qi* of the body and imbalance between *Yin* and *Yang*. It is characterized by simultaneous occurrence of cold and heat syndromes and alternate attacks of chills and fever. Its clinical manifestations are: persistent thirst, upward reflux of gas (*Qi*), chest pain with hot sensation, hunger with no desire for eating, cold limbs, diarrhea, vomiting or even vomiting of ascaris, and alternate spells of chills and fever. *Jueyin* controls the pericardium and the liver. When it is being attacked by pathagens, the heart—*Yang* fails to disperse and the liver—*Qi* fails to flow freely and their stagnancy cause production of the pathogenic fire. If the fire is scorchingly fanned up by the pathogenic wind, the heat syndrome will show upward, causing persistent thirst and vomiting, and chest pain with hot sensation. If the *Yang* and the heat fail to descend, cold syndrome will develop to the lower parts of the body, manifested by hunger with disinclination to eat, vomiting and diarrhea. If there are ascaris in the intestinal tract, they will rise to the diaphragm, preferring warmth to cold, and will subsequently be vomited out. *Jueyin* belongs to the *Yang* aspect of *Yin*. If the *Yang* aspect of *Yin* wanes but does not wax, and *Yang* fails to reach the exterior of the body, the symptom of cold limbs will occur. If the root of *Yang* still exists or the *Yang* aspect waxes after waning, the limbs will become warm rather than cold. That is how alternate spells of chills and fever happen.

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9.117 Differential Diagnosis by the Analysis of *Wei. Qi, Ying* and *Xue*

This is a diagnostic methed for epidemic febrile diseases by exopathogens, developed by Ye Tianshi, an eminent physician of the Qing Dynasty. This theory was founded on the basis of differdntial diagnesis in accordance with the theory of six channels dealt with in the book 《Treatise on Febrile Diseases》, and served as a supplement to that theory, thereby developing and enriching the theory for differential diagnosis and treatment of exopathic diseases in TCM. The differential diagnosis by the analysis of *Wei, Qi, Ying* and *Xue* classifies all intricate clinical manifestations in the course of epidemic febrile diseases into four categories: *Weifen. Qifen, Yingfen* and *Xuefen* syndromes, which denote the four different stages (superficial or deep and mild or serious) in the development of an epidemic febrile disease. It is also thought of a law governing the development and changes of epidemic febrile diseases due to exopathogens.

9.118 *Weifen* Syndrome

This occurs when warm-heat pathogens attack the superficies of the body and defensive *Qi* ceases functioning properly. It is mostly seen at the initial stage of an epidemic fabrile disease. Its clinical manifestations are: fever, slight aversion to wind and cold, headache, dry mouth, slight thirst, cough, swollen and sore throat, red tip and edge of the tongue, and floating rapid pulse. Invasion of the body surface by the warm-heat pathogen causes fever, slight aversion to wind and cold, red tip and edge of the tongue, and floating rapid pulse, while attack of facial orifices

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by the *Yang*–heat pathogen, headache. Initial consumption of body fluid by the pathogenic heat brings about dry mouth and slight thirst, and invasion of the skin by the pathogenic heat, whereby the lungs fail to perform their dispersing and descending function, results in cough. When the throat, as an outlet of the lungs, is scorched by the warm–heat pathogen, it will become swollen and painful.

9.119 *Qifen* Syndrome

This is a syndrome of internal heat due to overabundance of heat caused by invasion of the interior of the body from the superficies by the pathogenic heat, and also a sharp conflict between the undiminished vital *Qi* and excessive pathogens. Its clinical manifestations are: fever, aversion to heat rather than cold, red tongue with yellowish fur, rapid pulse; often accompanied by vexation, thirst, scanty dark urine, etc. In case of stagnation of the pathogenic heat in the lungs such symptoms occur as cough, dyspnea, chest pain and cough with yellowish thick sputum; In case of affection of the chest and diaphragm by the pathogenic heat, there may appear such symptoms as vexation, heartburn and restlessness. In case of invasion of the stomach by the pathogenic heat,there may occur such symptoms as high fever, profuse sweating, extreme thirst, and large full pulse. In case of accumulation of pathogenic heat in the intestinal tract such symptoms as constipation or constipation of solid fecal material with watery discharge, fullness, pain and hard sensation in the abdomen, yellow, thick and dry fur on the tongue, and deep, replete and forceful pulse are likely to occur. To sum up, all symptoms and signs resulting from attack of the interior from the

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superficies by the pathogenic heat with *Yingfen* and *Xuefen* unaffected belong to the category of *Qifen* syndrome.

9.120 *Yingfen* Syndrome

This is a syndrome of impairment of *Ying*–*Yin* (nutritive fluid) due to invasion of *Yingfen* by the warm–heat pathogen, the occurrence of which indicates that the morbid condition has devetoped into a deep and serious stage, clinically characterized by impairment of *Ying*–*Yin* and mental confusion. Its clinical manifestations are: predominant fever at night, slight thirst, vexation, insomnia, or coma, delirium, skin rashes, red and crimson tongue, thready and rapid pulse. Predominant fever at night is a manifestation of invasion of *Yingfen* by the pathogenic heat. When the *Yin*–fluid is evaporated by the pathogenic heat, the symptom of slight thirst is to occur, When mental activities are affected by the pathogenic heat, such symptoms as vexation, insomnia, coma and delirium tend to appear. If the pathogenic heat enters the blood vessels, skin rashes will appear. Finally, red and crimson tongue and small, rapid pulse are indicative of presence of heat in *Yingfen* and impairment of *Yin*–fluid.

9.121 *Xuefen* Syndrome

This is a critical syndrome indicating invasion of *Xuefen* by the warm–heat pathogen, which is regarded as the last and most serious stage of an epidemic febrile disease, clinically characterized by invasion of blood by excessive heat and disorder of mental activities. Clinical manifestations indicate fever, restlessness, coma, delirium, purple or dark skin eruptions, hemoptysis, epistaxis, hematochezia, convulsion and syncope, reddened or

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crimson tongue, thready and raped pulse. Fever is the result of invasion of *Xuef en* by the pathogenic heat. In case of mental disorder due to heat, such symptoms as restlessness, coma and delirium are likely to occur. In case of invasion of blood by excessive heat, there may appear skin eruptions, hemoptysis, epistaxis, and hematochezia, In case of wind-syndrome due to excessive heat, convulsion and syncope happen as a result. Finally, reddened or crimson tongue,and small rapid pulse are characteristic of the morbid condition in which *Xuef en* is fumed and scorched by the pathogenic heat.

9.122 Differential Diagnosis in Light of the Doctrine of Tri-*Jiao*

This is a method of differential diagnosis for epidemic febrile diseases, invented by Wu Tang, a distinguished physician of the Qing dynasty. Epidemic febrile disease is a general term for all acute febrile diseases caused by different warm-heat pathogens in the four seasens. With seasonal climates, types of exopathogens and the patient's constitution and bodily response, epidemic febrile diseases vary widely in their form, each having its own distinguishing characteristics. In brief, differential diagnosis in light of the doctrine of tri-*Jiao* is a theory about the development of epidemic febrile diseases from the upper part to the lower part of the body, and a further supplement to the differential diagnosis by the analysis of *Wei, Qi, Ying* and *Xue* as well.

9.123 The Damp-Heat Syndrome of the Upper-*Jiao*

This is an exterior syndrome due to invasion of the body by

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the damp–heat pathogen at the early stage of an epidemic febrile disease. Since pathogenic dampness is closely related to the spleen and stomach, there also appears the syndrome of disturbance of the spleen and stomach due to invasion by pathogenic dampness and its retention in the muscles, besides the exterior–sydnrome. Its clinical manifestations are: severe aversion to cold, slight or no fever or afternoon fever, heavy sensation even the head as if tightly bound, heavy sensation in the limbs, lassitude, anhidrosis, chest distension and stuffiness in the epigastrium, poor appetite, sticky taste in the mouth with no feeling of thirst, hyponea, borborygmus, loose stool, whitish and greasy fur on the tongue, and soft, slow pulse.

9.124 The Damp–Heat Syndrome of the Middle–*Jiao*

This is a syndrome due to invasion of the body by damp–heat pathogen at the middle stage of an epidemic febrile disease, the main pathogenesis of which lies in the retention of the damp–heat pathogen in the spleen and stomach. Its clinical manifestations are: moderate fever which is higher in the afternoon and does not subside after sweating, heavy sensation in the limbs, lassitude, chest stuffiness and abdominal distention, nausea, poor appetite, thirst with little desire for drink, sallow or yellowish complexion, hyponea, hypologia or coma, scanty dark urine, loose stool, sudaminal crystallina, greyish and yellowish fur on the tongue and soft rapid pulse.

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9.125 The Damp-Heat Syndrome of the Lower- *Jiao*

This is a syndrome due to stagnation of the damp-heat pathogens extending from the middle-*Jiao* to the lower-*Jiao* in the urinary bladder and the large intestine, leading to dysfunction of the former in micturition and functional disturbance of the latter.Its clinical manifestations are: dysuria or scanty dark urine, thirst with desire for little drink, constipation. feeling of hardness and fullness in the lower abdomen, or loose stool with tenesmus. sensation of distension over the head, dizziness, greyish, yellowish and greasy fur on the tongue, and soft, rapid pulse.

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10 Prophylactico Therapeutic Principles

10.1 Prophylactico-Therapeutic Principles

It refers to principles that must be followed in the prevention and treatment of disease. By prophylaxis is meant prevention of the occurrence and development of a disease by means of certain measures. Traditional Chinese Medicine has always attached great importance to prophylaxis, and as early as in 《*Huandi Neijing*》(黄帝内经 The Yellow Emperor's Internal Canon of Medicine) the concept of "preventive treatment of disease" was advanced, stressing "stopping disease before it actually happens". "Preventive treatment of disease" involves prevention of a disease before it actually occurs and control of an existing disease. That is the principle of preventing the occurrence and development of disease in TCM.

10.2 Preventive Treatment of Disease

Before the onset of a disease various preventive measures must be taken to prevent it from occurring. Since the occurrence of a disease involves both the vital *Qi* and pathogenic factors, prevention of a disease must start with enhancing the resistance of vital *Qi* to pathogenic factors and with preventing the invasion of the human body by pathogens. Therefore, recuperating one's

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vigour to keep a sound mind, taking exercise to build up one's health, leading a regular and temperate life, preventing disease with medicines, and artificial immunity can all increase body resistance. In addition, developing hygienic habits, preventing pollution of the environment, water supply and food can also guard against invasion of pathogens.

10.3 Control of the Development of an Existing Disease

Once it occurs , a disease should be early diagnosed and treated and be cured in its initial stage, so as to stop it from developing into a more serious state. Moreover, according to the law of development of disease the resistance of the unaffected areas in the human body should be first strengthened. For example, the liver corresponds to wood and the spleen to earth which is restricted by exuberant wood. That is to say, hyperfunction of the liver (wood) may affect the functioning of the spleen(earth). Therefore, disorder of the liver is often clinically treated in combination with treatment for strengthening the spleen and stomach in order to make them strong enough to resist liver-pathogens. That is a practical application of the principle regarding control of the development of an existing disease.

10.4 Therapeutic Principles

They are laws which must be followed in the treatment of disease.Developed under the guidance of wholism and *Bianzheng Lunzhi* (辨证论治 selection of treatment based on the differential diagnosis), they are also directive rules for guiding establishment of a therapy and prescription of a recipe, examples of which are

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treatment aiming at the pathogenesis , strengthening of body resistance to eliminate pathogens, regulation of *Yin* and *Yang* as well as treatment in accordance with seasonal conditions, with local conditions and with physique of an individual, etc.

10.5 Therapeutic Methods

They comprise certain concrete medical treatment , namely, diaphoresis, emisis, purgation, regulation, warming, heat-clearing, invigoration, resolution, etc. The therapeutic method is different from the therapeutic principle in that the latter is the general principle guiding the therapeutic method, while the former is the practical application of the therapeutic principle. Any concrete therapeutic method is always based on a definite therapeutic principle. For example, strengthening body resistance to ward off pathogens is a therapeutic principle, under guidance of which invigorating *Qi* and *Yang* and nourishing the blood and *Yin* are concrete methods of strengthening body resistance; while diaphoresis, emisis, purgation, etc. are concrete methods of eliminating pathogens.

10.6 Treatment Aiming at the Primary Cause of Disease

In handling a disease a doctor must search for its primary cause, in accordance with which he or she may adopt a proper treatment. By primary cause of a disease is meant the etiology and pathogenesis of its occurrence and development. Therefore, in treating a disease a doctor must be adept at finding out the cause of a disease, and analysing its pathogenesis, thereby instituting a treatment accordingly. Take headache as an example. It

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may be caused by attack of exogenous pathogens or internal injury. Headache due to exopathy is of wind–cold type in etiology and , therefore, treatment by relieving the exterior syndrome with drugs pungent in flavor and warm in nature is advisable, while headache due to exopathy of wind–warm type should be treated by relieving the exterior syndrome with drugs pungent in flavor and cool in nature. On the other hand, if headache due to internal injury is brought about by different pathogeneses, such as deficiency of blood, blood stasis, phlegm–dampness, excessive liver–*Yang* and liver–fire, in accordance with these pathogeneses methods of nourishing the blood, promoting blood circulation by removing blood stasis, eliminating dampness and phlegm and calming the liver and suppressing its *Yang*–hyperactivity are indicated respectively. This is what is meant by treatment aiming at the primary cause of disease.

10.7 Routine Treatment

It is a commonly used therapeutic principle of treating a disease with the method and drugs contrary to its nature, or manifestations. Here, it refers to a method of treating a disease with recipes and drugs opposite to its extrinsic phenomena. It is suitable to those cases in which manifestations of a disease accord with its nature. Therefore, treatment contrary to symptoms and signs of a disease is in fact one in accordance with its nature. Since the manifestations of most diseases coincide with their nature, routine treatment has been a therapeutic principle most commonly used clinically. Consequently, treatment of cold syndromes with medicines of hot nature, that of heat syndromes with medicines of cold nature, that of deficiency syndromes by reinforcement, and

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that of excess syndromes by purgation, all are examples of routine treatment.

10.8 Treatment of Cold–Syndrome with Hot–Natured Drugs

It refers to a therapy of cold–syndrome with drugs of hot nature, which is suitable to interior cold syndrome of excess type of a cold disease manifested by cold signs. For example , pain due to direct attack of pathogenic cold on the spleen and stomach manifested as epigastric and abdominal pain, which may be relieved by warmth, should be treated by warming method to dispel *Yin*–cold with drugs pungent in flavor and hot in nature.

10.9 Treatment of Heat–Syndrome with Cold–Natured Drugs

It is a therapeutic method for treating heat–syndrome, with drugs of cold nature, which is suitable to excess–heat type of a febrile–disease manifested by heat signs. For example, such syndromes as high fever, aversion to heat, excessive thirst, profuse sweating and full and large pulse etc. caused by an attack of pathogenic heat (fire) on the human body should be treated by clearing the pathogenic heat and purging pathogenic fire with drugs bitter in taste and cold in nature.

10.10 Treatment of Deficiency–Syndrome by Reinforcement

It is a therapy for various types of asthenia–syndromes, applicable to a deficiency case manifested by asthenia–signs. For example, the morbid condition of *Yin*–deficiency in which *Yin*

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fails to suppress *Yang* leads to heat–syndrome of deficiency type caused by relative hyperactivity of *Yang* manifested by a series of such stimulated symptoms and signs of insufficiency type as tidal fever and night sweat, dysphoria with feverish sensation in the chest, palms and soles, insomnia, dreaminess, etc. It should be treated by nourishing *Yin* to suppress *Yang* , as the saying goes: "Restraining *Yang* (fire) by nourishing *Yin* (water)".

10.11 Treatment of Excess–Syndrome by Purgation

It is a therapeutic method for treating excess syndromes, applicable to an excess case manifested by excess signs. For instance, retention of pathogenic heat in the stomach and intestines marked by such symptoms as fever, fullness and pain in the abdomen , constipation etc., should be treated by purgation to remove the retained indigested food in the gastrointestinal tract.

10.12 Treatment Contrary to the Routine

It is a specific therapeutic principle regarding treatment of a disease in accordance with its false signs. That is to say,the nature of drugs prescribed is consistent with the false signs of a disease. The false appearances of a disease are phenomena that distort or reverse its nature and are unable to represent its essence. Therefore, in treating a disease we must see through its appearances to get at its essence. Treatment contrary to the routine appears to conform with the false signs of a disease, but actually it is contrary to its essence. As a consequence, treatment contrary to the routine as well as routine treatment are both practical application of the therapeutic principle of treating a disease by aiming at its primary cuses. Treatment of pseudo–heat syndrome with drugs

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of hot nature, that of pseudo-cold syndrome with drugs of cold nature, that of the obstructive disease with tonics, that of discharging disease with purgatives, etc, all these treatments are examples of this therapeutic principle.

10.13 Treatment of Pseudo-Heat Syndrome with Drugs of Hot Nature

It is a method for the treatment of pseudo-heat syndromes with drugs of hot nature. It is applicable to treatment of cold syndrome with pseudo-heat symptoms resulting from *Yang* kept externally by *Yin*-excess in the interior. For example, *Shaoyin* syndrome, characterized by diarrhea with indigested food in stool, cold limbs, feeble and indistinct pulse, but absence of aversion to cold, and flushed cheeks pertains to the syndrome hot in appearance but cold in nature. As excess of cold is the essence of the disease, the cold-syndrome in reality is treated by *Tongmai Sini Tang*(通脉四逆汤 Dicoction for Promoting Blood Circulation and Relieving Cold) of warm or hot nature, and the pseudo-heat symptoms will disappear by itself . That is what is known as treatment of pseudo-heat syndrome with drugs of hot nature.

10.14 Treatment of Pseudo-Cold Syndrome with Drugs of Cold Nature

It is a method of treating pseudo-cold diseases with drugs of cold nature. It is applicable to treatment of heat syndrome with pseudo-cold symptomes, caused by *Yin* kept externally by *Yang*-excess in the interior. For example, the symptom of cold

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limbs due to excess of heat marked by cold limbs and deep pulse seems to be cold–syndrome, but is accompanied by high fever, feeling of restlessness over the chest, scanty dark urine, etc. Since excess of heat is the essence of the disease, the heat–syndrome must be treated with drugs of cold–cool nature, and subsequently the false manifestations or pseudo–cold symptoms will disappear by itself. This is what is meant by treatment of psseudo–cold syndrome with drugs of cold nature.

10.15 Treatment of Obstructive Disease with Tonic Drugs

It is a method of treating the disease marked by obstructive symptoms with tonic drugs. It is applicable to treatment of such deficiency–syndrome in reality with pseudo–excess symptoms as obstruction syndrome due to deficiency. For example, the patient with insufficiency of the spleen,who usually presents with remittent abdominal and epigastric distention, anorexia, pale tongue and feeble and weak pulse, etc, but develops no such symptoms as dyspepsia, stagnation of phlegm–dampness should be treated with drugs for strengthening the spleen and replenishing *Qi* .When the spleen–*Qi* functions properly in transport the abdominal distention will subside by itself. This is what we call the therapeutic method of treating seemingly obstructive disease with drugs of tonic nature.

10.16 Treatment of Discharging Disease with Purgatives

It is a method of treating excess–syndrome with discharging symptoms including excess–syndrome in reality with pseudo–de-

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ficiency symptoms, with purgative drugs. For example, such syndromes as diarrhea due to indigestion, metrorrhagia and metrostaxis due to retention of stagnated blood in the interior and "fecal impaction due to heat with watery discharge" marked by accumulation of dry feces in the gastrointestinal tract with discharge of foul water etc., may be treated with purgative drugs to eliminate the interior—excess syndrome. Once the interior—excess syndrome is eliminated,the extrinsic discharging symptoms will abate by itself. This is the so—called the therapy of discharging disease with purgatives.

10.17 Treatment of a Disease by Removing Its Cause or by Merely Alleviating Its Symptoms

This is a pair of relative concepts, involving the primary and secondary relations between all kinds of contradictions in the process of pathological changes. In other words, any disease has its primary and secondary cause. So far as, pathogens and vital *Qi* are concerned, the latter is primary while the former secondary. Judging from the pathogenesis and symptoms of a disease, the former is primary whereas the latter secondary. As regards the sequence of diseases the original or preceding disease is primary while the newly—developed, accompanying one is secondary. Frequently, there is a difference between the primary and the secondary, the principal and the subordinate in complicated and changeable cases, and so is there with order of priority in the treatment of a disease. In general, in an urgent case treatment aims at relieving the predominant symptoms (the secondary) first. In a chronic case, however, treatment aims at removing its prima-

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ry cause(the primary). If both the symptoms and the primary cause play an equally important role in the development of a disease, treatment should aim at both at the same time.

10.18 Relieving the Secondary in an Urgent Case

When the secondary disease is so critical that it becomes the primary contradiction or its primary aspect, it should endanger the patient's life or affect the termination of the original disease if not treated promptly.Therefore, emergency measures must be taken to relieve the secondary aspect, or to alleviate critical symptoms of a disease, or to relieve the new secondary disease first. For instance, when a patient suffers from ascites (due to cirrhosis) manifested by difficulty in defecation and urination, hydroperitoneum and abdominal fullness, the secondary symptoms, namely, hydroperitoneum and difficulty in defecation and urination, should be treated first. In case of profuse bleeding,whatever cause it may be , it is necessary to stop bleeding first, though it is a secondary symptom. Take,as another example, some patients with chronic illness. They had an original disorder complicated by another new disorder, the secondary disease. If the latter is not properly treated, the termination of the old disorder is affected. Therefore, secondary as it is ,the new disorder should be treated first.

10.19 Removing the Primary in a Chronic Case

When the disease becomes alleviated, treatment should aim at the primary disease, which has then become the principal contradiction or its principal aspect. In this case, it is advisable to re-

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lieve the primary disease, or treat the original or old disorder according to its cause and pathogenesis. For example, in case of cough due to pulmonary tuberculosis resulting from *Yin*–deficiency of both the lungs and the kidneys, treatment should aim at removing the primary cause by nourishing *Yin* of both the lungs and kidneys. In case of an old disorder accompanied by a new disease due to exogenous pathogens, which has already subsided, treatment also aims at relieving the primary or old disease.

10.20 Treating the Primary and the Secondary Aspects at the Same Time

When both the primary and secondary diseases are equally severe and critical, or not too critical at the same time, treatment should aim at both simultaneously. For instance, in the course of a febrile disease, the dryness–heat syndrome cannot be dispelled as a result of profuse consumption of *Yin*–fluid , there may appear such symptoms of deficiency of vital *Qi* and excess of pathogens as abdominal fullness and pain, constipation , fever, dry mouth , cracked lips etc., indicating acute conditions of both the primary and secondary aspects. In this case, *Yin*–fluid will be further consumed if only purgation is practised; the dryness–heat cannot be resolved downwards either merely by nourishing *Yin*. Only by treating the primary and secondary aspects at the same time, that is , only by both nourishing *Yin* and purging the dryness–heat to supply fluid can the aim of eliminating pathogens and supporting vital *Qi* be achieved. Take for another example, a debelitated person who catches a common cold. In this case deficiency of vital *Qi* is primary, and the common cold, secondary. Since both the primary and the secondary aspects are not too crit-

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ical, it is advisable to suplement *Qi* and expel exogenous pathogens, with the former aiming at relieving the primary disorder and the latter at relieving the secondary one. This is a typical example of treating the disorders, primary and secondary at the same time.

10.21 Supporting Vital *Qi*

To support vital *Qi* is to strengthen body resistance. Since victory or failure in the struggle between vital *Qi* and pathogens determines the development or termination of a disease, one of the important principles underlying clinical therapy is to change the relative strength of vital *Qi* and pathogens,making the illness take a turn for the better. To support vital *Qi* is to restore vital *Qi* in most cases, which is indicated in deficiency syndrome, in which deficiency of vital *Qi* is the primary contradiction, while pathogens are not dominant or have been declining. For example, in case of deficiency of *Qi*, it is essential to restore *Qi*; in case of deficiency of *Yang* ,it is necessary to invigorate *Yang*; in case of deficiency of *Yin* , it is advisable to nourish *Yin*;and in case of blood–deficiency, it is imperative to replenish blood.

10.22 Eliminating Pathogens

To eliminate pathogens means getting rid of pathogenic factors to facilitate restoration of vital *Qi*. In so doing ,invasion and affection by pathogens can be warded off and vital *Qi* be preserved and restored. Therefore, eliminating pathogens, like supporting vital *Qi*, is also one of the important principles underlying clinical therapy. Eliminating pathogens can be achieved mostly by the use of purgative method for excess syndrome, which is appli-

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cable to excess syndromes, in which invasion by pathogens is the primary contradiction and vital *Qi* has not been on the decline yet. However, the actual therapeutic method employed for this purpose varies greatly with different pathogens and with different sites of their invasion. For example, in case of attack of the superficies by exuberant exogenous pathogens, diaphoretic therapy is indicated; in case of invasion of the upper part of the chest by pathogens, accompanied by accumulation of abundant sputum and saliva, or prolonged retention of food in the gastrointestinal tract, or food poisoning, it is advisable to apply emetic therapy; in case of invasion of the lower part of the gastrointestinal tract by pathogens with pathogenic heat combined with waste products in the intestines, purgation is practised; in case of sthenic heat–syndrome and sthenic fire–syndrome, heat–clearing and fire–purging therapy is applied; in case of cold–syndrome it is advisable to eliminate pathogenic cold by warming the middle–*Jiao;* and in case of dampness syndrome it is better to dispel pathogenic dampness by promoting diuresis. In addition, phlegm must be resolved, whenever it is found to exist, and blood stasis, whenever it is detected, be removed by promoting blood circulation . All these are typical examples of eliminating pathogens.

10.23 Supporting Vital *Qi* in Combination with Eliminating Pathogens

This is a therapeutic approach with support of vital *Qi* as the dominant factor, supplemented by elimination of pathogens, which is applicable to asthenia–syndrome accompanied by sthenia–syndrome with the former as the major trouble. By using

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this approach pathogens are eliminated with vital *Qi* unaffected. Instead, the body can be rid of invasion and affection by pathogens. For example, the insufficiency of the spleen with overabundance of dampnees, which is asthenia–syndrome accompanied with sthenia–syndrome caused by dysfunction of the spleen in transport due to its insufficiency resulting in the production of phlegm–dampness in the body, should be treated mainly by invigorating the spleen to support vital *Qi*, supplemented by removing phlegm–dampness to eliminate pathogens. This is how this approach works.

10.24 Eliminating Pathogens in Combination with Supporting Vital *Qi*

This is a therapeutic method with elimination of pathogens as the dominant factor, supplemented by support of vital *Qi* . It is indicated in sthenia–syndrome accompanied by a sthenia–syndrome with excessive pathogens as the main trouble. By using this method, pathogens are generally not to be supported nor retained. Rather, the body's resistance to pathogens can be enhanced. For example, the syndrome of damage of *Yin* by hyperactivity of pathogenic heat, which is the sthenia–syndrome accompanied by sthenia–syndrome with excessive pathogens as the dominant factor caused by impairment of *Yin*–fluid in the body due to hyperactivity of pathogenic heat, should be treated mainly by eliminating pathogenic heat with the aid of heat–clearing therapy supplemented by support of vital *Qi* by nourishing *Yin*. This is how this method works.

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10.25 Supporting Vital *Qi* before Elimination of Pathogens

It is suitable for asthemia–syndrome accompanied by sthenia–syndrome with deficiency of vital *Qi* as the dominant factor, in which case vital *Qi* in the body is too weak to endure invasion. In this case, if the method of eliminating pathogens is simultaneously applied, vital *Qi* will be further damaged instead of being supported. Therefore, treatment of supporting vital *Qi* before elimination of pathogens rather than simultaneous treatment of both must be adopted. For example, some patients with malnutrition due to parasitic infestation should first be treated by invigorating the spleen to support vital *Qi* because the latter is too weak to tolerate parasiticidal therapy. Only after vital *Qi* is restored to its normal condition, can parasiticidal therapy with removing food–stagnancy be employed.

10.26 Eliminating Pathogens before Support of Vital *Qi*

It is applicable to sthenia–syndrome accompanied by asthenia–syndrome with excessive pathogens as the dominant factor, in which case vital *Qi* in the body is strong enough to resist invading pathogens. In this case if treatment of supporting vital *Qi* is simultaneously applied, contrary to what is expected, pathogens may be encouraged and left in the body . Therefore, treatment of eliminating pathogens should be practised before that of supporting vital *Qi* instead of a combination of both at same time. For example, the syndrome of metrorrhagia and metrostaxis due to obstruction of stagnated blood in the interior

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leading to deficiency of vital *Qi* because of loss of blood is not easy to stop and a therapy for invigoration is of no help either, if blood stasis is not removed. It is ,therefore, necessary to first remove blood stasis by promoting blood circulation so as to eliminate pathogens, and then to support vital *Qi* by tonic therapy.

10.27 Regulation of *Yin* and *Yang*

The relative equilibrium of *Yin* and *Yang* is restored afresh on a new basis by regulating their relative strength. A disease is the outcome of relative strength of *Yin* and *Yang* due to their imbalance brought about by the action pathogens exert on the body. The breakdown of *Yin*–*Yang* equilibrium is one of the basic pathogeneses of diseases. Therefore, regulating relative strength of *Yin* and *Yang*, remedying defects and rectifying abuses, and restoring relative equilibrium of *Yin* and *Yang* are one of the principles underlying clinical therapy. Lessening the excess state of *Yin* or *Yang* while remedying their deficiency state is the basic method of regulating *Yin* and *Yang* .

10.28 Lessening the Excess State of *Yin* or *Yang*

It is a therapeutic method applicable to sthenic heat–syndrome and sthenic cold–syndrome due to relative excessiveness of *Yin* or *Yang*. The sthenia heat–syndrome caused by "heat due to excess of *Yang*" must be treated with the method of " treating the heat–syndrome with drugs of cold or cool nature" so as to clear away *Yang*–heat. On the other hand, the sthenia cold–syndrome caused by " cold due to excess of *Yin*" should be treated by the method of "treating the cold–syndrome

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with hot-natured drugs" to warm and expel *Yin*-cold. Further development of relative excessiveness of *Yin* or *Yang* may lead to deficiency of either, that is to say, "an excess of *Yang* leads to disorder of *Yin* " and vice versa. In case of sthenic heat-syndrome accompanied by *Yin*-deficiency resulting from consumption of *Yin*-fluid due to excess of *Yang*-heat, heat-clearing therapy in combination with *Yin*-nourishing drugs is indicated; in case of while impairment of *Yang*-*Qi* due to excess of *Yin*-cold, cold-expelling therapy in combination with *Yang*-warming drugs is advisable.

10.29 Making up for Relative Deficiency of *Yin* or *Yang*

This is a therapeutic approach applicable to asthenic heat-syndrome and asthenic cold-syndrome caused by relative decline of *Yin* or *Yang*. In case of asthenic heat-syndrome caused by "heat due to *Yin*-deficiency", treatment should aim at suppressing hyperactive *Yang* by nourishing *Yin*, as is said in 《*Huangdi Neijing*》 ," Treating *Yin* for *Yang* diseases", just as what is stated by Wang Bing(王冰 a physician of the Tang Dynasty, who spent twelve years in rearranging and annotating 《*Su Wen* 》)" *Restraining Yang*(fire) by nourishing *Yin*, the root of water". In case of asthenic cold-syndrome due to *Yang*-deficiency, treatment should aim at dispelling hyperactive *Yin* by invigorating *Yang*, as is stated respectively from the same two sources: " treating *Yang* for *Yin* diseses" and " Dispersing hyperactive *Yin* by supplementing *Yang*, the source of fire" . Owing to interdependence between and interaction upon *Yin* and *Yang*, *Yin* deficiency may involve *Yang*, that is, deficiency of *Yin* af-

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fects *Yang*, and so does *Yang* deficiency to *Yin*,that is, deficiency of *Yang* affects *Yin*. Finally, deficiency of both *Yin* and *Yang* will ensue as a result. In case of deficiency of *Yin* affecting *Yang* , treatment should aim mainly at nourishing *Yin* supplemented by *Yang*–invigorating therapy, as is commonly said, "to replenish *Yin* by activating *Yang* ",because "*Yin*–essence grows normally whenever *Yang–Qi* functions properly".In case of deficiency of *Yang* affecting *Yin*, therapy should aim at primarily invigorating *Yang* supplemented by *Yin*–nourishing treatment, as the saying goes:"to invigorate *Yang* by complementing *Yin*",because " *Yang–Qi* grows normally whenever *Yin*–essence functions properly ".

10.30 Regulation of Visceral Functions

The human body is an organic whole, in which *Zang*–organs and *Fu*–organs coordinate and promote each other physiologically and interact on each other pathologically. When any of the *Zang–Fu* organs doesn't function well, all the other organs may be affected. Thus, when treating a disorder of any *Zang–Fu* organ, we consider not merely the diseased organ alone, but take into account the interrelationship between all *Zang–Fu* organs instead. For instance, a disorder of the lungs may result either from an attake of pathogens on themselves or from dysfunction of the heart, liver, spleen, kidneys and the large intestine. In case of dyspnea and cough due to impairment of descending function of the lung–*Qi* caused by deficiency of heart–*Qi* leading to stagnation of the heart blood, treatment should be aimed mainly at warming heart–*Yang* and promoting blood circulation; in case of hemoptysis caused by adverse rising

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of the hyperactive liver–*Qi* due to attack of the lungs by the liver–fire, treatment should be aimed principally at clearing away the liver–fire and sending down adversely ascending *Qi*; in case of impairment of dispersing and descending functions of the lungs resulting from production of phlegm due to insufficiency of the spleen and from stagnation of phlegm–dampness in the lungs leading to cough with copious sputum, therapy should be aimed chiefly at invigorating the spleen and eliminating the pathogenic dampness; in case of dry cough caused by consumption of *Yin*–fluid of the lungs, which fail to be nourished due to deficiency of kidney–*Yin*, kidney–nourishing and lung–moistening therapy is indicated; in case of dyspnea resulting from adverse ascending of lung–*Qi* caused by difficulty in inspiration due to kidney–deficiency, it is advisable to improve inspiration by warming the kidneys to help inspiration; and in case of dyspnea caused by dysfunction of lung–*Qi* in descent due to retention of pathogenic heat in the large intestine, it is imperative to eliminate sthenia–heat in the large intestine by purgation. Similarly, in treating disorders of other *Zang–Fu* organs we should make every effort to regulate the relationship between all *Zang–Fu* organs, enabling them to coordinate each other in functioning on the basis of the theory of their physiological interconnection and pathological interaction. Only in so doing can good results be achieved.

10.31 Regulation of *Qi* and Blood

Qi serves as the commander of blood. which, in turn,acts as the mother of *Qi* ,this referring to a close relation between them. When this interaction between them ceases to function, various

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disorders due to incoordination between them may ensue. Therefore, in treating a disease, the relationship between *Qi* and blood must be regulated to restore their coordination according to the principle of "eliminating what is in excess and make up for what is lacking". For instance, in case of deficiency of blood or deficiency of both *Qi* and blood resulting from insufficient blood formation due to deficiency of *Qi* (the function of which is to produce blood), treatment should be aimed mainly at invigorating *Qi* supplemented by replenishing blood; in case of blood stasis resulting from deficiency or stagnation of *Qi* (the function of which is to promote blood circulation), also known as blood stasis due to deficiency of *Qi* or blood stasis due to stagnation of *Qi*,treatment be aimed at invigorating *Qi* to promote blood circulation or at promoting the flow of *Qi* to activate blood circulation , thereby dissipating blood stasis; in case of syncope or hemoptysis and hematemesis due to bleeding resulting from adverse rising of *Qi* as a result of its functional disturbance, it is necessary to regulate blood flow by sending down adversely ascending *Qi*; in case of hemorrhage due to deficiency of *Qi* which fails to control blood flow, it is advisable to control blood flow by invigorating *Qi*;and in case of exhaustion of *Qi* resulting from massive hemorrhage (because deficiency of blood, the mother of *Qi*,leads to insufficiency of *Qi*), it is essential to arrest bleeding by invigorating *Qi* in acute cases on the basis of the principle of treating blood collapse by first supplementing *Qi*.

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10.32 Treatment of Disease in Accordance with Three Conditions(Seasonal Conditions, Local Conditions and Constitution of an Individual)

This is a therapeutical principle by which an appropriate method of treatment is adopted according to seasonal condiltions, local conditions, and physique, sex and age of an individual. The occurrence, development and termination of a disease are influenced by various factors, such as climatic and geograhphico–environmental conditions, and constitutional factors of an individual in particular. Therefore, in treating a disease, we must take into consideration all factors contributing to it , to make a concrete analysis of concrete conditions and deal with them in different ways. thereby working out a proper method of treatment.

10.33 Treatment in Accordance with Seasonal Conditions

The theraputical principle underlying administration of drugs according to climatic variations of different seasons is known as treatment of disease in accordance with seasonal conditions. For example, when the climate in late spring and early summer turns gradually from warm to hot and the pores of the body skin are porous, drastic sudorifics pungent in taste and warm in nature such as Chinese ephedra Herba Ephedrae and cassia(twig) Ramulus Cinnamomi have to be administered with great caution even in cases of common cold, lest *Qi–Yin* should be impaired by opening the skin pores too much. However, when

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the climate in late autumn and early winter turns from cool to cold, the pores of the body skin are compact and *Yang–Qi* is full inside the body, drugs of cold and cool nature have to be administered with great caution even in cases of febrile disease, lest *Yang* should be injured by drugs of bitter taste and cold nature. Consequently administration of different drugs to different patients according to different seasons and climates is known as treatment in accordance with seasonal conditions.

10.34 Treatment in Accordance with Local Conditions

The therapeutical principle governing administration of drugs according to geographical and environmental features of different localities is called treatment in accordance with local conditions. For example, the common cold in the northwest severely cold area is always treated with drastic sudorifics in large doses such as Chinese ephedra Herba Ephedrae and cassia(twig) Ramulus,etc. In the southeast warm area, however, it is treated usually with drugs Herba Schizonetae and Radix Ledebourielle with mild effect and in smaller doses. Drugs such as Chinese ephedra Herba Ephedrae and cassia(twig) Ramulus are rarely prescribed. In consequence, administration of different drugs to different patients according to different localities is known as treatment in accordance with local conditions.

10.35 Treatment in Accordance with Constitution of an Individual

The therapeutical principle underlying administration of drugs according to age, sex, physique, different modes of living of patients

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etc. is known as treatment in accordance with constitution of an individual. For example, an old person differs from a child not only in age but also in physiological functions and pathological manifestations. The former due to deficiency of *Qi* and blood and decline of physiological functions often suffers from deficiency–syndrome or asthenia–syndrome accompanied by sthenia–syndrome. In this case, therapy for invigoration is indicated. In case of excessive pathogens to be eliminated, purgative drugs should be prescribed with great caution and in doses smaller than those for young people or people during their prime. The latter, who due to exuberant vitality, inadequacy of *Qi* and blood and delicate and tender *Zang–Fu* organs is susceptible to cold or heat, to asthenia or sthenia, suffers from a disease with a rapid progress. For such a case, therapy for elimination of pathogens should be prescribed with great caution, and tonic therapy is rarely used. Meanwhile, the dosage for children is usually smaller. Since a male differs from a female in sex and physiological characteristics, in treating a female patient, such factors as her menstrual history, pregnancey, delivery history and leucorrhea, must be considered. In addition, patients of different constitution are usually treated with different drugs. For instance, an individual, due to overabundance of *Yang* or deficiency of *Yin* ,is treated with great caution with drugs of warm and hot nature; while one ,due to *Yang*–deficiency or *Yin*–excess is treated with great caution with medicines of cold and cool nature with *Yang*–impairing effect. As a consequence, this therapeutic principle, whereby treatment is prescribed, taking into account the human body as a whole and individual differences among different persons, is referred to as treatment in accordance with physique of an individual.

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中医学基础

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序

《英汉实用中医药大全》即将问世，吾为之高兴。

歧黄之道，历经沧桑，永盛不衰。吾中华民族之强盛，由之。世界医学之丰富和发展，亦由之。然而，世界民族之差异，国别之不同，语言之障碍，使中医中药的传播和交流受到了严重束缚。当前，世界各国人民学习、研究、运用中医药的热潮方兴未艾。为使吾中华民族优秀文化遗产之一的歧黄之道走向世界，光大其业，为世界人民造福，徐象才君集省内外精英于一堂，主持编译了《英汉实用中医药大全》。是书之问世将使海内外同道欢呼雀跃。

世界医学发展之日，当是歧黄之道光大之时。

吾欣然序之。

中华人民共和国卫生部副部长
兼国家中医药管理局局长
世界针灸学会联合会主席
中国科学技术协会委员
中华全国中医学会副会长
中国针灸学会会长

胡熙明

1989年12月

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序

中华民族有同疾病长期作斗争的光辉历程，故而有自己的传统医学——中国医药学。中国医药学有一套完整的从理论到实践的独特科学体系。几千年来，它不但被完好地保存下来，而且得到了发扬光大。它具有疗效显著、副作用小等优点，是人们防病治病，强身健体的有效工具。

任何一个国家在医学进步中所取得的成就，都是人类共同的财富，是没有国界的。医学成果的交流比任何其他科学成果的交流都应进行得更及时，更准确。我从事中医工作30多年来，一直盼望着有朝一日中国医药学能全面走向世界，为全人类解除病痛疾苦做出其应有的贡献。但由于用外语表达中医难度较大，中国医药学对外传播的速度一直不能令人满意。

山东中医学院的徐象才老师发起并主持了大型系列丛书《英汉实用中医药大全》的编译工作。这个工作是一项巨大工程，是一种大型科研活动，是一个大胆的尝试，是一件新事物。对徐象才老师及与其合作的全体编译者夜以继日地长期工作所付出的艰苦劳动、克服重重困难所表现出的坚韧不拔的毅力，以及因此而取得的重大成绩，我甚为敬佩。作为一个中医界的领导者，对他们的工作给予全力支持是我应尽的责任。

我相信《英汉实用中医药大全》无疑会在中国医学史和世界科学技术史上找到它应有的位置。

中华全国中医学会常务理事
山东省卫生厅副厅长

张奇文

1990年3月

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出 版 前 言

中国医药学是我中华民族优秀文化遗产之一，建国以来由于党和国家对待中医药采取了正确的政策，使中医药理论宝库不断得到了发掘整理，取得了巨大的成绩。当前，世界各国人民对中国医药学的学习和研究热潮日益高涨，为促进这一热潮更加蓬勃的发展，为使中国医药学能更好地为全人类解除病痛服务，就必须促进中医中药在世界范围内的传播和交流，而要使这一传播和交流进行得更及时、更准确，就必须首先排除语言障碍。因此，编译一套英汉对照的中医药基本知识的书籍，供国内外学习、研究中医药时使用，已成为国内外医药学界和医药学教育界许多人士的迫切需要。

多年来，在卫生部门的号召下，在"中医英语表达研究"方面，已经作出了一些可喜的成绩。本书《英汉实用中医药大全》的编辑出版就是在调查上述研究工作的历史和现状的基础上，继续对中医药英语表达作较系统、较全面的研究，以适应中国医药学对外传播交流的需要。

这部"大全"的版本为英汉对照，共有21个分册，一个分册介绍论述中国医药学的一个分科。在编著上注意了中医药汉文稿的编写特色，在内容上注意了科学性、实用性、全面性和简明易读。汉文稿的执笔撰写者主要是有20年以上实践经验的教授、副教授、主任医师和副主任医师。各分册汉文稿撰写成后，均经各学科专家逐一审订。各分册英文主译、主审主要是国内既懂中医又懂英语的权威人士，还有许多中医院校的英语教师及医药卫生部门的专业翻译人员。英译稿脱稿后，经过了复审、终审，有些译稿还召开全国22所院校和单位人员参加的英译稿统稿定稿

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研讨会，对英译稿进行细致的研讨和推敲，对如何较全面、较系统、较准确地用英语表达中国医药学进行了探讨，从而推动整个译文达到较高水平，因此，这部“大全”可供中医院校高年级学生作为泛读教材使用。

这部“大全”的编纂得到了国家教育委员会、国家中医药管理局、山东省教育委员会、山东省卫生厅等各部门有关领导的支持。在国家教委高等教育司的指导下，成立了《英汉实用中医药大全》编译领导委员会。还得到了全国许多中医院校和中药生产厂家领导的支持。

希望这部“大全”的出版，对中医院校加强中医英语教学，对国内卫生界培养外向型中医药人才，以及在推动世界各国人民对中医药的学习和研究方面，都将产生良好的影响。

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前　言

《英汉实用中医药大全》是一部以中医基本理论为基础，以中医临床为重点，较为全面系统、简明扼要、易读实用的中级英汉学术性著作。它的主要读者是：中医药院校高年级学生和中青年教师，中医院的中青年医生和中医药科研单位的科研人员，从事中医对外函授工作的人员和出国讲学或行医的中医人员，西学中人员，来华学习中医的外国留学生和各类进修人员。

由于中国医药学为我中华民族之独有，因此，英译便成了本《大全》编译工作的重点。为确保译文能准确表达中医的确切含义，我们邀集熟悉中医的英语人员、医学专业翻译人员、懂英语的中医药人员乃至医古文人员于一堂，共同翻译、共同对译文进行研讨推敲的集体翻译法，这样，就把众人之长融进了译文质量之中。然而，即使这样，也难确保译文都能尽如人意。汉文稿虽反映了中国医药学的精髓和概貌，但也难能十全十美。我衷心地盼望读者能提出批评和建议，以便《大全》再版时修改。

参加本《大全》编、译、审工作的人员达200余名，他们来自全国28个单位，其中有山东、北京、上海、天津、南京、浙江、安徽、河南、湖北、广西、贵阳、甘肃、成都、山西、长春等15所中医学院，还有中国中医研究院，山东省中医药研究所等中医药科研单位。

山东省教育委员会把本《大全》的编译列入了科研计划并拨发了科研经费，山东省卫生厅和一些中药生产厂家也给了很大支持，济南中药厂的资助为编译工作的开端提供了条件。

本《大全》的编译成功是全体编译审者集体劳动的结晶，是各有关单位主管领导支持的结果。在《大全》各分册即将陆续出

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版之际，我诚挚地感谢全体编译审者的真诚合作，感谢许多专家、教授、各级领导和生产厂家的热情支持。

愿本《大全》的出版能在培养通晓英语的中医人才和使中医早日全面走向世界方面起到我所期望的作用。

主编　徐象才

于山东中医学院

1990年3月

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说　明

《中医学基础》是《英汉实用中医药大全》的第1分册。

本分册共有概论、阴阳五行、脏象、气血津液、经络、诊法、病因、病机、辨证论治、防治法则等10章，采用了章下不设节而设词条的编写方法以方便读者查阅。全册共收入词条617首，用简洁的语言阐明了中医学基本理论中重要且常用术语的概念，从而达到了用尽可能少的文字介绍完中医学的基本理论，基本知识和基本技能的目的。

本分册汉文稿经刘燕池教授审校，英文稿由刘炎南教授主审并经过了以孙祥燮教授为首的集体研讨。

编　者

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1 绪论

1.1 中医学

中医学是研究人体生理、病理，以及疾病的诊断和防治等的一门科学，它具有独特而完整的理论体系和丰富的临床实践经验。它有数千年的历史，是中国人民长期同疾病作斗争的经验总结，是中国优秀文化宝库的一个重要组成部分。在古代摸索的唯物论和辩证法思想的影响和指导下，经过长期的医疗实践，逐步形成并发展成为独特的医学理论体系，为中国人民的保健事业和中华民族的繁衍昌盛作出了巨大贡献，也为丰富和发展世界医学作出了重要贡献。

1.2 中医学理论体系

由阴阳五行、脏腑、经络、病机、病证、诊法、治则、养生、运气等学说组成。它受古代唯物论和辩证法思想的深刻影响，以整体观念为主导思想，以脏腑经络的生理和病理为基础，以辨证论治为诊疗特点。

1.3 中医学的基本特点

中医学在对人体的生理功能和病理变化的认识，以及在疾病的诊断和治疗等方面，均有许多特点。如把人体看成是以脏腑经络为内在联系的有机整体，认为人体与自然界有着密切的联系；认识到“六淫”、“七情”等在疾病发生上的意义，既不排除外界治病因素的影响，又重视机体内因的重要作用；在诊断上以“四诊”为方法，以“八纲”为辨证纲领，以“脏腑辨证”、“六经辨证”、“卫气营血辨证”和“三焦辨证”为基本内容的辨证理论；在防治上，

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重视预防，主张“治未病”，并提出“治病求本”和因人、因时、因地施治等一系列治疗原则。上述特点，概括起来，不外整体观念和辨证论治两个方面。

1.4 整体观念

即中医学对人体自身的完整性、统一性以及对人与自然界相互关系的整体认识。人体是由若干脏器和组织、器官所组成的，各种脏器、组织或器官，都有着各自不同的功能，这些不同的功能又都是整体活动的一个组成部分。它们在组织结构上是不可分割的，在生理上是相互联系、相互制约的，在病理上是相互影响的，从而决定了机体的整体统一性。人类生活在自然界中，自然界存在着人类赖以生存的必要条件，同时，自然界的变化又可以直接或间接地影响人体，而机体则相应地产生反应，因此决定了人与自然界有着密切的联系。

1.5 辨证论治

辨，是综合分析之意。证，是由症状构成的，但不是简单的症状组合，而是机体在疾病过程中的某一个阶段的病理概括，它包括病位、病因与疾病的性质及正邪关系等。

辨证，是将四诊所收集的资料、症状和体征，通过分析、综合，辨清疾病的原因、性质、部位及正邪间的关系，概括、判断为某种性质的证。论治，即根据辨证的结果，确定相应的治疗原则和方法。通过辨证而论治，称为“辨证论治”。它是中医认识疾病和治疗疾病的基本原则，是中医学对疾病的最普遍的研究和处理方法。

1.6 同病异治

一个病的不同阶段，可以出现不同证，因此，治疗方法也就不同，即所谓“同病异治”。如麻疹，因病变的发展阶段不同，治

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疗方法也不同，即初起麻疹未透，直发表透疹；中期肺热明显，常须清肺；而后期则多为余热不尽；肺胃阴伤，宜用养阴清肺法。

1.7 异病同治

不同的疾病，在其发展过程中又可出现相同的证，故可用同样的方法来治疗，即所谓“异病同治”。如久病脱肛、子宫下垂等，是不同的病，但是若均表现为中气下陷证，就都可以用升提中气的方法治疗。

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2 阴阳五行

2.1 阴阳学说

阴阳，是中国古代哲学的一对范畴。阴阳最初含义是很朴素的，是指日光的向背，向日为阳，背日为阴。后来引伸为气候的冷暖，方位的上下、左右、内外，运动状态的躁动和宁静等。古代思想家观察到一切现象都有正反两个方面，就用阴阳这个概念来解释自然界两种对立和相互消长的物质势力，并认为阴阳的对立和消长是事物本身所固有的，如《易传》中说："一阴一阳之谓道"，强调了阴阳的对立和消长是宇宙的基本规律。

阴阳，是对自然界相互关联的某些事物和现象对立双方的概括，含有对立统一的概念。阴和阳，既可代表相互对立的两个事物，又可用以分析一个事物内部所存在着的相互对立的两个方面。一般地说，凡是活动的，外在的，温热的，明亮的，功能的，机能亢进的，都属于"阳"；凡是沉静的，内在的，下降的，寒冷的，晦暗的，物质的，机能衰减的，都属于"阴"。

阴阳学说是中国古代的一种朴素的对立统一理论，它力图用阴阳的对立统一来说明宇宙万物运动的源泉、运动的最基本形式以及万事万物形成和毁灭的原因。

古代医家将阴阳学说作为中医学的论理工具，用于人体的生理、病理及疾病的诊断和治疗等方面，使中医学理论得到了较大的发展。

2.2 阴阳的对立统一

自然界一切事物或现象都存在着相互对立的阴阳两个方面。

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如以四时气候变化而言，从冬至春及夏，气候从寒冷逐渐转暖变热，即是“阴消阳长”的过程。由夏至秋及冬，气候由炎热逐渐转凉变寒，即是“阳消阴长”的过程。又如以人体的生理功能而言，白天阳盛，故机体的生理功能也以兴奋为主；黑夜阴盛，故机体的生理功能也以抑制为主。子夜一阳生，日中阳气盛，机体的生理功能由抑制逐渐转向兴奋，即是“阴消阳长”的过程；日中至黄昏，阳气渐衰，阴气渐盛，机体的生理功能也从兴奋逐渐转向抑制，即是“阳消阴长”的过程。所以说，阴阳的消长，是在动态中求得平衡的表现。

2.5 阴阳的转化

阴阳对立的双方，在一定的条件下，可各自向其相反的方向转化，即阴可以转化为阳，阳也可以转化为阴。如果说“阴阳消长”是一个量变过程的话，那么阴阳转化便是在量变基础上的质变，而且大多是有一个由量变到质变的渐变过程。

从四季气候变迁来看，由春温发展到夏热之极点，就是向寒凉转化的起点；秋凉发展到冬寒之极点，就是向温热转化的起点。热在“极”的条件下，便可向寒的方向转化，寒在“极”的条件下，便可向热的方向转化。从人体生命活动过程中看，在生理上，物质与功能之间的新陈代谢过程，如营养物质（阴）不断地转化为功能活动（阳）；功能活动（阳）又不断地转化为营养物质（阴），这就是阴阳转化的表现。需指出的是，阴阳的相互转化是有条件的，不具备一定的条件，两者就不能各自向相反的方向转化。

2.6 人体组织结构的阴阳属性

人体是一个有机整体，人体内部充满着阴阳对立统一的关系。故《素问·宝命全形论》说：“人生有形，不离阴阳。”

人体脏腑组织的阴阳属性，一般认为，上部为阳，下部为

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阴；体表属阳，体内属阴。就背腹四肢内外侧来说，背属阳，腹属阴；四肢外侧为阳，四肢内侧为阴。以脏腑来分，五脏藏精气为阴，六腑传化物为阳。具体到每一脏腑，又有阴阳之分，即心有心阴、心阳；肾有肾阴、肾阳等等。

2.7 阴平阳秘

阴平阳秘，即阴阳平秘。此指阴阳二者贵在平衡协调。人体的正常生命活动，是阴阳两个方面保持着对立统一的协调关系的结果。如以功能与物质相对而言，功能属于阳，物质属于阴，物质与功能之间的关系，就是这种对立统一关系的体现。人体的生理活动是以物质运动为基础的，没有物质的运动就不能产生生理功能，而生理活动的结果，又不断地促进着物质的新陈代谢。人体功能与物质的关系，是阴阳相互依存、相互消长的关系，阴阳相互间维持着动态的相对平衡，是人体健康的标志，故中医学十分强调人体阴平阳秘的生理关系。

2.8 阴阳偏胜

阴阳偏胜，指阴胜或阳胜，是属于阴或阳任何一方超越了正常水平，从而引起亢盛的病理变化。根据阴阳动态平衡的原理，阴或阳任何一方的偏胜，必然导致另一方相对的不足。由阴阳偏胜所致的疾病，其主要矛盾在于阴或阳的偏胜，即阴邪或阳邪的偏胜。

2.9 阳偏胜

阳偏胜，是指属阳的一方高于正常水平的病理变化，即为阳邪胜。《素问·阴阳应象大论》指出："阳胜则阴病"，"阳胜则热"。

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2.10 阳胜则阴病

阳胜一般是指阳邪致病，是阳的绝对亢盛。阳偏胜必然要伤阴，故说阳胜则阴病。

2.11 阳胜则热

阳主热，故阳邪胜则出现热证，此为实热证。

2.12 阴偏胜

阴偏胜，是指属阴的一方高于正常水平的病理变化，即为阴邪胜。《素问·阴阳应象大论》指出："阴胜则阳病"，"阴胜则寒"。

2.13 阴胜则阳病

阴胜一般是指阴邪致病，是阴的绝对偏盛。阴偏胜必然要伤阳，故说阴胜则阳病。

2.14 阴胜则寒

阴主寒，故阴邪胜则出现寒证，此为实寒证。

2.15 阴阳偏衰

阴阳偏衰，指阴虚或阳虚，是属于阴或阳低于正常水平的病理变化。《素问·调经论》指出："阳虚则外寒，阴虚则内热。"根据阴阳动态平衡的原理，阴或阳任何一方的不足，必然导致另一方相对的亢盛。由阴阳偏衰所致的疾病，其主要矛盾在于阳或阴的虚衰不足。

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2.16 阳偏衰

阳偏衰，即阳虚，是人体的阳气虚损。阳虚不能制约阴，则阴相对的偏盛而出现虚寒之象，故有“阳虚则寒”之说。阳偏衰产生虚寒证。

2.17 阴偏衰

阴偏衰，即阴虚，是人体的阴液不足。阴虚不能制约阳，则阳相对的偏亢而出现虚热之象，故有“阴虚则热”之说。阴偏衰产生虚热证。

2.18 阳损及阴

阴阳具有互根的关系，在病理情况下，当机体的阳气虚损到一定程度时，因阳虚不能化生阴液，故继而可出现阴虚的现象，称为“阳损及阴。”

2.19 阴损及阳

阴阳具有互根的关系，在病理情况下，当机体的阴液虚损到一定程度时，因阴虚不能化生阳气，故继而可出现阳虚的现象，称为“阴损及阳”。

2.20 阴中求阳

是对阳虚证提出的治疗方法。由于阴阳互根，故在治疗阳虚证时，要在补阳的药物中适当配用滋阴药，以使阳气的化生更有基础。

2.21 阳中求阴

是对阴虚证提出的治疗方法。由于阴阳互根，故在治疗阴虚证时，要在滋阴的药物中适当配用助阳药，以增强阴液化生的动力。

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2.22 用阴阳属性归纳药物的性能

中医学对药物的性能的认识，主要是从气、味和升降浮沉等方面加以分辨的，而药物的气、味和升降浮沉都可以借助于阴阳学说的理论进行归纳。

药性：主要是寒、热、温、凉四种药性，又称"四气"。其中寒凉属阴（凉次于寒），温热属阳（温次于热）。能减轻或消除热证的药物，一般属于寒性或凉性，如黄芩、栀子等；反之，能减轻或消除寒证的药物，一般属于温性或热性，如附子、干姜之类。

五味：即是辛、甘、酸、苦、咸五味。此外，还有淡味。其中辛、甘、淡属阳，酸、苦、咸属阴。

升降浮沉：升是上升，降是下降，浮为浮散，沉为重镇等作用。大抵具有升阳发表、祛风散寒、涌吐、开窍等功效的药物，多上行向外，其性升浮，升浮者为阳；而其有泻下、清热、利尿、重镇安神、潜阳熄风、消导积滞、降逆、收敛等功效的药物，多下行向内，其性沉降，沉降者为阴。

临床治疗疾病，须根据病证的阴阳偏胜偏衰的情况，结合药物性能的阴阳属性，选择相应的药物，以纠正阴阳失调。从而达到治病的目的。

2.23 五行学说

五，指木、火、土、金、水五种物质元素；行，是运行，即运动。五行，即木、火、土、金、水五种物质的运动。五行学说，是古人用木、火、土、金、水五种物质为代表，阐明事物的属性和它们之间的相互关系的论理工具，属于古代朴素的系统理论。

五行学说，以五行之间的生、克关系来阐释事物之间的相互联系，认为任何事物都不是孤立的、静止的，而是在不断地相

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生、相克的运动中维持着协调平衡的。这即是五行学说的基本涵义，也是我国古代唯物辩证观的主要依据。

中医学理论体系在其形成过程中，受到五行学说的极其深刻地影响，它是中医学独特理论体系的重要组成部分，在中医学术的发展中起了重要作用。

2.24 五行相生

相生，是指一类事物对另一类事物具有促进、助长和资生的作用。

古代思想家在实践中发现，自然界存在着这样一种普遍现象：一事物常常紧接着另一事物出现，或一事物受着其它事物的促进等积极影响，从而归纳出五行相生的理论。在自然界或生命过程中，均存在着这种现象，同时有赖于这种积极的促进作用，自然界才有繁茂的景象，生命过程才有生生之机。

五行相生的规律和次序是：木生火，火生土，土生金，金生水，水生木。

2.25 五行相克

相克，又称相胜，是指一类事物对于另一类事物具有抑制、约束作用。

古代思想家在发现自然界存在着相生规律的同时，意识到还存在着另一种性质相反的普遍现象：一事物常常受着其它事物的抑制和约束，遂将这种普遍现象归纳为五行相克理论。正是由于这种抑制和约束作用的存在，自然界和生命过程才得以表现出既有蓬勃生机，又不至于过分亢奋为害。

五行相克的规律和次序是：木克土，土克水，水克火，火克金，金克木。

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2.26 五行相乘

乘，欺凌之意。五行相乘，是指“一行”对其所胜的“一行”过度克制，故又称“倍克”。例如，木过于强盛，则克土太过，造成土的不足，即称为“木乘土”。

2.27 五行相侮

侮，即欺侮，此指“反侮”。五行相侮，是“一行”对其所不胜的“一行”的反侮，又称“反克”。例如：木本受金克，但在木特别强盛时，不仅不受金的克制，反而对金进行反侮（即反克），称作“木侮金”。

2.28 五行的特性

五行的特性，是古人在对木、火、土、金、水五材的朴素认识的基础上，进行抽象而逐渐形成的理论概念，用以分析各种事物的五行属性和研究事物之间相互联系的基本法则。

五行的特性是：木曰曲直，火曰炎上，水曰润下，金曰从革，土爰稼穑。即木具有生长、升发、条达的特性；火具有温热、上升的特性；土具有生化、受纳的特性；金具有清洁、肃降、收敛的特性；水具有滋润、向下的特性。

2.29 虚则补其母

虚则补其母，是根据五行相生中的母子关系，针对属虚的病证，在运用相生规律时提出的治疗原则。

补母，主要用于母子关系的虚证，如肾阴不足，不能滋养肝木，而致肝阴不足者，称为水不生本或水不涵木。其治疗，不直接治肝，而补肾之虚。因为肾水为肝木之母，肾水生肝木，所以补肾水以生肝木。在针灸疗法中，凡是虚证，可补其所属的母经或母穴，如肝虚证取用肾经合穴阴谷来治疗。此即“虚则补其

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母”，补母则子安。

2.30 实则泻其子

实则泻其子，是根据五行相生中的母子关系，针对属实的病证，在运用相生规律时提出的治疗原则。

泻子，主要用于母子关系的实证。如肝火炽盛，有升无降，出现了肝实证，肝木是母，心火是子，这种肝之实火的治疗，可采用泻心法，泻心火有助于泻肝火。在针灸疗法中，凡实证，可泻其所属的子经或子穴。如肝实证可取心经荥穴少府，或本经荥穴行间治疗。此即“实则泻其子”，泻子则使母安。

2.31 滋水涵木法

水，肾也；木，肝也。滋水涵木，即滋养肾阴以养肝阴的方法，又称滋肾养肝法、滋补肝肾法。适用于肾阴亏损而导致的肝阴不足之证。

2.32 益火补土法

在五脏配属五行之中，火指心而言，但自命门学说兴起，对机体的温煦，多言为命门之火的作用，即肾阳的作用，如此，本法所言之火，乃指肾阳。土，脾也。本法是温肾阳以补脾阳的一种方法，又称温肾健脾法、温补脾肾法。适用于肾阳衰微而致脾阳不振之证。

2.33 金水相生法

金水，乃肺、肾两脏。金水相生，是滋养肺肾阴虚的一种治疗方法，又称补肺滋肾法、滋养肺肾法。金水相生是肺肾同治的方法，有“金能生水，水能润金之妙”。适用于肺虚不能输布津液以滋肾，或肾阴不足，精气不能上滋于肺，而致肺肾阴虚者。

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2.34 培土生金法

土，脾也；金，肺也。培土生金法，是用补脾益气而达到补益肺气的方法，又称补养脾肺法。适用于脾胃虚弱，不能滋养肺脏而肺虚脾弱之证。

2.35 培土制水法

土和水，乃脾肾两脏。培土制水，是温运脾阳，或温肾健脾以治疗水湿停聚为病的一种方法，又称温肾健脾法。适用于脾虚不运，水湿泛滥而致水肿胀满之证。若肾阳虚不能温脾阳，则肾不主水，脾不制水，水湿不化，治当温肾为主，兼顾健脾。

2.36 抑木扶土法

木和土，乃肝脾两脏。抑木扶土，是用疏肝健脾治疗肝旺脾虚的一种方法，又称疏肝健脾法、平肝和胃法、调理肝脾法。适用于肝的疏泄太过，木旺乘土之证。

2.37 佐金平木法

金和木，乃肺肝两脏。佐金平水，是清肃肺气以抑制肝木的一种治法，又称清肺泻肝法。适用于肺失清肃肝火偏盛之证。

2.38 泻南补北法

心主火，火属南方；肾主水，水属北方。泻南补北法，即泻心火滋肾水的治疗方法，又称泻火补水法。适用于肾阴不足，心火偏旺，水火不济，心肾不交之证。此外，肾为水火之脏，肾阴虚亦能使相火偏旺，也称水不制火，但此涵义与五行的"心火"不可混为一谈。

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3 脏象

3.1 脏象

脏，古作“藏”，多指藏于体内的内脏；象，主要是指表现于外的生理、病理现象。如张景岳在《类经》中说：“脏，藏也……。象，形象也。脏居于内，形见于外，故曰脏象。”

3.2 脏象学说

即通过对人体生理、病理现象的观察，研究人体各个脏腑的生理功能、病理变化及其相互关系，以及脏腑组织器官与外界环境相互关系的学说。

3.3 五脏

即心、肺、脾、肝、肾，合称为“五脏”。脏，在《黄帝内经》中写作“藏”，有隐藏和贮藏之意。它们的共同生理特点，是化生和贮藏精气。

3.4 六腑

即胆、胃、小肠、大肠、膀胱、三焦，合称为“六腑”。腑，在《黄帝内经》中写作“府”，有场舍、府库之意。它们的共同生理功能特点，主要是受盛和传化水谷。

3.5 奇恒之腑

奇，异也；恒，常也。“奇恒”二字，是异常之意。奇恒之腑有六，即脑、髓、骨、脉、胆、女子胞。此六者，在形态上多属于中空而有与六腑的贮藏精气的作用，故称它们为“奇恒之腑”。

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3.6 心

中医学的心有血肉之心和神明之心。血肉之心居于胸腔，膈膜之上，圆而尖长，形似倒垂未开的莲蕊，有心包卫护在外。

心为神之居，主血脉，神是气血所化，故有神明之心。心在五行中属火，为阳中之太阳，起主宰生命活动的作用。心的生理功能主要有两个方面，一是主血脉，二是主神志。心开窍于舌，其华在面，在志为喜，在液为汗。在经络关系上，手少阴心经与手太阳小肠经在心与小肠之间相互络属，故心与小肠相表里。

3.7 心主血脉

心主血脉，包括主血和主脉两个方面。

全身的血，都在脉中运行，依赖于心气的推动作用面输送到全身，发挥其濡养作用。心气充沛，则能维持正常的心力、心率和心律。若心气不足，可引起心血管系统的诸多病变。

脉，即血脉，又称经脉，为血之府。脉是血液运行的通道。

3.8 心主神志

心主神志，即是心主神明，或称心藏神。神有广义和狭义之分。广义的神，是指整个人体生命活动的外在表现，即机体表现于外的“形征”，也就是通常所说的“神气”。狭义的神，即是心主所主的神志，是指人的精神、意识、思维活动。在现代生理学认为，这是大脑的生理功能，是大脑对外界事物的反映。

3.9 心在志为喜

心在志为喜，是指心的生理功能与精神情志的“喜”有关。喜，即欢快、喜悦。喜一般是对外界良性刺激的反应，有益于心主血脉等生理功能，能使血脉通利，气血调和。但喜乐过度，则又可使心神受伤。从心主神志的生理功能状况来分析，又有太过

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与不及的变化，一般说来，心主神志的功能过亢，则使人喜笑不止；心主神志的功能不及，易使人悲伤。

3.10 心在体合脉，其华在面

脉，指血脉。心合脉，是指全身的血脉都属于心。

华，是光彩、精华之意。其华在面，是由于头面部的血脉极为丰富，心的生理功能正常与否，可通过面部的色泽变化表现出来。如心气旺盛，血脉充盈，面部红润有泽；心气不足，则可见面色㿠白、晦滞；血虚则面色无华；血瘀则面色青紫等。

3.11 心在液为汗

汗液，是津液通过阳气的蒸腾气化后，从汗孔排出的液体。汗液的排泄，赖于卫气对腠理的开合作用：腠理开，则汗液排泄；腠理闭，则无汗。由于汗为津液所化生，血与津液又同出一源，因此有"汗血同源"之说。血为心所主，故说"汗为心之液"。

3.12 心开窍于舌

舌为心之外候，故称心开窍于舌，又称"舌为心之苗"。舌的功能是主司味觉和表达语言，其功能正常与否，有赖于心主血脉和心主神志的生理功能。舌体的血管极为丰富。如心的功能正常，则舌体红活荣润，柔软灵活，味觉灵敏，语言流利。如心有病，可以从舌上反映出来。故通过望舌，可以观察心的功能是否正常。

3.13 肺

肺位于胸腔，左右各一。由于肺位最高，故称"华盖"。因肺叶娇嫩，不耐寒热，易被邪侵，故又称"娇脏"。

肺为魄之处、气之主，在五行属金。肺的主要功能是：主气、司呼吸，主宣发肃降，通调水道，朝百脉而主治节，以辅佐

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心脏调节气血的运行。肺上通喉咙，外合皮毛，开窍于鼻，在志为忧，在液为涕。在经络关系上，手太阴肺经与手阳明大肠经相互络属于肺与大肠，故肺与大肠相表里。

3.14 肺主气、司呼吸

肺主气司呼吸功能包括：主一身之气和呼吸之气两个方面。

主呼吸之气：指肺是体内外气体交换的场所，通过肺的呼吸运动，实现体内外气体的交换。肺不断地呼浊吸清，促进着气的生成，调节着气的升降出入运动，从而保证了人体新陈代谢的正常进行。所以《素问·阴阳应象大论》说："天气通于肺"。

主一身之气：此功能主要体现在气的生成和对全身气机的调节作用两个方面。宗气的生成，主要依靠肺吸入的清气与脾胃运化的水谷精气相结合。肺的呼吸功能健全与否，直接影响着宗气的生成，同时也影响着全身之气的生成。肺的呼吸运动，是气的升降出入运动的表现，肺有节律地一呼一吸，对全身之气的升降出入运动起着重要的调节作用。

3.15 肺主宣发和肃降

宣发，即宣布和发散之意，是指肺气向上的升宣和向外的布散；肃降，即清肃、洁净和下降之意，是肺气向下的通降和使呼吸道保持洁净。

宣发的生理功能，主要体现在三个方面：一是通过肺的气化，排出体内的浊气；二是将脾所转输的津液和水谷精微，布散到全身，外达于皮毛；三是宣发卫气，调节腠理之开合，将代谢后的津液化为汗液，排出体外。

肃降的生理功能，主要体现在三个方面：一是吸入自然界的清气；二是将吸入的清气和脾转输来的津液和水谷精微向下布散；三是肃清肺和呼吸道内的异物，以保持呼吸道的洁净。

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3.16 肺主通调水道

通，即疏通；调，即调节；水道，是水液运行和排泄的道路。肺对水液的疏通和调节作用，称为“通调水道”。

通调水道的功能，是指肺的宣发和肃降对体内水液的输布、运行和排泄起着疏通和调节作用。肺主宣发，不但将津液和水谷精微宣发于全身，而且主司腠理的开合，调节汗液的排泄；肺气的肃降，不但将吸入的清气下纳于肾，而且也将体内的水液不断地向下输送，而成为尿液生成之源，经肾和膀胱的气化作用，生成尿液而排出体外。

3.17 肺朝百脉

朝，即聚会之意。肺朝百脉，是指全身的血液，都通过经脉而聚会于肺，通过肺的呼吸，进行气体的交换，然后再输布到全身。血的运行，有赖于气的推动，随着气的升降而运行至全身。肺主一身之气，由于肺主呼吸，调节着全身的气机，所以血液的运行，亦赖于肺气的敷布和调节。

3.18 肺主治节

治节，即治理和调节之意。肺的治节作用，主要体现于四个方面：一是肺主呼吸，使人体的呼吸运动有节奏地进行；二是随着肺的呼吸运动，治理和调节着全身的气机，即调节气的升降出入的运动；三是由于调节着气的升降出入运动，因而辅助心脏，推动和调节血液的运行；四是由于肺的宣发和肃降，治理和调节津液的输布、运行和排泄。

肺主治节，实际上是对肺的主要生理功能的高度概括。

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3.19 肺在志为悲（忧）

忧和悲的情志变化，虽略有不同，但对人体生理功能的影响大致相同，故忧和悲同属于肺志。忧愁和悲伤，均属于非良性刺激的情绪反映，对人体的气有消耗作用。由于肺主气，所以悲忧易于伤肺。另外，在肺虚时，机体对非良性刺激的耐受性就会降低，易于产生悲忧的情绪变化。

3.20 肺在体合皮，其华在毛

人身之表，指皮毛。皮毛，包括皮肤、汗腺、毫毛等组织。皮毛依赖于卫气和津液的温养和润泽，成为抵御外邪侵袭的屏障。由于肺主气属卫，具有宣发卫气、输精于皮毛等生理功能，所以肺与皮毛有着密切的关系。

肺的生理功能正常，则皮肤致密，御邪能力强。反之，抵御外邪侵袭的能力低下，可出现多汗和易于感冒，或皮毛憔悴枯槁等现象。由于肺和皮毛相合，所以在外邪侵犯皮毛，致腠理闭塞，卫气郁滞的同时，也常常影响肺气的宣发；外邪侵肺，肺气不宣，也可招致腠理闭塞，卫气郁滞等病理变化。

3.21 肺在液为涕

鼻为肺窍，在正常情况下，鼻涕润泽鼻窍而不外流。若肺寒，则鼻流清涕；肺热，则涕黄浊；肺燥，则鼻干。

3.22 肺开窍于鼻

鼻与喉相通而联于肺，鼻和喉是呼吸的门户，故有“鼻为肺之窍”、“喉为肺之门户”之说。鼻的嗅觉与喉部的发音，都是肺气的作用。肺气和、呼吸利，则嗅觉灵敏，声音能彰。如外邪袭肺，多从鼻喉而入，可见鼻塞、流涕、喷嚏、喉痒、音哑和失音等病症。

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3.23 脾

脾位于中焦，在膈之下。

脾的主要生理功能，是主运化、升清和统摄血液。人体的消化运动，有赖于脾的运化和升清功能。维持人体生命活动和生化气血津液的运动，又有赖于脾和胃共同的生理功能，所以称脾胃为气血生化之源，"后天之本"。脾开窍于口，其华在唇，在五行属土，在志为思，在液为涎，主肌肉与四肢。在经络关系上，足太阴脾与足阳明胃经，相互络属于脾胃，脾与胃相表里。

3.24 脾主运化

运，即运输、转输；化，即消化、吸收、化生。脾主运化，即是指脾对饮食物的消化、吸收及其对精微的转输作用。脾的运化作用，主要表现在对食物和水液的运化两个方面。

脾对食物的运化作用，是指食物经胃腐熟后，须赖于脾的运化功能，才能摄取其精微，并须赖于脾的转输和散精功能，才能把食物中的精微布散到全身。脾的运化食物精微的功能旺盛，人体才能得到充分的营养，才能发挥正常功能。若脾失健运，则机体的消化吸收因之而失常，而出现腹胀、便溏、食欲不振、倦怠、消瘦，甚至气血生化不足等病变。

脾对水液的运化作用，是指脾对水液的吸收、转输和布散功能，即是对被吸收的水谷精微中的液体部分，能及时地转输至肺，由肺敷布全身，以发挥其滋润和濡养作用。多余的水液，通过肺、肾等脏的气化作用，化为汗和尿排出体外。因此，脾的运化水液功能健旺，就能防止水液在体内停滞，也就防止湿、痰、饮等病理产物的生成。反之。脾的运化水液功能减退，将会导致水液在体内的停滞，而产生湿、痰、饮等病理产物，甚则导致水肿。

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3.25 脾主升清

升：上升；清，指水谷精微。脾主升清，是指脾对水谷精微等营养物质的吸收和上输于心、肺、头目，并通过心肺的作用，以化生气血营养全身的作用。

脾的升清，是与胃的降浊相对而言，是脾的运动特点，脾的升清功能正常，水谷精微等营养物质才能吸收和正常输布，脾气升发，则元气充沛，人体则有生生之机。此外，脾的升清作用，能使人体内脏固定于一定位置。若脾失升清，则水谷不能运化，气血生化无源，可出现神疲乏力、头目眩晕、腹胀、泄泻等病症。脾失去升发功能即可导致脾气下陷，则可见久泄脱肛，甚或内脏下垂等病变。

3.26 脾主统血

统，是统摄、控制之意。脾主统血，是指脾具有统摄血液在经脉中流行，防止逸出脉外的功能。

脾统血的主要机制，是脾气的固摄作用。脾主统血，与脾为气血生化之源密切相关。若脾的运化功能减退，则气血生化无源，气血虚亏；气的固摄功能减退，而导致各种出血证。

3.27 脾在志为思

思，即思考、思虑，是人的思维活动的一种状态。思，虽为脾之志，但亦与心主神明有关。正常的思考，对人体的生理活动并无不良的影响，但在思虑过度、所思不遂等情况下，就能影响人体的正常生理活动，而导致气滞和气结的病证。如思虑过度，气结于中，影响了脾的运化和升清功能，可见到不思饮食，脘腹胀闷，头目眩晕等症。

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3.28 脾在体合肉

脾胃为气血生化之源，全身的肌肉，依赖于脾胃所运化的水谷精微来营养，才能使肌肉发达丰满，臻于健壮。因此，人体肌肉的壮实与否，与脾胃的运化功能相关，脾胃的运化功能障碍，必致肌肉瘦削，软弱无力，甚至痿废不用。

3.29 脾在液为涎

涎为口津，是唾液中较清稀者。涎具有保护口腔粘膜、润泽口腔的作用，并有助于食物的吞咽和消化。若脾胃不和，则涎液分泌急剧增加，而发生口涎自出等现象，故说脾在液为涎。

3.30 脾开窍于口，其华在唇

口腔是消化道的最上端，脾开窍于口，是指食欲和口味等，与脾运化功能有密切关系。脾胃健运，则口味和而食欲正常。若脾失健运，则可出现口淡无味，口甘口腻等口味异常的感觉，从而影响食欲。

口唇的色泽，与气血是否充盈有关，而气血的生化之源在于脾，所以口唇的色泽是否红润，可反映脾的运化功能的状况。

3.31 肝

肝位于腹部，横膈之下，右胁之内。肝为魂之处，血之藏，筋之宗，肝在五行属木，主升，主动。

肝的主要生理功能，是主疏泄和主藏血。肝开窍于目，主筋，其华在爪。在志为怒，在液为泪。在经络关系上，足厥阴肝经与足少阳胆经相互络属于肝胆之间，肝与胆相表里。

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3.32 肝主疏泄

疏，即疏通；泄，即发泄、升发。肝为刚脏，主升、主动，是肝主疏泄的生理基础。肝主疏泄的生理功能，是调畅气机，推动血液和津液运行的一个重要环节。肝的疏泄功能，主要表现在二个方面：一是调畅气机。气机，即气的升降出入运动，肝对气的升降出入之间的平衡协调，起着调节作用。肝的疏泄功能正常，则气机调畅，气血和调、经络通利，脏腑器官等的活动就处于正常状态。如果肝的疏泄功能异常，则可出现太过与不及的病理现象。若肝的疏泄功能减退，则气的升发就显现不足，气机的疏通和畅达受到阻碍，则可出现胸胁、两乳或少腹等部位胀痛，以及精神抑郁不乐等；若肝的升发太过，从而形成肝气上逆的病理变化，则可出现头目胀痛、面红目赤、急躁、易怒等，也可因血随气逆，而导致吐血、咯血等血从上溢的病变，甚则，卒然昏倒不知人事。二是促进脾胃的运化功能。肝的疏泄功能正常与否，对脾胃的升降功能有着很大的影响。如肝的疏泄功能异常，就会影响脾胃的升清和降浊功能，而出现肝气犯脾或肝气犯胃的病证。胆汁是肝之余气积聚而成，肝的疏泄正常，则胆汁能正常地分泌和排泄，有助于脾胃的运化功能。若肝气郁结，胆汁的分泌与排泄异常，则可影响脾胃的运化功能。三是调畅情志。情志活动，是属于心主神明的生理功能，但亦与肝的疏泄功能密切相关。肝的疏泄功能正常，则气机调畅，气血和调，五脏功能正常。由于情志活动乃五脏所发，故五脏功能正常，则情志活动正常。若肝的疏泄功能减退，则肝气郁结，心情易于抑郁，稍受刺激，即抑郁难解；肝的升泄太过，阳气升腾而上，则心情易于急躁，稍有刺激，易于发怒。反之，在反复持久的情志异常情况下，亦会影响肝的疏泄功能，而导致肝气郁结，或升泄太过的病理变化。

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3.33 肝主藏血

肝藏血，是指肝具有贮藏血液和调节血量的功能。

贮藏血液，是指肝内须贮存一定的血量，以制约肝的阳气升腾过亢。如肝藏血的功能异常，则会引起血虚或出血的病变。若肝血不足，不能濡养于目，则两目干涩昏花，或为夜盲；若失于对筋脉的濡养，则筋脉拘急，肢体麻木，屈伸不利；若不能充盈血海，即可引起妇女月经量少，甚至闭经。若肝不藏血，可出现月经量多，甚则崩漏等病证。

调节血量，是指肝对人体各部的血量的分配，特别是对外周血量的调节起着主要的作用。在正常情况下，人体各部的血液量是相对恒定的，但随着人体的活动量的增减、情绪的变化，以及外界气候的变化等因素，人体各部的血量也随之而有所改变。当人体活动剧烈或情绪激动时，肝就把贮存的血液及时地向人体的外周输布，以供人体的需要。当人体在安静休息及情绪稳定时，由于全身活动量小，人体外周的血液需求量亦相对减少，部分血液便藏之于肝。

魂乃神之变，是神所派生的。肝的藏血功能正常，则魂有所舍。如肝血不足，心血亏损，则魂不守舍，可见惊骇多梦、卧寐不安、梦游、梦呓等症。

3.34 肝在志为怒

怒，是人们在受到不良刺激时的一种情志变化。怒对于机体的生理活动来说，可使阳气升动，气血上逆。由于肝主疏泄，主阳气升发，故肝在志为怒。因大怒可造成肝的阳气升发太过，故说"怒伤肝"。反之，肝的阴血不足，阴不制阳，肝的阳气升泄太过，稍有刺激，即易于发怒。

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3.35 肝在体合筋，其华在爪

筋，即筋膜，附着于骨而聚于关节，是联结关节、肌肉的一种组织。筋膜赖于肝血的滋养。肝血充盈，筋得其养，才能运动有力而灵活。如肝的气血衰少，筋膜失养，则表现为筋力不健，运动不利。如肝的阴血不足，筋失所养，可出现手足振颤、肢体麻木、屈伸不利、甚则痉疒厥等症。

爪，即爪甲，乃筋之延续，故称"爪为筋之余"。肝血的盛衰，可影响爪甲的荣枯。肝血充足，则爪甲坚韧明亮，红润光泽。若肝血不足，则爪甲软薄，枯而色夭，甚则变形脆裂。

3.36 肝在液为泪

泪从目出，肝开窍于目，故有肝在液为泪之说。泪有濡润和保护眼睛的功能。在生理情况下，泪液的分泌，是濡润而不外溢，但在异物侵入眼中时，泪液可大量分泌，起到清洁眼目和排除异物的作用。在病理情况下，则可见泪液分泌异常。如肝的阴血不足，泪液的分泌不足，则两目干涩；如肝经湿热，目眵增多，可见迎风流泪等症。此外，在极度悲哀的情况时，泪液的分泌也可大量增多。

3.37 肝开窍于目

目，又称"精明"，因肝的经脉上联于目系，目的视力，有赖于肝气的疏泄和肝血的营养，故说"肝开窍于目"。另外五脏六腑之精气皆上注于目，因此，目与五脏六腑都有内在联系。

由于肝与目的关系非常密切，因而肝的功能正常与否，往往可以从目上反映出来。如肝的阴血不足，则两目干涩，视物不清或夜盲；肝经风热，则可见目赤痒痛；肝火上炎，则可见目赤生翳；肝阳上亢，则头目眩晕、肝风内动，则可见目斜上视等。

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3.38 肾

肾位于腰部，脊柱两旁，左右各一。肾藏精，为脏腑阴阳之本，生命之源，为“先天之本”，在五行属水。

肾的主要生理功能为藏精，主生长、发育、生殖，主水液代谢，主纳气。肾主骨生髓，外荣于发，开窍于耳和二阴，在志为恐与惊，在液为唾。在经络关系上，足少阴肾经与足太阳膀胱经相互络属于肾与膀胱，故肾与膀胱相表里。

3.39 肾藏精

藏，即闭藏。肾藏精，是指肾对于精气具有闭藏作用。肾对于精气的闭藏，为精气在体内能充分发挥作用创造了良好的条件，不使精气无故流失，保障了精气的充足，以促进和维持人体的生长、发育和生殖机能。

肾所藏之精，就其来源而言，有先天之精和后天之精。先天之精，禀受于父母，与生俱来，是构成胚胎发育的原始物质。因具有繁衍后代的作用，故又称“生殖之精”。后天之精来源于水谷所化生的精微，主要由脾胃运化功能而产生，故又称“水谷之精”。后天之精除供给脏腑生理活动需要之外，剩余部分，藏之于肾。先、后天之精，虽来源有异，但同归于肾，二者相互依存，相互为用。先天之精有赖于后天之精的不断地培养和充养，才能充分发挥其生理效应；后天之精的化生，又依赖于先天之精的活力资助。

肾所藏之精，是人体生长、发育和生殖的主要物质基础，因此，肾的藏精功能减退，不仅可出现精关不固的遗精、滑泄等病证，还可因精气不足而影响人体的生长、发育及生殖机能。

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3.40 肾主生长发育

肾中精气的主要生理效应之一，是促进人体的生长发育。《素问·上古天真论》明确地指出了人体的生、长、壮、老、已，与肾中精气的盛衰密切相关。在人出生后，由于先天之精不断地得到后天之精的培育充养，肾中精气亦逐步充盛，出现了幼年时期的齿更、发长等生理现象，随着肾中精气的盛衰，由幼年时期步入青春期，随后至壮年而又转入老年，在这一生长发育的过程中，齿、骨、发的生长状况，是作为生、长、壮、老、已生命过程的一些标志，也是观察肾中精气盛衰的重要标志。

3.41 肾主生殖机能

肾藏精，肾中精气的主要生理效应其中包括肾主生殖机能。人体的生殖能力，与肾中的精气盛衰有着密切的关系，随着肾中精气的不断充盛，发展到一定阶段，产生了一种促进性腺发育成熟的物质，称作"天癸"，于是男子就产生精子，女子就按期排卵，月经来潮，性腺的发育渐趋成熟，具备了生殖能力，进入了青春期。此后，随着肾中精气由充盛而逐渐趋向衰退，天癸的生成亦随之而减少，甚至逐渐耗竭，性腺亦逐渐衰退，生殖能力亦随之而下降，以至消失，人也就从中年而转入老年。

3.42 肾主水液

肾主水液，是指肾中精气的气化功能，对于体内津液的输布和排泄，维持体内津液代谢的平衡，起着极为重要的调节作用。

津液的代谢，是通过胃的摄入、脾的运化和转输、肺的宣散和肃降、肾的蒸腾气化，以三焦为通道，输送到全身；经过代谢后的津液，则化为汗液、尿液和气排出体外。肾气的蒸腾气化，主宰着整个津液代谢，肺、脾等内脏对津液的气化，均赖于肾气蒸腾气化，特别是尿液的生成和排泄，更是与肾中精气的蒸腾气

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化直接相关，而尿液的生成和排泄，在维持体内津液代谢平衡中又起着极其关键的作用。

3.43 肾主纳气

纳，即固摄、受纳之意。肾主纳气，是指肾有摄纳肺所吸入的清气，使之下达于肾，防止呼吸表浅的作用，以保证体内外气的正常交换。

人体的呼吸功能，虽为肺所主，但须依赖于肾的纳气作用，肾的纳气功能，实际上就是肾的封藏作用在呼吸运动中的具体体现。肺的呼吸要保持一定的深度，有赖于肾的纳气作用。故肾的纳气功能正常，则呼吸均匀和调。若肾的纳气功能减退，摄纳无权，呼吸就表浅，可出现动辄气喘，呼多吸少等病理表现，这称为"肾不纳气"。

3.44 肾在志为恐

恐，是人们对事物惧怕的一种心理状态。恐与惊相似，但惊为不自知，事出突然而受惊；恐为自知，俗称胆怯。惊恐属肾，恐为肾之志，但总与心主神明相关。因心藏神，神伤则心怯而恐。

3.45 肾在体为骨，其华在发

骨依赖骨髓的营养，骨髓为肾精所化生，所以说"肾主骨"。骨骼的生长、发育、修复，均赖肾精的滋养。肾精充足，则骨髓充盈，骨骼充实健壮，肢体活动轻劲有力；反之，肾精不足，骨髓空虚，则会引起骨骼发育不良，如小儿囟门迟闭、骨软无力。老年人肾气渐衰，骨失髓养，故骨质脆弱，易于骨折，骨伤后也不易愈合。

齿为骨之余，也由肾中精气所充养，肾中精气充沛，则牙齿坚固而不易脱落。此外，由于手足阳明经均进入齿中，牙齿的某

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些病变，也与肠与胃的病变有关。

发的生长，全赖于精和血。肾藏精，故说“其华在发”。血液对发有濡养作用，故称“发为血之余”。一般说来，未老先衰，头发枯萎，早脱早白者，与肾中精气不足和血虚有关。

3.46 肾在液为唾

唾为口津，唾液中较稠厚的称作唾。唾为肾精所化，咽而不吐，有滋养肾中精气的作用。如多唾或久唾，则易耗损肾中精气。此外，唾与脾胃亦有一定关系。

3.47 肾开窍于耳及二阴

耳的听觉灵敏与否，与肾中精气的盈亏相关。肾中的精气充盈，髓海得养，则听觉灵敏。反之，则听力减退，或见耳鸣、甚则耳聋。故说“肾开窍于耳”。

二阴，即前阴和后阴。前阴是排尿和生殖的器官，后阴是排泄粪便的通道。尿液的排泄与膀胱的功能相关，但须依赖肾的气化才能完成。因此，尿频、遗尿、尿少或尿闭，均与肾的气化功能失常有关。粪便的排泄与大肠的传化相关，但亦与肾的气化功能有关，如肾阴不足时，可致肠液枯涸而便秘；肾阳虚损时，气化无权则可见阳虚便秘或阳虚泄泻；肾的封藏失司时，则可见久泄滑脱。故说“肾开窍于二阴”。

3.48 命门

命门，有生命的门户之意。命门一词，首见于《灵枢·根结》，其曰：“命门者，目也”。自《难经·三十六难》提出“肾两者，非皆肾也，其左者为肾，右者为命门。命门者，诸神精之所舍，原气之所系也；故男子以藏精，女子以系胞”之后，遂为后世医家所重视，对命门的部位及其生理功能提出种种不同的见解。目前大多数学者认为：肾阳即命门之火；肾阴即命门之水。

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3.49 胆

胆，居六腑之首，与肝相连，附于肝之短叶间，与肝的经脉相互络属，而为表里。

胆既是六腑之一，又属奇恒之腑。这是因为胆排泄的胆汁直接有助于饮食物的消化，故为六腑之一。但是，胆本身并没有受盛和传化水谷的生理功能，且藏"精汁"，与胃肠等腑不同，所以又属奇恒之腑。

3.50 胆为中精之腑

胆为中精之腑，是指胆内藏清净之液，即胆汁。胆汁味苦，色黄绿，由肝之精气所化生，汇集于胆，泄于小肠，以助饮食消化，是脾胃运化功能得以正常进行的重要条件。

3.51 胆主贮藏和排泄胆汁

胆的主要生理功能是贮藏和排泄胆汁，胆汁的化生和排泄，由肝的疏泄功能控制和调节。若肝的疏泄功能正常，则胆汁排泄畅达，脾胃的运化功能，而出现胁下胀满疼痛、食欲减退、腹胀、便溏等症；若胆汁上逆，则可见口苦、呕吐黄绿苦水；胆汁外溢，则可出现黄疸。

3.52 胃

胃居中焦，其所在部位又称胃脘，分上、中、下三部。胃的上部称上脘，包括贲门；胃的中部称中脘，即胃体的部位；胃的下部称下脘，包括幽门。胃的主要功能，是受纳与腐熟水谷，胃气以降为和。胃与脾，经脉互相络属，而为表里。

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3.53 胃主受纳、腐熟水谷

受纳，是接受和容纳之意；腐熟，是饮食物经过胃的初步消化，形成食糜之意。饮食物从口摄入，经过食管，通过贲门而进入胃中，由胃接受和容纳；饮食物在胃中，经过胃气和胃津的作用，初步消化成食糜，以便传入小肠作进一步的消化。此即胃主受纳、腐熟水谷的功能。

胃受纳和腐熟水谷的功能，对于维持人体的生命活动，提高人体的抗病能力，有十分重要的关系。因为水谷是气血生化之源，而气血是脏腑、器官功能活动的物质基础。正如《素问·平人气象论》所说："人以水谷为本，故人绝水谷则死。"

3.54 胃为水谷之海

饮食入口，经过食管，通过贲门而进入胃中，由胃接受和容纳，所以胃有"太仓"、"水谷之海"之称。人体气血的化生，都离不开饮食物，所以又称胃为"水谷气血之海"。如《灵枢·玉版》说："人之所受气者，谷也。谷之所注者，胃也。胃者，水谷气血之海也。"

3.55 胃气主降

胃为"水谷之海"，饮食入胃，经胃的腐熟后，必须下行入肠，才能进一步被消化吸收，所以说胃主通降，以降为和。在脏象学说中，以脾升胃降来概括人体整个消化功能的运动形式，因此，胃的通降作用，尚包括小肠将食物残渣下输于大肠，及大肠传化糟粕的功能在内。

胃的通降是受纳的前提条件，若胃气失于通降，多可造成胃气上逆，则可出现嗳气吞酸、恶心、呕吐、呃逆等症。

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3.56 胃气

胃气有广、狭之义。狭义之胃气，单指胃的生理功能，即胃的受纳、腐熟水谷之功能；广义之胃气，泛指脾胃的共同生理功能，即脾胃对水谷的受纳、腐熟和运化功能。由于脾胃是化生气血之源，故人体气血的盛衰，可通过脉象反映出来，即以和缓悠扬的脉象，称为有"胃气"之脉。

胃气在人体具有重要意义，故在诊治疾病中，亦十分重视胃气，常把"保胃气"作为重要的治疗原则。

3.57 小肠

小肠是较长的管道器官，位于腹中，上口在幽门处与胃之下口相接，下口在阑门处与大肠之上口相连。小肠的主要生理功能是受盛、化物和泌别清浊。小肠与心，在经脉上相互络属，构成表里关系。

3.58 小肠主受盛化物

受盛，即是接受、以器盛物的意思；化物，具有变化、消化、化生的意思。

小肠的受盛主要有两个方面：一是说明小肠是接受经胃初步消化之饮食物的器官；二是指经胃初步消化的饮食物，在小肠内有一定时间的停留过程，以利于进一步的消化和吸收。

小肠的化物功能，是将经胃初步消化的饮食物，进一步进行消化，将水谷化为精微。所以《素问·灵兰秘典论》说："小肠者，受盛之官，化物出焉。"

3.59 小肠主泌别清浊

泌别清浊，是小肠的主要功能，其具体体现在三个方面：一是将经过消化后的饮食物，分别为水谷精微和食物残渣两部分；

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二是将水谷精微吸收，把食物残渣输送到大肠；三是小肠在吸收水谷精微的同时，也吸收大量的水液。

由于小肠有吸收水液的作用。所以小肠泌别清浊功能正常，则二便正常；如小肠的泌别清浊异常，则大便变稀薄，而小便短少，称之为"小肠泻"，临床常用"利小便即所以实大便"的治法，来治疗此种病证。

在水谷化为精微的过程中，小肠的泌别清浊功能是十分重要的，它是脾主升清功能得以实现的基本条件。因此，小肠泌别清浊功能异常，即可引起"清气在下"的泄泻病证。

3.60 大肠

大肠居于腹中，上口在阑门处紧接小肠，最下端为肛门。大肠的主要生理功能是传化糟粕。大肠与肺，经脉相互络属，构成表里关系。

3.61 大肠主传化糟粕

传，即接上传下之意；化，即变化之意。大肠接受经过小肠泌别清浊后所剩下的食物残渣，再吸收其中多余的水液，形成粪便，经肛门排出体外，所以《素问·灵兰秘典论》说："大肠者，传导之官，变化出焉。"

3.62 膀胱

膀胱位于小腹中央，为贮尿的器官。膀胱的主要功能是贮尿和排尿。膀胱和肾直接相通，又有经脉相互络属，构成表里关系。

3.63 膀胱主贮尿和排尿

膀胱的主要生理功能是贮尿和排尿，并全赖于肾的气化作用而得以实现。尿液为津液所化，在肾的气化作用下生成尿液，下

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输于膀胱。尿液在膀胱内潴留至一定程度时，即可及时自主地排出体外。

膀胱的病变，主要表现为尿频、尿急、尿痛；或小便不利，尿有余沥，甚则尿闭；或遗尿，甚则小便失禁等。这些病变，其根源多与肾的气化功能失常有关。

3.64 三焦

三焦，是上、中、下之焦的合称，为六腑之一。自《难经》提"有名而无形"之说后，后世争议很大，但就其功能方面大致相同，认为三焦的主要功能是主持诸气、通行水道。三焦与心包，经脉相互络属，构成表里关系。因它的功能表现反映于人体的上、中、下的三个部位，涉及范围最广，故有"孤府"之称。

3.65 三焦主持人身诸气

三焦是气的升降出入的通道，又是气化的场所，故有主持诸气之功能。元气，是人体最根本之气，须通过三焦而充沛于全身，故《难经》说："三焦者，原气之别使也，主通行三气，经历五脏六腑"。此说明三焦是气的升降出入的通道，人体的气，是通过三焦输布到五脏六腑而充沛全身的。

3.66 三焦为水液运行之道路

《素问·灵兰秘典论》说："三焦者，决渎之官，水道出焉。"决，疏通之意；渎，沟渠也。决渎，即疏通水道。三焦有疏通水道，行水液的作用，是水液升降出入的道路。

水液代谢，是由肺、脾、胃、肠、肾和膀胱等许多脏腑的协同作用而完成的，但必须以三焦为通道，才能正常地升降出入。如三焦水道不够通利，则肺、脾、肾等脏输布、调节水液的功能也难以实现。

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3.67 上焦

上焦，一般主要指横膈以上的胸部，包括心、肺及头面部，亦有人将上肢归于上焦。上焦的生理功能特点，是布散精气。《灵枢·营卫生会》指出："上焦如雾"，上焦主气的升发和宣散，犹如自然界之雾露灌养大地万物一样，故云"上焦如雾"。

3.68 中焦

中焦，一般是指膈以下至脐以上的上腹部，包括脾、胃、肝、胆等脏腑。中焦的生理功能特点，是腐熟和运化水谷。故说中焦是"泌糟粕，蒸津液"、"中焦如沤"，形容脾胃运化水谷的功能，犹如水中沤物发酵一样。

3.69 下焦

下焦，一般是指胃以下的部位和脏器，包括大肠、小肠、肾、膀胱等，归属于下焦。下焦的生理功能特点，是排泄糟粕和尿液。即"下焦如渎"，是说下焦的功能犹如水沟一样，排泄糟粕和废液。

3.70 脑

脑居颅内，由髓汇集而成。脏象学说将脑的生理和病理统归于心而分属于五脏，认为心是"君主之官，神明出焉"、为"五脏六腑之大主，精神之所舍也。"同时，把人体的精神意识思维活动与五脏做了联系，如心藏神，主喜；肝藏魂，主怒；脾藏意，主思；肺藏魄，主悲；肾藏志，主恐等。《灵枢·大惑论》说："五脏六腑之精气，皆上注于目而为之精，……上属于脑，《灵枢·口问》说："上气不足，脑为之不满，耳为之苦鸣，头为之苦倾，目为之眩。"这就把视觉、听觉以及精神状态的病理变化与脑联系起来了。至明代李时珍明确提出脑与精神活动有关，称"脑为元

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神之府”、清代汪昂说：“人之记性，皆在脑中”，清代王清任在前人认识的基础上，把忆、视、听、嗅、言等功能皆归于脑。

3.71 髓

髓有骨髓、脊髓和脑髓之分，乃肾中精气所化生。脊髓上通于脑，髓聚而成脑，故称脑为“髓海”。肾中精气充盈，则髓海得养，脑的发育就健全，就能充分发挥其“精明之府”的生理功能；反之，肾中精气不足，则髓海失养，而形成髓海不足的病理变化。《素问·灵兰秘典论》说：“肾者，作强之官，伎巧出焉”，实际上也是指肾中精气主骨生髓功能的具体表现。

3.72 女子胞

女子胞，又称胞宫，即子宫，位于小腹部，在膀胱之后，呈倒梨形，女子胞是发生月经和孕育胎儿的器官。女子的月经来潮和胎儿的孕育，是一个复杂的生理活动过程，其中“天癸”的作用最为重要；冲、任二脉，同起于胞中；心主血、肝藏血、脾统血而为气血化生之源，皆与女子胞在生理功能和病理变化密切相关。

3.73 天癸

天癸，是肾中精气所化生的，具有促进和维持人体生长发育和生殖机能的一种精微物质。

3.74 心与小肠相表里

心与小肠的经脉相互络属，故称“心与小肠相表里”。在病理上，如心有实火，可移热于小肠，引起尿少、尿热、尿痛等症；反之，如小肠有热，亦可循经上炎于心，可见心烦、舌赤，口舌生疮等症。

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3.75 肺与大肠相表里

肺与大肠的经脉相互络属，故称"肺与大肠相表里"。肺气的肃降，有助于大肠传导功能的发挥；大肠传导功能正常，有助于肺气的肃降。在病理上，两者可相互影响。如肺失清肃，可见大便困难；而大肠腑气不通，则可影响肺气的肃降。

3.76 脾与胃相表里

脾与胃的经脉相互络属，故称"脾与胃相表里"。胃主受纳，脾主运化，两者之间的关系是"脾为胃行其津液"，共同完成饮食物的消化吸收及其精微的输布，从而滋养全身，故称脾胃为"后天之本"。脾主升，胃主降，脾宜升则健，胃宜降则和。胃属燥，脾属湿，胃喜润恶燥，脾喜燥恶湿。在病理上，如脾为湿困，运化失职，清气不升，即可影响胃的受纳与和降，可出现食少、恶心、脘胀等症；反之，若饮食失节，食滞胃脘，胃失和降，亦可影响及脾的升清与运化，可出现腹胀、泄泻等症。

3.77 肝与胆相表里

肝与胆的经脉相互络属，故称"肝与胆相表里"。胆汁来源于肝之余气，胆汁的贮藏和排泄作用，亦与肝的疏泄功能有密切的关系。若肝的疏泄功能失常，就会影响胆汁的分泌与排泄；反之，若胆汁排泄不畅，亦可影响肝的疏泄。此外，肝主谋虑，胆主决断，谋虑后则须决断，决断又来自谋虑，两者在神志活动方面有着密切的关系。

3.78 肾与膀胱相表里

肾与膀胱的经脉相互络属，故称"肾与膀胱相表里"。膀胱的贮尿和排尿功能，依赖于肾的气化。肾气充足，则固摄有权，膀胱开合有度。若肾气不足，气化失常，固摄无权，则膀胱之开合

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失度，可出现小便不利，或失禁，或遗尿、尿频等病症。

3.79 心与肺的关系

心主血而肺主气，心主行血而肺主呼吸。心主血与肺主气的关系，即是气和血相互依存、相互为用的关系。心主行血和肺主呼吸的关系，是由于宗气具有贯心脉而司呼吸的生理功能，从而强化了血液循环与呼吸之间的协调平衡。另外，肺"朝百脉"、能促心行血的作用，两者的关系，可体现"气为血帅"的一般规律。

在病理关系上，肺的功能失常，可导致血液的运行失常，或迟滞，而出现胸闷、心率或心律改变，甚则唇青、舌紫等血瘀之病理表现。反之，若心气不足，心阳不振，不但可瘀阻心脉而导致血行异常，而且尚可影响肺主气、司呼吸等功能，出现咳嗽、气促等病变。

3.80 心与脾的关系

心主血，脾统血，脾又为气血生化之源，故心与脾的关系主要表现在血液的生成和运行两个方面。

在血液的生成方面：脾运正常，化生旺盛，血液充盈，则心有所主。在血液的运行方面：脾气健旺，统血功能正常，则血行脉中，而不逸出于脉外。

在病理关系上，心脾两脏亦常相互影响，如思虑过度，不仅暗耗心血，且可影响运化功能；若脾气虚则气血生化无力，则可导致血虚而心无所主。若脾不统血而致血液妄行，则也会造成心血不足。以上原因，均可形成以心悸、失眠、多梦、食少、体倦、面色无华等为主要见症的"心脾两虚"之病理变化。

3.81 心与肝的关系

心主血，肝藏血，心与肝在相互间的关系上，主要表现在血液运行和精神活动两个方面

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在血液的运动方面：心之行血功能正常，则血运正常，而肝有所藏；同时，肝之疏泄正常，气机调畅，方能推动血液运行正常。在精神活动方面：心主神志，肝主疏泄，人的精神意识和情志活动，虽由心所主，但与肝主疏泄功能亦密切相关。

在病理关系上，若肝不藏血，则心无所主，血液的运行必致失常。若情志所伤，多可化火，或伤阴，而出现"心肝火旺"或"心肝阴虚"等病证。

3.82 心与肾的关系

心为火脏居上，肾为水脏居下。心与肾的关系，主要是心肾相交既济的关系。心火须下降于肾，肾水须上济于心，如此，心肾之间的生理才能协调，此称为"心肾相交"，也称为"水火既济"。若水火失济，就可出现失眠、心悸、心烦、腰膝酸软，或男子梦遗、女子梦交等"心肾不交"之证。

此外，因心肾阴阳之间的密切关系，在心或肾的病变时，亦能相互影响。例如：肾的阳虚水泛，能上凌于心，而且水肿、惊悸等"水气凌心"之证；心阴不足，亦能下汲肾阴，致阴虚火旺之证。

3.83 肺与脾的关系

肺与脾的关系，主要表现在气的生成和水液代谢两个方面。

在气的生成方面：依赖于肺的呼吸功能和脾的运化功能，肺所吸入的清气和脾胃所运化的水谷精气，是组成气的主要物质基础。因此其功能健旺与否，关系到气的盛衰。在水液代谢方面：肺的宣降和通调水道，有助于脾的运化水液功能；而脾的转输津液、散精于肺的功能，不仅是肺通调水道的前提，而且也为肺提供了必要的营养。

在病理上，脾气虚损时，常可导致肺气不足；脾失健运，津液代谢障碍、水液停滞，则聚而生痰、成饮，多影响肺的宣降，

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而出现喘咳多痰的病变。故有"脾为生痰之源，肺为贮痰之器"。若肺病日久，也可伤及脾气，从而出现腹胀、纳少、便溏等病理表现。

3.84 肺与肝的关系

肺与肝的关系，主要表现在气机的调节方面。肺主降而肝主升，二者对气机的调畅是一个重要的环节。若肝升太过，或肺降不及，则多致咳逆上气，甚或咯血的"肝火犯肺"证。若肺失清肃，燥热内盛，亦可影响及肝，肝失条达，则在咳嗽的同时，出现胸胁引痛胀满、头晕头痛、面红目赤等症。

3.85 肺与肾的关系

肺与肾的关系，主要体现于水液的代谢和呼吸运动两个方面。

在水液代谢方面：肺为"水之上源"，肺通调水道的功能，有赖于肾的蒸腾气化；肾主水，亦有赖于肺的宣降和通调水道。在呼吸运动方面：肺主呼气，肾主纳气。肾气充盛，吸入之气方能经肺之肃降而下纳于肾，故有"肺为气之主，肾为气之根"之说。

在病理上，肺失宣肃，通调水道失职，必累及于肾，而至尿少、甚则水肿；肾的气化失司，水气上泛，可见喘呼，或咳逆倚息不得平卧。若肾的精气不足，或肺虚及肾，均可导致肾不纳气，而出现动则气喘等症。

此外，肺属金，肾属水，二者还具有金水相生的关系，即肺阴可下滋肾阴，肾阴可上滋肺阴。在病理上，有时肺肾阴虚并见，而出现两颧嫩红、骨蒸潮热、盗汗、干咳音哑，腰膝酸软等症。

3.86 肝与脾的关系

肝藏血而主疏泄，脾主统血、主运化为气血生化之源，故二者主要是疏泄和运化的关系。脾的运化，有赖于肝的疏泄，肝的

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疏泄正常，则脾的运化健旺。若肝失疏泄，则可影响脾，而导致“肝脾不和”的病证。若脾运失常，湿热内蕴，妨碍肝的疏泄和胆汁的排泄，可导致黄疸病。

此外，肝脾在血的生成、贮藏及运行等方面亦有密切关系。即脾运健旺，生血有源，血不逸出，则肝有所藏，否则可导致肝血不足。

3.87 肝与肾的关系

肝藏血，肾藏精，两者相互滋生和相互转化，故二者具有“乙癸同源”或“精血同源”的关系。在病理上，可相互影响，以至于精血并亏。

肝主疏泄，肾主封藏，两者相互制约、相反相成，此主要表现在月经和泄精等生理功能方面。若二者失调，则可见女子月经不调；男子可见遗精，或阳强不泄等病变。

肝肾阴阳之间存在着相互制约、协调平衡的关系。任何一方的不足和偏亢，均可导致另一方的偏亢和不足。如肾阴不足，可导致肝阳偏亢的“水不涵木”的病变；而肝火太盛，阳气有余，亦可伤及肾阴，导致肾阴不足的病证。此外，肝和肾均内寄相火，若相火妄动，则二者并治。

3.88 脾与肾的关系

脾为后天之本而主运化，肾为先天之本、阴阳之根。脾与肾之间的关系，主要表现于先天与后天、脾主运化与肾阳的温煦两个方面。

在生理上，脾为后天之本，气血生化之源；肾为先天之本，藏精气。脾之化生气血，须赖肾中精气的温煦蒸腾作用；肾所藏之精气，亦有赖于后天之水谷精微所化气血的充养。即后天赖先天为之主，先天赖后天为之资。脾的运化功能，有赖于肾阳的温煦。另外，脾的运化水液与肾的主水，两者相互配合，协同其他

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脏腑的功能，共同维持水液代谢的平衡。

在病理上，脾与肾、后天与先天常相互影响，互为因果。如先天不足，肾的温煦蒸腾作用虚弱，可影响脾的化生气血；后天失养，脾化生气血不足，则肾不能正常地"受五脏六腑之精而藏之"，可致肾中精气亏虚。在运化水谷精微及水液代谢方面，若肾阳衰微，脾失温煦，或脾阳久虚而累及根本，均可致脾肾阳虚。

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4 气血津液

4.1 气

中医学认为，气是构成人体和维持人体生命活动的最基本物质，由于气具有活力很强的不断运动的特性，且对人体的生命活动具有十分重要的生理作用，因而中医学亦常以气的运动变化来阐释人体的生命活动。

气对人体的生理功能，主要有推动、温煦、防御、固摄、气化、营养、联系调节等多方面的作用。故张景岳说："人之有生，全赖此气。"

4.2 气的生成

人体的气，来源于禀受父母的先天之精气、饮食物中的水谷之精气和存在于自然界的清气，通过肺、脾胃、肾等脏腑生理功能的综合作用，将三者结合起来而生成。从气的来源或气的生成来看，除与先天禀赋、后天饮食营养，以及自然环境等状况有关之外，均与肾、脾胃、肺的生理功能密切相关。其中，脾胃的运化功能尤其重要。因人在出生之后，须赖脾胃摄取饮食物的营养以维持生命活动，同时先天之精气，亦依赖于水谷精气的充养。

4.3 气有推动作用

气是活力很强的精微物质，它对人体的生长发育、各脏腑、经络等组织器官的生理活动，血的生成和运行，津液的生成、输布和排除等，均起着推动作用和激发其运动的作用。

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4.4 气有温煦作用

《难经·二十二难》说："气主煦之"，即是说气是人体热量的来源。人体的体温，是依靠气的温煦作用来维持恒定；各脏腑、经络等组织器官，也要在气的温煦作用下进行正常的生理活动；血和津液等液态物质，也要依靠气的温煦作用，进行着正常的循环运行，故说"血得温而运，得寒而凝"。

4.5 气有防御作用

人体的防御作用是非常复杂的，包括了气、血、津液和脏腑、经络等组织器官的多方面的综合作用，但是气在这里起着相当重要的作用。气的防御作用，主要体现于护卫全身的肌表，防御外邪的入侵。

4.6 气有固摄作用

气的固摄作用，主要是对血、津液等液态物质具有防止其无故流失的作用。具体表现在：固摄血液，可使血液循脉而行，防止其逸出脉外；固摄汗液、尿液、唾液、胃液、肠液和精液等，控制其分泌排泄量，以防止其无故流失。

4.7 气有气化作用

气化，是气的运动而产生的各种变化。即指精、气、血、津液各自的新陈代谢及其相互转化。如气、血、津液的生成，都需要将饮食物转化成水谷之精气，然后再化生成气、血、津液等；津液经过代谢，转化成汗液和尿液；饮食物经过消化和吸收后，其残渣转化成糟粕等，都是气化作用的具体表现。

4.8 元气

元气，又名"原气"。元气是人体生命活动的原动力，是维持

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生命活动的最基本物质。元气具有推动人体的生长和发育，温煦和激发各个脏腑、经络等组织器官的生理活动的作用。元气由肾中精气所化生，但须赖脾胃运化的水谷精气以培养和补充。元气是通过三焦而流行至全身的。故《难经·六十六难》说："三焦者，原气之别使也。"

4.9 宗气

宗气，是以肺从自然界吸入的清气和脾胃从饮食物中运化而生成的水谷精气为其主要组成部分，在胸中相互结合而成。宗气的主要功能有两个方面：一是走息道以行呼吸。凡语言、声音、呼吸的强弱，都与宗气的盛衰有关。二是贯心脉以行气血。凡气血的运行、肢体的寒温和活动能力、视听的感觉能力、心搏的强弱及其节律等，皆与宗气的盛衰有关。宗气积于胸中（又曰膻中），故常以"虚里"处（相当于心尖搏动部位）搏动状况来测知宗气的盛衰。

4.10 中气

中，指中焦。中气，是对中焦脾胃功能活动的概括。脾主升，胃主降，脾胃为气机升降出入的中枢。人体内脏能固定于正常的生理部位，与脾主升清的功能有重要的关系，若中气下陷，则体倦、乏力、大便清稀，或久泻脱肛，甚则内脏下垂。

4.11 营气

营气是与血共行于脉中之气。营气主要来自脾胃运化的水谷精气，由水谷精气中的清纯柔和部分所化生。营气分布于脉中，成为血液的组成部分。它具有营养全身和化生血液两个方面的生理功能。水谷精微中的精专部分，是营气的主要成分，是脏腑、经络等生理活动所需的营养物质，同时又是血液的组成部分。

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4.12 卫气

卫气，亦由水谷精微所化生，它行于脉外，具有"慓疾滑利"的特性。卫气的生理功能有三个方面：一是护卫肌表，防御外邪入侵；二是温养脏腑、肌肉、皮毛等；三是调节控制腠理的开合、汗液的排泄，以维持体温的相对恒定等。卫气因具有保卫作用而得名。营与卫相对而言，则营属阴而卫属阳，故常称"营"为"营阴"，"卫"为"卫阳"。

4.13 真气

真气充满全身，由先天之气和后天之气所组成。它概括了人体所有之气。《灵枢·刺节真邪》："真气者，所受于天，与谷气并而充身者也。"真气对于致病邪气而言，即是人体之正气。

4.14 气机

气的运动，称作"气机"。气的运动形式，虽是多种多样，可概括为升、降、出、入四种基本形式。

4.15 血

血，是行于脉中富有营养的赤色的液态物质，是构成人体和维持人体生命活动的基本物质之一，具有很高的营养和滋润作用。

4.16 血的生成

营气和津液，是生成血的主要物质基础。营气和津液都源于水谷精气，所以饮食营养的优劣和脾胃运化的强弱，直接影响着血液的化生。此外，精气可以化生血。

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4.17 血主濡之

濡，有营养和滋润之意。血在脉中循行，内至脏腑，外达皮肉筋骨，如环无端，运化不息，不断地对全身各脏腑组织器官起着充分营养和滋润作用，以维持正常的生理活动。故《难经·二十二难》说："血主濡。"这是对血的营养和滋润作用的简要概括。

4.18 血是精神活动的物质基础

人体的精神充沛，神志清晰，感觉灵敏，活动自如，均有赖于血液的营养。故《素问·八正神明论》说："血气者，人之神，不可不谨养"。

4.19 血的运行

血液的正常运行，决定于气的推动作用和固摄作用之间的协调平衡。在血液的运行过程中，心脏的搏动，对血液的推动起着重要作用;肺的宣发和朝百脉，肝的疏泄，亦推动和促进血液运行的重要因素;脾的统血和肝的藏血等，是固摄血液的重要因素。此外，脉道是否通利，血的寒温情况，都与血的运行有着密切的关系。血液在经脉中运行，故称"脉为血府"。起自于手太阴肺经，止于足厥阴肝经，周而复始，如环无端。

4.20 津液

津液，是机体一切正常水液的总称，包括各脏腑组织器官的内在体液及其正常的分泌物，如胃液、肠液和涕、泪等。津液，同气和血一样，是构成人体和维持人体生命活动的基本物质。

4.21 津液的生成、输布和排泄

《素问·经脉别论》说："饮入于胃，游溢精气，上输于脾，脾气散精，上归于肺，通调水道，下输膀胱，水精四布，五经并

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行”。津液来源于饮食水谷，津液的生成，是通过胃对饮食物的“游溢精气”和小肠的“分清别浊”，“上输于脾”而生成。津液的输布和排泄，主要是通过脾的转输、肺的宣降和肾的蒸腾气化等脏腑功能的共同作用而完成的。津液的输布与排泄，又以三焦为通道。

4.22 津液的功能

津液有滋润和濡养的生理功能。如：布散于肌表的津液，具有滋润皮毛肌肤的作用；液注于孔窍的津液，具有滋润和保护眼、鼻、口等孔窍作用；渗入于血脉的津液，具有充养和滑利血脉的作用，而且也是组成血液的基本物质；注入于内脏组织器官的津液，具有濡养和滋润各脏腑组织器官的作用；渗入于骨的津液，具有充养和濡润骨髓、脊髓和脑髓等作用。

4.23 气为血之帅

气为血之帅，主要是指气能生血、行血和摄血三个方面的作用。气能生血，主要是指血的生成，离不开气的气化作用。气的行血，是指气是血液运行的动力。气能摄血，是指血在脉中循行而不逸出脉外，主要依赖气对血的固摄作用。

4.24 血为气之母

血是气的载体，并给气以充分的营养，气的活力很强，易于逸脱，故气须依附于血和津液，而存在于体内。故称“血为气之母”。

4.25 津血同源

血和津液的生成，都来源于水谷精气，由水谷精气所化生，故称“津血同源”。在病理情况下，血和津液之间多相互影响，故对失血患者，不宜采用汗法；对多汗而津液大亏的患者，亦不可

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妄用破血、之峻剂，故《灵枢·营卫生会》有“夺血者无汗，夺汗者无血”之说。

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5 经络

5.1 经络学说

经络学说，是研究人体经络系统的生理功能、病理变化及其与脏腑相互关系的学说，是中医学理论体系的重要组成部分。

5.2 经络

经，有路径之意；络，有网络之意。经脉是主干，络脉是分支。经络，是经脉和络脉的总称，是运行气血，联络脏腑肢节，沟通上下内外的通路。经脉有一定的循行径路，而络脉则纵横交错，网络全身，把人体所有的脏腑、器官、孔窍以及皮肉筋骨等组织联结成一个统一的有机整体。

5.3 经络系统

经络系统，是由经脉和络脉及其连属部组成。在内连属脏腑，在外连属于筋肉、皮肤。

经脉可分为正经和奇经两类。正经有十二，即手足三阴经和手足三阳经，合称"十二经脉"，是气血运行的主要通道。奇经有八条，即督、任、冲、带、阴跷、阳跷、阴维、阳维，合称"奇经八脉"，有统率、联络和调节十二经脉的作用。十二经别，是从十二经脉别出的经脉，主要是加强十二经脉中相为表里的两经之间的联系，还由于它通达某些正经未循行到的器官与形体部位，因而能补正经之不足。

络脉是经脉的分支，有别络、浮络和孙络之分。别络是较大

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的和主要的络脉。十二经脉与督脉、任脉各有一支别络，再加上脾之大络，合为“十五别络”。别络具有加强相为表里两条经脉之间在体表的联系。浮络是循于人体浅表部位而常浮现的络脉。孙络是细小的络脉。连属部，包括经筋和皮部，是十二经脉与筋肉和体表的连属部分。

5.4 十二经脉的名称

十二经脉的名称为：手太阴肺经、手厥阴心包经、手少阴心经、手阳明大肠经、手少阳三焦经、手太阳小肠经、足太阴脾经、足厥阴肝经、足少阴肾经、足阳明胃经、足少阳胆经、足太阳膀胱经。

5.5 十二经脉的走向和交接规律

十二经脉的走向和交接规律是：手之三阴经从胸走手，在手指末端交手三阳经；手之三阳经从手走头，在头面部交足三阳经；足之三阳经从头走足，在足趾末端交足三阴经；足之三阴经从足走腹，在胸腹腔交手三阴经。

5.6 十二经脉的分布规律

在四肢，内侧为三阴经，外侧为三阳经，大体上太阴、阳明在前缘（上肢以桡侧为前，下肢以胫骨为前），少阴、太阳在后缘，厥阴、少阳在中线。在头面部，阳明经行于面部、额部；太阳经行于面颊、头顶及头后部；少阳经行于头侧部。在躯干部，手三阳经行于肩胛部；足三阳经则阳明经行于前（胸、腹面），太阳经行于后（背面），少阳经行于侧面。手三阴经均从腋下走出，足三阴经均行于腹面。循行于腹面的经脉，自内而外的顺序为足少阴、足阳明、足太阴、足厥阴（注：在下肢，于足内踝上八寸处以下，是厥阴在前，太阴在中，少阴在后。）。

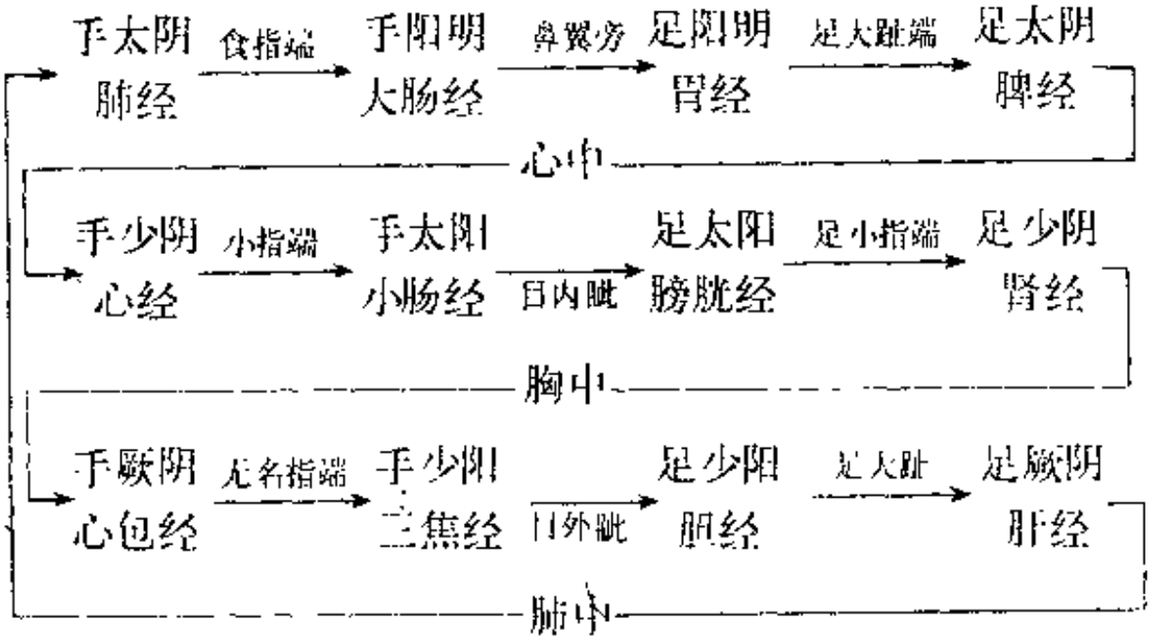
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5.7 十二经脉的表里关系

手足三阴、三阳，通过经别和别络互相沟通、组合成六对"表里相合"关系。其中，足太阳与足少阴为表里，足少阳与足厥阴为表里，足阳明与足太阴为表里，是为足阴阳也。手太阳与手少阴为表里，手少阳与手厥阴为表里，手阳明与手太阴为表里，是为手之阴阳。

5.8 十二经脉的流注次序

十二经脉分布在人体内外，经脉中的气血运行是循环贯注的，即从手太阴肺经开始，依次传至足厥阴肝经，再传至手太阴肺经，首尾相贯，如环无端。其流注次序如下表：



5.9 奇经八脉

奇经八脉，是督脉、任脉、冲脉、带脉、阴跷脉、阳跷脉、阴维脉、阳维脉的总称。由于它们的分布不象十二经脉那样规则，同脏腑没有直接的络属，相互之间也没有表里关系，与十二正经不同，故称"奇经"。它们有以下三方面的作用：一是进一步密切十二经脉之间的联系。二是调节十二经脉的气血。三是与

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肝、肾等脏及女子胞、脑、髓等奇恒之腑的关系较为密切，相互之间在生理、病理上均有一定的联系。

5.10 督脉

督，有总管、统率的意思。督脉行于背部正中，其脉多次与手足三阳经及阳维脉交会，能总督一身之阳经，故又称为"阳脉之海"。其次，督脉行于脊里，上行入脑，并从脊里分出属肾，它与脑、脊髓、肾有密切的联系。

5.11 任脉

任，有担任、任受的意思。任脉行于腹面正中线，其脉多次与手足三阴及阴维脉交会，能总任一身之阴经，故又称："阴脉之海"。任，又与"妊"相通。其脉起于脉中，与女子妊娠有关，故有"任主胞胎"之说。

5.12 冲脉

冲，有要冲的意思。冲脉上至于头，下至于足，贯串全身，成为气血的要冲，能调节十二经气血，故有"十二经脉之海"之称。冲脉又称"血海"，同妇女的月经有密切关系。

5.13 带脉

带脉起于季胁，斜向下行到带脉穴，绕身一周，犹如束带，能约束纵行的诸脉。

5.14 阴维脉、阳维脉

维，有维系之意。阴维脉的功能是"维络诸阴"；阳维脉的功能是"维络诸阳"。

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5.15 阴跷脉、阳跷脉

跷，轻健跷捷之意。有濡养眼目、司眼睑开合和下肢运动的功能。古人还有阴阳跷脉"分主一身左右之阴阳"之说。

5.16 十二经别

经别，别行的正经。十二经别都是从十二经脉的四肢部位别出，它的生理功能有三个方面：一是加强了十二经脉中相为表里的两条经脉在体内的联系；二是别络对其它络脉有统率作用，加强了人体的内部联系；三是灌渗气血以濡养全身。

5.17 浮络

分布在皮肤表面的络脉称为"浮络"，即《灵枢·经脉》所谓"诸脉之浮而常见者"。

5.18 孙络

从别络分出的细小络脉称为"孙络"，即《灵枢·腽度》所谓"络之别者为孙"。

5.19 十二皮部

皮部，是指体表的皮肤按经络的分布部位分区。十二经脉及其所属络脉，在体表有一定的分布范围，与之相应，全身的皮肤也就划分为十二个部分，称十二皮部。皮部，是十二经脉之气的散布所在，观察不同部位的皮肤的色泽和形态变化，有助于诊断某些脏腑、经络的病变；在皮肤一定部位施行敷贴、温灸、热熨等疗法，以治内脏的病变。

5.20 十二经筋

经筋，是十二经脉连属于筋肉的经络，其功能活动有赖于经

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络气血的濡养，并受十二经脉的调节，故将其划分十二个系统，称为“十二经筋”。它的生理功能主要是约束骨骼，有利于关节的屈伸运动。

5.21 经络的生理功能

经络的功能活动，称为“经气”。其生理功能主要表现在四个方面：一是沟通表里上下，联系脏腑器官；二是通行气血，濡养脏腑组织；三是感应传导；四是调节脏腑器官的机能活动。

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6 病因与发病

6.1 疾病

疾病是人体的阴阳平衡失调、器质损伤和生理功能的异常状态。其概念包括以下几点内容：(1) 疾病是致病因素作用于人体的结果；(2) 疾病是表现为阴阳平衡失调的生命过程；(3) 疾病是一个不断变化的过程，在这个过程中，始终存在着损伤、障碍与修复、调节的矛盾斗争。归纳上述三点，可以认为，疾病是人体在一定致病因素作用下发生的、表现为阴阳失调的生命过程，在这一过程中，始终贯串着损伤、障碍与修复、调节的矛盾斗争。

6.2 发病

发病是指在致病因素的作用下，引起了人体阴阳平衡失调、脏腑组织器官损害及正常生理功能失常的发生。人生活在自然界中，无时不受自然界气候变化及地域环境的影响。人在适应自然和改造自然的斗争中，维持着体内阴阳的相对平衡协调、保持着正常的生理活动。当自然环境变化剧烈，超越了机体的调节、适应能力，或人体正气不足，不能适应自然环境的变化，致病因素则作用于机体，引起体内阴阳平衡失调，脏腑组织器官损伤及机能障碍，导致疾病发生。

6.3 病因

病因是指导致疾病发生的原因和条件。即把破坏机体阴阳平衡、造成脏腑组织器官损伤和生理功能异常的各种原因和条件，称为病因。如六淫、疠气、七情内伤、饮食不节、劳逸失度、各

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种外伤，以及痰饮、瘀血等病理产物，都可导致疾病的发生，因而都属致病因素。研究各种致病因素的性质、致病特点、致病规律及所致病症的临床表现的学说，称为病因学说。中医病因学说不仅用直接观察的方法认识病因，更重要的是以疾病的各种临床表现为依据，通过分析疾病的症状、体征来推求病因。即所谓"辨证求因"。这是中医学特有的认识病因的方法，也是中医病因学的特点。

6.4 三因学说

此指宋代陈言（字无择）在《三因极一病证方论》一书中提出的病因分类。陈氏发展了《内经》"邪分阴阳"两类及汉代张仲景提出的"千般疢难，不越三条"的病因分类法，把致病因素和发病途径结合起来，提出了内因、外因、不内外因的"三因学说"。即六淫邪气自外侵袭人体，病发于外，为外因;七情过激直接伤及内脏，病起于内，为内因;其它如饮食劳倦、跌仆金刃、虫兽所伤等，则为不内外因。"三因学说"的问世，对后世病因学的研究，起到了很大的推动作用。

6.5 六淫

六淫是风、寒、暑、湿、燥、火六种外感病邪的统称。淫，有太过及侵淫之意。风、寒、暑、湿、燥、火这六种不同的气候变化，在正常情况下称"六气"，是自然界万物生长的条件，对人体是无害的。但当气候变化发生异常，六气发生太过或不及，以及气候变化过于急骤（如暴冷、暴热等），超越了人体的抗御能力;或人体正气不足，抗病能力下降，不能适应气候变化时，六气则成为致病因素，侵害人体而发病，称为"六淫"。因此，六淫是六气变化与体质差异所引起的外感致病因素。

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6.6 六淫致病的特点

六淫属外感致病邪气，因而其致病一般有如下几方面的特点：(1) 致病多与季节气候和居处环境有关。如春多风病，夏多暑病;久居潮湿之地，多患湿病;高温环境作业，多有燥热或火邪为病等。(2) 六淫病邪既可单独致病，又可两种以上同时侵犯人体致病。如"风寒湿三气杂至，合而为痹"，以及风寒感冒、湿热泄泻等。(3) 六淫在发病过程中，不仅可以相互影响，其病机和病证的性质又可以在一定条件下相互转化。如寒邪入里，从阳可以化热;暑湿日久，可以化燥伤阴等。(4) 六淫致病，其发病途径，多侵犯肌表，或从口鼻而入，或两者同时受邪。如伤寒太阳病，多为风寒之邪由表而入;温病，则病邪多由口鼻而入等。

6.7 风邪

风为春季主气，但一年四季皆有。风气太过，伤人致病，即称为风邪。风邪致病有如下特点：(1) 风为阳邪，其性开泄，致病多见汗出;又易袭阳位，常侵犯人体上部、阳经或肌表。(2) 风性善行数变。善行，指风邪致病有病位游移不定的特性。如风湿热，出现游走性关节疼痛，为风气偏胜的"风痹"。数变，指风邪致病具有变幻无常和发病迅速的特性。如荨麻疹有皮肤瘙痒，此起彼伏的特点，中医称为"风疹"。(3) 风为百病之长，常为外感致病的先导。风邪为六淫之首，其它诸邪如寒、湿、燥邪等，多依附于风邪而侵犯人体。

6.8 寒邪

寒为冬季主气，其它季节亦可见到。寒气太过，伤人致病，即为寒邪。寒邪致病有如下特点：(1) 寒为阴邪，易伤阳气。寒为阴气盛的表现，"阴胜则阳病"。寒邪束表，可郁遏卫阳，而见恶寒发热;寒邪直中脾胃，损伤脾胃阳气，则致腹痛泄泻。(2)

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寒性凝滞。寒邪袭人，易使气血凝结阻滞，经脉不通。不通则痛，故寒邪致病，多见疼痛。如风湿性关节炎，关节疼痛剧烈怕凉者，一般称为"寒痹"。(3) 寒性收引。寒邪侵袭人体，可使气机收敛，腠理汗孔闭塞，筋脉收缩，故常见无汗，筋脉拘急等症。

6.9 暑邪

暑为夏季主气，乃火热所化。暑热太过，伤人致病，则为暑邪。暑邪致病有明显的季节性，主要发生于夏至之后，立秋之前。暑邪的致病特点是：(1) 暑为阳邪，其性炎热。暑邪伤人，多出现一系列阳热症状，如壮热、心烦、面赤、脉洪大等。(2) 暑性升散，耗气伤津。暑邪伤人，常使腠理开泄而见多汗。汗多则津亏，气也随之外泄，故常伴见气虚征象，如气短乏力等。(3) 暑多挟湿。夏季炎热多雨而潮湿，故暑邪常兼湿邪侵犯人体。临床表现除有暑热症状外，可兼见四肢倦怠、胸闷呕恶等湿阻症状。

6.10 湿邪

湿为长夏主气，其它季节亦可见到。湿气太盛，伤人致病，即为湿邪。湿邪致病有如下特点：(1) 湿为阴邪，易阻遏气机，损伤阳气。湿邪重浊有质，其性粘滞，伤人最易阻遏气机，使升降出入郁滞不畅，阳气不伸，从而变生中满腹胀，呕恶泄泻等症。脾主运化水湿，湿邪侵入体内，常困遏脾阳，使脾阳不振，运化无权，又可导致水湿内生。湿为阴邪，阴盛则阳病，故湿邪亦常损伤人体阳气。(2) 湿性重浊。重，即沉重之意;浊，即秽浊之意。湿为重浊有质之邪，伤人致病，常出现头重如裹，关节重着麻木，以及分泌物、排泄物秽浊不清的现象。如风湿病中，肢体、关节重着麻木者，一般称为"湿痹"。目眵多、面垢、痢下脓血、小便浑浊、妇女白带过多，以及湿疹滋水淋漓等，亦属湿

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邪为患。(3) 湿性粘滞。粘滞，即粘腻停滞之意。湿邪的这一致病特点，一是指湿病症状多粘滞不爽，如大便粘腻不爽、小便滞涩不畅、舌苔粘腻等；二是指湿邪为病多缠绵难愈，病程较长或反复发作，如湿疹、湿痹等。

6.11 燥邪

燥为秋季主气，但其它季节亦可见到。燥气太过，伤人致病，则为燥邪。燥邪的致病特点是：(1) 燥性干涩，易伤津液。燥邪伤人，耗伤津液，易导致阴津亏损的病变。临床表现为皮肤干燥皲裂、鼻干咽燥、口唇燥裂、大便干燥等各种干涩的症状。(2) 燥邪易伤肺。肺为娇脏，性善清肃润濡而恶燥干，又与外界相通，燥邪多从口鼻而入，故易伤肺。燥邪伤肺，耗伤肺津，使肺宣发肃降失职，出现干咳少痰，或痰粘难咯，或痰中带血，以及喘息胸痛等症。

6.12 火（热）邪

火邪为阳盛所生，故火热常可混称。但热多属外淫，而火常自内生。火热之邪致病，有如下特点：(1) 火热为阳邪，其性燔灼炎热，致病常见高热、恶热、烦躁、口渴、汗出、舌红苔黄、脉洪大等症。火性炎上，病变多表现于上部，如心火上炎，可见口舌生疮；肝火上炎，可见目赤肿痛；炎热上扰神明，可见神昏谵语等。(2) 易耗气伤津。炎热之邪易迫津外泄，消灼津液，使阴津耗伤，故临床常伴有口渴喜饮、咽干口燥等津伤征象。津液外泄，气亦随之而耗，且火邪又易伤人正气，故常使全身机能衰退，疲惫不堪。(3) 易生风动血。火邪之邪侵袭人体，往往燔灼肝经，劫耗阴液，使筋脉失养，肝风内动，此称为“热极生风”，表现为高热神昏，四肢抽搐，角弓反张等。火热之邪可加速血行，灼伤脉络，甚则迫血妄行，而致各种出血。(4) 易致肿疡。火邪结于局部，易使气血壅滞，火盛则腐肉败血，而成痈肿疮

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疡，表现为局部红肿热痛，甚至化脓溃烂。

6.13 疠气

疠气是一类具有强烈传染性的外感病邪，又有“戾气”、“毒气”、“异气”等名称。人感受疠气，则发为疫疠病。疠气致病有如下特点：(1) 具有明显的传染性和流行性。疠气通过空气与接触传染，经口鼻侵入人体，人感受疠气后，则“转相染易”，常很快地在社会上流行，导致大面积发病。(2) 发病急骤，传变迅速，病情重笃，症状相似。

6.14 七情内伤

七情，指喜、怒、忧、思、悲、惊、恐七种不同的情志表现，是人体对外界事物刺激所产生的情志反映，属正常的精神活动，一般不会使人致病。只有突然强烈或长期持久的情志刺激，超越了人体的适应能力和耐受限度，引起脏腑气血功能紊乱，阴阳失去平衡而发病时，七情才成为致病因素，称为“七情内伤”。

6.15 情志与内脏气血

情志与内脏气血的关系是极为密切的。简要地说，即情志活动生于五脏气血，而情志过激又伤五脏气血。一方面，内脏气血的功能活动，产生了相应的情志变化。如《素问·阴阳应象大论》说：“人有五脏化五气，以生喜怒悲忧恐。”五脏气血功能失常，则情志活动也相应地出现异常。如肝的疏泄功能失常，可见多怒等。另一方面情志过激又作用于相应的五脏，致使五脏功能失常，气机紊乱，血行异常。如大怒则伤肝，使气机逆上，气血上涌，可见呕血，重者昏厥。

6.16 七情致病特点

七情过激致病有如下特点：(1) 直接伤及五脏，并首先影响

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心神。七情过激致病与六淫不同，不是从口鼻或皮毛而入，而是直接作用于相应的五脏而发病。心为五脏六腑之大主，精神之所舍，故情志所伤，首伤心神，次及他脏。如过思则致心神凝滞，脾气郁结。(2) 影响脏腑气机。怒伤肝，大怒则肝气上逆或横逆；喜伤心，过喜则心气涣散，神不守舍;思伤脾，思虑过度则脾气郁结，不思饮食;恐伤肾，恐惧过度则肾气不固，二便失禁;悲伤肺，过度悲哀则肺气消减，少气无力;惊伤心，大惊则心气紊乱，六神无主，手足无措。(3) 情志波动可影响或加重病情。疾病过程中，若患者有较明显的情志波动，常使病情加重，甚或急剧恶化。

6.17 饮食不节

饮食失宜，或过饥过饱，或饮食不洁，或饮食偏嗜，称为饮食不节，常为导致疾病发生的原因。过饥则摄食不足，因而气血生化之源缺乏，久之则气血衰少而为病。且气血不足则正气虚弱，抵抗力降低，也易继发其它疾病。过饱则饮食摄入过量，超过脾胃的运化能力，可致食积，出现脘腹胀满、嗳腐泛酸、厌食、吐泻等食伤脾胃病证。正如《素问·痹论》所说："饮食自倍，肠胃乃伤。"饮食不洁，可引起多种胃肠道疾病，出现腹痛、吐泻、痢疾等，或引起各种寄生虫病。若进食腐败变质有毒食物，常出现剧烈腹痛、吐泻等中毒症状，重者可出现昏迷或死亡。饮食偏嗜，过寒过热，或五味摄入有偏，则可导致人体阴阳平衡失调，或引起某些营养缺乏而发生疾病。

6.18 劳逸失度

劳逸失度，即指过度劳累和过度安逸。二者皆可成为致病因素而使人发病。过度劳累有劳力过度、劳神过度和房劳过度之分。劳力过度，是指长时间的过度用力而积劳成疾。劳力过度则伤气，久之则气少力衰。故《素问·举痛论》说："劳则气耗"。

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劳神过度，是指思虑太过、劳伤心脾而言。思虑劳神过度，则耗伤心血、损伤脾气，可出现心神失养的心悸、失眠、健忘及脾气结滞的纳呆、[illegible]。房劳过度，是指性生活不节，房事过度而言。房事过[illegible]精，常出现腰膝酸软，眩晕耳鸣，精神萎靡，性机能减[illegible]遗泄、阳痿等病证。

过度安逸，是指生活安闲，不参加劳动，又不活动。长期不活动，易使人体气血不[illegible]脾胃功能减弱，可出现食少乏力，精神不振，肢体软弱，或发胖臃肿，动则心悸、气喘、汗出等。故《素问·宣明五气篇》说："久卧伤气"。

6.19 外伤

外伤包括枪弹、金刃伤、跌打损伤、持重努伤、烧烫伤，冻伤和虫兽伤等。

枪弹、金刃、跌打损伤、持重努伤等外伤，可引起皮肤肌肉瘀血肿痛、出血，或筋伤骨折脱臼。重则损伤内脏，或出血过多，可导致昏迷、抽搐、亡阳虚脱等严重病变。

烧烫伤，多由高温物品、沸水，或滚热油液，或火焰等烧烫后引起，轻者损伤皮肤，出现红、肿、热、痛。重度烧伤，创面过大，常因剧烈疼痛、火毒内攻，体液蒸发或渗出，出现烦躁不安、发热、口渴、尿少等症，甚至死亡。

冻伤，是指人体遭受低温侵袭所引起的全身性或局部性损伤。全身性冻伤，因寒邪伤阳，阳气被耗而失其温煦和推动血行的作用，可见体温逐渐下降，面色苍白，唇舌、指甲青紫，呼吸减弱，脉迟细。如不救治，易致死亡。局部冻伤，多发生于手、足、耳廓等部位。初起因气血受寒，凝滞不畅，不能温煦、营养受冻部位，可见局部皮肤苍白、冷麻，继则肿胀青紫，痒痛灼热，或出现大小不等的水泡等。

虫兽伤，包括毒蛇、猛兽、狂犬咬伤，或蝎、蜂螫伤等。轻则局部损伤，出现肿痛出血等。重则损及内脏，或出血过多而死亡。

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6.20 痰饮

痰饮是人体水液代谢障碍产生的病理产物。因其形成后，又能直接或间接地作用于机体的某些部位，引起脏腑组织新的病理改变，形成各种不同的证候，故将其称为致病因素。痰饮是痰和饮的合称，一般将质稠粘而厚者称为痰，而将清稀而薄者称为饮。痰还有有形与无形之分：有形之痰是指视之可见，触之可及或听之有声的痰浊;无形之痰是指停滞于脏腑经络组织中而看不见形质的痰液，但有临床表现可证，可通过其临床表现的症状来确定，用祛痰药治之可愈。

6.21 痰饮的形成

痰饮多由外感六淫、饮食不节或七情内伤等，使脾、肺、肾、三焦等脏腑的气化功能失常，水液停聚而成。脾、肺、肾、三焦与水液的运行敷布排泄关系密切。脾主运化水液，“脾气散精，上归于肺”；肺主宣发肃降，通调水道，敷布津液;肾主蒸化水液，腾清降浊，生成尿液并控制尿液的排泄。脾肺肾三脏功能协调，三焦水道通畅，则使“水精四布，五经并行”。若脾肺肾及三焦功能失常，则水液停聚而成痰饮。

6.22 痰饮的致病特点

痰饮形成后，随气流行，无处不到，内至脏腑，外达筋脉皮肉，引起多种病证，故有“百病多由痰作祟”之说。痰饮的致病特点可归纳为以下几点：(1) 阻碍经脉气血的运行。痰饮流注于经络中，可阻碍气血运行，使气血郁滞不畅，出现肢体麻木，半身不遂等。若流注于心中，可使心血运行不畅，出现胸闷心悸等。(2) 阻滞气机升降出入。痰饮流注于脏腑组织中，可阻碍气机升降出入，变生它病。如痰滞在肺，肺失宣降，可见喘咳咯痰;痰停于胃，胃失和降，可见呕吐恶心、胃脘痞满等。(3) 影响水液

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代谢。痰饮本为水液代谢障碍而生成，但其一旦停聚，则易阻滞气机升降。气能行水，气滞则水停，故可进一步加重水液代谢的失常。(4) 易于蒙蔽神明。痰饮流注心中，可蒙蔽心窍，使心神失常，出现神昏痴呆。若痰火扰心，则发为癫狂。

6.23 瘀血

瘀血是血运失常，血液停滞而形成的病理产物。包括离经之血积存于体内，及血运不畅、阻滞于经脉及脏腑内的血液。瘀血形成后，能进一步影响气血的运行，使脏腑组织功能失调，产生新的病理变化，形成多种证候，故也是一种致病因素。

6.24 瘀血的形成

导致瘀血形成的原因有多种，但主要由于气滞、气虚、血寒、血热等原因，致使血行不畅，凝结阻滞于某处而成瘀血。或因外伤及其它原因造成内出血，不能及时消散排出而形成瘀血。(1) 气滞。情志内伤，肝气郁结，气机失调。气滞则血行不畅，致成瘀血。(2) 气虚。气为血之帅，气虚则运血无力，血行迟滞不畅，或气虚失于统摄，血逸脉外组织中，又不得及时消散，而形成瘀血。(3) 血寒。外感寒邪，或阳虚阴寒内盛，寒凝血脉，血行不畅，致成瘀血。(4) 血热。热入营血，耗伤阴液，血液粘滞，或血与热互结，运行不畅，或热伤血络，迫血妄行，血逸于脏腑组织间，不得及时消散，形成瘀血。(5) 外伤出血。跌打、挤压、扭伤等，外损肌肉，内伤脏腑，使血脉破损，血逸脉外，造成离经之血瘀于脏腑组织中，不能及时排出，又不能及时消散，则形成瘀血。(6) 饮食失节，暴饮暴食，导致肠胃络脉损伤，“阴络伤则血内溢”，不能及时排出或消散，而成瘀血。

6.25 瘀血的病证特点

瘀血形成后，不仅失去正常的濡养作用，而且反过来影响全

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身或局部血液的运行，产生多种病证。其病证特点，概括起来主要有以下几点：(1) 疼痛。一般为刺痛，固定不移，且多昼轻夜重。(2) 肿块。在体表者色青紫，在体内者为症块，部位固定，压痛拒按。(3) 出血，血色紫暗，或挟有瘀块。瘀血阻滞，可导致多种出血症，如呕血、咯血、便血、尿血、皮肤紫斑、妇女月经过多、崩漏等。即所谓"瘀血不去，出血不止"。(4) 紫绀。一般见面部、口唇及爪甲青紫。(5) 舌紫暗或有瘀斑瘀点，脉细涩沉弦或结代。另外，瘀血日久不消，"瘀血不去，则新血不生"，可见面色黧黑、肌肤甲错（皮肤起鳞屑，摸之涩手感）等征象。瘀血内扰心神，还可见狂躁、昏迷等精神症状。

6.26 正气

正气，指人体的机能活动（包括脏腑、经络、气血等功能）和抗病、康复能力，包括对自然环境的适应能力，对外界致病因素的抗御能力，对损伤的自身修复能力，及对机能障碍的调节能力等。正气简称"正"。

6.27 邪气

邪气，泛指各种致病因素。如六淫，疠气、情志刺激，以及痰饮、瘀血等病理产物，皆为致病因素，都属邪气。邪气简称"邪"。

6.28 正气不足是疾病发生的内在根据

疾病是邪气作用于正气，引起邪正斗争的结果。因此疾病的发生，关系到正气与邪气两个方面。正气不足是疾病发生的内在根据。人体正气充盛，邪气就难以侵人，人体也不会发病。即所谓"正气存内，邪不可干"。只有在人体正气虚弱，不足以抗御病邪时，邪气才能乘虚侵人，伤人发病，即所谓"邪之所凑，其气必虚"。

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6.29 邪气是发病的重要条件

正气强弱虽然是人体发病与否的内在基础，但没有邪气的侵害，一般也不会发病。所以说，邪气是发病的重要条件。另外，人体的正气，抗御邪气的能力是有一定限度的，若邪气太盛，超越了人体正常的抵抗力，也会发病。如疠气，外伤等，均不以人体正气的强弱为主要依据，在发病中常起主导作用。

6.30 正气胜邪则不病

邪正斗争，不仅关系着疾病的发生，而且影响疾病的发展与转归。邪气侵袭人体时，正气即起来抗邪。若正气强盛，抗邪有力，则病邪难以侵入，或侵入后即被正气及时消除，不产生病理反应，即不发病。如自然界经常存在着各种各样的致病因素，但并非所有接触的人都会发病，就是正能胜邪的结果。

6.31 邪气伤正则发病

在邪正斗争过程中，若邪气偏盛，正气相对不足，邪胜正负，从而使脏腑阴阳气血失调而发病。发病以后，由于正气强弱的差异、病邪性质的不同和感邪的轻重，以及邪在部位的浅深，从而引起各种不同的病证。正气强，尚能抗邪，邪正斗争剧烈，多表现为实证;正气不足，抗邪无力，多表现为虚证或虚实夹杂证。阳邪侵犯人体，易致阳偏胜而伤阴，出现实热证;阴邪侵犯人体，易致阴偏胜而伤阳的实寒证或寒湿证。感邪轻则病轻浅，感邪重则病深重。邪气侵犯的部位不同，发病也不一样。邪客皮肤，引起表证;邪侵脏腑，导致里证。邪在表则病轻浅，邪在里则病深重。

6.32 环境与发病

疾病的发生，与内外环境都有着密切的关系。外环境，主要

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指生活、工作环境，包括气候变化、地理特点、环境卫生等。人与自然界息息相关，人们在长期与自然作斗争中逐渐适应了自然。但自然气候的异常变化，或工作、生活环境受污染，又可使人致病。内环境，主要指人体本身的正气。正气的强弱则与体质和精神状态有关。体质壮实，则正气充足；体质虚弱，则正气亏虚。而体质的强弱，常与先天禀赋、饮食调养、身体锻炼有关。一般地说，先天禀赋充实，后天营养充足，并加强体育锻炼者，体质多壮实，反之，体质多虚弱。精神状态受情志因素的直接影响。情志舒畅，精神愉快，则气血和调，脏腑功能协调，正气旺盛。若情志不畅，精神抑郁，则使阴阳气血失调，脏腑功能正常，正气减弱。因此，体质壮实，情志舒畅，则正气充足，抗病力强，邪气难以入侵，即使受邪，病邪也易被祛除，难以发展。若体质虚弱，情志不畅，则正气减弱，抗病力衰退，邪气易于侵入而发病，并常使疾病深入恶化。

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7 病机

7.1 病机

病机即疾病发生、发展与变化的机理。疾病的发生、发展与变化，与人体的正气强弱和致病邪气的性质密切相关。病邪作用于人体，人体的正气必然奋起抗邪，形成邪正斗争。阳邪作用于人体，易伤人体的阴液，阴邪侵入人体，易伤人体的阳气，因而破坏了人体阴阳的相对平衡。同时或引起脏腑、经络功能失调，或使气血功能紊乱，从而导致全身或局部的多种多样的病理变化，出现千变万化的临床征象。因此，疾病总的病机，离不开邪正盛衰、阴阳失调、气血失常、脏腑和经络功能紊乱等一般规律。

7.2 邪正盛衰

邪正盛衰，是指疾病过程中，人体正气与致病邪气之间的相互斗争中所发生的盛衰变化。邪正斗争的盛衰、胜负，不仅关系着疾病的发生，即邪胜正则发病，正胜邪则不发病，而且直接影响着疾病的发展与转归，即邪胜正则病进乃至死亡，正胜邪则病退乃至痊愈。同时，邪正盛衰还决定着疾病的虚实变化，即所谓邪正盛衰判虚实。所以，从一定意义上来说，许多疾病的过程，也就是邪正斗争及其盛衰变化的过程，邪正盛衰是疾病的基本病机之一。

7.3 实

《素问·通评虚实论》中说："邪气盛则实"。所谓实，主要指

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邪气亢盛，是以邪气盛为矛盾的主要方面的一种病理反映。也就是说，致病邪气亢盛，人体正气亦强，或邪气虽盛，而正气未衰，因而邪正相搏，斗争剧烈，反应明显，临床上出现一系列亢盛有余的病理反映，即谓之实证。实证多见于外感病的初、中期，或由于痰、食、血、水等留滞于体内而引起的病证。其临床表现可见壮热、狂躁、声高气粗、腹痛拒按、二便不通、脉实有力等症，以及痰涎壅盛、食积不化、水湿泛滥、瘀血内阻等病变。

7.4 虚

《素问·通评虚实论》说："精气夺则虚。"所谓虚，主要指正气不足，是以正气虚为矛盾主要方面的病理反映。也就是说，人体的正气亏虚，阴阳气血皆不足、脏腑经络等功能较弱、抗病能力低下、邪气亦不盛或已衰，在正气对于病邪的斗争中，出现一系列虚损不足的病理反映，即谓之虚证。虚证多见于素体虚弱或疾病的后期，以及多种慢性病证。临床可见神疲体倦、面容憔悴，心悸气短，自汗、盗汗，或五心烦热，或畏寒肢冷，脉虚无力等症。

7.5 虚实错杂

邪正盛衰，不仅可以产生单纯的虚或实的病理变化，而且在长期的、复杂的疾病中，往往又多见虚实错杂的病理变化。虚实错杂主要包括虚中夹实和实中夹虚两种病理变化。虚中夹实常因正气不足、无力驱邪外出，或痰、食、血、水等病理产物凝结阻滞于体内所致；实中夹虚则因邪气久留，损伤正气引起。因此，在疾病的发展过程中，虚或实是相对的，而不是绝对的。虚实夹杂常常是某些疾病发展过程中的必然趋势。

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7.6 虚实真假

虚实真假包括真实假虚和真虚假实两种病理变化。真实假虚，即"大实有羸状"，其假象的出现，常因实邪结聚于体内，阻滞经络，使气血不能外达所致。如热结肠胃，反见泻下稀水的"热结旁流"，即属真实假虚。真虚假实，即"至虚有盛候"，常因脏腑功能不足，运化无力所致。如脾虚运化无力，可出现腹部胀满的假实征象，即属真虚假实。因此，分析病机的虚或实，必须透过现象看本质，才能不被假象所迷惑，真正把握住疾病的虚实变化。

7.7 正胜邪却则病退

疾病发生后，其发展与转归取决于邪正斗争的胜负。正气战胜邪气，即正胜邪却，则疾病趋向于好转，乃至痊愈。这是由于患者的正气比较充盛，抗御病邪的能力较强，或因及时地得到了正确的治疗，则邪气难以进一步发展，进而促使病邪对人体的作用消失或终止，人体脏腑组织的病理性损害逐渐得到修复，精、气、血、津液的耗伤也逐渐得到恢复，人体的阴阳在新的基础上又获得了新的平衡，疾病即告痊愈。例如，由六淫病邪所致的外感病，邪气从皮毛或口鼻侵入人体，若人体正气较足，抗邪能力较强，则不仅能延缓病情的进一步发展，使病变局限在肌表或经络，而且可在人体正气抗御病邪的作用下，驱邪外出，一经发汗解表，则邪去而营卫和调，疾病痊愈。

7.8 邪胜正衰则病进

邪正斗争的胜负决定了疾病的发展与转归。正胜邪却而病愈是许多疾病常见的一种转归。但若邪气亢盛、正气不足，邪气战胜正气，则疾病出现另一种转归，即疾病趋向恶化，乃至死亡。这是由于正虚而邪盛，人体抗御病邪的能力日趋低下，难以制止

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邪气的致病作用及其进一步发展，人体受到的病理性损害日趋严重，因而病情逐渐恶化和加剧。若正气衰竭，气血、脏腑、经络等功能衰惫，阴阳离决，则人体的生命活动即告终止而死亡。例如，在外感热病过程中，亡阴，亡阳等病理变化出现，即是正不敌邪、邪胜正衰的典型表现。

7.9 阴阳失调

阴阳失调即阴阳失去平衡协调的简称，是指在疾病的发生发展过程中，人体的阴阳在各种致病因素的作用下失去相对的平衡协调，从而形成阴阳的偏盛、偏衰、互损、格拒、亡失等病理状态。同时由于脏腑、经络、气血、营卫及气机的升降出入等相互关系也可用阴阳来概括，因而阴阳失调又是脏腑、经络、气血、营卫等相互关系失调，以及表里出入、上下升降等气机失常的概括。疾病是致病因素作用于人体，引起人体阴阳平衡失调的生命过程，故阴阳失调是疾病的基本病机，是中医学病理总纲。阴阳失调主要表现为寒热虚实与真假的病理变化，即所谓"阴阳失调定寒热"、"寒热者，阴阳之化也"。

7.10 阴阳偏胜

阴或阳的偏胜，可导致"邪气盛则实"的实证。病邪侵入人体，必从其类，阳邪侵入人体，可形成阳偏胜，阴邪侵入人体，则形成阴偏胜。阳偏胜可导致实热证，而阴偏盛则导致实寒证。即《素问·阴阳应象大论》所说："阳胜则热，阴胜则寒。"

阴阳是相互制约的，阳长则阴消，阴长则阳消。阳偏胜必然制约阴，而导致阴偏衰。阴偏胜也必然制约阳，而导致阳偏衰。《素问·阴阳应象大论》所谓"阳胜则阴病，阴胜则阳病"，明确指出了阳偏胜与阴偏胜的必然发展趋势。

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7.11 阳盛则热

阳盛则热，是对人体的阳气偏盛，导致实热证的病机概括。形成阳盛的原因，主要是感受温热阳邪，或虽感受阴邪，但从阳化热。也可由情志内伤，五志化火，或因气滞、瘀血、食积等郁而化热所致。阳气偏盛，机能亢奋，产热过剩，故引起实热证。阳以热、动、燥为其特点，故阳盛必见热象，如壮热、面红、目赤等。

由于阴与阳是相互对立制约的，故阳盛必然耗阴，即所谓"阳盛则阴病"。邪客于阳而致阳盛，此时阴相对不足，故出现实热证。如果由于阳盛而耗伤了人体的阴液，此时阴为绝对不足，故出现实热兼阴虚证，或发展为阴虚证。

7.12 阴盛则寒

阴盛则寒，是人体阴气偏盛，所致的实寒证。形成阴偏盛的原因，多由感受寒湿阴邪，或过食生冷，寒滞中阻所致。阴气偏盛，阳气被抑制，可引起病理性代谢产物，如痰饮、瘀血的积聚留滞，从而导致实寒证。阴以寒、静、湿为其特点，故阴盛必见寒象，如形寒、肢冷、舌淡等。

由于阴阳是相互对立制约的，故阴盛必伤阳，即所谓"阴胜则阳病"。从理论上说，此时阳的相对不足为实寒证，阳的绝对不足为实寒兼阳虚证。但由于阳主动而易耗散，故阴胜时，多同时伴有程度不同的阳气不足，所以，临床上区分阳的相对不足和绝对不足，辨明单纯的实寒证与实寒兼阳虚证，确有一定难度。

7.13 阴阳偏衰

阴或阳的偏衰，可导致"精气夺则虚"的虚证。"精气夺"，实质上包括了人体的精、气、血、津液等基本物质的不足及其生理功能的减退，同时也包括了脏腑、经络等生理功能的减退和失

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调。人体的精、气、血、津液和脏腑、经络等组织器官及其生理功能，均可用阴阳加以概括。在正常情况下，它们之间存在着相互制约、互根互用及相互消长转化关系，维持着相对平衡状态。如果由于某种原因，出现阴或阳的某一方面物质减少或功能减退时，必然不能制约对方而引起对方的相对亢盛，形成"阳虚则寒"（虚寒）、"阴虚则热"（虚热）的病理表现。

7.14 阳虚则寒

阳虚则寒，是对人体阳气不足，虚寒内生的病机概括。导致阳气不足的原因，多由于先天禀赋不足，或后天饮食失养和劳倦内伤，或久病损伤阳气所致。阳气不足，则不能制阴，导致阴相对偏胜，虚寒内生。阳气不足，则温煦功能减弱，脏腑、经络的某些功能活动因之减退，血和津液的运行迟缓，水液不化而阴寒内盛。临床表现除有面色㿠白、畏寒肢冷、舌淡脉迟等寒象外，还有喜静倦卧、下利清谷等虚象，即所谓"虚而有寒"。

7.15 阴虚则热

阴虚则热，是对人体阴液（包括精、血、津液）不足，虚热内生的病机概括。导致阴液不足的原因，多由于阳热之邪伤阴，或五志过极，化火伤阴，或久病耗伤阴液所致。阴液不足，则不能制阳，导致阳相对偏亢，机能虚性亢奋，虚热虚火内生。临床常见五心烦热，骨蒸潮热，盗汗，咽干口燥，舌红少苔，脉细数等症，即所谓"虚而有热"。

7.16 阴阳互损

是指在阴或阳任何一方虚损的前提下，病变发展影响及相对的一方，形成阴阳两虚的病机。在阴虚的基础上，继而导致阳虚，称为阴损及阳。在阳虚的基础上，继而导致阴虚，称为阳损及阴。由于肾为一身阴液与阳气的根本，故无论阴虚或阳虚，多

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在损及肾脏阴阳及肾本身阴阳失调的情况下，才易于发生阴损及阳或阳损及阴的病理变化。

7.17 阴损及阳

是阴虚而累及阳虚，形成以阴虚为主的阴阳两虚的病机。阴精亏损，“无阴则阳无以化”，而致阳气化生不足，或阳气失其载体而无所依附，因之耗散。故在阴虚的基础上，继发阳虚，形成以阴虚为主的阴阳两虚证。如临床上常见的肝阳上亢一证，其病机主要为水不涵木的阴虚阳亢，但病情发展，可进一步损耗肾阴，损及肾阳，继而出现畏寒、肢冷、脉沉弱等阳虚症状，转化为阴损及阳的阴阳两虚证。

7.18 阳损及阴

是阳虚而累及阴虚，形成以阳虚为主的阴阳两虚的病机。阳气虚损，“无阳则阴无以生”，而致阴精化生不足，即在阳虚的基础上，继发阴虚，形成以阳虚为主的阴阳两虚证。如临床上常见的水肿一证，其病机主要为阳气不足，气化失司，水液代谢障碍津液停聚而水湿内生，溢于肌肤所致。但其病变发展，又可因阴无阳生而日益亏耗，而见消瘦、烦躁升火等阴虚症状，转化为阳损及阴的阴阳两虚证。

7.19 阴阳格拒

格拒，即排斥之意。阴阳格拒，是指阴阳相互对立排斥，形成寒热真假的病机。此乃阴阳失调中比较特殊的一类病机。阴或阳一方偏胜至极，壅遏于内，而将另一方格拒排斥于外，迫使阴阳之间不相维系，从而形成真寒假热与真热假寒的病理变化。阴阳格拒病机包括阴盛格阳与阳盛格阴两个方面。

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7.20 阴盛格阳

又称格阳，是真寒假热证的病机概括。阴寒过盛，壅遏于内，逼迫阳气浮越于外，使阴阳之气不相顺接，相互格拒，从而形成真寒假热证。阴寒内盛是疾病的本质，但由于格阳于外，故临床上可见面红、烦热、口渴、脉大等假热征象。

7.21 阳盛格阴

又称格阴，是真热假寒证的病机概括。阳热盛极，郁闭于内，不能外达于四肢而格阴于外，以致阴阳气不相顺接，形成真热假寒证。阳盛于内是疾病的本质，但由于格阴于外，故临床上可出现四肢厥冷、脉象沉伏等假寒之象。

7.22 亡阴

是指由于人体阴液发生突然性的大量消耗或丢失，而致全身机能严重衰竭的一种病理状态。一般地说，亡阴多由于邪热炽盛，或邪热久留，大量煎灼津液，或大汗、剧烈吐泻、大失血，以致阴液大量丢失所致。亡阴时，多见喘渴烦躁、手足虽温而汗出欲绝等危重征象。

7.23 亡阳

是指人体的阳气发生突然性脱失，而致全身机能突然严重衰竭的一种病理状态。一般地说，亡阳多由于邪气太盛，正不敌邪，阳气突然脱失所致。也可由素体阳虚，劳累过度，阳气暴脱；或汗出过多，阳随汗泄;或久病阳衰，虚阳外越等，以致阳气突然脱失而致。亡阳时，多见于大汗淋漓，手足厥冷，脉微欲绝等危重征象。

由于阴阳是互根互用的，所以，亡阴则阳无所依附而散越，从而导致亡阳;亡阳则阴无以化生而竭绝，从而导致亡阴。最终

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导致“阴阳离决，精气乃绝”，生命活动终止而死亡。

7.24 气血失常

是指气和血的不足及其各自生理功能的异常，以及气和血互根互用的功能失常等病理变化。气与血是脏腑、经络等进行生理活动的物质基础，气血失常，必然会影响人体的各种生理功能而导致疾病的发生。但气与血又是脏腑功能活动的产物，因而脏腑发生病变，必然影响气血，从而引起气或血的病理变化。因此，气血失常的病机，亦同邪正盛衰，阴阳失调一样，不仅是脏腑、经络等各种病变机理的基础，而且也是分析研究各种疾病病机的基础。

7.25 气虚

是指全身之气耗损，功能失调，脏腑功能衰退，抗病能力下降的病理状态。其形成原因主要是生成不足，或耗散太过。如先天禀赋不足，或后天失养，或肺脾肾的功能失调，可致气的生成不足，而劳倦内伤，久病不复，则致气的耗散太过，因而形成气虚。气虚则其各种功能减退，故临床常见精神萎顿，倦怠无力，自汗，易感冒等病理变化。由于气与血、津液的关系极为密切，气虚必然会影响血和津液的生成、运行、敷布，从而引起血和津液的多种病变。如气虚无力运血、布津，则致血瘀和津液不化。气虚不能摄血与津液，则致血和津液的无故流失。气虚不能生血、生津，则致血和津液的生成不足等。

7.26 气机失调

是指气的升降出入运动失常而引起的气滞、气逆、气陷、气闭和气脱等病理变化。升降出入是气的基本运动形式，人体脏腑经络的功能活动，脏腑经络以及气血阴阳的相互关系，无不依赖于气的升降出入运动维持着相对的平衡，气的升降出入异常，则

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能影响脏腑、经络、气血、阴阳等各方面功能的协调平衡，从而出现多种病变。一般地说，气机失调可概括为气滞（气的流通障碍），气逆（气的上升太过而下降不及），气陷（气的上升不足而下降过强），气闭（气的外出受阻）和气脱（气不内守而外脱）等五种病理变化。

7.27 气滞

即气机郁滞不畅。其形成原因，主要由于情志内郁，或痰、食、血、水等病理产物阻滞，影响气的流通，从而形成局部或全身的气机不畅或阻滞，进而导致某些脏腑经络的功能障碍。气滞于某一局部，可出现胀满、疼痛。气行则血行、津布，气滞则血瘀、水停，形成瘀血、痰饮等病理产物。因此，瘀血、痰饮与气滞在病变过程中常互为因果。一般地说，瘀血、痰饮阻滞，必见气滞。而气滞不畅，也可导致瘀血、痰饮形成。由于肝升肺降、脾升胃降在调节全身气机中起着极为重要的作用，因此，肝、肺、脾、胃等脏腑功能障碍，常形成气滞，而气滞也常见于肺气壅滞、肝郁气滞或脾胃气滞。

7.28 气逆

是指气机升降失常，脏腑之气逆上的病理状态。多由情志所伤，或寒温不适，或痰浊阻滞等所致。气逆最常见于肺、胃、肝等脏腑。肺失肃降，肺气上逆，发为咳逆上气。胃失和降，胃气上逆，发为恶心、呕吐、嗳气、呃逆。肝疏泄太过，肝气上逆，发为头痛头胀，面红目赤而易怒。由于肝为刚脏，主动主升，又为藏血之脏，因此肝升泄太过，肝气上逆时，甚可导致血随气逆，或为咯血、呕血，或壅遏清窍而致昏厥。一般地说，气逆于上，多属实，但也有因虚而致气上逆者。如肺虚而失肃降，或肾不纳气，都可导致肺气上逆，而见虚喘，就属因虚而气逆的病机。

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7.29 气陷

属气虚病机的一种，是以气的升举无力为主要特征的一种病理状态。人体内脏位置的相对恒定，赖于气的升降出入运动协调。故在气虚而升举力量减弱的情况下，就会引起某些内脏的下垂、如胃下垂、肾下垂、子宫脱垂以及脱肛等。因脾主升，又为气血生化之源，故在脾虚时，更易导致气陷，故气陷常称为脾气下陷，或中气（即脾胃之气的合称）下陷。由于气陷是因虚而陷，故在临床上除见有某些内脏下垂外，常伴有腰腹胀满重坠，便意频频，以及气短乏力，语声低微，脉弱无力等气虚征象。

7.30 气闭

是指气的外出受阻而突然出现闭厥的病理状态。多由于浊邪外阻，或气郁之极，使气的外出受阻所致。如触冒秽浊之气所致的闭厥，外感热病过程中的热盛闭厥，突然精神创伤所致的昏厥等等，其病机都属于气的外出受阻而致气闭。

7.31 气脱

是指气不内守而外脱，突然出现功能衰竭的病理状态。多由于正不敌邪，或正气持续衰弱，以致气不内守而外脱，或因大出血、大汗等气随血脱或气随津脱而致气脱。气是维持人体生命活动的最基本物质，气的大量脱失，则引起人体功能的突然衰竭。气脱实际上是各种虚脱病变的主要病机。

7.32 血虚

是指血液不足及其濡养功能减退的病理状态。形成血虚的原因，主要是血的生成不足，或耗散太过。如脾胃虚弱，饮食营养不足，血液生化无源，致血的生成不足，而大失血，或慢性病营血暗耗，则致血的耗伤太过，形成血虚。全身各脏腑经络组织器

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官，都依赖于血的濡养，故血虚可导致全身或局部的失荣失养，功能活动逐渐减退等虚弱证候。如面色无华，唇舌爪甲色淡无华，头目眩晕，心悸怔忡，神疲乏力，形体瘦怯，或手足麻木，关节屈伸不利，或两目干涩，视物昏花等，都是血虚不濡的临床征象。

7.33 血瘀

是指血液的运行迟缓和不流畅的病理状态。导致血瘀的原因主要有气滞、气虚、血寒、血热以及痰浊内阻等。气滞则血行受阻，气虚则血运迟缓。寒邪入血，则血寒而凝。邪热入血，煎熬血液，则血液粘滞。痰浊阻于脉络，则阻碍血行。此五者均足以导致血瘀，甚则血液瘀结而成瘀血。瘀血是血瘀的病理产物，而瘀血形成后，又可阻于脉络，成为形成血瘀的一种原因。因此，血瘀引起的病理变化如疼痛、肿块等，基本上与瘀血的病证特点相似。血瘀反过来又可加剧气机的阻滞，从而形成气滞致血瘀或血瘀致气滞的恶性循环。因此，在疾病过程中，气滞与血瘀常同时并见。

7.34 血热

是指血分有热，血行加速的病理状态。血热多由于邪热入血所致，也可由情志郁结，五志化火引起。血分有热，热迫血行，可致血行加速，甚则灼伤脉络，迫血妄行，而致各种出血。同时，邪热入血，又可煎熬血和津液。所以，血热的临床表现，以既有热象，又有耗血、动血及伤阴为其特点。

7.35 气滞血瘀

是指气滞与血瘀同时存在的病理状态。或由于气滞而致血瘀，或由于瘀血内阻而致气滞，或由于闪挫外伤，气滞与血瘀同时形成。由于肝的疏泄在气机调畅中起着关键作用，因而气滞血

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瘀多与肝的生理功能失常有关。又因心主行血，故在心的生理功能失调时，多先发生血瘀而后导致气滞。气滞血瘀，在临床上多见胀满疼痛、瘀斑及积聚症瘕等病证。

7.36 气不摄血

是指气虚固摄血液的能力减弱，血逸脉外，而导致各种出血的病理状态。脾为生气之源，脾失健运，则生气不足而致气虚。气能摄血，气虚则摄血无力而出血。又脾气主升，中气不足，气虚下陷，则致血从下逸，而见崩漏、便血等。

7.37 气随血脱

是指在大量出血的同时，气也随血液的流失而散脱，从而形成气血两虚或气血并脱的病理状态。常由外伤大失血，或妇女崩中、产后大出血等因素所致。血为气之载体，血脱则气无所依附，故亦随之外脱。气血并脱，常致人体机能突然严重衰竭。

7.38 气血两虚

即气虚与血虚同时存在的病理状态。多因久病消耗，气血两伤所致。或先有失血，气随血耗，或先因气虚，血生无源而日渐衰少，从而形成气血两虚。在临床上，可同时见到面色淡白或萎黄，少气懒言，疲乏无力，形体瘦怯，心悸失眠，肢体麻木等气血并虚之症。

7.39 气血不荣经脉

是指因气血虚衰或气血失和，以致肢体筋肉等运动失常或感觉异常的病理状态。筋肉皮肤皆赖气血的濡养，经脉是气血运行的通道。气血充足、相互为用，则筋肉得养而能主司肢体运动，皮肤得养而能正常地感觉。气血虚衰或气血失和，则对经脉、筋肉、皮肤的濡养作用减弱，从而产生肢体运动障碍或感觉异常。

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如肢体麻木或运动不便，甚则不用，以及肌肤干燥、瘙痒，甚则肌肤甲错等，都是气血不荣经脉的具体表现。

7.40 津液代谢失常

津液的代谢，实质上即是津液的不断生成，不断输布和不断排泄的过程。津液代谢失常，即是指津液的输布失常及津液的生成与排泄之间失去平衡，从而出现津液的生成不足、耗散和排泄过多，以致体内津液不足，或是输布、排泄障碍，以致津液在体内的环流缓慢，形成水液滞留、停积、泛滥等病理变化。津液正常的生成、输布与排泄，离不开气的升降出入运动和气化功能，亦离不开脾的运化，肺的宣降，肾的蒸腾气化及三焦水道的通调。若气的升降出入运动失去平衡协调，气化功能失常，或脾、肺、肾及三焦的功能失常，均能导致津液的代谢失常，从而形成津液不足，或停留体内而生痰饮水湿等病理变化。

7.41 津液不足

是指津液在数量上的亏少，进而导致脏腑、孔窍、皮毛失于濡润滋养作用，因而产生一系列干燥失润的病理状态。多由燥热之邪或五志之火灼伤津液，或多汗、吐泻、失血，或过用辛燥之剂等引起津液耗伤所致。津液不足在病机上有伤津与脱液之分，津较清稀，流动性大，易于耗散，也易补充。气候炎热而多汗，或高热伤阴而口渴，大吐、大泻、多尿时出现的目陷、转筋等，一般属伤津的病机及临床表现。液较稠厚，流动性小，一般不易耗散，一旦亏损也不易迅速补充。热病后期或久病伤阴，导致阴液枯涸，阴虚风动，临床见到舌光红无苔或少苔，形瘦肉脱，肌肤毛发枯槁，甚则肉瞤、手足蠕动等，则属脱液的病机及临床表现。但因津液本为一体，伤津时虽不一定兼有脱液，而脱液时必兼伤津。津伤乃脱液之渐，液脱乃津涸之甚。

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7.42 津液的输布排泄障碍

津液的输布与排泄，是津液代谢中的两个重要环节。这两个环节的功能障碍，均可导致津液在体内停滞而为痰饮、水湿。

津液的输布障碍，是指津液得不到正常的输布，导致津液在体内环流迟缓，或在体内某一局部发生滞留，因而水湿内生，酿痰成饮。导致津液输布障碍的原因很多，主要与肺的宣发肃降，脾的运化散精，肝的疏泄条达功能失常以及三焦水道不利有关。其中最重要的还是脾的运化功能障碍，故说"诸湿肿满，皆属于脾。"

津液的排泄障碍，主要是指津液转化为汗液和尿液的功能减退，而致水液潴留，上下溢于皮肤而为水肿。津液化汗排泄，主要赖肺的宣发功能。津液化尿排泄，主要赖肾的气化功能。因而津液的排泄障碍，主要与肺肾两脏的功能失常有关。但由于汗液排泄障碍时，津液代谢后的废液仍可化为尿排出体外，故说肾主宰着津液的排泄。肾的功能失常，尿液的生成与排泄障碍，必致水湿潴留泛滥而为水肿。

7.43 津停气阻

是指津液代谢障碍，水湿痰饮潴留导致气机阻滞的病理状态。气滞则水液不化，可致水湿痰饮，而水湿痰饮停积，又阻滞气的运行，导致气滞。故津停与气阻常互为因果。如水饮阻肺，肺气壅滞，宣降失职，可见胸满咳嗽，喘促不能平卧;水饮凌心，阻遏心气，抑制心阳，可见心悸、心痛;水饮停滞中焦，阻碍脾胃气机，可致清气不升，浊气不降，而见头昏困倦，脘腹胀满，纳化呆滞等临床表现。

7.44 气随液脱

又称气随津脱，是指津液丢失过多，气失其依附而随津液外

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泄暴脱亡失的病理状态。多由高热伤津，或大汗伤津脱液，或严重吐泻耗伤津液等所致。津液与血同为气的载体，津液大量耗伤丢失，气无所依附，亦随之外脱。故有“吐下之余，定无完气”之说。

7.45 津枯血燥

是指津液亏乏枯竭，导致血燥虚热内生或血燥生风的病理状态。津血同源，相互渗透，津液是血液的重要组成部分。各种原因如高热伤津，失血脱液，阴虚痨热暗耗津液等，导致津枯，则充盈血脉的功能减退，以致血燥，从而出现心烦，或五心烦热，鼻咽干燥等阴虚内热征象，以及皮肤瘙痒，肌肤甲错等血燥生风的临床表现。

7.46 津亏血瘀

是指津液耗损导致血行郁滞不畅的病理状态。因津血同源互渗，各种原因如高热、烧伤、吐泻、大汗出等导致津亏，则不能充盈血脉，而致血容量减少，血液循行滞涩不畅，引致血瘀之病变。临床上除有津液不足的表现外，可兼见舌质紫绛，或有瘀点、瘀斑，或见斑疹显露等血瘀征象。

7.47 内生五邪

是指在疾病发展过程中，由气血津液和脏腑等生理功能失常而产生的化风、化寒、化湿、化燥、化火等五种病理变化。由于病起于内，故分别称为内风、内寒、内湿、内燥、内火，统称为内生五邪。

7.48 内风

又称风气内动，是体内阳气亢逆变动而形成的一种病理状态。在疾病过程中，由于阳盛，或阴虚不能制阳，阳升无制，亢

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而化风，出现动摇、眩晕、抽搐、震颤等病理反映，即是内风。由于内风的产生与肝的关系较为密切，故又称肝风，或肝风内动。内风病机主要有肝阳化风、热极生风、阴虚风动、血虚生风等。

7.49 肝阳化风

多由情志所伤，操劳过度，耗伤肝肾之阴，以致肝肾阴亏，水不涵木，肝阳升而无制，亢而化风。轻则可见震颤、眩晕，或口眼㖞斜，或半身不遂;重者猝然昏仆，发为闭厥或脱厥。

7.50 热极生风

又称热甚动风。多由邪热炽盛，煎灼津液，伤及营血，燔灼肝经，使筋脉失养，阳热亢盛化而为风。临床常见痉厥、抽搐、目睛上吊等，并伴有高热、神昏、谵语等症。多见于热性病的极期。

7.51 阴虚风动

主要由于阴液枯竭，无以濡养筋脉，筋脉失养而变生内风。临床可见筋惕肉瞤，手足蠕动。多见于热性病后期阴液大伤之时。阴虚风动属虚风内动，与肝阳化风、热极生风在病机与临床表现等方面是有区别的。

7.52 血虚生风

多由于生血不足或失血过多，或久病耗伤营血，以致肝血不足，筋脉失养，或血亏不荣络，引起虚风内动。临床可见肢体麻木不仁、筋肉跳动，甚则拘挛不伸。

7.53 血燥生风

多由久病耗血，或年老精亏血少，或长期营养缺乏，生血不

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足，或瘀血内结，新血化生障碍，以致津枯血少，失润化燥，肌肤失于濡养，血燥动而生风。临床可见皮肤干燥或肌肤甲错，并有皮肤瘙痒或落屑等。

7.54 内寒

即寒从中生，是指人体阳气虚衰，温煦气化功能减退，虚寒内生或阴寒之气滋漫的病理状态。阳虚则阴相对偏盛，阴盛则生内寒，从而表现为阳热不足，温煦失职，虚寒内生，或血脉收缩，血运迟缓等收引症状，如形寒肢冷、筋脉拘挛等。肾为一身阳气之根，故内寒的产生以肾阳虚衰为关键。阳气虚衰则气化功能减退，从而导致阴寒性病理产物如水湿、痰饮的积聚。如临床所见的尿频清长、大便泄泻、水肿等，多由阳气不足，蒸化无权，津液不化所致。

7.55 内湿

即湿浊内生，是指由脾的运化功能和输布津液的功能障碍，引起水湿痰浊蓄积停滞的病理状态。脾主运化水湿；脾的运化失职是湿浊内生的关键，故又称之为脾虚生湿。各种原因内伤脾胃，使脾失健运，不能为胃行其津液，津液的输布发生障碍，则聚而成湿，停而成痰，留而为饮，积而成水。水湿痰浊既生，又极易困遏脾阳，阻滞中焦，使脾的运化功能进一步失常，从而形成脾生湿、湿困脾的恶性循环。湿阻中焦，可见脘腹胀满、食欲不振、口腻或口甜、舌苔厚腻等脾虚湿困之症。

7.56 内燥

即津伤化燥，是指人体津液不足，各脏腑组织器官和孔窍失其濡润而出现干燥枯涩的病理状态。因久病伤阴耗液，或大汗、大吐、大下，或亡血失精导致阴亏液少，以及邪热伤阴耗液，导致津液不足，内不能灌溉脏腑，外不能润泽腠理孔窍，从而燥热

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内生。临床多见津液枯涸的阴虚内热之症，如肌肤干燥不泽，起皮脱屑，甚则皲裂，口燥咽干唇焦，舌上无津，大便燥结，小便短赤等。内燥多见于肺、胃、大肠等脏腑。其中以肺燥为主者，在上述内燥病变的基础上，还兼见干咳无痰，甚则咯血；以胃燥为主者，可伴见舌光红无苔；若系肠燥，则常见便秘等症。

7.57 内火（内热）

又称火热内生，是指由于阳盛有余，或阴虚阳亢，或由于气血的郁滞，或由于病邪的郁结，而产生的火热内扰，机能亢奋的病理状态。因而火热内生的病机，主要有如下几方面：（1）阳气过盛化火，即所谓"气有余便是火"。阳气过亢，机能亢奋，必然使物质的消耗增加，以致伤阴耗液。此种病理性的阳气过亢，称为"壮火"。（2）邪郁化火。一是外感六淫风、寒、燥、湿等病邪，在病理过程中，皆能郁滞而从阳化火，如寒郁化火、湿郁化火等。二是体内病理产物如痰浊、瘀血，以及虫积、食积等，均能郁而化火。邪郁化火的机理，实际上也是由于这些因素导致体内阳气的郁滞而生热化火。（3）五志过极化火。情志过激，气机郁结，郁久则从阳化火，因之火热内生。常见如肝气郁结，气郁化火，发为肝火。（4）阴虚火旺，虚火内生。精亏血少，阴液大伤，阴虚则阳亢，虚热、虚火内生。

7.58 脏腑病机

是指疾病在其发生、发展过程中，脏腑的正常生理功能产生失调的内在机理。任何疾病的发生，无论是外感还是内伤，都会造成脏腑生理功能的紊乱和脏腑阴阳气血的失调。因此，脏腑病机在病机理论中占有极其重要的地位，是辨证论治的主要理论根据。脏腑失调的病机，主要表现在脏腑本身的阴阳气血失调。一般说来，脏腑的阴阳，代表着各脏生理活动的功能状态，是兴奋还是抑制，是上升还是下降，是发散还是闭藏等等，而脏腑的气

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血、是各脏生理活动的物质基础。因此，脏腑的阴阳失调与气血失调是有一定差异的。

7.59 心阳偏盛

即是心火。多由邪热、痰火内郁及五志化火所致。其对心脏生理功能的影响，主要有以下几个方面：（1）躁扰心神。阳主动、主升、心阳亢盛，则神明被扰而躁动不安，从而使精神情志过于兴奋而难以抑制，临床可见心悸、心烦、失眠多梦、言语过多、甚则狂言昏乱等病理表现。（2）血热而脉流薄疾。阳盛则热，热盛则扰乱心主血脉功能，产生血热而脉流迫急，临床可见心悸、脉数、舌质红绛起刺等症，甚则热迫血妄行，而见各种出血。（3）心火上炎与下移。心开窍于舌，心火循心之别络上炎，可见口舌糜烂，舌尖灼痛、口鼻干燥等症；心与小肠相表里、心火循经下移小肠，可见小便黄赤、灼热疼痛等症。

7.60 心阳偏衰

即是心的阳气虚。多由慢性病的持续损耗、逐步发展而成。也可见于急性病的危重阶段、因邪气炽盛，正不敌邪，阳气暴脱所致。其对心脏生理功能的影响，主要有：（1）心神不足，阳气虚衰，不能鼓动和振奋精神，以致精神意识思维活动减弱，易抑制而不易兴奋，可见精神疲乏萎顿、神思衰弱、反应迟钝、迷蒙多睡、懒言声低等病理表现。（2）血脉寒滞。心阳不足，鼓动血行的力量减弱，阳虚则寒，寒从中生，血得寒则凝，因而不畅而致血瘀，甚则凝聚而阻滞心脉，形成心血瘀阻病证。临床可见形寒肢冷，面色晄白或青紫、心悸胸闷刺痛，自汗，甚则大汗淋漓而亡阳虚脱、脉涩无力，或迟、或数、或结代等。

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7.61 心阴不足

即心阴虚。多由劳心过度，久病失养，耗伤心阴，或情志内伤，心阴暗耗，或心肝火旺，灼伤心阴所致。心阴虚则阴不制阳、心阳偏亢、虚火内生。虚火内扰心神，可见神志不宁，或虚烦不得眠。虚火内迫血脉，可见舌质红，脉细数。虚火内扰，营阴不得内守，津随阳泄，可见盗汗等病理表现。

7.62 心血亏损

即心血虚。多由于失血，或血液生化不足，或情志内伤，耗伤心血等所致。心血不足，则血脉空虚而心无所主，可见脉细无力。血虚不能养神，则神识衰弱，可见神思难以集中专一，甚则神思恍惚。血属阴，血虚不能涵敛心阳，阳不入阴，则神不守舍，而见失眠多梦。血虚不能上荣于面，可见面色无华，舌色不荣。血虚不能养心，则见心悸不安，甚则惊恐等病理表现。

7.63 心血瘀阻

又称心脉痹阻，是指血液运行不利，痹阻心脉的病变。心阳不足，血脉寒滞，可致心血瘀阻;痰浊凝聚，血脉阻滞不畅，可致心血瘀阻;瘀血内阻，痹塞心脉，血行不畅，亦致心血瘀阻。劳倦感寒，或情志刺激，常可诱发或加重。心脉痹阻，血运不畅，故见心胸憋闷、疼痛等。甚则气血凝滞而不通，则可见心悸怔忡、心前区暴痛、重者肢冷、脉伏不出、汗出而脱厥。

7.64 肺气虚损

多因久病气虚，或劳伤过度，耗损肺气而致。也可由肺气失宣肃，日久不复，发展而成。肺气不足，则呼吸功能减退，体内外气体交换出入不足，可出现呼吸气短等症;影响津液的输布代谢，则聚痰成饮，甚至出现水肿;不能宣发卫气，可致卫阳虚

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弱，腠理疏松而不固，卫外功能减退，而致表虚自汗。

7.65 肺气宣降失常

多由外邪袭表犯肺，或因痰浊内阻肺络，或因肝升太过，气火上逆犯肺所致。也可由肺气、肺阴不足等因素造成。一般地说，外感多影响肺的宣发功能，而致肺气不宣，内伤多影响肺的肃降功能，而致肺失肃降。肺气失宣，即肺主呼吸的生理功能受影响，造成气机不利，呼吸不畅，而见鼻塞胸闷，亦可致卫气郁滞，腠理闭塞而无汗。若因肺气虚而宣发无力，则卫表不固而自汗。肺阴虚而阴不敛阳，津随阳泄，可见盗汗。肺失肃降，即肺气下降和清洁呼吸道的功能减退，而致肺气逆上，临床上可见咳逆上气、痰多喘满等症。但肺失宣发与肺失肃降在病理过程中常相互影响，因而均可导致肺气上逆而见咳喘，或致水道不能通调而致水肿、尿少。若进一步发展，又可损耗肺气和肺阴，而致肺气虚损或肺阴不足。

7.66 肺阴不足

即肺阴虚。多因燥热之邪灼肺，或痰火内郁伤肺，或五志过极化火灼肺，以及久咳耗伤肺阴所致。肺阴不足，失润化燥，则气机升降失司而肺气逆上，而阴不足阳偏亢，虚热虚火内生。故临床上可见一系列干燥失润、肺气逆上及虚火见症，如干咳无痰或痰少而粘、潮热盗汗、颧红升火、五心烦热等。甚则虚火灼伤肺络而见痰中带血。

7.67 脾气不足

即脾气虚，又称中气不足。多因饮食所伤，脾失健运，或禀赋素虚，或久病耗伤，或劳倦过度损伤所致。脾气虚弱则运化无权，可见纳食不化，口淡无味。脾虚，升清作用减弱，影响及胃的降浊，而致清浊升降失司，则上可见头目眩晕，中可见脘腹胀

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闭，下可见便溏泄泻。脾虚失其健运，气血生化无源，可见全身性的气血不足。脾虚统血无权，可见失血，如便血、崩漏等。脾气虚，升举无力，甚则下陷，可见久泄脱肛，内脏下垂等病理表现。

7.68 脾阳虚衰

多由脾气虚损发展而来，亦可由命门火衰，脾失温煦所致。脾阳虚衰，则虚寒内生，可见脘腹冷痛、下利清谷、五更泄泻等症。脾阳虚，则运化水湿无权，可致水湿内聚而生痰饮水肿。

7.69 脾阴不足

多由脾气虚，不能运化津液，津液亏乏而形成。脾气虚则运化失职，可见腹胀便溏，纳食不化等症，而津液不足，失其濡润，可见口舌干燥，舌红少苔等症。脾阴不足，则胃阴亦虚，胃失脾助，和降失职，其气上逆，又可见干呕、呃逆之症。

7.70 肝气郁结

多因精神刺激，情志抑郁不畅，肝失疏泄，导致气机郁滞在气机郁滞的部位，可出现胀满疼痛，如两胁胀满或右胁疼痛等。若痰气或气血互结，在其结滞的局部可出现肿块，如上可发为瘿瘤、梅核气，中可发为两乳胀痛结块，下可发为少腹疼痛、睾丸坠胀等。另外，肝气郁结，横逆犯胃，则胃气上逆，可见嗳气吞酸，而横逆犯脾，则痛泻交作。

7.71 肝火上炎

多因肝郁气滞，郁而化火，而致肝火上冲；或因暴怒伤肝，肝气暴张，引发肝火上升；或因情志所伤，五志过极化火，心火亢盛，引动肝火所致。肝火上炎，为肝之阳气升发太过，故可见头胀头痛，面红目赤，急燥易怒，耳暴鸣或暴聋；肝气升动太

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过，郁火内灼，极易耗伤阴血，而致阴虚火旺；肝火灼伤肺胃脉络，则易出现咯血、吐血、衄血；气火上逆之极，则气血并郁于上，发为薄厥。

7.72 肝血不足

即肝血虚。多因失血过多，或久病耗损，或脾胃虚弱，化生气血的功能减退，以致肝血不足。由于肝为藏血之脏，一般说来，血虚则首先及肝，肝血虚亏，不能濡养筋脉，则见肢麻不仁，关节屈伸不利。血虚不能上荣头目，则见眩晕，目花，两目干涩，视物模糊不清。血虚又易化燥生风，而致虚风内动，则见皮肤瘙痒，或筋挛肉瞤等病理表现。

7.73 肝阳上亢

多由肝阴不足，阴不制阳，肝之阳气升浮亢逆所致；情志失调，气火上逆，火灼肝阴，也可发展为阴虚阳亢；肝肾同源，肾阴不足，水不涵木，亦致肝阳上亢。因此，肝阳上亢的病理表现常为上盛下虚，即上因肝之阳气亢逆而见眩晕耳鸣、面红升火、目赤口糜、情绪易激动、脉弦兼数等症，而下因肝肾之阴亏虚而同时可见腰酸足软无力等病理表现。

7.74 肝风内动

肝风内动的范围很广，如邪热炽盛，则热极生风；肝阳升腾无制，则亢阳化而为风（即肝阳化风）；肝的阴血耗损太过，筋脉失养，则虚风内动等。临床可见手足震颤、抽搐、或为筋惕肉瞤、或为手足蠕动等"风性则动"的病理表现。

7.75 肾精亏虚

多由于先天不足，或老年精亏，或久病耗损，后天失养所致。肾精不足，在婴儿时可影响生长发育。在青年时可影响天癸

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至，而阻碍性腺的发育成熟。在壮年时，可致早衰、性机能减退而见阳萎、滑泄等。肾精不足而致髓海空虚时，可见智力减退，动作迟钝，两足痿弱等临床表现。

7.76 肾气不固

多因幼年精气未充，或因老年精气衰退，或因早婚、性生活不节而耗伤肾气，或久病耗伤肾气，而使肾虚失于固摄。肾气不充，则失其封藏之职，对二便失于固摄。肾失封藏，则肾精易于流失，可见遗精、滑泄，影响纳气功能，可见气浮于上，动则气喘。肾对二便失于固摄，可见大便滑脱、遗尿、或二便失禁。

7.77 肾阴亏虚

多由久病伤阴及肾所致，各脏阴液耗伤，久必耗及肾阴而致肾阴亏虚。也可由失血耗液，过服温燥壮阳之品，房劳过度，耗伤肾阴所致。肾阴亏损，则命门之火失制，相火妄动，以致阴虚内热，阴虚火旺。临床可见形体消瘦、五心烦热、骨蒸潮热、颧红盗汗、舌红少苔、脉细数等病理表现。

7.78 肾阳不足

多由心脾阳虚日久及肾，损耗肾阳所致，亦可由房劳过度，肾阳被损所致。阳虚则阴寒内生，故临床可见明显的寒冷征象。如肾阳虚则致生殖机能减退，可见阳萎、精冷不育;肾阳虚影响水液代谢，而致水肿，乃至水湿泛滥，水气上凌;肾阳虚不能温脾阳，则脾运化失职，可见下利清谷、五更泄泻等。

7.79 胃气虚弱

多因长期或反复的饮食不节，损伤胃气所致，也可由禀赋素虚，或久病元气不复等引起。胃气虚弱，则受纳饮食物和腐熟水谷的功能减退，可出现胃纳不佳，饮食无味，甚则不思饮食等病

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理表现。胃虚而失和降，可出现脘腹胀满，甚至胃气上逆而出现嗳气、恶心、呕吐、呃逆等病理表现。

7.80 胃阴不足

此指胃的阴液枯涸。多因热病后期，邪热久留，久病不复，消烁阴液所致。胃阴枯涸，则其受纳腐熟水谷的功能极度衰弱，可见虽饥而不思饮食，舌质光红而干，甚则舌如镜面等病理表现。胃阴不足则胃气不降，可见脘腹胀满，频频泛恶，干呕等胃气上逆的病理表现。

7.81 胃寒

多因过食生冷，或过用寒凉药物，损伤胃之阳气所致，也可由素体中阳不足，复感寒邪而引起。寒客胃腑，气机郁滞，络脉收引，故常出现较剧烈的脘痛，痛得温而减的病理表现。胃寒则其腐熟水谷的功能可明显减退，又常见食入不化的病理表现。

7.82 胃热

多由邪热客胃，或由嗜酒、嗜食辛辣，过食膏粱厚味，助火生热，或由气滞、瘀血、痰湿、食积等郁而化热，火热蕴积胃腑而致。胃热，则其腐熟水谷的功能过于亢进，可出现胃中嘈杂，消谷善饥等病理表现。胃热炽盛，多消烁津液，而致燥热内结，胃失和降，可见口苦、口渴引饮、大便秘结等病理表现。甚则胃热伤阴而致胃阴虚。胃热化火上炎，可导致胃气上逆，而见恶心、呕吐酸苦黄水。胃火循经上炎，或为齿痛龈肿，或为齿衄。火热灼伤胃之脉络，则血上溢而呕血。

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8 诊法

8.1 诊法

诊法，是指望、闻、问、切四种诊断疾病的基本方法。中医学认为，人体是一个有机的整体，各组成部分之间，在生理上是相互联系的，在病理上是相互影响的，局部的病变可以影响到全身，内脏的病变可以从五官、四肢等体表各个方面反映出来。中医学的诊病方法，就是通过四诊，了解疾病表现在外的各种症状和体征，从而推断疾病的病因、病机，为辨证论治提供依据。

8.2 望诊

医生运用视觉，对病人的神、色、形、态进行有目的的观察，以获取疾病有关资料的方法。凡一切可见的有关疾病的征象都属望诊的内容。面部和舌与五脏六腑的关系密切，脏腑气血的盛衰变化最容易通过这些部位形、色的改变表现出来，所以面部和舌是望诊最常用和最主要的部位。望小儿指纹是儿科特有的诊断方法，在小儿疾病的诊断中有重要意义。

8.3 望神

指观察患者神气的盛衰变化。人体生命活动的总称叫做神，它包括整个生命活动的外在表现和思维意识两个方面。神存在于形体之中，有形才有神，形体健康，神才能正常，若形体发生病变也必然反映为神的异常上，神的盛衰是形体健康与否的重要标志。神的表现是多方面的，但突出地表现在目光上，所以望神的重点在于望目光、表情和形体动态。

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8.4 得神

得神即有神，是脏腑气血充足的表现，一般见于正常人，若见于病人，则表示病情轻浅，正气未伤，预后良好。其表现是：意识清楚，语言清晰，瞳神明亮，面色润泽，反应灵敏，体态自如，气息平顺，肌肉不削，二便正常。心的精气充足，则意识清楚、语言清晰。肝肾精气充足，则瞳神明亮、反应灵敏，体态自如。脾肺精气充足，则气息平顺，肌肉不削。总之，有神是正气充足、神气旺盛的表现。

8.5 失神

是脏腑精气亏损的表现。病人出现失神，说明病情严重。其主要表现是：意识不清，表情淡漠、目光呆滞，面色无华，反应迟钝，呼吸微弱，肌肉消瘦。意识不清，表情淡漠，面色无华，是心的精气衰败的表现。目光呆滞，反应迟钝，是肝肾精气衰败的表现。呼吸微弱，是肺的精气衰败的表现。肌肉消瘦，是脾的精气衰败的表现。

8.6 假神

是垂危病人在生命的最后阶段出现的精神暂时好转的虚假表现，如久病、重病患者，本来言语低微无力，目光呆滞，突然言语增多，目光明亮起来，本来食欲很差，突然食欲增加，食量大增，本来面色苍白或萎黄无华，突然颧部泛红如妆者等等。患者精气欲竭，不能敛阳，阴阳离绝，使虚阳无所依附而外越，残存精气亦随之外泄，故见假神。

8.7 望色

是医生观察病体的颜色与光泽。色泽是脏腑气血荣养于外

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人先天、中医学认为，一般人的色泽应当是光明润泽的，虽然由于人种、禀赋和某些生理活动而有所不同，但只要含蓄明润有光泽，即为正常色。人在疾病状态时表现的色泽为病色，其特点是，或暗淡无泽，或鲜明暴露，或虽明润含蓄而失时、失处。古人将色泽的变化分为白黄赤青黑五种，认为不同色主病不同。面部是望色的主要部位。

8.8 白色

白色，是气血亏少，不能荣养于面的表现，主虚证、寒证和失血。多由气虚血行迟滞；或气血两虚，面失濡养；或骤然失血，脉体不充；或寒邪侵袭，经脉拘急所致。眩白或晦滞者，多属阳气虚衰，淡白者，多为气虚。白而无华或萎黄者，多为血虚或失血。面色苍白伴剧烈腹痛、或战栗者，则多为里寒重证。

8.9 黄色

多与脾病有关，是脾失健运，水湿内停，或气血不充的表现。其中，面色淡黄，枯槁无华者，属气血不充。面黄浮虚者，为湿邪内阻，一身面目俱黄者，是为黄疸，若黄色鲜明如橘子色者，称阳黄，为湿热熏蒸所致，黄色晦暗如烟熏者，称阴黄，是由寒湿阻滞。面色苍黄，腹部臌起，青筋曲涨者，为臌胀。小儿面黄肌肿，或青黄或乍黄乍白，发结如穗，腹部胀大者，是小儿疳积。

8.10 赤色

赤色，是气血受热，运行疾速，上充于面的表现。满面通红，口渴尿赤者，属实热，多为外感发热或脏腑实热。只两颧潮红而娇嫩者，为虚热，由阴虚火旺所致。久病重病患者，本面色苍白，却时而泛红如妆，嫩红带白，游走不定者，为虚阳上越，

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中医称为"戴阳"，是内真寒、外假热、阴阳不相维系的危重证候。

8.11 青色

寒邪侵袭，经脉拘急，气血瘀滞不通，故见青色。气血不通则痛，筋脉失养则惊风抽搐，所以青色是寒证、痛证、瘀血和惊风的征象。不同病变在面部出现青色的部位不同。小儿惊风或欲作惊风，多在眉间、鼻柱、口唇四周出现青色；心阳不振、血行瘀阻者，可见口唇青紫，面色青灰；面青耳赤者，多为肝火；青赤而色泽晦暗者，是为郁火；妇女面青，多为肝气久郁，必见烦躁易怒，乳房胀痛或月经不调。

8.12 望形体

主要是审察病人形体的强弱、胖瘦、肢体及体型等情况。形体强壮者，为内脏坚实、气血旺盛；形体衰弱者，为内脏脆弱，气血不足；形体肥胖者，易生痰湿、患中风暴厥；形体消瘦者，多阴虚火旺，易患劳嗽；生而肢体畸形者，为先天禀赋不足；后天肢体变形者，多由疾病所致，如久咳而致的桶状胸，单纯腹大而肢体消瘦的臌胀等。体型瘦长者，为阴虚阳盛体质，称阳脏人。体型偏于矮胖者，为阳虚阴盛体质，谓阴脏人。适得其中者，为阴阳匀平之人。

8.13 望姿态

不同疾病可出现不同的姿态，故可通过审察姿态了解疾病。病人卧时身轻，自能转侧，面常朝外者，多为阳热实证；卧时身重，难以转侧，面常向内者，多为阳虚寒证；卧时仰面伸足，常去衣被，不欲近火者，多为热证；坐而仰首，痰多而喘者，为痰涎壅肺；坐而低头，气短懒言者，为肺肾气虚；坐不得卧，卧则气逆者，为肾水上凌心阳所致；咳逆倚息不得卧者，为肺内有伏

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饮、每发作于秋冬；肌肉肢体振颤者，多见于风证。

8.14 望头与发

小儿头形过大或过小，多由先天禀赋所致，或为肾精不足，或为先天大脑积水；吐泻过度，或气血不充，或先天不足，可见小儿囟门下陷；温热之邪上攻于脑者，可见囟门高突；囟门迟闭者，多见于小儿佝偻病；头目不能自主者，多由风病或气血不足，头脑失养所致；发黑浓密润泽者，是精气充足的表现；发黄稀疏失润者，多见于大病之人；突然大片脱发，多属血热受风；青少年发稀易脱，为肾虚或血热；小儿发结如穗，是为疳积。

8.15 望目

眼睛明亮者，为有神，虽病易治；眼睛暗淡无光者，为无神，病属难治；心火亢盛者，多白睛红赤；肺火亢盛者，多白睛红染；目睛黄，多为湿热内盛；珠肿，多由肝火；眼胞糜烂，多为脾有湿热；全目红肿热痛者，为肝经风热；水肿病初起，可见目窠微肿；精气败坏，则见目睛深陷；目翻上视，戴眼反折，属危证；昏睡露睛，为脾阳不振；瞳仁散大，属肾精耗竭；瞳仁缩小，多为肝胆火炽或中毒。

8.16 望耳

耳为肾之窍。望耳，主要是观察耳壳色泽、形态和分泌物的变化。耳薄干枯，为肾精不足；耳轮干枯焦黑者，多见于温病后期，肾水亏极之时；耳背见有红络伴根部发凉，多为麻疹先兆；耳轮甲错，为久病血瘀或有肠痈；耳内耵聍腺分泌过多，阻塞耳道者，为耵聍；耳内流脓，色黄或白或赤，称为脓耳，即化脓性中耳炎，多由风热上壅，或肝胆湿热所致。

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8.17 望鼻

鼻为肺之窍，鼻红肿生疮，为血热；鼻内痤肉，闭塞孔窍，为肺气热极或风湿郁滞所致；鼻头色红生粉刺者，称酒渣鼻，多因脾胃有热，及于血分；鼻柱溃烂，多见于梅毒病人；鼻柱塌陷，眉毛稀疏者，为麻风；鼻翼煽动，多为肺热壅盛；久病鼻煽，喘而汗出，可能是肺气败绝的临终表现。

8.18 望唇

唇色红润，是胃气充足，气血调匀的表现。唇色淡白，多见于失血、唇失血荣；深红多为深热；唇色呈樱桃色者，多为煤气中毒；唇色青紫者，多为血瘀气滞；口唇干裂，为津液损伤；口角流涎，为脾虚湿盛，或胃中有热，或见于中风之人；口唇发痒，色红肿胀，破裂流水者，为阳明火热上攻的唇风；唇上有结，渐大如杏，坚硬疼痛者，是为胃热痰火留注于口唇所致。

8.19 望齿龈

主要审察齿龈的润枯、色泽和形态。牙齿洁白润泽，为津液充足；牙齿干燥，为阳明热盛伤津；燥如枯骨者，属肾阴枯涸；牙关紧闭者，为风痰阻络，或热盛动风；睡中龂齿者，多为虫积或食积；松动稀疏齿根外露者，多属肾虚；牙龈淡白者，为血热；齿龈红肿者，是胃火上炎；齿龈边缘有紫线者，为铅中毒；齿缝出血，红肿疼痛者，为胃热伤络；不痛不红微肿者，多属气虚或阴虚。

8.20 望咽喉

肺胃肾的病变可反映在咽喉部。望咽喉主要观察有无红肿、白膜及膜液。咽喉红肿疼痛，甚则溃烂出脓者，为乳蛾，多是肺胃热毒炽盛所致；淡红而肿痛轻者，多为阴虚火旺；色淡红不肿

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微痛，反复发作者，为气阴两虚。容易拭去的松厚伪膜，多是胃热；若伪膜质韧不易剥去，剥去则出血，且易复生者，是肺胃热毒炽盛的白喉；红肿高突，有波动感，是已化脓；硬而色白者，是未成脓；脓液黄稠者，多属实热；清稀污秽者，则为正气衰败。

8.21 望皮肤

肺主皮毛，故皮肤与肺的关系最为密切。肤色红赤如涂丹，为心火；风热内窜营血，称丹毒；下肢红肿，多为湿热下注；皮肤发黄，可见于黄疸；皮肤润泽者，为肺津充足；皮肤干燥，汗毛脱落者，是肺津已伤；皮枯如鱼鳞，称肌肤甲错，多由瘀血或内生痈肿所致；全身浮肿者为肿，单纯腹部鼓起者称胀。

8.22 望斑疹

斑疹多见于外感温热病。皮肤色红呈片状，不高出皮肤为斑，是肺胃之热由肌肉而出所致。色红如粟状，高出皮肤者为疹，为肺胃之热由皮肤而发。凡斑疹色红活润泽，分布均匀者为顺；色深红，为热毒炽盛；紫暗者，为热毒盛极，阴液大伤；色淡红或淡紫者，为气血不足，阳气衰微。稀疏松浮者病浅，稠密紧束者病深，疹点疏密不匀，或出而即陷者，多为正气不足、邪气内陷的危候。

8.23 望白痦

白痦，是皮肤上出现的晶莹如粟的小疮疹，高出皮肤，擦破流水，多出现在胸、颈和项部，见于暑湿和湿温患者，病机为湿郁肌表，汗出不彻。出现白痦，是湿郁外泄的表现。晶莹饱满、色白点细的，称为晶痦，为顺证，表示正气充足；色枯白无液者，称为枯痦，为逆证，表示津液枯竭，病情较重。因湿温病，湿蕴热伏，难以一时透达，故白痦常反复出现。

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8.24 望舌

舌为心之苗窍，通过经络直接或间接地与许多脏腑相联系，所以脏腑的精气可营于舌，其病变也可以从舌象上表现出来。望舌，包括望舌体和舌苔，舌体是舌的肌肉、络脉组织，舌苔是舌体上附着的一层苔状物，由胃气熏蒸而成。望舌可以判断正气的盛衰，分辨病位的深浅，区别病邪的性质，推断病情的进退。因此，舌诊在中医望诊中占有极重要的地位。

8.25 望舌质（体）

舌质，即舌的本体，由舌之肌肉、血脉、经络组成。舌质与体内许多脏器通过经络相联系，靠脏腑化生的气血津液以濡煦和荣养，所以脏腑精气的盛衰变化可以通过舌质的神、色、形态等各方面的改变表现出来，因此，望舌质在疾病的诊断、判断预后方面都有非常重要的意义。

8.26 淡白舌

舌色较正常为淡称为淡白舌。主虚寒证和气血两虚证。是阳气虚衰，阴血化生不足，或血行动力减弱，致使血液不得营运于舌的表现。其中舌质淡白湿润，而舌体胖嫩的，多属阳虚寒证。淡白而舌体消瘦者，则为气血两虚。

8.27 红舌

较正常人舌色为深的为红舌，主热证。是热盛血涌，脉络充盈的表现。舌鲜红而起芒刺，或兼黄厚苔的多为实热证；舌尖红而口舌生疮的，多为心火；舌苔薄黄而舌体边、尖红者，是外感风热所致；鲜红而少苔，或有裂纹，或舌面光红无苔的，则多为肝肾阴虚，虚热上扰的虚热证。

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8.28 绛舌

舌质呈绛色，即较红舌更深的红色，称为绛舌。绛舌主热证和血瘀证，其主病有外感、内伤之分。外感病中见到绛舌，或有红点、芒刺，是温病热入营血的表现；内伤杂病中见到绛舌，同时少苔或无苔，或有裂纹，则是阴虚火旺之证；舌绛少苔而润者，多为血瘀。

8.29 紫舌

舌质呈紫色，即为紫舌，寒证、热证都可出现。由热证引起者，舌多绛紫而干燥不润，是由热盛伤津、气血壅滞所致，津伤则舌燥，气血壅滞则舌呈紫色；由寒证引起者，舌多淡紫或青紫而湿润，多为寒凝血瘀之故，寒伤阳气，津液不化，故舌体湿润，寒伤经脉，血行迟缓，甚至瘀滞，故舌呈淡紫色或青紫色。

8.30 胖大舌

舌体胖大或肿胀满口，称为胖大舌。舌淡白胖嫩，舌苔滑润，舌边有齿痕者，多属脾阳虚衰，水湿不化；舌淡红而胖大，伴黄腻苔者，多为脾胃湿热；色鲜红，肿胀而疼痛者，则属心脾有热；舌紫而肿胀者，多是温热挟酒毒上蒸的结果；舌肿胀而青紫晦暗者，又多见于中毒，是因血液凝滞所致。

8.31 瘦薄舌

舌体较正常瘦小而薄，称为瘦薄舌，是舌体的脉络组织失于气血阴液濡养、充盈的表现。其主病有二，一为气血不足，一为阴虚火旺。凡舌体瘦薄色淡者，多属气血两虚，必兼头晕心悸，面色无华，倦怠乏力等症状；舌色深红或绛而干燥者，多为阴虚火旺，耗伤阴液所致，必有腰膝酸软、五心烦热、口干咽燥，潮热颧红，脉细数等症状。

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8.32 裂纹舌

舌面上有深浅不一的裂沟，称为裂纹舌。是舌面失于阴血营养濡润的表现。其所主病，一是热邪炽盛，阴液耗伤。二是血液虚亏，失于养润。三是脾气虚弱，水湿内停。舌有裂纹而舌体红绛者，多为热盛津伤，或阴液亏涸；舌质淡白而有裂纹，多是血虚不润所致；如果舌体淡白胖嫩，边有齿痕而又有裂纹者，则多属脾虚湿停，多兼食欲下降，脘腹痞闷，或大便稀薄等症状。

8.33 齿痕舌

舌边缘有牙齿的痕迹，即为齿痕舌，是舌体胖大而受齿缘压迫的结果，故齿痕舌和胖大舌多相兼而在。脾虚不运，水湿停阻于舌体，所以舌体较正常为大，故齿痕舌主病以脾虚和湿盛为主。边有齿痕，淡白而湿润者，多属寒湿壅盛；淡红而边有齿痕者，又多属脾虚或气虚。

8.34 芒刺舌

舌乳头增生，高起如棘，触之碍手者，为芒刺舌。不管热的部位在何处，也无论疾病处于何种阶段，见到芒刺舌，总属邪热亢盛。芒刺而兼焦黄苔者，多为气分热极；绛舌无苔而生芒刺者，则是热入营血，伤及阴液所致；芒刺在舌尖，多属心火，常兼烦躁口干，小便短赤，脉数等症状；见于舌边者，为肝胆之火，多兼面红目赤，口苦咽干，脉弦数等症；舌中有芒刺者，为肠胃热盛，多兼口渴引饮，大便干结，小便黄赤等症。

8.35 强硬舌

舌体强硬，活动不灵者，称为强硬舌。舌主发音，所以强硬舌患者多有言语不清。其形成原因，多是外感热邪亢盛伤津，舌体失养；或因痰迷心窍，舌失其宜；或肝阳化风，挟痰阻滞舌络

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所致。其主病为：热入心包，高热伤津，痰浊内阻，中风或中风先兆。因热盛者，舌质多见深红；因痰浊者，舌多胖而苔厚腻；见于中风者，舌多淡红或青紫。

8.36 瘛软舌

舌体瘛弱，伸缩无力者，称为瘛软舌。多由气血久虚，阴液耗损，舌体失于濡养所致。主病有三：一是热灼津伤，二为气血俱虚，三为阴液亏极，舌色红绛而暴瘛者，多为热邪极盛，阴液亏损，必兼高热，口渴唇干，尿短赤，脉数等症；舌色淡而渐瘛者，是久病亏损，气血虚极的表现，当伴倦怠乏力，头晕心悸，唇色淡白无华等症；舌色红干而渐瘛者，多为肝肾阴虚，筋脉失养所致，一般有耳鸣眼花等症。

8.37 吐弄舌

吐弄舌是吐舌和弄舌的合称。因二者皆因心脾有热，故二者合在一起。舌伸出口外者为吐舌，舌微露出口，时而缩回口内，或用舌舔擦口唇四周者为弄舌。心脾有热生风，动津伤，故舌体动摇。吐舌多见于疫毒攻心，或正气已绝，常伴全舌青紫。弄舌是风的征象，所以多见于动风先兆，或小儿先天不足，发育迟缓，智能低下的痴呆儿。

8.38 歪斜舌

伸舌时，舌偏斜于一侧而不能自主者，称为歪斜舌。多以舌体的前半部歪斜明显，或偏左，或偏右。多因肝风内动，挟痰或痰瘀上阻，使舌体的一侧经络阻滞不通所致。受限一侧，舌肌迟缓，软弱无力，而健侧肌肉收缩正常，所以伸舌时舌伸向健侧，属中风或中风先兆。其中舌紫红势急者，多为肝风发痉；舌淡红势缓者，多为中风偏枯。

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8.39 望舌苔

舌苔，是舌体上的一层苔状物，由胃气熏蒸而成。望舌苔包括望苔质和苔色两部分。正常时，舌苔色白，颗粒均匀，薄薄地铺于舌面，其下有根，不粘不腻。病理性舌苔则因病邪外袭，或内有停痰食积所致。诊察舌苔，主要从颜色、津液、厚薄、形态和分布等方面的变化并结合舌质来进行，它有助于了解病邪的性质和深浅，津液的存亡，是舌诊的重要内容之一。

8.40 白苔

薄白苔一般见于表证或寒证。见于表证，是外感初起，邪气尚未传里，舌苔无明显变化的结果；寒证或寒湿之证，苔多白而湿润；舌上白苔满布，如白粉堆积，扪之不燥者，称为积粉苔，是由外感秽浊不正之气，毒热内盛所致，常见于温疫或内痈；苔白燥裂如砂，扪之粗糙，是温病化热迅速，内热暴起，津液暴伤，苔未及转黄所致。

8.41 黄苔

黄苔是热邪熏蒸的结果，主热证。黄的程度与热的程度有关，黄色越深，邪热越重。苔微黄而薄者为外感风热；黄厚干燥者为胃热津伤，必兼口渴便干；若舌苔黄老燥裂，则属热极，常见于阳明腑实证；黄而厚腻，脾胃湿热或胃肠积热；若舌淡苔微黄而润，则多为脾虚有湿；色黄而淡润的厚苔为浊苔，多属湿滞。

8.42 灰苔

灰苔主里证，有寒、热之分。苔灰而干，多见于外感热病，其症当有身热，烦躁等，亦可见于阴虚火旺之人，其症当兼腰膝酸软，五心烦热，形瘦咽干，颧红潮热等；苔灰而润，多见于湿

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痰内停，或寒湿内阻证。其症兼有胸脘痞闷，身重困倦等。

8.43 黑苔

多在疫病极期出现，主里证，亦有寒、热之分。苔黑而燥，甚则起芒刺，是热极津枯的表现，病人可有壮热面赤，口渴饮冷，便秘尿黄，甚则神昏谵语等症状；苔黑而润者，为阴寒极盛之证，病人可有四肢厥冷，脘腹冷痛，下利清谷，脉沉迟等症状。

8.44 舌苔厚薄

凡透过舌苔能隐隐见到舌体者，称薄苔，不能透过舌苔见到舌体者为厚苔。薄苔是由胃气上蒸，津液上承，聚于舌面而成；厚苔常因胃气上升，挟食浊、痰湿等，积滞于面所致。薄苔多见于正常人或病在表、苔未及变化者，厚苔多示胃肠内有宿食积滞，主病在里。一般来说，病见薄苔者轻，见厚苔者重。舌苔由薄增厚，为邪盛病进，预后较差；舌苔由厚转薄，则表示正气渐复、邪气渐退，预后良好。总之，舌苔厚薄可判断邪气的深浅。

8.45 舌苔润燥

舌苔的润燥可了解津液的变化。舌面润泽，干湿适度，为正常苔象，是津液上承的表现。扪之滑利湿润，甚则伸舌时涎流欲滴，为滑苔，是阳衰湿聚，随经上溢的表现；干燥是由于热盛伤津，阴液亏耗，或阳虚不能化津，或燥邪伤肺，致津不上承，舌面失润所致；颗粒粗糙，扪之碍手者为糙苔，以热盛津伤者为多。在某些特殊情况下，也有湿证见燥苔、或燥证见湿苔者，当四诊合参。

8.46 舌苔腻腐

苔质疏松，颗粒较大，如豆腐渣堆积舌面者，为腐苔，多因

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阳热有余，蒸腾胃中腐浊、邪气上升而成，主食积胃肠或痰浊内蕴，亦常见于内痈；苔质致密、颗粒细腻、舌边苔薄，舌中苔厚，刮之难去者，为腻苔，其状如油腻覆盖舌面，为湿浊内盛，阳气被郁，湿浊停积舌面所致，主湿浊、痰饮、食积、湿热等。总之，腐苔为阳热有余，腻苔属湿浊内盛，阳气被郁。

8.47 舌苔剥落

舌苔全部或部分脱落者，称为剥落苔。整个舌面光洁如镜者，为镜面舌；剥落不全，仅在舌中心有苔者，为鸡心苔；舌苔剥落如地图样者，为地图苔；舌面片存舌苔者为花剥苔。剥落苔的形成，总由胃之气阴两伤所致，损伤的程度不同，故出现不同的剥落苔。舌苔从有到无，是气阴不足，正气渐衰的表现。但舌苔剥落之后，复生薄白苔，是邪去正胜，胃气渐复的佳象。

8.48 望排出物

是指审察病人的分泌物和排泄物。由耳鼻口眼分泌的液体为分泌物；人体排于体外的为排泄物。排出物，包括痰饮、呕吐物、二便、涕泪等。望排出物，主要是审察其形、色、量、质的变化，以了解脏腑的病变。一般来说，排出物色清质稀的，多为虚证、寒证；色赤质稠者，多属热证、实证；色泽发黑，而挟有块状物者，多为血瘀。

8.49 望痰涎

痰涎是人体水液代谢的病理产物，与肺脾关系密切。吐痰清稀，色白易咯者，多为脾虚湿停的湿痰；痰稀白如泡沫状者为风痰，多由外感风寒，或久病肺虚，水津失布所致；痰黄稠成块者是热痰，为热煎津液而成；痰白清稀或有灰黑点者，属寒痰，为寒伤阳气所致；痰少而粘，难以咯出者，为燥痰，多因燥邪伤肺；痰中带血，色鲜红者，为热伤肺络；咳如脓血腥臭或如米粥

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者，属肺痈。

8.50 望呕吐物

胃气上逆，痰涎、食物自口而出，即为呕吐物。呕吐的原因有别，呕吐物的性质及伴随症状亦不同。呕吐物清稀无臭，为胃阳不足的寒呕；呕吐物酸臭粘稠，是胃有邪热的热呕；呕吐痰涎清水量多，伴口干不饮，多为痰饮内阻；呕吐物酸腐，夹不消化食物，是由宿食停滞；呕吐时发时止，伴嗳气胁胀者，为肝气犯胃；呕吐鲜血或紫暗有块，夹杂食物残渣，多属胃有积热或肝火犯胃；脓血混杂者为胃痈。

8.51 望大便

大便色、质的异常，可反映脾胃肠的病变及疾病的寒热虚实。大便清稀，完谷不化，或如鸭溏者，属寒湿困脾，或脾胃气虚，运化失职，水停肠间，大肠传导失职；大便深黄如糜，其味恶臭者，为湿热蕴于大肠；大便如粘胨，赤白相间者，为痢疾，是湿热内结大肠，与气血相搏所致，脓多色白者偏湿，病在气分，血多色赤者偏热，病在血分；先便后血，其色紫暗者，为远血，多属脾胃虚弱；先血后便，血色鲜红者，为近血，可见于因风热灼伤肺络所致的肠风下血和痔疮、肛裂出血等。

8.52 望小便

正常小便是淡黄色的液体。若小便清长量多，伴肢冷形寒，多属寒证，是阳伤，不能气化所致；尿中带血色鲜红者，为小肠实热或心火下移，灼伤络脉所致；色淡红者，为阴虚火旺。尿中带血称为血淋；尿液混浊如膏脂，多为湿浊膏淋；尿挟砂石，尿赤涩痛，时时中断者，多为砂淋。

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8.53 望小儿指纹

小儿指纹，指浮露于小儿食指掌侧前缘的络脉，是手太阳肺经的分支，所以能反映脏腑气血变化。主要用于三岁以下的小儿，因其皮肤薄嫩，显而易见之故。这是儿科独具的诊断方法。望小儿指纹主要观察纹色、纹位和纹形。正常指纹在食指掌指横纹附近，从近至外分别分为风关、气关和命关，分别位于第一、二、三指节，色淡红，隐隐显露。

8.54 指纹色泽

纹色的变化，可分为红、紫、青、黑、白几种。纹色鲜红，多属外感风寒；纹色紫红，多为热证；纹色青，多主风证或痛证；纹色青紫或紫黑，是为血络郁闭，属病危之象；纹色淡白，多为脾虚。

8.55 指纹长短

指纹的长短与病邪的部位有关。一般来说，络脉显于风关时，是邪气入络，邪浅而病情较轻；络脉从风关透至气关时，其色较深，是邪气入经，主邪深入而病重；若络脉显现于命关，是邪气深入脏腑，病情危重；若脉络直达指端，叫做"透关射甲"，病更凶险，预后不佳。总之，病在风关为轻，在气关为重，在命关最为危重。

8.56 指纹浮沉

指纹的浮沉可反映病位的深浅。指纹浮露者，主病在表，多见于外感表证；沉伏不明显者，主病在里；纹细而色淡者，多为虚证；纹粗而色浓滞的，多为实证。指纹的浮沉还受皮肤厚薄，色泽和形体肥瘦的影响。皮肤薄者，指纹显而易见，易成浮纹，皮肤厚者，易成沉纹，肥胖者纹深，瘦弱者纹浅，因此，要结合

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其它材料，才能定指纹浮沉的临床意义。

8.57 闻诊

闻诊是通过听声音和嗅气味以测知患者病情的诊断方法。中医学认为，人体的各种声音和气味都是在脏腑的生理、病理活动中产生的，所以能反映脏腑的生理、病理变化。听声音，主要听患者语音的高低、强弱等变化，以及咳嗽、呕吐、呃逆、嗳气等声响的异常，以分辨病情的寒热虚实。嗅气味，主要是嗅病人的病体、口气以及汗痰等排出物的异常，以辨别病证。

8.58 听声音

声音的产生，是喉、会厌、舌、唇、齿、鼻等协调活动的结果，主要是气的活动。肺主气、肾纳气，语言受制于心神，故声音与肺、肾、心关系最为密切。宗气能行呼吸，与语音亦密切相关。无论外感内伤，只要影响到气的正常活动，或影响到发音器官时，就会导致声音的改变，故听声音可了解内脏和整体的变化。

8.59 听语音

语音宏亮有力者，多为实证、热证；语音低微，少气懒言者，多属虚证、寒证，这是因为阴静阳动的缘故。语音重浊，鼻塞流清涕，恶寒无汗者，为外感风寒；脘闷身重者，为湿邪内困；呻吟惊呼，多见于疼痛之证；新病音哑，为邪客会厌，久病失音，为肺肾不足；妊娠音哑，多为正常。

8.60 听呼吸声

肺主气司呼吸，肾主纳气，呼吸异常主要与肺肾有关。气息低微，气少不足以息的，叫少气，多因肺肾气虚所致；气息有力，声高而粗，称息粗，是邪热壅肺所致；呼吸困难，短促急

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迫，甚则张口抬肩，鼻翼煽动，不能平卧者为喘。喘有虚实之分，息粗音高，惟以呼出为快者，属实；气怯声低，气不得续者为虚；呼吸急促似喘，伴喉中哮鸣音者为哮；呼吸较常人急而短促，息快不相接续，似喘而不抬肩，虽急并无痰声者，叫短气；胸中郁闷不舒，时时发出长吁短叹之声的为叹息，是肝气郁结所致。

8.61 听咳嗽声

咳嗽是肺失清肃、肺气上逆的表现。听咳嗽，主要是注意咳嗽的声响及咳痰的量、色、质的变化，以辨别病证的寒热虚实。咳声重浊的，多为实证；咳声轻清，低微声怯者，多为虚证；干咳无痰或痰少而粘，难以咯出者，为燥邪犯肺，或阴虚肺燥的燥咳证；咳嗽痰多，色白易咯者，是痰湿内蕴的痰咳；咳声不扬，痰黄而稠，不易咯出者，是热邪犯肺的热咳；小儿咳声气急，连声不断，终止时如同鹭鸶鸟叫声的，是百日咳。

8.62 嗅气味

口臭者，多为消化不良或口腔不洁；口气酸腐，兼恶闻食臭者，是内有宿食积滞。身有汗气，是已出汗；汗有腥臊气，为湿热久蕴皮肤所致，鼻出臭气，流浊涕不止者，多为鼻渊证；吐痰带脓血，腥臭异常的为肺痈。大便臭秽属热，腥气属寒。小便黄赤短臭，多是湿热；病室有尿臊味，多见于水肿晚期患者；口出烂苹果味，是为消渴。

8.63 问诊

是通过询问病人及其家属，以了解疾病有关情况的一种诊察方法。问诊在四诊中占有重要地位，因为病人的病史、自觉症状、家族史、治疗经过，特别是某些只有主观感觉而缺乏体征的疾病必须通过问诊才能了解。问诊时应首先抓住病人的主要痛

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楚，然后围绕它进行有目的、有步骤的问诊，既要重点突出，又要全面了解。问诊时，医生态度应当和蔼，注意不要暗示，更切忌刺激病人。

8.64 问寒热

寒热，指恶寒发热。恶寒是病人的自觉症状，发热是指体温升高，或患者自觉发热。一般来说，因寒邪性清冷，故其致病多使人怕冷；热邪性炎热，故其致病多使人发热，人体阴阳失调时，阳盛则发热，阴盛则恶寒；阴虚阳盛亦发热，阳虚阴盛亦恶寒。外邪所致的寒热多并见，内伤之寒热多独见。总之，寒为阴象，热为阳象。

8.65 恶寒发热

指恶寒与发热同时并见、为外邪客于肌表，卫气与之相争的结果。其恶寒重发热轻者，为风寒表证，是寒邪凝滞，卫阳被郁的结果，寒为阴邪，且易伤阳气，故恶寒重，卫阳与邪气相争，故亦见发热；其发热重恶寒轻者，为风热表证，阳邪致病则阳盛，故发热重，卫阳失于温煦，故轻微恶寒；发热轻而恶风自汗者，是伤风表证，由于风性开泄，腠理疏松，阳气郁遏轻，故恶寒发热均轻。

8.66 但寒不热

指病人但觉畏寒，而无发热的感觉。多由体阳久虚，肌表失于温煦，或寒邪入侵体内所致。新起恶寒者，多为寒伤肌表，或直中脏腑，前者以得温不解为特点，是寒邪袭表，卫阳郁遏，不能外达所致，后者多见有脘腹冷痛，脉沉迟；久病畏寒，以得温可解为特点，是体内阳气不足，人体失温所致，加衣被能防止阳气耗散，故畏寒可减轻。

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8.67 但热不寒

发热时不恶寒反恶热，称为但热不寒，主里热证，由阳气偏盛或阴虚阳亢所致。高热不退者称为壮热，是表邪入里化热或风热内传的里热证的极期阶段，属实热，常伴多汗、烦渴等症；发热如潮水之休作有时，按时发作或按时热更甚者，称为潮热，日晡潮热，多为胃肠燥热内结；夜间发热明显者，为夜间潮热，兼身热不扬者为湿温，兼五心烦热或骨蒸潮热者，为阴虚阳亢的虚热证；长期低热可见于会阴两虚或肝经郁热证。

8.68 寒热往来

恶寒与发热交替而作，为寒热往来，是半表半里证的表现，可见于少阳病或疟疾。时冷时热，发作无时间规律者，主半表半里证，多兼口苦咽干、目眩等症，是邪正分争，互为进退的表现；寒战与高热交替发作，一日一次或隔日、三日一次者，是为疟疾，兼见头痛剧烈，口渴多汗等症。由于疟邪伏藏于半表半里，入与阴争则寒，出与阳争则热，故见寒热往来，休作有时。

8.69 问汗

汗源于津液。津液受阳气蒸化，由玄府（腠理，汗孔）出于体表者谓之汗。正常汗出，有润泽皮毛、调和营卫的作用。疾病时，由于邪气侵扰和正气不足，会出现无汗或汗出过多。病邪的性质和正气亏损的程度不同，汗出异常的表现亦不相同，所以通过问汗，可以分辨疾病的表里寒热虚实。问汗的主要内容是：有汗无汗、汗出部位、汗出时间及汗量的多少和色质。

8.70 自汗

时时汗出，不能自止，活动后更甚的称自汗，多为气虚或阳虚所致。因阳虚或气虚后，肌表失于固护，腠理不密而致津液外

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泄，故自汗出。活动则耗气，而阳气妄动，故汗出更甚。自汗多兼呼吸微弱，倦怠乏力，少气懒言等气虚或畏寒肢冷，小便清长等阳虚证状。

8.71 盗汗

入睡汗出，醒来即止者，叫盗汗。常见原因有二，一是阴虚内热，由于入睡时卫气由表入里，以致阳热亢盛于内，蒸发津液外泄，故见汗出，醒则卫气出于表，故汗止。二是气阴两虚，除盗汗外，又常伴自汗。

8.72 大汗

汗出量多，谓之大汗，见于热邪亢盛或阳气暴脱的患者。前者以蒸蒸发热，汗出不止，兼见口渴面赤，脉洪大为特征，是因表邪入里化热或风热内传，热邪炽盛，迫津外泄所致；后者以冷汗淋漓，兼见面色苍白，肢冷脉微为特征，是由阳气暴脱，津液失固，随气外泄所致，多见于病情危重的患者；若在病势危重，高热烦渴，脉细数的情况下出现汗出如油，热而粘滞者，多为亡阴之汗。

8.73 战汗

病势危重时，患者先全身战栗抖动，几经挣扎，而后汗出者，称为战汗。它是正邪相争，病变发展的转折点，是机体积蓄正气，努力祛邪外出的表现。战汗时，应密切观察病情的变化，若汗出热退，脉静身凉者，为正胜邪退，病情好转的佳象；若汗出后仍高热不退，烦躁不安，脉来急数者，是邪胜正衰，病情恶化的危候。

8.74 头汗

汗出仅在头部，谓之头汗。导致头汗的原因，一是湿蕴中

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焦，湿热郁蒸，迫津上越所致，多伴头身困重，脘闷苔腻等症状。二是热蕴上焦，阳气亢盛，蒸津于上所致，一般兼见烦渴，舌尖红等症。三是虚阳上浮，是久病精气衰竭，阴阳离绝的表现，可见头汗如油，兼四肢厥冷，气喘脉微。四是多食辛辣、热汤、饮酒，阳气蠲盛所致。

8.75 半身汗

身体一半出汗，或左或右，或上或下，谓之半身汗。汗出一侧是健侧，是营卫通利，卫气司开合功能正常的表现；无汗一侧是病侧，是经脉阻滞，营卫不得周流，气血不和所致。其因或为风痰，或为痰瘀，或为风湿，可见于中风，痿证和瘫痪患者。

8.76 手足心汗

有正常与病态之分。手足心汗出，量不太多者，为正常之汗。若汗出过多，则为病汗。病汗之因有二，一因脾胃不健，运化失常，津液旁趋四肢，故见手足心汗；二为阴经郁热熏蒸所致，手足心为手厥阴，足下少阴经脉所过之处，热郁二经，则见手足汗出，多兼口干咽燥，便秘尿黄，脉细而数等。

8.77 问痛

正常人经脉通利，气血充足，无不适感，若气血不足，或经脉阻滞则会导致疼痛。它是最常见的临床症状之一，可出现在身体的任何部位。其病因，一是经络阻闭，气血运行不畅所致，即不通则痛，多由感受外邪，或气滞血瘀，或痰浊凝滞而成，属实性疼痛。二是气血不足，脏腑组织失养所致，为虚性疼痛。疼痛的性质、部位和程度不同，反映的邪气的性质和病变部位也不同，故问痛，应重点询问疼痛的性质、部位、程度及恶欲等等。

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8.78 头痛

头为诸阳之会，肾主骨生髓，脑为髓海。外感内伤皆可导致头痛。前额连及眉棱骨疼痛，为病在阳明经；头侧疼痛者，为病在少阳；巅顶疼痛者，为病在厥阴。经脉在头部的分布不同，故可根据头痛的部位判断病在何经。急性疼痛，多为外感，痛连项背，遇风加重者，为外感风寒所致；头胀痛而面红目赤者，为外感风热而成；头重如裹伴发热恶寒者，为外感风湿所致。病程长，头痛缓，时发时止者，多属内伤头痛。头痛绵绵，劳则加重者，为气虚头痛；头晕目眩，面色苍白，为血虚头痛；头脑空痛，腰膝酸软者，为肾虚头痛，由肾精不足，脑髓失养所致。

8.79 胸痛

胸部为心肺所居之处，故胸部疼痛，多与心肺有关。胸痛憋闷，痛引肩背者，为胸阳不振，痰浊内阻或气滞血瘀而导致的心脉气血运行不畅的胸痹；剧烈胸痛，面色青灰，有欲死感者，为心脉骤闭的真心痛；壮热面赤，喘促鼻煽而又见胸痛者，多由肺热实证所致；潮热盗汗，咳痰带血而胸痛者，是因肺阴虚；胸闷痛，痰量多者，属湿痰犯肺；身热而吐脓臭痰者为肺痈；胀痛走串，太息嗳气者，为气滞；刺痛而固定不移为血瘀。

8.80 胁痛

肝胆居胁部，故胁痛与肝胆有关。胁胀痛太息易怒者，为肝气郁结；灼痛，面红目赤者，为肝火郁滞；胁肋胀痛，身目发黄者，为肝胆湿热蕴蒸的黄疸病；胁部刺痛，固定不移者，为血行瘀阻所致；胁痛隐隐，多为肝阴不足；肋间饱满，咳唾引痛者，为悬饮；伤寒胸胁苦满，往来寒热者，为少阳病。

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8.81 脘痛

脘，指胃脘，为胃所居之处。胃主受纳，以降为顺。凡寒热、食积、虫积、气滞、血瘀及机体阴阳失调，皆可伤胃而见脘痛。脘部冷痛、得热痛减者，为寒邪所致；胃脘灼痛，口臭便秘者，为胃火炽盛；胃脘胀痛，连及胸胁，嗳气频频，怒则加甚者，为肝气犯胃；兼见恶闻食臭者，为食积胃肠；胃脘刺痛，痛有定处者，为血瘀；胃脘隐痛，喜暖喜按，为胃阳虚；胃脘灼热，饥不欲食，舌红少苔者，为胃阴虚。

8.82 腹痛

腹部包括大腹、小腹和少腹。脐以上为大腹，为肝胆脾胃居处，故上腹疼痛多与肝胆脾胃有关。脐以下为小腹，属肾、膀胱、大小肠、胞宫，此处疼痛多与上述脏腑有关。小腹两旁为少腹，由肝经所主，其病多与肝有关。

8.83 腰痛

腰为肾之府，腰痛与肾病有关。腰痛绵绵，软弱无力者，为肾虚腰痛，由肾精不足，腰失其养所致；腰部冷痛沉重，阴雨天加重者，为寒湿侵袭，经络阻滞，气血运行不畅所致，是寒湿痹证；腰部痛如针刺，固定不移而拒按，腰部活动受限者，是为血瘀腰痛；腰部疼痛，向下肢放射者，多为经脉阻滞之病。

8.84 四肢痛

四肢关节疼痛，为痹证，多为风寒湿邪侵袭，或郁久化热所致。疼痛部位不定，呈游走性者，是行痹，以风邪致病为主；疼痛剧烈，难以忍受者，为痛痹，以寒邪致病为主；痛处沉重，固定不移者，为痛痹，以湿邪致病为主；关节红肿热痛，伴发热，口渴者，为湿郁化热所致的热痹。亦有因脾胃虚弱，四肢失养而

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疼痛者；若疼痛仅见于足跟，或腰膝酸软疼痛者，多属肾虚。

8.85 胀痛

疼痛伴胀的感觉，即为胀痛，是气郁或气滞的特征。胸胁脘腹胀痛，时发时止，部位不定者，一般属气滞之证。肝主疏泄，主条达，与气机的通畅与否关系密切，故气滞多与肝有关。但头部胀痛，伴发热重，恶寒轻，口渴尿赤者，是风热上扰。目睛胀痛者，又多为肝阳上亢。

8.86 重痛

疼痛且有重的感觉，谓之重痛。多为湿邪阻滞气机所致，常见于头部、四肢、腰部。湿性重浊粘滞，易阻遏气机，困遏阳气，气机不畅故感身重疼痛。外感风寒湿邪，多头重如裹；若入关节，则为关节沉重疼痛的痹证；湿温初起，亦必身重疼痛困倦；湿热下注，则下肢多沉重，行走困难。

8.87 刺痛

疼痛如针刺一般，叫刺痛，是瘀血疼痛的特征，多为跌打损伤，或气机郁闭，血停留于局部所致。头部刺痛，为瘀血在头，多为外伤所致；胸前刺痛，多为心血闭阻；胁肋刺痛，多为肝气久郁，血行瘀阻；少腹刺痛，又多为血瘀下焦，在女子多与月经异常有关。

8.88 绞痛

疼痛剧烈，犹如刀割，叫绞痛，多因有形实邪骤然闭阻气机，或因寒邪凝滞，气机阻闭所致。胸前绞痛，多为心脉瘀阻的"真心痛"；脘腹绞痛，有物突起，突上突下，甚则吐蛔者，为蛔虫上窜所致；尿中挟有砂石，突然阻塞不通，少腹绞痛者，为石淋；寒邪内侵肠胃，也会出现腹部绞痛。

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8.89 灼痛

疼痛部位伴有烧灼感，叫灼痛，是热性疼痛的特征，多由于火邪窜络，或阴虚火旺，组织被灼所致。胃脘灼痛，为胃火炽盛，多兼多食易饥，口臭便秘；胁肋灼痛，烦躁易怒，口吐酸水者，为肝经郁火；小便灼热刺痛，是为淋证。

8.90 冷痛

疼痛且有寒冷感的，叫冷痛。是阳气虚衰，人体失于温煦，或阴寒内盛，阳气受损，或寒入经络，经脉拘急所致，以得温痛减为特征。阳虚所致者为虚证，多兼畏寒肢冷，面色无华，小便清长，脉沉弱无力，治以温阳益气；寒邪所致者为实证，多兼恶寒，口淡不渴脉沉迟等症，治以温阳散寒、止痛。

8.91 隐痛

痛势轻微，隐隐而作者为隐痛。是气血不足，脏腑组织失于温养所致，属虚，多见于慢性虚损性疾病，病程一般较长，疼痛绵绵不休。

8.92 掣痛

疼痛相互牵扯、连及为掣痛，又叫引痛。多由经络失养或阻滞不通所致。胸痛彻背，背痛彻胸，伴汗出肢冷，脉微欲绝者，为胸痹；右胁胀闷疼痛，连及右肩者，为胆肝湿热。

8.93 问睡眠

睡眠的正常与否与卫气的循行情况和机体的阴阳盛衰密切相关。正常情况下，卫气昼行于阳，则人寤，夜行于阴，则人寐，白天阳气盛，夜间阴气盛。患病时，阴阳失调，而睡眠因之异常，阴虚阳亢则失眠，阳虚阴盛则嗜睡，故睡眠的异常可反映人

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体的阴阳盛衰。

8.94 失眠

夜间不易入睡，睡后易醒，甚则彻夜不眠者，叫失眠。是阴虚阳亢，阳不入阴，神不守舍的病理表现。不易入睡，兼心烦，潮热，腰膝酸软者，是心肾不交证，因肾阴亏虚，心火旺盛所致；睡后易醒，兼倦怠乏力，心悸脉弱者，属心脾两虚；时时惊醒，兼眩晕胸闷，心烦口苦者，为胆郁痰扰；夜卧不安，兼脘闷嗳气者，为食滞胃脘。

8.95 嗜睡

神疲困倦，经常不自主入睡，叫嗜睡，多由阳虚阴盛或湿困脾阳所致，温病热入心包的患者亦每见此证。兼头目昏沉者，为痰湿困脾；兼形体衰弱，食少纳呆者，属脾气虚弱；病人极度衰惫，神志昏蒙而嗜睡者，为心肾阳虚；伴谵语，身发斑疹者，为热入心包。

8.96 问饮食口味

脾胃主受纳腐熟水谷，饮食口味的正常与否取决于脾胃功能状态。脾胃不健，或其他脏器之病及于脾，都会在饮食口味上表现出来。问饮食口味，应注意询问有无口渴，饮水多少，喜热饮还是冷饮，食欲情况，食量如何，口中有无异常味觉或气味。

8.97 口渴与饮水

可反映人体内津液的盛衰和输布情况。虽病而口不渴者，示津液未伤，多见于寒证；口大渴喜冷饮者，为热盛伤津；大渴引饮，小便量多伴能食消瘦者，为消渴证；口干不欲饮，属阳虚；口渴饮水不多，为湿热证；渴喜热饮，饮量不多或水入即吐者，是痰饮内停；口干，但欲嗽水不欲咽者，为内有瘀血。

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8.98 食欲与食量

食少纳呆，多为脾胃气虚；脘闷纳呆，伴头身困重，是湿邪困脾；纳少厌油腻，伴黄疸胁痛，属肝胆湿热；恶闻食臭，兼嗳气腹胀者，为食滞；多食易饥，口臭便秘者，为胃火亢盛；饥不欲食，胃中嘈杂者，为胃阴不足；嗜食异物者，多在小儿虫积时见到；食欲好转，表示胃气渐复，预后较好；反之则较差。

8.99 口味

口淡乏味者，为脾胃气虚；口甜粘腻者，为脾胃湿热；口中泛酸者，是肝胃郁热；口中酸腐，为伤食；口苦，多为胆火内炽。

8.100 问大便

主要询问大便的次数、性质及感觉。便秘，伴高热，腹胀痛，为实热证；便干、舌红少苔者属阴虚；老年习惯性便秘，多属气虚；纳少腹胀，泄泻者，为脾虚；晨起腹痛泄泻者，多属肾阳虚；泻下臭秽，泻后痛减者，为食积；完谷不化，多为脾肾两虚；便有脓血，伴里急后重者，为痢疾。

8.101 问小便

尿量增多，畏寒喜暖者，为虚寒证；伴多饮多食消瘦者，为消渴；尿少短赤者，为热证；尿少浮肿，为水肿；小便频数，多为湿蕴下焦或肾气不固；小便不通者，叫癃闭，多因湿热、瘀血结石所致；小便涩痛为淋证；小便余沥不尽，多见于老年人。

8.102 问月经

月经常提前八、九天以上，为月经先期，多因邪热或气虚；常错后八、九天以上，为月经后期，多因寒凝、血瘀、阴虚、血

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少所致；经期不定者，多由肝郁、脾肾虚损所致；月经量少，多因血虚，寒凝或痰湿；量多多因气虚，血热或血瘀；经色淡红稀薄，为血虚；色深红质粘稠，为血热；紫暗有块为寒凝、血瘀。

8.103 问带下

正常情况下，妇女阴道内分泌少量乳白色，无臭的液体，为带下。若分泌过多，或绵绵不断，即为病态。带下色白量多，质清稀者为白带，属脾虚湿注；色黄质稠秽臭者，为黄带，为湿热下注；白带中挟有血液，为赤白带，多属肝经郁热。

8.104 问小儿

除一般内容外，还要询问其出生前后情况，预防接种史，传染病史及易使小儿患病原因。如新生儿疾病，当询问孕妇的营养情况和分娩情况；婴幼儿疾病，当询问喂养情况和发育情况；已预防接种，或已患过具有长期免疫力的传染病的患者，一般不再患此病。如缺乏对某种传染病的免疫力，而近期又有此病接触史者，易患此病。小儿神志不全，易受惊吓；脾胃虚弱，易于伤食；不知温适，易患外感。

8.105 切诊

切诊是诊察疾病的四种方法之一。包括脉诊和按诊两部分。是医者运用手和指端的感觉，对病人的某些部位进行触摸按压，以获得辨证资料的一种诊察方法。

8.106 脉诊

脉诊又称切脉，是医生凭指端的感觉、触按病人的动脉，探查脉象，以了解病情，收集临床资料的一种诊病方法。

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8.107 三部九候

三部九候有两个含义。一是指诊脉的全身遍诊法，这种诊脉的方法始见于《黄帝内经》。诊脉的部位分头、手、足三部，每一部有上、中、下三处诊脉部位，以应天地人。这样，就是在人体的九个部位进行诊脉，故称为三部九候。具体部位是：头部，上（天），为两额动脉（太阳穴），以候头角之气；中（人），为耳前动脉（耳门穴），以候耳目之气；下（地），为两颊动脉（巨髎穴），以候口齿之气。手部。上（天），为手太阴肺经动脉（寸口），以候肺；中（人），为手少阴心经动脉（神门穴），以候心；下（地），为手阳明大肠经动脉（合谷穴），以候胸中之气。足部。上（天），为足厥阴肝经动脉（五里穴或太冲穴），以候肝；中（人），为足太阴脾经动脉（箕门穴或冲阳穴），以候脾胃；下（地），为足少阴肾经动脉（太溪穴），以候肾。二是指寸口诊脉法。寸口脉分寸、关、尺三部，在诊其每一部时，以轻、中、重三种不同的指力按压，即浮取、中取、沉取，如此所获得的脉象称三部九候。

8.108 寸关尺

寸关尺是寸口诊脉法所诊三个部位的名称。具体定位是：掌后高骨（桡骨茎突）的内侧定为关，关之前（腕端）为寸，关之后（肘端）为尺。寸关尺三部的脉象，分别称为寸脉、关脉、尺脉。

8.109 寸关尺的脏腑分候

寸关尺脉可候五脏六腑之气。其中左手的寸脉可候心与膻中，左关可候肝、胆与膈，左尺可候肾与小腹。右手的寸脉可候肺与胸中，右关可候脾与胃，右尺可候肾与小腹。

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8.110 诊脉的方法

(1) 时间。诊脉的时间最好是清晨。因为清晨病人较少受到饮食、活动等各种因素的影响，气血经脉较少受到干扰，因而容易鉴别病脉。但并不是说其它时间就不能诊脉。总的来说，诊脉时要求有一个安静的环境，使病人情绪稳定，气血平静，从而使诊脉更为准确。(2) 体位。诊脉时要求病人取坐位或仰卧位，直腕仰掌，手臂与心脏近于同一水平，以使血脉畅通。还要在病人腕关节背部垫以布枕，以便于切脉。(3) 布指。为成人切脉，用三指定位、诊脉。中指布于关脉上，食指布于寸脉上，无名指布于尺脉上。布指的疏密要与病人的身高相适应。身高臂长者，布指宜疏；身矮臂短者，布指宜密。若为三岁以上的小儿诊脉，多用一指（食指或拇指）按脉，不必分三部。对三岁以下的小儿则以望指纹代替脉诊。(4) 指法。诊脉时三指微屈，略呈弓形，指端齐平，以指腹按压脉体，切脉时常运用三种轻重不同的指力来按压，体察脉象。轻用力按在皮肤上触诊病人的脉称为举，又称浮取或轻取；以较重的指力按至筋骨称为按，又称沉取或重取；指力不轻不重，中等度用力切脉称为寻，又称中取，寻的另一个含义是挪移指位，内外推寻。在诊脉时必须注意体会举、按、寻之间脉象的变化。诊脉时三指平布，同时用力按脉，称为总按；如果为了重点了解某一部脉象，可单用一指独按其中一部，称为单按。临床上总按、单按常配合使用。(5) 诊脉的时程。每次诊脉的时间以 3～5 分钟为宜，最短不应少于 1 分钟。

8.111 平脉

平脉是正常人的脉象。平脉有胃、神、根三个特点。脉象不浮不沉，不疾不徐，从容和缓，节律一致，是为有胃气。脉象柔和有力，是为有神。脉有胃、有神，都是脉有冲和之象，表明气血充盈、调和，心神健旺。诊察脉象有无胃气，脉有神、无神、

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对判断疾病的进退凶吉有一定的临床意义。脉象尺部沉取仍然应指有力，是为有根。脉象有根，说明肾气充实。肾为先天之本，是生命活动的原动力，肾气充实，反应于脉象，表现为其脉尺部沉取应指有力。如果病脉尺部沉取尚可见，说明肾气犹存，先天之本未绝，还有生机。另外，平脉常随人体内外因素的变化而发生相应的生理性变化。例如，受气候的影响，平脉有春稍弦，夏稍洪，秋稍浮，冬稍沉的变化。剧烈运动、情绪激动、饮食以后，脉来加快。此外，有的人脉不见于寸口，而是从尺部斜向手背，名叫斜飞脉；如果脉出现在寸口的背侧，称为反关脉。这些都是生理性变异，不属病脉。

8.112 病脉

因患疾病而发生异常改变的脉象，称为病脉。

8.113 浮脉

脉象之一。脉位表浅，轻取即得，重按稍弱而不空。浮脉主表证，亦主虚证。浮脉主表证，说明邪在肌表。外邪袭表，卫气趋表，奋起抗邪，脉气鼓动于外，故出现浮脉。浮脉多出现于感冒和某些急性热病的初期。如果久病体虚者出现浮脉，为精气亏虚，阴不敛阳，虚阳外越的重症，脉必浮大而无力，临床不可误作外感论治。

8.114 芤脉

脉象之一。脉浮大中空，如按葱管，主失血、亡津。多见于突然大失血、大汗出以后。由于阴血疾去，津液速脱，阳气无所依附，浮散于外而致。

8.115 散脉

脉象之一。脉浮大无根，至数不齐。浮取脉形很大，浮散而

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不聚、稍用力按之则不见，故有“散似杨花无定踪”的描述。散脉主元气离散，它是元气耗散，脏腑之气将绝的危候。

8.116 沉脉

脉象之一。脉位较深，浮取不应，重按始得。沉脉主里证。沉而有力为里实证，沉而无力为里虚证。病邪郁于里，气血内困，气不外达，则脉沉而有力；如果脏腑虚弱，气血不足，脉气鼓动无力，则脉沉而无力。

8.117 伏脉

脉象之一。脉位较沉脉更深，须用力按至筋骨始得，甚至暂时伏而不显。常见于厥证、邪闭、痛极等病证，由于邪气内伏，气血不得宣通，或者痛极气闭而致。若两手脉伏而不见，同时太溪与趺阳脉都不见，属险证。

8.118 牢脉

脉象之一。脉实大弦长，浮取、中取均不应，唯沉取始得，坚牢不移。牢脉主阴寒痼冷之疾，如症瘕积聚、疝气等。牢脉是病气牢固内实之象。由于阴寒内实，阳气沉潜而致。牢脉主实有气分血分之别，症积有形肿块，是实在血分；无形痞结瘕聚，是实在气分。如果失血、阴虚等证出现牢脉，为危重之象。

8.119 迟脉

脉象之一。迟脉其脉来迟慢，一息不足四至（相当于每分钟脉搏 60 次以下）。迟脉主寒证。迟而有力为寒积实证，迟而无力为虚寒证。由于寒盛，或阳虚，寒凝气滞，阳失健运而致。迟脉还主邪热结聚。如伤寒的阳明腑实证，由于邪热结聚，阻滞气血的运行，可出现迟脉。久经锻炼的运动员，脉迟而有力，则不属病脉。

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8.120 缓脉

脉象之一。脉来一息四至，脉率正常，但脉势的来去有缓慢之感。缓脉主湿证和脾胃虚弱证。由于湿性粘滞，气血被湿邪所困遏，或因脾胃虚弱，气血不足以充盈鼓动，因而脉来怠缓。有病之人脉转和缓，是正气恢复之象。如果脉来从容不迫，和缓均匀，是正常人的脉象。

8.121 数脉

脉象之一。脉来一息五～六至（相当于每分钟脉搏91～120次），脉来去促急。数脉主热证。数而有力为实热，数而无力为虚热。邪热亢盛，气血运行速疾，故脉数。实热内盛，正气不衰，邪正相争，则脉数而有力。久病阴虚，虚热内生，则脉数而无力。虚阳外浮的病人也可出现浮脉，其脉必数大无力，按之豁然而空。

8.122 疾脉

脉象之一。脉来急疾，一息七至以上（相当于每分钟脉搏121次以上），其脉数而躁手。疾脉主阳极阴竭和亢气将脱。在热性病极期以及虚损劳伤阴竭阳越时，可见到疾脉。脉疾而按之益坚，是真阴耗竭，阳亢无制之象，若脉疾而虚弱无力是亢气将脱之征。出现疾脉，说明病情危重。

8.123 虚脉

脉象之一。寸、关、尺三部脉，浮取无力，沉取空虚，令人有一种软而空豁的感觉，是无力脉的总称。虚脉主虚证，包括气血两虚及脏腑诸虚。尤多见于气虚。气虚不足以推动血行，血虚不足以充盈脉道，故脉体空虚，脉来无力。

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8.124 实脉

脉象之一。脉来去俱盛，寸、关、尺三部脉浮取、沉取皆较大而坚实有力。实脉是有力脉的总称，实脉主实证，机体邪气亢盛而正气不虚，正邪相搏，气血壅盛，脉道坚满，故脉来应指有力。

8.125 滑脉

脉象之一。脉来应指圆滑，往来流利，如珠走盘。滑脉主痰饮、食滞、实热等。实邪壅盛于内，气实血涌，故脉来去甚为流利，应指有圆滑感。正常人脉滑而冲和，是营卫充实之象。妊娠妇女也常见滑脉，此为气血充盛而调和的表现。

8.126 涩脉

脉象之一。脉往来不流利，艰涩不畅，犹如用轻刀刮竹。涩脉应指的形象与滑脉正相反。脉涩而无力主精伤、血少。脉涩而有力主气滞血瘀、挟痰挟食。精伤、血少则血脉不充，血行不畅，故脉涩而无力。气滞血瘀或痰食胶固，使气机不利，血行不畅，脉气往来艰涩，由于正气未伤，故脉涩而有力。

8.127 细脉

脉象之一。又称小脉。脉体细如线状，软弱无力，但搏动起落应指分明。细脉主气血两虚，诸虚劳损，还主湿病。阴血亏虚则不能充盈脉道，气不足则无力鼓动血行，故脉体细小并且软弱无力。细脉尤其主血虚、阴虚。血虚常见脉细弱，阴虚常见脉细数。湿邪阻压脉道，困遏脉气，也常出现细脉。如果遇热病中病人神昏谵语见脉细数，是邪热深入营血或邪陷心包的证候。

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8.128 濡脉

脉象之一。其脉浮而细软，即脉位表浅，轻取可以触知，但细软无力，重取反不明显。濡脉主虚证和湿证。营血亏虚，不充脉体，血虚气浮，故脉浮而细软。或气血本虚，又有湿邪自外而侵，阳气趋表，也可出现濡脉。

8.129 微脉

脉象之一。脉极细极软，按之欲绝，若有若无。微脉主阳衰气少，阳气暴脱，以及阴阳气血诸虚。阳衰气微，无力鼓动脉气，故见微脉。久病出现微脉是正气将绝，多见于心肾阳衰的病人。新病出现微脉主阳气暴脱。

8.130 弱脉

脉象之一。脉极软而沉细。弱脉主气血两虚。血虚则脉道不充，气虚则搏动无力，故脉体极细，沉取方得，极弱无力。久病正气亏虚，出现弱脉，为脉症相应，为顺。如果新病邪气盛实，出现弱脉，为脉症不相应，为逆。

8.131 洪脉

脉象之一。其脉浮大，滔滔满指，来盛去衰，状如洪水，波涛汹涌。洪脉主气分热盛，内热充斥，气盛血涌，脉道扩张，故脉体阔大，浮大满指，充实有力，来的力量大于去的力量。如果久病气虚，或虚劳、失血、久泄等病证出现洪脉，是邪盛正衰的危候。

8.132 大脉

脉象之一。大脉脉体阔大，但无洪盛汹涌之势。脉大而有

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力，主邪热实证。脉大而无力主虚，为正气虚损，气不内守之象。

8.133 弦脉

脉象之一。其脉端直而长，如按琴弦，硬而不柔。弦脉主肝胆病、诸痛、痰饮等。弦脉是脉气紧张的表现。肝主疏泄，调畅气机，以柔和为贵。肝胆疾患使肝之疏泄失常，肝气不柔，故出现弦脉。诸痛乃气机不通的表现，痰饮常阻滞气机，故二者可出现弦脉。疟疾常出现弦脉。另外，虚劳内伤，中气不足，肝病乘脾，亦常见弦脉。如果脉弦细而劲急，按之如循刀刃，表明胃气全无，病多难治。健康人春季其脉常弦而柔和，此不属病脉。

8.134 紧脉

脉象之一。脉来绷急，切之如按转索，左右弹指。紧脉主寒证。寒邪其性凝敛收引，寒邪侵袭则脉道收缩拘急，故出现紧脉。寒邪在表，脉多浮紧，寒邪在里，脉多沉紧。另外，剧痛、食滞内停也常出现紧脉。

8.135 革脉

脉象之一。脉来浮而搏指，弦急中空，中空外坚，如同按在绷紧的鼓皮。革脉主亡血、失精、半产、漏下等病证。因精血内虚，气无所附，浮越于外而致。

8.136 代脉

脉象之一。脉来时而一止，歇止有规律，良久复来。代脉主脏气衰微，风证痛证，七情惊恐，跌打损伤。由于脏气衰微，尤其是心气衰微，使脉气不能接续，因而出现代脉。至于风证痛证、七情惊恐、跌打损伤等出现代脉，是因病而致脉气不能衔接，不可作重证论。

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8.137 促脉

脉象之一。脉来急数（每分钟脉搏大于90次），时而一止，歇止无规律。脉促有力主阳盛实热证，如气血、痰饮、宿食停滞的实热证。促脉还主痈肿。如果脉促而细小无力，多是虚脱之象，临床上应加以注意。

8.138 结脉

脉象之一。脉来缓慢（每分钟脉搏小于90次），时而一止，歇止无规律。结脉主阴盛气结之证，如寒痰瘀血、症瘕积聚等。由于气滞血凝，气郁血聚，寒痰凝结，脉气阻滞而致。

8.139 长脉

脉象之一。脉体长，超过本部，首尾端直，如循长竿。如果脉长而和缓，表明中气充足，气血流行畅通，是健康人的脉象。如果脉长而弦硬，主肝阳有余，阳盛内热等有余之证。

8.140 短脉

脉象之一。脉体首尾俱短，不能满寸、关、尺三部。是与长脉相反的脉象。短脉主气郁和气损。如因气郁血瘀、或痰滞食积，阻碍脉道，脉气不伸而致的短脉，脉短而有力。如因气损气虚、无力鼓动血行而致的短脉，脉短而无力。

8.141 动脉

脉象之一。脉体较短，脉形如豆，滑数有力。主惊恐和痛证。由于阴阳不和，气血紊乱而致。

8.142 相兼脉

两个以上单一脉象共同出现所构成的脉称为相兼脉。相兼脉

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的主病，一般地说等于组成该相兼脉的各单一脉主病的相合。例如：浮紧脉，浮脉主表证，紧脉主寒证，浮紧脉即主表寒证。又如，沉细数脉，沉脉主里证、细脉主虚证，数脉主热证，沉细数脉即主里虚热证。

8.143 败脉

无胃、无神、无根的脉象称败脉。病情危重，正气衰败，濒于死亡时常出现败脉。败脉的出现表明脏腑之气衰竭，胃气败绝，因而败脉又称死脉、绝脉。由于败脉形象奇怪，异于一般的脉象，故又称为怪脉。

8.144 真脏脉

即败脉。

8.145 七绝脉

指釜沸脉、鱼翔脉、虾游脉、屋漏脉、雀啄脉、解索脉、弹石脉七种败脉。

8.146 十怪脉

元代医学家危亦林在《世医得效方》中列怪脉（即败脉）十种，称为十怪脉。它们是釜沸脉、鱼翔脉、虾游脉、屋漏脉、雀啄脉、解索脉、弹石脉、偃刀脉、转豆脉、麻促脉。

8.147 釜沸脉

败脉之一。脉在皮肤、浮数之极、至数不清，如釜中沸水、浮泛无根。釜沸脉为三阳热极，阴液枯竭之候。

8.148 鱼翔脉

败脉之一。脉在皮肤，头定而尾摇，似有似无，如鱼在水中

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游动。鱼翔脉为三阴寒极，阳亡于外之候。

8.149 虾游脉

败脉之一。脉在皮肤，如虾游水，时而跃然而去，杳然不见。须臾又来，其急促躁动之象仍如前。虾游脉为孤阳无依，躁动不安之候。主大肠气绝。

8.150 屋漏脉

败脉之一。脉沉，在筋肉之间，脉来极为迟慢，如屋漏残雨，良久一滴，溅起无力。屋漏脉为胃气将绝之候。

8.151 雀啄脉

败脉之一。脉沉，在筋肉之间，脉来连连数急，三五不调，止而复动，如雀啄食之状。雀啄脉为脾气将绝之候。

8.152 解索脉

败脉之一。脉沉，在筋肉之间，乍疏乍密，散乱无序，如解乱绳之状。此为肾与命门之气皆亡之候。

8.153 弹石脉

败脉之一。脉沉，在筋肉之下，按之坚硬，如指弹石，辟辟凑指，毫无柔和软缓之象，此乃肾气竭绝之象。

8.154 脉症顺逆

脉与症相一致，称为脉症相应，为顺证。脉与症不一致，称为脉症不相应，为逆证。例如，有余病证，脉见洪、数、实，是脉症相应，表明邪实正盛，正气足以抗邪，如果有余病证反见细、微、弱脉，是脉症不相应；表明邪盛正虚，易致邪陷。再如，新病、暴病脉来浮、洪、数、实，是脉症相应，反映正气充

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盛能抗邪，如果新病脉见沉、细、微、弱，是脉症不相应，说明正气已衰。如果久病脉来沉、微、细、弱，是脉症相应，说明有邪衰正复之机；如果久病脉见浮、洪、数、实，是脉症不相应，表明正衰而邪不退。

8.155 按诊

按诊是用手直接触摸或按压病人的肌肤、手足、胸胁、脘腹，以及其它病变部位，了解局部的异常变化，从而推断疾病的部位和性质的一种诊断方法。

8.156 按肌表

首先，按肌表可辨热在表还是在里。身热初按热甚，久按热反转轻，是热在表；若初按热微，久按热反甚，是热在里。按肌肤还可辨肿胀为水肿还是气肿。肌肤肿胀，按之凹陷，不能即起，为水肿。按之凹陷，举手即起，为气肿。另外，按肌表还可了解肌肤润燥，疮疡等情况。

8.157 按手足

诊手足凉热可辨证之性质。手足俱冷，是阳虚阴盛，属寒。另外内热炽盛，阳郁不能达于四末，也可出现手足逆冷。手足俱热，或为阳盛，或为阴虚，属热。诊手足寒热还可以辨外感病或内伤病。手足的背部较热，为外感发热，手足心较热，为内伤发热。额头热甚于手心，为外感发热；手心热甚于额头，为内伤发热。诊手足的寒温，还可以测知阳气的存亡，推断某些阳衰病证的预后。阳虚之证，四肢犹温，是阳气尚存，尚可治疗。若四肢厥冷，其病多凶，预后不良。

8.158 按虚里

虚里是指左乳下心尖搏动处。虚里脉是指心尖搏动应指的形

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象，正常情况下，虚里脉按之应手，动而不紧，缓而不急，为宗气积于胸中。虚里脉动微而不显，为不及，是宗气内虚之象。虚里脉跃动应衣，按之搏动过度增强，为太过，是宗气外泄之象。饮邪壅塞心包，亦可致虚里脉动微欲绝。

8.159 按脘部

脘部，指胸骨以下部位，又称“心下”。按压脘部的软硬和有无压痛，可鉴别痞证和结胸。如果心下按之硬而痛，为结胸。如果心下满，按之濡软而不痛，为痞证。

8.160 按腹部

如果腹部胀满，叩之如鼓，小便自利，多属气胀。如果腹胀大，按之如囊裹水，小便不利，为水臌。如果腹内有肿块，按之坚硬，推之不移，而且痛有定处，为症积，病属血分，由于血瘀而致。如果肿块时聚时散，按之无形，痛无定处，则为瘕聚，病属气分，因气滞而致。另外，按腹部还可辨腹痛的虚实、肠痈、虫积，燥屎内结等病证。

8.161 按俞穴

俞穴是经络气血在体表聚集、输注的部位，也是五脏六腑之气转输之处。因此按压俞穴，了解俞穴的变化与反应，可作为诊察内脏疾病的依据之一，帮助诊断某些内脏的疾患。俞穴的变化主要是出现结节或索条状物，其异常反应主要有压痛或敏感反应。例如肺病可在肺俞穴摸到结节，或中府穴有压痛。肝病可在肝俞穴和期门穴有压痛。胃病可在胃俞穴或足三里穴出现压痛。肠痈会在上巨虚穴（阑尾穴）出现压痛。此外，还可以通过指压俞穴作试验性治疗，从而协助鉴别诊断。如胆道蛔虫引起的腹痛，指压，双侧胆俞穴疼痛可缓解，其他原因引起的腹痛则无效，以资鉴别。

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9 辨证

9.1 八纲辨证

八纲，指阴、阳、表、里、寒、热、虚、实。八纲辨证是对四诊所获得的全部病情资料，进行综合分析，进而用阴、阳、表、里、寒、热、虚、实八纲归纳说明病变的部位、性质及邪正双方力量对比等情况的辨证方法。

9.2 表里辨证

是辨别病变部位和病势趋向的一种辨证方法。

9.3 表证

表证是指外感六淫之邪经皮毛、口鼻侵袭肌表而导致的证候。其特点是起病急，病位浅，病情较轻，病程较短，一般不影响脏腑的功能。

9.4 里证

里证是病位深，邪及脏腑的一类证候。它是与表证相对而言的。概括地说，凡非表证的一切证候皆属里证。里证可因表证进一步发展、表邪入里而成；也可因外邪直接侵犯脏腑而成；还可因情志内伤、饮食劳倦等因素，直接影响脏腑功能，而形成里证。

9.5 表证入里

凡表证不解，内传入里，或先有表证，后出现里证，而表证完全消失者，均称为表证入里。如原本有发热、恶寒、苔薄、脉

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浮等表证，如果恶寒消失、病人不恶寒反恶热，并且出现口渴多饮，小便量少色深，舌红苔黄脉数，说明病向里发展，由表入里，转为里热证。

9.6 里证出表

某些里证，病邪从里透达于肌表，称为里证出表。如里证见内热烦躁，咳喘胸闷，继而发热汗出，烦躁减轻，或见疹疮透露，而里证减轻，此为病邪由里出表，也就是里证出表。里证出表多由于正确及时的治疗，适当的护理，使机体的抗病能力增强所致。里证出表是邪有出路，病势渐退，疾病向愈的表现。

9.7 表里同病

表里同病是指表证和里证同时在一个病人身上出现。表里同病的形成有以下几种情况。(1) 疾病初起就表现为表里同病。如夏秋之交，外感寒邪，内伤湿邪，既可见发热恶寒、头身痛的表证，又可见脘闷纳呆、腹泻、苔白厚腻的里证。(2) 疾病初起在表，表证未罢，又及于里。(3) 本为内伤，又患外感，或先患外感、又伤饮食，均形成表里同病。

9.8 寒热辨证

寒热辨证是辨别疾病性质的一种辨证方法。由于寒热是机体阴阳偏盛偏衰的具体表现，所以寒热辨证实际上是辨阴阳的盛衰。

9.9 寒证

寒证是感受寒邪，或阳虚阴盛，人体的机能活动衰减所表现出的证候。寒证的基本临床表现是：恶寒，或畏寒喜暖，口不渴，面色苍白，肢冷蜷卧，小便清长，大便稀溏，舌质淡，苔白，脉紧或迟。

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9.10 热证

热证是感受热邪，或人体阴虚阳亢，从而表现出的机能活动亢进的证候。热证的基本临床表现是：发热，恶热喜凉，口渴，喜冷饮，面红目赤，烦躁不安，小便短赤，大便干结，舌质红，舌苔黄而干，脉数。

9.11 寒热错杂证

寒热错杂证是指同一个病人身上，既有热证，又有寒证，寒证与热证同时存在。寒热错杂证常见有两种类型。一种类型是单纯里证的寒热错杂证，以上热下寒证和上寒下热证为多见。另一种类型是表里同病的寒热错杂证，有表寒里热证和表热里寒证两种情况。

9.12 寒热转化

寒热转化是疾病性质的转化。即寒证转化为热证，热证转化为寒证。疾病初起时表现为寒证，然后出现热证，热证出现之后，寒证消失，此为寒证转化为热证。如外感风寒之邪，表现为发热恶寒，无汗，头身痛，舌苔薄白，脉浮紧等，病变进一步发展，恶寒等症消失，而发热不退，不恶寒反恶热，并且心烦，口渴，舌苔黄等症状相继出现，此为表寒证转化为里热证。如果疾病初起表现为热证，然后出现寒证，寒证出现后热证消失，此为热证转化为寒证。如高热病人，由于失治或误治，使正气大伤，邪毒太盛，可突然出现四肢厥冷，冷汗淋漓，精神萎靡，脉微欲绝等症。

9.13 真热假寒证

真热假寒证即疾病的本质属于热，但却有一些寒证的表现。也就是内有真热而外反见寒象的证候。临床表现为手足逆冷，脉

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沉，表象是寒证，但病人肢冷而身热，不恶寒反恶热，脉沉但数而有力。更可见烦渴，喜冷饮，咽干，口臭、谵语，小便短赤，大便燥结，或热痢下重，舌色深红，苔黄而干等症。这种情况的手足逆冷，脉沉是假寒的现象，而内热盛才是疾病的本质。真热假寒证是由于内热过盛，阳气郁闭于内，不能外达而形成，我们称之为"阳盛格阴"。

9.14 真寒假热证

真寒假热证即疾病的本质属于寒，但却有一些热证的表现。是内有真寒，反而外见热象的证候。临床表现为身热，面红，口渴，脉大，好象是热证，但身热反欲盖衣被，口渴喜热饮，脉大而无力，并见四肢厥冷，尿清，便溏，舌淡，苔白等一派寒象。这一证候是由于阴寒内盛，格阳于外而形成。我们称之为"阴盛格阳"。

9.15 虚实辨证

虚实辨证是辨别人体正气的强弱和邪气的盛衰的一种辨证方法。

9.16 虚证

虚证是人体正气不足所表现出的证候。虚证的形成有先天不足和后天失调两方面的原因，但以后天失调为主。如饮食失调，使后天之本不固；七情劳倦，内伤脏腑气血，房室过度，耗伤肾脏元真之气，或久病不愈，损伤正气，均可形成虚证。虚证包括阴、阳、气、血、精、津以及脏腑各种不同的虚损。常见的临床表现有：面色苍白或萎黄，精神萎靡，形体消瘦，疲倦乏力，气弱懒言，心悸气短，腰膝酸软，自汗，盗汗，大便滑脱，小便失禁，疼痛喜按。舌质淡，少苔或无苔，脉虚弱。

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9.17 实证

实证是邪气过盛而表现出的一类证候。实证的形成主要是由于邪气过盛，人体正气未衰，正邪激烈抗争。实证常见的临床表现有：患者形体壮实、高热、精神兴奋，声高气粗，脘腹胀满，疼痛拒按，大便秘结，小便不利，舌质苍老，舌苔厚腻，脉实有力。

9.18 虚实夹杂证

虚实夹杂证又称虚实错杂证，指同一患者在同一时期存在着正虚与邪实两方面的病理变化。虚实夹杂证有以实证为主的实证夹虚；有以虚证为主的虚证夹实；亦有虚实并重者。临证时应仔细辨别虚实缓急，正确指导治疗。

9.19 实证转虚

疾病原为实证，由于失治、误治等原因，致使病程迁延，虽然邪气渐衰，但正气亦受损伤，逐渐形成虚证。例如高热、口渴、汗出、脉洪大之实热证，因治疗不当，日久不愈，导致津损气耗，而见肌肉消瘦，面白不华，不欲饮食，虚弱少气，舌上少苔或光净无苔，脉细无力，即为实证转虚。

9.20 因虚致实

疾病本为虚证，由于正气不足，不能布化，以致实邪内生，出现种种实证，此为因虚致实。例如脾肺气虚，由于运化失职，宣降失常，以致形成痰饮、水湿等实邪。又如年老气虚，或产妇失血过多，气虚则大肠传导无力，血虚则津枯肠燥，均可形成大便秘结不通的实证。

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9.21 真实假虚证

疾病本为实邪结聚的实证，但却出现类似虚证的表现，这样的证候就是真实假虚证。即所谓"大实有羸状"。例如热结胃肠，痰食壅盛，大积大聚，可使经络阻滞，气血不能畅达，而出现精神默默、身寒肢冷，脉象沉迟或伏等类似虚证的表现。但仔细诊察，可发现患者语声高亢，呼吸气粗，脉虽沉迟或伏，但按之有力。说明邪气内盛，是疾病真正的本质，而类似虚证的表现却是假象，这就是真实假虚证。

9.22 真虚假实证

本为虚弱病证，却出现类似实证的表现，这样的证候就是真虚假实证。即所谓"至虚有盛候"。例如，脏腑气血不足，运化无力，可出现腹满，腹胀，腹痛，脉弦等类似实证的表现，但仔细诊察会发现，患者虽然腹胀满，但时轻时重，并非持续不减，腹虽痛，却不拒按，而是按之痛减；脉虽弦，但重按却无力。说明脏腑气血不足，是疾病的本质，而类似实证的表现却是假象，这就是真虚假实证。

9.23 表实证

表实证是指外邪侵袭肌表，腠理密闭所出现的证候。临床表现为发热恶寒，头身疼痛，鼻塞，无汗，脉浮紧。

9.24 表虚证

表虚证有两个含义。一是与表实证相对而言的。指外邪侵袭肌表，营卫不和，腠理疏松而表现出的证候。临床表现为发热恶风、汗出，脉浮缓。二是指脾肺气虚而出现的卫表不固的证候。由于气虚不能固表，肌表疏松，患者经常自汗出，易被外邪侵袭而患外感。

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9.25 虚寒证

虚寒证是机体阳气虚衰所表现出的证候。临床表现为精神不振，面色苍白，畏寒肢冷，腹痛喜按，大便溏薄，小便清长，少气乏力，舌质淡，脉微或沉迟无力。

9.26 实寒证

实寒证指过食生冷，或寒邪直中于里，使体内阴寒过盛，脏腑阳气被遏而出现的证候。临床表现为畏寒肢冷，脘腹冷痛，腹痛拒按，呕吐清水，肠鸣腹泻，或痰多清稀，咳喘，舌苔白滑，脉迟或紧。

9.27 阴阳辨证

阴阳辨证是八纲辨证的总纲，有以统括其余的六个方面，即表、热、实证属阳证，里、寒、虚证属阴证。其具体的证候表现以及病因、病机、治疗等已述于其他六纲之中。阴阳辨证，可根据临床证候所表现的病理性质，将一切疾病分为阴阳两大类，所以《素问·阴阳应象大论》说："善诊者，察色按脉，先别阴阳。"阴阳辨证在疾病辨证中起着执简驭繁的作用。尚需指出，在疾病辨证中，只有阴阳辨证是不够的，还必须结合其他辨证方法（如脏腑辨证、气血津液辨证等），才能具体应用于临床。

9.28 气血津液辨证

气血津液辨证就是运用脏腑学说中有关气血津液的理论，分析气、血、津液的病变，辨认其不同证候类型的一种辨证方法。

9.29 气虚证

气虚证是脏腑组织机能减退所表现的证候。常由于久病体虚，年老体弱，劳累过度，饮食失调等原因造成。临床表现为头

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晕日眩，少气懒言，语言无力，语声低微，疲倦乏力，自汗，活动时诸证加剧，舌质淡，脉虚无力。

9.30 气陷证

气陷证是气虚无力升举表现出的证候。常由气虚证进一步发展而形成。临床表现为头晕眼花，少气倦怠，久泄久痢，腹部有坠胀感，脱肛，子宫脱垂等。舌质淡、苔白，脉弱。气陷证的临床表现以气虚证和内脏下垂为主要特征。

9.31 气滞证

气滞证是人体某一脏腑或某一部位气机阻滞，运行不畅所表现的证候。情志不舒、饮食失调、感受外邪等均可使脏腑功能失调，气机不利，出现气滞证。气滞证以胀闷，疼痛为主要临床表现。由于气滞部位不同又有不同的表现。肝气郁滞表现为胁肋胀痛，兼见精神抑郁，善太息，脉弦。胃气郁滞表现为胃脘部胀满作痛。肠腑气滞表现为腹部胀满，疼痛走窜。

9.32 气逆证

气逆证是指气机升降失常，脏腑之气上逆所出现的证候。气逆多发生在肺、胃、肝等脏腑，所以气逆证多指肺气上逆，胃气上逆以及肝气开发太过而致的肝气上逆诸证候。肺气上逆表现为咳嗽、喘促；胃气上逆表现为呃逆、嗳气、恶心、呕吐；肝气上逆表现为头目胀痛，眩晕，甚至昏厥，呕血。

9.33 血虚证

血虚证是血液亏虚，不能濡养脏腑经脉而出现的证候。常由于失血过多，或脾胃虚弱，化生不足，以及思虑劳神过度，暗耗阴血等原因导致。临床表现为：面色苍白或萎黄，口唇色淡，指甲苍白，头晕眼花，心悸失眠，手足发麻。妇女月经量少色淡，

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经期延后，甚至闭经。舌质淡，脉细无力。

9.34 血瘀证

离经之血不能及时排出，消散，而瘀滞于某一处，或血液运行不畅，瘀滞经脉之中，由此而引起的病证称为血瘀证。导致血瘀证的常见原因有寒凝、气滞、气虚、外伤等。临床表现为：疼痛如针刺刀割，痛有定处，拒按，夜间痛重。腹内癥积，按之疼痛，推之不移。出血反复不止，血色紫暗，夹有血块，或大便色黑如柏油。面色黧黑，肌肤甲错，口唇、爪甲青紫，或见皮下瘀斑，或皮肤丝状如缕，或腹部青筋外露，或下肢青筋迂曲、胀痛。妇女可见月经闭止，或痛经，经色紫暗有块。舌质紫暗，或见瘀斑瘀点，脉涩。

9.35 血热证

血热证是指脏腑火热炽盛，热迫血分，迫血妄行引起的各种出血证。临床主要表现为出血和血热之象。如咳血、呕血、衄血、尿血、便血，血色鲜红，舌质红、脉数。

9.36 气滞血瘀证

气滞血瘀证是由于气机郁滞，气滞不行而引起的血瘀证，主要与情志不遂，七情所伤，肝失疏泄有关。临床表现既有气滞的证候，又有血瘀的证候。表现为性情急躁，心烦易怒，或郁闷不乐，胸胁胀满，走窜疼痛，乳房胀痛，有硬块，妇女痛经，经色紫暗，夹有血块，舌质紫暗，或有瘀斑、脉涩。此证尤以妇科多见。

9.37 气血两虚证

气血两虚证是指气虚与血虚同时存在的证候。多由于久病不愈，气虚不能生血，或血虚无以化气而致。临床表现为面色萎黄

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或苍白，头晕目眩，少气懒言，乏力自汗，心悸失眠，舌质淡，脉细弱。

9.38 气虚失血证

气虚失血证是气虚不能统摄血液而导致的失血证。临床表现为呕血、便血、衄血、崩漏，倦怠乏力，气短，面色㿠白，舌质淡，脉细弱。

9.39 气随血脱证

气随血脱证指由于突然大失血引起的气随之暴脱的证候。多由于外伤，或妇女血崩，或产后大失血而引起。临床表现为大出血时突然出现面色苍白，四肢厥冷，大汗淋漓，甚至晕厥，脉芤，或脉微细欲绝。或浮大而散。临床上常见于失血性休克。

9.40 津液不足证

津液不足证是指津液亏少，全身或某些脏腑组织器官失其濡润滋养而表现出的证候。津液不足证多因大汗出，大失血，剧烈呕吐、泄泻太过、多尿以及热盛耗伤津液所致。临床表现为口燥咽干，口唇干燥，甚至干裂，皮肤干燥或枯瘪，小便短少，大便干燥，舌红少津，脉细数

9.41 风痰证

风痰证指素体痰湿壅盛兼有动风的证候。素嗜肥甘厚味，蕴湿生痰，又为阴虚阳亢之体，如此风阳内动，痰涎内壅则形成风痰证。临床表现为头晕目眩，喉中痰鸣，突然仆倒，口眼㖞斜，舌强不语，四肢麻木，或半身不遂。舌苔腻，脉弦滑。

9.42 热痰证

痰与热互结而引起的病证称为热痰证。痰湿凝结，积而生

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热，可形成痰热互结之证。或由于感受阳热之邪，或素体阳盛，或肝气郁结化火，火热之邪炼液为痰，也可形成痰热之证。临床表现为心中烦热，咳吐黄稠痰，或见癫狂，或有便干，或为喉痹，舌苔黄腻，脉滑数。

9.43 寒痰证

寒痰证是指寒邪与痰互结而导致的病证，以及痰盛而有寒象的证候。感受寒邪，阳气受损，或机体阴盛阳衰，使水津凝滞不化而为寒痰。临床表现为形寒肢冷，吐痰清稀色白，或骨痹刺痛，四肢不举，舌苔白腻。脉沉迟，或脉沉滑。

9.44 湿痰证

湿痰证是痰盛而又兼湿象的证候。由于脾虚不运，痰湿内生，或外感寒湿，困阻脾胃，脾失健运，水湿内停，湿聚成痰，临床表现为胸闷脘痞，纳少，呕恶，痰多，身重困倦，舌苔厚腻，脉滑。

9.45 燥痰证

兼有燥象的痰证称燥痰证。由于感受燥邪，燥邪伤肺，肺不布津，津聚为痰，成为燥痰证。或由于热盛灼伤津液化燥，并且煎灼津液成痰，而成为燥痰证。临床表现为咯痰粘稠，如块如珠如线，量少，难以咯出，甚或痰中带血丝，口鼻干燥，咽喉干痛，大便干，舌干少津，脉细滑数。

9.46 痰饮证

痰饮证是饮邪停留胃肠的证候，临床表现为胸胁支满，胃中有振水音，呕吐清稀痰涎，头目眩晕、心悸气短，舌苔白滑，脉弦滑。可见于幽门狭窄所致的胃潴留、积液性肠梗阻、胃肠功能失调等。

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9.47 悬饮证

悬饮证是饮邪停留于胁肋的证候。临床表现为胁痛，咳唾更甚，转侧、呼吸均牵引作痛，肋间胀满，气短息促，脉沉弦。可见于渗出性胸膜炎。

9.48 溢饮证

溢饮证是水饮流溢于四肢肌腠的证候。临床表现为肢体沉重而疼痛，甚则浮肿，小便不利，或见发热恶寒，无汗，咳吐白沫痰，舌苔白，脉弦紧。

9.49 支饮证

支饮证是水饮停留于膈上的证候。临床表现为胸闷气短，咳逆，倚息不能平卧，咯吐白痰多沫，面部浮肿，舌苔白腻，脉弦紧。

9.50 脏腑辨证

脏腑辨证是根据脏腑的生理功能、病理表现，对疾病症候进行分析归纳，借以推究病机，判断疾病的部位、性质、正邪盛衰状况的一种辨证方法，是临床各科的诊断基础，是辨证体系重要的组成部分。临床所应用的辨证方法是多种多样的，而且各有特点，但若要确切地辨明疾病的部位、性质，并指导治疗，则必须落实到脏腑上，所以说脏腑辨证是其它各种辨证的基础。脏腑辨证包括脏病辨证、腑病辨证以及脏腑兼病的辨证。

9.51 心气虚证

(见下条)

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9.52 心阳虚证

心气虚证和心阳虚证多由于久病体虚，暴病伤阳耗气，年高脏气衰弱，或先天禀赋不足等原因所致。心气虚证表现为心悸、气短、自汗，活动时诸症加重，面色㿠白，神疲体倦，舌质淡，苔白，脉虚弱。如果兼见畏寒，肢冷不温，面色滞暗，心胸憋闷或作痛，舌淡或紫暗而胖嫩，为心阳虚证。若见大汗淋漓，四肢厥冷，口唇青紫，呼吸微弱，脉微欲绝，神志模糊，甚至昏迷，多是心阳虚脱的危候。

9.53 心血虚证

(见下条)

9.54 心阴虚证

心血虚证和心阴虚证是心血不足，心阴亏虚，心失所养而表现出的证候。常由于久病耗伤阴血，或失血过多，或阴血化生不足，或情志不遂，气火内郁，暗耗阴血等原因引起。心血虚证表现为心悸怔忡，失眠多梦，眩晕健忘，面色不华，口唇色淡，舌质淡，脉细弱。如果患者除心悸怔忡，失眠健忘外，见有五心烦热，盗汗，口咽干燥，舌红少津，脉细数，为心阴虚证。

9.55 心火亢盛证

心火亢盛证是心火内炽所表现的证候。多因七情郁结，气郁化火，或火热之邪内侵，或过食辛热、温补之品而致。临床表现为心中烦热，失眠，面赤口渴，口舌生疮，或见小便赤涩刺痛，尿血，或见狂躁谵语，舌尖红，甚至生芒刺，脉数有力。

9.56 痰迷心窍证

痰迷心窍证是痰浊蒙闭心窍而表现出的证候。多因情志不

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遂，气郁生痰，或感受湿浊邪气，闭阻心窍而致。临床表现为精神抑郁，表情淡漠，神志痴呆，喃喃自语，举止失常。或突然仆地，不省人事，喉中痰鸣，舌苔白腻，脉滑。

9.57 痰火扰心证

痰火扰心证是痰火扰乱心神所表现出的证候。痰火扰心证或由于情志不遂，思虑郁怒，气郁化火，炼液为痰，痰火犯扰心神而致；或由于外感热邪，热灼津液为痰，痰火内扰而引起。临床表现为发热，呼吸气粗，面红目赤，咯痰黄稠，喉间痰鸣，躁狂谵语，舌红苔黄腻，脉滑数。或见失眠心烦，痰多胸闷，头晕目眩，或见语言错乱，哭笑无常，狂躁妄动，打人毁物，骂詈不避亲疏，登高而歌，弃衣而走，力逾常人。痰火扰心证，其中外感热病以高热、痰盛、神志不清为辨证要点；内伤杂病中，轻者以心烦失眠，重者以神志狂乱为辨证要点。

9.58 心血瘀阻证

心血瘀阻证是指心之脉络瘀阻不通而出现的证候。或由于心气虚或心阳虚，不能温运血脉而致心血瘀阻，或由于痰浊凝聚，而内阻脉络。临床表现为心悸怔忡，心胸闷痛或刺痛，痛引肩背内臂，时发时止，舌质暗紫或见瘀点瘀斑，脉细涩或结代。重者暴痛欲绝，口唇、爪甲青紫，肢厥神昏，脉微欲绝。

9.59 肺气虚证

肺气虚证是肺的功能活动减弱所表现出的证候。多由于久病咳喘，耗伤肺气，或气的化生不足而致。临床表现为咳喘无力，少气不足以息，动则益甚，痰液清稀，语声低怯，面色㿠白，神疲倦怠。或见自汗，畏风，易受外邪侵袭而患感冒。舌淡苔白，脉虚。

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9.60 肺阴虚证

肺阴虚证是肺阴不足，虚热内生所出现的证候。多由久咳伤肺，痨虫蚀肺，或热病后期阴津损伤而致。临床表现为干咳无痰，或痰少而粘，口咽干燥，形体消瘦，午后潮热，五心烦热，颧红盗汗，甚则痰中带血，声音嘶哑，舌红少苔，脉细数。

9.61 风寒束肺证

风寒束肺证是感受风寒，肺气失宣表现出的证候。临床表现为咳嗽，痰稀薄色白，鼻塞流清涕，微微恶寒，轻度发热，无汗，舌苔白，脉浮紧。

9.62 寒邪犯肺证

寒邪犯肺证是寒邪内客于肺表现出的证候。临床表现为咳嗽气喘，痰稀色白，形寒肢凉，舌淡苔白，脉迟缓。

9.63 热邪壅肺证

热邪壅肺证是热邪内壅于肺，肺气不利而表现出的证候。多因温热之邪犯肺，或风寒、风热之邪入里，从阳化热，内壅于肺而致。临床表现为气喘息粗，咳嗽，痰稠色黄，壮热口渴，烦躁不安，甚则鼻翼煽动，胸痛，咳吐脓血痰腥臭。大便干结，小便短赤，舌红苔黄，脉滑数。

9.64 燥邪犯肺证

燥邪犯肺证是指秋令感受燥邪，耗伤肺津所出现的证候。临床表现为干咳无痰，或痰少而粘，不易咯出，咳甚则胸痛，口唇、鼻咽干燥，或发热，微恶风寒，舌苔薄而少津，脉细数。

9.65 痰湿阻肺证

痰湿阻肺证是痰湿阻滞肺系而表现出的证候。常因感受寒湿

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之邪，肺失宣降，或久咳伤肺，以致肺不布津，聚为痰湿，或因脾气亏虚，输布失常，水湿凝聚为痰，上渍于肺而致。临床表现为咳嗽痰多，痰白而稀，易于咯出，胸闷，或见气喘痰鸣，舌质淡，苔白腻，脉弦滑或濡缓。

9.66 大肠湿热证

大肠湿热证是指湿邪侵犯大肠所表现出的证候。多因感受湿热外邪，或因饮食不洁，湿热蕴结大肠而发病。临床表现为腹痛，下利脓血，里急后重，或暴注下泄，色黄而臭。伴有肛门灼热，口干不欲饮，小便短赤，或恶寒发热，或但热不寒。舌红，苔黄腻，脉濡数或滑数。

9.67 大肠液亏证

大肠液亏证是指津液不足，不能濡润大肠所表现的证候。多因年老阴亏，或久病伤阴，或热病伤津，或妇女产后失血过多而致。临床表现为大便秘结干燥，难以排出，常数日一行，口干咽燥，舌红少津，脉细涩，常伴有口臭、头晕等症。

9.68 脾气虚证

脾气虚证是指脾气不足，运化失健所表现的证候。脾气虚证多因饮食失调，或劳倦内伤，或其它急慢性疾患耗伤脾气而致。临床表现为纳少，腹胀，饭后尤甚，大便溏薄，面色萎黄，少气懒言，四肢倦怠，舌质淡，苔白，脉缓弱。

9.69 脾阳虚证

脾阳虚证是指脾阳虚衰，阴寒内盛所表现的证候。脾阳虚证可由脾气虚证发展而来，也可因过食生冷，或过用寒凉药物，损伤脾阳而致。临床表现为腹胀纳少，腹痛喜温喜按，大便溏薄清稀，四肢不温，或周身浮肿，小便不利，或白带量多质稀，舌质

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淡胖，苔白滑，脉沉迟无力。

9.70 脾气下陷证

脾气下陷证是指脾气亏虚，升举无力所表现的证候。多由脾气虚证发展而成。也可因久泄久痢，劳累过度而致。临床表现为脘腹坠胀，食后益甚，或便意频数，肛门坠重，或久泄久痢不止，甚至脱肛、或子宫脱垂。常伴见少气懒言，倦怠乏力，头晕目眩。舌质淡，苔白，脉弱。

9.71 脾不统血证

脾不统血证是脾气亏虚，不能统摄血液所表现的证候。多因久病脾虚，或劳倦伤脾而致。临床表现为便血，崩漏下血，尿血、肌衄，齿衄等，常伴见神倦无力，少气懒言，纳少便溏，面色无华。舌质淡，苔白，脉细弱。

9.72 寒湿困脾证

寒湿困脾证是寒湿内盛，中阳受困而表现的证候。或因贪凉饮冷，过食生冷瓜果，以致寒湿停滞；或因冒雨涉水，居处潮湿，遂使寒湿内侵；或内湿素盛，中阳被困，以致寒湿内生。临床表现为脘腹胀闷，不思饮食，泛恶欲吐，口淡不渴，腹痛溏泄，头身困重，或肌肤面目发黄，黄色晦暗如烟熏，或肢体浮肿，小便短少。舌淡胖，苔白腻，脉濡缓。

9.73 湿热蕴脾证

湿热蕴脾证是湿热内蕴中焦所表现的证候。常因感受湿热外邪，或过食肥甘厚味，酿湿生热而致。临床表现为脘腹痞闷，纳呆呕恶，便溏尿黄，肢体困重，或面目肌肤发黄，色泽鲜明如橘子，或身热起伏，汗出热不解。舌红苔黄腻，脉濡数。

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9.74 胃寒证

胃寒证是寒邪凝滞胃腑所表现的证候。多由于起居不慎，腹部受凉，或过食生冷，寒凝于胃而致。临床表现为脘腹冷痛，轻则绵绵不已，重则拘急剧痛，得温则痛减，遇冷则加重，口淡不渴，伴见胃脘水声漉漉，口泛清水。舌苔白滑，脉迟或弦。如果病程迁延、反复发作，损伤阳气，则伴见神疲乏力，肢凉喜暖等症。

9.75 胃热证

胃热证是胃中火热炽盛所表现的证候。多因平素嗜食辛辣肥甘之品，生热化火，或情志不遂，气郁化火，或热邪内犯而致。临床表现为胃脘灼痛，嘈杂吞酸，渴喜冷饮，口臭。或食入即吐，或消谷善饥，或牙龈肿痛溃烂，齿衄。大便秘结，小便短赤，舌红苔黄，脉滑数。

9.76 食滞胃脘证

食滞胃脘证是饮食物停滞胃脘，不能腐熟所表现的证候。多因饮食不节，暴饮暴食，以致食积不化。临床表现为胃脘胀闷，甚则疼痛，嗳气食臭，呕吐酸腐食物，吐后胀痛减轻，或矢气便溏，泻下物酸腐臭秽。舌苔厚腻，脉滑。

9.77 胃阴虚证

胃阴虚证是胃阴亏虚所表现的证候。多由于热病后期，阴液未复，或平素嗜食辛辣，耗伤胃阴而致。临床表现为胃脘隐痛，饥不欲食，干呕呃逆，口咽干燥，大便干结，舌红少苔而干，脉细数。

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9.78 肝气郁结证

肝气郁结证是肝失疏泄，气机郁滞所表现的证候。多因情志不遂，情志抑郁，或突然的精神刺激，以及其它病邪侵扰而致。临床表现为情志抑郁易怒，胸闷善太息，胸胁或少腹胀痛走窜，或咽部如异物梗塞，吞之不下，吐之不出。或见颈部瘿瘤，或见腹中癥瘕。妇女可见乳房作胀疼痛，痛经，月经不调，舌苔白，脉弦。

9.79 肝火上炎证

肝火上炎证是肝经气火上逆所表现的证候。多因情志不遂，肝郁化火，或过食辛辣肥甘，蕴热化火而致。临床表现为头晕胀痛，面红目赤，口苦口干，急躁易怒，失眠或恶梦纷纭，胁肋灼痛，便秘尿赤，或耳鸣如潮，或耳内肿痛流脓，或吐血衄血，舌红苔黄，脉弦数。

9.80 肝血不足证

肝血不足证是肝血亏虚所表现出的证候。多因脾肾亏虚，生化之源不足，或失血过多，或久病耗伤肝血而致。临床表现为面白无华，眩晕耳鸣，两目干涩，视物不清，或雀目，肢体麻木，或筋脉拘急，肌肉瞤动，爪甲不荣。妇女常见月经量少，色淡，甚则经闭。舌淡，脉弦细。

9.81 肝阴虚证

肝阴虚证是肝之阴液亏虚所表现的证候。多因情志不遂，气郁化火，灼伤肝阴，或肝病、温热病后期耗伤肝阴而致。临床表现为头晕耳鸣，两目干涩，面部烘热，胁肋灼痛，五心烦热，潮热盗汗，口咽干燥，或见手足蠕动。舌红少津，脉弦细数。

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9.82 肝阳上亢证

肝阳上亢证是肝肾之阴不足，水不涵木，肝阳亢盛所表现的证候。多因肝肾阴虚，肝阳失潜，或恼怒焦虑，气火内郁，暗耗阴津，阴不制阳而致。临床表现为眩晕耳鸣，头目胀痛，面红目赤，急躁易怒，心悸健忘，失眠多梦，腰膝酸软，头重脚轻。舌红，脉弦有力，或脉弦细数。

9.83 肝风内动证

在临床上患者出现眩晕欲仆，震颤、抽搐等症状，称为肝风内动证。一般常见的有肝阳化风、热极生风、血虚生风三种情况。

(1) 肝阳化风证。肝阳化风证是肝阳亢逆无制而表现动风的证候。临床表现为眩晕欲仆，头胀痛而摇，项强肢颤，语言蹇涩，手足麻木，步履不正，或卒然昏倒，不省人事，口眼㖞斜，半身不遂，舌强不语，喉中痰鸣。舌红，脉弦有力，或脉弦细数。

(2) 热极生风证。热极生风证是热邪亢盛，引动肝风所表现的证候。临床表现为高热神昏，躁扰不宁，手足抽搐，颈项强直，两目上视，牙关紧闭，甚则角弓反张。舌红或绛，脉弦数。

(3) 血虚生风证。血虚生风证是血虚筋脉失养所表现的动风的证候。具体临床表现见"肝血不足证"。

9.84 肝胆湿热证

肝胆湿热证是湿热蕴结肝胆所表现的证候。多由于感受湿热之邪，或嗜食肥甘厚腻，酿生湿热而致。或由于脾失健运，湿邪内生，郁而化热而致。临床表现为胁肋胀痛，或有痞块，厌食，腹胀，口苦，泛恶欲呕，大便不调，小便短赤，舌红，苔黄腻，脉弦数。或寒热往来，或身目发黄，或阴囊湿疹，瘙痒难忍，或

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睾丸肿胀热痛，或带下黄臭，外阴部瘙痒。

9.85 寒滞肝脉证

寒滞肝脉证是寒邪凝滞肝脉所表现的证候。多因感受寒邪而发病。临床表现为少腹冷痛，并牵引睾丸坠胀疼痛，或阴囊收缩引痛，受寒则甚，得热则缓，舌苔白滑，脉沉弦或迟。

9.86 胆郁痰扰证

胆郁痰扰证是胆失疏泄，痰热内扰所表现的证候。多由于情志不遂，气机不畅，疏泄失职，气郁生痰化热而致。临床表现为惊悸不寐，烦躁不宁，胸闷胁胀，口苦呕恶，头晕目眩，舌苔黄腻，脉弦滑。

9.87 肾阳虚证

肾阳虚证是肾之阳气虚衰表现出的证候。多因年高肾亏，或久病伤肾，或房室过度等引起。临床表现为面色皖白，畏寒肢冷，精神萎靡，腰膝酸软，冷痛，或阳萎，或妇女宫寒不孕，或久泄不止，完谷不化，或五更泄泻，或浮肿，腰以下肿甚，舌淡胖苔白，脉沉细无力，两尺尤甚。

9.88 肾阴虚证

肾阴虚证是肾之阴液不足而表现出的证候。多因久病伤肾，或房劳过度，或久服辛燥劫阴之品而致。临床表现为腰膝酸软，眩晕耳鸣，失眠多梦，男子阳强易举，遗精，妇女经少经闭，形体消瘦，潮热盗汗，五心烦热，颧红咽干，大便干结，舌红少苔，脉细数。

9.89 肾气不固证

肾气不固证是肾气亏虚、固摄无权而表现的证候。此证或由

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于年高肾气衰弱，或由于年幼肾气未充，或因久病、房事过度，伤及肾气而致。临床表现为神疲乏力，腰膝酸软，小便频数而清，或尿后余沥不尽，或遗尿，或小便失禁，或夜尿频多，男子滑精早泄，女子带下清稀，或胎动易滑。舌质淡，苔白，脉沉弱。

9.90 肾精不足证

肾精不足证是肾精亏损表现出的证候。多因先天禀赋不足，或后天调养失宜，或房事过度，或久病伤肾而致。临床表现为小儿发育迟缓，身材矮小，智力低下，动作迟钝，囟门闭迟，骨骼痿软。成人或为男子精少不育，女子经闭不孕，或早衰，发脱齿摇，耳鸣耳聋，健忘恍惚，足痿无力，精神呆钝，动作迟缓。

9.91 膀胱湿热证

膀胱湿热证是湿热蕴结膀胱所表现的证候。多由外感湿热之邪，蕴结膀胱，或饮食不节，湿热内生，下注膀胱而致。临床表现为尿频、尿急、尿涩少而痛，尿黄赤混浊，或尿血，或尿有砂石，可伴有发热、腰痛。舌红，苔黄腻，脉滑数。

9.92 心肾不交证

心肾不交证是心肾水火既济失调所表现的证候。由于久病伤阴，或房室不节，或思虑太过，情志郁而化火等而致。临床表现为心烦不寐，心悸不安，头晕耳鸣，健忘，腰膝酸软，遗精，五心烦热，咽干口燥，舌红，脉细数。或伴见腰膝酸困发冷。

9.93 心肾阳虚证

心肾阳虚证是心肾两脏阳气虚衰，或阴寒内盛所表现的证候。由于久病不愈或劳倦内伤而致。临床表现为畏寒肢冷，心悸怔忡，小便不利，颜面肢体浮肿，下肢肿甚。或唇甲青紫。舌淡

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暗或青紫，苔白滑，脉沉微细。

9.94 心肺气虚证

心肺气虚证是心肺两脏气虚所表现的证候。由于久病咳喘，耗伤心肺之气，或劳倦过度而致。临床表现为心悸气短，咳喘少气，心胸憋闷，乏力自汗，动则尤甚。面色㿠白，或暗滞，甚则口唇青紫。舌淡苔白，脉细弱。

9.95 肺肾气虚证

肺肾气虚证是肺肾两脏气虚所表现的证候。多因久病咳喘，耗散肺气，伤及肾气而致。临床表现为喘促短气，呼多吸少，气不得续，动则益甚。自汗神疲，声低气怯，腰膝酸软，舌淡，苔白，脉沉弱，或表现为喘息加剧，肢冷面青，冷汗淋漓，脉浮大无根。

9.96 肺肾阴虚证

肺肾阴虚证是肺肾两脏阴液不足所表现的证候。多因久咳伤及肺阴，肺虚及肾，或久病耗伤肾阴，或房事过度，肾虚及肺而致。临床表现为咳嗽痰少，或痰中带血，口燥咽干，或声音嘶哑，形体消瘦，腰膝酸软，骨蒸潮热，颧红盗汗，男子遗精，女妇月经不调，舌红少苔，脉细数。

9.97 肝肾阴虚证

肝肾阴虚证是肝肾两脏阴液不足表现出的证候。多因房劳过度，或七情内伤，伤及精血，或久病不愈，耗伤肝肾之阴而致。临床表现为头晕目眩，耳鸣如蝉，胁痛隐隐，健忘失眠，腰膝酸软，口干咽燥，五心烦热，颧红盗汗，男子遗精，女子月经量少，舌红少苔，脉细数。

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9.98 脾肾阳虚证

脾肾阳虚证是脾肾两脏阳气虚衰所表现出的证候。由于脾肾久病耗伤阳气，或久泻久痢，或水邪久踞，致肾阳虚衰，不能温养脾阳，或脾阳久虚，不能充养肾阳，终致脾肾阳气俱虚。临床表现为面色㿠白，畏寒肢冷，腰膝或下腹冷痛，久泻久痢，或五更泄泻，或下利清谷，或小便不利，面浮肢肿，甚则腹胀如鼓。舌淡胖，苔白滑，脉沉弱。

9.99 脾肺气虚证

脾肺气虚证是脾肺两脏气虚所表现的证候。由于久病咳喘，肺虚及脾，或饮食失调，劳倦伤脾，不能输精于肺而致。临床表现为久咳不止，气喘而喘，痰多稀白，食欲不振，腹胀便溏，疲倦乏力，少气懒言，面色㿠白，甚则面浮肢肿。舌淡苔白，脉细弱。

9.100 肝脾不调证

肝脾不调证是肝失疏泄，脾失健运所表现出的证候。多由于情志不遂，郁怒伤肝，肝失疏泄，影响脾的运化功能，或因饮食劳倦伤脾，脾虚湿蕴，影响肝之疏泄，而致肝脾不调。临床表现为胸胁胀满窜痛，善太息，情志抑郁，或急躁急怒，纳呆腹胀，便溏不爽，肠鸣矢气，或腹痛欲泻，泻后痛减。舌苔白，脉弦。

9.101 肝胃不和证

肝胃不和证是肝失疏泄，胃失和降而表现出的证候。多由于情志不舒，肝气郁结，横逆犯胃而致。临床表现为胸闷胁胀，胁肋、胃脘胀满疼痛，呃逆嗳气，吞酸嘈杂，或烦躁易怒，舌苔薄，或白或黄，脉弦。

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9.102 心脾两虚证

心脾两虚证是心血不足，脾气虚弱所表现的证候。久病失调，思虑劳倦、慢性出血，都可导致心脾两虚证。临床表现为心悸怔忡，失眠多梦，眩晕健忘，面色萎黄，食欲不振，腹胀便溏，神倦乏力，或皮下出血，妇女月经量少色淡，淋漓不尽。舌质淡嫩，脉细弱。

9.103 肝火犯肺证

肝火犯肺证是肝经气火上逆犯肺、肺失清肃而表现出的证候。由于情志不遂，肝气郁结，气郁化火，或邪热蕴结肝经，郁而化火，上逆犯肺而致。临床表现为胸胁灼痛，急躁易怒，头晕目赤，烦热口苦，咳嗽阵作，甚则咳血。舌红，苔薄黄，脉弦数。

9.104 六经辨证

六经辨证是应用于外感病的一种辨证方法。是东汉时期的医学家张仲景在《伤寒论》中提出的。六经辨证将外感病过程中所表现的各种证候，以阴阳为纲，分为三阳病证和三阴病证两大类，作为论治的基础。

按疾病的不同性质将三阳病证分为太阳病证、阳明病证和少阳病证；将三阴病证分为太阴病证、少阴病证和厥阴病证。六经病证是脏腑、经络病理变化的反映，其中三阳病证以六腑病变为主，三阴病证以五脏病变为主。六经辨证在某种程度上揭示了外感病发展变化的规律。

9.105 太阳病证

太阳为人身之藩篱，主肌表而统营卫。外邪侵袭肌表而引起的卫气功能失常的病证叫做太阳病。太阳病的主脉主症是发热，恶寒，头项强痛，脉浮。外邪侵袭，卫气趋表抗邪，正邪交争，

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则发热；卫气趋表抗邪，不能发挥正常的温煦作用，则恶寒；卫气趋表抗邪，脉气鼓动于外，故脉浮。足太阳之脉起于目内眦，上额交巅，入络脑，行于项背，外邪侵袭，经脉失和则头项强痛。由于感受外邪性质的不同和病人体质的差异，太阳病有太阳中风和太阳伤寒两种类型。

9.106 太阳中风证

患者腠理不固，感受风邪后有汗出，出现发热，恶风，头痛，自汗出，脉浮缓等临床表现，称为太阳中风证。由于患者腠理疏松，感邪后致使腠理开泄，故自汗出，脉浮缓。由于此证有肌腠疏松、汗出的情况，因而又称为表虚证。

9.107 太阳伤寒证

如果感受外邪后，患者腠理闭塞无汗，临床表现为发热，恶寒，头项强痛，身痛，无汗而喘，脉浮紧，称为太阳伤寒证。外邪侵袭肌表，卫阳被遏，卫与邪争，故发热恶寒。腠理闭塞因而无汗。表闭无汗，使经气不畅，故身痛。表闭使肺气不宣，肺气上逆，故喘。外邪束表，皮肤敛束，故脉浮紧。由于此证腠理闭塞、无汗，因而又称为表实证。

9.108 阳明病证

阳明病是里实热证。由于太阳病失治、误治，邪气入里化热，伤津化燥，以致燥结成实而致。或由于感受外邪，机体阳气亢旺，邪从热化而成。根据病变部位和证候特点的不同，阳明病又分为阳明经证和阳明腑证。

9.109 阳明经证

阳明经证是阳明热盛，邪热弥漫全身，充斥内外，而肠道尚无燥屎内结的证候。临床表现为身大热，大汗出，大渴引饮，脉

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洪大。心烦面赤，舌苔黄燥。邪热炽盛，充斥内外，弥漫全身，故身大热；里热蒸迫津液外泄则大汗出；热盛伤津，汗出伤津则大渴引饮；里热炽盛，鼓动气血则脉洪大。热扰神明则心烦，热甚伤津则舌苔黄燥。

9.110 阳明腑证

阳明腑证是邪热传里，与肠中粪便糟粕相搏结而形成的燥屎内结的证候。临床表现为日晡潮热，手足或全身濈然汗出，腹满疼痛拒按，大便秘结，或泻下清水恶臭，烦躁，谵语。舌苔黄厚干燥，甚则焦黑燥裂起刺，脉沉迟有力。邪热深伏于内，申时阳明之气旺盛则透达于肌表，故日晡潮热；热迫津泄则手足或全身濈然汗出，燥屎内结，腑气不通则大便秘结，腹部胀满，疼痛拒按；热结旁流则泻下清水恶臭；燥热炽盛伤津，则舌苔黄厚干燥，甚则焦黑燥裂起刺；邪热深伏于内，燥屎内结，则脉沉迟。

9.111 少阳病证

少阳病证是邪中半表半里的证候。临床表现为口苦，咽干，目眩，胸胁苦满，往来寒热，默默不欲饮食，心烦喜呕，苔白或薄黄，脉弦。邪中少阳，少阳被郁，郁则化火，火性炎上，上扰孔窍，则口苦、咽干、目眩。邪结少阳则胸胁苦满。邪向内迫，阳气被郁，则恶寒，阳气蓄积振作，驱邪向外，则发热，如此形成了往来寒热。少阳被郁，气不条达，则神情默默，郁而化火，内扰心神则心烦。气机不畅，影响胃腑，则不欲饮食。胃失和降则干呕。脉弦为少阳病之主脉。

9.112 太阴病症

太阴病证属于脾阳不振的里虚寒证。临床表现为腹满而呕，食欲不振，自利，口不渴，时腹自痛，舌苔白，脉缓弱。脾阳不振，中焦虚寒则腹痛，喜温喜按，运化失职则食欲不振。升降失

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常，清阳不升则下利，浊阴不降则腹满，胃气上逆则呕吐。口不渴，舌苔白，脉缓弱皆阳虚寒盛之象。

9.113 少阴病证

少阴病证是心肾机能衰弱的病证。心肾为水火之脏，阴阳之根。病至少阴，心肾机能衰竭，或为阳虚阴盛，或为阴虚火旺。阳虚阴盛者，即少阴寒化证；阴虚火旺者，即少阴热化证。但就伤寒而言，少阴病以寒化证多见。

9.114 少阴寒化证

少阴寒化证是心肾阳气衰微的全身虚寒证。临床表现为畏寒蜷卧，精神萎靡，手足厥冷。下利清谷，呕不能食，或食入即吐。脉微欲绝。心肾阳衰，阴寒独盛，则畏寒蜷卧，精神萎靡，手足厥冷。阳衰无火，胃不能腐熟水谷，脾不能温运水谷，则下利清谷；阴寒之气上逆，胃失和降则呕不能食，或食入即吐。阳气衰微，无力鼓动血脉则脉微欲绝。

9.115 少阴热化证

少阴热化证是真阴不足，肾水亏虚的证候。临床表现为心烦不眠，口燥咽干，舌尖红赤，或舌绛少苔，脉细数。肾水亏虚，不能上济于心，心火独亢则心烦不眠；肾阴亏虚，口咽失其濡润则口燥咽干。心火亢盛则舌尖红赤，若舌绛少苔，脉细数，为阴虚内热之象。

9.116 厥阴病证

厥阴为阴之尽，阳之始。病至厥阴，人体正气衰竭，阴阳紊乱。厥阴病的特点是寒热错杂，厥热胜复。临床表现为口渴不止，气往上冲，心中发热而痛，虽饥而不欲食，手足清冷，下利，呕吐，甚则吐出蛔虫。或厥热交替出现。厥阴在脏主心包和

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肝。病至厥阴，心火不能敷布，肝气不能条达，则内郁而成邪火，风煽火炽，独盛于上，则为上热。表现为口渴不止，气往上冲，心中发热而痛。阳热并于上，不得下达，则造成下寒。表现为饥不欲食，呕吐，下利。如果肠道有蛔虫，那么蛔虫避寒就温，趋向膈上，则吐出蛔虫。厥阴是阴中有阳，如果阴中之阳消而不长，无阳以外达，则出现手足厥冷。如果阳尚有根，消而又长，则手足便由厥转温，故表现为厥热交替。

9.117 卫气营血辨证

卫气营血辨证是应用于外感温热病的一种辨证方法，是清代医学家叶天士创立的。卫气营血辨证是在《伤寒论》六经辨证的基础上创立的，并且弥补了六经辨证的不足，从而发展和丰富了中医学辨治外感病的理论。卫气营血辨证，将温热病过程中错综复杂的临床表现概括归纳为卫分证、气分证、营分证、血分证四类证候。这四类证候代表着温热病发展过程中浅深轻重不同的四个阶段。卫气营血辨证是对外感温热病发展变化规律的认识。

9.118 卫分证

卫分证是温热病邪侵犯肌表，卫气功能失常所表现的证候。常见于温热病的初期。临床表现为发热，微恶风寒，头痛，口干微渴，咳嗽，咽喉肿痛，舌尖边红，脉浮数。温热之邪袭表，故发热微恶风寒，舌尖边红，脉浮数。阳热之邪上扰清窍则头痛。邪热初伤津液，则口干微渴。邪犯肌表，肺失宣降则咳嗽。咽喉为肺之门户，温热之邪上灼则咽喉肿痛。

9.119 气分证

气分证是温热病邪由表入里，阳热亢盛的里热证。气分证是正盛邪实、正邪剧争的证候。临床表现为发热，不恶寒反恶热，舌红苔黄，脉数。常伴有心烦、口渴、小便短赤等。如果热壅于

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肺，还见咳嗽，气喘，胸痛，咯痰黄稠，热扰胸膈者，还见心烦懊恼，坐卧不安，热炽于胃者，表现为壮热不已，大汗出，烦渴引饮，脉洪大；热结肠道者，表现为大便秘结，腹满硬痛，或下利清水，舌苔黄厚而干燥，脉沉实有力。总之，温热之邪由表入里而未入营动血的一切病证，皆属气分证的范围。

9.120 营分证

营分证是温热病邪深入营分，损伤营阴的证候。营分证的出现表明病情发展到了温邪内陷的深重阶段。临床特点是营阴受损，心神被扰。临床表现为身热夜甚，口渴不甚，心烦不寐，甚则神昏谵语，斑疹隐隐，舌质红绛，脉细数。身热夜甚，是邪热入营的表现；邪热蒸腾营阴则口渴不甚；邪热扰及心神则心烦不寐，神昏谵语；热窜血络则斑疹隐隐。舌质红绛，脉细数为营分有热，营阴受损的表现。

9.121 血分证

血分证是温热病邪深入血分的危重证候。血分证是温病发展的最后阶段，病情最为深重。临床特点是热盛动血，心神扰乱。临床表现为身热，躁扰不安，神昏谵语，斑疹透露，色紫或黑，或吐血，衄血，便血，或抽搐惊厥。舌质深绛，脉细数。热入血分则身热；热扰神明则躁扰不安，神昏谵语；热盛动血则斑疹透露，吐血，衄血，便血；热盛动风则抽搐惊厥。舌质深绛，脉细数，为血分受邪热熏灼的表现。

9.122 三焦辨证

三焦辨证是温热病的辨证方法之一。它是清代医学家吴塘创立的。温热病是感受四时不同温热病邪所引起的急性热病的总称。由于四时气候变化不同，感受病邪有异，患者的素质及人体反应性也不同，因而发生的温病各具特点，类型很多。三焦辨证

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是对温病由上至下发展变化规律的认识，是对卫气营血辨证的补充。

9.123 上焦湿热证

上焦湿热证是湿热之邪侵袭人体的初期所表现的证候。其证属表。由于湿与脾胃有密切关系，故上焦湿热证除有表证外，往往兼有湿困脾胃和湿阻肌肉的表现。临床表现为恶寒重，发热轻微，或不发热，或午后发热，头重如裹，肢体困重，无汗，胸闷脘痞，纳呆，口粘不渴，神情呆滞，肠鸣便溏。舌苔白腻，脉濡缓。

9.124 中焦湿热证

中焦湿热证是湿热致病的中期所表现的证候。其病机主要是湿热困阻脾胃。临床表现为身热不扬，或汗出热不退，或午后热甚，肢体困重，胸闷腹胀，呕恶，不饥不食，口渴不欲多饮，面色萎黄，或面目淡黄，神呆少言，甚或神昏。小便短赤，大便溏泄不爽。或见白痦。舌苔灰白带黄、脉濡数。

9.125 下焦湿热证

下焦湿热证是湿热之邪由中焦传入下焦，阻滞膀胱与大肠表现出的证候。湿热阻滞膀胱与大肠，使膀胱气化失职，大肠腑气不通，临床表现为小便不利，或短赤，渴不多饮，或大便不通，小腹硬满，或大便溏泻不爽，头胀昏沉。舌苔灰白黄腻，脉濡数。

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10 防治原则

10.1 防治原则

即预防和治疗疾病必须遵循的原则。预防，是指采取一定的措施，预防疾病的发生与发展。中医学历来重视预防，早在《内经》中就提出了"治未病"的预防思想，强调"防患于未然"。所谓治未病，包括未病先防和既病防变两方面的内容，此即中医学预防疾病发生发展的原则。

10.2 未病先防

既在疾病未发生之前，做好各种预防工作，以防疾病的发生。由于疾病的发生关系到正气与邪气两个方面，故预防疾病的发生，必须从提高正气的抗邪能力与防止病邪的侵害两方面入手。调摄精神，使精神内守；加强锻炼，以增强体质，以及生活起居有规律、药物预防、人工免疫，均能提高正气的抗邪能力。讲究卫生，防止环境、水源和食物污染，皆可避免病邪的侵害。

10.3 既病防变

即在疾病发生后，应早诊断，早治疗，将疾病治愈于萌芽阶段，以防止疾病的发展和传变。并且还应根据疾病的传变规律，先安未受邪之地。如肝属木、脾属土，木旺乘土，肝病则能传及脾，故临床上治疗肝病，常配合健脾和胃之法，使脾胃强壮而不受肝之邪气侵扰，就是既病防变原则的具体应用。

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10.4 治疗原则

简称治则，是治疗疾病必须遵循的法则。它是在整体观念和辨证论治精神指导下制定的，对临床治疗立法、处方用药有普遍指导意义的治病大法。如治病求本、扶正祛邪、调整阴阳以及因时、因地、因人制宜等，皆属治疗疾病的原则。

10.5 治疗方法

简称治法，是指具体的治疗方法，如汗、吐、下、和、温、清、补、消等。治法与治则不同，治则是用以指导治疗方法的总则，而治疗方法是治则的具体化。任何具体的治疗方法，总是从属于一定的治疗原则的。如扶正祛邪是治疗原则，在此原则指导下的益气、养血、滋阴、补阳等方法，就是扶正的具体方法；发汗、涌吐、攻下等方法，则是祛邪的具体方法。

10.6 治病求本

即在治病时，要找出疾病的根本原因，抓住疾病的本质，并针对疾病的根本原因进行治疗。此"本"，是指病因病机而言。因此，治病时要善于辨析疾病的病因，探究疾病的病机，并针对病因病机进行治疗。如头痛，可由外感和内伤引起。外感头痛，病因属于风寒的，治宜辛温解表；属于风温的，治宜辛凉解表。内伤头痛，又有血虚、血瘀、痰湿、肝阳肝火等不同病机，故治疗时应谨守病机，分别采用养血、活血化瘀、燥湿化痰、平肝潜阳等方法进行治疗。这就是治病求本的意义所在。

10.7 正治法

又称逆治法，是逆其疾病征象而治的一种常用治疗法则，逆，是指采用方药的性质与疾病的外在征象相反。正治法适用于疾病的现象与本质相一致的病证，逆其现象实际上就是针对疾病

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的本质进行治疗。由于大多数疾病的现象与本质是相一致的，因而正治法是临床上最常用的一种治疗原则。寒者热之、热者寒之、虚者补之、实者泻之等，皆属正治法。

10.8 寒者热之

即以热治寒。适用于寒病见寒象的实寒证。如寒邪直中脾胃，出现脘腹冷痛，得温痛减，则应以辛热之药温散阴寒。

10.9 热者寒之

即以寒治热。适用于热病见热象的实热证。如火热之邪伤人，出现高热、恶热、烦渴、汗出、脉洪大等症，则应以苦寒之药清热泻火。

10.10 虚者补之

即补虚之法。适用于虚病见虚象的虚证。如阴虚不制阳，阳相对偏亢的虚热证，临床可见一系列机能虚性亢奋的征象，如潮热盗汗、五心烦热、失眠多梦等，治当滋阴以制阳，“壮水之主，以制阳光”。

10.11 实者泻之

即泻实之法。适用于实病见实象的实证。如肠胃热结，出现身热、腹满硬痛、大便不通等症，当用泻下法驱除肠胃积滞。

10.12 反治法

又称从治法，是顺从疾病假象而治的一种特殊治疗原则。从，是指采用方药的性质顺从疾病的假象，与假象相一致。假象，是本质被歪曲了的、颠倒了的现象，不能反映疾病的本质，故治病时，必须透过假象、抓住本质。反治法表面上看是顺从疾病的假象，而实际上正是针对疾病的本质进行治疗。因而反治法

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与正治法一样，都是治病求本原则的具体运用，热因热用、寒因寒用、塞因塞用、通因通用等，皆属反治法。

10.13 热因热用

即以热治热，是指用热性药物治疗具有假热症状的病证。适用于阴盛格阳而致的真寒假热证，如少阴病下利清谷，手足厥冷，脉微欲绝，但身反不恶寒，面红如妆，即属真寒假热证。寒盛是病的本质，故用温热性的通脉四逆汤治其真寒，而假热自会消失，就称为"热因热用"。

10.14 寒因寒用

即以寒治寒，是指用寒性药物治疗具有假寒症状的病证。适用于阳盛格阴而致的真热假寒证。如热厥证，出现四肢厥冷，脉沉，很似寒证，但有壮热心烦，小便短赤等。由于热盛是其本质，故须用寒凉药治其真热，而假象方能消失。这称为"寒因寒用"。

10.15 塞因塞用

即以补开塞，是指用补益药物治疗具有闭塞不通症状的病证。适用于因虚而闭阻的真虚假实证。如脾虚病人，常出现脘腹胀满，时胀时减，纳呆，舌质淡，脉虚无力等症，且无食积、痰湿留滞等征象可循，故当以健脾益气治之。脾气健运，则腹胀自消。即属以补开塞的"塞因塞用"之法。

10.16 通因通用

即以通治通，是指用通利的药物治疗具有通泄症状的实性病证，包括真实假虚证。如食积性腹泻，瘀血内阻所致的崩漏，以及肠胃燥屎结聚，反而泻下稀水的"热结旁流"等，均可用通利药物祛其里实。里实一除，则外在通泄症状自然消失。这称为"通

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因通用”。

10.17 治标与治本

此标与本是一个相对的概念，主要用以说明病变过程中各种矛盾的主次关系。如从邪正双方来说，正气是本，邪气为标。从病因与症状来说，病因是本，症状是标。从疾病先后来说，旧病、原发病为本，新病、继发病为标。在复杂多变的病证中，常有标本主次的不同，因而在治疗上就有先后缓急的区别。一般是：急则治其标，缓则治其本，若标本并重，则应标本兼治。

10.18 急则治其标

当标病甚急，成为主要矛盾或矛盾的主要方面时，若不及时解决，就要危及生命，或影响本病的治疗，故必须采取紧急措施以治标。或解决危急症状，或先治后病、新病。如水鼓（肝硬化腹水）病人，大小便不利，腹水胀满，当先治标病的腹水及大小便不利；大出血病人，无论什么原因引起，当先止血以治标。又如某些慢性病人，原有宿疾，又加新感，不治新感，则影响宿疾的治疗，故当先治新感以治标。

10.19 缓则治其本

即在病情缓和情况下，治其本病。此时治本病是主要矛盾或矛盾的主要方面。或针对病因病机治疗。或治其先病、宿疾。如肺肾阴虚所致的肺痨咳嗽，当滋养肺肾之阴以治本；宿疾加外感而外感已解者，也当治其宿疾以治本病。

10.20 标本兼治

即在标病、本病同时急重时，或均不太急的情况下，应标本同治。如热性病过程中，燥热不解，阴液大伤，出现腹满硬痛，大便燥结，身热，口干唇裂等正虚邪实、标本俱急之证。此时若

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单纯泻下，则将进一步耗伤阴液；仅用滋阴之法，燥热又不能从下而解。只有标本兼治，滋阴与泻下并用，增液以行舟，泻下以存阴，才能达到邪去正安的目的。又如虚人感冒，正虚为本，感冒为标。此时标本均不太急，治宜益气解表，益气以治本，解表以治标，也是标本同治之法。

10.21 扶正

即是扶助正气，提高人体的抗邪能力。由于邪正斗争的胜负，决定着疾病的进退，因而扶助正气，改变邪正双方的力量对比，使疾病向痊愈方向转化，是临床治疗的重要法则之一。扶正多用补虚之法，适用于以正气虚为主要矛盾，而邪气也不盛或已衰的虚性病证。如气虚者补气，阳虚者补阳，阴虚者滋阴，血虚者补血等。

10.22 祛邪

即是祛除病邪，使邪去则正安。祛邪能够排除病邪的侵害和干扰，有利于正气的保存和恢复。因而祛邪与扶正一样，也是临床治疗的一个重要法则。祛邪多用泻实之法，适用于以邪实为主要矛盾，而正气未衰的实性病证。不同的邪气，不同的部位，其具体治法也不一样。如表邪盛者，宜发汗解表；邪在胸脘上部，或痰涎壅盛，或宿食停滞，或食物中毒等，宜用吐法；邪在肠胃下部，如热邪与肠中糟粕互结，应采用下法；实热实火，宜用清热泻火之法；寒证宜用温中祛寒之法；湿证宜化湿利湿；有痰的应祛痰；有瘀血的应活血化瘀，等等。皆属祛邪的范围。

10.23 扶正兼祛邪

即以扶正为主，兼顾祛邪。适用于以正虚为主的虚实夹杂证。此时兼顾祛邪，一般不会伤正，或反可排除病邪对机体的侵害和干扰。如脾虚湿盛之证，是由脾虚不运而导致的痰湿内生的

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虚实夹杂证，治应健脾扶正为主，兼顾祛痰化湿以祛邪实，即属扶正兼祛邪之法。

10.24 祛邪兼扶正

即以祛邪为主，兼顾扶正。适用于以邪实为主的虚实夹杂证。此时兼顾扶正，一般不会助邪、留邪，或反可增强人体的抗邪能力。如热盛伤阴证，是由邪热炽盛，消灼人体阴津而致的以邪实为主的虚实夹杂证，治应清热祛邪为主，兼顾滋阴以扶正，即属祛邪兼扶正之法。

10.25 先扶正后祛邪

适用于以正虚为主的虚实夹杂证，因正气过于虚弱而不耐攻伐者。此时若兼以祛邪，反更伤正气，故应先扶正后祛邪，而不用扶正兼祛邪之法。如某些虫积病人，因正气太虚弱，不宜驱虫，应先健脾以扶正，使正气得到一定恢复之后，再驱虫消积。

10.26 先祛邪后扶正

适用于以邪实为主的虚实夹杂证，而正气尚能耐攻者。此时若兼以扶正，反会助邪、留邪，故应先祛邪后扶正，而不用祛邪兼扶正之法。如瘀血内阻所致的崩漏，虽因崩漏失血而正虚，但瘀血不去，崩漏难止，补之无益，故应先用活血化瘀法祛邪实，然后补血扶正。

10.27 调整阴阳

即是调整阴阳的偏盛偏衰，使阴阳在新的基础上重新恢复其相对平衡。疾病是致病因素作用于机体，引起人体阴阳平衡失调，出现偏盛偏衰的结果。阴阳失调是疾病的基本病机之一。因此，调整阴阳的偏盛偏衰，补偏救弊，恢复阴阳的相对平衡，乃是临床治疗的法则之一。损其偏盛，补其偏衰则是调整阴阳的基

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本方法。

10.28 损其偏盛

即损其有余，适用于阴阳偏盛引起的实热证和实寒证。对"阳胜则热"导致的实热证，应清泻阳热，用"热者寒之"的方法治疗；对"阴胜则寒"导致的实寒证，当温散阴寒，用"寒者热之"的方法治疗。若阴阳偏盛进一步发展，可导致对方的不足，即所谓"阳胜则阴病，阴胜则阳病"。阳热亢盛，耗伤阴液，导致实热兼阴虚证，治应清热兼滋阴；阴寒偏盛，损伤阳气，治应散寒兼温阳。

10.29 补其偏衰

又称补其不足，适用于阴阳偏衰引起的虚热证和虚寒证。对"阴虚则热"的虚热证，当滋阴以制阳，即《内经》所谓"阳病治阴"，王冰所谓"壮水之主，以制阳光"。对"阳虚则寒"的虚寒证，当补阳以消阴，即《内经》所谓"阴病治阳"，王冰所谓"益火之源，以消阴翳"。由于阴阳是互根互用的，故阴虚可累及阳，即阴损及阳；阳虚亦可累及阴，即阳损及阴。终可导致阴阳两虚证。阴损及阳者，治宜补阴为主，兼以补阳，即所谓"阳中求阴"，"阴得阳升而泉源不竭"。阳损及阴者，治应补阳为主，兼以补阴，即所谓"阴中求阳"，"阳得阴助而生化无穷"。

10.30 调整脏腑功能

人体是一个有机整体，脏与脏、脏与腑、腑与腑之间在生理上是相互协调、相互促进的，在病理上则是相互影响的。当某一脏腑发生病变时，常会影响别的脏腑功能。因此，在治疗脏腑病变时，不能单纯考虑一个脏腑，而应注意调整各脏腑之间的关系。如肺脏病变，即可因本脏受邪而发病，亦可因心、肝、脾、肾及大肠的病变所引起。如心气不足，心血瘀阻而致肺气失降的

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喘咳，治应以温心阳、通心脉为主；因肝火犯肺，气火上逆所致的咯血，则应以泻肝火、降气为主，因脾虚生痰，痰浊壅肺，以致肺失宣肃，咳嗽痰多，治应以健脾燥湿为主；因肾阴虚不能滋肺，肺失津润而致的干咳，则应滋肾润肺；因肾虚不纳气而致肺气上逆的气喘，治应以温肾纳气为主；若因大肠热结，肺气不降而致的气喘，则应通腑以泻大肠实热。同样，其它脏腑的病变，也要根据各脏腑生理上相互联系，病理上相互影响的道理，注意调整各脏腑之间的关系，使其功能恢复协调，才能收到较好的治疗效果。

10.31 调理气血

气为血之帅，血为气之母。当气血这种相互为用的关系失常时，则产生各种气血失调病证。因而治疗时就要根据"有余泻之，不足补之"的原则，调理气血，使气血恢复协调。如气能生血，气虚则生血不足，而致血虚或气血两虚，治应以补气为主，兼顾补血；气能行血，气虚或气滞，可致血瘀，称为气虚血瘀或气滞血瘀，治应补气行血或理气活血化瘀；气机逆乱，血随气逆，常可致昏厥或咯血、呕血，治应降气和血；气能摄血，气虚摄血无权，可致出血，治宜补气摄血；血为气之母，血虚则气亦不足，血脱则气随之而脱，治应根据血脱先益气的原则，急宜补气固脱。

10.32 三因制宜

即因时、因地、因人制宜，是指治疗疾病要根据季节、地区以及人体的体质、性别，年龄等不同而制定适宜的治疗方法。疾病的发生、发展与转归，受各方面因素的影响，如时令气候、地理环境等。尤其是患者个体的体质因素，对疾病的影响更大。因此，在治疗疾病时，必须把各种影响疾病的因素一并考虑进去，在辨证时，做到具体情况具体分析，区别对待，以制定出适宜的

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治疗方法。

10.33 因时制宜

根据不同季节的气候特点，来考虑治疗用药原则，称为因时制宜。如春夏气候由温渐至热，人体腠理疏松，即便感受风寒，也应慎用麻黄、桂枝等发汗力强的辛温发散之品，以免开泄太过，耗伤气阴。而秋冬气候由凉变寒，人体腠理致密，阳气内藏，即便患热性病，也当慎用寒凉之品，以防苦寒伤阳。季节气候不同，用药有别，即所谓因时制宜。

10.34 因地制宜

根据不同地理环境特点，来考虑治疗用药的原则，称为因地制宜。如西北严寒地区，风寒感冒证常用麻黄、桂枝等发汗力强的药物，且药量稍重；而东南温热地区，风寒感冒证则很少用麻黄、桂枝，一般用药力较轻的荆芥、防风替代，且药量较轻。地域不同，用药有别，即所谓因地制宜。

10.35 因人制宜

根据病人年龄、性别、体质、生活习惯等不同特点，来考虑治疗用药的原则，称为因人制宜。如老年人与小儿，年龄不同，生理功能与病变特点也有区别。老年人气血衰少，生机减退，患病多虚证或虚实夹杂证。治疗时，虚证宜补，而有邪实宜攻者，亦应注意配方用药，药量应比青壮年轻。小儿生机旺盛，但气血未充，脏腑娇嫩，易寒易热，易虚易实，病情变化快。故治小儿病，当慎用峻攻，少用补益，用药量宜轻。男女性别不同，各有生理特点。妇女有经、带、胎、产等情况，治疗用药应加以考虑。另外，人的体质不同，治疗用药常不同。阳盛或阴虚之体，慎用温热之剂；阳虚或阴盛之体，慎用寒凉伤阳之药。这种治病时考虑人的整体性和不同人的个体差异的原则，就是因人制宜。

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