

人迎氣口診（脉状診）による風邪（風熱）の診断と治療

The Diagnosis and Treatment of Wind Evil By Jingei-Kikou

人迎氣口診は1174年の中国の宋時代の陳言の著作「三因極一病症方論」に述べられており、病因を内因、外因、不内外因の三つに分け、それに基づき処方を書き記述しています。

Jingei-Kikou Pulse Diagnosis is described in San-in Kyokuichi Byoushouhouron(三因極一病症方論), briefly speaking it is called San-in-pou which was written AC1174 year by Chingen(陳言) who was physician at the time of SOU(宋).

This classic text divides the causes of illness into three types which are internal, external, and Non internal-external causes. On the basis of the background, the prescription of drugs(kanpouyaku) were issued.

歴史的観点から言うと、素問靈樞が約2000年前とすると、脉診書としてAC300年頃「脉経」が現れたが、脉診のソフトは記述されていなかった。その後900年を経てこの陳言の三因方（略称）が現れた。金・元時代（960年～1367年）には金元四大家と呼ばれた劉完素、張子和、李東垣、朱丹溪がおり、日本では金元医学を学ぶ為、明に留学した田代三喜、曲直瀬道三等がおり、曲直瀬道三は人迎氣口診を使っていた、と言われる。

From a historical viewpoint, Somon and Reisuu might be written 2000 years ago. However in these texts, pulse diagnosis and its treatment were not written. At the time of approx. AC 300 year, Myakyou(脉経) came up as the text for pulse diagnosis. But the software of pulse diagnosis was not written there. And the Saninpou came up on the year of 1174.

In China there were wellknown 4 physicians from 960 year to 1367 year at the time of 金元 (kingen) whose name are 劉完素、張子和、李東垣、朱丹溪. In Japan, there were the physicians whose names are 田代三喜、曲直瀬道三 etc and they visited China for reseach.in the time of 明 (Min) .It is conveyed that 曲直瀬道三(Manase dousan) used Jingei-Kikou Diagnosis.

内因とは、七情（喜・怒・憂・思・悲・恐・驚）に基づき原因を言う。

Internal causes mean 7 emotions which are joy, angry, blue, thinking, sadness, scare, surprise.

外因とは風、寒、暑、湿、燥、火等の六淫の外邪を言う。

External causes mean 6 evils which are wind, cold, heat, damp , dry, fire

不内外因とは犬に噛まれた、虫に刺された等を言う。

Non internal and external causes mean dog-bite, insect-bite etc.

人迎は左を言い、外因は左人迎に現れる。気口は右を言い、内因は右気口に現れる。

不内外因は脉と関係ない。

Left hand is called Jingei(人迎) and we can examine external causes on the point of left 関前一分(kanzenichibu). Right hand is called kikou(気口) and we can examine internal causes on the point of right 関前一分. Non internal and external cause has no connection with pulse

脉診部の取り方は「橈骨茎状突起の関前一部 (slightly ahead of Styloid process of radius)」でこれは微妙な言い方であるが、寸関の間と考えても良い。下図参照。

The way to examine external and internal causes on the skin is described as 関前一部 (slightly ahead of styloid process of radius)」. This is very subtle expression . Clinically it is requested that second finger is put on the skin between 寸 (sun) and 関 (kan,) .Please refer to the drawing as below.

この人迎気口診は、古典鍼灸研究会会長であった井上雅文先生（故人）が数多くの古典を読み、臨床で確かめながら、六部定位脉診（比較脉診で日本に於いて井上恵理、岡部素道、竹山晋一郎の各先生方によって創られ約70年の実績を持っている）と組み合わせることによって、脉状診による診断と治療方法をシステムとして確立した。

This Jingei-Kikou pulse Diagnosis was created and assembled by Dr. Inoue who was chairman of 古典鍼灸研究会（Research association of classic acupuncture and moxibustion）.He established Jingei-Kikou pulse Diagnosis by reading a lot of classic texts and doing clinical evaluation and also combining with 6 regular points pulse diagnosis(6部定位脉診)。I say that 6 regular points pulse diagnosis is created by Dr. K. Inoue, Dr .S. Okabe and Dr. S. Takeyama, and it has the result accumulated during approx. 70 years.

今回は、風証に関しお話し、特に効き目が速い風熱の診断と治療をお話ししたい。

とにかく昔から“風邪は百病の元“と言われる通り、医方大成論、医書大全（明代の医師・熊宗立による医学書）等も1頁目に風証が出てきてその湯液処方も100を超え、東洋医学でももっとも重視していると思われる。さて、臨床の理論に話を進めると、脉状を表す記号として、次のように表現する。

Today I would like to tell you about the diagnosis and treatment of wind evil proof which can obtain rapid effect. The people say, in Japan, that wind evil causes a lot of diseases(handred diseases). Wind evil proof is firstly shown up in classic texts of 医書大全(ishotaizen)etc accompanying with the prescription of more than 100 drugs. This

means that the wind evil is handled as most important disease in oriental medicine. By the way, I would like to talk about clinical theory. The signs for expressing pulse condition are as follows.

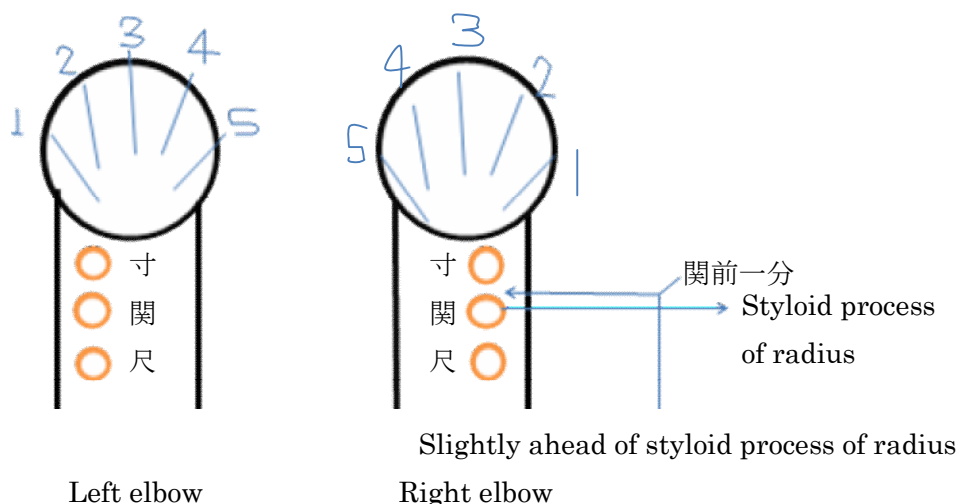
right left
 K : 氣口(Kikou) << J : 人迎(Jingei)

風熱の風邪症状は、下記のように表す。

The condition of 風熱 (wind-evil and fever) is expressed as below.

K << J④

Double inequality << means strong pulse and it shows left(jingei) is stronger than right(kikou). Under bar means floating of pulse. ④ means lung debility proof in 6 regular point pulse diagnosis. For your reference, I say that ① means liver debility proof, ② means heart debility proof, ③ means spleen debility proof, ④ means lung debility proof and ⑤ means kidney debility proof.



風邪の診断: 患者の左右の脈診部である氣口と人迎に左右3本の指を置く。力を入れないでソフトにふわー、と置き、徐々に沈める。左右手の第2指で左右氣口人迎の関前一部分で脈の浮沈遅数滑澁虚実を窺う。風邪の場合は左右浮脈で人迎が強い。熱があると脈状は浮数実に変化する。

Diagnosis of wind evil:

Put softly 3 fingers of left and right on respective 3 positions of the patient, and then examine floating/deep, slow/rapid, debility/strong, sliding/rough by putting the second fingers of left and right on the 関前一分(kanzen ichibu) which is located between 寸 (sun) and 関(kan) or slightly ahead of 関 (kan) as shown in above drawing..

If the patient would catch a cold, you can perceive floating pulse on the both sides and left-hand pulse is stronger than right hand. If slight fever comes up, the pulse is not so strong, and floating. If heavy fever comes up, the pulse will be very strong, floating, and rapid.

風邪の治療：

五行では風 熱 湿 燥 寒は井榮兪経合に相当するので、風証で熱がある場合は六部定位診で肺虚。脉状は浮数実である。これが典型的な風邪の症状である。

従って選穴は肺経の魚際、少商を補法して、子経膀胱経の金門（郄穴）を瀉法する。

ここで補瀉とは、補は鍼孔を閉じる。瀉は鍼孔を閉じない、というだけのことである。刺鍼は接触程度であります。募穴の巨闕と期門も使うことがある。巨闕は心（熱）の募穴であり、期門は肝木（風）の募穴であり、巨闕と左右期門を瀉法で行う。又上背部の散鍼も有効。これで脉は沈に戻りその人の本来の脉になる。診脉から治療までわずか30秒から1分程である。その人の本来の脉とは、 $\overline{K} > \overline{J}$ $\overline{K} < \overline{J}$ 等でこの二つが日本人では圧倒的に多い。USAでは $\overline{K} > \overline{J}$ が圧倒的に多いと推測する。何故なら $\overline{K} > \overline{J}$ は太った人の脉だからであります。これらの脉は沈であり、陽虚であり、特に $\overline{K} > \overline{J}$ の人は陽気で明るい人が多い。又中風は風脉の一種で、風邪症状が無く、強く、硬く、太い脉は危険であり、脳卒中の可能性のサインであります。

注) インフルエンザは風熱治療では、効果が無い。

The treatment of evil wind

。 In the 5 elements, 風 (wind) 熱(heat or fever) 湿(damp) 燥(dry) 寒(cold) are suitable for respectively 井(sei), 榮(kei) 兪(yu), 経(kei), 合(gou). In case of 風証 (wind evil proof) with heavy fever, 6 regular position diagnosis shows lung debility proof and the pulse condition of floating, rapid and strong shows up.

Consequently tonify 魚際 (gyosaiLU10) and 少商(shoushouLU11) which are 井(sei), 榮(kei) of lung meridian. And sedate 金門(kinmon)BL63 which is 郄穴 (special point) of child meridian. Piercing degree of needle is slight touch with very thin needle. In our group tonification is only touching. Sedation is no touch after piercing.

Also we use 巨闕 (koketuCV14) and 期門 (kimonLR14) for the treatment of wind evil because those are special points. 巨闕 is special point of 心(fire or fever) and 期門 of right and left is also special point of 風 (wind evil) . Those points of 巨闕 and 期門 are sedated.

Also it is effective to scatter upper portion of back because accordingly the skin is

changed from dense to a little coarse for sweating..

Then the pulse of the patient returns to the original deep one by which the balance is kept. The treatment time may be 30 seconds to a minute.

.The majority returning to original pulse is as follows in case of Japan.

I guess the majority of American people will be $\overline{K} > \overline{J}$ ① because they have a lot of meat.

$\overline{K} > \overline{J}$ ① This type is physically fat, bright character ,active and eat a lot
Hands and foots are warm or hot

$\overline{K} < \overline{J}$ Regarding this type, the character is passive and mentally fatigue.

③or④or⑤ Dr. inoue says this is Cinderella syndrome. If a man will marry a girl,
check the pulse because she is apt to dislike the work outside and inside.

From a viewpoint of 陰陽(in-you)、above-mentioned two types which have deep pulse on both of left and right are 陽虛(you debility). Upper bar means deep pulse.

$K >$ shows liver debility proof.

$K <$ shows respective debility of lung , spleen, kidney,

Also I would like to tell you the pulse of 中風 (chuufuu) which is a kind of 風 (wind) .
The pulse is hard, strong and thick without any condition of cold. This pulse will be dangerous. It shows us the possibility of head attack.

Remark: Please kindly note that influenza can not be treated by 風熱治療(treatment of wind-evil and fever).

Thanks

Hiroo Uematsu
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