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从热、瘀、虚探讨儿童 IgA 血管炎性肾炎的辨治

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[摘要] 认为热、瘀、虚为儿童 IgA 血管炎性肾炎 (IgAVN) 病机核心, 其中虚为发病之本, 热为起病之标, 瘀为迁延之根。基于此确立清热凉血、化瘀通络、扶正固本的总治则。以自拟清热止血方为基础方, 并结合疾病不同病程特征, 将本病凝练为血热瘀阻、气阴两虚、脾肾两虚三类核心证型, 分型辨治。治疗全程兼顾化瘀通络、顾护小儿脾胃正气, 为儿童 IgAVN 的中医诊疗提供思路。

[关键词] IgA 血管炎性肾炎; 热; 瘀; 虚; 清热止血方; 儿童

IgA 血管炎性肾炎 (IgA vasculitis nephritis, IgAVN) 又称紫癜性肾炎, 临床症状主要表现为蛋白尿、血尿和皮肤紫癜, 以肾脏受累为核心病理特征, 儿童及青少年高发, 男性发病率略高于女性^[1]。IgAVN 肾脏损害程度严重影响患儿病程、预后及远期生存质量, 尽管多数患儿肾脏损害相对轻微且具备可逆性, 但仍有部分患儿可进展为慢性肾脏病, 甚至终末期肾病^[2]。现代医学认为, 本病发病可能与感染、遗传易感性、免疫异常、炎症反应及血管损伤等因素密切相关^[3]。临床多以糖皮质激素、免疫抑制剂为主要治疗手段, 但长期用药易导致儿童生长发育迟缓、骨骼发育异常、免疫功能低下等不良反应, 且停药后易复发^[4-5]。

中医药治疗儿童 IgAVN 在提升总有效率、改善症状及降低不良反应方面展现出良好效果^[6-7]。本团队根据临床诊疗经验, 提出儿童 IgAVN 的病机以热、瘀、虚为核心, 其中虚为发病之本, 热为起病之标, 瘀为迁延之根, 三者胶结、相互转化。本文立足于热、瘀、虚的病机核心, 整合儿童 IgAVN 疾病演变规律与辨证要点, 系统梳理该病的中医辨治思路与用药经验, 为临床诊疗提供参考。

1 热、瘀、虚为儿童 IgAVN 的核心病理因素

1.1 虚: 正气不足为发病之本

虚即正气亏虚, 为本病发生、反复、迁延的内在基础, 与儿童先天禀赋、后天调养密切相关。《灵枢·百病始生》云: “风雨寒热, 不得虚, 邪不得独伤人”, 揭示正虚为邪毒侵袭发病的根本前提。儿童先天禀赋未充、脏腑娇嫩的生理特性, 使其更易遭受邪毒侵袭。小儿肾常虚, 先天肾元未充, 封藏固摄之力不足; 脾常不足, 脾胃运化功能稚嫩, 若饮食不节、劳逸失度或反复外感, 易损伤脾胃, 气血生化无源。正气亏虚, 卫外不固, 邪毒易侵, 在外感、饮食、致敏原等诱因刺激下, 进而损伤肾络。同时, 本病病程中邪毒耗伤气阴, 加之激素等阳热之品耗损正气, 进一步加重脾肾亏虚, 形成正虚易感、邪恋难愈的恶性循环, 是疾病迁延的根本原因。

1.2 热: 邪热扰络为起病之标

热为 IgAVN 最直接的致病因素, 分为外感风热与内生伏热两类。小儿脏腑清灵、稚阳易亢, 外感风热、湿热之邪, 循经入里, 侵袭血分, 灼伤脉络。若外感邪毒未及时清解, 潜匿肾络, 日久郁而化热, 形成伏热。伏热潜藏于肾络时可无明显临床表现, 遇外感、饮食失宜等诱因引动可致疾病急性发作。热蕴于内, 迫血妄行, 血溢肌表则发为皮肤紫癜, 下渗膀胱则见血尿; 热邪扰动肾络, 肾失封

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藏,精微外泄则出现蛋白尿。同时伏热可煎灼营血,耗伤气阴,与瘀、虚互结,是病情反复发作的重要原因。临床急性期以实热为核心病机,是紫癜、血尿、蛋白尿急性发作的主要病理基础。

1.3 瘀:脉络阻滞为迁延之根

瘀血既是病理产物,又是致病因素,贯穿 IgAVN 全程,是病情进展、肾损伤加重的关键。热邪煎灼血液,血液凝滞而成瘀,即热盛血瘀;正气亏虚,气血无力运行,血行迟滞而致瘀,即气虚血瘀;脾虚失运,湿浊内生,阻滞气机,血行不畅,亦可导致湿瘀互结。气血瘀滞,阻滞肾络,致肾络不通,使血尿、紫癜缠绵不愈;同时阻碍脾肾气机运化,加重正气亏虚与湿浊内生,日久湿瘀凝滞肾络,形成癥积^[8],最终导致肾络不可逆损伤,进展为慢性肾损伤。

综上,本病病机可概括为正虚为本,因虚受邪;邪热扰络,迫血妄行;久必成瘀,瘀阻肾络,虚、热、瘀互结,虚实夹杂。

2 以热、瘀、虚为证素的儿童 IgAVN 常见证型

2.1 血热瘀阻证

本证多见于疾病急性期,以邪实为主,病机以热瘀炽盛、络伤血溢为主。此期多因外感风热、湿热之邪引动体内伏邪,热邪迫血妄行,瘀血初结于络,症见皮肤紫癜鲜红或紫红、密集对称分布,血尿症状突出,常伴咽痛口干、小便短黄;若热邪循经流注关节、阻滞胃肠,则可见关节肿痛、腹痛便血等多系统受累表现,舌脉多为舌红、苔黄,脉滑数或浮数。

2.2 气阴两虚证

本证多见于疾病迁延期,呈现虚实夹杂的病机特征,为疾病由实转虚的过渡阶段。急性发作后,炽盛热邪虽渐消退,但余热未清、瘀血未尽,加之儿童脏腑娇嫩、正气难复,病程日久耗伤气阴,形成热瘀残留、气阴两虚的核心病机。临床可见紫癜时发时止、色泽淡红或暗紫,血尿、蛋白尿持续不消,同时伴神疲乏力、自汗盗汗、手足心热、口干咽燥等气阴亏虚之象,且患儿易反复感冒,导致病情进一步加重,舌脉多为舌红、少苔,脉细涩。

2.3 脾肾两虚证

本证多见于疾病缓解巩固期,常对应病程迁延日久、激素减量或停药巩固阶段,以本虚为主,兼有余邪。久病耗伤脾肾之气,或长期使用激素等阳热之品耗伤气阴,导致脾肾亏虚、固摄无权,同时

残留瘀浊深伏肾络,形成虚瘀互结的病机。临床以紫癜消退或偶发陈旧瘀斑、镜下血尿和(或)蛋白尿为核心表现,伴面色萎黄、形体消瘦、纳差便溏、腰膝酸软、生长迟缓等脾肾亏虚之征,部分患儿可见畏寒肢冷、夜尿增多等阳虚表现,舌脉多为舌淡胖、边有齿痕或伴瘀斑,脉沉细。

临床辨证还需兼顾常见兼夹因素。若见大便黏滞不爽、舌苔厚腻,为兼湿邪;若伴畏寒便溏、四肢不温,为兼寒邪;若血尿、蛋白尿经久不愈,或肾脏病理提示新月体病变等,为兼癥积,需在核心证型基础上针对性化裁用药。

3 清热、化瘀、扶正为儿童 IgAVN 的主要治法

本病治疗当遵循“急则治其标、缓则治其本、化瘀通络贯穿全程”的基本原则,以本团队经验方清热止血方为基础,结合疾病进程、证型及兼夹因素灵活化裁,治疗过程中应始终考虑儿童脏腑娇嫩、不耐攻伐的生理特点,注意顾护正气。

3.1 清热凉血以安络

本法适用于血热瘀阻证,旨在直折热势、凉营安络、止血消斑。治法宗辛凉疏风、清热解毒、凉血止血之旨,以清热止血方为基础,随证灵活化裁。组成:生地黄(6~12 g)、牡丹皮(6~12 g)、赤芍(6~12 g)、墨旱莲(6~12 g)、三七(1.5~3 g)、茜草(6~12 g)、小蓟(6~12 g)、丹参(6~12 g)。方中生地黄、牡丹皮、赤芍清泄血分伏热、凉血散瘀,直清血分热瘀之邪,为凉血安络之核心;墨旱莲、小蓟凉血止血、固摄肾络,尤适于络伤血溢之症;三七、茜草、丹参化瘀止血、通利肾络,既解瘀热互结之滞,又防止血留瘀之弊,使血止而络脉通畅。全方共奏清热养阴、活血化瘀、凉血止血之效,契合急性期热瘀交阻、肾络瘀阻的病机特点。临床研究^[9-10]证实,清热止血方联合雷公藤多苷的中西医结合方案,可有效改善 IgAVN 患儿血尿、蛋白尿等核心症状,稳定肾功能,且整体安全性良好。

若风热表证明显,伴咽痛鼻塞、脉浮数者,加金银花、连翘辛凉透表、疏风散邪;湿热内蕴见舌苔黄腻、大便黏滞者,加黄芩、黄柏、薏苡仁、白茅根清热利湿、导热下行;热毒炽盛见紫癜密集色红者,加蒲公英、紫花地丁、水牛角、紫草清热解毒、凉血消斑。临证需谨记小儿脾胃薄弱,苦寒之品不可过量或久用,热势消退后即酌情减量,以免损伤脾胃,影响气血生化。

3.2 化瘀通络以宁血

化瘀通络之法需贯穿疾病全程，对血尿迁延、紫癜反复属肾络瘀阻者尤为关键。瘀血既是本病的核心病理产物，又是加重病情的关键因素。临床多选用丹参、三七、茜草、益母草等平和之品，凉血与活血并用，止血与通络兼顾，既消散瘀滞，又不耗伤正气，以达止血不留瘀、化瘀不伤正之效。对于瘀阻较重、尿检指标反复异常、缠绵难愈者，可短期酌加水蛭、地龙等虫类药通络消癥，但小儿剂量宜轻、疗程宜短，中病即止，避免攻伐太过损伤稚阴稚阳。此外还可配伍忍冬藤、络石藤等藤类药物，取其通经入络之性，清解络中伏热，尤适用于病程迁延、余邪未清、肾络瘀滞之证。

3.3 扶正固本以复元

扶正固本为迁延期与缓解巩固期的治疗核心，适用于气阴两虚证与脾肾两虚证，是减少复发、改善远期预后的关键。疾病迁延日久，热邪耗气伤阴，损及脾肾，肾络失养，故应顾护脾肾。气阴两虚者，治以益气养阴、兼清余热，在清热止血方基础上加黄芪、太子参益气健脾，麦冬、女贞子滋阴补肾，兼清余邪，增清退虚热之功。脾肾两虚者，治以健脾补肾、固摄精微，偏脾虚者加党参、白术、山药健脾益气；偏肾虚者加菟丝子、金樱子、芡实补肾固涩，以助肾之封藏。若见畏寒肢冷、便溏等阳虚之症明显，酌加炮姜、益智仁温阳暖肾。小儿禀赋阴稚阳之体，脾常不足，既不耐苦寒攻伐，亦不受厚味壅滞。若一味投以味厚滋腻之品，一则壅遏中焦气机，致脾失升清、胃失和降，碍脾运而湿浊内生；二则滋腻邪恋，使深伏肾络之余热、瘀浊胶结难散，反致病情缠绵难愈。故扶正固本的同时常佐以少量陈皮、木香等轻清理气、醒脾助运之品，调畅中焦升降之机，以达补而不滞、滋而不腻之效。

4 小结

儿童IgAVN的核心病机可概括为热、瘀、虚交织互结，动态演变，三者主次消长决定疾病的病程阶段与病情轻重。临床治疗以清热凉血、化瘀通

络、扶正固本为总纲，以清热止血方为基础方，根据病程、证型，灵活调整清热、化瘀、扶正的用药比重，治疗全程需紧扣小儿“脏腑娇嫩”的生理病理特点，攻邪不伤正，补虚不恋邪，充分发挥中医药个体化诊疗优势。

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Syndrome Differentiation and Treatment Approaches for Childhood IgA Vasculitis Nephritis from "Heat, Stasis and Deficiency"

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ABSTRACT The core pathogenesis of childhood IgA vasculitis nephritis (IgAVN) lies in the intermingled conditions of heat, stasis and deficiency. Deficiency is the fundamental cause, while heat acts as the predominant manifestation at the initial stage, and stasis serves as the key factor leading to protracted illness. Based on this understanding, the overall therapeutic principle of clearing heat and cooling blood, dissolving stasis and unblocking collaterals, reinforcing healthy *qi* and consolidating the root is established. A self-formulated *Qingre Zhixue Formula* (清热止血方) is used as the basic prescription. According to the characteristics of different disease stages, childhood IgAVN is further classified into three main syndrome types, including blood heat with stasis obstruction, deficiency of both *qi* and *yin*, and deficiency of both spleen and kidney, with corresponding syndrome-based treatments. Throughout the treatment process, emphasis is placed on dissolving stasis and unblocking collaterals, while protecting the spleen and stomach of children and maintaining healthy *qi*. This paper provides new perspectives for diagnosis and treatment of childhood IgAVN with traditional Chinese medicine.

Keywords IgA vasculitis nephritis; heat; stasis; deficiency; *Qingre Zhixue Formula* (清热止血方); children

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Exploration of the Pathogenesis and Syndrome-Based Treatment of Functional Constipation Based on the Theory of "Heavy Obstruction and Orifice Blockage"

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ABSTRACT Based on LI Gao's theory of "heavy obstruction" and "blockage of the nine orifices", this paper proposes the pathological concept of "heavy obstruction and orifice blockage". It is suggested that the core pathogenesis of functional constipation (FC) lies in simultaneous sinking of spleen and lung, together with accumulation and obstruction of dampness and turbidity, resulting in impaired movement of intestinal *qi*. Within this framework, spleen deficiency with sinking of dampness is considered as the primary pathological mechanism of outlet obstructive constipation (OOC), while sinking of lung *qi* is regarded as the key mechanism underlying slow transit constipation (STC). When both pathological mechanisms coexist, mixed constipation (MC) develops. Guided by this theory, FC is classified into three patterns for syndrome-based treatment. OOC is treated by promoting bowel movement, descending turbid pathogens, and opening the orifices to restore function, with self-formulated *Shengxian Tongqiao Decoction* (升陷通窍汤). STC is treated by diffusing lung *qi*, regulating spleen function, raising sinking *qi*, and promoting transportation, with self-formulated *Xuanfei Yunpi Decoction* (宣肺运脾汤). MC is treated by regulating lung and spleen function, simultaneously raising clear *qi* and descending turbidity, with self-formulated *Xuanyun Tongqiao Decoction* (宣运通窍汤). In clinical practice, modifications should be made according to accompanying syndromes and individual conditions.

Keywords functional constipation; heavy obstruction and orifice blockage; simultaneous sinking of spleen and lung; accumulation and obstruction of dampness and turbidity

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