

严用和气机理论及调气思想初探

刘晓庄*

摘要 重视调气,是严用和学术思想中的一项重要内容。根据严氏有关论述,对其气机理论及“气道”不宣的病理机制、治疗法则、具体用药等问题,进行了比较系统地研究和探讨,阐明了“人之气道贵乎顺”,治病当“顺气为先”的临床意义。

主题词 理气 @气机理论 @严用和

南宋名医严用和,论病颇重视人体一身的气机运动,治疗亦多善用顺气、理气之品,从而形成了较为系统的气机理论和调气思想。兹对严氏有关气机学术内容略作初步探讨如下。

1 阐气机理论,持说公允

人处气交之中,一身气血津液时刻都在运行流通,推动和激发着人体的各种生理活动。祖国医学把这种气的运动形式,称之为气机。在中医气机基本理论的指导下,严用和较为详细地阐述了他对气机的学术见解。其持说之公允平正,向为后世所推崇。

严氏认为,“夫人一身,不外乎阴阳气血相与流通焉耳。”流通之道,谓之“气道”。气道宣通,血气乃行,从而维持了人体健康、元气充沛和生机旺盛。故严氏指出:“人之气道贵乎顺,顺则津液流通”,无疾之忧。

人体脏腑经络之功能,依赖于气机的正常运动,同时,气道的通畅,气机的不乱,又取决于脏腑经络的协调平衡。对此,严氏的认识尤为深刻。他说:“平居之人,五脏之气,贵乎平顺,阴阳二气,贵乎不偏,然后津液流通,肠胃益润,则传送如经矣。”又说:“六腑属于三阳,太阳利清气,阳明泄浊气,少阳化精气,有如都会之腑,主转输以为常也。”说明气道与阴阳、脏腑、经络相互联系,保证人体气机运动的“平顺”。

严氏还认为,五脏六腑,脾胃居中,“主于中

州”,在气机运动中起着十分重要的作用。这是因为,脾胃为机体“冲和”之脏,“盖胃受水谷,脾主运化,生血生气,以充四体者也。”在气机升降过程中,脾气主升,胃气宜降,若失其常度,“阴气当升而不升,阳气当降而不降”(注:脾属阴,阴气指脾气;胃属阳,阳气指胃气),则“扰动冲和”,导致气道不顺,气机不利,即“冲和失布”。是以脾胃“通乎荣卫,合乎阴阳,周流一身,无过不及,然后权衡得其平矣。”严氏的这一思想,可与李杲的脾胃理论相羽翼。

由于一身之内外上下无不存在着气机活动,故疾病的发生发展,很大程度上决定于气机的变化。若气郁而不顺,道壅而不通,则诸疾蜂起。譬如头痛,乃“阳逆于上而不顺,冲壅于头”,不通则痛;眩晕,是“郁而生涎,结而为饮,随气上逆”所致;口疮,为“脾气凝滞,风热加之而然”;恶阻,系“受妊经血既闭,饮血相搏,气不宣通,遂致心下愤闷,头晕眼花,”恶闻食臭,甚则吐逆,等等。凡此种种,严氏皆归结于气机壅闭阻塞,气血津液失宣。因此,“气机失宣,为病广泛”,是严氏学术思想中的一项重要内容。

2 议气壅病机,切合临床

“气壅”,是严用和根据临床实际,对人体气道不宣,气机阻遏,脏腑阴阳逆乱等一类疾病病理机制的高度概括。他指出:“六气不伤,七情不郁,营卫调平,则无壅决之虞。”如果“七情内郁,六淫外伤,饮食劳役”,则一身气血“不得宣调,气道壅塞,其为病也。”严氏论述气壅的发病机理大致有以下方面:

2.1 外邪所伤。严氏认为,寒温诸邪侵于人体,结聚不散,竟致气道壅闭,阴阳蕴结,荣卫不通,遂使疾病迭生。如其论“胀满”一证,“苟或将理失宜,风寒暑湿得以外袭……,扰动冲和,如是阴气当升而不升,阳气当降而不降,中焦痞结,必成胀满”;“秘结”者,“多因肠胃不足,风寒湿

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热乘之,使脏气壅滞,津液不能流通,所以秘结也”;“白虎历节”,是“受风寒湿毒之气,使筋脉凝滞,血气不流,蕴于骨节之间”。显而易见,外邪所伤是导致气血津液不得流通的重要原因。

2.2 七情内郁。人之情志,为五脏所主。七情太过,则使脏腑受害,气机郁滞,久之变生内伤诸病。故严氏曰:“喜、怒、忧、思、悲、恐、惊者,七气也……。气之为病,男子妇人皆有之”,“人身血随气行,气一壅滞,则血与气并”,百病乃生矣。临床的确如此。

2.3 摄生不慎。严氏一再强调,“善摄生者,谨于和调,使一饮一食,入于胃中,随消随化,则无滞留之患”;“阴阳和平,荣卫调摄,气道无不宣畅矣。”若“摄养乖违”,“饥饱失时”,“过餐五味”,或“喜饵丹石,多食炙博过饮热酒”,必终致“三焦气涩……于是乎壅结于肠胃之间”,使得气道壅塞闭阻,衍生诸疾。

尚须指出,气道郁滞的形成,往往是以上诸种因素交互为患、综合作用的结果,正如严氏所概言:“喜怒忧思,饥饱劳逸,或服丹石,或餐炙酒面,温床厚被,尽力房室,或外因风热、风湿所伤,遂使阴阳蕴结,荣卫为之壅滞”。于今看来,严氏的气壅病机思想,仍具有临床学和养生学意义。

3 重调气机,辨治精当

严氏论医,力求效验,不尚空谈,每多结合临证实践发微。他把《内经》“疏其血气,令其调达,而致和平”的精义从平易中引发出来,阐发“调气”、“顺气”等疏达气机方法在疾病治疗中的作用,从而形成“处病必先调气机”的治疗风格。例如:

中风一病,为病急卒,前代治疗,多从疏风入手,严氏独辟蹊径,提出“中风”治疗大法,“当推其所自,若内因七情而得之者,法当调气,不当治风;外因六淫而得之者,亦先当调气,然后依所感六气,随证治之,此良法也。”并将调气专剂八味顺气散(白术、茯苓、青皮、白芷、陈皮、乌药、人参、甘草)列为治疗中风的首方。如此治法,对后人颇多启迪。

痰饮之为患,“症状非一,为喘,为咳,为呕,

为泄,为眩晕,心嘈怔忡……,未有不由痰饮之所致也。”在南宋以前,有汗、下、温、利等固定治痰方法,严氏认为,“温利之差,可以无害,汗下之错,为病不浅矣。”他深思详考,自开法门,创立顺气运痰学说,主张痰饮之治,“不若顺气为先,分导次之,气顺则津液流通,痰饮运下,自小便中出。”察其化裁拟制的4个治痰方剂,导痰汤(半夏、南星、橘红、枳实、茯苓、甘草)、槟榔散(槟榔、半夏、杏仁、桔梗、橘红、旋复花、干姜、白术、人参、甘草)、枳术汤(肉桂、附子、细辛、白术、桔梗、槟榔、甘草、枳实)、五套丸(半夏、南星、干姜、高良姜、茯苓、白术、丁香、木香、青皮、陈皮、神曲、麦芽),都是于化痰药物中,配合大队的理气、顺气之品。严氏顺气化痰的观点,曾对后世产生了深刻的影响,元·朱震亨言“善治痰者,不治痰而治气,气顺则一身之津液,亦随气而顺矣。”正是对严用和治痰思想的发挥。

再则泄泻一病,“其如七情伤感所致”,脏气不平者,治疗亦当“兼以调气药,随证主治,则不失其机要矣。”拟用加味治中汤(干姜、白术、青皮、陈皮、砂仁、人参、甘草),或胃风汤加川芎、四柱散加木香等方理气止泻。它如外科“气郁生疮”者,治疗“内则当理其脾,外当敷以药”;妇科中之“恶阻”,“治疗之法,顺气、理血、豁痰、导水,然后平安矣”;五官科之“聾聩”病,“医疗之法,宁心顺气,欲其气顺心宁,则耳为之聪矣”,等等,都无不体现了严氏“顺气为先”的治疗思想。他将调气思想融汇贯串在各科杂病治疗之中,其辨证之精当,治疗之严谨,倍受后世医家盛赞。

4 遣调气药品,独运匠心

严氏注重气机畅达,善投诸种顺气、理气药品治疗疾病,于当代临证组方遣药颇具启迪意义。现将其调气用药主要特色概述于下。

4.1 师《局方》,揆度利弊。严氏运用的理气调气药物,多是见载于《太平惠民和剂局方》的芳香之品,如丁香、木香、沉香、檀香、香附等。此类药物性温味辛,既可以通达气机,又能醒胃悦脾,用之得当,则效如桴鼓。但是,严氏深明,芳香药物施之不宜,却有化燥伤阴之虞,是为医

忌。故尔在应用芳香理气药物时,往往结合病情,巧妙构思,佐以酸甘生阴之品除燥防烈,如其制玉关丸,便是沉香与石斛、木瓜同伍。在服法方面,严氏还主张芳香理气之剂当以醋煮、面糊或蜜炙为丸,藉以图药缓又不伤阴。这些都表明,严氏遣用调气药物,圆机活法,师《局方》而不泥,工于权衡利弊,扬长避短。

4.2 通性味,机灵径捷。注重性味的搭配及其与气机的关系,这是严氏调气用药又一特点。例如,他在治疗气道壅滞兼有瘀(郁)阻之证时,喜投三棱、莪术,认为两药性味和平,通达气血,并无伤正之碍。若于补剂中以之为佐使,则能行补药之滞,增补益之力;若于痰癖、食积等影响气机运行的病证中用之,更能理气、顺气,如“专治食疟”之剂红丸子、“治五积”之剂香棱丸等方中伍以三棱、莪术,即为此理。关于这一点,张锡纯可谓识其要旨,他明确指出,三棱、莪术“既善于破血,尤善于调气,”且“善于理肝”者也。又如神

曲、麦芽,严氏认为两药甘平,虽消食滞,也可借其力消既久气滞,临床用之,能使调气之功默建于无形之中,机灵而又径捷。

4.3 慎配伍,组方精巧。严氏创制的调气之剂,配伍审慎,组方严密,令临床家们所折服。例如,“治喜、怒、忧、思、悲、恐、惊七情伤感,气郁于中,变成呕吐”之病证,主以大藿香散。方中藿香叶、木香疏肝理气,以启条达之机;人参、白术、茯苓健补脾气,以助中运之功;桔梗、枇杷叶宣发肺气,以裨开提之用。合而成方,则令气道畅通,内郁自解。又如治气滞秘结之剂威灵仙丸,“内用威灵仙,取其主诸风,宣通五脏,去腹内冷气滞气;内用黄芪,取其补气,使气充得以运掉,蜜炙取以滑润之义;枳实取其下气宽畅。”方中所选各药,配伍极为精巧,堪为临证楷模。

总之,严氏遣用调气药品,既专而不杂,又不拘一端,“间有药用群队,必使刚柔相济,佐使合宜”。故其所制诸方,临床用之,功效卓著。

针灸配合药棒治疗崩漏 1 例

王 红*

杨××,女性,48岁。患者主诉:月经量多10余年,色鲜红,有血块,每次总血量约为400ml。患者每次经期后则出现继发性贫血(Hgb6.7g),曾做“B超”,检查未见异常,诊断为“功能性子宫出血”,曾用丙酸睾酮、安络血、维生素K等药物治疗无效,后在中医就诊,服健脾补血、舒肝补肾之中药汤剂百余剂,收效甚微,遂停中药来我科治疗,患者面色苍白,头晕心慌,健忘失眠,腰酸腿软,下肢浮肿,舌质淡暗、苔薄白,脉沉细兼涩。辨证属气虚血瘀,治宜益气活血。予针灸配合药棒治疗,取穴泻中极、归来,补三阴交,药棒脾俞,采用迎随补泻法,10次为1疗程。经治1个疗程后,患者经量转为正常,每次总经量为80ml,下肢浮肿减轻,再治1个疗程,患者自觉精神转佳,下肢浮肿消失,以上诸症痊愈。

按:崩中漏下病因繁多,大致有血瘀、血热、气虚

等,本案患者崩漏日久,气血皆伤,冲任不固,而投以健脾生血、舒肝补肾之药而屡不见效,细观其舌虽淡且暗,脉虽细兼涩象,乃久病入络,气虚血瘀,为虚中夹实也,纯补其虚则瘀血难去,纯攻其瘀则正气难复,当补虚泻实并举。取任脉之中极穴,任脉乃为阴脉之海,主人体精、血、津液,中极又为足三阴与任脉之会,膀胱经之募穴,取此穴意在通经脉、行气血、补肝肾、健脾胃,使瘀血去而经血调,三阴交是足三阴交会之穴,取此穴配合中极穴以达到气顺而经调的目的。归来是足阳明胃经穴,胃经为多气多血之经,脾胃乃为后天之本,气血生化之源,在调经通脉同时配合中极、三阴交以增强益气活血之功。脾俞是脏腑经气输注于背部的穴位。所谓药棒是特制的木棒蘸以药物制成,所蘸药物由桃仁、红花、血竭、川芎等活血化瘀药组成。治疗时以该棒叩打背部俞穴,一般频率40~50次/分。以药叩打上穴,即可健脾益气,活血通脉,又因其隶属膀胱经,与肾相表里,故又可补肝肾,养阴血,配中极(俞募配穴),以通为主,以补为用,使脉通而血旺,经调而病除。

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ABSTRACTS OF ORIGINAL ARTICLES

The Methods of Tributary Elimination and Removal, the Basic Treating Principle for Damp — Heat Syndrome

Zhou Changhong Zhao Shaoqin

This paper deals with the definition of the methods of "tributary elimination and removal", the background for its establishment and scope of application based on the sorts, properties and location of damp—heat. Furthermore, it also discusses the rules for its application and its contraindications as well.

Author's Address: Beijing College of TCM, Beijing 100029, PRC

Key Words: Damp — heat (TCM)/TCM therapy @Tributary elimination and removal

A Preliminary Exploration on Dr. Yan Yonghe's Theory of Qi Circulation and His Idea of Regulating Qi

Liu Xiaozhuang

Basing on Dr. Yan's discourse on regulating Qi, one of his important academic idea, this paper explores his theory of Qi circulation, pathological mechanism of "Qi — channel", treating principles, and application of remedies, expounds the clinical significance of "Qi — channel of human body prefers smooth circulation" and "put smooth Qi circulation first".

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Key Words: Regulation of Qi @Theory of Qi circulation @Yan Yonghe

Comparative Study Between Scalp Needling and Body Needling in the Treatment of Apoplectic Hemiplegia

Shi Ying Song Zhaoying

By applying "withdrawing and adding method" for points — penetrating scalp needling, 100 cases of apoplectic were treated with a cured rate of 45%, the total effective rate being 97%. As compared with 50 cases treated with body needling at the same period, the effective rate revealed significant difference.

Author's Address: General Hospital of Beijing Military Area, Beijing 100700, PRC

Key Words: Apoplexy (TCM)/acupuncture — moxibustion therapy hemiplegia/acupuncture — moxibustion therapy

Observation on the Therapeutic Effect of Mayi Yiganning on the Transformation of HBV — M: Report of 480 Cases

Wu Zhicheng Li Shuangxi Li Yuanzhai, et al.

The effect of Mayi Yiganning on the transformation of HBV — M was observed in 480 cases, with a control group of 460 cases treated with other remedies and immune products. Results showed that the rates of transformation for 5 indices of HBV — M were significantly higher than the control group (all $P < 0.01$). Among them, HBsAg, HBeAg, anti — HBe changes were especially distinctive, with the rate of negative HBsAg as high as 37.92%. The effects on amelioration of symptoms, recovery of liver functions were also satisfactory.

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Key Words: B — hepatitis Virus/actions of drug @Mayi Yiganning

Clinical Study Chemotherapeutic Renal Failure Treated with Wuling Powder with Additives

Cheng jianghua Long Hao Zhao Dehui, et al.

24 cases of renal failure induced by chemotherapy were treated with Wuling powder plus additives. The result of clinical amelioration was 87.5%, with a total effective yielded marked actions of promoting appetite in animals, lowering serum urea nitrogen, creatinine, 2 microglobulin. It also decreased the inhibition of PDD on the enzyme activity of renal $\text{Na}^+ - \text{K}^+$ ATP. Microscopic exam revealed the pathological lesion of kidney to be milder in the tested group.

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Key Words: Combined use of multiple — remedies/side effect renal failure, acute/TCM therapy wuling powder/therapeutic application.