

理 论 探 讨

肝主疏泄临床意义初探

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摘要 本文论述肝主疏泄的生理功能和疏泄失常的病理变化,探析肝在疏泄失取的情况下,对形体、脏器、藏血的影响,以及由气及血,由血及阴的发展规律。阐明初病在气——疏泄失常阶段治疗的重要意义。

主题词 肝/生理学 肝病(中医)/病理生理学

肝位于胁部,主要功能是主疏泄和藏血。现对肝主疏泄的学术内容,兹作初步探析。

1 肝主疏泄的生理作用

疏泄,即疏通畅达之意。肝主疏泄,是指肝具有疏散宣泄的功能,使之保持柔和舒适的生理状况,中医称为“肝气条达”。肝的这一功能,主要关系着人体气机的调畅。其具体作用如下:

1.1 调节某些情志活动(即情绪变化),主要是郁怒。人的情志活动,除了由心所主外,与肝的关系亦很密切,只有肝的疏泄功能正常,才能气血和平,心情舒畅。否则就可引起情志异常变化,或抑郁,或亢奋。然而外来的精神刺激,特别是郁怒,又常可引起肝的疏泄失常,而出现肝气郁结,气机不调之病变。所以中医有“肝喜条达而恶抑郁”和“暴怒伤肝”的理论。

1.2 协助脾胃消化吸收。正常的疏泄功能,既能协助脾胃气机的升降,又可分泌胆汁(肝之余气所成),贮藏于胆,下行十二指肠。因此,肝的疏泄,实为保持脾胃正常消化功能的重要条件。反之,则会出现消化不良的病变。诚如《血证论》所说:“木之性主于疏泄,食气入胃,全赖肝木之气以疏泄之,而水谷乃化,设肝不能疏泄水谷,渗泄中满之证,在所不免”。

1.3 有助于利三焦而疏通水道。肝的疏泄功

能,助脾以运化水湿,助肺以布散水津,助肾以蒸化水液,使三焦通畅,水液运行正常。若疏泄失职,则气机不利,瘀血阻滞,经脉不利,水液不行,常可形成痰饮、水肿、腹水等病证。

2 疏泄失常的病理变化及其证治

2.1 本经自病。多由精神因素,或由湿热、寒湿等外邪侵袭,影响肝的疏泄功能,导致肝气郁结。表现为精神抑郁或情绪急躁,胁肋胀痛或窜痛,胸闷,善太息等。治宜疏肝理气,方选柴胡疏肝饮或逍遥散之类。

2.2 影响他脏。(1)肝气(火)上逆犯肺(木火刑金);多由肝郁不达,气郁化火而上逆犯肺。其证为胸胁刺痛,咳引痛甚,咳嗽阵作,痰粘难咯,或咳吐鲜血,兼有烦热,舌红苔黄,脉象弦数。治宜清肝泻肺,方选黛蛤散、泻白散或丹青饮化裁。(2)肝气横逆犯胃(肝木犯胃),多由情绪急躁,肝气旺盛所致。可见胁肋胀痛,胸闷不适,胃脘疼痛,噎气为快,恶心呕吐,泛吐酸水或清水,舌淡苔白或腻者,一般偏寒;泛吐酸水,口苦苔黄或腻者,一般偏热。治宜疏肝和胃,偏寒者,方选柴平汤;偏热者,方选四逆散合左金丸,痛甚加金铃子散。(3)肝气横逆犯脾(肝木乘脾),多由情志抑郁所致。主症为痛泻,腹胀,矢气或噎气,胸胁胀痛,痞闷不舒,纳谷不香等。治宜抑肝扶脾,方选痛泻要方合戊己丸。(4)肝气下迫,多由寒湿或湿热引起。证见小腹拘挛作痛,甚则牵引睾丸亦痛(疝气)。寒湿型见有形寒肢冷,小腹冷痛,阴囊阴冷肿硬;湿热型一般见有阴囊红肿。寒性的行气散寒,温肝止痛,方选导气汤、天台乌药散、暖肝煎;热性的行气泄热,方选大分清饮合金铃子散。(5)冲任失调。冲任二脉同起于胞宫,肝脉环绕阴器,肝气郁结,则会影响冲任二脉主胞宫行经、养胎等生理活动。气滞则血

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滞,可引起月经后期、痛经、闭经、经前乳胀,或因郁久化热化火,出现月经先期、月经过多、崩漏、经行吐衄等。可按月经不调分别论治。

2.3 发展变化。(1)气滞血瘀:肝气郁久,血随气滞,瘀阻经络、脏器而结成症块。其证可见肋肋刺痛,胀满不适,甚则坚硬有形可征,面色萎黄或晦暗,甚则可见面色黧黑,舌有紫斑。对其治疗,轻者理血活血,通络消瘀,方选大七气汤、桃红四物汤;重者行气破血,消积软坚,方选膈下逐瘀汤、鳖甲煎丸。(2)气郁化火:肝气郁久则化火,朱丹溪说:“气有余便是火”。临床所见,气郁化火有其一定特点:一为火性上炎;二为病情急躁;三为“肝火燔灼,游行三焦,一身上下皆能为病”。其证在上则头痛剧烈,面红目赤,口苦耳鸣;在中则烦渴善饥,呕吐苦水或酸水;在下则小便淋痛,大便秘结或干燥。火邪扰神,可见烦躁不安,痉厥;火邪迫血,可见咯血、咳血、尿血、便血等。治宜清肝泻火。方选泻青丸、龙胆泻肝汤、当归龙荟丸。(3)肝阴不足:气郁化火,消灼肝阴。其证头晕目眩,耳鸣,面部烘热,手足心热,舌红少津,胁部胀痛等。治宜滋补肝阴,少佐疏肝理气,方选一贯煎合二至丸。(4)肝血不足:肝郁日久,阴血暗耗,或肝气太旺,迫血妄行所致。其证可见面色萎黄,唇白舌淡,脉象细弱。兼有头晕失眠,为血不养肝,兼有眼花目涩,为血不养目;兼有筋脉拘挛,肢体麻木,为血不养筋;妇女兼有经少、经闭或崩漏,为冲任失调。治宜补血养肝,方选四物汤、补肝汤,兼头晕目花的合杞菊地黄丸;兼冲任不调者合逍遥、左归之类。

2.4 兼挟他邪:(1)湿热蕴结肝胆,由湿热蕴结,而致肝胆疏泄失常。证见右上腹和肋肋胀痛,或痛引肩背,脘腹胀满,呕恶食少,大便秘结或溏而不爽,或有发热,甚则出现黄疸。多见于黄疸肝炎、胆囊炎、胆石症。治宜疏肝利胆,清泄湿热,方选茵陈蒿汤、大柴胡汤等。(2)痰气郁结于咽喉,多由情志不舒,肝气郁结,痰气交阻于咽喉而成,中医称为梅核气。其证为咽中如有物阻,吐之不出,吞之不入,胸中窒闷等。治宜理气化痰,方选半夏厚朴汤或黛芩化痰丸。(3)痰气

交结于颈部,乃由忧恚气结所生,属中医气瘰证。其证颈部肿大,质软不痛或按之稍硬,随吞咽动作而上下移动,时有胸闷,苔白腻或薄白,脉弦滑。治宜理气舒郁,化痰软坚,方选四海郁舒丸、海藻玉壶汤。

3 肝主疏泄对临床的指导意义

当肝喜条达的特性受到破坏后,便会产生下列情况。

3.1 对形体、脏腑的影响:肝的疏泄功能失常,则气机阻滞。或滞于形体,或滞于脏腑。主要表现为情志抑郁不乐,肝的经脉所过之处出现胀痛,如胸胁、两乳、少腹胀痛。妇女还会出现痛经,月经失调,肝气横逆则会犯胃克脾,谓木克土也。

3.2 对贮藏血(阴)的影响:叶天士把肝的生理特点,概括为“体阴而用阳”。用阳就是表现在肝气方面,主要指肝的疏泄作用;体阴就是表现在贮藏阴血方面。倘若疏泄与藏血(阴)的关系正常,则气血调和。反之,会出现以下病变。一为肝气偏亢,则血随气逆;二为气郁化火,火盛动血,这两种情况皆能导致出血,如吐血、衄血、月经过多;三为肝气郁结,则气滞血瘀。故先辈有“肝病初虽在气,久必入络”的说法;四为阴伤,多由血虚、血热、血瘀发展而成。因此,归纳肝病的发展规律,是由气及血,由血及阴也。临床所见,肝癌病人基本上是由肝郁气滞,发展为阴血大伤。重症肝炎初期,可见肝气郁滞和肝经湿热之证,当病情加重时,可见到舌绛,血热妄行而出血,最后伤阴,直到出现虚风内动。就是慢性肝炎,一般亦由急肝伤阴转化而成。又如肝气犯胃的胃脘痛,由于气滞导致血瘀,气郁日久化热伤阴。由此可见,了解肝病的这一发展规律,对于预防肝病的产生,控制其发展变化是非常重要的。然而,必须不失时机地抓住肝病气分阶段(疏泄失常)的治疗,以避免肝气上逆、横行、下迫的病变,阻断肝病由气分波及血分与阴分的传变。从治疗角度上说,疏肝要重视护阴,疏之太过则会劫伤阴血。清代医学家王旭高亦提出“疏之更甚者,当养阴柔肝”。此乃告诫后人在疏肝问题上,务必注意护阴的经验之谈。

ABSTRACTS OF ORIGINAL ARTICLES

Exploration on the Clinical Implication of the Theory "The Liver Works for Dispersion"

Xu Zhenghai

This paper deals with the physiological function of "liver works for dispersion" and the pathological changes of its dysfunction, exploring its influence on the form, viscera and function of storing blood and the developmental law of from Qi to blood and from blood to Yin. It also expounds the significance of treatment at the stage of primordial location at the Qi level and abnormal dispersion.

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Key Words: Liver/physiology Liver diseases (TCM)/pathophysiology

(Original article on page 136)

Probing the Law of Treatment of Carcinoma of Stomach by Integrated Traditional and Western Medicine

Pan Mingji, Pan Yuanzhi, Li Yonghui, et al.

Ruan Tingqiang, Lin Jie, Fan Yuanfang, Ge Zhenhua, Wang Ruoyu, Wan Jijin. One hundred and three cases of carcinoma of the stomach were treated by integrated therapeutic method of supporting body resistance and regulating physiological function at pre- and post-operative, chemotherapeutic, and posttherapeutic stages, with operative-chemotherapeutic cases without integrated therapy as control. Results showed that the effect of tested group was markedly superior to the control group. Experiments also showed that the main recipe in the tested group, Fuzheng Jianpi (Body resistance supporting, Spleen-strengthening) Decoction possessed the dual actions of supporting the body resistance and inhibiting tumor growth.

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Key Words: Tumor of stomach/therapy of integrated traditional and western medicine adenoma/therapy of integrated traditional and western medicine carcinoma, mucous/therapy of integrated traditional and western medicine

(Original article on page 159)

Observation and Exploration on Clinical Effect of Ectopic Pregnancy Treated by Herbal Comprehensive Therapy

Mei Danhong

Simultaneous administration of therapies, including blood-stasis eliminating, lump dissipating, and foetus-killing method with oral therapy of decoction or patent drugs, intramuscular injection of *Radix Salviae Miltiorrhizae*, topical application of herbal drugs and retention enema. Twenty cases of Falopian tube pregnancy were treated. Of them, 24 were cured within 15-64 days with only 1 case received surgical operation.

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Key Words: Pregnancy, ectopic/TCM therapy herbals/drug administration and dosage

(Original article on page 165)

Relationship Between Senile Kidney Deficiency and Sympathetic Nervous Function

Zhang Yunru, Wu Zhongxuan, Hua Ruicheng, Li Baozhu et al.

Estimation of peripheral plasmal NE, DA, platelet MAO activity, serum DBH activity and maximal combined capacity of lymphocytic BAR were made in senile and presenile deficiencies of kidney Yang and Kidney Yin. Results revealed that the former 3 items were all markedly higher than that of youths, while that of the latter 2 were lower than the youth group. The results of all 5 items were higher in the Yin-deficiency group than that of the Yang deficiency group. After receiving traditional remedies of nourishing kidney Yin or warming kidney Yang, all the above indexes revealed corresponding changes as the symptoms were abated, indicating that there exist a relationship between kidney Yin-Yang and the adrenergic function of sympathetic nervous system.

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Key Words: Kidney deficiency/pathophysiology Sympathetic nervous system

(Original article on page 169)