

理论探讨

纵谈木郁达之与脏腑相传

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摘要 阐述肝气横逆乘脾克胃、肝气郁结滞脾壅胃,以及肝郁及肺、肝郁及心、肝郁及肾和郁及冲、任脉的病机、临床见症、相宜治法和选方用药。运用五行学说,阐明肝郁相传有关脏腑的内在联系及其规律,并据“生、克、乘、侮”对其提出相宜治法。根据中医学的基本特点——整体观念和辨证论治,说明以“脏腑相传”学说为指导,论治肝郁证的临床意义。

主题词 脏腑相传 肝郁/中医药疗法 @ 木郁达之

肝郁,是中医内科杂病中较为多见之证。肝为风木之脏。风者,“善行而数变”,“为百病之长”;肝在志为怒,性喜条达而恶抑郁,主疏泄气机。然“百病皆生于气”。因此,一有郁怒伤肝,则气机失疏。久之,可致百病丛生,变证蜂起。再者,足厥阴肝经起于足大趾,上行与督脉会于巅。其循行线长,涉及面广。是故肝郁为病,能波及诸多脏腑。上冲可犯心肺,横逆可乘脾胃,下侵可损肾与冲任。肝气郁结相传有关脏腑,使其同时发病的现象临床较为多见。对肝郁的治疗,笔者认为,若是单纯的肝郁气滞,可迳用“木郁达之”法取效;倘郁及其它脏腑,出现诸多变证,其治法则“可扩焉而充之”(《医学溯洄集》),亦即以“脏腑相传”学说为理论指导,配以相应之法,才能取得“疏其气血,令其条达,而致和平”的治疗效果。兹对其试作初步探讨。

1 郁及脾胃,和理达之

脾主运化而升,胃主受纳而降。两者共同行使受纳、消化和吸收的功能。然这些功能,尚需肝脏疏调功能的配合,才能升降有序,正常进行。肝与脾胃在五行中是木与土的相克关系。肝

郁气滞,失于疏调,即可导致脾胃功能紊乱,出现肝脾不调或肝胃不和等证。《素问·玉机真藏论》指出,肝病可“传之于脾”,张仲景在《金匱要略·脏腑经络先后病脉证》亦指出:“见肝之病,知肝传脾,当先实脾”。均指明了肝与脾、胃在病机上的密切联系,以及肝郁气滞导致中土不调的病理变化。

1.1 肝木克土,抑木和中以达之:若郁怒伤肝,肝气横逆,则肝用太过,而“制己所胜”,称之为“木克土”或“木乘土”,亦即“亢则害”之谓。

肝气乘脾。肝气横逆乘脾,多由郁怒伤肝所致。以腹痛欲泻,泻后痛减,症情随情志变化,腹胀、矢气或暖气,胸胁胀满窜痛,痞闷不舒,纳谷不香为主症。治宜抑肝扶脾。方选痛泻要方合戊己丸。可酌加乌梅、五味子、龙骨、牡蛎、人参、茯苓、甘草等酸敛潜降、健运补脾之味。

肝气犯胃。肝气横逆犯胃,多由情绪急躁,肝气亢盛,肝用太过所致。《医醇膳义·诸痛》指出:“肝气作痛,……一有郁结,气火俱升,上犯胃经,痛连胁肋。”《医学衷中参西录·医论·论胃气不降治法》指出:“阳明胃气以息息下行为顺。……乃有时胃气不下行而转上逆,推其致病之由,或因急躁多怒,肝胆气逆上干;……而胃受肝胆冲气之排挤,其势不能下行,转随其排挤之力而上逆。”阐明了肝气犯胃的病因、病机。临床若见急躁易怒、胸胁、乳房胀痛,胸闷不适,胃脘疼痛,暖气为快,纳呆、恶心呕吐,泛吐酸水或清水,舌淡、苔白或白腻,脉弦者,多偏于寒。治宜疏肝和胃。方选柴平汤或香砂枳术丸,酌加川楝子、白蒺藜、钩藤、橘叶;临床若见左胁引痛,脘腹胀痛、烧灼感,暖气嘈杂、呕吐吞酸,口苦咽干,心烦失眠,舌红、苔薄黄或黄腻,脉弦数者,多偏于热。治宜泻心平肝。方选左金丸合四逆

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散或化肝煎,痛甚者,加金铃子散。

若肝气太盛,脾胃同时受制,症见中脘不舒,饮食减少,脉左关甚弦,右部略沉细者,宜抑木和中汤平抑肝木、和调中土。

1.2 木不疏土,调肝和中以达之:木克土证,不仅见于木之太过,木之不及亦可影响脾胃而发病。“肝气郁结”与“肝气横逆”影响脾胃的机理一致,同样可以乘克脾胃。总之,横逆者,肝气太过;郁结者,肝气不及。《医原·内伤大要论》指出:“尝见情志怫郁,悲伤忧思过度,心阳郁结,而肝、脾、肺之气亦因之郁结。肝叶撑张,则为胀、为痛,多怒、多烦。脾不输精,肝不行水,则生痰、生饮,噎腐吞酸,食减化迟,大便作燥,不燥则泻。”阐明了肝郁滞脾、壅胃的病因、病机。

肝郁滞脾。肝气郁结滞脾,多由腠郁不伸,情志不畅所致。临床以胸胁苦满、脘腹胀闷,腹泻便溏,不思饮食或纳食无味,噎气、郁郁寡欢、喜太息为主症。治宜疏肝理脾、畅达气机。方选柴胡疏肝散,酌加薄荷、苏叶、麦芽、青陈皮、郁金。

肝郁壅胃。肝气郁结壅胃,多由意欲不遂,精神抑郁所致。临床以闷闷不乐,意志消沉,胸胁憋闷,善太息,饮食呆滞,少而痞塞,脘腹胀满为主症。治宜疏肝健胃,畅达气机。方选柴胡疏肝散。酌加茯苓、白术、山药、砂仁、青陈皮。

若肝郁太甚,脾胃同时壅滞,症见纳呆、腹胀等脾胃症状较为严重者,宜解肝煎解郁舒肝、和调中土。

2 肝郁及肺,清肺达之

肝主疏泄,性喜升发;肺主肃降,调畅气机。两者升降相因,相互协调,共主周身气机的调节与平衡。从经络上的联系来看,足厥阴肝经“其支者,复从肝,别贯膈,上注肺。”(《灵枢·经脉》),亦说明了其密切联系。

2.1 肝木侮肺,平肝清金以达之:若情志不遂,忧思气结或郁怒伤肝,则肝气升发太过,亢盛无制,循经乘逆犯肺。肺失宣肃,气机不利,升多降少,发为喘逆、咳嗽。此即肝木侮肺。《医学入门·喘》指出:“忧思气郁,惕惕闷闷,引息鼻张气喘,呼吸急促而无痰声者。”乃其候也。《辨证录

·咳嗽门》指出:“人有阴气素虚,更加气恼,偶犯风邪,因而咳嗽。人以散风祛邪之药治之而愈甚,此不治其阴虚之故也。然而徒滋其阴,而肝气未平,则木来侮金,咳亦难已。法宜平肝而益之以补水之剂,则水能滋木,而木气更平也。”治以开郁平肝、清金散火。方选五磨饮子合泻白散、黛蛤散,加山栀、黄芩。

2.2 木郁肝咳,平肝润肺以达之:设肝郁化火,气火上炎,津为火灼,炼液为痰,痰气阻肺,咳痰粘稠或有块、量少而色黄,胸胁胀痛,急躁易怒,头晕目眩、耳鸣目赤者,是为肝咳。《医醇膳义》指出:“肝经之咳,痰少、胁痛、易怒、头眩。丹青饮(代赭石、青黛拌麦冬、沙参、石斛、贝母、杏仁、旋覆花、橘红、潼白蒺藜、菊花、桑叶)主之。”

2.3 木火刑金,泻木清金以达之:《血证论·评释·咳血》指出:“盖咳嗽固不皆失血,而失血未有不咳嗽者。……由肝之怒火上逆而咳,此失血之实证,必致咳嗽者也。”若肝郁气滞,日久化火,循经犯肺,木火刑金,则气逆而咳,咳时引胁作痛,甚则咳吐鲜血;伴见急躁易怒、面红烦热、口苦咽干、目赤头眩、舌红、苔薄黄少津,脉弦数等症。治宜泻木清金、平肝降火。方选黛蛤散合泻白散并清金化痰汤。

3 肝郁及心,养血达之

肝藏血,主疏泄,畅达气机,调和气血;心藏神,主血脉,推动血行。两者共同维持血液循环的畅通。《素问·玉机真藏论》指出:“肝受气于心”,言肝的正常功能,有赖于心脏气血的流通濡养。反之,肝郁气滞,疏泄失司,亦能导致心功能失常而发病。

3.1 肝郁伤神,养心宁神以达之:中医学认为,精神情志因素对内脏影响最显著的是心与肝。《灵枢·口问》指出:“悲哀忧愁则心动,心动则五脏六腑皆摇。”若所愿不遂,肝郁难舒,气失疏泄,上犯心神,久则肝、心阴血不足,出现精神情志症状。临床可见心烦失眠、精神恍惚,喜悲伤欲哭,数欠伸,象如神灵所作,舌红、苔薄白,脉弦细等症。治宜养心宁神。方选甘麦大枣汤合滋水清肝饮;若见神倦食少、心悸不寐,脉虚数,舌淡无苔者,方选归脾汤合解郁合欢汤。

3.2 肝郁心痹,疏肝通痹以达之:《灵枢·厥病》指出:“肝心痛……与背相控、善癢……色苍苍如死状。”这是对肝与心在病理上相互影响的描述。《血证论》指出:“木气冲和条达,不致遏郁,则血脉得畅。”若肝气遏郁,则气机失疏,心气亦为之减弱,推动乏力,血行欠畅,导致心血痹阻。临床以郁郁寡欢,心绪沉闷,气短心悸,胸中憋窒,刺痛不移,时或连及胁下和胸痛彻背,舌紫有瘀点、瘀斑,脉涩或结代为主症。治宜疏肝理气,活血通脉。方选血府逐瘀汤合复元活血汤、旋覆花汤。亦可酌加瓜蒌、薤白、桂枝。

3.3 肝心火旺,泻肝清心以达之:《血证论·评释·阴阳气血水火论》指出:“火为阳而生血之阴,即赖阴血以养火,故火不上炎;而血液下注,内藏于肝,寄居血海,……血下注于血海之中,心火随之下济,故血盛而不亢烈,……如或血虚,则肝失所养,木旺而愈动火;心失所养,火旺而益伤血,是血病即火病矣。”阐明了心肝血虚与火旺的病机。设肝郁化火,日久则伤肝血,而母令子实,心火亦为之亢盛,日久亦耗心血。终至肝心火旺,上扰心君之候。临床可见心烦易怒,面红目赤,头痛头晕、躁烦耳鸣,口苦咽干,胁肋灼痛,不寐或恶梦纷纭;或吐血衄血、便秘尿赤、舌红、苔黄糙,脉弦数等症。治宜泻肝清心。方选泻心汤合泻青丸或龙胆泻肝汤或当归龙荟丸。

4 肝郁及肾,益肾达之

肾与肝系母子相生关系。肝藏血,肾藏精,肝血有赖于肾精的滋养,肾精也不断得到肝血所化生之精的填充。两者相互资生,故有“精血同源”、“肾肝同源”之说;肾主水,司开阖,为调节、排泄水液、维持水液平衡的主要脏器。其开阖功能虽有赖于自身气化,然亦与肝的疏泄功能密不可分。故朱丹溪归纳肾与肝生理、病理的联系为“主闭藏者肾也,司疏泄者肝也。”(《格致余论·阳有余阴不足论》)

4.1 肝郁肾虚,滋肾柔肝以达之:若肝郁日久,耗伤肝血,无以化生肾精,则肾精亏损;反之,肾精亏损,无以化生肝血,则肝血不足。如此恶性循环,终至肝肾阴虚。此即“乙癸同源、肾肝同

治”的机理所在。临床可见头晕耳鸣、目眩干涩,腰膝酸软,五心烦热,颧红盗汗,舌红少苔,脉细数等阴虚内热之症;并兼见胁痛、失眠多梦、男子遗精、女子月经量少等伤精耗血之症。《临证指南医案·燥》指出:“病从下焦阴分先起,其治以纯阴静药,柔养肝肾为宜,大补地黄丸、六味丸之类是也。要知是症,大忌苦涩,最喜者甘柔。”故治宜滋肾柔肝,益阴增液。方选滋水清肝饮合一贯煎,酌加菊花、首乌、阿胶、五味子。

4.2 肝郁失疏,滋肾利水以达之:肝的疏泄功能正常,可使水液代谢和传输运行不息。设肝肾阴虚,疏泄开阖不行,则水液运行、排泄、发生障碍,停聚于中、下焦,而水肿、腹胀、小便不利诸症随之而起。肝硬化腹水证的病机往往与此有关。临床可见腹大胀满、面色晦滞、唇紫、口燥、心烦,齿鼻时或衄血,小便短少,舌质红绛少津,脉弦细而数等症。治宜滋养肝肾阴血。方选六味地黄丸滋肾,酌加枸杞子、首乌养肝。内热口干加麦冬、元参;潮热加银柴胡、地骨皮;尿少加猪苓、滑石,或少加桂心以反佐之;齿鼻衄血加仙鹤草、茅根;阴耗阳浮加龟板、鳖甲、牡蛎。若见神昏之症,只宜养阴为主,佐以平肝清神之品。《邹良材肝病诊疗经验·肝硬化腹水证治心得》指出:“肝肾阴虚型:面额部、鼻准部多血缕、血痣,时有齿鼻衄或低热,口干肤燥,大便干或溏,小便少而赤,苔光或花剥、质多红绛,脉多细数或弦大而空。此型大多由阳伤及阴转来,阴伤则津液不克输布,导致水液停聚。值此阶段,温阳利水则更伤其阴,只有根据具体情况加以分辨,一般可以养阴为主,投用一贯煎或六味地黄汤之类以滋养肝肾,或加入小量之桂枝以通阳化气,再辅以淡渗之茅芦根、玉米须,佐以活血利水之路路通、泽兰等。迨腹水消退后,则仍需调补脾胃。”临床可资借鉴取法。

5 郁及冲任,调经达之

冲任二脉同起于胞宫。肝经绕阴器,循少腹与冲任二脉相通。故肝的疏泄对天癸的调节至关重要,有“女子以肝为先天”之谓。设肝气郁结,疏泄失常,则影响冲任和胞宫行经、养胎等生理功能的正常进行。若疏泄不及,气血运行失

调,则月经后期、痛经、闭经、经行腹胀或经前乳胀;若疏泄太过,气盛生热化火,则月经先期、经量过多、崩漏、经行吐衄,以及急躁、心烦、口苦。是以“调经肝为先,舒肝经自调”,临床把疏肝解郁做为调经之常法。概言之,郁及冲任所致诸证,均可按月经不调分别论治,兹不赘述。

6 结语

五行学说认为,肝木与脾土属相克关系。肝木郁结,乘克脾土,系“木气有余,制己所胜”,临床中较为多见。“见肝之病,知肝传脾,当先实脾”。是既“治已病”又“治未病”,故宜抑木培土,调和脾胃;肺金与肝木属相克关系。木郁化火,刑金犯肺,系“木气有余,侮所不胜”,故“实则泻之”,宜平泄肝木,清肃肺金;肝木与心火属母子

相生关系,肝木化火,心火亦亢,系“母令子实”,故“实则泻其子”,宜泻心清热,凉肝降火;肾水与肝木属母子相生关系,肝阴不足,肾阴亦虚,系“子令母虚”或“子盗母气”,故“虚则补其母”,宜滋肾益阴,柔肝养血。

中医学说认为,人体是一个有机的整体,脏腑组织之间,生理上相互依存、制约,病理上相互影响、传变。一脏(腑)发病,必然波及它脏(腑),甚至数脏(腑)同病。是故,肝郁导致脾、胃、肺、心、肾等脏腑,以及冲任二脉功能的病理变化,是其必然。临床时以“脏腑相传”学说为理论指导,论治肝郁之证,可据其典型症状,推求出相传的有关脏腑。从而可达到审证求因、治病求本的目的。

化 瘀 保 胎 2 则

贾 苗 先*

1 活血化瘀疗胎漏

高某某,女,29岁,1992年1月6日初诊。患者妊娠2个多月,出血不止20余天,血色深红夹有血块,量时多时少,形体壮实,面红气粗,语声宏亮,食欲旺盛,尿黄便干,舌红苔黄微腻,脉滑数有力。患者先后曾在多家医院就诊及住院治疗,观其以前所用之药,皆人参、黄芪、炒白术、阿胶、寄生、炒杜仲、地榆之类。患者虽系妊娠出血,但其形、舌、脉、证属瘀阻胞宫,毫无虚象,故补而无效。治以活血化瘀、消症止血。方用桂枝茯苓丸加味:桂枝9g,茯苓9g,赤芍9g,丹皮9g,桃仁9g,炒丹参15g,炒大黄6g,炒杜仲12g,桑寄生12g。服药2剂后出血明显减少,又服2剂后血止,于1992年8月生一女婴。

按:《金匱要略》:“妇人宿有症病,经断未及三月,而得漏下不止,胎动在脐上者,为症痼害……当下其症,桂枝茯苓丸主之。”患者证属经期感寒饮冷,寒凝血瘀,日久成症,瘀阻胞宫,孕后压迫胎儿,使血不入胞,故漏下不止。方中桂枝温通散寒,茯苓渗利下行,赤芍、丹皮凉血化瘀;加炒丹参、炒大黄化瘀止血,寄生、杜仲补肝肾固胎元;诸药共奏活血化瘀、消症止血之效。本方虽重在化瘀消症,但“有故无殒,亦无殒也。”

2 温通逐瘀愈滑胎

张某某,女,38岁,1994年6月11日初诊。患者屡孕屡堕,膝下无子,形体消瘦,皮肤枯槁,面色无华,神情焦躁,纳眠欠佳,平素月经错后量少、色暗有块,时有腹痛,舌质紫黯,脉沉而细涩。此次月经2个月未至,妊娠试验(+),病人惧于再次流产,前来就诊。观其证状虽形瘦枯槁,面色无华,脉沉细涩,貌似虚证。但详问病史,月经虽少,但色暗有块、行而不畅;而且舌暗、脉涩,均为瘀血内阻之证。证属瘀血内阻,盘踞胞宫,碍于坐胎。治以温通逐瘀,和血养胎。方用小腹逐瘀汤加减:肉桂2g,干姜5g,小茴香3g,当归12g,川芎6g,赤芍9g,蒲黄9g,五灵脂9g,丹参12g,焦艾叶6g,乌药9g。服药6剂,不但无何不适,精神纳眠均有好转。乃改成药十全大补丸善后调理,足月生一男婴。

按:清·王清任谓少腹逐瘀汤治疗因瘀堕胎“有险而不险之妙。”其曰:“子宫内有瘀血,胎至三月再长,内无容身之地,胎病靠挤,血不入胞,胞无血养,故见血小产。”患者证属经期产后,余血未净而寒凝血瘀,阻于胞宫,孕后胎病相争,致使血不入胞,胞不容胎,故多于三月而堕。治疗应于孕后二月左右,或未孕经来之前服药,一般用药5~8剂即可。方中肉桂、干姜、小茴香温经散寒;当归、川芎、赤芍、蒲黄、五灵脂、丹参活血化瘀;焦艾叶、乌药温通理气,诸药配合,共奏温通化瘀、消症保胎之效。

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ABSTRACTS OF ORIGINAL ARTICLES

Random Talks on Relieving Depression of Liver (wood) and Mutual Dissemination Among Internal Viscera.

Liu Xingwu

Description is made on the mechanism on offence of stomach and lung due to adverse transverse flowing of liver Qi, obstruction of stomach and spleen function due to liver depression, involvement of heart, spleen, Chong and Ren channels as a result of liver depression, its clinical manifestations, appropriate therapies and selection of recipes and drugs. Elucidation of inner connection and its rules among viscera due to liver depression by applying the Five-phase Theory. The paper also mentioned the appropriate basic therapies on the basis of its "generation, subduing, overwhelming, humiliation" theory. The clinical significance of treatment of liver depression under the direction of theory of "mutual dissemination of viscera" is also expounded on the basis of holistic conception and treatment based on differential diagnosis of Zheng. Both are unique features of TCM.

Key Words: Mutual dissemination among viscera, depression of liver/TCM therapy @ Relieving liver depression

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(Original article on page137)

Observation on primary liver carcinoma treated with Qinglong (green dragon) Bolus.

Chen Changhuai, Song Li, Yang Guofeng, et. al

Two hundred cases were treated, with 90 cases treated by chemotherapy as control for comparison. In the treatment group, 17 cases (8.5%) were totally or partially ameliorated, 161 cases (80.5%) stable. There was significant amelioration in clinical symptoms and survival quality in the treatment group as compared with that of the control group.

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Key Words: Liver Tumor/TCM therapy @ Qinglong Bolus

(Original article on page165)

Influence of different TCM therapies on formation of fat plaque in aortic intima of experimental hyperlipidemic rabbit.

Zhou Xiaqing, SongJiannan, Lu Aiping, et. al

Three kinds of TCM therapy, i.e. blood-activating stasis-removing (leech, Rhizoma Ligustici chuanxiong, 1st group), spleen-strengthening and phlegm-dissipating (Rhizoma pinellia, Poria tangerine peel, Radix Glycyrrhiza, and fluid of bamboo sap 2nd group) and simultaneous therapy on phlegm and stasis (3rd group), were applied morphologically in animal model to observe their influence on the lipid level and lipid plaque formation in the aortic intima of experimental hyperlipidemic rabbit. Results revealed that all 3 methods markedly lowered the serum TC, TG, LDL-C and LPO contents and inhibited the formation of aortic intimal lipid plaque. Its action in the 1st group and that in the atorvastatin group were similar. However, the lowering of serum TC, LDL-C and anti-formation of lipid plaque in the phlegm-dissipating group was better in the 2nd or blood-activating stasis-removing group. In all the 3 groups, the 3rd group revealed the best results. When compared with the 1st group and atorvastatin group, the difference was very significant in lowering of serum TC, LDL-C and anti-formation of lipid plaque, and was also a bit better than the 2nd group. Morphological and biochemical studies revealed that it changed identically with the changes in serum LDL-C and LPO, or, in other words, the higher the contents of blood TC, LDL-C, the higher the concentration of LPO, and the higher the percentage of plaque formation. The degree of plaque formation under the microscope revealed the same correlative changes, suggesting that the accumulation of LPO as a result of lipid metabolic disturbance, increase of blood TC, TG, LDL-C contents were the major causes of injury of arterial intima and lipid plaque formation.

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Key Words: Hyperlipidemia/TCM therapy aorta/pathology arterio-athero sclerosis/TCM therapy

(Original article on page174)