

基于血痹及其病传理论 探讨经方中芍药的配伍规律

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摘要: [目的] 研究经方治疗血痹及其病传中芍药的配伍规律,为临床上应用芍药提供思路。[方法] 整理《金匱要略》《诸病源候论》《神农本草经》《证类本草》等中医古籍中对血痹和芍药的论述的记载,从文献研究的角度探讨血痹的病机和临床表现,分析芍药除血痹的功效,探讨芍药在血痹及其病传中发挥的作用,并结合临床案例进行分析。[结果] 血痹包含津血亏虚、水饮充盛、风邪犯表三方面的病机,芍药除血痹的功效主要是和营除痹、化痰除痹、利水除痹这三个方面。芍药配伍桂枝,突出和营除痹的作用,可用于治疗血痹本病;配伍饴糖,突出养营除痹的功效,可用于治疗血痹病传虚劳;配伍大黄,化痰除痹,治疗血痹病传入里;配伍茯苓,利水除痹,治疗血痹病传累及水分。所举两则验案皆属于血痹病传,第一则病传入里,为太阴中风证及血瘀化火证,治以化痰清热除痹,方拟桂枝加芍药汤;第二则累及水分,属营血不足、血瘀水停证,治以养营利水除痹,方拟当归芍药散改汤。两则验案均收获良效,进一步验证了芍药除血痹的功效。[结论] 芍药配伍不同药物能够突显不同功效,在血痹及其病传中使用得宜,可收良好疗效,值得进一步研究。

关键词: 芍药;中药配伍;血痹;病传规律;金匱要略;神农本草经;经方

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Study on Pattern of Compatibility of Chinese Herbaceous Peony in Classical Prescriptions Based on Theory of Progress of Disease of Blood-arthralgia HUANG Haoxian, WAN Lihua, QU Yiqian, et al School of Basic Medical Sciences, Zhejiang Chinese Medical University, Hangzhou(310053), China

Abstract: [Objective] To study the pattern of compatibility of Chinese herbaceous peony within Chinese classical prescriptions in the progress of disease of blood-arthralgia, and provide ideas for the clinical application of Chinese herbaceous peony. [Methods] Reorganize the discussion about blood-arthralgia and the medical effects of Chinese herbaceous peony in traditional Chinese medicine classics including *Synopsis of Golden Chamber*, *General Treatise on the Cause and Symptoms of Diseases*, *Shennong's Classic of the Materia Medica* and *Categorization with Evidence of the Materia Medica*, from the perspective of literature research, discuss the pathogenesis and symptoms of blood-arthralgia, so as to analyze the medical effect of eliminating blood-arthralgia of Chinese herbaceous peony and discuss the effect of Chinese herbaceous peony applying in the progress of disease of blood-arthralgia together with medical cases. [Results] Blood-arthralgia has three aspects of pathogenesis including the deficiency of body fluid and blood, the retention of water and body fluid as well as the exterior invasion of pathogenic wind. The medical effect of eliminating blood-arthralgia of Chinese herbaceous peony consists of 3 aspects including restoring nutritive Qi, resolving blood stasis and removing water retention. The compatibility of Chinese herbaceous peony with *Ramulus Cinnamomi* projects the medical effect of reconciling nutritive Qi thus can be applied to blood-arthralgia progress; with malt sugar projects the medical effect of restoring nutritive Qi thus can be applied to blood-arthralgia progressing to consumptive disease; with *Rheum Officinale* projects the effect of resolving blood stasis thus can be applied to blood-arthralgia progressing into interior body; with *Poria Cocos* projects the effect of removing water retention thus can be applied to blood-arthralgia progressing into body fluid system. Two medical cases given both belonged to the progress of blood-arthralgia. The first case was classified as blood-arthralgia progressing into interior body, belonging to Taiyin apoplexy and blood stasis transforming fire, taking resolving blood stasis and clearing heat thereby relieving pain as rule of treatment, treated by Guizhi plus Shaoyao Decoction. The second case was classified as blood-arthralgia progressing into body fluid system, belonging to the deficiency of nutritive Qi and blood together with blood stasis and dropsy, taking restoring nutritive Qi and removing water retention thereby relieving pain as rule of treatment, treated by Danggui Shaoyao Powder revised Decoction. Good clinical efficacy was shown in these two cases, further verifying the medical effect of eliminating blood-arthralgia of Chinese herbaceous peony. [Conclusion] Different medical effects are performed within different compatibilities of Chinese herbaceous peony. Good efficacy can be obtained if applying correctly while treating the progress of disease of blood-arthralgia, which is worth further studies.

Key words: Chinese herbaceous peony; compatibility of Chinese materia medica; blood-arthralgia; rule of progress of disease; *Synopsis of Golden Chamber*; *Shennong's Classic of the Materia Medica*; classical prescriptions

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芍药是经方中的核心用药,从太阳病的桂枝汤证,到太阴病的小建中汤证、少阴病的真武汤证等,都需要用到芍药。《神农本草经》记载芍药“除血痹,破坚积”^[1],梁·陶弘景^[2]《名医别录》言芍药“散恶血,逐贼血”,后世则认为其有养血滋阴、生津柔肝、敛阴缓急等作用,可见对于芍药的功效,历代医家意见不一,差别甚大,且芍药“除血痹”的功效亦未得到相应的重视,因此有必要重新梳理经方理论对芍药的认识。《神农本草经》记载芍药“除血痹”^[1],《金匮要略·血痹虚劳病脉证并治》中亦使用芍药治疗血痹病。基于此,本文拟从血痹的病机探讨开始,分析芍药除血痹的独特功效及其在经方中的配伍规律。

1 血痹的病机和临床表现

血痹的主要临床表现为肢体局部麻木不仁、关节肿痛,属于痹证之一,有其隶属的病机。概括汉唐医籍关于血痹的论述,病机主要涉及津血亏虚、水饮充盛和风邪犯表三个方面。

1.1 津血亏虚 血痹包含津血亏虚的病机。《金匮要略·血痹虚劳病脉证并治第六》提及的“尊荣人,骨弱……”,是指衣食丰足的富贵之人不常运动形体,好逸恶劳,以致津血涣散亏虚,筋骨失于濡养,呈现出一种虚弱状态。相同条文后提及“脉自微涩”,也说明了津血亏虚的病机。隋·巢元方^[3]《诸病源候论·卷一·风病诸候上·血痹候》云:“血痹者,由体虚,邪入于阴经故也。血为阴,邪入于血而痹,故为血痹也。”体虚是指津血亏虚的情况,邪入于血,是指有伤血的情况,说明血痹包含津血亏虚的病机。

1.2 水饮充盛 血痹包含水饮充盛的病机。《金匮要略·血痹虚劳病脉证并治第六》载:“问曰:血痹病从何得之?师曰:夫尊荣人,骨弱肌肤盛……”“尊荣人”是指衣食丰足的富贵之人,“肌肤盛”是指外型饱满、肥胖,该段论述正是指出了饮食过饱以致素有水饮痰湿、泛滥肌表的情况。相同条文后提及“寸口、关上小紧”,即寸关脉偏紧,也说明中焦和肌表有水饮充斥。从另一角度分析,在血痹的状态下,津血亏虚,经脉失于温煦、濡养,血行不利,“血不利则为水”,引致水道不通,津液输布失常,因而出现水饮内停^[4]。

1.3 风邪犯表 血痹包含风邪犯表的病机。《金匮要略·血痹虚劳病脉证并治第六》写“因疲劳汗出,卧不时动摇,加被微风,遂得之”,提及感受外邪的病因,夜卧肢烦、不时动摇的症状符合风邪善动不居的特性,

说明了风邪犯表的病机。《诸病源候论·卷一·风病诸候上·血痹候》曰:“其状,形体如被微风所吹……肤腠开,为风邪所侵也。”^[5]该段论述呼应了《金匮要略》的说法,提及感受外邪的病因和痒麻不仁的症状,亦说明了风邪犯表的病机。唐·王焘^[6]《外台秘要方·卷第十九·风湿痹方四首》中提及:“又疗风痹游走无定处,名曰血痹。”《外台秘要方》指出血痹可以表现为身体上游走性的痛痒不仁,正是风善行数变,侵犯肌表的表现,也证明血痹包含风邪犯表的病机。丹波康赖^[9]《医心方·卷第七·养生·养形第三》记载:“人汗勿跋床悬脚,久成血痹,两足重,腰疼。”指出汗后卧床时不应把脚抬高,否则水饮会聚在腰膝,腠理开之时又易受风邪,如此久会形成血痹,表现为双下肢重坠感和腰背酸痛,此亦提示了血痹包含水饮充盛和风邪犯表的两重病机。

血痹风邪犯表的临床表现不只肢烦、痒麻不仁,风邪犯表、表气不和亦可表现为手足麻木、拘挛甚至疼痛等肢体症状^[7],以及恶风寒、自汗出等寒热症状。

2 芍药除血痹的功效

《神农本草经》首载芍药有除血痹的功效,以下将从性味和历代本草记载的主治与功用,分析芍药除血痹的机制。

2.1 芍药的性味 《神农本草经》载:“芍药,味苦,平。”^[1]《名医别录》载:“芍药味酸,微寒,有小毒。”^[2]^[17]总体而言,芍药味苦、酸,性微寒,“酸苦涌泄”,苦有泄之功,微寒有清热之效,正可以泄热益阴、通调血脉^[8],符合行血除痹的功效。

2.2 芍药的功效 《神农本草经》载:“芍药,味苦,平。主邪气腹痛,除血痹,破坚积,寒热,疝瘕,止痛,利小便,益气。”^[1]通过梳理《神农本草经》《名医别录》《证类本草》等本草书籍对芍药的记载,总结出芍药是通过和营除痹、化瘀除痹、利水除痹,从而实现“除血痹”的功效,正对应着血痹中风邪犯表、津血亏虚、水饮充盛三方面的病机。

2.2.1 和营除痹 芍药和营,使营气敷布得以通利,表气得畅而除痹。《神农本草经》述芍药可“止痛”^[1],宋·唐慎微^[9]《证类本草》引药性论写“时疾骨热”,亦引日华子写“退热除烦”^[9]^[23],是由于芍药和营敛阴、通和表气,从而能够起到消除疼痛和退热的作用。《神农本草经》亦述治“寒热”^[1],《名医别录》写“时行寒热”^[2]^[17],《证类本草》引日华子的论述“治风补劳”、治

“天行热疾”^{[9]223},说明芍药和营达表,有助于解表祛风。

2.2.2 化瘀除痹 芍药苦而微寒,苦则泄,微寒则清,故能清泄瘀血,从而除痹。《神农本草经》述芍药可治“痼瘕”,又可“破坚积”^[1],津血亏虚,血脉不行,瘀血内生,而成痼瘕积聚;《名医别录》直指芍药可“通顺血脉……散恶血,逐贼血”^{[2]117},《证类本草》按别本注芍药“止痛散血”,可治“妇人血闭不通”,还可“消瘀血”“通月水”等^{[9]223},说明芍药能清泄瘀阻、活血祛瘀,使旧血得祛,新血因而复生,改善津血亏虚的情况。

2.2.3 利水除痹 芍药利水化饮而除血痹。《神农本草经》述芍药“利小便”^[1],《证类本草》按别本注“利小便下气”^{[9]223},即利水以除水饮;《名医别录》写“去水气,利膀胱”^{[2]117},是对除水饮的直接描述。《名医别录》亦写芍药“消痈肿”^{[2]117},水饮郁而化热,水热互搏伤血而成痈肿,芍药正可以清泄这类痈肿。《证类本草》引日华子,指出芍药治“目赤努肉”^{[9]223},水饮攻冲,水热互搏,上扰目窍,故目赤;热邪伤络败肉,则目赤努肉,芍药也可以清泄这类互结的水热。

2.3 芍药之补泄 《神农本草经》言芍药有“益气”之功,又有“破坚积”^[1]之效。《证类本草》引药性论云“强五脏”“补肾气”,同时又云“治心腹坚胀”“消瘀血”等^{[9]223}。由此可见,本草古籍的记载中,芍药既有补的一面,又有泻的一面,补泻互为一体,从中体现功效。

2.3.1 芍药之补 明·张璐^[10]在《本经逢原》记载:“(芍药)敛津液而护营血,收阴气而泻邪热。”清·徐大椿^[11]在《神农本草经百种录》认为:“(芍药)能收拾肝气,使归根反本,不至以有余肆暴,犯肺伤脾,乃养肝之圣药也。”张璐和徐大椿均认为芍药有收敛而补益之功。

2.3.2 芍药之泻 清·邹澍^[12]在《本经疏证》述:“(芍药)能破阴凝,布阳和……统计两书,用芍药者六十四方,其功在合桂枝以破营分之结,合甘草以破肠胃之结,合附子以破下焦之结,其余合利水药则利水,合通瘀药则通瘀。”清·周岩^[13]于《本草思辨录》则云:“(芍药)能入脾破血中之气结,又能敛外散之表气以返于里。凡仲圣方用芍药,不越此二义,以此求之方得。”邹澍和周岩均强调芍药有破结之功。《伤寒论》第280条明言太阴病下利,其人胃气弱,仍要用大黄、芍药的话应该减量,所以周岩^[13]续说:“以芍药与大黄并称,

即可知芍药之为芍药,胃弱宜减。更可知应用而尚不可多用,何后人直以为补剂而不加深考耶。”宋·寇宗奭^[14]《本草衍义》亦写:“(芍药)然血虚寒人禁此一物。古人有言曰:减芍药以避中寒,诚不可忽。”强调芍药药性偏于攻伐且寒凉。

3 芍药于血痹病及其病传中的配伍规律

在张仲景经方当中,芍药配伍不同药物,广泛用于治疗血痹病及其病传的其他病症。

3.1 血痹本病,芍药配伍桂枝和营除痹——黄芪桂枝五物汤 芍药配伍桂枝在黄芪桂枝五物汤中发挥和营除痹的功效。芍药配伍桂枝调和营卫、解表通脉,是治疗血痹本证的重点。《证类本草》中引日华子指黄芪“助气,壮筋骨,长肉,补血”^{[9]192},黄芪、红枣甘温补益、生津补血,从而助表上营气;生姜解表散寒、除水化饮,亦起到解表温卫的作用,助桂芍调和营卫、通脉除痹。

3.2 血痹病传虚劳,芍药配伍饴糖养营除痹——小建中汤 血痹日久,风邪消耗肌表津液,水饮又阻碍津血化生,津血更亏,则病传入里,而成虚劳^[15]。芍药配伍饴糖,在小建中汤中凸显养营除痹的功效^[16]。《名医别录》言饴糖“补虚乏,止渴”^{[2]98},说明饴糖养阴生津,和芍药配伍能养营益阴,在补益津血的同时,除偏里之血痹。小建中汤中有桂枝汤的配伍,发挥解表散寒的功效。

芍药甘草汤是养营除痹的基础方,治疗“脚挛急”。芍药甘草汤包含芍药和甘草两味药,酸甘化阴^[17],生津养营、通脉除痹。

3.3 血痹病传入里,芍药配伍大黄化瘀除痹——桂枝加芍药汤、桂枝加大黄汤 芍药在桂枝加芍药汤中发挥化瘀除痹的作用。本方重用芍药,药势偏里,以行血化瘀、除痹止痛;配伍桂枝汤解表祛风,除羁滞之表邪。若腹痛剧烈,拒按,大便不通,则加大黄二两,成桂枝加大黄汤,芍药配伍大黄加强化瘀除痹的力量,亦能通泄燥结。

3.4 血痹病传累及水分,芍药配伍茯苓利水除痹——当归芍药散 芍药配伍茯苓在当归芍药散中突出利水除痹的作用。芍药配伍茯苓、泽泻利水除饮,又配白术燥湿化饮,实现利水除痹的效果,治疗水血同病的妇人腹痛;另一方面,芍药配伍当归、川芎、清酒养血行脉、化瘀除痹、通络止痛。

4 验案举隅

4.1 腰酸疲劳 患者某,女,37岁,2020年6月30日初诊。主诉:腰酸伴疲劳困倦2个月余。刻下症:腰酸,疲劳困倦,双下肢及膝关节酸烦,不恶寒热,汗可,寐欠佳,入睡困难,口不干苦,时舌中灼热感,纳可,自觉胃中冷,时下腹疼痛,大便可,小便偏黄,脉沉细弱,舌淡红略黯边齿痕,苔薄白,下睑淡白,腹按稍满,下肢略肿。末次月经日期6月6日,量色可,伴血块,经来腹痛。西医诊断:关节炎;中医诊断:痹病,辨为血痹虚劳病传入里,属太阴中风证+血瘀化火证,治以解表除痹、化瘀清热。方用桂枝加芍药汤,处方:桂枝18 g,赤芍36 g,生姜18 g,大枣24 g,炒甘草12 g。共7剂,日1剂,水煎分3次温服。

2020年7月7日二诊。1周后复诊,患者服药后精神明显佳转,下肢酸烦明显缓解,胃冷已除。刻下症:轻微下肢酸烦,寐欠佳,入睡难,口不干苦,时舌中灼热感,纳可胃和,二便可,脉弦细,舌淡红略黯苔薄白稍腻,下睑淡白,扪手凉,腹按稍满,下肢稍肿。正值经期,7月4日来潮,量色可,伴少量血块,经来稍有腹痛。转投桂枝加黄芪汤、小品黄芪汤等巩固调理2个月,患者诸症佳转,疲劳及肢体酸痛未作,随访半年未复发。

按:患者素体津血亏虚,故脉沉细弱、下睑淡白、自觉胃中冷;风邪复加困束肌表,故出现疲劳、肢体酸烦、下肢按肿,此属太阴中风证^[6]。血瘀在里,故经血见血块、腹痛;血瘀化火,攻冲神明及上焦,故寐差,自觉舌中灼热。桂枝加芍药汤在桂枝汤解表和营的基础上,重用芍药36 g,以化瘀清热、养营除痹。

4.2 肩颈拘急 患者某,女,42岁,2021年8月8日初诊。主诉:肩颈僵硬、拘急不舒2周。刻下症:肩颈僵硬、拘急不舒,连及头痛,不恶寒热,汗后恶风寒,面部散见色斑,寐可。口苦不干,纳可胃和,大便1~2日1行,质黏,欠畅,小便可,脉沉细,舌淡红边齿痕,苔薄白稍腻,下睑淡红半白,腹按可,下肢略肿。月经周期可,经前头痛,末次月经日期7月16日,量少色黯,无血块,无腹痛。西医诊断:颈椎病;中医诊断:痹病,辨为血痹病传入里累及水分,属营血不足、血瘀水停证,治以养营除痹、化瘀利水。方用当归芍药散改汤,处方:当归12 g,川芎12 g,赤芍24 g,茯苓12 g,生白术12 g,泽泻24 g,清酒60 mL。共7剂,日1剂,水煎分3次温服。

2021年8月15日二诊。1周后复诊,患者服药后肩颈不舒、头痛未作,面部色斑减轻,大便不黏畅通。刻

下症:无周身酸痛,口苦,纳眠可,二便正常,脉沉细,舌淡红苔薄白,下睑淡红半白,腹按稍满,下肢略肿。末次月经8月9日,提前1周,量稍增多,色可,无血块,无腹痛,无头痛。守方续服1周巩固治疗,患者诸症佳转,肩颈不舒未复发,面部色斑已除,至今未复发。

按:患者血虚血瘀,故月经量少色黯,查体脉沉细、下睑淡红半白亦反映血虚的病机;血虚以致营虚,表气不利,故肩颈不舒、经前头痛;营虚复加血瘀水停,故出现面部色斑,下肢按肿、舌苔腻亦反映体内充斥水饮;水郁化火,故出现口苦、大便质黏欠畅等表现。当归芍药散以当归、川芎、清酒养血活血,茯苓、白术、泽泻利水化饮,同时以芍药和营化瘀、利水除痹,治疗水血同病。

5 结语

本文从剖析血痹病机的角度,论述芍药通过和营除痹、化瘀除痹、利水除痹三方面的作用,实现除血痹的功效。在血痹病传的各个阶段,芍药配伍不同药物,能够凸显不同的功效。例如黄芪桂枝五物汤中芍药配伍桂枝,调和营卫,凸显和营除痹的作用,治疗血痹本病;当归芍药散中芍药配伍茯苓,渗湿化饮,突出利水除痹的功效,治疗血痹病传累及水分。血痹为临床常见病,芍药补泻兼施,不论虚证实证,皆可应用于血痹病传当中,故成为治疗血痹的要药。因此临床上当重视芍药的配伍原则,拓宽芍药类方的应用。

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