

“肺主治节”探讨不寐之证治

郑凌歆¹ 王颖²

1.浙江中医药大学第一临床医学院 杭州 310053 2.浙江中医药大学基础医学院

摘要:[目的] 探析从“肺主治节”的角度论治不寐的理论依据及临床意义。[方法] 围绕“肺者,相傅之官,治节出焉”,对“肺主治节”的内涵进行分析,探析“肺主治节”与不寐的相关性。在查阅诸多古籍和现代研究的基础上,探究“肺主治节”在不寐的发生及诊治中的意义,并各附医案以证其效。[结果] 从“肺主治节”诊治不寐有较好的理论基础。若肺失治节,将影响呼吸节律、卫气循行、气血循行、水液输布、魄之所处等,从而影响人体寤寐节律,产生不寐。各家分别立足于调节肺的气机、调和营卫、调和气血、养阴润肺、温肺化饮、养气安魄等角度治疗不寐,获得良效。[结论] “肺失治节”能引致呼吸失司、营卫不和、气血失调、津水不布、魄无所归,从而引起不同证型的不寐。不寐调治从肺入手,效如桴鼓。

关键词:肺主治节;不寐;证治;寤寐节律;文献研究;医案

中图分类号:R273 文献标志码:A 文章编号:1005-5509(2022)01-0023-05

DOI: 10.16466/j.issn1005-5509.2022.01.004

To Explore the Syndrome and Treatment of Insomnia from “Lung Governing Management and Regulation” ZHENG Lingxin¹, WANG Ying² 1. The First Clinical School of Zhejiang Chinese Medical University, Hangzhou(310053), China; 2. School of Basic Medical Science, Zhejiang Chinese Medical University

Abstract: [Objective] To explore the theoretical basis and clinical significance of the treatment of insomnia from the perspective of “lung governing management and regulation”. [Methods] According to the “the lung, as the prime minister, governing management and regulation”, this paper analyzed the connotation of “lung governing management and regulation”, and explored the relationship between “lung governing management and regulation” and insomnia by reading classic books and modern literatures. After that, medical cases were attached to prove its validity. [Results] There is a good theoretical basis for the diagnosis and treatment of insomnia from the “lung governing management and regulation”. Pulmonary dysfunction may affect the rhythm of breathing, the circulation of defensive Qi, the circulation of Qi and blood, the distribution of liquid, and the location of soul, thus affecting the sleep rhythm. Many distinguished TCM doctors usually based on the adjustment of the Qi mechanism, the coordination of Ying and Wei, the coordination of Qi and blood, the nourishment of lung Yin, the warming of the lung and the nourishment of Qi to calm the soul, which obtained good results in the treatment of insomnia. [Conclusion] Pulmonary dysfunction can cause disturbance in respiration, disharmony between Ying and Wei, imbalance of Qi and blood, obstruction of water and liquid movement and insanity, which lead to different syndrome types of the insomnia. Therefore, the diagnosis and treatment of insomnia from the perspective of the lung is effective.

Key words: lung governing management and regulation; insomnia; syndrome and treatment; sleep rhythm; literature research; medical cases

不寐是以经常不能获得正常睡眠为特征,表现为睡眠时间或深度不足的一类病证,常常对人们的正常工作、生活和健康造成影响。随着人们生活压力的增大,不寐已成为常见的临床疾病。2021年3月中国睡眠研究协会发布的《2021年运动与睡眠白皮书》中数据显示,当下中国有超3亿人存在睡眠障碍。“心者,君主之官,神明出焉”,心神失守则可出现不寐病证,因此历代医家对不寐的辨治多着眼于心,将不寐分为痰热扰心、肝火扰心、心胆气虚、心脾两虚、心肾不交5个证型。“肺者,相傅之官,治节出焉。”相傅即辅佐协助,治节即治理调节,对于肺主治节,多理解为肺具有协助调节的功能,可以辅助心君,对人体气血津

液运行及气机变化起到治理和协调的作用。近年来,诸多现代研究表明肺功能对睡眠具有重要影响。杨娟^[1]通过监测健康志愿者在睡眠状态下脑电信号、心电信号和呼吸气流信号的生理活动变化,发现睡眠状态下肺进行着信息传递,从而影响睡眠。Shah等^[2]对相关文献进行整理后,发现大约20%的阻塞性睡眠呼吸暂停患者并发肺动脉高压,且患者出现肺动脉高压时,心血管和肺部的病变往往更严重。这些研究进一步证实心肺关系密切,且肺与睡眠质量息息相关。因此,本文在查阅诸多古籍和现代研究的基础上,从“肺主治节”的角度探讨不寐的证治,以期拓宽诊治不寐的思路。

基金项目:国家自然科学基金项目(81703961)

Fund project: National Natural Science Foundation Project (81703961)

通信作者:王颖,E-mail:wangying0918@163.com

1 肺主治节之内涵

具体而言,肺主治节涵盖以下五方面内容。

一是肺主气,司呼吸。《素问·阴阳应象大论》载:“天气通于肺。”肺主持人体一身之气及呼吸运动,维持呼吸节律有条不紊。《灵枢·邪客》载:“夫邪气之客人也,或令人目不瞑、不卧出者,何气使然?……故宗气积于胸中,出于喉咙,以贯心脉,而行呼吸焉。”说明呼吸节律的维持对睡眠至关重要。

二是肺主宣发卫气,以应刻数。《内经素问吴注》载:(肺)“主行荣卫,犹之调燮阴阳而赞化理,故曰治节出焉。”^[3]提示肺主宣发卫气。《灵枢·邪客》记载:“卫气者,昼日行于阳,夜行于阴。若卫气独卫其外,行于阳,不得入于阴,故目不瞑。”揭示了寤寐节律取决于卫气循行的行阳入阴^[4]。

三是肺朝百脉,助心行血。《素问·经脉别论》载:“脉气流经,经气归于肺,肺朝百脉,输精于皮毛。毛脉合精,行气于府。”肺主一身之气,心主一身之血,因此国医大师颜德馨认为,治疗失眠症时应以“衡法”谨导气血^[5]。

四是肺通调水道。清代医家唐宗海^[6]于《血证论》中提及:“肺病不得卧者……水饮冲肺,面目浮肿,咳逆倚息,卧则肺叶举而气益上,故咳而不得卧。”肺失宣肃,津液输布失常,可致水饮冲肺不得眠;亦致难以润肺,燥则生咳,气逆难卧。

五是肺藏魄,以安神魂。《杂症会心录》言:“人之形骸。魄也。形骸而能运动。亦魄也。”^[7]人沉睡而知冷暖,能觉醒,皆由肺魄所主。肺魄之为病,睡眠浅薄,多醒易惊是也^[8]。《冯氏锦囊秘录》曰:“更有肺金魄弱,肝魂无制,寐中而觉神魂飞扬者。”^[9]肺魄弱而无所藏,以致神魂外越,夜不成寐^[10]。

2 肺主治节与人体寤寐节律

2.1 肺主气司呼吸,呼吸节律障碍影响睡眠 《素问·六节藏象论》载:“肺者,气之本也。”《素问·五藏生成论》云:“诸气者,皆属于肺,此四肢八溪之朝夕也。”张珍玉^[11]注:“朝夕为潮汐之谓。潮汐涨落有时,寓节律性。”即肺为生气之主,其气宣降,有节律地呼浊吸清、吐故纳新。诸多现代医学研究表明,肺系疾病导致的呼吸节律功能障碍会对患者的睡眠质量产生较为显著的影响。如Costanzo等^[12]发现,使用呼吸节律管理治疗中枢性睡眠呼吸暂停,可改善患者夜间睡眠质量,减轻白天过度嗜睡的症状。张冬梅等^[13]发现,

慢性阻塞性肺疾病合并呼吸衰竭的患者其睡眠质量与动脉二氧化碳分压和氧分压密切相关,动脉二氧化碳分压和氧分压在呼吸节律的维持中具有重要作用。改善肺功能指标以恢复患者呼吸节律,可提高患者睡眠质量。

《吴鞠通医案》中有立足“肺主气司呼吸”调治不寐的记载,“秀氏,23岁。产后不寐,脉弦,呛咳。与《灵枢》半夏汤。先用半夏一两不应,次服二两得熟寐,又减至一两仍不寐,又加至二两又得寐,于是竟用二两。服七八贴后,以《外台秘要》茯苓饮收功”^[14]。秀氏产后,气虚推动无力,气机不畅,肺气壅滞,呼吸紊乱,呛咳以致不寐。方中重用半夏以治不寐,半夏归肺经,性辛散水,味温化饮,入肺则宣通气机,饮无留所^[15]。

《临证指南医案》中亦有病案:“王受寒哮喘。痰阻气,不能着枕。”^[16]王因寒邪袭肺,肺气失宣,而气逆喘急,痰浊内生。肺为贮痰之器,痰浊阻滞气机宣降,故呼吸不畅,以致不寐。叶氏以川桂枝、茯苓、淡干姜、五味子、杏仁、炙草、白芍、制麻黄组方,取得良效。根据“诸气贖郁,皆属于肺”,其方中诸药均归肺经。桂枝温阳化气,干姜温肺化饮,纯用辛温辛热,恐耗气伤津,故配伍白芍和营养血、五味子敛肺止咳,二药与辛散之品相配,散中有收,以利肺气开阖。另以杏仁、制麻黄宣肺止咳平喘,茯苓淡渗利湿以助肺气宣发。临床研究发现,与未使用小青龙汤的对照组比较,在西医常规治疗基础上采用小青龙汤治疗的50例慢性阻塞性肺疾病稳定期气道黏液高分泌患者的临床症状有所减轻。小青龙汤治疗后,可明显减少患者支气管灌洗液中肺组织黏蛋白分泌,缓解气道阻塞,增加肺动态顺应性,显著改善肺功能指标如第一秒用力呼气的容积(forced expiratory volume in the first second, FEV₁)、第一秒用力呼气容积占用力肺活量百分比(forced expiratory volume in the first second/ forced vital capacity, FEV₁/ FVC)^[17],该研究结果佐证了改善患者的肺通气功能可一定程度提高患者的睡眠和生活质量。

2.2 肺主宣发卫气以应刻数,卫气循行异常影响睡眠 《灵枢·营卫生会》载:“人受气于谷……以传与肺……,其清者为营,浊者为卫。”《灵枢·邪客》载:“节气者,出其悍气之慄疾……,昼日行于阳,而夜行于阴。”肺主宣发卫气,卫气循行以应刻数。《灵枢·营卫生会》载:“故气至阳而起,至阴而止。”可知卫气循行影响人体寤寐节律。现代医学研究与中医机制互

郑凌歆,等:“肺主治节”探讨不寐之证治

通互用,如刘应超等^[18]发现,视交叉上核通过视网膜接受光信号而调整昼夜节律,而膀胱经通过双目和睛明穴感光而激发卫气运行,调节阴阳消长,由此认为中医的卫气循行机制和西医的生物节律的分子机制有很高的相似性。卫气除了循行的规律,营卫二气还于夜半会于手太阴肺经,如《灵枢·营卫生会》云:“夜半而大会,万民皆卧,命曰合阴。”由此可以推测肺调控着卫气的循行,从而影响人体寤寐节律。

临床上,亦有基于“肺主宣发卫气以应刻数”理论,调和营卫以治不寐取效的案例。邱存全等^[19]收集的病案:“练某,女,38岁,现症伴反复感冒、喷嚏,失眠,易惊醒,记忆极差,舌质淡,少苔,脉缓。”根据“卫气昼日行于阳,夜半则行于阴,阴者主夜,夜者卧”,练某因感受风寒邪气,卫阳奋起抗邪于外,夜半不入阴分而致不寐,运用桂枝汤为主合当归补血汤加减调和营卫,取得显著疗效。甘草配桂枝生姜辛甘化阳以助卫阳,卫阳强盛充足,夜半入于阴分,不寐自解。而甘草配芍药大枣酸甘化阴以助营阴,濡养脏腑,脏腑和则不寐除^[20]。

《金匱要略》尊《内经》之旨,立调和营卫、摄纳心神之法,创桂枝加龙骨牡蛎汤治疗不寐。方中桂枝温通卫阳,以散卫分之邪;芍药酸苦微寒,敛阴而和营,桂芍相配调和营卫,使营卫充盈,循行有度,五脏得养,则寤寐正常;加龙骨、牡蛎潜镇安神,使神气内敛,睡卧安宁^[21]。现代医家用此方加减以治营卫不和之不寐,亦颇具良效^[22-23]。

刘景源教授认为半夏秫米汤具有调和营卫、燮理阴阳之功,方中半夏性味辛温能通阳,通泄卫气;秫米性味甘凉,二者合用具有沟通阴阳、和利营卫之效,将其与桂枝汤合用,可组成治疗营卫不和、阴阳失调之失眠的基本方剂^[24]。《伤寒附翼》载:“半夏禀一阴之气,能通行阴之道,其味辛,能散阳晓之满,用以引卫气从阳入阴。”^[25]故基于半夏可将卫气从阳分引入阴分的功效,临床上治疗失眠烦躁病例时可加用半夏^[26]。

2.3 肺朝百脉助心行血, 气血失和影响睡眠 《素问·灵兰秘典论》将肺喻为“相傅之官”,即为“君主之官”心的意志贯彻者及执行者。《灵枢·经脉》曰:“心手少阴之脉……复从心系却上肺。”从经脉循行角度看,心经上行到肺部,肺在心神的主宰下发挥朝百脉、助心行血的作用,对心的生理功能进行调节^[27]。王国

华主任医师认为,肺朝百脉功能下降将影响心主血脉的功能,使得神无所倚,以致不寐^[28]。

临证时,可基于肺朝百脉为气之本,及心合血脉为血之主,通过权衡气血、调和心肺,以治气血混淆之不寐。如《徐批叶天士晚年方案真本》载一医案:“张(四十九岁)平昔劳形伤阳,遭悲忧内损脏阴,致十二经脉逆乱,气血混淆,前后痛欲捶摩,喜其动稍得流行耳。寝食不安,用药焉能去病,悲伤郁伤,先以心营肺卫立法。”^[29]《素问·举痛论》言:“悲则心系急,肺布叶举,……故气消矣。”张遭悲忧,以致心肺气机紊乱,心肺失和,则气血之行失其常,经脉逆乱,故以川贝、枇杷叶、松子仁、柏子仁、苏子、麻仁组方,润肺生气为主,辅以养心补血。

《续名医类案》载一病案:“一人病昏昏默默,如热无热,如寒无寒,欲卧不能卧,欲行不能行,虚烦不耐,若有神灵,莫可名状,此病名百合。虽在脉,实在心肺两经,以心合血脉,肺朝百脉故也。”^[30]方以百合一两,入肺经,养肺阴补精血,助肺朝百脉;辅以生地汁半盅,归心经,助百合养阴生津之力,两药相合,壮肺心之水,以制阳光。此外,有学者运用百合地黄汤治疗30例阴虚型失眠患者,发现百合地黄汤改善患者日间活动功能方面的效果显著优于佐匹克隆^[31]。

2.4 肺通调水道, 津水不布影响睡眠 肺通调水道主要指通过肺气的宣发肃降,调节体内水液的输布、运行和排泄。若肺宣降失司,则津水不布,津液亏虚则生燥致肺咳,气逆难寐;津液聚则生饮而冲肺,咳逆不得卧^[32]。

临床上可见因肺通调水道失司,津液亏虚或水饮冲肺而导致的不寐,以养阴润肺或温肺化饮之法调治而收效。《续名医类案》载一病案:“卜晋公患伤寒,数日面赤躁烦,手足搐搦,起卧转侧不安,口燥渴,大便结。或用清火发散,俱不应。诊其脉,虚涩兼结。夫涩则伤阴,结则气滞。得之忧思劳郁,肺胃受伤,津液亏而虚邪结也。”^[30]医案中,卜晋公因忧思劳郁,肺通调水道失常,津液不能滋养肺胃之阴,而致起卧转侧不安。用瓜蒌实、紫菀、枳壳、桔梗、秦艽、杏仁、苏子、半夏曲等,一剂便大睡身安,调理数日则愈。

《丁甘仁医案》载一医案:“俞右,暴寒外束,痰饮内聚,支塞于肺,肃降失司,气喘咳嗽大发,故日夜不能平卧,形寒怯冷,纳少泛恶,苔白腻,脉浮弦而滑。”^[33]外寒引动内饮,渍之于肺,咳嗽气急大发,夜

不得卧。《金匱要略》针对痰饮有言：“病痰饮者，当以温药和之。”至于组方，又依“咳逆倚息，不得卧，小青龙汤主之”，故拟小青龙汤加减解表散寒、温肺化饮。医案中患者服小青龙汤两剂后，气喘咳嗽日中大减，日夜得以安卧。

2.5 肺藏魄以安神魄，魄无所归影响睡眠 《高注金匱要略》道：“肺主阳气，气中阴精为魄，……魂魄不安……而日夜不寐。”^[34]朱建贵教授认为魄失其宅而致不寐^[35]。通过研究中医对魄的认识，魏小东等^[36]认为魄主安卧，肺为魄之载体，气旺精足而魄安，若肺气虚弱，魄失所舍，不得归藏于肺以致不寐。

临床上，从肺论治入手，能令魄得归、眠睡复常。王旭东^[37]报道，有一列车员，每出乘则失眠，归家则可入睡，眠后恶梦纷纭，伴有胸闷气促、多尿等证。究其因，肺气壅塞，治节失常，神无所养，魄无所藏，致神魄外越而不寐。正如《灵枢·淫邪发梦》言：“肺气盛则梦恐惧、哭泣、飞扬。”故方用桑白皮以泻肺实，桔梗以开肺气，桔络以疏肺络，知母、枣仁、五味子以敛神魄，5剂后寤寐复常。

《脉诀汇辨》载一病案：“鞠上舍，有所抑郁，蒸热如焚，引饮不休。奄奄床褥，喃喃呓语。每言户外事，历历如见。始则指为伤寒，继则疑为鬼祟。药饵日投，病且日进，方来乞治于余。诊得肝脉浮濡，肺脉沉数。究其因，乃肺燥而失相傅之职，令肝魂上越，不能舍魂。今魄弱而魂离，卧床难寐。故当救肺金之燥，使肺气足而制肝木，即强魄以安神。以清燥救肺汤为底方加减。人参、黄芪、麦冬、天冬、五味子、当归润肺养气以强肺魄，芍药、枣仁、栀子、甘草摄魂归肝以安肝魂。橘红、沉香以降九天之阳；升麻、柴胡以升九天之阴；服两剂则呓语止。”^[38]

3 结语

肺为相傅之官，协助心君，功主治节。“肺主治节”是对肺各项生理功能的综合性概括，若肺的生理功能异常，肺失治节，将影响到呼吸节律、卫气循行、气血循行、水液输布、魄之所处等多个方面，从而干扰人体寤寐节律。现代医学中失眠的病理生理机制研究也佐证了肺主治节与患者睡眠质量的关系。以慢性阻塞性肺疾病为例，后期患者常出现肺动脉高压，继而诱发右心功能不全，从而导致体循环瘀血，静脉压增高，出现下肢水肿，严重时可发生全身性水肿，影响患者睡眠。依据本文的相关论述，若肺气失宣，气滞则

血瘀，血瘀则水停，以致不寐，与现代医学的病理生理机制一致。此外，本文通过收集整理分析相关医案后，发现各家分别立足于调节气机、调和营卫、调和气血、养阴润肺、温肺化饮、养气安魄等角度，治疗不寐均获得良效。由此，笔者从“肺主治节”出发，分析不寐病机，以期为临床辨治不寐提供更全的思路。

参考文献：

Reference:

- [1] 杨娟.睡眠状态下的心脑肺耦合网络[C]//中国睡眠研究会.中国睡眠研究会第十二届全国学术年会论文汇编.广州:中国睡眠研究会,2020:2.
YANG Juan. Heart brain lung coupling network in sleep state[C]// Chinese Sleep Research Society. Proceedings of the 12th National Conference of Chinese Sleep Research Society. Guangzhou: Chinese Sleep Research Society, 2020:2.
- [2] SHAH F A, MORONTA S, BRAFORD M, et al. Obstructive sleep apnea and pulmonary hypertension: A review of literature[J]. Cureus, 2021, 13(4):e14575.
- [3] 吴岷.内经素问吴注[M].济南:山东科学技术出版社,1984:40.
WU Min. *WU's Commentaries on the Basic Questions*[M]. Ji'nan: Shandong Science and Technology Press, 1984:40.
- [4] 盖晓丽,王德强.从《黄帝内经》原文看卫气循行[J].光明中医,2019,34(8):1161-1163.
GAI Xiaoli, WANG Deqiang. Interpretation of defensive Qi circulation from the original text of *Huangdi Neijing* [J]. Guangming Tradit Chin Med, 2019, 34(8):1161-1163.
- [5] 陈英群,陈忆,李桃桃,等.国医大师颜德馨从气血论治失眠症学术思想撷英[J].上海中医药杂志,2019,53(3):1-4.
CHEN Yingqun, CHEN Yi, LI Taotao, et al. TCM Master YAN Dexin's academic experience in treating insomnia based on theory of Qi and blood[J]. Shanghai J Tradit Chin Med, 2019, 53(3):1-4.
- [6] 唐宗海.血证论[M].北京:人民卫生出版社,2017:151.
TANG Zonghai. *Treatise on Blood Syndromes*[M]. Beijing: People's Medical Press, 2017:151.
- [7] 汪文琦.杂症会心录[M].北京:中国医药科技出版社,2011:1.
WANG Wenqi. *Experiences on Miscellaneous Diseases* [M]. Beijing: China Medical and Technology Press, 2011:1.
- [8] 肖科金,金梦祝,王文美.试从魂魄论治失眠[J].光明中医,2014,29(8):1735-1736.
XIAO Kejin, JIN Mengzhu, WANG Wenmei. Treatment of insomnia from the perspective of soul[J]. Guangming Tradit Chin Med, 2014, 29(8):1735-1736.
- [9] 吴少祯.冯氏锦囊秘录[M].北京:中国医药科技出版社,2011:364.
WU Shaozhen. *FENG's Secret Records*[M]. Beijing: China Medical and Technology Press, 2011:364.
- [10] 张良芝,黎民,常学辉.不寐从肺论治[J].中医学报,2016,31(2):211-213.

- ZHANG Liangzhi, LI Min, CHANG Xuehui. To treat insomnia from lung[J]. *Acta Chin Med*, 2016, 31(2):211-213.
- [11] 张珍玉.“肺主治节”理论的破译[J]. *浙江中医学院学报*, 1998, 22(4):48-49, 56.
- ZHANG Zhenyu. A new deciphering to the lung being responsible for administration and regulation[J]. *J Zhejiang Univ Tradit Chin Med*, 1998, 22(4):48-49, 56.
- [12] COSTANZO M R, AUGOSTINI R, GOLDBERG L R, et al. Design of the remedē system pivotal trial: Prospective, randomized study in the use of respiratory rhythm management to treat central sleep apnea[J]. *J Card Fail*, 2015, 21(11):892-902.
- [13] 张冬梅, 陈玉梅, 廖小雯, 等. 慢性阻塞性肺疾病并呼吸衰竭患者睡眠质量与呼吸功能的相关性[J]. *中国现代药物应用*, 2020, 14(15):49-51.
- ZHANG Dongmei, CHEN Yumei, LIAO Xiaowen, et al. Correlation between sleep quality and respiratory function in patients with chronic obstructive pulmonary disease and respiratory failure[J]. *Chin J Mod Drug App*, 2020, 14(15):49-51.
- [14] 吴瑭. 吴鞠通医案[M]. 北京: 人民卫生出版社, 1985:399.
- WU Tang. *WU Jutong's Medical Records* [M]. Beijing: People's Medical Press, 1985:399.
- [15] 林大勇, 李海波. 论吴鞠通之用半夏[J]. *吉林中医药*, 2009, 29(4):355-357.
- LIN Dayong, LI Haibo. Research on the use of *Pinellia ternata* by WU Jutong[J]. *Jilin J Tradit Chin Med*, 2009, 29(4):355-357.
- [16] 叶天士. 临证指南医案[M]. 北京: 人民卫生出版社, 2006: 193.
- YE Tianshi. *A Guide to Clinical Practice with Medical Record*[M]. Beijing: People's Medical Press, 2006:193.
- [17] 陈楠, 杨谦. 小青龙汤对 COPD 气道黏液高分泌患者 MUC5AC 及生活质量的影响[J]. *中医药信息*, 2020, 37(5): 106-109.
- CHEN Nan, YANG Qian. Effect of Xiaoqinglong decoction on MUC5AC and QOL of patients with airway mucus hypersecretion[J]. *Inf Tradit Chin Med*, 2020, 37(5): 106-109.
- [18] 刘应超, 李毅, 武丹, 等. “昼夜节律的阴阳机制”还原与重构初探[J]. *北京中医药大学学报*, 2021, 44(7):591-596.
- LIU Yingchao, LI Yi, WU Dan, et al. A preliminary study on the reduction and reconstruction of the Yin-yang mechanism of circadian rhythm[J]. *Beijing Univ Tradit Chin Med*, 2021, 44(7):591-596.
- [19] 邱存全, 曹吉宪. 运用桂枝汤调和阴阳辨治失眠症临床体会[J]. *新中医*, 2010, 42(3):89-90.
- QIU Cunquan, CAO Jixian. Clinical experience of treating insomnia by regulating Yin and Yang with guizhi decoction[J]. *J New Chin Med*, 2010, 42(3):89-90.
- [20] 左军, 王海鹏, 张博. 桂枝汤治疗营卫失调型和型不寐的医案分析[J]. *中医药信息*, 2016, 33(5):32-33.
- ZUO Jun, WANG Haipeng, ZHANG Bo. Medical case analysis of Guizhi decoction in treating insomnia of Ying Wei disharmony type[J]. *Inf Tradit Chin Med*, 2016, 33(5): 32-33.
- [21] 师建梅, 刘丽坤. 失眠与营卫失调[J]. *山西中医*, 1999, 15(1):3-5.
- SHI Jianmei, LIU Likun. Insomnia and Ying Wei disorder[J]. *Shanxi Tradit Chin Med*, 1999, 15(1):3-5.
- [22] 金文流. 桂枝加龙骨牡蛎汤加味治疗失眠 32 例[J]. *河南中医*, 2005, 25(10):14.
- JIN Wenliu. Thirty two cases of insomnia treated with Guizhi plus Longgu Muli decoction[J]. *He'nan Tradit Chin Med*, 2005, 25(10):14.
- [23] 姚杰. 桂枝加龙骨牡蛎汤治疗虚证不寐 72 例[J]. *河北中医*, 2001, 23(9):690-691.
- YAO Jie. Guizhi plus longgu muli decoction in treating 72 cases of insomnia of deficiency syndrome[J]. *Hebei Tradit Chin Med*, 2001, 23(9):690-691.
- [24] 潘超, 郑丰杰. 刘景源教授应用经方辨治失眠经验述要[J]. *环球中医药*, 2016, 9(4):467-469.
- PAN Chao, ZHENG Fengjie. Professor LIU Jingyuan's experiences in treating insomnia with classical prescriptions[J]. *Global Tradit Chin Med*, 2016, 9(4):467-469.
- [25] 柯琴. 伤寒附翼[M]. 北京: 学苑出版社, 2013:60.
- KE Qin. *Appendices to Treatise on Febrile Diseases* [M]. Beijing: Xueyuan Press, 2013:60.
- [26] 黄晓珍. 谈半夏与失眠[J]. *辽宁中医杂志*, 2004, 13(6):517.
- HUANG Xiaozhen. Discussion on *Pinellia ternata* and insomnia[J]. *Liaoning J Tradit Chin Med*, 2004, 13(6):517.
- [27] 谷凌云, 王蕴伶, 查青山. 从阴阳失调辨治失眠[J]. *云南中医学院学报*, 2013, 36(5):20-22, 27.
- GU Lingyun, WANG Yunling, ZHA Qingshan. Treating insomnia from the imbalance between Yin and Yang[J]. *J Yunnan Univ Tradit Chin Med*, 2013, 36(5):20-22, 27.
- [28] 王婷, 王国华. 王国华主任医师治疗凌晨早醒型失眠[J]. *吉林中医药*, 2015, 35(6):553-555.
- WANG Ting, WANG Guohua. Physician WANG Guohua treating insomnia of early awakening in wee hours [J]. *Jilin Tradit Chin Med*, 2015, 35(6):553-555.
- [29] 叶天士. 徐批叶天士晚年方案真本[M]. 北京: 中国中医药出版社, 2018:102.
- YE Tianshi. *XU's Comments on Cases Records of YE Tianshi in Old Age*[M]. Beijing: China Traditional Chinese Medicine, 2018:102.
- [30] 魏之琇. 续名医类案[M]. 北京: 人民卫生出版社, 1982.
- WEI Zhixiu. *Supplement to Classified Case Records of Famous Physicians*[M]. Beijing: People's Medical Press, 1982.
- [31] 新昕. 百合地黄汤加减治疗阴虚型不寐的疗效分析[J]. *中国医药指南*, 2018, 16(33):183-184.

(下转第 59 页)

- on hepatic stellate cells and liver fibrosis by targeting AKT/mTOR/p70S6K and TGF β /Smad signalling pathways [J]. *Liver Int*, 2015, 35(4):1222–1233.
- [21] LAN T, CHANG L, WU L, et al. IL-6 plays a crucial role in HBV infection[J]. *J Clin Transl Hepatol*, 2015, 3(4):271–276.
- [22] YANG K, GUAN S H, ZHANG H, et al. Induction of interleukin 6 impairs the anti-HBV efficiency of IFN- α in human hepatocytes through up-regulation of SOCS3[J]. *J Med Virol*, 2018, 91(5):803–812.
- [23] DIEHL S, RINCÓN M. The two faces of IL-6 on Th1/Th2 differentiation[J]. *Mol Immunol*, 2002, 39(9): 531–536.
- [24] 程晶, 李群, 唐海鸿, 等. 补肾解毒健脾冲剂对高危结局慢性乙型肝炎病毒携带者血清免疫因子的作用[J]. *湖北中医药大学学报*, 2016, 18(2):18–21.
- CHENG Jing, LI Qun, TANG Haihong, et al. Effects of Bushen Jiedu electuary on serum cytokines in high risk ending chronic HBV carriers[J]. *J Hubei Chin Med Univ*, 2016, 18(2):18–21.
- [25] GARCIA-MARTINEZ R, CARACENI P, BERNARDI M, et al. Albumin: Pathophysiologic basis of its role in the treatment of cirrhosis and its complications[J]. *Hepatology*, 2013, 58(5):1836–1846.
- [26] AKCAM F Z, TIGLI A, KAYA O, et al. Cytokine levels and histopathology in chronic hepatitis B and chronic hepatitis C[J]. *J Interferon Cytokine Res*, 2012, 32(12):570–574.
- [27] WANG Y, ZHANG H, CHEN Q, et al. TNF- α /HMGB1 inflammation signalling pathway regulates pyroptosis during liver failure and acute kidney injury[J]. *Cell Prolif*, 2020, 53(6):e12829.
- [28] ZAKARIA S, EL-SISI A E. Daclatasvir and sofosbuvir mitigate hepatic fibrosis through downregulation of TNF- α /NF- κ B signaling pathway[J]. *Curr Mol Pharmacol*, 2020, 13(4):318–327.
- [29] WANG H L, LUO H, WAN X, et al. TNF- α /IFN- γ profile of HBV-specific CD4 T cells is associated with liver damage and viral clearance in chronic HBV infection[J]. *J Hepatol*, 2020, 72(1):45–56.
- [30] TAKEUCHI O, AKIRA S. Pattern recognition receptors and inflammation[J]. *Cell*, 2010, 140(6):805–820.
- [31] MA Z Y, CAO Q, XIONG Y, et al. Interaction between hepatitis B virus and Toll-like receptors: Current status and potential therapeutic use for chronic hepatitis B[J]. *Vaccines*, 2018, 6(1):6.
- [32] NIU C, LI L, DAFFIS S, et al. Toll-like receptor 7 agonist GS-9620 induces prolonged inhibition of HBV via a type I interferon-dependent mechanism[J]. *J Hepatol*, 2018, 68(5):922–931.
- [33] LANFORD R E, GUERRA B, CHAVEZ D, et al. GS-9620, an oral agonist of Toll-like receptor-7, induces prolonged suppression of hepatitis B virus in chronically infected chimpanzees [J]. *Gastroenterology*, 2013, 144(7): 1508–1517.
- [34] ZHANG X Y, MA Z Y, LIU H Y, et al. Role of Toll-like receptor 2 in the immune response against hepadnaviral infection[J]. *J Hepatol*, 2012, 57(3):522–528.
- [35] MA Z, LIU J, WU W, et al. The IL-1R/TLR signaling pathway is essential for efficient CD8⁺ T-cell responses against hepatitis B virus in the hydrodynamic injection mouse model[J]. *Cell Mol Immunol*, 2017, 14(12):997–1008.
- (收稿日期:2021-06-16)

(上接第 27 页)

- XIN Xin. Efficacy analysis of Baihe Dihuang decoction on insomnia of Yin deficiency type[J]. *Guide Chin Med*, 2018, 16(33):183–184.
- [32] 张光霁, 严灿. 中医基础理论[M]. 北京: 科学出版社, 2017: 47–48.
- ZHANG Guangji, YAN Can. *Basic Theory of TCM*[M]. Beijing: Science Press, 2017:47–48.
- [33] 丁甘仁. 丁甘仁医案[M]. 北京: 中国医药科技出版社, 2020: 120.
- DING Ganren. *DING Ganren's Medical Records*[M]. Beijing: China Medical and Technology Press, 2020:120.
- [34] 高学山. 高注金匱要略[M]. 北京: 学苑出版社, 2015:160–162.
- GAO Xueshan. *GAO's Comments on Synopsis of Golden Chamber*[M]. Beijing: Xueyuan Press, 2015:160–162.
- [35] 张奇, 朱建贵. 朱建贵教授调五脏神治疗失眠症经验[J]. *中医药学报*, 2014, 42(1):34–36.
- ZHANG Qi, ZHU Jianguai. Professor ZHU Jianguai's experiences in treating insomnia by regulating five zang organs[J]. *Acta Chin Med Pharm*, 2014, 42(1):34–36.
- [36] 魏小东, 张星平, 陈俊逾, 等. 肺藏魄理论与肺不藏魄不寐证治[J]. *中华中医药杂志*, 2016, 31(2):372–375.
- WEI Xiaodong, ZHANG Xingping, CHEN Junyu, et al. Discussion on the insomnia induced by lung not storing inferior spirit based on the theory of lung storing inferior spirit[J]. *Chin J Tradit Chin Med Pharm*, 2016, 31(2):372–375.
- [37] 王旭东. “肺主治节”及临证治疗[J]. *中医研究*, 1991, 4(1): 10–12.
- WANG Xudong. “Lung governing management and regulation” and clinical treatment[J]. *Tradit Chin Med Res*, 1991, 4(1):10–12.
- [38] 李延昆. 脉诀汇辨[M]. 北京: 中国中医药出版社, 2016:239–240.
- LI Yanshi. *Differentiation on Pulse Diagnosis*[M]. Beijing: China Traditional Chinese Medicine Press, 2016:239–240.
- (收稿日期:2021-03-31)