

汪受传教授辨治儿童焦虑障碍经验

陈慧 汪受传

南京中医药大学附属医院 南京 210029

摘要: [目的] 总结汪受传教授辨治儿童焦虑障碍的临证经验。[方法] 通过跟师侍诊,收集整理并记录分析汪师治疗儿童焦虑障碍的医案,查阅相关古籍和文献资料,阐述汪师对该病病位、病机的认识,分析其诊治思路,并附验案以佐证。[结果] 汪师认为,焦虑障碍病位主要在心,不离乎五脏,主要由脏腑功能失调,心神失养或受扰所致,辨证时应首辨脏腑,次辨虚实,后辨兼夹,擅用调和脏腑、宁心安神法,随证以施治。所附验案初诊以实证为主,辨为痰火内扰,心肝失主,治以豁痰清心、安神定志;后转为肺脾气虚,心神失养,以虚证为主,治以益气化痰、养心安神,最终取得满意疗效。[结论] 汪师辨治儿童焦虑障碍,详辨病位,紧扣病机,重视痰火,以“调和脏腑,宁心安神”为基本治则,治效显著,其经验值得临床学习和推广。

关键词: 焦虑障碍;儿科;脏腑辨证;痰火;宁心安神;名老中医经验;汪受传

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Experience of Professor WANG Shouchuan in Differentiating and Treating Children with Anxiety Disorder CHEN Hui, WANG Shouchuan *Affiliated Hospital of Nanjing University of Chinese Medicine, Nanjing(210029), China*

Abstract: [Objective] To summarize Professor WANG Shouchuan's clinical experience in differentiating and treating children with anxiety disorder. [Methods] By following Professor WANG's outpatient department, collecting, sorting out and analyzing medical cases, and consulting relevant ancient books and literatures, this paper expounded Professor WANG's understanding of the disease location and pathogenesis, and further analyzed and summarized his academic thoughts and clinical ideas on the treatment of pediatric anxiety disorder, and one typical case was attached as proof. [Results] Professor WANG holds that anxiety disorder is located in the heart and closely associated with the five viscera, and the principle pathogenesis is dysfunction of the viscera and disturbance of the mind. Meanwhile, he proposes that the disease location of viscera should be identified first, then the disease nature of deficiency and excess, and then the combination of pathological factors. Ultimately, the treatment methods of reconciling the viscera, calming the heart, and tranquilizing the mind are skillfully used according to the traditional Chinese medical syndrome. The presented case was initially differentiated as disturbance of phlegm and fire, and disorder between the heart and liver was mainly manifested with the excess syndrome, thus the treatment was to eliminate phlegm, clear the heart, tranquilize and sedate the mind accordingly; while the same case was identified as deficiency of the lung and spleen, and undernourishment of the mind afterwards, which was mainly manifested with the deficiency syndrome, hence the patient was treated with replenishing Qi, resolving phlegm, nourishing the heart and calming the mind, achieving obvious therapeutic effects eventually. [Conclusion] Professor WANG treats children with anxiety disorder by means of meticulously identifying disease location, closely focusing on pathogenesis, and critically emphasizing phlegm and fire. With the treatment principle of "reconciling the viscera, calming the heart and tranquilizing the mind", the therapeutic effect is remarkable, and the experience of Professor WANG is worthy of clinical learning and promoting.

Key words: anxiety disorder; pediatrics; viscera syndrome differentiation; phlegm and fire; calming the heart and tranquilizing the mind; experience of famous traditional Chinese medicine doctor; WANG Shouchuan

焦虑障碍(anxiety disorder, AD)是一组以过分焦虑、担心为主要体验的常见情绪障碍,相当于中医学“郁证”“惊悸”等病证。婴幼儿至青少年均可发生,但发病以学龄期及青春期较为多见。尤其自新型冠状病毒肺炎疫情暴发以来,儿童AD的患病率呈现增长趋势^[1]。此类心理问题可导致患儿情绪不稳定、注意力涣散、学习效率低、人格发展受到影响,甚至在成年后会出现一定的心理障碍^[2]。本病病机复杂,症状

多样,变化多端,治疗具有一定难度。临床上轻度患者首选心理治疗,中重度患者可考虑联合药物治疗^[3],但抗焦虑西药具有较多的不良反应,在儿科的应用受到限制。研究发现,中医药治疗该病具有一定的优势^[4-5]。

汪受传教授是首届全国名中医,国家级教学名师,第四、五、六、七批全国老中医药专家学术经验继承工作指导老师,从事中医儿科临床、教学与科研工作

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通信作者:汪受传,E-mail: wscnj@126.com

作 50 余载,积累了丰富的经验,对儿童常见疾病及疑难杂症的诊疗有着独到的见解,临证施药,圆机活法,屡获佳效。兹介绍汪师辨治儿童 AD 经验如下,冀能启悟临床,幸甚至矣。

1 病位在心,五脏相关

儿童是应激事件的脆弱人群,面对每天更新的疫情报告、焦躁不安的家长、生活学习环境的改变、升学考试的压力、隔离在家不能外出与朋友交往互动等多种情况,很容易出现焦虑、恐惧、烦躁等情绪波动,以及不思饮食、睡眠障碍、冲动攻击等行为改变。原因在于小儿脏腑柔嫩,气血未充,神气怯弱,易于变动,精神、神志、行为、运动等均易受到外界干扰,又缺乏良好的自我调节及适应能力。《灵枢·平人绝谷》有云:“五脏安定,血脉和利,精神乃居。”指人的情绪反应与五脏功能活动有关,心藏神,若神不正则万神俱邪;肝藏魂,若魂不定则惊妄狂乱;肺藏魄,若魄不安则惊躁毛悴;脾藏意,若意不专则惊惑多忘;肾藏志,若志不谦则惊恐疲惫。《医理真传·杂问》谓:“夫心者,神之主也,心君气足,则百魅潜踪,心君气衰,则群阴并起。”^[9]说明心是机体进行精神意识思维活动的主要脏腑。心主神明的生理功能正常,则精神振奋,神志清晰,思维敏捷,对外界信息的反应灵敏正常;如果心主神明的生理功能失常,则会出现失眠、多梦、神志不宁等症状。汪师认为,儿童 AD 病位主要在心,不离乎五脏,主要由脏腑功能失调,心神失养或受扰所致。

2 辨治经验

2.1 首辨脏腑,次辨虚实 汪师认为,本病治疗当以“调和脏腑,宁心安神”为基本治疗原则,根据所属脏腑、虚实不同而分治之^[7]。首辨病位之脏腑,即根据五脏之所主及各脏腑的生理特点,以外揣内,由象测脏。脏腑辨证体系在宋代钱乙《小儿要证直诀》中已有详细阐述,历代沿用至今。本病主要病位虽在心,然脏腑非孤立存在,而是生理上相辅相成,病理上相互影响,故常常两脏甚至三脏相合为病。若兼见情绪不宁、急躁易怒、口苦、目赤等症,系七情不畅,肝气郁结,郁而化火,肝火横逆,心神不宁而发病,法当清肝泻火、宁心安神,汪师常选用丹栀逍遥散加减,常用牡丹皮、栀子、黄芩等以清肝泻火,柴胡、香附、枳壳等以疏肝解郁。若兼见失眠多梦、面色无华、食少身倦等症,系脾失健运,气血生化匮乏,心血不足,失其所养则心神不宁,法当健脾益气、宁心安神,汪师常选归脾汤加

减,常用党参、黄芪、白术等以甘温益气健脾,当归、炒酸枣仁、龙眼肉、远志、茯神等以补血养心安神。若兼见胆怯易惊、惕惕不安、少寐多梦、舌淡红、苔薄白、脉细弦,系心胆气虚,胆失决断,心神无主,神魂不定而发病,法当益气镇惊、定志安神,汪师常选安神定志丸加减,常用党参、茯苓等以益气壮胆,龙齿、牡蛎等以镇心安神。若兼见心悸健忘、头晕耳鸣、手足心热、舌红少苔、脉细数,系素体阴虚或久病伤阴,肝肾阴虚,虚火上炎,肾水心火不相济,心神为虚热所扰而发病,法当滋阴清心、定志安神,汪师常选用黄连阿胶汤合交泰丸加减,常用熟地黄、山茱萸等以滋肾阴,黄连、黄芩等以清心火。

次辨病性之虚实,性情急躁易怒、郁闷烦躁、口苦少寐、舌红者属实证,实者泻之,常采用清肝泻火、清热涤痰之法。心悸头晕、疲倦乏力、纳呆、善恐易惊、精神恍惚者属虚证,虚者补之,常予养心、健脾、滋阴之法。亦有虚实夹杂者,既有狂躁妄动、头目胀痛、痰声辘辘等实证,又见多疑易惊、食少纳呆、神疲乏力等虚证,不攻不能去其实,又唯恐伤其正;不补无以救其虚,又顾虑助其邪,唯攻补兼施方可两全,而尤以调和脏腑为要,并可在此基础上酌加龙齿、灵磁石等重镇安神之品。

2.2 再辨兼夹,随证施治 脏腑功能失调,可产生相应的病理产物。肝气失调,肝气郁结,气机不畅则气滞;气滞行血无力,可导致瘀血内生;肝气郁结,日久可化火;脾虚失运,痰浊内生,又可与肝火互结为痰火。气滞明显者加柴胡、枳壳、香附等疏肝理气,瘀血留滞者可加丹参、郁金、虎杖等活血化瘀,肝火偏旺者可加黄连、菊花、石决明、龙胆草等清肝泻火,痰热互结者可加胆南星、法半夏、石菖蒲清热化痰。结合多年的临证经验,汪师认为在诸多病理因素中,以痰火最为多见。李用粹^[8]在《证治汇补·惊悸怔忡》中提到:“心血一虚,神气失守,神去则舍空,舍空则郁而停痰,居痰心位,此惊悸之所肇端也。”临床此类患儿多见食少纳呆、口苦、舌质红、苔黄腻、脉滑数等症,乃痰因火动,治疗应当清热涤痰、宁心安神,汪师常选用黄连温胆汤加减,取胆南星、竹茹、枳实等以清热化痰消痞,法半夏、陈皮等以燥湿理气化痰。

3 验案举隅

患儿朱某某,男,9岁,2020年4月2日初诊。主诉:惊恐半月余。现病史:患儿平素内向,心思敏感,就诊

前半月因新型冠状病毒肺炎疫情暴发出现惊恐,听到家长谈论疫情或听到飞机声、汽车声即大喊大叫,害怕自己感染病毒,反复洗手,禁止离家的人靠近自己,性情急躁,自觉耳鸣,咽部有痰,清嗓时作,纳食尚可,二便正常,入睡困难。西医诊断:儿童AD;中医诊断:惊悸,辨证为痰火内扰、心肝失主,治以豁痰清心、安神定志。处方:石菖蒲10 g,广郁金10 g,远志6 g,浙贝母6 g,胆南星6 g,生地黄10 g,淡竹叶10 g,灯心草2 g,炒酸枣仁10 g,茯苓10 g,炙甘草3 g,灵磁石20 g(先煎),生龙齿20 g(先煎)。共14剂,每日1剂,水煎,分3次服,并嘱患儿家长教育其规律生活、合理膳食、参与家务、增加运动等。

4月16日二诊。患儿服上方后耳鸣改善,惊恐仍作,对外界声音敏感,喜大喊大叫,频繁洗手洗脸,甚至可持续数小时,性情急躁,打骂他人,晚间难以入睡,近日咳嗽偶作,喉中有痰,鼻塞明显,清涕少许,纳食尚可,二便正常。上方去生龙齿,加夏枯草10 g,紫苏叶10 g,淮小麦15 g,大枣3枚,并将灯心草改为3 g。共14剂,煎服同前。

4月30日三诊。患儿服上药后惊恐好转,对家人、汽车声已无惊恐,喊叫减少,睡眠改善,咳嗽偶作,喉中有痰,纳食尚可,二便正常,动则易汗。辨证为气虚痰蕴、心神欠安,治以益气化痰、养心安神。处方:炙黄芪15 g,党参10 g,茯苓10 g,白术10 g,广郁金10 g,远志6 g,浙贝母6 g,法半夏6 g,陈皮3 g,灯心草3 g,炒酸枣仁10 g,炙甘草3 g,灵磁石20 g(先煎),煅龙齿20 g(先煎)。共14剂,煎服同前。

5月14日四诊。患儿现惊恐几乎,无大喊大叫,无频繁洗手,现已恢复上学,能与同学玩耍,接受学习,老师反映无特殊,予上方加减14剂以收功。

按:本案患儿因恐惧拒诊,故所得病史资料皆闻家长所述,未得舌脉,综合其性情急躁、大喊大叫、入睡困难等症状来看,初诊以实证为主,结合咽部有痰,清嗓时作等表现,汪师认为系由痰火内扰,心肝失主所致,取石菖蒲、广郁金、远志、浙贝母、胆南星清热化痰,生地黄、淡竹叶、灯心草清心降火,炒酸枣仁、茯苓、炙甘草养心安神,灵磁石、生龙齿重镇安神。诸药合用,共奏豁痰清心、安神定志之功。二诊患儿惊恐仍作,强迫动作,性情急躁,打人骂人,治以前法出入,前方去生龙齿,将灯心草加量以清心降火,并加夏枯草清肝泻火,加淮小麦、大枣,与甘草合成甘麦大枣

汤,增强养心安神之功效;此外,患儿咳嗽偶作,喉中有痰,鼻塞流涕,有外感风邪之象,加紫苏叶疏风解表。三诊患儿诸症好转,痰热之象不显。考虑患儿病程已6周,结合动则易汗,咳嗽偶作等临床表现,汪师认为当从气虚痰蕴角度着手,治以健脾化痰、养心安神,取四君子汤加黄芪补益中气,使脾气得复,则运化水湿功能恢复正常,以远志、浙贝母、法半夏、陈皮、广郁金豁痰兼宁心,并继予灯心草清心安神,炒酸枣仁、炙甘草养心安神,灵磁石、煅龙齿重镇安神而收功。如此心主神志功能正常,如云雾散却,阳光普照,患儿对周围恐惧渐消而重生兴趣。此外,汪师还特别强调,家长和学校要注重精神疏导,使儿童心情愉悦,从而消除恐惧,达到“喜则气和志达”的效果。

4 结语

新型冠状病毒肺炎疫情防控期间,儿童AD的发病率有所增高,全社会应当高度且持续地关注儿童的心理状态,做到早预防、早筛查、早识别、早诊断、早干预,对于预防或减少儿童精神和行为障碍的发生,避免后续的社会心理问题,具有特殊的意义和重要的临床价值。汪师认为本病病位主要在心,不离乎五脏,主要由脏腑功能失调,心神失养或受扰所致,辨证时当首辨脏腑之病位,次辨虚实之病性,再辨病理产物之兼夹,治疗当以“调和脏腑,宁心安神”为基本治则,圆机活法,随证施治,配合精神疏导,双管齐下,可获良效。

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