

国医大师张大宁论慢性肾功能衰竭临床七症

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摘要:“肾衰七症”:畏寒、面垢、呕恶、小便清长、大便黏腻、身痒、拘挛。慢性肾功能衰竭病位主要在脾肾,病机总括本虚标实,以脾肾阳气虚衰为本,湿浊瘀毒内停为标。脾肾阳虚,失于温煦,故见畏寒;阳虚火衰,血虚血瘀,运化失司,湿毒内生,浊阴上泛于面,故见面色黧黑垢腻;阴寒内盛,肾失气化,则见小便清长或夜尿增多,肾失封藏则见泡沫尿;脾失健运,湿浊不化,见大便黏腻;浊毒上逆故见呕恶,湿浊泛肤则发为身痒;阴血亏虚,筋脉失养见肢体拘挛。临证治疗以“标本兼治”为原则,以“健脾益肾,化瘀泻浊”为治法。

关键词:慢性肾功能衰竭;畏寒;面垢;呕恶;小便清长;大便黏腻;身痒;拘挛;张大宁

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TCM Master Zhang Da'ning on Seven Clinical Symptoms of Chronic Renal Failure

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Abstract: "Seven symptoms of renal failure" includes feeling chill, dirt-like face, nausea, clear and long urination, sticky stool, and body itching and muscular contracture. Chronic renal failure is mainly located in the Spleen and Kidney, and the pathogenesis can be summarized as deficiency in nature and excessiveness in symptoms, and deficiency of Spleen and Kidney Yang Qi is the former and the internal stagnation of Dampness, Turbidity, stasis and toxin is the latter. Deficiency of Spleen and Kidney Yang means the loss of warmth, which leads to feeling chill. Yang deficiency and Fire decline, blood deficiency and blood stasis, loss of transportation and transformation, endogenous Dampness and toxin, so the turbid Yin is showed on the face, which seems dark and greasy. If the Yin and Cold are abundant in the interior, and the Kidneys Qi is deficiency, the urine will be clear and long or nocturia increases. If the kidney cannot store the Jing well, foamy urine would be seen. The Spleen is not healthy in function and the Dampness cannot be dissolved, and then the stool is sticky. When the turbid toxin goes upside, nausea would take place. When the Dampness and the turbid floats in the skin, itch would take place; Deficiency of Yin and blood and dystrophy of muscles and veins, limb spasms would be shown. Clinical treatment is based on the principle of "treating both the symptoms and root causes" and "strengthening the Spleen and nourishing the Kidney, removing blood stasis and purging turbidity" should be the treatment method.

Key words: chronic renal failure; feeling chill; dirt-like face; nausea; clear and long urination; sticky stool; body itching; muscular contracture; Zhang Da'ning

慢性肾功能衰竭(以下简称慢性肾衰)是各种慢性肾脏病进展的共同结局,表现为代谢产物潴留、水电解质及酸碱代谢失衡和全身多系统包括心血管、呼吸、消化、血液、内分泌、神经、肌肉、骨骼等状况^[1]。随着糖尿病、高血压、肥胖等发病率的增加,我

国慢性肾脏病的发病率也明显增加,近年的流行病学调查资料显示,我国发病率为9.4%~12.1%^[2]。慢性肾脏病多隐匿起病,出现症状时多已是中晚期,慢性肾衰主要为慢性肾脏病4-5期患者的临床症状^[1]。现代医学多以对症治疗、防止并发症及肾脏

替代疗法为主,治疗费用高且预后较差,据统计,透析患者死亡率为18%~20%^[3-4]。

对于慢性肾脏病4-5期患者,现代医学尚缺乏有效措施延缓肾功能的持续恶化,而中医药在缓解病情、改善生活质量及延缓病程方面有明显优势^[5]。中医学无“慢性肾衰”之病名,多根据其临床表现分属于“腰痛、水肿、呕吐、呃逆、关格、癃闭、溺毒、虚劳”等范畴。但在临床上其表现往往多个症状错综复杂且进展变化,故现代中医亦以“慢性肾衰病”名之^[6]。

国医大师张大宁学贯中西,对肾脏疾病有着系统全面的认识和自身独到的见解,提出“肾为人体生命之本-肾本学说”“心-肾轴心系统学说”及“肾虚血瘀论与补肾活血法”等理论^[7],对慢性肾衰的治疗有着丰富的临床经验和显著的临床疗效。笔者有幸遇张教授指导临床与教学,张教授提出了慢性肾衰的“临床七症”,现将相关内容整理如下。

1 问寒热

寒热之问,可辨病邪性质及机体阴阳之盛衰。诚如张介宾言“阴阳不可见,寒热见之。”并将问寒热列为《十问篇》之首。肾衰患者临床多见久病畏寒,因肾阳虚衰而阴寒内生,形体失于温煦故见怕冷、四肢末端凉,得温可缓。张教授指出,畏寒之症贯穿慢性肾脏病全过程,随着病程的进展,肾阳虚衰,畏寒亦逐渐加重,反之临床见畏寒之象越重,阳虚愈甚。

肾阳为一身阳气之本,“五脏之阳气,非此不能发”,主推动与温煦。阳气之于人,犹如蜡炬,随着人体生、长、壮、老、已的自然生命过程而消耗,推动与温煦之能逐渐减退。如《礼记·内则》云“五十始衰,六十非肉不饱,七十非帛不暖,八十非人不暖,九十虽得人不暖矣。”慢性肾衰的发生,使人体阳气病理性急剧减少直至衰竭,治疗上以益肾阳为原则。临床上张教授常用补骨脂、肉苁蓉等温补脾肾,阳虚甚者以仙茅、淫羊藿温肾壮阳。阴阳互根,张教授尤善重用五味子养阴益精,既取“善补阳者必于阴中求阳,阳得阴助而生化无穷”之义,又防阳损及阴。五味子之养阴,滋而不腻,防伤胃碍脾之弊,又能补肾涩精,防肾精外泄,且现代药理研究表明,五味子能减少蛋白尿,延缓肾小球硬化,正切慢性肾衰之病与证^[8]。

2 察面色

《灵枢·邪气脏腑病形》指出“十二经脉,三百

六十五络,其血气皆上于面而走空窍。”故察面色,可知脏腑之虚实、气血之盛衰。慢性肾衰患者常见面色萎黄,重者可见面色黧黑。《医碥·察面》有言“面有青赤黄白黑,以应五脏。”《灵枢·五色》云“黄为脾,黑为肾。”面色萎黄者,多为脾胃气虚,气血化生无源,机体失养,治宜健脾益气,以四君子汤为代表;面色黧黑者,为肾阳亏虚,阳虚火衰,失于温煦,浊阴上泛,肾阳既亏,脾阳何以继,治宜温肾兼顾脾阳。慢性肾衰后期气血阴阳俱损,推动无力,致血虚血瘀,不能上荣于面;脾肾亏虚,运化失司,气化不利,湿毒内生,上泛于面,故可见面部垢腻。此时宜养血活血共用,活血化瘀以辛温为主,张教授尤喜用五灵脂、蒲黄炭、丹参、川芎、赤芍、三棱、莪术等,养血以当归、白芍为主。湿毒盛者,以茵陈化湿降浊,有临床研究表明茵陈失笑散可降低血肌酐水平^[9]。

3 问小便

问小便,包括问小便之量、色、味、频次及夜尿。针对慢性肾衰患者,小便情况是反映肾功能的重要依据。《素问·灵兰秘典论》有言“膀胱者,州都之官,津液藏焉,气化则能出焉。”《素问·逆调论》云:“肾者水脏,主津液。”小便由膀胱贮藏与排泄,更依赖于肾阴封藏与肾阳推动的平衡、肾气蒸化与固摄的协调。慢性肾衰早期患者,临床常见两大症状,一则小便清长,二则夜尿增多。小便清长者,因阳虚内寒,不能温化水液,水液下渗,故小便色清如水、量多无味;夜尿增多,即每晚排尿 ≥ 2 次^[10],缘肾阳亏虚,命门火衰,水失气化,加之夜间属阴,则阳气亏虚更甚,不能固摄。正如巢元方在《诸病源候论》中提到“肾气下通于阴,腑既虚寒,不能温其脏,故小便白而多。其至夜尿偏甚者,则内阴气生也^[11]。”

随着慢性肾衰病情的进展,肺、脾、肾三脏功能失常,津液输布障碍,水液停聚,泛于肌肤,则见尿少浮肿。《素问·水热论》云“肾者,胃之关也,关门不利,故聚水而从其类也。”此为本虚标实之证,临床多以五苓散利水渗湿,妙在方中桂枝温阳化气,“气化则能出矣”。张教授尤喜大剂量生黄芪补虚且利水,标本同治。《本草经解》言“人身之虚,万有不齐,不外乎气血两端。黄芪气味甘温,温之以气,所以补形不足也;补之以味,所以益精不足也。”现代研究表明,黄芪的主要成分毛蕊异黄酮葡萄糖苷经肠道菌群作用,代谢为毛蕊异黄酮,通过抑制肾小球的系膜增生,保障肾小球血管内皮细胞结构完

整性,改善血管内皮细胞功能,达到治疗慢性肾衰的目的^[12-13]。

4 问大便

问大便,重点在于便质与频次,关注患者大便是否黏腻、是否通畅。慢性肾衰的病机是本虚标实,其标实在于湿浊瘀毒内生。湿浊瘀毒既是病理产物,也是致病因素。《读医随笔》有云“凡治病,总宜使邪有出路。宜下出者,不泄之不得下也。”张教授指出,于慢性肾衰者而言,从大便解是祛邪的最重要出路。若大便不通畅,一方面湿浊瘀毒无出路,直接导致病情加剧;另一方面,六腑以通为用,大便不通畅还会导致其他脏腑功能失调。张教授指出,慢性肾衰患者应保持每日排便2~3次为佳,才能保证体内之浊毒排出,脏腑安和。

临证中,针对大便不通畅的患者,张教授必用大黄,既能祛浊降逆,行气利水,又可破瘀生新,走而不守。大黄乃以通为补之代表,《神农本草经》谓大黄“主下瘀血,血闭,寒热,破癥瘕积聚,留饮,宿食,荡涤肠胃,推陈致新,通利水谷,调中化食,安和五脏。”现代药理研究表明,大黄蒽醌和大黄酸蒽酮葡萄糖苷通过抑制肾小球系膜细胞DNA和蛋白质的合成而引发系膜细胞生长抑制,减缓残余肾组织肾小球硬化的进展^[14]。大便偏干或不通者,可用生大黄后下,用量10~30g,以每日排便2~3次为度;大便黏腻者,常用大黄炭,取其通腑降浊之性,折其苦寒伤胃之弊,可增强活血化瘀、降浊排毒之效,祛邪而不伤正。

5 问饮食

《素问·疏五过论》云“凡欲诊病者,必问饮食居处。”问饮食口味可察脾胃功能及相关脏腑病变,胃主受纳、腐熟水谷,脾主运化,脾胃为后天之本,以通为用,以降为顺,脾升胃降,为人体气机升降之枢。对于慢性肾衰患者,从现代医学角度,消化系统症状是慢性肾脏病最早和最突出的表现,因胃肠道排尿素增多,经尿素酶分解产生氨刺激引起,可出现食欲减退、恶心、呕吐等表现^[2]。慢性肾衰之恶心欲吐,近中医学“关格”轻症之义,乃因脾肾虚衰,湿浊不化,浊毒上泛所致。脾主运化水湿,升清降浊,肾主气化开阖,二者在气血津液的生成、运行及代谢中起重要作用。脾肾衰惫,气血不生,日久气血阴阳俱损。运行无力,水湿内停,日久化浊、化瘀、化毒,壅滞三焦,气机不降。根据张教授的临床经验,当肌酐

超过450 μmol·L⁻¹,患者常有口中氨味。治疗上常用《金匱要略》大黄甘草汤^[15],以大黄苦寒泻热、通腑祛实、降浊排毒,更好地使体内氮质聚积物排出体外^[16];配甘草益气和中,防祛邪伤正,上病下取,湿浊得降,六腑得通则症自消。

6 问身痒

皮肤瘙痒是慢性肾衰常见的临床症状之一,容易影响睡眠、引起烦躁,甚至出现焦虑、抑郁,严重影响患者生活。据统计,慢性肾衰患者中不同程度的皮肤瘙痒发生率为70%~90%^[17]。现代医学认为,慢性肾衰后期电解质紊乱出现的高磷可诱发转移性钙化和组织损害,其中皮肤和皮下组织转移性钙化则表现为瘙痒;此外还可能与高浓度尿素在皮肤形成尿素霜有关^[2]。西医多从限制含磷饮食摄入、运用磷结合剂(目前以碳酸镧为主)等方面调整,但容易出现营养不良,引起其他电解质紊乱等不良后果^[18]。

张教授认为,慢性肾衰后期,脾肾虚衰,湿浊不化,浊毒上泛则为呕恶,湿浊泛肤则发为身痒。慢性肾衰后期,气血俱虚,推动无力,且久病必瘀,进一步阻遏气机,致肌肤失养。正如《辨证奇闻·身痒门》提到“气血止而不行于皮毛之间,即有淫痒之病生矣。”加之脾虚运化无力,湿浊瘀毒内聚,不得从水道出,湿浊毒邪外溢,留于皮肤,出现身痒。治疗上应以健脾祛湿泻浊为法。张教授还特别强调,身痒者禁用温法,可加赤芍、牡丹皮、紫草之类凉血活血,兼以治标。

7 问拘挛

张教授指出,慢性肾衰血虚不荣,筋脉失养者,可见肢体拘挛。从现代医学角度,慢性肾衰患者后期电解质紊乱出现低钙血症会引起神经肌肉应激性增加,表现为四肢抽搐。西医治疗以补充活性维生素D为主。中医认为,慢性肾衰者拘挛的发生,病位不仅在脾肾,而已累及肝。肝藏血,肾藏精,乙癸同源,精血互化,肾精亏虚,不能化血,脾虚生化无源,共同导致肝之阴血亏虚。肝主筋,肝之阴血不足,则不能荣筋,故见拘挛,且以夜间为甚。临床上常用当归、芍药养血柔肝舒筋。

8 讨论

肾脏具有强大的代偿机制,当肌酐清除率下降超过50%时,血肌酐才出现上升趋势^[19],故慢性肾

衰起病隐匿,知晓率低,且预后差,已成为全球重大的公共卫生问题^[20]。随着慢性肾衰病情不断发展变化,病机演变错综复杂,缠绵难愈,其病本在肾,累及多个脏腑^[21]。张教授认为慢性肾衰病机以脾肾阳气虚衰为本,湿浊瘀毒内停为标^[22-23]。脾肾阳虚,失于温煦,故见畏寒;阳虚火衰,血虚血瘀,运化失司,湿毒内生,浊阴上泛于面,故见面色黧黑垢腻;阴寒内盛,肾失气化,则见小便清长或夜尿增多,肾失封藏则见泡沫尿;脾失健运,湿浊不化,见大便黏腻,浊毒上逆故见恶呕,湿浊泛肤则发为身痒;阴血亏虚,筋脉失养见肢体拘挛。《伤寒论》有“麻黄八症”“柴胡八大症”,类之此可谓“肾衰七症”:肾衰病,畏寒,面垢,呕恶,小便清长,或身痒,或拘挛,务使大便通,当以健脾补肾活血泻浊为法。

张教授对慢性肾衰的治疗有着丰富的临床经验和显著的临床疗效,其“补肾活血”之法贯穿肾衰治疗之始终。临证用药上,扶正以黄芪为补虚之主药,常配茯苓、白术、山药等健运中州之品^[24],补后天以滋先天;当归补血活血;白芍养血敛阴、柔肝舒筋;五味子滋补肾之气精,又主收敛,辅肾藏精,亦能柔肝养血,肝肾同治,与黄芪相互佐制,滋而不腻,扶正而不敛邪。祛邪以大黄活血降浊、通腑排毒为首,和黄芪配伍,一升一降开启脾胃升降之枢,祛邪不伤正,扶正不滞邪^[25];丹参、川芎、赤芍、五灵脂、蒲黄等活血化瘀,重者以三棱、莪术破血逐瘀;茵陈化湿降浊。以上所列乃张教授治疗慢性肾衰之药,但临证变化多端,用药亦灵活加减,用量上也大有讲究。

张教授经过数十年的临床积累,对肾病的发生发展与转归早已了然于胸,临证注重辨证与辨病相结合,以中医治法治则为指导,吸收现代药理研究成果,灵活用药,以变应变,取得了良好的临床疗效。诊法是临床的基础,收集归纳证候信息,以辨病辨证;再反过来,以病证应有之证候,通过进一步细化问诊,完善病例资料,验证辨病辨证的准确性及病证的严重程度,指导治疗。

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