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•理论研究 •

基于《黄帝内经》先天论探讨"通补奇经、分经别治" 在肿瘤辨治中的应用*

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摘要: 奇经八脉为先天一气所生,其中运行元气。肿瘤的发生发展受基因调控,与先天密切联系,现代医家多从后天脏腑论治肿瘤,以先天奇经为切入点辨治未得到重视。基于《黄帝内经》相关条文,论述肿瘤发生与先天的直接、间接关系,并提出肾一十二经一奇经的先天一气周流说,阐发先天奇经与肿瘤发生发展的关系。治疗则应据奇经虚实、肿瘤所处疾病阶段、治疗阶段的不同,灵活调整通、补、攻比重,并结合八脉不同特性,分经论治,望以此丰富中医辨治肿瘤的病因病机学说及临证治则治法。

关键词:肿瘤; 奇经八脉; 先天; 中医; 病因病机

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Discussion of "unblocking and supplementing extraordinary vessels and treating them separately" in tumor pattern differentiation and treatment based on the theory of innateness from *Huangdi Neijing**

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Abstract: The eight extraordinary vessels originate from the prenatal qi, and the original qi runs in them. The occurrence and development of tumors are regulated by genes and closely related to congenital basis. However, nowadays most physicians treat tumors from the perspectives of postnatal zang-fu organs while pattern differentiation and treatment from the perspective of congenital extraordinary vessels has not received due attention. Based on relevant records in Huangdi Neijing (Huangdi's Internal Classic), this paper discusses the direct and indirect relationships between tumorigenesis and congenital condition, and suggests the possible circulation of the congenital qi in the kidney-twelve meridians-extraordinary vessel pathway to elucidate the relationship between congenital extraordinary vessels and tumorigenesis and development. The treatment characterized by unblocking, supplementing and purging should be flexibly adjusted according to the deficiency and excess of the extraordinary vessels, the stage of tumor development, and the stage of treatment. In addition, the eight extraordinary vessels should be treated based on their different characteristics. It's hoped that the analysis of the etiology and pathogenesis in TCM differentiation and treatment of tumors and the treatment principles and methods will be enriched.

Keywords: tumor; eight extraordinary vessels; congenital; TCM; etiology and pathogenesis

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肿瘤作为慢性疾病,发病率逐年上升^[1],目前西医多应用手术、放化疗及免疫治疗等方法根治、控制肿瘤负荷,但患者临床症状改善欠佳。中医学病-证-症-体相参,在改善症状、提高生活质量及延长生存期等方面具有一定优势。纵观近代肿瘤的治则治法,从后天脏腑辨治者多,恭阅《黄帝内经》,略窥幽微,寻奇经、先天及肿瘤之迹,乃旁征博引,从先天论奇经、从先天道肿瘤,并据奇经八脉之别,分经论治。望以此传承经典,阐明奇经八脉与肿瘤发生发展的关系,及在肿瘤辨治中的作用。

1 基于《黄帝内经》论"先天"

1.1 肿瘤发生与先天直接相关

肿瘤以脏腑组织发生异常增生为特征,又名癌 病、积聚、癥瘕、息贲、乳岩、石瘿等。《圣济总录》云 "瘤之为义,留滞不去也",可知肿瘤为自身局部组 织增殖而来。研究表明,肿瘤细胞与人体细胞增殖 方式相同,均通过有丝分裂形成[2],且受相关基因 调控,如鼠双微体基因 2(Murine doubleminute 2, MDM2) 的信使核糖核酸(Ribonucleic Acid, RNA)、 非编码 RNA 等的表达可促进胃癌细胞生长和转移, 人类表皮生长因子受体(Human epidermalgrowth factor receptor-2, HER-2) 等基因与肺癌进展的特异性 致癌激活密切相关[3-4]。《灵枢·本神》谓"生之来 谓之精",《灵枢•天年》言"人之始生……以母为 基,以父为楯",可知父母先天之精为人体生长的先 决,而基因源于父母染色体,调控人体发育,与先天 之精同义,故基因应为先天之精,归属先天,而基因 与肿瘤激活相关,因此肿瘤的发生进展与先天直接 相关。

《管子·内业第四十九》曰 "精也者,气之精者也。"《素问·阴阳应象大论篇》载"气归精,精归化",精化气,气充精,基因作为先天之精,若先天精气亏虚则易致基因紊乱,胚胎即发或生后而发为肿瘤。林少云等^[5] 调查研究恶性肿瘤患者的中医体质类型,结果显示气虚质占比最高,此结果为气虚质人群提早预防、治疗肿瘤提供了依据。

1.2 肿瘤发生与先天间接相系

1.2.1 肾与先天

《灵枢·决气》言"两神相搏,合而成形,常先身生,是谓精",肾中除蛰藏后天之精外,尚有"常先身生"的先天之精,李中梓曾言"先天之本在肾",亦明确了肾与先天的关系。先天肾精调控机体生长壮老矣,肾虚是衰老的重要原因,如赵锡武谓"人体年老而衰者,由于肾脏之精涸不续于诸脏之故",而衰老细胞分泌的细胞因子、趋化因子和蛋白酶等衰老相关分泌表型可促进癌细胞的发生发展^[6],故肾藏归属先天,并通过衰老与肿瘤间接关联。

1.2.2 奇经八脉与先天考

奇经八脉肇始于《黄帝内经》,有冲、任、督、带、阴维、阳维、阴跷、阳跷脉之论,至《难经》明确提出奇经八脉一词,清代叶天士完善其理论,并圆机活法于临床。《说文解字》载"奇,异也",李时珍论"八脉者,先天大道之根,一气之祖",认为奇经八脉为先天一气所生,其中运行先天元气。角建瓴等[7]认为,胎儿血气未和,营卫未通,五藏未成,魂魄、心神未明之时有赖奇经八脉的运行,以先天胎息推动输布,"谷人于胃,脉道以通,血气乃行"后由十二经脉主持,先后天共司经气运行。

1.2.3 肾-十二经-奇经先天一气周流与肿瘤的 关系

奇经八脉与肾藏同属先天,二者与十二经脉共同构成先天一气的运转。《难经》载"生气之原者,谓十二经之根本也,谓肾间动气也",齐城成^[8]等认为命门即右肾,肾间动气乃命门所藏元气出入而成,故十二经根于肾藏。《奇经八脉考》论"盖正经犹夫沟渠,奇经犹夫湖泽,正经之脉隆盛,则溢于奇经",十二经脉气血充盛则流溢于奇经八脉以储蓄,当十二经气亏虚之时又可外输以充盈。奇经八脉与肾藏又通过经络相系,如"督脉……络肾"。由上可知,肾中元精化气鼓动十二经脉流行,十二经脉满溢则蓄养先天奇经,奇经元气与肾藏元精互化互资,共同维持先天一气的周流运息。

奇经作为先天一气循环的枢纽,可双向调节肾

与十二经: 奇经、肾藏共为先天,同盛同衰,如《素问·上古天真论篇》所载"二七而天癸至……太冲脉盛""七七……太冲脉衰少,天癸竭",二者互相资助;奇经、十二经相连属,互济互援,十二经亏虚则奇经助补,奇经空虚则十二经反资,二者亦互相资助,而肾藏化源促十二经运行,故肾-十二经-奇经运行受阻或虚滞,则见元气积聚或亏虚,元气不循其道便化而为邪。道路受阻,元气积聚,"气有余便是火",元阳化为内毒,聚而成形,则见癌肿。或素体本弱,元气累耗,因虚生滞,且外御不及,邪气内淫,著而不去故见癥积,如《临证指南医案》所言"任脉为病……癥瘕积聚",治当通补奇经、分经别治、调元达络以治其根结。

2 先天奇经与肿瘤发生发展的生理基础

先天奇经异于正经,别道奇行,但亦与脏腑相交。《灵枢》载"冲、任皆起于胞中",《奇经八脉考》言"督……其脉起于肾下胞中",冲任督三脉皆与胞宫相系,故《素问•骨空论篇》有"督脉为病……其女不孕"之说,王冰有"冲为血海,任主胞胎"之言。《素问•骨空论篇》曰"督脉者……贯脊……人络脑中",故奇经与脑、脊相属。"阴维……挟咽""阴跷……至喉咙""任脉……上喉咙""督脉……人喉",多条奇经均与咽喉相连。

由上可知,奇经与胞宫、脑、脊、咽喉相关联。若先天奇经为病,癥积外发,行于外者则见于奇经循行与脏腑相会之处,故先天奇经罹患癥积,多见于胞宫、脑、骨与咽喉。研究表明,子宫癌、脑肿瘤、骨肿瘤及咽喉癌的发生均与基因相关,如星形胶质细胞上调基因-1(Astrocyte elevated gene-1,AEG-1)、B淋巴细胞瘤-2(B-cell lymphoma-2,Bcl-2)基因过表达,血管内皮生长因子(Vascular endothelial growth factor, VEGF)基因下调可诱导子宫癌的发生^[9]。王洪海等^[10]从奇经论治脑病、国医大师朱良春^[11]运用奇经理论辨治骨病、从奇经论治咽喉病及胞宫病^[12-13]等均取得佳效,如此,为"先天论"的临证辨治提供了一定的理论与实践基础。

3 基于先天论探讨"通补奇经、分经别治"在肿瘤 病临证中的辨治

"通补奇经"为叶天士参古合今所提出的治疗 大法,其认为"奇脉之结实者,古人必用苦辛和芳香,以通脉络;其虚者,必辛甘温补,佐以流行脉络, 务在气血调和,病必痊愈。"可知奇经邪实当以辛苦 通达,奇经亏虚则当温补兼通络。此与病机属"虚、 痰、瘀、毒",治疗宜从通、补、攻的肿瘤病不谋而合。 但奇经分列八脉,所主各异,证各不同,故分经论治 尤为必要。

"通补奇经"理论自古多用于妇科病证的治疗^[14],亦有内科杂病以此为基者,但鲜有应用于肿瘤者,现代医家陈群伟等^[15]运用通补奇经、固摄冲带、健脾益肾法辨治盆腔及腹腔恶性肿瘤术后虚劳,疗效颇佳,故深入探索"通补奇经、分经别治"法在肿瘤临证辨治中的应用具有重要的价值。

3.1 奇经亏虚,温补通达以化源

《临证指南医案》云"奇经有损,必通补之""其虚者,必辛甘温补,佐以流行脉络,务在气血调和,病必痊愈",奇经八脉受十二经脉充养,故奇经亏虚当责之十二经,而十二经根于肾,且奇经与肾藏同属先天,治应调补肾藏。肾作为先天之本,受五脏六腑之精而藏之,其中最为密切者当推脾胃、肝,且叶天士认为"肝肾损伤,八脉无气""冲脉隶属阳明,阳明久虚,脉不固摄"此皆以乙癸同源、先后天互资之故。且肿瘤作为一种慢性消耗性疾病,日月累积、《王旭高临证医案》中"病根日久,损及奇经"之说,亦可为鉴。

3.1.1 肿瘤初中期宜轻补微通,理二跷

肿瘤初中期由各种癌前状态发展而来,奇经渐虚,邪实初盛《医宗必读•积聚》载"积之成也,正气不足,而后邪气居之……中者,受病渐久,邪气较深,正气较弱,任受且攻且补",故此时当轻补培正,微通奇经。研究表明,在肿瘤确诊时超过50%的患者被诊断为早中期^[16],而新确诊癌症患者处于身心应激状态,焦虑、抑郁与失眠多发,犹以失眠为重^[17]。《灵枢•大惑论》言"阳气满则阳跷盛,不得入于阴则阴气虚,故目不瞑矣",可知阴、阳跷脉司眼睑开闭,二跷脉失和则见失眠,故在肿瘤的初中期应治在阴阳二跷脉。

治法当轻以益元、微以通络,用药多选用半夏、瓜蒌、知母、黄柏、远志、菖蒲、防风、苍术、酸枣仁、肉桂等以调和二跷。其中,半夏所含有的半夏总生物碱可明显抑制人胃癌细胞 SGC - 7901 细胞株的增殖^[18],肉桂中所含总酚类、槲皮苷、山柰酚等成分在体内外试验中均被证实具有抗肿瘤效应^[19],酸枣仁中皂苷、黄酮以及生物碱类等成分可镇静催眠、抗焦虑抑郁并抑制瘤体生长^[20]。

3.1.2 肿瘤晚期宜重补兼通,环任督

肿瘤作为慢性消耗性疾病,晚期患者中约50%~80%存在恶液质^[21],且肿瘤相关性营养不良

是 20% ~ 40% 肿瘤患者死亡的直接原因^[22]。《医宗必读》载"积……末者,病魔经久,邪气侵凌,正气消残",肿瘤晚期,正气枯涸,阴阳俱虚,任督二脉作为人体的小周天,总控一身之阴阳,《奇经八脉考》有曰"任督二脉,此元气之所由生,真息之所由起""人能通此二脉,则百脉皆通",且《临证指南医案》明确提出"久病宜通任督",故于肿瘤晚期当治在任督。

治当通补任督,重在培补、佐以疏通。用药多选用鹿角、猪脊髓、肉桂、干姜、桂枝、细辛等以入督脉,择鳖甲、阿胶、紫石英、覆盆子等以走任脉。研究显示,鹿角盘总肽对乳腺癌细胞具有抑制作用,具有一定的抗乳腺肿瘤活性^[23]。鳖甲胶可增加血红蛋白含量、增强免疫功能、抗肿瘤、耐缺氧、抗疲劳^[24]。阿胶中含有较高的酸性氨基酸、中性氨基酸等,可加快血红蛋白合成速度、提高血小板计数,增强免疫、抗肿瘤等,对晚期贫血肿瘤患者大有裨益^[25]。

3.1.3 肿瘤术后宜通补并重,固带脉

手术是目前肿瘤的主流治疗手段之一^[26],但手术作为有创操作,对机体具有一定损伤,如胃癌术后常见胃 - 食管反流病,盆腹腔术后常见少腹坠胀、崩漏、子宫下垂、二便失禁等并发症。叶天士有"其不致崩决淋漓者……带脉为之约束"之言,可知肿瘤术后冷刃伤元,既虚且滞,术后五体失约、带脉失束则见泛酸、脱垂、遗溺、崩漏诸症,故肿瘤术后当治在带脉,且尤宜于盆腔术后。

治当约带摄脉,通补并行并重。用药多选用当归、白芍、续断、龙骨、升麻、五味子、艾叶、莲子等^[22]以补通带脉。现代研究表明,当归内酯可改善肿瘤免疫抑制状态,提高淋巴细胞增殖能力和免疫细胞功能^[27]。白芍提取物可通过促进白细胞介素 4(IL-4)、白细胞介素 10(IL-40)的合成释放,抑制白细胞介素+β(IL-4β)、肿瘤坏死因子-α(TNF-α)、高迁移率族蛋白 B1 的表达,发挥抗炎、镇痛效果,且芍药苷可通过激活凋亡因子半胱氨酸天冬氨酸蛋白酶3/9(Caspase - 3/9)进一步促进结肠癌 HT29 细胞凋亡而发挥抗肿瘤作用^[28],故于肿瘤术后应用恰为相宜。

3.2 奇经结实,辛苦通达助消阴

结聚之疾,内由元损,外聚则因邪结。叶天士云 "奇脉之结实者,古人必用苦辛和芳香,以通脉络" "奇经为病,通因一法,为古圣贤之定例"。故奇经 结实者,法当苦辛相合,通降奇经,芳香走窜,疏和脉 络,苦辛通达以消散奇经之实。

3.2.1 化学药物治疗后宜辛苦通降,和冲脉

化学药物治疗(化疗)作为一种全身性治疗手段,是目前治疗肿瘤的主要方法之一,化疗以化学药物直接输注于血脉,药毒、水饮灌渗于十二经,后流淫于奇经,期以化学药毒消退癌肿。但肿瘤内生,奇经既实,脉络不通,此乃叶天士所谓"久病入络",化疗后虽以药毒消瘤,但水饮内溜,"饮水流行"(《金匮要略》)久易生变。且受多因素影响,化疗及化疗后常见化疗相关性呕吐、化疗性腹泻等。《素问·骨空论篇》载"冲脉为病,逆气里急",叶天士有言"病在冲脉,从厥阴阳明两治",可知化疗及化疗后的饮水流渍、呕吐、泄泻等逆气里急诸症均应责之冲脉。

治当辛开苦降调肝脾,芳香化浊祛水饮,缓急和气畅冲脉。用药多选用元胡、川楝子、香附、郁金、降香、乌药、青皮、小茴香、桃仁等以畅通冲脉。研究表明,延胡索乙素对硫酸醛基长春新碱的体外抗肿瘤活性有明显增强作用^[29]。而香附挥发油可提高胃肠动力生物活性,促进小肠平滑肌细胞增殖,且香附提取物对癌细胞具有明显的抑制作用,对非癌细胞具有一定保护作用^[30],于化疗后呕恶、泄泻者较为适宜。

3.2.2 放射治疗后宜苦辛和络,调二维

放射治疗(放疗)作为一种局部治疗方法,目前在多种癌病治疗中仍作为首选或辅助方法。放疗通过发放射线穿透皮-肉-筋-脉,以其辐射能作用于病所,可抑制、减少甚至消除癌肿。在接受外部放射治疗的患者中,约90%~95%会出现不同程度的皮肤反应,如皮肤红痒、疼痛、皮疹、自汗等症状。《脉经》载"阳维脉……苦肌肉痹痒,皮肤痛""自发汗出",张洁古曰"卫为阳,主表,阳维受邪为病在表",可知二维脉主一身之表里,主营卫而司表。放疗以射线损伤肌表,虽有功于积,亦有过于正。故放疗中及放疗后当治在二维脉。

法当苦辛和络,调和二维脉。用药多选用桂枝、白芍、黄芪、龟板、鳖甲、五味子等以调阴和阳。研究表明,以黄芪、桂枝、白芍为主要组成的黄芪桂枝五物汤联合放疗治疗脊椎转移癌,具有明显的止痛效果,且可提高患者生存质量,减轻放疗相关不良反应^[31]。桂枝中桂皮醇、桂皮醛、桂皮酸等化学成分具有解热、镇痛、抑菌、抗氧化等作用,可缓解放疗后皮肤炎症及疼痛^[32]。五味子提取物可减轻肺组织受巨噬细胞与中性粒细胞浸润,调节 TNF-α 表达,对急性肺损伤有潜在的防治作用^[33]。

4 小结

奇经之论自古有之,叶天士、张锡纯、吴鞠通等均推崇,及近代多以脏腑论治诸证,然国医大师朱良春继承完善此说,临证善以通补奇经法瘳顽疾。承吴鞠通"叶氏于妇科久病疝瘕,则以通补奇经,温养肝肾为主……此外良法甚多,学者当于各家求之"之言,现代医家陈群伟详析奇经与癥积^[34],明言此非标新立异,愚见不谋而合。深入挖掘先天奇经与肿瘤的临证辨治,不仅可丰富肿瘤病的中医学说,拓宽临证治疗思路与用药选择,且益于中医经典的继承发展,为经典理论与现代辨治设桥搭板,知古法今用亦效,为后来学者深入探索经典,发微阐论提供借鉴。

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