

· 理论研究 ·

“善太息”五证辨析*

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摘要: 中医症状“善太息”是指患者自觉胸中憋闷,每欲叹气则舒。临床以善太息为主诉的病例主要包括因郁叹息和因虚叹息,常见证型可以概括为“善太息五证”,即肝郁气滞证、胆虚气滞证、心肺气虚证、脾气虚证和心脉痹阻证。善太息属于气病,包括气滞和气虚两方面。其中心气虚推动无力,行血不利,还可发展为胸痹,多见于中老年人,其临床研究较多。善太息心脉痹阻证也可见于小儿,又称小儿叹气症,作为一种较为常见的小儿心系疾病应加以重视。临床诊疗善太息,应谨记“善太息五证”的病因病机,随证立法而治之。

关键词: 善太息;证候;鉴别诊断;五证

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Differential analysis of the five patterns in “frequent sighing” *

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Abstract: The symptom of traditional Chinese medicine “frequent sighing (*shan tai xi*)” means that patients feel tightness in their chest, which can be relieved temporarily by sighing. Frequent sighing as the main complaint can be divided into sighing due to stagnation and sighing due to deficiency. The commonly-seen clinical patterns can be summarized as five patterns of “frequent sighing”, namely, liver depression and qi stagnation, gallbladder deficiency qi stagnation, heart and lung qi deficiency, spleen qi deficiency and heart vessel obstruction. “Frequent sighing” is a qi disorder, including qi stagnation and qi deficiency. Deficient middle qi fails to promote blood circulation, which may also develop into chest bi-syndrome, especially in the middle-aged and elderly population. This has been reported in many clinical studies. The pattern of heart vessel obstruction can also be seen in children, also known as sighing in children. It is a common disorder and importance should be attached to its diagnosis and treatment. The etiology and pathogenesis of the five patterns of “frequent sighing” should be considered in deciding treatment accordingly.

Keywords: frequent sighing; pattern; differential diagnosis; five patterns

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善太息是指病人因为自我感觉心胸憋闷,频繁通过长声吐气的方式来缓解胸中胀满不舒的一种临床表现^[1],又称为“善叹息”,其声音轻缓绵长与胃气上逆戛然发声的嗝气有所差别。中医古籍中对“善太息”并没有系统的论述,但历代医家多认为其属于“气郁”的范畴,如《灵枢·胀论》云:“胆胀者,胁下痛胀,口中苦,善太息。”《丹溪心法·喘》曰:“六淫七情之所感伤,饱食动作,脏气不和,呼吸之息,不得宣畅而为喘息。”然善太息之症,非独取决于气机郁滞,其临床常见证型可概括为“善太息五证”,即肝郁气滞证、胆虚气滞证、心肺气虚证、脾气虚证和心脉痹阻证,兹辨析如下,请同道斧正。

1 “善太息”非独取决于气机郁滞

中医认为,气机的升降出入是生命活动的基础,正如《素问·六微旨大论篇》指出:“出入废,则神机化灭;升降息,则气立孤危。”善太息属于气病,非独取决于气郁,还包括气虚。就临床症状特点而言,在一定程度上,气郁者的善太息吸气稍轻而呼气稍重,气虚者的善太息吸气稍重而呼气稍轻。因此,在临床诊疗善太息的疾病时须注意调节气机的升降出入,“必伏其所主,而先其所因”(《素问·至真要大论篇》),舒畅气机,平调阴阳。

气机郁滞导致善太息常见于三方面的异常。第一方面是肝郁,《诸病源候论·气病诸候·结气候》指出:“结气病者,忧思所生也。心有所存,神有所止,气留而不行,故结于内。”由于七情内伤、所愿落空,或突然遭遇强烈的精神刺激,或病邪侵袭机体,导致肝失条达、气机郁滞,胸中气机不利,固见心胸憋闷抑郁,每欲叹息则憋闷得舒。肝气郁滞是善太息之症最常见的病因。第二方面为胆胀,根据《灵枢·胀论》中的论述,气机郁滞在胆腑之外的胸胁部,向外撑胀胸胁,向内挤压胆腑,故见“胁下痛胀,口中苦,善太息”。《灵枢·经脉》也有“胆足少阳之脉,……是动则病口苦,善太息,心胁痛,不能转侧”的记载。第三方面是胆寒,因重病初愈,脾胃未复,胆气虚寒,枢机不利,或因惊恐伤胆,虚而致寒,气滞于胸胁,发为善太息。此即《圣济总录·胆门》曰:“胆虚生寒,气溢胸膈,头眩,口苦,常喜太息,多呕宿水。”因此,正如《读医随笔·卷四》中所言“凡脏腑十二经之气化,皆必藉肝胆之气化以鼓舞之,始能调畅而不病”,所以气郁导致善太息因首先考虑肝胆。气郁是六郁(气、血、痰、湿、火、食郁)的起始,六郁皆可导致善太息。

气虚导致善太息常见于两方面异常。首先是心

气虚,《灵枢·口问》曰:“黄帝曰:人之太息者,何气使然。岐伯曰:思忧则心系急,心系急则气道约,约则不利,故太息以出之。”心气虚证善太息者,由于先天禀赋不足,年迈脏气衰微,劳倦过度,或久病失养,而导致气虚,则宗气不展^[1],欲频繁叹息而得舒缓。其次是肺气虚,“诸气者,皆属于肺”(《素问·五脏生成论篇》),肺主一身之气,直接影响宗气的生成和全身之气的升降出入运动。肺气虚在一定情况下也可引起善太息。

此外,心脉痹阻也会导致善太息。气为血之帅,心主血脉,心气推动血液在脉道中运载着水谷精微环流周身,濡养四肢百骸,藉以保障机体正常的功能活动。因此,心脉痹阻证导致善太息,可由两种情况发展而来。其一,气郁日久,由气及血,气滞血瘀则心脉痹阻;其二,当心气虚不足以行血,心脉痹阻,发为善太息。

2 “善太息五证”辨析

2.1 肝郁气滞证

因“七情之病,必由肝起”,故肝郁气滞证善太息者可见胸闷抑郁,每欲叹息则胸宇得舒^[1],情绪消沉,多愁善感,消极厌世,或情志易怒,春季多发,兼见胸胁、少腹胀满、窜痛,食少,甚者或见梅核气、癭瘤瘰癧,妇女可见月经不调。即《素问·气交变大论篇》曰:“复则收政严峻,名木苍雕,胸胁暴痛,下引少腹,善太息,虫食甘黄,气客于脾,黔谷乃减,民食少失味,苍谷乃损,上应太白、岁星。”需要特别注意的是,元代医家朱丹溪指出:“小儿易怒,肝病最多。”与成人比较,幼儿虽较少有情志内伤,但其神气怯弱,心智未全,情绪易变,应变能力不足,应激状态下易出现气机紊乱、脏腑功能失调,加之幼儿极易激怒,若生性执拗、所欲不遂,则常哭闹不止,或郁怒不语^[2]。所以,幼儿郁怒不解则伤肝而善太息。因五脏的脏气与各个季节相应,在脏气相对较盛的季节更容易感邪发病^[3],肝应春季^[4],所以本证在春季高发。肝郁气滞证以“善太息、情志抑郁、心胸憋闷、叹息得舒,多发于春季”为诊断要素;治宜疏肝解郁以治其本,宽胸理气以治其标,以恢复全身气机畅行,而太息自消;方选柴胡舒肝散、逍遥散或气郁汤(《证治准绳·类方》卷二),也可参考“补心通气散,治忧思郁结长太息”(《古今医统大全·善太息》)。

2.2 胆虚气滞证

善太息,口苦,常伴见心中憺憺,胆怯善惊,遇事多疑难断,胁肋胀痛,或有口中黏腻,头眩。部分患

者因惊吓而发病。胆能储藏和排泄胆汁,胆气虚,胆汁固摄失宜而不能蓄溢,胆汁上逆则见口苦。在《灵枢·邪气脏腑病形》中,胆经阳气不足的症状为“胆病者,善太息,口苦,呕宿汁,心下憺憺,恐人将捕之,啞中呿呿然,数唾”,胆为中正之官,胆气虚,患者易惊恐、难决断,口中黏腻而数唾。“温胆汤,治惊想得之而太息者”(《辨证录·惊悸门》)与“善太息,取心胆二经灸刺之”(《医学纲目》)均可指导本证临床实践。

2.3 心肺气虚证

善太息,其声低气弱,夏季易发,临床常同时伴有心神不宁,胸闷气短,自汗多见于胸前区和头部,面白,舌淡,脉细。心肺气虚证善太息病机为心肺气虚,宗气不足;其辨证分析为气虚导致宗气不展,则善太息;心主神明,心气亏虚则心神不宁;心居胸中,胸中宗气阻滞,故胸闷气短;肺气虚弱,宗气不足,则少气懒言;心气虚不能固摄心液(汗),加之肺气亏虚,不能固卫表、密腠理,则自汗;气为血之帅,气虚导致脉络失充,则面色淡白,舌淡,脉弱无力。《素问·金匱真言论篇》中指出“仲夏善病胸胁”,善太息心肺气虚证易发于夏季,治疗以补气为主,调养心肺,益气升阳,可选用补肺汤、保元汤等。

2.4 脾气虚证

善太息,晨起尤甚,常伴见气短自汗、倦怠乏力、动则诸症加剧,食少纳呆,甚者或见阳虚脘腹冷痛或隐痛。脾为后天之本,由于劳伤过度,或久病失养,或年老体弱,致脾气虚,不欲饮食,水谷精微化生不足,倦怠乏力,劳则耗气,气虚越甚,故诸症动则愈甚。脾胃是气机升降之枢纽,基于五脏精气昼夜消长理论,“平旦”之时脾气最弱^[5],脾升胃降失司,故见善太息,晨起尤甚。本证善太息治疗重在生升,用辛温、甘温生补脾气,可用补中益气汤加减,针灸治疗可参考《针灸甲乙经》中:“脾虚令人病寒,不乐好太息,商丘主之。”李艳娇重用黄芪,补脾益气,论治小儿太息症疗效佳^[6]。

2.5 心脉痹阻证

善太息心脉痹阻证,多见于中老年人,也可见于小儿。心气不足,心脉受阻,则鼓动血行无力,血流不畅而致瘀;痰瘀互结,痰阻气滞,胸阳失展,胸中气机郁阻,故总以长叹吐气,求短暂舒缓,是为善太息心脉痹阻证,可属“胸痹轻症”范畴。中老年善太息人心脉痹阻证是常见的、多发的证型,因具有典型的气滞血瘀特征,符合《中医临床病证诊断疗效标准》^[7],其临床可见胸部疼痛,胸胁胀满,心悸,善太

息,脘痞暖气,舌质紫暗,脉弦涩。临床对中老年心脉痹阻证的研究已有诸多报道^[8-10],故不再赘述。善太息心脉痹阻证中需要特别指出的是小儿叹气症,是临床上一种较为常见的小儿心系疾病,以长叹气或深吸气、胸闷气短、时感憋气为主要表现,可伴有心悸心慌、自汗盗汗、乏力,舌紫暗,苔白,脉弦或细涩^[11]。该病临床检查均无器质性病变,实验室检查基本正常,少数患儿可见心肌酶谱轻微增高,但体格检查、心电图等其他辅助检查未见明显异常^[12]。在小儿善太息发病前常有上呼吸道或胃肠道感染史。本病初起,外邪侵袭,小儿脏腑娇嫩,形气未充,抵御外邪的能力低下,邪毒乘虚而入;疾病中期发展为痰饮、瘀血阻滞,虚中夹实,痰瘀互结,则见善太息、心胸憋闷、气短。“邪之所凑,其气必虚”,气血互根,则疾病后期气阴两虚,摄纳呼吸功能失常,导致患儿出现“短吸长呼,吸气困难”的呼吸模式改变,加重患儿长叹气的症状。

因此,本证的病机为心脉痹阻,气滞血瘀痰扰;治疗宜散气宣痹,祛痰行滞,通阳泻浊;在疾病的初期、中期、后期,根据其临床表现及病机的不同,分别联合疏散邪毒、活血化瘀、益气养阴之法,则痰瘀无以生,正气得复,阴血再生。《金匱要略·胸痹心痛短气病脉证并治》云:“胸痹不得卧,心痛彻背者,栝楼薤白半夏汤主之。”所以善太息心脉痹阻证方选栝楼薤白半夏汤,用药时灵活变通,根据具体症状及时加减变化,针灸治疗可参看“色苍苍然,太息,如将死状,振寒漉白,大便难,中封主之”(《针灸甲乙经》)。

3 小结

证即证候,是中医通过一系列相互联系的症状和体征,对疾病发生和演变过程中某一阶段病理本质的概括,可以明确证候诊断(病因、病机、病位和病势)^[13]。辨证论治是中医诊疗的核心,是立法、遣方、用药、施针等的前提,对充实中医理论研究和指导临床医疗实践具有十分重要的意义^[14]。中医症状鉴别诊断是基于中医基础理论、四诊合参及多种辨证方法,对临床“症状”进行具体分析,以期准确诊断。故本文就善太息可能在哪些证候中出现,以及在不同证候中出现的特点、兼症、治则、处方用药进行了分析鉴别,以期提高临床实践的症状分析能力,为临床“对症治疗”提供一定的理论支撑。善太息可见于肝郁气滞证、胆虚气滞证、心肺气虚证、脾气虚证和心脉痹阻证5种不同证候,用药时灵活变通,根据具体证候选择适宜的治则和选方用药,疗效

可靠。但对于已经明确为“五证”的患者,更重要的是辨析善太息是主症还是兼症,再分析属于气郁还是气虚,如此才不至于本末倒置。

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