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气街理论及应用

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提要: 本文就气街的概念、部位、结构、理论及应用等六个方面,进行了探讨。认为,气街是营卫之气运行的路径,是经脉与络脉间的横向通道,起着“络绝则径通”的生理作用。病理状态下,即可用于诊断疾病,又是治疗疾病,调理气血的有效部位。

关键词: 气街;概念;部位;结构;神经节段

“气街”狭义上即指气冲穴,而经络学中的“气街理论”则有丰富的内涵。在《内经》中提到气街的篇目很多,但是只有《灵枢·动输》和《灵枢·卫气》两篇主要谈到广义的“气街理论”,它是营卫气血运行、十二经脉阴阳相贯首尾相接如环无端理论的发展。这里的“气街”是指经脉间横向的分部联系。“根结、标本”则是指经脉纵行上下的联系。二者均属于经络学说的主要内容。现就气街理论的认识,谈些浅见。

1 “气街”概念的提出

经脉运行人体气血的主要途径是以《灵枢·经脉》篇所阐述的十二经脉始于手太阴肺经,终于足厥阴肝经,复还于手太阴肺经,如环无端,终而复始。营卫共同完成熏肤、充身、泽毛、温润五脏六腑四肢百骸的功能和防御的功能。营与卫同源但形质功能和运行道路不同,一般说营行脉中卫行脉外,阴阳协调,并互相联系、制约、转化,在整体运行中有离有合。四肢的末端是“营卫行于皮肤,经脉之外内上下相贯如环无端”的汇合处。由于外邪的侵入会直接影响营卫的运行。《灵枢·动输》设黄帝问:营卫之行也,上下相贯,如环之无端,今有其卒然遇邪气及逢大寒,手足懈惰,其脉阴阳之道,相输之会,行相失也,气何由还?岐伯

曰:夫四末阴阳之会者,此气之大络也。四街者,气之径路也,故络绝则径通,四末解则气从合,相输如环。

明代张介宾在《类经》注云:“营卫之行,阴阳有度,若邪气居之,则其运行之道,宜相失也……十二经皆终始于四肢,故曰阴阳之会,而为气之大络也。然大络虽会于四肢,复有气行之径路,谓之四街……凡风邪之中人多在大络,故络绝则径通,及邪已行而四末解,彼绝此通,气从而合,回还转输。”张志聪则在《灵枢集注·动输》中说:“盖假风寒之邪以明四末乃阴阳之会,气从此而入大络也,如因邪气所阻,则手足懈惰而道路不通而何以还转……而环转于气街矣……四街者气之径路也”。

由上文可知气街最初的概念为营卫之气运行的旁路,有大络也有经脉。如某一经脉因寒邪或其他原因而阻塞不通,则营卫之气可以通过气街横向沟通,暂时改道,即所谓的络绝而径通,保持如环无端还流不息。“气街”保证了人体在异常情况下营卫之气的正常运行,完成生理功能。

2 “气街”的部位

“气街”位于何处呢?《灵枢·卫气》指出:“胸气有街,腹气有街,头气有街,胫气有街。故气在头者,止之于脑。气在胸

者,止之膺与背腧。气在腹者,止之背腧与冲脉于脐左右之动脉者。气在胫者,止之于气街与承山踝上以下”。

杨上善认为:“脑为头气之街,故头有气止百会;膺中肺腧为胸气之街;脾腧及脐左右冲脉以为腹气之街。”马元台则认为:“五脏六腑在于(胸)腹中,而其腧穴则在于背……在前左右动脉即足阳明之天枢穴也……气之行于胫者止之于气街,此即足阳明经之气冲穴……及足太阳膀胱经之承山穴,及外踝上下诸穴。”

由上述经文和注释来看已经明确指出四气街的部位在头、胸、腹、胫,明确地点出背俞穴、百会穴、天枢穴、中府穴、气冲穴、承山穴及踝部穴,从而扩大了气街的作用。气街在外邪侵袭时不仅维持人体内营卫气血环流不受障碍,而且五脏六腑的异常还可以在上述穴位反应出来,通过望诊、触诊揣外而知内。

3 气街的结构

头气街部主要是脑和五官,脑为髓海是元神之府。全身的阳经,包括手足三阳经、阳维脉、阳跷脉、督脉和阴经中的足厥阴肝经到巅顶,手少阴心经系目系,足少阴肾经挟舌本,任脉冲脉至目下、阴跷、阴维至头项共同形成了头气街的主干。更有十二正经的经别基本上都位于头项部,浅出联系于相表里的正经。还有部分经脉的络脉,如足阳明经络脉丰隆,“上络头项合诸经之气”;督脉络脉长强从背上头。至于细小的孙络、浮络,不胜数。在头部经脉之间、经脉与经别之间、经别与经别之间互相网络交叉,经气互相联系。例如睛明为五脉之会、承泣是三脉之会、神庭是三脉之会、水沟为三脉之会、百会为三阳五会。据统计,在头部的交会穴有45个,占全身交会穴的41.67%。正是这些经脉与络脉的纵横网络,形成了头气街的结构。

在经络研究中,发现四肢部的循经感传线与《灵枢·经脉》篇的记载大体一致。而

在头部则感传变化较大或弥散,或几乎所有经脉的感传全部都到达头部,用灵敏的仪器测量出头部经穴的电阻值最低。这些都旁证了头气街的客观存在。

与此同理,胸气街、腹气街内藏五脏六腑,彼此之间相依相靠,经络亦是四通八达。手足十二正经、十二经别、十五络脉、奇经八脉,无不通达胸腹,形成密集的网络。诸如大椎为诸阳经之会,关元、中极为足三阴经与任脉之会……全身交会穴有47.22%计52个穴位位于胸腹背。进而言之,胸气街和腹气街的交会穴仅次于头气街。实验证实,在腹部和胸部循经感传路线也是比较宽或比较扩散的。

踝部至气冲穴相对较上肢经脉穴位数多,并且奇经八脉在这部分起到重要的联接作用。包括三阴交等穴,此部共10个交会穴,占全身交会穴总数的9.26%,比上肢仅有2个交会穴有明显的差别,从而形成胫气街的基础。

4 气街理论日益鲜明

近20年来,对气街的概念认识已有明显的拓宽和限定。高等中医药院校第二版《针灸学》教材不载“根结标本和气街”等经络内容。第一版高等医药院校针灸专业《经络学》,在教材后部虽列出“根结、标本、气街”一节内容,但所论颇为简单不甚明了,仅指出“气街是指经气通行的径路,分四气街”。又云:气街可说是对经脉‘结’、‘标’部位的总括。似乎有牵强之感。第五版《针灸学》教材,则较明确地指出“气街是指经气聚集通行的共同道路。”至此,对气街一词的限定,有了共同的认识。

1992年8月出版的由裘沛然、陈汉平主编的《新编中国针灸学》中则更明确地提出“气街意指经脉之气的共同通路……气街理论着重说明了头胸腹胫各部脉气散布的纵横通道……径路,是直捷的路。这些部位的

腧穴与脏腑、器官直接相通,并前后相应,是关系脏腑器官的就近要穴。这些经穴能治疗其局部和有关内脏器官的疾病,还对全身有重要影响。”

笔者以为,将“气街是头胸腹胫各部脉气散布的纵横通道”的概括,说的十分准确,其核心是横向通道。因为经脉本身就是纵向通道,此处加一纵字,是偏正词组重点突出“横”字。

从上面引文中可以看出,气街理论已有很大发展和明确,这是近20年来临床和科研成果的总结。

5 气街理论的应用

四气街理论首先从生理上解释了在异常情况下,如突遭外邪侵袭,四肢部气血运行阻滞凝涩或是截去某一肢体,全身的营卫气血仍能保持周而复始如环无端地流注循环,保证正常生理功能。解释了标本根结理论中许多经脉的标部和结部不在本经循行部位上,解释了背俞穴全部在膀胱经,募穴多在任脉上的现象,解释了八会穴(除脉会太渊)特殊作用的基础。

在病理状态下,可以通过经络诊断判断确定内脏的疾病。有诸内必形诸外,内脏的疾患可从经络气街反映于体表相应的俞穴、募穴或下合穴。笔者在临床上就经常通过检查心俞、肝俞、胆俞、脾俞、胃俞部的局部是否有陷下、条索或压痛进行疾病诊断。此种俞穴用于疾病的诊断其特异性是很强的。有人报道33例胃及十二指肠溃疡患者,手术前背部的压痛点有89.39%集中于脾、胃俞之间,并且其中有53.03%在局部出现条索状反应物。滑伯仁说:“脏腑腹背,气相通应。”气街就犹如横跨脏腑经络的桥梁,使由外知内成为现实。

临床上应用头气街之百会和俞募配穴及多经局部配穴治疗疾病,效果卓著,记载颇多。《通玄指要赋》云:“越人治尸厥于维会

(百会)随手而苏”。《玉龙歌》载:“中风不语最难医……更向百会明补泻,即时苏醒免灾危。”现代应用头针治疗多种脑源性疾病,都是通过头气街调理气血的结果。《素问·奇病论》曰:“口苦者……此人者,数谋虑不决,故胆虚气上溢而口为之苦,治之以胆募俞”。现代这类临床报道很多,如有人用纤维胃镜观察针刺脾、胃俞对胃蠕动的影 响,发现针刺后胃蠕动变化的出现频率为93.33%,与对照组相比有显著的差异。

6 气街与神经节段论

气街的划分与西医学神经节段的划分是极相似的。所谓神经节段,即是在人类胚胎早期,胚胎由一系列均等排列的体节组成。每一体节分为三部分,躯体部形成未来的皮肤肌肉和骨骼;内脏部形成未来的内脏;神经节段即形成未来的神经系统。躯体和内脏的神经分布,保持原来的节段支配。相应的内脏和躯体,形成穴位—经络—内脏间的实质联系。

从解剖学分析,俞募穴与相应的内脏,即穴位所属神经节段与其主治内脏病的节段有相当的一致性。如气会膻中是心包募穴属胸4节段,主治呼吸系(治疗范围为颈2—胸4)疾患,对心脏疾病、乳腺疾患等亦常用;中脘是腑会又是胃的募穴属胸8节段,主治胃肠道病(治疗范围为胸6—胸9)及消化系病患;关元为足三阴经任脉之会、小肠募穴属胸12节段,系强壮要穴,主治泌尿生殖系的疾患(治疗范围为胸10—胸12)等等。在背部用电针针刺厥阴俞对治疗神经原性心律失常,明显地比足三里作用强,其主要作用是通过胸2—3节脊髓肢中外侧柱(IML),起到调治的作用。很多应用辣根过氧化物酶(HRP)进行的直接观察,表明特定穴(俞、募穴等)与相应的脏腑,通过相同的神经节段发生联系。笔者以为从神经节段入手对于研究经络的内行线实质会有帮助。(收稿日期:1995-05-10)

Apoplexy——Preventable but Unpredictable

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ABSTRACT: The prevention and prediction of apoplexy are discussed in this paper, based on the results of clinical and theoretical researches in the past two decades. The author holds that rational prediction of apoplexy can not be made on the present level of medicine and the allied sciences, and at present, the practice of predicting apoplexy is liable to cause many problems; but it can be sure that the practice of preventing apoplexy will effectively decrease the morbidity of the disease because clinical epidemiological investigation and preclinical researches have provided a great deal of reliable data for the on-the-spot interference and clinical treatment of TCM and modern medicines.

KEY WORDS: Apoplexy; Prediction of Apoplexy; Prevention of Apoplexy

(Original paper is on page 2)

Comparative Studies of Traditional Chinese and Western Medicines in the Early Stage of Chinese Modern Times

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ABSTRACT: In the aspects of physiology, anatomy and basic theory, this paper discusses some representative medical persons who carried out comparative studies of traditional Chinese and western medicines in the early stage of Chinese modern times, their works and their main academic viewpoints; and reviews those person's position and contribution in the Chinese modern medical history. The author holds that although they did not make great achievements in their comparative studies of the two kinds of medicines, they helped the then medical circle understand western medicine; furthermore, TCM medical persons of today can still get important help from those studies when they evaluate traditional Chinese and western medicines which have two different theoretical systems, absorb the strong points of western medicine, and modernize traditional Chinese medicine.

KEY WORDS: Traditional Chinese Medicine; Western Medicine; Comparative Study

(Original paper is on page 9)

The QiJie Theory and Its Application

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ABSTRACT: The concept, location, structure and the practice of Qijie theory are discussed in this paper. The author holds that Qijie is a path through which the nourishing qi and defensive qi travel and also a transverse channel connecting meridians and their collateral branches. According to the author's viewpoints,

Qijie is helpful in making diagnosis and treating plan in clinical practice.

KEY WORDS: Qijie; Concept; Location; Structure; Neural Segment

(Original paper is on page 19)

A Therapeutic Summary of Treating Sicca Syndrome with QingKailing Injection

Zhao Lijuan (赵丽娟), Huang Yiyu (黄颐玉), Li Jiayu(李佳瑜), et al.

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ABSTRACT: 60 Patients with sicca syndrome were chosen according to the international sicca syndrome diagnostic criteria, who were divided into therapeutic group treated with Qingkailing injection, and control group treated with SS No.1 oral solution. The result showed that the secretion of saliva and tears was increased with obviously improved indexes of corneal fluorescein staining, salivary Na⁺ test and blood sedimentation test, and there was a significant difference between the two groups concerning the result. It was found that Qingkailing injection had obvious effects on such types of sicca syndromes as deficient yin and internal heat, stagnated qi and blood, and depressed liver. It was also found that this injection was better for treating primary sicca syndrome than for treating secondary sicca syndrome.

KEY WORDS: Qingkailing Injection; Sicca Syndrome; Clinical Observation; TCM Diagnosis

(Original paper is on page 32)

Effects of TCM Drugs Semen Ziziphi Spinosae, Dens Draconis and Rhizoma Acori Graminei on the Content of Monoamine Neurotransmitters and Their Metabolites in Mouse Brain Tissue

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ABSTRACT: The effects of TCM drugs Semen Ziziphi Spinosae, Dens Draconis and Rhizoma Acori Graminei on the content of monoamine neurotransmitters and their metabolites in mouse brain tissue were studied with HPLC-electrochemical detector. The results showed that Semen Ziziphi Spinosae could decrease the content of 3,4-dihydroxyphenyl acetic acid, Dens Draconis could decrease the content of dopamine and homovanillic acid, and Rhizoma Acori Graminei could decrease the content of 5-hydroxyindole acetic acid as well as the content of the above-mentioned three substances. However, in the ethanol given group, the levels of 3,4-dihydroxyphenyl acetic acid, 5-hydroxyindole acetic acid and homovanillic acid in mouse brain tissue were higher than those of in control group. The above results show that Chinese drugs for tranquilization and opening orifices regulate the central nervous system through decreasing the content of monoamine neurotransmitters.

KEY WORDS: HPLC-Electrochemical Detector; Brain Tissue; Semen Ziziphi Spinosae; Dens Draconis; Rhizoma Acori Graminei

(Original paper is on page 64)