

• 理论研究 •

“寒咳”证治概要*

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摘要: 咳嗽是临床常见病症,若治不得法,容易发展成慢性咳嗽。感受寒邪是导致咳嗽的重要病因,“形寒饮冷则伤肺”是寒邪致病的高度概括,“寒咳”证治一直以来散在于中医典籍和临床实践中,但缺乏系统的梳理。我们提出从三焦脏腑论治“寒咳”的思路与架构:①寒邪伤肺,当依寒邪之轻重,分别选用止嗽散、金沸草散和麻黄汤为主方加减,而寒兼饮者,以小青龙汤、苓桂剂为佳;②中焦脾胃宜细分,寒伤脾而咳者用理中汤类;胃咳以小半夏加茯苓汤、半夏泻心汤加减;胆热脾寒者,可选柴胡桂枝干姜汤;③下焦肾寒致咳,温肾散寒是治疗大法,二仙汤、真武汤及金水六君煎是有效方剂。“寒咳”治疗当依病情轻重、病变病位以及脏腑之不同,用药选方亦有所区别,详加辨证。

关键词: 寒咳;三焦;脏腑;辨证体系

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Review of pattern and treatment of “cold cough”*

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Abstract: As a commonly encountered clinical symptom, cough may easily develop into chronic cough if treated in an inappropriate way. Pathogenic cold is one of the important causes of cough as is well summarized in the quote “the invasion of cold into the body and drinking cold water impair the lung” from *Nanjing (The Classic of Difficult Issues)*. Descriptions of the pattern and treatment of “cold cough” have been scattered in classics of traditional Chinese medicine and records of clinical practice, but a systematic review is lacking. Therefore, we put forward the following ideas and framework of treating cold cough from the perspective of triple energizer and zang-fu organs. (1) When cold pathogen attacks the lung, *Zhisou San* (Cough-Stopping Powder), *Jinfeicao San* (Inula Powder), *Mahuang Tang* (Ephedra Decoction) and relevant modified formulas should be used according to the severity of the cold pathogen. As for cough caused by cold with fluid retention, *Xiaoqinglong Tang* (Minor Green Dragon Decoction) and *Linggui Zhugan Tang* (Poria, Cinnamon Twig, Atractylodes Macrocephala and Licorice Decoction) are preferred. (2) If cold pathogen invades the spleen or stomach in the middle energizer, treatment should be tailored to the spleen, stomach and gallbladder respectively. For cough as a result of attack on the spleen from cold, *Lizhong Tang* (Center-Regulating Decoction) and similar formulas are suitable. For cough resulting from attack on the stomach by cold, *Xiaobanxia Jia Fuling Tang* (Minor Pinellia Decoction Plus Poria), *Banxia Xiexin Tang* (Pinellia Heart-Draining Decoction) and relevant modified formulas should be adopted. For cough with gallbladder heat and spleen cold, we could choose *Chaihu Guizhi Ganjiang Tang* (Bupleurum, Cinnamon Twig and Dried Ginger Decoction). (3) As for cough due to cold attack on the kidney in the lower energizer, it is key to warm the kidney and dissipate cold with effective formulas such as *Erxian Tang* (Two Immortals Decoction), *Zhenwu Tang* (True Warrior Decoction) and *Jinshui LiuJun Jian* (Gold Water Six Gentlemen Decoction). In conclusion, when treating cold cough, we should choose formulas and medicinals based on careful pattern differentiation according to the severity and location of the disease and the affected zang-fu organs.

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Keywords: cold cough; triple energizer; zang-fu organs; pattern differentiation framework

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“寒邪”在咳嗽的发生、发展及演变过程中扮演了重要角色^[1-2],《难经·四十九难》言“形寒饮冷则伤肺。”我们认为这一论点可以作为“寒咳”辨治之大纲;早在《素问·咳论》中就指出“感于寒则受病,微则为咳,甚则为泄、为痛。”所以感受寒邪存在轻重、部位及脏腑之差异;而《诸病源候论·久咳嗽候》云“二曰寒咳,饮冷食,寒入注胃,从肺脉上气,内外合,因之而咳是也。”则明确提出了“寒咳”的概念;后世医家非常重视寒咳的治疗,如《千金要方》《外台秘要方》所记载的治疗“久咳”“积年久咳”的方药中以紫菀、桂心、麻黄、干姜等辛温散寒药物最为常用^[3];清代《医学心悟》更是提出“咳嗽之因,属于风寒者,十居其九。”这些论述反映了寒咳的多见与重要性。在临床中也发现许多咳嗽患者表现为“背部怕冷”、“背寒冷如掌大”,或“遇寒则咳,得温咳减”。但“寒咳”的证治却缺乏系统的梳理,其治疗虽然均以散寒止咳为法,但存在邪气轻重、病位、脏腑之不同,当详加分辨,故本文以三焦脏腑分论,以期构建“寒咳”的证治思路与架构。

1 “形寒”伤肺而致咳

寒邪易伤人体而致咳。“有寒则善咳”(《华氏中藏经》),“六淫之中,风寒尤易犯,以肺主皮毛,而开窍于鼻,形寒饮冷则伤之,留而不去,为寒为热,变迁不一”(《古今医彻》);而寒邪之来源《伤寒来苏集》总结的最为全面“早晚雾露,四时风雨,冬春霜雨,此天之寒气也;幽居旷室,砖地石阶,大江深泽,遂谷高山,地之寒气也;好饮寒泉,喜食生冷,酷嗜瓜果,误服冷药,人之寒气也。”另外患者自身阳气之盛衰也是重要的因素,如《医理辑要·锦囊觉后编》曰“易寒为病者,阳气素弱”。

“背为阳,阳中之阳心也”“阳中之阴肺也”;且足太阳膀胱经行于背,故易受寒邪侵袭,心肺阳气不足,病人常伴见背冷或者后背紧缩感,《诸病源候论》云“嗽者,由风寒伤于肺也,肺主气,候皮毛,而俞于背。”另外寒咳患者常见咽喉紧缩不利或咽痒症状,不可尽以为风邪为患,有时也是寒邪之征。清

代高秉钧《医学真传》述“又有伤风初起,喉中一点作痒,咽热饮则少苏,此寒凝上焦,咽喉不利而咳也。”故咽喉乃肺之门户,寒邪具有收引、凝滞特性,寒邪侵袭凝滞咽喉,亦可见咽痒、咽部发紧。

故咽痒、干咳,余无他症,寒邪轻微者,可以止嗽散化裁。《素问·咳论篇》指出“感于寒则受病,微则为咳。”寒邪轻微而咳者,其治疗需温润而不燥,所谓肺性刚燥喜温润,若用药过热,热盛伤及肺津,肺燥益甚,我们称之为温润止咳法,即《时病论》所谓“温润辛金法”^[4-8]。临床上常以止嗽散为主方。程钟龄称该方“温润和平,不寒不热,既无攻击过当之虞,大有启门驱贼之势。是以客邪易散,肺气安宁”。我们应用此方时常加入紫苏叶、苦杏仁、蝉蜕、钩藤等,以增其宣肺止咳之功。

寒邪稍重,郁肺为咳者,表现为咳嗽声重、痰稀、色白、量多、恶寒较甚,可以金沸草散合止嗽散加减治疗。陈修园于《医学从众录》论治咳“轻则六安煎,重则金沸草散”。金沸草散在《活人书》《博济方》《太平惠民和剂局方》均有记载,药物组成略有差异,我们在临床常用《博济方》之金沸草散(由金沸草、麻黄、前胡、赤芍、半夏、荆芥穗、甘草组成)。方中金沸草常代以旋覆花,其性微温、辛苦咸,《神农本草经》记载其有“去五脏间寒热”之效,故认为其亦可疏散肺寒;炙麻黄辛苦温,宣肺散寒、止咳平喘;前胡药性偏寒,故可更换为微温之白前,使其降气化痰而不寒;赤芍常用白芍代替,白芍配伍甘草,酸甘化阴,敛肺并滋养肺阴,可防方中大量温药温散太过伤及肺阴,对于久咳肺津耗伤者更是良药;半夏温化寒痰,张元素《医学启源》言其“治寒痰及形寒饮冷伤肺而咳”并可“除胃寒”,临证以金沸草散与止嗽散合方,其散寒止咳效果更佳^[9]。

三拗汤是治疗咳嗽的基础方,往往只用麻黄、杏仁、甘草三味,但其煎法中另加生姜,不可忽之。生姜散寒,亦有止咳之功,《药性论》言此药“主痰水气满,下气,生与干并治嗽”。明代戴思恭《证治要诀》和清代尤在泾《金匱翼》俱主张“经年累月,久咳不

愈,余无他证者,得三拗汤恒愈”。清代喻昌在《医门法律》中亦记载用三拗汤治疗寒邪咳嗽。清代张璐《张氏医通》亦言“有经年累月久嗽,服药不瘥,余无他证,此是风寒客邪,久伏肺胃也,与劳嗽不同,三拗汤,佐以干縑汤。”明确提出久咳嗽属寒邪久伏肺胃者,三拗汤是良方。总之,该方药简力专,可散除久伏之寒^[10],临证应用时可加入紫菀、款冬花、蜜百部等温润止咳之品。

麻黄汤出自《伤寒论》第35条,原治“太阳病,头痛、发热、身痛、腰痛、骨节疼痛、恶风、无汗而喘者”,但该方实为宣肺散寒止咳之有效方剂。曹颖甫《伤寒发微》总结本方作用为“令肺气外通,则诸恙不治自愈”。唐步祺^[11]在《咳嗽之辨证论治》中称“个人在临证中,用此方治疗寒咳,无不应手取效”。针对寒邪较重、咳嗽剧烈、甚至昼夜咳嗽不止、咳甚而喘,气急胸闷者,当以麻黄汤为基本方,并酌添止咳药物,峻散寒邪、宣通肺气以止咳^[12],尤有良效。

有外寒与内饮合而发病者,表现为面色黧黑,鼻流清涕,咯吐大量清稀白痰,甚至痰如清水样,口干不渴,小便或利或不利,胸闷气短,背寒冷如掌大,舌苔水滑甚则舌上水液欲滴,脉弦紧或沉紧等金寒水凝、胸阳不展之象,是其辨证之关键点。“病痰饮者,当以温药和之”,临床以小青龙汤加味最为有效;水气上逆为咳者,其常见咳嗽迁延,伴气短、眩晕、面色黧黑、纳食不佳、心下痞满、渴不欲饮、小便不利等症,舌色偏淡、苔滑、脉沉弦,苓桂术甘汤、桂苓五味甘草汤加减治疗是其常用选方,临床常加用党参、干姜等。

2 脾不伤不久咳

肺与脾胃金土相生、经络相连,若过食生冷食物或屡用寒凉药物,苦寒败胃、脾阳亦损,失于温运,寒自内生,内生之寒邪可循脉上至于肺,或与皮毛、口鼻感受之寒邪合而伤肺致咳。《灵枢·经脉》谓:“肺手太阴之脉,起于中焦,下络大肠,还循胃口,上膈属肺。”“饮食入胃,脾为运行其精英之气,虽曰周布诸脏,实先上输于肺,肺气先受其益,是为脾土生肺金。”(《医碕》)“凡脾胃之气,喜温而恶寒,寒则中气不能运化,……以致气逆发咳”(《本草经疏》)。《素问·咳论篇》云“其寒饮食入胃,从肺脉上至于肺则肺寒,肺寒则内外合邪因而客之,则为肺咳”。

中焦之寒咳当分在脾、在胃,其证咳嗽多伴有心下痞满、纳差、腹部隐疼痛、便溏、便秘、或完谷不化等中焦脾胃阳虚证候。《景岳全书·杂证谟寒热》载“寒中太阴,则中脘疼痛。”《温病条辨》云“伤脾

阳,在中则不运痞满,传下则洞泄腹痛。伤胃阳,则呕逆不食,膈胀胸痛。”但此类患者常无口渴表现,正如《伤寒论》所言“自利不渴者,属太阴,以其脏有寒故也”。

柯琴《伤寒论翼》云“寒伤于表,法当温散;寒伤于里,法当温补。”寒伤脾胃致久咳不止者,当温补中焦,胃寒重、咳嗽作呕者,可用小半夏加茯苓汤为主^[13];脾寒者可用理中汤、附子理中汤加入止咳之品进行治疗。《普济方》提出“伤冷咳嗽,身不憎寒发热,得之脾胃受寒,传入于肺,遂成寒嗽。嗽甚,则吐白沫而多呕。此当先用温药,温其脾胃,如治中汤、胡椒理中汤、丁香半夏丸、五嗽丸皆要药,或用理中汤加五味子煎服。”《世医得效方卷五》亦指出:“理中汤治肺虚咳嗽,痰唾清白,饮食减,多呕,当温养脾土,则生肺金,用五味子炒阿胶煎汤,调服立效。”

寒热错杂为咳者,在胃食道反流所致咳嗽中颇为多见,表现为胃痞泛酸、腹胀便溏,可用半夏泻心汤加味。我们在半夏泻心汤基础上适当配伍宣肺止咳中药,收效颇佳^[14]。而肝胆郁热、脾胃寒虚而致咳者,柴胡桂枝干姜汤是有效的治疗方剂^[15-17]。刘渡舟教授^[18]强调口苦、咽干、胸满胁胀、纳差、腹胀、便溏、乏力是应用此方的重要特征性症状。柴胡桂枝干姜汤重在疏泄中焦肝胆,脾虚者可加入党参、炒白术益气健脾;咳重者加入紫菀、蜜百部、白前、杏仁等,以增强止咳之力。

3 下焦肾寒亦致咳

《医理辑要·锦囊觉后编》:“易寒为病者,阳气素弱”,下焦肾气虚寒者亦令咳嗽不止。“肺为气之主,肾为气之根”(《类证治裁·喘证》)。下焦肾寒,纳气功能受限,肺气肃降不利;另外,肾阳不足,火不暖土,中焦脾胃失于温运,继而生寒,累及上焦而咳。咳嗽、气短、形寒。

寒留下焦,肾元亏虚,咳而遗尿、畏寒、乏力、小便清长、下肢浮肿是其重要表现。肾寒久羁不散,肾咳日久不愈,久咳伤气,气分阴阳,肾阳渐耗,羁留之寒亦可伤阳,肾阳亏损,又致肾寒更甚;肾与膀胱为表里脏腑,肾阳虚衰,必会影响膀胱之气的固摄作用,出现咳甚遗尿;小便清长,并伴有肾寒清冷、腰背疼痛、倦怠嗜卧。《素问·至真要大论篇》所谓“诸病水液,澄澈清冷,皆属于寒”。

肾阳不足为咳者,我们常以二仙汤、真武汤加味治疗。《景岳全书·杂证谟咳嗽》云“其有元阳下亏,生气不布,以致脾困于中,肺困于上,而为喘促,

为痞满,为痰涎呕恶,为泄泻畏寒,凡脉见细弱,证见虚寒而咳嗽不已者,此等证候,皆不必治嗽,但补其阳而嗽自止。”二仙汤方中主药仙茅、淫羊藿温肾阳以暖水脏,李时珍所撰《本草纲目》中记载仙茅“性热,补三焦、命门之药也”,刘若金《本草述》记载淫羊藿为“补真阳者是也。盖命门为肾中之真阳,即人身之元气也,其所谓绝阳绝阴,不本之元气,何以嘘之于既藁”,汪昂在《本草备要》中则言下焦肾阳不足者,多兼有肺脾不足,可加入党参、炙黄芪等。王氏^[19]认为温肾纳气止咳为慢性咳嗽的重要治法,慢性咳嗽患者,迁延难愈,病情反复,医家、病家滥用苦寒,日久伤阳,致肾阳不足,则地气不能上为云,津凝成痰,宿留于肺,肺气不清,天气不能下为雨,中土不运,气机痞塞,三焦为病,故《素问·咳论篇》说“久咳不已,三焦受之”,二仙汤温补肾阳而不燥,是与附子类方的不同之处。

附子是温阳散寒的主药,可“回阳气,散阴寒,逐冷痰……”(《本草汇言》);“通十二经纯阳之要药,外则达皮毛而除表寒,里则达下元而温痼冷,彻内彻外,凡三焦经络,诸脏诸腑,果有真寒,无不可治”(《本草正义》)。于阳虚水泛而咳者,《伤寒论》316条“少阴病,二三日不已,至四五日,腹痛,小便不利,四肢沉重疼痛,自下利者,此为有水气。其人或咳、或小便利、或下利、或呕者,真武汤主之。”我们常用真武汤去生姜,加干姜、五味子、紫菀、款冬花、车前草等。另外,对于“咳嗽痰白味咸,是肾虚水泛为痰也”(《王旭高医案》),当治以金水六君煎。《景岳全书》称本方“治肺肾虚寒,水泛为痰,及年迈阴虚,气血不足,外受风寒,咳嗽呕恶多痰,喘急等证”。

4 小结

“寒邪”在咳嗽、以及慢性咳嗽的发生、发展及演变过程中发挥了重要作用。但有寒邪轻重、三焦脏腑之不同,为此我们提出三焦寒咳之证治。其寒邪轻微者,可以止嗽散温润辛金而止咳;寒郁于肺为咳者,可以金沸草散、三拗汤加味;寒邪重者,当以麻黄汤为主方,兼寒饮内伏者可用小青龙加减,水气上逆者以苓桂术甘汤、苓桂味甘汤温阳化饮为法。寒伤中焦当分脾、胃,可选理中汤、附子理中汤等补脾散寒,胃寒为咳者,可用小半夏加茯苓汤加减;寒热错杂者可以半夏泻心汤加减,肝郁脾寒者可以柴胡桂枝干姜汤加减。下焦肾寒,须温补肾阳以散寒,二仙汤、真武汤及金水六君煎是有效方剂,可斟酌选用。

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