

· 综述 ·

骨质疏松症中医证候分布规律及相关性研究进展

李沛* 潘富伟

河南中医学院, 郑州 450006

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摘要: 骨质疏松症是中老年人常见病、多发病,属于中医“骨痿”、“骨痹”的范畴。中医学对其病因病机有着深刻的认识,但对其辨证分型存在不同的观点。为了使中医研究更加规范化、科学化,本文通过复习文献并结合自己的临床体会,对骨质疏松症中医辨证证候分布规律、证型分型规律及现代医学检查指标(如:骨密度、生化指标、基因蛋白组等)之间相关性的一些研究概况进行综述,为骨质疏松症的中医研究更加客观化、规范化,提供新思路、新方法。目前关于 OP 的中医证候分类多数是流于一般的释病、立法及用药说理等,并涉及脏腑、气血、经络等,没有体现病理实质,常常存在着不同的观点,分析其原因可能与学者根据个人的临床经验提出中医证型分类法,导致中医辨证分型比较混乱有关;其次,中医辨证分型易受观察者主观因素的影响等因素,均可导致研究结果的不一致。所以,使用规范、统一,能充分反映疾病本质的中医证型分类法是研究中医“证”的关键所在,所得的结果才有可比性。

关键词: 骨质疏松症;中医证候;进展

Research progress of the correlation and the distribution of syndromes of osteoporosis in traditional Chinese medicine

LI Pei, PAN Fuwei

Henan College of Traditional Chinese Medicine, Zhengzhou 450006, China

Corresponding author: LI Pei, Email:hnszyygsxk@126.com

Abstract: Osteoporosis is a common and frequent disease in the elderly, which belongs to the “flaccidity of bones” and “bone bi-disease” category in traditional Chinese medicine. Its etiology and pathogenesis has been profoundly understood in traditional Chinese medicine, but there are still controversial views about the syndrome differentiation and classification. In order to conduct the study of traditional Chinese medicine in a more standardized and scientific way, this article reviews the correlation among the syndrome differentiation of TCM, the syndrome distribution regularity of osteoporosis, the law of syndrome classification, and modern medical examination indicators, including bone mineral density, biochemical indicators, and gene protein grouping, by reviewing the research literatures and combining with own clinical experience, in order to provide new ideas and new methods for the study of traditional Chinese medicine. The current syndrome classification about osteoporosis in traditional Chinese medicine mainly lays in general interpretation of diseases, working out a therapy, and explanation of the medication, involving zangfu viscera, qi and blood, and meridians, without reflecting the pathological substance, thus, usually existing controversial views. The reasons may relate to the types of syndrome classification proposed by scholars according to their individual clinical experience, thus causing much confusion. Secondly, syndrome classification in traditional Chinese medicine is easily influenced by the subjective factors of the observers, leading to a controversial result. Therefore, the key point of the research of “syndrome” in traditional Chinese medicine is to use a standard and uniform type of syndrome classification, which can fully reflect the nature of diseases, and then the results are comparable.

Key words: Osteoporosis; Syndrome of traditional Chinese medicine; Progress

骨质疏松症(Osteoporosis, OP)是一种系统性骨

病,以骨量减少,骨组织显微结构退化为特征,常表现为骨的脆性增加,进而骨折的危险性增加,即使在轻微创伤或无外伤的情况下也容易骨折的系统性、多病因的一种全身性骨骼疾病。OP 临床症状和体

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* 通讯作者:李沛,Email:hnszyygsxk@126.com

征主要表现是疼痛,其次为身长缩短、驼背、骨折及呼吸系统障碍等。根据调查,目前全世界约 2 亿人患有 OP,且发病率已跃居多发病、常见病的第 7 位^[1]。随着我国人口老龄化,将进入高龄高峰期社会,60 岁以上人口将占总人口的 27% 以上,可达 4 亿人。因此,防治 OP 已成为当前医学研究的重大课题之一^[2]。OP 现被公认为世界上发病率及保健费用消耗最大的疾病之一^[3]。

1 中医对 OP 病因病机的认识

中医无骨质疏松症病名,本病在骨中医文献中可找到“骨痿”、“骨枯”、“骨痹”、“骨空”、“骨蚀”、“骨厥”、“骨极”等病名。其中与 OP 的症候群较为相近的是“骨痿”。根据古代医家对其症候描述,可包括骨质疏松症,也包括骨结核、骨关节炎、骨感染;其中“骨痿”较为靠近该病症状的描述。《素问》记载:“肾气热,则腰脊不举,骨枯而髓减,发为骨痿”。清代唐容川的《血证论》记载:“骨痿故属于肾……肾气热则骨痿腰脊不举”。总之,该病的发生主要与五脏虚损和气血功能紊乱密切相关,其中肾虚、血瘀等为其主要病机。肾虚为本,血瘀为标;两者相互作用,成为该病的主要因素和病理生理基础。近年来,部分学者在古代医家对 OP 认识的基础上,对其病因病机有了更加深入的认识,提出:“肾虚说”、“脾胃亏虚说”、“瘀血说”、“肝脏说”等多种病因病机学说,并提出饮食、劳逸等因素对骨骼病变也有一定的影响^[4-9]。

2 OP 的中医证候辨证分型进展

目前我国药品监督管理局组织发行的《中药新药临床科研指导原则》将 OP 分为 2 大证型:肝肾不足型、脾胃气虚型 2 类。这种分类方法临床上广泛采用,但分型比较简单,不足以全面概括该病不同阶段的病理实质。《中医骨伤科临床研究》将其分为:气滞血瘀证、气血亏虚证、肝肾阴虚证、肾阳虚证 4 型^[10]。本文通过回顾近 10 年发表的有关 OP 的期刊文献,发现关于本病的中医证候比较繁杂及临床证型分类的多样性,给临床研究 OP 带来一定的不便。

2.1 OP 的八纲辨证分型

八纲是从各种具体的疾病证候的个体中总结、抽象出来带有普遍规律的共同特性,它反映了中医的辨证思维特点,是中医各种疾病辨证的总纲。从正邪斗争的方面来分析,主要反应病情的虚、实特

征。因此,一部分学者们以胡志俊,王伟等^[11]为代表将其分为实证及虚证:前者有瘀血阻络证;后者包括肾虚证、脾肾两虚证及肝肾阴虚证 3 大类;其中肾虚证又分为肾阴不足型与肾阳虚衰型。另外,以吴健雄为代表将该病分为:阳证与阴证^[12]。张氏^[13]则把该病的基本病因病机归纳为:肾虚精亏、后天失养、情志失调、劳逸失度、外邪侵袭等多种致病因素导致肾虚,髓少骨枯。病位主要在肾、脾与肝、肺、胃等脏器密切有关。病理性质总体属本虚。中医辨证分型:肝肾两虚、阴阳两虚、脾气亏虚、阳虚督寒,除此还有气滞血瘀型、风邪偏盛型等证型,虽然临床并不多见,而且在临床上分型不典型而是相互兼见,如气血亏虚、肝肾气血俱虚等等。刘庆思教授提出 OP 中医证型最佳分为虚证和实证,并提出 E2、IL-6、TNF- α 、IGF-1、OPG、BPG、BMD 在虚证和实证中的范围不同,且有统计学意义;并将该病进一步分为以下 4 种临床证型:肾阳虚型;脾肾阳虚型;肝肾阴虚型;气滞血瘀型;指出随着骨质疏松症由轻到重,证型从肾阳虚,进而脾肾阳虚、肝肾阴虚,最终气滞血瘀逐渐加重^[14]。还有部分学者,按八纲辨证则将本病分为血瘀、气虚、血虚、阴虚、阳虚等证,或气滞血瘀、气血两虚、阴阳两虚等虚实夹杂证候,尚有辨为风寒湿凝滞筋骨者^[15-17]。

2.2 OP 的分期辨证分型

近年来,部分学者根据本病的病程等发病规律,按照中医“同病异治”治疗原则进行分期辨证。卢国梁,张志峰等^[18]按照该病缓急分期辨证施治。早期:血液瘀滞,气机郁滞,浊气积聚,腑气不通。多属气滞血瘀型,给予攻下逐瘀法;中后期:肝肾亏虚,精髓不足,筋骨失养,骨质疏松。多见于肝肾亏虚型,给予补肾壮骨法。刘氏等^[19]将肝肾亏虚型分为:疼痛期与疼痛缓解期,并通过辨证取穴埋线法治疗,疗效显著。

2.3 OP 的病性辨证分型

病性是指疾病病理改变的性质,也是其病理变化的本质。因病性是引起疾病的某种证候的本质性原因,所以部分学者称病性为“病因”,含有审症求因之意。其决定着疾病性质以及各阶段的证候特点,是中医辨证的重要内容,是对疾病一定阶段整体反应的概括,也是对疾病过程中的邪正盛衰关系的综合认识。王和鸣,谢雁鸣等^[20]采用快速聚类法对资料进行样本聚类分析,然后对每类样本进行判断以找出 OP 的证候特征,提出 7 种证候类型:肾阳虚证、肾阴虚证、肾精不足证、脾肾阳虚证、肾气虚证、

肾阴阳两虚证和肝肾阴虚证。并初步确定该病的证候因素主要为阴虚、阳虚、气虚、气滞、湿浊及血瘀。部分学者认为,OP 的发生主要与肾虚、脾虚、血瘀 3 个因素有关,其中肾虚是本病的根本病因。并认为肾虚为该病基本证候,在临床根据阴阳盛衰不同可分阴虚、阳虚;既可兼夹脾虚、气血亏虚等虚证,又可兼夹寒湿、血瘀、气滞等实证^[21]。施晓芬,邹忠等^[22]该病进行了证候学调查,对其证候的分布获得了一个较为准确、客观的了解,并根据中医理论分为痰浊证、血瘀证、肾虚证、脾虚证四型;并统计出与肾虚、脾虚相关的证分别占总数的 64.5%、50%。邓氏等^[23]将该病分为:肝肾不足、脾胃气虚 2 型。宋氏^[24]认为中医对该病病因病机总括为:肝脾肾相关论、肾主骨论、血瘀论。王宗辉等^[25]将其分为肾阴虚型、肾阳虚型、阴阳两虚型。徐祖健等^[26]将本病患者辨证分型为脾肾阳虚型、肾阴虚型、肾阳虚型、肝肾阴虚型、脾胃虚弱型及其他型共 6 个证型。雷氏等^[27]将其分型为肾精亏虚型、脾胃虚弱型、肝肾亏虚证、肾虚瘀滞型 4 个分型进行辨证论治,效果显著。

2.4 OP 的脏腑辨证分型

中医的辨证方法还有脏腑辨证、经络辨证、卫气营血辨证、三焦辨证等多种辨证方法,但都以八纲辨证为基础。脏腑辨证是以脏象学说的理论为指导,分析判断某种疾病所在脏腑病位及其病因、病性及邪正盛衰情况等的辨证方法。孙江波,刘绪银等^[28]通过观察 464 例患者,提出中医辨证证候定位脏腑:在女性脏腑定位中属肾 178 例,属肝 57 例;在男性中属肾 117 例,属肝 35 例。组合脏腑定位主要是肝肾(195 例)、脾肾(132 例)。并经聚类分析,肾、肝肾、脾肾聚为 1 类。最后通过频次分析和聚类分析结果提出 OP 的中医脏腑定位以肾为主,涉及肝、脾。

3 OP 的中医证候与现代医学认识相关性的研究

近年来,随着现代医学的迅猛发展,使对该病的病因病机有了更加深入的认识,一部分学者对 OP 的中医证候分布规律及其分型与现代医学检查指标(如:骨密度、生化指标、基因蛋白组等)之间的相关性进行了一些研究。

3.1 OP 的中医证候与骨密度的相关性

骨密度的测定作为一种高精确性的骨矿测量方法,是我国目前诊断该病的重要手段。对于 OP 中

医证候与骨密度测定的相关性研究是中医的热点,近年来各地开展了大量的有关研究。一部分提示不同证候间骨密度及骨矿盐的变化有差异,说明了骨密度及骨矿盐的变化一定程度上反应中医证候的内在本质。以廖怀章等^[29]为代表通过研究该病中医定性辨证与骨密度的相关性,提出湿阻证骨密度较其他证型有增高趋势,差异有统计学意义。并提出:不同证候之间的同一部位骨密度水平差异有显著统计学意义,阳虚血瘀证的骨密度较其它的证型高;气虚血瘀证的骨矿盐含量较其它的证型低^[30]。

3.2 OP 的中医证候与生化指标的相关性研究

随着医学的发展,部分学者探索生化指标与 OP 中医证型的联系,希望为临床提供诊断依据。赵宇^[31]通检测患者头发中 Zn、Cu、Pb 等微量元素,应用统计方法分析 OP 患者与正常对照组及各个中医证型组之间的微量元素含量间差异,得出:微量元素与该病中医证型密切相关,可作为临床辨证的参考指标。肝肾阴虚组 Zn 含量明显低于其他证型组;而脾肾阳虚组 Cu 含量及肾阳虚衰组显著高于气滞血瘀组和肝肾阴虚组;但 Pb 在各中医证型组中含量差异无显著意义。吴健雄等^[14]则观察到:指标 IL-6、BGP 在气滞血瘀证存在统计学意义;进一步的统计学分析提示在 IL-6、BPG 指标中,虚证(脾肾阳虚证、肾阳虚证、肝肾阴虚证)和实证(气滞血瘀证)存在显著差异;并提出 E2、IL-6、TNF- α 、BGP、BMD 等指标能区分实证和虚证。

3.3 OP 的中医证候与基因蛋白组学相关的研究

近年来部分学者探讨基因蛋白等现代检查指标与该病证型的相关性,并试图为其辨证提供客观依据。如吴健雄等^[32]提出雌二醇(E2)在气滞血瘀组和肾阳虚衰组之间的差异有显著意义;胰岛素样生长因子(IGF-I)在肝肾阴虚组和气滞血瘀组之间的差异有显著意义;并指出这 2 个指标可以作为 OP 中医证型虚证(肾阳虚衰或肝肾阴虚)和实证(气滞血瘀)的鉴别诊断指标,是该病中医证型存在的客观现代医学指标。葛继荣等^[33]利用聚合酶链反应限制性片段长度多态性技术,测定该病患者的维生素 D 受体基因 BsmI 多态性,发现在 bb 型基因中,肾阴阳两虚型的腰椎骨密度显著低于肾阴虚型,其差异有统计学意义。

3.4 其他

张丽梅等^[34]提出该病的中医证型与性别及年龄有一定的相关性,男性主要是肾阳虚型,女性主要是肾阴虚型;50~59 岁以瘀血痹阻和肾阴虚型为

主,60~69 岁以肾阴虚和肾阳虚型为主,70 岁及以上主要是肾阴虚型。陈立刚^[35]提出 OP 中医证型和中医体质分类具有相关性。

4 述评与展望

通过回顾文献看到,由于 OP 患者临床表现的复杂,且早期症状并不典型,给中医辨证分型带来了相当的困难。目前关于 OP 的中医证候分类多数是流于一般的释病、立法及用药说理等,并涉及脏腑、气血、经络等,并没有体现病理实质。常常存在着不同的观点,分析其原因可能与学者根据个人的临床经验提出中医证型分类法,才导致中医辨证分型比较混乱有关;其次,中医辨证分型易受观察者主观因素的影响等因素,均可导致研究结果的不一致。所以,使用规范、统一,能充分反映疾病本质的中医证型分类法是研究中医“证”的关键所在,所得的结果才有可比性。目前,在探索该病的中医证候分布规律以及与现代医学检查相关性的文献不多,且没有详细的论述。因此,在探索两者结合的道路上,我们的目标是寻求一些定性、定量的客观性指标,把合理的中医辨证体系更加系统化,为骨质疏松症的中医研究更加客观化、规范化研究,提供新思路、新方法。

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骨质疏松症中医证候分布规律及相关性研究进展

作者：[李沛](#)，[潘富伟](#)，[LI Pei](#)，[PAN Fuwei](#)

作者单位：[河南中医学院, 郑州, 450006](#)

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