

·综述·

骨质疏松症的中医治疗研究进展

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摘要: 骨质疏松症是以骨量减少, 骨质量受损及骨强度降低, 导致脆性增加, 易发生骨折为特征的全身性骨病, 属中医学“骨痿”、“骨痹”等范畴。中医药对骨质疏松症有独特的认识及治疗方法, 近年来在治疗骨质疏松症方面已取得一定成果。本文基于近年来的文献研究, 结合“从肾论治”、“从脾论治”、“瘀血论”等中医理论, 着重从骨质疏松症的病因病机、辨证论治、专方专药、针灸疗法等方面进行探析, 以期更加清楚地认识中医药治疗骨质疏松症的现状, 从而更好地发挥中医药治疗本病的优势。

关键词: 骨质疏松症; 中医药; 研究进展

Research progress in the treatment of osteoporosis with traditional Chinese medicine

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Abstract: Osteoporosis is a systemic metabolic bone disease characterized by bone loss, impaired bone quality, and reduced bone strength, which leads to the increase of bone fragility and tendency to fracture. In traditional Chinese medicine (TCM), it is called flaccidity of bones or bone bi-disease. TCM has a unique understanding and treatment method of osteoporosis, and also has made some achievement in recent years. Based on the study of literatures in recent years, and combined with kidney for treating the root, spleen for treating the root, and theory of blood stasis and other traditional Chinese medicine theory, this paper analyzes emphatically from the etiology and pathogenesis, syndrome differentiation, specific prescriptions and medications, and acupuncture therapy, to achieve better understanding and to take advantage of Chinese medicine in the treatment of osteoporosis.

Key words: Osteoporosis; TCM; Research progress

骨质疏松症 (Osteoporosis, OP) 是以骨量减少, 骨质量受损及骨强度降低, 导致脆性增加, 易发生骨折为特征的全身性骨病^[1]。骨质疏松症已经成为一个世界范围的健康问题, 该病发病率高, 保健费用消耗大, 世界卫生组织将其列为老年人三大疾病之一^[2]。随着人口老龄化, 该病的发病率正逐年上升, 对人类健康构成严重威胁。中医药在认知和治疗骨质疏松症彰显出其独特优势, 在临床研究方面已取得不少成果。通过对近年来临床研究报道文献进行如下综述, 以期对中医药治疗骨质疏松症的深

入研究提供依据。

1 病名

骨质疏松症是现代医学病名, 中医古籍中无明确记载, 然根据其临床所表现出的症状, 大致与中医文献所记载的“骨痿”、“骨枯”、“骨痹”、“骨极”相类似。“骨痿”最早见于《内经》。《素问·痿论》云: “肾气热, 则腰脊不举, 骨枯而髓减, 发为骨痿”。《灵枢·经脉》云: “足少阴气绝则骨枯”。《素问·长刺节论》云: “病在骨, 骨重不举, 骨髓酸痛, 寒气至, 名曰骨痹”。《备急千金要方·骨极》云: “骨极者, 主肾也, 肾应骨, 骨与肾合……若肾病则骨极, 牙

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齿苦痛,手足疼,不能久立,屈伸不利,身痹脑髓酸,以冬壬癸日中邪伤风为肾风,风历骨,故曰骨极”。故骨质疏松症在祖国医学中当属“骨痿”、“骨痹”等范畴。

2 病因病机

2.1 肾虚与骨质疏松症

中医理论认为肾为先天之本,肾主骨,藏精,精主髓,髓藏于骨中,滋养骨骼。《素问·六节脏象论》曰:“肾者,主蛰,封藏之本,精之处也,其华在发,其充在骨”。《备急千金要方·肾脏·骨极》云:“骨者,主肾也,肾应骨,骨与肾合,若肾病则骨极,牙齿苦痛,手足疼,不能久立,屈伸不利”。肾所藏之精是体现其主骨功能的重要物质基础,在骨的代谢过程的演变中具有重要作用。肾精足则髓充,骨得髓养而强健有力;若肾精亏则骨髓减,骨失所养而脆弱无力。金珉廷等^[3]认为骨的强劲衰弱与肾中精气盛衰有着密切的关系。李冀^[4]认为肾精亏虚,骨失所养是骨质疏松症的主要病因病机之一。现代医学研究发现,中医学中的“肾”主要通过作用于下丘脑-垂体-靶腺轴,促进或抑制骨代谢相关激素的释放,来发挥对骨代谢的调节作用^[5]。此外,现代医学通过对肾脏的内分泌功能的研究证明肾脏分泌的激素对于骨代谢具有重要作用^[4]。在临床工作中,多数医家认为肾虚是骨质疏松症最重要的病因。

2.2 脾虚与骨质疏松症

中医脏象理论认为脾为后天之本,气血生化之源,主肌肉四肢。《素问·太阴阳明论》:“脾病而四肢不用何也……今脾病不能为胃行其津液,四肢不得享水谷气,气日以衰,脉道不利,筋骨肌肉,皆无气以生,故不用焉”。《灵枢·决气》曰:“谷入气满,淖泽于骨……骨属屈伸,不利,色夭,脑髓消,胫酸耳数鸣”。因此,骨的正常生长亦离不开后天气血的荣润。杨芳等^[7]认为脾虚是导致骨质疏松症发病的重要因素之一。黄宏兴教授^[8]在临床上使用补益脾气法治疗骨质疏松症,取得显著的效果^[8]。现代医学认为中医学中的“脾”除了包括消化系统功能,还与物质代谢系统、免疫系统、神经调节系统、机体循环系统等密切相关。胃肠道对钙、磷等微量元素及蛋白质、氨基酸等营养物质的吸收会直接影响骨骼代谢^[9]。

2.3 血瘀与骨质疏松症

瘀血致病是中医学的重要理论,是近年来中医治疗骨质疏松症的又一思路。中医学认为瘀血阻滞

经络血脉使气血不能滋养骨骼系统,最终发为骨痿。《灵枢·本藏》论述经脉功能:“经脉者,所以行气血而营阴阳,濡筋骨,利关节者也”。王清任在《医林改错》中曰:“不能达于血管,血管无气,必停留而渐”。李晴晴等认为瘀血是骨质疏松症发病的重要因素之一^[10]。现代医学表明,细胞所需的营养物质的吸收都是在毛细血管和组织细胞共同组成的微循环功能单位完成的。机体血流变性质异常及微循环障碍,必然导致骨骼的微循环结构发生血液瘀滞,钙、磷及营养物质不能进入骨结构以致骨小梁数目减少、强度降低,导致骨质疏松症^[11]。

3 辨证分型

骨质疏松症的中医辨证分型,目前缺乏统一的标准,而权威学术著作给出的辨证分型方案有多种。《中医骨伤科学》(新世纪第二版)提出了骨质疏松症的肾虚精亏、先天不足、正虚邪侵三组分型。《中西医结合骨伤科学》(新世纪全国高等医药院校规划教材)将骨质疏松症分为肝肾阴虚、肾阳虚衰、气滞血瘀、脾肾阳虚四型。胡志俊等^[12]根据多年的临床辩证体会,提出了骨质疏松症的四大证型,即脾肾两虚型、肾虚型、瘀血阻络型、肝肾阴虚型,肾虚型中又分为肾阴不足型、肾阳虚衰型两种。刘勇等^[13]根据中医理论指导将骨质疏松症分为肝肾亏虚型、瘀血阻络型、气血亏虚型、风寒湿凝型四个证型,在临床实践中取得良好的效果。根据中医治疗骨质疏松症临床研究近况,其证型无外乎从肝、肾、脾及血瘀着手,各医家根据自己多年的临床经验,结合自身所学,提出各类切实的辨证分型,为今后临床中医对骨质疏松症的辨证论治提供参考。

4 骨质疏松症的中医治疗

4.1 单味中药

近年来,国内外运用补肝肾、强筋骨、活血化瘀等方面的单味中药对骨质疏松症的防治作用研究较多。常用于防治骨质疏松症的中药有淫羊藿、骨碎补、菟丝子、蛇床子等。淫羊藿主要通过提高成骨细胞的活性,抑制破骨细胞产生从而降低骨吸收,达到抗骨质疏松的作用^[5]。实验研究表明骨碎补能改善骨超微结构和脯氨酸的羟化程度,从而提高骨质量,通过增加骨量,改善骨三维结构,从而增强骨强度^[14]。菟丝子明显促进大鼠成骨细胞的增殖与分化,并通过提高 COL-I 的分泌影响骨代谢^[15]。蛇床子能促进成骨细胞的矿化成熟并增强细胞成骨性活

动,是促进骨修复愈合及抗骨质疏松的重要原因之一^[16]。

4.2 中药复方

目前临床上用于治疗骨质疏松症的复方多以补肝肾、健脾气、活血化瘀为主,治疗上取得一定的效果。刘宇宁^[17]应用加味二仙汤联合西药,治疗绝经后引起的骨质疏松症,发现中西医结合疗法效果明显优于单纯应用西医疗法,骨痛等症状能得到明显的缓解,骨密度明显提高,骨代谢生化指标明显改善。袁懿^[18]采用固本右归方治疗原发性骨质疏松症 132 例,有效率达 93.9%,发现本方可以增加骨量,延缓骨质疏松的发展,增强抗骨折的能力。刘维嘉等^[19]采用补肾健脾活血汤治疗骨质疏松症 33 例,发现可有效改善腰背酸痛等临床症状,提高患者骨密度,认为该方能够促进骨形成,抑制骨吸收从而有效地治疗骨质疏松症。中药复方讲求整体观念,辨证论治。各医家在使用中药复方治疗骨质疏松症的过程中,并未单施一法,均病证合参,将补肝肾、健脾、化瘀等法巧妙的结合在一起,以求临证潜方之效。

4.3 针灸治疗

近年来,针灸治疗骨质疏松症以效果显著、副作用小、成本低,开始被各医家所关注。在临床研究方面取得一定的成果。王彤^[20]提出了将针灸和推拿相结合应用于临床,动静结合,远推近针,标本兼治,探索防治骨质疏松疗法理论基础和新思路。王东岩^[21]研究后发现针药联合治疗可有效改善男性骨质疏松症患者临床症状及骨代谢指标,明显优于单纯药物疗法。张红石^[22]等选取大椎、大抒、肾俞、脾俞等施捻转补法进针,得气后在足三里和绝骨、肾俞和脾俞加电针,实验研究表明以补虚化瘀法治疗的大鼠,其单位面积的骨矿停止了丢失,骨矿含量保持了平稳,对骨质疏松症起到了治疗作用,有效地改善了骨质疏松症状。

5 讨论

目前,对于骨质疏松症的研究,国内外均无突破性的进展。中医药在治疗骨质疏松症方面取得了一定成果,各医家总结出许多有效实用的临床经验,如中医认为骨质疏松症主要病机为肾虚、脾虚及血瘀,治疗上应以补肾、健脾、化瘀为主。同时关于中医药治疗骨质疏松症的临床和实验研究亦日益增多。中医药治疗该病疗效确切,方法多样,内外兼治,具有广阔的治疗前景,但是大量单味中药和复方治疗骨

质疏松症的作用机制不明,或未能完全清楚,对有效成分的研究报道不多。中医药对骨质疏松症的辨证目前尚未形成统一的标准,诊断、治疗和疗效方面尚未标准化。因此,在今后的工作中,应加强基础研究与临床研究相结合,注重对该病病因病机的认识,完善规范化、量化的辨证分型研究,制定统一的疗效判定标准,使中医药在治疗骨质疏松方面更好地发挥其优势。

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(上接第 1375 页)

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