

骨质疏松症“病本在脾,以阴阳两虚为要”之见探讨

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摘要: 骨质疏松症素以肾虚为本,临床以补肾益精、滋肾养阴等治为要,然时效时逊。脾胃是为后天之本,不仅充养先天之精,而且对肢体百骸具有直接的助长、润养作用。但凡后天有源,先天之精则不竭,后天之筋骨得养以实。重要的是,脾胃对形骸的作用包括气阳温煦以壮长肢体、脾胃营阴润养以坚固筋骨两方面。故笔者从古代经典理论、现代研究基础、生命的圆运动变化等几方面论述骨质疏松症“病本在脾,以阴阳两虚为要”这一观点。

关键词: 骨质疏松症;脾虚;阴阳两虚;中医

The discussion on the idea that the basic pathogenesis of osteoporosis lies in spleen and lies mainly in both Yin and Yang deficiency

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Abstract: Traditional Chinese medicine thinks that kidney deficiency is the basic pathogenesis of osteoporosis. Nourishing the kidney, strengthening the essence, and nourishing yin are the main treatment of the disease. However, the curative effect is not so notable. The spleen and stomach is the foundation of acquired constitution. They not only strengthen the congenital essence, but also promote the body growth and nourish the muscle and bones. The congenital essence is ample and the bone and muscle are strong when the function of spleen and stomach is normal. Especially, the effects of spleen and stomach on the body include two aspects: Qi and Yang promote the body growth by warming, and blood and Yin strength the muscle and bones by moistening. So the authors will prove the idea that the basic pathogenesis of osteoporosis lies in spleen and lies mainly in Yin and Yang deficiency, from the aspects of the classic ancient theory, the modern research, and the circular motion of lives.

Key words: Osteoporosis; Spleen deficiency; Yin and Yang deficiency; Chinese medicine

随着人类寿命的延长和老龄化社会的到来,骨质疏松症已经成为人类重要的健康问题^[1]。西医治疗骨质疏松症有确切疗效,亦存在一些问题,如副反应相对较多,部分药物有增加相关癌症发病率的风险^[1]。中医则以“肾虚”作为该病的关键病机,然亦时效时逊。笔者在临床发现从脾胃治疗该病能取得不错的疗效,因此本文在继承中医经典,结合现代研究基础上,认为骨质疏松症虽有“肾虚”之机,然

其源在脾,脾不升清,四肢不用,脾不藏营,骨不淖泽,则形骸俱痿。

1 骨质疏松症病本在脾

1.1 经典理论依据

生命之源,启于父母之精。肾精充固,筋骨初合,形体以成,百骸待兴。如《素问·五脏生成篇》:“肾之合骨也…^[2]。”人之筋骨因肾精始成,其强壮、坚固则待后天充养,后天润养则坚,后天失养则痿。如《素问·太阴阳明论》:“脾病而四肢不用…^[2]。”其中脾气亏虚,健运无权,气化无源,则四肢不用,如《灵枢·本神》:“脾气虚则四肢不用。^[3]”脾之精血不足,濡养不利,则肢体屈伸不便,如《灵枢·决气》:

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“谷人气满,淖泽注于骨,骨属屈伸…^[3]。”筋骨痿软,起于阳明脉衰,继则四旁失养,形体俱废。如《素问·上古天真论》:“五七,阳明脉衰,面始焦,发始堕…七七,任脉虚,太冲脉衰少,天癸竭,地道不通,故形坏而无子也^[2]。”于痿疾,《素问·痿论》更加明确指出:“治痿者独取阳明^[2]。”故《内经》“四肢不用,形体痿软”之疾论在脾胃,治在阳明。延至金元时期,这一理念趋向成熟,如《脾胃论·脾胃盛衰论》:“大抵脾胃虚弱,阳气不能生长,是春夏之令不行,五脏之气不生。脾病则下流乘肾…是为骨痿。令人骨髓空虚,不能履地…^[4]。”因此中医传统虽有骨病重“肾虚”之论,但凡后天充足,肾精有源,焉有筋骨枯竭之弊?是故“骨枯、骨蚀”之病似在肾,实在脾土耳。

1.2 现代研究依据

1.2.1 脾胃主营养元素吸收与骨质疏松症:体内钙、磷、铜、镁、锌等微量元素对骨质形成有重要影响^[5],如高钙摄入者常有较高的骨密度;锶盐具有促进骨形成和抑制骨流失的双重功效^[1];铜缺乏会影响骨骼胶原的合成与稳定,使骨骼矿化不良^[5]。而这些微量元素的摄入与饮食结构、肠道吸收功能密切相关。

活性维生素 D 是促进肠道 Ca^{2+} 吸收的惟一影响因素,与骨质疏松症的发生密切相关。同时,体内维生素 D 的含量跟小肠的吸收功能密切相关。摄入足量维生素 C 能促进成骨细胞 I 型胶原蛋白的合成,利于骨细胞的生成。维生素 B_{12} 与骨钙素、碱性磷酸酶密切相关^[6],而维生素 B_{12} 缺乏的重要原因之一即是小肠吸收功能不良。此外,维生素 K、异黄酮、氨基酸、蛋白质等的摄入、吸收亦与骨质形成、稳定密切相关^[7-8]。

研究发现,脾虚证患者唾液淀粉酶活性下降,D-木糖排泄率降低^[9-10];胃动力减弱^[11],胃泌素产生细胞(G 细胞)减少,胃黏膜固有腺体萎缩,肠上皮化生检测率增高^[12],胃肠道激素释放异常^[13];胃十二指肠和结肠活检黏膜的绒毛出现变平或损伤,微绒毛稀疏、脱落等病理改变,易出现低蛋白血症和血清氨基酸含量降低^[14]。故脾虚患者易出现微量元素、蛋白质、氨基酸等吸收不良导致骨量合成降低,流失增加。如实验发现,胃切除术后的大鼠骨密度和骨矿含量明显降低^[15]。

1.2.2 脾胃主肌肉与骨质疏松症:《素问·五脏生成论》:“脾之合肉也…^[2]。”脾胃者,生化之源,脾运健,生化无穷,则形体壮,肌肉丰满。现代实验研究

表明,脾虚动物模型骨骼肌线粒体形态与数量发生异常改变,肌纤维明显变细^[16]。肌肉强度与体重负荷对骨骼有十分重要的影响。如 Schipilow^[17] 发现运动强度越大,骨密度、皮质厚度越高。随着年龄的增加,肌肉容量与骨密度常同步下降^[18]。Srisuwarn^[19] 等通过对 1046 名参与者调查研究发现,骨骼肌含量与脊椎、股骨头等处的骨密度密切相关,并且提出较低的肌容量可作为骨质疏松的独立风险因素之一。Frost^[20-21] 认为,在骨生长期,骨量为适应大量增加的体重和肌肉负荷而不断增多,以便增加应变量而避免骨损伤。

1.2.3 脾胃主内分泌与骨质疏松症:脾胃者,气血生化之源,脾胃健旺,则冲任脉气血充盛,女子月事时下,男子身体康健,内环境正常。如研究发现,脾虚型大鼠血清雌二醇、血清睾酮水平下降,经健脾益气方法治疗后性激素可恢复正常^[22]。

综上,饮食结构、营养吸收、肌肉和体重、内分泌功能均对骨质生成、代谢有较大影响,而上述因素正与中医“脾胃”概念密切相关,故从现代基础研究而言,脾虚才为骨质疏松症的关键病机。

1.2.4 脾胃要药药理研究与骨质疏松症:药理研究发现,补养脾胃气、阴之品对骨质疏松症具有较好的防治作用。如黄芪,甘温,具有补气升阳,益卫固表等作用,阳波等^[23] 研究发现黄芪能显著提高腰椎、股骨头骨密度,并且血钙、磷、骨钙素、碱性磷酸酶水平亦显著上升。人参,甘、微苦、平,具有大补元气,补脾益肺,生津等作用,戴娟秀等^[24] 研究证实人参有一定预防去卵巢大鼠骨量丢失的作用。山药,甘平,具有益气养阴,补益脾肺等作用,贾朝娟等^[25] 研究发现山药具有一定类雌激素样抑制骨质破坏的作用。葛根,甘、辛、凉,具有解肌退热,升阳止泻,生津等作用,郑高利等^[26-27] 研究发现葛根总黄酮能明显减少骨质疏松模型大鼠骨量流失。

纵观,不论从古代经典抑或现代研究,均表明骨质疏松症的关键病机在“脾虚”。肾之合骨,主宰生命之源,形先天之骸,筋骨的坚固、强壮则在脾胃后天的濡养。所谓的肾精不足,筋骨失充亦多因后天脾胃失常,四旁失养导致。即骨质疏松症以“脾虚”为本。

2 骨质疏松症以脾胃阴阳两虚为要

脾胃中土者也,法天地而生万物,禀春夏生长之性主承载生命;亦法天地而纳万物,禀秋冬降藏之性厚纳生机,如《伤寒论·辨阳明脉证并治法》:“阳明

居中,主土也,万物所归^[28]。”故脾土者,升清是也,厚纳亦是也。

2.1 中土为轴,阳升阴藏则形体以健

自然界春生、夏长、秋收、冬藏四季变更,周而复始。人生于自然,法于天地,生命、形骸之变化亦应于自然规律,生长、壮盛、衰弱、死亡回至原点,构成一个圆运动循环。其中脾土者,主于四时,亦主于生命四期,处于生命圆运动的中央,带动生命之轮的转动。如《素问·太阴阳明病论》:“脾者土也。治中央,常以四时长四藏^[2]。”《圆运动的古中医学·人秉大气五行而生脏腑》:“则升降于外,中气如轴,四维如轮。轴运轮行,轮运轴灵。轴则旋转于内,轮则升降于外^[29]。”生命中期之前,生命的阳气生长,处于圆运动上升阶段,此时脾土顺应生命自然变化,重承载之性,升举阳气,温煦万物,以生长为用,促进肌肉的丰满,骨骼的强壮,骨量的增多;生命中期之后,生命的阳气开始潜藏,处于圆运动下降阶段,此时脾土顺应生命自然变化,重厚纳之德,潜藏阳气,纳藏万物,以归原为用,促进形骸、元气的稳固,则生命善始善终。故对于多数处于中年期后的原发性骨质疏松症患者,益气升清,运化气血,促进骨量增加之时,必厚润脾土,重纳藏之性,助人身阳气潜藏,精气内敛,遏制骨量丢失。如小建中汤润养脾胃,纳藏浮火,潜阳于原,斯此理耳。

天地大气,是为整体圆运动循环,人身脏腑各具阴阳,是为局部的圆运动循环。于脾土而言,脾之阳气因脾纳藏之营血始能升清精血输布周身,脾之营血因脾之阳气运化水谷而纳藏充养,构成脾之小圆运动循环。脾营脾阴不足,则脾之阳气无精可散,如《伤寒溯源集·阳明上篇》:“胃中津液枯燥,脾气无精可散^[30]”,肌肉失养,筋骨淖泽不力,则形骸痿废。如《灵枢·决气》:“谷人气满,淖泽注于骨,骨属屈伸^[3]”,骨质疏松症多见于中老年患者,属人生命周期的“秋冬”之季节,故当谨遵《素问·四气调神大论篇》:“春夏养阳,秋冬养阴^[2]”之旨,注重纳藏脾胃阴液,助脾气有精微可输,助形骸有营血可濡,助生机有所纳藏。

2.2 骨象离卦,中空火离之象

骨者,外刚而内柔。外刚以成形骸,内柔以养周生。其中外刚之性属阳,内柔之性属阴,为外阳内阴之象,和于《易》之“☲”卦。《易》卦,以象尽意,意随所求而变。对于原发性骨质疏松症,意味如下:离卦,中空之象,中位者脾土之位也,故象于“脾土亏虚”。脾气亏虚,土之生化无源,则阳无续生,渐耗

渐散,脾阴不足,厚纳无权,阳气不降,宣散于外,阳气虚耗,则刚骨渐痿;离卦为阳多阴少之卦,以阴为贵,如《周易略例·明象》:“夫阴阳相求之物,以所求为贵也^[31]”。阴液足,阴阳环抱,阳虽露于外,不至外耗,阴液不足,阳气外浮,耗散于外,则肌肉削弱,刚骨渐痿也。故从卦象而言骨质疏松症患者,以脾虚为本,唯脾虚不止于气阳不足耳。

2.3 病理变化以长不足、失不藏为关键

骨质疏松病理改变以骨质形成不足与骨质吸收过快为主。其中促进骨质形成的一面属阳,阳气壮旺,则万物生长;抑制骨质吸收的一面属阴,阴液足,则元气不泄,精气内敛。故在防治骨质疏松症时,一方面应促进骨质的形成,使用甘温益气药物,升助脾阳,助土载物,如黄芪等;一方面应抑制骨质的吸收,使用润养脾胃阴液的药物,纳藏元阳,助土纳物,如芍药、生山药等。即在骨质疏松症的中医病机以“脾虚为本”,“阴阳俱虚”为由。

3 总结

肾为先天之本,责在形骸之启始,形骸后天的坚固、强壮,则重在脾胃的供养。原发性骨质疏松症病发于后天,故更应究于后天脾胃之病。更重要的是,该病多发于中老年,属阳气当潜,阴气该敛之时,故重视脾气虚之时,忽略润养脾胃,厚纳万物断非至理。因此,笔者认为原发性骨质疏松症病机以“脾虚为本”,病机以“中气不升,土气不纳,亦即阴阳两虚”为本。

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