

从肝论治原发性骨质疏松症的研究进展

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摘要: 骨质疏松症是一种以骨量低下,骨微结构损坏,导致骨脆性增加,易发生骨折为特征的全身性骨病。随着老龄化的加剧,老年人健康问题尤其是骨密度下降引起的骨质疏松越来越引起重视,但是目前原发性骨质疏松症的基础研究和临床诊治主要集中在“肾主骨,生髓”方面,肾虚是其主要病机,而肝对本病的研究和治疗相对较少。原发性骨质疏松症是一个复杂的、多因素导致的疾病,中医整体观要求我们不能一味地治疗某一症状或某一脏腑,要结合传统医学和现代医学分析其病因病机,辨证施治。从中医学肝对骨质疏松的认识到肝与骨质疏松的基础研究再到滋补肝肾的临床疗效,都说明肝对骨质疏松的重要性。补肾兼顾治肝,及早调肝养肝有益于防治骨质疏松症。

关键词: 骨质疏松;中医;中药;肝

Research progress in the treatment of primary osteoporosis from the liver

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Abstract: Osteoporosis is a systematic disease characterized by low bone mass and bone microstructure damage, resulting in the increase of bone fragility and fracture. With the increase of society aging, osteoporosis due to the decrease of bone mineral density in the elderly is getting more and more attention. The current basic research of primary osteoporosis and clinical diagnosis and treatment mainly focus on the theory of kidney dominating bone and producing marrow, and kidney deficiency is the main pathogenesis. The research and treatment by the liver is relatively less. Primary osteoporosis is a complex and multi factor disease. The syndrome differentiation and treatment must combine traditional and modern medicine to analyze its etiology and pathogenesis, but not blindly treat a symptom or an organ. From the knowledge of traditional Chinese medicine, the experimental study on the relationship between the liver and osteoporosis, and the clinical observation of nourishing the liver and the kidney, liver plays an important role in primary osteoporosis. Nourishing the liver while nourishing the kidney at the early stage may benefit in the prevention and treatment of osteoporosis.

Key words: Osteoporosis; Traditional Chinese medicine; Chinese herbs; Liver

骨质疏松症(osteoporosis, OP)是一种以骨量低下,骨微结构破坏,导致骨脆性增加,易发生骨折为特征的全身性骨病。骨质疏松症可发生于不同年龄和不同性别,但多见于绝经后妇女和老年男性^[1-4]。骨质疏松分为原发性和继发性两大类。原发性骨质

疏松又分为绝经后骨质疏松(I型)、老年性骨质疏松(II型)和特发性骨质疏松3类。西医认为骨质疏松是钙质由骨骼往血液移动的矿物质丢失现象,骨量减少,骨骼内腔隙增大,呈现中空现象,速率取决于成骨细胞和破骨细胞活性的消长^[5]。而中医尚无骨质疏松症这一病名,但从病因病机和临床症状上发现其与中医古籍记载的“骨痹”、“骨萎”、“骨枯”类似,它们主要是由年龄的增长和绝经相关。目前对骨质疏松主要以补肾为主,临床疗效值得肯定,但肝在骨质疏松中的作用尚没有引起足够的重

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视,特别是绝经后女性容易抑郁。本文从中医学和西医学探讨肝对于骨质疏松的重要性,试为临床诊治骨质疏松提供思路,改善疗效。

1 中医学对肝与骨质疏松关系的认识

《素问·痹论篇》:“痹在于骨则重,在于脉则血凝而不流,在于筋则屈不伸。”《景岳全书·非风》:“筋有缓急之病,骨有痿弱之病,总由精血败伤而然。”中医理论认为,肝藏血,主筋,司运动。肝气衰弱,血不养筋,则动作迟缓不灵活,易于疲劳,不能久立。古有“肝肾同源,乙癸同源,精血同源”之说。肝与肾经脉相连,五行相生,肝为肾之子,肾为肝之母。精血互生,肝藏血,肾藏精,精血互化。肝肾为精血之源,骨骼的生长发育和修复有依赖于精血的营养滋润,肝肾亏虚则精血无源,无以生精养骨,髓枯筋痿,发为骨痿。由于年老体衰,且妇女一生经、孕、产、乳,数伤于血,若肝藏血功能减退,可形成肝贮存血量不足,而致肝血虚,机体各部分得不到足够的血液营养,气血虚衰同样推动老年性骨质疏松症的演变^[6]。清代名医叶天士认为“女子以肝为先天”,使肝在女性衰老中的地位尤显突出。尤其是绝经后女性处在多事之秋,多有情志不遂,影响肝之疏泄,致气机郁滞,血行不畅;甚而气郁化火,灼伤肝阴而致肝阴不足。《素问·上古天真论》曰:“肝气衰则筋不能动”。肝气郁结,若影响于脾,则脾失健运,气血化生不足而不能濡养筋骨,导致肾精亏虚,使骨髓失养,髓枯筋燥,痿废不起,而导致骨质疏松的发生^[7]。肝失疏泄,肝气郁滞,则发为气滞血瘀,导致冲任功能失常,月经不调,甚至引发闭经与卵巢功能衰退,激素水平紊乱,进而加剧绝经后骨质疏松症的发生发展。《临证指南医案·肝风》云:“肝为风木之脏,因有相火内寄,体阴用阳,其性刚,主动,主升。”故绝经后妇女易处于“阴常不足,阳常有余”的状态,易出现肝阴血亏。原发性骨质疏松多见于老年女性,相当一部分妇女于绝经后几年中肝郁等诸证明显,同时骨矿含量快速下降,骨密度较正常同龄妇女低,证明肝郁与骨质疏松症有着密切的关系^[8-12]。现代研究亦表明,肝郁主要与高级神经活动和自主神经功能失调有关^[13],还与内分泌失调^[14-17]有关,这是女性绝经后骨质疏松症发生的重要病机。

1.1 肝与肾的关系

中医素有“肝肾同源”之说,可见肝肾关系密切。肝主疏泄,肾主封藏,二者之间存在着相互为

用、相互制约的关系,肝气疏泄可促使肾气封藏有度,肾气闭藏可防止肝气疏泄太过,肝藏血,肾藏精,血液滋养则肾气充盛,肾气充盛则血有化生。肾精亏损则肝阴不足,出现水不涵木,反之亦然。在病理上两者也互相影响,肝主疏泄,肾主封藏,二者相反相成,共同调节女子的月经来潮、排卵和男子的排精。肝在体合筋,肾在体合骨,筋骨相连,肝虚则阴血不足,筋骨失养,肢体屈伸不利,肾精亏损则髓燥筋枯,痿废不起,肝虚致骨萎,出现萎弱无力,腰酸背痛,甚或关节疼痛等原发性骨质疏松症状^[18]。

1.2 肝与脾的关系

《素问·五脏生成篇》曰“木得土而达之”,《临证指南医案》又云“木能疏土脾滞以行”,可见肝脾两脏,木土相克。脾为阴土,主运化,脾气不凝滞,饮食水谷运化需得肝木调达,升散疏泄之性。反之,肝为刚脏,主疏泄,必得脾脾土濡润,方能保持调达之性,不失疏泄之功。生理状态下二者保持动态平衡——木克土,土滋木。《名医方论》总结为“肝为木气,全赖土以滋培,水以灌溉。”随着年龄增长,脾胃功能虚弱,或女性绝经后出现情志不遂,出现肝旺或脾虚的特征,打破了肝脾之间的动态平衡,表现为肝旺脾虚,肝脾不和,肝脾两虚证。中医的脾不仅包括消化系统,更与机体免疫系统、内分泌系统、血液循环系统、体液调节系统、物质代谢系统以及肾精功能相关。肝旺脾虚通过影响这些系统的功能,直接或间接地促进骨吸收,抑制骨形成,从而使原发性骨质疏松症的发生^[19]。

1.3 肝与气血的关系

肝失疏泄表现在气血的运行失常,血的运行离不开气的推动,气行则血行,气滞则血瘀,《明医杂著·医论》曰“肝气通则心气和,肝气滞则心气乏”,意为肝气调达能辅助心气发动,使血行畅通。肝主疏泄,以气为用,主人体气机畅达,其直接关系到血的运行。肝疏泄功能异常,气机失调则郁滞,血行受阻则瘀。原发性骨质疏松症患者肝血不足,兼有情志不畅,肝失疏泄,气机郁滞,易致血瘀,其临床症状的骨痛、关节酸痛与此相呼应^[19]。

2 中医现代研究对肝与骨质疏松的认识

目前中医界对原发性骨质疏松症尚没有统一的证型标准,但根据其表现的临床症状和体征,辨证主要涉及肝、脾、肾三脏,与气、血、阴、阳等因素有关。中国老年学学会骨质疏松委员会中医药与骨病学科组在前期原发性骨质疏松症临床实践指南和专家共

识的基础上,检索和评价相关文献资料,通过临床医师的问卷调查和学科组讨论,结合临床实际情况,并咨询我国中医骨伤科界名老专家意见,制定中医药防治原发性骨质疏松症专家共识(2015)^[20],共识将原发性骨质疏松症分为肾阳虚证、肝肾阴虚证、脾肾阳虚证、肾虚血瘀证脾、胃虚弱证和血瘀气滞证。原发性骨质疏松症中医循证临床指南^[21]则分为肾阳虚证、肝肾阴虚证、脾肾阳虚证、血瘀气滞证。黄宏兴等^[22]利用聚类分析的统计方法将原发性骨质疏松症划分为肝肾阴虚型、气滞血瘀型、脾肾阳虚型三个证型,其中肝肾阴虚型比重最大。庄岸山等^[23]通过查阅原发性骨质疏松症的文献,归纳总结相关研究现状、成果和发展前景,在中医理论的指导下,将其病因病机归纳为肾虚、肝肾阴虚、脾肾两虚、瘀血阻络等。张雯等^[24]报道原发性骨质疏松症的治疗原则是“补肾壮骨,益肝健脾,活血通络”。张莲等^[25]从中医药防治将老年性骨质疏松分为肾主骨理论、脾肾相关论、血瘀论、肝郁论。马尾等^[26]报道绝经后骨质疏松症的中医病因病机为肾精亏虚、脾胃虚弱、肝郁血虚、瘀血阻滞、体质说、感受外邪、骨络失养。张绍文等^[27]报道原发性骨质疏松的发生发展与肾虚、脾虚、肝虚、气血亏虚相关。洪德胜^[28]报道原发性骨质疏松症的病因为肾虚、肝虚、脾虚、血瘀。梁祖建等^[29]通过探讨补肾调肝方治疗高龄原发性骨质疏松症的临床疗效,其以疏肝补血为主,结果表明补肾调肝方能明显改善高龄骨质疏松症患者疼痛症状和中医临床症状,临床疗效肯定。补益肝肾法能够有效改善患者疼痛症状,临床疗效肯定^[30,31]。王和鸣等^[32]报道芪骨胶囊治疗肝肾不足型原发性骨质疏松症效果确切,起效快。郭杨等^[33]总结近年防治骨质疏松症的 35 张处方后发现,使用频率最高的前 5 位单味药均归肝肾经,有补益肝肾之功,一定程度上说明了肝的病理变化对原发性骨质疏松症形成的重要性。以上基础研究和临床用药表明,骨质疏松的辨证论治均涉及到肝,且最为常见,临床药物也多入肝经,说明肝在骨质疏松症的发生发展中有着重要的作用。

3 西医学对肝与骨质疏松的认识

Guafabens 等^[34]报道原发性骨质疏松症是一种常见的慢性肝病的并发症,骨质疏松的发展所涉及的肝病骨形成不足主要机制是由于有害物质的影响,如胆红素或胆汁酸或酒精的毒性作用,而这些因素都是与肝直接相关的。张兰凤等^[35]报道病毒性肝炎肝硬

化患者骨质疏松发生率明显升高,并随着肝功能损害的加重,发生率逐步升高,其机制可能与血 Ca(钙)下降、血 PTH(甲状旁腺激素)水平升高有关。赵昌松等^[36]通过调查慢性肝病患者骨质疏松的发生率,并与正常人群作对比发现慢性乙型肝炎患者跟骨硬度指数较正常对照组明显减低,说明慢性乙型肝炎肝硬化的患者更容易出现合并骨质疏松,而且骨质疏松患病率随肝硬化的严重程度逐步升高。付士武^[37]报道肝硬化、肝癌患者骨质疏松发病率明显升高,且发病率随肝功能损害的逐渐加重而升高,其病理技能可能与血钙降低、维生素 D、Ca、P(磷)的代谢紊乱及 PTH 升高有关。万全增等^[38]报道女性绝经后随年龄增长,体内雌激素水平下降,骨量迅速丢失,雌激素替代疗法在防治绝经后骨质疏松症中具有重要作用。关于肝在骨质疏松症中的发生发展机制,现代医学认为肝主要通过维生素 D 及钙、磷代谢、雌激素等途径影响骨形成与骨吸收。

4 述评与展望

根据中医学对原发性骨质疏松病因病机认识的传统优势,结合现代医疗技术,对原发性骨质疏松症要综合各方面的因素辨证施治,不能简单地治疗某一脏腑或某一症状,要看到其复杂性和难治性。补肾为原发性骨质疏松症的治疗总则,与此同时必须看到肝的重要性,补肾兼顾治肝,及早调肝养肝有益于防治骨质疏松,发挥祖国医学的传统优势。随着分子生物学的发展和研究水平的提高,原发性骨质疏松症的现代研究已经深入到基因蛋白组学,从基因水平研究中医药防治原发性骨质疏松症的机理^[39-43],探寻原发性骨质疏松症的易感基因将成为一种趋势。

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