

· 论 著 ·

国医大师王琦院士“象数形神气”中医原创思维 在肺间质纤维化诊治中的应用*

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摘要:国医大师王琦院士基于中华传统文化与古代哲学思想, 守正创新, 提出以“象数形神气”为核心要素的中医原创思维。肺间质纤维化是多种间质性肺疾病的病程转归与病理结局, 赋予“象数形神气”以具体内涵。运用中医原创思维之象数观、形神观、一元观以诊治肺间质纤维化。“取象运数”, 分析肺藏象居高清虚之象, 推演肺金行河图洛书之数, 即取象以喻肺主气、司呼吸, 调节气机升降出入的内涵属性, 西方金行对应河图洛书的四、九之数, “四”代表肺藏清虚娇嫩之体, “九”代表肺象宣降不息之用; “形神一体”, 阐释肺间质纤维化的临床特征与影像学表现、肺功能特点的相关性, 即肺间质纤维化早期、慢性迁延期与晚期由“肺痹”向“肺痿”渐进性转化, 影像学体现“形”的特点, 肺功能反映“神”的功能; “气为一元”, 益气养阴, 化痰通络, 活血消瘀, 即正虚方面治以益气养阴, 运用补肺固表、健脾益气、益肾填精、滋阴润肺、滋阴养肝、滋阴补肾药以通痹荣痿, 邪实方面治以化痰通络, 活血消瘀, 运用辛温或辛润通络药以通畅肺络, 以改善肺间质纤维化患者的肺功能, 提高生活质量。

关键词:“象数形神气”; 肺间质纤维化; 中医原创思维; 象数观; 形神观; 一元观; 国医大师; 王琦

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Application of TCM Master and Academician Wang Qi's Original TCM Thinking of "Image, Number, Form, Spirit and Qi" to Diagnosis and Treatment of Pulmonary Fibrosis

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Abstract: Academician Wang Qi, a master of traditional Chinese medicine, put forward the original thinking of traditional Chinese medicine with "Image, Number, Form, Spirit and Qi" as the core elements based in Chinese traditional culture and ancient philosophy. Pulmonary interstitial fibrosis is the course of a variety of interstitial lung disease outcomes and pathological outcomes, giving the "Image, Number, Form, Spirit and Qi" a specific content. Therefore, when pulmonary interstitial fibrosis is diagnosed and treated, the original thinking of traditional Chinese medicine of "image - number view, form - spirit view as well as monism view" can be used. "Taking the image to work the number" means to analyze the image of the Lung, which is in deficiency and in the high location, and to deduce the number of *He Tu Luo Shu* of the Lung, which belongs to Gold Element, that is, taking the image to describe the connotation attribute of the Lung's governing Qi, governing breathing, and regulating the ascending and descending of Qi

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movement. The West, which is corresponding to Gold Element, is also corresponding to the number of four and nine in *He Tu Luo Shu*, in which "four" represents the lung's clear and delicate body, while "nine" represents the use of the Lung Qi's ascending and descending movement. "form - spirit" holism is used to explain the correlation between the clinical characteristics of pulmonary interstitial fibrosis and the imaging manifestations and pulmonary function characteristics, that is, the early, chronic and late stages of pulmonary interstitial fibrosis are gradually transformed from "pulmonary arthralgia" to "pulmonary flaccidity". The imaging reflects the characteristics of "form", and the pulmonary function reflects the function of "spirit". Qi is an integrated system, so benefiting Qi and nourishing Yin, resolving Phlegm and dredging collaterals, promoting blood circulation and removing blood stasis, are all related to Qi. That is to say, in treatment of Zheng Qi deficiency, benefiting Qi and nourishing Yin is used. Tonifying the Lung and consolidating the surface, strengthening the Spleen and replenishing Qi, tonifying the Kidney and filling the essence, nourishing Yin and moistening the Lung, nourishing Yin and nourishing the Liver, nourishing Yin and tonifying the Kidney are used to treat arthralgia and impotence. In treatment of evil excess, resolving Phlegm and dredging collaterals, promoting blood circulation and removing blood stasis are used. Pungent and warm or pungent moistening drugs and dredging collaterals are used to unblock the Lung collaterals to improve the pulmonary function and improve the quality of life of patients with pulmonary interstitial fibrosis.

Key words: "Image, Number, Form, Spirit and Qi"; pulmonary interstitial fibrosis; original thinking of Chinese medicine; image - number view; form - spirit view; monism view; Chinese Medicine Master; Wang Qi

原创是发展与进步的灵魂所在,促进了中华民族产生独立的思考方式,阐发独特的思想内涵。同时,各家学说与流派对中医思维众说纷纭,有将方证奉为主臬者,亦有以疾病作为导向者。国医大师王琦院士独树一帜,基于“象数形神气”等元素,提出了中医原创思维,即“取象运数,形神一体,气为一元”^[1]。王院士探寻源头,摸索轨迹,把握自身^[2],研究其内涵:取象运数,在于运用司外揣内、多维视角、定性定量、旁推比类的方法,进行象数结合、以象为主、以数为用、归纳阐释的研究;形神一体,基于象因物生、形为载体、机能主宰、灵明神气的理论,体会形神构成、形神体用、形神存亡、形神合一的意蕴;气为一元,持有整体动态、万物一体、联系协调、融汇通达的观念,探讨物由气化、象由气生、主客交融、物我一体的思想^[2]。但是该思维对于具体疾病的诊治,暂未见相关报道。

肺间质纤维化是多种间质性肺疾病的病程转归与病理结局,涉及上皮 - 间质转化等发病机制。肺在中医藏象之中,居位最高,应天之象,发生肺间质纤维化后,影像学表现复杂多样,临床症状变幻多端。笔者将国医大师王琦院士提出的中医原创思维与中医药防治肺系疾病相结合,尝试将此独特的方法论与认识论付诸临床实践,指导肺间质纤维化诊治的全过程,现探讨如下。

1 取象运数,肺居华盖应天象

象数思维是定性与定量结合的综合思维方式,但其定量存在或然性,因此应借助当代仪器设备进

行明确。象思维的“象”,既可以指代事物表现出的现象,即物象,也可以指代思维萌发出的体悟,即意象^[3]。《周易》云:“易者,象也”“夫象,圣人有以见天下之赜,而拟诸其形容,象其物宜,是故谓之象。”象思维是在经验基础上的体悟,以模糊之象激发想象力^[4]。《素问》将第五篇命名为“阴阳应象大论”,将天地、人体外在的形象、现象、物象,抽象地类比于同类的物象或哲学概念,从而提炼出意象。

1.1 取苍天敷布之象 象思维作为中医原创思维的主要形式,高度重视比类思维、跳跃性思维等,正向推动了中医学从理论到实践的蓬勃发展。王琦院士提出取象的3个阶段:活体取象→取象测藏→据象类推。取象需要探究事物表象之下的内涵属性、内在构象、制约关系、外属联系等。

所谓天人应象,北斗七星的天璇、天玑,对应人体璇玑穴,璇玑正是胸部肺脏之外应。《灵枢·九针论》云:“天者阳也,五脏之应天者肺,肺者,五脏六腑之盖也。”肺在五脏六腑之中居于“华盖”位置,上应苍天,施云布雨,通调水道,敷布津液。古人认为,气管(肺管)为九节,肺有两叶六耳之形态^[5],状如叶片,传达敷布铺陈、相傅护君之神韵。《医碥》明言:“呼吸出入,由肺橐龠。肺居胸上,覆诸脏腑,故称华盖。虚如蜂巢,下无透窍,吸气则满,呼气则虚。”橐龠指古代鼓风吹火用的器具,此喻肺主气、司呼吸,调节气机升降出入的内涵属性;蜂巢是肺含气的形态结构运用象思维后得到的内在构象。肺在脏腑位置之中,处于最高位,在君主“心”之上,像帝王出行车上的伞盖,保护君主,是除“代君受邪”的

心包之外的另一重“安保”屏障。肺为娇脏,易受邪侵,如《医学三字经》所言“肺如钟,撞则鸣”,外邪干侮肺金,则可闻及咳嗽、喘息、哮鸣音等肺失宣肃之征。

1.2 运河图洛书之数 河图与洛书是华夏民族流传至今的神秘数字模型,推演阴阳五行,揭示乾坤大道,将纷繁复杂的世间万物简化与浓缩,属于中国古代文明“数思维”之智慧。河图之中的“地四生金,天九成之”。西方金行为河图的四、九之数,四为偶数属阴,代表肺脏清虚娇嫩之体,九为奇数属阳,代表肺象宣降不息之用。洛书记载的九宫数,王琦院士认为其属于“自然之理”“易数”等定性之数,属于象数思维指导下形成的方位数学模型,根据变化规律,测定万物本质。与中医的九宫八风格局大致相符,每一方位对应脏腑及络属部位,对中医学辨证论治具有重要指导意义^[6]。其中,洛书所谓“左三右七”,肺居西方,其数为七,如《周易》中“复卦:复……反复其道,七日来复,利有攸往”,七日即重新开始,暗含肺一呼一吸、吐浊纳清、循环往复之象,反映于九宫八风格局中,西方刚风内应藏象为肺,在外连属皮肤,为“燥”气所主,临床治疗时应注重滋阴养肺,润燥生津。

2 形神一体,辨影识形肺神憔悴

《素问病机气宜保命集》言:“形以气充,气耗形病,神依气住,气纳神存。”形、神是相互依存、相互为用的统一整体,形神相合,人即安和;形神相离,形亡神灭。《灵枢·五邪》言邪气袭肺的病形病状:“邪在肺,则病皮肤痛,寒热,上气喘,汗出,咳动肩背。”在肺间质纤维化疾病谱中有多种结缔组织病相关性间质性肺疾病可累及皮肤、关节及血管,同时伴有气逆喘息,动辄汗出。

2.1 痹痿之形神观再思考 传统意义上,形与神都属于望诊的范畴:形是形质结构,神是神采气色。形指患者的形体、面色等,神指患者的精神面貌与整体状态(得神、少神、失神等)。

我们将肺间质纤维化分为三期,即早期、慢性迁延期与晚期,从病症、形质、神气方面来看,三期存在着由“肺痹”向“肺痿”的渐进性转化。从病程而言,早期病程较短,慢性迁延期病程迁延,晚期病程长久;从病机而言,早期气滞痰凝,微瘀初成^[7],痹阻肺络,致使气血失畅,而成“肺痹”;慢性迁延期本虚

标实,痰瘀互阻,痹中有痿,痿中有痹,痹痿同现;晚期伤阴耗气,络虚不荣,痿弱不用而成“肺痿”^[8-14]。从临床表现而言,早期以咳嗽为主、咯少许白色泡沫样痰(即涎沫)、活动后气短,面色欠润,精神如常或疲惫,慢性迁延期表现为进行性呼吸困难、咳嗽、喘息、黏稠痰(即浊唾),面色晦暗,精神较差或萎靡;晚期表现为动则喘促、咯痰不利、持续吸氧,口唇紫绀,精神极差、嗜睡甚至昏迷等病情较重状态。三期无论形体面色之“形”以及精神状态之“神”,都是层层递进,渐次加重,好似波涛汹涌之势。

2.2 现代检查之形神观新思路 拓展意义上,形与神的关系还可以从外在形态与内在功能的角度理解,即体与用。运用形神观思考肺间质纤维化的肺痹、肺痿两个阶段与状态^[8-14],发现肺痹即肺络痹阻不通,偏于“形”,肺痹形残,强调形态破坏与畸变;肺痿即肺叶痿弱不用,偏于“神”,肺痿神弱,强调功能障碍与下降。运用形神观思考现代辅助检查手段,则影像学检查偏于“形”,观察肺脏形态结构的改变;肺功能检查偏于“神”,测定肺通气与换气功能等水平。

影像学是中医望诊的延伸,通过高分辨 CT (high resolution CT scans, HRCT) 及三维重建等现代影像学技术使肺形凸显,如虎添翼,辨明影像,识肺之形,从而完成诊断,判断疗效与预后。对于肺之形态把握,体现了中医学实体求证的认知精神。肺间质纤维化的影像学表现,HRCT 能够观察到肺部周边、膈肌、纵隔、支气管、血管每一个细节的异常病变,对于肺间质纤维化诊断具有重要价值。特发性肺间质纤维化(idiopathic pulmonary fibrosis, IPF) 早期表现为磨玻璃影或小叶间隔增厚,慢性迁延期为网格影等双肺弥漫性间质改变,晚期为蜂窝状改变^[9]。

肺功能测定的是肺通气、换气等功能,广义上反映了人的神机功能,从功能层面进行量化,即“数”的测定。IPF 患者宗气运行不畅,无法走息道以司呼吸,贯心脉以行气血,因而肺功能主要表现为限制性通气功能障碍、弥散量降低,反映了肺之结构破坏,弥散距离增加,通气-血流比例失衡^[15]。

总之,影像学体现了肺间质纤维化“形”的特点,肺功能反映了此类患者“神”的功能。肺间质纤维化患者在现代辅助检查上的形神合一即体现在肺部影像学与肺功能之间的相互呼应、印证与补充。形神一体,形与神俱。神是形的体现,形是神的载

体^[16]。肺间质纤维化无论是影像学的磨玻璃影、网格影、蜂窝影,还是听诊的爆裂音,都是反映其干燥粗糙、结构残破之形,体现了肺络痹阻、功能障碍之神。反面印证肺为娇脏,喜润恶燥,蕴含了痹阻不通、络虚不荣的病机,因而更应注重润燥通络法在肺间质纤维化治疗过程中的运用。

3 气为一元,益气通络痿痹消

气是集物质与功能于一体的概念,中医学将生命的本质归于气,以元气解释宇宙万象。《素问·五常政大论》曰:“气始而生化,气散而有形,气布而蕃育,气终而象变,其致一也。”即气在起始、布散、终止的运动变化过程中,完成了孕育、成形、繁衍、凋零的生命阶段。

气一元论是将气作为宇宙万物本原的思想^[17]。春秋时期庄子继承《道德经》“道”之思想,将“道”规范为“气”,《庄子》有“天地者,形之大者也;阴阳者,气之大者也”“通天下一气耳”的记载。《素问·宝命全形论》有“人以天地之气生,四时之法成”之说。说明此气即为构成万物最原始的物质元素,蕴含了天人相参、五脏为核心、肾气为主导的生命观^[17]。

首都国医名师武维屏教授提出,肺间质纤维化的中医药治疗应注重补肺肾、化痰瘀、通肺络^[18-22]。因此,基于武维屏教授辨治肺间质纤维化思路,以王琦院士原创思维为指导,笔者提出益气养阴,化痰通络,活血消瘀^[23-25],整体动态地辨治肺间质纤维化的治疗法则。

正虚方面,治以益气养阴以通痹荣痿。正如《辨证录》所云:“肺痹之成于气虚……肺气受伤,而风寒湿之邪遂堵塞肺窍而成痹矣。”益气,考虑气虚主要与肺脾肾相关,补肺固表可选黄芪、党参等,健脾益气可用党参、白术、茯苓、甘草等,益肾填精可用肉桂、菟丝子、淫羊藿等,补肺肾气可用蛤蚧、冬虫夏草^[26]等。养阴,考虑阴虚主要责之于肺、肝、肾,尤其是接受糖皮质激素治疗者,滋阴润肺可用桑叶、乌梅、沙参、麦冬、百合、知母等,滋阴养肝可用枸杞子、当归、白芍等,滋阴补肾可用熟地黄、女贞子、墨旱莲等。

邪实方面,治以化痰通络,活血消瘀,运用辛温或辛润通络药以通畅肺络^[18-26]。常用薤白、桂枝、当归等辛香通络,地龙、全蝎、麝虫等虫类药搜剔通

络,以疏通蔽塞之道,宣通肺络之瘀。

以中药的药象思维思考,用通络法疏通络脉以化痰瘀;常用到以下3层次通络药物:第一层次,以渗湿化痰、散结通络为主,此类饮片横截面多呈中空或是藤类药物,如芦根、通草、灯芯草、丝瓜络、忍冬藤、络石藤、钩藤、鸡血藤等;第二层次,以养血和营、活血通络为主,饮片截面多为致密结构,如当归、白芍、桃仁等;第三层次,以破血逐瘀、搜剔通络为主,饮片多为善于走窜的虫类药物,如水蛭、虻虫、麝虫等。早期益气化痰,活血通络,以改变其形,恢复其神,力图逆转肺间质纤维化之势。中晚期益气荣痿,养阴润肺,止咳平喘等,以改善肺功能、提高生活质量为目标。

4 结语

国医大师王琦院士“象数形神气”中医原创思维提倡以整体关联的视角,虚实互见、多态模式的思维,全面认知生命^[1-4]。其原创思维恒守中医药传统之根基,坚定中医药文化与理论的自信,兼收并蓄,与时俱进,具有重要现实意义与临床指导价值。我们学习王琦院士“取象运数,形神一体,气为一元”的原创思维,以此思路诊治肺间质纤维化,更加契合肺金象数与患者形神,灵活理解影像学^[27]、肺功能与中医形神之间的关系,益气养阴,化痰通络,活血消瘀,运用三层次通络药以化痰瘀,从而养护人体正气,消散痿痹肺疾^[28-31]。

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• 6 •