

高血压中医诊疗专家共识

中华中医药学会 心血管病分会

[摘要] 高血压已成为全球重大公共卫生问题。为提高中医药防治高血压的临床与科研水平,规范中医药在高血压中的运用,受中华中医药学会心血管病分会委托,以传统中医辨证论治与方证辨证理论为指导,结合现代循证医学理念,通过对历代文献的系统梳理,尤其是近 30 年来高血压文献的回顾分析,深入挖掘名老中医经验,先后开展数次专家咨询,对高血压的关键病机、证候特点、经典名方辨证用药规律进行归纳、总结,讨论并制定高血压中医诊疗专家共识。该共识供中医、中西医结合医师临床运用。

[关键词] 高血压; 中医; 专家共识

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Expert Consensus on Diagnosis and Treatment of Hypertension with
Traditional Chinese Medicine

Society of Cardiovascular Diseases, China Association of Chinese Medicine

[Abstract] Hypertension has become a major public health problem in the world. Entrusted by Society of Cardiovascular Diseases, China Association of Chinese Medicine, the experts reached consensus on the diagnosis and treatment of hypertension with traditional Chinese medicine (TCM) based on the theory of TCM syndrome differentiation, evidence-based medicine, review of previous literatures, experience of famous prestigious Chinese physician, and expert consultation. The key pathogenesis, the characteristics of syndrome, and the regularity of medication of traditional famous formulas for hypertension were collected and summarized. This consensus could be used for reference of TCM and integrative medicine doctors.

[Key words] hypertension; traditional Chinese medicine; expert consensus

高血压是以体循环动脉压升高为主要表现,伴或不伴有多种心血管危险因素的临床心血管综合征。高血压是多种心、脑血管疾病的重要病因和危险因素,影响心、脑、肾等重要脏器的结构和功能,最终导致器官功能衰竭。高血压属于中医学“眩晕”“头痛”等范畴^[1]。中医药在治疗高血压前期、高血压、肥胖性高血压、难治性高血压等方面积累了大量经验^[2-10],在治疗 1~2 级高血压以及部分 3 级高血压方面优势显著,不仅能改善症状,提高生活质量,还能稳定血压,平稳降压,缓和降压,改善危险因素,

保护靶器官,使部分患者达到停药减量目的^[11-13]。为提高中医药防治高血压的临床与科研水平,规范中医药在高血压中的运用,中华中医药学会心血管病分会组织高血压研究领域资深专家,以传统中医辨证论治与方证辨证理论为指导^[14-15],结合现代循证医学理念^[16-17],通过对历代文献的系统梳理,尤其是近 30 年来高血压文献的回顾分析^[18],深入挖掘名老中医经验,先后开展数次专家咨询,对高血压的关键病机、证候特点、经典名方辨证用药规律进行归纳、总结^[19],讨论并制定高血压中医诊疗专家

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共识(简称“共识”)。

1 现代医学诊断标准

参考《中国高血压防治指南》^[20]及《2018 ESC/ESH Guidelines for the management of arterial hypertension》^[21],在未使用降压药物的情况下,非同日 3 次测量诊室血压,收缩压 ≥ 140 mmHg(1 mmHg = 0.133 kPa)和(或)舒张压 ≥ 90 mmHg。患者既往有高血压史,目前正在使用降压药物,血压虽然低于 140/90 mmHg,仍应诊断为高血压。根据血压升高水平,又进一步将血压分为 1 级、2 级和 3 级。根据血压水平、心血管危险因素、靶器官损害、临床并发症和糖尿病进行心血管风险,分为低危、中危、高危和很高危 4 个层次。

2 中医病因病机

对于高血压病因病机的认识,历代医家及现代学者大多强调“诸风掉眩,皆属于肝”,倡导从肝风、肝阳论治。然而,由于高血压具有病机复杂、缠绵难愈、终生服药特点,在其疾病进展过程中,病机不可能一成不变,特别是由于现今临床对高血压的早期诊断、降压西药的早期干预以及降压西药的不断优化与广泛运用,使升高的血压被迅速控制,直接改变了高血压的自然进程,及时阻断了高血压的自然进展,使得高血压的中医学病机发生了深刻变化^[22-23]。因此,重新认识高血压病的现代病因病机,探索其治则、治法及经典名方防治规律具有重要临床价值。

高血压与情志失调、饮食不节、久病过劳、年迈体虚等因素有关。本病病位与肝、脾、肾三脏关系密切。其病机主要与肝阳上亢、痰饮内停、肾阴亏虚等火证、饮证、虚证相关,三者常常合并存在,交互为病^[1,24-25]。具体而言,包括肝阳上亢,肝火上炎,阳升风动,上冲脑窍;脾胃虚弱,痰饮内生,肝风、肝阳夹痰浊之邪上冲清窍;大病久病及肾,肾阴亏虚,水不涵木,脑窍失养。

3 辨证论治

3.1 肝阳上亢 肝阳上亢证主要表现为眩晕耳鸣,头痛,头胀,劳累及情绪激动后加重,颜面潮红,甚则面红如醉,脑中烘热,肢麻震颤,目赤,口苦,失眠多梦,急躁易怒,舌红,苔薄黄,脉弦数,或寸脉独旺,或脉弦长,直过寸口。治以平肝潜阳、补益肝肾,方选天麻钩藤饮^[26-28]。因天麻钩藤饮方中夜交藤有肝毒性,建议小剂量运用。其他平肝潜阳、清肝泻火方剂还包括镇肝熄风汤^[29]、建瓴汤^[30]、龙胆泻肝汤^[31]。

若证见心烦意乱,心中懊憹,神志不宁,失眠多梦,辗转反侧,难以入眠,大便干,舌红,脉数,方选三黄泻心汤^[1,2,16,32-33]、黄连解毒汤^[1,2,16,34]。若证见头晕,头胀,口干,项强,心悸,失眠,大便稀,或大便黏,舌红,苔薄干,脉数,方选葛根芩连汤^[1,2,16]。若证见口干,口渴欲冷饮,消谷善饥,宜加生石膏^[1,2,16]。若证见口气重,大腹便便,腹胀,腹痛,便秘,大便气味重,舌红,苔黄厚,脉弦实有力,方选大柴胡汤^[1,2,16,35]、柴胡加龙骨牡蛎汤^[1,2,16,36]。

中成药可选用天麻钩藤颗粒^[37]、清肝降压胶囊^[38]、松龄血脉康^[39]。

3.2 痰饮内停 痰饮内停证主要表现为眩晕,头重,头昏沉,头不清爽,如有物裹,头痛,视物旋转,容易胸闷心悸,胃脘痞闷,恶心呕吐,食少,多寐,下肢酸软无力,下肢轻度水肿,按之凹陷,小便不利,大便或溏或秘,舌淡,苔白腻,脉濡滑。治以化痰熄风,健脾祛湿,方选《医学心悟》半夏白术天麻汤^[40-41]。

若痰饮内停,上冲清窍,证见起则头眩,脉沉紧,方选泽泻汤^[40]。若痰饮内停化热,兼有湿热下注,证见双下肢酸软无力,舌苔根部黄腻,方选四妙丸^[40]。

中成药可选用半夏天麻丸。

3.3 肾阴亏虚 肾阴亏虚证主要表现为眩晕,视力减退,两目干涩,健忘,口干,耳鸣,神疲乏力,五心烦热,盗汗,失眠,腰膝酸软无力,遗精,舌质红,少苔,脉细数。治以滋补肝肾,养阴填精,方选六味地黄丸^[42-43]。肾虚是高血压现代病机关键,补肾降压已成为临床降压新策略^[44-46]。针对肾阴亏虚型高血压,可加天麻、杜仲、三七等而成补肾降压方^[47-55]。肾阴亏损日久,阴损及阳,肾阳亏虚,方选肾气丸^[56]、真武汤^[57]。

中成药可选用六味地黄丸^[42-43]、杞菊地黄丸^[58]、金匱肾气丸^[56]。

3.4 其他 若证见头痛,痛如针刺,痛处固定,口干,唇色紫暗,舌质紫暗,有瘀点,舌下脉络曲张,脉涩等瘀血内停^[59],方选血府逐瘀汤^[60]、养血清脑颗粒^[61]、银杏叶片^[62]。膳食补充剂还包括大蒜素^[63]、红曲制剂^[64]。

4 非药物治疗

运动能够改善血压水平已为现代临床研究所证实。传统的运动疗法也具有即刻降压及远期降压疗效,包括太极^[65]、八段锦^[66]、气功^[67]、瑜伽^[68]。针刺疗法是中医传统治疗方法之一,针对高血压患者,针刺疗法不仅能够改善头痛、头晕症状,还能有效

降压^[69]。根据中医针灸理论,常用降压穴位包括太冲、涌泉、行间、三阴交、足三里、丰隆、太溪、阳陵泉、曲池。其他非药物治疗法还包括灸法^[70-71]、推拿^[72-73]、刺络^[74]、拔罐^[75]、浴足^[76]等。

5 预防调摄

在中医“治未病”理论指导下的预防调摄包括“未病先防”和“既病防变”这两方面。其对高血压患者降低血压,保护靶器官,提高远期生存率,延缓疾病进展具有重要作用。具体方法包括避风寒,预防疾病外感;调情志,避免情绪波动;慎起居,生活起居规律;劳逸结合,坚持适当活动;合理饮食,低盐低脂饮食;保持大便通畅等。

[专家组成员]

组长:王阶
专家组成员(按姓氏笔画排序):
王阶、毛静远、邓悦、朱明军、刘中勇、李应东、冼绍祥、袁敬柏
专家委员会秘书(按姓氏笔画排序):
冯博、刘巍、陈恒文、段练
执笔人:王阶,熊兴江,杨晓忱

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