

基于“肾主生殖”理论论治男性不育症*

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摘要: 男性不育症病位在精室, 与肾关系最为密切。“肾主生殖”理论认为, 肾为天癸之源, 主生长发育, 肾精可转化为生殖之精。“肾精亏虚-精室失用”为男性不育症的基本病机。肾精亏虚, 则生化乏源; 肾气不足, 则天癸失充; 肾阳不足, 则精室失温; 肾阴亏耗, 则虚火扰精; 脏腑失调, 可因虚致实, 最终导致不育。临证时, 应根据患者肾中精气、阴阳的虚损程度补偏救弊。若需培补肾精, 应以熟地黄-鹿角胶-黄精为主; 若需固护肾气, 应以山茱萸-黄芪-山药为主; 若需温运肾阳, 应以淫羊藿-菟丝子-巴戟天为主; 若需滋养肾阴, 应以生地黄-龟甲胶-桑椹为主。

关键词: 男性不育症; “肾主生殖”; 肾精亏虚; 精室失用; 培补肾精; 固护肾气; 温运肾阳; 滋养肾阴

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Treatment of Male Infertility Based on Theory of "Kidney Governing Reproduction"

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Abstract: Male infertility is located in the seminal chamber and is most closely related to the Kidney. The theory of "Kidney governing reproduction" holds that Kidney is the source of Tian Gui, which is responsible for growth and development, and can be transformed into the Essence of reproduction. The basic pathogenesis of male infertility is "deficiency of Kidney Essence - dysfunction of the seminal chamber". Kidney Essence deficiency leads to biochemical deficiency. If the Kidney Qi is insufficient, the Tian Gui is not enough; If Kidney Yang is insufficient, the seminal chamber loses proper temperature; If Kidney Yin is depleted, deficiency Fire disturbs the Essence; Disharmony between the Zang and Fu can lead to deficiency and then excessiveness, ultimately leading to infertility. In clinical practice, it is necessary to compensate for the deficiency of the patient's Kidney Essence as well as Yin and Yang according to the degree of deficiency. In cultivating and tonifying Kidney Essence, Shudihuang (processed rehmannia glutinosa), Lujiaojiao (deer antler glue) and Huangjing (rhizome polygonati) can be used; To strengthen and protect Kidney Qi, Shanzhuyu (Cornus officinalis), Huangqi (Astragalus membranaceus) and Shanyao (Chinese yam) can be used; To warm and promote Kidney Yang, Yinyanghuo (Epimedium), Tusizi (Cuscuta chinensis) and Bajitian (Morinda officinalis) can be used; To nourish Kidney Yin, Shengdihuang (raw Rehmannia glutinosa), Guijiajiao (Turtle shell glue) and Sangshen (Mulberry) can be used.

Key words: male infertility; "Kidney governing reproduction"; Kidney Essence deficiency; sperm chamber dysfunction; cultivating and tonifying Kidney Essence; strengthening and protecting Kidney Qi; warming and promoting Kidney Yang; nourishing Kidney Yin

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男性不育症(male infertility, MI)是指夫妻双方在没有采取任何避孕措施的情况下,共同生活超过12个月,女方伴侣无法自然受孕而由男方因素所致者^[1]。在全球范围内,不孕不育约占育龄夫妇的10%~15%,其中男性因素约占50%^[2]。在工业化国家中,育龄夫妇不孕不育的发生率已达15%~20%^[3]。据《中国不孕不育率现状调研报告》显示,我国大约有4 000万对不育症夫妇^[4],数量仍在不断上升,这无疑给个人、家庭、社会乃至全球带来巨大的负担^[5]。目前,西医针对MI主要为经验性治疗,包括抗氧化、左旋肉毒碱、抗感染、改善生殖系统微循环和激素治疗等方式^[6],但临床结局评价并不理想,对MI患者腰酸、乏力、睡眠障碍等全身症状多有局限。

中医药治疗MI具有一定的优势。MI归属于中医学“无子”“无嗣”“精少”等范畴,与中医“肾主生殖”理论具有密切的内在联系^[7-8]。现代MI中医治疗虽以“补肾”为核心^[9],但对MI动态演变、用药策略的选择仍有所欠缺。本文综合肾与男性生殖的生理联系及病理影响,提出“肾精亏虚-精室失用”为MI的基本病机,在治疗过程中倡导依据肾之精气阴阳的亏损程度及病理偏重情况,适当选用角药组合,补偏救弊,以恢复肾与精室的功用,并根据患者症状辨证加减用药,以期临床从“肾主生殖”角度诊治MI提供思路。

1 “肾主生殖”理论阐释

《黄帝内经》最早提出以肾为轴心的生殖理论,对肾精、肾气、天癸之间的关系有较全面的阐述,为“肾主生殖”理论的源头^[10]。肾与男性生殖的关系可从以下几个方面理解。(1)肾通过足少阴肾经及督脉与男性生殖器官相连,《灵枢·经筋》载:“足少阴之筋……并太阴之筋而上循阴股,结于阴器”。《素问·骨空论》载:“督脉者……其络循阴器……贯脊属肾”。(2)二阴之前阴即生殖器官,肾开窍于此,《素问·金匱真言论》云:“北方色黑,入通于肾,开窍于二阴”。《灵枢·刺节真邪论》言:“茎垂者,身中之机也,阴精之候,津液之道也”,“茎”指阴茎,“垂”指睾丸,由于肾开窍于此,“茎垂”便成了津液排泄和泄精之道^[11]。(3)肾为天癸之源,天癸乃人生长到一定年龄,由肾气充盛而衍化成的一种能促进生殖功能发育、成熟和旺盛的精微物质^[12]。(4)肾精可转化为生殖之精,肾所藏之精,在天癸的作用下可转化为生殖之精,并藏于精室,从而具备了孕育新生命的能力。(5)肾主生长发育,人体自身的生、

长、壮、老、已现象取决于肾,并且还会对后代的生长发育造成影响。肾所藏的先天之精来源于父精母血的交媾。(6)肾之功能失司还导致气机失调、诸脏腑功能紊乱,日久易兼瘀、夹滞、酿湿等。

2 “肾精亏虚-精室失用”为MI的基本病机

中医药治疗MI领域40余年来的文献计量学研究发现,该病的治疗形成了以补肾为核心的整体观辨治思路^[13]。肾藏精,主生殖,MI发病以“肾精亏虚”为本。肾精可化生肾气,肾精及肾气充盛到一定程度则能化生天癸,天癸促进肾精向生殖之精转化,人体从而具备了生育能力。肾精亏虚则生殖之精化源不足,肾气不足则天癸失充,可发为精少、精薄;肾阳不足,阴寒内生,精室失于温煦,可发为精冷、精寒;肾阴亏耗,精室失于濡润,亦可发为精少。生殖之精虽化源于肾,但藏于精室,“精室失用”为MI发病之标。精室属奇恒之腑,为肾功能的外延,由肾所调控^[14]。在肾阳的温煦,肾阴的滋养,肾精的充实以及肾气的推动下使精室得养。精室藏而有泄,以通为用。肾阳虚衰则精室浊液不化,肾阴亏耗则虚火扰动精室,使精室藏泄失职、滞而不通,变生瘀痰湿浊等,可发为精凝,进一步阻碍生精。可见,肾之功能失职,精室失养,可影响生殖之精的化生,故而表现为精少、精薄、精凝甚至无精等症^[15]。综合肾与精室的关系,笔者认为,“肾精亏虚-精室失用”为MI的基本病机,在临床上可表现为肾虚夹瘀、夹湿、夹痰等。其中以肾精亏虚夹瘀者最为常见,临床证实,MI少弱精子症应用补肾兼活血的治法效果往往优于单用补肾填精法^[16]。

3 基于“肾主生殖”理论治疗MI的用药思路

MI以肾虚为主,同时在疾病发生发展过程中亦涉及多个脏腑和不同的病理因素,不同患者的症状和病情各异。基于“肾主生殖”理论,根据肾中精气阴阳的虚损程度而补偏救弊,恢复肾与精室的功用,并依据患者症状辨证加减用药的治疗思路具有指导意义。

3.1 培补肾精,以“熟地黄-鹿角胶-黄精”为主

“肾主生殖”理论指出,肾精乃化生生殖之精的物质源泉,若肾精充沛,则生殖之精化源充足。注重肾精的培补,对MI患者精子浓度的提高至关重要。补肾精药以“熟地黄-鹿角胶-黄精”为代表,取“精不足者,补之以味”之意^[17]。熟地黄味甘微温,《本草纲目》载其“生精血,补五脏、内伤不足”,善治

“男子五劳七伤”。熟地黄经九蒸九晒炮制后而成补肾填精之要药,凡真阴不足、肾精亏虚者最为适宜。鹿角胶是由鹿角经水煎煮、浓缩而制成的固体胶,乃血肉有情之品,味甘咸性温,功擅益精养血。《本草纲目》言鹿角:“熟用则益肾补虚,强精活血,炼霜熬膏,则专于滋补矣”。余瀛鳌^[18]自拟生精促育方治疗 MI,取鹿角胶多汁稠厚之味及温而不燥之性,以助阳生阴长,则嗣育无穷。《圣济总录》云:“常服黄精能助气固精、补填丹田、活血驻颜、长生不老”,说明黄精可补益肾精,延缓衰老。《滇南本草》言其“主五劳七伤”,有“补虚、添精”之效。同时,黄精还兼具收涩之性,对于肾精亏虚同时伴有精室固摄失职者尤为合适。此三药在 MI 肾精亏虚证中使用频次均较高^[19-20],共奏补肾益精养血之功,使精血同源而互化,相辅相成。

3.2 固护肾气,以“山茱萸-黄芪-山药”为宜

“肾主生殖”理论提出,肾气充盛可衍化成天癸,促进生殖功能的发育、成熟和旺盛。固护肾气对生殖之精的产生十分重要,固肾气以“山茱萸-黄芪-山药”为代表。山茱萸酸涩、微温质润,既能益精,又可助阳,为平补阴阳之要药,有涩精气、益肾固精、益气补血等功效,乃固护肾中元气之佳品。有研究发现,山茱萸多糖可通过调节下丘脑-腺垂体-性腺轴的功能,来改善睾丸生精环境,并预防和缓解睾丸衰老^[21]。黄芪为补气要药,通过补益后天一身之气来弥补先天肾气之不足^[22],《名医别录》言其“补丈夫虚损,五劳羸瘦”。黄芪类方在因精液异常所致的 MI 中应用十分广泛^[23]。研究显示,黄芪可通过促进生殖细胞增殖、提高精子活力、保护血睾屏障、调节免疫等来治疗 MI^[24]。《景岳全书》载山药:“能健脾补虚,涩精固肾,治诸虚百损,疗五劳七伤”。山药甘平而兼收涩之性,除补脾气外,还能补肾气,针对肾气虚型 MI,伴腰膝酸软,滑精早泄,夜尿频多或遗尿者,常可选用。此三药合用,温而不燥,补而不峻,通过平补肾气来助运天癸,利于生精。

3.3 温运肾阳,以“淫羊藿-菟丝子-巴戟天”为佳

“肾主生殖”理论认为,肾阳不足,精室失于温煦,是导致 MI 的关键环节。针对肾阳不足型 MI,温肾阳以“淫羊藿-菟丝子-巴戟天”为代表。淫羊藿又名仙灵脾,味辛甘性温燥烈,功擅补肾阳,宜于肾阳虚衰之 MI。《本草纲目》曰:“淫羊藿,味甘气香,性温不寒,能益精气,乃手足阳明、三焦、命门药也。真阳不足者宜之”。淫羊藿治疗 MI 的作用已被广泛认可,其可通过抗氧化应激、调节睾酮分泌、保护支持细胞、抑制凋亡等多途径改善患者精液质

量^[25]。菟丝子辛甘性平,虽为平补之品,但偏于补阳。《本草蒙筌》赞其“益气强力,补髓添精”。有研究^[26]对近 10 年中医药治疗 MI 方剂的用药特点和组方规律分析发现,菟丝子的使用频次最高。巴戟天甘润不燥,入肾经,可补肾助阳,并能强筋壮骨。《名医别录》载其“补五劳,益精,利男子”,《本草蒙筌》言其“益精增志,惟利男人”,针对肾阳虚弱、命门火衰之 MI,常可用之。灵归方以淫羊藿为君药,佐以菟丝子温运肾阳,与其他补肾填精中药配伍使用治疗 MI,体现了“阴得阳升而泉源不竭”的组方思路,通过多靶点多途径起效^[27-28]。此三药在 MI 肾阳不足证中均有较高的使用频次^[29-30],以其性味甘温而能助阳化气,使精室得温,从而有助于提高精子活动力及存活率^[31]。

3.4 滋养肾阴,以“生地黄-龟甲胶-桑椹”为要

“肾主生殖”理论认为,肾阴亏耗,则虚火扰动精室,是导致 MI 的重要因素。针对肾阴亏虚型 MI,滋肾阴以“生地黄-龟甲胶-桑椹”为代表,功可滋养肾阴、清泻相火。生地黄甘寒质润,主入肾经,《珍珠囊》载其“补肾水真阴”,其凉润之性,有助于清泻相火,以防虚火扰动精室,《本经逢原》言其:“阴微阳盛,相火炽强,来乘阴位,日渐煎熬,阴虚火旺之症,宜生地黄以滋阴退阳”。龟甲胶为龟甲经水煎煮、浓缩制成的固体胶,味甘咸性凉,功能滋阴养血、益肾强骨。《本草汇言》言其:“凡一切阴虚血虚之证,并皆治之”。研究表明,龟甲胶能显著改善肾阴亏虚型少弱精子症大鼠精液质量,主要通过抑制生精细胞的凋亡、改善生精细胞线粒体功能等途径发挥作用^[32]。桑椹味甘酸性寒,功擅滋阴补血、生津润燥,《滇南本草》谓其“益肾脏而固精,久服黑发明目”。郭军^[33]临床辨治畸形精子症时,治畸不忘生精,喜用桑椹来滋养肾阴,从而为生精提供物质基础。此三药甘凉质润而滋补肾阴、凝化阴气、助阴成形,并能清泻相火,以防虚火扰动精室。

3.5 辨证加减用药

MI 是由多种因素造成的复杂的临床综合现象,先天因素、内分泌失调、感染、免疫异常、性功能障碍等皆可导致 MI。中医认为,MI 的病因病机除肾虚外,还可能涉及其他脏腑功能紊乱、气机失调,变生湿痰瘀浊等病理因素,阻滞精室。故还应结合 MI 患者不同的症状和病情,辨证加减用药,解除病理因素,以通利精室,从而恢复精室功用。兼血瘀者,可酌加当归、川芎、桃仁、红花等以活血化瘀;夹湿热者,可酌加黄柏、车前子、泽泻、龙胆草等以清热利湿;体型肥胖、痰浊偏盛者,可酌加法半夏、陈皮、荷叶、浙贝母等以化痰降浊;伴肝郁者,可酌加

合欢花、代代花、绿梅花等,行气解郁而不伤阴;伴勃起功能障碍者,可酌加淡附子、仙茅、锁阳等壮阳起痿之品;伴早泄者,可酌加贯叶金丝桃、石菖蒲、沙苑蒺藜等调治心脑之品,则心神安定,精关可控。

4 结语

MI 的病因复杂,涉及先后天等多种因素,尚有一部分原因不明。在治疗 MI 方面,现代医学目前尚无明确有效的治疗方法,中医整体观念和辨证论治的思想展现出明显优势。基于“肾主生殖”理论探讨 MI 的病机特点,采用以“补肾”为核心的治法,依据肾中精气阴阳的虚损程度及病理偏重情况,分别选用不同的代表药物补偏救弊,恢复肾与精室的功用,同时根据患者症状辨证加减用药,为临床系统诊治 MI 提供了依据。今后应积极开展临床和生物学基础研究,来明确“肾主生殖”理论指导下中医药防治 MI 的疗效和机制,以期更好地将该理论服务于临床。

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