马居里教授治疗肾性水肿的临床经验

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摘 要:肾性水肿一般病程长,西医治疗主要用利尿剂利尿消肿,只能起到暂时消肿的目的,马居里教授采用中医脏腑辨证与辨病相结合,主要从肺脾肾三脏论治,注重兼证,同时兼顾调护,其疗效显著并持久,提高了肾性水肿患者水肿的生活质量。

关键词:马居里;肾性水肿;中医药治疗

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Professor Ma Juli's Clinical Experience in Treating Renal Edema

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Abstract The general course of renal edema is usually long, and the treatment of Western medicine mainly uses diuretic to promote urination for detumescence, which can only play a temporary swelling role. Professor Ma Juli uses a combination of syndrome differentiation and disease differentiation of traditional Chinese medicine, and the treatment mainly lies in lung, spleen and kidney, paying attention to accompanied symptoms, as well as regulation and prevention the same time. Its curative effect is significant and long – lasting, and improves the quality of life of patients with renal edema.

Key words Ma Juli; renal edema; treatment of traditional Chinese medicine and western medicine

马居里教授,陕西省省级名老中医,中医内科肾病专业学术带头人,擅长应用中医药治疗肾脏疾病,对慢性肾脏病导致的水肿,辨证与辨病相结合辨治,常常疗效显著。笔者有幸聆听马居里教授教诲,受益颇多,现将老师论治水肿的经验举例介绍如下。

1 病因病机

肾性水肿是指各种肾脏病引起的头面、四肢、胸腹等部位甚至全身浮肿为特点的一种疾病[1]。 马居里老师认为水肿的病机其本在肺失通调、脾失传输、肾失开合,其标在感受风邪、疮毒、水湿之邪。 人体水液代谢主要依赖于肺、脾、肾,正如《素问·经脉别论》曰:"饮入于胃,游溢精气,上输于脾,脾气散精,上归于肺,通调水道,下输膀胱。水精四 布,五经并行。"当外感风邪袭表致肺失宣肃,或疮毒内侵,脾肺受累,水湿不运,或禀赋不足,脾肾本虚,致肺、脾、肾功能失职,发为水,正如《素问·水热穴论》中说:"勇而劳甚,则肾汗出,肾汗出逢于风,内不得入于脏腑,外不得越于皮肤,客于玄府,行于皮里,传为胕肿。"

2 分型论治

2.1 从肺论治 风水相搏证,症见眼睑浮肿,继而全身皆肿,来势迅速,多有恶寒、发热、四肢酸楚,小便不利等症。治宜疏风解表,宣肺行水,方选越婢加术汤。风热偏盛者,减麻黄,加连翘、芦根等清热利咽散结;风寒偏盛者减石膏,加苏叶、桂枝祛风散寒;久有瘀者,加当归、芍药活血利水。