

医家精萃

“通法”在腺性膀胱炎治疗中的运用

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摘 要:腺性膀胱炎是一种膀胱黏膜上皮化生性、增生性病变,主要表现为顽固性尿频、尿急、尿痛,小腹和会阴痛,排尿困难和肉眼(或镜下)血尿。临床上运用“通法”在治疗本病中取得了较好疗效,为临床医者提供一可借鉴的思路及方法。

关键词:通法;腺性膀胱炎;辨证论治

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Application of “Obstruction – Removing Method” in the Treatment of Glandularis Cystitis

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Abstract Glandular cystitis is a metaplastic and proliferative lesion of the bladder mucosa. It is mainly characterized by intractable frequent urination, urgent urination, dysuria, lower abdomen and perineal pain, dysuresia, and gross (or microscopic) hematuria. The clinical application of “obstruction – removing method” has achieved good curative effect in the treatment of this disease, providing a practical idea and method for clinicians.

Key words obstruction – removing method; glandular cystitis; treatment based on syndrome differentiation

腺性膀胱炎(Cystitis Glandularis, CG)是一种特殊的膀胱黏膜上皮化生性和(或)增生性病变。中医文献中没有腺性膀胱炎病名,根据该病的临床表现将其归属于“淋证”范畴。中医认为CG的主要病机为膀胱气化不利、湿热、血瘀,治疗强调“以通为用”作为治疗法则。通法是中医的治疗大法之一,狭义的通法即通剂,仅指通里攻下。随着中医理论不断发展,广义的通法指凡可促进人体气血津液畅通,脏腑功能协调的治法均可归于通法的范畴。临床上治疗CG常用方法有清利湿热、活血

化瘀、温通化气,效果满意。结合医案简述如下:

1 通法治则

1.1 清利湿热 《金匱要略》中张仲景以三焦划分温热病,并详细指出“淋”的主要病机是“热在下焦”。《诸病源候论》曰:“诸淋者,由肾虚而膀胱热故也……肾虚则小便不数,膀胱热则水下涩,数而且涩,则淋漓不宜,故谓之淋。”指出湿热之邪与本病发生密切相关。程河^[1]把该病归属中医“淋证”,病机多为湿热下注或瘀热积聚膀胱,以至膀胱气化不利,病位在膀胱,与脾、肾、三焦密切相关。

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