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## 基于“主客交”理论探讨慢性心力衰竭的病机及辨治

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**[摘要]** 慢性心力衰竭是指原始心肌损伤引起心脏功能或结构改变,导致心脏泵血和(或)充盈功能减退的临床综合征。其具有高发病率、高住院率和高病死率的特点,是当前研究的热点和难点。中医将其归属为“心痹”“心水”和“心胀”等范畴,是多种心系疾病的终末期阶段。“主客交”理论由温病学家吴有性提出,其中,“主”指正(正气)、“客”为邪(邪气),正虚邪客、主客胶着、迁延难愈,形成痼疾。该文基于“主客交”理论,深入分析和探讨慢性心力衰竭的病机特点和治法方药,希望为慢性心力衰竭的诊断与治疗提供新思路和新方法。该团队认为慢性心力衰竭的核心病机为主气虚损、客气凌犯、主客浑受;基本治则为扶正达邪、分离主客;基本治法是益气温阳、通脉利水。同时,根据疾病的不同阶段和证候特点进行分阶段辨证论治。早期,主客初交、主虚较轻,常见气虚血瘀证等,当以益气活血为主;中期,主客交结、虚实并重,常见阳虚血瘀证和阳虚水泛证等,治以温阳活血利水;晚期,主衰客盛、交搏难解,常见气阴两虚和心阳暴脱证等,应以回阳救逆、分消主客之法。同时,该理论还可以推广应用用于治疗其他疾病。

**[关键词]** 慢性心力衰竭;“主客交”理论;扶正达邪;分离主客;辨证论治

**[中图分类号]** R541;R285;R289 **[文献标识码]** A **[文章编号]** 1005-9903(XXXX)XX-0001-10

**[doi]** 10.13422/j.cnki.syfjx.20260118

**[网络出版地址]**

**[网络出版日期]** XXXX-XX-XX



## Pathogenesis and Syndrome Differentiation and Treatment of Chronic Heart Failure Based on "Zhu-Ke Interaction"

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**[Abstract]** Chronic heart failure (CHF) is a clinical syndrome in which primary myocardial injury leads to structural and/or functional alterations of the heart, resulting in impaired cardiac pumping and/or filling function. It is characterized by high incidence, high hospitalization rates, and high mortality, and remains a major focus and challenge in current research. In traditional Chinese medicine (TCM), it is classified into categories such as "heart impediment", "cardiac edema", and "heart distension", and represents the terminal stage of various heart-related diseases. The theory of "Zhu-Ke interaction" was proposed by the warm disease scholar WU Youxing, in which "Zhu" refers to the healthy Qi and "Ke" to pathogenic Qi. Deficiency of healthy Qi allows pathogenic Qi to invade, leading to entanglement between the two, prolonged disease course, and eventual formation of chronic refractory conditions. Based on this theory, this article systematically analyzes and discusses the pathogenesis characteristics, therapeutic principles, and prescription strategies for CHF, with the aim of providing new ideas and methods for its diagnosis and treatment. The authors propose that the core pathogenesis of CHF consists of deficiency of Zhu Qi, invasion of Ke Qi, and simultaneous involvement of both. The fundamental therapeutic principle is to reinforce the healthy Qi, eliminate pathogenic factors, and separate Zhu from Ke. The basic treatment methods include tonifying Qi, warming Yang, unblocking the meridians, and promoting diuresis. At the same time, syndrome differentiation and treatment should be conducted in stages according to disease progression and syndrome characteristics. In the early stage, when Zhu and Ke have just interacted and the deficiency of Zhu is relatively mild, common syndrome patterns include Qi deficiency with blood stasis, and treatment should focus on tonifying

**[收稿日期]** 2025-11-08

**[基金项目]** 国家自然科学基金项目(82274412, 82305092, 82574922); 国家中医药管理局高水平中医药重点学科建设项目(zyyzdxk-2023147); 湖南中医药大学研究生科研创新项目(2025CX016)

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Qi and activating blood circulation. In the middle stage, when Zhu and Ke are intertwined and both deficiency and excess are equally prominent, common patterns include Yang deficiency with blood stasis and Yang deficiency with fluid retention, and treatment should focus on warming Yang, promoting blood circulation, and inducing diuresis. In the late stage, when Zhu declines and Ke prevails and their interaction becomes difficult to resolve, common patterns include deficiency of both Qi and Yin and sudden collapse of heart Yang, and treatment should therefore aim to restore Yang and rescue collapse, and to separate and eliminate Zhu and Ke. In addition, this theory may also be extended to the treatment of other diseases.

**[Keywords]** chronic heart failure; "Zhu-Ke-interaction" theory; reinforce the healthy Qi, eliminate pathogenic factors; separate Zhu from Ke; syndrome differentiation and treatment

慢性心力衰竭(CHF)是指原始心肌损伤引起心脏功能或结构改变,导致心脏泵血和(或)充盈功能减退的临床综合征<sup>[1]</sup>。研究表明,35岁以上人群心衰患病率约为1.3%,据此推测2030年我国心衰患者约2330万<sup>[2]</sup>。中医将其归属为“心痹”“心水”和“心胀”等范畴,运用中医理论指导CHF的辨证分型和精准施治是当前的研究热点<sup>[3-6]</sup>。明代医家吴有性提出“主客交”理论,“主”指正(正气),“客”为邪(邪气),其本质在于正虚邪客,主客胶着、持久不解,迁延难愈,而形成顽症痼疾<sup>[7]</sup>。基于此理论,笔者认为CHF的核心病机可以归纳为主气虚损、客气凌犯、主客浑受。早期,正气亏虚、客邪内犯而发病;中期,痰瘀互结、水饮内停而病进;晚期,毒伏心脉、耗气伤阴而病重。治疗上,以扶正达邪、分离主客为基本治则,以益气温阳、通脉利水为基本治法。同时,根据疾病阶段和证候特点进行辨证论治。CHF早期,主客初交、主虚较轻,常见气虚血瘀证等,当以益气活血为主;CHF中期,主客交结、虚实并重,常见阳虚血瘀证和阳虚水泛证等,治以温阳活血利水;CHF晚期,主衰客盛、交搏难解,常见气阴两虚和心阳暴脱证等,应以益气养阴、回阳救逆、分消主客之法。本文以“主客交”理论为指导,深入分析和探讨CHF的病机特点和治法方药,以期对CHF的诊断与治疗提供新思路和新方法。

## 1 “主客交”理论的历史源流及科学内涵

“主客”肇始于《黄帝内经》,如《素问·评热病论》曰:“主气不足,客气胜也”,其也是“主客交”理论源头;论述了主气不足是因客气偏胜,邪盛则伤正<sup>[8]</sup>。《灵枢·贼风》描述“邪”为“藏于血脉之中,分肉之间,久留而不去”,揭示了客邪留恋的内涵,也是对“主客交”理论最早的阐释<sup>[9-10]</sup>。《金匱要略》云:“客气邪风,中人多死”,阐述了外邪伤人的发病原理,CHF也是因正气亏虚,邪气入侵而发病。宋金时期,刘完素提出“主客加临”理论,强调正虚邪实的病理状态,为“主客交”理论的形成提供了重要启示。至明代,吴有性在《温疫论》中设专篇提出:“正气衰微,不能脱出表邪,留而不去……结为痼疾也”;“夫痼疾者,所谓客邪胶固于血脉,主客交浑”。至此,“主客交”理论正式确立<sup>[10]</sup>。

《温疫论·原病》指出“主客交”的前提是正虚不受、耗散精血,邪从外解为顺、邪从内陷为逆<sup>[11]</sup>。“主客交”本义为久病正虚,复感外邪,难以外解,留恋于内,胶结留滞于血脉,迁延难愈,而成痼疾<sup>[12]</sup>。薛雪《湿热论》曰:“邪入厥阴,主客浑交”,进一步提出“主客浑受”理论<sup>[13]</sup>。周学海在《读医随笔》中进一步探讨“主客交”理论,并强调扶正祛邪的治疗原则。

该理论经现代医家不断发展,其内涵延伸为人体正气亏虚、外邪内侵,胶结于血脉,主客浑受,正虚邪恋而成的痼疾<sup>[14-15]</sup>。如李白雪等<sup>[16-17]</sup>基于该理论探讨肝纤维化和感染性疾病的治法;纪丰焯等<sup>[18]</sup>探讨“主客交”理论指导儿童过敏性紫癜性肾炎的分期论治。

## 2 基于“主客交”理论探讨CHF的病机特点

CHF的核心病机为主气虚损、客气凌犯、主客浑受。其以主虚为本,邪客为标。主虚包括气虚、阳虚和阴虚,标实包括血瘀、痰饮、水停和毒犯。阳气亏虚、无力运血,血瘀水停、久酿成毒,虚实夹杂、缠绵不愈<sup>[19-20]</sup>。根据“主客交”理论,将CHF的病机特点阐述如下。

**2.1 主气虚损、客气凌犯则病生** 《素问·刺法论》曰:“正气存内,邪不可干”,《素问·评热病》“邪之所凑,其气必虚”,阐述了正虚而邪侵的发病机制,正如CHF因主气虚损、客气凌犯而发病。张景岳云:“凡损伤元气者,本皆虚证”,强调了元气的重要性及元气损伤后导致的虚证本质。基于“主客交”理论,笔者认为其发病之本为主气虚损,如气虚、阳虚和阴虚<sup>[21]</sup>。《金匱要略·水气病脉证并治第十四》云:“心水为病,其身重而少气,不得卧”,准确描述了CHF患者喘促气短、呼吸不畅的临床表现。《难经·八难》云:“气者,人之根本也”,认为气是维持生命的基本动力。同时,客气凌犯为发病之标,如血瘀、水饮、痰浊和毒邪。因此,素体正虚、客邪内侵、心脉失常、发为本病。

**2.2 痰瘀互结、水饮内停则病进** 正气亏虚、血运无力、瘀阻脉道。如《灵枢·经脉》云:“手少阴气绝则脉不通,脉不通则血不流”;《难经本义·卷上》曰:“气有一息之不运,则血有一息之不行”;均阐述了CHF患者心气亏虚、难以行血,而成气虚血瘀之证。《医林改错·论抽风不是风》曰:“血管无气,必停留而瘀”,进一步佐证了气虚而血停成瘀的病理过程。血瘀日久,产生水湿、痰浊等,相互胶结,加重病情。如《金匱要略·水气病脉证并治第十四》所述:“血不利则为水”。正虚无力、血行不畅、水道不利,人体代谢运化失常,病理产物堆积、阻遏脉道,心失所养、正虚更甚,主客浑受,形成恶性循环,加重患者病情。

**2.3 毒伏心脉、耗气伤阴则病重** 随着CHF的不断进展,正气亏虚、产物堆积、酿生毒邪,导致脏腑功能失调,毒损心脉,病重难治<sup>[22]</sup>。尤在泾曰:“毒者,邪气蕴结不解之谓”,深刻揭示了“毒”的本质是邪气亢盛、凝结壅滞的病理状态。CHF晚期,正虚尤甚、毒邪亢盛。王永炎院士认为毒是气血运行及五脏六腑功能异常,引起机体生理和病理产物无法及时排

出,郁于体内而产生<sup>[23]</sup>。毒伏心脉、耗伤正气、损害阴液,阴阳互损,加重病情。总之,毒邪不但是病理产物,还是CHF的重要病因,即“毒随邪生、变由毒起”。

综上,笔者认为CHF的核心病机为主气虚损、客气凌犯、主客浑受。早期,正气亏虚、客邪内犯而发病;中期,痰瘀互结、水饮内停而病进;晚期,毒伏心脉、耗气伤阴而病重。

### 3 基于“主客交”理论指导CHF的科学论治

根据CHF的核心病机特点,笔者认为其基本治则为扶正达邪、分离主客,基本治法为益气温阳、通脉利水。

**3.1 基本治则为扶正达邪、分离主客** CHF为本虚标实之证,主虚则客邪难除、客盛则主气愈衰,主客浑受,病重难愈。由于其病机的复杂性,在治疗时不宜单用疏泻或滋补之法,否则会加重病情,正如《温疫论·主客交》云:“补之则邪火愈炽……滋之则胶邪愈固,散之则经络益虚……守之则日削近死……急用三甲散”<sup>[24]</sup>。吴氏三甲散标本兼顾、通补结合,使正复邪去<sup>[25]</sup>。参考其组方思路,认为CHF的治则为扶正达邪、分离主客。正虚为本、无力祛邪,当扶正达邪<sup>[26]</sup>。治疗时,当注重顾护正气,尤重温阳益气,使正气得复、祛邪外出。诚如《温疫论·原病》云:“本气充满,邪不易入”,强调了正气充实,外邪难以入侵。当正气已虚、外邪内侵,正虚邪恋、主客浑受,应分离主客<sup>[27]</sup>。

**3.2 基本治法为益气温阳、通脉利水** 根据CHF的病机特点和基本治则,本团队提出其基本治法为益气温阳、通脉利水。同时,根据疾病阶段和证候特点进行辨证论治。CHF早期,主客初交、主虚较轻,常见气虚血瘀证等,当以益气活血为主;CHF中期,主客交结、虚实并重,常见阳虚血瘀证和阳虚水泛证等,治以温阳活血利水;CHF晚期,主衰客盛、交搏难解,常见气阴两虚和心阳暴脱证等,应以益气养阴、回阳救逆、分消主客之法。

临床上针对气虚患者,多选用黄芪、人参、党参等;阳虚患者,常使用炮附子、干姜、肉桂、桂枝等;阴虚患者,可配伍黄精、五味子、麦冬等;治疗血瘀,多采用丹参、三七、桃仁、红花;水饮患者,可选择泽泻、车前子、茯苓等。此外,多通过随证加减组方,辨证论治,达到更好的临床疗效。

表1 不同证型CHF的治疗方药

Table 1 Therapeutic prescriptions and drugs for different syndrome types of chronic heart failure

证型	方名	药物组成	功效	作用机制	文献
气虚血瘀证	归脾汤	茯神、白术、当归、远志、太子参、红花、龙眼肉、木香、黄芪、丹参、酸枣仁、生姜、大枣、甘草等	益气健脾、养血安神、活血化痰	降低中医证候积分、NT-proBNP、CRP、LVEDD;升高LVEF,改善心功能等	[36]
气虚血瘀证	参芪桂枝四味汤	黄芪、当归、桂枝、茯苓、人参、赤芍、川芎等	益气活血	降低中医证候积分、LVESD、LVEDD、NT-proBNP;升高LVEF;改善心功能和能量代谢,提高生活质量等	[37]
气虚血瘀证	养心汤	人参、红花、五味子、麦冬、生地、川芎、黄芪、桃仁、天冬等	益气温阳通脉、活血化痰利水	降低中医证候积分、Lee氏心衰计分、NT-proBNP、LVEDD、LVESD;升高6-MWT、LVEF;减轻心室重塑,改善心功能等	[38]
气虚血瘀证	参芍片	白芍、人参等	活血化痰、益气止痛	降低中医证候积分、NT-proBNP;升高6-MWD;改善运动耐量和生活质量等	[39]
气虚血瘀证	益气活血利水方	黄芪、白术、党参、当归、陈皮、川芎、赤芍、丹参、红花、茯苓、甘草、泽泻、猪苓、桂枝等	益气活血、温阳利水	降低BNP、CRP、HCY,提高心功能等	[40]

吴又可根据“主客交”理论,创立分离主客之三甲散。其中,当归、白芍滋养阴血以扶正;龟甲、鳖甲和穿山甲均为血肉有情之品,滋阴散结、活血通络;蜈蚣引诸药入血分;蝉蜕和僵蚕透邪外达;牡蛎逐瘀消积;甘草调和诸药。全方通中有补、补中寓通,分解主客、治疗痼疾。因此,若CHF病情严重,主客胶结难解,可选用灵动之物以分离主客,如水蛭、地龙、蜈蚣、全蝎和土鳖虫等,达到搜剔顽邪、推陈致新之效<sup>[28-29]</sup>。

刘国华等<sup>[30]</sup>采用益气活血复方联合西医疗法治疗CHF气虚血瘀证患者,证实该方能有效降低患者的中医证候积分,降低血清氨基末端脑钠肽前体(NT-proBNP)水平,提高6分钟步行距离(6-MWT)和左室射血分数(LVEF),有效改善患者的临床症状和生活质量等。临床研究表明,补肾活血方能降低CHF气虚血瘀证患者的明尼苏达心衰生活质量问卷(MLHFQ)评分和血清NT-proBNP水平,升高LVEF等,具有较好的临床疗效<sup>[31]</sup>。

心宝丸具有温补心肾、益气助阳和活血通脉的功效,可以降低CHF阳虚血瘀证患者的NT-proBNP、心肌营养素-1(CT-1)、生长分化因子-15(CDF-15)、基质金属蛋白酶-9(MMP-9)和转化生长因子-β<sub>1</sub>(TGF-β<sub>1</sub>)水平,升高LVEF和6-MWT,改善心功能,减轻心肌纤维化等<sup>[32]</sup>。吴颖等<sup>[33]</sup>研究发现,桂苓温阳利水饮可以有效降低CHF阳虚水泛证患者的中医证候积分,降低NT-proBNP、白细胞介素-6(IL-6)、IL-17、超敏C反应蛋白(hs-CRP)水平,升高LVEF和6-MWD,改善心功能、运动耐力及生活质量等。

研究表明,二参真武汤能降低CHF心肾阳虚证患者中医证候积分、左室收缩末期内径(LVESD)和左室舒张末期内径(LVEDD),降低NT-proBNP、同型半胱氨酸(HCY)、血管紧张素II(Ang II)和醛固酮(ALD),升高LVEF、每搏输出量(SV)及心输出量(CO),改善心功能等<sup>[34]</sup>。益气养阴方组成为黄芪、麦冬、人参、五味子、白术、泽泻、茯苓、猪苓、桂枝和甘草等,具有益气养阴、温阳利水之效,治疗CHF气阴两虚证患者的疗效较好<sup>[35]</sup>。中医药治疗CHF不同证型患者的临床研究,见表1。

续表

证型	方名	药物组成	功效	作用机制	文献
气虚血瘀证	益气活血 复方	人参、黄芪、红花、丹参、三七、葶苈子、益母草等	益气活血、 通脉利水	降低中医证候积分、NT-proBNP; 升高 6-MWT、LVEF; 改善临床症状和生活质量等	[30]
气虚血瘀证	益气养心 活血汤	黄芪、泽泻、益母草、葶苈子、茯苓、枳壳、炒枣 仁、水红花子、太子参、桂枝、淫羊藿、黑顺片等	养心益气、 活血化瘀、通 络利水	降低中医证候积分、LVEDD、HYP; 升高 LVEF; 提高心肺功能, 抑制心室重构等	[41]
气虚血瘀证	益气升陷汤	黄芪、柴胡、知母、桔梗、葶苈子、桂枝、党参、 升麻、红景天、泽泻等	益气活血、 温阳利水	降低中医证候积分、NT-proBNP; 升高 LVEF 和 6-MWT; 提高运动耐力及生活质量 等	[42]
气虚血瘀证	益气强心汤	黄芪、炒白术、生晒参、桂枝、猪苓、泽兰、茯 苓、葶苈子、益母草、泽泻等	益气温阳, 活 血利水	降低中医证候积分、Lee 氏心衰计分、 MLHFQ 评分。降低 LVEDD、NT-proBNP; 升 高 LVEF、6-MWT 等	[43]
气虚血瘀证	芪参益气 活血方	黄芪、麦冬、红参、路路通、山萸肉、蒲黄、海 藻、桂枝	益气活血、 通络止痛	降低中医证候积分、NT-proBNP、MMP-2、 MMP-9、MMP-13; 升高 6-MWT、LVEF、组织 金属蛋白酶抑制剂-1(TIMP-1)、TIMP-2; 改 善心功能及活动耐力, 抑制心室重构等	[44]
气虚血瘀证	蛭龙活血 通瘀胶囊	黄芪、大血藤、地龙、水蛭、桂枝等	益气活血、 温阳开玄	降低中医证候积分、NT-ProBNP、LVESD、 NOD 样受体蛋白 3(NLRP3)、IL-1 $\beta$ 、IL-18; 升 高 LVEF; 改善患者生活质量和心功能等	[45]
气虚血瘀证	调脾养心方	党参、黄芪、白术、茯苓、川芎、当归、麦冬、生 地黄、茯神、山药、远志、酸枣仁、薏仁、肉桂、大 枣、甘草等	益气活血、调 脾养心	降低中医证候积分、BNP; 升高 LVEF、 6-MWT 及 36 条简明健康状况调查表(SF-36) 评分; 增强心功能, 抑制心室重构等	[46]
气虚血瘀证	补阳还五汤	黄芪、党参、赤芍、桃仁、当归、地龙、川芎、甘 草等	散瘀活血、 益气补中	降低中医证候积分、BNP、Ang II、ALD、肿 瘤坏死因子- $\alpha$ (TNF- $\alpha$ )、hs-CRP; 升高 CO 和 LVEF 等	[47]
气虚血瘀证	补肾活血方	人参、黄精、黄芪、菟丝子、龟甲胶、红花、三 七、丹参、益母草等	补益心肾、 活血利水	降低 MLHFQ 评分、NT-proBNP; 升高 LVEF 等	[31]
气虚血瘀证	生脉活血方	党参、仙鹤草、黄芪、丹参、白芍、酸枣仁、麦冬、 炙甘草、五味子、桂枝、泽兰、当归、红花、三七等	益气活血化痰	降低 LVESD、LVEDD、NT-proBNP; 升高 6- MWT 和 LVEF 等	[48]
阳虚血瘀证	心宝丸	人参、洋金花、附子、肉桂、麝香、鹿茸、冰片、 蟾酥、三七等	温补心肾、 益气助阳、活 血通脉	降低 NT-proBNP、CT-1、CDF-15、MMP-9、 TGF- $\beta$ ; 升高 LVEF、6-MWT; 改善心功能, 减 轻心肌纤维化等	[32]
阳虚血瘀证	加味附子汤	炮附子、茯苓、生晒参、白术、檀香、猪苓、泽 泻、丹参、砂仁等	温阳利水、 活血化瘀	降低中医证候积分; 改善心功能和临床症 状等	[49]
阳虚血瘀证	参茸固本散	鹿茸、茯苓、人参、三七、紫河车、琥珀、山药等	补肾填精、 温阳益气、活 血利水	降低中医证候积分、MLHFQ 评分、Lee 氏 心衰计分; 升高 6-MWD、LVEF; 改善心功能, 提高生活质量等	[50]
阳虚血瘀证	温肾活血汤	制附片、黄芪、生龙骨、干姜、生牡蛎、补骨脂、 磁石、菟丝子、党参、当归、巴戟天、肉桂、炙甘草 等	温阳益气、 活血化瘀、利 水消肿	降低 LVESD、LVEDD; 升高 LVEF、 6-MWT; 改善活动耐力与症状评分, 增强心 功能等	[51]
阳虚血瘀证	自拟益心 通脉方	黄芪、葶苈子、川芎、党参、泽兰、赤芍、生白术、 干姜、附子等	温阳益气、 活血利水	降低 LVESD、LVEDD、NT-proBNP; 升高 LVEF、6-MWD; 改善患者心功能, 提升活动 耐力等	[52]
阳虚水泛证	益气温阳 利水方	川芎、延胡索、柏子仁、肉桂、红花等	温心补肾、 活血利水	降低中医证候积分、NT-proBNP、MLHFQ 评分; 升高 6-MWT; 提升运动能力与生活质 量等	[53]
阳虚水泛证	益气温阳 利水方	炙黄芪、白术、肉桂、制附子、桂枝、泽泻、茯 苓、车前子、丹参、葶苈子、泽兰、川芎、益母草、 炙甘草等	益气温阳、 活血利水	降低中医证候积分、NT-proBNP、体质量、 LVEDD、LVESD; 升高 LVEF、6MWT; 改善患 者心功能及临床症状	[54]
阳虚水泛证	益气温阳 活血利水方	黄芪、葶苈子、茯苓、生地、生姜、甘草、桃仁、 附片、白术、桂枝、当归、赤芍、红花、防风、川芎、 大枣等	益气温阳、 活血、化痰、利 水	降低 LVEDD、LVESD、NT-proBNP、肌酸激 酶同工酶 MB、心肌肌钙蛋白 I、TNF- $\alpha$ 、IL-6、 hs-CRP; 升高 LVEF; 改善患者心功能, 抑制炎 性反应, 减轻心肌损伤等	[55]
阳虚水泛证	救心汤	黄芪、人参、川芎、炙甘草、茯苓、麦冬、山茱 萸、炒白术、熟附子、赤芍、泽兰等	温补阳气、活 血化痰、利水 消肿	降低中医证候积分、MLHFQ 评分; 改善临 床症状和心功能等	[56]

续表

证型	方名	药物组成	功效	作用机制	文献
阳虚水泛证	桂苓温阳 利水饮	茯苓、黄芪、丹参、猪苓、泽泻、桂枝、生白术、 泽兰、白芍、桃仁、全瓜蒌、酸枣仁、炮附子、干姜 等	活血化瘀、 温阳益气、利 水消肿	降低中医证候积分、NT-proBNP、IL-6、 IL-17、hs-CRP; 升高LVEF、6-MWD; 改善心 功能、运动耐力及生活质量等	[33]
阳虚水泛证	真武汤	制附子、白术、茯苓、生姜、白芍等	温阳利水	降低中医证候评分、MLHFQ评分、NT- proBNP; 升高LVEF、6-MWD; 提高患者心肺 功能等	[57]
阳虚水泛证	真武五苓汤	茯苓、制附片、白术、桂枝、猪苓、泽泻、生姜、 白芍、黄芪等	温阳化气、 利水通络	降低BNP、LVESD、LVEDD; 升高LVEF、 SV、CO; 抑制心室重构, 改善心功能等	[58]
阳虚水泛证	参附养心汤	黄芪、制附子、人参、玉竹、丹参、麦冬、汉防 己、葶苈子、炙甘草等	温阳活血、 益气通脉、利 水化痰	降低LVEDD、LVESD、CRP、TNF- $\alpha$ 、IL-6; 升高LVEF等	[59]
阳虚水泛证	温阳化饮方	茯苓、泽泻、党参、炒白术、炙甘草、熟附子、桂 枝、炒薏苡仁、法半夏、丹参、葶苈子等	益气温阳、 利水消肿	降低中医证候积分、hs-CRP、TNF- $\alpha$ 、IL-6、 NT-proBNP; 升高6-MWT和LVEF等	[60]
阳虚水泛证	苓桂术甘汤	泽兰、桂枝、葶苈子、茯苓、白术、丹参、炙甘草等	健脾利湿、 温阳化饮	降低IL-6、hs-CRP、BNP; 改善神经内分泌 及血管内皮功能等	[61]
心肾阳虚证	芪参养心汤	党参、黄芪、桂枝、猪苓、制附片、葶苈子、丹 参、川芎、甘草等	温补心肾	降低中医证候积分、BNP、LVEDD; 升高6- MWT、LVEF; 减轻临床症状、改善心室重构、 改善心脏功能及运动耐力、提高生活质量等	[62]
心肾阳虚证	姜萸温阳 补心汤	炙甘草、山茱萸、干姜、生牡蛎、生龙骨、茯苓、 磁石、桂枝等	温心补阳、 固摄肾气、畅 达血脉	降低中医证候积分、NT-proBNP、LVEDD; 升高EF、SV; 改善运动耐力与心肺功能等	[63]
心肾阳虚证	温阳祛瘀方	丹参、黄芪、党参、赤芍、枳壳、瓜蒌皮、桂枝、 川芎、附子、鸡血藤等	活血祛瘀、 益气温阳、温 经通脉	降低中医证候积分、MLHFQ评分; 升高 SV、LVEF、6-MWT; 改善心功能, 提升生活质 量等	[64]
心肾阳虚证	二参真武汤	制附子、炒白术、红参、茯苓、白芍、丹参、生姜等	益气温阳、 活血利水、温 化寒饮	降低中医证候积分、LVESD、LVEDD、NT- proBNP、HCY、AngII、ALD; 升高LVEF、SV 及CO; 改善心功能等	[34]
气阴两虚证	稳心颗粒	琥珀、甘松、黄精、三七、党参等	益气养阴、 活血祛瘀	降低LVEDD、LVESD; 升高LVEF; 提升治 疗效果与心功能等	[65]
气阴两虚证	芪苈升陷汤	桂枝、茯苓、五味子、红花、白术、升麻、当归、 益母草、泽泻、葶苈子、柴胡、黄芪等	补益肺气、 益气升陷、活 血化痰、利水 消肿	降低中医证候积分; 升高SV、LVEF; 改善 心功能等	[66]
气阴两虚证	益气养阴方	黄芪、麦冬、人参、五味子、白术、泽泻、茯苓、 猪苓、桂枝、甘草等	益气养阴、 温阳利水	降低MLHFQ评分、LVEDD、LVESD; 升高 6-MWT、LVEF; 提高临床疗效等	[35]
气滞血瘀证	活血益心方	黄芪、丹参、党参、赤芍、降香、陈皮、红花、瓜 蒌、泽泻、白术、茯苓、猪苓、人参、川芎、当归、甘 草等	益气活血、 利水消肿	降低中医证候积分、Lee氏心衰评分、 LVESD、LVEDD、MLHFQ评分; 升高LVEF、 6-MWT; 改善心功能和生活质量等	[67]
水饮凌心证	通阳安神汤	茯苓、丹参、黄芪、酸枣仁、赤芍、人参、远志、 桂枝、白术、附子、猪苓、泽泻、甘草等	健脾益气温 肾利水	降低中医证候积分、LDH、肌酸激酶; 升高 LVEF、SV; 抑制心肌重构, 改善心功能等	[68]
心肺气虚证	补肺养心汤	黄芪、川芎、茯苓、人参、紫菀、当归、麦冬、柏 子仁、桂枝、酸枣仁、五味子、肉桂、甘草等	补肺益气、 养心安神	降低中医证候积分、LVEDD、LVESD、 NT-proBNP、ET-1、IL-6; 升高LVEF、6-MWT; 改善心功能, 调节血管内皮功能等	[69]

#### 4 小结

CHF病机复杂,常呈虚实夹杂、迁延难愈之势,传统辨治或重正气亏虚,或偏邪实阻滞,对“正气久虚不复、病理产物留恋深伏”的交混态阐释不足。尤其在疾病中后期,气虚、血瘀、水停、痰浊互为因果,正虚邪恋如“胶着之态”,单用补虚则恐恋邪,纯子攻邪则易伤正,故常规辨治体系难以精准指导临床。CHF的病机特点和治则治法见图1。

本团队基于“主客交”理论,认为CHF的核心病机为主气虚损、客气凌犯、主客浑受。正气虚衰、无力驱邪,客邪深伏、主客浑受,终成正虚邪恋、缠绵不解之态。因此,确定其



图1 基于“主客交”理论的CHF病机特点和治则治法

Fig. 1 Pathogenesis characteristics and treatment principles of chronic heart failure based on the "Zhu-Ke-interaction" theory

基本治则为扶正达邪、分离主客;基本治法为益气温阳、通脉利水。使“主(正)得益固,客(邪)得分消”,既攻其邪又不伤

主,兼顾标本。笔者总结此外,“主客交”理论还可以推广应用用于治疗其他疾病,如病毒性心肌炎、慢性胃炎、溃疡性结肠炎、慢性前列腺炎和强直性脊柱炎等<sup>[70-74]</sup>。

[利益冲突] 本文不存在任何利益冲突。

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[责任编辑 顾雪竹]