

基于“异病同治”理论探讨逍遥散在眼病中的临床应用与作用机制

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[摘要] 逍遥散源于《太平惠民和剂局方》,具有疏肝解郁、健脾养血、调畅气机之功。该方在妇科疾病及情志疾病中的应用及研究较为深入,但其在眼科中的临床应用、辨治规律及作用机制等尚缺乏系统总结。眼病虽病种繁多、临床表现各异,但逍遥散在眼科中的频繁应用体现了中医“异病同治”理论对共同病机与核心证候的把握。现代研究提示,其作用机制可能涉及调节免疫炎症反应、减轻氧化应激、保护视网膜神经节细胞及血视网膜屏障、改善眼部微循环、抑制异常新生血管,并参与神经内分泌功能及细胞凋亡与增殖调控等过程。基于“异病同治”理论,通过系统梳理逍遥散的历史溯源、化裁组方及古籍考证,并结合现代文献研究和验案分析,归纳其在眼表疾病、中心性浆液性脉络膜视网膜病变、糖尿病性视网膜病变、视神经病变、视网膜血管阻塞性疾病、干眼、甲状腺相关眼病及青光眼等眼病中的临床应用特点及作用机制,以期阐明其在眼科“异病同治”的辨治基础,为逍遥散在眼科疾病的临床应用提供理论依据和实践指导。

[关键词] 逍遥散; 异病同治; 眼科疾病; 临床应用; 作用机制

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Clinical Application and Mechanism Insights of Xiaoyao San in Treating Ophthalmic Disorders From Theory of Treating Different Diseases with Same Method

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[Abstract] Xiaoyao San, first recorded in *Taiping Huimin Hejiju Fang*, has the traditional functions of soothing the liver, relieving constraint, strengthening the spleen, nourishing blood, and regulating Qi movement. Although its applications in gynecological and emotional disorders have been extensively studied, its clinical use, pattern differentiation, and mechanisms in ophthalmology have not been systematically reviewed. Despite the diversity of ophthalmic diseases and their clinical manifestations, the frequent use of Xiaoyao San reflects the traditional Chinese medicine principle of "treating different diseases with the same method" by targeting shared pathogenesis and core syndromes. Modern studies suggest that its mechanisms may involve modulation of immune and inflammatory responses, attenuation of oxidative stress, protection of retinal ganglion cells and the blood-retinal barrier, improvement of ocular microcirculation, inhibition of pathological neovascularization, and regulation of neuroendocrine function, apoptosis, and cell proliferation. Guided by the theory of "treating different diseases with the same method", this review systematically examines the historical origin, formula modifications, and classical records of Xiaoyao San, and integrates modern literature and representative medical cases to summarize its clinical applications and mechanisms in ocular surface diseases, central serous chorioretinopathy, diabetic retinopathy, optic neuropathies, retinal vascular occlusive diseases, dry eye, thyroid-associated ophthalmopathy, and glaucoma. This review aims to clarify the theoretical basis for its differentiated use in ophthalmology and to provide a foundation for its standardized clinical application.

[Keywords] Xiaoyao San; treating different diseases with the same method; ophthalmic diseases; clinical application; mechanism

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“异病同治”是辨证求因、审因论治的高度凝练,是中医核心治则之一。东汉张仲景指出“观其脉证,知犯何逆,随证治之”,直指病机本质,系统构建“异病同治”理论。“治病之要,贵在识证,证明则治自明”,疾病虽千变万化,然“证”为病机之枢、治病之要。逍遥散首载于《太平惠民和剂局方·治妇人诸疾》,其学术研究价值范围宽广,药理作用突出^[1]。《目经大成》中强调“治目须调肝,而调肝必先理气”,逍遥散立方之妙,在于通过调畅气机以实现“木郁达之”。本文系统梳理和阐述逍遥散及化裁方剂在不同眼科疾病中的临床价值及作用机制,为逍遥散在眼科疾病的临床应用提供思路,有助于构建中医“病-证-方”研究范式^[2-3]。

1 逍遥散的历史溯源和化裁组方

逍遥散首载于宋代官修医书,主治妇人肝郁血虚脾弱之证。赵献可言:“予以一方治其木郁,而诸郁皆因而愈。一方者何?逍遥散是也。”今人谓此方脱胎于古方,融四逆散与当归芍药散之长^[4],兼顾血气和调之理:君药柴胡疏肝解郁;臣药白芍养血柔肝,当归芳香行气,味甘缓急,是肝郁血虚要药;佐药白术、茯苓健脾祛湿,使运化有权;因脾为湿土,肝郁必侮脾,脾土失运则湿聚,故以煨姜为佐,温中燥湿;少许薄荷后下,可佐助柴胡疏肝郁、解郁热;使药炙甘草益气补中,缓肝之急。“上为粗末,每服取二钱,加入水一大盏,再放入烧生姜一块切破及少许薄荷,一同煎至七分,去滓热服,不拘时候”为煎服法。此配伍既顺肝木条达之性,又培土以御肝侮,实为木郁达之,土虚培之。逍遥散的应用源远流长^[5],现代诸多学者大多研究逍遥散在妇科疾病及情志疾病中的应用^[6-8],殊不知其在眼科处方中应用甚广^[9]。关于逍遥散及其化裁方应用于眼科疾病的古籍考证见增强出版附加材料^[10-15]。

2 逍遥散的“异病同治”临床应用价值

2.1 眼表疾病 逍遥散应用于眼表疾病疗效确切,其核心药理作用在于抗炎和免疫调节。研究显示逍遥散加减能有效抑制单纯疱疹性角膜炎患者黑睛炎症反应,促进角膜上皮修复^[16]。在过敏性结膜炎的治疗中,逍遥散联合色甘酸钠眼液可有效降低患者眼部瘙痒等临床症状积分,延长泪膜破裂时间(BUT),减少角膜荧光素染色(FL)积分,改善泪膜稳定性,减轻角膜损伤^[17-19]。深入分析其机制与调节免疫失衡密切相关,动物实验证实其可调节过敏性结膜炎小鼠模型辅助性T细胞(Th)1/Th2细胞平衡,降低血清白细胞介素(IL)-4水平及IL-4/ γ 干扰素(IFN- γ)值,同时抑制肥大细胞脱颗粒,从而减轻过敏反应^[20]。方中茯苓^[21]、白术^[22]等药物可特异性激活Toll样受体(TLR)信号通路,增强巨噬细胞功能,可能为其发挥免疫稳态调控作用之源。在巩膜炎的治疗中,逍遥散合泻肺汤提高治愈率的同时有助于减少激素药物依赖性,体现中药减毒增效、促进机体自稳的优势^[23]。药效学研究发现逍遥散可调控下丘脑-垂体-肾上腺轴(HPA轴)功能,改善应激状态下的神经内分泌紊乱,进而影响角膜神经纤维密度及神经肽P物质的异常分布^[24],为其在眼表神经源性炎症中的作用提供新视角。同时,方中牡丹皮、栀子等清热凉血药可抑制促炎因子表达,减轻局部炎症反应^[25],可为其进

一步完善抗炎机制证据。

2.2 眼底疾病

2.2.1 中心性浆液性脉络膜视网膜病变(CSC) CSC是一种以黄斑区浆液性脱离为特征的眼病,其发病与精神、心理因素密切相关,肝气郁结是核心病机。如肝郁脾虚致气机壅滞、水湿停滞,湿邪循经上扰目窍,致视衣失养、神光涣散,发为本病^[26]。逍遥散则通过调和肝脾,恢复水液代谢平衡,在改善CSC患者视功能及缩短黄斑水肿吸收时间等具有显著优势^[27]。陈雪^[28]研究证实该方可加速脉络膜微循环恢复以减轻黄斑水肿,可能与方中柴胡、当归等成分改善微循环、降低血管通透性有关。针对肝郁化热型CSC,前瞻性队列研究显示丹栀逍遥散可明显改善视力及黄斑中心区厚度,降低复发率^[29-30]。刘润华^[31]研究数据则显示五苓逍遥散可改善CSC患者视功能和视野缺损程度。

2.2.2 糖尿病性视网膜病变(DR) DR是糖尿病典型微血管并发症。肝郁则疏泄失司、脉络瘀阻,气血化生不及而引发视网膜微血管病变。逍遥散通过调和肝脾、活血化瘀,改善DR眼底病变及代谢紊乱状态。研究证实逍遥散加味治疗糖尿病黄斑囊样水肿可提升视力、缩短视网膜循环时间^[32-33],可直接干预视网膜毛细血管通透性和黄斑区血管渗漏面积,同时调节5-羟色胺和脑源性神经营养因子水平,缓解抑郁情绪^[34]。进一步机制研究显示,逍遥散可通过改善睫状后动脉血流速度、降低血液黏度,促进视网膜出血吸收及黄斑水肿消退,以缓解缺氧性视网膜病变^[35]。与胰激肽原酶等西药联用时,逍遥散还可减少激素依赖性眼压升高风险,保护视网膜屏障功能^[36]。

2.2.3 视神经病变 视神经病变作为眼科难治疾病,其病理机制涉及炎症、缺血及退行性改变等,传统西医疗法虽短期有效但易复发且伴随耐药性。中医辨证发现急性视神经炎多属肝郁化热证^[37],慢性视神经萎缩则常伴气血两虚或肝肾不足^[38],针对急性球后视神经炎,崔晶莹^[39]研究发现加味逍遥丸联合维脑路通片可有效改善视力与视野,且不良反应小。林柳燕等^[40]则采用激素离子导入联合丹栀逍遥散,总有效率高达83.3%,且降低激素相关不良反应的发生率,提示此方可减轻炎症反应,减少激素用量。在非动脉炎性前部缺血性视神经病变(NAION)中,逍遥散联合针刺可显著提升最佳矫正视力,且长期随访显示视网膜电图(ERG)b波振幅维持率达82.3%,表明其具有改善视神经功能的远期疗效^[41]。针对视神经萎缩的不可逆损伤,逍遥散通过疏肝健脾、养血明目改善微循环及营养状态。罗丹^[38]以逍遥散联合补中益气汤治疗,总有效率77.5%。牟肇芯等^[42]采用丹栀逍遥散联合复方丹参注射液,总有效率高达90.5%,显著改善视野缺损程度。进一步研究揭示明目逍遥颗粒可通过调控磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)/哺乳动物雷帕霉素靶蛋白(mTOR)信号通路以抑制自噬,逆转视网膜形态异常,增加视网膜厚度和血流,改善ERG和视觉诱发电位(VEP)指标,从而延缓神经变性^[43]。

2.2.4 视网膜血管阻塞性疾病 视网膜中央动脉阻塞(CRAO)与视网膜静脉阻塞(RVO)均属中医“暴盲”范畴,

CRAO多因情志内伤致肝气逆乱,血随气逆,可见视力骤降、眼底动脉变细、黄斑樱桃红等急性征象。RVO则因肝热血瘀或脾虚痰凝致血络壅滞、血溢脉外,眼底可见静脉迂曲、视网膜火焰状出血。常规西医疗效有限,而中药复方通过多靶点干预展现优势。王晓敏等^[44]采用丹栀逍遥散联合治疗CRAO,可有效改善视网膜急性缺血状态,显著缩小视功能受损范围。林颖等^[45]采用丹栀逍遥散合桃红四物汤治疗RVO,结果显示其可有效改善眼部微循环和促进视网膜出血及渗出吸收,且缩短病程。

2.3 其他眼病

2.3.1 干眼症 干眼症是当代常见慢性眼病,中医将其归为“白涩症”“神水将枯症”范畴。“肝开窍于目,在液为泪”,肝主疏泄,情志不畅或久视伤血则致肝气郁结,泪液输布障碍而目失濡养。“火郁蒸于膏泽,故目不清”,现代研究证实肝郁化火可加剧炎症反应与泪膜不稳定,加重目燥^[46]。逍遥散通过疏肝健脾、调和气血,在干眼治疗中展现出多靶点优势。针对睑板腺功能障碍性干眼,赵举等^[47]研究显示逍遥散联合妥布霉素地塞米松可显著改善的BUT、泪液分泌量(SIT)等指标,且眼压升高发生率低。另外,多项研究证实其化裁方剂加减可调节炎症因子水平,促进泪液分泌与泪膜功能恢复,帮助恢复角膜上皮完整性,改善视功能等^[48-50]。最新机制研究发现润目逍遥散能够上调miR-146a-5p、抑制IL-1受体相关激酶1(IRAK1)/肿瘤坏死因子受体相关因子6(TRAF6)/核转录因子- κ B(NF- κ B)信号通路,减少炎症介质释放,减轻眼表损伤^[51]。逍遥散的辨证加减亦拓展至特殊类型干眼。围绝经期干眼中,加味逍遥散联合治疗可调节性激素水平,显著改善眼表疾病指数(OSDI)评分及角膜FL评分^[52-53]。糖尿病性干眼中,配伍活血化瘀、滋阴润燥药物可改善眼表微循环及睑板腺分泌功能。综上,逍遥散通过调节免疫炎症、改善泪液分泌及微循环等机制,为干眼症提供兼具疗效与安全的中医疗方案。

2.3.2 青光眼 青光眼作为全球首位不可逆性致盲眼病^[54],其治疗关键在于控制眼压(IOP)与视神经保护^[55]。中医将其归为“青风内障”“绿风内障”等范畴,病机多与肝气郁结、气血逆乱、上犯目窍相关,表现为目珠胀痛、视神经损伤等。在原发性开角型青光眼的临床研究中,逍遥散加减联合鼠神经生长因子可有效改善视力及视野缺损^[56-57]。丹栀逍遥散加味治疗肝郁气滞型闭角型青光眼,较常规降压药物有效降低IOP并延缓视野缺损恶化,其机制可能与调控睫状体上皮细胞水通道蛋白1(AQP1)表达、促进房水外流相关^[58]。对于恶性青光眼,丹栀逍遥散联合前部玻璃体切割术及超声乳化术可有效恢复前房深度并控制眼压,提示其能打破恶性青光眼病理循环、重建房水正常引流通道^[59]。在新生血管性青光眼中,丹栀逍遥散联合抗内皮生长因子(VEGF)药物通过下调IL-6及血管通透因子,抑制炎症级联反应,显著降低虹膜新生血管复发率^[60]。

2.3.3 甲状腺相关眼病(TAO) TAO为自身免疫性疾病,中医称“鹬眼凝睛”,病机为肝郁化火、脾虚生痰,表现为眼球突出、眼睑退缩及复视等症。临床研究证实丹栀逍遥散治疗可

协同改善症状,降低临床活动性评分、突眼度、睑裂宽度及眼外肌厚度,且疗效优于单用激素^[61-62]。免疫学研究表明TAO活动期以Th1细胞因子过度激活为主导,范艳飞等^[63]发现丹栀逍遥散可下调IL-2、IFN- γ 、肿瘤坏死因子- α (TNF- α)等炎症因子水平,抑制Th1型免疫应答,从而减轻眶内炎症反应,并减少激素依赖性。

以上研究表明,逍遥散在眼科的疗效应用深刻体现了中医“异病同治”的理念。凡出现“肝郁脾虚、气血失调”病机特点,均可投以逍遥散加减治疗。关于逍遥散及其化裁现代应用情况见增强出版附加材料^[20,29,32,41,43,57,63-68]。

3 逍遥散“异病同治”的作用机制

3.1 调节免疫与抗炎作用 炎症在诸多眼病进程中占据核心地位,逍遥散通过多成分、多靶点机制发挥免疫调节与抗炎作用治疗不同眼病。临床研究证实,加味丹栀逍遥散能有效缓解肝胆火炽型急性葡萄膜炎患者炎症,降低血清IL-17、IL-6、TNF- α 炎症因子及VEGF表达水平,减轻眼痛、畏光等炎症症状^[69]。眼部作为免疫豁免器官,具有独特的免疫调节机制,效应性T细胞(Teff)/调节性T细胞(Treg)平衡失调与多种眼病的发生和发展密切相关。Teff家族主要包含Th1、Th2和Th17等,可促进炎症。Treg则抑制免疫反应,维持自身耐受。网络药理学揭示芍药苷为逍遥散臣药主要成分,以多靶点作用调节免疫,抑制炎症因子释放^[70],同时调控Th1/Th2细胞因子平衡,抑制免疫失衡对眼组织的损伤^[20,63]。在自身免疫性葡萄膜炎(EAU)模型中,芍药苷能通过调节Ras同源家族成员A(RhoA)/Rho相关蛋白激酶(ROCK)通路,降低Th17细胞水平及其分泌的IL-17、IL-23等促炎因子,同时提高Treg细胞及叉头盒P3蛋白(FoxP3)表达,影响Th17/Treg免疫平衡,减轻葡萄膜炎炎症反应^[71]。Janus激酶/信号传导及转录激活因子(JAK/STAT)通路是细胞因子信号转导的核心通路之一,在免疫调节、炎症反应中发挥关键作用。在DR治疗过程中,芍药苷可通过抑制JAK/STAT通路磷酸化,降低视网膜中IL-6、TNF- α 水平^[72],抑制Müller细胞活化标志物胶质纤维酸性蛋白(GFAP)表达^[73]。更深入的研究发现,芍药苷还可阻断NF- κ B/含有NACHT、LRR和NOD样受体蛋白3(NLRP3)炎症小体活化,抑制IL-1 β 成熟释放,保护视网膜神经节细胞(RGC)功能^[74]。芍药二酮则通过抑制NLRP3、含有CARD结构域的凋亡相关斑点样蛋白(ASC)及胱天蛋白酶-1(Caspase-1)表达,减少IL-1 β 分泌,缓解DR血管渗漏及胶质细胞异常活化^[75]。君药柴胡皂苷D(SSD)则通过提升视网膜毛细血管周细胞覆盖率,抑制VEGF- α /血管细胞黏附分子-1(VCAM-1)轴活化及白细胞黏附迁移,干预DR微血管炎症^[76]。

3.2 抗氧化应激与细胞保护作用 RGC是视觉信号传递、整合信息的关键神经元,RGC与视网膜血管内皮细胞之间存在代谢共生关系,即RGC通过谷氨酸-乳酸穿梭为内皮细胞提供能量,而内皮细胞则分泌VEGF维持RGC存活。逍遥散作为传统中药方剂,在缓解眼组织氧化应激损伤中具有显著优势,其核心活性成分通过调控关键信号通路及抗氧化酶,实现对RGC及微血管的保护。其核心活性成分如芍药

苷通过激活核转录因子 E₂ 相关因子 2(Nrf2)/血红素加氧酶-1(HO-1)通路,不仅缓解慢性高血压及糖尿病引发的 RGCs 氧化损伤,还可能通过铁离子螯合与一氧化碳释放双重机制抑制 RGC 线粒体功能障碍及兴奋性毒性,保护视功能^[77]。同时,其还可调控 PI3K/Akt 信号通路,提高血清超氧化物歧化酶(SOD)、谷胱甘肽过氧化物酶(GSH-Px)等抗氧化酶活性,降低丙二醛(MDA)、活性氧(ROS)水平,减轻 DR 视网膜血管内皮细胞的氧化应激反应^[78]。SSD 也可抑制视网膜微血管氧化应激反应,降低无细胞毛细血管(AC)和周细胞丢失(PL)的比例,上调 VEGF-A 表达,减少血管渗透性,从而稳定血视网膜屏障结构和功能^[76]。当归为方中臣药,其调控微小 RNA-148a-3p(miR-148a-3p)的表观遗传效应则揭示了其通过激活神经保护基因、清除活性氧自由基,抑制 RGC 氧化应激损伤及凋亡,维持视觉信号传递功能的新路径^[79]。

3.3 保护神经作用 网络药理学提示该方剂可精准干预环磷酸腺苷(cAMP)信号通路等,影响神经递质的合成与代谢,减轻神经炎症和改善神经系统功能状态^[80-81]。在视神经萎缩临床研究中,丹栀逍遥散联合甲钴胺可显著提升视网膜神经纤维层厚度,改善视觉诱发电位潜伏期,促进视神经修复与再生^[82],这一效应可能与激活 PI3K/Akt 通路、增强轴突再生能力相关。线粒体作为细胞能量代谢核心器官,其功能障碍直接影响视网膜神经细胞损伤和凋亡。实验发现当归提取液能够通过增强线粒体膜电位,改善视网膜神经细胞能量代谢,提升细胞活性^[83]。其活性成分当归多糖在高糖诱导的 RGC 损伤模型中,可调控 miR-148a-3p 靶向干预 Wnt/ β -catenin 及 NF- κ B 通路,减轻氧化应激与凋亡,保护视网膜神经结构。此外,其有效成分对视神经的保护还通过神经元-胶质细胞功能耦联的修复。研究证实芍药苷可增强胶质细胞谷氨酸转运体(GLAST)与谷氨酰胺合成酶(GS)活性,缓解兴奋性氨基酸蓄积引发的神经毒性,有效抑制 Müller 胶质细胞过度活化,实现神经元-胶质细胞功能耦联^[73]。

3.4 调节内分泌系统 逍遥散可通过抑制 HPA 轴、下丘脑-垂体-甲状腺(HPT)轴等异常激活,阻断皮质醇-糖皮质激素受体(GR)信号持续激活,减轻过量糖皮质激素对 RGC 的神经毒性^[84]。在 DR 的病理进程中,逍遥散治疗可上调胰岛素受体底物蛋白表达,增强胰岛素信号通路敏感性,改善糖代谢紊乱,从而缓解高糖诱导的视网膜血管基底膜增厚及周细胞丢失^[85]。针对 TAO,丹栀逍遥散可显著改善活动期甲状腺激素水平异常,下调泪液 IL-6、IL-8、TNF- α 细胞因子水平,阻断干扰素诱导蛋白-10(IP-10)等趋化因子介导的淋巴细胞眶内募集,减轻眼眶内炎症与水肿^[86]。

3.5 改善微循环与新生血管抑制作用 眼底微循环障碍引发的视网膜缺血缺氧、血管渗漏及新生血管形成是多种眼病的核心病理特征。“肝主疏泄”理论揭示了气血运行与眼底微循环的深层关联,肝失疏泄则致气机郁滞,气血瘀阻于目络,进而引发“血溢脉外”与“脉络瘀塞”。柴胡疏肝气而固血脉,实验证实 SSD 能下调视网膜组织中 TNF- α 、IL-6、IL-1 β 等促炎因子及 VEGF- α 、GFAP 和 VCAM-1 等血管活性物质表达,

减轻炎症介导的血管内皮损伤;另外,其可上调紧密连接封闭蛋白(Occludin)、紧密连接蛋白-5(Claudin-5)、血管内皮型钙黏素(VE-cadherin)和紧密连接相关蛋白-1(ZO-1)等紧密连接蛋白表达水平,增强血视网膜屏障的完整性,减少血管渗漏和水肿^[76,78]。芍药二酮抑制 NLRP3 炎症小体活化,降低 Evan's Blue 外渗量,阻断白细胞与内皮细胞黏附,维持血管屏障稳态^[75]。当归多糖激活 Wnt/ β -catenin 信号通路促进血管内皮细胞增殖迁移,上调长链非编码 RNA MEG3(lncRNA MEG3)表达诱导血管重构^[87],揭示了中药复方“化瘀生新”的分子基础。芍药苷则通过双重机制调控血管异常:一方面抑制 PI3K/Akt 信号通路减少渗漏,另一方面下调缺氧诱导因子-1 α (HIF-1 α)-VEGF 轴抑制新生血管形成^[78,88]。微胶质细胞基质金属蛋白酶-9(MMP-9)在维持血视网膜屏障完整结构中起重要作用,芍药苷通过调控细胞因子信号转导抑制因子 3(SOCS3)抑制 TLR4/NF- κ B 信号通路,有效抑制 MMP-9 酶原活化及炎症因子释放,减轻血视网膜屏障破坏^[89]。

3.6 细胞凋亡与增殖调控作用 细胞凋亡的异常激活是神经元不可逆损伤的关键病理环节,逍遥散通过多成分协同干预细胞凋亡与增殖失衡,对视网膜退行性病变实现精准调控。SSD 作为标志性三萜皂苷,在视网膜母细胞瘤(Y79 细胞)中通过激活 p38 丝裂原活化蛋白激酶(p38 MAPK)信号轴诱导线粒体凋亡通路,促进促凋亡蛋白 B 细胞淋巴瘤-2(Bcl-2)相关 X 蛋白(Bax)的线粒体转位、线粒体膜通透性转换孔(mPTP)开放及细胞色素 C 释放,显著升高 p38 磷酸化水平并激活 Caspase-3 导致 DNA 片段化;同时抑制 CDK4/细胞周期蛋白 D₁(Cyclin D₁)复合体形成,使肿瘤细胞阻滞于 G₀/G₁ 期^[90],揭示了中药成分在抗凋亡-抗增殖双向调控中的独特优势。JAK2 和 STAT3 是细胞内调节凋亡相关蛋白表达的重要信号传导分子。芍药苷则特异性抑制 JAK2/STAT3 信号通路,减少 RGC 凋亡,促进细胞增殖修复,减轻 DR 神经损伤。miR-148a-3p 是一种微小 RNA,与靶 mRNA 的 3' 非翻译区(3'UTR)结合抑制基因表达,调控细胞凋亡过程。当归多糖则另辟蹊径,通过调控 miR-148a-3p 表达抑制高糖诱导的 RGCs 氧化应激,下调促凋亡基因表达,显著降低细胞凋亡率^[79]。逍遥散加减治疗眼病的作用机制见图 1。

4 验案举隅

刘某,女,34 岁。初诊(2024 年 9 月 21 日):左眼视物变形 1 月余。患者自诉工作劳累、压力大,情绪易焦虑,喜熬夜,双眼高度近视(右-8.00D,左-7.50D)。症见左眼视物变形、变暗,伴双眼干涩,夜寐入睡困难,大便不成形,小便正常,舌淡,边有齿痕,苔白稍腻,脉细滑。查视力(右眼 0.05,矫正 0.3;左眼 0.12,矫正 1.0);小瞳下查左眼黄斑部轻度隆起,中心凹反光消失;外院光学相干断层扫描(OCT)示左眼黄斑中心凹神经上皮液性暗区。诊断:中心性浆液性脉络膜视网膜病变(左)。中医诊断:视瞻昏渺(左),肝郁脾虚、湿浊上泛证。治以疏肝健脾,利水明目。处方(逍遥散合五苓散加减):白术、黄芪、山药、醋香附、白芍、车前子(包煎)、猪苓、茯神各 10 g,当归、醋北柴胡各 9 g,薏苡仁 20 g,川芎 6 g,

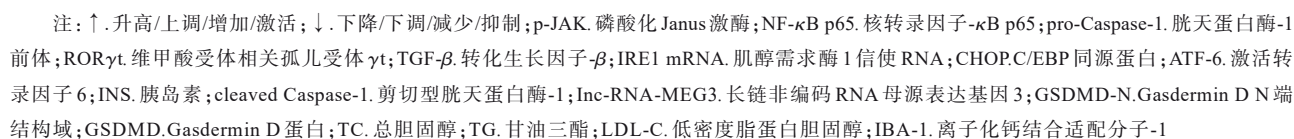


Fig. 1 Mechanism of Xiaoyao San in treatment of eye disease

按:患者青年女性,以视物变形为主诉。究其病因,患者长期工作劳累、压力大、情志焦虑,此三者首伤肝气,致肝失疏泄,气机郁滞,发为肝郁。肝开窍于目,肝郁则目络气血不畅,故见视物变形、变暗、眼干涩;肝郁化火,扰神耗血,则夜寐困难。同时,患者兼有熬夜恶习,暗耗气血,损伤脾气,加之肝郁横逆犯脾,致脾虚之证尽显。脾主运化,脾虚则水湿不化,下注肠道故大便不成形;水湿内停,聚为“湿浊”,随气机上泛,浸淫目络,停滞于视网膜之下,即对应OCT所见“黄斑中心凹神经上皮下液性暗区”,亦为本病之标。舌淡边有齿痕、苔白稍腻,为脾虚湿盛典型舌象;脉细主气血不足,滑主水湿内停,脉症相符。综上,本病病位在肝、脾,核心病机为肝郁脾虚,湿浊上泛,属本虚标实之证。初诊处以疏肝健脾、利水明目之法,予逍遥散合五苓散加减。方中醋柴胡、

5 小结

逍遥散治疗眼病的价值根植于“异病同治”理论与对疾病共性的把握。本研究通过历史文献溯源与临床实践互参,系统阐述逍遥散在不同眼病中的临床价值与作用机制。然而,当前研究仍存在诸多局限,逍遥散治疗眼病的研究较少,

复方研究多为单中心、小样本量的短期临床观察研究,该方药效物质基础与多靶点作用机制尚未完全解析。未来应强化中医“异病同治”理论与现代科研手段融合,建立大样本、高质量临床证据,深度挖掘其治疗眼病的作用机制实验研究,助力逍遥散在眼科领域的发展与创新。

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