

循经感传现象与疾病的关系

——418例临床观察

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内容提要 通过对 418 例的观察,发现循经感传现象的出现和大脑皮层弥漫性病理过程及躯体慢性局限性病灶刺激有关。循感的性质与病灶刺激的感觉性质相应,循感的布局及某经循感的出现和病灶之间有着定位符合关系。循感有趋向病灶的特性。循感的长短与疾病的病程共消长。认为这是一个以感觉效应为重要表现形式的与大脑皮层有关的病理反射。运用这一反射与疾病间的规律性关系去诊治疾病可能有着广阔的前景。

人体皮表上某一点受到刺激后而有定位性感觉自动地沿循经络路线走行,同时伴有循经路线上从皮表到体内的各层组织与器官功能活跃的现象被叫做循经感传,简称为“循传”,略写为 PSC (Propagated sensation along the channels)。据调查,这是在全世界各色人种与不同民族中普遍存在的现象^①,它的客观性已被若干现代检测手段所证实^②。本文 418 例仅就其与疾病间的关系做一探讨。

方法与对象

在腕部与踝部的十二经路线上用镊针抵压(体穴刺激)引出向心性的循传,所观察的主要指标是循经走行的异常感觉,即循经传感,简称为“循感”,略写为 SPC (Sensation propagated along the channels)。按常规方法测定它的宽度与速度并记录其循行路线^③。观察对象为综合性医院各科门诊及住院病人,其中神经科病人占多数。男性 218 例,女性 200 例。年龄 5~78 岁,其 95% 在 11~60 岁之间,以 21~40 岁为高峰。

临床资料

一 病种与循传的关系

418 例中共有 125 个病种,适当归类后其分布情况如下:脑震荡(111 例),脑血管病(40),

病毒性脑炎(18),缺氧性脑病(17),癫痫(17),颅内占位病变(12),偏头痛(5);心脏病(30),眼外伤(14),肺部局灶病理(13),皮肤局灶病理(11),胆囊病(10),脊椎病(10),溃疡病(9),慢性扁桃体炎(9),其他(92)。与同期就诊的同种疾病相比较,此循传的阳性率以脑震荡为高(约 70%),其余各病种则较低(10% 以下)。从未引出循传的病种是:急性热病、内分泌病与血液病。

二、病灶性质与循感性质的关系

本组有麻胀感循行的 356 例均为中枢神经弥漫性病理及局部占位压迫性病理。热感循行的 40 例中,其局灶性刺激病理为炎性者有 28 例(70%)。痛感循行的 11 例均为疼痛性的刺激病灶,其中有 3 例为胆结石。其余则有抽紧感 4 例(高血压脑病),蚁行感与痒感各 2 例(脊椎病),沉重感 1 例(脑膜炎),跳动感 1 例(眼外斜矫正术后),流水感 1 例(脑震荡)。

三、病灶部位与循感布局的关系

1. 单经循感,其特点是仅在不相邻的 1~3 条经的路线上出现循感。除去任、督二脉(各 4 经次)不计外,在总数为 294 条经的此类循感中仅有 9 经次(3.1%) 在健侧半身分布,其余 285 经次(96.9%) 均分布在躯体病灶侧或偏瘫及偏身感觉障碍侧。

2. 泛经循感,其特点是同时在相邻的 3 条

经以上的路线上出现循感,甚或刺激全身皮肤上的任何一点均可引出循感。在总数为182例的此类循感中,表现为全身泛经形式者97例(53.3%),偏身泛经者28例(15.4%),截身(上半身或下半身)泛经者41例(22.5%),象限身(偏侧上半身或偏侧下半身)泛经者16例(8.8%)。其中全身泛经者与脑部弥漫性病理及全身任何部位的病灶有关,偏身泛经者与对侧脑部病理及同侧躯体病灶有关,截身泛经及象限身泛经者亦均与相应部位的躯体病灶有关。

四、病灶部位与循感的循经路线关系

1. 以出现3次以上的周围性躯体疾病的15个病种列入统计,观察其294次单经循感与病灶的关系,其结果是:在上肢,三焦经与眼病及耳病有关,大肠经与鼻病、口齿病及甲状腺瘤有关,肺经与肺部病灶有关,心经、心包经及小肠经均与心脏疾病有关;在下肢,胆经与眼病及胆囊病有关,胃经与眼病、乳房病、心脏病及胃病有关,脾经及肾经均与阑尾及子宫疾病有关。

2. 把人体分成头面部(包括颈部)、胸部与腹部(包括盆腔部),把十二经依手足阴阳分成四组(手三阴、手三阳、足三阴、足三阳),观察其226条单经循感与各部疾病间的关系,其结果是:(1)手三阴、手三阳与足三阳的循感均与头面部疾病有关。(2)手三阳循感主要与头面部疾病有关,或及于胸部疾病,而手三阴循感主要与胸部疾病有关。(3)足三阳循感与头面部疾病、胸部疾病及腹部疾病发生关系的机会相等。(4)足三阴的循感主要与腹部疾病有关,或及于胸部疾病。以上的分布有极显著的差异($P<0.005$)。

3. 中枢神经系统的疾病,主要是脑部疾病(未包括在上记头面部疾病内),其210例中有177例(84.3%)的循感分布在大肠经、三焦经、膀胱经、胃经、胆经与心包经。即主要分布在手足三阳经(手太阳小肠经除外)与手厥阴心包经。

五、循感与病灶间的动态关系

1. 无论单经循感或泛经循感都可以在循行途中偏离其正规路线而趋止于皮表上的某一点,而这一点恰好是病灶所在的部位,此种现象叫做“循感趋病”。所见泛经趋病80例,其中趋头之44例所患为脑震荡与脑病,趋眼之6例为眼外伤与青光眼,趋口之1例为风湿性心脏病脑栓塞(左侧大脑中动脉梗塞,右侧偏瘫,失语),其余则有趋耳(6例,中耳损害性病理)、趋肺(7例,肺结核及肺脓疡)、趋心(7例,缺血性心脏病)、趋胆(6例,胆囊炎及胆结石)与趋肾(3例,肾结核及肾切除术后)等。所见单经趋病者42例,其所趋之病所也与各该经路线上的病灶相应。

2. 上记单经趋病或泛经趋病的122例中有56例当循感到达病所后可在一定范围内扩散。其中16例同时出现患病脏器的劣性体验、心悸、出冷汗与面色苍白;另有40例则出现患病脏器的良性体验,痛苦减轻,周身舒适。前者称为“劣性病所反应”,后者称为“良性病所反应”。

3. 另有26例单经循感虽未偏离本经,但却在循行途中突然停辍并于其处皮表或深部脏器找到了局限性病灶(乳腺肿瘤、肺癌、胃溃疡、胆囊炎、肾盂肾炎、阑尾脓肿与皮表疤痕等),此现象称为“病灶止循”。其中有9例于病灶切除或治愈后该循感即可继续循行向前。

4. 对19例脑震荡与脑病患者进行了连续观察,其中1例于健康检查时循传阴性,3天后因塌方被土埋而窒息昏迷5分钟,复苏后8小时检出泛经长程(超过肩、髋关节)的循感,再4小时变为泛经全程,从第二天起开始逐渐缩短,变为短程(超过肘、膝关节),一周后仅遗留有残程,但其左侧胃经循感却仍保留为长程(左乳头处胸壁有挫伤)。有15例的循感在3个月内经过由长变短的过程而逐渐消失。仅有3例于3年后仍无变化(15.8%)。另对26例躯体病灶患者的单经循感进行了连续6个月的观察,有25例在该病灶治愈或切除后循感亦随之变短消失。

六、运用循感与疾病间的规律性关系诊断疾病

曾根据左心包经麻胀感循传而判断占位压迫性病灶应在左肺中带，在术前及时纠正了“右侧”肺癌的误报；根据偶然发现的左三焦经与左胆经麻木感循行而诊断缺血性心脏病（左后壁受犯）并得到了心电图证实；根据左膀胱经麻感循传入目而疑诊左目有病，但眼科检查正常，3天后出现中心暗点与视物变形，再查证实为中心性视网膜脉络膜炎；根据泛经麻胀感趋止于前额诊为额叶占位病变，脑电图检出左额颞慢波病灶，脑血管造影证实为左额极肿瘤。此外尚有2例肺部圆形影，原诊断为肺癌，据引出之热感循行应为炎症，手术证实为肺脓肿。至于据以推断当患有甲状腺瘤、乳腺炎、胆囊炎与阑尾炎而被证实者，其数不计。此根据循感的各项特点而进行疾病的定位与定性诊断的方法称为“循病诊断”。

讨 论

经络的古称是“脉”，所指即是循经感传的路线。古人根据循感以诊断疾病的技术叫做“占脉”^{〔4〕}。据内经经脉篇，每一条经脉均与一定的病候相联系，除“所生病”即今日的循经性感觉病^{〔5〕}以外，尚有“是动则病”。本组观察证明，每一条循经感传之可能被引发均与在该经路线上所发生的一定组群的疾病相联系，即某脉“动”当患有某病，因而与经络病候中的“是

动则病”相符，从而可能再发现已经亡佚了的古代占脉诊病的方法。此外，泛经趋病及病灶止循现象与古代描述的脉气（循感）的“聚”与“不通”相符；单经趋病现象与“气至病所”相符。这些，均可证明古代的经络理论是建立在对循感与疾病关系的大量临床观察的实践基础之上的。

循传的出现要求一定的病理条件（慢性病灶刺激所产生的慢性兴奋与处于弥漫性病理时相的大脑皮层），它的全身、半身与象限身的分布也符合于中枢神经系统损害时的感觉障碍形式。定位觉（Topognosis Topesthesia）的移行被称为描写觉（Skin writing Number writing）。据此，循感也可叫做循经觉（Channel writing），本文所揭示出的它对于不同病理过程的规律性应答方式，表明它是一个与大脑皮层有关的病理反射。

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百日咳痉咳期验方介绍

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我科自1977年2月至1983年10月，用自拟方治疗痉咳期百日咳患儿31例，疗效较好。

一般资料 31例中男19例，女12例。年龄1岁半~6岁。就诊时均有百日咳痉咳典型症状。实验室检查：WBC14880~39400，淋巴细胞44~82%。合并肺炎4例，鼻蛆4例，结膜下出血2例。31例均有面部浮肿、纳差、呕吐、便秘。有百日咳接触史者28例。注射过百白破预防针者11例，但未注完全程。

治疗方法 处方：天冬24g 麦冬24g 百部10g 瓜蒌仁10g 桔红6g 竹茹6g 半夏6g，每日一剂，水煎分两次服。年龄小者，酌减量。素有脾虚泄泻者天冬、麦冬各用1g。

疗效观察 31例于服药当晚痉咳即明显减轻，3剂后痉咳基本消除；再予5剂巩固疗效。31例全部痉咳停止。停药观察一月，部份患儿在外感风邪后仍有阵咳，但症状轻微，对症处理即消除。31例在服药期均无便秘、腹胀。

体会 方中天冬养阴清热；麦冬润肺祛痰，长于治肺有燥热而致的咳嗽痰稠气逆；百部为镇咳要药；瓜蒌仁清化痰热，润燥滑肠，有祛痰止咳作用，此四药为本方主药。桔红健脾燥湿化痰；竹茹清热化痰，除烦止呕，均为辅药；半夏燥湿化痰，降逆止呕，为佐使。故本方有清热润燥，祛痰止咳，降逆止呕之功效，用于百日咳痉咳期收到较好效果。

The results show that left ventricle function damages in chronic nephritis were manifested as shortening of LVET, extension of PEP, increase of PEP/LVET, reduction of HI and cardiac output. Statistically significant difference was observed. This implies lowered contraction power and velocity of heart muscles. The increase of BUN is probably the major cause of cardiac damage in chronic nephritis and the level of blood pressure is another important factor affecting cardiac function. BUN in the type of spleen-asthenia and damp-stagnation was found to be normal and cardiac function damage milder, while in the type of Yang-deficiency of the spleen and kidney BUN was found increased and cardiac function damage more severe. But blood pressure levels in both types were not significantly different.

(Original article on page 468)

Hemorheological Study of Yin, Yang, Deficiency and Excess Syndrome Differentiation

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Hemorheological parameters and serum cholesterol (Ch) were measured in 111 patients with typical syndrome differentiation of traditional Chinese medicine and in 157 normal subjects. The whole blood viscosity (WBV), plasma viscosity (PV), blood cell specific volume (BCSV), plasma fibrinogen (PF) and Ch value were obviously increased in the patients with excess syndrome than those of normal subjects; WBV, PV and Ch levels in the Yin deficiency patients were increased to various degree also; PV and Ch rose in the patients with Yang deficiency and deficiency of both Yin and Yang, but this was not accompanied by significant changes in the values of WBV, BCSV and PF. Results of this study indicate that the change of the hemorheological parameters is one of the pathophysiological bases in the syndrome differentiation of Yin, Yang, Deficiency and Excess syndrome.

(Original article on page 471)

Relationship Between Phenomenon of Propagated Sensation along Channels and Disease

— Clinical Observations of 418 Cases

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Through the observation of 418 patients with the phenomenon of propagated sensation along the Channels (PSC), it was found that the phenomenon was correlated with a diffuse pathological change of the cerebral cortex and the irritation of chronic focal lesions of the body. There were 101 cases with a history of cerebral concussion and 109 cases who had suffered from encephalitis, encephalopathy or other diseases of the CNS, all of these making up 50.2% of the total. Besides, attention should also be paid to focal lesions in the lungs, myocardial infarction, cholecystitis and trauma of the eyes.

The sensational characteristics of the PSC vary with the nature of the focal stimulation. The side of PSC coincided with the side of lesions in 96.9% of cases. The appearance of a mono-Channel PSC denoted the existence of some pathological lesions on the route of the Channel, while the types of distribution of the pan-Channel PSC proved to be identical with that of sensory disturbances induced by the CNS lesions. The PSC in the three Yin Channels of the Hand correlated with the diseases of the chest, whereas PSC in the three Yang Channels of the Hand with those of the head, face and neck; and the three Yin Channels of the Foot with the abdomen; the three Yang Channels of the Foot with the head, face, neck, chest and abdomen. In diseases of CNS, the mono-Channel PSC tended to concentrate along the three Yang Channels of the Hand and Foot, and the Pericardium Channel of Hand-Jueyin (手厥阴). It was observed that the phenomenon of the PSC may be blocked by the focus with a tendency of approaching to it. The arrival of PSC to the focus might lead to an advantageous or disadvantageous effect. The changes of the duration of PSC were parallel to the development of the pathological process.

In the "symptom-complex of Channel disease" in TCM, the regular relationship between PSC and diseases were described as "activation marks disease" (activation of a mono-Channel implies a sign of certain diseases). In the viewpoint of modern neuropathology, the PSC may be a pathological compound reflex influenced by the cerebral cortex and mainly manifested as an auto-moving topognosis. There are broad prospects in the field of using the reflex for diagnosis and treatment.

(Original article on page 474)