

专家论坛

# 雷忠义教授“胸痹痰瘀毒风”理论体系探析

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**摘 要:** 国医大师雷忠义教授上个世纪提出冠心病胸痹心痛病痰瘀互结理论, 经过几十年的研究和临床试验, 相继提出“痰瘀毒互结”和“痰瘀毒风互结”理论, 丰富了冠心病胸痹心痛病病机理论, 大量的临床病例证实该理论具有重要意义。

**关键词:** 雷忠义; 痰瘀互结; 痰瘀毒互结; 痰瘀毒风互结

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## Analysis of Professor Lei Zhongyi's Theory System of “Chest Discomfort of Phlegm Stasis, Toxicity and Wind”

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**Abstract** Professor Lei Zhongyi, a master of Chinese medicine, proposed the theory of CHD chest stuffiness and pains of intermingled phlegm and blood stasis in the last century. After decades of research and clinical trials, further exploration and improvement has been achieved. In recent years, he has successively proposed “intermingled phlegm, blood stasis and toxicity” and the theory of “intermingled phlegm, blood stasis, toxicity and wind”, a large number of clinical cases confirm the significance of the theory.

**Keywords** Lei Zhongyi; intermingled phlegm and blood stasis; intermingled phlegm, blood stasis and toxicity; intermingled phlegm, blood stasis, toxicity and wind

陕西省中医医院雷忠义教授, 是我国第三批国医大师, 几十年来继承传统, 师古创新, 潜心研究胸痹心痛病中医诊治, 上世纪七十年代即提出了胸痹心痛病痰瘀互结理论。在此理论指导下, 研制出治疗胸痹痰瘀互结证新药丹菱片(国药准字 20000066 号), 2014 年、2016 年均被列入《中西医结合 I 期心脏康复专家共识》, 2015 年丹菱片被列入《国家药典》。雷教授从未停止这一理论创新

和探索, 相继又提出了胸痹心痛病痰瘀毒互结理论、痰瘀毒风互结理论, 在临床中论治均取得非常显著的效果。

### 1 痰瘀论<sup>[1]</sup>

历代医家对胸痹心痛病的认识和经验是提出痰瘀论的基础。《金匱要略·胸痹心痛短气病脉证治》提出“阳微阴弦”, 即“胸痹而痛”, 并创建了栝楼薤白汤等化痰宣痹通阳效方, 创“痰”论之先