中西医结合杂志 1984 年第 4 卷第 12 期

肾脏疾病与脾胃功能关系的观察

上海第二医学院附属第三人民医院肾病研究室　张庆怡　陈梅芳　梁　珑

内容提要　本文对45例慢性肾病及慢性肾功能不全患者，辨证分为脾气(阳)虚、脾肾阳虚或脾肾气阴两虚。经过中药调理脾胃、通腑泄浊等治疗可改善症状。作者认为中医辨证有助于观察肾病时机体内在改变，并结合有关化验讨论了消化道症状产生的机理。

中医对脾胃的重要性早有认识，认为脾胃功能失调，可以出现一系列病变。反之，在许多其它疾病中也可以出现脾胃功能失调。我们对45例各种原因的肾病患者进行消化道症状的临床观察和有关实验室检查，并作初步探讨。

材料与方法

一、检测对象：男 30 例，女 15 例。年龄<20 岁 1 例，20～40 岁 20 例，41～60 岁 21 例；>60岁 3 例。其中慢性肾病15例，慢性肾功能不全30例。病因为慢性肾小球肾炎 38 例，狼疮性肾炎 1 例，肾盂肾炎 2 例，多囊肾 2 例，高血压肾病 1 例，痛风性肾病 1 例。

二、观察方法：对患者进行中医辨证，同时观察治疗前后消化道症状及实验室检查。

结　果

一、舌苔、脉象和中医辨证，见表 1。

表1　慢性肾病、肾功能不全患者的中医辨证

分组	舌苔		舌质		脉象		中医辨证				
	黄腻	薄白(腻)	红	淡(胖)	数(弦)	细软	脾气(阳)虚	湿热	血瘀	脾肾阳虚	脾肾气阴两虚
慢性肾病(15)	4	11	5	10	11	4	8	5	2	—	—
慢性肾功能不全(30)	12	18	13	17	12	18	—	—	2	17	11

二、消化道症状：慢性肾病治疗前恶心或呕吐者 7 例，食欲不振 7 例，腹胀 8 例，大便干结 6 例，大便稀薄 2 例。治疗后随着病情好转大部分症状很快消失。

慢性肾功能不全病员治前恶心呕吐及食欲不振皆为 27 例，治后分别为 3 及 9 例；治前腹胀及消化道出血分别为 13 及 5 例，治后仅 5 及 1 例；大便干结治前19例，治后 3 例；大便稀薄治前 7 例，治后 2 例。

三、血浆总蛋白、白蛋白、免疫球蛋白和补体测定：慢性肾病患者治疗前后其血浆总蛋白、白蛋白有明显改善，而免疫球蛋白无明显改变(见表 2)。补体 CH_{50} 治疗前 3 例低于正常，C_3 治疗前 2 例低于正常；治疗后各有 1 例升高。

表2　15例慢性肾病患者的血浆蛋白、免疫球蛋白测定(均值)

	总蛋白 g/dl	白蛋白 g/dl	IgG mg/dl	IgA mg/dl	IgM mg/dl
治疗前	4.28	2.34	570.7	293.7	204.9
治疗后	5.42	2.97	681.5	213.4	162.7
t 试验	$P<0.05$	$P<0.05$	$P>0.05$	$P>0.05$	$P>0.05$

慢性肾功能不全治疗前血浆总蛋白平均值为5.59g/dl，血浆白蛋白平均值为3.0g/dl，治疗后分别为 5.46 和 2.83，治疗前后无明显差异 ($P>0.05$)。IgG、IgA、IgM 平均值分别为 1,095、198 及 173mg/dl，治疗后改变不明显。CH_{50} 及 C_3 低于正常者分别为 8 例及 3 例，治疗后只有 1 例提高。

四、血肌酐、尿素氮测定：慢性肾病患者治疗前肌酐平均值为 1.46mg/dl，尿素氮为 22.9mg/dl，治疗后分别为1.37与23.2，改变不大。慢性肾功能不全患者，治疗前肌酐平均值为 7.36mg/dl，尿素氮为 70mg/dl，治疗后分别为 5.53 和 54.5，虽有降低但统计学处理差异不显著 ($P>0.05$)。8 例血液透析患者透析前血肌酐平均值10.8mg/dl，尿素氮为97.5mg/dl，治疗后血肌酐为 4.6mg/dl，尿素氮为 38.6 mg/dl，前后改变非常显著 ($P<0.001$ 和 $P<$

0.01)。

五、血胃泌素测定及胃液分析：我院血胃泌素正常值为17～111pg/ml。慢性肾病15例中＞111pg/ml者4例（27%），慢性肾功能不全30例中＞111pg/ml者15例(50%)。

3例伴有高胃泌素血症的肾功能不全患者作了胃液分析，其胃液酸度均明显降低。

讨　论

一、肾脏疾病时消化道症状与中医辨证的关系。慢性肾病患者大都见舌苔薄白、舌质淡，结合消化道等症状中医辨证一般为脾气（阳）虚。部分患者已用过激素或时有上呼吸道感染者，舌苔黄腻，舌质偏红，脉弦数，中医辨证为正虚邪实，邪实为湿热，有2例舌边见瘀点，舌色紫红，则为挟有血瘀。这些病员经过中西医结合调理脾胃、清化湿热或活血化瘀治疗后消化道症状改善甚为明显。

慢性肾功能不全患者，舌苔黄腻，舌质偏红或暗红者约占1/3，此乃湿浊内阻，郁而化热或脾肾气阴两虚伴有内热的表现。有1/2以上的患者表现为舌苔薄白或白腻，舌质淡胖，辨证为脾肾阳虚。这些病员由于湿浊内阻发生呕恶，应用通腑泄浊[1]治疗症状可暂时改善，如肾功能不全不能逆转，则湿浊终将不能除去，消化道症状又将重新出现，或症状愈益加重，预后不佳。近年来血液透析及肾移植成功者可使血肌酐、尿素氮水平接近正常，所见苔脉亦可逐渐好转，腻苔逐渐化去，舌质淡胖转为舌质淡和齿印消失，辨证从脾肾阳虚转为脾气虚，故中医辨证确能反映肾病时机体的内在改变。

二、肾脏疾患时产生消化道症状的机理。中医学认为肾不制水，肾水泛滥，湿困脾土而导致脾虚，脾失健运，可出现一系列消化道症状。慢性肾病时有大量蛋白尿，尿蛋白的丢失导致低蛋白血症，故现代医学认为低蛋白血症引起血浆渗透压降低，血管内液体向组织间隙渗出，而产生全身性水肿，包括胃肠道亦有水肿存在，因而产生胃肠道功能紊乱。低蛋白血症恢复的快慢与脾胃消化吸收功能
若见呕吐纳差便溏薄者，低蛋白
正；若脾胃功能强者，摄取营养
快提高血浆蛋白，纠正低蛋白血症。同时观察到在大量尿蛋白丢失时，免疫球蛋白亦从尿中丢失，故血IgG低于正常，与机体抵抗力降低，易于感染有关。

慢性肾功能不全患者消化道症状严重，本组发生率达90%，临床上以脾肾气(阳)虚与脾肾气阴两虚为多，亦可见虚中挟实，治疗先顾脾胃，胃气来复，诸脏才能转机，胃气衰败，则五脏俱绝。对慢性肾功能不全患者产生消化道症状的机理，现代医学近年来认为与尿毒症毒素特别是中分子物质影响细胞代谢[2]，导致细胞水肿有关。从8例血透前后的观察，在血肌酐、尿素氮明显好转后，一系列消化道症状亦见好转，似能说明消化道症状与各种有毒物质在体内的积贮有关。从慢性肾功能不全时血胃泌素增高的情况来看，似乎亦与消化道症状的产生有关，但慢性肾功能不全患者中也有一半不增高的，所以血胃泌素增高可能与多种因素有关。这类患者胃内盐酸常被尿素分解产物（氨）及药物（氢氧化铝凝胶）中和，故反馈性抑制胃泌素释放的作用削弱[3]，而致胃泌素释放增多，加上肾功能减退影响胃泌素的排泄和灭活，故血中胃泌素显著增高。从我们报告的病例中有高胃泌素血症，而胃液分析胃酸缺乏，亦可说明之。在肾功能不全伴有消化道出血时，有应用甲氰咪胍（H_2受体抑制剂）治疗见效，而血胃泌素水平亦见下降，间接说明血胃泌素增高与消化道症状可能有关。

参 考 文 献

1. 张庆怡，等。通腑泄浊法应用于尿毒症的观察。江苏中医 1980；1(3)：30。
2. Bergström J. et al. Uremic toxins. Kidney Int. 1978；13：9.
3. 郑芝田，等。胃泌素测定的临床意义。国外医学（内科）1980；7(3)：107.

The treatment of TCM was based on differentiation of symptoms and signs. The guiding principle of treatment was to invigorate functioning of the spleen and the kidney and to replenish vital energy and blood to treat deficiency of kidney-Yin and kidney-Yang. The different methods were employed to relieve interior-heat syndrome caused by deficiency of Yin, the failure of the spleen to govern blood and bleeding due to blood-heat. Cases with fever were treated by analysing and differentiating the development of a seasonal febrile disease in the light of the four stages, Wei, Qi, Ying and Xue. Different prescriptions and the drugs were used according to different parts affected and different viscera damaged. Method to promote blood circulation and remove blood stasis was employed to treat protracted cases.

The main western drugs used were testosteroni propionas or nandroloni phenylpropions or slanazolod or strychninum nitrate. In the treatment of aplastic anemia, it is shown in this paper that better results were obtained in cases with deficiency of kidney-Yang than in those with deficiency of kidney-Yin and in the secondary cases than in idiopathic cases ($P < 0.02$). (Original article on page 720)

Observation on Renal Disease and Function of the Spleen and Stomach

Zhang Qingyi (张庆怡), et al

Research Laboratory of Renal Disease, Third People's Hospital, Shanghai Second Medical College

In the light of TCM theory that the kidney and the spleen and stomach are closely related and dysfunction of the spleen and stomach might occur in case of renal disease, we observed 45 patients with renal disease of various etiology, patients with chronic renal disease and chronic renal insufficiency, according to their tongue coat and pulse condition, were diagnosed and classified into 3 types: deficiency of the spleen-energy (or Yang), deficiency of energy of the spleen and kidney, or deficiency of both energy and Yin in the spleen and kidney. They were all shown with vital energy undermined yet pathogenic factors prevailing, occasionally accompanied with damp-heat or blood stagnancy. However, their cases could be improved through treatment with Chinese durgs to coordinate the functions of spleen and stomach, to clear up damp-heat, to activate blood circulation and eliminate blood stasis, etc. Cases with chronic renal insufficiency could be improved temporarily by purging off internal heat with purgatives. These cases would be significantly improved and the life of the patients could be preserved longer by hemodialysis. It was suggested that differentiation of symptom-complexes in TCM was helpful to the study of intrinsic changes of renal disease and mechanism of the resultant gastrointestinal symptoms, which might be related to hypoalbuminemia, uremic toxin and hypergastrinemia. (Original article on page 722)

Endoscopical Studies of Chronic Atrophic Gastritis Before and After Medical Treatment
— A Report of 60 Cases

Qian Yuenian (钱岳年), et al

Nanjing Military Central Hospital, Nanjing

32 out of 60 cases of chronic atrophic gastritis were treated with traditional Chinese medicine, 18 cases with ordinary drugs and 10 cases with monkey-head-shaped mushroom (猴头菌). Traditional Chinese medicines were used according to the symptoms and signs of the patients. The course of treatment was about 3 months. Fairly good results were obtained in the group treated with ordinary or traditional Chinese drugs. About 62.5% of the cases with chronic atrophic gastritis returned to chronic superficial gastritis after treatment with traditional Chinese drugs. 12.5% of the cases in this group showing some improvement in fiber-gastroscopic and pathological findings. The number of patients with gastric mucous membrane thinner than normal in our group reduced from 24 to 14 after treatment. The number of cases with dendroid blood vessels and bluish veins seen in gastric mucous membrane in this group reduced from 28 to 17. The number of cases with atrophic grandular tissue in gastric mucous membrane reduced from 28 to 15. (Original article on page 724)

Treating Allergic Rhinitis by Injecting Magiolia Liliflora Desr Injection into the Hypomucosa of Inferior Turbinate

Wang Tingchu(王廷楚),Wang Youxiang (王有祥)

ENT Department, Affiliated Hospital of Shandong Medical College, Jinan

30% solution of maglolia liliflora Desr was injected into the nose hypomucosa with a dosage of 1 ml for each side, once every other day. The duration of treatment was 10 days. It is chiefly used to treat allergic rhinitis. It shows efficacy too in treating vasomotor rhinitis, medicine rhinitis, stimulative syndromes of the nose, chronic simple rhinitis, and mild hypertrophic rhinitis.

We treated 202 patients with this injection from February 1978 to February 1980. The number of tentative healed patients was 148 (73.3%). The number of patients who had taken a turn for better was 50 (24.8%). It showed no effects in 4 patients (1.9%). We followed up some of the patients and found that some had been quite well for more than one year and some had a relapse, but with symptoms not so severe as before. Laboratory tests showed that eosinocytes in nasal discharge of patients treated with this injection reduced or disappeared. This shows that this injection can certainly reduce allergy. So the efficacy of this injection in treating allergic rhinitis is further confirmed. Whether the mechanism is inhibition of immunity awaits further study. (Original article on page 728)