

# 小儿虚、实证舌象的临床实验研究

北京中医医院儿科 温振英

**内容提要** 本文报道通过对具有虚、实证舌象的小儿病例进行消化和免疫功能测定, 观察其间的关系。结果血清胃泌素含量和木糖吸收率有虚证者低、实证者高的规律, 故设想舌象的虚实可作小儿辨证虚实的重要参考。这两项消化功能测定的指标高低, 亦可作临床辨证和用药的参考。

## 资料与方法

一、观察方法: 虚、实证舌象标准。小儿虚证舌象: 舌色淡, 舌质胖嫩有齿痕, 舌苔白或少。实证舌象: 舌色红, 舌苔白厚或黄。

病例选择和分组。在同一病种中将年龄相近, 具有上述舌象的病例分为虚、实两组, 例数尽可能相近, 分别测验消化和免疫功能, 并分析其结果。

二、检查项目: 口腔舌面 pH 值测定, 血清胃泌素测定, 木糖吸收功能试验, 血清补体 C<sub>3</sub> 和免疫球蛋白测定及末梢血 T 淋巴细胞测定等。两项消化功能测定均由北京中医研究所生化室完成, 余由本院检验科完成。

## 结果与分析

一、虚、实证舌象的口腔舌面 pH 值观察: 病例来源为 1979 年 12 月至 1980 年 3 月收住我院儿科病房的支气管肺炎患儿, 年龄在 10 个月至 3 岁, 测试前 1 小时禁服药物及饮食。虚证舌象共测 48 例, 结果舌色淡者 23 例偏酸, 5 例呈弱碱性; 舌色淡红而有齿痕者 20 例均为弱碱性。苔少和无苔者 25 例为弱碱性, 苔白 23 例偏酸。实证舌象舌色红及舌苔黄厚者各测 50 例, 结果舌色红绛中 22 例呈弱碱性, 15 例为中性, 13 例为偏酸性。舌苔黄厚中偏酸者 23 例, 呈中性者 15 例, 为弱碱性者

12 例, 根据上述观察, 虚、实证舌象的 pH 值, 综合观察舌色和苔色两组无明显差异, 单就舌苔而言, 黄厚苔偏酸性多。原因可能由于舌乳头角化上皮不脱落, 食物残渣易于堆积其上, 再受细菌孳生, 发酵所致, 但其他舌象出现的差异尚无适当的解释。

二、虚、实证舌象与血清胃泌素测定: 所选病例为 1981 年 2 月至 1983 年 2 月收住我院的小儿病毒性肺炎, 年龄为 6 个月至 11 岁。于早晨空腹取静脉血, 用放射免疫法测血清胃泌素含量, 在取血当天观察并记录舌象。虚证舌象 16 例, 血清胃泌素均值为  $122 \pm 15.7 \text{ pg/ml}$ , 实证舌象 18 例, 均值为  $384 \pm 12.3 \text{ pg/ml}$ , 虚证舌象的均值明显减低, 而实证舌象的均值明显增高, 两组比较,  $t=11.33$ ,  $P<0.001$ 。故血清胃泌素含量反应在虚、实证舌象上, 两组差异十分显著。

三、虚、实证舌象与木糖吸收功能试验: 病例选自 1982 年 5 月至 1983 年 3 月在本医院住院及幼儿园普查有营养性贫血的患儿, 年龄为 3~10 岁, 试验当天观察并记录舌象。虚证舌象 22 例, 木糖吸收率均值  $11.3 \pm 3.5\%$ , 实证舌象 16 例, 均值  $21.5 \pm 4\%$ , 虚证舌象组木糖吸收率均值明显减低, 实证舌象组接近正常, 两组相比,  $t=7.8$ ,  $P<0.001$ , 差异十分显著。

四、虚、实证舌象与末梢血 T 淋巴细胞测

定：病例选自1982年11月至1983年2月在我院住院的小儿病毒性肺炎患儿，年龄为6个月至3岁，结果虚证舌象30例，末梢血T淋巴细胞测定均值 $28 \pm 12.7\%$ ，实证舌象20例，均值 $40 \pm 10.3$ ，与同时期400例1~6岁健康儿童测定的正常值 $53 \pm 12.3\%$ 比较，虚证舌象组末梢血T淋巴细胞均值明显减低，实证组均值与正常值接近。虚、实两组比较， $t=3.6$ ， $P<0.01$ ，差异十分明显。

五、虚、实证舌象与血清补体 $C_3$ 测定：病例选择为1982年1月至1983年1月住院的急性肾小球肾炎患儿，年龄为6~12岁，病期均在6个月以内。结果虚证舌象12例，与 $C_3$ 正常值70~150u/ml（系根据北京医学院一院内科肾炎研究室，儿科肾炎组所订）比较，升高者6例（50%），下降者3例（25%）；实证舌象20例，升高5例（25%），下降10例（50%）。正常者两组相同均为25%，虚实两组相比。 $t=2.077$ ， $P>0.05$ ，血清补体 $C_3$ 测定的结果在虚、实证舌象上的反映无明显差异。

六、小儿虚、实证舌象与血清免疫球蛋白测定：病例选择为1980年2月至1980年12月门诊及住院的急性肾小球肾炎，病程在6个月以内，年龄为3岁至14岁。结果实证舌象以血清IgA值正常或升高者多，余均降低，尤其IgM明显。虚证舌象则各项免疫球蛋白均低，而以IgG更明显。

## 讨 论

一、舌诊是中医辨证论治的重要依据之一，尤其儿科，由于小儿主诉能力不强，自觉

症状不明显，且小儿就诊时，受多种因素的影响，脉搏变化较大，所以问诊、切脉都不如望诊可靠，又儿科温热病及消化系统疾病较多，舌象变化对这类疾病的反应更为敏感，笔者经验，舌象变化较自觉症状出现早而消失晚，故舌诊对小儿疾病辨证和判断预后十分重要。通过本文观察，虚证舌象反映消化功能低下，其血清胃泌素含量及木糖吸收率明显下降，与实证舌象组比较差异十分显著，这一结果进一步验证了舌诊可作辨证虚、实的重要可靠参考。在免疫功能测定上虽然末梢血T淋巴细胞测定和部分免疫球蛋白测定的指标，有虚证舌象组低，实证舌象组高的现象，但血清补体 $C_3$ 测定的结果则相反，这一方面可能由于急性肾小球肾炎急性期血清补体 $C_3$ 降低的原因是参加抗原抗体结合复合物的 $C_3$ 消耗增多，而不是机体生成 $C_3$ 能力降低，故血清 $C_3$ 测定不能代表机体的强弱，与虚、实证关系较小，且另一方面免疫功能测定受多种因素的影响，所以虚、实证舌象与免疫功能的关系有待进一步探讨。

二、胃泌素是由17氨基酸组成的多肽类激素，血清胃泌素含量高低反映胃、十二指肠的分泌功能。本文观察结果验证了具有虚证舌象的病例，其血清胃泌素含量低。木糖吸收功能测定，也是目前被认为判断小肠吸收功能好坏的常用方法，本文的验证再次说明虚证者低，实证者高的规律，从而设想这两项消化功能测定的指标高低，可作辨证论治，攻补用药的参考。

## 参加东洋医学座谈会见闻

1984年5月第一届日本东洋医学座谈会和第87届日本小儿科学会年会在东京举行，储宗瀛教授与我受中华医学会委派应邀参加。会议主要交流内容为：虚弱体质改变机理的研究；小柴胡汤治疗虚弱儿临床观察等。会上我介绍了中国中医儿科的研究进展，在日本儿科年会招待讲演会上做了“乳幼儿腹泻的病因学

和中西医结合治疗研究”报告。日本老一辈医学专家认为今后需要发展传统医学研究，要求应用现代科学方法共同研究东方医学，为开创第三种医学即新医学作出努力。

（叶孝礼）

## **Discussion on Relation of Symptom-Sign Differentiation of Diabetogenous Bladder Dysfunction with Urine Dynamics**

Zheng Huitian (郑惠田), Huang Xianming (黄羡明), Sun Jishan (孙吉山)

*Shanghai College of TCM, Shanghai*

The study of relation of symptom-sign differentiation of bladder dysfunction with urine dynamics in 60 cases of diabetes demonstrated that classification based on symptom-sign differentiation conformed to the laws of the development of bladder dysfunction. The severity of urination disturbance could be evaluated by symptom-sign differentiation, which, as a good example to show the importance of symptom-sign differentiation, was of clinical significance for diagnosis, treatment and prognosis of diabetes.

Results suggested that the patients in the groups with deficiency of genuine Yin and insufficiency of energy of the lung and kidney were likely to have less residual urine, mostly < 100 ml, the intravesical pressure pattern usually showed slightly sense-paralyzed neurogenic bladder, the functions of muscui detrusor urine and sphincter showed various degrees of dyssynergia, the sensation of bladder diminished; the urine flow rate was abnormal; in case the amount of urination was close to the normal, MVR was generally about 10 ml/s, VT lengthened, nephric function was almost normal and there was no evidence of kidney hydrops. Nearly all cases were in the early stage with mild pathogenic changes, and their prognosis would be better if the disease was promptly treated. Patients with undermined genuine Yin depleted kidney-Yang were in more severe condition. They were expected to have more residual urine, mostly > 100 ml, intravesical pressure indicated the severely sense-paralyzed pattern or autonomic neurogenic pattern of the bladder. Their muscui detrusor urine and sphincter showed a more serious degree of dyssynergia. The sensation of the bladder mostly disappeared, MVR was usually below 10ml/s; the kidney function became poor, resulting in hydrops of this organ. Most of these cases were in advanced stage and their prognoses were poor unless the patients were actively treated. (Original article on page 732)

## **Clinical Analysis of 30 Cases of Glossy Tongue and Observation on the Exfoliated Cells from the Tongue by Imprints**

Qiu Cengxiu (邱曾秀), Chen Zelin (陈泽霖) and Chen zhongnian (陈忠年), et al

*ENT Hospital, Zhongshan Hospital and Department of Pathology, Shanghai First Medical College*

Clinical observation on 30 cases of glossy tongue was made chiefly in the following two ways: describing the gross picture of the tongue and differentiating syndromes, and studying on exfoliated cells of the tongue in a sequence of time by imprints.

The items including the pattern of distribution of cells, the cells from different layers and of various kinds, the proportions of various kinds of cells and the total number of cells, the degree of necrosis, and the background were compared with those of the normal tongue.

All the statistical data showed a remarkable distinction. Besides, a few physiological and biochemical test values were obtained. The relationship between the picture in imprints of the glossy tongue and the development of the disease was established to help predict the prognosis. Imprints as an innocuous method of detection for cytological changes in tongue makes the gross examination of tongue perfect.

Pathogenesis of the glossy tongue was discussed. It is believed that cell necrosis is the principal feature of the glossy tongue. Marked deficiency of nutritious matter renders the cells vulnerable to the invasion of biological agents and other factors, leading to cell necrosis. Massive degeneration, atrophy, necrosis and postnecrotic shedding of middle layer epithelial cells result in glossy tongue. It is consistent with the theory of traditional Chinese medicine that glossy tongue is due to exhaustion of Yin fluid. The cytology of the tongue throws some new light on and confirms the validity of the theory. The prerequisite for and process of regeneration of new coating on glossy tongue were also discussed. (Original article on page 735)

## **A Clinical and Experimental Study of Tongue Picture of Children with Deficiency or Excess Symptom-Complex**

Wen Zhenying (温振英)

*Department of Pediatrics, Beijing Hospital of TCM, Beijing*

This paper reports a study of the tongue pictures of children with deficiency or excess symptom-complex, and their relation with immune, digestive function by means of immune and digestive function tests.

Experiment items: determination of tongue surface pH value, serum gastrin level, xylose absorption rate, serum immune globulin protein, complement C<sub>3</sub> level and the value of peripheral blood T lymphocyte.

Results: in the cases with deficiency tongue feature, the immune and digestive function levels are lower, but those of the excess group are normal or elevated. From our experiment, we have got an inference that some digestive and immune function indexes may be used to differentiate the Gong (attacking) and Bu (tonifying, reinforcing) methods in TCM treatment. (Original article on page 738)