

62 例老年患者临床病理解剖资料的 中西医结合分析

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内容提要 本文对62例老年患者的临床病理解剖资料进行分析。其中按中医辨证属虚证者12例,虚实夹杂证44例,实证仅6例。除1例外,凡有脏器重量减轻或萎缩者均有虚象。老年患者病理检查常发现有多脏俱病及多种疾病。本组老年患者的病理解剖疾病数及中医辨证虚象所涉及的脏腑数皆随年龄增加而递增,提示老年患者病理学上的多种疾病是中医辨证多脏俱病的病理基础。本组病例胃肠道及肾病理变化的发生率分别为88.5%及86.7%,85岁以上患者皆有胃肠道及肾的病理变化。故治疗上常宜从调治脾胃入手,或同时调补脾肾、补益肺气、气阴兼顾等综合措施。对于治疗老年病,甚为重要。

选择我院1981年底以前经过中医辨证、中西医结合治疗及病理解剖等资料较完整的老年患者62例进行分析,初步探讨老年患者脏腑虚证的病理基础及治则。

资 料 分 析

一、年龄与性别:男55例,女7例。年龄自60~69岁10例,70~79岁20例,80~89岁24例,90岁以上8例。

二、中医主要诊断:咳喘15例,痰饮14例,中风12例,胸痹5例,出血5例,水肿3例,呕吐2例,臌证、虚淋、虚劳、冬温、腹泻及脱疽各1例。

三、中医辨证:按虚实辨证,实证6例,虚证12例,虚实夹杂证44例。虚中夹实者主要为夹痰、夹水湿及夹瘀,死亡前又多有化热。在虚证及虚实夹杂中,再按气血阴阳辨证,气(阳)虚者9例,阴(血)虚者5例,气阴(阴阳)两虚者42例。按脏腑辨证,病变累及单脏者11例(脾5例,心、肺各3例),两脏者29例(脾肺17例,脾肾5例,心脾3例,心肺、肝肾、肝脾及肺肾各1例),3脏者18例(以脾肺肾为多见),4脏以上者4例。病变累及单脏者,79岁以下9例(30%),80岁以上2例(6.3%);

病变累及三脏和三脏以上者,79岁以下6例(20%),80岁以上16例(50%)。可见80岁以上者累及三脏或三脏以上的明显增多($P<0.05$)。

如以受病之脏器统计,则累及脾48例,肺37例,肾31例,心17例,肝10例。

四、几种西医诊断疾病的中医辨证

支气管肺炎44例的中医辨证:肺脾虚夹痰或夹瘀化热者15例;肺脾肾虚夹痰或夹瘀化热者7例;肺虚痰热壅肺、脾肾两虚或夹痰、肺脾肝肾虚兼肺热及出血各3例;肝肾阴虚、心脾肾气阴两虚、心脾两虚夹痰热各2例;心血瘀阻、心气虚、心肝气阴虚、肺脾两虚、心脾两虚夹痰夹瘀、肺脾肝虚夹痰、脾肺心肾俱病各1例。以受病的单脏累计,以涉肺(32例)、脾(34例)、肾(20例)较多,符合咳喘病以肺脾肾三脏受病为主的规律。

冠心病28例的中医辨证:脾肺虚夹痰8例;脾虚夹瘀、心脾两虚夹痰夹瘀、心脾肾虚夹痰夹瘀各3例;心肺两虚、脾肺肾虚夹痰夹瘀化热、肺脾肝肾俱虚夹痰夹瘀各2例;心气阴两虚、肝脾虚夹瘀、心血瘀阻、心肺肝肾俱病及心肺脾肾俱病各1例。夹痰16例,夹瘀16例,夹痰和(或)夹瘀22例。这与中医治疗

胸痹常用宽胸化痰、活血化瘀之法大致相符,但老年患者多有虚证,又需扶正。

脑软化 15 例的中医辨证:心肺两虚夹痰热、脾肺肝肾俱病夹痰各 2 例;瘀阻心络、心脾两虚夹痰、心肾气阴虚、肺肾气阴虚夹痰、肝脾虚夹痰、肺胃热盛伤络、心脾肾虚夹痰、心肺肾虚夹痰、肺脾肾虚夹痰、心肺脾肾俱病、心肝脾肾俱病夹痰各 1 例。以受病之脏累计,涉及心、肺者各 9 例;涉及脾、肾各 8 例;涉及肝者 4 例。中医学认为五脏藏五志,将神经系之功能,分属五脏,本资料分析与中医传统学说相一致。

本组病例多数都同时患 4~5 种以上独立疾病,仅将以上三种疾病归纳统计。脑软化兼患支气管肺炎者 12 例(80%),脑软化兼患冠心病者 8 例(53.3%),冠心病兼患支气管肺炎者 17 例(60.7%),同时兼患以上三种疾病者 6 例。由于同时患多种疾病病例的辨证,远较单纯病种病例复杂,各病种的辨证难于得出比较典型的规律。

五、脏器重量减轻与中医辨证的相应分析表明,凡脏器重量减轻或萎缩者,除 1 例外皆有虚象,部分病例 2~4 脏俱虚。凡有心、肾及肾上腺重量减轻者(分别为 7 例、20 例、9 例),全部皆有脾虚,其次为肾虚及肺虚。甲状腺及脑重量减轻者(分别为 31 例、11 例),肾虚所占比例较高。

在 6 例辨证为实证中,除 1 例外,各种脏器的重量均未减轻。

79 岁以下肾重量减轻者 6 例(21.6%),脾重量减轻者 5 例(18.5%);80 岁以上肾重量减轻者 14 例(48.3%),脾重量减轻者 13 例(42%),两组差异显著($P < 0.05$)。其余脏器 80 岁以上组减轻的百分数亦高于 79 岁以下组,但差异不显著($P > 0.05$)。

六、胃肠道及肾病理解剖所见:胃肠道有病理变化者占 88.5%,主要病变有食管炎、胃炎、溃疡病、结肠炎、粘膜糜烂、出血、肿瘤、憩室等。肾有病理改变者占 86.7%,主要是肾脏萎缩、肾盂肾炎、肾动脉硬化、肾囊肿,其

它为肿瘤等。80 岁以上病例皆有胃肠道及肾的病理变化。

讨 论

中医学脏腑的概念与现代医学的实质性脏器概念差异甚大。因而结合病理解剖所见来讨论中医脏腑辨证是困难的。但是它可能是今后研究中西医结合理论的一条途径。匡氏^{〔1〕}、陈氏^{〔2〕}等在这方面已经作过有启发的探讨。本文对老年患者病理解剖所提供的一些资料,结合中医辨证作进一步的讨论。

一、根据病理检查,老年患者常有多种疾病。其独立疾病的平均数随年龄而递增。我们的病例中 60~69 岁组之独立疾病,每人为 7.5 种;70~79 岁组为 7.8 种;80~89 岁组为 9.7 种;90 岁以上组为 11.1 种。79 岁以下及 80 岁以上两组差异较为显著。与文献报道^{〔3〕}相应年龄组平均每人病理疾病数分别为 5.7、7.5、8.4、12.5 相近。

我们的病例脏腑辨证所累及之脏数亦随年龄之增长而增加,与病理解剖所见相符合。

二、老年患者病机探讨:根据中医学观点,老年前期,各脏腑开始虚衰,阴阳气血渐趋亏损。进入老年期,脏腑功能减退日甚。朱丹溪指出人至六十七十以后精血俱耗^{〔4〕}。老年久病者多见气阴(阴阳)两虚。至于脏腑孰先受病,因人而异,或素体脾胃不健,饮食劳倦失节,再伤脾胃,使其不能为五脏六腑运化输布水谷精微,陆续导致他脏腑虚损;或先天不足,届至老年,肾阴肾阳耗损愈甚。由于肾阴不足以充养五脏,则五脏之阴液亦不足。肾阳不能助脾阳、心阳、肺气,使脾肺心气(阳)亦相继不足,最终皆引起多脏腑受累之证。

老化的形态学变化主要是萎缩、退化、实质细胞减少,这些变化常影响相应脏腑的功能,表现为中医脏腑的虚证。本组患者多脏器的重量减轻、老化是多脏腑虚象的病理解剖学基础。

本组各脏器重量减轻或萎缩病例,几乎全有脾虚见证。脾虚不能化湿,则痰湿内生;心

肺气虚，运血无力，则血行不畅而易成瘀；从而形成脾、肺、肾或心之气阴两虚，虚中夹痰湿、夹瘀之虚实夹杂证，缠绵难愈。肺主气，司呼吸，外合皮毛；老年患者肺虚卫气不固，常因外邪袭肺，使旧病咳喘、痰饮及其它夹痰湿夹瘀之病化热，甚则出现胃气厥逆、亡阴、亡阳、阴阳离绝及多脏衰竭等严重变证。严重威胁老年患者的生命。

三、老年病应重视调理脾肾，兼顾他脏，综合治疗。老年人因胃液、胃酸及其它消化酶的分泌减少等因素，常见胃肠功能障碍及消化不良现象，中医往往诊为脾虚。老年人常见之腰疼腿软，耳鸣耳聋，脱发牙落，前列腺增生所致的小便余沥不尽以及肾功能减退等（本组 49 例），则为肾虚的依据或参考。

老年患者常有多种疾病，久病者多，一脏受病常使他脏次第受累。故老年患者常见多脏受病，五脏皆可见虚象。老年病以虚为本，多见

虚实夹杂证。按中医有“上下交病治其中”的经验总结，临床实践治疗多脏受病的老年患者，常从调治脾胃入手，或同时调补脾肾。对于虚中夹实，可用温平补虚之剂调治，扶正祛邪。若用攻补兼施法，宜先缓而后逐渐增量，中病即止，以防伤正。对高龄老年人还应注意补益肺气以固卫气；节精全神以养心气；适四时寒温，以防六淫外袭；精心护理，合理调配饮食，保持精神愉快等综合措施。

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生脉散对实验性心肌梗塞修复作用的影响(摘要)

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生脉散为益气生津扶正生脉的常用方剂，临床上用于抢救急性心肌梗塞心力衰竭疗效较好。动物实验表明生脉散有提高受损心肌 DNA 合成的作用，能使心肌梗塞范围迅速缩小。为进一步观察生脉散对心肌梗塞修复作用的影响，我们采用核素标记的放射自显影方法进行了动物实验，其结果如下。

实验方法 用结扎家兔冠状动脉前降支方法及用大白鼠腹腔注射脑垂体后叶素方法造成心肌梗塞的动物模型。实验组家兔耳静脉注射、大白鼠腹腔注射生脉散，其用量按 2.5g(人参)/50kg 体重计算，用生理盐水稀释。对照组用以上相应给药方法给与等量的生理盐水，家兔治疗 48 小时，大白鼠治疗 72 小时，分别腹腔注射 $^3\text{H-TdR}$ 300~350 μCi /只和 1 μCi /g 体重，标记 4 小时，取心脏进行病理组织处理，用浸膜法涂布 1:1.5 稀释的核-4 乳胶，分别曝光 30 天(家兔)及 8 天(大白鼠)，经显影、定影、染色后进行病理观察和计算细胞核标记率。

实验结果 家兔梗塞心肌组织的病理变化：实验组心肌呈点片状坏死灶，周围炎性反应已吸收，有大

量成纤维细胞增生。对照组心肌呈大片状坏死灶，周围有明显的炎性反应，轻度的肉芽组织增生。

放射自显影结果：实验组细胞核标记率为 16%，对照组细胞核标记率为 4.2%，标记的细胞核大部分是成纤维细胞核，偶见标记的心肌细胞核。

二、大白鼠损伤心肌组织的病理变化：实验组坏死灶周围有大量成纤维细胞增生，而对照组坏死灶周围有大量炎细胞浸润。

放射自显影结果：实验组平均标记率为 32.6%，对照组平均标记率为 13.8%，两组标记率经统计学处理差异显著 ($P < 0.05$)。另外采用高速放射自显影曝光 24 小时结果，实验组标记率 30.1%，对照组标记率 13.8%，两种放射自显影方法所得结果相一致。

有关家兔心肌梗塞恢复过程，陶氏等曾有报道，家兔心肌梗塞发生后 5 天内为急性坏死的进展期，5 天后进到修复期。本组实验结果治疗组家兔和大白鼠心肌梗塞后的第 2 天、第 3 天已进入修复期，而对照组仍处于炎性反应期。这一结果可以表明生脉散有促进损伤心肌 DNA 合成，加速损伤心肌的修复作用。

Clinical Analysis of 89 Cases of Postoperative Residual Gall Stones in Biliary Ducts Treated with TCM-WM Therapy

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The clinical effect of 89 cases of postoperative residual gall stones in biliary ducts treated mainly with traditional Chinese herbal medicine, acupuncture and comprehensive purgative therapy to expel stones was studied. The results showed that 17 cases (19.1%) were cured, 64 cases (72.0%) improved and 8 cases (8.9%) ineffective. The total effective rate was 91.1%. According to TCM typing-differentiation of symptom complexes, the effectiveness of dampness and heat type was better than other types. Some problems on the diagnosis, treatment and prevention of postoperative residual gall stones in biliary ducts were discussed. (Original article on page 341)

A Clinicopathological Study of 62 Elderly Diseased from the Viewpoint of TCM-WM

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The findings of 62 autopsied elderly diseased were correlated with those of clinical observations from the viewpoint of TCM-WM. The 62 cases were clinically differentiated into various symptom-complexes according to the principle of TCM: 12 cases were of insufficiency symptom-complex, 44 insufficiency as well as excessiveness symptom-complex and 6 excessiveness symptom-complex. It was found that all but one cases with decreased weight or atrophy of the internal organs had deficiency symptoms. Another finding was that with the increase of age, the number of internal organs with pathology increased and clinically the number of deficiency symptoms of functional organs according to TCM increased as well. This suggests that in the aged multiple organ lesions are the pathological bases of multiple deficiency symptoms of functional organs. Pathological lesions were found in the gastrointestinal tract and kidneys in 88.5% and 86.7% of the cases respectively. These changes were found in all the cases over 85. In the treatment of diseases of the aged with TCM, it is thus essential to follow the principles of treating "spleen" and "stomach", regulating and reinforcing "spleen" and "kidney", replenishing the vital energy of the "lung" and tonifying vital energy and essence. (Original article on page 344)

A Clinical Study of Treatment with Man Gan Ning (慢肝宁) in Chronic Virus Hepatitis

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The clinical, immunological and serological features in 78 cases hospitalized for chronic virus hepatitis and treated with Man Gan Ning, are reported in this study. The cases were classified by TCM into three clinical types, Xu symptom, Shi symptom and Xu-Shi complex symptom and they were treated with Man Gan Ning as the basic prescription according to our clinical experience by using one dose per day for over two months with an exception that not more than two other drugs were added to a few cases with respect to their specific symptoms and signs. The formula was composed of *Radix Fici Simplicissimatis*, *Hedyotis diffusa*, *Mallotus Apelta*, *Radix Paeoniae Alba*, and *Radix Salviae Miltiorrhizae*.

The symptoms, signs and liver functions showed an obvious improvement in 55 of 78 cases (70.5%). Statistically, there was no significant difference of therapeutic effect among the three types ($P > 0.05$). It is suggested that this therapy is valuable in chronic virus hepatitis.

(Original article on page 347)

Clinical Observation on 40 Cases of Gan Yu Pi Xu (肝郁脾虚) Type Chronic Hepatitis

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This paper reports clinical observation on 40 cases of chronic hepatitis (Gan Yu Pi Xu type). 24 patients were treated with Shu Gan Jian Pi decoction (舒肝健脾汤, *Radix Bupleuri*, *Curcuma aromatica*, *Cyperus rotundus*, *Dolichos lablab*, *Forsythia suspensa*, *Radix Astragali*) and 16 patients were treated with poly I:C as the control group. The course of treatment lasted two months. The rate of efficiency of the Chinese medicine group was 66.6%, whereas the control group was 56%. There were no significant differences between the two groups. But the Chinese medicine group was better than the control group on improving the function of vegetative nervous system, reducing blood viscosity and speeding the red cell electrophoresis time. These results show that this prescription has an action similar to poly I:C, can promote circulation of blood and adjust functions of the vegetative nervous system.

(Original article on page 350)