慢性萎缩性胃炎寒热辨证与舌苔脱落细胞结构变化的关系

湖南中医学院 李 颖 郭振球

内容提要 应用光镜与电镜技术对慢性萎缩性胃炎(CAG)寒热不同证候患者56例舌苔脱落细胞进行观察。光镜发现CAG寒证组患者舌苔角化细胞水平低于CAG热证组($P<0.01$)，而角化前细胞水平则明显高于热证组($P<0.01$)。寒热两证患者舌苔完全角化细胞水平和异常角化细胞水平无明显差异($P>0.05$)；舌苔渗出炎性细胞不同种类构成比有显著差异($P<0.05$)。电镜观察结果，CAG热证组患者舌苔角化前细胞出现纤维化改变，细胞间桥粒已消失，胞核出现异染质；寒证组患者舌苔角化前细胞纤维化改变不明显，细胞间仍以指状突起相连。寒热两证中均有细菌存在。CAG寒热两证患者舌苔脱落细胞的改变可能为其早期辨证诊断提供微观化指标。

慢性萎缩性胃炎(CAG)属于中医"胃脘痛"范畴。近年来，随着纤维胃镜的普遍开展，国内外学者对CAG系统追踪，发现该病是胃癌重要的癌前病变。中医诊断的重要内容之一是察舌辨证，舌为脾胃之外候，苔乃胃气之熏蒸，舌苔与脾胃的生理、病理关系十分密切。我们应用生物光学显微镜(简称光镜)与电子显微镜(简称电镜)技术，通过对56例CAG寒热不同证候患者舌苔脱落细胞观察，探讨该病不同证候舌苔的形成与变化，以期从微观及超微观结构变化上探索出CAG辨证的客观指标和变化规律。

资料与方法

一、临床资料：56例患者中男43例，女13例，年龄30～60岁，平均年龄47岁。均经胃镜检查、病理组织活检、胃液分析、胃双重造影确诊为CAG，并经专家系统微机辨证诊断为CAG寒证者26例，热证者30例。

二、检查方法

1.巴氏染色光镜检测：清晨空腹，漱口后半小时在自然光照下，舌象观察记录后取消毒的光滑推玻片，用中等力度取舌中部苔，均匀推制涂片，每例制片2张，待自然干燥后立即固定，巴氏染色。用欧林巴斯显微镜先在低倍镜(10×10)下观察10个视野，用分类计数器记录每类背景和分布的视野数目；然后在高倍镜(40×10)下观察记录各类脱落细胞个数以及总数，再求出各类细胞所占百分率。同时计数10个视野白细胞数目。为减少误差，每次读2张片，取均数计算数值。

2.透射与扫描电镜检测：(1)透射电镜：取舌苔后立即用生理盐水反复冲洗，1000转/min离心5 min后，弃去上清液，用戊二醛溶液固定，然后经四锇酸溶液再固定，脱水，包埋，超薄切片，日立100 CX-Ⅱ型电镜观察。(2)扫描电镜：将经四锇酸溶液再固定的标本经酒精系列脱水后，装入滤纸袋底部，叠好，CO_2临界点干燥，金属喷膜，日立S-450型扫描电镜观察。

结 果

一、CAG寒证与热证舌苔脱落细胞的改变(表1)：寒证患者角化细胞水平明显低于热证患者($P<0.01$)；而角化前细胞水平则明显高于热证组($P<0.01$)。但两组间完全角化和异常角化细胞无明显差异($P>0.05$)。

二、CAG寒证与热证患者舌苔脱落细胞中炎性细胞的分类：两组患者舌苔脱落细胞中都存在大量白细胞，两证不同种类的白细胞构成

比不同(表 2)，寒证患者中性粒细胞高于热证患者(P＜0.05)，淋巴细胞则少于热证患者(P＜0.05)。

表 1　两组患者舌苔脱落细胞变化

	例数	完全角化细胞 ≥10% n	%	角化细胞 >60% n	%	角化前细胞 ≥20% n	%	异常角化细胞 ≥1% n	%
寒证	26	11	42.3	5	19.2	22	84.6	22	84.6
热证	30	15	50.2	18	60.0	11	36.7	28	93.3
P 值		>0.05		<0.01		<0.01		>0.05	

注：表中完全角化细胞≥10%这一数值，是参照国内研究所表明的正常舌涂片中，完全角化细胞多数在10%以下，故以此数为统计基数。余项同理

表 2　两组患者舌苔脱落细胞中白细胞分类　(个)

	例数	中性粒细胞	淋巴细胞	单核细胞
寒证	26	148	115	21
热证	30	133	165	13
P 值		<0.05	<0.05	>0.05

三、CAG寒证与热证患者舌苔脱落细胞的电镜观察：在电镜下观察 5 例寒证和 4 例热证，共50余个细胞，发现热证患者舌苔脱落细胞中角化前细胞张力微丝增多，成束，如乱发丝状，细胞联接消失，细胞器均已破坏，胞核出现颗粒粗大的异染质，而且有大量杆菌存在。这些变化提示：桥粒的存在与细胞联接及剥脱有明显关系。CAG寒证患者舌苔脱落细胞中角化前细胞联接尚存在，细胞器还隐约可见，胞核少见异染质这表明寒证患者舌苔不完全角化细胞向完全角化细胞过渡的速度相对减慢。

讨　论

一、舌苔的形成是舌粘膜上皮细胞不断进行的新陈代谢过程，是细胞不断分裂增殖，分化迁移和剥脱的过程，是保持不断更新的动态平衡过程，从而维持了一般人的薄白舌苔。凡是能影响舌上皮这一新陈代谢过程中的任何一个环节，都可以使舌苔发生变化。CAG寒热证舌苔脱落细胞的角化程度不同，因此舌苔亦不同，如寒证多见薄白或白腻苔，而热证多见黄腻苔。寒证患者舌苔脱落细胞角化程度低，角化细胞明显低于热证者，而角化前细胞又明显高于热证者，这是否由于寒证者机体机能低下，新陈代谢缓慢，影响了上皮细胞更新过程，角化过程受阻；而热证则表现为机体机能亢进，新陈代谢过程加速，因而与寒证相比舌苔脱落细胞发生了不同的变化。

二、CAG寒证与热证中均出现了异常角化细胞。有人报道，在胃癌患者舌苔脱落细胞中见到小角化上皮细胞[1]，因为CAG是重要的癌前病变[2]，因此，在CAG患者舌苔脱落细胞中发现异常角化细胞，这一点可为CAG系癌前病变之说提供参考依据。

三、在CAG寒热证候中出现了不同种类的白细胞，但能否通过不同种类白细胞来判断CAG的炎症程度尚须作进一步的观察。

四、CAG 热证患者舌苔脱落细胞发现，角化前细胞张力微丝明显增多，如乱发丝状，而且细胞器均已提前消失，提示细胞角化异常，细胞发生了纤维变性。在肿瘤细胞中经常出现这类变化[3]。这种超微结构变化是否意味着有癌变的可能，尚须作进一步观察。

通过扫描电镜，观察到CAG热证患者舌苔脱落细胞中混有大量弯曲状杆菌。这种杆菌如果是幽门弯曲菌种，则可通过舌苔细菌检测判断胃粘膜炎症[4]。

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Changes in Microstructure and Ultrastructure Between Differentiation of Cold and Heat Syndrome in Chronic Atrophied Gastritis and Exfoliative Cells of Fur

Li Ying(李　颖), Guo Zhenqiu(郭振球)
Hunan College of TCM, Changsha

In this paper, exfoliative cells of fur in 56 cases of chronic atrophied gastritis (CAG) with Cold or Heat syndrome was observed by means of microscopy and electron microscopy. With microscopy, the authors found that keratinization of epithelial cells of fur in Cold syndrome group of CAG were markedly fewer than those in Heat syndrome group ($P<0.01$); while pre-keratinization cells were much more than those in Heat syndrome group ($P<0.01$); the constituent ratio of complete keratinization cells of fur in the two groups were markedly different. With the electron microscopy, fibrosis changes was appeared in pre-keratinization cells of Cold syndrome patients with CAG; demosome was disappeared; metachromasia was appeared in nucleus; fibrosis change in Heat syndrome group was not obvious. Cells were still joined to one another by fingered protrusion. There were bacterias in both Cold and Heat syndrome groups. The change of exfoliative cells of fur in Cold and Heat syndromes in CAG, probably, can offer us a microcosmic sign for its early differentiation or diagnosis.

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Clinical Observation and Experimental Study on Treatment of Diarrhea Due to Spleen Deficiency with Jianpiling(健脾灵)

Chen Zhishui(陈志水), Jia Daobing(贾道兵)
Department of TCM, 211 Military Hospital, Harbin

The clinical and experimental results of Jianpiling for treating diarrhea due to Spleen deficiency were reported in this paper. 268 cases in the treatment group were treated with Jianpiling, 8 tablets three times daily for a consecutive period of 40~60 days. The curative rate and the total effective rate were 63.4% and 98.5% respectively. 75 cases in the control group were treated with SASP or Diphenoxylatum Co., the curative rate and the total effective rate being 38.7% and 94.7% respectively. The difference of the curative rate between the two groups was statistically significant ($P<0.001$). The excretory rate of D-xylose demonstrated that Jianpiling could increase the resorptive function of small intestine. The experiment on isolated small intestine of rabbits showed that Jianpiling could strikingly inhibit the peristalsis of isolated jejunum and ileum. The effect of relieving spasm of the intestine and alleviating pain was taken by antagonising the exictative function of M-receptor for acetylcholine and directly inhibiting the intestinal smooth muscle.

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Preliminary Study of TCM-WM Treatment for Patients with Primary Liver Carcinoma

Ling Hongying(凌鸿英), Wang Naizhi(王乃炽), Zhu Huazhan(朱华展)*, et al
Dept. of Microbiology, Guangxi Medical College;
**Dept of Surgery, Guangxi Cancer Institute, Nanning*

In order to improve the therapeutic efficacy for patients with primary liver carcinoma (PLC), the authors treated 30 patients by routine chemotherapy in combination with the immunostimulators Bai Nian Le(百年乐), levamisole and cimetidine. As a result, the NK activity and percentage of lymphoblast transformation of patients were significantly elevated, expansion of the tumor mass was checked, with clinical conditions obviously improved. So the short term effect of the therapy was satisfactory. The study suggested that Bai Nian Le in combination with levamisole and cimetidine was able to elevate the immune response and therapeutic effect. It may be one of the useful adjuvant therapy for PLC patients.

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