

• 临床论著 •

慢性胃病脾虚肝郁证与胃电、胃粘膜病理及脉一心功能的关系

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内容提要 本研究对56例慢性胃病(胃炎或溃疡)脾虚肝郁证患者进行胃电、胃粘膜病理观察及脉一心功能检测。结果表明:胃电波幅高低变化与该病的脾虚(虚)、肝郁(实)之间夹杂及其粘膜病理炎变有一定相关性。这对于该病的虚、实辨证和分清标本缓急,有一定应用价值。慢性胃病脾虚肝郁证也累及到心血管功能,说明中医关于心与脾、肝相关理论有其血液动力学基础。

关键词 慢性胃病 脾虚肝郁 胃电波幅 胃粘膜病理 脉一心功能

胃电参数变化作为一项客观指标观察胃的运动机能^①,日益引起人们的重视。目前,国内有人报道中医脾胃病的不同证型与胃电参数有一定的关系^{②~④},治疗后随证情的好转,胃电参数亦有相应变化^⑤。本研究以脾虚(虚)、肝郁(实)的一些不同组合与胃电和胃粘膜的病理炎变进行对比分型。旨在更好地指导临床对慢性胃病的辨证分析,分清标本缓急;为脾胃与心的脏腑相关理论寻找血液动力学根据。现将资料总结如下。

资料与方法

一、中医辨证依据按照1988年卫生部药政局颁布,关于“中药治疗脾虚肝郁证临床研究指导原则”制定的诊断标准进行。分为三个亚型:脾虚肝郁I型(脾虚兼肝郁)25例,脾虚肝郁II型(肝郁兼脾虚)14例,脾虚肝郁III型(脾虚肝郁相等)17例。

二、本组56例均为住院患者,其中男36例,女20例;年龄范围24~56岁,平均43岁。56例全部经胃镜及病理报告确诊为慢性胃炎38例,胃溃疡合并慢性胃炎5例,十二指肠溃疡合并慢性胃炎11例,胃溃疡1例,十二指肠溃

疡1例。设本省中医学院教工及部分学生,身体健康者30名作为胃电描记对照组,其中男20名,女10名;年龄22~50岁,平均41岁。胃电检测采用安徽产的EGG-1A胃电图仪,描记方法与参数计算按1987年全国胃电学会会议制定的临床胃电图检查操作统一规范进行。

三、根据胃镜报告及胃粘膜病理报告,将56例病理炎变分为相对活动期和静止期。计有活动期29例,静止期27例。消化性溃疡以胃镜报告为主,活动期为溃疡的基底部有白色或黄色厚苔,边缘光整,周围粘膜充血水肿,有时易出血,若水肿消退,则见粘膜向溃疡集中,溃疡边缘常见红晕环绕;愈合期与疤痕期划为静止期。慢性胃炎以病理报告为主,凡间质见中等量以上嗜中性白细胞浸润,上皮细胞退变为活动期,否则为静止期。若胃炎合并溃疡,只要有一方有活动期表现,则归活动期;静止期需双方都没有活动期表现。

四、56例中进行脉一心功能检测的34例,其中脾虚兼肝郁17例,肝郁兼脾虚9例,脾虚肝郁相等8例,后两型例数偏少,且指标间无统计学差异,故并为一组。男20例,女14例;年龄24~56岁,平均40岁。这些病例均无心、肺、肝、肾疾患。设健康人20名为对照组,其中男12名,女8名;年龄20~45岁,平均41

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岁。脉一心功能检查用安徽产的 AZN-II 型脉一心功能测试仪。

结 果

一、慢性胃病脾虚肝郁三型胃电波幅值比较 结果见附表。脾虚兼肝郁波幅值较低、

附表 慢性胃病脾虚肝郁三型胃电波幅值比较 ($\bar{x} \pm S$)

组 别	例数	空腹波幅 (μV)	餐后波幅 (μV)
对 照	30	166.8 \pm 35.9	218.4 \pm 51.9
肝郁兼脾虚 (II)	14	475.7 \pm 267.2* Δ	493.8 \pm 242.4* Δ
脾虚肝郁相等 (III)	17	400.6 \pm 281.3* Δ	408.4 \pm 221.4* Δ
脾虚兼肝郁 (I)	25	118.6 \pm 40.4*	145.4 \pm 44.2*

注:表中幅值是胃窦体部合并;与对照组比较* $P < 0.01$,与 I 型比较 $\Delta P < 0.01$

肝郁兼脾虚和脾虚肝郁相等,波幅值较高。

二、慢性胃病脾虚肝郁三型与胃粘膜病理炎变的关系 经卡方检验,该关系具有相关性 ($\chi^2 = 10.824$, $P < 0.01$)。即脾虚兼肝郁,静止期居多,为 18/25 例;肝郁兼脾虚,活动期居多,为 11/14 例;脾虚肝郁相等,活动期例数为 11/17 例,静止期例数为 6/17 例。

三、慢性胃病脾虚肝郁的脉一心功能检测结果 经 F 与 q 检验后显示:脾虚兼肝郁表现出左室有效泵力指数较对照组为低 ($P < 0.05$)。微循环半更新时间、微循环平均滞留时间均较对照组为高 ($P < 0.05$);脾虚肝郁相等及肝郁兼脾虚则外周阻抗、左室喷血阻抗均较对照组为低 ($P < 0.05$),心脏指数、有效循环血量实际数/预计数均较对照组为高 ($P < 0.05 \sim 0.01$),微循环半更新时间、微循环平均滞留时间均比脾虚兼肝郁组低 ($P < 0.05$),每分钟搏出量、左室有效泵力指数、微循环半更新率均比脾虚兼肝郁组高 ($P < 0.05$)。

讨 论

胃电参数,特别是餐后波幅高低变化可提示胃肌运动状态^[6],其主要影响因素可能是迷走神经反应张力^[2]。本组慢性胃病肝郁兼脾虚与脾虚肝郁相等的餐后波幅较高;而脾虚兼肝

郁的餐后波幅较低。说明前两者迷走神经张力较高,后者较低。这与一些报道结果相似^[2]。事实上,还有肽能神经和肽类激素参与调控^[6],值得进一步探索。

慢性胃病实多虚少者(肝郁兼脾虚),波幅值较高,胃粘膜病理炎变以活动期为主;虚多实少者(脾虚兼肝郁),波幅值较低,病理炎变以静止期为主;虚实并重者(脾虚肝郁相等),波幅值也较高,但活动期与静止期例数相差较少。脾虚肝郁相等的这些变化特点提示:从标本角度出发,该型以肝郁为标实,但它可能是引起该型在波幅和病理炎变上有上述表现的重要因素。因此,指导治疗时应标本同治,甚至在某种情况下,治疗早期还须注重泻实。所以,我们以为胃电幅值变化结合病理炎变,能帮助临床分清虚、实夹杂证的标本缓急。

从脉一心功能检查结果分析,慢性胃病脾虚肝郁证在某种程度上也影响到心血管功能。脾虚兼肝郁,表现为左室泵力功能降低,微循环代谢能力下降;脾虚肝郁相等或肝郁兼脾虚,表现为心排出量较高,心脏负荷增加,但左室泵力功能及微循环代谢能力基本正常。这可能与前者以“子病及母”为主,病情相对为重;后者以“母病及子”为主,病情相对为轻有关。说明心与肝、脾之间的脏腑相关理论有其血液动力学基础。其机理尚待研究,可能与一些胃肠激素影响心血管功能变化有关。

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参 考 文 献

1. 张经济. 关于胃电的研究. 生理科学进展 1979; 10(4): 312.
2. 王建华, 等. 脾胃患者的中医辨证与胃电图检查结果关系的探讨. 中医杂志 1983; 24(6): 64.
3. 郝玉明, 等. 脾胃病辨证分型与胃电图关系探讨. 山西中医 1989; 5(3): 14.
4. 周夕林, 等. 胃病辨证分型与胃电图变化的规律初探. 中医杂志 1985; 26(3): 63.
5. Matern R, et al(许冠荪, 等译). 胃电图及其临床应用. 第1版. 北京: 北京科学技术出版社, 1988: 156.
6. 马 蝶, 等. 关于胃电研究. 安徽医科大学学报 1989; 24(1): 71.

Abstract of Original Articles

Relationship among Syndrome of Spleen Deficiency and Stagnation of Liver-Qi and Electrogastragram, Gastric Mucosal Pathology and Pulse-Cardiovascular Function in Chronic Gastric Diseases

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In this research, Syndrome of Deficiency of Spleen (DS) and Stagnation of Liver-Qi (SLQ) as well as observations of electrogastragram (EGG), gastric mucosal pathology and pulse cardiovascular examination were investigated in 56 cases of chronic gastric diseases (CGD). The results showed: (1) In SLQ with DS the amplitude of EGG was significantly higher than that of the control group ($P < 0.01$), it often indicated the active period of pathologic change, but in DS with SLQ, the amplitude of EGG was significantly lower than that of the control group ($P < 0.01$), it frequently denoted the static period. In case that DS equalled to SLQ, the amplitude of EGG was significantly higher than that of the control group ($P < 0.01$). It revealed that there were no significant difference between the patient's number of static and active periods ($P > 0.05$). It is valuable in Syndrome Differentiation of Deficiency and Excess and analysis of Superficiality and Crigin in CGD. (2) Cardiovascular function was also affected in Syndrome Differentiation of DS and SLQ. DS with SLQ manifested itself as reduction of left ventricle pump and declination for metabolism of microcirculation, they had significant difference as compared with the control group ($P < 0.05$), while SLQ with DS or equality between DS and SLQ had the normal function of left ventricle pump and metabolism of microcirculation, even though cardiac output were higher than that of control group ($P < 0.05$). It showed that the traditional Chinese medicine theory of interrelation among Heart and Spleen, Liver had their own hemodynamic bases.

Key Words chronic gastric diseases, Syndrome of Deficiency of Spleen and Stagnation of Liver-Qi, amplitude of EGG, gastric mucosal pathology, pulse-cardiovascular function.

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Relationship between Helicobacter Pylori and Pathogenesis of Chronic Atrophic Gastritis and the Research of Its Prevention and Treatment

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The total detectable rate of Helicobacter pylori (HP) of 485 patients suffering from gastric diseases was 59.6%. The HP in gastric mucosa of chronic atrophic gastritis (CAG) patients was separated from the cell culture in vitro and transferred successively. The mice were perfused with exciccate alum, and the rabbits with aspirin to injure their gastric mucosa, then HP was perfused. Result showed that the change of experimental animals was identical with that of CAG patients by means of bacteriological and pathological examination. It revealed that HP was in agreement with Robert Koch's three principles about pathogenic bacteria. According to the bacterial infectious hypothesis of CAG, 53 Chinese medicinal herbs and prescriptions were investigated with bacteriostatic test. *Panax notogenseng* and *Magnolia officinalis* were discovered to be sensitive, *Prunus mume* and *Corydalis yanhusuo* were moderate sensitive, and *Coptis chinensis* and *Rheum palmatum* highly sensitive to HP. Decoction of Clearing up the Heat and Relieving the Blood Stasis and No.2 recipe of Huowei (活胃II号方) were used to treat 70 CAG patients with Stomach Heat Syndrome. The effective rate of gastroscopic examination was 85.7%, that of pathological study was 80%. In