

证 的 研 究

胃肠激素与中医证型关系的临床研究

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摘要 放免检测结果表明:胃泌素(GAS)脾虚组最低,胃动素(MTL)三种证型都非常显著高于正常对照组($P<0.01$),P物质(SP)在肝胃不和组最低,在大肠湿热组最高。认为:脾虚证主要表现为GAS、SP降低,MTL升高的两高一低现象;肝胃不和证呈现与脾虚证相似趋势,以SP降低更显著;大肠湿热证的三种胃肠激素均增高,而以SP更明显。中药治疗后脾虚组GAS和SP,肝胃不和组MTL,大肠湿热组SP有明显恢复。

主题词 胃肠疾病/免疫学 胃肠激素类/代谢 辨证分型

胃肠激素的研究近年来在消化领域发展十分迅速,放免检测技术的不断提高及胃肠激素试剂药盒的推广应用,为利用现代医学的新方法、新技术研究中医证型开辟了一条新途径。我们对胃泌素(GAS)、胃动素(MTL)、P物质(SP)与中医脾虚证、肝胃不和证、大肠湿热证之间的关系进行临床研究,现报告如下:

1 一般资料

148例观察对象均为我院门诊及住院病人。脾虚证组56例中,男30例,女26例;年龄19~63岁,平均39.2岁;其中慢性胃炎32例,胃及十二指肠球部溃疡12例,胃下垂8例,胃癌3例,神经性呕吐1例。肝胃不和证组52例中,男23例,女29例;年龄21~62岁,平均37.5岁;其中反流性胃炎反流性食管炎15例,非溃疡性消化不良13例,十二指肠球部溃疡7例,浅表性胃炎15例,胃癌2例。大肠湿热证组40例中,男26例,女14例;年龄21~61岁,平均36.4岁;其中慢性结肠炎16例,结肠多发息肉9例,溃疡性结肠炎14例,结肠癌术后1例。对照组30例,均为健康无症状者,其中男12例,女18例;年龄19~27岁,平均23.1岁。以上西医诊断均经胃镜、肠镜及其他检查确诊。

2 辨证标准

2.1 脾胃虚弱证:主症胃纳减少,食欲差;食后胀闷、

痞满;形体消瘦;乏力或四肢酸软。次症口淡不渴喜热饮;舌淡红、苔薄白或边有齿痕、脉沉细,凡具备主症三项,舌脉基本符合即可确定。

2.2 肝胃不和证:主症胃脘胀满,痛窜两胁;暖气频作;嘈杂吐酸。次症大便不畅,且与情志有关(易怒);舌淡红、苔薄白或白厚,脉弦,凡具备主症二项或主症一项、次症一项,舌脉基本符合即可。

2.3 大肠湿热证:主症腹痛;大便不畅,或下利赤白粘液,里急后重或溏而不爽。次症肛门灼热;口渴不欲饮;发热、舌红、苔黄或黄腻,脉濡数或滑数,凡具备主症二项或主症一项、次症一项,舌脉基本符合,均可确定。

3 胃肠激素的检测方法

胃泌素药盒由中国原子能科学研究院同位素所提供,胃动素药盒由中国人民解放军总医院长城免疫技术研究所提供,P物质药盒由北京海科锐生物技术中心提供。被检者早晨空腹采静脉血6ml,按放免药盒技术要求做预处理,置-20℃以下冷藏保存,按放射免疫分析法(RIA)测定。激素浓度均换算为pg/ml。

4 测定结果

表1示,胃泌素在三型中以脾虚组最低,与正常对照组、大肠湿热组比较有非常显著差异(P 均 <0.01),但与肝胃不和组比较无显著差异($P>0.05$)。胃动素则三型都高于正常对照组(P 均 <0.01),而且组间增值差异也很明显(P 均 <0.01)。P物质在肝胃不和与脾虚组较低,在大肠湿热组较高,与正常对照组比较及组间比较均有显著差异(P 均 <0.01)。

表1 三种证型三种胃肠激素含量(pg/ml)比较

分组	例数	GAS	MTL	SP
脾虚组	56	62.83±23.97△	213.67±120.56△	31.29±16.28△
肝胃不和组	52	68.77±26.94△	320.04±98.43△	19.89±7.22△
大肠湿热组	40	89.89±40.48	530.36±94.82△	60.30±23.61△
正常对照组	30	81.15±8.66	155.82±88.10	46.38±14.69

表中数据为均值±标准差,下表同

△与对照组比较 $P<0.01$

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5 中药治疗对胃肠激素的影响

为了考察中药治疗对胃肠激素的影响,对上述三组患者确诊后分别给以中药治疗,脾虚组以四君子汤为主方,肝胃不和组用柴胡疏肝散为主方,大肠湿热组用白头翁汤为主方,疗程均为30天,然后同前法再次采血检验。结果如表2示,脾虚组的胃泌素和P物质,肝胃不和组的胃动素,大肠湿热组的P物质,治疗后有明显恢复,同组治疗前后比较有显著差异($P<0.05$ 或 0.01)。

表2 中药治疗前后三种胃肠激素含量(pg/ml)比较

分组	例数	GAS	MTL	SP
脾虚组				
治疗前	49	64.74±21.83	233.87±105.68	33.21±18.24
治疗后	49	78.45±32.79△	247.15±121.56	45.25±15.18△△
肝胃不和组				
治疗前	45	75.56±24.16	335.15±106.32	21.73±10.12
治疗后	45	69.58±31.12	265.23±98.24△△	35.45±18.16
大肠湿热组				
治疗前	36	85.68±41.17	524.18±107.45	75.45±38.72
治疗后	36	79.23±34.76	489.37±196.79	57.24±21.13

与治疗前比较 $\Delta P<0.05$, $\Delta\Delta P<0.01$

6 讨论

GAS、MTL、SP都是重要的脑肠肽激素,主要分布于中枢神经和胃肠道粘膜及肠壁神经丛。我们通过对脾胃病中常见的三种证型与三种重要的胃肠激素检测结果发现,脾虚证主要表现为血清胃泌素和P物质降低、胃动素升高的两低一高现象,认为此类患者的胃肠粘膜存在营养、分泌、吸收障碍和消化道运动功能低下及紊乱病态。有人结合用同位素闪烁、X线钡餐检查胃排空均表明脾虚患者胃排空延迟^[1]。肝胃不和证呈

现与脾虚证相似的趋势,而以P物质的降低更显著,可见该证型主要为胃肠运动功能紊乱。有人发现肝胃不和证的乙酰胆碱明显增高,说明其副交感神经功能处于相对亢进状态,引起一系列胃肠运动和分泌加强^[2]。大肠湿热证的三种胃肠激素均增高,而以P物质更显著,说明该型主要为肠道分泌旺盛及运动亢进,与临床表现相一致。文献报道大肠湿热证血中5-羟色胺、组胺含量均增高,二者为炎症反应介质,可见炎症和胃肠运动亢进并存是该证型的特征。总之,三种不同证型在三种胃肠激素反应变化形成了各具特色的“胃肠激素紊乱综合征”。

给予中药治疗后,各组胃肠激素大多有不同程度的恢复性变化,但在不同证型间反应不尽一致,治疗前后比较有显著意义的主要是:脾虚证与胃泌素,肝胃不和证与胃动素,大肠湿热证与P物质。借此也可表明不同证型与胃肠激素的相关特异性。

中医证型是建立在较广泛的生理病理基础上,有一定表现规律的综合证候群。分泌胃肠激素的细胞称APUD细胞,广泛分布于全身各处,除胃肠道外,尚可见于中枢神经系统及多种内分泌腺体,因此,胃肠激素的生理作用与神经系统、内分泌系统密切相关,共同调节消化器官的运动、分泌和吸收活动。以此看来,中医证型表现的多样性、规律性、以及中医整体观在临床辨证中的体现,与胃肠激素的生物效应特征具有显著的同源性,有可能具有共同的物质基础。因此,借助现代医学有关胃肠激素的新理论、新技术研究中医证型,无疑是十分有价值、有前景的探索。

7 参考文献

- 1 聂丹丽,等.慢性胃病脾虚证与血清胃泌素胃排空的临床研究.陕西中医学院学报1995;1(18):16.
- 2 危北海,等.神经介质和消化道激素与中医证型的关系分析.中医杂志1989;(11):45.

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ABSTRACTS OF ORIGINAL ARTICLES

Comparative Study Between Heavy Dosage and Conventional Dosage Herba Asari for Treatment of Late Stage Severe Rheumatoid Arthritis

Gao Jiajun, Zhu Lulai, Wang Hemin

As a regular remedy for stubborn Bi — syndrome (arthritis). Herba Asari is traditionally applied in a dosage not exceeding 1 qian. We applied a heavy dose of Herba Asari for the treatment of 40 cases of late severe rheumatoid arthritis (RA) with another group of 30 cases treated by regular dosage as control for comparison. Results showed that the total effective rate and markedly effective rate for the treatment group were 90% and 45% respectively, while that for the control group, 73.3% and 26.7% respectively. The 8 indices, including time of morning stiffness, total number and index of joint pain, total number and index of joint swelling, holding force of both hands, 20-meter walking speed, joint functional index in the treatment group were all superior to the control group ($P < 0.01$). No obvious side reactions were found.

Authors' address: Tianjin Medical University, Tianjin, 300070

Key words: Herba Asari/drug administering and dosage

(Original article on page 283)

Effect of Yiqi — Huoxue (Qi — strengthening Blood — activating) Method on Hemorheological Indexes in Senile Convalescent Apoplexy and Its Sequelae

Gao Pu, Cui Ling, Li Yuehua, et al

One hundred sixty cases were randomly divided into 2 groups, the treatment group and control group, and treated for 8 weeks by single blind administering method. Results revealed that the total effective rate (89.5%) for clinical symptoms in the treatment group was far superior to that of control group (54.2%). So was its effect on nervous functional defect. The total blood viscosity, plasmal comparative viscosity, platelet adhesion, thrombic elastic figure, in vitro length of thrombus, were markedly improved ($P < 0.01$), while that of the control group remained unchanged.

Authors' address: Xiyuan Hospital, Xiyuan, Beijing 100091

Key words: Sequelae of apoplexy/TCM therapy Hemorheology/Yiqi — Huoxue method

(Original article on page 286)

Clinical Investigation on Treatment of Endometriosis by Bushen Queyu (Kidney — tonifying Blood — stasis — removing) Method

Li Xianyun, Liu Jian, Hu Xiaomei, et al

Two hundred fifty eight cases were treated by this method. The effective rate for dysmenorrhea was 92.64%; cured rate for sterility, 62.39%; rate of shrinkage of masses, 75.31%. Laboratory exam showed that there were abnormal hemorheology, endocrine function, humoral function which were markedly improved after treatment.

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Key words: Endometriosis/TCM therapy Bushen (Kidney tonifying) Queyu (Blood stasis eliminating)

(Original article on page 292)

clinical Study on Relationship Between Gastro — enteric Hormones and TCM syndrome Types

Feng Wujin, Su Juanping, Li Yulian, et al

Through radio — immunological exams, it was shown that GAS (gastrin) is the lowest in Spleen — hypofunction (SH) type MTL (motilin) are all significantly higher in all three syndrome types than normal control group ($P < 0.01$), while SP (substance P) is the lowest in the stomach — liver disharmony (SLD) type, and the highest in the Colon — damp heat (CDH) type. It is thus claimed that SH manifests itself as 2 — high — 1 — low type, viz. low GAS, SP, and high MTL; that of CDH is some what similar to the SH, with markedly low SP, while all 3 hormones are all elevated in CDH, especially the SP. All the above disorders, viz. GAS, SP in SH type, MTL in SLD type, and SP in CDH type markedly recovered after treated with traditional drugs.

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Key words: Gastro — enteric diseases/immunology gastro — enteric hormones/metabolism syndrome types

(Original article on page 298)