

证的研究

中医心病气血辨证临床症征计量诊断研究

袁肇凯¹ 周小青¹ 范伏元² 程韵梅¹

摘要 参照数理诊断最大似然法计算出中医心病气血证候(心气虚证、心血虚证、心脉瘀证)及对照组(肺气虚证、肝血虚证、肝血瘀证)临床主要症征的条件概率,并建立了中医心病气血辨证症征计量诊断指数表,根据指数表计算症征积分,心气虚、心血虚、心脉瘀三证的回代检验的符合率(%)分别为92.70、93.20、94.98,前瞻检验的符合率(%)分别为84.61、81.82、87.50。

主题词 心病辨证 气血辨证

辨证的规范化和定量化长期以来一直是中医辨证论治研究所面临的一个重要问题,而计量诊断则是实现辨证规范化、定量化的重要途径。我们以传统四诊的方法收集临床资料,运用计数资料判别分析方法对中医心病气血证候进行了计量诊断研究,建立了“计量诊断指数表”,现报告如下。

1 对象与方法

1.1 研究对象:本项目参考全国高等中医院校教材《中医诊断学》所定辨证标准^[1],以中医心病气血辨证中的心气虚证、心血虚证和心脉瘀证为观察对象,主要从冠心病、高血压病、心肌病、病毒性心肌炎、心律失常、风湿性心脏病和贫血性心脏病^[2]中辨证筛选,同时设立相应的肺气虚证、肝血虚证和肝血瘀证作为对照,主要从慢性支气管炎、支气管哮喘、肺气肿、肺心病和上消化道出血、月经不调及肝硬化病人中筛选。

所有病人均系湖南中医学院第一附属医院住院患者,各组的一般情况是:(1)心气虚证组:40例,其中男性21例,女性19例,平均年龄为53.63±11.01岁;(2)心血虚证组:36例,其中男性19例,女性17例,平均年龄为55.94±11.89岁;(3)心脉瘀证组:38例,其中男性20例,女性18例,平均年龄为52.10±10.02岁。(4)肺气虚证组:39例,其中男性22例,女性17例,平

均年龄为57.97±9.89岁;(5)肝血虚证组:36例,其中男性18例,女性18例,平均年龄为58.08±13.69岁;(6)肝血瘀证组:30例,其中男性16例,女性14例,平均年龄54.30±9.84岁。经统计,6种证型组在性别、年龄的分布上组间差异均无显著性(P 均>0.05);中医心病3证在病种分布上差异亦无显著性(P 均>0.05)。

1.2 资料采集:根据各证型的辨证标准,从中筛选出对临床辨证诊断意义较大的症征11项(S_j),即心痛胸闷(S_1)、心悸怔忡(S_2)、健忘失眠(S_3)、胁痛肋胀(S_4)、短气乏力(S_5)、头晕眼花(S_6)、自汗易感(S_7)、色泽浅淡(S_8)、月经异常(S_9)、舌象(S_{10})和脉象(S_{11})作为观察分析的主要指标,每项指标依据其有无和轻重程度或不同性质又分为4个等级,共44个子项(S_{jk}),分别为:心痛胸闷(S_1):无(S_{11})、不含硝甘(S_{12})、或含硝甘(S_{13})、必含硝甘(S_{14});心悸怔忡(S_2):无(S_{21})、≤2次/周(S_{22})、3~5次/周(S_{23})、>5次/周(S_{24});健忘失眠(S_3):无(S_{31})、≤2次/周(S_{32})、3~5次/周(S_{33})、>5次/周(S_{34});胁痛肋胀(S_4):无(S_{41})、胁痛未及痞(S_{42})、胁痛痞较软(S_{43})、胁痛痞偏硬(S_{44});短气乏力(S_5):无(S_{51})、>日常活动(S_{52})、=日常活动(S_{53})、<日常活动(S_{54});头晕眼花(S_6):无(S_{61})、>日常活动(S_{62})、=日常活动(S_{63})、<日常活动(S_{64});自汗易感(S_7):无(S_{71})、微汗、1次/月(S_{72})、小汗、1次/旬(S_{73})、多汗、1次/周(S_{74});色泽浅淡(S_8):无(S_{81})、色泽淡白(S_{82})、色泽晄白(S_{83})、色泽青白(S_{84});月经异常(S_9):无(S_{91})、量少色淡(S_{92})、量少色暗(S_{93})、刺痛有块(S_{94});舌象(S_{10}):正常或其他(S_{101})、舌质浅淡(S_{102})、舌淡而胖(S_{103})、舌暗或瘀(S_{104});脉象(S_{11}):正常或其他(S_{111})、脉虚或细(S_{112})、脉弦(S_{113})、脉涩、结、代(S_{114})。在此基础上设计制作了临床主症分级登记表,对上述已确诊病证的所有病人由2名医生逐一调查登记,收集资料。

1.3 研究方法:参照数理诊断最大似然模型法进行研究^[3]。(1)计算上述6个证型(D_i)11项指标(S_j)的各子项(S_{jk})的条件概率 $P(S_{jk}/D_i)$ 。(2)根据条件概率 P 与

1 湖南中医学院中医诊断研究所,长沙市韶山中路119号(410007)

2 湖南中医学院第一附属医院

收稿日期:1998-10-07

表 1 中医心病气血辨证证征计量诊断指数表

S _j	S _{jk}	D ₁	D ₂	D ₃	D ₄	D ₅	D ₆
S ₁	S ₁₁	6	6	4	8	9	10
	S ₁₂	6	5	4	2	1	-2
	S ₁₃	2	3	5	1	-1	-10
	S ₁₄	-3	-5	1	-10	-10	-10
S ₂	S ₂₁	-1	-1	4	7	7	9
	S ₂₂	7	5	4	5	3	0
	S ₂₃	5	7	6	2	4	-2
	S ₂₄	1	-3	-1	-5	-10	-10
S ₃	S ₃₁	6	1	4	7	5	8
	S ₃₂	5	7	5	2	3	3
	S ₃₃	4	4	5	5	6	0
	S ₃₄	-3	-1	-3	-5	-3	0
S ₄	S ₄₁	10	10	10	10	10	5
	S ₄₂	-10	-10	-3	-3	-5	3
	S ₄₃	-3	-10	-10	-10	-3	6
	S ₄₄	-10	-10	-10	-10	-10	-5
S ₅	S ₅₁	-3	3	3	-3	-5	8
	S ₅₂	7	6	7	5	6	3
	S ₅₃	6	3	3	6	7	0
	S ₅₄	0	2	0	2	-3	-10
S ₆	S ₆₁	2	-3	5	-1	-1	7
	S ₆₂	7	6	6	7	5	6
	S ₆₃	3	6	3	5	6	1
	S ₆₄	0	-1	0	-1	3	-10
S ₇	S ₇₁	2	8	6	-5	8	8
	S ₇₂	6	5	7	8	3	4
	S ₇₃	6	-5	-1	5	3	-5
	S ₇₄	-10	-5	-10	-3	-10	-10
S ₈	S ₈₁	4	3	6	5	-1	9
	S ₈₂	3	0	1	1	5	-5
	S ₈₃	7	6	1	7	6	-2
	S ₈₄	-6	-10	4	-3	3	2
S ₉	S ₉₁	4	2	4	6	-1	-2
	S ₉₂	7	8	1	6	9	1
	S ₉₃	2	1	7	1	1	8
	S ₉₄	-1	-3	2	-3	-3	3
S ₁₀	S ₁₀₁	6	5	3	5	4	5
	S ₁₀₂	4	7	-1	4	7	-5
	S ₁₀₃	4	1	1	3	3	2
	S ₁₀₄	0	-5	8	4	-3	7
S ₁₁	S ₁₁₁	2	2	3	5	3	3
	S ₁₁₂	8	7	0	8	7	-2
	S ₁₁₃	-6	1	6	-5	3	7
	S ₁₁₄	3	1	4	-1	1	4

注:表中 D₁~D₆ 依次代表心气虚证、心血虚证、心脉瘀证、肺气虚证、肝血虚证、肝血瘀证 6 种不同证组

诊断指数(L_{ijk})之间的对应换算关系,即 $L_{ijk} = [\lg P(S_{jk}/D_i) + 1] \times 10$, 再进一步换算成“诊断指数表”。

(3)应用“诊断指数表”计算指数积分(L_i), 根据最大似

然判别法进行判别诊断。

2 结果

2.1 诊断指数表的建立:将心病气血辨证主要症征条件概率(资料略)中的各项 P 值按换算标准计算成指数值,即成为中医心病气血辨证证征计量诊断指数表(见表 1)。

2.2 应用及举例:本表应用条件为:(1)年龄 30~75 岁的成年患者。(2)现患心血管病。应用时分两步,先将患者各项指标的子项代入诊断指数表中,计算心病 3 证的指数积分值(L_i),视积分值最大者即为该证的初步诊断;再将与该证相应的对照证的指数积分算出,与初诊心病指数积分值比较,作出鉴别诊断。

例:某女心病患者,其各项症征的表现为 S₁₃、S₂₂、S₃₁、S₅₁、S₆₁、S₇₂、S₈₄、S₉₃、S₁₀₄、S₁₁₃。首先从中医心病气血辨证计量诊断指数表上查出心病 3 证各子项诊断指数,并求出各证指数积分值:L₁=20, L₂=11, L₃=63, 由于 L₃值最大,故初诊为心脉瘀证;再次查出与心脉瘀证病性相同的肝血瘀证的指数积分, L₆=46, 由于 L₃>L₆, 因此排除肝血瘀证,而确诊为心脉瘀证。

2.3 回代性检验:为了检验该诊断指数表的判别效果,特将所有 219 例病人的有关临床资料进行回顾性检验,通过配对计数资料的 χ^2 检验,提示本指数表各证型诊断结果和临床辨证结果之间都存在着相关关系(P 均<0.01),两种诊断结果的阳性率相同(均 P>0.05)。本诊断指数表所诊断的各个证型与临床辨证的各相应证型之间的符合率、错判率、敏感度和特异度如表 2 所示,表明该诊断指数表有较好的判别效果。

表 2 指数表与临床辨证结果的相关性分析(%)

证 型	符合率	错判率	敏感度	特异度
心气虚证	92.70	7.31	89.95	93.31
心血虚证	93.20	6.85	89.04	94.02
心脉瘀证	94.98	5.02	94.52	95.06
肺气虚证	88.58	10.69	82.19	90.63
肝血虚证	88.13	11.87	77.83	90.26
肝血瘀证	97.26	2.74	96.71	97.25

2.4 前瞻性检验:诊断指数表建立之后,我们再以本项目之外的心气虚证 26 例、心血虚证 22 例、心脉瘀证 32 例、肺气虚证 30 例、肝血虚证 20 例和肝血瘀证 25 例的临床资料进行前瞻性检验,结果 6 个证型指数表判别与临床辨证结果的符合率分别为:心气虚证 84.61%,心血虚证 81.81%,心脉瘀证 87.50%;肺气虚证 76.73%,肝血虚证 75.02%,肝血瘀证 88.80%,各证的符合率略低于回代性检验,但仍说明该诊断指

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on Hyperthrombinemia in Nephrosis Treated with Huangqi Xianlingpi Decoction Plus Hirudal Gelatin Pill

Guo Yunfei, Ge Xiaoping, Wang Yongjun et al.

The biochemical and other lab indices of blood in 35 cases of nephrosis syndrome (NS) treated with Huangqi Xianlingpi Decoction plus Hirudo (HQXL) were observed. The results that HQXL was capable of decreasing urine protein, increasing plasma protein, lowering blood lipids ($P < 0.05$ or $P < 0.01$); the whole blood viscosity, plasma viscosity, RBC rouleaux — formation index, and fibrinogen all markedly decreased, electrophoresis time of RBC shortened ($P < 0.01$); blood TXB₂ lowered, 6 — ketone — PG F_{1α} elevated ($P < 0.01$). The clinical effected of HQXL was significantly superior to the control group, demonstrating that HQXL is capable of improving NS patient's hyperprobinemia, ameliorating proteinurea and protecting kidney function.

Authors' address: Hangzhou City Hospital of TCM, Hangzhou Zhejiang, 310007

Key Words: nephrosis/TCM therapy hyperlipidemia/TCM therapy @ Huangqi Xianlingpi Decoction

(Original article on page 281)

Meta Analysis on Primary Non — small Cell Lung Carcinoma (NSCL) Treated by TCM in China

Chen Zhifeng, Li Chengzhu, Liu Shaoxiang et al.

By applying random — effect model of meta analysis (MA), quantitative analysis was also made on literatures of non — small cell lung — cancer treated with TCM alone in the past 7 years, with that treated by chemotherapy as control. MA results showed that the stability rate of TCM group was OR=2.10, 95% CI (0.70—3.08), complete data exam $Q=24.24$, $V=12$, $P>0.01$. In the themotherapeutic group, OR=1.48, 95% CI (1.03—2.24), $Q=2.89$, $V=8$, $P>0.05$. Statistics from 7 papers revealed the mean survival rate of TCM group was 335.4 days, that of chemotherapeutic group 231.8, test of significance $P=0.1489$. MA results showed that the features of TCM treatment on NSCL were: high stability, low effectiveness, however, with certain dominance.

Authors' address: Institute of Oncology, Shijiazhuang, Hebei 050011

Key words: Lung cancer/TCM therapy cancer non

—small cell/TCM therapy @ Meta analysis

(Original article on page 287)

Graves' Disease Treated with Sanhuangyikang Capsule (SHYK) Supplemented With Small — dose Tapazole

Wang Kecheng, Liu Dongyan, Jia Yixing et al.

62 cases of Graves' disease were treated mainly with SHYK capsule plus small dose of tapazole and compared with routine tapazole therapy as control. Results were: total effective rate of treatment group, 93.5%, that of control group, 62.8% with significant difference ($P < 0.05$). The rates of symptom improvement negative turning of immune indices in the treatment group were all superior to the control, with significant difference ($P < 0.05$ or $P < 0.01$), whereas the toxic and side effects of the former was lower than that in the latter ($P < 0.05$ or $P < 0.01$). The time for normal recovery of thyroid function between the two groups made no difference.

Authors' address: No. 264 Hospital, PLA Taiyuan, Shanxi 030001

Key words: hyperthyroidism / integrated TCM and WM therapy methimazole @ sanhuangyikang capsule

(Original article on page 290)

Investigation on Quantitative Diagnosis of Clinical Manifestations of TCM Heart Disease Diagnosed on the Basis of Differentiation of Blood and Qi

Yuan Zhaokai, Zhou Xiaoqing, Fan Fuyuan et al.

In the light of mathematical maximum likily hood method, the conditioned probability of clinical manifestations in TCM syndrome of asthenic heart qi — and blood and control group were calculated to establish a "List of Quantitative Diagnostic Index of TCM Manifestations Differentiation for Qi and Blood in Heart Disease". Based on the scoring of the above list, the rate of coincidence of retro — spective test of the three signs were 92.70%, 93.20%, 94.98% respectively, and that of prospective test were 84.61%, 81.82%, 87.50% respectively.

Authors' address: Institute of diagnostics, Hunan College of TCM, Changsha, Hunan 410027

Key words: Differential diagnosis of heart diseases differential diagnosis of Qi — blood