

四季气候变化对慢性胃炎复发及 HP 感染的影响

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摘要 对 109 例慢性胃炎患者从四季气候变化与发病及 HP 感染的关系方面进行观察,结果:(1)四季中夏春季发病率较高,次为冬季。各型中,寒湿犯胃型夏春季发病率较高,脾胃虚弱型次之。胃热阴虚型冬季发病率较高。(2)四季中夏季发病者 HP 阳性率较高,春季次之。各型中,寒湿犯胃型夏季发病 HP 阳性率较高,脾胃虚弱型次之。胃热阴虚型冬季发病的 HP 阳性率较高统计学处理,差异有显著性。

主题词 胃炎/微生物学 气候和疾病 螺杆菌,幽门

为了观察四季气候变化对慢性胃炎复发及 HP 感染的影响,探讨其中的发病规律,我们对近 3 年所治本病疗效显著的 109 例患者,从季节性气候与本病证型及 HP 的关系上作一回顾性分析,兹将结果报告如下。

1 临床资料

1.1 一般资料:本组 109 例均为成年人。其中男 46 例,女 63 例;年龄 23~40 岁 47 例,41~55 岁 42 例,55 岁以上 20 例;年龄最大 68 岁,最小 23 岁,平均年龄为 42.4 ± 7.4 岁。

1.2 内镜诊断:全部病例均经院内外作内镜检查。其中慢性浅表型胃炎 65 例,慢性萎缩性胃炎 30 例,胆汁性胃炎 13 例,肥大型胃炎 1 例;有 3 例伴有胃粘膜脱垂,27 例伴有十二指肠球炎,11 例伴有轻度溃疡。

1.3 中医分型:根据四版《中医内科学》的分型方法^[1]结合笔者的临床经验,共分为 4 型。

肝胃郁滞型(26 例):胃脘胀痛,饱闷,喜太息,痛无定处,时左时右,噎气频作,每遇精神不适即加重。伴有泛酸纳差,有时作呕,脉细弦,舌质红、苔薄白。胃热阴虚型(23 例):胃脘灼痛,痛有定处,口干口苦,吞酸嘈杂,心烦易怒,进食后痛有缓解。或伴有轻度呕血,便秘溲赤,脉弦数有力,舌质红少津、苔薄黄。寒湿犯胃型(29 例):胃脘胀痛,恶心呕吐,口泛清水,得热痛缓,喜热饮,脉沉紧或濡,舌质淡红、苔白或厚腻。脾胃虚弱型(31 例):胃脘胀痛,痛时喜按,喜热食,多食则胀,时而便溏。伴有面色㿔白,神疲乏力,四肢不温,脉沉细软,舌质淡红嫩、苔白润。

2 方法与结果

2.1 观察方法:采用双盲法,分别从中医辨证与内镜检查的不同角度对同一病人作出诊断,以明确本例胃炎属于中医的何种证型。先将病案资料中记载的发病日期更换为农历月、日期,然后分别统计各型胃炎在不同月份中发病的频率,再按季度进行累计。又根据其内镜病理报告单分别统计各型胃炎在不同月份中 HP 阳性数,也按季度进行累计,并且分别统计各季、各型发病率及 HP 感染率。

2.2 观察结果

2.2.1 四季气候变化对慢性胃炎证型的影响:表 1 示,各型胃炎的复发,与季节性气候的影响,有一定差异。四季中以夏季发病率较高,春季次之,秋冬季较低。经各型互比及季节性对比,胃热阴虚型冬季发病率较高,与春、秋、夏季比差异有显著性(P 均 < 0.05),与寒湿犯胃型、脾胃虚弱型比亦有显著差异(P 均 < 0.05);寒湿型夏季发病率较高,与秋、冬季比差异有显著(P 均 < 0.01),与胃热阴虚型比亦有显著差异($P < 0.01$);脾胃虚弱型夏季发病率亦偏高,与冬季比差异有显著性($P < 0.05$)。

2.2.2 四季气候对 HP 阳性的影响:表 2 示,各型的 HP 阳性率夏季节性气候影响,亦有一定差异。四季中以夏季发病 HP 阳性率较高,次为春季,秋冬季偏低。经各型互比及季节性对比,胃热阴虚型冬季发病 HP 阳性率较高,与夏秋季比差异有显著性($P < 0.05$),与寒湿犯胃型、脾胃虚弱型比亦有显著差异($P < 0.05$);寒湿犯胃型夏季发病 HP 阳性率较高,与秋冬季比差异有显著性($P < 0.05$),与胃热阴虚型和肝胃郁滞型比差异有显著性($P < 0.05$);脾胃虚弱型夏季发病 HP 阳性率偏高,与冬季比差异有显著性($P < 0.01$)。

3 讨论

中医理论认为,人与自然是统一整体,经本组资料分析,夏季、春末夏初是本病复发率较高的季节,春夏之交,气候由温转热,具有高温多湿特点,也是江南山区气候多变、多雨多湿、时雨时晴、时寒时热之际,其温差变化较大,务农者常冒雨采茶、耕耘。一般有慢性胃炎病史者,其肠胃吸收营养功能较弱,常有面色不华、形瘦神疲、纳谷不多等脾虚现象,其御寒能力亦差,每当气候突变,使人难以防范,则易致寒湿犯胃,临床上

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表 1 四季气候与慢性胃炎的关系

辨证分型	例数(%)	春季	夏季	秋季	冬季
		例数(%)	例数(%)	例数(%)	例数(%)
肝胃郁滞型	26(23.85)	8(7.34)	7(6.42)	5(4.59)	6(5.5)
胃热阴虚型	23(21.1)	4(3.67)	3(2.75)	4(3.67)	12(11.01)★★
寒湿犯胃型	29(26.61)	9(8.26)	15(13.76)△▲	3(2.75)	2(1.83)
脾胃虚弱型	31(28.44)	8(7.34)	12(11.01)*	7(6.42)	4(3.67)
合 计	109(100)	29(26.61)	37(33.94)	19(17.43)	24(22.02)

☆与春秋夏季比, $P < 0.05$; △与秋冬季比, $P < 0.05$; * 与冬季比, $P < 0.05$

★与寒湿犯胃、脾胃虚弱型比, $P < 0.05$; ▲与胃热阴虚型比, $P < 0.01$

表 2 四季气候与幽门螺杆菌阳性的关系

辨证分型	例数(%)	春季	夏季	秋季	冬季
		例数(%)	例数(%)	例数(%)	例数(%)
肝胃郁滞型	13(50)	5(19.23)	3(11.54)	2(7.69)	3(11.54)
胃热阴虚型	21(91.3)	4(17.39)	3(13.04)	3(13.04)	11(47.83)★★
寒湿犯胃型	28(96.55)	8(27.59)	15(51.72)△▲	3(10.34)	2(6.9)
脾胃虚弱型	24(77.42)	7(22.58)	11(35.48)*	4(12.9)	2(6.45)
合 计	86(78.9)	24(22.02)	32(29.36)	12(11.01)	18(16.51)

☆与春秋夏季比, $P < 0.05$; △与秋冬季比, $P < 0.05$; * 与冬季比, $P < 0.01$

★与寒湿犯胃、脾胃虚弱型比, $P < 0.005$; ▲与胃热阴虚、肝胃郁滞型比, $P < 0.05$

通常以虚寒湿三邪杂而见之。现代医学也认为,寒气内袭,或嗜食生冷瓜果饮料,能刺激人体胃肠平滑肌产生痉挛而发病。表 1 资料还表明,胃热阴虚型多见于冬季,由于冬季气候寒冷,人体肌腠致密,阳气内潜,又厚衣御寒,虽值严冬,则寒邪反不易侵犯。若生活习性上常饮酒食辣,多食膏粱厚味,对素有口干津少,纳少便秘的阴虚患者而言,发病时则易产生热化。

表 2 资料表明,各型胃炎以寒湿犯胃型、胃热阴虚型、脾胃虚弱型三者 HP 阳性率较高,根据寒湿犯胃、脾胃虚弱型多发于春末夏初、胃热阴虚型多发于冬季之特点,提示了 HP 的生存、活跃与春夏之际的自然气候或冬季特定的环境有着一定相关性。从中医六淫学说与现代细菌学角度综合而言,HP 类似于祖国医学的病邪,初夏的高温高湿度环境,温差波动较大,易致寒湿犯胃,由于体内胃液分泌减少,天热凉饮又能使胃酸稀释,一旦胃肠道酸度降低,其杀菌作用则减弱而致病^[2]。其中既有寒湿犯胃的外在条件,又有适合 HP 繁殖感染的内部环境。根据国内学者运用中医邪正学说研制脾虚大鼠模型感染 HP 成功的报道^[3]结合表 2 资料分析,脾虚程度严重者,既是导致本病复发的要因,也是各种病邪犯胃的病理基础,更是适合 HP 感染的内在环境。目前虽然有人通过中药抑菌试验研究后认为,黄芩、黄连、枳实、白芍等中药均有不同程度的抑制 HP 作用^[4],从

其清热解毒性能而言,也只是为中医诊治胃热型胃炎抗 HP 感染提供了依据,但对感染较高的寒湿型胃炎的论治,尚难作出满意解释。特别是中医对胃炎的认识是分型多、病因杂,单纯运用抗 HP 药物治疗本病,疗效并不理想。利用中医“天人合一”的整体观理论,并根据四季气候变化对人体的影响,以理气散寒、健脾燥湿、清胃益阴等多种治法来调整脾胃的内在机能,破坏 HP 的生存环境而达其抑菌作用,则前景更为广阔。

4 参考文献

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本 刊 征 稿

《中医杂志》自开辟“病例讨论”栏目以来,深受读者欢迎。现继续征稿如下:(1)近年在病房里曾经讨论过的有西医明确诊断的病例。(2)病历记录完整。(3)在会诊时突出中医辨证施治的讨论(可以有不同看法),对提高读者临床辨证水平有一定启迪。(4)讨论中决定所用的治疗方法结果如何。最好前后都有化验等检查指标对比。(5)附有单位证明。来稿请寄北京市东直门内北新仓 18 号中医杂志社 9 号编辑收,邮编:100700。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on 30 Cases of Paralysis Agitans Treated by Acupuncture Plus Direct Moxibustion

Chen Xinghua

Sixty cases of paralysis agitans were randomly divided into 2 groups, each 30 cases, and treated by acupuncture alone and acupuncture plus direct moxibustion respectively. Comparison of the markedly effective results between the two groups were significantly different statistically ($P < 0.05$). Significant statistical differences were also found between the 2 groups in markedly effective and effective results ($P < 0.01$). It is thus claimed that acupuncturing plus direct moxibustion is a safe, simple, and effective measure for treatment of Parkinson's disease.

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Key words: Paralysis agitans/acu — moxibustion therapy direct moxibustion

(Original article on page 342)

Influence of Treating Principles of Detoxication — Stasis Removing — Yin — Nourishing on Hemorheology in Cases of Lupus Erythematosus

Fan Yongsheng, Wen Chengping, Gu Huanpeng, et al.

By combining clinical observation and animal experiments and using FASCO—3010 hemorheological devices to examine the relevant indices, it was found that no obvious changes can be found in the group treated with hormone before and after the treatment, whereas in the group with traditional drugs added, the RBC deformation, and specific viscosity of plasma were all markedly lowered. Comparison of rheological changes in SD rat showed that traditional Chinese drugs can markedly improve the hemorheology in such patients, indicating that these TCM treating principles can improve the concentrated, viscous, coagulated, agglutinated pathological blood status in SLE patients.

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Key words: Lupus erythematosus, systematic/TCM therapy detoxication stasis removing

(Original article on page 348)

Improvement of Pulmonary Functions in Children of Asthma Treated by Combined Topical and Internal Use of Chinese Medicaments

Wan Lisheng, Chen Taohou, Xiang Xixiong, et al.

Observation on the pulmonary function of 6—13—year — old children suffering asthma at remission period revealed that there was blockage of the bronchial passage. After our treatment, the disorder was markedly improved, indicating that the lesion here was reversible.

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Key words: Asthma/prevention and control blockage of bronchial passage/TCM therapy

(Original article on page 355)

Influence of Weather Changes in All Seasons on Chronic Gastritis and HP

Wang Shoupeng, Xü Ya'na

Observation was made on the relationship between the attack of chronic gastritis and weather changes in our — seasons, and HP in 109 cases. Results showed that 1) incidence of attacks were more frequent during the spring and summer, followed by winter. In terms of syndrome types, the type of stomach invaded by cold — dampness were frequently encountered in summer — spring, followed by deficient spleen — stomach type, whereas in winter, the type of stomach — heat and yin deficiency had a higher incidence of attack in winter; 2) HP positive was higher in summer, followed by spring. In terms of syndrome types, the stomach invaded by cold — dampness type had a higher positive HP, followed by deficient spleen stomach type. The type of stomach — heat yin deficiency had a higher positive HP in winter, with significant statistical difference. The results were of significance for seeking the root causes when treating this ailment in different seasons.

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Key words: Gastritis/microbiology weather and disease *Helicobacter pylori*

(Original article on page 364)