

四 诊 研 究

329 例吸毒者不同戒断期舌象分析

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摘要 共观察了 329 例吸毒者不同戒断期的舌象变化,结果显示:戒断早期(半月内)以舌质红绛、有芒刺、苔白腻或黄腻、舌形胖大、有裂纹为主,随着戒断期的延长,红绛舌、芒刺舌比例逐渐下降,胖大舌、裂纹舌、白腻苔比例不断上升;戒断期 2 个月以后上述所有舌象均有下降趋势,淡红舌比例升高。从舌象分析戒断初期以邪热伤阴、脾虚湿浊为主要表现,中期以火邪伤阴、脾虚湿浊为主,后期以脾虚湿浊、气血不足为主。因此益气健脾、护养胃阴应贯穿治疗的始终,不同的戒断期,应根据辨证采取不同的组方治疗。

主题词 行为,成瘾 舌象异常 @ 戒断期

舌象作为中医诊断学中的重要内容,由于其直观性强,历来被医家所重视。我们观察了 329 例不同戒断期的舌色、舌苔、舌形、舌态等分析其变化规律,旨在为中医药戒毒提供可供参考的临床资料。

1 临床资料

观察对象为同期在戒毒中心的戒毒学员,共 329 例;其中男性 104 例,女性 215 例;年龄 17~48 岁,年龄 33 ± 5.62 岁。诊断符合中国精神类疾病分类方案与诊断标准(CCMD-2-R)关于鸦片类物质戒断综合征的诊断标准。

2 观察方法及结果

按中医传统划分,将舌色分为淡红、淡白、绛、青紫。舌苔分为黄腻、白腻、光剥、花剥。将舌形分为胖大、裂纹、有芒刺。舌态分为震颤、痿软、强硬。在相同亮度条件下,进行观察、记录。根据戒断时间,划分为 6 组。第 1 组为 1~7 天,第 2 组为 8~15 天,第 3 组为 16~30 天,第 4 组为 31~60 天,第 5 组为 61~90 天,第 6 组为 >90 天。由于第 6 组只有 8 例,缺乏代表性,因此在文中不做讨论。

将不同戒断期的观察结果按舌色、舌苔、舌形、舌态 4 个方面分组见附表。

3 讨论

中医治病重视整体调节、辨证论治,从根本上纠正机体内部失衡的功能状态。利用中药戒毒,尤其是改善

附表 不同戒断期舌象情况[例(%)]

	1~7 天 (46 例)	8~15 天 (45 例)	16~30 天 (64 例)	31~60 天 (121 例)	61~90 天 (45 例)
舌色					
淡红	14(30.43)	21(46.67)	26(40.63)	51(42.15)	24(53.33)
淡白	12(26.08)	14(31.11)	23(35.94)	48(39.67)	15(33.33)
红绛	17(36.96)	10(22.22)	14(21.88)	19(15.70)	6(13.33)
青紫	3(6.52)	0	1(1.56)	3(2.48)	0
舌苔					
黄腻	12(26.08)	4(8.89)	10(15.63)	10(8.26)	8(17.78)
白腻	19(41.30)	26(57.78)	21(32.81)	53(43.80)	17(37.78)
花剥	3(6.52)	2(4.44)	3(4.69)	13(10.74)	3(6.67)
光剥	4(8.70)	2(4.44)	5(7.81)	8(6.61)	3(6.67)
薄白	8(17.39)	11(24.44)	25(39.06)	37(30.58)	14(31.11)
舌形					
胖大	26(56.52)	28(62.22)	38(59.37)	96(79.34)	25(55.55)
裂纹	15(32.61)	21(46.67)	36(56.25)	43(35.54)	11(24.44)
芒刺	27(58.70)	25(55.56)	31(48.43)	45(37.19)	14(31.11)
舌态					
震颤	3(6.52)	2(4.44)	3(4.69)	0	2(4.44)
痿软	2(4.35)	2(4.44)	2(3.13)	3(2.48)	2(4.44)
强硬	0	2(4.44)	2(3.13)	4(3.31)	0
无异常	41(89.13)	39(86.67)	57(89.06)	114(93.39)	41(91.11)

戒毒后的稽延症状,降低复吸率,具有广阔的应用前景。纵观近年来的临床报道,运用中药戒毒,在指导思想上不尽相同。有的采用扶正固本、解痉镇痛法^[1],有的采用通腑泄实、清心泄浊法^[2],有的采用清热解毒、清营凉血、强筋壮骨、延阳止痛法^[3],有的采用振奋脾肾之阳气法^[4],还有采用理气化痰、清热祛湿法等。我们通过临床观察,认为戒断期是一个发展变化的过程,不同时期有不同特点。从舌象观察表可以看出,戒断期 1~7 天内,舌色以红绛为主,占 36.96%,其次为淡红、淡白,分别占 30.45%、26.08%;舌苔以白腻为主,占 41.30%,其次为黄腻,占 26.08%;舌形以有芒刺和胖大为主,分别占 58.70%、56.52%,其次为裂纹舌占 32.61%。从舌象分析,该时期邪实与正虚并重,即邪热内盛伤阴,脾虚湿浊内蕴或有化热现象是为该期特点。戒断期在 8~15 天内者,芒刺舌、红绛舌、黄腻苔比例均有下降,分别占 55.56%、22.22%和 8.89%;而胖大舌、裂纹舌和白腻苔比例呈上升趋势,分别占 62.22%、46.67%和 57.78%。说明该时期邪热渐退,阴伤难复,又有脾虚湿浊内阻。在戒断期 16~30 天者,芒刺舌、红绛舌比例进一步下降,分别占 48.43%和 21.88%;白腻苔、胖大舌比例亦下降,分别占 32.81%

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和 59.37%；而裂纹舌比例继续上升，达 56.25%。说明该时期以阴虚津液不足为主，而脾虚湿浊之证由于戒毒者食欲增加，胃气渐生而有缓解之象。在戒断期 31~60 天者，胖大舌、白腻苔比例再次上升，分别占 79.34% 和 43.80%，淡白舌、淡红舌比例亦上升，各占 39.67% 和 42.15%；芒刺舌、红绛舌比例下降，分别占 37.19% 和 15.70%；裂纹舌比例下降，占 35.54%。说明该期以脾虚湿浊、气血不足之证为主。戒断期 61~90 天者，各舌象比例均呈下降趋势，惟淡红舌比例上升，为 53.33%。说明该时期多数患者的机体机能趋向于恢复。

从上述分析可见，胖大舌、白腻苔在各期中都占有较高的比例，说明吸毒患者脾气虚弱、水谷不化、湿浊内生贯穿于戒毒的全过程。如果以热象来分析，早期以实热为主，中期以虚热为主，后期则实热虚热均不明显。

观察中见少数患者出现花剥苔、光剥苔，甚至有震颤舌、痿软舌、强硬舌，这些热极伤阴、热极生风之危

候，初步认为与吸毒量和吸毒时间有关。

中医认为，毒品苦温性燥，长期使用则耗气伤阴，终致元气耗损、脏腑俱虚^[5]。戒断 1 周内出现的实热之象是留在体内的毒品之性，是本虚标实之证，故笔者认为治疗上不能一味清泻实火，而益气健脾、护养胃阴应贯穿治疗的始终，同时认为不同的戒断期，根据辨证采取不同的组方治疗，将会取得更好的疗效。

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中药、针刺并用治疗肌强直性瞳孔 1 例

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肌强直性瞳孔或称 Adie 氏瞳孔，多见于中年女性，单眼发病约占 80%，原因不明。患者瞳孔圆整，直径在 5mm 左右，光反射，辐辏反射，近点反射均极度迟钝，对缩瞳剂和扩瞳剂非常敏感，膝腱反射及跟腱反射消失，实验室检查无异常，目前尚缺乏有效的西药治疗，笔者参照有关验方，运用中药加针刺治疗数例，收效满意，举例如下。

1 病例介绍

患者女性，42 岁，已婚，医师，因发现左眼瞳孔散大、视力模糊 1 月。于 1998 年 4 月 11 日就诊。夜间于强光下视近物时觉左眼明显胀痛，不伴有眼红眼痛，虹视、无头痛、发热、指测眼压 Tn，眼球彩超检查未见异常，滴用 1% 匹罗卡品眼药水瞳孔从 5mm 缩小至 2mm，药效过后又复散大，曾按球后视神经炎予氟美松、复方丹参、维脑路通、病毒唑、能量合剂等药物治疗无效。自病来记忆力较差，余无异常。既往无特殊病史。全身体格检查：左侧膝腱反射、跟腱反射消失，余未见异常。辅助检查结果均为阴性，眼部检查：左眼视力 0.8，瞳孔直径 5mm，直接对光反射、间接对光反射均消失，辐辏反射、调节反射极度迟钝，右眼视力 1.0，瞳孔直径 3mm，直接及间接光反射、辐辏反射、调节反射均正常。两眼屈光间质透明，眼底视野检查均无病理改变。症见：手足心热、口干头晕、心烦失眠、健忘、舌质红、苔少。

诊断：左眼肌强直性瞳孔。中医诊断：肝肾阴虚，内风中经络证。治疗：滋阴补肾，补肝健脾，泻肝肾之火，祛风通痹。选用羌活地黄丸加减方。

处方：羌活 10g，独活 10g，僵蚕 10g，熟地黄 10g，牡丹皮 10g，山茱萸 10g，茯苓 10g，泽泻 10g，山药 10g，白芍 10g，当归 10g，每日水煎服 2 次。

针刺取穴：眼部：左侧阳白、四白、攒竹、上睛明、球后。全身取穴：双侧风池、三阴交、光明（每日轮流用 1 穴）。

治疗后 1 月余，瞳孔缩至 3.5mm，直接、间接对光反射略有恢复，但仍比健侧迟钝，继服药至 6 个月（针刺因畏痛未坚持）左侧瞳孔与右侧瞳孔等大，直接与间接对光反射正常，膝腱反射、跟腱反射恢复，停止用药后，随访 4 月余正常。

2 体会

肌强直性瞳孔，因病因未明，西医对症治疗疗效不佳，故以中医治疗，该证在中医中属“阴虚”、“风”的范畴，在治疗上当以“虚者补之，祛风通痹”为大法。

瞳孔属风轮属肝，肝肾有相生关系，瞳孔散大为肝肾阴虚。强直为风，故本病当为肝肾阴虚，内风中经络证。用熟地黄滋补肾，山茱萸温补肝肾，山药健脾，牡丹皮凉血清热而泻肝肾之火，泽泻渗泄湿浊，茯苓淡渗脾湿，羌活、独活、僵蚕祛风通痹，当归、白芍养肝敛肝熄风，配合针刺作用于经络穴位，以调整脏腑间阴阳相对平衡的生理状态，中药、针刺合用，切中病机，相得益彰，疗效满意。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Study on Analgesic Action of Chinese Medicine (Bitongxiao) to Leucic-eukephalin

Li Jinxue, Xiang Changju, Liu Xiuqin, et al

33 cases of pain due to neural-root type cervical spondylosis were treated by Bitongxiao, with another 31 cases treated by Jingfukang granule as control. The pain scores in both groups before and after the treatment were markedly decreased (all $P < 0.01$), so were that of the difference of values between them ($P < 0.05$). For the analgesic action between the type of qi-stagnation blood-stasis and the type of channel blocked by wind-cold evil, there was no difference. The content of leucic-eukephalin (LEK) in the plasma of the treatment group after treatment increased dramatically ($P < 0.01$), but that in the control group, though tending to increase, showed no significant difference.

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Key words: analgesia eukephalin, leucine/metabolism @ bitongxiao

(Original article on page 148)

Observation on the Therapeutic Effect of Ganbi Decoction on Post-antituberculous Liver Injury

Gong Xianfeng, Pu Lanyuan, Xian Yinsheng

Seventy-four cases of post-antituberculous liver injury (called medicinal hepatopathy in western medicine) were randomly assigned to treatment group of 38 cases and control group of 36 cases which were treated with Ganbi Decoction and glucuronolactone respectively. The improvement in clinical syndromes, signs, time for recovery of liver function and indices of T-lymphocytic sub-group were observed before and after the treatment. Result revealed that all the observed indices in the treatment group were significantly different as compared with the control group ($P < 0.01$). The cured and total effective rates of the treatment group were all higher than that of the control ($P < 0.05$ or $P < 0.01$).

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Key words: liver disease/TCM therapy antitubercotics/side-effect @ Ganbi Decoction

(Original article on page 157)

Clinical Study on Infantile Lactose Intolerant Diarrhea Treated by TCM

Zhu Jinshan, Chen Liuying, Chao Jianxin, et al

The subjects were 486 cases aged all under 1.5-year-old. Their fresh stool were observed closely by pH value, lead acetate (la) method and chromatography. Standards for lactose intolerant (LI) included $\text{pH} < 6$, la 2 +,

chromatography +. 148 cases were assigned to 3 groups. Group I was treated with regular western drug; group II, regular western drug plus delactose diet; group III, traditional Chinese remedies with Zhixie I, Zhixie II administered to acute (damp-heat), chronic (persisting) types, and observed for 5 and 10 days respectively. Results showed that the incidence of LI in 486 cases infantile diarrhea was 54.73%, of them, the incidence of chronic type being 72.73%. For acute diarrhea LI, there was no significant difference among its group ($P > 0.05$). While for the chronic group, the effects in II, III were superior to I (all $P < 0.05$). Delactose diet yielded good effect for both types of LI. For chronic persisting LI, traditional Chinese remedies can rapidly ameliorate vomiting, diarrhea and abdominal distention with satisfactory effect.

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Key words: diarrhea, infantile/TCM therapy @ intolerant to lactose

(Original article on page 161)

Analysis of Lingual Picture in 329 Cases of Drug Addicts During Different Stages of Drug-withdrawal

Li Yu, Liu Shuang

The results of the observation were: in the early stage ($< 1/2$ month), the tongue body was scarlet with white or yellow greasy coat with prickles, the body was bulky, with fissures. As the time of withdrawal went on, the ratio of scarlet, prickly tongue decreased, while that of bulky, fissured, and white greasy coat increased. Over 3 months after drug withdrawal, the ratio of all the above tongue pictures all tended to decrease, with an increase of pink tongue. By analysis of lingual picture, the main pathology was injury of yin by evil-heat and deficiencies of qi-blood, and damp filth and deficient spleen at the early stage; while at the intermediate stage, the main manifestations were yin-injury by fire-evil, damp-filth and deficient spleen; at the late stage, the main manifestations were damp-filth and deficient spleen and deficient blood and qi. Hence, the principles of strengthening the spleen and benefiting qi, protecting and nourishing the stomach yin should be persistently given during the whole therapeutic course. For different stages of withdrawal, different prescriptions should be accordingly administered.

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Key words: behaviour, addiction, abnormal lingual picture @ withdrawal stage

(Original article on page 174)