

四 诊 研 究

44 例恶性血液病造血干细胞移植前后舌象观察

李海燕* 冯四洲* 钱林生* 韩明哲*

摘要 报告 44 例恶性血液病患者接受造血干细胞移植前后的舌象观察结果。移植前薄苔 28/44 例,移植后舌象明显变化,初期厚腻苔 29/44 例,舌质紫暗 14/44 例,后期厚腻苔减至 15/44 例,褐、灰、黑苔增至 14/44 例。从中医角度显示此种治疗对患者机体产生的影响,对临床辨证施治有一定的指导意义。

主题词 血液病/外科手术 造血干细胞

造血干细胞移植术是迄今根治血液系统常见恶性疾患的最有效方法之一。对于这种治疗给患者机体的影响在舌象上的反映,少见有关这方面的报道,而舌诊在中医临床辨证中有着重要作用,为配合移植工作,寻找中医调治规律,我们观察了部分受术患者的舌象,发现其移植前后的特点和差异,为辨证治疗提供依据。报告如下。

1 资料与方法

本组 44 例系我院 1996 年 10 月~1999 年 5 月接受造血干细胞移植的患者。男 29 例,女 15 例;年龄 15~46 岁。其中急性非淋巴细胞白血病 11 例,急性淋巴细胞白血病 15 例,急性杂合型白血病 1 例,慢性粒细胞白血病(CML)13 例,骨髓增生异常综合征(MDS)3 例,多发性骨髓瘤(MM)1 例,移植种类:自体移植 18 例(骨髓移植 15 例,外周血干细胞移植 3 例),异基因移植 26 例(骨髓 4 例,外周血 22 例);移植前病情:急性白血病均完全缓解(CR),CML 均为慢性期,MDS 1 例 CR,2 例未缓解,MM 部分缓解。

预处理方案:全身照射(8~10Gy)加环磷酰胺(120mg/kg),或马利兰(16mg/kg)加或不加环磷酰胺。异基因移植用环孢菌素 A 及短期甲氨喋呤预防移植物抗宿主病(GVHD)。预处理后输入造血干细胞,支持对症治疗,直至造血重建。本组病例全部移植成功。

观察方法:采用常规目测法在自然光下察看患者舌苔及舌质,分别记录其移植前(预处理前)、移植初期(预处理结束、干细胞输入后)和移植后期(干细胞已植活,造血重建)的舌象。并注意同期主要伴随症状体征。

2 结果

移植前:薄苔 28 例,黄白苔 9 例,厚腻苔 6 例,褐苔 1 例;舌裂纹 3 例,舌紫暗 5 例,舌胖大 1 例。均无明显伴随症状。

移植初期:薄苔 4 例,黄白苔 7 例,厚腻苔 29 例,褐苔 1 例,舌光红、剥苔 3 例;舌裂纹 1 例,舌紫暗 14 例,舌胖大 2 例。均伴严重消化道反应(恶心、呕吐、腹痛、腹泻,口咽溃疡等)。

移植后期:薄苔 5 例,黄白苔 7 例,厚腻苔 15 例,褐、灰、黑苔 14 例,舌光红、剥苔 3 例;舌裂纹 4 例,舌紫暗 5 例,舌胖大 2 例。仍以消化道症状为主但程度减轻。异体移植 18 例患者中随时间推移 16 例发生 GVHD,常见皮疹、脱皮(表皮)、手足红肿、口腔溃疡、水样腹泻、黄疸及目赤干涩、口干等症。16 例患者中,薄苔 2 例,黄白苔 2 例,厚腻苔 4 例,褐、灰、黑苔 6 例,舌光红、剥苔 2 例;舌裂纹 4 例,舌紫暗 1 例。

3 讨论

本组病例移植前舌象多数呈正常或接近常态,与其前期治疗病情缓解、机体状态相对较好相符。但接受了超大剂量的放化疗预处理后身体遭到较重损伤,舌象均显异常:(1)大多数患者从移植前到移植后舌苔变厚(程度有不同),尤其在移植初期,均有消化道反应,说明患者脾胃功能严重失调,脾虚气弱,湿浊阻滞。(2)舌质紫暗常见,且多伴肤色暗黑,初期最明显,呈“瘀”象,后期逐渐好转,可能与放化疗毒副作用相关。(3)移植后期褐、灰、黑苔及裂纹舌增多较明显,提示阴虚趋势有所增加。(4)合并症的影响及自异体移植的差异主要表现在有无 GVHD 方面。发生 GVHD 者出现阴虚的舌象(褐、灰黑,光、剥,裂纹)频次较多,与其常见口疮、皮疹、目赤涩、口干等阴虚火旺血热症状相吻合。(5)另应予以注意的是 3 例 MDS 均舌苔薄少。

据上初步观察,移植初期患者毒副反应剧烈,骨髓空虚,血象极低,正气微弱,多呈气虚脾弱或兼血瘀之象;移植后期骨髓造血尚未健全,脏器亏损,体能消耗,常显气阴两虚,并发 GVHD 者更易显阴虚血热。故中医调治原则当以健脾补气为先,强其生化之源,后期酌培养阴,并针对个体所需给予恰当的辨证施治。

* 中国医学科学院中国协和医科大学血液学研究所血液病医院血液科,天津市南京路 288 号(300020)

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical and Experimental Studies on Treatment of 82 Cases of Premature Beat with Zao Bo Ling

Li Shuqing, Niu Chengzao, Mu Ling

Zao Bo Ling was adopted for treatment of 82 cases of premature beat (treatment group) and Rythmol and Isoptin were used as control groups. At same time, animal experiment was carried out. Results showed that premature beat was effectively controled and palpitation, chest distress and other symptoms were relieved obviously in the treatment group. Zao Bo Ling also could treat severe heart failure and did not have toxic side-effects. The total effective rate was 78.0% with significant difference as compared with that of the Rythmol group and the Isoptin group respectively ($P < 0.05$), and the animal experiment proved that it could strengthen myocardial contractive power. It is suggested that Zao Bo Ling has reliable therapeutic effect for premature beat.

Authors' address: First Affiliated Hospital of Jinzhou Medical College, Jinzhou 121001.

Key words: Extra Systole/TCM therapy @Zao Bo Ling
(Original article on page 410)

Clinical Observation on 35 Cases of Polycystic Ovary Syndrome Treated with Tonifying the Kidney Plus Acupuncture Sang Haili

Tonifying the kidney plus acupuncture method was used for treatment of 35 cases of polycystic ovary syndrome (treatment group). Bu Shen Huo Xue Capsules No. I, II, III and IV were respectively administrated according to different syndrome types such as kidney deficiency accompanied with blood stasis and stagnation of phlegm and retention of heat in liver and gallbladder, and different time of menstrual cycle. Acupuncture treatment for promoting ovulation was carried out on the 12th day of menstruation. Results indicated that the cured rate was 48.6% and 33.3%, the total effective rate was 91.4% and 80.0%, the ovulation rate was 82.9% and 80.0%, the pregnancy rate was 42.9% and 26.7%, recovering-normal rate of menstrual cycle was 94.3% and 80.8% in the treatment group and the Clomiphene control group respectively. The treatment group in the clinical therapeutic effect, the pregnancy rate, recovering-normal rate of menstruation was significantly superior to those of the control group ($P < 0.05$ or $P < 0.01$).

Author's address: The Second Affiliated Hospital of Shandong University of Traditional Chinese Medicine and Pharmacy, Jinan 250012

Key words: Polycystic ovary syndrome/TCM therapy
(Original article on page 412)

Investigation on Picture of the Tongue Before and After Transplantation of Hemopoietic Stem Cells in 44 Cases of Malignant Hematopathy

Li Haiyan, Feng Sizhou, Qian Linsheng, et al.

Picture of the tongue was observed in 44 cases of malignant hematopathy before and after transplantation of hemopoietic stem cells. Results showed that before transplantation, 28/44 cases were thin fur and after transplantation the picture of the tongue had obvious change, at the early stage 29/44 cases were thick and greasy fur, 14/44 cases were dark-purplish proper of tongue, and at the late stage of transplantation 15/44 cases were thick and greasy fur, and 14/44 cases were brown, grey or black fur. From the point of view of traditional Chinese medicine, this therapy has effect on the organism in the series of patients and has a certain directive significance for clinical treatment based on differentiation of symptoms and signs.

Authors' address: Hospital of Hematopathy, Institute of Hematology, China Xiehe Medical University, Chinese Academy of Medical Sciences, Tianjin City 300020

Key words: Hematopathy/surgical operation Hemopoietic stem cell

(Original article on page 422)

Study on Correlatively of Interleukin-1 and Other Cellular Factors with Essence of Deficiency of the Lung-yin

Shen Weizi, Sun Yan, Zhang Shuren, et al.

The relations between of interleukin-1 β (IL-1 β), interleukin-6 (IL-6), tumor necrosis factor (TNF α) and lung yin-deficiency syndrome were studied by means of immunohistachemical method. Results indicated that expression levels of IL-1 β and TNF α in macrophages and other non-tumor cells were correlated with lung yin-deficiency syndrome, expression levels of IL-1 β and TNF α in non-tumor cells of lung yin-deficiency syndrome group were higher than those of normal control group and patient control group; the IL-1 β /IL-6 ratio and TNF α /IL-6 ratio in non-tumor cells were closely related with lung yin-deficiency syndrome, IL-1 β /IL-6 ratio and TNF α /IL-6 ratio in non-tumor cells of lung yin-deficiency group were higher those of the normal control group and the patient control group. The authors hold that IL-1 β and TNF α cellular factors are essence of yin-deficiency.

Authors' address: Guangzhou City Hospital of Tumor, Guangzhou 510095.

Key words: Deficiency of the Lung-yin/immunology
(Original article on page 423)