

四 诊 研 究

255例胃十二指肠穿孔患者舌象分析

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摘要 对255例胃十二指肠穿孔患者的舌象观察与分析表明,患者舌象具有明显的变化特点和演变规律,与相关疾病患者相比较,在舌质、舌苔等诸项指标上均存在着非常显著差别。这一研究使舌象作为诊断胃十二指肠穿孔的辅助手段成为可能。

主题词 胃破裂/诊断 十二指肠疾病/诊断 舌诊

我们对255例胃十二指肠穿孔患者的舌象变化进行了观察,经过临床与手术前后及病理结果相对照,发现胃十二指肠穿孔患者的舌象有着比较明显的变化特点和演变规律,现总结报告如下:

1 观察对象

分为3组进行对照观察。(1)观察组:共255例,其中男233例,女22例;胃穿孔85例,十二指肠穿孔144例,复杂性穿孔26例;年龄19~62岁,其中30岁以下112例,30~40岁74例,40~50岁29例,50~60岁37例,60岁以上3例。(2)健康人对照组:共300例,均经常规体检证明为无疾病者。(3)相关疾病对照组:采用随机取样法,共观察肝癌、腹腔结核、急性阑尾炎、肠梗阻、胰腺炎、胆囊炎、胆石症等病种400例。两对照组的年龄、性别等分布与观察组无明显差别。

2 观察方法

2.1 观察指标:包括舌象观察及实验室各项指标检测。舌象观察含舌色、舌苔、舌形、舌下静脉以及舌有无瘀斑点及隆起物等。舌色分为淡红、红、绛、紫、青紫、淡白六色;舌苔分为薄白、白、白腻、薄黄、黄腻、黑黄六种;

舌形态分为正常、胖大、瘦小、呆滞、无华、光亮六种;舌下静脉视其有无增粗、迂曲、形成侧支以及颜色是否为青紫、暗紫(正常为暗红);另观察舌有无瘀斑点或隆起物及其所在部位。实验室的观察包括舌表面结构、舌尖微循环、舌阻抗图、舌脱落细胞病理、口腔pH值、唾液淀粉酶、口腔细菌霉菌培养以及各项血液流变学指标、细菌内毒素、血液及唾液中离子、微量元素及免疫指标的检测等。

2.2 观察方法:入院后按舌象研究统一表格规定记录病史、体检和首次舌象表现内容。拍摄典型正常人舌象彩色照片,以便和各种异常舌象做对照。对难以确定之舌色,用本室研制的HR-1型舌色比色仪比色确定。采取标本做各种实验室、辅助科室及舌诊研究客观化检查。术中观察病人腹腔脏器大体病理变化程度、范围等情况,并取病变组织做病理。术后每日一次观察舌象变化情况,重点记录舌色变化时间,舌苔清化时间,舌特征变化消失时间。并注意记录合并症、水电解质紊乱、发热等因素造成的舌象变化情况。

3 观察结果

3.1 胃十二指肠穿孔舌象表现特点:表现为舌体胖大呆滞,舌前部红赤、光滑明亮、无刺状处,苔白腻。255例中出现舌质变化者218例,占85.5%,其中红舌195例,绛舌15例,青紫舌8例。单纯胃十二指肠穿孔以红舌为主,占97.4%,绛舌占2.6%;复杂性穿孔红舌占28%,绛舌和青紫舌占72%。255例中有舌苔变化者217例,占85.1%,其中白苔46例,黄苔32例,白腻苔94例,黄腻苔43例,黑黄苔2例。白苔、黄苔者临床多表现为局限性腹膜炎、无消化道不畅通情况,而白腻苔、

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收稿日期:1991-04-29,修回日期:1991-08-10

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黄腻苔者临床多表现为泛发性腹膜炎, 其中96.6%的病人有消化道不畅通情况。出现舌形态变化者244例, 占95.7%, 其中舌体光滑明亮占98.4%, 舌体胖大占82.4%, 舌体呆滞无华占67.2%。舌下静脉增粗及颜色暗紫者142例, 占55.7%。出现瘀斑点和隆起物者85例, 占33.3%。

3.2 胃十二指肠穿孔舌质、舌苔变化与发病时间的关系: 在发病6小时之内的76例病人中, 有35%的病例出现舌质变化, 而出现舌苔变化者可达84%; 发病6~12小时的92例病人中, 舌质变化者达78%, 而舌苔变化者可达98%; 发病12小时以上者87例, 舌质、舌苔均出现变化。

3.3 胃十二指肠穿孔舌质、舌苔变化与病理的关系: 单纯胃或十二指肠穿孔, 舌象主要表现为舌质红、白腻苔, 但早期可有少数病人为舌质淡红、白苔; 复杂性穿孔如由肿瘤引起者多为舌质绛紫或青紫, 舌苔薄黄或黄腻。

3.4 胃十二指肠穿孔舌质、舌苔变化与穿孔大小及腹腔渗液的关系: 穿孔宽度小于0.5cm或腹腔渗液为300ml左右者, 多见舌淡红或红、苔白。穿孔宽度大于0.5cm或腹腔渗液在300ml以上者, 多见舌红、苔白或白厚或薄黄。穿孔宽度小于1cm或腹腔渗液在500ml以上者, 多见舌红或红绛、苔白厚或黄; 如为复杂性穿孔者, 多见舌红绛或紫绛、苔白厚。穿孔宽度大于1cm或腹腔渗液在1000ml以上者, 多见舌绛或紫、苔黄腻; 如为复杂性穿孔者, 多见绛紫舌或青紫舌, 黄苔或黄腻苔。

3.5 胃十二指肠穿孔舌象与健康人及相关疾病者的比较: 健康人对照组舌象表现为舌质淡红, 不深不浅, 苔色薄白, 干湿得中, 厚薄匀称, 偶有红星, 无条纹线, 无瘀斑点, 无隆起物, 舌下静脉厚度为1mm~2mm, 色暗红。附表示, 相关疾病对照组(简称相关疾病组)除不具备胃十二指肠穿孔舌象表现特点外, 在舌色异常、舌形异常和舌苔异常改变等方面也均存在着显著性差别(P 值均 <0.01)

附表 观察组与相关疾病组的舌象异常比较

组别	例数	舌色异常例数(%)	舌形态异常例数(%)	舌苔异常例数(%)
观察组	255	218 (85.5)	244 (95.7)	217 (85.1)
相关疾病组	400	251 (62.8)	237 (59.3)	211 (52.8)

4 讨论

传统的察舌辨证适用于中医临床的辨证施治, 如继承发扬运用得当, 望舌是可以协助诊断的。在我们对多种疾病的观察中发现, 不同疾病的舌象表现有其各自的特征。如胃十二指肠穿孔舌象变化的特征是舌前部红赤、光滑明亮、无刺状物, 苔垢白腻, 且与疾病程度和疾病病理有一定的相关性, 值得研究探讨。

中医舌诊用于临床诊断, 不受医院设备条件限制。在急腹症病人中, 它可以协助诊断胃十二指肠穿孔, 并可与其他急腹症相鉴别, 还可协助判断病变程度及是否有合并症存在等。舌前部红赤、光滑明亮、无刺状物, 加之苔垢变化主要为白腻苔, 是急腹症病人诊断胃十二指肠穿孔的基本依据, 并可根据舌色和舌苔的改变提示病情程度的加重。如单纯胃十二指肠穿孔多为舌质红、白苔或白腻苔, 而肿瘤引起者多为舌质紫、黄腻苔。通过此项观察, 可以协助判断单纯性穿孔和复杂性穿孔, 对判断手术治疗还是行中西医结合非手术治疗也有一定价值。此外, 舌质颜色深浅尚可协助判断腹腔炎症的程度。观察中发现, 舌质淡红者腹腔炎症轻, 舌质青紫者腹腔炎症重。17例淡红舌中, 穿孔宽度均小于0.5cm、腹腔渗液量300ml左右; 23例绛舌和青紫舌中, 穿孔宽度有75%病例大于1cm, 83.3%的病例腹腔渗液达到1000ml。

从临床应用出发, 利用舌象与胃十二指肠穿孔大体病理及组织病理的关系, 找到了胃十二指肠穿孔舌象发生变化的机理。舌色的变化主要决定于疾病的病理程度, 舌苔的变化与消化道的通畅程度有关, 从而揭示了中医舌诊与现代医学间的密切关系, 使舌诊用于协助疾病诊断规范化。

ABSTRACTS OF ORIGINAL ARTICLES

On the Nature of "Induced Disease and Generating Disease" Based on *Moxibustion Canon of Eleven Channels of Yin-Yang*

Zhao jingsheng

By comparing Ling Shu (Miraculous Pivot) with medical silk scrolls from Mawangdui, it was found that the manifestations of "induced disease" and "generating disease" in the Chapter on Channels, Miraculous Pivot are not syndrome classifications, rather, it is a different form of description on channel manifestations derived from different medical monographs; and is, intrinsically, the different approaches on the diseases underlying corresponding channels interpreted by ancient physicians.

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Key Words: Channels, Canon of Miraculous Pivot

(Original article on page 8)

Study on the Law of Application of Laryngological Insufflation Agents in the Qing Dynasty

Xia Jinping

Through the study on 35 most commonly used insufflation remedies from 14 monographs on laryngology in the Qing Dynasty, the frequency of application of the agents are, in order of decrease, borneal, borax, indigo, Sedimentation from human urine, alum, catechu, mirabilite, realgar, musk, peppermint, coptis root, phellodendron bark, niter, glycyrrhiza. Among them, pungent drugs amount to 42.9%; cold drugs, 54.3%. For channel tropism, 40% belongs to the Lung and Stomach channels, 45.7% of them possess heat clearing action; 54.3% with antitoxic action.

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Key Words: Diseases of the larynx/TCM therapy

(Original article on page 11)

Analysis on the Treatment of Brain Atrophy Based on Syndrome Differentiation: Report of 32 Cases

Lei Huimin Di Lunian

Of the 32 cases, 27 were of psychosema type, in which 4 were markedly effective, 10 effective; 5 cases were of senile dementia type, in which 1 case was markedly effective, another 1 effective, the total effective rate being 87%.

Author's Add: Heping District Hospital, Tianjin, 300201, China

Key Words: Brain Diseases/TCM therapy Atrophy /TCM therapy

(Original article on page 34)

Immuno-sterility Treated with Gu Yin (Consolidating-Yin)Decoction and Its Effect on Hu-

moral Immunity

Chen Xiaoping Chen Danping Dong Guihong

60 cases of immuno-sterility were treated with Consolidating-Yin Decoction and compared with 25 cases treated with western drugs as control. Results revealed that in the treating group, 19 cases were cured, 32 ameliorated, 9 ineffective; for the controlled group, the figures were 6,8,11 respectively. The influence on IgA, IgG was also significant in the treating group.

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Key words: Sterility, female/TCM therapy Immune Disease/Blood @ Consolidating-Yin Decoction

(Original article on page 36)

Analysis on the Lingual Pictures of 255 Cases of Perforation of the Stomach and Duodenum

Zhang Yongfeng Li Naimin Liu Guilan Zhang Hong Wang Shuying Lin Xiaodong Meng Jun

Analysis on the cases demonstrated that the changes in their tongues possess some characteristics and changing regularity. As compared with the related ailments, indices of the proper and coating of the tongue presented very significant differences. thus, the application of lingual picture in the diagnosis of perforation of the stomach and duodenum becomes feasible.

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Key Words: Rupture of the Stomach/diagnosis diseases of the Duodenum/diagnosis Diagnosis of the tongue

(Original article on page 42)

Comparative Study on the Mechanism of Formation of Pulse Manifestations in Patients of Coronary Heart Disease and Hematopathy

Chen Suyun Lin Yuanchang Xuan Wenlan Xie Zhibin Xu Junjie Liu Yili Meng Qingdai Chen Yuxiao Cui Zhiying Lu Zhiping Wang Yunxiang Sun Qili Li Youyang Wang Shengbo

Most of the CHD patients reveal string pulse, mainly due to damage of heart function, lowering of arterial compliance and increase of total peripheral resistance. The common pulse in patients of blood diseases reveal frequent, tiny, string and slippery characteristic, mostly due to the increase of compensatory pumping action of the heart, shortening of ejection time of the left heart, with better vessel compliance and hemorheology, low total peripheral resistance.

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Key Words: Coronary Heart Disease/pathophysiology Hematopathy/pathophysiology pulse manifestations

(Original article on page 44)