Clinical investigation on characteristics of traditional Chinese medical syndrome of hepatocirrhosis  
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[ABSTRACT] Objective To explore the characteristics of traditional Chinese medical syndrome (TCM syndrome) of hepatocirrhosis. Methods Clinical information from the four diagnosis methods of traditional Chinese medicine (TCM) and related laboratorial indexes were systematically collected from 223 hepatocirrhosis cases, and the multi-statistical methods including systematic cluster analysis, principal component analysis, stepwise discrimination and variance analysis were made with the software SAS 6.11. Results Multi-analysis showed that there were 3 categories of syndrome characteristics. Type 1 (134 cases): damp heat, blood stasis, deficiency of liver and spleen Qi; Type 2 (62 cases): deficiency of both Qi and Yin with severe deficiency of Qi, heat with severe dampness, blood stasis; Type 3 (27 cases): deficiency of both Qi and Yin with severe deficiency of Yin, stasis and heat or dampness. Analysis of the changes of the related laboratorial indexes among the three types of syndrome showed that Type 1 mainly manifested asthenia syndrome with sthenia syndrome, and its indexes of AST>ALT>GGT levels were markedly higher than those of Type 2 and Type 3, both of which mainly showed sthenia syndrome with asthenia syndrome, and that Type 3 was in active inflammation, deficiency of both Qi and Yin (deficiency of Yin > deficiency of Qi), and its FNAlb F V (FVII)PLT PCT levels were obviously reduced. Conclusion The multi-statistical methods can reveal the characteristics and regularity of TCM syndrome of hepatocirrhosis, and the 3 categories of syndrome characteristics basically conform to clinical manifestations. The result of TCM syndrome distribution and laboratorial indexes infer that damp heat is the pathological basis of hepatocirrhosis, and the degree of liver function disorder and liver damage may be the pathological basis of deficiency of Yin of both liver and kidney.

[KEY WORDS] hepatocirrhosis; traditional Chinese medical syndrome; multi-analysis

[108]
但由于缺乏统一的辨证分型标准，结合作用和人体的信息数据库的建立及临床调查表收集的肝炎后肝硬化的症状和体征进行描述，并与统计学角度来讲，多种实验室检查指标变化，从而在肝炎后肝硬化中，将病例样本以点的特异性指标，从统计学角度来讲，采用SAS 6.11 · Word’s Minimum Variance Cluster Analysis ( )i , Semipartial R-Squared 0.041 741 .2 89 .0 , Semipartial R-Squared 0.024 243 .3 Type 2 62 .0 Type 3 27 .0 .3 60 % .0 , Type 1 Type 2 Type 3 23 .15 .9 .3 3 .0 .0 .0 ( ) .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0.
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### 表 2

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注：本表中数字为百分比。
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<th>Step</th>
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<td>5</td>
<td>Y_{17}(apoA1)</td>
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<td>Y_{18}(AST)</td>
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2.3.2 3 \[ \text{Type 3} \] 0 \( \mu \) 4 \( \mu \) AST ALT PLT PCT ( \( P < 0.01 \) \( P < 0.05 \))

<table>
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<th>Type</th>
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<th>( (x \pm s) )</th>
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<td>350.6920±209.84</td>
<td>127.4400±112.93 ( * )</td>
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<td>Type 26(1)</td>
<td>146.8500±21.78</td>
<td>156.2300±31.56</td>
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</tbody>
</table>

\( * \text{Type 1} \), \( \Delta \text{Type 3} \), \( * P < 0.05 \), \( \Delta P < 0.01 \)
是兼有血瘀和以虚证为主兼见邪实。大类主要证候分别拟为
为气阴两虚。

肝炎防治方案

肝硬化阴虚的病理学基础

肝功能障碍程度可能是肝炎后肝硬化的肝脏炎症是中医湿热内蕴临床表现的病

湿热内蕴

常由脾功能亢进所致。

肝硬化时血小板数目减少常由脾功能亢进所致。

肝功能障碍是肝炎后肝硬化肝肾

肝细胞受损或库普弗细胞在吞噬细胞严重病变、坏死的吞噬细胞及组织碎片过程中消耗大量

为正虚为主型。

其血清ALT、AST、GGT、QFT、ALB含量下降。肝细胞损伤的标志

提示后肝炎后肝硬化的肝脏炎症是中医湿热内蕴临床表现的病理学基础。

其血清ALT、AST、GGT、QFT、ALB含量下降。肝细胞损伤的标志

提示肝组织炎症及肝实质损害。

其气阴两虚的偏重程度有所不同。

提示肝实质损害的严重程度

提示肝实质损害的严重程度。

提示肝组织炎症及肝实质损害。

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