

229例儿童过敏性紫癜中医证型与体质的相关性探索*

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摘要:目的 分析云南过敏性紫癜儿童的中医证型及体质的相关性。将辨体质与辨证相结合,从体质角度为治疗及预防过敏性紫癜提供借鉴。方法 采用横断面调查问卷的形式收集患儿的一般情况、中医证候、中医体质信息等相关资料,进行统计学处理。结果 在229例过敏性紫癜儿童中,单一体质共187例,占81.7%,兼夹体质共42例,占18.3%。其中187例单一体质的儿童体质构成分别为阴虚质(31.00%)、平和质(17.60%)、气虚质(16.60%)、湿热质(13.40%)、痰湿质(9.10%)、阳虚质(7.50%)、血瘀质(3.20%)、特禀质(1.60%)。在本次调查中中医证型的分布为:风热伤络证(29.7%)>血热妄行证(19.6%)>胃肠积热证(14.0%)>湿热阻滞证(12.7%)>脾肾阳虚证(10%)>气虚血瘀证(9.7%)>阴虚火旺证(4.3%)。结论 在过敏性紫癜风热伤络证中以气虚质儿童常见,血热妄行证中以阴虚质儿童常见。气虚质儿童易犯过敏性紫癜风热伤络证,阴虚质儿童易犯过敏性紫癜血热妄行证,阳虚质儿童易犯过敏性紫癜脾肾阳虚证。

关键词:过敏性紫癜;儿童;证型;体质;相关性

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An Exploration of the Correlation between TCM Syndrome Types and Constitutions of 229 Cases of Children with Allergic Purpura

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Abstract: Objective To analyze the correlation between TCM syndrome types and constitutions of children with allergic purpura in Yunnan. The combination of constitution differentiation with syndrome differentiation provides a reference for the treatment and prevention of allergic purpura. **Methods** A cross-sectional questionnaire was used to collect children's general information, TCM syndromes, TCM constitutions and other relevant data which were statistically processed. **Results** Among 229 children with Henoch-Schonlein purpura, there were 187 cases of single constitution, accounting for 81.7%, and 42 cases of combined constitution, accounting for 18.3%. Among them, 187 children with single constitution were composed of Yin deficiency type(31%), moderate type (17.60%), Qi deficiency type(16.60%), damp-heat type (13.40%), phlegm type(9.10%), and Yang deficiency type (7.50%), blood stasis type(3.20%), special quality type (1.60%). The distribution of TCM syndrome types in this survey is: wind-heat injury syndrome (29.7%)>blood-heat syndrome (19.6%)>gastrointestinal heat syndrome (14.0%)>damp-heat block syndrome (12.7%)>Spleen and Kidney Yang Deficiency Syndrome (10%)> Qi Deficiency and Blood Stasis Syndrome (9.7%)> Yin Deficiency and Fire Vigor syndrome(4.3%) **Conclusion** Allergic purpura associated with heat injury syndrome usually occurs to children with Qi deficiency while allergic purpura associated with blood-heat syndrome often oc-

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