

辨证治疗戊型病毒性肝炎 100 例临床观察

——附 100 例甲型病毒性肝炎对照观察

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摘要 作者观察了 100 例戊型病毒性肝炎患者,并设 100 例甲型病毒性肝炎患者的对照。我们认为戊肝、甲肝病因病机为风、湿、热、毒、瘀,但各有侧重,甲肝以风、热、瘀为主,而戊肝则以湿、毒、瘀为主。在治疗上去异存同,采用异病同治的原则,经治疗 ALT、TBIL 明显下降,症状、体征改善明显,EPY、IgG 也有不同程度好转,临床治愈率(即病毒阴转率),甲肝 80%,戊肝 78%。单纯感染者,疗效为优,合并感染则疗效差。

主题词 肝炎,戊型/中医药疗法 辨证论治

戊型病毒性肝炎是一种由肠道传染的戊型肝炎病毒引起的肝细胞急性炎症,其传播方式与甲型肝炎病毒有相似之处,两者虽同为急性病毒性肝炎,但其临床表现、治疗效果不尽相同。我们通过近 4 年的临床观察,对 100 例戊型病毒性肝炎的中医临床治疗资料进行小结,并与 100 例甲型病毒性肝炎中医治疗进行对照。现报道如下:

1 一般资料

1.1 性别:戊型病毒性肝炎组 100 例中男性 92 例,女性 8 例,男女之比为 11.5:1。甲型病毒性肝炎组 100 例中男性 90 例,女性 10 例,男女之比为 9:1。两者经统计学处理无差异($P>0.05$)。

1.2 年龄:戊型病毒性肝炎组,年龄最大的 68 岁,最小的 21 岁,平均 37.40 ± 8.09 岁(均值 $\pm$ 标准差,下同);甲型病毒性肝炎组,年龄最大的 65 岁,最小的 18 岁,平均 36.37 ± 9.08 岁。两组经统计学处理无差异($P>0.05$)。

1.3 病情:戊型病毒性肝炎组中单纯戊型病毒性肝炎 76 例,合并乙型病毒性肝炎 18 例,合并丙型病毒性肝炎 3 例,合并乙、丙型病毒性肝

炎 3 例;甲型病毒性肝炎组中单纯甲型病毒性肝炎 80 例,合并乙型病毒性肝炎 16 例,合并丙型病毒性肝炎 2 例,合并乙、丙型病毒性肝炎 2 例。两者经统计学处理无差异($P>0.05$)。另外,两组患者症状、体征、体重、实验室检测均无差异。

2 诊断标准

以 1990 年 5 月上海第六届全国病毒性肝炎学术会议讨论修订的病毒性肝炎防治方案(试行)为标准。甲、戊、丙型病毒性肝炎的检测均采用酶标法(ELISA),试剂盒均由中外合资科华生物试剂公司提供;HBV-M 用 Abbott 试剂。

3 治疗与观察方法

3.1 用药方法:无论戊型还是甲型病毒性肝炎,均按下述方法治疗。黄疸型肝炎以茵陈蒿汤清热解毒退黄为主,辨证加减治疗;无黄疸型肝炎以温胆汤和胃化湿理气为主辨证加减治疗;病程较长,黄疸较高的淤胆型肝炎以活血化瘀解毒自拟方为主辨证加减。自拟方:苦参 30g,制大黄 30g,赤芍 30g,鸡骨草 30g,黄芩 15g,郁金 15g,鸡内金 30g。每日 1 剂,水煎分两次服。1 个月为一疗程,可以服用 1~3 个疗程。

3.2 观察项目:症状体征:发热、恶心呕吐、鼻塞流涕、纳差、胃脘痛、腹胀、胁痛、关节酸痛、乏力、寐差、目黄、腰酸、尿黄、蜘蛛痣、肝肿大、脾肿大等。实验室检查:肝功能包括 ALT、AST、白球蛋白比值(A/G)、血清蛋白电泳 γ (EPY)、血总胆红素(TBIL),治疗时每 2 周复查一次。病毒指标包括抗 HAV-IgM、抗 HEV、HBsAg、HBsAb、HBcAb、HBeAg、HBeAb、抗 HD、HDAg、抗-HCV,治疗前后各复查一次。免疫学指标 IgG,治疗前后各复查一次。

4 疗效分析

4.1 疗效评定标准:参见 1990 年 5 月上海第

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附表 两型肝炎治疗前后各项指标变化

项 目	戊型肝炎(100例)		甲型肝炎(100例)	
	治疗前	治疗后	治疗前	治疗后
ALT(IU/L)	598±55	37±5*	502±57	37±4*
AST(IU/L)	512±45	32±5*	536±40	33±5*
TBIL(μmol/L)	98.8±10.0	15.3±2.8*	100.0±9.8	16.0±3.0*
IgG(g/L)	19.7±3.3	15.1±2.2*	20.0±3.7	15.0±2.8*
EPY(%)	28.0±4.7	23.0±2.5*	28.0±5.0	22.0±2.3*
A/G	1.49±0.42	1.60±0.17*	1.50±0.31	1.57±0.31**

注:表中数据为均值±标准差

治疗前后自身比较,*P<0.01; **P<0.05

六届全国病毒性肝炎学术会议讨论修订的病毒性肝炎防治方案(试行)。

4.2 治疗结果:戊型病毒性肝炎组 100 例,临床治愈 78 例,显效 11 例,好转 4 例,无效 4 例,死亡 3 例;甲型病毒性肝炎组 100 例,临床治愈 80 例,显效 10 例,好转 6 例,无效 4 例。两组疗效无显著差异($P>0.05$)。

实验室检查治疗前后改善情况:附表示,戊型肝炎、甲型肝炎经治疗后,随临床症状体征的好转,AST、ALT 有大幅度下降,基本降至正常水平;TBIL 均已降至正常范围;IgG 均降至正常范围;EPY 均有明显下降,但还未降至正常范围;A/G 比值有明显上升。

5 讨论

甲肝、戊肝的病因病机,概而言之,不外风湿、热、毒、瘀五个字,分而言之,戊型病毒性肝炎则以湿、毒、瘀为主夹风热,甲型病毒性肝炎以风、热、瘀为主夹湿毒。戊型病毒性肝炎因湿留中焦,肠胃道症状多见,如恶心呕吐纳差,又因湿性粘腻,毒邪为甚,因而其病治疗稍难。甲型病毒性肝炎则因风性上扬,所以头面部症状较多见,发病时每见发热,上呼吸道症状也较常见,如鼻塞、流涕等;共同之处由于感受湿热之邪,肝失疏泄,胆汁不畅,脾胃运化失健,病久往往留瘀,表现为高黄疸或病久缠绵难愈。

依据其发病病因病机,戊型及甲型病毒性

肝炎共同可见纳差(分别为 88% 和 82%),腹胀(42%和 36%),胁痛(71%和 70%),乏力(75%和 72%),关节酸痛(25%和 26%),寐差(30%和 25%),目黄(79%和 78%),腰酸(28%和 28%)等症状,治疗以后复常率均在 80%以上。但因病机各有侧重,戊型病毒性肝炎以恶心呕吐为主占 41%,而甲型病毒性肝炎只占 26%。甲型病毒性肝炎以发热多见占 89%,伴见鼻塞流涕者占 18%,而戊型病毒性肝炎只占 36% 和 2%。上述症状体征的复常率均为 100%。从体征上看,两者均见肝肿大,戊型病毒性肝炎和甲型病毒性肝炎分别为 89%和 82%,但脾肿大则以戊型病毒性肝炎多见占 16%(不合并其它肝炎),两者间有显著差异。戊型病毒性肝炎患者出现的脾肿大、质地软,病情恢复以后脾肿大也随之消失。

大体上说,戊型病毒性肝炎有三种情况,其一,病情较轻,无明显症状者恢复较快,占 16%;其二,类似甲型病毒性肝炎者占 49%;其三,多因以往感染过乙型病毒性肝炎或乙型病毒性肝炎患者又感染戊型病毒性肝炎,病情较重,病程较长,ALT、AST、TBIL 成双峰或多峰状,缠绵难愈,占 33%,其中包括 3 例死亡患者(具有统计学意义)。甲型病毒性肝炎在发病过程中无双峰或多峰现象。

治疗以辨证为主,并随症加减。对于戊型病毒性肝炎病情反复者,以自拟的活血化瘀清热解毒为主基础方进行治疗,取得了明显的疗效。方中苦参既有活血化瘀之功,又有清热解毒之力,制大黄《医学衷中参西录》云:“能入血分,破一切瘀血……”,同时配以赤芍加强活血,鸡骨草清热,同时亦能活血化瘀,诸药合用,疗效显著。以活血化瘀、清热解毒为主治疗的初衷,来源于前贤的“久病必有瘀”,加之临床实践,对戊型肝炎用活血清热解方治疗后瘀去热清病除,绝大多数患者恢复正常。但对于戊型肝炎的病因、病机、证治规律仍有待进一步研讨。

欢 迎 订 阅 欢 迎 投 稿

ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Prevention of Restenosis in Cases with Coronary Heart Disease after Percutaneous Transluminal Coronary Angioplasty with Concentrated Xuefu Zhuyu Pill

Shi Dazhuo, Li Jing, Ma Xiaochang, et al.

Cases with coronary heart disease after successful PTCA were selected for observation of the preventive action of CXZP on restenosis of the vessel. Results revealed that (1) In the western medicine group 15 cases experienced recurrent angina pectoris. Among them, 12 cases received repeated angiography, 11 of them were confirmed to have restenosis while the 3 other cases were positive in ECG exercise treadmill test. No obvious changes were observed in stasis integration before and after treatment ($P < 0.05$). (2) Only six cases had recurrent angina in the group with CXZP, markedly lower than that of the control group ($P < 0.01$). Of them, 4 cases were confirmed to have restenosis, whereas the 4 cases without angina were confirmed to have no restenosis and the stasis integration was markedly lowered than that before treatment ($P < 0.01$). Analysis on the relation between recurrent angina and "blood stasis syndrome" after PTCA revealed that the stasis integration in recurrent group was markedly higher than that in nonrecurrent group, demonstrating that CXZP can distinctively improve the stasis symptoms and yield certain action on the prevention of restenosis in PTCA.

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Key Words: Coronary arterial diseases/surgical operation coronary shunt stenosis, pathological/prevention and control @ CXZP

(Original article on page 27)

Abstracts Idiopathic Diffusive Pulmonary Interstitial Fibrosis: Report of 13 Cases

Tang Linghua, Li Chunsheng

With difficulty in breathing, dry coughing, clubbed fingers and Velcro's rales as distinctive manifestations, 13 cases of IPF were all treated with integrated traditional Chinese and western medicine, with another group treated with western method alone

(self and before — after) as control. Indices for observation included integration of main manifestations, analysis on blood — gas, changes in pulmonary function, and the frequency of catching cold before and after treatment. Results showed that the improvement in arterial partial pressure of oxygen and lung ventilation in the integrated medicine group were superior to the control group. The amelioration of subjective symptoms was also distinctive and persistent in the treatment group, with marked decrease in the rate of relapse, marked prolongation of survival time and improvement of their living quality.

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Key Words: Pulmonary fibrosis/treatment of integrated Chinese and western medicine

(Original article on page 34)

Clinical Observation on 100 Cases of E — Type Viral Hepatitis Treated by Differentiation of Symptoms and Signs (Bian Zheng) : with Comparative Observation on 100 Cases of A — Type Viral Hepatitis as Control

Zhang Wei, Xing Lianjun, Wang Yunong, et al.

Three hundred cases of E type viral hepatitis were observed with 100 cases of A type as control. We held that the etiology and pathogenesis of E and A types of viral hepatitis were wind, dampness, heat, poisons and stasis, each with its predominance; For A type, its predominant etiology being wind, heat and stasis, while that of E type, dampness, poisons and stasis. For their therapy, the principle of "similar treatment for different diseases" should be adopted. After treatment, ALT, TB, and a markedly decreased, signs and symptoms markedly improved, Epr, IgG also improved to different extents, the cured rate (rate of negative virus exam) being 80% and 78% for A type and E type respectively. The effect was especially good for simple infection, and rather poor for mixed infection type.

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Key Words: Hepatitis, E — type/TCM therapy treatment based on differentiation of syndromes

(Original article on page 37)