

补骨液治疗小儿佝偻病的疗效观察

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摘要 总结了中药补骨液治疗婴幼儿佝偻病 70 例,并同时以口服葡萄糖酸钙治疗的 30 例为对照。结果 3 个月好转率治疗组为 68.6%,对照组为 46.7%,两组疗效有显著性差异($P<0.05$),夜惊、X 线骨骼改变的恢复治疗组也较对照组为优。故补骨液可做防治婴幼儿佝偻病的良药。可减少维生素 D 的应用,防止维生素 D 中毒的发生。

主题词 佝偻病/中医药疗法 @ 补骨液

小儿佝偻病在我国仍是发病地区广泛、患病率较高、影响儿童健康的一种常见病。为探讨中药对佝偻病的治疗作用,我们对中药补骨液和口服葡萄糖酸钙的疗效进行了对比观察,现总结如下。

1 临床资料

本组 100 例均为 1991~1994 年间冬春季来我科门诊的佝偻病患儿,年龄 3 个月~1 岁 6 个月,1 个月内未用过维生素 D 治疗,排除各种先天性疾患、中度以上营养不良、贫血及感染性疾患等。佝偻病的诊断依据 1986 年 5 月卫生部《小儿四病防治方案》的佝偻病诊断标准。随机分为治疗组 70 例,对照组 30 例。

治疗组 70 例中,男 47 例,女 23 例;年龄 3~6 个月 19 例,6~12 个月 38 例,1~1.5 岁 13 例。对照组 30 例中,男 19 例,女 11 例,年龄 3~6 个月 7 例,6~12 个月 17 例,1~1.5 岁 6 例。

两组 1 岁以下 81 例中从未服过钙者 7 例,服钙元素 $<135\text{mg}/\text{日}$ 65 例, $<225\text{mg}/\text{日}$ 9 例;1 岁以上 19 例中服钙元素 $<135\text{mg}/\text{日}$ 12 例, $<225\text{mg}/\text{日}$ 7 例。

两组症状与体征均为多汗、夜惊、烦躁不安、方颅、枕秃、串珠肋、颅骨软化等。

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实验室及 X 线检查,治疗组 70 例中,血钙低于正常值($2.25\sim 2.74\text{mmol/L}$)者 43 例(61.3%),血磷低于正常值($0.76\sim 1.61\text{mmol/L}$)者 28 例(40.0%),AKP(正常值 $50\sim 150\text{U/L}$)异常者 48 例(68.8%)。X 线骨骼轻度改变(干骺端临时钙化带模糊)23 例(32.9%),中度改变(干骺端临时钙化带模糊或消失,有杯口样改变)8 例(11.4%)。对照组 30 例中血钙低于正常者 16 例(53.3%),血磷低于正常者 9 例(30.0%),AKP 异常者 18 例(60.0%)。X 线骨骼轻度改变 13 例(43.3%),中度改变 5 例(16.0%)。

两组在年龄、症状、体征、生化指标及 X 线改变方面大致相仿,差异性不显著($P>0.05$),具有可比性。

2 治疗方法

治疗组予以牡蛎为主要成分的补骨液(含钙元素量 $20\text{mg}/\text{ml}$)口服,年龄 <6 月服 $5\text{ml}/\text{次}$,3 次/日; ≥ 6 月服 $10\text{ml}/\text{次}$,3 次/日,连服 3 个月。同时服用生理需要量维生素 D400~800IU/日。

对照组予葡萄糖酸钙口服, $0.5\text{g}/\text{次}$ (每片含元素钙 45mg),3 次/日,连服 3 个月;同时根据佝偻病的初期、激期分别予维生素 D40 万 IU/次,肌肉注射,1~2 次。

3 结果

疗效评定标准:治疗 3 个月神经精神症状消失,颅骨软化消失,串珠肋明显减轻,血生化指标恢复正常,X 线骨骼变化明显改善者为好转。治疗组好转 48 例,对照组好转 18 例,以治疗组为优($P<0.05$)。

症状与体征消失时间:夜惊在治疗后 3 周内消失者,治疗组 51 例(72.9%),对照组 11 例(36.7%),以治疗组为优($P<0.05$)。多汗及烦躁不安 3 周内消失者,治疗组 54 例(77.2%),

对照组 19 例(63.3%);两组颅骨软化均于治疗后 2 个月消失;治疗 3 个月后串珠肋明显改善者,治疗组 39 例(55.7%),对照组 14 例(43.3%)。差异性不显著(P 均 >0.05)。

血生化恢复正常情况:治疗组 70 例中血钙异常 43 例,治疗 3 个月后恢复正常 40 例(93.0%),对照组 30 例中异常 16 例,恢复正常 13 例(89.2%)。治疗组血磷异常 28 例,恢复正常 23 例(82.1%);对照组异常 9 例,恢复正常 6 例(66.7%)。治疗组 AKP 异常 48 例,恢复正常 41 例(85.4%);对照组异常 18 例,恢复正常 15 例(83.3%),以上各项两组相比较差异均无显著性(P 均 >0.05)。

X 线骨骼改变恢复情况:治疗 3 个月后治疗组 31 例骨骼轻中度变化患儿中,23 例(74.1%)明显改善,对照组 18 例中有 8 例(44.4%)明显改善,以治疗组为优($P<0.05$)。

4 讨论

两组 <1 岁的 81 例患儿治疗前服钙量全部不足标准供给量的三分之一。部分医师对钙制剂所含的钙元素量不够重视,以致将钙盐含量当作钙元素含量。在治疗中使缺钙者只服了应服剂量的十分之一或更少,这正是小儿佝偻病发生及久治不愈的重要原因之一。而医生往往只注意维生素 D 不足,而未注意补充足够的钙剂,因而转向大剂量维生素 D 的应用,甚至导致维生素 D 中毒的发生。补钙液的主要成分是中药牡蛎,该药可治疗小儿盗汗,补肾安神,去烦热,治疗小儿惊痫等。补钙液是将牡蛎采用现代技术加工而成,其含钙量为 20mg/ml,较其它国产钙剂具有含钙量高、价格低等优点。本组除因该药口感略差小儿不喜服用,少数患儿在服用初期有胃部不适外,未发现严重不良反应,可作为防治佝偻病的临床用药。

苍术外用治糖尿病、腹胀、厌食

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1 穴位离子导入治疗糖尿病

采用自行研制的 SX-1 型糖尿病治疗仪(若无此治疗仪,可用离子导入机改换电极后代替)与“糖尿康”药液配套,作穴位导入治疗。治疗期间,轻中型停服中西降糖药物,重型者在接受治疗时减内服药量,随后渐停。药液组成及制备:苍术、黄芪、黄连、生地黄、鬼箭羽按 1:1:0.5:1:1 的比例,采用蒸馏浓缩提取法制成含生药 50% 的提取液,再用超声震荡法加 3% 氮酮和适量防腐剂装瓶备用。选穴及操作方法:主穴神阙、章门(左)、肾俞(双)、足三里(双);备用穴脾俞、大肠俞、三阴交(均为双侧)。每次选主穴 4 个,配穴 2 个,将适量药液浸于仪器电极板套的肤侧面分别对准穴位,固定好电极后,开机治疗,电流宜从小量开始,至患者能耐受为度,每次 30 分钟,每日 1 次,10~15 次为一疗程。间隔 1 周再行下一疗程。

治疗组经过 2~3 个疗程,按卫生部 1993 年颁布的“新药(中药)治疗消渴(糖尿病)临床研究指导原则”

中所拟定的疗效标准进行评定。50 例中,显效 29 例,占 58%,有效 17 例,占 34%,无效 4 例,占 8%,总有效率 94%。

2 敷脐消腹胀

临床属肝脾不调者用消胀 1 号:苍术、柴胡、薄荷、枳实各等份为末,用黄酒调糊敷脐,外用胶布固定,24 小时更换一次。脾胃虚寒者用消胀 2 号:苍术、黄芪、干姜、陈皮、枳壳各等份为末,生姜汁调糊敷脐。痰湿中阻者用消胀 3 号:苍术、陈皮、厚朴、白豆蔻各等份为末,用鲜藿香汁或姜酞调糊敷脐。不能分型者,可用苍朴消胀 4 号方(通用方):苍术、厚朴、枳实各等份,冰片少许为末,温水调糊敷脐。

10 年来,以上法治腹胀 300 例次,用药 1 次见效者占 60% 以上,占 80% 以上者用药 1~3 次腹胀消失。

3 敷脐治小儿厌食

取苍术 10g,焦三仙各 6g,鸡内金 3g,共为末,装瓶备用。用时,每次取药粉 2~3g,薄药棉包裹,放置脐中,胶布固定,隔日换药一次,5 次为一疗程。

近年来,用上法治疗 150 例,经观察有效率为 95.2%,一般用药 2 次起效。用药 5 次左右即可恢复正常乳食。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Study on Vascular Dementia Treated with Naoxue Shutong Oral Solution

Xu Baoyu

Twenty seven cases of vascular dementia were treated with Naoxue Shutong oral solution based on Qi — invigorating, blood — activating and stasis — eliminating method with another 24 cases treated with Duxil, an intelligence — promoting agent. Results showed that both remedies had similar total effectiveness. The therapeutic effect of cases of asthenic — Qi blood — stasis type was superior to other types, and the results of per cranial Dopler test and hemorrhheological indices in treatment group showed that Naoxue Shutong was superior to the control group.

Authors' add: Xiyuan Hospital, China academy of TCM, Beijing 100091

Key words: Dementia vascular/TCM therapy @ Naoxue Shutong oral solution

(Original article on page 340)

Long — term Observation on Effect of Methods of Kidney — benefitting, Qi — invigorating, Blood — cooling, and Detoxification on Liver — Fibrosis

Yang Hongzhi, Chen Yanbi, Xu Ruiyun, et al.

Forty — eight cases of liver fibrosis due to B — hepatitis were treated with this principle for over 2 years. It improved symptoms remarkably with normal ALT and recovery of normal serum bilirubin in most cases. After a course of 1/2 year therapy, the mean values of HA, PC III and circulated immunocomplex were all decreased as compared with that before the treatment, and all recovered to normal after 2 years of treatment. 82% of the cases revealed normal calibre of the widened portal vessels, and there was a tendency of decrease in size of the enlarged spleen.

Authors' add: Third Affiliated Hospital, Zhongshan Hospital, Guangzhou 510630

Key words: Liver/pathology Hepatitis, B type/TCM therapy

(Original article on page 343)

Effects of Shengjing — Infusion on Sperm Morphology in Sterility Cases with Varicocele

An Liwen, Wang Shulin, Bai Guilin, et al.

Comparative observation was made between 46 such cases received simple operation and that with

additional treatment of Chinese materia medica. Results revealed that, after treatment, the morphology of sperm in both groups were all improved, but the percentage of those in the Chinese materia medica group was higher than the simple operation group ($P < 0.01$). The rate of spear — head sperm and sperm with uncertain shape was much lower than those of the simple operative group ($P < 0.01$).

Authors' add: First Affiliated Hospital of Heilongjiang University of TCM, Harbin 150040

Key words: Varicocele/complication Sterility/TCM therapy

(Original article on page 349)

Infantile Rickets Treated with Bugu Solution

Yang Zhixin, Yan Tianyu, Li Li

Altogether 70 cases were treated, with another 30 cases treated with calcium gluconate as control. The 3 — month rate of amelioration was 68.6% in the treatment group and 46.7% in the control group, with significant difference ($P < 0.05$). Recovery of pavor nocturnus and skeleton X — ray changes were all better in the treatment group. Hence, Bugu solution can be served as a satisfactory agent for the treatment and prevention of infantile rickets and to decrease the application of Vit. D, so as to prevent its intoxication.

Authors' add: Beijing Friendship Hospital, Capital Medical University, Beijing 100050

Key words: Ricket/TCM therapy @ Bugu Solution

(Original article on page 353)

Symptoms in Opiate Quitting Treated with Dongtang duke Capsule. Observation of 32 Cases

Zhang Guoen, Li Qing, Hou Juncai, et al.

Clinical cases were randomly divided into Dongtang duke capsule and clonidine groups, both revealing efficacy without significant statistical difference ($P > 0.05$) after 3 days of treatment. After 5 — 10 days of treatment, the therapeutic effect of treatment group was obviously superior to the control group.

Authors' add: Hebei Institute of TCM, Shijiazhuang, Hebei 050031

Key words: withdrawal syndrome/TCM therapy opium @ Dongtang duke capsule

(Original article on page 357)