

中药内外合治改善哮喘儿童肺功能的临床观察

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摘要 对 31 例 6~13 岁的哮喘缓解期患儿进行临床肺功能观察表明,缓解期支气管哮喘患儿存在小气道阻塞现象。经中药内外合治,肺功能小气道阻塞现象明显改善,提示哮喘患儿小气道阻塞现象具有可逆性。

主题词 哮喘/预防和控制

1 临床资料

病例来源于 1997 年夏季湖北中医学院附院儿科门诊。31 例患儿分内外合治组和外敷组。其中内外合治组 22 例,男 12 例,女 10 例;年龄 6~14 岁,平均年龄 9 岁;平均病程 3 年。外敷组 9 例,男 5 例,女 4 例;年龄 6~14 岁,平均年龄 9 岁;平均病程 3 年。全部病例均符合儿童哮喘的诊断标准,并且临床症状处于暂时缓解期,未合并其他疾病,未接受其他治疗。

中医诊断标准参照国家中医药管理局发布的中医儿科哮喘诊断标准^[1]。西医诊断标准参照全国儿童哮喘防治协作组制定的儿科哮喘标准^[2]。

肺功能各参数异常标准:肺通气功能不全的分级按高维新等报道,根据用力肺活量(FVC%)、一秒钟用力呼气量与用力肺活量比值(FEV₁%),分基本正常、轻度减退、显著减退、严重减退和呼吸衰竭 5 级^[3]。最大呼气流量(MEFV)一容积曲线各项测定值按林友华等报道,健康人均值-2 标准误=正常值下限,低于下限为异常^[4]。

2 治疗及观察方法

2.1 穴位贴敷:用姜汁将喘敷灵(由白芥子、皂荚、延胡索、细辛等组成,湖北中医学院附院药剂科制备)药末调成糊状,置于 4cm×6cm 的胶布中央内径 1cm 的垫环内。6 块贴膏分别贴在患儿双侧定喘、肺俞和脾俞穴上。从夏季三伏的

入伏日起,每 10 天贴 1 次,根据患儿耐受程度,每次贴 2~4 小时。

2.2 中药内服:外敷同时服用自制扶正化痰合剂(由黄芪、黄精、益智仁、仙茅、麻黄、半夏、茯苓等组成,制成 200%浓度的水煎液)。每次服 20ml,每日服 3 次,服用 8 周为 1 疗程。

2.3 症状观察:记录患儿治疗前后 8 周内感冒、咳嗽、腹泻、厌食等病症的发作次数。各病症持续发作 2 周或 2 周以内记 1 次、持续 2~4 周者记 2 次,依此类推。

2.4 肺功能观察:采用日本产 Fukuda Sangyo FV-B 型流量-容积记录仪,对 31 例哮喘缓解患儿治疗前后测定 75%、50%、25%肺活量最大呼气流量(V₇₅、V₅₀、V₂₅)、FVC 及 FEV₁%。

3 结果

3.1 两组患儿治疗前后临床病症比较:两组患儿治疗前各病症发作次数无明显差异($P>0.05$)具有可比性。感冒、咳嗽、厌食病症治疗后两组发作次数均显著减少($P<0.05$ 或 $P<0.01$)。对缓解腹泻的发作和改善厌食症状内外合治组明显优于外敷组(P 均 <0.01),见表 1。

3.2 两组患儿治疗前后肺功能比较:两组治疗前 V₇₅、V₅₀、V₂₅值均低于正常值,中药内外合治组治疗后均明显升高($P<0.05$ 或 $P<0.01$),外敷组 V₂₅治疗后明显升高($P<0.01$),V₅₀值升高内外合治组显著优于外敷组($P<0.05$)。两组 FVC%、FEV₁%治疗前后均无异常。

4 讨论

MEFV 各项参数异常提示,哮喘缓解期患儿存在小气道阻塞现象。这种小气道阻塞现象就是哮喘缓解期患儿临床上存在喜太息、深吸气、偶见用力咳嗽、后半夜睡眠欠安、或偶咳 1~2 声等症状的病理依据。同时又可作为判断哮喘疗效的可靠指标。我们对缓解期哮喘患儿

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表1 两组患儿治疗前后临床病症比较(次/8周, $\bar{X} \pm S$)

组别	例数	感冒	咳嗽	腹泻	厌食
内外合治组					
疗前	22	3.12±1.34	2.36±0.78	1.08±0.68	3.28±1.24
疗后	22	2.01±0.96**	1.20±0.26**	0.64±0.26*△△	1.32±0.64**△△
外敷组					
疗前	9	3.28±1.26	2.52±0.96	1.08±0.72	3.56±1.34
疗后	9	2.13±0.57*	1.13±0.32**	1.02±0.34	2.28±0.76*

与治疗前比较, * $P<0.05$, ** $P<0.01$; 与外敷组比较, $\Delta P<0.05$, $\Delta\Delta P<0.01$, 下同

表2 两组患儿治疗前后肺功能比较($\bar{X} \pm S$)

组别	例数	FVC%	FEV ₁ %	V ₇₅ (L/s)	V ₅₀ (L/s)	V ₂₅ (L/s)
内外合治组						
疗前	22	86.34±21.13	84.30±8.67	3.04±1.22	2.01±0.82	0.98±0.41
疗后	22	95.52±16.68	87.26±6.96	3.88±1.20*	2.88±0.72**△	1.84±0.53**
外敷组						
疗前	9	83.23±16.37	85.25±11.86	2.46±1.18	1.71±0.64	0.85±0.36
疗后	9	89.60±11.52	86.43±6.51	2.77±1.23	1.81±0.60	1.81±0.50**

采用中药内外合治和单纯外敷治疗,小气道阻塞现象明显改善,而尤以内外合治疗效更理想。

MEFV 是诊断小气道阻塞现象最敏感的指标,所以强调通过监视 MEFV 对哮喘缓解期患儿小气道功能异常者进行早期防治,可能对减少哮喘的反复发作,促进病情稳定,对避免慢性阻塞性肺疾病不可逆损害的发生具有重要意义。

5 参考文献

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(正文见第 344 页)

附表 两组 LVA、RVA 及 BA 血流变化($\bar{X} \pm S$)

组别	例数	收缩期血流速度		舒张期血流速度	
		治疗前	治疗后	治疗前	治疗后
LVA(vpcm/s)					
治疗组	40	32.55±9.30	47.22±10.65*	14.9±4.42	21.33±4.64*
对照组	40	36.33±9.19	45.10±6.04*	17.03±3.84	22.20±4.42*
RVA(vpcm/s)					
治疗组	40	34.05±10.04	44.22±12.30*	16.35±4.38	20.33±4.97*
对照组	40	37.85±4.47	45.80±8.24*	17.08±5.03	22.30±2.11*
BA(vpcm/s)					
治疗组	40	45.4±11.51	56.89±14.07*	21.25±2.94	24.44±5.18*
对照组	40	44.95±15.47	54.30±5.77*	20.95±7.33	25.10±2.51*

* 与治疗前相比, $P<0.01$

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on 30 Cases of Paralysis Agitans Treated by Acupuncture Plus Direct Moxibustion

Chen Xinghua

Sixty cases of paralysis agitans were randomly divided into 2 groups, each 30 cases, and treated by acupuncture alone and acupuncture plus direct moxibustion respectively. Comparison of the markedly effective results between the two groups were significantly different statistically ($P < 0.05$). Significant statistical differences were also found between the 2 groups in markedly effective and effective results ($P < 0.01$). It is thus claimed that acupuncturing plus direct moxibustion is a safe, simple, and effective measure for treatment of Parkinson's disease.

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Key words: Paralysis agitans/acu — moxibustion therapy direct moxibustion

(Original article on page 342)

Influence of Treating Principles of Detoxication — Stasis Removing — Yin — Nourishing on Hemorheology in Cases of Lupus Erythematosus

Fan Yongsheng, Wen Chengping, Gu Huanpeng, et al.

By combining clinical observation and animal experiments and using FASCO—3010 hemorheological devices to examine the relevant indices, it was found that no obvious changes can be found in the group treated with hormone before and after the treatment, whereas in the group with traditional drugs added, the RBC deformation, and specific viscosity of plasma were all markedly lowered. Comparison of rheological changes in SD rat showed that traditional Chinese drugs can markedly improve the hemorheology in such patients, indicating that these TCM treating principles can improve the concentrated, viscous, coagulated, agglutinated pathological blood status in SLE patients.

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Key words: Lupus erythematosus, systematic/TCM therapy detoxication stasis removing

(Original article on page 348)

Improvement of Pulmonary Functions in Children of Asthma Treated by Combined Topical and Internal Use of Chinese Medicaments

Wan Lisheng, Chen Taohou, Xiang Xixiong, et al.

Observation on the pulmonary function of 6—13—year — old children suffering asthma at remission period revealed that there was blockage of the bronchial passage. After our treatment, the disorder was markedly improved, indicating that the lesion here was reversible.

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Key words: Asthma/prevention and control blockage of bronchial passage/TCM therapy

(Original article on page 355)

Influence of Weather Changes in All Seasons on Chronic Gastritis and HP

Wang Shoupeng, Xü Ya'na

Observation was made on the relationship between the attack of chronic gastritis and weather changes in our — seasons, and HP in 109 cases. Results showed that 1) incidence of attacks were more frequent during the spring and summer, followed by winter. In terms of syndrome types, the type of stomach invaded by cold — dampness were frequently encountered in summer — spring, followed by deficient spleen — stomach type, whereas in winter, the type of stomach — heat and yin deficiency had a higher incidence of attack in winter; 2) HP positive was higher in summer, followed by spring. In terms of syndrome types, the stomach invaded by cold — dampness type had a higher positive HP, followed by deficient spleen stomach type. The type of stomach — heat yin deficiency had a higher positive HP in winter, with significant statistical difference. The results were of significance for seeking the root causes when treating this ailment in different seasons.

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Key words: Gastritis/microbiology weather and disease *Helicobacter pylori*

(Original article on page 364)