

小柴胡汤治疗肝癌介入后副反应的临床研究

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摘要 本文对确诊为原发性肝癌而无法手术切除的住院患者 300 例,在肝癌介入治疗后出现发热、呕吐、肝区疼痛、消化道出血等副反应时,观察组 150 例运用小柴胡汤治疗,与纯西药对照组 150 例进行对比观察,结果小柴胡汤治疗明显优于纯西医对症处理组。

主题词 肝肿瘤/治疗 灌注,局部/副作用 小柴胡汤/治疗应用

我院自 1988~1998 年对无法手术的原发性肝癌行经导管肝动脉碘油抗癌药混悬剂栓塞化疗(LP-TAE)治疗肝癌 1000 余例。由于肝癌组织大范围坏死、癌肿坏死吸收而致发热、肝区疼痛、呕吐、消化道出血等不良反应。针对 LP-TAE 治疗后的副反应,笔者曾运用小柴胡汤在临床辨证加减对部分反应严重的患者进行治疗,收到良好效果,现进一步总结如下。

1 临床资料

本组 300 例均取材于住院病例,按中国原发性肝癌诊断规范标准,经临床病史、体征、B 超、CT、MRI、AFP、肝功能等综合分析确诊为原发性肝癌,随机分组,其中观察组 150 例,男性 143 例,女性 7 例;年龄 28~73 岁,平均年龄 55 岁;肝癌直径 10~21cm。对照组 150 例,男性 145 例,女性 5 例,年龄 18~74 岁,平均年龄 58 岁,肝癌直径 10~19cm。

2 治疗方法

LP-TAE 方法:采用 Seldinger 技术,经皮股动脉穿刺插管,经导管肝固有动脉或左右肝动脉注入碘油抗癌药混悬剂,包括法国超液化碘油 3~37ml,阿霉素或表阿霉素 50~70mg,丝裂霉素 10~14mg,部分加用 1/6~1 块明胶海绵剪成的碎颗粒栓塞肝动脉,每例治

疗 1~8 次,平均 3.5 次,每次间隔 1~6 月^[1]。

针对术后发热、呕吐、肝区疼痛及出血危险性等副反应,对照组采用对症处理:发热体温 38.5℃以上口服消炎痛每次 25mg,每日 1~3 次,部分患者加用地塞米松 5~10mg 静注,2~3 日 1 次;呕吐用胃复安、吗丁啉、枢复宁;疼痛用颅痛定、度冷丁。为预防消化道出血,全部患者均术后口服氢氧化铝凝胶 10mg,每日 3 次,静注甲氧咪呱 0.4g,每日 2 次。观察组除上述对症处理,加用小柴胡汤加减辨证治疗。处方:党参 12g,柴胡 12g,黄芩 12g,法半夏 12g,仙鹤草 12g,郁金 20g,鳖甲 30g,白花蛇舌草 30g,甘草 6g,田七末 3g(冲服)。于术后第 3 天开始,每日 1 剂,煎汁 500ml,分 2 次服用。热甚阴伤加地骨皮、五味子;实热加栀子、石膏、大黄、虎杖;热结血瘀加桃仁、全蝎、蜈蚣;血亏气虚加黄芪、鸡血藤;热盛风动加羚羊角、钩藤;神昏谵语加用安宫牛黄丸或牛黄;湿热蕴蒸加黄连、茵陈、薏苡仁、金钱草;痛甚加延胡索、麝香;或用蟾蜍皮外敷;呕吐甚加旋覆花、代赭石、竹茹等。共用药 2 周后进行疗效统计。

3 治疗结果

发热天数观察组平均 8.5 天,对照组平均 11.5 天,以观察组为优($P<0.05$);呕吐观察组 9 例(6%),对照组 42 例(28%),观察组明显优于对照组($P<0.01$);胃纳差者观察组 25 例(16.7%),对照组 97 例(64.7%),观察组明显优于对照组($P<0.05$);消化道出血观察组 15 例,对照组 20 例,两组间差异无显著性;平均疼痛天数观察组 10.5 天,对照组 14.4 天,3 天和 7 天时观察组疼痛分别为 116 例(77.3%),20 例(13.3%);对照组分别为 114 例(76%),50 例(33.3%),7 天时观察组明显优于对照组($P<0.05$)。疼痛的标准是参照世界卫生组织疼痛标准Ⅲ级痛,相当于剧痛、酷痛、极痛,我们定为

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疼痛不能忍受,需用度冷丁才能暂时缓解者为重度疼痛,本文判定疼痛者均为重度疼痛。

4 典型病例

黄某某,男,36岁,住院号295262。患者因进行性消瘦、乏力、纳差1月,于1988年11月来院检查,经CT检查结果:原发性巨块型肝癌,体积17cm×19cm,AFP>2万U,肝功损害,即行肝动脉插管化疗,注射阿霉素60mg,丝裂霉素12mg,碘油20ml,外加明胶海绵栓塞肝动脉。插管后次日出现高热(39℃~40℃),畏寒,纳呆,呕吐,烦渴,右肋剧痛,舌暗红,苔薄黄,脉弦大。辨证:症瘕,肝郁血瘀,实热。治宜疏肝、祛瘀、解热,用小柴胡汤加减。处方:柴胡12g,法半夏12g,黄芩12g,延胡索12g,川楝子12g,党参9g,茵陈15g,石膏(先煎)40g,田七末(冲)3g,白花蛇舌草30g,甘草6g。日1剂,服药5天后,热退至38℃以下,胃纳增,呕吐止,舌质暗红,苔薄白,脉弦。守方去石膏,加薏苡仁30g,3剂后热退,改用香砂六君子汤加茵陈、白花蛇舌草、田七末,善后调理。从1988年11月~1989年3月,先后行4次肝动脉插管化疗,除用西药对症处理、支持疗法外,一直坚持服中药,1991年5月患者AFP保持正常值<20U,肝功能正常。CT意见:原发性肝右叶癌灶缩小为3cm×4cm,高密度碘油沉积区,考虑为坏死物与碘油滞留。患者体重比发病前增加10kg,于1990年底已恢复正常工作,定期来院复查。追踪至1998年仍健康生活工作。

5 讨论

日本山本佑夫根据Haranaka等在Enrich肿瘤移植研究中发现柴胡及小柴胡汤有明显的抑制癌发生及发展的作用,指出小柴胡汤有抑制肝硬化发生肝癌的效果。李伟林报道小柴胡汤对多种恶性肿瘤晚期非感染性发热有良好效果。本文对照组治疗后发热天数11.5天,而观察组治疗后发热平均8.5天。

小柴胡汤源于《伤寒论》:“伤寒五六日,中风,往来寒热,胸胁苦满,嘿嘿不欲饮食,心烦喜呕,或胸中烦而不呕,或渴,或腹中痛,或胁下痞硬,或心下悸,小便不利,或不渴,身有微热,或

咳者,小柴胡汤主之。”(96条)指出了小柴胡汤与本病症状相符^[2]。又据近人临床应用经验:往来寒热,胸胁苦满,嘿嘿不欲饮食,心烦喜呕为它的4个主症,只要见到其中一二症,便可应用^[3]。我们根据观察,发现肝癌LP-TAE术后反应期的发热、肝痛、肋下痞硬、呕吐、纳呆等症候符合小柴胡汤主症,经临床试用效果良好。

本组300例,观察组与对照组在发热、呕吐、纳差、疼痛等症状组的改善方面有明显的差异,且观察体质恢复平均天数较短,这样有利于下一次的介入治疗。在退热方面,对照组用药后易出现消化道副作用,出血等危险性增加,部分病例还出现虚脱,和体温不升等不良反应,且停药后有反跳现象,而加用中药组无上述表现。经临床数百例观察研究证明小柴胡汤对肝癌介入治疗后副反应期的治疗,是安全有效的,无明显副作用。两组对照,加用小柴胡汤治疗明显优于单纯西医对症处理,至于小柴胡汤作用机理及对肝癌介入治疗后的远期疗效有待进一步总结。

6 参考文献

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• 书 讯 •

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Investigation on 30 Cases of Senile Benign Reno — Arteriolar sclerosis Treated by Huang Qi Gu Jing Yin

Jin Xiangzhe

30 cases of senile benign reno — arteriolar sclerosis were treated by Huang Qi Gu Jing Yin and 30 cases treated by routine western medicine were used as control. Results showed that of the 30 cases in the treatment group, 18 cases (60%) were cured, 9 (30%) markedly effective and 3 (10%) ineffective, the total effective rate being 90%; In the control group, 10 (33.3%) were cured, 9 (30%) markedly effective and 11 (36.7%) ineffective, the total effective rate being 63.3%. The therapeutic effect in the treatment group was superior to that in the control group ($P < 0.01$). It is suggested that Huang Qi Gu Jing Yin is an effective therapy for this disease.

Author's address: Yanbian Municipal Hospital of TCM, Jilin Province 133000

Key words: Arteriosclerosis/TCM therapy, Renal Artery@ Huang Qi Gu Jing Yin

(Original article on page 726)

120 Cases of Hyperprolactimia Treated with Clearing Away Heat and Soothing the Liver Methods

Wu Xinhua, Li Xiuzhen, Yu Wenping, et al.

Clinical therapeutic effect of the Chinese drug preparation for clearing away heat and soothing the liver on hyperprolactimia (HPRL) was observed. The patients were randomly divided into Chinese drug treatment group (120 cases) and bromergon treatment control group (40 cases), and their blood prolactin (PRL) and related hormone levels, symptoms and signs, and clinical therapeutic effects were investigated and compared. Results indicated that the Chinese drug preparation for clearing away heat and soothing the liver could reduce markedly serum prolactin level of the patient, and had a benign regulative action on the related hormones, and had good clinical therapeutic effect, with no significant difference as compared with that of the control group ($P > 0.05$).

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Key words: Hyperprolactimia/TCM therapy, Clearing away heat, Soothing the liver

(Original article on page 732)

Clinical Study on Treatment of Side — effects by Xiao Chai Hu Decoction after Interventional Treatment for Liver Cancer

Ye Anna, Wu Zhesheng

Of the 300 inpatients who were diagnosed definitely as primary liver cancer and excision could not be carried out on them. The patient had fever, vomit, pain in the liver region, hemorrhage of digestive tract and other side — effects after interventional treatment, 150 cases were treated with Xiao Chai Hu Decoction and the other 150 cases were treated by simple Western medicine as control. Results showed that Xiao Chai Hu Decoction in therapeutic effects was superior to the simple Western medicine.

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Key words: Liver cancer/treatment, Perfusion, Local/side — effect, Xiao Chai Hu Decoction/therapeutic action

(Original article on page 734)

Clinical Study on Treatment of Psoriasis Based on Differentiation of Symptoms and Signs of the Lung, An Analysis of 486 Cases

Xing Jinxiu, Zhao Wei, Wang Hongping

Xuan Fei Run Zao Decoction was used for treatment of 486 cases of psoriasis with a total effective rate of 90.3%, so as to test and verify the TCM theory of the lung being in charge of the hair and the lung being closely related with dermatosis. Clinical study found that in patients of psoriasis there was humoral immunological hyperfunction, manifesting increases of IgG and IgA; trace elements copper and ferrum levels increased and zinc, manganese and calcium decreased In the hair: packed cell volume and viscosity of whole blood increased, and erythrocyte sedimentation rate increased. It is suggested that psoriasis is possibly related to changes of immunity, blood rheology and trace elements in the body.

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Key words: Psoriasis/TCM therapy, Treatment based on differentiation of symptoms and signs of the lung

(Original article on page 736)