

莪芪饮治疗肝硬变腹水 198 例临床观察

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摘要 将 198 例肝硬变腹水患者随机分为治疗组与对照组。治疗组在腹水期给予莪芪饮及西药,腹水消退后单纯予莪芪饮;对照组始终予西药治疗。观察两组治疗前后临床表现,治疗腹水的起效时间及痊愈时间,以及随访远期疗效比较等。结果上述指标治疗组与对照组差异有显著性($P < 0.05$ 或 $P < 0.01$),治疗组均优于对照组。表明莪芪饮可以有效地治疗肝硬变腹水,具有见效快而平稳,消除腹水较彻底,近期及远期疗效均好等特点。

主题词 肝硬化/中医药疗法 腹水/中医药疗法 @ 莪芪饮

肝硬变腹水属于临床难治病症。近年来,我们用莪芪饮为主治疗观察肝硬变腹水 198 例,收到了良好的近期及远期疗效,兹总结报告如下。

1 临床资料

198 例病例符合全国统一施行的诊断标准^[1]:(1)初起脘腹作胀,腹膨大,食后尤甚。叩之呈鼓音或移动性浊音阳性。(2)继则腹部胀满高于胸部,重者腹壁青筋暴露,脐孔突出。(3)伴见乏力、纳呆、尿少、浮肿、出血倾向等。(4)血浆白蛋白降低,球蛋白增高,白蛋白/球蛋白比值降低或倒置。(5)腹部 B 超或 CT 检查,腹腔内大量积液,肝脏缩小,脾脏增大,门脉增宽。X 线食道钡餐及胃镜检查示,食管、胃底静脉曲张。腹水检查符合漏出液。(6)排除腹腔内肿瘤及结核性腹膜炎等。

全部病例随机分为两组,治疗组 109 例,男 58 例,女 51 例;年龄 30~78 岁,平均 53.6 ± 13.7 岁;病程 < 3 个月 47 例,3~6 个月 36 例,6~9 个月 26 例;临床过程分型:初发 3 例,1 次复发 72 例,2 次复发 22 例,持续型 12 例。对照组 89 例,男 47 例,女 42 例;年龄 37~71 岁,平均 51.3 ± 12.6 岁。病程 < 3 个月 52 例,3~6 个月 19 例,6~9 个月 18 例。临床过程分型:初发 7 例,1 次复发 69 例,2 次复发 13 例。两组年龄、病程、临床过程分型差异无显著性($P > 0.05$)。

2 治疗及观察方法

2.1 莪芪饮组成及加减法:莪芪饮组成:莪术 10~

20g,枳实 10g,郁金 15g,厚朴 10g,生黄芪 10g,炒白术 30g,炒山药 30g,太子参 30g,杏仁 10g,桔梗 10g,猪苓 15g,茯苓 30g,泽泻 15g,益母草 15g,肉桂 6g,鸡内金 10g,生甘草 6g。用法:水煎温服,每次 20ml,每日 2 次。加减法:阴虚火旺者加女贞子 15g,旱莲草 15g,葛根 15g;脾肾阳虚者加制附片 10g(先煎),干姜 10g;心肝火旺者,加黄连 6g,竹叶 10g。

2.2 治疗方法:治疗组:腹水期:给予莪芪饮口服,白蛋白 10g,静脉滴注,每 2 日 1 次;双氢克尿塞 25mg,口服,每日 3 次;安体舒通 20mg,口服,每日 3 次。疗程以腹水消退为限。腹水消退后期:停用白蛋白、双氢克尿塞、安体舒通,单纯服用莪芪饮,3 个月为 1 疗程,共 3 个疗程。对照组:腹水期:用白蛋白 20~40g,静脉滴注,每 2 日 1 次,速尿每日 20~80mg,根据病情分次不定时静脉滴注。腹水消退后期:用促肝细胞生长素 80~100mg,静脉滴注,每日 1 次,15 日为 1 疗程,共 3 个疗程。

2.3 观察项目:(1)两组共有的临床表现治疗前后变化;(2)治疗组部分临床表现治疗前后的变化;(3)治疗腹水的起效时间及痊愈时间比较;(4)两组远期疗效的比较。

统计方法采用 χ^2 检验。

3 结果

3.1 疗效判定标准:全部病例按照全国统一标准^[1]。治愈:腹水及全身症状缓解消失,肝功能基本恢复正常。好转:腹水及其他症状明显好转,肝功能有改善。未愈:腹水未见减轻,其他症状及肝功能无改善或恶化。

3.2 两组共有临床表现治疗前后的变化:表 1 示,治疗后两组腹水的治愈率分别为 79.8%、52.8%;少尿治愈率分别为 100%、50.6%;纳呆为 91.7%、46.1%;乏力为 65%、58.4%。两组比较差异有显著性($P < 0.05$ 或 $P < 0.01$),治疗组高于对照组。两组上述症状的好转率,除腹水一项差异无显著性外,其余 3 项差异均有显著性($P < 0.01$)。结果表明,治疗组疗效显著优于对照组。

3.3 治疗组部分临床表现治疗前后的比较:表 2 示,治疗组治疗前有胸水表现者 21 例,上消化道出血者 9 例,轻度昏迷者 12 例,腹泻者 47 例,治疗后均痊愈。而腹胀,腹痛,牙龈出血,双下肢浮肿等表现,也得到

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表 1 两组临床症状治疗前后变化比较

项目	治疗组				对照组			
	治疗前 (例)	治疗后[例(%)]			治疗前 (例)	治疗后[例(%)]		
腹水	109	87(79.8)	14(12.8)	8(7.4)	89	47(52.8)	21(23.6)	21(23.6)
少尿	109	109(100.0)			89	45(50.6)	23(25.8)	21(23.6)
纳呆	109	100(91.7)	6(5.5)	3(2.8)	89	41(46.1)	19(21.3)	29(32.6)
乏力	109	71(65.1)	30(27.5)	8(7.4)	89	52(58.4)	14(15.7)	23(25.9)

表 2 治疗组部分临床症状治疗前后的比较

项 目	治疗前	治疗后		
		治 愈	好 转	未 愈
腹胀	109	89	15	5
胸水	21	21		
腹痛	53	49	4	
上消化道出血	9	9		
牙龈出血	36	33	2	1
轻度昏迷	12	12		
腹泻	47	47		
双下肢浮肿	107	97	10	

表 3 两组治疗腹水起效时间与痊愈时间比较

分 组	例数	起效时间(天)		痊愈时间(天)	
		<5 天(%)	>5 天(%)	<15 天(%)	<21 天(%)
治疗组	87	63(72.40)	24(27.60)	53(60.90)	34(39.10)
对照组	47	17(36.20)	30(63.80)	12(25.50)	35(74.50)

治愈或好转。

3.4 两组治疗腹水的起效时间与痊愈时间比较:表 3 示,治疗组腹水治愈 87 例中,72.4%的病例在治疗后 5 天内起效,27.6%的病例在 5 天后起效,均明显高于对照组($P<0.01$)。而 15 天内痊愈者占 60.9%,21 天内痊愈者为 39.1%,与对照组相比差异均有显著性($P<$

0.01)。表明治疗组消除腹水起效快,疗效好,有效率高于对照组。

3.5 两组治愈病例远期疗效比较:治疗组随访 67 例,6 个月内复发者 0 例,6 个月至 1 年以内复发者 3 例,1 年至 2 年以内复发者 9 例,2 年以上复发者 5 例,复发率为 25.4%;治疗组随访 36 例,6 个月内复发者 20 例,6 个月至 1 年以内复发者 13 例,复发率为 91.6%。两组比较差异有显著性($P<0.01$),表明治疗组具有良好的远期疗效。

4 讨论

肝硬变腹水是中、西医共同面临的难治病症之一。笔者经多年临证体验认为,精微之气重亏、气机逆乱、隧道闭阻、气水血毒结聚攻窜是其主要病机。故而提出治水不如治气;治气当破气、补气;且应重破重补的治疗见解,并立菝葜饮一方。菝葜饮在治疗肝硬变腹水病症方面有良好的临床疗效,可有效地消除或缓解腹水、水肿、腹胀、纳呆、乏力、少尿等一系列临床症状体征。见效快而平稳,疗效好而稳定,尤其是远期疗效理想,可有效地减少腹水的复发率。

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北京明驰医药信息中心经销下列商品

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JF-953 肥胖症治疗仪 336 元/台	WQ1002F 型(带离子导入)338 元/台	念盈药艾条 7 元/盒	耳针模型(22CM)35 元/个	曼格磁贴 32 元/盒
KWD-11808 全能脉冲电治疗仪 480 元/台	WQ1002K 型(8 路,带导入)2100 元/台	奇罐(新型)340 元/台	耳针模型(13CM)16 元/个	各种规格针灸针,中医药图书医学录像带详细目录备索
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耳穴诊断治疗仪 325 元/台	TDP 神灯治疗仪 940 元/台(双头)	橡胶火罐 25 元/套	神龙牌无菌拔针 16 元/盒	
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颈椎治疗仪 1880 元/台	女性人体穴位挂图 34 元/套	26cm 人体男性穴位模型 32 元/个	康年牌无菌梅花针 40 元/盒	
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韩氏治疗仪	无烟药艾条 7 元/盒	手针模型 19 元/个	磁圆梅针 80 元/只	

(广告编号:200002-11)

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on Treatment of 29 Cases of β — Mediterranean Anemia (Thalassemia) with Yisui Shengxue Ling (YSSXL)

Wu Zhikui, Huang Youwen, Wang Rongxin, et al

Based on the TCM theory of "kidney generates marrow", we treated 41 cases of β — Mediterranean anemia from an highly endemic area in Guangxi. Of whom, 29 cases were treated with YSSXL. 28 cases were effective; another 12 cases were treated with new form YSSXL instant granules, all effective. Comparison was made between the treatment group and a group treated with myleran. The results showed that the former group was markedly effective and superior to the latter. Systemic analysis on gene was also made in the patients, in the aspects of the relationship between genetic mutation and therapeutic effect, genetic expression and modulation, for the study of its molecular mechanism. This study also gives the possible mechanism of thalassemia treated by Chinese remedy: putting forward a hypothesis claiming that the said Chinese theory is its theoretical core. Its objectivity was identified, thus offering the scientific background for the theory and practice of thalassemia treated by traditional Chinese Medicine.

Authors' address: Guang'anmen Hospital, China academy of TCM, Beijing 100053

Key words: β — Mediterranean anemia (thalassemia)/TCM therapy @ Yisui Shengxue Ling

(Original article on page 90)

One hundred Ninety — eight Cases of Ascitis in Liver Cirrhosis Treated with Eqi Drink

Liu Shuchang, Zhang Wude, Hong Minli, et al

All the cases were randomly assigned to two groups, the treatment group and control group. For the treatment group, western remedies and Eqi drink (EQD) were given during the ascitic stage, and with EQD alone after ascitis subsided, while the control group was administered western remedies in its whole course. Observation was made on both groups in terms of manifestations before and after the treatment, first appearance of effective time, time of cure, and long — term effectiveness. Results showed that there was significant difference in the above indices between the 2 groups ($P < 0.05$ or $P < 0.01$), the treatment group being superior to the control group, demonstrating that EQD is effective for the treatment of cirrhotic ascitis with stable and rapid effect, and complete eradication of ascitis, and with satisfactory both short — term and long — term effectiveness.

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Key words: Liver cirrhosis/TCM therapy ascitis/TCM therapy

@ Eqi Drink

(Original article on page 92)

Observation of Therapeutic Effect in 162 Cases of Psoriasis Treated with Zicao Biejia Siwu Tang (ZBS)

Wei Yachuan, Lu Heqi

162 cases of psoriasis, mainly of blood — heat and blood — dryness types, complicated with wind, dampness, blood — stasis and kidney deficiency, were treated with ZBS as basic recipe with modifications. The cured rate was 46%, with a total effective rate of 89%. It was claimed that psoriasis is caused mostly by deficient liver — yin and exuberant liver — yang. Patients with punctata type lesion are mostly complicated with superficies syndrome and excessiveness of the lung; while those with plaque lesions, complicated with wind — dryness and blood stasis; and those arthropathic type patients, with kidney deficiency; erythema type patients, with drug poisoning.

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Key words: Psoriasis/TCM therapy @ Zicao Biejia Siwu Tang

(Original article on page 97)

Effect of Huanyuan Injection (HY) on the Metabolism of Lactic acid, Ca^{2+} and Free Radicals in Brain Tissue of Rats of Acute Cerebral Hemorrhage

Wang Zuo, Zhang Chunyan

Cerebral hemorrhage model of rat was prepared by injecting 0.5 μ l collagenase saline into its internal capsule and observation performed on the effect of HY on the contents of lactic acid, Ca^{2+} , SOD, MDA in the hematoma area in the brain. Qingkailing (QKL) injection was used as control. Results revealed that the contents of lactic acid Ca^{2+} , MDA in the model control group were obviously higher than that of the normal and operated control groups ($P < 0.01$), activity of SOD markedly lowered than that the other 2 groups ($P < 0.01$). The contents of lactic acid, Ca^{2+} , MDA in the HY group were all obviously lowered than that of the model — control group ($P < 0.05$ or $P < 0.01$), activity of SOD markedly higher than that of the model — control group ($P < 0.05$ or $P < 0.01$). The action of lowering the content of MDA of HY group was superior to the QKL control group ($P < 0.05$).

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Key words: Cerebral hemorrhage/TCM therapy @ Huanyuan injection

(Original article on page 106)