

肝痹汤治疗抗痨药后肝损害疗效观察

弓显凤* 蒲兰元* 线胤生* 指导:黄保中*

摘要 74 例抗痨药后肝损害(药物性肝病)患者随机分为治疗组 38 例和对照组 36 例。治疗组用肝痹汤治疗;对照组口服肝泰乐、静脉点滴肌苷注射液治疗。分别观察治疗前后临床症状体征改善情况,肝功能恢复正常时间,及 T 淋巴细胞亚群指标。结果表明,治疗组各项实验室检查结果与对照组比较,差异均有显著性($P<0.05$ 或 $P<0.01$)。治疗组总有效率显著高于对照组($P<0.05$)。

主题词 肝疾病/中医药疗法 抗结核药/副作用 @ 肝痹汤

抗痨药后肝损害是由于抗痨药在体内的代谢产物对肝细胞的直接毒性作用造成肝脏损害和病变。近年来,由于抗痨联合用药不断增加,药物性肝损害发生也相应增加,最高占 23.3%^[1]。现代医学对此目前尚无特异性治疗方法。笔者自 1998 年 8 月~1999 年 2 月运用黄保中主任医师的经验方肝痹汤治疗抗痨药后肝损害,疗效较好,现报道如下。

1 临床资料

本组 74 例肺结核患者均为明确诊断的住院病人,抗痨方案均采用世界卫生组织规定短程化疗方案。化疗 7 天后出现肝损害 7 例,2 周后出现肝损害 18 例,1 个月后出现肝损害 49 例。随机分为治疗组和对照组。治疗组 38 例,男 26 例,女 12 例,年龄 23~71 岁,平均 51.8 ± 6.5 岁。中医辨证:药毒损肝,肝郁脾虚,兼气阴两虚 23 例,兼湿热中阻 8 例,兼痰浊壅肺、瘀血阻络 4 例,兼脾肾阳虚 3 例。对照组 36 例,男 25 例,女 11 例,年龄 20~68 岁,平均 49.3 ± 5.4 岁。两组患者性别、年龄、化疗方案、肝损害程度等方面差异均无显著性,具有可比性。

抗痨药后肝损害的西医诊断根据 1995 年 8 月第 1 版《肝脏病学·药物性肝病》诊断标准^[2]。中医诊断以 1995 年 1 月实施国家中医药管理局发布《中医病证诊断疗效标准》为依据。

2 治疗方法

治疗组给予肝痹汤:柴胡 24g,赤芍、白芍各 15g,枳壳 12g,川芎 12g,茯苓 15g,升麻 15g,甘草 12g。兼气阴两虚加黄芪 24g,生地 15g;兼湿热中阻加青蒿 15g,金钱草 15g,大黄 5g;兼痰浊壅肺、瘀血阻络加全

瓜蒌 15g,黄芩 12g,百部 15g,丹参 24g;兼脾肾阳虚加鹿角霜 15g,桂枝 9g。每日 1 剂,煎 2 次,取汁 300ml,每次 100ml,每日 3 次。对照组给予 10%葡萄糖注射液 500ml,维生素 C 注射液 3g,三磷酸腺苷 40mg,肌苷注射液 0.4g,辅酶 A 100U,静脉点滴,每日 1 次,肝泰乐片 0.2g,每日 3 次口服。

两组患者每周复查肝功 1 次,服药前后查 T 细胞亚群指标各 1 次。肝功指标有总蛋白、白蛋白、总胆红素、直接胆红素、谷-丙转氨酶、谷-草转氨酶。分别采用台湾半自动 1011 生化分析仪及上海第三分析仪器厂产 721 分光光度计分析。试剂由北京中生生物工程高技术公司及广州桂佳科技有限公司提供。转氨酶测定采用赖氏法。

T 细胞亚群指标单克隆抗体测定采用 SPA 花环法,试剂由上海第二试剂厂提供(McAb-A-E 试剂)。免疫球蛋白采用美国 Beckman Array 360 特种蛋白分析仪测定。

3 疗效分析

疗效评定标准以国家中医药管理局发布《中医病证诊断疗效标准》为依据。痊愈:黄疸消退,其他症状消失,实验室指标正常。好转:黄疸及其他症状减轻,胆红素正常或降低,其他实验室指标好转。未愈:黄疸不退或加重,其他症状或实验室指标无改善。

结果治疗组 38 例,痊愈 16 例,好转 17 例,无效 5 例,痊愈率 42.1%,总有效率 86.8%。对照组 36 例,痊愈 10 例,好转 14 例,无效 12 例,痊愈率 27.8%,总有效率 66.7%。治疗组总有效率明显高于对照组($P<0.05$)。

实验室检查结果:治疗组肝功能恢复正常的时间为 12.0 ± 6.0 天,对照组为 16.0 ± 8.6 天。治疗组明显优于对照组($P<0.05$)。

治疗组治疗 1 个月后,CD₃、CD₄、CD₈ 均有明显改善(P 均 <0.01),对照组均无明显改善(P 均 >0.05)。治疗组明显优于对照组($P<0.05$ 或 $P<0.01$)。见附表。

4 讨论

抗痨药后的肝损害归属于中医学“胁痛”、“黄疸”、“积聚”等范畴。现代医学认为抗痨药可引起不同程度的肝实质细胞的损害或坏死^[2]。肺结核的发生

* 西安市结核病胸部肿瘤医院内一科,外科,陕西省西安市雁塔区长安南路(710061)

收稿日期:1999-05-07

附表 两组治疗前后 T 淋巴细胞亚群指标比较 ($\bar{x} \pm s$)

组别	例数	CD ₃ (%)	CD ₄ (%)	CD ₈ (%)
治疗组	38	46.07 ± 6.91	36.14 ± 4.09	21.3 ± 3.50
疗后	38	54.86 ± 8.72 ^{△△}	47.01 ± 6.13 ^{△△}	26.09 ± 5.32 ^{△△}
对照组	36	49.91 ± 5.63	38.55 ± 2.16	25.09 ± 4.85
疗后	36	45.82 ± 8.47	38.07 ± 5.49	23.81 ± 4.69

与治疗前比较, * $P < 0.01$; 与对照组疗后比较, $\Delta P < 0.05$, $\Delta\Delta P < 0.01$

及愈后与机体免疫力的下降有密切的关系,特别是 T 淋巴细胞免疫力下降^[3,4],肺癆的病机按脏腑辨证属肺脾俱虚。治疗肺癆时服用抗癆药物后,由于肺脾俱虚加之药毒入侵损伤于肝致肝郁脾虚,毒邪内蕴,发展为气滞血瘀、湿热中阻,多以疏肝理脾,调和气血,清热利湿,解毒透邪为法。笔者临床观察肝癆汤加减治疗抗癆药后肝损害的疗效,肝功能复常时间均优于对照组,且患者免疫指标也随之改善。

黄老经验方肝癆汤中柴胡、枳壳一升一降而升降气机,芍药养阴养血与柴胡合用疏肝理脾,与甘草合用一酸一甘,具有缓急止痛之功。川芎为血中气药,与赤白芍合用,使血行通畅,邪毒有出路。升麻、茯苓合用清热利湿解毒,共奏疏肝理脾,调和气血,清热利湿,解毒透邪之功。现代药理研究,柴胡具有抗炎及调节免疫作

用^[5]。陈爽等^[6,7]研究证明柴胡、芍药对肝细胞的损伤有一定的保护和修复作用。Moon A 报道甘草具有消炎抗过敏,防治肝损害等作用^[8]。现代药理认为茯苓具有提高细胞免疫作用^[9]。但肝癆汤如何保护和修复损伤肝细胞及提高患者机体免疫力的机理有待进一步的研究探讨。

参考文献

- 1 王浩,王钦茂. 抗结核药所致肝损害防治进展. 临床肝胆病杂志, 1990, 6(3): 125-126.
- 2 洪流. 抗结核药物与肝损害. 中级医刊, 1994, 29(11): 9-10.
- 3 李长玉, 张景道, 郑云芳, 等. 应用单克隆抗体检测活动性肺结核病人 T 淋巴细胞亚群的研究. 佳木斯医学院学报, 1989, 12(2): 128.
- 4 马屿. 结核菌 IgG 在肺结核诊断上的应用. 中华结核和呼吸杂志, 1985, 8(2): 71.
- 5 梁云, 崔若兰. 柴胡皂甙及其同系物抗炎和免疫功能的研究进展. 中国中西医结合杂志, 1998, 18(7): 446-447.
- 6 陈爽, 贾长恩, 杨美娟, 等. 柴胡皂甙对 FSC 激活及合成细胞外基质的实验研究. 北京中医药大学学报, 1992, 22(1): 31-34.
- 7 陈爽, 贾长恩, 杨美娟, 等. 芍药甙对实验大鼠培养肝细胞损伤的防治作用的形态学及生物化学研究. 中西医结合肝病杂志, 1997, 9(4): 217.
- 8 Moon A. 甘草及其成分甘草甜素对大鼠体内葡萄糖醛酸化的影响. 国外医学·中医中药分册, 1998, 20(3): 47-48.
- 9 王筠默主编. 中药药理学. 上海: 上海科学技术出版社, 1998: 50.

2000 年全国中医药临床应用研讨会 2000 年全国针灸与康复疗法研讨会

征文通知

由中国中医药学会和中医杂志社联合主办的“2000 年全国中医药临床应用研讨会”和“2000 年全国针灸与康复疗法研讨会”将于 2000 年 9 月举行。

2000 年全国中医药临床应用研讨会(简称“中医会”)征文内容如下: (1)老中医临床治疗经验总结; (2)临床辨证施治的经验; (3)中医和中西医结合临床治疗的新成果、新技术、新经验介绍; (4)基础研究及理论探讨; (5)临床应用处方、验方的治疗新体会,例如:半夏泻心汤、柴胡疏肝散等等,对其中一方在临床新用的经验与体会; (6)临床应用单味中药的治疗体会,例如夏枯草、牛蒡子等等,对其中一味中药在临床新用的经验体会; (7)对于某方剂或其单味中药的研究新成果; (8)药物外敷、外贴、外洗等临床新用的经验体会。

2000 年全国针灸与康复疗法研讨会(简称“针灸会”)征文内容如下: (1)针灸治疗常见病的经验; (2)推拿、按摩及其它理疗方法治疗常见病的经验; (3)气功和体育疗法治疗常见病的经验; (4)食疗治疗常见病的经验; (5)非药物康复疗法经验; (6)穴位埋线和割治法等等治疗常见病的经验; (7)某一个新、旧穴位的临床应用经验体会; (8)常用配穴临床经验体会; (9)穴位研究新成果。

以上两会征文要求: (1)征文截止日期为 2000 年 4 月 30 日; (2)每位作者只限投一篇; (3)文稿要求字迹工整,字数在 2000~3000 字,尽量不用表格,请自留底稿,字迹潦草者不予审阅; (4)文稿中的计量单位均须采用法定计量单位,如“克”应为“g”,“毫升”应为“ml”,“白细胞 5000/mm³”应为“白细胞 5 × 10⁹/L”等等; (5)文题下署作者姓名,作者单位名称、地址、邮政编码请写在稿纸首页末尾; (6)文稿务请加盖单位公章; (7)征文经专家评审后,录用文章将刊登在《中医杂志》2000 年增刊上,并由中国中医药学会和中医杂志社联合颁发论文证书,参会代表将授予继续教育学分; (8)请在投稿信封左下角注明“中医会”或“针灸会”字样。会议具体时间、地点另行通知。

联系地址:北京东直门内北新仓 18 号,中医杂志社东方岐黄科技服务中心,邮政编码:100700,联系人:牛易。

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Study on Analgesic Action of Chinese Medicine (Bitongxiao) to Leucic-eukephalin

Li Jinxue, Xiang Changju, Liu Xiuqin, et al

33 cases of pain due to neural-root type cervical spondylosis were treated by Bitongxiao, with another 31 cases treated by Jingfukang granule as control. The pain scores in both groups before and after the treatment were markedly decreased (all $P < 0.01$), so were that of the difference of values between them ($P < 0.05$). For the analgesic action between the type of qi-stagnation blood-stasis and the type of channel blocked by wind-cold evil, there was no difference. The content of leucic-eukephalin (LEK) in the plasma of the treatment group after treatment increased dramatically ($P < 0.01$), but that in the control group, though tending to increase, showed no significant difference.

Authors' address: Institute of Ortho-traumatology, China Academy of TCM, Beijing 100700

Key words: analgesia eukephalin, leucine/metabolism @ bitongxiao

(Original article on page 148)

Observation on the Therapeutic Effect of Ganbi Decoction on Post-antituberculous Liver Injury

Gong Xianfeng, Pu Lanyuan, Xian Yinsheng

Seventy-four cases of post-antituberculous liver injury (called medicinal hepatopathy in western medicine) were randomly assigned to treatment group of 38 cases and control group of 36 cases which were treated with Ganbi Decoction and glucuronolactone respectively. The improvement in clinical syndromes, signs, time for recovery of liver function and indices of T-lymphocytic sub-group were observed before and after the treatment. Result revealed that all the observed indices in the treatment group were significantly different as compared with the control group ($P < 0.01$). The cured and total effective rates of the treatment group were all higher than that of the control ($P < 0.05$ or $P < 0.01$).

Author's address: Xi'an Hospital of Tuberculosis and Chest Tumors, Xi'an 710061

Key words: liver disease/TCM therapy antitubercotics/side-effect @ Ganbi Decoction

(Original article on page 157)

Clinical Study on Infantile Lactose Intolerant Diarrhea Treated by TCM

Zhu Jinshan, Chen Liuying, Chao Jianxin, et al

The subjects were 486 cases aged all under 1.5-year-old. Their fresh stool were observed closely by pH value, lead acetate (la) method and chromatography. Standards for lactose intolerant (LI) included $\text{pH} < 6$, la 2 +,

chromatography +. 148 cases were assigned to 3 groups. Group I was treated with regular western drug; group II, regular western drug plus delactose diet; group III, traditional Chinese remedies with Zhixie I, Zhixie II administered to acute (damp-heat), chronic (persisting) types, and observed for 5 and 10 days respectively. Results showed that the incidence of LI in 486 cases infantile diarrhea was 54.73%, of them, the incidence of chronic type being 72.73%. For acute diarrhea LI, there was no significant difference among its group ($P > 0.05$). While for the chronic group, the effects in II, III were superior to I (all $P < 0.05$). Delactose diet yielded good effect for both types of LI. For chronic persisting LI, traditional Chinese remedies can rapidly ameliorate vomiting, diarrhea and abdominal distention with satisfactory effect.

Authors' address: Shenzhen Children's Hospital, Shenzhen, 518026

Key words: diarrhea, infantile/TCM therapy @ intolerant to lactose

(Original article on page 161)

Analysis of Lingual Picture in 329 Cases of Drug Addicts During Different Stages of Drug-withdrawal

Li Yu, Liu Shuang

The results of the observation were: in the early stage ($< 1/2$ month), the tongue body was scarlet with white or yellow greasy coat with prickles, the body was bulky, with fissures. As the time of withdrawal went on, the ratio of scarlet, prickly tongue decreased, while that of bulky, fissured, and white greasy coat increased. Over 3 months after drug withdrawal, the ratio of all the above tongue pictures all tended to decrease, with an increase of pink tongue. By analysis of lingual picture, the main pathology was injury of yin by evil-heat and deficiencies of qi-blood, and damp filth and deficient spleen at the early stage; while at the intermediate stage, the main manifestations were yin-injury by fire-evil, damp-filth and deficient spleen; at the late stage, the main manifestations were damp-filth and deficient spleen and deficient blood and qi. Hence, the principles of strengthening the spleen and benefiting qi, protecting and nourishing the stomach yin should be persistently given during the whole therapeutic course. For different stages of withdrawal, different prescriptions should be accordingly administered.

Authors' address: Shanghai Convalescence Center for Drug-withdrawal, Shanghai 200434

Key words: behaviour, addiction, abnormal lingual picture @ withdrawal stage

(Original article on page 174)