

调治祛邪疗肝方治疗慢性乙型肝炎 240 例临床观察

张 绍 俭*

摘要 自拟调治祛邪疗肝方有益气健脾、补益肝肾、补养肝血、疏肝行气、活血祛瘀、利湿清热解毒之功效,用于治疗慢性乙型肝炎 240 例,与乙肝灵浓缩丸合用复方树舌片对照组 100 例进行疗效比较,结果总有效率及显效率均明显高于对照组($P < 0.05$ 或 $P < 0.01$),HBeAg 转阴效果、HBV-DNA 转阴效果及肝功能恢复方面明显高于对照组(P 均 < 0.01)。

主题词 肝炎,乙型,慢性/中药疗法 @ 调治祛邪方

笔者自 1996 年 2 月~1999 年 12 月,采用自拟调治祛邪疗肝方治疗慢性乙型肝炎 240 例,并以 100 例乙肝灵浓缩丸合用复方树舌片治疗为对照组,取得满意疗效,现予以报道。

1 临床资料

治疗组 240 例及对照组 100 例均来源于本院内科 1996 年 2 月~1999 年 12 月慢性乙型肝炎门诊病例。按 1995 年 5 月北京第五次全国传染病寄生虫病学术会议修订的病毒性肝炎诊断标准,全部病例病程均在半年以上。治疗组 240 例中,慢性肝炎轻度 124 例,中度 78 例,重度 38 例;男性 186 例,女性 54 例,男女之比为 3.4:1;年龄为 14~66 岁,平均年龄 28.5 岁;病程为 1~18 年,平均为 3.4 年。对照组 100 例中,慢性肝炎轻度 52 例,中度 32 例,重度 16 例;男性 76 例,女性 24 例,男女之比为 3.2:1;年龄为 13~62 岁,平均年龄 27.7 岁,病程在 10 个月~17 年,平均为 3.1 年。两组病例在病情、性别、年龄、病程等方面经统计学处理差异无显著性($P > 0.05$)。

2 治疗方法

2.1 治疗组:以调治祛邪疗肝方治疗。方药组成:生黄芪 15g,炒白术 12g,大枣 9g,枸杞子 12g,鹿角 9g(先煎),当归 12g,醋炒柴胡 12g,醋炒青皮 9g,赤芍 9g,生山楂 12g,丹参 15g,醋炙鳖甲 12g(先煎),酒制大黄 9g,茯苓 12g,茵陈 15g,败酱草 15g,垂盆草 15g,白花蛇舌草 15g,生甘草 6g,皂角刺 6g。每日 1 剂,水煎,分早、中、晚 3 次口服,3 个月为 1 个疗程。经治 1~3 个疗程,每疗程结束复查血清 HBV 5 项指标和 HBV-DNA,肝功能不正常者每月复查 1 次肝功能。

2.2 对照组:乙肝灵浓缩丸[吉林四平市松辽制药厂生产,批号:吉卫药准字(1992)330059],1 次 2g,1 日 3 次,口服;合用复方树舌片[吉林省长春市和平制药厂生产,规格:0.35g/片,批号:吉卫药准字(1991)130159 号],1 次 2 片,1 日 3 次,口服。3 个月为 1 个疗程,治疗时间与检测方法同治疗组。

3 治疗结果

3.1 疗效标准:按照 1991 年 12 月中国中医药学会内科病专业委员会天津会议讨论通过的病毒性肝炎中医药疗效标准^[1]判断。临床基本治愈:主次症状消失,肝脏恢复正常且无压痛、叩痛,肝功能恢复正常,HBeAg、HBV-DNA 全部转阴,且稳定 6 个月以上;显效:主次症状消失 1/2 以上或好转 2/3 以上,肝脏明显回缩且无压痛、叩痛,肝功能恢复正常,HBeAg、HBV-DNA 有一项转阴;好转:主次症状消失 1/3 以上或好转 1/2 以上,肝脾肿大稳定或回缩且无明显压痛、叩痛,肝功能较原来值下降 1/2 以上,HBeAg、HBV-DNA 有一项转为弱阳性;无效:未达到上述指标者。

3.2 两组临床疗效比较:治疗组 240 例,临床基本治愈 88 例(36.7%),显效 100 例(41.7%),好转 36 例(15%),无效 16 例(6.6%),显效率为 78.3%,总有效率为 93.3%。对照组 100 例,临床基本治愈 16 例(16%),显效 28 例(28%),好转 32 例(32%),无效 24 例(24%),显效率为 44%,总有效率为 76%。两组总有效率及显效率差异均有显著性($P < 0.05$ 或 $P < 0.01$),治疗组明显优于对照组。

3.3 两组 HBeAg 和 HBV-DNA 转阴效果比较:治疗组治疗前 HBeAg 阳性者 220 例,治疗后转阴 162 例,转阴率为 73.6%(162/220);HBV-DNA 治疗前阳性者 38 例,治疗后转阴 26 例,转阴率为 68.4%(26/38)。对照组治疗前 HBeAg 阳性者 86 例,治疗后转阴 28 例,转阴率为 32.6%(28/86);HBV-DNA 治疗前阳性者 22 例,治疗后转阴 4 例,转阴率为 18.2%(4/22)。两组比较,无论 HBeAg 转阴率,还是 HBV-DNA 转阴率,治疗组均明显高于对照组,两者差异有非常显著意义($P < 0.01$)。

3.4 治疗组与对照组肝功能恢复效果比较:治疗组治

* 陕西省柞水县中医医院(711400)

收稿日期:2000-03-22;修回日期:2000-08-01

疗前丙氨酸氨基转移酶(ALT)异常者 176 例,治疗后恢复正常者 166 例,有效率为 94.3%(166/176);血清胆红素(SB)异常者 149 例,治疗后恢复正常者 128 例,有效率为 85.9%(128/149);白蛋白与球蛋白之比(A/G)异常者 157 例,治疗后恢复正常者 134 例,有效率为 85.4%(134/157)。对照组肝功能 3 项指标有效率分别为 55.7%(34/61),40.9%(18/44),61.4%(35/57)。两组之间差异有非常显著性,治疗组明显高于对照组($P < 0.01$)。

3.5 毒副作用:两组病例在治疗过程中均未发生任何不良毒副作用。

4 讨论

疫邪内侵,邪伏血分,致使正气亏损,气血失调,正虚邪恋,虚实夹杂为慢性病毒性肝炎之病理特点^[2]。慢性乙型肝炎属慢性病毒性肝炎范畴,笔者认为,慢性乙型肝炎正虚多为脾气虚、肝肾不足及肝血虚,气血失调多为肝气郁滞、脾气虚、肝脾血瘀及肝血虚,邪实或邪恋多为湿热毒邪内蕴及瘀血内停,故对慢性乙型肝炎治疗,主张益气健脾、补益肝肾、补养肝血、疏肝行气、活血祛瘀、利湿清热解毒综合立法处方。方中黄芪、炒白术、大枣益气健脾;枸杞子、鹿角、当归补益肝肾、补养肝血;醋炒柴胡、醋炒青皮疏肝行气;丹参、赤芍、生山楂活血祛瘀;茯苓、茵陈渗湿利湿清热;败酱草、垂盆草、白花蛇舌草、生甘草清热解毒;皂角刺托毒排邪。其中,生用黄芪益气兼托毒;助皂角刺托毒祛邪;茯苓渗湿利湿兼能健脾补中,助白术、黄芪、大枣健脾益气;鹿角益肾兼能行血,败酱草解毒兼能祛瘀,助丹参、赤芍、生山楂活血祛瘀;醋炙鳖甲软坚散结兼能滋阴,与当归、丹参、赤芍、生山楂合用软肝缩脾,兼助枸杞子、鹿角、当归补益肝肾;酒制大黄活血消瘀、泻热解毒,助丹参、赤芍、生山楂活血祛瘀,助败酱草、垂盆草、白花蛇舌草、生甘草清热解毒。全方相配,有益气健脾、补益肝肾、补养肝血、疏肝行气、活血祛瘀、利湿清热解毒之功效,用于治疗慢性乙型肝炎,方应病机,故能获效。综观该方,调治肝脾肾,调理气血,祛除病邪,为治疗慢性乙型肝炎而设,故名调治祛邪疗肝方。

中药现代药理研究认为,黄芪能促进肝细胞合成白蛋白,抑制间质细胞胶原合成^[3],促进细胞免疫,增强网状内皮系统和巨噬细胞吞噬功能,提高淋巴细胞转化率,诱导干扰素生成增加,增强人体免疫^[4],保肝及防止肝糖原减少;白术能促进肝细胞合成白蛋白,抑制间质细胞胶原合成,促进血液循环,保肝及护肝;枸杞子能促进肝细胞新生^[3],抑制脂肪在肝细胞内沉积;当归能抑制肝纤维增生,促进肝内新生纤维吸收,保肝

及防止肝糖原减少;大枣含蛋白质、糖类、有机酸、粘液质、维生素 A、B₂、C 等,可增加血清总蛋白、白蛋白及保肝;柴胡能降低 ALT 活性及血清总胆红素,缩短凝血酶原时间,纠正血清白蛋白、球蛋白的病理改变,减轻肝细胞病理改变,保肝及护肝;赤芍能改善肝脏血液循环,改善肝脏病理亚微结构,回缩肝脾及退黄;山楂能改善临床症状,降酶,改善肝脏微循环、回缩肝脏及抗脂肪肝^[2];丹参能改善肝脏微循环^[5],促进受损肝细胞修复,调节免疫,回缩肝脾^[6];鳖甲能抑制结缔组织增生、软肝脾,提高血浆白蛋白;大黄能抗肝损伤,退黄、降酶,清除免疫复合物积聚及其损害;茯苓可降酶、降浊,改善肝脏蛋白代谢,增加免疫;茵陈能保肝利胆,降低 ALT 活性及血清总胆红素,缩短凝血酶原时间,纠正血清中白蛋白、球蛋白的病理改变;败酱草能疏通门静脉循环,加速肝细胞再生,降酶、降絮,抑制病毒;垂盆草能降低血清转氨酶,改善口苦、纳差、溲黄等肝炎症状;白花蛇舌草能提高血清杀菌,增加白细胞吞噬功能,抑制炎症反应和免疫反应;甘草能解毒,阻止脂肪在肝内蓄积,抑制肝纤维增生,抑制乙型肝炎表面抗原,调节免疫。方中药物的以上作用均为治疗慢性乙型肝炎的有效作用,全方协同,可起到综合治疗慢性乙型肝炎的效果。

治疗结果表明,治疗组和对照组的总有效率分别为 93.3%和 76.0%,两者差异有显著意义($P < 0.05$);HBsAg 和 HBV-DNA 的转阴效果和肝功能(ALT、SB、A/G)的恢复的疗效比较,治疗组和对照组亦有显著性差异(P 均 < 0.01);治疗过程中均未发生任何不良毒副作用。说明调治祛邪疗肝方是治疗慢性乙型肝炎十分有效及安全的方剂之一,值得临床推广和进一步研究。

参考文献

- 1 中国中医药学会内科肝病专业委员会.病毒性肝炎中医疗效判定标准(试行).中医杂志,1992,33(6):53.
- 2 高寿征主编.病毒性肝炎防治研究.北京:北京出版社,1993:426,444.
- 3 王灵台,高月求,陈建杰,等.柔肝冲剂抗肝纤维化作用的实验研究.中国中医药科技,1998,5(3):139-141.
- 4 栗德林,王迎新,宋福印,等.肠炎宁胶囊治疗慢性溃疡性结肠炎的临床研究.中国中医药科技,1998,5(4):226-228.
- 5 汪菁菁.菝葜汤治疗肝纤维化 84 例临床观察.中国中医药科技,1998,5(3):182-183.
- 6 刘中景.柴胡茵陈汤对大鼠氨基半乳糖实验性肝炎治疗作用的实验研究.中国中医药科技,1998,5(4):201-203.

更正:2000 年第 8 期第 457 页右栏第 12 行“随访 12 年未复发”应为“随访 2 年未复发”。第 9 期第 525 页右栏第 1 行“五倍子 10g、诃子 10g,”应删除。

ABSTRACTS FROM ORIGINAL ARTICLES

The Protective Action of Xin He Ke Li Ji on Endothelial Injury in Coronary Diseases—A Clinical Study

Li Xiao, Ding Shuwen, Jiang Ping

Patients with unstable angina pectoris who conform with the category of impairment of the channels and collaterals due to stagnated heat and insufficiency of ying-yin were enrolled in the study and randomly assigned to treatment and control groups. In the treatment group (N=45) Xin He Ke Li Ji, a prescription of our own, was administered with routine Western drugs; in the control group (N=42) only with routine drugs. The baseline values of P-selectin, tumor necrotizing factor (TNF) and interleukin-1 (IL-1) were higher than normal subjects (N=10). The total effective rate of angina pectoris was 86.6%, that in EKG examination, 53.3% and that in symptoms in TCM terms, 88.9% after treatment and was significantly better than in control group ($P < 0.05$ or 0.01). The blood P-selectin, TNF and IL-1 of the patients were decreased both in the treatment and control group and the decrease in the treatment group was significantly greater than that of the control group ($P < 0.01$). The results suggested that impairment of the channels and collaterals due to stagnated heat is one of the important mechanisms in occurrence of angina. It is showed that Xin He Ke Li Ji can decrease the content of P-selectin, TNF and IL-1, protect the endothelium against injury and further against vascular spasm, thrombus formation and the rupture of the unstable plaques.

Authors' add: Shandong University of TCM and Pharmacy, Jinan 250011

Key words: coronary diseases/TCM treatment, endothelium, vascular/pharmacological action @Xin He Ke Li Ji

(Original article on page 661)

Treatment of Chronic Hepatitis B with Tiao Zhi Qu Xie Liao Gan Fang in 240 Cases

Zhang Shaojian

240 cases of chronic hepatitis B were treated with Tiao Zhi Qu Xie Liao Gan Fang, a prescription of our own. The prescription has the following actions: supplementing qi and invigorating the spleen; tonifying the liver and kidney; enriching the liver and blood; promoting the flow of qi by soothing the liver; promoting the circulation of blood circulation and removing stasis; detoxifying, expelling the pathogenic dampness and heat. In the control group, 100 cases were treated with concentrated pills of Yi Gan Ling plus composite Shu She tablets. The total and markedly effective rates of the treatment group were significantly higher than the

control group ($P < 0.05$ or $P < 0.01$). The negative turnover rates of HBeAg and HBV-DNA were also significantly higher ($P < 0.01$) than the control group.

Authors' add: TCM Hospital of Zuoshui County, Shaanxi Province 711400

Key word: hepatitis B, chronic/TCM treatment

(Original article on page 664)

An Experimental Study on the Effect of Modified Xian Xiong Tao Cheng Tang Plus Shen Mai Zhen in Treating Pulmonary Injury after Abdominal Infection in Rats

Ma Chaoying, Geng Yun, Cheng Linhui, et al

To elucidate the mechanism of Modified Xian Xiong Tao Cheng Tang plus Shen Mai Zhen, a prescription of our own, in treating acute respiratory failure. We established an animal model by inducing abdominal infection after ligation of the caecum. In comparison with the model group, the contents of tumor necrotizing factor (TNF α), thromboxan (TXB₂), and prostaglandin (6-keto-PGF 1α) in plasma were significantly decreased in the treatment group ($P < 0.05$ or $P < 0.01$). The morphologic changes were also much less prominent. The result showed that this prescription is effective in treating acute respiratory failure in the model animals; its mechanism is probably contributed by inhibition of the inflammatory cells and their mediators.

Authors' add: Jiangxi TCM College, 330006

Key words: Modified Xian Xiong Tao Cheng Tang, Shen Mai Zhen, ligation of caecum, ARDS, experimental study, infection/complication, pulmonary diseases/TCM treatment, abdominal cavity/microbiology

(Original article on page 683)

The Experimental Study of Zhen Wu Tang on the Extracellular Matrix Synthesis of Fetal Glomerulomesangial Cells

Geng Jianguo, Wang Changsong

To elucidate the mechanism of Zhen Wu Tang in preventing and treating sclerosis of the glomeruli we quantitatively determined the components of the extracellular matrix of the fetal glomerulomesangial cells after giving the preparation. The significantly decreased concentrations of laminin (LN) and collagen IV (Col IV) in the serum suggested that Zhen Wu Tang is markedly inhibitory in their synthesis.

Authors' add: Nanjing University of TCM and Pharmacy, Nanjing 210029

Key words: Zhen Wu Tang/pharmacology, glomerulomesangial cells/pharmacological action

(Original article on page 686)