

自制稳肝片治疗慢性肝炎无证可辨型患者 240 例临床观察

王 化 猛*

摘要 为了对慢性肝炎无证可辨型进行前瞻性研究,探讨其证型转变情况,以便提出其治疗的必要性,将 346 例患者随机分成 2 组。治疗组 240 例给予自制稳肝片,对照组 106 例给淀粉片或不予治疗,6 个月内观察患者中医无证可辨型证型是否改变及其改变的证型。结果治疗组证型改变 44 例,占 18.33%,对照组改变 62 例,占 58.49%,差异有非常显著性($P < 0.01$)。表明,慢性肝炎无证可辨型采取强化治疗,是减少慢性肝炎发病的极佳途径,不应成为治疗的漏区。

主题词 肝炎,病毒性,人/中医药疗法 @ 稳肝片

慢性肝炎为我国常见病和多发病,大多在其静止期、稳定期、甚或恢复期无任何临床表现,笔者认为这一时期的慢性肝炎为慢性肝炎为无证可辨型,并进行过系列探讨^[1,2]。实质上,它仅仅是慢性肝炎过渡中的一个被暂时拟定名的特殊类型,由于机体内、外因素的影响,疾病发展到另一个阶段,此证型也会随之改变。本着“既病防变”的基本思想,为强化治疗或截断传变途径,勿使慢性肝炎病情进展和加重,我们对此采取了进一步观察治疗,于 1991~1997 年间对 346 例慢性肝炎无证可辨型患者进行临床探讨,观察了其证型变化规律情况,现将结果报告于后。

1 临床资料

1.1 病例选择:来源于肝病门诊就诊或咨询病员共 346 例,根据既往病史均曾确诊为慢性肝炎,原诊断分别符合 1978 年全国病毒性肝炎郑州会议以来确定的诊断标准,且为数年内病情常反复发作出现不同临床表现的患者,其中 21 例经肝穿活检证实。本组在选作观察病例时病情稳定,无明显症状和体征,查丙氨酸氨基转移酶(ALT)、血清胆红素正常(部分病例仅蛋白电泳 γ -球蛋白有轻微升高)。参照无证可辨型诊断标准^[1]:(1)病理学诊断:无明显临床表现但经肝穿刺活检为慢性肝炎病理者;(2)临床学诊断:既往确诊为慢性肝炎(符合全国慢性肝炎诊断标准),治疗后病情稳定或静止,无明显临床表现者;(3)血清学诊断等项确立标准,所有病人均符合其中临床或病理学诊断标准。

1.2 病例分组:将 346 例病人按性别、年龄、病程和劳

动条件等随机分成治疗组与对照组。治疗组 240 例,其中男 146 例,女 94 例;年龄 20~53 岁,平均 35 岁,平均病程 44 个月;对照组 106 例,其中男 69 例,女 37 例;年龄 17~52 岁,平均 34 岁,平均病程 39 个月。

2 治疗及观察方法

2.1 方药制备:将土鳖虫、三七、硝石、花蕊石、丹参、炮穿山甲、紫河车、黄精、九香虫、青黛、蒲黄、明矾等 10 余味各等份,由院内制剂室统一加工,经处理压片,每片重 0.5g,定名为稳肝片。

2.2 观察方法:治疗组全部服用稳肝片,每次 6 片,每日 2 次口服;对照组给予淀粉片 2 片,每日 2 次口服,或不予治疗,嘱其定期随访。疗程均为 6 个月,不足 6 个月而出现证型转变者嘱予停药后采取其它综合治疗。6 个月内观察患者中医无证可辨型有无改变以及肝功能有否异常。

3 结果

3.1 疗效判断标准:有效:证型不变,仍稳定为无证可辨型者,患者自觉良好,无明显临床表现,证型稳定,肝功能保持正常者。无效:证型改变者,患者出现肝功能异常,有临床表现而排除其他病变所致且可以辨证为无证可辨型以外的某一证型者。

3.2 治疗后两组证型改变情况:治疗组无证可辨型 196 例占 81.67%,证型改变为 44 例占 18.33%,对照组无证可辨型 44 例占 41.51%,证型改变为 62 例占 58.49%。两组比较差异有非常显著性($P < 0.01$)。

3.3 两组治疗后证型变化比较:附表表示,其中肝郁脾虚型占治疗组证型变化的 43.18%(19/44 例),对照组为 24.19%(15/62 例),两组间比较有显著意义,说明治疗组起干扰因素的稳肝片药物对肝郁脾虚型改变无力阻拦,有待调整药物组成;肝肾阴虚型与对照组比较无显著意义。两组各其他证型间变化因例数太少,未作统计。

4 讨论

慢性肝炎无证可辨型一部分是指有慢性肝炎而确实无“证”,即经肝穿刺活检为慢性肝炎病理或经血清学诊断确诊,但以中医传统的四诊手段未能发现形之于外的任何临床表现,无从辨证;一部分是虽明确有慢性肝炎,但证候不大明显,未能构成独立的所谓“证”。

* 安徽省老子研究会传统医学专业委员会,涡阳县雒河路 19 号(233600)

收稿日期:2000-02-02;修回日期:2000-04-30

附表 两组治疗后证型变化比较[例(%)]

组 别	例数	无证可辨型	肝肾阴虚型	湿热中阻型	脾肾阳虚型	肝郁脾虚型	瘀血阻络型
治疗组	240	196(81.67)	10(4.17)	8(3.33)	2(0.83)	19(7.92)	5(2.08)
对照组	106	44(41.51)	11(10.38)	16(15.09)	7(6.60)	15(14.15)	13(12.27)

此型可见于无临床表现但已存在潜在病理信息的慢性肝炎早期或轻症病人以及尚存有病理信息的慢性肝炎的未完全恢复健康的病人。笔者曾统计文献报道的 1188 例无症状体征的不同类型 HBV 标志物阳性者和单项转氨酶升高者^[3~9], 肝穿刺见 531 例为慢性肝炎病理, 占 44.7%。这类患者的客观存在, 成为慢性肝炎无证可辨型确立的重要依据, 因此可以说现时的中医临床上, 有近一半数目此类的无证可辨型慢性肝炎患者被视为健康人未能重视。

就目前国内微观辨证研究水平看, 这部分患者犹且不能归入无证可辨证型以外的其他传统证型中去。根据现行的中医诊断分型, 慢性肝炎中这部分无证可辨型患者, 未被重视治疗。笔者也曾提出过该证型的一系列中医治疗思路^[2], 对此治疗还是有法可依的。

本研究的观察治疗结果表明, 对无证可辨型慢性肝炎采取防治后, 大部分可以使病情稳定(81.67%), 依旧趋向健康发展; 若放弃对其进行干扰, 不予截断治疗或称强化治疗, 以保持疗效的持久性和远期观, 半年内统计有 58.49% 的观察病人其无证可辨证型改变, 病情反复而趋向深重的恶化, 从而证明其临床强化治疗的必要性。

蒋本尤认为肝郁络阻是慢性乙型肝炎的病理基础^[10], 本文结果表明, 慢性肝炎无证可辨型变化之归属证型间无明显突出性, 但两组中肝郁脾虚型均有相当例数, 占两组证型变化的 32%(34/106), 说明慢性肝炎受各种情绪影响而发病是明显的。

中医界对慢性肝炎病因病机比较一致的认识是: 湿热毒邪侵袭机体, 正气虚弱, 气血失调, 在此基础上, 发展有毒邪学说、正虚学说、瘀血学说和痰郁学说。所以慢性肝炎的治疗过程应贯穿解毒、化痰、消瘀、扶正补虚的治疗大法^[11,12]。方选稳肝片以丹参、蒲黄、土鳖虫、硝石、花蕊石、三七、炮穿山甲活血、消瘀为基础; 伍以紫河车、黄精、九香虫益气、养血、滋阴、助阳; 蒲黄、明矾、硝石祛湿、化痰; 青黛、丹参、硝石以清热、凉血、解毒, 共筑成了治疗慢性肝炎的最基本框架结构, 总以调理气血, 平衡阴阳, 调和脏腑, 畅通经络为要。从现代医学来看, 一般对慢性肝炎的治疗, 多选用改善肝细胞功能药物和免疫调节剂应用以及对症处理等。实验结果表明, 三七、丹参等活血化瘀药具有改善肝内血流

量, 清除毒性自由基, 丰富肝细胞营养和活化肝细胞, 减轻肝细胞的变性和坏死, 促进其修复、再生和抗纤维化以及免疫调节作用, 且佐以清热解毒药可加强临床疗效^[13,14]。研究还认为, 慢性肝炎血清锌检测明显减少, 而锌可以抑制脯氨酸羟化酶, 从而抑制脯氨酸化过程, 有抗纤维化作用, 且口服锌可恢复损伤的肝功能和免疫功能。据报道黄精、蒲黄、炮穿山甲、紫河车、九香虫等含锌量较高^[15], 可以阻断慢性肝病的进一步发展和恶化。因此诸药配伍似基本合理, 可使大部分无证可辨型慢性肝炎趋于稳定, 防止复发, 以维系疗效的持久性。至于该药对证型改变规律的具体影响及其组成药物的筛选精简、作用机理的假说和验证等诸多问题, 有待以后进一步探讨。

参考文献

- 1 王化猛. 略论慢性肝炎“无证可辨型”之设立. 安徽中医学院学报, 1995, 14(1): 10-11.
- 2 王化猛. 慢性肝炎“无证可辨型”中医治疗思路. 湖南中医药导报, 1996, 2(增刊): 3-4.
- 3 骆抗先, 何超, 沈淑华, 等. 慢性无症状乙型肝炎病毒感染者临床病理学特点. 中华内科杂志, 1985, 24(增刊): 37-41.
- 4 杨如珠, 邱向南. 肝穿刺活检对临床疑诊为病毒性肝炎的诊断价值. 临床内科杂志, 1985, 2(3): 47.
- 5 张兴荣. 无临床症状患者血清转氨酶轻度升高的性质. 国外医学·内科学分册, 1989, 16(11,12): 547-548.
- 6 张定凤. 乙型病毒性肝炎的免疫及临床. 第 2 版. 重庆: 科学技术文献出版社重庆分社, 1988: 192.
- 7 冯凯. 466 例不同类型 ASC 血清多种乙肝标志物与组织损伤的关系. 山东医药, 1991, 31(8): 1-3.
- 8 付久州, 刘勤. 肝脏穿刺活检对慢性无症状 HBV 感染者临床诊断价值的探讨. 实用医学杂志, 1992, 8(3): 18-19.
- 9 张端阳, 高桂英, 徐承贵. 250 例肝病组织病理与临床分析. 实用内科杂志, 1991, 11(5): 260-261.
- 10 蒋本尤. 以肝郁为核心论治慢性乙型肝炎. 中医杂志, 1990, 31(6): 30-32.
- 11 盛国光. 慢性乙型肝炎的中医治则. 中西医结合肝病杂志, 1992, 2(4): 52-53.
- 12 盛国光. 慢性乙型肝炎中医病因病机的探讨. 中西医结合肝病杂志, 1997, 7(2): 126-127.
- 13 李菁, 李跃华, 薛隆翠, 等. 丹参素对实验性肝细胞损伤的防护作用. 中西医结合肝病杂志, 1996, 6(3): 29-32.
- 14 车建途. 治疗肝纤维化药. 中华消化杂志, 1993, 13(1): 50.
- 15 刘熙政. 40 种调经中药锌、铜、铁含量及其临床应用. 中西医结合杂志, 1985, 5(4): 235-237.

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on Treatment of 240 Cases of Chronic Hepatitis of Syndromeless Differentiation Type with Self-Made Wen Gan Tablet

Wang Huameng

In order to probe into change of syndrome types and the necessity of treatment, 346 cases of chronic hepatitis of syndromeless differentiation type were randomly divided into two groups. 240 cases in the treatment group were treated with Wen Gan Tablet and 106 cases in the control group were treated with starch or did not receive any treatment. Within 6 months, it was investigated whether the patient in syndromeless differentiation type changed and the changed syndrome types. Results showed that the syndrome type was changed in 44 cases of the treatment group, and 62 cases in the control group, accounting for 18.33% and 58.49% respectively, with significant difference ($P < 0.01$). It is indicated that intensive treatment can be used for chronic hepatitis of syndromeless differentiation type to reduce attack of chronic hepatitis.

Author's address: Society of Traditional Chinese Medicine, Anhui Lao Zi Research Association, Anhui Province 233600

Key words: hepatitis, virus, human/TCM therapy, @Wen Gan Tablet

(Original article on page 28)

Comparative Study on Ultramicrostructures and Functions of the Thyroid in Rats of Excess-Heat Type and Deficiency-Heat Type

Xu Zhiwei, Chen Qun, Liu Yamei, et al

Serum contents of triiodothyronine (T_3), tetraiodothyronine (T_4), reverse triiodothyronine (rT_3) and thyroid-stimulating hormone (TSH) and changes of structures of the thyroid gland in the rat of excess-heat syndrome and deficiency-heat syndrome were observed with radioimmunoassay and electron microscopic technique, respectively. The rats of excess-heat syndrome and deficiency-heat syndrome were established with administration of Chinese herbs. Results indicated that serum T_3 and T_4 levels increased and the rT_3 level tended to decrease in the deficiency-heat group, and thyroid follicle epithelial cell had more significant changes as compared with that of the excess-heat group. It is suggested that changes of hormones and ultra-microstructures of the thyroid can be served as an important basis for heat syndrome of deficiency type and excess type.

Authors' address: College of Basic Medicine, Guangzhou University of TCM, Guangzhou 510405

Key words: heat of excess type/pathology, heat of deficiency type/pathology, thyroid gland, ultramicrostructure

(Original article on page 43)

Preliminary Study on TCM Crasiology in 10 Strains of Male Rats

Chen Xiaoye, Zhou Yongsheng, Zou Shijie, et al

Ten strains of male rats are commonly used for experimental study at present in Beijing. The rats' outward appearance, stool, picture of the tongue, body temperature, and wet weight of adrenal gland, thymus gland and spleen were observed, and the function of the hypothalamus-pituitary-thyroid axis was determined. Results showed that the constitution of Wistar grade I, II, III, and SD grade III were basically normal. SD grade I had the constitution of mild deficiency-cold, SD grade II had constitution of excess-heat, CD (SD) IGS grade III (small or big body weight) had constitution of mild deficiency. SHR grade I had constitution of mild deficiency-cold, SHR/sp grade I had obvious deficiency-cold constitution; There was a certain difference in TCM constitution among different strains, same strain with different microbic grades, pure line and inbred line, and different ages in rats. It is indicated that the study on TCM crasiology in experimental animals are not only necessary, and also feasibility.

Authors' address: Institute of Basic Medicine, China Academy of Traditional Chinese Medicine, Beijing 100700

Key words: Crasiology/TCM

(Original article on page 45)

Effects of Jian Nao Yi Zhi Instant Granules on Contents of Monoamine Neurotransmitters and Substance P of Cerebral Cortex in Rats of Multi-Infarct Dementia

Mei Jianxun, Zhang Yunling, Zhang Boli, et al

In order to explore the mechanism of Jian Nao Yi Zhi Instant Granules for treatment of Multi-infarct dementia (MID), the contents of dopamine (DA), adrenaline, noradrenaline, 5-hydroxytryptamine (5-HT) and substance P in cerebral cortex were observed in the rat of MID with electrochemical detection of high pressure liquid chromatography and immunohistochemical method. Results indicated that the content of adrenaline in the rat of MID increased in the pre-operation Chinese herb group; 5-HT level decreased in the post-operation Chinese herb group and the post-operation western medicine (dihydroergotamine) group. Contents of substance P elevated in the three groups, with more increase in the pre-operation Chinese herb group. It is concluded that the prescription can regulate abnormal metabolism of monoamine neurotransmitters and substance P in the cerebral cortex after MID. This is possibly material base for improving memory.

Authors' address: Tianjin College of TCM, 300193

Key words: dementia, multi-infarct/TCM therapy cerebral cortex/metabolism @Jian Nao Yi Zhi Instant Granules

(Original article on page 48)