

四虫祛风固本汤治疗支气管哮喘急性 发作期 64 例临床观察

吴 兴 和*

摘要 四虫祛风固本汤为自拟方,临床用于支气管哮喘急性发作期已有近 20 年。全方祛风解痉,降气平喘,扶正固本。为证明其立方遣药的科学性,选择了 64 例支气管哮喘急性发作期患者作为治疗组,并与常规降气平喘、扶正固本法治疗的 60 例进行对照观察。结果,治疗组在肺功能测定、哮喘缓解率、主要症状体征起效时间,均明显优于对照组($P < 0.05$ 或 $P < 0.01$)。表明在支气管哮喘急性发作期的常规治疗中,加用四虫祛风药物,能够明显提高临床疗效。

主题词 哮喘/中药疗法 @ 四虫祛风固本汤

笔者根据多年临床观察认为,对支气管哮喘急性发作期患者,采取祛风解痉、扶正固本治疗,始终占据着主导地位。而善于采用虫类祛风、解痉平喘,使之肺气畅通,气顺则平,又是治疗该病的关键所在。笔者认为,平喘用麻黄类方,临床总感单薄,而选择合理的解痉祛风固本剂,对该病的进退转归将起着决定的作用。故自拟四虫祛风固本汤,标本兼治,临床观察了 64 例,并与单纯降气平喘、扶正固本法治疗 60 例进行对照,现报告如下。

1 临床资料

按随机化原则,设治疗组 64 例,男 46 例,女 18 例,年龄 18~80 岁,平均 56.8 ± 7.5 岁;对照组 60 例,男 40 例,女 20 例,年龄 17~78 岁,平均 58.2 ± 7.6 岁。两组病程均为 11~60 年,并呈反复发作。两组年龄、性别、病程经统计学处理,差异无显著性($P > 0.05$),具有可比性。

1.1 诊断、疗效标准:均按中华医学会呼吸系统疾病学会制定的“支气管哮喘的定义、诊断、严重度分级及疗效判断标准”和陈国桢主编的《内科学》“呼吸功能检查”标准参照执行^[1]。

1.2 主要临床表现:(1)咳嗽气喘,痰白清稀,胸闷不舒,甚至不能平卧,张口抬肩,呈反复发作状。(2)X 线胸透、摄片或 CT 扫描提示肺气肿,肺纹理增粗,并排除急性肺炎、肺癌、肺结核。实验室检查包括三大常规,肝、肾功能,心电图,痰细菌培养,纯蛋白衍生物结核菌素试验基本正常。(3)124 例患者中,体检发现桶状胸者 62 例(50.00%),年龄均超过 50 岁,肺部听诊以哮

鸣音为主。(4)咳嗽症状不能被常用抗生素和一般止咳化痰药所缓解。(5)肺功能中重度异常,第一时间肺活量($FEV_{1.0}$)低于正常值。(6)排除上呼吸道及气管、支气管内肿瘤、排除心源性哮喘及其它可引起哮喘的器质性疾病。

2 治疗及观察方法

治疗组 64 例,用自拟四虫祛风固本汤为基础方。药用:全蝎、地龙、僵蚕、蝉蜕各 12g,地肤子、蛇床子、炙苏子、苦参、旋覆花(布包)、炙麻黄各 12g,鱼腥草、三叶青各 30g,炙款冬花、炒党参、炒白术各 15g,炙甘草 6g;对照组在基础方中去掉前 4 味(全蝎、地龙、僵蚕、蝉蜕),余药剂量同前。按照中医辨证,两组病人中若兼挟风寒表证者加苏叶、荆芥、防风各 12g;属风热者加金银花、连翘、黄芩各 12g;肺肾阴亏者加入玉竹、黄精各 30g。均每日 1 剂,水过药面一指,浸泡 30 分钟,煎 30 分钟,每剂煎 2 次,上下午各服 1 次。1 周为 1 个疗程,3 疗程后作疗效统计。治疗期间停用其它中西药物。

3 治疗结果

3.1 两组治疗后肺功能比较:疗程结束后,全部病例均进行肺功能测定。结果治疗组显效 37 例(57.81%), $FEV_{1.0}$ 均较治疗前增加 $\geq 20\%$;有效 19 例(29.69%), $FEV_{1.0}$ 较治疗前增加 $\geq 15\%$, $< 20\%$;无效 8 例(12.5%), $FEV_{1.0}$ 较治疗前无增加,或增加 $< 15\%$ 。治疗组总有效率 87.50%。对照组显效 23 例(38.33%),有效 18 例(28.13%),无效 19 例(31.67%)。对照组总有效率 66.46%。两组总有效率经统计学处理,差异有显著性($P < 0.05$),治疗组明显优于对照组。

3.2 两组临床疗效比较:表 1 示,治疗组 64 例中哮喘完全缓解 33 例,显效 23 例,临床哮喘缓解及显效率为 87.5%;对照组 60 例中,哮喘完全缓解 16 例,显效 24 例,临床哮喘完全缓解及显效率为 66.67%。经统计学处理,两组完全缓解及显效率总和差异有显著性($P < 0.05$)。

表 1 两组临床疗效比较[例(%)]

组别	例数	完全缓解	显效	好转	无效
治疗组	64	33(51.56)	23(35.94)	3(4.69)	5(7.81)
对照组	60	16(26.67)	24(40.00)	11(18.33)	9(15.00)

* 浙江省绍兴市人民医院,绍兴市东街路 61 号(312000)

收稿日期:2000-10-08;修回日期:2001-03-20

表 2 两组主要症状好转、显效临控时间比较(天, $\bar{x} \pm s$)

组别	咳嗽		咯痰		喘息		哮喘音	
	好 转	显效临控	好 转	显效临控	好 转	显效临控	好 转	显效临控
治疗组	3.86±1.75(60)*	10.91±3.48(53)**	4.12±2.10(62)**	10.66±2.88(59)**	3.22±1.67(49)**	7.21±3.11(57)	3.10±1.80(50)**	6.12±3.11(58)**
对照组	5.76±3.14(56)	21.95±2.81(39)	6.12±2.81(57)	21.28±3.6(30)	6.71±2.21(28)	15.12±4.61(52)	8.41±2.21(56)	12.72±3.91(51)

与对照组比较, * $P < 0.05$, ** $P < 0.01$; 表中数据后括号内为例数

0.05)。表明在支气管哮喘发作时,加用四虫祛风药物能明显提高临床疗效。

3.3 两组主要症状控制和起效时间比较:即两组病人按照每日咳嗽、哮喘(轻、中、重)、咯痰、哮喘音(少、中、多)进行观察。表 2 示,治疗组在上述 4 项对比中明显优于对照组。尤其在好转和显控病人中差异有高度显著性($P < 0.05$ 或 $P < 0.01$)。标明加有全蝎、地龙、蝉蜕、僵蚕的四虫祛风固本汤较单纯降气平喘、扶正固本方药更能迅速有效地控制病情发作。

4 讨论

哮喘之为病,呼吸急促,气逆痰鸣,甚至张口抬肩,喉间痰声漉漉,倚息不得平卧,以及种种危脱之象。《仁斋直指方论》云:“肺主气也,一呼一息,上升下降,营卫息数,往来流通,安有所谓哮喘乎?惟夫邪气伏藏,痰涎浮涌,呼不得呼,吸不得吸,填塞肺脘,激动争鸣,如鼎之沸,而哮喘之形状具矣。”临床如何针对哮喘病机选择较为理想的药物,这是摆在我们面前的一项迫切需要解决的课题。笔者认为,对于哮喘急性发作患者来说,祛除气管、支气管内的顽痰,改善肺脏的通气功能就显得十分重要。但要去掉这些致病因素,将痰浊从已发生痉挛的支气管管腔中加以祛除,则又必须首先解决支气管的痉挛问题。

辨证加用全蝎、地龙、僵蚕、蝉蜕目的在于增强抗敏解痉、祛风平喘作用。《雷公炮炙药性解》云:全蝎,辛,平,有毒,归肝经。功专息风解痉,攻毒散结,通络止痛。据分析,蝎毒中含有较复杂的毒性蛋白和非毒性蛋白,系一种类似蛇神经毒的蛋白质,能对肾上腺素能神经产生作用^[2]。白僵蚕所含蛋白质有刺激肾上腺皮质作用,二者合用,产生协同作用。使血浆中的肾上腺素

和去甲肾上腺素水平均显著升高^[2]。而体内肾上腺素水平的提高,对迅速缓解哮喘十分重要。也有人认为,这些促肾上腺素样的效应是蝎毒中存在的 5-羟色胺引起的间接作用^[2]。结果还表明,蝎毒最初作用的部位是肺和心脏,而后随着分布又向各个组织扩散。有报道,单用全蝎或复方中加用全蝎水煎服,治疗慢支和喘息性支气管炎有效。其作用机理,笔者认为,可能是通过调节神经体液而使痉挛、狭窄的支气管平滑肌松弛。笔者还认为,全蝎祛风解痉力强,对经络肌肉、筋骨间的风湿流痰痹阻,临床具有卓效,而气管、支气管为平滑肌,故对管腔平滑肌因炎性渗出,风痰痹阻而致的痉挛、狭窄,同样也能起到松弛的作用。为治喘找到了有效途径。地龙、蝉蜕性寒降泄,入肺平喘祛痰,并具抗敏作用。现代药理证明,地龙含有较丰富的次黄嘌呤,从中可分离出止喘有效成分琥珀酸,据报道,琥珀酸有解痉祛痰作用,病人服后痰液稀释而易咯出,运用于各种过敏性哮喘、支气管喘息以及不适于麻黄素、氨茶碱的患者。蝉蜕内含有大量甲壳质、氮、灰分等。具有明显的抗惊厥、解热、镇痛与抗过敏作用。对红细胞膜有一定的保护作用,从而改善红细胞的带氧功能。但剂量增大时,个别病人上腹部会出现轻微疼痛不适,并伴腹胀、肠鸣。综上所述,辨证加用虫类祛风药物治疗急性支气管哮喘,其疗效是肯定的。临床辨证使用得当,就能显著缩短病程,起到较好的效果。

参考文献

- 1 中华医学会呼吸疾病学会. 支气管哮喘的定义、诊断、严重程度分级及疗效判断标准(修正案). 中华结核和呼吸杂志, 1993, 16(哮喘增刊): 5.
- 2 杨仓良, 程方, 高淑纹, 等. 剧毒中药古今用. 北京: 中国医药科技出版社, 1991: 194-207.

推荐《疑难病中医治疗丛书》等新书

《疑难病中医治疗丛书》: 首批出版 6 册。《高血压病中医治疗》(17 元), 《中风后遗症中医治疗》(12 元), 《神经衰弱中医治疗》(15 元), 《慢性肝病中医治疗》(19 元), 《慢性胃病中医治疗》(18 元), 《肾炎肾病综合征中医治疗》(25 元)。均为 32 型, 平装。

《现代中药临床手册》: 80 元, 精装, 16 开。介绍中药 639 味, 方剂 561 首, 突出现代药理研究和临床应用, 切合临床需要。

《现代中医临床手册》: 80 元, 精装, 16 开。介绍 350 余种临床各科常见病的诊查要点和中医治疗, 以西医病名编排, 突出中医辨证论治。

《名贵中药谱》: 80 元, 精装, 16 开。介绍 101 种名贵中药的药材知识、现代研究和临床应用, 并附有 240 幅药材及其饮片的彩色图片。

《中医药试题精选丛书》: 适合中医药各类考试复习和出题使用。《古典医著试题精选》(9.20 元), 《中医基础试题精选》(14.30 元), 《中医临床试题精选》(12.70 元), 《中药专业试题精选》(14.30 元)。均为 16 开, 简精装。

以上图书均由江苏科学技术出版社出版, 各地新华书店有售, 或与江苏科学技术出版社发行科联系购买。地址: 江苏省南京市湖南路 47 号, 电话: (025) 3273086, 3273085, 传真: (025) 3242455, 邮编: 210009。

(广告编号, 200108-16)

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Study on Treatment of Senile Vascular Dementia with Shen Ma Yi Zhi Capsule

Luo Zenggang, Zhou Wenquan, Gao Pu, et al

In order to observe clinical therapeutic effect of Shen Ma Yi Zhi Capsule on senile vascular dementia (VD), 68 cases of VD were randomly divided into the treatment group treated with Shen Ma Yi Zhi Capsule and the control group treated with Western medicine Trigonine, and double blind and double simulation methods were adopted for administration of drugs. Results indicated that Shen Ma Yi Zhi Capsule could obviously improve clinical symptoms, increase cumulative score of intelligence rating scale, improve memory and gnosis function, restore nervous function improve daily living capability, indexes of blood rheology and cerebral function. The treatment group in improvement of symptoms was superior to the control group. It is suggested that Shen Ma Yi Zhi Capsule has definite therapeutic effect for senile VD, with no adverse effect.

Authors' address: Department of Postgraduate Students, China Academy of TCM, Beijing 100700;

Key words: Alzheimer's disease/TCM therapy, @ Shen Ma Yi Zhi Capsule

(Original article on page 470)

Clinical Observation on Treatment of 64 Cases of Bronchial Asthma at Acute Attack Stage with Si Chong Qu Feng Gu Ben Decoction

Wu Xinghe

Si Chong Qu Feng Gu Ben Decoction is formulated by the author and the decoction has been used for clinical treatment of bronchial asthma at acute attack stage for about 20 years. In the present paper, 64 cases of bronchial asthma at acute attack stage were used as treatment group treated with Si Chong Qu Feng Gu Ben Decoction and 60 cases who were treated with routine methods for alleviating asthma and strengthening the body resistance and restoring normal function of the body to consolidate the constitution, were served as control group. Results indicated that the therapeutic effect in the treatment group in pulmonary function, relieving rate of asthma, time of producing effect on main symptoms all were superior to the control group ($P < 0.05$ or $P < 0.01$). It is suggested that in treatment of bronchial asthma at acute attack stage, routine treatment plus Si Chong Qu Feng prescription can markedly increase therapeutic effect.

Author's address: Shao Xing Municipal People's Hospital, Zhejiang Province 312000

Key words: Asthma, /TCM therapy, @Si Chong Qu Feng Gu Ben Decoction

(Original article on page 476)

Study on Relation of TCM Syndrome Types of Primary Liver Cancer with Relative Objective Indexes

Lin Lizhu, Lan Shaoqing

Relation of different TCM syndrome types of primary liver cancer with some relative objective indexes, including a — fetoprotein (AFP), alkaline phosphatase (AKP), γ — glutamyl — transpeptidase (GGT), L — lactic dehydrogenase (LDH), aspartate aminotransferase (AST), alanine aminotransferase (ALT), albumin (ALB), globulin (GLO), A/G, total bilirubin (TB), indexes of hepatic reserve (ICG), prothrombin time (PT), natural killer (NK), lymphocyte transformation rate (LBT) and T — lymphocyte subgroups, were analysed for probing into objective indexes of diagnosis in TCM syndrome typing. Results indicated that there were significant differences in AST, ALB, TB, PT, ICG, NK, CD₄ among different syndrome types, and relative indexes for syndrome typing of liver cancer are ALB, TB, NK and CD₄.

Authors' address: The first Affiliated Hospital of Guangdong University of TCM, Guangzhou 510407

Key words: Hepatic Tumor/diagnosis, typing of syndrome differentiation

(Original article on page 486)

Effects of Stimulation of Wind, Cold and Dampness on Metabolism of Oxygen Free Radical and Prostaglandin in Cervical Muscle and Blood in Rabbits

Jiang Jie, Shi Qi

In order to probe into effect of stimulation of wind, cold and dampness to the cervical part on oxygen free radical and prostaglandins, 24 rabbits were randomly assigned to control group and wind — cold — dampness group, head — lowering group and combined model group, 6 rabbits in each group, and changes of superoxide dismutase (SOD), lipid hydroperoxide (LPO), prostaglandin E₂ (PGE₂), 6 — keto — PGF_{1 α} in affected local region and blood were observed. Results indicated that the commonly — seen pathogenetic factors of cervical spondylopathy such as wind, cold, dampness and lowering head might cause aseptic inflammation of the cervical part and abnormality of SOD, LPO, PGE₂ and 6 — keto — PGF_{1 α} in affected local tissue and blood, and abnormal metabolism of oxygen free radical and prostaglandins might be one of important mechanisms of cervical spondylopathy induced by wind, cold and dampness.

Authors' address: Department of TCM, Medical College of Jinan University, Guangdong 510632

Key words: Free radicals/metabolism, prostaglandins/metabolism, cervical spondylopathy/metabolism

(Original article on page 489)