

二冬汤加减配合西药治疗老年性甲状腺机能亢进症 21 例临床研究

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摘要 目的:探讨二冬汤加减配合西药治疗老年甲状腺机能亢进症(甲亢)的临床疗效。方法:41 例患者随机分为二冬汤组(治疗组)和丙基硫氧嘧啶对照组(对照组),分别给予二冬汤加减配合小剂量丙基硫氧嘧啶和常规量丙基硫氧嘧啶治疗,观察 10 周。结果:治疗组总有效率 85.7%,对照组为 85%,两组比较差异无显著性($P>0.05$);两组治疗后血清甲状腺激素水平改善情况差异无显著性($P>0.05$);二冬汤组治疗后失眠多梦、食欲不振、口干咽燥、倦怠乏力等症状的改善情况明显优于对照组($P<0.05$)。结论:二冬汤加减配合西药治疗老年甲亢可取得较好的临床疗效。

主题词 甲状腺功能亢进症/中西医结合疗法 @ 二冬汤

甲状腺机能亢进症(甲亢)是临床常见的内分泌疾病。近年来,随着老年人口的增加,老年甲亢的发病率有增高的趋势。我们依据近年来治疗老年甲亢的临床经验,结合中医理论,采用《医学心悟》之二冬汤加减配合西药治疗老年甲亢,取得了满意的临床疗效,现报告如下。

1 临床资料

1.1 诊断标准:甲亢西医诊断标准参照《中药新药治疗甲状腺机能亢进症的临床研究指导原则》^[1]制订的标准;中医辨证分型标准参照《中医虚证辨证参考标准》^[2],结合《中药新药治疗甲状腺机能亢进症的临床研究指导原则》^[1]制订的分型标准,以阴虚兼心肝火郁型为选择对象。

1.2 纳入病例标准:(1)符合西医诊断标准和中医辨证标准者;(2)年龄大于 60 岁者。符合以上两项者可纳入试验。

1.3 排除病例标准:年龄在 60 岁以下者;妊娠或哺乳期妇女;合并心血管、脑血管、肝肾和造血系统等严重原发性疾病患者;精神病患者;有甲亢危象者;符合纳入标准,未按规定服药,或资料不全影响疗效判断者。

1.4 一般资料:本试验纳入病例共 41 例,病例收集时

间自 1997 年 11 月~2001 年 6 月,均为就诊于山东枣庄市薛城区中医院内科门诊的病人。将 41 例随机分为两组:其中二冬汤组(治疗组)21 例,男 7 例,女 14 例,平均年龄 72.4 ± 13.2 岁,病程 14.6 ± 12.2 个月。丙基硫氧嘧啶组(对照组)20 例,男 6 例,女 14 例,平均年龄 71.9 ± 11.7 岁,病程 15.6 ± 13.1 个月。两组病例一般资料经统计学处理差异无显著性($P>0.05$),两组具有可比性。

2 方法

2.1 治疗方法:治疗组给予中药二冬汤加减口服(基本方:天冬、麦冬、天花粉、炙鳖甲、黄芩、知母、生地各 10g,百合 15g)。加减:手舌颤抖明显者,加钩藤(后入)15g,白蒺藜 12g;心悸失眠明显者,加酸枣仁 30g,夜交藤 20g,黄连 6g;精神抑郁、少言、嗜睡等肝郁症状明显者,去生地、天冬,加柴胡 12g,白芍 15g,郁金 10g;伴气虚症状者,加党参 10g,黄芪 15g,每日 1 剂;同时口服丙基硫氧嘧啶 50mg(上海集成药厂,规格

表 1 两组主要症状变化情况比较(例)

组别	例数	症状	例数	显效	有效	无效	总有效率(%)
治疗组	21	心悸气短	18	8	7	3	83.33
		失眠多梦	11	7	3	1	90.9*
		消瘦	14	7	5	2	81.3
		食欲不振	13	9	3	1	92.3*
		口干咽燥	13	11	2	0	100.0*
		手舌颤抖	12	3	5	4	66.7
		倦怠乏力	19	12	6	1	94.7*
		多食易饥	5	2	2	1	80.0
		烦躁易怒	9	3	4	2	77.8
		怕热多汗	7	3	3	1	85.7
		抑郁少言	4	2	1	1	75.0
对照组	20	心悸气短	18	7	8	3	83.3
		失眠多梦	12	2	5	5	58.3
		消瘦	16	7	5	4	75.0
		食欲不振	13	3	5	5	61.5
		口干咽燥	12	5	4	3	75.0
		手舌颤抖	10	2	5	3	70.0
		倦怠乏力	17	5	7	5	70.6
		多食易饥	6	2	3	1	83.3
		烦躁易怒	7	3	3	1	85.7
		怕热多汗	8	3	4	1	87.5
		抑郁少言	4	2	1	1	75.0

与对照组比较, * $P<0.05$

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表 2 两组血清甲状腺激素水平变化比较($\bar{x} \pm s$)

组别	例数		TT ₃ (ng/ml)	TT ₄ (ng/ml)	FT ₃ (pmol/L)	FT ₄ (pmol/L)	TSH(μ IU/ml)
治疗组	21	治疗前	4.31 $\pm$ 1.64	166 $\pm$ 84	19.21 $\pm$ 6.53	33.63 $\pm$ 8.44	1.28 $\pm$ 1.03
		治疗后	2.96 $\pm$ 1.93*	124 $\pm$ 91*	7.78 $\pm$ 3.97*	21.01 $\pm$ 13.05*	1.65 $\pm$ 1.44
对照组	20	治疗前	4.27 $\pm$ 1.42	172 $\pm$ 89	20.41 $\pm$ 7.17	31.52 $\pm$ 9.57	1.31 $\pm$ 0.99
		治疗后	2.67 $\pm$ 1.71**	115 $\pm$ 94*	5.96 $\pm$ 4.52*	19.73 $\pm$ 11.91**	1.57 $\pm$ 1.12

与本组治疗前比较, * $P < 0.05$, ** $P < 0.01$

50mg/片),每日3~4次,至症状控制后可逐渐减至维持量,每次50mg,每日1次。对照组口服丙基硫氧嘧啶100mg,每日3次,至症状控制后可逐渐减至维持量,每次50mg,每日1次,同时可根据病情适当应用镇静剂及 β 受体阻滞剂(如心得安,每次10mg,每日3次)等。两组均用药10周以评定疗效。

2.2 观察方法:治疗前后记录临床症状,检测血清总甲状腺素(TT₄)、总三碘甲状腺原氨酸(TT₃)、游离甲状腺素(FT₄)、游离三碘甲状腺原氨酸(FT₃)、促甲状腺激素(TSH)水平,体重,心率,白细胞计数,肝肾功能,同时观察毒副反应。

统计学处理:采用 Ridit 分析、 t 检验和 χ^2 检验。

3 结果

3.1 疗效标准:参照《中药新药治疗甲状腺机能亢进症的临床研究指导原则》^[1]相关内容制定。显效:主要症状消失,体重增加,心率基本正常,甲状腺区震颤及血管杂音消失,甲状腺肿及突眼征减轻,血清 TT₄、TT₃、FT₃、FT₄ 水平基本正常;有效:症状好转,心率减慢,甲状腺肿缩小,血管杂音减轻,血清 TT₄、TT₃、FT₃、FT₄ 水平基本正常;无效:症状、体征、实验室检查均无明显改善。

3.2 两组总疗效:治疗组显效8例,有效10例,无效3例,总有效率为85.7%;对照组显效7例,有效10例,无效3例,总有效率为85%。两组经 Ridit 检验无显著性差异($P > 0.05$)。

3.3 两组主要症状变化情况比较:表1示,两组主要临床症状都有明显改善,其中治疗组患者失眠多梦、食欲不振、口干咽燥、倦怠乏力等症状的改善情况与对照组比较差异有显著性($P < 0.05$)。

3.4 两组心率变化情况:治疗组和对照组患者治疗前心率(次/分)分别为98.5 $\pm$ 10.4、101.3 $\pm$ 9.9,治疗后分别为81.7 $\pm$ 7.2、83.5 $\pm$ 6.9,两组治疗后较治疗前均有显著降低($P < 0.01$),治疗后两组间差异无显著性($P > 0.05$)。

3.5 两组体重变化情况:治疗组及对照组患者治疗前体重(kg)分别为60.5 $\pm$ 7.6、59.8 $\pm$ 8.1,治疗后分别为62.5 $\pm$ 8.4、61.8 $\pm$ 9.0,两组治疗后较治疗前差异

无显著性($P > 0.05$)。

3.6 两组血清甲状腺激素水平变化情况:表2示,两组患者血清 TT₃、TT₄、FT₃、FT₄ 水平治疗后均较治疗前有明显改善($P < 0.05$ 或 $P < 0.01$)。治疗后两组间同期比较差异均无显著性($P > 0.05$)。

3.7 不良反应:治疗组未发生不良反应;对照组中有1例患者出现白细胞减少症,1例患者出现丙氨酸氨基转氨酶(ALT)升高,2例患者出现药物性皮炎。

4 讨论

中青年甲亢一般具有高代谢症候群、甲状腺肿大、突眼等症状和体征,发现及诊断比较容易。而老年人一方面由于生理功能减退,甲状腺组织常发生一定程度的纤维化和萎缩,甲状腺激素分泌减少,另一方面由于老年人应激反应减低,外周组织对过量甲状腺激素的反应性亦降低,上述两个特点造成老年甲亢临床表现多不典型,并具有起病隐匿、病情进展缓慢的特点。其临床表现常以某一系统的异常表现或个别症状为主诉,有时甚至呈现与典型甲亢相反的症状,如常不具备神经兴奋症状,而呈现为神志淡漠或精神抑郁、嗜睡乏力等。因此,临床常易漏诊、误诊^[3]。本研究针对老年甲亢患者的以上特点,选用《医学心悟》之二冬汤加减治疗老年甲亢。方中天冬、麦冬、天花粉养阴生津;黄芩、生地黄、知母、百合养阴清热安神;炙鳖甲滋阴潜阳。诸药合用共起养阴生津,清心平肝之功效。

本研究表明,运用二冬汤加减配合西药治疗老年甲亢临床效果满意。治疗组总有效率为85.7%,与对照组比较差异无显著性;两组患者治疗后的心率、体重及血清甲状腺激素水平改善情况差异均无显著性;治疗组患者治疗后失眠多梦、食欲不振、口干咽燥、倦怠乏力等症状的改善情况明显优于对照组;治疗组治疗中未发生不良反应。

参考文献

- 1 中华人民共和国卫生部. 中药新药临床研究指导原则. 1995:163-164.
- 2 中国中西医结合虚证与老年病研究专业委员会. 中医虚证辨证参考标准. 中西医结合杂志, 1986, 6(10):598.
- 3 冯希云, 刘薇拉, 冯立新. 老年人甲状腺机能亢进症诊治体会(附20例报告). 临床医学, 1999, 30(1):18-20.

ABSTRACTS FROM ORIGINAL ARTICLES

Comparative study on warm needling and Moxibustion at acupoints of Yin and Yang Channels for treatment of articular spasm after apoplexy

Liu Aoshuang

Objective: To compare clinical effects of warm needling at acupoints of Yin and Yang Channels as main for treatment of articular spasm after apoplexy. **Methods:** The treatment group (30 cases) were treated with warm needling at acupoints of Yin Channel surrounding the spasmodic elbow, wrist, knee and ankle joints as main points, and the control group (30 cases) were treated with the same method at acupoints of Yang Channel, and the spasm extents of the 4 joints before and after treatment were observed. **Results:** The improvement of spasm extent of the joint after treatment in the treatment group was significantly superior to that in the control group ($P < 0.01$). **Conclusion:** Warm needling at acupoints of the Yin Channel surrounding the spasmodic joints can relieve effectively spasm of muscle tendon and ligament in the joint region to improve mobility of joints.

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Key words: apoplexy/complication ankylosis/acup — mox therapy warm needling therapy

(Original article on page 181)

Clinical observation on treatment of 45 cases of hemorrhagic apoplexy at acute stage treated mainly with promoting blood circulation and removing blood stasis method

Sun Guozhu

In order to explore therapeutic effect of promoting blood circulation and removing blood stasis method on hemorrhagic apoplexy at acute stage, effects of drugs for promoting blood circulation and removing blood stasis on state of consciousness and motor function of the patient were observed, and the control group treated with routine western drugs were compared. Results indicated that the effective rate was 82.2% in the treatment group (45 cases) and 60% in the control group (40 cases), with a significant difference between the two groups ($P < 0.05$); and the score of state of consciousness and motor function after treatment in the treatment group increased significantly ($P < 0.01$), showing that the effect of drugs for promoting blood circulation and removing blood stasis on hemorrhagic apoplexy at acute stage is significantly superior to that of routine western drugs.

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Key words: apoplexy/TCM therapy cerebral hemorrhage/TCM therapy promoting blood circulation to remove blood stasis

(Original article on page 185)

Clinical study on treatment of 21 cases of senile hyperthyroidism with modified Er Dong Decoction combined with western drugs

Fu Baojun, Jiang Wei, Xing Mei, et al.

Objective: To probe clinical therapeutic effect of modified Er Dong Decoction combined with western medicine on senile hyperthyroidism. **Methods:** 41 cases were randomly divided into treatment group treated with Er Dong Decoction combined with small dose of PTU and control group treated with PTU of routine dose. The treatment was given for 10 weeks. **Results:** The total effective rate was 85.7% in the treatment group and 85.0% in the control group with no significant difference ($P > 0.05$). There was no significant difference between the two group after treatment in serum thyroid hormone level ($P > 0.05$). Improvement of insomnia and dreaminess, poor appetite, dry mouth and throat, tiredness and weakness in the treatment group was superior to that in the control group ($P < 0.05$). **Conclusion:** Modified Er Dong Decoction combined with western medicine has a better clinical therapeutic effect on senile hyperthyroidism.

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Key words: hyperthyroidism/integrated TCM and WM therapy @Er Dong Decoction

(Original article on page 196)

Effects of some drugs for resolving phlegm on blood rheological property in rats

Jiang Wenyue, Yang Yu, Li Yanyan, et al.

In order to study on the theory of "phlegm and blood stasis having same source" and effects of drugs for resolving phlegm on blood rheology, effects of Ban Xia, Gua Lou, Zhe Bei Mu and Shi Chang Pu on whole blood viscosity, erythrocyte deformation index and plasma fibrinogen content in normal rats. Results indicated that the drugs for resolving phlegm had functions of decreasing whole blood viscosity, inhibiting hemoagglutination (except Gua Lou) and increasing capability of erythrocyte deformation; at high shearing rate, Shi Chang Pu and Zhe Bei Mu could slightly increase whole blood viscosity; Shi Chang Pu increased slightly plasma fibrinogen content. It is suggested that resolving phlegm also can removing blood stasis, and the mechanism of the drug for resolving phlegm in decreasing blood viscosity is related with decrease of blood lipids and anti-oxidation of lipids.

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Key words: drugs for resolving phlegm (Chinese drug)/pharmacology blood rheology /drug action

(Original article on page 215)