

血尿泰治疗原发性肾小球性血尿 40 例临床观察

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摘要 目的:探讨血尿泰治疗原发性肾小球性血尿的临床疗效。方法:选择原发性肾小球性血尿患者 80 例,随机分为治疗组和对照组,治疗组用血尿泰治疗,对照组用脉适宝、雅施达片、维生素 E 及潘生丁治疗,6 个月后评价临床疗效。结果:治疗组临床痊愈率为 72.5%,总有效率为 97.5%,对照组临床痊愈率为 0,总有效率为 37.5%,两组的临床痊愈率及有效率差异均有显著性($P<0.01$)。结论:血尿泰是治疗原发性肾小球性血尿的有效药物。

主题词 肾小球肾炎/中医药疗法 血尿/中医药疗法 @ 血尿泰

原发性肾小球性血尿西医目前无有效的治疗方法。过去认为单纯性原发性肾小球性血尿是一个良性经过的疾病,近年来一系列研究证实,部分患者的病理损害呈进行性发展,最终可出现肾功能衰竭^[1]。因此,寻找有效的防治方法,阻止其病理损害的进展,具有重要的意义。我们用自拟血尿泰治疗原发性肾小球性血尿获得比较好的临床疗效,现报告如下。

1 临床资料

1.1 诊断标准:(1)血尿的诊断标准参照卫生部 1993 年 10 月制定的《中药新药临床研究指导原则》^[2]:①尿外观呈洗肉水样、血样、酱油样;②新鲜尿沉渣光镜下每高倍视野红细胞超过 3 个,或 1 小时尿红细胞超过 10 万,或 12 小时尿红细胞计数超过 50 万,或牛包华氏计算盘计数 ≥ 8000 个/ml。(2)原发性肾小球性血尿^[3]:倍相镜检查尿畸形红细胞 $\geq 75\%$,自动血细胞计数仪测定尿红细胞平均容积 $<60\text{fl}$ 。(3)排除继发性肾小球性肾炎(狼疮性肾炎、紫癜性肾炎、感染性心内膜炎、血管炎等)、遗传性肾脏病(薄基底膜肾病、遗传性肾炎等)、腰痛-血尿综合征。

1.2 一般资料:80 例均选自本院门诊及住院患者。用随机数字表分为治疗组和对照组。治疗组 40 例,男 21 例,女 19 例;年龄 14~45 岁,平均 27.1 ± 11.3 岁;病程 26 天~6 年,平均 31.7 ± 29.7 个月;发病诱因为上呼吸道感染者 21 例,肠道感染者 7 例,皮肤感染者 6 例,原因未明者 6 例;肉眼血尿与镜下血尿交替者 36

例,单纯镜下血尿者 4 例;原发病为急性肾小球肾炎 6 例,慢性肾炎 9 例,隐匿性肾炎 25 例;有 31 例做过肾活检,IgA 肾病 15 例,系膜增生性肾小球肾炎 9 例,膜增生性肾炎 4 例,特发性局灶节段性肾炎 3 例。对照组 40 例中男 23 例,女 17 例,年龄 13~46 岁,平均 28.3 ± 12.1 岁;病程 23 天~8 年,平均 30.6 ± 32.3 个月;发病诱因为呼吸道感染者 23 例,肠道感染 4 例,皮肤感染者 3 例,原因未明者 10 例;肉眼血尿与镜下血尿交替者 35 例,单纯镜下血尿 5 例;原发病为急性肾小球肾炎 4 例,慢性肾小球肾炎 8 例,隐匿性肾小球肾炎 28 例;有 30 例做过肾活检,IgA 肾病 18 例,系膜增生性肾小球肾炎 7 例,膜增生性肾炎 3 例,特发性局灶节段性肾炎 2 例。两组临床表现、病程、病理类型差异无显著性($P>0.05$),具有可比性。

1.3 中医证型:中医辨证分型参照《中药新药临床研究指导原则》^[2]。治疗组 40 例,肾虚火旺证 27 例,脾不统血证 6 例,下焦热盛证 5 例,肾气不固证 2 例;对照组 40 例,肾虚火旺证 25 例,脾不统血证 8 例,下焦热盛证 6 例,肾气不固证 1 例。两组中医证型差异无显著性($P>0.05$)。

2 治疗及观察方法

2.1 治疗方法:治疗组用血尿泰(由生地黄 20~30g,茜草根 15g,小蓟 30g,白茅根 60g,侧柏叶 15g,仙鹤草 15g,蒲黄 15g 等组成)血尿之前出现咽痛、口干、发热或扁桃体肿大,舌红、苔黄,脉浮数或滑数者加蝉蜕 12g、玉蝴蝶 15g、金银花 15g、黄芩 12g;若出现易感冒、多汗等肺气虚者加黄芪 30g、白术 12g、防风 6g;若表现疲乏无力,舌胖大边有齿痕等脾气虚者加黄芪 30g、党参 15g;若舌质紫暗或血尿反复不愈者加田七粉 5g;若表现腰酸乏力等肾元不固者加续断 15g、金樱子 30g;若伴有蛋白尿加黄芪 50g、玉米须 60g、芡实 30g、山楂 30g。每日 1 剂,水煎分二次温服。对照组用脉适宝 1g(K-Max Health Products Co. Kang Long Group Corp. CA91748 USA),每日 3 次口服;潘生丁片 50mg(江苏国营武进制药厂,1997B251702),每日 3 次口服;维生素 E 胶丸 50mg(浙江医药股份有限公司,新昌制药厂,1996C167001),每日 3 次口服;雅施达片 2mg(法国施维雅药厂,45520Gidy-France),每日 1 次口服。6 个月为 1 个疗程,观察 1~2 个疗程后

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统计疗效。

2.2 观察项目:两组患者均于每周作离心尿光镜检查及牛包华氏计算盘行尿红细胞计数,血免疫球蛋白异常、血补体 C₃ 降低者每月复查。治疗前后检查 1 次肝、肾功能及心电图,评价血尿泰的安全性。

2.3 统计学方法:计量资料用平均数±标准差($\bar{x} \pm s$)表示,组间比较采用 *t* 检验。

3 治疗结果

3.1 疗效判定标准:参照《中药新药临床研究指导原则》^[2]。临床痊愈:血尿症状全部消失,离心尿光镜检查红细胞及牛包华氏计数均为阴性,并随访 1 年无复发;显效:血尿症状明显改善,离心尿光镜检查红细胞 < 3 个/HP,牛包华氏计数 < 8000 个/ml;有效:血尿临床症状有所改善,离心尿光镜检查红细胞 < (+),牛包华氏计数减少 50% 以上;无效:血尿症状无改善,离心尿光镜检查及牛包华氏计数减少不明显或无变化。

3.2 两组疗效比较:治疗组 40 例中临床痊愈 29 例(72.5%),显效 6 例(15%),有效 4 例(10%),无效 1 例,总有效率为 97.5%。对照组 40 例临床痊愈 0 例,显效 6 例(15%),有效 9 例(22.5%),无效 25 例,总有效率为 37.5%。两组的临床痊愈率和总有效率比较差异有显著性($P < 0.01$)。

3.3 免疫球蛋白及补体 C₃ 变化:治疗组治疗前后比较,IgG、IgA、IgM 及补体 C₃ 的变化差异均有显著性($P < 0.05$ 或 $P < 0.01$),而对照组治疗前后差异均无显著性($P > 0.05$)。见表 1。

表 1 两组患者治疗前后免疫球蛋白、补体 C₃ 变化比较(g/L, $\bar{x} \pm s$)

组别	IgG	IgA	IgM	C ₃
治疗组 疗前	17.8±4.9	4.9±2.6	2.8±1.6	0.65±0.21
(40例) 疗后	15.0±3.7**	3.6±2.4*	2.0±1.1*	0.90±0.23**
对照组 疗前	17.6±4.7	4.7±2.5	2.6±1.4	0.68±0.26
(40例) 疗后	17.1±3.3	5.0±2.8	2.5±1.2	0.71±0.30

与本组疗前比较, * $P < 0.05$, ** $P < 0.01$

3.4 原发病与疗效的关系:治疗组急性肾炎 6 例全部临床痊愈;慢性肾炎 9 例,临床痊愈 1 例,显效 3 例,有效 4 例,无效 1 例;隐匿性肾炎 25 例,临床痊愈 22 例,显效 3 例。对照组急性肾炎 4 例,显效 2 例,有效 2 例;慢性肾炎 8 例均无效;隐匿性肾炎 28 例,显效 4 例,有效 7 例,无效 17 例。上述结果表明,以急性肾炎疗效最好,其次为隐匿性肾炎,慢性肾炎疗效较差。

3.5 中医分型与疗效的关系:治疗组肾虚火旺证 27 例中,临床痊愈 26 例(96.3%);显效 1 例(3.7%)。脾不统血证 6 例中,临床痊愈 1 例(16.7%),显效 2 例

(33.3%),有效 3 例(50.0%)。下焦热盛证 5 例中,临床痊愈 2 例(40.0%),显效 2 例(40.0%),有效 1 例(20.0%)。肾元不固证 2 例中,有效 1 例(50.0%),无效 1 例(50.0%)。对照组肾虚火旺证 25 例中,显效 5 例(20.0%),有效 6 例(24.0%),无效 14 例(56.0%)。脾不统血证 8 例中,显效 1 例(12.5%),无效 7 例(87.5%)。下焦热盛证 6 例,显效 1 例(16.7%),有效 2 例(33.3%),无效 3 例(50.0%)。肾元不固证 1 例为无效。上述结果表明,肾虚火旺证与下焦热盛证的临床疗效为最好,其次为脾不统血证,肾元不固证疗效较差。

3.6 病理类型与疗效的关系:治疗组特发性局灶节段性肾炎 4 例全部临床痊愈,IgA 肾病临床痊愈为 12/15(80.0%)。系膜增生性肾炎临床痊愈为 6/9(66.7%),膜增生性肾炎临床痊愈为 0。上述结果提示,特发性局灶节段性肾炎疗效最好,IgA 肾病及系膜增生性肾炎次之,膜增生性肾炎疗效较差。见表 2。

表 2 治疗组病理类型与疗效的关系(例)

病理类型	例数	临床痊愈	显效	有效	无效
IgA 肾病	15	12	2	1	0
系膜增生性肾炎	9	6	1	2	0
特发性局灶节段性肾炎	4	4	0	0	0
膜增生性肾炎	3	0	0	2	1

3.7 安全性评价:本药临床观察过程中未发现毒副作用,对血常规、肝、心、肾功能未见不良影响。少数患者服药 2 个月后出现怕风等表现,加黄芪可缓解;个别患者出现大便稀溏,但没有出现腹泻,考虑与本方生地黄用量较大(20~30g)有关,生地黄改为 15g 或加白术后可缓解。

4 讨论

原发性肾小球性血尿多见于急性肾小球肾炎、慢性肾小球肾炎、隐匿性肾炎等,病理类型多见于 IgA 肾病、轻度系膜增生性肾小球肾炎,也可见特发性局灶性节段性肾炎、膜增生性肾炎。目前,西药治疗主要是控制感染,避免使用对肾有损害的药物,有扁桃体炎者择期手术,以及深海鱼油、潘生丁、ACEI 等治疗,其临床疗效有限。

我们分析原发性肾小球性血尿主要表现为口干、咽痛、腰酸、阵发性肉眼血尿(肉眼血尿过后多表现为持续性镜下血尿),大便干结,有的患者大便 3~7 天 1 次,故认为与肾阴虚内热、热伤血络及血瘀有关。鉴于患者血尿持久缠绵不愈,久病必瘀,中医文献虽然没有原发性肾小球肾炎、继发性肾小球肾炎、及非肾小球血

ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on 50 Cases of Acute and Chronic Bronchitis Treated with Ke Chuan Tu Mo Ji

Liao Jun, Tang Yunhua, Liao Jie, et al.

Purpose: To observe clinical therapeutic effect of Ke Chuan Tu Mo Ji on acute and chronic bronchitis. **Methods:** The patients of acute and chronic bronchitis were randomly divided into treatment group, Chinese patent medicine control group and western medicine control group, and they were treated respectively. **Results:** The total effective rate was 98.00% in the treatment group, 85.11% in the Chinese patent medicine group and 98.04% in the western medicine control group. There was no significant difference between the treatment group and the western medicine control group in the cured rate, the markedly effective rate and the total effective rate ($P > 0.05$), but there was a significant difference between the treatment group and the Chinese patent medicine control group ($P < 0.01$). **Conclusion:** Ke Chuan Tu Mo Ji has a better therapeutic effect on acute and chronic bronchitis, which is better than that of commonly-used Chinese patent medicine, and similar to that of commonly-used western medicine with less side-effects.

Authors' address: Chengdu University of TCM, Chengdu 610075

Key words: Bronchitis/TCM therapy, @Ke Chuan Tu Mo Ji
(Original article on page 584)

Clinical observation on treatment of 30 cases of viral myocarditis by Xin Ning Decoction combined with Huang Qi Injectio

Zhou Jing

Purpose: To approach the clinical therapeutic effect of Xin Ning Decoction combined with Huang Qi Injectio on viral myocarditis. **Methods:** 60 cases of viral myocarditis were randomly divided into treatment group and control group, 30 cases in each group. They were treated by Xin Ning Decoction combined with Huang Qi injectio and routine western medicine respectively, and changes of their main symptoms and signs, myocardiac enzymogram and electrocardiogram (ECG) were investigated. **Results:** The treatment group in improvement of main symptoms, signs, myocardiac enzymogram and ECG was significantly superior to the control group ($P < 0.05$ or $P < 0.01$). **Conclusion:** Xin Ning Decoction combined with Huang Qi Injectio has a better therapeutic effect on viral myocarditis.

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Key words: Viral diseases/TCM therapy, myocarditis/TCM therapy, Huang Qi Injectio/treatment application

(Original article on page 591)

Clinical observation on 40 cases of primary glomerular hematuria treated with Xue Niao Tai

Wei Lianbo, Ma Zhigang, Luan Tu, et al.

Purpose: To explore clinical therapeutic effect of Xue Niao Tai on primary glomerular hematuria. **Methods:** 80 cases of primary glomerular hematuria were randomly divided into the treatment group treated with Xue Nao Tai, and the control group treated with Mai Shi Bao, acertil, vitamine E and persantine. Both the treatments were given for 6 months and clinical therapeutic results were assessed. **Results:** The clinically cured rate and the effective rate were 72.5% and 97.5% in the treatment group, and 0 and 37.5% in the control group, respectively, with significant differences between the two groups in both the clinically cured rate and the effective rate ($P < 0.01$). **Conclusion:** Xue Niao Tai is an effective drug for treatment of primary glomerular hematuria.

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Key words: Glomerular nephritis/TCM therapy, hematuria/TCM therapy, @Xue Niao Tai

(Original article on page 599)

Observation on therapeutic effect of arsenous acid injectio combined with Ke Liu Yin in 25 cases of superficial lymph node metastatic tumor

Jin Shuwen, Zhang Yonghong

Purpose: To explore treatment methods of Chinese drugs for superficial solid tumor. **Methods:** In the treatment group (25 cases), Chinese drug preparation arsenous acid (As_2O_3) was warmed to 50°C and then injected, and at the same time Ke Liu Yin was administrated. The control group (25 cases) were treated by intervenous injection isophosphamide, fluorouracil and mitomycin. Three months later, the therapeutic effects were observed and assessed. **Results:** The complete remission rate, the partial remission rate and the total effective rate were 16%, 76% and 92% in the treatment group, and 4%, 56% and 60% in the control group, respectively, the treatment group being superior to the control group ($P < 0.01$). **Conclusion:** Arsenous acid injectio combined with Ke Liu Yin has obvious therapeutic effect on superficial lymph node metastatic tumor with a little side-effects.

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Key words: Tumor/integrated TCM and WM therapy, lymphatic metastasis/integrated TCM and WM therapy, @Ke Liu Yin

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