

棋葛益肝汤治疗酒精性脂肪肝 102 例临床观察

贾静鹏* 蒋 森*

摘要 目的:探讨治疗酒精性脂肪肝的理想方法。方法:对 102 例酒精性脂肪肝患者应用自拟的棋葛益肝汤治疗,并设对照组观察其疗效,进行比较。结果:治疗组对酒精性脂肪肝有较好的疗效,其临床治愈率、有效率和无效率分别为 74.5%、21.6%和 3.9%,优于对照组(31.6%、56.1%和 12.3%),两组比较有非常显著性差异($P < 0.01$)。结论:棋葛益肝汤是治疗酒精性脂肪肝的一种理想药物。

主题词 脂肪肝,酒精性/中医药疗法 @ 棋葛益肝汤

笔者于 1977~1988 年以自拟降脂益肝汤治疗脂肪肝 38 例^[1],后又观察治疗 100 例^[2]。1993~2002 年 10 月,笔者将原方化裁为棋葛益肝汤用以治疗酒精性脂肪肝 102 例,疗效较好,现报告如下。

1 临床资料

1.1 病例选择:本组病例均符合下列条件:(1)有长期大量饮酒史:每日饮酒折合酒精量 $\geq 40\text{g}$ (女性 $\geq 20\text{g}$)〔酒精量的换算公式为:酒精量(g)=饮酒量(ml) $\times$ 酒精含量(%) $\times 0.8$ (酒精比重)],连续 5 年以上;或每日饮酒折合酒精量 $\geq 80\text{g}$,连续 2 年以上;或每周饮酒折合酒精量 $\geq 210\text{g}$,连续 3 年以上,或在近 2 周内每日饮酒折合酒精量 $\geq 100\text{g}$ 者。(2)无明显症状或有轻度的腹胀、厌食、恶心、肝区隐痛。(3)肝肿大。(4)血清转氨酶升高,一般在正常值上限的 5 倍以内,并以天门冬氨酸氨基转移酶(AST)增高占优势,AST/丙氨酸氨基转移酶(ALT) > 2 ,禁酒 4 周后降至正常值上限 2 倍以下。(5)B 超检查,肝脏轻、中度肿大,肝区近场弥漫性点状高回声,远场回声衰减,光点稀疏,肝内管道结构显示不清,或 CT 检查肝脏实质密度普遍低于脾脏和肝内血管。(6)除外非酒精性脂肪肝及病毒感染和药物引起的肝损伤。(7)治疗开始后能严格戒酒者。

1.2 一般资料:本组共 200 例,男 158 例,女 42 例。年龄 19~58 岁,其中 25~50 岁 176 例。每日饮酒量 $\geq 10\text{g}$,连续 5 年以上者 98 例; $\geq 80\text{g}$ 连续 2 年以上者 42 例;每周酒精量 $\geq 210\text{g}$,连续 3 年以上者 48 例;近 2 周内每日酒精量 $\geq 100\text{g}$ 者 12 例。全部病例血清转氨酶均升高,但未超过正常值上限的 5 倍,其中 AST $>$

ALT 者 186 例,AST/ALT > 2 者 166 例。本组 200 例随机分为治疗组和对照组,其中治疗组 102 例,对照组 98 例。两组病例在饮酒史、临床症状、肝功能、B 超检查及年龄、性别诸方面差异均无显著性($P > 0.05$)。

2 治疗及观察方法

2.1 治疗方法:所有病例除严格戒酒外,嘱其适当注意增加优质蛋白、高热量、低脂肪、富含叶酸食物的摄入量。治疗组用棋葛益肝汤,该方由枳椇子、葛根、蒲公英、连翘、茵陈、败酱草各 20g,虎杖、柴胡、姜黄各 12~15g,泽泻、当归、丹参各 15~20g,甘草 6g 组成,每日 1 剂,水煎服。对照组用维生素 B₁、B₂、B₆ 片各 30mg,叶酸 10mg,每日 3 次。疗程均为 3 个月。

2.2 观察方法:两组病例治疗期间每周观察 1 次症状、体征变化,每 3 周复查 1 次 ALT、AST、 γ -谷氨酰转肽酶(GGT)及 B 超或 CT 检查。B 超主要根据肝区近场弥漫性回声增高的强度将脂肪肝分为轻、中、重 3 种。凡略增高、增粗,略高于脾脏和肾脏,肝内管道欠清晰者为轻度;增强、增粗,高于脾脏和肾脏者,肝内管道结构不清者为中度;明显增强、增粗,明显高于脾脏和肾脏,或形成“明亮肝”(brightliver)者为重度。CT 根据肝实质密度减低的程度进行判定,肝/脾 CT 值 ≤ 1 者为轻度; ≤ 0.7 者为中度; ≤ 0.5 者为重度。

2.3 统计学方法:统计数据用 $\bar{x} \pm s$ 表示,计数资料用 χ^2 检验,计量资料用 t 检验。

3 治疗结果

3.1 疗效标准:(1)临床治愈:疗程结束后症状消失,肝功能 ALT、AST、GGT 全部恢复正常,肝脏回缩至正常。B 超或 CT 检查肝脏回声或密度恢复正常,或由重度恢复至轻度者。(2)有效:症状消失,肝功能恢复正常,肝脏回缩至正常, B 超或 CT 检查由重度恢复至中度或由中度恢复至轻度者。(3)无效:未达到有效标准者。

3.2 两组临床疗效比较:治疗组 102 例,临床治愈 76 例,占 74.5%,有效 22 例,占 21.6%,无效 4 例,占 3.9%,总有效率 96.1%;对照组 98 例,临床治愈 31 例,占 31.6%,有效 55 例,占 56.1%,无效 12 例,占 12.3%,总有效率 87.7%。治疗组疗效明显优于对照组,两组有效率差异有显著性($P < 0.05$)。

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表 1 两组治疗前后 AST、ALT、GGT 变化比较(U/L, $\bar{x} \pm s$)

组别	例数	AST	ALT	GGT
治疗组治疗前	102	191.1 $\pm$ 37.2	143.6 $\pm$ 26.9	161.4 $\pm$ 31.2
治疗后	102	28.5 $\pm$ 5.9 $\blacktriangle$	30.4 $\pm$ 3.61 $\blacktriangle$	46.6 $\pm$ 7.34 $\blacktriangle$
对照组治疗前	98	173.7 $\pm$ 48.6	147.4 $\pm$ 28.3	168.4 $\pm$ 34.8
治疗后	98	37.7 $\pm$ 5.47 $\ast$	38.6 $\pm$ 4.25 $\ast$	58.9 $\pm$ 6.78 $\ast$

与本组治疗前比较, $\ast P < 0.01$; 与对照组治疗后比较, $\blacktriangle P < 0.01$

表 2 两组治疗前后 B 超或 CT 检查变化比较[例(%)]

组别	例数	正常	轻度	中度	重度
治疗组治疗前	102	0	18(17.6)	53(52.0)	31(30.4)
治疗后	102	60(58.8)	21(20.6)	17(16.7)	4(3.9)
对照组治疗前	98	0	23(23.5)	46(46.9)	29(29.6)
治疗后	98	25(25.5)	28(28.6)	33(33.7)	12(12.2)

3.3 两组治疗前后 AST、ALT、GGT 比较:表 1 示,治疗组治疗前后及与对照组比较 AST、ALT、GGT 下降幅度均非常明显($P < 0.01$),表明枳椇益肝汤对肝功能有明显的改善作用。

3.4 两组治疗前后 B 超或 CT 检查的变化:表 2 示,治疗前两组轻重程度差异无显著性($P > 0.05$),治疗后治疗组中、重度病例明显少于对照组,两组中度病例差异有非常显著性($P < 0.01$)。

3.5 饮一种酒者与饮多种酒者 B 超或 CT 检查的轻重度及疗效比较:本组病例中长期单纯饮一种酒者 50 例,饮多种酒者 47 例。其中,B 超或 CT 检查饮一种酒者属轻、中、重度者分别为 9、31、10 例,而饮多种酒者属轻、中、重者分别为 12、9、26 例。饮多种酒明显重于饮一种酒者。两组中、重度例数有非常显著性差异($P < 0.01$)。治疗结果比较,饮一种酒者临床治愈、有效、无效例数分别为 28、21、1 例;饮多种酒者分别为 16、29、2 例。两组临床治愈例数差异有显著性($P < 0.05$),说明饮多种酒者比饮一种酒者病变程度重、临床疗效差。

3.6 进食后饮酒与空腹饮酒者 B 超、CT 检查的轻重度及疗效的比较:本组病例中经常空腹饮酒 100ml 后才开始进食者 54 例。进食一定量食物后再饮酒者 51 例。两组折合酒精量和连续饮酒时间相同,但 B 超或 CT 检查空腹饮酒者属轻、中、重者分别有 14、18、22 例,食后饮酒者轻、中、重者分别为 9、32、10 例。空腹饮酒者明显重于食后饮酒者,两组差异有非常显著性($P < 0.05$)。治疗结果比较,空腹饮酒者临床治愈、有效、无效例数分别为 19、32、3 例;进食后再饮酒者分别为 28、22、1 例。两者相比,后者疗效明显优于前者,但差异无显著性($P > 0.05$),说明空腹饮酒者比食后饮酒者病变程度重。

4 讨论

根据其病因及临床表现,本病应属中医“酒积”范畴。因酒为湿热之物,其性大热大毒,易生痰动火。长期嗜酒必致酒毒、湿热、痰浊、瘀血蕴结于肝,并累及脾胃。此即本病的共同病理基础。故治之首当解酒毒。本草书籍中记载有解酒毒作用的药物约有 10 余种,临床观察表明,其中以枳椇子、葛根为佳。服用枳椇子后有明显的利尿作用,其醒酒作用已被临床和实验所证实^[3]。葛根是传统的解酒药,现已证明,葛根可增加人体乙醇代谢酶系的活性^[4],对抗乙醇对肝脏醇脱氢酶(ADH)活性减低的作用,有利于乙醇在体内的分泌代谢,并提高肝细胞浆中的谷胱甘肽转移酶活性,有利于机体解毒功能的发挥,保护肝细胞免受自由基亲电子化合物和毒物的损害,减轻乙醇的毒性^[5]。故以此二药为主。同时配茵陈清肝利湿,虎杖、蒲公英、连翘、败酱草、甘草清热解毒,泽泻利湿热,化痰浊,柴胡、丹参、当归、姜黄疏肝活血。现代药理证明,上述药物具有消除肝脏炎症、阻止脂肪在肝内沉积、改善肝内微循环、抗肝纤维化等作用,故效果较好,为治疗本病较理想的一个方剂。本组病例观察表明,严格彻底戒酒是治疗本病的关键所在。若在病情好转后又复饮酒,则必致转氨酶波动,B 超、CT 检查病变程度加重。每日饮酒折合酒精量及连续饮酒时间与病变程度呈正相关;长期饮多种酒和空腹饮酒者比饮一种酒和进食后再饮酒者脂肪肝病损害重,治疗效果差。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical observation on 102 cases of alcoholic fatty liver treated with Juge Yigan Decoction

Jia Jingpeng, Jiang Sen

Objective: To explore the ideal method to treat alcoholic fatty liver. **Methods:** 102 cases of alcoholic fatty liver were treated with Juge Yigan Decoction as treatment group, and the effect was compared with control group. **Results:** Effect of treatment group was superior to that of control group. Clinically cured rate, effective rate and ineffective rate in treatment group were 74.5%, 21.6% and 3.9% respectively, superior to 31.6%, 56.1% and 12.3% in control group. There was significant difference between two groups ($P < 0.01$). **Conclusion:** Juge Yigan Decoction is an ideal choice for treatment of alcoholic fatty liver.

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Key Words: Fatty liver, alcoholic/TCM therapy

(Original article on page 750)

Clinical observation on 123 cases of rheumatoid arthritis treated with Sitengyin

Xu Feng, Dai Xiaoming, Zhang Guanghua, et al.

Objective: To observe the effect of Sitengyin on rheumatoid arthritis (RA). **Methods:** 123 cases of RA were treated with Sitengyin, and 67 cases were given Methotrexate and Nimesulide as control. Main symptoms, signs and results of related laboratory tests were compared between two groups before and after treatment. **Results:** Markedly effective rate and total effective rate of treatment group were 72.36% and 95.94% respectively, and those of control group were 65.67% and 86.57%. There was significant difference in efficacy between the two groups ($P < 0.05$). Compared with control group, improvement of main symptoms, signs and results of laboratory tests of treatment group was more remarkable with less side-effect, indicating that efficacy of treatment group was superior to that of control group. **Conclusion:** Sitengyin is definitely effective in treatment of RA, with less side-effect. It is of great value of application and development.

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Key Words: Arthritis, rheumatoid/TCM therapy

(Original article on page 760)

Experimental study on fluorescence histochemistry and ultra-microstructure changes of cardiac muscle of model rats with heart deficiency syndrome

Liu Liqing, Zhou Shengnian

Objective: To observe the effect of heart deficiency syndrome on microstructure and ultra-microstructure of cardiac muscle cells.

Methods: Healthy rats were randomly divided into model group and control group. For model group, cardiac muscle was taken respectively after 48 hours and 72 hours to make frozen slices and ultra-filmy slices. Fluorescence and electric microscope were used to observe changes of distribution, content and ultra-microstructure of heparin and DNA within cardiac muscle cells. **Results:** After 48 hours, fluorescence PAS reaction of cardiac muscle cells of model group reduced significantly, and after 72 hours, electropositive matters in DAN fluorescence reaction was much less than that of control group. Based on tridimensional and quantificational analysis, there was significant difference in chondriosome density between two groups ($P < 0.01$). **Conclusion:** Syndrome of heart deficiency could result in injury of cardiac muscle cells and affect metabolism of cardiac muscle and structure of cardiac muscle cells.

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Key Words: Heart deficiency syndrome/pathology, cardiac muscle/ultra-microstructure

(Original article on page 775)

Effect of Xianqi Decoction on bone mass density, IL-6 and plasma acid phosphatase in experimental osteoporosis rats

Zhang Lijun, Zhang Yan, Xu Qian, et al.

Objective: To investigate the effect of Xianqi Decoction on experimental osteoporosis of rats and its mechanism. **Methods:** 72 female SD rats aged 7 months were randomly divided into two groups, i. e. 60 for operation group, 12 for sham-operation group. Bilateral ovariectomy was performed on operation group. 2 months later, postmenopausal osteoporosis model rats were successfully established. Rats in operation group were randomly divided into model group, western medicine group, Xianqi Decoction low dose group, middle dose group and high dose group. Total six groups were given corresponding medicine by intragastric perfusion. 60 days later, rats were sacrificed after taking blood sample. Serum IL-6, plasma acid phosphatase (ACP) and bone mass density of vertebra and femur were determined. **Results:** Compared with model group, IL-6 and ACP level in three Xianqi Decoction groups was significantly reduced ($P < 0.05$ or $P < 0.01$), and there was no significant difference among Xianqi Decoction groups and western medicine group. Bone mass density in all drug-administered groups was increased ($P < 0.05$).

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Key Words: Osteoporosis/TCM therapy, Bone mass density/drug effect

(Original article on page 780)