

老年肺心病感染后期的中药治疗

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摘要 92例老年肺心病感染后期患者随机分为观察组及对照组,各46例。观察组选用清热化痰、宣肺止咳、益气养阴中药组方治疗,对照组不用益气养阴药物。治疗结果表明,观察组对症状的缓解明显优于对照组,尤其对控制心慌、气紧等症效果更为理想。

主题词 肺心病/中医药疗法 老年人

肺心病感染后期的中药治疗,目前报道资料较少,其中多数患者已经西药抗感染及对症处理,症状部分改善,此期单纯运用西药及中药清热化痰、宣肺止咳之品,疗效不太理想。对此,我们在临床工作中,在上述中医治法的基础上,结合补气养阴之法,经与麻杏石甘汤组临床对照观察,效果满意。介绍如下:

1 一般资料

本组92例均来源于我院会诊患者,按1980年全国第三次肺心病会议修订标准进行诊断。以就诊次序随机分为两组。(1)清热化痰、补气养阴组(简称观察组):共46例。其中男性40例,女性6例;年龄55~65岁31例,66岁以上15例。病程10~25年,平均为18.5年,此次发作平均10.4天;心功能分级属II级11例,III级32例,IV级3例;7例患者肺部听诊可闻及少量散在干鸣音。(2)麻杏石甘汤对照组(简称对照组):共46例。其中男性44例,女性2例;年龄55~65岁33例,66岁以上13例。病程13~24年,平均为17.9年,此次发作平均10.6天;心功能分级属II级13例,III级29例,IV级4例;10例患者肺部可闻及少量散在干鸣音。实验室检查,两组病例白细胞总数 $6 \times 10^9/L \sim 8 \times 10^9/L$,中性细胞70%~80%,淋巴细胞20%~30%,组间无明显

差别。

既往治疗中,全部病例均以西药抗感染药物如氨苄青霉素、西力欣(头孢呋肟)、头孢唑啉等静脉滴注及对症药物氨茶碱、祛痰合剂等口服治疗为主。观察组疗程平均9.5天,对照组平均9.4天。两组接受中药治疗前均有口干乏力、咳嗽咯痰、痰呈白色泡沫状且量较多以及心慌气紧活动后尤甚等症。两组病例体温均正常。中药治疗期间均暂停抗菌素类药物。

2 治疗方法

观察组药用麻黄9g、杏仁12g、连翘12g、桔梗10g、川贝粉9g、晒参10g、五味子12g、麦冬12g、半夏9g、前胡12g、甘草6g等。

对照组药用麻黄9g、杏仁12g、石膏30g、甘草6g、苏子12g、川贝粉9g、百部12g、前胡12g等。

上述两组药物分别加水煎沸约1小时,去滓,取汁约300ml左右,每日1剂,分2次口服,7天为一疗程。

3 治疗结果

疗效标准制定如下。显效:咳嗽症状基本消失,痰量明显减少,轻度活动时,无明显心慌气紧症状,血象恢复正常,肺部听诊干鸣音基本消失。有效:咳嗽减轻,痰量减少,轻度活动时心慌气紧症状改善,血象正常,肺部仍可闻及少量干鸣音。无效:咳嗽咯痰、心慌气紧等症无减轻,血象可基本恢复正常,肺部听诊无变化。

按上述标准统计,观察组显效12例,有效24例,无效10例,总有效率为78.3%;对照组显效6例,有效19例,无效21例,总有效率为54.3%。经统计学处理,两组疗效有显著性差异($P < 0.05$)。

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4 讨论

从近年的临床观察发现,许多老年肺心病患者,症状反复发作,运用氨苄青霉素、西力欣、头孢唑啉等抗感染药物治疗后,症状虽有减轻,但不能完全控制,血象偏高,部分患者肺部听诊可闻及干鸣音。由于该阶段既不具备急性期明显的咳嗽咯痰、心慌气紧、不能平卧等症状,又没有缓解期咳嗽咯痰等不明显之特点,结合疗程、症状、化验检查等考虑,将此期称为感染后期,对临床治疗似更为适宜。

在感染后期,虽气紧、咳嗽咯痰等症状较感染期有较明显好转,但仍有活动后气紧明显等症状,同时病员既有咳嗽咯痰,又有口干。这种症状的病机特点,我们认为其形成有以下

因素:老年肾精亏虚,肺肾不足,气阴两虚;久病多虚,肺气不足,致肺不布津,聚而为痰。按我科已故老中医魏平生经验,感染为“壮火”,“壮火食气”,特别对老年患者感染后,要注意补气养阴药物的运用。

基于上述认识,辨证用药时除选用清热化痰、宣肺止咳中药外,注意加用益气养阴之品。本文观察结果表明,应用清热化痰、宣肺止咳、益气养阴中药的观察组对症状的缓解明显优于不用益气养阴药的对照组,尤其对控制心慌、气紧等症状效果更为理想。至于合用益气养阴药的机理,可能与这些药物能改善心肌能量代谢、兴奋垂体—肾上腺皮质功能、提高老年人免疫功能有关,有待于进一步研究。

小 儿 慢 喉 暗 治 验

徐克信*

小儿慢喉暗类似慢性喉炎。一般由肺肾阴虚、脾气虚、气滞血瘀痰凝引起。笔者运用温通宣肺、健脾化痰为主的方法治疗40例获得满意的疗效,现简介如下。

1 临床资料

本组40例,男28例,女12例。年龄最大11岁,最小3岁。病程最长3年,最短20天。全部患儿均有不同程度的持续性发音嘶哑,若高声发音、感受风寒或过食生冷则嘶哑更甚,但咽喉很少疼痛,口不渴,食欲不振,面色晄白无华,舌质淡、苔白或薄腻。其中6例常感咽部有粘痰不易咯出。喉镜检查可见声带苍白,闭合不全,或声门有粘液附着,少数患者声带稍有充血。

2 治疗方法与结果

药用苏叶、荆芥、防风、蝉衣、细辛、炙甘草、桔梗、淡干姜、杏仁、制半夏、陈皮、茯苓。若喉痒有异物感加麻黄;声带充血水肿加胖大海,去干姜。40例患儿服药3~8剂后发音恢复正常33例,嘶哑减轻4例,无效3例。治愈率83%。

3 病案举例

王××,男,10岁。1989年12月5日初诊。患儿发音嘶哑2年,咽喉不适,常有粘痰,不易咯出,伴有头晕、乏力、纳差。检查:两侧扁桃体肥大,无明显充血,咽部(一),间接喉镜下见声带苍白,闭合不良。形体瘦弱,面色少华,舌质淡、苔白薄腻,脉濡缓。处方:苏叶、荆芥、防风、陈皮、桔梗各6g,北细辛、白芷、淡干姜各3g,杏仁、制半夏、茯苓各10g,甘草5g。4剂。药后诸症减轻,效不更方,守原方续服4剂。发音转正常,食欲渐增,疲乏好转,间接喉镜下见声带恢复正常,苔腻转薄白。前方去白芷、防风、荆芥,加谷麦芽、白术、黄芪以健脾补肺巩固疗效。

4 讨论

临床观察发现,慢喉暗患儿均属元阳不足、形体瘦弱。因小儿脏腑娇嫩、形气未充,易受风寒,或误用苦寒凉药及过食生冷,导致寒邪滞留,肺气郁闭,脾失健运,致使清阳不升,窍失温养,肺气无以鼓动声门而声带闭合不良,发声嘶哑。《千金方》云:“风寒之气客于中,滞而不能发,故暗不能言。”《景岳全书》云:“声音出于脏气,凡脏实则声宏,脏虚则声怯。故凡五脏之病皆能为暗。”所以在临床要正确辨证,如运用得当,对寒盛阳衰,寒邪积久不散的喉症也能取效。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on 30 Cases of Acute Episode of Chronic Cor Pulmonale Treated with *Feixin Ling*

Liu Wenzhao, Yang Runping

In addition to the treating group of 30 cases, another 30 cases were treated with western drug as control. Results showed the effect of *Feixin Ling* on individual symptoms, including coughing, shortness of breath, sputum, edema, heart and respiratory failures, as well as its comprehensive effect were all superior to the controlled group. Rheological study showed that *Feixin Ling* improves the circulatory function to certain extent.

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Key Words: Cor Pulmonale/TCM Therapy

① *Feixin Ling*, Chronic Disease

(Original article on page 26)

Late Stage of Senile Cor Pulmonale Treated with Traditional Chinese Drugs

Lian Nan Yan Qingming Cao Jungao, et al.

92 cases of late stage of cor pulmonale were randomly and equally divided into 2 groups, the observation group and controlled group. The former was treated with Chinese traditional drugs of clearing heat, eliminating phlegm, stopping cough, dispersing the Lung, benefitting Qi and nourishing Yin, while the latter exclude the drugs for benefitting Qi and nourishing Yin. Results revealed that the remission effect for symptoms in the observation group was superior to the controlled group especially good at controlling palpitation and shortness of breath.

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Key Words: Cor Pulmonale/TCM Therapy, Elderly

(Original article on page 29)

Epigastric Pain(Blood Stasis Syndrome)Treated by Stasis-Eliminating and Descending-Dredging Methods: Observation of 32 Cases

Liu Min

This treating remedy was given in powder

form as Drink of Eliminating Blood Stasis associated with other decoctions. Results showed that 21 cases had pain stopped within 1 week, 9 cases within 1-2 weeks, 2 cases over 2 weeks. The rate of stopping pain within 2 weeks was 93.75%.

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Key Words: Epigastric Pain/TCM Therapy, Activating blood to eliminate stasis

② Method of Eliminating stasis, Descending-dredging

(Original article on page 34)

Observation on Serum Thyroid Hormone in 124 Cases of Liver Diseases in TCM Context

Huang Hui

In these cases of liver diseases(in TCM context), five types of syndromes were distinguished with their serum thyroid hormone determined. Results revealed that in all the cases the said hormone was disturbed more or less. Preliminary analysis maintained that the disturbance of the thyroid hormone constitutes one of the pathological basis of liver disease in TCM sense, reflecting, to a certain degree, the functional state of "the liver is responsible for dispersing function of the body"

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Key Words: Lung disease (TCM)/Blood, Thyroid hormone/blood

(Original article on page 40)

Some supplementary Idea on "Programme of Standardization of Auricular Point"

Zhou Liquan

To precisely locate the auricular points, the basic landmarks, including the inner margin of helix, crest of antihelix, scaphoid fossa, antihelixscaphoid margin, antihelix-concha margin, triangular fossa of antihelix, the folding line of concha, antitragus-concha margin, upper line of ear lobe, anterior line of tragus, were discussed.

Author's Address: Beijing 100015, PRC

Key Words: Auricular points, standards of reference

(Original article on page 48)