

清开灵注射液合并中医辨证治疗原发性肝癌74例临床观察

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摘要 清开灵注射液合并中医辨证治疗原发性肝癌,有明显改善全身状况及症状等作用,本药对原发性肝癌的保肝作用值得研究。

主题词 肝肿瘤/中医药疗法 辨证 论治

① 清开灵注射液

原发性肝癌是较为常见肿瘤,其发病率呈增长趋势,晚期肝癌的治疗缺乏有效手段,保肝治疗更是治疗中的难题。本院肿瘤科自1985~1990年用清开灵注射液合并中医辨证治疗原发性肝癌住院病人74例,取得较好的效果,现报告如下。

1 临床资料

本组74例中,男性64例,女性10例。年龄最大者76岁,最小者31岁,平均年龄51岁,其中以41~60岁年龄组最多,占70%。分为治疗组和对照组。治疗组54例中,男性50例,女性4例;平均年龄48岁;按肝癌中医辨证^[1]属肝郁脾虚型21例,气滞血瘀型19例,肝胆湿热型9例,阴虚内热型5例;按肝癌临床分期属II期肝癌46例,III期肝癌8例。对照组20例中,男性14例,女性6例;平均年龄53岁;中医辨证属肝郁脾虚型7例,气滞血瘀型9例,肝胆湿热型2例,阴虚内热型2例。住院期间治疗组死亡4例,对照组死亡3例。

2 治疗与观察方法

2.1 治疗方法:两组病例均予中药基本方:太子参15g,白术10g,茯苓10g,八月扎15g,凌霄花15g,白芍15g,白花蛇舌草30g,水红

花子15g。治疗组另加用清开灵注射液20~30ml,加入5%葡萄糖盐水注射液500ml中静脉点滴,隔日1次,治疗45天为1疗程,休息30天后重复治疗1疗程;对照组则不加用清开灵注射液,疗程同治疗组。

2.2 观察指标:观察的主要症状有肝区疼痛,全身乏力、食欲不振、腹胀恶心。观察的主要体征有发热、黄疸、肝脏肿大。全部病例均做了B型超声检查。化验肝功能指标有黄疸指数(II)或血清胆红素(Bil)、甲胎蛋白(α -FP)、GPT和血WBC。

3 治疗结果

3.1 主要症状消失情况:表1和表2显示,两

表1 治疗组54例治疗后主要症状消失情况

主要症状	总例数 (54例)	肝郁脾虚 (21例)	气滞血瘀 (19例)	肝胆湿热 (9例)	阴虚内热 (5例)
肝区疼痛	35/48	14/19	17/19	3/7	1/3
全身乏力	28/45	15/21	10/15	2/7	1/2
食欲不振	28/42	18/20	7/14	3/6	0/2
腹胀恶心	22/35	13/15	7/12	2/7	0/1
合 计	113/170	60/75	41/60	10/27	2/8

表内数字为:治疗后症状消失例数/治疗前出现症状例数(表2同)

表2 对照组20例治疗后主要症状消失情况

主要症状	总例数 (20例)	肝郁脾虚 (7例)	气滞血瘀 (9例)	肝胆湿热 (2例)	阴虚内热 (2例)
肝区疼痛	5/18	2/6	3/9	0/2	0/1
全身乏力	5/14	3/6	2/5	0/1	0/2
食欲不振	5/16	2/7	3/7	0/1	0/1
腹胀恶心	4/12	1/6	1/2	1/2	1/2
合 计	19/60	8/25	9/23	1/6	1/6

组均以肝郁脾虚型和气滞血瘀型的疗效为较好,而肝胆湿热型和阴虚内热型的疗效均较差。治疗组疗前主要症状出现累计170例,疗后主要症状消失累计113例,症状消失率为66.5%;对照组分别为60例和19例,症状消失率为

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31.7%。两组疗后的症状消失率相比较有非常显著差异($P < 0.01$)。

3.2 主要体征消失情况: 治疗后两组四项主要体征(发热、黄疸、肝大、B超异常)的消失情况均不满意。治疗组疗前阳性体征累计140例, 疗后体征消失累计21例, 体征消失率为15%; 对照组分别为47例和6例, 体征消失率为12.8%。治疗组的体征消失率高于对照组, 但经统计学处理无显著性差异($P > 0.05$)。

3.3 肝功能恢复正常情况: 治疗组疗前四项肝功能指标(II或Bil、 α -FP、WBC、GPT)异常累计130例, 疗后恢复正常累计64例, 恢复正常率为49.2%; 对照组分别为47例和16例, 恢复正常率为34.0%。治疗组的肝功能恢复正常率高于对照组, 但经统计学处理, 两组无显著性差异($P > 0.05$)。

4 讨论

肝癌在祖国医学中属胃脘痛、胁痛、症瘕、黄疸等病范畴。安宫牛黄丸是祖国医学抢救温病危症三宝之一, 出自清代吴鞠通《温病条辨》, 由牛黄、麝香、犀角、黄连、黄芩、山栀子等药组成, 具有清热解毒、豁痰开窍、镇惊安神之功效, 用于温病所致的高热抽搐、神

昏谵语、烦躁不安者。清开灵注射液系复方安宫牛黄丸注射液, 在治疗重症肝炎、黄疸腹水型肝炎有较好效果, 并具有清除肝内代谢产物、清除炎症、修复损害肝细胞的作用^[2]。牛黄有降GPT作用^[3], 山栀子、黄连、黄芩为清热解毒泻火药, 具有抗病毒、抗感染、利胆退黄作用^[4]。本文结果表明, 治疗组在消除症状、体征及恢复肝功能方面均优于对照组。

晚期肝癌其肝功能损害较严重, 并发症较多, 全身状况差。采用中医分型治疗是可取的。肝癌的发病机理较复杂, 临床表现复杂, 症状轻重不一, 治疗上不可能解决所有症状。田氏^[5]指出中草药对改善肝功能、减轻肝脏病变有一定作用。清开灵注射液在肝癌中的保肝治疗是符合中医理论而又结合现代医学理论的。

5 参考文献

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结 胸 治 验

王树芬*

笔者临床曾治愈1例结胸, 西医诊为“慢性食道炎”, 提示《伤寒论》之“小结胸”, 与现代医学的“食道炎”病机相同。兹介绍如下, 供参考。

姜××, 男, 42岁。7天前因头痛、鼻塞、咳嗽、胸闷在单位医务室诊为“感冒”, 当晚遵医嘱服A P C 1片, 开胸顺气丸半袋(约9g), 出汗少许, 头痛鼻塞减, 咳闷如旧。次日继服2次, 遂致腹泻, 日夜共5次。第3天觉胸部憋闷、疼痛, 饮水进食加重, 乃去地区医院就诊。经X线摄片, 见食道粘膜粗乱, 钡剂通过不利, 有滞留现象, 诊为“急性食道炎”, 予青霉素肌注, 每日120万U, 链霉素粉剂稀释后口服每日

1g。经治3天不效而来诊。

检查: 患者一般情况好, 体温、脉搏、呼吸、血压均正常。神志清楚。巩膜、皮肤、浅表淋巴结及心、肺、肝、脾均无异常发现。惟前胸部有中度叩击痛, 范围在结喉至剑突间, 左右至两乳。舌苔黄厚而腻, 脉来沉滑有力。证属热实结胸, 予辛开苦降, 清热涤痰为治。

处方: 全瓜蒌30g, 薤白10g, 半夏10g, 黄连10g, 黄芩10g, 干姜10g, 陈皮10g, 莱菔子10g, 生甘草5g。

3剂后, 胸闷痛大减。加郁金10g, 青皮10g, 继服3剂, 症再减, 腻苔渐化。乃减黄连分量, 并在本方基础上随症化裁, 服20余剂症状消失。4月15日X线复查摄片显示食道壁光滑, 钡剂通过顺利, 病告痊愈。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Primary Liver Carcinoma Treated by Combining *Qingkailing* Injection with Differential Diagnosis of Syndromes: Report of 74 Cases

Dong Haitao

This combined treatment revealed a remarkable effect on the improvement of the patient's general conditions and symptoms. The protective action of this remedy on the liver in such patients is, therefore, worth while to make further investigations.

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Key Words: Tumor of liver/TCM therapy, Treatment based on differential diagnosis of syndromes

① *Qingkailing* Injection

(Original article on page 27)

Effect of Kidney-Benefitting Method on Eosinophilic Gastroenteritis

Bo Yunkuan

A recipe with drugs mainly for benefitting the kidney was applied for the treatment of 12 cases of eosinophilic gastroenteritis. Of all the cases, 9 revealed marked effect, 3 were effective, with a total effective rate of 100%. The shortest time needed to show its effect was 7 days; the longest, 12 days. A 1-3 year follow-up exam revealed no relapse of the ailment.

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Key Words: Gastroenteritis/TCM therapy, Kidney-benefitting

① Eosinophilic gastroenteritis

(Original article on page 34)

Investigation on Children Hyperkinesia Treated by TCM

Sun Yuanling, Wang Yurun, Qu Xiuhua, et al.

66 cases were treated with *Yizhi*(Intelligence-benefitted) Syrup. After treatment, the scores on behavioral appraisal markedly decreased with dramatic upgrading of learning results, marked lowering of positive soft nerve signs, the total effective rate being 84.8%. There were also marked increase in the levels of urine NE, DA, 3-4 NOPAC, CAMP and Cr.

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Key Words: Aproxexia with hyperkinesia/TCM therapy

① *Yizhi* (Intelligence-benefitted) Syrup

(Original article on page 36)

The Relation Between TCM Syndrome Typing and Intracellular Infection of Hepatic Cells by Hepatitis B Virus in Liver Diseases

Wang Baoyi, Song Yagui, Wu Shengdong, et al.

Examinations of 118 such cases revealed that HBV can invade marrow cells with replication capacity. The intracellular infection only appeared in those cases with positive serum HBV, with a higher rate of infection in three types, viz., lump, Qi-stasis, blood-stagnation, and persistent dampheat.

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Key Words: Liver disease/blood, hemopoetic stem cells, hepatitis B virus (HBV), typing on the basis of syndrome differentiation.

(Original article on page 45)

The Relation Between Treatment Based on Differential Diagnosis of Syndromes and Trace Elements in the Hairs of Aplastic Anemia Patients

Wang Jiliang, Yang Shulian, Chen Guangyin, et al.

12 trace elements from the hairs of 20 cases of aplastic anemia were examined and compared with that from hairs of normal people as control. Results showed that in Yin-deficient type patients, Li, Ca, Si, Cr markedly decreased; in Yang-deficient type patients, Zn, Mg, Ba, Si, Ca, Li markedly decreased, while all 12 trace elements decreased in patients of deficiencies of both Yin and Yang. New approaches were also offered for treatment of aplastic anemia on the basis of differential diagnosis.

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Key Words: Anemia, aplastic anemia/metabolism, hairs/chemistry, trace elements/analysis

(Original article on page 47)