

大黄合剂灌肠治疗小儿急性肾功能衰竭 48 例

刘广才* 杨蜀琴* 刘连华* 张淑珍* 王 茜*

摘要 用大黄合剂保留灌肠治疗急性肾功能衰竭 48 例,治疗 7 日后,总有效率达 85.4%;随机以 34 例用西医非透析方法治疗者作为对照组,总有效率为 73.6%,治疗组疗效明显高于对照组($P < 0.01$)。

主题词 肾功能衰竭,急性/中医药疗法 投药,直肠
④ 大黄合剂

我科于 1982 年 1 月~1992 年 12 月对 48 例急性肾功能衰竭患儿用大黄合剂保留灌肠并随机与用西医非透析方法治疗的 34 例进行对照观察。现将观察结果报告如下。

1 临床资料

诊断标准:短期内出现少尿、无尿(或非少尿);血尿素氮(BUN)大于 18mmol/L ;血肌酐(Cr)大于 $176\mu\text{mol/L}$;有代谢性酸中毒、水和电解质紊乱者。本组 82 例中男 52 例,女 30 例。发病年龄 7 月~15 岁,平均 8.4 ± 3.1 岁。治疗组 48 例,对照组 34 例。治疗组原发病急性肾炎 25 例、肾病综合征 9 例、紫癜性肾炎 7 例、药物中毒 6 例;对照组原发病分别为 18 例、6 例、6 例、4 例。治疗组中还有 1 例伴有肾盂肾炎。两组病种具可比性。82 例中少尿($50 \sim 300\text{ml/日}$) 49 例,无尿($< 50\text{ml/日}$) 10 例,轻度浮肿 21 例,中或重度浮肿 61 例,血压高 30 例,有明显脑水肿 26 例,肺水肿 21 例,所有患儿均有鼻衄,呼吸明显增深增快者 33 例。实验室检查: BUN $18 \sim 97.1\text{mmol/L}$, 平均 $42.6 \pm 12.8\text{mmol/L}$; Cr $188 \sim 1214\mu\text{mol/L}$, 平均 $613 \pm 292.5\mu\text{mol/L}$; 肌酐清除率测定 23 例,均在 $28\text{ml/分}/1.72\text{m}^2$ 以下。高血钾($5.5 \sim 7.2\text{mmol/L}$) 33 例,低血钾($1.5 \sim 3.4\text{mmol/L}$) 29 例,低血钠 48 例,低血钙 61 例,高血磷 27 例。轻或中度代谢性酸中毒 54 例,重或极重度代谢性酸中毒 28 例。血红蛋白 $20 \sim 50\text{g/L}$ 者 38 例, $60 \sim 110\text{g/L}$

者 44 例。

本组经皮肤肾穿刺做活体组织检查 5 例(其中 2 例为死后即刻进行的),结果 2 例为新月体肾炎(新月体分别占肾小球的 91% 和 100%),2 例为毛细血管内增生性肾炎,1 例为系膜增生伴肾小管坏死。

2 治疗方法

患儿每日测 BUN、Cr 和血钾、钠、氯各 1 次,每 2~3 日测血气和血钙、磷、镁各 1 次。全部患儿均予低蛋白($< 0.5\text{g/kg/日}$)饮食,限制水和钠的摄入。

对照组 34 例只用西药综合治疗。如静脉输注必需氨基酸(10ml/kg/次);地塞米松大剂量($1 \sim 2\text{mg/日}$)静脉冲击(前 3 天每日 1 次,第 4 天后改为隔日 1 次,共 6 次);小剂量多巴胺($2\mu\text{g/kg/日}$)每日静滴 3~6 小时,同时加大量速尿($5 \sim 10\text{mg/kg/次}$)静推,每隔 1~2 小时 1 次,共 2~3 次。降血钾措施采用高渗葡萄糖加胰岛素,以 $1\text{g} : 4\text{U}$ 的比例静滴,并用葡萄糖酸钙或碳酸氢钠在心电图监护下静推,经紧急处理无效者做腹膜透析。部分患儿用了肝素和丹参静滴,全部患儿均口服潘生丁。

治疗组除用上述西医方法治疗外,加用大黄合剂高位保留灌肠。处方:生大黄 $15 \sim 30\text{g}$, 牡蛎 30g , 黄柏 10g , 细辛 3g , 槐实 $15 \sim 30\text{g}$ 。1 日 1 剂,水煎 2 次,每次加水 $300 \sim 500\text{ml}$,煎至 $150 \sim 250\text{ml}$,待药液降温至 $37 \sim 38^\circ\text{C}$ 时,缓缓灌入直肠内。插管深度为 $10 \sim 15\text{cm}$,每次保留 $30 \sim 60$ 分钟排出,每日 2 次。使每日大便保持在 3~4 次左右,疗程 7~14 天。在疾病恢复期胃肠道能耐受时,以党参、黄芪、当归、丹参、赤芍、益母草、石韦、泽兰、山药、山萸肉、何首乌、仙灵脾、熟地、枸杞、阿胶、龟板胶等药辨证加减煎服,以促进疾病和贫血的恢复。

3 结果

疗效标准:治疗 7 日 BUN 和 Cr 下降幅度

* 青海省儿童医院,青海省西宁市(810007)

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>20%者为显效,下降幅度为5~19%者为有效,下降幅度≤4%或反而升高者为无效。治疗组显效31例、有效10例、无效7例,总有效率为85.4%;对照组分别为6例、19例、9例,总有效率为73.5%。治疗组优于对照组($P<0.01$)。显效和有效患儿BUN恢复正常时间治疗组35例为 12.9 ± 4.9 (均值±标准差,下同)天,对照组19例为 20.1 ± 5.4 天;Cr恢复正常时间治疗组35例为 13.6 ± 4.4 天,对照组19例为 21.1 ± 5.4 天。两项指标组间均有显著差异(P 均 <0.01)。附表显示治疗组治疗前后血BUN、Cr、碱剩余均有明显改善(P 均 <0.01),对照组仅碱剩余改善明显($P<0.01$)。治疗后血BUN、Cr治疗组明显低于对照组($P<0.01$ 、 $P<0.05$)。血pH两组治疗前后未见明显变化。

附表 两组部分指标治疗前后比较($M\pm SD$)

	例数	BUN (mmol/L)	Cr (μ mol/L)	碱剩余 (mmol/L)
治疗组				
治疗前	48	42.8 ± 15.1	612 ± 288	-15.7 ± 7.8
治疗后	48	30.1 ± 9.4	449 ± 191	-9.1 ± 4.4
对照组				
治疗前	34	42.1 ± 12.1	615 ± 291	-15.3 ± 7.0
治疗后	34	38.1 ± 11.9	551 ± 201	-10.8 ± 4.7

4 讨 论

观察表明,大黄合剂保留灌肠配合治疗小

儿急性肾功能衰竭,对降低血BUN、Cr以及改善临床症状和降低病死率方面均有一定的作用,确切机理尚不太清楚。笔者初步认为除促进BUN、Cr和钠、水向肠腔内转移,并使肠蠕动增快、排泄增加外,还能及时清除由于鼻衄而被吞咽和消化道出血而形成的肠道积血,以减少氮和钾的肠吸收。

大黄合剂的结肠透析作用配合低蛋白饮食,限制水钠摄入,静脉输注必需氨基酸、高渗糖、小剂量多巴胺、大剂量速尿以扩肾血管和利尿,抗凝剂、抗血小板聚集药及大剂量激素冲击治疗、氧自由基清除剂(别嘌呤醇和维生素E、C等)和钙通道阻滞剂的使用等非透析治疗,可以使大部分急性肾功能衰竭患儿得到治愈。对上述治疗无效或严重尿毒症患儿不失时机地做腹膜透析,可以大大提高急性肾功能衰竭患儿的存活率。因此,我们初步认为上述四联方法是目前治疗小儿急性肾功能衰竭的价廉、有效、简单、方便的方法。本院12年以来急性肾功能衰竭患儿的病死率逐年下降,由早期的33.3%下降到近几年的10.3%,提示本疗法治疗效果是良好的。

为了保证大黄合剂灌肠的疗效,药液要有足够的量,直肠内插管要达到一定的深度和灌肠后要有足够的保留时间。最好专人操作,保持足够的排便次数。

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ABSTRACTS OF ORIGINAL ARTICLES

Observation on the Therapeutic Effect of Refractory Aplastic Anemia Treated by Differentiation of Symptom in Contrast to Western Medicaments

Chen Bo Gu Deyuan

Through careful selection of empirical recipes, the best ones were selected and the TCM type of manifestations of refractory aplastic anemia were worked out. Open sequential tests were made with Stanazolol. Results showed the short term cured effect were 5/20 cases, demonstrating that the empirical treatment was far superior to Stanazolol.

Authors' Address: Department of Hematology, Zhujiang Hospital Affiliated to the First Military Medical University, Guangzhou, 510282

Key Words: Anemia, aplastic / TCM therapy Treatment based on Differentiation of Symptom

(Original article on page 225)

50 Cases of Apoplexy Complicated with Pseudo-Bulbar Paralysis

Xia Yongchao Li Yanyi Han Yan, et al.

The self-formulated modified "Blood-activating and Qi-benefitting Decoction of Fructus Citri Sarcodactylis" with heavy dose of Radix Angelica Sinensis was applied for the treatment of 50 cases of apoplexy complicated with pseudo-Bulbar paralysis. The total effective rate of dysathria was 98% with a 58% above marked effect rate, while the total effective rate for choking and coughing was 98%, with a 94% above markedly effective rate.

Authors' Address: Department of Heart and Brain, Gansu Provincial Hospital of TCM, Lanzhou, Gansu, 730050

Key Words: Apoplexy (TCM) / complications Paralysis, medullar / TCM therapy

(Original article on page 227)

Observation on the Therapeutic Effect of Chronic Idiopathic Thrombocytopenic Purpura: Report of 64 Cases

Wang Weizhong

The cases were randomly divided into 2 groups, each 32 cases. The results were: for the Chinese drug group, 13 cases were markedly effective, 15 cases with rather good effect, 2 cases improved, 2 cases ineffective. For the control group, the figures were 5, 13, 11,

3 respectively. The total effective rate was similar for the 2 groups, but the markedly effective rate for the former is higher than the latter ($P < 0.05$), while the improvement of the experimental indices were also better in the former group.

Authors' Address: Department of Internal Medicine, Nanjing College of TCM, Nanjing, 210029

Key Words: Purpura, thrombocytopenic / TCM therapy
(Original article on page 229)

Observation on the Constitution of Damp-phlegm Type of Simple Obesity Improved with Qingjian (Nimble) Capsule

Qiao Yanfang Wang Qi

Formulated with pure Chinese materia medica in compound form, Qingjian capsule possesses the actions of dispersing damp-phlegm, activating Qi, eliminating stasis, dissipating fat to lose weight, resulting in the improvement of physical constitution of damp-phlegm nature in simple obesity. Through 40 cases of simple obesity with damp-phlegm constitution, the effective rate for losing weight is 75%. It also lowers blood lipids, improves the apoprotein, and decreases subcutaneous fats.

Authors' Address: Department of TCM, General Hospital of Chinese Navy, Beijing, 100037

Key Words: Obese / TCM therapy @ Damp-phlegm physical constitution @ Qingjian capsule

(Original article page 232)

48 Cases of Infantile Acute Renal Failure Treated by Enema of Rhei Mixture

Liu Guangcai Yang Shuqing Liu Lianhua, et al.

Retention enema with Rhei mixture was applied for the treatment of acute renal failure in 48 cases. After 7 days of therapy, the total effective rate was 85.4%. A control group of 34 cases were treated with non-dialysis western method with a total effective rate of 73.6%. The result of the test group is obviously superior to the control group. ($P < 0.01$)

Authors' Address: Qinghai Provincial Children Hospital, Xining, 810007

Key Word: Renal failure, acute / TCM therapy Medication, rectal / @ Rhei mixture

(Original article on page 237)