

中药及中药结合放化疗治疗原发性肝癌 术后残留和复发

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摘要 应用中药及中药结合放化疗治疗 110 例原发性肝癌术后残留和复发、转移患者,中药以健脾理气、疏肝解郁、化湿和中、益气养血药物为主。结果表明,110 例患者中,1 年生存率为 $70.78 \pm 8.53\%$,3 年生存率为 $33.82 \pm 9.25\%$,5 年生存率为 $16 \pm 7.43\%$ (寿命表法),有 4 例已生存 10 年以上。提示以扶正健脾为主的治疗原则对原发性肝癌术后延长生存期有重要意义。

主题词 肝肿瘤/中西医结合疗法 肝肿瘤/外科手术 肿瘤转移

原发性肝癌术后残留和复发是影响生存率的重要因素,应用中药及中药结合放化疗,可望获得较长的生存期。现将笔者应用中药及中药加放化疗治疗的 110 例原发性肝癌术后残留和复发的有关资料,报告如下。

1 一般资料

本组 110 例系本院 1970 年 3 月~1992 年 6 月收治的住院患者,均为剖腹治疗后,年龄 8~71 岁。其中男性 99 例,女性 11 例;病种包括肝细胞癌 99 例、胆管细胞癌 2 例、混合细胞癌 4 例、肝肉瘤 1 例、未作病理检查者 4 例,有门静脉癌栓或肝静脉癌栓者 47 例,术后残留者 28 例,术后复发者 27 例,肺或骨转移者 8 例;术式包括肝左叶切除 55 例,肝右叶局部切除 47 例,肝动脉结扎、栓塞和插管 8 例。

2 治疗方法

所有患者均服用中药,其中单纯服用中药组 22 例,中药结合化疗组 29 例,中药结合放疗组 34 例,中药结合放疗、化疗组 25 例。放疗治疗以钴⁶⁰或直线加速器局部照射或全肝移动条照射,化疗以氟脲嘧啶、环磷酰胺、噻嘧啶、表阿霉素为主。

本组 110 例根据辨证分为 4 型治疗:

脾虚气滞型(50 例):症见面色萎黄,倦怠乏力,纳呆暖气,腹胀肠鸣,大便溏薄,足踝浮肿,舌淡苔薄,脉细或弦。证属脾虚失运,气机不利。治以健脾理气,以四君子汤、香砂六君子汤、四磨饮加减。常用药:党参、白术、茯苓、枳实、神曲、麦芽、乌药、降香、八月扎。

肝气郁结型(20 例):症见胸腹满闷,胁肋胀痛,走窜不定,暖气肠鸣,情志抑郁,舌淡红、苔薄白,脉弦。证属肝郁气滞。治以疏肝理气,方用枳实消痞汤、四逆散、逍遥散、柴胡疏肝散。常用药:枳实、川朴、神曲、麦芽、山栀、茯苓、沉香曲、川楝子、元胡、青广木香。

湿阻中焦(22 例):症见脘闷纳呆,口粘,四肢困重,大便不实或泄,舌苔白腻,脉濡细。若湿郁化热,见溲赤便溏,胁肋胀痛,面目发黄,口苦苔黄腻。前者属湿阻中焦,治以运脾化湿,方用平胃散、二陈汤;后者属湿热中阻,治以清热利湿,方用茵陈蒿汤、龙胆泻肝汤。常用药:苍术、川朴、陈皮、半夏、佛手、藿香、佩兰、茯苓、枳壳、蔻壳;有黄疸者加用茵陈、山栀、平地木、田基黄、车前子。

气血亏虚型(11 例):常见于近期术后,症见面色不华,头晕目眩,胁痛,肢体麻木,舌淡红,脉弦细或细涩。证属气血亏虚,筋脉失养。治以益气养血,方用补中益气汤、黄芪建中汤、归脾汤、四物汤。常用药:黄芪、白芍、大枣、当归、太子参、首乌、枸杞子、鸡血藤。

辨证为肝阴不足或瘀血停滞者较少,前者常以一贯煎为主,后者以失笑散加用成药人参鳖甲煎丸。

处方中最常用的软坚散结药为石燕、瓦楞子、夏枯草、鳖甲;最常用清热解毒药为白花蛇舌草、半枝莲;活血药为五灵脂、川芎、红花。对

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放化疗引起骨髓抑制者重用黄芪、当归、鸡血藤、鹿角霜等；消化道反应明显者加半夏、陈皮。

3 治疗结果

本组病例随访自术后治疗日起至末次门诊或末次信访日为准。以寿命表法计算 110 例患者生存率, 1 年生存率为 $70.78 \pm 8.53\%$, 3 年生存率 $33.82 \pm 9.25\%$, 5 年生存率 $16 \pm 7.43\%$ 。单纯中药组 22 例中, 5 年生存率 47.1% , 10 年生存率 21.4% , 居各组之首。详见附表。

附表 各组生存情况统计

分组	例数	1 年	3 年	5 年	8 年	10 年
中药组	22	15/22	9/19	8/17	5/15	3/14
中药+化疗组	29	20/29	8/26	2/26	1/25	
中药+放疗组	34	24/34	9/30	2/24	1/11	1/8
中药+放化疗组	25	18/25	7/24	2/22	1/19	

注: 表中数据为生存例/末次门诊或信访例

4 典型病例

张×, 男, 66 岁。病历号 732791。1985 年因肝右后叶癌局部切除, 术中肿瘤 $10\text{cm} \times 11\text{cm}$, 有粘连伴活动性肝硬化, 半年后复查 B 超和 CT 均提示肝右后叶 $3.5\text{cm} \times 3.4\text{cm}$ 占位, 考虑为复发, 建议患者手术, 患者未接受, 要求服用中药。诊见消瘦, 明显乏力, 胃纳差, 右肋肋痛, 舌质淡胖、苔白腻, 脉濡滑。证属脾虚气滞湿阻, 治以健脾理气化湿。处方: 党参 15g, 枳壳 9g, 川朴 9g, 苡仁 15g, 茯苓 15g, 麦芽 15g, 鸡内金 12g, 八月扎 30g, 白花蛇舌草 30g, 平地木 30g, 石燕 30g, 元胡 15g, 地枯萝 30g, 乌药 9g, 大腹皮 12g, 半枝莲 10g。服药过程中加减应用鳖甲、降香、茜草、山羊角。2 年后复查 B 超、CT 均无肝占位证据, 甲胎蛋白阴性, 已存活 8 年。

5 讨论

肝癌姑息切除术后生存率偏低, 蔡氏报告一组中晚期肝癌切除率为 29% , 1 年生存率 41% , 3 年生存率 24% ^[1]。临床上术后复发仍强调手术再切除为主, 非手术疗法效果较差。林氏报道以化疗为主治疗肝癌术后复发, 1 年生存率 24.1% , 2 年生存率 11.8% , 3 年生存率为零^[2]。本组 110 例以中药和中药结合放化疗, 1、3、5 年生存率分别为 $70.78 \pm 8.53\%$, $33.82 \pm$

9.25% , $16 \pm 7.43\%$ 。

笔者临床观察的 4 个分组中, 以单纯用中药的治疗组 5 年生存率为 47.1% , 10 年生存率为 21.4% , 居各组首位, 其原因系该组中以术后切缘端癌累及多见, 姑息手术相对较彻底, 患者体质情况良好, 能坚持长期服用中药。

已有多篇报道证实了健脾理气中药在肝癌综合治疗中的显著作用^[3,4]。对原发性肝癌术后残留和复发, 据临床表现辨证, 仍以脾虚气滞居多, 本组病例中占 45.5% (50/110), 而其余各型中, 均有因脾虚而诸症变生; 或气机不利, 或湿浊内生, 或生化乏源, 故治疗大法仍以健脾扶正为主, 尤以四君子汤最为常用。

由于肝脏手术中易大量出血, 且因术后脏器缺损, 易导致血虚和气虚, 故术后近期以益气养血为主, 佐以健脾和胃, 以助气血生化之源。

肝癌术后患者较重视随访, 故复发和转移均为较小病灶, 患者有放化疗的适应证, 其抗癌效果远较中药为肯定, 故中药治疗原则以健脾扶正, 防治毒副反应为主。已有资料表明, 中药结合放疗治疗原发性肝癌有明显效果^[5]。

术后应用活血化瘀和清热解毒为主要治法者较少, 此二型仅占本组的 3.6% (4/110)。一般在扶正健脾基础上, 加用少量活血药和清热解毒药。放化疗过程中, 极少使用活血药, 较少使用清热解毒药, 而在放化疗后, 多强调攻补兼施, 以补为主。

肝癌术后实际临床证候常夹杂出现, 治疗中不可拘泥于一型一方, 但治疗大法重点为扶正健脾, 对延长患者生存期有明显作用。

6 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Postoperative Residuals and Relapsing of Primary Liver Carcinoma Treated by Chinese Drugs and Chinese Drugs Plus Chemotherapy

Lin Junhua, Xu Yiyu, Yu Erxin

One hundred and ten cases of postoperative residuals, relapsing and metastasis in primary liver carcinoma were treated by traditional drugs and traditional drug plus chemotherapy. The drugs were of strengthening spleen, regulating Qi, dispersing Liver, relieving stagnation, dissipating dampness, mediating the stomach and spleen, invigorating Qi and replenishing blood. Results revealed that the 1-year survival rate in 110 cases was $70.78 \pm 8.53\%$, 3-year survival rate was $33.82 \pm 9.25\%$, 5-year survival rate was $16 \pm 7.43\%$ (by list of life-span method). Among them, 4 cases have survived for over 10 years, indicating that the treating principles of supporting the body resistance and strengthening the spleen is significant in prolonging the survival rate of primary liver carcinoma after operation.

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Key Words: Liver Tumor/ method of integrated Chinese and western medicine Liver Tumor/surgical operation cancer metastasis

(Original article on page 220)

Severe Cases of Vomiting in Pregnancy Treated on the Basis of Differentiation of Syndrome Manifestations: Analysis of 115 Cases

Jiang Xiping, Wu Xianghong

The cases were differentiated into 4 types, viz. disharmony of liver-stomach, deficiency of spleen-stomach, inner obstruction of damp-phlegm, and deficiency of both Qi and Yin and treated on the basis of syndrome differentiation. For cases with severe vomiting, concentrated decoction of traditional drugs for steam inhalation was added. After 2-3 weeks therapy, 78 were cured, 30 were markedly effective, 7 effective, the total effective rate being 100%. The efficacy was the best in type of disharmony of liver-stomach, whereas the worst, in type of deficiency of both Qi and Yin.

Authors' Address: Guanganmen Hospital, Academy of TCM, Beijing, 100052

Key Words: Vomitus gravidarum/TCM therapy treatment based on differentiation of syndrome manifestations

(Original article on page 225)

Observation on Therapeutic Effect of Sugar Induced Diarrhea in Children Treated with Chinese Traditional Drugs

Hu Yibao, Yao Weiren, Wang Jianmin, et al.

Eighty-eight cases of sugar induced diarrhea in children were treated by TCM on the basis of differentiation of syndrome manifestation. Two types were differentiated, namely spleen jeopardized by damp-heat evils, deficient spleen immersed in dampness. Results showed that the cured rate was 62.5%, with a total effective rate of 92.1%.

Authors' Address: Peizhou Municipal Hospital of TCM, Jiangsu, 221300

Key Words: Diarrhea/TCM therapy carbohydrates/metabolism @ sugar induced diarrhea

(Original article on page 227)

Establishment of Animal Model of Deficiency of Lung—Qi "Syndrome" in Rats

Xu Xihong, Kong Fanzhi, Yu Xiaoxia, Zhang Jianmin, et al.

Rats were stimulated with exogenous wind, cold and SO_2 , causing coughing, dyspnea, listlessness, and vulnerable to disease which are manifestations of deficiency of lung-Qi. Examination revealed that the cellular and humoral immunity in such animal models were decreased, the time of swimming with burden was shortened, the skin temperature, especially in the dorsal surface was lowered. Microstructural observation showed that defective lesions were extensively present in the trachea and bronchi. Bufei decoction was effective to relieve symptoms and syndromes of the rat.

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Key Words: Deficiency of Qi/Lung disorders (TCM) model of disease, animal

(Original article on page 230)