

乙型肝炎肝纤维化的辨证施治 及与生化指标改变的关系

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摘要 肝炎肝纤维化者血清透明质酸、腺苷脱氨酶、谷光甘肽-S-转移酶显著高于健康人,并按肝郁脾虚型、气滞血瘀型、热郁血瘀型依次递增,各证型间有非常显著差异。经中医辨证治疗后,肝功能改善,前二项指标数值下降。证明中医药对乙型肝炎肝纤维化治疗有效。

主题词 乙型肝炎/中医药疗法 肝/病理学 辨证论治

肝纤维化是造成肝功能异常和影响肝病预后的重要因素之一,也是发展到肝硬化的必经阶段。中医药抗肝纤维化的研究陆续有报道,但对肝炎肝纤维化患者血清五项生化指标与中医证型之间的关系以及治疗后的变化未见报道。我们对此作了初步探讨,现将结果报告如下。

1 观察对象

78例乙型肝炎肝纤维化患者均具有乙肝病史,HBsAg阳性和/或其他指标(HBeAg及抗-HBe等)阳性及不同程度的肝功能损害,经本院内科确诊并排除肝、肺、淋巴结等恶性病变及结缔组织疾病。78例中男56例,女22例。年龄29~75岁,平均47.26岁。病程1~30年,平均9年。60名健康人系健康献血者和本院部分健康工作人员。

2 检测方法

透明质酸(HA)测定用RIA法(试剂由上海海军医学研究所提供),腺苷脱氨酶(ADA)、谷光甘肽-S-转移酶(GST)、N-乙酰B-D氨基葡萄糖苷酶(NAG)、羟脯氨酸(HYP)按文

献报道检测^[1,2]。

3 辨证与治疗

根据本病的临床表现可分为3型。肝郁脾虚型:证见胁腹胀满或疼痛,乏力纳减,暖气便溏,面色萎黄,或有呕恶,苔白脉弦;气滞血瘀型:除见肝郁脾虚型消化道症状外,尚有肋下胀闷疼痛,肝脾肿大,或有蜘蛛痣、肝掌等,舌红边有紫斑,苔薄或腻,脉弦细;热郁血瘀型:除见气滞血瘀型症状外,尚可见面色黯红或黧黑,唇干口燥,潮热心烦,或有衄血,大便溏而不爽或便秘,小便短赤,舌暗红苔黄或腻,脉弦细数或弦细涩。

以柴胡3~6g,白芍10g,枳壳10~20g,黄芪15~30g,白术10g,甘草6g组成疏肝解郁健脾的基本方。随症加减:气滞血瘀型加鳖甲、赤芍、丹参、莪术等;热郁血瘀型再加广郁金、水牛角、茜草根等;纳呆者加谷芽、麦芽、鸡内金等;胁痛甚者酌加延胡索、金铃子等;黄疸者酌加茵陈、大黄;谷丙转氨酶(ALT)异常者加垂盆草、连钱草、白花蛇舌草等;衄血明显者去赤芍、丹参加白茅根、参三七或加用安络血、维生素K等。每日1剂,水煎分2次服,3个月为一个疗程。

4 疗效分析

4.1 辨证分型与生化指标的变化:表1示,乙型肝炎肝纤维化三型患者HA、ADA、GST均比健康人明显增高,其增高程度热郁血瘀型>气滞血瘀型>肝郁脾虚型,有明显规律性。但NAG、HYP与健康人无明显差异,各型间虽无明显差异,但变化规律与上述三项指标变化有一致性。

4.2 治疗后症状体征及生化指标变化情况:我们对乙型肝炎肝纤维化患者进行辨证治疗,

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完成治疗 25 例,一般临床症状、体征好转与改善,治疗前 B 超示肝内回声增粗增强,分布不均,血管网显示不清等肝炎肝纤维化图象获得

缓解。表 2 示,肝功能及 HA、ADA 明显改善,ALT、锌浊度(ZnTT)、球蛋白(G)等均较治疗前显著下降($P<0.01$),白蛋白(A)略有升高。

表 1 乙型肝炎肝纤维化不同证型的生化指标比较

组别	例数	HA(ng/ml)	ADA(u/ml)	GST(u/ml)	NAG(u/ml)	HYP(mg/dl)
健康人	60	65.32±3.67	12.88±0.60	13.60±0.75	34.76±1.00	1.45±0.03
肝郁脾虚	31	114.81±10.12*	17.21±1.83*	21.47±1.87*	31.37±2.29	1.32±0.08
气滞血瘀	27	226.00±22.30*	21.96±1.36*	22.47±1.67*	33.79±2.28	1.56±0.09
热郁血瘀	20	401.90±37.76*	30.07±1.83*	24.24±2.01*	35.20±2.68	1.68±0.11

注:表中数据为均值±标准误(下表同);*与健康人比较 $P<0.01$

表 2 治疗前后生化指标变化情况

项 目	治 疗 前	治 疗 后
ALT(u)	45.48±6.54	25.36±1.28*
ZnTT(u)	12.52±0.77	10.48±0.62*
A(g%)	4.00±0.12	4.15±0.10
G(g%)	3.02±0.13	2.84±0.06*
HA(ng/ml)	252.21±33.31	157.86±18.31*
ADA(u/ml)	22.02±1.65	16.98±1.45*
GST(u/ml)	19.53±1.55	18.24±1.11
NAG(u/ml)	29.28±1.99	26.94±2.12
HYP(mg/dl)	1.39±0.01	1.44±0.29

注:*与治疗前比较 $P<0.01$

5 讨论

目前对肝纤维化血清检测方法评价不一,一般认为血清五项指标与本病密切相关。有报道 ADA 活性与肝纤维化程度相关^[3],HA 可作为一种进行性肝损害的生化标志物^[4],反映了肝病的活动和纤维化程度^[5]。本文结果与其一致。和某些报道^[6]一样,我们的检测结果未见 HYP 含量与肝纤维化相关。此外,国内有报道慢性肝炎及肝硬化 NAG 活性升高,可作为肝纤维化的辅助诊断^[7],但在我们检测的 78 例中,NAG 升高者仅有 5 例,未见有相关性。肝炎肝纤维化的血清生化指标有待进一步探索。

中医对乙型肝炎肝纤维化的基础及临床研究不多,迄今尚无统一的辨证分型,这可能与缺乏可靠的客观检测指标有关。本文结果显示了

乙型肝炎肝纤维化中医证型与 HA 等生化指标间有着密切的内在联系,提示 HA 及 ADA 等生化指标可作为中医辨证分型、判断病情和指导治疗的客观指标之一。我们发现随着三种证型的由轻转重,HA 等生化指标也逐步升高,通过辨证施治,随着证型的由重转轻,HA 等生化指标也随之下降,说明中医辨证治疗乙型肝炎肝纤维化具有良好的作用,其抗纤维化的作用可能是双重的,一方面通过调整和/或增强了机体正常生理功能,促进了肝功能的恢复,减少了促使胶原增生的因素;另一方面通过行气活血化瘀,促使肝内纤维组织软化,促进了胶原的分解,其确切机制有待进一步探讨。

6 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Report on 212 Cases of Radio—thyroidosis Treated by TCM.

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For radio—thyroidosis, traditional Chinese medicine not only yields rather satisfactory effect, improves symptoms and signs, and lab parameters, but also strengthens body immunity. It also alleviates or eliminates adverse reactions when using western medications alone.

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Key Words: Radiological injuries/complications Thyroidosis/etiology Thyroidosis/TCM therapy

(Original article on page 411)

Effect of Jiangtang (glucose—lowering) Tablet on RBC—SOD, MDA, Ins, AchE in Diabetes of Deficiencies of Both Qi and Yin.

Liang Xiaochun, Guo Saishan, Yang Jingxia, Wang Xiangding, Sun Yizhen, Zhang Yanhua, Shi Ze

This Tablet yields satisfactory result in lowering glucose and improving hemorheology. We have observed that, in addition to lowering of glucose level, it also elevates the content of RBC—SOD, inhibits the formation of MDA, and decreases the level of AchE. When comparison was made with that of Yuquan Tablet control group, the different was significant ($P < 0.05 \sim 0.01$). Moreover, it exerts no influence on Ins. level, suggesting that Jiangtang Tablet not only improves glucose metabolism, but also affects metabolism of free radicals and acetylcholine esterase.

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Key Words:

Diabetes mellitus/TCM therapy Deficiencies of Qi and Yin/TCM therapy @ Jiangtang Tablet

(Original article on page 414)

Treatment of Liver Fibrosis in B—hepatitis by Differentiation of Syndromes and Its Relation with Changes in Biochemical Parameters.

Wu Jiageng, Zhang Lihuang, Deng Yinquan, Cai Weimin, Yu Qinpu, Liu Ronghua

In fibrosis of liver due to its inflammatory lesions, the HA, ADA, GST, are much higher than that of the normalcy. This abnormality occurs with increasing

severity in the order of type of liver stagnation and spleen deficiency, type of Qi—stagnation and blood stasis, type of accumulated heat and blood—stasis and the differences are very significant among these types. By treatment based on TCM differentiation of syndromes, liver function was improved, with the first 2 indexes dropped down—demonstrating that TCM is effective for liver fibrosis.

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Key Words: Hepatitis/TCM therapy liver/pathology treatment based on differentiation of syndrome

(Original article on page 416)

Severe Pancreatitis Treated by Integrated Chinese and Western Medicine.

Wu Wei, Wang Zengzhang, Li Naiqing

In severe pancreatitis, when oral and intravenous routes of administration are impossible, high retal dripping with Chinese materia medica and electrolyte equilibrium solution is a new corrective measure. The authors also explore various surgical approaches for treating this disorder.

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Key Words: Pancreatitis/therapy of integrated Chinese and Western medicine

(Original article on page 420)

Cysticercosis Treated with Alum—niter Tablet: Observation on 2750 Cases.

Chen Zhishui, Nie Zhiwei, Sun Qili, Wang Yunxiang, Chi Yong, Sun Jiujie, Lu Yao

The therapy includes 3 therapeutic courses, each lasting for 3 months. Results show that 762 out of 1250 cases of subcutaneous muscular type were cured, accounting for 61.7%, the total effective rate being 92.3%. While 649 (43.3%) out of 1500 cases of brain type were cured, the total effective rate being 90.7%. The rate of turning negative of blood antibody test was 69.5%, that of cerebro—spinal fluid 55.1%. For this tablet, the optimal therapeutic course was 3 courses.

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Key Words: Cysticercosis/TCM therapy @ Alum—niter Tablet

(Original article on page 422)