

中医辨证治疗湿疹 85 例

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摘要 根据 85 例湿疹患者的皮损特点和临床表现,分为血热湿盛、肝胆湿热、脾虚湿蕴、肝风湿热、血燥夹湿、湿瘀互结 6 型,以除湿止痒为原则辨证论治。结果治愈 67 例(78.8%),好转 17 例(20.0%),无效 1 例(1.2%),总有效率 98.8%。

主题词 湿疹/中医药疗法 辨证论治

湿疹是皮肤科临床常见多发病。在中医文献中根据不同的发病部位及形态特点而有浸淫疮、血风疮、旋耳风、肾囊风、痼疮等多种不同的名称。湿疹的特点是形态多样,对称分布,易于渗出,瘙痒剧烈,缠绵难愈。笔者在临证根据中医基础理论,辨证分型治疗湿疹,取得较好疗效。现将资料完整的 85 例报告如下。

1 临床资料

1.1 一般资料:85 例中男 35 例,女 50 例。年龄最小 6 岁,最大 85 岁。病程最短 3 天,最长 20 余年。其中发病在 1 月以内 37 例,1 月~1 年 31 例,1 年以上 17 例。

1.2 皮损分布:皮损分布于身体各处,其中泛发性 36 例,局限于头面、耳、肢体、外阴等处 49 例。

1.3 诊断标准:根据《临床皮肤病学》湿疹的诊断,形态为多形性、弥漫性,分布对称,急性者有渗出,慢性者有浸润肥厚,病程不规则,常反复发作,瘙痒剧烈。

2 治疗方法

根据皮损特点,结合症舌脉辨证,分为 6 型治疗。

血热湿盛型:共 30 例。以皮肤焮红灼热、密集丘疹水疱,瘙痒剧烈,搔破津水,糜烂结痂,浸淫遍体为主症,伴口干喜饮,心中烦热、尿赤便秘,舌红苔黄,脉滑数。多见于浸淫疮,即急性泛

发性湿疹、自家敏感性湿疹。

治以清热凉血除湿止痒。基本方:生石膏 30g,知母 10g,黄芩 15g,生地 30g,丹皮 15g,蚤休 20g,白茅根 30g,大青叶 15g,苦参 12g,白鲜皮 30g,车前草 15g,六一散 10g。发于夏季,多汗及暴露部位潮红起疹加青蒿、藿香、佩兰;口臭便秘加大黄。

肝胆湿热型:共 19 例。以皮肤局限性潮红或暗红肥厚,表面有结痂脱屑,周围散在丘疹、水疱,瘙痒难忍为主症,伴口苦,急躁易怒,小便黄赤,舌红苔黄腻,脉弦滑。多见耳部、乳房、外阴及下肢、手足湿疹。

治以清肝利湿止痒。基本方:龙胆草 10g,黄芩 10g,栀子 10g,茵陈 30g,马齿苋 30g,生地 15g,丹皮 12g,苦参 10g,地肤子 20g,生苡仁 20g,六一散 10g。发于下半身去黄芩,加萆薢、黄柏;瘙痒剧烈加钩藤;舌苔厚腻加苍术。

脾虚湿蕴型:共 12 例。以丘疹痂屑成片,颜色淡红,瘙痒时作,搔抓津水,缠绵难愈为主症,伴纳少不香,脘满腹胀,大便溏薄,舌淡红、苔白腻,脉缓。多见于钱币状湿疹、异位性皮炎。

治以健脾燥湿止痒。基本方:苍术 10g,厚朴 10g,云苓 15g,砂仁 4g,炒苡仁 30g,黄柏 10g,车前子 10g,白鲜皮 15g,地肤子 20g,大腹皮 10g。皮损色红加丹皮、黄芩;渗液多加茵陈、苦参;纳呆脘满加陈皮、鸡内金。

肝风湿热型:共 11 例。以全身起红色丘疹,瘙痒剧烈,日轻夜重,血痂点点为主症,伴烦躁失眠,舌红、苔淡黄或腻,脉弦滑。多见于丘疹性湿疹。

治以平肝熄风除湿止痒。基本方:生龙骨、生牡蛎、灵磁石、珍珠母各 30g,白蒺藜 20g,钩藤 15g,黄芩 10g,丹皮 12g,茵陈 15g,白鲜皮 15g,苦参 10g,生甘草 6g。瘙痒剧烈,脱屑加全蝎、僵蚕;胸胁胀满加香附、枳壳。

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血燥夹湿型:共8例。以患处皮肤肥厚粗糙,干燥脱屑皲裂,瘙痒颇甚为主症,舌质偏红,苔白,脉细滑。多见于慢性皲裂性湿疹。

治以养血熄风除湿止痒。基本方:当归12g,首乌15g,生地15g,丹参15g,鸡血藤15g,红花10g,黄柏10g,苍术10g,白鲜皮15g,白蒺藜20g,全蝎5g。夜间痒甚,失眠多梦加夜交藤、珍珠母。

湿瘀互结型:共5例。以小腿皮色紫红或紫黑,肿胀瘙痒,上覆痂屑为主症,伴下肢沉重乏力,舌暗红,苔白腻,脉沉。多见于小腿静脉曲张性湿疹。

治以清利湿热化瘀通络。基本方:萆薢20g,黄柏10g,茯苓皮15g,牛膝12g,地肤子20g,防己12g,鸡血藤15g,赤芍15g,桃仁10g,红花10g,银花藤15g。下肢肿胀甚加冬瓜皮、大腹皮。

每剂水煎2次,早晚分服,第3煎放凉洗患处或用纱布垫、小毛巾蘸药液湿敷渗液糜烂处。用药7天为一疗程。

3 治疗结果

3.1 疗效标准:参考北京市中医管理局《52种疾病中医诊疗与质控标准》,自拟疗效标准。皮损全部消退或消退95%以上为治愈;皮损消退50%以上为好转;皮损消退不足50%为无效。

附表

分 型	例数	治愈例	好转例	无效例
血热湿盛	30	28	2	
肝胆湿热	19	15	4	
脾虚湿蕴	12	9	3	
肝风湿热	11	8	3	
血燥夹湿	8	4	3	1
湿瘀互结	5	3	2	

3.2 治疗结果:85例中治愈67例(78.8%),好转17例(20%),无效1例(1.2%),总有效率98.8%。附表示,血热湿盛、肝胆湿热、脾虚湿蕴、肝风湿热型疗效较好,血燥夹湿、湿瘀互结型疗效稍差。前4型一般为2个疗程,而后2型则需3~4个疗程。

4 体会

治疗湿疹,除湿止痒法必须贯彻始终,抓住不放。急性期宜清热凉血利湿止痒,亚急性、慢性期在除湿止痒的同时,调理气血及脏腑功能。

湿因水液代谢障碍而变生。脾失健运,饮入之水谷不能正常地化生津液而变为湿浊。湿浊内生,日久必耗液伤阴,阴伤血燥肌肤失养则皮肤肥厚粗糙、脱屑皲裂。因此治疗慢性皲裂性湿疹亦当润燥养血与除湿之法并用。

湿邪粘腻难祛,郁则化热,湿热常交织在一起,流窜肌肤而致病。故清热燥湿止痒之品,如黄芩、苦参、黄柏、白鲜皮、地肤子等是治疗各型湿疹的常用药。

不能简单地以西医的急性、亚急性、慢性湿疹与中医辨证分型套用。例如某些特殊部位的湿疹,如耳部、乳房、外阴、手部湿疹,病程慢性,皮损肥厚,属慢性湿疹,但若辨为血燥夹湿型,则疗效往往欠佳。笔者的体会是:慢性肥厚的皮损,只要颜色较正常肤色红,表面有痂屑,仍当辨为湿热,结合经脉循行,以清肝利湿止痒法治疗为宜。一般来说,湿疹急性发作多责之于心,亚急性、慢性期多责之于脾、肝。治疗时若能辨证求本,疗效必增。治疗湿疹,内治是根本,外治亦不可缺少。外治药物的使用,需辨疹型,视不同情况选择应用。

中国中医研究院培训中心常年招生

为适应当前医药卫生事业的飞速发展以及广大医务工作者的实际需要以及我院中医药高层次人材集中的优势及在中医药界所处的特殊地位,中国中医研究院培训中心常年举办如下专题讲习班:

1. 高级进修班(时间2周): (1) 高级中医进修班; (2) 高级中西医结合进修班; (3) 高级针灸推拿进修班。
2. 专题进修班: (1) 肛肠病专题讲习班(时间1周); (2) 钱作尧长银针班(时间1周); (3) 耳针班; (4) 王文远整体平衡一针疗法实用技术推广专题讲习班(时间4天); (5) 中药炮炙班(时间20天)。

以上各班报名满40人即开班,学习结束后颁发结业证书。我院设有内部招待所、食堂,干净舒适,价格合理。为方便学员学习,培训中心代办住宿、返程火车、飞机票等业务。

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ABSTRACTS OF ORIGINAL ARTICLES

Observation on 84 Cases of Ventricular Extrasystole of Deficient Type Treated with Qilu (Regular Rhythm) Decoction.

Wang Xiaofang, Shi Dazhuo, Zhou Guodong, et al

84 Cases were treated in the period Aug. 1989— Aug. 1994 with self—formulated Qilu Decoction with a total effective rate of 88. 10%. The difference as compared with that of western drug Propafenone was significant ($P < 0. 01$). Among them, types of Qi—deficiency, Deficient Qi—blood and Deficient Qi—yin ventricular extrasystole revealed better results.

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Key Words: Tachycardia, supraventricular/TCM therapy Deficient syndrome/TCM therapy @ Qilu Decoction

(Original article on page 605)

Forty Cases of Hysteromyoma Treated by 861 Xiaoliu (Tumor— removing) Tablet.

Chen Xuefen

After 6 months of treatment with 861 Xiaoliu Tablet, the clinical symptoms were markedly ameliorated. Through B— ultrasonic exam, the tumors disappeared in 12. 5%, shrank in 57. 5%, unchanged in 22. 5% of the cases, only 7. 5% increased in tumor size, the total effective rate being 70%. The activity of peripheral NK cells was greatly increased ($P < 0. 01$).

Authors' Address: Department of Gynecology, Yueyang Hospital, Shanghai University of TCM

Key Words: Hysteromyoma/TCM therapy Smooth muscle myoma/TCM Therapy @ 861 Xiaoliu Tablet

(Original article on page 611)

Eighty—five Cases of Eczema Treated by TCM Based on Differential Diagnosis of Zheng.

Qu Xing

All the cases were divided into 6 types on the bases of characters of skin lesions and clinical manifestations, viz. heated— blood and exuberant dampness, damp— heat of liver and gallbladder, accumulation of dampness with deficient spleen, damp— heat with liver— wind dry— blood with dampness and mixed dampness and blood stasis. The treating principles were based

on differential diagnosis of Zheng to eliminate dampness and stop itching. 67 cases (78. 8%) were cured. 17 cases (20. 0%) ameliorated, with only 1 case ineffective, the total effective rate being 98. 8%.

Authors' Address: Dongzhimen Hospital, Beijing University of TCM, Beijing, 100700

Key Words: Eczema/TCM therapy treatment based on differential diagnosis of Zheng

(Original article on page 615)

Exploration on Characteristics of Zheng Typing of Angina Pectoris in CHD in TCM, analysis of 395 Cases.

Liu Dehuan, Xu Zhenzhen, Guo Weicong

Although reports on the diagnosis of CHD angina pectoris are plenty, yet studies on nature and typing of Zheng on its two main types, spontaneous and overworked, of anginal attacks are scarce. During the period Jan. 1985—July 1994, we treated 92 cases of spontaneous angina pectoris and 303 cases of overworked angina on the basis of TCM syndrome typing, in the hope of giving assistance to the correct therapy of this disease.

Authors Address: TCM Hospital of Quanzhou City, Fujian, 362000

Key Words: Diagnosis angina pectoris/diagnosis, typing on the basis of differential diagnosis of Zheng

(Original article on page 617)

Influence of Shanhaidan—V on Blood Lipide in Experimental Hyperlipidemia in Rats.

Xia Jingmin, Shen Chengyi, Xu Aiyun, Yu Zhongshui, et al

Results of the study showed that gastric perfusion of Shanhaidan V lowered the serum total cholesterol, low—density triglyceride, lipoprotein and in a dosage—dependent way. It also lowered the high density component, though not so strong as that for LDL—C. This action of Shanhaidan V is similar to that yielded from di— esterase sodium alginate.

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Key Words: Hyperlipidemia/TCM therapy @ Shanhaidan V

(Original article on page 619)