

IgA 肾病 30 例的中医辨证论治

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摘要 本文选择 30 例经肾穿刺活检确诊为 IgA 肾病的患者,应用中医辨证论治方法,分为病在肺肾(初期)、病在脾肾(稳定期)、病在肝肾(后期)和复发期 4 期,分别应用中药治疗,共治疗 30 例,完全缓解 10 例,显著缓解 13 例,好转 4 例,无效 3 例,总有效率 90%。
主题词 肾小球肾炎, IgA / 中医药疗法

IgA 肾病是一种以血尿为主要临床表现的肾脏疾病,要经肾穿刺活组织检查才能明确诊断。以前认为本病预后良好,但近来发现患者常有缓慢的肾功能减退,尤其有肾病综合征或高血压者预后较差,西医对本病尚无特殊治疗手段。笔者在临床上根据中医辨证施治将其大致分为 4 期进行治疗,取得了较好的效果,现报告如下。

1 一般资料

本组 30 例病人均经肾穿刺活检证实为 IgA 肾病,长期在门诊治疗和随访,通过详细询问病史、体检及实验室检查,并结合肾活检病理所见,已排除继发性 IgA 肾病。30 例中男性 21 例,女性 9 例。年龄最小 16 岁,最大 58 岁,平均 33.38 岁。病程最短 10 个月,最长 10 年,平均 4.10 年。其中病在肺肾者 6 例,病在脾肾者 13 例,病在肝肾者 11 例。所选 30 例病人均有蛋白尿和血尿,无明显水肿、高血压和肾功能损害。

2 治疗方法

病在肺肾(初期):主要临床表现有发热、恶寒、头痛、咽痛、腰痛、周身酸楚疼痛、尿血(肉眼血尿)、脉浮、舌苔薄白或黄。病在初期,治疗以祛邪解表清利为主。组方:菊花 15g,银花 20g,牛蒡子 15g,山栀子 15g,木通 10g,小蓟 15g,蒲黄 12g,茯苓 20g,泽泻 15g,射干 15g,白术

12g,猪苓 15g 等。

病在脾肾(稳定期):病情已进入稳定阶段,主要临床表现为食欲不佳,四肢倦怠无力,口干而渴,腰酸腿软,颜面或肢体水肿,镜下血尿,脉弦细而弱,舌质淡胖,苔白腻。病在中期,患者多表现气阴两伤,脾胃运化功能失司,肾阴肾阳俱损,当重在补益脾肾,以求正气得复。组方:生晒参 6g,麦冬 15g,五味子 12g,生黄芪 30g,白术 12g,茯苓 30g,生甘草 12g,生熟地各 12g,山药 15g,大腹皮 12g,大小蓟各 15g,白茅根 20g,茜草 15g 等。

病在肝肾(后期):病情迁延日久,主要临床表现为面色发青,性情急躁,时有口苦咽干,易头晕,腰酸腿软,镜下血尿,尿蛋白持续在++左右,舌苔薄白、质紫,脉弦细。发病后期,病在肝肾。此期主要为肝郁气滞,肾气亏损,水不涵木,当以舒肝益肾,活血化瘀,益气固表。组方:柴胡 15g,茯苓 20g,丹皮 15g,山栀子 12g,当归 15g,桃仁 12g,红花 12g,菊花 15g,枸杞 15g,白术 15g,黄芪 15g,防风 12g,生熟地各 12g,鸡血藤 15g 等。

复发期:本病在各期均可因外邪侵袭,再次复发,此时可按初期治疗,并根据病者既往病情,注意标本兼顾,稍作调整,故不再赘述。

本病的中医辨证治疗以 3 个月为一疗程,一般治疗两个疗程。

3 治疗结果

3.1 疗效标准:参照国家中医药管理局 1987 年制定的慢性肾炎疗效评定标准拟定如下:完全缓解:尿蛋白持续阴性、红细胞持续消失 3~4 月;显著缓解:尿蛋白持续减少 $\geq 50\%$,尿红细胞持续减少 $\geq 50\%$;好转:尿蛋白及红细胞减少分别 $\geq 25\%$;无效:尿蛋白或红细胞无变化或恶化。

3.2 治疗结果:治疗后完全缓解者 10 例(33.

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3%),显著缓解13例(43.3%),好转4例(13.3%),无效3例(10.0%),总有效率为90.0%。

取24小时尿蛋白定量及镜检红细胞做为对比指标,治疗前有血尿者26例,有蛋白尿者27例,治疗后有血尿者14例,蛋白尿者16例,治疗前后有非常显著性差异(P 均 <0.01)。

4 讨论

IgA肾病作为一个疾病提出,至今具有二十年历史,中医治疗本病的成功经验甚少,在中医理论上也没有完整的思路,多按肾虚辨证治疗。笔者认为,患者发病初期有发热、恶寒,近似于中医的感冒;发病时有浮肿者,很象中医之水肿;有肉眼血尿者,又可称之为中医的尿血。按中医理论肺主皮毛,脾主运化,肾司二便,肝肾同源,由此可知本病与肺、脾、肾、肝有着密切关

系。病之初期在肺肾,中期在脾肾,后期在肝肾。本病在全过程中常有复发,故又有复发期的辨证,在治疗上不应完全抛开西医,而应借助其检查办法,明确诊断,密切结合中医的望、闻、问、切以辨证论治,努力使其宏观与微观紧密的联系在一起,但又不能泥于西医诊断,一提到IgA肾病,即把重点完全集中于肾,一味滋补肾阴或补益肾气似属不妥,仍当四诊合参,明辨脏腑,定其虚实,方能认证准确、组方得当,达到预期的目的。再有本病仍属于自身免疫性疾病,并非几剂中药即可治愈,必须坚持长时间的治疗,调理机体的免疫功能,使其日趋平衡,最后才能达到满意的结果。本文仅就IgA肾病的初、中、后期治疗进行了初步探讨,本病如进入肾功能衰竭时,可按肾功能衰竭辨证论治。

中药治愈何杰金氏病1例

高 升 飞*

吴某,男,25岁,农民。右侧颈部及同侧腋下淋巴结无痛性进行性肿大2年。曾在某院做病检确诊为“何杰金氏病Ⅱ期”,经放疗加化疗治疗4个月,病情改善不明显。于1992年10月3日入院,家属要求手术处理,在氯胺酮麻醉下行右侧颈部及腋下淋巴结清扫术,术中进展顺利,伤口痊愈出院。术后继续应用长春新碱、环磷酰胺等药物化疗,病情渐趋稳定。但半年后,右侧颈部及同侧腋下淋巴结仍呈无痛性进行性肿大,且伴有声音嘶哑。遂于1993年5月2日邀余诊治。查体:体温 37.6°C ,双侧扁桃体I°肿大;右侧颈部有一约 $6\text{cm}\times 6\text{cm}$ 大小的肿块,同侧腋下亦有一约 $5\text{cm}\times 7\text{cm}$ 大小的肿块,质地坚硬,推之不移,表面凹凸不平,无压痛,左侧颈部亦有个不同程度肿大的淋巴结,无粘连,左侧腋下无淋巴结肿大;心肺(-),肝肋缘下可触及,脾达脐上,质地中等度硬、表面光滑。观其面色无华,神疲乏力,右颈、腋下肿块明显增大、坚硬如石、推之不移、皮色不红,声音嘶哑,舌质淡、苔白边有瘀点,脉象细涩。中医辨证:气血虚弱,痰瘀互结而发为本症。给予补气消瘀,化痰散结。方药:山慈菇60g,生黄芪50g,夏枯草

15g,昆布、海藻各30g,三棱、莪术各20g,土贝母30g,白糖参20g,当归10g,白花蛇舌草45g,土茯苓50g。共为细末,每服6g,1日3次。服药期间禁食辛辣刺激之品。服上方至3剂时,自感乏力、声音嘶哑较前减轻,查颈及腋下肿块明显缩小,质地较前变软,左侧颈部肿大的淋巴结消失,肝脏已不能触及,脾脏回缩至左锁骨中线肋缘下,观其舌淡苔白,脉象沉滑。继服3剂后,颈及腋下肿块消失,体温已趋于正常,肝脾肿大亦消失。历时治疗4个月,告病愈。随访1年未见复发。

按:本证现代医学隶属于淋巴瘤的范畴,中医将本症归属于“石疽”的范畴。石疽发病多因肝气郁结,气机不畅,郁久化热,气血夹痰火互阻,循经上升,流注于少阳之部位,蕴结作肿而成。本证阴气不足,寒凝痰结,故颈腋侧结肿坚硬,皮色不红,病程长久,气血俱耗,体失所养,故神疲乏力,面色无华,气虚则无力鼓动血脉之运行,则舌淡苔白边有瘀点,脉象细涩。方中生黄芪、白糖参、当归温补气血以治其本,山慈菇、土贝母、夏枯草化痰散结,昆布、海藻、三棱、莪术消积破瘀,软坚消肿,白花蛇舌草、土茯苓清解邪毒以治其标。全方共奏温补气血、化痰散结、消积破瘀、清解邪毒之功。方中攻补兼施、标本同治,故获捷效。

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ABSTRACTS OF ORIGINAL ARTICLES

Analysis on Peptic Ulcer with Positive Helicobacter Pylori Treated with Chinese Medicaments.

Chen Yushu, Chen Yang

34 cases of peptic ulcer with positive Helicobacter Pylori were treated by traditional and western drugs separately for comparison. Results revealed that the total effective rate for the group of traditional drug was 94.12%, markedly higher than 73.53% of the group of western drug ($P < 0.05$). The rates of elimination of Helicobacter pylori in the group of traditional was 70.59%, that of radical elimination, 64.71%, also higher than 32.35% and 5.88% respectively in the group of western drug ($P < 0.01$).

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Key Words: Peptic ulcer/microbiology peptic ulcer/TCM therapy Helicobacter pylori

(Original article on page 222)

Prospective Observation on Apoplexy Hitting Viscera Treated Mainly by Injection of Chinese Materia Medica.

Zhao Jinhua, Li Xiuyun, Li Wenying, et al

Twenty-one cases of apoplexy hitting viscera contraindicated for operation were divided randomly into the following groups for prospective observation, viz. injection of Radix Acanthopanax Senticosi and Radix Salviae Miltiorrhizae, and western drugs. Results showed that the 9 cases in treating group were all effective, superior to the control group.

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Key Words: TCM therapy Radix Acanthopanax Senticosi/therapeutic action Radix Salviae Miltiorrhiza/therapeutic action

(Original article on page 226)

Thirty Cases of IgA Nephropathy Treated by Differential Diagnosis of Syndromes in TCM.

Xie Tianzhong, Zhang Lei

Thirty cases diagnosed as IgA nephropathy by kidney biopsy were treated based on differential diagnosis of syndromes. The cases were divided into several stages, viz. lesion in the lung-kidney (initial stage), lesion in the spleen-kidney (stable stage) and lesion in the liver-kidney (advanced stage) and relaps-

ing stage, and were treated by Chinese medicaments accordingly. The results revealed that 10 cases were totally mitigated; 13 cases, markedly alleviated; 4 cases, ameliorated, with only 3 cases ineffective. The total effective rate was 90%.

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Key Words: Glomerulo-nephritis, Ig A/TCM therapy

(Original article on page 228)

Influence of Gujing (Consolidating Menstruation) Granules on Relationship Between Exfoliative Vaginal and Tongue Cells in Massive and Dripping Uterine Hemorrhage.

Ma Kun, Zhuang Shenrong

Observation was made on the changes of exfoliative tongue cells before and after treatment in 49 cases of massive and dribbling uterine bleeding. Meanwhile, the mature index of vaginal exfoliative cells was also evaluated. Results showed that all the exfoliative cells from both were regulated by female sex hormone with synchronous changing rules.

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Key Words: Massive and dripping uterine hemorrhage/diagnosis Lingual coat/pathology vaginal smear

(Original article on page 235)

Study on Lipid-lowering Action of Guanxinke on Hyperlipemia in Animal Model.

Liu Deqiang, Zhao Guoxin

The impact of Guanxinke on hyperlipemia in mice and rabbit models was observed. It was shown that Guanxinke markedly lowered the serum cholesterol and triglyceride. However, no effect can be observed on high density lipoprotein. It also decreased the size of atherosclerotic lesion in the aorta, suggesting that Guanxinke may be indicated for the treatment of coronary heart disease and hyperlipemia.

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Key Words: hyperlipemia/TCM therapy @ Guanxinke

(Original article on page 237)