

中医辨证治疗乙型肝炎病毒相关性肾炎 15 例 临床疗效观察

刘宏伟* 时振声*

摘要 采用中医系统辨证分型疗法,治疗经肾穿刺活检确诊的乙型肝炎病毒相关性肾炎 15 例,取得了临床缓解 3 例,显效 4 例,总有效达 13 例的良好疗效。且 15 例 HBsAg 阳性中 7 例转阴,HBcAg 阳性 9 例中 5 例转阴。

主题词 肾炎/微生物学 乙型肝炎病毒 肾炎/中医药疗法

自 1971 年 Combers 等首次报告乙型肝炎病毒相关性肾炎以来,已引起各国医学界的普遍关注。近年来,对经肾穿刺活检确诊的 15 例乙型肝炎病毒相关性肾炎患者,我们采用中医辨证治疗,取得了较好的临床疗效,现报告如下。

1 临床资料

本组 15 例患者均系住院经肾穿刺活检确诊的乙型肝炎病毒相关性肾炎患者。其中男性 11 例,女性 4 例。年龄 15~58(平均 35)岁。病程最短 5 月,最长 13 年。15 例患者中 HBsAg 全部阳性,抗 HBs 阳性 2 例,HBcAg 阳性 5 例,抗 HBc 阳性 1 例,HBcAg 阳性 9 例,抗 HBc 阳性 1 例。15 例患者肾穿刺活检病理为:膜性肾病 6 例,系膜增殖性肾炎 5 例,膜增殖性肾炎 3 例,局灶增生硬化性肾炎 1 例。

临床表现:本组 15 例患者全部有蛋白尿,其中大量蛋白尿 8 例,肾病综合征 3 例,血尿 10 例,水肿 7 例,血压高 4 例,肾功能受损者 3 例,肝功能受损者 7 例。

2 治疗方法

参考本病的临床病理特征,以中医基础理论为指导,对 15 例该病患者辨证分型治疗如

下:

肝郁脾虚、湿热内蕴型:症见胸胁胀痛不适,脘闷纳呆,腹胀乏力,口苦口粘,烦渴呕恶,或见黄疸、小便黄赤,大便溏而不爽。舌质偏红、苔黄腻,脉弦数。治以疏肝健脾、清利湿热,方用柴胡疏肝散合黄连解毒汤加减。药用醋柴胡、杭白芍、当归、枳壳、黄连、山栀子、法半夏、滑石、茵陈、车前子、半枝莲、虎杖、白花蛇舌草、砂仁、白蔻仁等。

肝肾阴虚、湿热留恋型:症见头晕、耳鸣,两目干涩,两肋隐痛,腰膝酸软,口燥咽干,心烦失眠,低热盗汗,或见颜面及下肢轻度浮肿,小便短赤,大便偏干。舌质暗红、苔薄黄或腻,脉弦细略数。治以滋补肝肾、清利湿热,方用知柏地黄汤加减。药用知母、黄柏、生地、山萸肉、山药、茯苓、泽泻、丹皮、女贞子、旱莲草、石韦、滑石、萆薢、白花蛇舌草、益母草、白茅根等。

气阴两虚、湿瘀阻络型:症见胁痛隐隐,病程绵延,腰膝酸软,倦怠乏力,畏寒或肢冷而手足心热,口干而不欲饮水,尿少色黄,大便先干后稀或时干时稀,或有颜面及肢体浮肿。舌质暗红、舌体胖大有齿痕、苔白或黄或腻,脉弦细或沉细而数。治以益气养阴、活血清利,方用参芪地黄汤或大补元煎加减。药用太子参、生黄芪、生地、丹皮、赤芍、茯苓、泽泻、丹参、石韦、滑石、车前子、益母草、白茅根、白花蛇舌草、虎杖、桃仁、红花等。

脾肾阳虚、水湿泛滥型:证见肢体浮肿、按之凹陷,甚者伴有胸腹水,面色虚晄,神疲乏力,畏寒肢冷,腰膝酸软,小便不利夹有泡沫,大便稀溏。舌体淡胖、苔白腻或厚腻,脉沉细或沉滑。治以益气健脾、温肾利水,方用实脾饮、真武汤或济生肾气汤加减。药用制附片、白术、茯苓、泽泻、杭白芍、汉防己、大腹皮、车前子、川牛膝、炒

* 中国中医研究院西苑医院研究生部,北京西苑 (100091)

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杜仲等。

以上中药每日1剂,水煎服。3个月为一疗程。本组患者治疗时间均在2个疗程以上。

3 治疗结果

3.1 疗效标准:参照国家中医药管理局制定的慢性肾炎的疗效评定标准^[1]。临床缓解:临床症状、体征消失,肝、肾功能正常,24小时尿蛋白定量 $<0.2\text{g}$,尿检蛋白、红细胞、白细胞、管型消失,HBsAg阴性、HBeAg阴性,并持续1年以上;显效:临床症状、体征基本消失,肝、肾功能正常,24小时尿蛋白定量减少50%,尿检红细胞、白细胞、管型明显减少,HBsAg阴性、HBeAg阴性,并持续半年以上;有效:临床症状、体征好转,肝、肾功能好转,24小时尿蛋白减少,尿检各项指标好转;无效:未达到以上标准者。

3.2 疗效分析:本组15例患者经过系统的中医辨证治疗,结果获临床缓解3例,显效4例,有效6例,无效2例,总有效13例。其中7例水肿和3例肾病综合征患者的水肿全部消退;4例高血压者,3例降至正常(另有1例需配合西药降压药才能得以控制);7例肝功能受损的患者,肝功能全部恢复至正常。治疗前3例肾功能受损的患者,肾功能也得以改善。本组无1例患者出现肾功能衰竭。全部患者的尿蛋白及血尿治疗后均明显好转。24小时尿蛋白定量由治疗前的 $3.15\pm 2.01\text{g}$ 降至 $1.58\pm 1.08\text{g}$ ($P<0.01$);血清白蛋白由治疗前 $2.85\pm 0.54\text{g}\%$ 上升至 $3.25\pm 0.29\text{g}\%$ ($P<0.05$);补体C₃由治疗前 $1.28\pm 1.19\text{mg/ml}$ 上升至 $1.54\pm 0.98\text{mg/ml}$ ($P<0.05$)。15例HBsAg阳性患者中转阴者7例,9例HBeAg阳性者中转阴者5例。

4 讨论

现代医学对乙型肝炎病毒相关性肾炎至今尚无特效药物。尽管有人试用皮质类固醇治疗,有时在减少尿蛋白方面可获短期效果,但多数无效。而类固醇治疗还可延迟中和抗体的产生,并促进乙型肝炎病毒复制,加重病情,得不偿失^[2]。本文15例患者经系统的中医辨证治疗后获临床缓解3例,显效4例,有效6例,总有

效达13例,提示中医辨证治疗是当前治疗本病的一种有效途径,值得今后进一步深入研究。

本病属于中医“尿浊”、“尿血”、“水肿”等范畴。由于本病病程较长,缠绵难愈,故本虚标实、虚实夹杂是本病的临床特征。鉴于目前中医对本病的认识尚不十分充分,故目前还缺少统一的辨证分型标准。结合我们以往的临床体会,我们认为上述分型,反映了本病本虚标实、虚实夹杂的特征,经本组15例临床观察取得了一定疗效,从而进一步印证了上述分型与本病是基本吻合的。为了使本病的分型更为完善,尚有待今后大宗病例的观察和全国各地的临床验证。

结合中西医理我们认为本病的发生系由于乙型肝炎病毒深伏于肝,入于血分,形成瘀毒,湿热瘀毒互结,下注于肾,损及肾络,络损血溢,肾失封藏,从而导致蛋白尿、血尿等。由此可见,湿热瘀毒蕴结肝肾是本病的基本病机。而湿热久羁、瘀毒互结、气血同病,波及他脏,病程绵长,迁延难愈。因此,在治疗上清利湿热、化瘀解毒应贯穿于本病的始终。现代医学研究证实^[3]:随着HBV复制停止,肾病也可随之缓解或好转。故抑制HBV复制在本病的治疗过程中具有非常重要的地位。现代临床实践及动物实验中药药理研究表明^[4]:清热利湿化瘀解毒中药,诸如虎杖、土茯苓、半枝莲、蚤休、茵陈、贯众、黄柏、黄连、白花蛇舌草、赤芍、丹参、丹皮等可以抑制HBV的复制。因此,在辨证论治的基础上灵活加减运用以上药物,可以明显提高疗效。

此外,我们认为在本病的治疗过程中,还要注意证候的动态变化,如疾病的活动期,贵在祛邪为主,治疗当重用清利湿热解毒之品;缓解期则当扶正为主,佐以祛邪,以调整人体气、血、阴、阳的失衡,从而能促使本病早日向愈。

5 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

One Hundred and Three Cases of Senile Myocardial Ischemia Treated by Principle of Qi—invigoration Blood—activation.

Gao Pu, Xie Yanming

The 103 cases in this series were treated separately with 3 modalities, viz. mainly with blood activation, supplemented by Qi—invigoration and both blood—activation and Qi—invigoration. Under this approach of diagnosis based on differentiation of syndromes with flexibility, the effective rate reached 77.67%.

Authors' Address: Xiyuan Hospital, China Academy of TCM, Xiyuan, Beijing 100091

Key Words: Myocardial ischemia/TCM therapy Qi—invigoration (TCM) blood—activation

(Original article on page 411)

Clinical Observation on 15 Cases of Nephritis Related to B—Hepatitis Virus Treated by Differential Diagnosis of Syndromes.

Liu Hongwei, ShiZhensheng

15 cases of nephritis confirmedly diagnosed by kidney biopsy to be related to B—hepatitis virus, were treated by systematic typing based on differentiation of syndromes. Results revealed that 3 cases were remitted, 4 cases markedly effective, the total effective cases being 13 cases, which is favorably satisfactory.

Authors' Address: Xiyuan Hospital, Xiyuan, China Academy of TCM, Beijing 100091

Key Words: Nephritis/microbiology B—hepatitis virus nephritis/TCM therapy

(Original article on page 415)

Study on Prevention of Relapse of Multiple Sclerosis by TCM.

Lu Xi, LiZhiwen, Wang Huayan, et al

30 cases of multiple sclerosis, with an average ratio of relapse of 1.07 time, were administered 2—3 potions of Pingfu Decoction. With an average 6—year observation, the average relapsing rate was 0.01 time a year, a very distinctive difference with that before TCM treatment ($p < 0.001$). A control group of 15 cases of MS, received no TCM therapy, revealed an average relapsing rate of 1.01 time a year after observation for an average of 29 years. The difference as compared with the treating group was very significant ($p < 0.001$).

Authors' Address: First Affiliated Hospital, Fujian Medical College, Fuzhou 350005

Key Words: Multiple sclerosis/prevention and control relapse

(Original article on page 417)

Relationship Between Blood—stasis Syndrome and Serum Globulin.

TangZhimin, Lu Dingbo, Li Yanfu

It was found that in 78 cases of chronic hepatitis of blood stasis type, the serum globulin and r—globulin were all markedly increased. After treated with blood—activation stasis—elimination method, in addition to the amelioration of clinical manifestations, there were also marked decrease of serum globulin and r—globulin, demonstrating that serum and r—globulin can be served as objective indicators for blood stasis type hepatopathy which is reliable, specific and sensitive.

Authors' Address: Affiliated Hospital of Hubei College of TCM, Wuchang, Hubei Province, 430061

Key Words: Hepatopathy TCM/blood blood stasis/blood serum globulin/metabolism

(Original article on page 423)

Experimental Study on Effect of Radix Bupleuri Preparations on Proteinuria Induced by 5—1—6 Monoclonal Antibody.

Li Ping, Shimizu Fujio

A one—dose 5—1—6 monoclonal antibody injected intravenously can induce a transient massive proteinuria in rat. Comparison between Radix Bupleuri treating group and PBS control group 1, 3, 5, 8 days after injection showed significant difference. Under immunofluorescence exam, the granular precipitation along the glomerular capillaries in experimental group decreased distinctively, yet the effect of Chailing Decoction on proteinuria can not be proved by oral infusion, suggesting that Radix Bupleuri may change the permeability of glomerular capillary in rat through certain mechanism.

Authors' Address: Department of Graduate Students, China Academy of TCM, Beijing, 100091

Key Words: Proteinuria/TCM therapy antibody, monoclonal @ Injection of Radix Bupleuri

(Original article on page 424)