

临床报道

益气填精法治疗难治性特发性血小板减少性紫癜
的临床研究

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摘要 本病治疗难度大,作者试用多子合剂(生黄芪、补骨脂、枸杞子、五味子、女贞子、覆盆子等组成)治疗,逐步递减原服强的松、达那唑剂量。治疗后获良效8例,进步3例,无效1例。治疗后血小板明显上升,血小板抗体滴度多数下降,疗效尚属满意。

主题词 紫癜,血小板减少性/中医药疗法 补气(中医) @ 益气填精

特发性血小板减少性紫癜(idiopathic thrombocytopenic purpura,简称ITP)是一种免疫性外周血小板破坏增加而引起的最常见的出血性疾病。ITP按其临床表现的不同分为急性与慢性两型,难治性ITP属慢性型的一种类型,具有反复发作、对皮质激素、免疫抑制剂治疗及切除脾脏手术均难以奏效等特点,因此研究中医中药治疗难治型ITP具有重要的临床意义。

我院血液病专题组自1976年起运用中医辨证治疗慢性ITP,取得了一定的疗效。在此基础上根据慢性ITP的病因病机与难治型ITP的特点,进一步提出了以益气填精法治疗难治型ITP,并在本院中药制剂室的配合下,将有关中药制成合剂(简称多子合剂)运用于临床取得一定的近期疗效,现报告如下:

1 对象和方法

诊断标准:根据1986年《第二届全国血液学术会议拟定ITP的诊断标准》,参考《血小板基础与临床》^[1]一书进行诊断。

病例选择:男女患者共12例,均为门诊病

人,其中女性9例,男性3例。年龄18~61岁,35岁以上者为多。病程3~15年。其中血小板计数最低者 $15 \times 10^9/L$,最高者 $70 \times 10^9/L$ 。所有病例均经骨髓涂片,血小板抗体测定等项检查确诊。

12例难治型ITP患者均经皮质激素(强的松40~80mg/日)、免疫抑制剂(长春新碱静脉注射1~2mg/日或环磷酰胺50~150mg/日,达那唑0.6~0.8g/日口服)治疗,虽剂量不同,但疗程均长达半年至1年,部分病例在用药时血小板计数暂时上升,停药后症状又复发,血小板计数明显下降。因西药治疗效果不著,故患者遂来本院血液科门诊要求中医中药治疗。

2 治疗及观察方法

多子合剂由生黄芪、补骨脂、枸杞子、五味子、女贞子、覆盆子等组成。将上述药物煎至500ml/瓶,含生药量约700g,为1周用量,每次30ml,每日2次,3个月为一个疗程。治疗期间除原服用强的松、达那唑等患者根据常规剂量递减外,停用其他辅助药品。对血小板计数低于 $30 \times 10^9/L$ 者酌情加大多子合剂用量,可增至每次30ml,每日3次。对月经来临量多的患者,加服中成药固经丸3g或乌鸡白凤丸1粒,每日2次。

治疗前做周围血小板计数、肝脾超声波、免疫球蛋白、微量元素、血小板抗体等项化验,服药期间2~3周复查血小板计数,3个疗程后复查免疫球蛋白、微量元素、血小板抗体等。

3 疗效分析

3.1 疗效标准:根据1986年第二届全国血液学术会议拟定的ITP疗效标准判断疗效。

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3.2 治疗结果:12例难治型ITP病例,均坚持服益气填精中药1年,治疗后获良效8例,进步3例,无效1例。治疗后患者自觉症状好转,实验室指标亦有所改善。(1)血小板计数,12例患者治疗前血小板平均为 $38.6 \times 10^9/L$,治疗后血小板平均为 $85 \times 10^9/L$,有明显上升($P < 0.01$)。(2)血小板抗体测定,12例难治型ITP患者服药3个疗程后复查血小板抗体滴度,10例有不同程度的下降,2例无变化。(3)微量元素Fe水平治疗前后对照,12例均有所提高。临床观察表明,益气填精法治疗难治型ITP的近期疗效满意,远期疗效有待于进一步观察。

3.3 病例介绍:

例1:胡××,女,47岁,教师。患者于1991年5月经中山医院骨髓涂片诊断为“慢性ITP”。先后用强的松、达那唑治疗年余,血小板计数持续在 $30 \times 10^9 \sim 40 \times 10^9/L$,反复鼻衄、牙龈出血,皮肤见紫癜,月经量多,因药后症状无好转,于1992年12月来本院血液科门诊就诊。初诊查血小板计数 $35 \times 10^9/L$,瑞金医院测定血小板抗体阳性。给予中药多子合剂治疗,并按常规强的松减量逐步停用。患者服多子合剂2个疗程后,出血症状渐止,血小板计数逐渐上升至 $80 \times 10^9 \sim 100 \times 10^9/L$ 。继续服药,门诊随访半年余,病情稳定并恢复上班。

例2:戴××,男,61岁,职员。患者1988年12月经华山医院骨髓涂片诊断为“慢性ITP”。曾用激素(地塞米松、强的松)、环磷酰胺治疗,血小板计数持续在 $17 \times 10^9 \sim 45 \times 10^9/L$,伴自发出血倾向。因不愿作脾切除术,故来本院要求中医治疗。初诊检查血小板 $40 \times 10^9/L$,瑞金医院测定血小板抗体阳性。给予多子合剂治疗,1个疗程后患者头昏乏力、耳鸣腰酸等症好转,出血症状减轻,坚持服药半年余出血症状基本消失,血小板计数上升达 $90 \times 10^9 \sim 110 \times 10^9/L$,服药3个疗程后病情稳定,虽做内外混合痔手术,但术后随访,血小板仍维持在 $80 \times 10^9/L$ 左右。

4 体会

特发性血小板减少性紫癜,临床可分为急

性与慢性两型(难治型ITP是慢性ITP的一种类型),急性型主要见于儿童,起病急,病程短,且80%病例能自我缓解。慢性型和难治型ITP主要见于成年人,虽起病缓慢,但有持续反复出血症状,轻则皮肤粘膜出血,甚则颅内出血危及生命,偶有自我缓解的机会。对该病的治疗西医采用激素、免疫抑制剂及切除脾脏,这些方法众所周知均有不同程度的副作用,对难治型ITP来说,上述各种治疗方法又难以奏效,因此有必要开展中医中药治疗难治型ITP的临床研究。

近年来,运用中医中药治疗慢性ITP的临床报道颇多,有用清热解毒、凉血止血、健脾摄血、活血化瘀、温补脾肾等治则,临床报道均有一定的疗效,但处方用药各异,辨证加减及剂量大小不一,因此难以重复。而对难治型ITP的临床报道甚少,故进一步研究中医中药治疗难治型ITP是一个重要课题。

特发性血小板减少性紫癜的病因,西医认为与免疫有关,是一种自身免疫性综合病征,实验室检查患者PAIgA、PAC₃及血小板相关抗体增高,血清补体C₃、C₄水平低于正常,微量元素Fe水平下降,骨髓中巨核细胞数增多但成熟障碍。中医虽无特发性血小板减少性紫癜这一病名,但根据本病具有反复自发性出血、血小板计数减少等特点,可归属中医“血症”、“虚劳”、“葡萄疫”等范畴。血小板是血细胞的组成部分,祖国医学认为:血的生成与脾肾两脏关系最为密切,脾胃为后天之本,气血生化之源;肾为先天之本,肾主骨,骨生髓,髓者精也。难治型ITP病程长,且多反复,病程持续数年至十余年,病久及肾。《素问·生气通天论》曰:“骨髓坚固、气血皆从”。因此肾虚是导致气血虚衰、生血(包括血小板)障碍的根本,亦是难治型ITP的病因所在。

对血小板生成的调节机制目前仍然不甚明了,对于产生血小板生成素的部位及化学性质也尚未确定,一些学者认为与肾脏有关,McDonald发现人胚肾细胞培养介质中有促血小板,生存活性,说明了血小板生成素产生于肾。

此外,肝脏也可能产生血小板生成素……^[2]。明代医家李中梓《乙癸同源论》中指出:“壮水之源,木赖以荣”,阐述了滋补肾精、生血养肝的理论。可见补肾是治疗难治型ITP的关键。

我们采用益气填精法治疗难治型ITP,在药物配伍方面选用黄芪、补骨脂、枸杞子、女贞子、五味子、覆盆子等。方中黄芪是一味常用的补气药,现代药理分析,黄芪内含有多种氨基酸、微量元素,具有提高和促进机体免疫功能的作用^[3]。补骨脂温补肾阳,枸杞子、女贞子补肾阴益精血,五味子、覆盆子补肝肾固肾精,诸子合用共奏补肾之效,上述补肾填精之品,补肾而生精血,精生则髓充,骨髓充盛则阴血得以滋生。现代药理分析发现:补骨脂、枸杞子、女贞子、五味子、覆盆子中均含有人体必需的微量元素及胡萝卜素、维生素B₁₂、B₆,补骨脂还具有激素样作用^[4],故有补肾止血的效果。根据我们临床仔细观察,予益气填精法治疗难治型ITP,发现患者随着症状的改善,血小板计数逐渐上升,血小板相关抗体不同程度的下降,出血症状也随之减轻或消失。

难治型ITP患者除反复自发性出血,血小

板计数减少外,大部分病人主证为面色㿔白或少华,头昏乏力,耳鸣或腰膝酸软,偏肾阴虚者伴口干舌红少津,脉细沉;偏肾阳虚者伴畏寒肢冷,纳呆便溏,舌淡苔白,边有齿印,脉沉缓。这反映了难治型ITP患者的反复出血的症状,仅仅是一个表面现象,其病的关键是肾虚,故治疗应以治本为主,采用益气填精法方能取效。临床证明,益气填精法在补虚的基础上,改善与增强了脏腑的功能,从而可能调节机体免疫的功能,促进了骨髓造血,增加了血小板生成素的活性。

益气填精法治疗难治型ITP,由于多子合剂运用于临床时间较短,且病例数有限,因此有待于我们进一步将此药运用临床,观察长期疗效,以便总结提高。

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健脾补肺法排除支气管结石1例

陈 云 云*

杨××,女,71岁,农民。1994年2月24日因剧烈咳嗽,咯痰1日余,加重并气急胸闷1周就诊。患者发病后,在当地诊为“感冒、咳嗽、肺炎”。每日予输液,并用氨苄青霉素、激素等药物,症无缓解,逐日加重。1周前又见气急胸闷,卧床不起,精神极差,几不能进食,家人遂将其转送我院求治。证见:咳嗽气促,胸闷短气,面色萎黄,消瘦乏力,舌质淡、苔薄白,脉细弱。X线胸透示:“右肺门影内见一条状密实阴影,由肺门向肺野见一小三角形影,尖端指向肺野。提示:(1)右肺中叶不张,(2)原因待排。”中医辨证:肺脾气虚,肺络被阻。治宜健脾补肺,化痰通络。处方:党参15g,白术12g,云茯苓12g,山药30g,黄芪30g,白蔻10g,内金10g,全瓜蒌

15g,浙贝母10g,丹参30g,川芎12g,皂刺15g,桔梗10g,甘草6g,水煎服,每日1剂,日4次,早中晚夜各1次。并嘱其停用西药,服稀粥以养胃气。3天后复诊,诉精神饮食增进,诸症减轻,咳嗽胸闷依旧。上方去白蔻,加地龙10g继服。3月4日中午,患者于服中药1小时后,突感呼吸急促,咳嗽剧烈,胸中憋闷欲死,面色口唇发绀,咯出一灰白黑相间之长条形圆柱状物(2cm×0.5cm),重1.1g。患者顿觉气促胸闷大减,面青唇绀缓解,但仍短气乏力,语音低微。立即摄胸片,其右肺门阴影及右肺中叶不张消失。咯出物经定性分析为碳酸钙、碳酸镁。继用健脾补肺法,前方加减治疗半月而愈。随访9个月,患者无何不适。

按:支气管结石之证罕见,观其脉证,紧紧抓住肺脾气虚之根本,补益肺气,培土生金,佐以化痰散结通络之品,使肺气得充,祛邪外出有力,故排出结石。

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Study on Refractory Idiopathic Thrombocytopenic Purpura Treated with Principles of Qi—benefitting and Spirit—replenishing.

WanLijuan, Zhu Bing, Yao Naizhong

We tried a Mixture of Polyseeds, including Raw Radix Astragali seu Hedysari, Fructus Psoraleae, Fructus Lycii, Fructus Schisandrae, Fructus Ligustri Lucidii, Fructus Rubi, for the treatment of ITP with decreasing dosage of previous administered prednisone and 8 cases were markedly effective, 3 cases ameliorated, with only 1 case in effective. After treatment, the platelet count increased markedly, with decreased antibody titration of platelet in most cases. The results were rather satisfactory.

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Key Words: Purpura, Thrombocytopenic/TCM therapy Qi—benefitting (TCM)

(Original article on page 478)

Thirty—two Cases of Cirrhotic Ascitis Treated by Integrated TCM and Western Medicine.

Wang Shuangyin, Wang Deqi

The therapeutic principle include elimination of ascitis first, followed by nourishing and supporting the body resistance. The basic recipe for the former was Wuling Powder. The illness was grouped into five types with respective modifications of drugs for each type, plus western diuretics, with supporting therapy for severe cases. After ascitis was expelled supporting body resistance was given, plus pathogen eliminating remedies, liver protection drugs and vitamins. The total effective rate was 87.5%.

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Key Words: ascitis/Integrated therapy of TCM and western medicine

(Original article on page 481)

Clinical Observation on Gilles de la Tourette Syndrome in Children Treated with Various Therapeutic Modalities.

Tian Lingdi, Hong Baose, Wang Sumei, et al

All therapeutic modalities, including acu—moxibustion, Chinese materia medica, and both acu—moxibustion and Chinese medicament, are all superior to western drugs. The last modality is especially satisfactory due to its safety, free from side effect and stable

long—term effect.

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Key Words: Gilles de la Tourette syndrome/TCM therapy Gilles de la Tourette syndrome/acu—moxibustion therapy

(Original article on page 487)

Clinical Verification for Parameter Apparatus of Abdominal Diagnosis in TCM.

Wang Qi, Chen Wushan, Xie Jianjun

300 cases of cold syndrome were examined by abdominal diagnostic apparatus with the following results: the decreased temperature of the Mu point was increased; the drastic lowering of temperature at Zhongwan and Guanyuan points in cold syndrome were increased after treatment. Observation on 200 cases of abdominal flatulence revealed that, the amplitude of displacement of abdominal wall by external force in excessive type flatulence was increased after treatment; while that in deficient type, increased by moderate and heavy forces, was decreased after treatment. These demonstrated that abdominal diagnostic apparatus possesses rather satisfactory clinical significance in detecting the temperature and degree of flatulence.

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Key Words: abdominal diagnosis/methodology

(Original article on page 489)

Study on Pathogenic Mechanism of Bi—syndrome (Rheumatoid Arthritis) of Deficient—kidney Type.

Lu Ai'ping, Wang An'min, Ai Jinglu, et al

The experiments were based on animal models of arthritis caused by II collagenous immunity with the theories of wind—damp—cold as its exogenous factor and kidney deficiency as its endogenous factor. The animal models of combined type of syndrome and disease were induced by method of complex factors based on the study of kidney nature by integrated modality. Exploration was made on the influence of pathogenesis in deficient kidney caused by various methods. Preliminary conclusion showed that such influence yielded different results.

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Key Words: Arthritis Rheumatoid/pathogenic mechanism of TCM

(Original article on page 492)