

中西医结合治疗肝硬化腹水 32 例疗效观察

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摘要 治疗原则为先消腹水为标,后补虚扶正为本。消腹水以五苓散为基础方,辨证分为五型加减用药,同时合并西药利尿剂,重者给予支持疗法。腹水消退后予扶正固本,选加祛邪之品,亦给予保肝、维生素或其他支持疗法。32 例经治疗后总有效率为 87.5%。

主题词 肝硬化/中西医结合疗法 腹水/中西医结合疗法

为了探讨中西医结合治疗肝硬化腹水的有效方法,提高缓解率,减少复发率,笔者拟定先消后补,攻补兼施原则,中西药并用治疗肝硬化腹水 32 例,取得了一定的疗效,现报告如下。

1 临床资料

1.1 一般资料:本组 32 例中,男 24 例,女 8 例。年龄 35~62 岁,平均年龄 47.5 岁。病程 4 个月~6 年。初次腹水者 19 例,2 次以上腹水者 13 例。肝炎后肝硬化 25 例,酒精中毒性肝硬化 2 例,胆汁性肝硬化 1 例,原因不明者 4 例。

1.2 实验室检查:血清总胆红素(TBIL) $> 17 \mu\text{mol/L}$ 16 例,谷丙转氨酶(ALT) $> 40 \text{U/L}$ 14 例,TTT $> 6 \text{U}$ 18 例,血清白蛋白 $< 30 \text{g/L}$ 14 例,白/球蛋白比值倒置或接近 1 者 28 例,HBsAg 阳性者 22 例。B 型超声波检查:肝肿大者 18 例,脾肿大者 30 例。少量腹水者 13 例,中量腹水者 15 例,大量腹水者 6 例。胃镜或 X 线钡餐检查,16 例有不同程度的食道下段、胃底静脉曲张。32 例中肝功能代偿期 14 例,失代偿期 18 例。

2 辨证分型及治疗方法

我们采用的治疗原则是,先消腹水治标,后补虚扶正固本。在辨证分型基础上,以基本方分型加减。为提高疗效,伴用部分西药治疗。

2.1 消退腹水的治疗:本组 32 例患者辨证分

为 5 型,以五苓散(猪苓 12~30g,茯苓 12~30g,泽泻 12~30g,白术 12~20g,桂枝 10~12g)加减。

肝郁湿阻:7 例。腹胀按之不坚,两胁胀或痛,纳差嗳气,小便短少,苔白腻,脉弦。五苓散加陈皮 10g,木香 10g,香附 12g,厚朴 12g 等。

脾虚湿困:8 例。腹大胀满,按之如囊裹水,体倦乏力,便溏溺少,苔白腻,脉弦。五苓散加附子 10g,干姜 6g,大腹皮 12g,木香 10g,草蔻 30g 等。

湿热蕴结:7 例。腹大胀满,烦热,渴不欲饮,大便秘结或溏而不爽,或身目俱黄,舌红苔黄腻或灰黄,脉弦数。五苓散去桂枝,加茵陈 15g,黄芩 10g,黄连 10g,蒲公英 12g,青陈皮各 10g,郁金 10g,香附 10g 等。

脾肾阳虚:6 例。腹胀朝轻暮重,脘闷纳呆,形瘦色苍,畏寒肢冷,下肢浮肿,尿少便溏,舌淡苔白,脉沉细。五苓散加附片 10g,丹皮 10g,山萸肉 10g,山药 12g,车前子 15g,仙灵脾 12g。

肝肾阴虚:4 例。腹大胀满,甚则青筋暴露,口干咽燥,齿衄或鼻衄,心烦少寐,手足心热,舌红绛少津,脉弦细数。五苓散去白术、桂枝,加青蒿、鳖甲、一贯煎。

以上各方均每日 1 剂水煎,分 2 次服。

西药可给予双氢克尿塞和安体舒通,每日 3 次口服。效果欠佳者改用速尿。根据病情可间断性用药,注意利尿引起电解质紊乱。对病程长、腹水量多者,可予人血白蛋白、血浆及支链氨基酸。

2.2 补虚扶正固本治疗:待腹水渐退后,以上五型患者分别予逍遥散或柴胡疏肝散,六君子汤或补中益气汤,中满分消汤,济生肾气丸加附子理中汤,六味地黄汤或一贯煎。以上各方可根据积聚之轻重,选加鳖甲、牡蛎、穿山甲、丹参、

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桃仁、鸡内金、赤芍、泽兰、三棱、莪术、路路通等。每日或隔日1剂,3个月为1疗程,一般用1~2个疗程。

同时可给予肝泰乐、VitC、复合VitB,适量予人血白蛋白、血浆、支链氨基酸,对合并腹腔感染者选用有效抗生素。

3 治疗结果

按中国中医药学会肝病专业委员会制定的肝硬化腹水的中医疗效标准(试行)草案判断疗效。经治疗后一级疗效17例(53.1%),二级疗效8例(25.0%),三级疗效3例(9.4%),无效4例(12.5%),总有效率87.5%。

4 体会

笔者认为肝硬化腹水的病机总属肝、脾、肾三脏的功能失调,进而造成气、血、水聚于腹中所致。在疾病发展中,肝病及脾、脾病及肝,肝脾久伤及肾,损伤肾阴、肾阳。本虚标实,虚实错杂,是肝硬化腹水的病机特点。

在临床治疗中,病情有轻重之别,病势有缓急之异,病程有久暂之分,具体之病机侧重各不相同,往往一法一方难以通治诸鼓,故在治疗上应因人因证辨证施治。基于上述肝硬化腹水病机,本虚标实,虚实错杂之特点,采用攻补兼施,为治疗本病的总则。于消中适当进补,在补中亦酌用攻消之品,谨防偏激。

临床观察所见,消腹水用单一的中药攻逐腹水法或西药利尿剂,虽可取效一时,但过用则疗效难以持久,或反使病情再度加重。本组在先

治标中,以五苓散为主方。五苓散为《伤寒论》蓄水证所用方剂,通治诸湿肿满。现代药理分析:白术、茯苓、泽泻、猪苓均有明显而持久的利尿作用,并能促进钾、钠、氯等电解质的排除。桂枝有扩张血管,促进血行作用。利用五苓散利水渗湿温阳化气的现代药理基础,配合西药利尿剂双氢克尿塞和保钾利尿剂安体舒通,加强腹水消退,确实较单一的中药或西药利尿法优越。对各证型攻中有补,寓攻于补。一些病程长、腹水量多的难治性腹水患者输入适量的人体白蛋白,这样可以提高血浆胶体渗透压,增加循环血容量,从而加强利尿作用,减少腹水量。本组在消腹水治标时采用上述组方,使腹水完全消退者17例,部分消退者11例,尚属满意。后补虚扶正固本,以健脾、养肝、滋阴、温阳为主法,在扶正补虚同时不能忽视祛邪,即寓补于攻,此时的清化湿热法和软肝消积法还是很有必要的。

本文观察结果表明,中西医治疗本病有良好的疗效。治疗后3个月至1年追访,疗效稳定。在治疗过程中,湿热蕴结和肝肾阴虚两型最重。前者湿热蕴结,缠绵难已,病程漫长,不易奏效,对甘壅滋腻、苦燥芳烈之品,尤要慎用。而且湿热久之伤阴,又易转为阴虚证。肝肾阴虚型为本病的晚期,更易伴发昏迷,甚至大量呕血、便血,此时标志病情危重,预后不良。

此外,本病调理养护也是不容忽视,适性情,薄滋味,节欲嗜,避劳累,避外邪复感等,在整个治疗过程中亦是至关重要的。

千古秘典重放光彩

《中医古籍孤本大全》

我国当代中医古籍发掘研究巨大工程、国家“八五”规划项目——大型线装古籍系列丛书《中医古籍孤本大全》首批10种书已正式出版,江泽民主席为这套丛书亲笔题写书名。

据调查,历代流传下来的中医古籍约万余种,由于种种原因,其中沦为孤本者约有千余种左右。这些孤本经书散存于国内外图书馆、博物馆和私人藏书家中,尘封闭锁,不为公众所知。《中医古籍孤本大全》是在国家中医药管理局领导下,由全国中医药图书情报工作委员会组织全国数十位著名中医药学家及图书馆界之学者,首次对这些散存各地而行将绝本的中医孤善本图书作了大规模的调查研究,首批选出10种内容翔实、版本精良,并有极高学术研究、文献研究及临床实用价值之珍品出版。这套丛书采用了传统印刷技术影印,线装,力求保持原书风貌,印刷装帧均典雅精美,具有永久的保存价值。为各类型图书馆和个人珍藏提供了绝佳的精品,具有极高的实用价值。该套丛书包括:延龄要要(二卷)380元、恩济堂方书(五卷)550元、眼科六要(二卷)180

元、神效集(二卷)190元、百代医宗(十卷)790元、本草真论(二卷)440元、世医通变要法(二卷)580元、神农本草经会通(二卷)880元、经络图说270元、新刻幼科百效全书(三卷)380元。

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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.

Author's Address: Shanghai University of TCM, Shanghai 200032

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

(Original article on page478)

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 page481)

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 page487)

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 page489)

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 page492)