

临床报道

健壮 I 号治疗脾肾阳虚型慢性
阻塞性肺气肿临床观察吴银根^{*} 张惠勇^{*} 王宏长^{*} 田文英^{*} 林琳^{*}

摘要 使用健壮 I 号胶囊治疗 68 例脾肾阳虚型慢性阻塞性肺气肿患者,同时设西药(先锋霉素、氨茶碱)对照组 20 例。观察结果表明,健壮 I 号能显著降低患者残气量及残气量/肺总量,明显降低患者肺动脉压力,临床总有效率亦明显优于对照组。

主题词 肺气肿/中医药疗法 脾肾阳虚/中医药疗法
④ 健壮 I 号

大多数慢性阻塞性肺气肿(下简称慢阻肺)患者其临床表现呈脾肾阳虚之症候,除了咳嗽、咯痰、气喘外,兼具有面色苍白无华,自汗或盗汗,畏寒怕冷,腰酸膝软,大便溏薄,小便清长,胃纳减少,倦怠懒言等脾肾阳虚之表现。由于其炎症反复刺激,病程迁延日久,致病菌复杂、耐药菌株的形成,免疫功能的紊乱等原因,在治疗上较棘手。现代医学研究表明,慢阻肺患者其肺功能检测特点为残气量增加,肺总量亦增加,残总之比提高,肺的顺应性明显下降,机体缺氧,肺动脉壁弹力纤维的变性,而致肺动脉高压表现。我们应用健壮 I 号胶囊来治疗慢阻肺患者 68 例,观察其临床疗效及肺功能、肺动脉压力等变化,探讨其机理,报告如下。

1 临床资料

所有病例均为本院呼吸内科门诊收集。治疗组 68 例,其中男性 54 例,平均年龄 67 岁,平均病史为 14 年;女性 14 例,平均年龄 61 岁,平均病史为 11 年。设置西药对照组 20 例,均为男性,平均年龄 65 岁,平均病史为 14 年。本组患者根据病史、症状、体征、X 线检查以及肺功能测定综合判断,均符合如下诊断标准:属脾肾阳

虚型慢性阻塞性肺气肿,3 年以上慢性反复发作性呼吸道炎症疾病史;桶状胸;X 线胸片或胸透证实肺部透光度增加,肋间隙增宽,横膈弧度半径增加,甚或水平;肺功能检测,残气量(RV)增大,肺总量(TLC)增大,残气量与肺总量之比大于 40%;除了咳、痰、喘之外,并兼有腰酸膝软、倦怠懒言、胃纳减少、畏寒怕冷等脾肾阳虚症状。肺功能用本院肺功能室检测,肺动脉压力由本院彩色多普勒 B 超测定。

2 治疗方法

健壮 I 号由大蒜素脱臭提炼有效成分、巴戟天与蛇床子流浸膏提取物,按 2:1:1 比例组成。治疗组给予健壮 I 号胶囊,每次 4~6 粒,每日 3 次,对照组使用西药先锋霉素及氨茶碱,予常规剂量。所有患者于治疗前 1 周及治疗期间均未使用呼吸兴奋剂及皮质类固醇制剂,疗程为 1 个月。

3 疗效标准及结果

3.1 疗效考核标准:分为 3 级考核,显效:咳嗽、咯痰明显减少,每天咳痰量 20ml 以下,稍有气急,能自理生活,肺功能检测 $RV/TLC < 35\%$ 。好转:咳嗽、咯痰稍有好转,每天咳痰量 40ml 以下,伴有气急,肺功能测试 $RV/TLC < 40\%$,能自理生活。无效:咳嗽、咯痰、气喘均无好转,肺功能测定 $RV/TLC > 40\%$ 。

3.2 临床疗效分析:两组病例经治疗 1 个月后统计显示,治疗组 68 例,显效 27 例,好转 28 例,无效 13 例,总有效率为 80.8%,对照组 20 例,显效 4 例,好转 4 例,无效 12 例,总有效率为 40.0%,经过统计学分析,治疗组疗效优于对照组,有显著意义($P < 0.05$)。且对临床上脾肾阳虚之症候腰酸膝软,倦怠懒言,胃纳减少,

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大便溏薄,小便清长,畏寒怕冷等症状的改善明显优于对照组。肺功能检测结果表明,治疗组和对照组两组患者残气量及肺总量均有程度不等的下降,而治疗组其 RV、TLC 以及 RV/TLC

明显低于西药对照组(P 均 <0.05),但是,仍然高于正常人参考值。考虑到由于西药对照组均为男性患者,而治疗组有 14 例为女性患者,我们采男性统计,见表 1。

表 1 两组患者治疗前后肺功能变化(ml)

组 别	例数	治疗前均值			治疗后均值			均差值±标准误差	
		RV	TLC	残总比(%)	RV	TLC	残总比(%)	RV	TLC
治疗组	男性 54	2252	5480	41	1836	5420	33	416±46	60±11
	女性 14	1792	4010	44	1426	3986	35	366±35	24±8
对照组 男性	20	2246	5484	41	2110	5472	38	154±20	12±6

注:正常人参考值:RV 男 1719±572, 女 1284±348; TLC 男 5398±971, 女 3844±538; 残总比 男 31%, 女 33%

肺动脉压力的测定:两组病例其肺动脉压力无论是治疗前或治疗后均高于正常人参考值。进一步分析发现,治疗组在治疗后肺动脉压力低于对照组,统计学处理有显著意义(P <0.05),见表 2。

表 2 两组病例治疗前后肺动脉压力(mmHg)变化

组 别	治疗前	治疗后
治疗组	27.86±4.57	22.56±4.36
对照组	28.56±4.64	27.2±3.96

注:正常人参考值 <20 mmHg

4 讨论

长期吸烟,长期吸入环境中存在的有害化学物质和粉尘,以及反复呼吸道感染是肺气肿发生的重要原因,国内学者认为,慢性支气管炎为基础发展成慢性阻塞性肺气肿最为常见,而由于气道炎症的反复刺激,气道粘膜肿胀、变性,粘液腺分泌增多而导致支气管阻塞,肺泡内压力增高,过度膨胀而形成肺气肿,早期经过积极有效的抗炎治疗,这类肺气肿大多呈可逆性。我科吴银根教授积 30 余年临床经验,创制健壮 I 号纯中药胶囊,治疗脾肾阳虚型慢阻肺,每每在临床取得满意疗效。吴老师认为,慢阻肺病机总属本虚标实,标实在肺,痰浊壅肺,气郁不畅,肺失宣肃之功,上逆为气喘,不降为气急。本虚在脾肾。

事实上诸多研究表明,脾肾阳虚型慢阻肺患者,其免疫功能低下,机体呈“感染性”“易感性”体质。健壮 I 号以大蒜素、巴戟天、蛇床子重

在温补脾肾之阳,使机体内水饮、痰浊分消清化,胸膈之清阳得以宣畅,而咳喘自平。

肺功能观察结果表明,健壮 I 号治疗组患者 RV、RV/TLC 均有显著下降,TLC 略有下降,但仍然高于正常人参考值,而西药对照组则下降不明显。说明健壮 I 号能改善气道炎症,改善气道阻塞,从而使肺顺应性提高,可能对患者的膈肌及呼吸肌的疲劳有恢复作用,甚至改善了患者肺泡弹力纤维的变性,有待于从病理生理学角度进一步研究。尽管健壮 I 号治疗组对患者的 RV、RV/TLC 未能下降至正常水平,但远远优于单纯西药抗生素及支气管扩张剂,我们认为,健壮 I 号振奋脾肾之阳,改善患者阴盛阳衰之体质,化痰饮、祛壅阻、培正气等多元作用使患者肺功能 RV、RV/TLC 得以明显下降。

近年来研究表明,慢阻肺患者由于气道炎症导致气道狭窄、阻塞,通气功能障碍,长期缺氧的刺激,以及其他炎症介质的参与,如血管内皮素、血管紧张素、血小板活化因子、血栓素等共同作用,而使肺动脉呈紧张状态,大都有程度不等的肺动脉高压。从我们收集的资料亦表明慢阻肺患者其肺动脉压力为 27.86mmHg 左右。本文观察表明,健壮 I 号治疗组能显著降低肺动脉压力,尽管治疗后肺动脉压力仍然高于正常人参考值,推测其机理可能是改善了患者的通气功能,改善缺氧状态,拮抗炎症介质,如内皮素、血管活性肠肽、血小板活化因子、血栓素等生物效应,其作用可能是多途径完成,其机理尚有待于进一步探讨研究。

ABSTRACTS OF ORIGINAL ARTICLES

Clinical Observation on Chronic Obstructive Pulmonary Emphysema of Yang—Deficiency of Spleen—kidney Type Treated by "Jianzhuang" No 1.

Wu Yingen, Zhang Huiyong, Wang Hongchang.

The capsule Jianzhuang No 1 was applied for treating 68 cases of such cases, with 20 cases of the same disorder treated with aminophylline and cephalithin as control. Results demonstrated that Jianzhang No 1 markedly lowered the residual volume, residual volume/total pulmonary capacity, and pulmonary arterial pressure, the clinical total effective rate being excelled that of the controlled group.

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Key Words: Pulmonary emphysema/TCM therapy Yang—deficiency of spleen—kidney/TCM therapy @ Jianzhuang No 1

(Original article on page 731)

Health Care and TCM Treatment of Diabetic Dermatitis.

Wang Xue

For diabetic skin itching, TCM treats it as a disorder of deficiency, evil wind and damp—heat. For complications with carbuncles, boils and furunculosis, it should be treated by heat—clearing, toxicity eliminating and expelling, resistance supporting methods. For nursing and care for diabetics dietotherapy, regulating diets for keeping functional balance are emphasized. In addition, sport therapy, medicinal bathing, Qigong, selfmassage for regulating the patient's endocrine, lowering blood glucose, improving vascular neural functions are also encouraged.

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Key Words: Diabetes mellitus/complications dermatosis/etiology dermatosis/TCM therapy

(Original article on page 734)

Therapeutic Analysis on 75 Cases of Sjogren's Syndrome Treated by TCM.

Zhao Lijuan, Huang Yiyu, Chen Ying, et al.

A markedly effective rate of 37.3% and total effective rate of 80% were obtained in a series of 75 cases of dryness syndrome by TCM. During the investigation, analysis of saliva was performed before and after the

treatment with a result showing that Na⁺ in patients' saliva was higher than normal and it lowered after treatment. The above changes were correlated with the improvement of other physical and chemical indexes, indicating the objective reliability of TCM for treatment of Sjogren syndrome.

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Key Words: Sjogren syndrome/TCM therapy

(Original article on page 736)

Long—term Follow—up and Short—term Effect of Infantile Nephrosis Syndrome Treated by Integrated Chinese and Western Medicine.

Yang Wenyi, Shang Lili, Qiu Yunfeng

Altogether 118 cases were treated in our series with another 52 cases treated by western medicine as control. For the integrated medicine group, the rate of total remission was 76.9% after 8 weeks of treatment that of the controlled group, 76.9%. 92 out of the remission cases revealed a long—term effect when followed up for 4—14 years. The relapsing rate of the integrated medicine group was 27.7%, that of the controlled group, 51.8%. The difference between the 2 groups was significant ($P < 0.05$).

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Key Words: Nephrosis syndrome/Treatment of Integrated Chinese and Western Medicine

(Original article on page 738)

Studies on Lingual Picture. Cytology of Lingual Coat in Schizophrenia.

Chen Wei, Ren Wanwen, Su Xueqian, et al.

47 cases were studied with another 25 cases of normal people as control. Results showed that in normal person, the epidermal cells of the tongue were mainly pre—keratinized cells, where as in schizophrenia patients, the cells were all hyperkeratinized ones. The patients' mental condition were improved, their lingual pictures were gradually turned normal.

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Key Words: Schizophrenia/diagnosis tongue diagnosis tongue/cytology

(Original article on page 741)