

中医药治疗登革热 20 例报告

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摘要 用宣毒化湿、清营凉血的中药汤剂,配合南板蓝根注射液肌注,治疗登革热 20 例,结果全部治愈,体温最快恢复正常者 8 小时,最迟者 64 小时,24 小时内体温恢复正常者 20 例。

主题词 登革热/中医药疗法

1995 年 9~10 月期间,我市流行登革热病,现将门诊单纯使用中医药治疗的 20 例报告如下。

1 临床资料

20 例均为门诊病人。男 11 例,女 9 例。年龄最小 11 岁,最大 45 岁,平均年龄 30 岁。发病最短 1 天,最长 6 天。本组病例均符合本市防疫部门制定的登革热诊断标准:具流行病学资料;有典型临床症状和体征;发热,头痛,肌肉关节痛,皮疹,面部及肢体皮肤猩红,出血倾向;白细胞、血小板减少。其中就诊时体温最高 40.5℃(腋温),最低 38.4℃(腋温)。白细胞最低 $1.4 \times 10^9/L$,最高 $4.8 \times 10^9/L$ 。血小板最低 $54 \times 10^9/L$,最高 $86 \times 10^9/L$ 。有齿衄者 4 例,有鼻衄者 6 例。

2 治疗方法

南板蓝根爵床科植物马蓝的干燥根(*Strobilanthes cusia* (Nees) Bremk)注射液(广东郁南制药厂制,每 2ml 含干南板蓝根 1g)肌注,每日 2 次,每次 4ml。清开灵注射液(北京中医学院实验药厂制,主要成分有牛黄、水牛角、黄芩、金银花、栀子)30ml 稀释于 5%葡萄糖注射液 500ml 中静脉滴注,每日 1 次。中药按宣毒化湿、清营凉血原则组方:蒲公英 15g,土茯苓 20g,藿香 10g,法半夏 10g,木瓜 12g,水牛角 20g(先煎),银花 12g,连翘 12g,丹皮 10g,紫草 15g,大青叶 12g,紫花地丁 15g。15 岁以下

病者,减量 1/3。每日 1 剂,清水 1200ml 煎至 600ml,分 2 次服。

3 治疗结果

根据广东省卫生厅 1982 年制定的登革热治愈标准:临床症状和体征消失,体温正常并保持稳定,皮疹消退;白细胞及血小板恢复至正常范围。

结果本组 20 例全部治愈。

其中体温最快恢复正常者 8 小时,最迟恢复正常者 64 小时,24 小时内恢复正常体温者 12 例。

白细胞升到 $6.5 \times 10^9/L$ 以上者,最快 2 天,最迟 5 天,平均 2.7 天;血小板恢复到 $100 \times 10^9/L$ 以上者,最快 2 天,最迟 4 天,平均 2.5 天。

有鼻衄、齿衄的病例均在 24 小时内被控制。有皮疹者最快消退者 2 天,最迟 5 天,平均为 2.8 天。

4 体会

登革热是由登革热病毒主要通过埃及伊蚊或白纹伊蚊传播的一种急性传染病,属中医温病范畴,但其发病状况及传变规律却与一般的温病不同。登革热发病之始,即卫、气、营、血症状兼见。本文 20 例在发热、微恶风寒表证仍在的同时,即见厚厚的舌苔(或黄厚、或白厚、或厚腻);舌质红绛,舌尖见粗大艳红沙点,皮疹显现,甚至齿衄、鼻衄等气分、营分、血分的症状。这种特殊的温病证型,遣方选药治疗确实颇费斟酌。但正是这种特殊的临床表现,使登革热与一般的感冒得以鉴别。另外,登革热发病之初虽有恶寒发热、头痛身痛的“感冒”症状,但感冒常见的咽喉红痛及流涕、鼻塞、喷嚏的呼吸道症状多不明显,这又是登革热与一般感冒鉴别诊断的重要依据。

如前所述,登革热多卫气营血各型症状兼

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见,且湿邪较重。故治疗时很难找到一方统治的方法,只能根据宣毒化湿、清营凉血的治则组方。宣毒化湿方面取蒲公英、土茯苓、藿香、法夏、木瓜;清营解毒方面取水牛角、银花、连翘、竹叶(取清营汤意);凉血透疹方面取丹皮、紫草、大青叶、紫花地丁(取犀角地黄汤意)。其中紫草有凉血、活血、解毒透疹的作用,紫花地丁入心肝二经,有凉血解毒的功效。20例治疗中均没有使用生地、元参、麦冬之类阴寒滋腻之品,主要是考虑全部病例舌苔都较厚,湿邪偏

重,故宗叶天士“入营犹可透热转气”之说,以轻清泄热、凉营解毒的药物治法,以利于营分邪热转出气分而解,避免阴寒滋腻之品恋湿留邪,反碍营热清解。

另外,板蓝根注射液、清开灵注射液清热解毒作用较强。

本文20例登革热病全用中药治疗,未使用任何西药,尽管有些病例体温高达40℃以上,由于口服、肌注、静滴多途径同时给药,故效果显著。

临床治疗儿科发热的体会

田 淑 芳*

发热是临床常见的一个症状,病因很多,治法各异,本人就临证应用点滴体会概述如下,望同道指正。

1 甘温除热法

甘温除热法创自李杲,历代医家临床应用多有创新,已成为祖国医学中别具一格的疗法之一。

王某,女,13岁。近1个月来身感乏力,伴见头晕、多梦、烦躁、自汗、食少、便溏,体温37.5℃~37.8℃,舌质淡、苔薄白,脉缓细。综其脉证所见辨为肺脾气虚,中阳不足,阴火上乘。治以益气健脾、升阳清中焦虚热。方从补中益气汤主之。处方:黄芪15g,党参10g,白术10g,甘草10g,陈皮6g,柴胡10g,升麻10g,当归15g,茯苓15g。7剂后热退,诸症减轻,改服补中益气丸2袋,早、晚分服,以善其后。

按:方中黄芪、党参甘补肺脾气、清虚热;白术、茯苓健脾;当归补血;陈皮理气;柴胡、升麻升腾清阳之气,从而使发热得以消除。由于这种发热主要是因脾胃气虚,元气不足引起,要通过调理的方法,使元气逐步充盛,并使虚火敛降,脾气健旺,则发热可止。

2 软坚散热法

王清任曰:“结块者,必有形之血也,血受寒则凝结成块,血受热则煎熬成块。”须选用散热力强,兼有软坚化积作用的药。

夏某某,女,5岁。发烧3月余,体温37.5℃~38.5℃,面色萎黄,形体消瘦,纳差、腹胀,精神差。查肝大

肋下2指、质硬,脾大1指,舌质淡,脉沉。细数。予以舒肝健脾,软坚散热。处方:柴胡10g,鳖甲10g,牡蛎30g(先煎),莪术10g,丹参10g,当归10g,白芍10g,茯苓10g,白术10g,大腹皮10g,炙鸡金10g,薄荷6g。7剂后发热减轻,饮食增加。效不更方,继服7剂,发热全退,肝脏变软,乃去莪术,加桃仁、红花,以健脾消积善后。

按:方中柴胡疏理肝气与薄荷相配可增强疏肝解郁的作用;鳖甲、牡蛎滋阴清热、软坚散结,与莪术、丹参同用破瘀力强以达软化肝脾;当归、白芍养血柔肝;茯苓、白术益气健脾;大腹皮、炙鸡金降气,消食除烦热。《素问·六元正纪大论》篇指出:“大积大聚,其可犯也,衰其大半而止。”去积及半,续予健脾消积,使脾土健运则余积不攻自消。

3 化湿清热法

湿热的成因,在儿科多是饮食不节,恣意肥甘,脾胃助热,湿热合邪而致病。

姜某,男,10岁。发热20天,午后体温37.3℃~37.8℃,伴头晕、身重、自汗、乏力、气短、食谷不香、便溏,苔黄厚腻,脉细濡。治予芳香化湿、舒脾扶正。处方:青蒿10g,藿香10g,佩兰10g,地骨皮10g,党参10g,银柴胡10g,白蔻仁10g,知母10g,杏仁10g,常山6g。连服6剂,热退症消。

按:方中地骨皮、青蒿、银柴胡、知母清胃除蒸;藿香、蔻仁、佩兰健脾化湿;杏仁宣肺;党参扶正;常山利水道。临床上遇到许多低热的患儿,经检查阳性者甚少,按湿热病变在脾胃的理论,分别辨证施治,常收到满意的效果。

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ABSTRACTS OF ORIGINAL ARTICLES

Observation on the Effect of Treatment of Advanced Stage of Cancer of Colon by Integrated Chinese and Western Medicine: Report of 260 Cases

Pan Mingji, Li Yonghui, Liu Jingrong, et al.

Conventional therapy was given to 260 cases of advanced stage of cancer of colon during the period of 1975—1988. Radical operation, palliative resection or changing bowel passage were selected according to the condition of the lesions. Post operative chemo — therapy with integrated Chinese and western medicine were given, or with radiotherapy in some of the cases. Results showed that the 5—year survival rates of II, III, IV stages were 80. 5%, 56. 12%, 21. 73% respectively, the mean 5—year survival rate being 52. 78%, 45 cases with liver metastasis were also treated with integrated medicine with a 5—year survival rate of 22. 2%. The above figures of therapeutic effect and survival rates were all superior to that in cases treated by western medicine alone as reported by domestic exponent units.

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Key Words: Tumor of colon/therapy of integrated Chinese and western medicine, division of stages of tumor

(Original article on page 218)

Clinical Observation and Experimental Study on Cathartic Action of Zhizhu Decoction with Additives

Huang Chunlin, Zhang Beiquan, HuangJianghong, et al.

Fifty cases of chronic constipation were treated with Zhizhu Decoction with additives, with a therapeutic effect of 98% (49 cases). Among them, 46 cases were effective with only one potion, 3 cases with 2 potions. The time from taking the Decoction to bowel movements was 11. 3 hours in average. One case (2%) was ineffective after 2 potions of Decoction were administered. Experimental study revealed that this recipe increased the muscular tone of ileum and its contraction amplitude in rabbit, strengthened the pushing peristalsis of small intestine in mice. It yielded a biphasic regulation action on intestinal muscle under the influence of adrenalin, barium chloride, acetylcholine, viz. it resisted the inhibition action of adrenalin on rabbit's ileum, resisted the contraction in

rabbit's ileum induced by barium chloride and acetylcholine.

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Key Words: Zhizhu Pill/pharmacology @ Zhizhu Decoction with additives

(Original article on page 221)

Report of 20 Cases of Dengue Fever Treated by TCM *Zhai Hong*

Decoction of dispersing poison, dissipating dampness, clearing Ying and colling blood (heat) was associated with muscular injection of isatis root for the treatment of 20 cases of Dengue fever. All the cases were cured with body temperature turned normal within 8 hours, 64 hours at the latest. 20 cases had their temperature turned normal in 24 hours.

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Key Words: Dengue fever/TCM therapy

(Original article on page 233)

Determination of Platelet — Granular Membranous Protein and Endothelin in Blood Stasis Patient

Shi Zhiyun, Shi Saizhu, Chen Jianqiu, et al.

Platelet α -GMP-140, ET were used as indices of activation of platelet, functional injury to endothelial cells. Cardiovascular diseases, nephropathy and II type diabetes were selected for observation. Results showed that the plasmal GMP-140 and ET were all markedly higher than that of the controlled group ($P < 0.01$ and < 0.001), demonstrating that there are injuries to the activation of platelet and vascular endothelial cells. It was also found that inpatients with blood—stasis syndrome in the above 3 kinds of diseases, the increase of GMP-140, ET values were even more conspicuous, with markedly increased values as compared with that of patients without blood stasis.

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Key Words: blood stasis/blood platelet membranous glucoprotein/metabolism endothelins/metabolism

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