

慢性支气管炎哮喘 600 例冬病夏治疗效观察

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摘要 三伏天在背部穴位针刺及贴白芥子泥膏治疗 600 例慢性支气管炎、哮喘患者,结果治愈 243 例,好转 264 例,无效 93 例,有效率为 84.5%。喘证中以风寒束肺型效佳,有效率为 90%;慢性支气管炎中以风寒犯肺型和痰湿阻肺型较好,有效率分别为 85.71% 和 88.19%。

主题词 支气管炎/中医药疗法 哮喘/中医药疗法
④ 冬病夏治

我科自 1993 年 7 月~1995 年 8 月,根据祖国医学“冬病夏治”的原理,采用针刺、中药外敷穴位,治疗慢性支气管炎(简称慢支)和支气管哮喘患者 600 例,取得了较为满意的效果,现报告如下。

1 临床资料

诊断标准、证候分类、疗效标准均按国家中医药管理局颁发的“中医内科病证诊断疗效标准”进行。

600 例患者,男性 332 例,女性 268 例。年龄最小 7 岁,最大 81 岁,50 岁以上者居多。病程最短半年,最长 64 年,其中 6~10 年者 177 例,占 29.5%。发病冬春两季居多,共 463 例(77.2%),符合慢支发病季节特征和规律。

慢支、哮喘的发病可由感冒、寒冷、过敏及其它原因诱发。本组 600 例患者中,由感冒诱发者 451 例(75.1%),寒冷诱发者 82 例(13.7%)。600 例患者中伴有阻塞性肺气肿者 195 例(32.5%),伴肺原性心脏病者 94 例(15.7%),并肺部感染 76 例(12.7%)。

2 分型及治疗

2.1 中医分型:我们按《中医内科病证诊断疗效标准》,选择了咳嗽证中常见的四型:风寒犯肺、风热犯肺、痰湿阻肺、肺阴亏虚;选择了喘证

中常见的两型:风寒束肺、肺肾两虚,进行疗效观察。

临床表现:病情轻、中、重判断标准由本科自拟。咳嗽:白天咳,不影响正常生活(+);昼夜咳嗽,影响工作(+++);二者之间(++)。喘息:偶发,不影响睡眠(+);不能平卧,影响活动(+++);二者之间(++)。咯痰:昼夜咯痰 10~50ml(+);51~100ml(++);100ml 以上者(+++)。肺部罗音:多(+++)布满肺野;少(+)偶闻及散在细小干鸣音,或两肺底闻及细小水泡音;中(++)介于二者之间。

2.2 治疗穴位、药物及方法:选用背部两侧穴位(大杼、肺俞、厥阴俞或魄户、神堂、譩譩)。药物选用白芥子泥丸加减(白芥子、细辛、甘遂、洋金花、麝香、姜汁等)。方法:在三伏天(指农历夏至后第 3 个庚日起到立秋后第 2 个庚日前一天止的一年中最热的一段时间)选用穴位针刺,以补法为主,使患者产生酸、麻、困、胀感后出针;然后乃将调合好的药饼敷贴在针刺后的穴位上,用麝香止痛膏固定,敷贴约 3~4 小时左右。每 10 天重复治疗 1 次,3 次为一疗程,连续进行 3 年。

注意事项:(1)患者必需按预约时间接受治疗;(2)治疗不宜空腹进行,贴药时注意休息,饮食不宜过热;(3)治疗前一日清洁背部,以防感染;(4)贴药后若局部烧灼疼痛难忍,可提前去掉药膏,以免起泡。若起泡,轻者涂紫药水数日可愈,重者按烫伤处理;(5)在贴药过程中防止情绪激动,精神紧张,谨防感冒,不宜吸烟,忌食鱼虾海鲜等。(6)所贴药物有毒,切勿口服。

3 结果

3.1 疗效标准:参照国家中医药管理局《中医病证诊断疗效标准》。(1)治愈:咳嗽及临床体征消失,观察 1 年无复发;(2)好转:咳嗽减轻,痰量减少;(3)无效:症状无明显好转。

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3.2 治疗结果:表1示,治疗后慢支239例中,痊愈101例,好转98例,无效40例,总有效率为83.3%;喘症361例中,分别为142例、166例、53例,85.3%。分型疗效中,疗效较好者为慢支的风寒犯肺型(85.71%)、痰湿阻肺型(88.19%)和喘证的风寒束肺型(90.04%)。

表1 慢支和哮喘分型疗效

病种与分型	例数	治愈例(%)	好转例(%)	无效例(%)
慢 支 239				
风寒犯肺	49	27(55.1)	15(30.6)	7(14.3)
风热犯肺	41	12(29.3)	16(39.0)	13(31.7)
痰湿阻肺	144	62(43.1)	65(45.1)	17(11.8)
肺阴亏虚	5	0	2(40.0)	3(60.0)
喘 证 361				
风寒束肺	221	93(42.1)	106(48.0)	22(10.0)
肺肾两亏	140	49(35.0)	60(42.9)	31(22.1)

治疗后各项症状的疗效观察表明,患者咳嗽症状减轻,痰量减少,罗音吸收,有较满意的疗效。详见表2

表2 症状与体征治疗前后变化(例)

症状体征	治疗前			治疗后		
	+	++	+++	+	++	+++
咳嗽	29	184	130	91	76	31
气喘	38	187	120	87	113	32
咯痰	313	145	18	292	53	6
干罗音	43	9	0	24	4	0
湿罗音	21	3	0	16	0	0

3.3 治疗前后胸片对照:随机选择20例治疗前后胸片进行对照观察,治疗前有肺部片状阴影5例,纹理多模糊12例,肺纤维化、肺气肿、肺心病各1例;治疗后片状阴影明显吸收者5例,纹理清晰者11例,4例无明显改变。

3.4 不同年龄及病程的疗效:治疗结果表明,随着病程的延长和年龄的增长,疗效有逐渐下降的趋势,病程短的中青年患者疗效显著。

3.5 合并症对疗效的影响:表3示,合并肺气肿、肺心病或肺部感染的患者,其疗效较无合并症者稍差。

3.6 远期疗效观察:治疗结束两年后,随机抽

查200例,包括痊愈者85例,好转者101例,无效者14例。除外无效者14例,获痊愈的85例中,23例复发,发作程度、时间、次数比治疗前轻者17例,占74%。好转101例中,25例复发,发作程度、时间、次数比贴药前轻者14例,相同者5例,加重者6例。另外,200例患者中其感冒平均减少65.4%。

表3 合并症与疗效的关系(例)

	肺气肿		肺心病		肺部感染	
	有	无	有	无	有	无
治愈	40	203	18	225	6	237
好转	98	166	46	218	40	224
无效	57	36	30	63	30	63

4 讨论

慢支、哮喘的主要表现是咳、痰、喘。白芥子泥膏中,白芥子温肺化痰、甘遂泻水逐饮,洋金花松弛支气管平滑肌而止咳平喘,细辛辛散温通,通彻表里上下,入肺经温肺腑而温肺化痰,麝香辛散温通,芳香走窜,麝香膏有开毛窍,通经络透肌骨的作用,加之所选用穴均有止咳、化痰、平喘作用,这样药穴结合共奏镇咳祛痰,解痉平喘之功效。另外,白芥子泥膏药味辛温,故对寒湿性咳嗽疗效明显,同时对热性咳嗽也有一定的疗效。

慢支、哮喘患者最易感冒和肺部感染,而在非发病季节用白芥子泥膏及针刺进行“冬病夏治”,能使因感冒诱发的咳嗽症状减轻及感冒次数减少和程度减轻,说明本疗法可增强机体的抗病能力,调整肺、脾、肾功能而起止咳、化痰、平喘作用,从而对本病起到治疗作用。在三伏天进行治疗,是因气候炎热,人体腠理疏松开泄、荣卫通达,以便药物的吸收和运行,达到更好的治疗效果。治疗中部分患者因药物刺激皮肤起泡,一般涂紫药水可愈,但对起泡的患者疗效较明显,可能与药物渗透到皮下组织长时间刺激穴位有关。本疗法对身体强壮、年龄小、病程短者疗效佳,且部分能完全治愈;对中老年、病程长而无严重肺气肿、肺心病、肺部感染者效果也是满意的。

ABSTRACTS OF ORIGINAL ARTICLES

Observation on Effect of Chronic Bronchitis and Asthma Treated by Principle of " Winter Diseases Treated in Summer": Report of 600 Cases.

Zhang Xuefeng

600 cases of chronic bronchitis and asthma were treated during the period of 3—fu (dog—days) period by acupuncture back acupoints or applying paste of white mustard seed to the points. The results were: 43 cases cured, 264 cases ameliorated, 93 ineffective, the total effective rate being 80. 5%. Best results were seen in asthma of the type of lung bound by wind and cold, its effective rate being 90%; effect for the same type in chronic bronchitis and damp — phlegm type was the next, with a total effective rates of 85. 71% and 88. 19% respectively.

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Key Words: Bronchitis/TCM therapy asthma/TCM therapy @ winter diseases treated in summer

(Original article on page 730)

Clinical and Experimental Studies on Chronic Renal Insufficiency Treated by Method of Removing Dampness and Expelling Phlegm.

Wang Hongzhong, Zhang Jinjun, Chen Zhigang, Li Huilan

Seventy—four cases were treated with Shenshuai (Renal insufficiency) capsule. Short — term results showed that it increased the level of SOD, the difference being significant when compared with that in the control group of 34 cases; whereas there was no difference between the 2 groups in terms of lowering of urea nitrogen, creatinine and MDA and of increase of blood hemoglobin. For long — term result, the difference was very significant. The living quality of the treatment group was obviously superior to the control group. Experiments also showed that the capsule, as compared with the control group, markedly lowered the creatinine and urea nitrogen and increased SOD in rats.

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Key Words: Renal insufficiency, chronic/TCM therapy removing dampness—expelling phlegm

(Original article on page 732)

Study on Thrombocytic Ultrastructure and Functions

of Blood Stasis Syndrome in Liver Disorders.

Zhang Chizhi, Zhang Jianjun

The results of this study revealed that there was less discoid cell and more pseudopodium, more thrombocytes tended to agglutinate with increased proportion of hyper—glycogenic platelets. There were also platelets sticking to RBC, WBC and lymphocytes. The granules within the platelets were decreased or even fused together, unable to differentiate them. The vascular system were dilated and proliferated. Abnormal granules were seen with its size similar to a — granules, covered with membrane, with cytoplasm and metabolites inside. Under the revulsion of ADP, there was 70. 28% agglutinating body. Most intercellular spaces revealed unclear bridge — form connection or even disappeared with fusion of cellular membrane. All these changes were more distinctive than that in the control group, demonstrating the changes in ultrastructure and agglutination function might be one of the causes of blood stasis in hepatopathy.

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Key Words: Hepatic disorders/pathology blood stasis/pathology platelet/ultrastructure

(Original article on page 740)

Observation on Action of Zheng Xuan Yin on Improvement of Blood Circulation of Cerebral Ischemia in Rats with ¹²³I— IMP Tracer.

Wang Jingyi, Maata Yasihiluo, Hatuoi Nauoya, Cui Xili, et al

4VO rat models were used. The remedy Zhenxuan Yin, composed of Rhizoma Gastrodia, Poria, Radix Lugustici Chuanxiong, divided into 3 dosages, were infused 30 minutes after total cerebral infarction. The cerebral blood flow was marked with ¹²³I— IMP 24 hours later. Results showed Zhenxuan Yin in dosages of 0. 03g/kg, 0. 3g/kg, 1g/kg, 3g/kg all markedly increased cerebral blood flow in which the dose 0. 3g/kg can restore the blood flow to a normal level.

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Key Words: cerebral ischemia/TCM therapy @ zhenxuan Yin @ ¹²³I—IMP

(Original article on page 742)