

Clinical Observation on *Honghe Jiaonang* (红鹤胶囊) Combined with Western Medicine Treating 64 Cases of Multi-drug-resistant Tuberculosis of Yin Deficiency, Lung Heat and Collateral Injury Pattern

HAN Jian^{1,2}, SUN Huiyuan², WANG Xinqiu¹, MENG Yanyan², YAN Yue¹, LI Youlin¹

(1. China-Japan Friendship Hospital, Key Laboratory of State Administration of Traditional Chinese Medicine, Beijing, 100029; 2. Beijing University of Chinese Medicine)

ABSTRACT **Objective** To evaluate the clinical effect of *Honghe Jiaonang* on multi-drug-resistant tuberculosis (MDR-TB) of Yin deficiency, lung heat and collateral injury pattern. **Methods** Totally 128 patients of MDR-TB of Yin deficiency, lung heat and collateral injury type were randomly divided into treatment group and control group with 64 cases of each group. The control group was given western chemotherapy regimen, 3DL1OZA/18DL1OZ, for 12 months, the treatment group was given *Honghe Jiaonang* (Formula Concentrate-granules), one dose each day, for 6 months. Compare therapeutic effect of traditional Chinese medicine (TCM) syndrome and X-ray, sputum negative conversion rate, immunological indexes and adverse reactions. **Results** Comparing improvement in TCM syndrome, the treatment group was superior to the control group ($P < 0.05$). For the therapeutic effect of X-ray, focus absorption rate of both group increased with treating time going on. Difference of adjacent time point within each group was significant ($P < 0.05$ or $P < 0.01$); after 6 and 9 months, indexes of treatment group were obviously better than that of control group ($P < 0.05$). Sputum negative conversion rate of both groups increased with treating time increasing. Difference of adjacent time point within group was significant ($P < 0.05$). When treating for 3, 6, 9 and 12 months, treatment group was superior to control group ($P < 0.05$). $CD3^+$, $CD4^+$ and interleukin-17 of both groups increased evidently after treatment ($P < 0.05$ or $P < 0.01$). All indexes of the treatment group were superior to that of the control group ($P < 0.05$). Abnormality of blood, urine and stool routine, renal function and electrocardiogram was not found before and after treatment. Comparing alanine aminotransferase (ALT) and gastrointestinal reaction, there was no statistical significance between two groups ($P > 0.05$). **Conclusion** Treating MDR-TB of Yin deficiency, lung heat and collateral injury type, *Honghe Jiaonang* could improve clinical effect and possess good safety. **Keywords** multi-drug-resistant tuberculosis; *Honghe Jiaonang*; Zhu'ershen (*Panacis Majoris Rhizoma*); feixingcao (Common Tripterospermum Herb); yin deficiency, lung heat and collateral injury

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