

· 当代名医 ·

叶景华治疗慢性肾功能衰竭经验

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叶景华(1929~),男,上海人。自幼随父学医,并从名医丁济万先生,得薪传,后又进修西医,1948年毕业于上海中医学院。曾任上海市第七人民医院中医科主任、副院长,上海中医药学会常务理事,上海市中医药学会肾病委员会主任委员,中华中医药学会肾病分会委员。1993年被评为有贡献的专家,享受国务院特殊津贴。1995年被上海市卫生局授予“上海市名中医”称号。被人事部、卫生部、国家中医药管理局确定为第三批、第四批全国老中医药专家学术经验继承工作指导老师。

[关键词] 慢性肾功能衰竭;中医药疗法;名医经验;叶景华

上海市第七人民医院叶景华主任医师临证经验丰富,笔者有幸随诊左右,获益匪浅。现将叶老治疗慢性肾功能衰竭经验介绍如下。

1 分清标本,急缓分治

叶老师认为,诊治慢性肾功能衰竭需分清标本缓急,由于本病病程长,病情复杂,寒热兼见,表里同病,虚实夹杂,辨证宜分清标本,急则治标,缓则治本。在临床上标本有两种情况,一是脾肾两亏,气血阴阳俱虚为本,湿浊毒瘀蕴阻为标;一是肾功能衰竭病变为本,有受外邪或其他因素为标。辨证论治需分清标本缓急轻重,治疗才能确定方案,取得疗效。

2 虚实兼顾,重点突出

慢性肾功能衰竭中医辨证大多属虚实夹杂证。由于每个患者病情轻重不同,正虚与邪实的程度各

有不同,有的以正虚为主,邪实为次,有的以邪实为主,正虚为次。每个病例在病变过程中各个阶段正虚与邪实的程度并不一样,同一个患者有时以正虚为主,邪实为次;有时以邪实为主,正虚为次。一般情况下,慢性肾功能衰竭病例在病变进展阶段或感受外邪时多表现邪实为主;在病情比较稳定阶段多表现正虚为主,尽管每个病例虚实情况有所不同,但治疗时应注意虚实兼顾,按正虚和邪实的不同情况,补虚与祛邪的侧重点有所不同。

3 辨证论治,专方专药

每一种疾病的发生和发展,有其基本矛盾,针对基本矛盾结合专方专药,是探索提高疗效的一个方面,慢性肾功能衰竭病情复杂,变化多端,但在病变过程中辨证无非是脾肾气虚、肝肾阴虚、阴阳两虚。其湿浊瘀毒蕴阻,虽然程度轻重有不同,但是皆始终存在的。这是病变基本矛盾的一方面,叶老师善用大黄以泄浊化瘀解毒,土茯苓以解毒利湿,王不留行以祛瘀通络,作为治疗本病的专方专药,同时结合辨证论治处方。近10年来在临床上观察,辨证论治与专方专药结合可明显提高疗效。

4 微观指标,中医辨证

诊治本病需参考微观指标。微观指标血肌酐、尿素氮、尿酸、血脂等增高,可作为诊断的依据,并在治疗过程中,在症状变化不明显的情況下,作为观察疗

论各种温病的名称、鉴别诊断以及理法方药等内容^[3]130-164。

时逸人一生致力于伤寒温病学的研究,着力融汇伤寒与温病,在统一中求区别,在区别中求统一,体现了辩证唯物论的先进思维。其引入现代医学传染病学知识于中医伤寒温病学中,又体现了其一贯坚持的中西医汇通思想。时逸人在摒弃中医伤寒、温病纷争的门户之见,便于后人更好地学习研究伤寒、

温病方面,功不可没。

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10246,10254-10256,10264-10266,10274-10276,10284-10286,10294-10296,10304-10306,10314-10316,10324-10326,10334-10336,10344-10346,10354-10356,10364-10366,10374-10376,10384-10386,10394-10396,10404-10406,10414-10416,10424-10426,10434-10436,10444-10446,10454-10456,10464-10466,10474-10476,10484-10486,10494-10496,10504-10506,10514-10516,10524-10526,10534-10536,10544-10546,10554-10556,10564-10566,10574-10576,10584-10586,10594-10596,10604-10606,10614-10616,10624-10626,10634-10636,10644-10646,10654-10656,10664-10666,10674-10676,10684-10686,10694-10696,10704-10706,10714-10716,10724-107

效的依据。部分慢性肾功能衰竭患者发病隐匿,进展缓慢,在早期无自觉症状,舌苔脉象无明显变化。不少患者是体检时发现肾功能异常而来就医。若仅有宏观辨证而不注意微观指标变化,疗效往往不理想。叶老师根据多年临床体会认为,宏观辨证和微观辨证相结合,可以早期诊断,特别是临床症状体征不明显的情况下,临床上观察到有些患者经中医药治疗后,症状有所改善,但微观指标未见好转。因此,在中医辨证的前提下也应注重各种微观指标,这样可使早期疾病得到及时治疗 and 用药。

5 积极治疗,调摄情志

根据多年来的临床观察,中医药对一部分慢性肾功能衰竭早期,即代偿期和失代偿期的病例能取得一定的疗效,对尿毒症的患者则不易取得疗效,但对一小部分患者亦可取得一些疗效,如改善症状,延缓肾功能衰竭的进展。因此,慢性肾功能衰竭是难治之病,且病程长,病情复杂,患者心理状态也比较复杂,在临床工作中要注意以下几种情况:①患者能否正确对待自己的疾病,如能积极治疗,遵照医嘱,生活规律,不过度劳累,注意饮食宜忌,防止感受外邪,耐心长期服药,这类患者多数能延缓肾功能衰竭的进展。②患者和家属对自己的疾病心情十分焦虑,到各地去求医,奔波劳累,因而易感受外邪,且未能系统治疗,杂药乱投,不注意饮食宜忌,使病情不断进展。③患者对自己的疾病不重视,不了解该病的严重性,不注意保养,饮食不节,不坚持系统治疗,导致病情迅速发展。针对以上各种情况,医生要做好心理辅导工作,对该病如何治疗,如何自我保养,使患者能正确对待疾病,树立信心与疾病作长期斗争。

6 病案举例

例1:李某某,男,38岁,1996年5月22日初诊。患者鼻塞咽痛2周、面部眼睑浮肿5天住院治疗。体检:血压162/104mmHg,面部眼睑浮肿,下肢不肿。心电图示:心肌供血不足,B超示:双肾慢性肾炎。舌苔腻微黄,脉弦细。实验室检查:血红蛋白105g/L,血肌酐266μmol/L,尿素氮8.4mmol/L,肌酐清除率23.4ml/min,24小时尿蛋白定量5.7g,尿红细胞5~8个/HP。诊断为慢性肾炎、肾功能不全、氮质血症。辨证为肝肾阴亏、湿浊瘀蕴阻,近又感受外邪,先以治标为主,治以辛凉清解,银翘散加减,处方:金银花30g,连翘15g,桑叶15g,菊花10g,牛蒡子10g,射干10g,前胡10g,桔梗6g,白花蛇舌草30g,蒲公英30g,(制)大黄10g,土茯苓30g,王不留行30g,徐长卿30g。

6月7日二诊:服药2周后,咽痛咳嗽除,但大小便少,纳呆,舌苔腻,复查血肌酐上升至344.6μmol/L,尿素氮7.8mmol/L。治法为益肾化瘀,解毒泄浊利湿,处方:鹿衔草30g,金雀根30g,大黄10g(后下),土茯苓30g,王不留行30g,徐长卿30g,桑寄生30g,猫爪草30g,黄芩10g,甘草5g,另用生大黄10g,生牡蛎60g,煎汤保留灌肠。并以肾功能衰竭膏敷脐或肾功能衰竭酊涂搽腰部肾区(丁香、肉桂、大黄、水蛭、王不留行、红花,研末蜜调敷脐孔,每日1次;或用上药制成酊剂,涂搽两侧肾区,每日2次),治疗2周。6月21日三诊:患者大便通畅,小便增多,舌苔腻,渐化,纳增,复查血肌酐降至220μmol/L,尿素氮7.6mmol/L,肌酐清除率上升至34.5ml/min,再以前方随症加减又服2周,情况好转出院门诊治疗。

例2:王某,男,75岁,1998年3月12日初诊。患者有痛风病史40多年,半年前因尿毒症而住院治疗,病情好转后出院,近1周来纳呆恶心,口苦腻,腹胀满,大便秘结,小便短赤,头晕乏力,血压180/92mmHg,精神萎靡,面色少华,四肢有痛风结节,活动不利。舌质淡暗、苔黄腻,脉弦。实验室检查:血肌酐742μmol/L,尿素氮46mmol/L,血红蛋白87g/L,尿蛋白(+),诊断为痛风性肾病、尿毒症。中医辨证:痹证日久,肝肾亏损,气血亏虚,痰瘀阻滞经络,湿浊热毒蕴阻脏腑。目前以邪实为主,先以清热解毒,通腑泄浊,处方:大黄10g,枳实10g,厚朴10g,黄连6g,土茯苓30g,(制)半夏10g,陈皮10g,苍术10g,徐长卿30g,王不留行30g,白茅根30g,甘草5g。并以大黄10g,蒲公英30g,六月雪30g,牡蛎30g,煎汤灌肠。3月19日二诊:治疗后,大便量多,腹胀减,小便量增多,病情好转,恶心除,纳增多,复查血肌酐降至605μmol/L,尿素氮36.4mmol/L,继续以前法治疗。3月28日三诊:病情进一步好转,腹中适,纳可,大小便通利,舌苔化,脉弦。血压渐趋平稳至150/90mmHg,转为以扶正治疗为主,前方加益气养血之品,处方:黄芪30g,当归10g,太子参30g,黄连3g,大黄10g,土茯苓30g,徐长卿30g,陈皮10g,厚朴10g,枳实10g,(制)苍术10g,王不留行30g,甘草5g。治疗后再复查血肌酐降至452μmol/L,尿素氮17.2mmol/L,尿酸440μmol/L,停保留灌肠,后方以清化为主,佐以扶正。出院后门诊随访。