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小儿病毒性肺炎中西医结合治疗

——400例报告

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1976 年冬～1978 年春我们选择疑似病毒性肺炎病例进行中西医结合治疗，同时对大部分病例进行咽拭子病毒分离及/或双份血清检查，本文为中西医结合治疗病毒性肺炎 400 例的总结报告。

病原学工作

我们对小儿病毒性肺炎（包括毛细支气管炎）患儿共采取病毒咽拭子 242 份，双份血清 179 例，结果分离到腺病毒 48 株，占 19.8%，呼吸道合胞病毒 27 株，占 11.2%，单纯疱疹病毒 4 株。双份血清呼吸道合胞病毒中和抗体 4 倍或 4 倍以上上升者 68 例，占 38%，腺病毒血凝抑制抗体 4 倍或 4 倍以上上升者 22 例，占 12.3%，流感及副流感病毒血凝抑制 4 倍或 4 倍以上上升者各为 24 及 17 例，分别占 13.4% 及 9.5%。

本文报告病例中经病毒分离及/或双份血清检查证实者共 138 例，由一种病毒引起者 113 例，其分布见表 1，有两种或两种以上病毒合并存在的共 25 例，见表 2。

表 1　113 例单纯病毒病原

病毒种类		项目：咽拭子阳性	项目：双份血清阳性	项目：咽拭子阳性＋双份血清阳性
呼吸道合胞病毒		3	34	16
腺病毒	3 型	8	1	8
	7 型	13	1	6
	11型		1	
	非3、7、11型	3		
流感病毒	甲$_1$		4	
	甲$_2$		5	
副流感病毒	1 型		2	
	2 型		2	
	3 型		2	
单纯疱疹病毒		4*		

* 4 例中 3 例取双份血清，恢复期均无抗体上升，尚不能确定病原

表 2　125 例混病毒病原

	呼吸道合胞病毒＋流感病毒 甲$_1$	甲$_2$	呼吸道合胞病毒＋腺病毒	流感病毒＋副流感病毒 1型	2型	副流感病毒 1型＋3型	腺病毒＋呼吸道合胞病毒＋副流感病毒 2 型	腺病毒＋流感病毒 甲$_1$	甲$_2$	腺病毒＋副流感病毒 1型	2型	3型
例　数	4	6	1	1	2	3	2	1	2	1	1	1

本文 400 例中，227 例入院后即做了咽拭子细菌培养，结果培养出金黄色葡萄球菌 18 株，肺炎双球菌 62 株，乙类链球菌 5 株，还培养出大肠杆菌 24 株，其他非病原菌 148 株。临床分析认为培养出的致病菌多数亦属于带菌，只有少数为混合感染或继发感染。

一般资料与实验室检查

一、病因分类：根据病原学检查资料、化验检查（白细胞，一部分还做了四唑氮蓝及碱性磷酸酶染色）以及临床综合分析，将患儿大致分为 3 组：腺病毒肺炎 60 例，其他病毒肺炎（由呼吸道合胞病毒、流感病毒、副流感病毒等引起）269 例，毛细支气管炎 71 例。

二、年龄：82%为婴幼儿（71%在 2 岁以内），3～13 岁占 18%。其中腺病毒肺炎 1～6 月仅 6.7%，～2 岁为 66.6%，～3 岁 11.7%，～13 岁 15%；其他病毒肺炎 1～6 月为 14.9%，～2 岁 48.9%，～3 岁 13.8%，～13 岁 23.4%；毛细支气管炎 1～6 月为 40.8%，～1 岁 40.8%，～3 岁 18.3%。

三、性别：男孩 238 例，女孩 162 例。

四、白细胞计数及分类：50%患儿之白细胞总数在 1 万以下，32%患儿在 1～1.5 万。43.7%患儿中性粒细胞在 50%以下，35.6%患儿中性粒细胞在 50～70%。

五、X线检查：3组病毒性肺炎各有其特点，腺病毒肺炎大片、融合者较多，占39.3%，其余60.7%为点片影，伴肺不张及伴胸膜反应者各为5.4%；其他病毒肺炎呈点片状阴影者较多，占66.5%，多在两侧及右侧，大片、融合者仅2.7%，伴肺不张者仅0.8%，支气管周围炎占5%、肺纹多、粗、模糊者为25.8%（此项报告多来自胸部透视，部分病例可能包括小点片影及支气管周围炎影像）；毛细支气管炎呈肺纹多、粗、模糊者最多，占59%（情况说明同前），支气管周围炎6.6%，仅34.4%有小点片影，伴肺气肿情况较为明显。

中西医结合治疗

400例均进行中医治疗，一般不用抗菌素，西医以对症治疗为主。

一、腺病毒肺炎

治则：早期用宣肺清热解毒，中期以后加活血化瘀，极期：扶正救逆。

方药：早期用麻黄 杏仁 生石膏 甘草 银花 连翘 桔梗 牛蒡子 蚤休 前胡（腺病毒一号），中期上列药物加川芎 赤芍 桃仁（腺病毒二号），以上为轻症者之协定处方，重症者辨证论治。

二年来共治疗腺病毒肺炎60例，53例有病毒学证明，7型27例，3型21例，11型1例，非3、7、11型4例。病情轻症28例（40.7%），中症8例（13.3%），重症24例（40%）。中医经上述协定处方或辨证处方治疗，一般发病9～10日以后对疑有细菌继发感染者加用抗菌素。

经中西医结合治疗，5例虽经积极抢救未成功而死亡，病死率为8.3%。分析死亡原因是，2例有严重金黄色葡萄球菌继发感染，1例出现肺水肿，1例有胃肠道出血，疑有弥漫性血管内凝血，1例猝死。其余多数病儿治疗均较顺利，平均入院后4.5日退热，9.3日罗音吸收。

服用加活血化瘀的中药后，可见两肺罗音比较松动，痰液较易咯出。X线检查融合病变吸收也较过去快，并且近二年弥漫性血管内凝血较1975～1976年少，是否与加用活血化瘀药有关，值得进一步研究。对重症病例扶正救逆方面，我们采用生脉散或人参麦冬液静脉注射或点滴，对改善周围循环有作用，而新脉针（人参、附子）连续静脉滴注对四肢厥逆效果更好些。

对危重病儿其他中药亦应尽量采用注射剂，此外加强守护、保持呼吸道通畅、注意防治肺水肿、积极治疗继发细菌感染都非常重要。

二、其它病毒肺炎

本组包括腺病毒肺炎和毛细支气管炎以外的病毒性肺炎共269例，根据部分病毒检查结果，主要为呼吸道合胞病毒肺炎，其次为流感病毒及副流感病毒肺炎。还可能有少数其他病毒，例如呼肠病毒、鼻病毒、冠状病毒及肠道病毒，限于条件，当时未能进行检查。本组病例的治则是早期宣肺清热解毒，以后加活血化瘀或化痰止咳药。

1.1976年冬～1977年春

本组病例早期应用抗炎一号：贯众 黄精 野菊花 鱼腥草 银花 麻黄 杏仁 生石膏 甘草，以后用抗炎二号：贯众 黄精 野菊花 鱼腥草 银花 川芎 赤芍 桃仁。

共治疗131例，其中轻症99例（75.6%）、中症23例（17.5%）、重症9例（6.9%），经中西医结合治疗，痊愈111例，7例有继发细菌感染，考虑是肺炎双球菌或乙类链球菌感染，均经加用青霉素而愈。患儿入院后平均发热持续2.8日、罗音持续5.4日，此2项指标的结果见表3。

2.1977年冬～1978年春

本年将患儿分2组进行治疗，入院之初均先用抗炎一号，以后1组（活血化瘀组）改用蚤休 败酱草 贯众 银花 川芎 赤芍 桃仁，2组改用蚤休 败酱草 贯众 银花 紫菀 百部 兜铃 杏仁。

共治疗104例，其中6例仅用了抗炎一号，其余98例，1组57例，2组41例，年龄及病情基本相同。治疗结果1组4例无效，2组3例无效，而改用抗菌

表3 入院后发热与罗音持续日数

		无	1日	2	3	4	5	6	7	8	9	10	12	14	15	16
发热	例数	5	38	25	20	10	8	4	2	3	1				1	
	%	4.3	32.5	21.4	17.1	8.5	6.8	3.4	1.7	2.6	0.9				0.9	
罗音	例数		1	8	14	19	20	20	11	6	2	4	2	1		1
	%		0.9	7.3	12.8	17.4	18.3	18.3	10.1	5.5	1.8	3.7	1.8	0.9		0.9

表 4　两组发热与罗音持续比较

		无	1日	2	3	4	5	6	7	8	9	10	11	12	13	总计	均数	P 值
发热	1组	2	4	10	14	9	2	4	3	2			2	1		53	4.06	>0.1
	2组	3	5	11	5	4	4	2	3				1			38	3.49	
罗音	1组	1	1		5	2	9	3	10	5	8	3	3	2	1	53	7.10	<0.05
	2组	1	1	2	1	4	9	9	4	3	1	1	2			38	5.84	

素。发热持续：1组平均4.06天，2组平均3.49天（P＞0.1），罗音持续：1组平均7.10天，2组平均5.84天（P＜0.05）。两组随机抽样不够严格，但在罗音消失2组明显早于1组（表4）

3. 其他治疗

苦木生物碱系由乔木苦木提制，每次肌肉注射8 mg，每日三次，治疗17例病毒性肺炎，15例痊愈，多数于3日内退热，平均2.2日退热，2例有细菌继发感染，经用青霉素而愈。

芳樟醇系由金银花等提出，每次肌肉注射10mg，每日2～3次，共治疗病毒性肺炎17例，均痊愈，多数于3日内退热，平均2.7日退热。

三、毛细支气管炎

二年中共进行中西医结合治疗71例，一般病例，尤其有明显表寒症的，用射干麻黄汤加减，对舌红苔黄有热象的用麻杏石甘汤加味。71例均痊愈。以发热、罗音及哮鸣音为指标观察，两组结果相仿。

体　会

一、关于小儿肺炎的病原问题：我们于1976～1978两个冬春共收入847例肺炎病儿住院，根据临床及病原学检查综合分析，病毒性肺炎多于细菌性肺炎。根据这一期间双份血清检查结果，恢复期抗体4倍以上增高者，呼吸道合胞病毒38%，占首位，腺病毒占12.3%，流感病毒占13.4%，副流感病毒占9.5%。同时有一小部分双份血清同时有两种以上抗体上升，考虑其中有病毒混合感染。1977年冬至1978年春北京成人间亦有甲$_2$型及甲$_1$型流感小流行。可以互相印证。至于呼吸道肠道病毒、鼻病毒、冠状病毒以及肠道病毒等都未能进行检查，准备以后陆续增加多病原工作。

二、关于腺病毒肺炎的治疗问题：我们沿用蒲辅周、郭士魁大夫五十年代末、六十年代初指导我们治疗的方法[1]（腺病毒一号及辨证施治）、早期以宣肺清热解毒为主，中期加化痰止咳等药物，重症极期扶正救逆应用生脉散或人参麦冬液等。我们在七十年代注意到腺病毒肺炎存在血凝方面以至弥漫性血管内凝血的问题，对中期病例加用了活血化瘀药（腺病毒二号）。近几年北京地区腺病毒肺炎已明显减少，所收病儿中还包括一些轻症病例，病死率仍为8.3%，故总的说来较六十年代中期治疗上没有明显突破。几年来加用活血化瘀药物，虽在使罗音松快、炎症吸收和防治弥漫性血管内凝血方面可能起到某些作用，但都有待证实并应做进一步理论探索。

三、对毛细支气管炎的治疗：1974～1976年我们对毛细支气管炎应用射干麻黄汤加减，配合西医治疗，收到了较好的效果[2]。近二年来除一组仍用射干麻黄汤加减治疗外，一组用麻杏石甘汤加清热解毒药，二组结果相仿。我们体会到一般病例宜用射干麻黄汤加减，有明显表寒者尤宜用之，而有明显热象，如舌红苔黄者，以用麻杏石甘汤加清热解毒药为好。

四、关于呼吸道合胞病毒、流感病毒和副流感病毒引起的肺炎治疗问题：总地说来它们比腺病毒肺炎轻，重症病例少，只要治疗恰当，减少细菌继发感染，可能避免死亡。根据中西医结合，主用中药而一般不用抗菌素治疗的结果，我们采用的治则和方药有一定效果，并且有可能减少细菌继发感染的发生。初期用麻杏石甘汤为主剂，以后改用清热解毒合活血化瘀药或合化痰止咳药，比较起来，在罗音吸收方面，化痰止咳药效果稍优，咳嗽持续时间亦较短，对此组肺炎未见活血化瘀组有明显促进吸收作用。

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Abstracts of Original Articles

The Clinical Significance and Exploration of the Nature of the Theory "The Lung and the Large Intestine are Interior-exteriorly Related" in TCM

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The two terms lung and large intestine as described by the traditional Chinese medicine are identically the lung and the intestinal tract as those in the modern medicine. In order to disclose the mystery and to search the essence of a TCM theory: The lung and the large intestine are mutually related in the process of human disease, clinical cases of pulmonary damages with the complication of severe dysfunctions of the intestinal tract were assembled and analysed. Experimental research was also understken. They are briefly reported as following: 48 cases of ARDS of various etiologies were collected from January 1978 to 1981. They had no acute or chronic pulmonary disorders prior to the present illness. Of these 48 cases, 25 cases had severe dysfunctions of the intestinal tract just before the onset of the ARDS. Sud den onset of acute respiratory failure occurred in all of these 25 patients 1-3 days after they had developed severe dysfunctions of the intestinal tract. It is strongly suggested that ARDS could be induced by severe dysfunctions of the intestinal tract. Two typical cases were presented for illustration.

(Original article on page 77)

A Report of 400 Cases of Viral Pneumonia in Children Treated with TCM-WM

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An investigation of TCM-WM treatment of viral pneumonia in 400 clinically diagnosed cases was carried out in 1976-1978. Specimens of throat swabs and paired sera were obtained from 242 out of the 400 cases. Viral agents were demonstrated with viral isolation and/or serodiagnosis in 138 of the 242 cases, which included 53 cases of respiratory syncytial virus infection, 41 cases of adenovirus infection, 9 cases of influenza infection, 6 cases of parainfluenza infection, and 25 cases with an increase in antibodies of 4-fold or over against two or more viruses in paired sera.

The 400 patients with viral pneumonia were mostly infants and young children and were treated with traditional Chinese therapy and western symptomatic therapy, such as sedation, oxygenation and adequate fluid intaking . Antibiotics were not used in most patients. The result of the combined therapy in viral pneumonia proved to be effective.

(1) 60 cases of adenovirus pneumonia were treated with drugs for ventilating and smoothing a troubled lung and for removing toxic heat at the initial acute stage of the disease, with diagnosis and treatment based on an overall analysis of symptoms and signs at the intermediate stage, and with the method of consolidating the constitution at the critical stage so as to strengthen the patients' resistance against collapse and shock. 55 of them recovered and 5 died, the mortality being 8.3%.

(2) Among 269 cases of pneumonia due to other respiratory viruses, 63 cases were caused by RS virus, 12 by influenza virus, and 9 by parainfluenza virus, the etiological agents of the rest being undemonstrable. All patients recovered under the treatment with the traditional Chinese medicine. During 1976-1977, 131 cases were treated with the methods of ventilating and smoothing a troubled lung and removing toxic heat and activating the blood circulation to eliminate blood stasis. The results showed that 111 cases recovered completely, 13 cases improved significantly , and 7 cases were cured by a change to antibiotics when complications with bacterial infections occurred. During 1977-1978, two groups of patients were treated with two different traditional Chinese methods. The method of removing toxic heat and activating the blood circulation to eliminate blood stasis was used in the first group (59 cases), whereas the method of removing toxic heat and resolving phlegm and relieving cough was used in the second group (45 cases). It was evident that chest signs disappeared more rapidly in the second group than in the first group. Injectio of Tiarasma Quassioides Benn Alkaloid prepared from Arbor Tiarasma Quassioides and Injectio of Linalor prepared from Flos Lonicerae were each used in 17 cases. Both showed satisfactory results.

(3) 71 cases of bronchiolitis were treated with traditional Chinese medicine. It was more effective to use Shegan Mahuang Tang (射干麻黄汤, Belamcanda Rhizome and Ephedra Decoction) in the treatment of patients with cold symptoms in the exterior and to use Ma Xing Shi Gan Tang (麻杏石甘汤, Ephedra-Almond-Gypsum-Liquorice Decoction) in the treatment of patients with heat symptom-complex, such as a yellowish coating on the reddened tongue.

(Original article on page 82)

Réumé of 1,000 Emergency Cases of Three Kinds of Digestive Tract Diseases Treated with A Single Recipe of Rhubarb

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During the recent five years, a single recipe of rhubarb was used in the treatment of 1,000 cases of acute upper digestive tract bleeding (excluding cirrhosis of the liver), pancreatitis (edematous type) and cholecystitis.

1. Acute upper digestive tract bleeding: 890 cases (79% male) in all. 57% were duodenal ulcer complicated by bleeding. The rest was 20 other diseases including gastritis. Profuse bleeding occurred in 8%. After admission no patient was allowed any hemostat, except fluid replacement or blood transfusion in cases with profuse bleeding. A single recipe of rhubarb in powder, tablets or syrup was given in a dose of 3g 3 times per day until bleeding ceased in an average period of two days, which resulted in an effective rate of 97%. A random comparison was also tried between the use of rhubarb singly and the combined treatment of western medicine and Chinese medicinal herbs. Furthermore, the therapeutic effect in hemostatic process among six different preparations of rhubarb was also observed. The results showed that the use of rhubarb singly took the shortest time for arresting bleeding and absorption fever. It also had the merits of being cheap, convenient, and quick to recover. Owing to the differences in varieties and preparations of rhubarb, different therapeutic effects and side effects were also observed. At present it is assumed that the hemostatic mechanism of rhubarb may be due to its local astringent of the tannic acid content and the constriction in local blood vessels.

2. Acute pancreatitis and cholecystitis: In 100 cases of acute pancreatitis of which 61% are female, abdominal pain was found in all cases, nausea and vomiting in 73 cases, fever in 74 cases, and jaundice in 8 cases, WBC count above 10,000 in 54 cases (of which 11 cases above 20,000), urine amylase over 1024u in 51 cases, and complication with other diseases in 29 cases. During the treatment, decompression of the gastrointestinal tract and fasting were not used, but a reasonable replacememt of fluid by infusion was allowed. A decoction of raw rhubarb singly of 30-60g each time and 5-10 times per day was given until recovery. In 17 cases of high fever above 39°C or a white blood cell count over 20,000 or other complications, chloromycetin or