

# 通腑法在内科急性感染性疾病的临床应用

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中医通腑法是祛邪的一种方法。根据祖国医学中的“实热者下之”、“急下存阴”和“泄热防陷”等理论，我们将通腑法应用于内科急性感染性疾病的治疗。在急性感染病人入院后，结合病情需要，给以清热解毒或抗菌素治疗的同时，及时应用通腑法治疗，可以加速降温除热，减少中毒症状，扭转病情。我们六年来的临床观察说明，通腑法应用于急性感染性疾病早期，实为重要治则之一。现仅就通腑法的临床应用总结分析如下：

## 适 应 症

一、适应症：内科急性感染性疾病如急性肺炎、上呼吸道感染、急性菌痢、泌尿系感染、菌血症、败血症等之急性期。

二、临证要点：里、实、热、阳证。

1. 全身症状：发热、咽干舌燥，渴思冷饮，不欲食，面红耳赤。

2. 神志状态：烦躁、谵语或昏迷。

3. 胸部症状：呼吸急促，胸满胁痛，气喘痰多。

4. 腹部症状：腹胀，腹痛拒按。

5. 二便：小便短、赤、灼；大便秘结、不畅或自利清水。

6. 舌象：舌质赤红或红绛，起刺，苔黄厚燥或黄棕及白厚。

7. 脉象：多实数有力及滑数或沉伏有力，濡数等。

以上诸项中观察重点为体温、舌象及二便。

## 方药组成及用法

一、方药组成：中医用于下法之方药很多，根据急性感染性疾病急性期属实热证的特点，选方依据“攻里不远寒”的论点，需急下祛邪。以承气汤类主治，兼以护阴（因邪热伤津）和调胃（因苦寒伤胃），故综合增液承气及调胃承气组成泻热汤：大黄 15~

30g 芒硝 9g 元参 15g 甘草 6g。方解：大黄泄泻通滞、破积行瘀；芒硝通里攻下泻实火；元参清热养阴生津；甘草解毒调胃。

二、临床应用方法：凡临床符合各种急性感染性疾病的患者，男女老幼（孕妇除外）皆适用。入院后即刻口服泻热汤一剂（100ml），四小时后体温不降者再服一剂，最初 24 小时内可服三剂。服用次数以高热退、大便通、腹胀消为度。如患者一般情况差或伴有脱水、休克、酸中毒，则配合输液、纠酸、抗休克等治疗。通过临床观察未发现副作用。

## 临床应用及疗效

一、急性肺炎：临床表现以实热证及热挟湿证为多，属肺胃热盛。患者高热，口渴思冷饮，尿赤便秘，舌质红或红绛，苔黄或腻，脉实数。根据中医“肺与大肠相表里”的理论，热邪可以从腑及脏，便秘之毒热又加重热邪，故急需通大肠以泻肺热。患者入院后先服泻热汤，热挟湿者并用化湿汤。同时服用肺炎Ⅱ号而不用抗菌素，可使肺炎急性期明显缩短，临床症状随之好转。临床观察 57 例服药后 24 小时内体温恢复正常者 17 例，服药后 48 小时体温恢复正常者 17 例，72 小时内体温恢复正常者 10 例，故约 77.1% 的患者于服药后三天之内体温恢复正常。

二、上呼吸道感染：临床上以外感风热者居多，以发热、咽痛、黄痰，口干欲饮，便秘或不畅，苔黄或腻为主要表现。9 例中服泻热汤后 24 小时内体温恢复正常者 4 例，72 小时内体温恢复正常者 5 例，即三天内全部患者体温恢复正常，诸证减轻或基本消失。

三、急性细菌性痢疾：临证以发热、腹痛、里急后重、脓血便为主，舌苔黄腻或黄厚，属大肠湿热。根据中医“通因通用”，“痢无补法”的论点，通腑以荡涤肠腔，使细菌及其毒素迅速排出体外，从而减轻中毒症状。临床治疗 33 例。入院后即服用泻热汤，同时给以黄芩乌梅合剂或其他中药，不用抗菌素。于服药后

24小时内体温恢复正常者18例,服药后72小时内体温恢复正常者12例,72小时内体温恢复正常者占91%,同时腹痛、腹泻症状减轻。对脓血便及里急后重严重者配合用大黄煎剂保留灌肠,收到较好效果。

四、急性胰腺炎:多急性起病,表现有发热、腹痛、恶心呕吐、便秘等湿热内蕴,气机郁阻之临床症状。根据“六腑以通为用”、“不通则痛”的法则,运用通腑法通腑止痛。临床观察30例,服泻热汤24小时体温正常者12例,72小时内正常者9例,即70%患者三天之内体温恢复正常。腹痛明显好转后继续服用胰腺炎I号。

五、泌尿系感染:属于中医“下焦湿热”、“热结膀胱”之范畴。表现有发热、尿频、尿痛、尿急,口渴不思饮,舌红赤、苔黄腻等症状。观察7例中,4例伴有大肠杆菌菌血症。于服药后48小时内体温恢复正常者5例,临床症状明显好转。单纯泌尿系感染患者继服八正散加减,合并有菌血症者适当加用短疗程抗菌素。

六、金黄色葡萄球菌败血症:系局部感染之病菌侵入血循环引起全身性感染,导致全身严重中毒反应。中医称“脓毒流注”或“疔毒走黄”,辨证为毒热炽盛或热邪内陷,故在败血症、菌血症之早期,毒热炽盛阶段,即当通腑泻热以防陷,使全身性菌毒反应减轻或消失,尽快转入恢复期。如迁徙灶已形成,通腑法则可促进炎症局限,以利于吸收或引流。临床观察金黄色葡萄球菌败血症30例,早期均服用泻热汤,继服辨证方剂,并用短疗程抗菌素。结果不论从控制早期中毒症状还是降低死亡率看,都较单纯抗菌素组效果好。

七、成人急性呼吸窘迫综合征(ARDS):此系急性感染性疾病常见的严重并发症,死亡率高,达40~80%左右。主要表现为急性进行性呼吸困难及进行性低氧血症。患者呼吸急促、气喘躁动、发绀、腹胀、便秘,舌质绛、脉弦滑数,证属实喘,“腑结肺阻,水滞肺腑”。根据“实则泻之”的理论,通腑泄肺,以改善肺的微循环及通气功能,解除肺膨胀受限和瘀血水肿状态,同时通腑可促进对肺组织有害的肠源性类毒素的排出。临床观察18例,早期运用通腑治疗,药后大便通、腹胀减轻,呼吸困难随之得到改善,全身中毒症状好转。18例中死亡7人,死亡率为38.8%。

### 临床体验

急性感染性疾病不仅是内科的多发病,常见病,而且往往可危及患者生命,尤其在急性期病情危重,发展快、变化多,不及时抢救死亡率高。因此扭转和

控制急性期的病势,是治疗急性感染性疾病的关键。

六年来,我们根据祖国医学辨证施治的理论,对以通腑法应用于急性热性病的实热证,进行了临床观察和探讨,并注意发挥中西医诊治急性感染性疾病的特长,提高了疗效和抢救成功率。

急性感染性疾病的病因虽有不同,但实热证却为其共同之特征。急性期的主要见证是感染源(内外因、细菌、病毒、毒素等)与机体相互作用而产生的一系列临床症状。在临床实践中,我们体会到体温、舌象、二便是观察急性感染性疾病患者病情变化的重要指标。不论是否应用其他中药或抗菌素,服用泻热汤后可加速患者体温恢复、舌象实热象的消退、大便由燥结转为通畅,一般状况好转,提示病证已转入恢复期。所以尽早运用通腑法祛除实热是治疗各类急性感染性疾病及重症感染的一个重要环节。

腑的生理特性是“通”,“不通”是病态,而六腑中易影响全身脏腑功能的是大肠。通腑泻热可使滞留于肠道的病原体及其毒素和各种肠源性有毒物质、机体代谢产物排出体外<sup>(1)</sup>,促进机体的新陈代谢,改善微循环,从而保护了机体重要脏器(心、肺、肝、肾、脑)的生理功能,起到通腑护脏的作用。例如抢救呼吸窘迫综合征,通腑后腹胀减轻、膈肌下降,则有利于肺膨胀,改善通气功能。动物实验表明,通腑可减轻肾周围疏松组织水肿,使肾血流量相对增加,有利于预防急性肾功能衰竭;通腑还可以改善门脉循环,以提高肝脏解毒能力;通腑逐水则有降低颅内压力的作用。

对于“通腑法”,历代医家提出许多禁忌证和严格的适应证。我们的体会是,只要抓住主证里热邪实,尽管表证未净,仍可当通则通,以尽快解除危重感染中毒之急,防邪内陷,而不会引邪入里。不宜过分讲求脉证一致,不宜过多强调正虚,以防失掉治疗时机,延误病情<sup>(2)</sup>。由于是突击泻热,而且采取中西医结合治疗,如输液、纠正水电介质与酸碱平衡失调,可免除祖国医学中所论述的“过泄伤亡”、“引邪入里”及“下多亡阴”等副作用和年迈体虚不能“下”的禁忌,从而扩大了通腑的应用范围。

### 参考文献

1. 钱远铭:下法在内科领域的应用. 辽宁中医 6:24, 1980
2. 陈琼华:大黄的实验研究和临床应用. 新医药学杂志 5:34, 1974

other antibiotics was added. The therapeutic effect was 100%. On the average the urine amylase was lowered down to normal in 2 days, the abdominal pain disappeared in 3 days, and jaundice and fever in 5 days. The average dose of rhubarb was altogether 450g for each case. It was reported that rhubarb has inhibitive effects on trypsin, lipase and amylase. This may be the chief mechanism in the treatment of acute pancreatitis. The same is also true of the treatment of acute cholecystitis in 10 cases. On the average it took 3 days to achieve basic recovery. In the literature rhubarb is known to have cholagogic antiphlogistic and other effects. This may be its chief mechanism in the treatment of acute cholecystitis.

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### **The Use of Shen Fu (参附) Injection in Rescuing Emergency Patients**

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Shen Fu injection preparation was made with *Panax ginseng*, *Aconitum carmichaeli*, *Salvia miltiorrhiza* and was used on 46 emergency patients suffering from shocks and hypotension due to acute myocardial infarction, severe injuries, operations, toxicosis, etc. and in 5 cases of general debility at the later stage of various chronic diseases. This resulted in an effective rate of 86.5%. The advantages of this preparation are: (1) Its effect is stable and mild, without side effect. (2) It may be used together with common hypertensors possessing some synergic action and the development of dependence on them would be prevented. (3) It acts to improve peripheral circulation, strengthen the cardiovascular system, regulate the cardiac rate, tranquilize and abate the pain, and improve the function of the body as a whole. Based upon these observations, it may be suggested that this preparation is of some value in the following conditions: (1) Cardiogenic shock or hypotensive state; (2) emergency treatment of patients under shock when the hypertensors is not effective; (3) supportive treatment of general debility in late-stage chronic diseases.

Pharmacologic studies have revealed that this preparation is of low toxicity with a wide range of safety and that there is no hemolytic effect both in vivo and in vitro. Study proved that it is in agreement with the requirements of "Chinese pharmaceuticals" (1963). In addition it has also been found that it manifests resisting effect to acute cardiac ischemia caused by the secretion of posterior pituitary gland, and it acts to dilate peripheral blood vessels.

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### **A Clinical Application of Purgation Method in Acute Infections**

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Purgation method is used to dispel the invading pathogenic factors and bring down the fever in acute infections by means of a purgative mixture of Rhubarb, Merabillite, Scrophularia and Glycyrrhiza. This was carried out in acute pneumonia (57 cases), upper respiratory infections (9 cases), acute bacillary dysentery (33 cases), acute pancreatitis (30 cases), urinary tract infections (7 cases), staphylococcal sepsis (30 cases) and ARDS (18 cases), when the patients showed excessiveness symptom-complex.

In 87.4% of the patients, the body temperature was reduced to normal in 3 days after the administration of the mixture, while 30.7% in 24 hours. Meanwhile, in some cases such as staphylococcal sepsis, general symptoms and toxic reactions were relieved to some extent. At the early stage of ARDS, purgation method helped reduce the respiratory distress. Thus, purgation method is very useful in the treatment of acute infections, especially at the early stage.

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### **10 Cases of Acute Aplastic Anemia with TCM-WM Treatment**

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At present, effective methods in the treatment of acute or severe aplastic anemia are rarely reported home and abroad. The mortality of 61.5% reported by Ma Lanfang et al. is quite high. According to the clinical manifestations and pathological features of the acute aplastic anemia and clinical practice, the whole course of the disease was divided into three stages, i.e., (1) the acute stage, (2) the stable stage, and (3) the remission stage. Then the disease was treated with the combined method of Chinese and western medicine, good results were achieved with five cases under basic recovery and remission and the other five markedly improved. There was not a single case of death. Emphasis has been laid on the clinical significance of treating acute aplastic anemia according to its different stages; the appropriate combination of Chinese and western medicines; and the importance of keeping explosive cases in rigid isolation. The value and the possible mechanism of LU-RONG (gervus) injection and cortisol in the treatment of acute aplastic anemia have also been discussed.

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