·临床论著·

慢性肝炎辨证论治降酶的初步探讨

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血清谷丙转氨酶(GPT)增高，是慢性肝炎重要的生化指标之一，有不少病人长期或反复异常，甚感精神和肉体上的痛苦。目前用于降酶的方法虽然很多，但有的效果不够满意，有的虽有快速降酶作用，但反跳率较高。我们从临床实践中逐渐体会到，降酶不仅要根据病人全身情况进行中医辨证论治，同时还必须同现代医学有关研究结合起来加以考虑，这样才有助于临床疗效的提高。

改变机体的反应性

慢性肝炎部分病人，在一定阶段表现为低酶(GPT高于正常，但不超过500u)，可能与某些GPT增高原因不明的病人类似，虽然长期酶不正常，但肝脏组织学可能没有变化，本院资料证明有8.14%的病人肝活检，组织学完全正常，这就说明这些病人GPT增高不是肝脏进行性病变所致。有的病例肝组织虽不正常，但系非特异性反应性炎症，慢性迁延型肝炎约有1/4的病例属于这种类型。这些病人可能由于肝细胞膜通透性增强或反应性增强，而有长期少量的酶渗入血液。这类病人临床上常有过敏现象，如慢性荨麻疹、皮肤划痕试验阳性或者瘙痒、过敏性鼻炎、末梢血嗜酸性细胞增高等表现。改变这些病人全身反应性，有助于改变肝细胞的通透性，减少酶的释放，从而间接达到降酶的目的。据研究许多中草药能抑制反应性炎症，解除过敏状态，如丹皮、三七、徐长卿、白毛夏枯草、龙胆草、苦参等。这些药物本身具有清热解毒，活血化瘀等作用，临床上根据病人证型选用，有相当好的降酶效果。

患者张××，女，18岁，门诊病例。1976年患急性乙型病毒性肝炎（黄疸型），住某医院45天治愈出院。其后GPT总是波动于200～400u，曾服五味子制剂、中药以及各种西药均未奏效。1980年11月26日来诊。自述口咽干燥，鼻塞不通，全身皮肤瘙痒，入晚尤甚，搔抓有出血点，口渴喜冷饮，便干，舌红无苔，脉细弦微数。证属血热生风，当时GPT 356u，TTT(－)、HB_sAg(＋)，抗HBc＞1:4,000，蛋白电泳γ球蛋白26%，余属正常，末梢血白细胞总数正常，嗜酸性细胞6%，大便蛔虫卵(－)。方用：丹皮$_{15g}$　丹参$_{15g}$　苦参$_{15g}$　龙胆草$_{9g}$　生石膏$_{30g}$　防风$_{10g}$　地肤子$_{15g}$　白鲜皮$_{15g}$　生地$_{15g}$。共服24剂，GPT降至正常，皮肤瘙痒消失，其他症状减轻，HB_sAg及抗HBc未转阴，但此后GPT一直保持正常。

调整肝细胞的酸碱环境

肝细胞的酸碱环境也能影响肝细胞对酶的释放。Waver Lypress观察到肝细胞周围的pH越高(偏碱)酶的释放多而且快，pH越低酶的释放少而且慢。这就使我们联想到中医酸味药的降酶作用。这些药物口服经门脉血入肝，可能对肝细胞的酸碱环境有些调节作用，而且中医学认为酸能收，可能有减轻肝细胞渗出的作用。古人认为"夫肝之病，补用酸，助用焦苦，益用甘味之药调之"。[1]我们根据辨证在组方时选用一些酸味药，明显地加快了降酶速度。对有热象或热毒较盛者选用酸寒之品，如牛膝、鱼腥草、乌齿苋、酢浆草(*Oxalis corniculata* L.)、白芍等；对有气滞血瘀者选用有疏肝理气的生山楂、五味子、木瓜等；对脾肾虚者选用健脾固肾的赤石脂、乌梅、复盆子、山萸肉等。因为临床情况错综复杂，所以大多联合应用。其中有些药物几乎每例必用，如白芍酸甘而气寒，入厥阴肝经，能柔肝止痛。陈士铎说"胁痛不平肝总非治法。"又说："平肝舍白芍实无第二味药可代。"[2]可见白芍对于慢性肝炎之肝区痛当列为首选，此外，慢性肝炎每有正虚，不任攻伐，而白芍能补血养阴，治肝阴不足诸证。所以我们常重用至30g，取效快而无副作用。

患者刘某，男，42岁，1977年8月因急性黄疸型肝炎住某医院2月余，出院后不久GPT又升至731u，其后波动于400u左右，HB_sAg(＋)，1979年9月12日就诊，自述乏力，两腿酸软，两胁刺痛，痛有定处，便干，渴不欲饮，夜寐不实多恶梦，五心烦热，性急易怒，脸色黧黑，舌体胖，质微紫而有瘀点。证属：肝阴不足，脾虚血瘀。当时GPT305u。方用：丹参$_{15g}$　五味子$_{15g}$　白芍$_{30g}$　生山楂$_{30g}$　蒲黄$_{15g}$　五灵脂$_{15g}$　党参$_{15g}$　茯苓$_{15g}$　升麻$_{6g}$　葛根$_{15g}$　生地$_{15g}$　枸杞$_{15g}$。服14剂GPT降至正常，用原方巩固4周，随访8个月未复发。

提高机体的细胞免疫功能

感染乙型肝炎病毒引起肝细胞损害的机制虽未完全弄清，但比较一致的看法是与病毒无直接联系，而与机体的细胞免疫功能有密切联系。细胞免疫功能正常者，感染乙型肝炎病毒后，表现为急性过程。如果原来病人就有免疫缺陷，或者因为血清中存在的抑制因子而长期受到抑制得不到恢复，则发展为慢性肝炎。临床上以E-玫瑰花环形成试验（E-玫瑰花），淋巴细胞转化率(淋转)，白血球粘附抑制试验，PHA及HB_sAg等皮肤试验综合起来作为判断慢性肝炎病人的细胞免疫功能，则有70%以上的病例低于正常。根据国内进行的大量临床和实验研究，证明许多中草药能改善细胞免疫功能，如能增强网状内皮系统功能的有黄芪、人参，党参、栀子等；能增加T细胞数量及提高T淋巴细胞转化率的有黄芪、淫羊藿、五味子、茯苓、桑寄生、红花、丹参、王不留行、黄连、黄芩、蒲公英、地丁、水牛角、金银花等。对于这些药物，在具体应用时既要考虑其对细胞免疫可能发挥作用的一面，有选择性地应用；更要根据辨证论治，选用相应的药物。细胞免疫功能低下者一般来讲虚证多见，但也有因抑制因子所致的，而不是本来就有缺陷者，往往是实证。比较多的情况是正虚邪实，因此处理好扶正祛邪的关系，提高机体的免疫能力，也可提高降酶效果。

患者郑×，男，18岁，门诊病例。1969年发现GPT增高，9年来经过中西医药各种治疗，除服五味子制剂期间GPT偶可正常一、两次外，大都在400u左右。1978年4月因急于参加高考而求治。自述易疲劳，常感冒，口干口苦，喜冷饮，五心烦热，纳佳便调，颜面颈背痤疮，伴有化脓性感染。舌红，脉弦偏细数。GPT435u、HB_sAg(+)，E-玫瑰花48%，淋转68%。证属热毒炽盛，气阴两伤。治以清热解毒，益气养阴，以提高细胞免疫功能。方用：生黄芪、茯苓、白芍、五灵脂，当归、苦参、生石膏、丹皮、土茯苓、白茅根、蒲黄、连翘、丹参、升麻、葛根。服药1个月，GPT降至正常。复查E-玫瑰花68%，淋转70%，HB_sAg虽始终未转阴，但该患者经受了1978～1981年的四次紧张的高考，于1981年考入外语学院，GPT始终保持正常，健康情况良好。

调整病人的代谢机能

慢性肝炎造成的肝实质性损害，将带来糖、脂肪、蛋白质、内分泌激素、色素物质等各种代谢紊乱。其中有些代谢紊乱可以使转氨酶长期不正常，如糖代谢紊乱往往可以有持续高酶；脂肪代谢不正常可以合并脂肪肝，轻则低酶，重则高酶，甚至发展成肝硬变；蛋白代谢不正常，低白蛋白血症不仅影响肝组织修复，而且可以出现腹水身肿，高球蛋白血症可以出现絮状反应阳性。中医中药中有许多有效的调整脂肪、糖、蛋白质等代谢的方药。由于篇幅所限，此处仅以调整蛋白代谢为例加以说明。能提高白蛋白的有水牛角粉、三七、蚕蛹、人参等；能抑制球蛋白的有大枣、黄芪、甘草、大黄、桃仁、牛膝、生地、当归、川芎、红花、丹参等。对于这些药物同样还应根据辨证选用。

患者黄××，男，40岁。1977年3月发现GPT 500u，其后逐渐出现TTT阳性。1978年初服五味子制剂，GPT降至正常。虽继续服用五味子，半年后GPT又升至500u以上，去某中医院服中药加五味子粉治疗七个月余，GPT一直未降。1980年4月来诊，自述胃脘不适、恶心、厌油、腹胀、纳食不香、食后脘胀，头晕，便溏日解2～3次，两胁胀痛，腿酸沉，口粘口苦，渴不欲饮，手心发热，自汗盗汗，性急易怒，记忆力差，严重鼻衄、齿衄，蜘蛛痣很多，面部毛细血管扩张，脉弦、舌红少苔，肝脾可触及。查GPT500u以上(未稀释)，TTT20u以上，白蛋白2.8g%，球蛋白3.0g%，HB_sAg(+)。证属肝郁脾虚血瘀。方用：党参、茯苓、熟地、旱莲草、白芍、青陈皮、生石膏、益母草、连翘、丹参、升麻、葛根，加用水牛角粉、三七粉冲服。服药两个半月，GPT及TTT恢复正常，白蛋白4.8%，球蛋白2.4g%，主要症状消失，HB_sAg未阴转，已恢复工作年余，健康情况良好。

结束语

本文系个人多年来对慢性肝炎辨证论治降酶的粗浅体会，慢性肝炎长期GPT异常的治疗，除应重视辨证论治而外，由于转氨酶系现代医学的一项检验指标，仅根据辨证尚难取得满意疗效。还应结合现代医学有关研究，如病人的机体反应性、肝细胞的酸碱环境、细胞免疫功能、代谢功能等进行全面考虑，加以调整。

（本文承陈菊梅主任修改谨此致谢）

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Abstracts of Original Articles

A Preliminary Exploration of Reducing GPT in Chronic Hepatitis by Means of "Bian Zhen Lun Zhi"

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The GPT value in serum, if persistently and repeatedly abnormal , is one of the important biochemical indications in chronic hepatitis. In the treatment of chronic hepatitis by means of TCM-WM, the principle of "Bian Zhen Lun Zhi" (辨证论治, diagnosis and treatment should be based on an overall analysis of symptoms and signs, including the cause, nature and location of the illness and the patient's physical conditions) should take into consideration relevant findings of modern medicine. This paper presents the preliminary results of our practice with some case reports to illustrate our four approaches to the subject.

1. To change the reactivity of the organism: Patients with low value of GPT tend to have skin itching while the liver remains histologically normal or there are only nonspecific inflammatory reactions in it. The inhibition of reactive inflammation by *Paeonia suffruticose, Radix Notoginseng, Radix Cynanchi Paniculati , Herba Ajugae* and *Radix Sophorae Flavescentis*, etc. is helpful in reducing GPT value. For instance , the GPT value of a young female patient had remained 400u or so and HBsAg(+) for 4 years. After administering 24 doses of our prescribed Chinese herbal medicine, her GPT value reduced to normal.

2. To adjust the peripheral pH value of the liver cells: As low pH value at the periphery of the liver cells may reduce the release of GPT, the compound prescription can increase its effectiveness in reducing GPT when *Achyranthes Bidentata, Radix Paeoniae Alba, Fructus Crataeig* and *Fructus Mume*, etc. are added to it. After adminstering 14 doses of the Chinese herbal medicine to a young male patient with persistent abnormal GPT value and HBsAg(+) for two years, his GPT value reduced to normal.

3. To enhance the cell-mediated immunity of the organism: *Radix Astragali, Fructus Gardeniae, Ramulus Loranthi, Radix Scutellariae, Lonicera japonica, etc.* can enhance the functions of cell-mediated immunity. After administering the Chinese herbal medicine for a month or so to a young male patient with abnormal GPT value, HBsAg (+) and subnormal cell-mediated immunity for 9 years, his GPT reduced to normal and cell-mediated immunity recovered. No relapse was found in the following 5 years.

4. To regulate the metabolism of the patient: Many Chinese herbal medicines are effective in correcting metabolic disorders caused by chronic hepatitis, for instance, *Cornu Bubali, Radix Notoginseng, Bombyx mori*, etc. can increase the level of albumin, while *Radix Astragali, Semen Persicae, Achyranthes Bidentata, Angelica Sinesis, Rhizoma Ligustici Wallichii, Radix Salviae Miltiorrhizae* can inhibit the production of globulin. A middle-aged male patient with active chronic hepatitis was found that all indications of his liver functions had been abnormal for more than 3 years, such as GPT over 500u, TTT over 20u, A/G =2.8/3.6g% etc. After two and a half months' administration of the Chinese herbal medicine, he recovered in an all-round way and no relapse occurred for more than one year.

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A Preliminary Study on the Relationship between Immunity and Differentiation of Symptom-Complexes in CHD

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A preliminary study was performed in patients with coronary heart disease (CHD), who were divided into two groups: deficiency of Qi(vital energy) and Yin(vital essence) of the heart (DQYH), 心气阴虚) and deficiency of Qi(vital energy) of the heart (DQH, 心气虚), so as to investigate the relationship among immunity, cAMP level in lymphocytes, and differentiation of symptom-complexes (DSC). The results showed that cAMP level in lymphocytes was higher in patients with DQYH than those in DQH ($P<0.001$), This accounts for their relation witl DSC. As compared with the normal control group, the percentages of lymphocytic transformation, E-rosette formation, and tymphocytes of acid α-naphthyl acetate esterase staining positive were much lower in DQYH and DQH ($P<0.05$-0.001). This suggests an impaired cellular immunity in DQYH and DQH, but there is no significant difference between DQYH and DQH. The impaired cellular immunity may be a common feature of insufficiency symptom-complex(虚证). This may relate in part to the increment of cAMP level in lymphocytes. Changes of IgG, IgA, IgM in plasma were not significant.

(Original article on page206)

Types of Common Gastrointestinal Diseases in TCM in Relation to Salivary Osmotic Pressure

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"Slobber" is saliva and its secretion is determined by "Spleen" . Naturally, the imbalance of Yin and Yang in spleen-stomach will influence the quality and quantity of saliva. In order to explore the essence of "Spleen", salivary osmotic pressure (osmotic concentration) was used as an index and 50 cases with common gastrointestinal diseases were observed. They were divided into 4 types according to TCM differentiation of symptom-complexes. In addition, 51 healthy persons were taken as controls. The results showed that changes of salivary osmotic pressure varied with different types of gastrointestinal diseases which had the same outward manifestation. The salivary osmotic pressure increased in three types, namely, hypofunction of the spleen and stomach with manifestations of cold (脾胃虚寒), stagnancy in the liver and deficiency of vital energy of the spleen (肝郁脾虚), and deficiency of vital essence of the stomach (胃阴虚), in which there was no marked statistical difference if compared with the healthy persons, but a significant difference ($P<0.05$) and a very significant one ($P<0.01$) were present in the type of disharmony of the liver and the stomach (肝胃不和). The preliminary impression is that kinetic changes of salivary osmotic pressure in common gastrointestinal diseases seem to reflect the function of "spleen" which plays a role in regulating water and saline metabolism.

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