

加味红参汤对烧伤后 急性呼吸功能不全的疗效

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近年来,有关成人急性呼吸功能不全的论述,日渐增多,烧伤及严重感染——败血症是常见的病因^(1~4)。Bone在1979年报告急性呼吸功能不全的死亡率高达75%⁽¹⁾,而严重烧伤后的急性呼吸功能不全由于病情复杂,治疗上更困难,死亡率仍然很高⁽⁵⁾。我科在中西医结合治疗烧伤的研究中,应用加味红参汤治疗80%以上面积烧伤后呼吸功能不全患者6例,临床疗效较好,现报告如下:

一般资料

我科1978年9月~1980年4月收治烧伤面积在80%以上的病人共14例,其中男性10例,女性4例。年龄20岁~46岁。烧伤面积80%~89%者8例,90%~98%6例。全部病例在病程中均发生急性呼吸功能不全,包括休克期2例,感染期11例,修复期1例。除休克期2例合并严重呼吸道烧伤早期死亡外,其余12例按治疗组随机分为二组:应用加味红参汤组6例,未用加味红参汤组(对照组)6例。

诊断标准

按全国急性三衰抢救研究协作组休克肺专题座谈会所制定的临床诊断标准⁽⁶⁾,本组病例均具有1.有创伤、休克、感染、中毒……等发病诱因。2.有急性进行性吸气性呼吸困难,呼吸频率在30次/分以上。3.伤前均无心肺病史。4.肺部听诊有哮鸣音、呼吸音增粗或湿性罗音。5.伴有酸碱失衡—— CO_2CP 在40 vol%以下,提示可能有低氧血症。

治疗方法

对照组,均系按严重烧伤常规治疗,同时给予氧气及雾化吸入,应用皮质类固醇,解痉平喘及强心利尿等药物,加强抗菌素及内服金蒲银蛇汤⁽⁷⁾,并配合多次输入胶体和纠正酸碱平衡失调,积极处理创面等对症治疗。

加味红参汤治疗组,除上述治疗措施外,根据中

医辨证,烧伤后急性肺功能不全的一系列症状证属热毒内壅,热邪犯肺,气阴两伤。鉴于肺为主气之脏,而人参入肺补元气,气旺则五脏之气皆旺,故以红参汤配合清热解毒方药治之,以起到扶正祛邪,攻补兼施的作用⁽⁸⁾。

处方:红参25g 麦冬15g 二味单煎作茶饮。

如热入气分者加用:石膏20g 知母10g 梗米10g 黄连6g 黄柏10g 大黄6g 甘草6g。

热入营分者加用:犀角6g 生地15g 丹皮10g 玄参10g 连翘10g 竹叶10g 甘草6g。

治疗结果

应用加味红参汤组,6例中有4例急性呼吸功能不全的症状体征消失,全身及烧伤创面状况改善,表现在:1.精神好转。2.呼吸频率由32~46次/分渐趋于正常,自觉呼吸舒畅。3.体温:三例高体温由39.4°C~40°C降至38°C~39°C,一例低体温由36°C回升到38°C。4.脉率:由130~150次/分降至110~120次/分。5.肺部体征:两肺呼吸音清晰,原有的哮鸣音、干性罗音消失。一例表现部分显效,呼吸频率由40次/分左右减至30次/分左右,平稳约六小时后又继续增快,三天后终因全身感染情况恶化合并急性肾衰而死亡;另一例合并呼吸道烧伤,继发弥漫性血管内凝血、肾衰等,临床表现呈进行性加剧,治疗无效死亡。

服药天数短者3天,长者7天,平均4.2天。呼吸状况开始改善时间最快者为服药后一小时,临床症状消失时间平均为2~3天。

典型病例:黄××,男,25岁,住院号219981。因汽油烧伤总面积90%,深II度为主,伤后一小时入院,入院后十天出现寒战高热,胸闷气促,烦渴喜饮,大便干燥,小便短赤。

查体:体温达39.5°C~40°C,心率130~150次/分,呼吸30~40次/分,进行性加速,最快达56次/分。喉中有痰,双肺可闻干性罗音。脉细数,舌质

红、干、苔黄。创面潮湿，有脓性分泌物，上皮生长停滞。白细胞总数 24,000， CO_2CP 35.9vol%，创面培养有绿脓杆菌生长。诊断：疑为早期败血症，急性呼吸功能不全。给予氧气及雾化吸入，应用解痉平喘，强心利尿药物，补充胶体，并联合应用庆大霉素、羧苄青霉素、红霉素抗感染，加强创面处理等治疗。观察 12 小时，呼吸症状改善不明显，根据中医辨证，证属热邪壅肺，热盛伤津。治宜清热解毒，益气生津。故以白虎汤煎剂，当日一剂，分二次服，另红参、麦冬煎水作茶饮，服药后一小时，感呼吸舒畅，气促改善，呼吸减慢。二日后，体温下降至 $38^\circ\text{C}\sim 39^\circ\text{C}$ ，心率 110~120 次/分，呼吸在 28 次/分以下，肺部罗音消失，连服五剂后全身情况好转。在其他综合治疗下，安全渡过感染期，75 天后痊愈出院。

对照组：2 例经前述综合治疗，于 3~5 天内急性呼吸功能不全症状逐渐消失，呼吸频率由 40~48 次/分降至 20~28 次/分，全身及烧伤创面情况改善，最后得以治愈。4 例经抢救，呼吸频率由 32~38 次/分进行性增快至 48~60 次/分，全身感染情况恶化死亡。

讨 论

烧伤后急性呼吸功能不全在祖国医学里没有相应的诊断名称，亦未见有关此症的中医治疗的专题报道。但从本文报告的病例的发病和临床特点来看，除休克期可发生外，烧伤感染——败血症是发生的主要因素；鉴于其来势猛，发展变化快，具有高热、口渴、气促、烦躁或谵妄，唇粘，舌红、苔黄、脉数、尿少并伴有酸硷失衡， CO_2CP 低等特点，按中医辨证，证属热毒内壅，热邪犯肺，并有明显的气阴两伤，正不胜邪之证。我们在立法方面除清热解毒外，重点注意了机体抗感染能力的低下，即“正不胜邪”可能是发生本病的重要环节，故选用扶持正气的药物⁽⁸⁾，以红参汤为主配合祛邪的方剂进行治疗。从本文二组病例对照治疗的效果来看，加味红参汤组的疗效较对照组为优。说明应用加味红参汤治疗烧伤后呼吸功能

不全尤其在无血气监护及自动呼吸机设备的条件下，不失为一种较好的治疗手段。据近代研究，除人参皂甙是垂体——肾上腺皮质功能基础水平的加强剂外，人参有效成分——蛋白质合成促进因子（简称 Prostisol）能提高机体的免疫能力——有促进 DNA、脂质的生物合成，骨髓细胞核分裂率增加，红细胞上升，并观察到人参成分能提高 RNA 多聚酶的活性⁽⁹⁾。且有使线粒体氧化磷酸化效率减小，可能有较强的解偶联作用⁽¹⁰⁾。人参的这些作用对急性呼吸功能不全所发生的诱因和提高组织对氧的利用，减低缺氧程度及细胞代谢障碍，提高机体的防御性机能等方面，可能是有益的。

人参加白虎汤是古人用人参治疗危重病方面的可贵经验之一。据此，并从本文对烧伤后呼吸功能不全治疗的有限经验，我们体会参照现代医学的诊断及根据中医的辨证，选用加味红参汤作为综合治疗的一法是适宜的，应在早期诊断的基础上及时应用。反之，如在呼吸功能不全后期应用，可能效果不太理想。

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《中 药 通 报》扩 大 发 行 启 事

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Following the combined method of TCM-WM, diarrhoea was divided into 3 types, namely, "Waigan" (外感, affection due to exogenous pathogenic factors, i.e. infectious diarrhoea), "Shangshi" (伤食, indigestion caused by improper diet or over eating, i.e. food factor simply) and "Pixu" (脾虚, deficiency in the spleen, i.e. prolonged enteritis), which were treated with "Ge Gen Qin Lian Tang" (葛根芩连汤), "Bao He Wan" (保和丸) and "Shen Ling Bai Zhu San" (参苓白术散) respectively. In 1958-1978, these drugs were applied to 961 inpatients with diarrhoea. The total curative rate was 92.3%. Time of stoppage of diarrhoea and subsidence of fever was shortened for 1-2 days as compared with the WM group. Thus, there was a significant difference between them.

Waigan type was seen more often clinically. According to our analysis, the main pathogens were *E. coli* and Rotavirus. All cases of the bacterial diarrhoea were resistant to antibiotics in common use. Furthermore, it is recognized today that the pathogenesis of *E. coli* diarrhoea is an increase in enteric secretion due to the enterotoxin produced by the bacteria. As it is by no means induced by intestinal inflammation, there is no point in using antibiotics to diminish inflammation. As for viral diarrhoea, the use of antibiotic drugs is of no avail at all. Therefore, it would be appropriate to apply traditional Chinese medicine to treat infectious diarrhoea. When dehydration occurred, an addition of fluid therapy will elevate the therapeutic effect.

According to the experimental research of berberine on animals abroad, it was made clear that the mechanism of stoppage of diarrhoea was due to the inhibition of intestinal secretions by berberine. It was also proved in our experiment with the ligation of rabbit's intestine that the toxin of *E. coli* isolated locally had manifested a phenomenon of increasing intestinal secretion. Since the effect of "Ge Gen Qin Lian Tang" in the inhibition of bacteria is not strong, and the main component (berberine) of the decoction has been proved to possess a function of inhibiting intestinal secretion, the therapeutic mechanism of stopping diarrhoea with the given decoction is related to the function of inhibiting secretion.

Recently, there is a global tendency to investigate ways to inhibit intestinal secretion with respect to therapeutic drugs for bacterial diarrhoea, keeping an eye on the exploration of traditional Chinese medicine and pharmacology. As the treatment of diarrhoea with Chinese medicine (if necessary, combined with fluid therapy) is distinguished for its high therapeutic effect, low side-effect, convenience and economy, it is highly regarded in overseas countries, and is going to be included in WHO's relevant program.

For the moment, the use of ORS (Oral Rehydration Salts) to treat diarrhoea dehydration is being recommended by WHO and has remarkable therapeutic effect. We deem it possible to further elevate the therapeutic effect by using TCM in conjunction with ORS, which will be more appropriate for grassroot units, and is being experimented and summarized.

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The Effect of Compound Panax-ginseng Decoction in the Treatment of AARI after Burns

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This paper reports 14 cases of adult acute respiratory insufficiency (AARI) occurring in patients with burns covering more than 80% of body surface area. Among them 11 cases of AARI occurred in the septic period of burns, 2 cases occurred in the shock period with lesions of burns at the respiratory tract and resulted in death, and one case occurred in the late period of burns. In addition to a general treatment, a decoction of *Panax ginseng* compound was used in 6 cases following the principle of traditional Chinese medicine, in which the symptoms of AARI disappeared in 4 cases, improved partially in 1 case and failed to improve in only 1 case. In the 6 cases served as control, symptoms of AARI disappeared in only 2 cases, whereas 4 cases showed no improvement. This result suggests that the decoction of *Panax ginseng* compound may be beneficial to the treatment of AARI after burns. The diagnostic principles of traditional Chinese medicine, the pharmacology of *Panax ginseng* and our experiences of treatment are discussed.

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A Clinical Analysis of 277 Cases of Fresh Fractures in the Extremity Treated with TCM-WM

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During 1976-1980, 277 cases of fresh fractures in the extremity were treated with TCM-WM in this hospital. There were 54 Colles' fractures, 33 fractures of both ulnar and radial bones, 49 fractures of shaft of humerus, 65 fractures of surgical neck of humerus, 1 supracondylar fracture of humerus, 13 Patella fractures, 9 diaphyseal fractures of femur, 53 fractures of both tibia and fibula. The methods used in reduction and 8 types of TCM-WM methods of immobilization in various combinations are described in detail, such as small local wooden splint with open reduction and internal fixation, skeletal traction, abduction-splint, plaster of Paris bandage, ring around patella etc. From 4 years' follow-up, the clinical functional results were excellent to good in 222 cases (80.1%), fair in 21 cases (7.6%), bad in 4 cases (1.5%), and unknown in 30 cases (10.8%). Three basic problems concerning the combined method of TCM-WM are discussed.

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