

• 临床论著 •

# 补肾益肺法在哮喘持续状态抢救中的应用

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哮喘持续状态是常见急症和治疗棘手的疾患,严重者可引起呼吸衰竭危及生命。我院应用补肾益肺法(方用参蚘散或人参胡桃肉汤)配合西医西药,于哮喘持续状态患者的抢救中,取得了显著的疗效。

## 临床资料

一、治疗对象:为临床确诊的支气管哮喘9例,哮喘性支气管炎3例。此次发作剧烈而持续,虽经多种治疗12小时仍不能控制的患者。

二、一般资料:1.性别和年龄:本组12例发作16次,其中女性7例,男性5例。年龄最小18岁,最大59岁,平均31.6岁。

2.既往病程:最短1年,最长21年,平均13.4年。75%病程在5年以上。

3.发作持续时间:最短24小时,最长7天,平均4.2天。

4.临床表现:本组均为重度发作病例,均表现严重呼吸困难。口唇、指端紫绀8例,其中明显紫绀5例,3例轻度紫绀。大汗淋漓8例。有1例曾有呼吸暂停,经人工呼吸后恢复。

5.已施治疗:除吸氧、输液外,均已用过中等剂量激素,多种支气管解痉药及抗菌素治疗。其中氢化考的松(下称氢考)11例次平均220 mg/天;地塞米松5例次平均90 mg/天;促肾上腺皮质激素7例次平均25 u/天。部份病例还滴注碳酸氢钠纠正酸中毒。经以上治疗持续一时期仍无缓解者加服中药。

6.中医辨证:寒喘(冷哮)组7例:证见喘促气急,喉有水鸡声,痰色白而清稀,面色晦滞,口不渴或喜热饮。苔薄白或白腻,舌面滑

润,脉弦滑或浮紧。热喘(热哮)组5例:证见咳呛阵作,痰黄稠厚难咯,胸闷息粗,口干口苦,喜饮水或喜冷饮,或身热无汗。舌质较红,苔黄腻,脉滑数或细数。

12例患者经详细辨证均有不同程度的肾阳虚表现,证见神情疲惫,垂头抬肩,畏寒肢冷,面色晦滞,唇甲发绀,头汗涔涔等。

7.实验室检查:4例测定血气分析:pH分别为7.405、7.35、7.455、7.57,血氧分压为59.9、68、72、75 mmHg,说明有低氧血症。血二氧化碳分压为25.6、36、39、56 mmHg,二氧化碳结合力测定5例分别为26.8、52.5、63.2、67.2、82 vol%,说明有不同程度酸碱平衡失调。

三、方剂和用法:1.参蚘散(《济生方》):移山参(或朝鲜红参、生晒参)9~10 g,蛤蚘一对(去头)煎服,每日一剂,连服1~2天,待症状控制后改研粉6 g/日分服。共服10人次。

2.人参胡桃肉汤(《济生方》):移山参(或朝鲜红参、生晒参)9~10 g,胡桃肉10 g。共服6人次。偏于肾阳虚者用此方。

以上为应用之主方,结合临床辨证,寒喘者选用三拗汤、小青龙汤、三子养亲汤;热喘者选用麻杏石甘汤、白果定喘汤等,以增强清热、平喘和化痰作用。

四、疗效判断与结果:按全国防治慢性气管炎工作会议单项症状疗效判断标准,临床控制9例次,显效3例次,好转3例次,总有效率94%。无缓解1例次。起效时间:指治疗后气喘、胸闷症状和体征消失或显著改善的时间。16例次中1天起效2例次,2天7例次,3天5例次,4天1例次。

临床控制和显著好转病例,都在服药后哮喘减轻同时能安然入睡,醒后精神渐振,胃纳

好转。皮肤色泽恢复（与皮肤血管收缩、竖毛反射恢复正常有关），肌力有所增进，支气管平滑肌、胸肋间肌功能改善使咳痰较易，心率减慢，两肺哮鸣音减少等，这些表现是单用西药所难以达到的。

### 典型病例

张×× 女性 47岁 院号408532 于1976年5月16日下午入院。患者有哮喘病史20余年，每逢冬季发作。此次于入院前一天哮喘又大发作。已用氢考175mg静滴、地塞米松5mg静推以及肾上腺素、氨茶碱等均未能控制哮喘发作，并有一度神志不清伴大小便失禁，以“哮喘持续状态”收入院。体检：烦躁、呼吸困难明显，端坐位，口唇青紫，双肩前倾，吸气时锁骨上窝凹陷。心率122次/分，律齐，两肺布满哮鸣音。白细胞22,300，中性92%，二氧化碳结合力26.8vol%，血钾2.5mEq/L、钠138mEq/L、氯90mEq/L。入院后即给予氢考300mg静滴、喘定0.5g静推，1:1,000肾上腺素0.5ml皮下注射。琥珀氯霉素加青霉素钠盐静推以控制感染。哮喘持续不缓解，再予地塞米松5mg静推，0.3% $H_2O_2$ 稀释液及碳酸氢钠静注，以及氨茶碱0.5g加水合氯醛灌肠，哮喘仍持续不缓解。且出现神志不清，烦躁，口唇指甲紫绀明显，准备气管切开治疗。5月17日上午中医辨证见喘发不停，张口抬肩，面色晦滞，唇甲紫绀，大汗淋漓，咳痰粘，苔黄腻，脉滑数。证属痰浊壅阻，肾气虚衰，本虚而标实，标本同治。投以朝鲜白参10g，蛤蚧一对，伍以三子养亲汤及二陈汤。氢考减少100mg，氨茶碱仍用。次日，即见哮喘略平，神志转清，能进食。口唇紫绀已不明显，但两肺仍有哮鸣音。19日哮喘大为改善，精神焕发，停吸氧，氢考减至100mg/日。两肺哮鸣音大减，病情明显好转，以后渐趋恢复。

### 讨论

重症哮喘持续状态病死率国外报道为9~38%，并认为治疗关键在于早期应用足量皮质激素，辅助呼吸也是一重要治疗手段<sup>(1)</sup>。本组患者虽经各种治疗仍不能控制，在原先治疗基础上加用参蛤散或人参胡桃肉汤为主的补肾益肺方，能减少原来西药量，并在短时间内促使哮喘持续状态缓解。本法疗效显著，故可作为中西医结合治疗哮喘持续状态的一个有效措施。

哮喘反复发作，迁延者无不由肺及肾引起肾虚。因此治宜补肾，尤以温肾扶阳为治疗中十分重要的环节<sup>(2)</sup>。根据临床实验及病理观察，发现“肾阳虚”证具有下丘脑—垂体—肾上腺轴功能紊乱，通过温补肾阳治疗后靶腺恢复明显，而且对支气管哮喘等凡有肾虚证候的疾病同样可用补肾法提高疗效<sup>(4)</sup>。亦有学者报道多数哮喘患者尿17羟、17酮偏低，加用温肾药后获得改善<sup>(5)</sup>。对具有肾阳虚证病死患者的尸解，发现其垂体、肾上腺、甲状腺、性腺均有变性和萎缩<sup>(6)</sup>。以上观察结合本组的临床，提示哮喘持续状态患者兼有慢性下丘脑—垂体—肾上腺、甲状腺功能不足，在此基础上有发生急性功能不全的可能。本组12例患者均有不同程度肾阳虚表现，因此，急宜采用参蛤散或人参胡桃肉汤。方中人参大补元气，固脱生津。现代医学证明人参有增强中枢神经系统调节功能，增强适应能力，并增加机体对各种有害刺激的抗御力。动物实验证明人参有对抗动物因失血或窒息而处于垂危状态的作用，并延长其生存时间，促使恢复<sup>(3)</sup>。而蛤蚧则具有补肺益肾，摄纳肾气，定喘止嗽作用；其补肺气，定喘止渴，功同人参，两者合用补肺益肾相得益彰。胡桃肉性甘温，温肾益肺用于劳嗽喘息。与人参配伍主治虚喘，胸满喘急，不能睡卧者。本组病例应用上述二方，同时根据辨证加减，进一步提高了疗效。补肾益肺法在哮喘持续状态的抢救治疗中具有一定作用，值得进一步探索。

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## Abstracts of Original Articles

### Strengthen the Lung by Way of Tonifying the Kidney in the Management of Status Asthmaticus

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The mortality rate of status asthmaticus documented in the medical literature is 9-38%. Twelve patients with 16 attacks including one case of respiratory arrest all survived after the use of Ginseng-Gecko powder ( 参蛤散 ) and Ginseng-Walnut decoction ( 人参胡桃肉汤 ) in combination with steroids, bronchodilators and antibiotics. Among the group, there were 7 females and 5 males, aged 18-59 years, course of illness averaging 13.4 years. The attacks persisted from 24 hours to 7 days, having a mean of 4.2 days. They all exhibited severe dyspnea, marked cyanosis and profuse sweating, and one had transient respiratory arrest. After the use of hydrocortisone averaging 220mg/day (11 occasions), dexamethasone averaging 9mg/day (5 occasions), ACTH 25u/day (7 occasions), and large doses of bronchodilators and antibiotics failed to bring about any remission, medicinal herbs were added. Differentiation of symptom-complexes in TCM: revealed 7 cases of cold asthmatics and 5 cases of hot asthmatics, all of which exhibited varying degrees of deficiency in the vital function of the kidney ( 肾阳虚 ).

Prescription: (1) Ginseng 10gm and a pair of gecko decocted and administered once daily; (2) Ginseng-Walnut decoction, 10gm for each ingredient once daily. Other herbs were given in addition for the enhancement of anti-heat, antiasthmatic and expectorant effects, in accordance with the symptom-complex manifested in each patient. Results: 56% were brought under control, 19% markedly improved and 19% improved, making a total effective rate of 94%. The effectiveness was apparent in 1-4 days. Concomitantly, the general status also appeared markedly improved.

According to the theory of TCM, the development of asthma is initiated as the vital function of the lung, spleen and kidney is deteriorating. If it lasts persistently and sufficiently long, all patients would show deficiency of vital energy of the kidney. Ginseng restores the vital energy, enhances the resistance to stresses, modulates the function of central nervous system, relieves excess stimulation from neurotransmitters released during the attack and eventually restores the normal response of the organism. Gecko and walnut both have the action of warming the kidney and reinforcing its vital function. The authors highly advocate its use in combination with the steroids in achieving remission of status asthmaticus.

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### Shengmai Injection in the Treatment of Infectious Shock

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This is a report of therapeutic efficacy of Shengmai injection in the treatment of 24 patients with clinically confirmed infectious shock. Shengmai injection prescription prepared by the department of pharmacy of Sichuan Medical College is similar to the composition of an ancient TCM prescription. It includes: *Panax ginseng* 1gm; *Liriope spicata* 3.12gm; and *Schisandra Chinensis* 1.56gm. The injection was given intravenously 40-100ml per day for one or two days either singly or in combination with other medicine. Following medication, stabilization and increase of blood pressure as well as functional improvement of other organs were observed. Of all the patients, 17 cases which had been irresponsive to vascular activators showed stabilization and elevation of blood pressure after the addition of Shengmai injection. In the remaining 7 cases in which Shengmai injection was given singly, similar results were obtained. Pharmaceutical studies revealed that the effects of Shengmai injection include: anti-inflammatory effect; anti-toxic effect; decrease of capillary permeability; enhancement of cell-mediated immunity; inhibition of IgE-mediated immunity; stimulation of adrenocortical function; elevation of hypoxic endurance; activation of reticulo-endothelial system; and effects on myocardium and hemodynamics. The actions mentioned above will contribute to a further application of this injection in clinical practice.

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