

降氮汤为主中西医结合治疗尿毒症

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我院于 1976~1979 年采用中西医结合的方法,治疗慢性肾功能衰竭(尿毒症)50 例(以下称中西组),疗效尚好,现与 1972~1975 年单纯西医西药治疗的 50 例住院患者进行对照分析,报告如下:

临床资料

一、年龄与性别:年龄:26~60 岁两组各占 86~88%。性别:中西组 50 例中男 34 例,女 16 例;西药组 50 例中男 27 例,女 23 例。

二、两组治疗前肾功能情况:1. 非蛋白氮(NPN):40~100mg%者,中西组 15 例,西药组 10 例;100~150mg%者,中西组 19 例,西药组 19 例;150~200mg%者,中西组 11 例,西药组 15 例;≥200mg%者,中西组 5 例,西药组 6 例。2. 酚红排泄试验(PSP):查中西组 29 例,西药组 4 例,PSP 0 者分别为 6 例和 3 例;1%~10%者仅中西组 15 例;10%~30%者两组分别为 7 例和 1 例;30%~40%者仅中西组 1 例。3. 内生肌酐清除率:中西组检查 20 例,<20%者 16 例,西药组检查 5 例均<20%。

三、并发症情况:1. 肾性高血压:中西组 36 例,西药组 34 例。2. 继发贫血:中西组 39 例,西药组 46 例。3. 高血钾:中西组 5 例,西药组 6 例。4. 酸中毒:中西组 32 例,西药组 42 例。5. 血浆白蛋白测定:中西组和西药组分别检查了 39 例和 33 例,其中 A/G 倒置、最低白蛋白值低于 3g%者,中西组 10 例,西药组 15 例。

从以上情况表明两组临床情况基本一致,有可比性。

治疗方法

一、西药组:1. 饮食及液体量控制:根据肾功能失代偿的程度,对蛋白质摄入量要加以限制,每日给予蛋白质 20~45g。凡有水肿、少

尿、心功不全者,液体量控制在 500~1,000ml/日以内,如果尿量超过 1,000ml/日,又无浮肿者,液体入量不限制。2. 对症治疗:利尿降低容量负荷、消除水肿、降血压、促进有毒物质的排泄,应用速尿 80~400mg/日,无效者加用利尿酸钠。为改善肾脏血液循环,我们配合应用菸酸 100~200mg、维生素 C 1~3g/日、辅酶 A 50~100u 加入 5%或 10%葡萄糖 500ml 内静脉点滴,每日一次;肾性高血压既是慢性肾功能衰竭的后果,又是加重肾功能衰竭、导致死亡的重要因素,因而要积极控制,可选用 β 受体阻滞剂可乐宁及血管扩张药如地巴唑、酚苄明、罂粟碱等;及时应用硷性药物纠酸,碳酸氢钠不仅可中和酸性代谢产物,同时可扩张血管;注意保持电解质平衡,防止出现高血钾,纠正低血钙。

二、中西组:肾功能衰竭为脾肾衰败、湿浊热邪内蕴所致,属邪实正虚,故需标本兼治,用降氮汤(大黄 30g,桂枝 30g),湿热重者用大柴胡汤(大黄 30g),每剂煎成 200ml。患者取左侧卧位,并将臀部垫高,插入肛管 30cm,用 50ml 注射针管缓慢将药液注入、保留,每次灌入 100ml,每日 1~2 次,重症者可每日四次,每 10 次为一疗程。对保留灌肠有困难者,可改为服用大黄胶囊(每粒含 0.6g,每服 3~5 粒,2~3 次/日)。当患者出现纳呆、脘腹胀满、恶心呕吐等症状,舌淡苔腻、脉沉滑,治疗除降氮汤保留灌肠外,需和胃降逆、升清降浊,配合服用陈皮、法夏、竹茹、伏龙肝、生姜、炒麦稻芽、代赭石等药物为主的方剂。慢性肾炎发展到尿毒症期,脾肾两虚、气血双亏,出现面色苍白无华、神疲体倦、心悸气短、周身浮肿,舌质淡、体胖、有齿痕,脉沉而虚。待患者氮质血症症状缓解后,需温肾扶脾、补养气血。服用以生黄芪、太子参、云苓、白术、山药、当归、熟地、五味子、枸杞子、肉苁蓉、肉桂、

附片等药物为主的方剂。本组西药治疗同上。

疗 效

治疗后血浆 NPN 下降 30mg 以上者, 中西组 23 例(46%), 西药组 14 例(28%); 治疗后血浆白蛋白提升到 3g% 以上者, 中西组 5 例, 西药组 3 例。住院病死率: 中西组死亡 19 例, 死亡率为 38%, 西药组死亡 38 例, 死亡率为 76% ($P < 0.01$)。

死亡与病情分级的关系: 轻型(NPN 40~60mg%), 中西组无死亡, 西药组死亡 2 例; 中型(NPN 61~100mg%), 中西组死亡 2 例, 西药组死亡 4 例; 重型(NPN > 100mg%), 中西组死亡 17 例, 西药组死亡 32 例。

讨 论

一、慢性肾功能衰竭以往均采用不同方法的利尿治疗, 如利尿合剂的应用; 减少蛋白质摄入以降低 NPN 的产生; 也有用血液透析或肾移植等法治疗, 但均需要一定条件而不能普及。我们在临床观察中, 应用中西药治疗,

使患者于住院期间 NPN 有所下降, 如治疗后中西组 NPN 下降者 32 例, 西药组 19 例。从两组回顾性对比看, 应用以大黄为主的中药治疗, 都能不同程度地降低 NPN, 缓解病情, 使住院期间病死率降低。

二、本症在祖国医学中认为系脾肾虚衰、湿浊内阻引起, 正虚邪实是 its 特点。脾肾两虚为其本、湿浊热邪为其标, 故其治疗需标本兼治。降氮汤中大黄除荡涤肠胃陈垢、通腑降浊外, 还有清热解毒、活血化瘀、降压利尿等作用, 桂枝有温经通脉作用, 可治水饮内停、小便不利。根据临床观察, 降氮汤保留灌肠对降低 NPN 有一定作用, 一般于治疗 10 天后 NPN 即有不同程度下降。原拟方加桂枝是用于阳虚寒象明显者, 但经临床观察两方效果区别不明显。

通过本文总结我们体会到, 采用以大黄为主的汤剂保留灌肠, 并配合中医辨证中药口服, 辅以西医纠正水、电解质及酸碱平衡紊乱等中西医结合的综合治疗措施, 可以延长慢性肾功能衰竭患者生存时间, 降低住院病死率。

中西医结合治疗溃疡病虚证 92 例的临床观察

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为提高溃疡病的治愈率, 对胃镜确诊的活动期溃疡病, 中医辨证有虚证表现者, 按随机化原则分成中西医结合治疗组及对照组。两组溃疡类别、分型、病程及性别、年龄分布等临床资料大致相仿。治疗组 92 例采用健脾益胃汤为基本方, 由黄芪 12g 白芍 12g 白芨 9g 两面针 9g 云苓 12g 炙甘草 9g 大枣 4 枚等组成。根据中医分型予加味: 肝郁胃弱型加柴胡 9g 枳壳(或厚朴) 9g 川楝子 9g; 脾胃虚寒型加桂枝 9g 生姜 3 片; 胃阴不足型加沙参 12g 麦冬 12g 生地 15g 钩藤 12g (后下); 虚寒夹热型加桂枝 9g 黄芩 9g 知母 9g; 或按不同兼证而加减。同时给痢特灵, 每次 0.1g, 每天 3~4 次, 服 6 天停 4 天, 再服 6 天停 4 天。共 20 天为一疗程, 一疗程后复查胃镜, 必要时连服 2~3 疗程。对照组 40 例按常规用量给予一般解痉制酸剂对症治疗, 疗程同治疗组。中西医结合治疗组平均经 34.9 天治疗, 临床治愈(溃疡消失)

58 例, 显效(溃疡缩小) 24 例, 进步(溃疡及症状改善) 7 例, 无效(溃疡症状均无改善) 3 例; 对照组平均经 54.1 天治疗, 临床治愈 13 例, 显效 7 例, 进步 13 例, 无效 7 例。前者总有效率 96.74%, 治愈率 63.04%; 后者总有效率 82.5%, 治愈率 32.5%。两组间对比具有非常显著差异, P 均 < 0.01 。说明中西医结合的方法疗效较优。不同类型或证型之间的疗效未见明显差异, P 均 > 0.05 。

溃疡病系慢性病损, 溃疡周缘及附近粘膜常伴有急性或慢性炎症改变, 辨证多属虚证。我们根据辨证与辨病相结合的原则, 运用中医“扶正祛邪”的理论, 采用健脾益胃汤加味方调动机体内因, 增强内脏功能以扶正, 采用痢特灵作用于溃疡局部, 制酸消炎以祛邪, 使扶正与祛邪相结合, 基本方与辨证加味相结合, 中药与西药相结合, 从而提高了疗效。

The patients were treated by a combination of TCM-WM, using western medicine according to symptoms and using Chinese medicinal herbs according to differential diagnosis of symptoms and signs. The latter results in four types: Deficiency of both Qi (vital energy) and Yin (vital essence) in both spleen and kidney, 31 cases, treated with Shen Qi Di Huang mixture (参芪地黄合剂), Da Bu Yuan decoction (大补元煎), and decoction of Sheng Mai San (生脉散煎剂) with modifications; deficiency of vital energy of the spleen and kidney, 11 cases, treated with Bu Zhong Yi Qi decoction (补中益气汤), Bao Yuan decoction (保元汤), Fu Zi Li Zhong decoction (附子理中汤), and Zhen Wu decoction (真武汤) with modifications; deficiency of Yin of the liver and kidney, 6 cases, treated with Qi Ju Di Huang decoction (杞菊地黄汤), and Zhi Bai Di Huang decoction (知柏地黄汤) with modifications; deficiency in both Yin and Yang (vital function) of the kidney, 5 cases, treated with Gui Fu Di Huang decoction (桂附地黄汤), and Ji Sheng Shen Qi decoction (济生肾气汤) with modifications. — all these belong to asthenia of healthy energy. When pathogenic factors are prevailing, such as evil wetness, stagnated blood, dampness and heat, wind and heat, etc. it should be treated with discretion. The efficacy of treatment: 7 cases were markedly improved, 13 cases moderately improved, 21 cases failure, and 12 cases death.

(Original article on page 86)

Combined Treatment of Uremia with Chinese Herbal Medicine and Western Medicine

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Since 1976, 50 cases of chronic renal failure with uremia have been treated with a combined method of Chinese herbal medicine and western medicine, chiefly with enema of suspension of *rheum*. In comparison with the therapeutic effect obtained with the western method in 50 cases, the mortality rate was reduced from 76% in the western medicine group to 38% in the combined treatment group ($P < 0.01$).

Plasma NPN was reduced more than 30mg% in 46% of the combined treatment group while it was 28% only in WM group. Therefore, the combined treatment is more effective as a palliative treatment for uremia.

(Original article on page 89)

TCM-WM Treatment of Aplastic Anaemia —A Clinical Analysis of 60 Cases

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In the paper, 60 cases of acute and chronic aplastic anaemia have been described. These cases were divided into 4 types, by means of analysing and differentiating pathological conditions in accordance with the Eight Principal Syndromes, i.e. "Pi Shen Yang Xu syndrome" (insufficiency of vital energy of the spleen and kidney), "Gan Shen Yin Xu syndrome" (deficiency of vital essence of the liver and kidney), "Shen Yin Yang Xu syndrome" (deficiency of both vital essence and vital energy of the kidney), and "Ji Lao Sui Ku syndrome" (Acute exhaustion of bone marrow with feverish toxication). The four types of syndromes were treated respectively by decoctions of warming and tonifying the spleen and kidney, nourishing the vital essence and replenishing the kidney, nourishing the vital essence and reinforcing vital function, and dispelling noxious heat from blood. The basic prescription for chronic aplastic anaemia is "Shen Qi Xian Bu decoction" (参芪仙补汤), and testosterone propionate and/or stanozolol were used at the same time. Evaluation of therapeutic effect followed the national criteria of treatment for aplastic anaemia. Of all patients, there were 15 cases of recovery, 23 cases of remission and 16 cases of obvious improvement, the overall effective rate being 90.0%. Through long-term followup, the therapeutic effect of combined treatment is better than that with Androgens alone.

(Original article on page 95)