

# 中西医结合治疗阵发性睡眠性血红蛋白尿28例

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阵发性睡眠性血红蛋白尿(PNH)是一种获得性慢性血管内溶血。我院自1973~1982年4月共收治30例,其中采用中西医结合治疗28例,现总结如下。

## 一般资料

28例中男性20例,女性8例。最小年龄20岁,最大年龄51岁,平均年龄33.5岁。发病至确诊时间最短者为1个月,最长者为2年。症状及体征有贫血28例,黄疸4例,血红蛋白尿10例,出血倾向5例,感染发热7例,肝脾肿大5例,心脏扩大3例。实验室检查,血常规:血色素1.5~9g,红细胞64万~270万,白细胞1,600~11,800,血小板4万~16.8万,网织红3.5~20%,出现晚幼红6例。骨髓象:增生明显活跃26例,增生活跃2例。溶血象:糖水试验28例皆为阳性,Ham试验28例皆为阳性,Rous试验有26例阳性,Coomb's试验共做4例皆为阴性。

## 诊断依据

在下列情况下,需要考虑PNH的诊断<sup>(1,2)</sup>:

一、没有原因的血管内溶血,特别是存在血红蛋白尿;二、全血细胞减少合并溶血,或者骨髓活检时有或没有骨髓抑制的证据;三、不能解释的缺铁性贫血,特别是合并有溶血;四、反复发作不能解释的腹部及背部疼痛或在慢性溶血中存在头痛;五、反复发作的静脉血栓形成,尤其有门静脉血栓者。通过应用检出补体一敏感细胞的试验之一(如Ham试验、糖水试验等)能容易地做出诊断。

## 治疗方法及疗效

一、西医治疗:常规应用泼尼松20mg,3/日,VitE100mg,2/日,肌肉注射。贫血严重加用丙酸睾酮50mg 1/日肌肉注射,输洗涤的红细胞,有缺铁者补充枸橼酸铁胺,骨髓细胞有巨变者加用叶酸,有感染者应用抗菌素积极控制感染。

二、中医治疗:按以下辨证论治方法。

(一)心脾两虚型,15例。主证:面色萎黄,心悸气短,纳呆乏力,下肢浮肿,舌质淡有齿痕,脉细弱。治以补血养心,益气健脾法。以归脾汤、八珍汤等为代表方剂,药用党参、黄芪、白术、炙甘草、当归、龙眼肉、茯神、酸枣仁、远志、木香、红枣、生姜等。

(二)肾阴虚型,8例。主证:频发的睡眠后酱油色尿,腰酸腿软,头晕无力,心悸耳鸣,舌红少苔,脉细数。治以滋肾填精生血,方药用熟地、山萸肉、山药、泽泻、茯苓、丹皮、枸杞子、炙甘草、当归、黄芪等。

(三)肾阳虚型,5例。主证:畏寒肢冷,腰酸腿软,乏力心悸,头晕困倦,脉沉细,舌质淡白。治以温补肾阳,养血,方药用熟地、山药、山萸肉、泽泻、丹皮、茯苓、制附片、肉桂、当归、黄芪等。

本文28例PNH中常兼有痰湿及血瘀。由于脾运化功能不足,患者常有上腹饱胀,食欲不振、脉滑,舌苔厚腻等。由于气血不足,而致气滞血瘀。兼痰湿者,常用健脾利湿方药:白术、茯苓、山药、薏米、泽泻及二陈汤等,其中重用白术及茯苓各30g;有血瘀时加入丹参30g。

经中西医结合治疗, 获得缓解 12 例 (无 PNH 的临床症征, 生活能自理或恢复工作, Hb10g 以上, 血小板 $>10$  万, 网织红 $<5\%$ ), 缓解率 43%; 有效 14 例 (临床症状有不同程度的减轻, Hb 较治疗前上升 3g 以上, 但未达到 10g), 有效率为 50%; 无效 2 例 (1 例发生溶血危象, 另一例演变为红白血病), 占 7%。对单纯性 PNH 总有效率 93%。

## 讨 论

一、本文中 PNH 的患者多有面色萎黄, 头晕, 心悸, 气短, 腰酸腿软等证, 尤为有睡眠后出现酱油色尿, 故属于中医学的“虚黄”或“虚劳亡血”的范畴, 病因为虚损, 与心、脾、肾三脏关系密切, 而以脾、肾二脏为主要, 尤其是肾, 肾为先天之本, “肾藏精”, “肾主骨生髓”, 肾精不足, 髓虚则精血不足, 故机体抵抗力降低, 易遭感染而诱发本证, 而致“虚黄”。脾为后天之本, “脾主运化”, 若劳倦伤脾,

脾虚不能生血, 心失所养, 故临床上常出现心脾两虚之证。故本组 28 例均属心脾两虚、肾阴虚及肾阳虚范畴。其治则包括健脾、补肾、益血、养血等法则。

二、因为 PNH 主要诱发溶血原因之一是感染, 故在辨证论治基础上加用黄芩、黄柏、黄连等清热解毒药, 极为适合, 亦符合现代医学之治疗要求。我们体会用滋阴泻火、益气养血法, 对 PNH 有阴虚盗汗时确有一定疗效, 但也应随证加减。迄今西医对 PNH 的治疗无特效之方法<sup>(3)</sup>。运用中西医结合治疗本病是重要的途径。

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# 麻苡参甘汤治疗坐骨神经痛 50 例观察

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笔者运用中药麻苡参甘汤治疗坐骨神经痛 50 例, 取得了较好疗效, 报告如下。

**一般资料** 50 例中男 33 例, 女 17 例。年龄在 20~29 岁 8 例, 30~39 岁 20 例, 40~49 岁 17 例, 50~59 岁 3 例, 60 岁以上 2 例。病程最长者 10 年, 最短者 1 个月, 平均 3 年左右, 其中半年以上者占多数。对 12 例患者在治疗前检查血沉多为正常, 抗链“O”测定有 6 例超过 500 单位。50 例中确诊为原发性者 48 例, 继发性者 2 例。

**配方用药** 麻黄 20~30g 苡仁 20~50g 党参、木通、甘草各 15g。水煎 2 小时以上, 每天一剂分二次服。连服 4 天为一疗程, 三疗程观察疗效。并发严重神经官能症、痫症或明显心血管疾病患者忌服。

**疗效** 临床症状及体征完全消失为痊愈; 基本消

失为显效; 部分症状与体征消减为有效; 症状与体征无改变者为无效。本组 50 例中痊愈 27 例占 54%, 显效 6 例, 有效 13 例, 无效 4 例, 总有效率 92%。

**体会** 1. 本病在祖国医学属痹证范畴。《素问·痹论》篇指出: “风寒湿三气杂至, 合而为痹也。其风气胜者为行痹, 寒气胜者为痛痹, 湿气胜者为着痹也”。说明风寒湿是引起本病的主要原因。本方具有祛风散寒、渗湿镇痛、通利血脉之功效, 且用党参、甘草扶助正气, 使祛邪而不伤正。用后血脉通利, “通则不痛”, 因而取效。2. 临床观察, 本方对风寒湿型 (多见于原发性坐骨神经痛) 疗效颇为满意。但对风热湿型 (多见于继发性坐骨神经痛) 则疗效欠佳, 应辨证施治为宜。

## TCM Typology of Renal Hypertension and Changes of PG, Renin, Angiotensin II, Cyclic Nucleotide in Plasma

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The treatment of chronic glomerulonephritis type of hypertension is now still a problem. According to the differentiation of symptom-complexes, the content or activity of PG (PGA<sub>2</sub>, PGE<sub>1</sub>, PGF<sub>2α</sub>) renin, angiotensin II, and cyclic nucleotide (cAMP, cGMP) in plasma were measured respectively for the deficiency of Yin (vital essence) of the kidney, the deficiency of Yang (vital function) of the kidney and the deficiency of both Yin and Yang in 42 cases with renal hypertension. At the same time, the determination of sodium and potassium content in urine for 24 hours has also been carried out, and the relationship between the changes of these indications and the typology of TCM observed. 17 cases of them were treated with the method of activating the blood circulation to eliminate blood stasis and tonify the liver and kidney, the results of which were compared with the above indications to investigate the mechanism of lowering hypertension with such method of treatment. The clinical study has shown: 1. Most cases of renal hypertension are of the deficiency of Yin type on the basis of TCM differentiation of symptom-complexes. 2. In the groups of deficiency of Yin and deficiency of both Yin and Yang of renal hypertension, increase in PG, particularly the PGF<sub>2α</sub> presents direct proportion with renin. 3. In the group of deficiency of Yin and Yang, PGE<sub>1</sub> and PGF<sub>2α</sub> both exhibit direct proportion with cAMP. 4. In the above group, the activity changes of renin display inverse proportion with the excretion of sodium in urine for 24 hours. 5. Compared with the deficiency of Yin group, angiotensin II in the deficiency of Yin and Yang group increases significantly. 6. Good results have been observed in 17 patients with renal hypertension treated by activating the blood circulation to eliminate blood stasis and tonify the liver and kidney. This method of treatment may improve the blood circulation of kidney and promote the synthesis and release of PGA<sub>2</sub> and PGE<sub>1</sub>.

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## An Investigation of the Relationship between Yang Xu Symptom-Complex in TCM and Thyroid

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The paper deals with the fact that deficiency of Yang and Yin seems to be connected with the thyroid which plays a part in energy metabolism. Therefore attempts have been made to investigate in the experiment the relationship between Yang Xu and Yin Xu in TCM and thyroid. Serum T<sub>3</sub> and T<sub>4</sub> was examined by radioimmunoassay. After determining T<sub>3</sub> and T<sub>4</sub> in 30 cases of healthy persons, 31 cases of Yang Xu (16 cases of Yang Xu of heart, 9 cases of Yang Xu of spleen and kidney and 6 cases of Yang Xu of the kidney) and 16 cases of Yin Xu. It is known that the values of serum T<sub>3</sub> and T<sub>4</sub> in the Yang Xu group are lower than those of the healthy persons and the Yin Xu group, the difference being very striking. Compared with the healthy ones, the Yin Xu group gives lower value of serum T<sub>3</sub> and no significant difference in T<sub>4</sub>. Many experimental data have shown that hypothyroidism of Yang Xu patients are not of the primary, but secondary kind. Although the values of serum T<sub>3</sub> and T<sub>4</sub> in patients with Yang Xu of heart, Yang Xu of spleen and kidney and Yang Xu of kidney all decline, there was no significant difference among the three types. It has been confirmed that the thyroid function is not dependent on any particular internal organ. The decline of the thyroid function is a basic characteristic common to all Yang Xu symptom-complex. It may well be considered as one of the most important characteristics of Yang Xu.

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## 28 Cases of Paroxysmal Nocturnal Hemoglobinuria Treated by TCM-WM

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28 cases of Paroxysmal Nocturnal Hemoglobinuria were treated by TCM-WM. The treatment by western medicine generally includes prednisone, Vit. E, and added testosterone propionate or transfusion of washed red blood cells and the control of infection by antibiotic therapy for patients with serious anemia. TCM treatment was conducted under three types: (1) Deficiency of both heart and spleen, (2) Deficiency of "Shen Yin", (3) Deficiency of "Shen Yang". As treated by TCM, better results have been obtained, including 12 cases with complete remission and 14 cases with good results. Only 2 cases were ineffective.

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