

# 中西医结合治疗肝炎重度黄疸的疗效观察

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**内容提要** 对血胆红素 10mg% 以上的重症肝炎 58 例、急性黄疸型肝炎 7 例、淤胆型肝炎 5 例，采用激素、“肝炎 I 号”煎剂、茵栀黄注射液、茵陈蒿汤合小陷胸汤加味及黛矾散等综合治疗方法，总治愈率 47.14%，退黄总有效率 52.31%。

我科从 1973 年至今，收治重度黄疸的肝炎 70 例，其中重症肝炎 58 例、急性黄疸型肝炎 7 例、淤胆型肝炎 5 例，血清总胆红素都在 10 mg% 以上，其中 20 mg% 以上者占 30%，最高一例 38.2 mg%。现将消退黄疸的治疗方法和效果分析如下。

## 治 疗 方 法

本文病例全部采用肝炎的中西医结合支持对症疗法。对重度黄疸的治疗措施如下：

一、肾上腺皮质激素疗法：除淤胆型肝炎以外，均采用一周短程疗法，每日静滴地塞米松 10mg。无效即停，有效用药两周。

二、“肝炎 I 号”煎剂：每次 50ml，每日二次。两周无效换方，有效直至病愈。本煎剂为我科自定处方：茵陈 300g 当归 60g 黄芩 120g 黄柏 100g 胆草 100g 郁金 100g 川楝子 100g 云苓 100g 山药 100g 车前子 120g 大黄 100g 焦三仙各 100g，共制成 1,000ml。由我院药剂科承制。

三、茵栀黄注射液：采用解放军 302 医院制剂，80ml 加入 10% 葡萄糖 500ml 内，每日静滴一次，10~14 天为一疗程。

四、茵陈蒿汤合小陷胸汤加味，每日一剂。两周无效换方，有效随证加减至病愈。

五、黛矾散：青黛 10g、明矾 3g 入胶囊，每日分 2~3 次冲服。两周无效停药，有效者用至病愈。

## 治 疗 效 果

按 1978 年全国肝炎会议标准，治疗结果见表 1、2。本组总治愈率 47.14%。经上述退黄

表 1 70 例重度黄疸肝炎转归情况

组别 (例数)	治 愈 (%)	好 转 (%)	恶 化 (%)	病 死 (%)
重症肝炎 (58)	24 (41.38)	2 (3.45)	7 (12.07)	25 (43.1)
急黄肝炎 (7)	6 (85.71)	1 (14.29)	—	—
郁胆肝炎 (5)	3 (60)	2 (40)	—	—
合计 (70)	33 (47.14)	5 (7.14)	7 (10)	25 (35.72)

表 2 各种药物退黄疗效比较

	例 次	有 效 (%)	无 效 (%)
肾上腺皮质激素	52	23 (44.23)	29 (55.77)
肝炎 I 号	59	32 (54.24)	27 (45.76)
茵栀黄注射液	25	13 (52)	12 (48)
茵陈蒿汤合 小陷胸汤加味	9	7 (77.78)	2 (22.22)
黛矾散*	2	2 (100)	—
共 计	147	77 (52.38)	70 (47.62)

各组比较 P 值均 > 0.05, \* 未进行比较

措施，两周内重度黄疸明显下降到中度偏轻且症状好转者为有效。各组药物退黄总有效率 52.31%。

## 讨 论

肝炎重度黄疸常标志有重症肝炎的倾向,治疗过程中,重度黄疸迟迟不退者,绝大多数预后恶劣。肝炎黄疸持续上升,腹水、出血、昏迷、无尿等相继出现并加重时,就很少有治愈的可能。因此,在目前肝炎尚无特效疗法的情况下,寻求及时有效的退黄治法,也是肝炎临床研究的一个重要课题。

十年来我科用中西医结合疗法,针对肝炎的重度黄疸进行综合处理,初步体会上述五种药物疗法均有一定效果(见表2)除黛矾散组病例太少,未加比较,其他四组相互比较,均无明显差异( $P>0.05$ ),综合合理运用,可以起到相互补充的作用,从而提高重度黄疸肝炎的治愈率。

短程肾上腺皮质激素疗法,在重度黄疸肝炎出现昏迷、脑水肿、黄疸急剧上升、严重恶心呕吐等紧急情况时,十分需要。通常投药3~5日后,即能根据症状和血清胆红素动态预测疗效与后果。临床若无紧急情况,则以免疫功能为参考。如此可以避免抢救失机。值得提出的是:短程皮质激素疗法无效者,延期使用,往往不能奏效,反而招致出血、感染等严重并发症,增加治疗困难。至于皮质激素对重度淤胆型肝炎的疗效,通常比较肯定,但也有无效者。

本文一例淤胆型肝炎,血胆红素22.8mg%,经强地松、茵陈蒿汤加味等治疗三月无效,终以服用黛矾散二月余治愈。

其他四种中药疗法,除黛矾散以外,都基于茵陈蒿汤加味,一般退黄有效,无不良反应。其中茵陈蒿注射液便于抢救,但药味苦寒,宜中病即止。本文一例急性重症肝炎,深昏迷,血胆红素17.2mg%,经短程皮质激素治疗,第8天完全清醒,停氟美松后,静滴茵陈蒿总量达1,120ml,退黄不显,血胆红素13.7mg%。后服“肝炎I号”加减治愈,随访三年,健康。值得注意的是:本文9例难治的重度黄疸肝炎中,有7例经茵陈蒿汤合小陷胸汤加味退黄而获治愈。他们除了重度黄疸以外,都有胃胀满不适和按痛,提示湿热痰结为病,用上述方药清热化湿、利痰通结,可能奏效;又黛矾散通常用于肝炎后血胆红素增高症,本文用于重症淤胆有效。由于病例太少,均值得临床进一步观察,并对其利胆机制进行研究。

综上所述,重度黄疸肝炎的退黄效果,密切影响预后和转归。当前所用退黄措施,均有一定疗效,综合合理运用,能相互补充。有关中药的利胆机制,需要深入研究。根据其清热解毒、利湿化痰的性能,除了可能包含有非特异性抗炎的因素以外,其他还有那些因素?均待阐明。

## 全国中西医结合防治胆道疾病第三次经验交流会在福州召开

中国中西医结合研究会急腹症专业委员会与福建分会联合主办的“全国中西医结合防治胆道疾病第三次经验交流会”,于1983年10月10~14日在福州召开。来自全国27个省市自治区的正式、列席代表及新闻出版单位代表共157名。会议由急腹症专业委员会副主任李世忠、贺瑞麟同志主持。福建省政府、省卫生厅、省科协主要领导同志到会讲了话,给予热情关怀与大力支持。这次会议的重点是中西医结合防治胆道残余结石,共收到学术论文153篇(大会交流30余篇)。会议就残石发生率、诊断方法、临床治疗、预防

及预后和实验研究进行了学术交流。按胆道感染、排石、溶石和胆道手术四个组进行专题讨论,提出难点,制定规划,落实协作分工和今后任务。为培养中西医结合骨干力量,会议期间同时举办了“华东地区胆道疾病讲习班”;为落实这次会议成果,拟定于1985年在适当的地点召开第四次全国胆道疾病学术经验交流会。急腹症专业委员会拟定明年举办中西医结合研究急腹症提高班(郑州)、胆道疾病诊断学习班(石家庄)和纤维胆道镜学习班(北京)。

(尹光耀)

## Abstracts of Original Articles

### Attention to a Type of Chronic Persistent Hepatitis

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A Series of 30 cases of chronic persistent hepatitis, all proved by liver biopsy, was reported. The characteristics of these cases were high incidence in female in the prime of life, long dragging course of illness, lack of or having only slight hepatomegaly and splenomegaly, negative HBsAg and normal values or light changes of liver function tests. The complicated complaints and especially the existence of extrahepatic symptoms and signs made the diagnosis difficult. Patients' refusal of biopsy and clinicians' lack of experience often led to the delay and misdiagnosis of the disease. The study of etiology, pathogenesis as well as epidemiology of such type of chronic persistent hepatitis should be further strengthened.

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### Comparison of Jaundice-Reducing Effects of Drugs for Eliminating Pathogenic Heat from Blood and Invigorating Blood Circulation, Corticosteroids, and Toxic Heat-Removing Drugs in the Treatment of Cholestatic Hepatitis

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This article reviews our experiences in the past ten years and compares the jaundice-reducing and inhibiting effects of the drugs for eliminating pathogenic heat from blood and invigorating blood circulation with heavy dose of *Radix Paeoniae Rubra*, corticosteroids, and toxic heat-removing drugs in our treatment of cholestatic hepatitis. The diagnosis of all the 46 cases as established clinically and/or pathologically. As some of the patients were shifted to another kind of drugs after a period of treatment with certain drugs which failed to reduce the jaundice or even made it worse, 58 case/time were in fact involved in the treatment, that is, 13 with drugs for eliminating pathogenic heat from blood and invigorating blood circulation, 20 with toxic heat-removing drugs, and 25 with corticosteroids. The treatment was taken as effective when the total serum bilirubin was reduced by 20% and kept decreasing after 12 days of treatment. Their effective rates were 92.3%, 65.0% and 28.0% respectively. The treatment was also taken as effective when the increasing jaundice of the patients stopped after the administration of drugs. Their effective rates were 90.99%, 65.0% and 22.7% respectively. The average days taken to reduce the mean value of bilirubin to 10 and 5mg% were similar between the patients given drugs for eliminating pathogenic heat from blood and invigorating blood circulation and those given corticosteroids. This shows that the jaundice reducing speed of these two kinds of drugs in responsive cases were similar. As both the total effective rates of corticosteroid to cholestatic hepatitis and the effective rates in inhibiting the jaundice are lower than those of herbal medicines for eliminating pathogenic heat from blood and invigorating blood circulation, it is suggested that corticosteroid should not be the drugs of first choice in the treatment of cholestatic hepatitis. The toxic heat-removing drugs have good effect in reducing and inhibiting jaundice in the cases with heavy jaundice complicated with dampness and heat, but they effect poorly on cholestatic hepatitis. This is probably due to the different causes and mechanism of cholestatic hepatitis in which jaundice is complicated with stagnant heat.

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### Observation on the Therapeutic Effect of TCM-WM Treatment of Severe Jaundice of Hepatitis

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This paper reports the therapeutic effect of TCM-WM treatment of 70 cases of severe icteric hepatitis. Of all the patients, there were 58 cases of severe hepatitis, 7 cases of acute icteric hepatitis and 5 cases of cholestatic hepatitis. Their serum bilirubin were all over 10mg%. The most severe one was 38.2mg%.

The clinical study revealed that corticosteroid, decoction of "Hepatitis No.1", Yin Zhi Huang injection (茵栀黄注射液), decoction of Yin Chen Hao—Xiao Xian Xiong compound (茵陈蒿合小陷胸汤), and Dai Fan powder (黛矾散) had no difference in their therapeutic effect ( $P > 0.05$ ). 33 patients (47.14%) were cured. Total jaundice-eliminating rate was 52.31%. All of the drugs mentioned above can be used to eliminate jaundice of patients with severe icteric hepatitis and expected to get better efficacy. The therapeutic mechanism of these TCM prescriptions should be carefully studied.

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### A Preliminary Analysis of the Effects of Single *Rheum Officinale* with Heavy Doses in the Treatment of Acute Icteric Hepatitis

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This paper reports effective usage of single *Rheum officinale* (*Rheum*) with heavy doses in 80 cases of acute icteric hepatitis in the improvement of symptoms and liver function. The effective rate is 95%, and marked effective rate 81.25%. The daily dose of *Rheum* is 50g for