

# 大剂量单味生大黄

## 治疗急性黄疸型肝炎的初步观察

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**内容提要** 用大剂量单味生大黄治疗急性黄疸型肝炎 80 例, 在改善症状、恢复肝功能等方面取得较好疗效, 平均用药 16 天, 有效率为 95%, 显效率为 81.25%。本药使用简便, 疗程短、疗效高, 无严重副作用。

自 1981 年 2 月以来, 我院使用大剂量单味生大黄治疗急性黄疸型肝炎 80 例, 在改善症状恢复肝功能等方面效果满意, 现报告如下。

### 临床资料

一、病例选择: 80 例急性黄疸型肝炎患者均属住院病人, 男性 53 例, 女性 27 例。年龄 5~64 岁, 15~35 岁青壮年患者占 66.39%, 其中有 3 例为妊娠中、晚期妇女。

二、方法与剂量: 除个别失水, 消化道症状严重者在入院时输葡萄糖液 1~2 次外, 一概用单味生大黄 50g, 儿童 25~30g, 煎成汤剂 200ml 左右, 每日顿服一次, 连服 6 天停一天, 为一个疗程。年老体弱等病例可服两天停一天, 服完 6 次为一疗程。服完一疗程后复查肝功能, 用药满一个疗程者列为统计对象。一般均服两个疗程, 平均用药 16 天。

三、观察项目: 除症状体征外, 每天记录大便情况, 实验室检查主要观察 SGPT、TTT、ZnTT、TFT、CCFT、黄疸指数、胆红素定量及 HBsAg 等。部分病例作了心电图、肾功能、K<sup>+</sup>、Na<sup>+</sup>、Cl<sup>-</sup>、Ca<sup>++</sup>及免疫球蛋白测定。

### 四、疗效标准

1. 显效: 治疗时间在三周以内者, 主要症状消失或明显好转, 肝肿恢复正常或不变, 肝功能中谷丙转氨酶、黄疸指数正常、浊度试验恢复正常或接近正常。

2. 有效: 治疗时间在一个月以内者, 主要症状消失或改善, 肝肿缩小或不变, 血清谷丙

转氨酶 < 70 u (正常值 < 40u), 黄疸指数正常, 浊度试验接近正常。

3. 无效: 治疗时间在一月以上, 临床症状及肝功能好转, 但谷丙转氨酶未降至正常者。

五、治疗效果: 80 例急性黄疸型肝炎, 一周内肝功能恢复正常者 17 例占 21.25%, 两周内肝功能恢复正常者 45 例占 56.25%, 三周内肝功能恢复正常者 3 例占 3.75%, (显效率为 81.25%) 一个月内临床治愈 11 例占 13.75%, 计总有效率为 95%, 治疗一个月以上肝功能未恢复正常者 4 例占 5%。

### 六、疗效分析

1. 住院时间: 80 例病人中住院时间最长为 36 天, 最短为 6 天, 平均住院时间为 19.7 天。

2. 症状改善: 在大剂量生大黄治疗 2~3 天后退热、食欲改善。纳差消失率为 95.10%, 乏力消失率为 95.80%, 腹胀消失率为 95.20%, 肝痛消失率为 93.30%, 部分伴有失眠、恶心等症状, 经治疗后好转。

3. 体征改善: 经超声波检查肝肿大者 60 例, 经治疗后触及不明显者 35 例占 58.33%, 缩小 1 cm 左右者 8 例占 13.33%。

4. 退黄作用: 退黄显效率为 96.43%, 退黄总有效率为 98.81%。一般在服药后 3 天, 黄疸开始消退, 7~10 天左右基本消失。黄疸指数恢复正常时间, 最长 31 天, 最短 5 天, 平均 12.7 天。

5. 降酶作用: 降酶显效率为 78.99%, 总有效率为 94.11%。降酶时间最长 32 天, 最短

6天,平均16.4天转氨酶恢复正常。

6.降絮、浊效果: TTT 异常者30例,其显效20例,有效7例,总有效率90%。TFT 异常者38例,其显效25例,有效8例,总有效率86.84%。

7.服药后腹泻情况: 80例病人服药后都有不同程度的腹泻,为稀烂便,无一例水泻。服药后腹泻时间最短1小时,最长9小时,平均3.5小时。一昼夜腹泻次数最多12次,最少2次,平均5.5次。腹泻前脐周、下腹部有轻微腹痛,便后腹痛缓解,且有全身轻松感。

8.其他: 80例中无选择地对25例作了肾功能、 $K^+$ 、 $Na^+$ 、 $Cl^-$ 、 $Ca^{++}$ 的测定,对13例作了免疫球蛋白(IgM IgG IgA  $C_3$ )治疗前后的观察,对5例作了心电图检查,均无特殊发现,7例HBsAg阳性病人有4例转为阴性。在服药过程中除少数病人开始有恶心、呕吐外,一般都能接受治疗,一经停药腹泻亦停,无一例发生失水和电解质紊乱。

## 讨 论

大黄的应用已有两千余年历史,过去则认为大黄是峻下药,临床应用剂量偏小。根据化学药理等研究报告,大黄含有蒽醌甙类成分,经体内代谢水解,释放出蒽醌衍生物,能促进大肠蠕动,引起腹泻。大黄中引起下泻作用的主要成分是番泻甙甲(Sennoside A),它在大肠中由细菌进一步分解为Sennoside刺激大肠,使其排空运动增加,导致排便,然而对小肠无影响。有人观察大黄对离体消化道平滑肌峰电位变化及机械运动的影响,结果发现大黄对肠道平滑肌因不同部位,不同功能而呈两种完全相反的效应,对小肠呈抑制效应,紧张度降低,平滑肌的峰电位消失,而对结肠呈兴奋效应,收缩明显增强,这正是大黄祛邪不伤正气的所在。本文报告的80例急性黄疸型肝炎患者,服大剂量生大黄后,有的一天腹泻10余次,非但未引起失水和电解质紊乱,而且临床症状改善,似也证实了这一点。

古代医书记载大黄具有活血、祛瘀、泻

下、降气、利尿、消退黄疸和清热解毒等作用。祖国医学认为黄疸病在百脉,是血脉受病,一般治疗急性黄疸肝炎,大多不离清热祛湿之法,其药多属气分,而黄疸的湿热早已瘀阻入血,故宜引药入血。这为我们重用生大黄治疗病毒性肝炎提供了传统的理论基础。

从现代医学角度来看,病毒性肝炎的病理变化,主要表现为肝细胞的充血、肿胀、坏死、汇管区间隙细胞浸润水肿及不同程度的胆汁郁积,继而胆汁排泄受阻,胆栓形成,胆红素滞留,更加促使炎症扩散,因而形成了炎症—阻塞—加重炎症的恶性循环,即所谓瘀阻血脉。有人通过病毒性肝炎病人甲皱微循环的观察,发现急性肝炎时血管袢直径变细,管袢壁延长,血流速度缓慢,在慢性肝炎时血管袢异常更为明显,提示在各型病毒性肝炎时可能存在着不同程度的微血管痉挛。通过生大黄对大肠蠕动的刺激作用,增加了血流量,促进了全身的血液循环,继而改善了肝组织的微循环和供氧,加之生大黄有抗毒抗菌作用,促进胆汁分泌和增加胆汁流量,疏通肝内毛细胆管的作用,这为消除肝细胞炎症,促进肝细胞再生有着积极作用,也体现了祖国医学祛瘀生新的观点。

通过本文用大剂量生大黄治疗病毒性肝炎取得的效果推测,大剂量生大黄对人体还可能具有免疫的双重作用,对调节机体免疫功能,稳定机体的内环境,从而达到“扶正祛邪”,起到积极的治疗作用。

本文80例患者在退黄、降酶、降絮浊及改善症状等方面效果显著,3个月后经随访24例,无一例反复。因此,我们认为此药药源丰富,见效快,疗效巩固,是治疗病毒性肝炎的有效药物之一。但对体质过度虚弱,寒湿并重的患者,乃以综合治疗为宜,孕妇须慎用。大剂量生大黄排毒攻下效果显著,能荡涤肠胃热毒秽浊,使邪有出路,急下存阴,祛瘀生新,改善微循环;能抑制肠道细菌生长,减少氮的吸收,亦可作为早期重症肝炎导泻排毒综合疗法的一个重要组成。

(参考文献略)



## 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