

小儿急性肾炎的微循环观察 与活血化瘀治疗

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内容提要 通过对小儿急性肾炎甲皱微循环、舌微循环、舌血流量及血液流变学观察，表明上述指标均有明显异常。提示以上检查可作为小儿急性肾炎病程变化的客观指标之一，也可作为小儿急性肾炎血瘀证及活血化瘀治疗的一项观察指标。临床经对 97 例急性肾炎患儿采用活血化瘀治疗效果良好，以上各项指标也均有所改善。

近年来我们对小儿急性肾炎进行了甲皱微循环、舌微循环及舌血流量的检查，发现三者基本一致，且与病程及病情有关。并采用活血化瘀药物进行治疗，取得了较好的疗效。

甲皱微循环观察

对 56 例不同病程的急性肾炎小儿进行了甲皱微循环的动态观察，并对两组病程在一个月內，尿常规正常和不正常的小儿进行了甲皱微循环的比较。结果表明，甲皱微循环的异常与病程有关。病程在两周以内的病人，甲皱微循环的变化最明显，主要变化为甲皱视野底色变浅或模糊不清(32/56)，甲皱变形(22/56)，甲皱管径(特别是动脉端)变细(49/56)，血流速度减慢(48/56)，血球聚集(52/56)。还发现甲皱微循环的变化与病情变化有关。发病一个月后尿常规正常者与异常者不同，后者表现甲皱微循环仍有多项异常，而前者大部分恢复正常。此外，对 20 例急性肾炎小儿进行了舌血流量与甲皱微循环的同步观察，发现急性肾炎小儿舌血流量明显下降，甲皱微循环也有明显异常。说明两者变化基本一致。

舌血流量与舌微循环观察

一、舌血流量测定：舌的肉眼观察固然十分重要，但是，由于经验的不同，难以避免技术误差，有时很难十分准确。在舌象的变化中，

舌质的变化是一个很重要的方面。而舌质的变化与舌的血液循环密切相关。我们采用温差电动势原理制成的舌血流测定仪，对 20 例年龄 5~13 岁、病程在半年之内、尿常规尚未正常的患儿进行了舌血流量测定，结果显示急性肾炎患儿舌血流量为 $0.026 \pm 0.0021 \text{ ml/秒}$ ，明显低于同龄正常儿童。而对 63 名 5~12 岁正常儿童进行了舌血流量测定，结果其舌血流量为 $0.0444 \pm 0.0006 \text{ ml/秒}$ ，二者比较有极显著差异性(P 值 < 0.001)。同时还发现急性肾炎患儿，随着病情好转和病程延长，舌血流量也逐渐恢复正常。如一例典型急性肾炎患儿于病程第 7、14、17 天测定的结果分别为 0.0154、0.0222、0.0340 ml/秒。

二、舌蕈状乳头微血管丛观察：在测定舌血流量的同时，对 9 例急性肾炎患儿舌蕈状乳头微血管丛进行了录像观察。结果证明，急性肾炎时小儿舌蕈状乳头微血管丛形态变化不大，多数仍呈树枝花瓣形，但瘀血微血管丛占 $61.2\% \pm 11.1\%$ ，而正常同年龄小儿瘀血微血管丛只占血管丛总数的 $4.5\% \pm 1.0\%$ ，经统计学处理， P 值 < 0.01 ，有明显差异性。初步看出急性肾炎时舌蕈状乳头微血管丛的增加，是急性肾炎患儿舌微循环的重要变化之一。

血液本身理化状态的变化

血液本身的理化性状，在不同的疾病有不

同的变化,即便在同一疾病的整个病程中,其变化也不完全相同。为了了解在急性肾炎急性期状态对微循环的影响,对30例急性肾炎患儿进行了甲皱微循环与血球压积、全血及血浆粘度比、红细胞电泳的同步观察(即甲皱微循环观察与同时进行取血化验)。观测病例病程均在两周以内,患儿年龄为6~13岁。测定结果血球压积 $\leq 35\%$ 的占全部病例76.9%,而此时测定的全血及血浆粘度比反而增加,红细胞电泳速度反而减慢。说明急性肾炎时血内含有促使血粘度增加及红细胞电泳减慢的因素,如免疫球蛋白即其中之一。本组病程在14天以内测定免疫球蛋白的23例中,IgG高于正常者8例,占34.8%;IgA高于正常者12例,占52.2%;IgM多数近于正常或偏低。三者中IgA升高最明显,大部分病例为正常值的200%。而红细胞电泳减慢,除与血浆理化状态有关外,红细胞本身状态也是一个重要因素,如红细胞膜上所带电荷的变化。至于影响血浆粘度的因素则是多方面的,如血浆蛋白的量与质,血脂的变化等。而在急性肾炎时,文献报告血脂变化不大,我们也测定了80例患儿,只2例血胆固醇升高。因此,急性肾炎时,舌血流量下降,瘀血微血管丛含量增加,血球聚集,血流缓慢,除与心血管功能、微循环障碍有关外,血液本身的理化性状变化也是一个重要的因素。

活血化瘀治疗及结果

一、治疗方法:我们根据甲皱微循环、舌血流量、舌象、尿常规指标,认为有血瘀症存在,以活血化瘀法为主治疗急性肾小球肾炎,具体用药:

1. 急性肾炎早期:患儿表现有水肿,或部分病人有腹水、胸水、尿色暗赤,或有的患儿咳嗽、气促、不能平卧,腹部痞块(肝肿大)者。治以活血化瘀法:当归9g 川芎9g 鸡血藤9g 儿茶9g 益母草9g 丹参9~12g。

2. 急性肾炎病程久:上述指征严重者,舌质暗红,甲皱微循环红血球集聚较重,尿常规

红细胞多者,采用破血逐瘀法治疗:当归9g 川芎9g 三棱9g 莪术9g 水蛭9g 虻虫9g 桃仁9g 红花9g 槐花9g 艾叶9g。

二、疗效:用药后每3日测尿常规1次,共16例每周测定甲皱微循环和血液流变学检查,用药后两周甲皱微循环各项指标均有所改善,红细胞压积恢复正常,大部分患儿全血及血浆粘度比下降,红细胞电泳速度加快。舌血流量增加。6例在两周后舌蕈状乳头瘀血微血管丛含量(%)也下降。

活血化瘀组97例与一般治疗组115例尿常规对照,尿蛋白和尿中红细胞半月以内阴转者(活血化瘀组/一般治疗组分别为17/7、13/1,下同);16天~1月阴转者分别为(35/12)、(19/5);1~2个月阴转者分别为(19/19)、(11/7);2~3个月阴转者分别为(11/10)、(12/12);3个月未阴转者分别为(15/67)、(42/90)。3个月内阴转率分别为(84.5%/41.7%)、(56.7%/21.7%)。活血化瘀组比一般治疗组尿常规阴转率明显增高,经统计学处理有显著性差异($P < 0.01$)。

讨论与小结

一、多年来从大量急性肾炎病例观察到,小儿急性肾炎的病因、发病、症状、体征、化验、病理等多方面与祖国医学的“血瘀证”有关^①。本文通过甲皱微循环、舌微循环、舌血流量及血液流变学观察和临床应用活血化瘀治疗取得较好的疗效,进一步证实了这一点。从而对认识小儿急性肾炎中医辨证的实质和指导临床均有一定意义。

二、急性肾炎患儿舌血流量明显下降;舌蕈状乳头瘀血微血管丛含量明显增加;甲皱微循环有显著异常,主要变化为视野模糊不清,甲襞变短、动脉端痉挛,血流速度减慢,血球聚集;早期红细胞压积下降;而全血及血浆粘度比增加,红细胞电泳速度减慢。通过同步观察证明甲皱微循环异常与舌微循环异常基本一致。舌微循环和甲皱微循环障碍与尿常规异常有关,因而这些检查可以作为急性肾炎病程变

化的客观指标之一。同时,甲皱和舌微循环也可以作为小儿急性肾炎血瘀证及活血化瘀治疗的一项观察指标。从现有的资料及本组观察来看,活血化瘀药物有改善微循环功能,解除微血管痉挛,防止和治疗弥漫性血管内凝血作用。因而当有甲皱及舌微循环异常时,可以用活血化瘀法进行治疗。

三、通过对两组急性肾炎治疗对比,发现活血化瘀药物对急性肾炎尿蛋白阴转及尿中红细胞恢复正常有一定作用。两组在3个月内尿常规阴转率上有明显差异性。当然,两组病人是由不同的人,分别采用不同的方法进行治疗的,虽无选择,但事先未进行严格的随机对照,而且所用药物主要是口服药,虽有连续测定资料,但间隔较长,不可能做到每例病人每日连续多次测定,因而其准确性尚待进一步提高。

四、小儿急性肾炎多年来一直认为是良性自限性疾病,预后良好⁽²⁾。但是,近年来国内

外通过长期随访观察证实,大约有3~5%的病人远期预后不良^(3~5),因而有必要进行长期随访,进一步寻找对于本病观察的客观指标,探索更加有效的治疗方法,特别是防止迁延不愈的有效疗法更为必要,这方面多年来西医进展不大,因而,有必要从祖国医学中去寻找。活血化瘀治疗小儿急性肾炎已初见苗头,尚待今后进一步研究总结和提高。

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刘寄奴煎剂治疗溃疡性结肠炎46例疗效观察

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我科从1981年下半年至1983年底,运用刘寄奴煎剂收治非特异性溃疡性结肠炎46例,取得较好疗效。

一般资料 46例中,男25例,女21例;年龄最大者58岁,最小者18岁,其中40岁以上者7例,39岁以下者39例;病程最长11年,最短6个月。全部病例均有腹痛、腹泻、粘液血便,反复发作3个月以上,大便培养无致病菌生长,且经乙状结肠镜检查而确诊。

治疗方法 基本方为:刘寄奴、破故纸、女贞子、吴茱萸、车前子、泽泻。水煎服,1日1剂。如辨证属湿热型者(本组有8例,表现为腹痛腹泻,粘液血便6~10次/日不等,口干欲饮,纳差食少,精神萎靡,四肢倦怠无力,舌质红绛,脉滑而数,舌苔厚腻而黄,西医诊断有轻度脱水症状)加河子、黄连、桔梗;虚寒型者(本组38例,见病程日久,形体消瘦,大便3~5次/日不等,呈粘液状或便中带血,腹有微痛,面色无华,语言低微,倦怠乏力,脉沉而细弱,舌质

淡红,舌体肥胖而有齿痕,苔薄白而滑)加党参、肉豆蔻。

疗效观察 (1)疗效标准:腹痛、腹泻、粘液血便等症状全部消失,大便成型,次数正常,大便化验检查无粘液及潜血,随访1年以上未复发者为痊愈;以上症状基本消失,大便半成形2~3次/日,大便检查无脓血者为基本痊愈;腹痛、粘液血便消失,大便次数明显减少,大便呈糊状,无粘液及潜血者为好转;症状及大便检查均较治疗前无明显改变者为无效。(2)结果:本组痊愈39例,占85%;基本治愈4例,占8.6%;好转3例,占6.4%。总有效率为100%。疗程最长51天,最短22天,平均为36.8天。平均服药为28.5剂。

体会 基本方中刘寄奴祛暑化湿、活血化瘀、止痢;破故纸、吴茱萸等温补肾阳;车前子、泽泻利水和脾、止泻;桔梗祛湿排脓。该煎剂临床应用未发现有任何副作用。

it was positive only in $38.60 \pm 4.83\%$, in the group of 21 cases with Yin Xu (deficiency of Yin essence) the positive rate was $33.19 \pm 6.79\%$. In the group with deficiency of Yin essence the value was even lower than that of the group with deficiency of energy. The 2 groups presented all values markedly decreased compared with those of the normal controls ($54.32 \pm 6.50\%$) and the difference between these 3 groups is thus found very significant ($P < 0.01$). These results indicate that deficiency syndromes may have some relation with decrease of body T lymphocyte and the lowering of cellular immunity function. Hence, in the treatment of deficiency syndromes, regulation of organic body immunity function should be stressed. It is clear that improvement of cellular immunity function has very important clinical significance.

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A Study of the Effects of Some Herbs and Acupuncture on Human Oddi's Sphincter

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The discharge of the choledochal stones is affected by many factors. Among them the function and condition of Oddi's sphincter are the most important. Biliary manometry and cinecholangiography were employed to investigate the therapeutic mechanism of some medicinal herbs and acupuncture. The results of the study suggested that administration of choleretic and energy-regulating herbs could relax the sphincter and reduce the pressure of the biliary tract. The latter effect was even more obvious than the former. Sixty minutes after administration of the choleretic the choledochal pressure was reduced by 12.6 percent ($P < 0.05$). Thirty minutes after administration of the herbs regulating vital energy the pressure was found to drop markedly and reach 27.7% ($P < 0.01$) the lowest level in 90 minutes. The pressure began to rise to its normal level in 120 minutes. Sixty minutes after administration of choleretics both the relaxing and contracting cycle and the relaxing period of the sphincter were prolonged ($P < 0.05$). Thirty and Sixty minutes after administration of energy-regulating herbs, the cycle and relaxing period were also obviously prolonged ($P < 0.01$). The movements of Oddi's sphincter and the choledochal pressure were not influenced by needling the points Riyue and Qimen. Based on the results of the study, the clinical use of choleretic and energy-regulating herbs and acupuncture was discussed.

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Effect of Needling Neiguan (内关) Point on Hyperlipidemia

— A Clinical Analysis of 72 Cases

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This paper reports an increase of serum cholesterol, triglyceride and β -lipoprotein found in 53, 65 and 68 cases respectively and 40 (75.48%), 50 (76.92%) and 48 (70.59%) cases of the three groups showed a drop of the serum lipids after needling Neiguan point. Their values in mg% ($M \pm SD$) were 232.64 ± 28.65 , 135.95 ± 29.81 and 791.22 ± 196.68 before needling and 204.22 ± 28.29 , 121.72 ± 29.08 and 658.99 ± 183.0 after needling ($P < 0.001$). The results showed that needling Neiguan point could decrease the serum lipids.

(Original article on page 666)

A Study of Nail-Fold and Tongue-Tip Microcirculation in Children with Acute Glomerulonephritis

and Treating Such Cases with Huo Xue Hua Yu (活血化瘀) Therapy

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Nail-fold microcirculation in 56 patients with glomerulonephritis at different stages was observed. 20 patients had their nail-fold microcirculation, blood flow of the tongue-tip studied, and 9 patients had their microcirculation of the tongue-tip investigated. Another 30 patients had their nail-fold microcirculation and blood dynamics measured at the same time. Marked abnormalities were found at acute phase. All of these changes became normal gradually as the clinical symptoms improved and the findings of urinalysis restored to normal. Microcirculation had been shown to change in parallel with the abnormal findings of urinalysis. It suggests that the microcirculatory disturbances might be one of the factors in the pathogenesis of acute glomerulonephritis. Being simple and harmless, these microcirculation tests may be used to help diagnose acute glomerulonephritis and monitor the progress of the disease. Based on the above studies and the theories of traditional medicine in general, 97 patients suffering from glomerulonephritis were treated with the therapy of invigorating blood flow and eliminating blood stasis. The result was satisfactory.

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