

中西医结合治疗再生障碍性贫血52例临床分析

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内容提要 本文治疗52例再障属原发者29人,继发者23人;急性者7人,慢性者45人。中医治法以辨证分型为主,在健脾补肾兼补气血基础上又分肾阴虚和肾阳虚,难治者加活血药。西药主要配男性激素。疗效:慢性再障治疗缓解率48.9%,有效率95.6%。急性再障均无效。由本组资料观察疗效肾阳虚型优于肾阴虚型,继发再障优于原发再障。

目前国内外对慢性再障用中西医结合治疗缓解率和有效率已分别达到50%及90%左右;对急性再障仍缺乏有效的治疗方法,死亡率甚高。现将我科自1970年至1981年收治的再障病人52例总结如下:

临床资料

本组病例男30人,女22人;年龄14岁~65岁。原发者29人,继发者23人(服氯、合霉素者11人;服安乃近者4人;服马利兰者5人;接触油漆者2人;接触放射线者1人)。按中华血液学杂志1981年所载诊断标准属急性再障7人,慢性再障45人。

主要临床表现:均有不同程度的贫血、出血及感染症状。三系细胞均减少者51例,单纯红系减少者1例。Hb2~5g者26例;5.1~7g者19例;7.1~10g者7例。WBC<2,000者25例;2,100~3,500者24例;>3,500者3例。血小板<2万者25例;2.1~5万者24例;>5万者3例。病程中有发烧者20例,体温在39℃以上者14例;7例急性再障均有高烧。感染部位多为口腔和肺部,其次是肠道。病程中合并出血者46例,其中皮肤粘膜出血者40例;内脏出血者10例;颅内出血者5例;眼底出血者3例。骨髓象:增生低下者32例,重度低下者10例;未见巨核者23例,巨核减少者28例;非造血细胞(淋巴细胞、浆细胞、网状细胞、组织嗜碱细胞)明显增高者22例。

治疗方法

一、中医治疗:根据病因病机及临床表现进行辨证分型治疗,同时根据急则治其标,缓则治其本的原则,在有出血感染时以控制出血感染为主,无严重出血感染时主要治贫血。

1. 治疗贫血基本方:生熟地各12g 黄芪18g 党参12g 白术12g 茯苓12g 当归12g 何首乌12g 女贞子30g 菟丝子30g 阿胶12g 炙甘草6g,水煎二次分服。在此基础上又分二型。

(1)肾阴虚型:除贫血症状外,五心烦热,低烧口渴不欲饮,出血,舌质淡,苔淡黄,脉细数。上方加旱莲草15g 枸杞、丹皮各12g 玉竹12g(有鳖甲胶、龟板胶时各用9g)。若阴虚出血明显时可将黄芪改黄精。

(2)肾阳虚型:除贫血症状外,形寒怕冷,手足发凉,多无出血,舌质淡,舌体胖有齿痕,脉沉弱。上方黄芪加至30g,加补骨脂12g 仙灵脾12g 鹿角胶9g,亦可用鱼鳔胶12g,或鹿茸3g,虚寒甚者酌加桂附。

2. 合并出血的治疗:根据出血原因分三型:(1)阴虚内热:出血量少,多伴五心烦热,低烧盗汗,苔薄黄,脉细数。治疗在肾阴虚型方基础上去参芪,酌情选加栀子、紫草、天麦冬、黄芩、玉竹、地骨皮等清热药及大小蓟、仙鹤草、侧柏、白芨、白茅根、茜草、地榆、槐花、血余炭、三七粉等止血药。

(2)气虚不能统血:除出血症状外,伴有

乏力、气短、面白唇淡、舌淡苔白脉弱，治疗即在基本方基础上重用参芪(或用人参)。

(3)血热妄行：出血量多，色鲜，多伴高烧，舌苔黄燥或灰黑，脉虚数而大，治疗用清营汤及黄连解毒汤和犀角地黄汤加减。每日二剂，水煎四次分服。能配服安宫牛黄丸更好。

3. 合并发烧的治疗：一般按卫气营血辨证。邪在卫分者多用银翘散和柴葛解肌汤加减；在气分者多用白虎汤和柴葛及黄连解毒汤加减；热入营血者同血热妄行引起出血的治疗。此外根据感染部位不同，受累脏腑之别，选方用药略异，如肺部感染多选用沙参麦门冬汤和麻杏石甘汤及千金苇茎汤加减。若肠道感染多选用葛根芩连汤及芍药汤和白头翁汤加减。

二、西药治疗：52例患者中配用丙酸睾酮或苯丙酸诺龙者37例，配用硝酸士的宁者7例，配用康力龙者4例。Hb<6g者给以输血。感染高烧者适当配合抗生素。出血严重者配合输新鲜血及止血药。

治 疗 效 果

按1964年全国血液学术会议拟定的再障疗效标准，本文52例再障中慢性者45例，基本治愈11例，缓解11例，明显进步10例，稳定11例，无效1例，死亡1例，总缓解率48.9%，总有效率95.6%。急性再障7例，均属无效。22例缓解病人随访结果：现仍属治愈者11例(其中二位女患者各生一婴孩)；属缓解者9例，复发者2例(其中1例治愈6年后复发)。随访时间不到2年者9例，2年以上者13例(其中7~10年者7例)。

辨证分型与疗效的关系：本文阳虚者16例，治愈10例，缓解2例；阴虚型36例治愈1例，缓解9例。本文9例无效者均属阴虚型。本资料说明肾阳虚型疗效优于肾阴虚型。

疗效与病因的关系：原发再障29例中治愈4例，缓解4例，缓解率27.6%；继发再障23例中治愈7例，缓解7例，缓解率60.9%，继发再障疗效显著优于原发再障($P<0.02$)。

讨 论

再障属于中医学的虚劳及血证范畴，从症状分析贫血(气血虚)是本，而出血感染是标。再障的病因是因虚而致损，病机根本在于脾肾，因此我们采取了健脾补肾兼补气血的方法。多数再障病人疾病初起为肾阳虚(有的甚至尚未有损及肾阴，肾阳之症状，仅表现为气血虚)，此时若及时正确治疗有可能渐复而愈。如本文5例马利兰致再障均为患病不久，仅表现气血虚或肾阳虚者，全部缓解和治愈。但若病人在此阶段延误治疗便可能向阴虚转化，即所谓“阳损及阴”，治疗则较前困难。也有的病人发病即表现阴虚，此种病人根据骨髓抑制的程度和临床症状表现的不同，其治疗转归亦不同。骨髓增生低下(或重度低下)，非造血细胞(淋巴细胞、浆细胞、网状细胞、组织嗜碱细胞)不甚高(<50%)，临床症状出血感染不甚严重者，经治疗可向阳虚转化而渐缓解或治愈。而骨髓增生重度低下，非造血细胞显著增高(>70%)，出血感染均较严重者，病程进展快，病情凶险，多预后不好。如本文7例急性再障均属此种类型。

再障病人鼻衄、齿龈衄血者多，特别鼻衄有时出血量很多，全身给止血药往往效果不佳。齿龈衄血我们采用白芨粉或云南白药局部涂药加压止血较好。鼻衄特别中后鼻道出血用指套压迫止血简单而效果好又无粘膜损伤，比油纱填塞优越。

治疗中应注意的几个问题：1. 康力龙对肝脏毒性较大，本文用康力龙者4例(6mg/日)，均在用药2个月左右致使转氨酶升高。2. 肾阴虚者用温补药易引起出血，有的黄芪用量30g，鹿茸1.5g而致出血。滋阴药多有腻胃作用，方中可酌加木香、砂仁、焦三仙、佩兰等。3. 再障为虚劳难治之症，除每天服汤药外最好同时配服丸药，以增强药效。4. 再障久治无效时，根据“去瘀生新”的理论，方中适当加入活血药如丹参、赤芍、玫瑰花、三七等。

Abstracts of Original Articles

Sensory Disease Propagating Along the Channel

—A Clinical Report of 80 Cases

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The main symptoms of the disease are some paroxysmal morbid feelings (aesthesia or paresthesia) extending along a particular zone on the body surface. The attack begins at a fixed point and moves on with a width of about 1.5-3.0 cm at a speed of about 10-40 cm/sec. The route it follows coincides with a particular channel. Each attack lasts 3-5 minutes, leaving a transient hypoesthetic zone along the channel.

Since 1959, 224 cases of this disease have been reported in our country. The clinical features of the disorder are similar to those of the "disorder developing automatically along the channels" recorded in ancient Chinese traditional medical documents. The disease has some features of both localized sensory epilepsy and reflex epilepsy and thus may be called "sensory epilepsy propagating along the channel". (Original article on page 711)

Treatment of Schizophrenia with the Method of Activating Blood Circulation and Relieving Blood Stasis with Changes of Blood Rheology Observed

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One hundred and ninety-four cases of schizophrenia treated with TCM-WM combined were studied with 153 cases treated with WM exclusively as control. The cases were divided into six types according to TCM. The therapy employed was chiefly activating blood circulation and relieving blood stasis. Set formulas were modified to suit different symptom-complexes. The results of combined treatment were significantly better than those of the control group ($P < 0.005$). The method of activating blood circulation and relieving blood stasis not only could increase the curative effect but also shorten the course of treatment ($P < 0.01$). Tests of blood rheology were made on 40 patients. The value of each item of blood rheology test increased ($P < 0.01$), which indicated that there was blood stasis in patients of schizophrenia. The employment of the method of activating blood circulation and relieving blood stasis was thus justified. (Original article on page 714)

Observation on Short-Term Effect of 23 Cases of Leukopenia Treated Mainly with Chinese Huo Xue Hua Yu Drugs

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Twenty-three cases with leukopenia were treated with Chinese Huo Xue Hua Yu drugs, i.e., drugs with the action of activating blood flow and eliminating blood stasis: Radix Angelicae sinensis, Rhizoma Ligustici Chuanxiong, Flos Carthami, Caulis spatholobi and Radix paeoniae Rubra.

Twenty-one of the patients were hospitalized, the others were out-patients, age ranging from 21 to 55 years. Seven of them were male. All of them had diagnosis established by means of clinical and laboratory examination. Their white-cell count had been as high as 1,800 to 3,800 before the treatment with an average value of $3,228.26 \pm 542.47$ ($M \pm SD$). The course of treatment was 6 days to 14 months. Improvement was observed from 2 to 48 days, 12 days on the average. The result was excellent in 8 cases, good in 13 cases, and poor in 2 cases. The total effective rate was 21/23 (91.30%). White-cell count of all patients increased to $4,473 \pm 1,299.11$ ($M \pm SD$) after treatment. The therapeutic mechanism was supposed to be promotion of synthesis of DNA brought about by action of Chinese drugs which improved the reproduction, differentiation, maturity and release of the stem cells, stimulated the contraction of spleen and reduced the influence of splenic factor on white-cell. There was also probability that immunity-regulating effect of the Chinese drugs eliminated or reduced immunopathologic injury of white-cells.

(Original article on page 717)

Aplastic Anemia Treated with Combined Traditional Chinese and Western Medicine

—A Clinical Analysis of 52 Cases

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This paper reports 52 cases of aplastic anemia treated with combined TCM and WM. Of which 29 were idiopathic, 23 secondary, 7 acute aplastic anemia and 45 chronic aplastic anemia. The results of treatment: the cure rate of chronic aplastic anemia was 48.9%, and the total effective rate was 95.6%. Seven cases of acute aplastic anemia showed no effect.