

# 中西医结合治疗再生障碍性贫血41例疗效分析

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**内容提要** 41例再障用中药治疗14例, 主要用马钱子和七味汤加减; 治愈7例, 缓解4例, 明显进步2例, 稳定1例。中西药并用组27例, 除用上述中药外加用雄性激素和强地松; 其中治愈5例, 缓解9例, 明显进步4例, 稳定4例, 两组总有效率87.8%。本文认为马钱子是治疗再障有效而安全的药物。

我院近10年来收治再生障碍性贫血(简称再障)41例, 采用中药和中西药并用分组治疗, 效果满意, 总结如下。

## 临床资料

41例中男28例, 女13例。年龄13~55岁, 平均27.8岁。诊断按1964年全国血液学学术会议拟订的诊断标准<sup>①</sup>; 参照1981年河北廊坊地区召开的再障组稿学术交流座谈会修订的诊断标准<sup>②</sup>, 本组有12例符合急性再障, 29例符合慢性再障。根据 Camitta<sup>③</sup>提出的重型再障诊断标准: 周围血(1)粒细胞 $<500$ ; (2)血小板 $<2$ 万; (3)网织红细胞 $<1.0\%$  (以上具备两条)。骨髓增生极度低下(有核细胞 $<$ 正常25%)或增生中度低下(有核细胞在正常25~50%之间, 但非造血细胞占70%以上); 在慢性组中有13例符合重型再障, 余者16例暂称慢性轻型再障。

病程: 急性组20~152天, 平均3.5个月; 慢性组重型1~72个月, 平均19.87月; 慢性组轻型1~48个月, 平均18.56月。

病因: 服安乃近引起9例, 氯(合)霉素7例, 止痛片、阿斯匹林、磺胺、滴滴畏、苯引起各1例, 接触农药2例, 不明原因18例。

急性组均发热 $>39^{\circ}\text{C}$ , 伴有严重感染; 慢性组常有感冒发热20例, 严重感染2例。皮肤紫癜19例, 眼底出血20例, 鼻、牙龈出血19例, 消化道出血3例, 子宫出血2例, 便血2例。骨髓象极度低下17例, 明显低下13例, 低下7例, 活跃4例。

## 治疗方法

一、中药加马钱子治疗组(称中药治疗组)14例。其中慢性重型1例, 轻型13例。基本方: 熟地30g 黄芪20g 首乌20g 鸡血藤30g 当归15g 川芎15g 甘草10g, 组成七味汤。阴虚型加山萸肉10g 丹皮10g 黄精15g; 阴虚内热者熟地改生地, 加银柴胡15g 青蒿10g; 阳虚型加苁蓉10g 仙茅10g 仙灵脾10g; 阴阳两虚型加党参15g 白术10g 茯苓10g。出血者加花生内衣30g 血余炭20g 蒲黄炭20g 根据武汉第五人民医院用硝酸士地宁治疗再障的经验, 我们采用含士地宁成份的马钱子内服。灸法: 将马钱子埋入炒热的沙中烫至棕色后研末备用。服法: 马钱子从小量开始逐渐加量, 直到身体某一部位(下颌、面部及肢体等)出现暂时痉挛性收缩则为治疗量, 一般用量1~3g, 每日一次内服, 服5天停2天再服, 持续半年到一年以上。

二、中西药并用组27例。除用中药治疗外, 其中急性12例均用了强地松和雄性激素(丙酸睾丸酮和康力龙各6例)。慢性重型组12例除1例用中药治疗外, 余者在用中药治疗3~6个月效果不明显加西药, 其中强地松4例, 康力龙5例, 丙酸睾丸酮4例(有2例强地松和雄性激素同时用); 有6例经10~23个月治疗病情稳定后行脾切除。慢性轻型组3例女性在用中药治疗同时, 因月经过多而用丙酸睾丸酮25~50mg, 每周1~2次肌注。

三、其它血红蛋白低于4g%时输血, 其

中急性 12 例, 慢性重型 13 例, 轻型 4 例输过血。伴有感染时用抗生素。出血者对症治疗。

## 结 果

疗效按照 1964 年全国血液学学术会议拟订的标准<sup>(1)</sup>判定。(1) 中药治疗组慢性重型治愈 1 例, 轻型治愈 6 例, 缓解 4 例, 明显进步 2 例, 稳定 1 例。(2) 中西药并用组中急性组治愈 3 例, 缓解 3 例, 明显进步 1 例, 死亡 5 例。慢性重型组治愈 2 例, 缓解 4 例, 明显进步 3 例, 稳定 3 例。慢性轻型组缓解 2 例, 稳定 1 例。本组总有效率 87.8%。

随访结果:(1) 中药治疗组, 缓解以上 11 例(包括 1 例重型), 随访 2.5~6 年零 3 个月, 其中 1 例上升为痊愈, 余者维持出院时水平, 且都恢复工作, 2 例女性已结婚生育。明显进步 2 例各随访 1.5 年, 1 例达缓解水平, 1 例在治疗中, 稳定 1 例失访。(2) 中西药并用组, 急性组缓解以上 6 例, 随访 2.5~4.5 年均维持出院时水平, 明显进步 1 例失访。慢性重型组缓解以上 6 例, 随访 1~10 年, 其中缓解 1 例上升为痊愈, 4 例维持出院时水平, 1 例因感冒和子宫出血反复两次住院, 降到明显进步水平。明显进步 2 例分别随访 1 年和 2 年零 2 个月, 维持出院时水平。明显进步 1 例失访。稳定 3 例随访 1.5~2 年零 2 个月, 维持出院时水平(均坚持治疗)。慢性轻型组缓解 2 例, 随访 4 和 10 年, 维持出院时水平, 稳定 1 例随访 4 年(坚持治疗), 达到缓解水平。

## 讨 论

本文急性组和慢性重型组阴虚和阴阳两虚型, 分别占 42% 和 36%; 而慢性轻型组阳虚型占 67.5%, 有人提出阴虚型难治, 中药治疗阳虚型效果比阴虚型好<sup>(4)</sup>, 本文也有这种倾向, 我们认为可能由于阴虚型多见于急性和慢性重型有关。

关于中药治疗我们体会只适合慢性轻型再障。本文单用中药治疗 14 例, 其中慢性轻型再障 13 例均有效, 缓解以上 11 例, 占 84.61%。

稳定的 1 例在治疗中可望治愈。慢性轻型组虽有 3 例用了雄性激素, 但用量很少不足为治疗量, 主要是中药治疗, 可见中药和马钱子对轻型病例全部有效。本组病例服马钱子均在半年到 1 年以上, 除个别病例服药 1 小时内出现轻度头晕(不需处理)外, 均无其它副作用。多数患者服马钱子后出现欣快感, 食欲增加, 全身有力, 睡眠好, 为再障恢复提供了良好条件, 因此我们体会马钱子是治疗再障有效而安全的药物。

对急性再障我们体会有效的抗感染和控制出血是治疗成功的关键。对慢性重型再障必须坚持长期的中西药结合治疗。国外文献认为雄性激素对重型再障无效<sup>(3)</sup>, 我们体会在用雄性激素同时加中药和马钱子内服和必要的脾切除, 多数患者是有效的。本组有 2 例在其它医院长期用雄性激素无效转入我院, 在用雄性激素的同时加中药治疗而获得缓解。6 例切脾患者其中 4 例在其它医院用中西药治疗无效, 入我院后单用中药治疗 3~6 个月仍无效, 而加用雄性激素治疗 10~23 个月病情达到稳定水平, 均不输血 3 个月以上, 血红蛋白平均增加 1.8g%, 行脾切除后仍用上述中西药治疗平均 13 个月, 获得了较好的效果。

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## 悼念肖镇祥同志

本刊第二届编辑委员, 首都医学院神经内科主任医师、副教授肖镇祥同志, 因患病医治无效, 于一九八五年十月四日在北京逝世。谨致以深切悼念。

### An Analysis of the Treatment of 41 Patients with Aplastic Anemia

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Forty-one patients with aplastic anemia are recognized as 12 cases of acute aplastic anemia and 29 cases of chronic aplastic anemia. Based on Camitta's standard of serious aplastic anemia, 13 cases in the chronic group should be classified as the serious type. The remaining 16 cases in the chronic group are called temporarily the mild type. Treatment and Result: (1) 14 patients were treated by the Chinese traditional herbs. They took orally *Strychnos pierriana* principally and the seven-ingredient decoction composed of *Astragalus membranaceus*, *Rehmannia glutinosa*, *Polygonum multiflorum*, *Spatholobus suberectus*, *Angelica sinensis*, *Ligusticum chuanxiong* and *Glycyrrhiza uralensis* simultaneously. Doses were strengthened or modified according to diagnosis and treatment. 1 patient of the severe type and 6 patients of the mild type were cured, 4 improved and 2 patients showed marked progress. (2) 27 patients were treated by the above-mentioned drugs. Apart from this prednisone and testosterone were used in the case of the acute group. After the patients of the chronic-severe type were treated by the Chinese traditional herbs for 3 to 6 months with no improvement, 10 patients were treated by testosterone and 4 patients by prednisone. When the condition was stabilized 6 patients underwent the excision of their spleens. 3 women of the mild type were treated by a small dose of testosterone. This, in the acute group, 3 patients were cured, 3 patients showed remission, 1 patient had marked improvement and 5 patients died. In the chronic-severe type, 2 patients were cured, 4 patients showed remission, 3 patients had marked improvement and 3 patients stabilized; in the chronic-mild type, 2 patients showed remission and 1 patient stabilized. The total effective rate has reached 87.8 percent. The rate of cure and remission has reached 60.25 percent. 33 patients have been followed from 1 to 10 years, 2 patients have changed their condition, from remission to complete cure, 1 case of marked improvement and 1 case of stabilization have changed to remission, but 1 patient has moved back from remission to marked improvement. Others have remained at the same level as when they were discharged from hospital. Therefore it can be concluded that *Strychnos pierriana* is a safe and effective drug for aplastic anemia.

(Original article on page 724)

### TCM-WM Treatment of Severe Laceration in Distal Fingers

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This paper introduces a feasible method for treating severe laceration in distal fingers. A paste is prepared by grounding *Ligusticum chuanxiong*, *Alisma orientalis*, *Atractylodes lancea*, *Angelica sinensis* and *Carthamus tinctorius* into powder and then dissolve them in alcohol for local use. *Moschus berezovskii* is added if necessary.

There were 42 fingers of 30 cases treated with this paste. The function of 39 fingers out of 42 was restored without significant difference from the original ones. Typical cases and photographs are presented in this report. During debridement the living skin flap and soft tissue, especially the substrate tissue should not be excised.

This paper also introduces standards for the classification of finger injury and those for the healing of wounded fingers as well. Effects of the drugs to the growth of fingers are discussed. The paper also describes the shape of wounded fingers being healed and the process of epithelialization. It is considered that the recovery of the sensory of distal fingers is due to regeneration of the nerve fibres.

(Original article on page 726)

### Cor Pulmonale at the Acute Attack Stage Treated with Combined TCM-WM

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In this report, 43 cases of cor pulmonale at the acute attack stage were treated with combined TCM-WM, and 40 cases treated with western medicine only, served as control. There was no significant difference between the two groups with regard to patients' condition except the treatment, so that they were comparable. According to the national standard of comprehensive curative effect in the treatment of cor pulmonale, out of 43 cases of the treated group, 20 cases had marked effect, 16 cases improved, and 5 cases had no effect (one died); out of 40 cases of the controlled group, 8 cases had marked effect, 22 cases improved, and 10 cases had no effect (one died). Using the analysis of Ridit to examine the curative effects of the two groups, the average R value of the treated group is