中西医结合治疗小儿特发性血小板减少性紫癜 50 例临床疗效分析

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内容提要　本文选择住院的特发性血小板减少性紫癜患儿50例。随机分为单纯中药对照与中药加激素二组，治疗观察三个月进行对比。中药按辨证分型随证加减，激素采取小剂量。中药加激素组，总有效率达91.8%，较对照组为高，平均疗程短。本文认为中药与激素相伍治疗此病，有提高疗效，控制出血，减少反复，巩固效果等优点。是本病较好的治疗措施。

特发性血小板减少性紫癜（以下简称ITP），是小儿常见的出血性疾病。本文总结了1975年～1984年我院儿科50例住院患儿的临床资料，并对其加以分析和探讨。

临床资料

一、病例选择：具有皮肤，粘膜出血性瘀斑、瘀点等体征。血小板计数明显减少，出血时间延长，凝血时间正常。肝脾淋巴结不肿大。无其他原因，经骨髓穿刺确诊者。

二、一般资料：50例中男37例，女13例。其中婴儿期 2 例，幼儿期18例，学龄前期10例，学龄期20例。病程 2 个月以内 4 例，2 个月至 6 个月 28 例，6⁺个月至 1 年 10 例，1⁺年至 3 年 8 例。50例中24例入院前已接受激素，氨肽素等药治疗，但缓解后复发或无效。服用中药者12例。鼻衄20例，消化道出血 4 例，眼球结膜出血 1 例。入院时血小板 1.5万/mm^3以下者22例，1.5～3 万/$mm^3$10 例，3 ～6.5万/$mm^3$18 例。

治疗方法

分二种方法治疗。(1)中药对照组15例(均为入院前未使用过激素者)。(2)中药加激素组37例(其中 2 例中药治疗无效，转入本组治疗)。二组疗程均为三个月。全部病例中药治疗均根据西医辨病，中医辨证的原则，辨证分型施治。

一、血热妄行型：发热或无发热，面赤心烦，皮肤瘀点或瘀斑，颜色紫鲜，量多成片或伴鼻衄，齿衄，便血，尿血。舌红或红绛，舌苔薄黄，脉数或滑数，指纹色紫位于风关或气关。治法：清热解毒，凉血止血。方用犀角地黄汤加味。共 32 例。

二、气不摄血型：出血点反复出现，瘀点或瘀斑色淡，病程较长，面色不华，神疲乏力或头晕心悸，唇舌淡红，脉细而缓。指纹色淡隐见于气关。治法：补脾益气摄血。方用归脾汤加味。共15例

三、阴虚火旺型：皮肤出血点时发时止，低热盗汗，手足心热或头晕颧红，舌红少津，脉细数，指纹紫暗隐露于气关。治法：滋阴降火，凉血止血。方用大补阴丸加味。共 3 例。

以上各型均随症选加止血中药如旱莲草，茜草，侧柏炭，地榆炭，仙鹤草，藕节，焦栀子，黄芩炭等；活血药如三七，鸡血藤，赤芍，桃仁，红花等；补肾药如女贞子，枸杞子，补骨脂，首乌，鹿角胶等。

激素选用强的松。婴幼儿用量不超过15mg/日；儿童不超过30mg/日。50 例中有 8 例因出血严重输血 7 例，输血小板 1 例。

疗效观察

一、疗效判定标准：根据Caplan制定的疗

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效标准[1]，略加修改。分四级。（1）显效：皮肤粘膜和其他部位出血消失，血小板计数达 10 万/mm^3以上，出血时间，血块收缩时间和毛细血管脆性试验恢复正常、停用激素三个月未复发者；（2）有效：出血症状消失，出血时间，血块收缩时间和毛细血管脆性试验恢复正常。血小板数用药期间达到或接近 10 万/mm^3，尚未停药者；（3）进步：大部分症状缓解，皮肤粘膜出血较治疗前明显减少，血小板计数较治疗前升高 2～3 万/mm^3；（4）无效：症状、体征，血小板计数和其他实验室检查均无改善，甚至恶化者。

二、治疗结果：中药对照组，显效 7 例、有效 3 例、进步 3 例、无效 2 例。中药加激素组，显效 19 例，有效 11 例，进步 4 例，无效 3 例。见附表。

附表 二组疗效对比情况

	显效率（%）	总有效率（%）	血小板平均值（万/mm^3）			平均疗程（天）
			治前	治后	P	
中药组（15例）	46.6	86.7	2.69	8.23	<0.01	75.5
中药加激素组（37例）	51.3	91.8	2.34	11.2	<0.001	58.9

典型病例 张××，男，12岁，病历号12767。患儿因全身皮下出血，间断出现鼻衄半年，于1984年6月6日入院。入院前曾先后用强的松、氢化考的松、中药等治疗无效。入院时全身皮肤见多处出血点，四肢关节周围大片瘀斑。心肺正常。肝脾及淋巴结不肿大。血小板 0.9万/mm^3，出血时间 6 分钟以上，凝血时间 2 分钟，血红蛋白14.5g，白细胞6,200/mm^3。骨穿符合ITP改变。四诊：低热盗汗，瘀点瘀斑鲜晴不等，舌红苔黄，脉数。证属血热迫血妄行而致。治则清热凉血止血。处方：水牛角15g　生地15g　丹皮10g　白芍10g　地骨皮10g　藕节15g　旱莲草15g　阿胶10g　黄芪15g　伍用强的松30mg/日，二周后出血现象消失，血小板数波动于 3～6 万/mm^3 之间。第三周逐渐撤减强的松用量，上方去藕节，阿胶。加枸杞子10g　女贞子10g　补骨脂10g。又四周强的松减至 5 mg/日，血小板数达10.1万/mm^3。但食少纳呆，苔腻，脉缓。去方中水牛角、地骨皮、黄芪，加党参10g　陈皮10g　白术10g。再一周停激素，无出血倾向，有食欲，血小板数12.7万/mm^3。同年 8 月 5 日治愈出院。共住院59天。出院后继续服中药，自停激素后四个月，血小板数均在10万/mm^3以上，无出血表现。

讨　论

一、本病的发生与免疫有关，属于自身免疫性疾病。最近研究表明，其发病机理是由于体内抑制性T 细胞与辅助性 T 细胞调节障碍，致使"禁忌细胞株"复活。从而使体内产生一种 IgG 型的 7S 球蛋白，这种球蛋白是破坏血小板的重要抗体，导致体内血小板减少。同时，由于血小板数量减少和血小板保护血管壁的作用下降，使毛细血管脆性与通透性增强，进而造成了各种出血表现。本病在中医学中依其临床表现，属于血证范畴。血证在临床上大致有三类：即血虚、血瘀和出血。而本病是以出血和血瘀为主要表现。其中出血是指一切出血，包括中医的斑、疹、吐、衄、相当于现代医学中的各种出血性疾病或症状性出血倾向。其病因病机《景岳全书·血证》中说："而血动之由，惟火惟气耳。"及"动者多由于火，火盛则逼血妄行；损者多由于气，气伤则血无以存。"治疗方面。清·唐容川在著名的《血证论》中提出：止血、消瘀、宁血、补虚为治血四法。本文三型是基于上述理论而拟。并依唐氏治血之法，佐加止血、消瘀、补肾之品。

二、中药治疗 ITP，近年来已被广泛应用。尤其对慢性和难治性病例往往奏效。但存在着起效慢，疗程长，疗效机制不够明确等不足。激素能减低免疫反应，减少毛细血管通透性，刺激骨髓增生。还有其他非特异性止血作用。为本病的首选药物。由于非敏感病例的存在以及其明显的副作用和停撤反跳现象等，很难认为是最佳用药。因此通过中西医结合，取长补短，对提高本病疗效，具有积极意义，值得进一步研究。

三、中药加激素治疗本病，旨在有效控制出血。止血虽是治标之法，但也是治疗本病的关键。应在治标同时治本。我们主张，必须以止血为前提，若大量出血时，不急令血止，必

然危象丛生。所以，对于出血表现较重的情况，应及时采用二法治疗，才能稳步收功。中药加激素还可在提高血小板方面力求获佳效。上述治疗中，中药加激素组无论总有效率还是显效率，都大于中药对照组。此外中药与激素伍用，激素用量较小，副作用亦小，且易减量。加之用药期短，反跳现象也相对少。表明中医辨证是治本之法，与激素有机结合治疗 ITP，确可获得很好的疗效。

（本文承李文甫院长审修，谨表感谢。）

参 考 文 献

1. Caplan SN, et al. Immunosuppressive therapy of ITP. Med Clin North Amer. 1976 60:971.

中医辨证论治治疗风心病房颤反复发作1例

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近期，笔者根据中医辨证论治，以心电图监测，治疗风心病房颤反复发作一例，获得满意效果。现报道如下。

郭××，女，33岁，营业员。心慌、气促反复发作17年，多次使用狄高辛、奎尼丁、心得安等药物，未能凑效。近三日来病情加重，伴胸闷、头痛、颈项背痠痛，于1984年1月26日急诊入院。住院号847205。

查体：T36.8°C，P130次/分，R26次/分，BP90/60mmHg。急性病容，平卧位，口唇轻度发绀，神清合作，颈静脉未见明显充盈，双肺呼吸音增粗，心界向左下扩大，可扪及舒张期震颤，心率116次/分，心律不齐，心音强弱不均，心尖区可闻Ⅲ级全收缩期吹风样杂音及舒张期隆隆样杂音，主动脉瓣区可闻Ⅱ级收缩期粗糙喷射性杂音和舒张期吹风样杂音，肺动脉瓣区可闻Ⅱ级收缩期吹风样杂音，$P_2>A_2$，腹平软，肝肋下可及，无压痛，脾未扪及，双下肢未见浮肿。心电图示：(1)房颤(心室率平均170次/分)，(2)ST段下移0.2mV。即予50%葡萄糖40ml加西地兰0.4mg，缓慢静推，2小时后心电图复查示(1)窦性心律(心室率平均83次/分)，(2)左房肥大，(3)左室肥大并劳损，(4)$PTF-V_1=-0.04mms$。临床诊断：风心病：(1)二尖瓣狭窄并关闭不全，主动脉瓣狭窄并关闭不全，肺动脉瓣狭窄。(2)心脏扩大。(3)房颤。(4)心功能Ⅰ级。

中医辨证：心悸、气促、胸闷不舒，面白无华，口唇青紫，畏寒肢冷，头项强痛，四肢酸楚，舌质淡，苔薄白，舌边有齿印，脉沉细无力，结代。辨证属：(1)体虚外感。（风寒束表）。(2)心悸。（气阴两亏，心阳不振，气虚寒凝，血脉瘀滞）。

治则：扶正解表，疏散风寒。方选参苏饮化裁：党参24g　苏叶10g　荆芥10g　防风10g　川芎6g　当归10g　枳壳10g　葛根15g　全瓜蒌20g　薤白10g　炙草6g　生姜6g。急煎热服。每日一剂，日服二次、服药2剂，头痛、身楚，颈项强硬、畏寒诸症消失。继用生脉散、炙甘草汤、瓜蒌薤白桂枝汤诸方化裁：党参24g　黄芪30g　麦冬15g　五味子6g　全瓜蒌24g　薤白10g　桂枝10g　葛根10g　当归10g　延胡10g　益母草30g　炙甘草10g　大枣8枚　生姜6g。一日一剂，三煎共取汁500ml，分三次服，每4小时一次，并辅以能量合剂静滴。十天后患者心慌气促，胸闷有所减轻，遂停能量合剂。继用上述基础方调治。患者共住院27天，每2～3天复查心电图一次，均示：窦性心律。出院时心电图示：(1)窦性心律。(2)左房肥大。(3)左室肥大。$PTF-V_1>-0.02mms$。嘱其出院后，以上述基础方及香砂六君子汤加山药、扁豆、焦三仙，二方交替，隔日一剂煎服，并且每日服复方丹参片(江苏省海门县制药厂出品)，2～3片/次，每日三次，停用西药。两月后随访未复发。目前一般情况良好，已能坚持全日上班。

讨论：本例患者经单纯使用小剂量奎尼丁、乙胺碘酰酮等抗心律失常药物，疗效欠佳。运用中医辨证施治原则，针对不同病因，使用解表诸法、消除外感这一容易导致房颤的常见诱因，全面调整气、血、阴、阳的平衡，通过“扶正”达到“祛邪”的目的。故获良效。

（本文承庄生一医师指导，特致谢忱）

Decoction (小青龙汤) in 3 batches as control. The results showed that the marked effective rates were 63.4～75.0% in the groups of WYT, significantly higher than 18.5～22.2% in the control ($P<0.01$). The immune study showed that the seasonal increase of serum IgE could be suppressed and the Con A-induced T suppressor (Ts) function enhanced by the treatment of WYT. Ts function and serum IgE were measured simultaneously. The results showed that the difference of IgE between pre- and post-treatment was significantly negative correlated with that of Ts suppressive percentage in the patients treated with WYT ($r=-0.440$, $P<0.05$), while the correlation coefficient of the difference in the controls had no significance. It indicated that WYT influenced the seasonal attack of the asthmatics probably by effecting the immune regulating system and improving the Ts function.

(Original article on page 17)

Clinical Observation of 100 Patients with Hyperlipoidemia Treated with the Traditional Drug Jiangzhilin (降脂灵)

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One hundred patients with hyperlipoidemia were treated with the traditional Chinese drug Jiangzhilin granule. Its effect was compared with 26 patients treated with inositol nicotinate tablets and 30 patients treated with Maitong pills. Jiangzhilin granule was made from *Herba Artemisiae*, black *Gardenia jasminoides*, *Psoralea corylifolia*, *Phellodendron amuranse*, etc., and was administered 2.5g thrice daily, the treating course was one month. The patients' blood lipids were examined and compared before and after treatment.

The result shows: (1) Jiangzhilin has significant effect in lowering the increase in blood cholesterol, β-cholesterol, β-lipoprotein and triglyceride ($P<0.001$), while inositol nicotinate is also effective on β-cholesterol and β-lipoprotein ($P<0.05$), but it is not so good as Jiangzhilin, and Maitong has the poorest effect on blood lipids. (2) The lowering of these three lipids is most potent in Jiangzhilin group (66～74%), and less effective in the other two groups (38.8～57.7%), with significant difference between them ($P<0.05$).

Hyperlipoidemia may be interpreted as the stagnation of Phlegm in the traditional Chinese medicine. Its treatment should replenish the Liver and Kidney, invigorate the Spleen and relieve the dyspepsia, clear away Heat and promote choleresis, deprive the Dampness and eliminate Phlegm. Based on these principles, Jiangzhilin was formulated. It contains Herba Artemisiae dialkyne ketone, gardenin, pinnatifidic acid, lipolytic ferment, linoleic acid, etc. They all exert favourable effect for lowering blood lipids, and it is cheap in price, with negligible side-effect. It deserves spread for extensive application.

(Original article on page 21)

A Comparative Study on Treating Infantile Hepatitis Syndrome with TCM-WM Combined and TCM Exclusively

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This article presents a comparative study on the results of 50 cases with infantile hepatitis syndrome treated with TCM-WM combined and TCM exclusively. Twenty-seven cases were treated with traditional Chinese medicine and prednisone, 23 cases with Chinese medicine alone. The two groups were mostly similar in age, course, symptom, degree of jaundice, serum bilirubin, hepatosplenomegaly and differential dignosis of symptom-complexes according to TCM. The dosage of prednisone was 1～1.5mg/kg; the Chinese medicine was the drugs prescribed for eliminating heat and dampness. Their average courses of the treatment were 3.5 weeks and 6.5 weeks respectively. It turned out that the time for disappearance of sclera jaundice in the group treated with TCM-WM combined was 28.1 ± 8 days, while that of the group treated with Chinese medicine alone was 34.1 ± 13.2 days ($P<0.05$); The time taken for disappearance of skin jaundice in the two groups was 25.9 ± 7.5 days and 32.8 ± 10 days ($P<0.01$) respectively. There was no apparent difference in the length of course of treatment between the two groups. The results suggest that cases of infantile hepatitis syndrome with mild jaundice be treated with Chinese medicine alone, while cases of moderate or severe jaundice be treated with TCM-WM.

(Original article on page 23)

Children's Idiopathic Thrombocytopenic Purpura Treated with TCM-WM Combined
—— A Clinical Analysis of 50 Cases

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Fifty cases of children's idiopathic thrombocytopenic purpara were observed from 1975～1984. They were divided into two groups. Group I: 15 cases treated with Chinese herbs alone. Their mean treatment course was 75.5 days. According to Chinese traditional diagnosis, the patients were divided into three types and treated differently, with Chinese herbs to stop bleeding, to promote blood circulation, and to invigorate the kidney respectively.