

# 中西医结合治疗慢性肾炎 142 例临床观察

湖北省大悟县人民医院 周芝彬 胡兴农 魏有金  
王 俊 张晓翠\* 付杏玲\*

**内容提要** 中西医结合治疗慢性肾炎 142 例，近期有效率为 92.3%，为观察此疗法的远期疗效，对 132 例患者进行了随访，其中 76 例处于完全缓解中，恢复了正常工作，占随访人数的 57.6%，本文对治疗方法进行了介绍和讨论。

我院在 1971 年元月~1983 年 12 月，用中西医结合方法观察治疗慢性肾小球肾炎（以下简称慢性肾炎）患者 142 例，现将治疗及随访情况报告如下。

## 临床资料

**一般资料：**本组男 108 例，女 34 例；年龄 <10 岁 28 例，10~17 岁 17 例，18~40 岁 84 例，>41 岁 13 例。

按 1977 年北戴河肾炎专业会议诊断标准，本组肾病型 131 例，普通型 11 例。初治患者 28 例（指病程较短，发病后未经特殊治疗或仅用中药治疗者）；复治患者 114 例（指病程较长（最长达 20 多年），反复发作，先后用过肾上腺皮质激素（以下简称激素）、细胞毒药物、雷公藤及其它中药等治疗无效或复发者）。

## 治疗方法

142 例分三组治疗，凡病情较轻、初治、或拒绝用西药者，先试用单纯中药治疗，共 13 例；过去曾用中药治疗无效或复发，短期用过或未用过激素，试用中药+激素治疗，共 23 例；过去曾用过激素无效或复发，病程长，病情重者用中药+激素+细胞毒药物（环磷酰胺或氮芥）治疗，共 106 例。单纯中药组治疗：主要治则是健脾滋肾、活血利水，基本处方：路边黄、党参、白术、山药、茯苓、丹皮、泽泻、熟地。成人每剂路边黄 30g，其它中药按

常用量，疗程一般 3~12 个月，最长者达 3 年多。中医治疗以路边黄为主药，如湿热重者加车前草、半边莲、鱼腥草；肿甚者加益母草、黄芪、防己、猪苓等；瘀象显著者加益母草、牛膝、桃仁、红花等；腰痛重者加杜仲、续断、牛膝等；阳虚明显者加肉桂、附片等。开始治疗时多用汤剂，每天一剂，巩固疗效期间多用蜜丸治疗。142 例中接受激素治疗者 129 例，强的松每日用量为 15~30mg，用法为 1 日量清晨 1 次顿服，两日量间日清晨顿服或 1 日 3 次分服。疗程一般为 1.5~4 个月，并逐渐减量。接受环磷酰胺或氮芥治疗的共 106 例，环磷酰胺一般用 0.2g 稀释后静脉注射，隔日一次，环磷酰胺总量 6~8g（最多 1 例为 25g，未见副作用而完全缓解）。氮芥副作用较大，为减轻其副作用，用氮芥前 20 分钟先注射灭吐灵 20mg，静脉滴注 10% 葡萄糖加氯丙嗪 50mg，滴注中期推注氮芥 5mg，每天 1 次，疗程 7~12 天。对 15 例有明显细胞免疫缺陷的难治性慢性肾炎肾病型患者，用细胞免疫刺激剂植物血凝素（PHA）治疗<sup>(1)</sup>，PHA40mg+地塞米松 10mg，静脉点滴，每日或间日 1 次，14 次为一疗程，注射次数视病情而定，用量最多 1 例共用 PHA2.16g。

## 结 果

**一、近期疗效。**近期疗效标准：完全缓解指临床症状消失，尿常规及血生化指标正常；基本缓解指临床症状消失，尿常规还有轻度异常，尿蛋白微量~+，或极少量红细胞、白细

\* 本院进修医生

胞及管型等,但血生化指标正常;好转指经治疗后虽达不到以上两种情况的指标,但临床症状及尿化验比治疗前有好转;无效指症状及尿化验完全无好转者。本组近期疗效完全缓解89例(62.7%),基本缓解17例(12.0%),好转25例(17.6%),无效11例(7.7%)

二、远期疗效:远期疗效指已停药,1984年4~6月随访时的情况,完全缓解指随访时无症状,血、尿各项化验指标正常,完全恢复了劳动力;基本缓解指临床症状消失或基本消失,尿常规还有少量蛋白,基本上恢复了劳动力;未愈指还有肾炎的症状和体征,尿常规不正常。本组远期随访132例,完全缓解76例(57.6%),基本缓解20例(15.2%),未愈21例(15.9%),死亡15例(11.4%)。10例因地址不详无法随访。死亡15例中,直接死于尿毒症9例,死于阑尾炎穿孔手术及暴发型菌痢各1例,4例死因不明。

远期疗效完全缓解的76例中,有3例在本院治疗后还接受过其它医院治疗。完全缓解的时间(从接受治疗至随访时)10年以上5例(6.6%),5~10年47例(61.8%),3~5年17例(22.4%),1~3年7例(9.2%)。

## 讨 论

中西医结合治疗慢性肾炎,国内已有不少报道,本组近期有效率为92.3%,远期随访观察132例中,完全缓解、恢复正常工作76例,占随访总数的57.6%,疗效比较满意。

我们的方法在中医辨证的基础上,每例都用了草药路边黄,其别名大红消,金鸡脚下红,学名珍珠菜(*Lysimachia clethroides* Duby),其性味辛、酸、微涩、微温、能活血调经、消肿散瘀、治水肿、急性扁桃腺炎、淋巴结核等。六十年代初,我们主要用于治疗各种恶性肿瘤,后来又试用于治疗急、慢性肾炎(复方),取得了疗效。1976年我们与湖北省中西医结合研究所合作,发现路边黄对麻醉狗有利尿作用,未发现对心脏及迷走神经有毒性作用。1977年武汉医学院发现路边黄对多种动物

移植性肿瘤的生长有较明显的抑制作用<sup>〔2〕</sup>。所以路边黄对肾炎的治疗可能通过抑制免疫反应、利尿、抗炎、改善肾血流量(活血化瘀)等作用而取得疗效。

全部病例中医配方以补脾,滋肾阴为主,故患者对使用激素后的副作用表现多不明显。服中药时间一般为3~12个月,最长达3年多。有些患者在停用西药时疗效还不太明显,在继续服中药中逐渐出现缓解,也有的已缓解者,在继续服中药中或停治疗后又复发,对这些患者可再给一个疗程治疗。对久治不愈或复发患者,可考虑变换激素及细胞毒的种类。对某些难治性慢性肾炎肾病理型而又有细胞免疫功能下降者,可试用PHA治疗(PHA+地塞米松+中药),本组共用15例,近期完全缓解4例,基本缓解3例,好转4例,无效4例,总有效率73.3%,PHA目前主要作为恶性肿瘤及某些白血病辅助治疗,它是一种非特异性免疫刺激剂,主要是刺激T细胞繁殖,能刺激小淋巴细胞转化为具有免疫活性的淋巴母细胞,并促进其分裂,能使单核细胞转化为巨噬细胞并提高它们的吞噬功能,并具有促进骨髓细胞增生等作用,但PHA副作用较多,主要是发热及皮疹,如反应严重应及时停药。

我们认为,慢性肾炎既有体液免疫反应的过亢,也有某些细胞免疫的不足,过去那种仅仅强调“免疫过亢”的理论并不能解释全部临床现象及治疗效果,基于对这种免疫失衡的认识,我们认为除用中药外,某些病例加用PHA来提高细胞免疫功能,用激素、细胞毒等药物来抑制体液免疫,从而使已失衡的免疫状态逐渐恢复平衡,最后达到治愈的目的。

本组患者复治114例,起效时间一般较迟,多在接受治疗两个月以后,有的甚至经第3~5个治疗月才起效,所以不要因起效慢而随便放弃或更改治疗。

## 参 考 文 献

1. 周芝彬. 植物血凝素在难治性慢性肾炎肾病理型中的应用. 湖北科技(医药卫生分册)1984; 5:21.
2. 武汉医学院药学系,等. 珍珠菜黄酮甙抗肿瘤作用的实验研究. 武汉医学院学报1977; 5:85.

## Abstracts of Original Articles

### Summary Report on the Treatment of Tubulo-Interstitial Nephropathy, Renal Failure with TCM-WM under the Guidance of Yin-Yang Balance Theory and Tubulo-Glomerular Feedback Theory —A Clinical Analysis of 83 Cases

Lu Junjian (卢君健), et al

*Research Laboratory of TCM-WM, First Affiliated Hospital of Suzhou Medical College, Suzhou*

Attention has recently been drawn to the significance of tubulo-interstitial lesions in acute and chronic renal failure (RF). The importance of tubulo-interstitial lesion for some RF patients by means of comprehensive evaluating the urine concentration of  $\beta_2$  microglobulin ( $\beta_2m$ ), clinical manifestations and other laboratory tests have been defined. Hence using the therapy of TCM combined with the tubulo-glomerular feedback theory, Yin-Yang balance theory, i.e. couple imbalance theory and "five differentiation" theory of TCM-WM, a preliminary result of treating 83 cases of this disease has been obtained. Among them, 9 were cured; the cure rate was 10.8%, and total effective rate was 80.7% (67 cases), while 16 of them were noneffective (19.3%). The main causes of tubulo-interstitial lesion are as follows: (1) Infection and/or disturbance of water and electrolyte metabolism, 43.4%. (2) Various drugs including antibiotics and analgesics and reflux nephropathy, 25.2%. (3) Secondary interstitial impairment, e.g. renal arteriosclerosis, hyperuricemia, etc., induced by nephropathy, 16.8%. (4) Secondary interstitial lesions caused by systemic disease, e.g. SLE, 14.6%. Comparing the therapeutic effect between these 4 groups, it shows that the effect of the first group is better than that of others, the hospitalization period being the shortest among all, but no significant difference of effective rate was observed. The treatment was based on the guidance of the above-mentioned theories. Western medicines were used only for antihypertension and correcting the disturbances of water and electrolyte metabolism by proper parenteral replacement. TCM methods such as "nourish vital essence, strengthen vital energy, expel evil-wind, clear up heat, promote blood circulation, warm kidney, invigorate spleen, promote production of body fluid", etc. were used according to the morbid condition and mechanism of disease. The materia medica frequently used were *R. Puerariae lobata*, *Fr. Prunus mume*, *R. Saposhnikovia divaricata*, *R. Rehmanniae glutinosa*, *R. Glycyrrhizae uralensis*, *R. Cynanchi paniculati* and *R. Scutellariae baicalensis*, etc. The dosage varied according to the morbid state.

(Original article on page 201)

### Long-Term Effect of 60 Cases of Nephrotic Syndrome Treated with TCM-WM

Zhu Pijiang (朱闾疆)

*Nephropathy Hospital of TCM-WM, Dan Tu County, Jiangsu Province*

A long-term follow-up for 10~15 years of 60 cases of nephrotic syndrome with complete remission by the treatment of TCM-WM was carried out. The first stage was active-treating phase which comprises mainly the combined application of prednisone and other immunosuppressant, supplemented with "treating the patient according to syndrome differentiation" of TCM, the treating course lasted for 3~4 months; the second stage was consolidating phase which mainly used "replenishing the kidney and invigorating the spleen" and "reinforcing the Qi and promoting the blood", one year for a course. The result of the follow-up showed that the rate of complete remission within 10 years is 76.67% by the use of the "two stage programme". 14 cases relapsed, and 10 of them won complete remission after re-treatment. The author assumed that the merit of this programme was to use mainly the WM to control the clinical symptom and dissipate the proteinuria and edema for the first step, followed then by using TCM prescriptions to promote the recovery of nephrosis. On the other hand, "replenishing the kidney and reinforcing the Qi" can regulate the immune function and redress the immunologic disturbance of nephrotic syndrome, and reduce the relapse. Therefore this "two stage programme" can not only relieve the clinical symptom in a short period of time, but also lessen the relapses and enhance the long-term efficacy.

(Original article on page 205)

### Clinical Observation on Chronic Glomerulonephritis Treated with TCM-WM

Zhou Zhibin (周芝彬), et al

*Dawu County People's Hospital, Hubei Province*

This paper reports the results of observation on 142 cases of chronic glomerulonephritis treated with TCM-WM in the hospital from Jan. 1971 to Dec. 1983. 108 patients were male and 34 female. 28 were under