

# 中医中药治疗慢性肾功能衰竭疗效观察

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**内容提要** 本文对 25 例慢性肾功能衰竭患者作了近期疗效比较, 6 例病情发展趋势之观察, 以及 74 例肌酐在 5 mg 以上患者生存期的调查。本文强调了通腑泄浊在治疗尿毒症中之重要性, 认为温阳法在尿毒症中不宜普遍使用, 对于尿毒症引起的神经症状, 用通腑泄浊法可以取效, 不宜以肝风内动辨证。

近年来由于透析疗法和肾移植术的进展, 慢性肾功能衰竭的疗效已有显著的提高, 但由于国内条件的限制, 不能普遍开展, 不少病人还需接受内科治疗。如何改善和保护残余肾的功能, 减轻病人痛苦, 延长病人生命, 仍是值得研究的课题。我们对近四年来以中医中药为主治疗的一批氮质血症及尿毒症病人作了随访观察及疗效分析, 现报道如下。

## 临床资料

本组男 51 例, 女 39 例。年龄 14~80 岁, 平均 50 岁。90 例中原发病为慢性肾炎者 61 例, 慢性肾盂肾炎 14 例, 肾动脉硬化 5 例, 间质性肾炎 3 例, 紫癜性肾炎 1 例, 肾结核 2 例, 胶原系统病 1 例, 遗传性肾炎 2 例, 多囊肾 1 例。初诊时平均肌酐水平为 6.3mg%, 尿素氮为 48.2mg%, 二氧化碳结合率为 32.8 容积%。血红蛋白为 7.3g, 血电解质低钙高磷者 37 例, 其均值钙为 8.2mg%, 磷 6.02mg%; 而低钙磷者 5 例, 其均值钙为 8.2mg%, 磷为 2.81mg%。90 例中 75 例有不同程度之高血压, 其中 30 例作过眼底检查, 8 人有视网膜渗出及出血之肾病眼底, 1 例有黄斑部病变, 余皆为动脉硬化 II~III 级。

统计对象为在门诊或病房治疗满 3 个月, 观察时间 3 个月~4 年, 平均疗程为 14 个月。

## 治疗方法

我们将 1981 年度新患者随机分成两组, 甲

组 13 例, 以温肾解毒汤加减治疗, 药物组成: 紫苏、党参、丹参、六月雪、绿豆衣各 30g, 半夏、炮附子先煎各 9g, 黄连 4.5g, 砂仁后下 3g, 生大黄后下 15g, 生姜二片。皮肤瘙痒加地肤子、白藓皮各 12g; 出血加大、小蓟、茜草各 15g, 参三七 9g; 骨痛肢楚加扦扦活、徐长卿、金雀根(草药)各 30g; 改善肾功能加冬虫夏草 6g; 心慌气急加生晒参; 麦冬 20g, 万年青根 15g 琥珀粉吞 2g。乙组 12 例以辨证论治为主, 部分患者经常加用肉桂片, 毛冬青片, 仙灵脾等。此组均未用大黄及冬虫夏草。

两组均有时加用小苏打片或碳酸钙片, 伴高血压者加用可乐定、复降片。两组均嘱进高质量低蛋白饮食。3 个月为一疗程。

## 治疗结果

一、治疗前两组均有不同程度的乏力、纳呆、恶心、皮肤搔痒或抽筋等症状。治疗后甲组 12 例症状好转, 舌苔由黄腻、白腻转薄腻, 仅 1 例症状未见改善。乙组症状好转 4 例, 稳定 2 例, 恶化 6 例。甲组治疗后肌酐下降 12 例, 上升 1 例; 乙组下降 2 例, 上升 10 例, 两组比较有显著性差异 ( $P < 0.001$ )。具体见附表。

附表 两组治疗前后肾功能比较(均值)

	n	治前	治后	P值
血清肌酐 (mg%)	甲组 13	5.56	3.35	<0.01
	乙组 12	4.47	6.64	<0.01
内生肌酐清除率(%)	甲组 8	19.18	32.00	<0.01
	乙组 11	21.30	20.30	>0.05

二、据 Walser<sup>(1)</sup>报道, 对于尿毒症病情

发展的速度,可以血清肌酐浓度的倒数和时间做成的图象来衡量。下面就是 Walser 等所作图象(图 1)和我院所作图象(图 2)之比较。

三、我们随访 74 例肌酐在 5 mg% 以上患者的生存期。有 4 人曾作过短期腹透,最长为 4 个月,有 1 例作肾移植术后 3 个月,最后均死于感染或尿毒症。据统计,1~4 年生存率分别为 59.7%、29%、8%及 3%。由于原发病的不同,其生存期有很大差异。半年内死亡者,大多在 40 岁以内,原发病多为慢性肾炎,常伴过高血压。死亡原因依次为感染、出血及尿毒症。存活两年以上者其原发病依次为间质性肾炎、肾动脉硬化、肾盂肾炎及慢性肾炎,死亡原因多为尿毒症,心力衰竭。本组有 7 例初诊时肌酐在 10mg 以上,平均疗程为 17 个月(均为作透析或手术)。国外同类报道如 Walser 的饮食疗法<sup>(1)</sup>,平均观察 9 个月;Young 报道的腹泻疗法<sup>(2)</sup>,平均观察  $6.8 \pm 4$  个月。

#### 四、一般资料分析

血压:肾功能损害又伴过高血压 ( $>200/120\text{mmHg}$ ) 14 例,其中年龄在 20~40 岁者 10 例,50 岁以上 4 例,其肾功能多在短期(1/2~2 年内)急骤恶化甚至死亡。15 例血压正常者其原发病为肾盂肾炎 8 例,狼疮性肾炎 1 例,慢性肾炎 4 例,遗传性肾炎 2 例,其中 13 例的生存期较长,但遗传性肾炎者例外,此 2 例均在发现肾功能损害后 2 年内死亡。其余血压多在 180~130/110~90mmHg 之间,其原发病多为慢性肾炎及高血压动脉硬化性肾病。

眼底检查:测 30 例,其中视网膜有渗出、出血及黄斑部病变者 9 例,其中 3 例年轻患者病情均进展迅速,而年老患者病情相对稳定。

电解质:共测 15 例,其中 8 例高钾,均值是 25mg%, 7 例低钾,均值为 14mg%。高钾患者预后差,均在半年~1 年内死亡,而低钾患者常伴有低磷低钙,有的有肾盂肾炎病史,其中 2 例服甲组药后,肌酐分别由 5.7mg% 降至 1.19mg%, 5.9mg% 降至 1.63mg%,随访半年余均在正常范围。另 5 例病情一度稳定或改善,但在随访 1~2 年后病情转入恶化。

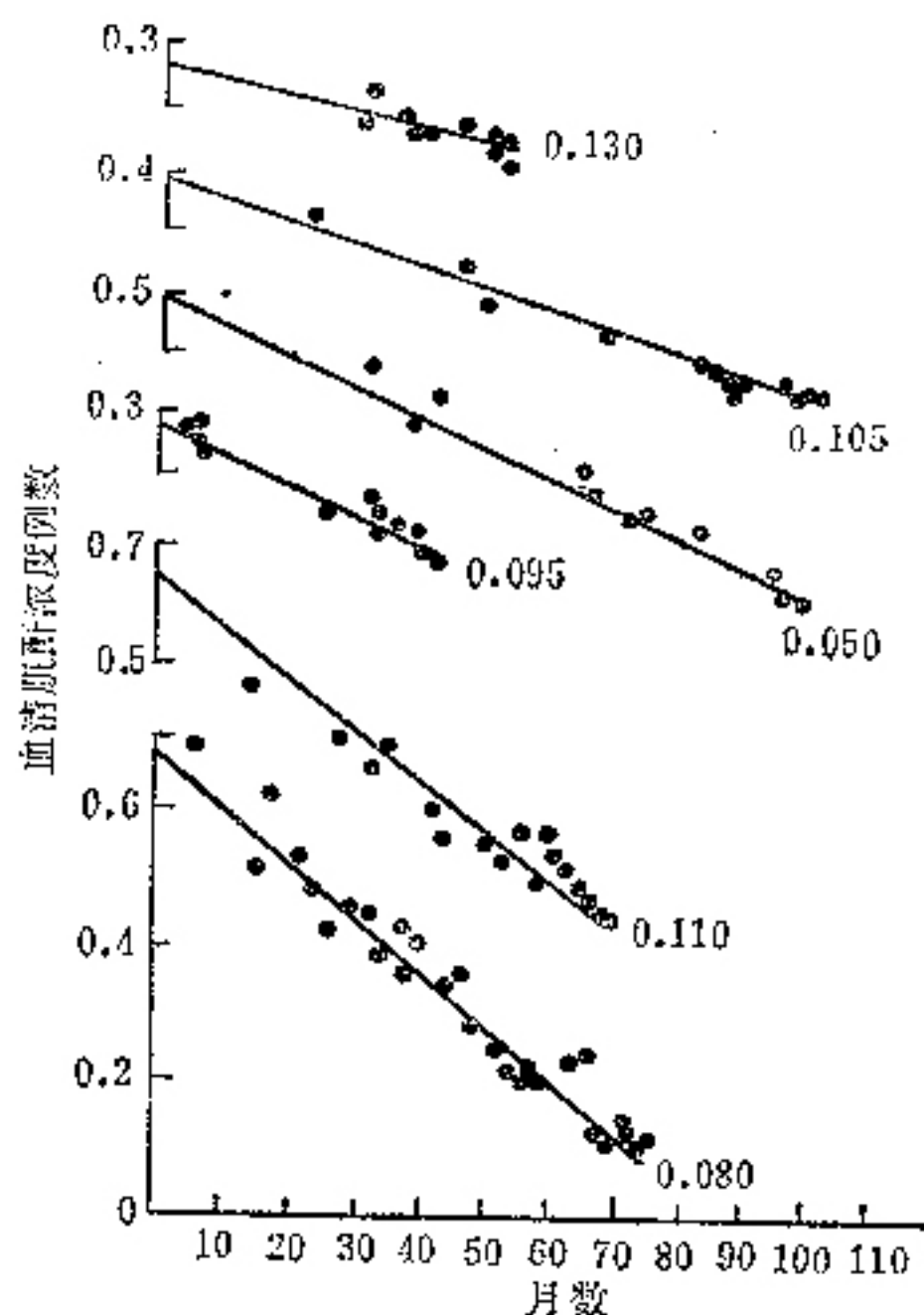


图 1 6 例慢性肾功能衰竭患者血清肌酐浓度的倒数和时间的关系。从上到下为肾盂肾炎、肾髓囊性病、肾小球肾炎、肾盂肾炎、肾髓囊性病和肾小球肾炎

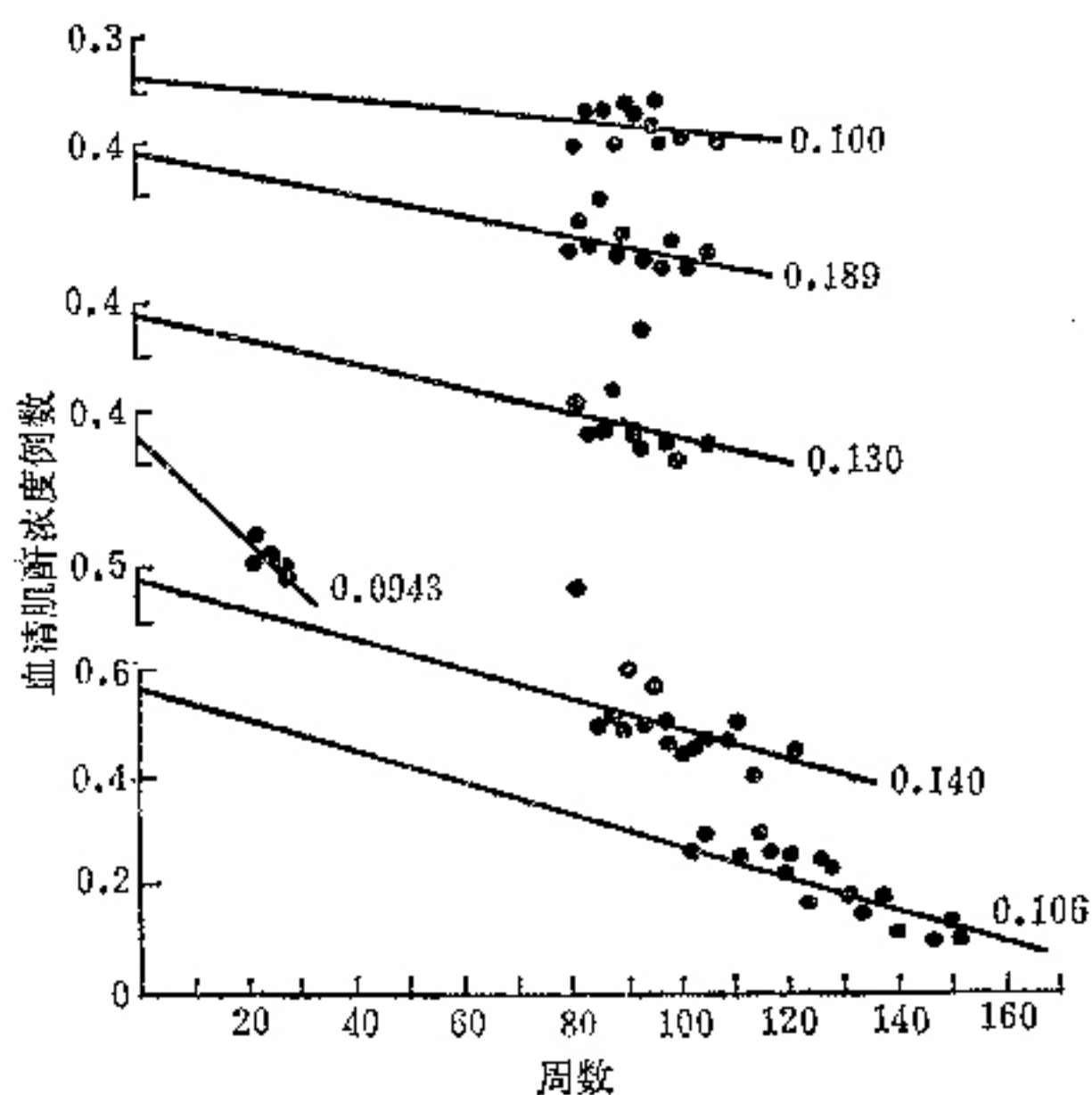


图 2 6 例慢性肾功能衰竭患者血清肌酐浓度的倒数和时间的关系。从上到下为慢性肾炎、肾盂肾炎、慢性肾炎、多囊肾、间质性肾炎和慢性肾炎

溶菌酶：测定 28 例(CCY在 $8.2 \pm 0.53$ 者)，其血清溶菌酶浓度均值为 $52.4 \pm 3.26$ ，尿中浓度均值为 $50.9 \pm 4.49$ ，和正常血清浓度 $7.2 \pm 0.45$ ，尿中浓度 $0.1 \pm 0.005$  比较，尿毒症患者大大超过正常值 ( $P < 0.01$ )，说明肾小球和肾小管的功能同时受到严重损害。

## 讨 论

本病病机以脾肾虚衰为本，湿毒内蓄为标。在尿毒症阶段，正虚邪实，而以邪实为矛盾的主要方面，只有用清解排毒祛邪之法荡涤三焦壅塞之邪气，正气方能升降复常。温肾解毒汤中紫苏、六月雪、绿豆衣、黄连等均为清泄解毒之品，大黄更有荡涤肠胃湿毒之功，为此方之主药。乙组方未用大黄，其疗效明显降低。由此说明尿毒症治疗中荡涤肠胃湿毒之重要。但从长远来看，如何改善肾功能是更为重要一环，欲求提高远期疗效，还有赖于正气的恢复，近年来我们在方中加强了益气活血、健脾补肾之品，疗效较前有明显提高，疗效也较前稳定<sup>(3)</sup>。我们确信，扶正和攻邪相结合是提高尿毒症疗效的一个正确途径。

由于尿毒症而造成之神昏、嗜睡、抽搐等神经症状，我们用通腑泄浊法就可取得疗效，这类病人随着尿素氮、肌酐的下降，消化道、神经系统症状均明显好转，国内也有报道用大黄等直肠透析后，同样取得效果<sup>(4~6)</sup>。以往我们用平肝熄风法并未取得疗效，故认为不宜以中医肝风内动来辨证。

温阳药对肾功能会带来什么影响？国内许多报道说法不一<sup>(7)</sup>。我们认为在肾炎肾病期可能出现氮质血症，在用温阳利水法水肿消退后，往往氮质血症亦消除。临床上确有用大剂量附桂收效之病例，但对于肾盂肾炎所致尿毒症，重用温阳药后往往加重感染，病情恶化。甲组方中用少量附子和黄连、大黄同用却未见此副

反应，这是否与药物配伍监制有关。总之，温阳法看来不能在尿毒症中普遍应用，乙组病例疗效欠佳便是一个例证。温阳法治疗尿毒症究竟适合何种类型，选择何种药物，以及药剂量等问题，值得进一步探讨。

我们选择了和Walser报道大致相同的病例，所作之内生肌酐倒数和时间构成图象，图2大部分线条斜率较图1为小，这固然可能由于所选病例不尽完全相等，但也不能排除中药在其中起到一定的作用。利用这一方法了解病情发展速度还是有一定价值的。

透析疗法及肾移植术问世后，是否慢性肾衰问题都已解决了呢？我们认为研究中医中药治疗慢性肾功能衰竭，一方面可以探索改善或保护残余肾功能，减轻病人痛苦，推迟其透析开始时间。对于晚期尿毒症病人，虽然内科保守疗法不允许观察下去，但可设想用中药或针灸结合家庭腹透或血透，延长透析间期，改善患者体力，延长病人生命。这种综合性的治疗必然较之单纯透析疗法更为优越，对于长期透析后出现的透析后综合症、贫血、肾性骨病等等都是放在我们面前的新课题，值得我们中医同道共同探索及研究。

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examination of gastroscopy. These cases were divided into two groups randomly. 55 cases belonged to the observation group, of which 23 patients were treated by oral therapy (alcoholic extract of *Radix Boehmeriae*, RB), 200 to 300% 10~30 ml three times everyday was given till one day after the negative conversion of stool occult blood test, while 30~60 ml of the above herbal fluid was sprayed directly to the bleeding lesion through direct vision of gastroscopy for 10 cases. The other 22 cases were given the combined oral and spray therapy. 60 cases of the control group were given intravenously the dicynonum 750 mg added to 5% glucose saline 200~500 ml once daily, and adenosin 10 mg was given intramuscularly twice a day, till one day after the stool occult blood test became negative.

The effective rate of RB group was 94.54%, the average time for the negative conversion of stool occult blood test was 2.48 days. While those of the control group were 76.66% and 4.3 days respectively, which was significantly different ( $P < 0.05$ ). The hemostatic effect of RB is satisfactory, the combined therapy is the best which may raise the efficacy. The oral and spray method may be complementary to each other; oral administration the second and the spray method the third. RB has adhesive and astringent effect, which may be its chief mechanism of hemostasis.

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### **Treatment of Chronic Renal Failure with Traditional Chinese Medicine**

#### **—Follow-up of 90 Cases**

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This paper reports the comparative observation of short term effect, the trend of disease progress and the survival period in uremic patients with plasma creatinine over 5mg%. Patients were randomly divided into two groups, group A and B, since 1981. Patients in group A were treated with "Tong Fu Xie Zhuo" (通腑泄浊, purgating to expel the wetness-evil); while in group B, patients were treated with "Bian Zheng Lun Zhi" (辨证论治, treat the patient according to syndrome differentiation) and "Wen Yang Huo Xue" (温阳活血, warm the Yang and promote the blood circulation). The treating course was three months. The effects of these two kinds of therapy were different, group A was significantly better than group B ( $P < 0.01$ ). In group A, there was marked improvement in plasma creatinine concentration and creatinine clearance ( $P < 0.01$  and 0.001 respectively).

Walser pointed out that the changes in renal function could be shown by the diagram of time and the reciprocal of creatinine concentration, which was almost on a straight line, and the slope indicated the speed of change in renal function. Six patients' data were plotted and compared with Walser's diagram. In the follow-up of 74 patients with plasma creatinine concentration over 5mg%, the one, two and three-year survival periods were 59.7%, 29.0% and 8.0% respectively. It denotes that the prognosis of chronic renal failure is really very serious.

This study emphasized the importance of "Tong Fu Xie Zhuo" in the treatment of uremia, the effect of the treatment could be better and stabler with addition of "Fu Zheng" (扶正, replenish the vitality). The discussion on the adverse effect of "Wen Yang" (温阳, warm the Yang) in the treatment of uremia indicated that this remedy should not be widely used. The application of "Tong Fu Xie Zhuo", instead of "Ping Gan Xi Feng" (平肝熄风, ease the liver and remove the wind-evil), is appropriate for the treatment of neurologic symptoms in uremia.

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### **Analysis of Left Ventricle Function in Chronic Nephritis and Its Classification According to TCM**

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Cardiac damage is one of the complications of uremia in chronic nephritis. In order to analyze the left ventricle function in mild cases of chronic nephritis, study the basis of its type differentiation in TCM and the degree of damage of left ventricle function in different types, left ventricle functions in 40 cases of chronic nephritis were determined. The average age of the cases was 29.9. RM-6000 polygraph was used to synchronously record ECG, CPT, PCG, ACG, TIC and its dz/dt. QS<sub>2</sub>, QS<sub>1</sub>, LVET, LVETI, PEP, PEPI, PEP/LVET, CH, QZ, HI, SV, CO, aorta compliance, etc. were also determined. The criteria of type differentiation are those set in our college.