

中西医结合治疗儿童支气管哮喘

32 例疗效观察

辽宁省鞍山钢铁公司立山医院 石呈峰

内容提要 对 64 例儿童支气管哮喘患者随机分为观察组与对照组各 32 例进行治疗观察,结果:急性期的喘息症状缓解率观察组与对照组分别为 91%、62%,远期疗效的治愈率分别为 62.5%、25%,总有效率分别为 91%、50%,观察组均高于对照组 ($P < 0.05$),并对观察组治疗方法的机理进行了探讨。

儿童支气管哮喘以往的治疗方法不够满意,远期疗效尤差。为探讨更有效的治疗方法,我们于 1983 年 10 月~1985 年 2 月用中西医结合的方法治疗儿童支气管哮喘 32 例,并设对照组观察,疗效满意,总结如下。

临床资料

病例选择: 本组病例均为具有典型哮喘发作,每年至少发作三次以上的病例。随机分为观察组与对照组,两组各 32 例。两组患者年龄均为 5~14 岁。观察组男 18 例,女 14 例。对照组男 20 例,女 12 例。全部病例以往均曾多次住院治疗仍反复发作,病程 3~12 年。病因:观察组、对照组与感染有关者分别为 12、13 例,与尘螨有关者 6、8 例,对多种抗原过敏者 8、10 例,原因不明者 4、3 例,例有喘息病家族史者 12、14 例,有其他过敏病史者 18、16 例。

临床表现: 两组病例全部都有呼吸困难、肺内喘鸣音、肺纹理增粗。观察组、对照组发绀分别为 29、30 例,肺内湿罗音 20、21 例,有肺气肿体征 16、15 例,心率增快 24、23 例,合并右心衰竭者 8、6 例。实验室检查嗜酸细胞增高 26、24 例, IgE 升高 24、22 例,酸中毒 16、14 例, PaO_2 降低 29、27 例, PaCO_2 升高 22、20 例, X 光检查为肺气肿改变者 18、16 例。

中医分型: 发作期观察组、对照组热喘分别为 23、20 例,寒喘 9、12 例;缓解期脾肺气虚型为 18、17 例,肺肾阴虚型 9、11 例,肾阳

虚寒型 5、4 例。两组病例经统计学处理,各项 P 值均 > 0.05 ,无显著性差异,有可比性。

治疗方法

一、观察组发作期除常规使用抗生素及肾上腺皮质激素外,每次用 5% 碳酸氢钠 5ml/kg 加山莨菪碱 0.5mg/kg 静脉缓慢推注或快速滴注,可间隔 8 小时 1 次,每日最多 2~3 次。24 小时后哮喘无缓解者停用此法,有效者第二天可再静点 1 次,巩固疗效。有心功能不全者用毒毛旋花子甙 $K 0.01\text{mg/kg}$,加 10% 葡萄糖 10ml 缓慢静注,酚妥拉明 1mg/kg 加 10% 葡萄糖 20ml 静点,速尿 1mg/kg 静注或肌注。发作期不分寒喘、热喘一律用平喘合剂治疗。平喘合剂组成:射干、桂枝、五味子、法半夏各 9g,生石膏 30g,生麻黄、细辛各 3g。哮喘症状缓解后停用西药改服中药免疫调节合剂,其方剂组成为:党参、黄芪、白术、黄精、丹参、沙参、熟地、五味子、仙灵脾各 15g。平喘合剂与免疫调节合剂均浓煎至 200ml,用量为乳儿 20ml,幼儿 30ml,学龄前儿童 40ml,学龄儿童 50ml,1 日 2 次口服。免疫调节合剂疗程 4~8 周。

二、对照组发作期与观察组同样常规使用抗生素,肾上腺皮质激素,每次静脉滴注氨茶碱 5mg/kg (加入 10% 葡萄糖 50~100ml 内) 止喘。缓解期改用口服抗生素、氨茶碱维持。肾上腺皮质激素逐渐减量或停药。

结 果

一、哮喘急性发作期疗效：治疗后4小时缓解：观察组、对照组分别为23、15例，占72%、47%；12小时缓解：26、18例，占81%、56%；24小时缓解：29、20例，占91%、63%；24小时以上不缓解：3、12例，占9%、38%。24小时后右心功能不全纠正者6、2例，占75%、33%；酸中毒纠正者16、6例，占100%、43%； PaO_2 恢复正常者25、16例，占86%、59%； PaCO_2 恢复正常者20、8例，占91%、40%。两组经t检验有显著差异， $P < 0.05$ ，急性发作期疗效观察组优于对照组。

二、远期疗效：于治疗后随访观察1年，1年内无发作者为痊愈；半年内无发作者为显效；发作次数减少或症状减轻为有效；发作次数与症状同前为无效。远期疗效观察组、对照组治愈为20、8例，占62.5%、25%；显效6、4例，占18.8%、12.5%；有效4、3例，占12.5%、9.4%；总有效29、16例，占90.6%、50%；无效3、16例，占9.4%、50%。经t检验治愈率、总有效率观察组均优于对照组， $P < 0.05$ ，有显著差异。

三、中医分型与疗效：近期疗效24小时缓解者热喘为87%，寒喘为100%，寒喘优于热喘。远期疗效热喘治愈率为74%，寒喘为33%，总有效率热喘为95%，寒喘为77%，两种类型均有疗效，但远期疗效热喘优于寒喘。因寒喘患者多为肾阳虚寒型，远期复发率较高，免疫调节合剂对此型疗效稍差。

远期疗效脾肺气虚型治愈15/18例，占83%，总有效18/18例，占100%；肺肾阴虚型治愈4/9例，占44%，总有效8/9例，占89%；肾阳虚寒型治愈1/5例，占20%，总有效3/5例，占60%。经t检验脾肺气虚型优于肺肾阴虚及肾阳虚寒型($P < 0.05$)，有显著差异，而后二型相比无差异。

讨 论

支气管哮喘发作是由于支气管痉挛及管腔

内炎症渗出导致气道受阻所致。体内出现缺 O_2 、 CO_2 贮留和酸中毒。高渗碳酸氢钠与山莨菪碱静注后可改善微循环增加肺血流量，改善缺 O_2 和酸中毒状态，解除平滑肌痉挛和分泌物渗出，有利于气道通畅，故控制急性期症状效果显著。

中医认为^{〔1,2〕}：哮喘急性阶段病变在肺，分为寒喘热喘两型。因痰阻气道，肺失清降，肺气上逆，表现呼吸困难，喉间喘鸣。平喘合剂有温肺化痰、止咳平喘的作用，可治疗咳逆上喘，痰湿壅盛，与西药协同迅速止喘。

本组病例分脾肺气虚、肾阳虚寒、肺肾阴虚三型^{〔3,5〕}，均属虚证，以肺虚为主。免疫调节合剂是补虚之良药，有补气虚，补肺、脾、肾三脏之虚的作用，又有清肺热、养肺阴、滋肾阴等作用，并有活血化瘀改善肺血循环的作用^{〔3,4〕}。通过补虚、益气、生津、调理脏腑平衡，改善全身功能达到治本的目的。根据现代医学研究^{〔1〕}免疫合剂有调节机体免疫功能的作用，增强机体抗感染、抗过敏的作用。且黄芪、五味子有类肾上腺皮质激素的作用，可抑制变态反应的发生，可及早停用激素，控制复发。

从分型疗效上看因平喘合剂以止喘为主，清热解毒作用不强，24小时内抗生素又未充分控制炎症，故急性期热喘不如寒喘效果好。远期疗效感染控制后热喘优于寒喘，因寒喘多为肾阳虚寒型，免疫合剂侧重补脾肺之虚，而补肾药尤其壮肾阳作用不足，故对此型效果稍差，如能增加补肾药物，疗效可能还会提高。

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Combined Traditional and Western Therapy of Infantile Bronchial Asthma —An Observation on Therapeutic Effect of 32 Cases

Shi Chengfeng (石呈峰)

Li Shan Hospital, An Shan, Liaoning Province

In this paper, 64 patients suffering from infantile bronchial asthma were randomly divided into TCM-WM observation group and control group, 32 cases in each group. In the control group, antibiotics, corticosteroids and aminophylline were routinely given. While in the observation group, in supplement to antibiotics and corticosteroids, 5% sodium bicarbonate 5 ml/kg and anisodamine (654-2) 0.5 mg/kg, intravenous injection slowly or intravenous dripping rapidly as a dose, 1~3 times a day were given, especially for those acute exacerbation cases. At the same time, traditional anti-asthmatic mixture had also been added for treatment. In remission period, a traditional immune regulatory mixture was prescribed.

Result: In the observation group, during severe episodes, the speed and rate of remission, long term follow-up cure rate and total cure rate were all higher than that of the control group. The correction of right heart failure and acidosis and recovery to normal PO_2 and PCO_2 were all better than those of the control group. The t test between the two groups was significant ($P < 0.05$). Sodium bicarbonate and anisodamine may correct acidosis, improve pulmonary circulation and diminish inflammatory infiltration. In addition, anti-asthmatic mixture may relieve symptoms, so the immediate efficacy was rather good. Immune regulatory mixture may improve the immune status and pulmonary circulation and it may also suppress anaphylactic reactions. By these means, the principle of "symptomatic treatment for acute conditions and radical treatment for chronic conditions" was realized. Hence the result is satisfactory.

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Clinical Observation of Therapeutical Effect in 232 Cases of Vitiligo

Zhu Guangdou (朱光斗), et al

Huashan Hospital, Shanghai Medical University, Shanghai

This paper reports 232 cases of vitiligo treated with TCM-WM. The therapeutical results were quite satisfactory. The majority of the patients were between 21~30 years old. The range of the duration of illness was one month to 32 years, with 22.8% (53 cases) within six-month duration and 28.4% (66 cases) over five years. Positive family history was noted in 32 cases. The patients were divided randomly into four groups: A group (100 cases) was treated with the principle of "regulate the flow of Qi, promote the blood circulation and dispell the exogenous "wind". B group (51 cases) was treated with steroids. C group (53 cases) was treated with the method of nourish the Yin, promote the blood circulation and dispell the exogenous "wind" combined with steroids. D group (28 cases) was treated with topical application of Tr. Fructus Psoraleae alone as control. Comparing the therapeutical effect between these four groups, it showed that the effect of the C group was better than that of others, it enhanced the therapeutical effect and reduced the side-effects of steroids. Between A and B group, there was no significant difference statistically.

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A Clinical Study of Channel Distribution of Vitiligo

Zeng Zhaoming (曾昭明), Li Changhai (李长海)

Dept. of Dermatology, Xiehe Hospital, Tongji Medical University, Wuhan

The channel distribution of skin lesions of vitiligo was analyzed according to the channel theory of traditional Chinese medicine. The following results were obtained: (1) The skin lesions of vitiligo were distributed more frequently along the Yang Channels than the Yin ones, that is, more frequently along the channels of hollow organs than those of solid ones. (2) Along the Gallbladder Channel, the Stomach Channel, and the Urinary Bladder Channel, the frequency of distribution is the highest. The frequency of distribution along the Large Intestine Channel and the Triple-warmer Channel is higher than the rest of channels. These results suggest that the pathogenesis of vitiligo may have special relationship with the above-mentioned channels. The data presented by this article is significant in channel and acupoint selection in acupuncture and moxibustion therapy, also in the medical treatment based on the syndrome differentiation.

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