

中西医结合短程疗法对排菌肺结核患者的疗效观察

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内容提要 本文报告应用补气扶正及活血化瘀中药,配合非常弱的6个月西药化疗方案,对159例排菌肺结核患者进行分组治疗,对照观察。结果表明:中西医结合的疗效明显优于单用西药。并就中药的作用机理进行了分析探讨。

尽管目前我们使用西药治疗肺结核的方案是卓有成效的,然而疗程长或者药价太昂贵。为探讨中西医结合的高效、短程、经济的新疗法,特设计中西医结合短程6个月方案。并对159例排菌肺结核患者进行分组治疗观察。现将治疗效果及观察一年结果报告如下。

一般资料

一、观察对象为肺结核排菌患者159例,男107例,女52例。其中初治66例,复治93例,随机分为4个组:(1)初治观察组:化疗6个月加服中药;(2)初治对照组:化疗6个月;(3)复治观察组:化疗6个月加服中药;(4)复治对照组:化疗6个月。

二、年龄14~69岁,38~50岁51例,占32.07%。病变性质全部属于渗出性或干酪样变,痰菌厚涂片全部阳性。按1978年5月全国结核病防治工作会议修订的肺结核分类法,均属进展期患者。出现的空洞比例,观察组与对照组大致相等。病情轻重按目前沿用的轻、中、重分,观察组与对照组也相差不大。详见表1。

治疗及观察方法

一、6个月化疗方案(初、复治的观察组、对照组均为同一方案):链霉素1g,肌肉注射;

表1 4组年龄性别及病情

	总例数	性别		年龄(岁)				病情			空洞数
		男	女	14~27	28~37	38~50	51~69	轻	中	重	
初治	观察组31	18	13	3	8	12	8	11	14	6	16
	对照组35	21	14	3	7	11	14	14	16	5	18
复治	观察组46	35	11	2	16	15	13	9	15	22	26
	对照组47	33	14	3	15	13	16	12	16	19	21

雷米封0.5g;利福定300mg(后3个月减半)。以上三种药均为隔日顿服或肌注。

二、中药方剂组成:党参1.5g 白术1g 丹参2.5g 茯苓1g 麦冬1.5g 黄芪2.5g,分别研碎,然后按比例制成水泛丸,每服5g,日2次。

三、观察方法:由乡村医生全监治疗管理,对每位患者上门送药打针。由省、地、县三级防痨专业人员组成专班负责复查。

四、观察内容:(1)痰检:治疗期间每月1次,治疗结束时连续查痰3次,停药期间每3个月1次,均为厚涂片镜检。疗前、疗后痰培养各1次。(2)胸片:治疗及观察期间均为半年1次。(3)皮肤免疫检测:OT、PHA。治疗前后各一次。同时在当地15岁以上健康人(除外OT阴性)中观察OT反应140人,PHA反应161人。

结 果

一、死亡情况:治疗期间死亡9例,治疗结束后6个月内死亡6例,疗后6~12个月死亡8例,共23例,除非结核死亡5例外,其余18例均死于结核,其中复治对照组死亡10例,病死率为21.28%,复治观察组死亡2例,病死率为4.35%,初治对照组死亡6例,病死率为17.14%,初治观察组无死亡。观察组病死率明显低于对照组,经卡方测验, $P < 0.01$ 。

二、痰菌:疗程结束时死亡9例,实际复查150例,转阴102例。对阴转病例继续观察1年,死亡5例,外迁失访1例,实际复查96例,复发转阳31例(见表2)。

表2 4组痰菌阴转及复发情况

		疗 程 结 束			观 察 1 年		
		复查例数	阴转例数	阴转率(%)	复查例数	复发例数	复发率(%)
初治	观察组	31	30	96.77	30	2	6.60
	对照组	32	23	71.87	21	10	47.61
复治	观察组	44	32	72.72	31	12	38.70
	对照组	43	17	39.53	14	7	50.00

初治观察组痰菌阴转较理想,且停药观察1年内复发率不高,两者均明显优于对照组,经卡方测验 ($X^2=11.20$ 及 $X^2=7.31$, P 均 < 0.01),有非常显著性差异。复治观察组痰菌阴转不够理想,但比对照组好。经卡方测验 ($X^2=9.74$, $P < 0.01$) 有非常显著性差异。复治观察组复发率比对照组低,但经卡方测验 ($X^2=0.5$, $P > 0.05$) 未显示显著性差异,可能是由于病例太少。

三、X片结果:疗程结束时,X片复查未见明显差异。停药1年X片复查例数少(因大部分已愈患者、年老者及离卫生院路远者均不愿再复查)。这里仅将停药观察半年结果报告如下。除死亡及少数因故未拍片者,实际拍片复查为130例。结果见表3。

不论初治观察组或复治观察组,吸收率均明显高于对照组;而恶化率明显低于对照组。

表3 停药半年后X片复查结果

		复查例数	吸 收 (%)	不 变 (%)	恶 化 (%)
初治	观察组	28	19 (67.85)	8 (28.57)	1 (3.57)
	对照组	27	11 (40.74)	9 (33.33)	7 (25.92)
复治	观察组	38	19 (50.00)	17 (44.73)	2 (5.26)
	对照组	37	5 (13.51)	15 (40.54)	17 (45.94)

初治组间比较有显著性差异 ($X^2=4.07$ 及 $X^2=6.53$, P 均 < 0.05)。复治组间比较亦有非常显著性差异 ($X^2=11.46$ 及 $X^2=16.40$, P 均 < 0.01)。

四、免疫检测结果:细胞免疫功能指标均值 (mm):健康人 OT 为 13.2 ± 0.8 ; PHA 为 12.64 ± 5.52 。患者治疗前 OT 为 11.34 ± 5.5 ; PHA 为 6.97 ± 2.6 。以上两项经 t 测验 ($t=4.65$ 及 $t=11.66$, P 均 < 0.01),均显著低于正常值。但发现22例 OT 反应在15mm以上,超过正常均值,属强反应。治疗后观察组 OT 为 14.08 ± 6.68 , 超过正常值(反应快,一般12~24小时已出现强反应),但经 t 测验 ($t=1.49$, $P > 0.05$) 未达显著性差异。而原来属强反应的病例,反有所下降。PHA 为 11.42 ± 5.2 , 低于正常值,但差异不显著 ($t=1.64$, $P > 0.05$)。治疗后对照组 OT 为 11.85 ± 6.54 , 仍低于正常值,但未达显著性差异 ($t=1.55$, $P > 0.05$),却明显低于观察组 ($t=2$, $P < 0.05$),有显著性差异。PHA 为 10.82 ± 4.22 , 虽较治疗前有所提高,但仍明显低于正常值,经 t 测验结果 ($t=2.72$, $P < 0.01$),差异仍非常显著。

讨 论

中医称肺结核为“尸注”、“癆瘵”,并认为结核病是由于各种原因耗伤了人体元气;体弱气虚,外来“癆虫”才有隙可乘而侵蚀为害。在治疗上提出“法当补虚以复其元,杀虫以绝其根。”注重在抗癆杀虫的基础上,补虚扶正。从病理上,中医认为癆瘵日久,气血损耗、经络瘀滞,称之为气滞血瘀^①。根据“血瘀而新不生”的理论,治则上配以活血化瘀。

在上述理论指导下,我们应用补气扶正及

活血化瘀中药, 调动机体内在抗病能力; 配合很弱的短程 6 个月化疗方案, 以杀灭结核杆菌, 达到治愈目的。本文结果表明, 并用中药与单用西药的疗效有非常显著性差异。前者不但痰菌阴转率高, 复发低, 且病死率低, 病变吸收好转率高。疗效与国内外较强的 6 个月短程方案(初治)接近, 但经济得多。

近年来, 国内外学者认为结核患者细胞免疫功能低下, 提出了结核患者的免疫治疗问题^[2]。据现代医药研究, 正气与免疫功能密切相关, 现已发现黄芪等益气药能提高机体淋巴细胞的免疫功能, 对机体网状内皮系统的吞噬功能有显著的增强作用^[3,4]。本文免疫检测结果, 观察组两项皮肤反应恢复到健康人水平, 疗效明显优于对照组。因此认为是由于扶正补气中药发挥了增强机体非特异性免疫作用, 从而提高了疗效。同时还发现观察组内原来对 OT 反应强的病例, 经治疗后反应反而减弱而疗效不受影响, 提示中药是通过双向调节作用, 调整机体状况, 加强适应能力, 达到抗病目的, 这正

是中医的所谓“扶正”。黄芪的双向调节作用国内早有报道, 因此推测本文观察到的双向调节作用与黄芪有关^[5]。

X 光片复查结果, 观察组病变吸收好转明显优于对照组。实验证明活血化瘀药丹参能扩张毛细血管, 增快微循环血流^[6]。这不但有利于药物到达病灶部位, 发挥抗菌效能, 同时也促进炎症渗出物的吸收; 促进增生性病变的软化, 有利于结核病灶的修复。

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中日友好医院召开中日中医学术讨论会

——交流疼痛性疾病中医诊治经验

1986 年 11 月 3~4 日, 中日友好医院召开了首届中日中医学术讨论会。卫生部陈敏章副部长出席了开幕式并讲话, 他指出: 中日友好医院是以中西医结合为特点的医院, 中医学是实践的科学, 是全人类共同分享的财富, 希望参加这次讨论会的中日两国著名中医学专家, 为中日医学交流做出贡献。中日友好医院耿德章院长在讲话中指出: 当前世界上出现了“中医热”, 这对我国的中医药学发展无疑是个促进。中日友好医院是国务院和卫生部确定的我国中西医结合基地。我们确信, 有了高水平的中医和高水平的西医, 才有高水平的中西医结合, 我们要充分发挥中日友好医院这个中西医结合基地的作用, 为发展我国中医药学和中西医结合作出努力。日本国中医访华团团长矢数道明先生在开幕式上也做了热情洋溢的发言, 祝愿这次讨论会圆满成功。

这次讨论会的中心议题是“疼痛性疾病的中医辨

证论治”。论文有日本著名中医学家、医学博士矢数道明先生的《头痛》特别讲演, 中国中医研究院施奠邦名誉院长的《中医药学的现状和展望》特别讲演, 受到与会代表们的热烈欢迎。中国方面还有中日友好医院印会河教授的《中医药治疗头痛的经验》、焦树德教授的《三合汤治疗胃脘痛》、许瑞三教授的《痛经诊治经验》、武泽民教授的《中医药治疗真心痛临床和实验研究》及院长助理李岩的《癌性疼痛辨证论治法则》; 日本方面有斋藤辉夫博士的《少阳枢机不利》、江部洋一郎先生的《寒热错杂痹症》及金子心幸的《大黄甘草汤的临床应用》等精彩报告。充分显示了中医药学对疼痛性疾病诊治的优越性。参加这次讨论会的有日本代表团 15 位学者和来自全国 25 个省市的 316 位中医和中西医结合专家。

(陈士奎)

Curative Effect of Xiaoluowan (消癰丸) on Primary Tuberculosis in Adults

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Based on the effective folk remedies, a recipe—Xiaoluowan (消癰丸) consisting of *Scrophularia nipponensis*, *Concha Ostreae gigas*, *Prunella vulgaris*, *Forsythia suspensa*, *Viola yedoensis*, *Ranunculus ternatus* 15 grams each, *Sargassum pallidum* and *Lycopi indici*, was prepared. It was used to treat 66 adult patients suffering from primary tuberculosis during 1971~1978. 31 cases were treated with Xiaoluowan alone (Group 1), 35 cases with Xiaoluowan and TNH (Group 2), and 62 cases with similar clinical conditions treated with HSP(INH, streptomycin, PAS) served as control. The result of treatment: Group 1, Group 2 and the control group, showed marked improvement in 10, 11, 20 cases, improved in 14, 22, 28 cases, ineffective in 7, 2, 14 cases and the total effective rates were 77.42%, 94.27% and 77.42% respectively. Group 2 showed a better curative effect ($P<0.05$). The mechanism of Xiaoluowan remains to be further studied. Conclusion: Xiaoluowan was effective in treating primary tuberculosis especially used in combination with INH. It is also, safe, easy to prepare and convenient to take, with no side-effect, and therefore worth recommending.

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Short Term Observation in Treating Sputum Positive Tuberculosis with TCM-WM

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Lifoding, rimifon and streptomycin were used every other day for 6 months as a short term treatment for 159 cases of sputum positive tuberculosis. Among them 66 were treated for the first time, and 93 have been treated previously. At the same time, traditional Chinese patent pills (reinforce the Qi to strengthen the resistance, and promote the blood circulation to relieve the stasis) was also being applied. At the end of the treatment, sputum negative rate of the initial therapy group was 96.77%, while the control group was 71.87%. The sputum negative rate of the previously treated group was 72.72%, and the rate of control was 39.53%. The checking of X-ray films showed that the absorption rate of the initial therapy group was 67.85%, worsening rate 3.57%, those of the control being 40.74% and 25.92% respectively. The absorption and worsening rate of the previously treated group were 50% and 5.26% respectively, while that of the control group were 13.51% and 45.94% respectively. From the beginning of the treatment till one year after treatment, the mortality rate of initially treated was 0, while the control group 17.14%. The mortality rate of the previously treated group was 4.35%, while the control group was 21.28%. The data mentioned above have been checked with X^2 method, and showed significant difference statistically.

(Original article on page 158)

Injection of *Angelica Sinensis* in Treating Infantile Pneumonia and Its Experimental Study in Rabbit

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Fifty cases of infantile pneumonia mainly caused by respiratory syncytial virus were divided into two groups randomly. The first group consisted of 30 patients ranging from 2 to 34 months in age, and were treated with injection of *Angelica sinensis* in a dose of 20 gm/day by iv dripping for 7 to 10 days. The second group of 20 patients were treated with Hua Yu (化瘀 stasis relieving) Mixture. Before treatment, most of the patients showed microcirculatory disturbances in nailfold, 18 of them were complicated with DIC. Respiratory failure appeared in 11 cases, abnormal ECG was seen in 8 cases, and 38 cases showed patchy and spotlike shadow when they were examined with X ray. After treatment, all of the patients in both groups were recovered and discharged. There was no significant difference in the effectiveness of *Angelica sinensis* injection compared with that of Hua Yu Mixture. The effect of *Angelica sinensis* injection was studied experimentally in 40 rabbits. The rabbits injected with measles vaccine alone showed aggregation of platelets and neutrophils, the stasis of red blood cells in alveolar capillary, while those treated with *Angelica sinensis* injection showed very slight hemostasis and aggregation as well as edema in mesenchyma of lung. It was suggested that *Angelica sinensis* might improve microcirculation especially pulmonary microcirculation and therefore was effective in treating pneumonia.

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