

中药应用于肾移植排异反应的初步探讨

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内容提要 本文报道中西医结合治疗 10 例肾移植后的抗排异反应，其存活期较单纯西药组治疗的 8 例为高。初步认为，肾移植后出现排异反应，在大剂量激素冲击治疗时，根据中医辨证分型，加服中药，有利于排异反应早日逆转，减少排异反应次数。

我院自 1978 年起做了肾移植术 18 例，其中 10 例加用中药治疗(中西医结合组)，另 8 例为单纯西药治疗(西医组)。现将结果报告如下。

临床资料

一、一般情况：18 例均系慢性肾炎、尿毒症，肾炎病程 1~9 年，发现尿毒症 1~3 月，男性 15 例，女性 3 例。术前均有不同程度水肿、少尿、恶心呕吐、高血压及贫血症状。血、尿、肾图等检查，均提示有严重肾功能损害，随机分为中西医结合治疗组 10 例和西医治疗组 8 例，两组条件基本相同。

二、排异反应的判断：依据临床症状、化验指标及肾图等检查。(1)临床症状：18 例患者 35 次排异反应^①以发热、纳呆、血压增高及少尿为多见，但有 2 例尿量反而增多达 5000 ml/日。(2)化验指标：血肌酐(28 例次)、血尿素氮(26 例次)升高为主，肌酐廓清率，尿钠下降也常见。(3)同位素肾图及膀胱/肾脏(B/K)比值变化：术后在 34 次排异反应检查中，可见肾图排泄曲线降低，B/K 比值由 2~2.5 下降至 1 以下。肾图及 B/K 比值变化的出现，要比血肌酐增高早 2~4 天，为预测排异反应早期的重要手段之一。

三、辨证分型：(1)气血两虚型：乏力、纳呆，舌质淡，脉沉细。血肌酐及血尿素氮升高。(2)血瘀型：发热、烦躁不安，面色晦暗，舌红边紫。可见移植肾肿大，质地变硬，压痛。(3)湿热型：发热，或有咽痛、气急咳

嗽、尿频、尿急等症状，脉多滑数，苔黄腻，舌质红。

治疗方法

一、肾移植前的治疗：18 例患者均未经过血液或腹膜透析，术前两组均作对症治疗。而中西医结合组 10 例中，以其临床表现辨证为气血两虚，阳衰阴盛，湿浊上泛，术前一周开始，口服中药益气温阳、和中化浊的同时，加服红参 3~5 天，每天 3~5 g。西医组和中西医结合组均配合结肠透析和腹泻疗法 3~5 天。中西医结合组以大黄或 20%甘露醇，西医组用 20%甘露醇或 50%硫酸镁作为腹泻剂。

二、肾移植后的治疗：确定排异反应后，分组治疗。

1. 西医组：8 例患者均采用大剂量激素冲击治疗^②。琥珀氢化考的松 1000~3000 mg，或甲基强的松龙 500~1000 mg，溶于 5%葡萄糖液 500 ml，静脉滴注，每日 1~2 次，有时加用地塞米松 30~50 mg，溶于 50%葡萄糖液 40 ml 中，静脉推注。冲击时间 3~5 天，个别达到 7 天，1 例因发生霉菌感染而停用。

2. 中西医结合组：10 例患者，除采用大剂量激素冲击治疗 3~5 天外，还根据上述辨证分型治疗。气血两虚型：益气补肾，红参 3~5 g，1 日 1~2 次，服 3~5 天，并加服党参 15 g 黄芪 30 g 白术 15 g 茯苓 15 g 熟地 20 g 仙灵脾 15 g 川断 15 g，1 日 1 剂，煎服。血瘀型：益气养阴，活血化瘀。红参 3 g，1 日 1 次，

服3天。另服黄芪18g 太子参15g 麦冬10g 生地15g 当归15g 赤芍15g 红花10g 坤草30g, 1日1剂, 煎服。再加用丹参注射液40g, 溶于10%葡萄糖液500ml, 静脉滴注, 1日1次。肾区用阿魏消痞膏, 掺适量冰片、麝香外贴, 缓解肾区疼痛。湿热型: 在整体治疗的同时, 根据不同感染病灶, 应用清热解毒中药, 咽部感染用银花15g 连翘15g 山豆根9g 桔梗6g 板蓝根15g 紫花地丁15g 蒲公英15g; 肺部感染用鱼腥草30g 虎杖30g 银花15g 连翘15g 桑白皮10g 薏仁15g 冬瓜仁15g; 尿路感染用白英30g 萹蓄30g 瞿麦15g 白花蛇舌草30g; 霉菌感染用大蒜注射液40~60ml, 加入10%葡萄糖液500ml, 静脉滴注, 并可配合抗生素应用。

结 果

一、两组存活时间, 随访观察5年结果: 西医组8例, 存活1年者2例, 余6例均在3~8个月内死亡; 中西医结合组10例, 存活1年1例, 2年6例, 5年3例。

二、肾移植后功能恢复情况: 对中西医结合组治疗存活2年以上6例, 作了肾功能复查, 血肌酐及血尿素氮值较肾移植前降低(见附表), 说明肾功能改善, 贫血得到纠正。1例作肾动脉造影, 显示移植肾功能正常。

附表 6例肾移植前后肾功能变化

病例	血肌酐(mg)		血尿素氮(mg)	
	前	后	前	后
1	18.5	4.6	106	41
2	18.6	2.6	110	38
3	15.7	3.2	96	36
4	13.2	1.8	99	28
5	11.6	2.1	94	34
6	11.0	2.0	93	32

讨 论

一、肾移植前中西医结合治疗的重要性: 中西医结合治疗组治疗10例, 存活率2年以上6例, 5年以上3例。西医组治疗8例, 均在2

年内死亡, 存活率前者较后者为高。肾移植前, 中西医结合组除与西医组相同处理外, 加服益气温阳中药及小剂量人参, 可清除部分血肌酐和尿素氮, 改善临床症状, 为肾移植创造条件。结肠透析、腹泻疗法, 方法简便, 在无血透、腹透设备的单位, 不失为一种应急之法。

二、肾移植后中西医结合治疗对抗排异反应的意义: 当排异反应出现后, 及时大剂量激素冲击治疗, 并根据中医辨证分型, 加用益气补肾、活血化瘀、清热解毒中药, 扶正祛邪, 有利于排异反应早日逆转, 减少排异反应次数, 改善全身症状, 使10例患者血肌酐从平均15mg下降至2.7mg, 血尿素氮平均100mg下降至35mg, 较快地控制了感染, 从而提高了治疗效果。

三、人参抗排异反应的意义: 在肾移植前后, 应用小剂量、短疗程人参, 辨证配伍其它中药, 有利于排异反应的逆转, 促进已损组织的修复, 从而提高存活期。本文6例存活2年以上患者, 3例长期、间歇、少量服人参(每隔1月, 服5~7天, 每天3~5g), 达2年之久, 移植肾功能良好, 排异减少。余3例未继续服用, 术后2年发生排异反应每人8次, 以至发展成慢性肾衰而相继死亡。一般认为人参能提高机体免疫力, 会诱发甚则加剧排异。肾移植是一个非常复杂的过程, 中药药理亦很复杂。不同的人参制品作用存在共性, 共性中有作用强弱大小不同的特性。不同的加工方法, 其作用不仅依赖于总皂甙量, 而且还有其特殊成分所决定。此外, 是否还存在着服药方法、剂量、时间及配伍等影响, 有待于今后进一步观察。

参 考 文 献

1. 石毓澍, 等。临床肾脏病学, 第1版。天津: 天津科学技术出版社, 1983: 459—479。
2. 陈顺乐。肾脏病学, 第1版。南京: 江苏科学技术出版社, 1981: 199—213。

Observation with Real-Time Ultrasound on Gallbladder Contractive Effects with Electric Stimulus of Erdan Point (耳胆穴)

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Gallbladder contractive effects with electric stimulation of Erdan point (an auricular acupuncture point) were observed with real-time ultrasound in 100 normal subjects and 100 biliary disease patients. Gallbladders were very sensitive to electric stimulation at Erdan point. In normal group, the mean area of gallbladder contraction was 6.64 cm² (64.5%) within five minutes' electric stimulation of Erdan point, which was significantly different from that of pre-electric stimulation, $P < 0.01$. The gallbladder contracted well in 91 subjects (91%), rather poor in 6 persons (6%) and poor in 3 persons (3%). In patients, the mean area of gallbladder contraction was 2.43 cm² (26.6%) within five minutes' electric stimulation of Erdan point, which was also significantly different from that of pre-electric stimulation, $P < 0.01$, but it was less than that of normal subject, $P < 0.01$. The gallbladder contracted well in 11 patients (11%), rather poor in 19 patients (19%), poor in 61 patients (61%) and had no contractive function at all in 9 patients (9%), which was significantly different from that of normal subject ($P < 0.01$). The results indicated that this method may provide a new approach to the examination of gallbladder contractive function. (Original article on page 273)

Use of "SRRS" Recipe on Treatment of Late Stage Liver Cancer Patients and Their Experimental Investigations

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Clinical and experimental investigations of "strengthening the spleen, regulating the flow of vital energy, removing the toxic heat, softening the hard lumps and resolving the phlegm (SRRS)" recipe* in treating late stage liver cancer were made in our hospital. According to the theory of "different diseases be treated with same method" of the traditional Chinese medicine, this recipe in treating some cases of liver cancer was used. Results: (1) The survival rate (1 year) of the primary carcinoma of the liver: SRRS group was 31% (control 4.5%, $P < 0.05$). (2) The survival rate (1 year) of secondary carcinoma of the liver: SRRS group was 33.8% (control 16%, $P < 0.05$).

In the experimental investigation, the mutation assay (V₇₉ cell) for initiation model and metabolic cooperation for promotion model were chosen to answer whether the multi-stage concept of carcinogenesis (initiation and promotion) could be influenced by traditional Chinese drugs of this recipe used. Experimental results showed that some traditional Chinese drugs do have anti-mutation and other drugs have anti-promotion effects. It suggests that the incidence of malignant tumors could be reduced and the liver cancer be treated by using these Chinese drugs. In addition to the anti-mutation and anti-promotion effects, the experimental results also showed that some Chinese drugs of SRRS recipe had the cytotoxicity in human liver cancer cell (7402), which also arrested metastatic effect of the Lewis lung carcinoma in the C₅₇ BL mouse strain.

*SRRS recipe: Jianpi Liqui (健脾理气), Qingre Jiedu (清热解毒), Ruanjian Huatan (软坚化痰).

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Preliminary Report on Anti-Rejection of Traditional Drugs in Allo-transplantation of Kidney

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Eighteen cases of allo-transplantation of kidney have been operated since 1978. They were divided into two groups. One group received the Western drugs only for the management of anti-rejection after operations, while the other group accepted the method of combined TCM-WM therapy for anti-rejection. It was emphasized that in this article the therapeutic result of the latter group was better than that of former. According to the author's experience, *Panax ginseng* should be administered after using steroid for anti-rejection. The report showed that *Panax ginseng* was effective in reversing the postoperative rejection, increasing the resistance of the body against infection, and prolonging the survival time of the allo-grafted kidney.

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