

• 临床论著 •

中医药治疗爱滋病的临床观察*

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内容提要 本文报告应用中医药治疗1例美籍白种人经血清HTLV-Ⅲ检测确诊为爱滋病患者的经过。按中医传统理论,以温毒证辨证论治,先清热解毒,凉血祛湿;后益肾健脾,养心固本,进行选方遣药,达到了缓解临床症状,改善生存质量,延长生存时间的效果。结合以往免疫学、临床及实验研究所得,作者认为:所用方药似确有增强患者免疫功能及清除自由基的作用,值得进一步深入研究。

自1981年春美国疾病控制中心首次宣布发现爱滋病(Acquired Immunodeficiency Syndrome, AIDS)以来^①,其发病率逐年增加。该病症状复杂,治疗困难,病死率高,已成为全球公众普遍关注的一个严重疾病。目前唯一的可以治疗爱滋病的药物Azidothymidine (AZT)^②价格昂贵,且有严重骨髓抑制的副作用,使得爱滋病患者不得不寻求其它治疗方法。中医中药包括针灸治疗已开始被选择应用。作者于1986年5月起对一例确诊为爱滋病的患者进行中医辨证治疗,至1987年10月收到了稳定病情,改善主观症状和延长生命的效果。现报告如下。

病例介绍 病例号339, GH, 美籍白种人, 男性, 38岁。住加利福尼亚州Ventura城。1986年5月7日就诊。主诉: 疲劳、厌食、慢性腹泻已8月余。全身淋巴结逐步肿大3~4年。就诊前未经任何系统治疗。慢性腹泻, 1天3~4次不等, 水样, 有食物残渣, 具酸臭味, 但无粘液及脓血, 大便常规检查无异常发现。患者体质衰弱, 无法坚持日常工作。自感咽喉肿痛, 从不间断, 经常感冒。全身热感(测体温正常), 口干渴, 情志沮丧, 并有自卑感、忧郁及自杀意向。既往史: 患者于1974~1984年的10年中曾在某酒吧间当调酒员, 当时曾与20余名男性健康青年有过同性恋史, 1981~1982年间, 性生活十分杂乱而频

繁; 这一批青年人年龄均在25~26岁左右, 先后于1982年前后出现疲劳无力、淋巴结肿大、慢性腹泻等症状, 并在4~5年内相继死亡。患者于1984年5~6月间经当地医生检查, 其HTLV-Ⅲ(Human T-cell lymphotropic virus type Ⅲ, 即人类亲T淋巴细胞病毒Ⅲ型抗体实验), 两次均呈阳性, 确诊罹患爱滋病, 并为爱滋病病毒携带者。先后曾就诊于××大学及××大学医学院附属医院, 均告以无特殊治疗方法。

体格检查: 神疲憔悴, 面容萎黄, 两眉紧锁, 似有难言之苦衷。咽部明显充血, 扁桃体略大, 颌下、胸锁乳突肌后、腋下及腹股沟等处淋巴结普遍肿大, 大小约3×4×2cm不等, 无明显压痛, 可以活动。肝在右季肋下2cm, 脾可触及。心肺阴性, 神经系统未引出病理反射。

实验室检查: HTLV-Ⅲ(+), 血常规正常。白蛋白4.2g/dl, 球蛋白2.8g/dl, A/G=1.5。SGOT 136 IU/L (正常值0~4 IU/L), SGPT 268 IU/L (正常值0~45 IU/L)。凝血酶原时间15.2 sec (正常值11~13 sec), 凝血酶原活动度43% (正常值70~100%), 其余22项血液生化检查尚属正常范围。

舌诊: 舌质红、娇嫩, 中有纵形裂纹, 舌尖边红, 并有小点刺凸起。苔薄黄腻, 舌根苔黄厚。舌尖剥脱上皮培养念珠菌阳性。

脉诊: 脉数(90次以上/min), 弦滑。

西医诊断: 爱滋病。

中医诊断: 素体脾虚湿浸, 复因温毒内侵, 蕴蓄浊湿热毒, 病位兼及气分及血分。诊为温毒证。

治疗经过: 前后可分为三个阶段。1986年5月~1986年8月为第一阶段。治疗原则为清热凉血, 祛湿解毒, 方用王孟英《湿热经纬》之甘露消毒丹为主方化

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裁,随证加减应用,先后加入半枝莲、白花蛇舌草、金银花、连翘、大青叶、板蓝根、牡丹皮、栀子等清热解毒凉血药,并佐以导滞消食之麦芽、山楂等。患者每周煎服上述中药4~5剂,每日分三次服。持续治疗4个月后主观症状好转,精力体力均有进步。大便由稀便转为成形或软便,食欲好转,可以正常进食,并开始半日工作。但情绪波动很大,究其原因,皆是受往日病友相继去世消息的影响。经上一阶段治疗后,患者舌质由红转为淡红,舌体胖大,有齿印,湿润,中有裂痕,苔薄白。脉弦滑但已不数(64~72次/min)。1986年10月15日复查,肝功能SGOT降为91 IU/L,SGPT降为182 IU/L。一般体征虽无重大变化,但患者对继续服用中药很有信心。鉴于此时患者湿毒之邪已挫,浊湿之象已衰,唯气阴两虚症状仍很明显。故第二阶段改用生脉散补元气益阴津,并另佐加滋阴生津之品,诸如元参、生地、女贞子、旱莲草等治疗,患者体力渐恢复近正常,食欲好,无腹泻。1987年3月4日复查肝功能SGOT为73 IU/L,SGPT为169 IU/L,血白蛋白4.5g/dl,球蛋白2.5g/dl, A/G=1.8,血甘油三酯由初诊的146mg/dl降至91mg/dl, VLDL由28mg/dl降至18mg/dl,但病情仍有波动。1987年5月5日再次于右侧腰部(T₁₂~L₁)皮肤出现带状疱疹(据患者称1985年曾在右三叉神经区有过一次带状疱疹),局部大量水疱,疼痛,并有发热,乃改用黄连、大青叶、紫草、牡丹皮等清热凉血之剂治疗,2周后,患者全部疱疹消退结痂,疼痛缓解。此外,患者前臂内侧皮肤曾两次出现散在针头大小红点(当时血管脆性试验阳性),经对症治疗后迅速消失,未再出现。自1987年6月以来,患者食欲、大便均恢复正常,精神较佳,淋巴结较前有明显缩小。患者已进入某职业学校全日制学习。当时复诊:舌质胖大,湿润,色淡白;脉沉细滑。患者尚有心悸、眼花、头晕之感,遂试进扶正之剂,以归脾汤为主方重用黄芪治疗。服药2周后,患者主观感觉有明显进步,心悸改善,可以熟睡,认为“此方效果出乎意外之好”,要求继续服用。故第三阶段以归脾汤为基本方,加菟丝子、仙灵脾、女贞子等补肾阳、滋肾阴的药物交替使用,旨在补益心、脾、肾三脏,提高机体的体液及细胞免疫功能。至1987年9月末,患者情况仍然稳定,自诉已有数月未罹患感冒,咽喉部不再肿痛,体力及食欲均尚好,检查辅助性T细胞为91/mm³。近两周,因其最后一位病友死于爱滋病并发肺炎,使患者精神又为之紧张,情志忧郁,并感疲劳乏力。至目前为止,本例是同期患

者中最后一位幸存者,中药对稳定病情有一定的作用。12月随诊病情稳定。

讨 论

据文献报告⁽³⁾,美国72%的爱滋病患者为同性恋者,其中90%年龄在20~49岁之间。同性恋者中,多数年龄在35岁左右,其中97%为男性,大多数为白种人。爱滋病的症状常表现为慢性淋巴腺病(Gay lymphnode syndrome),无原因的疲劳无力,体重减轻,发热,血小板、白细胞减少,HTLV-III阳性为确诊的血清学实验^(3~5)。结合本例患者的生活史、病史、症状及体征等情况,其爱滋病诊断当属无疑。本病例从中医学的理论来诊治,本为脾肾阳虚,标为湿毒湿浊内侵,为本虚标实的温毒证,治疗法则应以清热解毒,祛湿凉血为先,继进益肾健脾养心的固本疗法。本例临床治疗经过证明上述治法有一定疗效。但对血清学HTLV-III阳性是否能有影响,尚待更为长期和系统的观察。

中国及日本学者曾在有关免疫学的大量临床及实验研究中证实,黄芪、女贞子等某些中药确实具有影响人类体液及细胞免疫功能的特殊效能^(6,7)。具有增强体液免疫反应的中药有黄芪、人参、女贞子、党参、刺五加、仙茅、菟丝子、山萸肉、白花蛇舌草、薏苡仁等,其中黄芪内服可明显提高患者细胞诱生干扰素的能力,人参总甙可增强抗原的特异性反应。仙茅、菟丝子、锁阳还可促进抗体形成提前。同时还证明若干补益、滋阴、清热解毒和活血化瘀中药具有增强细胞免疫功能作用,包括增强巨噬细胞的吞噬功能。复方当归补血汤也有类似作用。经实验证明,能增加T细胞比值的中药有人参、黄芪、灵芝、银耳多糖、黄精等,对这些中药的有效成份的研究,也已有不少进展⁽⁸⁾。已知爱滋病患者辅助性T细胞与抑制性T细胞之间失却应有的免疫平衡状态,其比值由健康人的1.8降至1.1或更低,辅助性T细胞总数甚至可降至50或20/mm³以下(正常值为>400/mm³),中医药如能对爱滋病的治

疗收到一定的效果,是很令人兴奋的。

爱滋病患者由于自由基(Free radical)的积累,损害细胞,对遗传学特性及生殖系统也可产生影响,甚至成为爱滋病并发肿瘤(如Kaposi's肉芽肿)的原因;所以应当研究应用自由基净化剂治疗本病。美国已有应用大剂量维生素C(60~70g/24h)治疗本病者。中国在研究中药及有关复方具有清除自由基作用方面也有若干发现⁽⁸⁾,酸枣仁、女贞子、枸杞子、补骨脂及漏芦等就具有这一作用。有些补肾复方在临床上也证明具有降低老年肾虚患者血浆脂质过氧化物水平的效应,似都值得选择应用于本病的临床实际。

美国当前治疗爱滋病患者以应用AZT为主,治疗费用相当惊人。中医药治疗本病费用明显低廉,且无副作用,自有其优越性,当然为了进一步提高中医药治疗本病的效果,尚需进行大量的临床和实验工作。

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安瘤乳治疗中晚期肺癌和食管贲门癌 103 例疗效观察

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我院和全国13个医疗单位应用安瘤乳治疗肺癌和食管贲门癌103例,现报告如下。

临床资料 103例中男65例,女38例,年龄27~82岁。肺癌51例,食管贲门癌52例。肺癌病例用药前后均有胸部X线片诊断,44例有病理诊断。食管贲门癌病例用药前后均有钡餐食管造影,43例有病理诊断。

治疗方法 (1)药物:安瘤乳(复方氟尿嘧啶),由含油酸较多的葵花籽油加入5-氟尿嘧啶制成乳剂。河南省安阳第一制药厂生产。(2)用法:口服10~20ml,每日3次;静脉滴注10~20ml加入5%葡萄糖液或生理盐水500ml。30日为一个疗程。本组10例食管贲门癌和6例肺癌患者口服给药;38例肺癌和7例食管贲门癌患者静脉滴注;5例食管贲门癌和3例肺癌患者静脉滴注后改口服;4例肺癌胸腔内注射。用药总剂量:食管贲门癌320~4500ml,平均1445ml;肺癌275~2320ml,平均857ml;胸腔内注射每次剂量20~30ml,每例2~3次。用药时间17~

108天。

治疗结果 根据1978年常州全国抗癌药物研究协作会议抗肿瘤药物疗效应用标准评定(张志义,等.恶性肿瘤化学治疗,上海:上海科学技术出版社,1981:380),食管贲门癌52例中,部分缓解2例(3.8%),稳定44例(84.6%),恶化6例(11.5%);肺癌51例中,部分缓解1例(2.0%),稳定39例(76.4%),恶化11例(21.6%)。

讨 论 安瘤乳治疗食管贲门癌以经口给药为主,如患者服药后采取卧位半小时,有利于提高疗效。此药对食管贲门癌的鳞癌疗效较好,腺癌次之;对肺癌的未分化癌和腺癌疗效较好,鳞癌次之。

动物实验证实,安瘤乳较5-FU水剂毒性低,大剂量给药30天后肝功未见异常改变。此药副作用少且轻,主要副作用是静脉滴注后发生静脉炎,如将该药加入生理盐水中静脉滴注可减少或避免发生。此药对血象和肝肾功能无明显影响。

Abstracts of Original Articles

Clinical Observation of AIDS Treated with TCM

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This paper reports a case of 38-year-old Caucasian AIDS patient treated with Chinese herbal medicine. The patient has been diagnosed with positive results for the presence of putative AIDS agent, HTLV-III, among 25 AIDS patients from Los Angeles since May, 1984. The patient complained of chronic diarrhea, profound malaise and lethargy, swollen non-tender lymphnodes for 3~4 years. Faced with this devastating disease and rejection by the public, the patient lost interest in life and withdrew from all human contact. The previous history included ten-year active homosexual relationship with multiple partners. The findings on the physical examination were unremarkable except with respect to the lymphoreticular system. The patient had non-streptococcal pharyngitis and his lymph nodes were found to be enlarged 3×4×2 cm in axillary, inguinal and posterior cervical area. Splenic enlargement was palpated. The abnormal laboratory findings were SGOT 136 IU/L, SGPT 268 IU/L, prothrombin time 15.2 sec. (activity 43%). Tongue picture: Red and delicate body with a longitudinal crack; tip and edge had red spots, thin yellowish greasy coating and thick toward the root. Candida was found on the tongue by culture. Pulse taking: Rapid (over 90/min.), wiry and slippery. It was believed that most AIDS patients died of opportunistic infection. None of them ever regained immunologic competence after taking a trial of AZT, which is the only drug available in U. S. A. This patient has been prescribed with Chinese herbal medicine since May, 1986.

According to TCM theories, the patient's diagnosis was warm-toxic symptom-complex located at both Qi(气) and blood portions with deficiencies of kidney, spleen and heart. The treatment has been classified into following three stages, including the applications of modified Ganlu Xiaodu Yin (甘露消毒饮) for clearing heat, cooling blood, eliminating dampness and detoxification in stage I (May 1986 ~ Aug. 1986); modified Shenmai San (生脉散) for tonifying Qi and Yin(阴) in stage II (Oct 1986 ~ Mar. 1987) and modified Guipi Tang (归脾汤) for replenishing vitality by adding large dosage of *Astragalus membranaceus* and kidney tonics in stage III (May ~ Sep. 1987) respectively. After a 17-month treatment, the patient's subjective feelings were much improved. Diarrhea was gone. The sore throat was no longer a main complaint and the shrinking adenopathy was found. SGOT and SGPT reduced to 73 IU/L and 169 IU/L respectively. The patient has started to work in part time and attended a vocational school. He is proud of being the only survivor among those 25 victims.

(Original article on page 71)

Study on Clinical Effect of Treatment of Myxedema with TCM Alone and TCM Supplemented with Thyroid Tablets

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This paper reports 19 cases of myxedema treated by TCM, by kidney reinforcing drugs alone for 2 ~ 4 months, then 30 mg of thyroid tablet per day was added for 1 ~ 2 months, finally TCM + 60 mg thyroid tablet per day were given for another 1 ~ 2 months period. The results were compared with a group of 18 cases with myxedema treated with different dosage of thyroid tablet alone. Evaluation of clinical state was performed by scoring of clinical manifestations, the normal value was less than 5 points. Results: (1) TCM alone: After treatment, the clinical conditions were much improved, the scores decreased ($P < 0.001$); serum cholesterol reduced ($P < 0.05$); PEP/LVET shortened ($P < 0.05$) close to normal value; the plasma T_3 , T_4 level were significantly elevated, while plasma TSH level significantly lowered. (2) TCM + 30 mg thyroid tablet per day or 60 mg/day: Clinical condition and the clinical scores were further ameliorated, serum cholesterol further reduced. Comparing with pretreatment determinations, P was respectively < 0.05 and < 0.01 . Plasma T_3 and T_4 continually elevated and TSH lowered. (3) TCM + 30 mg thyroid tablet per day was compared with 30 mg thyroid tablet per day alone, the levels of plasma T_3 were elevated, T_4 increased significantly ($P < 0.05$); the level of plasma TSH was markedly lowered ($P < 0.001$). TCM +