凉血活血法不同组方对27例重度黄疸肝炎消退黄疸及改善病理的比较

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内容提要　本文以葛根、赤芍、丹参等3～5味中药为主药随证加减组成辨证组（14例），以此为基础制成合剂组(13例)。两组病例均经临床、生化确诊，24例有肝活检证实。两组用药时血清胆红素为10.0～54.1(平均22.35±11.09)及10.3～46.8(平均26.36±10.12) mg/dl；分别有8及7例做了治疗前后肝活检比较。治后黄疸均消退。两组的黄疸消退有效率、速度及改善病理同以往用大处方治疗者比较，经统计学处理均无显著性差异，提示在坚持辨证论治前提下，精简处方乃至制成合剂，可保持原有疗效，并有利于推广使用。

我们自1986～1987年在辨证论治的前提下，以凉血活血为主要治则，反复探索，由逐步精简处方过渡到协定处方并制成合剂，共治疗27例重度黄疸肝炎，取得了与原报告相同的效果[1,2]。现对两组消退黄疸及改善病理的效果比较总结如下。

临床资料

一、病例选择：患者均系本院近一年内住院病例。经临床及/或肝活检确诊为急、慢性肝炎肝内胆汁郁积；血清总胆红素≥10.0mg/dl；凝血酶原活动度＞40%，或＜40%用维生素K_1静脉滴注3～5天恢复到＞40%者。根据辨证论治精选凉血活血法中之主药[1]及随证加减[3]，每剂由3～5味药组成（简称辨证组），共14例，年龄为23～52(38.71±11.68 M±SD，下同)岁；男性10例，女性4例，在辨证论治的基础上组成协定处方并制成合剂(简称合剂组)，共13例，年龄为15～71(36.77±16.10)岁；男性10例，女性3例。

二、辨证分型：用药前经临床辨证，全部病例均为血瘀血热证；辨证组及合剂组分别有7及4例兼有寒湿困脾证。

三、诊断：辨证组14例中急性郁胆型肝炎(简称急性郁胆)1例，慢性活动性肝炎合并郁胆(简称慢性郁胆)13例；合剂组中急性郁胆4例，慢性郁胆9例。辨证组中2例（慢性郁胆合并心脏病），合剂组中1例(70岁高龄急性郁胆)治前未做肝活检，余均经肝活检证实。

四、观察项目：用药时血清总胆红素辨证组为10.0～54.1(平均22.35±11.09)mg/dl；合剂组为10.3～46.8(平均26.36±10.12)mg/dl。两组病例于血清胆红素降至正常或＜5.0mg/dl时各有8及7例行二次肝穿复查肝脏病理。

治疗方法

辨证组用过去报道的凉血活血药物中的葛根、丹参、赤芍等3～5味中药为主方[1]并随证加减[3]，每日一剂煎服；合剂组以辨证组所用之主药组成协定处方并制成口服液，每次30ml，每日2次口服。上述两组病例服药至血清胆红素降至正常或＜5.0mg/dl时出院后继续服用。全部病例除加服维生素及肝泰乐外，均未用其它治疗。

结果分析

一、消退黄疸效果：本文病例用药后血清总胆红素降至10.0、5.0mg/dl以下的天数、辨证组分别为5～49(平均27.33±14.83)天及7～91(平均41.29±26.2?)天；合剂组分别为7～38(平均21.0±9.32)天及7～56（平均29.33±15.38)天。经统计学处理P值均＞0.05，无显著性差异，说明两组消退黄疸效果及速度基本相同。

二、改善病理：两组病例治疗前肝活检时胆红素分别为 10.0～29.8（平均 18.77±6.41）mg/dl及 12.1～32.9(平均 23.58±7.16)mg/dl。第二次肝穿时胆红素辨证组仅 1 例正常，余 7 例为1.9～4.4(平均 2.59±1.03)mg/dl；合剂组仅 1 例为4.4mg/dl，余 6 例均正常。两次肝活检相隔天数分别为12～103(平均59.25±26.05)天及42～126(平均74.86±32.15)天。合剂组平均天数长于辨证组，与该组多数病例系胆红素降至正常后再行肝穿刺有关。

治疗前后肝脏病理变化比较，见附表。治疗后两组病变均有改善，特别是碎屑样坏死、灶性坏死、桥型坏死、嗜酸性坏死、胆汁郁积等几项主要病变均有显著改善或消失。

附表 两组病例治疗前后肝脏病理比较

	辨证组									合剂组								
病例	碎屑状坏死	桥型坏死	灶性坏死	嗜酸性坏死	气球样变	炎细胞浸润	枯氏细胞反应	胆汁郁积	病例	碎屑状坏死	桥型坏死	灶性坏死	嗜酸性坏死	气球样变	炎细胞浸润	枯氏细胞反应	胆汁郁积
1	+	−	+	+	++	++	+	+	1	+++	++	++	+	+	+++	++	+
	+	−	+	−	−	+	−	−		+	+	+	±	−	±	±	−
2	++	++	+	−	++	+++	+	++	2	++	−	++	+	+	++	++	+
	+	+	+	−	±	+	+	−		±	−	−	−	+	+	+	−
3	++	+	+	+	+	++	+	+	3	++	−	++	+	+++	+	+	++
	++	+	+	−	−	+	+	−		+	−	+	−	+	+	+	−
4	++	−	+	−	−	++	−	+	4	+	−	++	−	±	+	+	−
	+	−	+	−	−	+	−	+		−	−	+	−	−	+	+	−
5	++	−	+	+	−	+++	+	+	5	+	−	+	+	+++	+	+	++
	+	−	−	−	−	−	−	−		−	−	−	−	+	−	−	−
6	++	+	+	+	+	++	+	++	6	−	−	±	±	+	+	+	++
	±	+	+	−	−	+	−	±		−	−	±	−	−	+	+	+
7	+++	++	++	+	+	+++	++	+	7	+	−	+	+	+	+	+	+
	+	+	+	−	−	+	+	−		−	−	+	−	−	+	−	−
8	−	−	++	+	+	++	++	+++									
	−	−	−	−	−	+	+	+									

注：每例上行为治前，下行为治后

讨　论

凉血活血重用赤芍治疗重度黄疸胆汁郁积性肝炎的主方及其加减法[1~3]，国内有些医院用于临床亦获显效。凉血活血这一治法药味诸多，从中找出疗效显著而无毒副反应的几味药并非容易。我们经过多次动物实验筛选及长期临床反复探索，在坚持辨证论治和遵循凉血活血治则的前提下精心筛选，将原处方精简至 3～5 味药(即本文辨证组)，在取得确切疗效的基础上进而以协定处方制成口服液(即合剂组)。

精简处方及制成合剂用于临床后，血清胆红素迅速下降，27例中有14例在黄疸高峰时胆红素以每天平均＞1.0mg/dl的速度下降，其中 4 例每天下降＞ 2.0mg/dl，最快的每天下降 2.33mg/dl。说明消退黄疸的效果非常显著。以往我们用大处方治疗的病例用药时血清胆红素平均值为 26.67±7.65mg/dl，治疗后血清胆红素降至10.0及5.0mg/dl以下的平均天数为19.25±12.92 及 33.09±12.92天[2]；同本文两组病例用药时血清胆红素平均值及其降至 10.0 和 5.0 mg/dl 以下的平均天数相比，经统计学处理均无显著性差异。提示精简处方及制成合剂后保持了原有处方的疗效。

此外，两组病例在血清胆红素消退的同时，

GPT GOT, TTT和A/G也相应复常。

本文结果再次证明凉血活血中药对改善肝脏病理有明显作用。治疗后肝穿复查的病例光镜所见肝组几项主要病变有明显改善乃至消失，这与我们用大处方治疗的病例肝脏病变改善情况相似[4]。

本文中除5例为急性肝炎胆汁郁积外，22例为慢性活动性肝炎胆汁郁积，这些病例在接受本疗法前均用过一种或多种中西药物治疗，而黄疸仍进行性加深或持续不退，说明目前常用的药物，如肾上腺皮质激素、胰高血糖素——胰岛素、酶诱导剂及辨证论治中药对此类患者很少有效。本文所介绍的疗法对消退黄疸及改善病理效果相当显著，本治疗是单一疗法，服用方便，易于推广。对进一步研究中医中药治疗肝炎具有重要意义。

参 考 文 献

1. 汪承柏，等. 凉血活血重用赤芍治疗郁胆型肝炎13例报告。中医杂志 1983；6：30。
2. 汪承柏，等。凉血活血、激素、清热解毒对郁胆型肝炎退黄疗效的比较。中西医结合杂志 1984；4（2）：80。
3. 汪承柏. 与基层医生谈谈重度黄疸的中药治疗。中西医结合杂志 1987；7（4）：248。
4. 汪承柏，等. 凉血活血方药对慢性活动性肝炎高黄疸的临床观察—治疗前后肝活检、血清HBV标记转换的比较。中医杂志 1987；7：30。

血瘀证与耳鼻咽喉科疾病的关系

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为了探求血瘀证与耳鼻咽喉科疾病的关系，对本院住院及门诊患者53例进行了舌象及血液流变学检查，兹报道如下。

资料及方法

一、病例选择：随机选择耳鼻咽喉疾病而不兼有明显其他系统疾病的患者53例，男性38例，女性15例。年龄21～73岁。病种包括鼻、鼻窦、耳、喉部的良性与恶性肿瘤17例，神经性耳鸣耳聋13例，各种炎症19例(包括慢性扁桃体炎5例，慢性咽炎5例，中耳乳突炎3例，急性会厌炎2例，急性鼻窦炎、耳部带状疱疹、咽部溃疡、肥厚性鼻炎各1例)，外伤性鼻中隔偏曲3例，鼻衄1例。根据病变性质归纳为炎症、肿瘤、耳鸣耳聋及其他四组。

二、观察方法及标准

1. 舌象检查：肉眼观察舌本质颜色瘀紫或舌体有瘀斑、瘀点，或舌下静脉粗胀饱满呈青紫色，末梢血管扩张成条索状或呈球状突出者为舌象瘀证阳性(简称舌象阳性)。

2 血液流变学检查：包括血液粘度(高切、低切)、血浆粘度、血球压积、血沉、纤维蛋白原共六项实验室检验，其中有两项或两项以上高于正常值者为血液流变学血瘀改变阳性(简称血流阳性)。

3 30名健康青年的舌象检查和30名健康输血者的血液流变学检查作为对照。

结 果 健康青年的舌象检查皆无血瘀表现。健康输血者的血液流变学检查无两项或两项以上高出正常值者。53例患者的检查结果为舌象和血流两方面皆阳性者25例占47%，舌象或血流一方面阳性者分别为4%和32%，血流阳性率为79%，舌象阳性率为51%，两方面一致者(皆为阳性或皆为阴性)占64%。按疾病性质分组来看，各组血流阳性皆在75%以上，而肿瘤组的舌象阳性率(71%)明显高于其他组(31～50%)。按年龄分组，各组两方面合计的阳性率为80～88%，无明显差异。

讨 论 本文四组耳鼻咽喉疾病53例，其中舌象或血液流变学改变为阳性的占83%，说明血瘀是耳鼻喉科疾病的常见病理表现之一，为用活血化瘀法治疗这些疾病提供了依据。辨舌象是中医辨证的主要方法之一，是诊断血瘀证的重要指标。血液流变学的各项检查，科学地反映了血液的流动性、粘滞性、变形性及凝固性，因而用来作为研究血瘀的一种客观指标。我们观察两种检查的结果，大体上一致，而血液流变学阳性率高于舌象。从分组来看，血液流变学改变各组无明显差异，而舌象阳性率肿瘤组明显高于其他组，值得进一步研究观察。

Clinical Disagreement of TCM Doctors in Treating Patients According to Syndrome Differentiation for Chronic Persistent Hepatitis

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80 cases of patients with chronic persistent hepatitis were examined and diagnosed by two TCM doctors blindly and separately for measuring the clinical disagreement between observers. Same patients were examined and diagnosed twice by each of the two doctors blindly for measuring intraobserver agreement i. e. agreement between two exams by the same physician on different occasions. Clinical data including tongue and pulse conditions, and other symptoms were assessed by scoring. Zheng (syndrome) were categorized into Yin and Yang. Therapeutic principles were divided into reinforcement and elimination methods. The amount of agreement was expressed by the value of kappa (K), the relation between P_o and P_c or P_o-P_c/1-P_c, where P_o was the observed proportion of agreement, and P_c was the chance-expected proportion of agreement calculated with a 2×2 contingency table. The results were as follows: K for intraobserver agreement on symptoms, tongue and pulse pictures, diagnosis and therapeutic principles were 0.80, 1.00, 0.89, 1.00, 1.00 respectively, indicating that the intraobserver agreement was moderately or perfectly reliable (K>0.60). K for interobserver agmeement of pulse examination is 0.65. K for other symptoms, diagnosis and therapeutic principles were all less than 0.60. However, by using U-test (significance test for K), it showed that the agreement was also moderately reliable, but not as that for intraobserver agmeement. Therefore the conclusion is: it is advisable to make diagnosis and treatment by two or more than two TCM doctors.

(Original article on page 144)

Comparison of the Pathology-Improving and Jaundice-Reducing Effects of Different Prescriptions of Blood-Cooling and Circulation-Promoting Prescriptions for 27 Cases of Severe Icteric Hepatitis

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By reducing some medicinal herbs in the former blood-cooling and circulation-promoting prescriptions with heavy dosages of *Paeonia rubra*, new prescriptions with only 3~5 principal herbs such as *Pueraria lobata, Salvia miltiorrhiza* and *Paeonia rubra* were formed with their dosages changed according to each patient's symptoms, which was the syndrome differentiation (SD) group. Based on this, some mixtures were prepared and used, which composed the mixture group. 14 and 13 cases with their diagnosis established in clinical practice and confirmed by liver biopsy were treated with the new simplified prescriptions and mixtures respectively. Their serobilirubin was 10.0~54.1 (22.35±11.09 in average) and 10.3~46.8 (26.36±10.12 in average) at the time when the treatment began. Liver biopsies were conducted for 8 cases in the SD group and 7 in the mixture group before and after treatment. All of the patients' serobilirubin normalized after treatment. The average time for the lowering of bilirubin to less than 10 g/dl and 5 mg/dl was 27.33±14.83 days and 41.29±26.23 days for the SD group, and 21.0±9.32 days and 29.33±15.38 days for the mixture group. No significant difference was found in jaundice-reducing and pathology-improving effect between the cases receiving new prescriptions and mixtures and those receiving blood-cooling and circulation-promoting Chinese medicinal herbs with heavy dosage of *Paeonia rubra*. The present study suggested that following the principle as "treat the patient according to syndrome differentiation", the simplified new prescriptions and mixtures might keep the same efficacy as the former big prescription, and its application should be promoted.

(Original article on page 147)

Clinical Observation on the Effect of Ara-A with Glycyrrhizin in Treating Chronic Active Hepatitis

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Chronic active hepatitis (CAH) is a kind of disease that frequently led to the cirrhosis of liver and hepatic failure. One of the pathogenetic factor is thought to be the continuous replication of the HBV. Therefore, antiviral therapy has been studied in clinical practice. 42 patients suffering from CAH caused by HBV have been hospitalized during the period of June 1985 to March 1986. The diagnosis was confirmed pathologically with liver biopsy. Their ages ranged from 18 to 42 (average 31). 37 were males and 5 females. The patients were HBsAg positive for 2~12 years with an average