中西医结合治疗流行性出血热重度 急性肾功能衰竭36例

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内容提要 本文报告1988年4月~1990年8月间中西医结合治疗流行性出血热的重度 急性肾功能衰竭36例,与对照组25例相比,初获疗效:(1)明显降低氮质血症与改善肾功能;(2)明显缩短少尿期与尿蛋白阴转时间;(3)明显减轻消化道大出血等并发症;(4)明显提高治愈率与降低病死率(P<0.01)。同时探讨中药"护肾液"的作用机理。

关键词 流行性出血热 急性肾功能衰竭

重度急性肾功能衰竭(ARF)是流行性出血热(EHF)的主要死亡原因。国内中西医结合治疗EHF的报道较多,但对于重度肾功能衰竭治疗的报道很少,且缺乏对照。我们采用中西医结合方法治疗36例疗效满意,现报告如下。

资料与方法

一、一般资料: 1988年 4 月~1990年 8 月间我院治疗 EHF 重度 ARF 患者61例,均符合 EHF防治方案诊断标准 $^{\circ}$ 与全国"三衰"工作会议制定的ARF分级标准 $^{\circ}$ 。患者年龄18~67 岁,以 31~59 岁居 多(77.1%);男性 占 大 部(93.4%);《10病日入院者77.1%,》11病日(最迟19病日)入院者22.9%。61例中死亡16例(其中治疗组 4 例,对照组 12 例),病死率66.7%。主要尿指标均符合重度肾衰分级标准,如 BUN 均值 28.2 ± 3.6 mmol/L,s-Cr 均值 $980.7\pm147.6\mu$ mol/L,尿钠均值 108.6 ± 38.1 mmol/L,肾衰指数(RFI)均值 38.8 ± 12.9 ,滤过钠排泄分数(FENa)均值 34.5 ± 16.3 。两组患者在年龄、性别、病情轻重等方面,经均衡性检验,两组无显著差别,具有可比性。

二、治疗方法与分组,随机分为两组,对 照组以西医西药为主的综合性治疗,包括必须 氨基酸、高渗葡萄糖、能量合剂等全身支持疗 法;矫正水与电解质紊乱;西药利尿与导泻;抗继发性纤溶与继发性感染;血液透析疗法以及必要时放血、肾区超短波或仿生仪照射等。治疗组(即中西医结合治疗)在对照组基础上加用中药"护肾液"(组方:丹参、生大黄各30g,白茅根60g,黄芩炭、川芎、当归各12g,黄芪、党参各24g,甘草9g),用法:每日1~2剂,分次使用,必要时首剂加倍,口服、鼻饲或高位灌肠,连用3~5日或直至超越少尿期。

结 果

一、疗效判定标准

- 1.有效: (1)临床痊愈: 临床症状与阳性体征消失, 肾功能复常; (2)好转: 临床症状明显好转, 阳性体征大部消失及或肾功能尚未完全复常。
- 2. 无效: 病情恶化,直至死亡,或临终前自动出院。
 - 二、治疗结果:见附表。

讨论

自制"护肾液"(水煎剂)中西医结合治疗本病: (1)明显提高治愈率与降低病死率(P<0.01);(2)明显减少消化道大出血(P<0.01)

| 组 | 别 | 有效 无效 | | 少尿持续 天 数 | 蛋白尿转阴 天 数 | 消化道大出血或出血 | | 高氮质血症下降 至轻度时间(d) | 肾功 能 |
|---|---|----------------|----------------|-----------------------|--------------------------|---------------------|------------|---------------------|----------------------|
| | | (%) | (%) | $(\bar{x} \pm S)$ | $(\bar{x}\pm S)^{**}$ | 例(%) | 死亡例(%) | (第士S) | 复常 例(%) |
| 治 | 拧 | 88.9* (n=32 | 11.1* (n=4) | 4.1∃:2.7△ (n = 27) | 14.2±11.4△ (n=32) | 15(41.6)* (n=36) | 1/4(25.0) | 8,6±2,4△ (n=29) | 21(80, 0)* (n=10) |
| 对 | 照 | 52.0 (n=13) | 48.0 (n=12) | 6.7 ± 4.2 $(n=11)$ | 27.1 ± 17.4 $(n=14)$ | 20(80.0) (n = 25) | 8/12(66.7) | 16.8±4.3 (n=16) | (1(40.0)) (n=10) |

注: 两组比较,*P<0.01, △P<0.05

及其死亡率; (3)通瘀泻浊,降低高氮质血症,每日维持大便量800ml以上效果佳; (4)利尿、改善肾功能。明显缩短少尿期与蛋白尿转阴时间,两组相较 P<0.05~0.01,且低蛋白血症恢复快,预后佳。

一般而论,本病初期瘟毒侵袭,直接或间接 地损伤全身小血管,表现为充血、出血、渗出等, 重症出现"内失血浆性中毒性休克", 亡津失液 (即发热期,或与低血压休克期两期重叠),甚 至津竭气脱, 阴竭阳脱, 危及生命。继之或同 时热血相结蓄血、瘀血,或热结膀胱,肾络瘀阻, 尿少、尿闭(即少尿期或前三期重叠),重度肾衰 时,或热毒壅盛瘀滞发斑,或热壅瘀滞迫血妄 行, 或热盛风动瘀塞心窍, 或邪陷厥阴, 或神 昏狂躁抽搐等, 病情危重,传变迅速(3~5)。治 当清营凉血,活血化瘀,通瘀泻浊,通利二便, 兼扶正祛邪。本组所用护肾方以生大黄、白茅 根、丹参为主药,恰中少尿肾衰的主要病机症 候。辅以川芎助丹参活血化瘀; 黄芩炭助大黄 泻火凉血止血, 佐以黄芪、当归等补益气血扶 正祛邪。护肾液主要作用机理,主药大黄(1) 兴奋大肠, 通瘀泻浊,泻下实热(即清热祛瘀)。 通过大黄泻素(番泻甙)的作用,使留滞肠道内 的毒素及大量酸性代谢产物随瘀而下,减轻氮 质血症; 另, 近代研究表明®, 大黄降低BUN 机理是通过大黄鞣质抑制蛋白分解与提高谷氨 酰胺合成酶活性、有利于氨转变为谷氨酰胺起 作用, 从而减轻心、脑、肺、肾等主要脏器水肿, 改善肾功能。亦即"大便行,小便立解"之理。 (2)大黄"止血而不留瘀"可能与其降低血管通 透性、缩短凝血时间有关(祛瘀止血)切。(3) 兼广谱挖菌作用。活血化瘀主药丹参(1)可解

除血管痉挛,提高RBC表面电荷,使血浆及全 血粘度下降,改善微循环。(2)抗细胞缺氧, 防治 DIC, 抗血栓形成,减少组织渗血与出血 等。茅根有显著利尿及止血化療之功,这是非 中药利尿剂无法比拟的作用。此外,川芎活血 化瘀作用与丹参相类似。止血化瘀中药可直接 减少消化道出血。又可直接降低氮质血症。保 护肾功。党参、黄芪益气活血、温补脾肾、扶 正祛邪。现代医学研究还证明党参与黄芪有降 低蛋白尿作用。当归壮阳活血,改善血液动力 学(生新祛瘀)。此外当归与川芎尚有抗炎症、 抗变态反应等作用。护肾液有活血化瘀、祛 瘀止血作用,经消化道吸收,故对消化道出血作 用突出。临床实践中发现护肾液的清热、滋阴 作用尚显不足, 需加减。另, 对于尿毒症患者 消化道给药途径受限,今后尚需改革剂型,更 好地发挥其疗效。

参考文献

- 1. 流行性出血热防治方案(试行)。中华内 科 杂志 1987: 62 (8): 1502。
- 2. 混淑珍, 等. 复方大黄液灌肠治疗急性肾衰的近期效 果观察。中医杂志 1988; 30(6):32.
- 3. 乔富渠, 流行性出血热少尿期辨证论治探讨, 辽宁中医 杂志 1987; 1:42.
- 4. 赵健雄, 温病神昏证治疗探讨。上海中医药杂志 1982, 10: 17.
- 5. 黄星垣, 如何掌握热病昏迷的证治要点? 中医 杂 志 1990; 31(5):56.
- 6. 西冈五夫、大黄の生物活性とその有效の组成、日本东洋医学杂志 1985; 35(3):7.
- 7. 荣进刚, 丹参在治疗流行性出血热中的作用, 实用中西医结合杂志 1989; 2(4):22
- 8. 鹿野美弘. 当归、川芎的生理活性。国外医学·中医中药分册 1983, 5(3):22.

lower than the normal subjects and senile subjects (P < 0.01), and showed that serum Zn was positively interrelated with SOD-1 (r = 0.34). Integrating SOD-1 and the function of serum Zn, Cu in senile especially the relations between Zn, Cu and SOD-1, the authors have made a preliminary probe into the mechanism of senile Yang deficiency's occurrence.

Key Words senile patients with Yang deficiency, superoxide dismutases, serum zinc, serum copper (Original article on page 473)

The TCM-WM Treatment of Severe Renal Failure in Patients with Epidemic Hemorrhagic Fever

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This article reports the treatment of 23 cases (with the control group 20 cases) of severe renal failure in patients with epidemic hemorrhagic fever (EHF) by integrated traditional Chinese medicine and western medicine (TCM-WM), i. e., the renal protective decoction and modern medical treatment during the period of 1988~1989. The effects were as follows: (1) The curative rate was elevated and the morbidity was dropped ($P < 0.01 \sim 0.05$). (2)Both the period of oliguria and albuminuria were shortened ($P < 0.01 \sim 0.05$). (3)The severity of the complication, e. g., massive gastro-intestinal hemorrhage, etc., was much reduced (P < 0.05). (4) The degree of azotemia was getting milder. And the renal function was much improved (P < 0.05). The mode of action of the renal protective decoction is based on the point of view of the TCM in the treatment of infectious disease.

Key Words hemorrhagic fever, epidemic, renal failure, acute, treatment

(Original article on page 495)

Experimental Research on the Cold-Constitution and the Heat-Constitution (I)

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This paper reports the experimental research on the cold-constitution (CC) and the heat-constitution (HC). The authors have selected the CC and HC in Wistar rats, and have determined adenylate kinase (ADK) activities: energy charge and Na⁺-K⁺-ATPase activities in liver, the amounts of T_3 , T_4 , progesterone, testosterone and estradiol in serum, 17-KS in urine. The ADK activities were markedly different between the HC group and the CC group (P < 0.01). The Na⁺-K⁺-ATPase activities were obvious different between the HC group and the CC group (P < 0.05). The energy charge of the HC group has increased by 16.1% as compared with the CC group in cells. The contents of T_3 , T_4 of the HC group were higher than the CC group (P < 0.01). The content of progesterone of the HC group was higher than the CC group as well (P < 0.01). The contents of E_2 and 17-KS had no differences. These results indicated that differences between the CC and the HC were based on the basic metabolism and its regulators.

Key Words constitution, adenylate kimase, energy charge, Na⁺-K⁺-ATPase, thyroxine, progester-one, testosterone (Original article on page 477)

Effect of Herbal Prostatitis Decoction on Experimental Prostatitis in Rats

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Herbal prostatitis decoction is a great effective prescription to treat chronic prostatitis in promoting the blood circulation and relieving the stasis. The authors had succeeded in making rats experimental fibrous proliferation type prostatitis models by using Xiaozhiling (消痔灵) injection method. Rats were divided into two groups: the decoction-given group (DG) and the water-given group (WG). Microscopically, both inflammatory cell infiltration and fibroblast proliferation of interstitial tissue in the DG were slight than the WG (P < 0.025, P < 0.05). Transmission electron microscopic observations showed both the secretary particles and metal-granule-like substances