

# 活血化瘀法全程干预对慢性乙肝肝纤维化疗效的影响

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**[摘要]**目的: 观察活血化瘀法对慢性乙肝肝纤维化的临床疗效。方法: 将 90 例患者随机分为常规组、治疗组和对照组各 30 例。分别给予相应治疗, 观察肝功能指标、肝纤维化指标、药物不良反应及疗效。结果: 临床疗效治疗组和对照组的基本治愈率均较常规组高, 差异有显著性意义( $P < 0.05$ )。治疗后 3 组肝功能各指标均有明显改善, 与治疗前比较, 差异均有显著性意义( $P < 0.05$ )。治疗组治疗后肝功能各指标均较常规组明显改善, 差异有显著性意义( $P < 0.05$ )。对照组治疗后 ALT、TBil、Alb 均较常规组明显改善, 差异有显著性意义( $P < 0.05$ )。治疗后治疗组与对照组肝纤维化各指标均较治疗前明显下降, 差异有显著性意义( $P < 0.05$ ); 治疗组 PⅢ较对照组明显下降, 差异有显著性意义( $P < 0.05$ )。治疗组 HA、PⅢ、LN 均较常规组治疗后明显下降, 差异有显著性意义( $P < 0.05$ )。对照组治疗后 HA 较常规组明显下降, 差异有显著性意义( $P < 0.05$ )。结论: 活血化瘀法能保护肝功能, 改善肝脏微循环, 抑制胶原合成, 促进肝纤维化溶解重吸收。

**[关键词]**肝硬化; 中医疗法; 活血化瘀法(方); 肝功能; 血清学指标

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慢性乙肝长期反复发作, 可引起不同程度的肝纤维化, 其后果是形成门脉高压、产生腹水, 预后极差。目前尚无理想的方法治疗肝纤维化。笔者在辨证论治的基础上, 将活血化瘀法应用于抗肝纤维化治疗的全过程, 初步探讨其抗肝纤维化的机理, 为临床使用并注重该法提供依据, 结果报道如下。

## 1 临床资料

**1.1 诊断标准** 参照 2000 年中华医学会传染病与寄生虫病分会、肝病学会联合修订的《病毒性肝炎诊断标准》中有关慢性肝炎的诊断标准: 急性乙肝病程超过半年, 或原有乙型肝炎或 HBsAg 携带史, 本次又因同一病原再次出现肝炎症状、体征及肝功能异常者, 可以诊断为慢性乙型肝炎。发病日期不明或虽无肝炎病史, 但乙肝病毒病原学检查阳性、肝组织病理学检查符合慢性肝炎, 或根据症状、体征、化验及 B 超检查综合分析, 亦可作出相应诊断。

**1.2 中医辨证分型标准** 按照 1992 年中国中医药学会内科肝病专业委员会制定的《慢性肝炎辨证标准》进行分型, 将患者分为湿热中阻、肝郁脾虚、肝肾阴虚、瘀血阻络、脾肾阳虚 5 种证型。

**1.3 纳入标准** 符合慢性乙肝诊断标准, 且 4 项肝纤维化血清学指标均高于正常者; 年龄在 18~65 岁, 男女不限。

**1.4 排除标准** 符合肝硬化诊断标准者; 伴有较严重的胃病、慢性肠炎及心脏、造血系统及肾脏疾病者; 合并其他肝炎

病毒感染者; 未按规定用药, 无法判断疗效或资料不全影响疗效判定者; 精神病患者、妊娠或哺乳期妇女。

**1.5 一般资料** 选择本院消化内科门诊及住院患者 90 例, 随机分为常规组、治疗组和对照组各 30 例。常规组男 18 例, 女 12 例, 平均年龄( $38.6 \pm 12.0$ )岁, 平均病程( $3.79 \pm 1.28$ )年; 中医辨证分型湿热中阻型 4 例, 肝郁脾虚型 6 例, 肝肾阴虚型 7 例, 瘀血阻络型 8 例, 脾肾阳虚型 5 例。治疗组男 20 例, 女 10 例, 平均年龄( $37.2 \pm 10.6$ )岁, 平均病程( $3.84 \pm 1.88$ )年; 湿热中阻型 4 例, 肝郁脾虚型 8 例, 肝肾阴虚型 8 例, 瘀血阻络型 6 例, 脾肾阳虚型 4 例。对照组男 17 例, 女 13 例, 平均年龄( $39.8 \pm 10.5$ )岁, 平均病程( $3.86 \pm 1.26$ )年; 湿热中阻型 5 例, 肝郁脾虚型 7 例, 肝肾阴虚型 7 例, 瘀血阻络型 7 例, 脾肾阳虚型 4 例。3 组性别、年龄、病程及中医辨证分型等经统计学处理, 差异无显著性意义( $P > 0.05$ ), 具有可比性。

## 2 治疗方法

**2.1 常规组** 按湿热中阻、肝郁脾虚、肝肾阴虚、瘀血阻络、脾肾阳虚 5 个证型, 予以辨证用药。中药汤剂每天 1 剂, 水煎, 分 2 次服。

**2.2 治疗组** 在常规组治疗基础上加用活血化瘀法(处方: 赤芍 30g, 丹参、桃仁各 15g, 当归、川芎各 10g。中药饮片均由江西中医学院附属医院药剂科提供)。每天 1 剂, 水煎,

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分 2 次服。

2.3 对照组 在常规组治疗基础上口服大黄廑虫丸(湖南省回春堂制药有限公司生产,批号:20040107),每次 3g,每天 2 次。

3 组均选择维生素 B 族、维生素 C、肌苷及辅酶 Q10 等药物口服或静脉滴注辅助治疗。疗程均为 3 月。

3 观察指标与统计学方法

3.1 观察指标 治疗前后检测肝功能指标[总胆红素(TBil)、谷丙转氨酶(ALT)、谷草转氨酶(AST)、白蛋白(Alb)],肝纤维化指标[透明质酸(HA)、Ⅲ型前胶原(PⅢ)、层粘连蛋白(LN)、IV 型胶原(IV-C)],及观察药物不良反应。治疗过程中每周观察症状(乏力、纳差、恶心、腹胀、肝区疼痛等)、体征(肝脾肿大、肝区叩击痛等)。

3.2 统计学方法 用 SPSS10.0 软件包统计分析,计量资料以( $\bar{x} \pm s$ )表示,采用 t 检验,等级资料用 Ridit 分析,计数资料用  $\chi^2$  检验。

4 疗效标准与治疗结果

4.1 疗效标准 参照卫生部《中药新药临床研究指导原则》评定。基本治愈:自觉症状消失;肝脾肿大缩小或稳定不变,无叩击痛;肝功能检查正常,或原值下降 70% 以上,并持续 6 月者;肝纤维化指标 1 项以上正常(参考指标)。有效:主要症状消失,或基本消失;肝脾肿大稳定不变,且无明显压痛及叩击痛;肝功能检查正常,或原值下降 50% 以上,并持续 3 月者;肝纤维化指标有所好转(参考指标)。无效:未达到上述标准者。

4.2 3 组临床疗效比较 见表 1。治疗组和对照组的基本治愈率均较常规组高,差异有显著性意义( $P < 0.05$ )。

表 1 3 组临床疗效比较						例
组别	n	基本治愈	有效	无效	基本治愈率(%)	总有效率(%)
常规组	30	5	23	2	16.7	93.3
治疗组	30	15	14	1	50.0 <sup>①</sup>	96.7
对照组	30	14	15	1	46.7 <sup>①</sup>	96.7

与常规组比较,①  $P < 0.05$

4.3 3 组肝功能变化比较 见表 2。治疗后 3 组肝功能各指标均有明显改善,与治疗前比较,差异均有显著性意义( $P < 0.05$ )。治疗组治疗后肝功能各指标均较常规组明显改善,差异有显著性意义( $P < 0.05$ )。对照组治疗后 ALT、TBil、Alb 均较常规组明显改善,差异有显著性意义( $P < 0.05$ )。

4.4 3 组肝纤维化指标比较 见表 3。治疗后治疗组与对照组肝纤维化各指标均较治疗前明显下降,差异有显著性意义( $P < 0.05$ );治疗组 PⅢ较对照组明显下降,差异有显著性意

义( $P < 0.05$ )。治疗组 HA、PⅢ、LN 均较常规组治疗后明显下降,差异有显著性意义( $P < 0.05$ )。对照组治疗后 HA 较常规组明显下降,差异有显著性意义( $P < 0.05$ )。

表 2 3 组肝功能变化比较( $\bar{x} \pm s$ )					
组别	n	ALT(IU/L)	TBil( $\mu$ mol/L)	AST(IU/L)	Alb(g/L)
常规组	30	治疗前 196.5 $\pm$ 87.2	44.2 $\pm$ 15.1	163.5 $\pm$ 58.3	34.1 $\pm$ 2.8
		治疗后 46.3 $\pm$ 15.3 <sup>①</sup>	19.7 $\pm$ 6.1 <sup>①</sup>	43.6 $\pm$ 13.9 <sup>①</sup>	42.6 $\pm$ 5.5 <sup>①</sup>
治疗组	30	治疗前 199.3 $\pm$ 89.2	43.8 $\pm$ 14.5	159.2 $\pm$ 56.7	32.9 $\pm$ 3.6
		治疗后 36.5 $\pm$ 14.3 <sup>②③</sup>	15.6 $\pm$ 5.4 <sup>②③</sup>	36.5 $\pm$ 12.5 <sup>②③</sup>	48.9 $\pm$ 6.8 <sup>②③</sup>
对照组	30	治疗前 198.7 $\pm$ 88.6	42.9 $\pm$ 15.6	157.8 $\pm$ 55.6	33.5 $\pm$ 3.2
		治疗后 36.1 $\pm$ 13.3 <sup>②③</sup>	16.2 $\pm$ 5.9 <sup>②③</sup>	35.4 $\pm$ 13.8 <sup>①</sup>	45.9 $\pm$ 6.1 <sup>②③</sup>

与治疗前比较,①  $P < 0.05$ ;与常规组治疗后比较,②  $P < 0.05$

表 3 3 组肝纤维化指标比较( $\bar{x} \pm s$ )					
组别	n	HA(ng/mL)	PⅢ( $\mu$ g/L)	IV-C( $\mu$ g/L)	LN( $\mu$ g/L)
常规组	30	治疗前 241.9 $\pm$ 85.2	210.8 $\pm$ 68.4	93.7 $\pm$ 31.6	146.7 $\pm$ 51.9
		治疗后 120.8 $\pm$ 38.9 <sup>①</sup>	125.6 $\pm$ 25.4	71.0 $\pm$ 22.4 <sup>①</sup>	133.7 $\pm$ 46.8
治疗组	30	治疗前 252.6 $\pm$ 90.2	218.2 $\pm$ 64.7	95.4 $\pm$ 29.6	140.8 $\pm$ 54.7
		治疗后 96.5 $\pm$ 27.3 <sup>②③</sup>	95.2 $\pm$ 18.3 <sup>②③④</sup>	70.0 $\pm$ 22.5 <sup>①</sup>	88.1 $\pm$ 54.7 <sup>②③</sup>
对照组	30	治疗前 245.3 $\pm$ 87.7	215.4 $\pm$ 62.9	90.9 $\pm$ 32.5	143.3 $\pm$ 49.9
		治疗后 115.6 $\pm$ 37.4 <sup>②③</sup>	110.3 $\pm$ 21.6 <sup>①</sup>	69.0 $\pm$ 21.6 <sup>①</sup>	86.2 $\pm$ 55.7 <sup>①</sup>

与治疗前比较,①  $P < 0.05$ ;与常规组治疗后比较,②  $P < 0.05$ ;与对照组治疗后比较,③  $P < 0.05$

4.5 不良反应 3 组各有不同情况。治疗组和常规组分别有 5 例和 2 例在治疗初期,服用汤药后出现头晕、呕吐,对照组亦有 2 例出现轻微头晕。考虑为不适应中药所致,均未经特殊处理,后症状自行消失。

5 讨论

肝纤维化可归属于中医学胁痛、黄疸、积聚等范畴。湿热邪毒是其主要致病因素,血瘀是其重要的病理产物及病机的关键环节,故将活血化瘀法贯穿于抗慢性乙肝肝纤维化治疗的全程。活血化瘀法是针对血瘀为贯穿慢性乙肝肝纤维化病程始终的病机特点而设,主要具有以下几方面的作用:保护肝功能,改善肝脏微循环,促进肝纤维化溶解重吸收;抑制肝星状细胞活化和增殖,减少胶原合成和分泌;抑制脂质过氧化物,减少氧自由基对肝细胞的损伤;调节机体的免疫功能,阻断或减轻因乙肝病毒感染所造成的自身免疫反应。本研究结果提示,治疗全程应用活血化瘀法,疗效明显优于单纯使用对症中药,可能与方中丹参、桃仁、当归、川芎、赤芍具有活血通经、祛瘀生新之功有关,其机制尚待进一步研究。

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## ABSTRACTS OF ORIGINAL ARTICLES

### Effect of Guantong Prescription on Hypersensitive C-reaction Protein in Patients After Coronary Bare Metal Stent Implantation

WANG Qiang (王强), YI Zigang (易自刚), SU Yiqiang (苏毅强), et al.

**Abstract: Objective:** To observe the effect of Guantong Prescription (GP) in preventing coronary restenosis and on hypersensitive C-reaction protein (HCRP) in patients after percutaneous transluminal coronary angioplasty (PTCA) and coronary bare metal stent implantation. **Methods:** One hundred and twenty coronary patients were equally randomized into the treatment group and the control group. The two groups received routine western medicine, and additionally, the treatment group received GP (mainly composed of Radix Notoginseng, Radix Salviae Miltiorrhizae, Pheretima, Fructus Trichosanthis, Radix Ginseng, Herba gynostemae, Pericarpium Citri Reticulatae, Radix Ophiopogonis). Six months after the operation, the recurrence of angina pectoris (AP), HCRP level and the feature of coronary angiography were monitored. **Results:** The recurrence rate was 18.33% in the control group, and 5.00% in the treatment group, the difference being significant between the two groups ( $P < 0.01$ ). The difference of serum HCRP was significant in both groups one day after operation, before and after treatment ( $P < 0.01$ ). **Conclusion:** GP has preventive effect on coronary restenosis after PTCA and coronary bare metal stent implantation.

(Original article on page 11)

### Studies on Traditional Chinese Medical Syndrome Differentiation of Obstructive Sleep Apnea Hypopnea Syndrome

HUANG Yanxiao (黄燕晓), WANG Peiyuan (王培源), LIU Chunsong (刘春松)

**Abstract: Objective:** To explore the traditional Chinese medical (TCM) syndrome differentiation of obstructive sleep apnea hypopnea syndrome (OSAHS) and its associated factors. **Methods:** The OSAHS patients were classi observed according to the results of multiple-channel sleep analysis monitor, and the tribution of syndrome patterns in different age groups, disease courses and illness degrees were analyzed. **Results:** The syndrome patterns in 95 OSAHS were classified into 5 kinds: phlegm heat, phlegm dampness, phlegm accumulating with blood stasis, spleen Qi deficiency, and kidney yang deficiency. The distribution of syndrome patterns was insignificant among different age groups ( $P > 0.05$ ). There were 42 patients with excess syndrome (phlegm heat, phlegm dampness, and phlegm stasis) and 14 with deficiency syndrome below 40 years old; over 40 years old, there were 19 with excess syndrome and 20 with deficiency syndrome; the excess syndrome was dominated in the age group below 40, while the deficiency syndrome was dominated in the age group over 40. The difference between syndrome pattern distribution and disease course was insignificant ( $P > 0.05$ ). So did the syndrome pattern distribution in mild- and moderate-degree patients ( $P > 0.05$ ). However, the percentage of phlegm accumulating with blood stasis in severe patients was higher than that of other 4 patterns ( $P < 0.05$ ). **Conclusion:** The pattern of TCM syndrome of OSAHS is characterized by phlegm. The OSAHS patients below 40 years old mainly show the excess syndrome, and the pattern of phlegm accumulating with blood stasis is usually shown in severe patients.

(Original article on page 22)

### Therapeutic Effect of Ermitai Prescription for Acute Secretory Otitis Media: An Observation of 40 Cases

DING Hong (丁虹), ZHAO Hong (赵红)

**Abstract: Objective:** To observe the therapeutic effect of Ermitai Prescription (EP) for acute secretory otitis media (ASOM). **Methods:** Eighty qualified ASOM patients were equally randomized into 2 groups: the treatment group received EP (mainly composed of Cortex Mori, Semen Lepidii seu Descurainiae, Radix Bupleuri, Radix Scutellariae, Flos Magnoliae, etc), and the control group received Mucosolvin. The changes of clinical symptoms and signs, pure tone audibility threshold, eustachian tube function, and tympanogram were observed before and after treatment. **Results:** The total effective rate was 80.0% in the treatment group and 67.5% in the control group, the difference being significant between the two groups ( $P < 0.05$ ). The improvement of hearing, eustachian tube function, and tympanogram in the treatment group was superior to that in the control group after treatment ( $P < 0.05$ ), indicating that EP had a better effect on improving hearing, relieving auricular stuffiness and middle ear function. **Conclusion:** Ermitai Prescription has certain effect for the treatment of ASOM.

(Original article on page 25)

### Therapeutic Effect of Whole-range Treatment with Blood-activating and Stasis-resolving Therapy for Chronic Hepatic Fibrosis After Hepatitis B

LIU Yongfen (刘永芬), CHEN Aimin (陈爱民), GONG Hailong (龚海龙), et al.

**Abstract: Objective:** To observe the therapeutic effect of whole-range treatment with blood-activating and stasis-resolving therapy (BST) for chronic hepatic fibrosis after hepatitis B. **Methods:** Ninety patients were equally randomized into 3 groups: routine treatment group, BST group and positive control group. After treatment, the changes of parameters of hepatic function and hepatic fibrosis were observed, and the side effect as well as therapeutic effect was evaluated. **Results:** The cure rate was higher in BST group and positive control group than that in the routine treatment group ( $P < 0.05$ ). The parameters of hepatic function were much improved in the three groups after treatment ( $P < 0.05$  compared with those before treatment). After treatment, all of the observation parameters were decreased in BST group, and alanine transferase (ALT), total bilirubin (TBil) and albumin (Alb) were decreased in the positive control group ( $P < 0.05$  compared with those in the routine treatment group). The parameters of hepatic fibrosis were decreased in the positive control group and BST group ( $P < 0.05$  compared with those before treatment). After treatment, procollagen III (PⅢ) in BST group was lower than that in the positive control group

( $P < 0.05$ ), and serum levels of hemagglutinin (HA), PⅢ, and laminin (LN) were lower in BST group than that in the routine treatment group ( $P < 0.05$ ). HA level in the positive control group was lower than that in the routine treatment group ( $P < 0.05$ ). **Conclusion:** BST can protect hepatic function, improve hepatic microcirculation, inhibit the synthesis of collagen, and promote the dissolving and reabsorption of hepatic fibrosis.

(Original article on page 37)

### Therapeutic Effect of Bushen Qianggu Prescription Combined with Chemotherapy for Multiple Myeloma: A Report of 15 Cases

HUANG Zhili (黄智利), YU Tianqi (于天启), DAI Wei (戴微), et al.

**Abstract: Objective:** To observe the therapeutic effect of Bushen Qianggu Prescription (BQP) combined with chemotherapy for multiple myeloma (MM). **Methods:** Fifteen MM patients received BQP combined with chemotherapy. One treatment period lasted 21~28 days, and the therapeutic effect was evaluated after 6 treatment periods. A follow-up of 18 months was also carried out. **Results:** The total effective rate was 86.67%. After treatment, the difference of serum levels of hemoglobin, M protein, plasma cells, microglobulin ( $\beta_2$ -MG), lactate dehydrogenase (LDH), and C-reactive protein (CRP) in patients were significant before and after treatment ( $P < 0.01$ ). Blood calcium was also improved ( $P < 0.05$ ). The side effects ranged in stage I~II, and can be relieved after symptomatic treatment. The results of 18-month follow-up showed that the survival rate was up to 80.0%, and the life of quality was improved in 8 patients, stabilized in 4 and decreased in 3. **Conclusion:** BQP combined with chemotherapy can improve the life of quality, decrease recurrence rate and relieve the symptoms and signs in patients with multiple myeloma.

(Original article on page 49)

### Therapeutic Effect of Acupuncture Combined with Herbal Application on Ear Acupoint for Vomiting Induced by Chemotherapy: A Report of 60 Cases

TAI Jie (台杰), LIU Feng (刘峰), SUN Lijing (孙立靖), et al.

**Abstract: Objective:** To observe the preventive and therapeutic effect of acupuncture combined with herbal application on ear acupoint for vomiting induced by chemotherapy. **Methods:** One hundred and twenty patients were equally randomized into 2 groups: the treatment group received acupuncture combined with herbal application on ear acupoint, and the control group received ondansetron. The effect on relieving nausea and vomiting was observed, and the incidence of side effects was evaluated. **Results:** The total effective rate for relieving nausea and vomiting in the treatment group was higher than that in the control group ( $P < 0.05$ ). After treatment, side effects of headache, dizziness and constipation occurred in 16 patients of the control group, while no side effect was found in the treatment group. The difference of incidence of side effects was significant between the two groups ( $P < 0.05$ ). **Conclusion:** Acupuncture combined with herbal application on ear acupoint has a better effect on regulating gastrointestinal function, and has preventive and therapeutic effect for vomiting and nausea induced by chemotherapy.

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### Therapeutic Effect of Acupuncture Combined with Sacral Canal Nerve Block for Lumbar Intervertebral Disc Protrusion: A Report of 30 Cases

ZHANG Baoxia (张宝霞)

**Abstract: Objective:** To observe the therapeutic effect of acupuncture combined with sacral canal nerve block for lumbar intervertebral disc protrusion (LIDP). **Methods:** Ninety LIDP patients were equally randomized into 3 groups: acupuncture group, sacral canal nerve block group and the combination group. The routine examination of blood, urine and stool was carried out. Liver and kidney function, electrocardiogram, and pain degree (NRS score) were observed, and the therapeutic effect was evaluated. **Results:** The total effective rate was higher in the combination group than that in the other two groups ( $P < 0.05$ ). After treatment for 14 days, NRS score was decreased in the three groups ( $P < 0.05$  compared with that before treatment), and was lower in the combination group and sacral canal nerve block group than that in acupuncture group ( $P < 0.05$ ). After treatment for 28 days, NRS score was much lower in the combination group than that in sacral canal nerve block group and acupuncture group ( $P < 0.05$ ). **Conclusion:** Acupuncture combined with sacral canal nerve block exerts certain effect for the treatment of lumbar intervertebral disc protrusion.

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### Effect of Artesunate on Calcium Ion Distribution in Hepatic Cells of Mice with Hepatic Fibrosis

LIU Jinyuan (刘金元), YANG Dongdi (杨冬娣)

**Abstract: Objective:** To explore the mechanism of artesunate in preventing hepatic cells. **Methods:** Mice models of hepatic injury were induced by carbon tetrachloride. Electron microscope cytochemical method and stereological technology were applied for the study of calcium ion distribution in hepatic cells of the model mice. **Results:** The numerical density of calcium ion in the kytoplasm of hepatic cells was higher in the model group than that in the normal control group and high-dose artesunate group ( $P < 0.01$ ). The difference of numerical density of calcium ion was insignificant between the model group and low-dose artesunate group ( $P > 0.05$ ), but was significant between high-dose artesunate group and colchicines group ( $P < 0.05$ ). **Conclusion:** Artesunate has an effect on stabilizing cell membrane, endoplasmic reticulum, and mitochondrion of the hepatic cells, which keeps the cells being homeostasis, and inhibits the hepatic injury induced by lipid peroxidation for the imbalance of calcium ion.

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