# 自拟健脾化湿汤治疗非酒精性脂肪肝 53 例疗效观察

石燕萍[1] 王效非[2] 孙京惠[1] 牛少强[1] 曾双辉[1]

(1 北京市房山区中医医院 北京 102488;2 中日友好医院 北京 100029)

**摘要** 目的:观察自拟健脾化湿汤治疗脾虚湿蕴证非酒精性脂肪肝的疗效。方法:对 106 例脾虚湿蕴证非酒精性脂肪肝患者按就诊顺序 1:1 等分为自拟健脾化湿汤方治疗组、对照组两组,每组病例 53 例。两组患者在强调戒酒,控制饮食,加强运动的基础上,治疗组采用自拟中药健脾化湿汤治疗,对照组选用多烯磷脂酰胆碱胶囊治疗。用药疗程为 3 个月,疗程结束后统计疗效。结果:两组患者症状疗效比较,治疗组明显优于对照组(P<0.01);两组患者治疗前后肝功能变化比较,治疗组优于对照组(P<0.05);两组患者治疗前后血脂变化比较,治疗组优于对照组(P<0.05);两组治疗前后 CT 检查结果比较,治疗组优于对照组(P<0.05)。结论:自拟健脾化湿汤治疗脾虚湿蕴证非酒精性脂肪肝疗效显著。

**关键词** 非酒精性脂肪肝;治疗;脾虚湿蕴;中医药疗法

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# Curative Effect on the Treatment of 53 Cases of Non-alcoholic Fatty Liver with the Self-prescribed Jianpihuashitang Decoction

*SHI Yan-ping[1], WANG Xiao-fei[2], SUN Jing-hui[1], NIU Shao-qiang[1], ZENG Shuang-hui[1]*

*(1 Fangshan District Chinese medicine hospital, Beijing, 102488, China; 2 Beijing Sino-Japan Friendship Hospital, Beijing, 100029)*

ABSTRACT Objective: To observe the efficacy of Self-prescribed Jianpihuashitang Decoction on Spleen Deficiency, and Damp Retention of Non-alcoholic Fatty Liver. Methods: 106 cases of spleen deficiency with damp retention of non-alcoholic fatty liver were alloca ted equally to group treated with self-prescribed Jianpihuashitang Decoction , and the control group, each group had 53 cases. Two groups were all on the basis of abstinence from alcohol, adherence to a diet and increase of physical activity. Treatment group was given self-prescribed Jianpihuashi Decoction, the control group was given polyene phosphatdyl choline capsules. After 3 months of treatment. Results: The symptoms and efficacy of two groups of patients were compared, the effect of the treatment group significantly surpasses the control group (P<0.01). The liver function before and after treatment were compared, the effect of the treatment group significantly surpasses the control group (P<0.05). The lipid changes before and after treatment were compared, the effect of the treatment group signific- antly surpasses the control group( P<0.05). The CT findings before and after treatment were compared, the effect of the treatment group significantly surpasses the control group (P<0.05). Conclusion: Self-prescribed Jianpihuashi Decoction shows significant effects on spleen deficiency with damp retention of non-alcoholic fatty liver treatment.

Key words: Non-alcoholic Fatty Liver; Treatment; Spleen Deficiency Damp Retention; Traditional Chinese Medicine

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## 前言

非酒精性脂肪肝是指一种并非因饮酒过量引起的,以肝实质细胞细胞脂肪变性和脂肪贮积为特征的临床病理综合征。本病属于中医"胁痛"、"积聚"等范畴。近年来,随着人们生活水平的不断提高与人们生活方式的改变,脂肪肝的发病率逐渐升高,非酒精性脂肪肝也已成为最常见的慢性肝病之一。本病的发病率 5%-20%[1]。自 2008 年 08 月至 2010 年 08 月笔者采用健脾化湿汤治疗非酒精性脂肪肝 53 例,取得了满意的临床疗效。现报告如下:

## 1 临床资料

作者简介:石燕萍(1973),女,大学本科,中医主治医师,主要研究方向:中医诊疗工作,E-mail:13641088697@sina.com,

电话:010-69382142

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### 1.1 一般资料

选择 2008 年 8 月—2010 年 8 月房山区中医医院门诊及住院病例,符合纳入标准的病例共 106 例,其中男性 56 例,女性 50 例;平均(41.5± 5.4)岁;病程(5.24± 4.36)年。并按就诊顺序 1:1 等分为自拟健脾化湿汤方治疗组、对照组两组。治疗组男性 29 例,女性 24 例;平均(40.9± 5.6)岁;病程(5.27± 4.28);对照组男性 27 例,女性 26 例;平均(41.9± 6.1)岁;病程(5.19± 4.41)。经统计学处理,两组性别、年龄、病程、肝功能、血脂及 CT 检查无显著性差异,具有可比性(P>0.05)。

### 1.2 诊断标准

1.2.1 西医诊断标准 参照中华医学会脂肪肝和酒精性肝病学组 2006 年制订的《非酒精性脂肪性肝病诊疗指南》[2],符合非酒精性脂肪肝诊断:①无饮酒史或饮酒折合乙醇量男性每周 < 140 g,女性每周 < 70g;②除外病毒性肝炎、药物性肝病、全胃肠外营养、肝豆状核变性等可导致脂肪肝的特定疾病;③除原发疾病临床表现外,可有乏力、消化不良、肝区隐痛、肝脾肿大

等非特异性症状及体征；④存在代谢综合征或不明原因性血清ALT水平升高持续4周以上；⑤影像学表现符合弥漫性脂肪肝诊断标准。

1.2.2 中医证候诊断标准 中医证候诊断标准：参考《中医消化病诊疗指南》非酒精性脂肪肝中证候诊断标准[1]。中医辨证属脾虚湿蕴证。辨证标准及其依据：(1)主症：①胸脘痞闷；②倦怠乏力；③胁肋胀满或疼痛。(2)次症：①食欲不振；②面色萎黄；③恶心欲吐；④舌淡苔白腻；⑤脉细弱。其具备主症中二项，加次症二项者即可诊断。

1.3 入选标准

(1)房山区中医医院门诊及住院病例，符合非酒精性脂肪肝诊断；(2)中医符合脾虚湿蕴证；(3)患者年龄18-65岁；(4)实验前2周内未接受同类药品治疗者；(5)自愿参加本研究，签署知情同意书，依从性好，可随访者。

1.4 排除标准

(1)哺乳、妊娠期或正准备妊娠的妇女；(2)过敏体质及对本研究已知成分或其他药物过敏者；(3)精神病患者；(4)目前参加其他临床实验的患者。

1.5 研究方法

1.5.1 治疗方法 两组患者在强调戒酒，控制饮食，加强运动的基础上。治疗组采用自拟中药健脾化湿汤(成分：太子参15g，茯苓10 g，白术10 g，甘草10 g，半夏9 g，陈皮10 g)，每日1剂，水煎服，取汁300 mL，150 mL/次，日两次。

对照组选用多烯磷脂酰胆碱胶囊(北京安万特制药有限公司生产)，3次/d，2粒/次。

用药疗程为3个月，疗程结束后统计疗效。

1.5.2 观察方法 观察两组患者(1)肝功能：血清丙氨酸氨基转移酶(ALT)、天冬氨酸转移酶(AST)和谷氨酰氨转肽酶(GGT)；(2)血脂：甘油三酯(TG)、总胆固醇(TC)、高密度脂蛋白胆固醇(HDL-C)；(3)弥漫性肝脏密度降低，肝脏与脾脏的CT值之比小于或等于1。弥漫性肝脏密度降低，肝/脾CT比值≤1.0但大于0.7者为轻度；肝/脾CT比值≤0.7但大于0.5者为中度；肝/脾CT比值≤0.5者为重度。统计两组患者证候积分、肝功能、血脂及肝脏CT检查，并进行比较。

1.6 统计学方法

以SPSS 13.0进行数据统计，计量数据以均数± 标准差($\bar{X}\pm S$)表示，计数资料方法使用$X^2$进行检验，$P<0.05$为有统计学意义。

1.7 疗效观察

1.7.1 疗效评定标准 疗效评定标准参照《中医消化病诊疗指南》非酒精性脂肪肝的标准修订[1]。临床痊愈：症状、体征消失，影像学检查肝脏形态及实质恢复正常，血脂各项指标及血清转氨酶恢复正常。

显效：症状消失，体征明显减轻，影像学检查重度脂肪肝恢复为轻度或中度、轻度脂肪肝恢复为正常。血脂改善达到以下任意一项：TC(总胆固醇)下降≥20%，TG(甘油三酯)下降≥40%，HDL-C上升≥0.26 mmol/L。

有效：症状减轻，影像学检查重度脂肪肝恢复为中度或中度脂肪肝恢复为轻度，血清转氨酶好转，血脂改善达到以下任意一项：TC下降≥10%但＜20%，TG下降≥20%但＜40%，HDL-C上升≥0.104 mmol/L但0.26 mmol/L。

无效：症状及体征无改善，影像学检查脂肪肝程度及血清转氨酶、血脂无改善。

## 2 结果

表1 两组患者症状疗效比较[例(%)]

Table 1 Comparison of the symptoms of Two Groups of patients [Cases (%)]

| Group | n | Clinically cured | Significant effect | With effect | No effect | Effective rate |
|---|---|---|---|---|---|---|
| Treatment group | 53 | 15 | 25 | 7 | 6 | 47 (88.68) ** |
| Control group | 53 | 9 | 12 | 14 | 18 | 35 (66.04) |

Note: **P<0.01 Comparison with control group.

表2 两组患者治疗前后肝功能变化比较($\bar{X}\pm S$，U/L)

Table 2 The comparison of liver function before and after treatment of two groups ($\bar{X}\pm S$，U/L)

| Group | | ALT | AST | GGT |
|---|---|---|---|---|
| Treatment group | Before Treatment | 53.86± 34.75 | 34.59± 19.72 | 64.11± 21.15 |
| (n = 53) | After Treatment | 36.56± 15.24* | 27.03± 8.08* | 45.21± 19.42* |
| Control group | Before Treatment | 55.50 ± 35.71 | 37.06± 18.31 | 63.23± 20.91 |
| (n = 53) | After Treatment | 45.69 ± 21.72 | 31.67 ± 9.96 | 52.20± 18.51 |

Note：*P<0.05 Comparison with control group before and after treatment.

## 3 讨论

近年来，由于人们生活水平的提高，非酒精性脂肪肝发病率逐年增加。但其发病机制尚未完全明确，日前认为主要与胰岛素抵抗、游离脂肪酸增加引起的糖脂代谢紊乱(第一次打击)和氧化应激/脂质过氧化因素(第二次打击)有关[3]。代谢综合征包括肥胖、高脂血症、高血糖、高血压，它们是非酒精性脂肪肝已知的重要危险因素[4]。21%-61%非酒精性脂肪肝患者存在高脂血症[5]。脂肪肝病理变化之一为肝细胞膜、细胞器膜受损及膜磷脂的丧失。由于肝细胞膜和线粒体膜的脂质富含多种不饱和

表 3 两组患者治疗前后血脂变化比较($\bar{X}\pm S$,mmol/L)

Table 3 The comparison of lipids before and after treatment of two groups($\bar{X}\pm S$,mmol/L)

| Group | | TC | TG | HDLC |
|---|---|---|---|---|
| Treatment group | Before Treatment | 4.60 ± 0.71 | 2.02 ± 0.92 | 0.88 ± 0.16 |
| ( n = 53) | After Treatment | 3.95 ± 0.77 | 1.49 ± 0.87* | 0.90 ± 0.23 |
| Control group | Before Treatment | 4.53 ± 1.12 | 2.31 ± 0.96 | 0.90 ± 0.24 |
| ( n = 53) | After Treatment | 4.25 ± 1.06 | 2.06 ± 0.95 | 0.91 ± 0.36 |

Note: *P<0.05 Comparison with control group before and after treatment.

表 4 两组治疗前后 CT 检查结果比较($\bar{X}\pm S$)

Table 4 The comparison of CT exam before and after treatment of two groups ($\bar{X}\pm S$)

| Group | | Liver CT value(Hu) | Spleen CT value(Hu) | CT ratio of liver and spleen |
|---|---|---|---|---|
| Treatment group | Before Treatment | 37.51 ± 13.26 | 51.42 ± 3.31 | 0.71 ± 0.24 |
| ( n = 53) | After Treatment | 45.45 ± 8.76* | 51.44 ± 3.10 | 0.90 ± 0.13* |
| Control group | Before Treatment | 37.05 ± 11.24 | 51.02 ± 2.67 | 0.72 ± 0.23 |
| ( n = 53) | After Treatment | 40.24 ± 11.58 | 51.10 ± 2.78 | 0.78 ± 0.21 |

Note: *P<0.05 Comparison with control group before and after treatment.

脂肪酸，且线粒体代谢活跃,因而在致病因素作用下更容易引起生物膜的损伤[6]。该病并非良性的病理过程,被认为是一种进展性肝病,不仅是隐源性肝硬化的重要病因[7]。而且，有研究表明肝细胞癌可视为脂肪型肝炎的晚期并发症[8],因此，对该病的早期诊断及治疗非常重要。

我国古代医家将脂肪肝归属于＂胁痛＂、＂积聚＂等范畴。自拟健脾化湿汤由太子参、茯苓、白术、甘草、半夏、陈皮组成。太子参、茯苓、白术健脾益气，半夏、陈皮化湿，甘草调和诸药，共奏健脾化湿之效。

现代科学研究，Hiroshi Sakugawa 等[9]对日本 4211 例女性体检的资料分析发现，GGT 独立于脂肪肝，直接与代谢综合征密切相关，Lonardo A[10]、Yesilova Z[11]等亦发现 GGT 其水平持续增高可反映胰岛素抵抗(IR)，与高 TG 血症及糖尿病的存在有关。最新研究表明,成纤维细胞生长因子 21(FGF21)是一种新的代谢调节因子,具有降糖、降脂、降低胰岛素水平,逆转肝脏脂肪变性,提高胰岛素敏感性的作用[12,13]。多烯磷脂酰胆碱经口服后，通过淋巴或血液途径最先到达肝脏，并主要聚集于肝脏，其主要活性成分与内源性磷脂相同，能增加肝细胞膜的完整性，流动性和稳定性[14]。且能通过减少自由基的攻击，降低脂质过氧化损伤，达到保护和修复受损的肝细胞膜。大量的动物实验显示，使用多烯磷脂酰胆碱无中毒的潜在危险，因此被认为是安全无毒的植物类药物之一[15]。多烯磷脂酰胆碱能提高各种磷脂依赖酶的活性，促使肝内甘油三脂和胆固醇转换成可移动的形式，并得以进行氧化代谢，从而减轻了肝细胞的脂肪变性和坏死，促进了肝细胞的再生。

该研究表明，自拟健脾化湿汤能够改善脾虚湿蕴证非酒精性脂肪肝患者的症状，降低患者血清 TC、TG、ALT、AST 以及 GGT 水平，提高患者肝脏 CT 值及肝脾 CT 比值，具有良好的保肝、降脂的作用，达到了较为理想的治疗脾虚湿蕴证非酒精性脂肪肝的效果。且经比较表明治疗组比多烯磷脂酰胆碱胶囊治疗组疗效更佳。

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VEGF[16]。也有报道认为 CXCL12 与 CXCR4 作用后并没有引起 MMP-9 的增加 [17]。但是尚未见文献报道关于 CXCR4 和 MMP-9 在膀胱移行细胞癌组织中二者的相关性，在膀胱癌浸润过程中是否呈协同作用不得而知。本研究中，采用免疫组化和 RT-PCR 等方法，研究了 CXCR4 和 MMP-9 在膀胱移行细胞癌组织中的表达情况以及相关性，结果表明 CXCR4 和 MMP-9 在膀胱移行细胞癌组织中的表达均高于正常膀胱粘膜，随着浸润深度增加，表达均升高，且二者的表达呈正相关关系（$\gamma=0.479$），且 MMP-9 随着肿瘤分级升高而表达增加，而二者均与患者的性别、年龄无关。

因此，我们推测 CXCR4 和 MMP-9 均参与了膀胱癌的浸润与发展，且二者具有协同作用。CXCR4 和 MMP-9 的高表达可以作为判定膀胱癌是否具有高浸润性的一个指标，为临床医生是否采取更加积极的治疗措施提供一种参考，如果能针对 CXCR4 和 MMP-9 这一环节进行靶向治疗，可能会明显改善浸润性膀胱癌的预后。

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