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黄芪丹参颗粒治疗慢性肾功能衰竭患者的临床疗效分析*

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摘要 目的:探讨黄芪丹参颗粒治疗慢性肾衰患者的临床效果,为慢性肾衰患者的临床治疗提供参考。**方法:**选择本院 2016 年 1 月至 2017 年 12 月收治的 160 例慢性肾衰患者,根据其治疗方式分为两组。对照组给予常规药物治疗,治疗组在常规药物治疗的基础上给予黄芪丹参颗粒治疗。观察比较两组患者治疗前后肾功能、急性生理与慢性健康评分(APACHE II)和简化急性生理评分(SAPS II)以及生活质量的变化。**结果:**治疗后,治疗组血尿素氮(BUN)、血肌酐(SCr)、尿蛋白和尿微量蛋白水平、APACHE II 和 SAPS II 评分均显著低于对照组,肾小球滤过率(GFR)和生活质量评分均明显高于对照组($P<0.05$)。**结论:**黄芪丹参颗粒治疗慢性肾衰患者可明显改善患者的肾功能,提高患者生活质量。

关键词:黄芪丹参颗粒;慢性肾脏衰竭;肾功能试验;临床疗效

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Clinical Effect of Radix Astragali and Radix Salviae Miltiorrhizae on the Chronic Renal Failure*

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ABSTRACT Objective: To analyze the therapeutic effect and mechanism of Huangqi Danshen granule on patients with chronic renal failure and provide references for the clinical treatment of patients with chronic renal failure. **Methods:** 160 cases of patients with chronic renal failure treated in our hospital from January 2016 to December 2017 were selected. They were divided into two groups according to the treatment method, the routine group was given routine drug therapy, the experimental group was treated with Huangqi Danshen granule on the basis of routine drug therapy. The changes of renal function, acute physiological and chronic health score (Apache II), simplified acute physiological score (SAPS II) and quality of life were observed and compared between the two groups before and after treatment. **Results:** After treatment, the blood urea nitrogen (BUN), serum creatinine (SCr), urine protein and urine microprotein level, APACHE II and SAPS II score were significantly lower than those in the control group, and the glomerular filtration rate (GFR) and the quality of life score were significantly higher than those in the control group ($P<0.05$). **Conclusion:** Huangqi Danshen granule had better therapeutic effect on the patients with chronic renal failure. It could obviously improve the renal function and the quality of life of patients.

Key words: Radix Astragali and Radix Salviae Miltiorrhizae; Chronic Renal Failure; Renal function test

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前言

慢性肾功能衰竭是多种慢性肾脏疾病持续进展的最终结局,也是引起肾病患者死亡的主要原因^[1,2]。西医治疗肾功能衰竭以控制饮食、降压、抗感染、维持水电解质和酸碱平衡等对症处理为主^[3]。中医学理论认为“肾常不足”为五脏六腑、气、血、阴、阳诸虚,以肾虚、脾虚为著。气虚、阳虚多见。脾肾亏虚,

三焦气化失司,水谷精微不能化为津液,使营养不良凸显。而又易酿生浊毒,枢转不利,致浮肿、呕吐、喘满,神昏等危及生命。药理学研究证实部分中草药具有抗纤维化、保护肾脏等作用,在预防肾纤维化的发生和发展中具有独特的优势和广阔的应用前景^[4]。

黄芪具有益气固本、利尿托毒之功效,丹参具有活血祛瘀、凉血消痈之功效,黄芪和丹参相互配伍,共奏益气利尿、活血化

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瘀之功效。本研究采用黄芪和丹参颗粒辅助治疗慢性肾衰,取得了较好的临床效果,结果报道如下。

1 临床资料

1.1 一般资料

选择 2016 年 1 月至 2017 年 12 月在本院接受治疗的慢性肾衰患者。纳入标准:① 年龄 ≥ 18 周岁;② 符合慢性肾衰的诊断标准^[1];③ 无其他系统严重疾病者。排除标准:① 临床资料不全者;② 治疗不足 48 h 死亡或放弃治疗者;③ 治疗前接受过透析治疗者。根据纳入排除标准共纳入病例数 160 例,其中对照组 80 例,男 46 例,女 34 例,年龄 47~71(60.21 $\pm$ 2.94)岁;治疗组 80 例,男 48 例,女 32 例,年龄 46~72(62.22 $\pm$ 3.13)岁。

1.2 治疗方法

对照组给予常规药物治疗,包括低盐、低脂、优质低蛋白饮食、降压、抗感染、纠正酸中毒、水电解质紊乱等。治疗组在常规药物治疗的基础上给予黄芪丹参颗粒(南京同仁堂药业有限责任公司)15 g/次,2 次/日;丹参颗粒(陕西奥星制药有限公司)10 g/次,3 次/日。连续治疗 8 周。

1.3 评价指标

观察比较两组患者治疗前后肾功能指标血尿素氮(BUN)、肌酐(Scr)、肾小球滤过率(GFR)、急性生理与慢性健康评分(APACHE II)和简化急性生理评分(SAPS II)以及生活质量(采用 SF-36 生活质量评定量表进行评价,得分越高表明生活质量越好)的变化。

1.4 统计学处理

采用 SPSS 22.0 软件进行分析。计量资料以均数 $\pm$ 标准差表示,两组间比较采用 t 检验,以 $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 两组患者治疗前后肾功能的变化比较

治疗前,两组患者肾功能指标和尿蛋白和尿微量蛋白水平比较差异无统计学意义($P>0.05$)。治疗后,治疗组血清 BUN、Scr、尿蛋白和尿微量蛋白水平均显著低于对照组,GFR 水平高于对照组,且差异有统计学意义($P<0.05$),见表 1。

表 1 两组患者治疗前后肾功能及相关指标的比较

Table 1 Comparison of the renal function and related indicators between two groups before and after treatment

Groups		BUN(mmol/L)	Scr(μ mol/L)	GFR(mL/min)	Urine protein (g/24h)	U-MTB(mg/d)
Control group	Before treatment	9.97 $\pm$ 1.27	187.58 $\pm$ 13.35	108.14 $\pm$ 12.55	1.71 $\pm$ 0.51	789.14 $\pm$ 13.04
	After treatment	8.12 $\pm$ 1.20	138.86 $\pm$ 15.21	115.34 $\pm$ 12.27	1.38 $\pm$ 0.25	729.34 $\pm$ 13.55
Treatment group	Before treatment	10.02 $\pm$ 1.63	187.61 $\pm$ 14.64	108.17 $\pm$ 13.23	1.68 $\pm$ 0.47	789.17 $\pm$ 12.96
	After treatment	6.34 $\pm$ 1.17	117.34 $\pm$ 13.46	135.31 $\pm$ 14.64	1.14 $\pm$ 0.30	502.35 $\pm$ 14.11

2.2 两组治疗前后 APACHE II 和 SAPS II 评分的变化比较

治疗前,两组患者 APACHE II 评分和 SAPS II 评分相比

较差异无统计学意义($P>0.05$)。治疗后,观察组 APACHE II 评分和 SAPS II 评分均明显低于对照组($P<0.05$),见表 2。

表 2 两组患者治疗前后 APACHE II 评分和 SAPS II 评分的比较

Table 2 Comparison of the APACHE II score and SAPS II score before and after treatment between two groups of patients

Groups	APACHE II score		SAPS II score	
	Before treatment	After treatment	Before treatment	After treatment
Control group	51.31 $\pm$ 4.34	40.24 $\pm$ 3.47	29.01 $\pm$ 4.54	22.14 $\pm$ 4.25
Treatment group	51.27 $\pm$ 5.01	35.81 $\pm$ 4.31	28.97 $\pm$ 5.01	18.01 $\pm$ 3.10

2.3 两组患者治疗前后生活质量的比较

治疗前,两组患者生活质量评分相比较差异无统计学意义($P>0.05$)。治疗后,两组生活质量评分均显著高于治疗前($P<0.05$),且治疗组各生活质量指标评分均显著高于对照组($P<0.05$),见表 3。

3 讨论

慢性肾功能衰竭(chronic renal failure, CRF)是各种慢性肾脏疾病导致的肾功能不可逆性减退,最终肾脏的正常功能丧失,引起一系列临床症状及代谢紊乱的一组综合征^[5,13-14]。现代医学认为肾衰竭其主要病理改变为肾小球毛细血管堵塞、大量

纤维蛋白沉积,引起肾组织缺血、缺氧、纤维组织增生^[7]。肾功能减退后大量代谢产物体内蓄积,进一步加剧血管内皮细胞损伤,激活凝血系统,使机体处于高凝状态。GFR 下降后,纤溶酶活性降低,导致纤维蛋白、层粘连蛋白、胶原等在肾组织基底膜、肾间质、肾小球毛细血管内大量沉积,产生微血管堵塞和微循环障碍,使肾功能进一步下降,如此形成恶性循环^[8,15-16]。目前,西医对于慢性肾衰的治疗关键在于保护残存的肾功能、延缓肾纤维化进程,阻断肾功能的进一步恶化^[3]。除血液透析疗法外,还需通过饮食疗法、纠正水电解质紊乱、降压、调脂、纠正贫血、导泻、控制感染等对症处理以稳定病情,但治疗效果往往不甚理想。

表 3 两组患者治疗前后生活质量评分的比较

Table 3 Comparison of the quality of life between the two groups of patients before and after treatment

Projects	Control group		Treatment group	
	Before treatment	After treatment	Before treatment	After treatment
Somatic function	9.17± 0.77	12.57± 3.42	9.19± 1.12	16.24± 3.67
Role physical	8.86± 1.17	12.69± 1.77	8.84± 1.23	16.84± 2.82
Limbs pain	12.33± 2.23	14.51± 3.66	12.31± 2.54	18.98± 4.27
Overall health	46.01± 5.81	54.80± 6.51	45.96± 5.48	62.84± 8.12
Vitality	11.02± 3.82	13.51± 2.57	10.97± 4.20	17.58± 3.48
Social function	48.56± 6.14	53.47± 8.25	48.54± 5.28	62.96± 7.87
Emotional role	10.69± 2.53	12.37± 2.34	10.72± 3.24	16.91± 3.81
Emotional health	11.16± 3.66	12.86± 2.61	11.15± 5.67	17.74± 3.55

本研究在西医低盐低脂优质低蛋白饮食、降压、抗感染、纠正酸中毒、水电解质紊乱等常规治疗的基础上使用黄芪和丹参颗粒辅助治疗慢性肾衰,结果显示:治疗组血清 BUN 水平(6.34 ± 1.17)低于对照组(8.12 ± 1.20),血清 SCr(117.34 ± 13.46)亦较对照组(138.86 ± 15.21)低;同时 GFR(135.31 ± 14.64)比对照组(115.34 ± 12.27)升高,说明在常规治疗的基础上辅以黄芪、丹参治疗进一步使患者的肾功能得到改善。此外,治疗组的尿蛋白(1.14 ± 0.30)和尿微量蛋白(502.35 ± 14.11)水平均低于对照组,提示黄芪丹参颗粒对慢性肾衰伴纤维化患者有较好的治疗效果,可明显改善患者的肾功能,尤其在消除尿蛋白方面具有较大的优势。

祖国医学针对慢性肾衰的中医理论以扶正祛邪、健脾补肾等为原则^[9],即采用益气、活血、化瘀法,瘀血去则痰水自消。黄芪味甘、性微温,归脾肺经,有补中益气、升阳举陷、利尿托毒等功效^[10,17-18]。脾为气血生化之源,肺主一身之气,黄芪益脾、肺,能补一身之气。气为血帅,黄芪通过补气以助行血^[11]。丹参味苦,性微寒,入心、肝经,有活血化瘀、凉血消痈功效。本研究中,黄芪、丹参降低了患者血尿素氮、血肌酐水平,提高肾小球滤过率,亦是通过祖国医学理论利用黄芪、丹参的功效,达到扶正祛邪、健脾补肾的治疗效果的验证。现代药理学通过研究中药的提取物发现黄芪提取物可增强机体免疫功能,并具有保肝、利尿、抗衰老等药理作用,在消除肾病患者蛋白尿方面具有令人满意的效果^[12]。丹参提取物可抗凝、改善微循环、消炎、抗氧化^[13,19,20]。本研究中,黄芪丹参降低了患者的尿蛋白和尿微量蛋白,与中药提取物的研究结果一致,说明黄芪丹参的某种有效提取物在肾衰的治疗发挥了重要作用。

APACHE II 及 SAPS II 评分被认为是目前临床上判断各种疾病的急危重症程度、合理治疗、判断预后的重要评估体系。本研究中,采用两种评分系统同时进行肾衰患者病情及预后的评定,具有较强的可信度。结果显示黄芪丹参治疗组的患者 APACHE II 评分(35.81 ± 4.31)和 SAPS II 评分(18.01 ± 3.10)均低于对照组(40.24 ± 3.47 , 22.14 ± 4.25),说明黄芪丹参在常规治疗效果的基础上有效提高了肾衰患者的预后,延缓了疾病进程。同时,黄芪丹参治疗组的生活质量评分各指标均优于对照组,表明黄芪丹参辅助治疗不仅延缓了肾衰患者的进程,同时

改善了患者的生活质量。

综上,黄芪丹参颗粒治疗慢性肾衰患者可利用黄芪和丹参相互配伍,可共奏益气利尿、活血化瘀之功效,明显改善患者的肾功能,提高患者的生活质量。

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