

## 安宫牛黄丸治疗肺性脑病的应用体会

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**【摘要】 目的** 观察安宫牛黄丸对肺性脑病患者临床疗效的影响,为安宫牛黄丸用于治疗肺性脑病提供理论依据。**方法** 通过分析安宫牛黄丸的现代药理学作用及肺性脑病的发病机制,并将安宫牛黄丸用于3例肺性脑病患者,观察其临床疗效。**结果** 例1患者服用安宫牛黄丸2丸后体温下降,连续1周体温最高37.1℃,意识清晰,血象较前好转;例2患者服用3丸后患者意识清晰,喘憋、喉中痰鸣等较前明显好转;例3患者服用3丸后患者热势下降,意识较前好转。**结论** 运用传统中药安宫牛黄丸辅助治疗肺性脑,可帮助患者改善呼吸功能,避免了机械通气,显著提高了其治愈率,减轻了患者痛苦。

**【关键词】** 安宫牛黄丸; 肺性脑病; 病机相合; 心得体会

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**【Abstract】 Objective** To observe the clinical efficacy of Angong Niu Huangwan on patients with pulmonary encephalopathy, and to provide a theoretical basis of using this pill for treatment of pulmonary encephalopathy. **Methods** The modern pharmacological effects of Angong Niu Huangwan and the pathogenesis of pulmonary encephalopathy were analyzed, and the clinical efficacy of applying Angong Niu Huangwan for treatment of 3 patients with pulmonary encephalopathy were observed. **Results** Patient 1, the body temperature dropped after he took 2 Angong Niu Huangwan, and the body temperature had not exceeded 37.1℃ within 1 week, consciousness was clear, blood picture was better than before; after patient 2 taking 3 such pills, the consciousness was clear, and the symptoms of asthma and wheezing due to retention of phlegm at throat were significantly better than before; after patient 3 took 3 pills, his body temperature was lowered and the consciousness was better than before. **Conclusion** Traditional Chinese medicine Angong Niu Huangwan can be used to help treat patients with pulmonary encephalopathy, it can help them improve their respiratory function, avoid mechanical ventilation, significantly elevate their cure rate and ameliorate their sufferings.

**【Key words】** Angong Niu Huangwan; Pulmonary encephalopathy; Pathogenesis; Experience

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古方安宫牛黄丸源于清代吴鞠通的《温病条辨》,与紫雪丹、至宝丹并称为“凉开(温病)三宝”,主要用于热病、瘟疫等的治疗。安宫牛黄丸有芳香化秽而利诸窍,咸寒保肾水而安心体,苦寒通火腑而泻心用之功效。现代药理学研究表明安宫牛黄丸对颅脑损伤患者有促醒作用,临床上将其用于治疗肺性脑病患者,取得良好疗效。

### 1 安宫牛黄丸治疗肺性脑病的理论依据

**1.1 安宫牛黄丸的药理学研究:**安宫牛黄丸由牛黄 30 g、郁金 30 g、犀角 30 g(现在方中用水牛角粉代替)、黄连 30 g、朱砂 30 g、冰片 7.5 g、麝香 7.5 g、珍珠 15 g、山栀子 30 g、雄黄 30 g、黄芩 30 g、郁金 30 g 组成<sup>[1]</sup>。方中牛黄清热解毒、开窍豁痰、熄风止痉;犀角清营凉血,可解百毒;麝香开窍醒神,活血通经;诸药合用极强的开窍通闭醒神作用,为醒神回苏之要药<sup>[2-4]</sup>。现代药理学研究表明,安宫牛黄丸可以

治疗发热<sup>[5]</sup>、高热昏迷<sup>[6]</sup>、脑出血并昏迷<sup>[7]</sup>、急性出血性脑中风<sup>[8]</sup>、精神疾病<sup>[9]</sup>等,临床疗效显著。安宫牛黄丸能促进颅脑损伤患者清醒,改善患者预后<sup>[10-11]</sup>。

**1.2 肺性脑病的病机与安宫牛黄丸的作用相合:**肺性脑病是临床常见急危重症,发病率约为 30%,病死率达 60% 以上<sup>[12-14]</sup>。肺性脑病的发病机制至今尚未被完全阐明,目前认为与缺氧、二氧化碳潴留、酸中毒引起的脑神经细胞水肿、出血、坏死等有关<sup>[15-16]</sup>。目前,肺性脑病的西医治疗主要包括改善通气、抗感染、解痉、抗炎等<sup>[17]</sup>。肺性脑病患者急性期主要表现为严重低氧血症、呼吸困难,给予常规药物治疗不佳,研究表明,在西医常规治疗基础上联合醒脑静<sup>[18]</sup>、尼可刹米<sup>[19]</sup>、纳洛酮<sup>[20]</sup>均可改善患者呼吸状况。因此,本科在西药常规治疗基础上加用安宫牛黄丸治疗肺性脑病,可帮助患者及早苏醒,有助于改善呼吸功能。

祖国医学并无肺性脑病这一名称,但根据临床表现可将其归属于中医“厥证”范畴,临床上辨证为痰热蒙蔽、痰热内闭、痰闭心神、水气凌心、阳气欲脱 4 型<sup>[1]</sup>;临床上以痰热蒙蔽证多见,多表现为神识昏蒙,烦躁不安或神昏不语,咳嗽痰黄,咯之不爽,喉间痰鸣,面红气粗,舌质红,苔黄腻,脉滑数等。安宫牛黄丸有清热解毒、化痰开窍的作用,符合肺性脑病的临床表现及发病机制。

## 2 临床应用心得

### 2.1 临床应用案例

案例 1:患者男性,64 岁,主因发热伴咳嗽咳痰 15 d,以肺炎、2 型呼吸衰竭(呼衰)收住入院。患者有长期慢性肺纤维化病史,入院后体温最高达 39.5℃,给予哌拉西林舒巴坦钠和莫西沙星抗感染治疗 3 d,临床症状及血象无明显变化,痰培养回报曲霉菌和嗜麦芽窄食单胞菌感染,于是将抗菌药物升级为美罗培南、利奈唑安、大扶康抗感染治疗 1 周,但仍间断发热,体温最高达 38.5℃,伴意识障碍。给予中药安宫牛黄丸 1 丸,每日 1 次,取其清热解毒、开窍醒神的作用,服用 2 丸后患者体温下降,连续 1 周体温最高 37.1℃,意识清晰,血象较前好转,继续给予抗菌药物降阶梯治疗。

案例 2:患者女性,73 岁,主因间断喘憋 2 个月,加重伴咳嗽 3 d,以肺炎、2 型呼衰收住入院。患者有长期吸烟、慢性阻塞性肺疾病(COPD)病史,入院后常规给予抗炎、化痰平喘、兴奋呼吸等治疗,患者喘憋、喉中痰鸣未见明显好转,伴有轻度意识障碍,给予安宫牛黄丸 1 丸,每日 1 次,取其化痰开窍醒神的作用,服用 3 丸后患者意识清晰,喘憋、喉中痰鸣等较前明显好转。

案例 3:患者男性,71 岁,主因发热 1 周以肺炎收住入院,患者因长期卧床肺功能低下,既往有脑梗死后遗症、心力衰竭、心房颤动(房颤)病史,入院后给予抗炎、化痰平喘、强心、利尿、改善血循环等治疗 3 d 后症状好转,因胃管注入营养液时误吸导致肺炎加重,出现意识不清、2 型呼衰,发热,体温最高达 38.7℃。给予安宫牛黄丸 1 丸,每日 1 次,取其清热化痰、醒脑开窍的作用,服用 3 丸后患者热势下降,意识较前好转。

2.2 临床体会:本组 3 个案例患者均有高热、神昏、呼吸困难、喉中痰鸣等呼衰、肺性脑病的症状,给予常规治疗未见明显改善,及时予安宫牛黄丸清热化痰开窍,治疗 2~3 d 后,热渐退,喘憋、痰鸣明显减轻,意识较前好转。安宫牛黄丸中牛黄清热豁痰开窍以退热、促醒,牛角清营凉血辅助牛黄清热解毒,麝香开窍醒神助牛黄促醒等。3 个案例中及时应用安宫牛黄丸,患者热退、清醒、呼吸功能改善,避免了机械通气。

在临床上,肺性脑病患者多年龄较大,并伴有多种慢性基础疾病,感染后病情急剧加重,常规治疗往往疗效不理想。且肺性脑病患者肺功能低下,无力咳痰,感染后细菌容易大量繁殖,加上患者缺血缺氧,二氧化碳潴留,进而引起脑水肿,意识障碍,抑制了患者呼吸,研究显示,经口鼻机械通气<sup>[21]</sup>、经鼻(面)罩双水平正压通气<sup>[22]</sup>、无创正压通气<sup>[23-24]</sup>、呼吸兴奋联合无创正压通气<sup>[25]</sup>均可改善肺性脑病患者的临

床症状,但机械通气会造成患者肺部损伤。

本组病例运用传统中药安宫牛黄丸辅助治疗,可帮助患者改善呼吸功能,避免了机械通气,减轻了患者痛苦,从而减少了住院费用。

## 3 总结

综上所述,肺性脑病是 COPD 急性加重期(AECOPD)、肺心病晚期主要的并发症和死亡原因,是临床常见的急危重症,严重威胁着人类生命。对于肺性脑病患者,及时有效的治疗可显著降低病死率,而及早促醒,改善通气是治疗的关键。无创正压通气(NIPPV)、有创呼吸机通气是改善通气的有效治疗手段,但临床应用尚存在争议。我们在临床上用中西医结合方法治疗肺性脑病,结果显示安宫牛黄丸有助于患者及早苏醒,改善预后,疗效显著。

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## • 学术活动预告 •

### 2018 年中国中西医结合急救医学学术会议通知

由中国中西医结合学会急救医学专业委员会主办、天津市中西医结合学会急救医学专业委员会及天津市第一中心医院和上海市第七人民医院共同承办的中国中西医结合急救医学学术会议定于 2018 年 11 月在上海隆重召开。

本次会议特别呈现中西医结合急救医学最新发展动态, 届时除进行高水平的中西医结合急救学术交流外, 还将邀请国内外著名急救医学专家进行主题学术讲座, 介绍中西医结合急救领域的前沿知识及发展趋势。会议将呈现丰富多彩的学术活动, 包括新技术新进展专题讲座、继续教育讲座、壁报展示最新学术成果等学术活动。

欢迎从事相关专业的同仁踊跃投稿、参会! 欢迎相关公司、企业厂商参会交流。

现将会议征文内容及注意事项通知如下:

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