

• 专家共识 •

急性上呼吸道感染中成药应用专家共识

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【摘要】《急性上呼吸道感染中成药应用专家共识》由世界中医药学会联合会急症专业委员会、中国医师协会急诊医师分会、中国中西医结合学会急救医学专业委员会、中国急诊科医联体共同组织发起，该共识通过对临床主要用于治疗急性上呼吸道感染(AURI)的中成药进行疗效和安全性等方面总结分析，并通过编写专家共同讨论，制定出有关AURI的专家共识，以期为临床治疗AURI提供借鉴。

【关键词】 急性上呼吸道感染； 中成药； 专家共识

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Expert consensus on application of Chinese patent medicine for acute upper respiratory tract infection
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【Abstract】 *Expert Consensus on the Application of Chinese Patent Medicine for Acute Upper Respiratory Tract Infection* was established under the joint sponsorship of Specialty Committee of Emergency of World Federation of Chinese Medicine Societies, Emergency Physician Branch of Chinese Medical Doctor Association, Emergency Medicine Professional Committee of Chinese Association of Integrative Medicine and Chinese Emergency Medical Partnerships. In the consensus, the Chinese patent medicines for treatment of acute upper respiratory tract infection (AURI) were summarized and analyzed, and after the expert writers had discussed the contents of the consensus together, they decided to formulate the experts' consensus related to the AURI, expecting to provide a reference to the clinical treatment of this disease.

【Key words】 Acute upper respiratory tract infection; Chinese patent medicine; Expert consensus

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急性上呼吸道感染(AURI)为外鼻孔至环状软骨下缘包括鼻腔、咽或喉部等呼吸道黏膜所发生的急性炎症的总称^[1]，90%以上为病毒感染^[2]。广义的AURI主要包括普通感冒、急性病毒性咽炎和喉炎、急性咽结膜炎、急性疱疹性咽峡炎、急性咽扁桃体炎等，多由病毒感染所致，少数是细菌感染^[3]。急性呼吸道感染多由劳累、淋雨、受凉等因

素诱发，自身防御功能下降，外界病原体入侵或呼吸道携带的病原体繁殖所致。随着环境污染、气候异常的加重，人口老龄化速度的加快，AURI发病率日益升高。AURI可发生在任何年龄段，尤以幼儿和老年人多见。AURI是5岁以下患儿死亡的主要原因^[4]。AURI为自限性疾病，一般预后较好，是临床常见的呼吸系统疾病^[5]，但多伴有咳嗽、鼻塞、咽干

咽痛、发热等症状,给患者带来身体上的不适^[6],临幊上常采用西医抗菌药物治疗,尽管取得一定疗效,但在使用抗菌药物过程中存在不合理用药现象,如滥用抗菌药物、频繁更换和应用抗菌谱较广的抗菌药物,往往会抑制或杀死正常菌群,导致菌群失调,引起真菌感染,增加耐药菌及医院感染,造成患者免疫功能低下^[7],因此合理用药对于缓解AURI患者临床症状有重要意义。

中医学认为,AURI多归属于“感冒”“外感发热”“风温肺热”的范畴,是由时行疫毒侵袭人体,正气与邪气相搏,外感风邪,内蕴积热,肺失宣肃而引起。AURI病位主要在肺卫,常可累及少阳、中焦脾胃等,病性以实证居多,如体虚感邪,则为本虚标实之证。中医治疗以解表达邪为原则,总体发病趋势为邪袭肺卫,很少发生传变,一般病程短且易治愈,但年老体弱、抗病能力差者常可使病趋恶化,或变生他病^[7-8]。尽管近年来各种诊断和治疗技术的发展使AURI的预后有所改善,但其发病率仍未见降低,临幊治疗仍比较棘手。中医中药在治疗AURI方面具有一定的优势,近年来,国内学者对中医药治疗AURI进行了大量的理论探讨、实验研究和临幊观察,目前全国中医院急诊科必备的中药制剂有53种,其中治疗AURI的就有14种^[3,9]。

中医药治疗AURI手段众多,包括内服中成药、院内制剂、中药汤剂(古代经方、自拟经验方)等,外用推拿、针灸、拔罐、刮痧、药浴等方法。其中,中成药因具有组方严谨、疗效确切、易于储存携带、服用方便等优点,更受到医患双方的青睐,且中成药有严格的制作生产标准,可重复性较好,相对于其他治疗手段更便于开展高质量多中心的临幊研究,更便于在临幊上推广^[10]。然而目前中成药在AURI的治疗中也存在辨证分型不清、临床应用混乱等现象,为规范中成药在AURI中的应用,世界中医药学会联合会急症专业委员会、中国医师协会急诊医师分会、中国中西医结合学会急救医学专业委员会和中国急诊专科医联体召集国内专家拟此用药原则,与同道共参,以达共识。

1 AURI辨证分型使用中成药

中医学认为AURI的发病多与“风”邪有关,风为百病之长,在致病的同时,可以合并寒、热、湿等其他外邪共同致病。临幊主要表现为鼻塞流涕、喷嚏、咳嗽、头痛、恶寒发热、全身不适等,多以外感风寒、风热为主,同时又往往合并湿邪。其他证型也包括暑湿感冒、气虚感冒、阴虚感冒等。暑湿感冒季节分布特征明显,主要发生在长夏季节。气虚、

阴虚感冒主要见于年老体弱或有基础疾病者^[11]。

1.1 风寒证

主症:恶寒重,发热轻,无汗,头痛,肢节酸痛,鼻塞声重,时流清涕,脉浮或浮紧。

次症:咽痒,咳嗽,痰吐稀薄色白,口不渴或渴喜热饮,舌苔薄白而润。

治法:疏散风寒,辛温解表。

1.2 风热证

主症:身热较著,微恶风,汗泄不畅、咽燥,或咽喉乳蛾红肿疼痛,鼻塞,流黄浊涕,脉浮数。

次症:头胀痛,咳嗽,痰黏或黄,口渴欲饮,舌苔薄白微黄,舌边尖红。

治法:疏散风热,辛凉解表。

1.3 暑湿证

主症:每日午后体温明显增高,出汗后体温仍不降低,身重倦怠,尿少色黄,胸膈痞闷,脘腹胀痛,脉弦滑。

次症:头痛昏重,心烦口干,呕吐泄泻,舌苔黄腻。

治法:解表化湿、理气和中。

注:气虚感冒者临床表现为恶寒发热,或热势不盛,但觉时时畏寒,自汗,头痛鼻塞,咳嗽,痰白,语声低怯,气短,倦怠,苔白,脉浮无力;治法当益气解表。阴虚感冒者临床可见发热、微恶风寒,无汗或微汗,或盗汗,头痛、心烦、口干咽燥,手足心热,干咳少痰,或痰中带血丝,舌质红,脉细数,治法当滋阴解表。

2 辨证治疗

2.1 风寒证

2.1.1 轻者:恶寒不需要加衣、发热体温37.1~37.9℃、鼻塞有堵塞感、声重,有轻微肢体酸痛,咽干微痛,偶有流涕和咳嗽,微汗出,轻微头痛、时作时止,口微渴,可考虑选用口服制剂。常用药物:都梁丸、风寒感冒颗粒、感冒清热颗粒、感冒解毒灵颗粒、正柴胡饮颗粒、感冒软胶囊、四季感冒片、荆防颗粒、感清糖浆等。

2.1.2 重者:恶寒需增加厚衣或加盖厚被,发热体温在38.6℃以上,鼻塞持续不解,肢体酸痛,屈伸不利,咽喉痛甚,持续流涕,汗出多,头痛重,不能持续工作,咳嗽频繁,口渴明显,可考虑选用注射剂。目前针对风寒感冒的注射剂很少,但考虑患者风寒外袭,阳气内郁不得发,导致郁而化热,故注射剂还是以清热解毒类为主,包括痰热清、热毒宁、炎琥宁、喜炎平等,其具体作用机制将在下文进一步阐述。

2.2 风热证

2.2.1 轻者:发热不著,恶风、汗出、鼻塞、流黄涕

等,可选用口服制剂。临幊上用于风热感冒的口服药物很多,主要包括桑菊感冒片、银翘解毒片、羚翹解毒丸、精制银翹解毒胶囊、维C银翹片、抗病毒口服液、清开灵胶囊(口服液)、双黄连口服液、清热解毒口服液、复方双花口服液、羚羊感冒片、感冒退热颗粒等。查阅近10年的文献报道,总结出下列口服制剂在针对AURI的治疗中可优先选用。

2.2.1.1 连花清瘟胶囊:连花清瘟胶囊是近年来研制出的一种新型抗病毒类中成药,是由金银花、连翹、板蓝根、石膏、炙麻黃、炒苦杏仁、大黃、绵马贯众、鱼腥草、广藿香、薄荷脑、甘草、红景天等中药制作而成。目前也有大量文献指出连花清瘟胶囊具有较好的退热和改善AURI临床症状的效果。主要功效:抗菌、镇痛、退热、抗炎、止咳、化痰、调节免疫功能,阻止流行性感冒(流感)病毒H1N1持续入侵,还可将多个病理阶段的恶性循环分离,促进机体的痊愈^[12]。现代药理学研究表明,连花清瘟胶囊中多种药物的药理学作用正向叠加,可以在整体上进行多靶点的调节和治疗,使连花清瘟胶囊既有较好的抗病毒作用,又有抗菌、消炎、解热镇痛、化痰止咳、增强人体免疫功能的作用^[13]。孙冉^[14]发现连花清瘟胶囊具有外疏肌表、内清郁热、拮抗病原微生物、清肺止咳、增强免疫功能等作用,广泛用于流感的治疗。在流感的临幊治疗中,连花清瘟胶囊宣肺泄热、清瘟解毒等功效极为明显,且安全性较高,能起到未病先防、既病防变的作用,应在临幊推广^[13, 15]。在抗病毒治疗中,连花清瘟胶囊具有治疗效果佳,治疗时间短,促进患者康复的作用^[16]。连花清瘟胶囊从中医辨证施治,既有明显的抵抗流感病毒作用,又有显著的抗菌消炎作用,能提高患者免疫力,适合流感的治疗及预防应用^[17-18]。

2.2.1.2 柴芩清宁胶囊:柴芩清宁胶囊组方为柴胡、黄芩苷和人工牛黃。柴胡、黄芩是张仲景《伤寒论》中基本的“对药”配伍,柴胡用于体外清热解表,黄芩苷用于体内清热泻火;同时,柴芩清宁胶囊还加入人工牛黃,可作用于中枢神经系统调节体温。诸药结合,具有多重退热机制,更添柴芩清宁胶囊清热解毒的功效。柴芩清宁胶囊与感冒灵胶囊对脂多糖(LPS)及干酵母诱发的大鼠发热模型均具有解热作用,但解热特点有所不同,柴芩清宁胶囊解热作用持久但起效较慢,感冒灵胶囊解热起效迅速,但维持时间较短^[19]。对乙酰氨基酚片、复方氨酚烷胺片、美扑伪麻片对LPS及干酵母诱发的大鼠发热模型也均有一定解热作用,这3种西药的解热作用起效快但作用时间短,而柴芩清宁胶囊表现为起效慢但作

用时间长^[20]。魏金玲等^[21]发现柴芩清宁胶囊是一种安全并能快速有效退热的治疗AURI风温病热袭肺卫证的药物。作为中药组方,柴芩清宁胶囊具有安全性高、不良反应少的优势,可避免对乙酰氨基酚过量所致的肝功能损伤^[22]。高静飞等^[23]发现单次柴芩清宁胶囊3680.50 mg/kg灌胃不会对小鼠肝脏造成损害;相同方法下大剂量对乙酰氨基酚片、复方氨酚烷胺片和美扑伪麻片均可对小鼠造成一定的急性肝损伤,且肝损伤均呈现一定的时-毒和量-毒关系。

2.2.1.3 柴黃颗粒:柴黃颗粒主要成分是柴胡、黃芩提取物柴胡皂苷与黃芩苷、黃芩素。柴黃颗粒治疗小儿反复呼吸道感染临床疗效显著,可明显改善机体免疫功能^[24]。柴黃颗粒联合泛福舒治疗小儿反复呼吸道感染疗效显著,可显著缩短患儿症状及体征缓解时间,改善免疫功能,且临床使用较安全,值得临幊推广^[25]。毕研龙等^[26]研究发现,常规治疗联合柴黃颗粒在治疗反复呼吸道感染患儿时,柴黃颗粒组白细胞介素(IL-2、IL-6)、肿瘤坏死因子- α (TNF- α)水平均显著低于常规治疗组;治疗2个月后CD3 $^{+}$ 、CD4 $^{+}$ T淋巴细胞水平、免疫球蛋白(IgM、IgG、IgA)体液免疫水平均显著高于常规治疗组,CD8 $^{+}$ T淋巴细胞水平显著低于常规治疗组;柴黃颗粒组总有效率显著高于常规治疗组(98.33%比88.33%, $P<0.05$)。说明柴黃颗粒用于小儿反复呼吸道感染能更有效缓解临床症状,增强免疫功能和促进疾病痊愈。崔建敏等^[27]采用柴黃颗粒治疗上呼吸道感染,结果显示,柴黃颗粒联合抗菌药物和抗病毒药物治疗组患者体温、咳嗽、咽喉疼痛、鼻塞恢复时间和白细胞计数恢复正常时间均较抗菌药物联合抗病毒药物组显著缩短,而且儿童与成人柴黃颗粒联合抗菌药物和抗病毒药物治疗组间有效率比较差异也有统计学意义。结果证实联合柴黃颗粒治疗AURI较仅用一般抗感染、抗病毒药物效果好,尤其对儿童患者的疗效更为显著。柴黃颗粒治疗小儿AURI伴发热,可显著缩短病程,提高临床疗效,保障患儿生命安全及身心健康^[28]。柴黃颗粒用于反复呼吸道感染时可提高患者血清IgA、IgG、CD3 $^{+}$ T淋巴细胞水平及CD4 $^{+}$ /CD8 $^{+}$ T淋巴细胞比值,增强患者免疫力^[29]。柴黃颗粒用于小儿AURI发热时总有效率高,且有明显的解热作用,其机制可能与减少脑脊液中内生致热原IL- β 、TNF- α 和IL-6的含量有关;同时与减少脑脊液中枢性正调节介质前列腺素E₂(PGE₂)、促肾上腺皮质激素释放激素(CRH)和增加中枢性负调节介质精氨酸

加压素(AVP)、黑素细胞刺激素(α -MSH)的含量有关^[30-31]。刘亚欧等^[32]研究显示,柴黄片与柴黄颗粒对鹿角菜胶与2,4-二硝基酚所致大鼠发热有明显解热作用,对二甲苯所致小鼠耳肿胀有一定抑制作用,但对醋酸所致小鼠腹腔通透性增高无明显作用。

2.2.1.4 蓝芩口服液:蓝芩口服液为中药二类新药,具有清热泻火、解毒消肿、利咽止痛之功效。蓝芩口服液由板蓝根、黄芩、栀子、黄柏、胖大海组成,具有抗菌、抗病毒、退热、镇痛、抗炎的功效^[10]。蓝芩口服液不仅能有效治疗小儿急性咽炎,安全性较高^[33],而且还能改善咽炎患者咽部异物感和干痒等临床症状^[34]。既往研究显示,蓝芩口服液能改善血清IL-2、TNF- α 和CD3 $^+$ 、CD4 $^+$ T淋巴细胞、CD4 $^+$ /CD8 $^+$ T淋巴细胞比值和B淋巴细胞水平以及咽痛、咽痒、异物感、干痒、咳嗽、咽部红肿等症状^[35-36];提高患者的治疗总有效率,缩短发病时间和退热时间,保证了患者的生存质量^[37-38]。在治疗儿童AURI时,蓝芩口服液能显著改善患儿各项临床症状^[39-40]。有研究表明蓝芩口服液在治疗上呼吸道支原体感染时,能明显缩短咳嗽缓解时间、退热时间、喉中痰鸣消失时间以及住院时间,总有效率高,不良反应发生率低^[41]。蓝芩口服液等中成药治疗小儿风热感冒时,虽起效时间较西药慢,但整体疗效较西药更为显著^[42]。基于现有临床证据,蓝芩口服液治疗小儿AURI疗效优于其他抗病毒药物^[43-44]。

2.2.1.5 清开灵软胶囊:清开灵软胶囊脱胎于《温病条辨》安宫牛黄丸,已有400多年临床使用历史,由胆酸、猪脱氧胆酸、黄芩苷、水牛角、金银花提取物等组成,具有透卫清气、凉营开窍的作用,是传统中药中最负盛名的急症用药,效力之强有“救急症于即时,挽垂危于顷刻”的美称^[45]。在临幊上清开灵软胶囊主要用于治疗外感风热所致发热、烦躁不安、咽喉肿痛、AURI、病毒性感冒、急性咽炎等属上述证候者,尤其对中医分型属风热型者和发热程度为轻度、中度的患者有较好疗效^[46]。清开灵软胶囊较易被人体吸收,具有清热解毒,镇静安神的作用。在治疗AURI时效果良好,并能明显改善AURI发热、咳嗽、咽部充血等症状和体征^[47],临床总有效率高^[48]。赵利华等^[49]发现清开灵软胶囊制剂前体对H1N1、H5N1、H7N9流感病毒感染具有明显的预防作用,且对H1N1流感病毒感染具有良好的治疗作用。

2.2.1.6 银马解毒颗粒:银马解毒颗粒由甘草、山

银花、马齿苋、车前草、大黄组成,对甲型流感病毒H3N2、乙型流感病毒、柯萨奇病毒、肠道病毒和呼吸道合胞病毒均有一定的抑制作用,与抗菌药物联用可增强其对金黄色葡萄球菌的抑制作用^[50]。银马解毒颗粒联合西医基础治疗,能提高慢性阻塞性肺疾病急性加重期(AECOPD)患者的疗效,缓解相关临床症状,而且银马解毒颗粒的通腑作用可以改善患者肠道功能^[51]。有研究表明银马解毒颗粒具有明显的抗炎作用,能明显抑制二甲苯诱发的小鼠耳廓炎症、酵母诱发的大鼠关节炎、小鼠肉芽组织的增生等^[52]。综上所述,AURI伴咳嗽或细菌感染的患者可优先选择银马解毒颗粒进行治疗。

2.2.2 重者:发热明显,恶寒,寒战,头痛剧烈,全身酸痛,疲倦无力,舌质红,苔黄,脉浮数有力。此时治疗多选用注射剂,目前应用最多的静脉注射剂主要包括痰热清、热毒宁、炎琥宁、喜炎平等。

2.2.2.1 痰热清:痰热清注射液是中药二类新药,该药抗菌谱广,对肝肾不良反应小,是一种高效、低毒、安全的中成药,其主要成分为黄芩、熊胆粉、山羊角、金银花、连翘,具有清热、化痰、解毒之功效,是近年来常用的一种广谱抗菌、抗病毒中成药。在临幊上常用于治疗AURI、急性支气管炎、扁桃体炎等,其抗病毒疗效显著,但在临床应用中仍会出现过敏反应,严重者可危及生命^[53-54]。王春英^[55]研究发现痰热清注射液治疗儿童AURI的总有效率高于利巴韦林注射液,且能缩短患儿咳嗽、扁桃体肿大、鼻塞流涕等症状缓解时间和体温恢复时间以及平均治疗时间。此外,痰热清注射液在治疗AURI时能缩短患者止咳时间和退热时间,有效缓解患者乏力、发热、鼻塞流涕、咽痛、咳嗽等症状,减少患者痛苦^[56-57]。研究表明痰热清联合利巴韦林可有效改善AURI发热患者的临床疗效,对患者体征的快速恢复具有重要意义;痰热清对AURI患者的退热效果优于利巴韦林,解热时间及痊愈时间均较利巴韦林短,但两者总体临床疗效比较差异无统计学意义;痰热清与利巴韦林联合用药比单用利巴韦林或痰热清疗效好,能缩短起效时间、解热时间、痊愈时间^[58-59]。葛莉燕^[60]研究表明痰热清联合头孢呋辛治疗中学生AURI疗效显著。段文燕^[61]研究表明加替沙星联合痰热清治疗AURI总有效率高,安全性好。目前已有研究证实痰热清有明显的退热作用,在治疗AURI时,可使患儿体温快速下降,咳嗽减轻,痰量减少,且安全性好,值得在儿科推广应用^[62]。近年来研究表明痰热清注射液能有效抗病毒、抑菌、止咳祛痰、调节免疫等,且能缩短病程,减

轻临床症状,用药过程中未发现不良反应,疗效肯定,安全可靠^[63-64],目前又在国家基本药品目录中,因此值得在临推广应用。

2.2.2.2 热毒宁:热毒宁注射液是由青蒿、金银花和栀子3味常用中药精制而成,具有清热、疏风、解毒、抗病毒、抗菌和增强机体免疫等作用,主要用于外感风热所致的咳嗽、高热、头痛、身痛、痰黄等症状以及AURI、急性支气管炎有上述症状者。方中青蒿为君药,具有清热解表的作用;金银花为臣药,具有清热解毒的功效,能助君药青蒿增强其清热及透散作用;栀子为佐药,具有解毒、清热、凉血、泄火之功效^[65]。热毒宁注射液治疗AURI的抗病毒作用较利巴韦林注射液明显,且有一定的抗炎作用,两者联合应用则疗效明显提高、不良反应发生率低,值得借鉴运用^[66-67]。热毒宁注射液联合奥司他韦治疗外感风热证疗效确切,能降低IL-6水平,缩短体温恢复正常时间,缓解流感样症状等^[68]。热毒宁注射液治疗AURI的一个作用靶点可能是拮抗白细胞三烯受体^[69]。热毒宁注射液治疗AURI总有效率高,可以缩短患者发热、咳嗽、咽喉充血、流涕持续时间,增加中性粒细胞与白细胞所占百分比,提高患者生活质量,临床疗效高,不良反应少,值得在临推广应用^[70-73]。

2.2.2.3 炎琥宁:炎琥宁注射液适用于病毒性肺炎和病毒性AURI。炎琥宁联合α-干扰素治疗小儿AURI临床总有效率高,炎症缓解明显,使发热消失时间缩短,咽部充血、鼻塞流涕、咳嗽、咽痛等症状改善,也可降低血清TNF-α、IL-2、IL-6、IL-10、C-反应蛋白(CRP)水平^[74-75]。炎琥宁联合疏风解毒胶囊治疗AURI时,可迅速缓解患儿症状,改善实验室指标,减轻炎症损伤,调节免疫功能,降低血清CRP、TNF-α、IL-6、外周血辅助性T细胞(Th1、Th2)淋巴细胞亚群比例,具有一定的临床应用价值^[76]。炎琥宁联合小儿豉翘清热颗粒治疗小儿AURI疗效显著,可有效改善临床症状,降低血清超敏CRP(hs-CRP)、IL-6、TNF-α和降钙素原(PCT)等炎症因子水平^[77]。

炎琥宁注射液治疗小儿AURI具有疗效好、见效快等优点,可作为目前治疗小儿AURI的首选药物^[78-81]。炎琥宁注射液在临床使用过程中的不良反应主要表现为皮疹、皮肤瘙痒、恶心、呕吐、腹痛、腹泻等,这些不良反应的发生可能与炎琥宁注射液的用药对象、用药疗程长短及是否严格按照药品说明书适应证用药等因素有关^[82]。因此,炎琥宁注射液所致不良反应在年龄、发生时间、临床表现上具

有一定特点和规律,故应规范炎琥宁在儿童中的应用,加强用药过程中的监测,确保患者用药安全^[83]。

2.2.2.4 喜炎平:喜炎平注射液的主要成分为穿心莲内酯磺化物,具有清热解毒、止咳、抗菌消炎等作用。早期使用喜炎平注射液能明显缩短流感样症状,如咽痛、鼻塞、发热、咳嗽、头痛持续时间,缓解症状的严重程度,缩短病程,适合在临推广应用^[84-85]。喜炎平注射液治疗AURI时总有效率高,能有效缩短患者体温恢复正常时间、咽部红肿消退时间及咳嗽消失时间等,因此喜炎平注射液在治疗AURI中疗效显著、确切,不良反应小,值得临床推广使用^[86-89]。采用喜炎平注射液治疗儿童AURI时,能有效缓解临床症状,缩短退热时间、咽部红肿疼痛消失时间、咳嗽持续时间,临床疗效显著,且具有安全性高,不良反应少,疗效确切等优点,值得临床推广使用^[90-93]。将喜炎平注射液与维生素C注射液联合应用,能有效缩短AURI患者的住院时间,更值得临床推广应用^[94]。

其他常用注射剂型还有清开灵、双黄连等,但目前清开灵、双黄连在临床上的应用比例逐渐下降。李丽娟^[95]对广东省第二中医院AURI患者抗菌中药注射剂应用分析发现,清开灵和双黄连的耐药率最高,可能与日常使用较多有关。除此之外还有肺节风注射液用于治疗AURI的文献报道,但最近的相关文献发表在2011年,因此其临床持续性应用尚需进一步研究。

2.3 暑湿证:暑湿感冒多见于长夏季节,临床常用药物相对局限,主要有藿香正气水或藿香正气软胶囊。有研究提示藿香正气软胶囊有抗真菌、细菌、病毒,理气消毒、化湿去浊、燥湿化痰等作用^[96]。也有关于香砂养胃丸治疗AURI的报道^[97]。中医学认为,AURI皆由风、寒、湿、热、痰邪而致。用香砂养胃丸佐治AURI,其药物成分联合作用,既可祛除外感风寒、湿阻中焦,祛湿化痰、温脾升阳益气,又能镇咳、止痉、祛痰、利尿渗湿和加快胃肠排泄。有资料报道方中厚朴和木香对普通葡萄球菌和金黄色葡萄球菌均有抑制和拮抗作用^[98-99]。临幊上在西药对症治疗的同时以香砂养胃丸佐治,可提高西药的临床疗效,有助于恢复机体的各项功能,值得推广运用。对于暑湿感冒,患者有高热表现者均可应用痰热清、热毒宁、炎琥宁、喜炎平等注射剂。

2.4 其他:对于气虚感冒、阴虚感冒者,日常生活中应注意补充正气,所谓正气存内、邪不可干。可服用玉屏风颗粒、金水宝胶囊等,如果出现AURI,发热、咳嗽、咯痰症状明显者,可选用痰热清、热毒

宁、炎琥宁、喜炎平等注射剂。

3 小儿 AURI 中成药共识

3.1 口服剂型：有研究对不同地区小儿腺病毒、副流感病、鼻病毒阳性率进行统计，并予以辨证论治：风寒感冒组选用午时茶颗粒；风热感冒组选用小儿感冒颗粒；表寒里热组选用小儿感冒舒颗粒；对照组给予利巴韦林，观察中药对腺病毒、副流感病、鼻病毒的影响，结果显示中药组疗效优于西药对照组^[100-102]。提示中药辨证论治符合循证医学的发展要求和个体化医疗的趋势，且操作简便，疗效确切，适合在临床推广使用。本共识只对小儿清热宁颗粒、金莲清热胶囊、蒲地蓝消炎口服液进行简要概述。其他还有很多口服剂型的中成药用于治疗小儿 AURI，根据文献报道比例，不再赘述。

3.1.1 小儿清热宁颗粒：主要成分为黄芩、板蓝根、金银花以及水牛角浓缩粉、牛黄、冰片、柴胡和羚羊角粉等，具有清热解毒、凉血利咽的作用；现代药理学研究显示，小儿清热宁颗粒具有显著的杀菌和抗病毒功效，尤其对金黄色葡萄球菌、溶血性链球菌、流感杆菌、呼吸道合胞病毒等作用更为显著，也可增强患者的非特异性免疫功能，从而控制感染，缓解临床症状^[103]。

3.1.2 金莲清热胶囊：主要由金莲花、大青叶、生石膏、知母、生地、玄参、苦杏仁组成，具有清热解毒、利咽生津、止咳祛痰的作用。临床试验证明金莲清热胶囊具有一定的抗菌及抗病毒作用：对金黄色葡萄球菌、流感病毒、甲型溶血性链球菌及肺炎链球菌均有体外抑制作用；可明显缓解氢氧化胺所引起的小鼠咳嗽，而且具有明显的祛痰作用；对二甲苯诱导的小鼠炎症反应有明显的抗炎消肿作用；对于感染所引起的发热有明显解热作用^[104]。有文献报道金莲清热胶囊^[105]、金莲清热颗粒^[106]治疗小儿 AURI 疗效确切，无明显不良反应。

3.1.3 蒲地蓝消炎口服液：其成分包括蒲公英、苦地丁、板蓝根、黄芩。蒲公英性寒，味甘，微苦，能清热解毒，消肿散结，主治痄腮、感冒发热、咳嗽、咽喉肿痛等。蒲公英水煎液对金黄色葡萄球菌、大肠埃希菌、铜绿假单胞菌、弗氏痢疾杆菌、副伤寒甲型杆菌、白色念球菌、牛型布氏杆菌都有一定的抑制作用。苦地丁清热解毒消肿，可治疗疔疮、痈肿、扁桃体炎等。黄芩具有清热燥湿，泻火解毒之功效，可用于治疗温热病、AURI、肺热咳嗽、肺炎、咯血、湿热黄胆、痢疾等。黄芩所含药效成分黄酮类化合物对流感病毒唾液酸酶有很强的抑制作用，对多种球菌、杆菌、耐药金黄色葡萄球菌也有一定抑制作用

用^[98]，黄芩所含的有效成分黄芩苷有明显的解热作用；板蓝根清热、解毒、凉血、利咽、抗病毒抗菌作用明显。蒲公英、苦地丁、板蓝根、黄芩四味药合用，清热解毒及抗病毒、抗菌、消肿作用显著增强。有报道采用蒲地蓝消炎口服液联合奥美拉唑治疗 AURI，结果显示联合用药的临床效果优于单用蒲地蓝消炎口服液^[107]，因此蒲地蓝消炎口服液联合奥美拉唑是临床治疗 AURI 的可靠选择。

3.2 注射剂：临床最常用的痰热清、热毒宁、炎琥宁、喜炎平等。

4 妊娠期 AURI

目前对于中成药治疗妊娠期 AURI 的报道很少。李占彪^[108]报道大卫颗粒、麻杏甘石合剂、橘红痰咳颗粒用于妊娠期 AURI 安全可靠。大卫颗粒由金银花、连翘、黄芩、柴胡、紫苏叶、甘草组成，具有清热解毒、疏风透表的功效，诸药合用可达到解表驱邪的作用。麻杏甘石合剂由麻黄、杏仁、石膏、甘草组成，具有辛凉宣肺、止咳平喘的功效。橘红痰咳颗粒由橘红、百部、杏仁、茯苓、五味子、水半夏（制）、白前、甘草组成，具有理气祛痰、润肺止咳的功效。所选诸药均系中药制剂，并由长期在临床使用的中药组成，且无孕妇使用禁忌，安全性良好。临床研究表明大卫颗粒联合其他中药制剂能明显改善妊娠期 AURI 的诸症，且服用方便，无不良反应，孕妇易于接受。因此大卫颗粒缓解临床症状、增强机体免疫力、降低孕妇心理压力、保护孕妇及胎儿安全的作用可以弥补西药在选择上的局限性，在临幊上治疗妊娠期 AURI 有一定的前途和价值。

妊娠期 AURI 的中成药治疗绝不仅仅局限于文献报道的上述药物，但限于妊娠期的特殊性及临幊医生用药的谨慎性，其他中成药在妊娠期的使用还需我们进一步临幊及实验研究加以证实，以期为妊娠期 AURI 治疗提供更安全的保障。

综上所述，本共识对近 10 年中成药治疗 AURI 的相关文献进行检索，并结合中医内科学，对 AURI 中成药的应用予以阐述，以期望达到共识，为临幊医生辨证使用中成药治疗 AURI 提供依据。

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