

Clinical Effect Analysis of Jianpi Bushen Yiqi Decoction on Patients with Chronic Nephritis

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Objective:Select the actual clinical effect of Jianpi Bushen Yiqi Decoction on patients with chronic nephritis. **Methods:** A total of 60 patients with chronic nephritis who were admitted to our hospital from January 2018 to January 2019 were selected. They were divided into 2 groups according to the admission order, 30 cases each. The control group was treated with conventional western medicine, and the observation group was treated with Jianpi Bushen Yiqi Decoction on the basis of the control group. The renal function indexes and urinary protein index, clinical efficacy, TCM syndrome scores, and adverse reactions were compared between the two groups. **Result:** There was no difference in renal function and urinary protein indexes between the two groups before treatment ($P > 0.05$). After treatment, the indicators in the observation group were better than those in the control group ($P < 0.05$). The total effective rate of treatment in the observation group was higher than that in the control group ($P < 0.05$). There was no difference in TCM syndrome scores between the first two groups ($P > 0.05$). After treatment, the indicators in the observation group were better than those in the control group ($P < 0.05$). The overall incidence of adverse reactions in the observation group was lower than that in the control group ($P < 0.05$). **Conclusion:** Jianpi Bushen Yiqi Decoction has a significant effect on chronic nephritis, which can effectively improve the renal function and urinary protein index of patients, with few adverse reactions and great application value.

Key words: Jianpi Bushen Yiqi Decoction; Chronic nephritis; Renal function; Urinary protein; Clinical efficacy; Adverse reactions
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Chronic nephritis is a type of kidney disease with edema, hematuria, hypertension and other clinical manifestations as its main clinical manifestations. The onset of the disease is different, and it has a slow progression¹. The development of the disease can eventually lead to a glomerular disorder with end-stage renal failure². Modern medicine believes that urinary protein is a type of factor closely related to chronic nephritis, which can cause glomerulosclerosis, leading to its Tissue damage, multiple mesangial capillary glomerulonephritis, membranous nephropathy, focal stage glomerulosclerosis, and mesangial proliferative glomerulonephritis³ can be

accompanied by renal interstitial fibrosis, The lower thickness of the renal cortex in the late stage has seriously affected its life and health. Traditional Chinese medicine believes that chronic nephritis is in the categories of edema and back pain, and has characteristics such as ejaculation and depletion⁴. This study is to investigate the actual clinical efficacy of Jianpi Bushen Yiqi Decoction in patients with chronic nephritis. The report is as follows.

MATERIALS AND METHODS

General Information

A total of 60 patients with chronic nephritis who were admitted to our hospital from February

2018 to January 2019 were selected. They were divided into 2 groups according to the admission order, 30 cases each. There were 16 males and 14 females in the control group, aged 41 to 65 years, with an average age of (59.81 ± 1.98) years, the course of disease was 0.5 to 8.1 years, the average course of disease was (4.27 ± 0.84) years, and the amount of urinary protein was 0.5 to 3.7 g, with an average amount (2.27 ± 0.84) g, classification: severe 6 cases, moderate 12 cases, mild 12 cases. Observation group: 18 males and 12 females, aged 52 to 67 years, mean (59.14 ± 1.77) years, disease duration 0.6 to 7.5 years, mean disease duration (3.64 ± 0.64) years, urinary protein quantification 0.6 to 3.9g, average amount (2.54 ± 0.35) h, classification: severe 5 cases, moderate 11 cases, mild 14 cases. The data of the two groups were comparable ($P > 0.05$).

Inclusion and exclusion criteria

Inclusion criteria: (1) Those who did meet the diagnostic criteria for chronic nephritis after relevant diagnosis, serum creatinine $\leq 131 \mu\text{mol}\cdot\text{L}^{-1}$, 24h urine protein quantitative $0.5\text{g}\cdot\text{L}^{-1}$; (2) > 18 years old; (3) The clinical data are available and there is no withdrawal in the middle of the study; (4) Patients without severe organic disease; (5) Patients with primary chronic nephritis; (6) Patients and their families informed and agreed. Exclusion criteria: (1) Severe heart, kidney, lung and other organ and nervous system dysfunction diseases, or patients with malignant tumors, infectious diseases, immune diseases; (2) Urine protein excretion rate $\geq 21 \mu\text{g} / \text{min}$ and routine testing It was found that the expression of urine protein was positive and the quantification of 24h urine protein was greater than 5g; (3) Women during pregnancy and those in childbirth; (4) Other renal diseases caused by other causes such as sharp increase in blood sugar or hypertension, heart Those who have intermittently increased urinary protein excretion rates such as fever and fever; (5) Those with a history of cardiovascular, endocrine, hematological dysfunction, and liver disease; (6) Patients with severe liver damage, renal insufficiency, and type III and IV diabetes (7) Patients with severe systemic symptoms, worsening of the plot, disturbance of consciousness, other system diseases and unable to tolerate treatment during treatment or observation; (8) Patients with serum creatinine $\geq 178 \mu\text{mol}\cdot\text{L}^{-1}$; (9) Unable to

cooperate with postoperative follow-up Patients over 3 months.

Method

The control group received conventional western medicine treatment, which specifically included: administering valsartan capsules (Beijing Novartis Pharmaceutical Co., Ltd. survival, Sinopharm H20040217, specifications: $80\text{mg} \cdot 7\text{s}$) orally, $80\text{mg} / \text{times}$, 3 times / d for 2 months. The observation group was treated with Jianpi Bushen Yiqi Decoction on the basis of the control group, specifically: taking astragalus 30g, motherwort 30g, codonopsis 15g, atractylodes 10g, raw rehmannia glutinosa 18g, stone reed 15g, yam 15g, lotus seed 6g, dogwood 10g, lotus root 30g Poria cocos 15g is added with water decoction to make a medicine, 1 dose per day, once in the morning and evening, for 2 months.

Observation indicators

(1) Changes in renal function indexes and urine protein index: Changes in renal function indexes and urine protein index were recorded on the patients 1d before and 2 months after treatment. Renal functions include BUN (blood urinary nitrogen) and SCR (serum creatinine). Concentration) and glomerular filtration rate (GFR). Urine protein index, 24h hematuria protein quantification, and mAlb (blood microalbumin).

(2) Clinical curative effect: The curative effect is divided into three stages, which are markedly effective: the patient's edema and renal hypertension-related symptoms completely subsided, proteinuria levels returned to normal, urinary red blood cell expression was negative, 24h urine protein $< 0.2\text{g}$, SCR decreased; effective : The patient's edema and renal hypertension-related symptoms improved to a certain extent, proteinuria levels basically returned to normal, urinary red blood cell acquisition improved, urinary protein reduction increased by $> 50\%$ within 24 hours, and SCR remained unchanged or decreased; ineffective: After treatment, the patient's edema 2. The symptoms associated with renal hypertension did not regress or even worsen, and the levels of urinary red blood cells and proteinuria did not improve. The increase in urinary protein decrease within 24 hours was less than 49%, and SCR increased.

(3) TCM symptom score: Symptoms are scored on the basis of the actual situation of the patient at 1d before and 2 months after treatment. Symptoms

persist and are obviously 3 points. Symptoms are mild but exist. Patients actively describe the score as 2 points. It is not clear, and sometimes it is 1 point. The evaluation symptom score includes 3 items such as fatigue, physical swelling, and waist and knee weakness.

(4) The occurrence of adverse reactions. Follow-up observation was carried out for 3 months after treatment, and the symptoms of adverse reactions after treatment were recorded. The symptoms included hematuria, edema, urinary protein and other symptoms, and the total incidence of adverse reactions before and after treatment was recorded.

Statistical methods

The statistical software SPSS19.0 was used to process the data. "Mean \pm SD" represents measurement data and t test; rate (%) indicates count data and χ^2 test. $P < 0.05$ was considered statistically significant.

RESULTS

Comparison of renal function indexes and urinary protein index before and after treatment in the two groups

There was no difference between the two groups of indicators before treatment ($P > 0.05$), and the observation group was better than that of the control group after treatment ($P < 0.05$). See Table 1.

Comparison of clinical efficacy between the two groups

The total effective rate in the observation group was higher than that in the control group ($P < 0.05$), as shown in Table 2.

Comparison of TCM Syndrome Points between the Two Groups

There was no difference in the indexes of the two groups before treatment ($P > 0.05$). The indexes of the observation group after treatment were better than those of the control group ($P < 0.05$).

Comparison of adverse reactions between the two groups

The total incidence of adverse reactions in the observation group was lower than that in the control group ($P < 0.05$), as shown in Table 4.

CONCLUSION

Chronic nephritis, also known as glomerulonephritis, is a common clinical disorder that can occur with varying degrees of renal failure as the disease progresses. Without early medical treatment, the disease can eventually develop into a class of chronic renal failure. Glomerular disease⁵. Modern medicine proposes that chronic nephritis is a type of immune disorder with a complicated pathogenesis, which is mainly caused by immune abnormalities that promote the accumulation of immune substances in the glomeruli⁶, which can be manifested as symptoms such as edema, urinary protein, and hypertension. Urine protein is the primary clinical feature. Chinese medicine believes that urinary protein belongs to spleen and kidney qi deficiency and dampness, which is similar to the essence and fineness of the human body⁷. It is caused by weakness of the spleen and kidney and insufficiency of qi, which is accompanied by wetness and congestion. More prominent features such as righting and eliminating evil, nourishing qi and promoting blood circulation, etc.⁸, this article studies the use of Jianpi Bushen Yiqi Decoction to obtain ideal effects.

In the results of this study, there was no difference in renal function and urinary protein indexes between the two groups before treatment, and the observation group was better than the control group after treatment, showing that Jianpi Bushen Yiqi Decoction can indeed improve urine protein index and renal function in patients with chronic nephritis. Chinese medicine believes that protein is a kind of indispensable result substance for life activities. It is better to declare it in the human body without leaking it.⁹ The spleen and kidney yang is deficient. It is known that the causes of chronic nephritis are more closely related to Qi deficiency. In this application, Astragalus in the Jianpi Bushen Yiqi Decoction can relax blood vessels, reduce blood pressure, and improve glomerular circulation¹⁰ to protect its function. And Codonopsis has the functions of nourishing the spleen and replenishing qi and blood¹¹, Baizhu spleen and dampness, and the combination of three medicines can maximize the effect of replenishing the spleen and replenishing qi. Chinese traditional medicine¹² has high effect on nourishing kidney and nourishing qi, and the combination of various medicines can exert nourishing qi and blood circulation, nourishing kidney and spleen. In the

results of this study, the total effective rate of treatment in the observation group was higher than that in the control group, reaching 96.67% (29/30), all confirming that the Jianpi Bushen Yiqi Decoction has the exact clinical effect.

In the results of this study, there was no difference in TCM syndrome scores between the two groups before treatment, and the indicators in the observation group were better than those in the control group after treatment, indicating that Jianpi Yiqi Decoction has a definite improvement effect on TCM symptoms. Traditional Chinese medicine¹³ considers that the pathogenesis of chronic nephritis is based on the identification of deficiency, and the common pathology is the deficiency of the spleen and kidney and wet and congested blood. In this study, Jianpi Yiqi Decoction was used to treat chronic nephritis. Qi solid surface, Motherwort Activating Blood and Water, Atractylodes spleen and qi and Qi, lotus seed lotus spleen and kidney¹⁴. And dogwood kidney and astringent essence, yam nourish the spleen and kidney, cooperate with raw radix rehmanniae to nourish the liver, spleen and kidney, moisturizing spleen and spleen moisture can help the healthy transportation of yam¹⁵, can also make the temperature of astringent dogwood And reducing the fire and dampness of evil, nourishing without evil, reducing the bleeding without hurting the positive effect, in addition to adding stone reed, motherwort, dampness and tongluo, promoting blood circulation and turbidity^{16,18} the combined use of various medicines can be used to achieve benefit Qi and blood circulation, spleen and kidney function. In the study results, the total incidence of adverse reactions in the observation group was lower than that in the control group, only 6.67% (2/30). The reason is that the Jianpi Yiqi Decoction used in this study are all tonifying kidney and qi, removing stasis The lowering Chinese herbal medicines¹⁷ have the characteristics of low side effects, effectively improving the prognosis of patients, and high safety.

CONCLUSION

In summary, Jianpi Bushen Yiqi Decoction has exact clinical effect on patients with chronic nephritis, can significantly improve its renal function and urinary protein index, has high safety and high clinical value.

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Table 1.
Comparison of renal function indexes between the two groups before and after treatment ($\bar{x} \pm s$)

Group	n	BUN (c/mmol·L ⁻¹)		SCR (μmmol·L)		GFR (ml/min)	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	30	7.10±1.22	6.98±0.35	105.95±2.08	92.19±5.26	72.86±2.69	77.71±1.07
Control group	30	7.82±1.18	7.43±0.22	105.17±2.18	102.36±5.17	72.85±2.62	70.80±1.06
T	-	2.323	2.775	1.417	10.097	0.014	11.237
P	-	0.023	0.007	0.161	0.000	0.988	0.000

Appendix:
Comparison of urine protein index before treatment between two groups ($\bar{x} \pm s$)

24h urine protein quantitative (g 24h ⁻¹)		Malb (mg/L)	
Before treatment	After treatment	Before treatment	After treatment
1.44±0.36	0.24±0.48	93.48±5.63	69.97±5.85
1.41±0.37	0.72±0.49	93.41±5.64	77.16±5.93
0.318	5.706	0.165	3.521
0.750	0.000	0.868	0.003

Table 2.
Comparison of the total effective rate of treatment between the two groups [n (%)]

Group	n	Marked effect	Effective	Invalid	Total efficiency
Observation group	30	19 (63.33)	10 (26.67)	1 (10.00)	29 (96.67)
Control group	30	15 (60.00)	8 (26.67)	7 (23.33)	23 (76.67)
X ²	-	-	-	-	5.192
P	-	-	-	-	0.022

Table 3.
Comparison of TCM Syndrome Points between the two groups ($\bar{x} \pm s$)

Group	n	Exhaustion		Edema of the body		Weak waist and knees	
		Before treatment	After treatment	Before treatment	After treatment	Before treatment	After treatment
Observation group	30	66.10±1.22	86.98±1.15	42.95±2.08	36.19±1.26	89.86±2.69	95.71±1.07
Control group	30	66.82±1.18	81.43±2.62	42.17±2.18	29.36±1.17	89.85±2.62	90.80±1.06
T	-	2.323	2.775	1.417	10.097	0.014	11.237
P	-	0.023	0.007	0.161	0.000	0.988	0.000

Table 4.
Comparison of the total incidence of adverse reactions between the two groups [n (%)]

Group	n	Hematuria	Edema	Urine protein	Total incidence
Observation group	30	0 (0.00)	1 (3.33)	1 (3.33)	2 (6.67)
Control group	30	2 (6.67)	4 (13.33)	2 (6.67)	8 (26.67)
X ²	-	-	-	-	4.320
P	-	-	-	-	0.037