

炎肿消胶囊治疗脑内炎性肉芽肿临床研究

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摘要 以脑 CT 和磁共振(MRI)作为诊断脑内炎性肉芽肿主要依据,同时排除囊虫性及结核性肉芽肿。用炎肿消胶囊对脑内炎性肉芽肿进行了治疗观察,并与青霉素治疗组作对照。结果炎肿消胶囊治疗组总有效率为 90.0%,治愈率 61.7%;青霉素对照组有效率 53.3%,治愈率 26.9%。二组疗效比较差异有极显著性($P<0.01$)。

主题词 肉芽肿/中医药疗法 脑炎/中医药疗法 @ 炎肿消胶囊

脑内炎性肉芽肿,是一种发病原因不明的颅内疾病,其诊断在排除脑囊虫病及脑结核病后,以脑 CT 和 MRI 检查结果作为依据。本病临床多以癫痫发作为首发症状,其次可见头痛、头晕、失眠、腹痛等,目前尚无治疗本病的特效方法。1993 年~1996 年,我们共观察治疗 90 例,疗效良好,现介绍如下。

1 一般资料

本组共 90 例,病例来源于河南医科大学第一附属医院、河南中医学院,按完全随机方法分为炎肿消胶囊治疗组(简称治疗组)60 例和青霉素对照组(简称对照组)30 例。治疗组 60 例中,男 36 例,女 24 例;年龄 6~18 岁 28 例,18 岁以上 32 例。局灶性癫痫发作者 3 例,癫痫大发作者 23 例,头痛头晕者 5 例。青霉素对照组 30 例中,男 17 例,女 13 例;年龄 6~18 岁 16 例,18 岁以上 14 例。局灶性癫痫发作者 14 例,癫痫大发作者 13 例,头痛头晕者 3 例。

2 诊断标准和观察方法

脑内炎性肉芽肿,目前尚无统一的诊断标准。我们依据头颅 CT 和 MRI 诊断学等有关论述,结合中医痰证辨证,特制订本病诊断标准如

下。脑 CT 有低密度病灶,增强后有强化灶, MRI 有水肿区,其内有强化结节,提示为脑内炎性肉芽肿者;脑脊液检查:囊虫抗体(-),结核杆菌(PCR 测定)(-),常规、生化、细胞学均正常,脑压不高者;血液检查:囊虫抗体(-),结核杆菌(PCR 测定)(-),血常规检查正常;局限性或全身抽搐,或有意识丧失者;或仅有头痛、头晕者;或仅有神疲乏力者;舌下静脉瘀血,脉沉涩或沉细或沉弦,或无任何症状。

本组均为符合以上诊断标准,用抗炎药物治疗效果不好,在近 6 个月内未用药物治疗的患者。16 岁以下,60 岁以上,或 6 个月内用过抗炎药物,或青霉素过敏者不列入观察范围。

建立门诊专题病历,初诊时检查脑 CT 或 MRI,脑脊液及血液囊虫抗体,PCR-Tb-(DNA),血常规;详细记录脑内炎性肉芽肿的部位、区域大小,脑 CT 增强扫描后的密度、水肿带及其伴随症状如癫痫、头痛等。治疗 2 个疗程后复查脑 CT 或增强 CT 或 MRI。

3 治疗方法

治疗组口服炎肿消胶囊,每粒 0.5g,相当于生药 3g。6~10 岁每次 4 粒,11~18 岁每次 5 粒,18 岁以上每次 6 粒,每日 3 次。对照组用青霉素治疗,6~10 岁每日 360 万~480 万 U,11~18 岁每日 640 万~800 万 U,18 岁以上每日 800 万~960 万 U,加生理盐水 500ml 静脉滴注。两组均 30 天为一疗程,共 2 个疗程。疗程间休息 2~3 天。

4 疗效分析

4.1 疗效标准:以脑 CT 或 MRI 检查结果为疗效评定主要标准,临床症状消失情况作为参考标准。痊愈:脑 CT 低密度病灶及强化灶或 MRI 水肿区及强化结节消失,临床症状消失。显效:脑 CT 低密度病灶及强化灶或 MRI 水肿区及强化结节缩小 60%以上,临床症状消失。

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有效:脑 CT 低密度病灶及强化灶或 MRI 水肿区及强化结节缩小 30% 以上,临床症状基本消失。无效:脑 CT 低密度病灶及强化灶或 MRI 水肿区及强化结节缩小不足 30%,临床症状减轻。

4.2 治疗结果:治疗组 60 例中痊愈 37 例,显效 13 例,有效 4 例,无效 6 例,痊愈率 61.6%,总有效率 90.0%。对照组 30 例中痊愈 8 例,显效 3 例,有效 5 例,无效 14 例,痊愈率 26.9%,总有效率 53.3%。治疗组疗效与对照组比较差异有极显著性($P < 0.01$)。

4.3 治疗后症状变化比较:附表示,治疗组对癫痫局灶性发作及大发作的疗效明显优于对照组,而对头痛头晕的疗效与对照组比较差异无显著性($P > 0.05$)。

附表 两组临床症状改善情况比较

症 状	例数	症状消失	基本消失	未消失
癫痫局灶性发作				
治疗组	32	29	2	1
对照组	14	6	2	6
癫痫大发作				
治疗组	15	15	0	0
对照组	8	3	1	4
癫痫先局灶性发作继之大发作				
治疗组	7	4	2	1
对照组	4	1	1	2
头痛头晕				
治疗组	5	3	1	1
对照组	3	2	0	1

5 讨论

因脑组织活检困难,故脑内炎性肉芽肿发病原因及病理变化,至今仍然不清楚。由于病灶对周围脑组织的刺激和影响,而表现出局灶性癫痫发作或全身性癫痫发作,或先有局灶性发作继之全身发作,可 3~4 个月以上发作 1 次,或每天多达数 10 次以上,或伴头痛头晕、或失眠、或腹痛等。但以癫痫发作、头痛临床最为常见,其中癫痫为第一位。现代医学尚无治疗本病

的特效方法,目前多采用青霉素大剂量(800 万~960 万 U)静脉滴注 2 个疗程,但临床治疗效果不理想,脑内病灶消失慢,静脉滴注时间长,而对青霉素过敏者也不宜使用。中医亦缺乏疗效确切的药物,迄今仅有少数个案报道^[1~3]。

炎肿消胶囊是根据脑内炎性肉芽肿影像学改变及其临床表现,在消肉芽肿汤基础上加减小化裁,用现代制剂方法制成的半浸膏胶囊,由黄芪、大黄、冬瓜子、莪术、川芎、鳖甲、忍冬藤、红花、鸡内金、山楂、车前子、麦芽组成,功效益气活血,通络祛瘀,软坚散结。方中以黄芪为君,益气健脾,补而不燥,扶正去邪,增强机体抗病能力;大黄、莪术、川芎、红花、山楂为臣,活血祛瘀,通络散结,促进病灶消散;鳖甲、鸡内金、冬瓜子、车前子为佐,软坚化痰散结,缩小病灶;鸡内金、麦芽、山楂为使,健脾和胃,防止驱邪之品伤中,同时促进药物吸收。大黄、忍冬藤解毒活血,通络散结;冬瓜子、车前子利水消肿,以消除炎性肉芽肿周围的水肿带。本病虽称为炎性肉芽肿,然临床热象却并不明显,治疗时勿拘泥于炎症,慎用大剂苦寒清热之品,以符合辨证论治精神,但也应适当考虑辨病,尤其是无症状的脑内炎性肉芽肿,因此,方中只用大黄、忍冬藤二味清热解毒,通络散结。诸药合用能益气活血,祛瘀通络,软坚散结,促进脑内炎性肉芽肿消散而治本,其临床表现则随之而愈。

炎肿消胶囊急性毒性与药效学实验表明,其毒性很小。可显著抑制大鼠炎性肉芽的增生及巴豆油混合致炎剂所致的小鼠耳肿胀,抑制大鼠角叉菜胶所致足趾肿胀;降低小鼠腹腔毛细血管通透性,明显促进小鼠腹腔巨噬细胞对鸡红细胞的吞噬作用。

6 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Sixty Cases of Chronic Atrophic Gastritis (Asthenic Lumpness) Treated by Weian Capsule

Zhang Zhanhai, Yang Licai, Wei Bihai et al.

Sixty cases of chronic atrophic gastritis (asthenic lumpness) were treated with a traditional drug Weian capsule formulated on the principle of strengthening the spleen and benefitting the stomach, with a group of cases treated with Weimeisu as controls. Results showed that the capsule yielded better therapeutic effect on mucosa atrophy, inflammation, enterization and atypical proliferation. For eructation, epigastric distension, stomachache, loss of appetite, the efficacy was satisfactory. The total effective rate of the Weian capsule was 96.8%, that of Weimeisu 75.9%, with significant difference between the 2 groups ($P < 0.05$).

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Key words: Inflammation, atrophic/TCM therapy @ Wei an Capsule

(Original article on page 539)

Clinical Study on Senile Dementia Treated with Zhiling Decoction

Yan Lefa, Liu Baibo, Guo Wenjun et al.

32 cases of senile dementia patients were treated with Zhiling Decoction (ZLD), which consist of Chinese traditional medical herbs with functions of Tian Jing Yi Sui, Yi Qi Wen Yang, Hua Yu Di Tan, Jian Nao Zeng Zhi, Cerebral blood flow (CBF), P_{300} , encephalon CT, SOD in red blood cell, blood lipid and plasma LPO, were observed before and after the treatment. The results indicated that plasma cholesterol and triglycerides and plasma LPO decreased significantly, high density lipoprotein, SOD in red blood cell increased clearly, CBF increased. The latency P_3 was shorter and the amplitude was raised, the revised HDS marks of patients promoted ($P < 0.05 \sim 0.01$). Clinical symptom was improved significantly. Total effective rate in clinical was 81.3%. It is indicated that the ZLD had better effects on senile dementia indeed.

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Key words: Senile Dementia/traditional Chinese

medicine @ Zhi Ling Decoction.

(Original article on page 542)

Intracerebral Granuloma Treated with Yanzhongxiao Capsule

Li Chengwen, Li Zengfu, ZHANG Huailiang.

By using CT, MRI as diagnostic measures for intracerebral granuloma, cysticercosis and tuberculous granuloma were excluded. Using penicillin as control, all cases were treated with Yanzhengxiao capsules. Results demonstrated that the total effective rate in the treatment group was 90%, with a cured rate of 61.7%, that of the penicillin group, 53.3% and 26.9% respectively with significant difference ($P < 0.01$).

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Key words: Granuloma/TCM therapy encephalitis/TCM therapy @ Yanzhengxiao Capsule

(Original article on page 547)

Preliminary Exploration into Clinical Significance of Inspection of Bluish Vessels at Nasal Root for Diagnosis of Recurrent Infantile Respiratory Infection

Ding Jingyuan, Shi Yumin, Wang Yonghong

Of the 147 cases of recurrent infantile respiratory infection, 123 revealed facial bluish vessels, mostly at the nasal root involving the temporal part. In terms of the shapes of the vessels, most of them were transverse ones, then came vertical ones, with the majority at the temporal part in branched shape. Syndrome diagnosis for the bluish—vessel group was mainly deficiency of the spleen and lung, followed by deficiency of the lung—qi. Immunological exams showed the rate of high IgG, IgE were 37.5% and 47.6% respectively. There was statistical difference in the indices of T cell subgroup among the bluish—vessel group, control group and normal control group, with high agglutination rate of platelets in the bluish—vessel group.

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Key words: Respiratory tract infection/diagnosis

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