

解毒祛瘀滋阴法对系统性红斑狼疮患者 血液流变学的影响

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摘要 结合临床观察和动物实验,利用 FASCO—3010 型血液流变仪进行相关指标检测。结果发现,单用激素组治疗前后患者血液流变学无明显变化;并用中药组治疗后红细胞聚集性、红细胞变形能力及血浆粘度均显著降低;各组 SD 大鼠血液流变学比较,中药组有明显改善血液流变学的作用。提示中医解毒祛瘀滋阴法能明显改善 SLE 浓、粘、凝、聚的瘀血病理状态。

主题词 红斑狼疮,系统性/中医药疗法 解毒 祛瘀

系统性红斑狼疮(SLE)作为一种典型的难治性结缔组织病,临床上常伴有不同程度的雷诺氏现象和微循环障碍,而类固醇激素的大量应用往往会加重其瘀血的病理状态,形成血栓,使病情迁延难愈。我们临床上在以激素等西药治疗 SLE 的同时,并用中医解毒祛瘀滋阴法治疗,能明显改善面部红斑、月经紊乱、雷诺氏现象等血瘀征象。为此,我们结合临床和动物实验,探讨解毒祛瘀滋阴法对 SLE 血液流变学的影响。

1 临床资料

病例来源于我院门诊部及附属医院等。共选取 45 例 SLE 患者,均符合美国风湿病协会 1982 年制定的 SLE 诊断标准,除外合并心血管、肝、肾、脑及造血系统等严重疾患。病情活动性参照日本厚生省调研组制定的 SLE 活动性判断标准^[1],活动期 27 例,缓解期 18 例。临床上分设 3 组:单用激素组 20 例,女性 19 例,男性 1 例,年龄 18~61 岁,平均 34 岁,病程 2 个月~15 年,平均 3.8 年;并用中药组 25 例,女性 22 例,男性 3 例,年龄 19~59 岁,平均 37

岁,病程 3 个月~13 年,平均 3.5 年;正常对照组 30 例,均为健康献血员,女性 26 例,男性 4 例,年龄 18~60 岁,平均 35 岁。各组在性别、年龄、病程等方面均无统计学差异($P>0.05$)。

2 观察方法

单用激素组:根据患者病情需要,强的松每天用量在 10~60mg 之间,病情稳定后激素渐次减量。

并用中药组:激素用法、用量同前。中药药物组成:水牛角 30g(先煎),大青叶 30g,白花蛇舌草 30g,赤芍 12g,丹皮 12g,升麻 6g,生地黄 18g,麦门冬 12g。加减法:红斑明显者加青蒿 9g,紫草 30g,凌霄花 9g;关节痛加海桐皮 30g,威灵仙 30g,秦艽 12g;口腔溃疡加生甘草 7g,黄芩 9g,苦参 12g。用药前后间隔 60 天各采血一次。

指标与检测:采用 FASCO—3010 型血液流变仪(重庆大学生物工程研究所生产)测定红细胞压积、血浆粘度、不同切变率下的全血粘度、红细胞电泳时间、血沉等。

3 结果

血液流变学检测结果:附表示,两组治疗前血液流变学指标均高于正常组,差异有显著性($P<0.05$),而两组间治疗前相比,差异无显著性($P>0.05$),并用中药组治疗前后差异有显著性($P<0.05$),两组治疗后组间比较除血沉外差异亦有显著性($P<0.05$),并用中药组疗效明显为优。

4 讨论

SLE 是一种慢性难治性自身免疫性疾病,其发病机理除了与免疫学异常、血管神经调节功能障碍等有关外,血液流变学异常也是一个重要因素。临床上,SLE 患者大多存在面部红斑、紫癜、淋巴结肿大、雷诺氏现象、月经失调等

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附表 各组血液流变学指标比较($\bar{X} \pm S$)

项 目	正常组(30 例)	并用中药组(25 例)		单用激素组(20 例)	
		治疗组前	治疗后	治疗前	治疗后
全血比粘度高切(mPa·s)	4.31±0.43	5.99±0.39*	5.03±0.36△▲	6.05±0.39*	5.87±3.38
全血比粘度低切(mPa·s)	9.04±0.91	15.21±0.49*	14.10±0.43△▲	15.12±0.51*	14.93±0.48
血浆比粘度(mPa·s)	1.46±0.18	2.89±0.17*	2.03±0.16△▲	2.93±0.23*	2.95±0.24
红细胞压积(%)	41.71±4.62	50.16±5.12*	43.00±4.93△▲	49.99±5.08*	50.00±4.96
红细胞电泳时间(s)	15.11±1.63	21.38±2.03*	18.99±1.87△▲	20.36±1.98*	21.19±1.95
血 沉(mm/h)	9.33±2.68	23.68±8.57*	17.80±6.84△	22.75±7.99*	21.65±7.43

与正常组相比,* $P<0.05$;与治疗前相比,△ $P<0.05$;与单用激素组治疗后相比,▲ $P<0.05$

血瘀症状。我们的研究表明,SLE 患者的血液流变学指标中全血比粘度高切、粘度低切、血浆比粘度、红细胞压积、红细胞电泳时间及血沉均比正常人高,这与郑志忠^[2]、鲍晓辉^[3]等报道一致,证实了 SLE 患者体内存在浓、粘、凝、聚的瘀血病理状态。

SLE 在中医学中属于“阴阳毒”、“痹症”等范畴。中医认为,本病源于素体肝肾精血不足,外邪热毒(如病毒感染、紫外线照射等)侵袭人体所致。热毒郁久不解,则易耗伤阴血,血行不畅,致瘀血内阻,可谓“久病入络”、“久病成瘀”。由此,形成了一种以肝肾阴虚为本,以毒、热、瘀为标的虚实夹杂之证。临床上,我们以解毒祛瘀滋阴法治疗 SLE,能提高疗效、减少高血压、高脂血症、股骨头坏死等并发症的发生,尤其对皮肤斑疹、雷诺氏现象、关节痛、月经紊乱、舌质紫暗、脉涩等血瘀之象的改善颇为奏效。上述研究表明,单纯以激素治疗,SLE 患者血液流变学治疗前后无明显变化,这与 Ernst^[4]等研究结果一

致,而激素加用解毒祛瘀滋阴中药治疗,则 SLE 患者治疗前后的红细胞聚集性(粘度低切、血沉为反应指标)、红细胞变形能力(粘度高切为反应指标)及血浆比粘度均显著降低,提示解毒祛瘀滋阴法能改善 SLE 患者循环血液的浓、粘、凝、聚状态。

此外,对 SD 大鼠血瘀模型的研究,也进一步证实了解毒祛瘀滋阴中药改善血液流变学的作用。可以推论,解毒祛瘀滋阴中药能提高 SLE 的治疗效果和减轻激素的副作用与改善 SLE 患者血液流变学有直接的关系。

5 参考文献

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Observation on 30 Cases of Paralysis Agitans Treated by Acupuncture Plus Direct Moxibustion

Chen Xinghua

Sixty cases of paralysis agitans were randomly divided into 2 groups, each 30 cases, and treated by acupuncture alone and acupuncture plus direct moxibustion respectively. Comparison of the markedly effective results between the two groups were significantly different statistically ($P < 0.05$). Significant statistical differences were also found between the 2 groups in markedly effective and effective results ($P < 0.01$). It is thus claimed that acupuncturing plus direct moxibustion is a safe, simple, and effective measure for treatment of Parkinson's disease.

Author's address: First Affiliated Hospital of Guangzhou University of TCM, Guangzhou 510405

Key words: Paralysis agitans/acu — moxibustion therapy direct moxibustion

(Original article on page 342)

Influence of Treating Principles of Detoxication — Stasis Removing — Yin — Nourishing on Hemorheology in Cases of Lupus Erythematosus

Fan Yongsheng, Wen Chengping, Gu Huanpeng, et al.

By combining clinical observation and animal experiments and using FASCO—3010 hemorheological devices to examine the relevant indices, it was found that no obvious changes can be found in the group treated with hormone before and after the treatment, whereas in the group with traditional drugs added, the RBC deformation, and specific viscosity of plasma were all markedly lowered. Comparison of rheological changes in SD rat showed that traditional Chinese drugs can markedly improve the hemorheology in such patients, indicating that these TCM treating principles can improve the concentrated, viscous, coagulated, agglutinated pathological blood status in SLE patients.

Authors' address: Zhejiang College of TCM, Hangzhou, Zhejiang 310009

Key words: Lupus erythematosus, systematic/TCM therapy detoxication stasis removing

(Original article on page 348)

Improvement of Pulmonary Functions in Children of Asthma Treated by Combined Topical and Internal Use of Chinese Medicaments

Wan Lisheng, Chen Taohou, Xiang Xixiong, et al.

Observation on the pulmonary function of 6—13—year — old children suffering asthma at remission period revealed that there was blockage of the bronchial passage. After our treatment, the disorder was markedly improved, indicating that the lesion here was reversible.

Authors' address: Nanjing University of TCM, Nanjing 210029

Key words: Asthma/prevention and control blockage of bronchial passage/TCM therapy

(Original article on page 355)

Influence of Weather Changes in All Seasons on Chronic Gastritis and HP

Wang Shoupeng, Xü Ya'na

Observation was made on the relationship between the attack of chronic gastritis and weather changes in our — seasons, and HP in 109 cases. Results showed that 1) incidence of attacks were more frequent during the spring and summer, followed by winter. In terms of syndrome types, the type of stomach invaded by cold — dampness were frequently encountered in summer — spring, followed by deficient spleen — stomach type, whereas in winter, the type of stomach — heat and yin deficiency had a higher incidence of attack in winter; 2) HP positive was higher in summer, followed by spring. In terms of syndrome types, the stomach invaded by cold — dampness type had a higher positive HP, followed by deficient spleen stomach type. The type of stomach — heat yin deficiency had a higher positive HP in winter, with significant statistical difference. The results were of significance for seeking the root causes when treating this ailment in different seasons.

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Key words: Gastritis/microbiology weather and disease *Helicobacter pylori*

(Original article on page 364)