

补肾复方为主治疗肾阳虚型再生障碍性贫血 30 例临床观察

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摘要 以补肾复方为主治疗肾阳虚型再生障碍性贫血 30 例,结果基本治愈 2 例,缓解 8 例,明显进步 14 例,无效 6 例,总有效率 80%。治疗前后症状、体征变化表明,其改善率均在 75%以上。经补肾复方治疗后,30 例患者 CD_3 、 CD_4 及 CD_4/CD_8 比值有明显升高, CD_8 有明显下降,经统计学处理,差异有显著性($P < 0.05$),提示用中医辨证治疗肾阳虚型再障是一种有效的方法。

主题词 贫血,再生障碍性/中医药疗法 肾阳虚/中医药疗法 补肾

再生障碍性贫血(以下简称再障)属祖国医学虚劳之范畴,其发病与肾虚有关,补肾是治疗再障的大法。我们从 1995 年 5 月~1998 年 5 月,用补肾复方为主治疗再障 30 例,取得了较好的临床疗效,现报道如下。

1 一般资料

本组 30 例再障患者均系我院血液科住院治疗的病例,经临床、血象、骨髓象及骨髓病理活检,均符合 1987 年第四届全国再生障碍性贫血学术会议制订的诊断标准^[1]。其中男性 21 例,女性 9 例,年龄 16~72 岁,平均 43.2 岁。急性再障(SAA-I)2 例,慢性重型再障(SAA-II)6 例,慢性普通再障 22 例。根据辨证均属于肾阳虚型,症见形寒肢冷,面目虚浮,腰酸膝软,时惊悸怔忡,便溏,舌淡或胖,脉细濡或数。

2 治疗及观察方法

2.1 治疗方法:基本用药:熟附子 10g,肉桂 3g,鹿角片 15g,炙龟甲 15g,菟丝子 15g,肉苁蓉 15g,枸杞子 15g,党参 20g,熟地黄 15g 等。自制成冲剂,每包 12g,开水冲服,早晚各服 1 次,每次服用 2 包,连续服用 3~6 个月。血红蛋白 $\leq 50g/L$,适量输注成分血。有感染者,酌情

使用抗生素。血小板低于 $20 \times 10^9/L$,有明显出血者,酌情输注单采血小板及使用止血剂。

2.2 观察内容:在治疗前和治疗后 3~6 个月,分别观察肾阳虚的症状体征,测定外周血象、T 细胞亚群,血清三碘甲状腺原氨酸(T_3)、甲状腺素(T_4)、睾酮、血浆皮质醇,并观察与疗效的关系。血清 T_3 、 T_4 、睾酮、血浆皮质醇的测定采用放射免疫分析(氘标记)T 细胞亚群的测定采用间接免疫荧光法测定。

3 治疗结果

3.1 疗效判定:依照 1987 年第四届全国再生障碍性贫血学术会议制定的疗效标准^[1],分为基本治愈、缓解、明显进步和无效。疗效判定时间规定为治疗时间超过 3 个月以上者。

3.2 结果

3.2.1 30 例肾阳虚再障患者总疗效比较:经补肾复方为主治疗 3~6 个月(4.92 ± 1.18 个月)后,基本治愈 2 例,缓解 8 例,明显进步 14 例,无效 6 例,总有效率 80%。

3.2.2 治疗前后肾阳虚患者症状、体征的变化:治疗前 30 例肾阳虚再障患者中有形寒肢冷症状者 30 例,治疗后 4 例;治疗前有面目虚浮者 18 例,治疗后 3 例;治疗前有腰酸膝软者 30 例,治疗后 4 例;治疗前有惊悸怔忡者 24 例,治疗后 3 例;治疗前有便溏者 16 例,治疗后 4 例,症状体征改善率均在 75%以上。

3.2.3 治疗前后 T 细胞亚群及血尿的变化:表 1、2 示,经补肾复方治疗后,30 例患者 CD_3 、 CD_4 及 CD_4/CD_8 比值有明显升高, CD_8 有明显下降,经统计学处理,差异有显著性(P 均 < 0.05),血红蛋白(Hb)含量亦较治疗前有显著提高($P < 0.05$),血小板(BPC)和白细胞(WBC)计数也有一定的提高,但差异无显著性($P > 0.05$)。

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表1 治疗前后 T 细胞亚群变化比较($\bar{X} \pm S$)

时间	例数	CD ₃ (%)	CD ₄ (%)	CD ₈ (%)	CD ₄ /CD ₈
治疗前	30	54.28±6.64	37.64±4.17	31.64±8.26	1.28±0.38
治疗后	30	62.92±7.10*	41.26±5.28*	25.38±3.94*	1.79±0.42*

* 治疗前后自身比较, $P < 0.05$ 表2 治疗前后血象变化比较($\bar{X} \pm S$)

时间	例数	Hb (g/L)	WBC ($\times 10^9/L$)	BPC ($\times 10^9/L$)
治疗前	30	48.4±11.6	2.16±1.08	32.6±15.6
治疗后	30	74.2±22.8*	2.21±1.03	37.2±18.8

* 治疗前后自身比较, $P < 0.05$ 表3 治疗前后血清 T₃、T₄、血浆皮质醇及睾酮的变化($\bar{X} \pm S$)

时间	T ₃ (ng/ml)	T ₄ (ng/ml)	皮质醇 (ng/ml)	睾酮(ng/ml)	
				男	女
治疗前	0.92±0.22(30)	57±28(30)	39±21(30)	1.8±0.81(21)	0.21±0.11(9)
治疗后	1.42±0.54(30)*	92±36(30)*	52±17(30)*	4.1±2.11(21)*	0.39±0.21(9)*

* 治疗前后自身比较, $P < 0.05$

4 讨论

中医学认为,造血功能主要决定于肾,再障属中医学“虚劳”范畴,其病机主要是“肾虚”。《素问》曰:“肾主骨,生髓,藏精。”“骨髓坚固,气血皆从。”反映精髓化生血液的造血作用主要取决于肾的功能状态,肾阳虚衰则精血不足,骨髓枯竭,生血乏源,直接造血障碍。我们依据“精血同源”的中医理论,应用“温肾益髓”的法则,用补肾复方为主治疗肾阳虚型再障贫血 30 例,基本治愈 2 例,缓解 8 例,明显进步 14 例,总有效率 80%。

现代医学认为,再障贫血的发病与骨髓造血干细胞,骨髓造血微环境和免疫调节等因素异常有关^[2]。近年来有学者通过动物模型,体外造血干细胞培养,造血调控因子的测定等实验手段,证实补肾中药有促进造血干细胞增殖及分化的作用,同时补肾中药有加强免疫调控和促进体内激素受体亲和力的作用^[3]。本组临床观察到,经补肾复方为主治疗有效的肾阳虚型再障患者,其外周血象血红蛋白及肾阳虚的症状体征均好转,同时反映代谢的内分泌激素 T₃、T₄、睾酮、皮质醇也有明显增高, T 细胞亚群的失调也有所恢复。本组研究表明,用补肾复方为主治疗肾阳虚型再障,可提高再障患者的内分

泌激素水平,调节改善免疫功能,促进代谢,有助于造血功能的恢复。

5 参考文献

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ABSTRACTS FROM ORIGINAL ARTICLES

Observation on Rate of Remission in 68 Cases of Acute Promyelocytic Leukemia Treated with All-trans-retinoic Acid Concerted with TCM Therapy

Han Xingzhe, Dong Zhe, Guo Shaoquan

TCM principle of cooling blood and supporting resistance as a concerted therapy with all-trans-retinoic acid were applied in our hospital from 1992-1997 for 68 cases of promyelocytic leukemia. The rate of remission was 94.1% (in 64 cases) with a duration of remission lasting 35-49 days. No obvious toxic and side effects and complications were observed. The duration of remission in the treatment group was obviously shorter and the remission rate was obviously higher than those of the group treated with alone. The side effect of increasing leukocytes of which can also be ameliorated by the treatment.

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Key words: Leukemia promyelocytic acute/TCM therapy

(Original article on page 535)

Clinical Observation on 30 Cases of Asthenic-yang Type Aplastic Anemia Treated Mainly with Bushen Compound

Qiu Zhongchuan, Chen Pei, Wang Yunlu, et al.

Thirty cases were treated. Of them, 2 were basically cure, 8 remitted, 14 remarkably ameliorated, 6 cases ineffective, the total effective rate being 80%. Changes in signs and symptoms revealed that the rate of amelioration was over 75%. After the therapy, the values of CD₃, CD₄, and CD₄/CD₈ were all markedly increased, CD₈ markedly lowered with significant statistic difference ($P < 0.05$), indicating that this method is an effective therapy for aplastic anemia.

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Key words: anemia aplastic/TCM therapy

(Original article on page 537)

Influence of Compound Salvia Injection on Cerebral Vascular Dynamics in Cerebral Infarction

Li Xiaohong, Guan Yuqing, Bing Shuli

50 cases of early cerebral infarction were treated with

compound salvia injection and their CVA were examined before and after the treatment and compared with the control group. Results showed the changes of CVA indices in patient with early cerebral infarction were significantly different as compared with the control group ($P < 0.05$ or $P < 0.01$). All indices but DR in the treatment group after the treatment were all significantly changed ($P < 0.05$ or $P < 0.01$). Comparison of the 2 groups after treatment showed that Vmin, W, CP showed significant difference ($P < 0.05$ or $P < 0.01$). Conclusion: Early exam of CVA in cerebral infarction provide a basis for its diagnosis. This treatment accelerate the cerebral vascular circulation, improve the elasticity of vascular wall, and lower the blood viscosity.

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Key words: cerebral infarction/TCM therapy brain/blood injection of salviae/therapeutic action

(Original article on page 543)

Clinical Significance of Thrombo Molecular Markers in Blood-stasis Syndrome in Diabetes Mellitus

Shi Zhiyun, Shi Saizhu, Chen Jianqiu, et al.

By applying the thrombo pre molecular markers, including plasmal GMP-140, tPA, PAI-I, TAT, PAP, ET, their correlation with blood stasis type diabetes were explored. Results showed that, the diabetic with blood-stasis type revealed the activation of platelets, injury of endothelial cells, changes of fibrinolysin. Their plasmal GMP-140, TAT, PAP, ET were all higher than that of the control group, indicating that the activation of platelets, injury of endothelial cells, and changes in the balance of blood coagulation/fibrinolysis are likely to benefit the incidence of blood stasis. The pathophysiological mechanism in blood stasis type diabetes is related to the changes in platelet, endothelial cells, blood coagulation and fibrinolysis.

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Key words: Diabetes mellitus/diagnosis blood stasis/diagnosis@thrombo molecular markers

(Original article on page 554)