

临床报道

全反式维甲酸并中医药治疗急性早幼粒细胞性白血病 68 例临床观察

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摘要 自 1992~1997 年应用全反式维甲酸并中医凉血解毒扶正法治疗急性早幼粒细胞性白血病 68 例,完全缓解者 64 例(94.1%),达到完全缓解的时间为 35~49 天,且无明显毒副作用及并发症。本组患者完全缓解时间较单纯依靠全反式维甲酸治疗有明显缩短,完全缓解率明显提高,且可以降低单纯应用全反式维甲酸升白细胞的副作用。

主题词 白血病,早幼粒细胞,急性/中医药疗法

本院自 1992~1997 年 5 年间,应用全反式维甲酸并中医凉血解毒扶正法治疗急性早幼粒细胞性白血病 68 例,现将结果报告如下。

1 临床资料

本组病例均为初治患者,病史、体格检查、外周血象及骨髓象均符合《血液病诊断及疗效标准》^[1]确诊为急性早幼粒细胞性白血病。其中男 42 例,女 26 例,年龄 19~58 岁,中位年龄 33 岁。

2 治疗方法

全反式维甲酸每日 0.06g,分 3~4 次口服,连续应用直到病人完全缓解。中药以犀角地黄汤加减:水牛角 5g,生地黄 20g,牡丹皮 15g,玄参 20g,生石膏 30g,柴胡 10g,地骨皮 15g,鳖甲 20g,龟甲 20g,青黛 10g,大青叶 20g,党参 15g,栀子 15g,蒲公英 20g,紫花地丁 20g,白花蛇舌草 20g,半枝莲 20g,黄连 7.5g,金银花 20g,雄黄 5g,红花 10g,车前子 15g。水煎服,每日 1 剂,直至病人完全缓解。在治疗期间均输全血、血浆及血小板并给予抗感染等支持治疗。同时应用潘生丁 0.025g,日 3 次,口服。

3 结果

本组 68 例中达到完全缓解 64 例,占 94.1%,达到完全缓解时间为 35~49 天,未缓解者 4 例,其中 1 例死亡,3 例延长用药时间仍未达到完全缓解。

血象改变:白细胞治疗前(2.6~18.5)×10⁹/L,治疗后 28~35 天达正常范围。血小板治疗前(25~110)×10⁹/L,14~28 天恢复正常。

骨髓象改变:治疗前骨髓有核细胞增生为明显活跃至极度活跃,治疗后 68 例中 47 例由增生极度活跃到增生活跃,16 例由增生明显活跃到增生活跃,5 例由增生极度活跃到增生减低再到增生活跃。早幼粒细胞治疗前为 81%~94%,治疗中逐渐下降至 1%~3%;时间为 21~28 天。红系及巨核系细胞治疗前增生明显受抑制,治疗至 28~35 天达正常范围。

并发症:只 1 例发生 DIC 致死。

毒副作用:68 例中有 66 例出现口唇、皮肤干燥,未见其他严重毒副作用。

4 讨论

本组应用全反式维甲酸及中药犀角地黄汤加减,治疗 68 例急性早幼粒细胞性白血病,64 例于 35~49 天时达到完全缓解,完全缓解率为 94.1%。据文献报告,单用全反式维甲酸治疗急性早幼粒细胞白血病达完全缓解时间为 44.5±15.6 天及 45±16.1 天^[2,3],完全缓解率为 85.30%^[4]。本中药是由犀角地黄汤为主加味组成,其中水牛角、生地黄、青黛、大青叶、生石膏、黄连、栀子、蒲公英、紫花地丁、金银花、牡丹皮、地骨皮具有较强的凉血解毒功效;白花蛇舌草、半枝莲、雄黄是传统的中药抗癌药,在方中具有杀伤白血病细胞的作用;生地黄、鳖甲、龟甲、玄

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参具有滋阴养血作用,党参补气,通过补气生血,虽有较强的升血作用但不升白细胞而达到增强机体抵抗力及提高免疫功能的作用。方中补药甚多,为防气滞血瘀,故用柴胡理气,红花活血,车前子清热利湿,使全方补而不滞,祛邪而不伤正。使急性早幼粒细胞性白血病达到完全缓解时间明显缩短,且完全缓解率提高。

急性早幼粒细胞白血病诱导缓解方案目前首选是全反式维甲酸,但治疗后在缓解过程中会出现周围白血病细胞、早幼粒细胞数明显升高。本组在治疗观察过程中仍有部分病人白细胞升高,进一步证实了全反式维甲酸的升白细胞作用。多数学者认为,急性早幼粒细胞性白血病早期死亡主要与高白细胞有关。本组患者联合应用中药治疗较单用全反式维甲酸治疗白细

胞增多的幅度明显降低^[5],为 32.5%,证实本疗法治疗急性早幼粒细胞性白血病疗效确切。

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针刺配合手法牵引治疗腰椎间盘突出症 61 例

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笔者自 1995~1998 年期间用针刺配合手法牵引治疗本病 61 例,疗效较为满意,兹报道如下。

1 一般资料

61 例均系在德国工作期间经 X 线摄片、CT 或核磁共振检查确诊为腰椎间盘突出症的患者。其中男 29 例,女 32 例。年龄最小者 25 岁,最大者 78 岁。病程最短者 13 天,最长者 30 年。61 例中有经椎间盘手术治疗者 12 例,手术时间距针刺治疗时间最长者 15 年,最短者 7 个月。患者主要症状有腰痛、腰部运动障碍,脊柱侧弯、下肢放射痛、下肢麻木和肌肉萎缩等。

2 治疗方法

针刺治疗:(1)基本处方:华佗夹脊(病变部腰椎双侧)、阿是穴(多在患侧腰椎棘突下旁开 0.5~1 寸处)、委中(患侧)。(2)随症配穴:下肢放射痛、麻木或肌肉萎缩可配患侧以下穴位:①后侧:秩边、殷门、承山。②外侧:环跳、阳陵泉、阳交、丘墟。③前侧:髀关、伏兔、箕门、足三里。④鞍区:十七椎下、秩边、大肠俞、膀胱俞、次髎。(3)针刺方法:华佗夹脊穴、十七椎下直刺 1.2~1.5 寸,务使针下沉紧,针感为局部酸胀并可沿脊柱两

侧向下传导。环跳、秩边向内侧斜刺 2.5~4 寸,务使得气,针感为酸胀及电麻样,可传至小腿和足心。余穴得气后均用提插捻转平补平泻法,留针 20~30 分钟。每周治疗 3 次,10 次为 1 疗程,疗程间休息 2~3 天。

手法牵引:针刺治疗后,患者取俯卧位,助手一人立于患者头前,把持住患者上肢及肩部,医者立于患者之后,双手握其踝关节以上小腿处,向后拔伸,每侧拔伸 6 次即交换,然后用双手按压腰部患处数次。每周做 1~2 次。

3 治疗结果

疗效标准:治愈:治疗后临床症状消失,X 线、CT 片恢复正常或好转。显效:治疗后临床症状明显好转,X 线、CT 片好转或未变。进步:治疗后临床症状改善,X 线、CT 片未变。无效:治疗后临床症状,X 线、CT 片均未改变。

疗效统计:61 例按上述方法治疗,治疗次数最少者 6 次,最多者 53 次,平均 14.44 次。结果:治愈 17 例,显效 28 例,进步 14 例,无效 2 例,总有效率为 96.72%,显效率为 73.77%。

61 例患者中,曾做椎间盘手术者 12 例,未经手术者 49 例。两组比较,未手术组总有效率为 100%,术后组为 83.33%。经统计学处理, $P<0.01$ 。这可能因术后局部组织粘连,从而影响疗效。

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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 V_{min}, 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)