

复方芪丹袋煮散治疗脑出血后遗症 56 例临床研究

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摘要 目的:观察复方芪丹袋煮散对脑出血后遗症的临床疗效。方法:随机从 315 例接受功能训练、推拿等康复治疗的患者中选择 56 例,服用以补阳还五汤合复方丹参片组成的复方芪丹袋煮散汤剂 3 个月,与补阳还五汤、复方丹参片原方剂型应用组及其他几个临床常用药对照组比较,以卡方检验进行统计学处理,分析各组疗效。结果:复方芪丹袋煮散治疗组临床治愈率、总显效率均显著高于 6 个对照组($P < 0.05$)。结论:复方芪丹袋煮散能解决补阳还五汤、复方丹参片分时各药味之间用量、吸收速度等配伍协同作用不足的问题,同时克服了其他中西成药见效慢,易延误治疗时机等缺陷,明显提高了疗效,缩短了疗程,为治疗脑出血后遗症的良方。此方且具节省中药材、价廉、煎服方便同时能保持饮片汤剂作用等优点。

主题词 中风后遗症/中药疗法 脑出血/中药疗法 @ 复方芪丹袋煮散

临床上治疗脑出血后遗症多在功能训练加补气活血中药治疗偏瘫的同时,配以降血压、降血脂、降胆固醇类中西成药治疗。由于病情轻重不同,疗程一般在 3~12 个月之间。复方芪丹袋煮散是补阳还五汤与复方丹参片合方,以袋煮散剂型应用于临床,意在解决补阳还五汤与复方丹参片分开使用时,前者吸收较快,后者吸收较慢,而致药物协同作用较差的问题,同时,减少患者煎服饮片汤药的麻烦。1997~2000 年,我们用此方治疗脑出血后遗症 56 例,并以 3 个月为 1 个疗程,与其他药物治疗的 259 例脑出血后遗症患者进行了比较,现报告如下。

1 临床资料

1.1 病例选择:315 例患者均有脑出血病史,脑 CT 诊断,有不同程度的脑组织内淤血,经神经内科急救治疗,生命体征稳定,度过脑出血急性期,表现为单侧肢体功能障碍,部分患者有面瘫或/和失语,血压高于正常值,收缩压 $> 150\text{mmHg}$,舒张压 $> 90\text{mmHg}$ ($1\text{mmHg} = 0.133\text{kPa}$)。

1.2 随机分组:治疗组 56 例,男 37 例,女 19 例;年龄 49~72 岁,平均 62 岁;失语 34 例,面瘫 48 例,血压偏高 49 例,诸症俱全 26 例。对照组 259 例,根据使用药物的情况,分为 6 组:对照 1 组 43 例,男 28 例,女 15

例;年龄 47~68 岁,平均 59 岁;失语 22 例,面瘫 26 例,血压偏高 31 例,诸症俱全 18 例。对照组 2 组 51 例,男 31 例,女 20 例;年龄 46~70,平均 60 岁;失语 25 例,面瘫 33 例,血压偏高 36 例,诸症俱全 17 例。对照 3 组 28 例,男 20 例,女 8 例;年龄 50~65 岁,平均 57 例;失语 12 例,面瘫 14 例,血压偏高 21 例,诸症俱全 8 例。对照 4 组 46 例,男 31 例,女 15 例;年龄 46~68 岁,平均 59 岁;失语 21 例,面瘫 26 例,血压偏高 42 例,诸症俱全 13 例。对照 5 组 64 例,男 40 例,女 24 例;年龄 45~67 岁,平均 60 岁;失语 32 例,面瘫 36 例,血压偏高 47 例,诸症俱全 28 例。对照 6 组 27 例,男 16 例,女 11 例;年龄 48~64 岁,平均 59 岁;失语 8 例,面瘫 11 例,血压偏高 22 例,诸症俱全 3 例。7 组病例性别、年龄、症状、体征及病情轻重等分布基本一致。

2 治疗及观察方法

315 例脑出血后遗症患者在接受功能训练、推拿等康复治疗的同时,分组服用下列药物。

2.1 治疗组:复方芪丹袋煮散。药物组成:黄芪 900g,丹参 450g,当归 180g,赤芍 180g,地龙 180g,川芎 180g,红花 90g,桃仁 180g,三七 90g,冰片 30g。除冰片外,共碾粗末,每袋 27g,以特制滤纸袋装袋煮散。每 30 袋装入 1 个塑封袋,每塑封袋中放置冰片 10g,使其挥发入药。每日取袋煮散 1 袋,早(中)晚煎 2~3 次(建议使用电热杯或咖啡壶),每次加水 250~300ml,煎煮 30 分钟,去袋取汁 100ml,饭后温服。

2.2 对照组:对照 1 组用补阳还五汤(黄芪 30g,当归 12g,赤芍 12g,地龙 12g,川芎 12g,红花 3g,桃仁 12g),每日 1 剂,水煎服。对照 2 组用华佗再造丸,每次 45 粒,每日 2 次。对照 3 组用复方丹参片,每次 3 片,每日 3 次。对照 4 组用补阳还五汤、复方丹参片,用法同对照 1、3 组。对照 5 组用华佗再造丸、复方丹参片,用法同对照 2、3 组。对照 6 组用其他中西药,如复方降压片、复方罗布麻片、开搏通片等,按常规服用。

2.3 临床观察:治疗 3 个月后,观察肢体功能恢复情况、面瘫纠正情况、失语改善情况、血压控制情况及脑 CT 复查,脑组织内淤血吸收情况等。

3 治疗结果

3.1 疗效评定标准:临床治愈:肢体功能恢复正常,面瘫完全纠正,语言功能彻底改善,收缩压 $< 150\text{mmHg}$,舒张压 $< 90\text{mmHg}$,脑 CT 复查,脑组织内淤血吸收较

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彻底。显效:肢体功能基本恢复正常,面瘫基本纠正,语言功能基本改善,收缩压 $<150\text{mmHg}$,舒张压 $<90\text{mmHg}$,脑CT复查,脑组织内淤血吸收70%以上。有效:肢体功能恢复明显,面瘫明显纠正,语言功能明显改善,收缩压 $<150\text{mmHg}$,舒张压 $<90\text{mmHg}$,脑CT复查,脑组织内淤血吸收30%以上;或某一项达临床治愈标准;或某两项达显效标准。无效:无一项达有效标准^[1,2]。

3.2 统计分析方法:各组结果采用卡方检验。

3.3 各组治疗结果比较:表1示,3个月疗程内,治疗组临床治愈率、总显效率均显著高于各对照组。治疗组部分患者经血液流变学检查,血脂、胆固醇、血液粘稠度明显降低(见表2)。3个月后,各对照组未愈患者均继续治疗,或继用原方药,或改用复方芪丹袋煮散,疗效均有所提高,仍以复方芪丹袋煮散为佳。

表1 315例脑出血后遗症患者治疗结果统计[例(%)]

分组	例数	临床治愈	显效	有效	无效
治疗组	56	25(44.64)	28(50.00)	3(5.36)	0
对照1组	43	4(9.30)	11(25.58)	26(60.47)	2(4.65)
对照2组	51	11(21.57)	21(41.18)	18(35.29)	1(1.96)
对照3组	28	0	6(21.43)	16(57.14)	6(21.43)
对照4组	46	7(15.22)	16(34.78)	20(43.48)	3(6.52)
对照5组	64	10(15.63)	25(39.06)	26(40.63)	3(4.68)
对照6组	27	3(11.11)	9(33.33)	13(48.15)	2(7.41)

表2 复方芪丹袋煮散对脑出血后遗症患者血液流变学指标的影响($\bar{x}\pm s$)

项目	例数	用药前	用药后
全血粘度 200/s($\text{mPa}\cdot\text{s}$)	42	6.28 $\pm$ 0.71	5.12 $\pm$ 0.41**
30/s($\text{mPa}\cdot\text{s}$)	42	7.19 $\pm$ 0.82	6.08 $\pm$ 0.49**
3/s($\text{mPa}\cdot\text{s}$)	42	12.79 $\pm$ 1.32	11.54 $\pm$ 1.02**
血浆粘度($\text{mPa}\cdot\text{s}$)	42	1.71 $\pm$ 0.12	1.41 $\pm$ 0.15**
红细胞变形指数	42	0.92 $\pm$ 0.14	0.78 $\pm$ 0.04**
红细胞聚集指数	42	8.87 $\pm$ 1.21	7.16 $\pm$ 0.51**
红细胞电泳指数	42	22.73 $\pm$ 2.54	18.74 $\pm$ 1.42*
纤维蛋白原(g/L)	42	3.65 $\pm$ 0.72	3.03 $\pm$ 0.51**
胆固醇(mmol/L)	42	5.82 $\pm$ 1.20	4.72 $\pm$ 0.91**
甘油三酯(mmol/L)	42	1.82 $\pm$ 0.72	1.11 $\pm$ 0.61**

与用药前比较,* $P<0.05$,** $P<0.01$

4 讨论

315例脑出血后遗症患者,病情较复杂,症状、体征表现不一,单侧肢体功能障碍、失语、面瘫、血压偏高等,或单见一症,或两症兼见,甚者三、四症同见,各症轻重亦有异,脑组织内淤块大小也不同。因此,给选择病例的一致性带来困难,本组病例以脑CT诊断脑出血为依据,后遗症半身不遂为主症,其他兼症随机分布于各组,使病例的选择基本一致。复方丹参片组(对照3组)、其他中西药组(对照6组)病例偏少,但仍具统

计学意义。统计结果与课题设计预计结果基本一致,显示复方芪丹袋煮散能较快从整体上恢复脑出血后遗症患者各种机能,促进脑组织内淤血吸收,缩短治疗过程,并能有效控制血压,预防再次中风。因脑出血后遗症患者气血虚弱尚轻,血瘀阳亢偏重,故需增加治疗方中活血理气、潜阳安神药味及药量。复方芪丹袋煮散在补阳还五汤补气活血基础上合复方丹参片方以增强活血祛瘀、理气止痛、平肝潜阳、安神宁心、开窍醒脑作用,方中以黄芪健脾益气、行血统血、利湿消肿、强四肢、活关节为主,丹参、当归、赤芍、地龙、川芎、红花、桃仁、三七、冰片等活血祛瘀、理气止痛、通经活络、平肝潜阳、安神宁心、开窍醒脑为辅,共奏攻补兼施、标本兼治、证病兼顾之效。中风后遗症功能障碍得以恢复,病因得以解除。研究表明,补阳还五汤、复方丹参片合方运用之复方芪丹袋煮散确能消除原二方分用而各药味之间用量、吸收速度等配伍协同作用不足之弊,使丹参、三七等用量与黄芪、红花等比例相称,且同方煎煮服,配伍协同作用显著增强。复方芪丹袋煮散系汤剂剂型之一^[3],在与华佗再造丸等其他对照组的比较中,亦显示煎煮剂吸收快、药物协同作用强、整体康复迅速、疗程短等优点,体现了“汤者荡也,丸者缓也”的用药特点。另反映汤剂与丸剂、片剂等药物组成成分、药物吸收成分、药物作用等方面存在差异,有待进一步研究。袋煮散各药味用量仅为饮片汤剂1/5~2/3^[4],然不失饮片汤剂功效,其节省中药材、价廉、煎服方便等优点,利于患者坚持服用,巩固疗效,值得推广。

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• 书 讯 •

由风湿病专家杨仓良主编, 全国50多位医药专家参与撰写的我国第一部动物本草专著——《动物本草》日前由中医古籍出版社出版。该书200万字, 分上、中、下3卷, 收录动物药1700余种, 单验方2万多首, 重点突出临床应用, 是收录品种全、体例新, 有很高学术价值和实用性的一本好书。历代医家常将动物药称为“血肉有情之品”, 并认为有“愈顽疾起沉痾”之神奇功效。本书对科研及临床工作者研究和临床使用动物药有很好的参考价值。《动物本草》是杨仓良先生的又一力作, 是《毒药本草》的姊妹篇, 它同《毒剧中药古今用》及《矿物本草》构成系列本草专著。前两书十分畅销, 已连印3次。现作者尚有第1次印刷的《毒药本草》余书(书价78元), 《动物本草》(书价120元), 免收邮挂费。地址: 宁夏银川市新北路宁夏秦杨风湿病医院杨仓良收, 邮编: 750002。

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ABSTRACTS FROM ORIGINAL ARTICLES

Clinical Study on Treatment of 56 Cases of Sequelae of Cerebral Hemorrhage with Fu Fang Qi Dan Dai Zhu San

Zhang Xiaoping, Xue Qihong, Wang Wangang, et al.

Objective: To observe clinical therapeutic effect of Fu Fang Qi Dan Dai Zhu San on sequelae of cerebral hemorrhage. **Methods:** 56 cases were selected randomly from the 315 cases who had received functional exercise, massage and other rehabilitation treatments. The patient were administrated by Fu Fang Qi Dan Dai Zhu San Decoction for 3 months, which is constituted by Bu Yang Huan Wu Decoction and Fu Fang Dan Shen Tablets, and the therapeutic effect was compared with that of Bu Yang Huan Wu Decoction, Fu Fang Dan Shen Tablets and other clinically commonly — used drugs, respectively. **Results:** Both the clinically cured rate and the total markedly effective rate in the treatment group of Fu Fang Qi Dan Dai Zhu San were significantly higher than those of the six control groups. **Conclusion:** Fu Fang Qi Dan Dai Zhu San can obviously increase the therapeutic effect and shorten the therapeutic course, and it is a good prescription for treatment of sequelae of cerebral hemorrhage.

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Key words: Sequelae of apoplexy/Chinese drug therapy cerebral hemorrhage/Chinese drug therapy @Fu Fang Qi Dan Dai Zhu San

(Original article on page 727)

Clinical Study on Treatment of 95 Cases of Intermediate and Late Rheumatoid Arthritis with Tri—combination Method

Zhang Anlin, Gu Baoxin

Objective: In order to approach to the therapeutic effect and safety of tri—combination method in treatment of intermediate and late rheumatoid arthritis (RA). **Method:** Oral administration of Bi De Zhi Tablets, Chinese drug steam therapeutic instrument combined with Han Shi Bi Yu Shu spray skin—permeating method, and injection of Zheng Qing Feng Tong Ning into articular cavity were used for treatment of 50 cases of intermediate and late rheumatoid arthritis with Yang—deficiency and accumulation of pathogenic cold and phlegm as tri—combination group A; and oral administration of Bi De Qing Yin decoction, Chinese drug steam therapeutic instrument combined with Han Re Bi Yu An spray skin—permeating method, and injection of Zheng Qing Feng Tong Ning into articular cavity were used to treat 45 cases of rheumatoid arthritis with Yin—deficiency, retention of pathogenic heat, and accumulation of phlegm as tri—combination group B, and 43 cases treated with oral medication of indomethacin plus intermuscular injection of MTX as

control group. **Results:** The control and markedly effective rate and the effective rate for TCM main symptoms were respectively 74%, 26% and 86%, 14% in group A; 73%, 27% and 87%, 13% in the group B; 28%, 47% and 23%, 37% in the control group. There was very significantly difference as the group A, and the group B compared with the control group respectively ($P < 0.01$). There was a very significant difference ($P < 0.01$) before and after treatment in the group A and the group B in clinical symptoms, signs, inflammation index, and blood sedimentation, reactive protein, titer of rheumatoid factor, IgG, IgM, C₃ and hemoglobin. And there was a significantly difference ($P < 0.01$ or $P < 0.05$) as they compared with the control group. It is indicated that the tri—combination method has an obvious therapeutic effect on rheumatoid arthritis at metaphase and can increase life quality of the patient at late stage with safety.

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Key words: Arthritis, rheumatoid/Chinese drug therapy @ Tri—combination method

(Original article on page 731)

Clinical and Experimental Studies on Treatment of Pain of Orthopedic and Traumatologic Diseases with Shang Ke Fang No. 1 Combined with Application of Magnetic Flake

Wang Chongmiao Wu Yaochi

Objective: To observe the therapeutic effect of Shang Ke Fang No. 1 combined with magnetic flake in treatment of pain of orthopedic and traumatologic diseases. **Methods:** Shang Ke Fang No. 1 combined with magnetic flake was used to treat 253 cases as treatment group, and manipulation treatment was used for other 253 cases as control group, at the same time, experimental study on analgesic effect was carried out. **Results:** Of the 253 cases in the treatment group, 58 were cured, 93 markedly effective, 71 effective, the total effective rate being 89.33%; and of the 253 cases in the control group, 42 were cured, 77 markedly effective, 95 effective with a total effective rate of 84.58%. There was a significant difference between the two groups in therapeutic effect ($P < 0.05$). Experimental study indicated that organic combination of drug and magnetic flake can produce a good compound complex effect on pain of orthopedic and traumatologic diseases.

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Key words: Diseases of TCM orthopedics and traumatology/Chinese drug therapy @pain of orthopedic and traumatologic diseases @Shang Ke Fang No. 1

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