

复方中重用滋阴补肾类药物治疗类风湿性关节炎 30 例临床研究

郭瑞林* 赵宁侠* 任秦有* 史恒军*

摘要 目的:观察复方中重用滋阴补肾类药物治疗类风湿性关节炎(RA)的临床疗效。方法:依据 RA 遗传、免疫学因素及阴虚证候存在的事实,在传统复方中重用滋阴补肾类药物生地黄、女贞子、菟丝子等以提高免疫能力,治疗 RA30 例,并与用传统方药治疗 35 例作为对照研究。结果:治疗组总显效率 56.7%,总有效率 93.4%;对照组总显效率 23%,总有效率 74%。关节疼痛总数和积分指数、关节肿胀数和积分指数、晨僵时间、关节功能等观测指标,治疗组明显优于对照组($P < 0.01$)。

主题词 关节炎,类风湿/中医药疗法 补肾药/投药和剂量

类风湿性关节炎(RA)是中西两种医学体系公认的疑难病及难治性疾病,中医学从《内经》时起,认为其发病原因是“风、寒、湿三气杂至”,治疗药物多以温燥类为主。我们临证注意到 RA 阴虚证候的存在,认为 RA 主要病因为先天不足,主要病机为肾阴虚损,在传统方药基础上,重用滋阴补肾类药物,旨在提高免疫能力,治疗 RA30 例,并与用传统方药治疗 35 例作为对照研究,现将有关情况报告如下。

1 临床资料

1.1 诊断标准:全部病例符合美国风湿病协会 1987 年制定的诊断标准。

1.2 一般资料:治疗组 30 例中,男性 8 例,女性 22 例,平均年龄 37.56 岁,平均病程 5.96 年,应用激素治疗者 29 例(96.7%),类风湿因子(RF)阳性者 24 例(80%)。对照组 35 例中,男性 9 例,女性 26 例,平均年龄 36.46 岁,平均病程 6.1 年,应用激素治疗者 33 例(94.3%),RF 阳性者 26 例(77.3%)。两组患者在性别、年龄、病程等方面均接近,具有可比性($P > 0.05$)。

2 治疗及观察方法

2.1 治疗方法:两组自治疗开始后,除强地松递减停药外,其余抗风湿中西药物均立即停用,疗程为 8 周。治疗组 30 例,用生地黄 30g,女贞子 50g,菟丝子 50g,独活 10g,桑寄生 10g,制川乌 10g,秦艽 10g,防风 10g,细辛 6g,桑枝 30g,当归 10g,炙甘草 3g。对照组 35 例,除女贞子、菟丝子外,其余药物同治疗组,对照组方中

生地黄用量仅有 10g。两组中药均水煎 2 次,每次煎 40min,2 次共煎取 400ml,分早晚服,每次服药 200ml。

2.2 观察方法:治疗前和治疗后每 2 周记录 1 次关节疼痛个数、疼痛积分、肿胀个数、肿胀积分,按程度分别记为 0~3 分,并求出指数及记录晨僵时间(min)。记录治疗前及治疗后的血沉(ESR)、RF、C-反应蛋白(CRP)。

3 治疗结果

3.1 疗效评定标准:参照中国人民解放军总后卫生部《临床疾病诊断依据治愈好转标准》制定。各种临床症状和体征消失,实验室指标恢复正常,观察时间 ≥ 8 周。稳定期 ≥ 2 个月者为缓解;各项观察指标均有改善,其中至少 6 项改善率 $\geq 50\%$ 者为显效;各项观察指标均有改善,但改善率少于 6 项者为有效;自觉症状及观察指标无明显改善者为无效。

3.2 两组临床疗效比较:治疗组 30 例中,完全缓解 9 例(30%),显效 8 例(26.7%),有效 11 例(36.7%),无效 2 例(6.6%),总显效率 56.7%,总有效率 93.4%。对照组 35 例,完全缓解 3 例(8.6%),显效 5 例(14.3%),有效 18 例(51.4%),无效 9 例(25.7%),总显效率 22.9%,总有效率 74.13%。治疗组明显优于对照组($P < 0.05$)。

3.3 两组治疗前后激素撤减情况比较:治疗组治疗 8 周(56 天),用药后起效时间 3~6 天,平均 4 天。治疗前应用激素 29 例(96.7%),治疗后全部停用 27 例(93.1%),减少用量 2 例(6.9%),平均撤停时间 15 天。对照组治疗 8 周(56 天),用药起效时间 3~8 天。平均 7 天,治疗前用激素治疗者 33 例(94.28%),治疗后全部撤停 19 例(57.58%),减少激素用量者 14 例(42.42%),平均撤停时间 23 天。两组激素撤停例数、平均撤停时间比较差异均有显著性($P < 0.05$),治疗组优于对照组。

3.4 两组治疗前后临床症状变化比较:两组治疗后与治疗前比较,关节疼痛个数、疼痛积分指数、关节肿胀个数、肿胀积分指数、晨僵时间均有改善($P < 0.01$),但治疗组改善明显优于对照组($P < 0.01$)。治疗组各项指标均于治疗第 2 周差异即有显著性($P < 0.01$),随着治疗时间的延续,差异更为显著。对照组各项指

* 第四军医大学唐都医院风湿免疫科,陕西省西安市新寺路(710038)

收稿日期:2002-03-31;修回日期:2003-04-04

表 1 两组治疗前后临床症状变化比较($\bar{x} \pm s$)

项目	分组	例数	治疗前	治疗 2 周	治疗 4 周	治疗 6 周	治疗 8 周
疼痛个数	治疗组	30	14.00±5.67	7.33±2.21*	2.83±0.90*△	1.50±0.76*△	0.83±0.90*△
	对照组	35	10.77±5.18	7.85±2.88*	6.77±2.00*	5.23±2.00*	5.08±1.69*
疼痛积分	治疗组	30	41.9±16.88	12.58±6.28*△	4.83±2.23*△	1.50±0.76*△	0.83±0.90*△
	对照组	35	31.54±15.27	22.3±2.84*	15.85±6.49*	12.0±4.15*	8.92±4.48*
肿胀个数	治疗组	30	14.08±5.60	7.17±1.91*	2.75±0.92*△	1.58±0.64*△	1.58±0.64*△
	对照组	35	10.77±5.18	7.85±2.88*	6.77±2.00*	5.23±2.00*	5.08±1.69*
肿胀积分	治疗组	30	40.2±16.58	12.25±5.75*△	4.67±2.21*△	1.85±0.64*△	1.58±0.76*△
	对照组	35	31.54±15.27	22.30±8.84	15.85±6.49*	12±4.15*	8.92±4.48*
晨僵时间 (min)	治疗组	30	51.67±9.86	27.5±4.33*△	18.75±2.98*	13.33±4.71*△	10.00±0*△
	对照组	35	54.62±10.69	33.85±4.87*	30.00±0*	30.00±0*	21.54±3.61*

与本组治疗前比较,* $P<0.01$;与同时期对照组比较,△ $P<0.01$

表 2 两组治疗前后关节功能变化比较

等级	治疗组(30 例)		对照组(35 例)	
	治疗前	治疗后	治疗前	治疗后
I	0	11	0	10
II	11	14	15	16
III	13	3	12	6
IV	6	2	8	3

表 3 两组治疗前后 ESR、CRP、RF 变化比较($\bar{x} \pm s$)

项目	治疗组(30 例)		对照组(30 例)	
	治疗前	治疗后	治疗前	治疗后
ESR(mm/h)	57.2±28.3	41.0±21.6*	49.3±22.3	39.8±19.8*
CRP(IU/ml)	28.1±20.6	22.6±16.1*	27.8±15.6	22.1±15.1*
RF(IU/ml)	37.6±21.2	33.1±26.3*	12.1±10.49	11.0±9.5*

*与本组治疗前比较, $P<0.01$

标均于第 2 周差异即有显著性($P<0.01$),但以第 4 周差异最为显著,见表 1。

3.5 两组关节功能变化比较:表 2 示,治疗后两组关节功能均有所提高,但治疗组明显优于对照组。

3.6 两组治疗前后实验室检查指标变化比较:表 3 示,两组治疗后 ESR 和 CRP、RF 均有明显下降,治疗前后自身比较,差异有显著性($P<0.01$)。

3.7 不良反应:治疗组及对照组在观察过程中未见不良反应,肝肾功能检查未见异常。

4 讨论

流行病学调查与遗传免疫学的研究发现^[1],遗传因素在 RA 发病中起着重要作用,人类同种白细胞抗原(HLA)D 点位上存在 RA 易感基因,RA 患者与 HLA-DR4 基因密切相关,有明显的家族倾向。吴氏等研究认为^[2],RA 患者存在着细胞免疫和体液免疫的功能紊乱。研究表明,免疫功能紊乱、先天不足是 RA 发病的主要原因。由于“三气”论的影响,历代治疗 RA 的方药都是以温燥类药物为主。早在明代,张景岳就对难治性痹证指出:“治痹之法,最宜峻补真阴……,若过

用温燥等药,再伤阴气,必反增其疾矣。”张氏的告戒并未引起后世的重视,直至近年才有人对 RA 的病因病机认定提出疑问,唐时静等对 267 例 RA 的证型分析认为,RA 的治疗不能一味应用温燥,久痹应从滋阴论治^[3],姜华用滋阴清热左归丸加味治疗 RA35 例,有效率为 91.4%^[4]。

我们临证注意到,RA 症状繁多,虚实错杂,其主要症状表现为肾阴虚损者具多,因此,认定 RA 病机为先天不足,肾阴虚损,在传统的温燥方药中重用滋阴补肾类药物。研究结果显示,治疗组疗效明显优于对照组($P<0.01$)。本研究选用的生地黄、女贞子、菟丝子是近年来公认的提高免疫功能的药物。生地黄味甘、苦、性寒,其功效以滋阴见长,其化学成分主要含 β-谷甾醇与甘露醇。《本经》记载其“作汤除寒热积聚,除痹”,但未引起后世注意。近年来有人报告,用单味女贞子水煎分服治疗 RA,即有疗效^[5]。菟丝子,性味辛、甘、平,历代本草列其为补肝肾之要药。有人报告以单味菟丝子 50g 水煎服,治疗 RA50 例收到显效^[6]。生地黄、女贞子、菟丝子为滋阴类药物,其性滋润,久服令人中满腹泻,但本类药物与温燥类药物合用后则避免了上述不足,本研究在观察期及稳定期内所有观察对象未发现腹泻现象。

参考文献

- 1 赵岩,董怡,唐福林,等. HLA-DRB 等位基因与我国北方类风湿关节炎关系. 中华内科杂志,1997,36(2):112-115.
- 2 吴福国,邱翠娥,韩晓林,等. 类风湿关节炎患者 2H4+T 淋巴细胞亚群的流式细胞仪分析. 中国免疫学杂志,1999,15(3):132-134.
- 3 唐时静,严碧玉. 阴虚型类风湿性关节炎临床分析. 新中医,1990,22(1):22.
- 4 姜华. 标本兼治阴虚型类风湿性关节炎 35 例报告. 安徽中医临床杂志,1998,10(5):260.
- 5 杜保荣. 女贞子用治类风湿性关节炎. 中医杂志,1998,39(10):519.
- 6 兰友明,兰义明,鲍雪娇. 菟丝子治疗类风湿性关节炎. 中医杂志,2000,41(10):585.

ABSTRACTS FROM ORIGINAL ARTICLES

Effects of Xiaoyao Pills on Lipoprotein, Apoproteins and Hemorheologic Indexes in the Patient of Ischemic Cerebrovascular Disease at Restoration Stage

Zhao Jingxiang

Objective: To observe effects of Xiaoyao Pills on lipoprotein, apoprotein and hemorheologic indexes in the patient of ischemic cerebrovascular disease at restoration stage. **Methods:** 126 cases of ischemic cerebrovascular disease at restoration stage were randomly divided into treatment group (n=68) treated with oral administration of Xiaoyao Pills, 9g each time, thrice daily, and control group (n=58) treated with oral administration of total saponin of *Gynostemma pentaphyllum*, 2 tablets each time, thrice daily, with a therapeutic course of 2 months. Changes of lipoprotein, apoprotein and hemorheologic indexes before and after treatment were investigated. **Results:** After treatment, in treatment group, triglyceride (TG), total cholesterol (TC), low density lipoprotein cholesterol (LDL-C), very low density lipoprotein cholesterol (VLDL-C) and apoprotein B100 (ApoB-100) levels were significantly decreased ($P < 0.01$), and high density lipoprotein cholesterol (HDL-C) and apoprotein A-I (ApoA-I) levels were significantly increased ($P < 0.01$). Hemorheologic indexes significantly improved ($P < 0.01$). In decrease of TG, TC, LDL-C, ApoB-100, increase of HDL-C, and ApoA-I levels, and improvement of hemorheologic indexes, treatment group was superior to control group ($P < 0.01$). **Conclusion:** Xiaoyao Pills can effectively inhibit abnormal metabolism of lipoprotein and hyperviscosity in the patient of ischemic cerebrovascular disease at restoration stage, so as to play active role in rehabilitation treatment and prevention of secondary recurrence.

Author's address: School Hospital of Shandong College of Architectural Engineering, Jinan 250014, Shandong Province.

Key words: Cerebral ischemia/TCM therapy Xiaoyao Pills/treatment application Hemorheology

(Original article on page 510)

Clinical Study on Large Dose of Drugs for Nourishing Yin and Tonifying the Kidney in Compound Prescription for Treatment of 30 Cases of Rheumatoid Arthritis

Guo Ruilin, Zhao Ningxia, Ren Qinyou, et al.

Objective: To observe therapeutic effect of large dose of drugs for nourishing yin and tonifying the kidney in compound prescription on rheumatoid arthritis (RA). **Methods:** Based on existing heredity, immunologic factors and yin-deficiency syndrome in RA, large dose of drugs for nourishing yin and tonifying the kidney, Sheng Di Huang (*Radix Rehmanniae*), Nu

Zhen Zi (*Fructus Ligustri Lucidi*), Tu Si Zi (*Semen Cuscutae*) in a traditional compound prescription for increasing immunity were used to treat 30 cases of RA, and 35 cases of RA were treated by traditional recipe as control. **Results:** Total markedly effective rate was 56.7% and total effective rate was 93.4% in treatment group, and they were 23% and 74% in control group respectively. In total number and cumulative index of arthralgia, number and cumulative index of arthroncus, duration of morning stiffness, function of joint, treatment group was superior to control group ($P < 0.01$).

Author's address: Tangdu Hospital of Fourth Military Medical University, Xi'an 710038, Shanxi Province

Key words: Arthritis, rheumatoid/TCM the Drugs for tonifying the kidney/administration and dose

(Original article on page 522)

Study on Correlativity of TCM Phlegm and Stasis Coexistence Syndrome with Liver Fibrosis in the Patient of Chronic Virus Hepatitis

Tao Cuiling, Li Yan, Zhao Yanbo

Objective: To explore relation of TCM phlegm and blood stasis coexistence syndrome of chronic virus hepatic disease with indexes of liver fibrosis, serum hyaluronic acid (HA), laminin (LN) and type III procollagen (PC III) levels. **Methods:** Syndromes were classified and numbers of cases appearing the syndrome in 181 cases of chronic virus hepatitis were analysed, and the indexes of hepatic fibrosis were determined by radioimmunoassay. **Results:** 64 cases were involved in phlegm and blood stasis coexistence syndrome accounting for 35.35% with the highest appearing frequency of 312 times, indicating that phlegm and blood stasis coexistence syndrome is a commonly-seen syndrome in chronic virus hepatitis. The cumulative scores of phlegm and blood stasis syndrome showed positive correlation with serum HA, LN, PC III and triglyceride (TG) levels ($r = 0.85, 0.78, 0.82, 0.64$ respectively). TG level was positively relative with HA, LN, PC III levels ($r = 0.54, 0.62, 0.58$ respectively). **Conclusion:** TCM phlegm and blood stasis coexistence syndrome of chronic virus hepatitis was closely related to liver fibrosis, which provides clinical and experimental basis for that phlegm and blood stasis coexistence is possibly TCM pathological essence of liver fibrosis after virus hepatitis.

Author's address: Harbin City Hospital for Infectious Diseases, Harbin 150030.

Key words: Hepatitis, viral/diagnosis Liver fibrosis/diagnosis @Phlegm and blood stasis coexistence syndrome

(Original article on page 535)