

逍遥丸对缺血性脑血管病恢复期患者脂蛋白、载脂蛋白及血液流变学指标的影响

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摘要 目的:观察逍遥丸对缺血性脑血管病恢复期患者脂蛋白、载脂蛋白及血液流变学的影响。方法:将126例缺血性脑血管病恢复期患者随机分为治疗组68例,用逍遥丸口服治疗,每次9g,每日3次;对照组58例,用绞股蓝总甙片口服治疗,每次2片,每日3次。疗程均为2个月。观察患者用药前后的脂蛋白、载脂蛋白及血液流变学各项指标的变化。结果:治疗组患者甘油三酯(TG)、总胆固醇(TC)、低密度脂蛋白胆固醇(LDL-C)、极低密度脂蛋白胆固醇(VLDL-C)、载脂蛋白B-100(ApoB-100)水平较治疗前显著下降($P<0.01$);高密度脂蛋白胆固醇(HDL-C)及载脂蛋白A-1(ApoA-1)水平显著升高($P<0.01$);对血液流变学各项指标也有显著改善($P<0.01$)。在降低TG、TC、LDL-C、ApoB-100、升高HDL-C、ApoA-1水平及改善血液流变学各项指标方面,逍遥丸明显优于对照组($P<0.01$)。结论:逍遥丸能有效地抑制缺血性脑血管病恢复期脂蛋白的代谢异常及高粘滞血症,从而对缺血性脑血管病的康复治疗及预防复发将会起到积极作用。

主题词 脑缺血/中医药疗法 逍遥丸/治疗应用 血液流变学

缺血性脑血管病的病理基础是动脉硬化,而高脂血症是动脉硬化的首要危险因素,近来研究发现,在缺血性脑血管病患者中有明显的脂质代谢紊乱及高粘滞血症。笔者根据“痰瘀同治”的理论,用逍遥丸对缺血性脑血管病恢复期患者进行临床治疗,观察其用药后对血清脂蛋白、载脂蛋白及血液流变学的影响,并设对照组对比观察,旨在探求逍遥丸在缺血性脑血管病防治过程中的作用。

1 临床资料

治疗组68例中,男40例,女28例;平均年龄61.45岁;经CT确诊65例,MRI确诊3例;合并冠心病15例;糖尿病3例。对照组58例,男38例,女20例;平均年龄61.43岁;经CT确诊51例,MRI确诊6例;合并冠心病10例,糖尿病2例。两组患者在性别、年龄及病情分布状态等方面无明显差异($P>0.05$)。缺血性脑血管病诊断标准参照《中药新药临床研究指导原则》进行。受试者均来源于我院住院及门诊患者,均于发病3周后进行临床治疗观察。

2 治疗及观察方法

两组患者均维持平素规律饮食,治疗期间不用其他降脂药。治疗组口服逍遥丸9g,每日3次;对照组口服绞股蓝总甙片4mg,每日3次。两组患者均用药2个月采血检验,与用药前进行自身对照。

生化测定:所有受试者均于用药前后采集清晨空腹12h以上前臂静脉血,立即送验,迅速分离血浆以备测定,测定均由本院检验科专职工作人员当天完成。载脂蛋白A-1(ApoA-1)、载脂蛋白B-100(ApoB-100)、高密度脂蛋白胆固醇(HDL-C)、低密度脂蛋白胆固醇(LDL-C)、极低密度脂蛋白胆固醇(VLDL-C)、甘油三酯(TG)、总胆固醇(TC)的测定采用北京中生物生物工程高技术公司生产的试剂盒,用荷兰威图公司生产的ISP-M型自动生化分析仪进行测定。ApoA-1、ApoB-100测定应用免疫透射比浊法进行;HDL-C、LDL-C、VLDL-C测定应用磷钨酸-镁和聚乙稀硫酸沉淀进行;TG、TC测定应用酶免法进行。

血液流变学测定:采用江苏省锡山市医学光学仪器厂生产的XBH-35型全自动血流变综合检测仪。按照仪器要求,由专人操作进行测定。选择全血粘度、血浆粘度、全血还原粘度、纤维蛋白原、血栓形成系数指标进行观察,所有受试者均于用药前后做血液流变学测定。

统计学处理:用配对比较法及组间比较法 t 检验。

3 治疗结果

3.1 两组治疗前后血脂、脂蛋白及载脂蛋白变化比较:表1示,治疗组服药后,其TG、TC、LDL-C、VLDL-C、ApoB-100水平均有显著性下降($P<0.01$);HDL-C、ApoA-1水平均有显著性增高($P<0.01$)。对照组服药后,其TG、TC、LDL-C、VLDL-C、ApoB-100水平也有明显下降($P<0.01$),HDL-C、ApoA-1水平有明显增高($P<0.01$)。但在降低TG、TC、LDL-C、VLDL-C、ApoB-100水平及升高HDL-C、ApoA-1水平方面,治疗组明显优于对照组($P<0.01$)。

3.2 两组治疗前后血液流变学指标变化比较:治疗组服药后,其全血粘度、血浆粘度、全血还原粘度、纤维蛋白原、血栓形成系数指标均有显著性改善($P<0.01$)。对照组服药前后血液流变学各项指标无显著性变化。

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表 1 两组治疗前后血脂、脂蛋白、载脂蛋白变化比较($\bar{x} \pm s$)

组别	例数	TG(mmol/L)	TC(mmol/L)	HDL-C(mmol/L)	LDL-C(mmol/L)	VLDL-C(mmol/L)	ApoA-1(g/L)	ApoB-100(g/L)
治疗组	治前 68	7.65 $\pm$ 0.31	2.68 $\pm$ 0.38	1.19 $\pm$ 0.30	3.96 $\pm$ 0.36	0.39 $\pm$ 0.21	1.26 $\pm$ 0.22	0.97 $\pm$ 0.28
	治后 68	5.56 $\pm$ 0.33*	1.27 $\pm$ 0.36*	1.98 $\pm$ 0.38*	3.11 $\pm$ 0.38*	0.19 $\pm$ 0.22*	2.58 $\pm$ 0.23*	0.53 $\pm$ 0.26*
对照组	治前 58	7.61 $\pm$ 0.35	2.66 $\pm$ 0.31	1.21 $\pm$ 0.35	3.97 $\pm$ 0.36	0.39 $\pm$ 0.26	1.25 $\pm$ 0.21	0.96 $\pm$ 0.27
	治后 58	6.70 $\pm$ 0.36*	1.99 $\pm$ 0.35*	1.59 $\pm$ 0.33*	3.49 $\pm$ 0.33*	0.30 $\pm$ 0.21*	1.66 $\pm$ 0.26*	0.78 $\pm$ 0.28*

与本组治疗前比较,* $P<0.01$;与对照组治疗后比较, $\Delta P<0.01$

表 2 两组治疗前后血液流变学指标变化比较($\bar{x} \pm s$)

组别	例数	全血粘度(mPa·s)	血浆粘度(mPa·s)	全血还原粘度(mPa·s)	纤维蛋白原(g/L)	血栓形成系数
治疗组	治前 68	5.33 $\pm$ 0.36	2.78 $\pm$ 0.28	9.66 $\pm$ 0.39	5.96 $\pm$ 0.43	1.36 $\pm$ 0.29
	治后 68	4.15 $\pm$ 0.41*	1.69 $\pm$ 0.31*	6.71 $\pm$ 0.38*	3.91 $\pm$ 0.45*	0.70 $\pm$ 0.31*
对照组	治前 58	5.35 $\pm$ 0.38	2.76 $\pm$ 0.29	9.63 $\pm$ 0.38	5.93 $\pm$ 0.39	1.35 $\pm$ 0.26
	治后 58	5.29 $\pm$ 0.39	2.69 $\pm$ 0.26	9.59 $\pm$ 0.36	5.79 $\pm$ 0.41	1.29 $\pm$ 0.28

*与本组治疗前比较, $P<0.01$

($P>0.05$)。治疗组在改善血液流变学各项指标方面优于对照组。

4 讨论

随着人类疾病谱的变化,脑血管病已成为中老年人三大主要死亡原因之一,它不仅发病率高,其致死率、复发率更高,严重危害着人类健康水平。中医药在脑血管病的预防及急性期的救治方面都发挥了积极作用,尤其是在脑血管病后期的综合康复及预防再复发方面,越来越显示出其独特的优势。众所周知,脂质代谢紊乱是脑动脉硬化发生的关键,而脑动脉硬化是缺血性脑血管病的主要病理基础,借助现代医学理论,开展中成药对缺血性脑血管病危险因素影响的研究,从不同角度探讨本病的发病机理,进而为中医辨证提供一定的客观依据。

中医学认为,缺血性脑血管病恢复期以痰瘀互结、阻滞经脉为发生发展的关键所在,一般认为多与恣食肥甘厚味、饮酒、体质、年龄及先天禀赋密切相关。通过多年的临床实践使我们体会到,肝脾二脏功能失调是

导致缺血性脑血管病的重要原因之一。肝郁气滞,致使肝的疏泄功能失常,气滞则血瘀,阻碍气血运行;肝脾不调,脾失健运,以致水谷精微不能正常输布,聚湿而成痰浊,流注经脉,阻碍血运,痰瘀互结,损伤脉络而发本病。由此可见,痰浊和瘀血的形成与肝脾功能失调密切相关,而脑血管病的主要病理基础就是“痰浊”和“瘀血”,所以说,在脑血管病的预防和治疗过程中,一定不能忽视调理肝脾的作用。逍遥丸是疏肝健脾的代表方剂,方中柴胡疏肝解郁,助少许薄荷以增强其疏散条达之力;当归、赤芍养血活血而柔肝;白术、茯苓、甘草健脾和中而助运化。七味合用,肝郁得解,疏泄通畅,气行则血行,使瘀血祛而新血生;脾气健旺,生化有源,运化有序,而痰浊无以内生,从而使痰祛瘀除,气血流畅,经脉调达,从而达到消除本病致病因素的目的。

通过 126 例缺血性脑血管病临床观察证明,逍遥丸能有效抑制患者脂蛋白的代谢异常及高粘滞血症,从而对缺血性脑血管病的康复治疗及预防再复发起积极的作用。

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医药在治疗发热时,要除热务尽,毒炎并治。

4.2 活血化瘀,贯彻始终:SARS 病热毒深重。热毒入血,则为血毒。热毒瘀互结,重点损肺,旁及心、肝、肾。肺络、心络、肝络、肾络的损伤是热毒血毒损害的主要靶器官。因此,早期介入,全程使用活血化瘀药物可以大大减轻络脉的损伤。

4.3 预防截断,发于机先:SARS 的自然发展过程为热喘脱,所以在预知其发展进程,提前阻断。截断病程的总原则是:在卫即可清气,到气即可凉营,喘咳下不厌早,喘憋即需固脱。SARS 除肺的损伤外,大多都有肝功能损害,部分有心肌酶谱的改变、肾功能的异常,

其原因可能有病毒的直接作用如内毒素血症及炎症因素的释放攻击,也可能有抗病毒药物、抗生素、激素等对细胞的损伤。已有突然死亡病例显示,心肌病变出现致死性心律失常不容忽视。我们已建立了预警系统,从临床及实验室两个方面监测肺、心、肝、肾的动态变化,以便及时提出预报。对心肌酶升高、心悸、气短、乏力者,静脉点滴参麦注射液、黄芪注射液、凯时注射液、维生素 C、FDP 等,口服补心气口服液等;对肝酶升高者可静脉点滴苦黄注射液或茵栀黄注射液,口服复方益肝灵等;对肾功能改变、尿微量白蛋白增加者,可静脉点滴黄芪注射液、丹参注射液,口服百令胶囊等,早期用药截断病程。

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-1 (ApoA-1) 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-1 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.

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

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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 ($P<0.01$).

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

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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.

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

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