

解毒清痹方配合葛根素治疗类风湿性关节炎 60 例临床观察

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主题词 关节炎, 类风湿/中医药疗法 @ 解毒清痹方 葛根素/治疗应用

类风湿性关节炎是一种常见病, 临床表现为周身小关节红肿热痛、晨僵、关节功能障碍, 甚则骨质破坏, 关节功能丧失。我院风湿免疫科从 1999 年 10 月~2001 年 12 月共收治类风湿住院病人 60 例, 运用中药解毒清痹方加减并配合静点葛根素注射液治疗, 疗效满意, 现总结如下。

1 临床资料

1999 年 10 月~2001 年 12 月就诊于我院风湿免疫科的住院病人, 根据病史、症状、体征、各项理化检查(X 线、RF)均符合类风湿性关节炎诊断标准[1987 年美国风湿病学会(ARA)诊断标准]共 60 例, 其中男性 9 例, 女性 51 例, 病程 3 个月~18 年, 年龄 20~75 岁。参阅 ARA 的类风湿性关节炎病情活动标准, 自拟病情活动度, 分为轻度 13 例, 中度 13 例, 重度 34 例。依据类风湿双手 X 线分期, I 期 26 例, II 期 13 例, III 期 18 例, IV 期 3 例。

病情活动度诊断标准: 轻度: 无晨僵, 疼痛关节数 < 2, 肿胀关节数 0, 血沉 < 10mm/h; 中度: 晨僵 1.5h, 疼痛关节数 12, 肿胀关节数 7, 血沉 41mm/h; 重度: 晨僵 > 5h, 疼痛关节数 > 34, 肿胀关节数 > 23, 血沉 > 92mm/h。

2 治疗及观察方法

治疗方法: 解毒清痹方由金银花、玄参、当归、生甘草、白花蛇舌草、生地黄、山慈菇、鹿衔草等组成, 配合葛根素注射液 0.5g 加入 5% 葡萄糖注射液 500ml 静脉滴注, 每日 1 次, 15 天为 1 个疗程。一般治疗 2 个疗程。

疗效评定标准: 参阅 ARA 类风湿性关节炎临床缓解标准及疗效平均指数(EAI)进行评价。具体方法如下: 分别记录病人治疗前后疼痛关节数、肿胀关节数、晨僵时间、血沉 4 项计量资料, 计算治疗后减少的百分数(ES)。ES = [(A - B) / A] × 100% (A 为治疗前

数, B 为治疗后数)。分别记录病人治疗前后关节压痛度(0 度: 无痛; I 度: 触按时诉痛; II 度: 按压时出现痛苦表情; III 度: 按压时退缩或缩回关节, 支撑动作困难或拒触压)、关节肿胀度(0 度: 正常; I 度: 关节周围软组织凹陷轮廓隆起; II 度: 关节周围凹陷消失, 与骨突平; III 度: 肿胀高出骨突部), 关节功能级(0 级: 正常; I 级: 关节活动受限 20% 或小于 10°; II 级: 关节活动受限 40% 或小于 15°; III 级: 关节活动受限 60% 或小于 20°; IV 级: 关节活动受限 80% 或小于 25° 或固定, 强直, 变形, 脱位)、日常生活活动(ADL)分级(I 级: 不能自行完成, 全靠他人代替; II 级: 自己能做一部分, 但需他人帮助; III 级: 在他人指导下可以完成; IV 级: 能独立完成但较慢, 或需要使用辅助器和支具; V 级: 正常, 能独立完成)。

对上述等级资料采取计分制, 0 度或级 0 分, 1 度或级 1 分, 2 度或级 2 分, 3 度或级 3 分, 分数再乘以关节个数, 计算出总分。计算 ES 方法同前。计算每个病例的 EAI。EAI = ΣX / N (Σ = 求和, X = 治疗后单项减少百分数, N = 项目总个数)。

疗效分级评定: 临床完全缓解: 治疗后疗效平均指数减少大于 90%; 显效: 治疗后疗效平均指数减少大于 60%; 有效: 治疗后疗效平均指数减少大于 30%; 无效: 治疗后疗效平均指数减少小于 30% 或出现负值。

3 治疗结果

共观察 60 例, 治愈 2 例(3.3%), 显效 16 例(26.67%), 有效 30 例(50%), 无效 12 例(20%), 总有效率 80%。治疗后疼痛关节数、肿胀关节数、晨僵时间、血沉值均显著下降, 治疗前后比较, 差异均有显著性($P < 0.05$ 或 $P < 0.01$)。治疗后关节压痛度、肿胀度有明显改善, 与治疗前比较有显著性意义($P < 0.05$)。而关节功能级、日常生活活动有好转趋势, 但无显著性意义($P > 0.05$)。

4 讨论

类风湿属于中医“痹证”、“历节风”范畴。传统治疗多以祛风湿、温通经脉为主, 治疗效果不佳。房定亚教授在长期治疗工作中发现, 类风湿活动期多表现为发热, 有关节肿胀或红热、不可触近、咽干、尿黄、便干等

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管、改善循环和降低血脂的药物,活血药如丹参、川芎、红花、赤芍等。现代研究证实,对左室肥厚的抑制主要通过扩张血管,抑制心肌局部和血液中 Ang II 的合成与释放,抑制胶原合成和间质的增生,增加冠脉血流量,改善心肌缺血,抑制血小板聚集等作用而实现,可能还有更深层次的分子机制^[4~6]。具有降脂、抗动脉粥样硬化作用的中药主要有活血化淤类药物,如蒲黄、丹参、赤芍、川芎等的成分和提取物及大黄廑虫丸等;除湿化浊、祛痰散结类药物,如泽泻、草决明、大蒜等;一些补益药如人参、首乌、女贞子等和复方六味地黄丸也可在辨证基础上选择应用。另外,应重视药物的长期应用,短期难以取得较好的效果。

4 非药物治疗

世界卫生组织曾提出非药物疗法应成为高血压病的首选治疗方法^[7]。对一些年龄较小、病情较轻而又无明显靶器官损害的患者,现代医学也主张采用非药物疗法。首先是生活方式的改变。现在所倡导的以适量运动、合理膳食、戒烟限酒、心理平衡为主要内容的健康生活方式更适用于高血压病的防治。中医学很早就强调应用非药物疗法。这些方法如针灸疗法、耳穴贴压法、药物敷穴法、药枕疗法、浴足疗法、气功、按摩、推拿疗法等,不仅适合轻、中度高血压病患者,而且对于那些体弱多病不宜多服降压药或久服降压药而产生耐受的患者尤为适合。笔者在临床上根据患者的情况选用以上方法,多收效良好。

注意情志调节是中医治病的一大优势,中医学对于病不仅看到局部病变,更要看到疾病是发生在活体、有思维的人身上。《素问·汤液醪醴论》曰:“精神不进,志意不治,病不可愈”。因此,对于高血压病人重视情志

调节,配合中医心理疗法,如转移注意、说理开导、导引行气,以情胜情等,这些方法也符合世界医学发展的潮流,即由生物医学模式向生理——心理——社会医学模式的转变,在高血压病的治疗中发挥着越来越重要的作用。

总之,中医治疗高血压病是根据病人的整体情况,针对病因病机和证候表现,坚持标本兼顾,综合治疗,而且一般情况下安全有效,毒副作用少,患者乐于接受。基于中医之整体观念和辨证论治的思维方法,上述中医药的独特优势,对于高血压病的防治具有十分重要的现实意义。

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热毒证候。现代医学认为类风湿性关节炎有全身血管的炎症变化。受此启发,房教授运用具有清热解毒、活血止痛之功效的四妙勇安汤加减治疗类风湿性关节炎,经反复实践,组成解毒消痹方。方中重用银花清热解毒,玄参泻火解毒,当归活血散瘀,白花蛇舌草、山慈菇共奏清热解毒、消肿散结之功,鹿衔草补益气血、祛风除湿,甘草利中缓急、清热解毒、调和诸药。

葛根是一味常用中药,具有解痉生阳止泻的功效。葛根提取出的葛根素注射液具有改善微循环、扩张冠脉、降低心肌耗氧量、减慢心率、降血糖、解痉挛等作用,故广泛用于心脑血管疾病。据现代免疫药理研究,葛根汤提取物粉末可减轻大鼠角叉菜胶性足趾肿胀,明显增强小鼠肝、脾、巨噬细胞对炭粒摄取功能,对羊

红细胞诱发的小鼠迟发型足肿胀具有抑制作用,提示葛根有很好的抗炎作用。另外对 I、Ⅲ、Ⅳ型超敏反应有抑制作用,为其治疗免疫性疾病提供了药理基础。针对类风湿性关节炎是由免疫介导引起的血管炎症反应,具有关节肿胀、僵硬的症状特点,运用葛根素静脉滴注,具有改善关节周围血液循环、抑制炎症反应、解痉的作用。患者晨僵、肿胀、畏寒症状明显缓解。

在收入院 60 例病人中,中药配合葛根素静点大部分病人均取得了满意疗效,说明该方法治疗类风湿的辨证思路是正确的。但该方法观察时间较短,仅为 1 个月,且对关节功能分级、日常生活活动(ADL)评分有改善,但无统计学意义,而目前类风湿治疗中更注重远期疗效及对生活质量的改善,故运用该方法治疗类风湿性关节炎有待进一步的研究。

ABSTRACTS FROM ORIGINAL ARTICLES

Effects of Acupuncture and Moxibustion on TGF- β_1 mRNA, VEGF mRNA Expression and Apoptosis Gene Fas in Bone Tissue of the Ovariectomized Rats

Liu Xianxiang, Shen Lin, Wu Mingxia, et al.

Objective: To explore the mechanism of acupuncture and moxibustion for treatment of osteoporosis in ovariectomized rats. Methods: TGF- β_1 mRNA, VEGF mRNA expression of bone tissue and apoptosis gene Fas were detected respectively by in situ hybridization and immunohistochemistry. Results: TGF- β_1 and VEGF gray density in the model group were lower than those in the sham operation group ($P < 0.05$), and those in the acupuncture group, the moxibustion group and the estradiol group were higher than those in the model control group ($P < 0.05$). Fas protein positive expression rate in osteoblast in the model group was lighter than that in the sham operation group ($P < 0.01$), and in the estradiol group was lower than that in the model group ($P < 0.01$). Fas protein positive expression rate in the osteoclast in the acupuncture group, moxibustion group and estradiol group were higher than those in the sham operation group ($P < 0.05 \sim 0.01$). Conclusion: Acupuncture and moxibustion can effectively regulate Fas gene expression in osteoblast, stimulate activities of TGF- β_1 and VEGF, and increase expression of TGF- β_1 mRNA and VEGF mRNA.

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Key words: Bone and bone tissue/acup-mox eff. Gene expression/acup-mox eff. @ Apoptosis gene Fas

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Xingdian Decoction for Treatment of 60 Cases of Schizophrenia with Negative Symptoms as Main

Du Hong, Ma Shuping, Lu Yaqin

Objective: To observe therapeutic effect of Xingdian Decoction on schizophrenia with negative symptoms as main. Methods: The therapeutic effects were observed with BPRS, SANS, GAS, CGI, SDSS scales before and after administration. Reverse reactions were observed with TESS scale, and Sulpiride was used as control treatment. Results: Xingdian Decoction and Sulpiride have a similar therapeutic effect on schizophrenia with negative symptoms as main, with the Chinese drug having less side effects. Conclusion: Xingdian Decoction has definite therapeutic effect on schizophrenia with negative symptoms as main.

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Key words: Schizoid personality disorder/TCM therapy, @ Xingdian Decoction

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Clinical Observation on High Colonic Lavement for Delaying Renal Failure in 98 Cases

Wang Pu, Tao Xiaojuan, Xue Hongzhen

Objective: To observe effect of combination of TCM-WM with high colonic lavement for delaying renal failure. Methods: 98 cases of renal failure at compensatory phase were randomly divided into a treatment group treated with high colonic lavement, twice each week, 2 hours each time, and a control group treated with oral administration of coated aldehyde oxystarch, 10g each time, thrice each day, 3 months constituting one course. Results: After lavement, symptoms were improved, decreasing velocity of the clearance rate of endogenous creatinine in blood and urine slowed lowered, renal survival rate of kidney increased, and the interval of dialysis and other replacement therapy obviously postponed in the treatment group as compared with that before treatment and the control group. Conclusion: The high colonic lavement has obvious therapeutic effect in delaying renal failure velocity with a smaller stimulation to the stomach and small intestine. It is an effective way for conservation treatment of renal failure.

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Key words: Renal failure, chronic/combined treatment of TCM and WM

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Jiedu Qingbi Decoction Combined with Puerarin for Treatment of 60 Cases of Rheumatoid Arthritis

Pan Zheng, Zhou Caiyun, Fang Dingya

Objective: To study therapeutic effect of Jiedu Qingbi Decoction combined with puerarin on rheumatoid arthritis. Methods: All subjects were treated by modified Jiedu Qingbi Decoction combined with intravenous drip of Puerarin Injectio, 0.5g each day, for 15~30 days. Therapeutic effect average indexes were used for evaluation of therapeutic effects. Results: After treatment, the number of painful joints and swelling joints, morning-rigidity lasting time, articular tenderness and swelling degrees were significantly improved ($P < 0.05$), and articular functional grades and activity of daily life tended to improve with no statistical significance ($P > 0.05$). Conclusion: The method has a certain therapeutic effect on rheumatoid arthritis.

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Key words: Arthritis, rheumatoid/TCM therapy, @ Jiedu Qingbi Decoction; Puerarin/therapeutic use

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