

滋阴熄风活血汤治疗早期帕金森病 20 例临床观察

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摘要 目的:初步评价滋阴熄风活血汤治疗早期帕金森病的临床疗效。方法:采用随机对照方法,符合受试标准的病例在基础治疗基础上,治疗组给予滋阴熄风活血汤,对照组给予美多巴片,疗程 3 个月;评价患者中医老年颤证功能障碍记分、UPDRS 评分改变。结果:40 例患者,两组各 20 例,治疗前两组患者一般情况比较,基线基本一致。治疗前、治疗后组间老年颤证功能障碍记分、UPDRS 评分比较,差异均无显著性意义($P>0.05$),治疗前后组内比较,差异均有显著性意义($P<0.01$)。治疗 3 个月后 UPDRS 评分改变,治疗组显效率 40%,总有效率 80%,与对照组比较,差异无显著性意义($P>0.05$)。结论:初步表明滋阴熄风活血汤在治疗早期帕金森病方面有明显疗效。

主题词 帕金森病/中医药疗法 @ 滋阴熄风活血汤

帕金森病是一种神经系统变性疾病,60 岁以上人群多见,临床以静止性震颤、运动迟缓、肌强直和姿势步态异常为主要特征。目前公认控制本病临床症状最佳的药物为左旋多巴类药物,但其有效时间为 2~5 年,以后疗效将减退或失效,且因其出现的并发症及副作用,往往使患者难以坚持。因此,寻求新的治疗方法尤为重要。我们用自拟滋阴熄风活血汤治疗早期帕金森病 20 例,取得了明显的疗效。现报道如下。

1 临床资料

1.1 病例来源:广东省中医院 2002 年 1 月~2003 年 3 月的帕金森病专科门诊病例。

1.2 病例选择:中医诊断标准参照中华全国中医学会老年医学学会《中医老年颤证诊断和疗效评定标准》(试行)^[1],帕金森病诊断标准参照 1984 年 10 月《帕金森病及帕金森综合征的诊断标准及鉴别诊断》^[2]。纳入标准:(1)年龄 40~75 岁;(2)中医诊断为颤病,证属肝肾不足;(3)西医诊断为帕金森病;(4)发病 6 个月~3 年以内。(5)Hoehn 和 Yahr 帕金森病分级标准Ⅲ级以内者。排除标准:(1)各种帕金森综合征者;(2)有严重的心、肝、肾、造血系统疾患或恶性肿瘤,精神障碍者;(3)不能按要求接受、完成治疗者。

1.3 一般情况:符合上述纳入、排除标准的 40 例,治疗组 20 例,对照组 20 例。治疗组中男 11 例,女 9 例,年龄 45~74 岁,平均 65.3 岁,病程 7 个月~6 年,平

均 3.9 年;对照组中男 10 例,女 10 例,年龄 42~75 岁,平均 67.5 岁,病程 6 个月~5 年,平均 4.2 年,两组患者性别、平均年龄、病程等经 χ^2 、 t 检验($P>0.05$),差异无显著性意义。提示治疗前两组患者一般情况比较,基本一致。

1.4 病例分组:随机对照试验。随机方法:简单随机法,通过 Casio fx-3600 计算器,进行数字的随机分组,一组为治疗组,一组为对照组。符合受试标准的病例按照预先随机分配的密闭信封(拆启后)中的组别接受治疗组或对照组的治療。

2 治疗及观察方法

2.1 治疗方法

2.1.1 基础治疗:有其他并发症的可给予相应治疗,如血压升高者可用常规降压药,糖尿病患者可用降糖药对症治疗等。

2.1.2 对照组:在基础治疗基础上,给予美多巴 125mg,每日 2 次,连用 1 周,然后改为美多巴 250mg,每日 2 次;汤药用安慰剂:薏苡仁 30g,白术 12g,茯苓 12g,大枣 12 枚,麦芽 30g,甘草 6g,连续 3 个月。

2.1.3 治疗组:在基础治疗基础上,给予滋阴熄风活血汤(熟地黄 24g,山茱萸 12g,白芍 15g,天麻 15g,川芎 12g 等)。每日 1 剂,水煎服。每月连服 3 周,连续 3 个月。

2.2 观察指标与方法

2.2.1 中医老年颤证功能障碍记分:参照中华全国中医学会老年医学学会《中医老年颤证诊断和疗效评定标准》(试行)^[1]。

2.2.2 UPDRS 评分:参照统一帕金森病评定量表(UPDRS 3.0 版)^[3]。

2.2.3 UPDRS 评分改变:疗效评定标准参照国家“九五”计划帕金森病综合治疗研究组修订的《帕金森病功能评定量表》(改良 UPDRS)的改善程度判断标准,结合 UPDRS(Ⅱ、Ⅲ)覆盖面大,积分增加等实际情况,制定了疗效评定标准为 5 个级别。无效:1%~19%,有效:20%~49%,显效:50%~99%,临床治愈:100%,恶化。

计算公式:(治疗前得分-治疗后得分)/治疗前得分×100%

2.3 统计学方法:两组间样本均数比较用 t 检验,组

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附表 两组患者中医老年颤证功能障碍

记分、UPDRS 评分比较($\bar{x} \pm s$)

组别	例数	颤证功能障碍记分	UPDRS 评分
治疗组	治疗前	20 14.95±1.88	60.95±3.24
	治疗后	20 8.90±1.68*	36.95±7.24*
对照组	治疗前	20 14.80±2.04	60.70±3.59
	治疗后	20 8.65±1.57*	40.35±8.98*

与本组治疗前比较, * $P < 0.01$

内差值前后比较用配对 t 检验, 计数资料采用 χ^2 检验, 等级资料用 $Ridit$ 分析。统计分析均在 SPSS 10.0 版中操作完成。

3 治疗结果

3.1 中医老年颤证功能障碍记分比较: 附表示, 治疗前、治疗后组间老年颤证功能障碍记分比较, 差异均无显著性意义($P > 0.05$), 两组治疗前后组内老年颤证功能障碍记分比较, 差异均有显著性意义($P < 0.01$)。

3.2 UPDRS 评分比较: 附表示, 两组治疗前后组间老年 UPDRS 评分比较, 差异均无显著性意义($P > 0.05$), 两组治疗前后组内 UPDRS 评分比较, 差异均有显著性意义($P < 0.01$)。

3.3 治疗 3 个月后 UPDRS 评分改变: 治疗组: 治愈 0 例, 显效 8 例, 有效 8 例, 无效 4 例, 总显效率 40%, 总有效率 80%; 对照组: 治愈 0 例, 显效 7 例, 有效 8 例, 无效 5 例, 总显效率 35%, 总有效率 75.5%, 差异无显著性意义($P > 0.05$)。全部病例治疗后血、尿、粪常规及心、肝、肾功能检查未出现明显异常变化, 治疗过程中无一例出现不良反应。

4 讨论

帕金森病属中医学“颤病”范畴, 大多发于中老年, 肝肾亏虚是其发病本源。中年之后肝肾自亏, 更兼劳顿、色欲之消耗, 而致阴精虚少、形体衰败。即《内经》所谓“年四十而阴气自半, 起居衰矣”; 本病病位在脑, 脑为髓海, 肾虚则髓减, 脑髓不充, 渐发为本病, 病理解剖

多提示, 多巴胺神经元变性可为佐证。同时, 患者的临床表现也大多提示为肝肾亏虚的特征, 临床常见头昏神疲、痴呆健忘、迟钝少欲、腰酸腿软、不耐疲劳、夜卧多尿等症状, 以及肌张力增强, 也都是肝肾不足的表现。本病以震颤、动摇为主症, 是为肝风内动之征, 然肝风之起, 均由肝肾亏虚所致。在肝肾亏虚的基础上, 痰瘀内生, 阻滞脑脉。更加剧了内风暗动。从上可知, 肝肾亏虚为其根本, 标在内风痰瘀。但内风暗动、痰瘀交阻实为重要的病理因素, 故帕金森病总属虚实夹杂为病。治疗重在权衡标本, 针对本病主要病机特点, 自拟滋阴熄风活血汤治疗早期帕金森病, 其中地黄甘寒多汁, 主清主润。《本草经疏》曰: “干地黄, 为补肾家之要药, 益阴血之品, 血补则阴气得和, 而无枯燥拘挛之疾矣”。山茱萸滋阴补肾, 川芎上行巅顶, 行气活血, 白芍养血柔筋, 天麻熄风舒筋, 诸药合用, 共奏滋阴熄风、活血止颤之功。并且诸药药性较平, 剂量较小, 可长期服用, 寓“平淡中见神奇”之意。现代药理研究表明^[4], 芍药中的主要成分芍药甙具有较好的解痉作用, 山药、天麻均有抗衰老作用。

自拟中药与西药无明显差异, 说明二者疗效大致相同, 均可减轻患者临床症状, 改善和提高生活质量, 延缓疾病进程, 但中药治疗无明显副作用, 可长期服用, 依从性好, 为患者减轻痛苦及经济负担, 但能否替代西药及远期疗效尚待进一步观察。

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苦, 时而恶心未吐, 牙龈出血, 精神极差, 四肢乏力, 夜寐不安, 大便稀, 每日 4~5 次, 无里急后重; 小便每日 1500~2000ml。体检: 神清, 神疲, 皮肤巩膜深度黄染, 颈及前胸皮肤可见 3 颗蜘蛛痣, 腹软无压痛及反跳痛, 肝脾未扪及, 莫非氏征阳性, 腹水征可疑阳性, 双下肢轻度指压凹陷水肿, 舌质淡红、苔白腻有齿印, 脉细。肝功能: ALT343U/L, AST137U/L, A/G(36g/27g)=1.3:1, TBIL201.3 μ mol/L, DBIL146.5 μ mol/L, CHOL2.71mmol/L, 总胆汁酸(CTBA)129 μ mol/L(正常值 0~10 μ mol/L), PT43.4s, HBsAg、抗 HBe、抗

HBc、HBV-DNA 阳性。诊断慢性重型肝炎(中期)。予以护肝支持, 对症处理, 中医以温阳化湿, 利胆退黄法。药用: 苏梗、砂仁、鹿角霜、法半夏、失笑散、炙甘草各 10g, 炒白术、瓜蒌、茯苓各 15g, 茵陈 30g。3 剂后知饥欲食, 无恶心呕吐, 腹胀明显好转, 效不更方。

10 月 13 日复查肝功能: ALT36U/L, AST49U/L, A/G(37g/34g)=1.1:1, TBIL76.8 μ mol/L, DBIL23.3 μ mol/L, CHOL3.65mmol/L, TBA71 μ mol/L, PT20.5s, 恐其久病瘀血阻络及温药伤阴, 先后在原方基础上加丹参 20g, 生地黄 15g, 于 12 月 20 日复检肝功能恢复正常而出院。

ABSTRACTS FROM ORIGINAL ARTICLES

Effect of Long-term Treatment with Removing Heat and Dampness and Regulating Collateral Method on Urinary Protein in Patients of Chronic Nephritis

Zou Xi, Xiong Ningning

Objective: To observe effect of long-term treatment with removing heat and dampness and regulating collateral method on urinary protein in the patient of chronic nephritis. **Methods:** 43 cases of chronic nephritis were treated by removing heat and dampness and regulating collateral method for one year and the therapeutic effect was observed. **Results:** Proteinuria was obviously improved in the patient of chronic nephritis. **Conclusion:** The removing heat and dampness and regulating collateral method is effective for chronic proteinuria in the patient of chronic nephritis. *Tripterygium Wilfordii* is beneficial to control of proteinuria.

Author's address: Nanjing University of TCM, Nanjing 210036

Key words: Nephritis/TCM therapy; Removing heat and dampness

(Original article on page 266)

Observation on Therapeutic Effect of 32 Cases of Rheumatoid Arthritis Treated with Chinese Herbs for Expelling the Wind and Promoting Blood Circulation plus Small Dose of Salicylazosulfapyridine

Zhang Luhuan, Guan Yaohui, An Pengcheng, et al.

Objective: To observe therapeutic effects of Chinese drugs for expelling the wind and promoting blood circulation plus small dose of salicylazosulfapyridine (SSZ) on main clinical symptoms of rheumatoid arthritis (RA). **Methods:** Oral administration of decoction for expelling the wind and promoting blood circulation plus small dose of SSZ, non-steroid anti-inflammatory agents (NSAIDs) and glucocorticoid (GC) was given and the therapeutic effects were assessed. **Results:** After treatment of 3 months, main symptoms of RA, rest pain, morning stiffness, arthralgia and joint tenderness were improved significantly ($P < 0.01$), and deformation of joint did not improve. The clinical effective rate was 93.8%. **Conclusion:** Chinese drugs for expelling the wind and promoting blood circulation plus small dose of SSZ have definite therapeutic effect on main symptoms of RA.

Author's address: Fufeng County Hospital of TCM, Shanxi Province 722200

Key words: Arthritis, rheumatoid/integrated TCM and WM therapy; @Expelling the wind and promoting blood circulation

(Original article on page 270)

Clinical Control Study on Ziyin Xifeng Huoxue Decoction for Treatment of Parkinson's Disease at Early Stage

Wang Wentong, Luo Xiaodong, Wu Wei, et al.

Objective: To assess clinical therapeutic effect of Ziyin Xifeng Huoxue Decoction on Parkinson's disease at early stage. **Methods:** 40 patients under basic therapy were randomly divided into treatment and control group, 20 cases in each. Treatment group were treated with Ziyin Xifeng Huoxue Decoction and the control group were treated with Madopa tablets for 3 months. TCM senile tremor syndrome dysfunction scores and changes UPDRS scores were evaluated. **Results:** After treatment, there were no significant differences in senile tremor syndrome dysfunction scores and UPDRS scores between two groups ($P > 0.05$), but there were significant differences before and after treatment in the two groups (both $P < 0.01$). After treatment of 3 months, the total markedly effective rate was 40% and the total effective rate was 80% for the change of UPDRS scores with no significant difference as compared with the control group. **Conclusion:** Ziyin Xifeng Huoxue Decoction has obvious therapeutic effect on Parkinson's disease at early stage.

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Key words: Parkinson's disease/TCM therapy; @Ziyin Xifeng Huoxue Decoction

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Experimental Study on Molecular Mechanisms of Shenbi-ning in Treatment of Chronic Serum Disease and IgA Nephrosis

Ding Ying, Song Chundong

Objective: To probe mechanisms of Shenbi-ning in treatment of many kinds of nephrosis and molecular mechanisms of "treating different diseases with the same therapeutic principle". **Methods:** Chronic serum disease and IgA nephrosis model rat was established, and hyperplasia of mesangium, apoptosis and Fas and PCNA expression in the mesenteric region were investigated with HE staining, TUNEL and immuno-histochemical methods, respectively. **Results:** Shenbi-ning could improve Fas expression, reduce pathological lesion which was positively correlated with the apoptosis rate for the two membranous types with significant difference between treatment group and model group ($P < 0.05$). **Conclusion:** Shenbi-ning treats many kinds of diseases through controlling Fas expression in the mesenteric region, inducing apoptosis in the mesentery and inhibit its hyperplasia; and molecular basis of "treating different diseases with the same therapeutic principle" is possibly that a same drug regulates same genes of different diseases.

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Key words: Serum disease/TCM therapy; glomerulus nephritis, IgA/TCM therapy

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