

祛风活血中药加小剂量柳氮磺胺吡啶等综合治疗 类风湿性关节炎 32 例疗效观察

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摘要 目的:观察祛风活血中药加小剂量柳氮磺胺吡啶(SSZ)对类风湿性关节炎(RA)主要临床症状的治疗效果。方法:口服祛风活血煎剂,加小剂量 SSZ,以及因症选择非甾体抗炎药(NSAIDs)和糖皮质激素(CS),拟定指标量表。结果:经过 3 个月治疗后,RA 主要症状休息痛、晨僵、关节肿胀和关节压痛有明显改善($P<0.01$),关节畸形无改善;治疗前后总分比较临床有效率为 93.75%。结论:祛风活血中药加小剂量 SSZ 等综合治疗 RA 的主要症状疗效肯定。

主题词 关节炎,类风湿/中西医结合疗法 @ 祛风活血

类风湿性关节炎(RA)病因及发病机制均不十分明确,目前缺乏控制药物,其治疗仍然为临床难题。国内文献积累了丰富的特色疗法,但以祛风活血中药加小剂量西药综合治疗 RA 的报道尚少。本文拟以中医辨证为基础,以症组方,结合西医疗法作一初探。

1 临床资料

选择扶风县中医医院风湿病科门诊 2001 年 11 月~2003 年 1 月间,符合 1987 年美国风湿病协会 RA 诊断标准^[1]的初诊病例,除外强直性脊柱炎、骨关节炎、痛风及系统性红斑狼疮等疾病,确诊为 RA 的 32 例。其中男性 5 例,女性 27 例,年龄 44.25 ± 10.97 岁,总病程 60 ± 75.77 个月,现病程 9.09 ± 15.27 个月,初病程 55.19 ± 29.53 天。其中继发性胃炎 9 例,轻度贫血 15 例,伴发高血压 5 例,激素和止痛剂依赖的 7 例。实验室检查:类风湿因子(RF)阳性 22 例,抗“O”(ASO) ≥ 250 U 的 4 例,C 反应蛋白(CRP) $>10\sim40\mu\text{g/ml}$ 的 6 例,血沉 $>28\text{mm/h}$ 11 例。

2 治疗及观察方法

2.1 治疗方法:(1)中药基础方:当归、川芎、桂枝、附子、乌梢蛇、羌活、独活、炮穿山甲各 5~10g,青风藤 10~15g,鸡血藤 10~15g,细辛 3g,三七粉 3g(冲服),炙甘草 3g,制马钱子胶囊 0.03 $\times$ 2 粒(分吞)。加减:关节肿胀偏重加生薏苡仁 30g,防己 10g;关节压痛偏重加熟地黄 5g,黄芪 15g;关节疼痛伴局部发热加地龙

12g,生石膏 12g,知母 12g;关节疼痛伴局部发凉加黄芪 15g,鹿角霜 15g;休息痛和晨僵偏重用基础方。煎服法:每日 1 剂,水煎 2 次,每次加水 500ml,煮沸 15~20 分钟,两次取汁约 300ml,早晚饭后分服。(2)西药用法:该综合疗法仿倒金字塔模式^[2],改善病情药选择柳氮磺胺吡啶(SSZ),初始量 0.5g/d,若治疗 1 个月后无效可逐渐加至 1.0~1.5g/d;治疗前晨僵和休息痛偏重的 20 例应用非甾体抗炎药(NSAIDs)美洛昔康 7.5mg/d;症状严重的 3 例应用糖皮质激素(CS)强的松 5~15mg/d。经治疗主要症状缓解后,NSAIDs 和 CS 可停用,祛风活血中药和小剂量 SSZ 继续服至临床症状控制及检验指标转阴后停药。

2.2 观察指标:根据 RA 主要症状晨僵(>30 分钟)、休息痛(休息时中度疼痛)、关节肿胀(3 小时以上)、关节压痛(多个关节压痛)及关节畸形自拟量表,进行指标观察。对治疗前后晨僵和休息痛用 0~4 五级评分方法评价(“0”为无症状,“1”很轻,“2”中等,“3”偏重,“4”严重);其他 3 项用关节肿胀指数(肿胀关节数 $\times$ 肿胀程度)、关节压痛指数(关节压痛数 $\times$ 疼痛程度)、关节畸形指数(畸形关节数 $\times$ 畸形程度)评价。改善率用以下公式计算:改善百分率(%)=[(治疗前值-治疗后值)/治疗前值] $\times 100\%$ 。

参加量表测评为两名医师,测试前对指导语和方法进行统一学习明确要求,熟练掌握方法标准。相关分析一致性检验 $r=0.82$ 。不良反应观察方法:初诊询问患者有无磺胺及止痛剂过敏史,复诊查询不良反应症状,同时按常规观察实验室检查结果。

3 治疗结果

3.1 疗效标准:参照文献^[3,4]对上述各项指标的改善百分率相加求均值得总分改善百分率,对疗效进行综合分析。明显进步:主要症状指标改善 $\geq 75\%$;进步:主要症状指标改善 50%~74%;改善:主要症状指标

表 1 观察指标总分比较($\bar{x}\pm s$)

疗效	例数	治疗前	治疗后	差值	P 值
明显进步	17	18.35 $\pm$ 9.83	3.06 $\pm$ 2.49	15.29 $\pm$ 6.64	<0.01
进步	10	16.80 $\pm$ 7.80	6.20 $\pm$ 3.22	10.60 $\pm$ 5.01	<0.01
改善	3	27.33 $\pm$ 16.44	15.67 $\pm$ 9.29	11.67 $\pm$ 7.23	<0.05
无效	2	29.50 $\pm$ 24.75	27.50 $\pm$ 24.75	2.00 $\pm$ 1.41	>0.05

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表 2 减分率疗效比率

减分率评价	关节压痛	关节肿胀	关节畸形	休息痛	晨僵
≥75%	9/32(28.1%)	15/25(60.0%)	0	9/32(28.1%)	10/32(31.3%)
50%~74%	9/32(28.1%)	3/25(12.0%)	0	17/32(53.2%)	8/32(25.0%)
30%~49%	8/32(25.0%)	0	0	1/32(3.1%)	13/32(40.6%)
≤29%	6/32(18.8%)	7/25(28.0%)	16/16(100%)	5/32(15.6%)	1/32(3.1%)

表 3 治疗前后主要症状指标比较($\bar{x} \pm s$)

	关节压痛	关节肿胀	关节畸形	休息痛	晨僵
治疗前	8.75±4.57	4.48±3.49	3.25±2.82	2.84±1.56	2.75±0.97
治疗后	2.81±1.65 [△]	0.84±0.59 [△]	3.25±2.82	0.84±0.59 [△]	0.75±0.56 [△]
减分率	68%	81%	0	70%	72%

与治疗前比较, $\Delta P < 0.01$

改善 30%~49%;无效:主要症状指标改善 $<29\%$;总有效率=[(明显进步+进步+改善病例数)/总病例数] $\times 100\%$ 。

3.2 总体疗效:明显进步 17 例(53.12%),进步 10 例(31.25%),改善 3 例(9.38%),无效 2 例(6.25%),总有效率为 93.75%。治疗前后总分比较经 t 检验均有显著性差异($P < 0.05$ 或 $P < 0.01$),见表 1。

3.3 治疗后 RA 主要症状改善情况:表 2 示,关节压痛有效率 81.2%,关节肿胀有效率 72%,休息痛有效率 84.4%,晨僵有效率 96.9%,关节畸形无变化。RA 主要症状治疗前后积分情况见表 3。除关节畸形无效外,各项临床指标变化显著($P < 0.01$)。

3.4 不良反应观察:因使用 SSZ、NSAIDs、CS 和制马钱子胶囊剂量较小,本组治疗期间未见不良反应。

4 讨论

RA 的早期病理基础是滑膜下血管炎、滑膜衬里细胞增生和滑膜间质炎性浸润。在此病理基础上,这些细胞及血管侵犯软骨及骨组织,形成侵蚀性血管翳,软骨破坏明显,软骨细胞减少,甚或出现关节外血管炎和类风湿结节^[5]。临床至少有良性滑膜炎和侵蚀性滑膜炎两种类型。RA 病因不清,病理机制仍在深入研究,临床治疗难度在于无控制药物,侵蚀性滑膜炎又容易发生关节残疾。因此,积极治疗 RA 不仅对改善病情乃至控制病情进展有重要意义,而且对减少其残疾症状亦关系重大。

本文研究的目的是观察祛风活血中药加小剂量 SSZ 综合治疗 RA 的临床疗效,临床观察侧重于症状指标改善。中药治疗以症状组方,西药治疗以症状加减,休息痛、晨僵偏重的 20 例加用 NSAIDs,症状严重的 3 例使用了小剂量 CS,症状缓解后停止用 NSAIDs 和 CS,维持用药、撤药以及不良反应的观察亦重视症

状变化。

统计资料提示,应用中西医结合综合疗法治疗后,关节畸形虽无改善亦未进展;休息痛、晨僵、关节肿胀及关节压痛均有明显改善,各项症状指标减分显著,总有效率达 93.75%,临床疗效可靠。祛风活血中药有抗炎、减少渗出、扩张血管、改善微循环、镇痛及抑制免疫作用,加用小剂量 SSZ 使病情明显改善,使 NSAIDs 使用率(62%)降低,CS 依赖撤除。据此认为,该疗法能提高临床疗效,中西药之间有相互增敏作用。

羌活、独活、细辛、乌梢蛇祛风散寒胜湿除痹;附子、桂枝、青风藤、鸡血藤温通经脉活络消肿;当归、川芎、穿山甲、三七活血化瘀,载药直达关节,对滑膜下血管炎所致微循环瘀血起事半功倍之疗效;马钱子能搜入筋骨筋之风湿,祛皮里膜外之痰毒,其主要成分番木鳖碱可抑制免疫、抗炎通脉^[6],在改善或控制 RA 症状方面起关键作用。全文辨证施治,运用祛风活血煎剂,搜风通络祛瘀止痛,以除风寒湿痹。中西药相互配合,标本兼顾,为该疗法的基本思路。总之,本综合疗法具有因症组方、便于掌握、中西医结合协同增效、安全价廉易于推广等优点。

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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.

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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.

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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

(Original article on page 274)

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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