

# 清热通络宣痹法治疗活动期类风湿性关节炎 36 例临床研究

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**摘要** 目的:观察清热通络宣痹法对类风湿性关节炎(RA)活动期(湿热阻络型)临床疗效及不良反应。方法:采用随机分组方式,治疗组 36 例采用清热通络宣痹法(自拟通关宣痹汤),对照组 33 例服用正清风痛宁片,分别观察疗效、晨僵时间、双手握力、关节疼痛指数、关节压痛指数与关节肿胀指数,及抗“O”(ASO)、C-反应蛋白(CRP)、血沉(ESR)、不良反应。结果:两组均能够改善上述观察指标( $P<0.05$  或  $P<0.01$ ),且治疗组疗效优于对照组,晨僵时间、关节疼痛指数、关节肿胀指数和 ASO、CRP、ESR 的治疗效果优于对照组( $P<0.05$ ),但双手握力与关节压力指数的改善两组无统计学差异( $P>0.05$ )。结论:清热通络宣痹法具有清热解毒、祛风除湿、活血通络、消肿止痛的作用,对 RA 活动期关节功能改善效果肯定。

**主题词** 关节炎,类风湿/中医药疗法 @ 清热通络宣痹法

2001 年 3 月~2003 年 1 月,我们运用清痹通关法治疗类风湿性关节炎(RA)活动期(湿热阻络型)36 例,取得比较满意的效果,现报告如下。

## 1 临床资料

1.1 一般资料:临床观察 69 例,随机分成 2 组。治疗组 36 例,其中男 13 例,女 23 例;年龄 21~66 岁,平均  $49.24 \pm 14.6$  岁;病程 8 周~15 年,平均  $2.46 \pm 3.1$  年。对照组 33 例,其中男 11 例,女 22 例;年龄 23~64 岁,平均  $47.67 \pm 13.4$  岁;病程 9 周~13 年,平均  $2.52 \pm 3.6$  年。两组在性别、年龄、病程等方面进行  $t$  检验比较,无统计学差异( $P>0.05$ ),具有可比性。

1.2 诊断及入组标准:(1)符合美国风湿病学会(ARA)1987 年制定的类风湿性关节炎的诊断标准<sup>[1]</sup>及中华医学会风湿病分会制定的《类风湿性关节炎分期分类标准和关节功能分类标准》<sup>[2]</sup>:①晨僵至少 1h,超过 6 周;②不少于 3 个关节肿胀,达到或超过 6 周;③腕、掌指或近端指间关节肿胀,超过 6 周;④对称性关节肿,超过 6 周;⑤皮下结节;⑥X 线示骨质疏松或骨侵蚀;⑦类风湿因子阳性,滴度超过 1:32。以上 7 条中具备 4 条即可诊断。(2)按照卫生部 1993 年制定公布的《中医病证诊断疗效标准》<sup>[3]</sup>祛痹(类风湿性关节炎)湿热阻络型(活动期)分型标准<sup>[3]</sup>:关节肿胀疼痛如

火燎,晨僵,活动受限,兼恶风发热,有汗不解,心烦口渴,便干尿赤,舌红,苔黄或燥,脉滑数。

## 2 治疗及观察方法

治疗组采用自拟通关宣痹汤。方药组成:青风藤、金银花各 15g,威灵仙、秦艽、赤芍、知母各 12g,生地、黄芩、忍冬藤各 10g,桂枝、羌活、独活、全蝎各 3g,可根据病情适当固护脾胃。每日 1 剂,1 000ml 水浸药 2h,煎沸 0.5h 取汁 300ml,分上下午各服 150ml。对照组:采用正清风痛宁片(白云正清制药股份有限公司生产),每日 3 次,每次 2 片。以 4 周为 1 个疗程,两组均治疗 2 个疗程,两疗程间隔 5 天。

观察指标:晨僵时间、双手握力、关节疼痛指数(按 4 级计算休息时关节疼痛程度的总积分,再除以疼痛关节数)、关节压痛指数与关节肿胀指数(两者系按 4 级计算各病变关节压痛或肿胀级别的总积分,再除以压痛或肿胀的关节数),以及抗“O”(ASO)、C-反应蛋白(CRP)、血沉(ESR)、不良反应。治疗前两组上述观察指标比较进行团体  $t$  检验,无统计学差异( $P>0.05$ )。

统计学方法:等级资料采用 Ridit 检验,计量资料以  $\bar{x} \pm s$  表示,分别采用团体资料  $t$  检验与配对资料  $t$  检验,计数资料采用  $\chi^2$  检验及小样本小反应率校正  $t$  检验( $t_m$ )。

## 3 治疗结果

3.1 疗效标准:治愈:关节疼痛、肿胀消失(指数减少  $\geq 90\%$ ),活动功能正常,实验室检查正常;显效:关节疼痛、肿胀减轻(指数减少在  $60\% \sim 89\%$ ),活动功能好转,实验室检查有好转;好转:关节疼痛、肿胀有所减轻(指数减少在  $31\% \sim 59\%$ ),活动功能好转,实验室检查有改善;无效:关节疼痛、肿胀(指数减少  $\leq 30\%$ )及实验室检查无变化。

3.2 疗效观察:经等级资料 Ridit 检验,表明治疗组疗效明显优于对照组( $P<0.05$ ),见表 1。

表 1 两组疗效比较(例)

| 组别  | 例数 | 治愈 | 显效 | 好转 | 无效 |
|-----|----|----|----|----|----|
| 治疗组 | 36 | 5  | 10 | 17 | 4  |
| 对照组 | 33 | 2  | 6  | 13 | 12 |

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表2 两组治疗前后症状改善比较( $\bar{x} \pm s$ )

| 组别  | 例数 | 晨僵时间(h)  |           |                   | 双手握力(kPa) |            |          |
|-----|----|----------|-----------|-------------------|-----------|------------|----------|
|     |    | 治疗前      | 治疗后       | 差值                | 治疗前       | 治疗后        | 差值       |
| 治疗组 | 36 | 2.86±0.5 | 1.18±0.2* | 1.68±0.3 $\Delta$ | 14.64±2.8 | 20.12±4.0* | 5.48±1.5 |
| 对照组 | 33 | 2.90±0.6 | 1.87±0.4* | 1.03±0.2          | 15.36±3.2 | 19.86±3.9* | 4.50±1.4 |

与本组治疗前比较, \*  $P < 0.05$ ; 与对照组差值比较,  $\Delta P < 0.05$

表3 治疗前后两组关节疼痛、压痛和肿胀指数积分比较(分,  $\bar{x} \pm s$ )

| 组别  | 例数 | 关节疼痛指数   |                     | 关节压痛指数   |            | 关节肿胀指数   |                    |
|-----|----|----------|---------------------|----------|------------|----------|--------------------|
|     |    | 治疗前      | 治疗后                 | 治疗前      | 治疗后        | 治疗前      | 治疗后                |
| 治疗组 | 36 | 4.82±0.9 | 1.61±0.3** $\Delta$ | 4.68±1.0 | 1.86±0.4** | 3.94±0.9 | 1.0±0.2** $\Delta$ |
| 对照组 | 33 | 4.79±0.9 | 2.86±0.6*           | 4.72±1.1 | 2.12±0.5*  | 4.01±0.9 | 2.5±0.6**          |

与本组治疗前比较, \*  $P < 0.05$ , \*\*  $P < 0.01$ ; 两组治疗后各积分改善比较,  $\Delta P < 0.05$ ,  $\Delta \Delta P < 0.01$

表4 两组实验室检测结果比较

| 组别  | 例数 | ASO(>500U) |              | CRP(+) |               | ESR(mm/h, $\bar{x} \pm s$ ) |                      |
|-----|----|------------|--------------|--------|---------------|-----------------------------|----------------------|
|     |    | 治疗前        | 治疗后          | 治疗前    | 治疗后           | 治疗前                         | 治疗后                  |
| 治疗组 | 36 | 30         | 11* $\Delta$ | 25     | 10** $\Delta$ | 37.65±11.2                  | 18.22±4.6** $\Delta$ |
| 对照组 | 33 | 29         | 17*          | 23     | 16*           | 38.20±11.8                  | 26.31±6.2*           |

与本组治疗前比较, \*  $P < 0.05$ , \*\*  $P < 0.01$ ; 与对照组治疗后比较,  $\Delta P < 0.05$

3.3 两组治疗前后晨僵时间、双手握力改善比较: 两组与本组治疗前比较均有统计学差异( $P < 0.05$ ), 表明两种疗法对改善症状均有疗效; 晨僵的改善治疗组优于对照组( $P < 0.05$ ), 而双手握力的改善两组差异无显著性( $P > 0.05$ )。见表2。

3.4 两组关节疼痛、压痛、肿胀指数治疗前后积分比较: 两组治疗3种症状均有效( $P < 0.01$ 或 $P < 0.05$ ); 关节疼痛和肿胀指数两组间比较差异有显著性( $P < 0.05$ 或 $P < 0.01$ ), 治疗组积分改善优于对照组; 而关节压痛指数改善两组差异无显著性( $P > 0.05$ )。见表3。

3.5 实验室ASO、CRP及ESR检查比较: 治疗后两组均能明显降低ESR, 减少ASO>500U及CRP阳性患者数量( $P < 0.05$ 或 $P < 0.01$ ); 两组疗效经统计学比较, 治疗组优于对照组( $P < 0.05$ )。见表4。

3.6 不良反应: 主要是胃脘不适、皮肤瘙痒, 治疗组为4例、3例, 对照组为3例和5例。处理后症状均消失, 经小样本小反应率校正 $t$ 检验( $t_m$ ), 两组差异无显著性( $P > 0.05$ )。

两组治疗前后作肝功能、肾功能、心电图及三大常规, 均未见异常。

#### 4 讨论

RA是一种免疫介导的炎症性疾病, 致残率高, 在中医属尪痹范围, RA急性活动期皆因风湿热邪侵袭, 或风寒湿邪羁留不去, 郁遏阳气, 化而为热, 或过食热性之品, 使湿热之邪客居于经络关节, 湿热蕴结, 流注关节, 气血痹阻, 运行不畅, 气滞血瘀复加重毒邪内结, 与瘀血交杂, 凝滞于关节骨骱, 遂致湿热阻络,

又时常热灼津伤, 伴肝肾阴亏, 闭则不通, 不通则痛。治以宣痹通络为原则, 法当清解热毒, 通经络, 祛风湿, 畅气血, 通其痹, 消肿痛, 利关节, 而缓其症。

青风藤、赤芍是为君, 祛风通络, 清热解毒, 活血止痛, 佐忍冬藤、威灵仙清解热毒, 疏风通络; 因湿热与瘀毒交集为患, 耗损有形阴质而毁坏关节经脉, 故重用金银花、知母、生地黄泻火解毒凉血以消肿; 秦艽祛风湿, 退虚热; 全蝎咸辛平, 能穿筋透骨, 祛风散瘀结痰湿; 引方之妙在于桂枝、羌活、独活三味, 病本热实, 应忌辛温之品, 但RA活动期湿热阻络之热痹, 皆缘于人体阴阳失调, 寒郁化热而热留骨髓, 然却寒多在肌肤之象, 少佐此三味, 能温通卫气, 外驱风寒。全方用于RA活动期(湿热阻络型), 清解流注经脉之热毒, 搜入骨着节之风, 蠲瘀湿滞络之痹, 理法方药甚为得当, 与中成药正清风痛宁对比, 效果显著。现代药理学研究表明, 青风藤所含之青风藤碱不但具有抗炎镇痛之作用, 还具有免疫调节功能<sup>[4]</sup>, 能够抑制RA患者全身特别是关节滑膜内的异常免疫反应并抑制关节内肉芽组织增生, 消除关节肿胀。本方遣方用药合理, 疗效满意, 值得临床借鉴应用。

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## ABSTRACTS FROM ORIGINAL ARTICLES

### **Clinical Study on Fucong Xiangye for Treatment of 72 Cases of Vascular Dementia**

*Yu Shangzhen, Zheng Guoshen, Shi Qing, et al.*

Objective: To study therapeutic effect and mechanisms of inhalation of drug-oxygen Fuchong Xiangye for treatment of vascular dementia. Methods: 123 cases were randomly divided into treatment group and control group by single-blind. Therapeutic effects, superoxide dismutase (SOD) activity in red cells, plasma lipid peroxide, triglyceride, serum cholesterol and high density lipid protein (HDL) levels, and electroencephalogram were investigated before and after treatment. Results: The improvement of symptom scores and the above indexes after treatment in the treatment group were more obvious than those in the control group, with no adverse reaction in both groups. Conclusion: Inhalation of drug-oxygen Fuchong Xiangye has a better therapeutic effect on vascular dementia, and the mechanism is related with decrease of blood lipid, and increase of HDL and SOD.

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**Key Words:** Dementia, vascular/TCM ther; @Fucong Xiangye  
(Original article on page 424)

### **Effect of Yuzhang Decoction on In Vitro Proliferation of Bone Marrow CD<sub>34</sub> Cells in the Patient of Aplastic Anemia**

*Wang Shuqing, Zhao Diangang, Zhang Shengming, et al.*

Objective: To observe effects of Yuzhang Decoction on in vitro proliferation of bone marrow CD<sub>34</sub> cells in the patient of aplastic anemia (CAA) and its mechanism. Methods: To adopt monoclonal antibody-immune magnetic beads separation system (MACS) to separate and purify CD<sub>34</sub> cells in bone marrow of the patient of CAA, and make cell culture, applying <sup>3</sup>H-TdR incorporation to detect effect of Yuzhang Decoction on proliferation of CD<sub>34</sub> cells of bone marrow. Results: CD<sub>34</sub> cells of bone marrow showed concentration-dependent proliferation in the Yuzhang Decoction group with significant differences ( $P < 0.05$  or  $0.01$ ). Conclusion: Yuzhang Decoction can improve in vitro proliferation of CD<sub>34</sub> cells of bone marrow of the patient of CAA. Yuzhang Decoction curing CAA is carried out possibly through promoting proliferation of CD<sub>34</sub> cells and inhibiting apoptosis of CD<sub>34</sub> cells.

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**Key Words:** Anemia, aplastic/TCM ther; Cell /drug action; @Yuzhang Decoction

(Original article on page 432)

### **Clinical Study on Method for Clearing Away Heat, Dredging Collaterals and Removing Obstruction for 36 Cases of Rheumatoid Arthritis at Active Stage**

*Liu Qingxian*

Objective: To investigate therapeutic effect and adverse reaction of Tongguan Xuanbi Decoction for rheumatoid arthritis (RA) at active stage. Methods: The patients of RA were randomly divided into treatment group ( $n = 36$ ) treated by Tongguan Xuanbi Decoction, and control group ( $n = 33$ ) treated by Zheng Qing Feng Tong Tablets, and their therapeutic effects, and related indexes were investigated. Results: Therapeutic effect and improvement for duration of morning rigidity, arthralgia index, arthrosis index, ASO, CRP and ESR in the treatment group were superior to those in the control group ( $P < 0.05$ ), but there was no significant difference between groups in improvement of grip strength of both hands and joint tenderness index. Conclusion: Tongguan Xuanbi Decoction has functions of removing heat and intoxic substances, dispelling wind and removing dampness, activating blood circulation and dredging collaterals, subduing swelling and stopping pain, and it has a definite improving effect on joint functions at active stage.

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**Key Words:** Arthritis, rheumatoid/TCM ther; @method for clearing away heat, dredging collaterals and removing obstruction  
(Original article on page 437)

### **Study on Correlativity of TCM Syndrome Types of Chronic Aplastic Anemia with MHC-DRB1 \* Allelic Genes**

*Sun Weizheng, Yang Dongguang, Gang Honglin*

Objective: To approach to relation of TCM syndrome differentiation of chronic aplastic anemia (CAA) with polymorphism of MHC-DRB1 \* allelic genes. Methods: MHC-DRB1 \* allelic genes in patients of CAA and healthy control group were detected and analyzed by PCR/sequence-specific primer technique. Results: MHC-DRB1 \* 0301 gene frequency in the patient of kidney-Yang deficiency was significantly higher than that in the healthy control group ( $P < 0.01$ ). MHC-DRB1 \* allelic genes were not related with kidney-Yin deficiency in the patient of CAA. Conclusion: MHC-DRB1 \* 0301 genes are possibly susceptible genes of kidney-Yang deficiency in the patient of CAA, or susceptible genes of CAA or a part of them, indicating that patients of this type have genetic basis of immunoregulative defect; and there is a certain inner link between MHC and disease types of congenital constitution of CAA, which can reflect genetic characteristics of TCM constitution and objectiveness of CAA TCM syndrome differentiation to a certain extent.

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**Key Words:** Anemia, aplastic/diagnosis; syndrome differentiation  
(Original article on page 450)