

临床研究

复聪香液治疗血管性痴呆 72 例临床研究

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摘要 目的:探讨复聪香液药氧吸入治疗血管性痴呆的临床疗效及机理。方法:将符合诊断标准的 123 例患者采用单盲法随机分为治疗组和对照组,观察疗效、红细胞超氧化物歧化酶(SOD)活性、血浆过氧化脂(LPO)、甘油三酯(TG)、血清胆固醇(Tch)、高密度脂蛋白(HDL)等项检测指标以及脑电图用药前后的情况。结果:两组患者治疗后症状、评分、所检测指标均有改善,治疗组较对照组明显,两组均无药物不良反应。结论:复聪香液药氧吸入对血管性痴呆有较好的疗效,其机理为使血脂降低、HDL 提高以改善动脉硬化, SOD 提高,降低 LPO 含量以清除自由基,抗衰老,抑制脑脂褐质的形成。

主题词 痴呆,血管性/中医药疗法 @ 复聪香液

2000 年 8 月至 2003 年 8 月,我们收集了 123 例血管性痴呆患者,治疗组 72 例,用中药复聪香液 A 混合于低流氧中吸入,同时口服复聪香液 B 进行治疗,与西药组 51 例作比较,收到较好的疗效,现报告如下。

1 临床资料

1.1 诊断标准:(1)所有患者均符合美国精神病学会《精神病诊断和统计手册》(第 4 版)痴呆标准^[1]及中国中医药学会老年学会制定的《老年痴呆病的诊断标准》^[2]。年龄 60 岁以上,具有典型的痴呆症状,记忆力、计算力或定向力障碍,出现明显的情绪变化和人格障碍,且病程在 6 个月以上。(2)有脑梗塞病史,头颅 CT 有明确梗塞灶。

1.2 痴呆程度的区分标准:为客观定量地筛选评定痴呆的程度,对观察的病例采用国内通行的张继志等修改的《长谷川痴呆量表》^[3]调查,轻度痴呆 22~29 分,中度 14~21 分,重度 6~13 分,极重度 0~5 分。

1.3 纳入及排除标准:符合诊断标准,病程在 6 个月以上的轻、中、重度痴呆患者,观察前 15 天内未服过以上所述病症为主要适应症的中西药物的患者作为观察治疗对象。对极重度痴呆、老年抑郁症、老年精神病及中医辨证为肝阳上亢、心火亢盛痴呆不作为观察治疗对象。

1.4 一般资料:全部病例为我院门诊和住院患者,治

疗组 72 例,男 42 例,女 30 例;年龄 68 ± 7.8 岁,病程 1 ± 0.35 年,其中轻度 35 例,中度 23 例,重度 14 例。对照组 51 例,男 30 例,女 21 例;年龄 67 ± 6.9 岁,病程 1 ± 0.38 年,其中轻度 25 例,中度 16 例,重度 10 例。两组比较,经统计学处理具有可比性($P > 0.05$)。

2 治疗及观察方法

治疗方法:治疗组不用西药,全部用复聪香液 A (广东省五邑中医院制剂室生产,批号 020622,150ml/瓶,含挥发油 2.5×10^{-3} ml/ml) 30ml 混合于低流氧中吸入,每日 1 次,每次吸入 1 小时,同时口服复聪香液 B (广东省五邑中医院制剂室生产,批号 020622,150ml/瓶,含生药 1.92g/ml) 30ml,每日 1 次,14 日为 1 个疗程。复聪香液方药组成:银杏、石菖蒲、郁金、丹参、冰片、麝香、淫羊藿、黄芪、川芎、薄荷脑等。由我院制剂室按一定工艺制成以挥发油为主的复聪香液 A,不挥发部分制成复聪香液 B。对照组口服维生素 E (浙江医药股份有限公司,批号 020811) 0.1g,每日 3 次,脑复康 (石家庄制药集团,批号 020916) 0.8g,每日 3 次,14 日为 1 个疗程。

观察指标:两组患者均于治疗前及治疗 4 个疗程后检查红细胞超氧化物歧化酶(SOD)、血浆过氧化脂(LPO)、甘油三酯(TG)、血清胆固醇(Tch)、高密度脂蛋白(HDL)、脑电图;记录治疗前后《长谷川痴呆量表》检测值、主要症状的改变、血尿便常规、肝肾功能及其他不良反应。

3 治疗结果

3.1 疗效标准:按《老年痴呆病的诊断、辨证分型及疗效评定标准》(探讨稿)及张继志等《长谷川痴呆修改量表》^[3]的标准进行疗效评定。(1)显效:主要症状基本恢复,神志清醒,定向健全,回答问题正确,反应灵敏,生活能自理,能进行一般社会活动,《长谷川痴呆修改量表》评分较治疗前增加 8 分以上。(2)有效:主要精神症状有所减弱或部分消失,生活基本自理,回答问题基本正确,但反应迟钝,智力与人格仍有部分障碍,《长谷川痴呆修改量表》评分较治疗前增加 5 分以上。(3)无效:主要症状无改变或病情有发展,生活不能自理,回答问题不正确,神志痴呆,《长谷川痴呆修改量表》评分较治疗前增加不足 5 分者。

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表 1 两组治疗前后血清 Tch、TG、HDL、红细胞 SOD、血浆 LPO 值的比较($\bar{x} \pm s$)

组别	例数	Tch(mmol/L)	TG(mmol/L)	HDL(mmol/L)	红细胞 SOD(U/ml)	血浆 LPO(nmol/L)
治疗组	71	治疗前	6.96 $\pm$ 0.26	1.68 $\pm$ 0.35	1.23 $\pm$ 0.35	53.1 $\pm$ 6.23
		治疗后	5.09 $\pm$ 0.25 ^{*△}	1.06 $\pm$ 0.28 ^{*△}	1.67 $\pm$ 0.32 ^{*△}	61.16 $\pm$ 6.76 ^{*△}
对照组	51	治疗前	6.88 $\pm$ 0.32	1.50 $\pm$ 0.38	1.28 $\pm$ 0.37	54.62 $\pm$ 6.58
		治疗后	5.55 $\pm$ 0.35 ^{*△}	1.1 $\pm$ 0.30 [*]	1.56 $\pm$ 0.3 [*]	60.02 $\pm$ 5.92 [*]

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

表 2 两组治疗前后长谷川痴呆量表评分变化比较($\bar{x} \pm s$)

组别	例数	痴呆程度	治疗前	治疗后
治疗组	35	轻	25 $\pm$ 3.9	31 $\pm$ 3.55 ^{*△}
	23	中	18 $\pm$ 2.85	23 $\pm$ 3.25 ^{*△}
	14	重	10 $\pm$ 2.93	12 $\pm$ 3.52 ^{*△}
对照组	25	轻	25 $\pm$ 3.7	29 $\pm$ 2.75 [*]
	16	中	17 $\pm$ 3.2	21 $\pm$ 3.90 [*]
	10	重	10 $\pm$ 2.80	11 $\pm$ 3.84 [*]

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

脑电图评定标准:由重度异常变为轻度,或由中度转为正常为显效;由重度变为中度,或由中度转为轻度或由轻度转为正常为有效;治疗前后异常脑电图无明显改变为无效。

3.2 两组治疗结果比较:治疗组共 72 例,其中显效 12 例(16.7%);有效 43 例(59.7%),无效 17 例(23.6%),总有效率 76.4%。对照组 51 例,显效 6 例(11.76%),有效 29 例(56.86%),无效 16 例(31.38%),总有效率 68.62%。两组比较差异有显著性($P < 0.05$),其中治疗组轻度痴呆的有效率为 100%,中度痴呆的有效率为 78.26%,重度痴呆的有效率为 14.29%。结果显示,复聪香液对轻中度痴呆较有效。

3.3 治疗前后血清 Tch、TG、HDL、红细胞 SOD、血浆 LPO 变化比较:表 1 示,治疗前后 Tch、TG 显著下降,表明该方药具有良好的降血脂的作用,SOD 是体内最重要的自由基清除酶,HDL、SOD 显著提高,LPO 含量减少,表明该方药具有防治动脉硬化,清除自由基而引起抗衰老、抑制脑老化的作用。

3.4 两组治疗前后脑电图检查结果比较:治疗组共 72 例,其中显效 11 例(15.28%);有效 42 例(58.33%),总有效率 73.61%。对照组 51 例,显效 5 例(9.80%),有效 29 例(56.86%),总有效率 66.66%。两组比较差异有显著性($P < 0.05$),治疗组优于对照组,同时表明症状改善比脑电图改善明显,但差异无显著性($P > 0.05$)。

3.5 两组治疗前后《长谷川痴呆量表》评分变化比较:表 2 示,两组治疗前后《长谷川痴呆量表》评分比较,差异均有显著性($P < 0.01$),两组治疗后组间比较,治疗

组优于对照组($P < 0.05$)。

3.6 不良反应:除治疗组 2 例吸氧后觉口干、咽部不适,未治疗自然消失外,其余未发现不良反应。用药后复查血尿便常规及肝肾功能、X 线胸片均正常。

4 讨论

心气不足,肾精气亏损,脑髓失充,是人衰老过程中的趋势,而痰浊蒙窍,瘀血阻络,气机失调才是血管性痴呆的关键所在。故治呆之要贵在通,通则不呆,药选麝香、冰片、川芎、丹参、郁金、石菖蒲、薄荷脑意在活血除痰,开窍醒脑,辅以淫羊藿、黄芪、银杏以补精益髓,益气补脑,这是本法取得显著疗效的原因之一。

脑缺血缺氧时会产生大量的自由基,氧自由基除与细胞膜上的磷酸基结合形成子键而产生化合物外,还能对细胞膜上的重要脂类进行氧化,直接损伤细胞膜,此时机体动员体内的抗氧化酶系统(如 SOD)等清除自由基,SOD 是体内最重要的自由基清除酶^[4]。中药研究认为,银杏叶、黄芪、肉苁蓉、石菖蒲、川芎、郁金、丹参、麝香等组成的益智复方的优点可能在于其神经药理活性的多样性,通过不同途径作用于多种神经传递机制,从而发挥其健脑益智的效应。它对小鼠全血和脑内胆碱酯酶有显著抑制作用,能明显降低肝、脑过氧化脂质和脑内脂褐质的生成,并能显著提高小鼠血浆超氧化物歧化酶的活性^[5]。结果表明,治疗后 Tch、TG 显著下降,HDL、红细胞 SOD 活性升高,血浆 LPO 下降。故复聪香液药氧治疗血管性痴呆机理可能与其降血脂,升高 HDL,防治动脉硬化,SOD 活性升高,清除自由基,抑制脑过氧化脂质和脑内脂褐质生成有关。

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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 CD₃₄ 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 CD₃₄ 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 CD₃₄ cells in bone marrow of the patient of CAA, and make cell culture, applying ³H-TdR incorporation to detect effect of Yuzhang Decoction on proliferation of CD₃₄ cells of bone marrow. Results: CD₃₄ 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 CD₃₄ cells of bone marrow of the patient of CAA. Yuzhang Decoction curing CAA is carried out possibly through promoting proliferation of CD₃₄ cells and inhibiting apoptosis of CD₃₄ 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)