

中药注射液为主治疗中风中脏腑 的前瞻性观察

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摘要 临床以中风中脏腑不适合手术的患者为研究对象,21例患者随机分为刺五加、丹参注射液为主的治疗组与单纯西药治疗的对照组,进行前瞻性观察。结果表明治疗组优于对照组,治疗组9例全部有效。

主题词 中风(中医)/中医药疗法 刺五加/治疗作用 丹参注射液/治疗应用

中医中风中脏腑属于脑出血或大面积脑梗塞范畴。笔者以脑出血和大面积脑梗塞患者为研究对象,实行刺五加、丹参注射为主治疗的临床研究,对收治的21例患者分组对比进行前瞻性观察。

1 临床资料

选择1990~1992年3年间收治的病人。病例选择、诊断和疗效均符合中国中医药学会内科学会“中风病中医诊断及疗效评定标准”^[1]的标准。病人入院时随机分为刺五加、复方丹参注射液为主的治疗组(以下简称治疗组)和单纯西药治疗的对照组(以下简称对照组)两组。

治疗组9例,男7例,女2例;年龄52岁~76岁,平均60岁;发病后入院时间,1~28小时,平均17.5小时。入院时浅昏迷7例,深昏迷2例。CT检查7例,腰穿2例。CT报告示,底节区出血2例(左1例,右1例),丘脑出血3例(左1例,右2例),放射冠区大面积梗塞1例,多发性脑梗塞1例。2例腰穿均为血性脑脊液。中医诊断均属中脏腑。

对照组12例,男9例,女3例,年龄43岁~82岁,平均63岁,发病后入院时间,3~64小时,平均33小时。入院时嗜睡2例,浅昏迷7例,深昏迷3例。CT检查10例,腰穿2例。CT

报告示,脑室出血4例(左2例,右2例),底节区出血3例(左2例,右2例),右脑额叶出血1例,右内囊出血1例,多发性脑梗塞1例。腰穿2例均为血性脑脊液。中医诊断均属中脏腑。

2 治疗方法

治疗组采取如下方案:血压 $<21/12.5$ kPa的患者,入院后立即给予每日5~10%葡萄糖溶液2000~3000ml,加入刺五加注射液40~120ml和复方丹参注射液20~40ml。另外配合脱水,抗感染,维持酸碱平衡及纠正电解质紊乱,严密监护血压,使血压维持在发病前水平或稍高于入院前水平。血压 $>21/12.5$ kPa的患者,入院后立即给予每日5~10%葡萄糖溶液1000~1500ml,加入刺五加注射液40~120ml和复方丹参注射液20~40ml。配合脱水、抗感染、降血压、维持水电平衡,使血压维持在发病前水平或稍高于发病前水平。

对照组则单纯采用西医综合治疗方法,应用脱水、降压、控制感染、维持水电平衡。针对具体情况止血、抗凝。治疗组及对照组均加强护理,护理方法相同。

3 疗效分析

经治疗后治疗组基本痊愈4例,显效3例,有效2例;对照组基本痊愈2例,显效2例,有效2例。无效和死亡6例。两组疗效比较有显著性差异($P<0.05$)。

治疗组昏迷9例,治疗后意识转为正常6例;反应迟钝2例,无变化1例;对照组昏迷10例,治疗后意识转为正常2例,反应迟钝1例,无变化3例,死亡4例。

两组存活者治疗起效天数比较,治疗组住院期间存活9例,起效时间最短者7天,最长者29天,平均21.5天;对照组住院期间存活8

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例,起效时间最短者 21 天,最长者 62 天(其中包括 2 例无效自动出院),平均 52 天。

4 讨论

活血化瘀不失为治疗出血性中风的一种新方法。经云“离经之血,疾欲祛之。”离经之血谓之瘀血,瘀血内停,阻滞气机,气机紊乱,扰乱神明,经脉不通,故神昏谵妄,肢体不用、运舌不灵、失语。《本草纲目》曰刺五加具有“治疗破逐恶风血,四肢不通,贼风伤人……”的作用,且具有活血祛瘀之功效。《本草汇言》曰:“丹参善治血分,去滞生新,调经顺脉之药也”。以上均说明刺五加、丹参均具有善治血分,活血祛瘀,调经顺脉的功效。

活血化瘀法治疗脑梗塞,早已被人们承认,丹参、刺五加配合对挽救大面积脑梗塞及多发性脑梗塞使其度过衰竭期有积极的作用。

现代药理研究认为,丹参具有扩张血管和

降压、抗感染等作用^[2]。刺五加除具有上述丹参的特点外,还具有较人参更好的“适应原(adaptogens)”样作用,能使机体处于“增强非特异性防御能力状态(a state of nonspecifically increased resistance 简称 SNIR)”。动物试验证明,刺五加能阻止动物在应激反应“衰竭期”中所出现的肾上腺、胸腺、脾、肝及肾等脏器的重量降低、功能低下的作用^[3]。这些均说明刺五加的作用完全是向着对机体有利的方向进行,使机体度过衰竭期。

总之,以有活血化瘀作用的刺五加、复方丹参注射液为主治疗中风中脏腑有较显著的疗效,值得进一步探讨。

5 参考文献

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Sturge—Weber 氏综合征术后继发视网膜脱离 1 例治验

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Sturge—Weber 氏综合征(脑三叉神经血管瘤病), Sturge 于 1879 年就报告由于大脑血管运动中枢损害所致局限性癫痫病例,之后学者们对本综合征又有新的认识。但对此征有青光眼者施滤过术后继发视网膜脱离的报告甚少,我们曾遇 1 例,服中药而愈,现介绍如下:

李××,男,14 岁,住院号 2560,于 1991 年 8 月 6 日以“左眼视力渐降 4 年”为主诉入院。患者于入院前 3 个月在外院按“青光眼”行“睫状体冷冻术”,术后眼压仍高,以“青光眼术后眼压复升”收入院。查体见全身情况良好,左侧面部皮肤(三叉神经第 I、II 支分布区域)增厚,成紫红色,表面粗糙,不超越中线,左眼视力 0.2,结膜血管轻度迂曲、扩张,周边前房 1 角膜厚度,虹膜无新生血管,瞳孔圆,直径约 4mm,视乳头色淡,C/D 约 0.8,网膜无明显异常,眼压 5.60kPa。诊断:Sturge—Weber 氏综合征。

入院后经药物治疗,眼压维持在 3.43kPa 左右,于 1991 年 8 月 28 日行“左眼小梁切除术”,术后恢复良

好。至第 10 天患者诉左眼有闪光感,视物不清,查眼底发现下方网膜呈青灰色隆起,血管蜿蜒其上,无裂孔。予补益肝肾、活血利水方药:枸杞 15g,党参 12g,菟丝子 15g,泽泻 15g,生地炭 9g,女贞子 15g,车前子 15g,炒赤芍 9g,山药 15g,当归 9g,丹参 15g。每日 1 剂,水煎服,包扎双眼。5 天后网膜平复,视力 0.4。于 9 月 29 日出院,随访 2 年余视力无下降,网膜回贴良好。

讨论:Sturge—Weber 氏综合征具有颜面血管瘤、青光眼、癫痫三大特征,临床多表现为不完全型。几乎所有病例都有球结膜、巩膜及脉络膜血管分布异常,血管增多及扩张。有的患者有小梁发育异常,认为系上巩膜静脉压增高影响了房水回流所致。

本征做青光眼滤过术后继发脉络膜脱离多见,继发网膜脱离罕见。我们考虑可能以下原因:(1)手术使眼压突然下降,眼内血管扩张,通透性增加,血浆外渗漏出至视网膜下;(2)内眼手术的刺激诱发色素膜炎,增加色素膜毛细血管通透性,产生漏出液。本患者继发网膜脱离,无裂洞,说明网脱为血管渗漏所致。经服用中药而获得治愈,说明中药治疗对渗出性网脱有较好疗效。

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ABSTRACTS OF ORIGINAL ARTICLES

Analysis on Peptic Ulcer with Positive Helicobacter Pylori Treated with Chinese Medicaments.

Chen Yushu, Chen Yang

34 cases of peptic ulcer with positive Helicobacter Pylori were treated by traditional and western drugs separately for comparison. Results revealed that the total effective rate for the group of traditional drug was 94.12%, markedly higher than 73.53% of the group of western drug ($P < 0.05$). The rates of elimination of Helicobacter pylori in the group of traditional was 70.59%, that of radical elimination, 64.71%, also higher than 32.35% and 5.88% respectively in the group of western drug ($P < 0.01$).

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Key Words: Peptic ulcer/microbiology peptic ulcer/TCM therapy Helicobacter pylori

(Original article on page 222)

Prospective Observation on Apoplexy Hitting Viscera Treated Mainly by Injection of Chinese Materia Medica.

Zhao Jinhua, Li Xiuyun, Li Wenying, et al

Twenty-one cases of apoplexy hitting viscera contraindicated for operation were divided randomly into the following groups for prospective observation, viz. injection of Radix Acanthopanax Senticosi and Radix Salviae Miltiorrhizae, and western drugs. Results showed that the 9 cases in treating group were all effective, superior to the control group.

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Key Words: TCM therapy Radix Acanthopanax Senticosi/therapeutic action Radix Salviae Miltiorrhiza/therapeutic action

(Original article on page 226)

Thirty Cases of IgA Nephropathy Treated by Differential Diagnosis of Syndromes in TCM.

Xie Tianzhong, Zhang Lei

Thirty cases diagnosed as IgA nephropathy by kidney biopsy were treated based on differential diagnosis of syndromes. The cases were divided into several stages, viz. lesion in the lung-kidney (initial stage), lesion in the spleen-kidney (stable stage) and lesion in the liver-kidney (advanced stage) and relaps-

ing stage, and were treated by Chinese medicaments accordingly. The results revealed that 10 cases were totally mitigated; 13 cases, markedly alleviated; 4 cases, ameliorated, with only 3 cases ineffective. The total effective rate was 90%.

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Key Words: Glomerulo-nephritis, Ig A/TCM therapy

(Original article on page 228)

Influence of Gujing (Consolidating Menstruation) Granules on Relationship Between Exfoliative Vaginal and Tongue Cells in Massive and Dripping Uterine Hemorrhage.

Ma Kun, Zhuang Shenrong

Observation was made on the changes of exfoliative tongue cells before and after treatment in 49 cases of massive and dribbling uterine bleeding. Meanwhile, the mature index of vaginal exfoliative cells was also evaluated. Results showed that all the exfoliative cells from both were regulated by female sex hormone with synchronous changing rules.

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Key Words: Massive and dripping uterine hemorrhage/diagnosis Lingual coat/pathology vaginal smear

(Original article on page 235)

Study on Lipid-lowering Action of Guanxinke on Hyperlipemia in Animal Model.

Liu Deqiang, Zhao Guoxin

The impact of Guanxinke on hyperlipemia in mice and rabbit models was observed. It was shown that Guanxinke markedly lowered the serum cholesterol and triglyceride. However, no effect can be observed on high density lipoprotein. It also decreased the size of atherosclerotic lesion in the aorta, suggesting that Guanxinke may be indicated for the treatment of coronary heart disease and hyperlipemia.

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Key Words: hyperlipemia/TCM therapy @ Guanxinke

(Original article on page 237)