

穿蛭散治疗脑梗塞 34 例

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摘要 本临床研究采用穿蛭散治疗脑梗塞 34 例,基本痊愈 19 例,显著进步 9 例,进步 3 例,总有效率为 91.8%;对照组(维脑路通治疗)33 例,基本痊愈 13 例,显著进步 5 例,进步 3 例,总有效率为 63.62%,穿蛭散组疗效明显优于对照组($P<0.01$)。穿蛭散组血小板最大聚集率、血液粘稠度和红细胞压积治疗后均有明显下降,肌力治疗后有明显提高。

主题词 脑梗塞/中医药疗法 @ 穿蛭散

自 1988~1992 年,我们采用穿蛭散治疗脑梗塞 34 例,并与维脑路通治疗 33 例(简称对照组)进行临床对比观察,结果表明穿蛭散临床治疗脑梗塞具有较好的效果,现报道如下。

1 临床资料

全部病例均按照 1986 年“各类脑血管疾病诊断要点”^[1]确诊为脑梗塞。病情分度按 1986 年“脑卒中患者临床神经功能评分标准”^[2]分为轻型 34 例,中型 26 例,重型 7 例。头颅 CT 扫描检查:脑皮质梗塞 21 例,丘脑梗塞 5 例,出血性脑梗塞 2 例,基底神经节梗塞 27 例,多发性脑梗塞 10 例,脑栓塞 2 例。67 例患者中,男 43 例,女 24 例。年龄 40~50 岁 13 例,51~60 岁 34 例,61~70 岁 16 例,70 岁以上 4 例。病程 1~2 周 19 例,2~4 周 22 例,1~6 个月 15 例,6 个月以上 11 例。67 例病人随机分为穿蛭散组 34 例,对照组 33 例。两组病人一般情况、病情严重程度、CT 扫描均无明显差异。

2 治疗方法

穿蛭散组:内服穿蛭散:穿山甲 30g,生水蛭 30g,制马钱子 3g,黄芪 30g。共研为细末,过 120 目筛装胶囊,每粒胶囊重 0.5g。每次 4~6 粒,日 3 次,空腹温开水冲服。服药 30 天,停药

3 天。对照组:服维脑路通,每次 0.2g,日 3 次,空腹温开水冲服。服药 30 天,停药 3 天。两组病人均坚持服药 3~6 个月。

在治疗期间,患者均停用其他药物,梗塞范围大、脑水肿头痛严重者,适当应用脱水剂、抗感染药物等。同时注意定时翻身、捶背等护理,保持大便通畅,坚持循序渐进的功能锻炼。

3 治疗结果

表 1 两组治疗前后肌力比较

	上肢肌力		下肢肌力	
	治疗前	治疗后	治疗前	治疗后
穿蛭散组				
0~I	6	2	3	2
II~III	18	3	19	5
IV~V	10	29	12	27
对照组				
0~I	5	4	3	3
II~III	19	9	18	12
IV~V	9	20	12	18

3.1 临床疗效:按照 1986 年全国第 2 次脑血管病学术会议通过的“脑卒中临床疗效评定标准”^[2]进行疗效评定。穿蛭散组 34 例,平均疗程 58.2 天,基本痊愈 19 例,显著进步 9 例,进步 3 例,无效 3 例,总有效率为 91.18%;对照组 33 例,平均疗程 59.7 天,基本痊愈 13 例,显著进步 5 例,进步 3 例,无效 12 例,总有效率为 63.62%。经统计学处理,穿蛭散治疗脑梗塞的总有效率明显优于维脑路通($P<0.01$)。

3.2 两组治疗后肌力改变:表 1 示,穿蛭散组 34 例与对照组 33 例治疗前肌力无显著性差异($P>0.05$),穿蛭散组治疗前后自身比较有非常显著性差异($P<0.01$),且治疗后肌力和对照组相比亦有显著性差异($P<0.05$),说明穿蛭散改善肌力作用优于维脑路通。

3.3 两组治疗后血液流变学指标改变:穿蛭散组治疗后,血液流变学各项指标均有所下降,其

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中血小板最大聚集率明显下降($P < 0.05$),全血比粘度和红细胞压积也明显降低($P < 0.05$ 和 $P < 0.01$)。对照组治疗后血液流变学各项指标下降不明显($P > 0.05$)。穿蛭散组与对照组

治疗前血液流变学各项指标无明显差异($P > 0.05$),治疗后血小板最大聚集率、全血化粘度和红细胞压积有明显差异($P < 0.05$)。详见表2。

表2 穿蛭散组与对照组治疗前后血液流变学比较(均值±标准误)

组别	血小板最大聚集率(%)	全血比粘度(比)	血浆比粘度(比)	红细胞压积(%)	血沉(mm/h)	纤维蛋白原(mg%)
穿蛭散组						
治疗前	68.84±1.13	2.75±0.19	1.21±0.04	50.20±1.69	25.10±3.55	370.13±54.18
治疗后	45.72±2.67*△	1.64±0.17*△	1.03±0.05	30.01±1.27▽△	16.34±1.57	268.72±55.23
对照组						
治疗前	68.12±2.53	2.67±0.23	1.20±0.06	48.90±1.63	25.13±3.63	368.83±60.28
治疗后	65.24±1.83	2.65±0.11	1.18±0.03	47.87±1.79	19.87±2.59	359.14±23.71

与治疗前相比 * $P < 0.05$ ▽ $P < 0.01$; 与对照组相比 △ $P < 0.05$

3.4 与疗效有关的其他因素分析:临床发现,穿蛭散的疗效与发病年龄、发作次数无明显关系,而与病程、神经功能损伤程度、疗程有关。病程2周内基本痊愈率为80%,2~4周为54.4%,1月以上为38.5%,说明病程越短,疗效越好。神经功能损伤轻度者治愈率为82.4%,中度为38.5%,重度为25%,病情越轻,疗效越好。服药时间在1月内有效率为58.4%,1月以上为93.1%,两者有显著差异($P < 0.01$)。

头颅CT扫描表明,大脑中动脉皮层支梗塞、病变在大脑皮质者疗效较好;大脑中动脉深穿支梗塞、病变位于内囊基底神经节、丘脑者疗效较差。似说明疗效与梗塞部位有一定关系。

4 讨论

脑梗塞属于中医“中风”“卒中”的范畴,多为脏腑功能失调、气虚血瘀、风痰阻络所致。瘀血风痰阻脉闭窍是其基本病机,治当以益气活血通脉、祛风化痰开窍为主。穿蛭散中黄芪大补元气,以促血行;生水蛭、穿山甲破血逐瘀、通脉活络;制马钱子搜风通络化痰。四药合用,补气破血祛瘀,搜风通络化痰,切中脑梗塞患者“虚、风、痰、瘀”之病机,故取得了较好的疗效。现代医学认为,脑梗塞是脑动脉粥样硬化、血液粘稠度增高,血流阻力增加,血栓形成,使血管管腔狭窄或闭塞,导致局部脑组织缺血、缺氧所致。穿蛭散中水蛭素、抗血栓素、肝素样物质等可以

改善脑梗塞患者血液浓、粘、聚的状况^[3];黄芪可扩张脑血管,改善脑梗塞患者局部的缺血缺氧;制马钱子中的马钱子碱、土的宁可兴奋大脑皮质、脊髓神经,促进脑梗塞患者肢体功能的恢复。本临床研究提示,全方具有显著的降低脑梗塞患者血粘稠度,促进脑梗塞患者肢体功能恢复的作用,疗效优于西药维脑路通。

在3~6个月的临床观察中,穿蛭散治疗组病人服药2~3个月后,可有轻微的肌肉颤动、舌麻等感觉,但皆可耐受,未发现明显蓄积中毒现象,这可能和马钱子严格炮制,用量较小(每日最大量仅0.145g)有关。

本临床观察研究还提示,穿蛭散的临床疗效和脑梗塞患者病程、神经损害程度密切相关。病程2周以内,痊愈率为80%;1月以上者为38.5%。神经功能轻度损伤治愈率为82.4%;重度损伤为25%。病程短、神经损害轻者,邪结较轻,瘀血易祛,风痰易散;病程长,神经损害重者,邪伏较深,难祛难散,故临床疗效较差。

5 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Clinical Investigation on Acupuncture Treatment of Pain Induced by Cancer of Stomach

Dang Wen

By observation of 48 cases of pain due to gastric carcinoma, it was shown that acupuncturing (including filiform needling and acupoint injection) with patient's mind concentrating at the tender site. The results were rather satisfactory. After a therapeutic course of one month, the long-term analgesic rate of both treating groups was similar to that of the western drug group (all around 81%), while the markedly effective rate was superior to the later group. Treatment in all groups upgraded the living qualities of the patients. Acupuncturing and acupoint injection inhibited the side and toxic effect of chemotherapy, improved the indexes of high viscosity in hemorheology, elevated the powered activity of Cu, Zn, SOD. Based on the above results, the author claims that, the analgesic effect of acupuncturing in gastric carcinoma has a bearing on the elevation of PLEK, improvement of cellular immunity and upgrading of living quality.

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Key Words: Carcinoma of stomach/acupuncture therapy pain, stubborn/acupuncture therapy

(Original article on page 277)

Clinical Study on Cerebral Vascular Disorders (Blood Stasis Type) Treated with Active Component of Fructus Tribuli

Zhou Duan, Gu Renyue, Chen Qiong, Zhu Tianming, et al.

Tablet 912 — II, active ingredients from Fructus Tribuli, was applied for treating 40 cases of cerebral vascular disorders. After a course of 3 months, it was found that the tablet markedly improved the clinical symptoms, lowered the blood viscosity, regulated platelet functions, ameliorated the microcirculation, increased the cerebral blood flow. When compared with Carlan tablet, the action of improving clinical manifestations was basically the same, while for that of correlated clinical indices, 912 — II is better than the latter tablet.

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Key Words: Cerebral vascular accident/TCM therapy

Fructus Tribuli/therapeutic action blood stasis/TCM therapy

(Original article on page 289)

Impact of Xian Zhen Tablet on Erythrocytic SOD, Serum LPO, Blood Lipids and Glucose in Diabetes Mellitus of Kidney-deficiency—Blood-stasis Type II

Guo Saishan, Chen Yubi, Liang Xiaochun, et al.

68 such cases of diabetes were randomly divided into treating group (Xianzhen Tablet), control group (placebo). Indices on activity and contents of RBC-SOD, LPO, blood lipids, blood glucose, and clinical symptoms were examined. Results revealed that decreased activity of SOD, increased LPO content were more remarkable in the treating group, with significant difference ($P < 0.05$). At the same time, for the treating group, RBC-SOD content was increased ($P < 0.001$), serum LPO lowered ($P < 0.05$), HDL-C contents increased ($P < 0.05$), and blood glucose decreased ($P < 0.05$), and the symptoms of kidney deficiency were also markedly mitigated; while for those in the control group, these changes were not obvious.

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Key Word: Diabetes mellitus, non insulin-dependent type/blood kidney deficiency/blood

(Original article on page 291)

Cerebral Infarction Treated with Chuan Zhi Powder: Report of 34 Cases

Li Wanpeng, Su Changhu, Li Mingsheng, et al

Thirty-four cases were treated, with 19 cases basically cured, 9 cases markedly improved, 3 cases improved, the total effective rate being 91.8%. For the 33 cases in the control group treated with Trioxethylrutin, the figures were 13 cases, 5 cases, 3 cases and 63.62% respectively. The efficacy of Chuan Zhi Powder is markedly superior to the control group ($P < 0.01$). In the treating group the maximal aggregation rate of platelet, blood viscosity, and RBC hematocrit were all markedly lowered, and the muscular strength after treatment also improved remarkably.

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Key Words: Cerebral infarction/TCM therapy

(Original article on page 294)