

颈椎舒冲剂治疗 椎动脉型颈椎病的临床与实验研究

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摘要 颈椎舒冲剂治疗椎动脉型颈椎病总有效率为94.94%。治疗后病人甲皱微循环、血液流变学指标有较明显改善,椎动脉、颈内动脉异常增高的血流速度减低。该药对兔离体颈动脉血管条有较明显的扩张作用,并能抑制去甲肾上腺素对血管的收缩作用。

主题词 脊柱骨赘病/中医药疗法 @ 颈椎病 @ 颈椎舒冲剂

我们运用颈椎舒冲剂治疗椎动脉型颈椎病76例,取得较好疗效。通过观察药物对兔离体颈动脉的舒缩反应等方面的影响,初步探讨了该药的药理作用。

1 临床研究

1.1 临床资料:76例均符合椎动脉型颈椎病诊断标准^[1]。男性26例,女性50例。年龄最小21岁,最大72岁,其中31~60岁共55例(72.36%)。病程最短5天,最长28年,1年以上者59例(77.63%)。中医辨证分型:参照《中医内科学》第一版“眩晕”分型,结合颈椎病临床特点,辨证分为五型:瘀血型34例(44.74%),痰湿型14例(18.42%),风寒型9例(11.84%),气血两虚型13例(17.11%),阴虚阳亢型6例(7.89%)。

1.2 治疗方法:颈椎舒冲剂主要由桃仁、红花、当归、川芎、白芍、生地、防风、白芷、羌活、鸡血藤、泽泻、茯苓、细辛、钩藤、黄芪、菟丝子等组成,由第一军医大学中医系制剂室生产。每包含生药20g,每次1包,每日3次,饭后开水冲服,连续服用45天为一疗程。服颈椎舒冲剂期间,停用其他中西医药物及疗法。

1.3 疗效标准:76例病人均系明确诊断为椎

动脉型颈椎病并经西医药治疗效果不显者。临床采用自身对照判定疗效。临床痊愈:眩晕及伴随症状消失,阳性体征基本恢复正常,能完成全日工作,随访半年未复发;显效:眩晕及伴随症状减轻50%以上,阳性体征接近正常,能坚持半日工作;有效:眩晕及伴随症状减轻不足50%,阳性体征有所恢复,生活能自理;无效:服药期间症状无明显改变。

1.4 观察方法:随机选择纳入观察的病例,分别在疗程前后摄制甲皱微循环录像,然后在彩色电视屏幕上观察、测量、分析;采血检验血液流变学8项指标;采用美国产Medaonics经颅多普勒超声检测仪检测椎动脉、基底动脉、颈内动脉血流速度。

1.5 结果:76例中临床治愈20例(26.31%),显效27例(35.54%),有效25例(32.89%),无效4例(5.26%),总有效率94.74%。

1.6 临床检测分析:

1.6.1 甲皱微循环变化:32例病人治疗后甲皱管襻清晰度好转,管襻痉挛缓解,红细胞聚集减轻,血色转为淡红,微循环诊断由中度异常转为轻度异常。治疗前后积分值比较有显著差异,见表1。

表1 15例治疗前后甲皱微循环积分比较

项 目	治疗前	治疗后
管襻状态	1.82±1.00	1.16±0.82**
管襻流态	1.15±0.65	0.44±0.32**
管周状态	1.46±0.43	1.28±0.42*
总积分值	4.43±0.99	2.83±1.04**

注:表中数据为均值±标准差,以下表同

治疗前后比较,* $P<0.05$; ** $P<0.01$

1.6.2 血液流变学变化:29例病人治疗后全血粘度、血浆粘度降低,血小板聚集率无论1分

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钟、5 分钟均降低($P<0.01$),但红细胞压积治 疗后有增高($P>0.05$),见表 2、3。

表 2 29 例椎动脉型颈椎病人治疗前后血液流变性变化

	全血粘度(比)		血浆比粘度 (比)	血沉 (mm/h)	红细胞压积 (%)	纤维蛋白原 (mg/dl)
	高切	低切				
治疗前	4.66±0.91	6.78±1.15	1.79±0.1	39.31±17.09	41.41±7.31	386.83±114.73
治疗后	4.18±0.60**	6.01±0.95**	1.71±0.08**	25.14±13.76**	44.07±7.07	311.79±64.79**

治疗前后比较, * $P<0.05$; ** $P<0.01$

表 3 29 例椎动脉型颈椎病人治疗前后血小板聚集率变化

	1 分钟聚集率	5 分钟聚集率
治疗前	51.98±13.58	77.43±14.28
治疗后	40.30±11.18*	46.27±31.12*

* 治疗前后比较 $P<0.05$

1.6.3 椎动脉、基底动脉、颈内动脉血流速度变化:用彩色多普勒仪检测病人治疗前后双侧

椎动脉(VA)、基底动脉(BA)及双侧颈内动脉(CIA)血流速度。

结果治疗后椎动脉、颈内动脉血流速度异常增高者明显降低($P<0.01$, $P<0.05$),基底动脉血流速度也有降低,但统计学处理无显著差异($P>0.05$)。血流速度减低者治疗前后无明显变化。见表 4。

表 4 22 例患者治疗前后动脉血流流速变化比较(cm/s)

项 目	双侧椎动脉		基底动脉		双侧颈内动脉	
	VP	VD	VP	VD	VP	VD
血流速度减低						
治疗前	48.22±7.34	23.33±2.74	36.82±6.07	17.28±2.78	58.37±10.70	25.50±3.89
治疗后	42.00±2.00	20.33±2.50	37.40±6.23	16.60±4.72	56.10±9.26	25.89±4.12
血流速度增高						
治疗前	78.50±2.12	41.00±2.82	68.56±10.32	33.43±3.49	70.57±13.39	34.93±7.73
治疗后	71.50±13.43*	34.50±3.54**	67.75±4.59	32.00±3.53	52.10±10.49**	30.50±6.42*

治疗前后比较 * $P<0.05$; ** $P<0.01$

表 5 颈椎舒对兔离体颈动脉的作用

组 别	剂量	液面上升值(mm)			
		1 分	5 分	10 分	15 分
颈椎舒	0.2ml	-1.33±0.22	-2.96±0.37	-4.10±0.38	-5.43±1.33
颈椎舒	0.4ml	-1.58±0.27	-3.10±0.98	-5.92±1.53	-6.63±1.46
氨茶碱	25mg	-1.95±0.48	-3.92±0.57	-5.67±1.13	-5.83±1.37

2 实验研究

2.1 实验方法:取体重 2.5kg 左右家兔 6 只,击毙后立即取出颈动脉。制备 1.2cm 血管条 24 条,分为 4 组,即颈椎舒低剂量组、颈椎舒高剂量组、颈椎舒高剂量加去甲肾上腺素组、氨茶碱组,每组 6 条。按张佩文等实验方法^[2],分别观察各组给药后血管收缩、舒张变化及药物对受体的作用。

2.2 实验结果:颈椎舒冲剂对兔离体颈动脉血管条有较明显的扩张作用,其作用强度与氨茶碱比较无显著差异($P>0.05$)。

0.1mg 去甲肾上腺素能使液面上升 10.17±2.99mm,颈椎舒加去甲肾上腺素液面上升 6.03±1.28mm($P<0.05$)。

先加入异丙肾上腺素(0.05mg/15ml),液面上升-2.82±0.84mm;再用心得安(1.0mg/15ml)阻断颈动脉条上 β 受体后,再加入异丙肾上腺素(0.05mg/15ml),液面上升-0.30±0.5mm;再加入颈椎舒(0.4ml/15ml),液面上升-4.33±1.38mm。

3 讨论

笔者认为,风、痰、虚、瘀在椎动脉型颈椎病

发病中占有主导地位。以虚为本,风、痰为标,瘀贯穿病之始终。基于以上认识,椎动脉型颈椎病的治疗原则是:活血化瘀补虚,疏风散寒除痰,制成颈椎舒冲剂。方中桃红四物汤活血、祛瘀;恐活血伤血,以鸡血藤合四物汤养血生血;防风、羌活、白芷祛风胜湿,细辛温经散寒,又虑外风引动内风故重用钩藤熄风镇痉;茯苓健脾化痰,黄芪补气,“四物”补血,菟丝子补肾。诸药合力,风熄,痰除,瘀祛,正气得复。

血液粘度增高及微小血管的改变与椎动脉型颈椎病密切相关。颈椎舒冲剂治疗后,病人甲皱微循环形态、流态、滞周状态都有较明显改善。表现为管襻清晰度增加,红细胞聚集降低,血色由暗红转为淡红,血流速度增快,尤以红细胞聚集降低、血色改变为著。经颈椎舒冲剂治疗后病人血小板聚集率与全血粘度、血浆粘度降低,红细胞压积有所增高,但不升高全血粘度,这可能与方中四物、黄芪等补气生血增加红细胞,但同时也增加红细胞表面负电荷密度,使红细胞聚集减少,从而降低全血粘度有关。

颈椎间盘退变、钩椎骨质增生及颈、肩软组织

无菌性炎症等原因,使椎动脉受压迫或刺激而痉挛,加之椎动脉本身硬化、管径变小、血流减少造成大脑供血减少。彩色多普勒仪检测结果表明,椎动脉、基底动脉、颈内动脉痉挛时表现为血流速度增高。经颈椎舒冲剂治疗后血流速度减低。兔离体颈动脉实验证明,颈椎舒冲剂具有明显的扩张血管作用,并能抑制去甲肾上腺素对血管的收缩作用,其作用机理可能是直接作用于血管平滑肌而使血管扩张。

临床与实验研究提示,颈椎舒冲剂良好疗效的机理有二:(1)通过活血化瘀、散寒疏风功效消除或减轻颈肩周围软组织的无菌性炎症对椎动脉壁的刺激,解除或缓解椎动脉痉挛。(2)通过养血熄风、化痰祛瘀功效增加血管壁弹性,扩张血管,改善微循环,抑制血小板聚集,降低全血粘度,从而达到增加脑血流量、改善脑缺血状态的目的。

4 参考文献

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生肌散与提毒散合用治疗肌肤感染

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肌肤感染经外科用药疗效不佳,改用中药局部疮面上药,效果良好,现报告如下:

1 临床资料:近年来临床观察治疗7例肌肤感染,其中烫伤继发感染1例,汽油烧伤继发感染2例,术后伤口继发感染3例,外伤性伤口继发感染2例。感染平均时间约在20天以上。

2 治疗方法:将成品珍珠散(珍珠、冰片、白贝齿、轻粉、生乳香、海螵蛸、生白石脂、炉甘石、石膏、五倍子、龙骨)和匀。感染面积大的,用无菌干面喷雾器,将药面喷涂在疮面上,一日一揭痂换药1次,感染面积小于5×5cm疮面或感染的伤口用无菌药勺往疮口撒涂药面。每次换药前都用0.9%盐水和双氧水冲洗疮面,清除渗出物后上药。

3 治疗结果:1例烫伤占1全身面积53%,继发感染占全身面积41.5%。疮面呈黄绿色脓苔,并有乳白色的腥臭粘液渗出物,经4周喷药,患者痊愈出院。2例外伤性伤口感染,脓腔深,呈乳黄色渗出物,伤口周围组织呈青色,经外科上药4周未愈,用中药局部上药2周痊愈。1例右手烧伤外科住院治疗5周,继发感染疮面呈乳白色粘液渗出物,改用中药疮面上药12天痊愈出院;1例胸壁10×20cm面积汽油烧伤,在外科住院5周,疮面继发感染呈乳黄色脓痂,并有粘液渗出物,改用中药疮面上药,2周痊愈出院。2例术后伤口感染,于外科上药2周,伤口呈黄色脓痂,改用中药换药,5天疮面无脓样分泌物,新生组织开始生长。

4 体会:烧烫伤后肌肤燔灼,组织坏死腐败,溃腐化脓。再则感染日久,荣卫不足,气血凝滞,腐败流水,久不敛口。提毒散和生肌散合用可提毒化腐,活血排脓,生肌长肉,对气血不足,久不生肌敛口者效果尤佳。

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ABSTRACTS OF ORIGINAL ARTICLES

Impact of Shenqi Dihuang (Radix Ginseng, Radix Astragalus seu Hedysari, Radix Rehmanniae) Decoction with Additions on Content of Albumin in Diabetic Nephrosis.

Chen Yan, Wei Lanxiang, Ma Maozhi, et al.

Forty — two cases of diabetic nephrosis of deficient — kidney and stagnant — blood type were treated with self — formulated Shenqi Dihuang Decoction. Results showed all the symptoms were markedly mitigated after treatment and the urine albumin, both quantitative and qualitative, were significantly different ($P < 0.05$) as compared with the pre — treatment results.

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Key Words: diabetic nephrosis/TCM therapy @ Shenqi Dihuang Decoction

(Original article on page 347)

Analysis on Effect of Male Sterility Treated by Combined Use of Acupuncture and Medication: Analysis of 297 Cases.

Zheng Zongchang

297 cases of male sterility were treated with acupuncture and antlerinjection to acupoints. 142 cases (47.87%) were cured; 81 cases (27.27%), markedly effective; 53 cases (17.85%), effective; 21 cases (7.27%), ineffective. The total effective rate was satisfactory.

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Key Words: sterility, male/acupoint therapy combined use of acupuncture and medication

(Original article on page 349)

Clinical and Experimental Studies on Treatment of Basilar Artery Type Cervical Spondylopathy with Jingzhuishu Granules.

Liu Li

The total effective rate was 94.94%. There were marked mitigation in the index of hemorheology and nail fold microcirculation, lowering of extreme acceleration of blood flowing in the basilar and internal carotid arteries. The remedy yielded marked dilatation of in vitro carotid artery segment. It also inhibited the constrictive action of noradrenalin on blood vessel.

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Key words: vertebral osteophyte/TCM therapy @ cervical spondylopathy @ Jingzhuishu granule

(Original article on page 351)

Relationship Between Syndrome — typing and Activity of C₃b Receptor of Peripheral Erythrocytic Cell — membrane in Nephritic Patient of Systemic Lupus Erythematosus (SLE — GN).

Li Junbiao, Mo Delin

By adopting the E — C₃bR applied in foreign countries as an index for C₃b activity of erythrocytic cell — membrane, we observed the relationship between TCM syndrome typing and E — C₃bR in SLE — GN. Results were as follows: E — C₃bR in 4 syndrome types were all lower than normal person ($P < 0.01$) in the order of normal person > Yang deficiency of spleen — kidney group > Yin deficiency of liver — kidney group > accumulated dampness and exuberant heat group. The last two types were often seen in active stage of the illness, amounting to 78.57% and 66.67% respectively; while the other 2 types, in stable stage, amounting to 63.64% and 71.43%. The E — C₃bR was lower than normal person in both stages, especially at the active stage ($P < 0.01$).

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Key Words: Nephritis in Lupus Erythematosus/blood receptor, complement 3B/metabolism.

(Original article on page 356)

Impact of Xianling Xiangfeng Liquor on Intercourse Capacity of Rats and Mice of Yang Deficiency.

Cao Yongxiao, Yan Houquan, Yang Yuan, et al.

This Liquor can elevate the body temperature of mice model of Yang deficiency, increase its activities, prolong its swimming endurance in low temperature, markedly shortens the latent period of capturing female rats by male rats, increase the frequency of its capturing movements and rate of capture and rate of ejaculation.

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Key Words: Yang deficiency/TCM therapy intercourse/drug action @ Xianling Xiangfeng Liquor

(Original article on page 359)