

大承气汤对急性脑出血病人免疫功能的影响

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摘要 研究了43例急性脑出血病人的巨噬细胞吞噬功能和T淋巴细胞亚群的变化规律。结果显示:病人组巨噬细胞吞噬率和吞噬指数普遍降低,与对照组比较差异显著($P<0.01$); CD_4 和 CD_8 明显增高($P<0.05$), CD_4/CD_8 明显降低($P<0.05$)。提示急性脑出血病人免疫功能下降。将病人随机分为两组进行治疗,西药组应用20%甘露醇、速尿、脑活素治疗,中西药组除以上治疗外每日加服1剂大承气汤,1月后复查各项指标,结果显示:中西药组各项指标均较西药组好转,其中吞噬率、吞噬指数、 CD_4/CD_8 较西药组明显增高, CD_8 较西药组明显降低($P<0.05$),提示大承气汤对脑出血患者有明显的免疫调节功能。

主题词 脑出血/中医药疗法 脑出血/免疫学 大承气汤/治疗应用

急性脑出血作为一种强烈的脑组织损害因素有可能造成病人免疫功能的改变。应用通腑泻下中药治疗急性脑出血的临床报道很常见,有关大承气汤对于急性脑出血免疫功能的影响尚无报道,本研究观察了自1990年至1992年43例急性脑出血病人的巨噬细胞吞噬功能和T淋巴细胞亚群变化规律以及大承气汤对其影响。现报道如下:

1 临床资料

43例病人均为我科住院患者,女性15例,男性28例;平均年龄54.6岁。将43例患者随机分为西药组和中西药结合组(简称中西药组)进行治疗。西药组14例,男性9例,女性5例;平均年龄为53.6岁;其中出血部位在底节区8例,脑叶5例,丘脑1例;出血量最大的60ml,最小的8ml;病情属重度2例,中度8例,轻度4例。中西药组29例,男性19例,女性10例;平均年龄为55.4岁;其中出血在底节区17例,脑

叶10例,丘脑的2例;出血量最大的70ml,最小的6ml,病情属重度5例,中度17例,轻度7例。按第二届全国脑血管病会议确定的脑血管病诊断标准确诊,均经头颅CT证实,出血量按头颅CT片测量计算,病情轻中重分度按孟家眉神经损害积分标准进行划分。选无慢性疾患和免疫病史的健康成人30例为对照组,男性19例,女性11例;平均年龄为51.2岁。

2 治疗及观察方法

西药组用20%甘露醇、速尿和脑活素、胞二磷胆碱;中西药组除以上治疗外,每日加服1剂承气汤,其中选用生大黄。先用清水煎煮厚朴、枳实20分钟,去渣加入生大黄,煮2~3分钟后去渣,加入芒硝冲服,早晚各半剂,不能口服者鼻饲。

巨噬细胞吞噬功能检测采用斑蝥刺激皮泡法,按公式计算吞噬率和吞噬指数。T淋巴细胞亚群测定采用玻片沉淀细胞膜间接免疫荧光染色法,OKT系列试剂盒由武汉生物制品研究所提供,治疗前采用检测,部分病人治疗1个月后复查。

3 结果

西药组、中西药组治疗前各项指标与对照组比较,吞噬率、吞噬指数有非常显著差异($P<0.01$), CD_4 、 CD_8 和 CD_4/CD_8 有明显差异($P<0.05$)。西药组、中西组治疗前各项指标比较无统计学意义($P>0.05$),治疗后比较,中西药组各项指标均有好转,其中吞噬率、吞噬指数、 CD_8 和 CD_4/CD_8 有显著性差异($P<0.05$)。说明急性脑出血病人的免疫功能明显下降,大承气汤对该病患者的免疫功能有调节作用。见附表。

4 讨论

急性脑出血病人外周血巨噬细胞吞噬率、吞噬指数与对照组比较有显著差异(P 均 <0 。

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附表 西药组、中西药组及对照组免疫功能变化

项 目	对照组 (30 例)	西药组(14 例)		中西药组(29 例)	
		治疗前	治疗后	治疗前	治疗后
吞噬率(%)	62.50±4.00	44.63±9.3**	47.13±7.69	45.03±9.8**	51.00±7.48△
吞噬指数	1.30±0.05	0.81±0.23	0.89±0.31	0.82±0.25**	1.08±0.26△
CD ₃ (个/ml)	66.00±9.80	62.28±6.76	62.91±6.28	62.84±8.76	63.88±4.24
CD ₄ (个/ml)	43.80±9.00	48.98±6.36*	46.92±3.50	47.86±5.98*	48.82±2.6
CD ₈ (个/ml)	31.30±7.00	36.65±8.10*	38.67±4.38	37.32±7.98**	35.98±3.69△
CD ₄ /CD ₈	1.48±0.52	1.21±0.28*	1.27±0.21	1.23±0.18*	1.37±0.12△

注:表中数据为均值±标准差

与对照组比较,*P<0.05,**P<0.01;与西药组比较,△P<0.05

01),提示该病患者巨噬细胞吞噬功能减弱。巨噬细胞在宿主防御中起非常重要的作用,它能吞噬细菌、真菌、原虫、红细胞和整个坏死细胞^[1],巨噬细胞吞噬功能的下降可影响急性脑出血病人的整体免疫功能。CD₃细胞的总T细胞,可分为CD₄和CD₈两个亚群,一般较稳定不易受影响,本组病人CD₃变化亦不大。本实验显示两组病人治疗前CD₄、CD₈和CD₄/CD₈与对照组比较有显著差异(P<0.05),提示辅助和抑制细胞均受到激活,其中以抑制细胞激活更为明显。急性脑出血病人发生细胞免疫功能变化的机理尚不明确。动物实验表明:特定脑区破坏可通过神经内分泌免疫网络对T淋巴细胞免疫功能产生影响^[2,3],此外,脑出血后脑内血液循环和血管功能的变化是否也可引起免疫功能的改变,值得进一步研究。总之,急性脑出血作为一种病理因素对其免疫功能的影响是不容忽视的。

大承气汤在方剂学中属泻下剂,是中医最具代表性的通腑泻下方剂,各类承气汤加减治疗急性脑出血已被广泛应用于临床,但承气汤临床治疗急性脑出血的机理尚未见报道,本实验通过大承气汤对急性脑出血病人免疫功能的影响,从一方面寻找该方治疗本病的机理,为该方治疗急性脑出血打下理论基础。本研究设西药组和中西药组进行对比研究,结果显示西药组各项指标较治疗前均有好转,但无统计学意义,中西药组治疗后与西药组治疗后比较吞噬率、吞噬指数、CD₃和CD₄/CD₈有显著性差异(P均<0.05),提示大承气汤可增强巨噬细胞

的吞噬能力,减少CD₈细胞,提高CD₄/CD₈的比值,从而对急性脑出血病人的免疫功能起明显的调节作用。神经内分泌免疫网络是一个整体,脑出血可带来病人免疫功能的降低;反之,免疫功能的异常也可影响脑出血病人的功能恢复。大承气汤对急性脑出血病人免疫功能的调节,可促进患者的功能恢复,因此我们认为大承气汤对免疫功能的调节作用为其治疗本病的机理之一。大承气汤对急性脑出血病人免疫功能调节的机理尚不清楚,是否通过神经内分泌免疫网络而起作用有待进一步研究。

中医学认为,人体机能的正常发挥是阴阳平衡的结果,阴阳的偏盛偏衰均可导致疾病的发生。T淋巴细胞亚群的平衡象阴阳一样,正常情况下处于协调平衡状态,以维持人体内环境的稳定;一旦平衡失调,即导致其偏盛偏衰,发生免疫功能紊乱^[4]。急性脑出血的病理基础是风和痰,大多合并腑实便秘^[5],从而形成阴阳平衡严重失调。大承气汤以祛邪为主,平衡阴阳,具有很高的临床实用价值。

5 参考文献

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ABSTRACTS OF ORIGINAL ARTICLES

Effect of Dachengqi Decoction on Immune Function of Acute Cerebral Hemorrhage

Wang Junqing, Wu Zhiyao, Zhou Xiaoyan

The phagocytic function of macrophages and changing rules of T lymphocyte subgroups were examined in 43 cases of acute cerebral hemorrhage. Results showed that there were general decrease of macrophage phagocytosis and phagocytic index. Comparison between these results and that of the controlled group revealed significant difference ($P < 0.01$). CD4 and CD8 were also markedly increased ($P < 0.05$); CD4/CD8 markedly lowered ($P < 0.05$), suggesting that there is a decrease of immune function in such patients. When the patients were randomly divided into 2 groups and treated by 20% mannitol, furosemide, cerebratin in one group, and the other group treated by, in addition to the above remedies, Dachengqi Decoction 1 potion q. d. All indexes were re-examined 1 month later. Results showed that all indexes in the latter group were better than that the former. Among others, rate of phagocytosis, phagocytic indices, CD4/CD8 were markedly higher in the integrated medicine group CD8 markedly lowered ($P < 0.05$) in the integrated group, suggesting that Dachengqi Decoction yielded marked regulating action on immunity in acute cerebral hemorrhage cases.

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Key words: Cerebral hemorrhage/TCM therapy Cerebral hemorrhage/immunology Dachengqi Decoction/treatment

(Original article on page 28)

Comparative Observation on Effect of Recipes and Medicaments for Spleen-Strengthening and Damp-removing on Chronic Ulcerative Proctocolitis Allergy

Qi Jinsheng

100 cases of such patients were randomly divided into 2 groups, each 50 cases. The treating group was treated with spleen-strengthening and damp-removing recipes and medicaments. The clinical effective

rate being 86.0% cured rate being 60.0%, remarkably higher than that of the western medication group.

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Key words: Proctocolitis/TCM therapy recipe of Qi-invigo rating/therapeutic application recipe of damp-removing/therapeutic application

(Original article on page 32)

Clinical Observation on 122 Cases of Schizophrenia Treated by TCM

Feng Xiujie, Ma Liang

122 cases of schizophrenia (epileptic syndrome in TCM) with a history of illness over 3 years were observed. Explorations on etiology pathogenicity, symptoms, treatment, rules of recipe and medicaments were made and the therapeutic results were satisfactory 66 cases were cured, 55 ameliorated, only 1 case ineffective.

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Key words: Schizophrenia/TCM therapy

(Original article on page 34)

Thirteen Cases of Obstruction of Central Retinal Artery Treated Mainly by TCM

Peng Qinghua, Xie Like, Zeng Zhiming

13 cases were divided on the basis of syndrome differentiation, into 2 groups, type of Qi-stagnation Blood-stasis and type of Qi-deficient Blood-stasis, and were treated with Decoction of Stasis Expelling from Blood Chamber, and Buyang Huan Wu Decoction with modifications respectively, together with Xuexuantong i. v. and retro bulbar injection of Guihong injections, all with satisfactory results. The eyesights were improved, visual field expanded circulation time in retina shortened, thus saved the visual ability partially in part of the patients.

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Key words: Obstruction of retinal artery/TCM therapy

(Original article on page 38)