

茜草双酯升白细胞作用的临床观察

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茜草 (*Rubia Cordifolia* L.) 为茜草科植物, 系多年生蔓草, 药用其根茎, 性苦寒, 入肝经。有凉血止血、活血化瘀, 去瘀生新作用。从茜草的提取物进行化学分析, 发现茜草酸 I 和 II 为萘醌化合物, 均有升白细胞 (下称升白) 作用。人工合成的 1,4 萘酚 2,3 二羧酸乙酯属茜草酸衍生物, 简称茜草双酯。我院与军事医学科学院协作, 进一步观察了茜草双酯对几种白细胞数减少性疾病的疗效, 现报告如下:

临床资料

应用茜草双酯升白者共 12 例 16 人次, 其中有两例带药出院后失去联系, 余 10 例 14 人次, 均按要求治疗前检查血常规三次, 治疗过程中每 1~3 天查白细胞计数及分类一次, 停药后每 1~2 周复查一次。服药剂量, 不论小儿或成人, 均用茜草双酯 200 mg, 1 日 3 次, 口服。疗效标准, 治疗后 1 个月内连续 3 次检查白细胞数平均增加 1,000~3,000 为有效; 3,000 以上为显效; 不足 1,000 者为无效。或白细胞总数不足 1,000 而与对照组比较, 统计学处理有显著差异者, 也属有效。

观察结果

第一组因急性感染引起的白细胞减少 4 例, 为 1 岁 3 个月~11 岁小儿, 其中大肠杆菌败血症合并重度营养不良 1 例, 病毒性感冒 3 例 (一例合并有心肌炎), 一例病毒性感冒用茜草双酯 24 小时后, 白细胞增加 1,300, 其他 3 例均于用药后 96 小时内, 白细胞数增加 3,000~4,000, 效果显著。

第二组系各种化学药物及苯中毒所致白细胞减少者 3 例 6 人次。其中慢性苯中毒成年女工一例, 三年来白细胞数一直徘徊于 2,000~3,000 间, 应用茜草双酯 200 mg, 1 日 3 次, 14

天后白细胞数增至 5,500。肾病综合征 1 例, 男, 12 岁, 应用强地松及环磷酰胺治疗, 白细胞数一度降到 2,900 而停药, 应用茜草双酯后一周上升到 5,400, 嗣后应用茜草双酯期间继续化疗, 白细胞虽亦一度减少到 3,000, 但三日后回升到 5,200, 保证了化疗的顺利完成。第三例为肾母细胞瘤患儿, 男, 10 岁, 右肾广泛粘连, 手术切除后曾用长春新碱及更生霉素化疗, 第一疗程白细胞下降到 3,600 后, 化疗不停加用茜草双酯, 一周后白细胞数上升到 8,600; 第二疗程化疗开始前即用茜草双酯、利血生、维生素 B₁₂ 预防, 化疗期间白细胞曾由 5,700 下降到 4,600, 但三日后即回升到 6,100; 第三疗程联合使用利血生、维生素 B₁₂ 预防白细胞数减少, 但仍降到 2,900, 加用鲨肝醇 50 mg, 1 日 3 次, 2 日后仍无变化, 再加用茜草双酯后 30 小时内白细胞数上升, 12 日后上升到 5,600; 第四疗程化疗开始前即用利血生、维生素 B₁₂ 预防因化疗引起白细胞减少, 白细胞有下降趋势时即加用鲨肝醇, 但白细胞仍由 8,000 下降到 5,800, 再加用茜草双酯后二日内即回升到 6,600。以上即说明茜草双酯具有明显的升白效应。

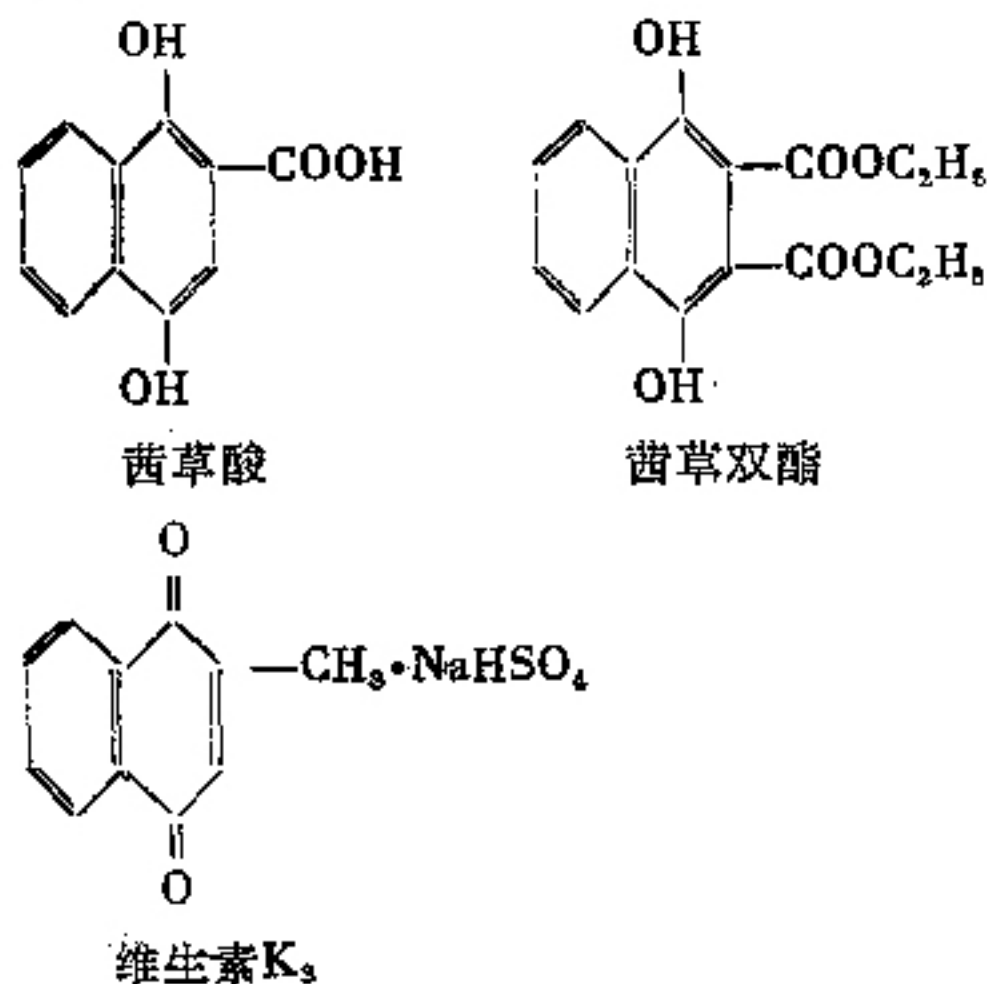
第三组急淋白血病化疗造成的白细胞数减少 2 例 4 人次。第一例女, 11 岁, 第一疗程 VP 方案白细胞数由 40,500 下降到 3,200, 当即用维生素 B₁₂ 及利血生, 一周后继续减少到 1,700, 加用茜草双酯后 10 天上升到 7,700。第二疗程 CMP 方案白细胞数下降到 3,000, 应用茜草双酯后二周白细胞数为 3,900, 后因 6-MP 引起呕吐、腹泻、便血, 同时白细胞减少到 1,400, 此时曾先后加用鲨肝醇及茜草双酯, 直至呕吐、腹泻停止后 4 日, 白细胞数由 1,150 上升到 7,200。第二例男, 50 岁, VMP 方案二周内白细胞数由 13,400 减少到 550, 应用利血生继续化疗, 二周后为 770, 加茜草双酯后四

日内上升到 1,300, 二周后为 6,800。说明茜草双酯在白血病化疗过程中有升白效应, 并观察到可减少输血次数与输血量。

第四组慢性再障贫血, 男, 23岁, 病程三年, 白细胞数为 1,000~2,500, 连续使用茜草双酯三个月, 血象无变化, 说明茜草双酯升白作用对再障贫血有局限性。

讨 论

一、茜草酸、茜草双酯基本结构类似维生素 K₃。



但茜草酸和茜草双酯有升白作用, 而无维生素 K₃ 对肝肾功能、红细胞等的毒副作用。

二、初步体会, 病毒性感冒及大肠杆菌败血症导致外周白细胞减少, 使用茜草双酯 24 小时后, 即可见升白效应。慢性苯中毒及环磷酰胺、长春新碱、更生霉素、6-MP 等化疗时所致白细胞减少, 应用茜草双酯, 显示升白效应提高, 连续使用可使化疗疗程顺利完成。茜草双酯合并其他升白药如维生素 B₄、利血生、鲨肝醇等一起使用, 升白效应明显, 可能茜草双酯与这些药物有协同作用。提示茜草双酯的升白潜力较维生素 B₄、利血生、鲨肝醇为优。将茜草双酯用于治疗再障性贫血, 未获升白效果。由于观察病例少而且未作临床分型, 其疗效究竟如何, 尚需进一步观察。

三、动物实验证明茜草酯升白效应在一定剂量范围内, 剂量愈大升白作用快而显著。本文成人病例应用茜草双酯后的升白效应较小儿病例缓慢而幅度亦低, 与实验结果一致。茜草双酯无蓄积及毒、副作用, 因此建议成人治疗剂量每次 0.25~0.5 g, 1 日 3 次; 小儿每次 10~20mg/kg 体重, 1 日 3 次为宜。

危重型乙型脑炎恢复期症状治验一例

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病历简介 程××, 女, 5岁, 1980年8月28日因高热 39.7°C, 伴昏迷、抽风, 据临床及脑脊液改变诊断为“危重型乙脑”, 住××儿童医院抢救十余天脱险出院。当时意识仍不清, 体温 38°C 左右, 只能吞咽流食。一个月后恢复期症状明显, 日夜躁动不安, 肢体强直性颤动, 严重角弓反张, 双眼睑下垂, 双瞳孔对光反应迟钝, 舌运动、咀嚼障碍, 流涎, 双侧膝反射亢进, 双侧巴氏征(+). 有脑实质、锥体系、锥体外系及颅神经广泛严重损伤表现, 呈现中枢性失语、失听、失明、硬瘫、智力障碍。

治疗方法 1. 中药穴位注射: 以大黄、栀子、黄芩注射液 (清热解毒为主) 和红花、川芎、丹参、赤芍、降香注射液 (活血化瘀为主), 先后在哑门穴和督脉赤医穴进行交替注射。哑门穴药物剂量 1ml, 选用

5号针头注射, 针刺深度不超过 1cm。督脉赤医穴选用 4 穴透 7 穴, 药物剂量 2ml, 边退针边推药。2. 头针: 先后选用双侧运动区、舞蹈震颤控制区、视区、晕听区、言语三区、言语二区等。每日 1 次, 一个月为一疗程 (中间休息 5~7 天), 共治疗三个疗程。

疗效 第一疗程后, 角弓反张消失, 流涎停止, 舌向各方运动良好, 恢复咀嚼; 双手可握物, 并在室内锻炼行走。第二疗程后, 视力和听力恢复了正常, 表情自然, 行动灵活。第三疗程后, 语言和智力基本恢复正常。总病程 5 个半月。随访二年, 情况良好, 并已入学。

本例恢复期症状严重, 由于及时采用新医疗法、中药穴位注射以及患儿自身的功能锻炼, 取得了较满意的效果。

Clinical Observation on Diethylester Rubia Cordifolia L. Promoting the Increase of Leucocyte Count in Leucopenia

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Diethylester Rubia Cordifolia L. (DRC) is a kind of synthetic drug. This study is to extend the field of its application to leucopenia of various causes. It was used on 4 kinds of patients with a dosage of 200mg t.i.d., most of them being children. Group I: Viral or bacterial infection (viral URI 2 cases, viral URI with myocarditis 1 case, and marasmus with septicemia by colon bacillus 1 case) with a leucocyte count ranging 1,650-3,500/mm³. All of them had an increase of 1,300-3,500/mm³ in 24-96 hours after medication. Group II: A group of 3 patients with leucopenia. One of them, was a woman laborer who had worked in a benzine workshop for 3 years. Another case was a 12 year-old boy with nephrotic syndrome who had suffered from leucopenia after immunosuppressive therapy with Cyx for 118 days. The third patient had been on chemotherapy with actinomycin D and VCR after the resection of a huge Wilm's tumor. Results have indicated that DRC is even more potential in promoting the increase of leucocyte count than the commonly used drugs such as leucogen, vit. B₄ and butylalcohol. Group III: 2 cases of acute lymphocytic leukemia with extremely low leucocyte count after VP (WBC 40,500 decreased to 1,700) and VMP regime (WBC 13,400 dropped to 550). Following the use of DRC along with leucogen, vit. B₄ and butylalcohol, WBC increased without suspension of the antileukemic therapy, thus they have synergetic action. Group IV: A 23-year-old male adult with aplastic anemia for 3 years. It was not clear to which type it belonged. Although DRC had been used for 3 months, no effect was obtained.

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Observation on the Cytology of Tongue Coating in Common Children Diseases

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Fluorescent microscopic examination of tongue coat smears from 135 cases was conducted. In the smears from dyspepsia and parotitis patients or from patients with white tongue coating, the leucocyte counts were low. In the smears from upper respiratory infections, measles and pneumonia patients or from patients with yellow tongue coating, the leucocyte counts were high. Test of significance: $P < 0.01$. There is no positive correlation between the leucocyte count of the peripheral blood and that of the tongue coating. Test of significance: $P > 0.05$.

At the early stage of measles, epithelium mainly consisted of surface layer cells and the leucocyte count was moderately increased. At the height of the disease, epithelium consisted mainly of middle and base layer cells, and the leucocytes, mostly polymorphs, were abundant and occupied the whole field of vision, especially in complicating pneumonia. During the recovery stage the epithelium and leucocyte count decreased.

The fact that fluorescent microscopic tests and tongue pattern have an intimate relation during various stages of a disease or in different diseases, preliminarily proves that a white tongue coating indicates an exterior, cold, deficiency disease, and that a yellow tongue coating indicates an interior, heat, excess disease with the presence of an infection.

This has deepened our knowledge of the effectiveness of the theory of exterior and interior, cold and heat, deficiency and excess in exploring the nature of development and change of the disease.

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Correlation between the Neutrocyte Percentage and Clinical Diagnosis for Xu (虚) and Shi (实) Syndrome in TCM

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A study was made to correlate, by means of statistical analysis, the relationship between the percentage of neutrocyte in the differential blood count and the clinical diagnosis for Xu and Shi syndrome in TCM. Once their relationship is established, the differential blood count can be employed as a new method for clinical diagnosis