

加味逍遥散为主治疗情感性精神病 与血浆环核苷酸变化的观察

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内容提要 本文用加味逍遥散为主治疗 26 例情感性精神病。治疗 8 周后显著进步 16 例, 进步 7 例, 无效 3 例。经测定 10 例忧郁症的血浆 cAMP 含量, 发现不仅低于正常人, 也低于精神分裂症。忧郁症中偏阳虚的 cAMP 低于偏阴虚者, 其中 5 例偏阳虚病人治疗前后的 cAMP 含量有显著差异。

近年来, 我们应用加味逍遥散为主治疗 26 例情感性精神病, 并对其中 10 例病人在治疗过程中, 进行血浆环核苷酸含量变化的观察, 现报道如下。

本组男 15 例, 女 11 例。包括躁郁症 13 例, 单相忧郁症 10 例, 单相躁狂症 3 例。年龄 22~76 岁, 平均 38 岁。其病程 1 月~35 年, 大多数在 1~6 年之间。

治 疗 方 法

一、中药用逍遥散: 当归 15g 柴胡 15g 白术 15g 白芍 15g 茯苓 15g 甘草 9g, 水煎服。忧郁症偏阴虚加生地、麦冬、石斛、玉竹各 15g, 大黄、芒硝各 3~15g, 代赭石、龙骨各 30g; 偏阳虚加附子 9~18g 黄芪 15~24g 仙灵脾 15g 肉苁蓉 15g 大枣和淮小麦各 45g。躁狂症属肝郁化火, 加龙胆草 15g 黄芩 9g 大黄和芒硝各 15~24g, 代赭石、龙骨、灵磁石各 30~45g。中药每日 1 剂, 8 周为一疗程。

二、对其中有严重失眠, 消极自杀和躁动病人, 常在临睡前给安定 5~10mg 或泰尔登 25~100mg。病情好转后, 逐步减少。

疗效与化验结果

一、疗效标准: 疗程结束后, 精神症状完全消除, 两年内随访病情有轻微波动者为显著进步; 精神症状大部消除者为进步; 症状无变化者为无效。

二、疗效: 显著进步 16 例, 进步 7 例, 无效 3 例, 其中躁郁症的躁狂相加上单相躁狂症, 躁郁症的忧郁相合单相忧郁症两组的疗效相比较, 无显著差异 ($P>0.05$)。说明加味逍遥散, 在中医辨证论治的基础上, 对两组病人有相似的效果。

三、化验结果: 采用蛋白竞争结合分析法, 测定 10 例忧郁症, 10 例未经治疗的精神分裂症与 22 位正常人的血浆 cAMP 含量。结果见表 1、2。

表 1 治疗前忧郁症、精神分裂症与正常人血浆 cAMP 含量比较 ($M \pm SD$)

种 类	例 数	cAMP (pmol/ml)	P 值
忧 郁 症	10	7.30 ± 7.74	<0.01
精神分裂症	10	29.27 ± 7.03	>0.05
正 常 人	22	23.61 ± 3.33	

表2 忧郁症中偏阴虚与偏阳虚患者血浆
cAMP含量比较 (M±SD)

种 类	例 数	cAMP (pmol/ml)	P 值
偏阴虚	5	20.81±3.23	<0.05
偏阳虚	5	14.78±2.18	

表1提示: 忧郁症(5例躁郁症的忧郁相和5例单项忧郁症)的cAMP不仅明显低于精神分裂症也低于正常人。表2提示: 忧郁症中偏阳虚病人的cAMP明显低于偏阴虚病人。

治疗前后9例忧郁症的cAMP的比较, 经统计处理未见显著差异($P>0.05$)。其中4例偏阴虚病人治疗前后的cAMP作比较时, 无显著差异($P>0.05$), 而其中5例偏阳虚病人的治疗前后的cAMP作比较时, 有显著差异($P<0.05$)。

讨 论

情感性精神病的临床表现包括忧郁和躁狂。其病因至今尚不太清楚。中医认为其主要病机为肝失调达。肝郁久而化火, 可引起躁狂的症状; 过亢之火消耗肝阴和肾阴可导致阴虚或阳虚, 这时病人就从躁狂转为忧郁; 由于阴虚可导致心肝火旺, 此时病人又从忧郁转为躁狂。其治疗我们用柴胡疏肝解郁, 当归、芍药调理肝血; 而茯苓、白术和甘草补脾和胃, 并随证加减, 在临床中收到了较好效果。

cAMP与情感性精神病发生联系, 最早见于Abdulla等报道, 忧郁症患者尿中的cAMP排出量低于正常人, 而躁狂症患者则明显增多, 同时发现二者的病情好转时, 其尿中的cAMP排出量趋于正常⁽¹⁾。此后, Stefanis等报告了忧郁症患者的血浆cAMP含量低于正常人, 而躁狂症患者的cAMP显著升高; 精

神分裂症患者的血浆cAMP含量与正常人相比较无显著差异; 并发现, 经治疗而病情好转后, 其血浆cAMP的含量也趋于正常⁽²⁾。我们的化验结果表明, 忧郁症患者血浆cAMP含量明显低于正常人, 也低于精神分裂症, 这与Stefanis等的报道相一致, 但我们的忧郁症病人经治疗好转后, 其血浆cAMP前后的变化相比较并无显著差异。只有其中偏阳虚的忧郁症患者的cAMP, 经治疗后有显著升高。我们推测有两种因素造成这一差异: (1) 我们的病人晚间多服小量泰尔登以致影响cAMP的升高; (2) 国外用抗忧郁剂治疗, 而我们是用中药治疗, 可能中医的补肾壮阳能升高cAMP, 滋阴降火并不使cAMP提高。

另外, 近年来, 国内报道以cAMP和cGMP的变化作为中医阴虚和阳虚的指标, 并发现阴虚病人的cAMP低于正常, 阴虚病人的cAMP高于正常⁽³⁾。我们的结果是阳虚和阴虚病人的cAMP均低于正常。对此现象, 我们认为主要由于忧郁症本身的cAMP比正常人明显降低, 所以其中阴虚病人的cAMP也难以超出正常人。但他们中阴虚病人的cAMP高于阳虚病人则符合国内的报道。然而, 由于我们的病例较少, 有关精神病中阴虚、阳虚与环核苷酸变化的关系有待进一步研究。

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**热烈欢迎广大农村、厂矿中西医结合工作者
为 本 刊 踊 跃 投 稿!**

Abstracts of Original Articles

Observation on Copper Excretion of 37 Cases of Wilson's Disease Treated with "Anti-Hepatolenticular Degeneration Decoction"

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Copper excretion of 37 cases of Wilson's disease treated with "Anti-Hepatolenticular Degeneration Decoction" is reported, 22 males and 15 females with age ranging from 9 to 58. The course of disease varies from one month to nine years, averaging two or three years. 37 patients with Wilson's disease were given "Anti-Hepatolenticular Degeneration Decoction" which is composed of *Rheum officinale* Baill 6 to 9 gm; *Coptis chinensis* Franch. and *Scutellaria baicalensis* Georgi each 10 gm; *Dioscorea hypoglauca* Palib, *Scutellaria barbata* Don and *Andrographis paniculata* Nees each 20 gm. As a result, 35 cases showed increased copper content in urine, and 2 cases showed decreased copper content. The increase of copper content in urine ranged from 15 to 917 $\mu\text{g}/24\text{h}$, with an average increase of 293.975 $\mu\text{g}/24\text{h}$ ($t=4.1689$, $P<0.01$). The serum berizidine oxidase was found increased in 26 cases and reduced in 7 cases with a mean exalt of 0.035 ($t=2.409$, $P<0.05$). However, the serum copper concentration remained the same. The decoction is characterized by higher therapeutic effect and little side effect. According to the authors, it may be used as a good remedy to improve neural symptom of Wilson's disease. (Original article on page 462)

Affective Disorders Treated with Jia Wei Xiao Yao San (加味逍遥散) and the Changes in cAMP

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Twenty-six patients with affective disorders, including 13 manic-depressives, 10 depressives and 3 maniacs, were treated mainly with Chinese herbal decoction, "Jia Wei Xiao Yao San". The age ranged from 22 to 76, mean 38. Their illnesses persisted from one month to 35 years, in most cases 1 to 6 years. After a course of treatment for eight weeks, 16 patients showed marked improvement and 7 made some improvements, but in 3 patients no effect was observed. The effect on patients in manic phase of manic-depression and mania and on those in depressive phase of manic-depression and depression showed no significant difference ($P>0.05$). This suggested that in treating these two groups of patients with this decoction, similar results might be obtained.

The level of plasma cAMP was determined in 10 depressives and was found to be lower than that of 22 normal subjects and of 10 untreated schizophrenics ($P<0.01$). The plasma cAMP in depressives with insufficiency of Yang was found to be lower than that in depressives with deficiency of Yin ($P<0.05$). Statistical analysis showed no significant difference in plasma cAMP in 9 depressives before and after treatment ($P>0.05$), but in 5 depressives with insufficiency of Yang, the difference was significant ($P<0.05$). A brief discussion on the cause of difference is presented.

(Original article on page 465)

111 Cases of Sporadic Encephalitis Treated with TCM-WM

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This paper reports 111 cases of sporadic encephalitis treated with TCM-WM from 1974 to 1981. The patients were divided into two groups. Group A (55 cases) were treated with TCM-WM in combination and Group B (56 cases) with WM exclusively, serving as control. Western medicine used for the two groups was similar. Traditional Chinese drugs were used according to differentiation of symptoms and signs. The main drugs were as follows: (1) Drugs for removing heat and toxic substances: Isatis Leaf, Isatis Root, Honeysuckle Flower (*Flos Lonicerae*), Forsythia Fruit, Paris Rhizome, etc. (2) Drugs for clearing off phlegm to cause resuscitation: Grass-leaved Sweetflag Rhizome, (*Rhizoma Acori Graminei*), Polygala Root, Curcuma Root, Arisaema Tuber, Pinellia Tuber, Thunberg Fritillary Bulb, Trichosanthes Fruit, etc. (3) Drugs for subduing the hyperactivity of the liver and endogenous wind (Anticonvulsives): White-stiff Silkworm (*Bombyx Batryticatus*), Uncaria Stem with Hooks, Sea-ear Shell (*Concha Haliotidis*), Scorpion, etc.